

Provider News

A Newsletter for Shasta County Clinicians

Summer 2016

Shasta County Health and Human Services Agency - Public Health

More than a half-ton of unwanted medication disposed in new kiosks during first six months

Shasta County Public Health has collected 1,202 pounds of unwanted medication in its new dropoff kiosks during the first six months.

About two in three people who abuse prescription opiates get them from family and friends. Please encourage your patients to dispose of unused or unwanted medication at the new kiosks, located outside of the Redding

Police Department, Anderson Police Department and City of Shasta Lake Sheriff's Office, and inside the lobby at the sheriff's office in Burney. These kiosks cannot be used by medical offices or other businesses.

Our thanks to Redding East Rotary, Anderson Rotary, Anderson Lions Club, Anderson Kiwanis, Burney/Fall River

Continued on page 3

Fibromyalgia pain control in primary care

By Shepard Greene, MD,
Chief Psychiatrist
Shasta County HHSA

With the growing concern of Rx opioid/heroin abuse and addiction across the country, and pundits advocating for various solutions, I've opted to briefly touch upon a common patient presentation.

"Doc, I'm sore all over ... I'm not sleeping ... I've got no energy ... I can't concentrate ... I'm anxious ... my husband's starting to get annoyed with me ... I saw a therapist for a while but that didn't help ... My other doctor put me on Lexapro and then Abilify and then Brintellix and then wanted me to try something else, but ..."

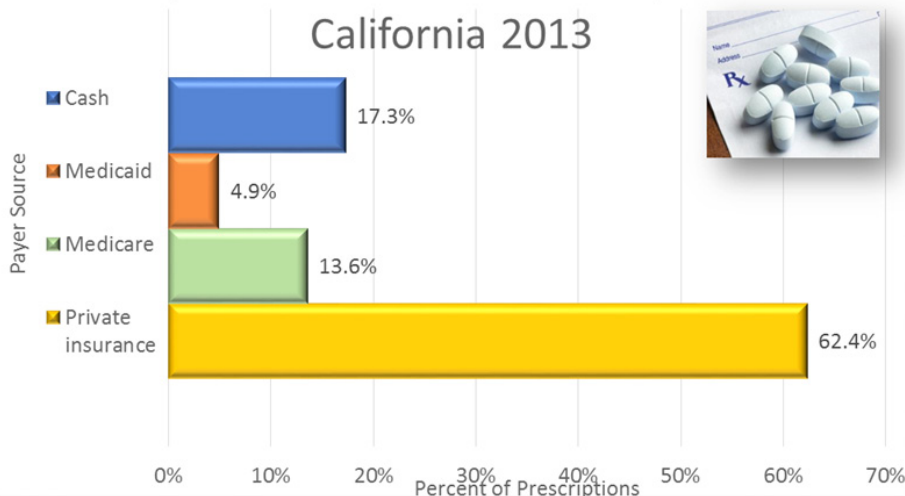
You opt to obtain the obligatory labs to include a CBC, comprehensive chem panel, TSH, ESR, ANA, RA and the results were unrevealing. You start thinking about Lyme titers, Parvo and anything else that you can think of prior to asking for a rheumatology consultation.

The friendly response from your colleague thanking you for the referral of "this most interesting

Continued on page 2

Payment Source for Opioids

California 2013



Also in this issue

The economic burden of chronic diseases in Shasta County.....	Page 2
Protect older patients from falling.....	Page 3
Sign up for CalREDIE's online provider portal.....	Page 4

The economic burden of chronic diseases in Shasta County

The annual morbidity and mortality report is enclosed in this issue of Provider News to show you which diseases are most common in Shasta County.

More than half of Americans suffer from one or more chronic diseases, and the estimated cost of medical services for treating these conditions exceeds \$1 trillion annually nationwide.

The rate is expected to increase annually. The Affordable Care Act offers an opportunity to address those challenges by expanding prevention services.

Disease	Estimated prevalence	Estimated health care cost
Arthritis	35,182	\$ 93,160,668
Asthma	26,995	\$ 52,510,610
Cardiovascular disease	58,503	\$ 234,525,831
Diabetes	10,518	\$ 60,766,241
Cancer	8,393	\$ 94,309,971
Depression	24,482	\$ 60,979,408

This table shows the prevalence and costs of these diseases in Shasta County, according to the CDPH. View the statewide report

in its entirety at www.cdph.ca.gov; search for “economic burden of chronic disease in California 2015.”

Fibromyalgia, by Dr. Shepard Greene...

Continued from page 1

patient” suggested a diagnosis of fibromyalgia high on the differential. Now what?

As of yet, there are no official treatment guidelines from the American College of Rheumatology, but there is a consensus of expert opinions regarding a multimodal approach that includes medication, cognitive behavioral therapy and lifestyle changes that include exercise.

Please refrain from the use of opiates; quite simply, they don’t work and may eventually exacerbate fibromyalgia. SNRIs to include venlafaxine (Effexor XR), desvenlafaxine (Pristiq) or duloxetine (Cymbalta) in combination with alpha 2 delta ligands such as gabapentin (Neurontin) or pregabalin (Lyrica) may help. How? By modulating hypothetically malfunctioning spinal cord/brain circuits. The antidepressants may activate the descending inhibitory pathways that reduce the activity of nociceptive pain neurons. The alpha 2 delta ligands may diminish excessive neuronal activity by modulating voltage sensitive calcium channels.

Should you or your patients still feel strongly about using tramadol (Ultram), caution is warranted. Most if not all your patients with fibromyalgia will also be using an antidepressant. Many of the antidepressants

will inhibit the metabolism of tramadol and in turn precipitate seizures or induce a serotonin syndrome.

There is really no role for the use of hydrocodone, oxycodone, methadone, fentanyl, etc. in fibromyalgia. Research shows opiates are of little benefit to most people with fibromyalgia and may cause greater pain sensitivity or make pain persist. Perhaps we can make a difference in our community by educating our patients regarding multiple approaches to pain management, while still empathizing with their unfortunate maladies.

Emphasize the role of staying active as the primary treatment modality. Recommend joining a Tai Chi or yoga club or any other activity that may appeal to your patients. De-emphasize the role of medication, but continue to prescribe alternatives to opiates as necessary. Lower your patients’ expectations by realistically explaining that symptoms will only be reduced by approximately 25-50%. Encourage participation in support/therapy groups, as they will need to learn to live with their symptoms rather than expecting a cure. Fibromyalgia patients may benefit from visiting www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Fibromyalgia.

Protect older patients from falling

Annually in the United States, 2.5 million persons aged 65 and older are treated in emergency departments for injuries from falls, resulting in \$34 billion in direct medical costs. Health care providers can help their patients learn to protect themselves from the risks of falling.

Among older adults, falls are the number-one cause of fractures, hospital admissions for trauma, loss of independence, and injury deaths. Fall-related fractures are typically in the hip, pelvis, spine, arm, hand or ankle. Hip fractures are a leading cause of loss of independence.

As people age, their fear of falling may increase, leading them to avoid activities like walking, shopping or taking part in social activities; this can be detrimental to mental and physical health. Consider referring patients to a

physical therapist if your patient needs help improving their balance or building confidence.

Advise patients to tell you if they fall, even if they are not hurt. Falls can signal a new medical problem, such as diabetes, blood pressure issues or medication problems. New eyeglasses or a walking aid may also be needed.

Also, encourage your patients to maintain an appropriate exercise routine to improve balance and keep muscles strong. Check out the Senior Fitness page on the Health and Human Services Agency website, www.shastahhsa.net (go to Health and Safety, then Senior Fitness).

Older adults should also take steps to make their homes safer by removing loose rugs, adding handrails to stairs and hallways, and ensuring lighting is adequate.

Use of life-sustaining treatment form expands

Nurse practitioners and physician assistants acting under the supervision of a physician and within their scope of practice are now authorized to sign Physician Orders for Life-Sustaining Treatment (POLST).

This is a medical order that

gives seriously ill patients more control over their care. Signed by both doctor and patient, POLST specifies the types of medical treatment that a patient wishes to receive at the end of life. Find the form and more information at www.capolst.org.

Drug dropoff kiosks...

Rotary, Shasta County Chemical People, A Sobering Choice Coalition, Redding Police Department, Anderson Police

Department and the Shasta County Sheriff's Department for their partnership in this effort. Learn more at www.rxsafeshasta.com.

Continued from page 1

In brief

Register for CURES

If you have both a state regulatory board license authorized to prescribe, dispense, furnish or order controlled substances and a Drug Enforcement Administration Controlled Substance Registration Certificate (DEA Certificate), **you must register** to use the Controlled Substance Utilization Review and Evaluation System (CURES) **by July 1, 2016**. This is required by California law, and is a helpful tool for physicians, as it helps identify patients who are obtaining controlled drugs from multiple sources. Learn more about the upgraded system, CURES 2.0, at www.cmanet.org/cures. Need help? Call the DOJ CURES Help Desk at (916) 227-3843 or cures@doj.ca.gov.

You can also find an on-demand webinar about this topic at www.cmanet.org/resource-library/detail?item=cures-20-navigating-the-states-new0

Testing for Zika

Zika Virus is an ever-changing situation. You can find the most current information at www.cdph.ca.gov/Zika. If you think someone meets CDC criteria to be tested, find the lab forms at www.shastahhsa.net. Click on "Professionals," then "Medical Professionals" and scroll down to Zika.

Shasta County Public Health
2650 Breslauer Way
Redding, CA 96001

**PRSR STD
US POSTAGE PAID
REDDING CA
PERMIT NO.7**

Return Service Requested

In brief

Ditch the paper – sign up for CalREDIE’s convenient online provider portal

Providers are encouraged to sign up for CalREDIE’s Provider Portal, a secure, web-based interface with the California Department of Public Health’s communicable disease reporting and surveillance system.

Providers can transition from paper and fax reporting to electronic reporting. They can also submit Confidential Morbidity Report (CMR) data directly to the health department with documentation

of their submission, all electronically secure.

To register, fill out this form: www.cdph.ca.gov/data/informatics/tech/Documents/CalREDIE_Reporter_Account_Authorization_Form.pdf

Return it to Jennifer Black, Shasta County Health and Human Services Agency epidemiologist, at jblack@co.shasta.ca.us or by fax at 225-5074.

Contributors to this Issue:

Andrew Deckert, MD, MPH, Health Officer

Shepard Greene, MD, Chief Psychiatrist

Jennifer Black, MPH, Epidemiologist

Benjamin O’Neil, MPH, Epidemiologist

Kerri Schuette, Supervising Community Education Specialist

Wendy Millis, Community Education Specialist

Karen Ambrecht, RD, Public Health Nutritionist

Jeff Van Ausdall, Senior Staff Analyst

Subscribe to our online version!

Visit www.shastahhsa.net and click “Provider News” under “News and Publications.”