

# *MDCH Survey of Physicians 2009*

## *Analysis of Responses Related to Pain Management*

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In 2009, in conjunction with the license renewal process, the Michigan Department of Community Health (MDCH) conducted the fifth annual survey of physicians. For the first time, the survey also included questions about pain management.

To gain more understanding of physicians' experiences with and attitudes toward pain management, the MDCH contracted with Public Sector Consultants Inc. (PSC) for analysis of responses to the survey questions on pain management by specific physician characteristics. The characteristics considered in this analysis were type of medical degree (allopathic or osteopathic); gender; age; citizenship; type of main practice site (outpatient or inpatient); main practice specialty (primary care or non-primary care specialty); and medical school location (North America or other location). The numbers of physicians with status as a Permanent Resident, H-1 Temporary Worker, or J-1 Exchange Visitor who responded to questions on pain management were too small to analyze for this report.

Physicians are required to renew their license every three years. A total of 12,143 physicians renewed their license and 3,343 survey responses were received online or by mail, for a response rate of 28 percent and a margin of error of  $\pm 1.4$  percent with 95 percent confidence.<sup>1</sup> The returned surveys include fully and partially completed surveys (i.e., those with information missing for one or more questions). For this reason, the sample size for questions related to pain management is smaller and the margin of error is higher; cross-tab analysis results in even smaller samples for analysis and higher margins of error. For example, the margin of error for responses to questions by allopathic physicians (MDs) in these analyses is about  $\pm 2.4$  percent and the margin of error for osteopathic physicians (DOs) is about  $\pm 5.0$  percent.

Notable differences in responses to the survey questions by physician characteristic are described in this report.

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<sup>1</sup> For example, if the answer to a survey question is 60 percent "Yes," the margin of error and confidence level mean that if this question were asked 100 times, in 95 occurrences the answer of the entire universe of possible respondents would be between 58.6 percent and 61.4 percent (i.e., the  $\pm 1.4$  percent margin of error).

## SURVEY QUESTIONS AND ANALYSIS

**To what extent do you agree with the following statement? “Almost all chronic pain can be relieved with treatment.”**

- Older physicians are more likely to strongly agree that “almost all chronic pain can be relieved with treatment.” About 25 percent of physicians aged 55 or older strongly agree, compared to about 15 percent of physicians aged 44 or younger.

Almost all chronic pain can be relieved with treatment				
Age	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
44 or younger	15.3%	49.9%	26.5%	8.3%
45-54	19.9%	51.3%	21.4%	7.4%
55+	25.3%	53.1%	16.6%	5.1%

- A greater percentage of physicians aged 55 and older (63 percent) also strongly agree or agree that “the majority of patients having chronic pain are undermedicated,” compared to the percentage of physicians aged 44 or younger (55 percent).

**What percentage of chronic pain can be safely and effectively alleviated by today’s treatments?**

There are differences in the percentage of *chronic* pain that physicians believe can be safely and effectively alleviated based on whether the physician attended medical school in North America or elsewhere.

- About one-third (34 percent) of those trained in North America believe that 81 to 100 percent of pain can be alleviated, compared to 23 percent of those trained outside North America.

Further analysis of this question showed that responses differ by the amount of pain management training physicians have received and reported barriers to addressing pain.

- About 44 percent of physicians who said they had all the training they need to fully manage pain reported that 81–100 percent of chronic pain can be alleviated, compared to 25 percent of physicians who said they had no training in managing pain.
- Only about 15 percent of physicians who report that the greatest barrier to addressing chronic pain is “lack of effective pain medication” also said that 81–100 percent of chronic pain can be alleviated, whereas about 26–40 percent of physicians who cited other factors as the greatest barrier to addressing chronic pain also said that 81–100 percent of chronic pain can be alleviated.

**What percentage of acute pain can be safely and effectively alleviated by today’s treatments?**

There are no significant differences by physician characteristics in the percentage of *acute pain* physicians believe can be safely and effectively alleviated.

***Are you aware of the Michigan Automated Prescription System (MAPS), which is available to physicians to track when and where controlled substances have been dispensed to your patients?***

There are differences in awareness of MAPS depending on practice setting, practice specialty, and whether the physician is an MD or DO.

