

3rd Annual Prescription Drug Abuse Symposium

*Targeting Strategies to Curb  
the Epidemic in Indiana*

# Driving Increased Use of INSPECT Through INPC Integration

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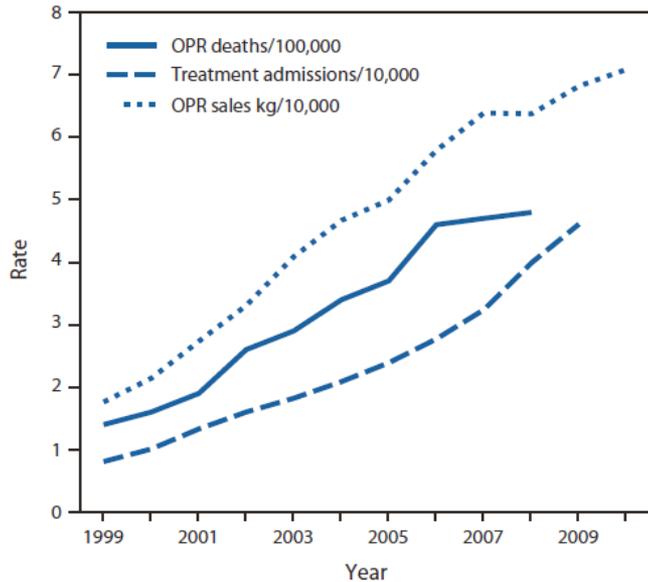
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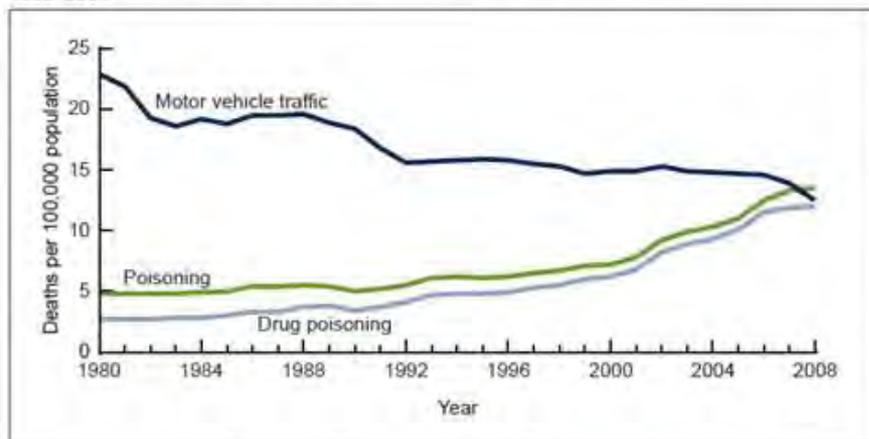
INDIANA UNIVERSITY

School of Medicine  
Department of Emergency Medicine



- The Centers for Disease Control and Prevention (CDC) declared that deaths from prescription painkillers now outnumber deaths from heroin and cocaine combined
- In 2010, U.S. pharmacies dispensed 69 tons of oxycodone and 42 tons of hydrocodone—enough for each American to receive 40 Percocet and 24 Vicodin
- Poisoning now exceeds deaths from motor vehicle accidents

Figure 1. Motor vehicle traffic, poisoning, and drug poisoning death rates: United States, 1980–2008



NOTE: In 1999, the International Classification of Diseases, Tenth Revision (ICD-10) replaced the previous revision of the ICD (ICD-9). This resulted in approximately 5% fewer deaths being classified as motor-vehicle traffic-related deaths and 2% more deaths being classified as poisoning-related deaths. Therefore, death rates for 1998 and earlier are not directly comparable with those computed after 1998. Access data table for Figure 1 at [http://www.cdc.gov/nchs/data/dataohs/0581\\_tables.pdf#1](http://www.cdc.gov/nchs/data/dataohs/0581_tables.pdf#1). SOURCE: CDC/NCHS, National Vital Statistics System.



*...I'm not addicted to them!  
I just can't live without them...*

- 26 yr old with chronic LBP
- 2 years of LBP since MVA
- Out of Norco “~2 days early”
- Friday afternoon
- “just need 20 or so until...”
- Same story 8 months ago
- Cocaine positive 2008





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## **Wishard's Pain with Opioids: Data from 60 ED, PCP and Hospitalists**

83-93%

mild to significant lower job satisfaction with  
treating patients on chronic opioids



# Physician Survey

- % Pts functionally improve with chronic opioids
  - 16 % of PCPs feel > 50 % show improvement
  - 19% feel 0-15 %
  - 38 % feel 15-30 %
  - 27% feel 30-50 %
- 93% feel chronic opioid patients disrupt clinical functions
- 70% of MDs felt co-morbid addiction 15-50 %
- Missed opportunities for recognizing and treating SUDs



## Wishard's Findings

1. Opioid use is excessively high
2. Chronic opioid use not improving anyone
3. Functional recovery too low to justify risks
4. Failure to screen and treat:
  - Mental illness
  - SUD/risk of aberrancy
5. PCP/ED impaired with chronic opioid care
- 6. Actions are required to correct current practices**



