

Benzodiazepine



Opioid



On the street there is a drug combination known as a "speedball"



PHARMACEUTICAL "SPEEDBALL"

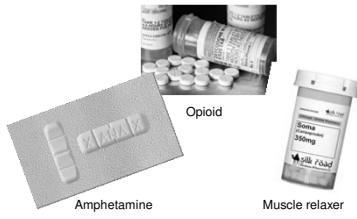


Opioid



Amphetamine

The holy trinity of drugs



MORPHINE EQUIVALENCY – POTENCY

Morphine Equivalent Doses
(MED, MME, MEQ)



SENIORS: AN AT RISK POPULATION

- More susceptible to injuries that require pain management
- Deteriorating cognitive functions
- Social and emotional limitations
- Statistics
 - 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 patients 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.

OPPORTUNITIES- STORAGE, CONTROLS, AND DISPOSAL

- Secure Storage
- Access and Use Controls
- Proper Disposal



OPPORTUNITIES- TRAINING

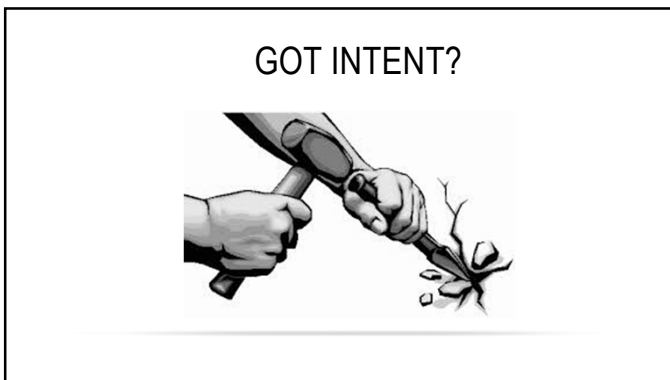
- Educate team members, residents and resident family members.
- Document and Communicate Signs and Symptoms
- Stay Informed




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Overprescribing doctors in your plan – now what?





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



- Patient records (lost, early refill, drugs by name, cookie cutter)
- Demographics
- Social media
- Right choices members
- Pharmacy refusals
- Criminal history

Charge Records
 Court I, Number 1: (Original)
 Charge: 21.01.1.264 POSSESSION OF A CONTROLLED SUBSTANCE Ptn:
 Charge Type: A: Misdemeanor Disposition: DISMISSED
 Charge Date: 08/12/2015 Disposition Date: 03/07/2016
 Court II, Number 2: (Original)
 Charge: 21.01.1.280(3) POSSESSION OF PARAPHERNALIA Ptn:
 Charge Type: C: Misdemeanor Disposition: PLEA GUILTY
 Charge Date: 08/12/2015 Disposition Date: 03/07/2016

TERMINATION

- For cause
 - Patient records and interviews + intent = patient harm
 - “an immediate threat or risk to the health, safety or welfare of our members”
- No fault divorce
 - Contract termination – notice 180 days
 - with or without PPR

Overprescribed Members – Don't forget us

- 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

QUESTIONS?

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