

# PRESCRIPTION DRUG ABUSE MEDICAL TASK FORCE

JANUARY 2015: Summarizing the January 9, 2015 Meeting Discussion.

## MARCH 11<sup>TH</sup> SAFE PRESCRIBING SYMPOSIUM

Kaiser Permanente and the San Diego County Medical Association are sponsoring an interdisciplinary countywide conference on Safe Prescribing. Use this link to register this free conference: <https://www.surveymonkey.com/s/XCJSLNV>

Registration is required.

- Free CME, Free Lunch, and interesting presentations.

This should be of interest to primary care physicians, psychiatrists, pharmacists, and anyone who prescribed controlled medications.

Notary-free CURES registration will be offered on site.

**Next Meeting:** April 10, 2015 at 12:00 noon, San Diego County Medical Society, 5575 Ruffin Rd. San Diego. Future dates: July 10 and October 9, 2015

## SAFE PRESCRIBING PROGRAM IN EMERGENCY DEPARTMENTS

It all started in San Diego. All 22 San Diego and Imperial County emergency departments gathered together in a united voice and implemented a Safe Prescribing program for their emergency departments. The California Chapter of the American College of Emergency Physicians, the California Medical Association, the California Hospital Association, the Medical Board of California, and the California Department of Public Health has endorsed the program. The project was granted the 2014 Achievement Award from the National Association of Counties that represents over 3,000 counties throughout the United States. This program is now in effect in Los Angeles' 77 emergency departments, in Ventura County, Marine County, and in the works in several other counties as well.

### *Tramadol or Tylenol and Motrin?*

*The Bandolier organization published best practices information on treatment of acute pain. They found that an injection of 10 mg of morphine is roughly equivalent to an oral dose of ibuprofen. (Bandolier 2007. The Oxford League Table of Analgesic Efficacy. National Safety Council, Dr. Donald Teater)*

MEDICATION	# OF PATIENTS STUDIED	NUMBER NEEDED TO TREAT
Diclofenac 100 mg	545	1.8
Celecoxib 400 mg	298	2.1
Ibuprofen 400 mg	5456	2.5
Naoprofen 400 mg	197	2.7
Ibuprofen 200 mg	3248	2.7
Oxycodone 10 mg _ Acetaminophen 1000mg	83	2.7
Morphine 10 mg IM	149	5.5
Tramadol 50 mg	770	8.3

## 2013 PRESCRIPTION RELATED DEATHS IN SAN DIEGO

The San Diego Medical Examiner Office reported 254 deaths in 2013 related to accidental use of prescription drugs. Roneet Lev and team reviewed 12-month CURES report for those deaths. Key findings:

- 186 patients had a CURES report with 4,366 prescriptions of 42 different medications.
- DEA numbers for 713 providers were listed and 275 pharmacies were used.
- The average number of prescriptions per patient in 12 months was 23.5 with one patient having 123 prescriptions.
- The average number of providers per patient was 4.5 with a maximum of

36. Most providers saw only 1 patient that died that year, but there were 3 providers that saw 4 patients.

- Hydrocodone was the #1 prescription found with 987 prescriptions for 120 patients and clonazepam was #2 with 399 prescriptions for 44 patients.

There were only 42 patients (16.5%) who received a prescription 2 months or less before death, had no alcohol or illicit drugs on autopsy, and were not doctor shoppers (defined as 4 doctors and 4 prescriptions in 12 months).

So in general, if patients take medications as they are suppose to, they will not die. Doctor shoppers accounted for 50.69% of all prescriptions.

Chronic users are defined as patients who require a prescription for 3 or more consecutive months. This is the population who we recommend a medication agreement. This population accounted for 68.8% of all deaths with CURES reports and 95.81% of all prescriptions. We reviewed specialty specific data as well.

### **Interfacility Collaboration on High Risk Patients - Practice Policies**

The task force members discussed methods of communicating about patients who frequent multiple institutions and get prescriptions that place their health at risk. These are patients where case management needs should be coordinated. Several ideas were suggested that included using the San Diego Health Connect, Health Information Exchange system. The CURES 2.0 system that is expected to take effect in 2016 may be an avenue of communicating case management type information. The DEA can also be utilized when you fear a patient is doctor shopping at is at risk to their health. The DEA will run a CURES report and see if intervention is needed such as mandatory drug rehab.

