Presentation Title: “Early triage of long acting opioid discharge prescriptions – transition of care optimization for the inpatient oncology service line”

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Background: Current NCCN Clinical Practice Guidelines in Oncology for adult cancer pain recommend that patients with stable 24-hour opioid requirements be converted to long acting (LA) opioid medications with short-acting formulations for breakthrough pain. Patients admitted to the inpatient oncology service at the University of Virginia (UVA) Health and started on LA opioid therapies for their cancer related pain often face system-related barriers at discharge including insurance prior authorization (PA) requirements, insurance-driven preferences of opioid therapies, and high co-pays; these barriers often prevent patients from receiving medications discharging in a timely manner.

Between January and December 2021, patients discharging from the UVA oncology service with a new LA opioid prescription experienced an average hospital length of stay (LOS) time of 275 hours. Lengthy hospital stays put patients at risks for increased healthcare costs and hospital-related adverse events as well as using valuable hospital resources. The goal of this quality improvement project is to decrease the hospital LOS time by 10% within 3 months by focusing on discharge delays related to long-acting opioid prescriptions at discharge.

Methods: An interdisciplinary team comprising of oncology physicians, clinical pharmacists, and nurses involved in the oncology inpatient discharge process was formed and implemented the Plan-Do-Study-Act (PDSA) method of quality improvement. The group developed a current process map and cause-and-effect diagram to identify present problems within the workflow. Baseline data was collected and analyzed to assess the measures surrounding the identified workflow problems. Data on causes surrounding prescription fill delays were collected from the electronic medical record (EMR) and analyzed using a Pareto chart. An intervention was identified to be implemented and its effect on hospital LOS time analyzed with a Statistical Process Control (SPC) chart.

Results: Two hundred forty eight patients were included in the baseline analysis. The average hospital length of stay was 275 hours between January and December 2021. The average time from order placement and resolution of prescription fill delays was 50 hours. The most common barrier to resolution was unknown in 21.3% of patients. High cost ($>100) and PA requirements caused delay times in 19.4% and 9.5% of patients, respectively. Other barriers included prescriptions sent after noon (19%) or on weekend days (16.6%) and those sent to outside pharmacies (14%).

Conclusion: The PDSA cycle methodology identified several barriers to resolution of prescription fill delays for long-acting opioid therapies in oncology patients ready for discharge. To achieve the aim of reducing hospital LOS time, a pharmacist-driven initiative to utilize an outpatient pharmacy dispensing system to process insurance test claims and provide quick turn-around for prescription delay resolution will be implemented. Further investigation will assess the effect of this intervention and identify areas for further improvement.