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 internationally¹

Boston University School of Medicine

Continuing Medical Education

- In several countries, concerns of opioid misuse have led to strict drug control regulations limiting accessibility of opioids for treatment of pain²
- 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 blueprint³

OBJECTIVES

- 1. Design, deploy and evaluate an opioid REMS educational program on healthcare providers' (HCP) safe opioid prescribing knowledge, confidence, attitudes and practices
- 2. 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 PainSM) 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

Pre-Assessment (PRE)

Category and number of items **Knowledge (20)** Confidence (6) Attitude (13)

Clinical Practice Behaviour (8)

SCOPE of PainsM Educational Activities: February 2013 to June 2014

Immediate Post Assessment (IMMED)

Intention to Implement Practice Changes (2) **Perceived Barriers to Change (1)** Satisfaction (6)

2-Month Post Assessment (2MO)

Knowledge Maintenance (10)

Change in Attitudes (13)

Knowledge Change (20)

Change in Clinical Practice Behaviours (8)

Change in Confidence (6)

Barriers to Change / Implementation in Practice (3)

Analysis of all Assessments: Frequencies and Paired t-tests

SCOPE of PainSM Participants

n=10,566 Program Completers

Participants who completed the SCOPE of PainSM program as of June 2014

n=2850 **(27%)**

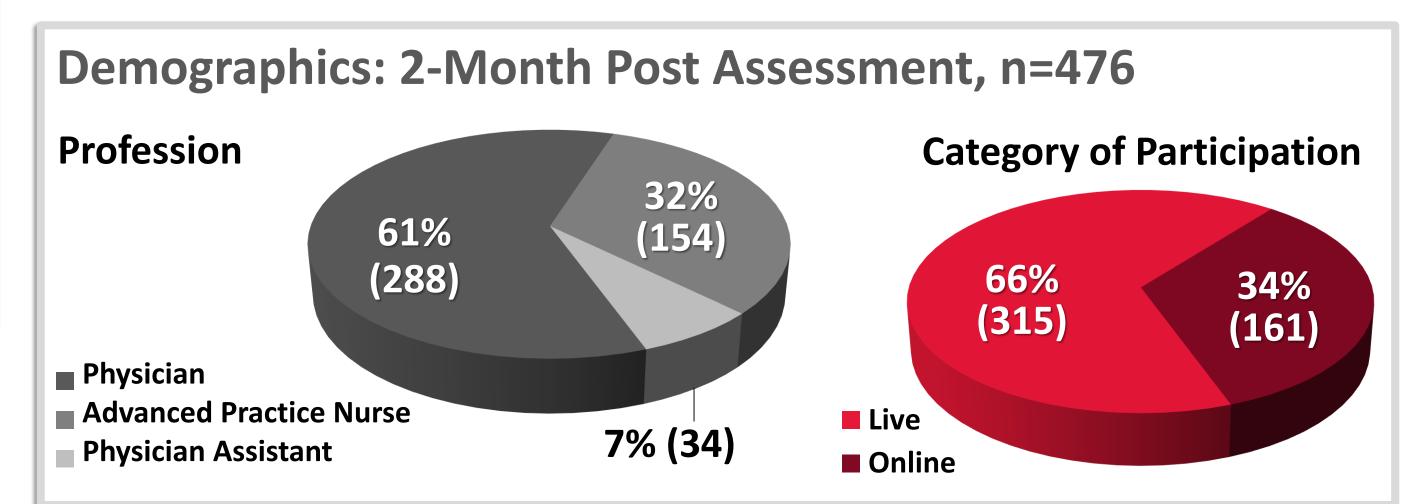
Primary Target Audience for Mandated Education

- 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



SCOPE of PainSM RESULTS

Increases Confidence

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

Effectively and efficiently assess patients for potential misuse of opioids?

Communicate/collaborate with patients around opioid initiation?

