How to Implement Proven Opioid Stewardship Strategies While Integrating Quality Measures for Improved Population Health

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12:00 – 1:00 PM Central Time

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Disclosure:
We have no financial conflict of interest

Learning Objectives

Upon the conclusion of this webinar, participants will be able to:

- Effectively perform patient safety, stigma, and harm reduction interventions
- Apply non-punitive approaches and carefully curated scripting when identifying patients with addiction, and managing and maintaining patients who are prescribed controlled substances
- Demonstrate and evaluate multimodal opioid stewardship strategies
- Effectively utilize data to support patient safety, quality improvement, and overall population health


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There are always going to be people who need opioids

- The Tackling Overdose with Networks (TOWN) is a clinic-based model promoting an approach that includes multiple strategies to reduce opioid overdose within communities
- This program was developed and disseminated through grant funding in Minnesota
- The purpose of this program was to encourage safe monitoring and prescribing to patients receiving chronic opioid therapy

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Goals:

- Decrease opioid overdose
- Screen for patients at high risk of adverse effects of opioid therapy
- Identify opioid use disorder
- Incorporate opioid stewardship interventions in primary care to support population health and value-based care

How Did We Begin?

- Developed a **patient centered** care coordination team
- We called it: *The Controlled Substance Care Team*

Who to Review First: Dose Relationship to Adverse Effects

- MME ≥ 100 had significantly higher odds of opioid induced respiratory depression than <100 daily MME

Dose Relationship to Adverse Effects

20-50 MME

AND ≥ 50 MME

Both risk factors for all cause mortality, opioid induced respiratory depression, overdose as compared to ≤20 MME in older adults

- This is consistent with other recent studies

Controlled Substance Care Plan

Also Known As:

- Pain Contract
- Pain Agreement
- Narcotic Contract

- Is this stigmatizing?

Care Plans Should Be:

- Non-punitive
- Patient centered
- Patient safety focused
- At a reading level understood by all

Care Plans Shouldn’t Be:

- Used to “fire” or “cut off” patients from opioids
- Filled with stigmatizing language
- Complicated or vague with large words

Is Urine Screening Part of the Care Plan?

- Yes?
- No?
- Maybe?

Urine Screening Benefits:

- Patient safety
- Medication management
- Non-punitive conversations

How to Talk About Care Plans and Urine Screening With Patients

Care Plan Scripting

- “Hi Jon Doe, today I need to review and sign your care plan with you. All patients taking controlled substances have care plans. This care plan is intended to ensure that there are opportunities for shared decision making, medication safety, and that current therapeutic pain management treatments are effective.”

Urine Scripting

- “Hi Jane Doe, we do occasional urine screening on all patients taking a controlled substance. I am asking for this urine sample to ensure that the medications that are being prescribed to you are safe”

The Controlled Substance Care Team

Early Workflow Development

- One physician
- RN Care Coordinator
- Administrator
- Mental Health Provider

Weekly Meetings

Unfortunately, health systems look at this and say that all of those cost money– spend money to make money or use existing staff

- Cardiac problem no issue, why is getting an opioid nurse and issue? –Stigma!
- Saves lives… assists patients to be functional tax paying community members

Team Advancement

- Social Worker
- Patient Centered Medical Home Physician- Bill for services!
- Pharmacy Resident

Chronic Care Management Model

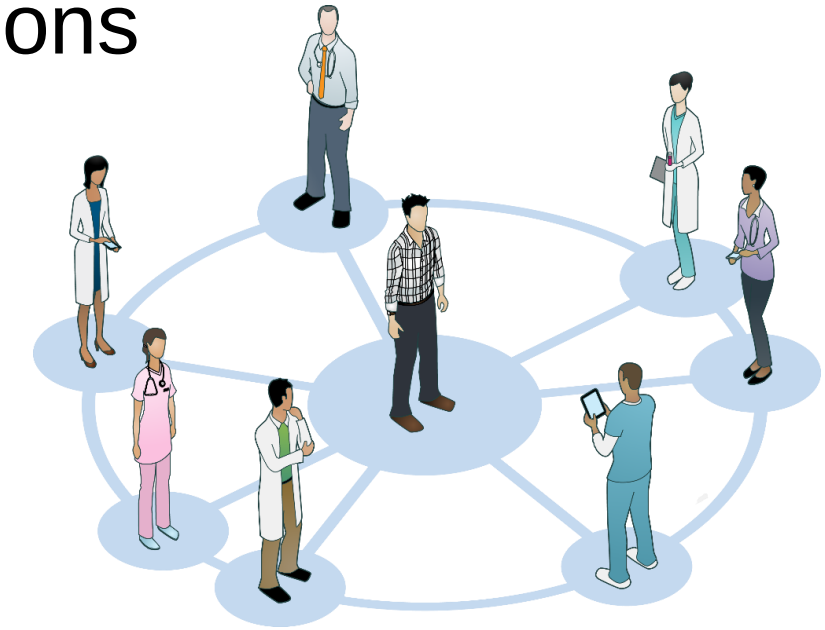
Controlled Substance Care Team (CSCT)

- CSCT Review Form
- Review Includes
  - Prescription Drug Monitoring (PDMP)
  - Previous work-ups
  - Scans
  - Previous treatments for pain
  - Mental Health diagnosis
  - Co-prescribing
  - Sleep studies

Controlled Substance Care Team (CSCT) 2

Components of CSCT Recommendations

- Discussed with primary provider
- Implementation by primary doctor
- +/- guidance/tapers from CSCT if deemed appropriate
- Non-punitive approach and harm reduction
- Narcan



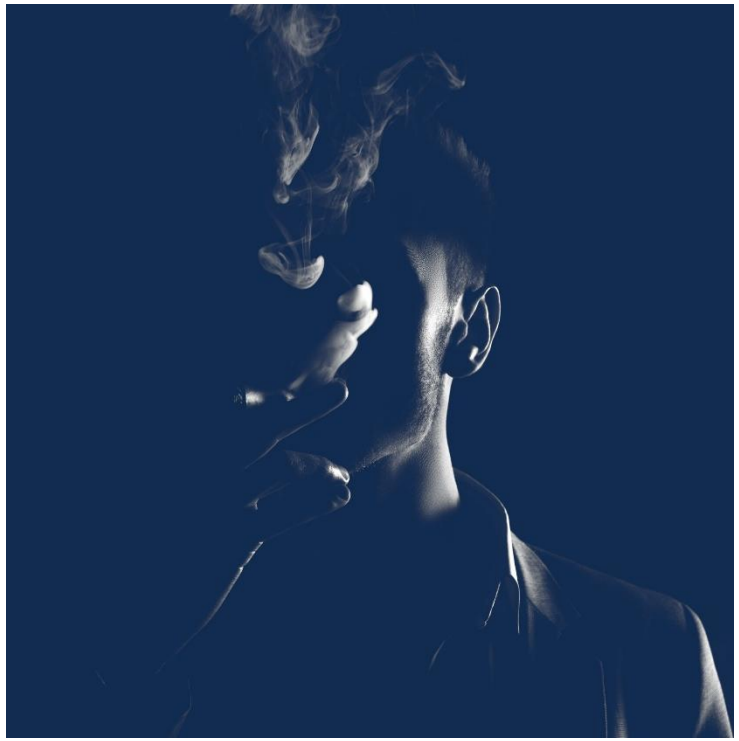
All opioid patients are still treated for their conditions but with other methods- some stay on opioids, but at safer doses.

Opioid Prescribing Links to Addiction

- Physical trauma
- Surgical procedures
- Dental procedures
- Chronic pain

High Risk Populations

- Younger
- Male
- History of incarceration
- Current cigarette smoker
- Previous history of substance use disorder
- Childhood trauma
- Earlier onset of substance use
- Family history
- Socioeconomic status
- Racial groups affected with inequity



High Risk Situations

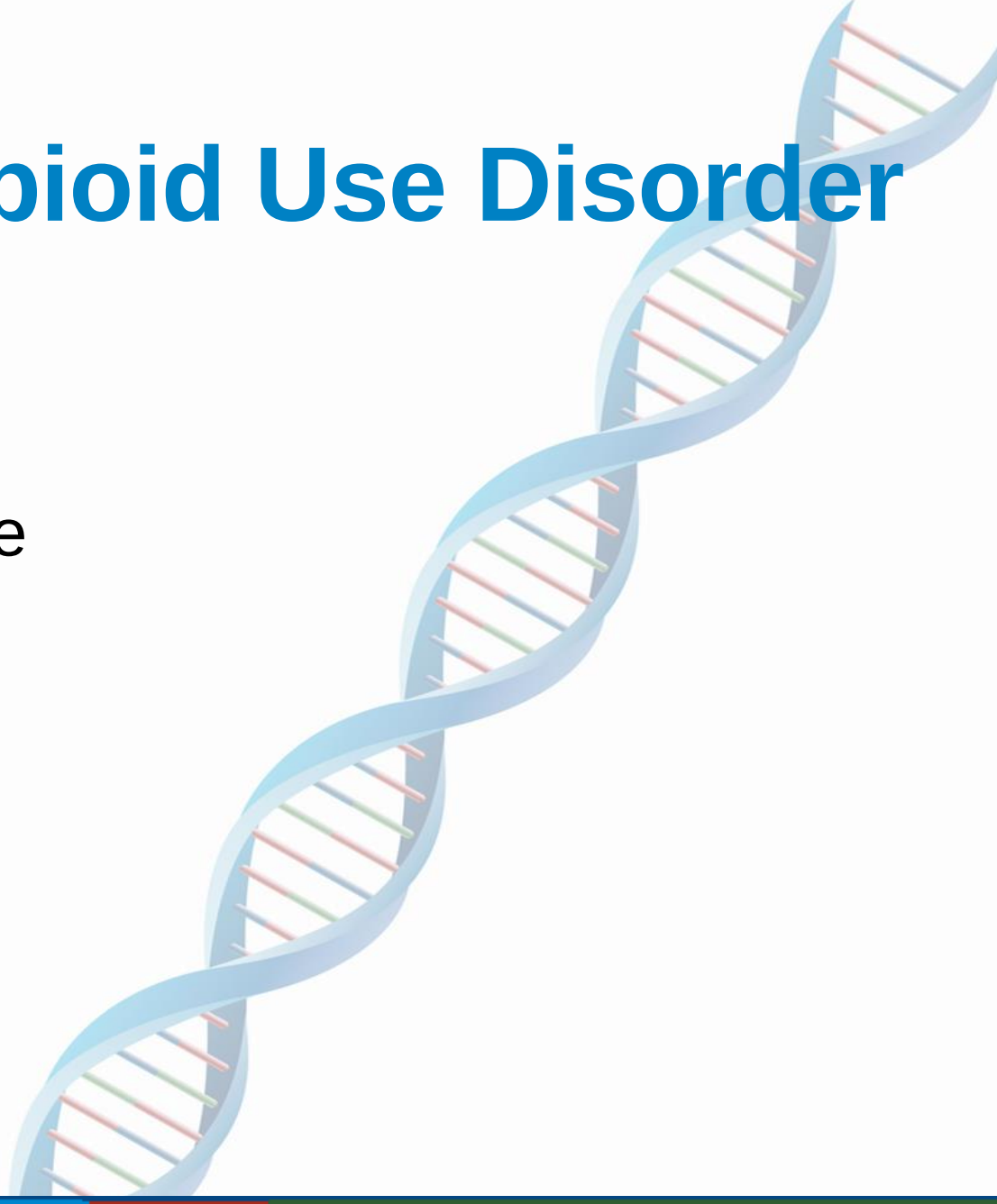
- Early refills
- Used more than prescribed
- Runs out early
- Bought or “borrowed” medication
- Multiple prescribers
- Hoards medication

Predictors or Clues to Opioid Use Disorder

- Previous history of another SUD
- Legal issues
  - DUI etc.
  - Child protection services
- Sex trafficking: “STIs”
- Chronic pain
- High-risk occupations
  - Construction worker
  - Anesthesia
  - Tree-trimming

Predictors or Clues to Opioid Use Disorder

- Family history of SUD
  - 50% genetic
  - It is not uncommon to have multiple members of a family



Adverse Outcomes

- The morbidity of the disease of addiction involves the **intrapersonal** sense of self (unlike other diseases)
  - Self-image
  - Self-respect
  - Self-concept
  - Sense of self-efficacy

Adverse Outcomes 2

- Further morbidity on **interpersonal** relationships
  - Family
  - Close friends
  - Social relationships
- AND…. Damage to:
  - Finances
  - Legal standing
  - Employment performance
  - School/Grades

Adverse Outcomes: Falls

- As an adverse outcome, falls are very significant
  - Leading cause of fatal and nonfatal injuries in older adults
  - 2.8 million ER visits
  - 800,000 hospitalizations
  - 27,000 deaths
- 2018 Fall Data:
  - 27.5% of older adults fell at least once
  - 10.2% were injured

Adverse Outcomes 2: Falls

- Prevention of falls can be done by addressing the modifiable risk factors
  - Medication? And more specifically, opioids
  - Is there a dose-related effect on falls

Adverse Outcomes 3 : Falls

- Study Design
  - EMR review
  - 10 primary care clinics
  - > 4 prescriptions per year
  - Average daily MME

Adverse Outcomes 4 : Falls

- Results
  - Older adults taking > 37 MME (for non-cancer pain) had a 47% greater risk compared to those taking less than 37 MME

Adverse Outcomes: Sleep Apnea

- Using opioids with chronicity may lead to Central Sleep Apnea which is often undiagnosed

- Strong family history of Obstructive Sleep Apnea and obesity should be evaluated prior to prescribing opioids

Adverse Outcomes: Testosterone Depletion

- Long term opioid use in males often leads to hypogonadism which is linked to all cause mortality
- Treatment with testosterone products will reverse effect and decrease all cause mortality

Adverse Outcomes: Co-Morbid Alcohol and/or Benzodiazepine Use

- Prior to prescribing opioids, patients MUST be screened for significant alcohol and/or licit or illicit Benzo consumption
- Older adults are at much higher risk from complications due to change in metabolism

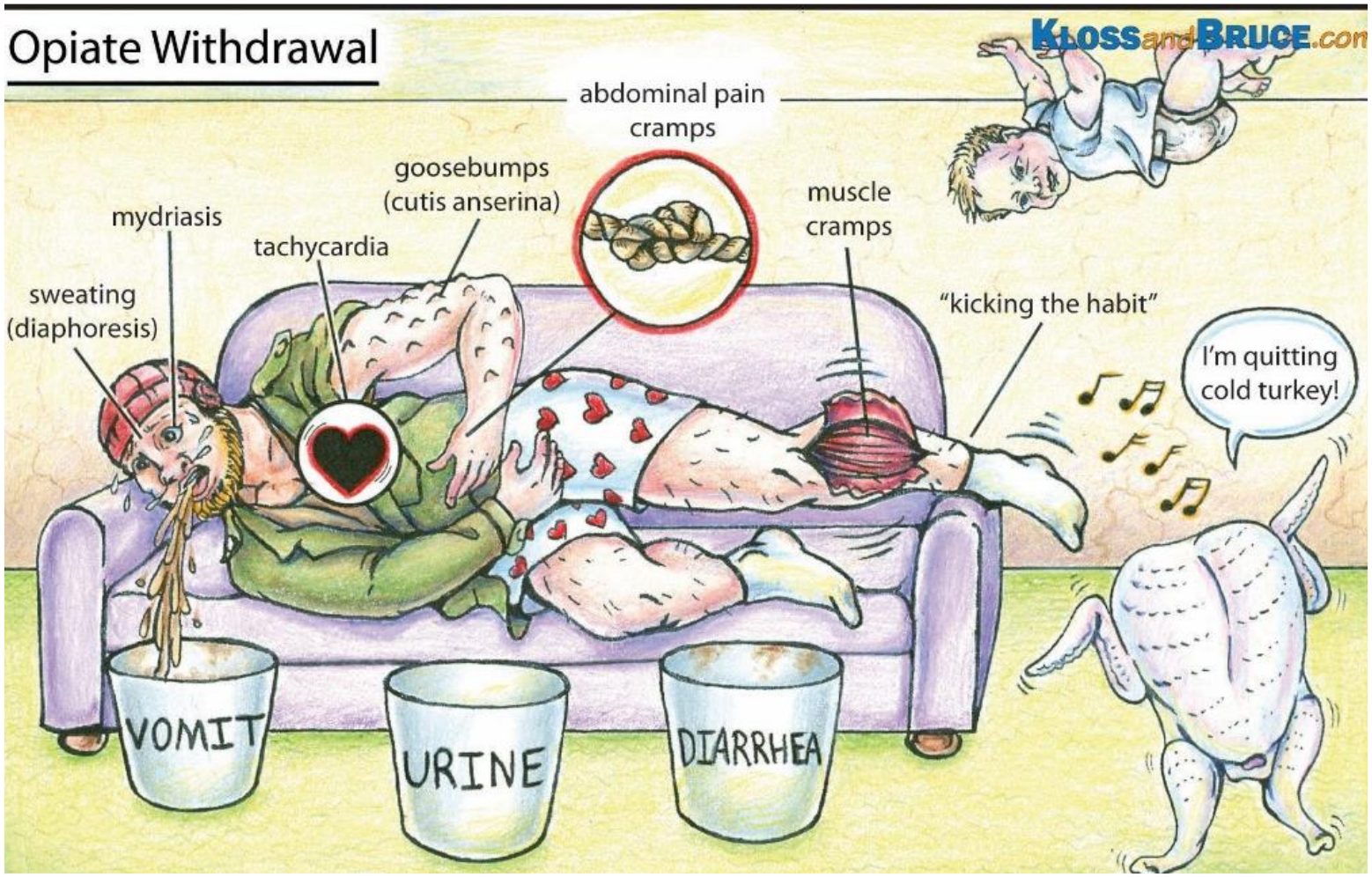
Adverse Outcomes: Opioid Use Disorder

Koob Definition of Addiction

“Addiction is a chronic relapsing syndrome that moves from an impulse control disorder involving positive reinforcement to a compulsive disorder involving negative reinforcement.”

George F. Koob

Why Can't You Just Stop?



Diagnosis DSM-V

1. Opioids are often taken in larger amounts or over a longer period than intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
4. Craving, or a strong desire to use opioids.
5. Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational or recreational activities are given up or reduced because of opioid use.

Diagnosis DSM-V cont.

8. Recurrent opioid use in situations in which it is physically hazardous.
9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.
10. Tolerance, as defined by either of the following:
    a) A need for markedly increased amounts of opioids to achieve intoxication or desired effect
    b) Markedly diminished effect with continued use of the same amount of an opioid
11. Withdrawal, as manifested by either of the following:
    a) The characteristic opioid withdrawal syndrome
    b) The same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms

Opioid Use Disorder Presentations

- Slurred speech
- Pinpoint pupils
- Gastroenteritis in the “ER”
- Demanding/threatening
- Sedation
- Weight loss
- Injection sites
- Sniffing

Other Chronic Relapsing Diseases:

- Diabetes
- Cancer
  - Shift from “why did you do that?” to “how can we help?”

Strategy and What NOT to Do:

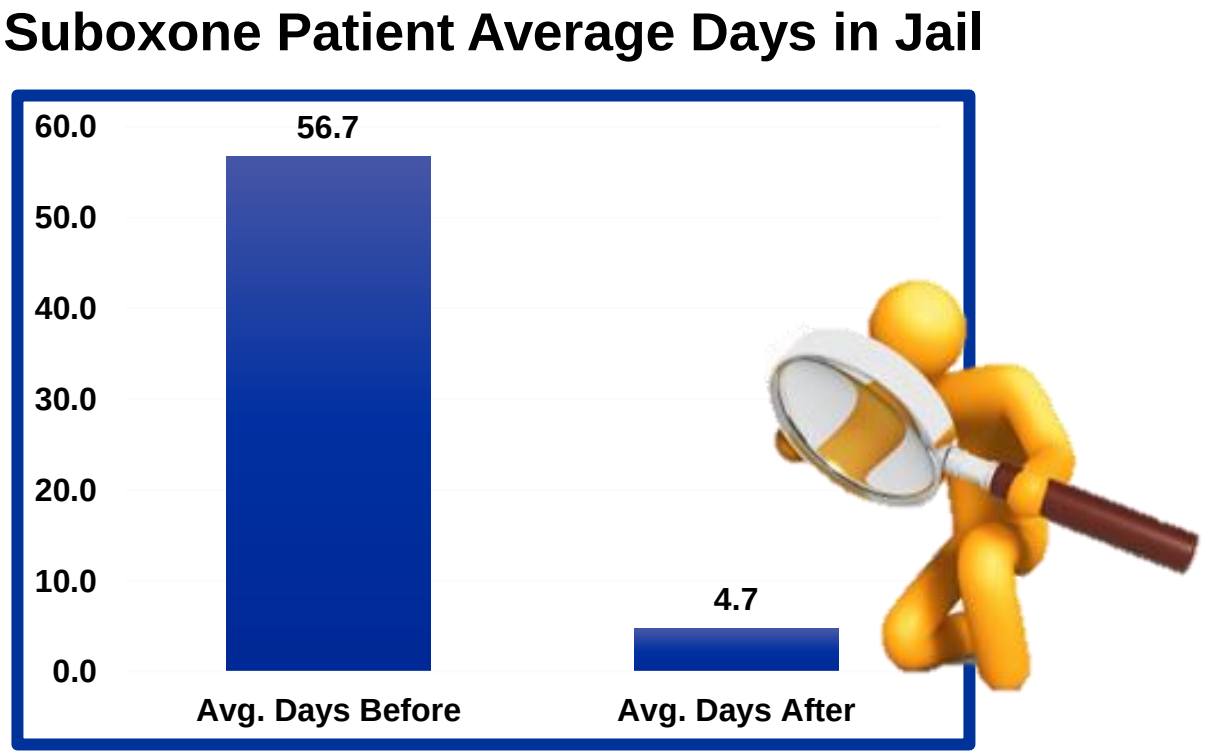
- Strategy:
  - Avoid punitive language
- Do Not:
  - Try to “catch” people
  - Abruptly cut patients off from their opioids
  - Stigmatize opioid treatment or Opioid Use Disorder

Population Health

Population Health: Community Impacts

- Increased Emergency Dept visits
- Infectious Disease
- Incarcerations
- Overdoses
- Sexually Transmitted Diseases

Population Health: Medication for Opioid Use Disorder (MOUD)



Average number of days spent in jail prior to Buprenorphine vs. after Buprenorphine-

(*83 patients surveyed)*

Value-Based Care and Opioid Stewardship: The Relationship

Program Outcomes: Revenue Generating

- Rather than refer out, manage opioid therapy/MOUD in-house
  - OB
  - Surgical Services
  - Emergency Department
- PCMH
  - Billable time for nursing care coordinators

Our Programmatic Experiences

A Practical Solution

- In 2015, a Controlled Substance Care Team (CSCT) was formed within our primary care clinic.

A Practical Solution 2

- Our pharmacy data showed **100,000 narcotic pills** were coming out of our local pharmacies each month. (Jan 2015)

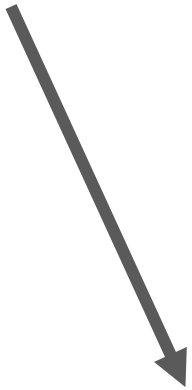
A Practical Solution 3

- **Our initial focus:**
  - Decreasing the narcotics leaving clinics and hospitals

A Practical Solution 4

#1

In 2014, the #1 Emergency Department diagnosis was therapeutic drug monitoring



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As of November 2015, Emergency Department diagnosis for therapeutic drug monitoring is no longer on the top 20 list

A Practical Solution: *Outcomes*

684 patients had opioids, benzodiazepines, or stimulants discontinued by a Controlled Substance Care Team intervention.

These patient tapers account for **788,080** fewer pills/units prescribed in a year.

A Practical Solution: *Outcomes 2*

- 684 total taper patients (narcotics, stimulants, or benzodiazepines)
- Average decrease = 65,673 units/month no longer prescribed

- Patient Needs/Support Referrals
  - 2016: 146
  - 2017: 336
  - 2018: Unmeasurable…there were SO many!

A Practical Solution: *Duplicating our Program*

- Replication began in 2017 with $1.2M in legislative grant money
- Community adoption in May of 2018
- Each community received $75,000-$100,000
- Money to hire nurse care coordinator
- Physician lead

A Practical Solution: *Duplicating our Program 2*

- **What the Communities Need To Do**
  - Monitor prescribing
  - Assemble county taskforce
  - At least one buprenorphine waivered physician
  - CSCT

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A Practical Solution: *Outcomes 3*

- **684** patients had opioids, benzodiazepines, or stimulants discontinued by a Controlled Substance Care Team intervention.

- These patient tapers account for **788,080** fewer pills/units prescribed in a year.

As Long As There Are Opioids, There is a Problem

- Take the proactive approach rather than reactive
- Need to be better stewards of opioids

Tools for Your Toolbox

Recap- Tools To Ensure Quality and Best Practices for Opioid Prescribing

- Internal Reports (MME)
- PDMP
- CMS Report Cards
- Care Plans
- Urine Screening
- Narcan
- Taper Planning
- PCMH

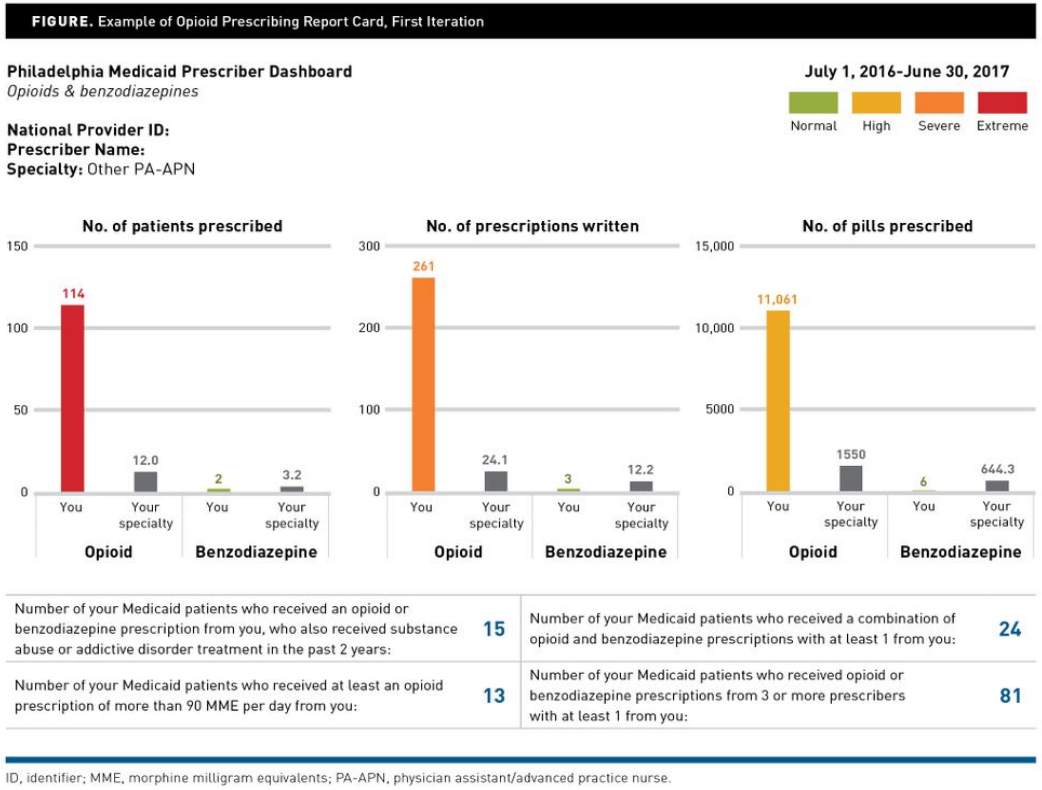

FIGURE. Example of Opioid Prescribing Report Card, First Iteration

Philadelphia Medicaid Prescriber Dashboard
Opioids & benzodiazepines

National Provider ID:
Prescriber Name:
Specialty: Other PA-APN

July 1, 2016-June 30, 2017

Normal High Severe Extreme

No. of patients prescribed

150
100
50
0

114 12.0 2 3.2

You Your specialty You Your specialty

Opioid Benzodiazepine

No. of prescriptions written

300
200
100
0

261 24.1 3 12.2

You Your specialty You Your specialty

Opioid Benzodiazepine

No. of pills prescribed

15,000
10,000
5000
0

11,061 1550 6 644.3

You Your specialty You Your specialty

Opioid Benzodiazepine

Number of your Medicaid patients who received an opioid or benzodiazepine prescription from you, who also received substance abuse or addictive disorder treatment in the past 2 years:	15	Number of your Medicaid patients who received a combination of opioid and benzodiazepine prescriptions with at least 1 from you:	24
Number of your Medicaid patients who received at least an opioid prescription of more than 90 MME per day from you:	13	Number of your Medicaid patients who received opioid or benzodiazepine prescriptions from 3 or more prescribers with at least 1 from you:	81

ID, identifier; MME, morphine milligram equivalents; PA-APN, physician assistant/advanced practice nurse.

Developing a network for accessible opioid and addiction education, for rural and underserved communities

FREE CME!

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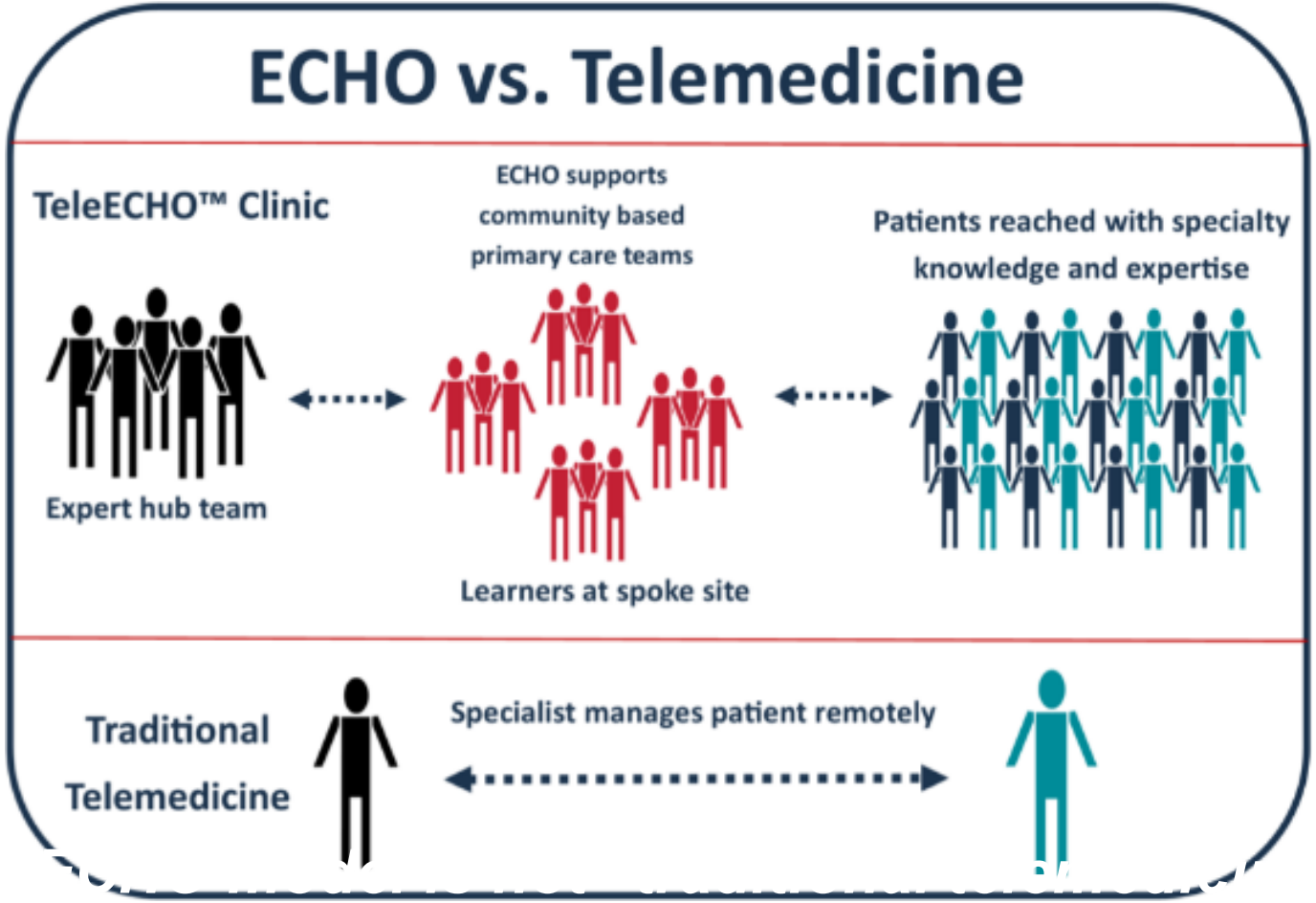
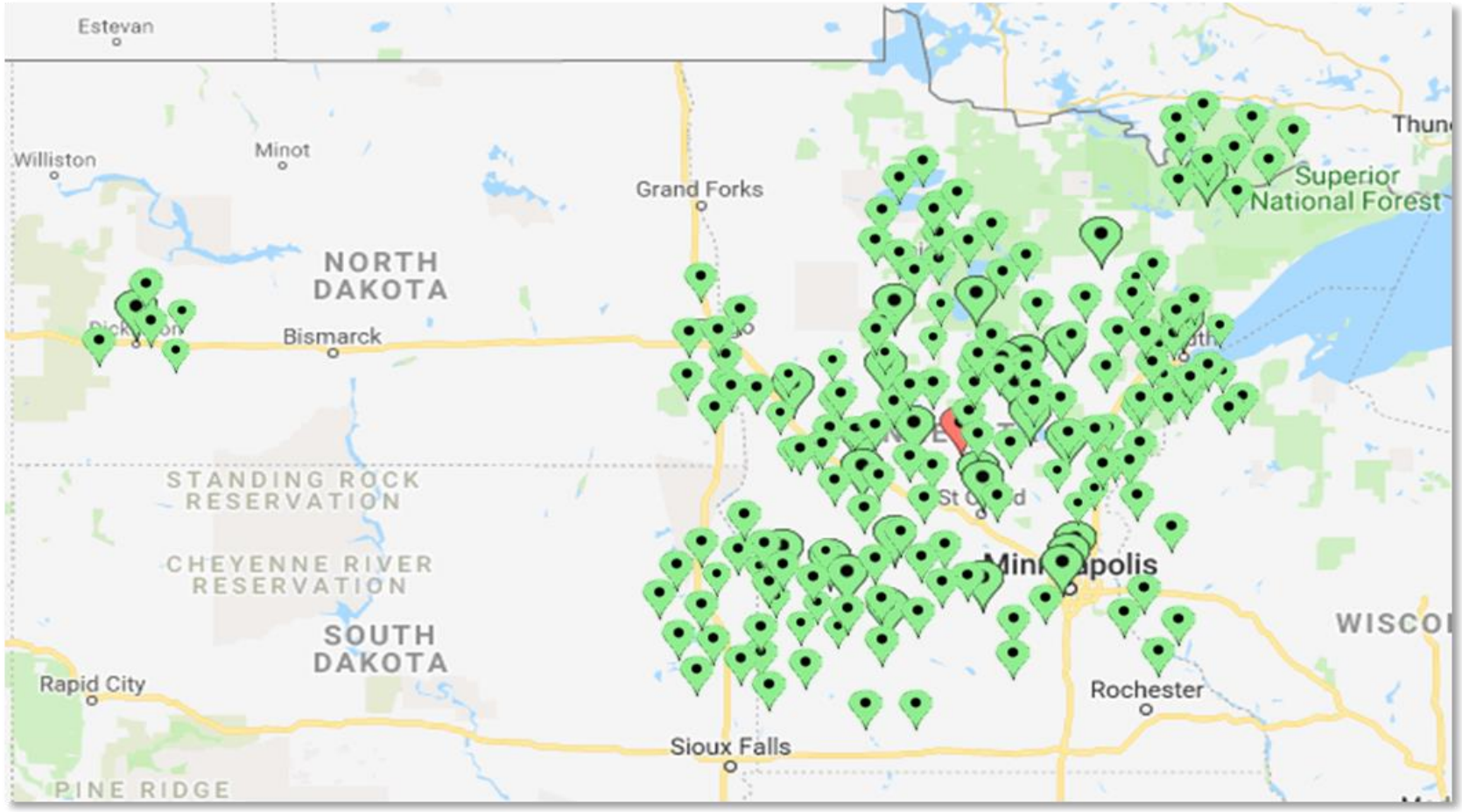
How Project ECHO Works



SOAR Project ECHO

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Stratis Health: Our Role

Stratis Health CORE Website

[CORE Center for Opioid Resources and Education - Stratis Health]

Healthcare System Support

- Bootcamps
- Project ECHO Opioid/Addiction hub
- Surgical ervices MOUD protocols
- Pregnancy and delivery protocols for MOUD
- Jail coordination protocols
- Emergency Department protocols and technical assistance

Questions?

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Resources

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