A Systems Approach to the Opioid Crisis

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Mara Laderman, MSPH
Lindsay Martin, MSPH

December 6, 2016
9:30 – 10:45 AM
11:15 AM – 12:30 PM
Objectives

- Describe a systems approach to addressing the opioid crisis, including the roles of different stakeholders.

- Understand how one community has successfully deployed multiple strategies to reduce opioid-related morbidity and mortality.
Session Agenda

- Overview of systems approach and theory of change
- Case study of Columbia Pacific Coordinated Care Organization’s work to address the opioid crisis in their community
- Exercise: Identifying the current state in your community and next steps.
Overview of Systems Approach

Mara Laderman, MSPH
Lindsay Martin, MSPH
Research themes: Lack of System Design

- Lack of coordination of resources/approaches
- Gaps in the community:
  - Lack of presence of health care systems in community coalitions
  - Lack of detox beds
  - Lack of addiction treatment facilities (inpatient and outpatient)
  - Lack of bridge between detox and addiction treatment (most critical time to prevent a fatal overdose)
- Community desperation leading to non-traditional resource allocation:
  - Narcotics detectives serve as case managers
  - EMTs serve as case managers
  - Drug courts and treatment replacing incarceration
  - Medical examiners serving as physician educators, relaying opioids overdose data to providers
- Variable use and effectiveness of interventions (Naloxone, PDMP, prescribing practices, safe drug disposal)

IHI 90-day Learning Cycle on Opioids: includes research into 33 large scale efforts, three non-health care led community endeavors, two health care system led community efforts, individual addiction treatment approaches, and state and city focused efforts.
Recognizing local influences

Some states have more painkiller prescriptions per person than others.

Number of painkiller prescriptions per 100 people
- 52-71
- 72-92.1
- 92.2-95
- 96-143

Source: IMS National Prescription Audit (NPA™), 2012.

Estimated Age-adjusted Death Rates for Drug Poisoning by County, United States, 2014

Four Populations of Opioid Use

- **Naïve patient**: avoid starting, thus preventing opportunities for opioid use/abuse
- **High dose chronic use**: compassionately tapering opioids and moving to alternative pain management
- **Opioid dependent, seeking within health care**: addressing opioid-seeking behavior without moving patients to illegal means of obtaining opioids
- **Opioid dependent, seeking outside of health care**: addressing addiction behaviors and outcomes of opioid-seeking individuals
Solution Theory

A solution that utilizes a community-wide system view of opioid use/overuse/misuse/abuse, rather than singular efforts to address different points in time, will have a stronger impact on changing the trajectory of the opioid crisis.
Reverse the opioid crisis in a community

Measures:
- Overdose rate
- Fatal overdose rate
- Individuals in treatment
- Prescription opioid rate

Limit supply of opioids*

- Prescribing practices
- Dispensing practices
- Diversion
- Pharmaceutical production
- Availability of alternative pain management treatment

Raise awareness of risk of opioid addiction

- Identification and education of patients at greater risk for addiction
- Provider education
- Adolescent education
- Adult education
- Reducing stigma around substance abuse

Identify and manage opioid dependent population

- Compassionate, consistent care
- Tapering
- Pain management education
- Availability of alternative pain management treatment
- Education of patients and families

Treat opioid-addicted individuals

- Identification of opioid addicted individuals
- Availability of detox facilities
- Availability of long-term ongoing, comprehensive addiction treatment
- Availability of supportive social services
- Prevention of fatal overdose

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Addressing the Opioid Crisis in Northwest Oregon

Safina Koreishi, MD, MPH
Oregon’s Coordinated Care Model

- Best Practices to manage and coordinate care
- Paying for outcomes and health
- Transparency in price and quality
- Sustainable rate of growth
- Shared responsibility for health
- Measuring Performance

BETTER HEALTH
BETTER CARE
LOWER COSTS
A Journey towards Addressing the Opioid Epidemic

2013:
✓ Community meetings with providers to discuss their needs in order to decrease opioid prescribing
  ○ “If we had an alternative place to refer, we could do it.”
✓ CPCCO promoted best practice guidelines, <120 MED

