

# Impact of Government Mandated Funding for Education on the Safe and Competent Prescription of Opioid Analgesics

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## BACKGROUND

- Misuse of prescription opioids is a growing public health and safety concern internationally<sup>1</sup>
- In several countries, concerns of opioid misuse have led to strict drug control regulations limiting accessibility of opioids for treatment of pain<sup>2</sup>
- US Food and Drug Administration (FDA) implemented an opioid Risk Evaluation and Mitigation Strategy (REMS) which included mandatory pharmaceutical company funding for safe Extended Release/Long Acting (ER/LA) opioid prescribing education based on a FDA curriculum blueprint<sup>3</sup>

## OBJECTIVES

- Design, deploy and evaluate an opioid REMS educational program on healthcare providers' (HCP) safe opioid prescribing knowledge, confidence, attitudes and practices
- Assess role of mandating pharmaceutical companies to fund continuing education providers to educate HCPs', based on government mandated content as a key component to a public safety strategy

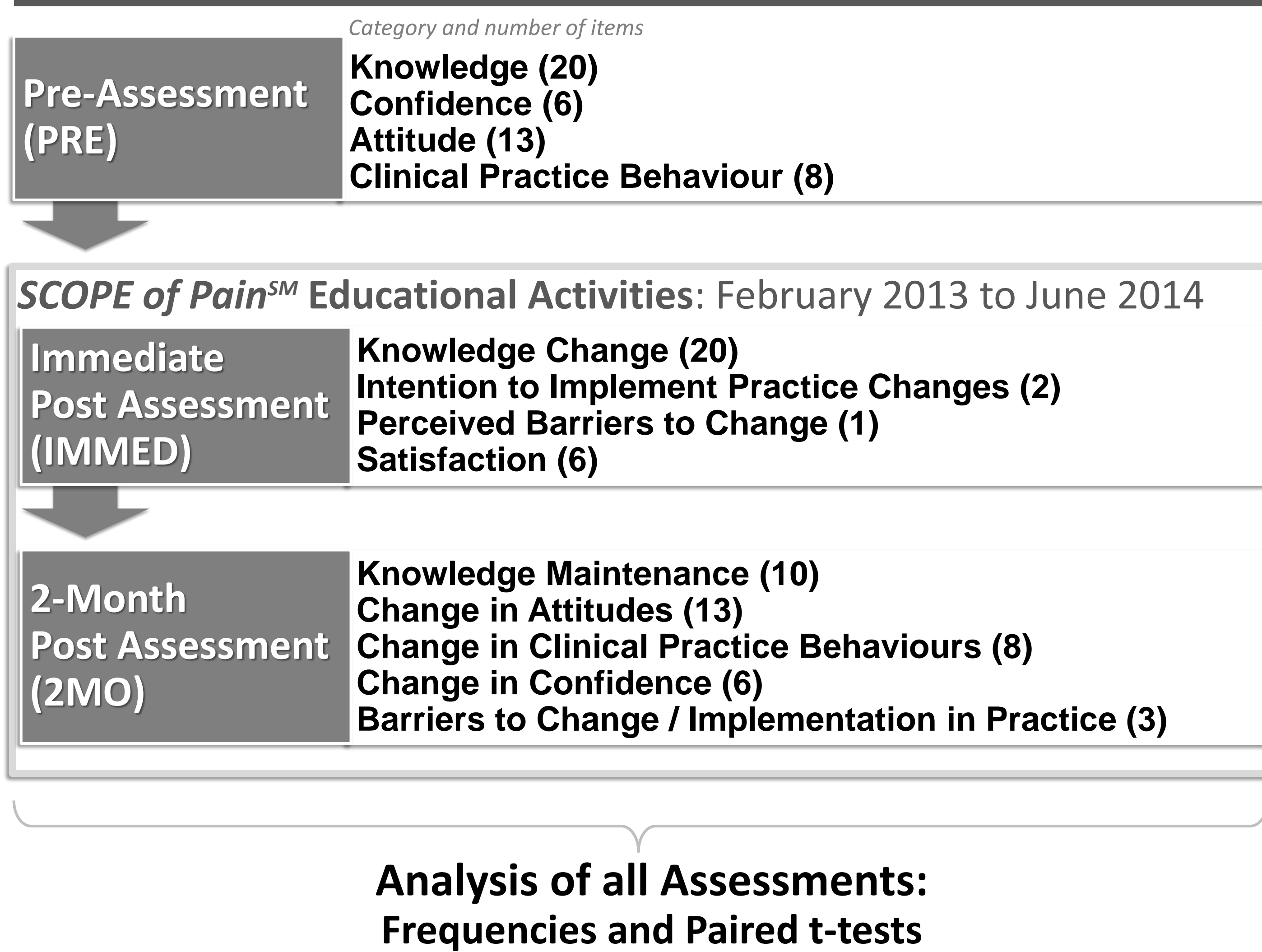
## DESCRIPTION

Safe and Competent Opioid Prescribing Education (*SCOPE of Pain<sup>SM</sup>*) program launched February 2013 by Boston University School of Medicine to respond to the FDA's mandated opioid REMS

- Three hours online/live safe opioid prescribing educational activities
- Targeted to HCPs who prescribe opioids for the management of chronic pain
- Outcomes collected at three data points (pre/post/2-month post)



## OUTCOMES METHODOLOGY



## SCOPE of Pain<sup>SM</sup> Participants

**n=10,566** Program Completers

- Participants who completed the *SCOPE of Pain<sup>SM</sup>* program as of June 2014

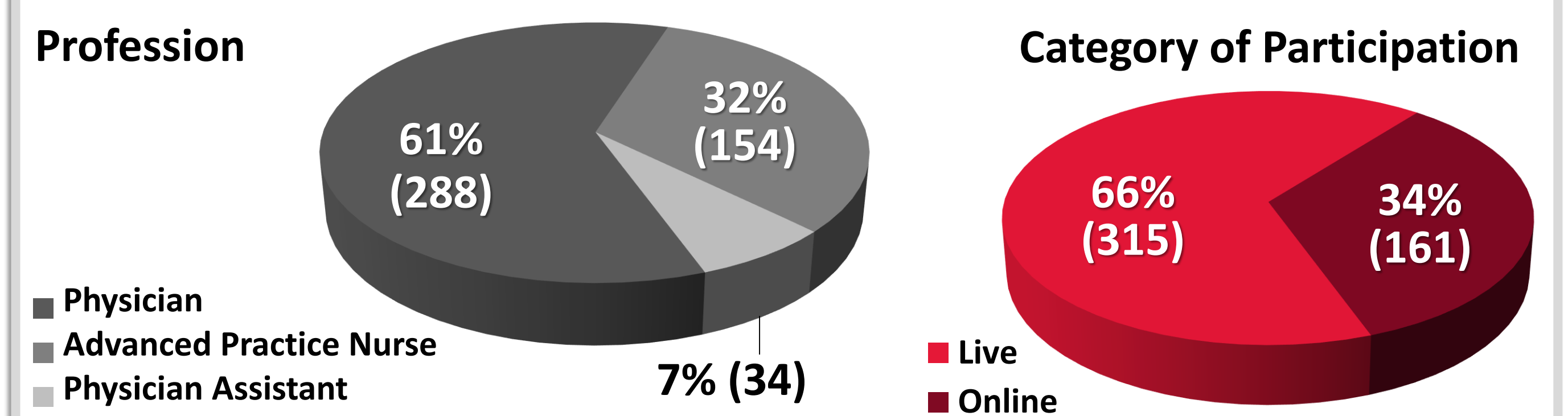
**n=2850 (27%)**

- Primary Target Audience for Mandated Education**
  - Physicians/Advanced Practice Nurses/ Physician Assistants
  - Licensed to prescribe ER/LA opioid analgesics
  - Primary care or speciality that routinely manage chronic pain

**n=476 (5%)**

- Target Sample for Outcomes**
  - Primary target audience who completed 2MO Post Assessment

