Evidence suggests that patients with opioid use disorder are better served in a primary care setting. This finding highlights the importance of training family medicine residents on safe opioid prescribing practices and pain management and the crucial role family medicine residency programs play in addressing the opioid epidemic.

Though Family Medicine Residency directors almost unanimously agree that opioid prescribing practices have contributed to the current opioid epidemic, opioid prescribing practices of primary care providers often do not align with CDC Opioid Prescribing Guidelines. Interventions that utilize guided instruction as a tool have proven effective in opioid prescribing practice changes in opioid prescribing throughout various peer review cycles.

Objective:
To assess the effectiveness of a peer review opioid prescribing intervention across a series of peer review cycles.

1) To correlate implementation of the Peer Review process with subsequent prescribing practices of providers across the practice.

2) To analyze quantitative data to determine whether the respective provider followed CDC aligned recommendations made by the reviewer.

3) To qualitatively explore how residents received the peer review, when their own patients were reviewed, and how they believe their patient care changed.

4) To qualitative explore lessons learned by residents who participated in the peer-review process.

Study Design:
Mixed-methods study design (qualitative interviews, survey, and chart review)

Setting/Population Studied:
Family Medicine Residency Program in the Midwestern United States

Setting/Population Studied:
Approximately 30 Family Medicine residents in a Family Medicine Residency Program in the Midwestern United States who participated in the opioid peer review intervention and consented to be interviewed. Sixty patient charts will be reviewed.

Intervention/Instrument:
Small group peer-to-peer discussions of patients being prescribed opioids, with faculty and pharmacy guidance, using a structured approach to evaluation and care recommendations.

Ratio = Number of Recommendations Followed
Number of Recommendations Made

Preliminary Data Set:

Sources:
We used a part of the Chronic Opioid Use PCP Letter Template which included a summary of recommendations from the peer-review intervention guided, structured discussion.

We categorized the areas in the recommendations under the following color-coded categories based on where this information was located in the EMR:

- Screening
- Pharmacy
- Alternative Therapies/Consultation Referrals
- Documentation
- Follow-up

We also used these recommendations to formulate a ratio to see which recommendations people were more likely to follow.

Ratio = Number of Recommendations Followed / Number of Recommendations Made

Areas of Concern:
- 50 mg QD
- Concurrent benzodiazepine use
- Sleep Apnea
- COPD
- History of Substance Abuse
- History of Overdose
- Aberrant filling patterns
- Mental health concerns
- >65 yo
- Renal Insufficiency
- Hepatic Insufficiency
- Current ETTOH or substance use

Other:
- Recommended Next Steps:
  - Discussion and documentation of functional care goals
  - Update problem list to reflect current diagnosis and plan
  - Update Controlled Substance Use Agreement
  - Updated Urine Drug Screen
  - More frequent Urine Drug Screens
  - Visits q 3 months to discuss chronic pain
  - Use chronic pain flow sheet to document in Epic so that information is easily accessible in the synopsis
  - Alternate opioid regimes:
    - Tapering medications over time to a lower risk level with a goal of:
      (consult pharmacist for specific taper instructions)
    - Providing script and education for naloxone
      (see attached education sheet, consult pharmacist for patient teaching)
    - Decrease or eliminate use of benzodiazepines
      (consult pharmacist for tapering instructions)
    - Screen for depression
    - Screen for sleep apnea
    - Consultation with:
      - Trial non-opioid treatment options: (document failures in chart if already tried)