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Opioids, Benzodiazepines and Z-Drugs, Oh My!
Alberta Physicians' Attitudes and Opinions upon Receipt of their MD Snapshot Personalized Prescribing Profile

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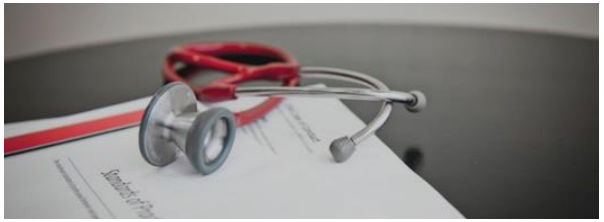

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Disclosure Statement

I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

"This just says you won't reveal anything about our nondisclosure agreement."

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Outline

- Acknowledgements

  - Dr. Nigel Ashworth, Ms. Delaney Wiebe, Mr. Ed Jess & Dr. Karen Mazurek

- Background
- Aim
- Methods
- Results
- Conclusions
- Implications
- Questions

MDsnapshot Prescribing

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Background

- Opioids and benzodiazepines (BZD) drugs with high potential for misuse and/or diversion
- Alberta has some of the highest rates of prescribed opioids per population in the world and equally high rates of opioid overdoses and deaths
- Alberta also has very high rates of BZD R_x including R_x to seniors aged 65+ who are more susceptible to adverse consequences from these medications
- CPSA = Alberta's Medical Regulatory Authority
- Opioid R_x monitored since 1986; BZD R_x monitored since 2015

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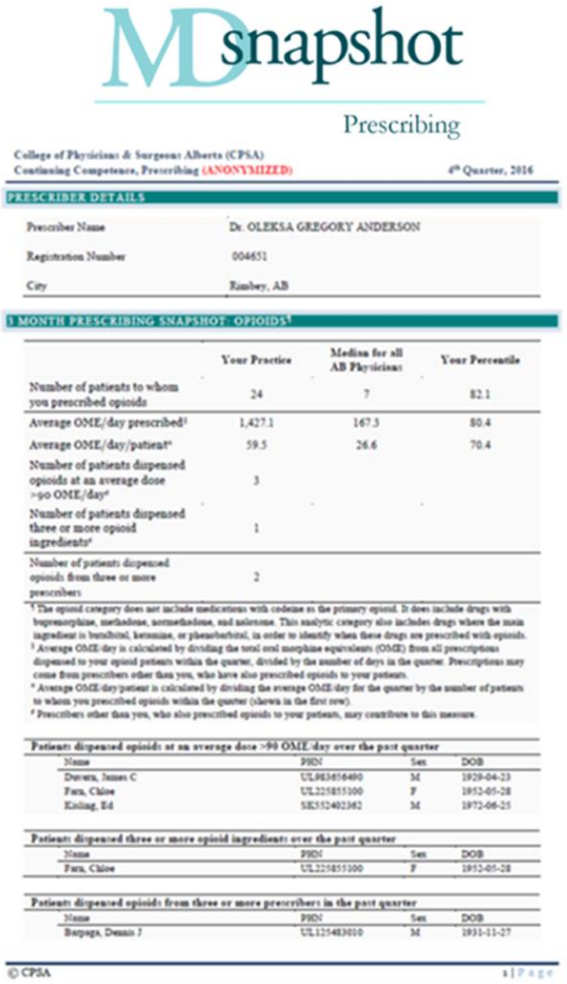
Background, Aim

- 2016: CPSA developed **"MD Snapshot-Prescribing Profile"** a personalized R_x report for MDs, so they may see how many opioids and BZDs they have prescribed

- December 2016: 1st iteration of report sent to all Alberta physicians (n=8,213) who had prescribed either an opioid and/or a BZD in Q32016

- **AIM:** ***To determine the attitudes & opinions of Alberta physicians who received their MD Snapshot R_x profile in December 2016***



