

Roundtable Discussion: Pain Management in Rural Primary Care

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Mission: to improve the health and well-being of the
individuals, families and communities we serve



I have no disclosures.

Format of this session:

Pain Management is a huge topic (impossible to cover it all in 60 minutes).

We all bring experience that we can share with one another to move us along in our understanding of pain and patient care.

Objectives

- Current statistics
- How did we get into this mess?
- What has not worked?
- What has worked?
- What does the future hold?
- Participants will take away 2-3 concepts that may work in their current settings.

US Statistics

- We make up 4.6% of the world's population.
- We use 80% of the world's narcotic pain medications.
- We use 99% of the world's vicodin.
- Main prescribers (in order) are Primary Care, Internists, Dentists (2011)



46

Each day, 46 people die from an overdose of prescription painkillers* in the US.



259 M

Health care providers wrote 259 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of pills.

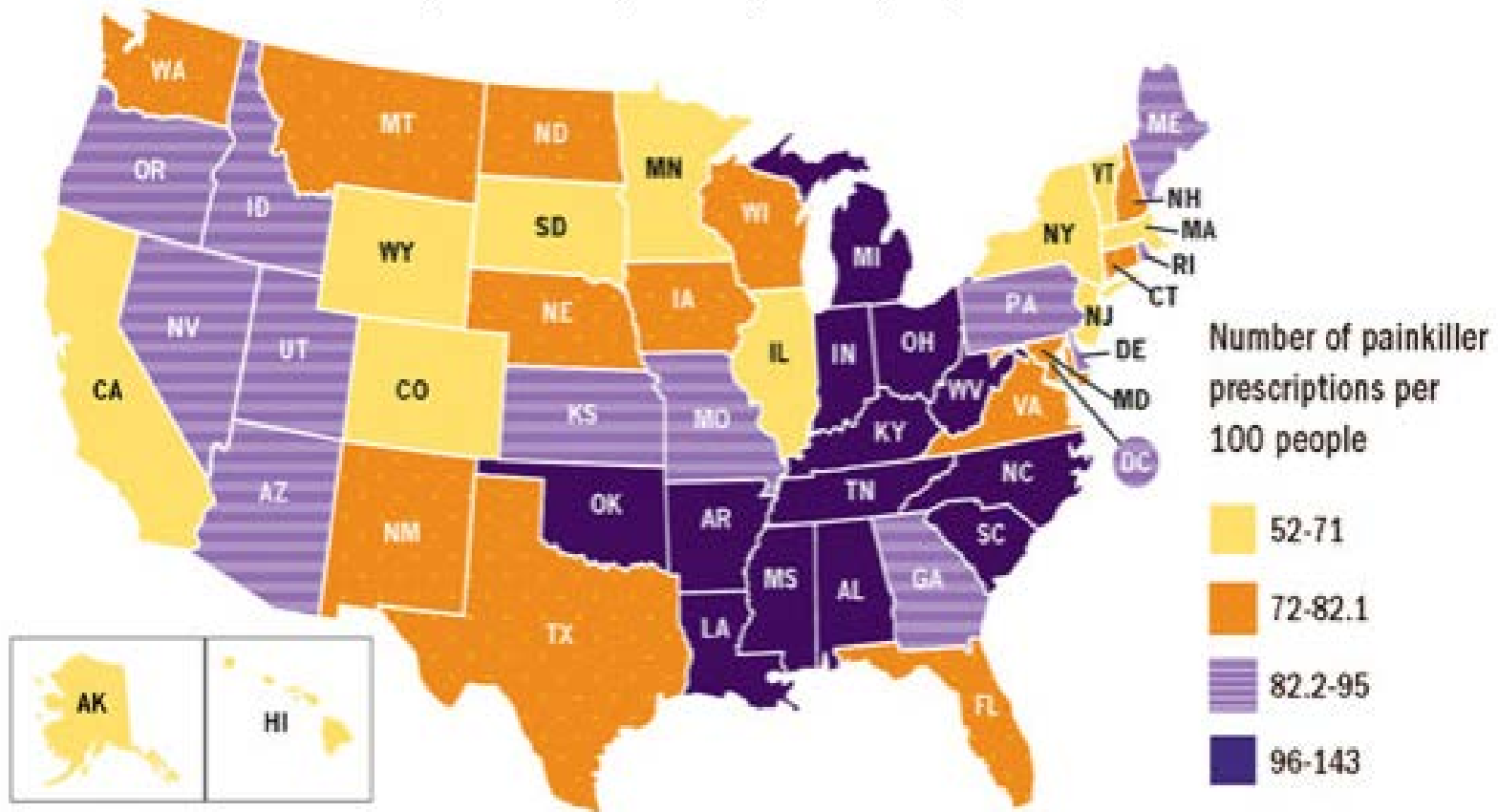


10

10 of highest prescribing states for painkillers are in the South.

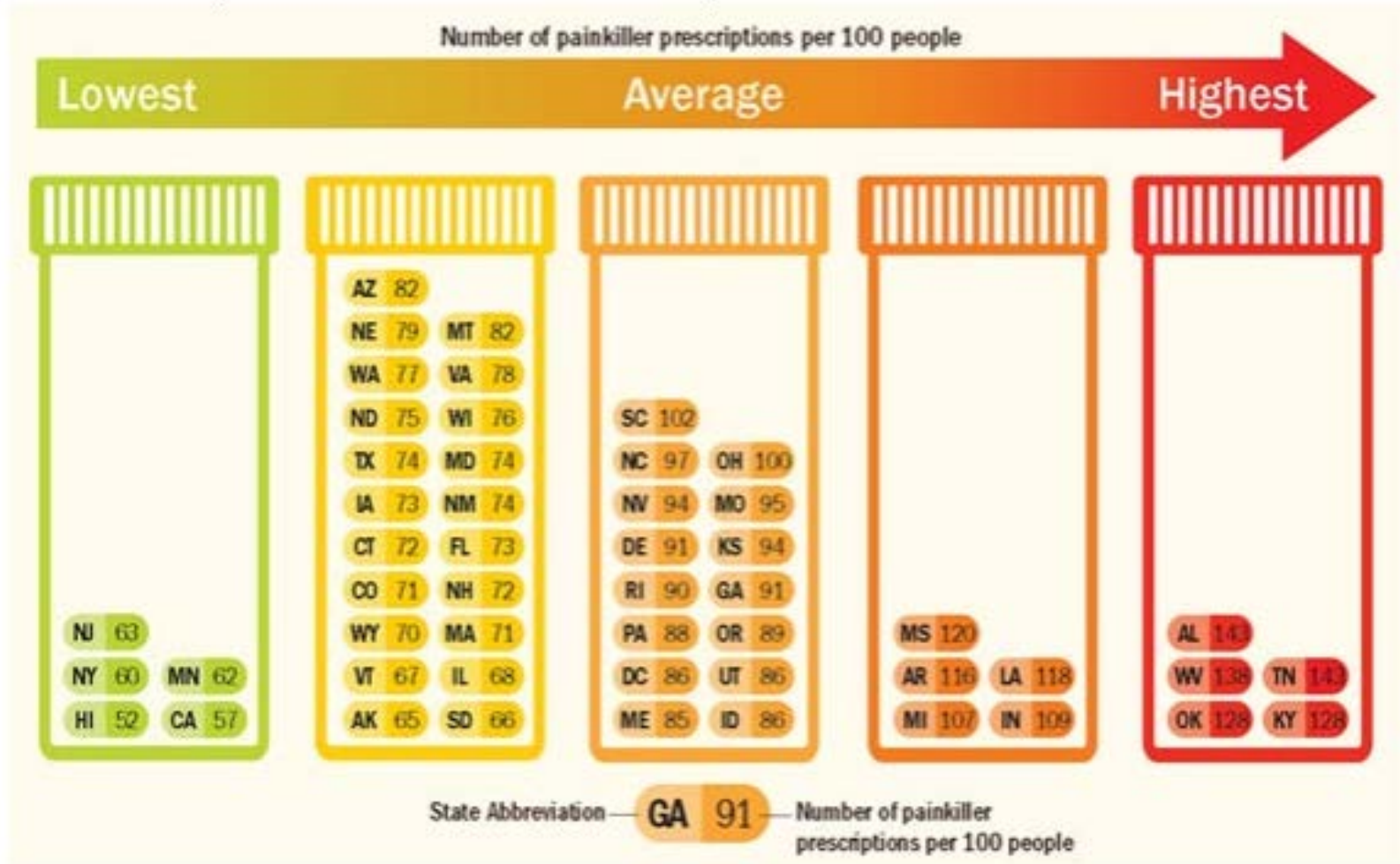


Some states have more painkiller prescriptions per person than others.



