The Two-Three Punch

Efforts to reduce opioid misuse continue to dominate the emergency care literature. So far in 2019, Academic Emergency Medicine (AEM) has received 59 papers focusing on opioid use disorder. Almost all were descriptive, providing important information about the scope and root of the problem; however, precious few have provided the results of preplanned interventions designed to address this problem. The work by McCarthy et al rises into this level of thin air, inasmuch as it tested an administrative intervention designed to reduce opioid misuse. The investigators implemented the best practices effort of "take, stop, wait" prescribing language, together with the added boost of text messaging, to educate patients on how to reduce overuse of opioids. This NIH-funded study was obviously a labor of love, and also obviously, a herculean effort (the follow-up efforts alone are extraordinary). Alas, only to show how hard it is to move the needle on behavior. With better instructions and cajoling, patients understood the need to slow down, but when the authors assiduously tracked patient diaries, they found no evidence that patients ingested a lower mass of hydrocodone. This work rises to the level of pick of the month (POTM) because it stands as an exemplar of implementation science and shows the work effort required to ascend the steep slope of the Kirkpatrick model of change (see below). They made it to level two, with a steady eye on level three. To convert new thoughts into new behavior is a giant leap in medicine.

Best wishes,
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