



CALIFORNIA HEALTHCARE FOUNDATION

Striking a Balance: a provider perspective

kpfeifer@chcf.org



Beth's story

- 38 years old, erratically employed
- “Counseling doesn’t help”
- Chronic low back pain after car accident
- 8 Vicodin/day grew to 180 mg daily of morphine plus lorazepam
- Some concerning behaviors:
 - 1 urine positive for cocaine
 - 1 drug test refused
 - Didn’t follow through with PT or behavioral referral

Outcome

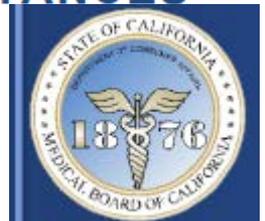
Found dead of accidental overdose:

- Methadone
- Ativan
- Morphine
- Cocaine

What did I do wrong?

- According to Medical Board of CA
 - Combined benzos and opiates
 - Continued after signs of active substance abuse
 - Did not insist on behavioral health evaluation
 - Did not assess whether opioids improved function
 - Methadone clinic client (not known)
 - Poor indication (opiates not effective in chronic low back pain)
 - Over 120 mg morphine equivalents daily

**GUIDELINES FOR PRESCRIBING
CONTROLLED SUBSTANCES
FOR PAIN**



What I learned in 1997

*Keep upping the dose
until the pain score
reaches 3 out of 10.*

*There is no such
thing as a dose
ceiling.*

Addiction is rare in
patients treated with
narcotics

Porter J NEJM 1980 Jan
10;302(2):123

What we know now in 2015

- Addiction in chronic opioid use: 30%
- Dose-dependent increase in death rate
- Long-term opioid use has profound impacts on the brain neurochemistry – not always reversible



The opioid epidemic is an iatrogenic problem with broad downstream impact: healthcare, social services, corrections, schools, taxpayers, employers, families...

Three approaches:

- (1) Safe prescribing practices
- (2) Medication-assisted addiction treatment
- (3) Naloxone

Sylvia Mathews Burwell



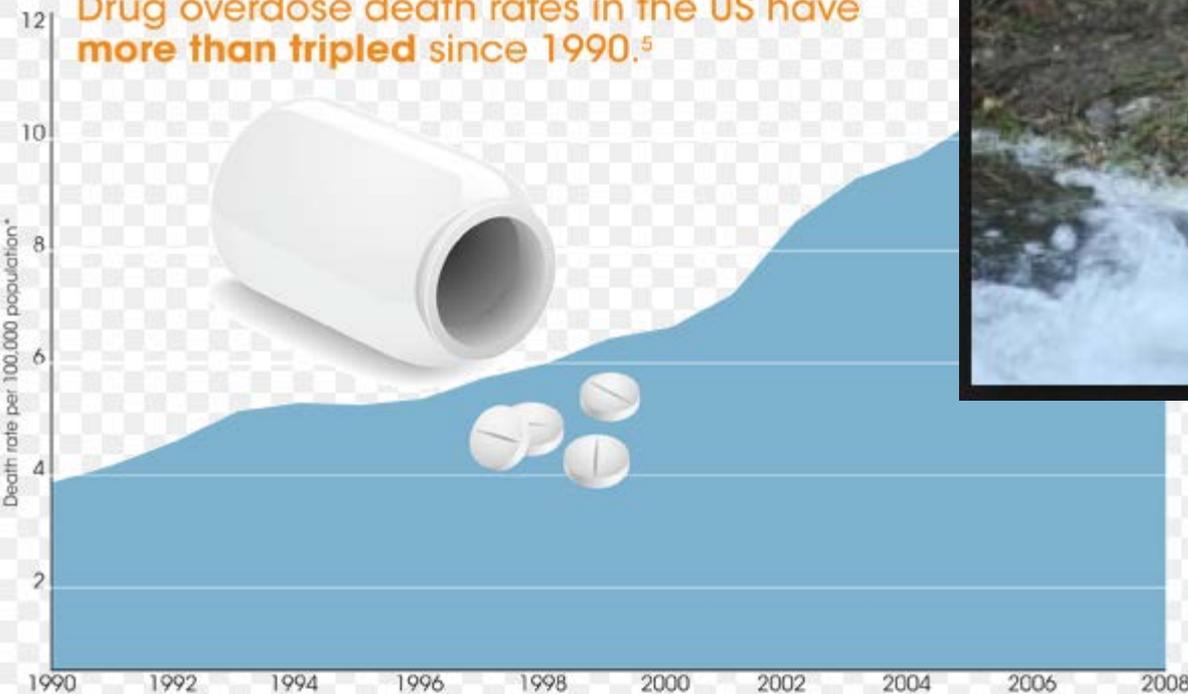
22nd United States Secretary of Health and Human Services



PRIORITY 1:

Safe prescribing practices: stop the pipeline

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.



Myth # 1

More drugs means better pain relief



High-dose opioids (>120 mg morphine equivalents)

- **Do not improve pain, may make it worse**

- *J Pain, 2011. Vol 12(2): 288.*

- **Increase depression and increase pain perception (hyperalgesia)**

- *General Hospital Psychiatry 34 2012, 581-587*

- **Increase death rates**

- *JAMA 2011:30(13): 1315-1321;*
- *Annals of Internal Medicine, 2010:152: 85-92;*
- *Arch Intern Med. 2011:171(7): 686-691)*

There is evidence that lowering doses reduces mortality, function, and pain scores.

- Franklin et al: Bending the prescription opioid dosing and mortality curves: impact of the Washington State opioid dosing guideline. *Am J Int Med* 2012 Apr;55(4):325-31
- Angst, et al: Opioid-induced hyperalgesia: a quantitative systematic review. *Anesthesiology* 104:570-587, 2006
- Baron, et al: Significant pain reduction in chronic pain patients after detoxification from high-dose opioids. *J Opioid Manag* 2:277-282, 2006.
- Chu, et al: Opioid tolerance and hyperalgesia in chronic pain patients after one month of oral morphine therapy. *J Pain* 7:43-48, 2006.

Myth # 2

We know when our patients are misusing meds



PCPs can't accurately assess misuse

- **72% misuse** in academic clinic chronic pain cohort
- **No concordance** between PCPs' opinions and participants' self-reports of past-year misuse:
 - **Missed 38%** of those who WERE misusing
 - **Misjudged 46%** of those who WEREN'T misusing (often based on race)

Vijayaraghavan M, Penko J, Guzman D, Miaskowski C, Kushel MB. Primary Care Providers' Judgments of Opioid Analgesic Misuse in a Community-Based Cohort of HIV-Infected Indigent Adults. *J Gen Intern Med.* 2011;26(4):412–8.

Myth # 3

We know when our patients are diverting meds



The incentive to divert is overwhelming

- Typical yearly income for patient on SSI: \$13,000
- Typical street value:
 - \$1 per mg
 - \$370 a day or \$135,000 per year
 - Selling 10% of meds doubles income



Can I get some Vicodin?

This is the Oxy corner. Vicodin is next block.

Myth # 4

Discovering signs of addiction is a legitimate reason to fire a patient from the practice

