Improving the Quality in Quality Reporting:
A Cohort Study Regarding Patients on Long-term Opioid Therapy

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Background

• The opioid epidemic has had an enormous impact on public health as overdose deaths have tripled in past 20 years1
• It is imperative to effectively track and monitor patients on long-term opioid therapy (LTOT) as they represent a high-risk population due to the adverse effects of the medications
• UConn Health recently implemented policies to improve safe LTOT prescribing
• One part of this initiative was creating an automated quarterly data pull (“query”) in the electronic health record (EHR) to identify LTOT patients

Aims

1. Identify what happened to patients who were inconsistently listed as LTOT users
2. Investigate whether using our preprogrammed coding “query” can accurately identify LTOT users to reduce the burden of manual EHR review

Run data script
5 times (5 “data queries”) with binary output of yes/no referring to on/off opioids

409 patients identified as inconsistent LTOT users (not listed on consecutive data lists)

Manual analysis using EHR documenting if patient is on opioids or why they were discontinued

Results

• Patients who were inconsistently categorized as receiving chronic opioids were more likely to be on opioids than off opioids
• Patients identified in only 1 data query were more likely to be off opioids than on opioids
• Patients identified in 2 or more data queries were more likely to be on opioids than off opioids
• This study indicated that automated algorithms can be useful in identifying LTOT patients and that their utility can be increased with manual review
• These algorithms can be be run quarterly to enhance the reliability of the data, further increasing their value and utility

Conclusions

Reference: