Targeting Strategies to Curb the Epidemic in Indiana

Driving Increased Use of INSPECT Through INPC Integration

Jeffrey Hammer, The MITRE Corporation
Chris Weaver, MD, MBA
Chuck Shufflebarger, MD

INDIANA UNIVERSITY
School of Medicine
Department of Emergency Medicine
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
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

Therapeutic use

Opiate use

Addiction

Pseudoaddiction

Diversion
Chronic Pain

Opiate NON use
- Addiction
- Pseudoaddiction
- Diversion

IU Department of Emergency Medicine
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?

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

- Practice guidelines for chronic pain management: a report by the American Society of Anesthesiology. 1997
Pain:
Current Understanding of Assessment, Management,
and Treatments

NATIONAL PHARMACEUTICAL COUNCIL, INC.

Joint Commission
on Accreditation of Healthcare Organizations

This monograph was developed by NPC as part of a collaborative project with JCAHO.
December 2001
Withholding pain medicine

• Practical considerations
  – It works!
  – Expediency
4.6% Population
80% global opioid
IU Health Methodist ED

- 600+ bed tertiary/quaternary acute care hospital
- 115,000 ED visits annually
- Major teaching facility
MOTIVATION
If there is a better reason to paddle, I don't know what it is.
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
We have support at Methodist

• Chronic pain management expertise
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...
OPPORTUNITIES

• Direct access to INSPECT from EHR
  – Hospital-specific
  – INPC

• IHIE and INPC

• Cooperative and incented ED leaders

• Research and reporting