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The 2017 Vermont Opioid Prescribing Rules: Prescriber Attitudes

Zana Bowden
UVM Larner College of Medicine

Jinal Gandhi
UVM Larner College of Medicine

Sarah Natasha Jost
UVM Larner College of Medicine

Hanna Mathers
UVM Larner College of Medicine

Chad Serels
UVM Larner College of Medicine

See next page for additional authors

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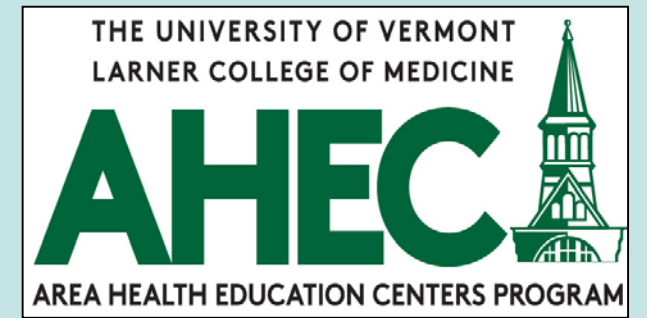
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Authors

Zana Bowden, Jinal Gandhi, Sarah Natasha Jost, Hanna Mathers, Chad Serels, Daniel Wigmore, Timothy Wong, Jan Carney, Charles Maclean, and Elizabeth Cote

The 2017 Vermont Opioid Prescribing Rules: Prescriber Attitudes

Zara S. Bowden¹, Jinal Gandhi¹, S. Natasha Jost¹, Hanna Mathers¹, Chad Serels¹, Daniel Wigmore¹, Timothy Wong¹, Elizabeth Cote², Charles D. MacLean MD¹, Jan K. Carney MD¹
¹Robert Larner, M.D. College of Medicine, ²Area Health Education Centers Program



Background

- In 2015, an estimated two million Americans suffered from substance use disorders stemming from prescription opioids¹.
- Despite the growing attention on the epidemic, there has been an increase in opioid prescriptions in Vermont between 2010 to 2014².
- In July 2017, Vermont enacted new rules on acute opioid prescribing with the intent to reduce misuse, addiction, and overdose associated with prescription opioids³.

Objective

To determine prescriber perspectives on Vermont's 2017 Opioid Prescribing Rules.

Methods

- Developed 17-item REDCap electronic survey with qualitative and open-ended questions regarding attitudes towards July 2017 rules.
- Administered survey to opioid prescribers in Vermont via email listservs for multiple healthcare organizations and professional societies.
- Quantitative results were analyzed using REDCap.
- Open-ended responses were analyzed using Grounded Theory.

Respondents

431 Total Responses
 279 MD/DO | 60 NP | 59 PA | 30 DDS/DMD | 3 ND

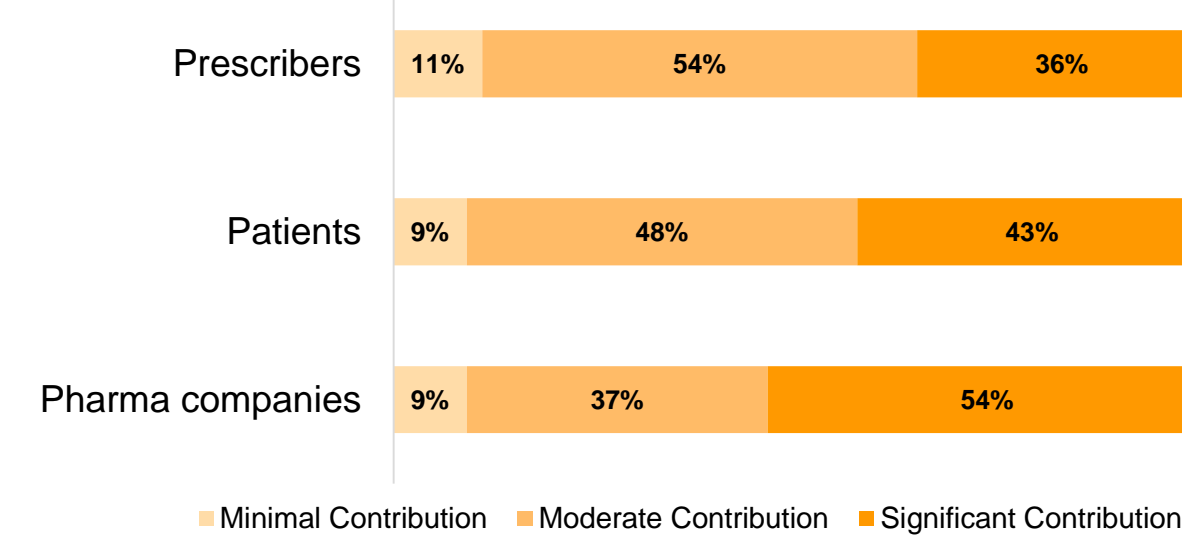
- All 14 counties in VT represented
- 52% female, 47% male, 1% other
- 50% primary care, 14% surgery, 36% other including medical subspecialties

