Tough Conversations: Opioid Prescribing

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March 28, 2019

Objectives

- Identify events leading to the opioid crisis.

- Review closed claim data regarding narcotic/opioid related claims.

- Discuss appropriate responses for patient opioid requests.

- Be aware of resources that may assist in daily provider practices.

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Our History with Opioids

- 1980-90's - Undertreatment of Pain

- Mid 1990's - New Opioids marketed as non-addictive Oxycodone

- Mid 1990's - Pain added to Satisfaction Scores (CAHPS)

- 1999 - Pain became the 5th Vital Sign

- 2000 – Congress passed H.R. 3244- "Decade of Pain Control and Research"

- 2001 – Joint Commission Standards for Pain Control

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Opioid Statistics

- 2000 to 2009 - Opioid Rx increased by 68%
  - 202 Million Rx written
- 2010 – Hydrocodone/Acetaminophen most common Rx
  - 131.2 Million Rx written   (IHI report, 2016)
- 2012 Opioid Rx peeked
  - More than 255 million Rx written
- 2012-2017 decline in Rx written
  - 191 million Rx written in 2017
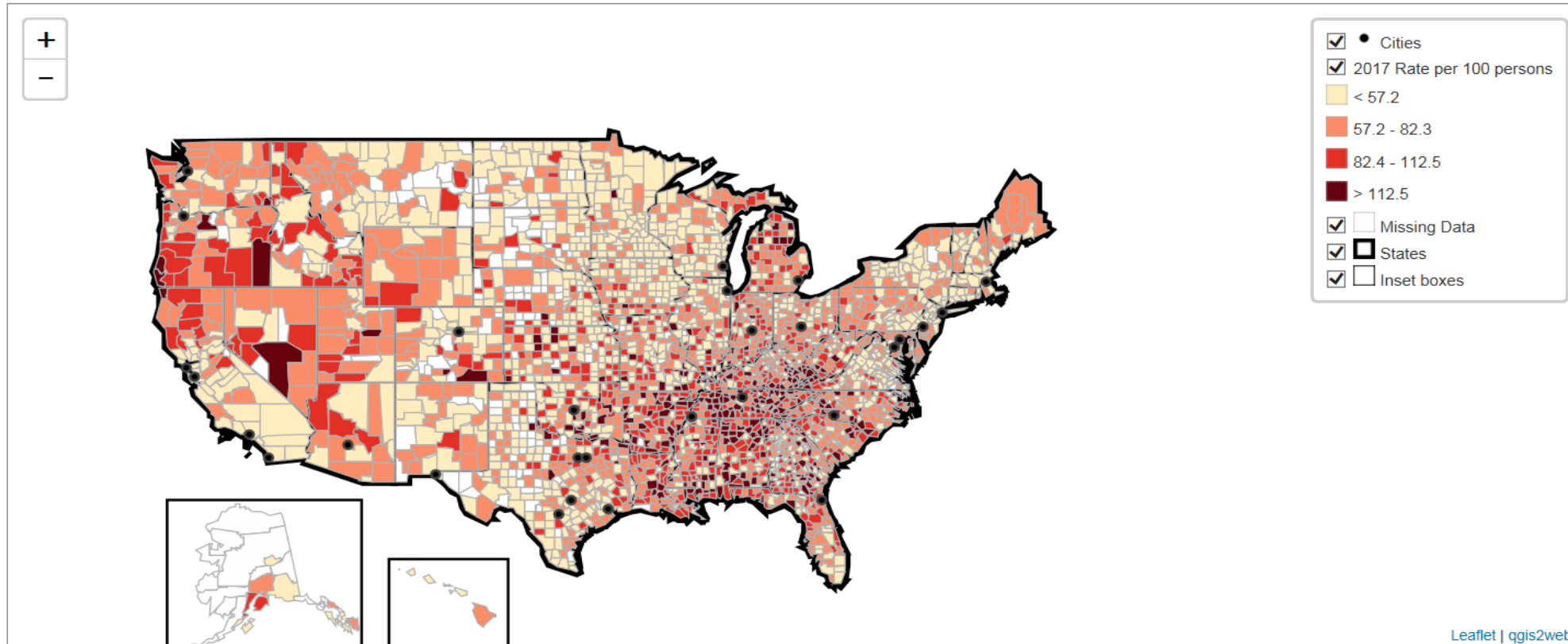 - Lowest in 10 years   (www.cdc.gov/drugoverdose/maps/rxrate-maps.html)