## **System-wide Approach to the Issue**

- Primary Care decrease in use of chronic opioids with increased monitoring
- Emergency Department increased awareness, objective monitoring, and consistent approach
- Primary care and specialist access
- IT resources are essential



## Old school...

- 1. Clinician must have reason/rationale
  - 2. Clinician must find terminal/workstation
  - 3. Then must navigate to INSPECT website
  - 4. Log In / Provide credentials
  - 5. Enter patient demographics (including home address)
  - 6. Submit
  - 7. Review
- ~ 5 minute process



## New school...

- Patient presents to Wishard ED
- The registration process triggers an automatic request for INSPECT data
- INSPECT data is integrated into our Careweb browser

**All Results**  
Flowsheet  
Clinical Synopsis  
REPORTS  
**ALL REPORTS**  
Admission/Discharge  
Cardiology  
Vascular Lab  
*Operative*  
*Pathology*  
Radiology  
Visit/Procedure/Progre  
Nurse/PA/PT/OT/Diet  
*Cytology*  
*GI Procedures*  
Legal/Letter/Consent/I  
Progress Notes  
*Psych Eval Note*  
Reference Lab Info  
Scanned Documents  
*Primary Care Managen*  
Face Sheet  
Appointment History  
Orders  
ENCOUNTERS  
Brief  
Detailed  
PRESCRIPTIONS  
Inpatient  
Outpatient  
*Advance Directive*  
Login to McKesson Porta  
INSPECT Drug Report



# Pilot Study Results

**Please help us evaluate the utility of the INSPECT Report data.**

Was there information on the INSPECT Report that you were not aware of?

- Yes
- Somewhat
- No

Will the INSPECT Report modify your prescribing behavior?

- Yes, I will reduce the number of pills I prescribe.
- Yes, I will reduce the number of prescriptions I write.
- No, there will be no change in my prescribing behavior for this patient..
- Yes, I will increase the number of pills I prescribe.
- Yes, I will increase the number of prescriptions I write.

Did you find the INSPECT data easier to obtain through Careweb?

- Yes
- Somewhat
- No

Submit Survey

- 7/9/2012- 8/9/2012
- 674 views of INSPECT data
- 185 unique providers
- 243 surveys completed



## Results

- Reduced the number of prescriptions and/or pills by 58%
- 97% of the providers indicating it was much easier to use





- Careweb / Legacy System
  - Expand to all sites
- New Careweb / G3
  - Create link to INSPECT Report
  - Add in ability for Clinical Decision Support (CDS) from Ohio's NarxCheck data
- NarxCheck
  - Ohio algorithm
  - Will provide a numeric score



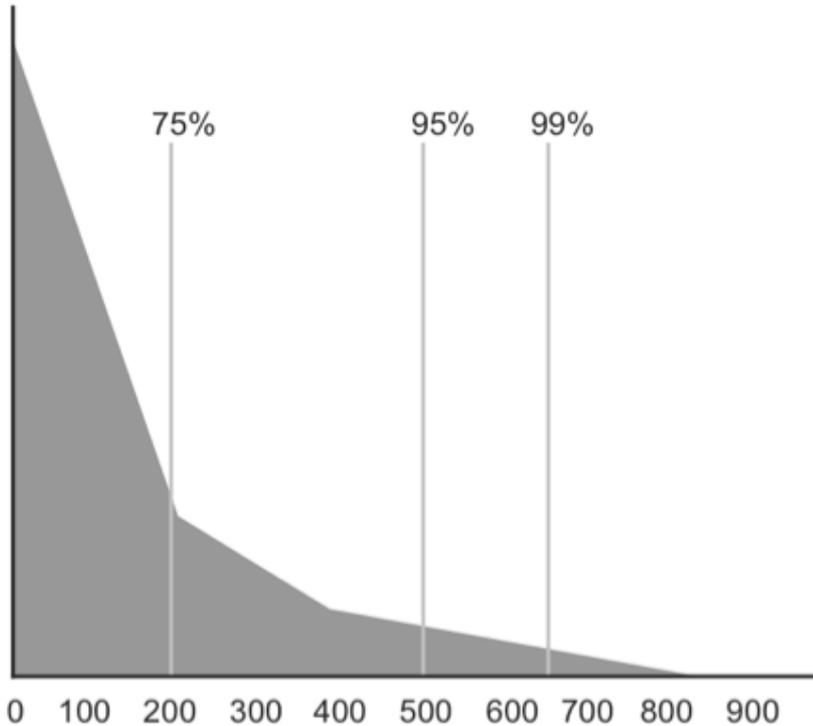
- Increase # sites that have access to data
- Increase # data sources / states
- Include CDS with NarxCheck





# Narxcheck

- Narcotic Score
- Sedative Score
- Stimulant Score
  
- < 200 : Be Confident
  
- 200-500 : Be Curious
  
- > 500 : Be Cautious





## Planned Decision Support

- Include NarxCheck Narcotic Score on Header of INSPECT report
- Integrate into ED/mERlin workflow
  - NarxCheck > 500 prompt clinician during assignment
- ED Release
  - If prescribing a narcotic with a NarxCheck Score > 500 = Alert to clinician
- Enhancing NarxCheck score with clinical data
  - Urine Toxicology results