Opiate Prescribing: Addressing the Crisis Collaboratively

Joseph Bianco, MD, FAAFP
Chief of Primary Care
Essentia Health

June 20, 2016

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Our Mission

We are called to make a healthy difference in people's lives.

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Our Values

Quality
Hospitality
Respect
Justice
Stewardship
Teamwork

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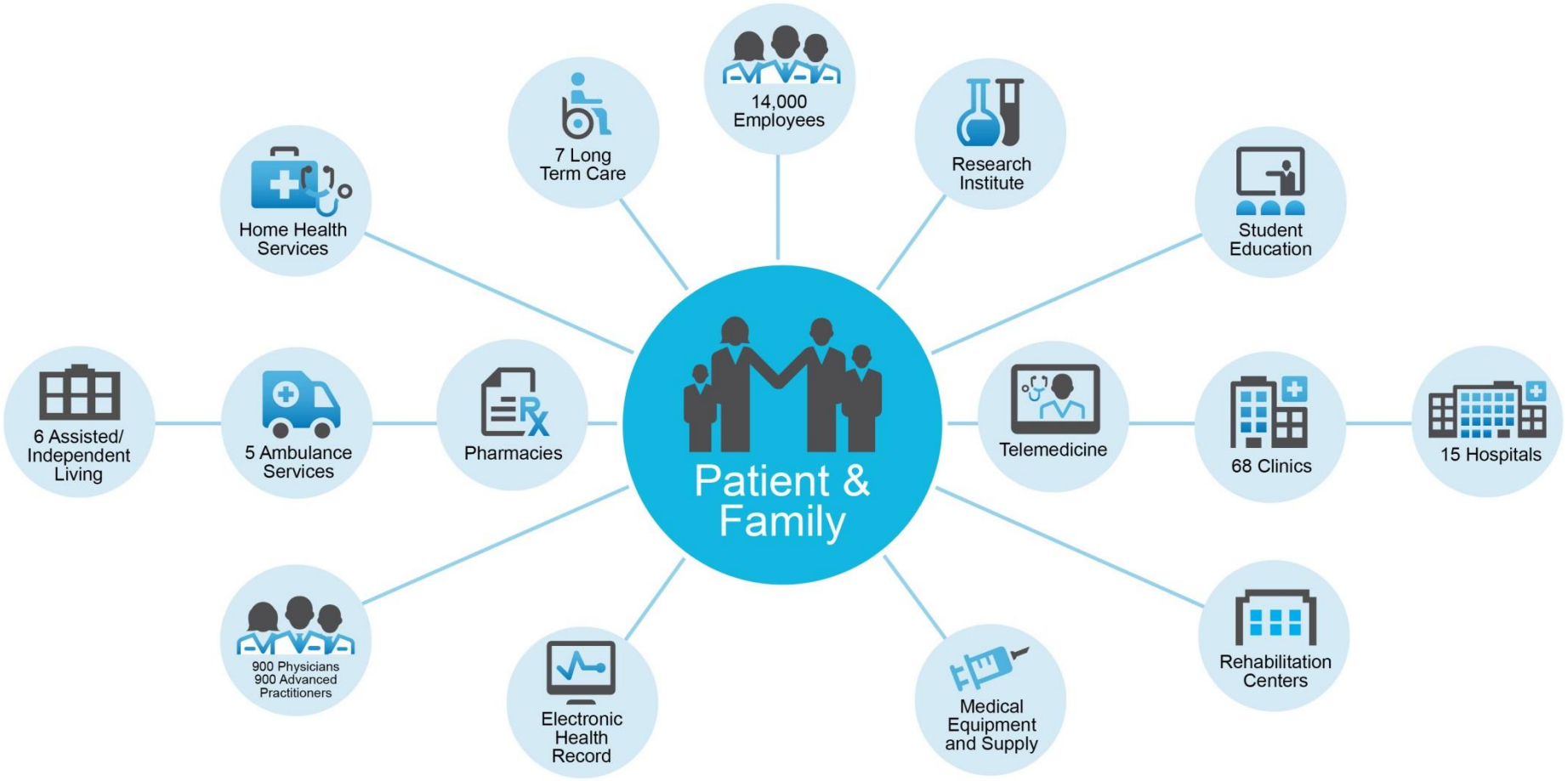
Integrated Health System



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Our Employees

14,200+ Total Employees

- 900 Physicians
- 900 Advanced Practitioners
- 2,800 Registered Nurses

Serving **500,000+ patients** in Minnesota, Wisconsin, North Dakota and Idaho

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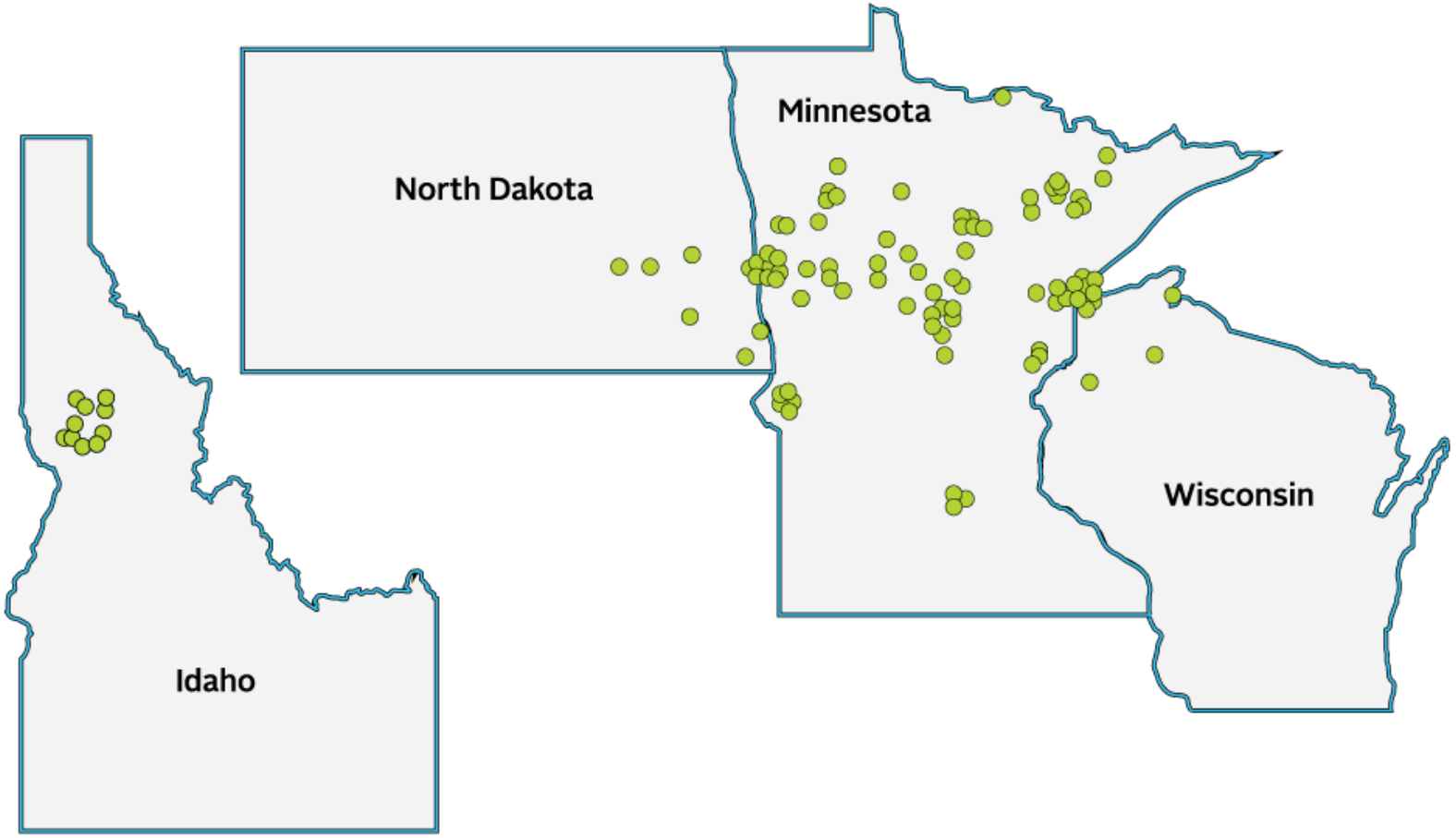
Our Service Area



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Opioids:
A trip through time

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A brief history of opioids

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Alexander the Great introduces opium to India. The Arabs, Greeks and Romans use it as a sedative.

3400 B.C.

460 B.C.

330 B.C.

Source: www.TheAtlantic.com; www.opioids.com

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A brief history of opioids

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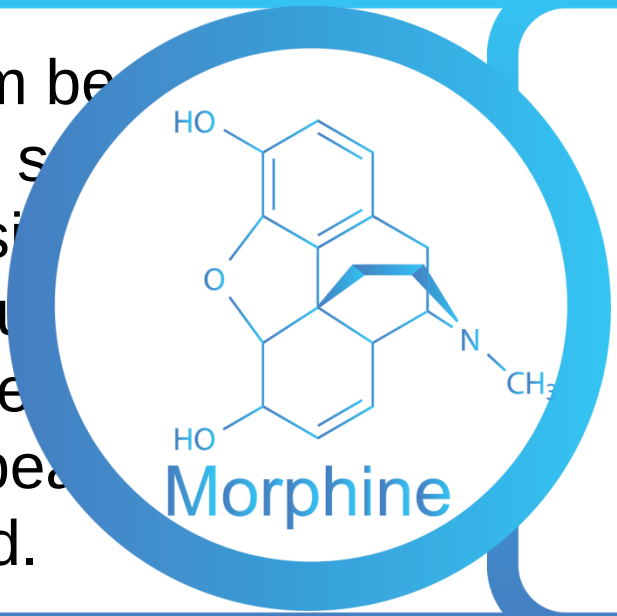

In 1806, German chemist Friedrich Wilhelm Adam Sertürner isolates morphine from opium. He names it after the god of dreams, Morpheus.

1300 A.D.

1527 A.D.

1806 A.D.

Source: www.TheAtlantic.com; www.opioids.com

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A brief history of opioids

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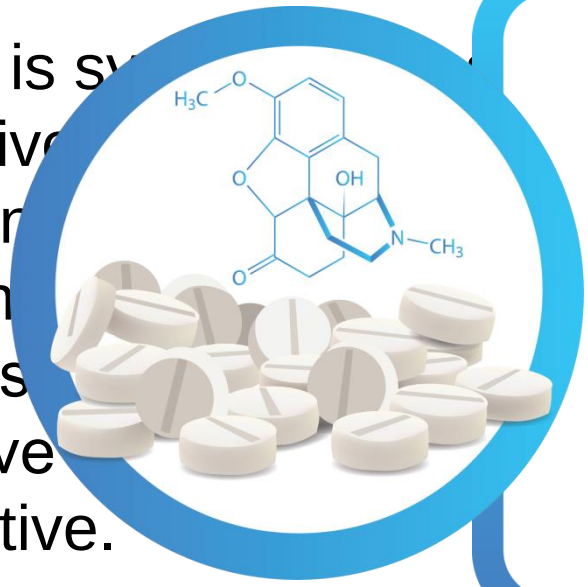

The FDA approves Oxycodone, making it widely available in the U.S., a precursor to growing abuse of prescription opioids.

1898 1924 1950

Source: www.TheAtlantic.com; www.opioids.com

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A brief history of opioids

Vicodin®
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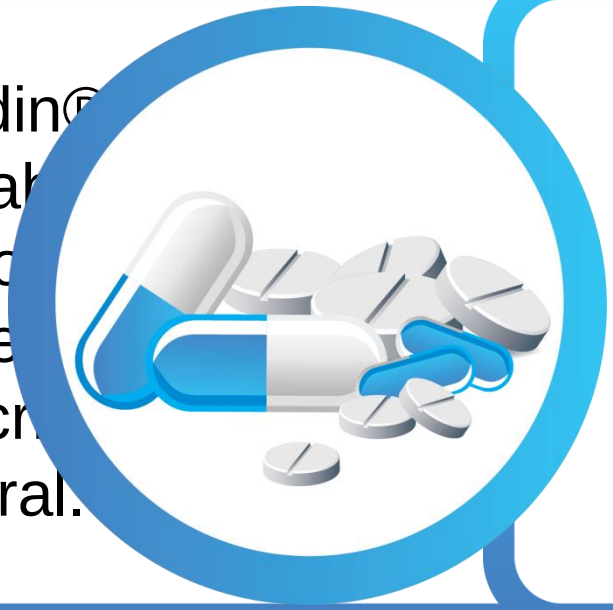

Following a surge in opioid marketing by drug manufacturers, an estimated 4 million people are using prescription opioids non-medically.

1983

1990s

1999

Source: www.TheAtlantic.com; www.opioids.com

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Opioids:
An exploding problem

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Opioid use skyrockets

A change in prescribing habits and a decade of **aggressive marketing** of prescription opioids to American physicians has led to increased use:

Hydrocodone	**198%**
Fentanyl	**423%**
Oxycodone	**588%**
Methadone	**933%**

Source: Manchikanti, Laxmaiah, MD Pain Physician 2007; 10:399-424• ISSN 1533-3159

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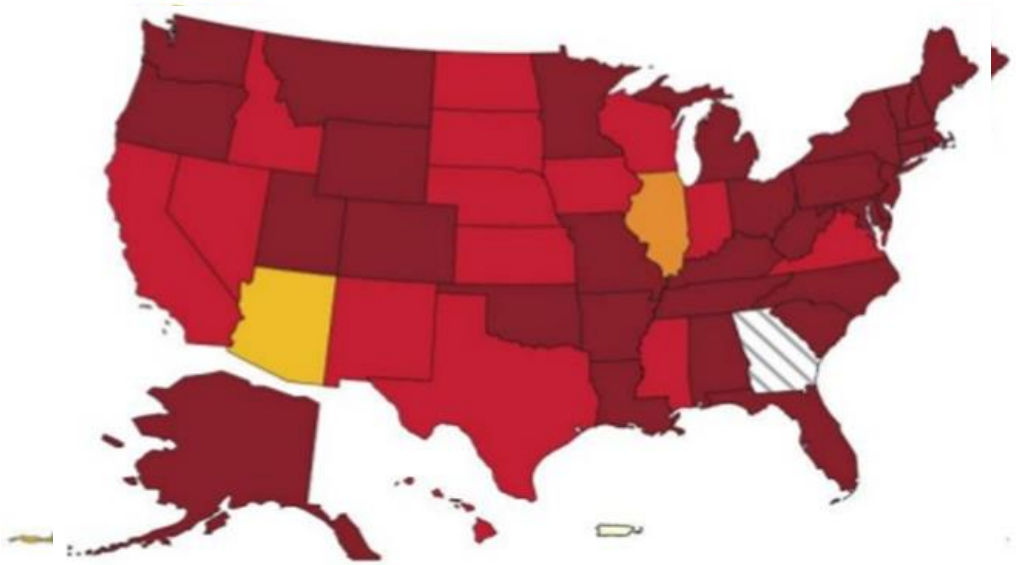
A growing problem

Primary non-heroin opiates/synthetics admission rates

(per 100,000 population aged 12 and over)



1999

2003

2009

< 8
8 - 14
15 - 18
19 - 44
45 or more
Incomplete data

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS); Andrew Kolodny, MD; Physicians for Responsible Opioid Prescribing, Oct. 2012

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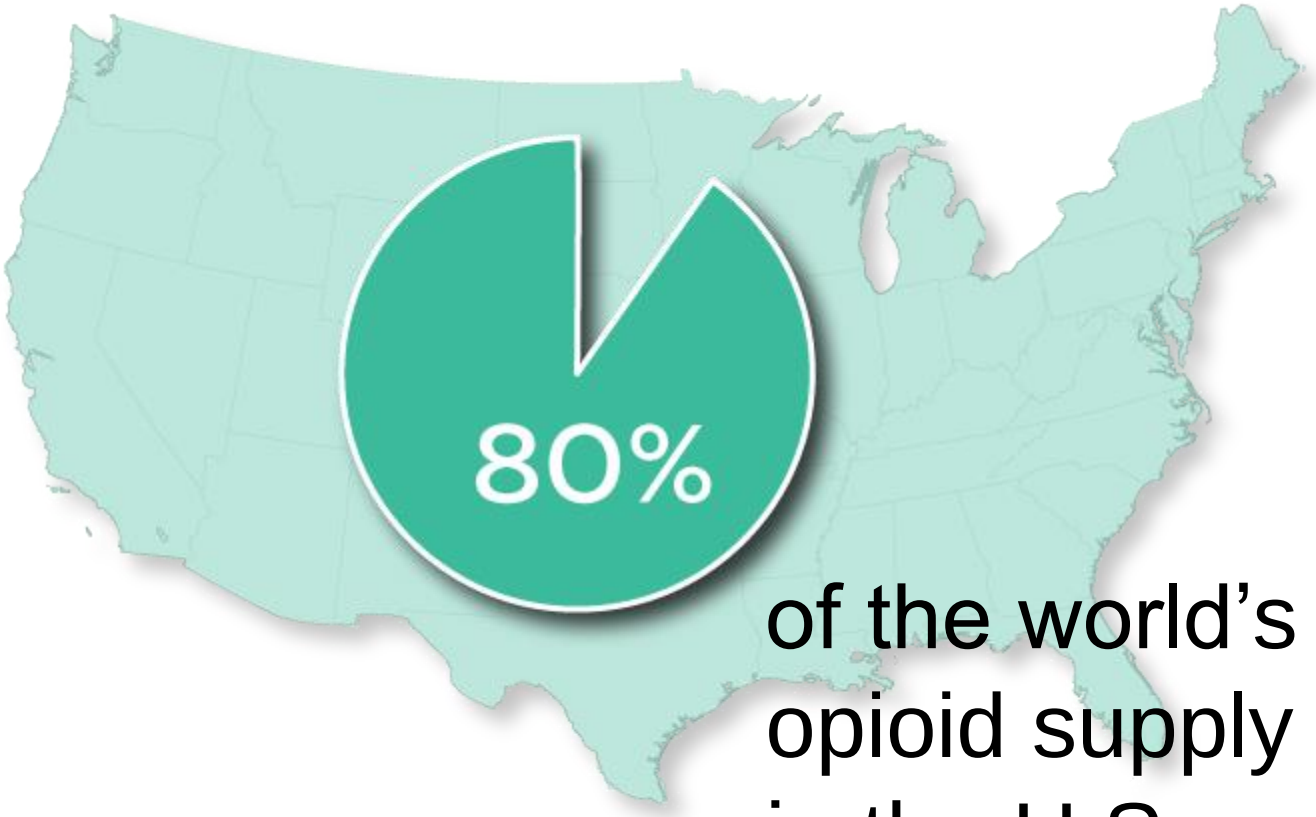
An American issue



of the world's prescription opioid supply is consumed in the U.S.

Source: Manchikanti, Laxmaiah, MD Pain Physician 2007; 10:399-424• ISSN 1533-3159

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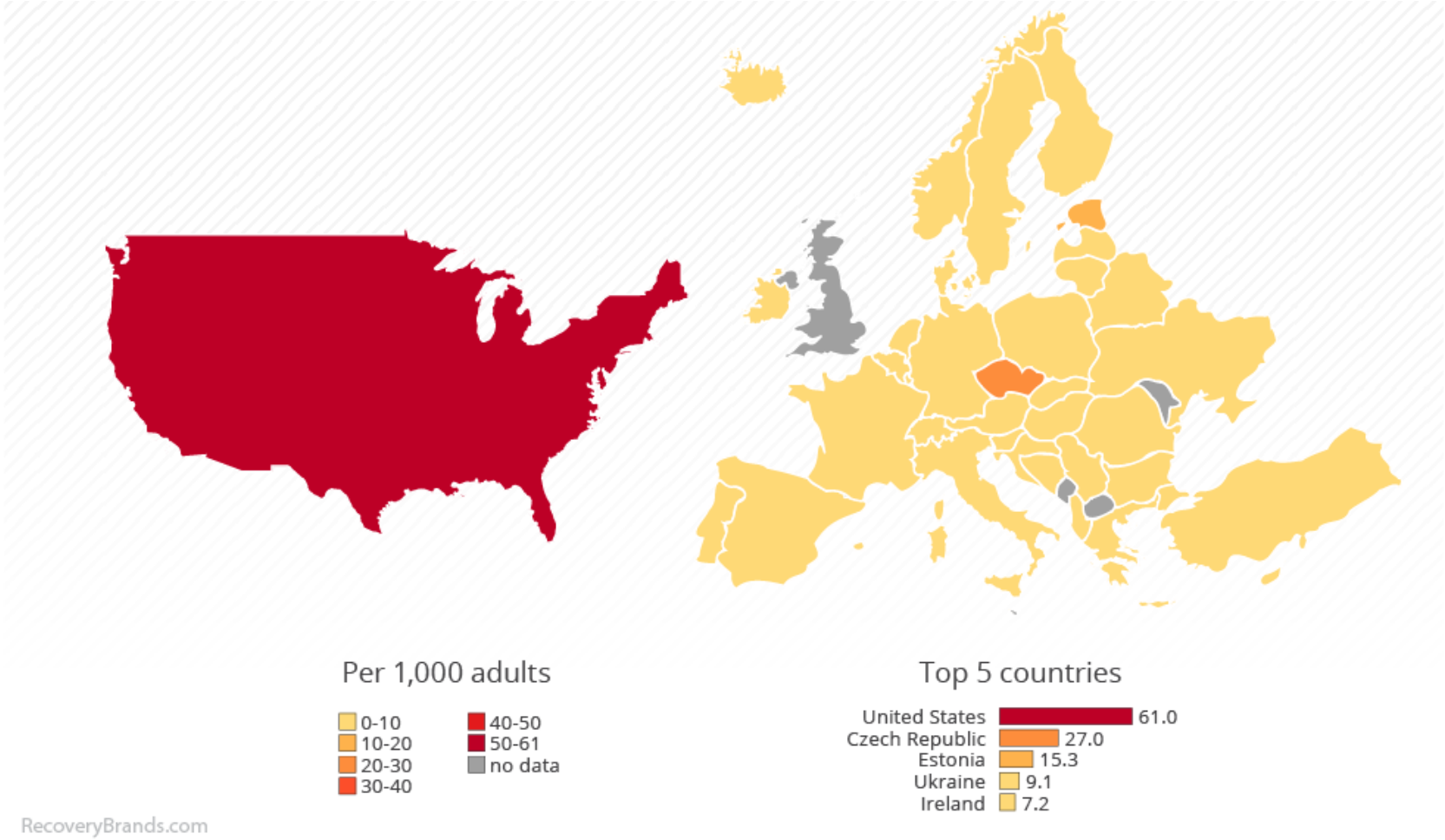
Opioid use at least once during past year



