Opioid Overdose in Oregon

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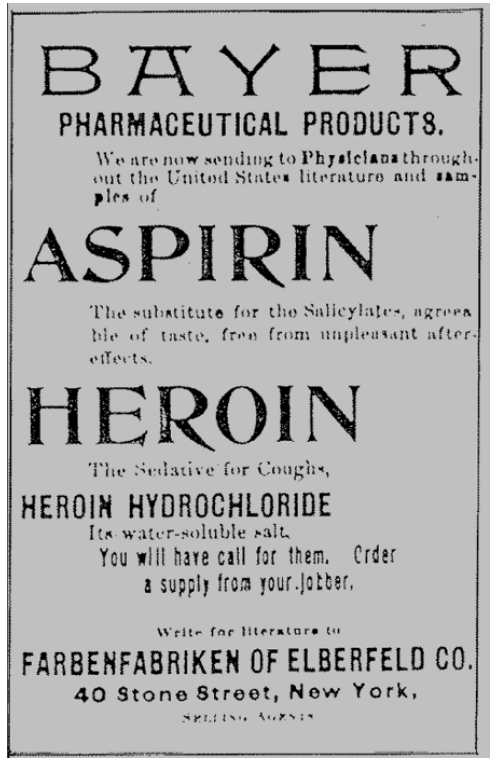
Website: healthoregon.org/opioids



Prescription Opioids in Oregon: Scope of the Problem

Pain Treatment with Prescription Opioids

- ~20% of Oregonians have chronic pain (760,000)
- In 2013, almost 1 in 4 Oregonians received a prescription for opioid medications (>900,000)

Non-Medical Use of Prescription Opioids

- Tied for 2nd in the nation in 2012-2013; 1st in 2010-2011.
- 212,000 Oregonians (5% of population); 9% of 18-25 year olds

Prescription Opioids in Oregon: Scope of the Problem

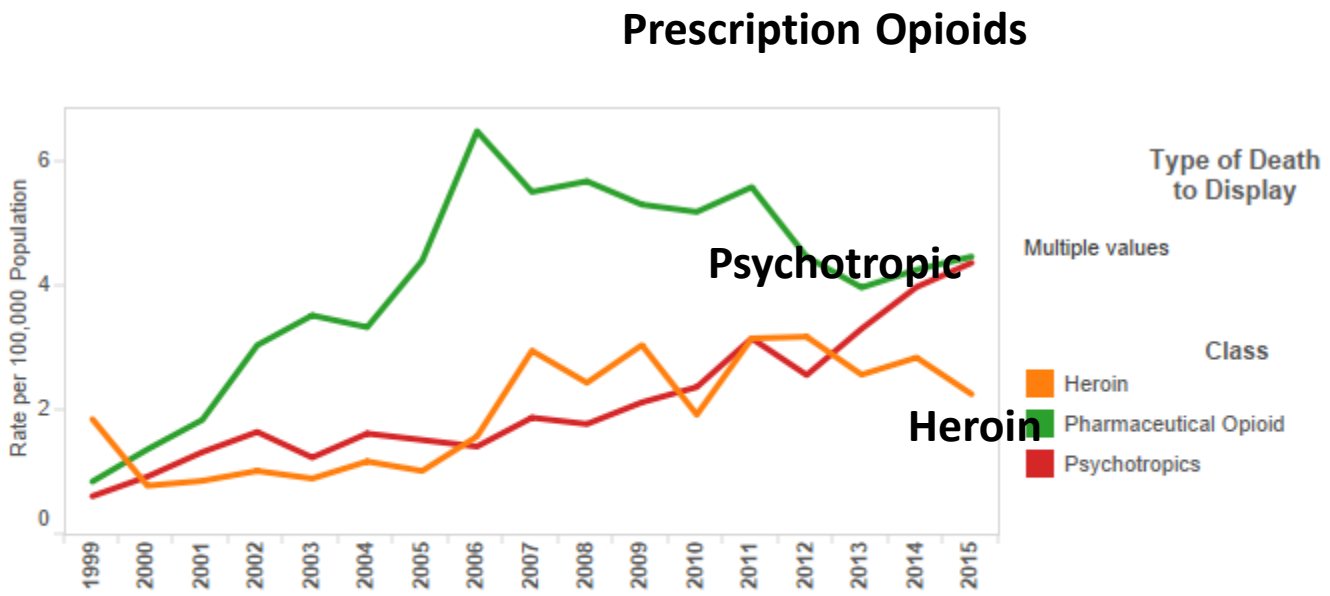
Hospitalizations

- 330 hospitalizations for overdose;
- 4300 for opioid use disorder
- $8 million in hospitalization charges in 2014

