The Prescription Opioid Abuse Epidemic

• In 2010, 1.2 million ER visits for prescription drug abuse (of 23 million total drug-related visits).
• 18% of opioid abusers in the past year received them directly from 1 doctor.
• Over the past 20 years, opioid Rx’s have increased 4X.
• > 100 million chronic pain patients in US, with estimates of abuse ranging from 3%-26%.

Project Overview

• In 2009, NIDA unveiled its outreach initiative, NIDAMED, specifically to help physicians, medical interns and residents, and other clinicians understand and address the complex and growing problem of prescription drug abuse.
• NIDAMED makes materials from NIDA Centers of Excellence (CoE) for Physician Information available online.
• The overarching goal of this project is to develop continuing medical education resources on the topic of prescription drug abuse that build on the current NIDA materials and facilitate clinicians with available resources.

Project Design

Task 1: CME Module Development

• Design, develop and launch two 1.25-1.75 credit, CME/CE certified, self-paced learning modules, hosted on the Medscape Education Web site and accessible via the NIDAMED web site.
• Display the Medscape “Test and Teach” approach to content and experience design, which combines case-based learning, didactic instruction, and communication video modeling.

CME Module Objectives for Pain

• Module #1: Safe Prescribing for Pain
• Communicate effectively and nonjudgmentally with patients regarding opioid use and abuse.
• Screen for drug abuse, including nonmedical use of Rx drugs.
• Evaluate patient risk for opioid pain medication abuse.
• Module #2: Managing Pain Patients Who Abuse Prescription Drugs
• Assess and monitor patients taking opioids for abuse.
• Propose nonjudgmental communication strategies to engage patients in dialog.
• Formulate treatment management and possible referral plans to prevent and address opioid addiction.

Project Design

Task 2: Recruitment and Distribution

Draft and implement a comprehensive marketing and dissemination plan to promote the two learning modules, CME components, and mobile application. Specific objective for this task are to:

• Create and implement a recruitment and distribution plan and budget.
• Recruit at least 1,000 practicing physicians to complete the CME activities.
• Partner with at least two medical schools to include the learning module in their coursework, reaching a minimum of 200 students.

Recruitment and Distribution Materials

NMASSIST Tool: Mobile Applications

Key Performance Indicators (KPI)

• KPI 1: Min. 3.600 physicians completing the 1.25 and 1.75-credit CME activities.
• KPI 2: At least 200 medical students completing the two non-accredited modules as part of their medical school curriculum.
• KPI 3: Achieve a total of 1.7 million touchpoints over the 2nd contract year.
• KPI 4: Increase traffic to the NIDAMED site from a baseline of 2,600 to a target of 5,000 visits per month.

Screen Captures from Select “Test and Teach” CME Videos

A. Assessing for adequate pain control and screening for potential abuse risks.
B. Assessing opioid effectiveness and implementing a pain control treatment agreement.
C. Assessing the chronic pain patient for opioid abuse potential.
D. Information-seeking with the patient at risk for abuse.

Implications for Research and Practice

• Prevention and identification of opioid abuse while ensuring adequate pain management is a major challenge for healthcare providers.
• NIDA is able to provide a wide range of tools and resources to meet this challenge.
• The innovative on-line and handheld device-based CME programs described here provide user-friendly and effective tools to educating healthcare providers on the prevention of opioid abuse.
• When disseminated in a strategic manner, including via medical school curricula, they can also serve as gateways to further assessment and treatment management.
• Partnering with governmental, civic, and private entities provides an effective means to distribute these tools, messages, and CME modules.

Recommendations

• Further programs developed for both CME and health sciences curricula should be evaluated for user-specified behavior change, or intention to change.
• Future iterations should focus on working with more complex clients, such as the dually diagnosed, or pain management of the concomitant illicit substance abusers.
• Integration into future health sciences curricula could include opportunities for utilizing aroused patient models.

Support

The project is part of the portfolio of medical education and health policy, and is supported by the White House Office of National Drug Control Policy.

Preventing Opioid Abuse in the Clinical Setting:

Innovative e-Tools for CME delivery to physicians, nurses, and other health care providers

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