Welcome!

Thank you for joining us. The presentation will begin shortly.

Dial-In Number: 866/675-1560
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Slides have been downloaded in GoToWebinar “Handouts” pod and will be posted on MHA’s website.
Update on Opioid Management and Recommendations

August 11, 2016
Agenda

• National efforts and resources
• Missouri-specific activity
  ➢ ED prescribing recommendations — provider survey results
  ➢ PDMP status, state and regional activity
  ➢ Related legislative and regulatory issues
  ➢ Resource updates
• Data mining — Hospital Industry Data Institute
HRSA — News and Resources
Department of Health and Human Services
Safe Opioid Prescribing Resources

August 11, 2016

Lisa Goschen
Regional Administrator, Office of Regional Operations
Region 7 – Kansas City
Health Resources and Services Administration (HRSA)
National Pain Strategy

A Comprehensive Population Health-Level Strategy for Pain

Secretary of the Department of Health and Human Services (HHS) Initiative to Address Opioid Drug Related Overdoses and Deaths

Targets three priority areas to combat opioid abuse:

1. **Opioid prescribing practices** to reduce opioid use disorders and overdose
2. **Expanded use and distribution of naloxone**
3. **Expansion of Medication-assisted Treatment** to reduce opioid use disorders and overdose

White House Fact Sheets – state specific

https://www.whitehouse.gov/factsheets-prescription-opioid-abuse-and-heroin-use
Medicare Part D Opioid Mapping Tool

CDC Guideline for Prescribing Opioids for Chronic Pain 2016

• Addresses patient-centered clinical practices

• Three main focus areas in the guideline include:
  • Determining when to initiate or continue opioids for chronic pain
  • Opioid selection, dosage, duration, follow-up and discontinuation
  • Assessing risk and addressing harms of opioid use

https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
Checklist for Prescribing Opioids

When CONSIDERING long-term opioid therapy

☐ Set realistic goals for pain and function based on diagnosis (eg, walk around the block).
☐ Check that non-opioid therapies tried and optimized.
☐ Discuss benefits and risks (eg, addiction, overdose) with patient.
☐ Evaluate risk of harm or misuse.
  • Discuss risk factors with patient.
  • Check prescription drug monitoring program (PDMP) data.
  • Check urine drug screen.
☐ Set criteria for stopping or continuing opioids.
☐ Assess baseline pain and function (eg, PEG scale).
☐ Schedule initial reassessment within 1–4 weeks.
☐ Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

HHS Research Portfolio

• Current HHS Research on Pain Treatment, and Prescription Opioid and Heroin Use and Overdose

• The Research Portfolio encompasses the targeted activities of HHS and is stratified into the three areas of the Secretary’s Opioid Initiative:
  • Improving opioid prescribing practices;
  • Expanding access to medication assisted treatment for opioid use disorder; and
  • Increasing use of naloxone.

CMEs - CDC Audio/Webcast Training

Webinars or audio available:
• Overview of the CDC Guideline for Prescribing Opioids for Chronic Pain
• Non Opioid Treatments
• Assessing Benefits and Harms of Opioid Therapy
• Dosing and Titration of Opioids

Free CME’s for live or recorded versions

http://emergency.cdc.gov/coca/calls/opioidresources.asp
CMEs - Pathways to Safer Opioid Use

Free CMEs

https://health.gov/hcq/training-pathways.asp
CDC Guideline Resources

For Patients:

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Or For Clinicians:

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

http://www.cdc.gov/drugoverdose/prescribing/resources.html
HHS Is Seeking Comments On:

- “Opioid Analgesic Prescriber Education and Training Opportunities To Prevent Opioid Overdose and Opioid Use Disorder”
- approaches to educating providers on pain management and appropriate opioid analgesic prescribing?
- challenges opioid education providers have faced in implementing education initiatives?
- Ability of existing HHS education and training programs to educate all opioid analgesic prescribers . . . Including development and delivery of content?
- Comments are due by September 6th.

