



Physician Perceptions on Opioid Therapy for Chronic Pain

A Report on Prescribing Practices and
the Role of Continuing Education on Opioids

Presented by



Boston University School of Medicine
The Barry M. Manuel Office of Continuing Medical Education



Section 4:

4 OUT OF 10 AUTHORIZED PRESCRIBERS DO NOT CURRENTLY PRESCRIBE OPIOIDS

Section 5:

TWO-THIRDS OF AUTHORIZED PRESCRIBERS HAVE IMPLEMENTED SYSTEMS TO SUPPORT THE SAFE INITIATION, MONITORING AND DISCONTINUING OF CHRONIC OPIOID THERAPY

Section 6:

MORE THAN 60% OF AUTHORIZED PRESCRIBERS ARE NOT CONFIDENT OR ONLY SOMEWHAT CONFIDENT ABOUT MANAGING PATIENTS ON OPIOID THERAPY

Section 7:

BEING KNOWLEDGEABLE ABOUT OPIOID THERAPY IS AN IMPORTANT ISSUE FOR 91% OF AUTHORIZED PRESCRIBERS

Section 8:

MORE THAN ONE QUARTER OF AUTHORIZED PRESCRIBERS HAVE NOT COMPLETED CME ON SAFE OPIOID PRESCRIBING

One of the most important topics in healthcare today is prescription opioids. The concern around this issue cuts across disciplines and professions, and impacts practice settings from big cities to rural clinics.

As you can expect, the prescribing of opioids for chronic pain raises a variety of concerns among policy makers, healthcare administrators, and clinicians nationwide, even with the inception of a risk evaluation and mitigation strategy (REMS) that mandates the funding of continuing education on this topic, specifically that of Extended-Release/Long-Acting (ER/LA) opioid analgesics.

Although numerous studies and reports exist concerning the complex and rapidly evolving issue of opioid prescribing (including benefits and risks), few surveys have queried physicians on their perceptions of opioid therapy. In order to provide new and reliable information on physician perceptions of chronic pain and opioids, Boston University School of Medicine and myCME, Haymarket Medical Education's global medical education website, partnered together to survey practicing physicians about things such as their prescribing practices, participation in education on opioids and use of systems to mitigate risks.

Survey respondents provided insights into monitoring safeguards used in their practices (or the barriers, if no safeguards existed), an understanding of their confidence levels in managing patients on opioid therapy, and their views on the role of continuing education on safe opioid prescribing.

As healthcare professionals, we understand effective education is a critical part of this complex issue.

We are pleased to deliver you the results of this study and encourage you to consider this information closely when considering your personal and practice-related educational needs specific to safe opioid prescribing.



Daniel P. Alford, MD, MPH
Associate Professor of Medicine
Assistant Dean of CME
Director, Safe and Competent Opioid Prescribing Education (SCOPE of Pain) Program
Director, Clinical Addiction Research and Education (CARE) Unit
Boston University School of Medicine and Boston Medical Center



Priya Wanchoo, MD, CHCP
VP and Medical Director
Haymarket Medical Education

What is the ER/LA Opioid Analgesic REMS?

Excerpt from the Food and Drug Administration:

"On July 9, 2012, FDA approved a risk evaluation and mitigation strategy (REMS) for extended-release (ER) and long-acting (LA) opioid medications. ER/LA opioids are highly potent drugs that are approved to treat moderate to severe persistent pain for serious and chronic conditions. The misuse and abuse of these drugs have resulted in a serious public health crisis of addiction, overdose, and death. The REMS is part of a multi-agency Federal effort to address the growing problem of prescription drug abuse and misuse. The REMS introduces new safety measures to reduce risks and improve safe use of ER/LA opioids while continuing to provide access to these medications for patients in pain."

REMS

SECTION 2: SURVEY METHODOLOGY

These results originate from a survey developed by Boston University School of Medicine and sent via email in January 2015 to members of myCME, Haymarket Medical Education's global medical education website that provides innovative educational programs certified for physicians and many other healthcare professionals.

Two email survey invitations were sent to 120,814 physicians from various specialties, including Internal Medicine, Family Medicine, Emergency Medicine, Pediatrics, and OB/GYN, which resulted in 804 total responses. 779 of respondents indicated that they are registered with the Drug Enforcement Administration (DEA) to prescribe Schedule II and Schedule III controlled substances. The overall response rate for this survey is 0.67%.

