

Opioid Prescribing: Best Practices in Clinician Education

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Objectives

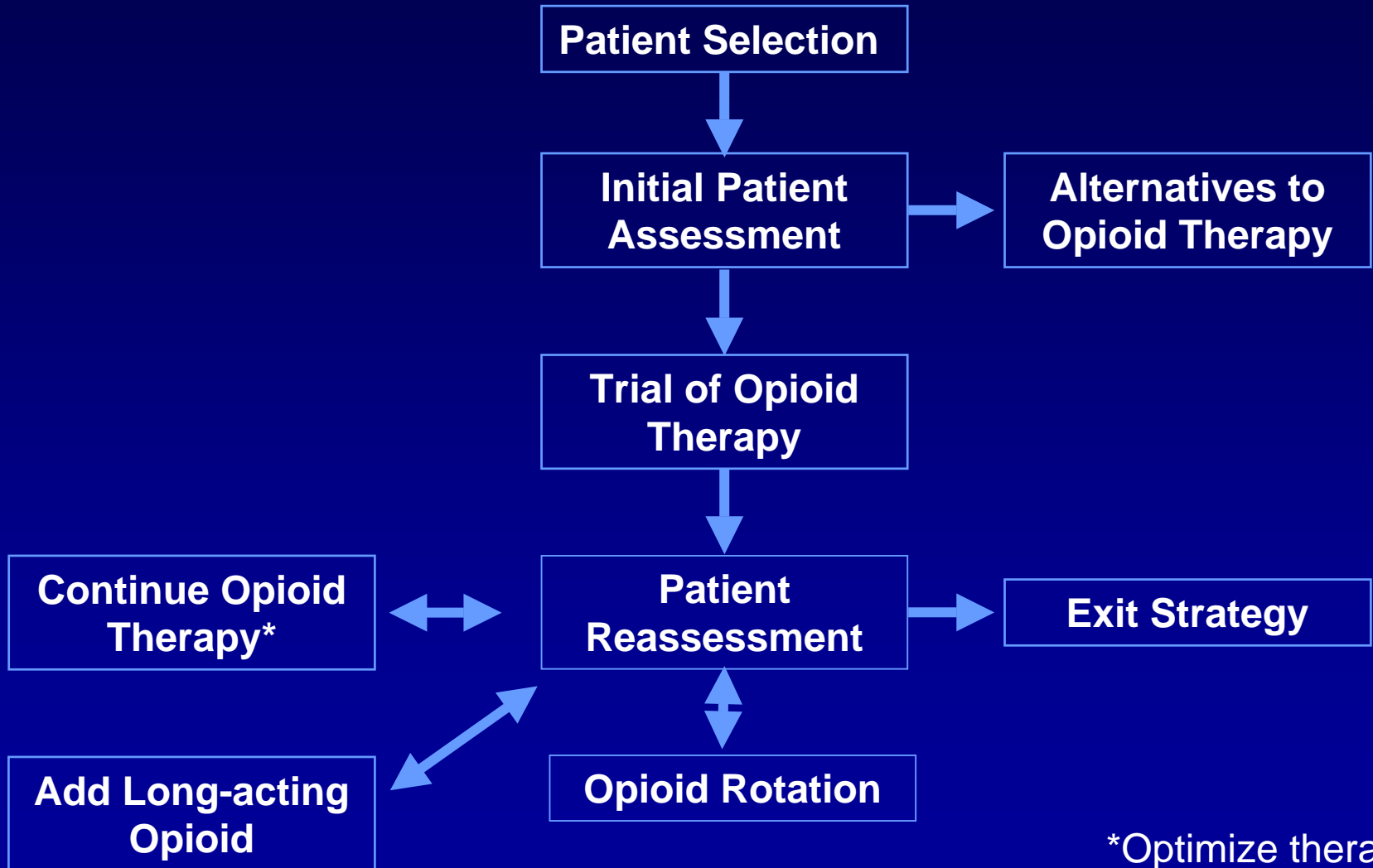
- What do we want clinicians to do?
- How can we get them to do it?

Knowledge Requirements

- Terminology:
 - Abuse, addiction, dependence, tolerance, etc.
- Place in therapy of opioids
- Efficacy of opioids, dosage, administration
- Risks of opioids
 - Side effects incl. endocrine
 - Abuse and addiction
- How to prevent and treat complications
- How to assess risk and triage
- How to use external sources of information
- The law

What Do We Want Clinicians
To Do?

Algorithm for Opioid Treatment of Chronic Pain



*Optimize therapy

Documentation

- Initial assessment
 - Initial assessment
 - Risk screener & triage
- Initiate opioid trial
 - Treatment agreement
 - Consumer education materials
- Follow-up
 - Medication flowchart
 - PADT
 - Side effects tools
 - Opioid conversion/rotation tools
 - Exit strategy tools
- Monitoring
 - Outside medical records
 - Urine tox
 - Prescription monitoring data
 - Endocrine function

Triage

Low Risk	No hx substance abuse, minimal risk factors	Primary care
Medium risk	Past hx substance abuse, risk factors	Co-manage
High risk	Active substance abuse, high risk factors	Refer

Exit Strategy

- Criteria for exit
 - No convincing benefit of opioids despite reasonable efforts to optimize therapy
 - Patient self-report is not primary here
 - No therapeutic index
 - Persistent compliance problems
- How to do it
 - Communication
 - Triage

Myth Busting

- Abuse and addiction are uncommon in patients on opioid therapy
- Patient self-report trumps everything
- Abandoning opioid therapy is done for the sake of protecting the doctor
- Opioids are a last resort

How Do We Get Them to Do
It?

The lecture method is a way of transferring the contents of the notebook of the instructor to the notebook of the student without it passing through the minds of either.

Educational Methods

- Lectures
- Journal articles
- Newsletters
- Websites
- Guidelines
- Webinars
- Audio conferences
- Media articles
- Radio spots
- Television spots
- Advertisements
- Package inserts
- Medication guides
- Grand rounds
- Seminars
- Tutorials

Do they work?

- I am not aware of any efforts to measure the extent to which these educational approaches change behavior in the desired direction

Why Do We Continue to Do It?

- Low risk
- Fulfills regulatory and other expectations
- Well-worn path
- Established vendors
- Widespread acceptance
- No evidence of ineffectiveness

What Could Work

- Develop a simple approach to opioid management for primary care
 - APS Guidelines?
- More sophisticated dissemination strategies
- Interactive, problem-oriented, case-based learning
- Reminder systems, performance-linked access systems
- **Health systems approaches**
 - Regulatory requirements
 - Clinician feedback +/- incentives

Discussion