Rural Health Workshop
June 26, 2019

Best practices for managing pain management in the primary care clinic and working with a Nation Wide Opioid Epidemic.

Total Family Medical

DIGNITY, COMPASSION, RESPECT. EVERY PATIENT. EVERY TIME. NO MATTER WHAT.

Brief History

- Located in Robert Louisiana. Immediate population approx. 2000 at last census. Opened in October 2013.

- Sandwiched in btw 2 larger towns 10 miles apart each direction.

- Only Medicaid provider in 30 mile radius either direction.

- 2015 added Mental Health Services to the practice, huge need.

- In short order we were schooled very quickly……………………………….

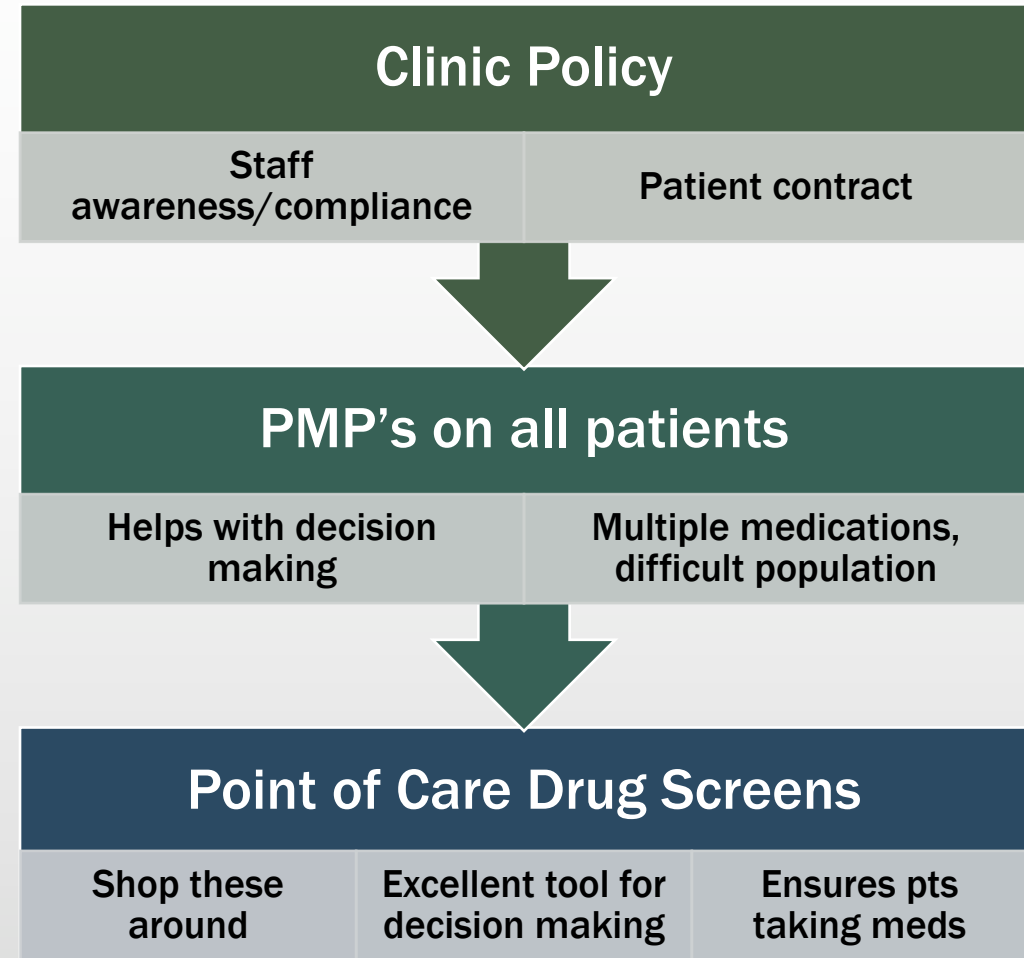# How do we successfully maneuver through a nationwide OPIOD EPIDEMIC.

- Have a clear and concise policy in place FROM THE beginning,

- All staff should know policy. Should be clearly posted for patients. (THIS DOES NOT HAVE TO BE THE "WE DO NOT TREAT CHRONIC PAIN",etc SIGN)

- Have patient sign agreement/policy

- Be consistent. Train staff, don't bend the rules.

Drug Screening Policy

- Patient is informed, signed acknowledgement.

- PMP is pulled on all new patients, patients on controlled substances, as well as on demand.

- Point of Care Drug screen (shop around) *From

- $12.53 to $3.10

- Confirmation Testing

- Enforce policy. + Drug Screen = No Controlled substances, talk to patient.

- Does patient come in every month vs three month scripts?

- Ability to prescribe AT visit vs asking pt to come back to pick up RX. (Transportation)

- Quickly weed out patients

- Help the patients really searching for help

Clinic Policy	
Staff awareness/compliance	Patient contract

PMP's on all patients	
Helps with decision making	Multiple medications, difficult population

Point of Care Drug Screens		
Shop these around	Excellent tool for decision making	Ensures pts taking meds

Why do we send out confirmation testing

- As with all laboratory tests, urine drug tests can yield false positive and false negative results. Unlike most other laboratory results, however, results of urine drug tests can be accurate and still yield misleading information – a test can yield a true negative result in the context of ongoing psychoactive substance use (*e.g.,* if the test was performed outside the window of detection of the drug or if the test detects substances found in food such as poppy seeds, which can trigger an opioid screen) Because of their differing properties, different interpretation strategies are required for IA screening tests as compared to confirmatory GC-MS tests.

- Enzyme-linked IA tests are relatively quick, inexpensive, and easy to perform and as such are often used by laboratories as a first line screen. This testing format identifies drugs or metabolites above a certain threshold concentration in the urine. Typically the threshold concentration is set high enough to limit detection of low levels of drugs or metabolites that may be found in foods. IA is non-specific and cross-reactions can occur. As an example, quinolone antibiotics can cross react with an opioid panel yielding a false positive test result. To eliminate this type of error, IA tests should be confirmed with a more definitive chromatographic test (*e.g.,* GC-MS), particularly if a test result is unexpected and does not correlate with a patient's history.

(Quest Diagnostics)

OPIOD EPIDEMIC
CRISIS
NALOXONE
EVERYWHERE YOU LOOK,
ITS ALL AROUND YOU

THE INDEPENDENT RURAL HEALTH CARE PROVIDER

Resources

MAs part of a strategy to improve the care and outcomes for individuals with a substance use disorder (SUD), the Centers for Medicare & Medicaid Services invites states to leverage Innovation Accelerator Program (IAP) resources to introduce delivery system and payment reforms that better identify individuals with a SUD, expand coverage for effective SUD treatment, and enhance SUD practices delivered to beneficiaries. Based on feedback from states and partners, IAP designed a curriculum and technical support strategy that reflect the keystones of SUD program innovation, including the use of quality metrics and data analytics, benefit design and provider strategies, and value-based purchasing for SUD.

Medicaid. gov

Why do we send out confirmation testing

Resources
- For payers
- For health care providers
  - See our letter to fee-for-service providers about reducing opioid misuse
  - Get a fact sheet about Medicare's new opioid policies to share with patients
  - https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap.html

  - Cms.gov