

Pharmacist-Led Multidisciplinary Approach to Opioid Tapering in a Large Private Rheumatology Practice

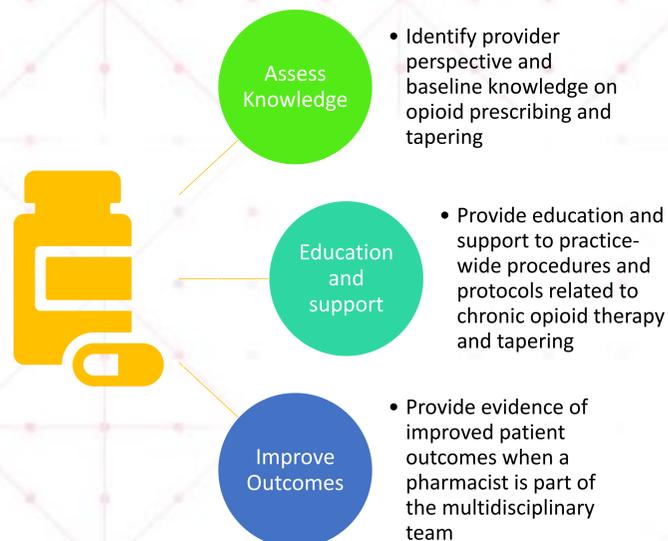
Mitchell Miller, Pharm.D.^{1,2}; Kelsey Hennig, Pharm.D., BCPS^{1,2}; Jacqueline H. Cleary, Pharm.D., BCACP¹; Sooyeon Kwon, Pharm.D., Ph.D.²; Angela Citta, Pharm.D. Candidate^{1,2}; Kathryn French, Pharm.D. Candidate^{1,2}; Denae Moyer, Pharm.D. Candidate^{1,2}; Kelley E. Powers, MPA, PA-C²; Jessica F. Farrell, Pharm.D.^{1,2}

¹Albany College of Pharmacy and Health Sciences, Albany, NY; ²The Center for Rheumatology, Albany, NY

Background

- ❖ The evolution of disease modifying anti-rheumatic drugs has significantly decreased the need for opioids in the treatment of rheumatic diseases
- ❖ Current guidelines suggest considering opioid tapering in patients with chronic noncancer pain on ≥90 mg morphine equivalent dose (MED) daily
- ❖ Recently, the U.S. Department of Health and Human Services published a guide on tapering chronic opioids¹

Project Aims



Provider Knowledge

A **baseline survey** was administered to rheumatologists (n=10) in a private practice to characterize current practices and perspectives

Results:

100% of providers had patients on opioids

70% of providers felt they had one or more patients that would benefit from opioid tapering

80% of providers rated their comfort level a 5 or lower in tapering or discontinuing an opioid (0 being not comfortable at all, 10 being very comfortable)

90% most providers stated they were hesitant or very hesitant to develop an opioid tapering plan due to a lack of knowledge

Reported barriers to tapering: lack of time, comfort, and confidence in managing withdrawal symptoms

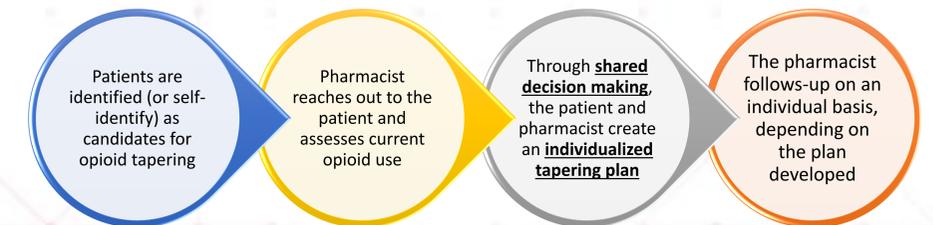
All providers felt they would benefit from a multidisciplinary approach

Pharmacist Intervention

Phase I: Education



Phase II: Intervention



Results

Patient No.	Successful	Withdrawn	In progress	Daily initial dose (MED)	Daily dose at end of review (MED)
1	X			40	0
2		X		20	20
3			X	90	60
4			X	18	13.5
5			X	117	117
6			X	30	30
7			X	190	115
8			X	40	40
9			X	50	50
10*		X		100	50

*Patient lost to follow-up and began working with their primary care physician

1. Dowell D, Compton WM, Giroir BP. Patient-centered reduction or discontinuation of long-term opioid analgesics: the HHS guide for clinicians [published online October 10, 2019]. *JAMA*.