College of Physicians & Surgeons of Alberta

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

Delaney Wiebe, BSc, MPH
Research Assistant, Continuing Competence
College of Physicians & Surgeons of Alberta

CADTH Symposium
Edmonton, Alberta
April 16, 2019

College of Physicians & Surgeons of Alberta

Disclosure Statement

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization
- I am employed by the CPSA

College of Physicians & Surgeons of Alberta

Acknowledgements

Opioids, Benzodiazepines and Z-Drugs:
Alberta Physicians' Attitudes and Opinions upon Receipt of their Personalized Prescribing Profile

Nicole A. Kain, MPA, PhD; Nigel L. Ashworth, MBChB, MSc; Ed H. Jess; Karen A. Mazurek, MD

ABSTRACT: Opioid prescriptions have been monitored by the College of Physicians and Surgeons of Alberta (CPSA) since 1986, and benzodiazepine prescriptions since 2015. Recently the CPSA developed the "MD Snapshot-Prescribing Profile," a feedback intervention consisting of a personalized report for physicians to see how many opioids and/or benzodiazepines they have prescribed to their patients. The aim of this study was to determine the attitudes and opinions of physicians in Alberta who received their prescribing profile from the CPSA in December 2016. Following mail-out of the prescribing profile, an online survey was emailed to recipients (n=8,213). The mixed survey asked five closed-ended questions, and an open-ended question asking for comments. Results from the closed-ended questions were compiled via Survey Monkey and responses to the open-ended question were analyzed using a qualitative content analysis method. Total survey response rate was 27% (n=2,148). More than half of physician-respondents indicated that they plan to make changes to their prescribing practice based on the prescribing profile and two-thirds of respondents found the information in the prescribing profile useful. Responses to the open-ended question were mixed. Physicians' attitudes and opinions regarding the receipt of their prescribing profile are diverse. Most recipients found benefit in their profile, and plan to use forthcoming versions as a useful instrument in their practices. Given the high rates of opioid/benzodiazepine prescriptions and related opioid epidemic, the MD Snapshot-Prescribing Profile is an innovative and important tool that can assist in improving physician prescribing practices.

Kain, N. A., et al. (2018). "Opioids, Benzodiazepines and Z-Drugs: Alberta Physicians' Attitudes and Opinions upon Receipt of their Personalized Prescribing Profile." Journal of Medical Regulation **104**(4): 8-13.

