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Safe Opioid Prescribing In the Inland Empire



**HOSPITAL
ASSOCIATION**
OF SOUTHERN CALIFORNIA

- Provide an overview of the opioid abuse public health epidemic
- Share the statistics related to opioid use/abuse in San Bernardino and Riverside Counties
- Discuss contributing factors to the issue
- Share the mission and objectives of the initiative
- Provide an overview of the tool kit contents

Presentation goals

San Diego and Imperial County

- **September 2013 – San Diego and Imperial County Prescription Drug Abuse Medical Task Force implement tool kit to reduce deaths and addition due to prescription drugs**
 - **All hospitals and many urgent care centers made commitments to follow the Safe Prescribing Guidelines**
- In 2015:**
 - **Number of unintentional Rx-related deaths - ▼ 2011 levels**
 - **Number of dispensed pain killers, anxiety medications and stimulants ▼ 2013 levels**

Los Angeles County

- **May 2014 - LA County Prescription Drug Abuse Medical Task Force implements tool kit to establish safe, appropriate norms surrounding the use of pain medications in all EDs**
 - **75 EDs in LA County adopted use of the tool kit**

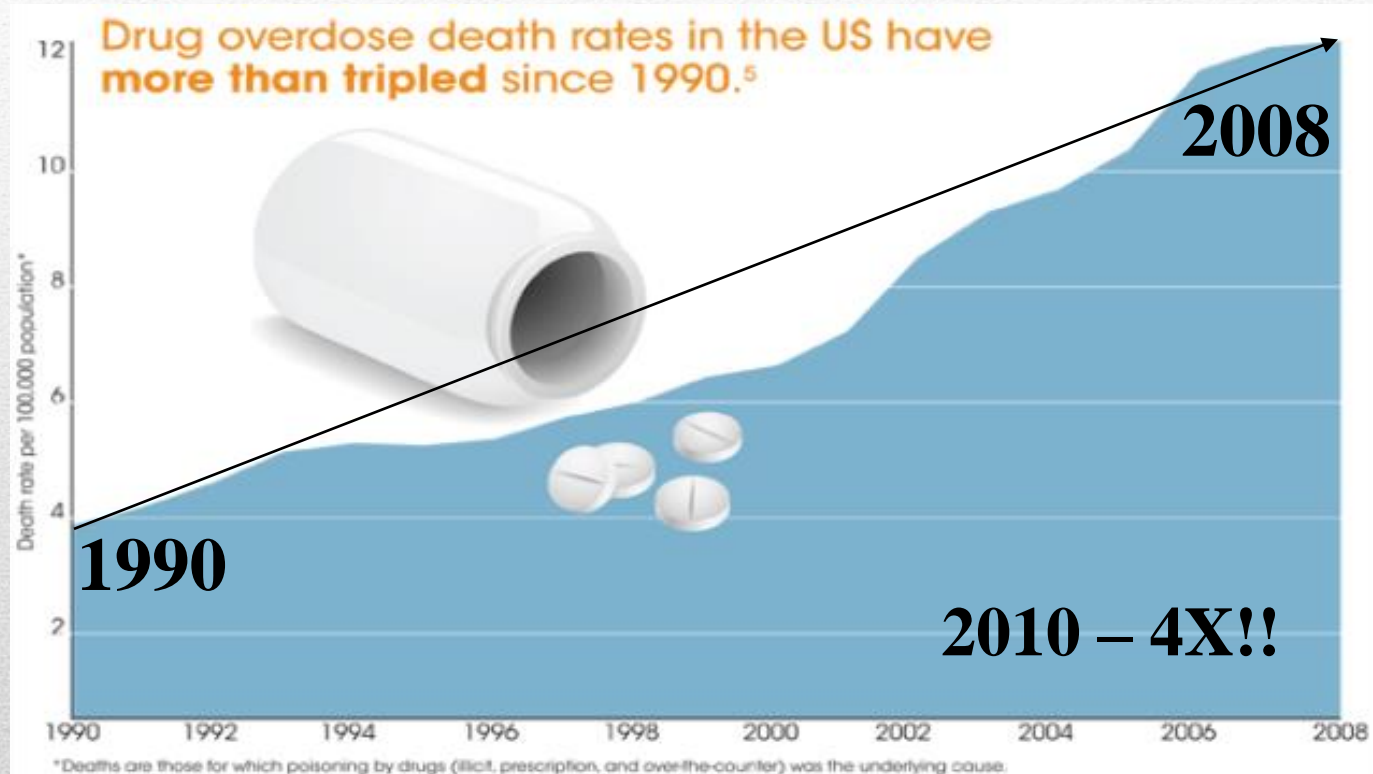
Solutions from our region

- Prescription opioid drug dependence, misuse, abuse and drug related overdose deaths have become a national public health emergency.
 - By 2009, drug overdose deaths outnumbered deaths due to motor vehicle crashes for the first time in the U.S.
 - Opioid analgesics were involved in 30% of drug overdose deaths where a drug was specified in 1999, compared to nearly **60% in 2010**.
 - Opioid-related overdose deaths now outnumber overdose deaths involving all illicit drugs such as heroin and cocaine combined.

The public health epidemic

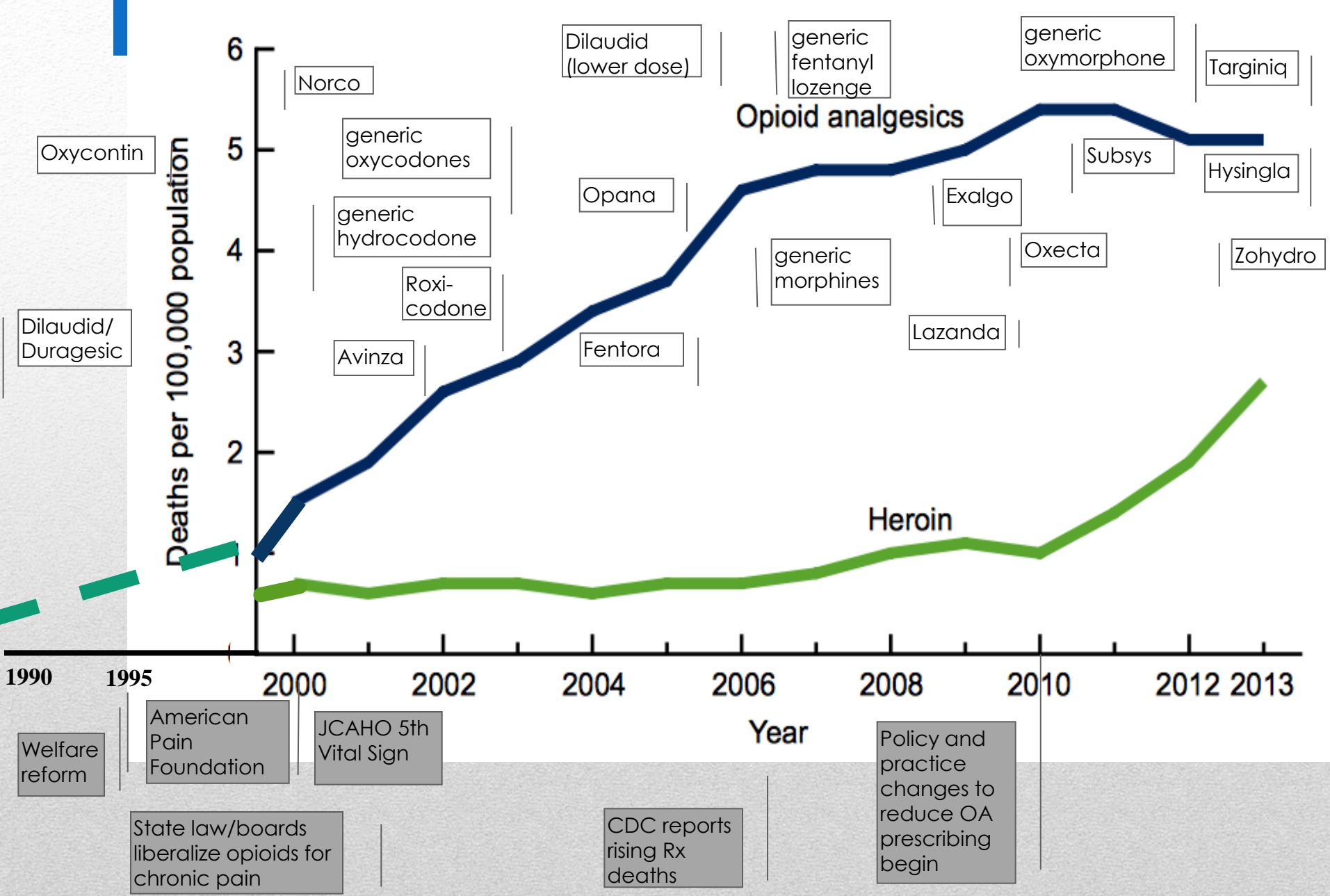
Today...

