

# Assessing the Effects of Treatment Agreements on Nurse Practitioner Controlled Substance Prescribing

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## Background

### CONTROLLED SUBSTANCES (CS)

- Controlled substances are mainstay for management of many health conditions – opioids most common
- We are in an opioid crisis. Since 2000, Canada has seen a 203% increase in opioid prescriptions (CCSA, 2013)
- Canada is #2 behind the US in consumption of opioids
- Most recreational / non-medicinal users access their supply from family members' prescription
- Misuse and diversion creates potential risk for clients, NPs, collaborative team members and regulators (NOUGG, 2010)

### TREATMENT AGREEMENTS (TAs)

- A tool to communicate management goals, potential risks and benefits, and expectations of the prescriber and client (Cheatle & Savage, 2012; Warner, 2012)
- “Contracts” used for over 35 years for chronic disease management, smoking cessation and other health-related behavioral change but little evidence of impact on adherence to plan of care (Bosch-Capblanch et al., 2007)
- Used broadly in opiate dependency treatment programs (Methadone and other substances)
- Use of treatment agreements in clinical practice inconsistent

### NURSE PRACTITIONER ROLE

- NPs in NS authorized to prescribe CS since November 2014
- Client access to care enhanced!
- NPs are required to verify client CS history on NS Prescription Monitoring Program E-Access prior to prescribing CS
- NP Standard 9.4 – Negotiate, document and communicate a treatment agreement with the client and other designated prescribing providers...when indicated (CRNNS, 2014a, 2014b)

## The Knowledge Gap

- Treatment agreements are one of the ten universal precautions of controlled substance prescribing; but evidence is lacking on the benefits or limitations of these tools for clinical practice or as mechanisms to support the public protection mandate of prescribers' regulatory bodies.
- Evidence related to any aspect of NP controlled substances prescribing practices is lacking, which creates potential risks for NP prescribers, their regulatory bodies and the public.

## Research Questions

- How are treatment agreements used by NPs in Nova Scotia when prescribing controlled substances?
- How does the use of treatment agreements influence nurse practitioners' controlled substances prescribing practices in Nova Scotia?
- How does the use of treatment agreements influence communication among nurse practitioners, clients and other healthcare providers?

## Nova Scotia NPs – June 2016

Client Population / Focus of Practice	Number of NPs
Family/All Ages	88
Adult	47
Child	4
Neonatal	9
Total	148

## Research Methodology

- Exploratory descriptive design
- Convenience sample
- Voluntary / anonymous survey
- Survey tool includes questions on NP CS prescribing practice and use of TAs in practice
- Pilot tested with NPs for face and content validity
- Non-responder survey planned
- Sample includes all NPs licensed with CRNNS
- Descriptive statistics and thematic analysis of verbatim comments planned

## Next Steps

- Research Ethics Board approval through NSHA
- Survey deployment – Fall 2016
- Final report and presentation to NSCBN – IRE conference
- Findings will be used to support CRNNS NP Standards of Practice revisions in 2017
- Knowledge translation plan includes key stakeholder presentations, dissemination of report to CCRNR, and publication in peer-reviewed journal

## References

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## A Work in Progress...

Research in fulfillment of the National Council of State Boards of Nursing (NCSBN) Institute of Regulatory Excellence (IRE) Fellowship Program

- Four-year professional development program designed for nursing regulators - research project completed in Year 3
- Prepares graduates to be leaders in nursing regulation who have expertise in evidence-based regulation
- Applies evidence-based concepts in decision making and leadership to enhance knowledge of and leadership in nursing regulation

## Acknowledgements

- Special thanks to Ruth Martin-Misener for acting as mentor throughout the fellowship experience
- Thanks also to support from the National Council of State Boards of Nursing – Institute of Regulatory Excellence