

PRESCRIPTION DRUG ABUSE MEDICAL TASK FORCE

JULY 2015: Summarizing the July 10, 2015 Meeting Discussion.

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Next Meeting: October 9, 2015 at noon, right after EMOC, San Diego County Medical Society, 5575 Ruffin Road, San Diego.

CURES 2.0

In January 2016 state law will require all prescribers to register for CURES. San Diego County Public Health has been “deputized” by the state to accept registration papers on a walk-in, notary-free basis. Dr. Eric McDonald used the county process and noted that it took him three minutes to get his paperwork processed. Take advantage of this county benefit and encourage your colleagues to get registered.

www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/PDMP-CURES

The CURES 2.0 system is currently being tested by a few physicians around the state. The CA Department of Justice (DOJ) ran into some technical setbacks; the new system only works on Google Chrome or the latest version of Internet Explorer. Therefore, the CURES 1.0 version will be available to those who can’t access the new system.

- CURES as an Investigative Tool

DEA Agent Thomas Lenox reported that the DOJ has issued a new mandate for DEA investigations utilizing the CURES 2.0 system. The new system will require a criminal search warrant or court order before being able to run an investigative CURES report on a potential doctor shopper. There are no similar search warrant requirements for physicians or pharmacy investigations. At first glance, many would think it’s good to avoid investigating patients. But think again. The current San Diego office investigation workload is 85% patients, 10% physicians, and 5% pharmacy. The new restrictions will force a bigger focus on physicians. Furthermore, our San Diego physicians and DEA enjoy a collaborative relationship where we have referred patients for court-mandated rehabilitation. Patients’ lives have been changed and saved because of this intervention. Our DEA has received thank you letters from people who’ve been helped into recovery due to investigations. The new restriction on DEA to

use CURES to identify patient patterns will be bad for patients and for doctors. DEA will be focusing on physician inappropriate prescribing. There will be no effective way to report doctor shopping. It will also put a damper on the current good relationship we have with the DEA. The PDA Medical Task Force agreed to write a resolution to CMA to address this concern.

- Clinical Improvements Using Cures

The new CURES 2.0 system will provide clinical features such as morphine equivalents and doctor shopping alerts. There will also be an option to assign a delegate to run a CURES report on your behalf on your account. Clinics will be able to have an office manager or other designee run a CURES report the day before a scheduled appointment and have the document in the patient chart before the patient visit. Dr. Loretta Stenzel, from Vista Community Clinic, noted the need for each practice to have “site champion” to help providers learn how to use CURES and promote safe prescribing. Members suggested that a new tool be created: how to use CURES, best practice models for running report before appointments and managing high risk patients.

Prescription Drug Abuse Pharmacy Committee

Kim Allen of Sharp Reese Stealy Pharmacy reported that the pharmacy committee membership includes UCSD, VA, Sharp, Scripps, DEA, Costco, and CVS. The committee is developing some tool kit resources to recognize and act on red flags. Kim noted that large systems have many of these tools, but independent pharmacies need them. The DEA has seen growing use of counterfeit prescriptions, so diligence is needed at the pharmacy. The DEA will work with the pharmacy committee to outline a reporting mechanism for suspicious prescriptions, such as the DEA-tips email.

Statewide Prescription Drug Abuse Conference

Mark your calendar for November 5-6, 2015 in San Diego at the Catamaran Hotel. Thomas Lenox, chair of the county Prescription Drug Abuse Task Force (PDATF), and organizer of the conference, reported that the multidisciplinary conference will feature plenary speakers, discipline breakout sessions, regional coordination and policy platforms on key issues. He solicited MTF input ofn training needs. As a result, as part of the conference, a special health professional session is scheduled from 8a.m. to 12:30p.m. on Friday, November 6th. CME's will be provided.

Boston University professionals will present on SCOPE, or Safe and Competent Opioid Prescribing Education.

Registration details will soon be available.

One San Diego Mission

Please continue to promote the One San Diego Mission for Safe Prescribing. One San Diego means that all practitioners: Primary Care, Surgeon, ER docs, Pain Specialists, Dentists, Pharmacists, and Health plans follow the 5 principles:

- **Use one doctor, one pharmacy** for all chronic controlled prescriptions
- **Use CURES**
- **Use a Medication Agreement** for patients who need controlled substances for three or more months
- **Follow the Emergency Department and Urgent Care guidelines**
- **Avoid** the combination of **opioids and benzodiazepines**

HEALTH PLANS

Dr. Lev and Angela Goldberg met with representatives of all the Medical-managed patient health plans to discuss the One San Diego Mission and engage health plans in safe prescribing. Dr. Lev gave a “Death Diaries” presentation on the nexus between local Medical Examiner prescription-related deaths and CURES reports. The data was a compelling example of how health plans should not pay for prescriptions that kill people. There was a very good reception to the ideas, and it looks likely that the work on carve-outs, benefits and other features of health plans can be fine-tuned to Safe Prescribing. Dr. Jennifer Tuteur, with Sharp Health encouraged the committee to include commercial health plans.

