

SPECIAL REPORT



STRATEGIES FOR INCREASING PATIENT SAFETY WITH OPIOIDS

In 2017, the U.S. Department of Health & Human Services declared a public health emergency to address the opioid crisis.¹ But while increased awareness and better prescribing practices have helped, there is still cause for concern. In 2017, more than 47,000 Americans died of an opioid overdose and an estimated 1.7 million suffered from substance use disorders related to prescription opioids.² For the physician, scrutiny by law enforcement and regulatory agencies brings increased liability. In this special report, the risk management experts at NORCAL Group offer recommendations supporting sound pain management principles to help mitigate these risks and improve patient safety.



THE TRAGIC TOLL OF OPIOID ABUSE IN AMERICA

“ The misuse of and addiction to opioids ... is a serious national crisis that affects public health as well as social and economic welfare.”

— National Institutes of Health (NIH), National Institute on Drug Abuse

With increased awareness and better prescribing practices, overall prescribing rates peaked in 2012 and have declined each year since to a 12-year low in 2017.³ However, there is still cause for concern: as of 2017, **the rate and number of overdose deaths involving opioids continues to increase.**⁴

80%

Heroin users who first misused prescription opioids²

1.7 million

People who suffered from substance use disorders related to prescription opioids²

Age-adjusted drug overdose deaths involving opioids, 2016 vs. 2017⁴

Any opioid: **47,600 — up 12.7%**

Synthetic opioids other than methadone: **28,466 — up 46.6%**

Total increase: **67.8% — up from 66.4%**

Opioid Claims by the Numbers, 2009-2018

Increased Indemnity Payments and Defense Costs[†]

AVERAGE INDEMNITY PAYMENT

PAYMENT INCREASED



FROM

\$240,158 TO \$287,183

AVERAGE COST TO DEFEND THESE CLAIMS



COST ROSE

13%



FROM

\$64,138 TO \$69,972

Top Primary Allegations and Specialties[†]

TOP PRIMARY ALLEGATIONS

Procedure **47%**

Medication Error **40%**

Administrative **33%**

TOP MEDICAL SPECIALTIES

Internal Medicine **49%**

Anesthesiology **45%**

Family Medicine **43%**

[†]Special data request provided by MPL Association Data Sharing Project closed claims database. Copyright 2019, MPL Association.

PAIN MANAGEMENT AND PRESCRIBING PRINCIPLES

TO HELP INCREASE PATIENT SAFETY

The risk involved with prescribing opioids is great, but manageable with careful prescribing and sound pain management.

RISK MANAGEMENT RECOMMENDATIONS

The risk of dependency and overdose associated with opioids requires careful prescribing and monitoring practices to safely manage patients' pain. Increased scrutiny by law enforcement and regulatory agencies also brings increased liability and compliance risks that can lead to claims losses, fines, or (in some cases) state medical board discipline or loss of license. The following risk management best practices support sound pain management principles to improve patient safety and increase defensibility in the event of a claim. Accessing your state's prescription drug monitoring program (PDMP) can also assist in your assessment and monitoring efforts. The [PDMP Training and Technical Assistance Center](#) provides informational profiles detailing contact information, reporting requirements, and other program information for PDMPs in every state, the District of Columbia, Guam, and Puerto Rico.

1 Conduct a Comprehensive History and Physical Examination

- Conduct a comprehensive pain history and family/social history.
- Consistently use an objective, comprehensive pain assessment tool.
- Evaluate for risks of abusing medication and past illegal drug use/abuse.

2 Develop an Individualized Treatment Plan

- Consider and try both pharmacologic and non-pharmacologic pain treatments.
- Consistently use and enforce pain management or therapeutic agreements.
- Include a plan of action to address physical dependence.
- Educate patients about the risks of physical dependence, tolerance, and addiction.

3 Establish a Re-evaluation and Patient Monitoring Plan

- Re-evaluate the patient's level of pain and response to treatment at each visit.
- Note the effectiveness and patient compliance with various treatment modalities.
- Communicate regularly with other treatment providers; refer to specialists and obtain second opinions when indicated.

4 Monitor for Aberrant Drug-Related Behavior

- Discuss findings of drug seeking behavior or unusual prescribing patterns with pharmacies, other providers, state agencies, and health plans.
- Be aware of the signs of drug abuse or misuse and discuss suspicions with the patient.
- Evaluate the appropriateness of refill requests and require re-assessments for narcotic refills.

Document all findings, actions, treatment and monitoring plans, and decisions in the medical record.

This report is presented as a courtesy by NORCAL Insurance Company. Our Risk Management Specialists are always ready to help policyholders with risk issues and to support practice changes that lower risk and improve patient safety.

ABOUT NORCAL GROUP

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