Analyzing the Impact of CDC Opioid Prescribing guidelines on High Dose Opioid Prescribing amongst Providers

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Disclosure Statements

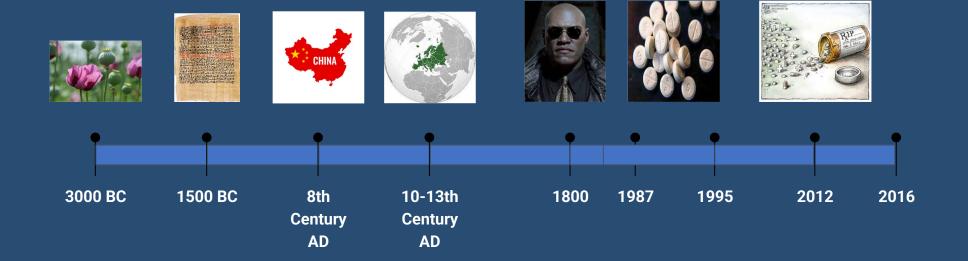
- Jonathan Liu has no financial relationships to disclose
- Henry Young has no financial relationships to disclose
- This presentation does not contain off-label or investigational use of drugs or products



Objectives

- Analyze the impact of the 2016 CDC Opioid Prescribing guidelines on high dose prescribing
- Quantify changes in total opioid prescribing before and after the guidelines







2016 CDC Guidelines for Prescribing Opioids for Chronic Pain

- Audience
- Exclusions
- Higher opioid doses associated with high risk of overdose
- Recommendations:
- 1. Prescribe the lowest effective dosage
- 2. When to consult a pain specialist



Objective

 Examining national prescribing trends in opioid prescribing of both primary care and pain management specialists

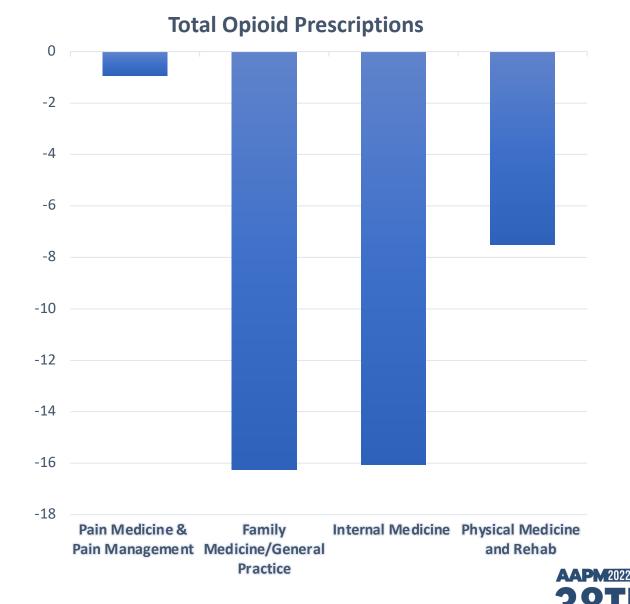


Methods

- Retrospective study comparing 2015 and 2017 opioid prescribing data
- IQVIA National Prescription Audit
- Total Opioid Prescriptions, > 50 MME, >100 MME,
- Pain Management, Family Medicine/General Practice, Internal Medicine, PMR
- Obtained number of providers in each specialty from AAMC
- Prescriptions per provider= Prescriptions/Number of Providers

