

Center for Rural Pennsylvania Public Hearing

Testimony of Dr. Thomas Farley, MD MPH, Health Commissioner, City of Philadelphia

September 25, 2019

I am Dr. Thomas Farley, Health Commissioner for the City of Philadelphia. Chairmen Yaw and members of the committee, thank you for allowing me to testify today to address the opioid crisis and our access to data to address it.

Philadelphia has been hit particularly hard by the national crisis of opioid use, addiction, and overdose. More than 2,300 people have died of a drug overdose in the last two years, giving Philadelphia the highest overdose mortality rate by far of any large city in the nation. While several factors are contributing to this crisis, over-prescribing of pharmaceutical opioids like Oxycontin, Vicodin, and Percocet are a major cause of the problem.

Although we should all be concerned about diversion of opioids from the legal to the illegal market, the primary source for pharmaceutical opioids in Philadelphia today is a legal prescription from a licensed health care provider. In a survey that we conducted, 75% of people taking opioids obtained them from this route. If we are going to reduce the over-use of opioids, then, we must focus on reducing prescribing by licensed physicians, nurse-practitioners, and physicians' assistants.

My department – the Philadelphia Department of Public Health – has taken many steps to persuade health care providers to reduce their opioid prescribing.

- We have mailed simplified prescribing guidelines to over 20,000 physicians in the metropolitan Philadelphia area.
- We have sent staff into the offices of more than 1,300 medical practices to deliver very direct messages about reducing prescribing.
- We have developed and distributed additional guidelines, including:
 - Guidelines of how to safely discontinue opioid use – through gradual tapering - for patients who are physically dependent on them
 - Guidelines for dentists
 - Guidelines for use of opioids after surgery
- We have developed and run a media campaign on television and social media warning consumers about the risks of opioids.

Pennsylvania's Prescription Drug Monitoring Program could serve as a crucial tool to reduce over-prescribing. Currently, the PDMP is extremely useful for doctors to identify patients who have received prescriptions of opioids from other physicians. That involves use of the data one patient at a time. But if the opioid prescribing data in the PDMP is aggregated to the physician level, it could be used in many other ways to address this problem.

Our analysis of de-identified PDMP data shows that prescribing of opioids by health care providers in Philadelphia is extremely skewed. 1% of prescribers write nearly 25% of prescriptions. The next 10% of prescribers write nearly 50% of prescriptions. And more than half of prescribers write virtually no opioid prescriptions at all. Therefore, our outreach and education to prescribers should be targeted rather than “one size fits all”.

The aggregate data on physician opioid prescribing patterns could be used to:

- Target our education to high-volume prescribers to persuade them to write fewer prescriptions;
- Shape those educational messages according to the medical specialties and prescribing practices of these high-volume prescribers; and
- Evaluate the effect of these steps by measuring changes in providers’ prescribing patterns.

Unfortunately, we have been told that the law as currently written does not allow us access to the prescribing data in the PDMP for these purposes. These limits prevent us from having a strong response to a public health crisis of enormous magnitude. We could save more lives with changes to the PDMP law that allow us to see the names of prescribers.

A second source of information that could greatly help our response to the opioid crisis is data about people who overdose on opioids and survive. Research shows that people who have had at least one overdose are more likely to have another. If a person who has had an overdose is seen in an emergency department, there is an opportunity to help prevent a repeat overdose by linking them to treatment for drug addiction. Near real-time data is needed to drive rapid, coordinated community response to increases in opioid overdoses. That data is most effective when identifying information is provided to both state and local health officials, because local officials have the local resources to provide survivors various support services. Unfortunately, timely, actionable nonfatal overdose data is not available to local public health officials in Pennsylvania.

Finally, we believe we can better combat the opioid crisis by having mortality review teams study information about people who suffer from fatal overdoses. Mortality review teams are multiagency, multidisciplinary groups that examine the circumstances surrounding deaths in their jurisdictions in detail. These review teams uncover the who, what, when, where, and how of deaths, and characterize any missed opportunities to prevent those fatalities. This information can then be used to change systems and operations in ways to prevent future fatalities. We have recently created an overdose mortality review team in Philadelphia, and this group is developing recommendations to reduce overdose deaths there. Other counties could establish similar mortality review teams, based on the areas of greatest need, in their individual communities. However, just as with the PDMP data, our mortality review team is significantly limited by legal barriers to sharing critical information about the decedents with team members.

Philadelphia is again on track to have another 1,100 overdose deaths in 2019. We cannot continue to allow barriers to information-sharing hamper our efforts to prevent future deaths. It is critical to amend the law to allow local health departments to protect our residents from this crisis. Specifically, we recommend changes to:

- Allow access to data on prescribing in the PDMP by local health departments

- Allow use of the data to target education to high-volume prescribers and evaluate the effect of that education
- Allow for the reporting of nonfatal overdoses to help those at greatest risk of a fatal overdose
- Allow for local mortality review teams to conduct comprehensive reviews among vulnerable populations to understand the factors that contributed to deaths and prevent future deaths.

Thank you for the opportunity to testify. I am happy to answer your questions and I look forward to continuing to work with you to fight the current opioid epidemic.