

Research to Reality:

Taking Action in Primary Care to Address the Opioid Epidemic

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Objectives

- **During this presentation the presenters will:**
 - Discuss the context, past and present, of CDS prescribing
 - Articulate the trends and regulations for prescribing in New Jersey
 - Explore factors related to ethics and health literacy
 - Discuss implementation of tools to promote compliance with responsible CDS prescribing: 1) Project Medicine Drop; 2) NJ Prescription Monitoring; and 3) CDS Agreement Forms

Incidence of Prescribing

- United States: 3 billion Rx per day
- 11% of all Rx are controlled substances (CDS)
- 90% of all prescribers will write for CDS
- 70% of all primary care visits result in at least 1 Rx



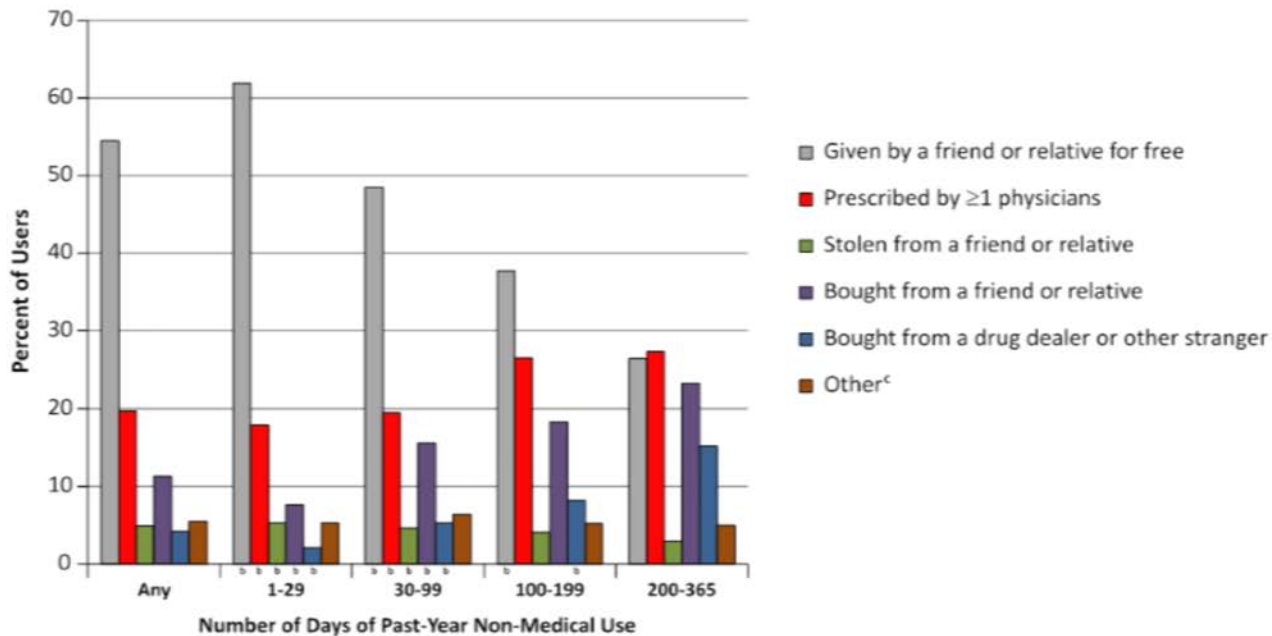
Crisis



- 1990s → new advocacy for better treatment of pain
- Pain became the “5th Vital Sign”
- Little distinction of pain:
 - Cancer v Non-Cancer Related
 - Acute v Chronic
- New formulations of medication (long-acting opiates)
- 1999-2010: opiate use increased 300% (without change in reported pain levels)
- 1999-2014: 165,000 deaths from opioid overdose
- 2015: 2/5 New Jersey teens think Rx opiates are “safe”
- **How can we take action?**

Where do they get it?

Sources of Prescription Painkillers Among Past-Year Non-Medical Users^a



^a Obtained from the US National Survey on Drug Use and Health, 2008 through 2011.⁵

^b Estimate is statistically significantly different from that for highest-frequency users (200-365 days) ($P < .05$).

