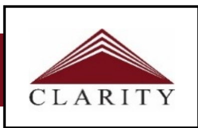

Challenges and Strategies in Battling the Opioid Epidemic: A Panel Discussion

Presented by Clarity Group

The Panel

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Opioid Epidemic

In 2009, there was a warning of addiction and the American Pain Society and the American Academy of Pain published their first guidelines:

- Opioid prescribing had significantly increased due to a growing professional acceptance that drugs can relieve chronic noncancer pain
- Acknowledging widespread concerns about increases in prescription opioid abuse, addiction and diversion

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Opioid Epidemic

- First - Opioids *are* valuable drugs
- Avg. of 91 people die each day from opioid abuse in the U.S.
  - # of annual deaths has quadrupled from 1999
- The gap is closing- the rate of opioid-related overdose deaths in rural counties slightly higher than in metro areas; rural rate 17.0 per 100,000 with urban rate 16.2 100,000
- Of 5,152 opioid overdose deaths, 3,000 tested positive for Fentanyl, over 700 tested positive for fentanyl analogs such as Carfentanil

http://bit.ly/1L6EJjc http://bit.ly/1Te7fN7 http://bit.ly/1QOH5it http://bit.ly/1U3FxIf

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Opioid Epidemic

- Oftentimes, prescribers don't know their patients are visiting multiple prescribers. Patients don't know when a prescription is duplicative or addictive in a way that is potentially harmful
- 2013 - Family physicians wrote 15M prescriptions and internal medicine physicians wrote nearly 13M
  - Adds up to more than half of all opioid prescriptions written that year
- 60% of deaths occur in patients when they are issued prescriptions based on prescribing guidelines by medical boards
- 55% of people who abuse prescription painkillers get them from friends or relatives
  - Only 17.3% obtained them through a physician's prescription

www.hhnmag.com/articles/6886-the-opioid-overuse-epidemic-what-providers-can-do?utm_source=opioids&utm_medium=email&utm_campaign=HHN
www.fiercepracticemanagement.com/story/family-physicians-unwittingly-drive-use-opioids/2015-12-15

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Opioid Epidemic

- Prescription Drug Monitoring Programs - PDMPs are in 49 states, the District of Columbia and U.S. territory, Guam
  - Every state except Missouri has created a statewide database to monitor controlled substances
  - 16 states with prescription drug monitoring law that requires doctors to consult PDMP before prescribing opioid painkillers
  - 29 states have mandatory access provisions
  - It varies by statute, rule or board policy whether there is a mandated query of the PDMP within states
    - New York has seen a 75% drop in patients who are seeing multiple physicians to obtain large amounts of these drugs
  - 25 states and D.C. as of 2015, provide immunity from civil actions to practitioners for accessing or not accessing information in the database

www.hhnmag.com/articles/6886-the-opioid-overuse-epidemic-what-providers-can-do?utm_source=opioids&utm_medium=email&utm_campaign=HHN
http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/05/09/states-require-opioid-prescribers-to-check-for-doctor-shopping
http://www.namsdl.org/library/1810E284-A0D7-D440-C3A9A0560A1115D7/

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What Are The Current Challenges When It Comes To Opioid Use?

- Culture change for society
- Patients expectations of pain management
- New laws/regulations are mandating a shift in opioid prescribing
  - Limits on total number of morphine milligram equivalents (MME) per month
  - Prior authorization requirements
  - Mandate for naloxone prescription, but lack of funding for uninsured patients
- Lack of treatment programs and resources for patients with substance use disorder
- New Joint Commission Standards on Pain Management effective 1/1/18

https://www.jointcommission.org/assets/1/18/Joint_Commission_Enhances_Pain_Assessment_and_Management_Requirements_for_Accredited_Hospitals1.PDF

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How Are Healthcare Organizations Addressing The New Mandates?

- Assemble a multiprofessional team and understand the requirements
- Develop policies, protocols, guidelines, education material
  - Opioid Overdose Prevention Guidelines
  - Guidelines for Discharge Patients with SUD or Prior Opioid Overdose
- Educate all health care providers on requirements and expectations
- Offer non-pharmacologic interventions
- Provide bedside delivery of medications, including naloxone
- Fund naloxone for self pay patients who cannot afford it
- Build standardization and forcing functions into the electronic medical record
  - Screening tools for patients at high risk of opioid overdose
  - Naloxone prescription for patients at high risk or prior overdose
  - Patient education

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How Are Healthcare Organizations Addressing The New Mandates?

- Review and revise pre-built order sets to reflect desired prescribing practices
  - Limit use of opioids in opioid naïve patients
  - Use short courses of low doses of opioids if needed post operatively
  - Use oral medications if possible
- Implement peer recovery coaches (PRCs) to meet with patient as soon as possible
  - Screening results, safe use of opioids, assess readiness for treatment, refer to treatment program and set up appointment for patient, evaluate appropriateness of use of buprenorphine and initiate immediately if candidate
- Utilize Substance Abuse Consult Service (SACS) if available
  - Physician led team who recommends management of intoxication, withdrawal, and other medical problems/pain related to substance use.
  - Recommends initiation of maintenance medications, such as buprenorphine, methadone, naltrexone, disulfuram, etc. and refers to treatment program.

