Federal and State Controlled Substance Laws and Guidelines

Good Medicine for Prescribers and Patients
Disclosure Information

I have no financial relationships to disclose and I will not discuss off label use and/or investigational use in my presentation.

Walter L. Fitzgerald, Jr.
Dean and Professor
South College School of Pharmacy
Knoxville, Tennessee
Learner Outcomes

- Adhere to federal and state mandates for prescribing controlled substances
- Adopt federal and state practice guidelines for prescribing opioids
- Implement a risk management strategy targeting opioid and other controlled substance abuse
Highlighting the Opioid Crisis
The Prescribing Concern

- Number of Rx for opioids tripled beginning in 1999 until . . .
  - 20% decline in Rx for opioid since 2010
  - Deaths from Rx for opioids started leveling out in 2011

*Strong association between Rx number and overdose*
The Mortality Concern

- 52,404 drug overdose deaths in 2015
- 33,091 of these from Rx and illicit opioids
- 60,000 overdose deaths in 2016 (estimated)
The Morbidity Concern

- Not just a mortality issue
- Also is a morbidity issue
  - HIV and Hep C from injection of Opana and other products
  - NAS
NAS in Tennessee

NAS in Tennessee

Annual NAS Case Rate, by Region
2013-2016

# NAS in Tennessee

<table>
<thead>
<tr>
<th>Maternal County of Residence (By Health Department Region)</th>
<th># Cases</th>
<th>Rate per 1,000 births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davidson</td>
<td>41</td>
<td>7.2</td>
</tr>
<tr>
<td>East</td>
<td>109</td>
<td>23.9</td>
</tr>
<tr>
<td>Hamilton</td>
<td>17</td>
<td>6.9</td>
</tr>
<tr>
<td>Jackson/Madison</td>
<td>6</td>
<td>8.6</td>
</tr>
<tr>
<td>Knox</td>
<td>55</td>
<td>18.2</td>
</tr>
<tr>
<td>Mid-Cumberland</td>
<td>50</td>
<td>5.5</td>
</tr>
<tr>
<td>North East</td>
<td>97</td>
<td>50.5</td>
</tr>
<tr>
<td>Shelby</td>
<td>15</td>
<td>2.0</td>
</tr>
<tr>
<td>South Central</td>
<td>39</td>
<td>14.7</td>
</tr>
<tr>
<td>South East</td>
<td>24</td>
<td>11.9</td>
</tr>
<tr>
<td>Sullivan</td>
<td>47</td>
<td>55.3</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>51</td>
<td>24.4</td>
</tr>
<tr>
<td>West</td>
<td>14</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>565</strong></td>
<td><strong>12.3</strong></td>
</tr>
</tbody>
</table>

NAS in Tennessee

Maternal Source of Exposure

- Only illicit or diverted substances: 27.3%
- Mix of prescribed and non-prescribed substances: 21.4%
- Unknown source of substance: 0.7%
- Only substances prescribed to mother: 50.6%

### NAS in Tennessee

<table>
<thead>
<tr>
<th>Source of Exposure</th>
<th># Cases</th>
<th>% Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication assisted treatment</td>
<td>380</td>
<td>67.3</td>
</tr>
<tr>
<td>Legal prescription of an opioid pain reliever</td>
<td>33</td>
<td>5.8</td>
</tr>
<tr>
<td>Legal prescription of a non-opioid</td>
<td>44</td>
<td>7.8</td>
</tr>
<tr>
<td>Prescription opioid obtained without a prescription</td>
<td>159</td>
<td>28.1</td>
</tr>
<tr>
<td>Non-opioid prescription substance obtained without a prescription</td>
<td>83</td>
<td>14.7</td>
</tr>
<tr>
<td>Heroin</td>
<td>29</td>
<td>5.1</td>
</tr>
<tr>
<td>Other non-prescription substance</td>
<td>123</td>
<td>21.8</td>
</tr>
<tr>
<td>No known exposure</td>
<td>4</td>
<td>0.7</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Environmental Factors

- Leveling off of Rx for opioids, but replaced with heroin, and more recently, Fentanyl
- Plummeting price of heroin
- Potency of synthetic opioids
- $1,000 of precursor converts to $1,000,000 street value of synthetic opioid
Tennessee and Federal Law Updates and Reminders
CARA

