

Physician Adherence to Updated Buprenorphine Management Recommendations in Patients With OUD in the Peri-Operative Setting

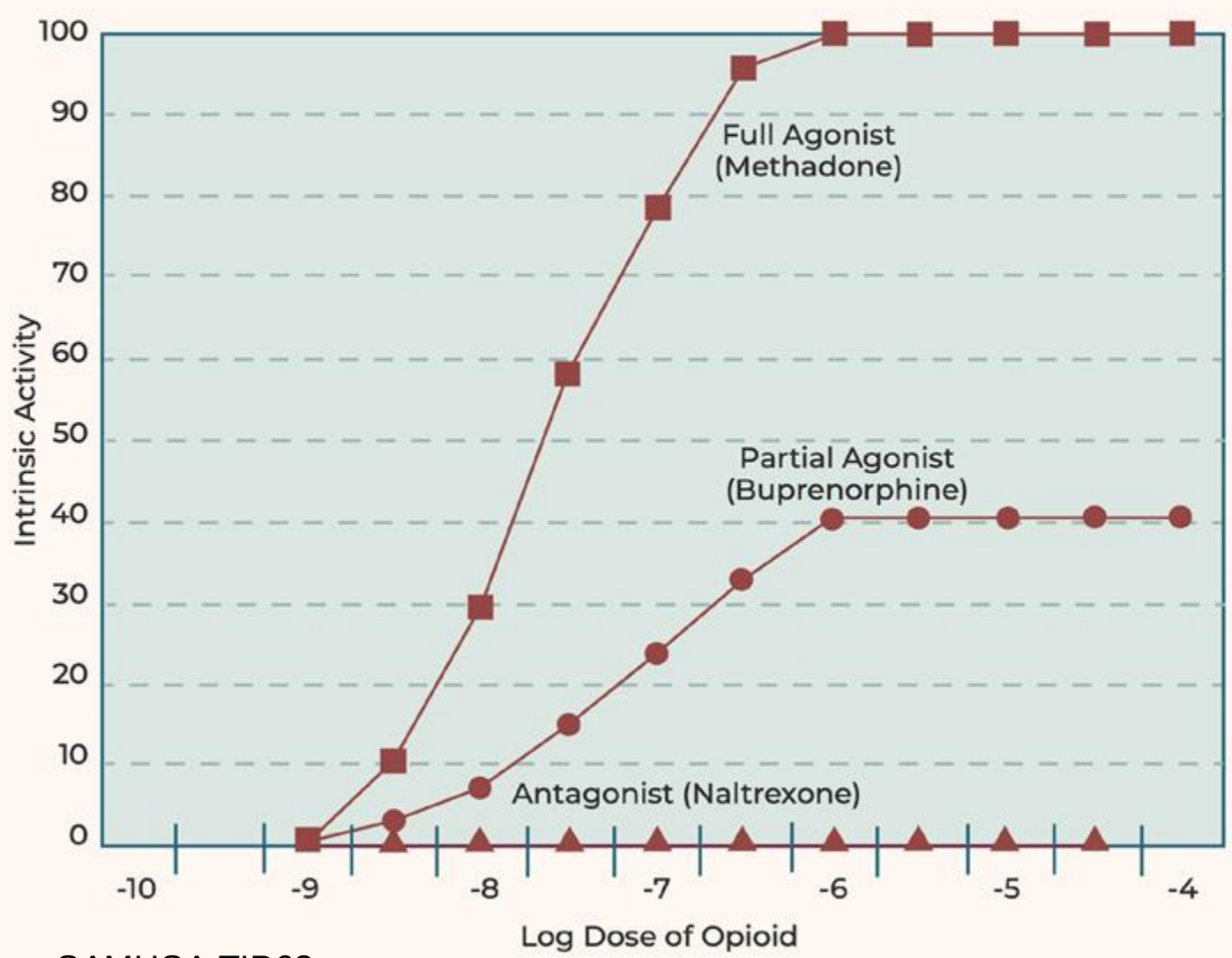
Authors: Thomas Shelton B.A. ¹, Lukas Croner B.A. ¹, Fady Guirguis M.D. ², Daphney Dorcius M.D. ², Sharanya Nama M.D. ²
Institutions: ¹The Ohio State University College of Medicine, Columbus Ohio ²Department of Anesthesiology & Pain Medicine, The Ohio State University College of Medicine, Columbus Ohio



