

# Using continuing professional development as a platform to promote safer prescribing of drugs of dependence by general practitioners in a regional area

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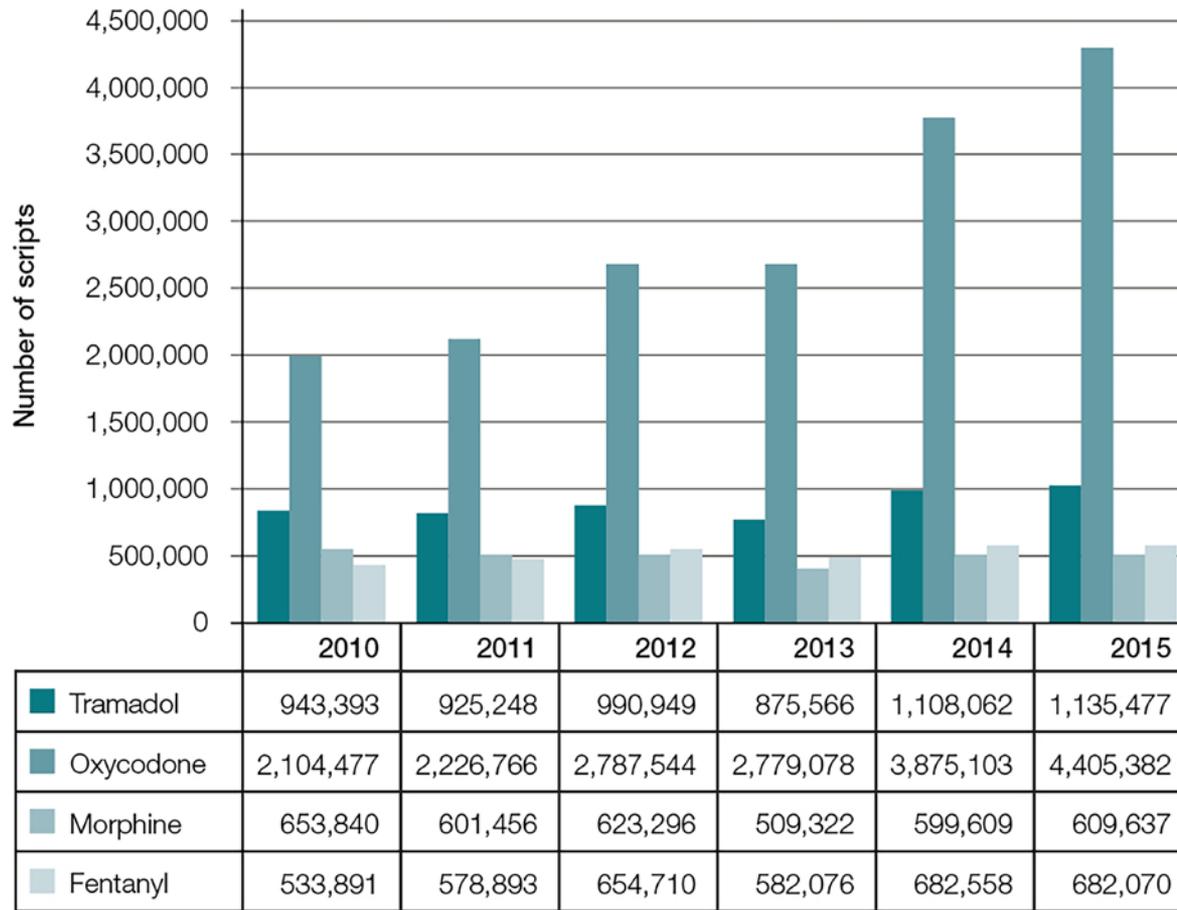
An Australian Government Initiative

Together with our partners and communities, Western Victoria PHN identifies priority health care needs, improves access through government funding, and co-designs localised solutions to improve health care systems across western Victoria.

