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

Columbia Pacific CCO
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The Opioid Epidemic

Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016

Opioid Overdose Data

Tillamook:
• 14.1 deaths per 1000
• 18 deaths total

Columbia:
• 7.7 deaths per 1000
• 11 deaths total

Clatsop:
• 5.8 deaths per 1000
• 11 deaths total

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

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

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Strategy to Address the Opioid Epidemic

Columbia Pacific CCO Strategy: Addressing the opioid epidemic through multifactorial system of care

HEALTH CARE PROVIDERS
- Prescribing guidelines
- Opioid dashboard
- Community of practice
- Acute Prescribing: ED/Surgeons/Dentists
- Ceiling dose and tiered goal
- Change paradigm of chronic pain
- Clinical up-skilling
- PDMP training

POPULATION HEALTH
- Opioid Dashboard
- Care Coordination
- Risk stratification

BEHAVIORAL HEALTH
- Integrated Behaviorist
- Increasing access to specialty mental health
- Crisis respite

PUBLIC HEALTH
- Safe Syringe Programs
- Naloxone dispensing
- PDQ Coordinator

SUD TREATMENT
- Detox Center
- Naloxone
- Medication Assistance Treatment (MAT) in primary care
- Opioid Treatment Program
- MAT Learning Collaborative

COMMUNITY
- Social marketing
- Community events
- Educational campaign
- Community action
- Overdose Response Team
- Opioid Summit

NON-PHARMACEUTICAL TREATMENT
- Behavior-based Wellness Centers
- Acupuncture coverage
- CBT/Behavioral Health
- PT benefit
- Yoga resources
Reduce Opioid-Related Harms and Death

Reduce inappropriate opioid prescribing

Chronic Opioid Strategy (2017-2018 focus)

- Opioid Prescribing Training
- Wellness Centers
- Summit
- Prescribing Guidelines
- Dashboards and Patient Lists

Acute Prescribing Strategy (2019 focus)

- ED, Urgent Care, and Surgeon Engagement
- Adoption of State Acute Guidelines
- Education Pamphlet for Providers
- Dental Coordination
- Data and Report Cards on Metric

Raise awareness of opioid risks

Community Education and Clinical Training

- Opioid Training 2.0
- Teaching adolescents about drugs
- Buprenorphine for Pain
- Reducing Risk in legacy patients
- Behavioral treatment of pain

Identify and Intervene on High Risk Cohort

High Risk Cohort Strategy

- High dose, co-ingestants, ED or IP for opioid-related issue, adolescents with chronic use
- Using RCT, audit process, and PCPs for intervention

Treat Opioid Use Disorder and Dependence

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)
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
Community Education and Clinical Trainings

- 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 Columbia Pacific Opioid & Substance Use Summit

Monday, Oct 14 | Seaside Civic & Convention Center, 415 First Ave, Seaside
Seats are limited. Register at colpachealth.org/summit2019

Three tracks
- Clinical services
- Social supports
- Trauma-informed approach

6 hours CME credit available from American Academy of Family Physicians (See back for details)

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)
- Early fills
- Duplicate fills
- Quantity Limits
- MED Maximum

## Retrospective Claims Review
- Above MED maximum
- Opioids plus benzos and/or antipsychotics
- Antipsychotic use by children
- FWA

## Exclusions
- Hospice
- Palliative care
- Long-term care facility
- Cancer
Data and the Opioid Epidemic: The Organization/Provider

Epidemiologic

Geographic: State and county

Organization

Provider

Patient

Highlights areas needed for organizational change and improvements in practice.
## Organization Level Data: Opioid Prescribing

### CPCCO Opioid Dashboard

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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

- Epidemiologic
- Geographic: State and county
- Organization
- Provider
- Patient

Patient lists/registries: Highlights need for individual care plans
Member Level Retrospective Review

- Dose >90 MME
- Opioids + benzos or antipsychotics in combination
- Dose >50 MME coprescribed naltrexone
- Overdose claims
- 3+ prescribers AND pharmacies or 5+ prescribers per quarter (6 mos for Medicare)
- Acute to Chronic use

- Opioid Therapy Audit
  - Assesses patient dose, indication, overdose risk, intention to taper, functional assessment, and naloxone co-prescription

- RCT Referral and Review
  - Opioid + benzo and overdose reviews currently being piloted by RCTs; add antipsychotic reviews

- Prescriber Letter
  - Prescriber letters for overdose notification

- Pharmacy or Provider Lock-In
  - Available on case-by-case basis based on known FWA issues, coordinate with RCT, pharmacy department, and PCP
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
High Dose Opioids

Number of CPCCO Members on Chronic Opioids
≥ 90 mg MED/day

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Average MED by Member Group

Q1 2017 | Q2 2017 | Q3 2017 | Q4 2017 | Q1 2018 | Q2 2018 | Q3 2018 | Q4 2018
---|---|---|---|---|---|---|---
All Opioid Users | 28 | 26 | 25.7 | 24.6 | 21.2 | 20.76 | 20.45 | 20.50
Chronic Use Members | 79 | 77 | 73.1 | 69.4 | 59.2 | 57.41 | 56.9 | 58.35

Creating Health Together
Columbia Pacific
Driver Diagram
for Opioid Use
Disorder
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: CPCCCO MAT Services
Overdose Data Analysis

A suboptimal response to a growing problem

Overdoses in Columbia Pacific 2015-2018

Overdose Response

- Overdose Event: 48
- Heroin: 19
- Still receiving Rx opioids: 18
- Naloxone fill post overdose: 5
- Receiving Buprenorphine: 3
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%)
Identification: Opioid Use Disorder on one or more claim
705 members

Receive SUD Treatment: includes one or more claim for medication or non-medication treatment
508 members (72%)

Gap: no treatment
197 members (28%)

SUD Treatment without MAT
140 members (20%)

Received MAT
368 members (52%)

MAT Drop/ Low Engagement
111 members (30.2%)
MPR <0.5

MAT Moderate Engagement
42 members (11.4%)
MPR 0.5 – 0.74

MAT High Engagement
215 members (58.4%)
MPR > 0.75
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

What is a Regional Care Team?

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

colpachealth.org
## CPCCO MAT Engagement

<table>
<thead>
<tr>
<th>Assigned Primary Care Provider Name</th>
<th>No Treatment</th>
<th>SUD Only</th>
<th>Early/Low/Drop</th>
<th>Moderate</th>
<th>High</th>
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<tr>
<td>OHSU FAMILY HEALTH CENTER AT SCAPPOOSE</td>
<td>84</td>
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<td>RINGHART CLINIC</td>
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[Colpa.org]
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
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

911 Dispatch to Overdose Event

Emergency Medical Responders
- Administer naloxone
- Collect patient information
- Consent for Peer Response Team

Patient accepts transport to hospital

Emergency Department Best Practices
- SBIRT
- Prescribe buprenorphine
- Connect to treatment services and peer support
- Provides naloxone

Patient discharged from hospital

Peer-led Overdose Response Team notified

Patient refuses transport to hospital

Overdose Response Team
- Connect with patient within 24 hrs
- Make sure patient has naloxone
- Provide support and encouragement
- Offer resources
- Regular check-ins
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!