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Opioid Use and Management — Progress and Update

Alison Williams, R.N., BSN, MBA-HCM, CPHQ
Vice President Clinical Quality Improvement
Items to Discuss

- Recap of opioid-related issues
- MHA survey of ED providers
- Missouri progress and known initiatives
- Review of CDC recommended guidelines for chronic pain management
- What other states are doing to combat the opioid epidemic
Recap

According to a recent national study, inpatient hospitalizations for opioid overdose among adults in the U.S. have increased 137 percent throughout the last 10 years. Missouri has not been shielded from these national trends.

Many commonly prescribed pain medications are within a family of analogs opioids, which include oxycodone, hydrocodone, codeine, and morphine. Because opioids can produce a euphoric response in users by stimulating pleasure centers in the brain, they are a highly addictive form of narcotic pain medication.

The chemical composition of certain opioids is strikingly similar to illicit narcotics, such as heroin (pictured left). Moreover, there is a growing body of evidence that prescription opioid abuse may act as a gateway to heroin abuse. Some studies estimate as many as three out of four people who experience prescription opioid addiction eventually use heroin as a less expensive source of opioids. Recent studies suggest that 2.1 million people in the U.S. abuse prescription opioids while nearly half a million people are addicted to heroin.

National research indicates the highest rates of growth in inpatient hospitalizations have been among females and the elderly. Geographically, the largest increases have occurred in the Midwest which experienced an average growth in hospitalizations for opioid overdose of 51 percent per year — 4.3 times the rate of growth in the N of growth the rate additional prescription prescribing. This inc. prescribing much of for Opioid addiction growing.

The rate of opioid overdose deaths doubled in the United States in 18 years, with 42,000 deaths in 2016. The major categories were opioid use disorders or misuse and 1.2 per hospital factor w. prescription refinements in the treatment of chronic pain and misuse.

Emergency department physicians and providers should not provide prescriptions that are claimed to be lost or destroyed.

Unless otherwise clinically indicated, emergency department physicians and providers are encouraged to prescribe and discontinue narcotics.

When narcotics are prescribed, emergency department staff should counsel patient and dispose of narcotic medications.

The emergency department, health care providers should encourage policies to prescribe and dispense narcotics to public health, law enforcement and family.

Opioid Use and Overdose

At health care providers are challenged to address patient care issues at a percentage health level, much work has focused on reducing patient harm. Missouri hospitals report many patient safety issues, and reduced harm across clinical topics throughout the last several years. One key issue has been in the area of adverse drug events, with particular emphasis on managing outcomes for patients recovering opioids as part of a treatment plan.

Recent hospital industry data reflects analysis of opioid use in Missouri hospitals throughout the last 10 years. Particularly among patients younger than the age of 30 and the uninsured.

Hospital utilization for opioid overdose in Missouri increased 157 percent between 2005 and 2016.

The highest rates of growth were observed among patients who were male and under age 30.

The highest statewide rates of hospital utilization for opioid overdose are in the St. Louis metropolitan area; however, the largest increases during the last 10 years have been in the largely rural Northeast and Southeast regions of the state.

In 2014, uninsured patients accounted for 30 percent of all hospital visits for opioid overdose — this was a 10-year, 268 percent increase.

Opioid Use in Missouri: A Population Health Dilemma

Trajectories is a biannual publication highlighting Missouri hospital initiatives to improve the health of their communities, as well as the experience and effectiveness of the care provided to their patients.

Effective December 2015

Emergency Department Policy Recomended

Opioid Use in Misso

Strategy for Reduced Misuse and

MARCH 2016

OPIOIDS: A POPULATION HEALTH DILEMMA

Opioid Use and Overdose

As health care providers are challenged to address patient care issues at a population health level, much work has focused on reducing patient harm. Missouri hospitals have addressed many patient safety issues and reduced harm across clinical topics throughout the last several years. One key issue has been in the area of adverse drug events, with particular emphasis on managing outcomes for patients recovering opioids as part of a treatment plan.

