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EASTERN OREGON
COORDINATED CARE
ORGANIZATION





EOCCO Response to the Opioid Epidemic

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With Gratitude to Dr. Sarah Laiosa, Medical Director of EOCCO



Disclosures

Nothing to disclose



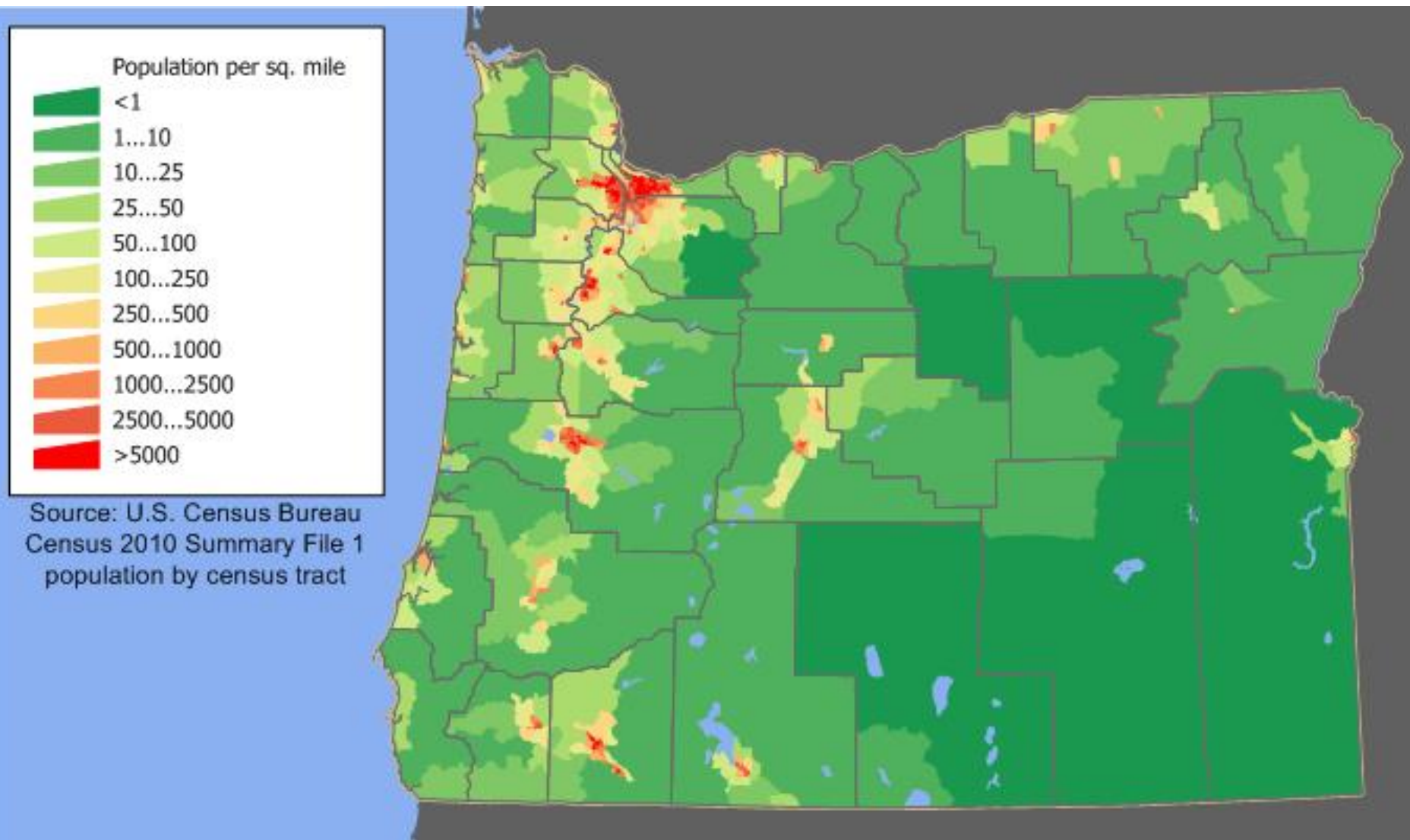
Learning Objectives

Lecture Learning Objectives:

1. Understand the history of EOCCO's response to the opioid epidemic.
2. Discuss future plans for EOCCO's response to the opioid epidemic.
3. Understand rural-specific challenges and strengths when responding to the opioid epidemic.
4. Introduce the concept of utilization of community health workers as trainers and community educators to further harm reduction and prevention efforts.







