



equip
Education Experience Excellence

Reducing Opioid Prescribing in Primary Care

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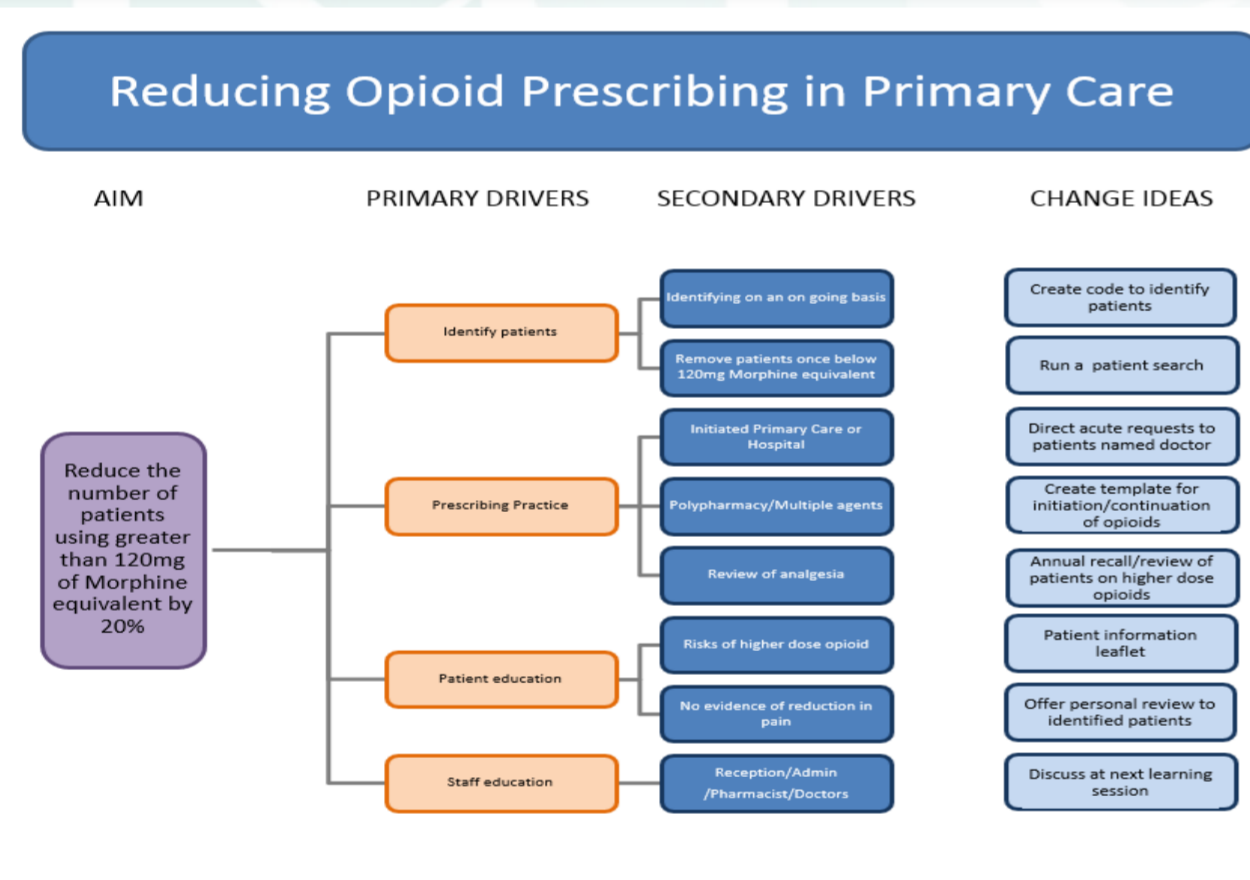


Background

- Opioids are effective analgesics for acute pain and palliative care pain at the end of life.
- There is limited evidence for the use of opioids in chronic non-cancer pain.
- Over the last number of decades the use of opioids has increased.
- The risk of harm increases significantly at doses above an oral Morphine equivalent of 120mg/day with no increased benefit.

Aim

Reduce the number of patients using greater than 120mg of Morphine equivalent by 20% over a 6 month period.

