2022

Evidence-Based Clinical Practice Guideline for Deprescribing Opioid Analgesics

Dissemination and Implementation Plan

THE UNIVERSITY OF SYDNEY

Authors: Langford AV, Schneider CR, Lin CWC, Bero L, Blyth FM, Doctor JN, Holliday S, Jeon YH, Moullin JC, Murnion B, Nielsen S, Osman R, Penm J, Reeve E, Reid S, Wale J, Gnjidic D.

Suggested citation: Langford AV, Schneider CR, Lin CWC, Bero L, Blyth FM, Doctor JN, Holliday S, Jeon YH, Moullin JC, Murnion B, Nielsen S, Osman R, Penm J, Reeve E, Reid S, Wale J, Gnjidic D. Evidence-based Clinical Practice Guideline for Deprescribing Opioid Analgesics - Dissemination and Implementation Plan. Sydney: The University of Sydney; 2022.

Funding: Ms AV Langford received funding from an Australian Government Research Training Program Scholarship and a Supplementary Scholarship from the University of Sydney. The research team were awarded a 2019 Sydney Pharmacy School, Faculty of Medicine and Health, University of Sydney Research Support Grant. Professor CWC Lin received funding through an NHMRC Investigator Grant (1193939). Associate Professor D Gnjidic received funding through an NHMRC Dementia Leadership Fellowship (1136849). Dr E Reeve received funding through an NHMRC Dementia Research Development Fellowship (1105777) and Investigator Grant (1195460).

The full guideline and supporting documents are available at:
www.opioiddeprescribingguideline.com.au

Table of Contents

GUIDELINE DISSEMINATION AND IMPLEMENTATION

Efforts are required to disseminate clinical practice guidelines and achieve widespread adoption and implementation of guideline recommendations in clinical settings. A multifaceted dissemination and implementation strategy will be developed and utilised to deliver useful and usable information to relevant stakeholders and assist them in enacting recommendations in clinical practice.

Target audience

This guideline has been created primarily for Australian General Practitioners (GPs) and as such, they will be the primary target of dissemination efforts. Other important stakeholders who may benefit from using this guideline include; people using opioids and their families, pain specialists, addiction medicine specialists, psychiatrists, pharmacists, nurses, aged care providers and staff, psychologists, allied healthcare professionals, healthcare organisations, primary health networks and policymakers.

Dissemination

This guideline will be made publicly available via www.opioiddeprescribingguideline.com to aid in dissemination. The final guideline, post-public consultation and review by the National Health and Medical Research Council (NHMRC), will be promoted through a peer-reviewed publication (ideally in a journal relevant to General Practitioners), presentations at local and international conferences and professional development workshops. We also intend to work with end-user organisations to disseminate the guideline to Australian GPs through electronic mail and media such as newsletters from peak GP bodies (e.g. The Royal Australian College of General Practitioners). We will encourage relevant professional and health service user organisations (those contacted during the public consultation period) to promote the guideline to their members through their regular mechanisms (such as newsletters). We may promote advertisements in relevant magazines such as Australian Doctor, Australian Rural Doctor and/or Medical Observer, dependent on project funding. We have partnered with NPS MedicineWise throughout guideline development and intend to work with them to finalise the dissemination plan and develop implementation strategies to increase guideline adoption and use across GP practices and settings in Australia. We intend to collaborate with organisations contacted during public consultation, many of which offered to assist with guideline dissemination and implementation activities.

Implementation of Recommendations

The implementation of guidelines is influenced by factors relating to the target audience, the health setting and the health system.[1] Our stakeholder perspective research has assisted in identifying barriers and enablers to opioid deprescribing in clinical practice which may be relevant to the implementation of specific recommendations.[2,3] It is anticipated that many recommendations contained within this guideline will require implementation strategies which focus on the communication of the available evidence to

end-users, thereby promoting behaviour change. This will likely involve strategies such as education and academic detailing. These strategies will be particularly relevant to Recommendations 1-4 and 7-8. At the individual prescriber level, we anticipate that Recommendations 1, 7 and 8 are most likely to lead to improvements in health outcomes through preventing the transition from short-term to long-term opioid use and encouraging a gradual and tailored deprescribing approach. At the system level, a lack of adequate services for pain management in the face of limited resources remains a barrier to guideline implementation. Initiatives that may assist to address barriers include system level changes such as strengthened funding and coverage for non pharmacologic pain management treatments, improved access to medication-assisted treatment for individuals with opioid use disorder, reimbursable time for patient counselling and payment models that improve access to interdisciplinary coordinated care. Dissemination of the guideline to consumer representative and advocacy organisations may assist in promoting system level change. Such changes are of particular relevance to the implementation of Recommendations 6, 9-11. If implemented, the GDG considers that these recommendations are most likely to lead to improvements in health outcomes.

