

# Discerning Clinician Perceptions of an Established Opioid Stewardship Program (DISCLOSE)



Cynthia Ramasubbu, B.Sc.(Psych), Pharm.D.; Kseniya Chernushkin, B.Sc.(Pharm), ACPR, Pharm.D.; Karen Ng, B.Sc.(Pharm), ACPR, Pharm.D.; Michael Legal, B.Sc.(Pharm), ACPR, Pharm.D.; Ruthdol Ywaya, B.Sc.(Pharm), ACPR, Pharm.D.

## Background

- In response to the ongoing opioid crisis, Fraser Health Authority (FHA) initiated the first pharmacist-led inpatient Opioid Stewardship Program (OSP) in Canada in 2018, with OSP clinical pharmacists at Royal Columbian Hospital (RCH) and Surrey Memorial Hospital (SMH).
- Both screening (audit and feedback) and consultations are utilized to meet the following objectives of the OSP:
  - Promote optimal opioid prescribing and pain management in hospital and on discharge while minimizing adverse drug reactions.
  - Provide immediate local and long-term community improvements in opioid use.
- In the first year, the OSP recorded an overall 92.5% acceptance rate for recommendations.
- Understanding clinician perceptions of the OSP is critical to optimizing the ongoing impact of the program and evaluating the effectiveness of the OSP.

## Methods

- Primary Objective:** To assess the perceptions of healthcare professionals regarding the OSP.
- Secondary Objective:** To identify areas of the OSP that can be modified to further optimize program delivery.
- Procedure:** A cross-sectional survey involving physicians, medical residents, medical fellows, nurse practitioners (NP), pharmacists, and patient care coordinators (PCC) at RCH and/or SMH.

Table 1: Survey participant demographics and interactions with OSP (n = 71)

| Profession               | (n = 68)        | Awareness  |                 |
|--------------------------|-----------------|--|-----------------|
| Physician                | 45.6%           | Aware of OSP   | 98.6%           |
| Pharmacist               | 42.7%           | (n = 71)   |                 |
| PCC                      | 5.9%            | Aware of types of interventions made by OSP              | 85.9%           |
| NP                       | 4.4%            | (n = 71)   |                 |
| Medical resident         | 1.4%            | Clear when to consult OSP vs. addiction or pain services | 77.5%           |
| <b>Years of Practice</b> | <b>(n = 67)</b> | (n = 71)   |                 |
| < 1 year                 | 6.0%            | Knows how to consult OSP                                 | 93.2%           |
| 1 – 5 years              | 28.3%           | (n = 59)   |                 |
| > 5 years                | 65.7%           | <b>Number of Interactions</b>                            | <b>(n = 58)</b> |
| <b>Hospital Sites</b>    | <b>(n = 71)</b> | Median   | 3.5 times       |
| RCH                      | 57.8%           | > 7  | 60.3%           |
| SMH                      | 39.4%           |  |                 |
| Both sites               | 2.8%            |  |                 |