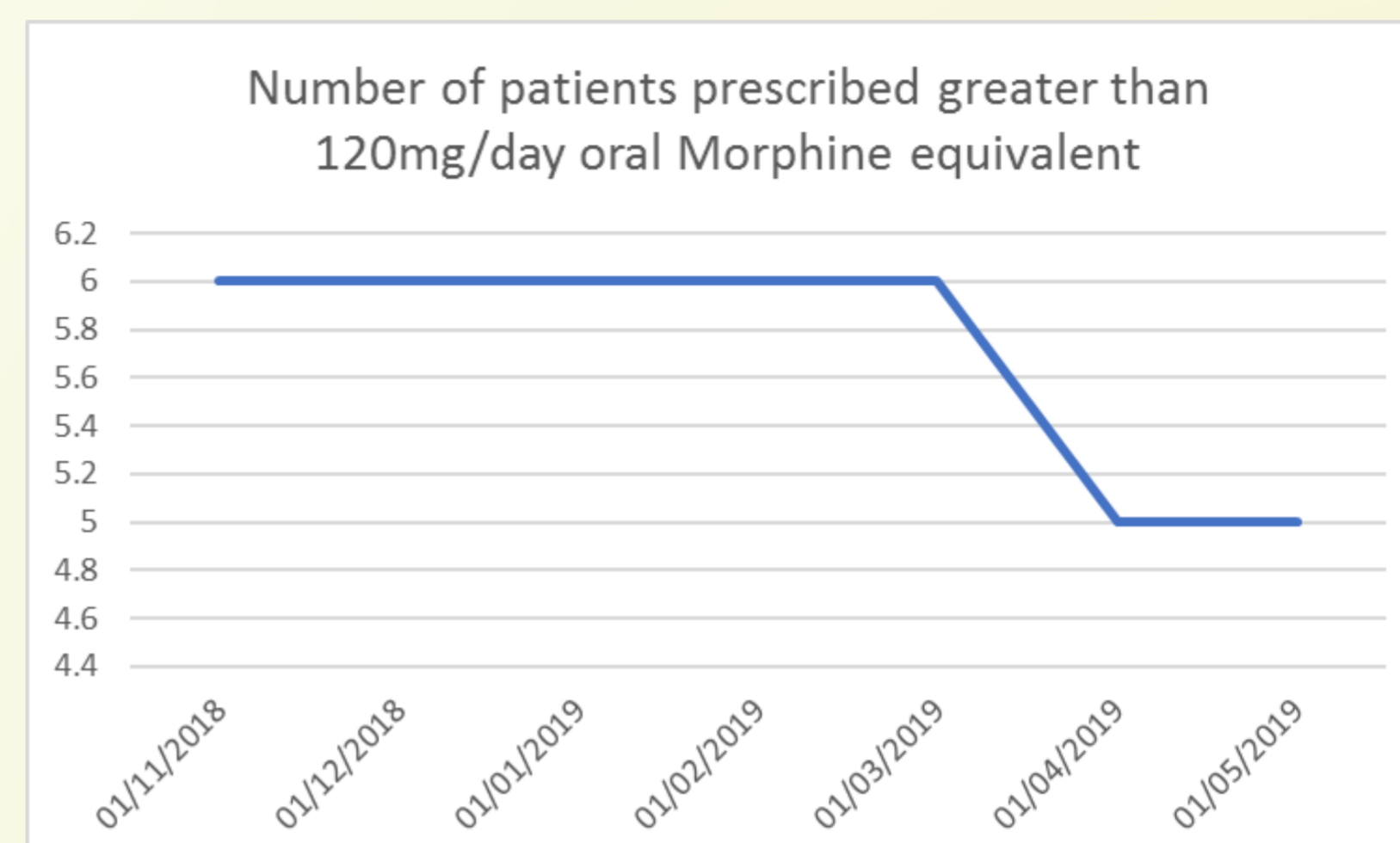


Improvement Methodology

- Initial data gathering identified 6 patients within the practice who were currently taking greater than 120mg of oral Morphine equivalent
- Individual cases reviewed including the indication and who had initiated opioids
- Patients contacted for telephone review initially and then subsequently offered a face-to-face review to discuss their pain management



Results



Outcome Measures

To determine number of patients within our practice prescribed opioids greater than 120mg/day of oral Morphine equivalent

Outcome

- 16% (1 patient) reduction in the number of patients taking greater than 120mg/day of oral Morphine equivalent
- Despite the limited reduction in the number of patients prescribed opioids greater than 120mg/day oral Morphine equivalent there have been no new patients added to this cohort
- There is a greater awareness within the practice regarding opioid prescribing and the potential risks associated with it

Next Steps

- Ongoing engagement from all staff with regards to opioid initiation and dose titration
- Continual review of opioid prescribing
- Follow up work with current patients now that the seeds have been planted