

The logo for Project Lazarus is located at the top of the slide. It consists of a dark blue rounded rectangle containing the word "PROJECT" in white, uppercase, sans-serif font. To the right of "PROJECT" is a white rounded rectangle containing the word "LAZARUS" in dark blue, uppercase, sans-serif font. A small registered trademark symbol (®) is positioned at the top right of the dark blue rectangle.

PROJECT LAZARUS

**Training Health Care Providers
on Pain Management and
Safe Use of Opioid Analgesics
Exploring the Path Forward;
Public Workshop**

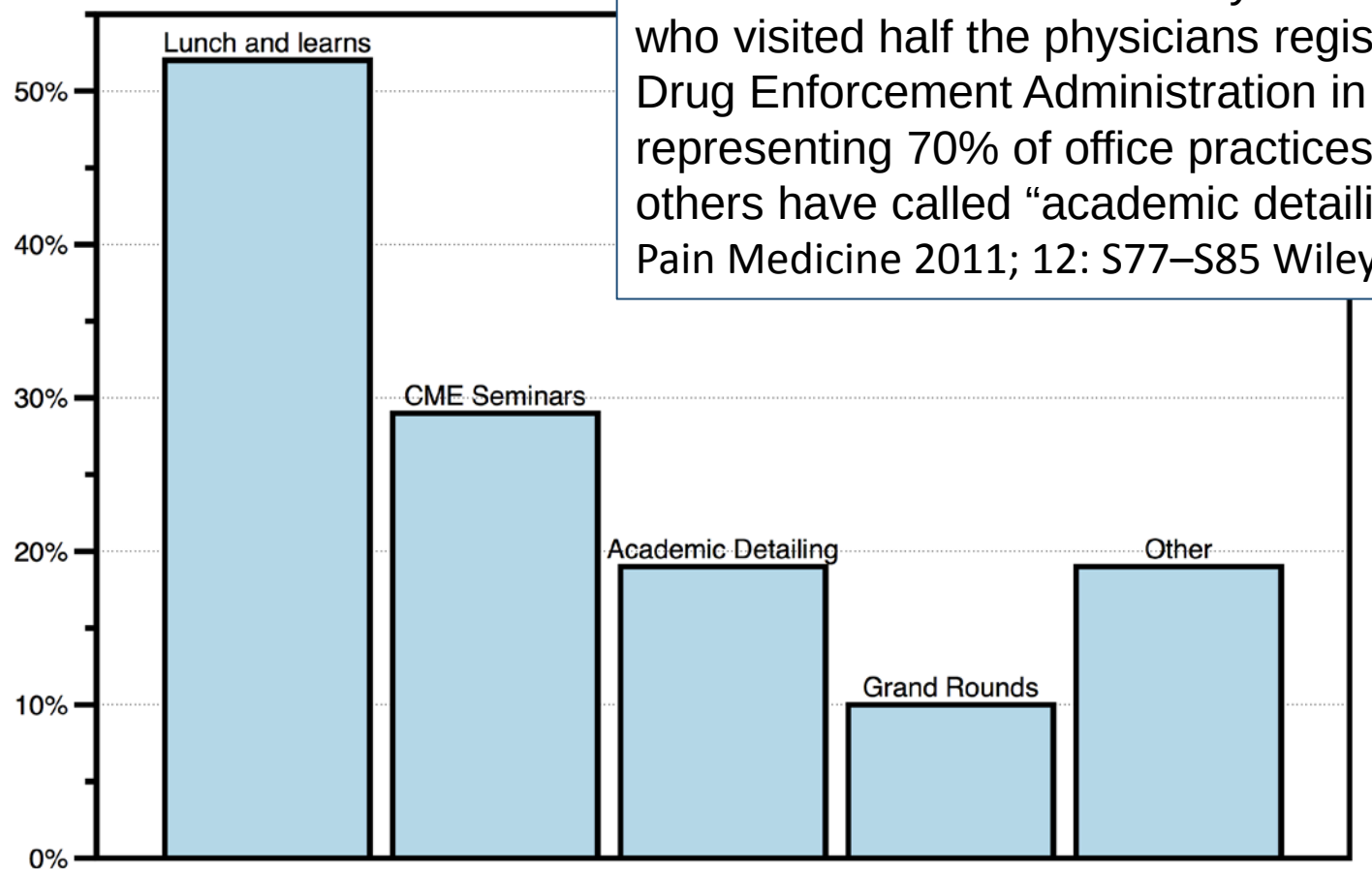
**Food and Drug Administration, HHS
May 9&10, 2017**

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Physician education has been conducted by the medical director of the County Health Department, who visited half the physicians registered with the Drug Enforcement Administration in the county, representing 70% of office practices, a strategy that others have called “academic detailing. Albert et al Pain Medicine 2011; 12: S77–S85 Wiley Periodicals, Inc.

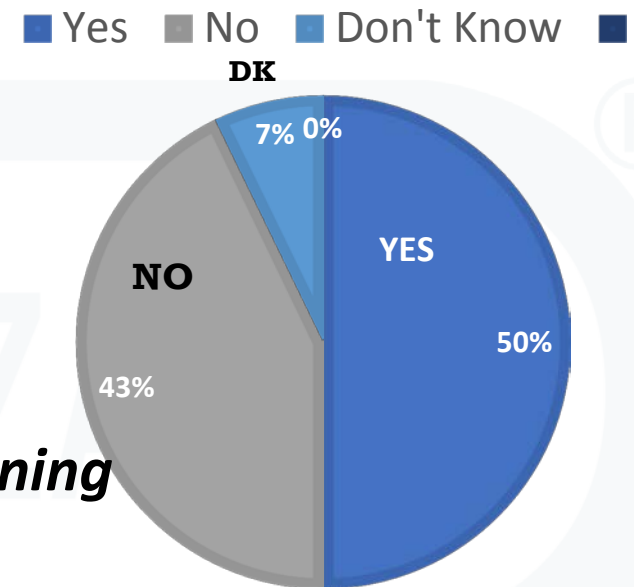


Most continuing medical education on pain management is didactic.

Source: 2011 Project Lazarus Health Director Survey

“Has your comfort level with treating chronic pain patients changed as a result of being involved in CPI?”

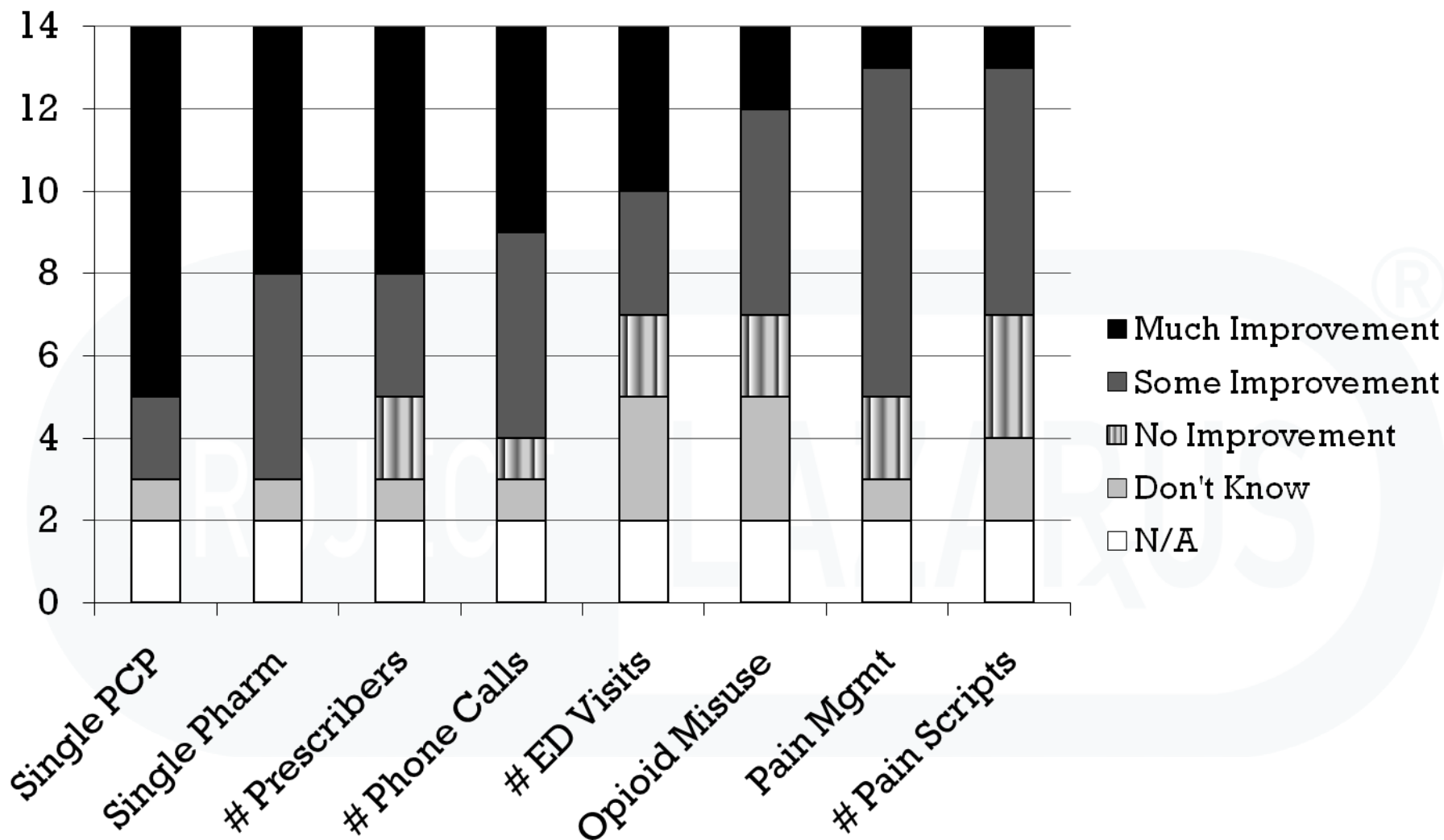
- *Already had philosophy and was using pain contract*
- *CPI validated those tactics and provided documentation tools*
- ***Feels like now there's a guideline explaining all that needs to be done.***
- ***Feels 'covered' if following guidelines.***
- *Still does not like treating CP; prefers to refer to pain clinic.*



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Provider Perceptions of Patient Change





Operation OpioidSafe

PRIMARY PREVENTION

- Risk Stratification
- Urine Drug Screen
- Sole Provider Agreement
- Opioid Physical Profile
- Restricted Refill Duration
- Patient and Family Education
- Nurse Case Management

EPIDEMIOLOGIC SURVEILLANCE

- Account for all patients who entered Risk Mitigation program and their status
- Surveillance of overdose rates, fatal overdoses, and all-cause mortality

SECONDARY PREVENTION

- Education of patient and family on identification and treatment of overdose
- Dispense naloxone
- Opioid detoxification
(buprenorphine)

COMMUNITY EDUCATION

- Integrate into safety stand-down days at Battalion level
- Instruction to cadre and staff of Warrior Transition Brigade
- Education to unit medics on opioid overdose and treatment
- Presentation of Operation OpioidSAFE video to all members receiving curriculum



COALITION BUILDING

- Coordinate with stakeholders within the community
- Have Army Substance Abuse Program (ASAP) implement Operation OpioidSAFE into their program
- Coordinate with substance abuse treatment centers

Overdose Rate

15 OD's per 400 soldiers to 1 per 400.

- 2008 and 2009 non-fatal OD's were 17 per 1000 soldiers.
- That rate dropped to 1.4 per 1000 soldiers
 - *according to WTU Brigade surgeon statistics.*

Naloxone 2008 – *the “stop, look and listen moment”* **Abuse deterrent formulations - refills**

A systematic approach to pain management emphasizing

- *risk stratification*
- *risk mitigation*
- *provider education*
- *other modalities to/with opioids for pain management*

Resulted in a reduction of opioid prescribing with decreased healthcare utilization and improvement in patient satisfaction

