Turning the Tide: Addressing the Opioid Prescribing and Use Disorder Epidemics in Rural Oregon

Columbia Pacific CCO

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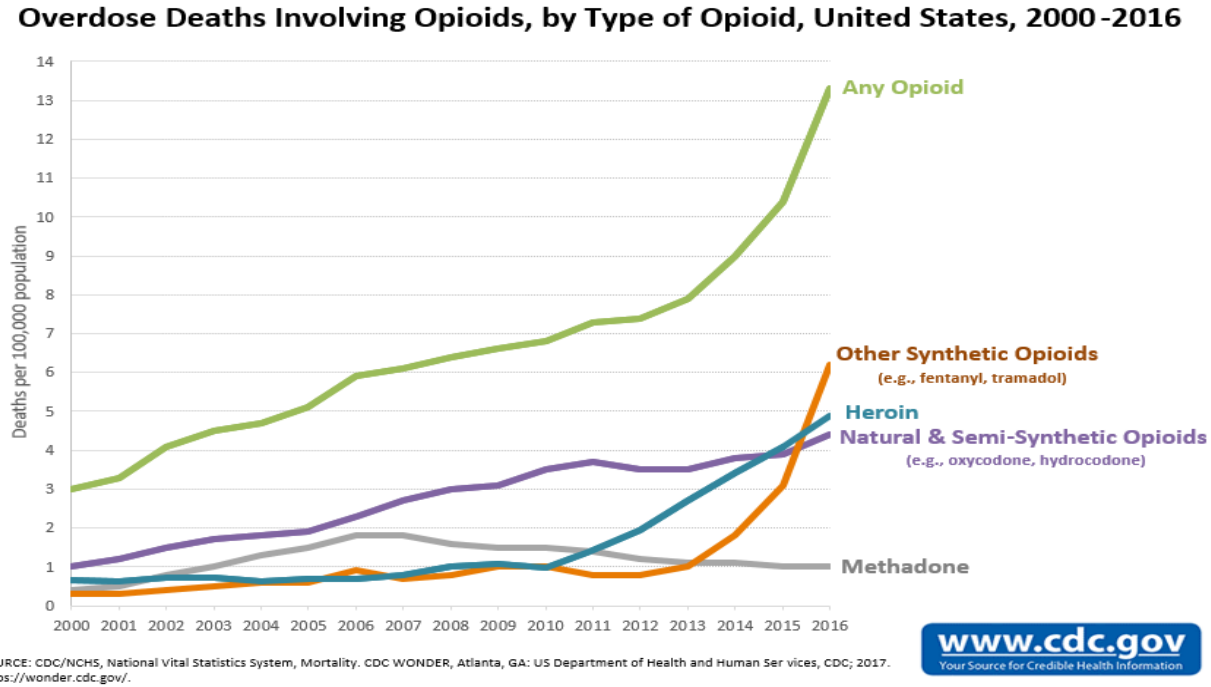
The Opioid Epidemic



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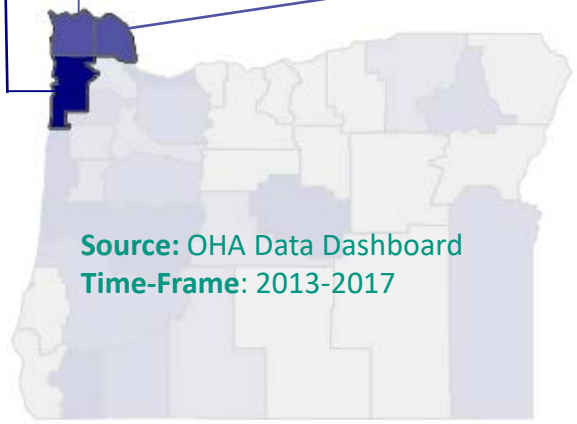
Opioid Overdose Data

Clatsop:
- 5.8 deaths per 1000
- 11 deaths total

Tillamook:
- 14.1 deaths per 1000
- 18 deaths total

Columbia:
- 7.7 deaths per 1000
- 19 deaths total



Source: OHA Data Dashboard
Time-Frame: 2013-2017

Statewide:
- 6.8 deaths per 1000
- 22.49 hospitalizations per 1000
- 1,356 deaths
- 4,542 hospitalizations

Columbia, Clatsop & Tillamook (combined):
- OHA Q4 Data: 255 Rxs per 1000
- CPCCO Q4 Data: 178 Rxs per 1000

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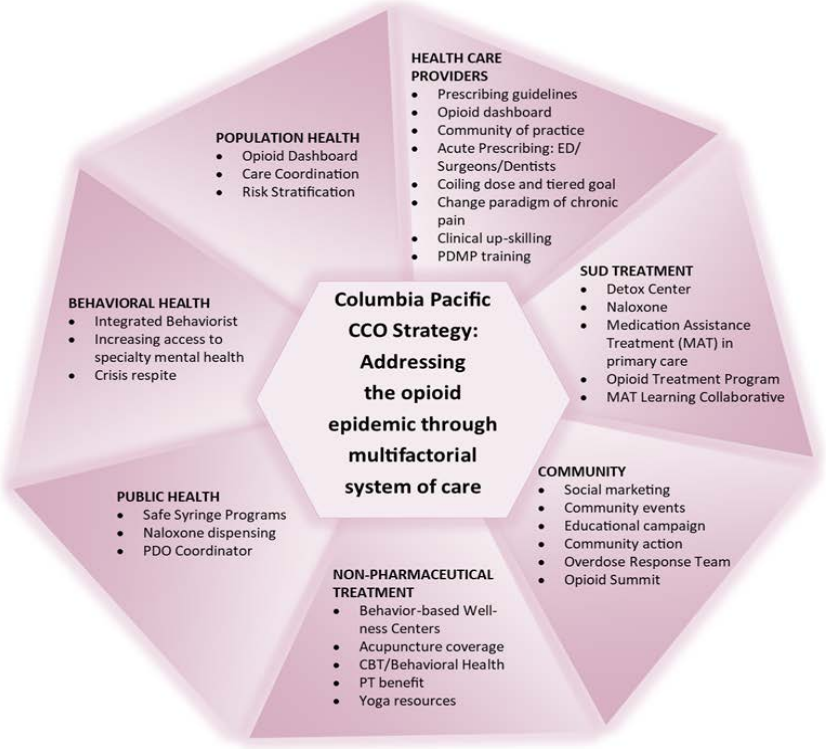
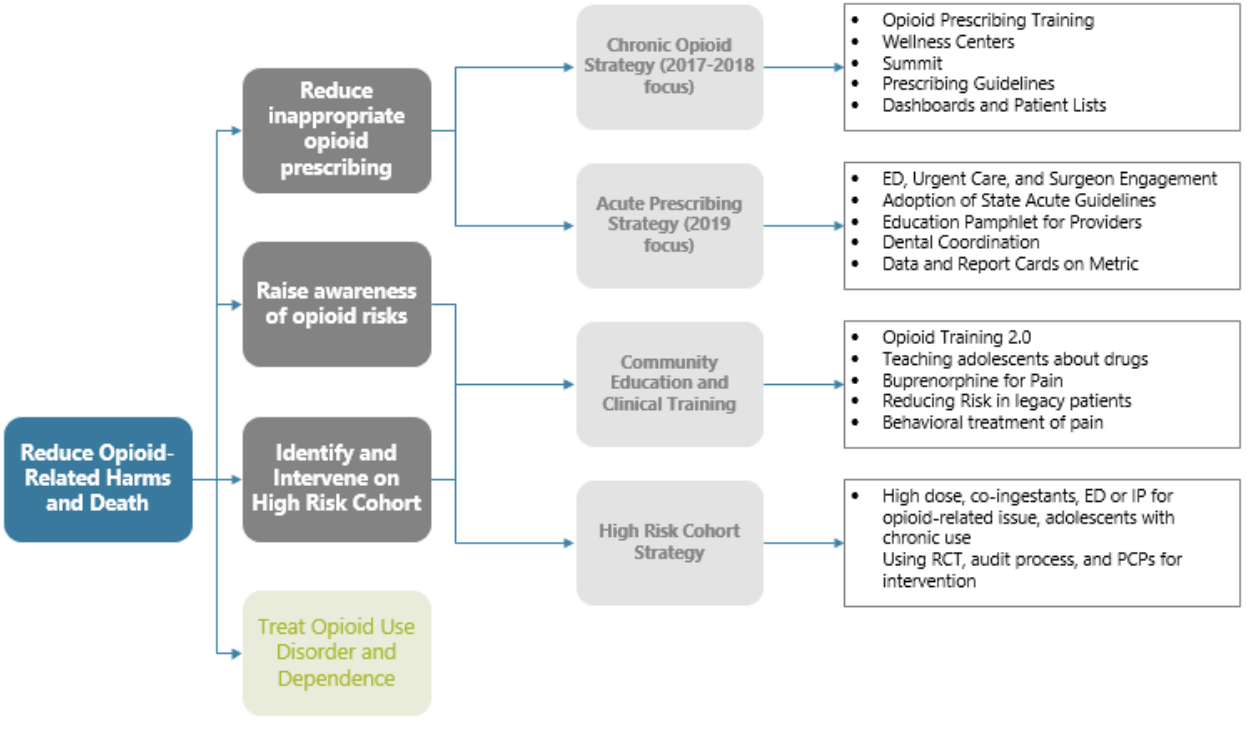
Strategy to Address the Opioid Epidemic

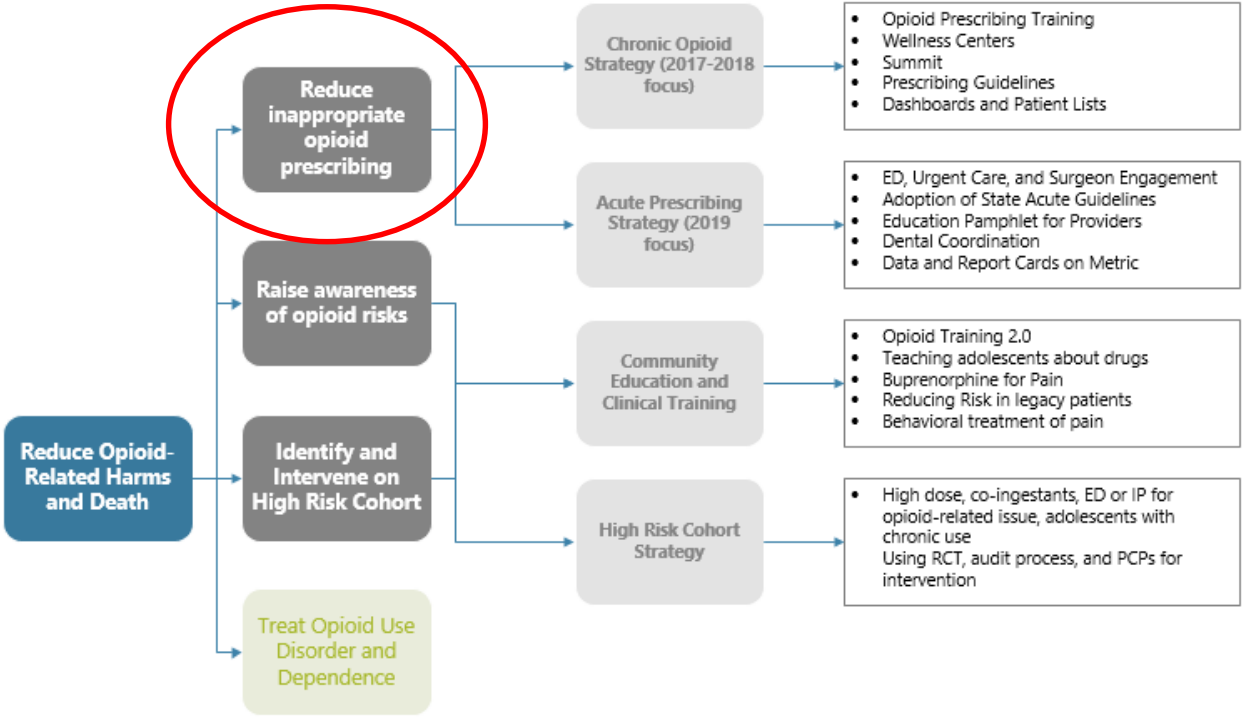




Driver Diagram for Opioid Prescribing

Specific Challenges in Rural Oregon: Improving Clinical Prescribing

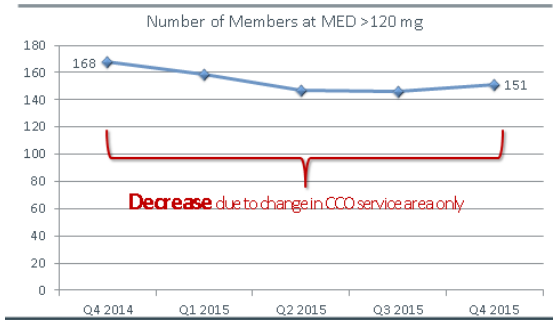
- Smaller organizations and clinics
- Organizations often lack population data capacity
- Shifting culture regarding pain management
- Desire for clinician connection and community
- Unique prescribing rates due to physical labor industries (eg. fishing, timber)

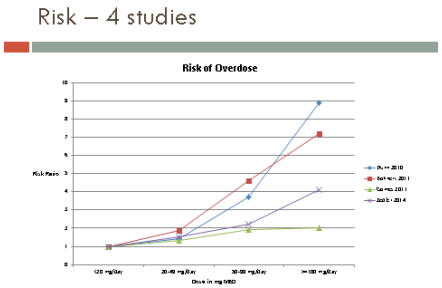


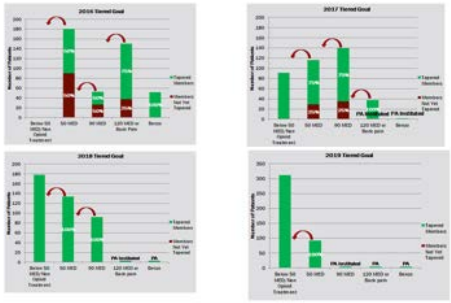
Driver Diagram for Opioid Prescribing

Improving Prescribing Practices

- Early 2016: CPCCO Clinical Advisory Panel (CAP) review of:
  - Population-level and clinic-level data
  - Current evidence on harms and benefits of opioids
- CAP developed evidence-based regional goals
- CAP advised strategy to achieve goals

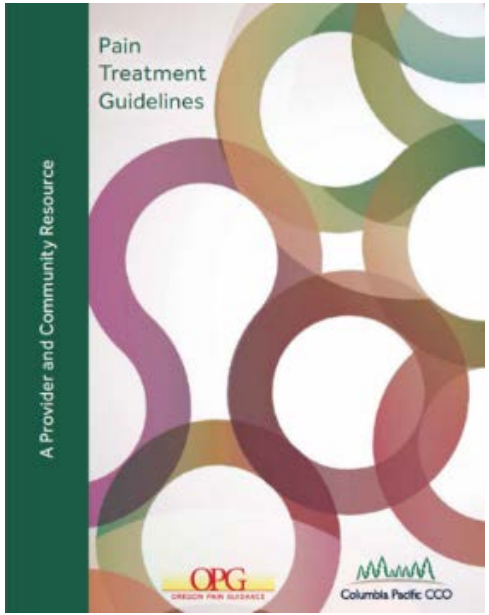


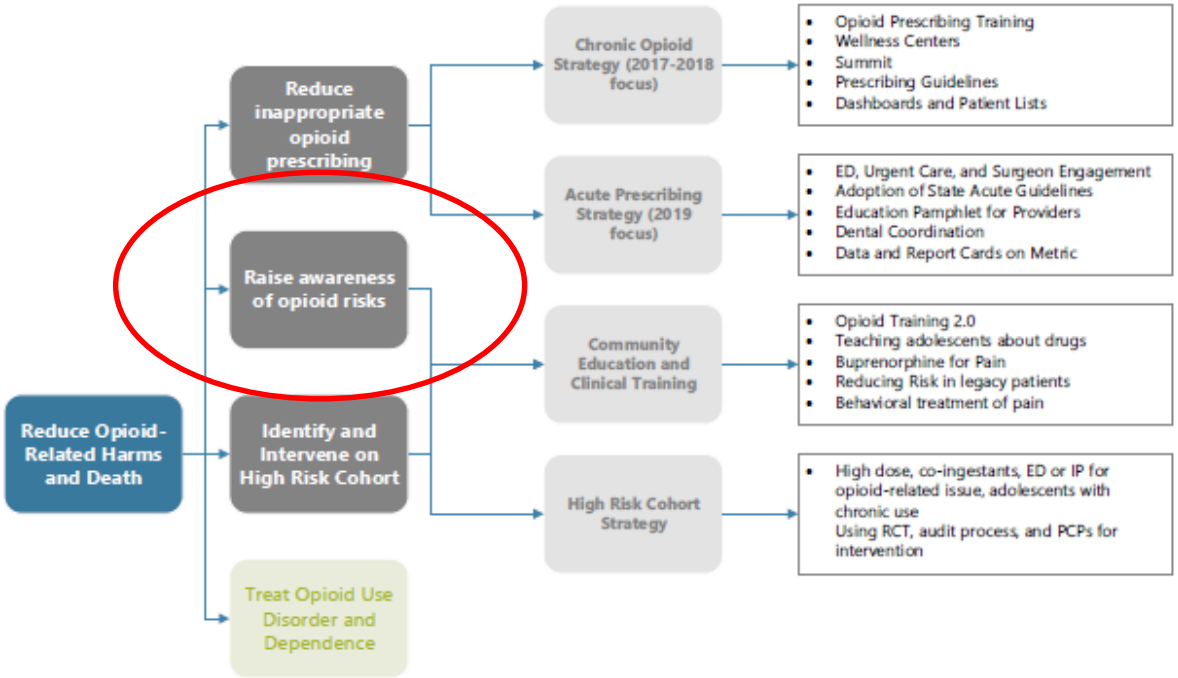




Improved Clinical Prescribing

- Training and support for prescribing clinics/ organizations
- Commitments to meet MED goals and pledge
- Updated CPCCO guidelines
- Registration and training for OPDMP
- Regional quarterly Community of Practice meetings
- Assist organizations with polices and procedures





Driver Diagram for Opioid Prescribing

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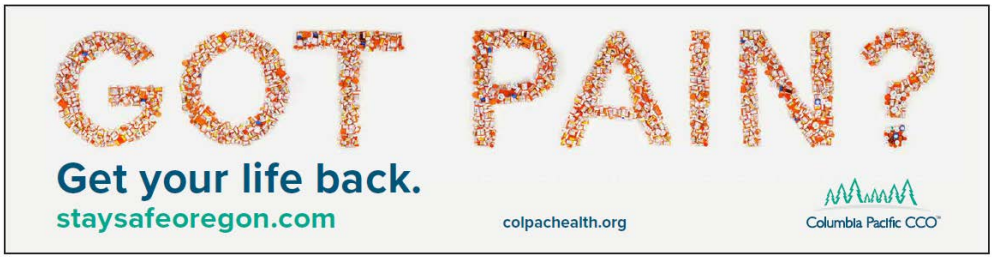
Community Education



Community Education and Clinical Trainings

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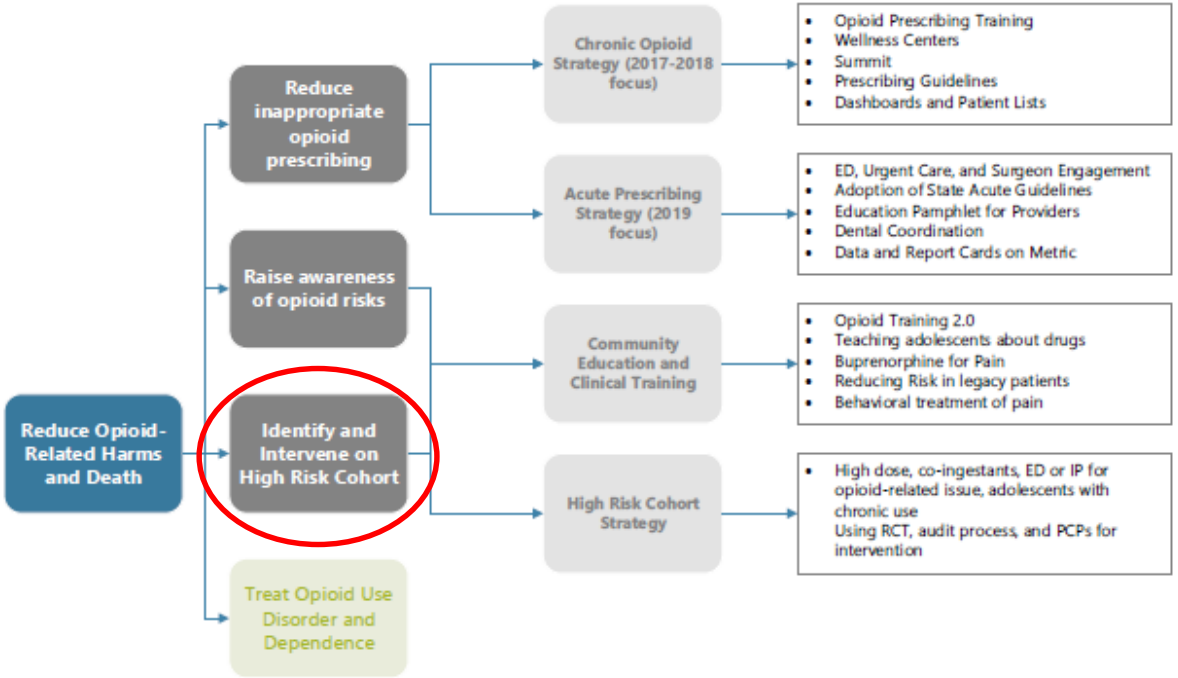
- Opioid Education
  - How to identify and diagnose OUD
  - Pain management with buprenorphine
  - Reducing risk in long-term opioid patients
- Drug education for adolescents
  - Jr High and High School
  - Risks of substances, practical limits, how to maintain healthy relationships with substances, clear advice on drugs to never try
- 2019 North Coast Opioid and Substance Abuse Summit
  - October 14th, 2019 Seaside Convention Center