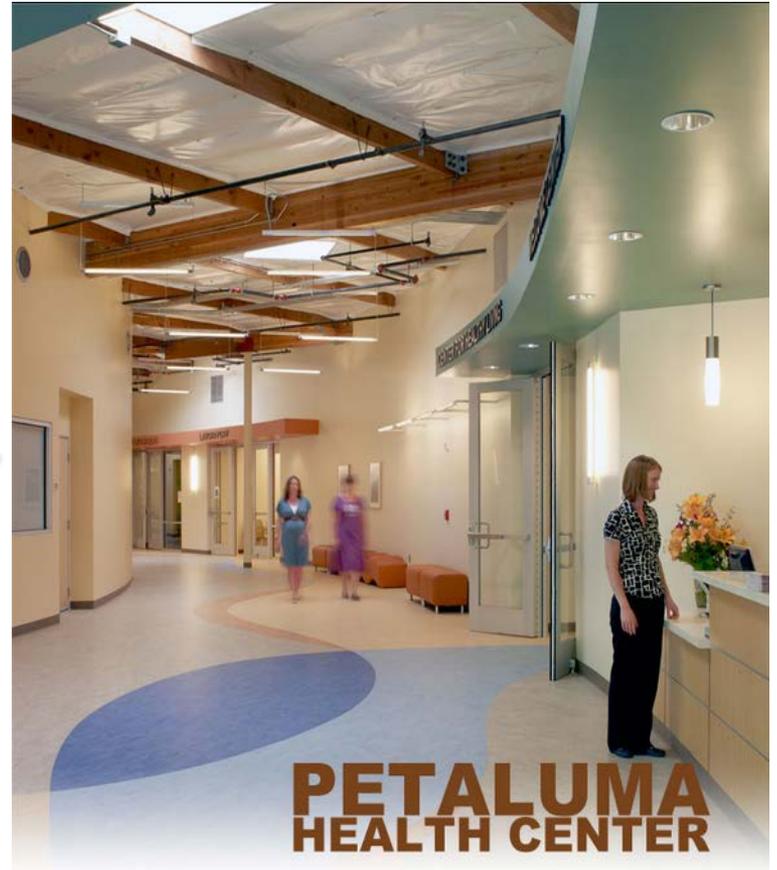
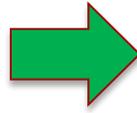


Addiction is a chronic disease – and evidence-based treatments are available.



Your patients need you now more than ever.

Pre and post: Clinic prescribing guidelines



Key changes

- Agreement on common guidelines
- Opioid review committee
- Panel management
- New team roles
- Buprenorphine addiction treatment integrated in primary care
- Non-opioid treatment options (acupuncture, movement therapy, group support sessions)

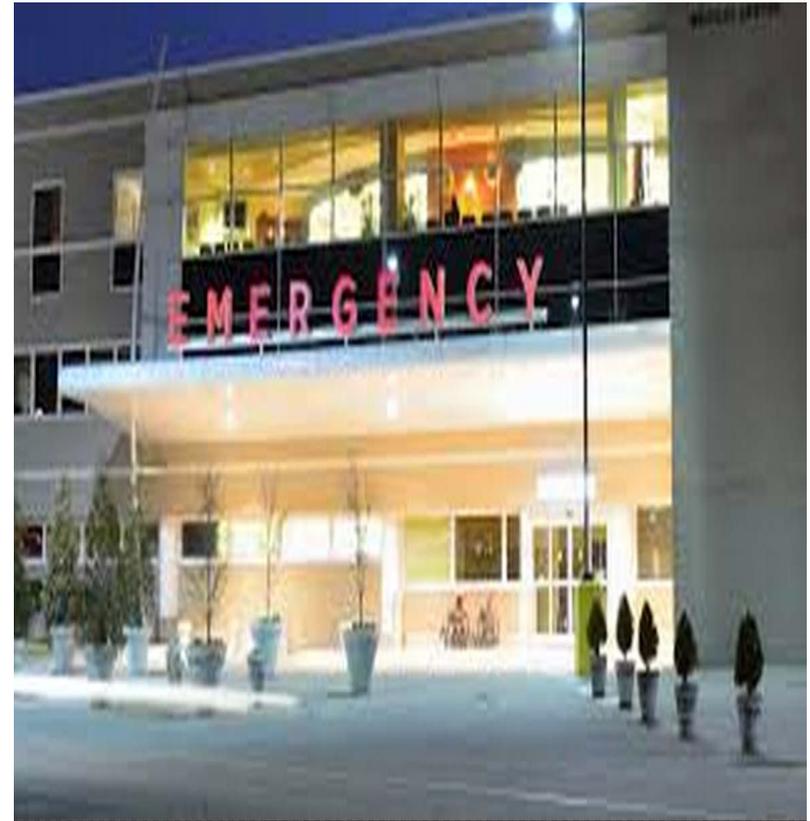
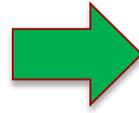
What to say to patients when you want to lower the dose?

You are taking the equivalent of 20 Vicodin a day, and you still have pain all of the time. It doesn't seem like the meds are helping – they may be causing pain.

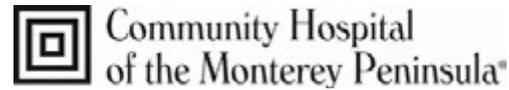
This dose puts you at risk of death. I would like to prescribe naloxone just in case of an emergency.

I will work with you to slowly get you down to a safer dose.

Pre and Post: Emergency department guidelines



It does take a village.....



SAFE PAIN MEDICINE PRESCRIBING

We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.



For your SAFETY, we routinely follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.
2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
3. If pain prescriptions are needed for pain, we will only give you a limited amount.
4. We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.
5. We do not prescribe long acting pain medicines such as: OxyContin, MSContin, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.
6. We do not provide missed doses of Subutex, Suboxone, or Methadone.
7. We do not usually give shots for flare-ups of chronic pain. Medicines taken by mouth may be offered instead.
8. Health care laws, including HIPAA, allow us to ask for all of your medical records. These laws allow us to share information with other health providers who are treating you.
9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
10. We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system tracks opioid pain medications and other controlled substance prescriptions.

If you need help with substance abuse or addiction, please call

211

for confidential referral and treatment.



Monterey County Fire Chiefs Association 23

 **PRESCRIBE SAFE**
MONTEREY COUNTY

Education – statistics to have at your disposal

Death from opiate overdoses have increased 300% since the 1990s

We lose more years of productive life in the US to prescription drug overdose than motor vehicle accidents

Prescription drug related deaths exceed motor vehicle-related deaths in 29 states and Monterey County

Prescription drug related deaths now outnumber those from heroin and cocaine combined

Difficult conversations (courtesy of Dr. Roneet Lev)

Patient	Provider answer
Anything	Remember you are on stage. Your words not just for the patient, but for the staff and patients who are also listening.
Can I have something for pain?	"Yes, let me check your medical record for the best choice"
The medicines don't work	"Can you please tell me how you take the prescription?"
Lost Rx Rx from other Sources	I can give you something for pain now, but it is best for your doctor to coordinate any additional prescription."
Stolen Rx	Did you file a police report?
Patient with chronic pain	"Your doctor would want us to honor the pain agreement, so I would want to follow your doctor's recommendations."

Patient	Provider answer
I need codeine cough syrup	"The best medicine for your cough is an inhaler."
Dental Pain	"Would you like a shot to numb the tooth, like the dentist uses, to stop the pain?"
Abdominal Pain with negative work ups	"How often do you use marijuana?"
Previous Recovery History	"You did such a good job being clean, it's not a good idea to trade one drug for another."
Opioids and Sedatives	"I see that your medications have some drug interactions."
Clear Doctor Shopping	"I am concerned as your medications can be addicting. Would you like me to refer you to someone who can help with this?"
Angry Patient	"I am sorry you feel this way. I will try to treat your pain now, but your doctor needs to coordinate any further prescriptions."



PAIN MANAGEMENT OPTIONS ON THE MONTEREY PENINSULA

MONTEREY

Central Coast Pain Institute
Dr. Howard Rose and Dr. Kalle Varav
21-A Mandeville Court, Monterey
831-373-7246 / 831-372-7859 (fax)

Optimal Health Acupuncture
132 Carmelito Avenue, Monterey
831-655-3208 / 831-655-3208 (fax during office hours)

PACIFIC GROVE

Pacific Grove Acupuncture
Dr. Byrd
150 15th Street, Pacific Grove
831-393-4876 / 393-4876 (fax during office hours)

David Kolinsky, MD
170 17th Street #I, Pacific Grove
831-656-0384 / 831-656-0385 (fax)



ALCOHOL AND DRUG COUNSELING AND TREATMENT MONTEREY AND SOUTH COUNTY

TWELVE-STEP PROGRAMS

Alcoholics Anonymous, Monterey Bay Area
1015 Cass Street, Suite #4, Monterey
24-hour Helpline: 831-373-3713 / 831-372-7899 (fax)
www.aa.comtac.org

Alanon/Alateen
Monterey 24-hour Helpline: 831-373-2832
www.aaoca.org

Narcotics Anonymous
Monterey 831-624-2055
www.monocap-na.org

CRISIS Intervention

If this is an emergency, call 911

CHOMP Crisis Intervention
23623 W R Holman Hwy, Monterey
831-629-4623
www.chomp.org

RESIDENTIAL DRUG TREATMENT PROGRAMS

Genesis House Operated by Community Human Services
1152 Sonoma Avenue, Seaside
831-899-2436 / 831-899-7455 (fax)
www.chservices.org

There are alternative treatments

- Buprenorphine injections
- Butrans patches
- Lidoderm patches
- Low Dose Ketamine protocols
- Lidocaine drip
- Nerve blocks
- Regional anesthesia
- Cervical injections
- Neurontin
- Lyrica
- TCAs
- Clonidine
- NSAIDs
- COX 2 inhibitors
- Acetaminophen PO or IV

Non-pharmaceutical options

- Pain support groups
- Pain specialist referral
- Addiction and dual diagnosis specialists
- Chiropractic consultation
- Massage
- Physical therapy
- Biofeedback
- Acupuncture
- Nerve stimulators
- Guided imagery

The list goes on...

We have everyone possible supporting this program

Thank you so much for your letter dated March 23, 2015. I appreciate you bringing your concern to my attention.

“Let me assure you that the emergency department will always be there for you In an emergency...”

diagnosis of acute pancreatitis will be treated in a safe manner. However, chronic pain management is best handled by a physician who has a special interest in the proper management of long-term pain, like your physician [redacted]. That way the risks and benefits of narcotic pain management can be balanced and can be consistently overseen by one medical professional. Be assured that our emergency room physicians will act consistently in accordance with the safe pain medication prescribing guidelines followed by all hospitals in Monterey County. I am attaching a copy of these guidelines for your information. These guidelines have been adopted by national professional societies and are based on

“our emergency room physicians will act consistently in accordance with the safe pain medication prescribing guidelines followed by all hospitals in Monterey...”

PRIORITY 1: Safe Prescribing

PRIORITY 2: Care for the addicted population: medication-assisted treatment



Large regions of California have no licensed drug treatment



PRIORITY 1: Safe Prescribing

PRIORITY 2: Care for the addicted population: medication-assisted treatment

PRIORITY 3:

Stop the deaths: spread the antidote



**Naloxone
for opioid safety**



How to make a difference



**Los Angeles County
Prescription Drug Abuse
Medical Task Force**



**SAFE PAIN MEDICINE
PRESCRIBING
IN URGENT CARES**

We care about you. We are committed to treating you safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our urgent care office will only provide pain relief options that are safe and correct.





ACTION TEAMS

**DATA
COLLECTION &
MONITORING**

[Read More](#)

**COMMUNITY
BASED
PREVENTION**

[Read More](#)

**INTERVENTION
TREATMENT &
RECOVERY**

[Read More](#)

**PRESCRIBERS
&
PHARMACISTS**

[READ MORE](#)

**LAW
ENFORCEMENT**

[Read More](#)

The most important myth of all...



"If I had wanted to follow recipes, I would have gone to culinary school."

Cookbook medicine is bad medicine

Success story: Molly



Kelly Pfeifer, MD

kpfeifer@chcf.org

Reb Close, MD

reb.close@gmail.com