Increasing Physician Confidence and Consistency in Controlled Substance Prescribing via Education and Office Policy

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Outline

- Importance of safely prescribing controlled substances
- How we addressed the issue
- What we learned
- Where to go from here?

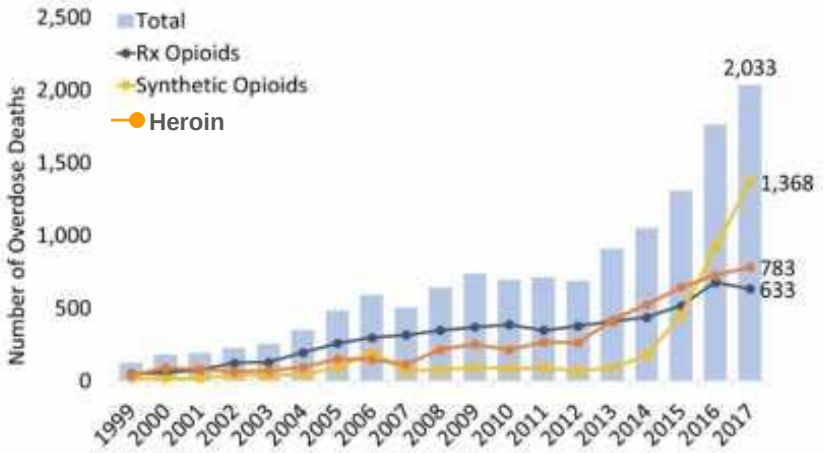
What is a Controlled Substance?

Patient Harm

Federal Scheduling: I-V

MI: 2033 or 21/100,000 Overdose Deaths

9% New HIV cases/year from IV drug use



https://www.drugabuse.gov/opioid-summaries-by-state/michigan-opioid-summary

How to Address this issue?

- **Federal:** Centers for Disease Control calls for regular Urine Drug Screens (UDS)

- **State:** Michigan law requires
  - “Bona Fide” provider relationship
  - Opioid Let's Start Talking (OST)

- **Previous clinic regulation/policy:**
  - Written policy and recommendation adherence
  - Requires yearly controlled substance agreement (CSA) and OST and review of MAPS
  - Lack of clear recommendations on UDS and chart documentation
  - Lack of teaching sessions to review and clarify policy and provide education on CSs and UDSs

Let's Start Talking

*** Required for all Schedule II Opiate Prescriptions ***

OPIOID START TALKING
(MUST BE INCLUDED IN THE PATIENT'S MEDICAL RECORD)
Michigan Department of Health and Human Services

Patient Name	Date of Birth

Name of Controlled Substance containing an Opioid

Dosage	Quantity Prescribed (For a minor, if signature is not the parent or guardian, the prescriber must limit the opioid to a single, 72 hour supply)

Number of refills

A controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse. My provider shared the following:

a. The risks of substance use disorder and overdose associated with the controlled substance containing an opioid.

b. Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance. (Required only for minors.)

c. Mixing opioids with benzodiazepines, alcohol, muscle relaxers, or any other drug that may depress the central nervous system can cause serious health risks, including death or disability. (Required only for minors.)

d. For a female who is pregnant or is of reproductive age, the heightened risk of short and long-term effects of opioids, including but not limited to neonatal abstinence syndrome.

e. Any other information necessary for patients to use the drug safely and effectively as found in the patient counseling information section of the labeling for the controlled substance.

f. Safe disposal of opioids has shown to reduce injury and death in family members. Proper disposal of expired, unused or unwanted controlled substances may be done through community take-back programs, local pharmacies, or local law enforcement agencies. Information on where to return your prescription drugs can be found at http://www.michigan.gov/deqdrugdisposal.

g. It is a felony to illegally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care prescriber.

I acknowledge the potential benefits and risks of an opioid medication as described by my provider along with the responsibility of properly managing my medication as stated above.

