

# Acceptability of an integrated primary healthcare opioid tapering intervention: a mixed-methods study

Barriers to achieving opioid reduction in primary care include variations in clinical practice, lack of access to multidisciplinary teams and time constraints to organising a whole person team-based approach.

## Introduction:

Integrated team-based primary healthcare can support opioid tapering for patients experiencing chronic pain. The study examined the development, implementation and acceptability of a primary healthcare opioid tapering intervention.

## Methods:

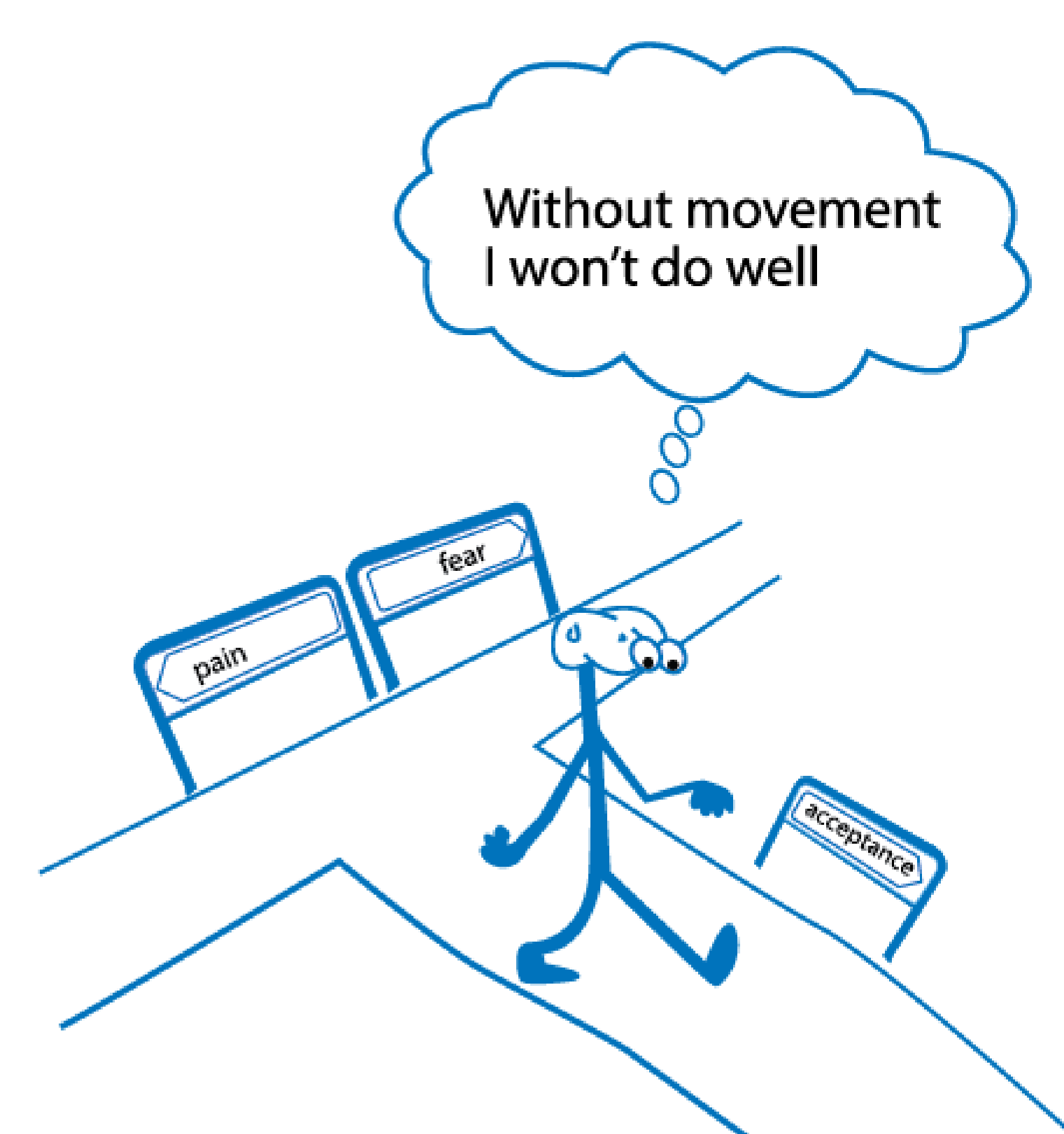
The intervention involved GP advice; nurse monitoring and potential engagement with: community pharmacist; psychologist; dietitian and exercise physiologist. Individuals receiving 90 days or more of prescription opioids were eligible. Patient and provider surveys and qualitative interviews were completed.

## Results:

Of 140 eligible patients, 37 attended during the study period and were invited to participate, and 18 enrolled. Patient post-intervention surveys and interviews indicated the intervention was acceptable, although the perceived value of some members of the integrated team was low. GP and practice nurse support was valued. Providers valued team integration. Low weaning readiness was a reported barrier to engagement by patients and providers.

## Discussion:

Future efforts to transition patients towards integrated care should include a practice nurse and place more focus on understanding patients' readiness to wean. Greater inter-professional collaboration may also be needed.



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