The nation's opioid epidemic—continued advocacy needed to turn the tide
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Physicians run toward an emergency. We are trained to do this. We evaluate the situation, make an initial diagnosis, and pursue interventions consistent with our education and training. This is as true for clinical practice as it is for policy interventions in state capitols and on Capitol Hill. And it is what forms the backbone of the AMA Opioid Task Force.

Understanding that the nation's medical societies all were undertaking parallel efforts, the AMA convened the Task Force in 2014 to coordinate and focus physician leadership on this issue. The AMA and more than 20 other national, specialty and state societies agreed on six ways in which physicians can immediately help reverse the epidemic:

- **Support physicians' use of effective PDMPs.** Many states have upgraded these databases to allow real-time access to current information and permit delegated access, and some now have the capability for integration into electronic health records. Adoption of user-friendly features that can be integrated into the office workflow are among the reasons that PDMP utilization increased by 121 percent from 2014 to 2016 to more than 136 million queries.

- **Enhance education on effective, evidence-based prescribing and treatment.** This emphasis, which began before recent state legislative and federal efforts to restrict opioid prescribing or mandate specific education or training, have led to:

    - More than 118,000 physicians completing courses on opioid prescribing, pain management, addiction and related areas in 2015-2016.
    - More than 12,000 additional physicians becoming certified to provide office-based medication assisted treatment for opioid use disorder.
    - From 2013-2016, opioid prescriptions decreased nationally by 14.6 percent—every state in the nation experienced a decrease.

- **Support access to comprehensive, affordable, compassionate treatment.** Patients with a substance use disorder must have comprehensive access to treatment, including mental and behavioral health care. We support a comprehensive, interdisciplinary approach to pain management. This means insurance coverage gains must be protected, and payers and employers need to improve access to non-opioid and non-pharmacologic treatments for pain—including evidence-based surgical interventions.

- **Put an end to stigma.** Patients with chronic pain and patients with a substance use disorder deserve comprehensive care and compassion—not judgment.

- **Expand access to naloxone in the community and through co-prescribing**. Due in large part to medical society advocacy, nearly every state has increased access to naloxone and expanded its use, saving tens of thousands of lives.

- **Encourage safe storage and disposal of prescription medication**. The Task Force urges physicians to take three simple steps when prescribing medication 1. Talk to your patients and educate them about safe use of prescription opioids. 2. Remind your patients that medications should be stored out of reach of children and others, and in a safe place—preferably locked. 3. Talk to your patients about the most appropriate way to dispose of expired, unwanted and unused medications.

There are signs of progress, but much more work remains—and physician leadership remains essential.

First, we need to increase access to specialists in addiction medicine and pain management. This will require policymakers and the health care community working together to increase the number of trained specialists. As provider network rules are enforced, advocates and policymakers need to consider alternative access plans that allow for timely access to care, especially in rural or isolated communities throughout the country. This is critically important as more patients now are dying from heroin and illicit fentanyl than from overdoses due to prescription opioids.

Second, we need to remove administrative barriers that stand in the way of much needed care. For example, health insurers should remove prior authorization requirements for medication assisted treatment (MAT) and address other similar barriers to non-opioid and non-pharmacologic pain care, including many of the options used by neurosurgeons.

Patients with opioid use disorder need access to MAT as well as alternatives for pain management. As the nation seeks to change the paradigm for treating pain and encourages physicians to recommend all appropriate pain management modalities to patients, insurance plans need to cover those treatments.

Physicians, policymakers and stakeholders should be working together to advance these solutions. Our patients are counting on us.

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