

Impact of the Opioid Epidemic on Health Professions

Tri-Regulator Symposium 2017

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Convener, Conjoint Committee on Continuing Education

Disclosures

- Full-time employee CMSS
- Member, Board of Directors, Friends of the National Library of Medicine
- Licensed in Kansas and California
- Participating in ABMS Maintenance of Certification (MOC)
- Official Observer, House of Delegates, FSMB
- Several past FSMB committees and task forces

Conjoint Committee on Continuing Education

- The CCCE's **goal** is to use accredited continuing education for health professionals to improve the performance of the U.S. health care system.
- The CCCE's **strategic focus** is to improve health professionals' knowledge, performance and patient outcomes through educating prescribers of opioid analgesics, and their collaborative health care teams, in FDA's Risk Evaluation and Mitigation Strategies (REMS) for opioid analgesics.
- The various health professions are **working** to use our educational tools to stem the public health crisis of unintended deaths from prescription opioid analgesics.

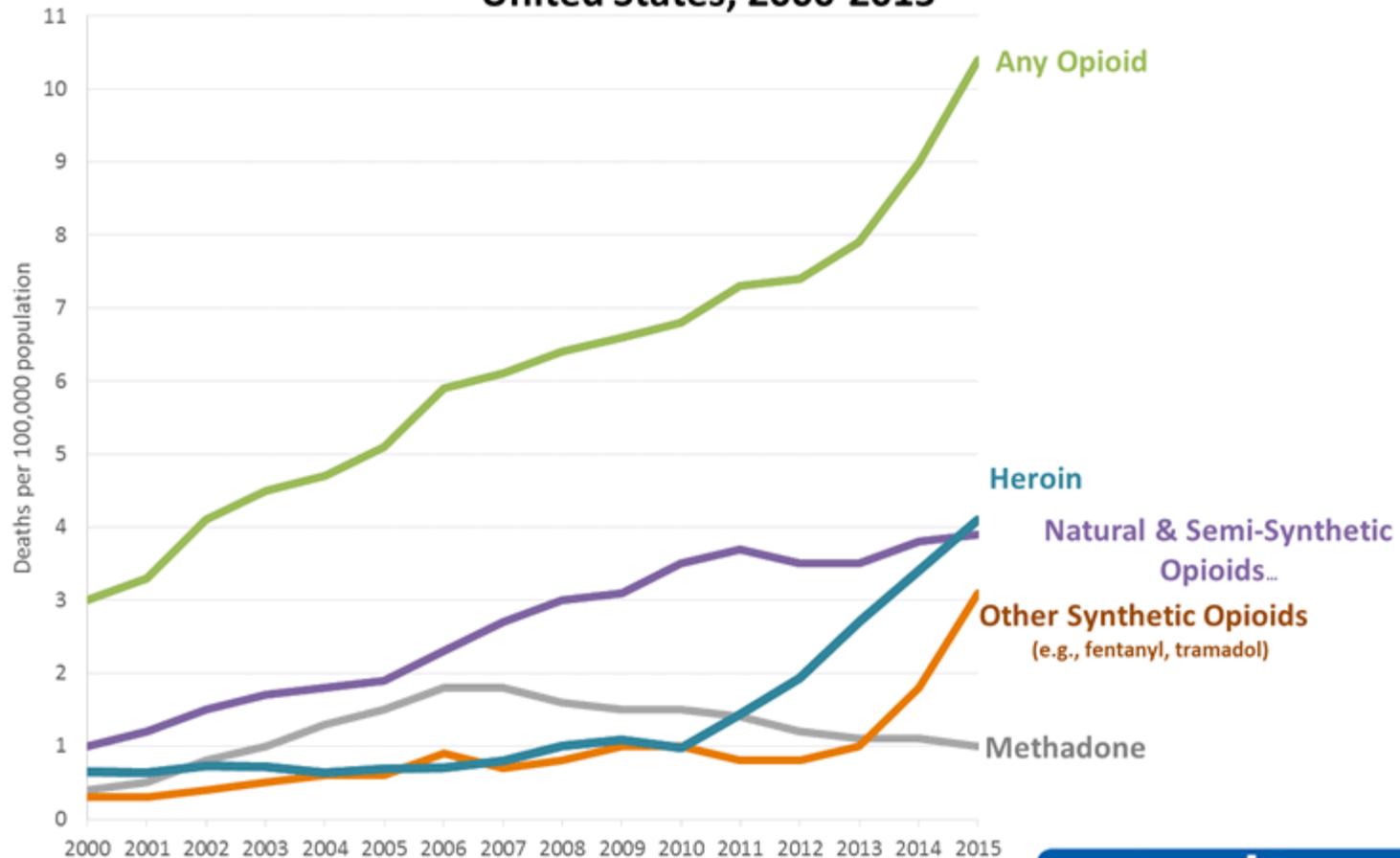
CCCE Members

- Accreditation Council for Continuing Medical Education
- Accreditation Council for Graduate Medical Education
- Accreditation Council for Pharmacy Education
- Alliance for Continuing Education in the Health Professions
- Alliance of Independent Academic Medical Centers
- American Academy of Family Physicians
- American Academy of Physician Assistants
- American Association of Colleges of Nursing
- American Association of Colleges of Osteopathic Medicine
- American Association of Nurse Practitioners
- American Board of Medical Specialties
- American College of Physicians
- American Dental Educators Association
- American Hospital Association
- American Medical Association
- American Nurses Credentialing Center
- American Osteopathic Association
- Association for Hospital Medical Education
- Association of American Medical Colleges
- Council of Medical Specialty Societies
- Federation of State Medical Boards
- The Joint Commission
- Journal of Continuing Education in the Health Professions
- National Board of Medical Examiners
- Society for Academic Continuing Medical Education

Statistics

- deaths each day in the US from opioid overdoses
 - 91
- deaths each day from motor vehicle accidents
 - 96
- deaths each day from gun violence
 - 93 (62% are suicides)
- Deaths each day from suicide
 - 121 (50% from firearms) (20 are veterans)
 - Sources: CDC, ASAM, others

Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2015



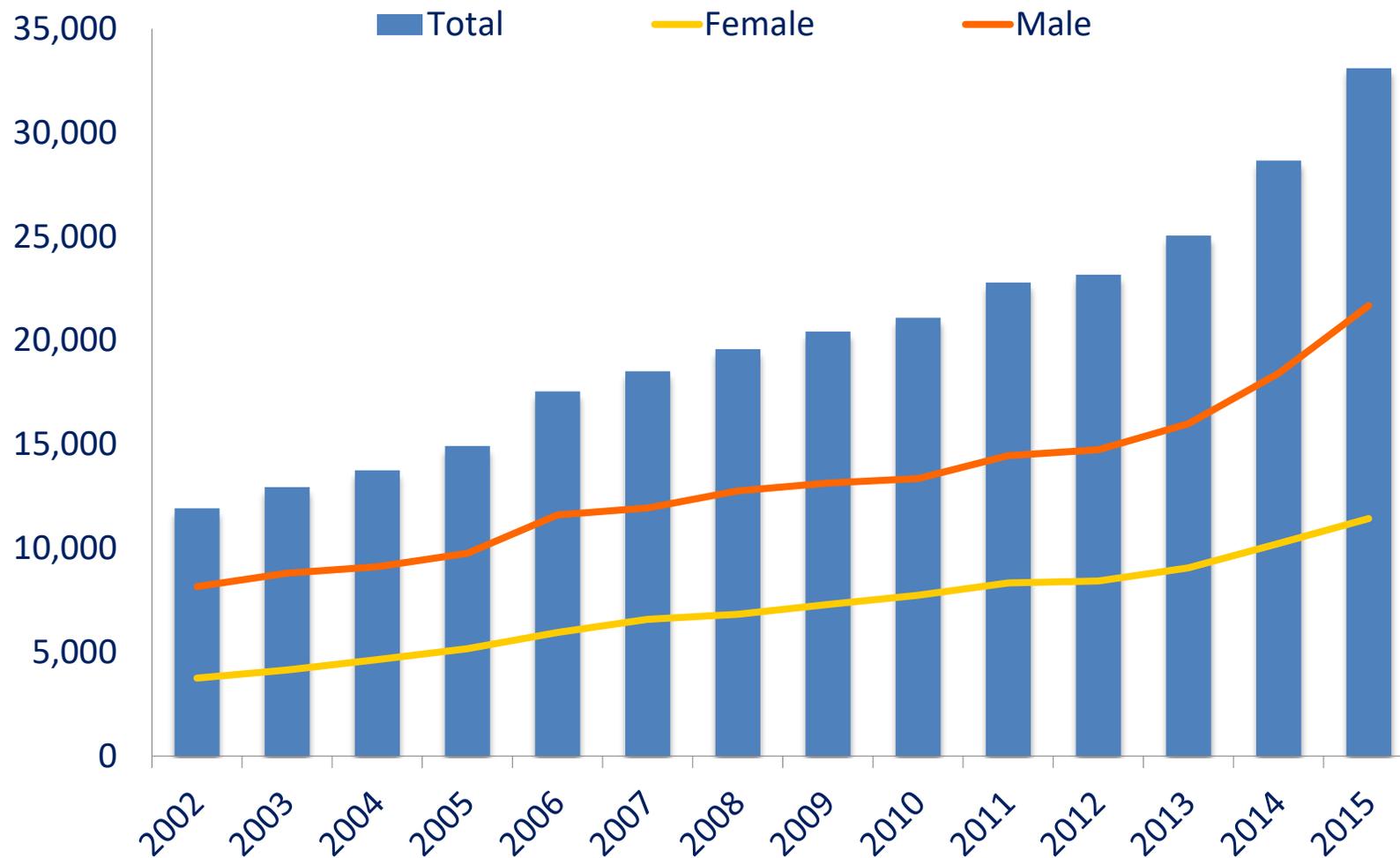
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information



