

A Curricular Strategy for Training in Opioid Prescribing and Opioid Use Disorder



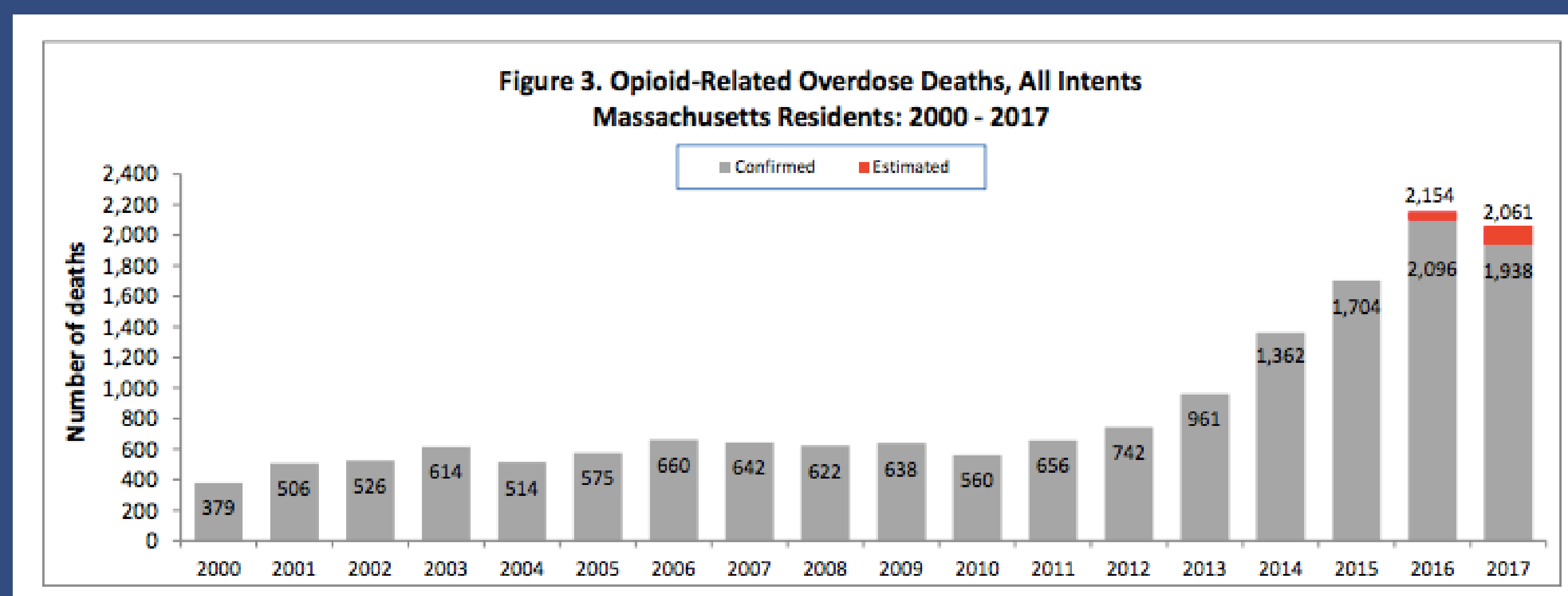
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TAP TO GO BACK
TO KIOSK MENU

Introduction/Problem

- Massachusetts ranks among the top ten states with the highest rates of drug overdose deaths involving opioids (Fig 1).
- Overprescribing of opioid medications may lead to misuse by the patient or diversion to others.
- Education on appropriate prescribing has been shown to reduce the quantity of opioids prescribed without increasing the rate of patient refill requests in the postoperative period.
- Treatment of opioid use disorder (OUD) is subject to provider bias, lack of resources, and substantial relapse risk.
- Medication assisted therapy is evidence-based, but remains underutilized.
- The BIDMC Opioid Care Committee (OCC) is charged with integrating existing resources and creating new strategies to address the continuum of opioid use and abuse.
- This includes primary prevention via patient and provider education on opioid prescribing and use, opioid alternatives, and treatment of OUD.

