

Provider access to chronic opioid prescribing resources improves guideline adherence

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Results of a new study find that providers participating in an intervention with education and resources to help manage chronic opioid therapy for patients with HIV and chronic pain are more likely to adhere to national chronic opioid therapy guidelines compared to providers who do not take part. The intervention resources include a nurse care manager to

work with physicians and nurse practitioners who are the primary care providers for such patients, and access to addiction medicine specialists. Led by researchers at Boston Medical Center's Grayken Center for Addiction, in collaboration with Emory University School of Medicine, the Grady Health System Infectious Diseases Program and published in *Clinical Infectious Diseases*, the study shows that the intervention is a promising tool that can help providers better treat their HIV patients with chronic pain who are already receiving chronic opioid therapy.

Previous research points to chronic pain being common among individuals with HIV. While chronic opioid therapy can be used to manage chronic pain, numerous studies have shown that providers caring for HIV patients have a low confidence in their ability to treat pain, as well as low satisfaction about how they deliver pain management to their patients.

"It's important to make sure that all providers have access to the tools and resources necessary for them to confidently provide chronic opioid therapy when treating patients with HIV and chronic pain while also working to prevent opioid misuse," said Jeffrey Samet, MD, MPH, the study's corresponding author and chief of [general internal medicine](#) at Boston Medical Center. Samet also is the John Noble, MD professor in general internal medicine and professor of community health science at Boston University Schools of Medicine and Public Health.

Targeting Effective Analgesia in Clinics for HIV (TEACH) was developed based on another chronic care model for the management of long term opioid treatment for pain (TOPCARE). The randomized control trial included 41 providers and 187 of their patients from two safety-net hospital-based HIV clinics. The study was conducted between 2015 and 2018 with a follow up at 12 months on patients with HIV receiving chronic opioid therapy to manage their [chronic pain](#).

Using medical records, the researchers looked at whether providers taking part in the intervention performed two or more urine drug screenings and if there were any early chronic opioid therapy refills within the 12-month period. The TEACH interventions include providers having access to: a nurse care manager with an interactive electronic registry to help manage patient cases and monitor prescription usage; a 60 minute didactic session on chronic opioid therapy guidelines; two or three sessions tailored to examining the providers' prescribing data and assessing future courses of action; and facilitated processes to refer patients to addiction specialists when necessary.

The results showed that providers who took part in the intervention were more likely to follow chronic [opioid therapy](#) guidelines, which are the recommendations established by both the Centers for Disease Control and Prevention and the HIV Medicine Association, compared to providers who followed usual care. In addition, the added monitoring was not associated with any adverse outcomes as reported by those in the study.

"Managing [pain](#) in persons with HIV may be challenging and the nurse care manager proved to be an effective way to support providers," Carlos del Rio, MD, executive associate dean of Emory University School of Medicine at Grady and co-principal investigator in this study with Samet.

More information: Jeffrey H Samet et al, Improving the Delivery of Chronic Opioid Therapy among People Living with HIV: A Cluster Randomized Clinical Trial, *Clinical Infectious Diseases* (2020). [DOI: 10.1093/cid/ciaa1025](https://doi.org/10.1093/cid/ciaa1025)

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