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Prescription painkillers a problem

COEUR d'ALENE - Bat Masterson wasn't surprised by this week's report that America has a staggering prescription painkiller habit.

The registered nurse and emergency department case manager at Kootenai Medical Center began witnessing the growing problem years ago in his own emergency room in Coeur d'Alene.

The recent Centers for Disease Control and Prevention report found that enough painkillers - opioid or narcotic pain relievers, including drugs such as Vicodin (hydrocodone), OxyContin (oxycodone), Opana (oxymorphone) and methadone - were prescribed in the United States last year to keep every American medicated around the clock for a month. Although most of those drugs were prescribed for a medical purpose, the report states many of the prescription medications ended up being misused or abused rather than taken to treat a legitimate physical complaint.

Nearly half a million emergency department visits in the U.S. in 2009 were by people misusing or abusing prescription painkillers. In 2006, Masterson decided to do something about it at KMC. "We have been pretty aggressive about keeping it from going further," Masterson said.

He undertook a project that has since helped dramatically reduce the number of patients making repetitive visits to KMC's emergency room seeking pain medication. The hospital's method of dealing with narcotic painkiller abuse has gained national attention in health care journals and from medical communities throughout the country. Masterson has traveled to several cities - Chicago, San Antonio, Tacoma, Wash. - to speak to health care professionals about KMC's program.

The CDC report reveals that nearly 5 percent of Americans age 12 and older admit to having abused prescription painkillers in the last year. With 5.8 percent, Idaho is near the top of the list, tied with New Hampshire for the sixth highest percentage of citizens admitting they have used painkillers to get high.

Masterson said he thinks more drug abusers are turning to prescription painkillers because they have become increasingly easier to get than street drugs.

"Police have done a good job and made it harder for people to get illegal drugs," Masterson said. "It's easier to get drugs if you tell a sob story to a physician and he buys the story."

KMC now has policies and procedures in place that have helped limit those occurrences. "People still get treated appropriately," Masterson said. The first year they had the measures in place, Masterson said KMC saw a 79 percent reduction in the number of people repeatedly visiting the emergency room for pain medication. It is often difficult to assess whether a person visiting the emergency room for the first time has a legitimate complaint, Masterson said. "Our philosophy is to err on the side of the patient," he said. "It doesn't take too long for them to make the mistake that tells that they're just seeking drugs. It's a matter of being on top of it."

Masterson said he thinks that's where a lot of hospitals fall short. One of the keys to KMC's success has been the cooperation of local physicians, Masterson said, who have agreed to provide follow-up care for patients seeking pain medication at the emergency room. "I think it's very significant. We didn't just say we're not going to do this anymore, we're not going to treat these people," Masterson said.

By simply turning people away, he said they will just travel to Spokane or elsewhere for prescription drugs. That includes those who need chronic pain management. Masterson and a co-worker now see these patients and create a treatment plan for them. For some, that means chemical addiction treatment.

KMC now works closely with hospitals in Spokane, Missoula and Kalispel to track pain patients. They found hospitals in the region, including KMC, were sometimes seeing the same people requesting drugs in the same day. "We were able to curb that and see that people still get appropriate treatment," Masterson said.

According to the CDD report, nonmedical use of prescription painkillers costs health insurers up to \$72.5 billion annually in direct health care costs. "To give you an idea of the prevalence, in our physicians' workday in our ER there are 55 working hours," Masterson said. "They were spending 19.6 hours per day dealing with those kinds of problems."

Those nearly 20 hours per day equate to the cost of one physician's salary, Masterson said. Now, it's down to three hours per day. "I'm very proud of what we've done in our area because our physicians have stepped up," Masterson said.