SECTION 3: RESPONDENT DEMOGRAPHICS

97%

of respondents are physicians and the remaining 3% are other healthcare professionals

19% LESS THAN 10

27% 11 - 20 YEARS

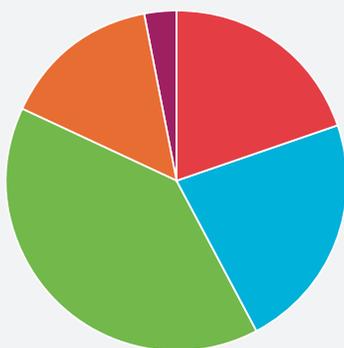
26% 21 - 30 YEARS

28% MORE THAN 30 YEARS

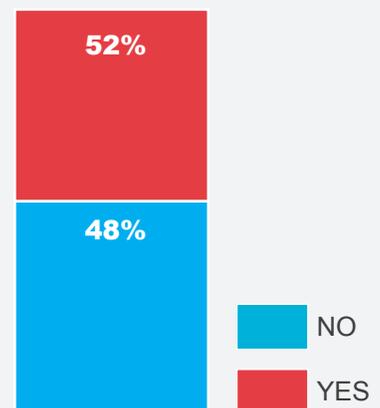
PROFESSION

YEARS IN PRACTICE

PRIMARY PRACTICE SETTING



3% GOVERNMENT MEDICINE
15% ACADEMIC MEDICAL CENTER
40% GROUP PRACTICE
22% HOSPITAL-BASED PRACTICE
20% SOLO PRACTICE



CLINICAL FOCUS =
PRIMARY CARE

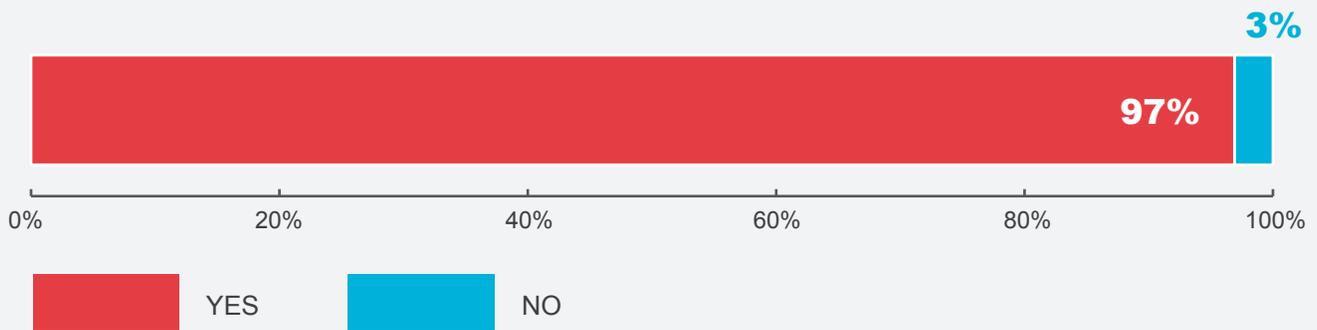


LOCATION
OF PRACTICE

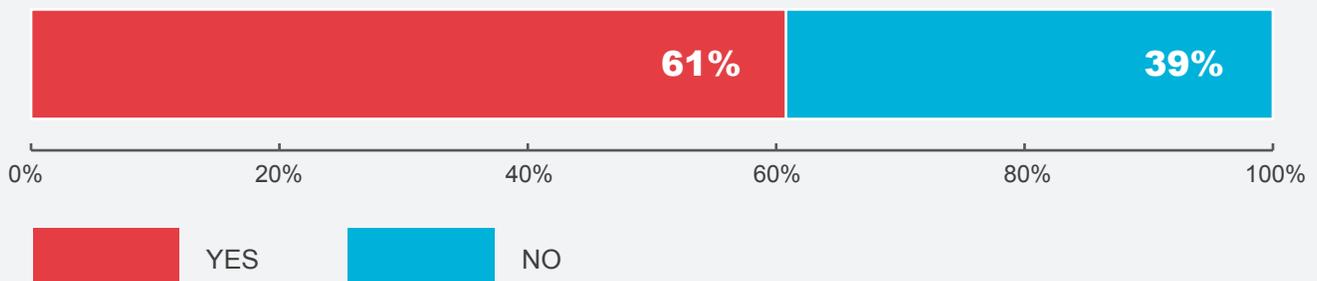
4 OUT OF 10 AUTHORIZED PRESCRIBERS DO NOT CURRENTLY PRESCRIBE OPIOIDS

61% of clinicians who are registered Schedule II and Schedule III prescribers say they currently prescribe opioids for the management of chronic pain, while 39% of those who are authorized to prescribe indicate that they do not. A significantly higher level of clinicians in primary care practices, 80%, are more likely to prescribe opioids.