EOCCO Response to Opioid Crisis

- Regional Opioid Prescribing Group
- Prescribing Guidelines
- Pain School
- Formulary Management
- Increasing MAT Providers
- Naloxone Grant
- Direct Provider Outreach
- Low Back Pain Guidelines
- MAT Team

Regional Opioid Prescribing Group

Began in 2016, a group of clinicians from throughout the region, including pharmacists, dentists, family medicine physicians and psychiatrists who meet every 2-3 months to discuss issues related to the opioid crisis and give recommendations to EOCCO on clinical management.



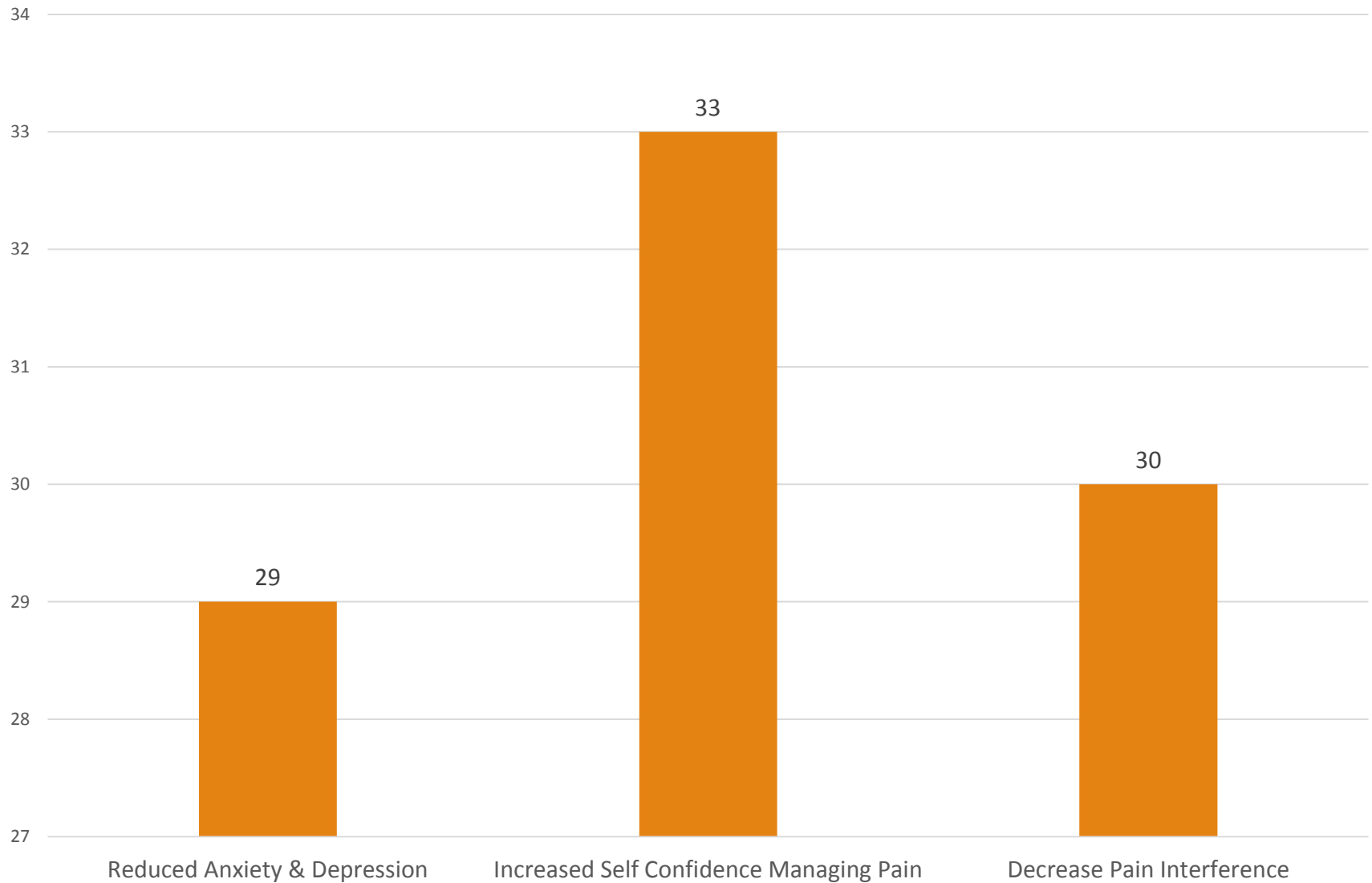
Pain School

Online and brick-and-mortar pain schools started throughout the region using EOCCO grant funding.

