

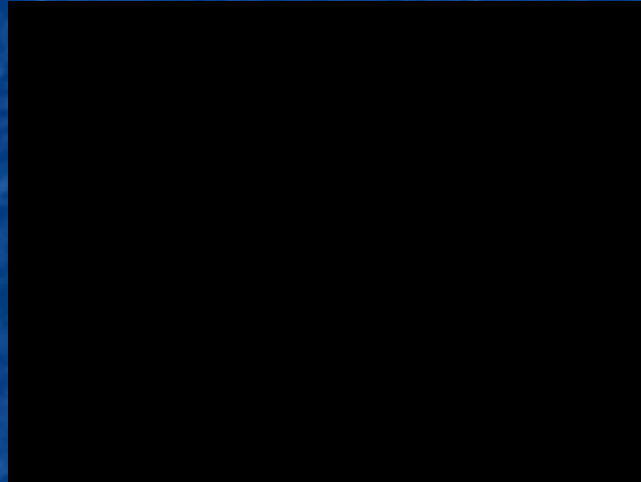
# Berkshire County Community Pain Risk Management Program

September 7-8, 2006  
Boston Massachusetts

# Goal of the Collaborative

Assuring safe and effective treatment of those suffering from acute and chronic pain while preventing individual and community harm from misuse and diversion of prescribed pain medication

# Lessons Learned from the automobile manufacturing industry



# Pain Management Collaborative

- Collaborative effort among
  - BHS and BHS providers
  - Community providers (physicians, dentists and other prescribing practitioners, pharmacies)
  - Law enforcement (Berkshire County Drug Task Force, police departments and District Attorney's Office)
  - Court and correctional system (probation, Sheriff's Office)

# Challenges of pain Management

- Symptoms and severity subjective
- Absence of fully effective tools to assess severity and often cause
- Public concern regarding under-treatment
- Increasing diversion and misuse

# Overview of the Local Diversion and Misuse Problem

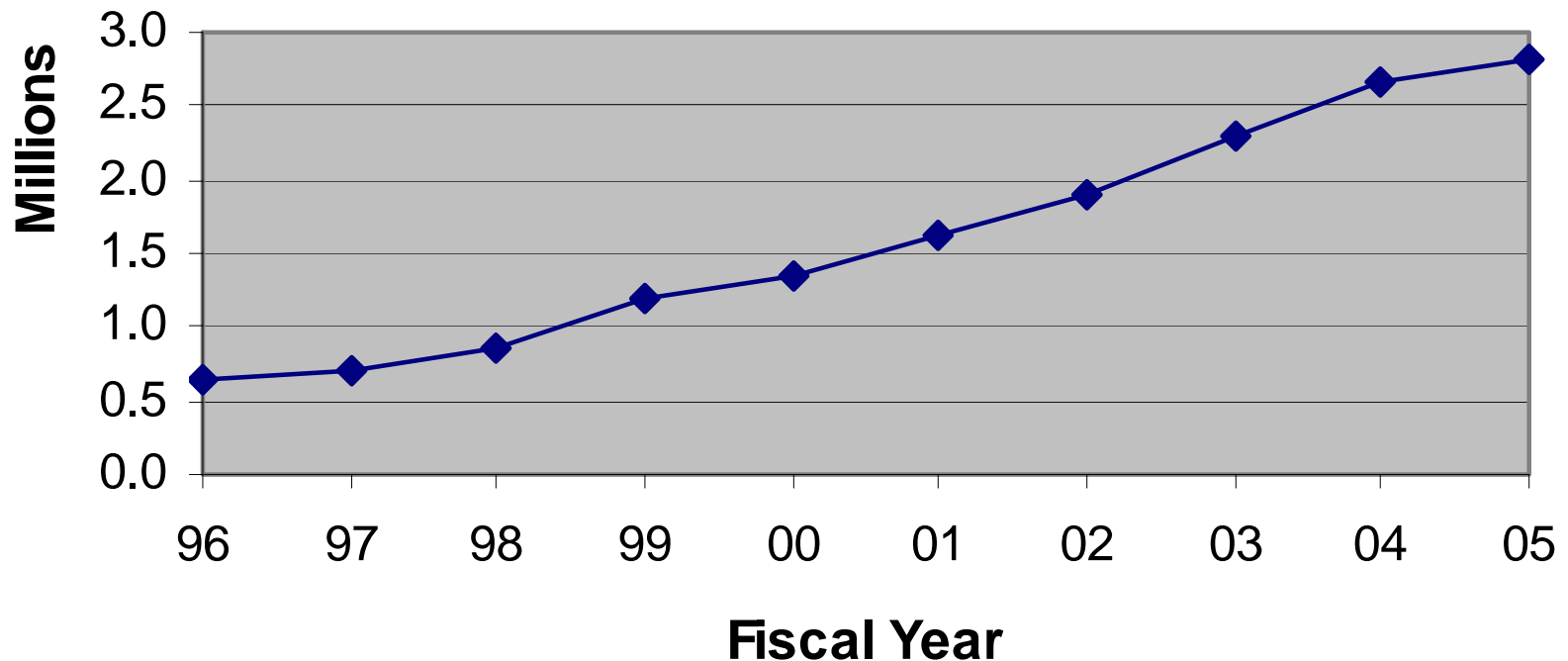
- Prescription pain medication is seen as “safe” recreational drug
- Oxycodone (Oxycontin) and other opiates prescribed for pain can be addictive and are popular but expensive street drugs
- Inexpensive, potent heroin (\$4 bag) readily replaces more expensive prescription medication (~\$80 for 80 mg Oxycontin)
- Rise in overdose deaths
- Rise in crime related to rising opiate abuse