Source: http://data.unodc.org/, 2000-2012

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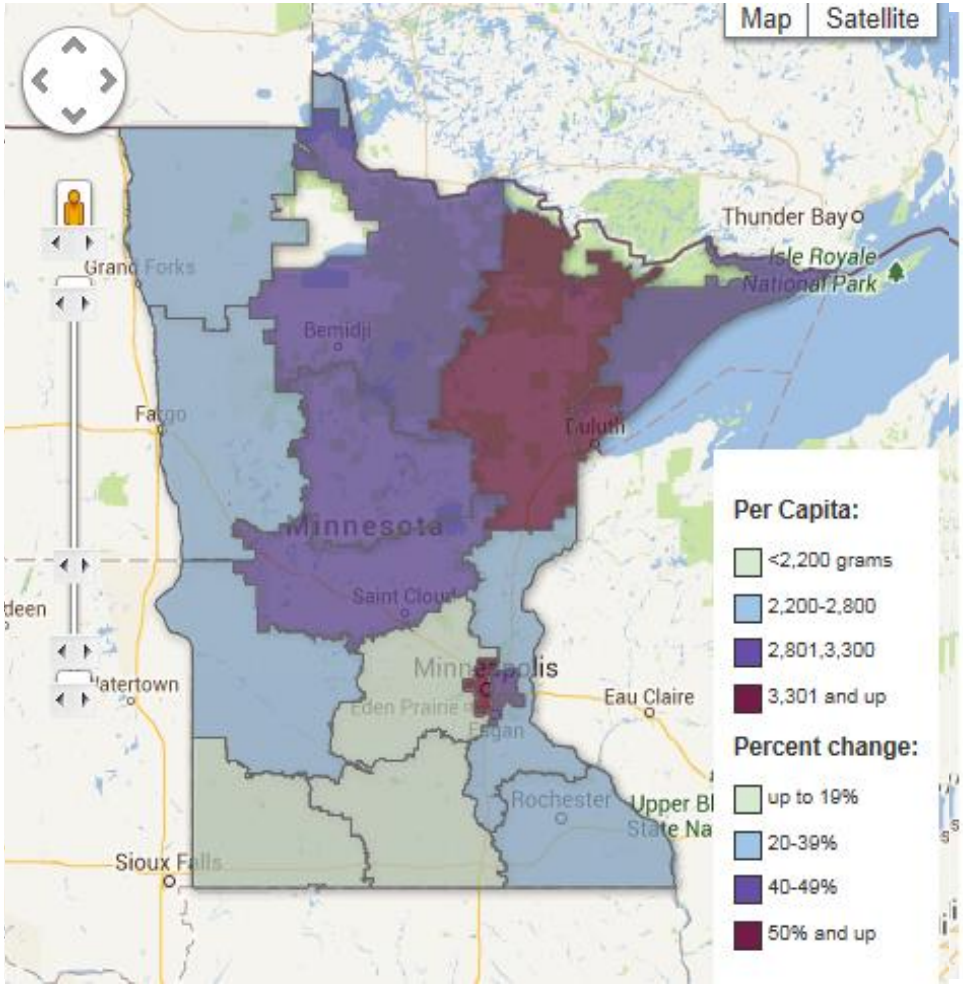
Per capita opioid use

2001-15

Map shows grams per 10,000 people of prescriptions for painkiller opioids, such as oxycodone, hydrocodone, codeine, morphine.



Source: Drug Enforcement Administration; Pioneer Press, *Prescription opiates and heroin in Minnesota*

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Sobering statistics

78 Americans die every day from an opioid overdose.

At least half of all opioid overdose deaths involve a prescription opioid.

Source: Centers for Disease Control and Prevention

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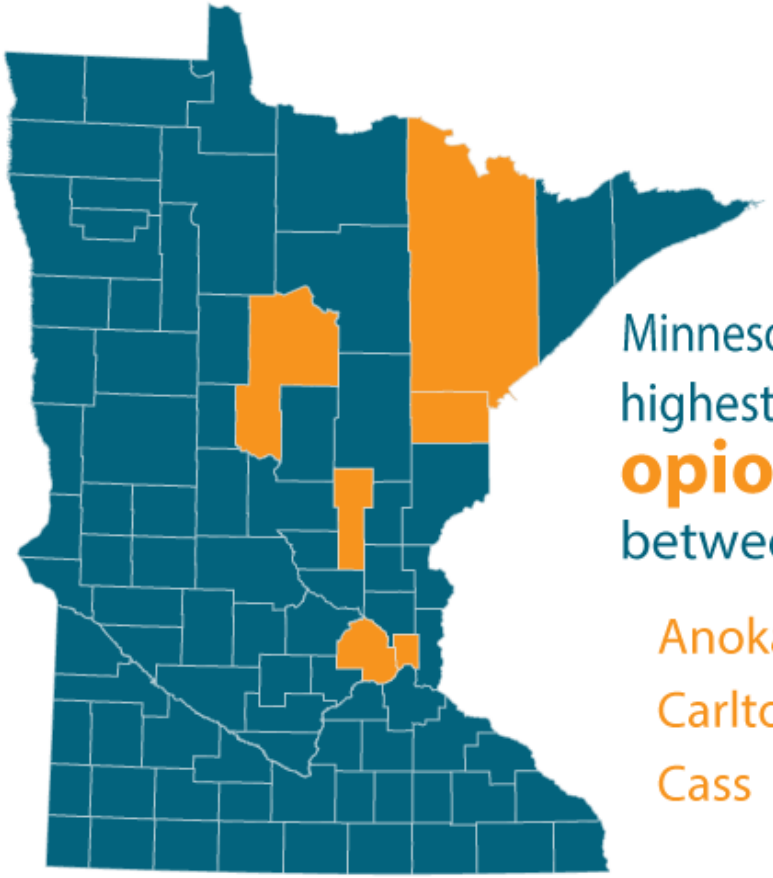
Sobering statistics



Minnesota counties with the highest rates of death from **opioid overdose** between 1999 and 2014

Anoka	Hennepin
Carlton	Mille Lacs
Cass	St. Louis

Source: Minnesota Public Radio; Centers for Disease Control and Prevention

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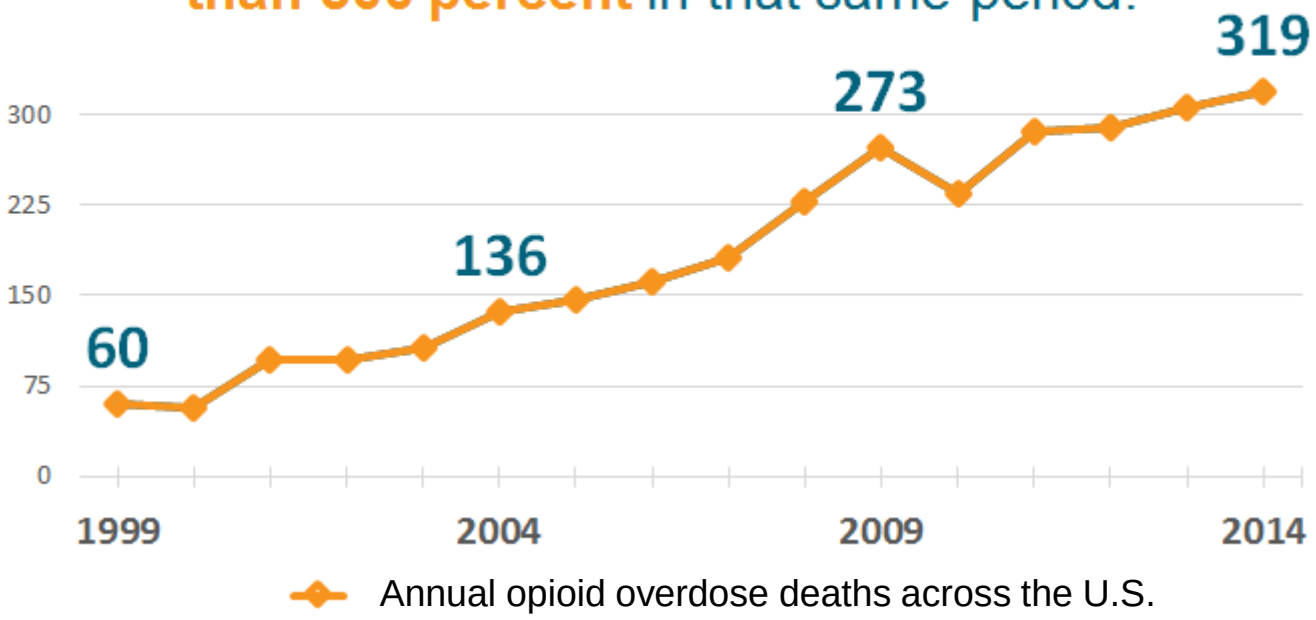
Sobering statistics

The number of people who have died from opioid overdoses in Minnesota rose **more than 500 percent** in that same period.



Source: Minnesota Public Radio; Centers for Disease Control and Prevention

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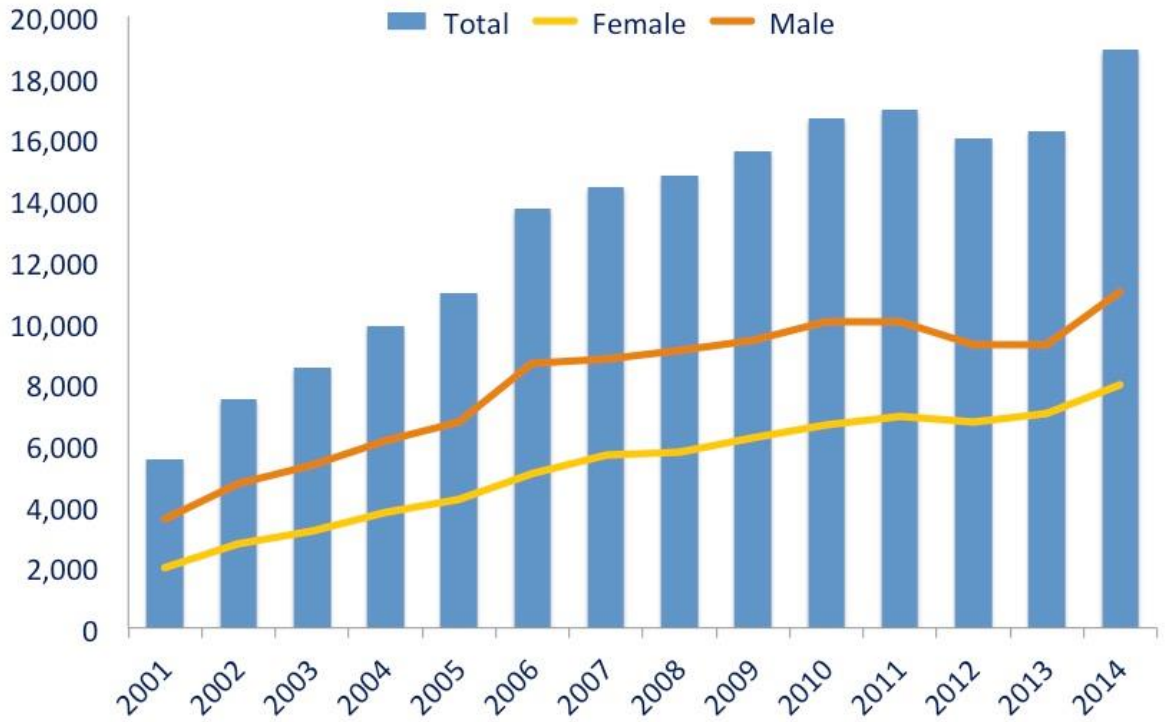
A dangerous trend

National Institute on Drug Abuse

National Overdose Deaths

Number of Deaths from Prescription Opioid Pain Relievers



Source: National Center for Health Statistics, CDC Wonder

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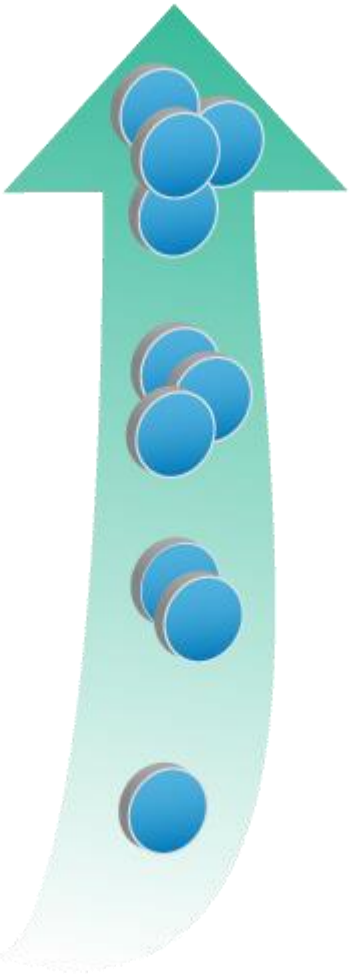
Sobering statistics



The amount of opioids prescribed and sold in the U.S. **quadrupled** since 1999, but the overall **amount of pain** reported by Americans hasn't changed.

Source: Centers for Disease Control and Prevention

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Sobering statistics

249 million

That's enough prescriptions for every adult to have a bottle of pills.

prescriptions for opioid pain medication were written by American health care providers in 2013.

Source: Centers for Disease Control and Prevention

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How much does Essentia prescribe?

270,000,

morphine
units (ME

2014 Esser
prescriptior

The transition to heroin

- A growing number of young people who start abusing prescription drugs are switching to heroin, which is cheaper and easier to buy.
- Prescription pain pills cost $20 to $60, while heroin costs $3 to $10 a bag.

Source: Centers for Disease Control and Prevention, NBC News

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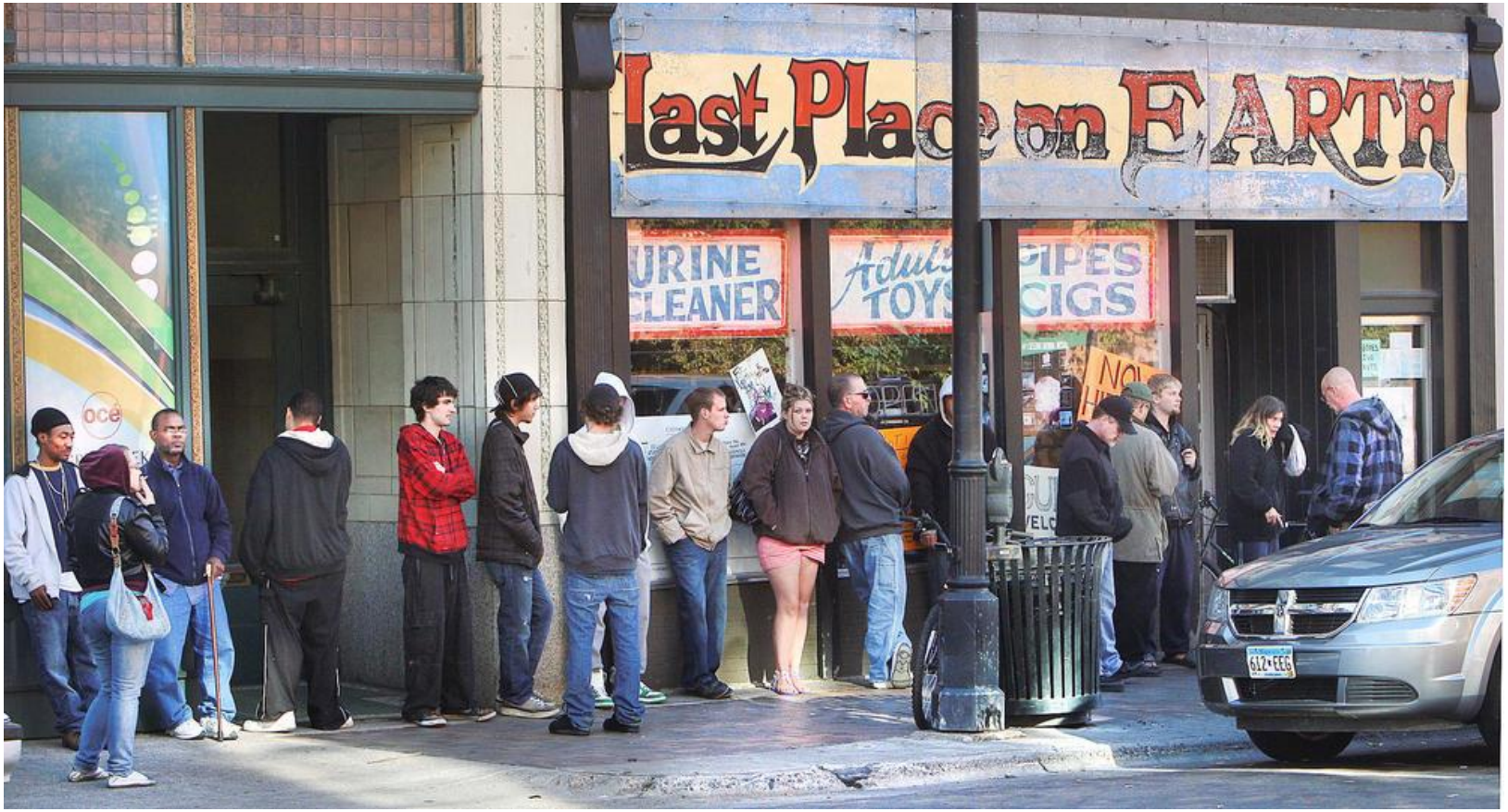
Community impact



Source: Duluth News Tribune, published July 13, 2014; photo from 2011

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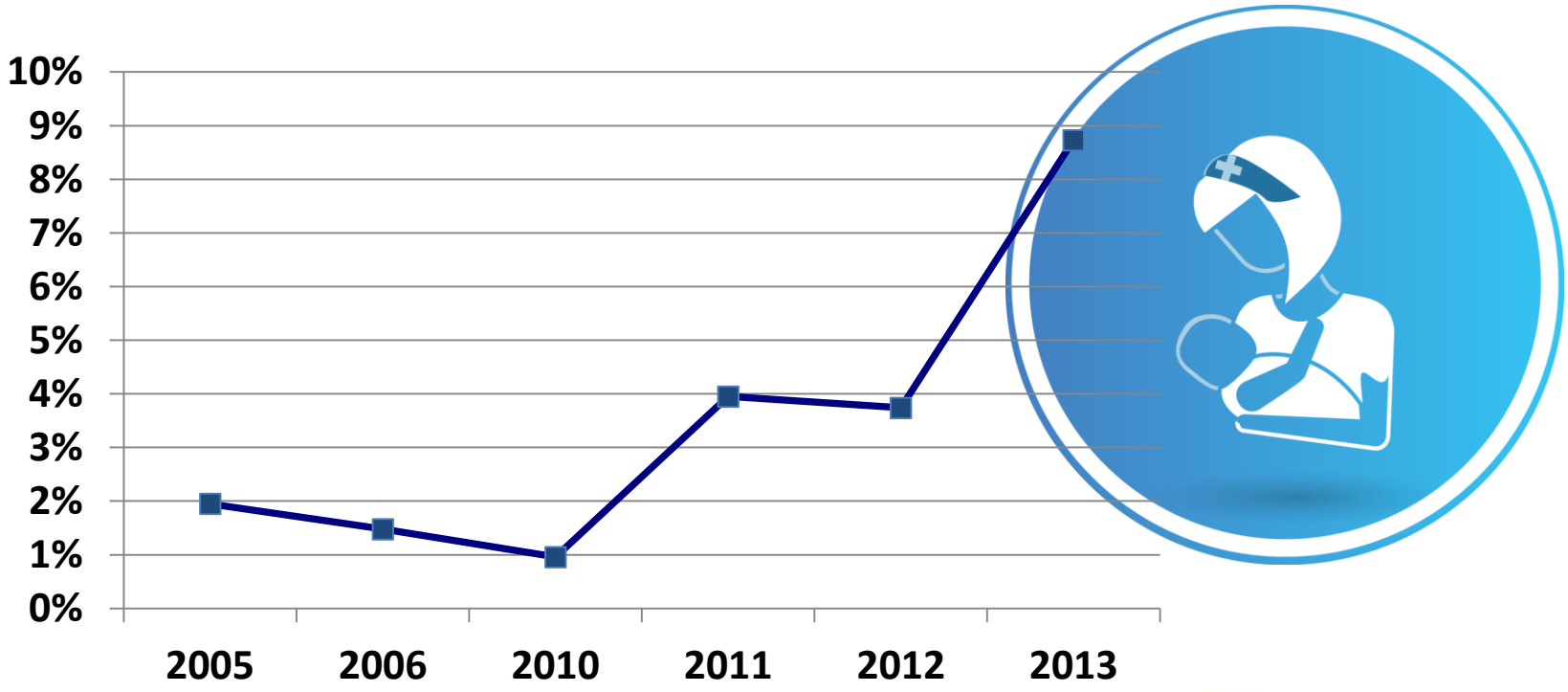
Impact on our tiniest patients

Percentage of Duluth NICU patients **born suffering from opioid withdrawal** with a diagnosis of “Neonatal Abstinence Syndrome” or NAS



Source: Essentia Health-St. Mary’s Medical Center NICU admission diagnosis - NAS

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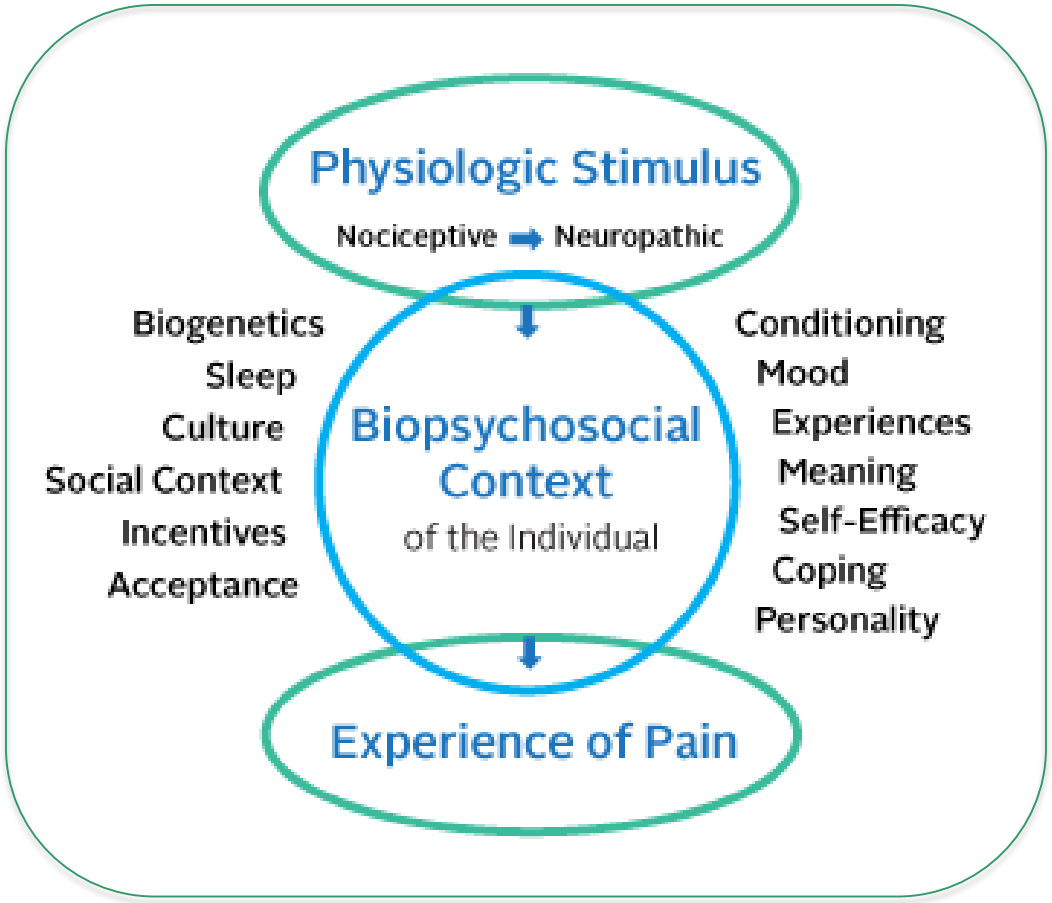
The root of the problem: What is pain?

- Acute
- Post-operative
- Malignant
- **Chronic**



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Understanding pain

The problem with treating the state of the chronic pain mindset..

"If I cure 70 percent of a patient's pain, the remaining 30 percent becomes 100 percent of their pain."

- Anonymous

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Now we know…

We should have proceeded with caution.

Narcotics are not the only way or even an effective way to treat chronic non-cancer pain.

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Adverse effects of narcotics

- Constipation
- Nau
- Sor
- Ob
- Nar
- Hyp
- Hyp
- Tra
- Sleep disturbance

Dependence is inevitable

Source: Benyamin, R, et. al. Pain Physician; 2008, Mar.

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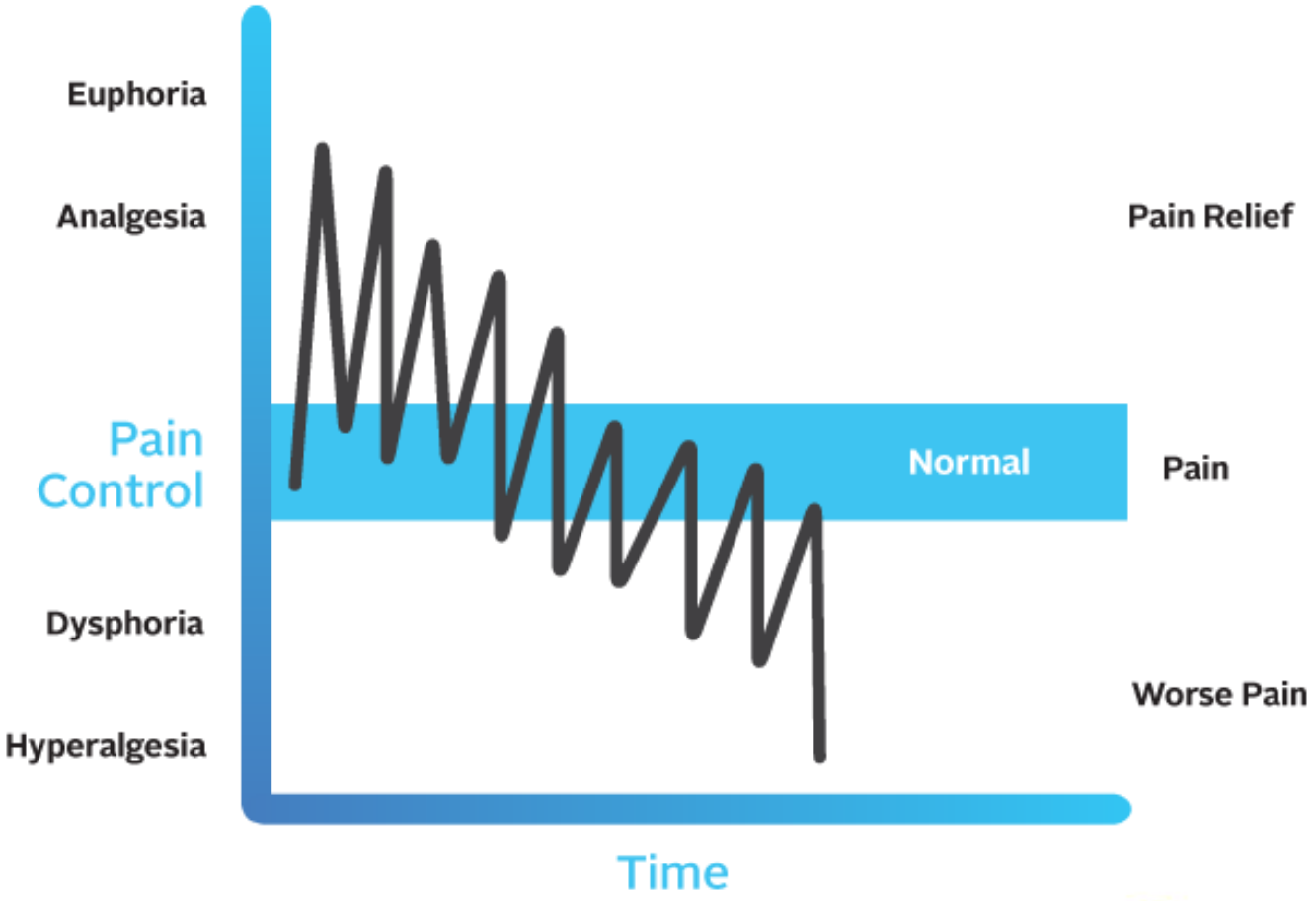
Progression of opioid dependence



Source: Ballantyne, Jane, Essentia Health Friday Grand Rounds, Jan. 10, 2014

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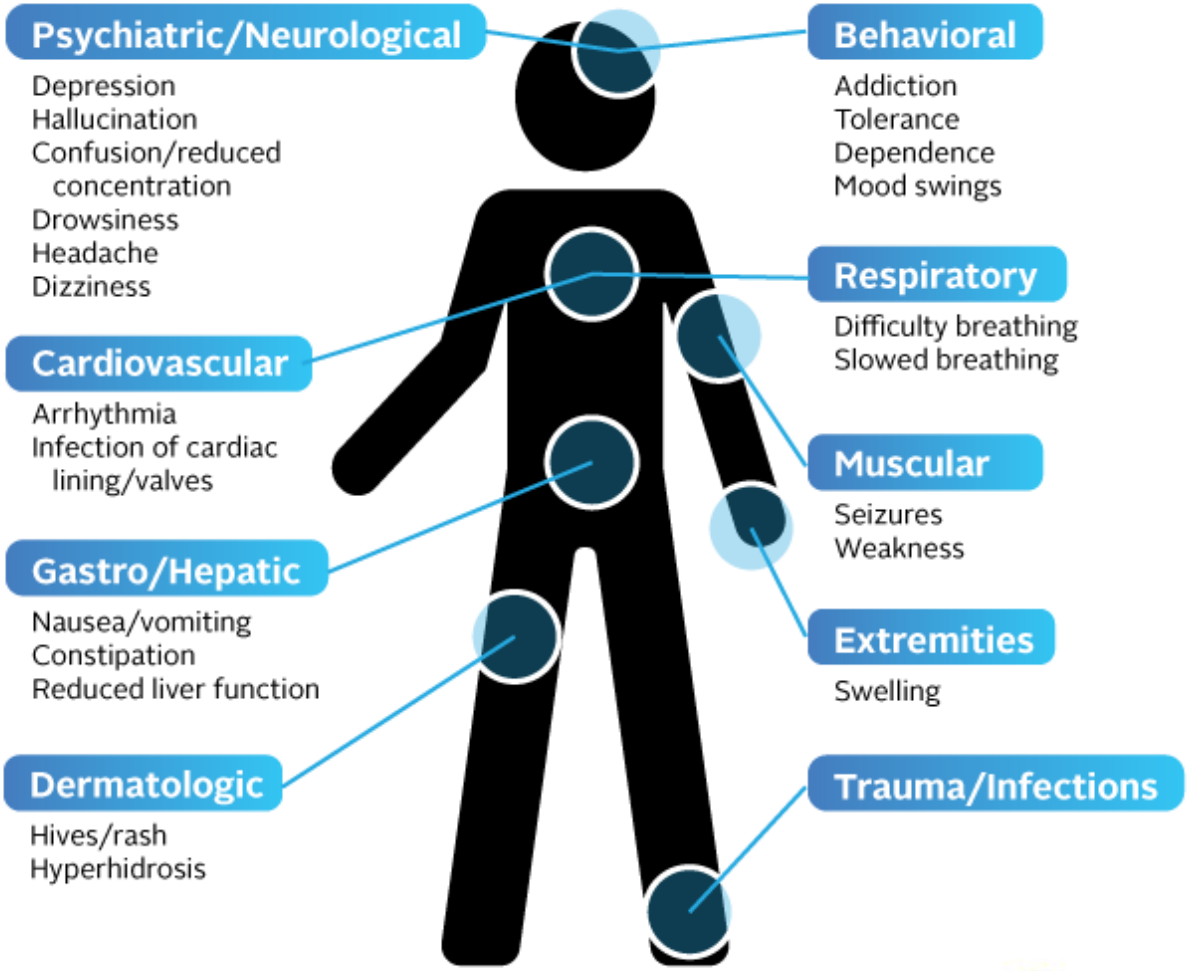
Long-term effects of opioid dependence



Source: Essentia Health patient education materials

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CDC recommendations 2012

CDC: Opioids are ineffective for some chronic conditions.

- **Low back pain**
  (without a patho-anatomic diagnosis)
- **Headache**
- **Fibromyalgia**

Source: Ballantyne, Presentation to CDC, October 24, 2012

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CDC recommendations 2016

CDC targets primary care providers: They account for **50%** of prescription opioids dispensed.

- Opioids are not the first-line or routine therapy for chronic pain.
- Establish and measure goals for pain and function.
- When opioids are started, prescribe them at the lowest possible dose.

Source: Centers for Disease Control and Prevention

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Taking on Opioids: Essentia's Approach

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Stepping forward during the crisis

Since we helped to create the problem, we have to take the lead on creating a solution.

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Purpose of new Standard of Care

- Provide **safe and effective** patient care
- Help **prevent diversion and abuse** of opioid medications for a safe community

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First steps to manage COAT population

2008-2010

- Implemented Treatment Agreements including urine drug screenings and pill counts
- Refills given only at visit
- Developed metrics to monitor up-to-date Treatment Agreements

Issues

- *Did not address inappropriate COAT prescribing*
- *Inconsistent management/monitoring of patients*

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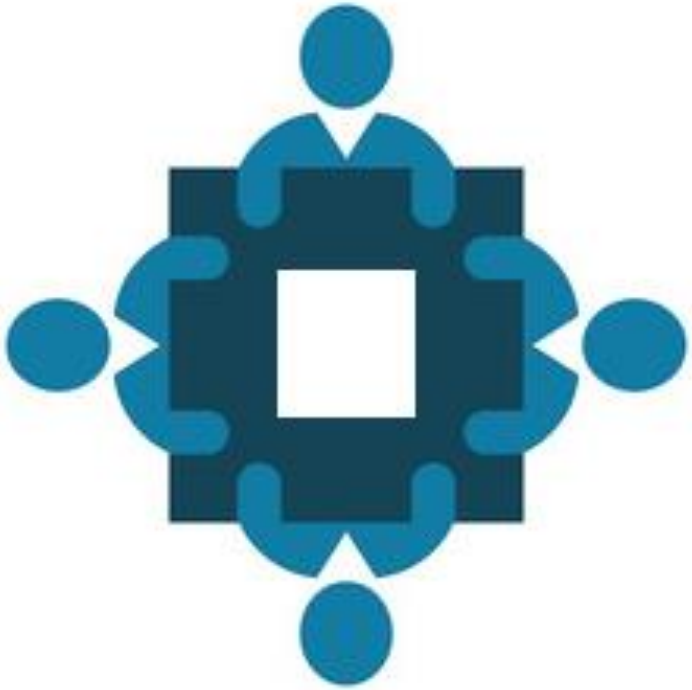
Progressive efforts

2013-2015

- Convened summit to develop Essentia's **Guiding Principles for COAT**
- Served as a cornerstone for all future COAT efforts



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Essentia Guiding Principles for COAT

- **Essentia Health supports the *use of evidence based guidelines* and best practice standards for pain management.**
- **We recognize that opioids are *not generally effective for the long term treatment of chronic non-cancer pain* and may also have public health consequences.**
- **Chronic opioid treatment is *not generally indicated for frequent headache, non-specific low back pain, and fibromyalgia*.**
- **We recognize that long-term chronic opioid use leads to *severe side effects* which may include: *hyperalgesia, hypogonadism, dependence, addiction, osteoporosis, fatigue, somnolence, and cognitive dysfunction.***
- **For patients where opioids are indicated we *endorse the limit of ~~120 mg daily~~* 90 mg daily morphine dose equivalents (MDE).**
- **The *Unanimity of provider adherence to Essentia opioid prescribing best practices* is critical to patient safety and community health.**

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Progressive efforts

2013-2015

- Education of providers and staff
- Develop and implement new processes and tools to assess and manage COAT patients

FRIDAY MORNING GRAND ROUNDS

Learning Series:

Pain, Prescribing, & Neonatal Abstinence Syndrome (NAS)

St. Mary's Medical Center auditorium | 7-8 a.m.

Purpose: Address issues related to opioid prescription for chronic noncancer pain, the associated epidemic of nonmedical use of opioids in the community, and strategies to decrease the routine use of opioids as the main treatment for chronic pain.

The intended audience is all health care teams and leaders.

2014 Schedule

January 10
Reducing Opioid Use in Patients with Chronic Noncancer Pain
Visiting Professor: Jane C. Ballantyne, MB BS
Penn Pain Medicine Center
Philadelphia, Pennsylvania

January 17
Neonatal Abstinence Syndrome (NAS) Part 2: Neonatology Perspective
Christina Falgier, MD
Essentia Health
Duluth, Minnesota

January 24
21st Century Perspective: Addiction Medicine
Mark Willenbring, MD
Alltyr, St. Paul, Minnesota

January 31
Multidisciplinary Pain Management
Miles Belgrade, MD
Fairview Pain Management Center
Minneapolis, Minnesota

February 7
Neonatal Abstinence Syndrome (NAS) – Part 5: Maternal/Perinatal Perspective
Mary Bray, MD,
OB/Gyn, Gynecological Surgery
Essentia Health, East region

February 14
HealthPartners' Pain Management Program
Arthur Wineman, MD
HealthPartners, Bloomington, Minnesota

February 21
Opioid Addiction
Charlie Reznikoff, MD
Hennepin County Medical Center
Minneapolis, Minnesota

February 28 - **Panel Discussion**

Brian Konowalchuk, MD · Faris Keeling, MD · Ihyinwa Igwe, MD · Christina Falgier, MD · Joe Blanco, MD

Videoconference and MOVI are available for Essentia Health regional sites. All sites dial to 19912 (Grand Marais dial to 81912). **New!** Access live streaming video by typing videorecorder in the web address of an Essentia Health networked computer. Contact the CME Office at 218.786.4764 or CMEOffice3@essentiahealth.org for more information.

This activity has been approved for *AMA PRA Category 1 Credit™*

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Creating a system-wide approach

2015

- Reviewed prescribing practices
- Developed new Standard of Care
- Utilized EHR tools and support departments

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Defining COAT

Included are :

Non-malignant chronic pain patient taking a:

- **long-acting opioid** *(includes tramadol)*
- **short-acting opioid** *(includes tramadol)*
  - **With enough pills available to take 2 or more times a day (for 2 of the last 3 months)**
  - **and/or With 2 or more prescriptions for 60 or more days (for 2 of the last 3 months)**

Excluded are:

- **Hospice patients**
- **Oncology patients with an active oncology treatment plan (Beacon)**
- **Nursing Home patients (structured medical oversight setting)**

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Goals of COAT initiative

1. Minimize number of new chronic pain patients started on COAT.

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Goals of COAT initiative

Changing prescribing habits

What we did:

- Educate primary care staff and physicians/advanced practitioners so they understand the opioid crisis and why we need to change
- Leadership presentations to provider groups

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Goals of COAT initiative

2. Reduce diversion and abuse of opioids prescribed by Essentia physicians and advanced practitioners.

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Goals of COAT initiative

Tighten monitoring

What we did:

- Tightened language in Treatment Agreements
- Refills only at scheduled visits (chronic and acute)
- Require at least one annual urine drug screening; pill counts and PMP checks at each pain visit

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Goals of COAT initiative

3. Taper patients off high doses, and taper willing patients off opioids where therapy is inappropriate for diagnosis.

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Goals of COAT initiative

Work with current COAT patients

What we did:

- Patient-reported pain assessment and depression/anxiety screen at every pain visit
- Increased length of annual COAT assessment for more patient education and discussion

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Important Team Members

- Clinical Pharmacists and Ambulatory Pharmacy Dept.
  - Assist physicians/APs with Tapers
  - PMP checks prior to all COAT visits
- Central Call Centers
- Abstracting Services
- Risk Management

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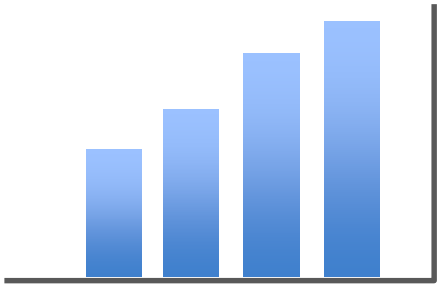
Important tools

Developed data reports to:

- Identify COAT population.
- Monitor adoption of new protocols.
- Measure if goals are being met.
  - Reduction in new COAT patients
  - Overall reduction in COAT patients



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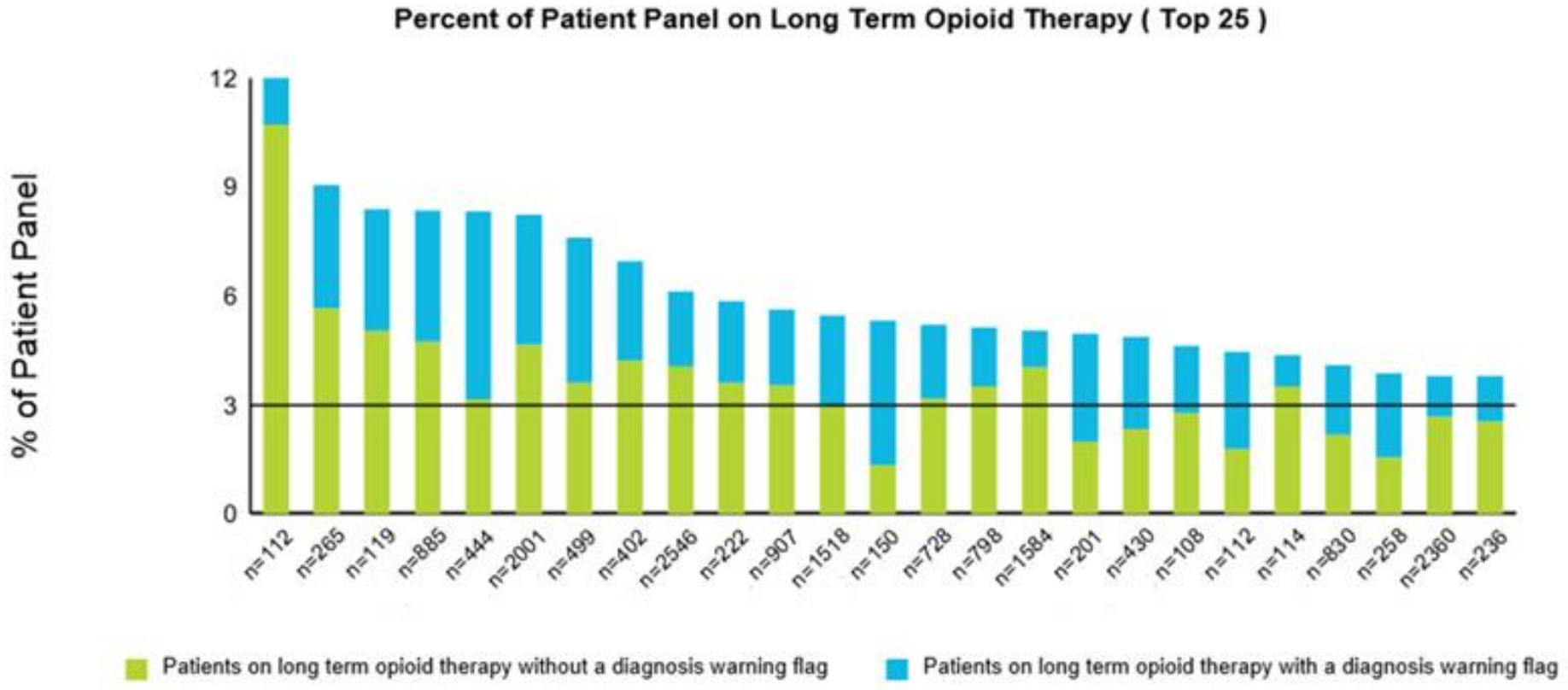
A case for transparency

EHR reports allow providers to drill down to list of COAT patients.



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Staff training for new Standard of Care

- In fall 2015, more than 90% of primary care physicians and APs completed 5 hours of training.
- Primary care staff completed 4 hours of training.
- Training covered:
  - Reason for changes
  - How to use tools in EHR
  - How to have conversations with patients
  - Tapering protocols

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Implementing new COAT protocols

Fall 2015: New COAT Standard of Care rolled out in primary care system-wide.

At each pain visit:
(at least four per year)

- PMP checked
- Assess for risk of abuse, treatment efficacy, depression and anxiety
- Patient education on risks and alternatives
- Offer to help patients taper if ready

Annually:

- Treatment agreement signed
- Random UDS (may be more frequent)

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Community coalitions formed

- Began monthly meetings October 2015
- Share best practices, ideas and information
- Created joint news release
- Includes law enforcement and dentistry representatives
- Community education efforts

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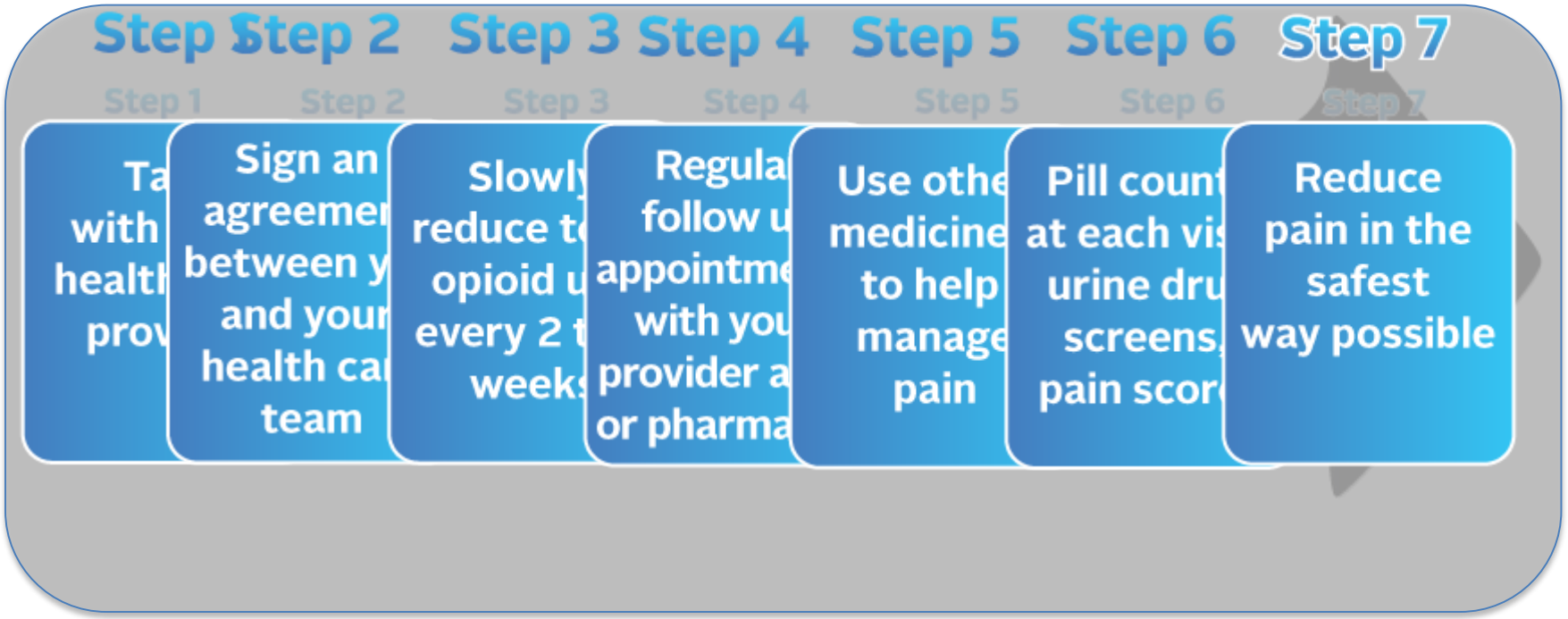
Community coalitions formed

Patient Education

Steps for a successful taper



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Taking on Opioids: Our Progress

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Current COAT patient volumes

April 2016

Essentia Region	# of patients	% of patients
Central	851	1.72%
East	4,612	2.43%
West	2,398	2.34%
Patients without an Essentia PCP	1,208	
Total	**9,069**	**2.75%**

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Our progress

12%

The **decrease** of primary care patients on COAT in the first 8 months of FY16.

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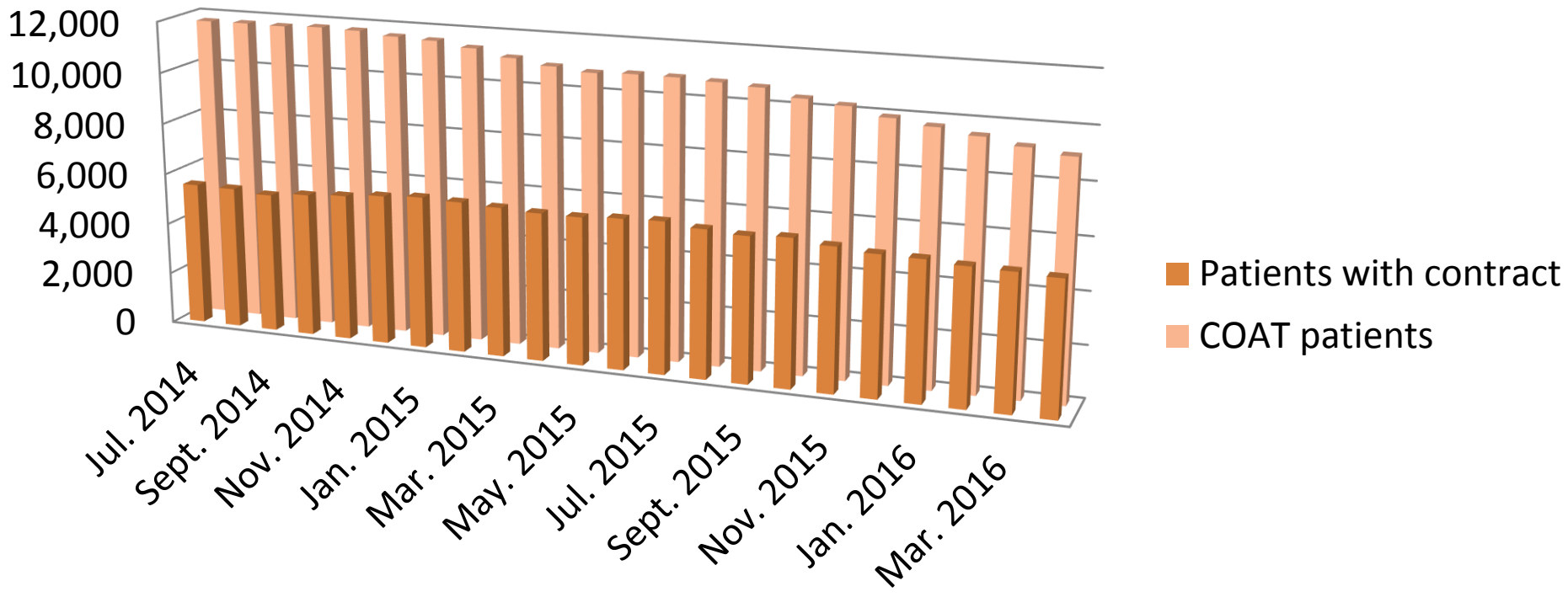
Our progress

Monthly COAT Patient History



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Our progress

July 2014 → April 2016

23% fewer COAT patients

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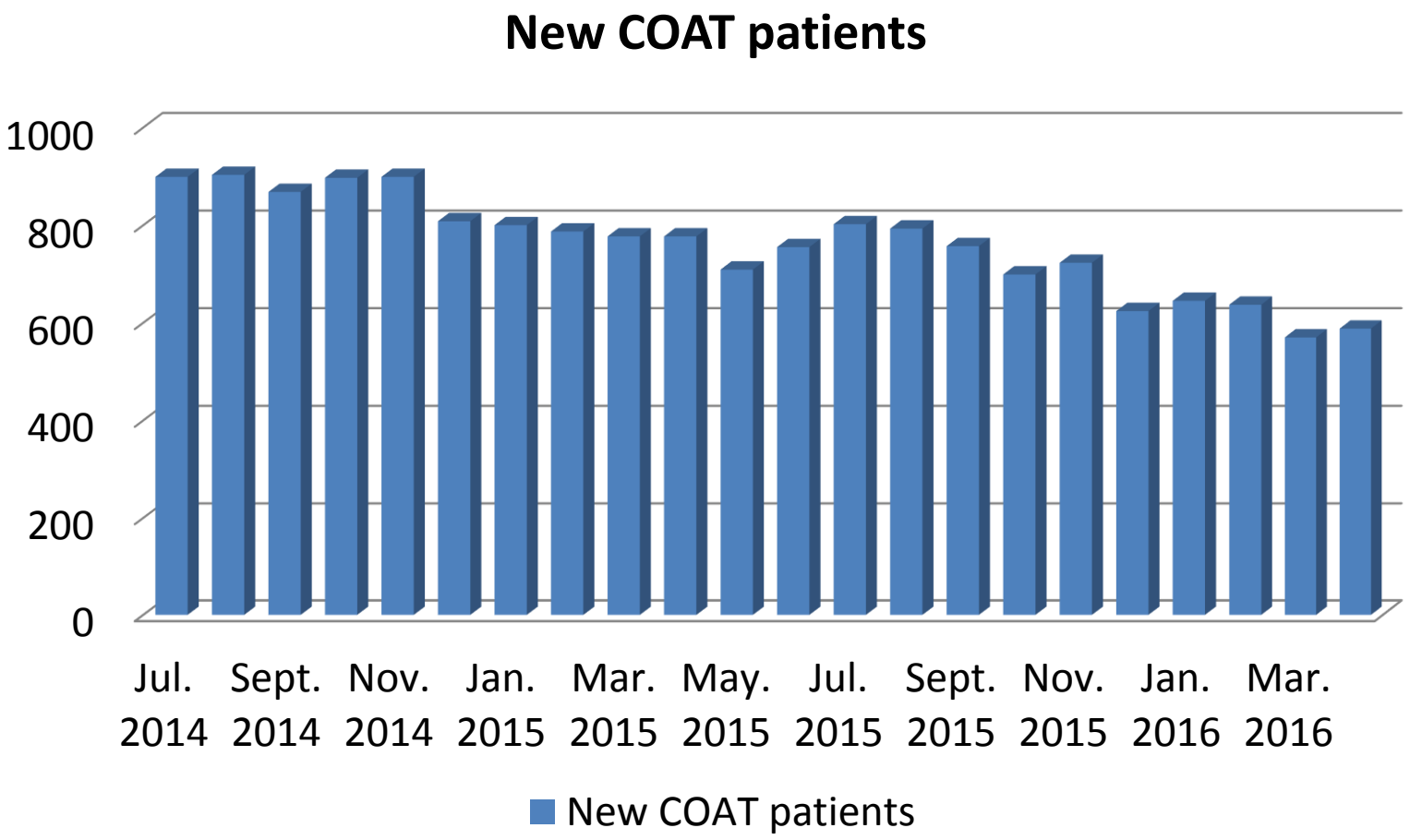
Reducing new COAT patients



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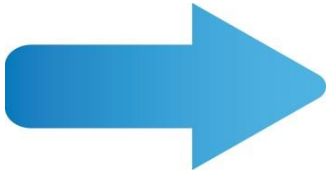
Our progress

July 2014  April 2016

35% fewer new COAT patients started on therapy each month

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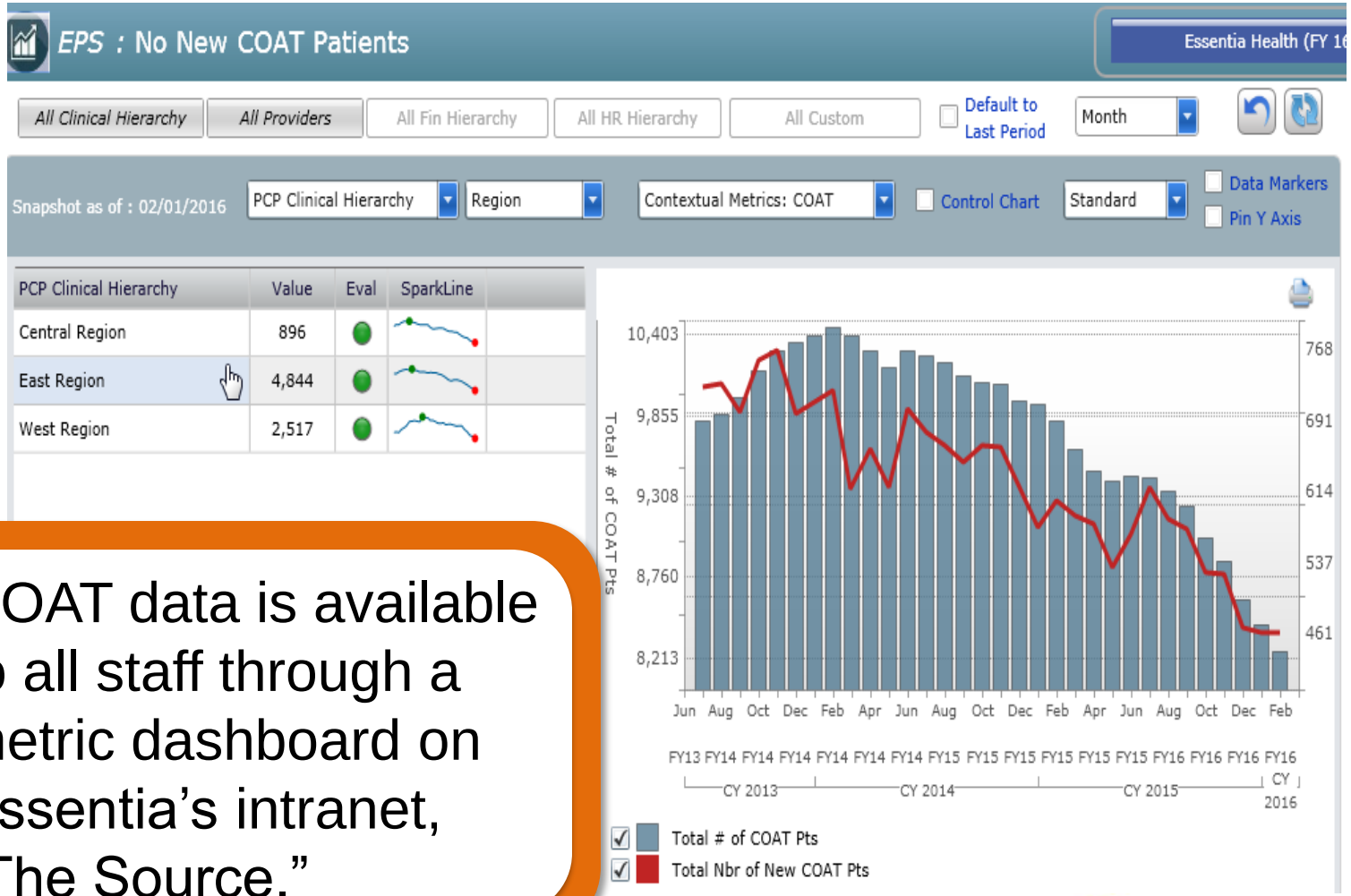
Sharing and tracking data



COAT data is available to all staff through a metric dashboard on Essentia's intranet, "The Source."

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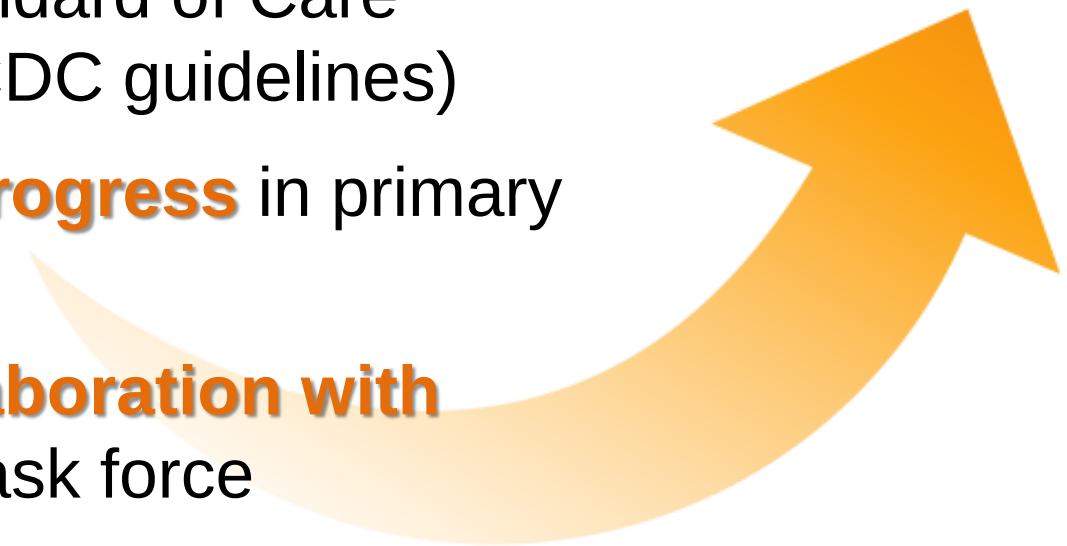
Looking ahead

- Continuous **quality improvements** for COAT Standard of Care (incorporate CDC guidelines)
- **Monitoring progress** in primary care
- Ongoing **collaboration with community** task force
- Partnering with community **addiction treatment** programs



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FY17: Specialty sections

Goal: Adopt COAT Standard of Care in non-primary care specialty sections

Expectations:

- All Essentia patients on COAT will be managed to the COAT Standard of Care.
- The prescribing physician/AP is accountable for managing patients.
- Patients are not sent to their PCP for management of COAT unless a collaborative partnership has been established between the specialist and PCP.

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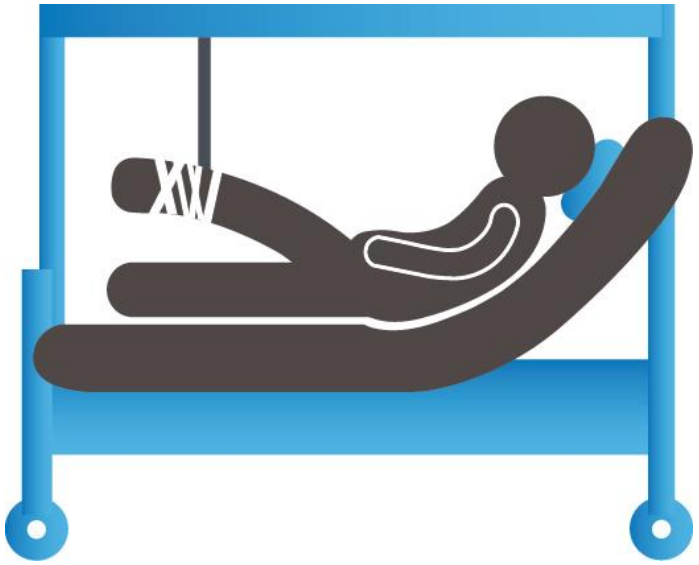
FY 17: Acute Pain Management

Post-Surgical Prescribing:

- Developing post-surgical prescribing guidelines (including interface with primary care)
- Educate/train staff
- Monitor implementation



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FY17: Acute pain management

ED Setting:

- Developed prescribing guidelines for patients on COAT
- Developed prescribing guidelines for patients presenting with acute pain
- Educate/train staff
- Monitor implementation

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Addiction Summit

Presentations to educate on:

- Nature of Addiction
- Diagnosing Opioid Use Disorder (OUD)
- Effective treatment models for OUD including MAT

Discussion of collaboration and partnership models with local treatment programs.

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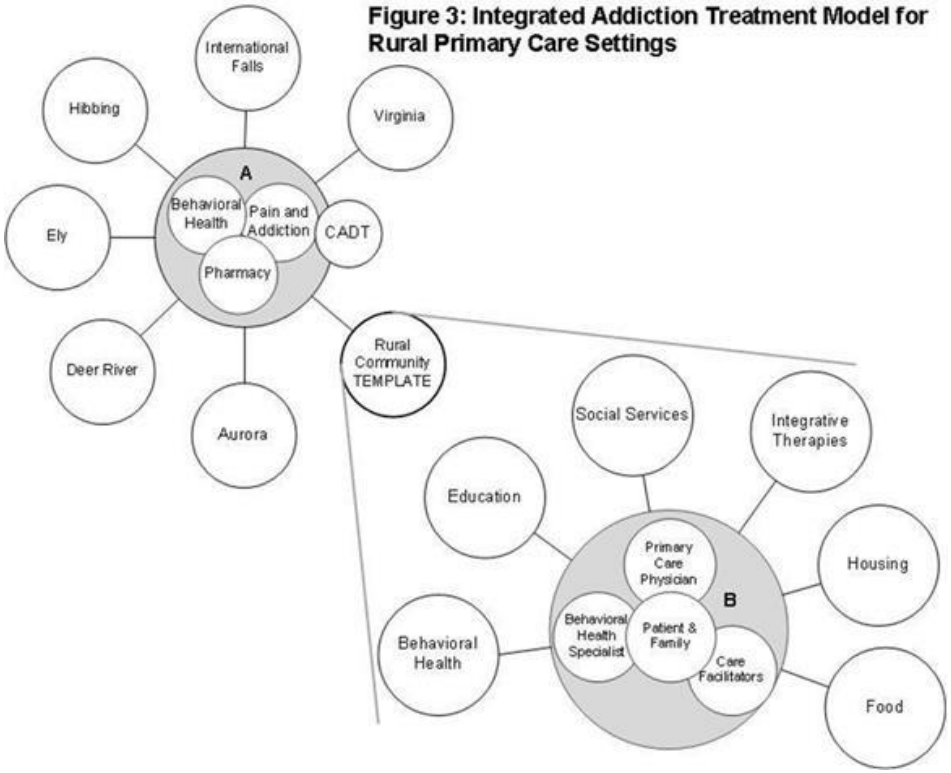
New Collaborations for Addiction

- Prelude to a new standard:



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Putting the pieces together

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Discussion

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