The Role of Continuing Education in Addressing the National Opioid Crisis: The *SCOPE of Pain* Program Experience

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Background

The FDA REMS

- In 2012, to address the opioid crisis, the U.S. Food and Drug Administration (FDA) implemented a Risk Evaluation and Mitigation Strategy (REMS) for Extended Release/Long-Acting Opioids
- A first-ever component of the REMS was the requirement that manufacturers (the REMS Program companies, or RPC) of extended-release/long-acting opioids fund provider education developed and implemented by accredited continuing education (CE) providers, based on an FDA curricular blueprint

Boston University School of Medicine's (BUSM) Safe and Competent Opioid Prescribing Education (*SCOPE of Pain*) Program

- Longest-running RPC-funded opioid REMS program (now in its 6th year)
- Online program (www.scopeofpain.org), live meetings, webinars, train-the-trainer program, trainer's toolkit with case discussion and role play, print monograph, video vignettes and audio short (podcast) series
- **133,846 participants** trained as of August 28, 2018

Objectives

1. Describe the *SCOPE of Pain* evaluation efforts to measure outcomes as defined by the FDA and desired by CE providers
2. Share evidence on the changes in clinician self-reported safer opioid prescribing practices
3. Share challenges and lessons learned in evaluating a national CE program focused on improving safer opioid prescribing practices

Methods

Repeated measures design with 3 data collection points:
1. pre-program (first 3 years only)
2. immediate-post program
3. two-months post program

Assess impact of *SCOPE of Pain* in **changing and maintaining** participants':
- Knowledge (to meet FDA requirements)
- Attitudes
- Confidence
- Clinical practice behaviors

Specific attention to **increased alignment with practices** in the FDA Blueprint

Results

Participation

As of Dec 31, 2017

	% (n) of participants from various US Divisions		
US Divisions	Y1 to Y4	Year 5	Total
Division 1 (New England)	24.9% (11710)	4.2% (3798)	11.3% (15508)
Division 2 (Mid-Atlantic)	12.7% (5974)	82.7% (74476)	58.7% (80450)
Division 3 (East North Central)	13.2% (6209)	2.8% (2529)	6.4% (8738)
Division 4 (West North Central)	3.5% (1635)	0.8% (701)	1.7% (2336)
Division 5 (South Atlantic)	15.7% (7371)	5.0% (4493)	8.7% (11864)
Division 6 (East South Central)	8.0% (3754)	1.0% (872)	3.4% (4626)
Division 7 (West South Central)	4.8% (2240)	0.8% (723)	2.2% (2963)
Division 8 (Mountain)	5.9% (2791)	0.9% (835)	2.6% (3626)
Division 9 (Pacific)	11.2% (5256)	1.9% (1679)	5.1% (6935)

In Year 5, New York State mandated pain management education for DEA licensed clinicians to be completed by July 2017. *SCOPE of Pain* was the first activity available to fulfill the mandate.

Funding for a train-the-trainer (TTT) program increased the reach in rural areas in Y1 and Y2.

Knowledge

- Across the 20 knowledge items asked in the post-assessment, average percentage of correct answers was 82.5% regarding opioid treatment and risk assessment (n=85,027-85,801)*
- Average knowledge maintenance of 68% (n=4,938-4,946)*

  Knowledge maintenance was reported as % of participants with correct answers in the post-assessment who also had correct answers at the 2-month post-assessment. Response rate: 5% (4,958/91,106)

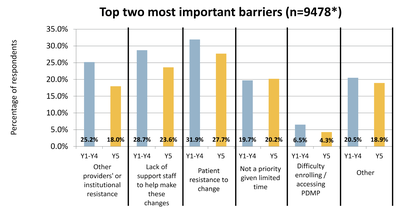
*some participants did not answer all questions

Intent to Change Practice

Year 5 includes participation from NY State clinicians with a DEA license mandated to complete a pain education training.

Intent to Change	Year 5 (n=84,082)	Years 1-4 (n=34,571)
Do you plan to make any changes in your practice based on what you learned in this activity? (% selected yes)	59% (n=49,213)	70% (n=24,208)
On which of these elements you plan to making changes (check all that apply): (percentage calculated among participants that reported "yes" to the above question) Top 3 elements		
Implement or improve patient education or communication relating to opioid prescribing (% selected)	44% (n=21,410)	51% (n=12,266)
Institute or improve Patient-Prescriber Pain Agreements with patients (% selected)	39% (n=19,179)	44% (n=10,651)
Improve documentation in patient medical records relating to opioid prescribing	38% (n=18,838)	46% (n=11,232)

Barriers to Change (2 Months Post Survey)



Bars represents the percentage of participants that selected the barrier either as the most or the second most important barrier they have encountered

* n:4957 for Y5; n:4521 for Y1-Y4

Actual Change (2 Months Post Survey)

- On average, 56% (n=4,957) reported increased confidence assessing, communicating with, and monitoring patients
- 53% (2,621/4,957) of participants reported implementing changes to their practice, system of care and/or patient care since participating in the program
- Among those that answered they did not made any changes in their practice (n=2,336)
  - 49% (1176/2,336) of participants selected "Not appropriate for my practice"
  - 12% (275/2,336) of participants reported they are already "doing it all".

Needs Assessment

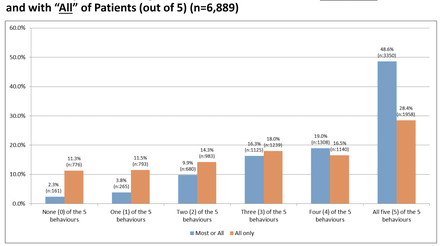
Pre-assessment Results

Prescribers continue to report low levels of employing opioid risk mitigation practices at pre-assessment.

Prior to attending a safer opioid prescribing training, 28% of *SCOPE of Pain* registrants reported performing each of five opioid risk mitigation practices for "all" patients prescribed opioids.

- Analysis restricted to Y1-3 SCOPE primary target audience
  - Physicians, APNs, PAs
  - Licensed to prescribe opioid analgesics
  - Specialty most involved in longitudinal management of chronic pain
    - Adolescent Medicine, Anesthesiology, Family Practice, Hematology and Oncology, Infectious Disease, Internal Medicine, Neurology, Obstetrics and Gynecology, Orthopedic Surgery, Pediatrics, Physical Medicine and Rehabilitation, Rheumatology, Sports Medicine

Number of Opioid Risk Mitigation Practices Performed with "All or Most" and with "All" of Patients (out of 5) (n=6,889)



Opioid Risk Mitigation Practices

Implement and co-sign a Patient-Prescriber Agreement (including informed consent and plan of care)
Inform my patients about taking prescription opioids exactly as prescribed (e.g., don't increase dose; don't crush tablets, etc.)
Educate my patient about safe storage and disposal of prescription opioids
Counsel my patients about risk of opioid-associated respiratory depression and overdose
Explain to my patient the methods I use to monitor opioid misuse (i.e., urine drug tests and/or pill counts)

Policy Implications: Safer opioid prescribing education should transition from knowledge-acquisition towards universal implementation of opioid risk mitigation practices.

Discussion

Limitations: Low response rate (5%) to follow-up (2 month post assessment)

- As program participation ↑ with state and institutional mandates, participation in the optional 2 month post assessment ↓

While results continue to show increases in participant knowledge, confidence and practice change, it is difficult to attribute changes over time to *SCOPE of Pain* only given multitude of concurrent national efforts addressing opioid crisis (national guidelines, state prescribing laws, naloxone distribution, etc.)

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