Case Vignettes and other biases

Incorporating New Data Sources into your Practice

I am to blame

- Tamas Peredy, MD, FACEP
  - Prescriber of opioids

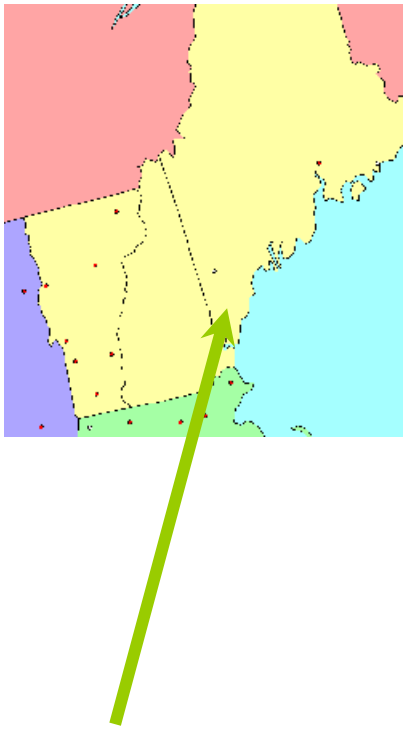
Financial Disclosure and Conflicts of Interest

- No financial relationships
- Conflicts of Interest
  - Emergency Physician
  - Medical Toxicologist
  - US Taxpayer and Healthcare consumer
  - Maine resident, father of two
  - Opioid naïve (more or less)

Special Thanks to…

- Marcella (Marci) H. Sorg, PhD, D-ABFA
  - Director, Rural Drug & Alcohol Research Program
  - Margaret Chase Smith Policy Center, U of Maine
- Daniel Eccher, MPH
  - Project Coordinator
  - PMP, OSA, DHHS, State of Maine
- Harry D. Sizemore III
  - Data Analyst, NNEPC

NORTHERN NEW ENGLAND POISON CENTER



- www.nnepc.org
- 901 Washington Avenue
- Portland, ME 04103
- Administrative Phone: (207) 662-7222
- FAX:(207) 662-5941 or 5942

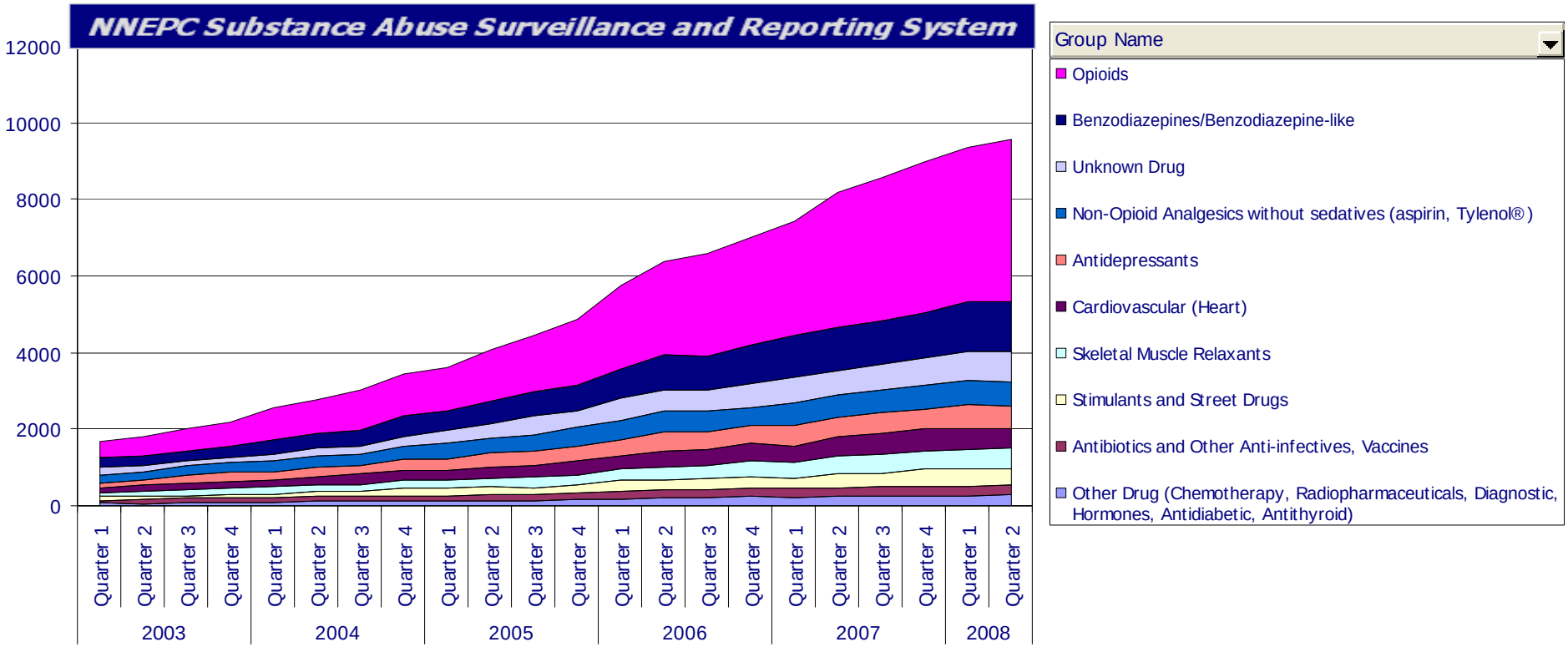
- ~300 calls/day
  - Information and Exposures

- 2 Medical Toxicologists: Tamas Peredy, Tim Wiegand
- Director Karen Simone, pharmD, DABAT
- Surveillance
  - Toxic Exposure Surveillance System (TESS) 1985-2002
  - National Poisoning Database System (NPDS) 2003-
- Full-time Public Educators

PC – potential partner

County ME

ME Non-Law Enforcement Top 10 Substances - Medication Verification
01/1/03 - 6/30/08



Year Quarter

PC – potential partner

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ME Non-Law Enforcement Top 10 Substances - Medication Verification
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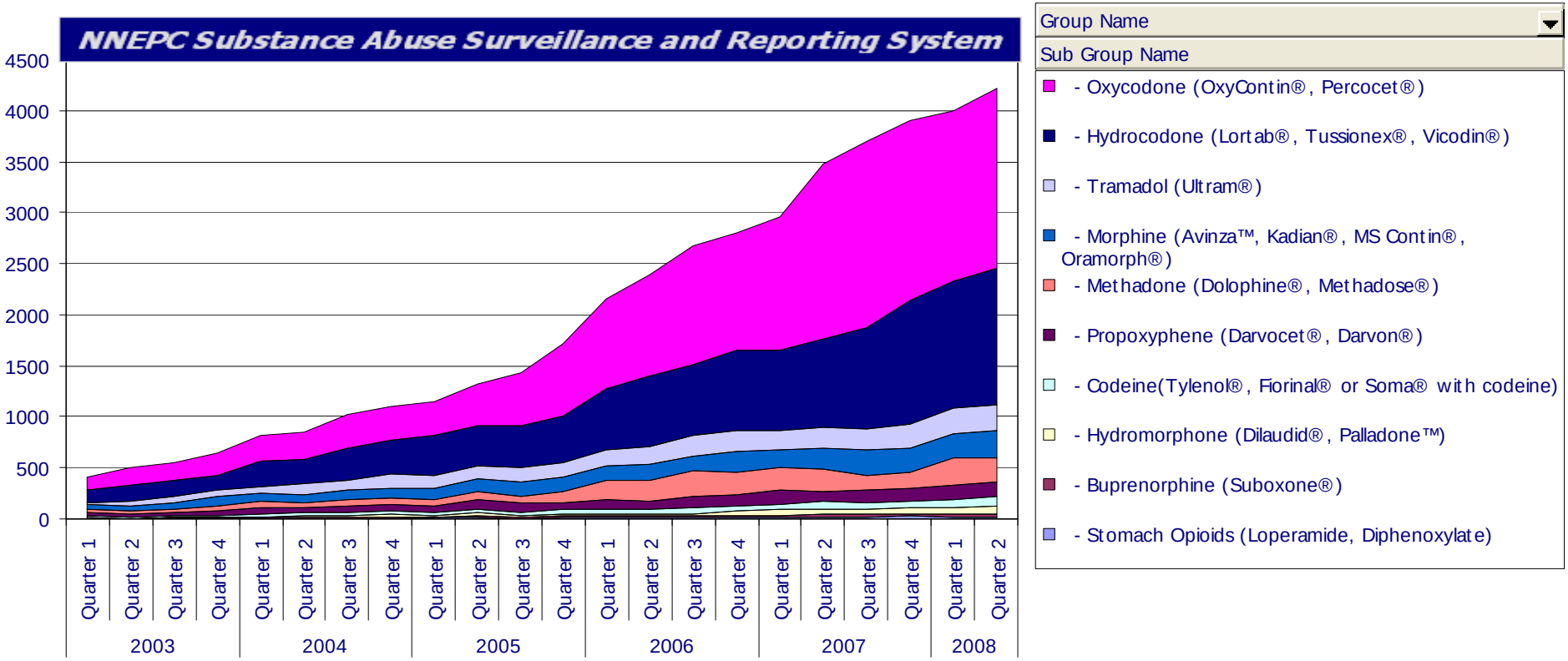
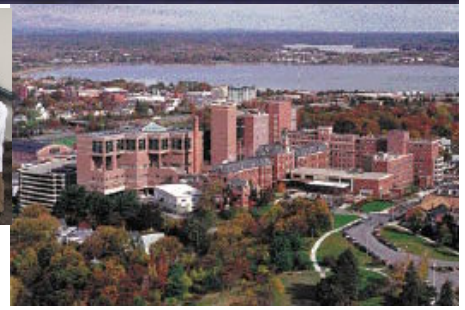


