Safer/Competent Opioid Prescribing Education (SCOPE of Pain): The Effect of Mandatory Education on CME Outcomes

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BACKGROUND

- In the U.S., there is concurrent under-treatment of pain and overprescribing of opioids with associated opioid-related harms.
- Prescriber education is an important strategy for addressing these dual crises.
- Numerous states have passed laws mandating pain and/or opioid prescribing continuing education.
- There is national debate about whether this education should be voluntary or mandatory for all prescribers.
- REMS education (manufacturers mandated by FDA to fund accredited CE, content aligned with FDA curricular blueprint).
- March 2013: BUSM launches SCOPE of Pain, first REMS compliant education.
- February 2017: partnership with New York Chapter, American College of Physicians (NYACP) to offer SCOPE of Pain to satisfy New York State education mandate.

OBJECTIVE

Describe the impact that the New York State mandated pain management education had on SCOPE of Pain CME outcomes compared to a group who completed the training without a state mandate.

METHODS

Analysis was run on the following sub-sample, matched profession and specialty:
- Physicians, NPs and PAs
- Self-reported opioid prescribing last 12 months
- One of 13 specialties likely practicing long-term management of chronic pain

- Outcomes data collected immediately post-training
  - Satisfaction
  - Knowledge
  - Intent to change

Voluntary group: (n=4,702)
- Completed SCOPE of Pain without a state mandate (from 34 states between 2/2013 - 7/2017), or until training became mandatory in their state.

Mandatory group: (n=10,035)
- Completed SCOPE of Pain training under the NY State mandate.

RESULTS

SATISFACTION

Question: How would you rate this activity overall? (Scale: 1 = poor; 5 = excellent)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Voluntary Group</th>
<th>Mandatory Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>2</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td>3</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>4</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>5</td>
<td>10%</td>
<td>0</td>
</tr>
</tbody>
</table>

Satisfaction: 85% (Voluntary) vs 75% (Mandatory) p<0.001

INTENT TO CHANGE

Do you plan to make any changes* in your practice based on what you learned in this activity?

- Yes
- No

<table>
<thead>
<tr>
<th>Change*</th>
<th>Voluntary Group</th>
<th>Mandatory Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt-Prov Agreement</td>
<td>42%</td>
<td>26%</td>
</tr>
<tr>
<td>Informed consent</td>
<td>37%</td>
<td>32%</td>
</tr>
<tr>
<td>Urine drug testing</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Pill counts</td>
<td>43%</td>
<td>43%</td>
</tr>
<tr>
<td>Patient Education</td>
<td>43%</td>
<td>43%</td>
</tr>
<tr>
<td>Documentation</td>
<td>51%</td>
<td>51%</td>
</tr>
</tbody>
</table>

* Change means "implement or improve"

POST-TRAINING KNOWLEDGE

Mean number of correct answers (20 Questions):
- Voluntary: 17.5 ± 2.6
- Mandatory: 17.1 ± 2.7

Significant difference by groups p<0.001

IMPLICATIONS

- While state mandated safer opioid prescribing training efficiently reached the target audience, attendees were less satisfied with the training, had slightly fewer correct post-training knowledge answers and were less likely to endorse an intention to change than those who completed the training without a state mandate.

CONCLUSIONS

- There was a weak but significant correlation between satisfaction with the training and intention to change safer opioid prescribing practices.

LIMITATIONS

- Voluntary group may have had a non-state mandate from their board or institution or could have completed the training in anticipation of an upcoming state mandate (likely to decrease differences between groups).
- Multitude of concurrent efforts at the national, state, and institutional level to address the opioid crisis may have influenced clinician report on intent to change (likely to apply to both groups).

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References: