

Pharmacy Benefit News

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The Opiate Epidemic Is Everyone's Problem, and Must Be Fixed By Us All

"A new [publication](#) from the National Academy of Medicine (NAM) asserts that ending the opioid epidemic calls for aggressive action across multiple dimensions, including informed, active, and determined front-line leadership from health clinicians working in every setting throughout the nation. The special publication, developed at the request of the National Governors Association, was written by leading national authorities on substance use disorders. The paper serves as an action guide for clinicians—including physicians, pharmacists, physicians' assistants, and nurses; all who are prescribing an opioid or managing patients who present with a likely opioid use disorder.

The guide recommends that clinicians prioritize non-opioid strategies when managing chronic pain, follow five axioms of responsible opioid prescribing, and promote policies that stimulate and support available scientific evidence. "This paper speaks to the roles of clinicians, both as primary gatekeepers for the appropriate use of these drugs and as first responders to the consequences of their misuse," said J. Michael McGinnis, NAM Leonard D. Schaeffer Executive Officer. "Moreover, the paper serves as a Call To Action for the nation's clinicians to assume their broader leadership responsibilities and advance the health of the communities in which they live and work."

EurekaAlert (09/21/17)

Commentary:

The health care community created the problem and now must fix it. It is critical that this report is widely distributed and implemented. When the entire health care community signs on to the problem and the solution, then results will occur. Effective results require that health care practitioners become communicators and educators as well as clinicians. This may be a new role for some, but it reflects the present reality. No longer can arrogance be the approach. Compassionate education must be the standard that all practitioners adopt, refine, and implement.

Analytics at Work: A Real World Example

RAPID ANALYTICS FOR ALL PAYERS...EVERYONE CAN BE AN ANALYST!

Having data at your fingertips is a management imperative. Having analytics that are easy to use and interpret is a crucial management tool. While Big Data employs specialized mathematical tools, the technology marketplace has moved much of the simple analyses to reporting that can be used on the desktop or mobile environments. Tools such as Excel, Pivot Tables, Power Pivot Tables, open source statistics programs such as "R", and Microsoft Visual Studio are just some of the programs that bring analytics to the manager who is not an analyst. This is analogous to the time when spreadsheets allowed managers to evaluate and display their own data.

Pro Pharma and Pro Data Analytics have done the programming work. We have designed the code that powers the tools that provide rapid, efficient, and graphical dashboards and detailed reports. The reports allow users to customize selections with a few clicks. For example, select from Plan, Group, age/gender, Amt Paid, Copay, diagnoses, procedures, patient severity, provider practice severity, medications, dosage, quantity/day's supply, predictions, compliance, and many more. **The objectives are to identify cost and quality drivers, make predictions,**

Commentary – Necessities To Counter The Opioid Epidemic

The National Academy of Medicine released a new special publication guide to help health clinicians counter the opioid epidemic. We commented on this publication above. Of crucial import is that the report also provides a list of necessities upon which to base the attack on opiate abuse. What are they?

-Using a team approach to care, which is especially important in substance use disorders.

- Emphasizing that substance-use disorders are treatable chronic neurologic conditions, requiring a sustained, multifaceted approach typical in managing any chronic disease.
- Precautionary prescribing that accounts for individual risk factors and social circumstances.
- Counseling on secure storage and proper disposal of unused opioids.
- Cross-checking the Prescription Drug Monitoring Program registry to identify unsafe drug use behaviors.
- Providing systematic follow-up by the care team for signs of opioid misuse or opioid use disorder.
- Co-prescribing naloxone (Narcan®) to patients at risk of overdose.
- Facilitating use of medication, such as buprenorphine, as indicated, for opioid use disorder, including obtaining training and authority for medication-assisted treatment.
- Providing referrals for treatment assistance, as indicated, including follow-up with the referral team.
- Engaging with the community to promote the availability of necessary substance use disorder treatment resources.

The above requirements cross the spectrum of health care practitioners and bring the patient into the mix as an equal partner. ***Everyone is involved, and everyone must help to fix the problem!***

Who Prescribes High Dose Opiates? Not The Emergency Department!

Is the Emergency Department (ED) the main source of opioid prescriptions? The Mayo Clinic says NO. Opioid prescriptions from the ED are written for a shorter duration and smaller dose than those written elsewhere, and patients who receive an opioid prescription in the ED are less likely to progress to long term use, researchers report in the *Annals of Emergency Medicine*.

The study included 5.2 million opioid prescriptions written for acute pain across the United States between 2009 and 2015. A summary of the results were as follows:

1. Prescriptions for commercially insured patients from the ED were 44% less likely to exceed a 3-day supply than those written elsewhere, 38% less likely to exceed a daily dose of 50 mg of morphine equivalent; and 46% less likely to progress to long-term opioid use.
2. Findings were similar for Medicare patients.
3. Commercially insured patients -- 20% in a non-ED setting received a dose exceeding 50 mg of morphine equivalent per day.
4. An opioid prescribing guideline from The Centers for Disease Controls and Prevention (CDC) issued in 2016 warns against exceeding a 3-day supply or 50 mg of morphine equivalent per day for acute pain, and people receiving prescriptions exceeding CDC recommendations were three times more likely to progress to long-term use.

EurekaAlert (09/26/17)

Commentary:

This study seems to absolve the ED from fostering opiate abuse. One hopes that we don't have other studies absolving physicians, infusion centers, acute care hospitals, etc.

I have received several calls from ED physicians asking for criteria for opiates, acetaminophen dosing guidelines, drug interactions, and other clinical limitations to place on prescriptions. The ED has generally followed CDC criteria. The entire community has too much supply of opiates overall. Hopefully, prescribers will adopt and comply with CDC criteria. Clearly, adoption of criteria is less painful than national mandates with penalties.



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