



AMA Opioid Task Force Helping Guide Physicians' Progress to End the Nation's Opioid Epidemic (August 2018 update)

In 2014, the AMA Opioid Task Force convened to coordinate efforts that were underway within organized medicine to help end the nation's opioid epidemic. Together, the Task Force identified six recommendations focused on the actions that physicians could take – and the Task Force was committed to measure progress on each recommendation.

www.end-opioid-epidemic.org

<p><i>PDMPs</i></p> <p>Register for and use your state PDMP to make more informed prescribing decisions</p> <p>TAKE ACTION ></p>	<p><i>Education</i></p> <p>Ensure you have the education and training on effective, evidence-based treatment</p> <p>TAKE ACTION ></p>	<p><i>Treatment</i></p> <p>Support and advocate for comprehensive care for patients in pain and those with a substance use disorder</p> <p>TAKE ACTION ></p>
<p><i>Stigma</i></p> <p>Removing stigma is essential to ending the nation's opioid epidemic</p> <p>TAKE ACTION ></p>	<p><i>Naloxone</i></p> <p>Expand access to naloxone in the community and through co-prescribing</p> <p>TAKE ACTION ></p>	<p><i>Safe Storage and Disposal</i></p> <p>Work with your patients to promote safe storage and disposal of opioids and all medications</p> <p>TAKE ACTION ></p>

The Task Force is proud of the progress that physicians have made in multiple areas but knows that much more work remains to end this epidemic.

Members of the AMA Opioid Task Force

American Academy of Addiction Psychiatry
 American Academy of Family Physicians
 American Academy of Hospice and Palliative Medicine
 American Academy of Neurology
 American Academy of Orthopaedic Surgeons
 American Academy of Pain Medicine
 American Academy of Pediatrics
 American Academy of Physical Medicine and Rehabilitation
 American Association of Neurological Surgeons and Congress of Neurological Surgeons
 American College of Emergency Physicians
 American College of Occupational and Environmental Medicine
 American College of Obstetricians and Gynecologists

American College of Physicians
 American Dental Association
 American Medical Association
 American Osteopathic Association
 American Psychiatric Association
 American Society of Addiction Medicine
 American Society of Anesthesiologists
 American Society of Clinical Oncology
 Arkansas Medical Society
 California Medical Association
 Massachusetts Medical Society
 Medical Society of the State of New York
 New Mexico Medical Society
 Ohio State Medical Association
 Oregon Medical Association
 Utah Medical Association

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Highlights from the American Medical Association Opioid Task Force

PDMPs

Recommendation: Encourage physicians to register for and use PDMPs to help inform clinical decision-making.

Result: Between 2014 and 2017, registration in state PDMPs has increased from approximately 471,896 to more than 1.5 million. Use of state PDMPs has increased from 61.4 million to 300.4 million.



Select Task Force organization efforts:

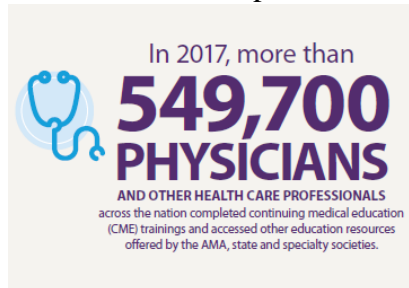
- Ohio has integrated the state PDMP with the MetroHealth EHR system and all Ohio Kroger pharmacies. In 2017, the Ohio PDMP system received 89 million queries, a 270 percent increase from 2016 (**Ohio State Medical Association**).
- Physicians and other health care professionals in Oregon increased use of the state PDMP by 14 percent in 2017 (**Oregon Medical Association**).
- Physicians and other health care professionals in New Mexico increased use of the state PDMP by 39 percent in 2017 (**New Mexico Medical Society**).
- Physicians and other health care professionals in Arkansas increased use of the state PDMP by 61 percent in 2017. (**Arkansas Medical Society**)
- In 2017, the **American Psychiatric Association's** IPS Mental Health Services Conference identified ways to help improve practitioner workflow in successful PDMP integration.
- The **American Academy of Family Physicians** created a [fact sheet](#) to support implementation and use of PDMPs and greater physician input into pain management, regulation and legislation.
- In 2018, the **American Society of Addiction Medicine** released a public policy statement on PDMPs titled, "[Public Policy Statement on Prescription Drug Monitoring Programs \(PDMPs\)](#)." This public policy statement made several policy recommendations, including ensuring PDMPs are user-friendly and integrated into clinical work-flow, and ensuring PDMP data is primarily accessible for clinical treatment, evaluation, and for public health purposes and that any law enforcement access be limited through a tightly regulated process.
- The **American Osteopathic Association** has been heavily engaged in state and national efforts regarding ways to improve and tailor PDMP regulations to enhance compliance and minimize disruptions to care delivery.



