



Introducing  
The Prescription  
Opioid Crisis and  
the Provider's  
Impact

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Overdose rates are on the rise, the increased incidence in overdose rates is correlated with chronic pain management using opioids, and prescription opioid deaths have surpassed the combined quantity of deaths from heroin and cocaine use and drug overdoses are at an all-time high with over 60% involving an opioid. (CDC, 2017a)

In a study using 2016 data, findings indicated that 61,862,364 individuals owned at least one opioid prescription or a refill prescription.

That number indicates 19.1 patients per 100 persons had access to opioids. In 2016, health care providers wrote 66.5 opioid and 25.2 sedative prescriptions for every 100 Americans. (Mattson et al., 2017)

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## BACKGROUND





-Prescription drug monitoring programs (PDMP)

-Use of a PDMP has been associated with influencing provider prescription behavior

-Findings are inconsistent

(Griggs et al., 2015)

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SIGNIFICANCE TO NURSING

The purpose of the study was to examine the effects of an educational intervention on the PDMP and its effects on prescriptive rates of opioids in opioid prescribing healthcare providers in a local healthcare organization in Alabama.

PURPOSE

Among prescribing healthcare providers receiving an educational intervention on the proper use of the PDMP, what is the effect on opioid prescription rates and days of supply?

PICO



The mean number of monthly prescriptions written pre-intervention among providers with more than 10 years of experience was 36.7 ( $SD = 47.82$ ) compared to those with 1-5 years' experience ( $M = 26.5$ ,  $SD = 2.12$ ) and those with 5 to 10 years' experience ( $M = 16.0$ ;  $SD = 22.62$ ).

Post-intervention, opioid prescription rates increased among participants with more than 10 years of experience ( $M = 38.4$ ;  $SD = 51.68$ ), among participants with 1 to 5 years' experience ( $M = 30.5$ ;  $SD = 10.6$ ) and but decreased among those with 5 to 10 years' experience ( $M = 13.0$ ;  $SD = 17.51$ ).

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## STATISTICAL RESULTS

## T-TEST/ANOVA

### T-test

The study found there was no significant difference in number of prescriptions written ( $t_{(13)} = -1.279, p > .05$ ).

There was no difference in the number of days of drugs supplied ( $t_{(13)} = -.895, p > .05$ ).

There was no significant differences in amounts of opioids prescribed pre-intervention and post-intervention ( $p > .05$ ).

### ANOVA

One-way ANOVAs were used to examine differences in pre-intervention and post-intervention opioid prescription rates and days of supply issued based on professional degree and licensure, years of experience, and practice area.

No significant differences were identified; however, both pre-intervention and post-intervention opioid prescription rates were higher among participants who had been practicing for more than 10 years.

How often do you perform a self-audit using the PDMP?	
I have never conducted a self-audit using the PDMP?	17
I perform a self-audit using the PDMP once yearly.	3
I perform a self-audit using the PDMP 2-4 times yearly.	1
I use the PDMP when I suspect misuse of opioids?	
Almost always	6
Often	1
Sometimes	7
Seldom	1
Never	6
What changes do you plan to make in your practice as a result of your participat educational activity?	
I plan to use the PDMP more frequently.	4
I plan to be more vigilant about the quantity of opioids I dispense when prescribing.	3
I don't plan to make any changes to my practice. My current practice is consistent with what is taught.	3
1 and 2	8
How often do you plan to perform a self-audit using the PDMP?	
Once yearly	5
1-4 times yearly	10
5-12 times yearly	3

*Participant responses to PDMP questions (N = 21)*

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## REFERENCES