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McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE

“Pain is Not a Vital Sign”
Physician Perspectives on the Opioid Epidemic

Syndicated MicroSurvey

May 2018

PROJECT SPECIFICATIONS

Research Objectives

Understand from addiction treaters about the availability of resources for their patients who might be misusing prescription opioids as well as identifying alternative treatments for patients and gain general insight from these MDs on the frontline of the opioid epidemic.

Methodology

✓ **Method:**	5-minute microsurvey via InCrowd
✓ **Crowds:**	US Physicians
✓ **Sample Size:**	n=500 (PCPs n=300, Emergency Medicine n=156, Critical Care n=45)
✓ **Fielding Period:**	February 1 – February 6, 2018

Screening Criteria

Qualified respondents are US-based Physicians who…

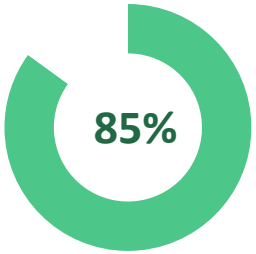
- Are currently treating patients
- Suspect some of their patients are abusing opioids

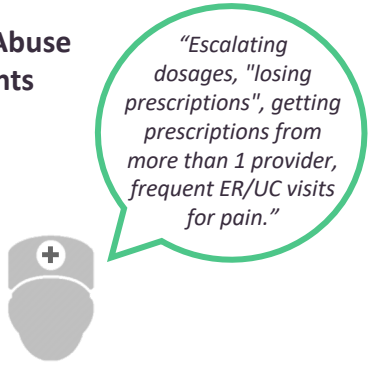
KEY TAKEAWAYS

Most physicians see patients who they suspect are abusing opiates, though the range of abuse indicators varies greatly. The most common resources physicians have access to on site to help identify and manage these patients are toxic screenings and pain contracts. Some sites also have access to social workers and psychologists to help treat these patients.

Physician Suspicion of Opioid Abuse Among At Least Some Patients

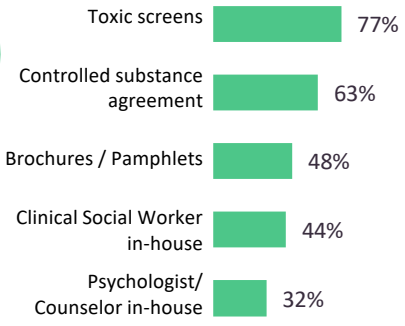
(% of Physicians said Yes, n=589)





Availability of Addiction Resources

n=501



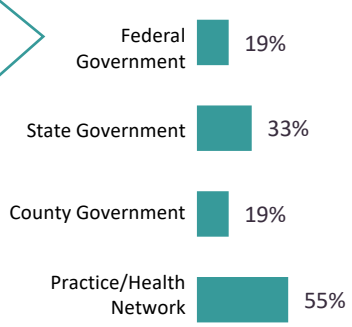
According to physicians there are a number of ways the opioid crisis could be improved, top suggestions include:

- **STRICTER REGULATIONS + MONITORING**
- **MORE ACCESSIBLE OPTIONS FOR TREATING CHRONIC PAIN PTS**
- **STOP PRESCRIBING OPIOIDS ALTOGETHER**
- **REMOVE PATIENT INPUT**

Physicians are most impressed by their own site/ health practice's respond to managing the crisis, while 1/3 or less approve of any government response to this issue

Approval of Government Response

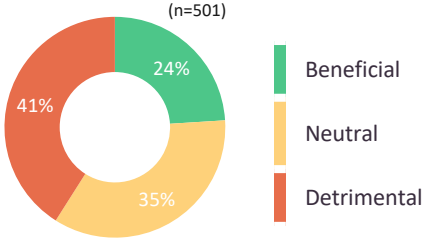
(% T2B; n=501)



Though about a **quarter of MDs see benefits to introducing medical marijuana** as a potential option for curbing the opioid crisis, the **majority are against this idea** as many feel this will exchange one addiction for another. When considering other options beyond opioids for treating chronic pain, medical marijuana was not a top choice for any physicians and it was most frequently ranked last among the options.

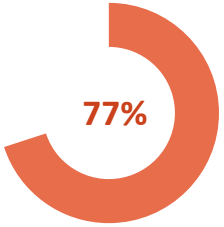
Distribution of Approval of Medical Marijuana

(n=501)



Proportion of Physicians Ranking Medical Marijuana as Least Preferred Alternative

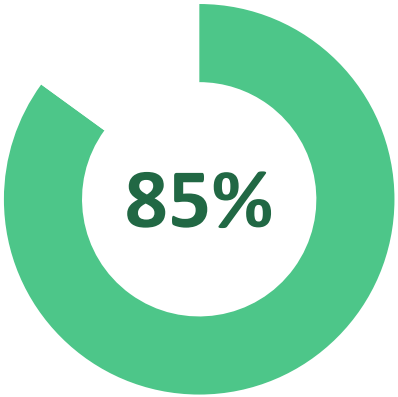
(n=501)

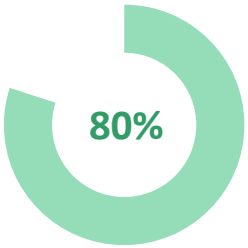


Most physicians see patients they suspect are abusing opioids, particularly among those specializing in emergency medicine

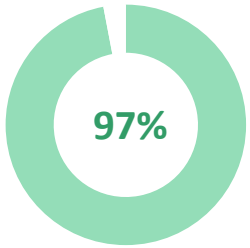
Physician Suspicion of Opioid Abuse Among At Least Some Patients

