



MANAGING THE OPIOID CRISIS

PROVIDE LEADERSHIP AND MINIMIZE RISK

The opioid crisis continues to cost millions of dollars per year. Though the considerable emotional costs cannot be measured, a 2016 report estimated that the total financial cost of the opioid epidemic in the United States alone was \$504 billion dollars. Another study estimated that the opioid epidemic has cost the United States more than a trillion dollars since 2001 and may exceed another \$500 billion over the next three years.

It is estimated that 175 Americans will die today due to an opioid overdose. These numbers can be even higher depending on location. The greatest financial cost of the opioid epidemic, according to the report, is in lost earnings and productivity losses to employers. Early deaths and substance abuse disorders also take a toll on local, state, and federal government through lost tax revenue.

One reason for the continued increase in costs, says Corey Rhyan, a senior research analyst with Altarum's Center for Value and Health Care, is that more young people are being affected as the epidemic moves from prescription opioids to illicit drugs like heroin and fentanyl. The CDC issued a report on July 11, 2018, cautioning healthcare providers about the rise in overdoses and deaths associated with the mixing of opioid and non-opioid drugs. This report warned of the rising use of opioid and fentanyl (and other compounds chemically similar to fentanyl) resulting in an increasing number of overdoses that may be fatal.

The operational costs associated with the opioid crisis must be anticipated managed by chief risk officers, risk managers, and human resource professionals.

LITIGATION AND CLAIMS MANAGEMENT ISSUES

Litigation related to the opioid crisis against manufacturers, providers, and healthcare facilities continues to increase. Last year approximately 250 cities, counties, and states sued opioid makers, wholesalers, distributors, and marketers. The number of medical malpractice lawsuits involving opioids has spiked. Many plaintiffs' attorneys are suing physicians for over-prescribing opioids to patients with relatively minor injuries. These initial prescriptions can lead to addiction to these powerful painkillers.

SUITS AGAINST PROVIDERS AND PROVIDER ORGANIZATIONS

According to a recent report from Coverys, a medical liability insurer, prescription opioid medications or other powerful and addictive painkillers are now the basis for more drug malpractice lawsuits than any other drug class. Highlights from the study are as follows:

- Opioids account for roughly 25% of drug-related medical malpractice lawsuits, even though they comprise just 5% of all prescription medications.
- Many medical malpractice lawsuits being filed involve overdose, including fatal overdose and wrongful death. Others involve claims by patients who became addicted to opioids.
- More than one third of opioid-based malpractice claims involve failures, negligence, and errors during follow-up phases of prescribing, which means doctors frequently renewed prescriptions without appropriately monitoring patients.

Opioid related claims can reflect decisions made during multiple stages of the medication process: ordering, dispensing, administering, and monitoring and management. The Coverys report analyzes each stage of the medication process.

- The ordering phase accounts for 35% of the claims and 29% of indemnity payments. During this phase, the prescriber must consider the strength of the prescribed medication, the level of the patient's pain, and the availability of alternative therapies. This also to any subsequent refill of the original prescription. The original prescriber must identify a healthcare provider who can provide follow-up care and reassess the patient's need for additional or alternative pain medicine.

- Only 3% of the claims and 2% of the indemnity dollars paid relate to the dispensing process, which may be because many dispensing pharmacies utilize computerized systems to track prescriptions and are able to flag any prescriptions that seem unusual.
- The administration phase accounts for 31% of claims and 34% of the indemnity dollars paid. Many of these claims are likely related to drugs other than opioids; typically when opioid drugs results in patient harm, they are self-administered. To limit these claims as they relate to opioids, healthcare providers must follow appropriate protocols when administering opioids or other pain medication. When opioids are administered in an in-patient setting, the healthcare provider must follow the five rights of medication administration: right drug, right dose, right route, right patient, and right time. The healthcare provider must also carefully assess the patient's level of pain and vital signs to determine if an opioid is warranted and if the drug will be tolerated by the patient.
- Monitoring and management accounts for 31% of the claims, resulting in 36% of indemnity dollars paid. Since opioids are known to impact respiratory status, healthcare providers who administer opioids and other powerful pain medications need to carefully monitor patients' vital signs, level of consciousness, and perfusion.

HUMAN RESOURCE RELATED ISSUES

Studies in the United States as far back as 2001 have shown that 10% to 15% of healthcare providers will misuse substances during their lifetime. Rates of prescription drug abuse and addiction are 5 times higher among physicians than in the general population, with especially high rates of benzodiazepine and opioid abuse.

Increased access to prescription drugs and high levels of stress may contribute to higher rates of misuse and dependence. According to a research study performed by the Butler Center for Research (part of the Hazeldon Betty Ford foundation), 87% of physicians have prescribed themselves medications, and more than half (55.3%) of healthcare providers who have a prescription for painkillers wrote the prescription themselves. The Butler Center for Research also found that many healthcare providers report that they began abusing prescription drugs after receiving their prescribing privileges. Physicians are not the only healthcare providers affected by drug and alcohol abuse: A 2010 investigation into the Texas Board of Nursing found that approximately one third of all disciplinary actions taken against nurses were drug or alcohol related.

Drug use, misuse, and addiction have plagued healthcare providers for decades, but they have been difficult to successfully address. The stigma associated with addiction, especially for healthcare providers, has complicated both the identification of individuals at risk and limits their opportunity for intervention and treatment. Colleagues and family members often have concerns but are reluctant to approach the healthcare provider for fear of harming the individual's reputation.

Many state medical societies and nursing and pharmacy licensing boards have programs to assist providers with recovery. These programs should align with human resource departments' policies and employee assistance programs, and they must begin with helping the healthcare provider recognize the signs and symptoms of addiction and realize that he or she needs help.

OPIOID PRESCRIBING GUIDELINES

Though law enforcement officials, medical malpractice lawyers, and physicians are keenly aware of the dangers of opioid use, there are also substantial risks to restricting doctors' ability to prescribe them. "It really comes down to the paradox of trying to provide important relief for patients dealing with unrelenting chronic pain while at the same time balancing the risks associated with the medications."

Since many patients are first exposed to opioids or powerful pain medications in organizations' emergency departments following a traumatic event and are given powerful pain medicine to alleviate that pain that accompanies the traumatic injury, it may be important to start with the emergency department and to challenge the manner in which pain is managed there.

PILOT PROJECT IN COLORADO YIELDS POSITIVE RESULTS

A collaboration of 10 emergency departments in Colorado worked together to address the challenge of responsibly managing a patient's pain while not utilizing conventional pain management practices. The pilot program significantly reduced the use of opioids for pain management in emergency departments. Although the number of visits during the intervention period was essentially the same as in the previous year, opioid usage (as measured in morphine equivalent units) was 36% less in the participating emergency departments—greatly exceeding the 15% decrease goal. Ten geographically diverse hospitals were chosen for the pilot, which targeted musculoskeletal pain; chronic abdominal pain; and pain associated with migraine and other headaches, kidney stones, and arm and leg fractures and dislocations. The project utilized the Colorado ACEP 2017 Opioid Prescribing and Treatment Guidelines, which call for broad adoption of alternatives to opioids for treating pain and multimodal harm reduction methods for patients who use intravenous drugs.

THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

A recent study by the Agency for Healthcare Research and Quality (AHRQ) reported that prescription drug monitoring programs (PDMP) reduced opioid use in 4 states. Components of the PDMP include creating a registry, developing mandates that prescribers register with the registry, and performing regular checking of the registries database. This study used prescription claims data collected from 4 states analyzing opioid prescribing practices and overall opioid use. By the end of 2014, all 4 states with PDMPs demonstrated a greater reduction in the average amount of morphine-equivalents prescribed per person per quarter compared with states without these programs. One state demonstrated a decrease in the percentage of people who filled an opioid prescription. The authors conclude that PDMPs have the potential to reduce opioid use and improve prescribing practices.

1. Identify an essential set of best practices that clinicians can adopt and perform consistently and reliably to have the greatest impact on outcomes.
2. Distribute best practice guidelines widely and discuss at a variety of forums to focus the attention of busy clinicians.
3. Identify key metrics that can be measured over time and communicate findings to leadership as well as to providers.
4. Identify providers requiring additional education and attention in a systematic way, controlling for confounding factors that would otherwise misidentify outliers.
5. Provide constructive feedback to providers confidentially and take time to review charts to understand clinical context and opportunities for improvement.

Risk managers should continue to monitor the many creative approaches utilized by states and provider organizations. Significant focus is being placed on addressing the complex problem of managing addiction and many solutions are being tested to determine their efficacy.

SUITS AGAINST DRUG MANUFACTURERS

When it comes to opioid use, pharmaceutical companies are well aware of the risks of lawsuits. Many of these claims occurred even prior to litigation against the prescribing health care professionals. “Back in 2003, Purdue Pharma, the maker of OxyContin, was sued for its failure to warn patients against the risk of addiction in its medications. Four years later, the company eventually settled with its 5,000 pain patients for \$75 million.” In addition to the settlement paid to the patients who became addicted to OxyContin, the company and three of its executives pled guilty to federal criminal charges for misleading patients and physicians and covering up clinical evidence about their medication’s addictive properties.

Plaintiff attorneys continue to explore multiple angles to sue manufacturers, practitioners, and healthcare organizations. Numerous cities, counties, and states (including Ohio) have filed or are preparing to file major federal civil suits against pharmaceutical companies, distributors, and retailers. The lawsuits are asking courts to hold pharmaceutical corporations culpable for not only human casualties but also extensive burdens opioids and the epidemic have had on public resources.

As the opioid crisis continues to impact the United States, legislators and practitioners are focusing on how to address issues already affecting millions of Americans, how to proactively manage the issues associated with this powerful addiction, and how to mitigate the significant levels of pain experienced by many individuals who have been diagnosed with cancer and other debilitating diseases. Risk manager can help in leading the effort to bring together clinicians and others to draft guidelines for effective prescribing, dispensing, and management of all patients receiving opioids.

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