

	<u></u>
1 5EX PD00 PD08 PCAUSEA	
2 FEMALE 2/15/2009 9/4/398 LUNG CANCER 3 MALE 3/22/2012 10/31/394 ESSANGATION	
4 MALE 12/28/2012 4/38/29/2 POLYPHARMACFUTCAL INTONICATION 5 FEMALE 2/2/2011 1/28/2542 20LYPHARMACFUTCAL INTONICATION	
6 FEMALE 4/13/2013 3/20/1980 ACVITEDEMPATION FAMILIES SECRETARY TO INGESTION OF OPIATES AND AMPHETAMINES 7 FEMALE 4/13/2009 11/14/1992 MULTI SUBSTANCE INTOXICATION	
8 FEMALE 1/16/2013 8/15/1955 OVERDOSE RESULTING IN RESPIRATORY FAILURE	
9 MALE 12/20/2010 10/21/1917 GCVTE INTOXICATION DUE TO THE COMBINED EFFECTS OF ALPRAZOLAM AND METHADONE 10 MALE 3/24/2012 10/30/1949 POLYPRATHESE-HATOXYCATION	
11 MALE 9/4/2010 11/5/1975 PROBABLE OFFICIONSE 12 MALE 8/28/2020 5/8/1994 POLIPHARMACY INTONICATION	-
13 MALE 10/1/2012 10/12/1996 ACUTE INTOXICATION DUE TO COCCINE, OPIATES AND DIAZEPAM 14 FEMALE 3/14/2009 6/9N233 MULTIPLE SUBSTANCE INTOXICATION	
15 FEMALE 2/10/2012 7/15/3973 WINTHALE DRUG INTOXICATION (DIXMOSPHONE, ALPRAZOLAM, AMITROPYLINE) 16 MALE 3/15/2012 7/15/3082 ACUTE POLYSUOSTANCE INTOXICATION	
17 FEMALE 11/14/2012 7/12/1963 POLYPHARMACEUTICAL	
18 FEMALE 9/21/2011 12/8/1978 COMBINED DRUG INTOXICATION (DYMORPHONE, HIDROCODONE, AUPRAZOLAM, DIAZEPAM), AND CLONAZEPAM) 19 FEMALE 7/11/2012 4/20/1966 CHRONIC ALCOHOUSM	
20 FEMALE 3/2/2011 10/24/1974 ACUTE DRUG INTOXICATION (MACHINE, HOROMORPHONE, DIXCODONE) 21 MALE 7/30/2011 6/25/1976 MIXED DRUG INTOXICATION DUE TO THE COMBINED EFFECTS OF BENZODIAZEPINES, METHADONE AND OPIATES	
22 FEMALE 3/9/2013 1/31/388 MIXED DRUG INTOKCATIONS PONDACTIMORPHINE, CODEINE, HIDROCODONE, CARDIONVASEULAR AGENTS, OLDEROLIOL 23 MALE 4/1/2011 12/21/3935 CHRONIC OBSTRUCTIVE PULNOVARY DEFALE.	
24 MALE 4/21/2010 12/5/1926 CEREBROVASCULAR ACCIDENT	
25 MALE 5/7/2013 3/7/1948 ADENOCARCINOMA OF LUNG 26 MALE 4/7/2012 12/22/1967 MULTIPLE DRUG INTOXICC GRON (ALPRAZOLAM, OXYCODONE, AND OXYMORPHONE)	
Z C D G H	
1 DOD DOB CAUSE A CAUSE B 2 BASSINS 319 FRSZ ACUTE CARDONESPRATORY FALINE FULLINANT HEPATIC FALINE	
3 60/2012 6/27/980 FATUL CARONIC ARRYTHINA POSSIBLE ACCORDITOL OVERDOSE OF PRESCRIPTION NEDICATION 1 1110/02 4/31931 CARONIC ARRYTHINA	
5 1002012 811996 CRRHOSS OF LIVER 6 04/2013 _7014306 FARE CARDON ARRAY HADA SUCCEIL CARDIAC CEATH SUCCEIL CARDIAC CARDON	
THITIZINI 4/27/1950 MIRED DRUG MITOLICATION (BENGONAEPHES HYDROCODONE)	
9 India: 45196 ADIE MATRANG NITOKATONI 10 10 19212 391917 CARDAC ARRYMMA CARDININGATIN	
11 11/19/2011 24/1981 FATAL CARDIAC ARRHYTHIMA POLY DRUG USE, MSTHODONE-ALCOHOL) ON AN ALREADY COMPROMISED	
(2) 3 102011 1011196 FTM- CARDIC ARREST (3) 102013 91510F POLY DRUG MIDICATION CARDIC ARRYTHMA	
IA TOSMS TICS HIS TATE CARDING ARRATINATE BILARGED HEART STATE CARDING ARRAY CARDING A	
15 1/16/2012 10/14/1935 METASTATIC LING CANCER 17 6/17/2016 3/22/1924 CARDIAC ARRYTHINIA CORDUNARY ARTERY DISEASE	
8 922011 8301910 FATAL CARCINC ARRYCHAMA 19 392010 11121849 INETASTASTIC BRAIN CARCINIONA	
20 129/2010 5-11/91/2 FATUL LASTON - ADSOLUTIONS 21 129-HT UTF STEEL INTRA CEREBRUL BLEEDING	
22 \$\frac{1}{2}\text{Min 112 Min Min DRIG OF EDIOSE} \\ \text{21 \text{112 Min Min DRIG OF EDIOSE}} \\ 21 \text{112 Min	
28 19 1000 EMPHOR SOUTH CHECK CHECK S 000 244 1654 ADDIE FEDRANI, TOURTY POSS M	
26 1212/00 89433 COMPESTIVE HEADT FAULCE	
27 919201 425195 CARDACARRATHINA ACUTE INFOCARDAL INFACCION 932019 1221141 CARDACARRATHINA	
2) 1110209 65186 QUISHOT WOURD TO CHEST 30 50044 34161 5171 (1004) (1005	
KILLER COMBOS - POLYPHARMACY	

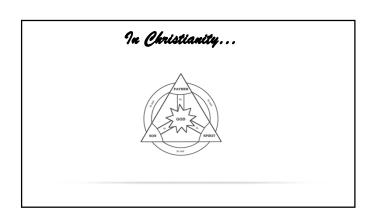








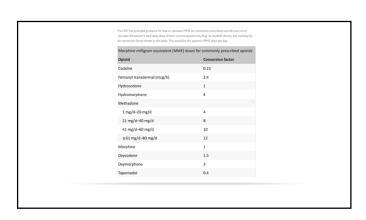


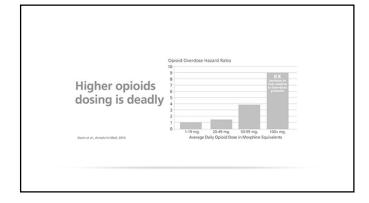


The holy trinity of drugs Amphetamine MORPHINE EQUIVALENCY - POTENCY Morphine Equivalent Doses (MED, MME, MEQ)

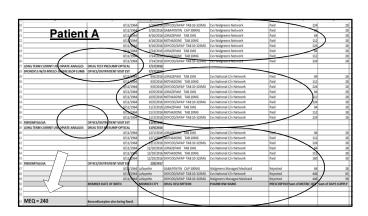
Opisid Door Calculator		
Back to AMDG Home		
Instructions: Fill in the mg per day* for whichever opioids your p	atient is taking. The web page will automatically	calculate the total morphine equivalents per day.
Opioid (oral or transdermal):	mg per day:*	
Codeine	ang pro uny.	0
Fentanyl transdermal (in mcg hr)		96
Hydrocodone	10	10
Hydromorphone		0
Methadone†	10	40
Morphine		0
Oxycodone	10	15
Oxymorphone		0
Tapentadol		0
Tramadol		0
	Total	161

		Opinid Dose Calculator
- Back to AMDG Home		
Instructions: Fill in the mg per day" for whichever opioids your pat	ent is taking. The web page will automatically co	alculate the total morphine equivalents per day.
Opioid (oral or transdermal):	mg per day:*	
Codeine		0
Fentanyl transdermal (in mcg ltr)		96
Hydrocodone	49	40
Hydromorphone		0
Methadone†	40	320
Morphine		0
Oxycodone	120	180
Oxymorphone		0
Tapentadol		0
		Δ.
Tramadol		V





PATIENT PRESCRIBING ANALYSIS



Disputable Perfect Securities Proceeding 01 Service Descriptio Proceeding 01 Service Descriptio Proceeding 01 Service Descriptio Proceeding 01 Service Description Proceeding 01 Service Description	
3/9/1961 3/2/2016 CLONAZEPAM TAB 0.5MG Paid 84 28 3/9/1961 3/15/2016 OMEPRAZOLE CAP 20MG Paid 30 30	
Patient B	
22 3/9/17-14 6/15/2016 WYRROCO/APAP TAB 7.5-325 Paid 158 28 3/9/1961 6/16/2014 CONATERAM TAB 0.1466 Paid 84 28	
16 3/9/1961 7/13/2016 (CONAZEPAM TAB 0.5MG Paid 90 00 17 17 17 17 17 17 17	
3/3/356 45/20/20 r/000COO/ANP TAB 75-325 Paid 586 28	
25 3/9/1901 12/23/2016 OXYCODONE TAB 10MG Paid 168 28 26 SPONDYLS W/O MYELO-/RADICULOP LUMB OFFICE/OUTPATIENT VISIT EST '-1 4/14/2017	
10 10 10 10 10 10 10 10	-
MEQ = 180 Renros and opioids Reed	
	-
Timothy J. McClure, Manager	
mhs Timothy.J.McClure@mhsindiana.com	
OPIOID CRISIS: SENIOR LIVING	
OPIOID CRISIS: SEINIOR LIVING	

SENIORS: AN AT RISK POPULATION More susceptible to injuries that require pain management Deteriorating cognitive functions Social and emotional limitations About 40 percent of older adults report pain, compared to 30 percent of the general population One-third of all Medicare Part D beneficiaries received at least one opioid prescription, or 14.4 million people had at least one opioid prescription in 2016, with over 500,000 beneficiaries using very high amounts of the medication. A Stanford University analysis found that seniors covered by Medicare have "among the highest and most rapidly growing prevalence of opioid use disorder." The report found that more than six out of every 1,000 Medicare alentians are diagnosed with an opioid disorder, compared to one of every 1,000 patients covered by commercial insurance plans. SENIOR LIVING FACILITY LIMITATIONS Recognition Barriers Limited Clinical Expertise Pain Assessments and Training High Turnover Industry OPPORTUNITIES WITH SENIOR LIVING RESIDENTS Pain Assessments PRN Medication · Alternative Treatment and Therapies Communication Involvement in daily lives of residents Understanding treatment goals · Disclose risks and benefits

OPPORTUNITIES: COORDINATING WITH OTHER PROVIDERS

- Multiple Resident Providers
- · Pharmacy Review
- Review the medications administered to verify they can be taken in conjunction with others.



OPPORTUNITIES

- Implementing facility specific policies and procedures to ensure you are adequately monitoring all medications used and ensure you are providing a safe resident environment.
- Establishing medication handling and control practices
- Implementing procedures to prevent the use of medications by anyone other than the prescribed user.

${\tt OPPORTUNITIES-\ STORAGE,\ CONTROLS,\ AND\ DISPOSAL}$

- Secure Storage
- Access and Use Controls
- Proper Disposal



OPPORTUNITIES- TRAINING - Educate team members, residents and resident family members Document and Communicate Signs and Symptoms - Stay Informed	
Brittany Pape, Esq., CHC, CHPC, RHIA BrittanyJ.pape@gmall.com	
Brittany.i.pape@gmail.com	
Overprescribing doctors in your plan – now what?	



GOT INTENT?



- Overdoses knowledge
 - ER records letters
- Over 90mg a day letter
- Audit
- Education
- Prepayment Review
- Licensing problems

	Indiana	
-	Online Licensing	

Patient records (lost, early refill, drugs by name, cookie auttor)	
cutter)	
Demographics	
Social media	
Right choices members	
Pharmacy refusals Charge Records	
Criminal history Coner 1, Number 1 (Origan) Chapter 155.64.2(a) POSSESSION OF A CONTROLLED MEDITANCE Price Deposition. Distribused Chapt Price 4812248 Coner 15, Number 2: Chapter 6912248 Coner 15, Number 2: Chapter (Coner 15)	
Count II, Number 2: (Original County of County	
TERMINATION	
For cause	
Patient records and interviews + intent = patient harm	
 "an immediate threat or risk to the health, safety or welfare of our members" 	-
weltare of our members" No fault divorce	
Contract termination – notice 180 days	
with or without PPR	•
Overprescribed Members – Don't forget us	
2 12. [

IDENTIFYING THE PROBLEM

· Pharmacy Benefits Manager - INSPECT

INSPECT		02 W Washing 44) 446-4767 E	rescription Monitoring ton St, Room W072; Indiana mail: INRxReport@eppriss.cl
	_	0	
		2//	
Pili Date Product, Str. Form	Quantity	Days Pt ID P	escriber Written Rx #
PRODUCT, Str. Form ass232017 - PROMETHAZINE WITH CODEINE, 10 MOISML, 5 25 MOISML, SYR	150.00	Says Pt ID P	03/23/2017
			CONTRACTOR OF THE PARTY
45/23/2017 PROBETHAZINE WITH CODEINE, 10 MG/SML, 9.25 MG/SML, SYR	150.00	30	03/23/2017
45232017 PROMETHAZINE WITH CODEINE, 10 MG/SML 9.25 MG/SML SYRW 03232017 ALPRAZOLAM, 5 MG, TABLET	150.00	30	03/23/2017

PATIENT RECORD	PAT	IENT	REC	ORDS
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EMERGENCY ROOM REPORT



a 34-year-old female who has a history of opiate problems. She says she does not use there 3 days ago after an opiate overdose or heroin overdose; she is not sure what she ed it into the vein. Today, she injected it into her muscle and she thought that might not 3 if it was morphine or heroin, but it was some sort opiate. She was found difficult to given some Zofran by the medics that she vomited. The patient currently denies amy 5 bit of nausea, no chest pain, shortness of breath. She knows that she has a problem, but it and endometriosis and sometime she uses street medications to try and help with the her medicienes. She has a past medical history for depenerative disk disease and citions, left middle finger, left arm surgery. Social history, she uses opiates. Denies iana or cocaine. History for diabetes, COPD, depression. Allergies are NAPROXEN se nurse's notes.

• Social media, Social Media, Social media, Social media





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Assign case managers	
Assist with selection of new PCP	
Notify all prescribers	
Provide education for Substance Use Disorder	-
treatments available	
Refer to the Right Choices Program/Restricted Card	
	J
	1
QUESTIONS?	
G020 11 0 11 0 1	
	1
Judi Coffey, Director of Compliance and Counsel, Managed Health Services Judith.A.Coffey@MHSIndiana.com	