Signature of Prescriber (when prescribing to a minor)	Date

Signature of Patient, if a minor, patient's parent/guardian	Date

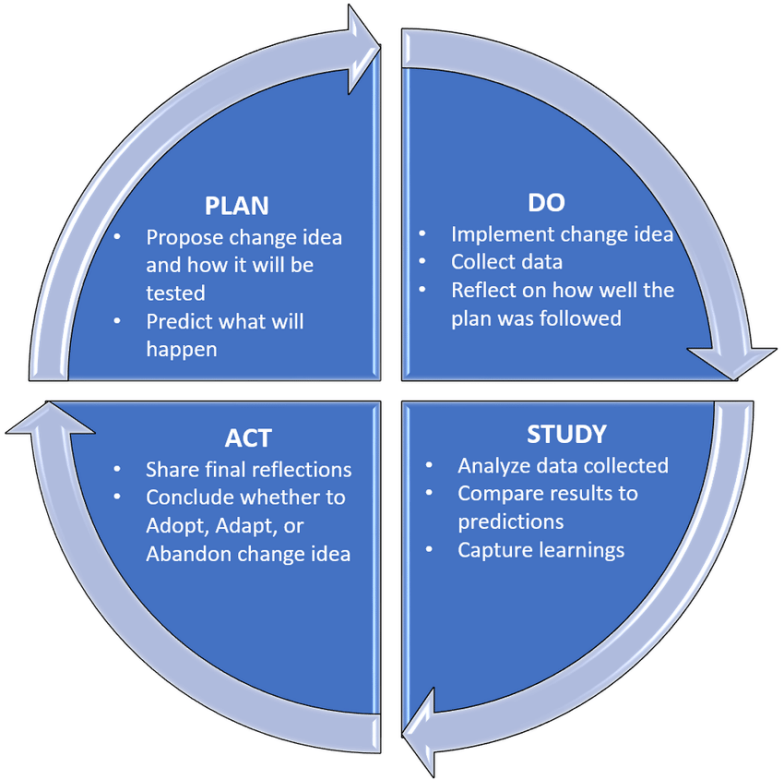
Signature of Patient's Representative or other authorized adult	Date

Printed Name of Parent/Guardian; Patient's Representative or other authorized adult

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.	AUTHORITY: PCA 246 of 2017, MCL 333.7303b and MCL 333.7303c COMPLETION: Required. PENALTY: Probation, limitation, denial, fine, suspension, revocation or permanent revocation.

Project Goal

1. **Ensure patient safety:** residents understand state and clinic CS policies
2. **Improve resident-reported prescribing confidence** by 90% through didactic education on controlled substances policies
3. **Improve prescribing consistency** of the following documentation by 90%:
    a. Signed CS agreement
    b. Signed OST form
    c. Obtaining UDS



Plan

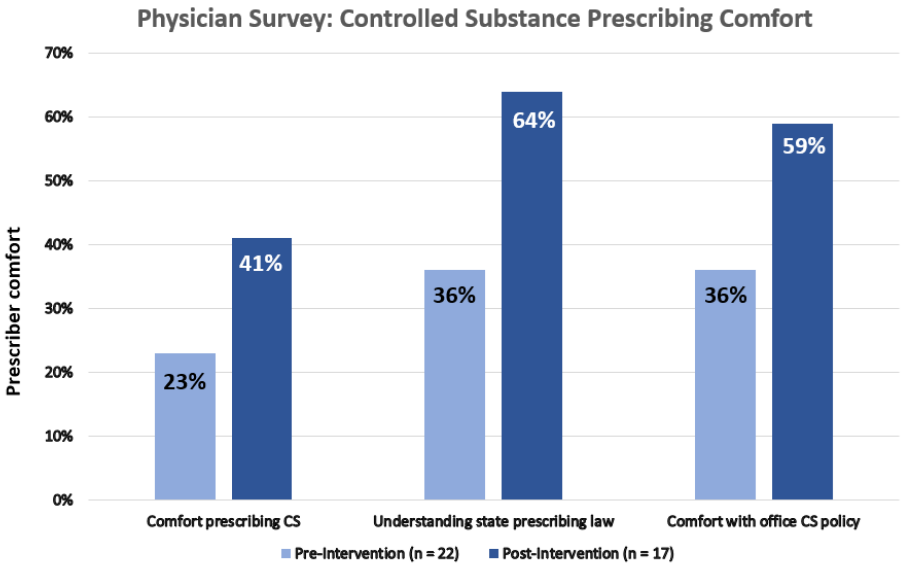
- **Baseline assessment**: chart review to determine physician prescribing consistency during July-September 2019
- **Revise** CS office policy to clarify UDS and chart documentation recommendations
- **Education Intervention**: didactics & handouts
- **Evaluation**
  - *Prescribing Confidence*: resident self-report using Likert-scale items and case scenarios
  - *Prescribing consistency:* post-Intervention chart review (1-month)

Do

- CS office policy revised and reviewed with staff and physicians during a weekly didactic session
- Our team presented educational PowerPoint and interactive scenarios to staff and physicians during another weekly didactic session
- Pre-surveys were sent via email approximately one week prior to education followed by post intervention survey immediately following the didactic

