



Women Rise: Empowering Women To Manage Pain

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BACKGROUND

- According to the United States Department of Health and Human Services Office of Women’s Health, women are more likely to experience chronic pain and use prescription opioid pain medications for longer periods and in higher doses than men.
- Sentara Rockingham Memorial Hospital (SRMH) is a community hospital serving a seven-county area with a population of 218,000 residents via inpatient and outpatient services provided in rural and metropolitan areas.
- From July 1, 2016, through December 31, 2016, over 27% of women over 35 seen by the SRMH Medical Group had an active opioid prescription.
- Primary health care providers supplied 67% of the more than 23,000 prescriptions written from April 15, 2016, through December 31, 2016.
- Individuals reported that the Virginia Prescription Management Program (PMP) was very cumbersome to use due to the process of exiting the electronic medical record (EMR), logging into the PMP and entering the patient’s information. This process took up to 1/3 of the time traditionally allotted to patients.

WOMEN RISE PROGRAM



Chronic Pain Self-Management Program (CPSMP)

- First, subjects learn of CPSMP workshop dates from their prescribing providers, care managers, pharmacists, other Sentara RMH Medical Center (SRMH) staff, or project partners, if they feel attending a workshop would be beneficial to them.
- Second, flyers with CPSMP workshop dates and information are posted in various locations across the service area (senior centers, community centers, medical clinics, pain clinics, newspapers).

Sentara Clinicians

- Clinicians with prescriptive authority, including physicians, nurse practitioners, and physician assistants, completed required continuing education credit (CME) opportunities.
- Sentara IT created a link within the EMR that logs the prescribing provider directly into the PMP and auto-populates the patient's information.
- A best practice alert (BPA) was developed within the EMR to flag patients with Chronic pain (Other Chronic Pain) [G89.29] or Chronic, continuous use of opioids [F11.90] diagnoses.

METHODS

- Prospective and retrospective data collection for the purposes of program evaluation was conducted via the EMR and by self-reported questionnaires containing the Recovery Assessment Scale - Domains and Stages (RAS-DS) items (Cronbach’s $\alpha = .928$ pre and .880 post).
- The program and associated data collection was approved by the SRMH Institutional Review Board (IRB).

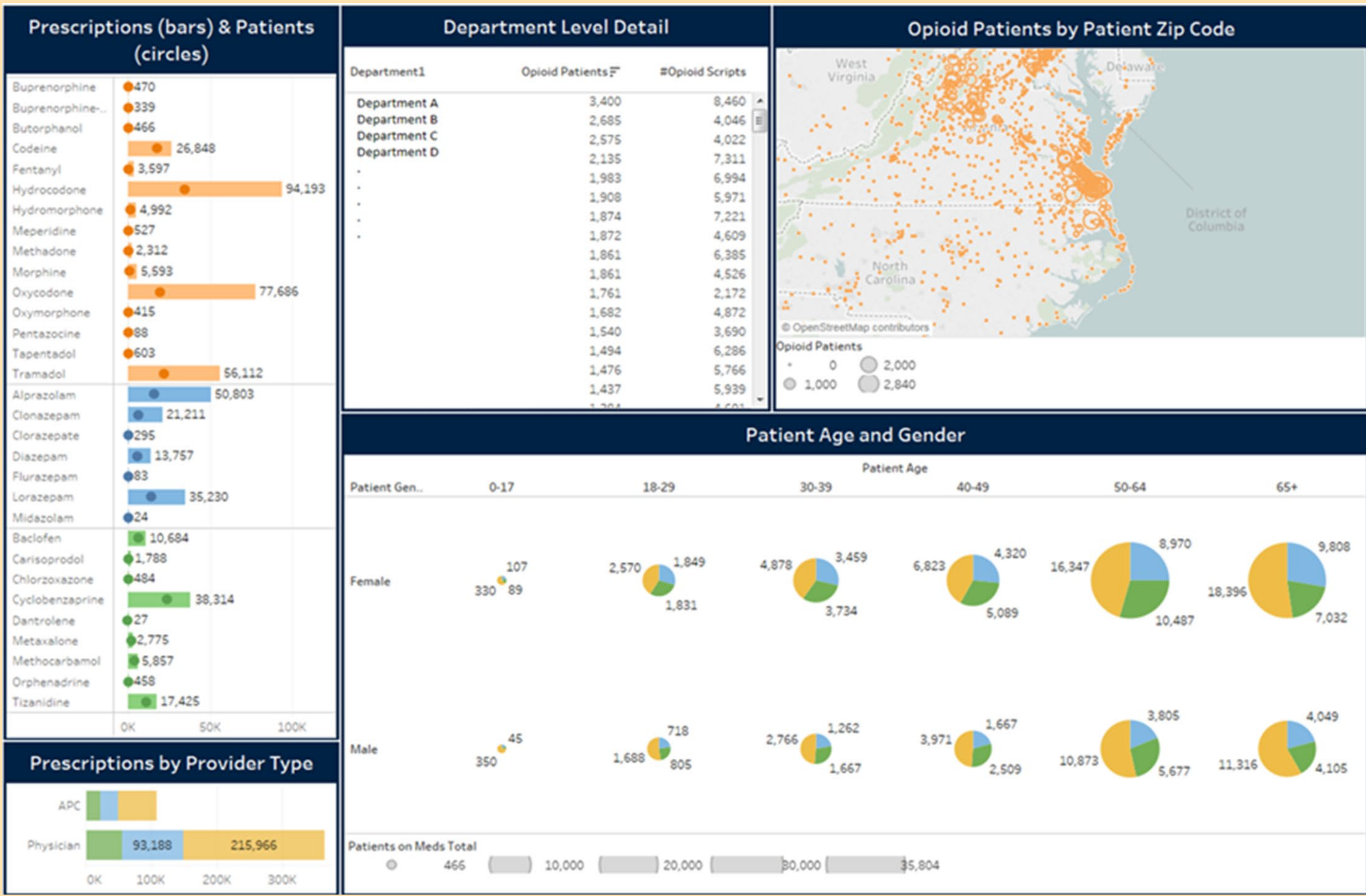


Figure 1. Tableau® visualization of opioid use of Sentara patients across Virginia

RESULTS

Self-reported RAS-DS Data

- Paired samples t-tests (N=24) revealed statistically significant improvement ($t = -4.11$, $p < .001$) in the total recovery score from pre ($M = 118.71$; $SD = 15.58$) to post ($M = 131.88$; $SD = 12.50$) with scale max score of 152.
- There was also significant increase in average scores on the RAS-DS subscales (Figure 2):
 - Doing Thing I Value (DTIV), $t = -2.61$, $p = .016$.
 - Looking Forward (LF), $t = -3.41$, $p = .002$.
 - Mastering My Illness (MMI), $t = -4.16$, $p < .001$.
 - Connecting and Belonging (C&B), $t = -3.38$, $p = .003$.

