BACKGROUND/SIGNIFICANCE

More Emergency Department Observation Unit (EDOU) patients have comorbid chronic pain (CP) and/or opioid use disorder (OUD) which:

- Complicates diagnosing their presenting condition and disposition decisions
- If unaddressed, patients may leave AMA and their conditions worsen

A needs assessment revealed staff feel unprepared to:

- Assess patients with co-occurring pain and opioid use disorder to develop an effective treatment plan
- Use a shared decision-making approach with patients having CP and/or OUD
- Know resources (hospital and community-based) for CP and/or OUD patients

A provider focus group supported those findings with additional needs identified:

- Guidance on nonopioid prescribing; access to nondrug therapies
- Prescribing for patients who are on medication for CP and/or OUD
- Strategies to avoid stigmatizing patients with these comorbidities

METHODS

A core interprofessional team developed:

- Digital Learning Modules
- Assessment aids
  - Functional Pain Scale (FPS)
  - Clinical Opiate Withdrawal Scale (COWS)
- Decision aids
  - Opioid-sparing ways of treating pain
  - Non-opioid analgesics with dosing guidance
  - Non-drug interventions and resources
  - Treating pain in patients with comorbid OUD
    - Methadone treated
    - Suboxone treated
    - Untreated
- Enduring materials and resources
  - SharePoint and Excellence Everyday intranet sites
  - QR codes; printable PDFs; quick links
  - Badge cards, Poster, new policy
- Short videos with discussion; role playing sessions
- Huddle sessions on targeted topics
- Pre and post assessment of knowledge and confidence

RESULTS

Confident in Knowledge of Chronic Pain and Opioid Use Disorder

<table>
<thead>
<tr>
<th>Pain BPS</th>
<th>OUD BPS</th>
<th>Assess Pain/OUD</th>
<th>FPS</th>
<th>COWS</th>
<th>Stigma</th>
<th>IP Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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</tbody>
</table>

BPS: View Pain and Opioid Use Disorder as BioPsychoSocial phenomena
FPS: Use the Functional Pain Scale to refine the therapeutic plan
COWS: Use the Clinical Opiate Withdrawal Scale to refine the therapeutic plan
Stigma: Know what to say to avoid stigmatizing a patient
IP care: Utilize team-based, interprofessional, patient-centered care

Decision Aides

Internal/External Resources

Improved Confidence in Caring for Patients with Chronic Pain and/or Opioid Use Disorder

<table>
<thead>
<tr>
<th>Mean Improvement</th>
<th>Case Manager</th>
<th>Pharmacist</th>
<th>Physician Assistant</th>
<th>Nurse Practitioner</th>
<th>Registered Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>57%</td>
<td>71%</td>
<td>67.7%</td>
<td>76%</td>
<td>69.2%</td>
</tr>
</tbody>
</table>

PARTICIPANTS

- 67 clinicians from 6 role groups with 10 years (mean) experience enrolled
- Post-program data showed a 70% increased confidence to care for CP/OUD patients
- Knowledge gains were observed in every content area ranging from 30% - 63% with the largest gains in familiarity of assessment tools used to assess CP and/or OUD.
- 35 completed small group training

PROGRAM REFINEMENT SUGGESTIONS

Comments were very positive about the content and ETHOS platform, with the following suggestions:

- Fewer clicks with slides that automatically advance and have audio
- Pause periodically with quizzes and reinforce key points
- More readable (fonts; define abbreviation)
- List of (linked) decision support tools at beginning and at end of online program
- More resources for prescribers (e.g. methadone, suboxone dosing for pain/OUD)

FUTURE OPPORTUNITIES

- Design resources to further impart needed knowledge, skills and attitudes
- Maintain engagement in therapy using evidence-based medications and nondrug therapies
- Expand/refine content to address needs identified across the organization
- Develop brief videos to role model conversations about CP/OUD, show best practices to limit exposure to high dose opioids, and summarize core competencies
- Tailor new content to selected patient populations to supplement core content
- Tailor some content for role-specific groups (e.g. pharmacists, case managers)
- Expand opportunities for interprofessional participation in case studies

Continue observing trends in opioid use data and clinical outcomes as the program expands:

- Buprenorphine use, nasal naloxone distribution
- Discharges prior to completing treatment
- Length of stay or unplanned readmissions within 30/60/90 days
- Engagement in treatment with a specialist (e.g. Pain, Addictions) at 1 month and 3 months

Nasal Narcan: Criteria was developed to identify patients at risk for opioid overdose with a policy developed and implemented to offer patients a Narcan prescription or kit on discharge. Many were offered and several dispensed without charge with attached scannable (QR code) education.