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&
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&
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3 Quick best practice techniques that reduce potential addiction to prescribed opioids

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Statement of the Problem: The misuse of opioids is resulting in unprecedented death and hardship. Through the CMS-funded Transforming Clinical Practice Initiative, Vizient worked with over 26,000 clinicians to become part of the solution to this epidemic. The purpose of this study is to review best practice to avoid addiction to prescribed opioid medications.

Methodology and Theoretical Orientation: These recommendations were based on observational input from members across the country from their perspective on best practice.

Findings: Using three quick changes in behavior and in standardized sets can have a major impact on reducing risk factors that commonly result in prescribed opioid addiction.

Conclusion & Significance: This project showed that clinicians can make a significant impact in reducing prescriptions of oral opioids by the implementing the following steps: (i) Do not prescribe greater than 3-5 days of medication for non-metastatic pain. Studies tell us that most patients are at a higher risk for opioid addition if given greater than 7 days of medication. (ii) Remove all narcotics from standardized order sets. (iii) Implement shared decision making into your daily care of patients. Discuss the potential risks and benefits of opioids versus other analgesic options with patients.

Biography

Tomas Villanueva, DO, is the clinical and operational lead for the Vizient TCPI team and the Vizient PTN. The network has more than 26,000 enrolled clinicians in the CMS-funded TCPI program to prepare for the move to value-based reimbursement. Villanueva previously served as chief of primary care for the Baptist Health Medical Group, part of Baptist Health South Florida. He was responsible for primary care redesign, transforming these practices toward value-based payments, risk sharing, and population health. He has more than 17 years of physician leadership experience, first as a hospitalist, where he created multiple different programs. He also served as corporate medical director of employee health and chief of palliative care for Baptist Health.

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