Opioid Abuse and Prescribing

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Director Tennessee Controlled Substance Monitoring Database
I, David Bess, **DO NOT** have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.
CDC Conversion Mobile App

Conversion Calculator:

MME Total: 0

Drug: Codeine
Dosage (mg): 0.00
Amount: 1 tablet daily
Calculated MME/day: 0

Add a new drug

Add drug
Key Findings in 2018:

- MME dispensed has decreased 43% (2012-2018)
- MME prescribed by top 50 prescribers has decreased 44% (2013-2018)
- Pain clinics have been reduced by 62% (2014-2018)
- Number of potential doctor shoppers have decreased 85% (2011-2018)
- Number of opioid prescriptions for pain have decreased by 30% (2012-2018)
- Patients receiving >120 MME/day decreased by 48% (2012-2018)
- For the first time since 2013, cases of NAS decreased
- Searches of CSMD have increased 510% and continue to increase (2012-2018)
TDH Opioid Outbreak Strategic Map

Despite modest and sustainable reductions in the number of morphine milligram equivalents prescribed and dispensed annually in Tennessee, demand for opioids and morbidity and mortality resulting from substance use disorder continues. Combating epidemic is a top priority for TDH. This Strategic Map provides an overview of our efforts to align and guide program activities towards the overall objective of reducing opioid misuse, abuse and overdose in Tennessee.

Prevention through Education
- Increase public education*
- Educate healthcare workers and employers*
- Decrease unintended pregnancy and neonatal abstinence syndrome

Wise Data Collection and Use
- Identify prescribing patterns that lead to adverse outcomes*
- Provide information to inform action
- Acquire timely EMS and medical examiner data
- Use diverse data to describe the epidemic
- Integrate CSMD with electronic health records

Regulation and Enforcement
- Regulate prescribers and dispensers*
- Strengthen collaboration with law enforcement

Partnership
- Promote syringe service programs
- Support DMHSAS efforts to increase treatment
- Support and inform anti-drug coalitions
“If you provide direct care and prescribe controlled substances to patients in Tennessee for more than 15 days per year or you are a dispenser in practice providing direct care to patients in Tennessee for more than 15 days per year, you are required to register with the CSMD.”
### Number of Registrants of the CSMD, 2010-2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Registrants</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>13,182</td>
<td>-</td>
</tr>
<tr>
<td>2011</td>
<td>15,323</td>
<td>16.2</td>
</tr>
<tr>
<td>2012</td>
<td>22,192</td>
<td>44.8</td>
</tr>
<tr>
<td>2013</td>
<td>34,802</td>
<td>56.8</td>
</tr>
<tr>
<td>2014</td>
<td>38,871</td>
<td>11.7</td>
</tr>
<tr>
<td>2015</td>
<td>42,835</td>
<td>10.2</td>
</tr>
<tr>
<td>2016</td>
<td>46,576</td>
<td>8.7</td>
</tr>
<tr>
<td>2017</td>
<td>47,294</td>
<td>1.5</td>
</tr>
<tr>
<td>2018</td>
<td>50,991</td>
<td>7.8</td>
</tr>
</tbody>
</table>

*VA registrants were included in 2013 and forward as they were allowed to register.
Ratio of Number of Prescriptions to Number of Requests in the CSMD, 2010-2018*

* Data include all prescriptions reported to CSMD. From 2015 forward vendor included all roles, all report types and also data request from other states.
Please select the patients to be shown on the report

- Devin Underwood 5/26/1958 420 College Street 38464 TN
- Dev Underwood 5/26/1958 420 College Street 38464 TN
- Devin Underwood 5/26/1958 420 College Street 38464 TN
- Devlan Underwood 5/26/1958 420 College Street 38464 TN

Submit
Clinical Risk Indicators (high risk patients) on CSMD Reports

- Y = 4 Practitioners in last 90 days
- Y = 4 Pharmacies in last 90 days
- Y ≥ 90 but < 120 Active Cumulative Morphine Equivalents per day
- R ≥ 5 Practitioners in last 90 days
- R ≥ 5 Pharmacies in last 90 days
- R ≥ 120 Active Cumulative Morphine Equivalents per day
New Feature on Patient Report as of 2/2018

Patient RX History Report

Date: 01-25-2018
Page: 1 of 1

Search Criteria: ((Last Name Begins 'Underwood' AND First Name Contains 'Dev') AND (D.O.B = '05/26/1958' AND State = 'TN')) AND Request Period = '01/01/2015' To '12/31/2015'

The patient with the last name before the name has the same first name, last name and date of birth of a person that has been reported to the CSMD by TennCare, and has been locked into a single pharmacy (TennCare will only provide coverage for this patient at their assigned pharmacy). Please assess if your patient is an active TennCare Enrollee that is locked into one pharmacy, and if so please refer this patient's pharmacy care to their assigned pharmacy.

Disclaimer: Information contained in the report results from the search criteria entered and incorporated by the user and from the data entered by the dispenser. Any clinical notifications incorporated into this report are the result of information submitted by the dispenser. Therefore, the Tennessee Department of Health and the Board of Pharmacy do not express or imply any warranty regarding the accuracy, adequacy, completeness, reliability, or usefulness of the data provided. Additionally, neither the Tennessee Department of Health nor the Board of Pharmacy make recommendations, or give any legal advice, to the user as to actions, if any, that might be required as a result of viewing the report or the information contained in the report.

For more information about a prescription, please contact the dispenser or prescriber identified in the report.

Patients that match search criteria

<table>
<thead>
<tr>
<th>Pt ID</th>
<th>Name</th>
<th>DOB</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>409</td>
<td>Underwood, Dev</td>
<td>05/26/1958</td>
<td>420 College Street TN 38404</td>
</tr>
<tr>
<td>415</td>
<td>Underwood, Devin</td>
<td>05/26/1958</td>
<td>1520 Concourse Street TN 38404</td>
</tr>
<tr>
<td>408</td>
<td>Underwood, Dev</td>
<td>05/26/1958</td>
<td>420 College Street TN 38404</td>
</tr>
<tr>
<td>413</td>
<td>Underwood, Devin</td>
<td>05/26/1958</td>
<td>420 College Street TN 38404</td>
</tr>
<tr>
<td>410</td>
<td>Underwood, Devin</td>
<td>05/26/1958</td>
<td>420 College Street TN 38404</td>
</tr>
</tbody>
</table>

Prescriptions

<table>
<thead>
<tr>
<th>Fill Date</th>
<th>Product, Str, Form</th>
<th>Quantity</th>
<th>Days</th>
<th>Pt ID</th>
<th>Prescriber</th>
<th>Written</th>
<th>Rx #</th>
<th>Daily ME</th>
<th>Active</th>
<th>N/R</th>
<th>Pharm</th>
<th>Pay</th>
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</thead>
<tbody>
<tr>
<td>05/07/2015</td>
<td>APAP/HYDROCODONE BITARTRATE, 500 MG-7.5 MG, Tablet</td>
<td>60/90</td>
<td>30</td>
<td>409</td>
<td>Pr Tw44</td>
<td>05/07/2015</td>
<td>4556524</td>
<td>16.00</td>
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<td>01</td>
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<tr>
<td>09/07/2015</td>
<td>FENTANYL TRANSDERMAL SYSTEM, 50 MCG/HR, Patch, Extended</td>
<td>60/90</td>
<td>30</td>
<td>409</td>
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<td>09/07/2015</td>
<td>22352490</td>
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<td>N</td>
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<td>09/07/2015</td>
<td>CARISOPROCOL, 300 MG, Tablet</td>
<td>30/60</td>
<td>30</td>
<td>409</td>
<td>Pr Tw44</td>
<td>09/07/2015</td>
<td>4515569</td>
<td>-</td>
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<tr>
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<td>30/40</td>
<td>30</td>
<td>409</td>
<td>Pr F000</td>
<td>09/05/2015</td>
<td>4513086</td>
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<tr>
<td>09/05/2015</td>
<td>ALPRAZOLAM, 0.5 MG, Tablet</td>
<td>30/40</td>
<td>30</td>
<td>409</td>
<td>Pr On56</td>
<td>09/05/2015</td>
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<td>-</td>
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<td>APAP/HYDROCODONE BITARTRATE, 500 MG-7.5 MG, Tablet</td>
<td>30/40</td>
<td>30</td>
<td>409</td>
<td>Pr Tw44</td>
<td>09/05/2015</td>
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<td>01</td>
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<tr>
<td>09/05/2015</td>
<td>APAP/OXYCODONE, 325 MG-7.5 MG, Tablet</td>
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<td>30</td>
<td>409</td>
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<td>3041334</td>
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<td>Pr On56</td>
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<tr>
<td>09/05/2015</td>
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<td>N</td>
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<td>409</td>
<td>Pr On56</td>
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<td>ALPRAZOLAM, 0.25 MG, Tablet</td>
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</table>

Total Prescriptions: 14
### Considerations When Reading CSMD Report

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Identifying Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Pay</td>
<td>01</td>
</tr>
<tr>
<td>Medicaid</td>
<td>02</td>
</tr>
<tr>
<td>Medicare</td>
<td>03</td>
</tr>
<tr>
<td>Commercial Ins.</td>
<td>04</td>
</tr>
<tr>
<td>Military Inst. and VA</td>
<td>05</td>
</tr>
<tr>
<td>Workers Comp</td>
<td>06</td>
</tr>
<tr>
<td>Indian Nations</td>
<td>07</td>
</tr>
<tr>
<td>Other</td>
<td>99</td>
</tr>
</tbody>
</table>
Practitioner Self Lookup with Option to Include APRN / PA

DEA Number: FP3456789
Rx Written From Date: __________
Rx Written To Date: __________
First Name: Three
Middle Name: 
Last Name: Practitioner
Practitioner Mailing Name: Three Practitioner Health Services
First Name: Practitioner
Last Name: 
Patient First Name: 
Patient Last Name: 
Patient DOB: 
Street: 
City: 
State: 
Zip: 
Include Delegates: 
Select All
MAR1234567 - APN, One
MP1234567 - Physician Assistant, One

View Report
Clinical Risk Notifications on Prescriber Home Page in CSMD

- 67% of respondents received a Clinical Risk Notification
  - 70% felt the information was useful
- How did the information increase awareness (could choose more than one response)
  - 92% more aware of patients going to multiple prescriber
  - 60% more aware of patients going to multiple dispensers
  - 65% more aware of patients receiving highest dose of opioids

Source: 2018 CSMD Prescriber and Dispenser Survey
The number of potential doctor/pharmacy shoppers declined 85% between 2011 and 2018.
After viewing information found in the CSMD, I changed the treatment plan for a patient

After viewing information found in the CSMD, I refused to fill a prescription as written

~ 64% of Prescribers have changed their treatment plan

~ 73% of Dispensers refused to fill a prescription as written

Source: 2018 CSMD Prescriber and Dispenser Survey
92,100 children in the foster care system in fiscal year 2016, whose removal from the home was associated with circumstances involving parents’ drug abuse.11
Rates of misuse by opioid use:

- 1,015,116 Opioid naïve patients had surgery
- 568,612 (50%) Received Opioids
- Misuse more than doubled within one refill
  - 293 vs 145 in 100,000 person years
- Not related to dose
A healthcare practitioner may prescribe:

- **Up to 3-day opioid prescription**
  - 180 MME total dosage
  - No requirements before prescribing

- **Up to 10-day opioid prescription**
  - 500 MME total dosage
  - Check the CSMD
  - Conduct a thorough evaluation of the patient
  - Document consideration of alternative treatments for pain and why an opioid was used
  - Obtain informed consent
  - Include the ICD-10 code in the patient’s chart and on the prescription

- **Up to 20-day opioid prescription**
  - 850 MME total dosage
  - ICD-10 Code

- **Up to 30-day opioid prescription**
  - 1200 MME total dosage
  - ICD-10 Code
  - Medical Necessity

The following are individuals exempted if the prescription includes the ICD-10 Code and the word “exempt”:

- Patients receiving active or palliative cancer treatment
- Patients receiving hospice care
- Patients with a diagnosis of sickle cell disease
- Patients in a licensed facility
- Patients seeing a pain management specialist
- Patients who have been treated with an opioid for 90 days or more in the last year or who are subsequently treated for 90 days or more
- Patients being treated with methadone, buprenorphine, or naltrexone
- Patients who have suffered severe burns or major physical trauma
Tennessee’s Bordering States and Interstate Data Sharing

Source: Netstate.com website:
http://www.netstate.com/states/geography/mapcom/tn_mapscom.htm
Interstate Data Sharing

States TN currently share data:
- Alabama
- Arkansas
- Kentucky
- Louisiana
- Michigan
- Minnesota
- Mississippi
- North Dakota
- Ohio
- South Carolina
- Texas
- Virginia
- West Virginia

