# 2017 NM Opioid Prescriber Survey

# Preliminary Results

In July of 2017, the New Mexico Office of Substance Abuse Prevention in collaboration with the New Mexico Board of Pharmacy implemented the New Mexico Opioid Prescriber Survey as part of the requirements of the Strategic Prevention Framework- Prescription Drug (SPF Rx) grant. An emailed invitation to complete the survey on-line was sent to all registered users of the NM Prescription Monitoring Program (PMP) system from the Pharmacy Board. This included registered users who did not prescribe opioids (e.g., pharmacists), were retired, or no longer practicing in NM. The email invitation was sent to 9,485 registered users. A total of 1,672 people responded directly to the survey on-line. In addition, many other prescribers responded via email and phone calls. While the invitation letter specified that the survey was for opioid prescribers, many who received the invitation took the survey or contacted the Pharmacy Board and/or PIRE to confirm whether they needed to complete the survey. Overall, prescribers were very responsive to the request and positive about the survey.

Of the 1,672 responses, 1,380 (82.5%) indicated that they prescribe opioids in their practice. A response rate of 17.6% is calculated based on the entire number of invitations issued, however, this is a conservative estimate since we were unable to target our invitation to only opioid prescribers because of limitations of the PMP system.

The initial screening questions of the survey excluded those who did not prescribe opioids or were not required to use the PMP from completing the entire survey since the majority of questions would not apply to them.

The figures and tables that follow represent all responses to the main survey questions and do not provide subgroup analyses or analyses of qualitative data provided. These will be completed over the next month or so.

# Prescriber Characteristics

**Who completed the survey?** The majority of responders to the survey were nurse practitioners, primary care providers, and specialty medical providers such as oncologists, orthopedists, etc. Most primary care providers practiced Family Medicine (59%), followed by Internal Medicine (28%), and Pediatrics (13.5%).

The sample was distributed fairly evenly between male (45.6%) and female (50.4%) respondents with 40 respondents not identifying a gender.

Respondents ranged from very new providers to well established providers. Average number of years in practice was 18.9 years.

Respondents practiced in every county in New Mexico, although by far, the most respondents practiced in Bernalillo County.

Most respondents to the survey indicated that they prescribe opioids and/or benzodiazepines.

Most respondents indicated they were required to use the PMP to check controlled substance prescriptions.

Most prescribers (90%) indicated they are worried or very worried about the over prescribing of opioids to patients.

Most prescribers indicated they are treating patient pain on a daily basis in their practices.

How do prescribers approach a patient in pain? Most start with recommending over-the-counter pain medications first before moving to opioids. More than half also recommend alternative pain management strategies such as physical therapy before prescribing opioids.

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| **Prescriber Approaches** | **Percent** |
| **Very unlikely** | **Somewhat unlikely** | **Somewhat likely** | **Very likely** |
| If a patient presents with pain concerns, how likely are you to suggest an over-the-counter pain medication such as ibuprofen or acetaminophen as the first option? (n=1149) | 5.0 | 2.5 | 11.7 | **80.9** |
| If a patient presents with pain concerns, how likely are you to prescribe an opioid painkiller as the first option? (n=1144) | **71.4** | 20.2 | 5.5 | 2.9 |
| If a patient presents with pain concerns, how likely are you to suggest alternative pain management (i.e., physical therapy) before prescribing opioids? (n=1143) | 7.2 | 7.7 | 18.5 | **66.6** |

About 12% of the respondents indicated they also prescribed methadone for pain.

Over half of prescribers indicated that they always review the patients’ charts, check the PMP database, and ask patients about previous addiction issues prior to prescribing an opioid.

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| **In the context of your practice, when first prescribing opioids to a patient, how often do you…** | **Percent** |
| **Hardly ever** | **Somewhat often** | **Often** | **Always** |
| ... inquire about the patient’s past opioid use (illicit and/or licit)? (n=1113) | 7.7 | 10.7 | 25.6 | **56.0** |
| ... inquire about any past problems the patient may have with substance use or addiction? (n=1113) | 10.1 | 15.4 | 24.3 | **50.2** |
| ... use an assessment tool to screen for any past or potential problems with a substance use disorder? (n=1113) | **52.4** | 16.6 | 14.4 | 16.6 |
| ... review the patient's chart for previous opioid or benzodiazepine prescriptions prior to prescribing an opioid? (n=1113) | 3.1 | 4.0 | 19.5 | **73.3** |
| ... avoid prescribing opioid pain medication for patients receiving benzodiazepines when possible? (n=1113) | 4.2 | 11.1 | 30.9 | **53.7** |
| ... check the Prescription Drug Monitoring data base for previous opioid prescriptions given to the patient prior to prescribing an opioid? (n=1113) | 12.0 | 10.7 | 26.9 | **50.4** |
| ... ask a delegate to pull/run a PMP report on a patient? (n=1113) | **57.5** | 8.7 | 15.5 | 18.3 |
| ... ask a delegate to review the PMP report and let you know if there are concerns? (n=1113) | **70.8** | 7.7 | 10.3 | 11.1 |
| ... require a urine test prior to prescribing opioids? (n=1113) | **47.8** | 14.2 | 19.6 | 18.4 |
| ... provide a prescription for naloxone/Narcan at the same time? (n=1110) | **75.9** | 10.7 | 8.1 | 5.2 |

Most prescribers (82%) indicated they were very or somewhat concerned about the use of opioids in their patients.

We asked prescribers if they spoke to their patients about specific topics related to opioid use. Prescribers were very good about discussing the dangers of mixing opioids with alcohol and other drugs, the dangers of sharing opioids, and proper storage of opioids. Prescribers were less likely to discuss proper disposal of opioids, how to recognize the signs of addiction or how to use naloxone.

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| **When prescribing opioids, how likely are you personally to talk to your patients about the following (n=1096)** | **Percent** |
| **Very unlikely** | **Somewhat unlikely** | **Somewhat likely** | **Very likely** |
| Proper disposal of unused/expired medication (especially opioids). | 21.4 | 20.3 | 28.3 | **29.9** |
| Safe storage of prescription drugs (especially opioids) at home. | 14.7 | 13.0 | 26.0 | **46.4** |
| The dangers of mixing prescription drugs (especially opioids) with alcohol and other drugs (e.g., benzodiazepines). | 4.1 | 4.2 | 17.5 | **74.2** |
| The dangers of sharing prescriptions with other people to whom they are not prescribed (especially opioids) | 11.4 | 9.4 | 21.1 | **58.1** |
| How to recognize the signs of addiction (especially with opioids) | 16.7 | 21.6 | 29.2 | **32.5** |
| How to use naloxone/Narcan to prevent accidental overdose | **45.0** | 22.9 | 18.7 | 13.4 |

If the prescriber indicated that s/he was very or somewhat unlikely to discuss a topic, we asked whether someone else in the practice discussed the topic.

Most prescribers were very or somewhat aware of the new regulations regarding the use of the PMP (SB 263).

Not surprisingly, 75% of prescribers indicated they were very compliant with the state regulations that went into effect in January of 2017.

We asked prescribers if their prescribing behavior had changed at all in the past 12 months as tighter regulations have gone into effect and greater media coverage of the opioid crisis has occurred. Almost 15% indicated that their prescribing practices had changed very much while 27% indicated they had changed some, and 24% indicated they had not changed at all.

We asked prescribers if they discussed exit strategies with patients when starting them on opioids. Of respondents who answered the question, 64% indicated that they *do* discuss exit strategies with their patients.

Interestingly, fewer indicated discussing exit strategies with their patients with long-term opioid use, although half indicated they always discussed exit strategies.

Over half of prescribers indicated they would like further education on exit strategies to help their patients.

# Practice Characteristics

Respondents were asked whether their medical practices have a current policy or protocol / guidelines for prescribing prescription painkillers to patients. Over 65% indicated that their practice did have a policy or guidelines in place.

Of those who indicated their practices had current policies regarding the prescribing of opioids, most prescribers adhered to those policies all the time (65%), or most of the time (34%).

Prescribers reported that the policies and guidelines in place at the practice were mostly or very effective in protecting both doctors and patients.

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| **Effectiveness of Opioid Prescribing Policies** | **Percent** |
| **Very ineffective** | **Mostly ineffective** | **Mostly effective** | **Very effective** |
| How effective is the current policy or protocol at your practice in **protecting doctors from over prescribing Rx pain killers?** (n=747) | 1.7 | 8.0 | **53.4** | 36.8 |
| How effective is the current policy or protocol at your practice in **preventing patients from abusing Rx pain killers**? (n=746) | 3.2 | 15.5 | **57.8** | 23.5 |

# Summary

Most prescribers are complying with state regulations with respect to use of the PMP and opioid prescribing guidelines. Furthermore, most respondents reported that their medical practices had policies or protocols in place regarding opioid prescribing to protect both prescribers and patients. Additional education efforts might focus on topics to cover with patients and caregivers about opioid risks, storage, sharing, and disposal, co-prescribing naloxone with opioid prescriptions, which in turn will work toward reducing stigma associated with naloxone, and opioid exit strategies. In addition, training on when opioids are not indicated for certain types of pain may be useful. Finally, education on how the PMP can be used by providers to aid their clinical practice may be helpful for some providers. This is particularly true for providers working in Indian Health Services, where it is encouraged but not required that they use the PMP.