- HHS Taskforce
- Expand education and prevention efforts to prevent the abuse of methamphetamine, opioids, and heroin
- Expand naloxone availability to law enforcement and first responders
- Expand resources to treat incarcerated individuals

Comprehensive Addiction and Recovery Act (P.L. 114-198)
CARA

- Expand medication disposal sites
- Launch evidence-based opioid and heroin treatment – expand best practices
- Launch MAT demonstration project
- Promote treatment and recovery programs
- Strengthen PMPs

Comprehensive Addiction and Recovery Act (P.L. 114-198)
Partial Filling Prescriptions for Schedule II Controlled Substances

The Existing Law

- Pharmacy unable to supply – balance must be dispensed with 72 hours of initial dispensing
- 60-day partial filling period for terminally ill and long term care patients

21 CFR §1306.12
Partial Filling Prescriptions for Schedule II Controlled Substances

The New Law

- 30-day partial filling period if requested by patient or prescriber of Rx
- Remaining portions shall be filled not later than 30 days after the date on which the Rx was written
- Total quantity in all partial fillings cannot exceed total quantity prescribed

21 USC §829
Naloxone Dispensing in Tennessee

◆ Creation of statewide pharmacy practice agreement for what is called “opioid antagonist therapy”

◆ Pharmacists complete an opioid antagonist training course

◆ Authorized pharmacists can dispense naloxone to a person at risk of opioid overdose or to a family member, friend or other person to assist someone at risk of an opiate-related overdose

Public Chapter 596 (2016)
TBME Rules on Chronic Pain

- Treatment of pain with controlled substances is a “legitimate medical purpose” when in the usual course of professional practice

- Using controlled substances for treatment of pain must be based upon
  - Accepted scientific knowledge
  - Not in contravention of applicable state or federal law
  - And in compliance with Board’s guidelines

Tenn. Comp. R. & Regs. 0880-02-.14(6)(2017)
TBME Rules on Chronic Pain

Guidelines include the following

- Prescribe only after
  - Documented medical history and physical examination, including an assessment of the pain
  - Physical and psychological function
  - History and potential for substance abuse
  - Coexisting diseases and conditions
  - Presence of recognized medical indication

Tenn. Comp. R. & Regs. 0880-02-.14(6)(2017)
TBME Rules on Chronic Pain

- Discuss risks versus benefits with patient
- Conduct periodic review
- Complete and accurate records

Tenn. Comp. R. & Regs. 0880-02-.14(6)(2017)
TBME Rules on Chronic Pain

- Quantity of pharmaceutical and chronicity of prescribing evaluated on the basis of documented
  - appropriate diagnosis and treatment of the recognized medical indication
  - persistence of the recognized medical indication
  - follow-up evaluation with appropriate continuing care

- A physician may use any number of treatment modalities for the treatment of pain which are consistent with legitimate medical purposes

Tenn. Comp. R. & Regs. 0880-02-.14(6)(2017)
Tennessee and CDC Guidelines for Chronic Pain Management
Tennessee – Principles to Initiating Opioids

- Prescribing of opioids by another provider is not, in and of itself, a reason to continue
- Reasonable non-opioid treatments should be tried before opioids are initiated
- Ask about pregnancy and discuss birth control plan for patients of child-bearing age with reproductive capacity
- Document medical H&P, lab, imaging, other testing, diagnosis, etc.
- Establish a diagnosis justifying opioid therapy
Tennessee – Principles to Initiating Opioids

- Opioids used for acute pain severe enough to require opioids - 3 days or less often sufficient; more than 7 days in some instances is appropriate – need to be documented in medical record

- PCP starting opioids for chronic pain should generally prescribe immediate-release at lowest effective dosage – deviations should be documented

- Any buprenorphine product (with or without naloxone) may be prescribed only for FDA approved use
Tennessee – Principles to Initiating Opioids

- Avoid concurrent opioid and benzodiazepine therapy – if reach 120mg MEDD shall refer to mental health professional to assess need for benzodiazepine

- The reason for a deviation from guidelines shall be documented in the medical record

- Initiation of opioids should be presented as a therapeutic trial

- Informed consent must be obtained

- Written treatment agreement should be used
Tennessee – Principles to Initiating Opioids

- Evaluation and history of pain (nature and intensity)
- Treatments
- Co-morbidities (COPD, sleep apnea, DM, CHF)
- Initial condition-appropriate physical exam with screening for mental health disorders
- Review of prior records
- Check CSMD
Tennessee – Treatment Goals

