Opioid Policy and Primary Care Practice

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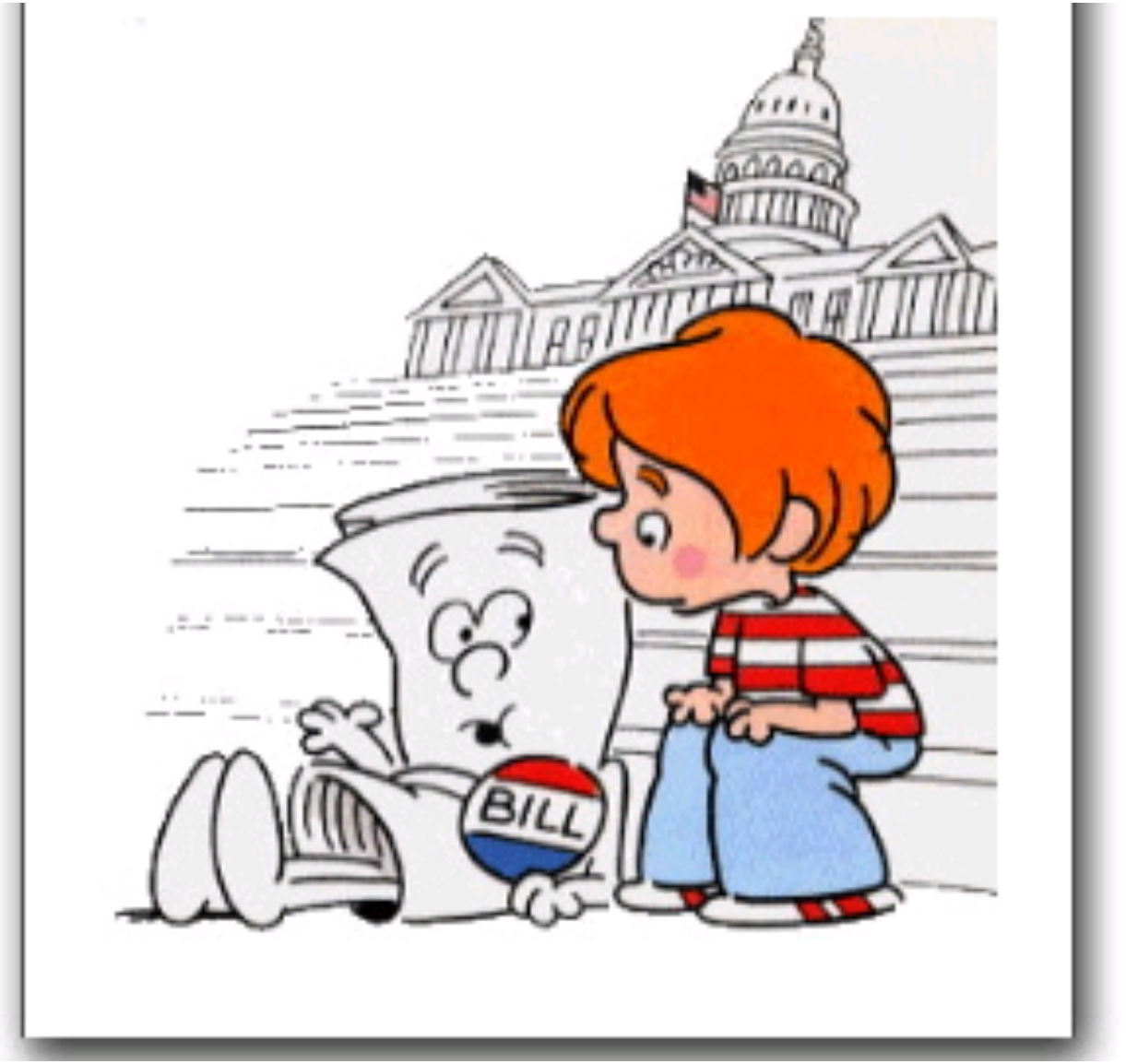
Themes Covered

- Summary of health policy impact on medical practice
- Evidence-based research impacts legislation
- Significant research gaps

The health policy landscape: There oughta' be a bill



Legislation's Affect on Our Practice

Some good:

- Improve patient care
- Streamline processes
- Expand resources for practice
- Increase clinical skills

Some bad:

- Increased administrative burden
- Harms patients and hurts access
- Adds risks and increases liability
- Rarely evidence-based

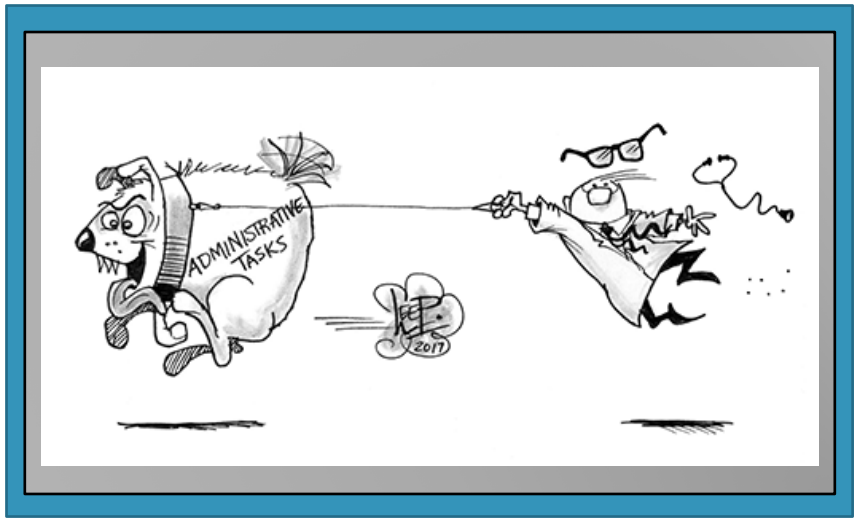
If legislators don't hear from us, they assume we are in support !