Driver Diagram for Opioid Prescribing

High Risk Cohort Strategy

- Opioid Therapy Audit
- New Dashboard build
- Patient lists

High Dose (>90 MED)

- Review of all ED visits related to opioids
- Mandatory audit
- Overdose taskforce

ED or IP related to Opioid Use

- Identify in data
- Review and refer to PCP for follow-up

Adolescents with Multiple Prescriptions

- PA on dose 3 of naloxone, workflow for notification
- Audit selection
- PDMP

Multiple Naloxone Fills, Prescribers, or Pharmacies

- Adding data to dashboard
- Gathering state benzo data for review and trending

Dangerous Co-Ingestants

- Premanage flags
- RCT

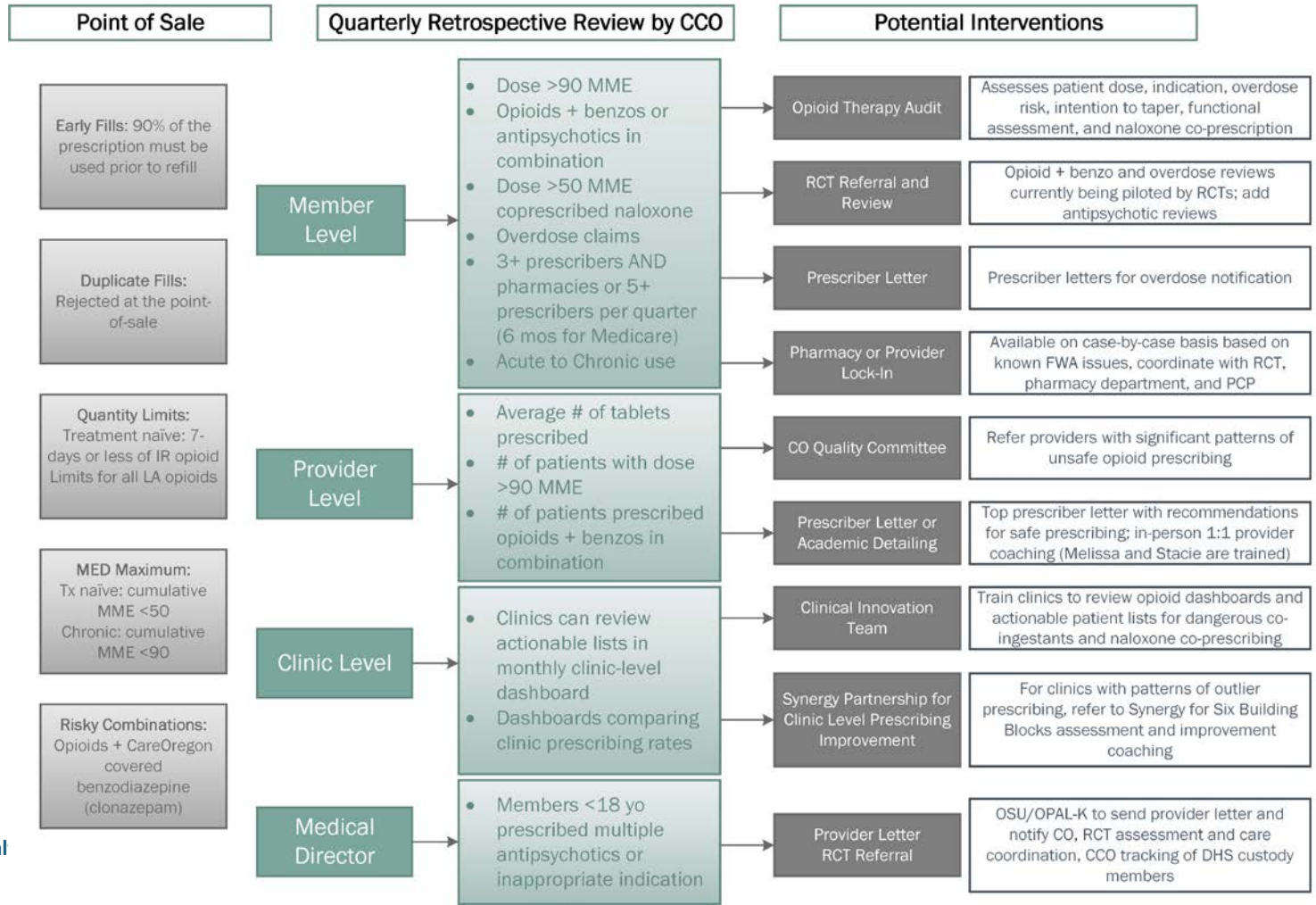
Diagnosed SUD with Opioid Use

2018 SUPPORT Act

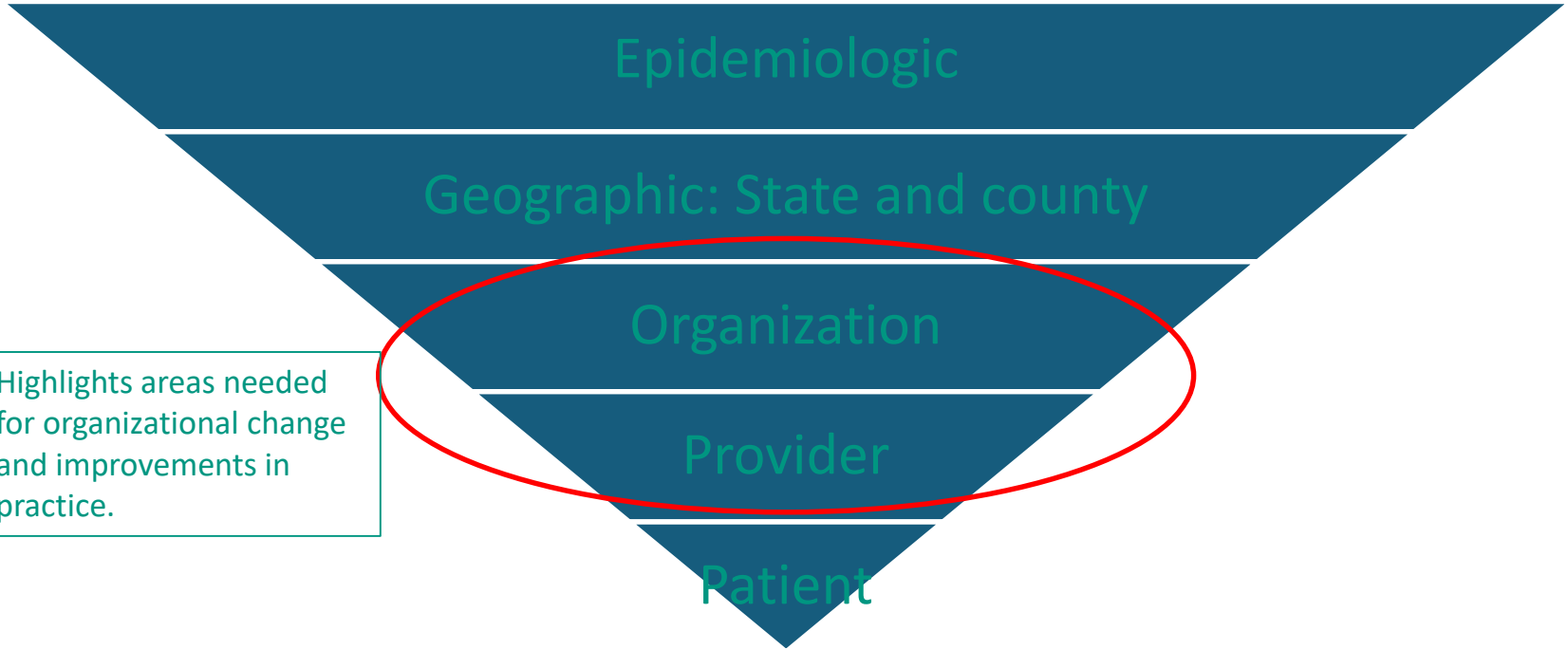
- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act
- Includes Medicaid and managed care provisions for monitoring opioids and other substances

Safety Edits (at Point-of-Sale)	Retrospective Claims Review	Exclusions
• Early fills • Duplicate fills • Quantity Limits • MED Maximum	• Above MED maximum • Opioids plus benzos and/or antipsychotics • Antipsychotic use by children • FWA	• Hospice • Palliative care • Long-term care facility • Cancer

CareOregon Opioid Prescribing Review Process



Data and the Opioid Epidemic: The Organization/Provider



Highlights areas needed for organizational change and improvements in practice.

Organization Level Data: Opioid Prescribing

CPCCO Opioid Dashboard

Q4 2017	# of Members w/ Chronic Opioid (Any MED)	Assigned Members w/ Chronic Opioid (Any MED) per 1,000 Members	# at MED ≥ 50	Assigned Members at MED ≥ 50 per 1,000 Members	# at MED ≥ 90	Assigned Members at MED ≥ 90 per 1,000 Members	# at MED ≥ 120	Assigned Members at MED ≥ 120 per	# with BZDs + Opioids (Any	Assigned Members w/ BZDs AND Opioids[1] per 1,000
Columbia Pacific CCO TOTAL[2]	578	26.9	192	8.9	93	4.3	56			
	27	57.0	4	8.4	0	0.0	0			
	18	21.3	5	5.9	1	1.2	1			
	4	13.1	1	3.3	1	3.3	1			
	46	66.5	19	27.5	9	13.0	4			
	26	35.2	6	8.1	1	1.4	1			
	55	14.1	21	5.4	14	3.6	7			
	7	16.4	1	2.3	1	2.3	1			
	62	59.3	14	13.4	6	5.7	3			
	70	17.4	18	4.5	11	2.7	7			
	46	29.3	21	13.4	12	7.6	8			
	28	39.8	11	15.6	5	7.1	3			
	31	262.7	12	101.7	4	33.9	3			
	22	95.2	9	39.0	3	13.0	1			
	25	14.3	4	2.3	2	1.1	1			
	31	223.0	16	115.1	7	50.4	7			

Sep 2017 — Clinic E — Page 1 of 1

Q2 2017	CPCCO TOTAL	Chronic Opioid Use - Quarterly Tracking 2017							
		Q4 (2015)	Q1 (2016)	Q2 (2016)	Q3 (2016)	Q4 (2016)	Q1	Q2	Trend
# of Members w/ Chronic Opioid (Any MED)	608	53	54	34	37	29	28	29	
Assigned Members w/ Chronic Opioid (Any MED) per 1,000 Members	26.8	87.0	87.0	53.3	55.1	43.3	37.9	38.9	
# at MED ≥ 50	212	8	9	8	9	5	8	6	
Assigned Members at MED ≥ 50 per 1,000 Members	9.4	14.0	14.0	12.5	13.4	7.5	10.8	8.1	
# at MED ≥ 90	101	3	4	4	5	3	2	2	
Assigned Members at MED ≥ 90 per 1,000 Members	4.5	6.0	6.0	6.3	7.4	4.5	2.7	2.7	
# at MED ≥ 120	71	2	3	4	4	2	2	1	
Assigned Members at MED ≥ 120 per 1,000 members	3.1	5.0	5.0	6.3	6.0	3.0	2.7	1.3	
# with BZDs + Opioids (Any MED)1	110	0	0	0	7	6	7	5	
Assigned Members w/ BZDs AND Opioids1 per 1,000 Members	4.9	0.0	0.0	0.0	10.4	9.0	9.5	6.7	

CareOregon Opioid Dashboard Home Page

Use the filters below to get a monthly view of your organization's opioid prescribing stats.
Specific numbers can be seen by hovering over a certain area/month of interest.

Select your CCO... Columbia Pacific

Select your clinic... (All)

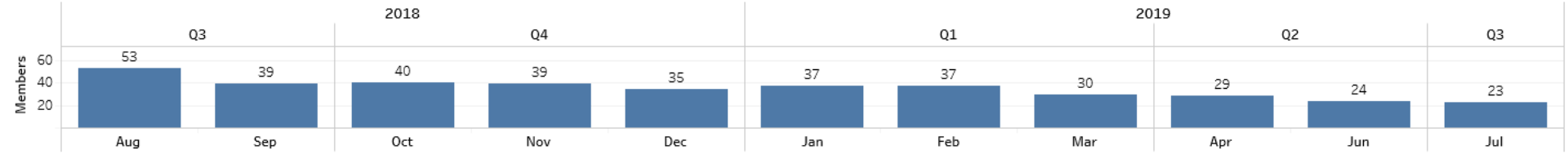
Select prescriber... (All)

Concurrent Benzos? (All) / No / Yes

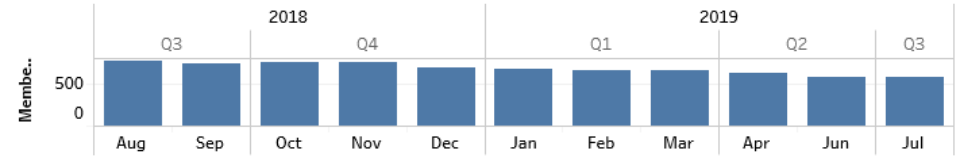
Concurrent Skeletal Muscle Relaxers? (All) / No / Yes