- Primary goal is clinically significant improvement in function, not just “pain scale” score
- Counsel patient that goal is pain reduction, not elimination, and document discussion in medical record
- Appropriate non-opioid modalities
Tennessee – Treatment Goals

Guidelines refer to the widely used 3-item PEG Assessment Scale
- Pain average
- Interference with Enjoyment of life
- Interference with General activity
Tennessee – Ongoing Opioid Therapy

Observe the “5 A’s”

- Aberrant Behaviors
- Affect
- Analgesia
- Activities of Daily Living
- Adverse Side Effects
CDC – Determining When to Initiate Opioids for Chronic Pain

- Nondrug and nonopioid therapy are preferred for chronic pain
- Before initiating, set realistic goals for pain and function, and consider when to discontinue
- Continue therapy only if achieving clinically meaningful improvement in pain and function
- Discuss risks versus benefits, together with patient and clinician responsibilities
CDC – Opioid Selection, Dosage, Duration, Follow Up and Discontinuation

- When starting opioids for chronic pain, prescribe immediate-release at lowest effective dosage
- When starting opioids for acute pain prescribe
  - Immediate-release at lowest effective dosage
  - A quantity for expected duration of pain severe enough to require opioids - 3 days or less often sufficient; more than 7 days rarely needed
- Follow up in 1 to 4 weeks of starting opioid therapy and after escalating dosage
Before starting, and periodically during continuation, evaluate risk factors for opioid-related harms

- Sleep apnea
- Pregnancy
- Renal or hepatic insufficiency
- Age 65 and older
- Mental health condition
- History of substance abuse
- Prior nonfatal overdose

Review state PDMP data
CDC – Assessing Risk and Addressing Harms

- Urine drug testing before starting opioid therapy and at least annually during continuation
- Avoid concurrent opioid and benzodiazepine therapy
- Offer or arrange evidence-based treatment for patients with opioid use disorder
Tennessee CSMD
Tennessee CSMD Usage

• Tool for pain management
• Data submitted daily by dispensers (except days not open for business)
• Recent amendment to Tennessee law allows health care providers to include reports from the controlled substance monitoring database as part of the medical record
Required CSMD Registration

• You provide direct care and prescribe controlled substances to patients in Tennessee for more than 15 days per year

• You are a dispenser in practice providing direct care to patients in Tennessee for more than 15 days per year
Tennessee CSMD Registration

• If required, have up to 30 calendar days after receiving DEA number to register

• Health care extenders also register if checking database

• Registration website

Tennessee CSMD Registration

• PA/APRN must assure supervisor relationships are documented in the CSMD

• If APRN or PA changes supervisor they have 30 days to make that change within the CSMD and with their regulatory board (as directed)
Tennessee CSMD Registration

• The supervisor has the right to revoke

• Entering the supervisor in the CSMD does not relieve APRN or PA from notifying regulatory board as dictated by board specific requirements
Registrants in CSMD

VA registrants added 2013-2016

Tennessee Department of Health Internal Files
## Registrants in CSMD

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner</td>
<td>18,719</td>
</tr>
<tr>
<td>Practitioner Extender/Delegate</td>
<td>6,520</td>
</tr>
<tr>
<td>Residents/Fellows/VA</td>
<td>3,245</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurse</td>
<td>6,643</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>1,550</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>8,199</td>
</tr>
<tr>
<td>Pharmacist Extender/Delegate</td>
<td>1,649</td>
</tr>
</tbody>
</table>

Tennessee Department of Health Internal Files
Accessing the CSMD

- A healthcare practitioner extender, who is acting under the direction and supervision of a prescriber, so long as:
- Information relates specifically to a current or bona fide prospective patient
  - to whom the prescriber has prescribed or
  - is prescribing or
  - is considering prescribing or dispensing any controlled substance

Tenn. Code Ann. §53-10-306
## Patient RX History Report

**Date:** 02-26-2015

**Page:** 1 of 8

**Search Criteria:** D.O.B. = 05/08/1977 And (Last Name Contains: doe Or First Name Contains: jan Or First Name Contains: anne) And Request Period '02/24/2014 To '02/24/2015'

**Disclaimer:** Information contained in the report results from the search criteria entered and incorporated by the user and from the data entered by the dispenser. Any clinical notifications incorporated into this report are the result of information submitted by the dispenser. Therefore, the Tennessee Department of Health and the Board of Pharmacy do not express or imply any warranty regarding the accuracy, adequacy, completeness, reliability, or usefulness of the data provided. Additionally, neither the Tennessee Department of Health nor the Board of Pharmacy make recommendations, or give any legal advice, to the user as to actions. If any, that might be required as a result of viewing the report or the information contained in the report.