More Deaths



Prescription Opiate Deaths: 100+ opiate related deaths per day
2008: 14,000+ deaths 2009: 37,000+ deaths

Center for Disease Control and Prevention, 2010





How We Got Here...

San Bernardino Prescription Drug Abuse 2009-2014

		2009	2010	2011	2012	2013	2014
Populations		2,022,318	2,039,040	2,053,786	2,065,705	2,075,160	2,096,123
RX Opioid Deaths	Rate per 100,000	60 3.0	48 2.4	43 2.1	39 1.9	33 1.6	Pending
Other Narcotics	Rate per 100,000	9 0.4	11 0.5	11 0.5	2 0.1	9 0.4	Pending
Heroin Deaths	Rate per 100,000	7 0.3	11 0.5	10 0.5	19 0.9	18 0.9	Pending
Total Opioid Deaths	Rate per 100,000	76 3.8	70 3.4	64 3.1	60 2.9	60 2.9	Pending
ED Visits	Rate per 100,000	264 13.1	298 14.6	337 16.4	302 14.6	325 15.7	362 17.3
Opioid Hospitalizations	Rate per 100,000	210 10.4	195 9.6	232 11.3	184 8.9	211 10.2	213 10.2

San Bernardino Data

Lifetime Use of Heroin

Indicator	2008			2009			2010			2011			2012		
	Grade 9	Grade 11	NT	Grade 9	Grade 11	NT	Grade 9	Grade 11	NT	Grade 9	Grade 11	NT	Grade 9	Grade 11	NT
Heroin Use Among Students															
0 times	96%	96%	93%	96%	96%	93%	95%	96%	91%	95%	96%	91%	N/A	N/A	N/A
1 time	1%	1%	2%	1%	1%	1%	1%	1%	3%	1%	1%	3%	N/A	N/A	N/A
2 to 3 times	1%	1%	2%	1%	1%	3%	1%	1%	2%	1%	1%	2%	N/A	N/A	N/A
4 or more times	2%	2%	3%	2%	2%	3%	2%	2%	4%	2%	2%	4%	N/A	N/A	N/A

NT = Non-traditional schools. This includes continuation, community day, and other alternative school types

Source: San Bernardino County, California Health Kids Survey (CHKS) 2007/08-2009/11: Main Report San Francisco; WestEd Health and Human Development Program for the California Department of Education.

(2009/11 which is listed as 2011, is the most recent report for San Bernardino County)

San Bernardino CHKS Data

Riverside Prescription Drug Abuse 2009-2014

		2009	2010	2011	2012	2013	2014
1.	Population	2,158,399	2,194,933	2,222,403	2,248,311	2,264,173	2,294,333
2.	RX Opioid Deaths Rate per 100,000	75 3.5	66 3.0	79 3.6	78 3.5	69 3.0	
3.	Heroin Deaths Rate per 100,000	38 1.8	33 1.5	31 1.4	37 1.6	57 2.5	
4.	Total Opioid Deaths Rate per 100,000	126 5.8	116 5.3	108 4.9	120 5.3	129 5.7	
5.	ED Visits per 100,000 Rate	325 15.1	343 15.6	401 18.0	424 18.9	419 18.5	434 18.9
6.	Opioid Hospitalizations per 100,000 Rate	200 9.3	216 9.8	223 10.0	231 10.3	265 11.7	254 11.1

Riverside Data

Lifetime Use of Prescription Pain Killers

Indicator	2007-2009			2008-2010			2009-2011			2010-2012			2013-2015		
	Grade 9	Grade 11	NT	Grade 9	Grade 11	NT	Grade 9	Grade 11	NT	Grade 9	Grade 11	NT	Grade 9	Grade 11	NT
Rx Pain Killer Use Among Students															
0 times	86%	80%	64%	86%	79%	59%	86%	79%	59%	87%	81%	64%	89%	84%	68%
1 time	4%	5%	6%	4%	5%	7%	4%	5%	8%	4%	4%	6%	3%	4%	6%
2 to 3 times	4%	6%	10%	4%	6%	11%	4%	6%	11%	4%	5%	9%	4%	5%	8%
4 or more times	5%	9%	20%	6%	10%	23%	6%	10%	23%	5%	9%	20%	4%	7%	19%
# of Respondants	16,396	13,510	2,911	20,545	16,295	2,407	20,547	16,443	2,369	18,483	15,897	2,514	16,318	13,515	2,300

NT = Non-traditional schools. This includes continuation, community day, and other alternative school types

Source: Riverside County, California Healthy Kids Survey (CHKS) for cycles 2007-2009, 2008-2010, 2009-2011, 2010-2012, 2013-2015
West Ed Health and Human Development Program for the California Department of Education

Please note that Riverside County did not receive a county level report for cycles 2011-2013 and 2012-2014 due to insufficient participation of districts needed to generate a statistically significant report

Riverside CHKS Data

Factors contributing to the issue:

- Variability in prescribing habits
- Acute vs Chronic pain
- Access to care
 - Physician shortage results in more patients coming to ED
 - Increased ability for patients to change providers and insurance plans frequently
 - Lack of or limited access to non-opioid therapy
- Regulatory bodies
 - Medical Board mandates 12 hours of CME on “Pain Management”
 - Pain became the 5th vital sign
 - Easier to write prescriptions for opioids
- Use of opioids for chronic pain became more common

Complexity of the issue for physicians and hospitals

MISSION STATEMENT

The Inland Empire Safe Opioid Prescribing Medical Task Force will inform and equip hospitals in our community, to help stem the tide of prescription opioid misuse, focusing on safe prescribing practices and providing resources for Emergency Department staff to share with patients and their families.

OBJECTIVES

- Convene as body of Stakeholders from 2015 through 2017 to address this need in the IE
- Assess the current community resources for treatment of chronic pain and addiction
- Create and Distribute toolkit to every Emergency Department in the IE
- Distribute flyers to every ED to use in discussion with their patients
- Explore methods to collect data specifically related to this epidemic in our region
- Facilitate implementation of these tools
- Create a website for all of the above resources

Inland Empire Safe Opioid Prescribing Medical Task Force

The tool kit is intended to provide guidance and tools for ED Physicians and staff when talking with patients about safe opioid use and improve patient care and safety. It is **not** intended to restrict physician prescribing practices or limit physician treatment options.

The tool kit contains:

- Patient education flyers on Safe Pain Medicine Prescribing
- Evidence-based articles on opioid prescribing in EDs
- Talking points for hospital administrators when communicating with regulatory bodies
- Talking points for physicians and ED with patients
- County referral sources for substance use disorders
- FAQs on CURES
- Inland Empire data on prescription drug use
- Links to Chronic Pain Screening and Monitoring Tools

The Tool Kit

SAFE PAIN MEDICINE PRESCRIBING IN EMERGENCY DEPARTMENTS

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 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, please call **2-1-1** and ask for information on treatment services for drug use disorders.

Emergency Departments throughout Los Angeles County have agreed to participate in this important program.

To discuss safer and more helpful chronic pain treatment options, please schedule an appointment with your treating physician.

LOGOS HERE

- How to respond to patients requesting specific medication
- How to respond to patients who state their medications were stolen
- How to respond to patients who state they are out of medications and their primary care physician is out of town
- How to respond when patients threaten to sue or report you to regulatory bodies

Tips for talking with patients





- If questioned by regulatory bodies such as CDPH or The Joint Commission:
 - Provide a summary of the history of the opioid epidemic
 - Address EMTALA
 - Speak to your pain policy

Talking points for regulatory agencies

- ✓ Continue educating patients in the ED about safe use of prescription opioid medications
- ✓ Use the Inland Empire Safe Opioid Prescribing toolkit to turn the tide on this trend
- ✓ Stay in touch with us to let us know how it's going
- ✓ **Be a part of the solution!**

In Conclusion

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Medical Task Force Members (In alphabetical order)



Inland Empire Safe Opioid Prescribing Medical Task Force

Thank you for your participation in the webinar. Should you have further questions please contact Jan Remm at Jremm@hasc.org or Julia Slininger at Jslininger@hasc.org.

Questions?
