Opioid Misuse and Overdose Workgroup

2019

Idaho Provider Toolkit

Opioid Prescription Management

Idaho has experienced steadily increasing numbers of drug-overdose deaths that have generally mirrored the national trend. From 2013 to 2017, 1,128 Idaho residents died from a drug overdose.

As an Idaho provider, you play a vital role in combatting the opioid epidemic. This toolkit is designed to share resources and information to support and inform clinical decision making.

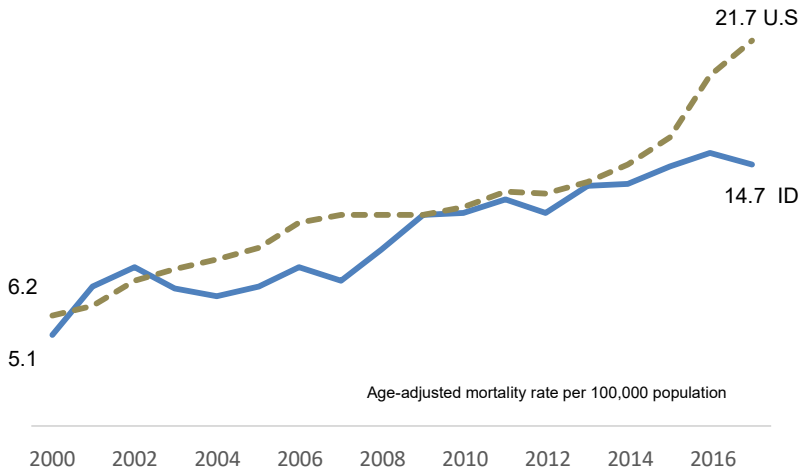
In 2017, **1** Idaho resident died from a drug overdose every **36** hours[1]

From 2013 to 2017, **60%** of Idaho resident drug-overdose deaths, in which one or more specific drugs were identified, involved opioids[1]

The annual number of drug overdose deaths increased by **277%** from 64 deaths in 2000 to 241 deaths in 2017[1]

Age-Adjusted Drug Overdose Mortality Rate

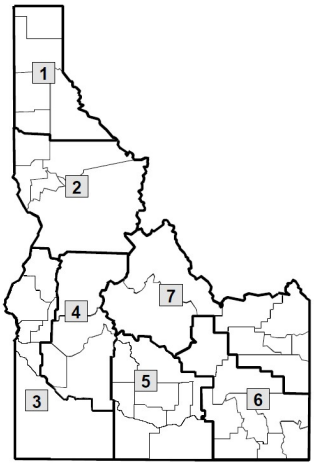
Idaho Residents and U.S. Residents, 2000-2017 Trend[1]



Drug Overdose Deaths[1]

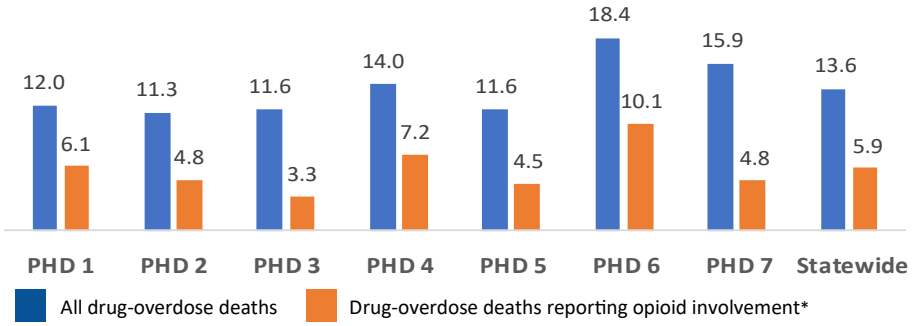
Number of Deaths by County of Residence, Idaho Residents, 2015-2017

