

# Narcotic Prescribing for Chronic Pain Patients in Rural Western Illinois

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## Introduction/Background

- Chronic pain affects 1/3 of adults in the United States with an annual cost of almost \$100 billion.<sup>1,2</sup>
- Patients taking chronic narcotic pain medications have increased rates of health care utilization and depression.<sup>2</sup>
- In 2012, 4.9 million Americans ages 12 and older used pain medication for nonmedical reasons.<sup>3</sup>
- Multiple alternatives to narcotic pain medications exist.<sup>4</sup>
- The Drug Enforcement Administration (DEA) declared on August 22, 2014 that hydrocodone combination products would change to schedule II from schedule III.<sup>5</sup>
- Due to this newly enforced change, it is hypothesized that primary care physicians and midlevel providers would increase referrals to pain specialists and, therefore, decrease the number of chronic pain patients they treat.

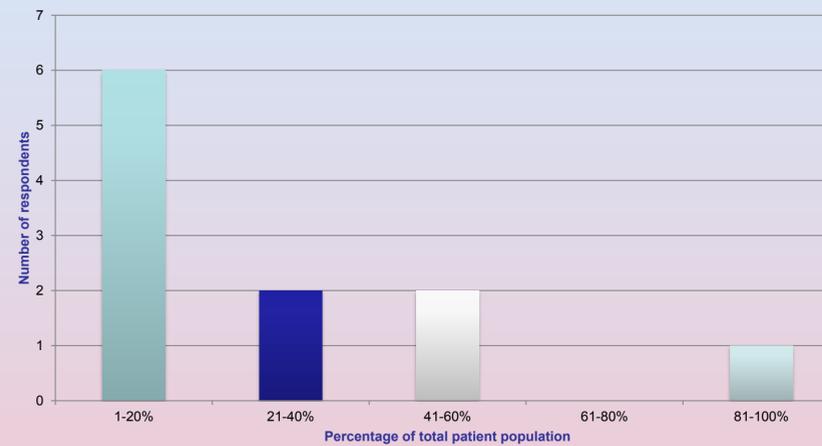
## Methods

- A survey was developed to assess the practices of physicians treating patients with chronic pain.
- This survey was mailed to the outpatient Internal Medicine and Family Medicine physicians and mid-level providers in Knox County.
- Responses were tabulated and plotted as bar graphs.

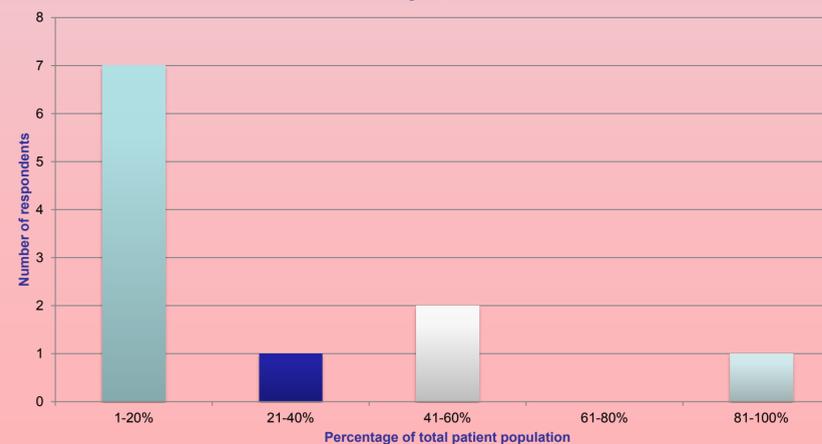
## Results

- Twelve of 25 physicians and mid-level providers responded to survey
- 11 of 12 respondents indicated they treated chronic pain patients on January 1, 2014
- All 11 indicated they treated those patients with narcotic pain medication
- All 11 indicated they treated chronic pain patients on January 1, 2015
- 7 of the 11 indicated their prescribing practices changed after October 6, 2014
- All seven of these respondents indicated their changes were successful
- Three of the seven respondents indicated they planned to implement further changes

Question 3: What portion of your chronic pain patient population was prescribed narcotic pain medication on January 1, 2014?



Question 5: What portion of your chronic pain patient population was prescribed narcotic pain medication on January 1, 2015?



Physician Narcotic Prescribing for Chronic Pain Survey

1. Did you treat adult patients (18 years and older) with chronic pain prior to January 1, 2014?  
 Yes  No  
 If No, thank you for your feedback. Please return the survey in the enclosed envelope.

2. If yes, did you use narcotic medication in treatment of your adult patients?  
 Yes  No  
 If Yes, please continue with the survey.

If No, thank you for your feedback. Please return the survey in the enclosed envelope.

3. What portion of your chronic pain patient population was prescribed narcotic pain medication on January 1, 2014?  
 1 - 20%  
 21 - 40%  
 41 - 60%  
 61 - 80%  
 81 - 100%

4. Have you treated adult patients (18 years and older) with chronic pain since October 6, 2014?  
 Yes  No  
 If Yes, please continue with the survey.  
 If No, thank you for your feedback. Please return the survey in the enclosed envelope.

5. What portion of your chronic pain patient population was prescribed narcotic pain medication on January 1, 2015?  
 1 - 20%  
 21 - 40%  
 41 - 60%  
 61 - 80%  
 81 - 100%

6. Have you changed your practices for prescribing ~~pain controlling~~ narcotics since October 6, 2014 - the date when hydrocodone combination products were rescheduled?  
 Yes  No

7. How have you changed your prescribing practices?  
 Automatically schedule monthly visits  
 Stopped prescribing since Oct. 6, 2014  
 Other (please describe below) \_\_\_\_\_

8. Have these changes been successful?  
 Yes  No

9. Are you planning to make additional prescribing changes?  
 Yes  No

10. What changes are you considering?  
 \_\_\_\_\_  
 \_\_\_\_\_

## Conclusions

- Physicians and mid-level providers in Knox County continued to care for their chronic pain patients after the DEA made prescribing narcotics more difficult
- There are a variety of changes by which physicians and mid-level providers have modified their practices, but only one has referred patients on to specialists
- The respondents believe their changes have been successful
- Some providers believe further changes to practices could continue to improve care

- Limitations of this study:
  - Limited number of physicians and mid-level providers from which to glean information
  - Mid-level providers could be following the practices of the physician with whom they are associated
  - Limited number of respondents to survey

- Possibilities for future studies:
  - Follow up to see if changes continued to be effective
  - Follow up to see if other proposed changes were effective
  - Assessment of amount of narcotic pain medication prescribed prior to and following October 6, 2014
  - Compare the narcotic prescribing practices of Knox County physicians with physicians in other rural areas of Illinois and other rural areas of the United States
  - Compare the narcotic prescribing practices of rural physicians with the practices of urban physicians

## References

1. Seehusen, DA. Opioid Therapy for Chronic Noncancer Pain. 2010. [www.aafp.org/afp](http://www.aafp.org/afp). Accessed February 12, 2015.
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