

Prescription Drug Monitoring A Physicians Perspective

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Scope of the Problem

- 42% of Emergency Room Visits – Pain Problems
- Estimated 44 million pain related visits made to US emergency departments annually

Pletcher MJ, Kertesz SG, Kohn MA, Gonzales R. Trends in opioid prescribing by race/ethnicity for patients seeking care in US emergency departments. JAMA. 2008;299:70-78.

- 30%-40% of adults experience back pain

Verhaak PFM, Kerssens JJ, Decker J, et al. Prevalence of chronic benign pain disorder among adults: A review of the literature. Pain 1998; 77:231-239.



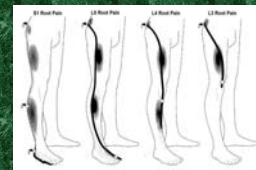
Approach to Patient with Pain

- Identify type of pain
 - Nociceptive, Neuropathic
 - Acute vs Chronic
 - Peripheral vs Central Sensitization
- Identify pain generator
- Review aggravating/ameliorating factors
- Develop initial treatment plan
- Review/modify treatment if necessary

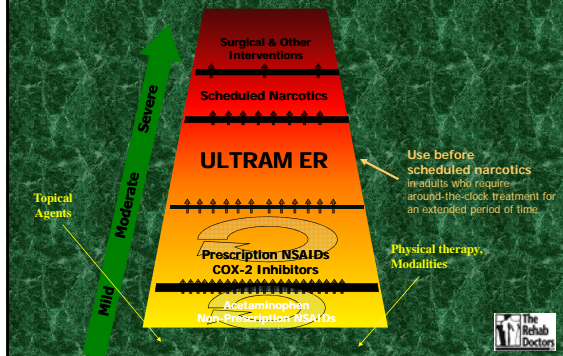


Identify Type of Pain

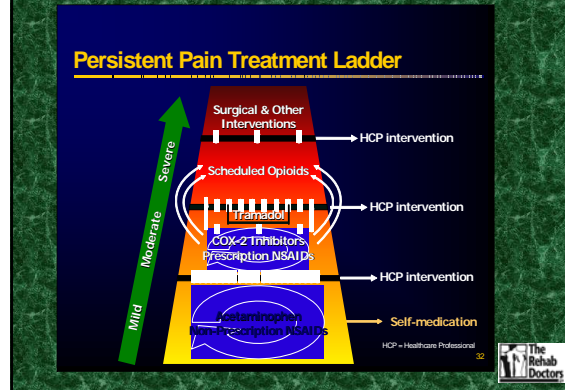
- Acute vs Chronic
- Nociceptive vs Neuropathic



Modified Pain Treatment Ladder



Persistent Pain Treatment Ladder



How to Identify/Prevent Problems



Prescription Drug Abuse Statistics

- 6.2 Million Americans who are current non-medical users of Psycho-therapeutic Drugs
- Greater than the number of those abusing cocaine, hallucinogens, and heroin combined
- Non-medical use of prescription drugs ranks 2nd only to marijuana



Risks/problems associated with prescribing controlled substances

- Concern about patients
 - Fear of addiction
 - Fear of Drug Abuse
 - Concerns about diversion
 - Concern about safety of medications
 - Identifying “doctor shoppers”
 - Tolerance
 - Dose Escalation
- Regulatory concern
 - Concern about DEA scrutiny
 - Rules vs myths
- Prescribing Logistics
 - Monthly prescription refills
 - Drug Testing
 - Opiate Agreements



How to Decrease Risk when Prescribing Controlled Substances

- Documentation – 4As
- Written Opiate treatment Agreements – “not contracts”
- Drug screens
 - ICD-9 = V58.69 Chronic Med Use
- Adequately treat pain & identify patients at risk for abuse/diversion
 - SOAPP-R (Screener and Opioid Assessment for Patients with Pain – Revised)
 - Determine how often to monitor, who to monitor
- Patient Database/registry
 - Prescription Drug Monitoring Program(PDMP)



Documentation

- 4 A's – Criteria looked at by DEA/Reviewers
 - Analgesia – documented pain score
 - Activity/Function – ADLs, functional outcomes
 - Adverse events – side effects, complications
 - Aberrant Behavior – drug seeking, abnormal drug screens, should have explanations, plan, course of action



Narcotic Agreement

- Agreement to Treat with Narcotics
 - Not a contract
 - Contract implies service or product for \$\$
 - Include terminology that allows:
 - Prescriber to communicate with pharmacy, primary care MD, ER
 - Prescriber to obtain drug screens when clinically indicated
 - Patient only uses one pharmacy
 - Agrees to take medications exactly as prescribed



Drug Screens

- Drug screens
 - Codes/What to order:
 - RCRH Lab – UDS panel – confirm positive opiates
 - ClinLab – 764819
 - Sanford Lab – drugs of abuse panel with expanded opiate panel – 38081N- 9907
 - ICD-9 = V58.69 Chronic Med Use
- Drug Screen/Test Specifics
 - Look at Creatinine level (way to determine if valid test)
 - Make sure test includes synthetic opiates



Drug Screens

- When to use/screen
 - Initial assumption of care
 - Scheduled basis
 - Determined by clinician
 - Determined by SOAP-R
 - Random system
 - SOAP-R (Screener and Opioid Assessment for Patients with Pain – Revised)



2007 Release

Screener and Opioid Assessment for Patients with Pain- Revised (SOAPP®-R)

The Screener and Opioid Assessment for Patients with Pain- Revised (SOAPP®-R) is a tool for clinicians to help determine how much monitoring a patient on long-term opioid therapy might require. This is an updated and revised version of SOAPP V.1 released in 2003.

Physicians remain reluctant to prescribe opioid medication because of concerns about addiction, misuse, and other abnormal medication-related behaviors, as well as liability and coverage concerns. Despite recent findings suggesting that most patients are able to successfully remain on long-term opioid therapy without significant problems, physicians often express a lack of confidence in their ability to distinguish patients likely to have few problems on long-term opioid therapy from those requiring more monitoring.

SOAPP®-R is a quick and easy-to-use questionnaire designed to help providers evaluate the patient's relative risk for developing problems when placed on long-term opioid therapy. SOAPP®-R is:

- A brief paper and pencil questionnaire
- Developed based on expert consensus regarding important concepts likely to predict which patients will require more or less monitoring on long-term opioid therapy (content and face valid).
- Validated with 500 chronic pain patients
- Simple to score
- 24 items
- <10 minutes to complete
- Ideal for documenting decisions about the level of monitoring planned for a particular patient or justifying referrals to specialty pain clinic.
- The SOAPP®-R is for clinician use only. The tool is not meant for commercial distribution.
- The SOAPP®-R is NOT a litigator. Patients administered to misrepresent themselves will still do so. Other clinical information should be used with SOAPP®-R scores to decide on a particular patient's treatment.
- The SOAPP®-R is NOT intended for all patients. The SOAPP®-R should be completed by chronic pain patients being considered for opioid therapy.
- It is important to remember that all chronic pain patients deserve treatment of their pain. Providers who are not comfortable treating certain patients should refer those patients to a specialist.

SOAPP-R

SOAPP-R Scoring

All 24 questions contained in the SOAPP®-R have been empirically identified as predicting aberrant medication-related behavior six months after initial testing.

To score the SOAPP®, add the ratings of all the questions. A score of 18 or higher is considered positive.