Year Quarter

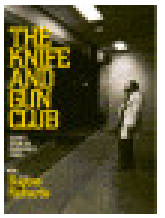
Maine Medical Center

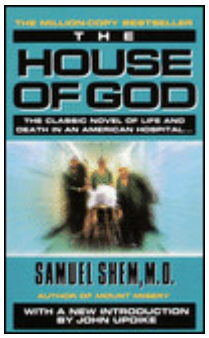
- MMC
- 602 Bed
- Level 1 Trauma Center
- Emergency Department
  - Expansion completed in 2009
  - 64 bed, 24,000 ft^2
  - Emergency Med Residency

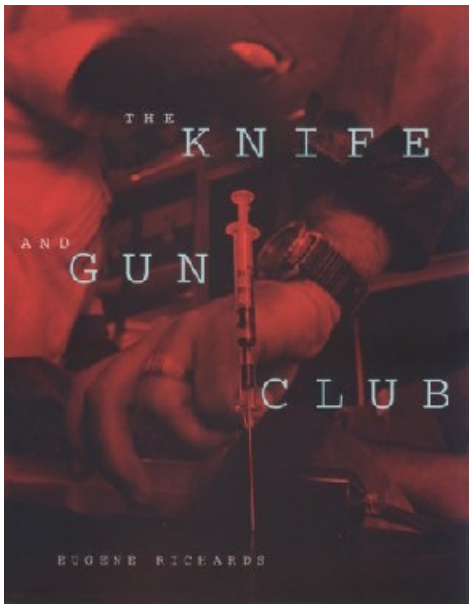


Ancient Times (circa 1996)

- Information silos
  - Paper records inaccessible
- First 2 Laws of House of God (1978)
  - GOMERS DON'T DIE.
  - GOMERS GO TO GROUND.
- Frequent flyer lists





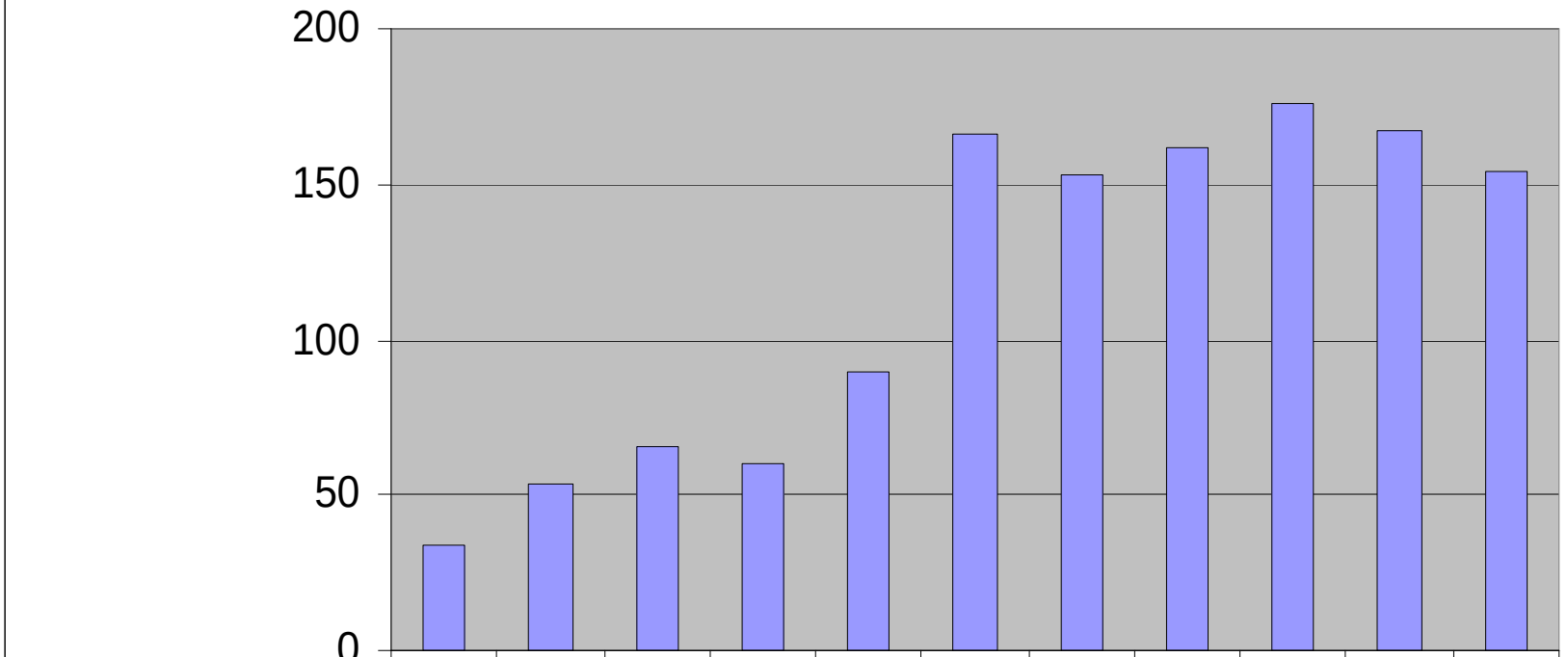


Concurrent trends

1. Changing risk perception
   - Safety/acceptance
   - Direct to consumer marketing
2. Greater availability
   - Opioid medical use (ARCOS) 1997-2002
     - Oxycodone + 403%
     - Fentanyl + 226%
     - Meperidine - 6%
3. Ineffective monitoring/regulation

Suicides are included, and are about 15% of these totals.

Total Drug Deaths Maine



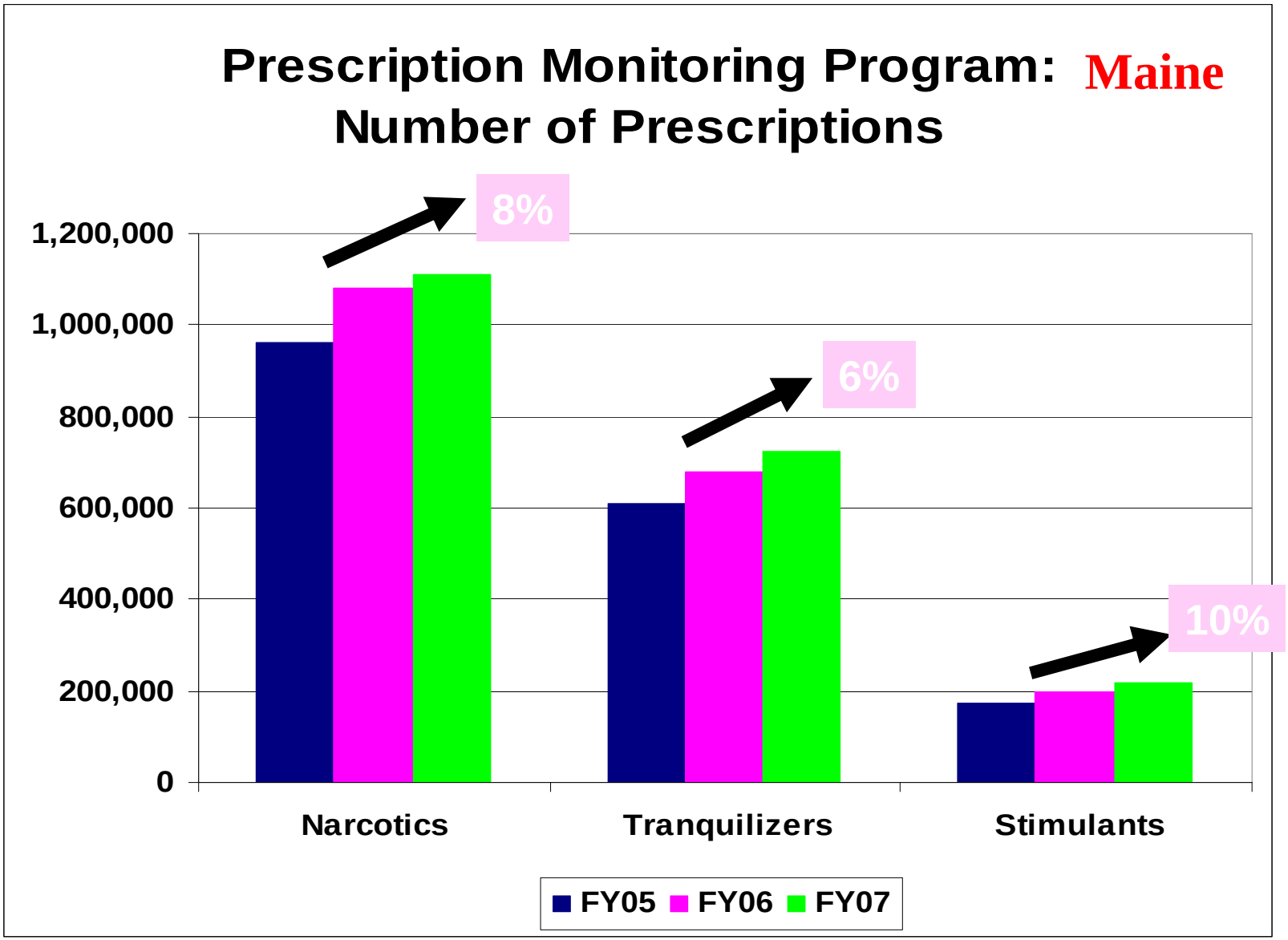
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total Drug Deaths	34	54	66	60	90	166	153	162	176	167	154