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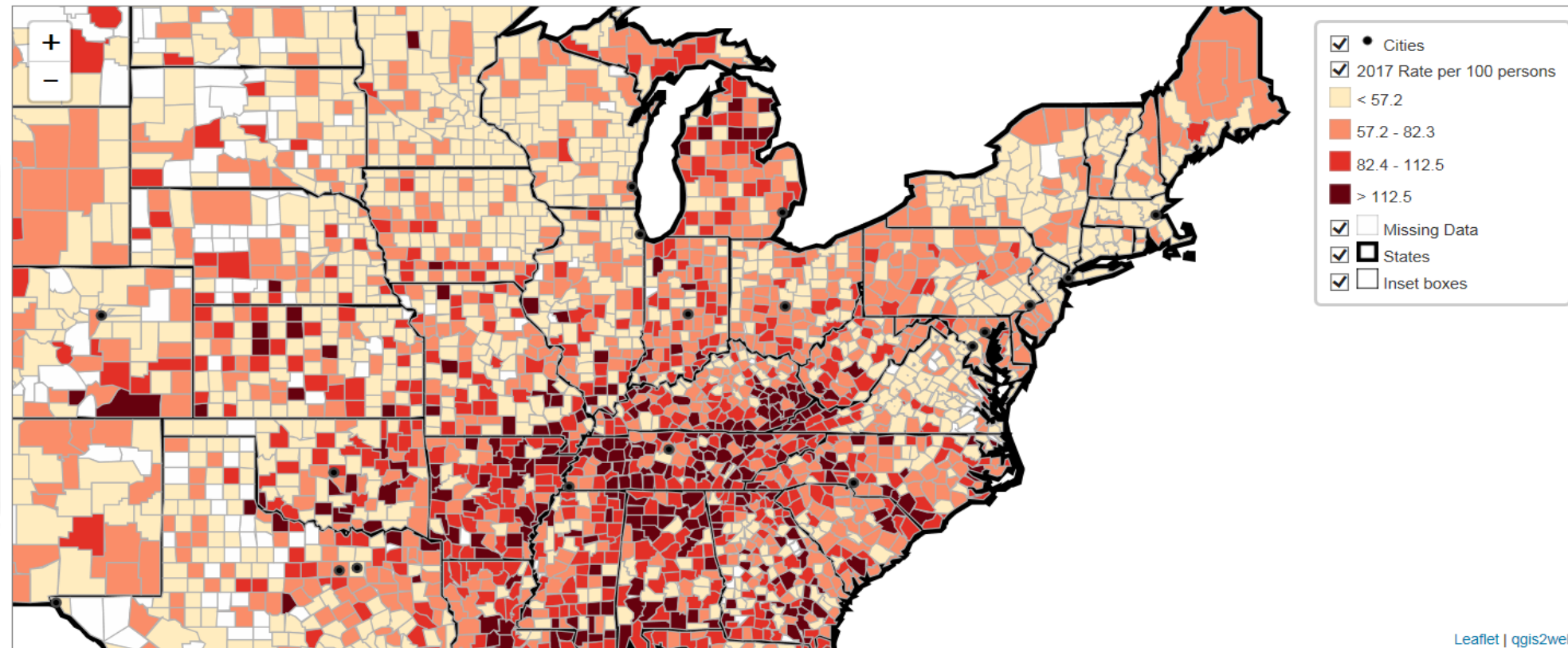# Geographic Variation of Opioid Prescriptions in the US

U.S. County Prescribing Rates, 2017

U.S. County Prescribing Rates, 2016   U.S. Prescribing Rate Maps

About the Maps

For detailed information about these maps, including data sources, please visit the U.S. Prescribing Rate Maps page.