# Background

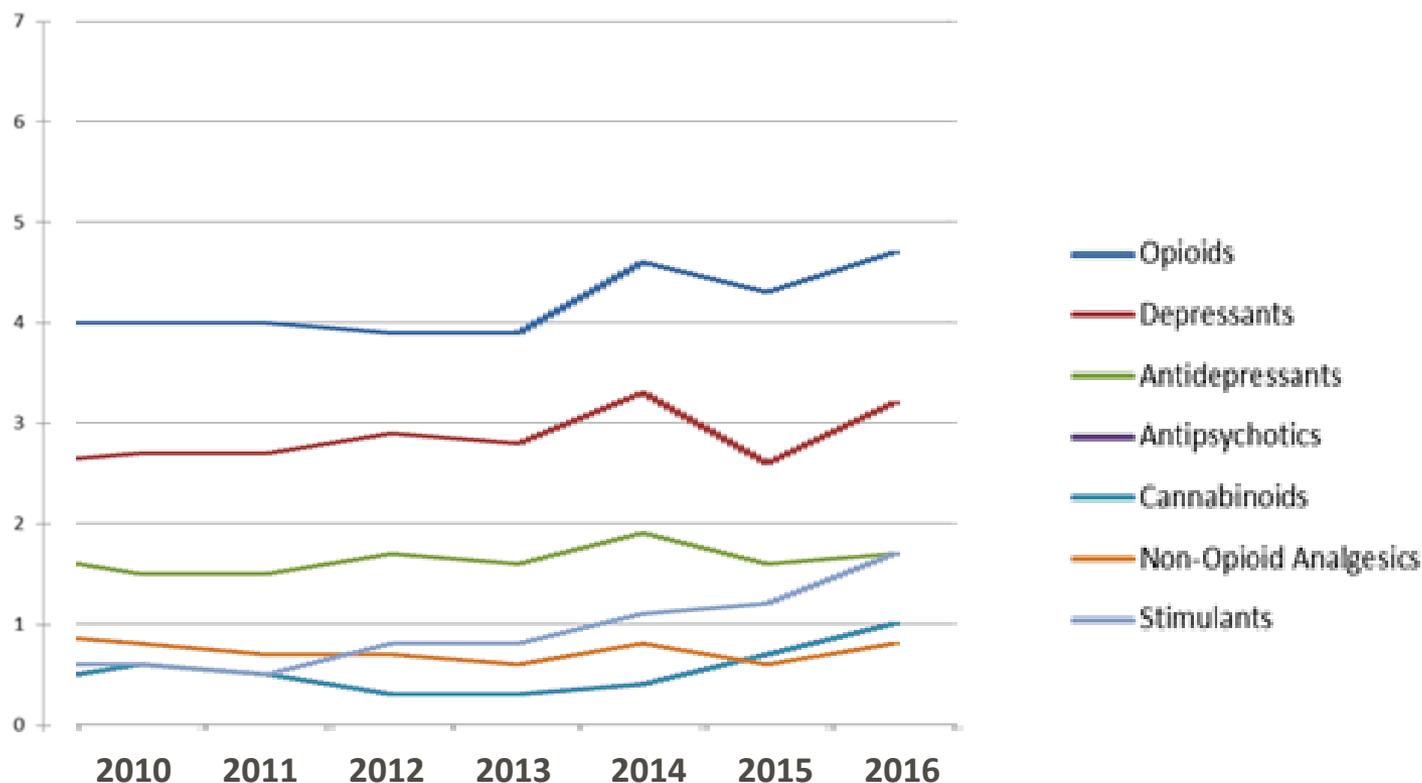
- Opioids indicated for:
  - severe, acute pain
  - end of life pain
  - oncology pain
- Little evidence for use of long-term opioids for chronic non-malignant pain
- Increasing evidence of harms associated with long-term opioid use

# PBS Script numbers of certain opioids in Australia 2010 - 2015



# Drug induced deaths by common drug classes

Deaths per 100,000 of estimated mid-year population



# Did you know?

**In Victoria, more people die from prescription drug overdose than the road toll or illicit drug overdose.**



References:

1. Transport Accident Commission, 2016, Lives Lost-Annual, viewed March 28 2017, <http://www.tac.vic.gov.au/roadsafety/statistics/lives-lost-annual>
2. Coroners Court of Victoria. Findings Case 408012. Attachment C: Coroners Prevention Unit, Coroners Prevention Unit Data Summary, Re: Victorian Overdose Death 2009–2015. Last revised 30th August 2016.

