CURES makes you a better clinician





https://cures.doj.ca.gov

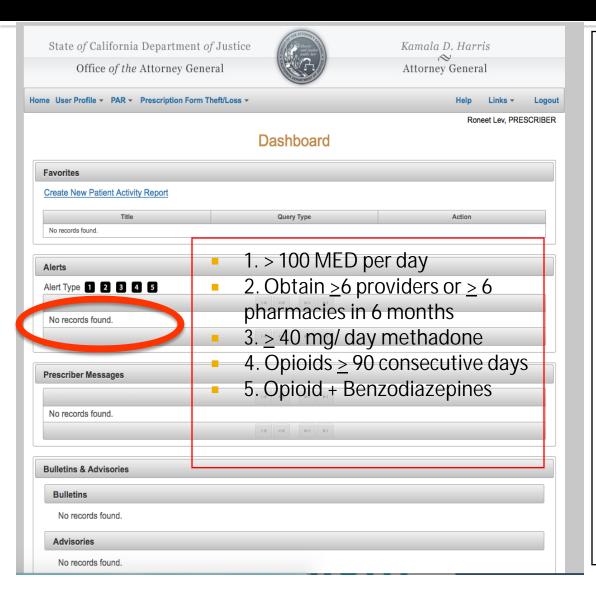
CURES Improves clinical skills

- When to check CURES?
- Dashboard Goals
- Interpreting CURES
- Documenting CURES finding
- Talking to Patients Saying "no" nicely

When to check CURES

- 1. Before writing prescription for controlled medication
 - Like checking for allergies
- 2. To obtain additional patient history
 - Examples:
 - Patient with DKA who couldn't get insulin, but could get his oxycodone??
 - Patient with abdominal pain who has been to another hospital – find 5 hospitals...
 - Patient went to another hospital and received some prescriptions, but doesn't remember what they were

Dashboard Goals



- Emergency Physician
 Goal clear dashboard
- > 100 MED -Naloxone Rx
- 6,6,6 combination = Doctor Shopping
- > 50 Methadone Give Naloxone Rx
- > 90 day opioid Needs compact and coordinated care
 - 78% of deaths
- Opioid +
 Benzodiazepines Avoid
 or Wean
 - 50% Rx in deaths
 - 20% Cause of death

Interpreting CURES

Date Filled	Drug Name	Oty	Pharmacy	Dr. Name	Refills
2015-11-14	Alprazolam	30	CVS	NP	2
2015-11-9	Alprazolam	60	CVS	NP	1
2015-10-28	Alprazolam	30	CVS	Dr. K	0
2015-9-20	Hydrocodone	24	CVS	ED Doc	24
2015-6-01	Carisoprodol	30	CVS	Dr. F	0
2015-6-01	Buprenorphine	60	Kaiser	Dr. M	0

- 12 Month report
- Holy Trinity Alert
- Benzodiazepine/ Opioid Alert
- Multiple Rx in 1 month with different providers
- Total Number Providers
- Name Pharmacies
- Buprenorphine

Documentation

1. Printing PAR

- Print PAR, place patient sticker, and add to medical record
- EHR Location for PAR (example Medications)
- 2. Your Medical Notes
- •Dictate CURES results after medications: "CURES negative", "CURES was 5 pages with 20 providers," "CURES showed regular opioids by single physician," "CURES showed last Rx for hydrocodone #60 on 1/1/16"
- 3. System Down
- -When CURES unavailable, Dictate "CURES system down... locked out of account...etc." (this is protective for you as a provider)
- 4. On Rx Pad
- "CURES negative"

Talking to Patients - I

- Can I have a pain prescription?
 - Yes, let me check and see what the best option is
- Benzodiazepine + Opioid
 - I see you have a medication interaction. You need to discuss this with your physician and in the meantime, please do not take them at the same time

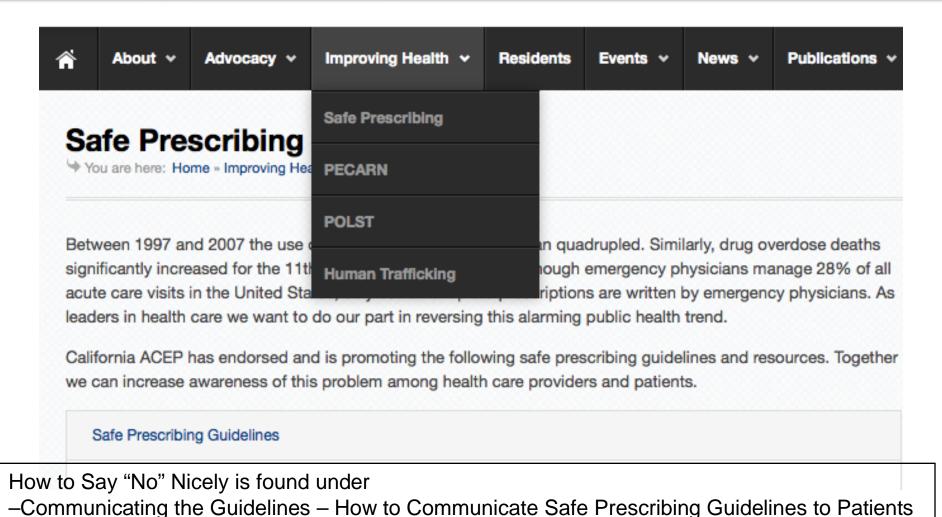
Talking to Patients - II

- Doctor Shopper
 - For your safety your medications need to be coordinated by one doctor and one pharmacist. I can address your pain today, but I won't be able to write a prescription
- Nothing works for me
 - Tell me how you have taking your medication
- High Morphine Equivalent
 - Give prescription naloxone
 - Concern you have 2 problems: headache and prescription. Less medication = better function

Talking to Patients - III

- I can't get to my doctor
 - Review CURES. Realize that pain specialist have patients wait 2 weeks to gather data and records. You can too.
- Can I have cough medicine?
 - Yes, I can give you an inhaler that will help get things out of your lung. A cough medicine keeps things inside.
- Stolen Rx
 - Did you file a police report?

California ACEP Safe Prescribing Tool Kit – California ACEP.org



SanDiegoSafePrescribing.org



PHYSICIAN QUICKLINKS

MEET OUR PHYSICIANS

MEMBERSHIP FAQS

PARTNER ORGANIZATIONS

San Diego Safe Prescribing:

- Introduction
- Provider Guidelines for Anyone Who Prescribes Controlled Substances
- What You Need to Know About CURES
- Patient Medication Agreement
- Safe Pain Medication Prescribing in Emergency Departments
- Safe Pain Medication Prescribing in Urgent Cares
- Safe Prescribing Guideline Participants
- Educational Materials for Practitioners
- Educational Opportunities for Practitioners
- Patient and Community Resources
- Relevant Reports & Articles
- Prescription Drug Abuse Medical Task Force Newsletters
- Naloxone

How to Say "No" Nicely is found under

- Educational Materials for Practitioners
- How to Talk to YourPatients About SafePrescribing

One Vision for Safe Prescribing

