

### Regulatory interventions, but not voluntary education, may impact opioid prescribing

Voluntary attendance of an opioid prescribing course had little influence on physicians' opioid prescribing rates; however prescribing was markedly reduced upon referral to the course by a regulator (e.g. following a complaint).

#### What does this mean?

- There was no significant overall effect of a 2-day course on opioid prescribing up to 2 years following course completion.
- Opioid prescribing rates significantly decreased among physicians referred to the course by a regulatory body, but the change occurred *prior to course attendance*; this reduction was not sustained 2 years after course completion.

#### Clinical Implications

- ✓ Physicians should be aware that although regulatory intervention and/or education may alter immediate prescribing habits, they may not sustain these changes.
- ✓ Considerations should be made to ensure that information learned in course-based interventions is incorporated into practice in an ongoing fashion.

#### How do we know this?

The ODPRN conducted a population-based retrospective cohort study from April 2000 to May 2008 of 137 physicians who participated in the College of Physicians and Surgeons of Ontario (CPSO) Opioid Prescribing Course. Seventy-six percent of participants were matched to non-participating physicians. Participating physicians were either referred by the CPSO following an investigation, complaint or peer assessment (32%), or self-referred (68%). The primary outcome was the rate of opioid prescribing to Ontario Drug Benefits (ODB) eligible patients by each study physician per calendar quarter, measured by total dose per quarter in milligrams of morphine equivalents (ME). There was no reduction in overall opioid prescribing rates to ODB eligible patients in the 2 years following course completion among participating physicians compared to matched counterparts. In a subgroup analysis, physicians who were referred to the course as a regulatory intervention significantly reduced their prescribing to young (i.e. 15 – 64 years) and old (i.e. >65 years) ODB eligible patients in the 1-year *prior* to course completion ( $p < 0.01$ ). This reduction was sustained 2 years after course completion when prescribing to younger ( $p=0.0002$ ) but not older patients. Since the study primarily measured prescribing rate outcomes, it is not clear how other outcomes, such as screening for risk and patient education and monitoring, may have been impacted by participation in the course.

Kahan M, Gomes T, Juurlink DN, Manno M, Wilson L, Mailis-Gagnon A, Srivastava A, Reardon R, Dhalla IA, Mamdani MM. The effect of a course-based intervention and medical regulation on physicians' opioid prescribing. *Canadian Family Physician* 2013 59: e231-e239

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