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Controlled Substance Crisis: A Holistic Approach for Hospitals

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November 5, 2019

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Agenda

- What are the risks facing health systems related to the opioid epidemic
- Present the changing regulatory environment
- Share what is at risk for hospitals and health systems
- Leading practices for health systems on implementing a holistic diversion and abuse monitoring program
- Future state of the hospital opioid stewardship program

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Health System Risks?

Medication Errors
Employee Diversions

DEA Investigations

Negative Publicity

Patient Harm

INFECT PATIENTS

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DEA Investigations



University of Michigan Health to pay \$4.3-million penalty in opioids case

Georgia health system paying \$4.1M to settle opioid diversion claims

DEA raids some West Coast Kaiser Permanente pharmacies

Alia Paavola - Wednesday, September 18th, 2019 Print | Email



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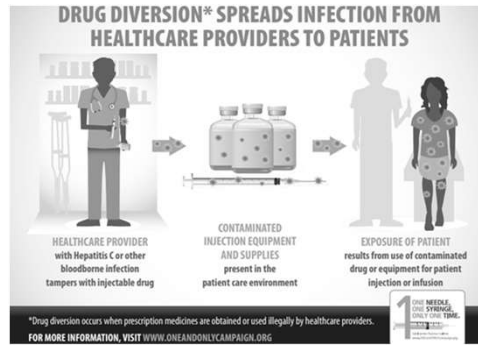
Nurse Diversions – Patient Safety



Former Utah nurse indicted for allegedly diverting narcotics, infecting patients with Hepatitis C

News 5-Metroplex Medical News
Drug-Diverting Nurse Blamed for Washington HCV Outbreak

Date: Sat
April 25, 2018



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Employee Diversions

UPMC pharmacy tech accused of stealing \$52K worth of painkillers

Ex-pharmacy head gets 5 years for stealing \$5.6M in painkillers

The former chief pharmacist at Beth Israel Hospital, accused of stealing \$5.6 million in painkillers, took a plea deal in a Manhattan court Wednesday that will send him to prison for five years.

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Provider Arrested

'Drug dealers with stethoscopes:' Feds warn of more doctor arrests in opioid crackdown
Brett Kellman, Nashville Tennessean Published 9:57 a.m. CT April 19, 2019

U.S. AUGUST 27, 2019 / 2:02 PM / 24 DAYS AGO

Ohio hospital where doctor accused of opioid murders worked settles lawsuits

SPECIAL REPORT
While addiction crisis raged, many surgeons overprescribed opioids, analysis shows
By JULIE APPELBY AND ELIZABETH LUCAS — KAISER HEALTH NEWS / JUNE 21, 2019

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Ultimate Risk: New Addicts / Overdoses

| | |
|------------|--|
| 6% | <ul style="list-style-type: none"> Per JAMA 6% of patients prescribed opioids after surgery (minor and major) are still taking them 3-6 months later, having become dependent = <u>1 million new addicts annually</u> |
| 80% | <ul style="list-style-type: none"> With 22 million Americans undergoing hospital surgeries in 2014 * and at least 80% received opioids after surgery (18 million) ** = |
| 200 | <ul style="list-style-type: none"> Each hospital creates around 200 new opioid addicts per year! |
| 130 | <ul style="list-style-type: none"> 130 people die each day from Opioids! *** |

*Agency for Healthcare Research and Quality
 **Per US national library of medicine national institute of health
 ***National Institute of Drug Abuse

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Child / Youth Opioid Deaths 2017

| States | Age (0-24 years) | Age (25-34 years) | Total Deaths (all ages) |
|--------------|------------------|-------------------|-------------------------|
| California | 208 | 536 | 2,199 |
| Virginia | 103 | 366 | 1,241 |
| Pennsylvania | 272 | 819 | 2,548 |
| Ohio | 336 | 1,263 | 4,293 |

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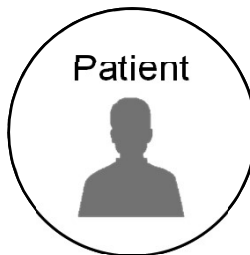
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Hospitals Creating New Opioid Use Disorder Patients