Dr. Nicole Kain, Dr. Nigel Ashworth, Mr. Ed Jess & Dr. Karen Mazurek

Outline

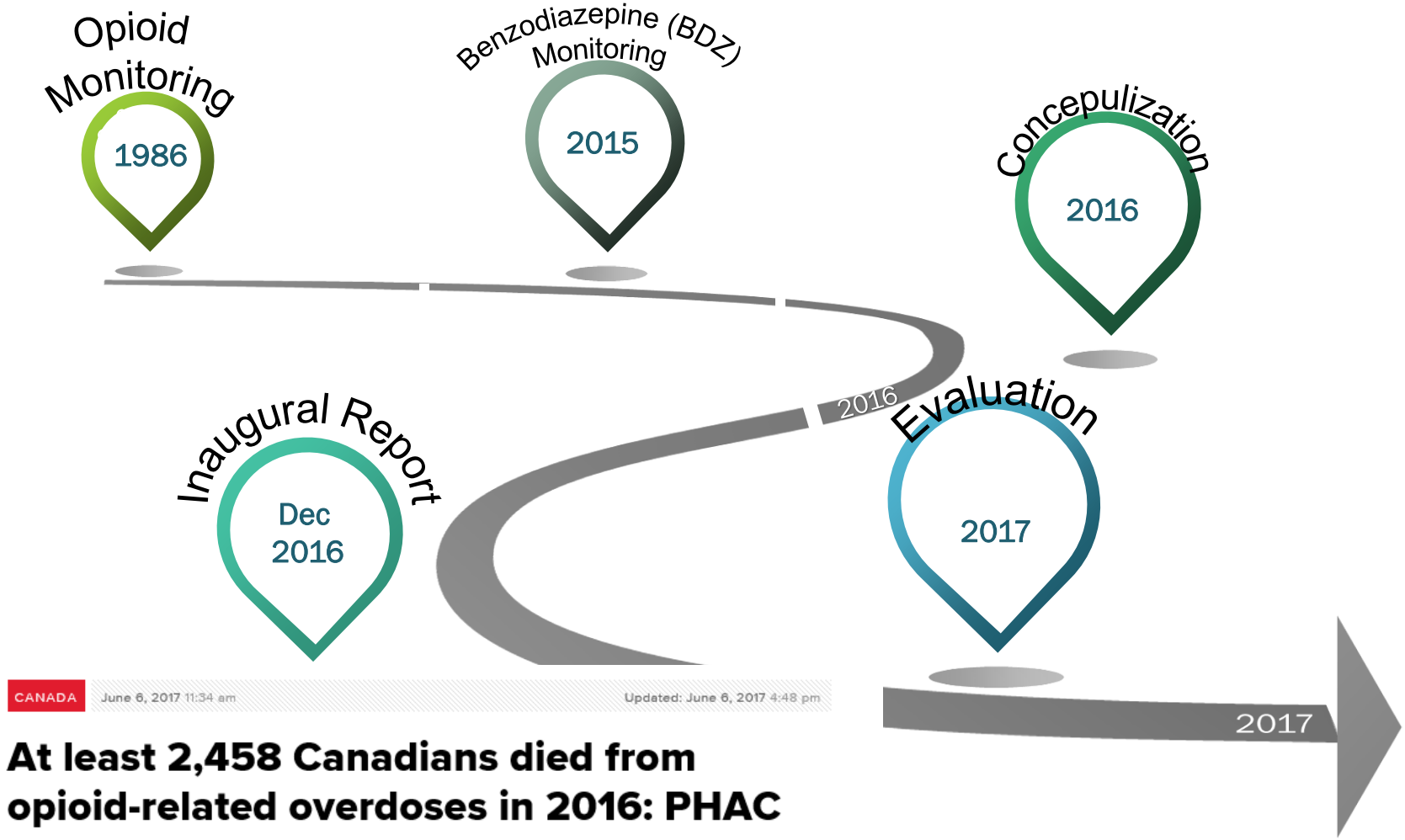
- Background
- Aim
- Methods
- Results
- Conclusions
- Questions

MDsnapshot

Prescribing

College of Physicians & Surgeons of Alberta

Background



CANADA June 6, 2017 11:34 am Updated: June 6, 2017 4:48 pm

At least 2,458 Canadians died from opioid-related overdoses in 2016: PHAC

By Andrew Russell

National Online Journalist, Investigative Global News

Image retrieved from: https://globalnews.ca/news/3506436/at-least-2458-canadians-died-from-opioid-related-overdoses-in-2016-phac/

College of Physicians & Surgeons of Alberta

Aim: MD Snapshot – Prescribing

Three Month Prescribing Snapshot: Opioids (1)

	Your Practice	Comparator Group Median (2)	Your Percentile
Patient(s) to whom you prescribed opioids	19	21	47.8
Total OME/day prescribed (3)	967	272.8	74.1
Average OME/day/patient (4)	51	13.1	90.7
Opioid naive patient(s) receiving a long-acting opioid prescribed by you (5)	0		
Patient(s) receiving one or more opioid and one or more BDZ prescribed by you	4		
Patient(s) receiving opioids at an average dose >=90 OME/day (6)	3		
Patient(s) receiving three or more opioid ingredients (6)	0		
Patient(s) receiving opioids from three or more prescribers	0		

(1) The opioid category includes drugs with buprenorphine, methadone, and normethadone. 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. While the drugs listed above are counted in the number of ingredients, dispenses have been assigned an OME = 0.
(2) Comparator groups are clusters of specialty groups with similar clinical practices and distribution within an analytical drug class. You are being compared to your peers who belong to the same group as you. Practice setting information from your annual renewal was used to determine your assignment to a group.
(3) Total OME/day for the quarter is calculated by dividing the total oral morphine equivalents (OME) dispensed to your patients from your prescriptions, divided by the number of days in the quarter.
(4) Average OME/day/patient is calculated by dividing the Total OME/day for the quarter by the number of patients dispensed opioids prescribed by you within the quarter.
(5) Opioid naive patients are those with no opioid dispenses in the previous 180 days. Long-acting opioids include agents that have a long serum half-life or a controlled or extended-release delivery mechanism.
(6) Prescribers other than you, who also prescribed opioids to your patients, may have contributed to this measure.

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

College of Physicians & Surgeons of Alberta

Methods

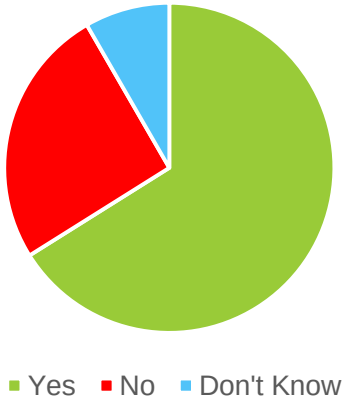
1. Link to Feedback Survey (developed with *SurveyMonkey®*) emailed to Snapshot recipients Dec. 2016
2. **Survey Details:**
   - 5 Closed-ended questions
   - 1 open-ended question asking for "comments"
3. The survey was open for 4 weeks closing in January 2017
4. Data was compiled and exported via *SurveyMonkey®*
5. Nvivo was used to assist with the analysis
6. Comments analyzed using Qualitative Content Analysis

Analysis completed May 2017

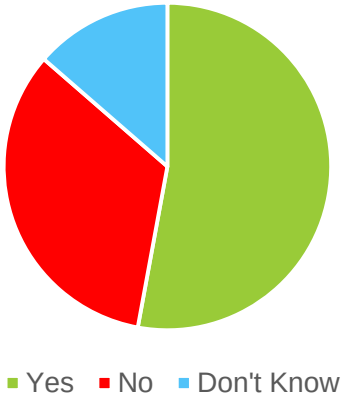
College of Physicians & Surgeons of Alberta

Results: Quantitative

- 2,184 physician respondents (27% response rate)
- 90% of participants had received their reports
- 98% had reviewed their reports; 91% intended to



66% information useful



53% plan to make changes

- 1,296 “Comments” re: Snapshot
  (positive, negative, neutral, recommendations)

College of Physicians & Surgeons of Alberta

Results: Qualitative

Positive

[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.