SOURCE: IMS, National Prescription Audit (NPAT[™]), 2012.

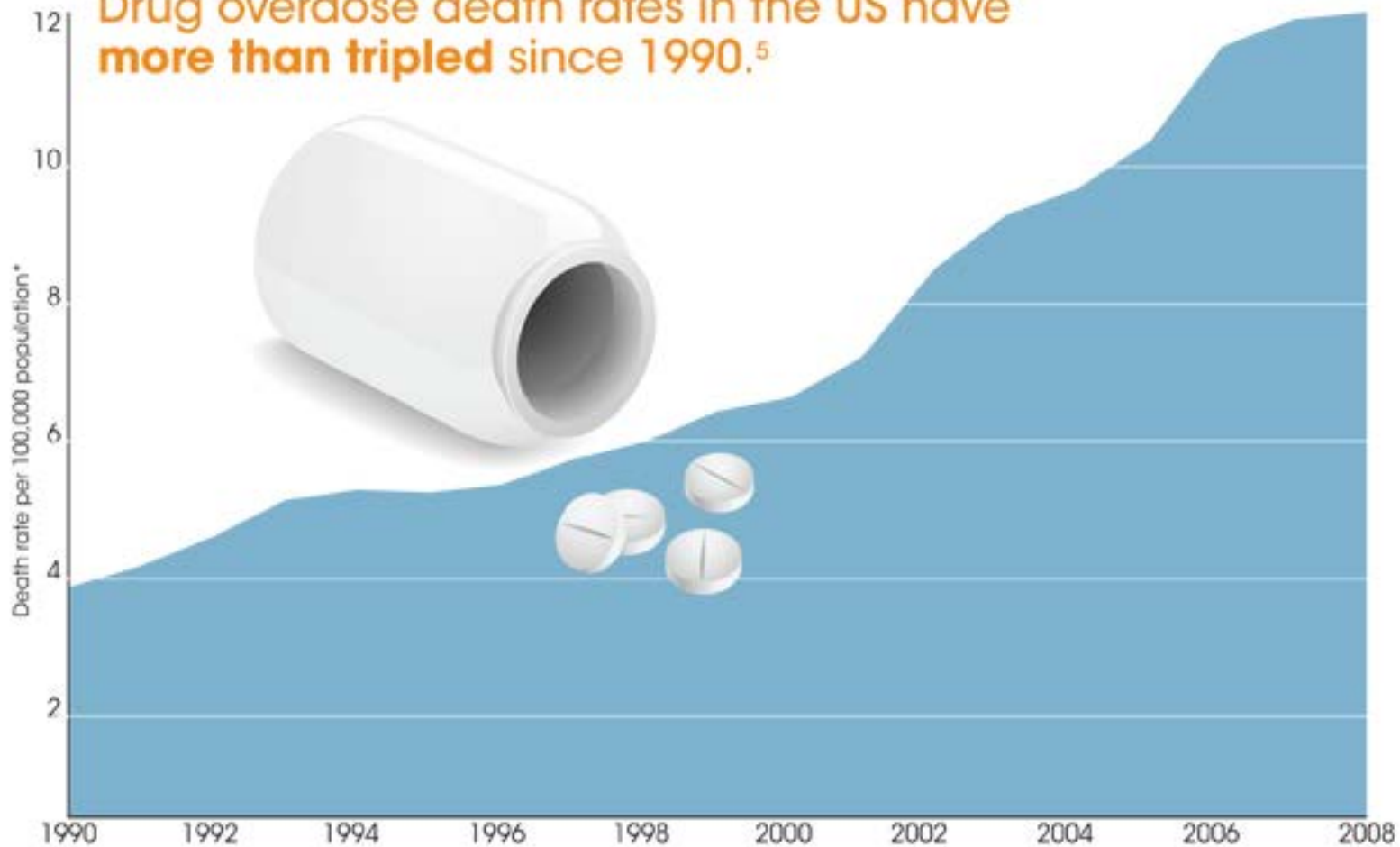
Health care providers in different states prescribe at different levels.