Geographic Variation of Opioid Prescriptions in the US

U.S. County Prescribing Rates, 2017

U.S. County Prescribing Rates, 2016   U.S. Prescribing Rate Maps

Legend:
- Cities
- 2017 Rate per 100 persons
  - < 57.2
  - 57.2 – 82.3
  - 82.4 – 112.5
  - > 112.5
- Missing Data
- States
- Inset boxes

Leaflet | qgis2web,

About the Maps

For detailed information about these maps, including data sources, please visit the U.S. Prescribing Rate Maps page.

Opioid Deaths Continue to Rise

- 2013 - 16,235 Americans died due to Rx Opioid misuse

- 2013 to 2014 - 9% increase in Opioid Rx deaths - 17,696 deaths

- 2017 - 46 people a day Rx opioid related deaths
  - Most common Rx opioids involved
    - Methadone
    - Oxycodone (such as OxyContin®)
    - Hydrocodone (such as Vicodin®)
  - Who is affected
    - Older Americans
    - Non-Hispanic whites and American Indian or Alaskan Natives
    - Men 6.1 – Women 4.2 per 100,000 people

(www.cdc.gov/drugoverdose/data/statedeaths.html)

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Value of the RX

Addressing the issue

Driver Diagram: Reversing the opioid crisis in a community
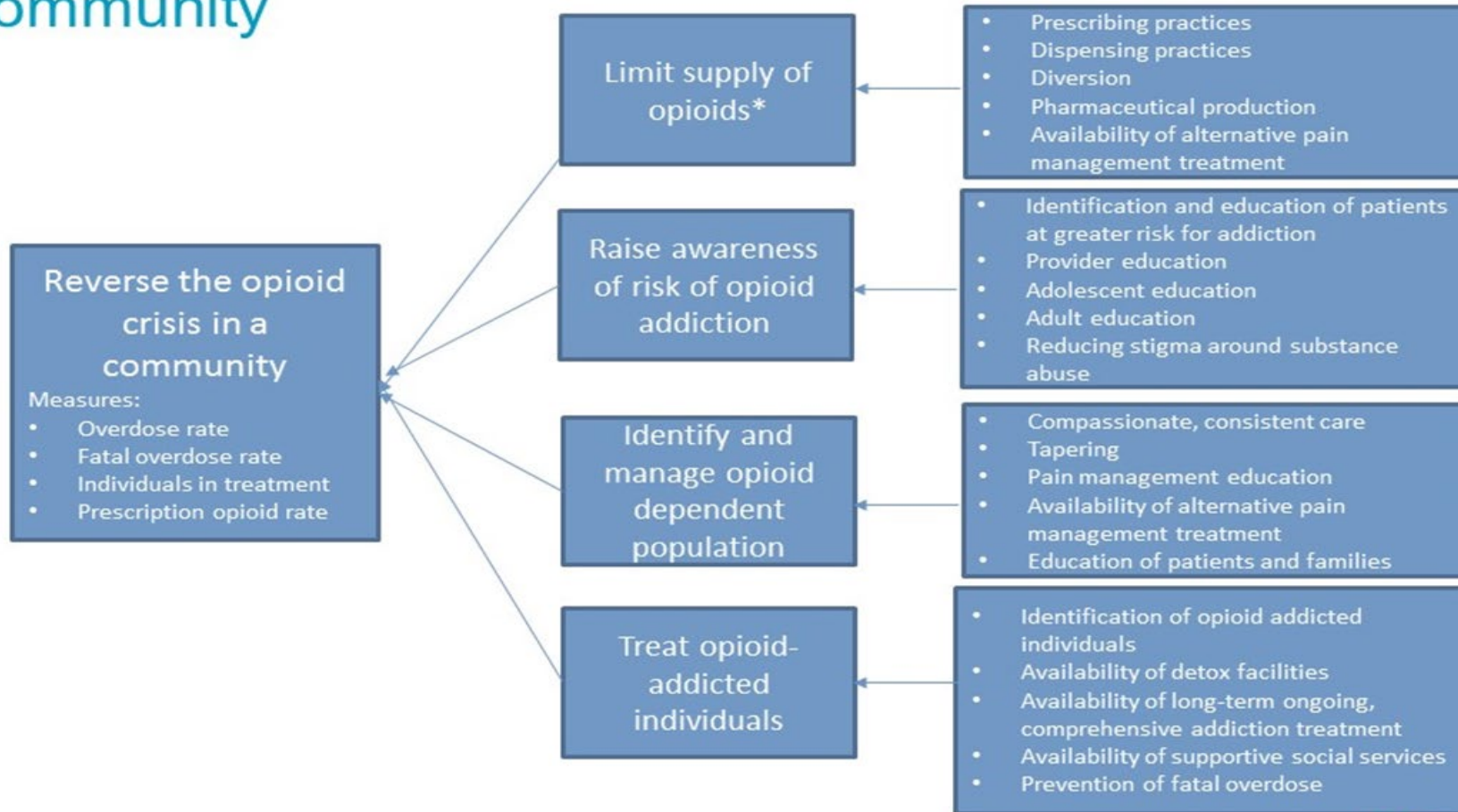
OPIOID PRESCRIBING AND PROFESSIONAL LIABILITY

