This issue summarizes the February 28, 2014 meeting discussion.

Next Meeting:

Friday, June 27, 2014

9:30 – 11:30 A.M.

San Diego County Medical Society

5575 Ruffin Road, San Diego

PRESCRIPTION DRUG ABUSE MEDICAL TASK FORCE

March 2014

SAFE PRESCRIBING UPDATE IN THE EMERGENCY DEPARTMENTS

Dr. Lev thanked all the hospitals for responding to a recent SurveyMonkey which showed that all hospitals are using the Safe Prescribing Guideline handout. Some hospitals give the handouts to all patients at discharge, while others give them only to selected patients. The guidelines have been built into the automatic discharge instructions at Palomar Health. This way all Palomar Health patients are getting this information. In addition, a select patient group gets the colorful handout. Many local urgent cares are using the same guidelines. To see a list of the current hospitals and urgent cares that follow Safe Prescribing, see our web site at: **www.SanDiegoSafePrescribing.org.**

Nathan Painter noted that UCSD may restart its urgent care in the fall.

Dr. Michelle Pent said that the EPU do not refill for any controlled substances. They insist that patient go to their doctor or to a walk-in psychiatric clinic for these prescriptions. If patient leaves the EPU to go the ED for this medication, then they are circumventing psychiatrist instructions. Dr. Loretta Stenzel of Vista Community Clinic said that she receives patients from Tri-City's ED, who come across the street to her clinic because the ED will not give refills. Although this is tough on the clinics, this shows that the system is working. Eventually patients will learn to adhere to the safe guidelines and realize that medication refills should not occur in an unscheduled manner in the ED or in the clinics.

The Dangers of Xanax

According to the 2012 Medical Examiner Report, San Diego County suffered 55 deaths related to Alprazolam (Xanax),close to the total in the same period of 59 oxycodone deaths. Xanax is very popular on the street. According to Dr. Michelle Pent, the County EPU Medical Director, the APA current guidelines do not recommend long-term use of Xanax. The half-life of Xanax is short and is therefore less effective than other anxiolytics.

REPLICATION

San Diego is proud to be the leaders in California for Safe Prescribing. California ACEP has modified the San Diego guidelines and approved them for use in all the California's Emergency Departments. Los Angeles County created a Prescription Drug Abuse Medical Task Force and will be working on promoting the Safe Prescribing Initiative in all 77+ emergency departments in LA.

CURES UPDATE

SB 809 has allowed for funding to create CURES 2.0, an improved Prescription Drug Monitoring System for California. Providers with DEA license will soon see an increase in their Medical Board Fees to help fund this system. The Department of Justice held an advisory committee first meeting for the system upgrade: Roneet Lev, Tom Lennox, Robert Wailes, and Jonathan Adler represented San Diego. A launch is set for 2016 (“government time”) though fees begin in July 2014. The February 28 Medical Society CURES registration event was a success. By 2016 CURES registration will be required for all providers.

Leadership is working with the County Public Health Department to set up a notary-free process for registration. We are interested in “push tools” and outreach to doctors to pull doctors into registration. The CURES registration is not easy, but is so important. You learn about your patients as you would from looking at prior medical records. Using CURES simply makes you a better doctor.

PATIENT MEDICATION AGREEMENT UPDATE

The task force has endorsements on both a long version and short version of a Medication Agreement from San Diego County Health and Human Services Agency, Hospital Association, and the Medical Society. These guidelines have the added benefit of having gone through health literacy and read at a 6-7 grade level. We encourage all providers to use a medication agreement for any patient who requires 3 months or more of a controlled substance, which includes pain medications, benzodiazepines, and stimulants. This is relevant for primary care, psychiatrist, orthopedist, surgeons, and any prescriber of long term controlled medication. These guidelines are on the web site in English and Spanish at www.Safeprescribing.org. March is Prescription Drug Awareness Month. The task force has a media event planned for March 28th to announce this use the guidelines in a variety of primary care settings.

There are many other versions of Medication Agreements without official endorsements, health literacy, or a unified look. The task force agreed that it is more important to get everyone to use the Medication Agreement in any form that promotes the same core features. The ultimate goal is for everyone in the San Diego Medical Community to follow the same message when it comes to prescribing controlled substances. If you get medications from your dentist, your psychiatrist, your orthopedic surgeon, or your primary care doctor, the same rules would apply.

Safe Disposal of Medications

Holly Yang from Scripps noted that the medical and pharmacy community needs to have information about safe disposal. DEA's Tom Lenox communicates with all pharmacies about biannual Take Back events (next one is April 26th) and year-round collection boxes at police stations. He will consider sending that information to his list of 17,000 prescribers. The Task Force will add information about safe disposal to the web site.

According to CURES 2013 data, in San Diego there were 817,373 individual patients who received a controlled prescription. Of those 13,567 patients received a prescription 3 or more months in a row. Potentially, all 13,567 patients should have a Medication Agreement. This is our population at risk. In comparison, California has 7,057,000 patients who received controlled prescriptions and 200,080 with 3 or more months in a row.

DASHBOARD ROUNDTABLE

VA: Margaret Mendez and Dr. Pat Hlavin described the way the dashboards are being used to review high-risk cases. They participate in VISN, a regional network for provider and patient compliance with pain medication. Palliative cases are excluded. In working on 200 patients, they found that 18% have received medication outside of the VA in the past year. Five percent were double dipping for prescriptions every month outside of the VA. The VA is starting to use urine drug screens as part of the refill methodology. Dr. Hlavin noted that primary care has more volume than they can manage on chronic pain cases. As a result of these meetings to review dashboards and share results, there have been reductions in the total amount of prescriptions.

Vista Community Clinic: Dr. Loretta Stenzel has 55-60 doctors at her clinic. They use a Peer Pain Review where four reviews a month are pulled randomly. An activity calculation is made looking at age, number of medications, and case complexity. The clinic has a new policy on avoiding Xanax and Soma prescriptions.

Kaiser: Noha Jackson from Kaiser noted that they have an robust system that reviews both patient and physician behaviors regarding controlled medication prescribing. An RN Case Manager reviews the case all cases of defined repeated prescriptions. The top 150 cases are inputted into a data point tracking system. This includes total number of

What About Soma?

The problem is that Carisoprodol (Soma) is cheaper than other muscle relaxants and is covered by insurance. Soma is not a recommended muscle relaxant because of its abuse potential, and in reality is a poor tranquilizer rather than a muscle relaxant. Soma is metabolized to meprobamate which is an anxiolytic, not a muscle relaxant and is known for its addictive potential. The European Union has suspended production of Meprobamate. The EU also advises against the use of Soma for chronic back pain.

The Holy Trinity

Physicians will get phone calls from pharmacies if their patients are on the "Holy Trinity": Pain Killer, Plus Anxiolytic, Plus Soma. They will be asked to justify why their patient needs a combination of all 3 drugs. The questions are justified, because there are better and safer medications to use.

visits, drug costs, number of scripts, number of clinic and ED visits, outside visits, phone calls, cancelled/no show appointments, and after hours prescription requests. An internal task force looks at outliers and conducts a monthly review. Based on this review, Dr. Marie Mutuc Wurst emails the doctor on the case. Doctors can be coached on how to manage the difficult patients. Patient can be counseled about addiction and rules are set for their prescriptions.

EMERGING OPPORTUNITIES

Video/Movie: Roneet met with the producer of "Behind the Orange Curtain" who offered to produce a video to benefit the medical community. The group discussed an idea of a Waiting Room Educational Video about the patient medication agreements. Roneet asked all to investigate what their clinic policy is on using such videos.

Medical School Curriculum: Safe prescribing and prescription drug abuse are not part of the routine Medical School Curriculum. Nathan Painter, UCSD School of Pharmacy, has started an elective course, and may open it to School of Medicine students. Dr. Dave Bazzo has a good module on pain, and would be a resource for exploring how to include other aspects of prescription drug safety.

Conference: Kaiser had been planning a conference on safe prescribing, and Roneet thought this may be an opportunity for a region-wide interdisciplinary conference, perhaps in a year. There was good interest around the table. The group will explore various venues and methods of producing such an event. A planning committee is needed to put this together.

Contact Us

Roneet Lev, MD, MTF Chair
roneet@cox.net

Angela Goldberg, PDATF Facilitator
angelagoldberg@sbcglobal.net