# Needs analysis

- A study of Australian GPs found
  - GP compliance with guidelines for opioid prescribing was low
  - long-term opioids were frequently initiated for CNCP without a quality use-of-medicine approach
- Potential sequelae
  - inadequate treatment of pain
  - escalating opioid-related harms
- Concluded
  - a need for improved access to resources
  - training for GPs in pain management and opioid prescribing

## The problem in regional areas

- Patients living in rural areas are particularly vulnerable. Why?
  - higher rates of prescribing
  - limited access to pain and addiction services
- 2016 drug induced death rate

	Capital City (deaths per 100,000 pop <sup>n</sup> )	Regional (deaths per 100,000 pop <sup>n</sup> )
Victoria	7.4	8.0
New South Wales	5.9	9.6
Australia	7.1	8.3

# Objectives

- Provide GPs in rural Victoria access to education that
  - expands on their knowledge
  - promotes non-pharmacological methods of managing chronic pain patients
  - promotes the bio-psycho-social approach to pain management
  - provides alternatives to opioid therapy for chronic pain patients
  - is accessible to rural and regional GPs

# Active Learning Module (ALM)

- 40 Cat 1 RACGP points
- 6 hours educational content divided over multiple sessions
- Predisposing and reinforcing activities
  - Pre & post ALM questionnaires
  - Patient case studies & case study reviews

Session	Presenter
Prescribing Drugs of Dependence in general practice	GP educator
Motivational Interviewing	Psychologist/AOD clinician
The role of Allied Health in managing chronic pain	Myotherapist/rehab therapist
Schedule 8 permit system	Pharmacist
Codeine up-scheduling & RTPM/SafeScript	Pharmacist
Case studies – chronic non-cancer pain patients	GP educator

# GP educator sessions

- Discuss:
  - risks involved in prescribing opioids
  - lack of evidence for use of opioids in CNCP
  - social and mental health comorbidities
- Promote:
  - bio-psycho-social approach to chronic pain management
  - decreasing reliance on opioid analgesics
  - identify treatment goals including functional outcomes
  - The use of risk tools
- Case study discussions & reviews

# Psychology & AOD

## MOTIVATIONAL INTERVIEWING

### RULE

**R**esist telling them what to do  
**U**nderstand the patient's motivation  
**L**isten with empathy  
**E**mpower the patient

*'What worries you about your drug use?'*

*'How would you like your health to be in five years?'*

*'How important is it for you to change?'*

*'What changes have you made in the past?'*

### OARS

**O**pen ended questions  
**A**ffirmations  
**R**eflections  
**S**ummarise

*'It sounds like things can't stay the same as they are. What do you think you might do?'*

*'What changes were you thinking about making?'*

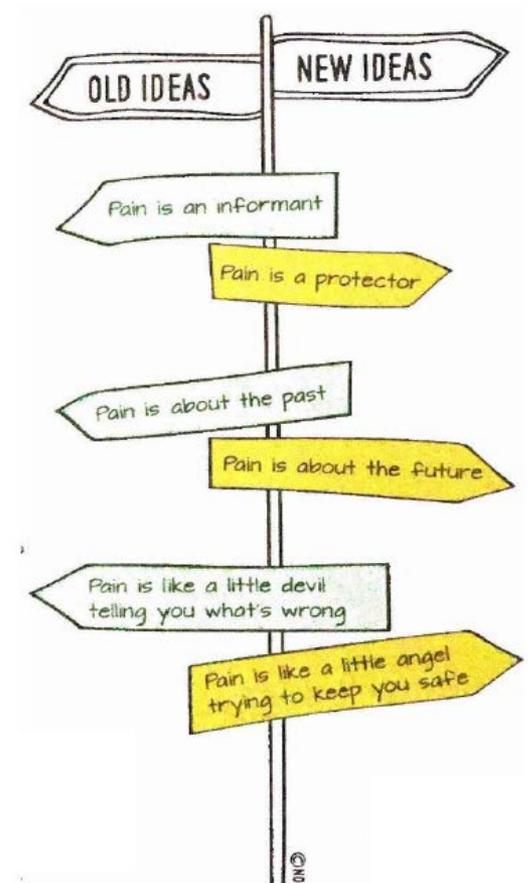
*'Where do we go from here?'*

*'What do you want to do at this point?'*

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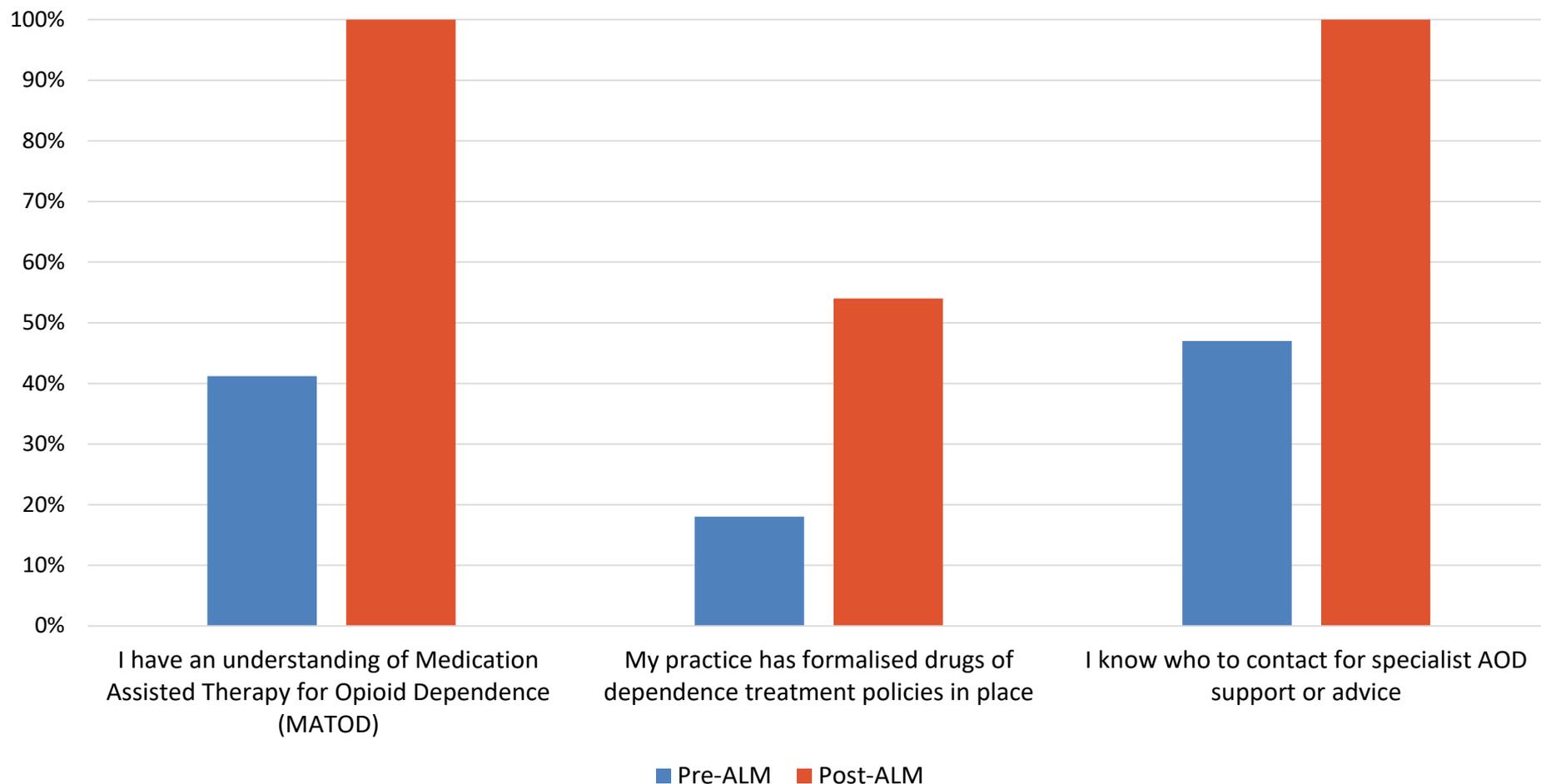
# Allied Health – Myotherapy/physio

