Opioid Prescribing Behavior: The Good, the Bad and the Ugly
Opioid Prescribing Behavior: Four Buckets

1. Arizona Pain’s approach to opioid prescribing (the good)
2. Arizona state regulations on opioid prescribing (still pretty good)
3. Fringe behavior (the bad)
4. Illegal Behavior (the ugly)
Arizona Pain’s Approach to Opioid Prescribing

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Opioid Abuse: A National Epidemic

• Preliminary data for 2016 indicates a total of 72,000 deaths related to drug overdose

• Close to 50,000 of these deaths can be attributed to opioids
Opioid Abuse: A National Epidemic

1 in 500 patients taking an opioid for long-term treatment will die and average of 2.7 years after beginning treatment

1 in 3 patients are abusing or misusing their opioid prescription
Comprehensive Approach to Pain Management

Comprehensive, Integrated Care We Would Want For Our Own Mom or Dad

- Bio Feedback
- Group Therapy
- Cognitive Behavioral Therapy
- Comprehensive Approach to Pain Management
- Medication Therapy Management
- Pharmacy
- SCS RFA Regenerative Medicine
- Interventional Therapy
- MRI EMG Toxicology DNA Testing
- Conservative Therapy Acupuncture / Physical Therapy Chiropractic Care / Bracing Medication Management
- Advanced Interventions Minimally Invasive Surgery Research Studies
- Clinical Behavioral Therapy
- Diagnostics Imaging

ARIZONA PAIN WE CHANGE LIVES HERE a Pain Doctor Company
Global Pain Scale

- Developed and validated the Global Pain Scale (GPS)
- 100 point scale
- Published in 2011
Patients reported less medication use.

58.3% Less

Patients reported less trouble sleeping.

51.2% Better sleep

Patients reported an increase in their ability to work.

60.2% Increase

These patients could not perform work functions previously.

61.4% Increase in ADL (Activities of Daily Living)

Example: tying their shoes, grocery shopping, exercise.
• Opioid 12-Step Protocol
• 12 clear, concise steps to follow when prescribing an opioid medication
• Following this protocol has resulted in saving 1 life every 4 days in our system
Opioid 12-Step Protocol

1. Assessment of pain (0-10 scale)
2. Current and updated medication list
3. Review and documentation of patient’s social history, including substance abuse history
4. Review of recent CSPMP
5. Physical examination of painful areas
6. Discussion and documentation of risks and benefits of opioid therapy
7. Establish and review goals of opioid therapy
8. Clear documentation of rationale for opioid use
9. Clear documentation of beneficial response to opioid therapy
10. Current and consistent urine drug test based upon patient risk stratification
11. Prescribe Naloxone for every patient who receives a script for an opioid
12. Patient has signed a Controlled Substance Agreement (CSA) within the last six (6) months
Arizona Pain Opioid Prescribing Guidelines

Concomitant use of benzodiazepines and opioids

During 2017, the most commonly prescribed drug combination resulting in an overdose were opioids and benzodiazepines

Our policy states we do NOT prescribe opioids for patients also utilizing a benzodiazepine

Long-Acting Opioids

Use of long-acting opioids is correlated with an increased risk of overdose in opioid naïve patients

We recommend maximizing the use of short-acting opioids before prescribing a long-acting

Total Medical Morphine Equivalent (MME)

High doses of opioids are correlated with 7 to 9 times the risk of overdose and death

We recommend staying below 90 MME in the treatment of chronic pain patients
Arizona Pain Opioid Prescribing Guidelines

- Avoid the use of multiple mind-altering substances
  - We do not prescribe Soma or sleep aids in combination with opioids
  - We do not prescribe opioids for patient using THC (medicinal and recreational)
- Avoid exceeding a maximum of 120 tablets per month or QID dosing for short-acting opioids
- Methadone should not be utilized as 1st line opioid therapy
- Avoid rapidly cycling through different pain medications
- Avoid refilling prescriptions early without sound reasoning and clear documentation