(% of Physicians said Yes)

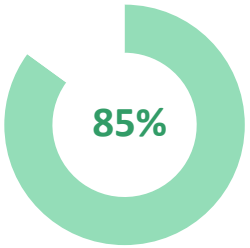




PCPs
n=375



Emerg. Med
n=161



Critical Care
n=53

"Frequent drug seeking behavior every shift. Multiple repeat overdoses come in weekly." – Emergency Med

"A large proportion of the patients that come through my emergency department are addicted to oxycodone. Many of them later turn to heroin." – Emergency Med

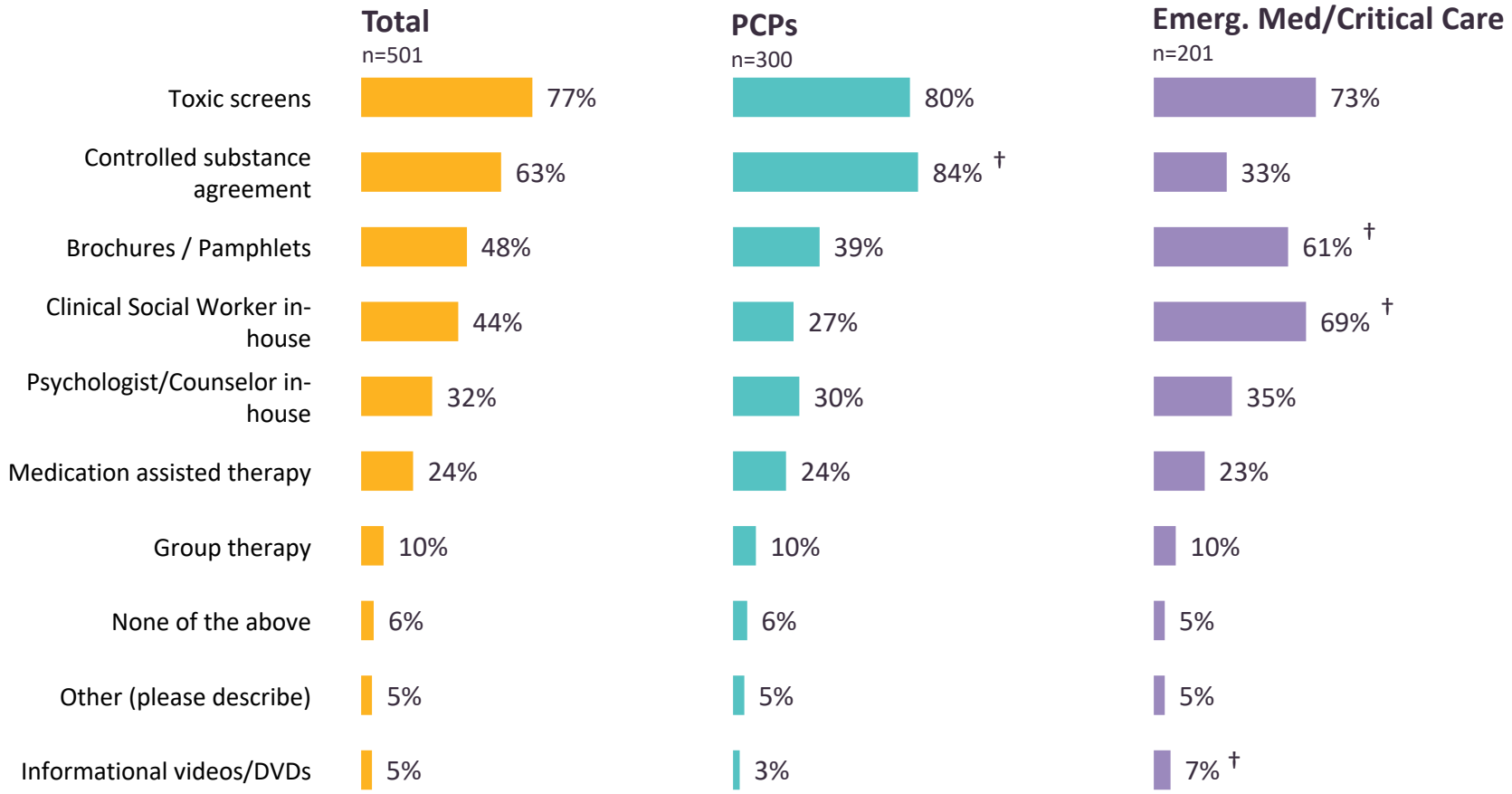
"Everyday while working I see patients that I suspect abuse opiates." – Emergency Med

"…but it is very difficult to confront them with my suspicions." - PCP

S2 Do you suspect any of your current patients are abusing opioids? n=589

Toxic Screens are the top available resource for all MDs. Looking by specialties, **controlled substance agreements** are highly available to PCPs, while Emergency Medicine and Critical Care have larger access to **in-house social workers** and **brochures/pamphlets.**

Availability of On-Site Opioid Addiction Resources



† Significantly higher result at the 95% confidence level between PCPs and EM/CC only

Q1 Which of the following resources for opioid addiction are available at the facility where you practice. Select all that apply. n=501

Behaviors Indicative of Opioid Abuse

"Escalating dosages, "losing prescriptions", getting prescriptions from more than 1 provider, frequent ER/UC visits for pain."