- Neuroplasticity
- Role of allied health in chronic pain management
  - Develop a plan
  - Include the patient in the program development
  - Exercise is effective
    - dosage is key
- Rethink pain – Rephrase pain



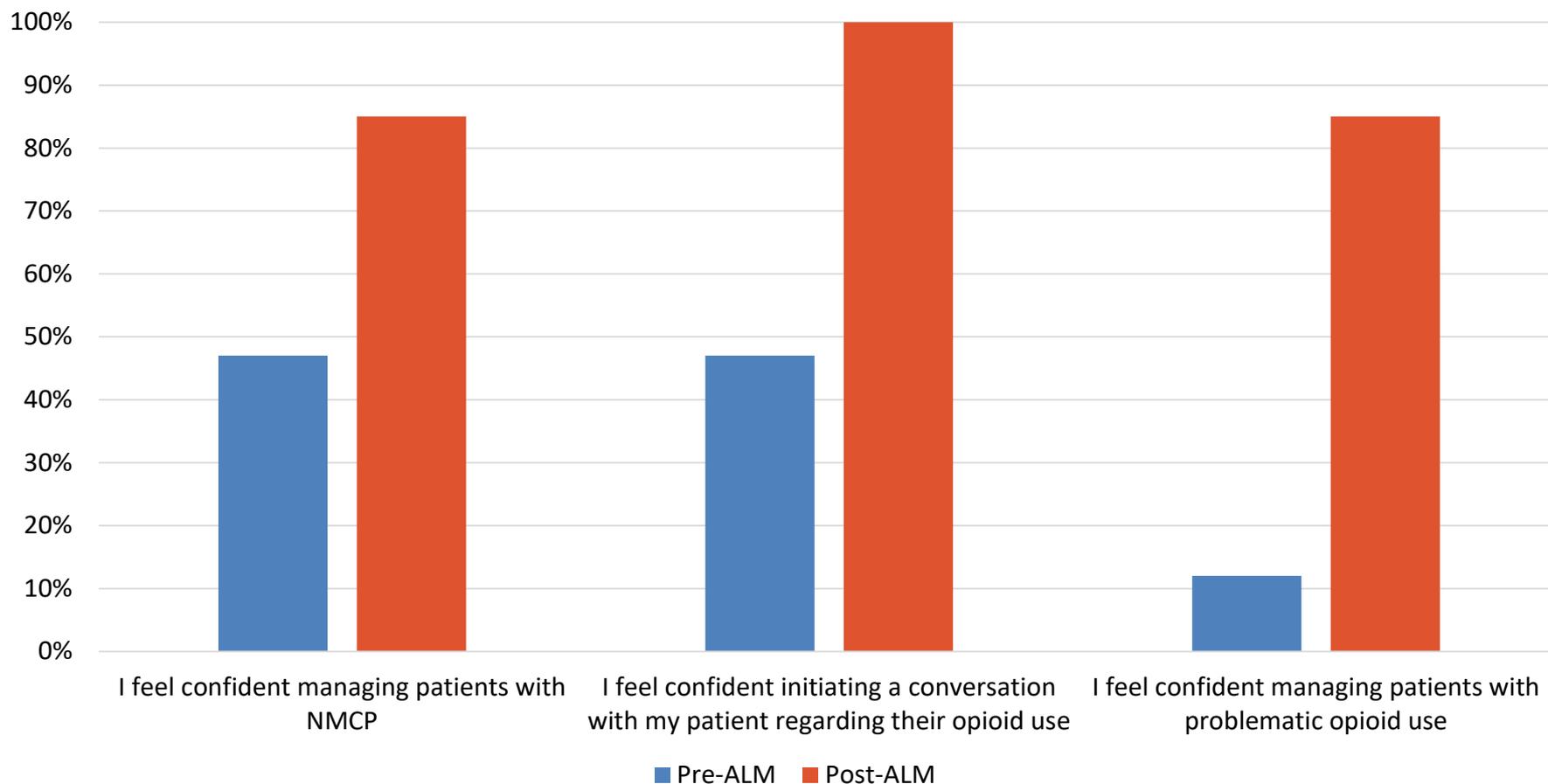
# Results

Figure 3: Impact of the ALM education event on GP knowledge with regard to prescribed drugs of dependence



