

TAKING RESPONSIBILITY

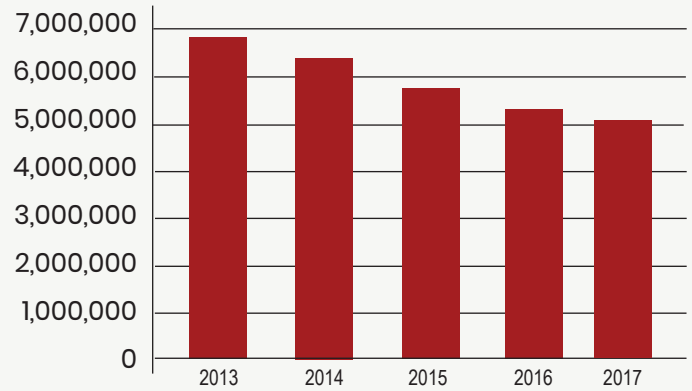
Reversing the Opioid Epidemic in Indiana

A HEALTH CARE PROFESSIONAL'S TOOLBOX TO REVERSE THE OPIOID EPIDEMIC



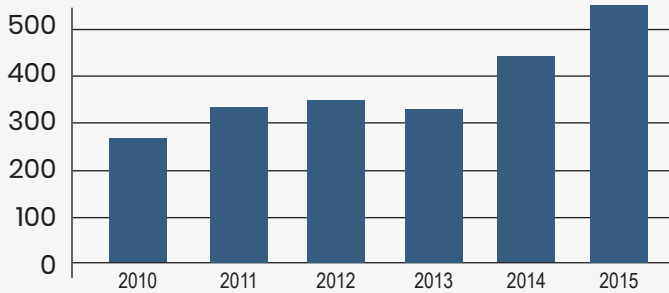
Opioid-related overdose and death is a national epidemic. Indiana is one of the most impacted states in the nation. This toolbox is meant to provide resources physicians can use to help reverse the epidemic in the Hoosier state.

TOTAL OPIOID PRESCRIPTIONS 2013-2017

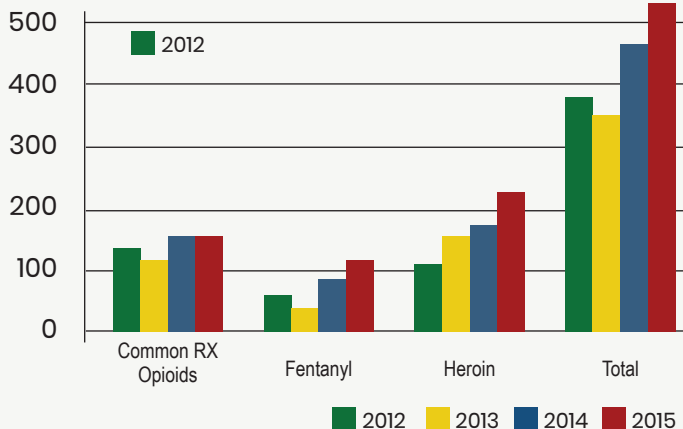


Source: IQVIA

TOTAL OPIOID-RELATED DEATHS



OPIOID RELATED MORTALITY IN INDIANA 2012-2015



Source: U.S. Centers for Disease Control and Prevention

TIMELINE OF KEY POLICY EVENTS

- 2012** Opioid prescriptions: 112 Rxs/100 residents
- 2013** Indiana Medical Licensing Board given emergency authority to create chronic opioid prescribing rules; Opioid prescriptions: 108 Rxs/100 residents
- 2014** Final Pain Management Prescribing Rule adopted; Opioid prescriptions: 100 Rxs/100 residents
- 2015** Opioid prescriptions: 89 Rxs/100 residents
- 2016** Indiana State Medical Association, Indiana Hospital Association and the Indiana Chapter of the American College of Emergency Physicians create the Indiana Guidelines for Opioid Prescribing in the Emergency Department; Indiana's PDMP, INSPECT, begins pilot integration project with Deaconess Hospital EHR; Opioid prescriptions: 84 Rxs/100 residents
- 2017** 2017: Governor announces that the state will pay for statewide INSPECT integrated access; the ISMA and IHA collaborate to create the Indiana Acute Prescribing Guidelines; Indiana limits first-time opioid prescriptions to 7 days, with ISMA-supported exceptions; in the first quarter after the law went into effect, there was a 9.3 percent decrease in opioid prescriptions

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TREATING THE PATIENT'S PAIN WITH CARE AND COMPASSION

EXCERPTS FROM THE INDIANA GUIDELINES FOR OPIOID PRESCRIBING IN THE EMERGENCY DEPARTMENT

- 1.a) Emergency medical clinicians should not routinely provide replacement prescriptions for opioids and other controlled substances that were lost, destroyed or stolen.
2. Opioids and other controlled substances should be prescribed in emergency/acute care facilities only when appropriate based on the patient's presenting symptoms, overall condition, clinical examination and risk for addiction.
- 2.d) Providers should consider risk factors for respiratory depression when prescribing to patients currently taking benzodiazepines and/or other opioids and other controlled substances.
- 3.a) When considering prescribing or administering opioids and other controlled substances, the emergency clinician should consider a search of the Indiana Prescription Drug Monitoring Program (INSPECT).

The ISMA encourages physicians to review the full checklist at https://www.in.gov/isdh/files/Indiana_ER_Opioid_Prescribing_Guidelines.pdf

EXCERPTS FROM SENATE ENROLLED ACT 226, ACUTE CARE GUIDELINES

A prescriber may issue a prescription for an opioid only if the following limitations are met:

- (1) If the prescription is for an adult who is being prescribed an opioid for the first time by the prescriber, the initial prescription may not exceed a seven (7) day supply.
- (2) If the prescription is for a child who is less than eighteen (18) years of age, the prescription may not exceed a seven (7) day supply. Exceptions to the 7-day limit may be made for cancer, palliative care and medication-assisted treatment for a substance use disorder.

The ISMA encourages physicians to review the full Act at <http://iga.in.gov/static-documents/b/9/5/2/b9523207/SB0226.05.ENRH.pdf>

EXCERPTS FROM INDIANA PAIN MANAGEMENT PRESCRIBING FINAL RULE

Daily High Dose Threshold: When opioid dose reaches morphine equivalent dose of >60mg/day, a face-to-face review of treatment plan and patient evaluation must be scheduled.

Patient Informed Consent: Discuss with the patient potential risks and benefits of opioid treatment for chronic pain; counsel women ages 14 to 55 of child-bearing potential about risk to fetus when a mother has taken chronic opioids during pregnancy (including risk of fetal opioid dependency and neonatal abstinence syndrome)

INSPECT Reports: At the outset of the treatment plan, and at least annually thereafter, prescribing physician must run an INSPECT report and document in patient's chart whether it is consistent with the physician's knowledge of the patient's controlled substance use history.

Exclusions: The rule does not apply to:

1. Patients with a terminal medical condition
2. Residents of an Indiana-licensed health facility
3. Patients enrolled in an Indiana-licensed hospice program
4. Patients enrolled in an inpatient or outpatient palliative care program of an Indiana-licensed hospital or hospice

The ISMA encourages physicians to review the full rule at <https://www.ismanet.org/pdf/legal/IndianaPainManagementPrescribingFinalRuleSummary.pdf>

RESOURCES:

Indiana State Department of Health Naloxone 101:
<https://secure.in.gov/isdh/27387.htm>

Naloxone entities in Indiana:
<https://optin.in.gov>

Indiana Recovery Alliance:
<http://indianarecoveryalliance.org/about-the-ira/what-were-doing>

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OVERDOSE PREVENTION

AMA TASK FORCE TO REDUCE OPIOID ABUSE RECOMMENDATION ON NALOXONE

CO-PRESCRIBING NALOXONE MAY HELP SAVE A PATIENT'S LIFE.

Several factors may be helpful in determining whether to co-prescribe naloxone to a patient, to a family member or to a close friend of the patient, including:

- Is my patient on a high dose of opioids?
- Does my patient also have a concomitant benzodiazepine prescription?
- Does my patient have a history of substance use disorder?
- Does my patient have an underlying mental health condition that might make him or her more susceptible to overdose?
- Does my patient have a medical condition, such as a respiratory disease or other co-morbidities, that might make him or her susceptible to opioid toxicity, respiratory distress or overdose?
- Might my patient be in a position to aid someone who is at risk of opioid overdose?



For information about Naloxone please visit: <http://www.in.gov/isdh/27387.htm>

Learn more:

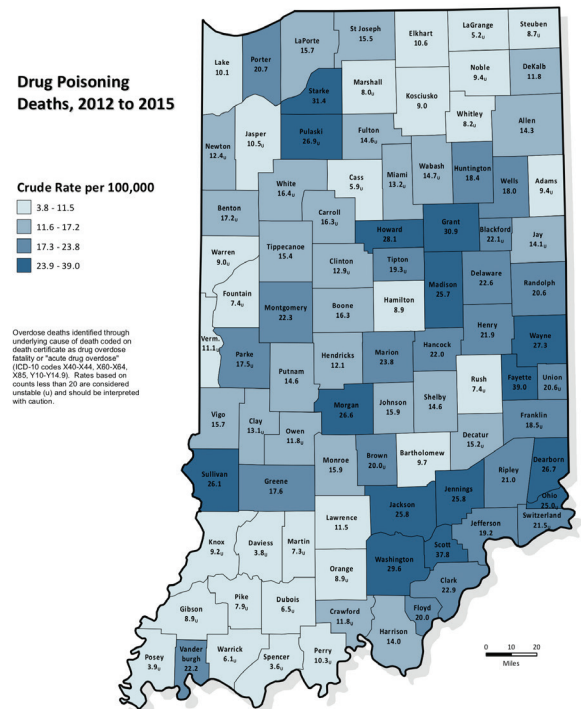
<https://www.end-opioid-epidemic.org/wp-content/uploads/2017/06/AMA-Task-Force-to-Reduce-Opioid-Abuse-Overview-updated-June-2017-one-pager-1.pdf>

DANGERS OF CO-PRESCRIBING BENZODIAZEPINES

Combined use of benzodiazepines with opioid analgesics, including cough products, could entail serious risk of injury or death. Experiencing an opiate-related overdose.

Learn more:

www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm518697.htm



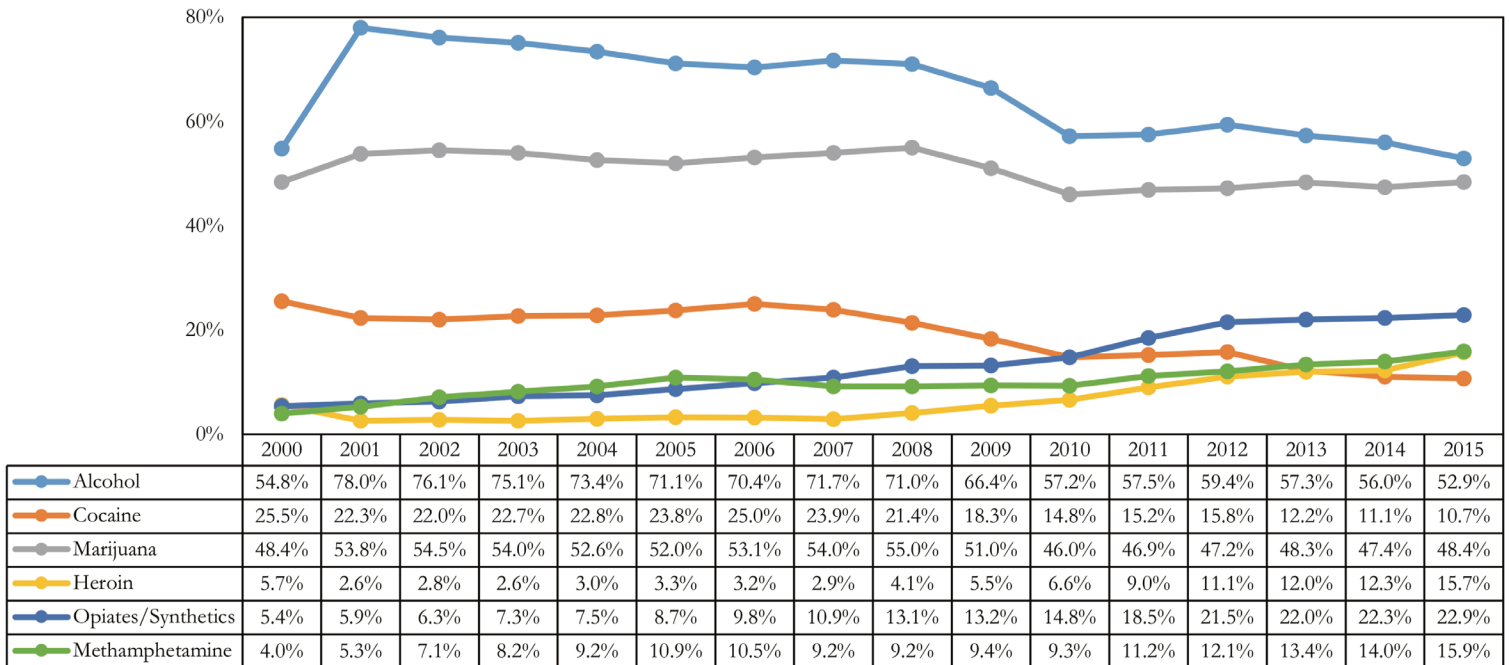
Map Author: ISDH ERC PHG, April 2017 Data Source: ISDH ERC Data Analysis Team, Division of Trauma and Injury Prevention

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TREATMENT FOR OPIOID USE DISORDER

PERCENT OF INDIANA TREATMENT ADMISSIONS BY DRUG USE CATEGORY (TEDS-A, 2000-2015)



Source: <http://www.in.gov/bitterpill/files/Treatment%20and%20Recovery%20Report.pdf>

Indiana Addiction Hotline
1-800-662-HELP (4357)

**Stop the stigma of
substance use disorder.**

Enhance access to treatment.



TREATMENT, CONSULTATION, AND TRAINING RESOURCES

Addiction Prevention and Mental Health Promotion
www.in.gov/fssa/dmha/4484.htm

Become trained to provide in-office buprenorphine (PCSS):
www.pcssnow.org/education-training/mat-training

ASAM National Practice Treatment Guideline (PCSS-MAT):
www.pcssnow.org/event/the-asam-national-practice-guideline-for-the-use-of-medications-in-the-treatment-of-addiction-involving-opioid-use

Providers' Clinical Support System for Medication Assisted Treatment:
www.pcssNOW.org

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