MD snapshot

Prescribing

College of Physicians & Surgeons Alberta (CPSA)
Continuing Competence, Prescribing (ANONYMIZED) 4th Quarter, 2016

PRESCRIBER DETAILS

Prescriber Name	Dr. OLEKSA GREGORY ANDERSON
Registration Number	004651
City	Rimbey, AB

3 MONTH PRESCRIBING SNAPSHOT: OPIOIDS[1]

	Your Practice	Median for all AB Physicians	Your Percentile
Number of patients to whom you prescribed opioids	24	7	82.1
Average OME/day prescribed[2]	1,427.1	167.3	80.4
Average OME/day/patient[3]	59.5	26.6	70.4
Number of patients dispensed opioids at an average dose >90 OME/day[4]	3		
Number of patients dispensed three or more opioid ingredients[5]	1		
Number of patients dispensed opioids from three or more prescribers	2		

[1] The opioid category does not include medications with codeine as the primary opioid. It does include drugs with buprenorphine, methadone, normethadone, and nalotone. This analytic category also includes drugs where the main ingredient is butalbital, ketamine, or phenobarbital, in order to identify when these drugs are prescribed with opioids.
[2] Average OME/day is calculated by dividing the total oral morphine equivalents (OME) from all prescriptions dispensed to your opioid patients within the quarter, divided by the number of days in the quarter. Prescriptions may come from prescribers other than you, who have also prescribed opioids to your patients.
[3] Average OME/day/patient is calculated by dividing the average OME/day for the quarter by the number of patients to whom you prescribed opioids within the quarter (shown in the first row).
[4] Prescribers other than you, who also prescribed opioids to your patients, may contribute to this measure.

Patients dispensed opioids at an average dose >90 OME/day over the past quarter

Name	PHN	Sex	DOB
Duvern, James C	UL983656490	M	1929-04-23
Farn, Chloe	UL225855100	F	1952-05-28
Kisling, Ed	SK552402362	M	1972-06-25

Patients dispensed three or more opioid ingredients over the past quarter

Name	PHN	Sex	DOB
Farn, Chloe	UL225855100	F	1952-05-28

Patients dispensed opioids from three or more prescribers in the past quarter

Name	PHN	Sex	DOB
Barpaga, Dennis J	UL125483010	M	1931-11-27

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Methods

Link to Feedback Survey (developed with *SurveyMonkey®*) emailed to Snapshot recipients Dec. 2016

Survey Details:
- 5 Closed-ended questions
- 1 open-ended question asking for "comments"

The survey was open for 4 weeks closing in January 2017

Data was compiled and exported via *SurveyMonkey®*

Nvivo was used to assist with the analysis

Comments analyzed using Qualitative Content Analysis

Analysis completed May 2017

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Results

- Total survey response = 2,184 physicians (27% response rate)
- 1,296 “Comments” re: Snapshot

  (positive, negative, neutral, recommendations)