Recent hospital industry data reflects analysis of opioid use in Missouri hospitals throughout the last 10 years. Particularly among patients younger than the age of 30 and the uninsured.

Hospital utilization for opioid overdose in Missouri increased 157 percent between 2005 and 2016 (Figure 1).

Maps from the Center for Behavioral Health Statistics and Quality show the significant increase in hospital admissions for primary non-hospital inpatient psychiatry admissions rates by state (per 100,000 population ages 15 and older) from 2001 to 2010. Missouri rates a 10-fold increase in admissions (Figure 2).

Of interest, the top 10 opioid overdose-related diagnoses coded included on emergency department visits and hospital admission records in Missouri from 2005 to 2014 can be categorized into three common themes — withdrawal symptoms, postpartum and mental health-related disorders.

Figure 1: Rate of Hospital Inpatient and ED Visits, and Cumulative Percent Change in Missouri, 2005-2014

Emergency Department: Suggested Recommendations

- Focused pain assessment
- Evidence-based diagnosis
- Non-narcotic treatment of non-traumatic tooth pain
- Communication between emergency room and primary care physicians
- Prescriptions limited to 72 hours
- New acute conditions for shortest duration

- Refuse requests to provide prescriptions for refills “lost” or “destroyed”
- Avoid prescribing long-acting or controlled-release opioids; consider abuse-deterrent forms of opioids
- Counsel about handling
- Encourage policies allowing Naloxone dispensing
ED Opioid Prescribing Guidelines

- MHA initiated a survey to evaluate the implementation of the opioid prescribing guidelines in emergency departments — May-June 2016
- 61 respondents/138 eligible hospitals with an ED
Adoption of ED Prescribing Guidelines

Adoption of ED Prescribing Guidelines June 2016 (n=61)

<table>
<thead>
<tr>
<th>Prescribing Guidelines</th>
<th>Percent Adoption</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAIN ASSESSMENT</td>
<td>55% Yes, 45% No</td>
</tr>
<tr>
<td>DIAGNOSIS</td>
<td>83% Yes, 17% No</td>
</tr>
<tr>
<td>TOOTH PAIN</td>
<td>92% Yes, 8% No</td>
</tr>
<tr>
<td>COMM W PCP</td>
<td>73% Yes, 27% No</td>
</tr>
<tr>
<td>72 HOUR LIMIT</td>
<td>90% Yes, 10% No</td>
</tr>
<tr>
<td>SHORTEST DURATION</td>
<td>90% Yes, 10% No</td>
</tr>
<tr>
<td>REFUSE &quot;LOST&quot;</td>
<td>97% Yes, 3% No</td>
</tr>
<tr>
<td>AVOID LONG-ACTING</td>
<td>98% Yes, 2% No</td>
</tr>
<tr>
<td>COUNSEL HANDLING</td>
<td>71% Yes, 29% No</td>
</tr>
<tr>
<td>ENCOURAGE NALOXONE</td>
<td>7% Yes, 93% No</td>
</tr>
</tbody>
</table>

Percent Adoption
Prescription Drug Monitoring Programs (PDMP)

- Missouri legislature did not pass any laws related to a statewide PDMP of Schedule II, III and IV controlled substances
- St. Louis City and St. Louis County established PDMP laws
- Kansas City metro area and Jackson County
Chronic Pain Management

- On March 18, the Centers for Disease Control and Prevention released the CDC Guidelines for Prescribing Opioids for Chronic Pain
  - Missouri reviewing organizations that declined to formally endorse
- Twelve guidelines focus on the decision to prescribe, dosage, duration and assessing risk.
Survey Questions Related to Chronic Pain Management

Q17 Has your organization developed protocols to assess risk and address harm from opioid use?

