Oh What a Tangled Web We Weave

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DISCLOSURE STATEMENT

I, KAREN MARLOWE, HAVE NO ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN RELATION TO THIS PROGRAM.
Learning Objectives

• Discuss the current status of opioids in the United States and Alabama including epidemiologic trends
• Review current changes in laws impacting the use of opioids in hospice and palliative care
• Use patient care examples to discuss best practices for the use of opioids in hospice and palliative care
• Examine case examples to review universal precautions for the prescribing and documentation related to opioids
WHO definition of Palliative Care

- Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
  - provides relief from pain and other distressing symptoms;
  - affirms life and regards dying as a normal process;
  - intends neither to hasten or postpone death;
  - integrates the psychological and spiritual aspects of patient care;
  - offers a support system to help patients live as actively as possible until death;
  - offers a support system to help the family cope during the patients illness and in their own bereavement;
  - uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
  - will enhance quality of life, and may also positively influence the course of illness;
  - is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.
Who Provides this service?

• Hospitals
• Physicians
• Home Health
• Hospice Companies
• Nursing Homes

Let me tell you a story….
What is hospice?

- Compassionate care for people facing a life-limiting illness or injury, a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes.
- Support is provided to the patient's loved ones as well.
- Hospice centers on the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so.
- Hospice focuses on caring, not curing and in most cases care is provided in the patient's home.
- Hospice care also is provided in freestanding hospice centers, hospitals, and nursing homes and other long-term care facilities.
- Typically, a family member serves as the primary caregiver and, when appropriate, helps make decisions for the terminally ill individual.
- Members of the hospice staff make regular visits to assess the patient and provide additional care or other services.
- Hospice staff is on-call 24 hours a day, seven days a week.
Hospice Services

- Manages the patient’s pain and symptoms
- Assists the patient with the emotional and psychosocial and spiritual aspects of dying
- Provides needed medications, medical supplies, and equipment
- Coaches the family on how to care for the patient;
- Delivers special services like speech and physical therapy when needed
- Makes short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time
- Provides bereavement care and counseling to surviving family and friends.
By the Numbers

- 2.6 Million died in 2014 – 2.1 million were on Medicare

Pain in the U.S.

25.3 million American adults suffer from daily pain

23.4 million American adults report a lot of pain

In the United States, chronic pain affects more people than diabetes, heart disease, and cancer combined.
Timeline

- 2011 – Washington implements state opioid prescribing guidelines including dose limits
- 2012 – Kentucky implements regulations on opioid prescribing and pain practices
- January 2013 – FDA hearings to consider converting hydrocodone products to CII status
- June 2013 – $80 million settlement in case with retail pharmacy chain over prescription negligence for controlled substance dispensing
- June 2013 – AMA adopts resolution regarding the role of pharmacists in reaction to pharmacists queries about patient prescriptions
- July 2013 – Federation of State Medical Boards adopts Model Policy for use of Opioid Analgesics in Chronic Pain
- September 2013 - FDA recommends labeling changes for some long acting opioids to change indication to only cover “severe” pain – removing the word moderate from the labeling
Timeline

- **September 2013** - FDA recommends labeling changes for some long acting opioids to change indication to only cover “severe” pain – removing the word moderate from the labeling
- **October 2014** – Hydrocodone is made a CII
- **March 18 2016** – CDC releases Opioid Guidelines
- **June 2016** – Alabama issues standing order for Naloxone
- **July 2016** – President Obama signs Opioid Addiction Recovery Act including grants to states to help with education
- **2017** – ADPH receives funding for data driven opioid initiative
- **2017** – Chain pharmacies and distributors begin to regulate/limit flow of opioids and other controls
- **2017 and 2018** – National and regional shortages exist for opioids
- **2018** – Multiple states and insurers pass regulations limiting acute prescriptions to 3, 5 or 7 days
Rate of Opioid-Related Overdose Deaths in Alabama

Source: CDC WONDER

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2017 Statistics

- 801 overdose deaths in Alabama (13.8% increase)
  - 267 were in Jefferson County (248 in 2016)
    - 98 heroin (104 in 2016), 104 illicit fentanyl (105 in 2016), 9 prescription opioids

- Statistics are difficult in Alabama due to coroner system
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<th>County Name</th>
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<td>TOTAL OF TOP 20</td>
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<td>453</td>
<td>502</td>
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## TOP 10 DRUGS INVOLVED IN DRUG OVERDOSE DEATHS (AL 2013-2015)

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<td>DIAZEPAM</td>
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Prepared by XJ Shen
Changes in Regulation
CME and PDMP Regulations

- CME regulation -2018
- 2 hours of AMA Category 1 Credits every 2 years in the areas of
  - Controlled Substance Prescribing practices
  - Recognizing signs of abuse or misuse of controlled substances
  - Controlled substance prescribing for Chronic pain management
  - May be obtained online or in person
- PDMP registration is required for all controlled substance prescribers
  - All mid levels are listed as delegates of prescribers
  - <30 MME/day – Use PDMP based on good clinical practice
  - >30 MME/day – PDMP should be checked twice per year and document
  - >90 MME/day – PDMP checked every time a prescription is written
  - (Exceptions – Nursing home, hospice, active malignant pain, intraoperative care)
- http://www.albme.org/
CDC Guidelines for Pain Management

- Opioids should not be first line
- Risk assessment should be performed
- Patients should be informed of risks
- Lowest effective dose should be used
- Short acting should be used
- Avoid doses >90mg MME
- Avoid concomitant benzodiazepines
- Periodic urine drug screens should be used
- PDMP data should be reviewed

https://www.cdc.gov/drugoverdose/prescribing/guideline.html
Palliative Care Pain Case

- Mrs C has been treated for recurrent breast cancer 3 times.
- She has now had a dual mastectomy. During her last treatment she had chemotherapy which left her with painful neuropathy in her hands and feet.
- She also had radiation to her chest wall and vertebrae which caused muscle, nerve and skin tissue damage along her chest wall.
- She has residual pain there and at her surgery site.
- She also has lymph edema in both arms.
Palliative Care Pain Case

• Mrs C is on the following regimen –
  • Fentanyl 75 mcg patch Q3 days
  • Duloxetine 60mg QD
  • HCTZ 25mg Daily (Hypertension)
  • Lisinopril 20 mg QD
  • Levothyroxine 125mcg QD
  • She has elected to not receive any further hormonal treatment for breast cancer.
  • She has been recommended for Physical Therapy for lymph edema and limited mobility.

• Mrs C’s pain is a 5 sitting still in her hands, 7 in her chest wall. Her pain keeps her in her chair most days.
• The fentanyl makes it bearable. However, her physician says she can’t have it now that she has finished her treatment – she needs to be weaned.
• She appears depressed and expresses that she doesn’t think she can stand the pain.
Palliative Care Pain Case

• Mrs C assessment and plan–
  • 75mcg patch is greater than the current guidelines recommend for maintenance of chronic pain.
  • Options –
    • Interventional Management
    • Maximize non-opioid therapy
    • Use other modalities including the non-traditional
  • Document every trial and educate the patient on importance of trying other therapies
  • Encourage counseling for depression
Safety and Prevention

- Take Back Days
- Drug Lockers
- Smaller Quantities
- Drop Points - Law Enforcement, Pharmacies, etc
- Disposal Tool - https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1