

In 2018, the Snohomish Health District held a series of roundtable discussions with providers and prescribers to better understand how they see the opioid epidemic unfolding, what their role is, and what is needed. What follows is a summary of those discussions, and the action items that arose as a result of the focus groups.

Pharmacy Round Table Discussion Notes **04/07/18 • 9:00-11:00am**

What are you seeing in your pharmacy relating to the opioid epidemic?

- When patient is requesting a new prescription (with an excuse as to why they need a new Rx), pharmacists are seeing a brand new full prescription rather than a small interim.
- Patients are paying cash for medications if it falls outside the limitations of the Rx and insurance payment.

What is your ability to intervene with a patient who is abusing opioids?

- Very little ability to intervene. Many will contact prescribing providers to discuss concerns and will make suggestions to lessen the possible impact.
 - Example scenario: Patient came in to fill a script (90 oxycodone 7.5/325), 3 days later came in with another script (90 hydrocodone 7.5/32) because the 1st one did not work, 3 days later came in with another script (90 hydromorphone 2mg) due to the same issue and then 3 days later was back to the oxycodone 7.5. Pharmacist was concerned with the amount of opioids patient was prescribed over the course of a week. Pharmacist contacted prescribing provider and was given the same explanation as patient. Provider informed pharmacist that it okay to dispense. Pharmacist was frustrated because she was concerned with the amount of opioids patient had. She dispensed as written and documented encounter. Pharmacist recommended that patient bring back unused prescriptions; however patient refused.
 - Another pharmacist recommended that the provider be reported to the medical board.
- Pharmacist have called providers to question large prescriptions (example: over 300 pills for a new patient).
- One pharmacist stated that they have a good relationship with the providers and patients in town and have no problem intervening or questioning certain prescriptions (pharmacy in rural area). With new patients, pharmacist checks PMP. With known patients, he has no problem contacting the prescribing provider to discuss concerns.
- Pharmacists are unable to under fill and need to dispense as written. Under-filling the Rx voids the rest of the prescription.
- They can voice their concerns to the prescribing provider; however, it ultimately falls on the provider.

Are you familiar with the MED-Project secure medicine return program? If so, does your pharmacy participate?

- All pharmacies present participate in MED-Project.

Does your pharmacy offer naloxone?

- Yes, they carry naloxone
- Barriers to distribute includes cost (even with insurance coverage) and stigma. Many providers provide Rx for naloxone when prescribing opioids; however, patients typically refuse to fill the prescription.

How can the Snohomish Health District support you?

- Provide education handouts they can give clients (opioids and the other various drugs - methadone, hydromorphone, zolpidem, clonazepam and benzodiazepines)
- Is it possible to tax opioids?
- Increase price of opioids?
- Draft best practices to help influence pharmacies to adopt policies (model policies).
 - Require patients to bring back unused medications if prescription has changed.
 - Policy on restricted length of prescription. Providence has EMR that monitors prescriptions and flags prescriptions that are over the recommended dosage.
 - Medication that is for pain filled as needed not be automatically queued for refill, regardless of what insurance will pay for.

Other Notes

- One pharmacy has an unofficial rule that they do not fill any controlled substances more than 2 days early.
- One pharmacy has a system that automatically queues up the refill for the next pick-up regardless of type of medication; they question whether this is a good idea.
- Some providers are still writing Rx for 90 pills (typically post-op). Health Care Authority and some private insurance companies have set limitations to cover up to only 42 pills per fill. However, patients want the full 90 and typically are willing to pay cash for what the insurance doesn't cover. Dispensing less than prescribed voids the prescription; therefore, some pharmacies will fill the rest of the tablets by running it again and assigning the remainder of the prescription a new number so they are able to dispense the rest. The group acknowledge the need for more clarification on best practices for dispensing beyond what the insurance allows.
 - When one pharmacist encountered this situation, she refused to dispense past what the insurance would cover. Pt returned with 2 separate prescriptions (totaling up to 90 pills). Insurance paid for one Rx and patient paid cash for one Rx. Each prescription has its own number.
- Some prescribers are still providing hard copies of prescriptions, which becomes a barrier to the patient if they need refills; therefore, patients are typically given larger numbers of pills or are given 2 prescriptions to be filled back to back.
- Pharmacists are seeing multiple prescriptions that can be contradictory (opioids, muscle relaxer, benzodiazepines). One pharmacist (methadone, hydromorphone, zolpidem, and clonazepam) contacted the prescribing provider and received negative reaction ("What is your point? Do you want me to prescribe a naloxone kit?").

One pharmacy was unable to participate, but provided the following feedback over the phone:

- Need more prescribing education for providers
- Require prescribers to look at PMP before prescribing
- Need to be able to see PMP info between states (patients going between states to get meds)
- Electronic prescribing – harder to forge
 - One of the largest healthcare systems in the area still call in or have written prescriptions.

Next Steps:

Based on our discussion, below are the new objectives that have been added to ESF #8 (Public Health) of Goal #1 (Reduce Opioid Misuse and Abuse) of the MAC (Multi-Agency Coordination) group initiatives. The Snohomish Health District is committed to addressing the concerns that came up during the discussion and will take action through the completion of these objectives.

- Develop materials for pharmacies to give clients informing them on the risks of prescription opioids
- Work with local pharmacies to begin selling prescription lock bags/boxes in the store
- Develop best practices/guidelines document for pharmacists to follow when filling opioid prescriptions
- Survey 5-6 insurance companies that serve Snohomish County to determine coverage of Medicine Lock products
- Work with 2 insurance companies to cover medicine lock products either through medical insurance or through FSA.

Veterinarian Round Table Discussion Notes
10/23/18 • 6:30-8:00pm

What are you seeing in your practice in relation to the opioid epidemic?

- All participants agreed that if a person can name the drug that they say their dog needs, there is a good chance that they are seeking drugs.
- Some participants noted that they get requests for more anti-anxiety meds than opioids.
- They all agreed that they are experiencing more and more restrictions on purchasing certain drugs to dispense due to cost, availability, etc. Some are given scripts or referred to their human provider for certain medications.
- One participant suggested that we look into emergency room Veterinarian practices for drug shoppers. They may see more clients who are purposely injuring their pets to obtain drugs. Because many of the participants have practices where they are the pet's medical home, they have never seen anyone come in who has purposely injured their pets.
- Veterinarians also expressed concern with clients overmedicating their pets.

What opioids are you currently able to prescribe to your patients?

- If given a written prescription for a particular medication, the prescription is written to the owner and then the pet's name is also noted.
- Most medications can be dispensed through the veterinary clinic. Depends on what they are able to purchase. Certain opioids are more difficult to obtain.
- Codeine
- Methadone
- Butorphanol
- Fentanyl patches

Do you participate in a prescription drug monitoring program?

- All the participants stated that they are able to input information; however, they are unable to see any information.
- It is not a user friendly program for veterinarians.
- One person noted that they avoid using the program and only input once/month if any.

Are you familiar with the MED-Project secure medicine return program? If so, have you recommended this service to your patient's owners?

- Because they are able to dispense drugs, a client is able to bring back unused medication to their veterinary practice to be discarded.
- They have experienced that many of their clients have brought in other medications asking them on how to discard unused meds prescribed to humans.
- All of them have referred clients to other sites that have MED-Project secure medicine box.
- They expressed interest in being able to take back human medication since some times, they have built a rapport with the client and they may be the only place that their clients trust.
 - They all expressed interest in having a MED-Project secure medicine box on site.

What is your ability to intervene with suspected opioid and controlled substance drug shoppers?

- Once a person is suspected of abusing their pet's medication, they typically refuse to fill the prescription. Many times, if not all, many of the owners decide to leave the practice and go elsewhere.
 - This makes it difficult to detect abuse because there is no way of knowing if a new client is abusing drugs. PMP could be useful in this situation, but they are unable to access that information.
 - One participant noted that he came across one site that allowed him to see the PMP list, but was unsure of where that list was located. Person agreed to do more research and provide us with that information once he's able to find it.
 - Many noted that they try and mark in pet's files that the owner may be abusing, but that information isn't always transferred when medical records are released. They typically note that for their personal information.
 - Many owners will just find a new practice if they aren't given the medications that they are asking for. Many times, those patients will not request for pet's records to be transferred because of fear of being caught or ousted as a potential abuser.

Are you aware of the treatment recommendations for K9 police dogs that are exposed to opioids?

- They are unsure if Narcan/Naloxone can work on pets the same way that it can work on humans.
- They advised that they draft a plan with the K9 police dog's veterinarian. Most likely, their handler has a specific veterinarian that they work with. They should be able to provide insight as to how to deal with exposure. Dosage of drugs depend on the weight of the dog.

How can the Snohomish Health District support you?

- Provide education handouts they can give clients (risk of taking opioids and the other various drugs - methadone, hydromorphone, zolpidem, clonazepam and benzodiazepines) Stress that medication was prescribed to pet.
- Ability to offer educational session to Veterinarians – look into Washington State Veterinary Medical Association. Participants stated that they are unaware of any groups in Snohomish County that focuses on veterinarians. Many of them go to educational sessions in King County.
- Possible site for MED-project secure medication box.

Other Notes

- Because they are able to house and dispense controlled substances on site, there is always the threat of theft.
- Many expressed that they experience more of an issue with their staff stealing meds rather than from their clients abusing meds.
 - One participant mentioned that because of the shortage of staff in the veterinarian field, it's rare to do a background check on a new employee.
 - One participant stated that he found out that one of his staff members had history of stealing medications from other employers, but only found out after that employee had stolen medications from his practice.

- One participant requires an exam when a client makes an excuse as to why they need a refill for a prescription that is not due to be refilled.

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- Develop education handouts that veterinarians can use to inform their clients about the risk of taking opioids and the other various drugs (methadone, hydromorphone, zolpidem, clonazepam and benzodiazepines) that were prescribed to their pets.
- Create a web-based educational webinar on opioids in the workplace
- Develop a best practices document on how veterinarians should report staff members who are stealing medications and how to properly document theft.
- Share MED-Project information with veterinarians to garner interest in providing education to their clients on medicine take-back locations.

Dental Round Table Discussion Notes
12/02/18 • 12:30pm-2:00pm

What are you seeing in your practice in relation to the opioid epidemic?

- In general, dentists that participated in the round table are experiencing less patients seeking opioid drugs or are more subtle about their tactics.
- Dentist that practiced overseas stated that she never saw dental providers prescribing opioid medication and said this was a phenomenon plaguing the United States. Prescribing medications is usually the first steps taken in the United States.

Do you participate in the Prescription Drug Monitoring Program?

- A few dentists explained that they will proactively search for patient records before they prescribe, others said that they will only check the PMP when patients specifically ask for opioids.
- The amount of time that it takes to access the PMP cuts into valuable time to see patients. Many agreed that fixing this system should be a high priority.
- They agreed that it provides valuable information, but they said that they also rely on self-reporting because of the current technical restraints.
- There were suggestions to delegate this task to someone else, but many rely on themselves to check the PMP because many were unsure if other dental staff can access the program.
- One dentist said that they were notified by the pharmacy about patients that have been flagged as suspicious.

Are you familiar with the MED-Project secure medicine return program? If so, have you recommended this service to your patient's?

- Not covered during round table discussion.

What is your ability to intervene with suspected prescription abuse?

- Currently very few outlets to intervene, but there could be opportunities to train practices to provide multiple levels of intervention/education in clinics including receptionists, dental hygienists, and dentists.
- To move to less prescribing of opioids, the entire staff has to be on board and training has to occur in order for staff to appropriately respond to questions such as: "Why didn't the dentist give me a prescription to something stronger than Ibuprofen?"

How can the Snohomish Health District support you?

- Dentists found the event to be very helpful and would greatly appreciate more opportunities to get continuing education.

Other Notes

- One Dentist asked if they should be worried about prescribing valium to her patients. Dr. Beatty explained that the combination of benzodiazepines and opioids is risky as both drugs are sedatives. He said he can understand how it happens; one prescribed for sleep or anxiety and the other for pain control. He also commented that and use of both is on the rise.

- The group suggested that employers determine the economic loss of their workforce that suffer from opioid use disorder. Suggested that this could put pressure on insurance agencies/providers to change their practices
- Native Americans are the 2nd highest represented group in for opioid overdoses in Snohomish County but far behind non-Hispanic Caucasians.
- Dentists were interested in learning more and being able to provide screening for ACEs in their clinics. They were curious about the capacity they would need to implement this, possibly through training dental hygienists.
- There was interest to have materials about the dangers of opioid use and treatment options in Snohomish County
- Some participants felt that patients might feel safe talking to dentists about opioid use because they are non-threatening. Creating this safe space would mean that the entire office staff would need to be trained to respond to questions about opioids.
- Some dentists were interested in Narcan training for their staff.

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As always, please let us know if we are missing anything and/or there is anything you would like us to know.

- Develop materials for dentists to distribute to patients informing them about the risks of opioid use.
- Outreach to dentists and dental hygienists to expand use of Adverse Childhood Experiences (ACEs) assessments and educate on risk for prescribing opioids to high-risk patients.
- Provide MED-Project materials for dentists to hand out to patients when providing prescriptions or medications.