PHYSICAL STATE

- Sometimes physicians can identify OA patients because of their physical condition, patients will present with **withdrawal symptoms,** will refuse UA testing or will **have positive findings on tox screenings**, while others unfortunately are identified through **overdose**

DECEPTION

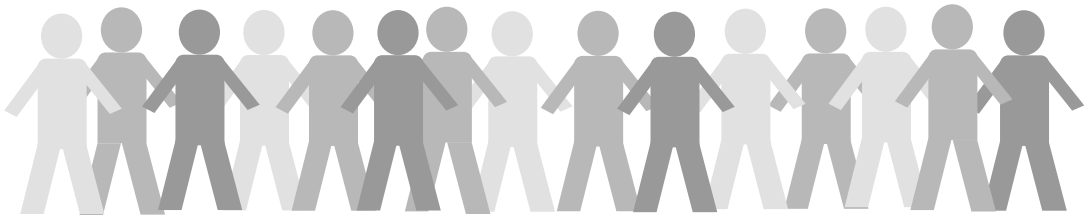
- OA patients have been known to **lie** to physicians, **avoid eye contact** and **embellish medical history,** going so far as to make up allergies to NSAIDs to help ensure they will receive a refill
- Many claim their prescriptions have been **lost** or **stolen**

ATTITUDE

- MDs find opioid abuse patients display extreme personality characteristics, from being **overly friendly** and **flattering** to **anxious** to **aggressive** and **angry,** especially if there is a **delay in prescribing**

SEEKING

- Most commonly, OA patients display what MDs consider to be seeking behaviors: **asking for opioids** by specific name, requesting **early refills,** expressing needs for **higher dosing**, visiting **multiple providers and ER centers, seeking unnecessary procedures** and oftentimes claiming **pain inconsistent with exam findings**



Q2 What behaviors or characteristics are most indicative of a patient who is abusing opioids? n=501

Top Physician Recommendations for Curbing Opioid Abuse

% of MDs

44%

➢ STRICTER REGULATIONS + MONITORING

Physicians want to see **more policies and legislation** that will limit prescribing behaviors and a **national database** established to track all prescribing. Suggestions for changes include **decreasing initial dosing** amount to a few days, **prohibit prescribing to chronic pain** patients altogether, allow prescribing for **only terminal cancer patients** and some **post-surgical patients.** Others suggest **removing prescribing privileges from NPs, Pas and ED docs**, enforcing a **one-prescriber/pharmacy rule** and mandating **patient accountability**.

23%

➢ MORE ACCESSIBLE OPTIONS FOR TREATING CHRONIC PAIN PATIENTS

Currently, coverage for opioid alternatives is not as good as it could be. MDs would like to offer their patients other treatment options like **physical therapy** and **acupuncture** to help manage chronic pain, but they are often met with push back from insurance companies or high out of pocket costs for patients. When it comes to access, physicians sometimes find opioids the easiest option to have covered for patients. Physicians also emphasize a need to try to **exhaust these other treatment options** before considering opioids for patients with chronic pain.

18%

➢ STOP PRESCRIBING OPIOIDS ALTOGETHER

A sizeable number of physicians recommend **discontinuing any prescribing of opioids**, particularly to new pain patients and for any chronic pain aside from metastatic cancer patients. Many physicians take issue with prescribing this type of therapy to acute patients and some feel the other potential options available could be equally as effective, if they are able to obtain coverage. With this suggestion, many would like to see **opioid-free emergency rooms.**

10%

➢ REMOVE PATIENT INPUT

Many physicians would like to see **patient satisfaction and pain scoring be removed from treatment considerations**. With some reimbursements and hospital grading dependent upon patient satisfaction, **physicians can feel pressured to prescribe opioids** to ensure patients are pain free to secure satisfaction ratings. Others want to see the patient **pain score removed from treatment guidelines.** Pain scoring is thought to not be a reliable diagnostic tool by many as patients can lie to ensure a prescription.

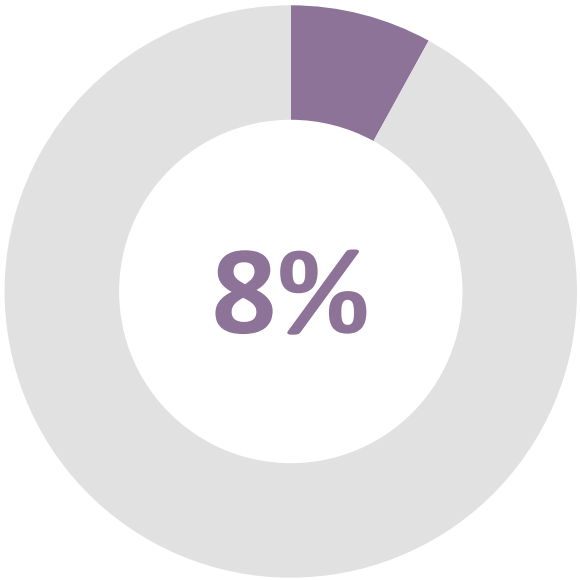
Q3 In your opinion, what is one concrete action that could be implemented to significantly help curb the abuse of opioids? n=501

Accessibility of Chronic Pain Treatments

23% WANT TO SEE CHEAPER AND MORE ACCESSIBLE NON-OPIOID THERAPIES BECOME AVAILABLE

When asked what actions could help curb abuse of opioids, almost a quarter of physicians shared having better and increased access to non-opioid options would be beneficial. Of this group, about 8% made mention that they sometimes have easier access to opioids over other options, which could be a deciding factor in what treatment is ultimately chosen for the patient.