Closed Claim Review

- National Professional Liability Company

- 1770 Medication related Closed Claims 2007-2015

- 272 (15%) of claims involved opioids

- 64% of opioid claims - outpatient setting
  - 78% Physician practices and Hospital clinics
  - 10% Ambulatory and Day Surgery
  - 9% Emergency Department
  - 3% Patient's home

Closed Claim Review

- Type of Pain Patients in closed claims
  - 24% Pain not otherwise specified (NOS)
  - 22% Spine related pain
  - 9% Joint/extremity related pain
  - 6% Mental health issues
  - 4% Abuse/dependence

Closed Claim Review

- Allegations included in closed claims
  - 70% Improper medication management
  - 9% Wrong dose
  - 3% Wrong medication

- Final Diagnosis in closed claims
  - 76% Poisoning by methadone, heroin, opiates/narcotics NOS.
  - 8% Drug Dependence

Closed Claim Review

- 91,000 closed claims 2009-2015
  - Poisoning
  - Drug Dependence
  - Non-Dependent Drug Abuse
- 370 Opioid Related closed claims
  - $20 Million Defense Cost
  - 114 Paid claims
    - $28 Million total Indemnity

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OPIOID PRESCRIBING AND PATIENT COMMUNICATION

Provider Preparation

- Education
  - CDC Online Learning Course
  - State licensing statements
  - KMS/KHA Task Force recommendations
- KAMMCO – ELM/Med IQ
  - Online Learning Course
- KAMMCO Dashboards
  - Opioid Tool for providers
- Prescription Drug Monitoring Program

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Provider Preparation

- Repeat Requests
  - Missed diagnosis vs dependency
- Pain medication contracts
  - 3 months
- Consistency
  - All patients every time
- Identify Health Literacy level
  - Informed consent
- Withdrawal is not an emergency

Learn about the risks of prescription opioids
www.cdc.gov/drugoverdose
CDC

Patient Conversations

- "Can I have something for pain?" or "I need something for pain."
  - "Lets review your evaluation and medical record for the best choice of pain relief"

- "The medications don't work."
  - " Please tell me how you are taking the prescription?"

Partner with patients to provide safer, more effective pain management.
Learn more | www.cdc.gov/drugoverdose

Patient Conversations

- "I have chronic pain, I must continue on my current medications."
  - "Lets make sure this medication is the best choice for your chronic pain."
  - "For your safety, you need your medications coordinated by one provider and one pharmacy."

Make the most informed decision with your doctor about prescription opioids.

