

PRESCRIPTION DRUG ABUSE MEDICAL TASK FORCE

APRIL 2016: Summarizing the April 8, 2016 Meeting Discussion.

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THE NATIONAL RX SUMMIT

At the same time Justin Bieber was performing in San Diego, the rock stars of medicine were in Atlanta talking about the prescription drug abuse and heroin epidemic. Nearly 2,000 attendees from all 50 states heard from Dr. Francis Collins, head of the NIH; Dr. Nora Volkow, head of the NIDA; Dr. Tom Frieden, head of the CDC; and Dr. Vivek Murthy, the surgeon general who did the "opening act" before the town hall meeting with President Obama. The national agenda will be resourced with over 1 billion dollars towards: 1. Prevention Education, 2. Addiction Treatment, and 3. Naloxone Distribution. Speakers emphasized that the stigma of addiction should be eliminated, as it is not a moral failure or a bad choice, but rather a disease of the brain.

The surgeon general will be issuing his 2016 Surgeon General Report about Substance Abuse. This is expected to be monumental report similar to the 1964 Tobacco report and the 1987 report on AIDS. Dr. Murthy also talked about the gaps that physicians have: in education, in tools, and of practicing in isolation. Most physicians have felt isolated when dealing one on one with a demanding patient who is asking for medication that you may not feel comfortable with.

There were many congressmen who addressed the audience; there are 35 bills that will address the opioid epidemic, though unknown which will be passed. One idea we heard and liked was having MAT (medical assistant treatment) programs enter data in PDMP (CURES in California). Your medication privacy should not kill you, and physicians cannot prescribe safely without all patient information.

PATIENT SATISFACTION

On the congressional discussion, the arm of financial incentives to patient satisfaction scores was discussed. San Diego has talked about the barrier of satisfaction scores and safe prescribing. An idea we shared was not sending scores to patients who have a "positive CURES", clear doctor shopping. Dr. Don Bennett mention that patients who are angry about not getting medication do a "unibomb", a score of 0 for all categories across the board regardless of the question.

**Next Meeting: July 8, 2016,
noon – 2p.m.**

San Diego County Medical Society,
5575 Ruffin Road, San Diego.

FENTANYL DEATHS

DEA agent, Tom Lenox talked about the Fentanyl issue. Sacramento County has been hit with illicit, clandestine fentanyl with approximately 30 overdoses and 10-12 deaths in one month.

The fentanyl is not pharmaceutical, but made in China or Mexico and is sold as fake Norco or Xanax tablets. The DEA has seized 12,000 fake "oxycodone" tablets that were really fentanyl.

If you find loose pills on a patient that has overdosed on opioids, please keep these for DEA investigation. There is no way to find out what the pills are without laboratory testing.

Our San Diego medical examiner's officer has reported fentanyl deaths in the single digits for this year.

Through discussion, we discovered that some hospitals include fentanyl in their routine opioid drug tests and some do not.

SAN DIEGO PRESENCE AT THE NATIONAL RX SUMMIT

San Diego was well represented at the National Rx Abuse Summit. Drs. Roneet Lev and Nathan Painter presented on the Pharmacy Tract about the effect of the DEA schedule change of Hydrocodone and Tramadol on California prescriptions. Roneet, Dr. Daniel Calac (Indian Health Council), Dr. Margaret Mendez (VA Healthcare), and George Scolari (Community Health group) did a panel presentation titled "Health Plan Best Practices, Closing The Faucet from The Top." The presentation received special recognition from the CDC, SAMHSA, and Dr. Painter was interviewed by a local news station.

THE EFFECT OF DEA SCHEDULE CHANGE ON HYDROCODONE

The DEA schedule change of hydrocodone resulted in 3% less prescriptions and 1.7% less tablets of hydrocodone in California. United States data showed a decrease of 22% prescriptions and 16% pills. However, the overall opioid prescription went up by 5% in California and 6.7% in the United States.

ONE SAN DIEGO VISION: HEALTH PLAN COMMUNITY STANDARD

The emergency department *Safe Prescribing* guidelines have been successful because they send a uniform and transparent message to all emergency department staff and patients. In this manner a community standard is applied where no one doctor or hospital is the "bad guy." Health plans have similar barriers to safe prescribing as do providers: patient complaints, cost effectiveness, and different health plans having different rules. Therefore, we are working on creating a San Diego community standard for health plans that can result in "closing the faucet from the top" and a unified approach to formulary restrictions and prior authorization for potentially harmful medications.

We have a draft health plan guideline that has been reviewed by this task force, the Council of Community Clinic leaders, and the San Diego behavioral health work group. There is still much work in implementing the guideline among all our many health plans.

NALOXONE

Naloxone prescribing was discussed. The CDC has advertised that a \$35 naloxone nasal auto injector is available. There is still a wide range of models and cost available in local pharmacies. Naloxone is a carve out product for Medi-Cal recipients.

