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Donley Pain Program Aims to Curb Opioid Addiction Problem: Top [2014-02-12]

Rhode Island this month launched a program to control the abuse of opioids by injured workers, but some experts question whether the state has gone far enough.

The most effective programs in place, say analysts, are in Washington state and Ohio, primarily because they focus on controlling opioid dispensing by doctors treating injured workers for chronic pain. They also give honorable mentions to opioid control programs in Texas and Tennessee.

Last week, Rhode Island announced its Donley Pain Program, a new court-run workers' compensation chronic pain management program. It was assembled by a task force made up of the Rhode Island Department of Health and members of the Workers' Compensation Court. The group investigated ways to protect disabled employees from addiction to prescribed pain medication. As part of the effort, the state medical advisory board changed the pharmaceutical protocol in adopting a "chronic, noninterventional, noncancer pain protocol" aimed at keeping opioid dispensing in check.

That new protocol amounts to recommendations that could be applied to early intervention and pain management, said analysts, but they noted the Donley program lacks "teeth" to enforce a curb on opioid dispensing.

The Rhode Island program, launched Feb. 1, seeks to help injured employees address pain issues without dependence on narcotics, according to an information letter released last week by the Division of Workers' Compensation.

The program designates the John E. Donley Rehabilitation Center, a nonprofit outpatient clinic in Providence overseen by the state Department of Labor and Training, for claimants to receive treatment. To regulate the large anticipated flow of those wanting to enter the program, it requires either employees or employers to petition the Workers' Compensation Court. Qualifiers for treatment are then court-ordered to have an initial evaluation by a Donley Center medical team that ultimately decides whether an employee is suited for the chronic pain program.

Once in the program, an "interdisciplinary pain management team" determines customized treatments and their frequency, as well as treatment costs according to a fee schedule. Most cases are expected to be completed in less than six weeks. At treatment's end, the team determines whether the employee needs other rehabilitative services. Donley staff is expected to conduct periodic checks of treated employees after the program.

Employees ordered for treatment that don't participate in the program without "just cause," can lose their benefits, according to the Workers' Compensation Division.

While the Donley program "deserves a great deal of credit" for treating employees already addicted to pain meds, "they're only addressing part of the problem, said Michael Gavin, president of medical cost-containment provider Prium.

Gavin said doctors regularly overprescribe opioids to treat chronic pain, and that in turn, causes drug addiction. The Rhode Island program has no focus on early intervention and pain management, he said,

which helps keep opioid addiction from becoming a problem in the first place.

"Not that doctors are bad," Gavin said Tuesday in an interview. "Doctors are undereducated and are responding to expectations for treatment of pain. They have not sufficiently grasped the danger of opioid medications."

States should strive to adopt mandatory pre-authorized drug dispensing, said Gavin. "Require a second or third doctor to sign off before an opioid is dispensed," he said. States that are doing that successfully, he said, are Washington, Ohio, Texas and Tennessee.

Washington state Department of Labor & Industries Medical Director Gary Franklin said the key to preventing opioid addiction by injured workers is to control dispensing. "We've recognized the epidemic," Franklin said.

Franklin is a board-certified neurologist and a University of Washington research professor of neurology. His research interests include use of workers' compensation databases to study treatment results, predictors of disability in workers' compensation and impacts of innovative care systems on cost, results and satisfaction in workers' compensation.

Franklin questioned the use of a state court to help administer the Donley program. He also saw no provisions to detoxify opioid addicts before getting alternative pain treatments. "They're dealing with a problem after it has happened," he said. "So it's almost too late."

While all addicts can be treated, Franklin said, it's unknown how many can be weaned of their addictions. He remembered one recent study noting that in treatment of roughly 16 addicts, six months after detoxifying, only eight remained free of opioid use.

As for an opioid-control program, he said, "It has to be a collaboration at the highest level of state government and between medical, workers' compensation, state employees programs − our state government expected us to work together to solve this problem. Unless there's a mandate at the highest levels of state government, it's not going to be solved."

Another necessary step, he said, is to repeal all laws that have allowed for overprescribing of opioids. Doctors need to change their habits of prescribing opioids for lesser pain problems, since doing so is considered very risky, he said.

"Don't use strong opioids for moderate problems like back strains," he said. "Use codeine."

Early opioid use for relatively minor pains that continues for three months will lead to addiction, he said. Like Gavin, Franklin doesn't blame doctors for overprescribing opioids. He said most were never taught to limit their use of pain treatments.

Franklin noted that the U.S. Food and Drug Administration has agreed to change the label on Schedule 2 opiates to say they should be prescribed only for the most severe pain, or by those requiring 24-hour pain treatment.

If potent opioids are used to treat pain, said Franklin, at levels between 80 mg and 120 mg, overdosing becomes a real possibility. Policies should dictate the opioid-dispensing routine be halted if the patient's condition doesn't improve after a specified time, such as three months, he said, then dosages should be tapered down to none.

Evidence suggests, he said, that opioids rarely help solve chronic pain problems, but that there's plenty of evidence that they cause harm.