



Monday through Friday
8:00 A.M. to 8:00 P.M.

Saturdays & Holidays
9:00 A.M. to 1:00 P.M.

Sundays & Christmas
Noon to 4:00 P.M.

IT'S ABOUT PAIN

A monthly service of Kirkpatrick Family Care

Vol 2, Number 3, November 2017

WHAT COMES AFTER THE NEW RULES?

As I mentioned in the October edition, it appears that the new government-initiated rules, regulations, recommendations, and requirements will focus on reducing the number of post-operative patients who become addicted to pain medicine, and intervening if/when people with chronic pain escalate their Morphine Equivalent Doses to more than 90mg.

90Mg Morphine is equivalent to:

| | | |
|-------------------|----------------------|-----------------------|
| 90 mg hydrocodone | 60mg oxycodone | 37.5mg fentanyl patch |
| 600mg codeine | 22.5mg hydromorphone | 30mg oxymorphone, |
| 900mg tramadol | 360mg tapendatol | 22.5mg methadone |
| 7mg butrans patch | 30mg pentazocine, | 900mg meperidine |

(source: CDC's "Oral Morphine Milligram Equivalent (MME) Conversion Factors" chart)

What's the bottom line? First, because we (KFC) don't perform surgery, the issue of post-op pain medication will become a negotiation between patient and surgeon. Most likely, in order to get more than 7 days (42 doses) of pain medication, somebody will have to get authorization from a government agency or an insurance company, or (if it's all left to the surgeon and he/she is afraid of getting listed as a Violating Prescriber), pressure from another source, like an attorney.

Will patients with chronic pain be excluded from this—will the government decide that forcing patients to give up safe and effective (in their personal situation) opioid therapy, is too dangerous and complicated? Or that efforts to do so, have driven many people to dangerous illegal drugs and death?

Maybe. But there's a long list of powerful entities (translation, strong lobbies in Washington, DC) that stand to benefit from restrictions on opioids for the 50 million Americans suffering from chronic pain:

- Insurance companies (pain pills become personal expense, not insurance expense)
- Big Pharma (new "abuse deterrent" opioids cost 10x the price of oxycodone/methadone)
- Health Care Companies (more \$50K spinal cord stimulators and \$100K morphine pumps)
- Marijuana industry (CMDs for pain)
- Drug dealers (more customers, and higher prices via supply and demand economics)
- Drug Cartels (spotlight switches to doctors/pharmacists/patients)
- Media (more viewers and readers)
- Therapists (physical, massage, psycho, acupunctural) except that these pain-helpful services aren't well covered by insurance

Stay tuned. The roller coaster ride (2014 Edicts: We're under-treating pain, so people are suffering; 2017 Edicts: We're over-treating pain and people are dying) continues.



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