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 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-month post-program

Assess impact of SCOPE of Pain in changing and maintaining participants’
1. Knowledge (to meet FDA requirements)
2. Attitudes
3. Confidence
4. Clinical practice behaviors

Specific attention to increased alignment with practices in the FDA Blueprint

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 analogics
- Specialty most involved in longitudinal management of chronic pain

Needs Assessment

Participation as of 04.14.2017

US States
Diamond State (New Jersey) 30.20% (27.07% 33.32% 31.45%)
District of Columbia (Washington, DC) 23.12% (20.14% 26.10% 24.76%) New York State 18.75% (16.88% 20.81% 20.83%)

US States
Florida 13.96% (12.14% 15.88% 16.70%)
District of Columbia (Washington, DC) 12.50% (10.59% 14.49% 14.98%) New York State 12.75% (11.51% 14.00% 14.05%)

US States
Florida 9.77% (8.79% 10.81% 11.85%)
District of Columbia (Washington, DC) 9.37% (8.39% 10.41% 11.44%)

US States
Florida 10.75% (9.77% 11.79% 12.84%)
District of Columbia (Washington, DC) 10.75% (9.77% 11.79% 12.84%)

US States
Florida 5.62% (4.64% 6.65% 7.69%)
District of Columbia (Washington, DC) 5.08% (4.09% 6.00% 6.98%)

Results

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 56% (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)

Intent to Change Practice

Year 4 includes participation from NY State clinicians with a DEA license mandated to complete a post-education training.

Among those that answered they did not made any changes in their practice (n=2,336)

49% (1,176/2,336) of participants selected “Not appropriate for my practice” (n=1,176/2,336)

53% (1,253/2,336) of participants reported implementing changes to their practice, system of care and/or patient care since participating in the program

On average, 56% (n=4,957) of participants reported increased confidence assessing, communicating with, and monitoring patients

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)

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.)

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

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Barriers to 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 make any changes in their practice (n=2,336)

• 49% (1,176/2,336) of participants selected “Not appropriate for my practice” (n=1,176/2,336)

• 53% (1,253/2,336) of participants reported they are already “doing it all”