



ISMS Responds to Opioid Epidemic

The Illinois State Medical Society (ISMS) is committed to proactive advocacy to ensure that physicians are keenly part of the solution in ending the state's opioid crisis and reducing morbidity and mortality due to inappropriate use of pain medications and illegal substances. We believe that every patient is entitled to appropriate pain relief, and that physicians must make every effort to prescribe opioids – and indeed all medications – responsibly and appropriate to the given medical condition. Physicians can take a leadership role in leading us out of this crisis.

The opioid epidemic is a multi-faceted problem that requires comprehensive solutions. We are actively engaged with our members to educate them about this epidemic and are providing them with the tools necessary to insure that each patient gets the right treatment at the right time, and that physicians are cognizant of the myriad problems that may result from inappropriate or over-prescribing of powerful opioid pain medications.

ISMS, therefore, advocates that:

Chronic pain needs to be treated appropriately and those suffering from pain must have access to a wide variety of treatments. Pain, particularly chronic pain, is extremely complicated and needs to be treated appropriately. Every patient is different (orthopedic injury pain, obstetrics/gynecological pain, cancer-related pain, geriatric pain, etc.) and pain treatment plans should be tailored to the individual patient's needs. While there are myriad opioid and non-opioid options to treat these different kinds of pain, many of the alternative, non-opioid treatments are not covered by insurance. Health care professionals should be able to prescribe and patients should be able to receive pain medications that will work best for them. Simply limiting the number of opioid pills that can be prescribed will not end this crisis. Insuring that pain is appropriately treated, either with opioids or non-opioid pain medications, will go a long way toward decreasing morbidity and mortality due to opioids. Enacting arbitrary limits to when, where, and how patients get treated for pain will only lead to an environment where legitimate chronic pain is undertreated, and where patients may seek other, illegal sources of pain medication.

Regardless of insurance status, those suffering from substance use disorder must have access to viable treatment options. Of primary importance is making treatment available to all those who need it, and to reduce or eliminate insurance barriers that prevent appropriate acute and sustained treatment options.

- ISMS supports efforts to increase the number of certified qualified U.S. physicians and other properly trained healthcare professionals who can offer buprenorphine for opioid dependency in various settings, including in an office, community hospital, health department, or correctional facility.

Practice guidelines can help inform clinical practice and provide physicians with evidence-based protocols for treating pain for myriad medical conditions. We believe that such guidelines and treatment protocols developed in collaboration with all stakeholders have significant clinical value. Such value – whether treating patients in the emergency room, an inpatient hospital setting, or a primary care physician’s office – comes from buy-in from all stakeholders: prescribers, hospitals and health systems, and commercial and government payers.

Appropriate unused medicine disposal options must be available to all patients. Medicine diversion is a significant factor in inappropriate use of opioid pain medications. ISMS supports comprehensive efforts to educate health care professionals and their patients about how to properly dispose of unused medications.

Prescribers must leverage the clinical relevance of our state’s Prescription Monitoring Program (PMP). When used regularly by both prescribers and pharmacists, the PMP is an effective clinical tool to identify patients who may have received inappropriate amounts of pain medication and/or are actively seeking pills inappropriately.

- We support efforts to ensure that all physicians with controlled substance licenses are enrolled in the PMP, and we have supported proposals that require prescribers to check the PMP for those patients receiving a first-time opioid prescription from that prescriber. We also believe that efforts must be taken to strengthen our state’s PMP, so that it is more user-friendly, and more fully integrated into hospital- and practice-based electronic health records.
- ISMS also supports the mission of the PMP’s Peer Review Sub-Committee, which has statutory authority to review PMP data in order to identify possible ‘outlier’ prescribers, and to initiate interventions, including disciplinary actions.