THE HELMSLEY FOUNDATION

A MONTANA INITIATIVE

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Retired Adm. Sandy Winnefeld speaks out on son's opioid overdose death

In our ongoing series Issues That Matter, we're taking a closer look at the opioid epidemic, which has taken more than half a million lives since the year 2000.

For retired Navy Adm. Sandy Winnefeld, the epidemic is personal. Three days after he and his wife dropped their 19-year-old son, Jonathan, off at the University of Denver in September, Winnefeld received a phone call.

"The worst, most shocking call of my life," Winnefeld said Wednesday on "CBS This Morning."

Jonathan died from an overdose from a fentanyl-laced batch of heroin. His son had struggled with addiction for several years, but Winnefeld said he had been on the road to recovery – "bright-eyed, bushy-tailed" – after undergoing 15 months of inpatient treatment programs.

"We thought he was on such an upward trajectory. He was really excited to be at school, excited to be having his emergency medical technician qualification. And it fooled us. It really fooled us," the CBS News military and homeland security analyst said.

Jonathan grew up with anxiety, Winnefeld said, which was misdiagnosed as attention deficit disorder.

"He was prescribed Adderall, which was exactly the wrong thing to do and that started him down the road to self-medication," Winnefeld said.

In an Atlantic article titled "No Family is Safe from This Epidemic," Winnefeld wrote: "He began by sneaking a bit of alcohol at night in order to bring himself down from the Adderall a doctor had prescribed him, based on a misdiagnosis of attention deficit disorder. By eighth grade, he was consuming alcohol in larger..."
THE OPIOID EPIDEMIC

1999-2016
630,000 people died from drug overdose.

2016
66% of more than 63,600 drug overdose deaths involved an opioid (42,249).

2016
40% of all opioid overdose deaths involved a prescription opioid.

2015
Every American medicated around the clock for three weeks.
Montana doctor found guilty of negligent homicide in overdose deaths of 2 patients

by Joanne Finnegan | Nov 21, 2017 12:43pm
OPIOIDS IN MONTANA

THIRD leading cause of injury related death in MT
1334 deaths between 2003 and 2014

2013-2014
National average
5.5 deaths per 100,000
Montana 5.4
deaths per 100,000
GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

IMPROVING PRACTICE THROUGH RECOMMENDATIONS

CDC’s Guideline for Prescribing Opioids for Chronic Pain is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

1. Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

2. Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

3. Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

CLINICAL REMINDERS

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html
OPIOIDS IN ORTHOPEDICS

- 3rd highest prescribers of opioids in US, accounting for 7.7% of all opioid prescriptions
- Greater likelihood of opioid use disorder
  - Odds Ratio >5 for use at one year
- Common to develop opioid use disorder after first exposure in the context of surgery
OPTIMAL OPIOID THERAPY

How much is enough without being too much?
PREDICTORS AND CHARACTERISTICS OF OPIOID UTILIZATION >15 DAYS FOLLOWING TOTAL KNEE ARTHROPLASTY (TKA)

A RETROSPECTIVE OBSERVATIONAL STUDY

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RESEARCH QUESTIONS

RQ1: What percentage of patients receive opioids for >15 days post TKA?

RQ2: What are the PERSONAL age, sex, race, marital status, rurality COMORBID tobacco use disorder, alcohol/substance use disorder, anxiety/depression, chronic pain on opioids and HEALTHCARE PROVIDER MD, DO, NP, PA, rural vs urban characteristics of patients who receive opioids >15 days?

RQ3: What are the opioid types and amounts prescribed (MMEs) for those patients receiving prescriptions >15 days post TKA?
PROJECT OUTLINE

Patient Sample
Patients who underwent total knee arthroplasty at Billings Clinic between 1/1/2016-12/31/2017 whose primary care providers are associated with Billings Clinic or affiliated facilities in Red Lodge, Columbus, Big Timber, Livingston, Glendive, Miles City, Cody, WY or Lovell, WY.

Provider Sample
Providers associated with Billings Clinic as above.

Data
Personal information, comorbid conditions, associated healthcare provider specifics, as well as opioid prescriptions 30 days pre-operatively (to identify opioid naivety) and 30 days postoperatively, extracted from electronic health record.

Analysis
Assisted by staff at the Department of Collaborative Science and Innovation at Billings Clinic.
PROJECT STATUS

IRB APPROVAL GRANTED

DATA AGREEMENT WITH PARTICIPATING SITES

INITIAL DATA COLLECTION

DATA ANALYSIS

PAPER COMPILATION

DISSEMINATION OF RESULTS
PROJECT GOALS

- Save lives
- Address a national epidemic on a local level
- Set the foundation for change
QUESTIONS

OK, stranger...
What's the circumference
of the Earth?.. Who
wrote "The Odyssey"
and "The Iliad"?.. What's
the average rainfall of
the Amazon Basin?

Bart, you fool! You can't shoot
first and ask questions later!
UP THE RIVER WERE THE TWO PEAKS OF PILOT AND INDEX, WHERE WE WOULD HUNT MOUNTAIN SHEEP LATER IN THE MONTH, AND YOU SAT IN THE SUN AND MARVELLED AT THE FORMAL, CLEAN LINED SHAPE MOUNTAINS CAN HAVE AT A DISTANCE, SO THAT YOU REMEMBER THEM IN THE SHAPES THEY SHOW FROM FAR AWAY, AND NOT AS BROKEN ROCKSLIDES YOU CROSSED, THE JAGGED EDGES YOU PULLED UP BY, AND THE NARROW SHELVES YOU SWEATED ALONG, AFRAID TO LOOK DOWN, ROUND THAT PEAK THAT LOOKED SO SMOOTH AND GEOMETRICAL.” ERNEST HEMINGWAY, 1939 VOGUE