Post surgery
opioid scripts
from **2011-2016**

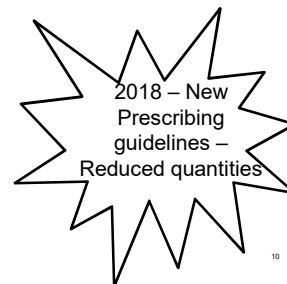
76 -92% of patients
did not use their
entire opioid
prescriptions

5% of surgeons
prescribed 40-70
pill average



Target Focus:
Post Surgical Opioid
Prescribing Practices

John Hopkins
studies



Lumpectomy =
26 pill average in
2016

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OUD Leads to New Standards



HOME ABOUT ARTICLES GUIDELINES PATIENT EDUCATION

Surgical Opioid Guidelines

We convened a multidisciplinary consortium of physicians, nurses, pharmacists, and patients to develop best opioid prescribing patterns after common medical procedures utilizing a modified PAIN approach. Best prescribing practices are listed for post-surgical narcotic naive patients at discharge.

Opiate Naive

| Procedure | Start with this: Acetaminophen 1g PO 8 hours, Ibuprofen 400mg PO 8 hours (unless contraindicated) | If Needed, Opioid Pills Recommended at Discharge: Oxycodone 5 mg tablets |
|---|---|--|
| Laparoscopic cholecystectomy | Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol | 10 Tablets** |
| Laparoscopic inguinal hernia repair, unilateral | Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol | 12 Tablets |
| Open inguinal hernia repair, unilateral | Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol | 10 Tablets |
| Open umbilical hernia repair | Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol | 14 Tablets |
| Arthroscopic partial meniscectomy | Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol | 8 Tablets |
| Arthroscopic ACL or PCL repair | Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol | 20 Tablets |
| Arthroscopic rotator cuff repair | Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol | 20 Tablets |
| ORIF of the Ankle | Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol | 20 Tablets |
| Hysterectomy, Open | Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol | 15 Tablets |
| Hysterectomy, Minimally-Invasive | Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol | 10 Tablets |

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Hospital / Health System Risks

1 +
 2 +
 3 +
 4 = Opioid Stewardship

- DEA Investigation / Fines
- Pharmacy Diversion
- Provider Diversion
- Nurse Diversion
- Patient care
 - Errors due to altered state
 - Patients in pain – nurse diverted patient med
 - Infect patients

1

Diversion Monitoring

- Overdosing patients from opioids
- Administering high levels of opioids not necessary

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Pain Management

- Provider arrested
- Not compliance with BOP scripts writing

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Opioid Prescribing

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Medication Assisted Treatment (MAT)

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Beyond The Risk – Opioid Stewardship

- Educate patient on destroying controlled substance
- Educate patient on opioid use / Narcan (naloxone)
- MAT program
- Educate OUD patients

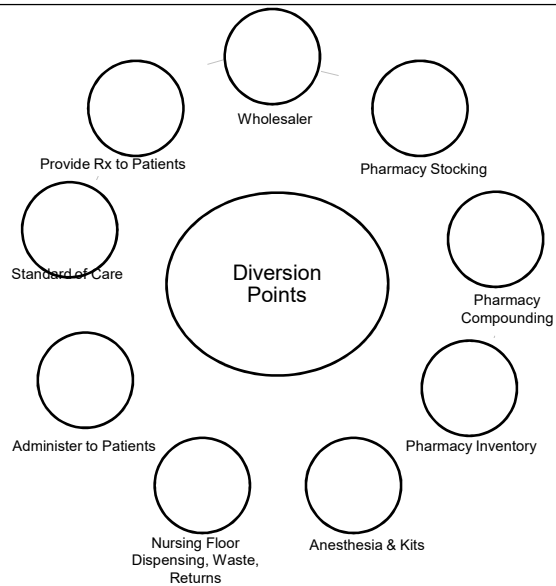


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Opioid Stewardship – Holistic Program



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Pharmacy Diversion Controls

Fundamentals

- Reconcile orders to stockings
- Oversight of compounding waste
- Oversight of kit replenishment
- Reconcile transfers

Leading Practice

- Pharmacy CII-CV counted monthly
- Discrepancy in Pharmacy part of hospital wide discrepancy report
- Compounding recipe and waste in ADM
- All pharmacy ADM transactions are separated so all transactions reviewed