Legislation dictating the practice of medicine versus professional discipline?

- Opioid **prescribing limits** by pill count, duration and age
- Mandated **naloxone** education and prescription offer
- **CURES database** breadth of use & required clinic protocols
- Mandated **patient education** topics in clinical practice
- Mandated **electronic prescribing** by 1/2021

Increased patient engagement versus administrative burden?

- Mandated diagnosis on **prescriptions**
- Mandated **education** topics in clinical practice
- Mandated **screening** for SUD & other risks
- **Serialization** of prescription paper



Increased clinical knowledge versus misguided oversight?

- **Mandatory CME** on risks for SUD, treatment and management
- Mandatory **adoption of clinical prescribing protocol;** medical record documentation when deviation
- Medical Board's **retroactive review of death records** related to opioid overdose

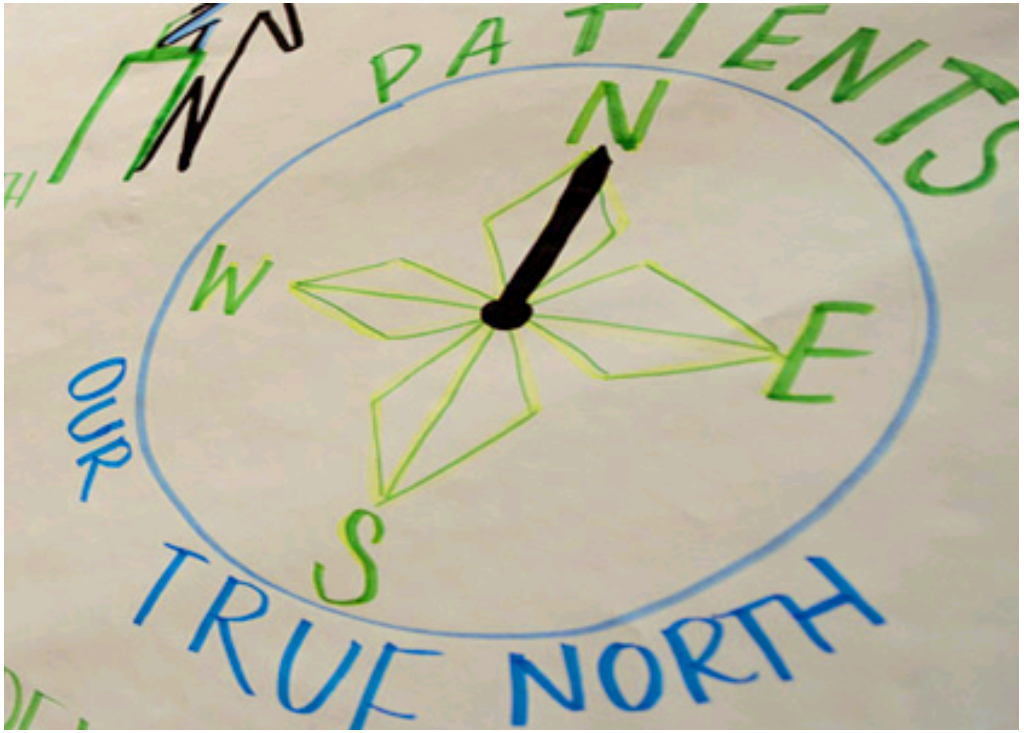
In CA, the top 5% of clinicians wrote 30% of prescriptions and 49% of total MED.

Schneberk T. Ann Emerg Med. 2018 Jun;71(6):668-673.

What does the evidence say about initiatives implemented through policy?

MEDICAL PRACTICE	LEVEL OF EVIDENCE FOR POLICY	CURRENT OR PROPOSED LAW
Naloxone saves lives-strong evidence in limited circumstances	LIMITED	Mandatory prescribing and education at each prescription
PDMDs improve prescribing practices	OPINION	Frequency, varied drugs monitored, etc.
Serialized prescriptions deter forged prescribing	NONE/LOW IMPACT	Prescription pads with serial numbers
Evidence of increased mortality at higher MED	GOOD	Mandated limits on days supply, number of pills, age limits & MED ceilings
Evidence of increased rates of SUD with chronic opioid use	GOOD	Mandated limits on days supply, number of pills, age limits & MED ceilings
Deterrents for unsafe prescribing practices by prescribers	NONE	Case review of opioid deaths associated with unsafe prescribing practices

Research gaps to inform clinical care…and sound health policy



Key research questions…

- Best methods for **deploying new clinical skills** in medication management, MAT use, and tapering
- Understanding the **consequences of SUD diagnosis** on access to treatment, adequacy of pain treatment, stigma on controlled med use
- Optimal **treatment programs for SUD** including methamphetamines, opioids, and others
- **Public health strategies** to curb the rising use of heroin and methamphetamine
- Determine skills needed, how to train, and how to distribute **health care workforce** to optimally treat SUD

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