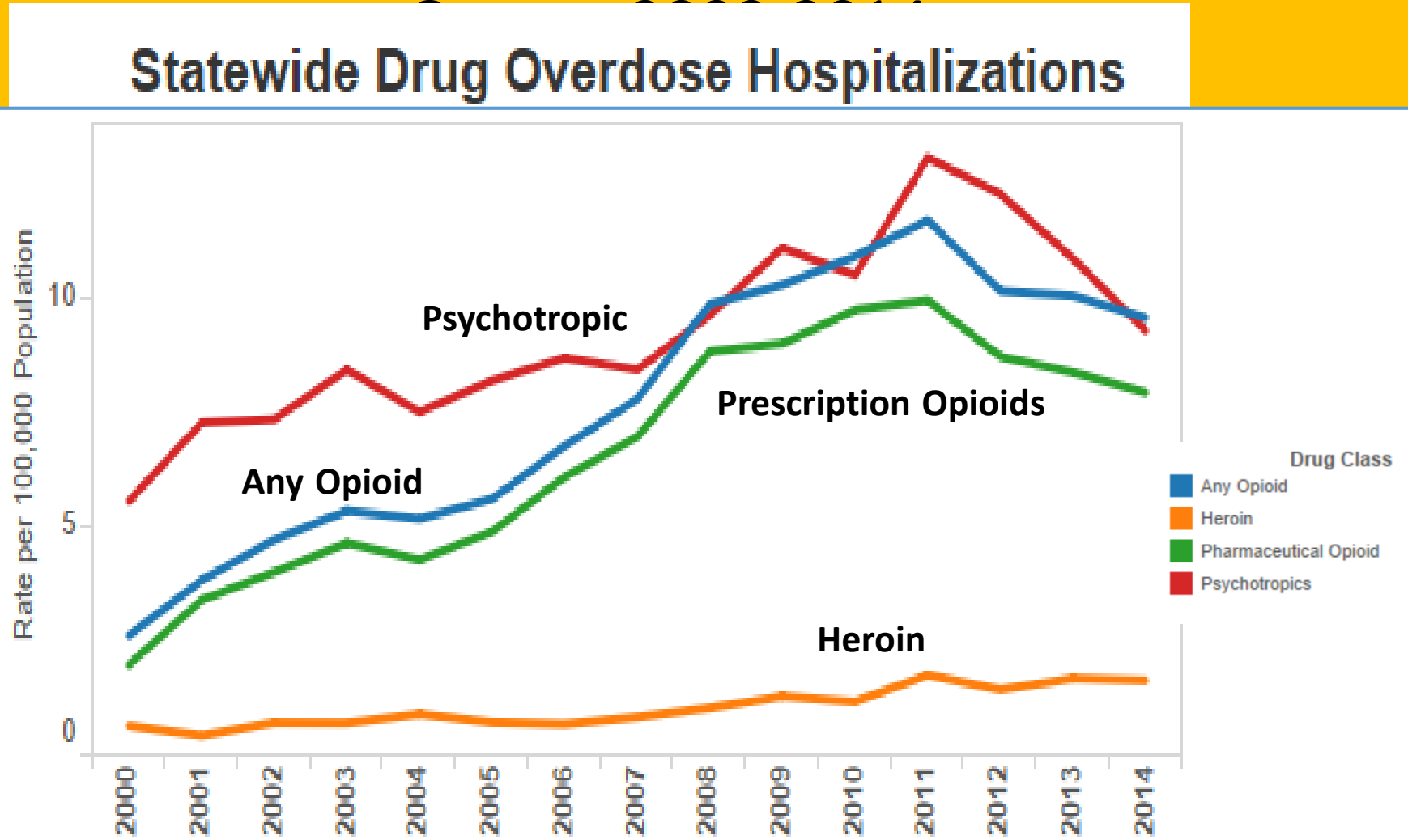
Death Rate

- 154 deaths (4.3 per 100,000 residents) for pharmaceutical opioid overdose in 2014

