

RISK MANAGEMENT ARTICLE

Managing Medication Issues, Part Two

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In Part One of *Managing Medication Issues* we discussed the increased professional liability exposure that patient sedation brings to your practice and provided steps you can take to minimize this exposure.

In Part Two, we will examine two additional medication related issues: drug seeking patients and the impact of implementing an electronic prescription protocol.

The Drug-Seeking Patient

Drug overdoses in the U.S. have reached epidemic proportions. Deaths from overdoses are on the rise among men and women of all races and ages. According to the Centers for Disease Control, over 28,000 Americans died from drug overdoses in 2014, more than any other year on record. At least half of those deaths involved a prescription for a highly addictive, pain-relieving opioid such as Percocet, Vicodin and OxyCotin.¹

There may be patients, or potential patients, whose sole purpose in visiting you is to seek out drugs. According to the Drug Enforcement Agency:

- You have a legal and ethical responsibility to uphold the law and to help protect society from drug abuse.
- You have a professional responsibility to prescribe controlled substances appropriately, guarding against abuse while ensuring your patients have medication available when they need it.
- You have a personal responsibility to protect your practice from becoming an easy target for drug addicts. You must become aware of the potential situations where drug diversion can occur and enact safeguards to prevent this diversion.

How to Identify a Drug-Seeking Patient

While this list is not all inclusive, the following are some of the key behaviors to watch out for:

- Must be seen right away;
- Wants an appointment toward end of office hours;
- Calls or comes in after regular hours;
- States he/she's traveling through town, visiting friends or relatives (not a permanent resident);
- Feigns physical problems, such as abdominal or back pain, kidney stone, or migraine headache in an effort to obtain narcotic drugs;
- Feigns psychological problems, such as anxiety, insomnia, fatigue or depression in an effort to obtain stimulants or depressants.
- States that specific non-narcotic analgesics do not work or that he/she is allergic to them;
- Contends to be a patient of a practitioner who is currently unavailable or will not give the name of a primary or reference physician;
- States that a prescription has been destroyed, lost or stolen and needs replacing;
- Deceives the practitioner, such as by requesting refills more often than originally prescribed;

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- Pressures the practitioner by eliciting sympathy or guilt or by direct threats;
- Utilizes a child or an elderly person when seeking methylphenidate or pain medication.

If you suspect your patient is seeking drugs, do not:

- "Take their word for it" when they exhibit suspicious behavior.
- Dispense drugs just to get rid of drug-seeking patients.
- Prescribe, dispense or administer controlled substances outside the scope of your professional practice or in the absence of a formal dentist-patient relationship.

Remember, you have an ethical obligation to avoid becoming an enabler.

What Can You Say To A Drug-Seeking Patient?

In confronting a drug-seeking patient, Shawn Williams, the acting medical director at Willingway, a Georgia-based addiction treatment center, said he begins the conversation by stating, "I am concerned about writing for further narcotics or controlled substances for you. I'm more than willing to take care of your medical needs, including your pain. But, it will involve non-controlled substances at this point."²

You may want to use a similar statement with anyone you feel may be a drug-seeker.

What Should You Do Next With A Drug-Seeking Patient?

- Perform a thorough examination appropriate to the condition and document results.
- Request picture I.D., or other I.D. and Social Security number. Photocopy these documents and include it in the patient's record.
- Call a previous practitioner, pharmacist or hospital to confirm the patient's story.
- Confirm the current address and telephone number, if provided by the patient.
- Write prescriptions for limited quantities.

Utilize your State's Prescription Drug Monitoring Program

All states, except Missouri, have some type of Prescription Drug Monitoring Program (PDMP). The PDMP is an electronic database that collects information on controlled substance prescriptions dispensed within a state.

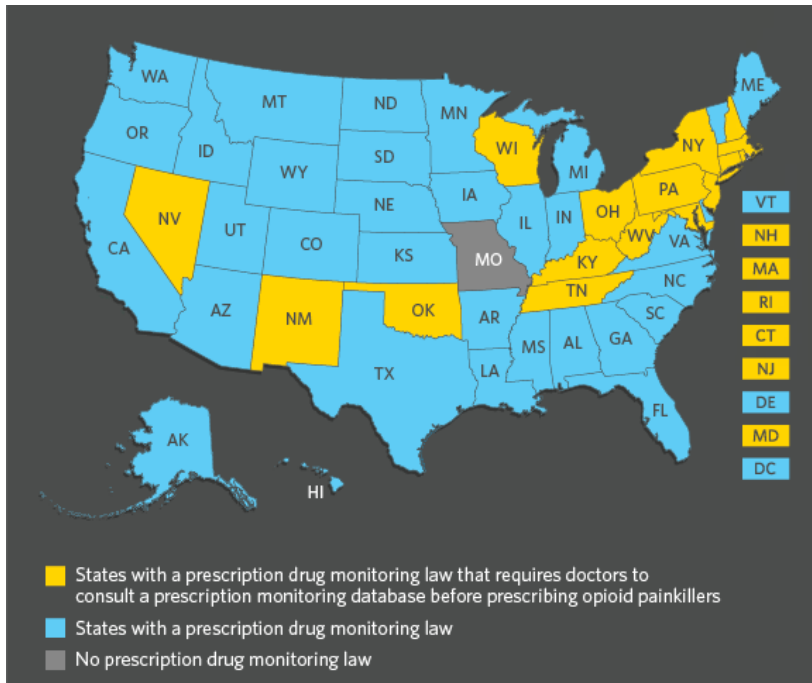
This data is reported on a daily basis by retail pharmacies and can act as an early warning system for prescribers to avoid dangerous drug interactions—and to learn if their patient is going from doctor to doctor seeking multiple prescriptions to abuse or to put these drugs up for resale.

