Chronic Opioid Use Assessment
Health Outcomes Project Evaluation (HOPE)

WISCONSIN ACADEMY *of* PHYSICIAN ASSISTANTS

September 2017

Chronic Opioid Use Assessment HOPE

Background

Pain is a major national health problem and the most common reason why patients seek health care. [1] Millions of Americans suffer from common chronic pain conditions—more than the number of people affected by diabetes, heart disease, and cancer combined. Uncontrolled pain incurs enormous societal and economic costs due to decreased productivity and increased health care costs, with the annual US cost of chronic pain estimated to be $560 to $630 billion (2010 US dollars [USD]).

Efforts to improve pain management have led to significant increases in the use of prescription opioid medications. [2] From 1991 to 2013, the number of prescription opioid medications dispensed escalated from 76 million to approximately 207 million. [3] With the escalation in the sales of prescription opioid medications, there have been simultaneous increases in abuse, diversion, serious injuries, and overdose deaths. [2,3]

- In 2014, an estimated 10.3 million Americans ≥ 12 years of age, or approximately 4% of the US population, used prescription pain relievers (e.g., opioids) for nonmedical purposes. [4]
- From 2004 to 2014, the prevalence of abuse of or dependence on pain relievers increased by approximately 36% (from 1.4 million to 1.9 million). [4]
- The number of emergency department (ED) visits involving the nonmedical use of prescription opioid medications more than doubled, from 173,000 to 488,000, during the period 2004 to 2011. [5]
- Deaths from unintentional and intentional overdose of prescription opioid pain relievers in the US increased more than four-fold during the period 2000 to 2014, with 18,893 deaths reported in 2014. [6]
- From 2004 to 2012, admissions to substance abuse treatment facilities due to non-heroin prescription opioid medication abuse more than doubled, from approximately 61,000 to 170,000. [7]

Total US societal and economic costs due to prescription opioid medication abuse, dependence, or misuse are substantial and are estimated to be > $79 billion annually. [8,9,10] Prescription opioid medication abusers have increased utilization of health care resources compared to non-abusers, with prescription opioid medication abusers having a mean annual excess cost of approximately $15,000 per patient. [10, 11]As the prevalence of prescription opioid medication abuse increases, the societal burden of opioid abuse will likely further increase as well. [12]

Many members of the public, people with pain themselves, and many health professionals are not adequately prepared to take preventive action, recognize warning signs, initiate timely and appropriate treatment, or seek specialty consultation when necessary with respect to pain.[13] From a provider perspective, there are a number of barriers to effective pain care, including provider attitudes and training. US medical schools for example, have a median of 9 hours of pain education, compared with 19.5 hours in Canadian schools.[14] It should not be surprising then, in a survey of 500 primary care physicians (PCPs) at 12 academic medical centers, that only 34% reported feeling comfortable teaching people with chronic and non-cancer pain.[15] Most medical school education still treat pain mainly as a symptom, which ignores the emerging recognition that persistent pain requires direct treatment.[13]

Patients too, have substantial unmet educational needs as it relates to chronic pain. Education should not be a one-time effort. It can enable people with pain to handle many pain-related problems themselves without relying on medical care and appropriate education can improve satisfaction with care and outcomes of people

[1] In this survey, "nonmedical use" of a drug was defined as "use without a prescription of the individual's own or simply for the experience or feeling the drugs caused."

with pain. Essential patient education topics include but are not limited to steps people can take on their own to prevent or obtain relief, prevent pain from progressing from acute to chronic pain, and understanding advantages and disadvantages of available pain therapies.[13]

Safe and effective management of chronic pain is a complex issue tackling a balance between patient expectations and satisfaction and reduction of opioid misuse and abuse. Before we are able to address this issue head on, it's important to identify the barriers that prevent the healthcare system from delivering safe and effective strategies of treating chronic pain.

Objectives

- Evaluate healthcare providers' training and awareness of chronic opioid therapy, abuse and risk mitigation strategies
- Evaluate healthcare providers' practices for the management of patients on chronic opioid therapy also including strategies to mitigate abuse, diversion and misuse

Methods

Participating Physician Assistants (PA) were asked to complete the assessment survey. The survey asks questions about providers' demographics, training, awareness, and management practices associated with chronic opioid therapy. Participation is voluntary and the estimated time to complete the survey is between 5-10 minutes.

Data Collection

De-identified and anonymous data for this project was obtained via SurveyMonkey®.

The data collection sheet did not contain any protected health information and is devoid of any unique patient identifiers; therefore, it is compliant with HIPAA regulations. Since the data was collected in an anonymous fashion, participant identities are confidential.

Study Population

The study population included members of the Wisconsin Academy of Physician Assistants (WAPA). Two-hundred thirty-six members participated in the survey.

Confidentiality

- Data information will be protected during all phases of the analysis.
- The organization will have the option to share the study information, in a blinded or non-blinded fashion, with other healthcare organizations, select individuals or professional organizations if it deems appropriate.

Limitations

- The information is self-reported and is therefore dependent upon the ability of the participant to complete the survey.
- The questionnaire has not been validated.