Study

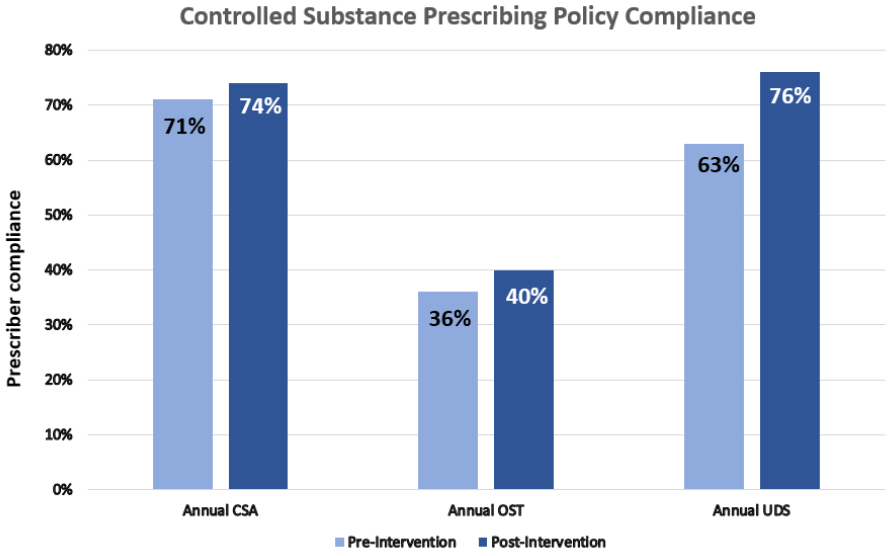
Improved physician controlled substance understanding and prescribing comfort



GOAL 90%

Study

Improved controlled substance prescribing consistency



GOAL 90%

Act

- Clarifying CS policies and providing education to physicians led to increases in CS prescribing comfort and prescribing consistency, but we did not reach our goal of 90%.

- While 64% and 59% understood state and office policies respectively, only 41% of physicians felt comfortable prescribing CS. A critical next step is thus to understand what physicians need to increase their comfort with CS prescribing and to use this information to inform subsequent interventions.

- Regarding prescribing consistency, only 40 % of charts had OST compared to 74 % CSA and 76% UDS. Hence, our next step will be to train MAs to assist with policy compliance.

- Finally, We will need to monitor the efficacy of our project over a longer intervention period.

Public Health Implications

- It is a challenge for physicians to know how to legally and safely prescribe CSs given the multiple levels of institutionalized recommendations
- Clear CS policies and taking time to educate physicians on these policies may improve physician confidence in CS prescribing and compliance with CS policies, which may ultimately lead to decreases in overdose deaths.

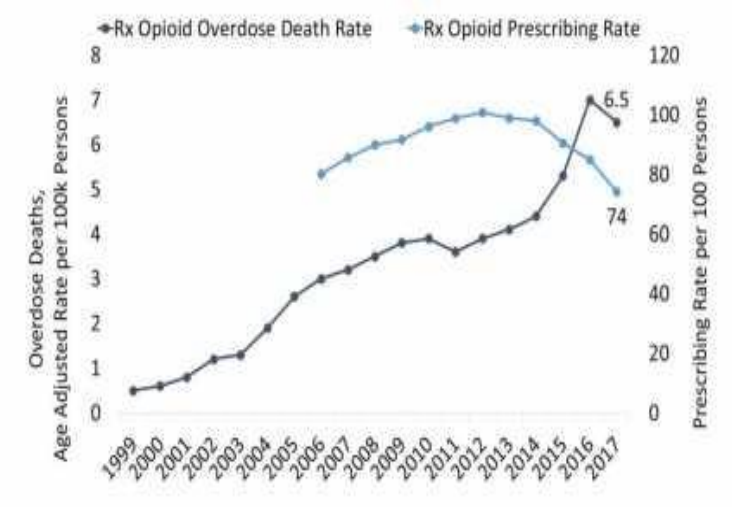


Figure 2. Michigan rate of overdose deaths involving prescription opioids and the opioid prescribing rate.

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Questions?

References

(1) Centers for Disease Control and Prevention. (2018). Quality improvement and care coordination: Implementing the CDC guideline for prescribing opioids for chronic pain. *National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, Atlanta, GA*. Retrieved from https://www.cdc.gov/drugoverdose/pdf/prescribing/CDC-DUIP-QualityImprovementAndCareCoordination-508.pdf

(1) Center for Disease Control and Prevention. (2011, November 4). Vital signs: Overdoses of prescription pain relievers - United States, 1999–2008. *MMWR Morb Mortal Wkly Rep*. 1487–1492.

(2) Department of Licensing and Regulatory Affairs (LARA) and the Michigan Department of Health and Human Services (DHHS). (2019, March 6). Michigan opioid laws. Retrieved from https://www.michigan.gov/documents/lara/LARA_DHHS_Opioid_Laws_FAQ_05-02-2018_622175_7.pdf

(1) National Institute on Drug Abuse. (2019, January 29). Overdose death rates. Retrieved from https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates