

3rd Annual Prescription Drug Abuse Symposium

*Targeting Strategies to Curb
the Epidemic in Indiana*

Driving Increased Use of INSPECT Through INPC Integration

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School of Medicine
Department of Emergency Medicine



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DISCLOSURES

NONE



Case

- **16 year old male**
- **Helpful – mows neighbor lady's yard**
- **Found unresponsive on couch next morning**



What happened?

- “Pharming”





Another case

- **“Mary” age 47**
- **Chronic pain in joints**
- **Methodist ED on July 29 needing hydrocodone refill**



Patient three

- **“Cal” age 42**
- **Chronic abdominal pain, multiple ED visits**
- **No organic pathology**



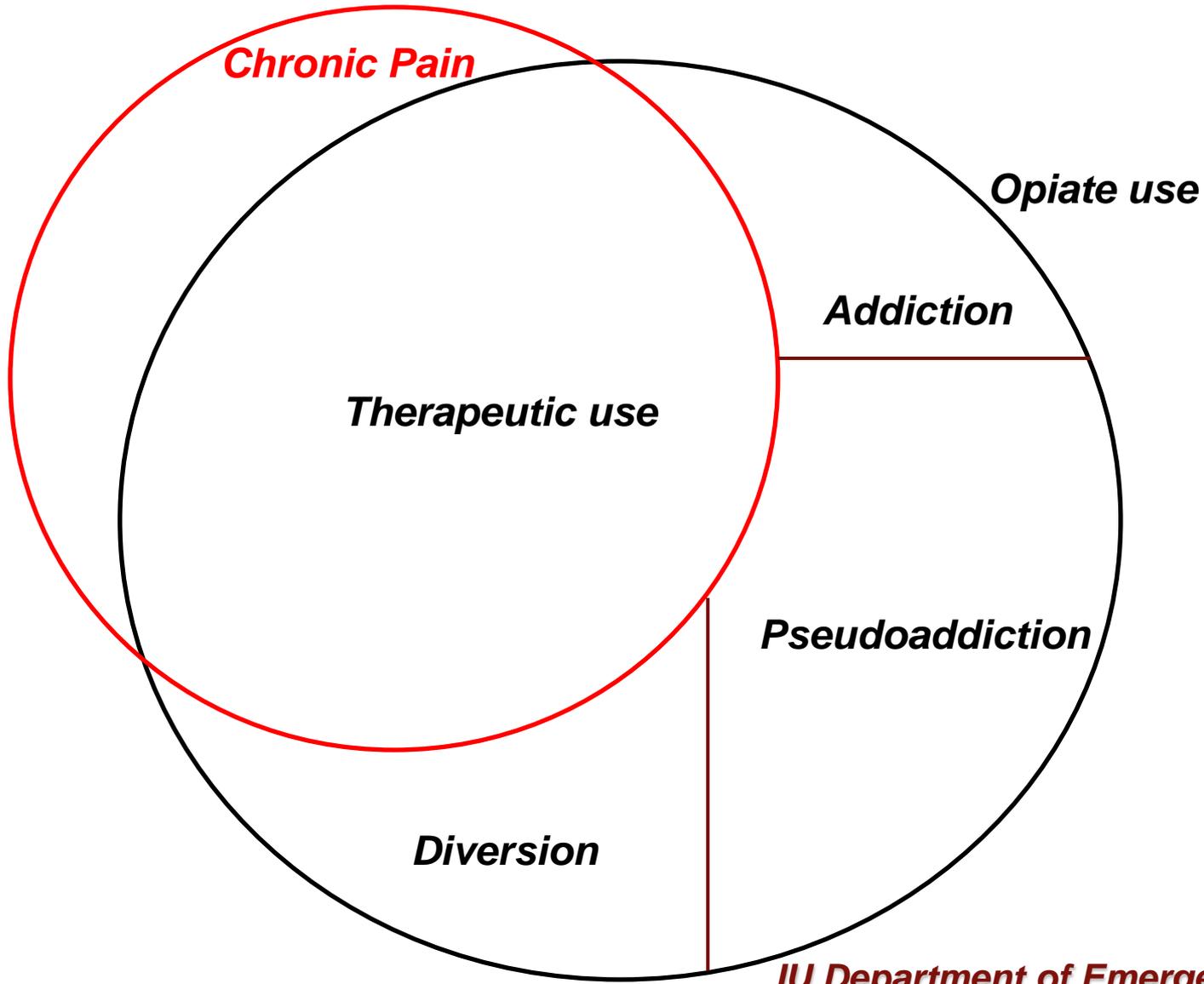
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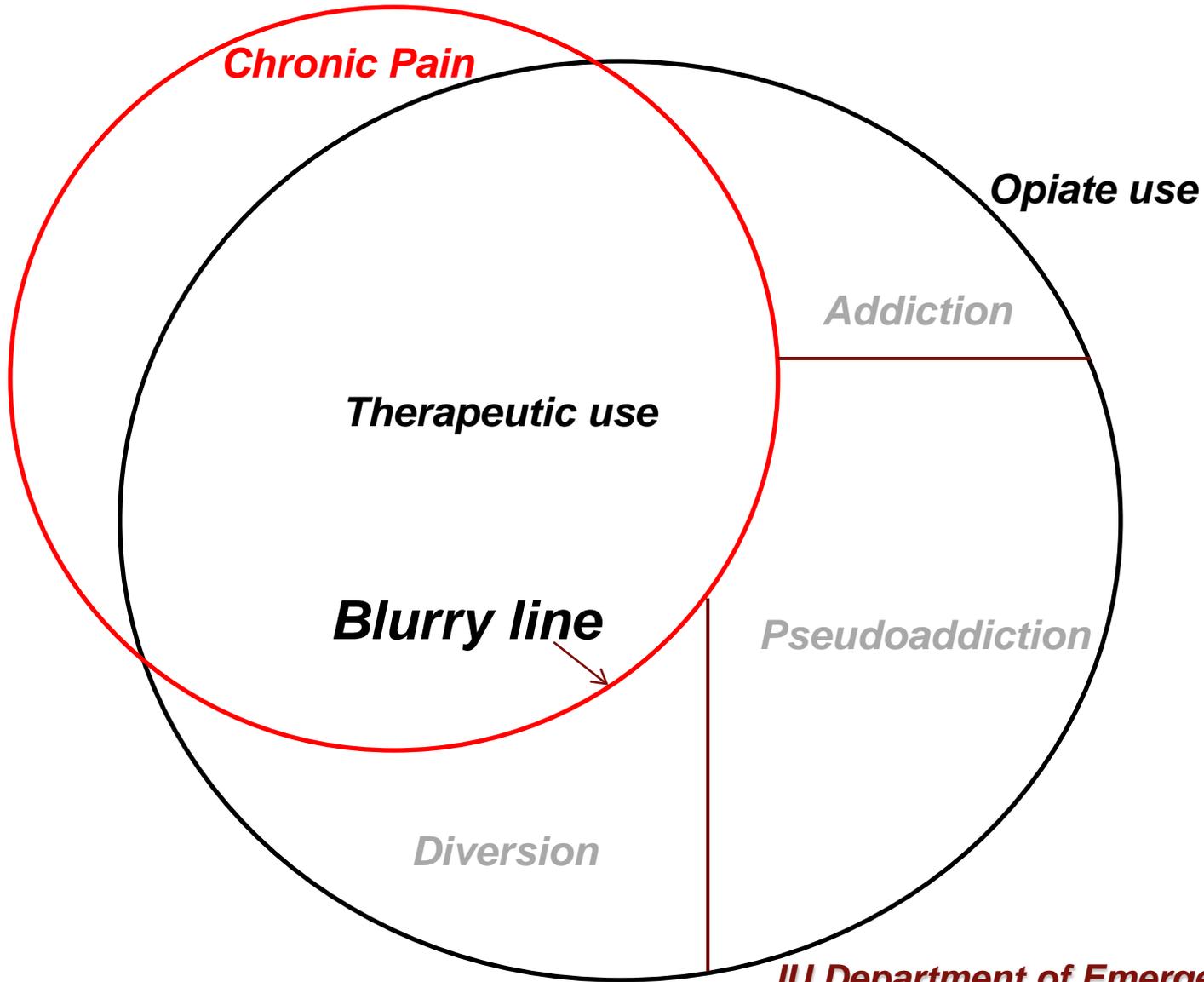
Dec 5, 2012 incident in Indiana

Mishawaka boys accused of spiking student's lunch

Hydrocodone-containing medicine placed in student's lunch in middle school cafeteria

“Prank”







Chronic Pain

***Tx
use***

Opiate NON use

- Addiction***
- Pseudoaddiction***
- Diversion***



Pain in the ED

Most common complaint

- **52.2% Chief Complaint**
- **61.2% some degree of complaint**
- **Did not distinguish between acute and chronic pain**

- **Difference in 10 years?**

Cordell WC, Keene KK, Giles BK et al: The high Prevalence of pain in emergency medical care. Am J Emerg Med. 2002 May;20(3):165-9.



Withholding pain medicine

- **Pain level as “Fifth vital sign”**
- **1990’s focus on improved pain treatment**
 - **Oligoanalgesia**
 - **Joint Commission**
 - **Patient satisfaction measures and focus**



Oligoanalgesia

- Wilson JE. Pendleton JM. Oligoanalgesia in the ED. Am J Emerg Med. 1989
- Melazck R. The tragedy of needless pain. Sci Am. 1990
- Hill CS. Government regulatory influences on opioid prescribing and their impact on the treatment of pain of nonmalignant origin. J Pain Symp Manag. 1996
- Practice guidelines for chronic pain management: a report by the American Society of Anesthesiology. 1997
- The Use of Opioids for the Treatment of Chronic Pain. A consensus statement from the American Academy of Pain Medicine and the American Pain Society. 1997



Pain:
Current Understanding of
Assessment, Management,
and Treatments



This monograph was developed by NPC as part of a collaborative project with JCAHO.

December 2001

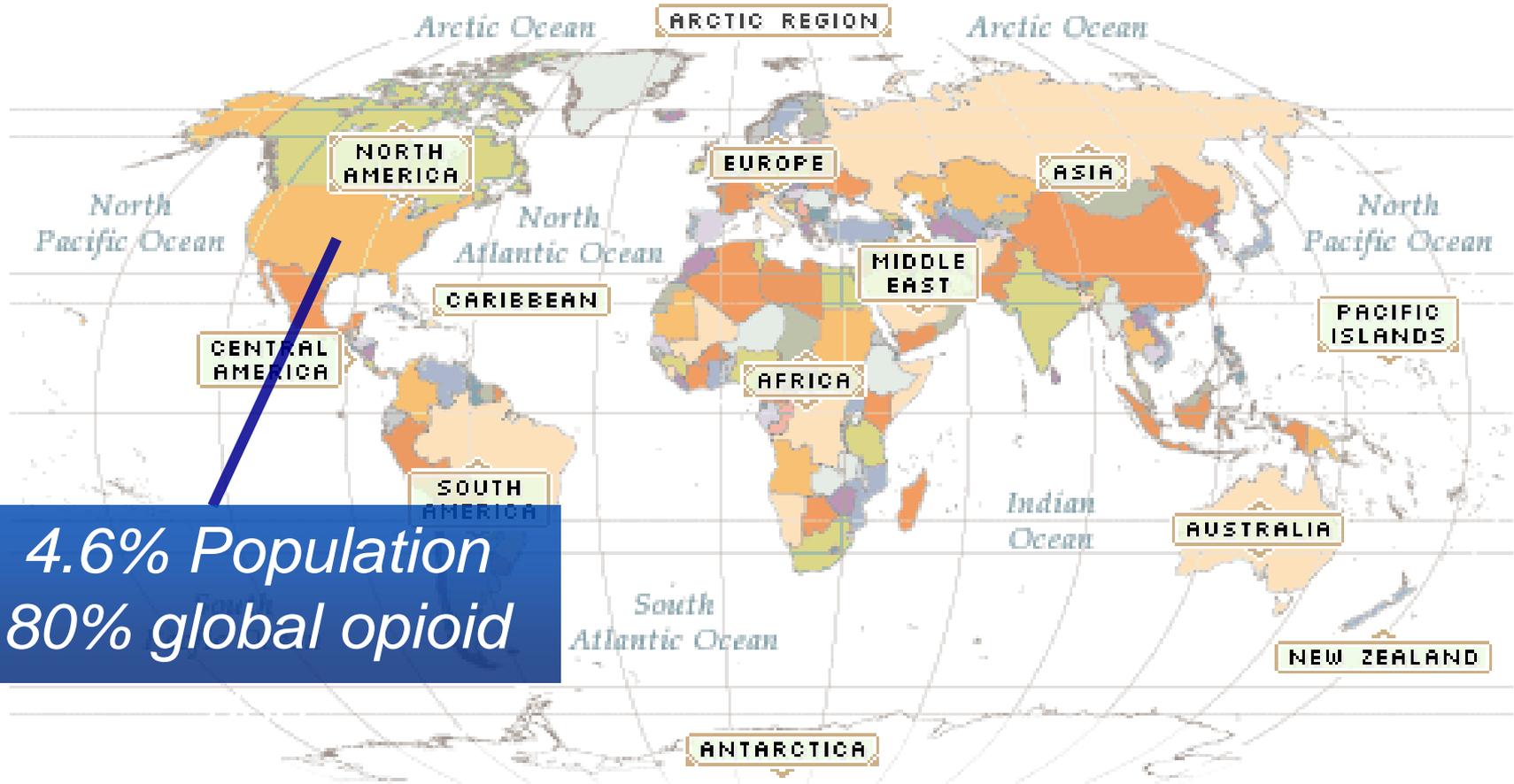


Withholding pain medicine

- **Practical considerations**
 - **It works!**
 - **Expediency**



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*4.6% Population
80% global opioid*

Map View: Robinson Projection



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IU Health Methodist ED

- **600+ bed tertiary/quaternary acute care hospital**
- **115,000 ED visits annually**
- **Major teaching facility**



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MOTIVATION

If there is a better reason to paddle, I don't know what it is.

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Chronic Pain at Methodist ED

Must differentiate:

- **Chronic from acute**
- **Chronic from chronic with acute pain**

Must avoid “drug seeker” mentality



2009 analysis

- **Review of visits of twenty patients**
- **Average 56 visits**
- **14 of 20 had chronic pain**
- **Lots of tests done and meds given**



Chronic Pain Management Plan

GOAL: Improve care of patients with chronic pain

- **Improve referral and access to primary care**
- **Assure specialty care when needed**
- **Referral to chronic pain management**



Program highlights

- **Tight criteria to include patients**
 - **INSPECT reports**
- **Detailed, specific instructions and expectations**
- **Follow-up calls**
- **Records available for review**



Referral

- **Pain management specialist and primary care**
- **Deemed “non-compliant” if follow-up is not made within two weeks**
- **Non-compliant patients no longer treated in the same manner**



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We have support at Methodist

- Chronic pain management expertise



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Program successful!

- **Decreased ED visits**
- **Decreased use of opiates**
- **Addiction managed**

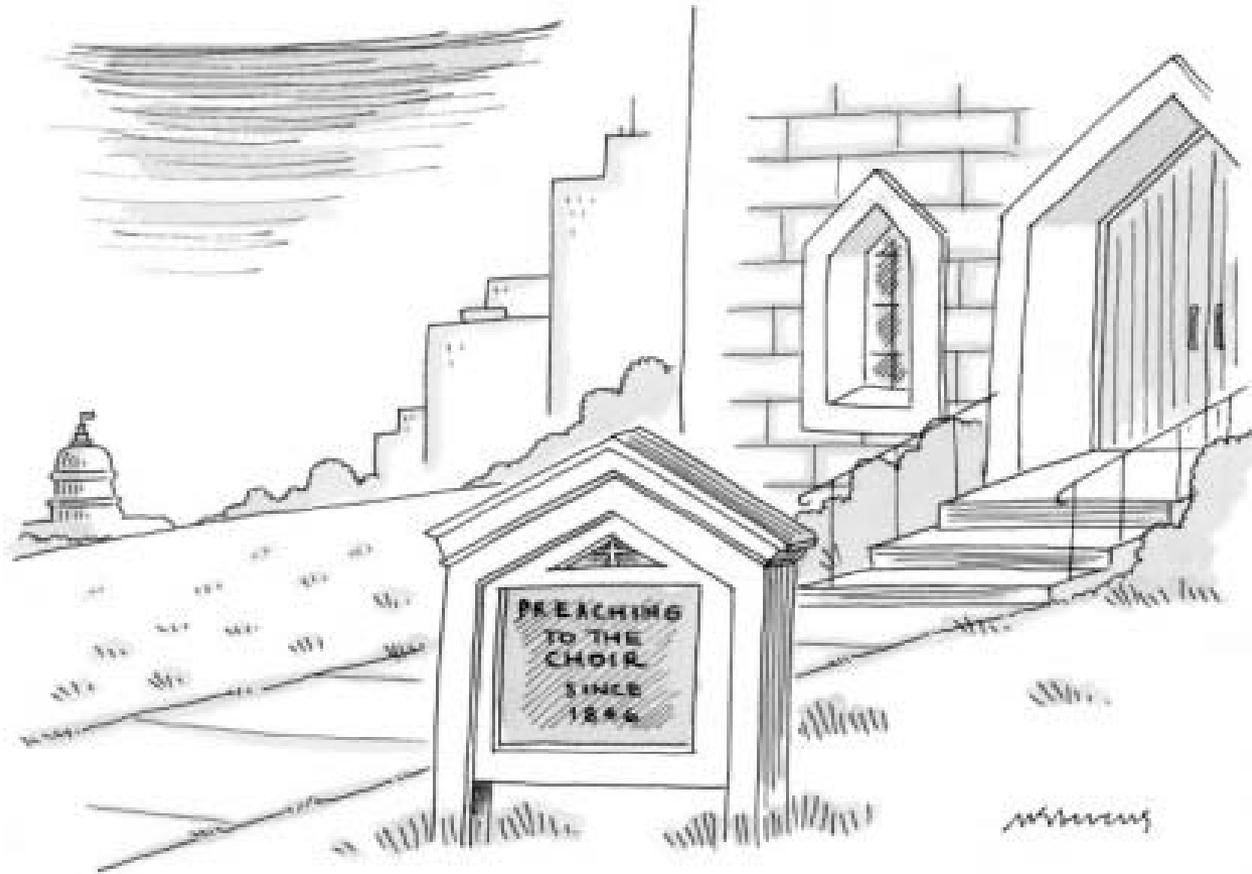


Limits on success

- **Chronic pain management and addiction care is hard**
- **40% of our patients have concurrent psychiatric illnesses**
- **Many patients switched loyalties...**



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OPPORTUNITIES

- **Direct access to INSPECT from EHR**
 - Hospital-specific
 - INPC
- **IHIE and INPC**
- **Cooperative and incented ED leaders**
- **Research and reporting**