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## Background

- Prescribing Controlled Substances (CS) without regulations can lead to prescription misuse or abuse.
- Withholding CS from patients who need them can cause poor outcomes.
- Physicians lack training in CS management and feel underequipped to deal with CS safely.
- Telehealth visits accounted for nearly 70% of all visits nationally during the peak of the pandemic
- Recommendations and laws from governing bodies vary and have changed to accommodate telemedicine during the pandemic.
  - **Federal:** Centers for Disease Control calls for regular Urine Drug Screens (UDS).
  - **State:**
    - Requires a “bona fide” provider relationship, “Opioid Let’s Start Talking” form (OST) and Controlled Substance Agreement (CSA) for patients on CS.
    - Michigan updates laws in 2020 to allow for a “bona fide” relationship to include virtual visit (VVs).

## Quality Improvement Objectives

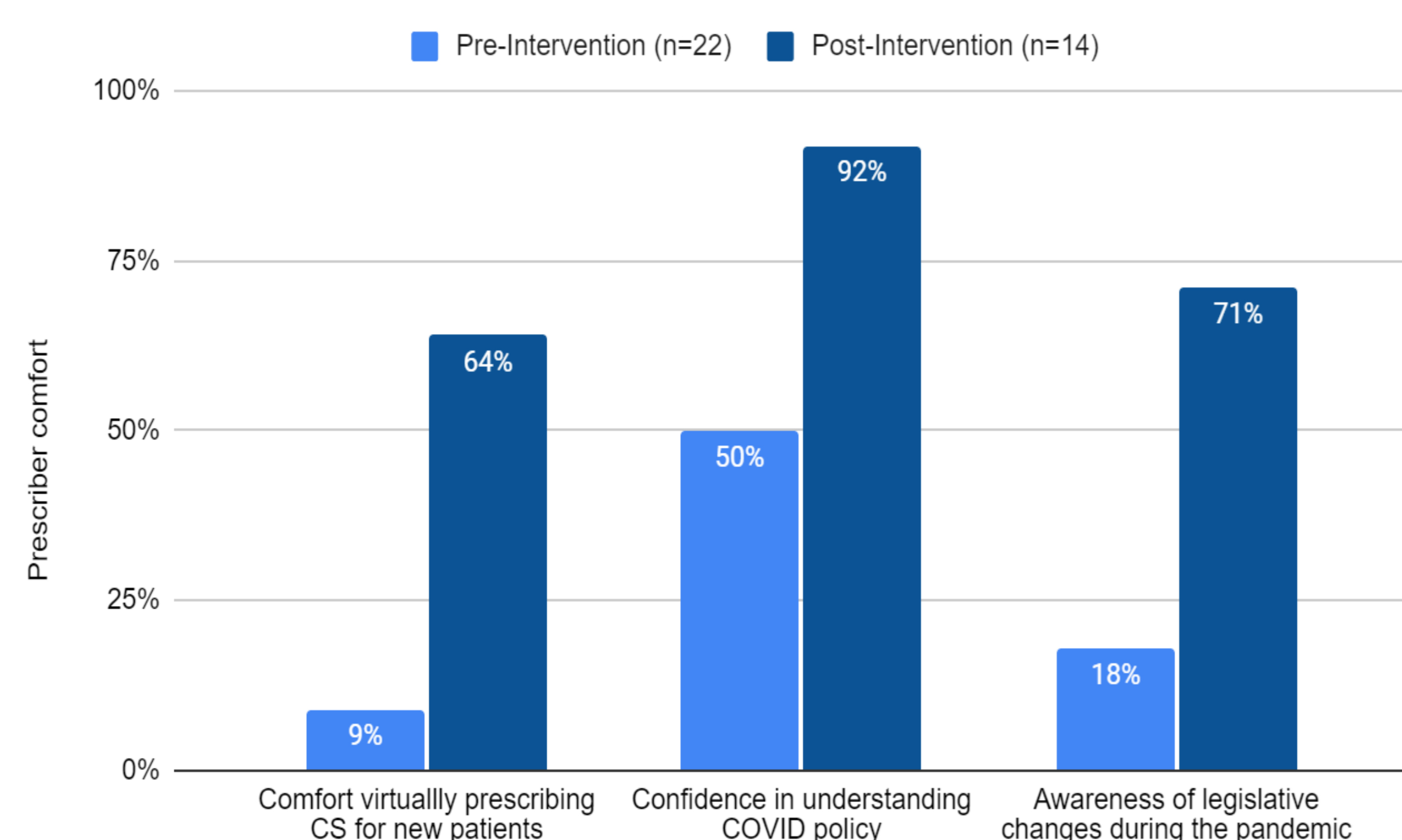
- **Patient safety:** Ensure residents and attendings understand the federal and state regulations and can safely manage CS during the pandemic.
- **Improve resident-reported prescribing confidence** by 90% through didactic education on controlled substances policies and virtual case-based teaching.

## Methods

- Attending (n=2) and resident (n=20) physicians at a community Family Medicine office were given a pre-intervention questionnaire to assess comfort with CS office policies, adequacy of CS education, CS laws and physician comfort prescribing during VVs.
- A brief intervention which consisted of a live video case-based presentation was administered.
- Cases were created based on actual encounters. Cases consisted of a summarized clinical encounter, multiple choice questions, and post-question discussions.
- Immediately afterwards a survey was emailed to reassess physician comfort and knowledge of CS prescribing.

## Results

Physician Survey: Controlled Substance Prescribing Comfort



## Results Continued

- Completion rate of the post-survey questionnaire was 63%.
- Our study showed increased physician comfort with managing CS through VVs for new and established patients.
- The interactive CS prescribing cases were found to be helpful by 78% of physician attendees.

## Discussion

- Case-based interventions appear to be beneficial in increasing provider comfort for CS management.
- Maintaining an interactive component of learning through case-based strategies can also improve engagement with on-line learning.
- One limitation of this study was the drop-out rate among those surveyed.
- Our work will continue through measurement of long-term outcomes.

## Public Health Implications

- With new restrictions regarding in-person office visits, it’s key that physicians are comfortable safely and legally prescribing CS.
- This study offers a window into the challenges and potential strategies to boost provider confidence in prescribing CS to bolster patient safety.