



The AMA's five recommendations for combating opioid abuse

By David Levine | July 6, 2016

The nationwide opioid epidemic has left physicians, law enforcement, and state governments scrambling to discover solutions. And the American Medical Association is rallying physicians to step up and become leaders by confronting the issue head-on.



In May, the AMA's chief executive officer, Steven Stack M.D., sent a letter urging physicians to take action in the face of the public health crisis.

Not long afterward, Patrice Harris M.D., an Atlanta-based psychiatrist and chair of the AMA's Taskforce to Reduce Opioid Abuse, spoke with athenaInsight about the AMA's call to action.

Q How extensive is the opioid problem in the United States?

A It is a public health epidemic, with over 250,000 lives lost between 1999 and 2014. This is an unacceptable epidemic, and it is the reason the AMA convened this task force.

Q Why did the AMA take these actions now?

A The Board knew that physicians and health care leaders were working on this issue, and wanted to bring together a task force to amplify the effort and stem this tide. The task force is made up of 25 state and national medical societies and the American Dental Association. We knew lots of work was being done already but we wanted to learn from one another, learn from current work being done, and also come together to recommend policy.

Q What are some of those recommendations?

A We have five main recommendations. One, we encourage physicians to use state prescription drug monitoring programs more fully. PDMPs are not a magic bullet or panacea, and they often need additional funding, but we still think they can be an important tool for physicians in their clinical decision-making regarding best treatment options for patients.

Second is to enhance training and education on pain management. Three, increase access to substance abuse disorder treatment, particularly prescription medication abuse. Four, increase access to Naloxone, and consider co-prescribing Naloxone for patients at higher risk of overdose.

Last is to address issues regarding stigma. I am a psychiatrist, and I know first hand the stigma associated with mental disorders. We want a call to action to raise awareness to substance abuse and those dealing with chronic pain.

Q How has your message been received?

A There has been a great reception. There is no one-size-fits-all solution, and the AMA encourages state-based solutions, because each state's laws and populations are different.

We have also pledged to work with other stakeholders to reduce these trends. It is important to have a comprehensive approach. There is a role for many — the governors, Congress, state legislators, insurers and other payers, pharmacy and the public.

Q Why did you say that physicians must “take responsibility” in the problem?

A We believe physicians have always taken responsibility in medical decision-making. We want to amplify our efforts. This represents a recommitment to leadership. As I often say to those toiling at the front lines, this is an opportunity to show what is really going on.

Q How will you measure success in these initiatives?

A We are tracking registrations for PDMPs. We want to increase the number of physicians who co-prescribe Naloxone. We are tracking the number of prescriptions, but I always emphasize that the number of prescriptions is an important data point but not the only data point. All treatment decisions are between the physician and the patient. At the end of the

day, physicians use evidence-based treatments and research that is appropriate for the patient sitting in front of them. We all have to make the best treatment decisions at that time.

As we implement these regulations, we also need to track and mitigate unintended consequences. I recently saw a letter to the editor in a Charleston newspaper regarding pain management. The writer is a patient with chronic pain, and she is worried some of the new regulations may decrease her access to opioids. Of course opioids, are appropriate in certain situations, and it is only the misuse of opioids we are concerned with. So that would be an unintended consequence, and we certainly do not want that.

I want to reiterate that physicians across the country, among all specialties, are demonstrating leadership. And the conversation has to continue. We need everyone working on this issue. This is just the beginning.

This interview was condensed and edited. David Levine is a contributing writer based in Albany, NY



A daily news hub reporting from the heart of the health care internet, with access to a comprehensive data set of health care transactions from athenahealth's nationwide network. We equip leaders with actionable insight and inspiration for making health care work as it should.

Stay in the know

Sign up for weekly data and news:
insight.athenahealth.com/newsletter