Background

- Opioid use is a pressing public health crisis – over 82,000 deaths per year ¹
- Estimated 6-7 million people in US with Opioid Use Disorder (OUD) ¹
- Medication for OUD (MOUD) is highly affective to reduce mortality and relapse
- Buprenorphine has a positive side effect profile leading to increasing utilization
- Historically Buprenorphine was discontinued prior to surgery for fear of inadequate pain control
- Perioperative discontinuation elevates risk of relapse, overdose, respiratory depression ³
- Now, continuation of Buprenorphine is recommended, and The Ohio State University (OSU) has adopted these changes
- Studies have found that 66% of patients have Buprenorphine held prior to surgery with, 33% still not restarted a year later ²

Exhibit 3A.4. Intrinsic Activity of OUD Medications⁷⁴



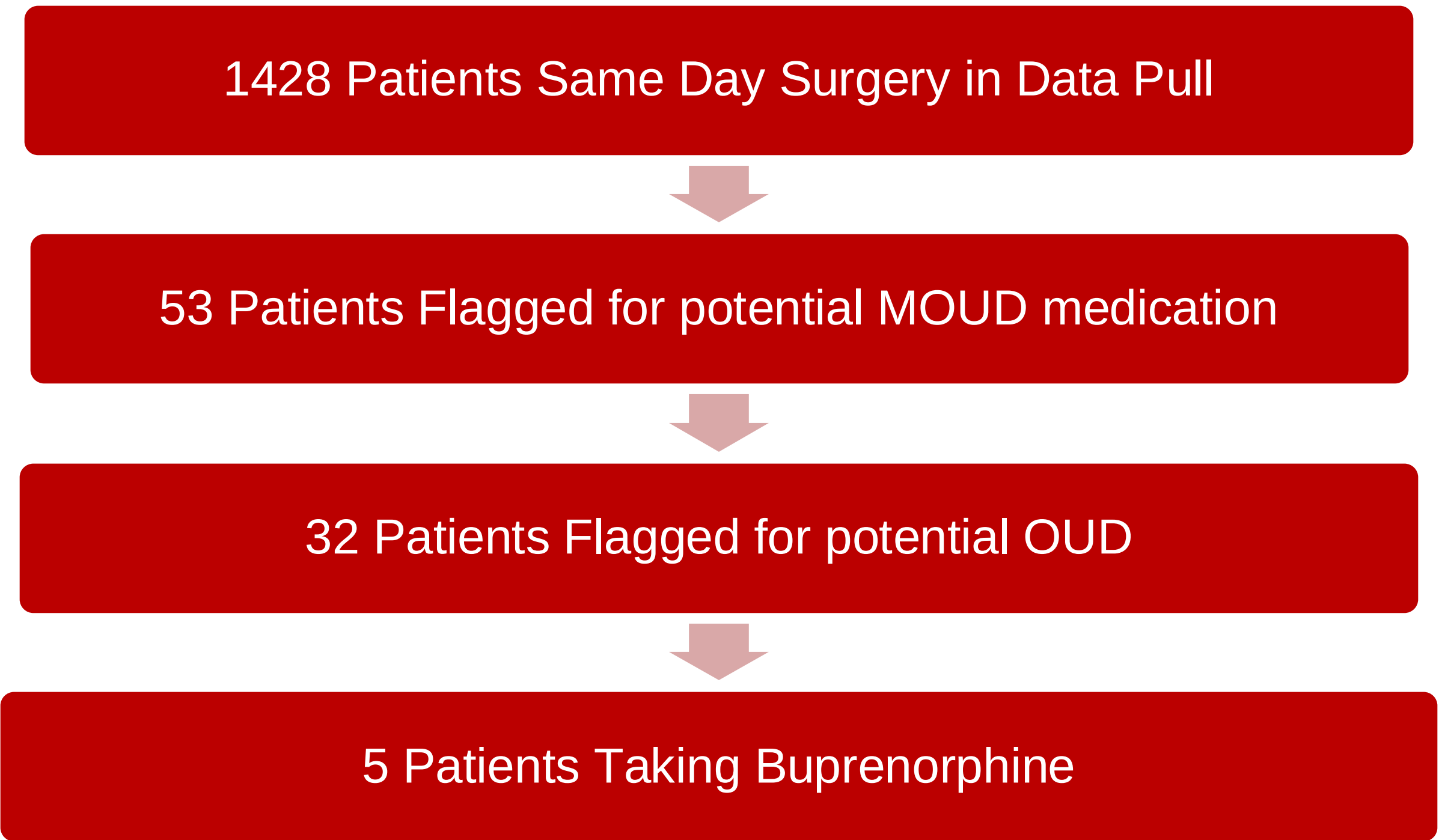
Taken from SAMHSA TIP63

Methods

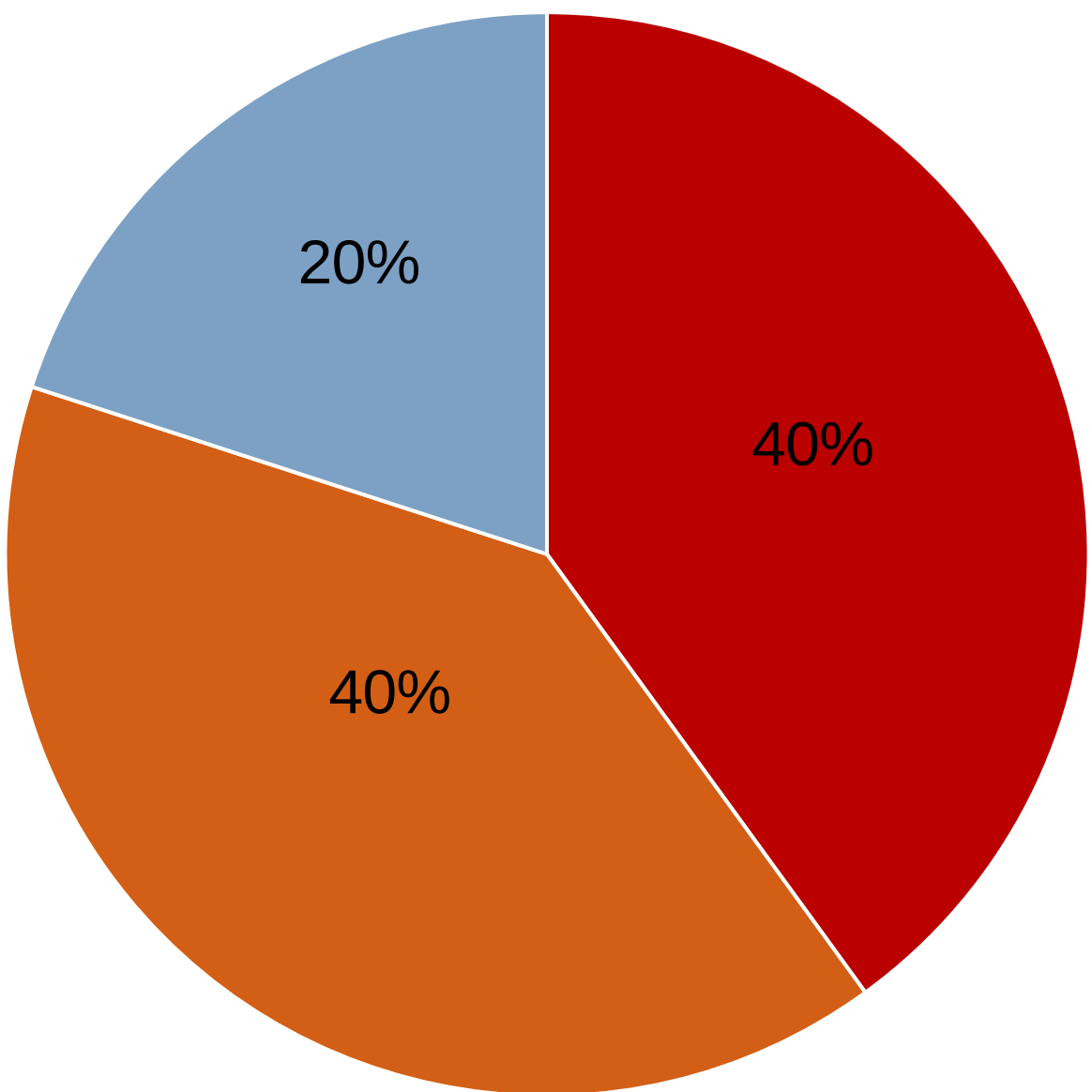
- Patients in OSU's EMR were pulled if they underwent surgery for a 1-year time-period following implementation of updated MOUD clinical practice guideline
- Automatic screening for current, past OUD, or MOUD associated medication use
- Manually chart review for
 - Evaluation of Buprenorphine use
 - Buprenorphine instructions before and after surgery

