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New Study Says Direct Targeting of Prescriber Behaviors Trumps Education in Getting Opioid Doses Lower

March 19, 2015, NATIONAL HARBOR, Md. – Interventions to target prescriber behavior that included weekly updates and formal tapering plans were successful in lowering opioid doses where education alone failed. The description and results of the program, which used low-burden administrative interventions (LBAIs) to improve prescribing practices, were presented today in a scientific poster at the 31st Annual Meeting of the American Academy of Pain Medicine.

The study’s lead author said peer support and concrete goals to set a specific treatment plan were key to the program’s success.

“LBAIs are those that require little time and money to potentially make a big difference in patient care,” said Melissa Stone, Psy.D., who led the research team from Boston PainCare, in Waltham, Mass.

The team pointed to a growing body of research indicating that long-term high-dose opioid therapy may lead to decreases in functioning, worsened mood, lethargy and, for some, increased pain through hyperalgesia. Opioid prescribing guidelines recommend lowering opioid doses when possible (Chou et al, J Pain 2009, 10(2):113-30).

Yet education alone has failed to lower opioid doses for patients with chronic pain, and real-time efforts to address prescribing behaviors are often limited in scope and difficult to engineer in a clinical setting. Limited time, high caseloads and difficult interactions between patients and providers all may lead to maintaining patients at unhelpful opioid doses, the study authors said.

To test whether giving ongoing objective feedback through LBAIs could change prescriber practices, the researchers reviewed chart data for patients 12 weeks before and 12 weeks after the interventions, which included providing prescribers with:

- A weekly electronic list of patients currently on morphine dose equivalents of ≥200 mg
- Information on whether patients have a formal dose reduction plan
- Weekly group meetings to review cases of patients on opioids and establish plans to reduce dose in higher dose patients

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Patients actively enrolled in the Medication Management Program at Boston PainCare taking ≥200 mg morphine dose equivalents were reviewed at three time points for daily dose: November 2013 (n=78), February 2014 (n=72) and May 2014 (n=49).

The outcome was what the investigators hoped to see: No change was observed prior to the interventions; but at 12 weeks after, the percent of patients maintained on ≥200 mg morphine equivalents had dropped to 8 percent from 13 percent, and the average daily morphine dose of all patients was 246 mg, down from 280 mg.

“Through this seemingly small intervention, prescribers received both the support and preparation to properly address dose reductions as part of an overall treatment plan,” said Kelly Wawrzyniak, Psy.D., study co-author and member of the research team. Wawrzyniak described the interdisciplinary approach at Boston PainCare, which combines adjunctive treatments, including injections, physical therapy, mindfulness and behavioral therapy, to help maintain patients on their lowest required opioid dose and allow them to fully function. Results are forthcoming from a retrospective study showing reduction in opioid doses has in fact led to improved physical functioning, mood and overall well being for many patients.

There are also societal benefits to reducing opioid doses. According to the National Survey on Drug Use and Health (NSDUH), 12.5 million Americans used prescription pain relievers for nonmedical purposes in 2007, and total U.S. societal costs of prescription opioid abuse was estimated at $55.7 billion for that year.

The future may contain the production of patient-specific data reports, flags in the electronic health record and other visual prompts. Further research should examine both the usability and effectiveness of these tools in various practice settings and help determine the contributions to outcomes of other concurrent interventions, Wawrzyniak said.

Poster 197 – Targeting Prescribers’ Behavior in the Effort to Reduce Patients with Chronic Pain on High-Dose Opioid Therapy: The Impact of Clinician-Focused, Low-Burden Administrative Interventions on Patients’ Opioid Dose

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