

# Reducing Opioid Prescribing



**Lead Investigator:**  
Andrew Quanbeck, PhD  
University of Wisconsin School of Medicine  
and Public Health  
**Email:** [arquanbe@wisc.edu](mailto:arquanbe@wisc.edu)



## Overview

To prevent opioid addiction, we have reduced opioid prescribing in primary care clinics by 11% in an early pilot of an intervention to increase adherence to opioid prescribing guidelines. As part of a larger project, the intervention is being implemented in primary care clinics in multiple Wisconsin health systems, including UW Health, SSM Health/Dean Medical Group, and Bellin Health.

## The Clinical Problem

Opioid misuse and abuse has become a significant public health problem in virtually all areas of the United States, including Wisconsin, where 827 people died from opioid overdoses in 2016—up 35% from the previous year.

Clinical guidelines for safer use of opioids were initially proposed in 2009, and have since evolved into the CDC's widely publicized 2016 guidelines for opioid prescribing. The uptake of these guidelines has been variable across the U.S. healthcare system.

## Our Response

### Coaching primary care doctors

Clinical guidelines are often difficult to interpret for practitioners, and hard to implement. To assist in the uptake of clinical guidelines, University of Wisconsin researchers implemented a program to coach primary care doctors to follow opioid prescribing guidelines.

This work was done through the use of a novel implementation strategy, called systems consultation, which was designed to promote clinical guideline implementation for opioid prescribing in primary care.

## Results

Opioid doses fell by 11% at four clinics that paid special attention to urine drug testing and other monitoring of patients, while doses increased 8% at four other clinics not involved in the coaching program.

“Clinical guidelines are often difficult to interpret for practitioners, and hard to implement. This is meant to be a model that potentially could be used nationwide”

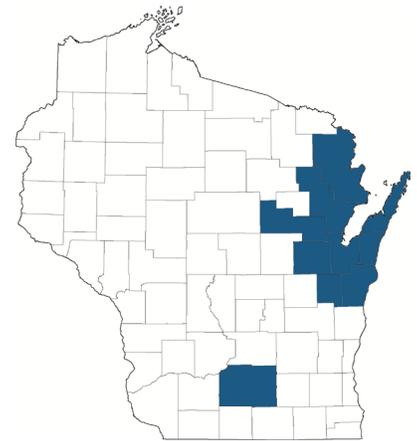
- Andrew Quanbeck, PhD  
UW-Madison, Department of Family  
Medicine & Community Health

## Lasting Impact

This research advances implementation science by demonstrating:

- (1) a method for distilling clinical guidelines into a concise implementation guide
- (2) a blended implementation strategy, based on principles of systems engineering, that successfully put the guidelines into practice.

A randomized trial is being planned to use the knowledge gained during this study to deliver an adaptive implementation strategy. The randomized trial will seek to recruit 38 primary care clinics from three health systems statewide, including UW Health, SSM Health / Dean Medical Group, and Bellin Health, to more precisely reveal which elements of the implementation strategy are essential in different clinic settings, enabling us to determine the most efficient methods of promoting clinical guideline adoption for opioid prescribing in primary care.



**Current Impact**

## Resources

### In the News

- ✓ [Coaching Reduces Opioid Prescribing at UW Health Clinics](#)

### Reference

- ✓ Quanbeck A, Brown RT, et al. [A randomized matched-pairs study of feasibility, acceptability, and effectiveness of systems consultation: a novel implementation strategy for adopting clinical guidelines for Opioid prescribing in primary care.](#) Imp Sci 2018;13:21.