Figures

Data Selection



Results of Pre-operative Buprenorphine Instructions



- Told to Discontinue by Outside Provider
- Instructed to Continue Taking
- Elected to Discontinue due to Anxiety around Pain control

Results

- Of the 1428 patients included in the data pull, 32 were flagged as potentially having OUD and taking current MOUD at the time of surgery
- 3 patients discussed starting Buprenorphine but elected to continue Methadone due to SNF requirements
- Only 5 patients were found to actively be on Buprenorphine
- 2 patients were told to stop taking their Buprenorphine prior to surgery for pain control
- 2 patients were told to continue taking their Buprenorphine as scheduled on the day of surgery
- 1 patient was not told to discontinue Buprenorphine, but elected to do so due to anxiety of inadequate pain control
- The patients told to discontinue Buprenorphine were all told to do so by outside providers
- The patients told to take Buprenorphine as normal were all told to do so by Ohio State Providers

Conclusions

- Clinicians at The Ohio State University are aware of the updated peri-operative Buprenorphine management recommendations and are implementing them effectively
- Adhering to these updated guidelines are important for meeting patient's unique healthcare situations and addressing individualized medical needs

Challenges and Future Directions

- Very small sample size makes drawing any strong or actionable conclusions difficult
- The data pull mis-characterized patients with routine opioid or methadone urine panels as actively on those medications
- Future QI initiatives will need to fix challenges with EMR data pulls
- Future work should examine how SNF requirements affect MOUD use

Sources

- Understanding the Opioid Overdose Epidemic | Opioids | CDC [Internet]. 2022.
- Kohan L, Potru S, Barrevel AM, Sprintz M, Lane O, Aryal A, et al. Buprenorphine management in the perioperative period: educational review and recommendations from a multisociety expert panel. Reg Anesth Pain Med. 2021 Oct 1;46(10):840–59.
- Komatsu R, Nash M, Peperzak KA, Wu J, Dinges EM, Bollag LA. Postoperative Pain and Opioid Dose Requirements in Patients on Sublingual Buprenorphine: A Retrospective Cohort Study for Comparison Between Postoperative Continuation and Discontinuation of Buprenorphine. Clin J Pain. 2021 Nov 1;38(2):108–13.