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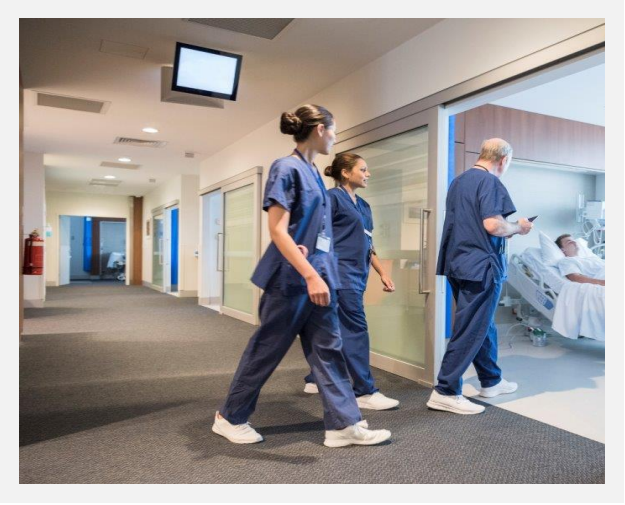
Addressing the Opioid Crisis: Ten Tips for Healthcare Practitioners

How did this issue get so out of hand?



Background: Pain

100 Million people in the United States live with chronic pain.[i] Defining pain begins by recognizing that it is a subjective and conscious experience.
It is an unpleasant sensory response to actual or perceived tissue damage that, left untreated, predisposes individuals to short-term and long-term consequences. Some people have legitimate need for strong pain medications, such as opioids. Most people do not. Opioids as defined by the Centers for Disease Control (CDC) include prescription opioids, heroin and fentanyl. Opioid addiction is a crisis. It has become one of the most challenging issues for healthcare providers, politicians and ordinary citizens.

By the Numbers

- ✓ $635 billion/Year: The annual cost of medical treatment and lost productivity from pain[ii]
- ✓ 156% Increase: Deaths from overdose. From 21,088 in 2010 to 33,091 in 2015, and rising.[iii]

Addiction

Addiction is not a personality flaw. It is a brain disease, and unless viewed from that lens, prevention and treatment strategies will not be successful.[iv] Drugs, alcohol, and tobacco all have the ability to change the brain's neural pathways when combined with genetic and behavioral factors predisposing an individual to addiction.[v]

Top 10 Checklist

Here are ten tips that will assist your institution in supporting and managing an opioid management program.

1 **Know the basics.** Addiction is a complex but treatable disease that affects brain function and behavior. Note that:

No single treatment is right for everyone.

- People need to have quick access to treatment.
- Effective treatment addresses all of the patient's needs, not just his or her drug use.
- Staying in treatment long enough is critical.
- Counseling and other behavioral therapies are the most commonly used forms of treatment.
- Medications are often an important part of treatment, especially when combined with behavioral therapies.
- Medically assisted detoxification is only the first stage of treatment.
- Treatment doesn't need to be voluntary to be effective.

2 **Have A Plan:** If a strong medication is needed, for example for visceral pain, ensure that there is a time limit and a medication tapering plan in place.

- Develop a plan for safe transition of care if you decide to stop prescribing long term opioids and other pain medications for your patient.
- Regularly assess the patient's pain status, including urine and/or blood tests to measure medication and other indicated laboratory levels.
- Treatment plans must be reviewed often and modified to fit the patient's changing needs.
- Treatment should address other possible mental disorders.

3 **Monitor the patient.** Drug use during treatment must be monitored continuously.

- Consider a Prescription Drug Monitoring Program (PDMPs) is an electronic database that tracks controlled substance prescriptions in a state.
- A recent poll showed that 87% of pharmacists and 73% of physicians said they used a PDMP, and most—75% of pharmacists and 70% of physicians—said that PDMPs had a positive effect on changing habits. [vi]
- Access the system before prescribing.
- There is potential lag time with data entry, so a patient and a prescription could still slip through the system.
- Use of a PDMP should be encouraged so that healthcare providers have information to improve patient safety and prevent abuse.
- Define an optimal length of opioid pain medication prescription.

4 **Don't Judge.** Opioid addicts include people who inject drugs (PWID), and many face discrimination.

- Nearly 80 % of Americans using heroin (including those in treatment) reported misusing prescription opioids first.
- Obtain detailed history.
- Deal with the "here and now" of the patient's status.
- Have resources readily available such as needle exchange programs and Naloxone (Narcan)

	prescription and related resources.
5	**Consult the team.** Patient profiles can vary, ranging from a single patient-practitioner relationship to several caregivers and settings, all acting simultaneously to treat the patient. • It is critical that practitioners and patients communicate regularly. • The treatment plan should include clear goals, timelines and resources. • Look for signs of "doctor shopping" by patients. The signs include hesitancy or refusal to share medical records by patients or someone calling into the office on behalf of another patient.
6	**Don't start!** Consider alternatives to Opioids (ALTOSM) such as: • Non-opioid medications • Trigger point injections • Nitrous oxide • Ultrasound guided nerve blocks, tailored to patients' needs
7	**Share safety tips with patients**. Patients can be powerful partners in managing this issue. • Take opioid pain medication only as directed. • Do not increase your dose or take your medication more often than is prescribed by your healthcare provider. • Do not take medication that has not been prescribed to you. • Be clear and honest about any prior or current history of addiction or drug abuse. • List all other medications (prescription and over the counter) that you are taking. • Do not use opioids with other medications unless approved by your healthcare provider. • Keep medications away from pets and children.
8	**Exercise caution with women of reproductive age.** This is an especially vulnerable population. • There is strong evidence of potential adverse pregnancy outcomes associated with opioids and women of child bearing age[vii] • The Medicaid population averages more opioid prescriptions than privately insured females.
9	**Report.** Drug diversion is an issue for patients and professionals. • If you suspect that your patient is diverting opioids, have treatment program resources available. • Use extreme caution regarding continuing to prescribe to the patient. • If you suspect that your colleague is diverting opioids, there are several entities that may require reporting of the issue including your local boards of licensure. • It is strongly suggested that you consult your legal counsel as well. • Utilize resources if you fear violence for refusing to prescribe. [viii]
10	**Stay informed.** Education and awareness is the key to improvement. • Only 15 states require continuing medical education for clinicians who prescribe controlled substances. • 34 states require a substance abuse disorder assessment prior to opioid prescription. • In 2018, stay aware of updated state and federal resources that will support continued efforts to minimize opioid related issues.

Conclusion

A full discussion of this ever-changing opioid crisis is beyond the scope of this paper. However, the clear message is that healthcare providers, organizations and patients all play a critical role in what will hopefully be an improved approach to pain management.

AIG's Client Risk Solutions' Healthcare consulting team stands ready to help your institution manage risk. For more information please contact the team at patientsafety@aig.com or reach out to CRS@aig.com. Please visit Client Risk Solutions www.aig.com/crs.

References & Resources

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- National Institute of Drug Abuse (www.drugabuse.gov)
- National Institutes of Health (www.nih.gov)
- National Institute of Mental Health (www.nimh.nih.gov)
- President's Commission on Combatting Drug Addiction and the Opioid Crisis (https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf)

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