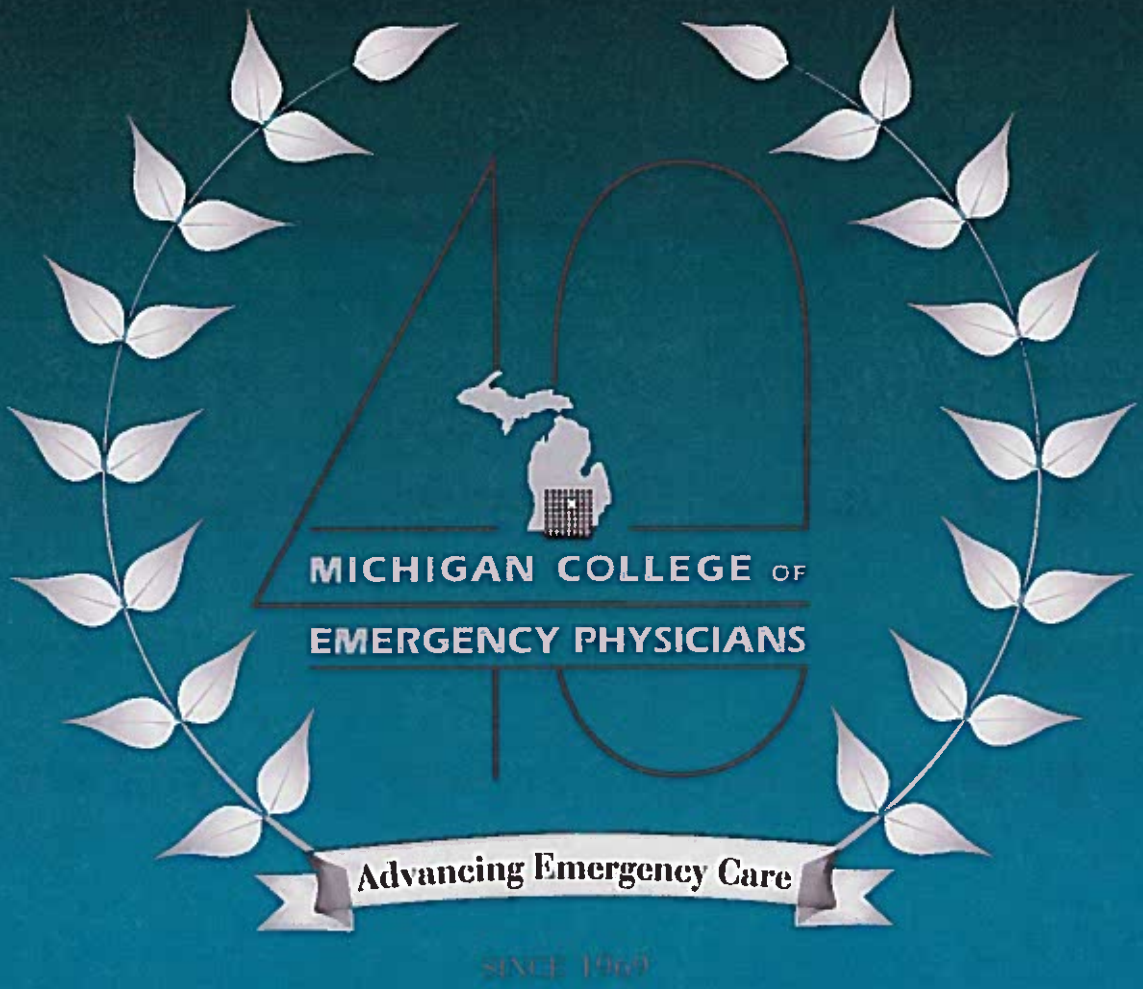
MICHIGAN COLLEGE OF
EMERGENCY PHYSICIANS
Advancing Emergency Care
SINCE 1969

MCEP

- Established 1969
- 1,900+ members
- Headquarters: Lansing, MI

MICHIGAN COLLEGE OF EMERGENCY PHYSICIANS

American College of Emergency Physicians

John G. Wiegenstein, MD
First ACEP President
1968-71

Founded specialty in response to the public's need for quality emergency care

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MCEP Mission Statement

The Michigan College of Emergency Physicians exists for the purpose of:

- ***Advancing quality emergency medical care***
- ***Supporting the interests of Emergency Physicians***
- ***Promoting the values of Emergency Medicine.***

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EMERGENCY MEDICINE

- We are 2 cents of every healthcare dollar
- We are 24/7/365
- We are the front line
- We are the safety net of our population for health care
- We see the impact of legislation everyday
- We want to provide the best most compassionate care
- We realize there is a problem and we want to be part of the solution

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THE OPIOID EPIDEMIC

- In 2009, Emergency physicians provided 4.7% of immediate-release opioid prescriptions.
- Emergency physicians were among the top 5 prescribers for 0-39 years- which makes sense that their number one reason for ED visits is usually trauma related
- We are charged to provide compassionate care with minimal information with pressures to meet Customer service scores which more often than not are based on what have you done for me.