Results

Demographics of participants:

Practice Site Type:		
Answer Options	**Response Percent**	**Response Count**
Internal Medicine	6.4%	15
Family Practice	28.8%	68
Pain Management	3.8%	9
Rheumatology	0.0%	0
ED/Urgent Care	16.1%	38
Neurology	2.1%	5
Physical Medicine and Rehabilitation	0.9%	2
Orthopedics	9.8%	23
Student	17.0%	40
OB/GYN	3.0%	7
Surgery	4.2%	10
Occupational Health	2.1%	5
Other*	10.6%	25
	Answered	**236**

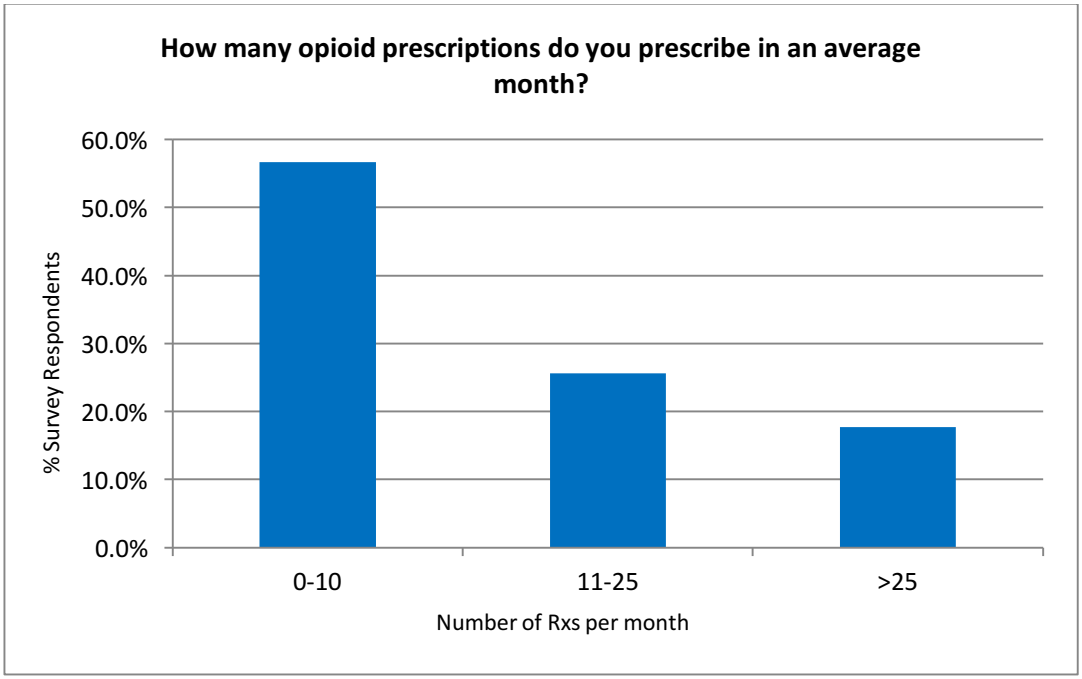
How many years have you been in practice?		
Answer Options	**Response Percent**	**Response Count**
< 5 years	41.1%	97
5-10 years	16.5%	39
11-20 years	22.5%	53
> 20 years	19.9%	47
	Answered	**236**

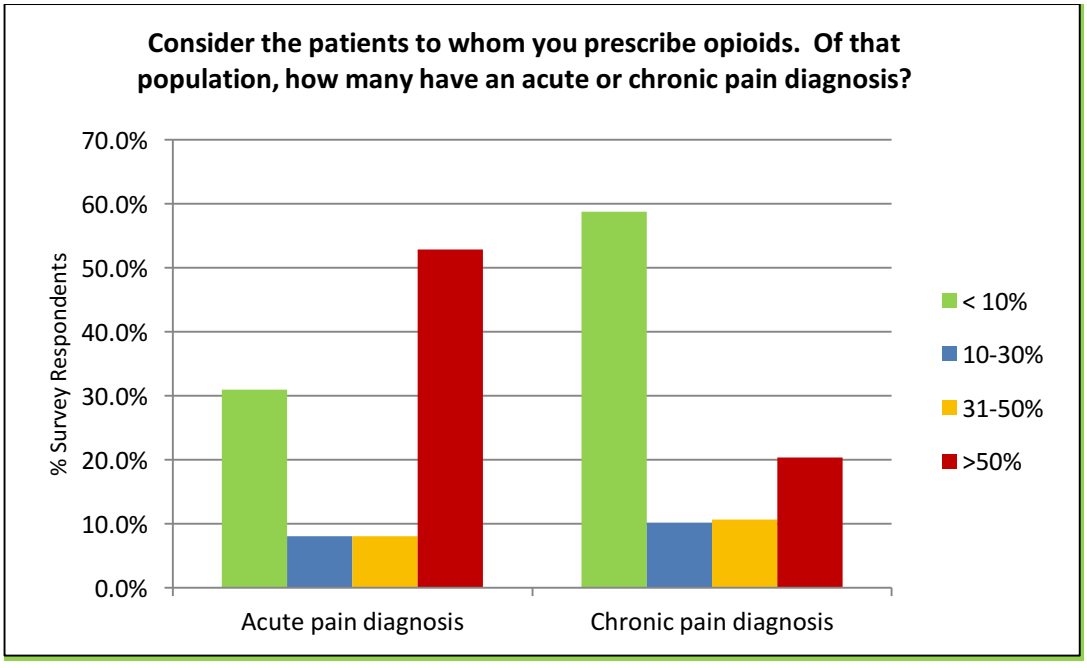
Do you hold a current DEA license?		
Answer Options	**Response Percent**	**Response Count**
Yes	79.7%	188
No	20.3%	48
	Answered	**236**

What WAPA Region are you currently practicing?		
Answer Options	**Response Percent**	**Response Count**
Eastern Region	12.7%	30
Northern Region	11.0%	26
Southeastern Region	49.6%	117
Southwestern Region	21.6%	51
Western Region	6.4%	15
	Answered	**236**