Maine Medical Examiner's Office: 429% increase in drug deaths 1997-2006

Modern Times 2003-present

- Legislation 2003
  - Schedule II, II, IV
  - PMP July 2004
    - Quarterly threshold reports
- OSA web portal Mar 2006 (updated 2009)
  - Real time data
  - Sub accounts

https://mainepmp.org/gpmp-webapp/com.ghsinc.gpmp.GPmp/GPmp.html


Prescription Monitoring Program: Maine
Number of Prescriptions
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0
8%
6%
10%
Narcotics
Tranquilizers
Stimulants
FY05
FY06
FY07

Cases

Case - Acute Pain

- 3 a.m.
- 24 yo male c/o dental pain
- Nurse says ‘drug seeker’
- Unrelieved by APAP (allergic to ibuprofen)
- 5 previous visits to ED ‘odontalgia’
- Exam: vitals normal, multiple dental caries

Case – Acute Pain

- Denies prior drug abuse
- Smokes (including marijuana)

- What do you do?
  - Drug screen
  - Provide opioids or not
  - Follow-up care
  - Other options

Assessment of Pain (and suffering)

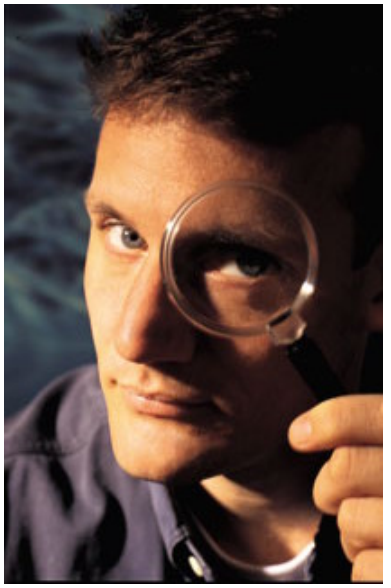
- No good objective measures
- Primary goal
  - Save/salvage life
  - Relieve suffering (avoid oligoanalgesia)
  - Do no harm (avoid exacerbation of addiction)

Opiophobia or Candy Man

Characteristics

- Pseudo red flags
  - Multiple return visits for chronic condition
  - Knowledge of medications
- Red flags
  - Aliases
  - Reluctant to divulge past pharmacy usage
  - Improbable explanations for lost scripts
  - Refusal to consent to be drug screened
  - Request for specific medication
  - Air of desperation (?)
  - Late night visits (?)

Case conclusions



- Physicians make bad detectives. They cannot solve non-medical problems (economic, social, etc.)
- When was the last time you were provided a prescription pain medicine?
  - Confirm info with PMP
- “I have received a report from the state that shows you have received 30 scripts in the past 6 months.” “Can you explain?”

