Opioid Review and MAT Clinic Mis-Prescribing

July 11, 2018

Announcements

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- CME evaluation forms are due to Katie Stangl by Friday, July 13th at 4:00pm.

Upcoming Presentations

- **NEXT WEEK!**
  - **July 18: Gary Sperl, PharmD from Coborn's in Little Falls**
  - **This will be a great presentation for your local pharmacists to attend!**

Upcoming Presentations

- Coming soon!
  - August 7: Dr. Peter Stiles from TRIA Orthopedic presenting on comprehensive management.
  - August 22: Dr. Lisa Lindquist, psychiatrist in Anchorage

Outcomes

- Recognize the concept of mis-prescribing
- Differentiate the categories of mis-prescribing

Resource

- “Between a Rock and a Hard Place: Can Physicians Prescribe Opioids to Treat Pain Adequately While Avoiding Legal Sanction?”
  - Kelly K. Dineen and James M. DuBois
  - Am J Law Med. 2016; 42(1): 7–52.

Mis-Prescribing

- Most of patients with opioid use disorder and those that overdose do not get opioids directly from prescriber.

Mis-Prescribing

…but remember that shared or stolen medications all start as a valid prescription

Mis-Prescribing

- Highest risk of overdose are patients using prescription opioids non-medically 200 or more days in a calendar year. Get their pills in the following manner:
  - 27% have valid prescription
  - 26% from friends or relatives for free
  - 23% buy from friends or relatives
  - 15% buy from dealers

CDC prescribing data, August 30, 2017

Mis-Prescribing

- Prescribers bear responsibility for careful and conscious prescribing
  - Patient assessment
  - Communication- old records
  - Education- guidelines

Mis-Prescribing

- Goal- appropriately treat pain when necessary and avoid legal issues related to opioid prescribing

Mis-Prescribing

- How have prescribing issues been categorized by policy makers in the past?

Mis-Prescribing

- 4D Model developed over 30 years ago:
  - Dated
  - Duped
  - Dishonest
  - Disabled
- Characterization meant to describe mis-prescribing characteristics and guide appropriate disciplines.
- This model was used by and endorsed by the AMA

Mis-Prescribing

- Mis-prescribing- how is it defined legally
  - Often used to describe when there is unfortunate outcome, such as patient who sells or used in nonmedical fashion, with adverse effects.
  - Effort now to change to more reflect prescribing behaviors that depart widely from the standard of care.

Mis-Prescribing

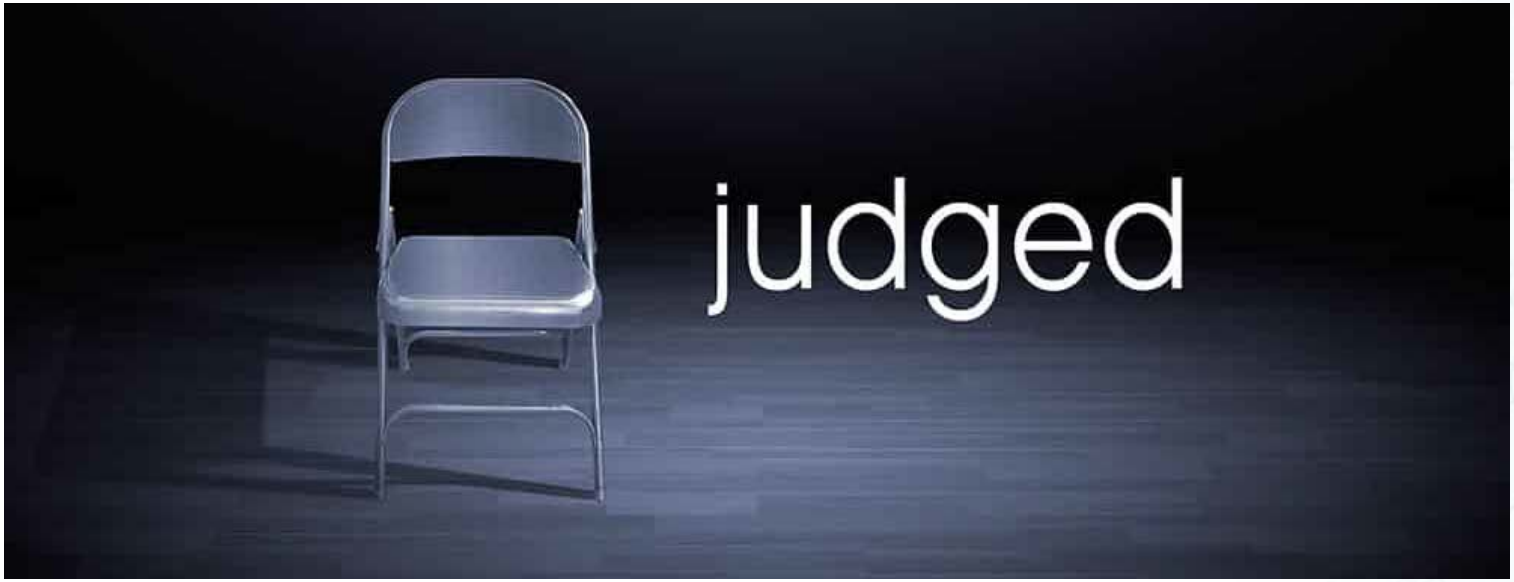
- Studies on mis-prescribing are few. Studies that have been done show that doctors who are sanctioned for opioid issues are:
  - Male
  - Older
  - Lack of board certification (non-residency)
  - Work as general practitioner
  - Specialize in psychiatry

Mis-Prescribing

- In a study by Rich and Webster they looked at underlying behavior patterns by analyzing medical records in malpractice opioid overdose cases from 2005 to 2009. They attributed the cause of overdose to physician error in 75% of the cases.

Mis-Prescribing

- So how are prescribers currently judged by regulatory bodies and law enforcement agencies?



Mis-Prescribing

- The 4D Model- endorsed by the AMA
  - Dated- working with outdated info
  - Duped- med script to inappropriate patient
  - Dishonest- financial gain
  - Disabled - impaired physician

Mis-Prescribing

- Physicians have faced sanctions for being fooled
  - Scores of lie detection is 54% for trained investigator
- Studies have shown empathy can make a person more susceptible to deception.

Mis-Prescribing

- Mis-prescribing consequences
  - Malpractice
  - State board action
  - Law enforcement- local, DEA…

Malpractice

- Standard of care
  - More than one right way
  - May include many factors
  - Although one deviation may open to liability

State Boards

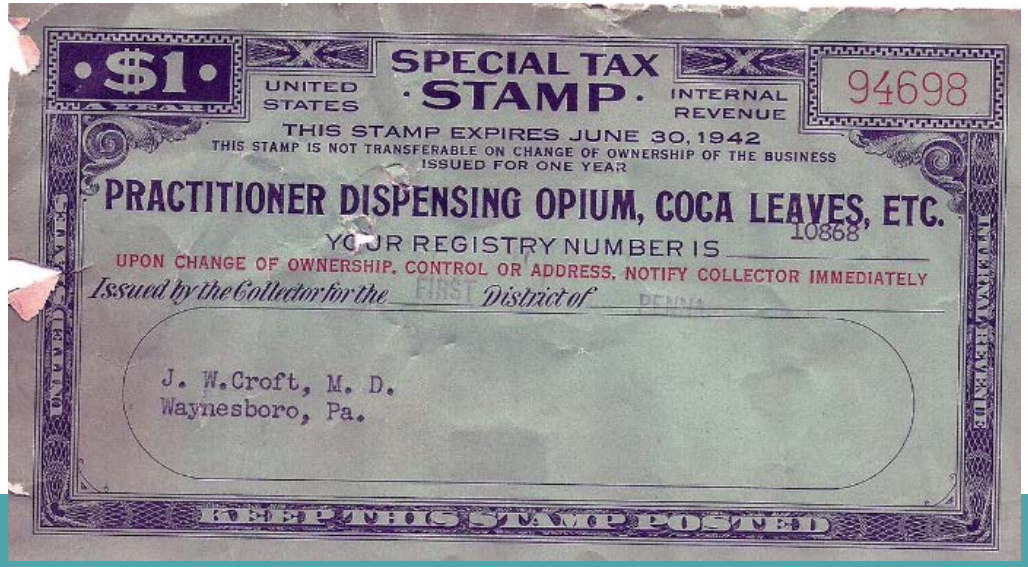
- Primary obligation protection of health and safety
- Ensure basic competency of prescriber
- Substantial number of state board actions involve misuse and mis-prescribing
- Action can be taken for undertreating pain due to complaint, but these are **RARE**

Law Enforcement

- The differing view of drugs
  - Law enforcement- drugs are the enemy
  - To medical profession- drugs are useful tools
- Prior to 1914 all drugs were available without a prescription!

Harrison Narcotic Act

- Rx needed in most cases for opioids
- Also had language which prohibited maintenance prescriptions for addiction
- Oddly this is responsible for the strict restriction on physicians doing MAT



DEA- Enforced the Controlled Substance Act

- Federal criminal drug law which prohibits illegal drug manufacturing and distribution
- Also developed schedule for drugs
  - I- no acceptable medical use
  - II- most opioids
  - III- may be useful for pain/anxiety
  - IV- benzodiazepines/tramadol

Criminal Standard for Liability

- Prescribe knowingly, without legitimate medical purpose outside the course of medical practice.
- Not considered criminal act if reckless or negligent.

Classifying Mis-prescribing

- Proposal for new classification of mis-prescribing, the 3 C's.
  - Careless prescribers
  - Corrupt
  - Compromised and impaired

Careless Prescribers

- Below standard of care
- Prescribing patterns are careless/ reckless
- Not criminal
- Includes no history or exam, no old records, consultation or evaluation, dangerous combination of drugs

Corrupt

- Pill mills- cash for pills

Compromised and Impaired

- Mental or physical disability
- SUD in physicians higher than general population (opioid and benzodiazepine use up to 5x higher)
- Increased rate of suicide
- Physicians don't divert in general, they use themselves

Conclusion of Paper

- More studies are needed on mis-prescribing
- Need to understand frequency and functions that influence it
- Consider a model like the 3C model to better describe mis-prescribing and possible sanctioning
  - Avoid focus on patient behavior and place solely on prescriber actions