

TESTIMONY

Before The

CENTER FOR RURAL PENNSYLVANIA

On

CONFRONTING THE HEROIN/OPIOID EPIDEMIC IN
PENNSYLVANIA

On

APRIL 21, 2016

Justin W. Troutman, PharmD
Clinical Pharmacist
Pain Management
Geisinger Health System
100 N Academy Ave
Danville, PA
Phone: 570-808-3574

Erica Kramer-Smith, MA
Pain Management and
Addiction Outreach Specialist
Geisinger Health System
100 N Academy Ave
Danville, PA
Phone: 570-808-3574

Senator Yaw, on behalf of Geisinger Health System, I would like to thank you for inviting me today speak on the growing public health problem of opioid and heroin addiction. It is a problem that has reached epidemic proportions. I appreciate the opportunity to voice support for your tireless efforts and leadership on an issue affecting one of our most vulnerable populations, chronic pain patients.

My name is Justin Troutman. I am an ambulatory clinical pharmacist, currently representing our pharmacy medication therapy disease management (MTDM) services at Geisinger Health System. My devoted specialty is treating chronic pain patients in outpatient clinics. I was asked to share what our health system (specifically our ambulatory pharmacy division) is currently doing to fight this epidemic. Geisinger is an integrated health delivery network with a mission to provide the best health care to those we serve. A full overview of Geisinger is included at the end of my testimony.

I believe everyone in the assembly understands the scope of the issue. The statistics are undeniable. There is a definite need for action on many fronts to address this growing concern. Patients, pharmacists, doctors and other health care providers, patient family members, health plans, community based organizations, employers, and the government **must all work together** to formulate and implement solutions.

Geisinger's ongoing efforts to address the opioid epidemic. At Geisinger, we are committing to making a difference in the problem and have implemented a multifaceted approach involving not only Geisinger employees, but the community at large. Through our MTDM pain management program, we have worked to address pain appropriately and systemically lower opioid prescribing by incorporating clinical pharmacists directly into the outpatient care of chronic pain patients. We have supported the placement of outpatient care clinics for recovering addicts in Wilkes-Barre and Scranton. Being an integrated delivery system with a health insurance arm, we have the capacity to see the types of medications our patients are prescribed, how much and where our patients are filling controlled substances. This information allows us to look across our patient population for anomalies (as suggested by the Commonwealth) for potential overprescribing within our health system, doctor shoppers, and identification of clinic sites where pain management education is desperately needed.

For many years, pharmacists within our system already were very successfully managing patients with diabetes, high blood pressure, high cholesterol, and blood thinners to prevent clotting. We saw an opportunity and recognized that pharmacists could play a key role in the outpatient care of chronic pain patients and possibly have a significant impact on this growing public health issue. Under the support of insightful and intuitive leadership, we embedded specialty trained pain management pharmacists at two pain clinics in our system. The pharmacists are responsible for guiding the providers pain treatment plans to ensure appropriate and responsible prescribing of opioid medications and other treatments. It did not take long for this service to gain popularity among family practice physicians, mid-level providers, nursing, and ancillary staff. In just a short time our pain management division grew in leaps and bounds, eventually resulting in the placement of 5 full time pharmacists at 12 different clinics (both family practice and pain clinics), spanning from Lewistown to Schuylkill County to Wilkes-Barre/Scranton. We already know that pharmacists have the ability to save the health care system money, but they also do it while delivering exceptional disease management and patient satisfaction. The VA had already shown that a single pharmacist managing chronic pain can save up to \$455,285 annually to healthcare plans¹. Being on the forefront of healthcare innovation, we also realized that tracking provider and patient oriented outcomes was going to be critical to the success of the program. We tracked longitudinal outcomes for patients enrolled under the care of these pharmacist managed clinics and compared them to traditionally managed pain patients that patients typically receive in the primary care setting. Patients in both groups were matched for similar baseline characteristics. Over the course of 1 year, a 50% reduction in opioid consumption was seen in pharmacist managed patients. Over the same time period, we

saw an 18% increase in opioid consumption for traditionally managed patient. Not only did our pharmacists demonstrate a statistically significant reduction in opioid consumption, but also a statistically significant reduction in emergency department visits compared to the traditionally managed group.

When implementing a service such as this, gathering feedback is important. Through discussion with leadership and clinical staff we received gracious feedback. Primary care providers were able to spend less time discussing pain medication issues with patients and spend more time managing their complex comorbidities. We are beginning to see more consistency and rationality in opioid prescribing within our system. The pharmacists' presence alone has allowed increased communication between patients and their providers. The pharmacists enforce responsible prescribing, and medication use agreements (also called opioid agreements/opioid contracts) are strictly enforced. More patients are being held accountable with random pill counts and random urine toxicology screening. Because pharmacists are able to assess the medical appropriateness of each patient's medication regimen, we can also perform opioid risk assessments to determine if this is the right drug for the right patient. Because of work load and time limitations, this is rarely done in primary care setting and can have a significant impact on the rationality of prescribing opioids for pain.

A very complex issue requires creative solutions, and through creative thinking we are finding alternative ways to manage chronic pain while maintaining the satisfaction of our patients. With the success of our pain management pharmacist program, we were able to find additional funding to incorporate a clinic embedded addiction specialist in geographical areas of highest concern for opioid misuse, abuse, and diversion. By combining efforts of both the pain management pharmacist and pain/addiction trained therapist for every patient enrolled in our pain management program, we are hoping to further demonstrate how a multifocal approach can find safe and effective treatment options for our chronic pain population. With the addition of the addiction outreach counselor we plan to devote more time to thoroughly screening individuals for potential risk factors as well as completing on going screening and assessment throughout the course of treatment to allow for early intervention, reduction of risk and an improvement in overall patient satisfaction. Risk factors being examined include both individual and family history of mental health and substance use disorders, financial stressors, transportation issues, social barriers, food insecurities and presence of prescription medication in the home. This effort not only allows us to more clearly identify patients at risk for addiction, it provides us with an opportunity to better serve unique patient needs that will, in turn reduce risk potential. It also allows us an opportunity to educate individuals on safe storage and proper disposal of medication. If risks are identified, we are in a unique situation to offer community resource information to assist in the problem areas identified. We can also, in a live visit, assist the patient in navigating a complex system to schedule an appointment with a local Mental Health or Substance Use disorder agency to avoid a delay in services. Finally, it allows us to empower each individual patient in their pain management care.

Chronic pain can be debilitating and strip individuals of their sense of worth. Our goal in implementing a multidisciplinary approach to pain management is to not only minimize the risks associated with opioid abuse and diversion but also to take an active role in treating the whole person and improving their quality of life. By linking characteristics to the patient's pain assessment, we can make more informed and rational decisions on treatment when considering treatment with medications. Though the program has only been operating for about 1 month, we are already identifying more patients with substance use disorders and medication related misuse and are better equipped to refer these patients to appropriate local treatment facilities for addiction while optimizing their pain management treatment plans. This effort is our way of promoting and ensuring rational prescribing without our family practice clinics in our areas of highest concern. Feedback has been quite positive thus far and we are hoping to report very positive outcomes over the coming years.

On behalf of myself and Geisinger Health System, we strongly support your tireless efforts to address this important societal problem. We believe that our solution for prevention and identification of opioid addiction has worked, it continues to work, and we will continue to find ways within our health system to support these methods. Thank you again for inviting me to speak here today and deliver this testimony.

Geisinger Health System is an integrated health services organization widely recognized for its innovative use of the electronic health record and the development of innovative care delivery models such as ProvenHealth Navigator® and ProvenCare®. As one of the nation's largest health service organizations, Geisinger serves more than 3 million residents throughout 45 counties in central, south-central and northeast Pennsylvania, and also in southern New Jersey with the addition of AtlantiCare, a National Malcolm Baldrige Award recipient. The physician-led system is comprised of approximately 30,000 employees, including nearly 1,600 employed physicians, 12 hospital campuses, two research centers and a 510,000-member health plan, all of which leverage an estimated \$8.9 billion positive impact on the Pennsylvania economy. Geisinger has repeatedly garnered national accolades for integration, quality and service. In addition to fulfilling its patient care mission, Geisinger has a long-standing commitment to medical education, research and community service.

¹ Ngamkham S, May-Jun 2011;3:228-37.