Figure 1: Top reasons for consulting OSP

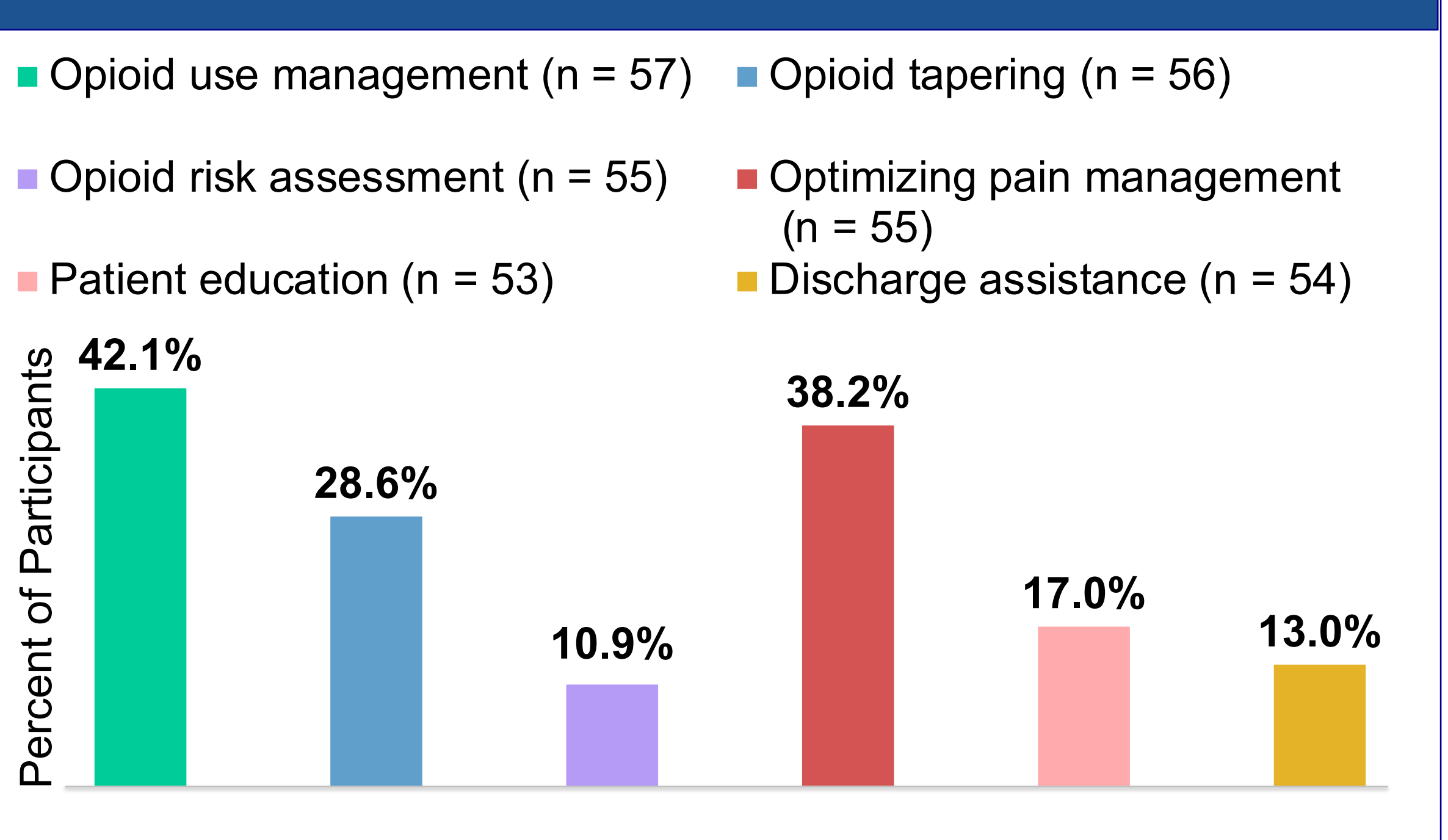


Figure 2: Value of OSP suggestions in two outcomes (1 = not very valuable, 10 = very valuable)

