The Seven Habits
Of Highly Effective Narcotic Prescribing

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Cultural Competence

DO NOT PREDICT
- Gender
- Race
- Literacy
- Disability
- Socioeconomic status

PREDICT RX MISUSE
- Hx Et/drug abuse*
- Hx Et/drug-related criminal conviction
- FHx Et/drug abuse
- Psychiatric disorder

*Includes nicotine
HABIT 1: BE PROACTIVE

Department of Justice CURES Report

Online transcript of all C2-C4 dispensed to each patient in California
(not Tramadol or Soma)
HABIT 1: BE PROACTIVE

Department of Justice CURES Reports
Online transcript of C2-C4 substances dispensed to pt in California

https://pmp.doj.ca.gov/pmpreg/
HABIT 2: BEGIN WITH THE END IN MIND

Treatment Agreements ("Pain Contracts")

- Opportunity for a documented conversation
- Outline expectations, responsibilities, & obligations of mutually-agreed upon plan
- Opportunity to hold pt & MD accountable for a mutually agreed-upon plan
HABIT 2: BEGIN WITH THE END IN MIND

Treatment Agreement: content

- Elements of informed consent
- Pt will facilitate retrieval of old medical records
- Pt will cooperate w referrals
- Designated prescribers/pharmacies
- Refill & dose adjustment procedures
- Emergency issues
- Prohibited behaviors & criteria for tapering/discontinuing medications
HABIT 3: PUT FIRST THINGS FIRST

Know what the DEA & Medical Board expect

- Evaluation, psychosocial hx, DDX, dx
- Treatment Plan
- Informed consent: risks & outcomes
- Agreement for treatment
- Periodic Review & Re-assessment
- Appropriate consultation
- Documentation
- Compliance w laws & regulations
HABIT 3: PUT FIRST THINGS FIRST

Periodic Review & Assessment, Documentation

- Analgesia
- Adverse effects
- Activities
- Affect
- Aberrant behaviors
- Assessment
- Action Plan

Multiple Sources
Amount/Freq/Route/Combination
Hoardings
Using others’ medications
Concurrent alcohol/illicit drug
Sharing/Selling medication
Altering/Forging prescriptions
Early refills/loss
Resisting nonpharm measures
HABIT 4: THINK WIN-WIN

Urine Toxicology

- How is this a Win-Win?
- When should you test?
- What should you order?
- What is a positive result?
- How will you act on positive results?
Tests you can order in HC

- **Drugs of Abuse Screen (80100A):** Amph, Barb, Benzo, Opiate, Cocaine, PCP & THC
- **Drug Screen, Urine-CDRP (80100ZU):** The above 7 drugs plus pH, sg, creatinine
- **Pain Management (80100ZZZZ):** 13 opioids
- **Single tests:** oxycodone, MDMA, Spice/K2 EtOH, bath salts, dronabinol…etc.
- **Drug Confirmation:** Amph/MDMA, Cocaine, Opiate, PCP & THC
Urine drug screen results

**Anticipated:** Prescribed med present, illicit substances absent

**Med Missing:** Prescribed med absent (due to prn dosing, binges, diversion, substitution)

**Positive:** Illicit/nonprescribed substance present

**Diluted/Adulterated:** not human urine

**Not done/QNS**
Patient Discussions

SAFETY: If medication has become unsafe for any reason, it should be discontinued.

EFFICACY: If patient’s function isn’t improved, a change in treatment plan is indicated.

PATHOLOGY: Addiction is a dz to be diagnosed and treated, not an accusation to be defended. Don’t let the patient make it about you.

EMPATHY: Acknowledge pain & suffering.

CLARITY: Hedging hurts. Be clear and direct.

Brad Anderson, MD – Addiction Medicine KPNW
Patient Discussions

“I am concerned that use of alcohol or drugs may be causing some of your symptoms and actually making you feel worse. I know that this can be a difficult subject to discuss, even with your doctor, but it is important to consider this medical condition so that we can work together to help you feel better. A helpful lab test for diagnosing this is a urine test, which I am ordering for you.”

Brad Anderson, MD – Addiction Medicine KPNW
“It’s important to take this medication as it’s prescribed. We can make changes in your dose, but we have to do it together.”

“It’s unsafe to decide on your own how much medication to take”

“I know patients get worried that they will not get opioids any more if they talk about misusing their medications or using drugs. Sometimes they even falsify their urine tests. I will continue to work with you and can only really help if I know what’s going on with you.”