- 72 percent of physicians whose main practice site is an outpatient site are aware of MAPS, compared to 54 percent of physicians whose main practice site is an inpatient site.
- 81 percent of primary care specialty physicians are aware of MAPS, compared to 60 percent of non-primary care specialty physicians.
- 78 percent of DOs are aware of MAPS, compared to 65 percent of MDs.

***Have you ever used MAPS?***

Use of MAPS differs among MDs and DOs, physicians by practice setting, physicians by practice specialty, and physicians by age.

- 58 percent of DOs have used MAPS, compared to 34 percent of MDs.
- 43 percent of physicians whose main practice site is an outpatient site have used MAPS, compared to 25 percent of physicians whose main practice site is an inpatient site.
- 60 percent of primary care specialty physicians have used MAPS, compared to 28 percent of non-primary care specialty physicians.
- 46 percent of physicians aged 44 or younger and 43 percent of physicians aged 45–54 have used MAPS, compared to 33 percent of physicians aged 55 and older.

Further analysis of this question showed differences in responses according to the physicians' reported fear of losing their license and barriers to addressing pain.

- Physicians who said that fear of losing their medical license affects their decision to prescribe opiates *frequently* or *some of the time* are more likely to have used MAPS than physicians who said this fear *always* affects their decision to prescribe opiates. About 54 percent of physicians who said that fear of losing their license *frequently* affects their prescribing of opiates have used MAPS, and 51 percent of physicians who said that a fear of losing their license affects their prescribing opiates *some of the time* have used MAPS, compared to 30 percent of physicians who said this fear *always* affects their decision to prescribe opiates.
- Physicians who said the greatest barrier to adequately addressing their patients' pain was "*my lack of knowledge or proper training on how to fully assess and treat pain*" are less likely to have used MAPS. About 25 percent of physicians who cited lack of knowledge as the greatest barrier have used MAPS, compared to 59 percent of physicians who cited fear of losing their license as the greatest barrier to adequately addressing their patients' pain.
- About 28 percent of physicians who cited patients not reporting or underreporting pain as the greatest barrier to adequately addressing their patients' pain have used MAPS.

- Physicians who said the greatest barrier to adequately addressing their patients' *end-of-life pain* is a lack of hospice and palliative care services are more likely to have used MAPS. About 59 percent of these physicians have used MAPS compared to 33 percent of physicians who cited "*my fear that the patient may become addicted to pain medication*" as the greatest barrier to addressing their patients' end-of-life pain.
- About 54 percent of physicians who said their greatest barrier to addressing *end-of-life pain* is "*lack of effective pain medication*" and 52 percent of physicians who said their greatest barrier is "*insufficient time with patients to assess pain*" have used MAPS.

***How often does the fear of losing your medical license affect your decision to prescribe opiates?***

- Non-primary care specialists (53 percent) are more likely to report that fear of losing their medical license *never* influences their decision to prescribe opiates, compared to primary care specialists (33 percent). Only 15 percent of non-primary care specialists say this fear influences their decision *some of the time*, compared to 27 percent of primary care specialists.

***What is the greatest barrier to adequately addressing your patient's pain?***

For the most part, there are no differences among physicians on the greatest barrier to adequately addressing their patients' pain. "*My fear that the patient may become addicted to pain medication*" was selected by the greatest percentage of physicians within each subset, with the exception of physicians who are not primary care specialists.

- About 27 percent of physicians who are not primary care specialists identified "*Patient does not report or under-reports his/her pain*" as the greatest barrier to adequately addressing their patients' pain, compared to 17 percent of primary care specialists.
- About 25 percent of physicians who are not primary care specialists identified "*My fear that the patient may become addicted to pain medication*" as the greatest barrier to adequately addressing their patients' pain, compared to 43 percent of primary care specialists.

***Which non-pharmacological treatments for pain do you use to treat your patients' pain?***

There are no significant differences by physician characteristics in the use of specified non-pharmacological treatments, either in direct use of the treatment modality or in referrals and recommendations.