Proportion of Physicians Finding Easier Access to Opioids Over Other Pain Treatments
(Of those seeking more accessible options, n=117)



*"**Opioid meds are cheaper than non-opioid alternatives.** Non-opioid alternatives are difficult to prescribe and require prior authorization which is frequently denied. Best way to curb is to make non-opioid alternatives readily accessible."* - PCP

*"Better coverage of physical therapy and adjunct therapies for chronic pain. **It is much cheaper for my patient to fill opioid RX every month than to go to physical therapy once or twice a week.** Also Medicare will not cover lidocaine patches unless patient has herpes zoster which is ridiculous."* - PCP

Q3 In your opinion, what is one concrete action that could be implemented to significantly help curb the abuse of opioids?

Physician Recommendations for Curbing Opioid Abuse - By Specialty

	STRICTER REGULATIONS + MONITORING	MORE ACCESSIBLE OPTIONS FOR TREATING CHRONIC PAIN PATIENTS	STOP PRESCRIBING OPIOIDS ALTOGETHER	REMOVE PATIENT INPUT
TOTAL n=501	44%	23%	18%	10%
PCP n=300	47%	24%	18%	6%
Emerg. Med./CC n=201	40%	21%	18%	15%†

Secondary suggestions for managing the opioid crisis center around **the patient**. MDs want to see increased patient accountability with required **screenings, follow-ups** and **pain contracts** before they will consider prescribing. MDs also feel **patient expectations around pain** need to be reset, as humans are not exempt from experiencing pain. Others want to **boost support for treatment programs** to help those already addicted and a shift in how addiction is viewed and treated - **as a disease** rather than a criminal issue. A few others are focused on the treatment team and want to see **collaboration between all providers** as well as enforcing a **1 prescriber rule** to cut down on MD shopping.

	PT ACCOUNTABILITY + CONTRACTS	TREAT ADDICTION AS A DISEASE/ REMOVE CRIMINAL STIGMA	TREAT AS A TEAM BUT USE ONLY 1 PRESCRIBER
TOTAL n=501	11%	8%	6%
PCP n=300	14%†	7%	7%
Emerg. Med./CC n=201	6%	10%	4%

† Significantly higher result at the 95% confidence level between PCPs and EM/CC only

Q3 In your opinion, what is one concrete action that could be implemented to significantly help curb the abuse of opioids? n=501

Physician Feedback on Curbing Opioid Abuse

STRICTER REGULATIONS + MONITORING

*"**Having stricter set guidelines of diagnoses to prescribe for**. […]Chronic pain should be followed by pain management only and there should not be a go to response of if you're hurting go to the ER."* – Emergency Med

MORE ACCESSIBLE OPTIONS FOR TREATING CHRONIC PAIN PATIENTS

*"…use **non medicated forms of pain relief including chiropractic, acupuncture, meditation and movement.** Popularize self care rather than medication for every illness. Remove pharmaceutical ads from TV which are one sided and made to instill FOMO."* – Emergency Med.

STOP PRESCRIBING OPIOIDS ALTOGETHER

*"Not prescribing long term outpatient opiates, and certainly **not prescribing opiates for chronic conditions**."* – Emergency Med

REMOVE PATIENT INPUT

*"Getting rid of patient satisfaction surveys. **These horrible surveys lead to physicians prescribing unnecessary narcotics.** Someone please take a look at this issue."* – Emergency Med

*"Change or get rid of press ganey... **patient satisfaction has worsened opioid addiction**."* – Emergency Med

PT ACCOUNTABILITY + CONTRACTS

*"**Pain contracts on all patients**, regular drug screens."* - PCP

*"**100% compliance with urine drug monitoring** and use of state drug monitoring software."* - PCP

TREAT ADDICTION AS A DISEASE /REMOVE CRIMINAL STIGMA

*"Funding to improve access to treatment for patients identified with an opiate use disorder […] Public education on the **disease of opiate dependence rather than the social stigmatizing of individuals with SUD."*** - PCP

TREAT AS A TEAM BUT USE ONLY 1 PRESCRIBER

*"Limited prescribing (**like only from 1 provider**) and **communication to PCP/main provider if other prescribers need to provide** (ED, dentist, ortho, post-op, etc)."* - PCP

Q3 In your opinion, what is one concrete action that could be implemented to significantly help curb the abuse of opioids? n=501

Impact of Patient Satisfaction on Opioid Crisis

"ER Physicians have been under tremendous pressure over the years to make the immediate removal of physical pain from patients the number one priority. The pressure comes under the push of hospitals using Press Ganey scores as the main means of scoring doctors and hospitals by patient satisfaction. One of the main questions asked to patients is if the doctor addressed their pain and if they left the ER feeling better. ***This then has led to administrators pushing doctors to prescribe more drugs to address pain. This has to STOP!*** *Press Ganey scores have done much more harm than good. Getting rid of this toxic system is key."* – Emergency Med

"Taking away pain as a Vital sign for nursing. ***We are pressured to perform and have high patient satisfaction they aren't satisfied when they don't get the opiates they request****. Therefore our satisfaction scores goal or so many doctors have to cave to this. Pain is not a vital sign."* – Emergency Med