Concurrent Sedative Hypnotics? (All) / No / Yes

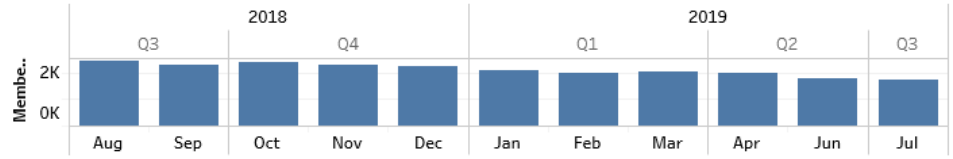
MED ≥ 120



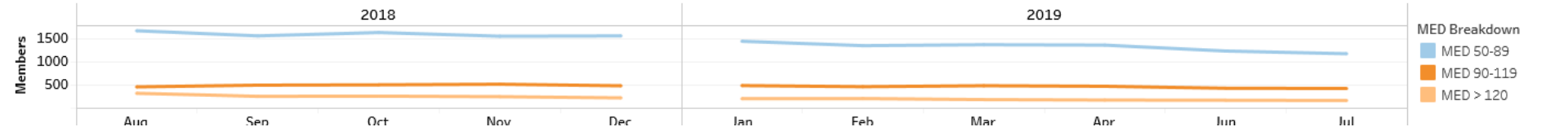
MED ≥ 90



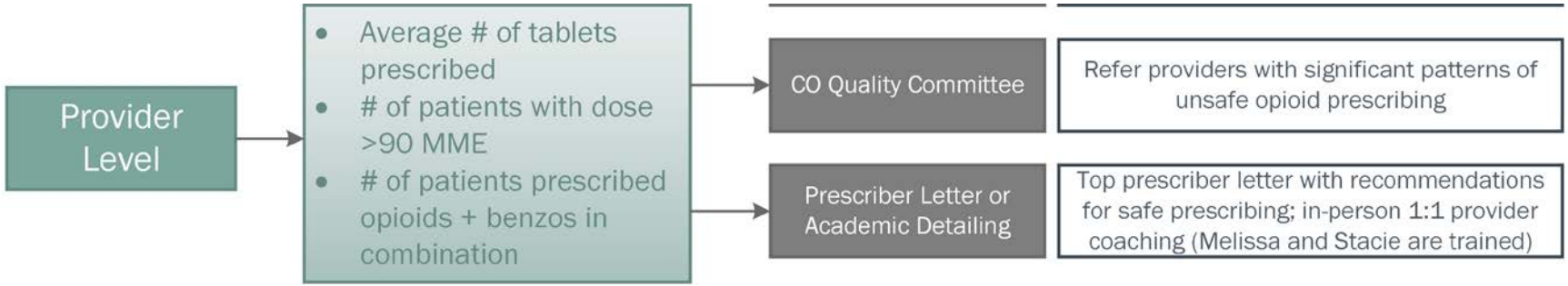
MED ≥ 50



MED Shift

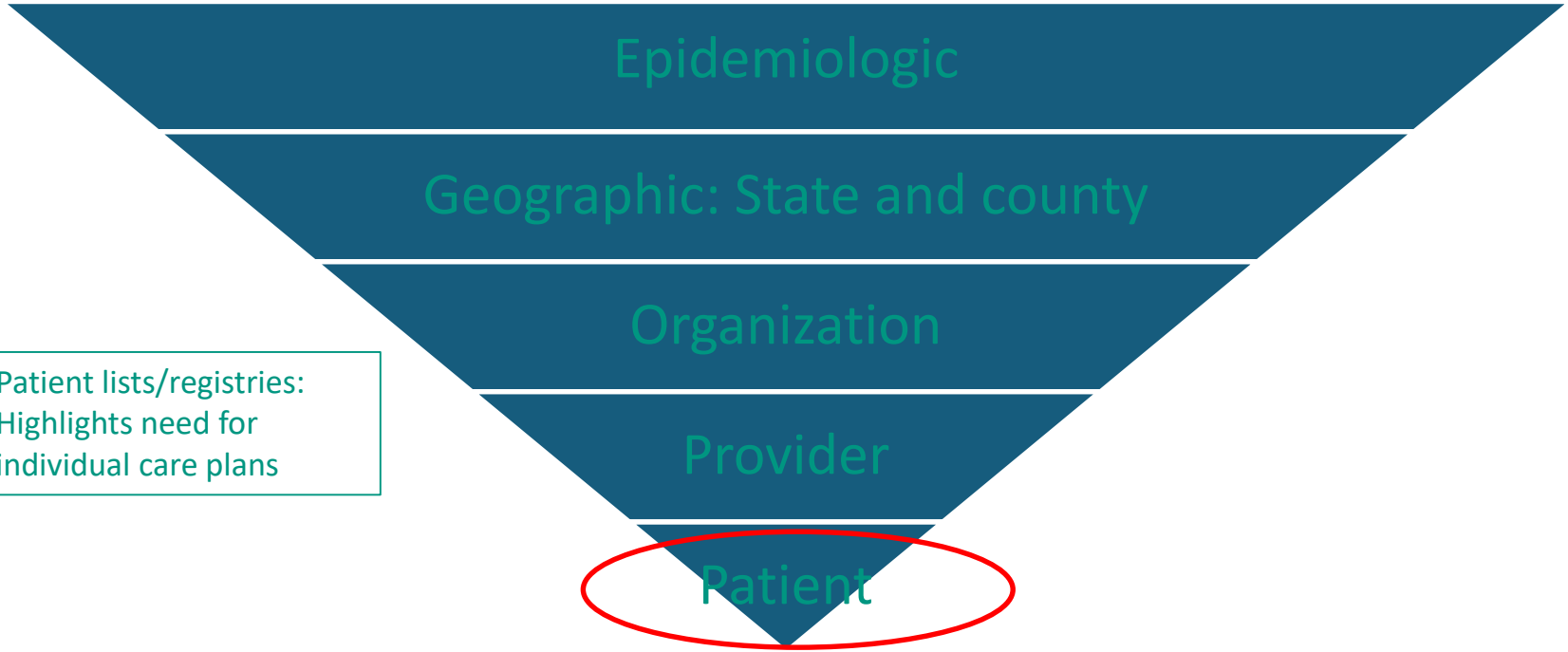


Provider Level Retrospective Review



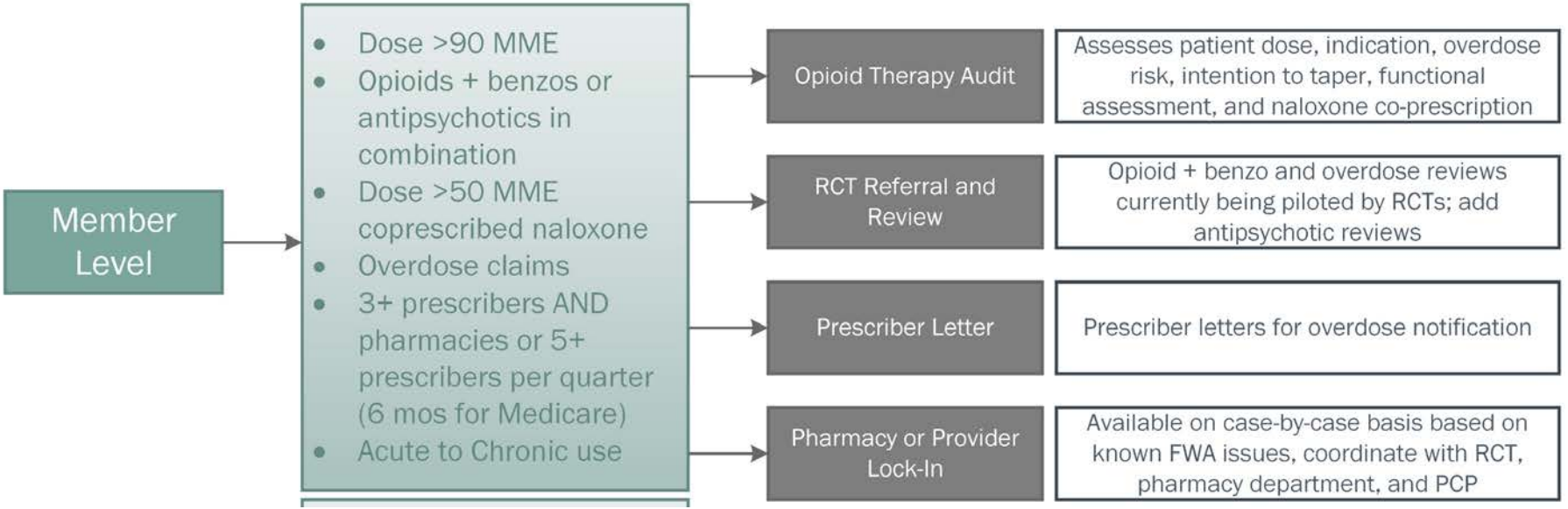
- Top prescribers will also be viewable via the opioid dashboard
- Currently being tracked by some CCOs, no interventions in place

Data and the Opioid Epidemic: Patient



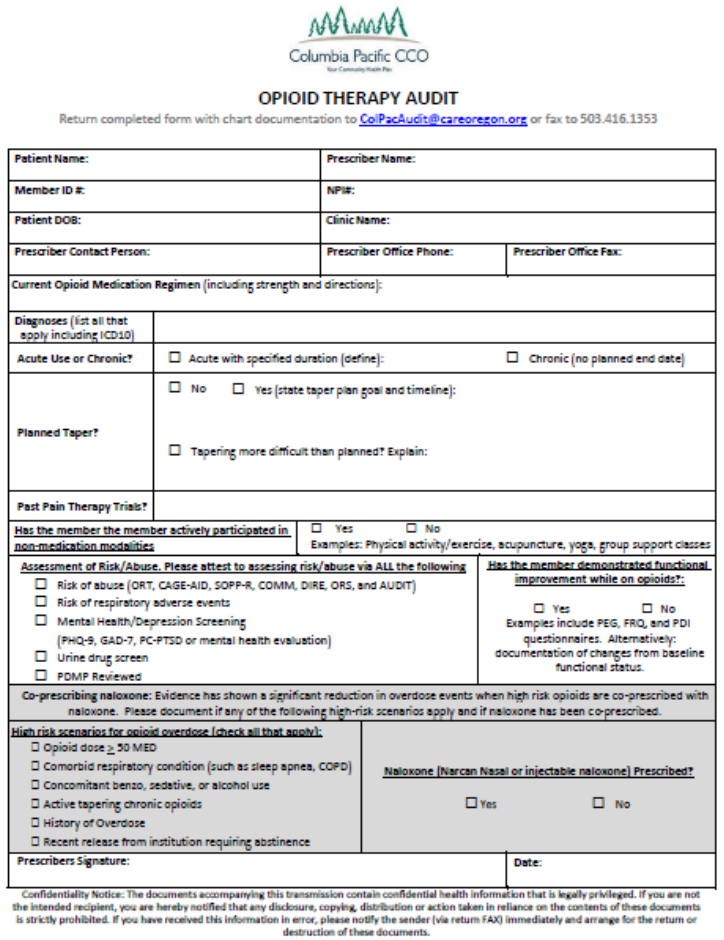
Patient lists/registries: Highlights need for individual care plans

Member Level Retrospective Review



Opioid Therapy Audit

- Piloted in Columbia Pacific CCO
- Intended to assess risk, intentions of therapy, and naloxone co-prescribing
- Offer recommendations to providers based on response



Columbia Pacific CCO

OPIOID THERAPY AUDIT

Return completed form with chart documentation to ColPacAudit@careoregon.org or fax to 503.416.1353

Patient Name:	**Prescriber Name:**	
Member ID #:	**NPI#:**	
Patient DOB:	**Clinic Name:**	
Prescriber Contact Person:	**Prescriber Office Phone:**	**Prescriber Office Fax:**

Current Opioid Medication Regimen (including strength and directions):

Diagnoses (list all that apply including ICD10)	
Acute Use or Chronic?	☐ Acute with specified duration (define): ☐ Chronic (no planned end date)
Planned Taper?	☐ No ☐ Yes (state taper plan goal and timeline): ☐ Tapering more difficult than planned? Explain:
Past Pain Therapy Trials?	

Has the member the member actively participated in non-medication modalities ☐ Yes ☐ No
Examples: Physical activity/exercise, acupuncture, yoga, group support classes

Assessment of Risk/Abuse. Please attest to assessing risk/abuse via ALL the following
- ☐ Risk of abuse (ORT, CAGE-AID, SOPP-R, COMM, DIRE, ORS, and AUDIT)
- ☐ Risk of respiratory adverse events
- ☐ Mental Health/Depression Screening (PHQ-9, GAD-7, PC-PTSD or mental health evaluation)
- ☐ Urine drug screen
- ☐ PDMP Reviewed

Has the member demonstrated functional improvement while on opioids?:
☐ Yes ☐ No
Examples include PEG, FRQ, and PDI questionnaires. Alternatively: documentation of changes from baseline functional status.

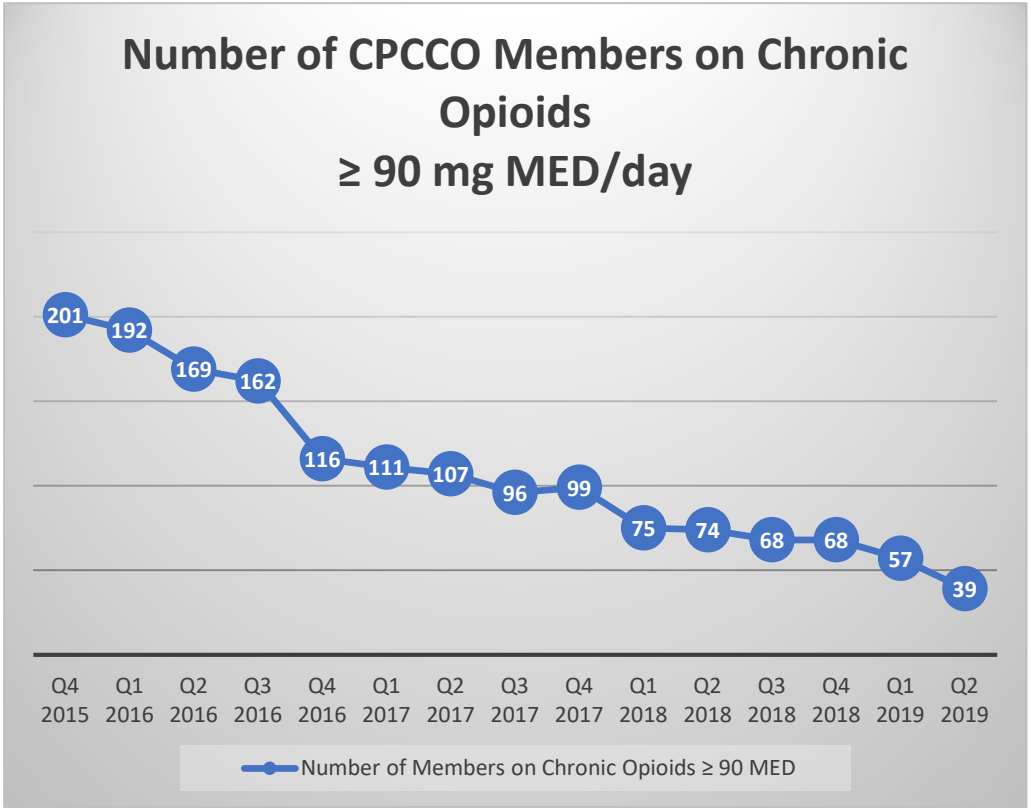
Co-prescribing naloxone: Evidence has shown a significant reduction in overdose events when high risk opioids are co-prescribed with naloxone. Please document if any of the following high-risk scenarios apply and if naloxone has been co-prescribed.

High risk scenarios for opioid overdose (check all that apply):
- ☐ Opioid dose ≥ 50 MED
- ☐ Comorbid respiratory condition (such as sleep apnea, COPD)
- ☐ Concomitant benzo, sedative, or alcohol use
- ☐ Active tapering chronic opioids
- ☐ History of Overdose
- ☐ Recent release from institution requiring abstinence

