California HealthCare Foundation

July 2015

Meeting Summary

Prescription to End Painkiller Misuse:
New Work Group Launched in Alameda County

Kathleen Clanon, MD, medical director of the Alameda County Health Care Services Agency and meeting organizer, shared her personal story to open up the first meeting of the Alameda County Safety Net Working Group on Opioid Prescribing: "For my day job, I'm an HIV doc. When electronic health records were first introduced in my clinic, I ran a medication report for my own panel of patients. I discovered that Vicodin was one of the top three drugs prescribed. That was my personal wake-up call. I wrote every single one of those prescriptions, and I am not alone. And now I want to work with all of you to figure out how to reverse this trend."

More than 60 people representing various sectors of the health care safety net gathered in Downtown Oakland on May 28 to launch a new work group to address the rise in painkiller overprescribing and misuse in Alameda County. Participants included primary care providers, pain specialists, substance abuse counselors, program administrators, health plan representatives, and other service providers working with the county's low-income community. (See full list of participating organizations on page 6.)

The daylong meeting began with presentations about current efforts in Alameda County, and the afternoon involved discussions about collaborative actions the group can take to address this complex issue in the safety net. The meeting organizing committee consisted of emergency medicine physicians, primary care providers, county agency representatives, health plan pharmacists, addiction specialists, and patient advocates.

Alameda County and the Painkiller Problem

In 2013 in Alameda County, enough opioids were prescribed to give every adult and child an average of 180 to 200 Vicodin per year (an average of 113 per county resident). Twenty-three accidental opioid overdose deaths were reported that year, although participants discussed the likely underreporting of opioid-related deaths by the coroner's office, due to technicalities in assigning cause of death.

Health care and other service providers working with the county's low-income population face a big challenge: how to care for patients living with chronic

Full house. Meeting participants listened to one of the day's many presenters.

pain who have grown dependent on high doses of opioids, with significant resource constraints, and in the face of a growing epidemic of addiction and overdose.

Starting in the 1990s, physicians faced significant regulatory and legal pressure for what was then viewed as prevalent undertreatment of pain, combined with aggressive pharmaceutical advertising that falsified the risk of addiction and harm from long-term opioid use. A culture of liberal prescribing developed, contributing to an epidemic of opioid misuse.

"We in the medical community participate in this problem, and we have the responsibility to figure out, together, how to solve it," said Kelly Pfeifer, MD, director of high-value care at the California HealthCare Foundation (CHCF) and meeting organizer. "Prescription painkillers are good drugs when used judiciously. But like many things, when used to excess, they can cause harm."

Bright Spots: What Is Working

Speakers highlighted the work currently under way in their organizations and raised considerations for future collaborative work.

Helping Patients Taper to Lower Doses or Off Painkillers

Participants heard from Andrea Rubinstein, MD, a chronic pain specialist at Kaiser Permanente, who talked about the methods she uses in her pain clinic to taper patients from high doses of opioids.

She talked about the lack of knowledge in the medical community about pain management. The average amount of time that physicians and residents are trained in pain management is about seven hours.

Rubinstein described her program, which is time- and resource-intensive, and involves a team approach. She recognized that her tapering program is not for everyone; in particular, she stressed that certain patients should not be tapered: those in palliative care, who are pregnant, or who are psychiatrically fragile. Patients with addiction issues need substance use treatment, since they may have trouble controlling use during a taper.

She also laid out several rules of thumb:

- Use low-dose tablets to allow tapering in small increments.
- Down is easier than off. The goal is to improve the patient's life and reduce their risk of adverse outcomes. It may not be possible to get patients off of opioids completely, and that's okay.
- Rule of thirds. Tapering down one-third the dose is easy. The second third is harder. The last third will take forever.
- Sweet spot. The body cannot tell if you drop the dose from 100% to 95%. Drop doses in 5% to 10% increments and slowly over time. Test the sweet spot and adjust.
- The best taper is the one that works. There are lots of ways to do this, and it should work for the patient.

Rubinstein also spoke about the importance of removing the judgment related to opioid use. "Opioids are not good or bad," she said. "They are molecules. It's about putting the right drug in the right patient at the right time and monitoring."

She talked about how she reassures her patients that even though the tapering experience will be rocky, she will work with them throughout the process, and they always have the option to return to their original dose. None of her patients ever have.

Setting Up Treatment Guidelines

Based on research finding that higher doses of opioids lead to higher risk of overdose, in November 2014, the Medical Board of California released

guidelines on opioid prescribing. Jonas Hines, MD, a physician at Tom Waddell Health Center in San Francisco and project lead for the working group, talked about the role of guidelines and the challenges that providers, hospitals, and clinics face in implementing them.

"It is one thing to say, 'Here is a guideline with best practices,' and it is another thing to find a way to support providers and health care systems to make sure the right thing happens with the right patient at the right time. These are good guidelines — but it will take a systematic approach to improve care for patients suffering from chronic pain."

Another provider spoke about this challenge: "We're getting a push from administration to create guidelines so they can check it off the list. But then we don't have the support to implement them."

Clinics on a tight budget may not have the resources to implement suggested treatment guidelines. One representative from Alameda Health Systems asked, "Would it be realistic to think about what we could actually do in a 15-minute visit setting?" Using medical assistants and community health workers to support patients as part of an integrated team was an idea raised as a low-cost strategy that clinics could adopt, to accommodate for the physician's limited time with the patient.

The Alameda-Contra Costa Medical Association (ACCMA) is also working to improve opioid safety. Clanon provided an update about the ACCMA's new coalition, which is focused on spreading safe prescribing guidelines throughout Alameda and Contra Costa Counties. The ACCMA effort will be coordinated with the work of the safety-net task force.

Looking Beyond Pills

Andrew Herring, MD, an emergency medicine physician at Highland Hospital, spoke about alternatives to medicating patients who come to the ER in pain.

"Every year, I unleash a new set of residents in the ER at Highland," Herring said. "After five minutes, you see every flavor of pain: agitation, a leg cut off, mysterious tingles that won't go away. What these patients all have in common is that they suffer from poverty and social disadvantage. There is a huge role for social support and health and wellness promotion in pain treatment. My goal is to teach residents how to approach pain in this context and to de-medicalize this problem."

He spoke about how the provider community has been stuck thinking that pills are the only answer to a patient's pain. He started a conversation about the connection between socioeconomic status, pain, and morbidity from opioid use. "I want my pain patients to have access to clean, safe spaces for health maintenance and personal development. This doesn't exist for a lot of my safety-net patients. They need somewhere to exercise, to do yoga. I want my patients to have access to a supportive group of people to help them get through the pain."

There are many different facets to the issue of painkiller prescribing, including the prescriber's biases. Herring also mentioned research on the racial disparities of pain treatment that found that compared to White patients, people of color may be undertreated for pain in emergency departments. The challenge is how to reverse the trend of overprescribing painkillers without taking a punitive approach with patients, such as cutting them off from painkillers without adequate support.

Veronica King, clinic director at the BAART methadone clinic in Oakland, talked about the stigma people feel when they are labeled as addicts. "The big elephant in the room is stigma," King said. "We have patients whose doctors won't look them in the eye and assume all they want is a prescription for more pain meds. And a lot of our clients became addicts because of physicians! One woman I worked with had been shot, and had been prescribed opioids for seven years. She was referred to us from her doctor. We talked, she got comfortable with me, and we got her counseling. It took over two years, but we tapered her off completely. She's been off the pain pills for six years now. She calls from time to time to let us know how she's doing."

Reporting back. Loris Maddox, executive director of HEPPAC – HIV Education and Prevention Project of Alameda County (Casa Segura) shares main points from a small group discussion.

Removing Unused Medications from the Community

Another side to this issue is proper drug disposal. According to the Centers for Disease Control and Prevention, more than 70% of opioid misuse cases involved medications taken from a friend or relative. Alameda County's court victory on May 26 establishes a groundbreaking law, authored by Supervisor Nate Miley, requiring the pharmaceutical industry to pay for collection and disposal of unused drugs. This ordinance will make it easier to remove prescription painkillers from the supply chain.

Scott Seery, with Alameda County's Safe Drug Disposal Program, explained why it was important that representatives from his program attend this meeting: "I'd like to work with care providers to educate patients at the time a prescription is written about proper medication disposal."

Miley said other counties in California and in other states are soon to follow suit.

Preventing Overdose

For those on high doses of opioids, the risk of overdose is very great. The drug naloxone is an opioid antidote that prevents death from accidental or deliberate overdose. It can be administered by a layperson through a nasal spray or injection.

Following the example of San Francisco, where the widespread prescription and distribution of naloxone has been associated with decreased death rates and increased overdose recovery rates, other California health care communities are working to increase education about and prescribing of naloxone to patients who are chronic opioid users. It was also announced that Alameda County, with leadership from Supervisor Keith Carson, is working with veteran needle-exchange program operator HIV Education and Prevention Project of Alameda County to start distribution of naloxone to people at high risk of overdose.

Moving Forward: What We Can Do Together

Participants agreed to collaborate on work in several areas.[1] In small groups, participants discussed the pros and cons of each initiative, as well as listed potential partners and concrete action items. A vote revealed the following approaches as priorities for action:

- **Bolstering non-opioid treatments for chronic pain.** Meeting participants talked about the effectiveness of a "whole person" approach to treating pain — using exercise, support groups, acupuncture, and other non-opioid therapies — and how they wanted to further discuss how to access these resources in the community.
- **Setting community standards.** Participants agreed that creating a consistent community-wide approach to treatment of chronic pain would help ensure that patients get appropriate care, especially for highly mobile patients or those who are transitioning between settings of care.
- **Enhancing public action on opioid misuse.** There was consensus that better public education was needed on the risks of long-term painkiller use as well as on the county's existing drug take-back program. A nationwide poll by the National Safety Foundation found that only one in five people consider prescription drugs to be a serious safety threat, and nearly 70% of

Example of a Community-Wide Approach: Monterey

Reb Close, MD, an emergency medicine physician at the Community Hospital of the Monterey Peninsula, shared Monterey County's experience of setting up a successful community-wide safe prescribing program. She emphasized that it took a village. Initiative organizers involved any agency or group involved with community safety: the sheriff's office, the district attorney, firefighters, educators, and representatives from every hospital in the county.

The group developed a handout — in English and Spanish — about safe pain medication prescribing that is now given to every person who comes into an ED in Monterey County. The group worked with providers to teach them how to talk to patients about these issues without judgment. They compiled a list of community resources for patients on drug and alcohol counseling and providers of alternative treatments such as acupuncture.

"This only worked because we had 100% backing from all sectors of our community," Close said. "The whole county was on board to tackle this issue to create a safer environment for everyone."

opioid users didn't know that sharing painkillers is a felony.[2]

- **Developing clinical guidelines for managing chronic pain.** Meeting participants also wanted to work on establishing guidelines to screen patients for risk factors for painkiller misuse and overdose. Some participants believed that a standardized approach may help remove some of the stigmatization perceived by patients. A coordinated effort by the ACCMA will focus on the medical community, and regional EDs in particular, to promote adoption standards for safe and appropriate prescribing.

The following initiatives will be considered for future work:

- **Establishing safe pain medicine prescribing recommendations for emergency rooms and urgent care clinics, in collaboration with ACCMA.** Experts agree that chronic pain is best managed in a primary care setting, where patients can benefit from long term care by a provider who knows them well. Setting up guidelines in EDs and urgent care settings will decrease the incentive for patients to seek painkiller prescriptions in these settings.
- **Improving the collection of data to inform decisionmaking.** There is marked geographic variation in morbidity and mortality related to opioid misuse, nationwide and within California. The public health data that are available in Alameda County, however, are limited. Better data could inform targeted outreach in communities and hospitals with high rates of opioid prescribing. Steps in this process would involve educating prescribers about the updated CURES database, using data and technology to connect providers to better meet patients' needs, and conducting ongoing analysis to evaluate progress and make adjustments if needed.
- **Health care payer actions.** Through payment incentives and utilization controls, payers can guide providers toward best practices. Payers can help change prescriber behavior by offering dollar incentives for certain actions, such as becoming prescribers of buprenorphine, an opioid addiction treatment. Payers can set up pharmacy policies to support safe prescribing, such as set limits on co-prescribing opioids with other high-risk medications, identify patients using multiple pharmacies and limit them to one pharmacy, and encourage functional therapies, such as physical therapy or back pain classes, and mental health evaluations.

Discussing these tough issues as a group and the opportunity to network with other safety-net service providers were some of the highlights of the day for participants, who also agreed to continue working together long-term. "What creates change in my organization is knowing what other groups are doing," said primary care physician Larry Boly, MD. "What is happening in your health care systems is important for me to know. It will help drive change in mine."

Group discussion. Primary care physician Larry Boly, MD, from Contra Costa County poses a question to the group.

About the Foundation

The California HealthCare Foundation (CHCF) is leading the way to better health care for all Californians, particularly those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

For more information, visit www.chcf.org.

More Information

Alameda County Safety Net Working Group on Opioid Prescribing
www.co.alameda.ca.us/health/indigent/coalition

Alameda County's Safe Drug Disposal Program
www.co.alameda.ca.us/aceh/safedisposal

Participating Organizations

Representatives from the following organizations participated in the meeting:

Alameda County Environmental Health Department

Alameda County Health Care Services Agency

Alameda County Household Hazardous Waste Program

Alameda County Public Health Department

Alameda Health Consortium

Alameda Health System

Anthem Blue Cross

Asian Health Services

BAART Methadone Clinic, Oakland

Berkeley Emergency Medical Group

California Department of Health Care Services

California Department of Public Health

California Department of Public Health, STD Control Branch

California HealthCare Foundation

California School of Podiatric Medicine

California Society of Addiction Medicine

Community Health Center Network

Contra Costa Regional Medical Center

Corizon Health (Santa Rita Jail)

East Bay AIDS Center, Alta Bates Medical Center

Fremont Rheumatology

Harm Reduction Coalition

Hayward Wellness Center, Alameda Health System

HEPPAC – HIV Education and Prevention Project of Alameda County (Casa Segura)

Highland Hospital, Alameda Health System

HIV ACCESS, Alameda Health Consortium

HIV Education and Prevention Project of Alameda County

Hope Hospice

Kaiser Permanente

La Clinica de La Raza

LifeLong Medical Care

Sutter Health, Better Health East Bay

Tri-City Health Center

TRUST Clinic / Healthcare for the Homeless

University of California, San Francisco

Veterans Health Administration

Endnotes

1. The meeting handout detailing these areas of future work can be found at www.chcf.org.
2. Deborah A. P. Hersman and Donald Teater, "What Americans Believe About Opioid Prescription Painkiller Use," National Safety Council, opioid painkiller media briefing on March 11, 2015, www.nsc.org.