SOURCE: IMS, National Prescription Audit (NPA™), 2012.

100 people die from drug overdoses every day in the United States.⁴

Drug overdose death rates in the US have **more than tripled** since 1990.⁵



*Deaths are those for which poisoning by drugs (illicit, prescription, and over-the-counter) was the underlying cause.

In 2008, there were 14,800 prescription painkiller deaths.⁴

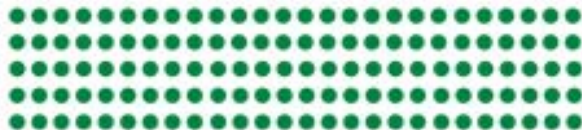
For every **1** death there are...



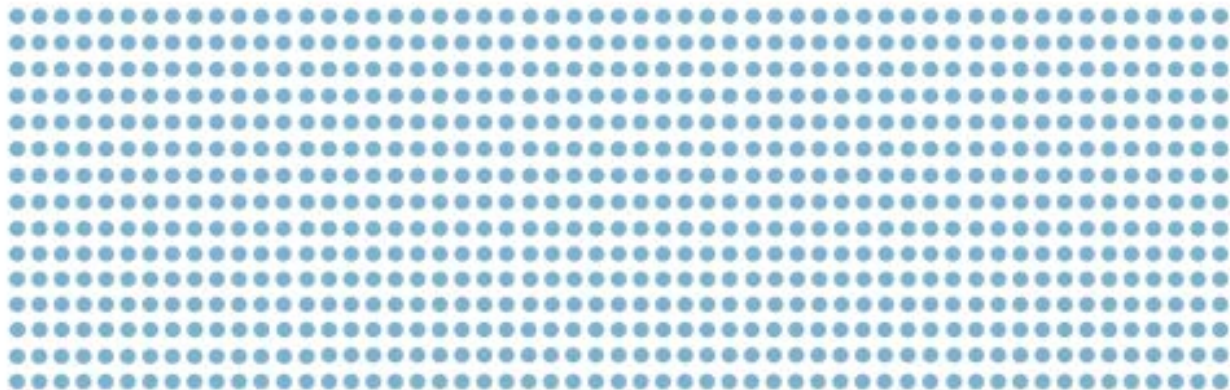
10 treatment admissions for abuse⁹



32 emergency dept visits for misuse or abuse⁶



130 people who abuse or are dependent⁷



825
nonmedical
users⁷



PRESCRIPTION DRUG ABUSE, ADDICTION AND DIVERSION: A NATIONAL PROBLEM

Prescription drug abuse continues to be the fastest growing drug problem in America. With overdoses on the rise, Tom Frieden, MD, Director of the Centers for Disease Control, declared: "Prescription drug overdose is epidemic in the United States. All too often and in far too many communities, the treatment is becoming the problem." The problem has reached epic proportions. In its 2014 National Drug Control Strategy, the Obama Administration declared that "overdoses persist as a major cause of preventable death in the United States," and, as such, it "is committed to reducing opioid deaths nationwide ..."

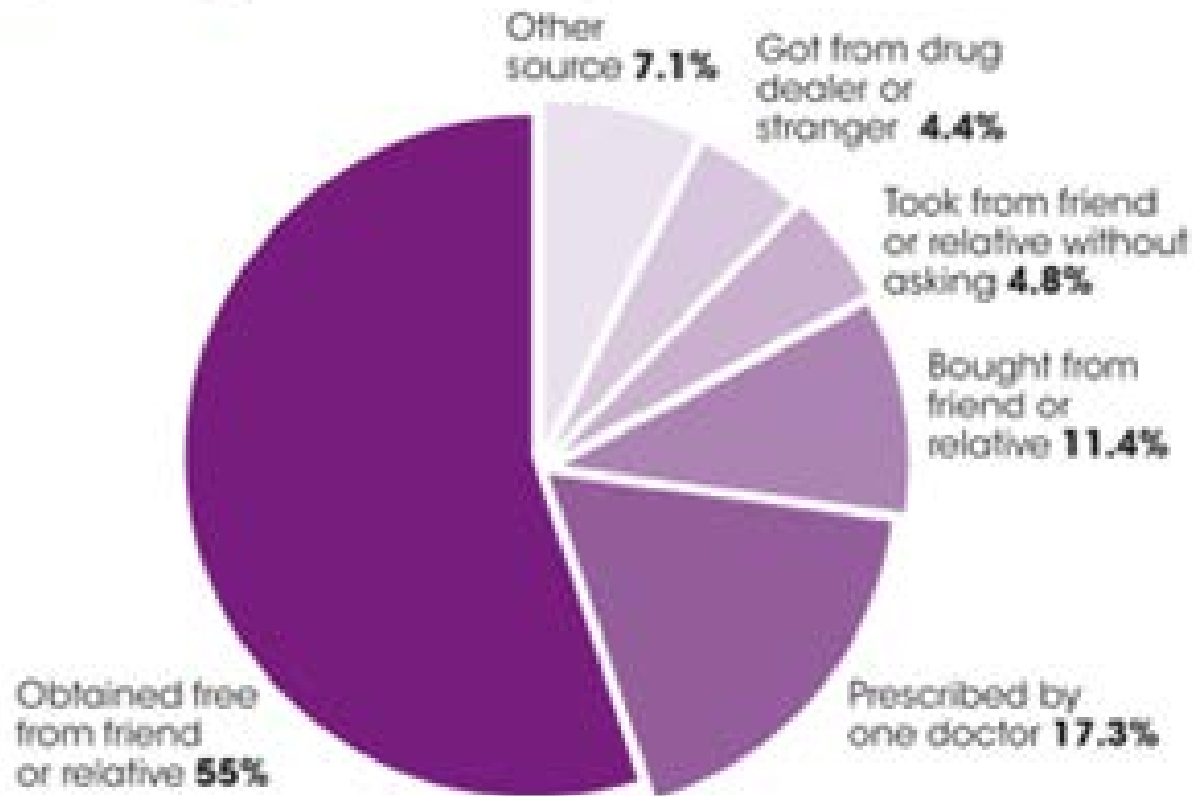
- The United States has an estimated 6.8 million current prescription drug abusers, with 4.9 million who abuse prescription pain relievers. (*Prescription Drug Abuse*, Congressional Research Service Report, May 21, 2014)
- Approximately 16,600 overdose deaths per year (or 45 deaths per day) are attributed to the misuse of prescription pain relievers. This number is more than that of heroin and cocaine combined. (*National Drug Control Strategy*, Executive Office of the President of the United States, July 2014)
- In 2012, healthcare providers wrote 259 million prescriptions for pain medications, which amounts to enough for every American adult to possess one bottle of pills. (Centers for Disease Control, Vital Signs, July 2014)
- Second to marijuana, prescription drugs are the most widely used illicit drug among individuals 12 and older. (*National Survey on Drug Use and Health*, Center for Behavioral Statistics and Quality, SAMHSA, U.S. Department of Health and Human Services, September 2013)
- Comprising 70 percent of misused prescription drugs, opioid pain relievers are the most commonly misused prescription drug. (*National Survey for Drug Use and Health*, SAMHSA, September 2013)
- Among those 12 and older who misused or abused prescription pain relievers:
 - 60 percent obtained the pills for free from a friend or relative;
 - 10 percent took them from a friend or relative without asking;
 - 26 percent purchased them from a friend or relative; and
 - 27 percent received them from a doctor.

(*National Survey for Drug Use and Health*, SAMHSA, September 2013)

© 2014 Research is current as of April 2014. In order to ensure that the information contained herein is as current as possible, research is conducted using both nationwide legal database software and individual state legislative websites and direct communications with state PMP administrators. Please contact Heather Gray at (703) 836-6100, ext. 114 or hgray@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 420 Park Street, Charlottesville, VA 22902.

- 3 out of 4 emergency department visits for overdoses are from prescription opioids.
- These ER visits doubled between 2004-2009.
- 12 million people, including a large percentage of children, admitted to using opioids for non-medical reasons in 2010.
- 3 out of 4 patient who misuse or abuse opioids are using medications prescribed to others.