2014:
✓ CPCCO started the North Coast Pain Clinic, Astoria, OR
  ○ Behavioral-based pain clinic, 10-week group classes

2015:
✓ Pain Clinics expanded to Tillamook & Columbia Counties
✓ Multidisciplinary community meetings in each county to discuss shared vision & how to move forward collectively
✓ CDC draft recommendations, and data review
✓ Benefit expansion: acupuncture for chronic pain & increase PT
✓ End of 2015: Pulled data… no improvement
Despite all of this… Only small decrease in MED >120mg

Number of Members at MED >120 mg

Decrease of 17 members; 14 were in the Reedsport area
2010-2014 Columbia, Tillamook and Clatsop Counties

Estimated cost to region: $2.8 million dollars

Opioid-related poisonings requiring hospitalization: 75
Opioid overdose deaths: 61

Poisonings
Deaths
Oregon Drug Overdose Deaths

Overdose Death Drug Type
- Any Opioid

Years for Map
- 2010-2014

Death Rate per 100,000 Population
- 0.00 to 13.92
The Journey towards Healthcare Reform

IHI Triple Aim

- Population Health
- Experience of Care
- Per Capita Cost

Taskforce
- Quality
- Improved Clinician Experience
- Access

The Missing Aim
- Better Outcomes
- Improved Clinician Experience
- Lower Costs
- Improved Patient Experience

Cost Taskforce

Improved Clinician Experience Taskforce

Access Taskforce
**SYSTEM VIEW: COLUMBIA PACIFIC CCO**

*This maps ongoing initiatives to reverse the opioid crisis onto the system view of the prescription opioid pathway.*

- Changing paradigm of chronic pain
- Behavior-based pain clinics
- Coverage of non-opioid pain management options: acupuncture, physical therapy, yoga, CBT/behavioral health

- **Person has pain**
  - Seek medical attention
    - **Clinician prescribes non-opioids**
      - **Clinic receives prescription/ instructions**
    - **Pharmacy dispenses opioids**
      - **Person requests refill**
        - **Pain continues**
    - **Person receives prescription/ instructions**
      - **Pain resolves**

- **Opioid dependency created**
  - **Prescribing Guidelines**
    - Risk stratification
    - Risk assessments
    - Ceiling dose and tiered goal
    - Opioid dashboard
    - Community of Practice
    - Clinical up-skilling
    - Naloxone
    - Clinic standards and work flows

- **Person obtains opioids**
  - **Opioid-seeking behavior and addiction**
    - **Detox**
      - **Detox center**
      - **Increasing access to specialty mental health**
      - **Crisis response**
    - **Diagnosed with opioid use disorder**
      - **Involvement with criminal justice system**
      - **Death**
      - **Overdose**
      - **Survive**
    - **Addiction treatment, e.g. MAT, Behavioral support**
      - **Provide Medication-Assisted Treatment**
      - **Naloxone available through multiple agencies and locations: public health, pharmacy, addictions treatment**
Regional Opioid Model of Care

Health Care Providers
- Prescribing guidelines
- Ceiling dose and tiered goal
- Opioid dashboard
- Community of Practice
- Changing paradigm of chronic pain
- Clinical Up-skilling
- ED/Surgeons/Dentists

Public Health
- Needle exchange programs
- Naloxone
- Social marketing
- OPDMP grant

Addictions Treatment
- Medication Assistance Treatment
- Detox Center
- Naloxone

Community
- Social Marketing
- Community events
- Awareness of risks
- Community Action

Non-pharmaceutical Treatments
- Behavior Based pain clinics
- Acupuncture coverage
- PT benefit
- Yoga resources
- CBT/Behavioral health

Pharmacy
- Taper Plan Education
- Drug take backs
- Naloxone
- Data/Opioid Risk Score

Behavioral Health
- Integrated behaviorist
- Increasing access to specialty mental health
- Crisis Respite
Driver Diagram: Reversing the opioid crisis in a community

Reverse the opioid crisis in a community

Measures:
- Overdose rate
- Fatal overdose rate
- Individuals in treatment
- Prescription opioid rate