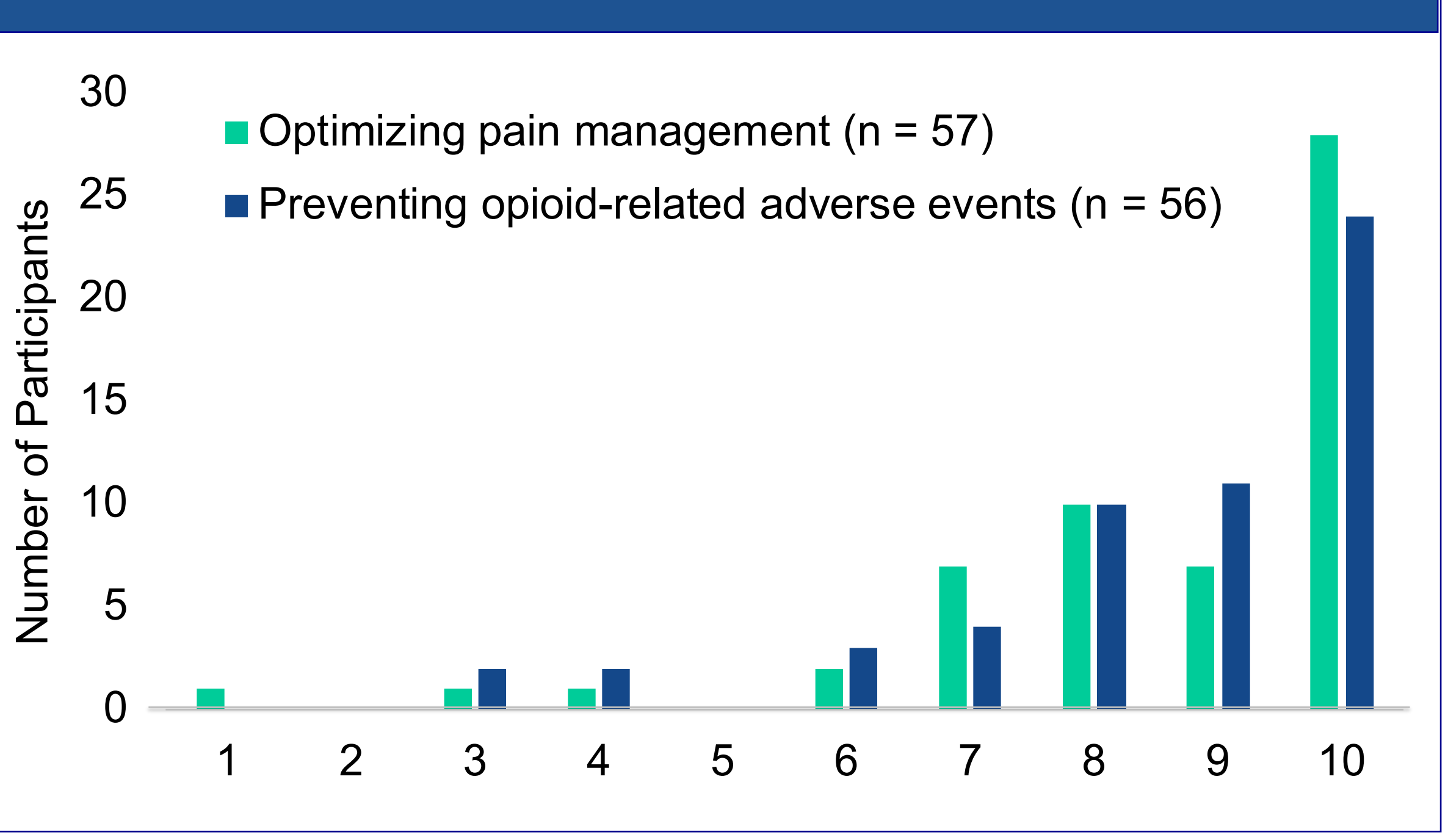