MD snapshot Prescribing

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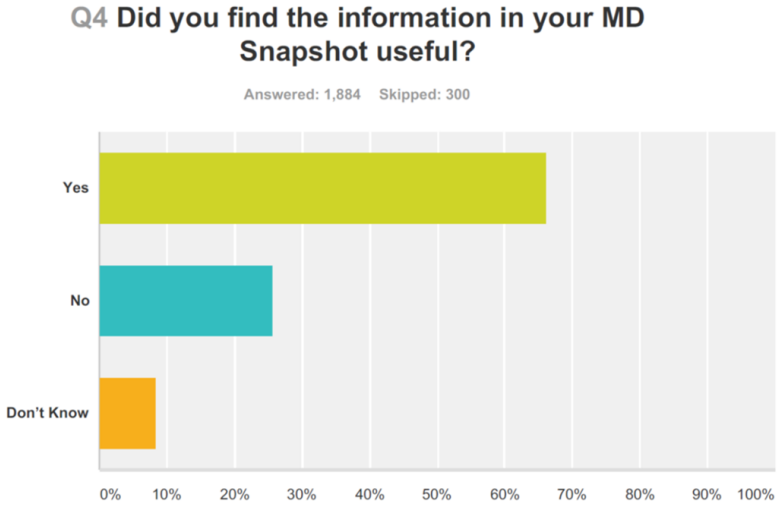
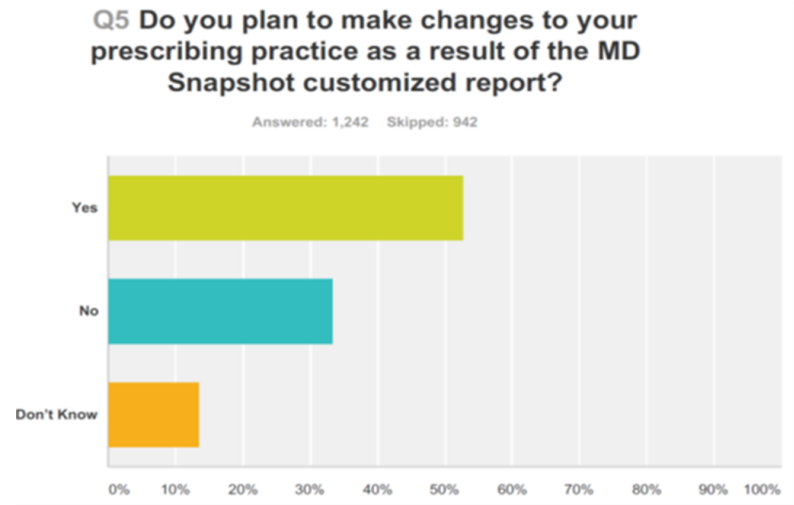
Results: Quantitative

1. Did you receive your MD Snapshot? YES (90%)
2. Did you review the information in your MD Snapshot? YES (98%)
3. Do you plan to review your MD Snapshot? YES (91%)
4. ***Did you find the information in your MD Snapshot useful? YES (66%)***
5. ***Do you plan to make changes to your prescribing practice as a result of the MD Snapshot? YES (52%)***





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Results: Qualitative

Positive

- Helpful and/or supportive in day-to-day clinical activities; understood the importance & timeliness of the report being distributed
- Many physicians expressed gratitude and thankfulness for both the report and the opportunity to provide feedback

[The prescribing profile] has increased my conviction to be more thoughtful around prescribing…I applaud the College for taking this bold but important step.

This is just the support that we need. While addictions provide comfort to the individual, patients need to understand the harms.

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Results: Qualitative

Negative

- Offensive, insulting
- Several respondents reacted negatively and sarcastically to receipt of their personalized prescribing information
- Some deemed the report a waste of time and resources

[The report is] a reprehensible, poorly explained, poorly assessed and poorly presented data piece that has no capacity for anything other than patient harm.

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Results: Qualitative

Neutral

- Some participants simply wrote that they had received the MD Snapshot, or that they had "no comment"

As a full-time pain specialist, my patient profile is what would be expected.

Recommendations

- Include peer comparison (e.g., a family physician's prescribing compared to all other family physicians)
- Include other medications (e.g. codeine, T3's, antibiotics)

I would have wanted to know how my numbers compared to other family physicians, as opposed to all physicians across Alberta.

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Conclusions & Next Steps

- Alberta physicians' attitudes and opinions regarding the receipt of their R_x Profile are diverse
- Most recipients of the R_x Profile found benefit in their profile, and plan to use forthcoming iterations as useful tools in their practices
- Feedback from this survey has been incorporated into future iterations of the reports (e.g. peer comparison data)

- More feedback:
  - ✓ Focus Groups – 2018 -
  - ✓ Surveys – iterative reports updated on ongoing basis
- Physicians can earn CME credits for reviewing their R_x Profile
- Report(s) delivered via the CPSA's secured online physician portal (2018/2019)