# Estimated Magnitude of the Problem FY 2003

10,029,508 opioid pills prescribed in  
Berkshire County each year  
(67 tabs per each of 150,000 residents)

# Berkshire County 1996-2005 Schedule II Opioid Doses

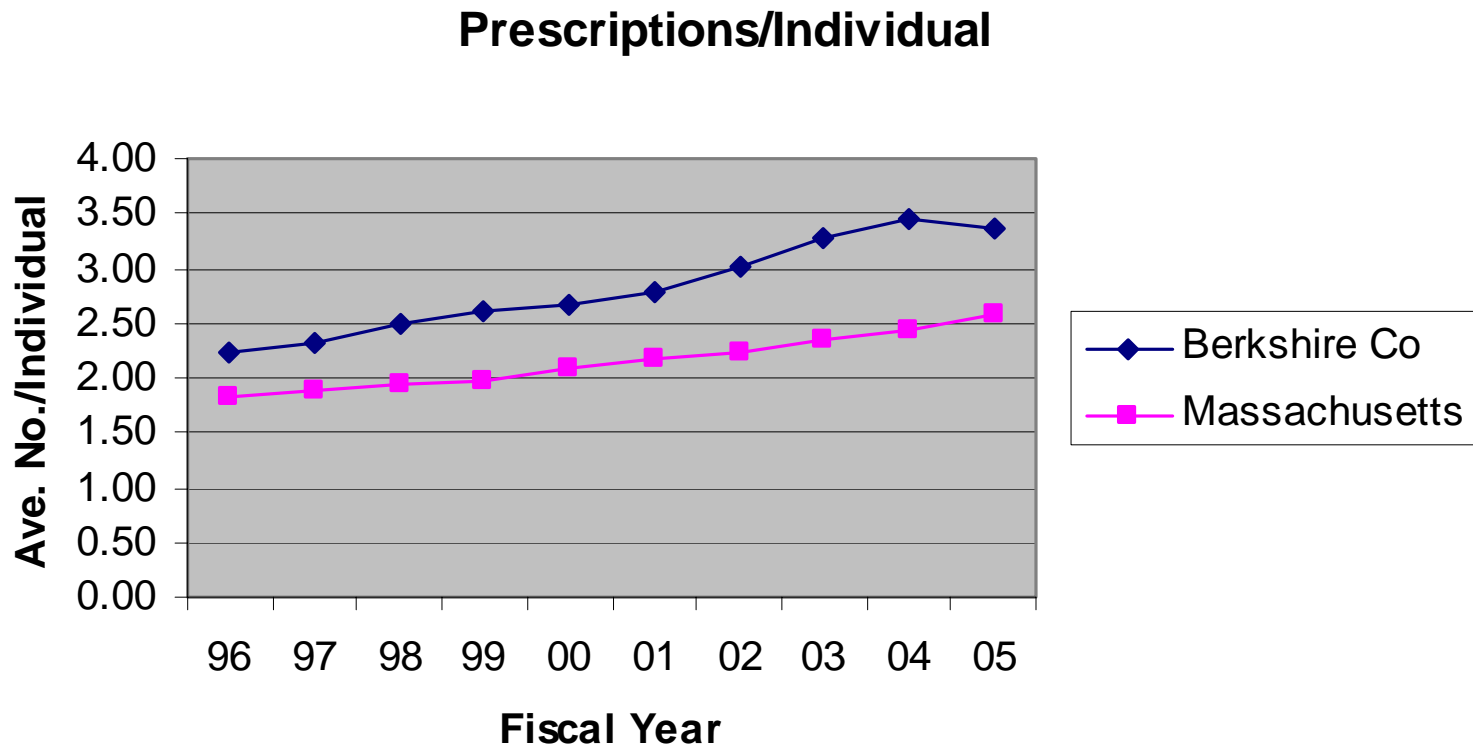
*Massachusetts DPH*





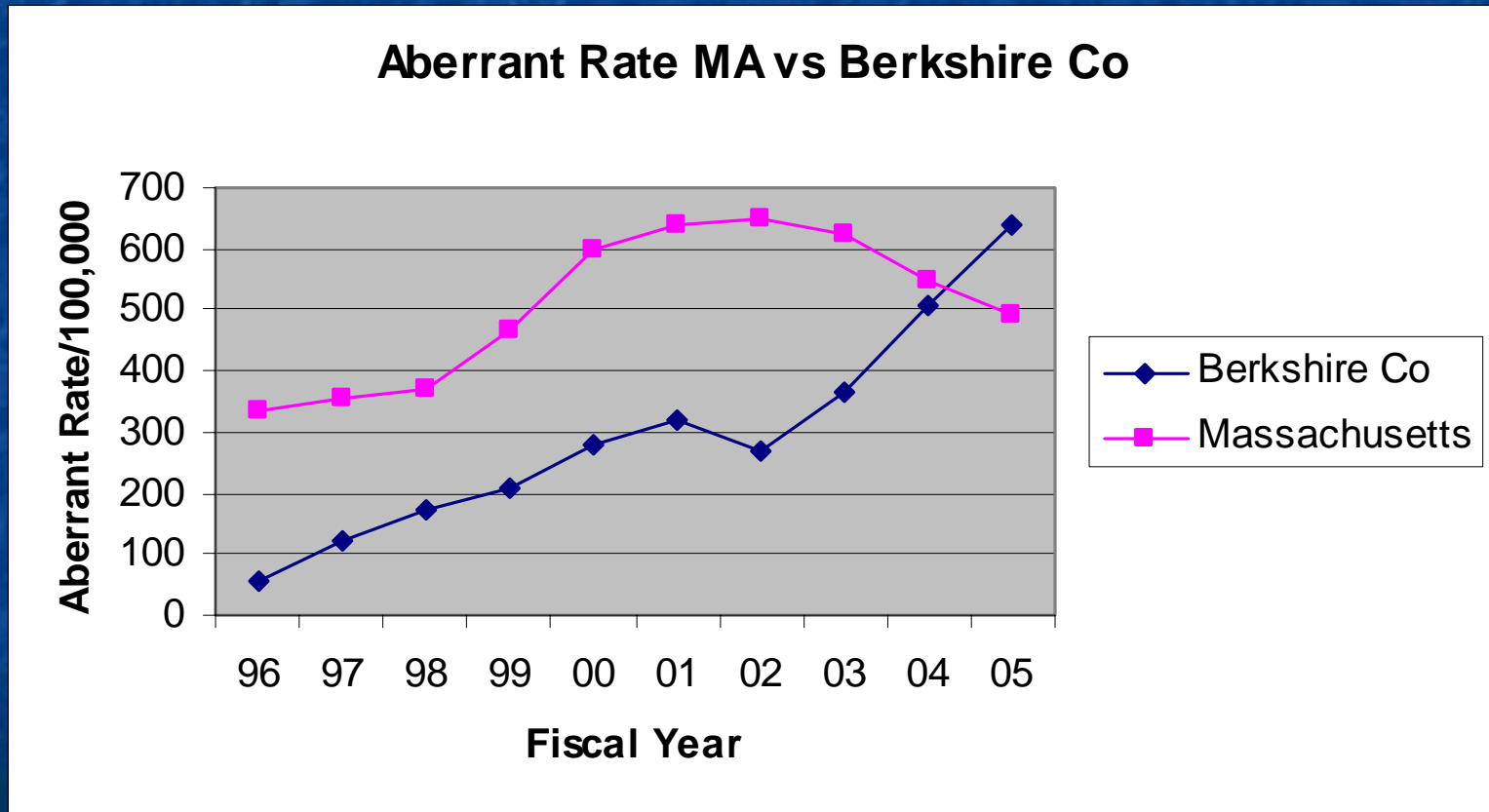
# Schedule II Prescriptions/Individual 1996-2005

*Massachusetts DPH*



# Schedule II Drugs Questionable Activity 1996-2005

Massachusetts DPH



Aberrant individual = Person using 4+ pharmacies and 4+ doctors during the year

# Physician guiding systems for opioid prescribing

# Task Force Subcommittees

- Best Practices
- Information Technology
- Multidisciplinary Clinic
- Legal



# PAIN CARE RESOURCE MANUAL

*A Practical Guide for Health Care Professionals*

BERKSHIRE HEALTH SYSTEMS, INC.

[painmanagement@bhs1.org](mailto:painmanagement@bhs1.org)



# Pain Manual

- Exec. Summary
- Frequently Asked Questions
- Initial Approach
- Algorithms
- Med Information
- Tools
- Screening Forms
- Multidisciplinary Assessment Prog.
- Regulatory Info
- Contacts

# Implementation goals

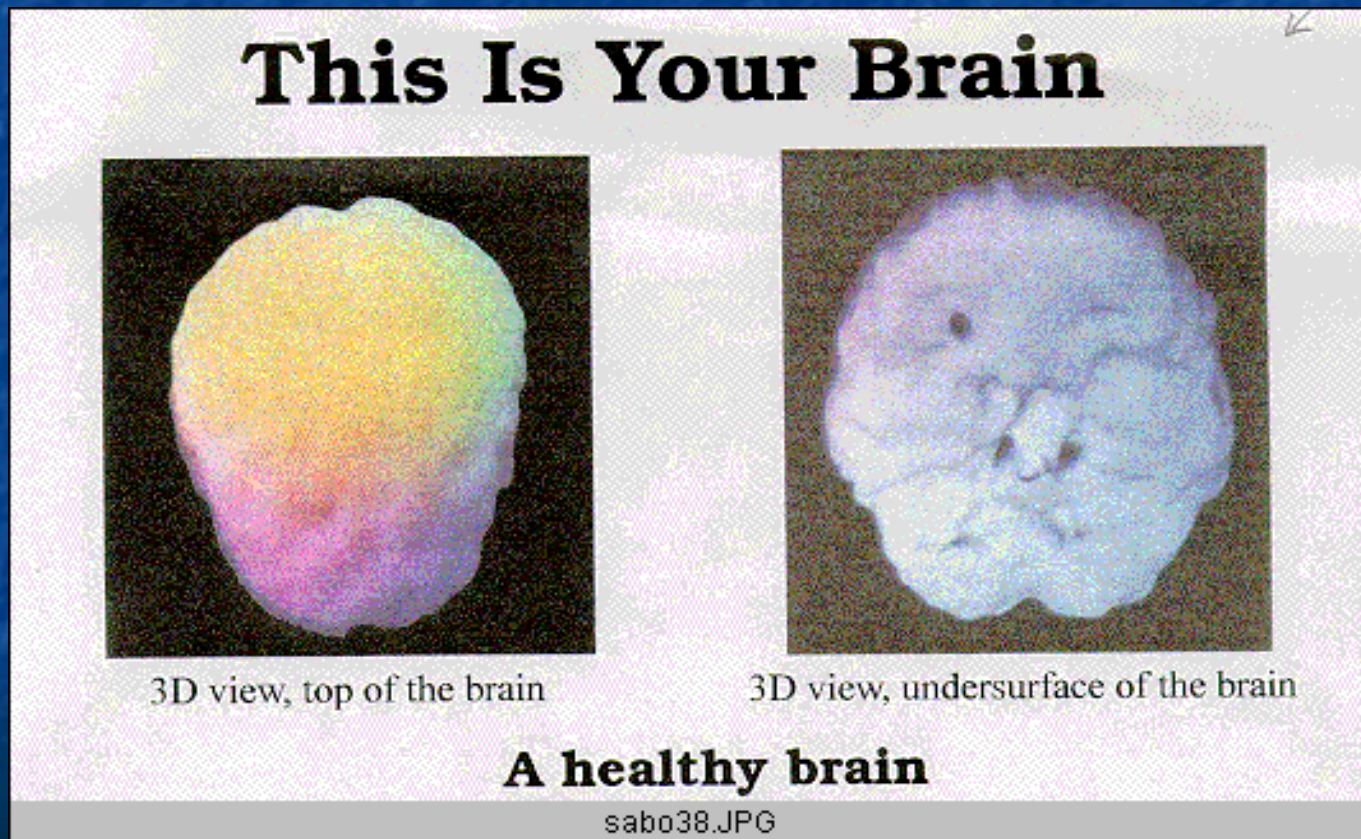
- All BFS patients on chronic opioids
  - On pain contracts by 12-1-06
  - Complete baseline pain & mental health screening
  - PADT at least 4 x per year (by 12-1-06)
  - Urine drug tested x3 by 9-30-07
  - Random pill counts PRN
- Electronic flags by 12-1-06
  - Contracts
  - Misuse/abuse
  - Probation/legal