Answered: 54   Skipped: 2
Legislative Activities to Address the Opioid and Heroin Epidemic

• Comprehensive Addiction and Recovery Act (P.L. 114-198)

➤ July 22, 2016 — President Obama signed into law the first major federal addiction legislation in 40 years, and the most comprehensive effort undertaken to address the opioid epidemic, encompassing all six pillars necessary for such a coordinated response — prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal.
Brief Summary of Provisions of CARA

• Expand prevention and educational efforts — particularly aimed at teens, parents and other caretakers, and aging populations — to prevent the abuse of methamphetamines, opioids and heroin, and to promote treatment and recovery.

• Expand the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses to save lives.

• Expand resources to identify and treat incarcerated individuals suffering from addiction disorders promptly by collaborating with criminal justice stakeholders and by providing evidence-based treatment.
Brief Summary of Provisions of CARA

- Expand disposal sites for unwanted prescription medications to keep them out of the hands of our children and adolescents.
- Launch an evidence-based opioid and heroin treatment and intervention program to expand best practices throughout the country.
- Launch a medication-assisted treatment and intervention demonstration program.
- Strengthen prescription drug monitoring programs to help states monitor and track prescription drug diversion and to help at-risk individuals access services.

Other Legislative and Regulatory Activities

- **H.R. 4063** – Jason Simcakoski PROMISE Act
- **H.R. 4978** – NAS Healthy Babies Act
- **H.R. 4599** – Reducing Unused Medications Act of 2016
- CY 2017 OPPS / ASC Payment and Policy updates
  - **H.R. 4499**, continues to reside in the Subcommittee on Health and **S. 2758**, was introduced in the Senate — April 2016
Notable Missouri-Related Activities to Address the Opioid and Heroin Epidemic

• National Governor’s Association — A Compact to Fight Opioid Addiction
  ➢ Developed during 2016 Winter Meeting and signed by 46 state Governors, including Jay Nixon

• U.S. Agriculture Secretary and U.S. Senator McCaskill held a roundtable discussion in St. Louis and a town hall meeting in Columbia in July

• SAMHSA’s 4th Access to Recovery Program
Notable Missouri-Related Activities to Address the Opioid and Heroin Epidemic

• National Rural Health Association Policy Brief
  ➢ Rural Communities in Crisis: Strategies to Address the Opioid Crisis

• MAT expansion, inclusion on Medicaid formulary
  ➢ Note: Not beneficial for the uninsured, plus lack of Medicaid expansion in Missouri

• Partners in Prevention — focused on 21 college campuses
Notable Missouri-Related Activities to Address the Opioid and Heroin Epidemic

- “A Drug Free Missouri Future” initiative by Congresswoman Vicky Hartzler
- Project ECHO — Chronic Pain Management Cohort
- Curiosity and Heroin Campaign — St. Louis
- Investigation of software tools tied to EHRs to assist with prescriber risk assessment
  - Pre-Manage ED (EDIE)
  - NarcRx
Resources to Engage Patients and Families

- MHA and Center for Health Policy collaboration to provide health literate patient resources to educate on ED prescribing changes, pre-op consideration of pain management needs and proper controlled substance disposal practices
Other State Activities to Address Opioid Epidemic

• Tennessee
  ➢ Started researching due to rises in NAS and overdose deaths
  ➢ New legislation requires hospitals to report opioid deaths and poisonings
  ➢ Working closely with the Tennessee Department of Health to improve primary prevention, monitoring and surveillance, regulation and enforcement, utilization of substance abuse treatment and access to appropriate pain management
Other State Activities to Address Opioid Epidemic

• West Virginia
  ➢ ED Task Force developed 10 guidelines for prescribing opioids in the ED — surveying compliance with the guidelines. (They now have 60 percent compliance.)
  ➢ Lily’s Place — Partnered with state Medicaid, program based on the fact the mother is involved