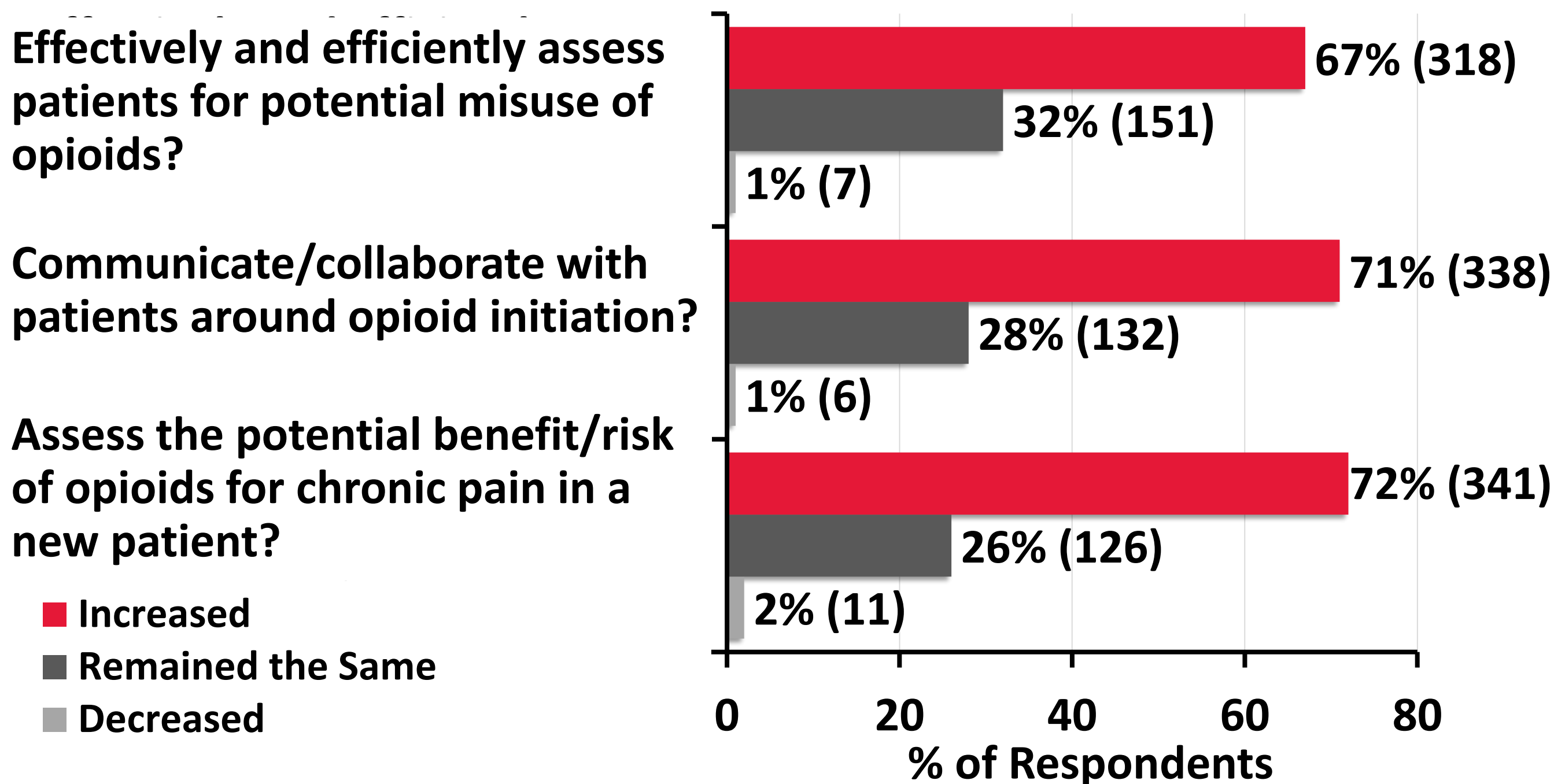
**Demographics: 2-Month Post Assessment, n=476**



