Attitudes and Practices of Physician Assistants in the State of Kansas with Regards to Opioid Management in Chronic Non-Malignant Pain Patients

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Introduction: Acute and chronic pain are common conditions practitioners continually face in diagnosing and treating patients. The use of prescribing opioids in chronic non-malignant pain (CNMP) patients is controversial due to fear of legal issues and a lack of awareness of state guidelines for treatment. Recent studies suggest a variety of attitudes and practices of physicians in regards to opioid management in CNMP patients. Analysis of the literature has suggested that primary care physicians are hesitant in prescribing opioids for patients with CNMP because of fear of legal issues, fear of patients’ developing addiction and physical dependence, medication side effects, and a lack of informative education and guidelines for the treatment of patients with CNMP. There are no studies regarding these practices and beliefs for Physician Assistants (PAs). In 1998, the Kansas State Board of Healing Arts approved guidelines for the use of controlled substances for the treatment of pain. It remains unclear whether practitioners are aware of state guidelines for the use of prescribing controlled substances for CNMP. The purpose of this research was to investigate the attitudes and practices of PAs in Kansas in the opioid treatment of CNMP and their awareness of relevant state guidelines.

Methods

Design
A cross sectional, non-randomized survey study was administered to all licensed PAs in the state of Kansas in 2005. The Kansas State Board of Healing Arts assisted with identification of licensed PAs in the state of Kansas. The survey data instrument collected from the UCSF Collaborative Research Network was adapted to fit our study. The survey consisted of specific questions regarding attitudes towards opioid management, prescribing habits, and familiarity with and practicing policies with the recommended guidelines of the state of Kansas. The subjects were given a four week time frame in which to complete and return the survey.

Participants
The survey instrument was mailed to a sample population of 557 licensed and certified PAs in Kansas in the Spring of 2005. Those who complete and submit their requests are considered the study population to be examined. The study population for this study was 177 participants who responded to the survey.

Data Analysis
Data was analyzed using SPSS version 12.0 software. Means and standard deviations for frequency distributions were calculated to summarize PAs characteristics, and estimates of the characteristics of their caseloads. Relationships between PAs awareness of the states guidelines for prescribing controlled substances for treatment of pain and their clinical documentation of their patients on opioids with CNMP were analyzed by the use of the chi-square statistic.

Results

Physician Assistants Practice Characteristics
Thirty-two percent completed the survey. The majority of the surveyed population is female PAs that practiced in a variety of population areas. PAs reported seeing an average of 34 CNMP patients in one month and an average of 25 patients received opioid medication. Among the PAs responding to this survey, 48% percent were family practice, 14% percent in surgery subspeciality, 11% percent in the other category, and 10% percent in emergency medicine.
Attitudes and Practices of Physician Assistants

Among the 177 PAs responding in this study, 9% percent stated they would never prescribe an opioid for the use of CNMP. Seven percent agreed with the statement, “I enjoy working with CNMP patients.” Forty-one percent believed that compared to their colleagues they are more likely to prescribe opioids for CNMP. Fifty percent would never prescribe opioids for a current substance abuser, and 37% percent would rarely prescribe opioids for a prior substance abuser. Thirty-four percent of PAs would rarely prescribe opioids for patients under the age of 18 with CNMP even if recommended by a specialist. Forty-one percent stated they would usually prescribe opioids for a CNMP patient over the age of 65. Twenty-seven percent were somewhat hesitant to prescribe opioids for CNMP due to a fear of legal investigation. Slightly less than half of the PAs in this study stated they had adequate knowledge in the treatment of chronic low back pain, post-herpetic neuralgia, and chronic daily headaches.

Familiarity with State Guidelines and Clinical Documentation

Forty-seven percent were aware of state guidelines for the use of controlled substances in CNMP and actively followed three of the five clinical documentation recommended. There was a significant relationship between awareness of Kansas state guidelines for prescribing controlled substances for chronic pain and clinical documentation of a thorough history and physical (p=.012), documented treatment plan (p=.002), and informed consent to the opioid treatment plan (p=.006). There was no significant relationship between awareness of state guidelines for prescribing controlled substances for chronic pain and clinical documentation of a SOAP note stating reassessment of their patient after starting the treatment of opioids (p=.230). There was no significant relationship between the awareness of state guidelines and clinical documentation of a contract agreement between the patient and the PAs (p=.281) stating the patient will (1) only use one practitioner to prescribe their opioids, (2) get their prescriptions filled at one particular pharmacy, and (3) be subjected to random urine drug screens.

Discussion

The majority of PAs were willing to prescribe opioids for CNMP patients under certain circumstances. Fear of prescribing for current and prior substance abuse continues to be a barrier for CNMP. This finding is similar to the results found in the study conducted by UCSF. Further research is needed to investigate practitioners concerns with physical dependence, tolerance, and addiction in relationship to opioids for CNMP patients. Fear of legal investigations is another important barrier PAs face. Slightly more than half of the participants in this study were unaware of state guidelines for prescribing controlled substances. Enhanced awareness of state guidelines could help ease the fear of legal investigations.

Conclusion: Although a little less than half of the PAs in this study did not enjoy working with CNMP patients, they were aware of state guidelines for the use of controlled substances. They actively follow three out of the five clinical documentations recommended in the Kansas state guidelines for the use prescribing controlled substances in CNMP. Practitioners still continue to be hesitant to prescribe opioids for CNMP due to concerns of legal issues, and the fear of potential substance abuse for their patients. This pilot study highlights the need for larger studies of primary clinicians and the potential of patient undertreatment of CNMP.

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References