CLINICAL CONSULTATION CENTER (CCC):

1-855-300-3595

Monday through Friday 7 am - 3 pm

The CCC is a National Advice Line for providers and is managed by the same UCSF physicians that answer the HIV advice line. Providers receive advice for individual cases in chronic pain and addiction. The Medical Task Force tested out the system with a case presentation. Dr. Joanna Evelyn answered the phone and was able to give feedback on the case. The physicians who answer the phone are certified in primary care and addiction treatment; any provider is encouraged to call for confidential clinical advice on patients with substance use disorders.

WHEN SHOULD YOU CALL DEA ABOUT DOCTOR SHOPPING?

Doctor shopping is a term used for research and law enforcement, because the best practice for prescribing is ONE doctor and ONE pharmacy. The CURES dashboard uses the definition of 6-6-6, which is 6 doctors or 6 pharmacies in 6 months. The pharmacy red flag is 4 + 4 + 4 which is 4 different medications by 4 different doctors and 4 different pharmacies. According to Agent Lenox, the DEA looks at a 30-day period.

We are disappointed that since CURES 2.0 was launched, it is not as easy to refer patients to the DEA who are in danger over overdosing from what is clearly doctor shopping. Some providers are concerned that some law enforcement agencies criminalize addiction. We have not experienced that in San Diego. Last year our DEA sent approximately 50 people to court-mandated drug treatment based on investigations that showed gross doctor shopping. The local DEA has even received thank you letters for the intervention. San Diego's Health Information Exchange (HIE) will eventually have a case management section where we can enter information about patients and share between systems.

SAN DIEGO CURES DATA

The California Health Care Foundation has published data, county by county, on opioid prescription based on the CURES database. The current data is for 2010 -2013. We will soon have the 2014 and 2015 data. With all our great community effort, our numbers can use improvement. Below are comparisons between San Diego, Orange and Los Angeles Counties, and San Diego rates for painkillers are unfortunately the highest. For more information, visit www.chcf.org/oscn.

Number of Opioid Rx per 1000 resident per year: 512
Orange: 470, LA: 386
Morphine Equivalents per Resident per year: 543
Orange: 485, LA 327
Benzodiazepine + Opioid Combination > 30 days: 7.1
Orange: 7.5, LA: 6.1
Resident with > 6 prescriber or 6 pharmacies in 6 months: 1.6
Orange: 1.3, LA 1.0
Physicians with Buprenorphine Waivers: 486 (one of highest in state)

Do You Have A Broken CURES Account?

Do you have a broken CURES account? Forgot username?
Cannot log in?
Email: Tina.Farales@doj.ca.gov

CLINIC GRANTS FOR TREATMENT

There are four community health clinics that have been awarded federal HHS funding totaling \$1,354,167 to treat prescription opioid abuse and the heroin epidemic: Family Health Centers of San Diego, La Maestra Family Clinic, Neighborhood Healthcare in Escondido, and Vista Community Clinic. San Ysidro Clinic and Vista Community Clinic were represented at the task force meeting. All the clinics are in the preliminary stages of the grant program. It was suggested that the four clinics communicate and collaborate with each other regarding definitions and programs, because they can set a community standard that can be ultimately adopted by clinics that are not associated with the grant.

PAIN MODULE

We have created a pain module that is being approved by our public health department. The module can serve as a tool for hospital credentialing or other CME project and replace a potentially outdated current pain education. The pain module will be posted on the web site and updated.

PRESCRIPTION CALLING GUIDELINE

The Pharmacy - Provider Call Guidelines were reviewed and minor changes were made. The guidelines have been approved by the physician leadership at the Council of Community Clinics, the County Behavioral Health Work group, and this task force.

We want to test out the guidelines before making a wide recommendation. A few pharmacist members said they may be able to test the guidelines with their staff: Warren Quigley at San Ysidro clinic pharmacy and Kim Allan with Sharp Rees-Stealy pharmacy. Other pharmacies are encouraged to test the calling guide tool in the next month. We will place the tool on the San Diego Safe Prescribing web site.

PRESCRIPTION DRUG ABUSE TASK FORCE AND THE MEDIA

The San Diego PDATF had several media events in March. Dr. Roneet Lev and Dr. Jonathan Lucas (Deputy Medical Examiner) did a segment on KPBS Mid-Day Edition about the San Diego Death Diaries project. Dr. Nathan Painter did a media event about safe disposal and a survey of more than 2,000 local residents showing that ¾ did not properly dispose unwanted or expired medication. Those who heard about proper disposal heard it from a media source and received the correct messaging. 83% of respondents said that their healthcare provider has not talked with them about proper disposal of unwanted or expired medication. The County of San Diego also awarded a proclamation to the PDATF commending the work of the task force over the past 8 years.

PROPER MEDICATION DISPOSAL

If patients ask you where to throw away their unwanted medication, you can refer them to local police department. The San Diego region has 38 collection boxes across the county at sheriff and police departments, and organizes an annual Take Back Day events; one is scheduled for April 30th. At the end of the summer the board of pharmacy will release their regulations for medication take backs.

Working with Difficult Patients: Case Presentation

Dr. Renee Smile, medical director at the Scripps Mercy resident-run clinic presented a challenging case. Dr. Bianca Tribuzio, pain specialist at Sharp Rees-Stealy and Dr. Joanna Evelyn from the CCC advice line commented on the case.

Mark is a 58-year-old man with a terrible back and MRI showing terrible disease. He has been going to the clinic since 2009. Over the years, and following the pain recommendations of the time, he was gradually increased in his pain medication with no improvement in functional pain. In fact, through the years his pain has become worse. His current regimen is Oxycontin 80 tid and oxycodone for breakthrough pain. He has a prior history of being a recovering alcoholic, having depression, and struggles with homelessness. He also uses "medical marijuana" which he says helps him. He has received epidural injections and gabapentin without benefit. He declined a spinal stimulator and did not being on methadone. He has gone through 3 pain specialists and didn't like them. One pain specialist dismissed him because he repeatedly tested positive for marijuana. Despite these challenges, the clinic did not dismiss him from their practice and continued to try different treatments. Last month, Mark agreed to go to a specialist who will try him on Suboxone.

Our experts indeed confirmed that this was a challenging case with a psychiatric component and homeless situation. It was clarified that Mark did not have opioid use disorder, but that oxycodone was the end of the road for medical treatment. It was a wonder that he did not develop opioid induced hyperalgesia. Suboxone was considered a good suggestion. Many pain specialists are not comfortable using Suboxone for pain, as it is FDA approved for addiction treatment and is used off label for pain. The only formulation of Suboxone currently approved for pain is the patches. Maximizing the topical modalities, SSRIs (Prozac, Celera, Zoloft, Paxil, Lexapro) and, SNRIs (Effexor, Cymbalta, Pristiq). If methadone is used, the starting dose is 5 mg tid instead of the morphine equivalent calculation.

The use of marijuana was discussed. All physicians agreed that although there are studies being done on marijuana and pain, these studies use 3% THC and a controlled dosing. The current "medical" marijuana dispensaries can have up to 30% THC. The emergency departments have a daily clientele who present with marijuana induced psychosis, tachycardia, cyclical vomiting, and other toxicity. A physician cannot in good conscience recommend marijuana when the dosing and consequence is unclear. However, in Mark's case, it can be agreed that we have to select our battles. His use of marijuana is less of concern considering his overall health condition.

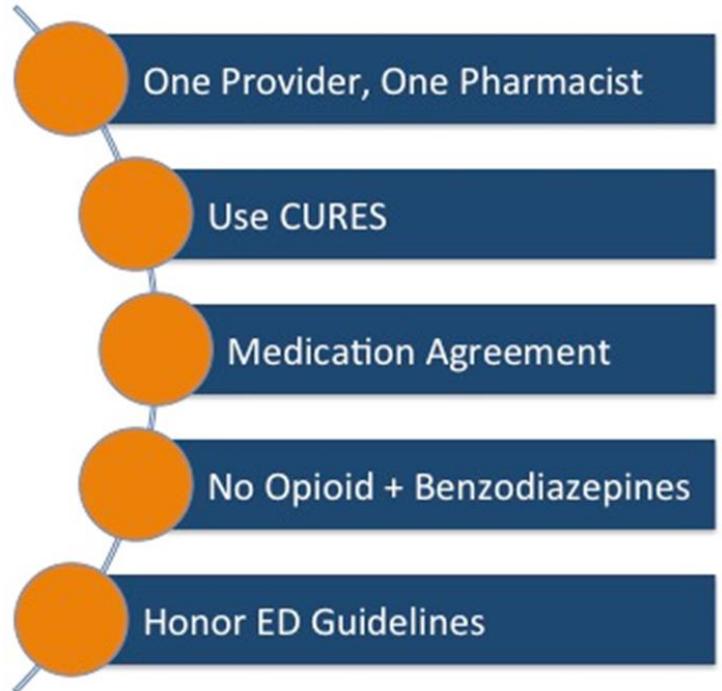
Dr. Smilde and the Mercy Clinic were commended for continued dedication to Mark over the years. While it was tempting to dismiss his care to another venue, the clinic stuck by Mark through his challenges.

Mark Twain

DR. TOM FRIEDEN, HEAD OF THE CDC TALKED ABOUT COURAGE. HE QUOTED MARK TWAIN: "WITH COURAGE YOU WILL DARE TO TAKE RISK, HAVE THE STRENGTH TO BE COMPASSIONATE, AND THE WISDOM TO BE HUMBLE. COURAGE IS THE FOUNDATION OF INTEGRITY."

One San Diego

The One San Diego Vision for Safe Prescribing, promotes a unified approach to prescribing, whether you are an emergency physician, primary care, pain specialist, surgeon, dentist, psychiatrist, pharmacist, or health plan.



REMEMBER NEXT MTF MEETING

San Diego County Medical Association

5575 Ruffin Road

July 8, 2016 noon - 12

October 14, 2016 noon - 12

CONTACT INFORMATION

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