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Benefits Realization: The DHDR supports clinicians to make care timely, appropriate care decisions during narcotics withdrawal

Evaluating benefits is an important component of the connecting South West Ontario (cSWO) Program that helps to support and demonstrate the realization of health system benefits through the adoption of an electronic health record (EHR). By pursuing the measurement of organizational value (improvements in the efficiency of care delivery such as time-savings and redirected resources) and clinical value (patients undergo fewer unnecessary tests, patients have improved access to care), patients ultimately benefit from higher quality, better informed clinical decision-making.

In the Fall of 2016, the Ministry of Health and Long-Term Care (MOHLTC) began an initiative to integrate the Digital Health Drug Repository (DHDR) into the cSWO Regional Clinical Viewer, ClinicalConnect™, to enhance the data and information available in the EHR. Three early adopter health service provider sites in Guelph were provided with access to drug information in this initial stage with a focus on testing the ability to share information currently available via a standalone drug profile viewer (DPV) with a more widely dispersed interface (the EHR). The data that is shared through the DHDR includes similar data elements to those that already exist in DPV, as well as expanded access to dispensed drug events, including Narcotics Monitoring System (NMS) data.

By pursuing the measurement of organizational value (easier access to patient drug information) and clinical value (better informed prescribing decisions and reduction in potential adverse drug events), patients ultimately benefit from higher quality, better informed clinical decision-making.

Value statement

Access to the DHDR provides a reliable and efficient source of information for physicians during decision-making about narcotic prescription refills within acute care settings. In addition, supporting physicians with reliable narcotics information improves patient access to health care, allowing patients who are experiencing acute withdrawal to safely access narcotic medications, preventing unnecessary suffering.

Enabling safer narcotics prescribing to alleviate patient withdrawal symptoms

One of the key challenges facing physicians is finding a balance between minimizing the potential harm of misuse, abuse, and diversion of medications and at the same time providing appropriate and timely access to pain medications to reduce patient suffering.[1] In the context of opioid prescriptions, withdrawal occurs in patients when the dose is reduced, missed or stopped, narcotics are switched or tapered, the patient voluntarily stops, or if the patient is given an antagonist to precipitate withdrawal.[2] According to the Centre for Addiction and Mental Health, a person who is physically dependent on opioids can experience withdrawal about 6-12 hours after taking a short-acting opioid (e.g., hydromorphone) and about one to three days after taking a long-acting opioid (e.g., methadone). Withdrawal is experienced more quickly and intensely with short-acting opioids; with longer-acting opioids, withdrawal comes on more gradually and is less intense.[3] Symptoms of withdrawal can include stomach cramps, body chills, heart palpitations, body aches and pains, muscular tension, trembling, choking sensations, diarrhea, and difficulty breathing.[4]

Accessing narcotics data within acute care to reduce patient suffering

Dr. Dan Finnigan, a family physician at the Guelph Family Health Team (GFHT) who also provides coverage within Guelph General Hospital (GGH) recently encountered two separate situations in which he was able to safely prescribe narcotics to patients who were suffering from narcotics withdrawal.

Case one:

- A patient had presented at the emergency department (ED) in narcotics withdrawal and was subsequently admitted.
- Prior to seeing the patient on the ward, Dr. Finnigan was able to access the patient's medication data available through the DHDR for the exact start and refill intervals to ensure that the patient did not have a history of seeking early refills.

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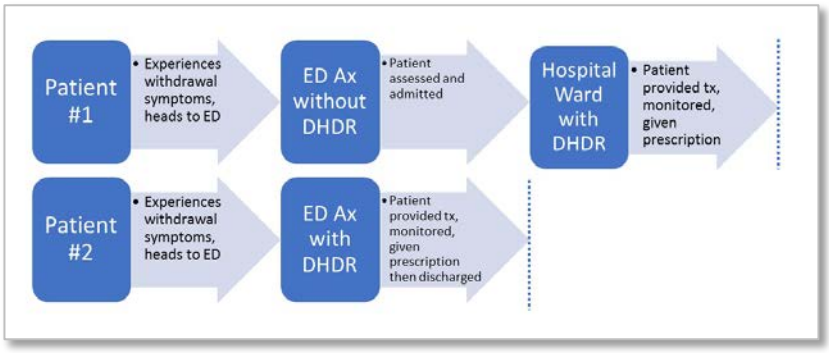
- He then met with the patient and validated the patient's story with the information in DHDR. Dr. Finnigan learned that the patient's prescription had been stolen during a house party, but the patient knew that he would not get any more narcotics if he requested them early and so decided to simply go without, not having had any education on narcotic withdrawal.
- The patient subsequently experienced terrible withdrawal symptoms that eventually brought him to the ED.
- Dr. Finnigan was able to treat him in a step-wise treatment fashion in hospital and make sure he had enough narcotics to carry him until his next appointment with his family physician.



Case two:

- A patient suffering from spinal stenosis had an appointment with her family physician for a regularly scheduled narcotics refill. The family physician had an emergency and had to cancel the patient's appointment.
- The patient instead saw a covering physician who refused to provide the refill. Instead, the patient was told to wait until her own physician returned.
- The patient started experiencing withdrawal and went to the ED in the evening.
- Dr. Finnigan was working in the ED and checked the DHDR in order to confirm the patient's narcotics history. He saw that this patient had been taking narcotics for years and had never sought to refill her prescription early in the past. He felt comfortable giving her enough narcotics to get her through to her next appointment with her family physician.
- Prior to DHDR access, this physician would only have been able to verify her history by phoning the pharmacy, which would only be possible during their open hours. Access to reliable narcotics history in the DHDR for this patient allowed Dr. Finnigan to responsibly prescribe medication to relieve suffering, monitor the patient, and then discharge, avoiding a hospital admission.

Testimonial

"The profound withdrawal caught the patient off guard. I was able to review the narcotics prescription history, calculate the dose the patient was on, confirm that they had not had early refills before, and provide supplementary narcotics at a reduced dose to control the withdrawal symptoms. All of this was achieved in about 5 minutes with DHDR, on a weekend, without a single phone call."

Dr. Dan Finnigan, Physician at the GFHT and GGH

Questions

For questions, comments, or to participate in cSWO's Benefits Realization (BR) program, please contact: Julia Bickford, BR Specialist, Change Management and Adoption Delivery Partner, eHealth Centre of Excellence: Julia.Bickford@eHealthCE.ca

Sources

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