

Education key to combating epidemic

The origins of the current opioid crisis can be traced back to the creation of pain as the fifth vital sign, but the problem is exacerbated by a lack of knowledge concerning safe opioid prescribing.

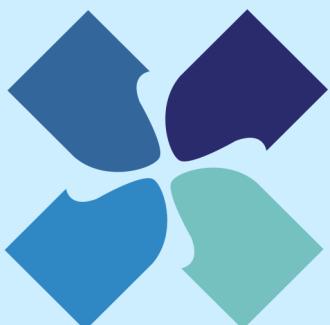
“Physicians need to be educated on safe opioid prescribing practices. We really need to have more consistent education for anybody that may be prescribing an opioid to make sure that they have a certain level of knowledge and training to prescribe those types of medications to patients. Part of the problem is that any providers can write a prescription for opioids and the next thing you know the patient is escalated to very high doses and then refer them to me. Continuing education is the answer,” said Kenneth Finn, M.D., president and founder of Springs Rehabilitation.

David Richman, M.D., Chief Medical Officer of Rocky Mountain Healthcare Services, also points to education as the way out of the opioid crisis. “All physicians need to understand what the indications are for, what the analgesic equivalencies are for the different opioids, the difference between long acting and short acting, how and why to use them, what the metabolites of them are, and how to screen and properly monitor someone who is on them, especially chronically.”

With the drug epidemic killing someone in Colorado approximately every 9 hours and 36 minutes, the importance of this public health problem is known. Colorado has been on the offensive against the opioid epidemic since 2012 when the governor ordered a plan to combat prescription drug abuse and later formalized the state’s effort with the Colorado Consortium for Prescription Drug Abuse Prevention. Examples of work include the “Take Meds Seriously” and “Take Meds Back” public awareness campaigns.

Soon after, legislation created the Prescription Drug Monitoring Program (PDMP) to help reduce prescription drug misuse, abuse and diversion. The purpose of the PDMP is to help providers make more informed decisions when considering prescribing or dispensing a controlled substance to a patient. “I’ve had the process in

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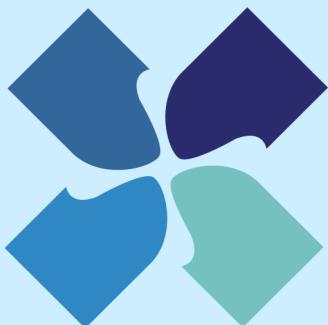
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place, and I've started the protocol at Rocky Mountain Healthcare Services that anytime we begin someone on an opiate our providers have to check the Physician Drug Monitoring Program, they have to get the urine drug screen, and we won't prescribe opiates for more than a few days until we get that urine drug screen back," said Dr. Richman. "Once we get the urine drug screen back and we've reviewed the Physician Drug Monitoring Program we have the patient come back and we see how they are doing with the medication, and we'll adjust up or down based on that. That's led to a significant decrease in our prescriptions, and it has opened the eyes of some of our prescribers that you can't take a patient at face value."

In addition to regular use of the PDMP, Dr. Finn also recommends that if you are regularly prescribing for a particular patient you have an opioid consent/opioid agreement that COPIC has recommended with that patient, and the patient should be subject to random drug testing. "Medical providers should have continuing education on safe prescribing practices and guidelines, whether they are CDC guidelines or state guidelines. Anybody that is going to be writing a prescription for an opioid should be familiar with those types of guidelines," said Dr. Finn.

The opioid epidemic was highlighted with the declaration as a national emergency by President Trump in August of 2017. Our local experts are encouraged by the attention being paid to the issue, and urge local physicians to become more educated on the safe prescribing of opioids. "This opioid epidemic has been going on for many, many years and it's reached a critical threshold where it's getting the public eye and reaching legislators to the point where the President is actually declaring a crisis. The crisis is not new. This has been going on for many years. It's just gotten much worse," stated Dr. Finn. "In my practice some patients come in wanting to get off the opioids and we have to try to help them along those lines which I completely support 100%. So, with patients aware of the issue, physicians more reluctant to prescribe, patients more reluctant to use, wide availability of the PDMP, and increased availability of Narcan, we may be able to see a decrease in prescription opioid overdoses."

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The Opioid Crisis! The Pain that Won't Go Away

Wednesday, Jan 24, 2018

Reception, Appetizers & Cash Bar - 5:15pm

Dinner & CME Presentation - 6:30 pm

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