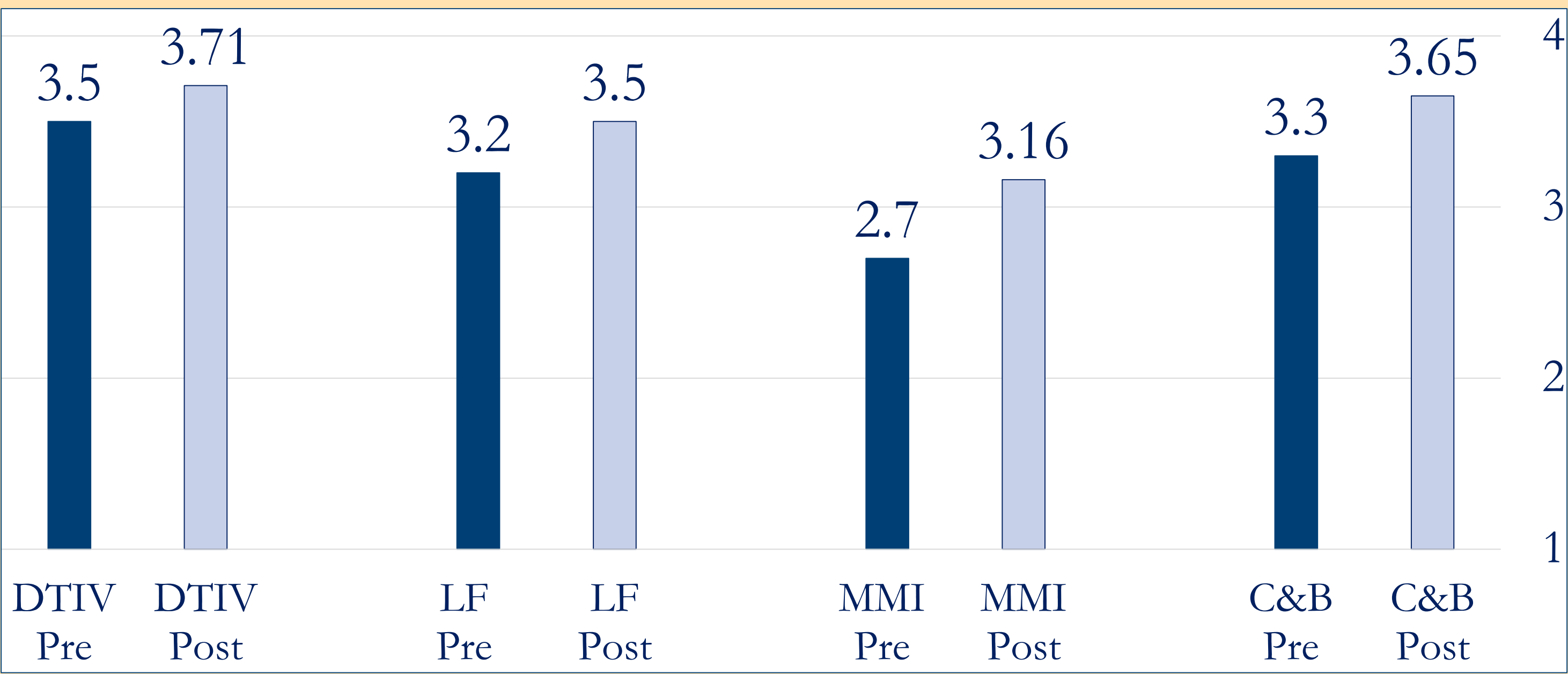


Figure 2. Paired-sampled t-test results for RAS-DS Subscales

RESULTS (CONT.)

	CY 2018	CY 2019
Women w/ an active opioids prescription	16739 (26.9%)	16351 (24.4%)
Women w/o an active opioids prescription	45616 (73.1%)	53000 (75.6%)
Total women seen by SRMH	62355 (100%)	69351 (100%)
Actual reduction = 9.3%, grant goal = 5%	$\chi^2 = 168.17$, $p < .001$	

Table 1. Pearson chi-square test of significance of proportion differences in opioid prescription counts.

Leveraging EMR Reports

- The combined decrease in the proportion of women over 35 with opioid prescription between CY 2018 and CY 2019 was statistically significant, see Table 1.
- From Q1 2018 to Q4 2019 there has been a **13.74%** reduction in the overall number of prescribed opioids for all patients and **33.48%** reduction in the overall number of prescribed opioids for all patients for primary care practices.

BEST PRACTICE RECCOMENDATIONS

- The preliminary results of this program evaluation show that the intervention within CPSMP is making statistically significant, and more importantly, clinically meaningful, improvement in clinical and patient self-reported outcomes.
- There was a decrease in the overall number of opioids, and more importantly, in the number of opioids prescribed to women 35 and older seen by SRMH providers.
- Sentara Healthcare IT has streamlined provider access to Virginia and North Carolina’s PMP. This significantly increases the prescribing provider's ability to provide high quality care to all our patients and saves significant amount of time.
- The opioid BPA in the EMR triggers if providers use the following diagnoses: Chronic pain or Chronic, continuous use of opioids.
- The opioid BPA also provides tools including links to the VA and NC state Prescription Monitoring sites, a MEDD (Morphine Equivalent Daily Dose) calculator, a link to the Discussion Points and Controlled Substance Agreement (which both physician and patient need to sign), Naloxone (Narcan) orders and patient instructions, and Urine Drug Screen orders.
- Future evaluation will continue to assess if the activities of the Women Rise program continue to aid participants in living healthier lives with less pain and preventing opioid misuse.

REFERENCES & CONTACT

- References available upon request. Please contact Dr. Kathie Zimbrow at kszimbrow@sentara.com for any inquiries regarding this project.