Overall, we recommend avoiding/limiting the use of opioids in the treatment of chronic, non-malignant pain by utilizing a comprehensive and conservative approach to pain management.
Implementation of 12-Step Protocol and Opioid Prescribing Guidelines: Results

<table>
<thead>
<tr>
<th></th>
<th>Average Total Daily MME</th>
<th>Patients Kept on Long-Acting Opioid</th>
<th>Concomitant Use of Benzodiazepines</th>
<th>Average Total Number of High-Risk Sedating Medications Prescribed</th>
<th>Total Opioid Wean Discussed/Initiated</th>
<th>Opioid Reduction Discussed/Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35.7</td>
<td>8%</td>
<td>23.3%</td>
<td>0.9</td>
<td>24%</td>
<td>55.8%</td>
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- Review of all pain management physicians and advanced practice providers within Arizona Pain
- Data collected from initial office visit and associated three month follow-up clinic visit, occurring between October 2017 and January 2018
Implementation of 12-Step Protocol and Opioid Prescribing Guidelines: 9 Month Follow Up Results

<table>
<thead>
<tr>
<th>Average Total Daily MME</th>
<th>Patients on Long-Acting Opioid</th>
<th>Concomitant Use of Benzodiazepines</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>0%</td>
<td>2.6%</td>
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</table>

- Review of 13 pain management providers in Arizona, data collected from office visits occurring between August and October 2018
Implementation of 12-Step Protocol and Opioid Prescribing Guidelines: Results

![Graph showing comparison between Arizona Pain Average and U.S. National Average for Total MME, Long-Acting, and Use of Benzodiazepines.](image-url)
Lives Saved Tracker

In recent discussions with influential professionals within our community we have come to realize we should focus on tracking the lives we are saving by following safe prescribing habits.

In order to calculate this number we have created a formula for our practice based on patients seen across Pain Doctor clinics and data from the CDC.

The total unique lives seen within our practice was divided by the amount of new patients seen creating an estimate of unique lives per new patient. In our case, 2.6. This number is multiplied by new patients seen and the total is multiplied by 90% (an approximate amount of patients receiving opioids within a typical pain practice). This result is then divided by 500. The results each year are calculated to determine an ongoing estimated total.

Total Lives Saved 466
Cost of Abuse

NON-ABUSER

$1,830 per year

ABUSER

$15,884 per year

8.6x additional cost to payers for a patient who is abusing opioids
Arizona Regulations on Opioid Prescribing

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Arizona Prescribing Regulations

Who dictates the Arizona standard of care and laws regarding opioid prescribing?

- Arizona Medical Board
  - Reference for Physicians on the Use of Opioid Analgesics in the Treatment of Chronic Pain, in the Office Setting

- Arizona Legislature
  - Arizona Opioid Epidemic Act
First published in 1998, revised in 2004

Prior to prescribing an opioid, all of the following shall occur:
- Physical exam and review of patient/family social history
- Review of CSPMP
- Periodic urine drug testing
- Referral to addiction medicine specialists as indicated
- Signing of controlled substance agreement (CSA)
Arizona Opioid Epidemic Act

Extensive, multi-faceted regulations designed to combat the opioid epidemic present in Arizona.

- **Health Care Facilities**
  - AZDHS regulatory oversight of pain management clinics

- **Education**
  - Practitioners required to complete three hours of education regarding the risks of opioids

- **Good Samaritan and Treatment Options**
  - Encourages people to call 911 in an overdose situation without fear of persecution
  - Increase funding and access to substance abuse treatment
Arizona Opioid Epidemic Act: Prescriber Regulations

1. Prohibits all of the below practitioners from dispensing schedule II drugs that are opioids:
   - Dentists
   - Podiatrists
   - Allopathic, Osteopathic, and Homeopathic Physicians
   - Optometrists
   - Physician Assistants
   - Nurse Practitioners
   - Nurse Midwives

*exemptions allowed for scheduled II drugs that are utilized for medication-assisted addiction treatment
Arizona Opioid Epidemic Act: Prescriber Regulations

1. Quantity Limits
   • Limits an initial opioid prescription to a 5 day supply, or 14 days for a post-surgical patient, excluding the following patient presentations:
     • Active cancer diagnosis
     • Traumatic injury
     • End-of-life or palliative care
     • Receiving medication-assisted therapy for a substance abuse disorder
     • An infant being weaned off of opioids at the time of hospital discharge
2. MME Limits

- Prohibits issuing a new prescription for an opioid dose that is greater than 90 MME, excluding the following patient presentations:
  - Active cancer diagnosis or traumatic injury
  - End-of-life or palliative care
  - Receiving medication-assisted therapy for a substance abuse disorder
  - Continuation of prior prescription issued within the last 60 days
  - Hospitalization
- Providers who believes their patient requires higher than 90 MME must consult with a licensed physician who is a board-certified pain specialist
- Providers must additionally prescribe naloxone for any patient taking 90 MME or above
Arizona Opioid Epidemic Act: Prescriber Regulations

3. Electronic Prescribing
   • Requires that all prescriptions for schedule II drugs must be sent via electronic prescription starting \textbf{January 1\textsuperscript{st}, 2019} in the following counties:
     • Maricopa
     • Pima
     • Pinal
     • Yavapai
     • Mohave
     • Yuma
   • Requires that all other counties must also follow this regulation by \textbf{July 1\textsuperscript{st}, 2019}

Pharmacies must also dispense all opioids with a red cap to further alert persons of the risks associated with opioids.
Beginning in October 2017, practitioners were required to check the preceding 12 months of a patient’s CSPMP prior to prescribing an opioid or benzodiazepine, occurring at the initiation of treatment and at least quarterly while the prescription remained part of the treatment.

The Opioid Epidemic Act removed a provision that stated the practitioner did NOT need to consult the CSPMP if they were issuing a prescription of 5 days or less of medication.
Arizona Prescribing Regulations: There is Still More Work to Be Done

• 90 MME is still too high when treating a patient for chronic, non-cancer related pain

• Use of long-acting opioids must be addressed

• Additional guidelines regarding polypharmacy needed, and specifically regarding the concomitant use of benzodiazepines and opioids
Opioid Prescribing: Fringe and Illegal Behavior

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Fringe Behavior

While the Arizona regulations have significantly tightened the prescribing abilities of most practitioners, pain management physicians are still afforded some leeway in their prescribing habits.

• Fringe behavior involves prescribing habits that are not illegal (even under the new Arizona regulations) however is careless and represents poor patient care
• Board-certified pain specialists are not required to abide by the high MME limit when prescribing opioids for chronic pain patients
Fringe Behavior

- Failure to acknowledge limitations of opioids in the treatment of chronic pain
  - Escalating doses ("chasing the pain")
  - Rapidly cycling through multiple opioids
- Dismissing patient warning signs
- Prescribing multiple mind-altering substances
- Lack of patient follow-up
  - Patients should be seen face-to-face at least once a month
- Prescribing high quantities of medications
The Arizona Opioid Epidemic Act does implement checks and balances to assist in curbing fringe behavior:

- Pharmacists are now required to also review the preceding 12 months of a patient’s CSPMP report before dispensing an opioid or benzodiazepine
- AZDHS has implemented regulatory oversight of pain management clinics to ensure policies and procedures are in place regarding the prescribing of opioids
Actual chronic pain patient in Las Vegas:
- Oxycontin 80mg 120 tablets per month
- Oxycodone IR 30mg 120 tablets per month
- Xanax 2mg 120 tablets per month
- Soma 120 tablets per month

- Over $14,000 in street value prescribed to one patient in a month
- High probability patient is diverting medications to abusers or dealers
- If actually consumed by patient, extremely high risk of overdose and death
Illegal Behavior: “Pill Mills”

These practices are knowingly breaking the law, rather than practicing medicine. Patients specifically seek these clinics out to purchase controlled substances.

Two Mohave County physicians have been charged for inappropriate prescribing in recent years:

- Dr. Albert Yeh, who ran a pain management clinic in Golden Valley, was sentenced to 2.5 years in jail and agreed to pay over a half million in restitution. Dr. Yeh was seeing over 100 patients per day and prescribing high volumes of oxycodone, Vicodin and Percocet.

- Dr. Shakeel Kahn, who ran a pain management clinic in Fort Mohave, was indicted on conspiracy to dispense and distribute oxycodone, alprazolam, and carisoprodol. He is awaiting trial.
Illegal Behavior: Clinic Red Flags

1. Clinic Set-up/Workflow:
   - Large number of patients in lobby or waiting outside clinic (see Dr. Yeh 100 patients per day on previous slide)
   - Clinic has security guards
   - No physical exam performed
   - Patients pay in cash, clinic may not accept insurance
   - Insist or strongly encourage patients to use one pharmacy
Illegal Behavior: Clinic Red Flags

2. Suspicious Website:
   - Mentioning medications on their website
   - Not providing information on other treatment modalities offered
   - No information listed regarding the physician(s)
Illegal Behavior: Clinic Red Flags

3. High Volume of Opioids
   • Governor Ducey’s office recently cited six practitioners in Mohave county who prescribed nearly 6 million opioid pills over the course of one year.
   • The top prescribing doctor in Mohave county wrote 20,232 prescriptions that amounted to more than 1.9 million opioid pills, or about 7,350 pills per day.
4. Writing for medications of high street value
   • Opioid abusers prefer non-combination opioids such as oxycontin
   • Combination opioids such as Percocet (oxycontin plus acetaminophen) can cause liver toxicity
   • Combination opioids are therefore avoided by abusers and have a lower street value
5. High ratio of opioids to non-opioid medications:
   • Doctors who treat chronic pain generally use multiple classes of drugs in addition to opioids
     • NSAIDs (ibuprofen, meloxicam, naproxen)
     • Membrane stabilizers (gabapentin, Lyrica)
     • Muscle relaxants (tizanidine)
     • Tramadol
6. Lack of drug compliance assessment
   • Responsible pain management providers utilize tools to ensure patient compliance
     • Urine drug testing (confirming presence of drugs prescribed and absence of drugs not prescribed)
     • Urine drug testing is also the standard of care set forth by the Arizona Medical Board
     • CSPMP
       • As of October 2017, practitioners are required by law to check a patient’s CSPMP at the initiation of opioid therapy and at least quarterly for the duration of opioid therapy
Illegal Behavior: Patient Red Flags

1. Opioid prescriptions from multiple providers
   • One patient’s CSPMP report noted over 100 controlled substance prescriptions in the past 12 months

2. Inconsistent urine drug testing results
   • Prescribed drugs **absent** and un-prescribed/illicit medications **present**
Illegal Behavior: Patient Red Flags

3. Patient asking for specific medication
   • “I need a refill of my oxycodone”, rather than stating condition (e.g. back pain)

4. Patient traveling long distances for appointment
   • May indicate that nearby practices refuse to prescribe for them
   • Or state they like the drive up to Mohave county
Illegal Behavior: Patient Red Flags

5. **Patient appearance and behavior**
   - Needle marks (users often utilize tattoos to cover needle marks)
   - Appear sedated or under the influence

6. **Paying in cash**
   - Not for legitimate medical use
   - Sign of diversion
Illegal Behavior: Patient Red Flags

7. Taking multiple drug classes
   - Oxycontin, Soma, Xanax: “Holy Trinity”

8. Seeking an early medication refill
   - Often a sign of abuse or diversion
Illegal Behavior: Patient Red Flags

9. **History of substance abuse**
   - Increased risk to abuse opioids

10. **Friend or relative pushing for pain medications**
    - May be present at appointment and does most of the talking for patient
    - Planning to abuse or divert patients’ medications
Panel Discussion

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