Figure 1



Data Brief: Opioid-Related Overdose Deaths among Massachusetts Residents, Massachusetts Department of Public Health, November 2018

Aim/Goal

The OCC will create, curate, and distribute a series of education modules for providers that can be customized by specialty, acute vs chronic pain management, provider type (trainee, attending, NP/PA) and location (BIDMC, community affiliates and clinics).

The Team

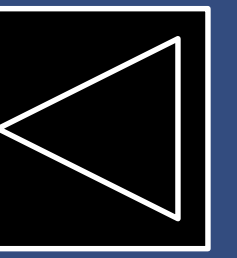
- Stephanie B Jones, MD, Chair, Opioid Care Committee; Vice Chair for Education, Department of Anesthesia, Critical Care and Pain Medicine
- Christopher F Rowley, MD, Department of Medicine, Division of Infectious Diseases
- Jaime Levash, Senior Project Manager, Silverman Institute for Health Care Quality and Safety
- M. Moris Aner, MD, Department of Anesthesia, Critical Care and Pain Medicine, Division of Pain Medicine

The Interventions

- Two content experts recruited from OCC assessed program director (PD) interest in creating a centralized curriculum.
- Overall, PDs agreed with need, however expressed reservations about adding further required web modules without meaningful learning.
- Survey emailed to all PDs (Table):
 - Do Accreditation Council for Graduate Medical Education (ACGME) program requirements include OUD and/or opioid prescribing?
 - Does current relevant training exist?
 - If so, which teaching formats were utilized?
- Small-group brainstorming yielded consensus on a hybrid approach
 - 2 web-based training modules by Boston University School of Medicine (www.scopeofpain.org and www.opioidprescribing.org) which cover:
 - Safe prescribing methods, assessing pain and prescription opioid misuse risk, how to educate patients, identifying opioid-taking behaviors, understand safe taper methods, and identify and manage patients with an opioid use disorder
 - Create a bank of case stems to assess knowledge, identify gaps, and facilitate small group discussions.
 - Programs will select a set of relevant cases for use.

For more information, contact:

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Results/Progress to Date

Table: Program Director survey on existing opioid training
14 out of 55 programs responded

Training program	ACGME program requirements	Formats utilized for opioid education
Anesthesiology	No	Grand rounds Small group
Cardiac Electrophysiology	No	None
Endocrinology	No	None
Hematology Oncology	No	Small group
Internal Medicine	No	Small group Clinical rounds Grand rounds
Interventional Radiology	No	None
OB/GYN	No	Small group Grand rounds
Pain Medicine	Yes	Small group Grand rounds
Pathology	No	None
Reproductive Endocrinology/Infertility	No	Grand rounds
Rheumatology	No	Grand Rounds
Surgery	No	Grand Rounds Small group
Surgical Critical Care	No	Grand Rounds
Vascular Neurology	No	MA BORM online CME Grand rounds

- “Champions” representing a cross-section of specialties meeting to produce case stem bank.
- Curriculum will be initiated for the 2019-20 academic year.
- PDs and trainees will be surveyed:
 - satisfaction with approach
 - improved knowledge regarding opioid prescribing, OUD recognition and treatment
 - Improved comfort with opioid prescribing, OUD recognition and treatment

Lessons Learned

- Scheduling of PD meetings for review of education plan and case stem writing was challenging and delayed roll out. Important to identify **interested and available** champions (not necessarily PDs).
- **Feasibility** is important. Combined use of existing resources and customization rather than reinventing the wheel.
- **Time** must be dedicated outside of committee meetings to create case stems. Examples were key to getting process started.

Next Steps

- The long term goal of the OCC is to improve prescribing patterns in pain treatment (fewer opioids, more multimodal therapies) without sacrificing patient satisfaction, and increasing recognition of and access to treatment of OUD.
- Consistent education of our front-line prescribers is the first step, fully integrated into program curricula.
- Development of an opioid prescribing dashboard is in progress to provide practice-level feedback to trainees.
- Plan to expand curriculum to advanced practice providers (APPs) at BIDMC and community affiliates.
- Make OUD training available on a regular basis so patients throughout the medical center can readily obtain counseling and treatment.

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