

Opioid prescribing in the VHA before and after the new Opioid Safety Initiative

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Partners:

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Anticipated Impacts on Veterans Health:

The proposed study will provide key data on the extent to which prescribing practices change following the national roll-out of the Opioid Safety Initiative (OSI) in the VA. Moreover, this project is an important first step in examining the potential positive and negative impact of the OSI on the general population of Veterans Health Administration (VHA) patients as well as the subgroup of those with Substance Use Disorders (SUDs).

Project Background:

Over the past decade, the use of prescription opioids has increased substantially inside and outside the VHA. Prescription opioids are now one of the most commonly prescribed groups of medications within the VHA and they play an important role in controlling pain for many Veterans. However, there are also concerns about the potential negative consequences of prescription opioids (.e.g., physiological dependence, misuse, unintentional injury due to sedation, impaired driving, overdose). Despite widely-publicized VHA practice guidelines for opioid prescribing, published data suggest that real-world care often deviates substantially from these practice guidelines. Those with substance use disorders (SUDs) may be particularly likely to receive sub-optimal opioid care.

In response to concerns about opioid prescribing at the highest level of VHA, the health system has developed and is in the process of implementing the new VHA Opioid Safety Initiative (OSI), designed to provide each facility with information about opioid prescribing practices for each provider within the facility. Because the use of a national surveillance system for opioid prescribing practices is unprecedented within or outside the VHA, little is known about how facilities and prescribers will respond to this initiative.

Project Objectives:

The purpose of this proposed project is to study changes in prescribing practices following the Opioid Safety Initiative for all patients and to determine the degree to which opioid prescribing practices change for patients with SUDs, who are at particularly high risk for adverse outcomes. The proposed project will examine variation in change in facility-level prescribing practices from before to after the OSI. The study will also focus on the subgroup of VHA patients with a diagnosed SUD, examine the variation in change in facility-level prescribing practices and identify patient and facility-level predictors of variation. Finally, the study will describe facility-level opioid and sedative medication costs in VHA, and within the subgroup of VHA patients with a diagnosed SUD, and will examine variation in change in costs from before to after the OSI.

Study Design:

This prospective secondary data analysis project will involve analyses of clinical data from the electronic medical record and databases. VHA administrative health records will be linked with VHA datasets, such as those obtained from the Pharmacy Benefits Management (PBM), to generate facility- and provider-level measures of opioid prescribing patterns and other medications. Analyses will determine the sites with the greatest improvements for the overall group of patients as well as the subgroup with substance use disorders (SUDs). Information on timing of the roll-out at each facility may be obtained directly from the National Program Director for Pain Management for VHA.

Potential Impact:

This Rapid Response Proposal (RRP) will provide information on how the use of opioids changes following the national roll-out of the Opioid Safety Initiative (OSI). This information will allow investigators to identify targets for future implementation strategies to enhance the positive impacts of this initiative and reduce any potential negative impacts identified in the investigation.