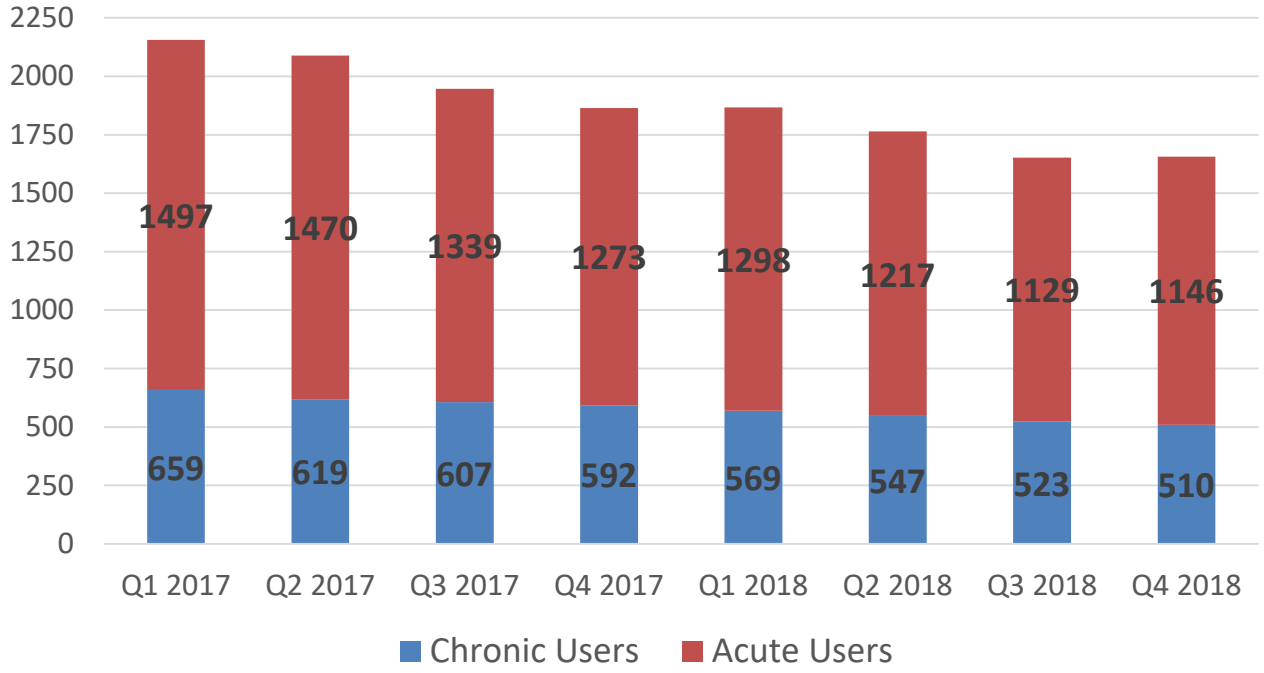
Naloxone (Narcan Nasal or injectable naloxone) Prescribed?
☐ Yes ☐ No

Prescribers Signature:	**Date:**

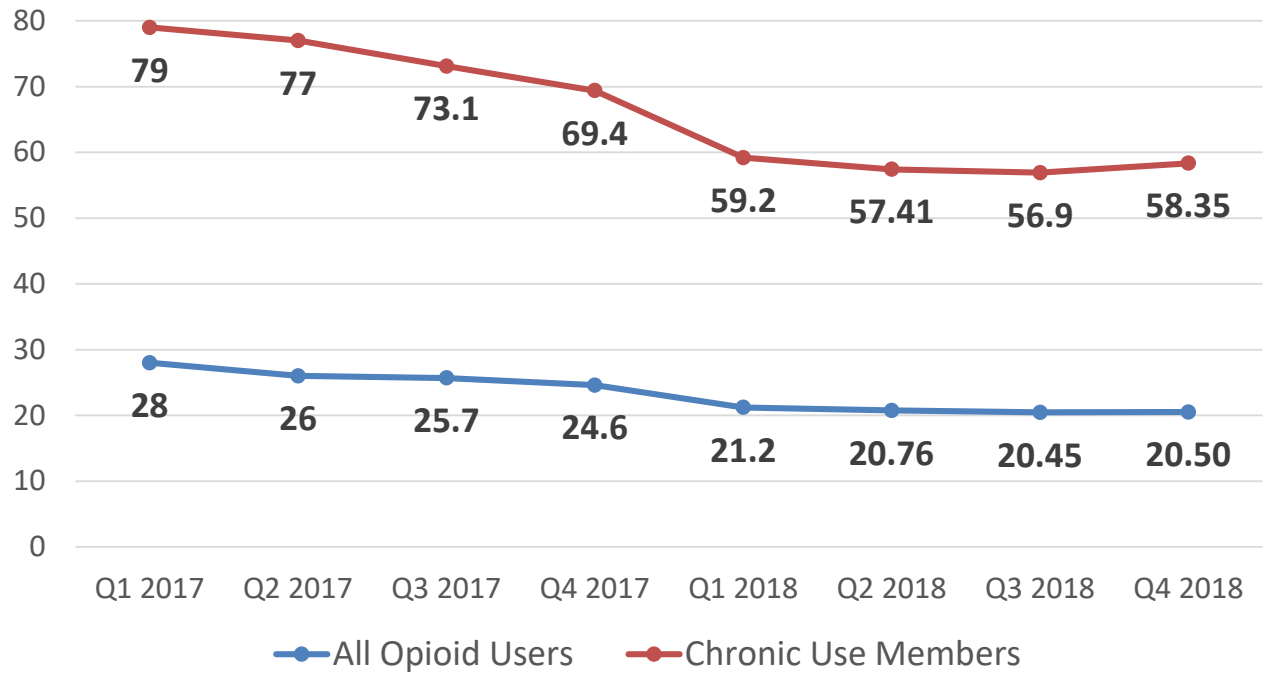
Columbia Pacific CCO High Dose Opioids



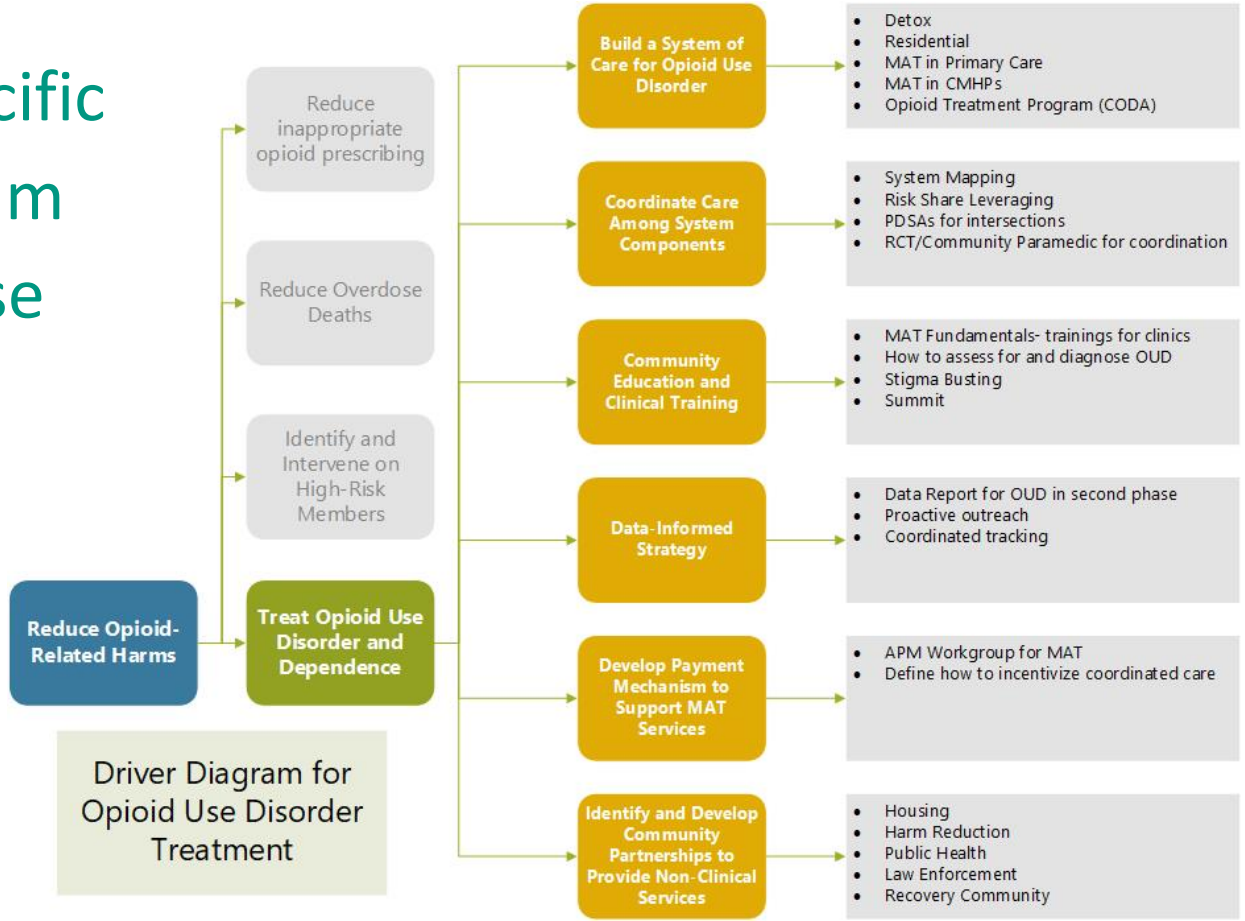
Chronic & Acute Opioid Users



Average MED by Member Group



Columbia Pacific Driver Diagram for Opioid Use Disorder



Driver Diagram for Opioid Use Disorder Treatment

Columbia Pacific CCO SUD Vision

Develop a local trauma-informed network for all substance use disorders that ensures timely equitable access, reduces stigma, and promotes extensive cross-organizational coordination with a community of long-term recovery support

2019 OUD Goals

Advised by CPCCO Clinical Advisory Panel

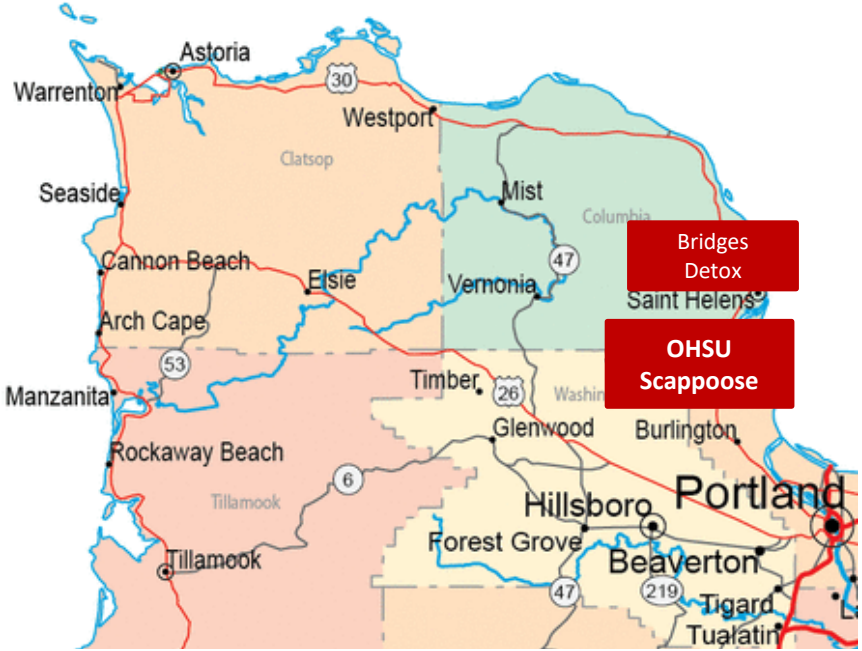
- Identify, publish, and maintain a list of currently available MAT and addiction services in the CPCCO region
- Develop and implement a Columbia Pacific MAT Collaborative with a focus on developing referral pathways and improving coordination, creating a community of practice for providers, and spreading best-practices in the region
- Use OUD data to create an RCT strategy that identifies sub-populations for focused outreach and develops protocols for unique interventions to address the population's needs
- Create a regional, comprehensive overdose response strategy
- Develop and implement a community education campaign to address stigma and educate on MAT