Email or call: [deatips-sandiego@usdoj.gov](mailto:deatips-sandiego@usdoj.gov) / 858-616-4100  
You do not need to report any medical information. Just patient name, date of birth, and concern. At the next meeting, members will share current practice protocols that may apply to this issue.

### **National News of Interest**

Rates of dispensing and consequences on a slight decline, according to the New England Journal of Medicine:  
<http://www.nejm.org/doi/full/10.1056/NEJMsa1406143?query=TOC>

## **PATIENT SATISFACTION**

CMS requires measurement of the patient experience as part of the ACA. Although there is no mandate for financial links of patient satisfaction and reimbursements, HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores are linked to reimbursement for hospitals. The 32-item survey goes to inpatients. We have heard anecdotal stories of hospital administrators telling physicians that they must improve their score by any means, including giving patients whatever they want in terms of medications. Roneet Lev noted that physicians are getting a mixed message in terms of prescribing. In a time when we are trying to change the culture of prescribing, we should minimize obstacles in trying to prescribe safely. For many it is just easier to write for 20 tablets than have a difficult conversation with a patient who will complain to administration and get you bad scores.

Dr. Steve Green, director at Sharp Rees Steely was very proud of including patient satisfaction as part of physician performance and noted that in his practice patients who receive less prescription may even give better scores. What is important is the time and explanations given by the provider. Other institutions noted different patient satisfaction experience, probably due to different patient population. One hospital reported that some of their providers with the best scores have to counseled about their prescribing patterns.

## Methadone Clinics

Methadone clinics work under federal regulations, but are currently under San Diego County reimbursement. The county will be working with these clinics for quality of care standards. One of the qualities of care standards recommended may be to check CURES in addition to random drug testing that they already due. EKG testing for prolonged QT segments may be another addition.

In 2013 San Diego had 46 deaths related to methadone. Of those, only 7 people received a prescription from methadone within 2 months of death according to CURES. 34 people received methadone from sources outside the CURES system that could have been from methadone clinics.

## NALOXONE

Pharmacists can now dispense Naloxone without a prescription. We are waiting the protocol instructions from the California Pharmacy Board.

Providers may currently write a prescription to a patient for naloxone with the ability for friends or family to administer the medication. There are training programs for families on how to use naloxone. **Anytime naloxone is given, you must call 911.** Santee Sherriff Department did a pilot study using naloxone. They have a 2mg/2cc vial and inject 1cc per nostril using a nasal atomizer. They had 12 patients, 2 were dead on arrival. Ten patients woke up. One required a narcan drip in the ICU and another developed pneumonia or ARDS.

Here is an example of how to write a prescription for naloxone. Currently Evzio is \$600 with a coupon at Walmart.

FOR INJECTION:	FOR NASAL:
Patient Name: Name of patient who would be receiving naloxone (even if giving it to family/friend) Name of Medication: Evzio Auto injector (0.4 mg IM) (one carton - 2 pack size) Directions: Inject into thigh, through clothes if necessary and call 911 Refills: None	Patient Name: Name of patient who would be receiving naloxone (even if giving it to family/friend) Name of Medication: Naloxone 2mg/2ml Luer-Jet (includes the syringe, solution, and nasal atomizer) Directions: 1. Load all solution into the syringe 2. Connect syringe to atomizer 3. Inject into nose 4. Call 911 Refills: None

## CURES REGISTRATION

The County Public Health Dept. has set up a notary-free, no appointment needed process at the Office of Vital Records, 3851 Rosecrans St, San Diego. You can show up during business hours with the paperwork required and they can submit it to CURES in Sacramento without notary. CURES registration will be mandatory in 2016 and providers have several avenues to get this access. The SDCMS offers free notary to members for CURES. Several institutions offer free notary as well.

## Best Practice Matrix

Do you have policies that state no xanax and no soma? What about no opioid and benzodiazepine combinations? Please attend our next task force meeting to find out what your colleagues have in place as practice policies.



CONTACT US

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