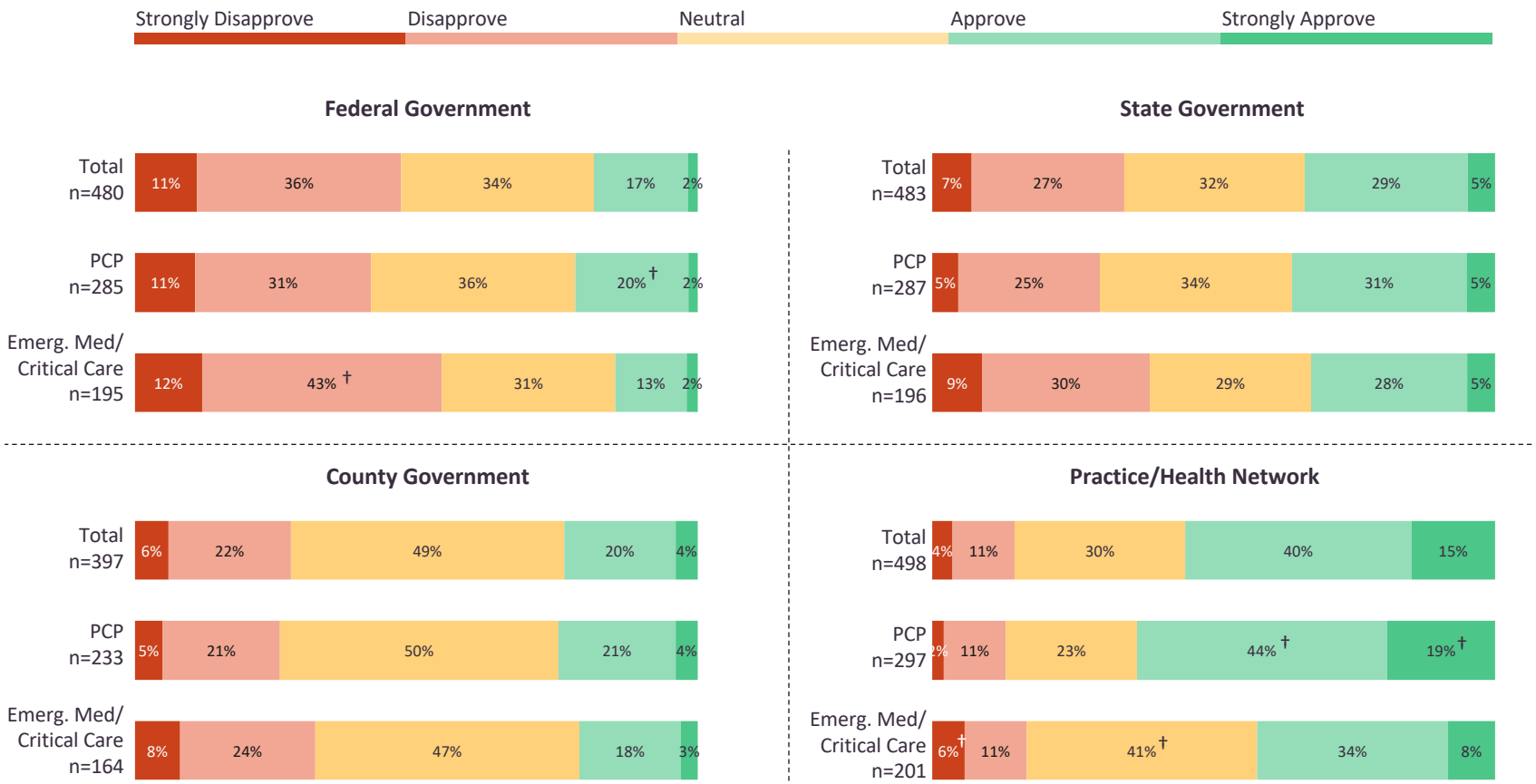
"Stop the pressure for physicians to treat patients as customers. ***When we have to constantly be aware of patient satisfaction*** *- regardless of what is medically appropriate for the patient* ***we risk prescribing things that we ordinarily would not****."* – Emergency Med

Q3 In your opinion, what is one concrete action that could be implemented to significantly help curb the abuse of opioids? n=501

The majority of physicians are most disapproving of the federal government's response to the opioid crisis

Approval of Government Response to Opioid Crisis

(Excluding N/As)



† Significantly higher result at the 95% confidence level between PCPs and EM/CC only

Q4 To what extent do you approve or disapprove of how the opioid crisis in America is being handled at the following levels of government as well as at your facility? If you are unsure, please select N/A. Please feel free to elaborate in comments section.

n=501

NSAIDs are the most preferred treatment by far across all specialties, followed by lifestyle changes. Emergency Medicine physicians lean more heavily on NSAIDs, potentially due to the nature their patient visits and thus are likely to rely on immediate intervention over lifestyle recommendations