For more information about a prescription, please contact the dispenser or prescriber identified in the report.

<table>
<thead>
<tr>
<th>Pt ID</th>
<th>Name</th>
<th>DOB</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000</td>
<td>DOE, JANE</td>
<td>05/08/77</td>
<td>100 Main Bark Dr Jonesborough TN 376596198</td>
</tr>
<tr>
<td>9999</td>
<td>DOE, JANE</td>
<td>05/08/77</td>
<td>99 Wrong Bnd Johnson City TN 376042860</td>
</tr>
<tr>
<td>8888</td>
<td>DOE, JANE</td>
<td>05/08/77</td>
<td>100 MAIN BARK DR JONESBOROUGH TN 37659</td>
</tr>
<tr>
<td>1111</td>
<td>DOE, JANE</td>
<td>05/08/77</td>
<td>100 MAIN BARK DR JONESBOROUGH TN 376590000</td>
</tr>
<tr>
<td>5555</td>
<td>DOE, JANE</td>
<td>05/08/77</td>
<td>100 MAIN BARK DRIVE Jonesborough TN 37659</td>
</tr>
<tr>
<td>3333</td>
<td>DOE, JANE A</td>
<td>05/08/77</td>
<td>120 CSMD Dr Johnsonson City TN 376152717</td>
</tr>
</tbody>
</table>

### Active Cumulative Morphine Equivalent

**40**

The table below shows the details of prescriptions:

<table>
<thead>
<tr>
<th>Fill Date</th>
<th>Product, Str, Form</th>
<th>Quantity</th>
<th>Days</th>
<th>Pt ID</th>
<th>Prescriber</th>
<th>Written</th>
<th>Rx #</th>
<th>Daily MED</th>
<th>Active</th>
<th>N/R</th>
<th>Pharm</th>
<th>Pay</th>
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</thead>
<tbody>
<tr>
<td>02/18/2015</td>
<td>ALFRAZOLAM, 2 MG, TAB</td>
<td>90.00</td>
<td>30</td>
<td>3333</td>
<td>ABC DE11</td>
<td>02/18/2015 0040020</td>
<td>-</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>AR0030080</td>
<td>04</td>
</tr>
<tr>
<td>02/13/2015</td>
<td>HYDROCODONE BITARTRATE AND ACETAMIN, 325 MG-10 MAG,</td>
<td>120.00</td>
<td>30</td>
<td>0000</td>
<td>ABC DE11</td>
<td>01/13/2015 030090</td>
<td>40.00</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>FF0030010</td>
<td>04</td>
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<tr>
<td>01/20/2015</td>
<td>CARISOPRODOL, 350 MG, TAB</td>
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<td>10</td>
<td>0000</td>
<td>ABC DE11</td>
<td>01/20/2015 100400</td>
<td>-</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>BW0080070</td>
<td>04</td>
</tr>
<tr>
<td>01/13/2015</td>
<td>HYDROCODONE BITARTRATE AND ACETAMIN, 325 MG-10 MAG,</td>
<td>120.00</td>
<td>30</td>
<td>0000</td>
<td>ABC DE11</td>
<td>01/13/2015 001008</td>
<td>40.00</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>FW0070090</td>
<td>04</td>
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</tbody>
</table>
## CSMD Dashboards

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Identifying Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Pay</td>
<td>01</td>
</tr>
<tr>
<td>Medicaid</td>
<td>02</td>
</tr>
<tr>
<td>Medicare</td>
<td>03</td>
</tr>
<tr>
<td>Commercial Ins.</td>
<td>04</td>
</tr>
<tr>
<td>Military Inst. and VA</td>
<td>05</td>
</tr>
<tr>
<td>Workers Comp</td>
<td>06</td>
</tr>
<tr>
<td>Indian Nations</td>
<td>07</td>
</tr>
<tr>
<td>Other</td>
<td>99</td>
</tr>
</tbody>
</table>