Leaky Boat

- PMP requires accurate name and birth date
- Incomplete pharmacy reporting compliance
- Limited to Maine (no sharing)
- Data lag time
- No information of opioid addiction therapy
  - Methadone, Buprenorphine
- Samples/To go packs not included

Case – Chronic Pain

- 36 yo female
- Exacerbation of pelvic pain (6 months)
- CT scan 1 month ago
- Hydrocodone/APAP not working
- Seen 3 times before for same
  - Records reveal she has been given opioids each prior visit
- Exam: vitals normal, exam including pelvic normal
- Evaluation: Udip, UPT neg, labs normal

Case – Chronic pain

- Denies prior drug abuse
- Smokes

- What do you do?
  - Drug screen
  - Provide opioids or not
  - Other options

Utility of opioids in chronic pain

- Poorly understood
  - Less efficacy than in acute pain
  - Greater risks tolerance/dependency/misuse
- Adjuvant therapy important
- Specialty referral
  - Lack of availability

Case - conclusion

- Further work-up unjustified
- “Are you under any type of pain med contract?” “Did you contact you primary care?”
- PMP confirms from same pharmacy
  - 3 x #90 tab hydrocodone scripts from primary doc
  - 4 (visits to ERs) #15 tab oxycodone
- Received pain relief in the ED
- Refer back to primary care urgently

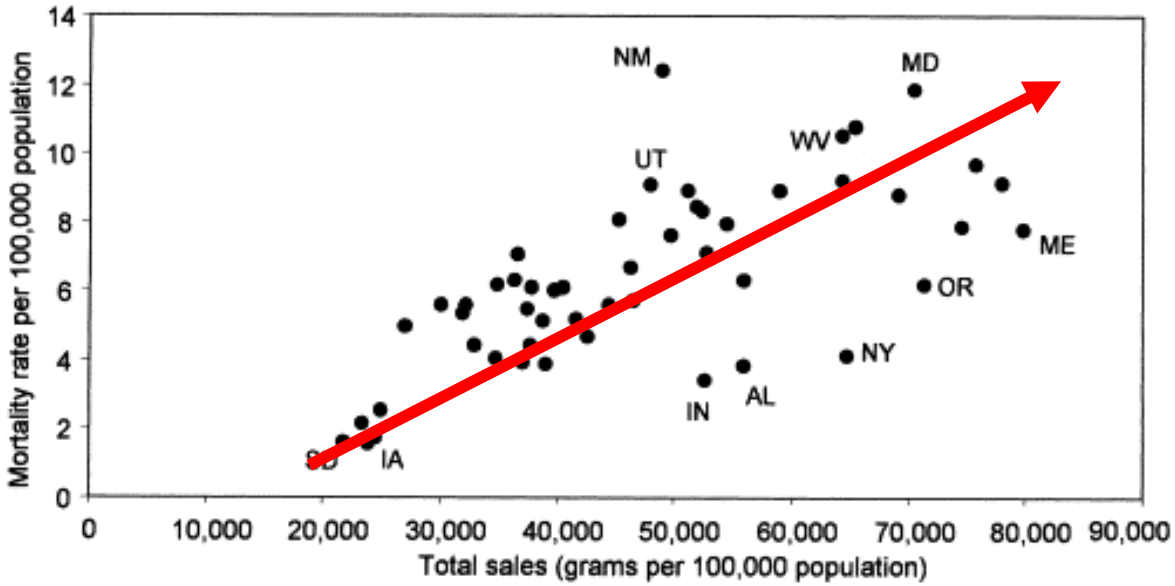
Quarterly reports

- Beneficial for physicians in ongoing relationship with patients
- Need to be proactive if you are an episodic provider
  - Contact patient/their primary provider
- Incorporate threshold reports in performance evaluation

Message I Can Hear

- Improving precision of opioids as a tool to relieve suffering
- Pharmacology refresher
- Helping identify the
  - Patient at risk
  - Deceptive patient

Relationship between risk of death and consumption



Leonard J. Paulozzi MD, MPH, George W. Ryan PhD
American Journal of Preventive Medicine
Volume 31, Issue 6, December 2006, Pages 506-511

Rational Opioid Policy

- To receive opioids from ED ideally:
  - Review PMP report
  - Establish clinical guidelines: lumbar stain, minor trauma
  - Encourage single pharmacy/single physician source
  - Contract not to misuse, sell or share medication
  - Make a systematic identify at-risk patients
    - No current PCP/frequently changing PCP
    - Chronic opioid use
    - Current or past substance abuse
  - Not replace lost, stolen, or misplaced medication
  - Perform selected urine screens
  - Educate regarding dangers of leftover pills

Questions

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