Background

- OARRS is located in the Board of Pharmacy
- Board of Pharmacy is uniquely positioned in both healthcare and law enforcement
- According to experts, there are several benefits to getting a patient into treatment before transition to heroin
  - Patient is more receptive to treatment
  - Better chance of success
  - Less expensive
- If a patient is actively doctor shopping, they likely haven’t transitioned to heroin
The Plan

- Started in one county (Franklin). Prove the concept before moving on to others. Now up to 3 counties.
- Obtain agreement with local prosecutor
- Obtain agreement with local treatment provider
- Get list of local doctor shoppers
The Plan

- Intervention agent visits patient – offers treatment
- Transport patient to local treatment provider, if necessary. Some patients transport themselves.
- Goal: After training with intervention agent, local law enforcement takes over program for their county. Not to this point, yet. So far, only Board of Pharmacy agents.
Early Stages

• Three Original Interventions
  – Two went as planned; patients accepted treatment offer and were transported directly to the treatment provider
  – One had young children at home and could not leave them to go to treatment provider. However, an appointment was made for the following day, which was kept
Update: Patient 1

Intervention Date: 1/12/2018

• Since intervention:
  – 26% decrease in the number of controlled substance prescriptions filled
  – 47% decrease in the number of prescribers
  – 2% decrease in MMEs
  – Disease and related pain is now being managed effectively
Update: Patient 2

Intervention Date: 2/6/2018

• Since intervention:
  – 63% decrease in controlled substance prescriptions filled
  – 78% decrease in number of prescribers
  – 67% decrease in number of pharmacies
  – 1,651 fewer controlled substance doses than 6 months preceding intervention
  – No controlled substances in past 2 months
Update: Patient 3

Intervention Date: 1/30/2018

• Since intervention:
  – 24% decrease in number of controlled substance prescriptions
  – 60% decrease in number of prescribers
  – 70% decrease in number of pharmacies
  – 490 controlled substance doses fewer than 6 months preceding intervention
  – Patient reports that she is in recovery and is no longer on any opioid medication
New Interventions

• Six interventions, so far
  – 1 had untreated medical issues and was deemed not to be addicted. The patient has since been referred for reliable treatment and disease management.
  – 2 diagnosed with SUD and accepted treatment
    • 1 has defaulted on agreement
  – 1 working to schedule an assessment
  – 1 assessed and determined to not be addicted. Compliance is being monitored
Challenges

• Each county’s prosecutor wants to negotiate a different agreement
  — Time
  — Legal resources
• Finding a trusted local treatment provider with capacity may be a challenge in some areas
• Tracking down patients has proven difficult as they are relatively transient
Challenges

• Not all “doctor shoppers” are created equal
  – Legitimate use of multiple prescribers and pharmacies
  – “Deception to obtain” threshold not met
    • Overlapping prescriptions of same type
    • Patient misleading prescribers
  – Typically small amounts
  – Many of Ohio’s overdose decedents showed no sign of doctor shopping
Possible Mitigations

• Use Overdose Risk Score in conjunction with Doctor Shopping criteria
  – Additional Challenge: Overdose risk score frequently detects switch to heroin
• Future collection of non-fatal overdose information
• Work with other agencies who may have different leverage with patients (e.g. child protection agencies, Medicaid Fraud)