



Approaching the Opioid Epidemic

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As a medical student who has just started participating in clinical medicine, the current opioid epidemic has seemed overwhelming. Over the past few months many changes regarding the prescribing of opioids have been made across the country, including in Michigan. Many clinicians with whom I have worked with offer differing views on the epidemic, as well as the way it can best be addressed. It is difficult as medical students to form our own opinions on these issues when we know comparatively so little. However, the changes being implemented to address the current opioid epidemic represent the first in a long series of dramatic changes to health care that will occur during our careers. Given the staggering numbers of people being affected by opioid use and abuse, we have a responsibility as the future physicians of this country to understand the problem, where changes can be made, and how those changes can be implemented.

Luckily, here in Michigan, a lot of this work has already begun. The Opioid Prescribing Engagement Network (OPEN, www.michigan-OPEN.org) is a unique organization working to address this problem across by addressing opioid prescribing after acute care (surgery, dentistry/oral surgery, emergency medicine, and trauma). They have identified the perioperative period as a key time when many opioid-naïve patients are first introduced to opioids. Between 2010–16, opioid prescribing by primary care physicians decreased, and thus, there has been a relative increase of new opioid prescriptions by surgeons and dentists by 17 percent and 68 percent, respectively.¹ Moreover, they have shown that 6–10 percent of opioid-naïve patients continue to fill opioid prescriptions 3 months following their procedure, which can be considered new persistent use.^{2,3,4} If you consider how many people undergo procedures in the United States annually, this could mean millions of new chronic users of opioids each year after surgery.

Furthermore, about 70 percent of the opioids prescribed for surgery go unused and become a source for diversion and abuse.⁵ Lastly, studies have found that there is no association between the number of pills prescribed to those patients not using opioids before surgery and the likelihood of refill or satisfaction with their care.^{6,7,8} For these reasons, OPEN is aiming to reduce the opioids prescribed for

acute care by more than 50 percent. Whereas opioids have a role for acute use after painful surgery, prescribing more opioids than patients need or are using poses a great deal of potential harm. It may send the message to patients that they need additional doses, prompting them to use more and consequently increase their own likelihood of dependence. Furthermore, unused pills are difficult to dispose of safely, and can lead to greater misuse in the community when left in medicine cabinets. Using data from the Blue Cross Blue Shield of Michigan-funded surgical collaboratives from the 73 major hospitals in the state, OPEN is working to fill the gaps in knowledge about the amount of opioids most patients required after a given procedure by crafting guidelines for initial post-op prescriptions following different surgical procedures—currently recommendations can be found for 18 common surgeries with many new recs coming soon (www.opioidprescribing.info). This will help to guide physicians in prescribing a reasonable amount of opioids, while reducing the risk of patients developing new dependence, as well as distribution of unused opioids in the community.

Additionally, because we know that a considerable portion of opioids prescriptions go unused and become a potential source for misuse and abuse, OPEN is working

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to improving disposal practices of unused opioids in our communities by holding medication take-back days across the state. These events provide a way for patients to dispose of any unused medications safely. In their last opioid drive in 2017, they organized 27 cities for a single event and collected more than 2,300 pounds of pills, which brings their total collected to more than 3,500 pounds. The website has a toolkit for hosting your own opioid drive, and their team will help guide and support your group, even if you are outside of Michigan.

These are just some of the things being done in one state to address a large and complex problem. First and foremost, we need to start involving ourselves in the often-difficult conversations with patients about opioid use, as well as learning about ways that prescribing is changing to help us be more equipped physicians in the future. Additionally, more large-scale work, like the work being done by OPEN, offers a unique opportunity for us, as students, to get involved in shaping the future of medicine. And if nothing else, the changes being implemented provide one model of how we can work to address future large-scale changes to the practice of medicine as they inevitably arise.

