



Testimony of

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on behalf of the

Kaiser Permanente Medical Care Program

to the

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Thank you for the invitation to be here today; it is an honor to be able to share our experiences with you. I am Dr. Carol Forster, Physician Director of Pharmacy and Therapeutics and Medication Safety for the Mid-Atlantic Permanente Medical Group at Kaiser Permanente. I received a pharmacy degree from Saint John's University College of Pharmacy in New York and a medical degree from the State University of New York School of Medicine at Buffalo. I also have received training as a Patient Safety Officer at the Institute for Healthcare Improvement. I have used my background in pharmacy and medication safety to develop and augment several programs within Kaiser Permanente related to improving the appropriate prescribing of narcotics.

I am testifying today from my perspective as a clinician and expert on medication safety and also on behalf of the national Kaiser Permanente Medical Care Program, the largest integrated healthcare delivery system in the United States, which provides comprehensive healthcare services to over 9.5 million members in eight states (California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia and Washington) and the District of Columbia.

We hope the information we share today about the programs Kaiser Permanente has established will provide additional resources to help the Committee further understand and address narcotic overuse and/or abuse in VA hospitals and the communities they serve.

Background: The Problem of Narcotic Overuse/Abuse

Controlled substance use has been subject to significant scrutiny in recent years, as the mortality from narcotic overdoses has increased proportionally to the sales of prescription narcotics.¹ These types of statistics along with the disproportionately high volume of narcotic prescriptions in the United States,² and other data showing worldwide increases in fraud, addiction, and abuse of narcotics motivated our organization to develop aggressive monitoring programs and mechanisms to assure that 1) we are providing the most appropriate care to our patients with chronic pain; and 2) we are doing whatever we can to reduce the likelihood of inappropriate narcotic use in our Program and in our communities.

Narcotic medications are most often prescribed to treat chronic pain. According to a 2011 Institute of Medicine study, this condition is widespread, affecting 100 million Americans.³ Forty-two percent have pain lasting over 1 year; 33% report their pain as

¹ <http://www.cdc.gov/homeandrecreationalafety/rxbrief/>

² 80% of the world's narcotic use for 5% of the world's population

³ Compared to 26 million individuals with diabetes, 16 million with coronary heart disease, and 12 million with cancer

disabling. Pain also drives utilization nationally, accounting for up to 20% of outpatient visits and representing a \$600 billion annual cost.⁴

Kaiser Permanente: Overview

Standard and established principles for appropriate opioid prescribing are used in all Kaiser Permanente regions. These include: appropriate patient selection, initial patient assessment, and development of a comprehensive treatment plan focusing initially on alternatives to opioid therapy when indicated. When opioid medication is prescribed, it is important to establish and document effectiveness upon reassessment, as well as identifying an exit strategy if therapy does not achieve pain reduction within a desired/expected period of time. Patient education during this process is critical to success. Physicians are encouraged to regularly assess the “Four A’s”: analgesia, activity, adverse reactions, and aberrant behavior.

Program-wide efforts to reduce the volume of patients taking high-dose narcotics for chronic non-cancer pain and to combat fraud, waste, and abuse of controlled substances have been instituted for the past several years. These efforts evolve appropriately to incorporate state and national laws and clinical guidelines and reflect our own best practices. Complex patients who are difficult to manage can usually be recognized early in the course of treatment, by exhibiting patterns that alert physicians to risks. When there are indications of drug-seeking behaviors, physicians can also seek additional consultation from internal Fraud, Waste, and Abuse Special Investigations Units if needed.

Using our integrated health system we have been able to establish baseline data to understand our opportunities for improving narcotic use and set specific goals. One region set a goal to decrease the percentage of patients receiving chronic high-dose chronic narcotic therapy (120mg or more morphine equivalent doses per day or MEDD) by 25%. Most recent data show a 29% reduction, mostly through providing improved feedback to physicians, using other non-pharmacologic pain therapies, and establishing a team of regional pain management experts.

We set more overarching goals: to improve overall management of patients with chronic pain, to augment resources internally, and to refer chronic high utilizers to appropriate therapy in an effort to wean or discontinue narcotics due to lack of effect.

We also widely communicated clear and concise protocols and established multiple education programs to ensure physicians and pharmacists were aware of the specific actions they should take when they suspect inappropriate prescription narcotic use. These protocols are consistent with existing pharmacy policies regarding controlled substance dispensing. Requests to refill too soon, multiple requests for more medication, missed appointments, multiple prescribers (internal and external to Kaiser Permanente), and multiple pharmacy locations are patterns and behaviors that alert our staff and physicians

⁴ Includes direct healthcare expenses and indirect costs, such as lost income and lost productivity

to investigate further before any drug orders are sent. Multiple continuing education programs are offered in all regions to refine and reinforce these actions expected of healthcare providers.

As we work to address medication issues, we have been able to take advantage of our integrated delivery system to provide data and feedback to prescribers and to understand how patients with chronic pain are managed. Most pharmacy, diagnostic, and laboratory services delivered to Kaiser Permanente members are performed within Kaiser Permanente. We have also made a significant investment in developing a secure Electronic Health Record (EHR) system. The system includes functionality that helps to improve medication safety and reduce errors, such as automated clinical decision support for adverse drug event prevention, drug-allergy checking, and medication adherence monitoring. The EHR enables coordination across the care delivery spectrum, including primary care, inpatient and specialty care, pharmacy, laboratories, etc., providing opportunities to manage drug utilization, including being able to closely monitor narcotic use.

Kaiser Permanente recognizes that several states have also established improved monitoring and methods to detect inappropriate prescribing. Arizona, Massachusetts, New York, New Jersey, Kentucky, and Tennessee are among states that have instituted detailed mechanisms to provide feedback to prescribers, and on occasion law enforcement and /or licensing boards when state prescription drug monitoring program (PDMP) data reveal suspicious prescribing patterns.⁵ For example, prescribing large quantities/large volumes of opioids, prescribing unsafe combinations, and prescribing more frequently than expected by that medical specialty will prompt an investigation in states employing this type of monitoring.

Clinical Leadership and Physician Education

Physician leaders and other clinicians in various Kaiser Permanente regions have formed local workgroups to address the complex problems related to narcotic prescribing for chronic pain. In the Mid-Atlantic region, a Chronic Pain Workgroup was convened in May 2012 as part of our overall strategy to address narcotic overuse in our local communities. This workgroup focused on developing a strategy to further enhance our efforts to assure appropriate prescribing and dispensing of controlled substances. Interdisciplinary experts came from Pharmacy Operations, Clinical Pharmacy, Pain Management, Adult Primary Care, Behavioral Health, the Regional Spine Service Behavioral Health, Surgical subspecialties, and Addictionology.

The workgroup met frequently over a period of about six months to revise existing protocols and policies, create tools in our EHR related to appropriate care of chronic pain, and agree upon appropriate reporting to monitor use. The workgroup also revised goals for our continuing education programs for physicians and pharmacists.

⁵ www.pdmpexcellence.org/sites/all/pdfs/Brandeis_PDMP_Report.pdf

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Many of our efforts focus on prescriber education and on supporting improved management of chronic pain treatment and non-pharmacologic pain therapies. We offer continuing medical education (CME) courses that cover pain management clinical guidelines as well as detection and prevention of abuse, diversion, and fraud. We have developed a comprehensive chronic pain order set with clinical references, appropriate doses for various medication orders, lab orders including urine drug testing, patient instruction sheets, narcotic agreements, and multi-specialty referral resources to improve narcotic prescribing and management at the point of care.

Chronic Pain Board

A number of Kaiser Permanente regions have established regional Chronic Pain Boards to review difficult and complex cases by referral as well as cases that meet criteria for review. Such Boards typically will have physicians from a number of related specialties, such as Pain Medicine, Interventional Pain, Anesthesia, Addictionology, Psychiatry, Clinical Pharmacy, Medication Safety, and potentially others including primary care providers (PCPs) and any specialists involved in cases under review. The Board review process includes discussion of each case, developing customized therapy goals, providing recommendations to the primary care provider, and documenting a plan for treatment.

The Importance of Data

Reliable information is also critical to understand and manage narcotic pain medication and chronic pain treatment. Our Pharmacy Analytics Department is able to generate reports based on specific data elements and patient populations. For the last several years, our regions have established national and local prescribing reports to monitor appropriate use of opioids and controlled substances. Prescriber feedback reports give specific information regarding individual physician prescribing patterns, including quantities prescribed, average MEDD and how one physician's prescribing might compare to another in the same specialty.

We can sort by patient, provider, specialty, facility, and can see all filled prescriptions, including external pharmacies if paid for using the Kaiser Permanente drug benefit. There are also reports that focus on unsafe combinations of drugs used, for example, a “triad report” was created to detect when carisoprodol (a muscle relaxant), oxycodone or hydrocodone (a narcotic), and a benzodiazepine such as lorazepam (an anti-anxiety drug) have been prescribed concurrently for the same patient.

More recently, our Program has developed a “drug-seeking behavior” report for all regions. By using a group of selected data sets, we can calculate a score for patients that meet several criteria associated with such behaviors. Multiple pharmacies, multiple prescribers, high doses, infrequent in-person visits with their doctor, etc., are examples of some of the data elements used in scoring. We are also able to separately identify and report any patients who meet a set of specific criteria, for example: 4 or more

prescriptions, 4 or more pharmacies, AND greater than 120mg MEDD in a 90-day period. We can also look at subgroups, such as Medicare patients.

In most regions, we have required our prescribing physicians to register with their state prescription drug monitoring program (PDMP). Kaiser Permanente pharmacies provide the required controlled substance dispensing data to the state prescription monitoring programs. The PDMPs are invaluable as they allow us to see which patients fill external prescriptions even if they are not using their Kaiser Permanente drug benefit. These state programs along with our own internal reporting have enabled us to review in a comprehensive way all the controlled substances the patient may be receiving both inside and outside of the Kaiser Permanente facilities.

Providing actionable data is the key to uncovering and addressing suspicious patterns of narcotic use. Feedback is given to physician leadership when indicated, with individual messaging to prescribers if their patients have been identified as high-utilizers or suspected of drug seeking.

Centralized Information Resources

Making information available in one place is also important. We have established an online secure site to post important references for the Chronic Pain Workgroup as a single site resource, where documents and presentations, including those from other Kaiser Permanente regions and external sources are posted. These resources can be accessed by members of group and other interested parties. We are also developing a KP Program-wide Chronic Non-Cancer Pain web page, accessed through our National online Clinical Library, to contain resources for all healthcare providers.

Conclusion

In summary, we continue to take specific steps, as we have described here today, to combat the increased problem of narcotic overuse and abuse in our communities. We are committed to aligning ourselves with other institutions that face problems of narcotic overuse and abuse. Our efforts to date that have helped us achieve reductions in use include:

- Implementing recognized, well-established national, state and local principles and clinical guidelines throughout our program;
- Engaging our prescribers in PDMP registration in their states;
- Maintaining a continued focus on education and awareness for pharmacists and physicians;
- Supporting clinical leadership and community engagement in addressing problems of narcotic overuse;

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- Monitoring targeted prescribing and drug-seeking behavior reports, based on pharmacy analytic data and our EHR system; and,
- Establishing expert consultative Chronic Pain Boards for review of difficult cases and making referrals to recommended subspecialists when necessary to improve the care of the patient.

Through these internal programs, we have achieved improvements in managing narcotic prescribing and limiting the use of unsafe combinations of medications. We will continue to work closely with our local, state, and national organizations as we strive to decrease the morbidity and mortality associated with narcotic overuse and abuse in the U.S.

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Thank you to the Committee for the opportunity to provide this testimony. I would be happy to respond to questions.