CO*RE Happenings

By the numbers
• AANP: 174 August learners; five more meetings this year
• AOA: three courses so far; 12 more to come
• CAFP: Over 1800 learners; new learning management system (LMS) this fall
• NPHF: 2020 program requests already rolling in
• AAPA: September: 125 learners in Florida plus 150 in Maryland
• ASAM: Fall courses in Illinois, Florida, Iowa and Tennessee
• IPMA: one in August and two coming up in Texas and West Virginia
• Medscape thru September 2019: 25,569 learners, 15,170 completers, and 4,077 prescribers

Next monthly Partner call:
Monday, November 4th, 10:00 -11:00 AM PT

CO*RE Partners Gather
Another year, another great Partner meeting! News & updates, clever ideas & approaches, and new energy & commitment.
Marjorie Crabtree: NPHF’s Newest Member

Marjorie Crabtree picks up for Pam Jenkins, upon her retirement. Marjorie currently practices as a board certified Adult and Family Nurse Practitioner at Harbor Health-Hyannis Community Health Center in Massachusetts. Marjorie has ten years of recent experience as an ANCC Nurse Planner where she was responsible for planning and implementing national Nurse Practitioner continuing education conferences and meeting all ANCC requirements. Welcome, Marjorie!

The REAL CO*RE is Launched!

Our online, adaptive learning version of the CO*RE course is now live, available through Medscape. Insider talking points:

- “REAL” stands for “REMS Education Adaptive Learning”
- An option for those clinicians looking for convenient, online learning
- Through assessments, the course pinpoints what you already know, delivering content designed to address what you need to know
- Consider suggesting as a follow-up option to your live courses
- The URL to share with learners:

And the early REAL reviews are in!

“Overall, I really enjoyed the module. I found the adaptive functionality great... I thought that the educational content was appropriate for the targeted learners. All the CO*RE REMs content was included. I really liked the use of video learning, hyperlinks, brief questions within the content to assess on the spot understanding.”

- Tracey Mallick Searle, NP

“The video and practice for ORT-OUD is great!” - Joe Shega, MD

“It’s so clear that the pre-test, the material, and the post-test are all thoughtfully connected to each other. I think this course is really going to make a difference for learners - they will be very well prepared.” - Amy Bernard, NP
Action Shots from the Field: CO*RE Courses

At the New Mexico AFP

Kirk Moberg at the Oklahoma Academy of Family Physicians

As follow-up, Jerri Davis sends personalized “commitment to change” letters to learners

Maryland Association of Physician Assistants

Becki Loveless at the Florida APA
Feedback from Minnesota Learners at their APA Meeting

Comments from the conference survey:
• 98.28% of respondents say they can apply this session to their practice
• Session rated 3.79 (on 1-4 scale) for being clear & well organized
• Faculty rated 3.86 for subject knowledge
• "Great speaker. Good tips. Her personal stories helped reinforce the information taught."
• "Very important, should always be covered. We all need this info over & over!"
• "I found this lecture to be one of the best! Good and relevant information very well presented."

Addiction: A New Definition

An incomplete understanding of addiction has prevented an adequate response to the opioid epidemic. The American Society for Addiction Medicine (ASAM) has recently updated their official definition of addiction to better explain the complexity of this chronic disease:

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

Going forward, the CO*RE curriculum will include this definition in all of our curriculum materials.

News

SUMMER/FALL LEGAL NARRATIVE

The opioid crisis claimed nearly 400,000 lives between 1999 to 2017, and rages on today. Americans want someone to blame and to pay for cleaning up the mess, so over this summer and fall the action is in the courts:

Background and preliminary action:

Thousands of documents filed in federal court for cities, towns and counties devastated by addiction lay out a detailed case of how diverse corporate interests fed a deadly opioid epidemic that persisted for nearly two decades. Little-known manufacturers of generic pills, superstores like Walmart and chain retailers like Rite Aid also flooded the country with billions of pills, according to the filings.
Starting in the early 2000’s, RAPP (Relatives Against Purdue Pharma) testified at hearings, lent support at whistle-blower trials, and marched outside pharmaceutical-funded physician meetings to make opioid makers and distributors pay for the damage unleashed by overprescribing.

The opioid manufacturer Insys Therapeutics filed for bankruptcy protection, days after agreeing to pay $225 million to settle a federal investigation into the marketing practices for its powerful fentanyl medication, Subsys.

**Oklahoma**

A judge in Oklahoma on Monday ruled that Johnson & Johnson had intentionally played down the dangers and oversold the benefits of opioids, and ordered it to pay the state $572 million in the first trial of a drug manufacturer for the destruction wrought by prescription opioids.