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Diversion Surveillance

- Healthcare providers have ready access to controlled substances/opioids
- Those with SUD who have been getting supply from prescriptions will have difficulty with new regulations and active monitoring programs
- Staff may obtain from diversion of hospital supply
- Establish a diversion surveillance monitoring program
  - Software programs
  - Chart audits: prn use, omission of documentation
  - Interview patients
  - Waste collection from procedure areas with assay
- Develop a standard, multidisciplinary team approach for investigation
  - Convene and discuss potential diversion case and follow standard protocol
  - Communicate with licensing board
  - Report diversion to DEA

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New Joint Commission Standards For Hospitals On Pain Management

- Effective 1/1/18
- Dedicates a team/leader to safe opioid prescribing & pain management
- Offers non-pharmacologic treatments
- Educates staff on safe opioid prescribing, provides resources
- Provides consult services and referrals for complex pain management needs
- Identifies opioid treatment programs
- Facilitates access to prescription drug monitoring programs (PDMP)
- Provides equipment needed to monitor high risk patients
- Defines criteria and assesses/manages pain and minimizes risks associated with treatment

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New Joint Commission Standards for Hospitals on Pain Management

- Screens patients for pain at admission
- Develops a patient specific pain treatment plan, including the patient
- Provides education to patients on the safe use of opioids and non-opioid medications
- Identifies and monitors patients at high risk for adverse outcomes related to opioid use
- Educates patients and family at discharge regarding pain management plan, side effects of medication, how to address activities of daily living as they relate to pain management, safe use/storage/disposal of opioids
- Collects and analyzes data on pain assessment and management and monitors effectiveness of interventions
- Monitors the use of opioids to determine if they are being used safely

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Strategies – Patient Encounter

- Established doctor-patient relationship
- Screen for history of abuse and suicide
  - Malpractice suits where patients overdosed - 80% had evidence of current or past substance use disorder and 40% of those cases the patient had mental health disorder (Pain Medicine 2011)
- Identify and address co-existing mental health conditions such as anxiety, depression, PTSD
- Consider nonopioid therapies
- Clinicians should establish treatment goals with all patients, including realistic goals for pain and function
- Well-documented treatment plan, informed consent and agreements for treatment as well as re-examination. This should be included in the process for each consultation and treatment

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Strategies – Patient Encounter

- Understand immediate-release opioids vs extended release/long-acting
- Discuss:
  - Risk of respiratory depression and overdose
  - Use of other medications
  - Realistic benefits and risks
  - Patient and clinician responsibility in managing therapy
  - Duration and discontinuing medication if benefits do not outweigh the risks
- Conduct a periodic review of treatment efficacy
- Renewal should be done during patient encounters; if it is necessary to renew without a visit, make sure return visit is less than 3 months from the last
- Warn the patient against use of other medications without consulting his/her physician or pharmacist; use and risks of alcohol socially with medications

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Strategies – Patient Encounter

- Review state prescription drug monitoring program data
- Some states there needs be clear documentation of unrelieved pain
- Treatment agreements
- Refer patients for psychiatry or mental health specialist
- Do not hold on too long, refer to pain specialists

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Strategies – Education

- The FSMB Model Policy makes it clear that "state medical boards will consider inappropriate management of pain, particularly, to be a departure from accepted best clinical practices, including but not limited to inadequate attention to the initial assessment to determine if opioids are clinically indicated."
- What this means is:
  - The need for education on understanding pain and treatment options cannot be deferred or ignored by practitioners who prescribe opioids
  - Education is imperative to understanding what is clinically indicated
  - Plaintiff attorneys will use this in lawsuits
  - Published toolkits will be used to create standard of care
- AHA released new toolkit October 2017-Stem the Tide: Addressing the Opioid Epidemic

http://www.aha.org/content/17/opioid-toolkit.pdf

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Strategies – Education

With support from the Administration, prescriber education programs have been developed to teach medical professionals skills such as:

- How to start a conversation with patients about their substance use; managing pain appropriately; and treating patients using opioids more safely
- 23 states have requirements for practitioners to obtain certain number of continuing education hours

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It's Just The Beginning

- ONC's PDMP & Health IT Integration initiative seeks to address important challenge-no uniform standards exist for PDMPS to share their valuable prescription drug data with health IT systems
- ONC led *Enhancing Access to PDMPS using Health IT* project in collaboration with Substance Abuse Mental health Services Administration
  - Six Pilot Studies conducted with reports available at https://www.healthit.gov/PDM

At Carolinas HealthCare System-researching and implementing new methods to influence prescribing practices and integrate prevention strategies. One multidisciplinary team created/tested red flag alert system, called Prescription Reporting with Immediate Medication Utilization Mapping, or PRIMUM, within EHRs to identify at-risk patients and provide real-time information to clinicians.
Nearly 22% of patients being prescribed opioids would have had at least one of five red flags triggered in their records.

https://www.healthit.gov/PDMP
https://contentsharing.net/actions/email_web_version.cfm?recipient_id=3279547925&message_id=14875569&user_id=AHA%5FMCHF&group_id=4361545&jobid=39067242

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It's Just The Beginning

- Raising awareness - dispelling myths and informing the naive
- Changing prescribing patterns - options for alternative pain management
- Bringing task force together - involve all members of the team
- Innovative approaches-new uses of Health IT/EMR

Kaiser Permanente's Southern California Medical Group reviewed in 2009 that OxyContin was it's #1 non-formulary prescribed medicine and hydrocodone was #2. Six years later, the Kaiser Group has been able to drop the # of OxyContin prescriptions by 85%, among other gains.

www.hhnmag.com/articles/7190-a-population-health-approach-to-the-opioid-epidemic---types-of-patients-and---key-strategies

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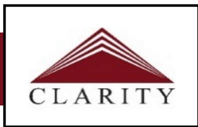

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