Tennessee added the following states in 2018:
- Georgia
- Illinois
- Indiana
- Maine
- North Carolina
- Oklahoma
- Pennsylvania

In conversation to share data:
- Florida
- Iowa
NAS Rate by Year
Tennessee, 2013-2018

Neonatal Abstinence Syndrome Surveillance Summary
Week 11: March 10 – March 16, 2019

Year to Date Reporting Summary

<table>
<thead>
<tr>
<th>Total Cases Reported:</th>
<th>123</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>64</td>
</tr>
<tr>
<td>Female</td>
<td>59</td>
</tr>
</tbody>
</table>

Maternal County of Residence

<table>
<thead>
<tr>
<th>Maternal County of Residence</th>
<th># Cases</th>
<th>% Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davidson</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td>East</td>
<td>24</td>
<td>19.5</td>
</tr>
<tr>
<td>Hamilton</td>
<td>5</td>
<td>4.1</td>
</tr>
<tr>
<td>Jackson/Madison</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Knox</td>
<td>7</td>
<td>5.7</td>
</tr>
<tr>
<td>Mid-Cumberland</td>
<td>23</td>
<td>18.7</td>
</tr>
<tr>
<td>North East</td>
<td>16</td>
<td>13.0</td>
</tr>
<tr>
<td>Shelby</td>
<td>13</td>
<td>10.6</td>
</tr>
<tr>
<td>South Central</td>
<td>7</td>
<td>5.7</td>
</tr>
<tr>
<td>South East</td>
<td>4</td>
<td>3.3</td>
</tr>
<tr>
<td>Sullivan</td>
<td>9</td>
<td>7.3</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>8</td>
<td>6.5</td>
</tr>
<tr>
<td>West</td>
<td>5</td>
<td>4.1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>123</td>
<td>100.1</td>
</tr>
</tbody>
</table>

Cumulative NAS Cases Reported

Source of Exposure

<table>
<thead>
<tr>
<th>Source of Exposure</th>
<th># Cases</th>
<th>% Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication assisted treatment</td>
<td>74</td>
<td>60.2</td>
</tr>
<tr>
<td>Legal prescription of an opioid pain reliever</td>
<td>9</td>
<td>7.3</td>
</tr>
<tr>
<td>Legal prescription of a non-opioid</td>
<td>7</td>
<td>5.7</td>
</tr>
<tr>
<td>Prescription opioid obtained without a prescription</td>
<td>36</td>
<td>29.3</td>
</tr>
<tr>
<td>Non-opioid prescription substance obtained without a prescription</td>
<td>16</td>
<td>13.0</td>
</tr>
<tr>
<td>Heroin</td>
<td>9</td>
<td>7.3</td>
</tr>
<tr>
<td>Other non-prescription substance</td>
<td>19</td>
<td>15.5</td>
</tr>
<tr>
<td>No known exposure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>4.0</td>
</tr>
</tbody>
</table>

2. Total percentage may not equal 100.0% due to rounding.
3. Multiple maternal substances may be reported; therefore the total number of cases in this table may not match the total number of cases reported.
NAS Rate per 1,000 Live Births, 2017

Figure 8: Rate of NAS Cases by County, 2017

Source: Neonatal Abstinence Surveillance System. TN Dept. of Health
Why do Prescribers and Dispensers Check the CSMD?

Source: CSMD 2018 Legislative Report
Number of Prescriptions Reported to TN CSMD, 2010-2018*

Number of Prescriptions Dispensed in TN and Reported to CSMD, 2010-2018*

Excluding prescriptions reported from VA pharmacies.
Number of Prescriptions Dispensed Among TN Patients and Reported to the CSMD by the Class of Controlled Substances, 2010-2018*

* 1) The class of controlled substances was defined based on a CDC document. If a drug was not on the document, the drug was grouped into the 'Other';
Number of Stimulant Prescriptions Dispensed Among TN Patients by Age Groups and Reported to the CSMD, 2010-2018*

* Excluding stimulant prescriptions reported from VA pharmacies.
Number of Benzodiazepine Prescriptions Dispensed Among TN Patients by Age Groups and Reported to the CSMD, 2010-2018*

* Excluding the prescriptions reported from VA pharmacies.
MME of Opioids Reported to TN CSMD, 2010-2018*

* 1) Excluding prescriptions reported from VA pharmacies. 2) Excluding buprenorphine products.
Change in MME Dispensed Among TN Patients, 2011-2017*