- **Limit supply of opioids***
  - Prescribing practices
  - Dispensing practices
  - Diversion
  - Pharmaceutical production
  - Availability of alternative pain management treatment

- **Raise awareness of risk of opioid addiction**
  - Identification and education of patients at greater risk for addiction
  - Provider education
  - Adolescent education
  - Adult education
  - Reducing stigma around substance abuse

- **Identify and manage opioid dependent population**
  - Compassionate, consistent care
  - Tapering
  - Pain management education
  - Availability of alternative pain management treatment
  - Education of patients and families

- **Treat opioid-addicted individuals**
  - Identification of opioid addicted individuals
  - Availability of detox facilities
  - Availability of long-term ongoing, comprehensive addiction treatment
  - Availability of supportive social services
  - Prevention of fatal overdose

- **Compassionate, consistent care**
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Chronic Pain: To Opioid or Not to Opioid?

Clinical Decision: Is this patient a candidate for opioid medication?

YES
1. Follow Guidelines
2. Address Risk and Dependence
3. Review Function
4. Keep to <50 MED
5. Taper off if no improvement of function

NO
Centralized pain? (eg. headaches, non-specific pain, fibromyalgia, low back pain)
1. Taper Off if legacy patient
2. Do not start if acute pain or new chronic pain
3. Use evidence-based alternative treatments
Strategy to Achieve Goal

- Training and support for prescribing clinics/organizations
  - Primary care, ED, urgent care, surgeons, specialists, dentists
  - Commitments to meet 2016 MED goals and pledge
  - Registration and training for OPDMP
  - Regional quarterly Community of Practice meetings

- Highlight & spread knowledge of non-pharmacologic options/evidence-based treatments:
  - BH-based Pain Clinics
  - BH integration
  - Acupuncture, chiropractor, PT (already covered)
  - Yoga, mindfulness, living well etc. (TBD)

- Dashboards and data
- Top-prescribers list and accountability
Strategy to Achieve Goal

- North Coast Regional Steering Committee
  - Improved Clinical Prescribing
  - Expanding Access to Treatment for Opioid Use Disorders
  - Naloxone
  - Better Disposal of Pills
  - Community Education Campaign
New Restrictions

- State back pain guideline:
  - Patients with chronic back pain must be on taper plan
  - No more coverage for opioids after 2017
  - Coverage for acupuncture, PT, chiropractor
- Any opioid: Quantity limit for >120 MED (coming)
- Methadone not covered for chronic pain
- In discussion at the state: 7 day restriction for acute
- State hospital metric
CPCCO Behavior Based Pain Clinics

NORTH COAST PAIN CLINIC

North Coast Pain Clinic
65 North Highway 101, Suite 208
Warrenton, Oregon 97146

Ivy Avenue Wellness Center

Office Information

Ivy Avenue Wellness Center
1105 Ivy Avenue
Tillamook, Oregon 97141
503-815-2704

Revitalize Wellness Center

51577 Columbia River Highway
Suite C
Scappoose, OR
97056
503-396-4807
CP CCO Pain Program Overview

10 Week Group Program; No Rx

Program Content & Staffing:
1. Pain Education & CBT/ACT - Behavioral Health Consultant (LCSW, LPC, QMHP)
2. Movement Therapy – Yoga Therapist with Chronic Pain Training
3. Program Coordinator / Admin

PCP Referral Preferred (ED & Self are OK)

Group Orientation; 1:1 Intake; Pre-Program Assessments

Pain School
2 hrs /wk Movement
1 hr/wk
10 Weeks

Graduation; Post Program Assessments; Outcomes to PCP

Feedback to PCP
Better Disposal of Pills
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Provider Education

- Training and support for prescribing clinics/organizations/community
  - Acute/chronic pain
  - Substance Use Disorder
- Highlight & spread knowledge of non-pharmacologic options/evidence-based treatments:
  - BH-based Pain Clinics
  - BH integration
  - Acupuncture, chiropractor, PT (already covered)
  - Yoga, mindfulness, living well etc. (TBD)
Community Education

- North Coast Steering Committee developing regional messaging:
  - Risk of opioid medications (focus on youth and teens)
  - Appropriate treatment for pain (acute and chronic)
    - Pain does not equal opioid medication
  - What substance use disorder is and where and how to get help if needed
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Centralized pain? (eg. headaches, non-specific pain, fibromyalgia, low back pain); Red Flags etc.

NO

1. Taper Off if legacy patient
2. Do not start if acute pain or new chronic pain
3. Use evidence-based alternative treatments
Clinical Supports

- Provider trainings and discussions
  - Overview
  - In-depth trainings re:
    - Tapering
    - Difficult conversations
    - Naloxone
    - Clinic workflows
    - Data for action and risk stratification
  - Community of practice
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Substance Use Disorder and Medication Assisted Treatment

- Learn to recognize and differentiate undertreated chronic pain, anxiety, depression, and trauma from substance use disorder
  - Refer to treatment if SUD is diagnosed
- Goal: Increase access for integrated behavioral health and Suboxone treatment throughout Columbia, Tillamook, and Clatsop counties
  - HUB: OHSU Scappoose
  - Training and education to primary care and others regarding Suboxone, MAT etc.
  - “Spokes” throughout region with physicians, behaviorist, RN model
Naloxone

- Antidote to opioid respiratory depression
  - Safe, fast, reductions of 37-90% of deaths
  - Lasts 30-60 minutes, must call 911 or seek immediate medical attention

- Co-prescribing for chronic users at risk
  - Recommend for > 50 mg/d or high risk
  - Nasal spray easiest for patients, IM least expensive
  - “Risky drugs, not risky people”
  - Educate patient and a loved one/household member
  - Pharmacists can now also prescribe

- Overdose risk factors
Detox and Residential Treatment

- Run by local county mental health organization
- Bridge to pathways: Medical Detox Center
  - Average stay is 3-10 days
  - RN and detox technicians available 24 hours a day
  - Suboxone often used to help with detox
- Pathways: Residential treatment
**Systems Approach**

- **Provider level:**
  - Provider training and pledge, clinical support for tapering and difficult conversations, updated opioid prescribing guidelines

- **Organization level:**
  - Technical assistance re: clinic work flows, team based care, integrated BH, risk stratification, opioid dashboards and data

- **Community level:**
  - Regional steering committee

- **Benefit level:**
  - Funded behavior-based pain clinic; acupuncture benefit, expanded PT and chiropractor benefit, yoga vouchers, PA

- **State level:**
  - Restrictions on coverage for non-indicated conditions (low back pain), and expanded coverage for non-pharmaceutical treatments
CPCCO 2016 Data

Chronic Opioid Use Trend

- MED>50
- MED>90
- MED>120

[Graph showing chronic opioid use trend from 2015Q1 to 2016Q3]
CPCCO 2016 Data

Columbia Pacific Average MED

ng/day MED

Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3

Columbia Pacific Average MED
Questions?
What is the current state in your community and what should you do next?
Understanding your current state

Using the system map, answer some questions:

- Where are you currently putting your efforts?
- Where are others in your community putting their efforts?
- Where are gaps that need to be addressed?
Person has pain

Seek medical attention

Clinician prescribes non-opioids

Clinician prescribes (or refills) opioids

Pharmacy dispenses opioids

Person requests refill

Person receives prescription/instructions

Pain resolves

Pain continues

PDMP

7–90 DAYS

Person self-treatment

Opioid-seeking behavior and addiction

Person obtains opioids

• Diversion
• Illegally obtain pills
• Heroin

Addiction treatment, e.g. MAT, Behavioral support

Detox

Diagnosed with opioid use disorder

Involvement with criminal justice system

Death

Overdose

Survive

Opioid dependency created

INSIDE HEALTH CARE SYSTEM

OUTSIDE HEALTH CARE SYSTEM
Understanding your current state

Based on your current work, identified gaps, and your region’s particular challenges:

- Where do you play the strongest role in this driver diagram?
- Where can you collaborate and build relationships?
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Thank you!

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