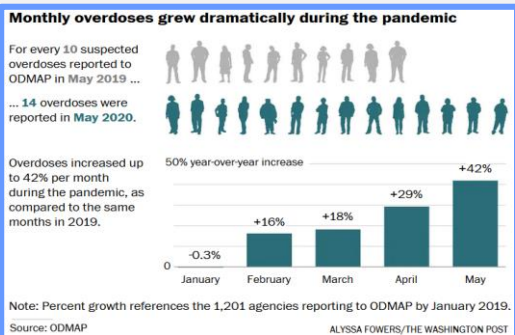
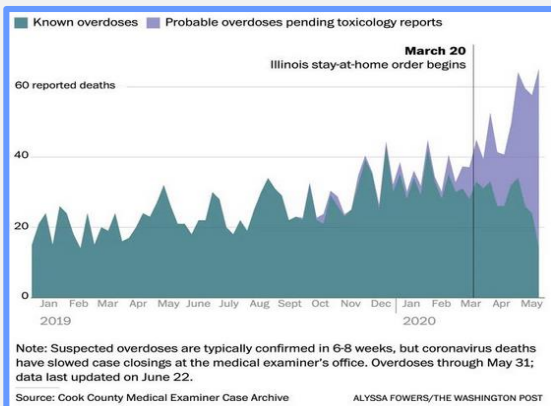


**Context:**

Through increased isolation, disruption of care, and social and economic instability, the pandemic has adversely impacted the pre-existing opioid epidemic<sup>1,2</sup>.

**Figure 1.** Overdose deaths swell after lockdown in Cook County, Illinois - Deaths by reported by Cook County Medical Examiner's office<sup>2</sup>.



**Figure 2.** Monthly overdoses grew dramatically during the pandemic<sup>2</sup>.

Evidence suggests that patients with opioid use disorder are better served in a primary care setting<sup>3</sup>. 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<sup>4,5,6</sup>. Interventions that utilize guided instruction as a tool have proven effective in opioid tapering and adherence to CDC opioid prescribing guidelines<sup>7</sup>.

We propose that our novel peer-review opioid prescribing intervention, which incorporates guided instruction from an interdisciplinary care team, will be informative to the family medicine residency program seeking to practice safe opioid prescribing practices.

**Evaluation of a Peer-to-Peer Intervention in Opioid Prescribing Practice within a US Family Medicine Residency Practice**

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**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.

**Quantitative**

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

**Qualitative**

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 or Dataset:**

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.

$$\text{Ratio} = \frac{\text{Number of Recommendations Followed}}{\text{Number of Recommendations Made}}$$

**Preliminary Data Set:**

**Table 1.** Number of Documentation and Follow-up Recommendations Made (N=60).

Screening		Pharmacy			Alternative Therapies/ Consultation Referrals	
Screen/Treat for Depression (PHQ9)	Screen/Treat for Sleep Apnea	Alternate Opioid Regimen &/or Taper	Providing Naloxone Script & Education	Decrease or Eliminate Use of Benzos	Medications Suggestion/ Replacement	Consult
29	13	38	44	26	50	52

**Table 2.** Number of Screening, Pharmacy, and Alternative Therapies/Consultations Referrals Made (N=60).

Documentation				Follow-up	
Discussion and Documentation of Functional Care Goal	Update Problem List to Reflect Current Diagnosis and Plan	Update Controlled Substance Use Agreement	Use Chronic Pain Flowsheet to Document in EPIC so that Information is Easily Accessible in the Synopsis	More Frequent or Updated Urine Drug Screens	Visits q3 Months to Discuss Chronic Pain
41	25	25	46	28	27

**Outcome Measures:**

- Change in practice following recommendations, as documented in the chart.
- Overall practice changes in opioid prescribing throughout various peer review cycles.
- Resident perceptions of usefulness of educational intervention and perceptions of learning.

**Exclusions:**

- Surveys that did not include the Chronic Pain Flowsheet
- Patients that were deceased

**Results:**

Charts will be reviewed to evaluate whether specific recommendations were followed after the peer review intervention. A correlation analysis of the number of recommendations made and the likelihood of following those recommendations will be conducted. Qualitative interviews will be analyzed by two researchers to identify emergent themes describing residents' perceived learning.

**Outcomes to be Reported:**

Study will describe effectiveness of educational intervention in facilitating practice change. Specifically, we will report which recommendations are most likely to be made and followed. We will assess whether recommendations made were consistent with CDC guidelines. We will also qualitatively describe residents' experience with the educational intervention.

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# Chronic Opioid Use PCP Letter Template

## Areas of Concern (if applicable)

➤ 50 MEQ/day	Concurrent benzo use	Sleep Apnea	COPD	History of Substance Abuse	History of Overdose
Aberrant filling patterns	Mental health concerns	>65 yo	Renal insufficiency	Hepatic Insufficiency	Current ETOH or substance use

Other:

## Recommended Next Steps:

- Documentation**
  - Discussion and documentation of functional care goals
  - Update problem list to reflect current diagnosis and plan
  - Updated Controlled Substance Use Agreement
- Follow-up**
  - Updated Urine Drug Screen
  - More frequent Urine Drug Screens
  - Visits q 3 months to discuss chronic pain
  - Use chronic pain flowsheet to document in Epic so that information is easily accessible in the synopsis
- Pharmacy**
  - ⚠️ Alternate opioid regimen:
  - ⚠️ 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)
- Screening**
  - 🔍 Screen /treat for depression
  - 🔍 Screen for sleep apnea
- Alternative Therapies/ Consultation Referrals**
  - ⊕ Consultation with :
  - ⚠️ Trial non-opioid treatment options: (document failures in chart if already tried)

**Pharmacy** ⚠️ Medication suggestions:

**Alternative Therapies/ Consultation Referrals** ⊕ Non medication suggestions:

Other:

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 ration to see which recommendations people were more likely to follow.

$$\text{Ratio} = \frac{\text{Number of Recommendations Followed}}{\text{Number of Recommendations Made}}$$