Presentation Outline

• Scope of Problem
  – Current Data
• Statewide and Community Strategies
• Prescribing Guidelines
  – Oregon-specific addenda
• Other initiatives
Prescription Opioids in Oregon: Scope of the Problem

Non-Medical Use of Prescription Opioids

• Tied for 4th in the US in 2013-2014*
• >200,000 Oregonians (5% of population); 9% of 18-25 year olds

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

*Source: National Survey on Drug Use Health (NSDUH)
Drug Overdose Deaths, Oregon 2000-2014

Drug Overdose Deaths, Oregon 2000-2014

- Prescription Opioids
- Heroin
- Psychotropic (e.g. benzos)

Rate per 100,000 population


Drug Overdose Deaths by Age
Oregon 2010-2014
Oregon Opioid Prescribing
2011-2016

Statewide Controlled Substance Prescribing

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

Per 1,000 residents

Source: healthoregon.org/opioids Data dashboard
Oregon’s Opioid Initiative: Strategies

Limit Rx Opioids
- Decrease the amount of opioids prescribed
- Offer alternative pain therapies

Promote Access
- Increase availability of naloxone rescue
- Ensure availability of treatment of opioid misuse disorder

Data Analytics
- Use data to target and evaluate interventions
Oregon’s Opioid Initiative: Strategies

- **Limit Rx Opioids**
  - Decrease the amount of opioids prescribed
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- **Data Analytics**
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CDC Prescribing Guideline

Published March 2016

• Chronic Pain
• Non-cancer
• Non-palliative
• Non-end of life
Opioid Prescribing Recommendations

• When to use opioids for chronic pain
  • Alternative pain treatment options preferred
  • Treatment goals for pain and function
  • Discuss risks and benefits of opioid treatment

• Opioid selection, dosage, duration
  • Lowest dose, short acting, minimum time

• Risk Assessment and addressing harms
  • Using PDMP as part of assessment
  • Limit co-prescribing
Oregon’s Opioid Prescribing Guidelines Task Force

Goal
• Standard for opioid prescribing across the state, including health care systems, practice settings

Membership
• Medical professional assn’s, licensing boards, provider organizations
• Health systems, hospitals, payers
• Regional task forces, public health departments
Oregon’s Opioid Prescribing Guidelines Task Force

• **Timeline:** Met June – November 2016

• **Final Guidelines posted on OHA opioid website:** [http://healthoregon.org/opioids](http://healthoregon.org/opioids)

• **Next steps:**
  – Communication (patients, providers, policy-makers)
  – Implementation
Oregon’s Opioid Prescribing Guideline

• Endorse CDC guideline as the foundation for opioid prescribing in Oregon

• Oregon-specific addenda:
  – Marijuana use;
  – Other substantive issues: chronic patients (consultation/documentation); MAT; naloxone
Oregon’s Opioid Prescribing Guideline

Prescribing higher doses of opioids

- Additional evaluation of benefits and risks, document higher dose justification
- Pain management consultation;
  - colleague evaluate the patient,
  - discuss case with a clinician peer group or multi-disciplinary pain consultation team,
  - refer patient to a pain specialist who has experience tapering opioids,
  - refer patient to a pain/addictions mental health specialist.
- Compassionate treatment for patients taking higher doses.

Oregon Prescription Drug Monitoring Program (PDMP)

- Assist healthcare providers in managing prescriptions.
- Inappropriate behavior identified through the PDMP should lead to discussions about opioid use disorder, not usually dismissal from practice.
Oregon’s Opioid Prescribing Guideline

**Urine drug testing**

- Assess whether patients are taking opioids as prescribed, using other substances, or potentially diverting opioids.
- Results can assist decisions about discontinuing or tapering opioids, and appropriateness of referral to substance use disorder (SUD) treatment.

**Co-prescribing opioids and benzodiazepines**

- Check the PDMP for concurrent controlled medications prescribed by other clinicians
- Consider involving pharmacists, pain specialists, and/or mental health specialists when opioids are co-prescribed with other CNS depressants.
- Have informed discussion with patient about serious risks associated with using medications concurrently.
Oregon’s Opioid Prescribing Guideline
Marijuana

– Retail sales and medical marijuana in Oregon make use prevalent.
– Data are limited on the interactions between opioids and marijuana.
– Clinicians discuss and document marijuana use with their patients, including: whether they use, amount, type, reasons for use, etc.
– Clinicians have an obligation to closely follow the emerging evidence on marijuana use for treating pain, and adopt consistent best practice.
– Marijuana use concurrent with opioids should focus on improving functional status and quality of life, and ensuring patient safety. Clinicians should assess for contraindications and precautions to the concurrent use of marijuana and opioids.
Opioids & Back Pain: Scope of the Problem in Oregon

Oregon’s opioid epidemic

- ~50,000 Medicaid patients with back pain diagnoses
- Average of 148 opioid prescription days for those with back pain
- ~30,000 of those with back pain received an opioid prescription
- $5 million spent on opioids
The New Back Care Paradigm: Medicaid Medical Coverage

**Increased Coverage:**
- Cognitive Behavior Therapy
- Spinal Manipulation
- Acupuncture
- Non-opioid medications
- Interdisciplinary Rehab *
- Supervised exercise; yoga *
- PT/OT; Massage Therapy *

* If available

**Decreased Coverage:**
- Surgeries
- Opioids
- Epidural Steroid Injections
Guideline Note 60: Opioid Medications (Coverage Criteria)

During the first 6 weeks after injury, flare, surgery:
- Prescription limited to 7 days, and
- Short acting opioids only, and
- First line pharmacologic therapies are tried and ineffective, and
- Treatment plan includes exercise, and
- Opioid risk assessment

Opioid use after 6 weeks, up to 90 days:
- Functional assessment – 30% improvement
- With spinal manipulation, physical therapy, yoga, or acupuncture
- Opioid risk mitigation:
  - PDMP
  - Screen for opioid use disorder
  - Urine drug test
- Prescriptions limited to 7 days and short acting only

Opioids after 90 days:
- Not Covered without new injury, flare, surgery

Transitional coverage for those on long-term opioid therapy through 1/2018:
- Taper plan
  - In place by January 2017
  - Include nonpharmacologic treatment strategies
HB 4124: Integration of PDMP & Health IT Systems

- Prescribers, pharmacists, delegates can query PDMP within workflow.
- PMP Gateway interface will securely integrate OR PDMP data into existing infrastructure of health IT systems like HIEs, EDIE, and health systems.
- HB 4124 requires anyone planning to use the PMP Gateway to have active, valid Oregon PDMP user accounts with OHA.
- A HB 4124 Fact Sheet is posted on <orpdm.com>
Naloxone for high-risk patients

- Consider offering naloxone to patients with:
  - History of overdose
  - History of substance use disorder
  - Higher opioid dosages (≥50 MME/day)
  - Concurrent benzodiazepine usage
- Oregon pharmacists can prescribe and dispense naloxone
- New OHA naloxone training protocol on web
- OHA naloxone work group meets quarterly
- Contact: Lisa.m.shields@state.or.us
Oregon’s Targeted Capacity Expansion MAT Grant Summary

• Increasing MAT Capacity Statewide: 3 new OTP’s in Oregon (N. Coast, Central Oregon, S. Coast)
• Outreach services to connect rural primary care practices with an OTP (hub and spoke)
• Increase number of buprenorphine-waivered physicians actively prescribing in Oregon
• Education and Outreach
  – Expert consultation via Project ECHO
  – Improve treatment retention and health outcomes for enrollees
  – Implement the Motivational Stepped Care Model within 3 OTP’s
• Contact: John.w.McIlveen@state.or.us
Potential SAMHSA Funding: State Targeted Response to Opioid Crisis

Grant Information:
• Total funding for Oregon: $ 6.5 million/year for 2 years
• 80% of budget for treatment and recovery
• Focus on supplementing and enhancing existing opioid activities
• Proposal due date: 1/17/2017
• Project start date: 5/1/2017

Required activities:
• Addictions peer navigator program in the Oregon Department of Corrections
• Needs assessment and interventions for tribal populations

Contact: Michael.n.morris@state.or.us
Health Care System Initiatives

Statewide / Regional Efforts

- Implementation of prescribing guidelines/ best practices
- Development of Pain Schools
- Alternative Treatment: cognitive behavioral therapy, massage, exercise programs
- Medication-assisted treatment for dependency

Coordinated Care Organization Performance Project

- Development of regional opioid taskforces
- Provider and patient education on safe opioid prescribing
- Network assessment of Substance Use Disorder (SUD)
Best-practices for Policy

Possible PDMP changes

- Required provider enrollment in PDMP
- Incorporate into HER / Automated notifications
- Use for public health practice / Clinical practice quality improvement

Other statutory changes?

- “Pain Clinic” laws
- Required drug take-back
Oregon Health Authority
Opioid Initiative Summary

- PDMP usage
- Statewide Prescribing Taskforce
- CCO Performance Improvement Project (PIP)
- Prescription Drug Overdose Grant

- HB 4124: Prescription Monitoring / Naloxone Availability
- Collaboration with law enforcement/EMS

- Interactive opioid dashboard
- Initiative dashboard
- CCO PIP: ≥ 120 MED and ≥ 90 MED reported

- Medication Assisted Treatment (MAT)
- Prioritized List Back Condition Benefit coverage (7/1/2016)
• OHA Opioids Website: http://healthoregon.org/opioids
  – Interactive Data Dashboard
  – Community Information
  – Guidelines

• Oregon Prescription Drug Monitoring Program Website: http://www.orpdmp.com/

• Statewide PIP website: http://www.oregon.gov/oha/hpa/csi/Pages/Performance-Improvement-Project.aspx
Questions ???

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  – Medicaid guidelines: Kim.r.Wentz@state.or.us
  – Naloxone: Lisa.m.shields@state.or.us
  – Medication-assisted treatment: john.w.Mcilveen@state.or.us
  – SAMHSA grant: Michael.n.morris@state.or.us
FFS PA Criteria
Short- and Long-acting Opioids

- Exempting patients with terminal diagnosis or cancer diagnosis from the proposed clinical PA criteria;
- Requiring PA for all non-preferred short-acting opioids and preferred short-acting opioids prescribed for more than 7 days;
- Requiring PA for all long-acting opioid analgesics;
- Updating quantity limits for newly approved long-acting opioids

**FFS Criteria** (effective March 2017)

- Long-acting opioids:
- Short-acting opioids: