Welcome to

The Opioid Crisis: An Update for Safety Leaders

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www.safetyleaders.org
Welcome

Charles Denham, MD

Chairman, TMIT

TMIT High Performer Webinar
December 15, 2016
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SafetyLeaders

LEAD Hospitals Initiatives
Patient Safety Documentaries
Research Programs
Webinars & Meetings
Patient Programs
Multimedia Center for PSOs

Home Search Web Meetings

TMIT Research Test Bed

What's New
Upcoming Events

Surfing the Healthcare Tsunami: Bring Your Best Board™
TMIT presents our Discovery Channel documentary, Surfing the Healthcare Tsunami. The incoming healthcare tsunami threatens all but the best. Will you surf, swim, or sink?

High Performance 5 Rights Collaboratives
The 5 Rights®
We are undertaking high impact research activities in the fields of Imaging of Adults and Children, Pain Care, Back Care, Testing, and Surgery to convert Waste to Value and Harm to Healing. For more information on each collaborative, click Imaging, Imaging Children, Back, Pain, Testing, Cancer, or Surgery.

Surfing the Healthcare Tsunami Hospital Leaders Toolbox
The Surfing the Healthcare Tsunami Hospital Leaders Toolbox has been released online! Go deeper into the subject matter of the documentary by exploring the 5 Rights of Imaging™, the Boardroom, Racing & Aviation, and much more. Click here for more details.

Click here to watch the entire 53-minute documentary online.

Safety in Numbers: The Development of Leanfrog's Composite Patient Safety Score for...
The Opioid Crisis: An Update for Safety Leaders

Session Overview

The opioid crisis in America is breathtaking and demands our attention. Dr. Gladstone McDowell is a global leader in pain management who is the Medical Director of Integrated Pain Solutions. He is a trained specialist in Urology, Urologic Oncology, Anesthesiology, Pain Management, and Patient Safety. Dr. McDowell will address the current opioid crisis and updated numbers just reported by the DEA. He will address the issue of gateway drugs and how our healthcare staff, patients, and families are at risk. We will discuss the latest in drug diversion and what safety leaders need to know and watch for in 2017.

Webinar Video and Downloads

The webinar video will be available within five business days after the webinar airs.

Speaker Slide Sets:

Slide Sets will be available before the webinar begins.
If you wish to follow us on Twitter, go to: http://twitter.com/TMIT1 or use #safetyleaders hashtag

Also, go to: www.facebook.com/SafetyLeaders and related sites
TMIT Purpose Statement

Our Purpose:
We will measure our success by how we protect and enrich the lives of families...patients AND caregivers.

Our Mission:
To accelerate performance solutions that save lives, save money, and create value in the communities we serve and ventures we undertake.
Disclosure Statement

The following panelists certify:
that unless otherwise noted below, each presenter provided full disclosure information; does not intend to discuss an unapproved/investigative use of a commercial product/device; and has no significant financial relationship(s) to disclose. If unapproved uses of products are discussed, presenters are expected to disclose this to participants. None of the participants have any relationship medication or device companies discussed in their presentations.

Dr. McDowell is Medical Director of Integrated Pain Solutions. His areas of expertise include urology, anesthesiology, pain management, and patient safety. He has served as an instructor at The University of Ohio for both the Department of Urology and the Department of Surgery. He has nothing to disclose.

Gregory H. Botz, MD, FCCM, is a professor in the Department of Critical Care at the UT MD Anderson Cancer Center. He received his medical degree from George Washington University School of Medicine in Washington, DC. He completed an internship in internal medicine at Huntington Memorial Hospital and then completed a residency in anesthesiology and a fellowship in critical care medicine at Stanford University in California. He also completed a medical simulation fellowship at Stanford with Dr. David Gaba and the Laboratory for Human Performance in Healthcare. Dr. Botz is board-certified in anesthesiology and critical care medicine. He is a Fellow of the American College of Critical Care Medicine. He has nothing to disclose.