County	#	County	#	County	#	County	#
Ada	184	Butte	1	Gem	10	Minidoka	6
Adams	1	Camas	0	Gooding	7	Nez Perce	21
Bannock	56	Canyon	59	Idaho	9	Oneida	0
Bear Lake	4	Caribou	2	Jefferson	5	Owyhee	4
Benewah	7	Cassia	6	Jerome	7	Payette	17
Bingham	12	Clark	2	Kootenai	64	Power	6
Blaine	6	Clearwater	3	Latah	13	Shoshone	11
Boise	3	Custer	1	Lemhi	3	Teton	3
Bonner	15	Elmore	9	Lewis	1	Twin Falls	47
Bonneville	75	Franklin	6	Lincoln	2	Valley	7
Boundary	2	Fremont	5	Madison	4	Washington	2



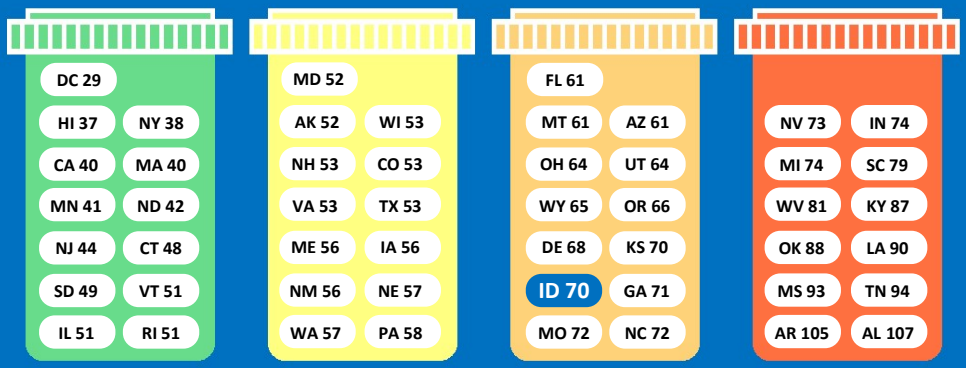
Public Health Districts (PHD)

Drug-Overdose Death Rate Per 100,000
by Public Health District of Residence, 2013-2017[1]



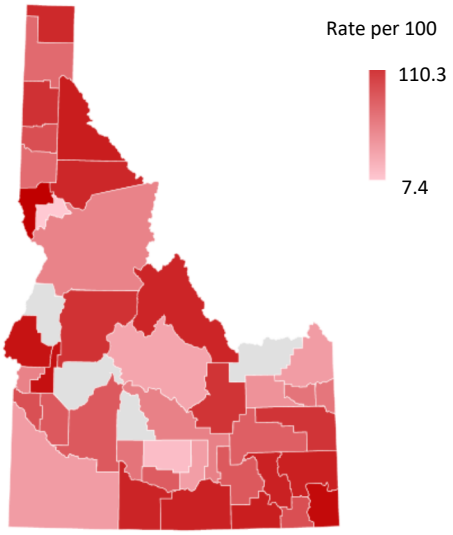
*From 2013 to 2017, 27% of all drug-overdose deaths did not report a specific drug on the death certificate.

Healthcare providers in different states prescribe at different levels[2]



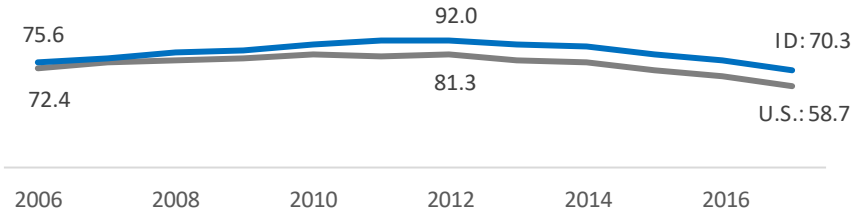
State abbreviation - **ID 70** - Number of opioid prescriptions per 100 state residents in 2017

Retail Opioid Prescriptions Dispensed per 100 Persons by County, 2017[2]



From 1999 to 2016, the amount of prescription opioids dispensed in the U.S. nearly quadrupled[3]. Prescribing rates for opioids vary widely across different states and counties. In 2017, prescribing rates in Idaho varied from a low of 7.4 prescriptions per 100 residents in Lewis County to a high of 110.3 prescription per 100 residents in Nez Perce County.