Results of online pain schools:

- Depression & Anxiety decreased by 30% for 74% of the participants.
- Pain Interference decreased by 24% for 77% of the participants.
- Confidence in the ability to manage pain improved for 84% of graduates.
- Use of pacing behaviors increased by 55%.
- Utilizing social support increased for 80% of participants.
- 85% of graduates have rated the program as very satisfying.

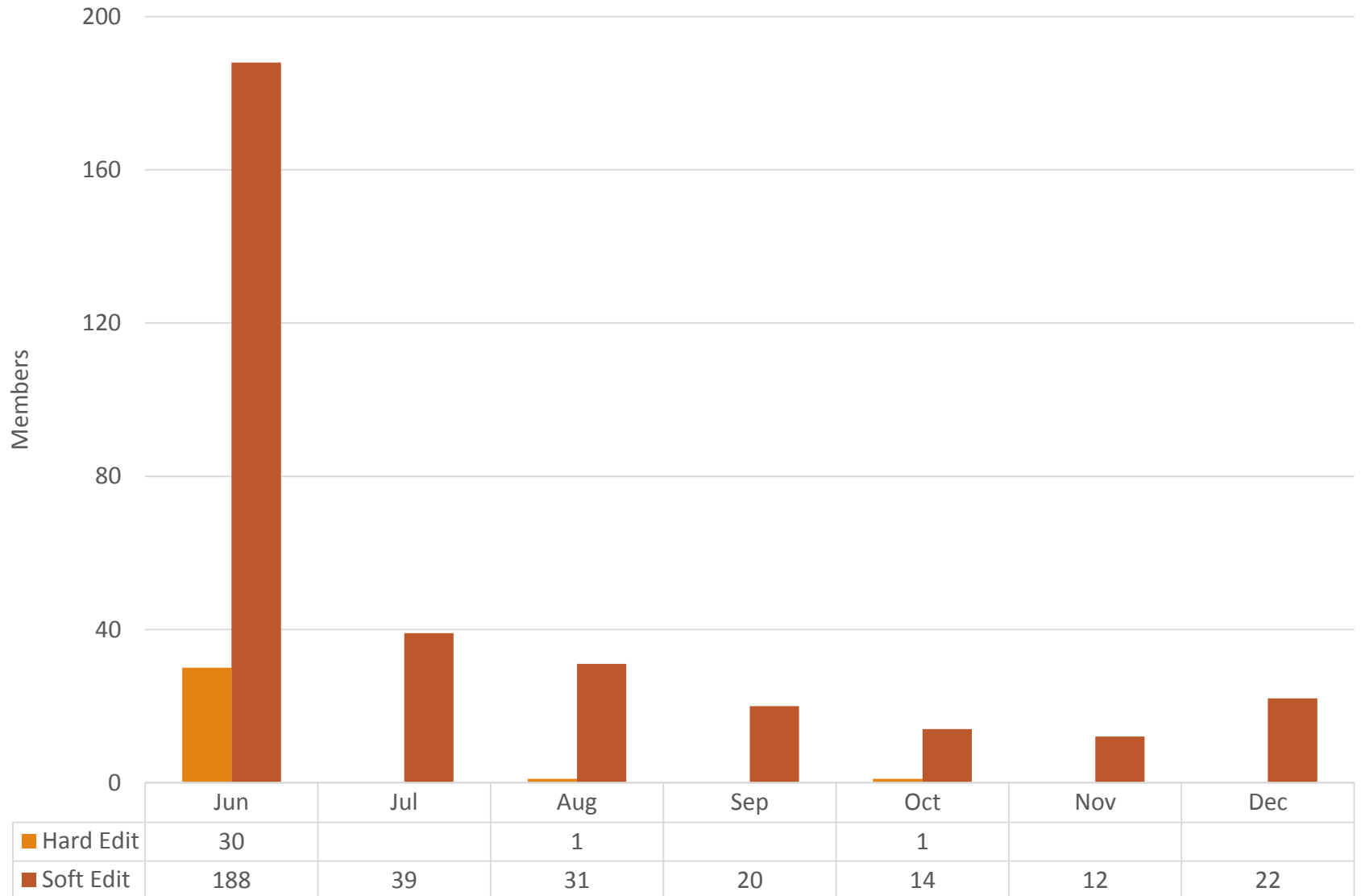
Online Pain School Pre/Post-test Results



