

Safe Prescribing Practices:

Reducing Risk to Patients, Providers, and Communities

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A National Epidemic

- ▶ There were 43,982 drug overdose deaths in the U.S. in 2013.
- ▶ It is estimated 44 people in the U.S. die every day from an overdose of prescription painkillers.

2013 National Overdose Statistics

- ▶ Drug overdose was the leading cause of injury death.
- ▶ Among 25 to 64 year olds, drug overdose caused more deaths than motor vehicle traffic crashes.
- ▶ 51.8% of drug overdose deaths were related to prescription drugs
- ▶ 71.3% of overdose death related to prescription drugs involved opioid painkillers and 30.6% involved benzodiazepines.
- ▶ People who died of drug overdoses often had a combination of benzodiazepines and opioid painkillers in their bodies.

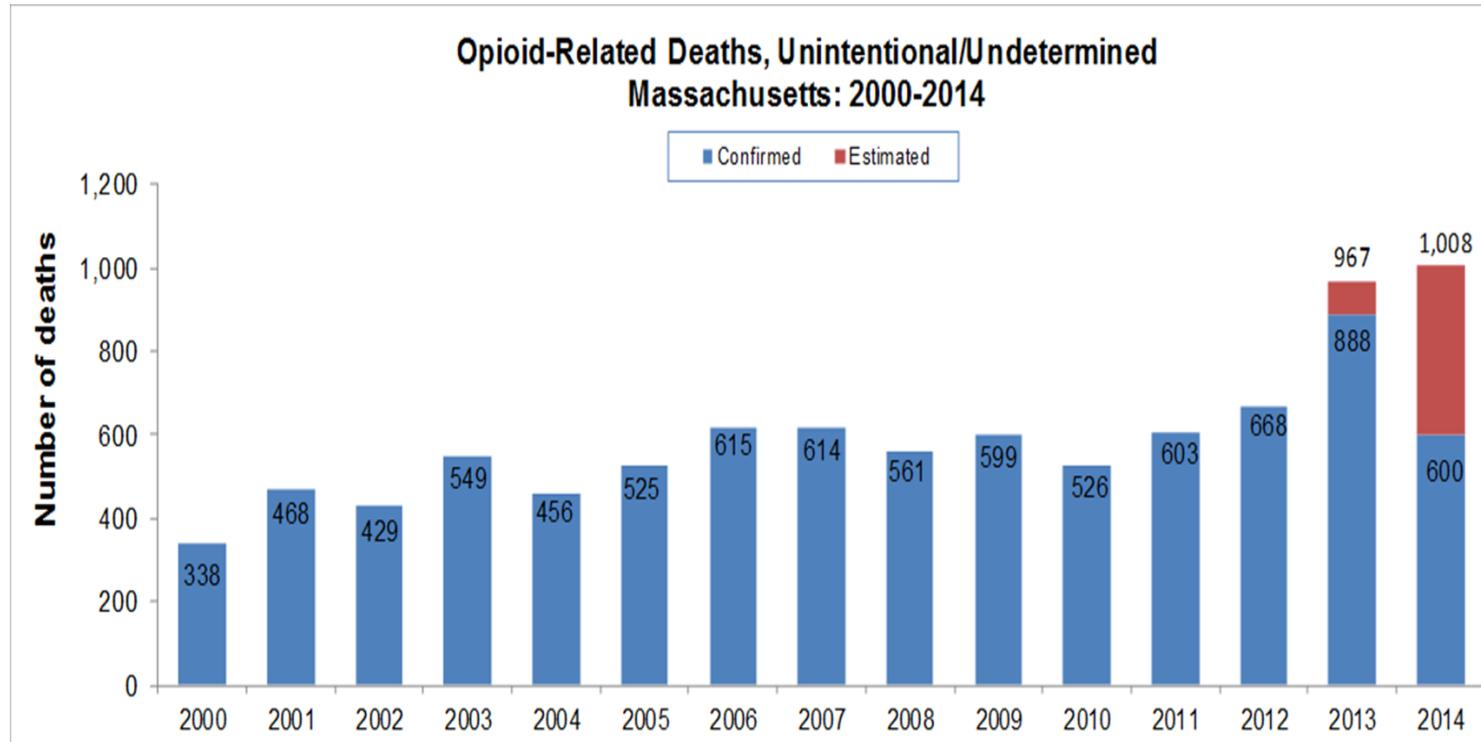
Centers for Disease Control and Prevention. National Vital Statistics System mortality data. (2015)

URL: <http://www.cdc.gov/nchs/deaths.htm>.

Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System. (2014)

URL: <http://www.cdc.gov/injury/wisqars/fatal.html>.

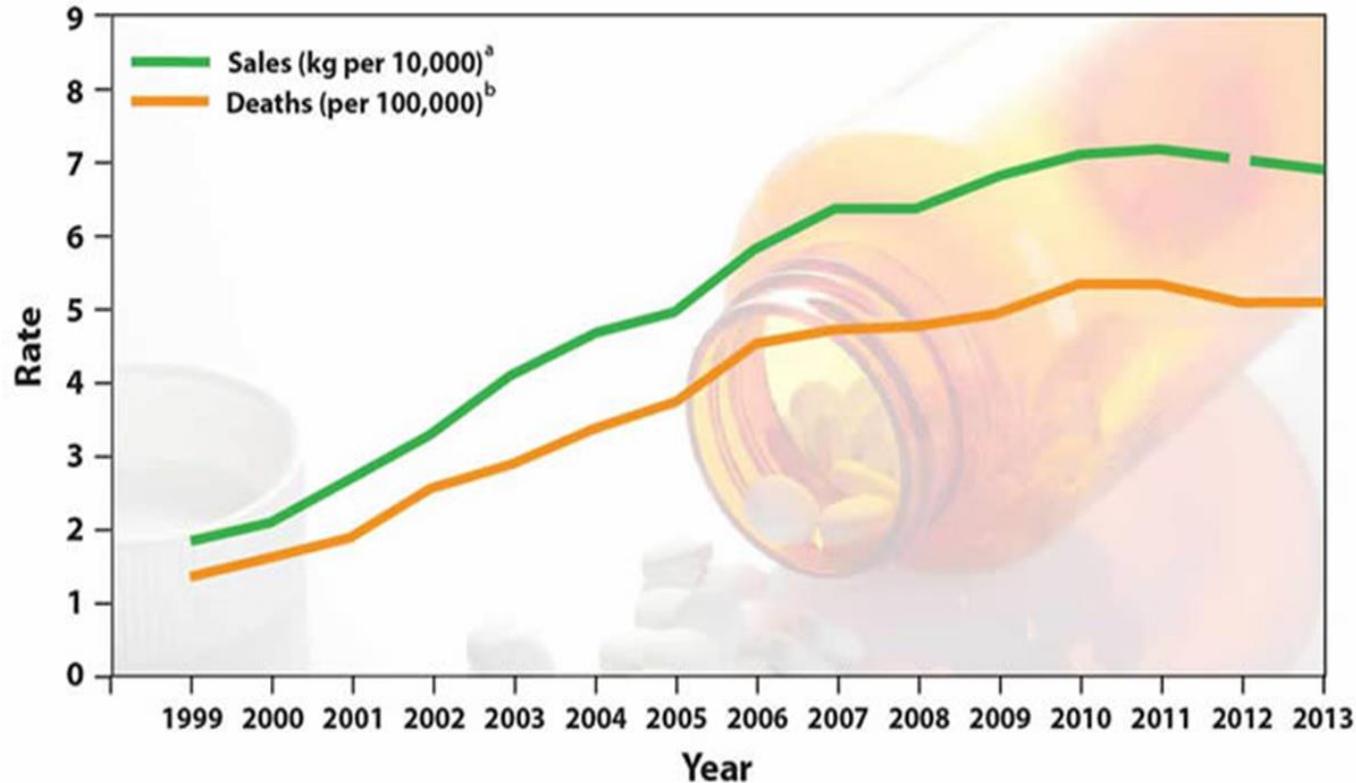
The Opioid Epidemic in Massachusetts



According to the final tally from the Mass DPH 1,256
Massachusetts residents died in 2014 after overdosing on opioids.

Why talk about prescribing practices?

Prescription Painkiller Sales and Deaths



Sources:

^aAutomation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.