Specific Challenges/opportunities in Rural Oregon: Opioid Use Disorder

- Lack of access to services
- Clinical and operational support
- Abstinence only philosophy
- Hesitance to shift towards harm reduction philosophies
- Some political opposition against naloxone for first responders and law enforcement
- Difficulty with recruitment
- Need for Peer Support Specialists

- **Positive:** close knit community

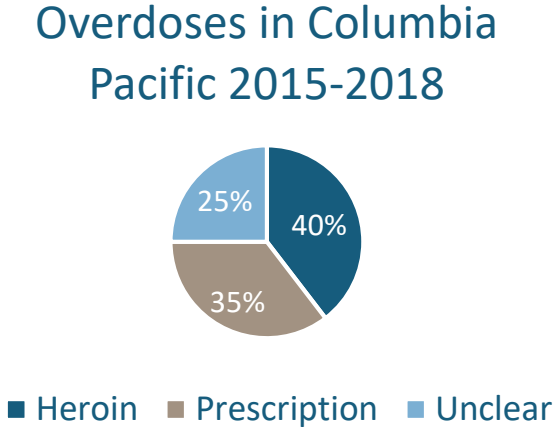
2016: CPCCO MAT Services

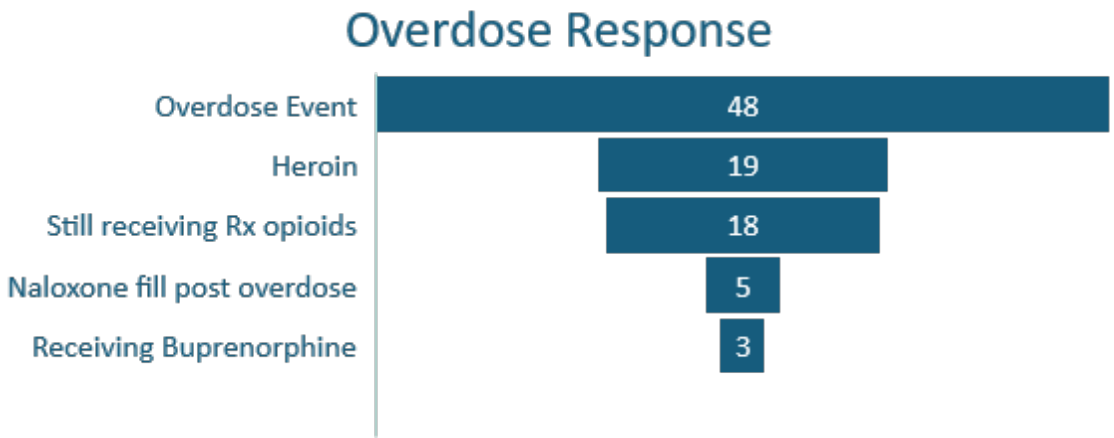


2019: CPCCO MAT Services

Overdose Data Analysis

A suboptimal response to a growing problem





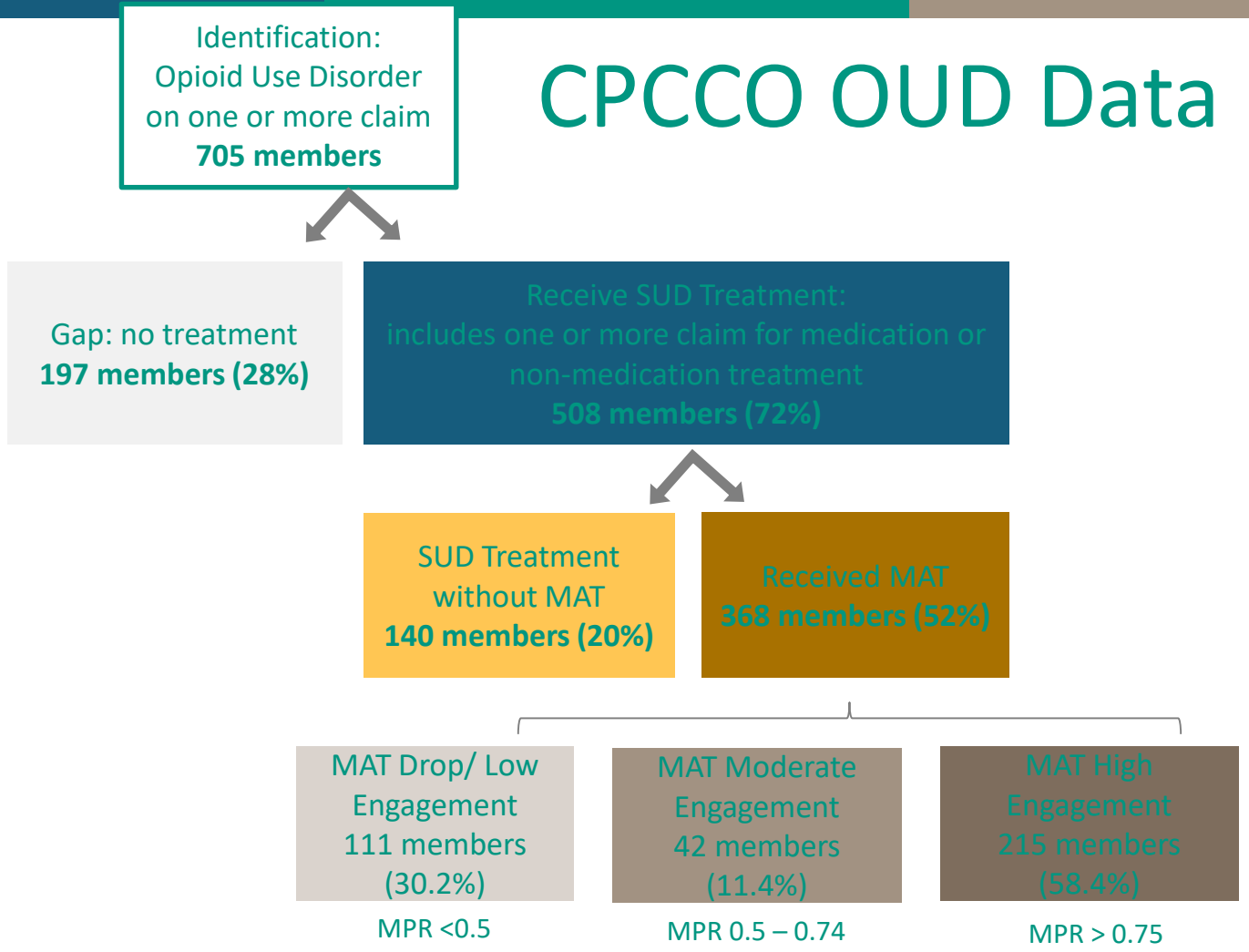
Deep Dive of 2018 Overdoses (CCO patients only)

32 overdoses

- 14 heroin (44%), 3 methadone (9%)
- 2 young children
- 6 fell off plan (19%), mostly young males using heroin
- 7 intentional
- 1 receiving treatment with bup
- 2 had fills for naloxone post overdose (6%)
- 9 were <30 years old (28%)
- 16 between 31-50 years old
- 9 clearly related to risky overprescribing (28%)

- 10 Providence Seaside (31%)
- 6 CMH (19%)
- 5 Adventist Tillamook (16%)
- 2 PeaceHealth (6%)
- 7 Other hospitals (22%)

CPCCO OUD Data



Data Into Action

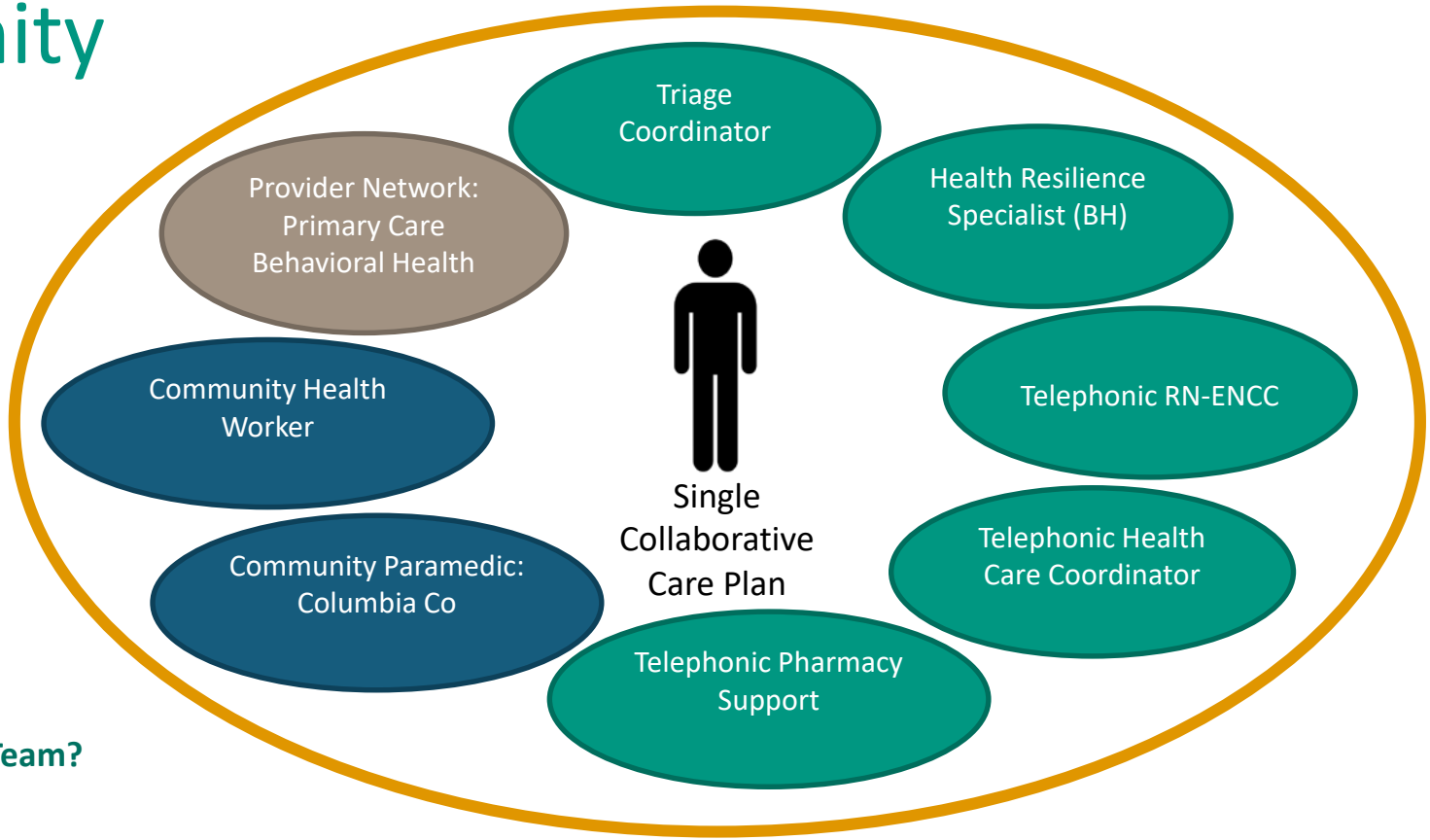
Strategies to Utilize OUD and Overdose Data

