

NAS UPDATE: STILL A TROUBLING NOTE FOR TENNESSEE PRESCRIBERS



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The Tennessee Medical Foundation works with physicians who have chemical dependence, emotional or mental illness, and is often charged with educating the physician community on related issues including addiction, overprescribing, chronic pain and physician health. As medical director, I am also called on to consult with state and national regulatory agencies addressing these same issues.

Right now these agencies are focused on a crisis: We are in the middle of the worst drug epidemic in America, and it's a prescription drug epidemic.

Although Tennessee is not alone with the problem of overuse of opiates, whether you're looking at unintentional overdose deaths, babies born with Neonatal Abstinence Syndrome (NAS), or just the quantities of opiates prescribed, Tennessee ranks in the top three at almost any point in time. There have been a number of measures taken at the state and federal level to try to combat this epidemic.

CSMD a Tool Against NAS

Probably no tool has been more helpful in combating the overuse of prescription opiates than the Controlled Substance Monitoring Database (CSMD). There have been a number of problems with the CSMD since it was funded in 2007, but it continues to improve and there have been a number of recent enhancements. The morphine milligram equivalent calculator allows prescribers to determine exactly how much in the way of opiates a patient is receiving, whether it's codeine, morphine, fentanyl or sufentanil. This is important because we know now through some work that Dr. Jane Baumblatt did through the CDC that once you get above 120 morphine milligram equivalents, you are 13 times more likely to die of an unintentional overdose. As nearly as we can tell, at the time the guidelines went into effect there were more than 65,000 Tennesseans on more than 120 morphine milligram equivalents per day.

One demographic that has been hit particularly hard in this epidemic is women of reproductive age. Currently, if you are caring for a reproductive-age female and you go on the Controlled Substance Monitoring Database, it will be highlighted in pink. If you look for the guidelines for the treatment of chronic non-cancer pain you will probably see more thou-shalt and thou-shalt-nots on treating this demographic than on any other.

One reason for the state's focus on this group is our continued battle to reduce the incidence of Neonatal Abstinence Syndrome. NAS occurs when babies are born with withdrawal secondary to drugs their mothers were taking during pregnancy.

To put this into perspective, 10 years ago we had fewer than 50 babies with NAS born in Tennessee; last year there were around 1,000 cases, and we currently are on track to have another 1,000 babies in Tennessee born with Neonatal Abstinence Syndrome in 2016. These babies are going to be with us for a very long time.

We know from our TennCare data that if a baby is born on TennCare and does not have a diagnosis of NAS, it costs around \$4,500 to deliver the baby and take it through the first year of life. If the baby falls into the cohort that has a diagnosis of NAS, the cost to the state of Tennessee is more than \$65,000. Multiply \$65,000 by 1,000 and get an idea of just one small part of the cost of this epidemic to our scarce healthcare dollars.

We also know if a baby is born into TennCare without a diagnosis of Neonatal Abstinence Syndrome, there is a 1.3 percent chance that he or she will wind up in state custody during the first year of life. If the baby leaves the hospital with a diagnosis of Neonatal Abstinence Syndrome, however, the incidence rises to almost 18.6 percent. Spend some time trying to console or comfort one of these babies and you will see it's no mystery as to why they wind up in situations in which they are neglected and abused.

So How are We Doing?

We are prescribing fewer opiates in the state of Tennessee. It is important in addressing any epidemic that you reach the plateau stage. The good news is with the unintentional overdose deaths and with Neonatal Abstinence Syndrome, we seem to have hit a plateau phase; the bad news is that number seems to be around 1,000 a year. The work is ongoing to try to combat and turn around this crisis in the overuse, misuse and abuse of prescription opiates. Hopefully, in the years to come, we will continue to see improvement here in the state of Tennessee. +



If you or a colleague need assistance the TMF or Physician's Health Program can provide, please contact TMF Field Coordinator Jeanne Breard, RN, at 615.467.6411. To support the mission and the work of the TMF Physician Health Program, contact Brenda Williams at 615.467.6411 or brendaw@e-tmf.org, or give online at www.e-tmf.org/donations.php.