Are you registered with the DEA to prescribe Schedule II and Schedule III controlled substances, which includes opioid analgesics (opioids) for chronic pain?



Do you prescribe opioids for the management of chronic pain?



TWO-THIRDS OF AUTHORIZED PRESCRIBERS HAVE IMPLEMENTED SYSTEMS TO SUPPORT THE SAFE INITIATION, MONITORING AND DISCONTINUING OF CHRONIC OPIOID THERAPY



NO

Of those that selected “NO”, the barriers that have prevented their practice from implementing systems include*:

- 60%** Not a priority, given limited time
- 34%** Lack of support staff to help make these changes
- 19%** Other providers or institutional resistance to make these changes
- 16%** Difficulty with enrolling or accessing the Prescription Drug Monitoring Program
- 14%** Patient resistance to change

*Adds up to more than 100% because some people endorsed more than one answer. Includes all survey respondents.

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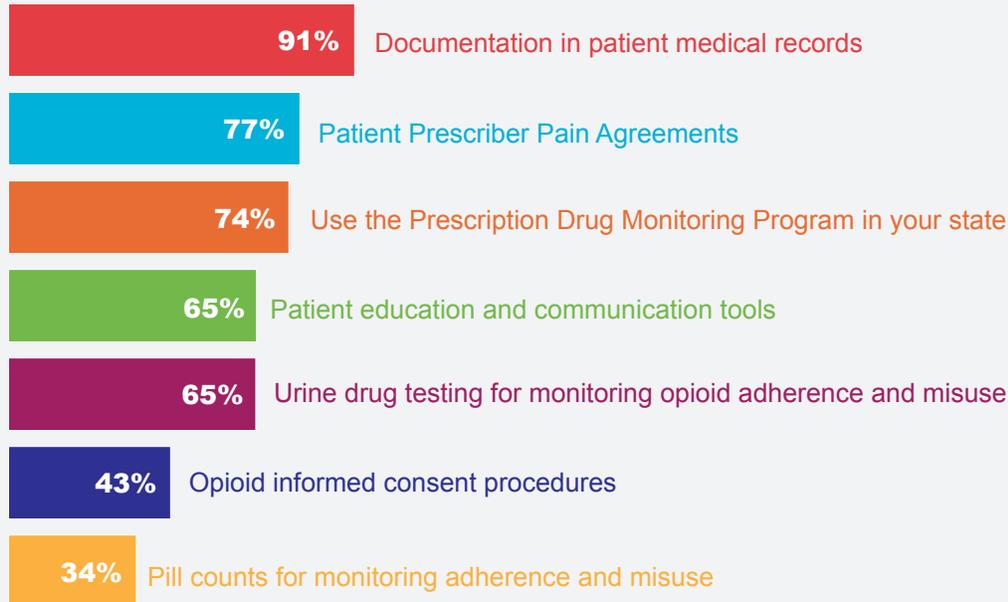
“Prescribing opioids safely and competently takes a lot of work. However, as physicians we do lots of things that takes a lot of work, such as starting insulin therapy. We figure out how to get complicated clinical care done and done well. Despite the amount of work it takes, I believe it is our responsibility to ensure access to opioid therapy for those with chronic pain who are benefiting and discontinue opioids for those either not benefiting or being harmed. This is why education is so critical.”

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Daniel P. Alford, MD, MPH

TWO-THIRDS OF AUTHORIZED PRESCRIBERS HAVE IMPLEMENTED SYSTEMS TO SUPPORT THE SAFE INITIATION, MONITORING AND DISCONTINUING OF CHRONIC OPIOID THERAPY

Of those who have implemented systems, a combination of the following methods is in place*:



*Adds up to more than 100% because some people endorsed more than one answer. Includes all survey respondents.

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“Pill counts are an under-utilized monitoring tool, however they can be extremely helpful in ensuring that patients are taking opioids exactly as prescribed and to minimize opioid diversion. Because pill counts can be logistically complicated it helps to enlist other team members such as nurses.”