College of Physicians & Surgeons of Alberta

Results: Qualitative

Negative

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

College of Physicians & Surgeons of Alberta

Results: Qualitative

Neutral

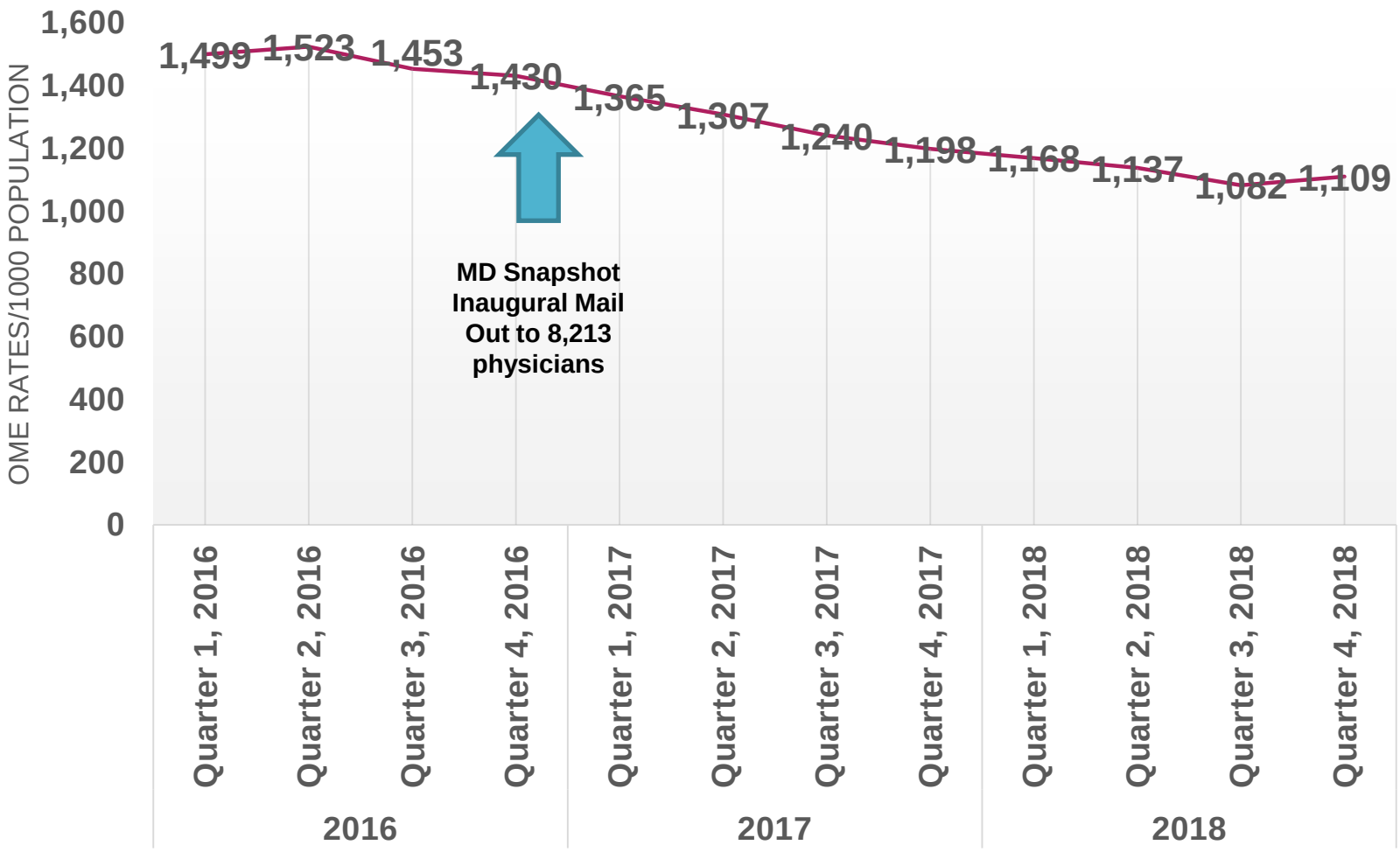
As a full-time pain specialist, my patient profile is what would be expected.

