

RESOURCES FOR OPIOID PRESCRIBING

We should all prescribe opioids with care, awareness, self-reflection, and openness to feedback from others about our prescribing. Ways to accomplish this include the following:

1. Know how your opioid prescribing practices compare to others - go to your login page on the Maine Prescription Monitoring Program, click on your profile, click on the Menu, and then Prescriber profile and pick a date range. It will show you how your controlled substances prescribing practices compare to others in several areas – here is a screenshot example:



2. If your prescribing practices appear as an outlier by comparison to your specialty peers, take a look at your prescribing practices. Better yet, ask a peer colleague to look at your practice, e.g., some of your patients on large amounts of opioids. You can get help with this through your organization’s peer review process, or an external peer review process.
3. The Maine Independent Clinical Information Service (MICIS) can provide help with review and education about opioid and benzodiazepine prescribing. Learn more at <https://micismaine.org/wp-content/uploads/2023-MICIS-flyer-2023-08-16.pdf>

4. When a pharmacist calls you with questions about an opioid (or any controlled substance prescription you have written), listen objectively to the question. Be pleasant, respectful, and most of all be appreciative that pharmacists - fellow patient care professionals - are watching your prescribing. They are looking out not only for their licenses but like a good nurse asking you if you are sure about some patient care decision you are making – they have your back and are protecting your license! If they call you often about your prescriptions, take a hard look at your prescribing practices.
5. Review your pain management practices – are they up to date? Are you using non-opioid pain management medications and techniques that are current? When was the last time you took a course in pain management? As always in medicine, when in doubt, the first thing to do is learn more. Some CME may also be a requirement for renewing your DEA registration or your Maine professional license. There are resources, including through the MMA and MOA, which can help you with this.
6. Consider involving pain management, psychiatry, physiatry, therapy programs, and other consults on complex patients, so you are not alone in planning their care, including pain medication management. We know consults can be hard to come by depending on where you are located in Maine, so please reach out if you need resources on how to connect.
7. If you have some patients on a lot of opioids who you think need to be weaned to lower doses or off opioids entirely, don't just start rapid weaning. There is good evidence that rapid weaning can put some patients at risk, including an increased risk of suicide. MICIS and other programs can help with information about the safe weaning of opioids. Wean carefully and thoughtfully, looking for other problems, such as mental illness, that the opioids may have been masking. Most of all, wean with compassion.

We want to connect you all with the resources you need to continue offering care to patients who need opioid prescriptions. Please reach out to either Andrew MacLean at the Maine Medical Association or Amanda Mahan at the Maine Osteopathic Association with ideas on what resources are needed in the community to ensure that physicians feel equipped to continue or to enter into this piece of the practice of medicine. We are here to support you.

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Suggested Prescribing Resources can be found at:

<https://www.mainemed.com/1000-lives-campaign-maine>