Preference for Opioid Alternatives

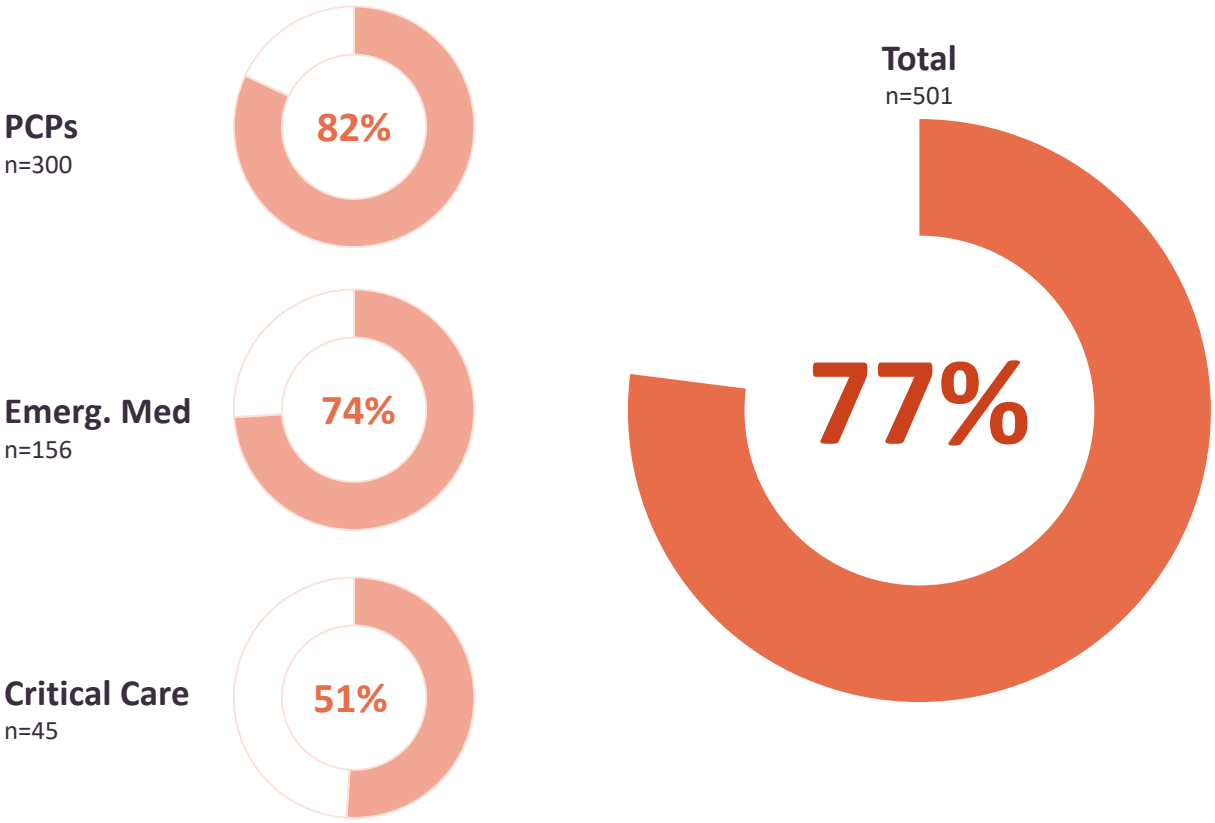
(% Ranked First)

	Total n=501	PCP n=300	EM/CC n=201
NSAIDs (either prescription or OTC)	68%	62%	77%
Lifestyle changes (exercise, weight loss)	22%	26%	15%
Topical treatment (patches, creams)	3%	3%	2%
Mood improvement prescription medications	2%	3%	1%
Behavioral treatment (one-on-one or group therapy)	2%	2%	1%
Other OTC treatments	2%	2%	2%
Acupuncture	1%	1%	0%
Meditation	1%	1%	0%
Medical marijuana	0%	0%	0%

Q5 Instead of opioids, what alternative pain management options would you suggest for your patients? Please rank order which of these alternatives you prioritize.

Over three-quarters of physicians ranked medical marijuana last among the 9 alternatives provided

Proportion of Physicians Ranking Medical Marijuana as Least Preferred Alternative



> *I worry about the addictive and abuse potential if opiates are replaced by marijuana.*
>
> Emergency Medicine MD

> *I'm concerned that the next crisis will be medical marijuana.*
>
> Emergency Medicine MD

> *Medical Marijuana is a joke.*
>
> Primary Care Physician

> *I'd like to see more/better research on medical marijuana before ranking that; seems like a lot of hype and not a lot of benefit for chronic pain. But open to it being a useful tool once more research.*
>
> Primary Care Physician

Q5 Instead of opioids, what alternative pain management options would you suggest for your patients? Please rank order which of these alternatives you prioritize. n=501

Distribution of Approval of Medical Marijuana Use for Impacting the Opioid Addiction Crisis

(% of Physicians)

Those who see benefit to introducing medical marijuana as a solution to opioid prescribing think it could be a safer option for managing pain, though some would recommend limiting prescribing to **cancer patients** and patients with specific conditions only. Though there is a belief this could **curb new opioid prescriptions,** others feel this may **only temporarily impact opioid abuse.** And while it it could have some **impact on number of prescriptions being filled**, several admit it would likely not have any influence on their patients already abusing opioids.

A larger proportion of physicians are against using medical marijuana as a potential solution to approaching the opioid crisis. Many feel this would simply be **swapping one addiction for another,** while others believe many of their opioid abuse patients **already use marijuana** and therefore it would likely not make a difference. Many are concerned about the **potential long term effects of marijuana use** that have not been studied as well as the **impact use could have on patient's lives,** particularly the **mind-altering effects,** which are not considered worth it for many MDs.