Recommendations

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

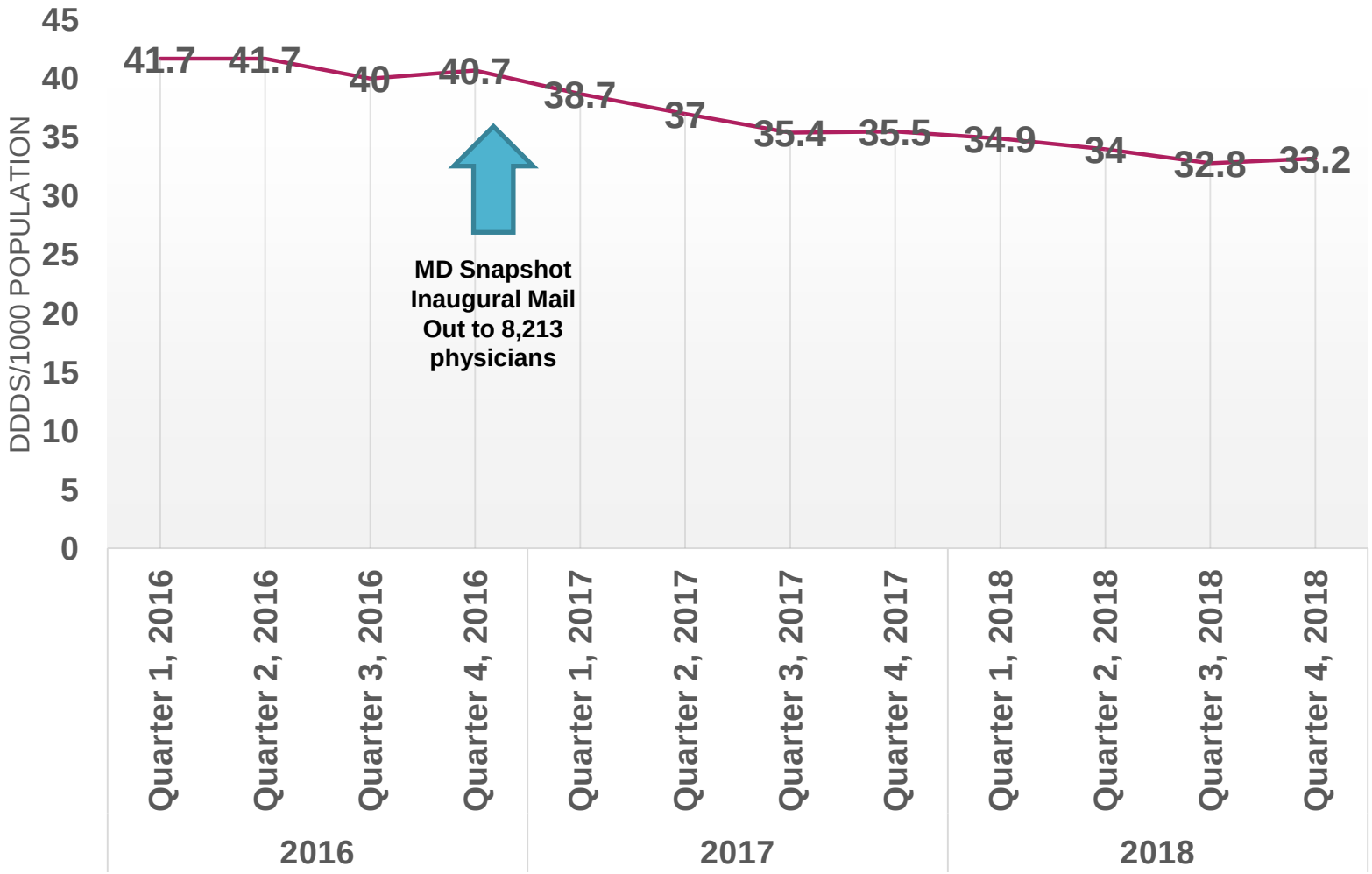
College of Physicians & Surgeons of Alberta

OME Rates per 1000 Population 2016-2018



College of Physicians & Surgeons of Alberta

DDD Rates per 1000 Population 2016-2018



College of Physicians & Surgeons of Alberta

Conclusions

- Alberta physicians' attitudes & opinions regarding their R_x Profile are diverse
- Most recipients found the R_x Profile beneficial & plan to use future iterations
- Feedback from this survey has been incorporated into future iterations of the reports (8 to date.)
    - Peer comparisons
    - Delivery Method

College of Physicians & Surgeons of Alberta

Questions?

Thank-you!

Delaney Wiebe

Research Assistant

Research & Evaluation Unit

Delaney.Wiebe@cpas.ab.ca