

# Improving Opioid Prescribing – Sustainable Solutions for Michigan’s Rural Health Providers



Traverse City  
March 22, 2018

# Welcome

Michigan Center for Rural Health, in joint partnership with Michigan Department of Health and Human Services (MDHHS) and the Department of Licensing and Regulatory Affairs (LARA) are offering training and strategy based support tools to improve responsible opioid prescribing, and training on the use of Michigan Automated Prescription System (MAPS).



# Learning Objectives

- Concrete strategies and implementation examples for healthcare organizations and clinicians.
- Pain Management and Behavioral Health Integrated Care Model.
- Michigan's Automated Prescription Systems training.
- State and Federal Opioid Regulations Updates.



# Opioid Headlines

Deaths from opioid overdoses have jumped – and one age group is being affected at stark rates



Erin Brodwin [✉](#) [🐦](#)

🕒 Feb. 28, 2017, 12:27 PM 🔥 57,876

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Latest

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## Opioid overdoses kill nearly 5 people every hour, CDC says

The nation is in the grip of a fast-moving epidemic for which there are no easy solutions

On **MARCH 6, 6:45 PM**

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CDC issues new pain pill guidelines amid epidemic of overdose deaths



## Worst Epidemic in U.S. History? Opioid Crisis Now Leading Cause of Death for Americans Under 50

STORY JUNE 07, 2017 • [📺 Watch Full Show](#)

*The crisis seemingly affects every single person in some way and leaves no life unaltered.*



For me ...on  
June 26<sup>th</sup>, 2014 things got  
**REAL!**





# Life Treatment





Unfortunately, today's drug addiction is no longer someone else's problem. With millions currently abusing prescription painkillers and thousands more moving on to heroin, the sad reality is it will probably touch all of us sooner or later.



# First Steps

- Assess the need and willingness to change how opioid prescriptions are managed in your practice.
- Decide what practice processes need to change in order to improve opioid prescribing.
- Select specific strategies that can be used by the **practice as a whole**.



# First Steps

- Consider appropriate national guidelines to integrate into your organizational policies and workflows
- Develop processes for training, monitoring, and adhering to best practices for pain management and opioid prescribing
- Cultivate interdisciplinary teams to encourage an understanding of available pain management services.



# Strategy 1 – Consistent Approach Across the Practice

## Benefits:

- Smooth transitions when providers cross-cover for each other.
- Less “doctor shopping” or “splitting” across the practice by patients.
- Decisions made are based on standard of care, not on what the patient or provider assume is true about each other.



# Strategy 1 – Consistent Approach Across the Practice

## Benefits:

- Patient's perceive consistent care across the practice.
- Providers do not have to explain reasons for differences in care; “this is the way we do it here.
- Providers and staff have simpler office systems; fewer exceptions result in easier management.



# Strategy 2 – Team Approach to Opioid Prescription Management

- All providers and staff can impact patient education and reinforcement of practice protocols and policies regarding opioid prescription management.
- Identify individuals within the organization responsible for staying current with relevant evidence and best practices and disseminating key information to clinicians and support staff.



# Strategy 2 – Team Approach to Opioid Prescription Management

- Consistent message by all staff:
  - Framing opioid stewardship as a patient safety issue.
  - Ensuring the focus is on adhering to best practices and not simply on reducing opioid use.
  - Describing non-opioid pain management methods as **essential first-line treatment instead of “alternatives” to opioids.**
  - Emphasizing that opioids are beneficial for management pain in certain patient populations and situations.



# Strategy 2 – Team Approach to Opioid Prescription Management

- Create a team-based culture among clinicians that emphasizes the importance of appropriate prescribing and pain management options for different populations, including
  - Acute/ post-operative pain
  - Chronic pain
  - Chronic pain with acute needs
  - Serious illness, cancer, palliative, and end-of-life
  - Patients with history of active OUD or substance use disorder(SUD)





# Strategy 3 – Regular Visits for Chronic Pain

- Mandate regular, scheduled visits for “chronic pain management”. These appointments are specific to pain management and are separate from chronic disease appointments or wellness visits.



# Strategy 4 – Roster of Patients with Chronic Pain

- Patients using opioids or other controlled substances for chronic pain are placed on a registry or uniquely flagged in the EMR for easy identification.



# Strategy 5 – Flow Sheet for Visits related to Chronic Pain

- Documentation of visits related to chronic pain is charted on a flow sheet or other template that prompts providers to gather specific kinds of data. The documentation process should be integrated into the practice's medical record system.
- **Comply with New Michigan Regulations with bona fide provider-patient relationship.**



# Fields Examples for Chronic Pain Flow Sheet

Current medications	Treatment goal
Michigan Automated Prescription System (MAPS) result and date	Red flag (e.g. alcohol use, illicit substance use, prescription mishandling, cancelled appointment)
Pill count result and date	Risk assessment score and date
Pain score and date	Functional status score and date
Bowel habit and date	Cognitive function and date
Patient agreement present and date	Urine drug screen result and date
Visit required for next prescription	Quantity dispensed
Drug and alcohol counseling completed: result and date	



# Overview of Michigan's New Prescribing and Dispensing Legislation

EFFECTIVE DATE	MCL STATUTE	REQUIREMENT	NOTES
<i>March 31, 2018</i>	MCL 333.7303a(2)	<p>A prescriber may not prescribe a schedule 2-5 controlled substance unless the prescriber is in a bona fide prescriber-patient.</p> <p>If a prescriber prescribes a controlled substance, must provide follow up care to the patient to monitor the efficacy of the use of the controlled substance as a treatment of the patient's medical condition. Must refer patient if unable to provide follow up care.</p> <p>Within 1 year, LARA may promulgate rules describing the circumstances under which a bona-fide prescriber patient relationship is not required or include an alternative requirement hen relationship not required.</p>	<p><i>PA 247 / PA 249 of 2017</i></p> <p><i>See MCL 333.7303a(8) for definition of "bona fide prescriber-patient relationship."</i></p>



# Strategy 6 – Pain Management Council

- The Council gives practice providers meeting time to review specific patient treatment history and plans.
- It may be used to share a common approach across the practice, when a new provider joins the practice, or when a past provider leaves the practice or turns over care for current pain management patients to other providers.



# Strategy 7 – Controlled Substance Patient Agreement

- The patient treatment agreement (contract) is created or updated to include the expected standard of care of the practice (for example, the procedure for obtaining a refill prescription) and the expected behavior of the patient (for example, receiving pain medications from only one prescriber and only one pharmacy)



# Strategy 8 – Patient and Family Caregiver Education and Engagement

- Provide real-time education on risks and benefits of opioids at time of prescribing and on a consistent basis.
- Use specific informed consent for minors and adults, that comply with new Michigan Opioid Regulation
- When prescribing opioids, educate patient and family caregiver on:
  - Drug interactions and side effects, including signs of withdrawal and overdose
  - Safe drug storage and disposal
  - Risks and signs of drug diversion
  - Risks of dependence with opioid therapy
- Set expectations and discuss indications for drug tapering at the time of initial opioid prescription if appropriate





# Overview of Michigan's New Prescribing and Dispensing Legislation

EFFECTIVE DATE	MCL STATUTE	REQUIREMENT	NOTES
<i>June 1, 2018</i>	MCL 333.7303c	<p>Before a controlled substance that is an opioid is prescribed to a patient, a licensed provider or another health professional must provide information on all of the following to the patient or the patient's representative:</p> <ul style="list-style-type: none"> <li>• The danger of opioid addiction</li> <li>• How to properly dispose of an expired, unused or unwanted controlled substance</li> <li>• That the delivery of a controlled substance is a felony under Michigan law.</li> <li>• If the patient is pregnant or is a female of reproductive age, the short- and long-term effects of exposing a fetus to a controlled substance, including, but not limited to, neonatal abstinence syndrome</li> </ul> <p>After providing the information, the licensed prescriber or other health professional must obtain the signature of the patient or the patient's representative on a MDHHS acknowledgement form, which must be included in patient's medical or clinical record.</p>	<p><i>PA 246 of 2017</i></p> <p><i>Does not apply if controlled substance is prescribed for inpatient use.</i></p> <p><i>MDHHS is in the process of developing the required form and hopes to have it available in April/May.</i></p>



# Overview of Michigan's New Prescribing and Dispensing Legislation

EFFECTIVE DATE	MCL STATUTE	REQUIREMENT	NOTES
<i>June 1, 2018</i>	MCL 333.7303b(1)	<p>Before issuing for a minor the first prescription in a single course of treatment for a controlled substance containing an opioid, a prescriber must:</p> <ul style="list-style-type: none"> <li>• Discuss the following with the minor and the minor's parent or guardian or with another adult authorized to consent to the minor's medical treatment: (1) the risks of addiction and overdose associated with the controlled substance; (2) the increased risk of addiction to a controlled substance to an individual who is suffering from both mental and substance abuse disorders; (3) the danger of taking a controlled substance containing an opioid with a benzodisazepine, alcohol or another central nervous system depressant; and (4) any other information in the patient counseling information section of the label for the controlled substance that is required under 21 CFR 201.57(c)(18).</li> <li>• Obtain the signature of the minor's parent or guardian, or an authorized adult on a start talking consent form and include in the patient's medical or clinical record.</li> </ul>	<p><i>PA 246 of 2017</i></p> <p><i>See MCL 333.7303b(2) for exceptions and MCL 333.7303b(4) for list of items to be included in the form.</i></p> <p><i>If start talking consent form is signed by "another adult authorized to consent," prescriber may not prescribe more than a 72-hour supply.</i></p>



# Strategy 9 – Initial Risk Assessment

- Prior to starting a course of opioid treatment for a patient, conduct an assessment to estimate the risk of misuse or abuse.



# Strategy 10 – Ongoing Risk Assessment

- At regular intervals and at least annually, conduct an assessment to evaluate the success of opioid treatment.
- Regular assessment allows the provider to monitor patients consistently for changes in potential risk factors, encourage patients in self-management, and counsel patients on safe use.



# Strategy 11 – Urine Screens & Random Urine Screens

- Periodically, and at least annually, collect a urine sample to test for the presence/absence of controlled substances.
- Randomly collect a urine sample at non-predictable intervals.

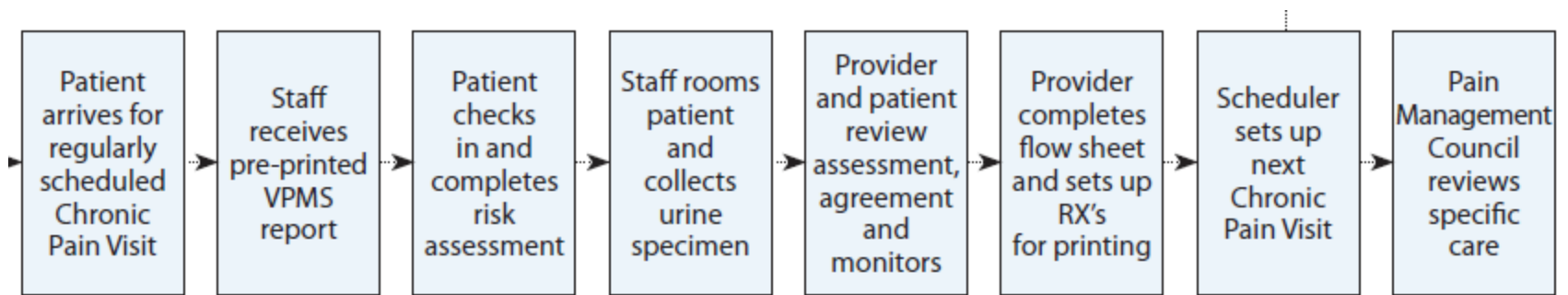


# Strategy 12 – Random Pill Counts

- Randomly review pill containers to confirm the number of doses remaining in the prescription period.
- Patients are called (for a scheduled or unscheduled visit) with a reminder to bring their prescription medications in their original containers to their visits.



# Sample Work Flow MAP



# Strategy 13 – Michigan Automated Prescription System (MAPS)

- MAPS provides access to all dispensed medications by pharmacies in Michigan regardless of payer source, including cash.
- **Comply with new regulations**





# Overview of Michigan's New Prescribing and Dispensing Legislation

EFFECTIVE DATE	MCL STATUTE	REQUIREMENT	NOTES
<i>June 1, 2018</i>	MCL 333.7303a(5)	Before prescribing or dispensing a controlled substance to a patient, a licensed prescriber must be registered with MAPS.	<i>PA 248/PA 249 of 2017</i>



# Overview of Michigan's New Prescribing and Dispensing Legislation

EFFECTIVE DATE	MCL STATUTE	REQUIREMENT	NOTES
<i>June 1, 2018</i>	MCL 333.7303a(4)	<p>Before prescribing or dispensing to a patient a controlled substance in excess of a 3-day supply, prescriber must obtain and review MAPS report, subject to the following exceptions:</p> <ul style="list-style-type: none"><li>• If dispensing occurs in a hospital or freestanding surgical outpatient facility and the controlled substance is administered to the patient in that hospital or facility.</li><li>• If the patient is an animal and the dispensing occurs in a veterinary hospital or clinic and the controlled substance is administered to the patient in that hospital or clinic.</li><li>• If the controlled substance is prescribed by a licensed prescriber who is a veterinarian and the controlled substance will be dispensed by a pharmacist.</li></ul>	<i>PA 248 / PA 249 of 2017</i>



# Strategy 15 - Community Collaboration

- Designate an individual or team responsible for acting as an integrator between the healthcare organization and the community
- Identify and actively engage in local opioid stewardship efforts occurring in the community
- Identify opportunities to collaborate with local community organizations to promote
  - Appropriate use, storage, and disposal of opioids (e.g., partner in community take-back programs)
  - Harm reduction
  - Referrals and treatment



# Strategy 15 - Community Collaboration

- Partner with local organizations to reinforce consistent public messaging about effective pain management strategies and risks of opioid use.
- Important partners include home-based care, pharmacies, rehabilitation providers, dental clinics, veterinary clinics, emergency departments, and first responders, as well as law enforcement, schools, faith communities, health insurers, and local, state, and federal government agencies or task forces.



# Strategy 16: Tracking, Monitoring, and Reporting

- Engage the entire interdisciplinary team in tracking, monitoring, and reporting data, not just prescribers
- Clarify the meaning and value of measures and goals to clinicians and patients
- Create a positive, not punitive, culture for clinicians to embrace feedback on prescribing patterns



# Strategy 16: Tracking, Monitoring, and Reporting

- Create a patient-centered approach to measuring opioid stewardship, emphasizing pain management, function, and safety
- Report high-level data outcomes to organizational leaders, key stakeholders, clinicians, and the community to support quality improvement efforts



# Opioid Resources

All resources, tools and templates discussed today can be found on our Michigan Center for Rural Health Website at <http://www.mcrh.msu.edu/>

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SPOTLIGHT

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# Overview of Michigan's New Prescribing and Dispensing Legislation

EFFECTIVE DATE	MCL STATUTE	REQUIREMENT	NOTES
<i>March 27, 2018</i>	MCL 333.7333	Permits partial filling of a schedule 2 controlled substance by a pharmacist in greater number of circumstances	<i>PA 251 of 2017</i>
<i>March 27, 2018</i>	MCL 333.16282	A licensee or registrant who treats a patient for an opioid-related overdose shall provide information to the patient on substance use disorder services.	<i>PA 250 of 2017</i>
<i>March 27, 2018</i>	MCL 333.7333a	Requires a dispensing prescriber to report to MAPS upon the direct administration of a controlled substance to a patient.  Before dispensing or prescribing buprenorphine, or a drug containing buprenorphine or methadone to a patient in a substance use disorder program, must review MAPS report. Must make MAPS report if dispensing buprenorphine, or a drug containing buprenorphine or methadone to a patient in a substance use disorder program if federal law does not prohibit the reporting of such data to the department.	<i>PA 252 of 2017</i>  <i>See MCL 333.7333a(1) for exceptions to MAPS reporting requirement.</i>



# Overview of Michigan's New Prescribing and Dispensing Legislation

EFFECTIVE DATE	MCL STATUTE	REQUIREMENT	NOTES
<i>July 1, 2018</i>	MCL 333.7333b	If a prescriber is treating a patient for acute pain, the prescriber shall not prescribe the patient more than a 7-day supply of an opioid within a 7-day period.	<i>PA 251 of 2017</i>  <i>See MCL 333.7333b(2) for definition of "acute pain."</i>