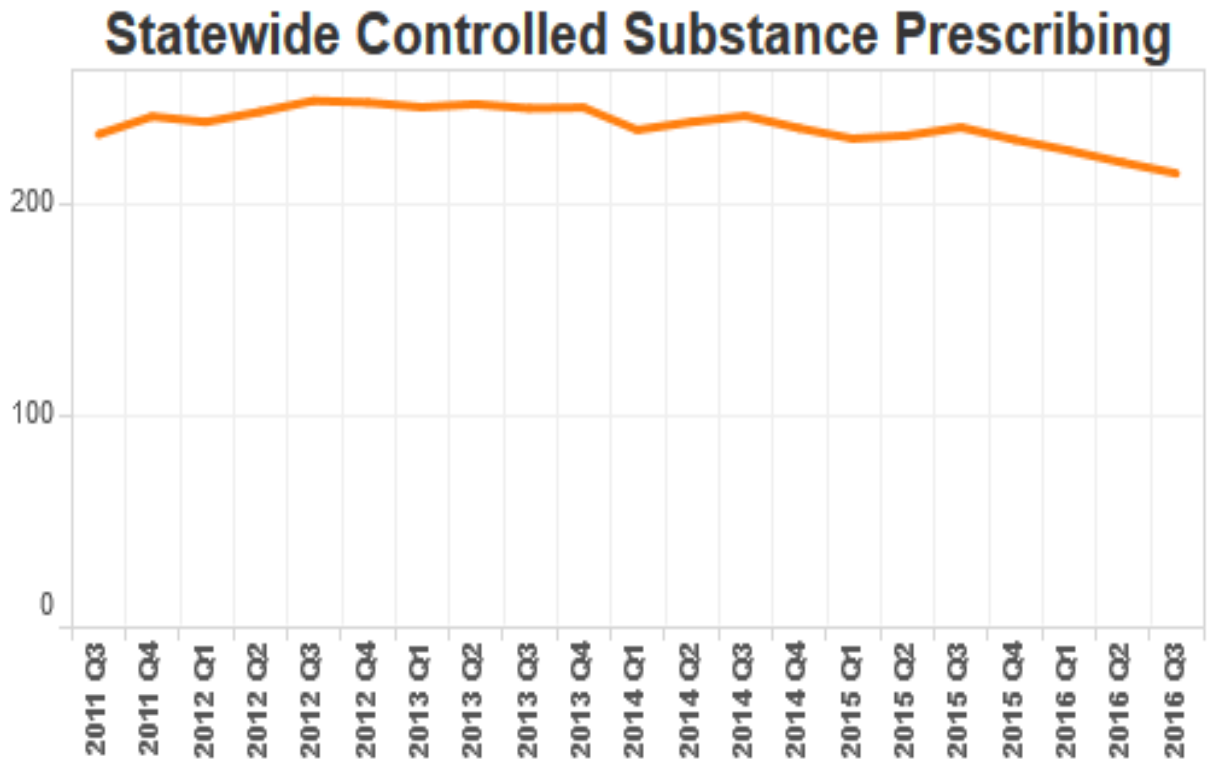
Drug Overdose Deaths, Oregon 2000-2015



Drug Overdose Hospitalizations



Oregon Opioid Prescribing: 2011-2016



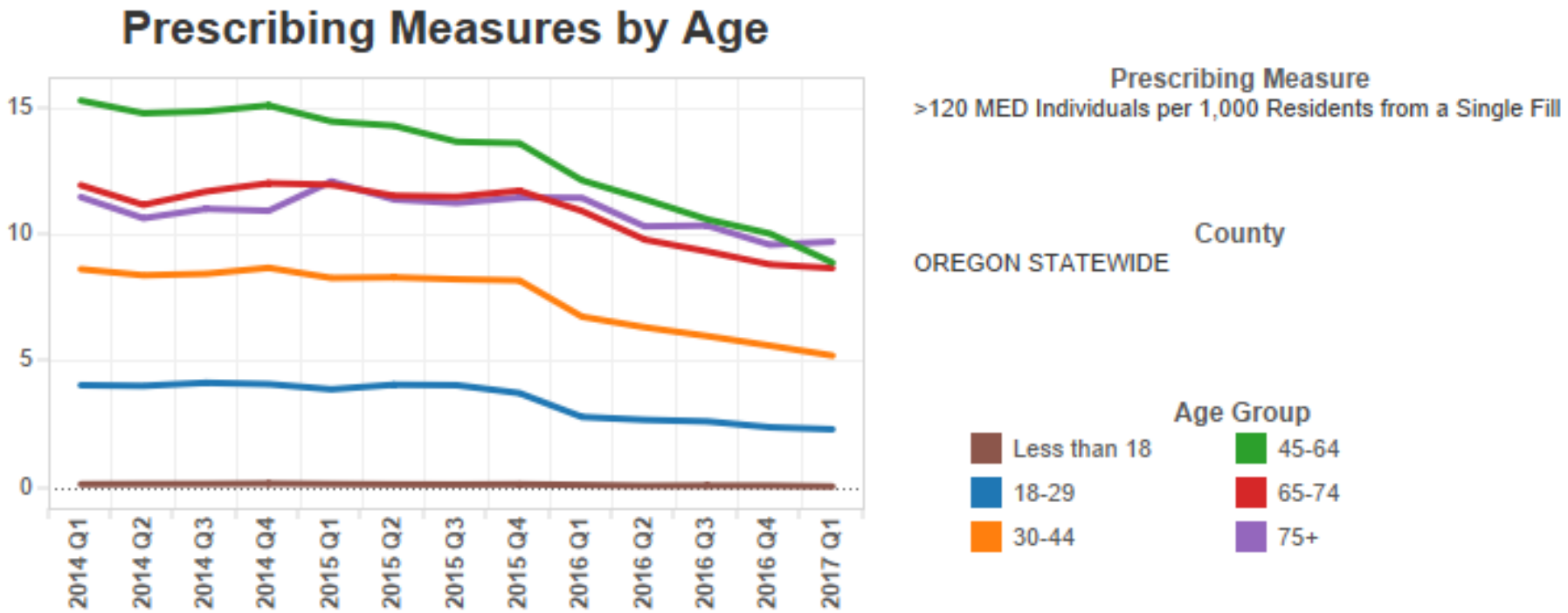
Type of Drug: Opioid Non-Tramadol

Q3 2015: 236 opioid prescriptions
Q3 2016: 214 opioid prescriptions

Per 1,000 residents

Source: healthoregon.org/opioids Data dashboard

Oregon Opioid Prescribing by Age



Source: healthoregon.org/opioids Data dashboard

Oregon Opioid Initiative

Aim: Reduce deaths, overdoses, and harms to Oregonians from prescription opioids, while expanding use of non-opioid pain care

Pain treatment	• Non-opioid therapies for chronic pain • Best practices for acute, cancer, end of life pain
Reduce harms	• Ensure availability of Medication-assisted treatment for opioid use disorder • Increase access to naloxone rescue
Reduce pills	• Opioid prescribing guidelines • Safe storage; drug take-back
Data	• Use data to inform policies; target and evaluate interventions

Number of opioid pills prescribed in Oregon each year

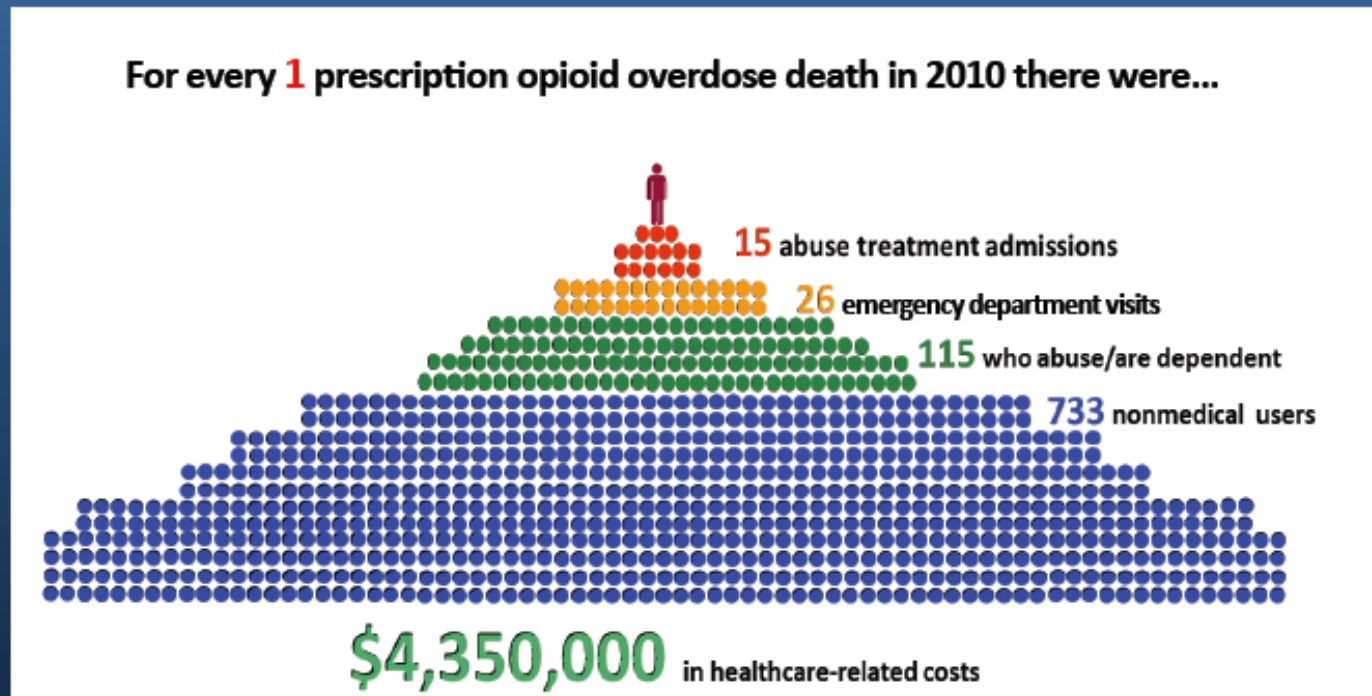
Pain Treatment is Fueling Opioid Dependence

- Overall, the evidence for long-term analgesic efficacy is weak
- 100% of patients on opioids chronically develop dependence
  - Discontinuation studies:
    - 60% of patients on opioids for 3 months will still be on opioids 5 years later (Martin et al)
    - 47% of patients on opioids for 30 days in the first year of use will be on opioids 3 years later (Express Scripts study)
  - Jane Ballantyne-"a lost generation"

Ballantyne J. Pain Physician 2007;10:479-91; Martin BC et al. J Gen Intern Med 2011; 26: 1450-57; Express Scripts study: URL: http://lab.express-scripts.com/publications/~/media/d48ef3ee579848e7bf3f14af536d7548.ashx, Accessed 3/4/2015

THIS SLIDE COURTESY OF DR GARY FRANKLIN, WASHINGTON DEPARTMENT OF LABOR AND INDUSTRIES

Overdose deaths are the tip of the iceberg



SAMHSA NSDUH, DAWN, TEDS data sets.

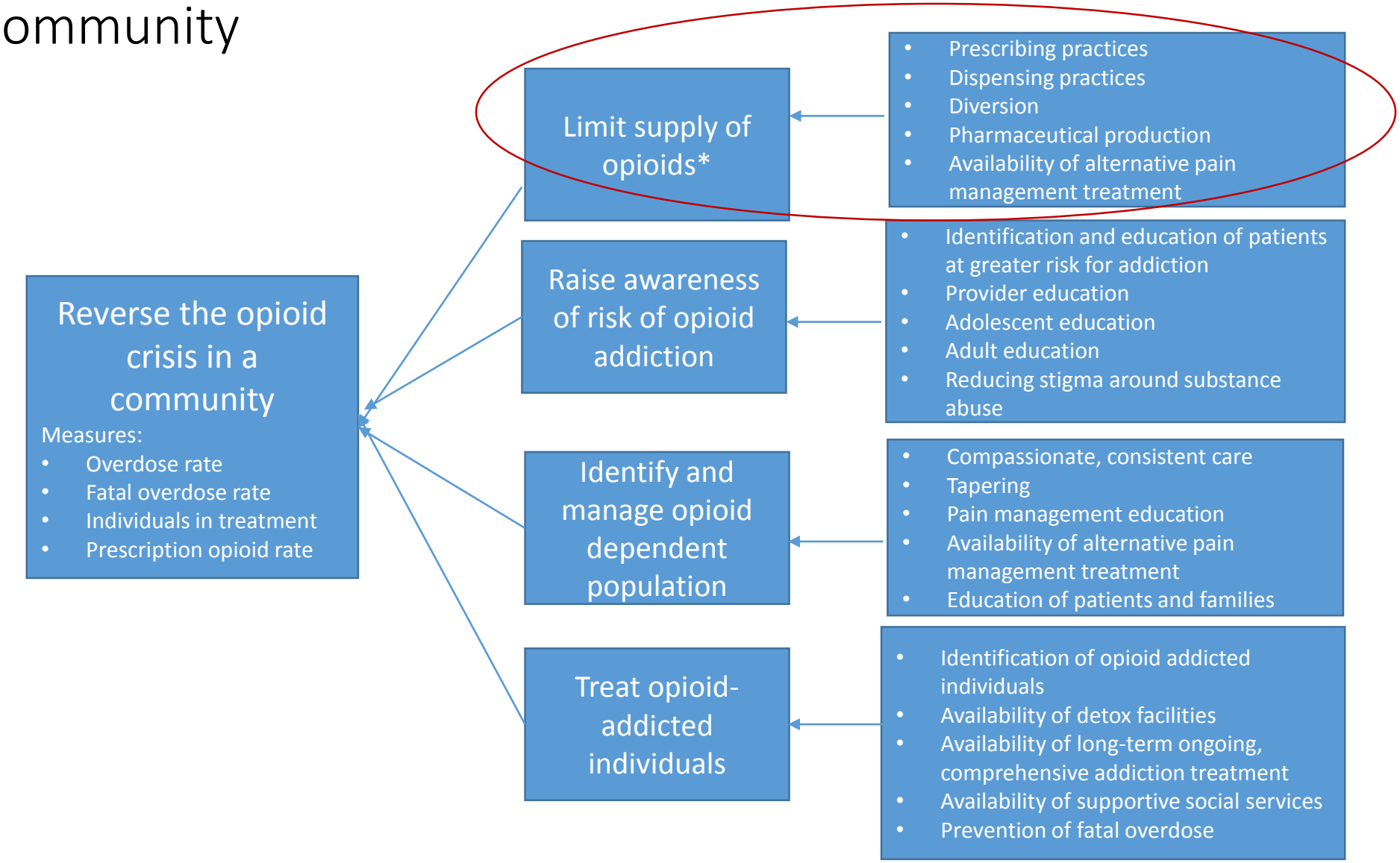
Coalition Against Insurance Fraud. Prescription for Peril. http://www.insurancefraud.org/downloads/drugDiversion.pdf 2007.

Oregon House Opioid Presentation

June 12, 2017

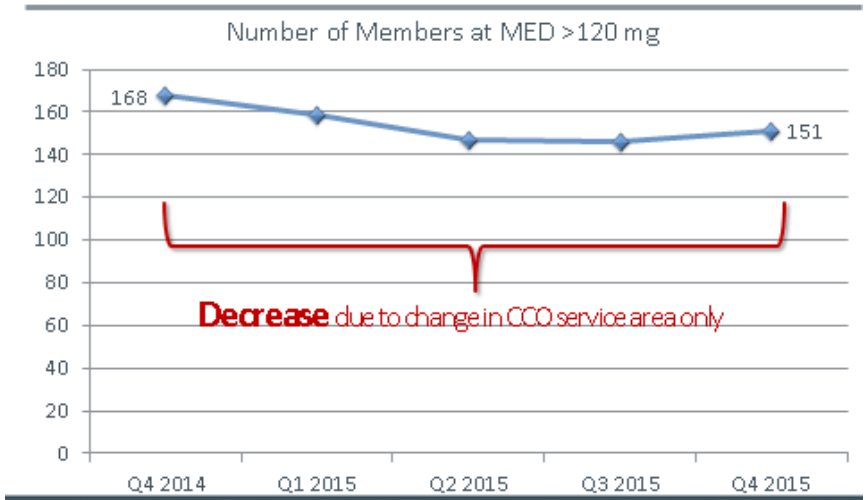
Safina Koreishi MD MPH

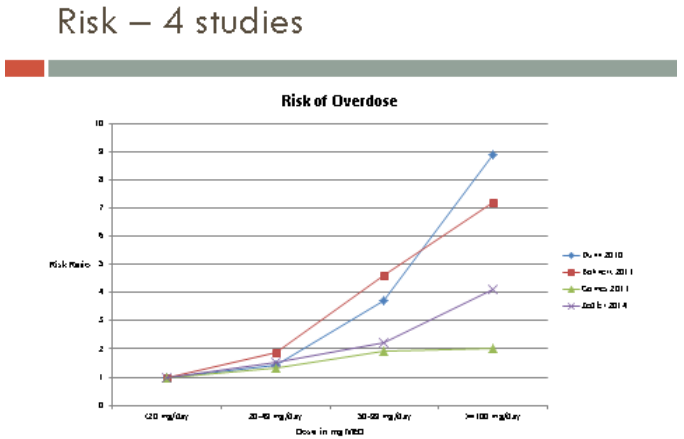
Driver Diagram: Reversing the opioid crisis in a community



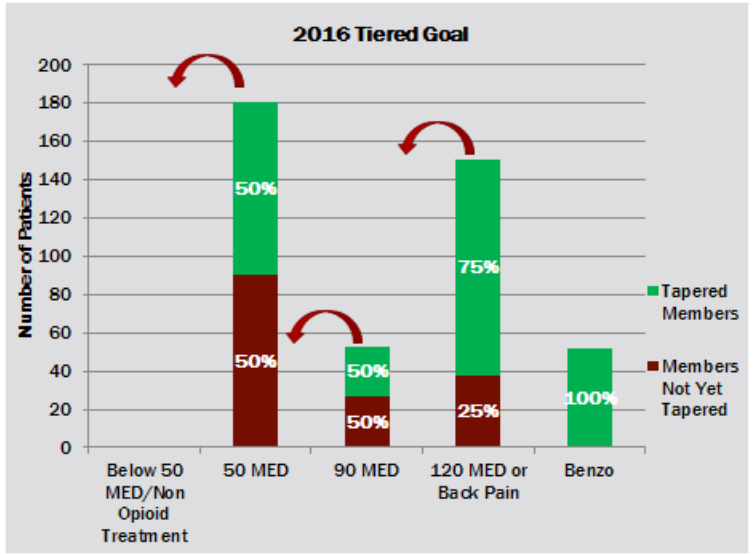
Improving Prescribing Practices

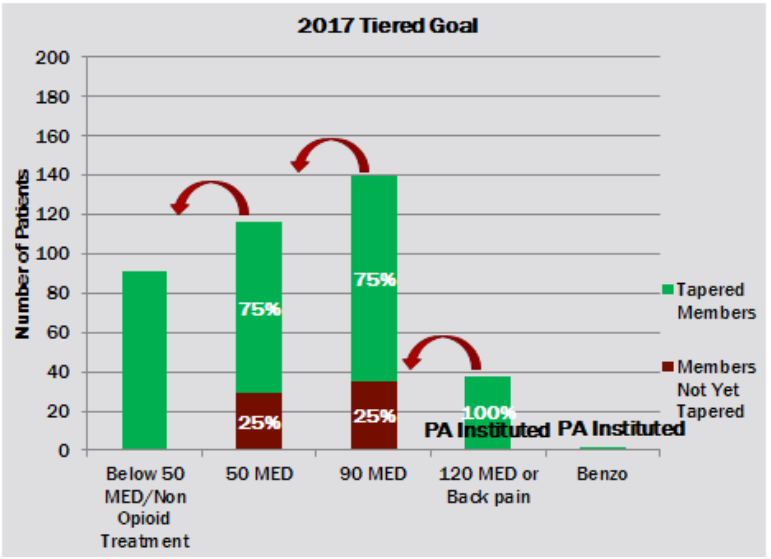
- CPCCO Clinical Advisory Panel (CAP) review of:
  - Population-level and clinic-level data
  - Current evidence on harms and benefits of opioids
- CAP developed evidence-based regional goals
- CAP advised strategy to achieve goals