The mission of a typical PDMP is not to infringe on prescribing controlled substances by medical practitioners, it is designed to spot potential problems by giving the prescriber the capacity to review a patient's prescription history thereby assisting in providing effective treatment.

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States with Prescription Drug Monitoring Programs³

Criticisms of these programs include:³

- There can be a significant time lag before information gets posted to the database
- Most states with a program do not require prescribers to check the PDMP
- State medical societies argue against mandatory requirements saying they interfere with the practice of medicine
- Data is not shared across state lines, allowing drug-seekers to get around the system
- Some legislators, like those in Missouri, argue the system violates patient privacy rights
- Patients in the federal system (e.g. VA hospitals) are not included in most state systems

Does Prescription Drug Monitoring Work?

In the states where prescribers are required to use the PDMP the number of opioid prescriptions being written has decreased dramatically, as have drug-related hospitalizations and deaths by overdose. These states have also seen an increase in addiction treatment as doctors refer patients to treatment centers.³

- In Kentucky, Vicodin prescribing dropped 13%, Percocet dropped 12%, Opana dropped 36% and Ultram dropped 12% the first year the PDMP was implemented³
- Also in Kentucky, overdose hospitalizations declined 26%, and prescription opioid deaths dropped 25%, according to a March 2016 report³
- After New York required prescribers to use the PDMP within one year they saw a 75% drop in the number of patients with drug-seeking behavior¹

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The Impact of Electronic Prescriptions

Over the past 5 years, computer-based, electronic generation, transmission and filling of prescriptions (e-prescribing) has become widely adopted, replacing paper and faxed prescriptions. The advantages are numerous:

- Decreases prescribing and medication errors, increasing patient safety
- Increases patient medication convenience and compliance
- Avoid illegible handwriting
- Eliminates attempts to fraudulently alter prescriptions
- Results in fewer call-backs from pharmacies
- Reduces paperwork, increasing efficiency
- Builds a more complete medication history
- Implements a warning and alert system at the point of prescribing
- Results in time and cost savings for all involved

Be Aware of Negative E-Prescribing Perceptions

Even though 83% of doctors prefer e-prescribing to traditional paper prescriptions, some patients have negative perceptions about the e-prescribing system.⁴

Researchers at the Purdue University College of Pharmacy found that, "...patients with negative e-prescribing perceptions and experiences primarily expressed concern about loss of control in the medication-use process, misdirected prescriptions, and reduced communication with prescribers and pharmacists."⁴

Patients may feel that they have lost some control in the e-prescription process. They may not have a pharmacy that they go to for their prescriptions, or may they have filled prescriptions at multiple pharmacies in the past.

Communication here is the key. Implementing an e-prescription process requires an additional conversation with your patients. Once you explain the process you should be able to overcome any issues or objections your patients may have.

In summary, use the information outlined in this article to become more aware of drug-seeking patients behavior and use the tools described to refrain from becoming an "enabler." Embrace the benefits of electronic prescriptions and convey them to your patients. Above all, when using medications in your practice, confirm that your patients understand your instructions. Doing so will help increase patient safety and reduce your malpractice exposures.

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Resources:

¹"Injury Prevention & Control: Opioid Overdose," Centers for Disease Control, www.cdc.gov, March 16, 2016.

²Weber, Steph, "Why Physicians Must Confront Drug-Seeking Patients," www.physicianspractice.com, December 8, 2014.

³Vestal, Christine, "States Require Opioid Prescribers to Check for 'Doctor Shopping,' Pew Charitable Trust, May 9, 2016.

⁴Frail, Caitlin K.; Kline, Megan; Snyder, Margie E., "Patient perceptions of e-prescribing and its impact on their relationships with providers: A qualitative analysis," *Journal of American Pharmacists Association*, November-December 2014.

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