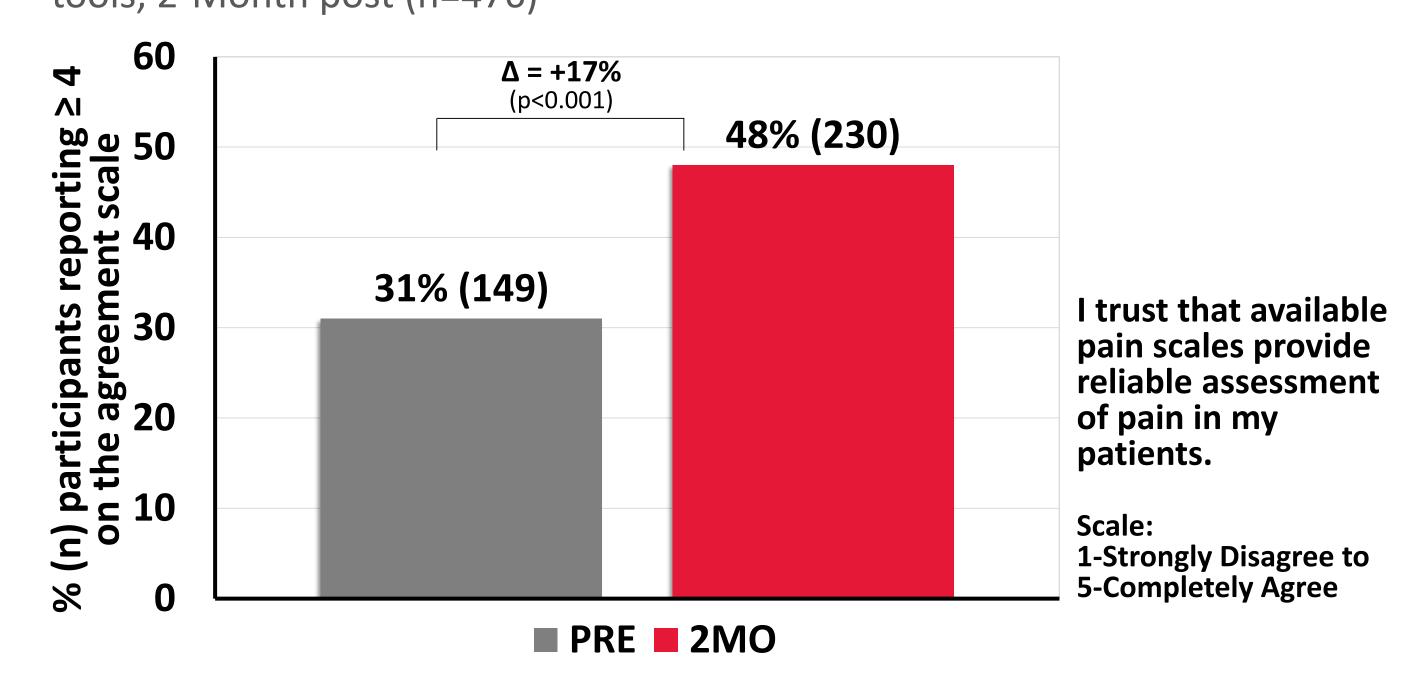
Assess the potential benefit/risk of opioids for chronic pain in a new patient?

- Increased ■ Remained the Same Decreased
- 32% (151) 1% (7) 71% (338) 28% (132) 1% (6) 72% (341) 26% (126) 2% (11) 40 80 20 **60** % of Respondents

67% (318)

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)

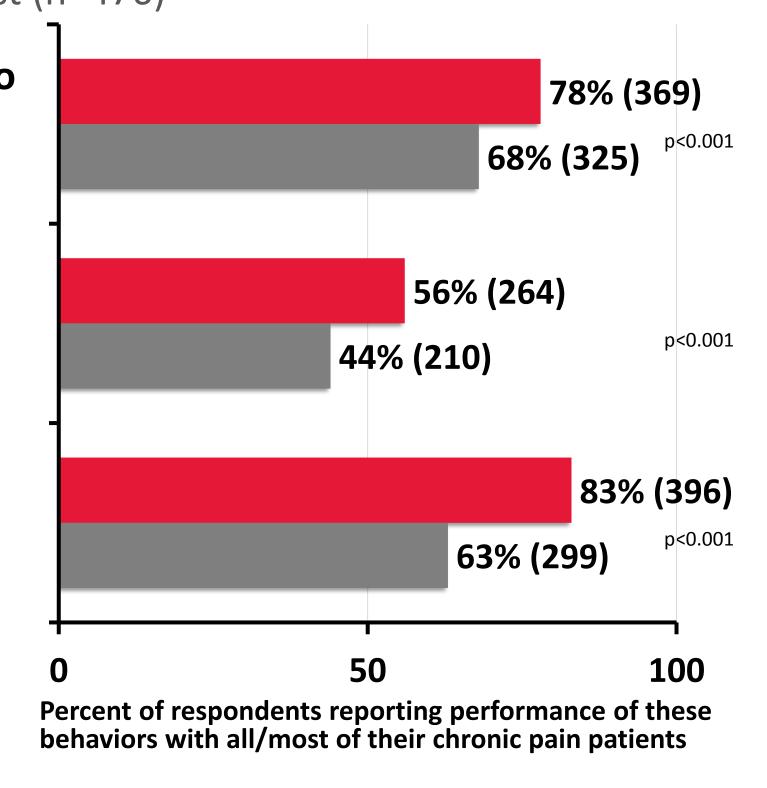
Explain to patient methods used to monitor opioid misuse (i.e. urine drug tests and/or pill counts)

