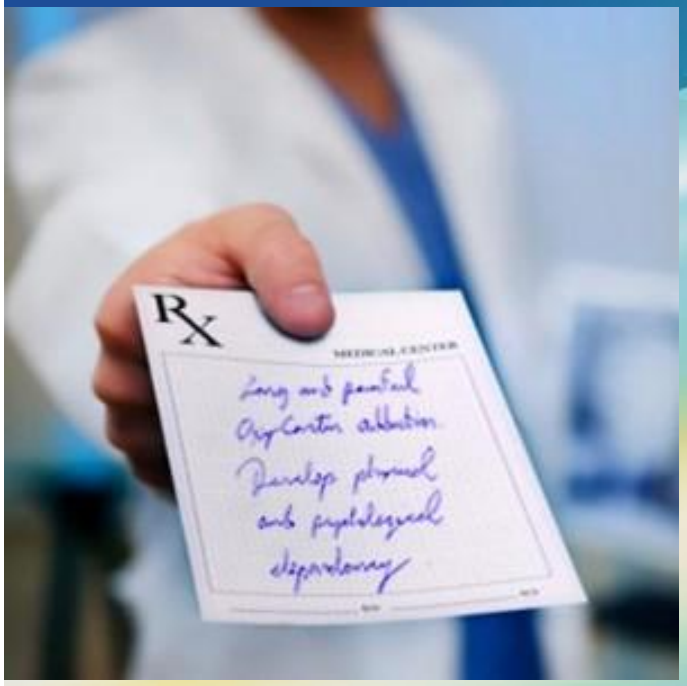
Protect Your Patients, Protect Your Practice: Universal Precautions in Prescribing Controlled Substances



Sarah T. Melton, PharmD,BCACP, BCPP,CGP,FASCP

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HIGHPOWER
patient centered care

Bill Gatton College of Pharmacy
Est. 2005
ETSU

Objectives

At the completion of this presentation, the participant will be able to:

- Describe the principles of universal precautions used as standard of care in prescribing controlled substances.
- Assess patients for the risk of drug misuse, abuse, and addiction, and assign a level of risk to each patient.
- Discuss the current status of synthetic drug use in Eastern Tennessee and Southwest Virginia.

The Universal Challenge

- "Perfect Storm"
  - Pain control
  - Risk of misuse and abuse
- Increase in unintended overdose deaths
- Ethics drive providers to prescribe
- Fear of sanctions affects prescribing habits
- What happens?

The Universal Challenge

- Adequately control pain with a variety of etiologies
- Evidence-based medicine is lacking or conflicting
- Identifying and managing high-risk situations
- Treating addictions resulting from pain control efforts
- Scale balances
  - Public health priorities
  - Individual pain and suffering

The 4D's of Prescriber Involvement

- Deficient (Dated Practitioner)
  - Too busy to keep up with CME
  - Unaware of controlled substance categories
  - Only aware of a few treatments for pain
  - Prescribes for family or friends without a record
  - Unaware of symptoms of addition
- Duped
  - Always assumes the best about the patient
  - Leaves script pads lying around
  - Falls for the "water excuse"
  - Can't say "no"

The 4D's of Prescriber Involvement

- Deliberate (Dealing)
  - Selling medications for money, sex, other drugs
  - Pill mill
  - Prescribing for known addicts
- Drug Dependent (Addict)
  - Self-prescribing or from colleague
  - Asks staff to pick up prescriptions in their name
  - Using another prescriber's DEA
  - Fictitious patients

Universal Precautions

- Apply an appropriate minimum level of precaution to ALL patients
- A good starting point for those treating conditions requiring chronic controlled substances
- Every patient, every time
  - Improve patient care
  - Reduce stigma
  - Contain overall risk

1. Diagnosis with Appropriate Differential

- Identify treatable causes for pain
- Check the labs, look at the x-rays and read the consultant reports
- In absence of objective findings, treat symptoms
- Address comorbid conditions
  - Substance use disorders
  - Psychiatric illness

2. Assessment of Risk of Addiction

- Past or current substance misuse
  - Personal
    - Tobacco use
    - Behaviors: legal problems, accidents, DUIs, etc.
  - Family
    - Addiction is a GENETIC disease
- Sensitive and respectful
- Patient-centered urine drug testing
- If patient refuses assessment, consider unsuitable for controlled substances

Urine Drug Testing

- Protects the patient and YOU
- NOT to “catch” people doing bad things
- Provide a “teachable moment”
  - Risks of substance abuse
  - Diagnose addiction and refer to treatment

QUESTION: Would your prescribe warfarin without checking and INR? Would you prescribed insulin without checking a blood glucose level?

- **DON’T** prescribe controlled substances without doing a UDS

Action: Assessing Risk

Safe Prescribing for Pain: Assessing for pain and the potential for opioid abuse - YouTube

Screening Tool	Purpose	Patient Populations	Number of Questions
NIDA Drug Use Screening Tool http://www.drugabuse.gov/nmassist/	Identify patient drug use, including the nonmedical use of prescription drug	All patients	Up to 8
Opioid Risk Tool (ORT) http://www.opioidrisk.com/node/2424	Identify those at risk of prescription drug abuse prior to prescribing	Pain patients	5
Screener and Opioid Assessment for Patients with Pain (SOAPP) http://www.opioidrisk.com/node/946	Identify those at risk of prescription drug abuse prior to prescribing	Pain patients	5-24
Current Opioid Misuse Measure (COMM) http://www.opioidrisk.com/node/946	Determine if patients on opioid therapy are abusing their prescriptions	Pain patients on opioid therapy	17

Patient Triage

- After assessment of risk, stratify patients into 3 basic groups
  - Group 1 – Primary care patients
    - No past or current history of substance use disorder
    - Noncontributory family history
    - No major or untreated mental illness
  - Group 2 – Primary care patient with specialist support
    - Past history of substance abuse or significant family history
    - Concurrent psychiatric disorder
    - NOT actively addicted but increased risk

Patient Triage

- Group 3 – Specialty Pain Management
  - Complex case
  - Active substance abuse
  - Major, untreated psychiatric illness
  - Significant risk to themselves and to provider

Reassess over time – patients may move from one group to another at any time

3. Informed Consent

- Discuss and answer questions about treatment plan
  - Anticipate benefits
  - Foreseeable risks
- Explore issues of addiction, dependence, and tolerance at patient level
- Include Prescription Drug Monitoring program

4. Treatment Agreement

- Expectations and obligations
- Part of an overall opioid management plan to set boundaries and guidelines for treatment
  - Schedule for office visits, prescription renewal policies
  - Monitoring processes (e.g., pill counts, random urine drug tests)
  - Safe use of opioid therapy (i.e., use only as directed, storage and disposal of opioids)
  - Prohibited behaviors and grounds for tapering/discontinuation of therapy
  - Obtaining opioids from one prescriber and filling prescriptions at one pharmacy
  - Reasons, methods for discontinuation of opioid therapy (“Exit Strategy”)
  - Clarify boundary limits

5. Assessment of Function

- Documented assessment of pre-intervention pain scores and level of function
- Ongoing assessment and documentation of meeting clinical goals required to support continuation of therapy
- Failure to meet goals necessitates reevaluation and possible change in treatment plan

Action: Treatment Agreement

Safe Prescribing for Pain: Evaluating opioid effectiveness - YouTube

6. Appropriate Trial of Therapy

- Opioid (adjunctive medcation)
- Time limited
- No problematic behavior
- Improved functioning
- Prescribe the fewest number of pills possible with the lowest abuse potential

7. Reassessment of Pain Score and Function

- Regular reassessment required
- Corroborative support from family or other third party
- Document rationale to continue or modify the current therapy
- Set SMART goals
  - Specific
  - Measurable
  - Action-oriented
  - Realistic
  - Time-dependent

8. Assessment of the 4 A's of Pain Medicine

- Analgesia
- Activity
- Adverse effects
- Aberrant behavior
- (Affect)

Pain Assessment and Documentation Tool (PADT)

Action: Aberrant Behavior

Safe Prescribing for Pain: Red flags in the opioid using pain patient - YouTube

9. Review Pain Diagnosis and Comorbidities

- Underlying illnesses evolve over time
- Diagnostic tests change with time
- Patient may move from pain to addiction or addiction to pain
- Treatment focus may change over time (coordinate care)

10. Documentation

- Evaluate and document
  - Pain intensity, onset, location, duration, and quality
- Pain-related disabilities and other comorbidities
- Prior treatments (pharmacologic and nonpharmacologic)
- Current medications/allergies
- Medical, psychiatric, social history
- Substance abuse history
- Risk level for aberrant drug-related behavior

Bottom Line

FUNCTIONING

- IF YOU ARE TREATING PAIN, FUNCTIONING GETS BETTER
- IF YOU ARE FEEDING AN ADDICTION, FUNCTIONING GETS WORSE

Conclusion

- Adopting a universal precautions approach to prescribing controlled substances
  - Reduces stigma
  - Improves patient care
  - Contains overall risk
- Applying the approach
  - Assists in identifying and interpreting aberrant behavior
  - Helps identify addiction and modify treatment plan
- Standard of care

UNIVERSAL PRECAUTIONS FOR PRESCRIBING CONTROLLED SUBSTANCES[i]:

EVERY PATIENT, EVERY TIME

- IDENTIFY: Ask for picture identification. Confirm the diagnosis
- Try the less risky interventions for pain first: PT, NSAIDS, etc. *TREATING PAIN WITH NON-NARCOTIC INTERVENTIONS **IS** TREATING PAIN*.
- Get informed consent: Controlled Substance Agreement. This should always include notification that you use the Tennessee or Virginia Prescription Monitoring Program.
- Do a UDS. This protects the patient AND YOU.
- Assess Risk Factors for Substance Misuse Disorders
  - Family History (Addiction is a GENETIC disease)
  - Current Addictions (This includes smoking)
  - Behaviors symptomatic of a Substance Misuse Disorders (Legal problems, MVAs, DUIs, etc)
- Assess Functioning
- Do a Time limited Trial (Expectations: No problematic behavior, IMPROVED FUNCTIONING)
- Have an Exit Strategy (know how to wean what you start; know where to refer patients with substance misuse problems)
- Periodic Reassessment
- Give the fewest number of pills possible with the lowest abuse potential
- DOCUMENT, DOCUMENT, DOCUMENT

THE BOTTOM LINE:

FUNCTIONING

IF YOU ARE TREATING PAIN, FUNCTIONING GETS BETTER

IF YOU ARE FEEDING AN ADDICTION, FUNCTIONING GETS WORSE

[i] Adapted from Gourlay

Mary G. McMasters, MD, FASAM
Sarah T. Melton, PharmD,BCPP,BCAPC,CGP,FASCP

SYNTHETIC DRUGS IN OUR REGION

Synthetic Drugs in Our Region

- Data from police, drug treatment centers and hospitals shows an apparent decline in synthetic drugs in Tennessee and Virginia after a law was passed banning most of the substances
- Cases are still being reported in emergency rooms across the state, but the number this year has dropped substantially
- Tennessee legislation bans the substances and allows local authorities to shut down businesses selling the packets

K2 Spice and Bath Salts

- Synthetic cannabanoids (K2, Spice)
- Substituted cathinones (Bath Salts)

Amped: Ladybug Attractant
Snowman Glass Cleaner
Go Fast Carpet Deodorizer

2C-I “Smiles”

- SC-1 in Florida

Effects like combining LSD and ecstasy

Short acting synthetic psychedelic

2C-I Smiles

- Phenethylamine somewhat similar in effects to 2C-B
- Available primarily in powder form or pressed tablets
- Generally taken orally in combination with candy
- Sold at $300-500 per gram retail, and $50-200 USD per gram wholesale (2011)
- Oral 2C-I takes between 45-75 minutes to take effect
- Primary effects of 2C-I last approximately 5-8 hours when taken orally
- Schedule I in the US

Krokodil (desomorphine)

- Roughly the same effect as heroin but is at least three times cheaper and extremely easy to make
- Active component is codeine
- Addicts mix it with gasoline, paint thinner, hydrochloric acid, iodine and red phosphorous
- Currently an epidemic in Russia – DEA and law enforcement watching and waiting in US
- At the injection site, the addict's skin becomes greenish and scaly, like a crocodile's, as blood vessels burst and the surrounding tissue dies

Krokodil – Devastating Consequences

Consequences of krokodil use

http://www.buzzfeed.com/gavon/seriously-dont-use-krokodil

http://www.independent.co.uk/voices/iv-drip/krokodil-the-drug-which-gives-you-a-oneyear-life-expectancy-8167370.html

http://www.winextra.com/science/medicine/russian-designer-drug-krokodil-will-eat-you-to-the-bone-before-killing-you-video

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