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Daniel P. Alford, MD, MPH

MORE THAN 60% OF AUTHORIZED PRESCRIBERS ARE NOT CONFIDENT OR ONLY SOMEWHAT CONFIDENT ABOUT MANAGING PATIENTS ON OPIOID THERAPY

How confident are you in your ability to safely manage chronic pain with opioid analgesics?

25%	VERY CONFIDENT
45%	SOMEWHAT CONFIDENT
13%	NOT VERY CONFIDENT
6%	NOT CONFIDENT AT ALL
11%	N/A

CONFIDENCE LEVEL

Comments from respondents who are CONFIDENT:

“Implementing multiple monitoring methods, I am confident that abuse, misuse, and diversion is down to a minimum in my patient population.”

“I screen for risk factors for abuse or diversion, monitor patients closely and hold patients to a mutual agreement.”

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“In this select group of survey respondents, many of whom have completed some education, still only a quarter say they are ‘very confident’ in managing chronic pain with opioids. This highlights how complex this issue is and why our focus on continuing education is so critical. There’s clearly a need and a place for education to be part of the solution to addressing the issues of safely prescribing opioids for chronic pain.”

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MORE THAN 60% OF AUTHORIZED PRESCRIBERS ARE NOT CONFIDENT OR ONLY SOMEWHAT CONFIDENT ABOUT MANAGING PATIENTS ON OPIOID THERAPY

Of the authorized prescribers that indicated Not Very Confident or Not At All Confident:

- 36%** Prescribe opioids for the management of chronic pain
- 49%** Of their practices implemented systems to support the safe initiation, monitoring and discontinuing of chronic opioid therapy
- 42%** Feel being knowledgeable in safe opioid prescribing practices is an important issue
- 42%** Have not completed any education on opioids

Comments from respondents who are NOT CONFIDENT:

“Lack of knowledge regarding some narcotics. Concerns of dealing with patients who appear to be drug seeking. Lack of time to follow some of these patients closely.”

“Lack of training. Fear of providing access to patients who might abuse opioids.”



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“Safe opioid prescribing education should be readily available and convenient for all clinicians either on-site or online. When healthcare leadership thinks something is an important issue, they offer education on-site. Think about patient confidentiality, or patient rights. Everyone has to do education on those topics. Both chronic pain and prescription opioid misuse leading to negative consequences is an important topic that impacts tens of thousands of patients – it should be treated the same way.”

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Daniel P. Alford, MD, MPH

BEING KNOWLEDGEABLE ABOUT OPIOID THERAPY IS AN IMPORTANT ISSUE FOR 91% OF AUTHORIZED PRESCRIBERS

When considering all the issues you face in your daily clinical practice, how do you rate being knowledgeable in safe opioid prescribing in terms of overall importance to your clinical practice?



Of the authorized prescribers who selected Very Important Issue, the top two barriers in implementing monitoring systems (e.g., urine drug testing, pill counts) are:



Comments from respondents:

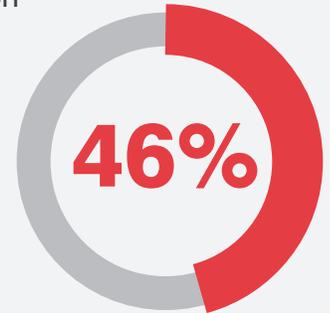
“We need to be able to treat chronic pain to help patients function at high level and balance the risk of these potentially harmful medications.”

“To deny opioid therapy to people who need it is cruel, to supply opioids to addicts and diverters is unethical.”

“The incidence of abuse, diversion, and inappropriate use of opioids is epidemic. The PCP must be properly trained. They are the first line to ensure proper use of opioid medication.”

MORE THAN ONE QUARTER OF AUTHORIZED PRESCRIBERS HAVE NOT COMPLETED CME ON SAFE OPIOID PRESCRIBING

During the last 12 months, how many hours of certified medical education (CME, CE, CEU, etc.) have you completed on safe opioid prescribing?



have completed online certified medical education on the safe use of opioids for chronic pain

Comments from respondents:

“All providers who prescribe scheduled medications should receive this education.”

“Continuing education has increased my confidence in the appropriate use of opioids.”

“Due to the seriousness of the conditions being treated and the risks associated with treatment, it is critical to stay up to date and well informed.”