Formulary Management

- Hard and soft stops for opiates
 - Hard stop at >200 MED
 - Requires physician to file a prior authorization
 - Soft stop >90 MED
 - Pharmacist prompted to review member's cumulative opioid use
- Combination of opiates and benzos
- Soma

Point of Service Opioid Edits 2018



MAT Providers

EOCCO sponsored several free MAT trainings for providers across EOCCO in Q1 and Q2 of 2017.

| Time Period | Product Name | Total Script Count | Total Plan Paid |
|-------------|---------------------------|--------------------|-----------------|
| 2017-2018 | Suboxone | 6,880 | \$809,062 |
| 2016-2017 | Suboxone | 5,713 | \$552,851 |
| 2015-2016 | Suboxone | 3,524 | \$322,682 |
| 2014-2015 | Suboxone | 2,188 | \$180,896 |
| 2017-2018 | Hydrocodone/Acetaminophen | 15,496 | \$218,109 |
| 2016-2017 | Hydrocodone/Acetaminophen | 18,218 | \$276,241 |
| 2015-2016 | Hydrocodone/Acetaminophen | 22,585 | \$471,573 |
| 2014-2015 | Hydrocodone/Acetaminophen | 24,361 | \$721,783 |

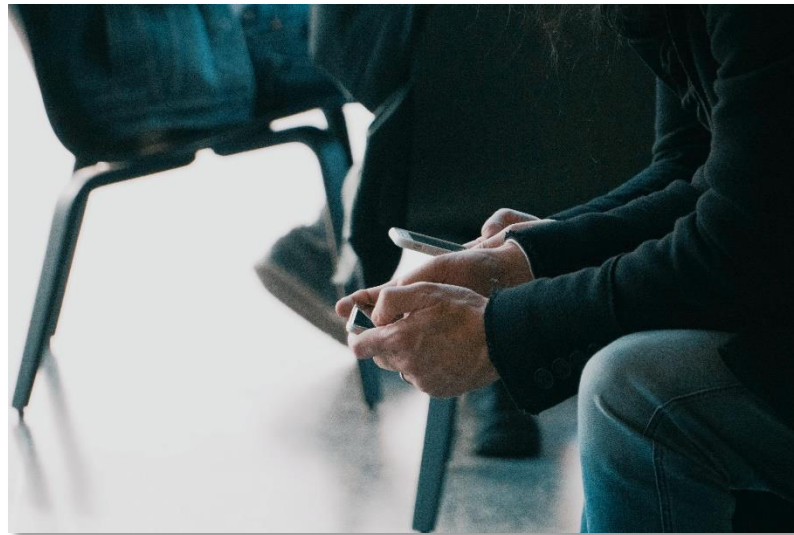
Direct Provider/Member Outreach

Moda Health's pharmacy has done direct outreach to prescribers, starting in 2017 where they reached out to 108 members and their providers regarding concomitant use of opioid and benzos.

| Outreach | Members Outreached | Decreased Opioid + Benzo | Percentage Decrease |
|-------------|--------------------|--------------------------|---------------------|
| Q1 2017 MUE | 108 | 60 | 56% |

Low Back Pain Guidelines

Between Q2 and Q3 2017, in support of Guideline Notes 56 and 60, opioid tapering workflow and timelines were developed and implemented. The ROPG and Clinical Advisory Panel (CAP) developed member and provider communication that notified individuals of the change to coverage of opioids for chronic back and spine pain.

