

Participant Responses to a Web-Based "Ready-for-REMS™" Educational Initiative

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Purpose

Many healthcare providers have a limited understanding of Risk Evaluation and Mitigation Strategies (REMS) for opioids and have concerns that they will reduce access for appropriate patients. "Ready for REMS™" is an educational initiative developed by pain management experts in collaboration with Cephalon, Inc., to raise healthcare providers' awareness of and prepare them for the FDA-mandated REMS for opioids. This report shows the effect of a Web-based educational program on participants' understanding of REMS.

Method

Healthcare providers who were members of an online community site, QuantiaMD[®], could participate in a 2-part REMS educational program. Part 1 reviewed "The Necessity for REMS" and Part 2 reviewed "Getting Ready for REMS." Each brief (≤10 minute) program was presented by pain experts. Participants answered pre- and post-program questions on their understanding of and preparation for the REMS for opioids, along with their perception of the impact of REMS on their practice.

Results

As of April 30, 2010, 3152 clinicians had viewed at least 1 of the programs; most (69%) were family medicine/primary care/internists, 8% were pain specialists, 6% were psychiatrists, and 17% reported another practice specialty. Before the program, 74% of participants reported that they were only partially or not at all aware of the public health reasons behind the FDA's decision to require REMS for some opioid medications. Likewise, 82% of participants were only partially or not at all prepared for the introduction of the REMS for opioids. Following the program, the percentage reporting that they understood the goals of REMS for opioid medications at least reasonably well improved from 19% to 73%. The percentage reporting that they understood at least reasonably well how REMS can support healthcare providers' role in pain management improved from 24% to 61%. The percentage reporting that they understood at least reasonably well how healthcare providers can prepare themselves for the introduction of REMS improved from 20% to 61%.

Conclusions

This educational initiative had a positive effect on healthcare providers' understanding of the public health reasons behind REMS for opioids, along with the goals of REMS. Providing education such as this in advance of the REMS for opioids may make healthcare providers better prepared to integrate REMS into their clinical practice and more willing to participate. Better understanding and increased participation should help to maintain access to opioids for appropriate patients.