Give patients a counselling document/tools as part of discussions when prescribing opioid analgesics

Educate patient about proper storage and disposal of ER/LA opioids

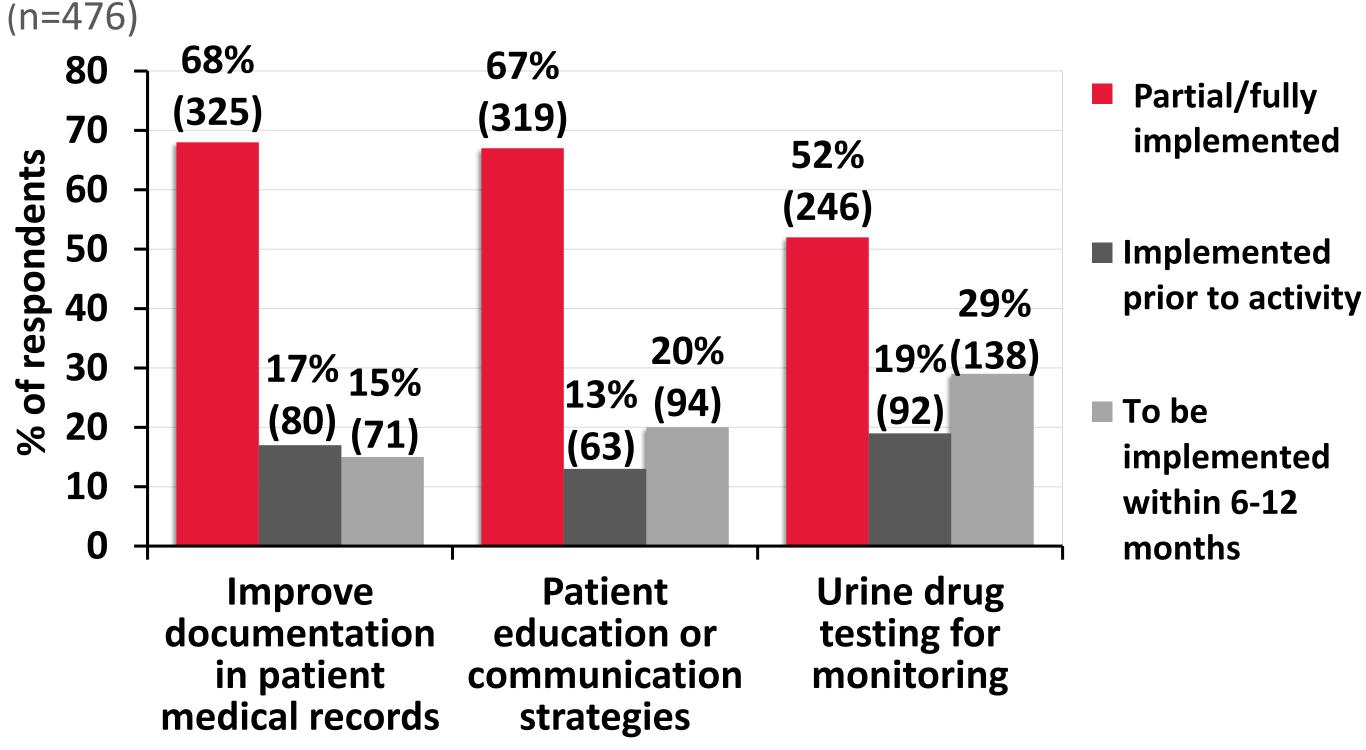
PRE

2MO



Increases Clinical Practice Changes

Participants reported the implementation of clinical practice changes to improve documentation, patient education/communication and monitoring



The SCOPE of PainSM program improved knowledge, attitudes, confidence and self-reported clinical practice in safe opioid prescribing.

CONCLUSION 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 selfassessment 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 PainSM
- Unable to detect if these improvements impacted patient care

REFERENCES

- 1. United Nations Office on Drugs and Crime. (2014). World Drug Report 2014. www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf
- 2. 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

3. 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/postmarketdrugsafetyinformationforpatient sandproviders/ucm111350.htm