West Virginia Orthopaedic Society

Volume 8 • Issue 1 • Winter 2018

No Bones About It

The Opioid Issue

President Stanley Tao, MD

It seems everywhere one turns there is news about opioid abuse and the devastating effects this has on local communities. Nowhere is that more real than in our home state of West Virginia.

I've outlined some of the problems in our last newsletter. However, given that the problem continues to escalate, we are dedicating this entire newsletter to this problem.

As we all know, there are risks of ill-considered prescribing and some best practices to mitigate those risks. Legal risks are an all-too-certain reality. A review of legal risks published by AAOA Fellow David Sohn, MD, JD and colleagues cited a number of novel ways physicians have been held liable for both over- and under-prescribing opioids. In 2001, the Joint Commission of Accreditation of Hospitals Organization codified the American Pain Society's concept that pain control is a "basic right." This effort led to the "pain as the fifth vital sign" campaign and a sharp increase in opioid use thereafter. Their search uncovered both court awards and state board disciplinary actions for under- and over-prescribing opioids.

In West Virginia, the Supreme Court has ruled that patients who become addicted are able to sue pharmacies and doctors for addiction-related damages, even when the plaintiffs themselves were using the medications in a criminal way. The courts have also ruled that physicians have a duty of reasonable care to everyone foreseeably put at risk by the medications prescribed.

So continuing to do things the same way we always have will not work. One of the best ways to safely make changes is for orthopedic surgeons to utilize formally reviewed and

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By WVAOE President Antoinette Summers

Joshua Tuck Scholarship Awarded

WVAOE is honoring Joshua Tuck's legacy with a scholarship.

The West Virginia Association of Orthopaedic Executives (WVAOE) is pleased to announce the awarding of the inaugural Joshua Tuck Scholarship. Our inaugural recipient is Derek Johnson, a senior at Spring Valley High School in Cabell County, who will be attending Marshall University this fall.

Joshua Alan Tuck, died on May 8, 2017, at the age of 30 from injuries sustained in an automobile accident on the West Virginia Turnpike. He was the Vice President of the West Virginia Association of Orthopaedic Executives at the time of his death.

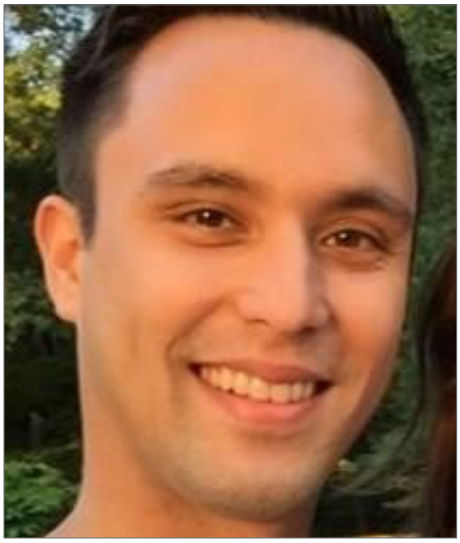
The Joshua Tuck Scholarship was created by the WVAOE Board of Directors to help support a student studying healthcare management. We want to honor his memory by assisting the education of someone who is working towards a healthcare management degree who embodies Joshua's vision. Applicants were required to be (1) West Virginia high school seniors; (2) must enroll in Bluefield State College, Fairmont State University, Marshall University or WVU Tech; (3) major in a healthcare management program; and (4) submit a 450 – 500 word essay answering the question: "Describe your community's issues with opioids and explain how you would reduce the problem."

We were pleased to receive five applicants this year from Braxton, Cabell and Raleigh Counties. All applicants had grade point averages over 3.50.

To get the perspective from the next generation of West Virginians, we are reprinting their essays on the following pages. The essay from our winner is identified by name; the remaining four are identified by high school and county.

As part of our efforts to help bring awareness to the opioid issue and ways orthopaedic surgeons can help reduce the problem, we will be sharing this issue of the newsletter with members of our congressional delegation during the National Orthopaedic Leadership Conference in June.

