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**From:** Ed <[REDACTED]>  
**Sent:** Friday, January 18, 2013 1:46 AM  
**To:** Epstein, Jeff  
**Subject:** Susana Duncan blog on opiate epidemic

Hi Jeff

Thanks for a great meeting. If you need any help to find a geisha =o train a robot, I have just the person in Tokyo. Below is Susana =uncan blog on how doctors, responding to the incentives in health =ystem, accelerate the opiate epidemic.

BELOW

Is Managed Care Pushing Addiction

By Dr.Susana Duncan

America's new addiction, which I wrote about in June in the Huffington =ost, is the epidemic of opiate pain killers, which, aptly named, last =ear resulted in over 16,000 overdose deaths. This is not the =tereotyped drug problem that can be solved by Miami Vice style drug =usts of traffickers and periodic round-up of street-addicts and =ushers. In this epidemic, the traffickers are our respected =harmaceutical companies acting entirely within the law seeking only to =ring legitimate pain relief to sufferers; the addicts are, for the =ost part, upstanding citizens seeking a medical solution to their =ain, and the "pushers" are, with few exceptions, dedicated doctors =tempting to alleviate the suffering of their patients. So how can the =nteraction of decent people, pursuing well intentioned and legitimate =nds, result in a truly disastrous narcotics epidemic?

The answer, as counter-intuitive as it may seems, is that in large part =he epidemic is an unanticipated consequence of "managed are"; which =wept the country in the 1980's to contain rising medical costs.

Almost every week, I have received more calls from new patients =earching for a pain specialist willing to take on the prescribing of =heir drug. In each case the reason given for the need for a new doctor =as their previous doctor's retiring or otherwise no longer being =available for the task. In each case a brief interview revealed the =ature of the injury or physical problem to be either minor or at best =artially diagnosed. Further, there is a turn of phrase, an urgency, a =orn thin quality to their stories, which informs the practiced =istener that driving the call is addiction. The previous prescriber =ad created a demon and had withdrawn.

As I reflect on why this wave of opiate addiction is so rapidly gaining =old in America, I realize that the answer lies in the new realities of =ow doctors must practice to earn their livelihood. Listening to Bill =linton, the only campaign speaker to try to get across the mechanics =f Obamacare, I learned for the first time where the funding (\$617 =illion) for the proposed expansion of medical insurance coverage was =o come from: Hospitals, private insurers and doctors.

A proposed 27% cut in Medicare payments to physicians, already so low =s to drive many physicians to refuse to see Medicare patients, is part =f the agreed legislation. It is not clear that private medical =ractice as we know it will survive at all under these cuts. In the =ast five years physicians have annually fought off a pending far =smaller cut, as the austere economics of managed care compels them to =ompromise and see increasing numbers of patients each hour. This =equisite for what government administrators might call =93efficiency", cuts deeply into a commodity precious to diagnosis =nd patient care, especially precious in pain management; adequate time =or listening, for which, under managed care, there is no commensurate =eimbursement. Pain has its own special, unfortunate place in this new =ut-costs at all cost system. Back and neck problems, vague complaints =f limb pain can be challenging at the best of times and may take long =nd repeated visits, interviewing and examining to fathom and correctly =reat. It takes not so much diligence as time to apply skill in getting =o the bottom of some of these complaints. And time is what is rationed =nder this new system. In this time-is-at-a-premium climate one =nderstands how for a harried physician, prescribing a pain killer =ecomes an expedient substitute for a lengthy diagnostic encounter. =nindeed, in the last decade, the use of opiates in general practice pain =nagement has become increasingly the norm. The sad truth is that =nder economic exigency prescribing in all fields, whether it be drugs =r expensive laboratory or imaging testing, is dramatically escalating; =oo

often replacing appropriate, in-depth office encounters between physician and patient, such that a precious gem of spoken information, which might provide the key, is never heard. This pattern is only growing: Enough pain killers were prescribed in 2010 to medicate every American adult around-the-clock for a month.

If one examines the whole story of opiate use more closely, one finds that (here too) there is another hidden and costly outcome: these prescription drugs can readily reach those for whom they were never intended. A bottle of half finished opiates lying somewhere at home can tempt a teenager, and these drugs have the power to addict within three days of use. Further, less well intentioned callers at doctors' offices have learned to mimic pain, to see multiple doctors with the same story, and then sell the prescribed drugs for handsome profits.

Looking ahead one sees that in a system where symptoms are treated, but the source of pain remains, a growing number of patients will become chronic pain sufferers. And as long as managed care continues to manifest as "efficiencies" in medical practices; doctors' enumeration for office visits progressively is whittled down, and opiate-based pills become faster acting and more powerful, the inevitable outcome tragically is even greater opiate addiction in America.

BLOG AT <http://drsusanaduncan.blogspot.com/>

Best regards

Ed Epstein

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