- Partner with primary care and use Regional Care Teams to engage patients with a diagnosis but no evidence of treatment
- Develop a comprehensive, coordinated overdose response among all system components
- Create registries and coordinated tracking of members with overdose or OUD diagnosis
- Develop protocols for Community Paramedic and peers to proactively engage or follow-up on overdoses, provide naloxone and teaching
- Develop an APM for providing MAT services, engagement, and retention in primary care

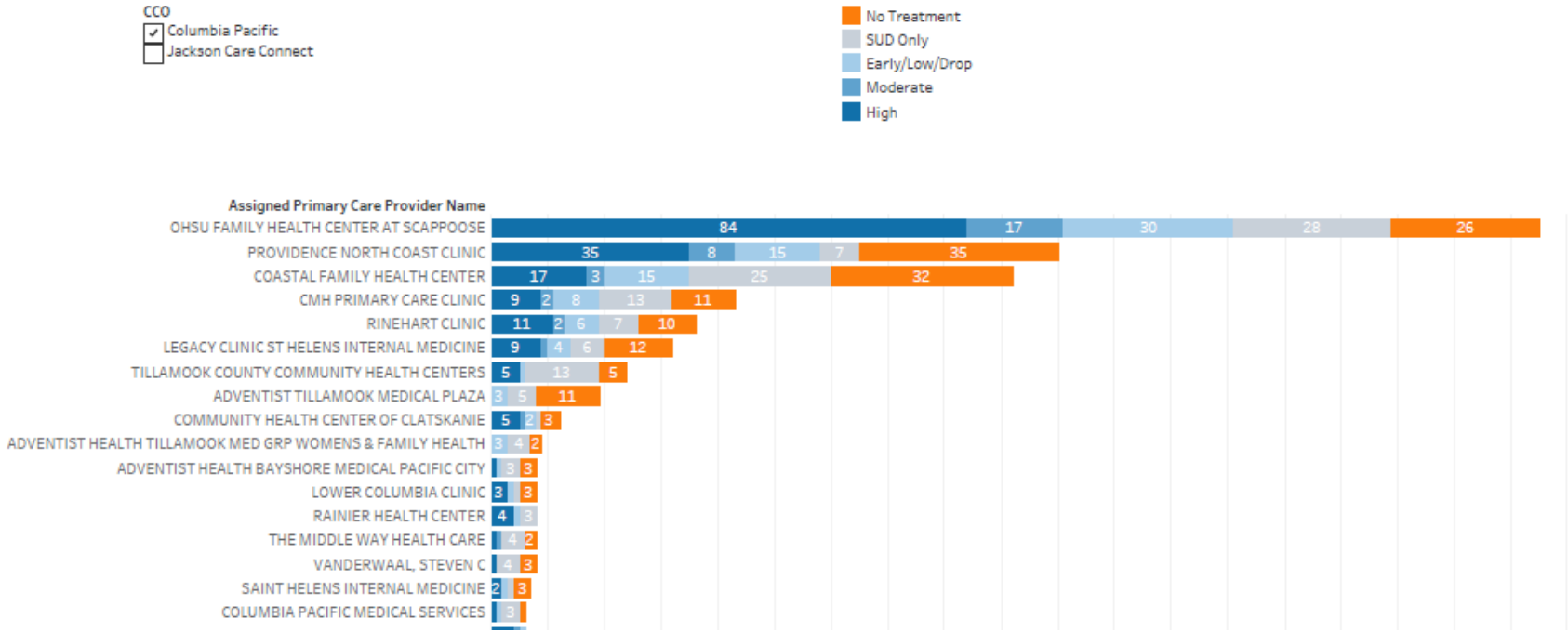
Regional Care Teams – Unique Opportunity

Patient-focused multidisciplinary team, dedicated to working with clinical partners to **coordinate services and resources** for patients and providers

What is a Regional Care Team?



CPCCO MAT Engagement



Community Partnerships

- Pharmacy drug take-back boxes
- Harm Reduction
  - More than 450,000 syringes exchanged in Clatsop and Columbia counties
  - Tillamook county in consideration of harm reduction services
  - Naloxone distribution, over 80 saves in Clatsop
- Law Enforcement
  - Naloxone support

Overdose Response Taskforce Vision

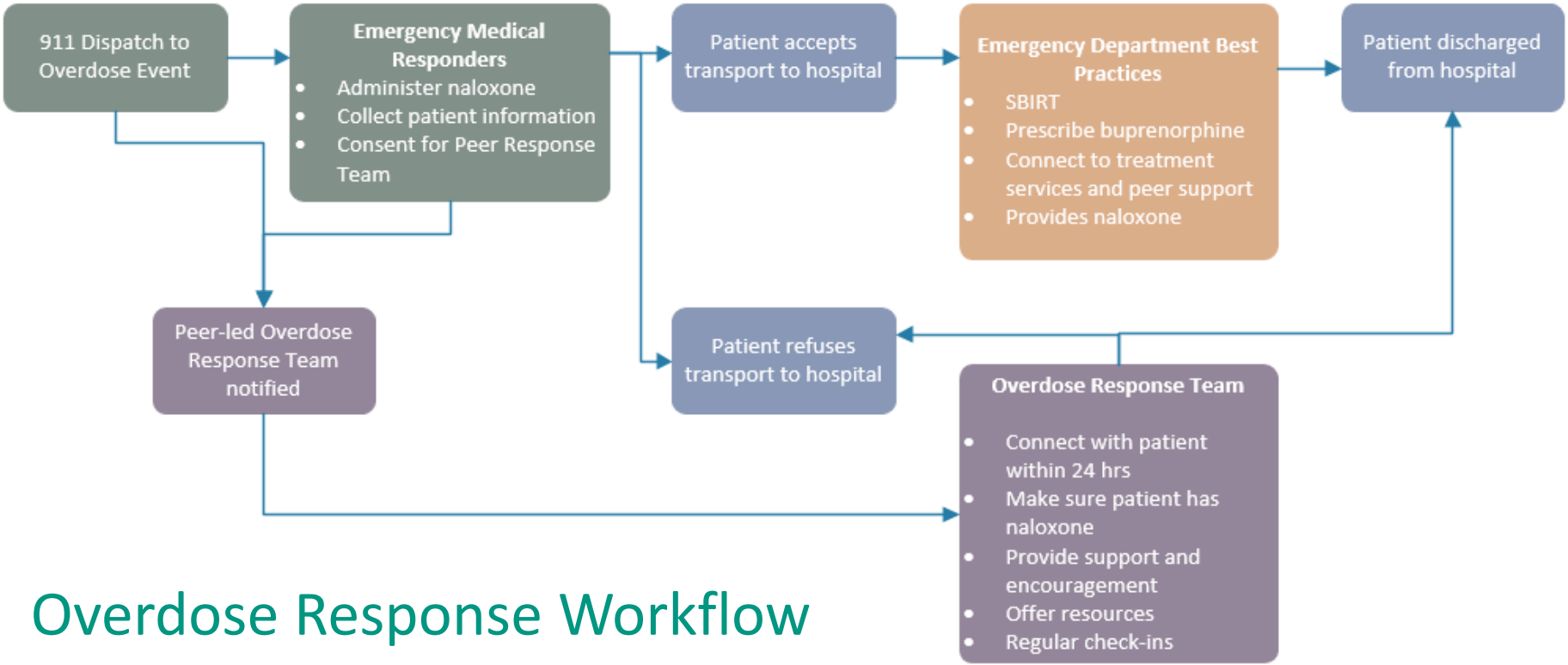
Vision and Goals for Overdose Response Strategy

For *all non-fatal overdoses*, we aim to provide:

- Naloxone training for person who experienced OD and/or family members
- Screening and referral to treatment
- Recovery peer mentor support and outreach
- Information regarding services for treatment, recovery, and harm reduction
- Tracking and registry data for continued outreach and outcome monitoring
- Education for first responders, EDs, peers, and other stakeholders
- Compassionate, trauma-informed care that aims to create supportive relationships with people who use drugs

Key Interventions for Overdose Prevention

- Notification of overdose by first-responders and Premanage
- Emergency department-based screening and referral to treatment
  - SBIRT prior to discharge
  - Initiation of buprenorphine in the ED is more effective than SBIRT
- Naloxone provision
  - Multiple venues for naloxone dispensing, including ED, community paramedic, syringe exchange, pharmacies, and law enforcement or peer drop off programs
  - Designing a program that ensures this happens and is not left up to the patient to fulfill a prescription are preferred and more safe
- Post-overdose outreach and follow-up
  - Outreach workers provide support, information, referrals, and counseling services



Overdose Response Workflow

Recommendations

1. Develop a Peer-led Overdose Response Team (PORT) in each county to track and follow-up on opioid overdoses.
2. Create a process for 911 dispatchers or EMS to notify PORT when naloxone is used in the field.
3. Develop overdose protocols for hospital emergency departments that includes SBIRT and prescribing naloxone.
4. Develop processes to initiate MAT in EDs.
5. Train and equip PORTs to be able to provide naloxone and train patients and family members on how to respond to an overdose.

Next Steps and Future Vision

- Improved clinical prescribing
  - Acute prescribing focus to include ED, dentists, surgeon
  - Review antipsychotics in combination with opioids
  - Top prescriber interventions
  - Improve chronic pain treatment options
- Sharing data
  - Operationalize Tableau opioid dashboard for clinic use
- OUD
  - Population-based, risk-stratified approach to increasing initiation and engagement in treatment
  - Operationalize Overdose Taskforce Recommendations
  - Bolstering MAT access: MAT Learning Collaborative


Thank you!