N=32

Strongly
Agree
5

Agree
4

Undecided
3

Disagree
2

Strongly
Disagree
1

Rating
Average

**Presentation
positively impacted
my ability to
provide services to
patients and/or
clients**

59%

31%

3%

0%

3%

4.48

**Define the
components of a
successful
community-based
prescription opioid
overdose
prevention program**

56%

44%

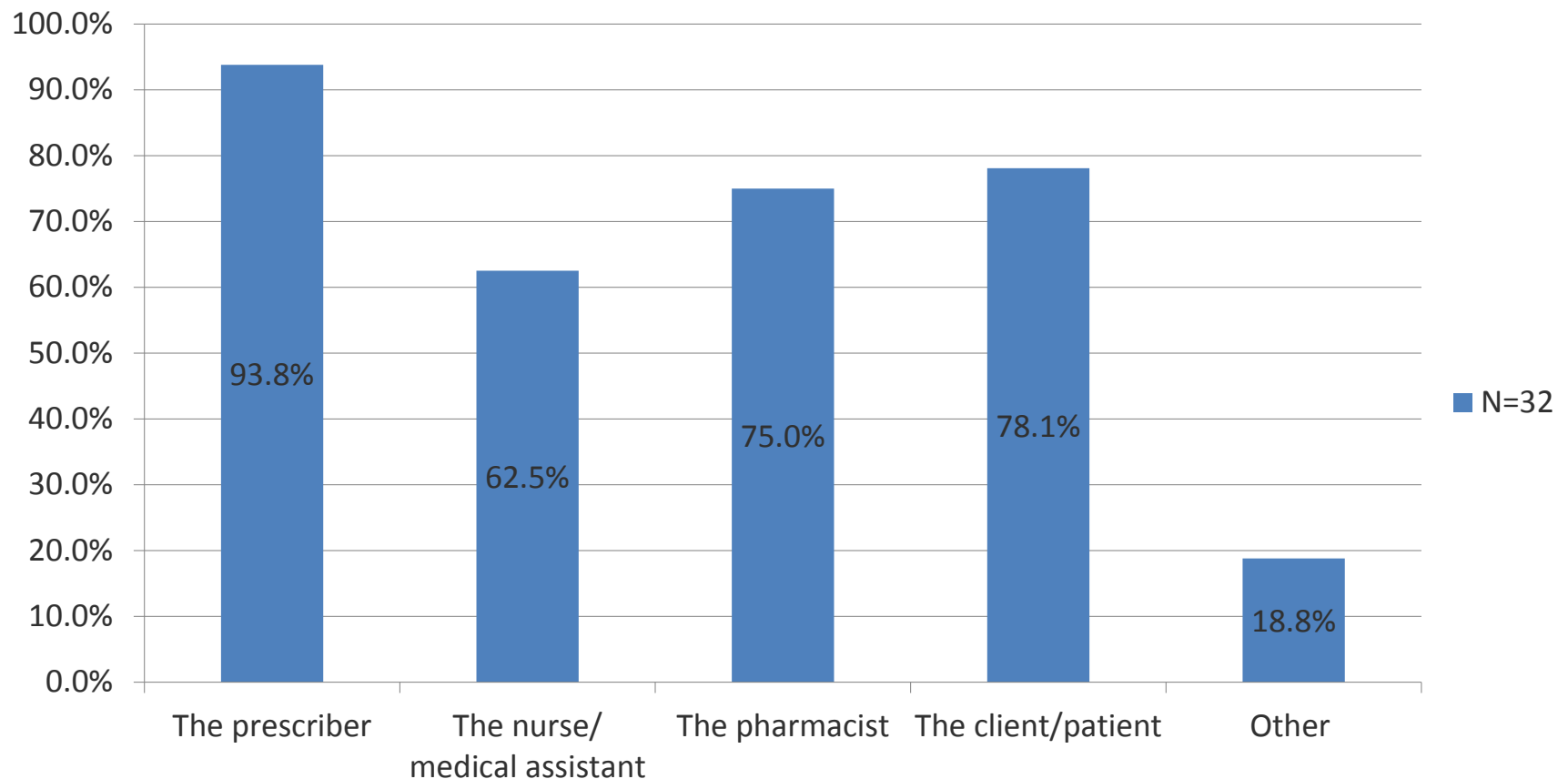
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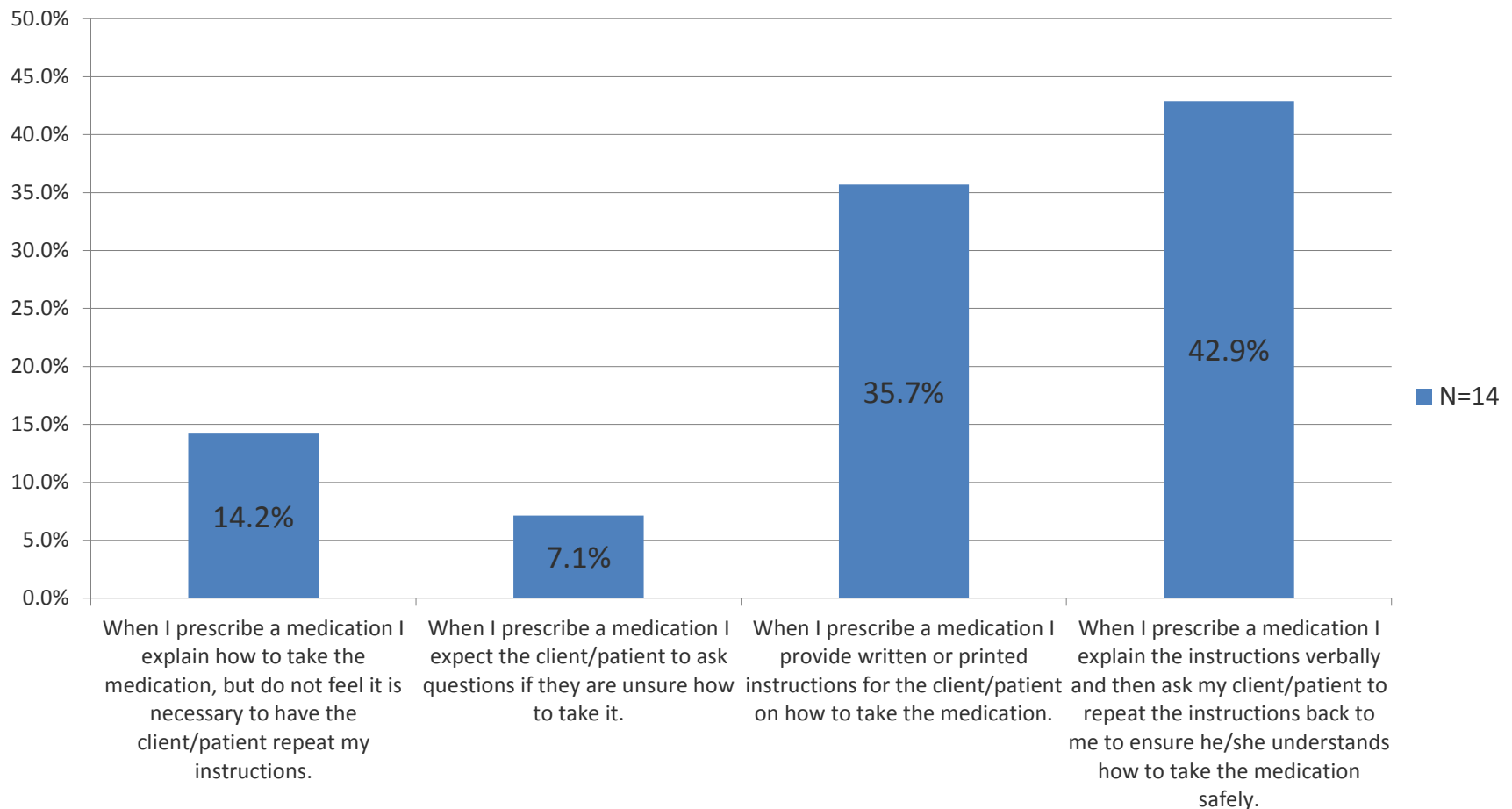
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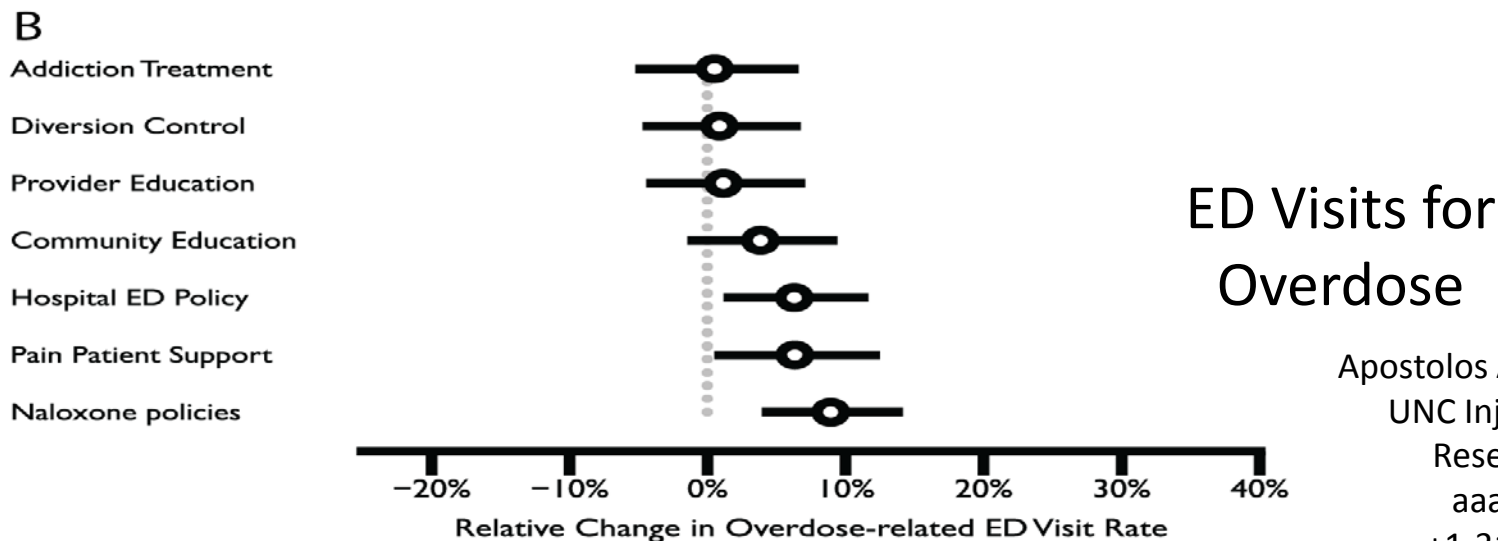
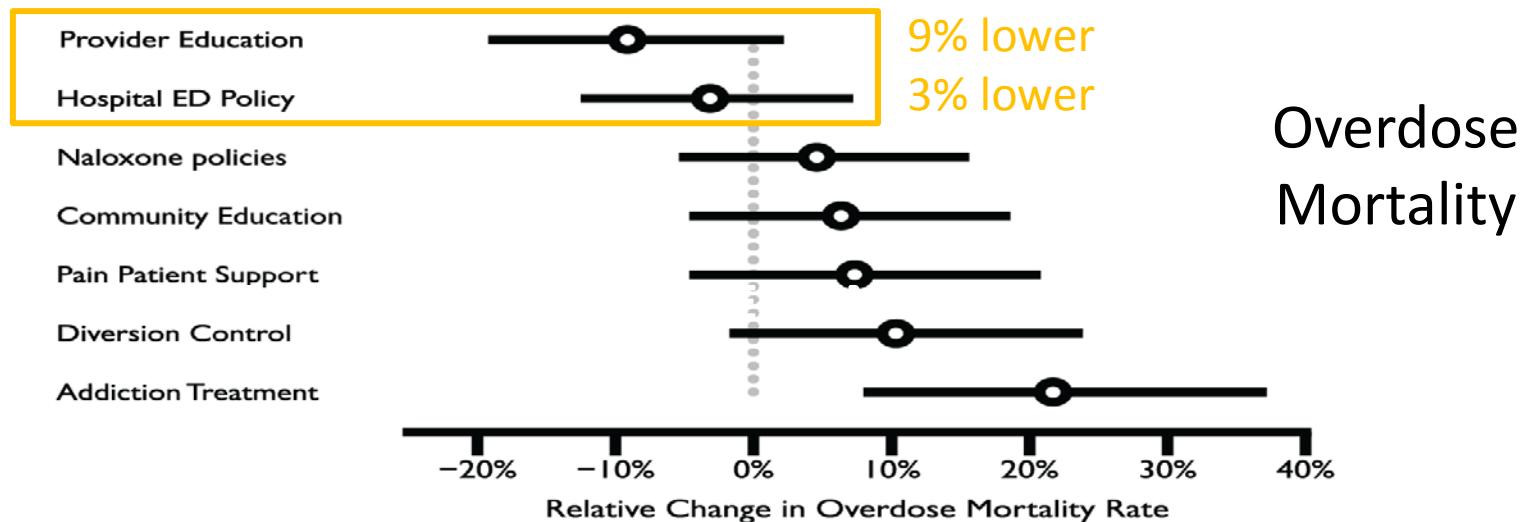
4.56

Who is responsible for ensuring the client/patient understands how to take prescribed medication?



How do you ensure that clients/patients understand how to take their medication correctly?





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- Most effective strategies to immediately reduce overdose rates were prescriber education related to pain management and addiction treatment
- Policies designed to limit the amount of opioids dispensed in hospital emergency departments.
- Greater utilization of addiction treatment showed a delayed reduction in ED-related overdose visits.
- State and local strategies to prevent overdose should consider interventions within the healthcare system, and use community-based coalitions to build and sustain support for these interventions

- Where there is a will, there is a way
 - Initially more push, now more pull
- Training alone is not sufficient
 - Support
 - Integration
 - Team based care
- Available, accessible and covered modalities for pain management

Failure to treat is mistreatment!

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LEARN ABOUT THE PROJECT LAZARUS MODEL

CLICK ANY PORTION OF THE MODEL TO FIND OUT MORE!



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Robert Wood Johnson Community Health Leader Award 2012