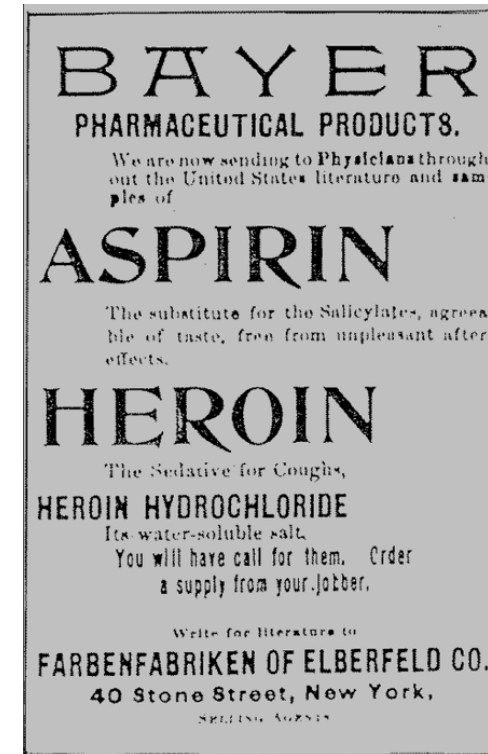


Opioid Overdose in Oregon

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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

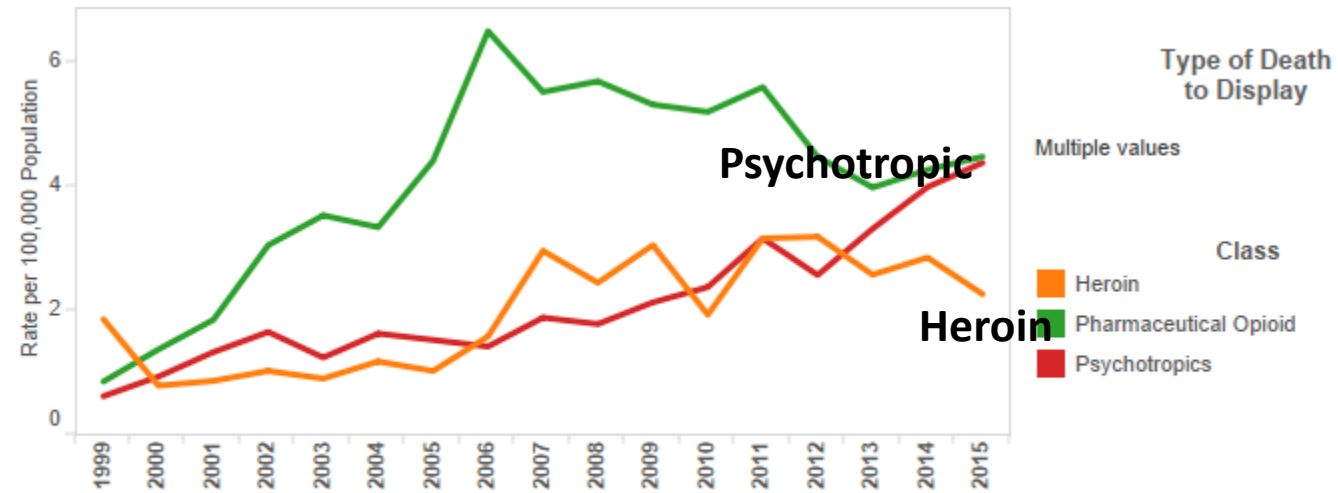


Death Rate

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

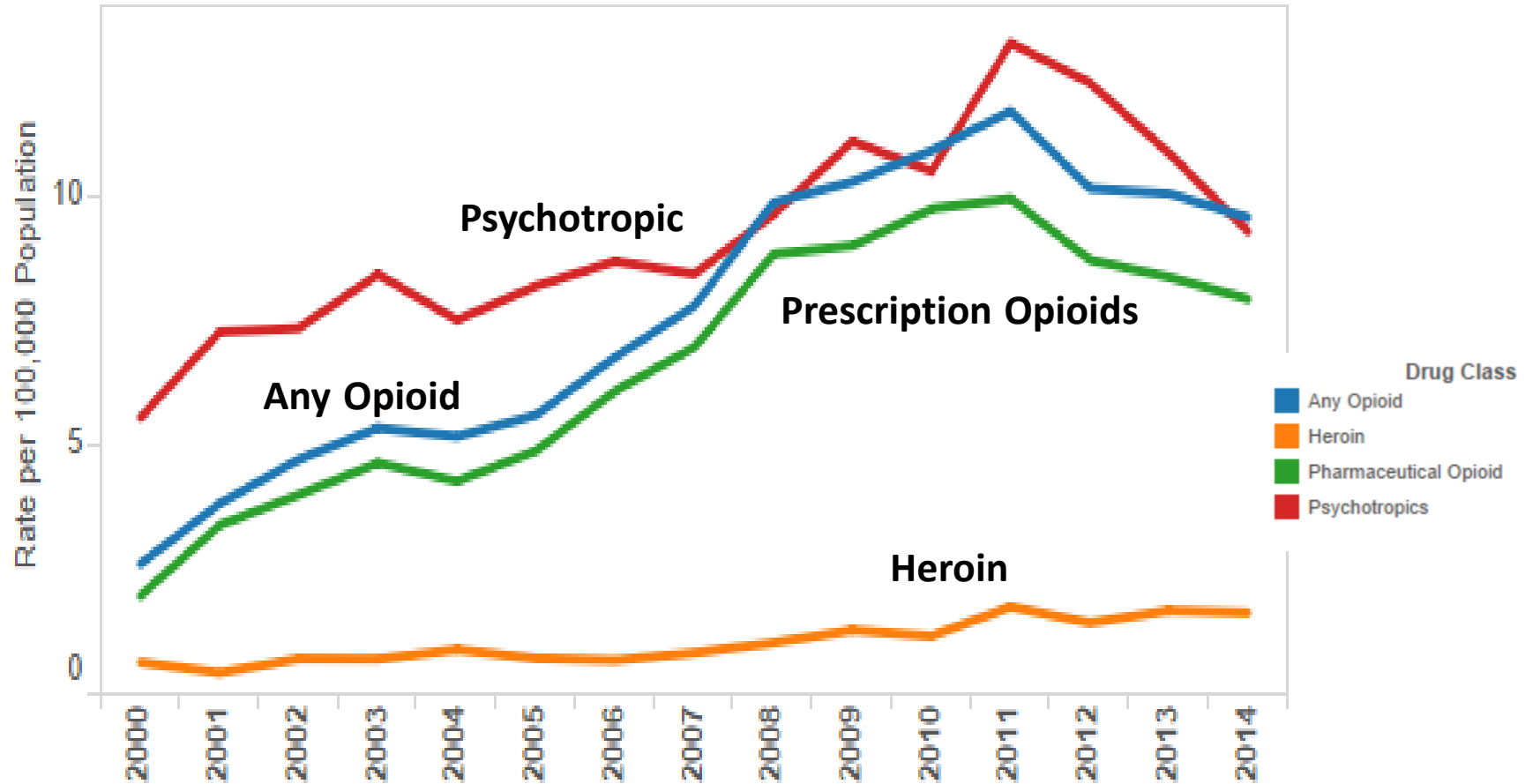
Drug Overdose Deaths, Oregon 2000-2015

Prescription Opioids

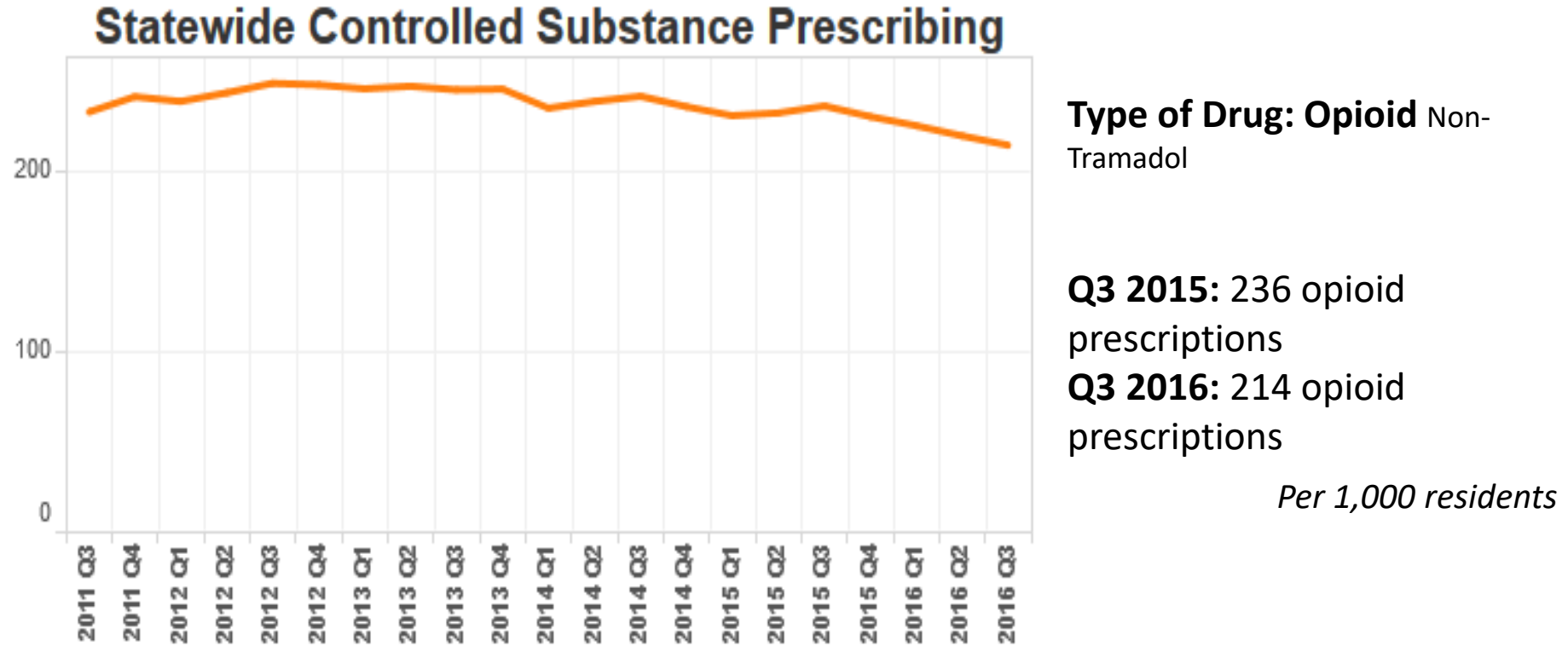


Drug Overdose Hospitalizations

Statewide Drug Overdose Hospitalizations

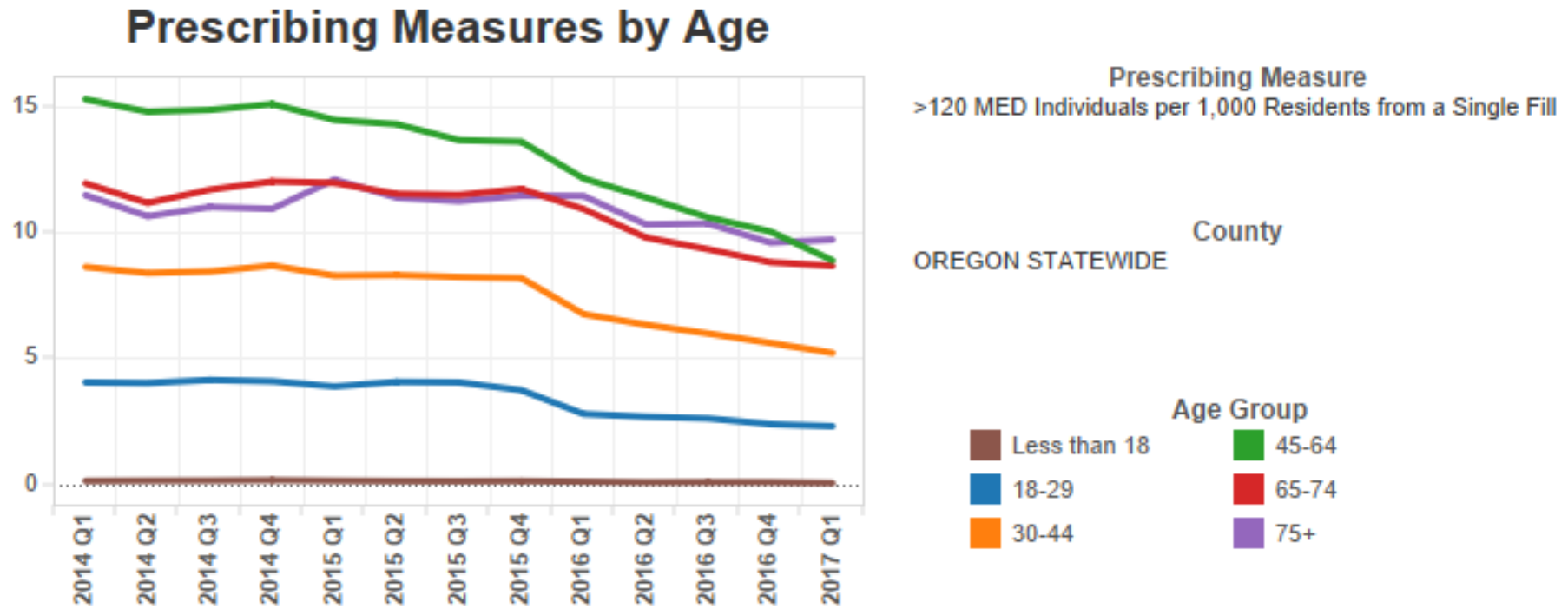


Oregon Opioid Prescribing: 2011-2016



Source: healthoregon.org/opioids Data dashboard

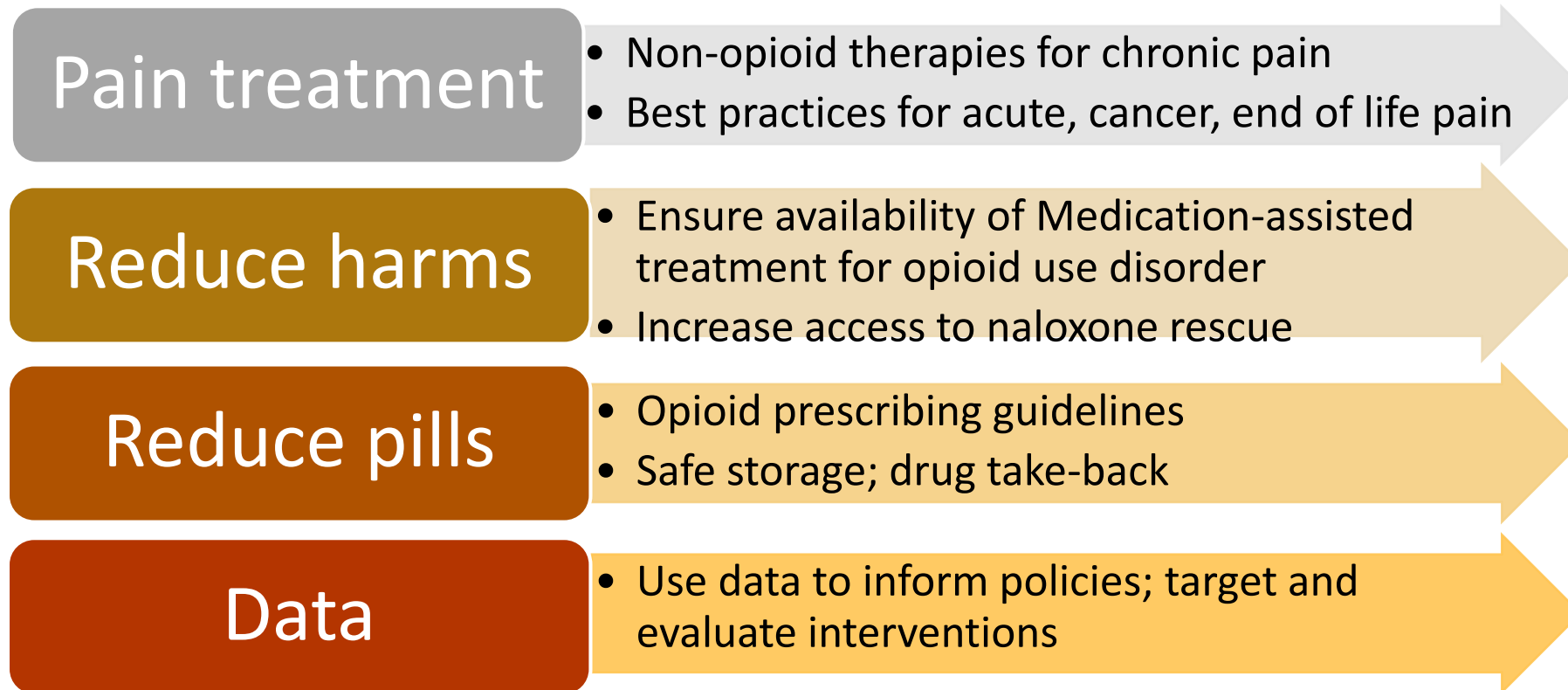
Oregon Opioid Prescribing by Age



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 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"

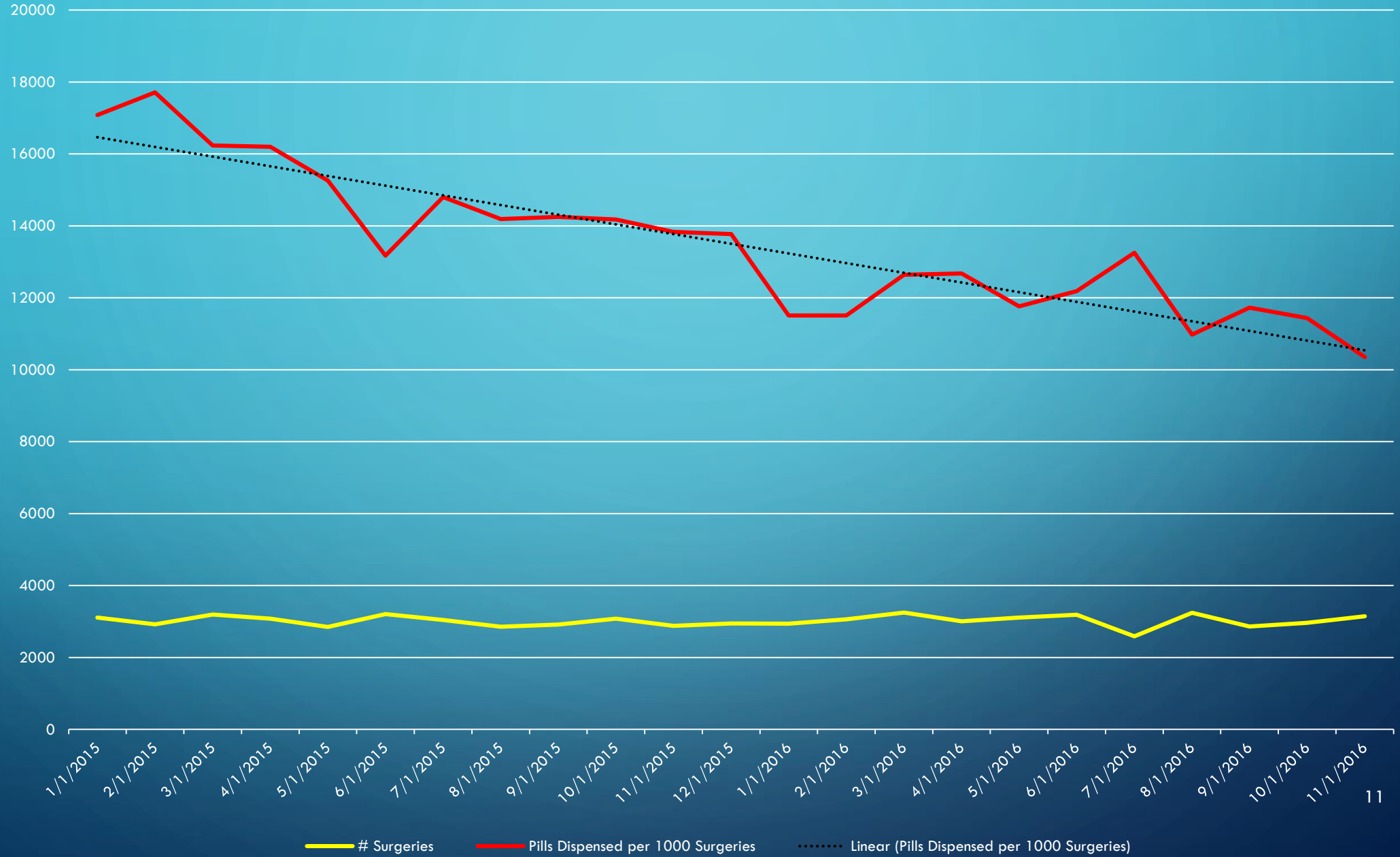
Ballantyne J. Pain Physician 2007;10:479-91; Martin BC et al. J Gen Intern Med. 2011; 26: 1450-57; Express Scripts study: URL: http://lab.express-scripts.com/publications/~/_/media/d48ef3ee579848e7bf3f14af536d7548.ashx, Accessed 3/4/2015

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

Less Pills: Strategies to Improve Prescribing

- Guidelines and Implementation
 - Community Efforts: OPG in Southern Oregon, Eastern Oregon, Central Oregon Pain Stds Task Force
 - Building Blocks
 - Peer-Based Whole Practice Approach
- Improved use of the Prescription Drug Monitoring Program
- Peer Review of Prescribing using the PDMP
- Data Dashboards Deployed by CCOs
 - Guidelines compliance
 - Risky Co-prescribing
- Prescribing Limits (eg MA)
- Acute Prescribing Strategies (eg Kaiser)

Pills Dispensed per 1000 Surgeries



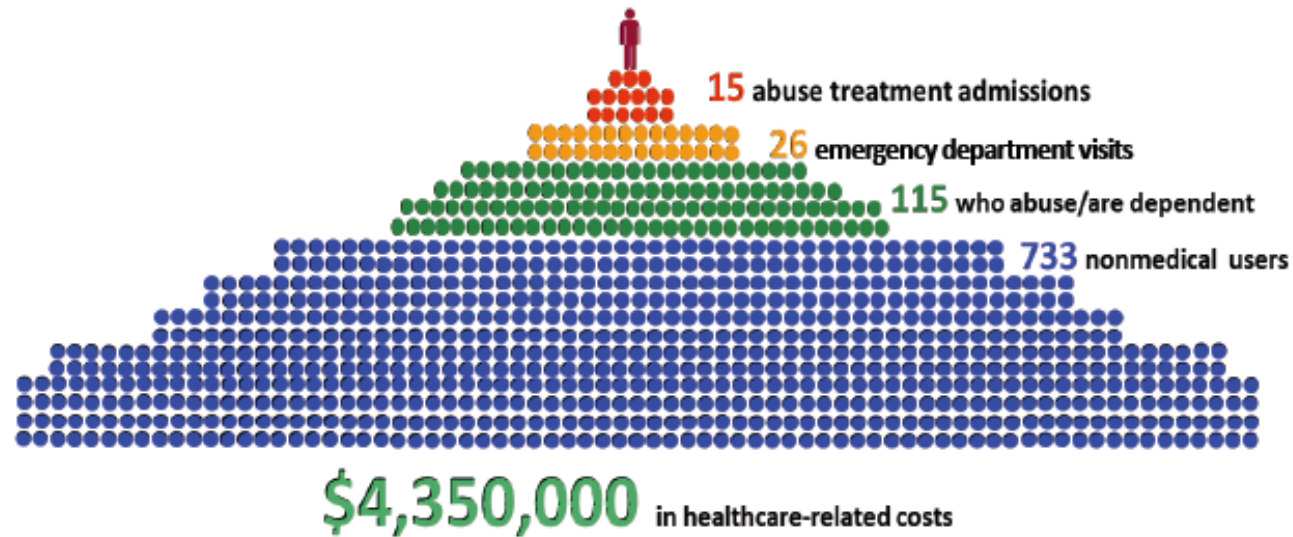
Surgeries

Pills Dispensed per 1000 Surgeries

Linear (Pills Dispensed per 1000 Surgeries)

Overdose deaths are the tip of the iceberg

For every **1** prescription opioid overdose death in 2010 there were...



SAMHSA NSDUH, DAWN, TEDS data sets.

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

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

2011 Institute of Medicine Report: *A cultural transformation in pain prevention, care, education and research*

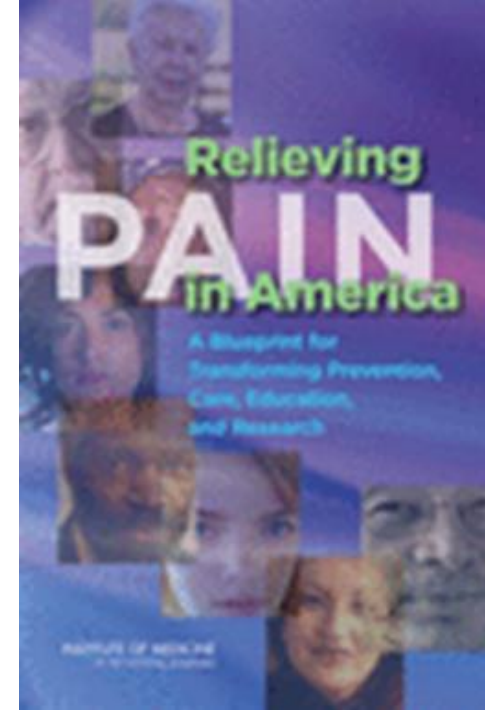
Chronic pain costs the nation up to **\$635 billion each year in medical treatment and lost productivity**

In this report, the IOM offers a blueprint for action in transforming prevention, care, education, and research, with the goal of providing relief for people with pain in America.

March 18, 2016

National Pain Strategy outlines actions for improving pain care in America

Plan seeks to reduce the burden and prevalence of pain and to improve the treatment of pain



The banner for the National Pain Strategy features a colorful circular logo on the left. The text reads: "National Pain Strategy", "The Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services today released a National Pain Strategy.", and "Now available... FINAL REPORT". On the right side, there are three inset images: a woman holding her head in pain, a doctor's hands, and a young boy looking down in discomfort. The Department of Health and Human Services logo is in the bottom left corner of the banner.

WE NOT ONLY HAVE AN OPIOID EPIDEMIC, WE HAVE A PAIN MANAGEMENT CRISIS...

1. Patients have a poor understanding of pain and how to take a self-management approach (similar to other chronic conditions like diabetes and asthma)
2. Clinicians are no better – 2011 *The Journal of Pain* study found that US medical schools allot a median of 9 hours on pain management
3. 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”



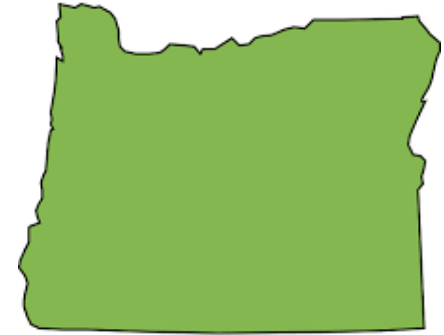
Stock photo

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



- **Treat pain management as a public health issue**
- 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