Retail Opioid Prescriptions Dispensed per 100 state residents Idaho and the United States, 2006—2017[2]



CDC Guideline for Prescribing Opioids for Chronic Pain

The CDC Guideline for Prescribing Opioids for Chronic Pain[3] addresses patient-centered clinical practices including conducting thorough assessments, considering all possible treatments, closely monitoring risks, and when appropriate safely discontinuing opioids for use in chronic pain. The three main focus areas in the guideline include:

1. Determining when to initiate or continue opioids for chronic pain

- 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.

2. Opioid selection, dosage, duration, follow-up, and discontinuation

- Use immediate-release opioids when starting.
- Do not prescribe ER/LA opioids for acute pain.
- Start low and go slow.
- When opioids are used for acute pain, prescribe the lowest effective dose of immediate-release opioids and prescribe no greater quantity than needed. Three days or less will often be sufficient; more than seven days will rarely be needed.
- Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed.

3. Assessing risk and addressing harms of opioid use

- Evaluate risk factors for opioid-related harms.
- Check the Idaho Prescription Monitoring Program (PMP) before writing a prescription. Specifically check for high dosages and prescriptions from other providers.
- Avoid prescribing opioids and benzodiazepines concurrently.
- Use urine drug testing to identify prescribed substances and undisclosed use.
- Arrange treatment for opioid use disorder if needed.

CDC offers a free online training series

to help healthcare providers apply CDC's recommendations in clinical settings through patient scenarios, videos, knowledge checks, tips, and resources. Providers can gain a better understanding of the recommendations, the risks and benefits of prescription opioids, nonopioid treatment options, patient communication, assessing opioid use disorder, and risk mitigation. Each stand-alone module is self-paced and offers free continuing education credit (CME, CNE, and CEU).

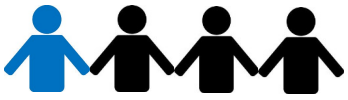
https://www.cdc.gov/drugoverdose/training/online-training.html

You can read the full CDC Guideline here:
https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm

Dosage ≥ 50 MME/day increase risks for overdose by at least

2x

compared to the risk at <20 MME/day



1 in 4 patients receiving long-term opioid therapy in primary care settings struggle with opioid disorder

Treating Pain Safely

There are multiple ways to manage patients' pain and discomfort, including:

- Rest, ice/heat, repositioning/splinting.
- Exercise therapy.
- Non-opioid prescription medications.
- Over-the-counter medicines, such as acetaminophen or ibuprofen.

CDC Guideline 9:

Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

Idaho Prescription Drug Monitoring Program

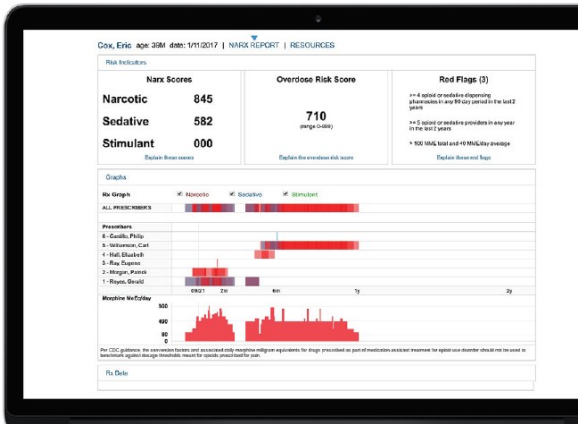
The Idaho Prescription Monitoring Program (PMP) is a statewide electronic database that collects designated data on controlled substances dispensed in the state of Idaho and is connected with prescription monitoring programs in neighboring states. This tool – provided to prescribers of controlled substances and pharmacists who are considering dispensing controlled substance prescriptions to patients – serves several purposes:

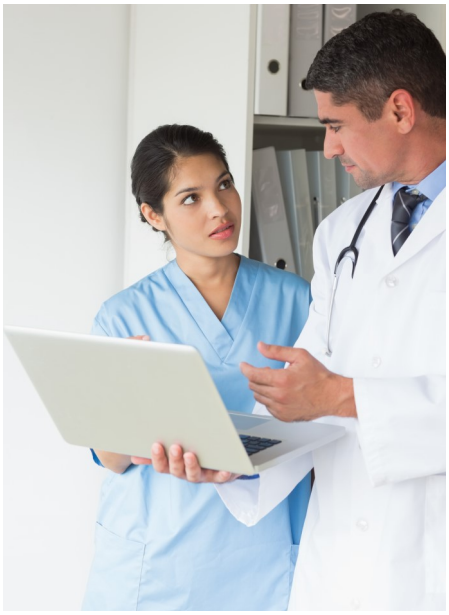
- Support access to legitimate medical use of controlled substances.
- Identify and deter or prevent drug abuse and diversion.
- Help identify and facilitate treatment of person with opioid use disorder (or substance use disorder).
- Avoid dangerous combinations of benzodiazepines and opioids.
- Inform public health initiatives through analysis of the PMP database.

Link to PDMP: https://idaho.pmpaware.net

Funding is available to integrate the Idaho Prescription Monitoring Program (PMP) database into providers' electronic health records using a product called "Gateway" and "NarxCare." This software reduces the time burden on physicians and other prescribers by permitting direct access and fast lookup of patients' five-year history of dispensed controlled substance prescriptions.

Anyone interested in this opportunity may contact Teresa Anderson at the Board of Pharmacy at (208) 334-2356





Earn Free CME/CE: The Idaho Department of Health and Welfare, in collaboration with the Idaho Board of Medicine, the Idaho Board of Pharmacy, and the Idaho Board of Dentistry, has produced an online training video to help healthcare providers gain a deeper understanding of the Idaho Prescription Monitoring Program (Idaho PMP) and the CDC Guideline for Prescribing Opioids.

This activity will provide tips on utilizing the Idaho PMP and implementing the Guideline into your practice.

Link to the activity: www.stopoverdoseidaho.org (provider tab)

To save time, assign delegates at your clinic to run a PMP report prior to visiting with a patient.

Prescribing Naloxone

Naloxone is the antidote for an opioid overdose and is used to reverse respiratory depression associated with toxic exposure to opioids. Naloxone is not a controlled substance and in Idaho can be prescribed by any prescriber or pharmacist. You can prescribe take-home naloxone to patients at risk of an opioid overdose. Consider prescribing naloxone to patients with:

- Suspected history of substance misuse or nonmedical opioid use.
- Higher-dose (>50 mg morphine equivalent/day) opioid prescription.
- Any opioid prescription for pain plus concurrent benzodiazepine or other sedative prescription.
- Any opioid prescription for pain plus a known medical or psychiatric condition associated with an increased risk for overdose including COPD, liver disease, sleep apnea, heart disease, depression, PTSD.
- Potential difficulty accessing emergency medical services (distance, remoteness).

How to Recognize Opioid Use Disorder (OUD)[4]

Diagnosing OUD requires a thorough evaluation, which may include obtaining the results of urine drug testing and prescription drug monitoring program (PMP) reports, when OUD is suspected.

In order to confirm a diagnosis of OUD, at least two of the following should be observed within a 12-month period (DSM-5 Diagnostic Criteria for OUD):

- ☐ Opioids are often taken in larger amounts or over a longer period than was intended.
- ☐ There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
- ☐ A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
- ☐ Craving, or a strong desire or urge to use opioids.
- ☐ Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
- ☐ Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
- ☐ Important social, occupational, or recreational activities are given up or reduced because of opioid use.
- ☐ Recurrent opioid use in situations in which it is physically hazardous.
- ☐ Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- ☐ Exhibits tolerance.
- ☐ Exhibits withdrawal.

It is also important to remember that OUD exists on a continuum of severity. As a result, a scale for assigning severity exists and is based upon the number of criteria that have been met (mild, moderate, severe). This severity distinction has treatment implications.

National organizations including the AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) and the AMERICAN ACADEMY OF ADDICTION PSYCHIATRY (AAAP) offer training and resources around the diagnosis and treatment of OUD.

