



# Opioid Crisis: Healthcare Professionals on the Frontline

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# Dr. Vanny Lee



- Dr. Vanny Le completed her medical education at Rutgers – New Jersey Medical School.
- She completed her Internal Medicine residency at Montefiore Medical School and then completed her Pain Medicine Fellowship at Saint Luke's – Roosevelt Hospital Center.
- Dr. Le is board certified in Anesthesiology and Pain Medicine.

# Opioid Crisis

- 142 deaths per day
- 13,000 heroin deaths/yr
- 560K deaths from 1999-2015
- \$78.2B economic loss/yr

United  
States



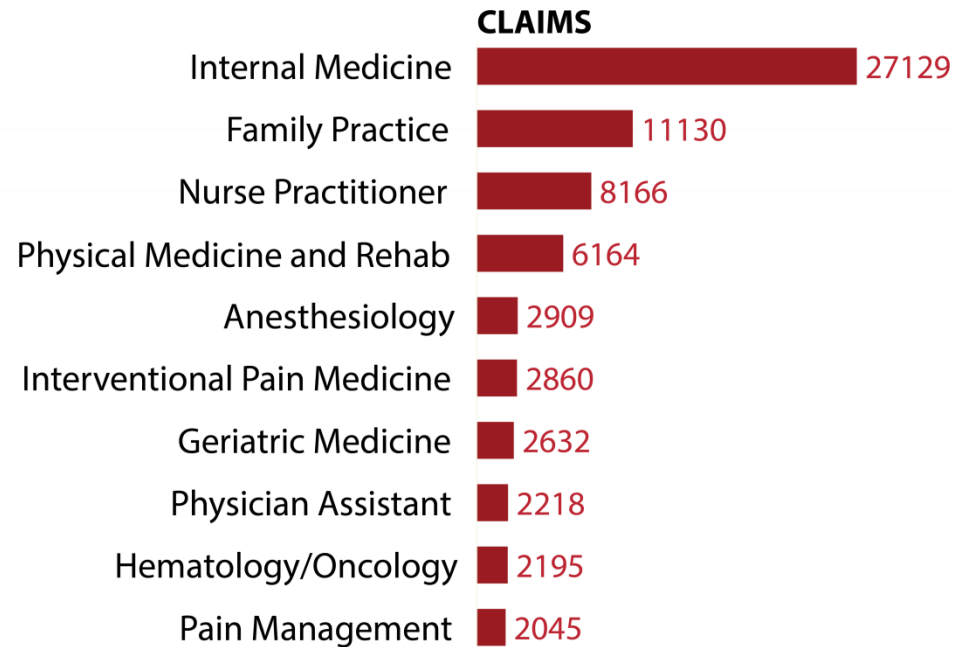
- ~2,200 deaths in 2016 from heroin and fentanyl
- 128,000 heroin users
- 1 person dies every 48 hours

New  
Jersey



## SPECIALISTS THAT PRESCRIBED FENTANYL

The doctors that prescribed to Medicare patients in 2014.



Erin Petenko. Made with Chartbuilder. Source: Center for Medicare and Medicaid Services

## HOW MUCH FENTANYL WAS PRESCRIBED IN N.J.?



**149,000** prescriptions for fentanyl were filled in 2014 — one for every man, woman and child in Paterson.



New Jersey docs gave out **1.9 million** days' supply of fentanyl to Medicare patients in 2014 — enough to supply the entire population of Hudson County for **3 days**.



That supply cost **\$13.8 million**.

Erin Petenko. Source: Center for Medicare and Medicaid Services, New Jersey Division of Consumer Affairs

# Fentanyl Surge



# 8 Most Commonly ABUSED DRUGS

22 Million

The number of Americans 12 years & older who met clinical criteria for abuse, misuse or abuse of **alcohol & marijuana** in 2012.

## Reasons Alcohol & Marijuana Are Most Commonly Abused

- 1 Easier to access, despite the age limits.
- 2 Cheaper than more expensive habits.

## 8 MOST COMMONLY ABUSED DRUGS IN U.S.



### Sources

National Institute on Drug Abuse (NIDA): National Survey on Drug Use and Health  
<http://www.drugabuse.gov/publications/drugfacts/nationwide-trends>

National Institute on Drug Abuse (NIDA): Commonly Abused Drugs  
<http://www.drugabuse.gov/publications/media-guide/commonly-abused-drugs>

## • Red Flags for the Pain Provider

- Percocet 10/325 mg
- Oxycodone 10 mg, 15 mg, 30 mg
- Dilaudid
- Vicodin
- Methadone
- Codeine
- Opana
- Morphine
- Heroin
- Fentanyl

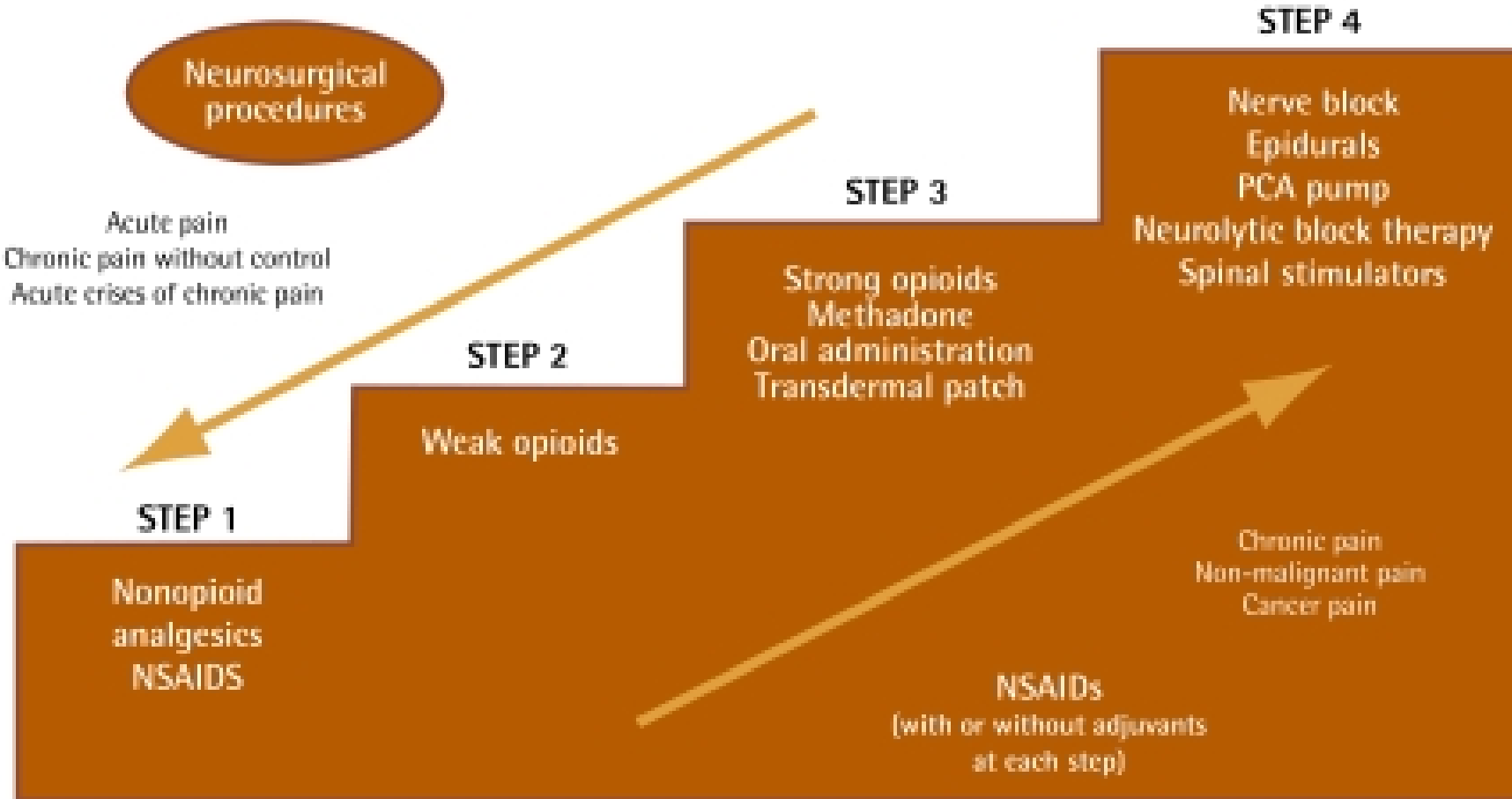
# Healthcare Provider Education

Appropriate  
Diagnosis

Alternative  
Options

Fundamentals  
of Opioid  
Prescribing

Figure 2. New adaptation of the analgesic ladder



NSAID—nonsteroidal anti-inflammatory drug, PCA—patient-controlled analgesia.



# Opioid Consent

Reason for prescription

Alternative treatments

Risks of taking opioids

Risks of addiction/dependence

Risks of overdose

Risks of combining meds

# Opioid Agreement

Pain management plan

Responsible Use

Restrictions on refill

One provider policy

Compliance requirements

Reasons for termination

# Sample Patient Agreement



## CONTRACT FOR CONTROLLED SUBSTANCE PRESCRIPTIONS

Controlled substance medications (i.e., benzodiazepines, opioids and stimulants) are very useful, but have potential for misuse; therefore, they are controlled by local, state and federal government. The medications prescribed are intended to improve function and/or ability to work, not simply to feel good.

Dr. \_\_\_\_\_ is prescribing such medications for me to help manage my condition and I agree to the following conditions:

1. I am responsible for my controlled substance medications. If the prescription of medication is lost, misplaced, or stolen, or if I use it up sooner than prescribed, I understand that it will not be replaced.

PATIENT INITIAL \_\_\_\_\_

2. I will not request or accept controlled substance medication from any other physician or individual while I am receiving such medication from Dr. \_\_\_\_\_. The only exception is if it is prescribed while I am admitted to a hospital.

PATIENT INITIAL \_\_\_\_\_

3. Refills of controlled substance medication will not:

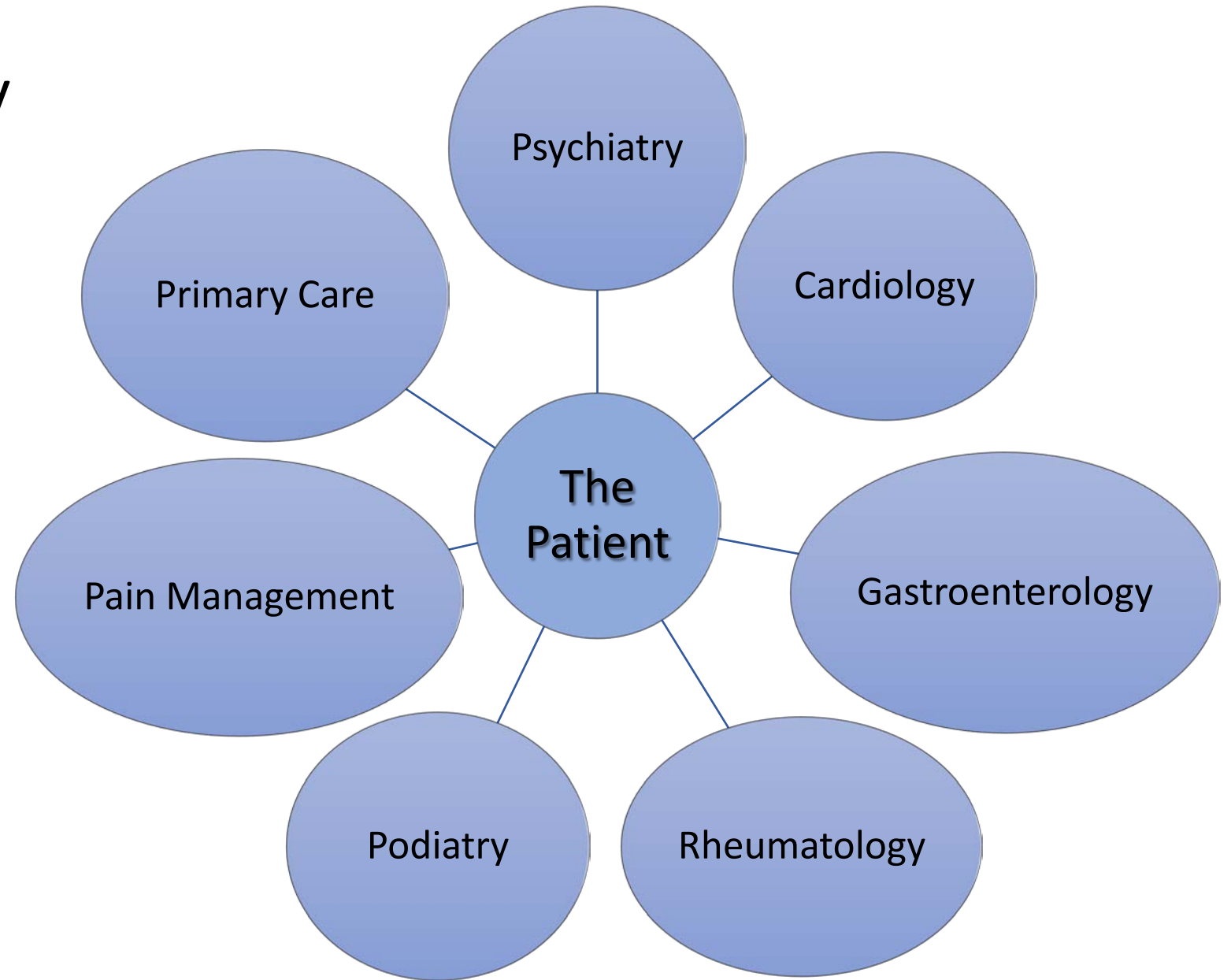
- a. Be made if I "run out early," I am responsible for taking the medication in the dose prescribed and for keeping track of the amount remaining.

PATIENT INITIAL \_\_\_\_\_

- b. Be made as an "emergency," such as suddenly realizing that you will run out tomorrow.

PATIENT INITIAL \_\_\_\_\_

# Riverside Way



# Riverside Way – Pain Management 101

## Before Patient Is Seen

- Check Prescription Monitoring Program (PMP)
- PCP/Other Notes
- Imaging
- Substance Abuse Screen
- Opioid Consent/Agreement
- Urine Toxicology

## In the Room

- No Opioids 1<sup>st</sup> Visit
- Adjuvants
- Diagnostics
- Other Modalities
- All Treatment Options
- Discuss Consent/Agreement

# Opioid Abuse Treatment