National Overdose Deaths

Number of Deaths from Opioid Drugs

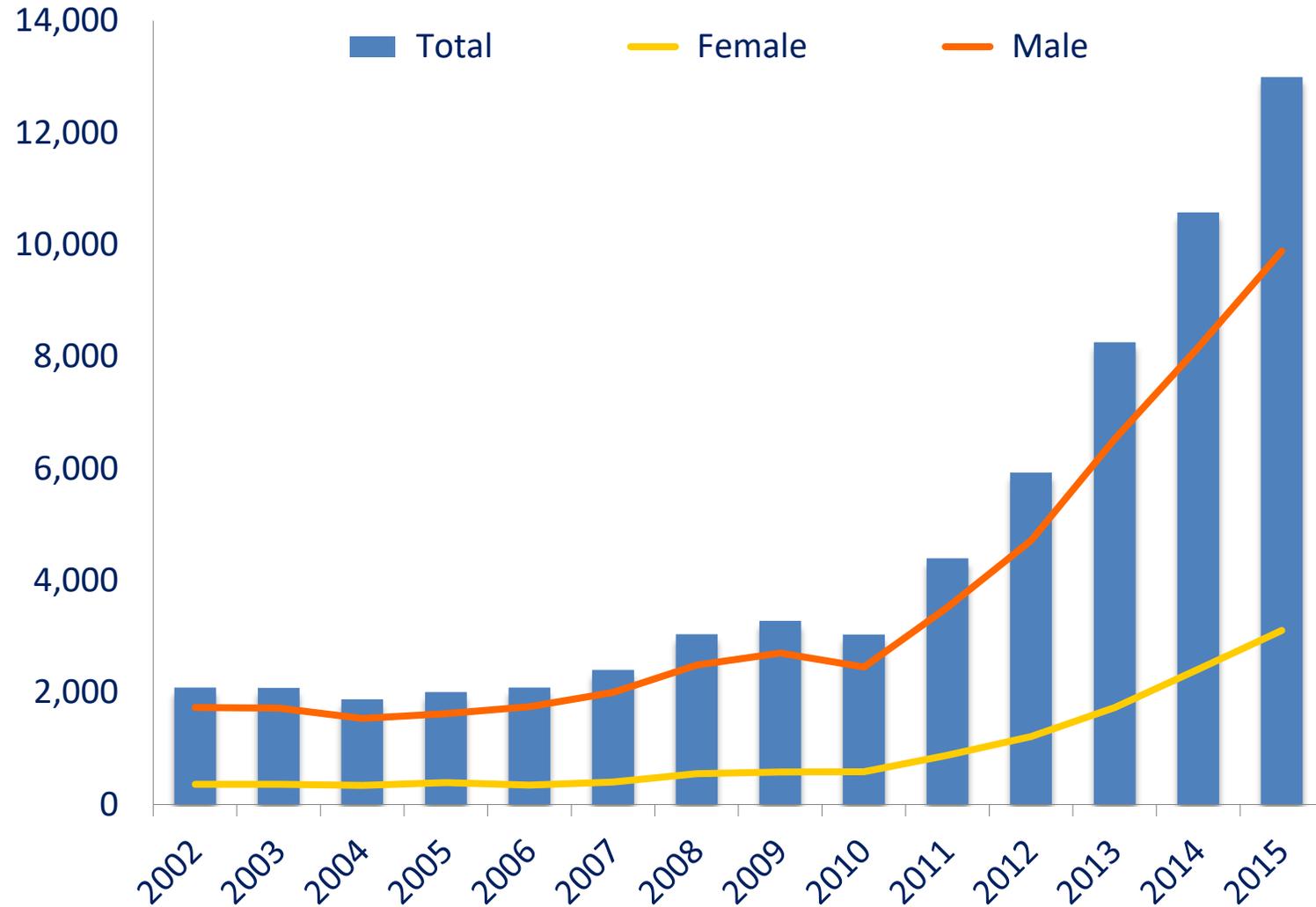