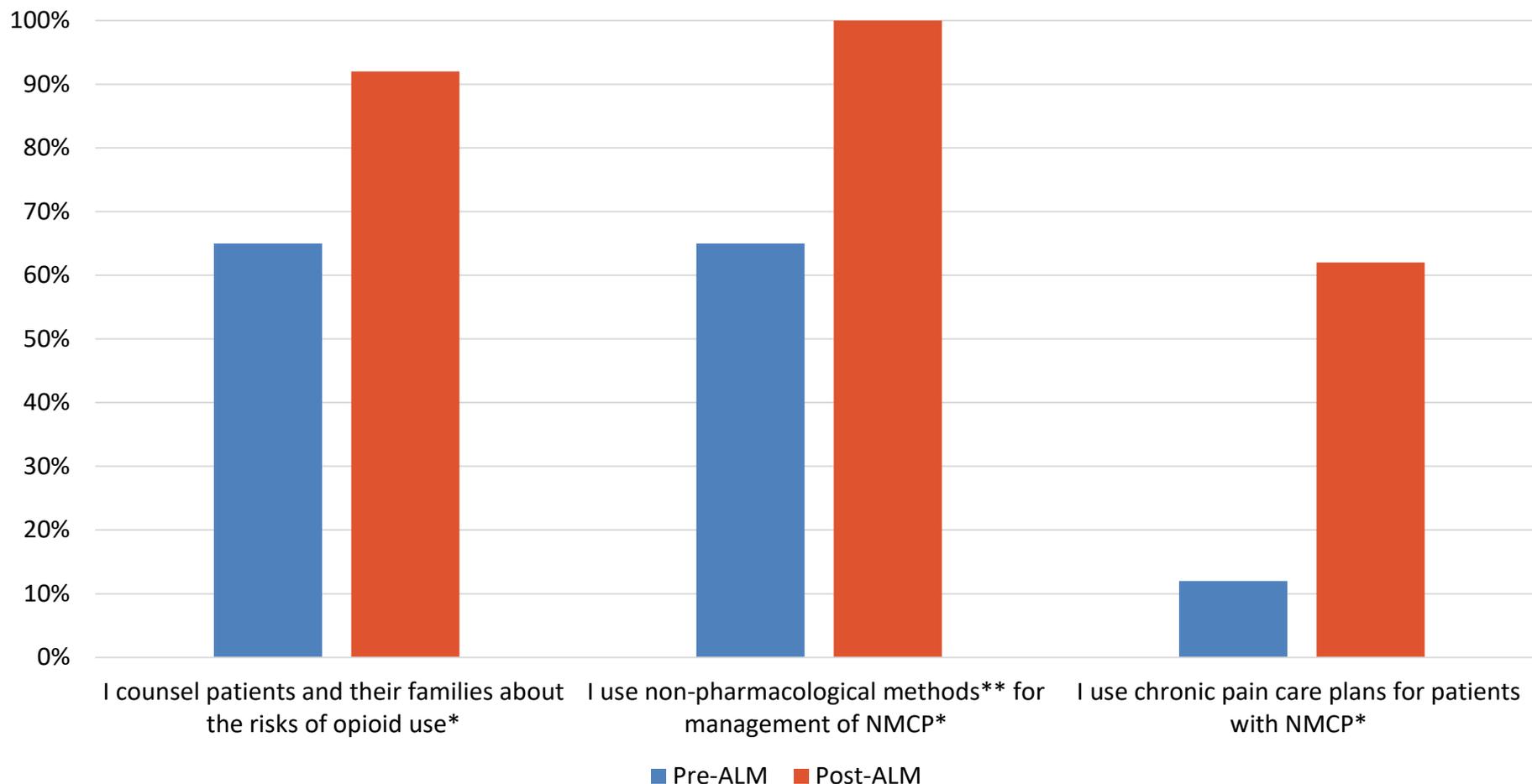
# Results

Figure 4: Impact of the ALM on GP confidence regarding management of patients with Non-Malignant Chronic Pain (NMCP) and their opioid use



