



Physicians' progress to reverse the nation's opioid epidemic

American Medical Association Opioid Task Force 2018 Progress Report

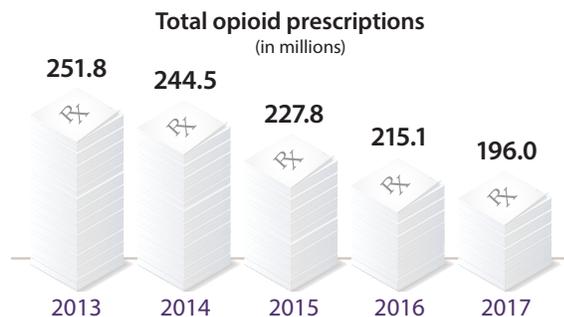
end-opioid-epidemic.org

Opioid prescriptions are decreasing nationwide.

Between 2013 and 2017, the number of opioid prescriptions decreased by more than **55 million**—a **22.2 percent decrease** nationally. All 50 states have seen a decrease in opioid prescriptions over the last five years.¹

The nation saw a **9 percent decrease**—more than **19 million fewer** prescriptions—between 2016 and 2017 alone.

The American Medical Association (AMA) urges physicians to continue to make judicious prescribing decisions to ensure comprehensive, compassionate pain care and to talk with their patients about safe storage and disposal of all unused and unwanted medications.



Sources: Xponent, IQIVA



As PDMPs improve, America's physicians and health care professionals are using state PDMPs more than ever.

Prescription drug monitoring programs (PDMPs) are databases used to help inform physicians' clinical decisions. To optimize PDMP use, the AMA advocates for PDMPs to be integrated into physicians' clinical workflow to provide data at the point of care.

Total physicians registered in PDMPs



Today, more than **1.5 million** physicians and other health care professionals are registered in state-based PDMPs. Between 2016 and 2017, more than **241,000** individuals registered.²

**STATE PDMPs
USED MORE THAN
300.4
MILLION
TIMES IN 2017**

Physicians and other health care professionals made more than **300.4 million PDMP queries** in 2017—a **121 percent increase** from 2016 and a **389 percent increase** from 2014.³

1. Xponent, IQIVA, Danbury, CT, Accessed March 2017

2. Based on AMA survey and responses from 48 state PDMP administrators. Figures will be adjusted as new information becomes available.

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Physicians continue to increase access to life-saving naloxone.

In line with the AMA Opioid Task Force recommendation and the U.S. Surgeon General's public health advisory urging greater use of naloxone, physicians have increased access to naloxone through co-prescribing and advocating for standing orders:

- ▶ Naloxone prescriptions **more than doubled** in 2017, from approximately 3,500 to **8,000** naloxone prescriptions dispensed per week.⁴
- ▶ Between January 2018 and April 2018, naloxone prescriptions dispensed reached a record high in the United States, increasing to more than **11,600** naloxone prescriptions.⁵

Physicians are helping to improve access to high-quality, evidence-based treatment for opioid use disorder.

There are now **more than 50,000** physicians certified to provide in-office buprenorphine for the treatment of opioid use disorder across all 50 states—a **42.2 percent increase** in the past 12 months.⁷

The AMA is encouraged that in the past year, nearly 15,000 physicians have become trained and certified to provide in-office buprenorphine.

To help ensure patients receive care, health insurance companies, Medicaid, and other payers must now remove administrative barriers, such as prior authorization for medication assisted treatment (MAT).

4. Symphony Health Solutions, 2016-18 Practitioner Level Data
5. Symphony Health Solutions, 2016-18 Practitioner Level Data
6. Based on AMA survey and responses from 50 state and specialty society representatives
7. SAMHSA, as of May 2018, <https://bit.ly/2xcBrda>

The AMA Opioid Task Force encourages all physicians to enhance their education.

In 2017, more than
**549,700**
PHYSICIANS
AND OTHER HEALTH CARE PROFESSIONALS
across the nation completed continuing medical education (CME) trainings and accessed other education resources offered by the AMA, state and specialty societies.

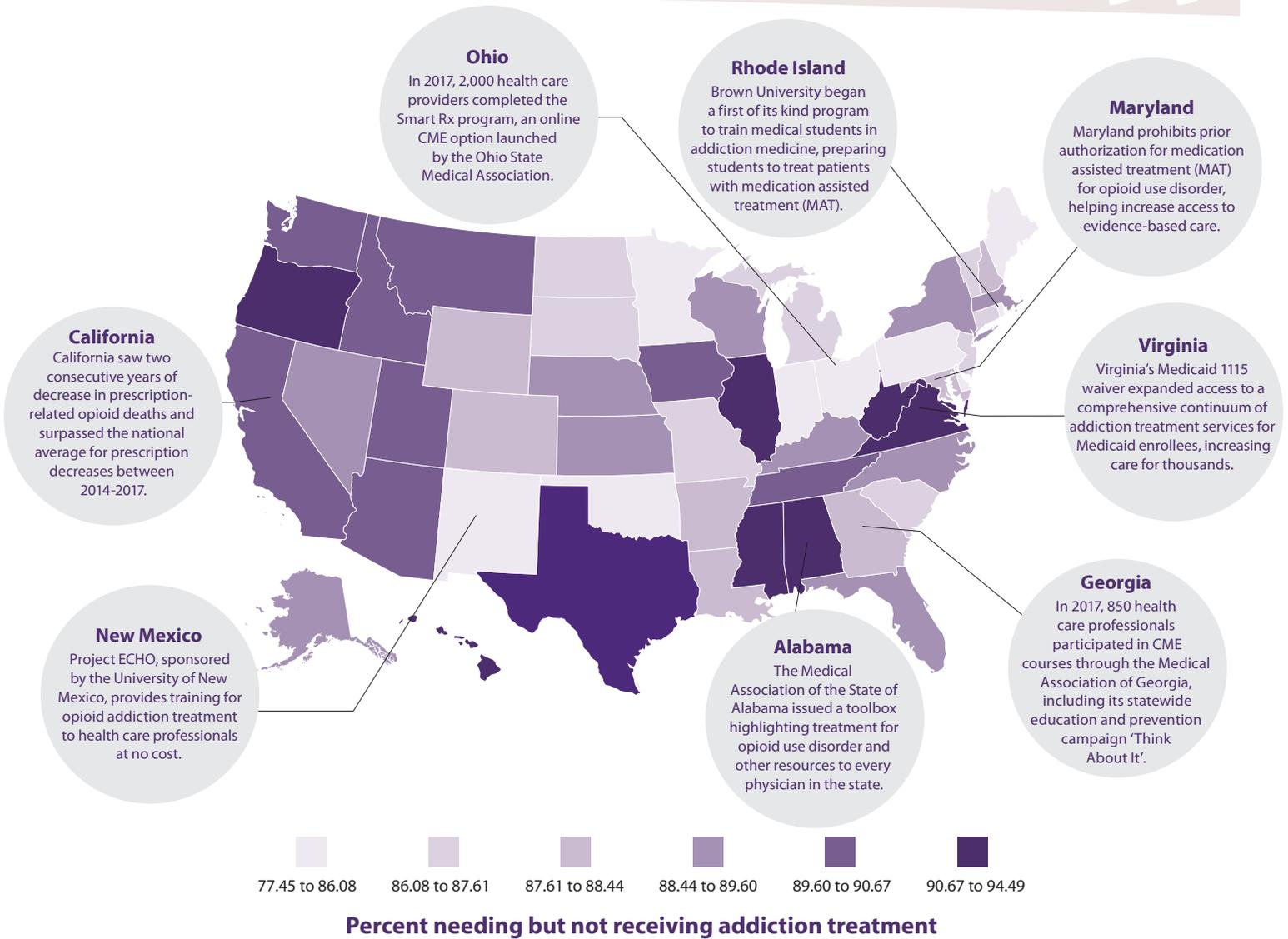
In 2016 and 2017, physicians and other health care professionals used the AMA opioid microsite website to access education and training resources from the nation's medical societies and other trusted sources a total of **19,260** times. These materials cover opioid prescribing, pain management, screening for substance use disorders, and related areas.⁶

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The largest decrease in opioid prescriptions in 25 years reflects the fact that physicians and other health care professionals are increasingly judicious when prescribing opioids. Unfortunately, deaths related to heroin and illicit fentanyl, and to prescription opioids, continue to rise. These statistics prove that decreasing prescriptions alone will not end the epidemic. We need well-designed initiatives that bring together public and private insurers, policymakers, public health infrastructure, and communities with the shared goal to improve access and coverage for comprehensive pain management and treatment for substance use disorders.

—Patrice A. Harris, MD, MA, AMA Opioid Task Force

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We all have to work together to end the epidemic. The AMA recommends the following:

- 1** All public and private payers should ensure that their formularies include all FDA-approved forms of medication assisted treatment (MAT) and remove administrative barriers to treatment, including prior authorization.
- 2** Policymakers and regulators should increase oversight and enforcement of parity laws for mental health and substance use disorders to ensure patients receive the care that they need.
- 3** All public and private payers—as well as pharmacy benefit management companies—must ensure that patients have access to affordable, non-opioid pain care.
- 4** We can all help put an end to stigma. Patients with pain or substance use disorders deserve the same care and compassion as any other patient with a chronic medical condition.