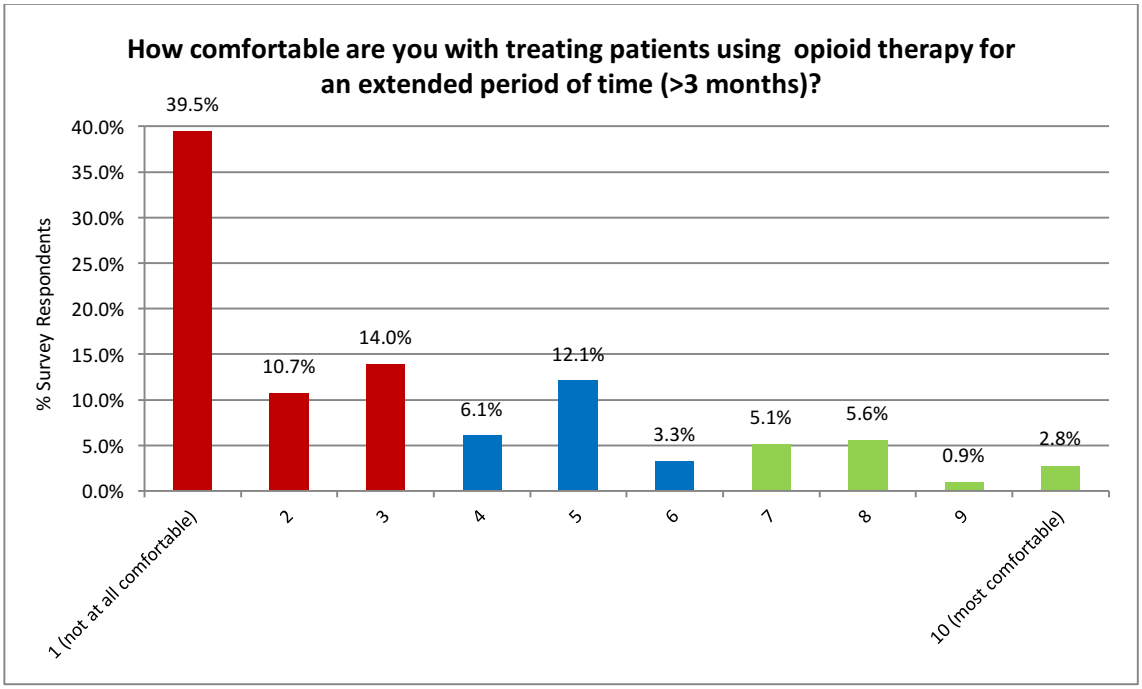
*hematology/oncology, free clinic, academics, express care, cardiology, pediatrics, dermatology, critical care, retired, nursing home, urology, ENT/allergy, endocrine, addiction medicine, GI

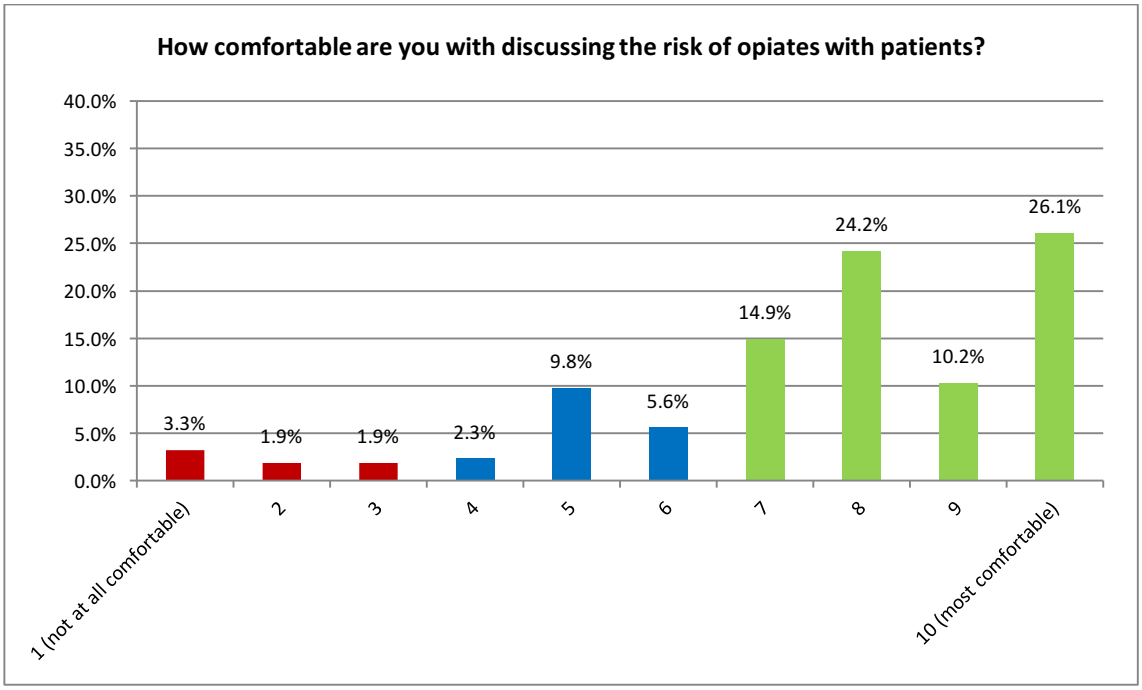
Pain Management and Chronic Opioid Therapy Prevalence:

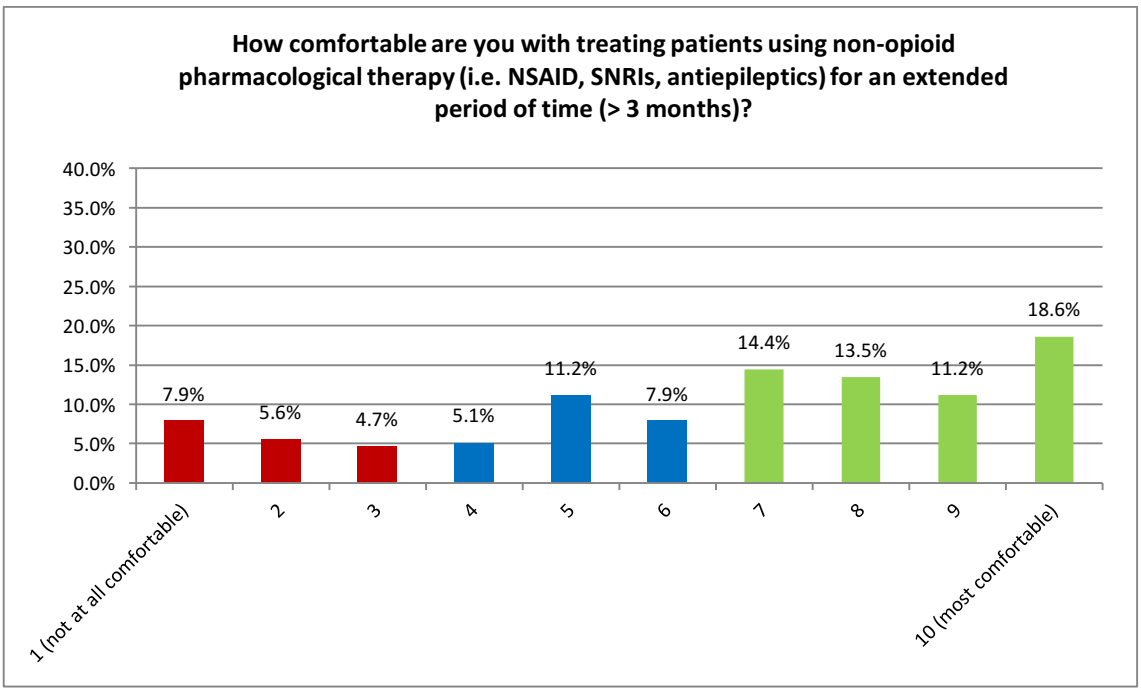




Pain Management and Chronic Opioid Therapy Practice Patterns:

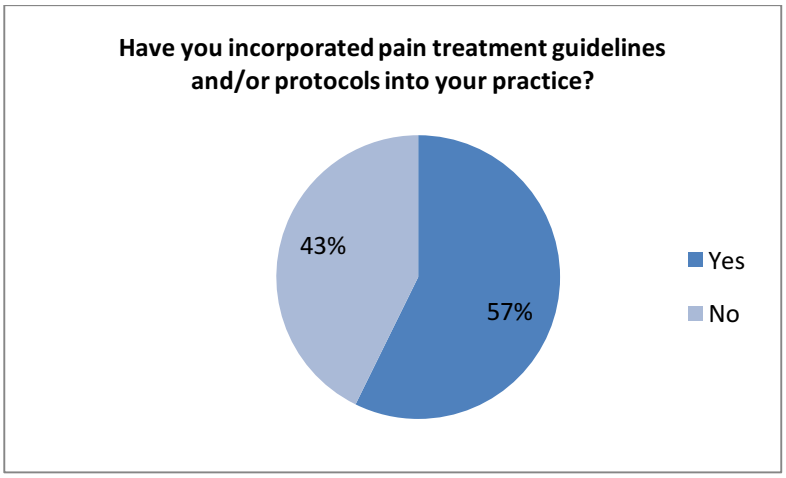


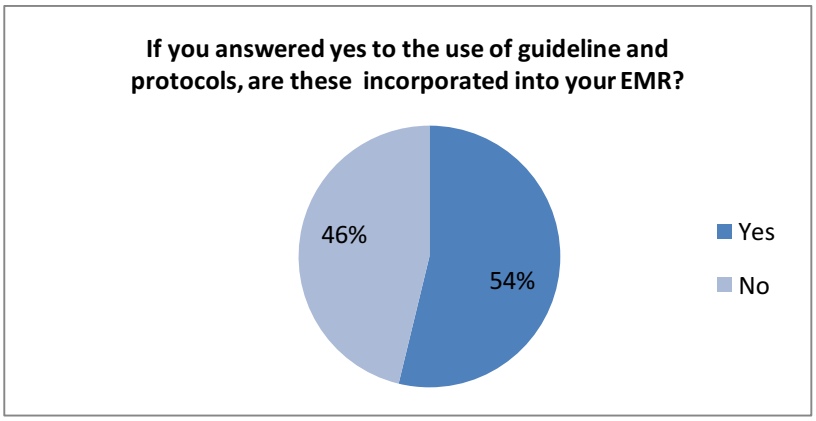


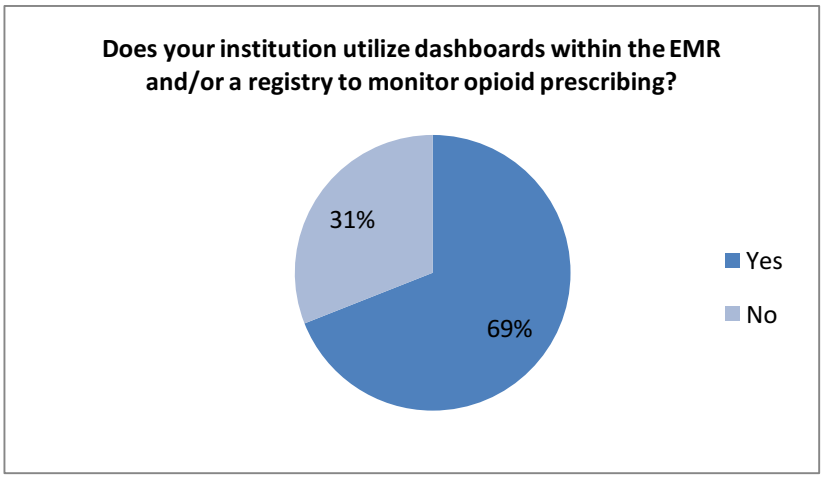


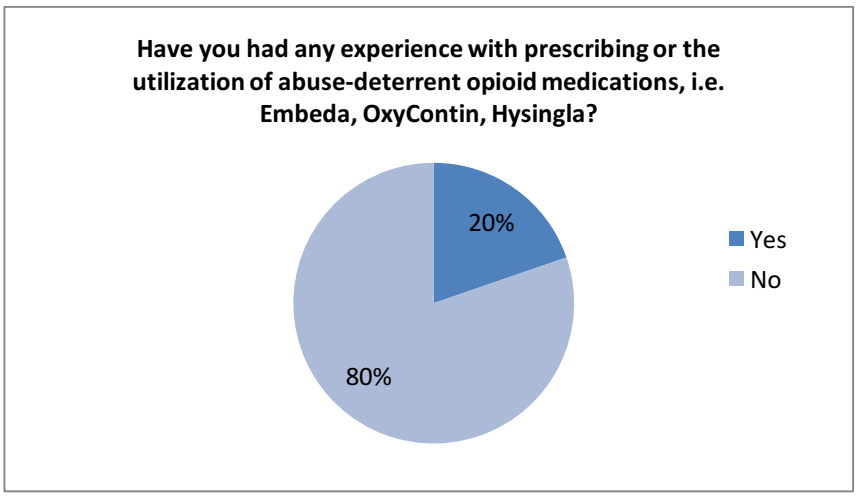
Which of the following do you routinely document in the patients you are treating for chronic pain? (Indicate all that apply)

Answer Options	Response Percent	Response Count^
Pain duration (acute vs. chronic)	77.7%	167
Pain location	79.1%	170
Type of pain (e.g. nociceptive, neuropathic, sensory hypersensitivity)	45.6%	98
Pain severity score (e.g., 0 to 10 pain scale)	67.4%	145
Level of function (e.g. changes in level of physical activity, mood, sleep, ability to work, social interactions)	64.2%	138
Brief Pain Inventory (BPI)	3.7%	8
I use a tool that incorporates all the responses above	5.1%	11
None of the above	15.8%	34
	Answered	**215**

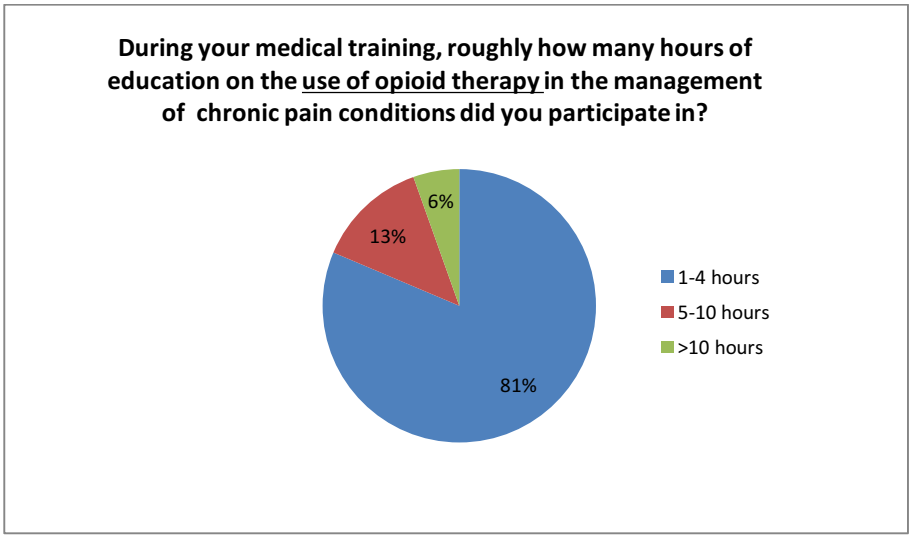

Have you incorporated pain treatment guidelines and/or protocols into your practice?
43%
57%
Yes
No

