

Improving Opioid Management in Primary Care

In 2019, nearly 50,000 people in the U.S. died from a drug overdose involving opioids, a more than six-fold increase from 1999¹ and accounting for over 70% of all overdose deaths.² Since then, the prolonged COVID-19 pandemic has worsened the opioid epidemic across the U.S. Many individuals and families have experienced increased stress and anxiety due to job losses, school and childcare closures, and social isolation, while access to medical care, counseling services, and addiction treatment programs has been disrupted or delayed significantly. Overdose deaths rose to a record 93,000 in 2020—an almost 30% increase from the previous year³—with opioids contributing to nearly 70,000 of those deaths.⁴

According to the CDC, primary care physicians and providers account for nearly half of all dispensed opioid prescriptions in the U.S.⁵ Individuals experiencing both acute and chronic pain are frequently treated with prescription opioids and may not realize the risks associated with taking opioid medications. Anyone who is prescribed opioids is at risk of developing opioid use disorder (OUD) or addiction, as well as the possibilities of accidental drug overdose and death. The CDC has reported that as many as one in four patients receiving long-term opioid therapy in a primary care setting develops opioid addiction⁶ and that three out of four people who use heroin misused prescription drugs first.⁷

In 2016, a physician-led clinical research team from the University of Washington Department of Family Medicine and Kaiser Permanente Washington Health Research Institute developed the Six Building Blocks Program, an evidence-based quality improvement roadmap for primary care physicians and clinics caring for patients with chronic pain on long-term opioid therapy. The Six Building Blocks Program focuses on a set of six core elements to improve care delivery for this particularly vulnerable patient population, including leadership; clinical operations; proactive, patient-centered care and services; identifying and treating mental health/behavioral health conditions and opioid use disorder; and tracking, monitoring, and measuring progress.

The key goals of the Six Building Blocks Program are to increase the consistency, quality, and safety of care delivery for this patient population. The 2016 CDC Guideline for Prescribing Opioids for Chronic Pain is foundational to the best practices highlighted in the Six Building Blocks Program. Notably, the CDC is currently reviewing and updating its 2016 Guideline. A final update is anticipated by year-end 2022.

Implementation of the Six Building Blocks Program has demonstrated both qualitative and quantitative positive results. The total number of chronic pain patients on long-term opioid therapy and the percent of patients on high-dose therapy declined over a 15-month period during a Six Building Blocks Program clinical trial across 20 clinics. Clinicians, staff, and patients also expressed benefits of the Program-related changes, including a defined pathway to better manage the care of chronic pain patients on opioid therapy, increased teamwork within the clinics, and functional status improvement from the patient's perspective.

The American Medical Association (AMA) spoke to several core elements of the Six Building Blocks Program in their 2021 Overdose Epidemic Report, affirming the importance of improving access to evidence-based care for patients with pain, mental illness, and substance use disorder. The AMA also emphasized the need for more comprehensive, standardized data to improve outcomes and advance prevention, treatment, and harm reduction initiatives.⁸

The Six Building Blocks Program offers a demonstrated effective approach to better manage this challenging patient population and reduce the risks associated with long-term opioid use for treatment of chronic pain.

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Data Sources

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