Dan Ford, MBA, is a patient/patient safety advocate; retired Vice President of Furst Group, a healthcare executive search firm; nationally known speaker on patient safety, has served and is serving on a number of national and regional patient safety and quality, PFE and PFAC boards/committees, serves as a patient/family advisor on LEAN process improvement events at Spectrum Health, and is a writer on patient safety and leadership. He has nothing to disclose.

Charles Denham, MD, is the Chairman of TMIT; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for Chasing Zero documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for Surfing the Healthcare Tsunami documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonics, which produces a sterilization device, Trophon. HCC is a former contractor with Senior Care Centers. HCC is a former contractor for ByoPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company. His current area of research is in threat management to institutions and continuing professional education and consumer education. Dr. Denham is a collaborator with Professor Christensen.
Speakers and Reactors

Gladstone C. McDowell
Greg Botz
Dan Ford
Charles Denham
Voice of the Patient and Family

Dan Ford

Retired Vice President, Furst Group (Rockford, IL, healthcare executive search) Spectrum Health EPFAC and Spectrum Health Hospital Group Board Quality & Safety Committee (Grand Rapids, MI) Telluride Patient Safety Learning Experience Faculty, CO, MD and CA TMIT Patient Advocate Team Member Patient Safety Advocate Rockford, Michigan

TMIT High Performer Webinar
December 15, 2016
In the News and Polling Highlights:

News Update and

November 2016 Webinar Polling

Charles Denham, MD
Chairman, TMIT
TMIT High Performer Webinar
December 15, 2016
Heroin deaths surpass gun homicides for the first time, CDC data shows.


The Rising Price of Naloxone – Risks to Efforts to Stem Overdose Deaths

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<th>Manufacturer</th>
<th>Previous Available Price (yr)</th>
<th>Current Price (2016)</th>
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* Price information was obtained from Medi-Span Price Rx (Wolters Kluwer Clinical Drug Information).

U.S. has its first healthcare quality and safety PhD program

By Elizabeth Whitman  |  November 17, 2016

Nearly two decades after the Institute of Medicine published its landmark report on mistakes in medicine, “To Err Is Human,” the U.S. has its first PhD program in healthcare quality and safety.

The program, at Northwestern Medicine in Chicago, trains senior and mid-career clinicians and others working in healthcare. Professionals from outside the field, such as engineers and change management specialists, teach.

High Impact Care Hazards to Patients, Students, and Employees

- Cardiac Arrest
- Choking & Drowning
- Opioid Overdose
- Anaphylaxis
- Mass Casualty
- Common Accidents
- Transportation Accidents
- Bullying

A Medical-Tactical Approach undertaken by clinical and non-clinical people can have enormous impact on loss of life and harm from very common hazards:

- **High Impact Care Hazards** are frequent, severe, preventable, and measurable.
- **Lifeline Behaviors** undertaken by anyone can save lives.

Source: CBS. American College of Surgeons website. (also available via CBS All Access)
Available at http://www.bleedingcontrol.org/about-bc/news-updates#kit
Anonymous Polling Questions

"I am interested in an update webinar on MEDICAL TACTICAL emergency response topics"

59% Agreed and 41% Strongly or Very Strongly Agreed, and 34% Very Strongly Agreed

SAFETY topics I would like to be covered include:

- Bullying, active shooter, sudden cardiac arrest, medication error
- Environment related patient safety issues, e.g. (1) types of patient safety events in OR (2) patient safety issues related to bariatric population...
- Health technology (software and hardware) and medication/patient safety.
- Internet security
- Medication error
- None
- Opioids, violent behavior, active shooter
- Overview
- Pressure ulcer identification and prevention
- Substance abuse; addiction; SCIENCE of addiction - these are not bad people; 2nd victim response; how to get staff buy in surrounding culture of patient safety
- Wrong site surgery and human error