"I feel it would drastically decline the number of patients starting on opioids for chronic pain. Don't think it will make as big an impact on those already addicted." - PCP

"It would decrease at least some of the chronic opioids prescriptions." – Emerg. Med

"While not a perfect solution, it is somewhat safer than chronic opioid use. Abuse is much less dangerous." –PCP

"Medical marijuana will cause many more problems than it will solve. It has too many side effects and too much potential for abuse." - PCP

"Should decrease it but just exchanging one addiction problem for another." – Emerg. Med

"Don't agree using one drug to cure another drug problem." – Emerg. Med

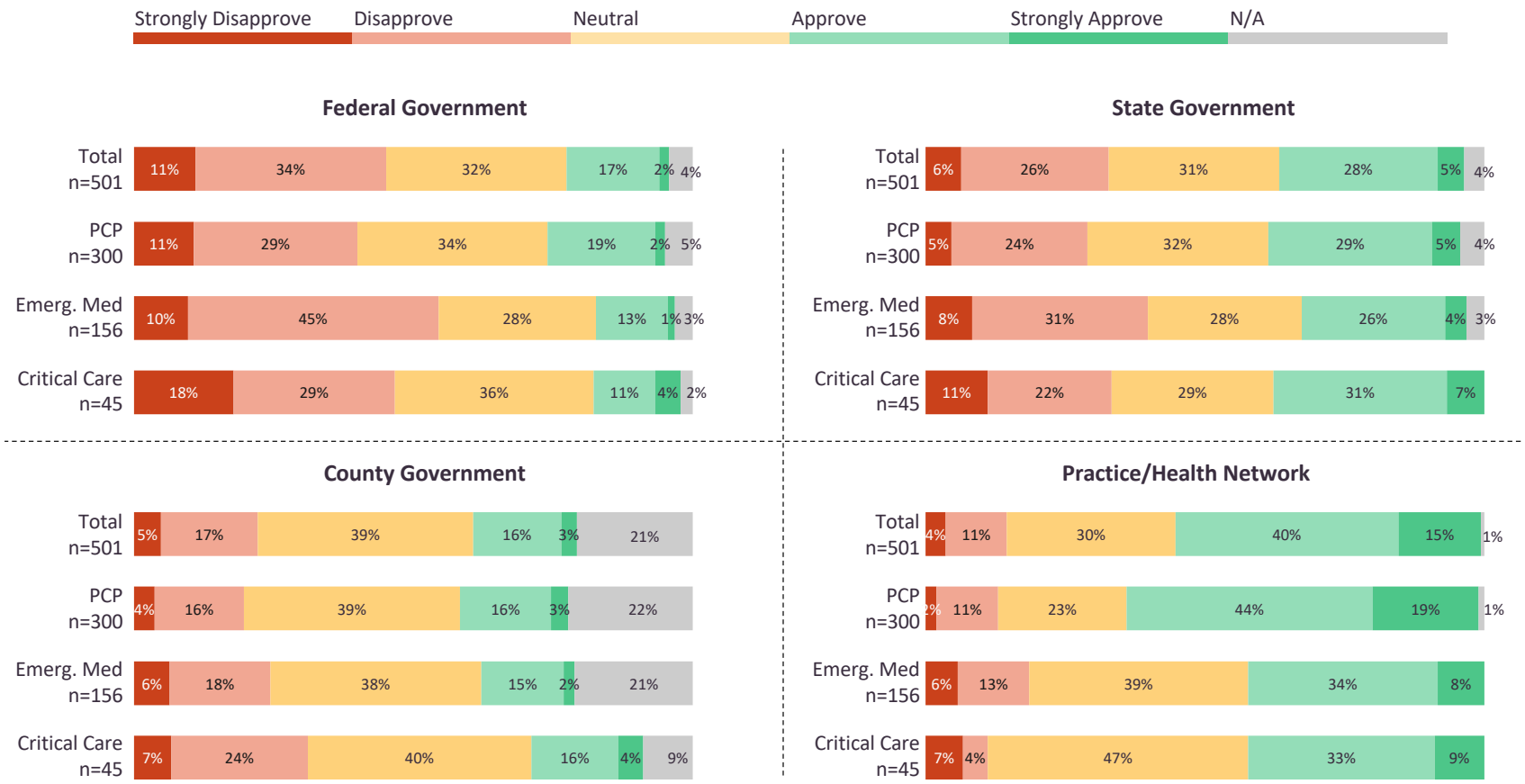
Q6 What percent of your pain patients do you think could have their pain effectively managed with medical marijuana? Please elaborate on the extent to which the legalization of medical marijuana nationwide could potentially impact the issue of opioid abuse in America.

n=501

Appendix

The majority of physicians are most disapproving of the federal government's response to the opioid crisis

Approval of Government Response to Opioid Crisis



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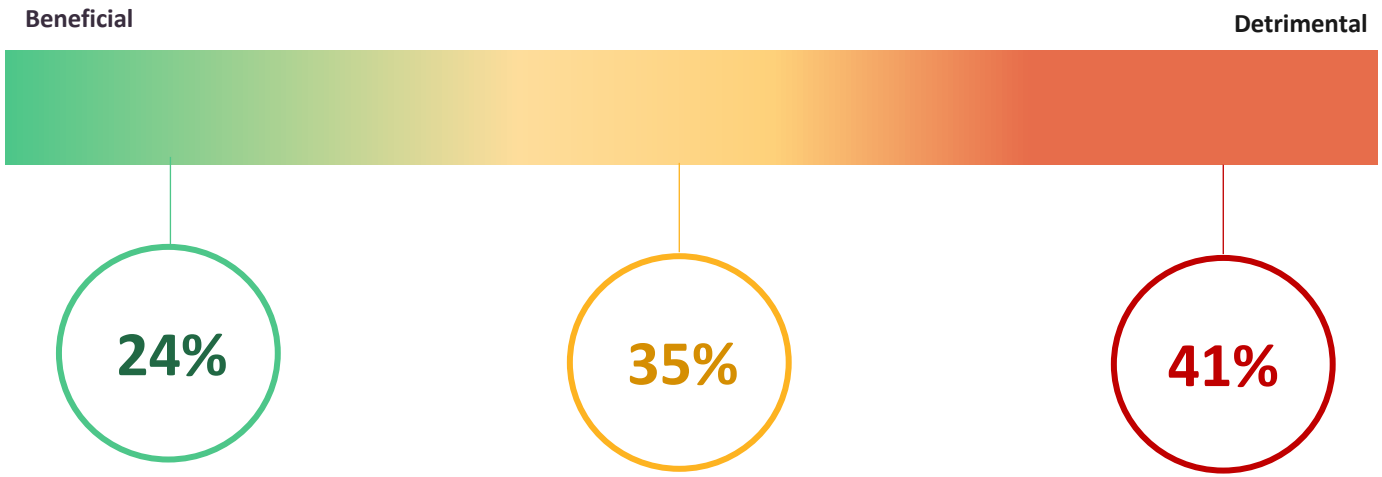
n=501