Source: National Center for Health Statistics, CDC Wonder



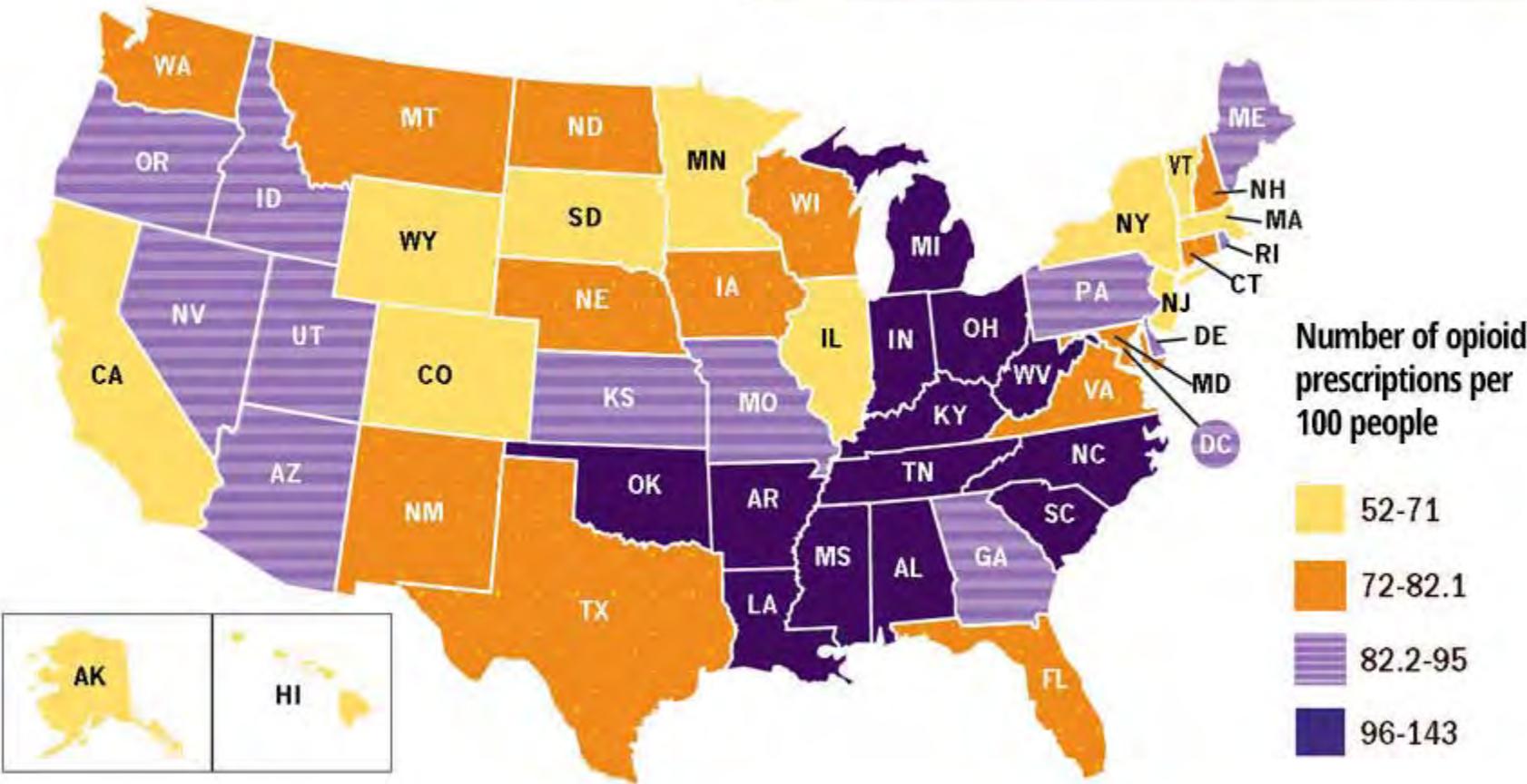
National Overdose Deaths

Number of Deaths from Heroin



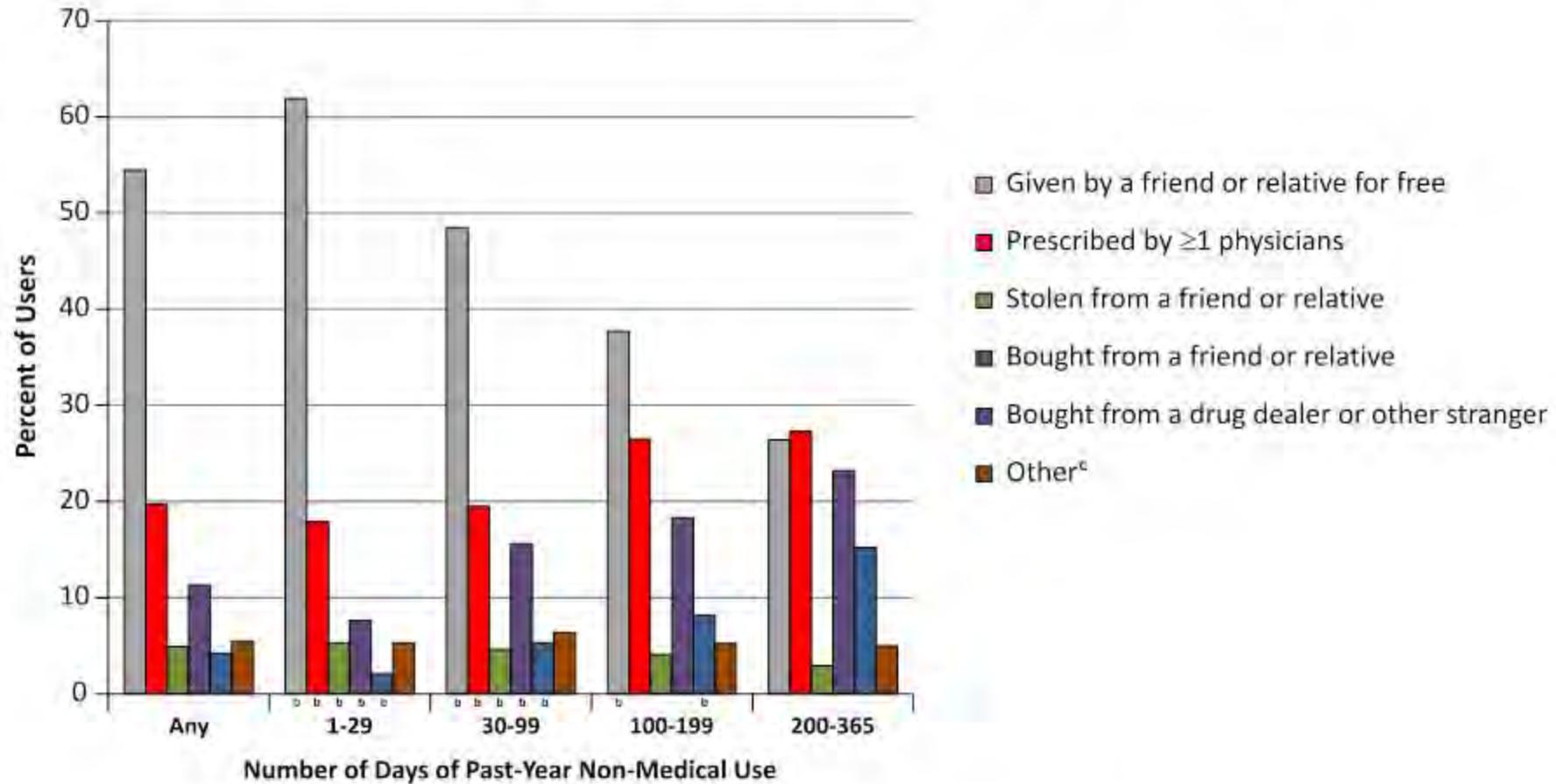
Source: National Center for Health Statistics, CDC Wonder

Some states have more opioid prescriptions per person than others.



SOURCE: IMS, National Prescription Audit (NPA™), 2012.

Sources of Prescription Opioids Among Past-Year Non-Medical Users^a



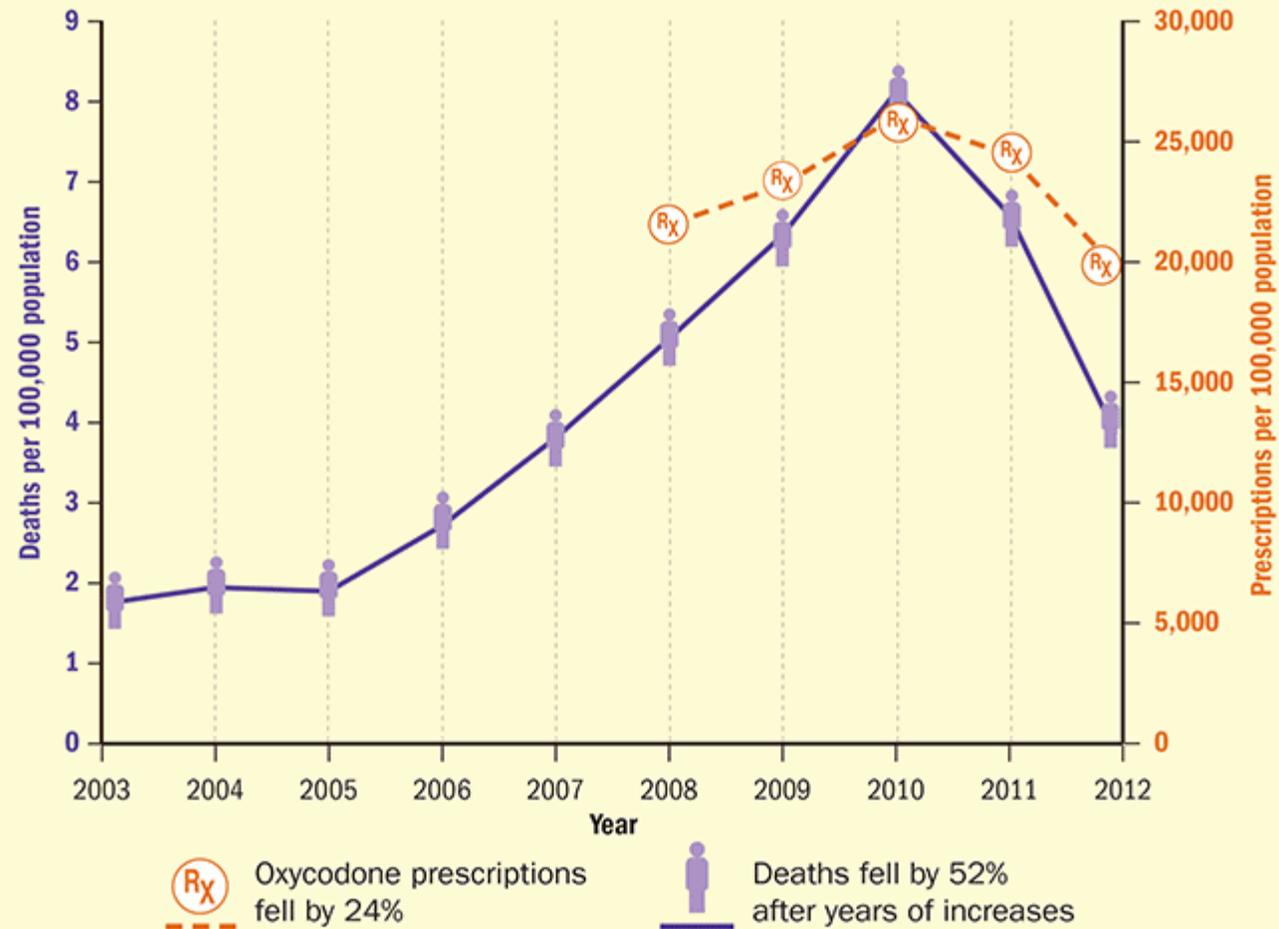
^a Obtained from the US National Survey on Drug Use and Health, 2008 through 2011.⁵

^b Estimate is statistically significantly different from that for highest-frequency users (200-365 days) ($P < .05$).

^c Includes written fake prescriptions and those opioids stolen from a physician's office, clinic, hospital, or pharmacy; purchases on the Internet; and obtained some other way.

SOURCE: Jones C, Paulozzi L, Mack K. Sources of prescription opioid pain relievers by frequency of past-year nonmedical use: United States, 2008–2011. JAMA Int Med 2014; 174(5):802-803.

New laws and enforcement reverse trends in oxycodone prescribing and related deaths in Florida



SOURCE: Decline in Drug Overdose Deaths After State Policy Changes – Florida, 2010-2012. Morbidity and Mortality Weekly Report, July 1, 2014

Real People

- Aaron, age 19
- and...

Leading Change

John P. Kotter, Harvard Business Review, 2007

- Establish a sense of urgency
- Build a guiding coalition
- Articulate a vision
- Communicate the vision
- Empower others to act
- Cultivate short-term wins
- Consolidate improvements and create more change
- Institutionalize new approaches

Working together since 2012

- **CCCE**
- **FDA**
- **RPC**
- **Educational Partners**
- **Professional Accreditors**

CCCE Workgroups 2014

- Workgroup #1 - IPE Collaboration & Stakeholders
- Workgroup #2 - CE Assessment and Evidence of Impact & Alignment of Quality Outcomes
- Workgroup #3 - Design & Delivery & Assessment Individualize Test Out
- Workgroup #4 - Promotion & Marketing

CCCE Workgroups 2016

- Workgroup #1 - Data Collection
- Workgroup #2 - Outcomes Assessment
- Workgroup #3 - Promotion & Marketing
- Workgroup #4 - Educational Content & Methods

Successful Strategies

- **Quality educational activities**
 - 90 On-line (more participants)
 - 647 Live (more completers)
 - Incorporate the Blueprint (to include IR, as well as ER/LA, team education)
 - Tailored to need
- **Quantity educated**
 - >767 activities
 - >208,000 completed education (ACCME PARS +)
 - >100,000 registered to prescribe
 - >62,000 prescribers in the past year
 - Prescribers and practice team members (how do the Tri-Regulators define team?)
 - Tailored to audience (rural NP vs oncologist vs dentist)



Healthcare
is delivered
in teams.

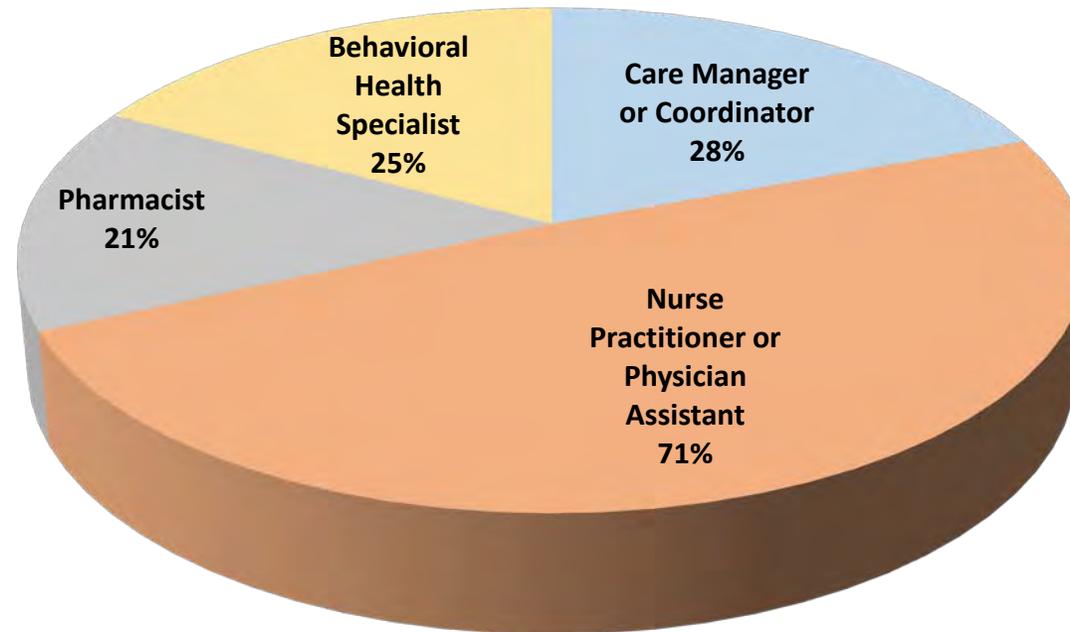


Primary Care Practice Teams

(in addition to doctors and nurses)

Staff at Primary Location

2,000 patients in panel



Challenges

- Rarely prescribing - therefore not recognizing such education as a priority
- The prescriber is the expert - therefore not sensing a need to take advantage of the education
- Lack of awareness
- Trusting enforcement to manage the problem
- Requiring 2-3 hours of education discourages some from participating
- Mandated state CE other than pain management or opioid prescribing - results in clinicians forgoing opioid education to fulfill other requirements
- Overwhelmed by the many demands on practice

Practice Burdens

- Electronic Health Records – add time and make workflow complex
- Performance Measurement – multiple measures for multiple payers
- Maintenance of Certification – perceptions of relevance
- Payment Reform – preparing for moving from PQRS and MU to APMs and MIPS

Typical Responses

- *“I see the need to improve my practice in this challenging area”*
or...
- *“I don’t prescribe very often, I’m not part of the problem, I don’t have time (or energy) for one more thing ... so I’ll pass”*

Mandatory Education

- 40 state Medical and Osteopathic Boards currently mandate content-specific continuing education (CE)
 - End of life care
 - Domestic violence
 - Infection control
 - HIV/AIDS
 - Bioterrorism
 - Pain management (28 state Boards)
 - Prescribing practices (12 state Boards)
- Mandatory CE is perceived as a burden and results in “box-checking” behavior – clinicians seek credit over learning or practice change
 - *“Let’s get it over with and go back to practice as usual”*
- Inconsistent across states, and not consistent with FDA Blueprint
- No evidence of effectiveness of mandatory CE at the state level (no published studies)
 - 2003 nursing study – nurses traded desired CE for required CE
 - If the goal is specifically to increase the number of clinicians educated, without measuring increases in knowledge, competence or performance, mandatory CE is a reasonable strategy

Voluntary Education

- Voluntary CE is self-assessment of need – Clinicians seek learning and practice change more than credit
- CE changes competence – 95% (ACCME PARS)
- CE changes performance – 65% (ACCME PARS)
- CE addresses benchmarked competencies
 - ACGME/ABMS/AAPA
 - IOM (NAM)
 - Inter-professional Education Collaborative (IEC)
- If the goal is to increase clinician knowledge, improve practice performance, or improve outcomes, voluntary CE is an effective strategy

Individualized Education

- Also called “personalized education”, “incentivized education” or “adaptive learning”
- Self-assessment based on FDA Blueprint and state requirements (multiple choice questions)
- Immediate feedback = individualized needs assessment (gap analysis)
- Educational interventions: rationale for correct answers and alternatives, references/links – tailored to each individual’s needs assessment
- Threshold to “pass” (incentive of 100%)
- May be completed in one sitting or over a period of time
- Currently in use by several ABMS certifying boards

Aligned Educational Incentives

- CE credit (in the clinician's profession)
- Maintaining board certification (if applicable)
- Maintaining On-going and Focused Professional Practice Evaluation (OPPE/FPPE, Joint Commission)
- Periodic re-licensure by states
- CE/Improvement Activities under CMS' Merit-based Incentive Payment System (MIPS)

Alignment of Multiple Agencies

- FDA
- DEA
- ONDCP
- HHS
- CDC
- Surgeon General
- SAMHSA
- NIDA
- HRSA
- States
- President's Commission

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