Eric Cropp:
The pharmacist sent to prison for the death of a child due to unintentional medication error.
Julie Thao:
The nurse indicted for the death of a 16 year old mother due to an unintentional medication error.
Anonymous Polling Questions

"I am interested in a webinar addressing How Caregivers PROTECT THEIR PROFESSIONAL IDENTITY After An Accident"

59% Agreed and 50% Strongly or Very Strongly Agreed, and 41% Very Strongly Agreed

"The topics regarding caregiver PROFESSIONAL IDENTITY PROTECTION I want to see addressed in future webinars are:"

- (Unsure)
- How does debriefing and staff comfort by other workers impact legal ramifications for patient harm
- Media handling
- None
- Overview
- Personal impact on nurse
- Protection of ID
- Successful experience
- We need an action plan to follow after an accident
- What happens when hospital won't address dangerous problems.

Conflict of Interest, Disclosure of Financial Information, and Fraud: Legitimate Crime to False Allegations

Real Fraud, Ethical Breach, and Crime

Sham Peer Review and Abuse of Power
Anonymous Polling Questions

"I am interested in a webinar addressing the latest update on CONFLICTS OF INTEREST and FINANCIAL DISCLOSURE"

52% Agreed and 31% Strongly or Very Strongly Agreed, and 28% Very Strongly Agreed

The topics regarding conflicts of interest and financial disclosure I would like to be covered include:

- (Unsure)
- Conflicts of interest of the HIT vendor
- I think other topics are more pertinent in healthcare today; this topic is important, we are in need of other content
- None
- Overview
- Physician device development and facility use
- Successful experiences
- We need a framework of conflict of interest to tease out personal and institutional conflict of interest

Incidence rates for neonatal abstinence syndrome (NAS) and maternal opioid use increased nearly 5-fold in the United States between 2000 and 2012. Previous studies suggest the incidence of NAS may be increasing rapidly in some rural states, in parallel with rising rural rates of other opioid use–related conditions including hepatitis C and overdose deaths. To our knowledge, no study has examined national trends in NAS and maternal opioid use among rural patients compared with their urban counterparts.

### Rural and Urban Differences in Neonatal Abstinence Syndrome and Maternal Opioid Use, 2004 to 2013

#### Table. Characteristics of Infants and Mothers With Opioid-Related Diagnoses in the United States, 2004-2013

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No. (weighted %)</th>
<th>Rural</th>
<th>Urban</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants with NAS, unweighted No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4192</td>
<td>19752</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td>1889 (45.2)</td>
<td>9106 (46.2)</td>
<td>.30</td>
<td></td>
</tr>
<tr>
<td>Income quartile</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 (lowest income)</td>
<td>2344 (58.3)</td>
<td>5829 (30.1)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1218 (30.2)</td>
<td>4896 (25.2)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>402 (9.9)</td>
<td>5185 (26.8)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>4 (highest income)</td>
<td>61 (1.6)</td>
<td>3462 (17.9)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>3404 (81.8)</td>
<td>15375 (78.0)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>429 (10.3)</td>
<td>3054 (15.5)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>336 (8.0)</td>
<td>1296 (6.5)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Transfer to another hospital</td>
<td>408 (14.9)</td>
<td>873 (7.7)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Mothers with opioid use</td>
<td>9730</td>
<td>41533</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Income quartile</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 (lowest income)</td>
<td>5038 (53.1)</td>
<td>11436 (28.0)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>3327 (35.5)</td>
<td>10035 (24.4)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>920 (9.8)</td>
<td>11281 (27.5)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>4 (highest income)</td>
<td>148 (1.6)</td>
<td>8140 (20.1)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>6532 (67.2)</td>
<td>24653 (59.2)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>2668 (27.6)</td>
<td>14456 (35.1)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>510 (5.2)</td>
<td>2380 (5.7)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Transfer to another hospital</td>
<td>40 (0.6)</td>
<td>57 (0.2)</td>
<td>&lt;.001</td>
<td></td>
</tr>
</tbody>
</table>

Note: High Income incidence and rural versus urban distribution

Abbreviations:
NA: not applicable
NAS: neonatal abstinence syndrome

The Opioid Crisis: An Update for Safety Leaders

Gladstone C. McDowell, II, MD

Medical Director, Integrated Pain Solutions
Gahanna, OH
Director, Task Force Leader
Texas Medical Institute of Technology (TMIT)
Austin, TX

TMIT High Performer Webinar
December 15, 2016
In The News …

Heroin Deaths Surpass Gun Homicides for the First Time, CDC Data Shows

• Opioid deaths continued to surge in 2015, surpassing 30,000 for the first time in recent history, according to CDC data released Thursday.

• That marks an increase of nearly 5,000 deaths from 2014. Deaths involving powerful synthetic opiates, like fentanyl, rose by nearly 75 percent from 2014 to 2015.

• Heroin deaths spiked too, rising by more than 2,000 cases. For the first time since at least the late 1990s, there were more deaths due to heroin than to traditional opioid painkillers, like hydrocodone and oxycodone.

• "The epidemic of deaths involving opioids continues to worsen," said CDC Director Tom Frieden in a statement. "Prescription opioid misuse and use of heroin and illicitly manufactured fentanyl are intertwined and deeply troubling problems."

• In a grim milestone, more people died from heroin-related causes than from gun homicides in 2015.

• As of 2007, gun homicides outnumbered heroin deaths by more than 5 to 1.

• Much of the current opioid predicament stems from the explosion of prescription painkiller use in the late 1990s and early 2000s. Widespread painkiller use led to many Americans developing dependencies on the drugs.

• Various authorities at the state and federal levels began issuing tighter restrictions on painkillers in the late 2000s.

• The restrictions shifted much of that demand shifted over to the illicit market, feeding the heroin boom of the past several years.

Heroin Deaths Surpass Gun Homicides for the First Time, CDC Data Shows

December 8, 2016

Heroin deaths surpass gun homicides for the first time, CDC data shows. The Washington Post website. 2016 Dec 8.


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Figure 76. Two Milligrams of Fentanyl - A Potential Lethal Dose

Source: Network Environmental Systems (NES)

Figure 77. Fentanyl Exhibits in NFLIS, 2015 and Wholesale Seizures, 2013 - December 2015

Source: DEA

Heroin Deaths Surpass Gun Homicides for the First Time, CDC Data Shows

Figure 1. Number of Injury Deaths by Drug Poisoning, Suicide, Homicide, Firearms, and Motor Vehicle Crashes in the United States, 1999-2014a,b

Source: Centers for Disease Control Prevention

- The suicide and homicide data includes deaths by drug poisoning or firearms.
- Not all drug poisoning deaths specify the drug(s) involved, and a death may involve more than one specific substance.

Treatment Challenges Are Not Going Away


Nearly 3 of 4 people who misuse pain medication, use drugs prescribed for someone else.
Figure 35. Methods and Sources for Users Obtaining Pain Relievers

<table>
<thead>
<tr>
<th>Methods and sources for obtaining pain relievers</th>
<th>Recent Initiates</th>
<th>Occasional Users</th>
<th>Frequent or Chronic Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bought from friend/relative, dealer, or Internet</td>
<td>9.9%</td>
<td>11.6%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Prescribed from one or more doctors</td>
<td>19.3%</td>
<td>21.3%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Obtained from friend/relative for free or without asking</td>
<td>66.2%</td>
<td>63.3%</td>
<td>39.9%</td>
</tr>
</tbody>
</table>

Source: 2014 National Survey on Drug Use and Health

Figure 37. Opioid CPDs Compared to the Number of Hydrocodone and Oxycodone CPDs Available on the Legitimate Market, 2006-2015 (in Billions)

Heroin is commonly used in powder form. Users heat the heroin on a spoon and inject the resulting liquid.