References

1. Larach DB, Waljee JF, Hu HM, et al. Patterns of initial opioid prescribing to opioid-naïve patients [published online July 24, 2018]. *Ann Surg*. doi:10.1097/SLA.0000000000002969
2. Brummett CM, Waljee JF, Goesling J, et al. New persistent opioid use after minor and major surgery in US adults. *JAMA Surg*. 2017;152(6):e170504.
3. Lee J, Hu HM, Edelman AL, et al. New persistent opioid use among patients with cancer after curative-intent surgery [published online October 19, 2017]. *J Clin Oncol*. 2017;35(36):4042–4049.
4. Harbaugh CM, Lee JS, Hu Hm, et al. Persistent opioid use among pediatric patients after surgery [published online December 4, 2017]. *Pediatrics*. 2018;141(1):e20172439.
5. Bicket MC, Long JJ, Pronovost PJ, Alexander GC, Wu CL. Prescription opioids commonly unused after surgery: a systematic review. *JAMA Surg*. 2017;152(11):1066–1071.
6. Lee JS, Hu HM, Brummett CM, et al. Postoperative opioid prescribing and the pain scores on hospital consumer assessment of healthcare providers and systems survey. *JAMA*. 2017;317(19):2013–2015.
7. Sekhri S, Arora N, Cottrell H, et al. Probability of opioid prescription refilling after surgery: does initial prescription dose matter? *Ann Surg*. 2018;268(2):271–276.
8. Bateman BT, Cole NM, Maeda A, et al. Patterns of opioid prescription and use after cesarean delivery. *Obstet Gynecol*. 2017;130(1):29–35.



Helpful hints:

- 1) Use the hashtag #ANES18 on social media to post and follow your fellow ASA members
- 2) Stop by the ASA Membership Matters Photo Booth #2345 for a complimentary professional portrait
- 3) Download the ASA My Meeting app and look for the Residents and Medical Students icon
- 4) Register to [LIVE STREAM](#) four popular main conference events, up to two weeks after the conference. (Attendance at ANESTHESIOLOGY 2018 not required!)
 - a. Opening Session for ANESTHESIOLOGY 2018
 - b. Emery A. Rovenstine Memorial Lecture
 - c. John W. Severinghouse Lecture on Translational Science
 - d. Town Halls on Drug Shortages

ANESTHESIOLOGY® 2018:

Make the Most of the Meet and Greet with Residency Program Directors

Before you arrive – make a plan

- Residency programs are organized by geographic region in the room
- Utilize the map provided and prioritize the program tables you would like to visit in the time you have available

Network

- Introduce yourself with a firm handshake, warm smile and good eye contact
- Let programs get to know you by providing more details about yourself (school, year, hometown, interests, career goals)
- Be clear about your level of interest (recently applied, upcoming interview, interested in applying)

The mini interview

- Take the opportunity to get to know the program and their representatives
- Top 10 Questions to Ask:
 1. How do you determine which applicants will be successful residents in your program?
 2. How does your program set itself apart from other programs?
 3. What is the culture or morale of your program? How is it fostered?
 4. What would you consider some strengths of your program?
 5. What are areas of your program that you are working on to improve right now?
 6. What changes do you have planned for your program over the next few years?
 7. What programs exist for resident education? (lectures, grand rounds, journal clubs, informal sessions, board review courses?)
 8. What global/research opportunities are available for residents?
 9. What do your graduates do when they finish their program?
 - a. Percent in fellowship versus practice?
 - b. Do they stay local or move to other geographic areas?
 10. What fellowship programs does your institution have? Do they take internal applicants only or is there a preference for external? What have been popular fellowships that residents of your program have pursued the last few years?

Not attending ANESTHESIOLOGY 2018? View [video interviews](#) with four residency program directors provided by the ASA Medical Student Component Governing Council officers.

Friday, October 12

Opening Session: Lessons Learned on the Way to Practice | MS01/RF01
7:30 – 8 p.m.

San Francisco Marriott Marquis, Nob Hill Ballroom
Faculty: Kristina Goff, M.D., Talla Ben-Jacob, M.D., Elizabeth Malinzak, M.D., Rosemarie Garcia-Getting, M.D.

Welcome Reception | MS02/RF02
8 – 10 p.m.

San Francisco Marriott Marquis, Yerba Buena – Salons 10-15
Faculty: Chad Greene, D.O., Esl Dickson

Saturday, October 13

Medical Student Off-Site Workshop – UCSF Anesthesiology | MS03
8 a.m. – Noon
Pre-registration required

What's It Like to Be a Resident or Fellow? | MS04
9 – 9:50 a.m.
Moscone Center, West Building, 3016
Faculty: Christina P. Le-Short, M.D.

Applying to Residency and Finding the Best Fit MS05
10 – 10:50 a.m.
Faculty: Shawn Banks, M.D., Paul Potnuru, M.D.
Moscone Center, West Building, 3016

Don't Let Loan Debt Limit Your Choices – Proven Strategies to Reduce Student Loan Debt Without Paying More | MS06
11 – 11:50 a.m.
Moscone Center, West Building, 3016
Faculty: Chris Long, CFP, CLU, ChFC, CLTC, Gregg Helman, Consolidated Planning, Inc.

Planning for Your Future in Private or Academic Practice | MS07
1 – 1:50 p.m.
Moscone Center, West Building
Faculty: Tammy Carpenter, M.D., Annemarie Thompson, M.D.

How to Build a Professional Network in Anesthesiology | MS08
2 – 2:50 p.m.
Moscone Center, West Building, 3016
Faculty: Samuel Yanofsky, M.D., M.Ed., Ira Todd Cohen, M.D., M.Ed., FAAP, Sean Barnes, M.D., M.B.

Meet and Greet with Residency Program Directors MS09/RF07
3:30 – 6 p.m.
Moscone Center, West Building, Exhibit Hall, Level 1
Faculty: Esl Dickson

Sunday, October 14

Fellowships & Career Paths Panel | MS10/RF08
7:30 – 9 a.m.
San Francisco Marriott Marquis, Yerba Buena – Salons 10-15
Representation from cardiac, chronic pain, critical care, obstetrics, pediatrics and regional pain.
Moderator: Dean Connors, M.D.

Medical Student Component House of Delegates Meeting & Educational Session | MS11
9:30 a.m. – Noon
San Francisco Marriott Marquis, Golden Gate Ballroom A
Faculty: Esl Dickson



ASA® My Meeting app: Stay Connected
Using this mobile app will enhance your meeting experience. For more information, download the ASA My Meeting app at goanesthesiology.com/app.



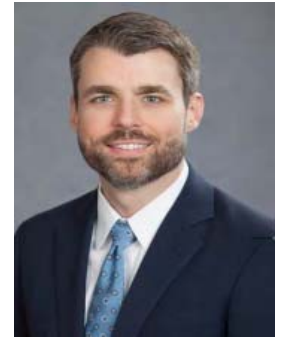
Applying to Residency and Finding the Best Fit

Dr. Paul Potnuru earned his M.D. from the University of Texas Medical Branch. He currently serves as a chief resident at the Jackson Memorial Hospital/University of Miami. Dr. Potnuru has deep interests in research on health care technology and informatics, in particular how to best utilize health care data from electronic medical records to improve patient outcomes and add value to health care delivery systems. He was a recipient of the 2017 FAER Resident Scholar Award.

Paul Potnuru, M.D.

Applying to Residency and Finding the Best Fit

Dr. Shawn Banks earned his M.D. from the University of Alabama School of Medicine. He went on to complete his residency at Jackson Memorial Hospital/University of Miami. He is currently an Associate Professor of Anesthesiology at the University of Miami Miller School of Medicine, as well as the program director of one of the largest anesthesiology residency programs in the country at Jackson Memorial Hospital.



Shawn Banks, M.D.



Don't Let Loan Debt Limit your Choices

As a member of Consolidated Planning, Inc., Mr. Chris Long specializes in helping current and future physicians of all stages of their career to maximize their assets and funds to achieve their goals. He combines his professional financial knowledge with his personal experience. As a physician spouse, Mr. Long has experienced the medical school to practice journey, as well as all the financial debt that is accrued along the way, with his wife Leslie S. Long, M.D., who is an anesthesiologist. They live together in Columbia, SC with their two sons.

Chris Long, CFP, CLU, ChFC, CLTC

Planning Your Future in Private or Academic Practice

Dr. Tammy Carpenter earned her undergraduate degree in engineering from Washington University in St. Louis, MO. She then worked at the Applied Physics Laboratory at Johns Hopkins prior to attending medical school. She earned her M.D. from The University of Chicago, Illinois, and completed her anesthesia residency at Oregon Health & Science University. Dr. Carpenter joined Oregon Anesthesiology Group (OAG) in 2007, and currently practices at Northwest Ambulatory Surgery Center (NWASC) in Portland, OR. She is a member of the OAG Board of Directors and serves as OAG's ASC Medical Director.



Tammy Carpenter, M.D.

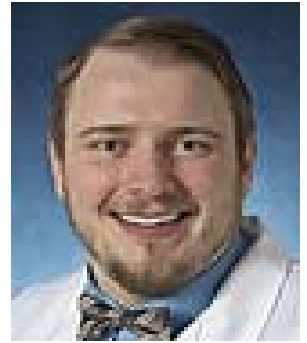
**Annemarie Thompson, M.D.
(not pictured)**

How to Build A Professional Network in Anesthesia

Sean completed his undergraduate degree at the University of Chicago and then his M.B.A. at the Booth School of Business at the University of Chicago. In 2010 he came to Johns Hopkins as the first combined pediatrics and anesthesia resident and was a chief resident in anesthesiology. He then completed his pediatric critical care fellowship and pediatric anesthesia fellowship here at Hopkins.

Sean's academic focus is on prevention and management of pediatric delirium in the perioperative period. He was awarded a ACCM Departmental STAAR grant to support his work on pathophysiology of delirium in children undergoing surgery for heart disease.

He also has a well-known interest in social media and the impact it has on medicine.



Sean Barnes, M.D.



Ira T. Cohen, M.D.

How to Build A Professional Network in Anesthesia

Dr. Ira T. Cohen is on faculty at the Johns Hopkins University School of Medicine. His area of clinical expertise is anesthesiology.

He earned his M.D. from the New York University School of Medicine. He completed an anesthesiology residency at New York University Langone Medical Center and a pediatrics residency at Montefiore Medical Center. He performed a fellowship in anesthesiology at Children's National Medical Center.

How to Build A Professional Network in Anesthesia

Dr. Samuel Yanofsky earned his M.D. from Saint Louis University School of Medicine. He went on to complete his residency at University of Connecticut and Fellowship in Pediatric Anesthesia /Critical Care at Childrens Hospital of Philadelphia. He now serves as an Attending Physician and Assistant Professor of Clinical Anesthesiology at Keck School of Medicine of USC.



Samuel Yanofsky, M.D.



Senator Steven Dickerson, M.D.

Medical Student Component House of Delegates Keynote:

You Should Be President, or at Least the Bass Player of Van Halen

Senator Steven Dickerson, M.D., functions both as a member of the Tennessee State Senate, as well as a practicing anesthesiologist. He earned his B.A. at Sewanee: The University of the South. He went on to earn his M.D. at Wake Forest University. He then completed his residency in anesthesiology at the University of South Florida, where he was a chief resident. He has been practicing anesthesiology and pain management in Nashville, TN for the past 22 years. Furthermore, he served as the president to the Tennessee Society of Anesthesiologists in 2012.

As for his political involvement, Senator Dickerson began his bid for Tennessee State Senate in 2010 and was elected in 2012 to represent District 20. He was the first anesthesiologist to be elected to the Tennessee State Senate. In 2016, he was re-elected. He is involved in many committee appointments, ranging from education to ethics, finance to agriculture and natural resources. He has been able to use his unique role as senator AND anesthesiologist to impact public health on a large scale, including helping pass a bill that legalized a needle exchange program.

Letter from the Editor

Dear fellow ASA Medical Student Members,

It has been my pleasure to serve you as Secretary on the ASA Medical Student Component Governing Council this past year. Thank you to those that contributed to the newsletters. I was inspired by your knowledge and willingness to share it with all of us.

I aim to stay very involved with the ASA as a resident and encourage you all to be involved in the ASA, your school's AIG, and stay committed to this great field of medicine. To everyone, I hope to see you in San Francisco!

Sincerely,

Andrew Neff

MS4, Des Moines University

