

Implementing Opioid-Specific Substance Use Screening in Outpatient Family Medicine Practice



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INTRODUCTION

Drug overdose was the leading cause of injury-related death in people 25 to 64 years of age in 2017, with overdoses involving opioids accounting for 47,600 deaths. The mortality rate for those with opioid use disorder (OUD) is up to 10-fold higher than in the general population. Opioid-related deaths occur not only from overdose but also from cardiovascular disease or infectious diseases such as hepatitis C, HIV, and sepsis. The American Academy of Family Physicians recommends treatment of OUD by primary care physicians with a longitudinal, team-based, patient-centered approach. The United States Preventive Services Task Force recently drafted a guideline recommending screening of all adults older than 18 years for illicit drug use, and some experts have recommended screening all adults in primary care for OUD specifically.

OBJECTIVES

Our aim was to increase the rate of substance use disorder screening which specifically included opioid-use screening to 95% of patients over the age of 18 seen for in-person visits at Choctaw Nation Family Medicine Residency Clinic over an eight-week period.

METHODS

- We initiated opioid-specific screening by asking a single question to our adult patients (see center panel).
- Results were collected, and positive screens were stored securely for additional screening in the near future to identify those with OUD.

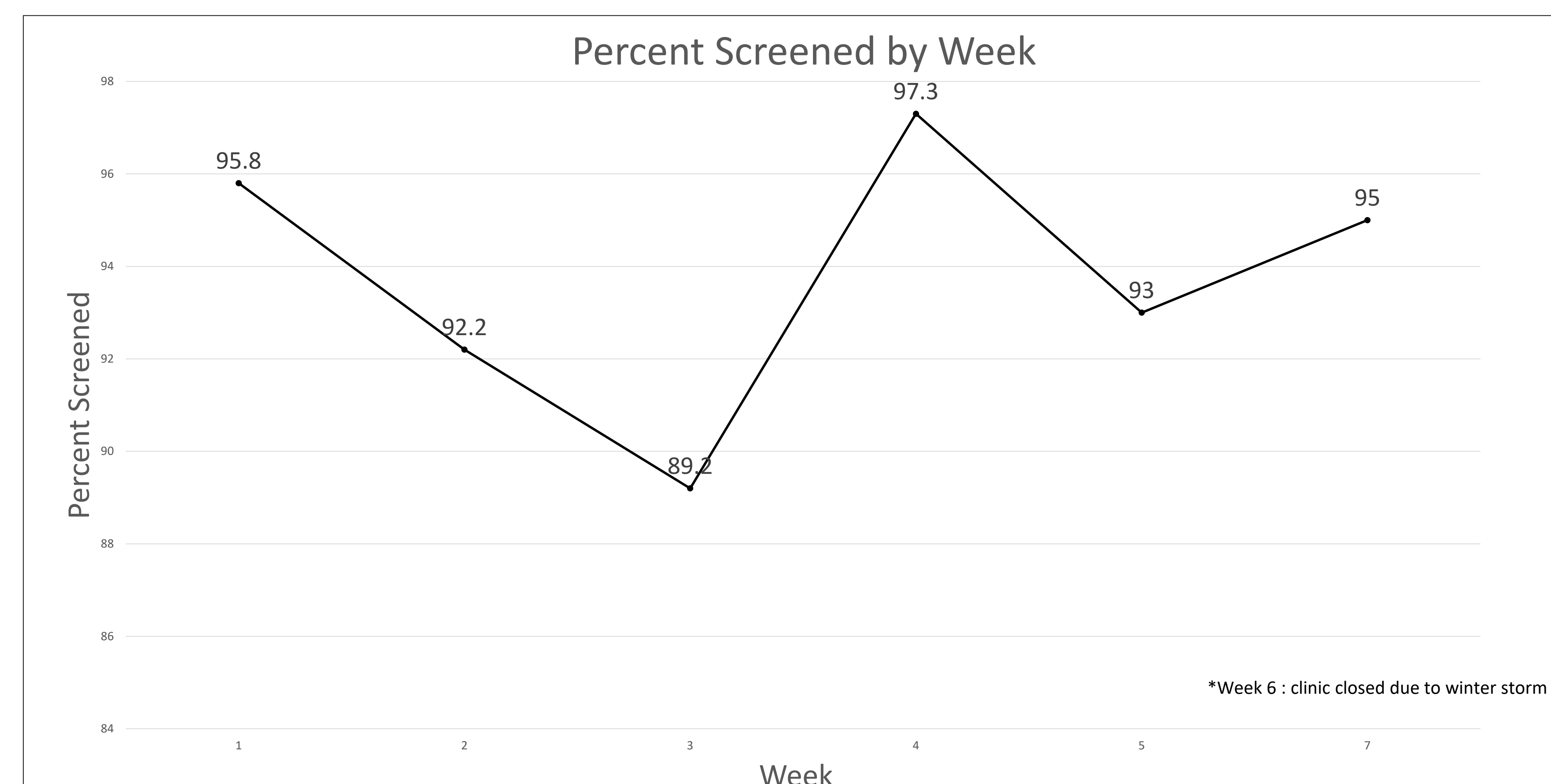
Do you now or have you ever used an opioid medication

(hydrocodone, Norco, Lortab, Vicodin, oxycodone, Percocet, fentanyl, hydromorphone, Dilaudid, codeine, Tylenol 3, tramadol, Ultram, oxymorphone, Opana, roxicodone, buprenorphine, Suboxone)

in a manner not prescribed by your doctor, including taking more than prescribed or using someone else's medication?

yes

no



CONCLUSIONS

- 93.8% of patients over the age of 18, seen for in-person visits during the project cycle, were screened with a one-question specific for opioid-use.
- 8.6% of those screened answered “yes”.
- Patients were identified for additional diagnostic questioning to determine the presence of OUD so that treatment and Narcan kits may be offered as appropriate.

FUTURE DIRECTION

- Patients with positive screening results during this project will be contacted for an additional diagnostic interview using a validated OUD tool (i.e. OWLS).
- Those with OUD will be offered MAT if appropriate.
- Specificity of this one-question screen will be compared with the validated tool.

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