Sum of Questions	SOAPP®-R Indication
≥ or = 18	+
< 18	-

- High Risk = 22 or greater
- Moderate Risk = 10 – 21
- Low Risk = < 9



Prescription Drug Monitoring Program (PDMP)

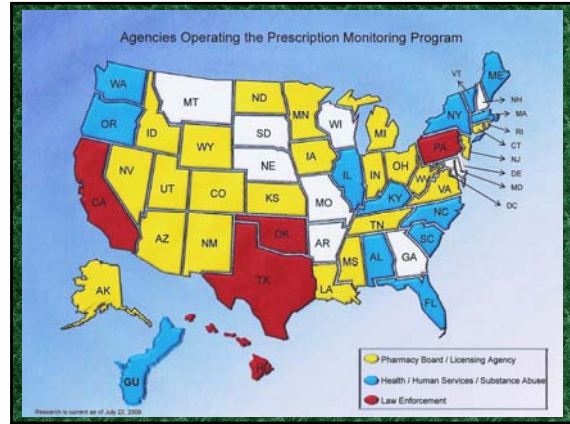
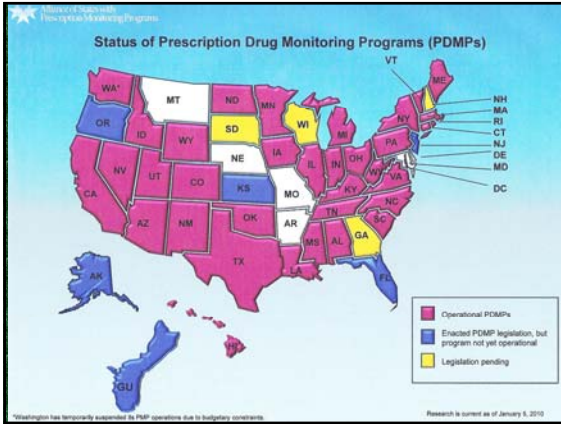
- Program designed to deter prescription drug abuse
- Keeps track of all dispenser/prescriber records
- Reports can be requested to aide prescribers, dispensers, and law enforcement
- “Allow clinicians to adequately treat legitimate pain patients and identify and curb inappropriate non-medical use of controlled substances, stop doctor shoppers, and decrease prescription drug diversion”



PDMP Program Logistics

- Currently 33 states with an operating PDMP
- 40 states with legislation enacted
- Programs operated by one of three agencies:
 - State Board of Pharmacy (ND, WY, CO, KS, MN, IA, UT, AZ, MI, IN, OH)
 - Dept of Health (WA, OR, IL, KY, AL, FL, NC, SC, NY)
 - Law Enforcement Agency (CA, TX, OK, PA)





South Dakota Legislation

- South Dakota House Bill 1231
 - Current Status
 - 2/11/10 passed House Health & Human Services Committee 13-0
 - 2/17/10 passed House Floor vote
 - 3/4/10 passed Senate committee
 - 3/9/10 passed Senate Floor
 - 3/10/10 amended/final bill passed
 - Next Step
 - Governor's Desk



Who Can Use/Access Data

- Prescribers (Physicians/PA-Cs)
- Dispensers (Pharmacists)
- Law Enforcement
- Patients
- Licensing Authority (South Dakota State Medical Board, South Dakota Board of Pharmacy)



Confidentiality/Security

- PDMPs – HIPPA compliant, exceptions under HIPPA allow collection of information w/o pt consent
- Clinicians allowed to share data – per HIPPA definition of “treatment” – 45 CFR 164.506
- Safeguards
 - Access to registered users only – via request of report/info
 - Registration process = authorized/approved users
 - Laws define who has access
 - Auditing of data requests (footprint of database access)
 - No surfing of database – only formal requests



Liability

- Current law has provisions to protect prescribers & dispensers
- No legal/law enforcement ramifications
- If problems/misuse by prescriber or dispenser – regulated/penalties determined by individuals licensing board



Clinical Uses

- Check for patient prescription misuse, multiple prescribers, “doctor shoppers”
- Monitor prescription history linked to a single DEA number (stolen script pads, fraudulent prescriptions)



Additional Uses

Law Enforcement

- Investigating cases of fraud/diversion
- If law enforcement requests data –
 - a court order
 - subpoena
 - Open case file
- No database surfing

Licensing Agencies

- Investigations regarding licensing issues
- Must be part of active inquiry
- Monitoring prescribers on probation