## SCOPE of Pain<sup>SM</sup> RESULTS

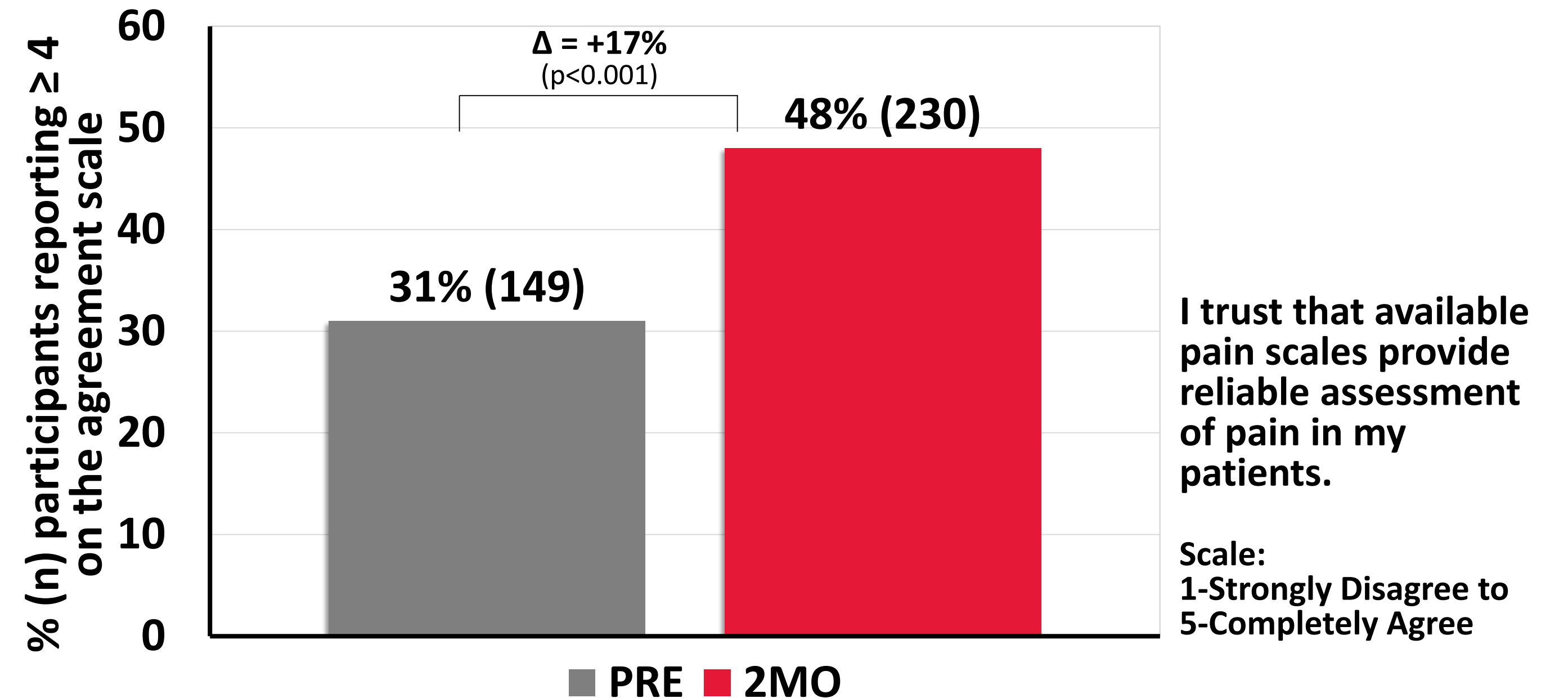
### Increases Confidence

Majority of participants reported increased confidence in the assessment of and collaboration with chronic pain patients, 2-Month post (n=476)



