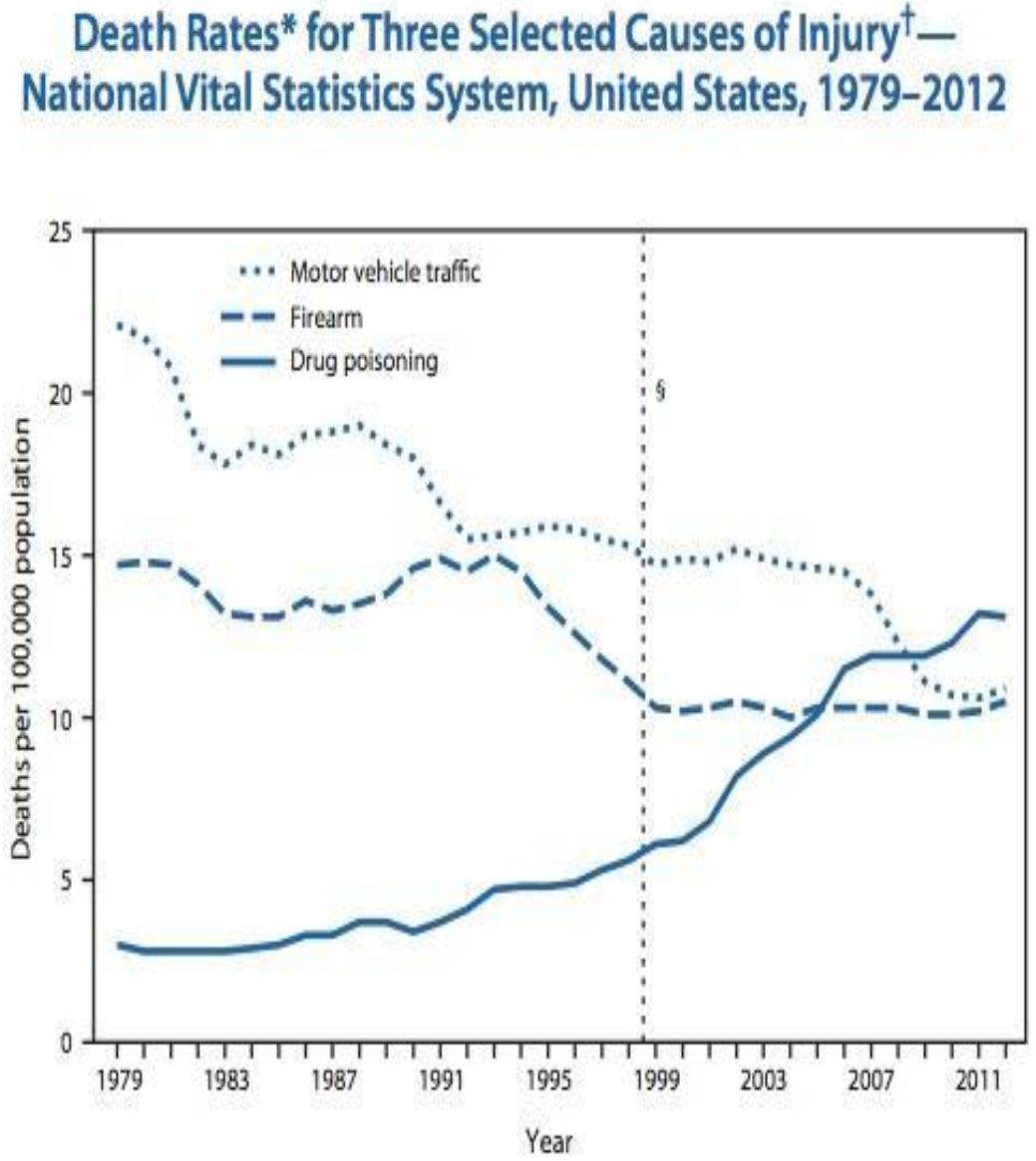
Alameda County Safety Net Working Group Opioid Prescribing

Welcome!

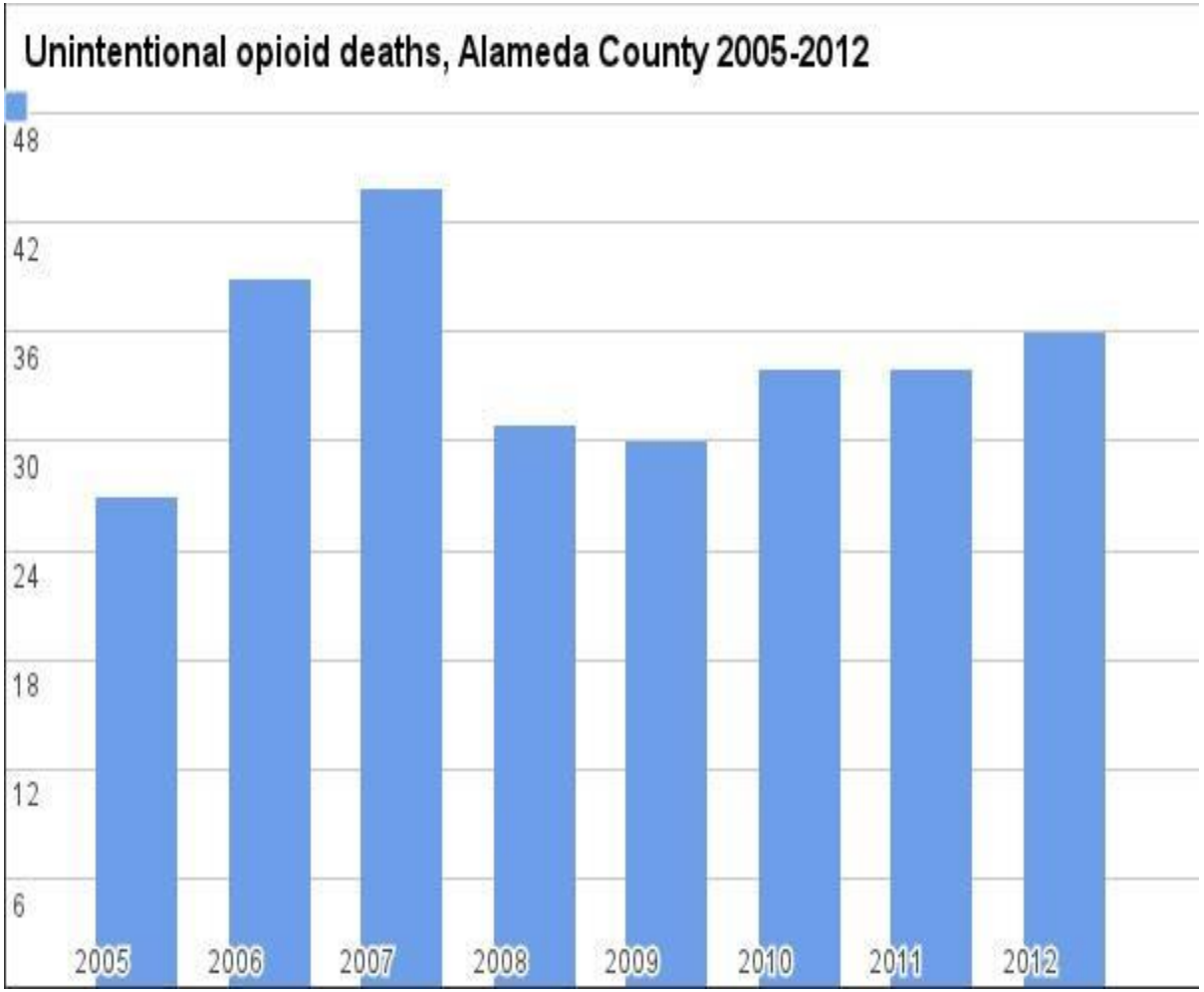
May 28, 2015

Oakland, California

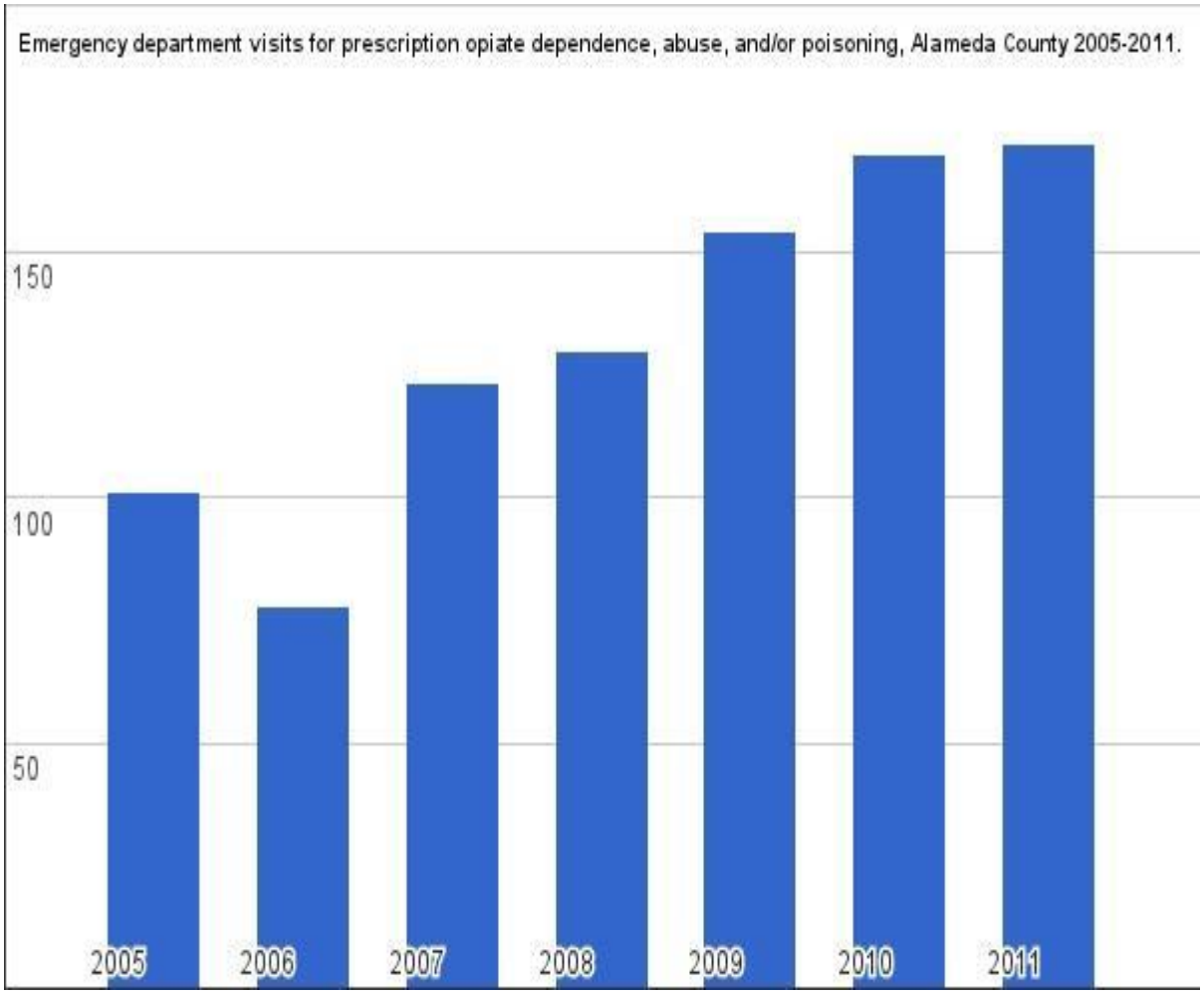
Nationwide


Death Rates* for Three Selected Causes of Injury†—
National Vital Statistics System, United States, 1979–2012
Motor vehicle traffic
Firearm
Drug poisoning
§
Deaths per 100,000 population
25
20
15
10
5
0
1979
1983
1987
1991
1995
1999
2003
2007
2011
Year

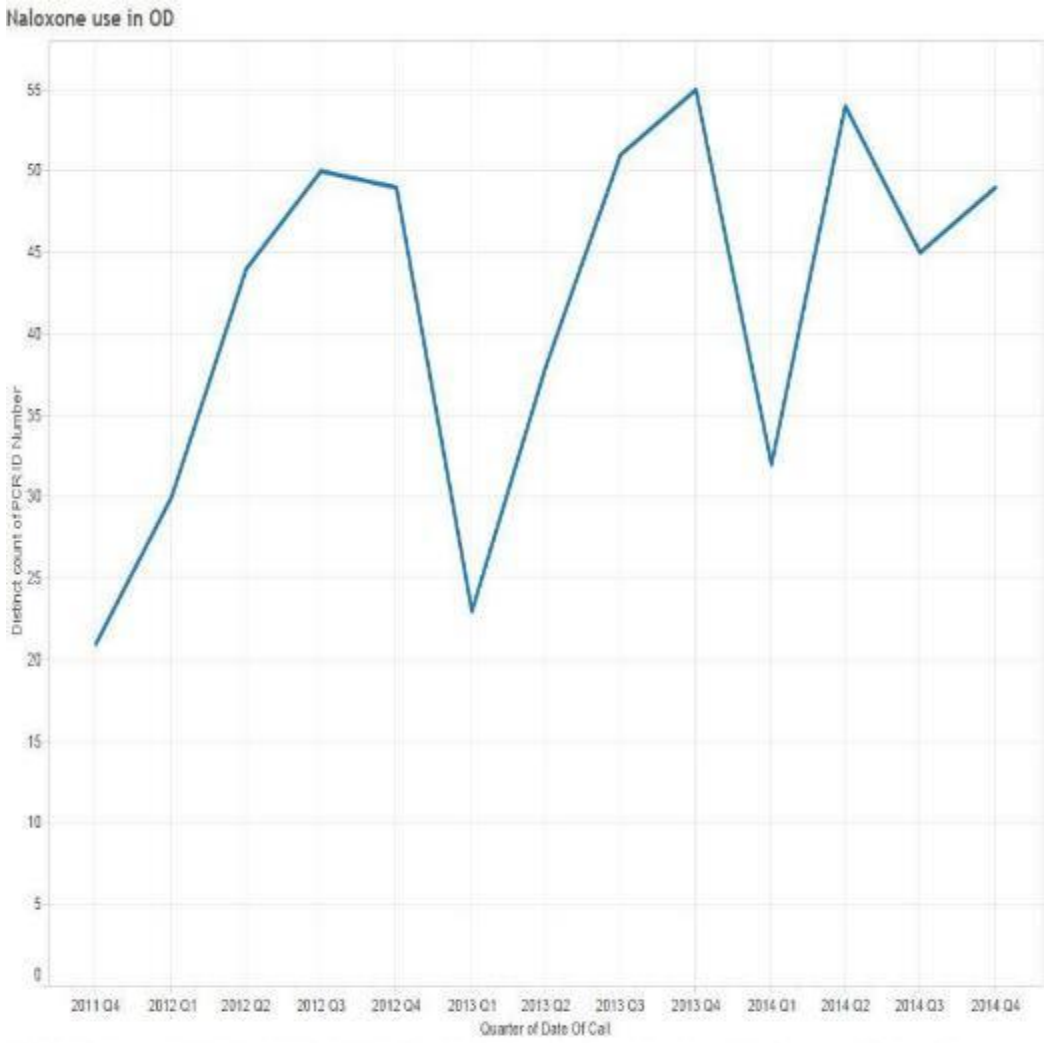
Opioid overdose deaths have appeared stable in Alameda County....



Opioid related ED visits are increasing in Alameda County

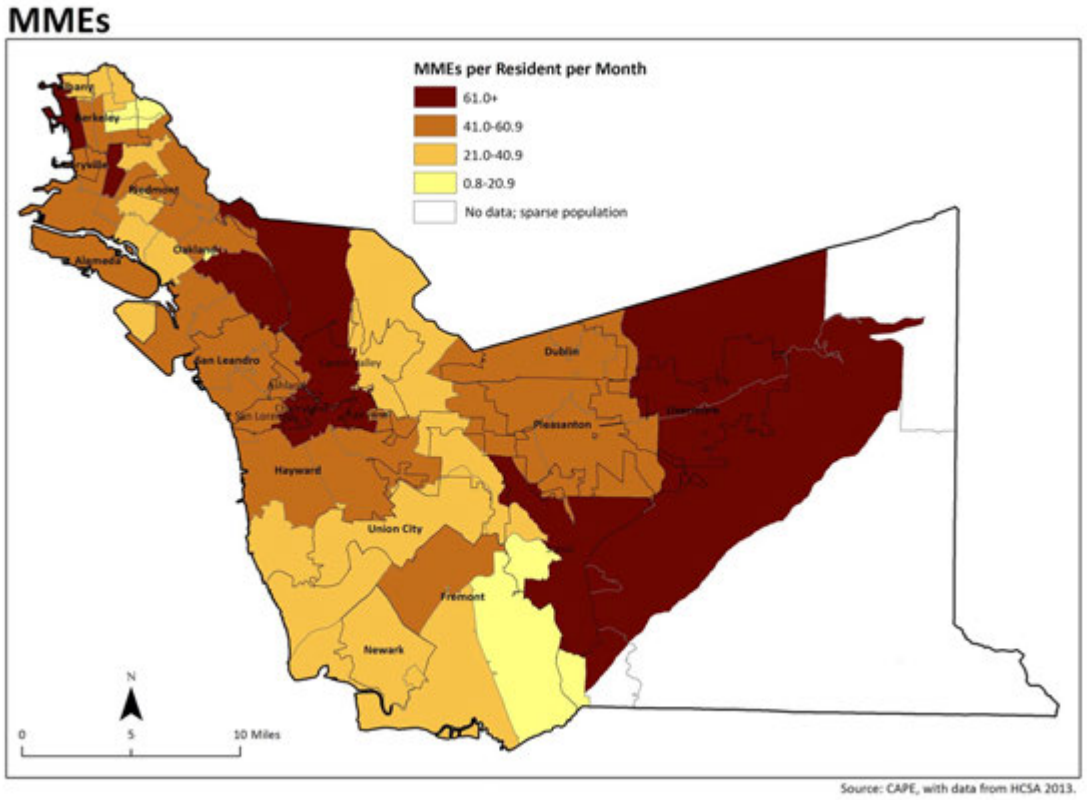


EMS naloxone deployments 2012-2014

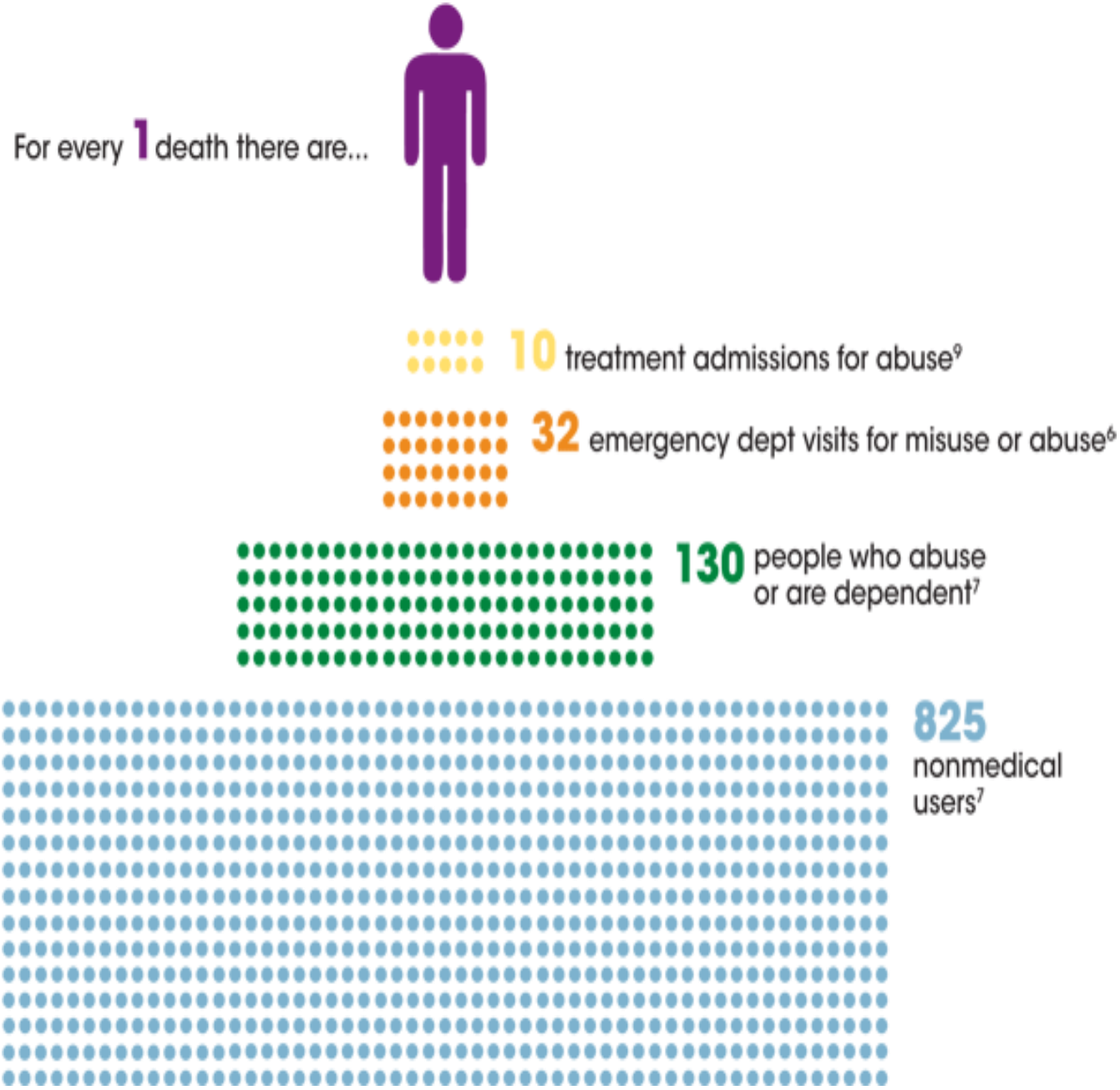


The trend of distinct count of PCR ID Number for Date Of Call Quarter. The data is filtered on Agency, Intervention and Primary Impression. The Agency filter keeps Alameda City FD, Albany FD, Berkeley FD, Paramedics Plus and Piedmont FD. The Intervention filter keeps Narcan (Naloxone). The Primary Impression filter keeps Overdose/Poisoning/Ingestion.

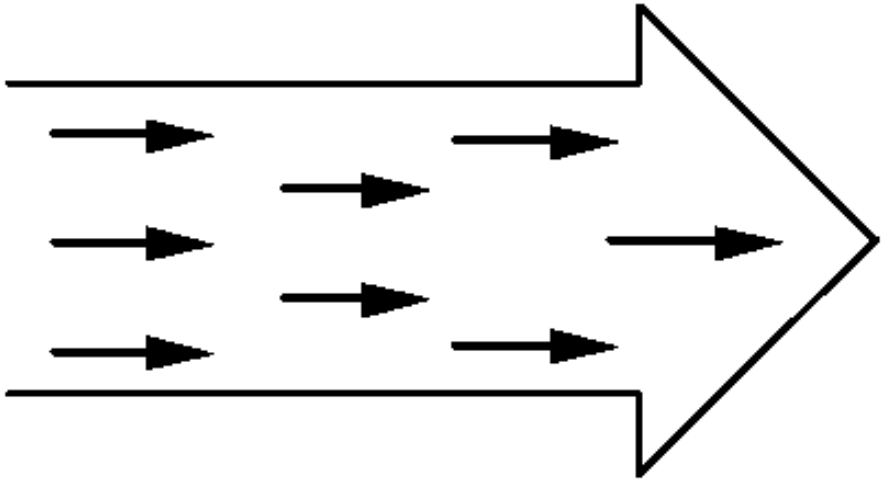
Opioids in use in Alameda County



And deaths are only one form of harm attributable to opioid misuse…..



Creating Alignment



Acknowledgement

California Health Care Foundation

- Guidance and references
- Funding for today
- Statewide leadership on this topic

GUIDELINES FOR PRESCRIBING CONTROLLED SUBSTANCES FOR PAIN

MEDICAL BOARD OF CALIFORNIA

NOVEMBER 2014

http://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf

Highlights (and rationale) from guidelines

Risk factors for overdose	**Guideline recommendations**
- High daily dose (i.e. 100 MMEs)	- Dose-ceilings
- Taking w other sedating agents (benzos, EtOH, carisoprodol, etc)	- Avoid co-prescribing w benzos and other sedating agents
- Substance use disorder	- Risk stratification tools (i.e. ORT) - Urine tox screening
- Co-occurring mental illness	- Screen and treat
- Doctor shopping (i.e. diversion)	- Obtain old medical records first - PDMPs (e.g. CURES) - Utox and pill counts

Dunn KM. AIM 2010;152:85.
Hall AJ. JAMA 2008;300:2613.
Bohnert AS. JAMA 2011;305:1315.

Opioid Risk Tool (ORT)

Mark each box that applies		Female	Male
1. Family history of substance abuse	▪ Alcohol ▪ Illegal drugs ▪ Prescription drugs	[ ] 1 [ ] 2 [ ] 4	[ ] 3 [ ] 3 [ ] 4
2. Personal history of substance abuse	▪ Alcohol ▪ Illegal drugs ▪ Prescription drugs	[ ] 3 [ ] 4 [ ] 5	[ ] 3 [ ] 4 [ ] 5
3. Age (mark box if 16-45 years)		[ ] 1	[ ] 1
4. History of preadolescent sexual abuse		[ ] 3	[ ] 0
5. Psychological disease	▪ Attention-deficit/ hyperactivity disorder, obsessive-compulsive disorder, bipolar disorder, schizophrenia ▪ Depression	[ ] 2 [ ] 1	[ ] 2 [ ] 1
Low (0-3) Moderate (4-7) High (≥8)	Scoring totals	[ ]	[ ]

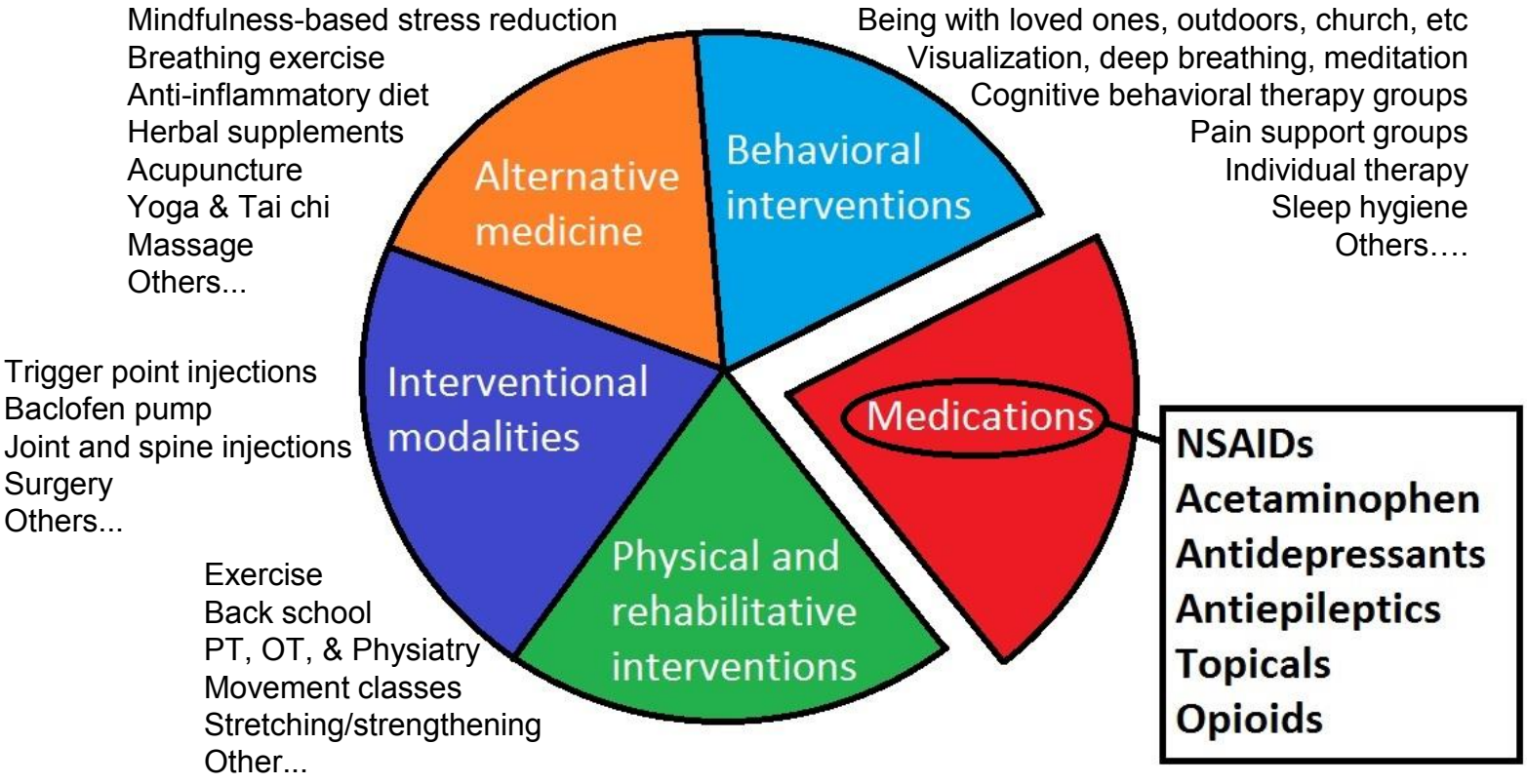
Scoring:
Low risk 0-3
Medium 4-7
High risk ≥8

High risk:

- **91% sensitive for aberrant drug related behavior**
- **Positive LR =14**

Webster LR. Pain Med. 2005;6:432.

Opioids are only one small piece of the pie!



Have clearly defined goals

- Developed in partnership w patients
- Improvement in function, mood, QoL, etc.
  - Pain is subjective and difficult to quantify
- Clear timeline for achieving goals

Consider 30% improvement a success!

Primary Care Treatment Menu	Reduction in pain intensity NRS
Physical fitness	30-60 percent
CBT/Mindfulness	30-50 percent
Sleep restoration	30-40 percent
Opioids	≤30 percent
Tricyclics	≤30 percent
Antiepileptics	≤30 percent
Acupuncture	≥10+ percent

Source:
David Tauben, MD
UW Center for Pain Relief

Other important guideline elements

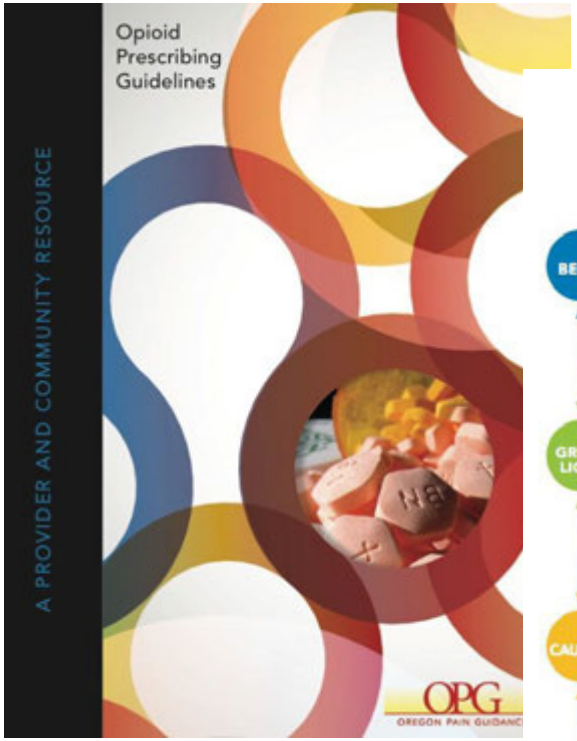
Don’t abandon patients if misuse is detected!

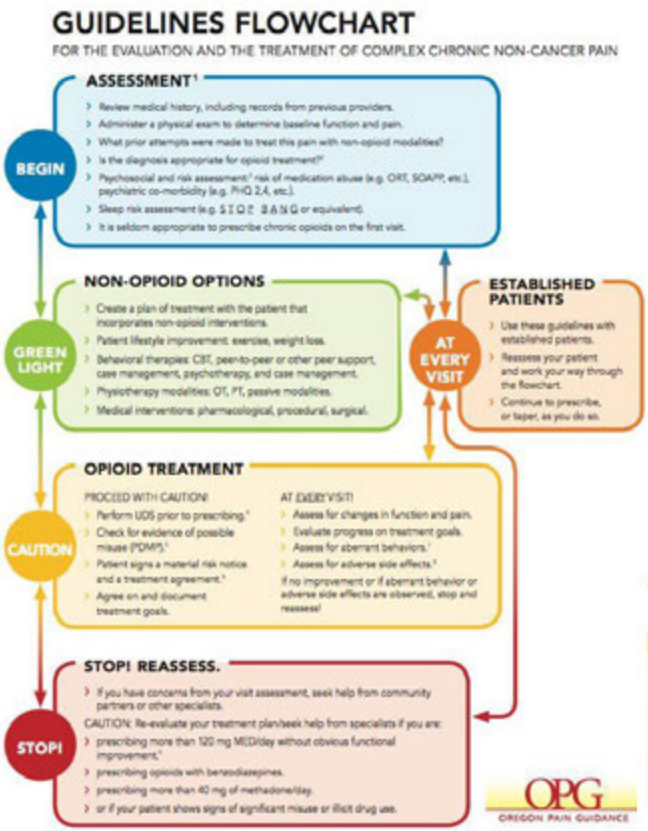
- Continuing care ≠ continuing opioids
  - May actually be the converse
- Refer to addiction treatment
  - Addiction is a chronic disease characterized by *remission* and *relapse*

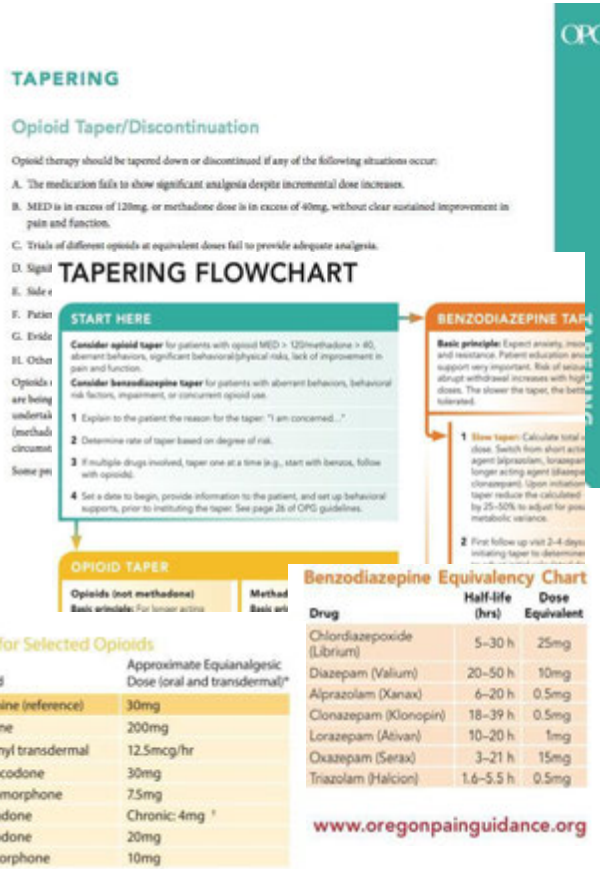
Consider co-prescribing naloxone

- Evidence-based therapy to reduce OD

Walley. BMJ 2013;346:f174.







http://www.southernoregonopioidmanagement.org/app/content/uploads/2014/04/OPG_Guidelines.pdf?b2ab8b

Continuum of community interventions for opioid misuse