Suspect Your Patient is Misusing Prescription Drugs? *Suggestions from a Pain Specialist*

- Have open, honest relationships with the patients to whom you prescribe controlled substances. You should discuss the addictive qualities of medications with patients; inform them that you will be carefully monitoring them when they are taking the medications; express concern if problems crop up; and discuss alternative approaches to treatment. As soon as you begin to suspect a patient may be abusing prescriptions, express your concerns.
- Patients don't intentionally create their substance use disorder.
- The most compassionate solution is to work with patients, help them recognize when they have a problem, and then provide proper treatment or refer them for proper treatment.
- Saying "I'm not going to see you anymore" without fully evaluating and discussing options with the patient might be missing an opportunity to save your patient's life.
- If you believe it is necessary to stop prescribing immediately–perhaps they have violated a treatment agreement or fail a urine screening–educate the patient about withdrawal symptoms, and attempt to refer the patient to a formal addiction-treatment provider. Withdrawal symptoms include:
  - □ Agitation, irritability, depression, anxiety
  - □ Insomnia, excessive yawning
  - □ Opioid cravings
  - □ Nausea, vomiting , stomach cramps, diarrhea
  - □ Hot and cold sweats, tearing up, runny nose, goosebumps
- If the patient continues to deny a problem, document your attempts to treat them, and document their reactions and resistance. Then recommend evaluation by someone more skilled in addressing addiction issues. If the patient refuses, tell them you cannot continue to write them prescriptions for pain medications.
- Find substance use disorder treatment programs and Medicaid behavioral health treatment programs: http://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/FindTreatment/tabid/382/Default.aspx
- If an opioid use disorder has been diagnosed consider MAT or referring your patient to a MAT provider.
- To find a MAT provider in your area visit: www.stopoverdoseidaho.org

Become a MAT Provider

Expanding access to Medication Assisted Treatment (MAT) starts with providers who want to help patients with OUD and are willing to complete steps involved with obtaining specific medication prescribing privileges. To become a MAT / buprenorphine physician prescriber, an eight-hour training course must be completed before applying for a specialized DEA waiver, also known as a DATA 2000 waiver, a process that usually takes 45 days. Nurse practitioners (NPs) and physician assistants (PAs) can also become buprenorphine prescribers. These providers follow the physician steps to obtain waivers, but require 24 hours of training rather than eight. To learn more visit https://www.samhsa.gov/medication-assisted-treatment or visit stopoverdoseidaho.org to find a training in your area.

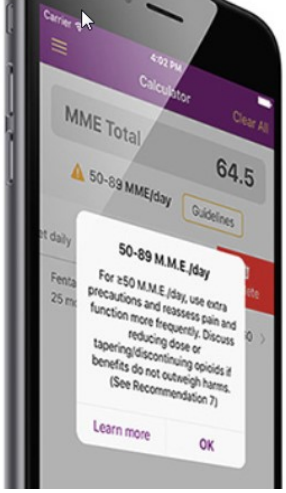
Project ECHO®

University of Idaho

PROJECT ECHO

Project ECHO Idaho uses video conferencing to link providers with specialist teams for interactive continuing medical education and mentoring. Each one-hour session consists of a brief didactic lecture and review and discussion of patient cases submitted by participants. Sessions are free to join and participants earn free continuing medical education credits.

Learn best practices for treating patients with pain or opioid use disorder, connect with peers from around the state to discuss what really works, and get feedback on difficult patient cases from a panel of specialists. Learn more and sign up: www.uidaho.edu/echo



CDC's Opioid Guideline App is designed to help you apply the recommendations of CDC's *Guideline for Prescribing Opioids for Chronic Pain* in clinical practice by putting the entire guideline, tools, and resources in the palm of your hand. The application includes:

- A Morphine Milligram Equivalent (MME) calculator.
- Summaries of key recommendations and a link to the full Guidelines.
- An interactive motivational interviewing feature to help providers practice effective communications skills.

The CDC Opioid Guideline App is available for free download on Google Play (Android devices) and in the Apple Store (iOS devices).

Dose (MME) Calculator

Calculating the total daily dose of opioids helps identify patients who are at higher risk of overdose:

- Use extra precautions for patients at **≥50 MME/day** such as closer monitoring, reduction or tapering of opioids, and/or prescribing of naloxone.
- Avoid or carefully justify increasing dosage to **≥90 MME/day**.

