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Surgery program directors' knowledge of opioid prescribing regulations: a survey study

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ABSTRACT

Background: Opioid misuse is a public health crisis that stems in part from overprescribing by health-care providers. Surgical residents are commonly responsible for prescribing opioids at patient discharge, and residency program directors (PDs) are charged with their residents' education. Because each hospital and state has different opioid prescribing policies, we sought to assess PDs' knowledge about local controlled substance prescribing polices.

Methods: A survey was emailed to surgery PDs that included questions regarding residency characteristics and knowledge of state regulations.

Results: A total of 247 PDs were emailed with 110 (44.5%) completed responses. One hundred and four (94.5%) allow residents to prescribe outpatient opioids; one was unsure. Sixty-three (57.3%) respondents correctly answered if their state required opioid prescribing education for full licensure. Twenty-two (20.0%) were unsure if their state required opioid prescribing education for licensure. Sixty-four (58.2%) respondents answered correctly if a prescription monitor programs use is required in their state. Twenty-nine (26.4%) were unsure if a state prescription monitor programs existed. Seventy-six (69.1%) PDs answered correctly about their state's requirement for an additional registration to prescribe controlled substances; 10 (9.1%) did not know if this was required. Twenty-nine (27.9%) programs require residents to obtain individual drug enforcement agency registration; 5 (4.8%) were unsure if this was required.

Conclusions: Most programs allow residents to prescribe outpatient opioids. However, this survey demonstrated a considerable gap in PDs' knowledge about controlled substance regulations. Because they oversee surgical residents' education, PDs should be versed about their local policies in this matter.

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Introduction

Opioid misuse is a public health crisis that stems in part from overprescribing by health-care providers. An estimated two million Americans aged greater than 12 y suffer from a substance abuse disorder related to opioid pain medications.[1] Opioid prescribing is rising among medical specialists. According to the Centers for Disease Control and Prevention prescribing data, surgery has the second highest opioid prescribing rate surpassed only by pain medicine.[2] The growing awareness of the opioid epidemic has led to system, prescriber, and patient-level initiatives to address and prevent opioid misuse, overprescribing, and redistribution.

Variable opioid prescribing policies exist in each hospital and state. Among academic medical centers, surgical residents are commonly responsible for prescribing opioids at patient discharge.[3] It is paramount that program directors (PDs) be aware of these individualized prescribing policies to properly supervise and educate surgical residents regarding opioid prescribing. The Accreditation Council for Graduate Medical Education PD guide states that PDs should be familiar with and should comply with the sponsoring institution's written policies and procedures.[4]

PDs have many responsibilities which include but are not limited to oversight of the educational curriculum, counseling residents on academic and personal issues, resident evaluations, recruitment, technical and nontechnical training, and ensuring that accreditation and institutional review requirements are met.[5] PDs must also address the increased recognition of the overprescription of opioids to surgical patients as well as recent state and national legal requirements. It is becoming increasingly evident that surgical education leaders are responsible for educating residents and staff about appropriate opioid prescribing and the dangers of overprescription.

In this study, we sought to assess PDs' knowledge about local controlled substance prescribing polices. We hypothesized that many PDs may be unaware of local regulations regarding controlled substance prescribing and mandatory education requirements. Through an anonymous surgical residency PD survey, we tested our hypothesis.

Methods

We developed an 18 question web-based survey with the assistance of opioid education and policy experts from the Massachusetts Medical Society Opioid Taskforce. The study was deemed exempt by the Partners Healthcare Institutional Review Board. Consent was implied by respondents completing the survey. The Association of Program Directors in Surgery (APDS) Research Committee reviewed the survey and approved its release to its members. The survey was emailed via the APDS listserv. To ensure each PD was offered participation, follow-up emails were sent to all active civilian surgical residency PDs in the US using the APDS directory of surgery programs, totaling 248.[6]

The survey questions included inquiries regarding both institutional and state policies on controlled substance prescribing and education. Institutional questions included geographic location of the program, program type, number of residents per year, policy on resident prescribing of controlled substances for outpatient use, resident use of hospital or individual physician Drug Enforcement Agency (DEA) registration number, and presence of mandatory opioid prescribing education (OPE) for residents. Questions regarding the programs' state-level regulations for the prescribing and education of providers regarding controlled substances included requirements for opioid education mandated for full licensed physicians, presence of a prescription drug monitor program (PDMP), and state issued controlled substance license requirements. Each state requirement was obtained via an internet search during the open enrollment time of the survey.

Univariate and bivariate statistics were performed to assess associations between program location, program type, and other covariates on prescribing regulations' outcomes of interest using STATA statistical software (v10, College Station, TX). Student *t*-test was used for continuous variables, and Pearson's chi-square or Fisher's exact test was used for categorical variables.

Results

A total of 110 PDs completed surveys were returned. Using the APDS surgery program list as previously described, the response rate was 44.4%. Of the responses, 56 (50.9%) programs were university-based residencies, 27 (24.5%) were university-affiliated, and 27 (24.5%) were independent. The majority had between four and seven categorical surgical residents (69, 62.7%) per year (Table 1).

Among responses, 104 (94.5%) allow residents to prescribe opioids in the outpatient setting, 1 (0.9%) was unsure if this was permitted, and the remaining 5 (4.5%) did not allow this practice. Among programs that allow resident opioid prescribing for outpatient use ($n = 104$), 24 (23.1%) limit the opioid class the residents prescribe. Close to one-fourth (29, 27.9%) of the programs required residents to obtain their own DEA registration, whereas 5 (4.8%) PDs were unsure if the hospital required residents to obtain a DEA for outpatient prescriptions. The use of the hospital's DEA registration was allowed in 73 (70.2%) (Table 1). Mandatory OPE for residents was present in 22 programs (20.0%), and 7 (6.4%) respondents were unsure if OPE was a mandatory requirement.

When PDs were asked if their state required PDMP use, 64 (58.2%) of the PDs were correct in stating a PDMP use is required, 17 (15.5%) were incorrect, and 29 (26.4%) were not sure. Regarding state requirements, when asked if a state issued controlled substance license is required for prescribing, 76 (69.1%) were correct, 24 (21.8%) were incorrect, and 10 (9.1%) were unsure. When asked if the state mandated opioid education for full licensed physicians, 63 (57.3%) PDs were correct, 25 (22.7%) were incorrect, and 22 (20.0%) were unsure (Table 2).

On bivariate analysis examining for associations by program region, number of residents per program, prior knowledge of DMPs, state opioid education requirements, and controlled substance license requirements, no statistically significant associations were found.