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MCEP Recommendations

- Michigan College of Emergency Physicians
- Emergency Department Opioid Prescribing Recommendations
- In recent years, misuse of over-the-counter and prescription drugs has surpassed the use of illicit drugs as a cause of ED visits in the U.S.A. Prescription and illicit drug misuse now account for more deaths than motor vehicle accidents.
- The following recommendations were developed by the MCEP to assist EDs across Michigan in reducing inappropriate use of opioid analgesics while preserving the vital role of the ED to treat patients with emergent medical conditions.

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MCEP Recommendations

- The emergency health care practitioner is required by law to evaluate patients who report pain. Clinical judgment should be used with regard to treatment options which do not necessarily mandate the use of opioids.
- Only one health care practitioner should provide prescriptions for controlled medications for chronic pain.
- Parenteral opioids —administered IM, IV, or SC— should not be ordered in the ED for the relief of acute exacerbations of non-cancer, non-terminal, chronic pain. Furthermore, the use of Demerol should be avoided.

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MCEP Recommendations

- ED health care practitioners should not refill prescriptions that have been lost, destroyed, or stolen.
- ED prescriptions for controlled medications for acute injuries should be a short course (days).
- The ED should not prescribe extended release/ long-acting pain medications such as OxyContin, MS Contin, Fentanyl patches or Methadone. Instead, patients should be referred to their prescribing health care practitioner for these controlled medications.

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MCEP Recommendations

- Utilization of the Michigan Automated Prescription System (MAPS) is highly encouraged for every patient with a chronic pain condition. This free risk management tool provides an electronic report, usually within minutes, on a patient's history of Schedule II-V controlled substance use.

- EDs should provide alternative treatment strategies or referral information for patients who frequently visit the ED for chronic pain conditions.

- EDs should provide a list of local clinics, including federally qualified health centers, that provide primary care for patients of all payer types.

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MCEP Patient Education

- Michigan College of Emergency Physicians
- Patient Education
- Prescribing Pain Medications in Emergency Departments in Michigan
- Our emergency department (ED) understands that pain relief is important when someone is hurt or needs emergency care. Providing pain relief, however, is often complex; also, there are major risks involved in using pain medications as mistakes or misuse of these powerful medications can cause serious health problems and even death. Our ED, therefore, is committed to providing pain relief that is appropriate and safe for your illness.

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MCEP Patient Education

To ensure patient safety:

- Only one health care practitioner should provide prescriptions for controlled medications for chronic pain.
- Our ED will not give injections for pain management for sudden increases in non-cancer, non-terminal, chronic pain.
- Prescriptions that are lost, destroyed, or stolen will not be refilled in our ED.
- Our ED will continue to assess and treat acute pain issues that are not related to a chronic pain condition.
- Patients will be referred to their prescribing health care practitioner for extended release/long-acting pain medications such as OxyContin, MS Contin, Fentanyl patches or Methadone.

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MCEP Patient Education

- Our ED may ask the patient about his or her pain medication usage and/or review the Michigan Automated Prescription System (MAPS) to ensure patient safety and to prevent/reduce the risk of patient misuse of pain medications.
- If the patient does not have a primary health care practitioner, our ED will seek to make a referral to an appropriate health care practitioner.
- Patient resources on chronic pain:
- American Chronic Pain Association www.theacpa.org or 1-800-533-3231
- State of Michigan Department of Licensing and Regulatory Affairs (LARA) Pain and Symptom Management website: www.michigan.gov/pm

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Our Concerns

- Mandates on PDMP utilization may cause a negative effect with increased ED utilization by patients
- Primary physicians might not write for opioids anymore which leave patients in a quandary
- Not all areas are equal and we have a massive lack of resources in behavior health and substance abuse
- We are told not to prescribe which we agree with but we are paid by customer service scores…… This defeats the purpose

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Best practices

- EDIE
- PDMP data directly to EHR with risk scores
- Care plan utilization state wide
- The Washington state 7 best practices

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Acronyms

- MCEP- Michigan College of Emergency Physicians
- ACEP- American College of Emergency Physicians
- EDIE- Emergency Department Information Exchange
- PDMP- Prescription Drug Monitoring Program
- EHR- Electronic Health Record

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Power by Association

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing that ever has."

Margaret Mead

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