Learn more | www.cdc.gov/drugoverdose

CDC

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Patient Conversations

- "I had to go to another provider when I was out of town, I received medication from them."
  - "I see that you received 20 pills from another provider. What happened?"
  - "Lets do a drug specimen today."
  - "OK, to stay on the planned schedule, this month I will write 100 tablets." (normal 120 tablets per Rx)

EMPOWERING PROVIDERS.
IMPROVING CARE.
GUIDELINE FOR PRESCRIBING
OPIOIDS FOR CHRONIC PAIN

CDC

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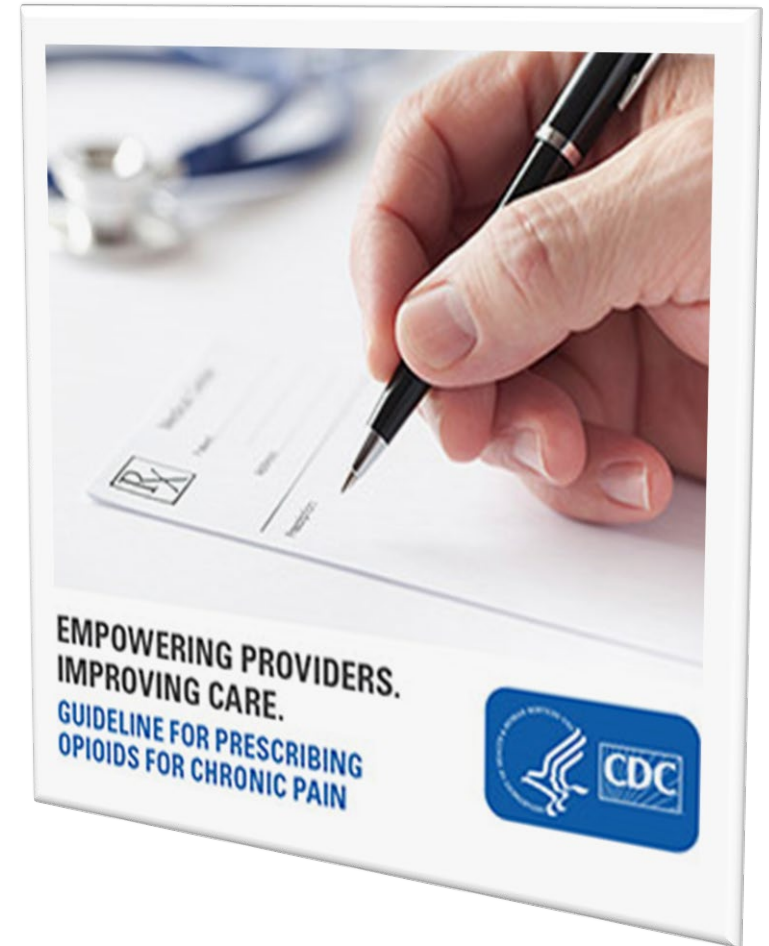
Patient Conversations

- "My prescription/medication was stolen."
  - "Have you filed a police report?" "We can have an officer come here to take your report if you like?"

- A clear case of provider shopping.
  - "I am concerned because your medications can be addicting. I am going to refer you to someone who can help with this."

Patient Conversations

- A case of needing to stop an opioid prescription.
  - "The medication no longer appears to be as beneficial as it once was. As the benefits of the opioid no longer outweigh the risks, we need to discontinue the approach and together find a safer and more effective means of dealing with your pain."

EFFECTIVELY AND RESPONSIBLY MANAGE CHRONIC PAIN

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

www.cdc.gov

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Documentation

- Evaluation/Examination
  - Like any other chronic medical condition
- Treatment plan
  - Like any other chronic medical condition
    - Include mental health and/or continuum of care
- Provider expectation of outcome
- Patient expectation of outcome
- Review of Pain Contract
  - Patient understanding of expectations

Resources – Prescription Monitoring Programs' (PMP)

- Must log in and use to be affective

- Part of the electronic health record

- State wide – vary state to state
  - Some interoperability across state lines
  - Filled RX only
  - Insurance requirements - denials

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Resources –
Prescription Monitoring Programs' (PMP)

Our practitioners participate in the online Prescription Monitoring Program known as K-TRACS (Kansas Tracking & Reporting of Controlled Substances). The system collects prescription data on ALL Schedule II, III and IV controlled substances and drugs of concern dispensed in or into the state of Kansas.