# Results

Figure 5: Impact of the ALM on GP methods for managing patients suffering Non-Malignant Chronic Pain (NMCP)

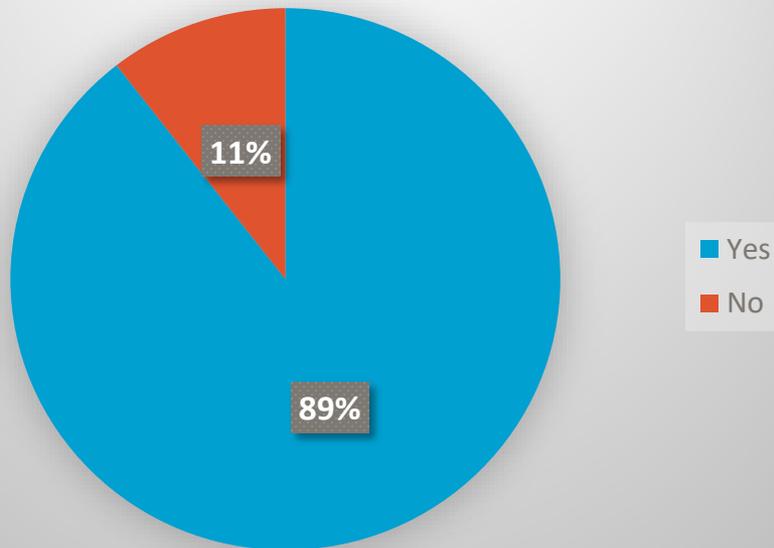


\* in at least 75% of patients

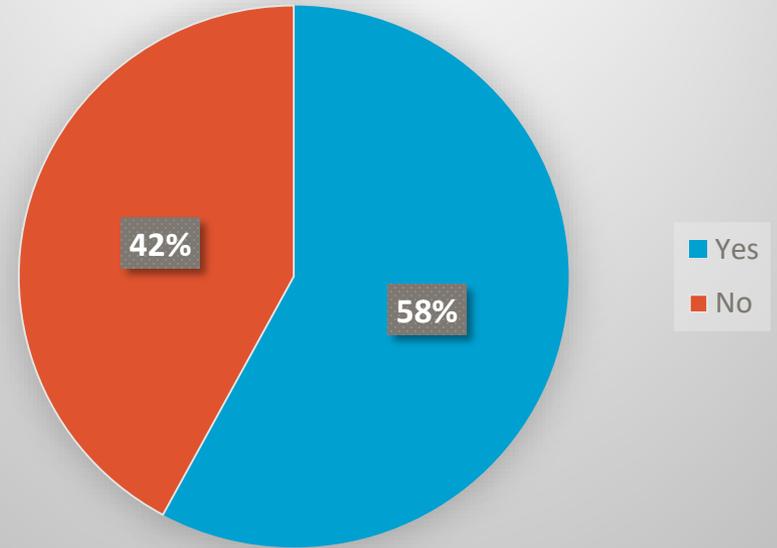
\*\* Non-pharmacological management methods including, but not limited to; physiotherapy, mental health supports, hydrotherapy, occupational therapy

# Case study reviews

## Discussed tapering opioids with patient



## Reduction in opioid or benzodiazepine dose



# Conclusions

- The ALM was a successful model for delivering CPD to regional GPs
  - ^ GP knowledge and confidence around prescribing drugs of dependence & supports available
  - reduce dose of opioids being prescribed to case study patients
- Further study
  - repeated ALM in Ballarat region
  - Expanding project to other regional areas:
    - Bendigo, Horsham, Mildura, Geelong, Warrnambool

# Thank you

# Questions?

