The Prescription Opioid Abuse Epidemic

• In 2012, 1.2 million ER visits for prescription opioid abuse (a 2.3 million total drug-related visits)
• 18% of opioid abusers in the past year received them from only 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%-6%

Project Overview

• NIDAMED makes materials from NIDA Centers of Excellence available online.

• The overarching goal of this project is to develop materials and familiarize clinicians with available resources.
• Partnering with governmental, civic, and private entities provides an effective means to distribute these tools, resources, and CME modules.

Dissemination Task

• Recruitment and Distribution Materials
• Educational and Communication Content
• Mobile Applications

Project Design

Task 1: CME Module Development

• Design, develop, and launch two 1.25-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 context and experience design, which combines case-based learning, didactic instruction, and communication video modeling.

CME Module Objectives

• 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.
  - Prevent patient risk for opioid misused 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.

Key Performance Indicators (KPI)

• KPI 1: Min. 1,000 physicians completing the 1.25 and 1.75-credit CME activities.
• KPI 2: At least 250 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.

Results: Key Performance Indicators

<table>
<thead>
<tr>
<th>KPI</th>
<th>Baseline</th>
<th>Target</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI 1: Touchpoints</td>
<td>2,600</td>
<td>5,000</td>
<td>4,231</td>
</tr>
</tbody>
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Recommendations

• Further programs developed for both CME and health sciences curricula should be evaluated for self-reported 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 abuser.
• Integration into future health sciences curricula could include opportunities for utilizing simulated patient models.

Implications for Research and Practice

• Prevention and identification of opioid abuse while ensuring adequate pain management is a major challenge for health care 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 health care 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 other assessment and treatment interventions.
• Partnering with governmental, civic, and private entities provides an effective means to distribute these tools, resources, and CME modules.

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.