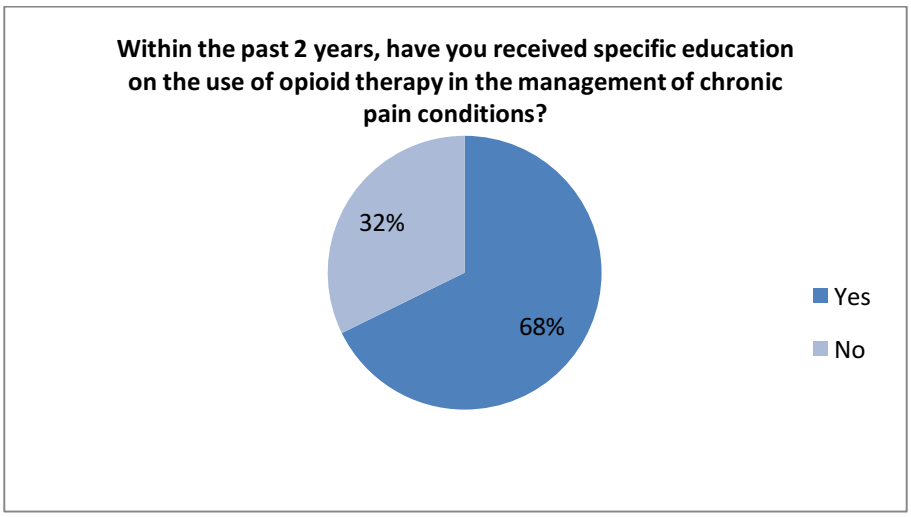

If you answered yes to the use of guideline and protocols, are these incorporated into your EMR?
46%
54%
Yes
No

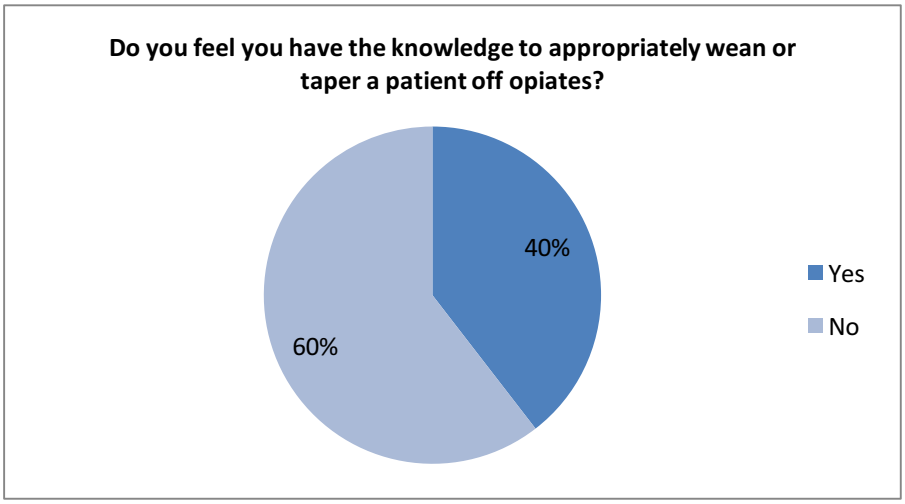

Does your institution utilize dashboards within the EMR and/or a registry to monitor opioid prescribing?
31%
69%
Yes
No

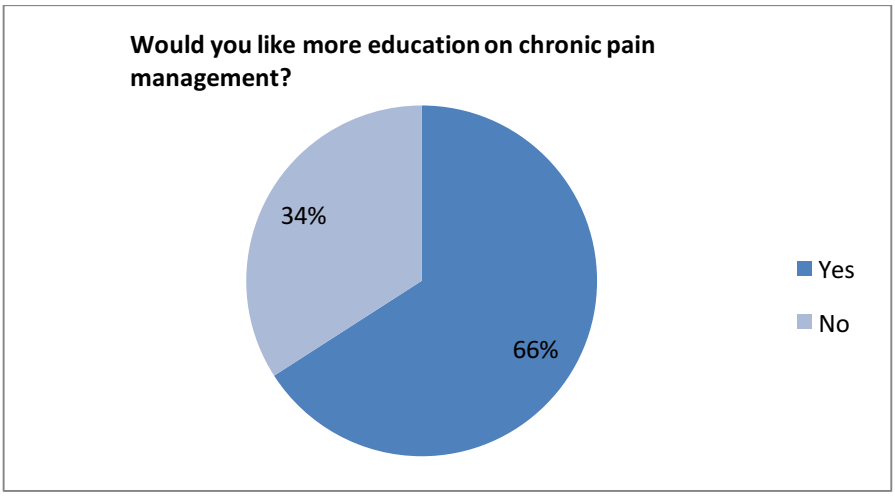


Pain Management and Chronic Opioid Therapy Education

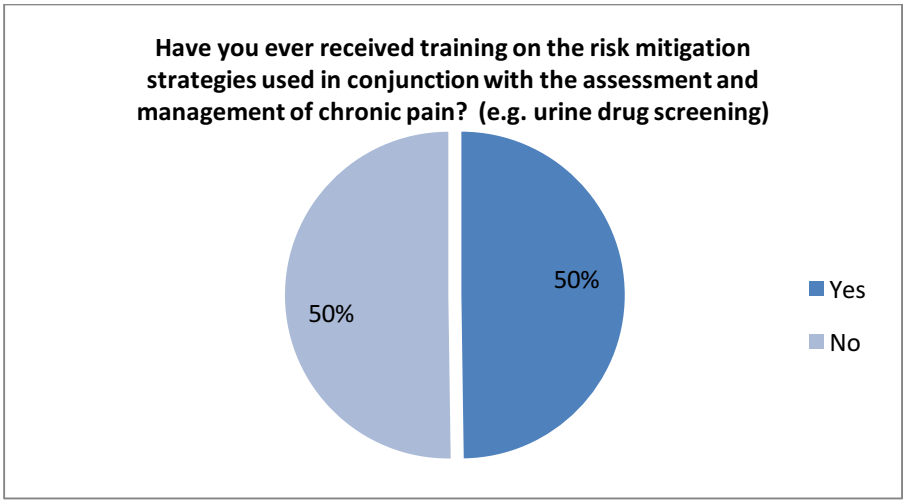








Abuse/Diversion Education and Practice Patterns



Do you routinely use the PDMP?		
Answer Options	**Response Percent**	**Response Count**
Yes	81.7%	174
No	18.3%	39
	Answered	**213**