Future State

- Continuous reconciliations so any variance is immediately identified
- Using technology to match vendor purchases and reconcile all transactions through block chain technology

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Fundamentals – Cornerstone of Management

- Reconcile Wholesaler Report to Automated Dispensing Cabinets (ADC) Stocking Report



MEKESON
Engineering Healthcare

480 CITY DC #4032
PHOENIX AZ 85009
1224 4TH AVENUE
480 CITY, AZ 85009
P&H # 000000001

RETURN AUTHORIZATION

SHIP TO:
ANY PHARMACY
230 ANDY STREET
480 CITY, AZ 85006
P&H # 000000001
ET&H # 000000000

SHIP FROM:
ANY PHARMACY
230 ANDY STREET
480 CITY, AZ 85006
P&H # 000000001
ET&H # 000000000

Subsidiary

REG: 000000001
M. No: 000000001
P&H: 000000001

DISC: 100 | 100 | 100 | 100 | 100
C&M: 100 | 100 | 100 | 100 | 100

Transac. Mth: 01/2018
DOB Center #: 000000001

Omniceil

Transactions by Date

Date Range: [Redacted] - [Redacted]

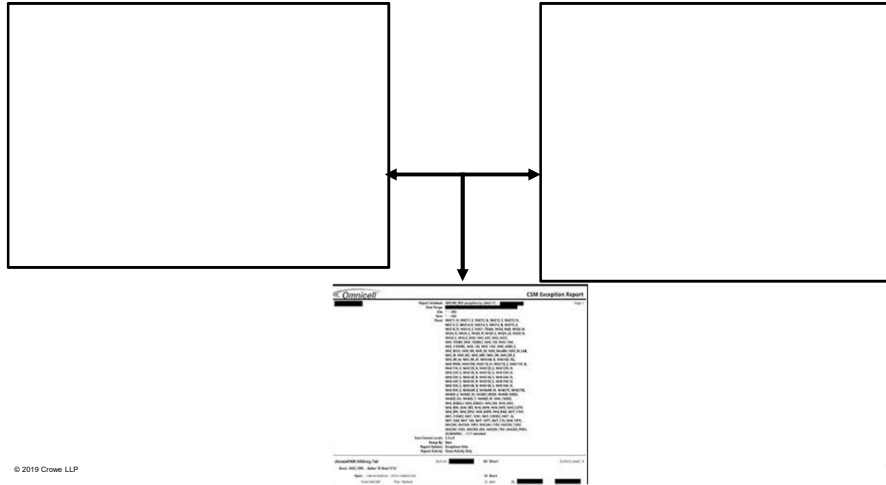
Transac. Type: 0
Non-Contracted: 0
Transaction Mth: 1 - 000
Product ID Range: 000000000 - 000000000

| Product | Item Description | Date | Qty | Unit | Charge | Amount | Unit Price | Item Name |
|------------|------------------|------------|-------|------|------------|------------|------------|------------|
| [Redacted] | [Redacted] | 2018/01/01 | 10.00 | 1 | 1000000000 | 1000000000 | 100000000 | [Redacted] |
| [Redacted] | [Redacted] | 2018/01/01 | 10.00 | 1 | 1000000000 | 1000000000 | 100000000 | [Redacted] |

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Fundamentals – Cornerstone of Management

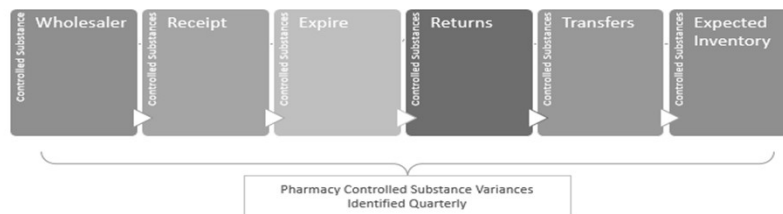
- Review and Reconcile Daily Transfers To and From the Nursing Units



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Opioid Continuous Accountability Audits / Reconciliation

- Quarterly Reconciliation of hospital opioid inventory accounting of drugs from wholesaler through distribution to identify variances



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Opioid Continuous Accountability - Example

- Lead sheet example:

FACILITY A
CYCLE COUNT RECONCILIATION SUMMARY
BEGINNING CYCLE COUNT DATE: 20190101
ENDING CYCLE COUNT DATE: 201900101



Pharmacist-In-Charge: _____ Pharmacist-In-Charge Signature: _____ Date: _____

| FACILITY | BEGINNING | | ADDITION | | SUBTRACTION | | | | ENDING | | TRANSACTION SERIALS PDF |
|------------|--------------------------|-------------------------|----------------|---------------|-------------|----------------|----------------|--------------------|-------------------------|--------------------------|-------------------------------|
| | CYCLE COUNT DATE TIME | CYCLE COUNT QUANTITY | RESTOCK (1) | RETURN (1) | PICK (2) | EXPIRED (2) | WASTE (V-F) | DISCREPANCY (D) | CYCLE COUNT QUANTITY | CYCLE COUNT DATE TIME | |
| Facility A | 2/20/19 07:00:01 | 12,805 | 7,880 | 293 | 9,379 | 239 | 1 | 6 | 8,453 | 2/20/19 07:00:01 | 0 |

Purchase and Stock Reconciliation

| FACILITY | INVENTORY TRANSACTION RESTOCK EQ | PURCHASE PER INCESSION REPORT | PURCHASE PER VENDOR B REPORT | PURCHASE PER VENDOR C REPORT | PCA / DRIP / EPIDURAL ADJUSTMENT | PURCHASE AND STOCKING VARIANCE |
|------------|---|-------------------------------------|------------------------------------|------------------------------------|--|--------------------------------------|
| Facility A | 7884 | -3740 | | | 364 | 0 |

VARIANCE EXPLANATION (ENDING INVENTORY VARIANCE, PURCHASE AND STOCKING VARIANCE AND DISCREPANCY (D) TRANSACTIONS):

Item ID _____ Description _____

Reason _____

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Nursing Diversion Controls

Fundamentals

Leading Practices

Future State

High user audits

Waste patterns by nurse

Machine learning to identify diverters using nurse patterns, pain scores, etc.

Discrepancy review (resolved and unresolved)

Pain score analysis

Track and trend documentation or discrepancy issues (honest error or not)

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Standard of Care & Prescriptions

Standard of Care

Pain Committee
Recovery Controlled Substance Protocols
Checks for opioid naïve
Clinical pharmacist involvement
Sedation scales
Multimodal Therapy

Prescriptions

Analyze Opioid Scripts
Educate on destruction of controlled substances
Educate on overdose risks especially if benzo/opioid comb
Comply with BOP (review PDMP)

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Beyond Prescriptions – Helping Opioid Use Disorder Patients

MAT

Medication-Assisted Treatment (MAT) includes counseling and behavior therapies to provide a “whole patient” approach

50% of MAT patients are drug free
18 months after treatment

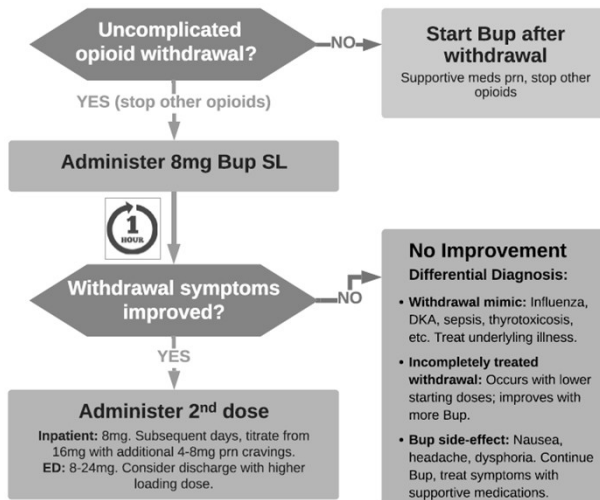
(National Institute for Drug Abuse)

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Treatment Algorithm



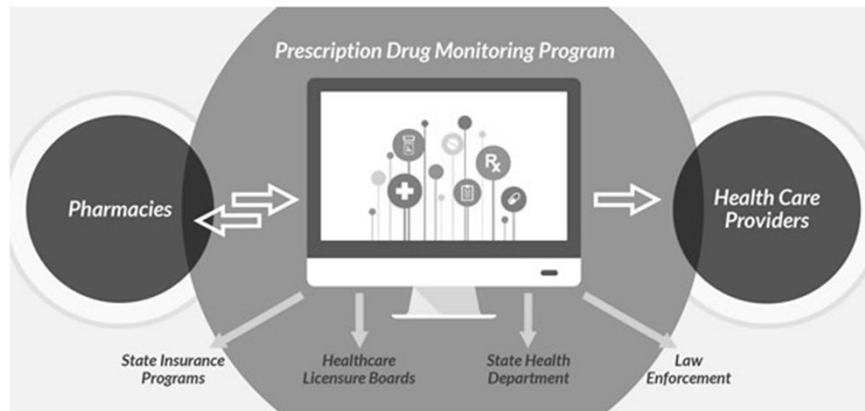
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Prescription Regulatory Environment

- 49 states have Prescription Drug Monitoring Programs



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Prescription Regulatory Environment

23 states and D.C. require or recommend transactions, obtain continuing education related to prescribing CS, pain management, or substance abuse/misuse.

36 states require or command practitioners to have a treatment agreement.

32 require or recommend an informed consent or agreement for treatment document

10 states that limit days supply of Schedule II prescriptions

States obtaining access to DEA 80million prescriptions

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CDC Opioid Prescribing Guidelines

>90 Morphine Milligram Equivalents (MME) >90 should be avoided

Avoid concurrent opioids with benzodiazepines

Utilize Immediate release opioids

Prescribe Lowest Possible Dose

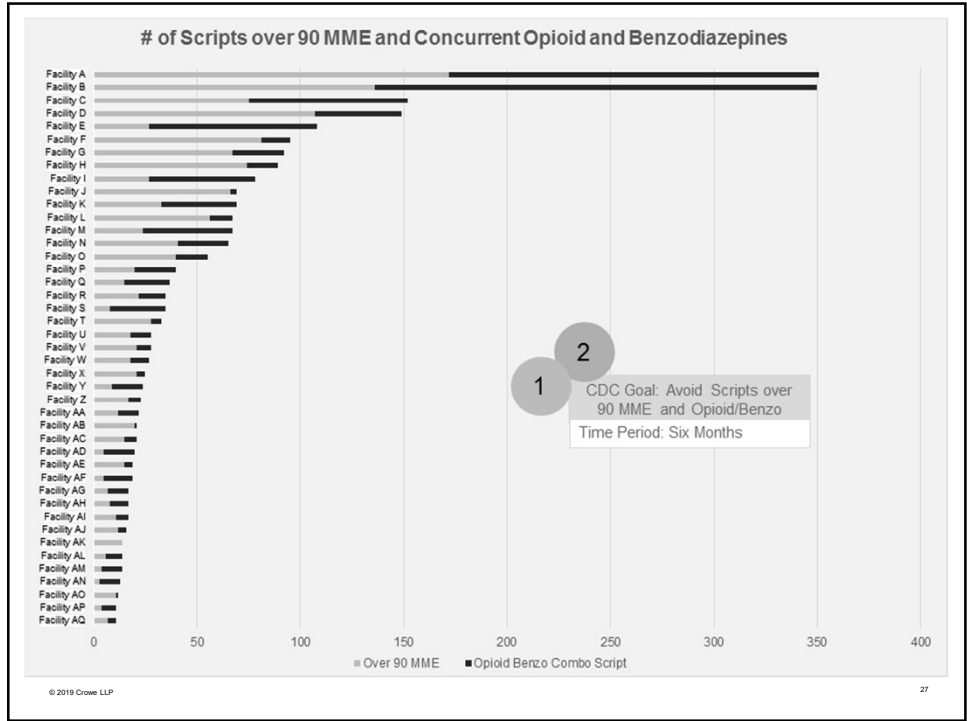
Provide non-opioid therapy for chronic pain (outside of cancer and palliative care)

Ideal script up to 3 days and rarely over 7 days.

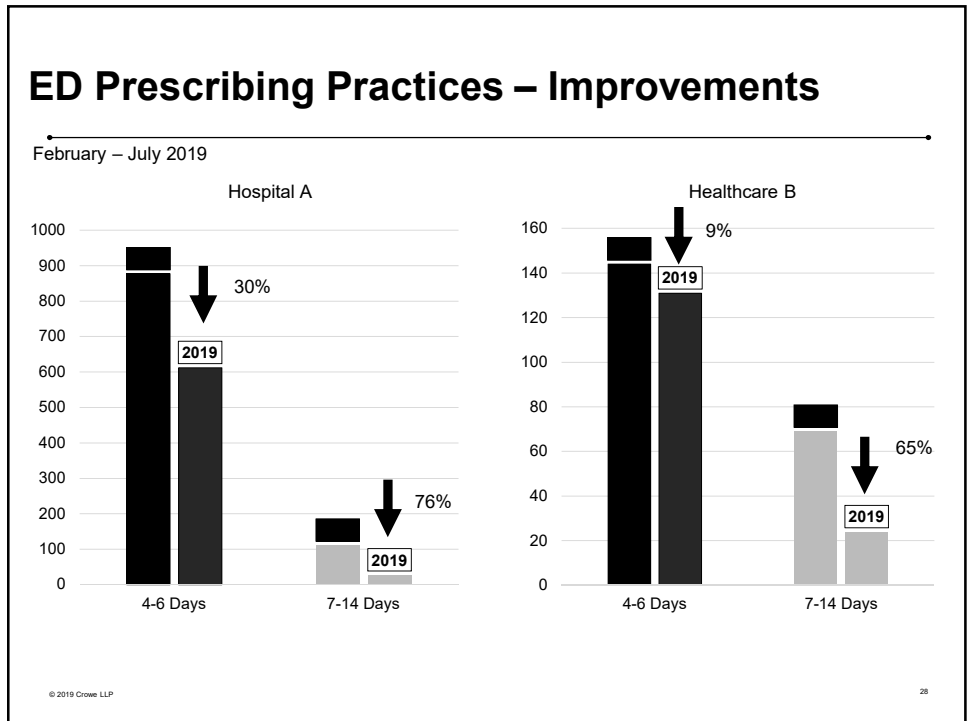
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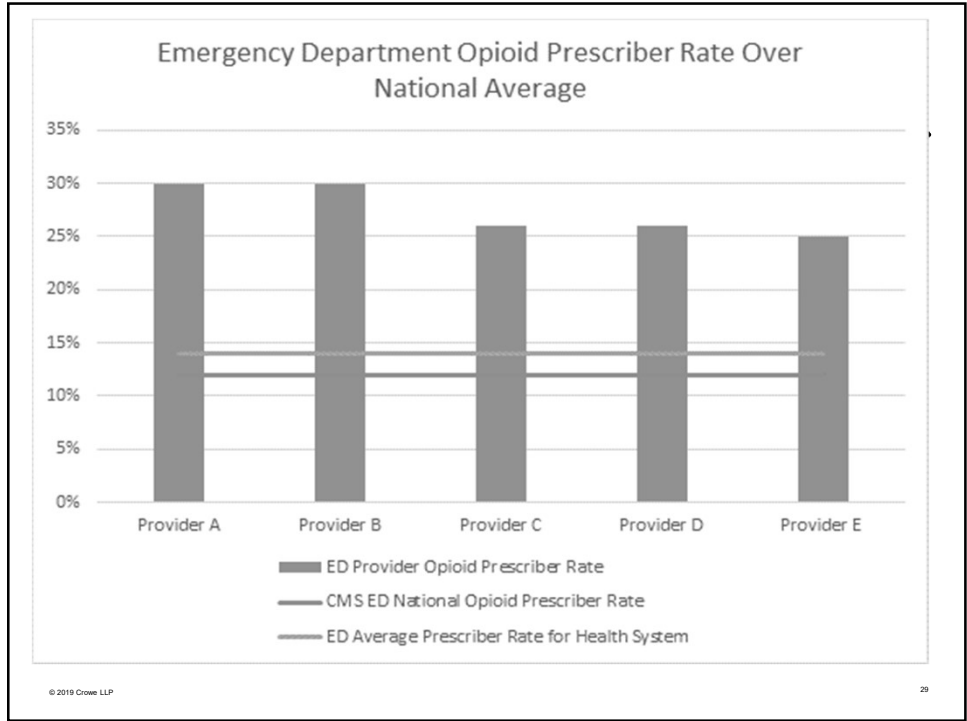
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Thank You

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