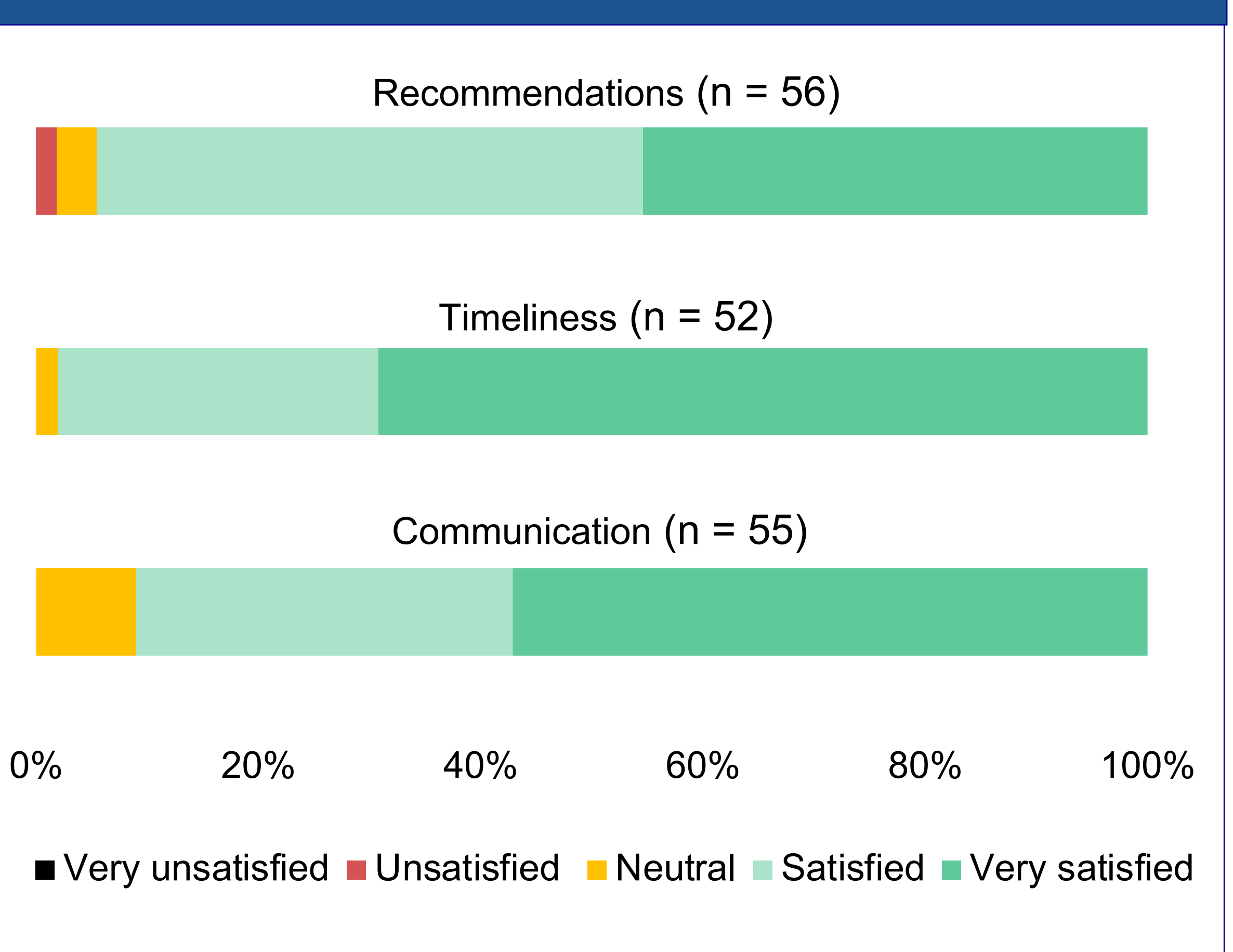