# Obstacles/enabling factors

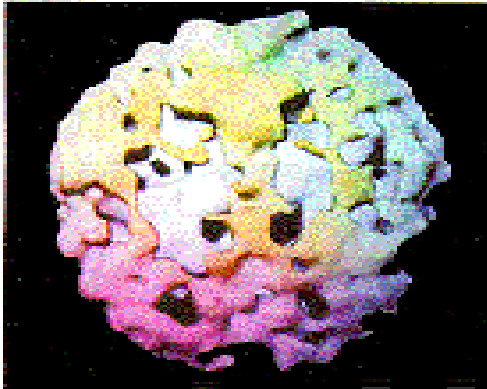
- Effort/time needed to change processes and workflow
- Incomplete data
- Time needed to access data
- Lack of consistent way to address issues with patients, misusers or abusers
- Senior level commitment
- EMR
- Data vs. opinion
- E-scribing
- External interest & support
- Provider pain



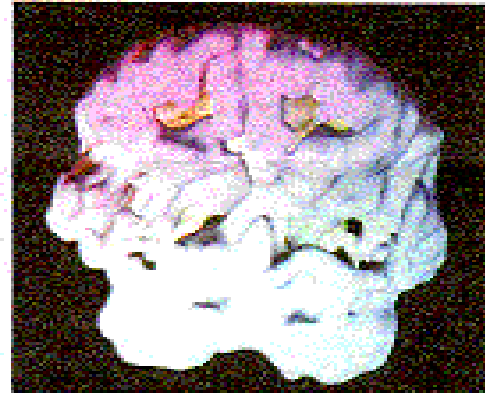
# The problem of drug abuse from the perspective of neuro-imaging



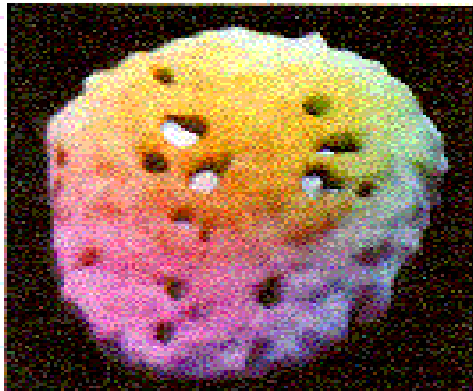
# **This Is Your Brain On Street Drugs**



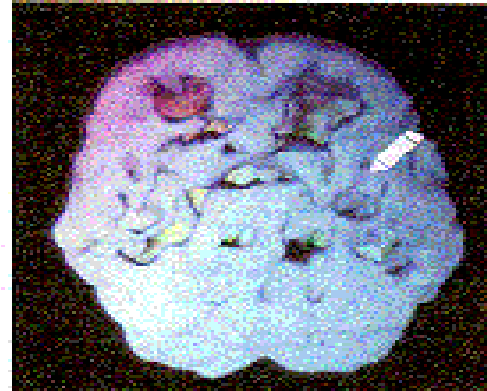
**20 years of heroin**



**25 years of alcohol abuse**



**2 years of cocaine**



**12 years of marijuana**

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# This Is Your Brain On Beer