The Joosh Tuck Scholarship is a one-time-only $2500.00 scholarship. We would like the thank the West Virginia Orthoapedic Society for contributing the funds for the 2019 scholarship while WVAOE builds the scholarship fund for future years.



By Josh Tuck Scholarship Recipient Derek Johnson

Opioid Issues Within My Community

Why do people do drugs? For some people, it is because their friends and family do it, so to them it is normal. Then, one bad decision leads to another, and you're hooked onto them. Once people let drugs consume their life, it is nearly impossible to quit. It is not only embarrassing, but it is also dangerous that the city of Huntington is the overdose capital of America. Now, whenever someone asks where you are from you might be timid to answer, because you don't know what they think about Huntington. The fact that needles and pills could be loose out in parks, parking lots and many other public places is completely unacceptable. Here in Huntington we have double the national average of overdoses, which is a horrid statistic that represents our city. The access West Virginians have to opioids is growing at a rapid rate. The question is, how do you reduce this drug epidemic?

Drugs are becoming more of a problem in Huntington, and we clearly need to make some drastic changes. This problem is very complex, so the only way to fix it is with a complex solution. To fix this, I would have people manning phones, have more people on computers searching and setting up maps of where they think it is happening. Also, I think we should have patrolmen on the streets. Policemen could be on phones posing as drug buyers, set up a drug deal and arrest them in the act. This would open opportunities to create huge drug arrests and take people out. Taking out the drug dealers would then limit the drug users. The more that we research on computers, maps and phones would help guide our patrolmen where to search the streets that drug dealers work. Some people might feel that this action is very bold, but with all the lives that we have terribly lost we need to take some major actions. If these actions do not fix the problem, then we could call the National Guard or Army. This might work better for the plan that I have came up with, because most police stations do not have enough officers to fulfill all these duties. Plus, the National Guard and Army members are trained and highly equipped to stop the drug epidemic. These are the solutions I have came up with to help this drug and opioid problem.

The opioid problem in Huntington is out of control. This problem is mortifying to our community and what we represent. The plan I came up with to fix it is to have people manning phones, have more people on computers and have more patrolmen on the streets. If this solution doesn't work then we can bring in the National Guard and Army in to help with this opioid epidemic.

"Here in Huntington we have double the national average of overdoses, which is a horrid statistic that represents our city."

By Woodrow Willson, Raleigh County, Scholarship Applicant

Three Foundations of Happiness

"It is disconcerting to see once beautiful areas...having to be cleaned routinely due to the number of needles left lying around."

My community is a proud community. However, over the years opioid abuse has become more prevalent. It is disconcerting to see once beautiful areas such as parks and cemeteries now having to be cleaned routinely due to the number of needles left lying around. As well, we see many people hiding in the corners looking to carry out drug deals. According to "Time Magazine," drug overdoses kill more than 64,000 people a year, and the nation's life expectancy is now falling for the second year in a row.

There are several things that could be done to help with this crisis. In my opinion, there are three things that happiness depends on. Those things are having something to do, someone to love and something to look forward to. According to various news outlets, addicts report that using heroin is like being in a relationship with a person they love, and they cannot bear the thought of letting that go. They look forward to being with heroin each day. Treatment centers must be compassionate and provide emotional counseling to combat this type of faulty thinking.

As it relates to the idea of having something to do, I feel that leadership needs to build more long-term treatment centers that seek to help individuals not only get off opioids but reenter society. This can be done through job training and even job placement. Addicts have also been recorded as saying that they go to detox but it is so overcrowded they cannot go to the next step in the program even if they wanted to. Hence, the need for more impactful treatment centers to be built.

Also, helping offenders to find housing during a transition back into society would be beneficial. It is too easy for people to go through a treatment center and then be placed right back into the very same situation they were in with no place to live, surrounded by the same people still using and selling drugs. By providing assistance with finding a job they have been trained to do, it will give them something to look forward to, but decent housing will be needed until a person can hold down a job long enough to be self-sustaining.

