

EDITORIALS



NEJM Knowledge+ Pain Management and Opioids — A New Adaptive Learning Module

Ole-Petter R. Hamnvik, M.B., B.Ch., B.A.O., Daniel P. Alford, M.D., M.P.H.,
Catherine T. Ryan, M.P.H., Ilana T. Hardesty, A.B., and Jeffrey M. Drazen, M.D.

The United States has seen a dramatic rise in opioid use and misuse during the past three decades. In 2017, more than 11 million persons reported misusing prescription opioid analgesics during the past year, more than 2 million reported opioid use disorder,¹ and there were, on average, 130 overdose deaths involving an opioid every day.²

The origins of the opioid crisis are multifactorial, including complex social and economic determinants, but the increase in prescriptions for opioid analgesics is a major contributor. The number of prescriptions for these agents quadrupled between 1999 and 2010,³ largely owing to a greater focus on the use of opioids for pain management, along with an underappreciation of opioid-related risks. The role of prescription opioids in contributing to the crisis is suggested by several studies showing that receiving a prescription for an opioid is associated with higher rates of persistent opioid use and subsequent health care encounters involving diagnoses related to opioid misuse^{4,5} and that prescription opioids are commonly the first opioid that people use before progressing to heroin or illicit fentanyl.⁶ Although opioid prescribing has declined since the peak in 2010, prescription rates are still higher than rates in the 1990s,⁷ and prescription opioid analgesics are still involved in more than a third of all fatal opioid overdoses (with the remainder being caused by heroin and illicit fentanyl).¹

The key now is to promote more judicious opioid prescribing — reducing opioid prescriptions where possible, while ensuring safer pre-

scribing when indicated.⁸ For some patients with chronic severe pain, opioids provide relief and allow patients to function in their daily lives — and for some with acute severe pain (for example, pain after major surgery or trauma), a short course of opioids aids in healing and recovery. In these situations, the benefits of opioids outweigh the risks. However, clinicians need better education on how to assess, treat, and monitor patients with pain, especially those for whom opioid analgesics are being prescribed.

Primary care providers are at the front line of managing pain and addiction, but they report insufficient training in these areas.⁹ Many states have recognized this gap in provider knowledge and have mandated additional training as part of provider licensing requirements. The Food and Drug Administration (FDA) has also recognized the need for prescriber education and, since 2012, has required that the manufacturers of opioid analgesics offer unrestricted grants to continuing education providers to develop training that aligns with the FDA's Opioid Analgesic REMS Education Blueprint for Health Care Providers Involved in the Treatment and Monitoring of Patients with Pain.¹⁰

At NEJM Group, we believe in improving health through education. As a recipient of an independent educational grant through the REMS (Risk Evaluation and Mitigation Strategy) program, we are now announcing the launch of the NEJM Knowledge+ Pain Management and Opioids module. This module, available free of charge at <https://knowledgeplus.nejm.org/pain-opioids>, features more than 60 case-based questions on

pain management, safer prescribing of opioid analgesics, and the recognition and treatment of opioid use disorder. To ensure the development of high-quality, unbiased content in this module, we partnered with experts at Boston University School of Medicine's Safer/Competent Opioid Prescribing Education (SCOPE of Pain) program.

Like NEJM Knowledge+ Board Review in Internal Medicine, Pediatrics, and Family Medicine, the new NEJM Knowledge+ Pain Management and Opioids module uses an innovative learning platform that is based on active testing (rather than passive reading), which increases the efficiency of knowledge retention.¹¹ The platform is driven by an adaptive learning algorithm that identifies individual learners' knowledge gaps by analyzing their responses and confidence level — and then delivers targeted content to address those gaps. We have found that this approach to knowledge acquisition results in demonstrably better education outcomes. For example, our data show that physicians who use NEJM Knowledge+ fail the American Board of Internal Medicine (ABIM) internal medicine maintenance of certification exam on their first attempt at a rate that is significantly lower than the national average (5%, vs. 11%).¹²

The NEJM Knowledge+ Pain Management and Opioids module builds on this success to help clinicians provide the best possible care for patients with pain while mitigating the risks of opioid misuse and opioid use disorder. The module may also help most clinicians fulfill their state education requirements in these areas and earn Continuing Medical Education credits, ABIM Maintenance of Certification points, and American Academy of Family Physicians Prescribed credits.

We hope that through this program, we can help clinicians provide safe and effective pain management while supporting the effort to reduce the devastating impact of the opioid crisis.

The NEJM Knowledge+ Pain Management and Opioids module is supported by an independent educational grant from the Opioid Analgesic REMS Program Companies. Please see <https://ce.opioidanalgesicrems.com/RpcCEUI/rems/pdf/resources/List>

_of_RPC_Companies.pdf for a listing of REMS Program Companies. This activity is intended to be fully compliant with the Opioid Analgesic REMS education requirements issued by the Food and Drug Administration.

Disclosure forms provided by the authors are available with the full text of this editorial at NEJM.org.

From Brigham and Women's Hospital (O.-P.R.H.), Harvard Medical School (O.-P.R.H.), Boston University School of Medicine (D.P.A., I.T.H.), and Boston Medical Center (D.P.A.), Boston, and NEJM Group, Waltham (O.-P.R.H., C.T.R.) — all in Massachusetts.

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