* Excluding prescriptions reported from VA pharmacies; Excluding buprenorphine products. VA pharmacies; Excluding buprenorphine products.
### MME for Long Acting Opioids Reported to the CSMD, 2010-2018*

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall patients in CSMD</th>
<th>TN patients</th>
<th>Change among TN patients (%)</th>
</tr>
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<tr>
<td>2010</td>
<td>3,190,989,273</td>
<td>3,057,991,206</td>
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<tr>
<td>2011</td>
<td>3,254,786,743</td>
<td>3,121,293,556</td>
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<tr>
<td>2012</td>
<td>3,285,062,156</td>
<td>3,148,353,468</td>
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</tr>
<tr>
<td>2013</td>
<td>3,238,216,544</td>
<td>3,106,161,557</td>
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<tr>
<td>2014</td>
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<td>2,806,107,045</td>
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</tr>
<tr>
<td>2015</td>
<td>2,552,291,111</td>
<td>2,454,148,868</td>
<td>-12.5</td>
</tr>
<tr>
<td>2016</td>
<td>2,124,916,097</td>
<td>2,045,899,859</td>
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</tr>
<tr>
<td>2017</td>
<td>1,630,298,000</td>
<td>1,568,894,509</td>
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</tr>
<tr>
<td>2018</td>
<td>1,204,793,575</td>
<td>1,162,067,475</td>
<td>-25.9</td>
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</table>

* 1) The classes of controlled substances were defined based on a CDC document; 2) Excluding prescriptions reported from VA pharmacies. 3) Excluding buprenorphine products.
- Public Chapter 476 mandates the top 50 prescribers of controlled substances in the state be annually identified and sent a letter notifying them of their inclusion on this list and asked to respond with a justification for their prescribing patterns.

- Public Chapter 476 adds the top 10 prescribers from all of the combined counties having populations of fewer than 50,000 this process.

- Public Chapter 987 requires the identification of the top 20 prescribers who have unique DEA numbers of buprenorphine products in the previous calendar year, or if implemented more frequently for the relevant time period as determined by the department.
MMEs Prescribed by Top 50 Prescribers and Dispensed in 2013 - 2018

MMEs Prescribed by Top 50 Prescribers*

Year

*MME in 2013 and 2014 covered 12-month opioid prescriptions written by the top 50 prescribers from April 1 of preceding year to March 31 of current year; MME in 2015, 2016, 2017, and 2018 covered opioid prescriptions filled by the patients of the top 50 prescribers in each proceeding calendar year.

Source: CSMD 2018 Legislative Report
Welcome to the Tennessee Drug Overdose Dashboard

The dashboards and data available through this application are the result of ongoing collaboration between the Tennessee Department of Health (TDH), Office of Informatics and Analytics and the Department of Finance & Administration, Division of Strategic Technology Solutions (STS). This interactive tool contains state, regional, and county level data on fatal overdoses, nonfatal overdoses and drug prescribing.

Using this tool

Select a county or region from the drop-down menu to display respective data.

This dashboard is interactive. A user may modify an axis and display values in a different arrangement. Refresh page to reset axis and display value settings.

Please note: it may take a few moments for the data dashboard to load. If you are using internet Explorer and the dashboard doesn't load, please try using a different web browser such as Firefox, Chrome or Safari.

Glossary of Terms
Tennessee Drug Overdose Data

Drug Overdose Deaths

- 2013: 1,166
- 2014: 1,263
- 2015: 1,451
- 2016: 1,631
- 2017: 1,776

Drug Overdose Deaths Rate

- 2013: 11.7
- 2014: 13.4
- 2015: 15.9
- 2016: 18.1
- 2017: 19.3

*Age-Adjusted Rate is per 100,000 persons

Source: https://www.tn.gov/health/health-program-areas/pdo/pdo/data-dashboard.html
Age-adjusted drug overdose death rates, by state, United States, 2017

NOTES: Deaths are classified using the International Classification of Diseases, Tenth Revision. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14.

Tennessee Overdose Deaths where patient did not have prescriptions in CSMD 60 days prior to death

Source: TN Dept. of Health, Office of Informatics and Analytics
Opioids Present In Overdose Deaths, 2013-2017*

* Percentages for fentanyl and heroin are included in the opioid category and are broken out for clarity.
All Fentanyl Deaths by Age Distribution, 2013-2017

Number of Deaths

- 5-14 years
- 15-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75-84 years
- 85+ years

Year:
- 2013
- 2014
- 2015
- 2016
- 2017
Scott County, Indiana Outbreak

- 220 U.S. counties had highest vulnerability
- 41 small counties located in TN
- 25 overlapped with more granular TN data
- CDC – acquired HIV 2016

Source: Clinical Infectious Diseases, December 7, 2017
Consequences of Opioid Epidemic

• Tennessee in-state variability assessment for a “Rapid Dissemination of HIV or HCV Infection Event” utilizing data about the opioid epidemic.

• More granular data improved insights into county-level HIV/HCV outbreak vulnerability compared to national models.

Source: Clinical Infectious Diseases, December 7, 2017
Public Chapter 1033

- Pain Management Clinics transitions from certificate system to licensure system
  - Medical director holds license – Non-transferable
  - Only a pain specialist is eligible to be medical director
  - > 50% of patients being treated for pain qualifies as a pain clinic and must be registered
  - No pharmacy
  - Clinic can be suspended based on specific violation
    - No new patients
    - Monitored
  - Went into effect on July 1, 2017
Tennessee Pain Clinics per County

124 Total Pain Clinics in Tennessee
As of January, 2019

County | # of clinics
---|---
Knox | 20
Davidson | 17
Rutherford | 10

Source – Tennessee Department of Health
Public Chapter 430

- Requires the development of the TN Chronic Pain Guidelines
  - 1st edition 2014
  - 2nd edition 2017
  - 3rd edition 2019
  - Annual review
Recommendations

Tennessee Chronic Pain Guidelines

- Prior to initiating opioid therapy for chronic non-malignant pain
- Initiating opioid therapy for chronic non-malignant pain
- Ongoing opioid therapy for chronic non-malignant pain

CDC Guidelines

- Determining when to initiate or continue opioids for chronic pain
- Opioid selection, dosage, duration, follow-up, and discontinuation
- Assessing risk and addressing harms of opioid use


CDC- https://www.cdc.gov/drugoverdose/prescribing/guideline.html
## Tennessee Chronic Pain Guidelines vs. CDC Guidelines

### I. Prior to Starting Opioids
- Non-opioid prescriptions with or without opioids
- H & P, testing, old records
- All women tested for pregnancy and discuss birth control
- Co-morbid conditions/risks
- Urinary drug test
- **No telemedicine**
- Goals for prescriptions
- **Diagnosis***

### I. When to Initiate Opioids
- Opioids with non-opioids when non-opioids are not enough; Risk vs Benefit
- Establish treatment goals for pain and function
- Risks vs Benefits
Tennessee Chronic Pain Guidelines vs. CDC Guidelines

II. Initiating Opioid Therapy

- Short acting – lowest dose
- **90/120 MME**
- No benzodiazepine
- **No methadone/ buprenorphine**
- Therapeutic trial
- **Treatment agreement**
- Informed consent
- Continuous monitor: UDT (2x/yr), PDMP, Signs 5A
- Women’s Health (See appendix)

II. Opioid Selection – Dosage, Duration, Follow Up, and Discontinuation

- Immediate release not LA/ER
- Lowest effective dose – 50/90
- Long term DU begins with acute pain
- New prescription or increase dose – follow up in 1-4 weeks
Tennessee Chronic Pain Guidelines vs. CDC Guidelines

III. Ongoing Therapy

- Single provider/dispenser
- Lowest dose – 90/120 MED
- **UDT 2x/yr or more frequently in increased risk**
- CSMD/UDT, 5A ➔ continued Rx
- Communication with ED and/or PCP

III. Follow Up – Risk and Harms

- Continuously check risks for opioids harms- consider dose, naloxone, benzodiazepine
- Check PDMP at start of onset and every 3 months
- UDT at onset and a minimum annually
- Avoid opioids and benzodiazepines
- Offer MAT for OUD
Appendices:
Women of Childbearing Age with Reproductive Capability

**WOMEN’S HEALTH**

*Women of Childbearing Age With Reproductive Capability*

- **Pain Diagnosis Supported by Clinical Findings**
  - **Non-Opioid Treatment Plan** (Physical Therapy, Acupuncture, Massage Therapy, etc.)
    - *Successful*: Continue Non-Opioid Treatment
    - Unsuccessful: Pregnancy Test
      - Negative
      - Positive
Appendices:
Women of Childbearing Age with Reproductive Capability

FLOWCHART

- **Continue Non-Opioid Treatment**
  - **Pregnancy Test**
    - **Negative**
      - **Consider Opioid Treatment Plan**
    - **Positive**
      - **Refer to High Risk OB for consideration of opioid therapy**
        - **Check CSMD, UDT and Re-evaluation**
          - **On-Going Management**
            - **Patient treated by High Risk OB throughout pregnancy**
  - **Adjust Non-Opioid Treatment Plan as needed**
  - **Adjust Opioid Treatment Plan as needed**
    - **(Section 2, pg. 3 of the guidelines)**

**ANNOTATIONS**
A. Controlled Substance Monitoring Database (CSMD); Urine Drug Test (UDT)
B. High Risk Obstetrician

*Function improved to permit (ADL Terminology)*
Appendices:
Chronic Pain Guideline Algorithm Opioid Therapy

- Informed Consent
  - Expected Results
  - Confirmatory UDT Results by GCMS or LCMS
    - Unexpected Results
      - High risk: Avoid opioids and refer to substance abuse counselor or mental health professional
        - Initiate opioid therapy and repeat UDT and check CSMD (frequency schedule according to risk level)
        - Evaluate effectiveness of therapy
          - On-going therapy and re-evaluation
            - UDT and CSMD Report as needed
              - Consult Pain Medicine Specialists
                - Recommendation to primary physician
                - Assume clinical care of chronic pain patient

Annotations:
A. History and Physical, Old Records, Laboratory Test, Imaging Results
B. Women of childbearing age should have pregnancy test before starting opioids (see Women Health Algorithm)
C. Avoid benzodiazepines
D. Single pharmacy, single prescriber, single and lowest effective dose
E. Consider mental health referral
F. 5 A’s Analgesia, ADL, Adverse side effects, Aberrant behavior, and Affect
G. Urine Drug Test (UDT); Gas chromatography-mass spectrometry (GCMS); Liquid chromatography-mass spectrometry (LCMS)
Appendices

- Core Competencies
- TN Together
- Pain Medicine Specialist
- Mental Health Assessment Tools
- Medication Assisted Treatment Program
- Women’s Issues: Women of Child Bearing Age
- Pregnant Women
- Risk Assessment Tools
- CSMD: Controlled Substance Monitoring Database
Appendices cont.

- Sample Informed Consent: Controlled Substance Agreement
- Sample Patient Agreement: Controlled Substance Treatment
- Urine Drug Testing
- Tapering Protocol
- Morphine Equivalent Dose
- Naloxone
- Safety Net
- Prescription Drug Disposal
- Use of Opioid in Worker’s Comp. Medical Claims
Appendices cont.

- Medical Treatment Guidelines for Pain Management for Workers Comp.
- Chronic Pain Guideline Algorithm Women’s Health
- Chronic Pain Guideline Algorithm Opioid Therapy
- Non-Opioid Therapies
- Acute Pain
- Perioperative Pain Management
- Emergency Dept. Opioid Prescribing Guidelines
- Pediatrics Pain
- Term/Definitions
- Links and References
Palliative Care

- Specialized medical care for people facing serious illness, focusing on providing relief of suffering (physical, psychosocial, and spiritual), to maximize quality of life for both the patient and the family. Within palliative care, serious illness is defined as a health condition that carries a high risk of mortality and negatively impacts a person's daily function and/or quality of life; and/or excessively strains caregivers.

As defined by the Tennessee Legislative Palliative Care Council, adopted by the Chronic Pain Guidelines Committee.
Access to Documents

2018 CSMD Legislative Report
https://www.tn.gov/health/health-program-areas/health-professional-boards/csmd-board/csmd-board/reports.html

TDH Pain Management Clinic Statutes, Rules, and Guidelines
https://www.tn.gov/health/health-program-areas/health-professional-boards/pm-board/pm-board/statute-rules-and-guidelines.html

Buprenorphine Guidelines
https://www.tn.gov/behavioral-health

*Buprenorphine Treatment Guidelines are at the bottom of the homepage
Tennessee’s In-State Vulnerability Assessment for a ‘Rapid Dissemination of HIV or HCV Infection’ Event Utilizing Data about the Opioid Epidemic


Tennessee Drug Overdose Dashboard


Neonatal Abstinence Syndrome (NAS)

https://www.tn.gov/health/nas.html