Current California statutes prohibit health plans and third party payers from checking CURES for quality improvement or doctor shopping. The law allows CURES access only for providers in direct patient care. This is a serious obstacle for cutting off dangerous prescribing patterns at the payment level. The PDATF will look into legislative remedies.

Medical Technologies

Dr. Sanjeev Bhavnani, of Scripps Health gave a presentation on current and emerging technologies that can support patient medication compliance. Dr. Bhavnani is an interventional cardiologist at Scripps Green who is one of the pioneers in medical technologies. In addition to doing cardiac catheterizations, he is doing research on medical technologies under Qualcomm sponsorship working with Dr. Eric Topel and Medscape.

Tuberculosis patients are required by law to take their medication. If there is a doubt in compliance they must be admitted to the hospital in order to insure medication compliance and prevent contagious risk to the public. Dr. Bhavnani is researching technology along with the San Diego Public Health Department that uses smart technology to prevent hospital admission. A small chip is placed into the medication tablet, as the patient wears a plastic detection device that is adhered over the abdomen. The device can tell when and if the pill is taken, and the data goes to a remote application that can track compliance.

Wonder if patients are taking their pills at the correct time and quantity? There is a smart bottle cap that senses when and how many pills are taken. This information can be sent to an app where the doctor and patient can review the data.

2015 RX ABUSE REPORT CARD

Angela Goldberg distributed copies of the preliminary 2015 San Diego Rx Abuse Report Card. There is a very slight reduction in overdose deaths and dispensing in the last two years. The report card includes data on deaths, ED visits, treatment admissions, student self-report of Rx misuse and CURES data. We are working on including cases of neonatal abstinence syndrome- or when a baby is born with withdrawal from opioids. There is a report that 20% of pregnant women get an opioid prescription during pregnancy. Dr. Jennifer Tuteur suggested that it would be helpful to assemble an in-house report card version for Sharp or other health systems.

This technology is used by insurers that track compliance with very expensive medications. There is another device that can video monitor patients taking medication and send the data electronically for review. These technologies can be utilized for prescription drug abuse or other modalities. Contact Dr. Bhavnani if you have ideas. His PowerPoint is attached to the newsletter email.

Pediatric Outreach

Dr. Roneet Lev, task force chair, has spoken to some pediatricians in town and learned that pediatricians would be receptive to educating their adolescent population on safe prescribing. The current Anticipatory Guidelines for Adolescents is endorsed by the American Association of Pediatrics (AAP) and is available through a program called Bright Future. During appointments for immunizations, high school parents and kids learn about bike helmets and other safety measures. Similarly, they should learn about the dangers of prescription drugs and warned to:

- **Lock It** - Lock up medications at your home and grandma's.
- **Count It** - If prescribed a medications, make sure pills don't go missing
- **Dispose It** – use Rx Collection Boxes and mechanisms for appropriate disposal of prescriptions
- **Avoid It** - does your teenager really need a pain prescription?

Dr. Lev has reached to AAP leader Dr. Stuart Cohen, and Dr. Eric McDonald will contact Dr. Dean Sidelinger to add momentum on this outreach.

Patient Satisfaction Scores

Dr. Lev hopes the house of medicine can agree with patient satisfaction scores are a barrier to safe prescribing and that CMS should not use these scores with financial incentives when it comes to prescription drug abuse without evidence-based practice. Currently CMS is moving forward with patient satisfaction scores linked to emergency physician reimbursement and later to other physician specialties. A resolution will be sent to the San Diego CMA delegation to bring for debate and hopefully acceptance. Task Force members agreed that this was important.



CONTACT US

RONEET LEV, MD, MTF CHAIR

roneet@cox.net

ANGELA GOLDBERG, PDATF FACILITATOR

ANGELAGOLDBERG@SBCGLOBAL.NET

SANDIEGOSAFEPRESCRIBING.ORG

SANDIEGORXABUSETASKFORCE.ORG