Impact of the Opioid Epidemic on Health Professions

Tri-Regulator Symposium 2017

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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

- Any Opioid
- Heroin
- Natural & Semi-Synthetic Opioids
- Other Synthetic Opioids (e.g., fentanyl, tramadol)
- Methadone

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.

Number of opioid prescriptions per 100 people
- Yellow: 52-71
- Orange: 72-82.1
- Purple: 82.2-95
- Dark purple: 96-143

SOURCE: IMS, National Prescription Audit (NPA™), 2012.
Sources of Prescription Opioids Among Past-Year Non-Medical Users

- Given by a friend or relative for free
- Prescribed by ≥1 physicians
- Stolen from a friend or relative
- Bought from a friend or relative
- Bought from a drug dealer or other stranger
- Other

* Obtained from the US National Survey on Drug Use and Health, 2008 through 2011.¹
² Estimate is statistically significantly different from that for highest-frequency users (203-365 days) (P < .05).
³ 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.

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

Real People

• Aaron, age 19

• and...
Leading Change

• 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)

2,000 patients in panel

![Pie chart showing the breakdown of staff at primary location.]

- Nurse Practitioner or Physician Assistant: 71%
- Care Manager or Coordinator: 28%
- Pharmacist: 21%
- Behavioral Health Specialist: 25%
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
Leading Change

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• Institutionalize new approaches