Engaging the Medical Community
For many, a doctor’s prescription for an opioid painkiller started them on the road to addiction. Opioid painkillers are too easily and often prescribed for mild or moderate pain when non-opioid alternatives may be safer and provide more effective pain relief.

Two recent National Safety Council white papers compare the evidence on the effectiveness of pain medications and their side effects. For most acute pain, non-steroidal anti-inflammatory drugs such as ibuprofen are the safer choice. The most effective pain relief combination is one 500 mg acetaminophen tablet (extra-strength Tylenol) taken with one 200 mg ibuprofen tablet.

Although evidence indicates opioids are less effective, many doctors are unaware of this research and continue to prescribe large quantities. The Centers for Disease Control reports more than 259 million prescriptions were issued for opioid pain medications in 2012. In fact, enough pain medications are prescribed to supply each U.S. adult with a month’s supply of pills. The increase in painkiller overdose deaths parallels the increase in sales of opioid pain medications.

Community leaders can partner with their local healthcare community to inform prescribers on the need to address the over-prescribing problem. Key individuals and groups to bring to the table include physicians, dentists, nurses, hospitals, pharmacists, addiction treatment specialists, public health practitioners and other providers. Also identify physician champions who can help you identify strategies and get buy-in from the medical community.

“
It grabbed me with my first pill,” said Ken, in recovery from an addiction to opioid pain medications."
Many communities form a healthcare or medical workgroup representing a variety of clinical practice settings. Involvement of chief executive officers of your hospitals and major physician health systems can ensure support for your healthcare outreach. Include CEOs on news updates and distribution of workgroup meetings. CEO support makes it easier to form strong collaborative partnerships and deliver a consistent message on the importance of the drug overdose problem in your community.

Prescriber education and outreach can take many forms. It can include:

- Formal medical education such as hospital grand rounds, workshops and continuing education
- Academic detailing efforts in which “educational sales calls” are delivered to community medical providers
- Sharing of best practice guidelines, clinical tools and relevant research

This guide will share information about three outreach activities to educate medical providers about safer opioid prescribing and alternatives to opioid pain medications.
Many hospitals and large healthcare systems offer regular opportunities for continuing medical education. A key person to contact is the director or coordinator of medical education at your local hospital. They are responsible for developing educational offerings and ensuring that they meet professional standards for physicians, nurses and other medical professionals in their organization.

These programs can be a grand rounds presentation – most typically a research-based presentation built around a patient case study, a webinar offering or even a self-study module. Possible topics include:

- Alternatives to opioid pain medications
- Non-pharmaceutical pain relief treatment
- Best practices for managing chronic pain
- Pain management: cognitive behavioral therapy
A healthcare workgroup could identify other topics of interest for the medical community. Dr. Don Teater, NSC medical advisor, presented “Alternatives to Opioids for the Treatment of Pain” at grand rounds offered by three hospital systems in Madison, WI. A video of this presentation can be viewed on YouTube and shared with your medical community. More than 200 medical professionals participated in the three grand rounds offered in November 2014. Clinicians at one location indicated they would make the following changes to their practicing habits:

- Prescribe less opioid; continue to encourage reduced opioid use, and less use of narcotics
- More awareness of effectiveness of NSAIDs compared with opioids and will share with patients
- Lean more toward non-opioids
- Prescribe less COT (Chronic Opioid Therapy); more counseling
- Advise use of acetaminophen and ibuprofen first for treatment of any pain
Academic detailing projects use educational tactics developed by the pharmaceutical industry to educate physicians. Successful projects train a small group of physician educators about safe opioid prescribing. The trained physician educators call on every physician and dentist in a defined geographic area, usually an area that is experiencing a high rate of opioid prescribing and/or drug overdose deaths. The physician educators deliver a short, no longer than 10-minute presentation, with two or three specific recommendations for physician action. Often, a resource packet is provided.

The New York City Department of Health and Mental Hygiene (DOHMH) conducted an extensive physician education and outreach effort to reduce opioid prescribing among Staten Island prescribers, highest among the city’s boroughs. The campaign used the following key messages.

- A 3-day supply of short-acting opioid analgesic is usually sufficient for acute pain
- Avoid prescribing opioid analgesics for chronic non-cancer pain
- Avoid high-dose opioid analgesic prescriptions
- Avoid prescribing opioid analgesics to patients taking benzodiazepines

The key messages were promoted to Staten Island prescribers via one-on-one office educational visits in which DOHMH recommendations, resources and tools were handed out. Following the physician outreach efforts and other city and statewide education and policy changes, Staten Island experienced a decrease in overdose fatalities and high-dose opioid prescribing. In other NYC boroughs, the overdose mortality rate remained the same and high-dose opioid prescribing increased slightly for the same time period.
The Pain Changers taskforce of Haywood County, North Carolina is actively educating prescribers and the public to use ibuprofen and acetaminophen instead of opioids for treating acute pain. This project has several areas of focus:

- Introduce the subject to prescribers using a video produced by NSC and a resource packet of informational materials with the scientific evidence.
- Educate the public. (Often, patient expectations and pressure are a leading reason why providers prescribe opioids instead of other treatments.)
- Provide “pain packs” which contain ibuprofen and acetaminophen in blister cards to medical and dental providers. These pain packs can then be given to patients at no cost instead of an opioid prescription. The pack explains how this is more effective than opioids for pain.
- Develop a program to facilitate easier and faster referral for treatment.

**Prescribing Guidelines and Clinical Support Tools**

Sharing evidence-based prescribing guidelines and clinical tools is another way to educate the medical community. Prescribing guidelines are recommendations developed after a careful review of medical evidence. A number of state medical societies and professional medical organizations have developed opioid prescribing guidelines.

Prescribing guidelines have proven effective in reducing opioid-related overdose fatalities in the state of Washington. Since implementing mandatory interagency and opioid prescribing guidelines in 2010, the state has seen an overall 29 percent decrease in drug overdose between 2008 and 2014. Ohio, Indiana, New York, and Kentucky are among states that have also implemented mandatory opioid prescribing guidelines. Other states like Utah and North Carolina have worked with their state medical society to develop voluntary opioid prescribing guidelines.

Several professional medical organizations, most notably the American College of Emergency Physicians, American College of Occupational and Environmental Medicine and the American Academy of Neurology have developed opioid prescribing guidelines for physicians in these practice settings. A library of evidence-based guidelines can be located at [http://guidelines.gov](http://guidelines.gov). Other resources to consider sharing with your medical community are clinical risk assessment and screening tools. These tools are available by a number of organizations. Some examples of these tools can be found in the Physician Toolkit from the Indiana Attorney General Bitter Pill Taskforce at [http://www.in.gov/bitterpill/](http://www.in.gov/bitterpill/).
PHYSICIAN OUTREACH RESOURCES

National Guideline Clearinghouse
National Safety Council Prescriber Resources
Indiana Bitter Pill Taskforce Clinician Resources
Washington Agency Medical Directors Opioid Dosing Guidelines and Resources
Decrease in Rate of Opioid Analgesic Overdose Deaths — Staten Island, New York City, 2011–2013