People who abuse prescription painkillers get drugs from a variety of sources⁷



“The quantity of prescription painkillers sold to pharmacies, hospitals, and doctors’ offices was 4 times larger in 2010 than in 1999.” (CDC)

Those most at risk of overdose:

- Patients with multiple providers.
- Patients on high doses of opioids.
- Low income and those in rural areas.
- Those with mental illness and a substance abuse history.
- Medicaid patients.

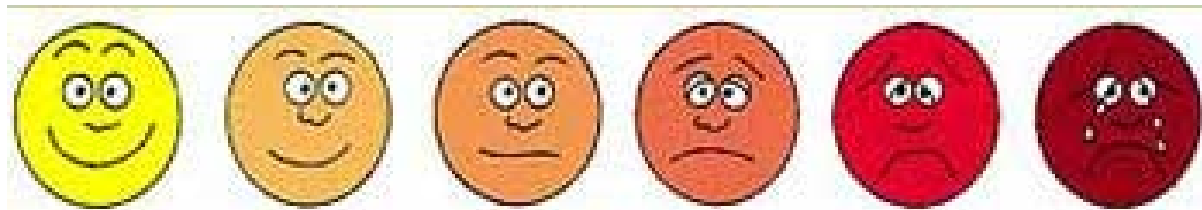
“People on Medicaid are prescribed painkillers at twice the rate of non-Medicaid patients and are at six times the risk of prescription painkillers overdose. One Washington State study found that 45% of people who died from prescription painkiller overdoses were Medicaid enrollees.”

PDMP 2011 data

- 600,000 Oregonians received 1 or more prescription opiate (on average, 3 prescriptions each).
- 300,000 patients received benzodiazepine prescriptions (on average, 3 prescriptions each)
- 60% of the prescriptions were by 2000 providers (4% of providers).

How we got into this mess...

- Pain was added as the “5th vital sign” in the 1990s. It was well-intended, for patient care, but with subsequent mandates and quality indicators, providers were led to focus more attention on pain and a natural result was increased narcotic prescribing.



Initially it was in the hospital setting for acute issues, but then it leaked into chronic pain management.

- But...chronic pain still affects about 120 million adult patients, who need care and pain control.
- 760,000 Oregonians have chronic pain.

What hasn't worked?

- More and more opioid prescribing.
- Unrealistic patient expectations of zero pain.
- Covering for colleagues and caring for new patients who have been prescribed opioids beyond your comfort.
- Difference in prescribing practices of experienced and new providers.
- Poor access to mental health and substance abuse treatment.
- Inadequate insurance coverage for non-opioid treatments.

What hasn't worked?

We still under-treat acute pain and over-treat chronic pain with opioids.

What else hasn't worked?

The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease.

~Thomas Edison

What has worked?

Making a Difference: State Successes



2012 Action:

New York required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

2013 Result:

Saw a 75% **drop in patients** who were seeing **multiple prescribers** to obtain the same drugs, which would put them at higher risk of overdose.



2010 Action:

Florida regulated pain clinics and stopped health care providers from dispensing prescription painkillers from their offices.

2012 Result:

Saw more than 50% **decrease in overdose deaths** from oxycodone.



2012 Action:

Tennessee required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

2013 Result:

Saw a 36% **drop in patients** who were seeing **multiple prescribers** to obtain the same drugs, which would put them at higher risk of overdose.

What has worked?

Federally:

- DEA oversight
- More mental health and substance abuse coverage with the ACA

States:

- Prescription Drug Monitoring Programs
- Medical Board oversight for providers (and required pain CMEs)

What has worked?

- Oregon launched the state PDMP in 2011, after a spike of overdose deaths in 2008. Overdose deaths from painkillers rose 172% from 2004 to 2011, per the Oregon Health Authority.
- Washington state developed pain-management guidelines in 2009, and from 2008 to 2011 their painkiller overdose rate dropped 23%.

What has worked?