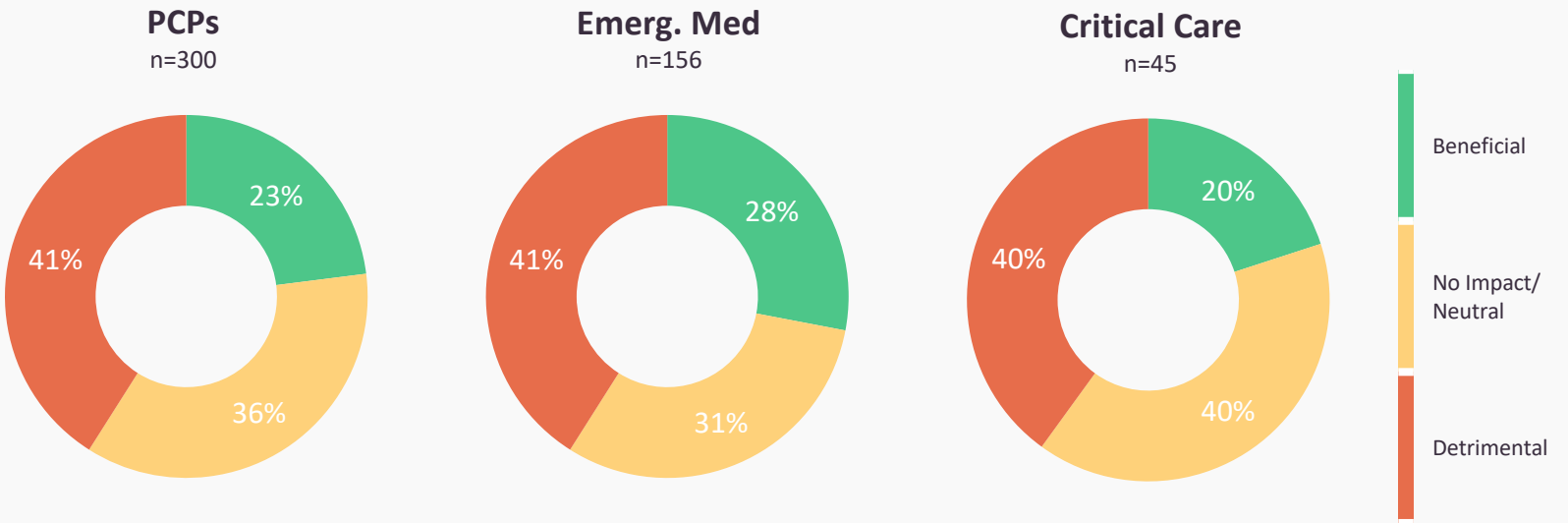
Distribution of Approval of Medical Marijuana Use for Impacting the Opioid Addiction Crisis

(% of Physicians)

TOTAL



BY SPECIALTY



Q6 What percent of your pain patients do you think could have their pain effectively managed with medical marijuana? Please elaborate on the extent to which the legalization of medical marijuana nationwide could potentially impact the issue of opioid abuse in America.

n=501

The fear of switching one addiction for another among pain patients generally outweighs the potential benefits for a lot of physicians

BENEFITS

Those who see benefit to introducing medical marijuana as a solution to opioid prescribing think it could be a safer option for managing pain, though some would recommend limiting prescribing to cancer patients and patients with specific conditions only. Though there is a belief this could curb new opioid prescriptions, others feel this may only temporarily impact opioid abuse. And while it it could have some impact on number of prescriptions being filled, several admit it would likely not have any influence on their patients already abusing opioids.

"It would decrease at least some of the chronic opioids prescriptions."

"While not a perfect solution, it is somewhat safer than chronic opioid use. Abuse is much less dangerous."

"I feel it would drastically decline the number of patients starting on opioids for chronic pain. Don't think it will make as big an impact on those already addicted."

DRAWBACKS

A larger proportion of physicians are against using medical marijuana as a potential solution to approaching the opioid crisis. Many feel this would simply be swapping one addiction for another, while others believe many of their opioid abuse patients already use marijuana and therefore it would likely not make a difference. Many are concerned abut the potential long term effects of marijuana use that have not been studied as well as the impact use could have on patient's lives, particularly the mind-altering effects, which are not considered worth it for many MDs.

"Don't agree using one drug to cure another drug problem."

"Medical marijuana will cause many more problems than it will solve. It has too many side effects and too much potential for abuse."

"Should decrease it but just exchanging one addiction problem for another."

Q6 What percent of your pain patients do you think could have their pain effectively managed with medical marijuana? Please elaborate on the extent to which the legalization of medical marijuana nationwide could potentially impact the issue of opioid abuse in America. n=501