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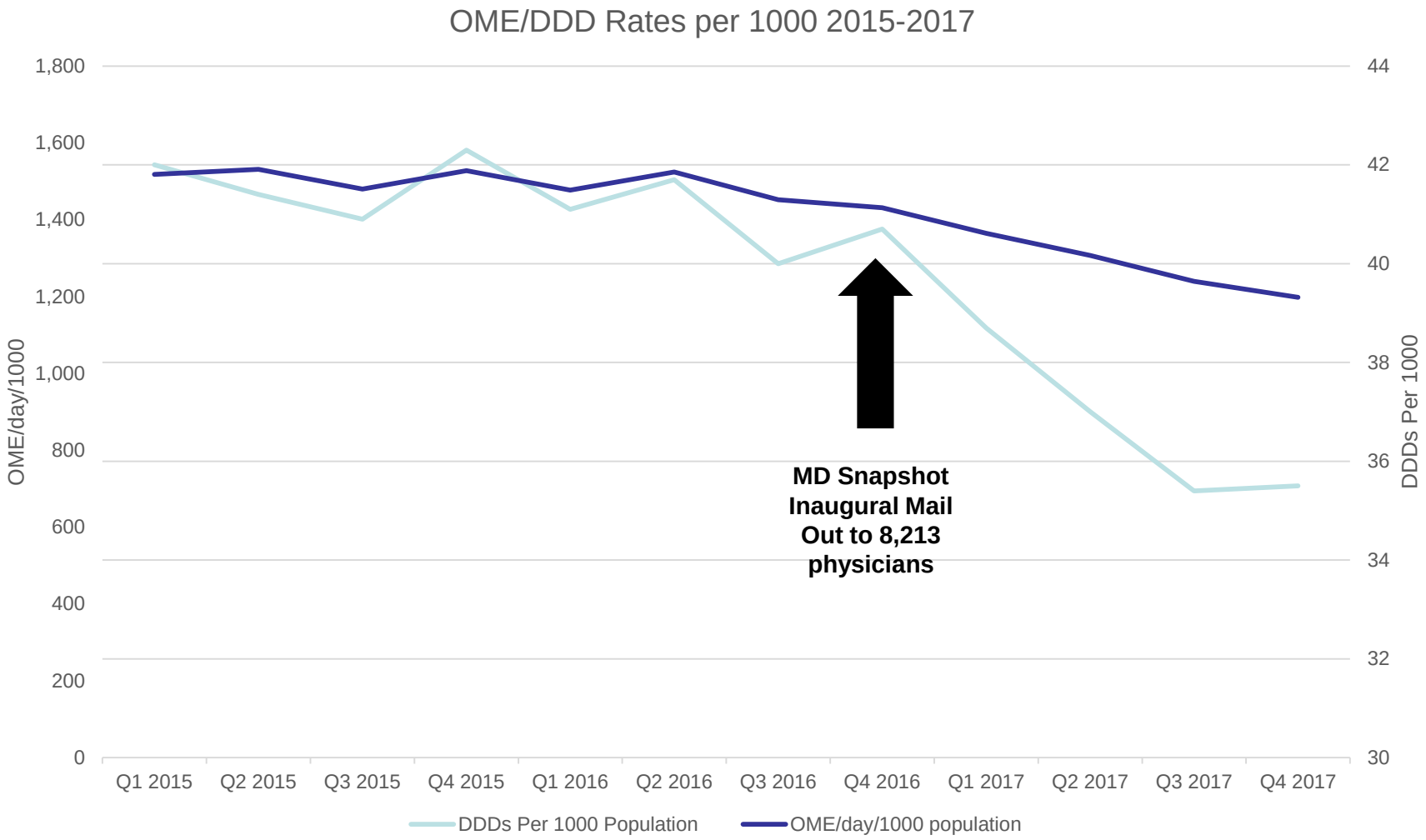
Implications: Improving physician prescribing



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Questions?

Thank-you!

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