Guideline Implementability

We have not conducted a formal evaluation to determine the barriers and facilitators to implementing the guideline into practice. This work does not currently fit within our timeline for guideline publication, however, it would be a useful process to inform guideline implementation. To enhance guideline implementability, we plan to conduct small-scale usability testing of the disseminated guideline and will perform iterative cycles of guideline re-drafting to ensure it is an acceptable and useful tool for GPs.

Evaluation of Implementation

We intend to collaborate with stakeholders to design, pilot and test the feasibility of a wider implementation strategy. We plan to evaluate implementation outcomes such as acceptability, reach, adoption, fidelity, implementation cost and sustainability using the RE AIM framework.[4] We plan to conduct a clinical trial (contingent on obtaining additional funding) to determine the impact of the guideline, by measuring changes in the nature and prevalence of opioid prescribing and deprescribing in general practice post-implementation. Clinical outcomes for persons who undertake deprescribing in accordance with guideline recommendations will be assessed, including pain levels, function, quality of life and adverse events.

Implementation resources and tools

We are working to translate the guideline into user-friendly materials for distribution and use by healthcare professionals, health service users, professional and health service user organisations and public health departments. We will use the framework proposed by Liang, et al.[5] to plan the development of implementation tools, which aim to provide patient, clinician, implementation and evaluation support. To date, we have developed a conversation guide for healthcare professionals to assist guideline implementation (Communication techniques for opioid analgesic tapering conversations).[6]

We are currently developing:

- A one-page (double-sided) algorithm for healthcare professionals.
- A health service user-directed information leaflet (to be co-designed with health service users).

Existing resources which target different aspects of this framework may also be used. These include:

- The NPS MedicineWise tapering plan[7] may be a useful resource when developing a deprescribing plan.
- NPS MedicineWise has a series of educational videos[8] to support effective conversations about the use of opioids for the management of chronic non-cancer pain and opioid deprescribing.

We also plan to develop and tailor resources to specific population groups. For example, it was suggested that we develop educational videos in the major languages of central Australia and remote communities to enhance understanding of guideline recommendations. We plan to collaborate with end-users and organisations to develop and test such resources.

References

1. Fischer F, Lange K, Klose K, et al. Barriers and Strategies in Guideline Implementation-A Scoping Review. Healthcare (Basel). 2016;4:36.
2. Langford AV, Gnjidic D, Lin C-WC, et al. “The lesser of two evils”: a framework analysis of consumers' perspectives on opioid deprescribing and the development of opioid deprescribing guidelines. PAIN. 2021;162:2686-2692.
3. Langford AV, Gnjidic D, Lin C-WC, et al. Challenges of opioid deprescribing and factors to be considered in the development of opioid deprescribing guidelines: a qualitative analysis. BMJ Quality & Safety. 2020;30:133-140.
4. Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. Am J Public Health. 1999;89:1322-27.
5. Liang L, Abi Safi J, Gagliardi AR, et al. Number and type of guideline implementation tools varies by guideline, clinical condition, country of origin, and type of developer organization: content analysis of guidelines. Implement Sci. 2017;12:136.
6. Langford AV GD, Schneider CR. Communication techniques for opioid analgesic tapering conversations. The University of Sydney. 2020. Available from: https://imh.org.au/wp-content/uploads/2021/07/Communication-techniques-for opioid-analgesic-tapering-conversations.pdf. Accessed 24/01/2021.
7. NPS MedicineWise. Lowering Your Opioid Dose - My Tapering Plan. 2019. Available from: https://www.nps.org.au/assets/NPS-MedicineWise-Lowering-your-opioid dose.pdf. Accessed 24/01/2021.
8. NPS MedicineWise. Opioids: Communication videos. 2020. Available from: https://www.nps.org.au/opioids-communication videos? utm_medium=email&utm_source=medicinewise update&utm_campaign=opioids&utm_content=tga&_cIdee=Y3JzY2huZWIkZXJAZ21h aWwuY29t&recipientid=contact-7787862a8bfde31194210050568a2c4a 05116f07d84c47e98cce0. Accessed 24/01/2021.