

## Rockford surgeon a leader in prescribing fewer opioids



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Dr. Mark Barba, left, an orthopedic surgeon in Rockford, is pictured with Joan Malone of Loves Park. Barba replaced Malone's right hip last summer during surgery without using opioids. "It was amazing," Malone said of having no pain after surgery and of her recovery. [PHOTO PROVIDED]

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ROCKFORD — An orthopedic surgeon who since October 2016 has nearly stopped prescribing addictive opioid drugs says his patients are getting better faster.

"It has been amazing," Dr. Mark Barba, a partner with OrthoIllinois, told me on Thursday. Barba performs hip and knee replacements.

Barba spoke Wednesday at an opioid summit hosted by the University of Illinois College of Medicine at Rockford. The summit, attended by 180 physicians, nurses and pharmacists, focused on what health care providers can do to reduce the prescription of opioids.

In Winnebago County last year, 118 of 124 overdose deaths involved the opiates heroin or fentanyl. Many of those who turn to the cheaper heroin to kill pain first became dependent on prescription opioids.

Barba is among physicians nationwide who are prescribing fewer opioids. The [U.S. Centers for Disease Control and Prevention](#) said that the rate at which opioids are prescribed has declined every year since 2012. Even so, Winnebago County's rate is higher than the national rate.

"When you look at opioids in Winnebago County, with so many overdoses, there is no one solution" to the crisis, said Mary Moody, assistant dean for business development and clinical associate professor at the University of Illinois at Chicago College of Pharmacy.

She and Kevin Rynn, vice dean and clinical professor at the College of Pharmacy, talked with me before the summit Wednesday.

Other options for dealing with pain include weight loss, physical therapy, acupuncture or chiropractic treatment, Moody said. "These are things people can do, but they take more work" than taking a pill, she said.

Clinicians also might reconsider whether it is necessary to prescribe 30-day supplies of opioids.

"The longer you are on it," Rynn said, the more apt you are to "become dependent."

Studies have shown, however, that "ibuprofen and plain Tylenol (can be) as effective," Moody said.

The opioid problem became bigger "when pain became the fifth vital sign" for health professionals to use in assessing a patient's well-being, Moody said. The other four are blood pressure, pulse, temperature and breathing. "We started assessing pain more closely," she said. The compounding factor is that "everyone reacts differently to pain."

Hospitals and insurers consider patient satisfaction when grading health professionals and reimbursing health care providers.

John Frana, president of the Frana Group, a Rockford-based health care consulting firm, said the "real issue is the smiley face approach."

He was referring to the 10-point pain scale you see in the doctor's office. The happy face at the low end means pain free, while the crying, sad face on the other end indicates excruciating pain.

"The easiest thing to do is write a script for an opioid" to fix a patient's pain, Frana said.

Barba, who has been practicing medicine in Rockford for 22 years, previously used morphine and Dilaudid for surgeries. But he stopped prescribing all but the milder Tramadol "to avoid the side effects of the drug dependence — the difficulty in getting patients off it."

"They really don't provide great pain relief" anyway, he said. Instead, he said that using Tylenol regularly before and after surgery is quite effective and that an anti-inflammatory such as Advil can ease pain. And they're not addictive.

Barba's shift away from prescribing opioids has produced dramatic results, he said. Patients wake up alert in recovery after surgery. They recover sooner and require less help from others.

The federal Centers for Medicare & Medicaid Services is taking note, too, he said. Many of his patients are covered by Medicare.

Barba is in a group of 900 orthopedic surgeons the CMS monitors every four months for hospital readmissions, which are costly.

Before he by and large cut out use of opioids for patients in October 2016, Barba was ranked in the middle of the pack. The last three or four times the rate was measured, Barba said, he was in the top 10 for fewest readmissions.

Joan Malone, 61, of Loves Park, who has arthritis, isn't sure exactly what medications Barba gave her when he replaced her right hip last summer, but she knows they weren't opioids. "I am afraid I would be addicted; it's scary," she said.

Before surgery, Malone said, she had been in excruciating pain and figured she'd be in pain after surgery, but "I had no pain. I took a shower the next day. I used a walker for about two weeks, but just for safety." She said she didn't even have to have physical therapy after surgery.

"It was amazing," she said.

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### **Opioid prescribing rates**

The rate at which opioids are prescribed in Winnebago County is higher than the national rate in 2016, according to figures compiled by the U.S. Centers for Disease Control and Prevention.

The national rate: 66.6 prescriptions per 100 persons; Winnebago County, 94.5.

Other area counties: Stephenson, 82.9; McHenry, 63; Boone, 50.6; Ogle, 24.

The highest in the state: Hardin County in southern Illinois with a rate of 293.5.