K-TRACS
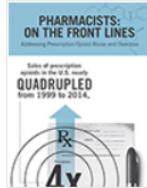
Kansas Board of Pharmacy

This program is authorized pursuant to K.S.A 65-1681 through 65-1693

Resources-CDC Website

Resources - Health Information Exchanges

- Sign up for the local HIE

- Log in to the local HIE
  - Use regularly

- Submit data

- Make informed treatment decisions

Resources – KAMMCO Dashboards

- Opioid Tool

Resources – KAMMCO Dashboards

- Opioid Tool
- Josh Mosier, KHIN Manager of Client Services
- 800.232.2259
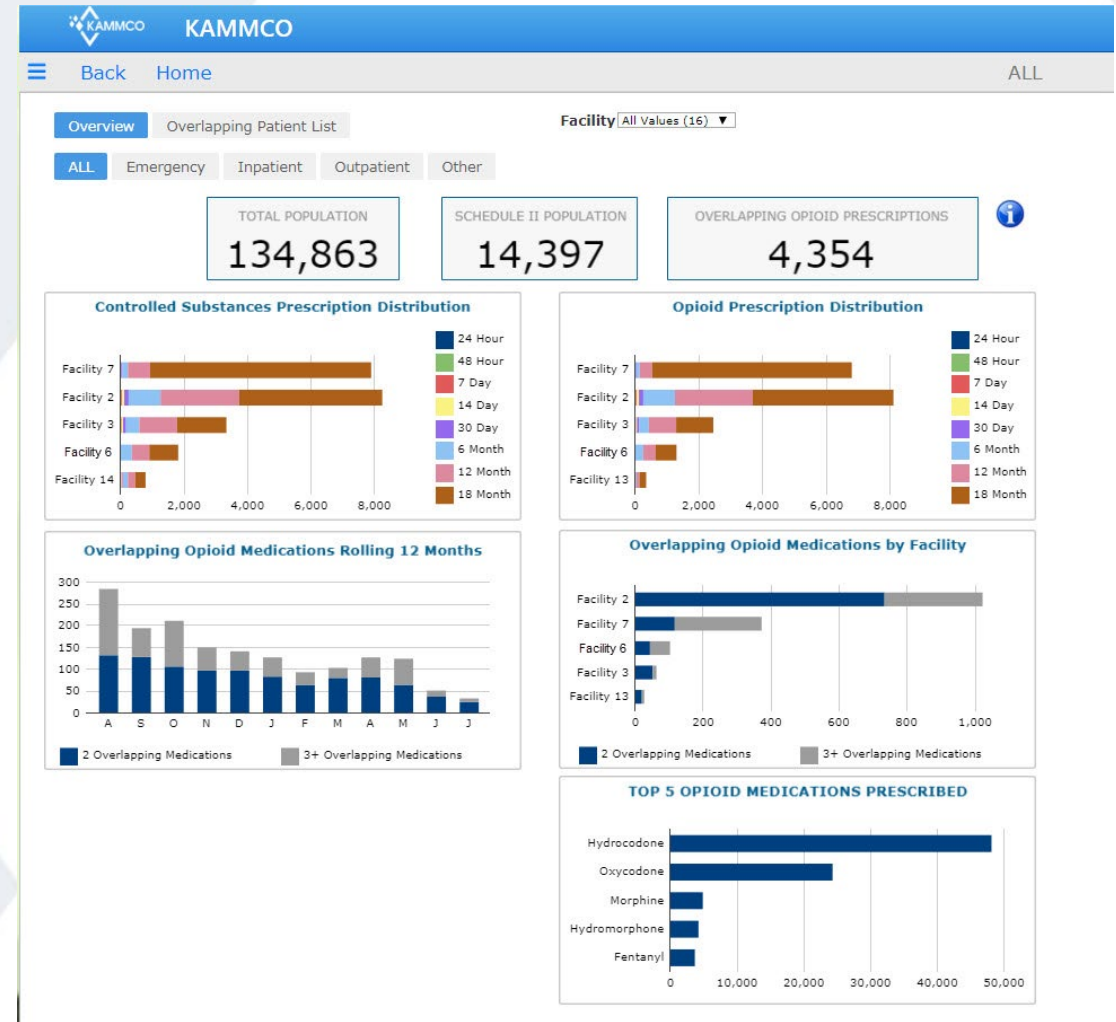
Questions

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