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.



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



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)



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



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

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About the Maps

For detailed information about these maps, including data sources, please visit the <u>U.S. Prescribing Rate Maps</u> 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



Value of the RX

$\mathsf{streetR}_{\mathsf{X}}$ latest street prices for prescription drugs



| - 4 4 | Dui | | Register |
|----------------|--|---------------------------------|----------|
| atest | Prices - PAST 2 WEEKS | | |
| \$10 | oxycodone / acetaminophen tablet | Rate: | |
| Mar 27 | (generic Percocet, Percodan, Ty, | \$ \$ \$ \$ \$ | |
| 2019 | 5mg/325mg pill | * * * * * | |
| | 0 01 | | |
| | Detroit, Michigan | | |
| \$20 | buprenorphine tablet, 8mg pill | Rate: | |
| Mar 27 | Florida | \$ \$ \$ \$ \$ | |
| 2019 | | | |
| \$4 | Adderall (generic), 20mg pill | Cheap | |
| Mar 27 | Urbana Champaign, Illinois | \$ \$ \$ \$ \$ | |
| 2019 | 1.0. | | |
| \$20 | morphine ER pill, 30mg pill | Rate: | |
| Mar 27 | Tennessee | \$ \$ \$ \$ \$ | |
| 2019 | | | |
| \$1 | gabapentin, 300mg pill | Rate: | |
| Mar 27 | Boston, Massachusetts | \$ \$ \$ \$ \$ | |
| 2019 | | | |
| \$7 | buprenorphine tablet by Teva (generic | Rate: | |
| Mar 27 | Subutex), 2mg/0.5mg pill | \$ \$ \$ \$ \$ | |
| 2019 | Austin, Texas | | |
| + | Developed 40 | Defense | |
| \$15 | Percocet, 10mg/325mg pill | Pricey \$ \$ \$ \$ \$ | |
| Mar 27 2019 | Frankfort, Kentucky | ***** | |
| 2019 | | | |
| \$5 | hydrocodone/acetaminophen tablet | Pricey | |
| Mar 27 | (generic Vicodin), 5mg/325mg pill | \$ \$ \$ \$ \$ | |
| 2019 | Georgia | | |
| \$15 | morphine ER pill, 15mg pill | Rate: | |
| Mar 27 | Reynoldsburg, Ohio | \$ \$ \$ \$ \$ | |
| 2019 | , | | |
| \$1 | hydrocodone/acetaminophen tablet | Cheap | |
| Mar 27 | (generic Vicodin), 5mg/300mg pill | \$ \$ \$ \$ \$ | |
| 2010 | (osticite freedail), sing, sooning pin | + + + + + | |

Choose country 📕 USA 🗸

Addressing the issue

Driver Diagram: Reversing the opioid crisis in a community • Prescribing practices

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OPIOID PRESCRIBING AND PROFESSIONAL LIABILITY



- 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



- 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





- 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



- 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





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



- "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



- "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





- "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)





- "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."





- 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."





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



Resources – **Prescription Monitoring Programs' (PMP)**

Our practitioners participate in the online **Prescription Monitoring Program known** K-TRACS (Kansas Tracking as & **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.



Kansas Board of Pharmacy This program is authorized pursuant to K.S.A 65-1681

through 65-1693



Resources-CDC Website

| Opioid Overdose | <u>CDC</u> > <u>Opioid Overdose</u> > <u>CDC Guideline for Prescrib</u> | ning Opioids for Chronic Pain > Guideline Resources | |
|--|---|--|--|
| Opioid Basics + | Guideline Resources: Clinical | Tools | |
| Data + | f ⊻ 🕂 | | |
| CDC Guideline for – Prescribing Opioids for Chronic Pain | The <u>Guideline for Prescribing Opioid for Chron</u> | | en and how to prescribe opioids for chronic pain, and also tools below have been developed with you, the primary |
| For Patients | care provider, in mind, to help you carry out the | complex task of balancing pain management with | the potential risks that prescription opioids pose. |
| For Providers | Mobile App | Pharmacists' Brochure | Pocket Guide: Tapering |
| Guideline Resources – | Opioid Prescribing | PHARMACISTS: Pharmacists: On the | POCKET GUIDE: TAPERING OPTIONS FOR CHRONIC PAIN |
| Clinical Tools | Guideline Mobile App | Alterna development from the set former when development being development when development set of the set | Photos Stok Scholar Aux These and and and the the time to the stoke of the time to the t |
| Patient & Partner Tools | [PDF - 652 KB] | QUADRUPLED TA [PDF - 1 MB] | Chronic Pain 7 [PDF - 2 MB] |
| Graphics | Mobile App> | | |
| Posters | | | |
| Webinars | Fact Sheet | Checklist* | Nonopioid Treatments |
| Videos | Guideline for | Checklist for | Nonopioid Treatments |
| Mobile App | Condensities of the second secon | Prescribing Opioids for | for Chronic Pain |
| Additional Resources | Chronic Pain: Recommendations | Chronic Pain | [PDF - 2 MB] |
| Frequently Asked Questions | | | |
| Online Training + | | | |
| Prescription Drug Monitoring + Programs (PDMPs) | Assessing Benefits and Harms | Calculating Dosage | PDMPs |
| State Information + | ASSESSING BENEFITS AND Assessing Benefits and | CALCULTING TOTAL BARY OBJAC IN OWNERS FOR LAWY DESCRIPTION | ANTICIPATION PORT |
| CDC Publications | Marries and American | Dose of Opioids for | Monitoring Programs |



Resources -Health Information Exchanges

- Sign up for the local HIE
- Log in to the local HIE
 - Use regularly
- Submit data
- Make informed treatment decisions



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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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