

## American College of Surgeons Clinical Congress 2020

### Title:

An Evaluation of Opioid Prescribing Preferences in Surgical Residents and Faculty at a Large Academic Medical Center

### Authors:

Victoria Huynh MD, Kathryn Colborn PhD, Kristin Rojas MD, Nicole Christian MD, Gretchen Ahrendt MD, Ethan Cumbler MD, Richard Schulick MD, Sarah Tevis MD

### Introduction:

Faculty preference has previously been reported by residents to be a significant driver of opioid prescription practices. This study aims to compare opioid prescribing practices of surgical residents and faculty against published guidelines and to assess perceptions in communication and transparency around these practices.

### Methods:

Surgical residents and faculty were surveyed to evaluate the number of 5 milligram oxycodone tablets prescribed for common procedures. Quantities were compared between residents, faculty, and Opioid Prescription Engagement Network (OPEN) guidelines. Frequency with which faculty communicate prescribing preferences and the desire for feedback and transparency in prescription practices were also assessed.

### Results:

Fifty-six (72%) residents and 57 (59%) faculty completed the survey. The median number of tablets prescribed by residents was greater than that of faculty in 11 of 20 procedures. On average, across all operations, faculty reported prescribing practices compliant with OPEN 56.1% of the time whereas residents did so 47.6% of the time ( $p=.4$ ). Table 1 shows a sampling of procedures. Sixty-two percent of faculty reported often or always specifying prescription preferences to residents while only 9% of residents noted that faculty often did so. Residents (80%) and faculty (75%) were amenable to seeing regular reports of personal opioid prescription practices, and 74% and 65% were amenable to seeing practices compared to peers. Only 34% of residents and 44% of faculty wanted prescription practices made public.

### Conclusions:

Faculty and residents demonstrate variability in opioid prescription practices. Increased transparency and education regarding OPEN guidelines with incorporation into the EMR as practice advisories may reduce prescription variability.

**Table 1. Faculty and Resident Opioid Prescriptions Adhering to OPEN Recommendations**

Procedure	OPEN (Range)	% Faculty Adhering to OPEN (N)	% Residents Adhering to OPEN (N)
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Laparoscopic Appendectomy	0-10	73.9% (17)	60.7% (34)
Laparoscopic Cholecystectomy	0-10	66.7% (16)	37.5% (21)
Open Inguinal Hernia	0-10	66.7% (16)	46.4% (26)
Laparoscopic Colectomy	0-15	66.7% (14)	50% (28)
Coronary Artery Bypass Graft	0-25	28.6% (2)	42.3% (22)
Carotid Endarterectomy	0-10	71.4% (5)	45.5% (25)
Wide Local Excision	0-20	84.6% (11)	92.7% (51)
Thyroidectomy	0-5	25% (2)	23.6% (13)
Breast Lumpectomy	0-5	14.3% (1)	34.5% (19)

Abbreviations: OPEN, Opioid Prescribing Engagement Network.  
 OPEN ranges expressed in number of 5mg Oxycodone tablets.