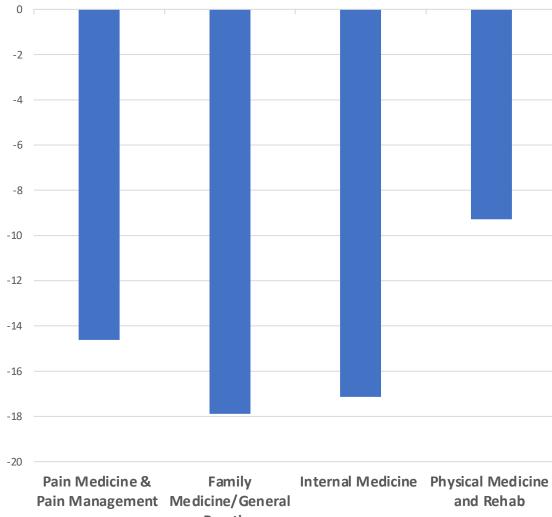


Results: Total Opioid Prescriptions



Total Opioid Prescriptions Per Provider

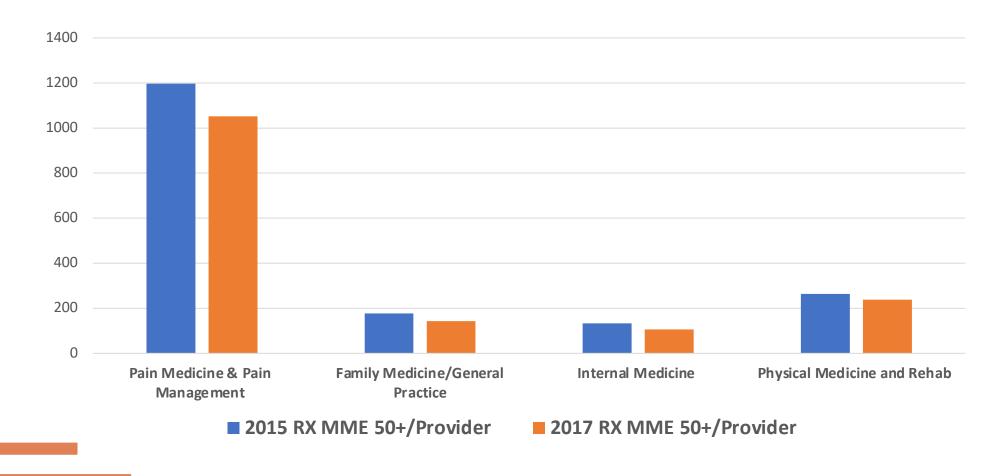
Percent change in Prescriptions Per Provider



Practice

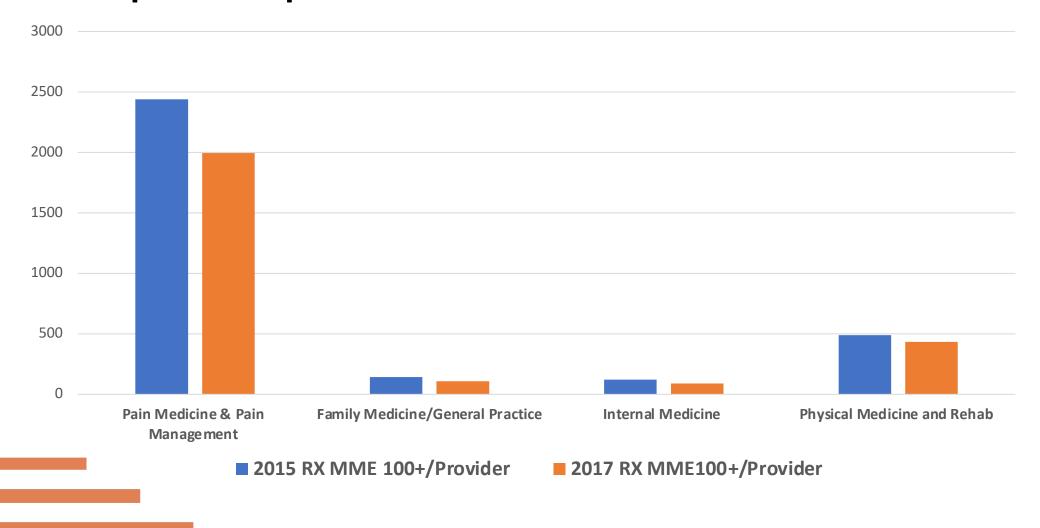


Prescriptions Per Provider MME 50+



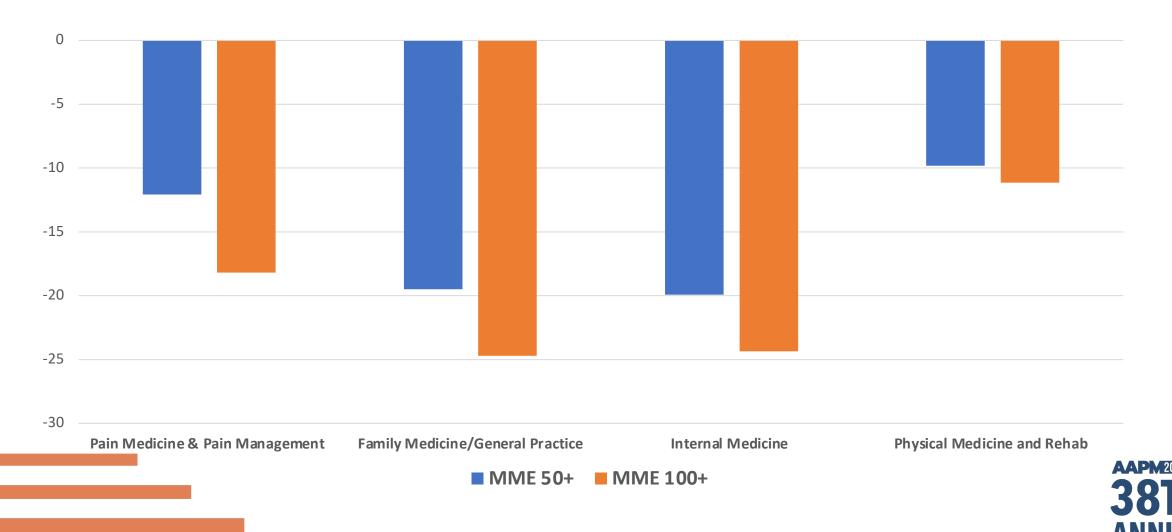


Prescriptions per Provider MME 100+





Decrease in Prescriptions Per Provider



Conclusion

- For all provider types:
- Total Opioid Prescriptions, Opioid Prescriptions Per Provider 👃
- Prescriptions Per Provider 50+, Prescriptions Per Provider 100+ 👃
- Despite CDC guidelines, Pain Management still able to decrease high dose opioid prescribing
- Need for more resources allocated towards Pain Specialists
- Areas of future study: Advanced Practice Providers, Date of Training completion, Patient load before and after guidelines



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