

VA OIG Podcast Transcript 20180125-8

Healthcare Inspection Patient Mental Health Care Issues at a Veterans Integrated Network 16 Facility
January 25, 2018

[Dr. Kroviak] I am Dr. Julie Kroviak, Deputy Assistant Inspector General for Healthcare Inspections for the VA OIG. I am joined today by Dr. Alan Mallinger, a Board-Certified Psychiatrist and contributor to the OIG's Healthcare Inspection report on *Patient Mental Health Care Issues at a Veterans Integrated Service Network 16 Facility*.

This January 2018 report described OIG's prior investigation findings that a patient with a mood disorder who had been stable on his medication was taken off his chronic medication regimen and not admitted to a residential treatment program or provided appropriate and timely mental health care prior to his suicide.

Dr. Mallinger, the OIG has published many reports in recent years related to the VHA's efforts to reduce the amounts of certain controlled substances prescribed to veterans. Most notable are the actions taken to address opioids, but there are certainly other medications—like the type mentioned in the report we are focusing on today—that pose a significant risk for abuse and dependence. In this case, care providers favored tapering and discontinuing the dose of a controlled substance that the patient felt he needed. Can you explain what type of medication was being used in this case, and what would prompt a provider to prescribe it?

[Dr. Mallinger] The medication that was used is called a benzodiazepine. This is a family of medications that enhances the activity of a brain neurochemical transmitter known as GABA. Benzodiazepines are used to treat a wide variety of psychiatric and medical conditions including anxiety, insomnia, muscle spasms, and seizure disorders. These medications are also used for sedation, both before surgery and during procedures such as endoscopy, and for medically controlled withdrawal from alcohol.

[Dr. Kroviak] With such broad applications, what is the potential risk associated with this kind of drug?

[Dr. Mallinger] A patient who is treated with a benzodiazepine at high doses for an extended time may develop physiological dependence, meaning that they will experience physical symptoms if the medication is suddenly decreased or stopped. Examples range from mild shakiness or trouble sleeping to severe and even potentially life-threatening events such as seizures. Benzodiazepines are sometimes obtained illicitly by individuals who abuse them, often in combination with other drugs.

[Dr. Kroviak] This particular case highlights the challenges in managing a patient with a chronic mood disorder during a time when health care providers are strongly encouraged to limit their prescribing of medications considered high risk for dependence and abuse. How does this case align with the bigger picture of VA and other national efforts to safeguard patient safety by reducing the prescribing of controlled substances?

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[Dr. Mallinger] We are living in a time when there is significant and legitimate concern about increasing deaths from prescription medication overdoses, and efforts to reduce prescribing are one way to combat this trend. Patients who are prescribed a controlled substance may sometimes misuse that medication, or it may pass into the hands of a different individual who could then abuse it. The biggest concern at present is with opioid drugs, but the class of medications discussed in this report can combine with opioids and make them more lethal.

[Dr. Kroviak] So as physicians, we can both understand why providers are reluctant to prescribe controlled substances to patients, but is there another perspective we all need to consider?

[Dr. Mallinger] Yes, the patient was requesting treatment with a benzodiazepine, and even though it was an unusually high dose, the medication had been effective for him for decades. Furthermore, other more common treatments for his condition had not been effective or tolerable in his case.

[Dr. Kroviak] So this was a patient with unusual treatment needs?

[Dr. Mallinger] Yes, the medication that worked well for him would not have been a good choice for the average patient with his condition, and in the wrong hands could even have been misused or abused. But in a patient-centered care environment, the care provided must be respectful of, and responsive to, individual patient preferences, needs, and values; furthermore, those patient values must be considered in all clinical decisions.

[Dr. Kroviak] So how can treatment providers decide when to prescribe controlled substances and when to make patients do without them even when they are requesting the treatment?

[Dr. Mallinger] That is certainly a difficult question. In general, providers in the VA system and elsewhere are being encouraged to reduce or eliminate prescribing of controlled substances. This reflects the perspective of a public health agenda, which is clearly important. But every patient and every clinical situation is unique, and a truly patient-centered care environment requires active collaboration and shared decision-making between patients and their treatment providers. In the final analysis, the reason we have controlled substances available by prescription is that they are medically necessary to manage certain patients' conditions. From that perspective, it is important to be able to use these treatments as an option when needed.

[Dr. Kroviak] So in this case, would you say it would have been acceptable to prescribe the controlled substance?

[Dr. Mallinger] In this case, the patient benefitted from having the medication, alternative treatments were not successful, and there was no clearly identified evidence of misuse or abuse. Since the patient had such a severe illness and may have been physiologically dependent on the medication he took for so many years, his individual need for the medication offsets the public health concern about prescribing controlled substances in his case.

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[Dr. Kroviak] How could your thoughts about this case be applied more generally in the VA system or any health care setting for that matter?

[Dr. Mallinger] I think providers need to be thoughtful and responsive to patient needs when implementing restrictions on controlled substance prescribing, and the health care system should allow them the flexibility to support this. The pendulum of controlled substance prescribing is swinging in the conservative direction in response to an urgent public health situation, but when individual patients are denied needed treatment, the result can be tragic.

[Dr. Kroviak] Dr. Mallinger, thank you so much for taking time to discuss this report today and for sharing your expertise.

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