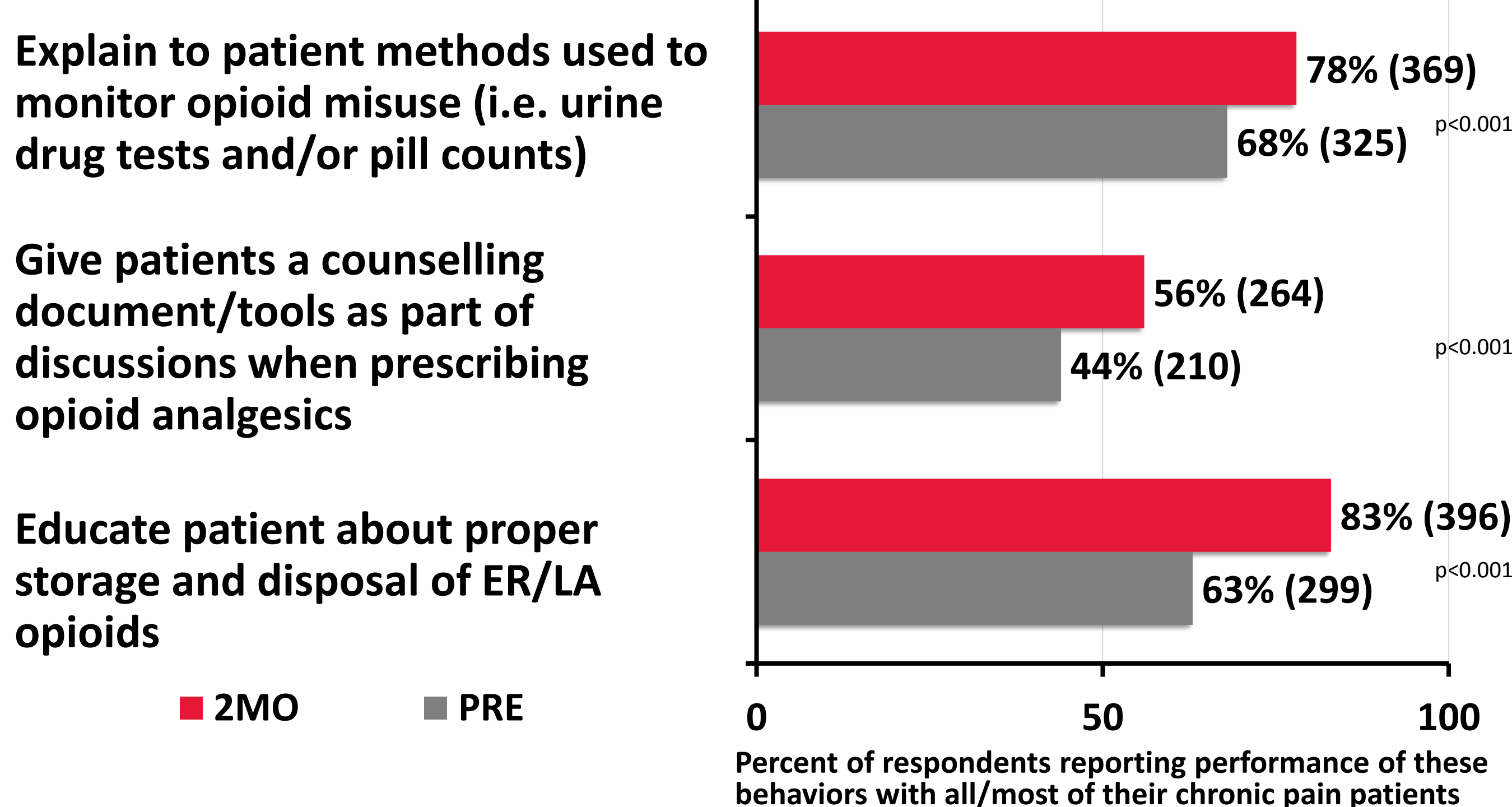
### Increases Trust

Significant increase in participant trust for the reliability of pain assessment tools, 2-Month post (n=476)



