



A Prescription for Change: Reducing Prescription Drug Abuse

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AGENDA - A Physician's Perspective



- How we got here
- Current situation
- MMA goals – what can be done
- Proposal
 - Overview
 - Framework
 - Measuring Success
 - Needed Partnerships

HISTORY – A Tough Pill to Swallow



1970's

- Limited understanding of causes and treatments of chronic pain
- Public acceptance that pain is part of life

1980's

- Public assertion that pain was undertreated
- Advances in medical care in treating cancer and end-of-life pain, addiction not an issue

1990's

- Focus expanded to non-cancer chronic pain
- Lack of education and training for chronic pain
- Declaration of Pain as the “Fifth Vital Sign”
 - Encouraged to treat pain aggressively, but provided no guidance
 - No upper limit on dose

2000's

- Misleading information about the addictive properties of the medications

2010's

- Recognition of a growing problem with addiction
- Understanding that medications don't address all types of chronic pain

A Physician's Perspective: Practice Challenges



Physicians are in a “Tight Spot”

- Patient / Doctor relationship and oath to “Do No Harm”
- Managing chronic pain is time consuming and challenging
- Physicians are faced with many obstacles
 - Angry patient reports to BOME
 - Patient satisfaction scores
 - Legal recourse for HIPAA violation
 - Threats of litigation
- Good tools are needed to support decisions
 - PDR reports
 - Screening Results
 - Pain agreement
 - Adoption of guidelines

Framework for Success

Physician Education and Tools

Patient Education

Legal and Regulatory Changes

Public Awareness

MMA Plan for Physician Education and Tools



- The MMA agrees that all physicians managing chronic pain should:
 - Implement *Universal Precaution* approach to treating patients with chronic pain
 - Perform adequate assessment of pain and characterization of pain and provide clear documentation
 - Perform and document use of a validated tool for risk assessment for substance abuse and or diversion
 - Strongly consider the use of adjunctive/alternative medications PRIOR to and IN ADDITION to controlled substances
 - Use a Controlled Substance Agreement and informed consent of risks

MMA Plan for Physician Education and Tools



- Perform ongoing monitoring of patients on controlled substances
 - Use of Montana Drug Registry
 - Periodic urine drug screening
 - Functional assessments as a measure of successful treatment
- Stay within 120 MED (morphine equivalent doses)
 - If exceeding this dose, consider pain specialist consultation when possible.
- Periodically participate in CME on use of opioids in chronic pain management

MMA Resources for Best Practices



- Information on pain assessment and characterization of pain
- Recommended tools for risk assessment
- Recommendations of adjunctive/alternative medications and treatment for pain
- Controlled Substance Agreement and informed consent forms
- Framework for stratifying patients
- Data base and resource list of easily accessible CME opportunities
- Recommendations for when to stop or wean opioids

A Framework: Measuring Success



Objectives of Data Collection

- **Monitor Progress**

We believe that the proposed evidence-based program will combat the Public Health epidemic we are facing in Montana. Following existing and emerging data will help guide efforts and assure positive results.

- **Providing Feedback to Prescribers**

Behavior change in physicians and other healthcare providers is most effectively driven by objective, timely, meaningful data.

A Framework: Measuring Success



Determine Baseline Data

- Multiple resources provide the picture we have of this crisis today: (DPHHS, State Fund, DOJ, Disability/SSI, Private Insurers, Hospital)
 - Death Rates
 - Overdoses
 - ER visits related to Opioids
 - Arrests related to diversion
 - Addiction treatment
 - Disability data re Pain
- The Prescription Drug Registry offers us the potential for new, robust, granular, primary data.

** This is often surrogate data from which we draw important conclusions.

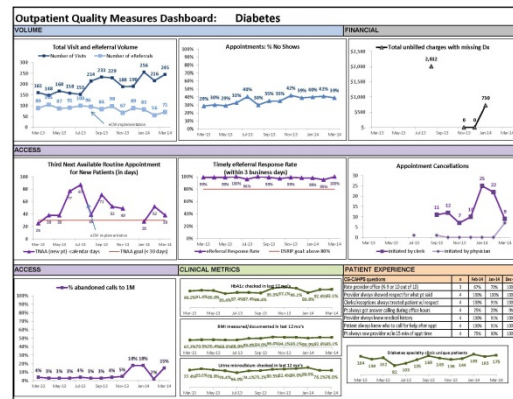
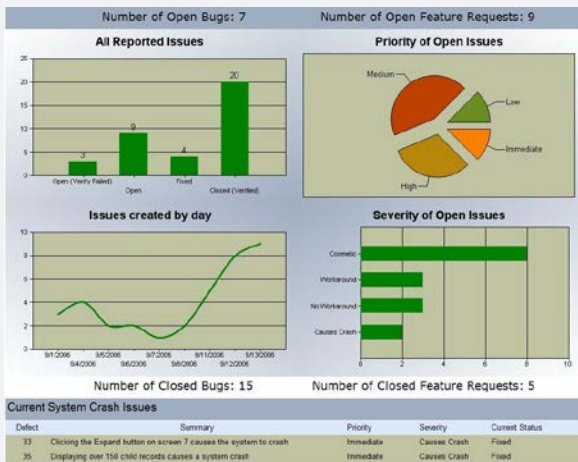
** We could track this public health crisis day to day, month to month, county to county, even provider to provider.

A Framework: Measuring Success



- **Feedback works to change how physicians practice**
 - Establishing baselines and drawing on emerging national benchmarks will allow us to measure success in the state and in our practices.
- **Detailed reporting through the PDR could provide practical consistent metrics – these **Quality Dashboards** are the cornerstone of good medical practice.**

- Ex:
- Controlled Substance Type
 - Medication Quantity
 - Morphine Equivalent Dosing
 - Methadone Utilization
 - Pharmacy
 - Prescriber(s)



A Framework: Measuring Success



Ongoing **Physician Surveys will help us monitor increasing comfort with and awareness of evidence based care for managing Chronic Pain for Montana's patients who need this care.**

- We believe that the primary reason that the majority of physicians do not adequately treat pain as a chronic illness is discomfort with the use of these complex medicines, lack of teaching regarding this multifactorial clinical condition and fear of exacerbating this crisis.
- Our proposal offers a pathway and process for empowering physicians to become part of the solution.

A Framework: Legal and Regulatory Opportunities



- Clarify disclosure of suspected criminal activity
- Allow electronic prescribing of controlled substances
- Expand Montana Drug Take-Back sites
- Strengthen and fund the PDR

Proposed Disclosure Clarification



- **Current Law**

50-16-805. Disclosure of information allowed for certain purposes.

- (1) To the extent provided in [39-71-604](#) and [50-16-527](#), a signed claim for workers' compensation or occupational disease benefits authorizes disclosure to the workers' compensation insurer, as defined in [39-71-116](#), by the health care provider.
- (2) A health care provider may disclose health care information about an individual for law enforcement purposes if the disclosure is to:
 - (a) federal, state, or local law enforcement authorities to the extent required by law; or
 - (b) a law enforcement officer about the general physical condition of a patient being treated in a health care facility if the patient was injured by the possible criminal act of another.
- (3) A health care provider may disclose health care information to a fetal, infant, child, and maternal mortality review team for the purposes of [50-19-402](#) [and to the Montana suicide review team for the purposes of [53-21-1105](#) through 53-21-1110].

Proposed Disclosure Clarification



- **Problematic because**

- (a) doesn't say anything more protective than HIPAA, and

- (b) is arguably less protective than HIPAA, so both clauses appear to be meaningless.

- It would help clarify that HIPAA's law enforcement exceptions do apply in Montana if the statute just said so.

Proposed Disclosure Clarification



- **Proposed amendment to 50-16-805, MCA**

50-16-805. Disclosure of information allowed for certain purposes.

(2) A health care provider may disclose health care information about an individual for law enforcement purposes if the disclosure is to: as permitted by HIPAA and its privacy regulations, in particular, 45 CFR 164.512(f) and (j). A health care provider making a disclosure to law enforcement in good faith and in accordance with the provisions of HIPAA, is immune from any liability, civil or criminal, that otherwise might result by reason of the provider's disclosure.

~~(a) federal, state, or local law enforcement authorities to the extent required by law; or~~

~~(b) a law enforcement officer about the general physical condition of a patient being treated in a health care facility if the patient was injured by the possible criminal act of another.~~

e-Prescribing of Controlled Substances



- Change 50-32-208, MCA to allow e-Prescribing of controlled substances
 - Reduces the chance of fraud with the prescription
 - Transmitted over secure encrypted medium
- Montana Pharmacy Association to introduce this legislation

Rx Drop-Off Locations



- Encourage increase in the availability of secure Drop Box Sites throughout the state, outside of Police Departments
- Explore any barriers which prevent pharmacies from participating in a take-back program
- The MMA supports this effort

Strengthen and Fund the PDR



- “The Montana Patient Safety Act” 37-7-15, MCA
 - Keep Fee Set Legislatively
 - Renew Sunset to 2017
- Stable, Sustainable Funding
 - Current Funding
 - FEES – widen the pool
 - GRANTS – continue to search and utilize as available
 - Additional Funding Options
 - STATE GENERAL FUND-reflects broad reach of this crisis
 - LICENSING BOARD RESERVE FUNDS-for enhancements
 - PRESCRIPTION SURCHARGE: “Penny Per Pill”
- Realize the full potential of the PDR with additional enhancements - [List](#)

PDR Enhancement Requests



- **Montana Prescription Drug Registry Enhancements List**
- **Operations**
 - *Delegation access to appropriate individuals to do inquiries*
 - *Interstate sharing of data*
 - *Real-time database (now done weekly – preference to require at least daily and allow exceptions)*
 - *Simpler initial registration process*
 - *Log-in and set up for ease of use of system*
 - *More streamlined fee collection*
- **Data Collection Points**
 - *Link patient profiles (e.g. John B. Doe and John Doe)*
 - *Granular data acquisition & reporting (medications, schedules, quantity, MEDs)*
 - *Ability to enter comments (e.g. documenting when denial to write/fill a prescription)*
 - *Document on what was DISPENSED, not just when it is entered and billed (patient needs to actually pick it up!)*
 - *Documenting when and why a pharmacist, or prescriber, denied a prescription*
 - *Include information on whether a patient has a Medical Marijuana card*
- **Reports/Queries**
 - *Allow batch inquiries for today's appointments*
 - *Schedule inquiries to do ahead of time*
 - *Automated customized reports – can define your own report on patient or your own profile*
 - *Periodic (monthly) unsolicited reporting of data to prescribing providers*
 - *Allow insurers to inquire into the registry*

Government and Community Partnership



This issue is an epidemic

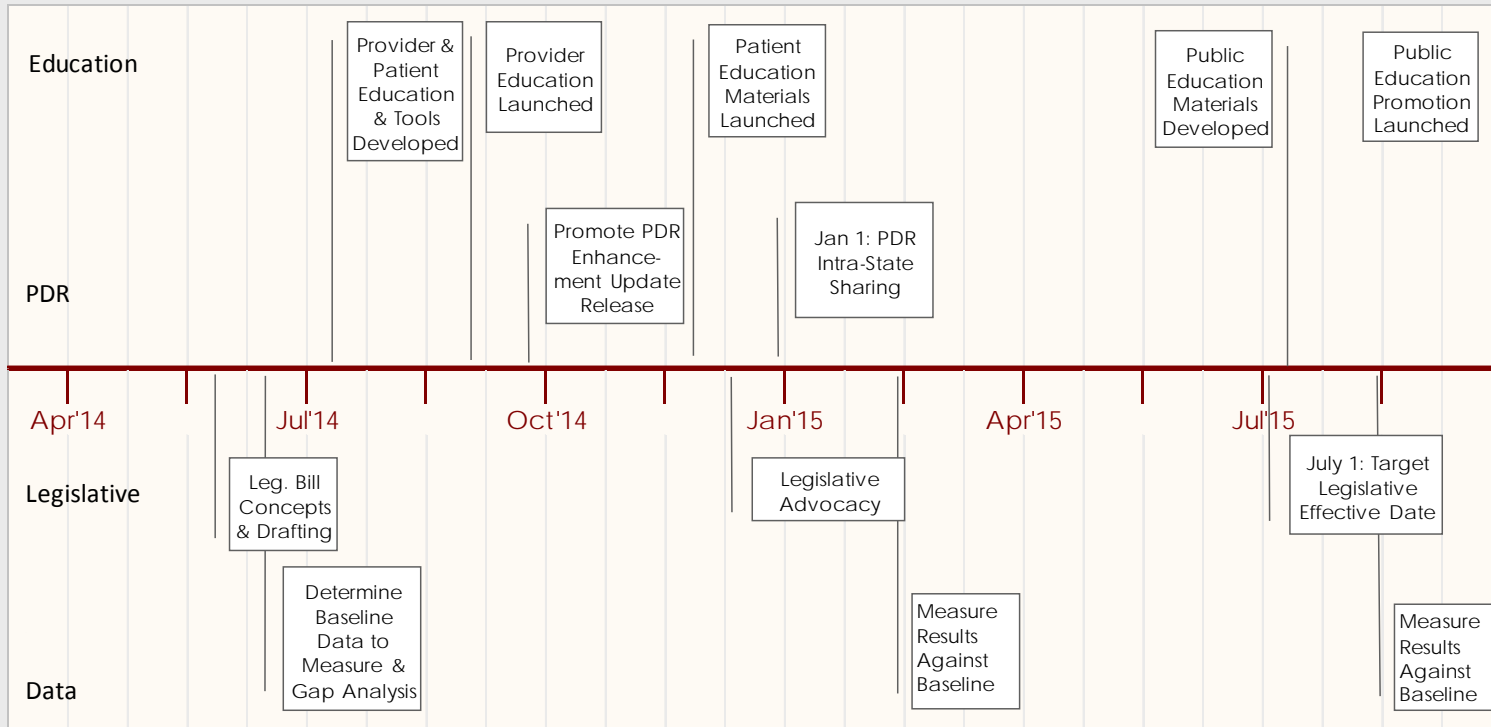
This is a public health issue

This issue deserves appropriate
resources for public awareness

Timeline



MMA Prescription Drug Timeline



We need your support

- Modifications to current law
 - Clarity on disclosure and immunity for reporting unlawful activity
 - Electronic prescribing
- Functional, enhanced and sustainable Drug Registry
- Support and fund needed development and implementation activities
- Support and fund public awareness campaign