Credit: Evdokimov Maxim | Shutterstock
Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

- Alcohol are 2x...more likely to be addicted to heroin.
- Marijuana are 3x...more likely to be addicted to heroin.
- Cocaine are 15x...more likely to be addicted to heroin.
- Rx Opioid Painkillers are 40x...more likely to be addicted to heroin.

Adolescents (12 to 17 years old)
- **Almost Half Million Prescription Users:** In 2014, 467,000 adolescents were current nonmedical users of pain reliever, with 168,000 having an addiction to prescription pain relievers.
- **Heroin Use High and Growing:** In 2014, an estimated 28,000 adolescents had used heroin in the past year, and an estimated 16,000 were current heroin users. Additionally, an estimated 18,000 adolescents had a heroin use disorder in 2014.
- **Prescription Meds Given to Them:** People often share their unused pain relievers, unaware of the dangers of nonmedical opioid use. Most adolescents who misuse prescription pain relievers are given them for free by a friend or relative.
- **Prescription Med Use Doubling:** The prescribing rates for prescription opioids among adolescents and young adults nearly doubled from 1994 to 2007.

Women
- **More Likely to Have Chronic Pain:** Women are more likely to have chronic pain, be prescribed prescription pain relievers.
- **Given Higher Doses and Longer:** Likely to be given higher doses, and use them for longer time periods than men.
- **Higher Dependency Rate:** Women may become dependent on prescription pain relievers more quickly than men.
- **High Death Rate:** 48,000 women died of prescription pain reliever overdoses between 1999 and 2010.
- **Death Rate Doubling Time > Than Men:** Prescription pain reliever overdose deaths among women increased more than 400% from 1999 to 2010, compared to 237% among men. Heroin overdose deaths among women have tripled in the last few years. From 2010 through 2013, female heroin overdoses increased from 0.4 to 1.2 per 100,000.
Responding to the Heroin Epidemic

PREVENT People From Starting Heroin
Reduce prescription opioid painkiller abuse.
Improve opioid painkiller prescribing practices and identify high-risk individuals early.

REDUCE Heroin Addiction
Ensure access to Medication-Assisted Treatment (MAT).
Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

REVERSE Heroin Overdose
Expand the use of naloxone.
Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

SOURCE: CDC Vitalsigns, July 2015

Centers for Disease Control.
Available at http://www.cdc.gov/vitalsigns/heroin/infographic.html#responding.
FDA Drug Safety Communication: FDA warns about several safety issues with opioid pain medicines; requires label changes

[ 3-22-2016 ]

Safety Announcement

The U.S. Food and Drug Administration (FDA) is warning about several safety issues with the entire class of opioid pain medicines. These safety risks are potentially harmful interactions with numerous other medications, problems with the adrenal glands, and decreased sex hormone levels. We are requiring changes to the labels of all opioid drugs to warn about these risks.

- Opioids can interact with antidepressants and migraine medicines to cause a serious central nervous system reaction called serotonin syndrome, in which high levels of the chemical serotonin build up in the brain and cause toxicity (see List of Serotonergic Medicines).
- Taking opioids may lead to a rare, but serious condition in which the adrenal glands do not produce adequate amounts of the hormone cortisol. Cortisol helps the body respond to stress.

Source: http://www.fda.gov/Drugs/DrugSafety/ucm489676.htm
Pain is an unpleasant, multidimensional, sensory and emotional experience associated with actual or potential tissue injury/damage or due to nervous system dysfunction.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number affected</th>
<th>Source</th>
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<tbody>
<tr>
<td>Chronic Pain</td>
<td>100 million Americans</td>
<td>Institute of Medicine of The National Academies</td>
</tr>
<tr>
<td>Diabetes</td>
<td>25.8 million Americans (diagnosed and estimated undiagnosed)</td>
<td>American Diabetes Association</td>
</tr>
<tr>
<td>Coronary Disease</td>
<td>16.3 million Americans</td>
<td>American Heart Association</td>
</tr>
<tr>
<td>Stroke</td>
<td>7.0 million Americans</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>11.9 million Americans</td>
<td>American Cancer Society</td>
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</table>
Treatment Choice for Chronic Pain Is Complex\textsuperscript{1}

- Nothing is perfectly effective…..

Treating Chronic Pain Is Challenging

• Long-term analgesic efficacy with opioids may be limited due to dose tolerance\(^4\)
• Evidence indicates the long-term effectiveness of opioid treatment may be variable and has led to heightened patient management requirements\(^2,3\)

Opioid Therapy

Chronic Cancer Pain

• **Consensus**: Opioid therapy is first-line for moderate to severe chronic pain related to cancer and advanced medical illness of any type

Chronic Non-Malignant Pain

• There is **no consensus** on the role of opioid therapy for chronic noncancer pain

Pain management and the role of opioid medications

Essential tool in the management of acute, post-operative, and procedural pain and in palliative care

Growing controversy regarding use in the management of chronic pain
The Rising Price of Naloxone — Risks to Efforts to Stem Overdose Deaths

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Naloxone Use

• Allow physicians and other health care workers to provide or prescribe naloxone to high risk users or friends and family who may be in a position to provide assistance in the event of an overdose.

• Allow first responders to administer naloxone

• Allow lay administrators to use naloxone without fear of legal repercussions

• Encourage Good Samaritans to call for help in the event of an overdose

Network for Public Health Law
Massatti R, et al. Ohio Department of Mental Health and Addiction Services 2014
Recent Legal Changes With Naloxone Use

- Allow physicians and other HCPs to furnish or prescribe naloxone to
  - High-risk opioid users
  - Friends, family and others who may provide assistance to those at-risk of experiencing an opioid-related overdose
- Allow first responders to administer naloxone
- Allow lay administrators to use it without fear of legal repercussions
- Encourage Good Samaritans to summon aid in the event of an overdose

The Network for Public Health Law.[7]
Variability of Analgesia

- Clinicians who treat pain have always known that the response to opioids varies widely among patients.
- Differences in bioavailability and pain stimuli explain some of this difference, but genetic makeup is likely a strong factor.
Domains of Chronic Pain

Quality of Life
- Physical functioning
- Ability to perform activities of daily living
- Work
- Recreation

Psychological Morbidity
- Depression
- Anxiety, anger
- Sleep disturbances
- Loss of self-esteem

Social Consequences
- Marital/family relations
- Intimacy/sexual activity
- Social isolation

Socioeconomic Consequences
- Healthcare costs
- Disability
- Lost workdays

Psychological Morbidity
- Depression
- Anxiety, anger
- Sleep disturbances
- Loss of self-esteem
**Right Tests:** Caregivers and patients need to make sure that the right tests are undertaken to make the right diagnosis of the sources of pain.

**Right Diagnosis:** Pain often has causes, requiring a thoughtful approach to understanding the pain generators in order to undertake the right treatment.

**Right Treatment:** Optimal pain relief often requires an integrated strategy of multiple tactics. The right combination with a team-based approach has enormous potential.

**Right Monitoring:** When caregivers, patients, and families record the impact of pain care, the tactics can be fine-tuned to the patient and an integrated approach can be taken.

**Right Prevention:** Certain pain scenarios are related to what patients are doing in their daily lives. For instance, back pain can be impacted by safer ways of doing work and exercise can strengthen muscular support and a reduction in pain generation.

**Source:** Denham, CR; McDowell, GM CareUniversity CME Program
Pain Screening

- Pain intensity scales can be used as part of a comprehensive pain assessment
  - Assess “current” pain as well as “usual,” “worst,” and “least” pain in the last 24 hours
  - For a comprehensive assessment, include “worst pain in past week,” “pain at rest,” and “pain with movement”

- Numeric rating scale
  - Patient verbally describes pain on a scale from 0 (“no pain”) to 10 (“worst pain you can imagine”)
  - Patient circles number, on a scale of 0 to 10, that best indicates pain intensity
Comprehensive Pain Assessment

P = Palliative and provocative factors
   What makes the pain better?
   What makes the pain worse?

Q = Quality
   How would you describe your pain?

R = Radiation
   Where is the pain?

S = Severity/intensity
   How does this pain compare with other pain you have experienced?

T = Temporal factors
   Does the intensity of pain change with time?

What Are the Goals of Treatment?
The 4 “A’s”¹

- **A**nalgesia (pain relief)
- **A**ctivities of daily living (psychosocial functioning)
- **A**verse effects (side effects)
- **A**berrant drug taking (addiction-related outcomes)

Can Patients be Trusted with Long Term Opioids?

- Can you be sure that you are screening them properly?

- How would you even know if you have a problem brewing?

- What do you do when you suspect or find a problem?

- Why do we not have an “Easy Button” for pain?
How to Decide if Patients are Right for Opioid Therapy

- What is conventional practice with this type of pain?
- What are other therapies that may have better risk to benefit ratios?
- What are risks for toxicities with opioid therapy?
- Is the patient likely to be a responsible with drug?
- What are cost considerations?
Treating Persistent Pain—Theory

Over Medication

Around-the-Clock Opioid Medication

Therapeutic Window

Pain Relief Threshold

Persistent Pain

Time
Fluctuating Opioid Levels Observed with Short-acting Opioids

- Proper Balance of Safety and Efficacy (Therapeutic Window)
- Adverse Effects: Sedation, Euphoria, Dysphoria, Nausea

Plasma Opioid Concentration vs. Time (hours)

0 4 8 12 16 20 24
When to Stop Dose Titration

- Identify your goal
  - Quick Efficacy or Long-term Tolerability?
- Assess patient for:
  - Functionality
  - Satisfaction with pain relief
  - Reduction in pain intensity
- Monitor for adverse events & identify early
Clinical Practice Tools

• Universal Precautions

• Know or have a copy of Model Policy for Controlled Substances

• Urine Drug Testing

• State Prescription Drug Monitoring Programs:
  OARRS in Ohio
  KASPER in Kentucky
Pain Control
Decrease Suffering
Increase Function
Increase Productivity
Decrease Suicide

Diversion for Sale
Overdose
Acetaminophen Toxicity
Withdrawal
Side Effects
We know that 5-10% of people have variants of the deep brain structures that facilitate the reinforcement and reward mechanism predisposing them to addiction.

**Most predictive characteristics:**

- *Personal history of alcohol or drug abuse*
- *Family history of alcohol or drug abuse*
- *History of major psychiatric disorder*
Anesthesia Malpractice Closed Claims Review

- **Patient factors**
  - Multiple prescribers
  - Dose escalations
  - Lost prescriptions
  - Early refills
  - Took meds not prescribed
  - SUD (illicits & ETOH)
  - Failed drug tests
  - Non-compliant behaviors

- **Physician Factors**
  - Failed to communicate with other physicians involved in patient’s care
  - Prescribed inappropriately
  - Poor documentation
  - Inadequate patient monitoring (UDT, pill cts)
  - Unethical/illegal practices

(Fitzgibbon, D. et al. 2010. Malpractice claims associated with medication management for chronic pain. Anesthesiology Vol 112, no 4)
Prescription Drug Abuse/Misuse

- Recently published NIH sponsored study evaluated opioid prescribing trends at two time points in two dissimilar populations (privately insured and publicly insured) to better understand the increased usage and abuse of these medications.
- Authors found opioid use for NCPC (non-cancer pain conditions) in persons with a MH and SUD was:
  - more common
  - more prolonged
  - more potent
  - increased more rapidly from 2000 to 2005 in both populations
  - may potentially increase risk for iatrogenic addiction, intentional/unintentional death from overdose
- SUD included illicit and alcohol abuse

Cancer Pain & Prescription Drug Abuse/Misuse

• A sample of cancer patients and women with HIV/AIDS reported past drug use and abuse and would consider doing so again if pain or symptom management was unsatisfactory (Passik, 2000)
• Cancer has become a chronic disease with chronic pain and the belief that cancer patients do not exhibit aberrant drug-seeking behaviors should be discarded. (Ballantyne, 2007)
• Oncology nurses should be aware of patients at risk for drug abuse and implement safeguards for both the cancer patient and oncology clinician. (Miaskowski, 2008)
• Increasing numbers of cancer patients abusing opioids were identified in a cancer clinic setting. (Koyyalagunta, 2011)

(Miaskowski, C. 2008. The use of risk management approaches to protect Patients with cancer-related pain and their healthcare providers)  
Drug Diversion: Considerations Regarding Behaviors of Concern

Examples Behaviors of Concern for Consideration

- Only 10% of diverting health care providers are reported by peers or other people, 90% are caught through audits, charting aberrations and analysis of medication administration patterns
- Most direct patient care providers divert due to personal addiction
- OR staff may replace syringes containing the targeted substance with decoys, especially on prepared OR trays if left unattended for even a few seconds—grave risk of infection, breaks sterile procedure
- Patients have variations in response to certain medications, giving providers such as anesthesiologists a tremendous amount of "wiggle room" when it comes to documenting how much of the medication was actually needed to achieve the desired result
- Breaking into sharps containers
- Carrying syringes inside scrubs or smocks
- Carrying a "stash" of saline (to replace medication stolen from syringes)

- Pharmacy staff may tend to divert also for personal financial gain
- "Stockpiling medication" before going on leave or weekends
- High achievers are surprisingly common, recognized, awarded for good work
- Work in areas of high stress, tend to work night shift
- Tend to work in units that have more autonomy, like the surgical suite
- Have worked in many places, or agencies
- Have a legitimate RX for substance being diverted (to pass drug screenings)
- Very helpful, come in early, stay late, help prepare other procedures not assigned
- Manipulative with HR loopholes
- Policy violations - experts at working around the system
- Heavy or unusual pattern of wasting of medication
Polling Questions

I am interested in an update webinar on DRUG DIVERSION topics and BEST PRACTICES

DRUG DIVERSION topics I would like to be covered include:
Medical Record Mix-Ups a Common Problem, Study Finds

The opportunities for the mistakes, which can be deadly, are increasing as health care becomes more complex.

A study said medical record mix-ups are a common problem at U.S. health-care facilities. Photo: ASSOCIATED PRESS

By MELINDA BECK
Sept. 25, 2016 7:00 p.m. ET

How Identity Theft Sticks You With Hospital Bills

Thieves use stolen personal data to get treatment, drugs, medical equipment.

An estimated 2.3 million adults were affected by medical identity theft last year. Some hospitals are turning to new technology such as biometric screening to confirm patient identities. Photo: Zelevansky for The Wall Street Journal

By STEPHANIE ARMOUR
Updated Aug. 7, 2015 7:08 p.m. ET
Polling Questions

I believe Healthcare Institutions SHOULD PROVIDE HELP TO PATIENTS when their medical records are contaminated or are in error.

The topics regarding MEDICAL RECORD accuracy I want to see addressed in future webinars are:
Speakers and Reactors

Gladstone C. McDowell
Greg Botz
Dan Ford
Charles Denham
Voice of the Patient and Family

Dan Ford

Retired Vice President, Furst Group (Rockford, IL, healthcare executive search) Spectrum Health EPFAC and Spectrum Health Hospital Group Board Quality & Safety Committee (Grand Rapids, MI) Telluride Patient Safety Learning Experience Faculty, CO, MD and CA TMIT Patient Advocate Team Member Patient Safety Advocate Rockford, Michigan

TMIT High Performer Webinar
December 15, 2016