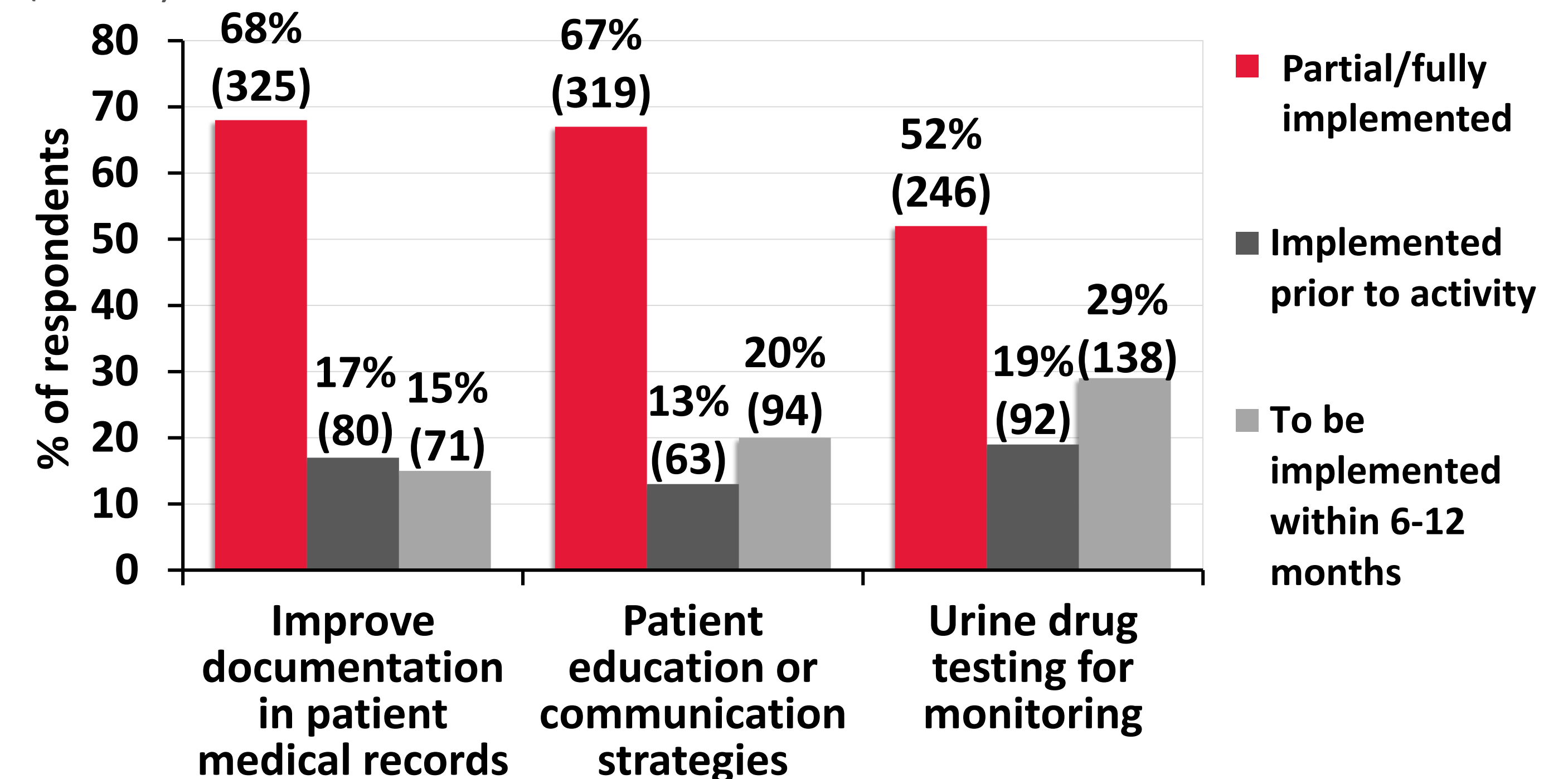
### Improves Patient Discussions

Participants reported positive improvements in their discussions with their chronic pain patients, 2-Month post (n=476)



### Increases Clinical Practice Changes

Participants reported the implementation of clinical practice changes to improve documentation, patient education/ communication and monitoring (n=476)



## CONCLUSION

The *SCOPE of Pain<sup>SM</sup>* program improved knowledge, attitudes, confidence and self-reported clinical practice in safe opioid prescribing.

## IMPLICATIONS

- These results demonstrate that education based on content from a governmental entity, developed by continuing education providers, and funded by commercial interests can yield a positive impact on self-reported changes in behavior
- The US FDA opioid REMS program holds potential to improve the safe use of opioids for the treatment of chronic pain
- Such programs could be implemented in other regions as a preventative measure instead of strict prescription policies which could lead to inadequate treatment of pain

## LIMITATIONS

- Self-reported outcomes (with exception of knowledge questions) with potential for self-assessment bias and social desirability bias
- Potential for self-selection bias since they were not randomly selected
- No control group, which makes it difficult to attribute participant changes solely to *SCOPE of Pain<sup>SM</sup>*
- Unable to detect if these improvements impacted patient care

## REFERENCES

- United Nations Office on Drugs and Crime. (2014). *World Drug Report 2014*. [www.unodc.org/documents/wdr2014/World\\_Drug\\_Report\\_2014\\_web.pdf](http://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf)
- Access to Opioid Medication in Europe (ATOME). (2014). *Final Report and Recommendations to the Ministries of Health*. [www.atome-project.eu/documents/final-reports/ATOME-Final-Report.pdf](http://www.atome-project.eu/documents/final-reports/ATOME-Final-Report.pdf)
- US Food and Drug Administration. (2014). *Postmarket Drug Safety Information for Patients and Providers-Approved Risk Evaluation and Mitigation Strategies (REMS)*. [www.fda.gov/drugs/drugsafety/postmarketdrugssafetyinformationforpatientsandproviders/ucm111350.htm](http://www.fda.gov/drugs/drugsafety/postmarketdrugssafetyinformationforpatientsandproviders/ucm111350.htm)