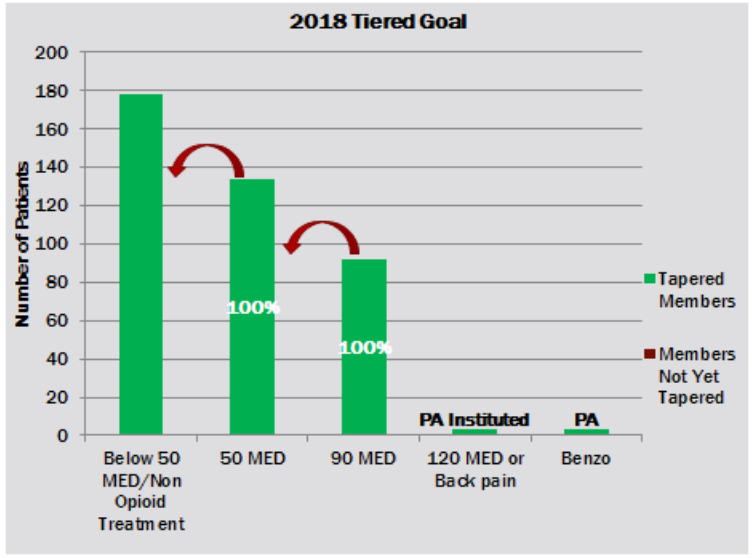


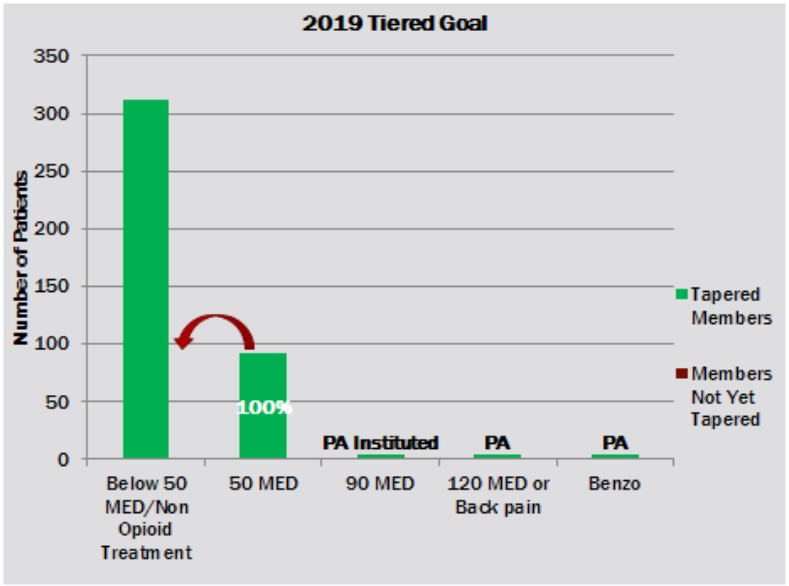


CPCCO Ceiling Dose Goals



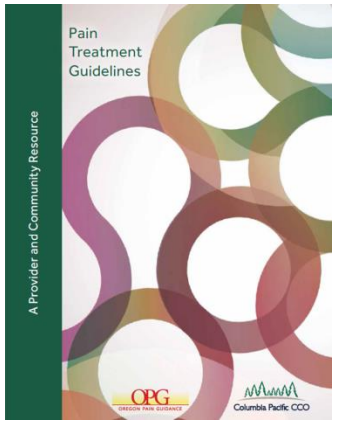






Strategy to Achieve Goal

- Training and support for prescribing clinics/ organizations
  - Primary care, ED, urgent care, surgeons, specialists, dentists
  - Commitments to meet MED goals and pledge
  - Updated CPCCO guidelines
  - 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

- Dashboards and data

- Top-prescribers list , academic detailing and
  local leadership accountability
- Assist organizations with polices and procedures
- Acute prescribing focus
- Co-prescribing focus

Feb 2017

Q4 2016	Current Quarter	Chronic Opioid Use - Quarterly Tracking 2016					
		Q4 (2015)	Q1	Q2	Q3	Q4	Trend
# of Members w/ Chronic Opioid (Any MED)	667	849	841	777	718	667	
Assigned Members w/ Chronic Opioid (Any MED) per 1,000 Members	28.8	33.7	33.6	32.9	31.4	28.8	
# at MED ≥ 50	233	384	358	330	299	233	
Assigned Members at MED ≥ 50 per 1,000 Members	10.1	15.2	14.0	14.0	13.1	10.1	
# at MED ≥ 90	123	204	192	169	162	123	
Assigned Members at MED ≥ 90 per 1,000 Members	5.3	8.1	8.0	7.1	7.1	5.3	
# at MED ≥ 120	83	151	149	126	108	83	
Assigned Members at MED ≥ 120 per 1,000 members	3.6	6.0	6.0	5.3	4.7	3.6	