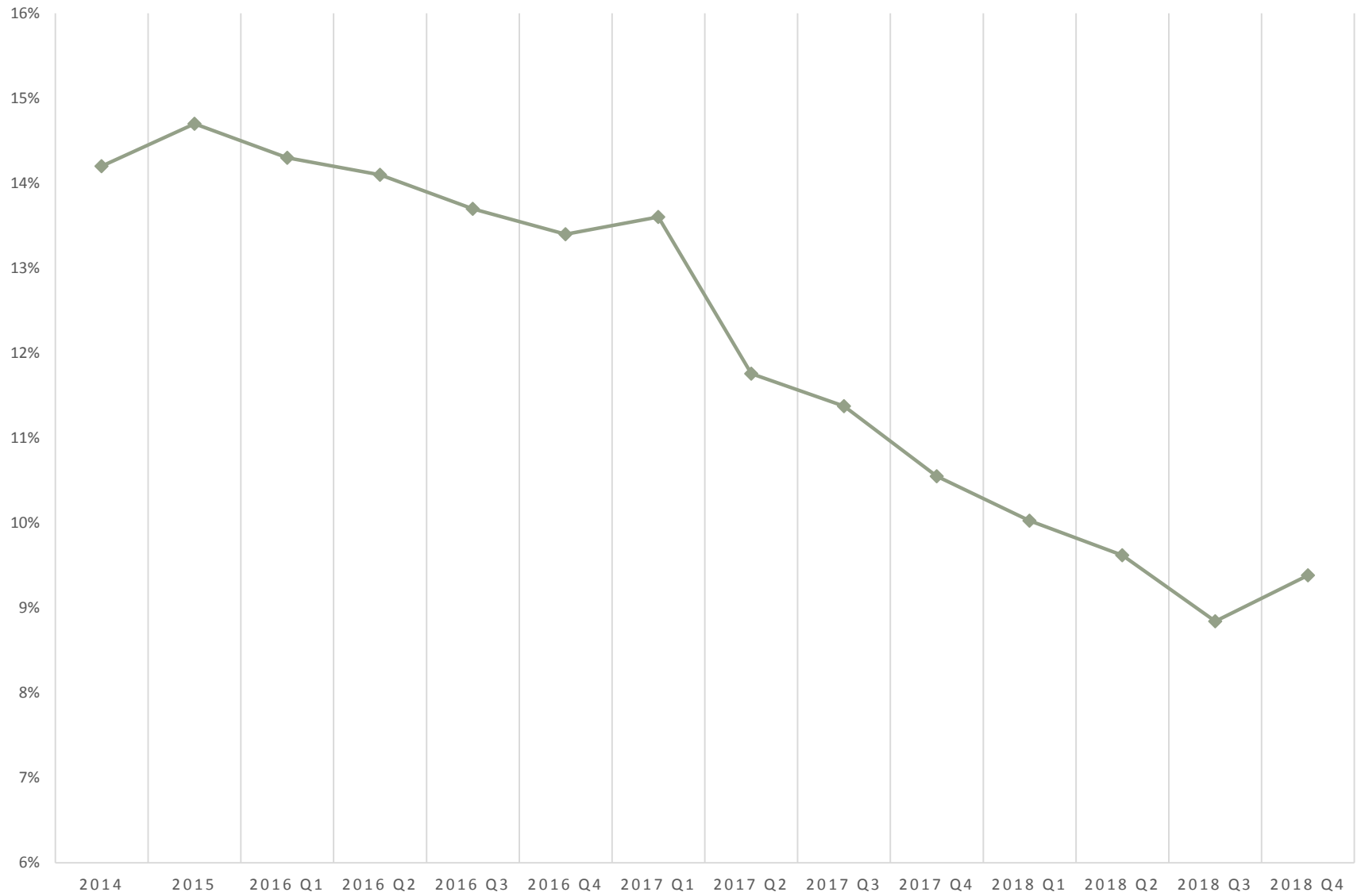


| Outreach | Members Outreached | Decreased Opioid MME (Data Q4 2017) | Percentage Decrease |
|--|-----------------------|--|---------------------|
| 60+ Consecutive Days 90+ MME | 176 | 76 | 32% |
| 60+ Consecutive Days 60+ MME (Not in first outreach) | 378 | 100 | 26% |

Low Back Pain Guideline Weaning

Between Q3 and Q4 2017, provider rosters were sent out as planned containing patients who have prescriptions greater than 90 MME and greater than 60 MME. We now send the EOCCO clinics a monthly roster with our provider progress reports of all patients receiving opioid prescriptions and requesting action on all patients receiving over 120 MME. The rosters also show the providers who the most recent prescriber is, which provides a way for the primary care physician to better coordinate the patient's care.

PREVELANCE 120+ MME



MAT Guidance Team

Through direction from ROPG, EOCCO created a medication assisted treatment group that will support all EOCCO providers.

Questions about Medication Assisted Treatment (MAT)?

**We now have a multidisciplinary team
(MDT) for MAT.**

Our MDT can help your practice provide MAT for substance use disorder. Our MDT is made up of physicians, pharmacists and billing specialists.

Questions about the EOCCO MAT MDT?

Please contact the MDT:

EOCCOMAT@modahealth.com



Regional Goals

An overview of next steps for our region

EOCCO Opioid Crisis Goals

- Immediately decrease the number of opiate-related deaths.
- Educate the public, medical providers and families about addiction and appropriate treatment.
- Prevent opiate addiction through encouraging and enforcing appropriate prescribing practices.
- End the crisis through patient-centered, sensitive treatment modalities such as MAT, counseling, addiction treatment services, and addressing co-occurring medical and mental health issues.
- Understand that a new crisis will form and remain vigilant to the future of drug addiction, both with prescription and non-prescription medications.

Naloxone Grant

GOBHI and the ROPG have partnered on a large grant for increasing naloxone awareness, training and use.

We plan to:

1. Increase prescribing of this life-saving medication throughout the region.
2. Purchase Naloxone to be strategically distributed in the communities.
3. Provide education of first responders, members of the health-care community, and community-members on the importance of Naloxone and how it can be obtained and administered.

Barriers to Distribution of Naloxone

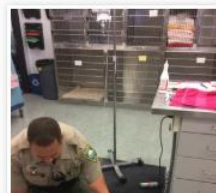
- ☐ Politics
- ☐ Cost
- ☐ Storage and Distribution
- ☐ Education on Administration

Naloxone saves Clackamas County K9 after heroin exposure at jail

Associated Press Published 1:22 p.m. PT Aug. 8, 2018



Sgt. Jason Ball with the Polk County Sheriff's Office talks about the use of naloxone to reverse opioid overdoses, and demonstrates assembly of the nasal applicator. Molly J. Smith / Statesman Journal



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OREGON CITY, Ore. (AP) — An Oregon sheriff's deputy used an overdose-fighting drug to save a police dog that was exposed to heroin at a county jail.

This article is free to your community

Sheriff's Office says a deputy were searching for when the dog detected



MORE STORIES



AMBER Alert called off for missing 5-year-old boy

April 23, 2019, 8:13 p.m.



Vaccine bill returns to Capitol, draws hundreds

April 23, 2019, 3:41 p.m.

<https://www.statesmanjournal.com/story/news/2018/08/08/narcan-naloxone-saves-clackamas-county-k-9-after-heroin-exposure-jail/939320002/>



Baker City Police Department

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Baker City Police Department

October 10, 2018 · 🌐



BCPD Officers Shannon Regan, Blake Hawkins and Oregon State Police Trooper Tim Schuette were recognized at the City Council meeting last night for exceptional service. Their actions saved the life of a Baker City man in mid-September.



👍❤️ 270

27 Comments 23 Shares



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Education of CHWs

“Why Community Health Workers?”

- Good People Skills
- Basic Medical Knowledge
- Communicate in Plain Language
- Access to the Population
- Political Buy-in (Community already “bought-in”)
- Already some success with remote education with positive feedback via ECHO training

EOCCO CHW Distance Education

Provided in partnership with ECHO.

47 Unique participants from 13 Organizations in 7 Communities.

Positive Feedback: post-session and post-program evaluations showed a high level of satisfaction with the sessions and program overall, and demonstrated high participation rates (91% of post-survey respondents attended 6 or more of the 7 sessions).

Resources

“EOCCO-Opioid Program Results”, Chelsea Keating, Moda Health, 27 January 2019

Centers for Disease Control and Prevention. [2018 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States. Surveillance Special Report 2](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Published August 31, 2018.

<https://www.cdc.gov/drugoverdose/prescribing/guideline.html> “Guideline for Prescribing Opioids for Chronic Pain: Recommendations”

<https://www.oregonpainguidance.org/guideline/low-back-pain/> Oregon Pain Guidance Group “Low Back Pain”

Krebs EE, Gravely A, Nugent S, et al. Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain: The SPACE Randomized Clinical Trial. *JAMA*. 2018;319(9):872–882. doi:10.1001/jama.2018.0899

[The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction](#) Andrew Kolodny, David T. Courtwright, Catherine S. Hwang, Peter Kreiner, John L. Eadie, Thomas W. Clark, G. Caleb Alexander *Annual Review of Public Health* 2015 36:1, 559-574



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