^c Includes written fake prescriptions and those opioids stolen from a physician's office, clinic, hospital, or pharmacy; purchases on the Internet; and obtained some other way.

SOURCE: Jones C, Paulozzi L, Mack K. Sources of prescription opioid pain relievers by frequency of past-year nonmedical use: United States, 2008–2011. JAMA Int Med 2014; 174(5):802-803.

New Jersey: Taking Action

- NJ Prescription Monitoring Program (NJMPMP)
- Project Medicine Drop
- New Regulations from Gov. Christie

“For too many New Jerseyans, addiction begins in the medicine cabinet...”

– New Jersey Department of Consumer Affairs (2015)



Ethics & Health Literacy

- **Ethics:**

- Health care providers have a distinct ethical responsibility to “promote, advocate for, and protect the rights, health, and safety of the patient.” (ANA, 2015, p.9)

- **Health Literacy:**

- **Health Literacy is a person’s ability to:**
- Access, process, and comprehend basic health information
- Make effective use of services
- Make informed and reasonable health decisions

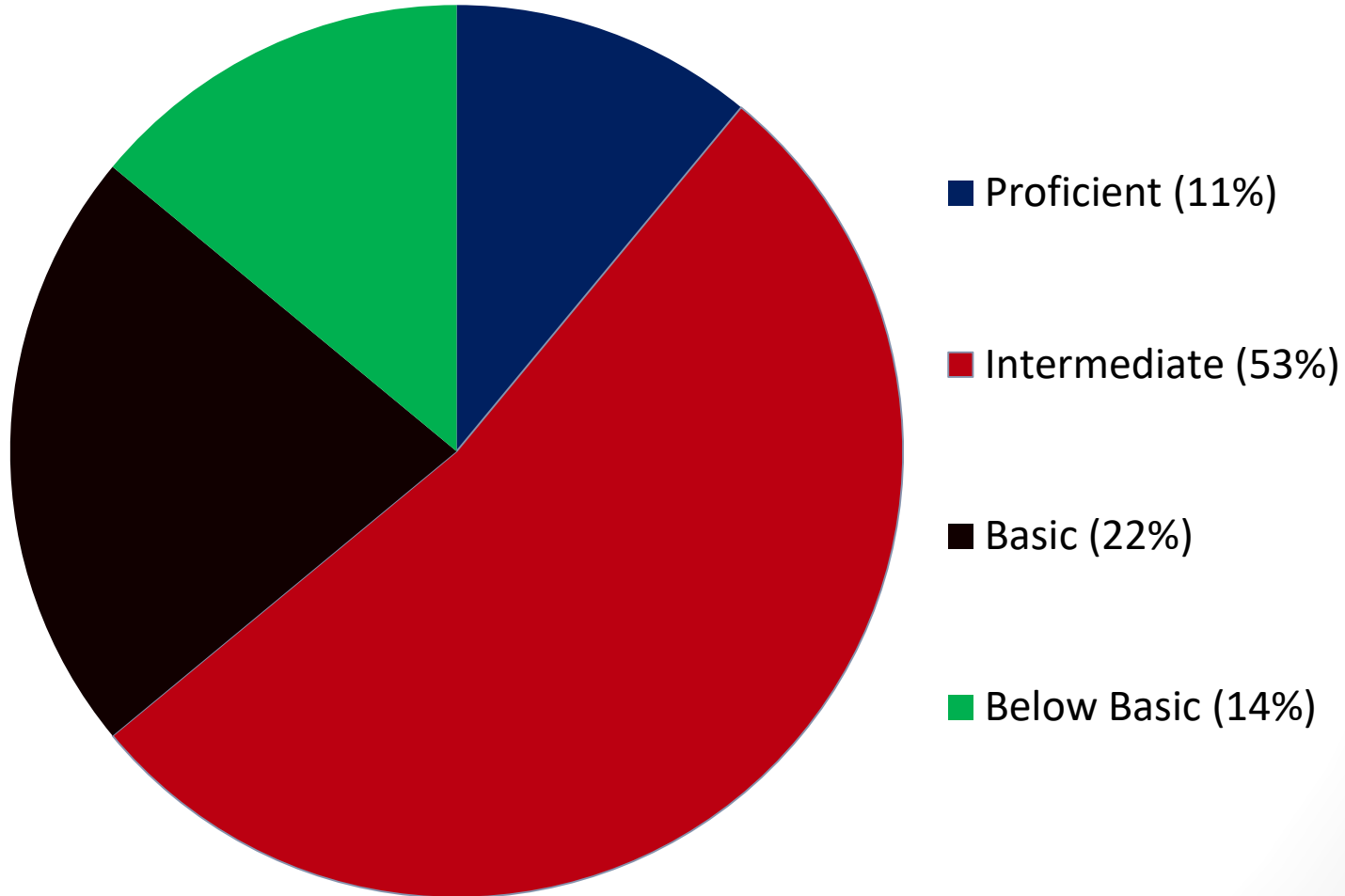
(U.S. Department of Health and Human Services [USDHHS], 2010).

Health Literacy Skills

- **Health literacy skills are required for:**
 - Health promotion
 - Chronic disease management
 - Interpreting charts and statistics
 - Using home health tools
 - Calculating medication dosages
 - Understanding medication instructions



Health Literacy in the U.S.



(Kutner, Greenberg, Jin & Paulsen, 2006).




Unaddressed Health Literacy

- When health literacy is not properly addressed in medical encounters, patients experience increased hospitalizations and use of emergency services, increased medication errors, poor management of chronic disease, and higher rates of preventable mortality
- Health literacy is a practical, ethical, and social justice issue

Health Literacy & CDS

- Health care providers have a distinct and serious responsibility to speak clearly, honestly, and openly with patients BEFORE prescribing controlled substances
- The discussion should be documented

Health Literacy Matters.

 NO MEDICAL JARGON	 ASK OPEN-ENDED QUESTIONS	 USE THE TEACH-BACK METHOD
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USE UNIVERSAL PRECAUTIONS.
ENGAGE EVERY PATIENT WITH RESPECT AND CLARITY.

NJPMP



- New Jersey Prescription Monitoring Program
- March 1, 2015, pharmacies are required to report CDS activity
- January 2017, providers are required to register and use it

- **Purpose:**
 - Aid in evaluation of patients
 - Confirm patient's drug history
 - Address issues with compliance
- **Evidence thus far demonstrates effectiveness in:**
 - Improving clinical decision making
 - Reducing “doctor shopping”
 - Controlling diversion of CDS
 - Helping with efforts to suppress CDS abuse/misuse

Project Medicine Drop

- January 1, 2016, prescribers and pharmacies are required to educate consumers on the drug take-back program to ensure proper disposal of medications
- Can anonymously dispose of unused & expired medications 7 days/week, 365 days/year
- Medications are permanently disposed of



CDS Agreement Forms

- Improve care
- Enhance adherence
- Reduce the risk of diversion
- Facilitate a mutual agreement regarding the treatment plan
- **Which form should be used? What should be included?**



CDS Agreement Forms

- Collen (2009) conducted a comprehensive review analyzing 41 different agreement forms, compared/contrast of content
- **Concluded that well-established agreements should include:**
 - Risk factors associated with using controlled substances:
 - Dependence
 - Overdose
 - Abuse/Misuse
 - Consequences if terms of the agreement are violated
 - Use of one prescriber and one pharmacy
 - Explanation that diversion is against the law
 - Importance of keeping medication safe
 - Possibility of random drug testing

CDS Agreement Forms

- Fishman, Bandman, Edwards, & Borsook (1999) reviewed 39 different agreements from selected pain centers.
- The terms of agreements were categorized:
 - Improper use of CDS
 - Terms for disciplinary action
 - Limitations for replacing medication or changing prescriptions

Challenge in Clinical Practice:

No evidence-based form for New Jersey...

State-Specific CDS Agreement

<http://aleksandranovik.wixsite.com/cdsmonitoringtools>

Novik, A., Van Wyck, K., Padovano, C., & Bradshaw M. (2017)

New Jersey Controlled Dangerous Substance Agreement Form

This agreement relates to my use of controlled dangerous substances. Controlled dangerous substances are a group of high risk prescription medications that include opioids, sedatives, and stimulants.

I am taking _____, a controlled dangerous substance, to treat _____.

Please carefully read each point. Then initial each section, and sign at the bottom of the page.

- _____ I will take my medication(s) as prescribed.
- _____ I understand that if I take these medications, I may experience serious and harmful side effects, including: addiction to the medication, dependence on the medicine, withdrawal (dangerous and uncomfortable side effects that can happen when I stop taking the medication), tolerance (the medicine doesn't work as well after some time), and severe breathing problems.
Other dangerous side effects I might experience include:

- _____ I understand that using illegal drugs and drinking alcohol while I'm taking this medication makes the danger of these serious side effects even greater.
- _____ I will not use illegal drugs such as marijuana, cocaine, heroin, ecstasy, methamphetamine, or any other illegal substances.
- _____ I will inform the prescriber of any past or present alcohol or drug use.
- _____ I understand that I may be asked to participate in random drug testing for my safety.
- _____ I will not ask another health care provider for a prescription for controlled dangerous substances while I am under the care of my prescribing provider.
- _____ I will inform my prescribing provider of all medications I am taking, including any medications prescribed by other health care providers.
- _____ If I go to the Emergency Room, I will notify the Emergency Room provider of this controlled dangerous substance agreement form, and tell him or her about all controlled dangerous substances that have been prescribed to me.
- _____ I will notify my prescribing provider of any controlled dangerous substances which have been prescribed to me in the Emergency Room.
- _____ I give my prescribing provider permission to discuss my diagnosis and treatment plan with other providers and with the pharmacies that fill my prescriptions. The prescribing provider will frequently review and update NJ Prescription Monitoring Program (NJMPMP) to monitor my medications. I understand that this frequent monitoring is for my safety.
- _____ I will keep my medication(s) in a safe and secure spot, out of the reach of children.

Novik, A., Van Wyck, K., Padovano, C., & Bradshaw M. (2017)

_____ I have received and read the handout on Project Medicine Drop.

_____ I will bring all leftover pills to my local Project Medicine Drop, which is located at:
_____.

_____ I understand that if I lose my prescription, my provider will not prescribe extra medications. I will let my provider know in advance if I need any refills.

_____ I understand that selling and sharing these medications is against the law. I will never share, give away, trade, sell, or misuse my medication(s) with another person.

_____ I also agree to the following terms, as I have talked about with my healthcare provider:

_____ I understand that when my treatment ends, my prescribing provider will lower and then stop my | medications appropriately. If I become addicted to or dependent on the medication, he or she will provide me with a list of treatment facilities.

_____ I understand that if I break the agreement of these terms, my prescribing provider can stop prescribing me controlled dangerous substance medications, and may choose to no longer serve as my health care provider.

_____ I will use the _____ pharmacy, located at _____, to fill my controlled substance medications.

_____ I have read this controlled substance agreement form, understand it, and have had all my questions answered.

Patient name (printed) _____ Date _____

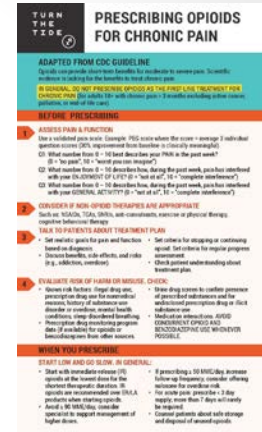
Patient signature _____ Date _____

Prescribing provider name (printed) _____ Date _____

Prescribing provider signature _____ Date _____

New Regulations

- In effect March 1, 2017
- Imposing restrictions on Schedule II CDS
- Acute pain: 5 day supply, lowest dose of immediate release
- Chronic Pain: CDC Guideline
- **Additionally:**
- Clear language about opioid drugs
- Requirements about medical history and documentation
- Accessing PMP will be mandatory every time
- On the 3rd prescription, a CDS Agreement Form required
- Review of treatment every 3 months



Research and Reality

- Nurse practitioners are leading efforts to incorporate research into daily practice by:
 - Improving clinical training for prescribing
 - Developing CDS training across specialties (CRNA)
 - Ensuring utilization of ethical principles
 - Obeying universal precautions of health literacy
 - Increasing awareness of NJPMP and Project Medicine Drop
 - Deploying an evidence-based, NJ Specific CDS Agreement Form
 - Examining issues related to prescribing CDS in the Emergency Room
 - Turning the Tide...

Thank You !

Additional Information:

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