Proactive steps such as these must be taken to begin making a dent in this nation's crisis. Here in West Virginia, Judge Gregory Howard, who presides over drug court in Cabell County was quoted as saying, "Just putting somebody in jail is not really going to cure the problem... we' re trying to get them back with their families, back to working a job and contributing." Only time would tell if seemingly simple steps such as these

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By Shady Spring, Raleigh County, Scholarship Applicant

West Virginia's Cry for Help

The opioid epidemic has been impacting West Virginia's families for years. I am able to relate personally to this topic, due to the fact my own family has been affected by this catastrophic issue that is going on in our state. In 2010, jobs in the coal mining industry were very scarce, and both of my cousins, who have battled with opioids, worked in the industry. By 2012, they had both lost their jobs, and this is when their battle began. They fought with severe depression for many years, turning to opioids to cope with the fact West Virginia's economy was in a downhill spiral. My youngest cousin decided in 2016 he was going to overcome his issue; he entered into a rehab facility, and is now opioid free. Unfortunately, my older cousin is still struggling to overcome his debilitating addiction.

Some families have not been as fortunate as mine with battling this issue, because "West Virginia was over 2.5 times the national average of 19.8 overdose deaths for every 100,000 people" (Kounang). We as a state need to understand that opioids are too easy for their abusers to obtain. According to Lopez, "Between 2006 and 2016, out-of-state drug companies shipped nearly 21 million opioid painkillers to two pharmacies in Williamson, West Virginia, population 2,900" (Lopez). This is one example of something that should have raised a red flag for the FDA, considering the the discrepancy between the population and the painkillers distributed in Williamson.

The federal government is just now, in 2018, recognizing it as an actual epidemic. President Trump is currently holding Health and Human Services responsible, and has charged them to focus their efforts on five major priorities to reduce this opioid epidemic. These five major priorities that they have developed include the following: addiction prevention and recovery services, better targeting of overdose reversing drugs, better data, better pain management and better research.

West Virginia needs to focus on these five actions more than any other state; our people are crying for help. We are leading the nation in the rate of drug overdose deaths for not only 2017, but for years in the past. We need to make sure those who are struggling can get help; they must realize that addiction does not have to control their lives. It is crucial that we fight this fight along side of them so they become drug free, then we need to get them back into the work force. An article on Business Outsiders stated, "Opioid abuse was further exacerbated by a declining economy and heavy job loss in the state over the last 20 years" (Jacobs). West Virginia needs to follow three important steps: reducing the

Cry for Help Cont. on pg. 8

"We need to make sure those who are struggling can get help."

By Braxton County High School, Braxton County, Scholarship Applicant

Try Natural Remedies Before Drugs

"I believe that we should start by giving further training to doctors."

I am from Braxton County, West Virginia. I have grown up in an area where the opioid crisis has become increasingly prevalent over the years. As a young adult getting ready to start her own life, I personally do not want my children to grow up around all of the negative influences associated with the opioid crisis. I would like to change the opioid crisis, not just for myself, but for other concerned citizens as well.

I believe that we should start by giving further training to doctors. Doctors should only prescribe opioids to those who are in dire need of them. For patients who do not need them as bad, doctors should prescribe remedies that are more natural, such as referring patients to a physical therapist (PT). After trying the natural remedies, patients who have no other choice than to be prescribed opioids for long-term use should have to have periodic or random check-ups to ensure that they are still in need of the medication. By taking these steps, there should be a reduction in the rate of addiction for opioids.

I believe that PTs under-utilized and inaccessible. They are also, however, one simple solution to the issue at hand. Rather than trying to find a nonprescription alternative, doctors tend to prescribe opioids to try to provide immediate relief. While opioids do provide immediate relief to most patients, it does not provide a long-term solution. As a result, the patient will return with the same pain wanting another opioid prescription. As it is right now, the doctor must refer you to a PT. If they were more accessible to the public, then I believe that more people would go to the PT rather than going to the doctor for a prescription. This would reduce the amount of prescription opioids, thus reducing the addiction rate for prescription opioids.

With all of the other pieces of the solution in place, informing the public would increase the rate of people willing to go to the PT. One singular person cannot solve the opioid crisis; several people need to be willing to join the fight. I believe that the public should be more informed about the alternative options to opioids. In general, I feel the public does not understand how easy it is to become addicted to opioids. The public needs to become more aware of the side effects of the medicines they are taking and alternatives to these medications should be more readily available.

In conclusion, I believe that the opioid crisis is an issue that is easy to fix. We could implement all of the above pieces with cooperation between doctors, PTs and the public. With cooperation, we will have a permanent solution and a better future world.

By Shady Spring High School, Raleigh County, Scholarship Applicant

Current Efforts Not Working

The opioid epidemic is highly severe in southern West Virginia and is also severe in the coal fields and as bad as the problem is, it has been acknowledged and there are ways they are trying to fix it such as awareness programs in schools and having rehab clinics. In my opinion, they aren't working and it is because the opioids are so easy to get, as long as you know where to go get them from. Clinics hand them out like it is not a big deal, for the most part, and because of the standard living in the southern portion of the state, it effects us more. The economy is hard and people are losing their jobs so they are working harder jobs which gives a higher risk of getting injured which then increases the likelihood of getting addicted. Also, because it is so easy to get opioids, it's easy to feed their addiction. Police officers and ambulance drivers are now able to carry the drug Narcan, which combats the effects of opioids due to all the overdoses. I feel one of the best methods to stop opioid abuse is to highly regulate the writing of prescriptions. If we stop people from being able to get the pills in a legal manner and then also getting addicted in the first place, they will either turn to rehab and get the help that they need or they will turn to illegal methods of getting them and then being caught and punished and helped through prison or rehab to receive what they need. Texas, for example, puts a limit on the number of pills you can be prescribed a year and therefore it limits how much can be given out for medical purposes. Also, I would shut down state methadone clinics because they are so abused and taken for granted and leave only regulated rehab centers the privilege of using methadone for the detox process. I would also recommend there be more funding for the drug courts of West Virginia so they can effectively do their job, and on the other end open up more resources through the drug courts to get people the help they need and rehab needed. I would not recommend forcing rehab as a punishment in drug court because it is a proven fact that forced rehab does not work, also I would make fines and jail time more severe for repeat offenders. Then lastly, I would improve the school programs and preemptive measures already in place such as D.A.R.E. and with a growing economy and the right changes and with the right provisions the standard of living would increase and the population effected by the epidemic would decrease.

"The opioid epidemic is highly severe in southern West Virgiinia."

By Daniel Grant, MD, WVU Pediatric Orthopaedist

WVU Studying Childrens' Issues

"At WVU, we realize the importance of the opioid epidemic affecting our state."

The WVU Department of Orthopaedics has taken an active interest in the opioid epidemic in the state. We have performed and are currently performing studies evaluating the orthopaedic surgeons' role in decreasing narcotic prescriptions and availability to patients, especially for pediatric patients. In a study published in the "Journal of Bone and Joint Surgery (JBJS)" in 2016 ("Are we prescribing our patients too much pain medication?"), an author from our institution, in coordination with Dupont Hospital for Children, evaluated the typical pain course and narcotic use in pediatric patients after they had left the hospital following spine fusions. This was one of the first studies looking at the outpatient postoperative course and its relationship with narcotic use in pediatric orthopaedic patients. It provided valuable information on the average amount of pain medication needed for major surgery in children. It also revealed that many children were receiving more medication than was necessary post-operatively. Following this study, we have continued our work.

In a pilot study, we evaluated postoperative narcotic disposal counseling for pediatric orthopaedic patients. We discovered that approximately 60% of patients dispose of their mediations with no counseling, but 90% indicated that they did so with counseling. Following this pilot study's model, we are increasing the scale and evaluating it for the entire Children's Hospital in a currently ongoing study.

At WVU, we realize the importance of the opioid epidemic affecting our state. We are actively studying ways to alter its course. These are some of the studies that we are actively pursuing in relationship to this. Hopefully more will also be coming in the future as we look to help protect our patients moving forward in the future.

Cry for Help

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number of opioids, enrolling them into addiction prevention classes and guiding them to a steady job. If my older cousin could go through these three steps, I truly believe that it would change his life around.

Three Things

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would work, but counseling, job training and placement, and transitional housing would be a good start to showing addicts that as a society we do care about them and we want to help them be functional and productive members of society once again.

By Felix Cheung, MD, Associate Professor, Marshall University

Multi-state Compliance Is Tricky

Along with many of you, Marshall Orthopaedics sits at the epicenter of the opioid crisis. Not one day goes by without consults for osteomyelitis or abscesses directly caused by IV drug use. As a tertiary referral center in a border county, we get a lot of patients from neighboring states. In the rush to "do something" about the crisis, each of these states have implemented a different set of laws designed to curb the epidemic, but this has created a confusing landscape for prescribers. While prescriptions written in West Virginia are only bound by federal and West Virginia law, we have found that many of our patients use pharmacies in their home states, which refuse to fill the prescription if they are not compliant with their state's laws. This can lead to confusion, poorly controlled pain and bad patient care. It is important we either counsel the patient to have their prescriptions filled in West Virginia, or we understand our border states' rules and provide more acceptable prescriptions.

We will go over a case of a 65-year-old male who underwent an uncomplicated total knee replacement in West Virginia with three residential scenarios.

West Virginia Resident

Doctors may prescribe up to seven (7) days of any Schedule II controlled substance after a surgical procedure for the lowest effective dose in the medical judgement of the provider.

After six (6) days, a subsequent prescription may be written if the provider documents why it is needed, and that it does not present an undue risk of abuse, addiction or diversion. Additional documentation must include a discussion with the patient why the prescription is needed, alternatives available and risks of addiction even if taken as prescribed. (SB 273)

In this example, we would write for Tylenol 500mg Q4H #42; Tramadol 50mg Q4H #42; Oxycodone 5mg 1-2 tabs Q6H prn #56. If the patient called after six (6) days for more meds, we would see the patient in the office to discuss the required issues and document in the medical record before prescribing more narcotics. The law is unclear as to whether this can be done over the phone; also unclear is for how many days the subsequent subscription can be written. Clarifications should be on the WV Board of Medicine website when available.

Ohio Resident

Doctors may prescribe opioid analgesics up to seven days, no more than 30 Morphine Milligram Equivalent (MME) per day EXCEPT after major orthopaedic surgery (and other conditions not relevant

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"Laws in border states can create a confusing landscape for providers."

Confusion

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here). The script must include the CPT or ICD10 code and have the days of duration.

The MME for oxycodone is 1.5, hydrocodone is 1.0, and tramadol is 0.1. So oxycodone 5 is 5 x 1.5 = 7.5 MME. So the maximum prescription is Oxycodone 5mg Q6H #28.

In this example, because a TKA is generally considered a major orthopaedic surgery, we can write for Tylenol 500mg Q4H #42; Tramadol 50mg Q4H #42; Oxycodone 5mg 1-2 tabs Q6H prn #56., seven (7) days' duration, and put the CPT code 27447. (We can still only write for one week's worth since the script was written in West Virginia, but the major ortho surgery exemption allows the Ohio pharmacy ignore the MME requirement.) The statute is unclear as to what procedures are considered MAJOR orthopaedic surgeries, and for how many days that initial post op prescription can be written with that exemption. The State Medical Board of Ohio will have clarifications as they are available.

Kentucky Resident

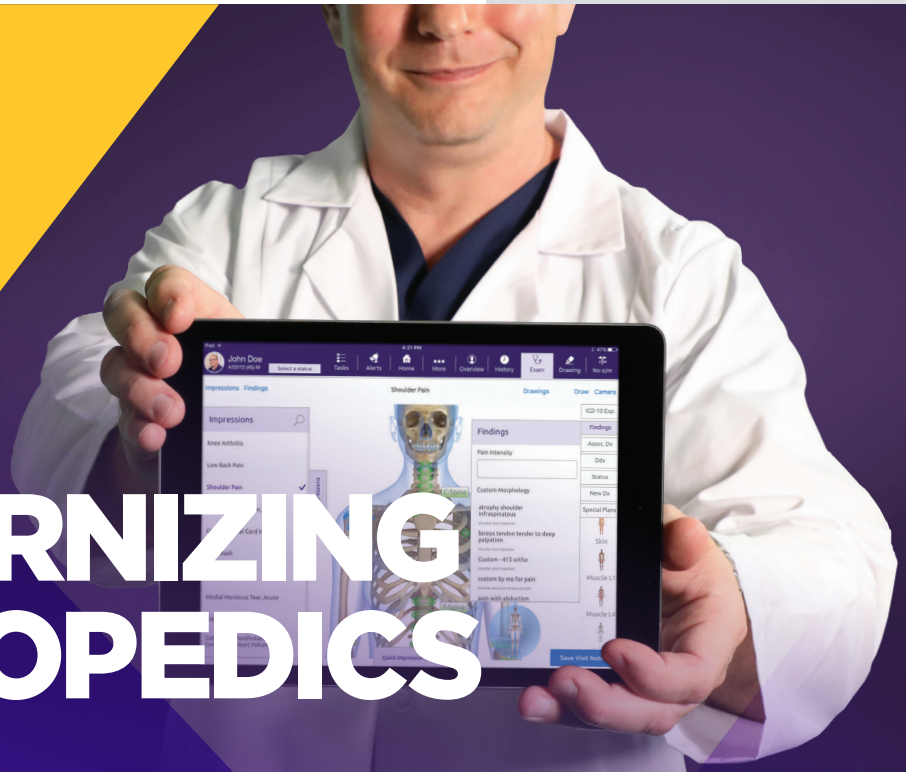
Doctors may prescribe opioid medicines for up to 14 days after major surgery or significant trauma or up to three (3) days otherwise, unless more is needed in the provider's medical judgement.

In this example, because a TKA is generally considered a major surgery, we can write for Tylenol 500mg Q4H #42; Tramadol 50mg Q4H #42; Oxycodone 5mg 1-2 tabs Q6H prn #56. (Again, we can only write for one week's worth due to the script being written in West Virginia, but the major surgery exemption allows the Kentucky pharmacy to fill more than three (3) days' worth.) The bill is unclear as to what constitutes major surgery or significant trauma or what medical judgements allow for more narcotics. The Kentucky Board of Medical Licensure will issue clarifications as they become available.

In summary, compliance with the various state laws provide another layer of complexity as we deal with the opioid crisis. While all scripts written in West Virginia need to follow West Virginia state law, they can be modified to help patients get their medicines filled in their home pharmacies. We have reviewed the different laws in West Virginia, Ohio and Kentucky; review of the other border state laws in Pennsylvania, Virginia and Maryland can be conducted by facilities closer to those states.

The best practice for surgeons performing major orthopaedic surgeries along the Ohio and Kentucky borders seems to be limiting the prescription to one (1) week, including the duration in days, and writing a CPT or ICD 10 code on the script.

"Compliance with various state laws provide another layer of complexity as we deal with the opioid crisis."



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Opioid Issue

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updated best practices. Many recommendations are available at the Academy website www.aaos.org/aaosnow/.

So what to do?

- Setting expectations early with patients is important.
- Clearly stating the practice's opioid prescribing policy on its website, appointment packet and signs in the office can set the tone.
- A uniform answer from staff on pain medication requests from patients is also helpful.
- There is myriad new state legislation on prescribing opioids and understanding these is paramount to prescribing habits.
- Ideally, pain management specialists should be involved for chronic pain situations.
- Monitoring programs are increasingly popular including urine drug screens and pill count documentation.
- One strongly recommended practice is to clearly describe the medication's side effects, especially addiction and sedation.
- Document the discussion and offer hard copy companion materials if available. This can include the usual recommendations for duration of use, a program for tapering, disposal options for unused pills and non-opioid alternatives.
- It is important that the patient understand that some pain is OK and expected.

Prescribing opioids is a common necessary practice for most orthopedic surgeons. We need to be aware of the risks these medications pose to our patients and the community at large. The recent new laws and regulations around opioid prescribing means that some of these risks extends to prescribers themselves. We must all do better in the future…

No Bones About It
is published four times a year by the
West Virginia Orthopaedic Society (WVOS).
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