Locally:

- ER diversion programs (EDIE)
- Community and clinic collaboration
- PCP visits
- Group visits

Providers:

- Use PDMP routinely (at visits and when prescribing or refilling controlled substances).
- Refer to substance abuse treatment centers and specialists.
- Honestly discuss risks, benefits, alternatives and reasonable expectations with patients.
- Follow pain contracts, hold patients accountable.
- Screen for abuse and addiction history (dig for it).
- Offer non-narcotic options (and encourage insurance companies to cover these services).
- Work with emergency departments for management plans for patients seeking pain meds.
- Prevention.

Non-narcotic pain options:

- NSAIDs, muscle relaxants, acetaminophen
- Exercise
- Physical Therapy
- Multi-disciplinary pain clinics
- Living Well with Chronic Conditions.
- Osteopathic Manipulations or chiropractic care
- Acupuncture
- Yoga, massage, meditation
- Physiatry

Patients on pain contracts:

- Need visits regularly (3-4x annually at least).
- Urine drug testing randomly for compliance.
- Sign and understand medication agreement.
- Prescribe within morphine safety ceiling.
- Involve mental/behavioral health.
- Avoid alcohol use when on controlled substances.
- Commit to using 1 prescriber and 1 pharmacy.

This Week in *MMWR*



Alcohol was involved in 18.5% of emergency department visits for opioid drug abuse and 27.2% of visits for benzodiazepine abuse in 2010.

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CE Available

Alcohol Involvement in Opioid Pain Reliever and Benzodiazepine Drug Abuse–Related Emergency Department Visits and Drug-Related Deaths — United States, 2010

When taken with opioid pain relievers (OPRs) or benzodiazepines, alcohol increases central nervous system depression and the risk for overdose. To quantify alcohol involvement in OPR and benzodiazepine abuse and drug-related deaths and to inform prevention efforts, the Food and Drug Administration and CDC analyzed 2010 data for drug abuse–related emergency department visits in the United States and drug-related deaths that involved OPRs and alcohol or benzodiazepines and alcohol in 13 states. This report summarizes the results of that analysis.

The CDC partnered with the National Institute on Drug Abuse (NIDA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of the National Coordinator for Health Information Technology (ONC), to review existing opioid prescribing guidelines for chronic pain and identify common elements. They came up with:

[Download Printable Version](#)

Common Elements in Guidelines for Prescribing Opioids for Chronic Pain

 [123 KB]

What else HAS worked?

One of the first duties of the physician is to educate the masses not to take medicine.... Soap and water and common sense are the best disinfectants. ~William Osler

The future:

- More regulation and prescribing oversight.
- Medical Board and DEA investigations for providers.
- More required CME based on pain management (regardless of specialty).
- More insurance coverage for other therapies.
- Increased heroin use as patients have less access to prescribed opioids.

Other challenges and questions?

(group discussion for remainder of time)

The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease.

~Thomas Edison

Resources:

CDC.gov

<http://www.opioidprescribing.com/resources>

by Boston university

www.orpdmp.com

Local Resources:

Continuing Education Opportunities

Oregon Pain Management Commission one-hour pain management CME (required) – PDF and Word versions of the module are available. The site includes links to additional pain courses and a mailing list to receive direct information.

Extended-Release and Long-Acting Opioids: Assessing Risks, Safe Prescribing – The Federation of State Medical Boards' free, online CME Risk Evaluation and Mitigation Strategy (REMS) activity provides prescribers with training and educational resources.

COPE (Collaborative Opioid Prescribing Education) Course – The University of Washington's free, online, interactive course promotes a shared decision-making approach between providers and patients.

Additional Resources

Oregon Health & Science University published downloadable **Guidelines for Safe Chronic Opioid Therapy Prescribing for Patients with Chronic Non-Cancer Pain**. The guidelines address topics such as health, pain and functional assessments, management of opioid risk and what to do when diversion is suspected.

In April 2014, the Oregon Medical Group published **Primary Care Guidelines for Chronic Opioid Prescribing** . The Guidelines describe essential elements when prescribing opioids for the treatment of chronic pain.

The **Oregon Prescription Drug Monitoring Program (PDMP)** is a database that allows prescribers of controlled substances to access a patient's prescription history.

The **Opioid Prescriber's Group** of Southern Oregon, a diverse group of health care professionals from Jackson and Josephine Counties, provides resources for understanding, evaluation, and application of best practices for the treatment of complex chronic pain.