Calculating MME

1. Determine the total daily amount of each opioid the patient takes.
2. Convert each to MME—multiply the dose for each opioid by the conversion factor (see table).
3. Add them together.

Visit http://www.agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm

Opioid (doses in mg/day except where noted)		Conversion Factor
Codeine		0.15
Fentanyl transdermal (in mcg/hr)		2.4
Hydrocodone		1
Hydromorphone		4
Methadone	1-20 mg/day	4
	21-40 mg/day	8
	41-60 mg/day	10
	≥ 61-80 mg/day	12
Morphine		1
Oxycodone		1.5
Oxymorphone		3

Mark each box that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx Drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx Drugs	5	5
Age between 16—45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
Dx of ADD, OCD, bipolar, schizophrenia	2	2
Dx of depression	1	1
Scoring totals		

The Opioid Risk Tool (ORT)[5] is a screening tool designed for use with adult patients in primary care settings to assess risk for opioid abuse among individuals prescribed opioids for treatment of chronic pain. You may want to administer this tool to patients upon an initial visit prior to beginning opioid therapy for pain management. Total ORT scores are meant to help clinicians assess the risk of whether a patient may develop a drug-related problem by using an opioid. It does not diagnosis a drug problem. It only assesses the risk of developing a problem if one is exposed to an opioid. The questions are based on what is known to increase the risk.

Scoring (Risk)

≤3: A low risk score indicates people are less likely to develop a problem if they are exposed to an opioid, but those people are still at risk.

4-7: People who are at moderate risk are assessed as having a 50/50 probability of developing a problem with opioids if opioids are prescribed for them.

≥8: A high risk score suggests people are at very high risk of having a problem with opioids if opioids are prescribed, but this does not mean that those people are destined to have a problem.

Pain & Controlled Substance Treatment Agreement

A written agreement signed by the patient and clinician that sets out the expectations for a patient using high-risk medications including opioids. These agreements can be used to facilitate conversations and can be introduced to patients receiving or entering long-term opioid therapy.

Key Elements

- Require that only one doctor prescribe and one pharmacy dispense the medication.
- State that lost or stolen prescriptions will not be replaced.
- Inform the patient of the risk of opioid tolerance and physiologic dependence.
- Address associated monitoring by the prescriber's office (e.g. PDMP, random pill counts, urine drug screens).
- Encourage patient to participate in other pain treatment modalities, e.g. physical therapy.
- Prohibit patient from increasing the dose or frequency beyond what is prescribed.

Visit www.stopoverdoseidaho.org and click on the provider tab to find a sample agreement and other helpful tools.

Safety Tip Checklist

When you prescribe opioids, go through this list of safety tips with your patient.

- ☐ Never take an opioid pain medication that is not your prescription.
- ☐ Do not adjust your doses–especially do not take more than prescribed.
- ☐ Track when you take your pain medications.
- ☐ Never mix with alcohol.
- ☐ Taking pain medications with sleeping or anti-anxiety medications can be dangerous.
- ☐ Let me know what other medications you are taking.
- ☐ Keep your medications locked up.
- ☐ Safely dispose any unused medications.
- ☐ Are you familiar with naloxone? (Consider co-prescribing if opioid dose ≥50 MME.)

References

[1] Bureau of Vital Records and Health Statistics; Division of Public Health

[2] IQVIA Xponent 2006–2017. IQVIA Xponent is based on a sample of approximately 50,000 retail (non-hospital) pharmacies, which dispense nearly 90% of all retail prescriptions in the United States. For this database, a prescription is an initial or refill prescription dispensed at a retail pharmacy in the sample and paid for by commercial insurance, Medicaid, Medicare, or cash or its equivalent. This database does not include mail order pharmacy data. https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html

[3] Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1.

[4] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention. https://www.cdc.gov/drugoverdose/training/oud/index.html

[5] Webster LR, Webster R. Predicting aberrant behaviors in Opioid-treated patients: preliminary validation of the Opioid risk tool. Pain Med. 2005;6(6):432

[6] Adapted from: Eight Opioid Safety Principles for Patients and Caregivers©, the American Academy of Pain Medicine

This publication was developed by the Idaho Opioid Misuse and Overdose Strategic Plan 2017-2022

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