CPCCO Behavior Based Pain Clinics

NORTH COAST PAIN CLINIC

HOME ABOUT MEET THE STAFF WHAT'S NEW SPECIAL THANKS Q & A LINKS VIRTUAL ORIENTATION

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

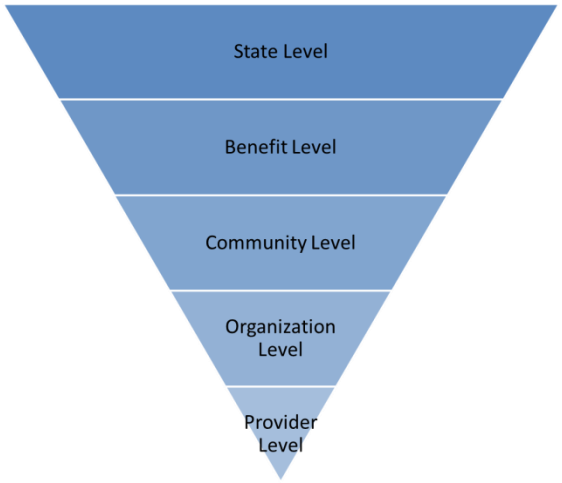
503-815-2704

Revitalize Wellness Center

51577 Columbia River Highway
Suite C
Scappoose, OR
97056

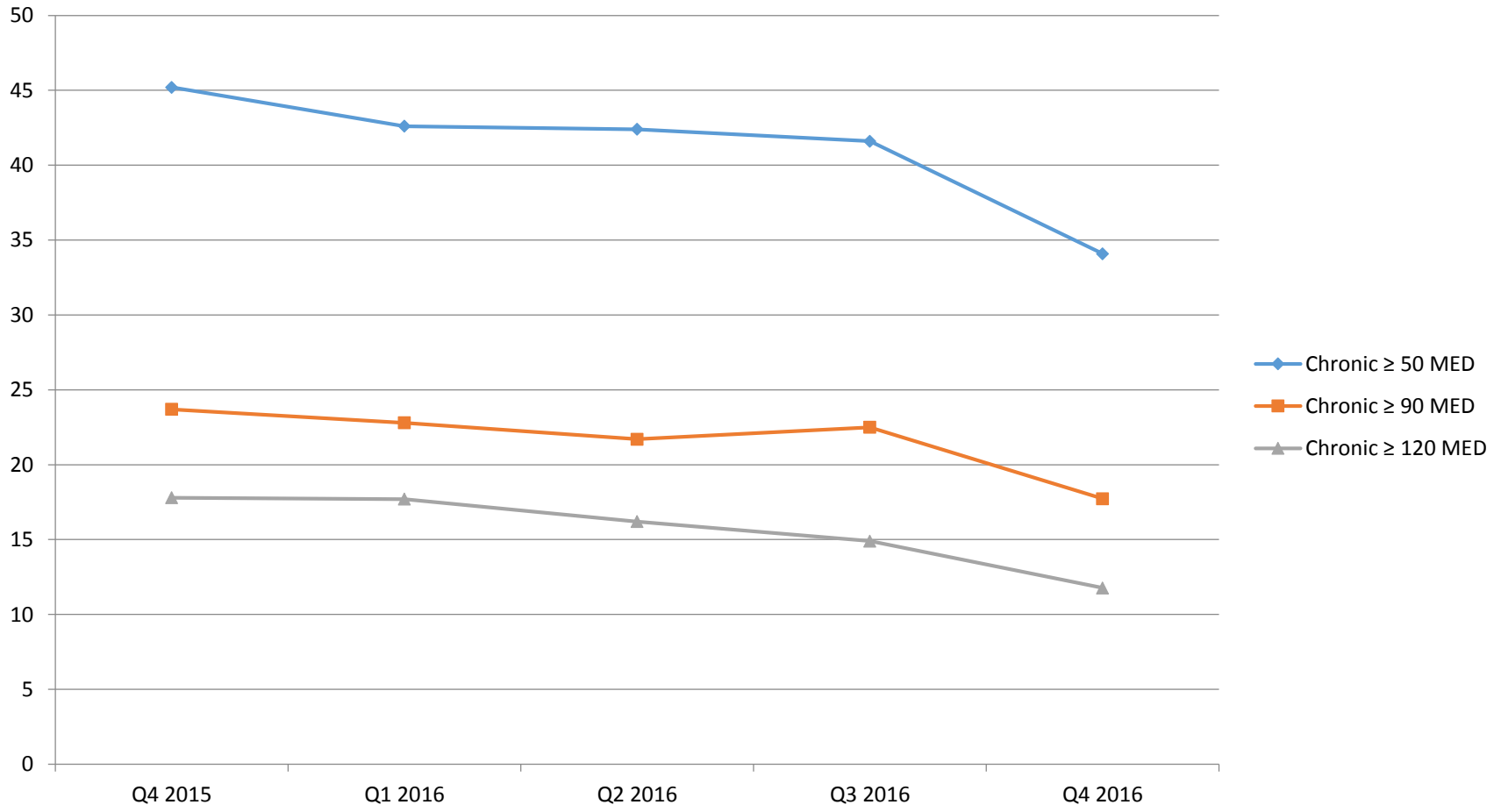
503-396-4807

Systems Approach

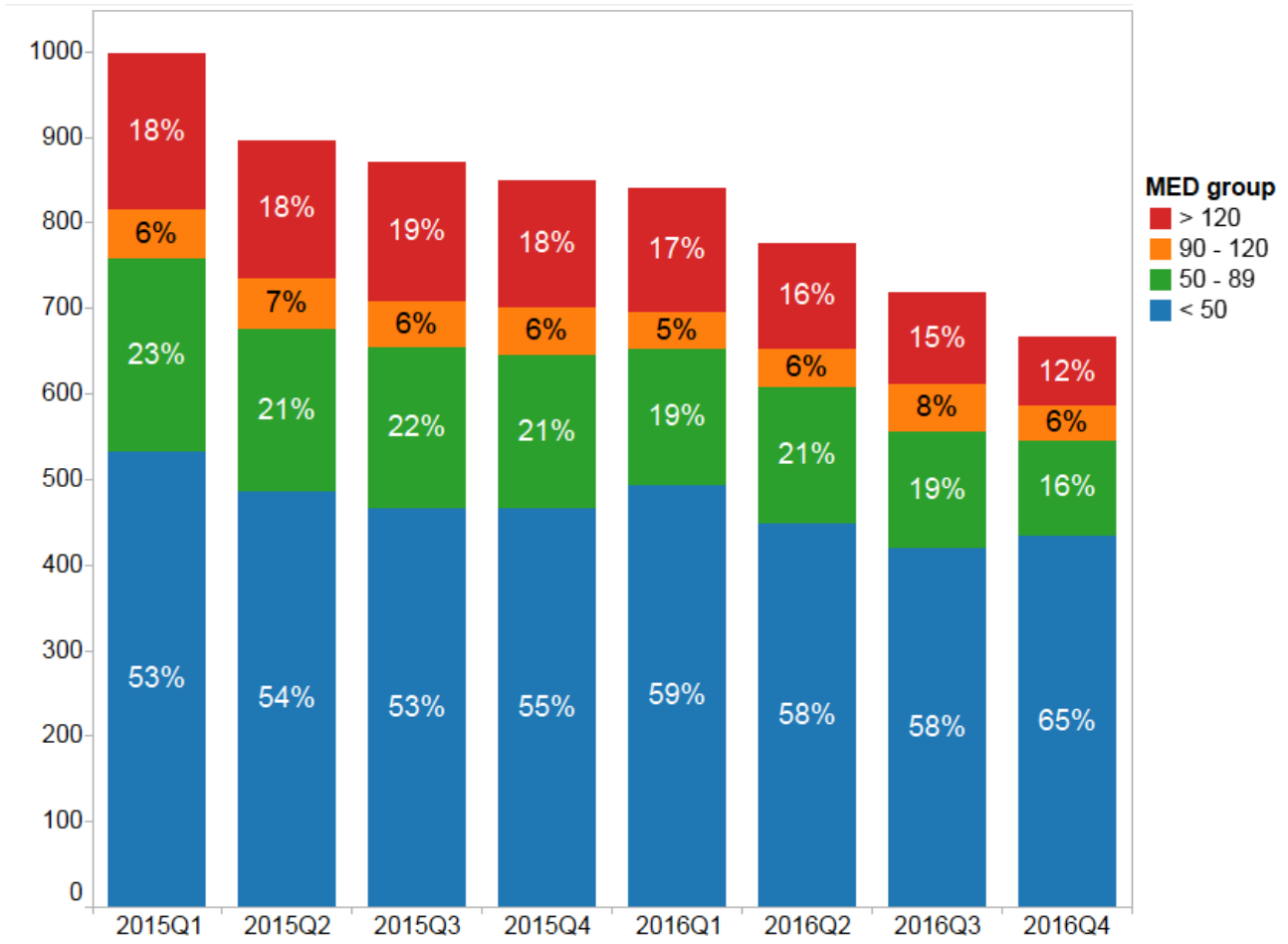


- **Provider level:**
  - Provider training and pledge, clinical support for tapering and difficult conversations, updated opioid prescribing guidelines, clinical wellness, academic detailing
- **Organization level:**
  - Technical assistance re: clinic policy, work flows, team based care, integrated BH, risk stratification, opioid dashboards and data
- **Community level:**
  - Regional steering committee, education, naloxone trainings, drug free communities grant, resilience
- **Benefit level:**
  - Funded behavior-based pain clinic; acupuncture benefit, expanded PT and chiropractor benefit, prior authorizations, benefit restrictions
- **State level:**
  - Restrictions on coverage for non-indicated conditions (low back pain), and expanded coverage for non-pharmaceutical treatments

% Chronic Opioid Users on High Dose



Chronic Opioid Users by MED



How Can We Improve Pain Care in Oregon

Oregon House & Senate Health Committees

Catriona Buist, Psy.D.

Assistant Professor Anesthesiology and Perioperative Medicine and Psychiatry at OHSU

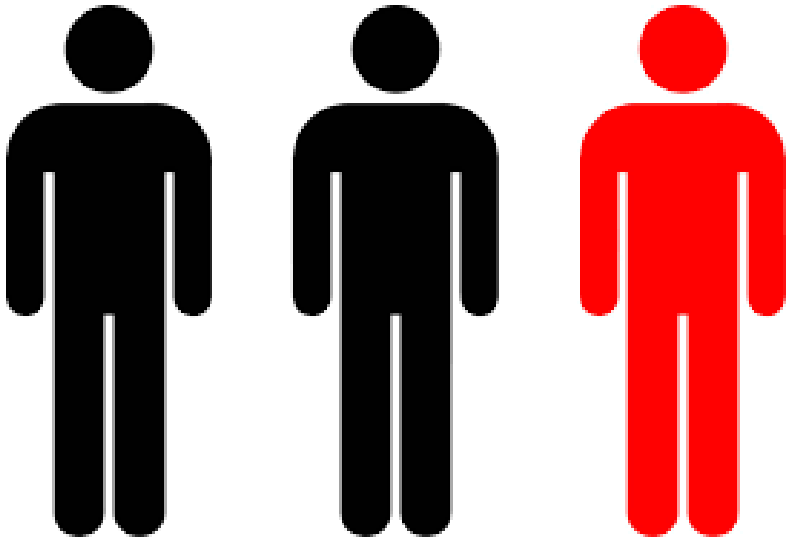
Nora Stern, MSPT

Program Manager of the Providence Persistent Pain Program

June 12 & 13, 2017

Salem, OR

The public health crisis of pain



1 in 3 Americans struggle with chronic pain

Chronic pain costs the nation up to $635 billion each year in medical costs and lost productivity

