Project: Prescriber Perspectives of July 1, 2017 Opioid Prescribing Rules

Community Agency: University of Vermont AHEC Program

Abstract:

Introduction. In July 2017, Vermont enacted new rules on acute opioid prescribing to reduce misuse, addiction, and overdose associated with prescription opioids. The new rules include requirements of non-opioid therapy use when possible, querying VPMS, patient education and informed consent, and co-prescription of naloxone. Our study objective was to gain insight into the perspectives of opioid prescribers on the new rules.

Methods. The 17-item survey included closed and open-ended questions about prescriber perceptions of the new rules as well as demographic information about respondents. The survey was sent to Vermont-based opioid prescribers via email, to multiple healthcare organizations and professional societies, and through personal contacts. Open-ended responses were categorized by paired reviewers and group consensus, using a grounded theory approach.

Results. A total of 431 responses were obtained, with MD/DOs accounting for 65%, APRNs- 14%, DDS/DMD- 7%, PAs-13%, and NDs- 1%. Of the respondents, 75% thought that more restrictive opioid prescribing rules were necessary, 74% felt the new rules would have some positive effect on the opioid crisis, but only 48% were in favor of the new rules. Barriers to implementation included: co-prescribing naloxone (50% were unsuccessful); justifying exceptions to rules in medical record (46% unsuccessful); considering non-pharmacologic therapies (39% unsuccessful); and adhering to prescription limits (31% unsuccessful).

Conclusions. Roll-out of the new rules has been criticized for implementation issues, reducing overall favorability among prescribers. Feedback obtained may be utilized by the Vermont Health Department and by other states to improve current models of opioid prescribing.

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