**Ohio**

Thousands of municipal governments nationwide and nearly two dozen states that sued the pharmaceutical industry for the destructive opioid crisis have tentatively reached a settlement with Purdue Pharma and its owners, members of the Sackler family. The settlement does not include an admission of wrongdoing. The agreement must still be approved by Purdue’s board as well as a bankruptcy court judge. But the agreement does not appear to put to rest claims by a majority of the nation’s states, whose attorneys general quickly denounced the proposal.

Mallinckrodt Pharmaceuticals announced a tentative agreement to pay $24 million to settle claims brought by two Ohio counties, and to give away $6 million of its drugs.

The nation’s three largest drug distributors, as well as two manufacturers, are in intense negotiations to settle thousands of cases before a trial set to begin on Monday. The agreement would release AmerisourceBergen, Cardinal Health and McKesson Corporation, which together distribute about 90 percent of the country’s medicines, along with Johnson & Johnson and Teva, the Israel-based manufacturer of generic drugs, from a rapidly growing list of more than 2,300 lawsuits that they face in federal and state courts.
The three major drug distributors and an opioid manufacturer have reached a $260 million settlement with two Ohio counties to avoid the landmark first federal opioid trial. The deal, which is a combination of cash payouts and donations of addiction treatments, could become a model for settlement of thousands of similar cases. People close to the talks said that a model being discussed was to apportion the money into three buckets: one for the states, a second for the cities and counties, and the third and largest for an opioid remediation fund for the general public, supervised by a monitor who would possibly be appointed by the court.

**Going Forward**

On September 15th Purdue Pharma, maker of OxyContin, officially filed for bankruptcy. The filing is a centerpiece of an agreement to settle thousands of cases against the company for its role in the opioids crises. But it is expected to be vigorously contested by many states.

The nation's response to the deadly opioid epidemic has been broadly bipartisan until now. Deep partisan division has emerged over a settlement plan offered last month by Purdue Pharma and may play a role in future settlements.

**OPIOID USE DISORDER AND TAPERING**

A new HHS guideline recommends that clinicians wean patients off opioid medication slowly and involve patients in shared decision-making unless a life-threatening crisis may occur if opioids are continued. The guideline aims to discourage clinicians from abruptly stopping opioid prescriptions, which may result in acute withdrawal symptoms, and encourage consideration of behavioral and non-opioid pain treatments during a taper. The new Guideline has been added to our Tools Repository on the CO*RE website.

Quest Diagnostics and the Center on Addiction surveyed more than 500 primary care physicians and found that more than four out of five hesitate to accept patients who use prescribed opioids, and 70% said they could use more training on how to taper patients off of opioid medication. “We found that primary care physicians, who are on the front lines of the drug epidemic, are well-intentioned but under-prepared,” co-author Harvey Kaufman wrote. Finds from the official report include:

- More than 80% of primary care physicians are reluctant to accept new patients who have been previously prescribed pain medication
- 83% say that the opioid epidemic makes it harder to treat patients with pain
- About 1 in 5 American adults have chronic pain, but some doctors might need additional education about treating these patients
In 2015, Travis Rieder, a medical bioethicist with Johns Hopkins University, was involved in a motorcycle accident that crushed his left foot. Doctors tried to mitigate the pain by prescribing large doses of opioids, including morphine, fentanyl, Dilaudid, oxycodone and OxyContin. But when it came time to taper off the drugs, Rieder found it nearly impossible to get good tapering advice from any of the clinicians who had treated him. Now he has written a book about his experience, *In Pain*.

Millions of patients relying on high doses of opioids to manage their chronic pain have been forced to taper to lower doses amid the opioid abuse crisis, with catastrophic effects to some patients. Doctors and other pain management experts have petitioned the CDC to clarify its 2016 Guideline on the prescribing of opioids, and guideline authors acknowledged that "we know little about the benefits and harms of reducing high dosages of opioids in patients who are physically dependent on them."

**CDC CLARIFICATION**

This USA Today article summarizes recent efforts by federal agencies to clarify guidance aimed to reign in opioid use. The Centers for Disease Control and Prevention officials acknowledge the agency's influential 2016 *Chronic Pain Guideline* has been used incorrectly to justify harmful practices such as rapidly reducing pain pills or doctors abandoning patients. The CDC plans to update and expand the Guideline with new research and is coordinating with public safety officials to ensure treatment of patients. The Food and Drug Administration has also warned about reports of serious harm from slashing or discontinuing medication for opioid-dependent patients, including withdrawal, pain, psychological distress and suicide.

**LIFECYCLE RESEARCH**

**Pregnancy & Birth**

A University of Utah Health study published in *Obstetrics & Gynecology* found that 26% of pregnancy-related deaths in Utah were drug-induced and that the postpartum period is the most critical time for women who have substance abuse issues. The researchers noted less than half of women in the state receive social worker consultations or mental health services.

