

IHI Open School Recover Hope Campaign

Campaign Action Area #3: Transform Pain Management

The Urgent Challenge: Overprescribing of Opioids and Lack of Availability of Alternative Pain Treatment Options

Chronic pain affects approximately 100 million people in the United States, with joint pain and back problems being two of the top three reasons people seek medical care.¹ Often, health care professionals enter their careers ill-equipped to treat pain, which can lead to dissatisfaction and frustration for the patient and the provider.^{2,3,4} In most health professional training programs, the approach to pain education is brief and focused on prescribing medications – rather than multidisciplinary, long-term, holistic, and sustainable treatment.^{2,3,4} The United States health care system does not facilitate alternate pain management, such as yoga, meditation, and physical therapy, due to lack of clear treatment pathways and reimbursement mechanisms.⁵ As a result, opioid prescriptions have increased from around 76 million in 1991 to nearly 207 million in 2013.⁶

Increases in opioid prescribing results from many factors: an incomplete understanding of the biological and psychological mechanics of pain, promotion of opioid medications as nonaddictive by major pharmaceutical companies, a paradigm shift in medical education during the 1990s of pain as “the fifth vital sign,” and the unrealistic expectations patients have of being pain-free.^{7,8} Though often considered first-line therapy, opioids are not only ineffective in treating chronic pain; they often increase sensitivity for several days after cessation.⁹ When opioids are prescribed for acute pain – for example, post-surgery – they are frequently prescribed at rates that are disproportionate to the patients’ need, with excess doses presenting a risk for substance abuse or diversion.¹⁰

There are deep inequities in access to pain treatment. Studies have shown that women and racial and ethnic minorities are less likely than white male patients to receive analgesics or any pain treatment at all.^{11,12} Though under-prescribing of opioids has shielded patients of color during the opioid crisis, it reflects an underlying problem of implicit bias contributing to health outcome inequities.¹² Further, patients who have a history of substance use disorders are often viewed as drug-seekers and, as a result, not given adequate pain treatment.¹³ This can lead patients to self-medicate with illicit drugs, which leads to higher risks of becoming ensnared in the criminal justice system. Improving pain management practices and standardizing evidence-based approaches to opioid prescribing can lead to a more thoughtful, consistent, and equitable treatment model for all.

Our Response: Transform Pain Management

Transform Pain Management campaign projects aim to improve opioid prescribing practices and promote alternate pain management approaches within health care settings.

Campaign leaders will advocate for a new paradigm of pain treatment, seeking inspiration from models of holistic and sustainable pain management in the US and internationally.

Your Choice Now: Lead a Project

Explore this project idea as a starting point for leading change. There are many ways to improve prescribing patterns and promote alternate pain treatments. The important thing is to start and improve as you go!

Reducing Post-Surgical Opioid Prescriptions:

Dartmouth-Hitchcock surgeons and trainees led a quality improvement project to reduce opioid doses given to patients after surgical procedures without significantly impacting post-operative pain. The teams studied 5 common outpatient procedures and found dramatic variation in prescription quantities, discovering that the average patient only took only 1/4 of the pills they received. This data empowered providers to cut opioid doses by 50%, with no negative consequences in the quality of care. The team has also worked to “right-size” the number of opioid pills for inpatient procedures involving longer recoveries, reducing prescriptions by 40%.

Ways to Get Started

1. **Convene an interprofessional team** of trainees and providers and identify a project champion in the health system
2. **Gather baseline data** on screening for substance use disorders, pain management, and/or opioid prescribing patterns in your clinical setting and identify relevant policies and guidelines
3. **Design** an improvement project charter
4. **Start small and test a change** to address your outcome of interest

Leverage Open School resources to strengthen your project:

- **Visit the Chapter Map** to find and connect with an IHI Open School Chapter near you
- **Download the Chapter Leader Toolkit** to start a Chapter at your university or organization
- **Take our quality improvement courses** to learn to design a strong improvement project
- **Join the Leadership & Organizing for Change course** in March 2019 to learn to launch your campaign project and meaningfully engage others in your vision for change
- **Get inspired by the IHI Open School blog**, which highlights Chapters’ work to engage their peers in health improvement efforts
- **Explore videos and activities** to learn concepts and tools to strengthen your projects
- **Email openschool@ihi.org** to receive coaching on how to get started

www.IHI.org/OpenSchool

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