***What percentage of your end-of-life patients do you believe are receiving the best pain management that is safely available?***

- About 35 percent of primary care specialists said 91–100 percent of their end-of-life patients are receiving the best pain management safely available, compared to 19 percent of physicians who are not primary care specialists. Only 7 percent of primary care specialists said less than 30 percent of their end-of-life patients are receiving the

best pain management safely available, compared to 17 percent of physicians who are not primary care specialists.

- About 28 percent of physicians whose main practice is an outpatient site said that 91–100 percent of their end-of-life patients are receiving the best pain management safely available, compared to 19 percent of physicians whose main practice is an inpatient site.

***To what extent do you agree with the following statement? “Many end-of-life patients are being undertreated for pain.”***

- About 71 percent of physicians whose main practice is an inpatient site *agree* or *strongly agree* that many end-of-life patients are being undertreated for pain, compared to 59 percent of physicians whose main practice is an outpatient site.
- About 67 percent of physicians who are not primary care specialists *agree* or *strongly agree* that many end-of-life patients are being undertreated for pain, compared to 55 percent of primary care specialists.

***What is the greatest barrier to adequately addressing your patients’ end-of-life pain?***

There are no differences by physician characteristics on what the greatest barrier is to adequately addressing their patients’ end-of-life pain. “*Patient does not report, or underreports, his/her pain*” was selected by the greatest percentage of physicians within each subset, followed by “*My lack of knowledge or proper training on how to fully assess and treat pain.*”

***How much training have you had in managing pain?***

- A greater percentage of physicians aged 55 and older (17 percent) report that they have had no training in managing pain, compared to physicians aged 45–54 (8 percent) and those aged 44 or younger (6 percent).
- There are no other significant differences by physician characteristics in the amount of training that physicians reported.

***What have been your best sources of information on pain management?***

Older physicians are more likely to select “*continuing medical education courses*” as one of their best sources of information on pain management, while younger physicians are more likely to select “*residency program*” as one of their best sources of information.

- About 40 percent of physicians aged 55 or older selected “*continuing medical education courses*” as one of their best sources of information on pain management, compared to 21 percent of physicians aged 44 or younger.
- About 22 percent of physicians aged 44 or younger selected “*residency program*” as one of their best sources of information on pain management, compared to 4 percent of physicians aged 55 or older.

### ***Which formats would you prefer for training in pain assessment and treatment?***

For the most part, there are no differences among physicians regarding their preferred formats for training in pain assessment and treatment. *“Traditional in-person seminar”* was selected by the greatest percentage of physicians within each subset, with the exception of physicians aged 44 or younger.

- *“Online session or webinar”* was selected by physicians aged 44 or younger as a preferred format for training as often as *“traditional in-person seminar.”* About 34 percent of physicians aged 44 or younger chose *“online session or webinar”* as a preferred format, compared to 23 percent of physicians aged 55 and older.

When physicians were asked their preferred format for training in pain assessment and treatment with respect to end-of-life patients, *“traditional in-person seminar”* was again selected by the greatest percentage of physicians within each subset. This preference was more pronounced among osteopathic physicians.

- About 50 percent of osteopathic physicians selected *“traditional in-person seminar”* as one of their preferred formats for training in pain assessment and treatment with respect to end-of-life patients, compared to 39 percent of allopathic physicians.

To provide additional guidance for development of training programs on pain assessment and treatment, responses from physicians who believe less than 30 percent of chronic pain can be safely and effectively alleviated by today’s treatments were analyzed with respect to their greatest barrier to adequately addressing their patients’ pain, preferred training format, and best sources of information on pain management. Among these physicians,

- About 33 percent cited *“my fear that the patient may become addicted to pain medicine”* as the greatest barrier to adequately addressing their patients’ pain, followed by 18 percent who selected *“my lack of knowledge or proper training on how to fully assess and treat pain.”*
- About 47 percent selected *“traditional in-person seminar”* as one of their preferred formats for training in pain assessment and treatment, followed by 23 percent who selected *“pamphlet or brochure.”*
- About 34 percent said continuing medical education courses have been their best source of information on pain management, followed by 23 percent who said professional journals, research literature, and websites.