Research from the University of Michigan, published in *JAMA Network Open*, has shown that almost half of American women who gave birth between 2008 and 2016 were given powerful opioids—and that 1-2% were still using them a year later.
A study published in *JAMA Network Open* has found that rates of opioid prescribing administered for vaginal or cesarean delivery and rates of new persistent opioid use after delivery are down since 2008. "Maternity care clinicians can help decrease opioid harms by identifying risk, using opioid-sparing protocols, and providing close opioid stewardship in the peripartum period," the study team wrote.

A study in the journal *Pharmacology Research & Perspectives* showed that infants born to mothers who received opioid maintenance therapy for opioid addiction during pregnancy had similar birth weight, head size and length, compared with those whose mothers weren't given OMT during gestation. The findings were based on data involving 968 Czech and Norwegian newborns.

**Mother to Child**

Preschoolers born to mothers who took opioids during pregnancy were twice as likely to develop conduct disorders or emotional disturbances and 80% more likely to reach physical-development milestones at a slow pace compared with those whose mothers didn't take opioids during gestation, researchers reported in *JAMA Network Open*. The rate of attention-deficit/hyperactivity disorder diagnoses was twice as high among youths with prenatal opioid exposure.

Youths whose mothers took opioids during pregnancy had significantly lower scores on cognitive exams at ages 6 and younger, but not at ages 7 to 18, compared with those whose mothers didn't receive opioids during gestation, researchers reported in *JAMA Network Open*. The findings also showed significantly lower motor scores among those with prenatal opioid exposure.

School and health officials in Kentucky say they believe a recent surge in enrollment from preschoolers who need special education may be connected to the state's opioid crisis. At least one district has seen more new preschool students with special needs this year than without, and officials say that could reflect the growing population of children who were born with neonatal abstinence syndrome, who frequently have developmental delays.

**Youth & Teens**

Researchers found that more than 13% of teens with current non-medical prescription opioid use and nearly 11% of those who stopped recreational opioid use took heroin after high school graduation, compared with only 1.7% of those without non-medical opioid use. The findings in *JAMA Pediatrics* were based on 2013 to 2017 data involving about 3,300 Los Angeles youths followed throughout high school.
Researchers found that youths younger than 18 who received opioid prescriptions after undergoing common childhood surgeries — such as adenoidectomy, appendectomy, circumcision, elbow fracture repair and hernia repair — had similar pain control as those who weren't given opioid prescriptions. The findings in *JAMA Surgery* also showed similar prevalence of pain-related emergency department visits and post-discharge opioid prescription requests between both groups.

**Adults & Elderly**

Data showed that among the more than 4.2 million Americans at least 12 years old who misused prescription opioids from 2012 to 2014, more than half also participated in binge drinking, and people who binge drank were almost twice as likely as those who did not drink to misuse opioids, researchers reported in the *American Journal of Preventive Medicine*.

Individuals with Alzheimer's disease who took opioids had a 30% higher overall risk of developing pneumonia compared with those who did not take opioids, with the highest risk among those who used strong opioids, such as fentanyl and oxycodone, and during the first two months of use, according to a study in the *Journal of Alzheimer's Disease*. Researchers associated opioids with pneumonia risk factors, such as impaired cough reflex, inhibited respiratory function, sleepiness and fatigue.

**CANNABIS**

Revisiting a 2014 study that suggested states with medical marijuana saw fewer opioid deaths, Stanford researchers, in fact, found no connection between marijuana availability and fatal opioid overdoses.

U.S. Surgeon General Jerome Adams, M.D., M.P.H., issued an advisory on the health risks associated with cannabis use in adolescence and during pregnancy. He urged physicians and other health care professionals to take action and called on them to educate youth and pregnant women about the potential harms of the drug on the developing brains of infants and young people.

**PRESCRIBING UPDATE**

The number of opioid prescriptions dropped 33% nationwide from 2013 to 2018, while prescription strength fell 17.1% last year, according to a report from the American Medical Association. Meanwhile, prescriptions of opioid overdose drug naloxone hit record levels to over 598,000 filled prescriptions last year, up 107% from 2017.
A study focusing on clinician and patient characteristics associated with opioid prescribing that included primary care practices and clinicians found that among 84,929 patients seen, 11.1% were given an opioid prescription and 1.1% got chronic opioid prescriptions, researchers wrote in the *Annals of Family Medicine*. The most commonly prescribed opioid was oxycodone-acetaminophen, followed by oxycodone.

The FDA's Anesthetic and Analgesia Drug Products Advisory Committee and the Drug Safety and Risk Management Advisory Committee started a two-day meeting to seek input from patients and health care experts on the clinical value and potential risks of higher opioid doses. The agency will use the feedback to determine whether higher opioid doses should be restricted or pulled from the market.

An analysis of 350,000 prescriptions for Medicare patients who received surgery from 2011 to 2016 found that total amounts of opioids prescribed frequently exceeded those recommended in medical guidelines. Some patients were given 100 pills in the week after knee surgery, and overall, physicians prescribed narcotics in abundant quantities when fewer pills or alternatives could have been effective.

A CDC analysis of retail pharmacy data found the number of naloxone prescriptions dispensed last year was one per 69 high-dose opioid prescriptions despite a 106% year-over-year increase in prescriptions of the overdose-reversal drug. The analysis in *Morbidity and Mortality Weekly Report* showed lower prescribing rates among primary care clinicians, nurse practitioners and surgeons, among others, and rural locations were more likely to have low dispensing rates than metropolitan areas.

The CMS released new information on how states and managed care programs should be using Medicaid drug-utilization review programs to promote proper use of opioid drugs under legislation passed last year. Programs must set limits on opioid prescriptions and refills, monitor Medicaid patients who may be at risk of drug abuse, and track those who may be taking multiple risky drugs, the agency said.

Gabapentin and pregabalin have been linked to increased risk for suicidal behavior, unintentional overdoses, injuries and car accidents, according to a study in the *BMJ*. The drugs are approved for treatment of several types of pain and to prevent seizures, and prescriptions and off-label use have increased sharply in the last few years.

At Johns Hopkins University, in Baltimore, medical students learn about pain and pain management at the start of their medical education through a mandatory, four-day course. Traditionally, medical students were getting less than one hour of opioid-related instruction, said Beth Hogans, a creator of the program, and in the Hopkins course, students learn to address the whole person and that opioids are one of many tools to use.
NURSE PRACTITIONERS

A recently released report from the President’s Council of Economic Advisers fails to incorporate the importance of nurse practitioners in fighting the opioid crisis, write Tommy Thompson, former HHS secretary, and David Hebert, CEO of the American Association of Nurse Practitioners. Educating and training nurse practitioners to treat addiction can help address the problem, particularly because of the shortage of primary care physicians, but states must remove barriers to the work of NPs.

ALTERNATIVES

Over almost two decades, Dr. O’Neil, 70, has implanted his device — which is unlicensed but legal in Australia — into thousands of people who have traveled to his nonprofit clinic in Subiaco, a suburb of Perth, Australia. Dr. O’Neil’s implant delivers naltrexone, which blocks the effect of opioids, into patients’ stomach for months, eliminating the need for addicts to remember to take a pill or receive an injection. American researchers are exploring whether the implant could be an effective new tool in the United States.

Medicare is exploring coverage of acupuncture as an alternative to opioids for chronic low back pain. The CMS said for now it will cover the treatment only for seniors who are enrolled in approved clinical studies.

PAIN

Repeated exposure to psychological trauma, or deep anxiety or depression, especially in childhood, can leave a physical imprint on the brain that can make some people more vulnerable to chronic pain, scientists say.

Will there ever be a cure for chronic pain? It can feel like torture, destroy your life and cause you to doubt your own sanity. Here’s a survey of recently proposed solutions.

FENTANYL

A report from the CDC’s National Center for Health Statistics found more than 70,000 people died from drug overdoses in 2017, and fentanyl accounted for 38.9% of the deaths, up from 20% in 2016, making it the deadliest drug in the U.S. Fentanyl played a role in most overdose deaths in the eastern US, while methamphetamine was the drug most commonly linked to overdose fatalities in western parts of the country.
Fentanyl, Inc. author Ben Westhoff says the synthetic opioid, while useful in hospitals, is killing more Americans as a street drug than any other in U.S. history. In this Fresh Air interview Westhoff talks about how it moves from China to your corner.

A report published in the CDC’s Morbidity and Mortality Weekly Report found overdose deaths from opioids fell 5% in 25 states, but fatal overdoses involving fentanyl rose 11%. Data collected from July 2017 to June 2018 showed 63% of fentanyl-related overdose deaths also involved benzodiazepines, cocaine or methamphetamine.

**RURAL VS URBAN**

The CDC found the number of drug-overdose deaths was higher in cities than in rural areas in 2016 and 2017, reversing the trend seen in the previous eight years. For 2017, the age-adjusted drug-overdose death rate was 22 per 100,000 people living in urban counties, compared with 20 per 100,000 people in rural counties.

Naloxone prescriptions for opioid overdose have increased in the U.S., but in 2018, 85% were dispensed in metropolitan areas and less than 5% were dispensed in rural areas, according to a study in the CDC's Morbidity and Mortality Weekly Report. The study found that although high-dose opioid prescriptions written by primary care physicians decreased 21% from 2017 to 2018 and the number of naloxone prescriptions more than doubled, absolute rates of naloxone prescribing remained low.