Tennessee Department of Health Internal Files
CSMD Dashboards

Tennessee Department of Health Internal Files
CSMD Dashboards

Clinical Risk Indicators (high risk patients) on CSMD Reports

- Y = 4 Practitioners in last 90 days
- Y = 4 Pharmacies in last 90 days
- ≥ 90 but < 120 Active Cumulative Morphine Equivalents per day
- R ≥ 5 Practitioners in last 90 days
- R ≥ 5 Pharmacies in last 90 days
- R ≥ 120 Active Cumulative Morphine Equivalents per day

Tennessee Department of Health Internal Files
# CSMD Dashboards

## Practitioner Vs Peers Report

**Search Criteria:** DEA# = 'BJ1234567' and Rx Written between '02/25/2013' and '03/25/2014'

<table>
<thead>
<tr>
<th>Practitioner Name &amp; Address</th>
<th>DEA Number</th>
<th>Occupation</th>
<th>Specialty Care</th>
<th>No Of Rx</th>
<th>Rank</th>
<th>Total No. Of Peers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner 1</td>
<td>BJ1234567</td>
<td>Medical Doctor</td>
<td>Physician - General, Internal, or Family Medicine</td>
<td>11513</td>
<td>27</td>
<td>3243</td>
</tr>
</tbody>
</table>

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CSMD Dashboards

- As Dashboard is refreshed, an Email will be sent at the beginning of the week indicating you have new patients that are potentially high risk.

- Only the top 25 identified will be available. The first 8-10 patients will be viewable on Dashboard; however, there will be a link to view all.
Why CSMD Is Checked

Source: 2016 CSMD Prescriber and Dispenser Survey
Influence on Practice

After viewing information found in the CSMD, I changed the treatment plan for a patient

- Prescribers
  - Strongly Agree: 37%
  - Somewhat Agree: 28%
  - Neutral/No Opinion: 14%
  - Somewhat Disagree: 1%
  - Strongly Disagree: 5%

- Dispensers
  - Somewhat Agree: 56%
  - Neutral/No Opinion: 14%
  - Somewhat Disagree: 1%
  - Strongly Disagree: 4%

~71% of Prescribers have changed their treatment plan.

~84% of Dispensers are less likely to fill a prescription as written.

Source: 2016 CSMD Prescriber and Dispenser Survey
Influence on Practice

Has checking the CSMD changed your practice of referring patients for substance abuse treatment?

<table>
<thead>
<tr>
<th>Prescribers</th>
<th>No Change</th>
<th>More Likely to Refer</th>
<th>Less Likely to Refer</th>
<th>SBIRT Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60.70%</td>
<td>27.50%</td>
<td>0.60%</td>
<td>11.20%</td>
</tr>
</tbody>
</table>

39% of prescribers are more likely to refer patients for substance abuse treatment.

CSMD has changed my practice of communicating with the physician regarding a patient whom I believe needs referred for substance abuse treatment.

<table>
<thead>
<tr>
<th>Dispensers</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
<th>Neutral/No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34.40%</td>
<td>2.70%</td>
<td>2.50%</td>
<td>36.50%</td>
<td>23.90%</td>
</tr>
</tbody>
</table>

56% of dispensers are more likely to communicate with the prescriber regarding potential patient referral to substance abuse treatment.

Source: 2016 CSMD Prescriber and Dispenser Survey
Ratio of Rx to CSMD Requests

*TData include all prescriptions reported to CSMD. From 2015 forward vendor included all roles, all report types and also data request from other states.*

Tennessee Department of Health Internal Files
Interstate Data Sharing

Tennessee Department of Health Internal Files
Potential Doctor Shoppers Identified in CSMD

Tennessee Department of Health Internal Files

* 1) Patients filled controlled substance prescriptions obtained from 5 or more different prescribers at 5 or more dispensers within 3 months; 2) Excluding prescriptions reported from VA pharmacies.
The Call for Team-Based Care
The Team Members

◆ **Core Multidisciplinary Team:**
  Primary Care Physician, Orthopedic Surgeon, Physical Therapist, Clinical Nurse Specialist, Psychiatrist, Neurosurgeon, Clinical Psychologist, Rehabilitation Physician, Neurologist, Rheumatologist, Anesthesiologist

◆ **Wider Multidisciplinary Team:**
  Pharmacist, Complementary Therapist, Dietician, Educational Therapist, Occupational Therapist, Medical Social Worker
Advantages of Multidisciplinary Teams