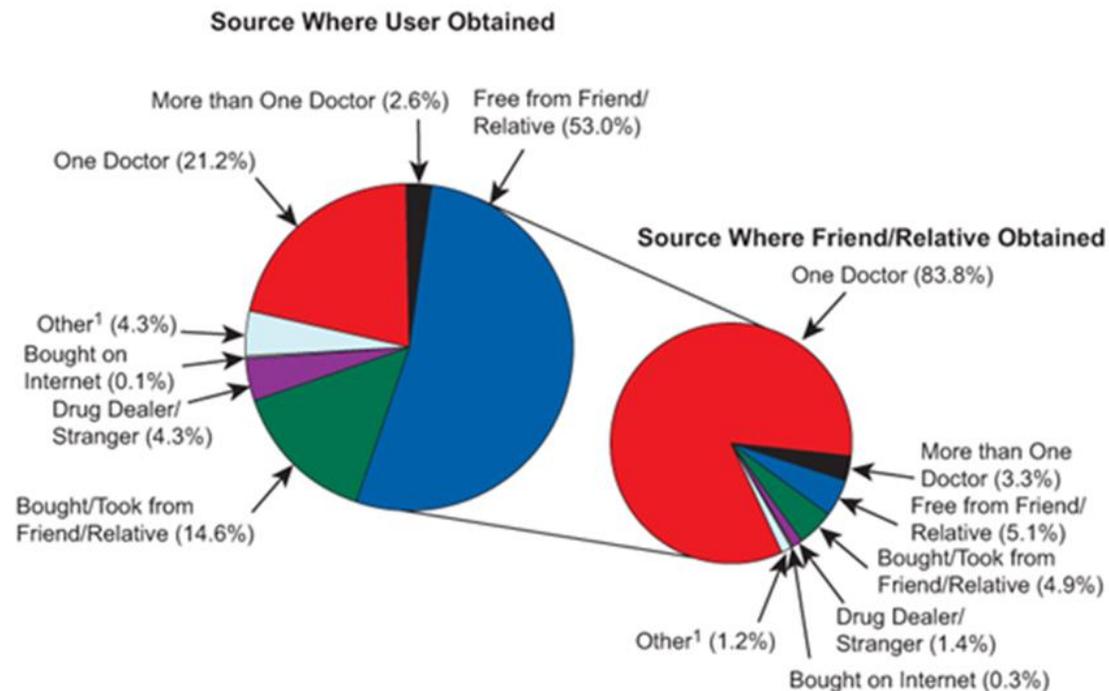
^bCenters for Disease Control and Prevention. National Vital Statistics System mortality data. (2015) Available from URL:

<http://www.cdc.gov/nchs/deaths.htm>.

<http://www.cdc.gov/drugoverdose/data/index.html>

Why talk about prescribing practices?

Figure 2.16 Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2012-2013



¹ The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital Pharmacy," and "Some Other Way."
Note: The percentages do not add to 100 percent due to rounding.

A Community Health Center Setting

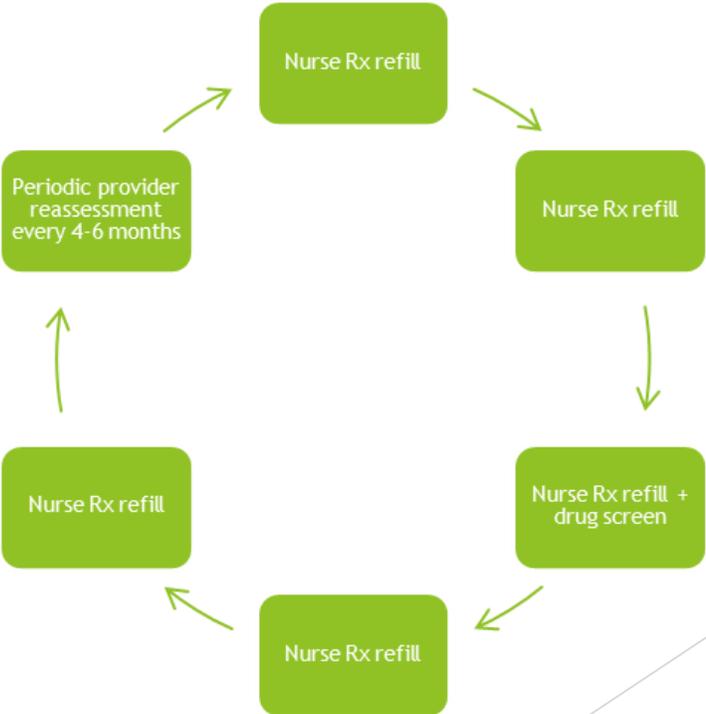
- ▶ Prior to 2012 Family Health Center of Worcester did not have clinic-wide, systematic approach to prescribing opioids for chronic pain.
- ▶ Providers had no guidance, support, or oversight
- ▶ Providers felt under-informed, unsupported, overwhelmed, and unhappy.
- ▶ In 2011 a chronic pain nurse was hired, but there was no protocol for the nurse for patient assessments, urine drug screening, pill counts, documentation, or communication with providers

Perhaps a Familiar Cycle:

Patient with chronic pain meets provider in urgent or primary care setting

Provider decides to prescribe or continue opioids

Dose often increased



A Community Health Response

- ▶ Create a system that promotes best practices in prescribing opioids for chronic pain.
- ▶ Make it easy to do it right!
- ▶ FHCW appointed a Director for a new Chronic Pain Management Program in January 2012.
- ▶ Conditions were studied through spring of 2012.
- ▶ Chronic Pain Management Opioid Prescribing Protocol draft introduced June 2012, collaboratively revised July 2012, final version released August 2012.
- ▶ Currently being revised to include benzodiazepines and stimulants.
- ▶ May be combined with Office Base Opioid Treatment Program to become a Safe Prescribing and Substance Use Disorder Treatment Program.