“The dynamics of safe opioid prescribing I feel are changing and it's important to keep up”

“In fact, I teach doctors in training. When I ask residents if they have encountered patients with chronic pain and substance abuse, everyone raises [their] hand. When we ask how comfortable [they] feel treating this ... patient population, no one raises [their] hand. There is [a] tremendous need to learn [and] educate healthcare professionals.”

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“The accessibility of online education is something clinicians tell us they value. That’s why Boston University School of Medicine created SCOPE of Pain, so education on opioids is available whenever and wherever you are. Yet we also know and the data shows that clinicians have varied learning preferences, which is why we develop live events on opioid education as well. Making education available in all modalities is key to addressing this issue effectively.”

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Daniel P. Alford, MD, MPH

About Boston University School of Medicine (BUSM)

A leader in medical education and research, BUSM (www.bumc.bu.edu/busm) resides at the hub of a modern urban academic health center that provides an exceptional environment for students interested in basic science, clinical investigation, or public health- and health services-oriented research.

Integrated since 1864 and co-educational since 1873, BUSM has almost 700 medical degree students and more than 800 masters and doctorate degree students who are pursuing the study of medicine and the biomedical sciences. For more than 130 years, BUSM faculty have consistently ranked among those on the frontiers of scientific and medical knowledge. BUSM has been sponsoring Continuing Medical Education (CME) activities since 1973. Over the last five years, it has educated more than 179,000 healthcare professionals. For more information, visit www.bu.edu/cme.

About SCOPE of Pain

SCOPE of Pain (www.scopeofpain.com) is an online education program that provides opioid prescribers with validated tools, skills and confidence in how to safely prescribe opioids as well as implement systems that minimize the risks of opioid misuse. Content is based on the U.S. Food and Drug Administration (FDA)—established curriculum known as the Blueprint for Prescriber Education for Extended-Release, Long-Acting (ER/LA) Opioid Analgesics. The program educates prescribers through live seminars, as well as a Web-based educational series. These activities are certified for continuing medical education (CME) and continuing nursing education (CNE) credits and are available at no cost to prescribers. The program is made possible through grant funding provided by a consortium of the 19 ER/LA opioid analgesic manufacturers, established as a result of a 2012 FDA mandate that these manufacturers make comprehensive education in the safe use of these medications available to prescribers. SCOPE of Pain was the first program to receive funding through the consortium and is now in its third year of funding.

**To register for the SCOPE of Pain:
Safe and Competent Opioid Prescribing program,
visit www.scopeofpain.com**

This educational activity is supported by an independent educational grant from the ER/LA Opioid Analgesic REMS Program Companies.

Please see http://ce.er-la-opioidrems.com/lwgCEUI/rems/pdf/List_of_RPC_Companies.pdf for a listing of the member companies. This activity is intended to be fully compliant with the ER/LA Opioid Analgesic REMS education requirements issued by the US Food & Drug Administration.

About Haymarket Medical Education/myCME

HME is a leading ACCME accredited provider of multidisciplinary CME with more than 20 years of experience producing and conducting impactful educational initiatives. Our audience includes physicians, physician assistants, nurse practitioners, and other healthcare professionals.

HME has extensive expertise translating clinical data into practical information across a broad range of therapeutic areas. We collaborate with accredited providers, academic institutions, specialty organizations, educational platform developers, and medical education companies to bring clinically relevant education to practicing clinicians worldwide.

Each year, HME produces hundreds of educational programs in live, online, and print formats including workshops, roundtables, symposia, webcasts, monographs, podcasts, newsletters, and journal supplements. Our educational programs reach hundreds of thousands of healthcare professionals worldwide each month.

HME aims to improve the competency and performance of our learners. HME has collaborated with numerous educational providers on a variety of performance-improvement activities designed to translate strengthened clinician performance into improvement in overall patient health.

myCME, Haymarket Medical Education's distribution platform, is a premier global online educational site that provides impactful, practice-changing CME & CE to a variety of clinicians across multiple specialties. The site has seen phenomenal growth, resulting in more than 300,000 certificates issued per year. Utilizing a proprietary algorithm, myCME offers an individualized homepage for each learner, displaying educational activities filtered by their profession, specialties, as well as their topics of interest, making it easier and more effective for learners to find the education that fits their needs. The myCME network reaches more than 1 million clinicians in the US, who can access myCME through their smart phones and tablets through the myCME and myCME Bank Apps. For more information about myCME, visit myCME.com.