

Education positively impacts safe opioid prescribing among clinicians

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Educating clinicians on how to safely prescribe opioids can help decrease opioid misuse among chronic pain sufferers.

These findings, which appear online in the journal *Pain Medicine*, confirm that education can empower clinicians to make more informed clinical decisions about initiating, continuing, changing or discontinuing opioids for patients suffering from [chronic pain](#) based on a careful benefit versus risk/harm assessment.

Chronic [pain](#) affects approximately 100 million people in the U.S. making it one of the most common reasons patients seek medical care. Undertreated chronic pain causes reduced function and quality of life, and is associated with increased rates of suicidality. However, more aggressive chronic pain management with opioid analgesics over the past two decades has been associated with an increase in prescription opioid misuse including addiction and overdose deaths.

Due to the high prevalence of prescription opioid misuse, the U.S. Food and Drug Administration (FDA) mandated a Risk Evaluation and Mitigation Strategy (REMS) requiring manufacturers of extended release/long acting (ER/LA) opioids to fund continuing education based on an FDA Blueprint.

SCOPE of Pain Program

Boston University School of Medicine (BUSM), the first Continuing Medical Education provider to receive ER/LA opioid REMS funding, launched its Safe and Competent Opioid Prescribing Education (SCOPE of Pain) program in 2013. It is offered as a three-hour live or online activity. The live programs included 20 half-day standalone meetings across the US in 16 states. The live and online curricula are identical and presented using a clinical case involving three separate visits: initial visit - assessing chronic pain and opioid misuse risk; one week later - initiating (continuing) [opioid therapy](#) safely and months later - assessing and managing aberrant medication taking behaviors. This allows participants to apply the ER/LA opioid REMS content to a common clinical scenario.

Training Program Results

A total of 10,566 participants have completed SCOPE of Pain since its inception through June 2014. Twenty-seven percent (2,850/10,566) were considered the primary target group (defined as being physicians, advanced practice nurses or physician assistants licensed to prescribe [opioid analgesics](#) and a member of 13 specialties that routinely manage patients with chronic pain).

Immediately post-program, 87 percent of participants stated they were planning to make at least one change to align their practice with guideline-based care. The most frequently stated changes were 1) to improve opioid prescribing documentation (56 percent); 2) to implement or improve opioid prescribing patient education or communication (53 percent); and 3) to institute or improve Patient-Prescriber Agreements (47 percent).

Two months after the training, approximately two-thirds of participants reported increased confidence in guideline-based opioid prescribing practices and 86 percent improved how they prescribe opioids and

monitor patients for benefits and harm.

"Our program improved knowledge, attitudes, confidence and clinical practice in safe opioid prescribing," explained corresponding author Daniel Alford, MD, associate professor of medicine and assistant dean at Boston University School of Medicine and course director of the SCOPE of Pain program.

While SCOPE of Pain improved clinician-level safe [opioid](#) prescribing outcomes, its impact on mitigating [opioid misuse](#) risk and harm while maintaining access to opioids for those who are or would benefit remains an unanswered question according to the researchers. "While education cannot be the only strategy to combat this national crisis, it can help improve clinician behaviors and be a major part of the solution," added Alford who is also the medical director of the Office-Based Opioid Treatment (OBOT) at Boston Medical Center.

Provided by Boston University Medical Center

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