FHCW Chronic Pain Program Goals

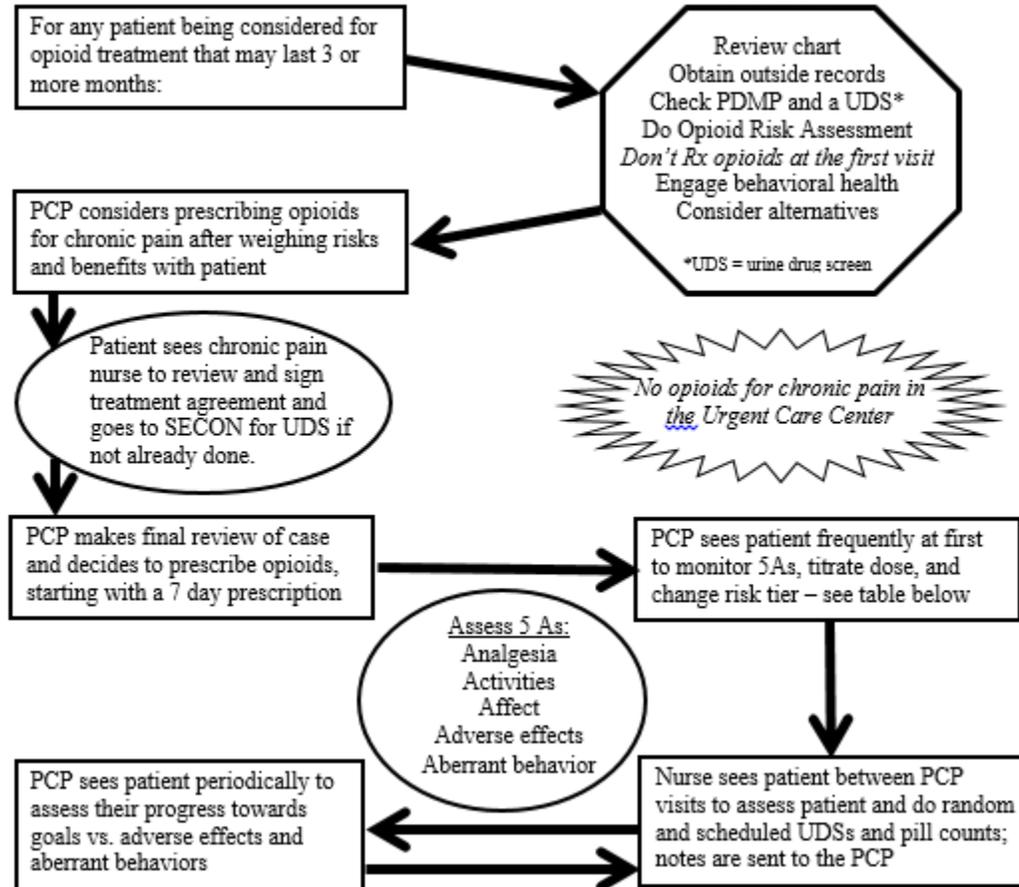
- ▶ Appropriate evaluation of patients for pain management with opioid and non-opioid treatments.
- ▶ Effective pain management targeting improvement of function and quality of life for patients.
- ▶ Safe opioid prescribing practices with a “universal precaution” approach modified by individual patient risk.
- ▶ Prevention of prescription medication-related criminal activity and drug abuse.

Provider Support

- ▶ Chronic pain team actively supports providers with routine patient care.
- ▶ Program director reviews difficult cases upon provider or nurse request.
- ▶ Periodic educational emails sent to providers by program director.