Brad Anderson, MD - NWPMG
“Here are the things I need to see in order to feel comfortable that this medication is safe for you [urine drug screen, frequent visits, pill counts, etc]…”

“In my experience, the lab results are rarely incorrect. But you’re right, we should repeat it. Let’s do it today.”

“Addiction Medicine can help us with this, and I’m putting in a referral for you....”
Documenting tough encounters

- Discuss Risks & Benefits in Assessment/MDM
- Demonstrate caring for the patient and her wellbeing
- Mention your belief that your plan has a high probability of success, your concern that pt’s plan has a low probability of success
- Do not reflect frustration in your note (24-hour rule)
- Note whether the patient agrees or does not agree with your treatment plan
Screen for risk of medication misuse

- Past and present Et, cigarette, & illicit drug use
- FHx of addiction
- Risk factors are not diagnostic, but help determine level of structure & caution
- Opioid Risk Tool (ORT) 5-item screening tool
- Screener & Opioid Assessment for Pts w Pain (SOAPP-R) 5, 14, 24-item query, less susceptible to deception
HABIT 6: SYNERGIZE

Utilize your colleagues for creative collaboration

- Psychiatry
- Integrated Pain Management Team (PM&R, Anesthesiology, IM, psychology, Psychiatry, PT, ADM)
- Addiction Medicine – *which patients?*
A common vocabulary

- Tolerance/Pseudotolerance
- Physical Dependence
- Withdrawal
- Substance Abuse
- Substance Dependence (Addiction)
- Pseudoaddiction
- Diversion
- Chaotic Social Situation
- Problematic Opioid Use
Problematic Opioid Use

- Overwhelming focus on opioid issues that dominates a significant proportion of visits and impedes progress with other pain issues. Persists beyond 3rd treatment session.
- Multiple calls or visits to administrative office to request meds, early refills, or Rx problems. (May qualify w fewer visits if creates a disturbance)
- Pattern of early refills (>2) or escalating drug use in absence of acute medical change
- Pattern of prescription problems (e.g., lost, spilled, or stolen medications)
- Supplemental sources (multiple providers, ERs, illicit)
HABIT 6: SYNERGIZE

Utilize your colleagues for creative collaboration

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- Integrated Pain Management Team (PM&R, Anesthesiology, IM, psychology, Psychiatry, PT, ADM)
- Addiction Medicine
- Regional Reference Labs (Hashem Almahdi gives 1-hour training on drug test interpretation)
- Regional Pharmacy Fraud team (Mark Horowitz gives 1-hour training on KP medication fraud)
HABIT 7: SHARPEN THE SAW

- Consider a Treatment Agreement template for your department
- Prescribe the minimum amount needed
- Discontinue old meds in HealthConnect (30%)
- Check for refills by clicking into medications
- Provide Maximum # of tabs per day on prns
- Avoid mail order for narcotics
- Enter all Rx into HealthConnect
- Use filters for controlled substances
THE 7 HABITS OF...YOU

- HABIT 1: BE PROACTIVE – CURES Reports
- HABIT 2: BEGIN WITH THE END IN MIND – Treatment Agreements
- HABIT 3: PUT FIRST THINGS FIRST - DEA
- HABIT 4: THINK WIN-WIN – Urine Toxicology
- HABIT 5: UNDERSTAND - ORT Screening Tool
- HABIT 6: SYNERGIZE - Consultants
- HABIT 7: SHARPEN THE SAW – HealthConnect
Universal Precautions in Narcotic Prescribing

- Screen for risk of prescription misuse
- Query CURES database
- Consider urine toxicology & know how to interpret the results
- Discuss & document Treatment Agreements
- Use the 7 A’s
- Refer to Psych, IPMP, & Addiction Medicine
- Leverage HealthConnect
Additional Resources

FSMB Pain consensus guidelines and resources:
  http://www.fsmb.org/pain-resources.html

KP Clinical Library Chronic Non-Malignant Pain site:
  http://cl.kp.org/pkc/nw/clinicaltools/supplemental_tools/chronic_pain_st.htm

KP Northwest chronic pain and opioid website
  http://internal.or.kp.org/primarycare/education_training/oui.cfm

DEA Prescriber’s Manual:

JCAHO Pain Management Standards:
  http://www.jcrinc.com/