EDUCATION

Recommendation: Encourage physicians to ensure they have the necessary education and training to ensure effective, evidence-based treatment for patients with pain and substance use disorders.

Result:



Select Task Force organization efforts:

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- In conjunction with Providers' Clinical Support System, the **American Academy of Addiction Psychiatry** and its coalition members provide the required eight hours of training at no cost on medication-assisted treatment (MAT) for physicians and 24 hours for NPs and PAs to apply to the Drug Enforcement Agency for a waiver to prescribe buprenorphine in-office to treat patients with an opioid use disorder.
 - The 2018 Family Medicine Experience conference, **American Academy of Family Physicians'** largest annual meeting, includes several opioid-centered panel discussions, educating attendees on identifying and treating opioid use disorder in primary care settings.
 - The **Medical Society of the State of New York's** continuous educational efforts on pain management, palliative care and treatment for substance use disorders educated nearly 9,000 physicians and other health care professionals in the past year.
 - Massachusetts physicians have taken more than 17,000 CME online courses addressing substance use disorder and pain management. The **Massachusetts Medical Society** collaborated with the MA Dept. of Public Health to encourage adoption of core competencies for the prevention and management of prescription drug misuse by the state's residency and fellowship training programs.
 - Last fall, the **American Association of Neurological Surgeons** dedicated their quarterly magazine, *AANS Neurosurgeon*, entirely to pain and best practices in combating the opioid epidemic.
 - The **American Academy of Physical Medicine and Rehabilitation** is holding a course on practical solutions to the opioid epidemic – including alternative treatments – in collaboration with New York University School of Medicine.
 - The **American Society of Anesthesiologists** and the **American Academy of Orthopedic Surgeons** are collaborating on a joint effort to develop prescribing recommendations for acute pain following surgery.
 - In 2017, nearly 6,000 physicians completed opioid-related education offered by the **American Society of Addiction Medicine**, including: Treatment of Opioid Use Disorder Courses; National Practice Guideline Webinars; The CO*RE/ASAM Opioid Prescribing: Safe Practice, Changing Lives Course and other opioid-related education modules.
 - The **American Academy of Pain Medicine** provides an extensive catalog of on-demand education in its [Education Center](#), including: PCSS-funded safe opioid prescribing for the treatment of pain and/or opioid addiction; patient safety-focused CME specific to prescribing methadone for the treatment of chronic pain; and 60 hours of on-demand education on the multidisciplinary treatment of pain from its recent Annual Meeting and preconference programs.
 - The **American College of Occupational and Environmental Medicine** held an educational session at its annual conference in May 2018: "Use of Opioid Guidelines to Improve Prescribing Behaviors and Health Outcomes"
 - The **American College of Physicians** created a suite of patient education materials in English and Spanish including content on management of chronic pain and safer use of opioids. Their 2018 annual meeting included multiple sessions on pain management and opioids, and a full day course on opioid management.
 - It is estimated that in 2018, 4,000 physicians across 22 states will complete opioid-related education offered by the **American Osteopathic Association** and CO*RE REMS.
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TREATMENT

Recommendation: AMA urges all health insurance companies and other payers to remove administrative and other barriers to high-quality, evidence-based treatment for patients with pain and those with a substance use disorder.

Result: In the past year, nearly 15,000 physicians have become certified to provide MAT to patients with an opioid use disorder – a 42 percent increase.

Select Task Force organization efforts:

- **American Academy of Neurology, American Society of Anesthesiologists and the American Academy of Pain Medicine** continue to advocate for non-opioid based pain research and treatments.
 - **The American College of Obstetricians and Gynecologists** issued clinical guidance on opioid use and opioid use disorder in pregnancy and on postpartum pain management.
 - **The American College of Physicians** urged the House Ways and Means Committee to support better access to evidence-based treatments for substance use disorders.
 - **The American Academy of Addiction Psychiatry (AAAP)** and coalition members met with 57 states and territories to complete needs assessments for SAMHSA’s State Targeted Response Technical Assistance (STR-TA) grant.
 - **AAAP** and coalition members launched prevention, recovery and treatment teams in every state in the country and all territories to provide technical assistance at the local level on evidence-based practices for prevention and treatment of opioid use disorder (SAMHSA STR-TA grant).
 - **The American Society of Clinical Oncology** submitted comments to the U.S. Food and Drug Administration (FDA) to help guide its newly established Opioid Policy Steering Committee (OPSC) to develop expert guidelines on prescribing opioids, noting the need for pain management to be tailored to specific patient circumstances.
 - **The American Society of Addiction Medicine** developed the [Appropriate Use of Drug Testing in Clinical Addiction Medicine document](#) to provide guidance about the effective use of drug testing in the identification, diagnosis, treatment, and promotion of recovery for patients with, or at risk for, addiction.
 - **The American College of Occupational and Environmental Medicine** developed the Guidance statement, [Principles for Ensuring the Safe Management of Pain Medication Prescriptions by Occupational and Environmental Medicine Physicians](#)
 - **The Massachusetts Medical Society** adopted policy advocating that inmates at the county, state and federal levels have access to the full spectrum of evidence-based recovery support services, including all medication-assisted treatments, including post-release care.
 - Under a SAMHSA grant, the **American College of Emergency Physicians (ACEP)** conducted a member survey on buprenorphine practices in the ED, awareness around 3-day rule and MAT waiver training. ACEP will now be providing MAT Waiver training opportunities at its larger meetings, including in September at the ACEP annual meeting.
 - **ACEP** developed a web-based app of resources for emergency physicians to use at the bedside on management of acute pain focused on non-opioid treatments (such as the alternatives to opioids/ ALTO protocol); and it started an opioid initiative as part of its TCPI learning collaborative, E-QUAL, which has recruited 188 new sites into the first wave that will help emergency departments implement the ALTO protocol, improve opioid prescribing, and adopt strategies such as naloxone prescribing and medication-assisted treatment.
 - Between 2016-2018, the **American Osteopathic Assn.** successfully advocated to include osteopathic manipulative treatment as a non-pharmacologic approach to pain treatment in legislation in Oregon and Rhode Island, and in the West Virginia Attorney General’s *Best Practices for Prescribing Opioids*.
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STIGMA

Recommendation: Encourage physicians to confront the intangible and devastating effects of stigma. Patients in pain and patients with a substance use disorder need comprehensive treatment, not judgment.

Result: There are now more than 50,000 physicians certified to provide in-office buprenorphine for the treatment of opioid use disorder across all 50 states.

Results of Select Task Force organization efforts:

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- California has 35 locally funded opioid safety coalitions – several are led by county medical associations – that have prioritized increased access to MAT and reduced the stigma associated with drug addiction (**California Medical Association**).
 - Project ECHO, supported by the **New Mexico Medical Society** and sponsored by the University of New Mexico, provides training for opioid addiction treatment to health care professionals at no cost.
 - The **American Academy of Orthopaedic Surgeons** has advocated for better understanding of mental health status to improve surgery outcomes and has increased mental health screenings.
 - The **American College of Physicians (ACP)** published a position paper recommending that federal and state governments, insurance regulators, payers, and other stakeholders address behavioral health insurance coverage gaps that are barriers to integrated care, including strengthening and enforcing relevant nondiscrimination laws. See [ACP's policy statement addressing stigma](#) for integration of behavioral and mental health. The ACP recommends that all relevant stakeholders initiate programs to reduce the stigma associated with behavioral health problems. These programs need to address negative perceptions held by the general population and by many physicians and other health care professionals.
 - The **American Academy of Addiction Psychiatry** in collaboration with the National Hospital Association released a video with President of NHA urging all hospital staff to be aware of stigma and language when treating patients and family members of those with substance use disorders with patient testimonies.
 - In April 2018, the **American Society of Addiction Medicine (ASAM)**, alongside many partner organizations including the American Medical Association, held the 2nd annual National Addiction Treatment Week. During that week, ASAM held a webinar with medical experts, a former “White House Drug Czar”, and a member of the Associated Press which aimed to educate the media about the best language to use when covering addiction.
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“The bottom line is we need to destigmatize drug addiction, so we can treat it like any other disease, and we need to put resources into the treatment of addiction,”

~ **AMA President Barbara McAneny, MD.**

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NALOXONE

Recommendation: Co-prescribe naloxone to patients when clinically appropriate in order to save lives.

Result: Naloxone prescriptions more than doubled in 2017, from approximately 3,500 to 8,000 naloxone prescriptions dispensed per week.

Select Task Force organization efforts:

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- Every state in the nation now has a naloxone access law – more than two dozen laws since 2014 enacted with the help of an **American Medical Association** model state bill.
 - The **California Medical Association** supported the state’s new [statewide standing order](#), which just became effective.
 - The **American College of Physicians** included live simulations of naloxone administration at its 2018 live annual meeting, providing information on co-prescription.
 - The **Utah Medical Association** released clinical guidelines on prescribing opioids for treatment of pain, recommending co-prescribing naloxone for patients at risk of overdose.
 - The **Massachusetts Medical Society** released a public service announcement on how to identify an overdose and why everyone should consider carrying naloxone.
 - The **American Osteopathic Association** adopted a comprehensive report to help educate its members about harm reduction strategies. The report, “Harm Reduction Modalities for People Who Inject Drugs,” is [available on the AOA website](#).
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“The AMA Opioid Task Force has encouraged physicians to co-prescribe naloxone when clinically appropriate to help save lives from overdose. Surgeon General Adams, physicians, first responders and public health advocates all recognize that naloxone is a literal lifesaver and a vital tool in our fight against the opioid epidemic,”

~ **AMA President-elect Patrice A. Harris, MD, MA, Chair, AMA Opioid Task Force**



SAFE STORAGE AND DISPOSAL

Recommendation: AMA recommends physicians take three actions: Educate patients about safe use, remind patients to store out of reach of children, and talk to patients about appropriate way to dispose of expired, unwanted and unused medications.

Result: In 2016 and 2017, physicians and other health care professionals used the [AMA microsite website](#) to access education and training resources from the nation’s medical societies and other trusted sources a total of 19,260 times.

Select Task Force organization efforts:

- The **American Academy of Hospice and Palliative Medicine** promotes the use of opioid disposal locations and has a Position Statement Working Group to discuss controlled substance oversight in the hospice setting specifically.
- The **American Academy of Pediatrics (AAP)** developed a patient-specific [Poster on Safe Storage and Disposal of Medications](#).

Available in both English and Spanish, this poster is meant to be used in pediatric offices to help educate families. It also is designed so that local resources can be added to the poster. The poster was disseminated at the 2017 National Conference and Exhibition, discussed in an October 2017 *AAP News* article [here](#), and is available upon request. Request copies [here](#).

1 Talk to your patients! More than 70 percent of people misusing opioid analgesics are getting them from family and friends—sharing opioids is illegal and may be deadly.

2 Remind your patients! Store medicines out of reach from children and never share prescription(s) with anyone.

3 Urge your patients to safely dispose of expired, unwanted and unused medications! Recommend patients use pharmacy and law enforcement “take back” resources whenever possible.

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