

Eva Smith MD, MPH (Medical Director)
Dagim Taddesse, PharmD, APh, BC-ADM, CDCES
(Pharmacy Director/Advanced Practice Pharmacist
/ Diabetic Specialist)

Safe Prescribing Practices and MAT program @
K'ima:w Medical Center Hoopa, CA

Objectives

- Illustrate decrease in controlled substance prescriptions 2016 through 2019 at K'ima:w Medical Center
- Understand strategies used to address opioid prescription issues at K'ima:w Medical Center
- Describe evolution of KMC MAT Program

Disclosure

- 2020
- With respect to the following presentation neither Dr. Smith or Dr. Taddesse have any actual or potential conflict of interest in relation to this program/presentation and no relevant (direct or indirect) financial relationships to disclose

K'IMA:W MEDICAL CENTER

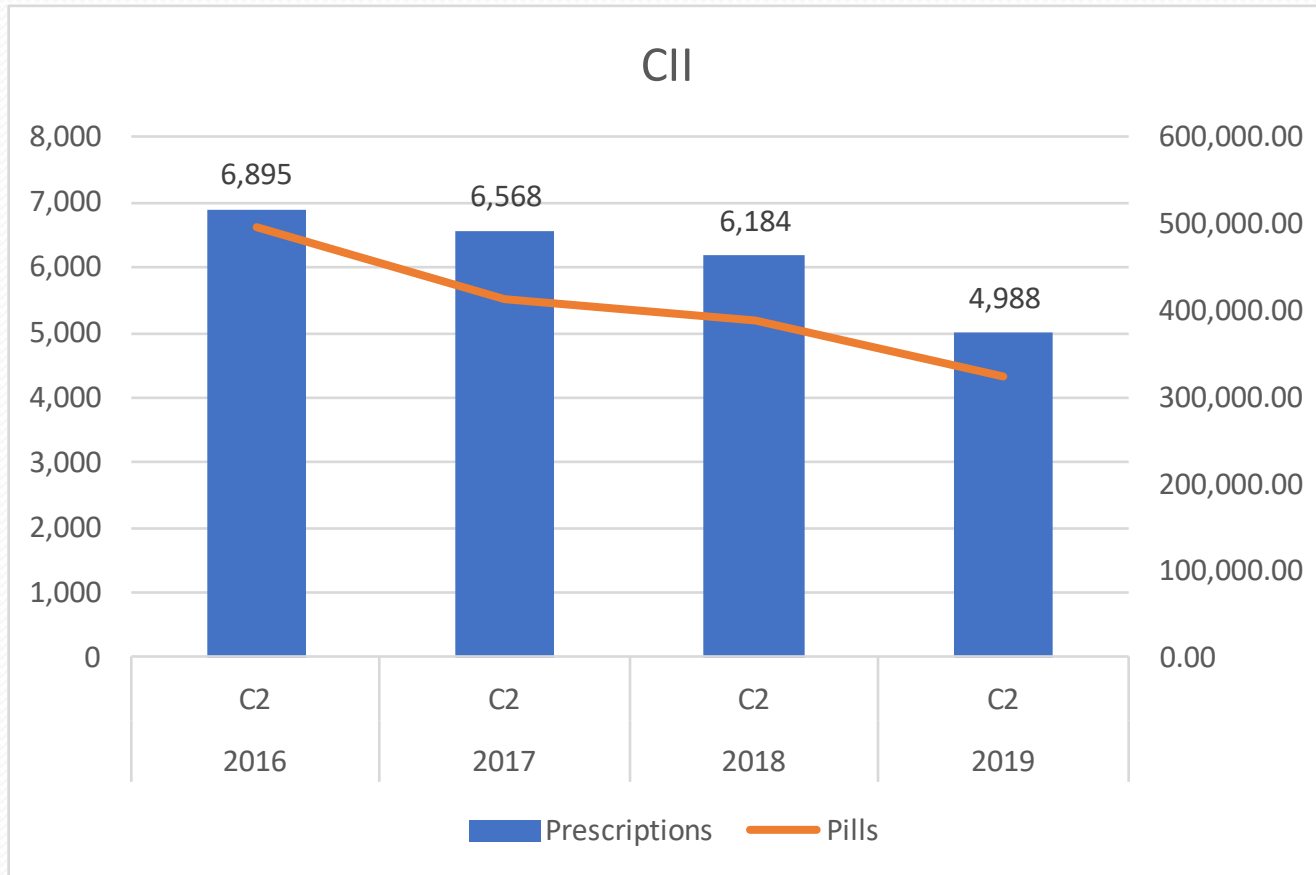
JOINT COMMISSION PRIMARY MEDICAL



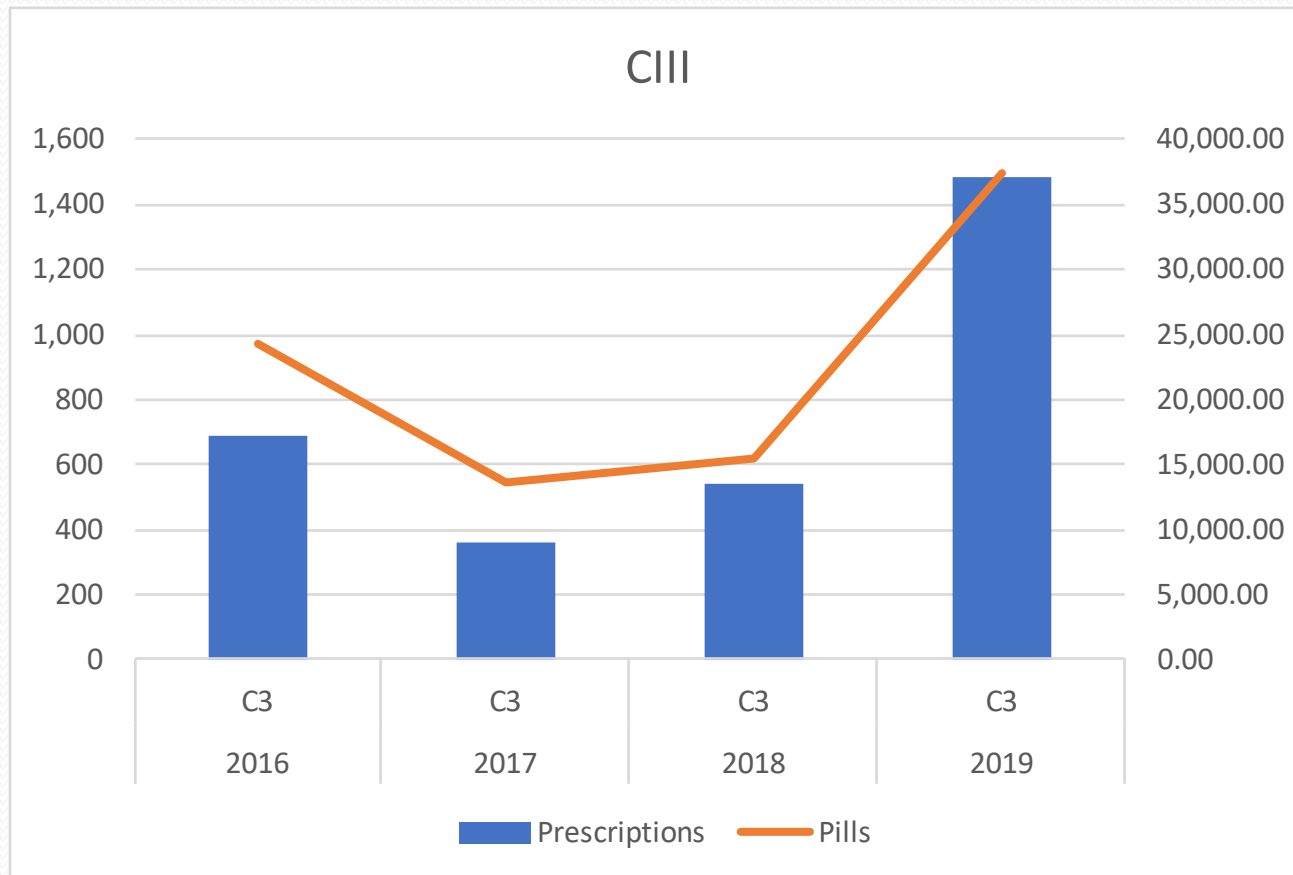
KMC 2016-2019 CS Reduction Report

Year	Classification	Prescriptions	Pills	Decrease Prescriptions	Decrease Pills	Total Rx Decreased 2016-2019	Total Pills Decreased 2016-2019
2016	C2	6,895	495,651.00				
2017	C2	6,568	414,752.00	327	80,899.00		
2018	C2	6,184	387,795.00	384	26,957.00		
2019	C2	4,988	323,283.00	1,196	64,512.00	1,907	172,368.00
2016	C3	687	24,336.00				
2017	C3	360	13,684.00	327	10,652.00		
2018	C3	540	15,453.00	-180	-1,769.00		
2019	C3	1,485	37,346.00	-945	-21,893.00	-798	-13,010.00
2016	C4	5,057	211,334.00				
2017	C4	3,889	158,801.00	1,168	52,533.00		
2018	C4	3,606	133,451.00	283	25,350.00		
2019	C4	2,928	112,779.00	678	20,672.00	2,129	98,555.00
2016	C5	525	67,714.00				
2017	C5	257	30,295.00	268	37,419.00		
2018	C5	212	21,908.00	45	8,387.00		
2019	C5	169	15,993.00	43	5,915.00	356	51,721.00

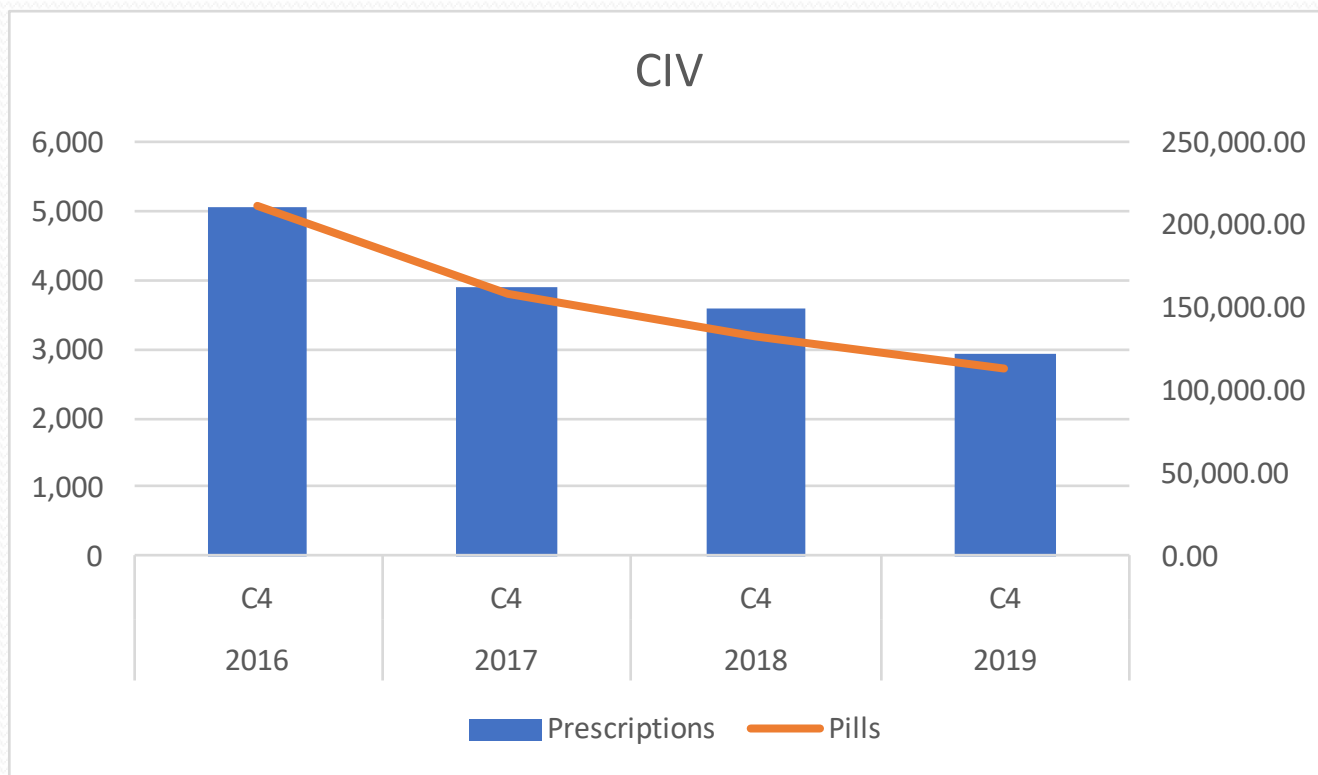
CII Decrease



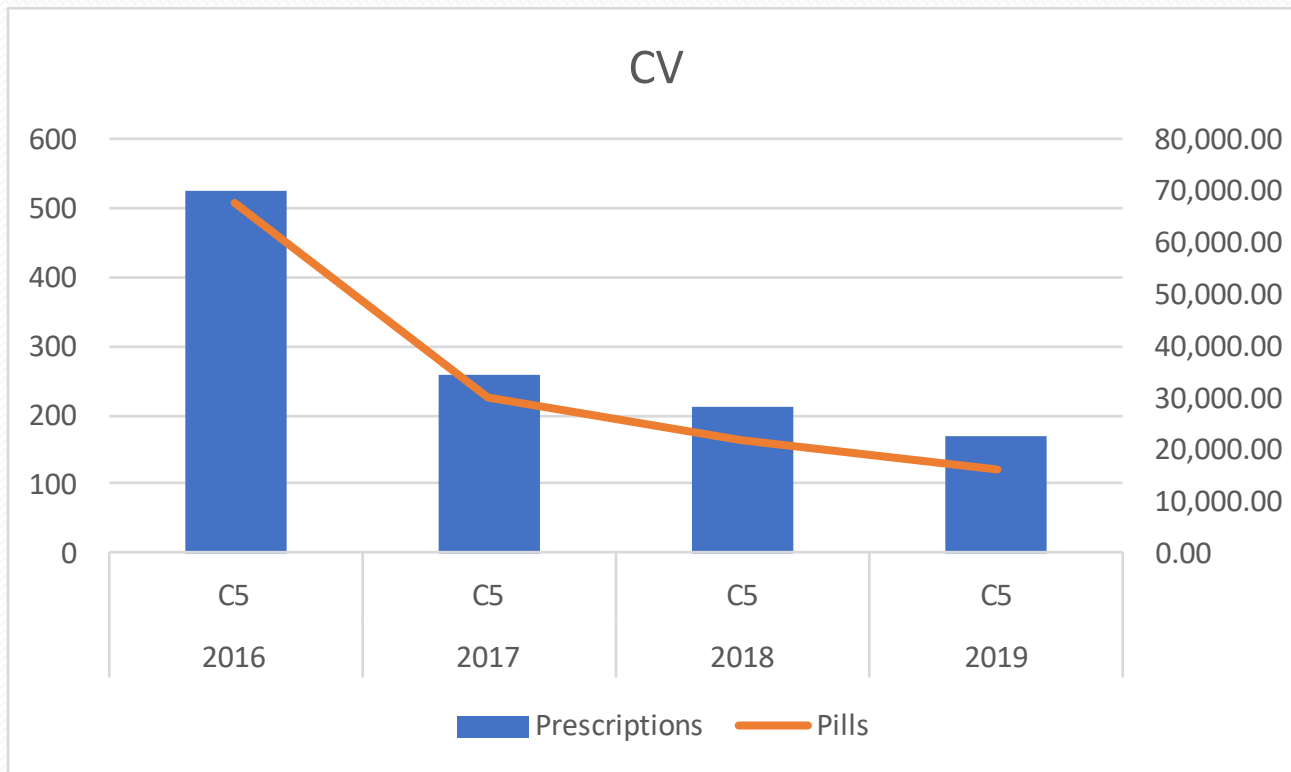
CIII Increase Due to MAT program



CIV Decrease



CV Decrease



Pill counts & Rx numbers % Decrease of CS 2016-2019

Drug Class	2016-2017	2017-2018	2018-2019	2016-2019
CII	80,899(16.32%)	26,957(6.50%)	64,512(16.64%)	172,368(34.80%)
	327(4.74%)	384 (5.85%)	1,196 (19.34%)	1,907 (27.70%)
CIII	10,652 (43.8%)	1,769 (11.5%)	21,893 (58.6%)	13,010 (34.9%)
	327 (47.6%)	MAT Program 180 (33.3%)	MAT Program 945 (63.6%)	MAT Program 798 (53.7%)
CIV	52,533(24.9%)	25,350 (16.0%)	20,672(15.5%)	98,555(46.6%)
	1,168 (23.1%)	283 (7.3%)	678 (18.8%)	2,129 (42.1%)
CV	37,419(55.3%)	8,387 (27.7%)	5,915 (27.0%)	51,721(76.4%)
	268 (51.0%)	45 (17.5%)	43 (20.3%)	356 (67.8%)

Notes:

- Top number indicates differences of pill count
- Top percent indicates percentage difference for pill count
- Bottom numbers indicates differences of number of prescription
- Bottom percent indicates percentage difference for prescriptions
- Green color font indicates decrease
- Red color font indicates increase

Strategies Used to address opioid prescription issues @ KMC

- Used effective communication with providers and patients
- Made judgment call before filling the controlled substance prescription
- Used non-confrontational ways to de-escalate situations that involve agitated or belligerent patients
- Working with the Native American on the reservation cross cultural competencies has been used to address specific issue
- express the co-liability principle to the providers and patients as clear as possible

Strategies Used to address opioid prescription issues @ KMC

- Know your patients, engage with them and don't just be judgmental based on what medication they take or know why they are on it
- Suggest alternative treatment that is available
- The pharmacist can often be the person that coordinate care
- Pharmacists are in a unique position to intervene with physicians on behalf of patients
- If you are truly concerned about an Rx, insist on speaking with the prescribing doctor

Consultation

- Consultation is required by law for every new and dose change medication
- Offer consultation to patients,
- When trying to engage regarding a prescription, use open ended question, don't just use questions that can be answered with a simple "yes" or "no"
- Use the "Big Three" question: "what is this medication for?" "How did your doctor tell to take it?" "What did the doctor tell you to expect?"
- It is important to convey to patients that opioids are not the first choice
- Shared decision making is very important for better outcome of care and adherence to treatment regimen improves when patients are more involved

Teach back method

- Take time to proactively address the educational needs of a pain management patients, especially the adverse drug event (ADE), addiction potential, misuse risk factor, and warning signs
- Encourage patient to ask questions and use the teach back method
- Suggested approach when using teach back: “I want to be sure that I explained your medication correctly. Can you tell me how you are going to take this medicine?”
- Teach back is a way to confirm that you have explained to the patient what they need to know in a manner that patient understand

Red Flags

- The following Red flags may indicate an illegal opioid prescription
- Patient insist on paying cash
- Patient or prescriber is unknown to pharmacy staff
- Patient or prescriber is from a distance location
- Prescription written for an unusual quantity or combination
- Suspicious patient behavior (eg: in a big hurry, comes to pharmacy 5 minutes before the pharmacy closes, fidgety, use street slang and so forth)

Key Consideration to the Red flag

- Always check CURES
- Always verify the prescribers DEA if it is outside prescription
- Check if the diagnosis or indication for use the medication appear on the prescription
- Verify if the patient has relationship with the prescriber
- Is the patient attempting to fill the prescription within a reasonable time from when the prescription was written?

Challenges

- Dealing with agitated patient can be challenging
- Setting a clear limit to patients' unacceptable behavior sometime is difficult to enforce
- Communicating to patients regarding their denied controlled substance prescription create tension between pharmacy staff member and patients
- Patient verbal threat can be a great concern for pharmacy staff member safety

The Hoopa Valley

- Na:tinixwe which means “people of the place where the trails return”
- Tribe located in traditional territory – life and culture linked to this river and this land
- Remoteness protected tribe from colonization longer than most
- Many culture and traditions of the Hoopa people have remained intact and are still a part of their everyday lives - prayers, world renewal and seasonal dances, medicine and healing ways

Medication Assisted Treatment (MAT)

- Started with two Medical waivered physicians
- Tuesday/Thursday induction/appointments
- Utilizing holistic approach
 - Medical
 - Nursing
 - Substance Abuse Counselors
 - Behavioral Health Therapists
 - Individualized treatment plan
 - Cultural component

Medication for Opioid Use Disorder

- Resources: BUT COVID REALITIES
- Staff that cares
- Flexibility
- Sober Living for Men/Sober Living for Women
- Increase 12 step meetings (6/7 days a week)
- On site Behavioral Health/AOD Classes/Groups
- Community Drug Coalition:
- Narcan/Naloxone education and distribution
- Cultural Practices

Medication for Opioid Use Disorder

- **Medical Complexities:**
- Endocarditis, Hepatitis C, Hypertension, Asthma, Diabetes, Chronic Pain from remote injuries, Arthritis/Avascular necrosis (need joint replacement), Abscess/Cellulitis, Broken Needles in Neck
- **Behavioral Health Complexities:**
- Depression, PTSD, Bipolar Disorder, Anxiety, Other Drug Use Disorders: Cannabis, Methamphetamine, Alcohol
- **Social Complexities:**
- Homeless, No utilities, Transportation, Legal, Custody, Food Insecurity, Family Violence, Others using in residence, extended family needs , ACES

Challenges/Strategies

- Background
- Longstanding Community Drug Use
- Methamphetamine, Marijuana, Opioids, Alcohol
- Provider Turnover/Locums providers
- Limited Multidisciplinary Pain Assessment
- Send to University Hospital: recommend long acting/high dose

Challenges/Strategies

- Formulary Restrictions: Oxycontin, Soma
- Locums can't prescribe opioids only permanent providers
- 2011: Medical Home
 - Goal all patients empaneled

Challenges/Strategies

- Pain Contracts since 1990's
- Documentation of Theft: police report required but then considered a joke
- Pain Committee: 2005 (providers/pharmacist/behavioral health)
- Limit Early Refills
- Limit Injectable Opioids in clinic

Challenges/Strategies

Partnership: Managed Care

High dose/High Risk Patient list

CDC 2016 Opioid Guidelines Formulary Restrictions:
Oxycontin

Medication Assisted Treatment

- Need more than one provider
- Need counseling staff
- Hesitancy of “just substituting drugs”
- First script 5/18
- JUST DO IT
- Average 45-50 active patients
- What is success?

Medication Assisted Treatment

- What is success?
- Working
- School
- Family Preservation
- Community
- Cultural Practices
- Keep coming back: messages and community of hope and support

Cultural Path to Wellness

CDC Funding
...Strives to promote

Awareness: Posters, Flyers, Awareness Campaigns, Activities, & Social Media

Information: Wellness Brochures, Booklets, Hupa Myplate, & Banners

Cultural Enrichment: Guest Speakers, Activities i.e. Art Therapy, Sweats, Gathering

Motivation: Health Screening, Statistics, Speakers, Workshops

Skills: Self-Help Material and Guided Information from K'ima:w Staff, Spiritual Wellbeing by practicing ancient traditions.





Our Home Forever

K'ima:w Medical Center, Cultural Path to Wellness Program integrates traditional ways of the Hupa People' teachings with how one approaches daily health by teaching traditional exercise, healthy eating, strengthening and maintaining an emotionally balanced life style. We strive to increase opportunities that unify our community, enrich our cultural teachings, bring awareness to self care, and increase healthy family units.

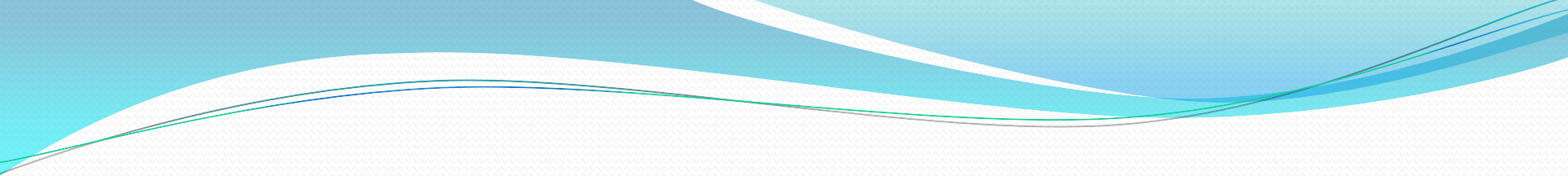
SOCIETY

SOCIETIES ARE POPULATIONS OF PEOPLE LIVING IN ORGANIZED GROUPS WITH SOCIAL INSTITUTIONS AND EXPECTATIONS OF BEHAVIOR.



Reference

- [CDC.gov](https://www.cdc.gov) [health.gov](https://www.health.gov)



Any

Questions?