- Allows multidimensional diagnosis of chronic pain
- Avoids duplication of investigations
- Facilitates early and accurate diagnosis
- Aids rapid initiation of treatment following diagnosis
- Ensures the availability of a wide array of treatment options (pharmacological and non-pharmacological)
Advantages of Multidisciplinary Teams

- Individualized treatment
- Care is delivered in a programmed and coordinated manner
- Provides continuity of interaction and care
- Treatment offered is up to date, evidence based, and safe
- Treatment failure can be recognized early on
- Potential for improvement in patient’s quality of life, patient optimism, and mood state
Advantages of Multidisciplinary Teams

- Faster return to work
- Patients can have greater confidence in their treatment plan knowing that it has been developed by collaboration between different specialties
- Patients have the opportunity to discuss treatment options and ask questions of the different specialists involved in their care
- Improved interdisciplinary knowledge
Exploring Multi Modal Therapy
Multi Modal Treatment Approach for Chronic Pain

- **Pharmacotherapy:** Acetaminophen, NSAIDs, opioids, antidepressants, anticonvulsants, and topical treatments

- **Psychological Approaches:** counseling, cognitive behavioral treatments, self help strategies, and behavioral medicines

- **Physical Approaches:** Exercise, physiotherapy/physical therapy, spa therapy (massage), electrotherapy using TENS and rehabilitation
Multi Modal Treatment Approach for Chronic Pain

- *Practical Approaches*: patient education, vocational counseling and patient support groups
- *Interventional Procedures*: nerve blocks, intrathecal pain pumps, and spinal cord stimulation systems/neurostimulation and surgery
Multi Modal Treatment Approach for Chronic Pain

For more information see:

American Pain Foundation
(www.painfoundation.org)

National Pain Foundation
(www.nationalpain-foundation.org)
The Quality of Care Influence
What Are QIN-QIOs

- Multi-state networks contracted by the Centers for Medicare & Medicaid Services (CMS)
- Neutral conveners
- Ensure Medicare beneficiaries receive the healthcare they deserve

www.qioprogram.org/about/what-areqios
The “atom Alliance”
atom Alliance and Safety of High Risk Medications (HRMs)

HRMs include:
- Anticoagulants
- Diabetes agents
- Opioids

HRM Safety Goals

- Reduce adverse drug event rates for HRMs
- Reduce hospital admissions, readmissions, observation stays and emergency department visits for patients taking HRMs
- Recruit healthcare providers to partner on improving medication safety
HRMs Are Associated with Higher Readmission Rates
Provider and QIN-QIO Partnerships on Opioids

- Skilled nursing facility performance improvement project focused on opioids
  - 10% reduction in opioids
  - 10% increase in specific opioid indications

- Pharmacies counseling using CDC Fact Sheet, Prescription Opioids: What You Need To Know and recommending Naloxone to those taking ≥ 100 MMEs per day

- Opioid Abuse Treatment Agreements

- Statewide Opioid Campaign
The Future Outlook
Research and Practice

- Basic science
  - Biomarkers for pain
  - Genetics
  - Mu opioid receptor ligands – FDA currently looking at a breakthrough product
  - Research on who is subject to substance abuse – can we predict addiction
Research and Practice

- Medication advances
  - Naltrexone – monthly injection
  - Probuphine – buprenorphine implant
Research and Practice

- Healthcare Practice
  - Starting Medication Assisted Treatment (MAT) in the ED
  - Partial filling of Schedule II controlled substances
  - Community pharmacy dispensing methadone (Baltimore pilot project)
  - Prescription labeling
    - Indication for use
    - Maximum quantity in 24 hours
Research and Practice

◆ General
  – Universal family-based drug abuse prevention
    • 54% of those misusing opioids obtain the opioids from parents or other relatives
    • Drug disposal and take back
  – Remove abusers from substance abuse environment
  – Practitioner education
    • Academic degree programs
    • Postgraduate education
References/Resources


Todd Bess, PharmD, Director, Tennessee Controlled Substance Monitoring Database, *Chronic Pain Guidelines Symposia*, 2017
References/Resources


Todd Bess, PharmD, Director, Tennessee Controlled Substance Monitoring Database, *Tennessee Controlled Substances Monitoring Database Update*, Tennessee Public Health Association Conference, September, 2017
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