2011 IOM Report: “Relieving Pain in America: A Cultural Transformation in Pain Prevention, Care, Education, and Research”

Calls for: “Create a comprehensive population health level strategy for pain prevention, treatment, management, and research”

Lack of knowledge about pain management & lack of access or knowledge of Oregon resources

- Patients have a poor understanding of pain and how to take a self-management approach, similar to other chronic conditions

- Clinicians are no better
  - 117 US and Canadian medical schools studied found 4 offered ELECTIVE pain education training (IOM, 2011)

- Poor knowledge of / poor access to multidisciplinary services

37 y/o female
Lives in rural Oregon 30’ from Salem
Pain 8 years post-hysterectomy
In bed all the time
Kids bring her meals
High depression and anxiety
Fear of pain and movement
Over 100 MED opiates
No other tx offered
Her goals are to “get my life back”


Stock photo

What are we doing right in Oregon?

- HERC Back pain guidelines have increased access to multidisciplinary treatment for Medicaid LBP patients
- Expanded pain education curricula in many professional training programs
- Improving required online pain module for providers
- Oregon Pain Guidance website resource for providers and patients
  - http://www.oregonpainguidance.org/
- ECHO and UW Telepain extending expertise to rural areas

How to improve pain care in Oregon

- Expand coverage for non-pharmacological services
  - Expand Medicaid coverage to other chronic pain conditions
- Integrate care
  - Embedded behavioral health and PT/OT in primary care
  - Consults for integrated care reimbursed
- Improve patient pain education
- Improve clinician training
- Increase knowledge of substance abuse and access to treatment
- Increase trauma informed training