A Safer Workflow

Opioid Prescribing Protocol Work Flow



Risk Assessment

- ▶ The Opioid Risk Tool (ORT)
 - ▶ http://www.partnersagainstpain.com/printouts/Opioid_Risk_Tool.pdf
- ▶ The Diagnosis, Intractability, Risk, Efficacy (DIRE) Tool
 - ▶ http://integratedcare-nw.org/DIRE_score.pdf

Patient Agreement and Consent

- ▶ Signed prior to prescription for chronic opioid medication
- ▶ Renewed yearly
- ▶ Key elements:
 - ▶ Program goals
 - ▶ Information about opioids (risks and benefits)
 - ▶ Program requirements

Universal Precaution

TIER X = DO NOT PRESCRIBE OPIOIDS

RISK TIER TABLE	Tier 4	Tier 3	Tier 2	Tier 1
Rx Duration	1 week	2 weeks	4 weeks	4 weeks
Scheduled UDS¹	Weekly	Every 2 weeks	Every 4 weeks	Every 12 weeks
Random Call-In¹	Every 2 weeks	Every 4 weeks	Every 8 weeks	Every 12 weeks
PCP Visits	Every 2 weeks	Every 4 weeks	Every 8 weeks	Every 12 weeks
Nurse Visits	Weekly, alternating with PCP	Every 2 weeks, alternating with PCP	Every 4 weeks, alternating with PCP	Every 4 weeks in between PCP visits
Minimum Time to Next Tier	2 weeks	4 weeks	12 weeks	N/A

¹ These are maximum intervals; PCP may ask for more frequent UDSs or random call-ins at their discretion

Challenges and Opportunities

- ▶ Increasing patient numbers
- ▶ Difficult patients and taper/removing opioid medications
- ▶ An Act Relative to Substance Use Treatment Education & Prevention
- ▶ Expansion of Medication Assisted Treatment Programs nationwide

Addressing Problematic Conduct

- ▶ Timely identification, investigation, resolution
 - ▶ What are the facts?
 - ▶ What is the source of the problem?
 - ▶ How do I address it?
 - ▶ How do I document?

Source of the problem?

- ▶ Issues not directly related to the drugs
- ▶ Under-treatment of pain, tolerance
- ▶ Opioid Use Disorder
- ▶ Diversion
 - ▶ Use by family or friend
 - ▶ Sale

Tapering off opioids

- ▶ Typically taper 10% to 20% of original dose per week, consider slower taper for long-term user
- ▶ Patients should be closely monitored throughout taper
- ▶ Consider clonidine and other adjuvant medications to ease withdrawal symptoms
- ▶ When opioids of stopped due to diversion (i.e. patient not taking medication) no taper is required

New Opioid Law

- ▶ Seven-day limit on prescribing of opiates to a patient for the first time. Provision applies to minors for every such prescription, with parental notification. (Section 24)
- ▶ Prescribers must check the Prescription Monitoring Program (PMP) every time for a Schedule II and III narcotic is prescribed. Effective Oct. 15, 2016. (Section 27)
- ▶ Allows patients to request a partially filled opioid prescription. The pharmacist must notify the prescriber within seven days. Prescribers must discuss with the patient the quantity of the prescription and the option to partial fill. Remainder of the prescription becomes void. (Section 21)
- ▶ All prescribers must complete appropriate training in pain management and addiction, to be determined by boards of registration. (Section 22)
- ▶ Prior to issuing an extended-release long-acting opioid in a non-abuse deterrent form for outpatient use for the first time, a practitioner must evaluate the patient's current condition, risk factors, history of substance abuse, if any, and current medications; and inform the patient and note in the patient's medical record that the prescribed medication, in the prescriber's medical opinion, is an appropriate course of treatment based on the medical need of the patient. (Section 23)
- ▶ Prescriptions for extended-release long-acting opioids require the prescriber and patient to enter into a written pain management treatment agreement. (Section 23)

Resources for Providers

- ▶ Scope of Pain (sponsored by Boston University School of Medicine):
 - ▶ <https://www.scopeofpain.com/>
- ▶ The Massachusetts Medical Society:
 - ▶ <http://www.massmed.org/Patient-Care/Health-Topics/Opioids/Prescriber-Education/>
 - ▶ <http://www.massmed.org/Advocacy/Key-Issues/Opioid-Abuse/Fact-Sheet--An-Act-Relative-to-Substance-Use-Treatment,-Education-and-Prevention/#.VygTgl-cHIU>
- ▶ The Centers for Disease Control:
 - ▶ <http://www.cdc.gov/drugoverdose/prescribing/guideline.html>

Thank you

- ▶ Dr. Phil Bolduc: Assistant Professor of Medicine, UMass Department of Family Medicine, Family Health Center of Worcester
- ▶ Pamela Heacock: Associate General Counsel, UMass Memorial Health Care
- ▶ Lakeisha Bowlin, LPN and David Dinh, RN: Family Health Center of Worcester