Within the past 2 years, have you received specific education on the PDMP or prescribing requirements related to opioid therapy?		
Answer Options	**Response Percent**	**Response Count**
Yes	69.0%	147
No	31.0%	66
	Answered	**213**

Which of the following do you include in your patient management plan to address the problems associated with opioid abuse, misuse, and diversion? (Indicate all that apply)		
Answer Options	**Response Percent**	**Response Count**
Opioid Treatment Agreement	43.6%	92
Opioid Risk Assessment Tools	17.5%	37
Assessment of pain severity score	46.5%	98
Assessment of patient function	42.7%	90
Assessment of aberrant behavior	37.0%	78
Assessment of adverse effects	42.7%	90
Screening for prior or current substance abuse/misuse	47.9%	101
Screening for comorbid psychiatric illness	28.9%	61
Urine Drug Screening	45.5%	96
Accessing the state's PDMP	66.4%	140
Pill counts	20.9%	44
Family member or caregiver interviews	6.6%	14
Referrals to pain management clinics or treatment centers	57.8%	122
Referral to medication assisted/substance abuse program	20.4%	43
Prescribing limited quantities of medication	59.2%	125
Consider abuse-deterrent opioids	11.9%	25
Avoid prescribing opioids	59.7%	126
None of the above	12.3%	26
	Answered	**211**

Which of the following tools does your practice use with patients to help determine factors associated with substance abuse? (Indicate all that apply)		
Answer Options	**Response Percent**	**Response Count**
Family History	47.9%	101
Social History	64.9%	137
Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R)	4.3%	9
D.I.R.E. Score: Patient Selection for Chronic Opioid Analgesia	3.3%	7
Opioid Risk Tool (ORT)	9.0%	19
Patient Health Questionnaire 2 or 4 (PHQ 2 or 4)	19.9%	42
Adverse Childhood Experience Tool (ACE)	0.5%	1
Addiction Severity Index (ASI)	2.4%	5
Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)	4.3%	9
Center for Adolescent Substance Abuse Research CRAFFT Questions	1.9%	4
Patient Stress Questionnaire	2.4%	5
Healthy Living Questionnaire	2.4%	5
Drug Abuse Screen Test (DAST)	4.3%	9
Two-item Conjoint Screen (TICS)	0.5%	1
None of the above	32.2%	68
	Answered	**211**

Summary:

- A total of 236 out of approximately 800 responded to the survey for a response rate of 29.5%. The two highest responding practice locations were family practice and ED/urgent care at 28.8% and 16.1%, respectively. There was a seventeen percent (17%) student identified response rate. with 49.6% from the Southeastern WAPA Region. A majority of the respondents (79.7%) hold a current DEA license.

- Over fifty percent (56.6%) of the PAs prescribe 0-10 opioid prescriptions per month with 17.7% prescribing > 25 prescriptions per month. When considering prescribing an opioid there is a higher likelihood to prescribe opioids with an acute pain diagnosis then a chronic pain diagnosis (52.9% vs 20.4%).

- Sixty-four percent of PAs self-reported that they are not comfortable with treating patients with opioids for greater than 3 months with a majority (75%) feeling comfortable discussing the risks of opioids to their patients. Conversely, 58% of PAs are comfortable with treating patients with non-opioid pain medications for greater the 3 months.

- The most common documentation aspects of pain in patients included the location, duration, pain severity, and level of function. Type of pain (e.g. nociceptive, neuropathic, sensory hypersensitivity) was documented 45.6% of the time.

- Fifty-seven percent of PAs have incorporated pain treatment protocols and guidelines. A majority (69%) of practice locations are using EMR dashboards/registries to monitor opioid prescribing.

- A large portion (81%) of the respondents reflected that the use of opioid therapy in treating chronic pain was only 1-4 hours in their academic degree training. About 78% mentioned they had received some type of continuing education on opioid use in chronic pain conditions within the past 2 years. Sixty percent did not feel they had the knowledge to appropriately wean or taper opioids.

- Training around risk mitigation strategies (i.e. urine screening, abuse deterrent opioids - ADOs) was identified 50% of the time. Experience with prescribing ADOs was low (80%).

- High majorities (81.7%) of PAs use the PDMP and have received education on its use (69.0%).

- The top three pain management techniques to address problems of abuse, misuse and diversion of opioids are accessing the PDMP, prescribing limited quantities of opioids, and avoiding prescribing of opioids.

- The main " tools " that are used for evaluating a patient 's possible substance abuse risk are social and family history (64.9%, 47.9%).

- Most indicated (66%) they would like further education in chronic pain management.

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Appendix A:

Chronic Opioid Use Assessment

A third party may be used to collate and report data from your responses. Students should take this survey to the best of their ability. Please note definitions-acute pain: pain <3 months; chronic pain: pain >3 months. Completely shade in the response oval that you select like this●. Do not cross out any questions nor write in the margins. Print neatly as this information will be computer read.

Practice Site (please select all sites where you are currently working:

◯ Internal Medicine ◯ Pain Management ◯ ED/Urgent Care ◯ Physical Medicine and Rehabilitation ◯ Student
◯ Family Practice ◯ Rheumatology ◯ Neurology ◯ Orthopedics ◯ Other*

*If you selected "Other" - please describe:

How many years have you been in practice? ◯ <5 years ◯ 5-10 years ◯ 11-20 years ◯ >20 years

Do you hold a current DEA license? ◯ Yes ◯ No

What WAPA Region are you currently practicing? See https://wapa.site-ym.com/?page=Regional_chapters
◯ Eastern ◯ Northern ◯ Southeastern ◯ Southwestern 4 ◯ Western

Pain Management and Chronic Opioid Therapy Prevalence

How many opioid prescriptions do you prescribe in an average month? ◯ 0-10 ◯ 11-25 ◯ >25

Consider the patients to whom you prescribe opioids. Of that population, how many have an acute or chronic pain diagnosis?

Acute pain diagnosis: ◯ <10% ◯ 10-30% ◯ 31-50% ◯ >50%
Chronic pain diagnosis: ◯ <10% ◯ 10-30% ◯ 31-50% ◯ >50%

Pain Management and Chronic Opioid Therapy Education

During your medical training, roughly how many hours of education on the assessment and the treatment of chronic pain did you participate in? ◯ 1-4 hours ◯ 5-10 hours ◯ >10 hours

During your medical training, roughly how many hours of education on the use of opioid therapy in the management of chronic pain conditions did you participate in? ◯ 1-4 hours ◯ 5-10 hours ◯ >10 hours

Within the past 2 years, have you received specific education on the use of opioid therapy in the management of chronic pain conditions? ◯ Yes ◯ No

Would you like more education on chronic pain management? ◯ Yes ◯ No

Pain Management and Chronic Opioid Therapy Practice Patterns

On a scale of 1 to 10, how comfortable are you with treating patients using opioid therapy for an extended period of time (> 3 months)?

	1	2	3	4	5	6	7	8	9	10	
(not at all comfortable)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	(most comfortable)

On a scale of 1 to 10, how comfortable are you with discussing the risk of opiates with patients?

	1	2	3	4	5	6	7	8	9	10	
(not at all comfortable)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	(most comfortable)

Do you feel you have the knowledge to appropriately wean or taper a patient off opiates? ◯ Yes ◯ No

On a scale of 1 to 10, how comfortable are you with treating patients using non-opioid pharmacological therapy (i.e. NSAID, SNRIs, antiepileptics) for an extended period of time (> 3 months)?

	1	2	3	4	5	6	7	8	9	10	
(not at all comfortable)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	(most comfortable)

Which of the following do you routinely document in the patients you are treating for chronic pain (pain >3 months)? (Indicate all that apply)

◯ Pain duration (acute vs. chronic)
◯ Pain location
◯ Type of pain (e.g. nociceptive, neuropathic, sensory hypersensitivity)
◯ Pain severity score (e.g., 0 to 10 pain scale)
◯ Level of function(e.g., changes in level of physical activity, mood, sleep, ability to work, social interactions)
◯ Brief Pain Inventory (BPI)
◯ I use a tool that incorporates all the responses above
◯ None of the above

Have you incorporated pain treatment guidelines and/or protocols into your practice?
◯ Yes → If you answered yes, are these guidelines incorporated into your EMR? ◯ Yes ◯ No
◯ No

Have you had any experience with prescribing or the utilization of abuse-deterrent opioid medications, i.e. Embeda, OxyContin, Hysingla? ◯ Yes ◯ No

Does your institution utilize dashboards within the EMR and/or a registry to monitor opioid prescribing? ◯ Yes ◯ No

Abuse/Diversion Education and Practice Patterns

Do you routinely use the Wisconsin prescription drug monitoring program (PDMP)? ◯ Yes ◯ No

Within the past 2 years, have you received specific education on the Prescription Drug Monitoring Program (PDMP) or prescribing requirements related to opioid therapy? ◯ Yes ◯ No

Have you ever received training on the risk mitigation strategies used in conjunction with the assessment and management of chronic pain? (e.g. urine drug screening, contracts, abuse-deterrent opioids, etc.) ◯ Yes ◯ No

Which of the following do you include in your patient management plan to address the problems associated with opioid abuse, misuse, and diversion? (Indicate all that apply)

◯ Opioid Treatment Agreement
◯ Opioid Risk Assessment Tools
◯ Assessment of pain severity score
◯ Assessment of patient function
◯ Assessment of aberrant behavior
◯ Assessment of adverse effects
◯ Screening for prior or current substance abuse/misuse
◯ Screening for comorbid psychiatric illness
◯ Urine Drug Screening
◯ Accessing your state's Prescription Drug Monitoring Program (PDMP)
◯ Pill counts
◯ Family member or caregiver interviews
◯ Referrals to pain management clinics or treatment centers
◯ Referral to medication assisted/substance abuse program
◯ Prescribing limited quantities of medication
◯ Consider abuse-deterrent opioids
◯ Avoid prescribing opioids
◯ None of the above

Which of the following tools does your practice use with patients to help determine factors associated with substance abuse? (Indicate all that apply)

◯ Family History
◯ Social History
◯ Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R)
◯ D.I.R.E. Score: Patient Selection for Chronic Opioid Analgesia
◯ Opioid Risk Tool (ORT)
◯ Patient Health Questionnaire 2 or 4 (PHQ 2 or 4)
◯ Adverse Childhood Experience Tool (ACE)
◯ Addiction Severity Index (ASI)
◯ Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
◯ Center for Adolescent Substance Abuse Research CRAFFT Questions
◯ Patient Stress Questionnaire
◯ Healthy Living Questionnaire
◯ Drug Abuse Screen Test (DAST)
◯ NIDA-Modified ASSIST (NM ASSIST) - NIDA Drug screening Tool
◯ Two-item Conjoint Screen (TICS)
◯ None of the above