Figure 3: Satisfaction with various aspects of OSP



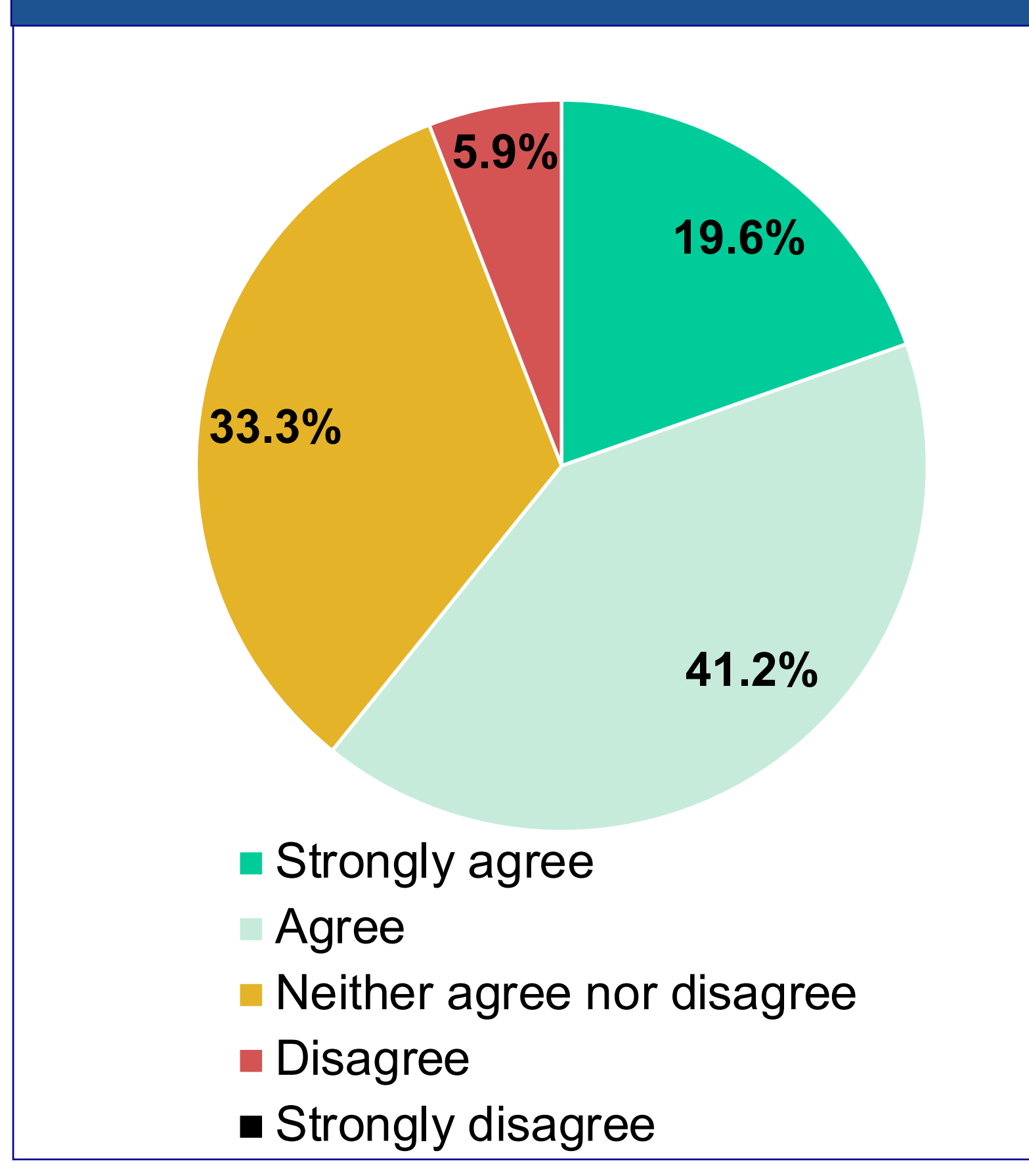
"They always uncover facts that I wasn't aware of, especially [with respect to] the patient's medications and use of opioids." – Physician from SMH

"The OSP pharmacist does detailed, meticulous consultations, and communicates clearly." – Physician from SMH

"The OSP [pharmacist] is a valuable colleague with deeper understanding of opioid use, and collaboration helps in optimization of patient care." – Pharmacist from SMH

"The OSP has increased my confidence in making recommendations for the management of opioids for chronic non-cancer pain." – Physician from RCH

Figure 4: Whether OSP has influenced approach to pain management (n = 51)



## Additional Results

### Main Perceptions of OSP

- 88.5% (n = 52) of participants were **very comfortable** following recommendations.
- The majority of participants (71.2%, n = 52) reported that OSP involvement is **very effective** at promoting safer opioid use.
- Overall satisfaction rates were similar between prescribers and pharmacists.
- OSP pharmacists are perceived to have a balanced approach to limiting versus prescribing opioids for both acute and chronic pain.
- Concurrent screening and referral was deemed to be the most effective approach.
- The majority of participants would consult OSP again (98.0%, n = 50) and would recommend OSP to colleagues (98.0%, n = 50).

### Feedback for Improvement

- Increase knowledge transfer through education sessions for healthcare providers.
- Expand services at current sites and across FHA inpatient and primary care sites.
- Improve communication regarding ongoing follow-up versus one-time intervention.

Response Rate: 28.4% (71 out of 250 potential participants).

### Limitations

- Volunteer bias: Survey involved voluntary participation with relatively low response rate; however, the overall number of respondents was relatively large.

## Conclusions

Clinicians who responded to the survey report a high level of satisfaction with OSP services and share positive views about how the program has improved the approach to pain management and opioid use at RCH and SMH. OSP pharmacists could provide more education and improve clarity of communication regarding follow-up.