Results

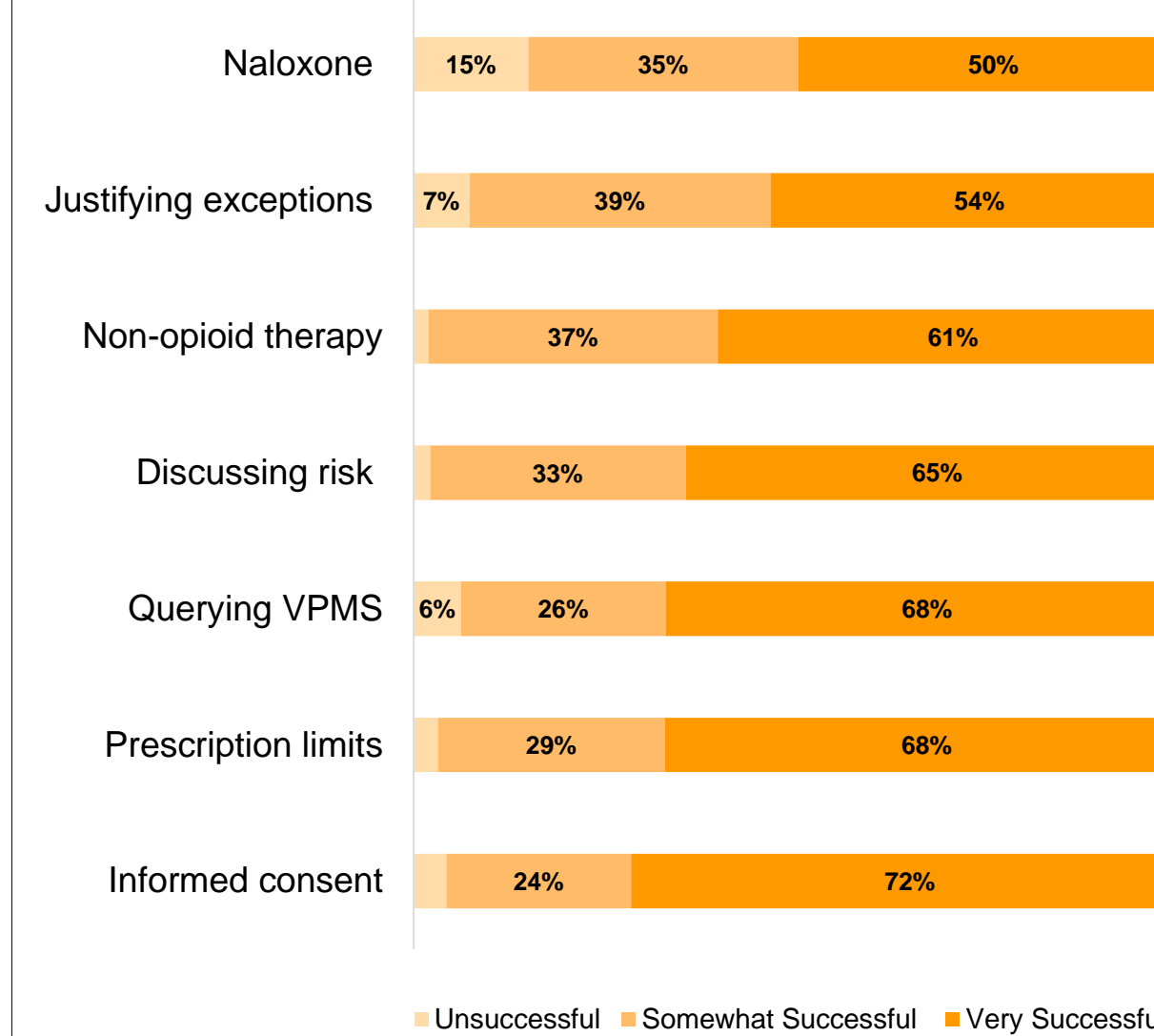
Prescriber opinions of new rules



Who is to blame for the Opioid Crisis?



Prescriber challenges



Positive effects of new rules

Changed Prescribing Habits

“I have actively worked to decrease the amount of narcotics prescribed to patients in routine post-op care and... counsel patients instead on non-narcotic pain regimens.”

Shifting the Blame

“...can use the new rules to convince some patients they need to use less opioids. You can show them the limits set in the new rules.”

Patient Education

“Some patients seem honestly surprised by the adverse effects of opioids, and seem to want to curtail use spontaneously.”

Negative effects of new rules

Increased Time and Work

“Appointments in general are taking longer and patients are more frustrated...not able to do a chronic care visit at the same time due to time constraints.”

Compromised Patient Care

“Patients in chronic pain are unable to obtain needed prescription medication at pharmacies, precipitating unnecessary withdrawal.”

Tramadol and Naloxone

“A lot of work for meds like tramadol. I may think twice about prescribing for mild pain due to the paperwork.”

Discussion

Despite believing that more restrictive rules were necessary, the majority of opioid prescribers are not in favor of the July 1st rules.

However, many still believe that the rules will have a positive effect on the opioid crisis.

Addressing Identified Challenges

Providing adequate education and reevaluating these challenges could help to re-empower prescribers who feel undermined.

Patient Fear of Addiction & Social Stigma

Increasing public education regarding opioid treatment could address these barriers to care.

Future Implications

Other states could use this feedback to improve current and future models for best-practice opioid prescribing.

Recommendations

Insurance

Advocate for coverage of complementary and alternative therapies.

Education

Increase access to education and technical assistance for implementation.

Educate patients and the public on pain management expectations, non-pharmacological treatment options, and safety of appropriate opioid treatment.

Rule Changes

Reconsider Naloxone co-prescription requirements and Tramadol inclusion.

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