PCHC’s Response to the Opioid Crisis

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Where Are We?

- More than half the crime in Maine is drug related
- Dramatically increased need for family support services and child protective intervention
- 28,000 Mainers with OUD with capacity to treat 3500 to 7000
- Accelerating opioid overdose deaths (both prescription and illicit)
  - ↑265% in men
  - ↑400% in women
  - 1/day in Maine

Where Are We (Cont.)?

- Over 1000 babies born with NAS in Maine each year
- 16,000 Mainers on > 100 MME daily
- 1,200 Mainers on > 300 MME daily
- Nation’s highest rate of prescribing long-acting opioids (21.8 Rx/100 people)
- 60 opioid pills/person/year
Bad Trends in the Market

Really Bad in Maine...

Overdose Risk Based on MME
Some Interesting Numbers

- NNK 550 for any dose of chronic opioid
- NNK 32 for >200 MME
- NNT 4.6 for post op pain using 15 mg oxycodone
- NNT 2.6 for post op pain using (buprenorphine 200 mg + APAP 500 mg
- Lifetime prevalence of OUD for people on daily opioids for chronic pain is 35%
- Start an opioid today, 1 in 15 chance of being on it a year from now
- 60% of pills abused by adolescents come from friend or family
- Over-prescribing for wisdom tooth extractions leads to 150 million excess doses/year
- Orthopedic day surgery patients receive an average of 30 opioid pills and take an average of 11
- 80% of C-section take less than half of prescription, >50% report taking none
- 70% of thoracic surgery patients take less than half of prescription, 40% report taking none

Almost everybody keeps their excess pills

How Did We Get Here?

1990s...
- APF, APS, others promote complete relief of pain and use of opioids for chronic pain
- No ceiling dose
- No risk of addiction
- Pseudoaddiction
- WHO ladder approach for acute and end of life pain applied to chronic pain
- “Pain as the 5th vital sign”

Also in 1990s...
- Purdue Pharma markets Oxycontin
- Targets rural states with manual labor, unsophisticated providers
- Original formulation highly abused
- Overprescribing and pill mills

Genesis of the Opiate Crisis

“Pain as the 5th Vital Sign” will likely become the bloodletting of the 21st century
- A widely-adopted practice intended to improve care causing a cascade of unanticipated harm
Where Do We Want To Be?

- Treat acute and chronic pain responsibly and effectively
- Address overprescribing
- Be trauma informed
- Reduce deaths from overdoses
- Recognize addiction as a chronic disease
- Address stigma/shame
- Identify and treat addiction
- Recognize suffering

Controlled Substance Stewardship

Controlled Substance Stewardship is a coordinated effort to promote the appropriate use of controlled substances, improve patient outcomes, reduce misuse and abuse, and decrease patient morbidity and mortality attributed to these high-risk medications.

Adapted from APIC definition of antimicrobial stewardship by KariLynn Dowling PharmD.

Tools

- Controlled Substance Forms in EMR
- Morphine Milligram Equivalents (MME) Calculator
- Taper Calculator
- Pill Count Calculator
- Controlled Substance Workflow
- Scripting for Medical Assistants
**Pill Count Calculator**

<table>
<thead>
<tr>
<th>Date Dispensed</th>
<th># Tablets Dispensed</th>
<th># Tablets Per Day</th>
<th>Date Supply</th>
<th>Days Supply</th>
<th>How Many Tablets Should Be Left?</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

*Note to provider:*

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**Controlled Substance Work Flow**

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**Scripting for Medical Assistants**

- “I’m out of town, I can’t come in for my pill count.”
  - “No problem, just give me the name of the closest pharmacy and I will fax them a sheet to fill out once they count your pills.”

- “I’m out of town, I can’t come in for my urine drug screen.”
  - “No problem, just give me the name of the closest hospital and I will call their lab and fax an order.”
PCHC’s Efforts

Controlled Substance Initiative

- An interdisciplinary controlled substance review process was implemented in February 2013 with the goal of decreasing inappropriate prescribing of opioids and the associated patient morbidity and mortality.
- Pharmacist-driven

CSI Process
“But Nothing Else Works”

- Antidepressants
- Anticonvulsants
- NSAID
- Counseling
- Physical Therapy
- Manipulation
- Exercise
- Weight Loss
- Acupuncture
- Massage
- Chiropractic
- Tai Chi
- Yoga
- Mindfulness
- Support Groups

Multidisciplinary Team Approach

- Caring for patients with chronic pain and suffering
  - LCSW’s, Psychiatrists, Psych Nurse Practitioners
  - Physical Therapy
  - Chiropractors (also perform acupuncture)
  - Pharmacists
  - OMT
  - Care Managers
  - Nutritionist

CHAMP

- Community Home Alternative Medication Program
- Collaboration with EMMC NICU started in 2014
- Outpatient weaning clinic for babies born substance exposed or with NAS
  - These patients need medication
  - Pharmacist, LCSW, pediatricians
**CHAMP (Cont.)**

- Transition out of NICU within average of 15 days
- Treated in outpatient clinic for next 4-7 months
- Treated 62 babies
  - Better chance at developing healthy attachment to parents

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**Length of Hospital Stay for Inpatient and Outpatient NAS Treatment (n=39)**

6/2014 to 2/2015

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**BACSWG**

- Acadia
- Bucksport Regional Health Center
- Center for Family Medicine
- CHCS
- EMMC
- Health Access Network
- Mayo Regional Hospital
- PCHC
- PVH
- St. Joseph Healthcare
Standards for:
- Chronic opioid prescriptions
- Chronic benzo prescriptions
- Chronic stimulant prescriptions
- ED prescribing

Working on standards for:
- Specialty and surgical prescribing
- Dental and oral surgeon prescribing
- Pediatric prescribing
- Expanding access to MAR

Multipronged Naloxone Education and Access Approach:
- Law Enforcement
- First Responders
- Homeless Shelter Staff
- Community Groups
- Clinic Staff
- Patients

Decrease Stigma
- Universal prescribing
  - Prescribing for risky meds, not risky patients
- Minimize overdose language
  - "Naloxone for someone with opioids is like an EpiPen for someone with allergies."
  - "Every home should have a fire extinguisher. Every home with opioids should have naloxone."
Naloxone
- Health Equity Alliance
  - https://www.mainehealthequity.org/
- Bangor Police Department
- Bangor Fire Department
- Brewer Police Department
- Penobscot County Sheriff
- Save A Life – Lincoln (hopefully)
- Maine Attorney General’s Office
- CHLB’s Circle of Caring Campaign
- Reflex orders within PCHC

MAR

Relapse Rates

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percent of Patients Off Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Addiction</td>
<td>60% to 80%</td>
</tr>
<tr>
<td>Type 1 Diabetes</td>
<td>20% to 60%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>50% to 70%</td>
</tr>
<tr>
<td>Asthma</td>
<td>10% to 30%</td>
</tr>
</tbody>
</table>
### Opioid Withdrawal Comfort Pack

<table>
<thead>
<tr>
<th>Opioid Withdrawal Comfort Pack Order Set</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chloral Hydrate 100 mg #10</strong></td>
</tr>
<tr>
<td>1 tablet three times daily for three days, then 1 tablet twice daily for three days, then 1 tablet once daily for three days, then stop.</td>
</tr>
<tr>
<td><strong>Diphenhydramine 25 mg #10</strong></td>
</tr>
<tr>
<td>1 to 2 capsules every 4 to 6 hours as needed (max 6 doses/day)</td>
</tr>
<tr>
<td><strong>Promethazine 25 mg #13</strong></td>
</tr>
<tr>
<td>1 tablet every 4 to 6 hours as needed (max 4 doses/day)</td>
</tr>
<tr>
<td><strong>Nifedipine capsules 5 mg #10</strong></td>
</tr>
<tr>
<td>1 tablet every 4 to 6 hours as needed (max 6 doses/day)</td>
</tr>
</tbody>
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### Opioid Withdrawal Comfort Pack (cont.)

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### Education

- NRCA
- Maine Quality Counts
- Maine Medical Association
- Maine Osteopathic Association
- Maine Emergency Physicians Association
- Maine Muscular-Cutaneous Council
- AAFP
- Maine Legislature (Education Day)
- Maine Development Foundation
- MEAP
- Lunder Dineen Health Education Alliance
- Greater Portland Health
- Maine Family Medics
- Maine Medical Center
- EMMC Center for Family Medicine
- St. Joseph Healthcare
- Maine Primary Care Network
- Homecare Healthcare
- Maine Regional Hospice
- Bucksport Regional Health Center
- Maine Hospice Council
- Maine Health Access Network
- Maine Society of Health Systems Pharmacists
- Maine Society of Health Systems Pharmacists
- American Pharmacy Association / HRSA Office of Pharmacy Affairs
- Maine Pharmacy Association
- Brewer Police Department
- Bangor Police Department
- Penobscot County Sheriff Department
- Daniel Hanley Center for Health Leadership
- Bangor Regional Leadership Institute
- Maine Health Alliance
- Apexus 340B University
Opioid Compliance 2013 vs. 2017

- 2013
  - 65% have had a PMP
  - 36% have had a pill count
  - 62% have a yearly patient agreement
  - 60% of our patients have had a urine drug screen

- 2017
  - 81% have had a PMP
  - 64% have had a pill count
  - 80% have a yearly patient agreement
  - 74% of our patients have had a urine drug screen

Effects on Controlled Substance Doses

- No Dose Reduction Recommended
  - 16%

- Dose Reduction Recommended and Implemented
  - 64%

- Dose Reduction Recommended but Not Implemented
  - 20%

- No Dose Reduction Recommended
  - 16%

Effects on Controlled Substance Doses (Cont.)

- Average Daily Morphine Equivalent Dose

  - Prior to 90 Day Review Period: 117 MED/day
  - After 90 Day Review Period:
Opportunity Persists

Trauma Informed Care

Suffering

Pain as the 5th Vital Sign
Key References

- The Prescription Opioid Epidemic: An Evidence Based Approach, Johns Hopkins Bloomberg School of Public Health, November 2016
- CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016, US DHHS
- The Effectiveness and Risks of Long Term Opioid Treatment of Chronic Pain, AHRQ Number 2018, September 2016
- Responding to Suffering, Epstein and Back, JAMA, December 22/29, 2015, Number 24
- Weighing the Risks and Benefits of Chronic Opioid Therapy, Lembke et al., AFP, Volume 93, Number 12, June 2016
- Intensity of Chronic Pain — The Wrong Metric, Ballantine and Sullivan, NEJM, Nov. 26, 2015