• Wisconsin
  ➢ Partnership with Attorney General focuses on public education and working together on legislation
  ➢ Medical association focusing on provider education and improving take-back programs
Other State Activities to Address Opioid Epidemic

- New Jersey
  - ED testing different admixtures of medication to address pain instead of opioids
- Washington and Oregon (and several additional states)
  - Association or payer-led technology support through EHR to trigger providers for at-risk patients (PDMP and opioids, plus others)
Additional Relevant Resources

- FDA’s Opioids Action Plan
- FDA Drug Safety Podcasts
- Drug Information Rounds Video
- Division of Drug Information (DDI) Webinars
- AHA Special Bulletin – Progress on Addressing the Opioid Epidemic, July 14, 2016
- AHA/CDC Patient Education Resource
Critical Opportunities

- Expand access, coverage and education — prescribers, patients and communities
- Coordination and alignment of efforts — decrease fragmentation
- Ongoing funding required to support community, regional and statewide initiatives
- Investigation of naloxone provision — prescribers, clinics, law enforcement, etc.
- Continued movement to avoid criminalization of substance abuse, use of drug courts
- The needs of urban versus rural communities
Hospital and Prescriber-Specific Critical Opportunities

• Provide educational updates and venue for dialogue
• Consider policy and protocol updates to align with assessment, selection, dosage and follow-up recommendations
• Educate patients and community — when opioids are appropriate for treatment and when alternatives would work better
• Data review
HIDI Analytic Advantage® and Related Data©
HIDI Analytic Advantage®

- Cloud based BI platform available to participating hospitals
- Information and data for
  - Strategic Planning
  - Finance and Policy
  - Quality
  - Community Health

© 2016 Hospital Industry Data Institute
Datamining Opioid Misuse

- Accomplished through HIDI Analytic Advantage® User Defined Reports
  - These reports are normally used for market analysis and other business purposes
- Primary DX fields with ICD-9 and ICD-10 codes (Hooray!)
- Further research is available using HIDI’s Premier Data Package
  - Secondary DX
ICD-9 and ICD-10 Codes

• Please check with your medical records department to obtain codes
• This is a best estimate for ICD-10 codes
• Also, only showing primary DX field and not secondary DX field
  ➢ Can access the secondary DX field via the Premier Data Package or special request through HIDI

References

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Datamining Opioid Misuse

- Utilizing the following filters
  - Primary Diagnosis
  - Service Area
  - Hospital (optional)
- Sorting
  - User’s discretion
Datamining Opioid Misuse

- Volumes and rates can be found on HIDI Analytic Advantage®
- Will utilize the User Defined Reports
  - Must enter geographic location and codes
Advantage Plus

- Log into HIDI Analytic Advantage® and open up Advantage Plus in the upper right hand corner
Strategic Planning

- Open the Strategic Planning tab on Advantage Plus
User Defined Reports

- Open the User Defined folder under Strategic Planning
User Defined Reports

- Open any of the reports that available under the folder
  - 3 inpatient and 3 outpatient
  - I will demonstrate outpatient reports
Outpatient Visit Summary

- Select desired time frame
- From the Additional Filters option, select the following
  - Geographic region (region, county, or zip code)
  - Hospital (optional)
  - Diagnosis - Principle
Select State Value(s) first and press Submit button to pre-filter this search box with counties for that State.

Primary Diagnosis

Keywords:
Type one or more keywords separated by spaces.

Options

Results:

Selection(s)

Options

Insert

Remove

Select all Deselect all

Select all Deselect all
Criteria

- Select desired geographic area or hospital from the search tools
- Then, input the ICD9 and ICD10 codes
  - Please check with your medical records department for a complete list of codes
  - I only have estimated codes
Training

- For personalized training for running reports, please contact Steve Warchol
  - Director of HIDI Outreach and Education
  - swarchol@mhanet.com
Closing Remarks

• Take-Aways
  ➢ Many resources exist to support providers in assisting patients to improve management of opioid use.
  ➢ Pain management is important to quality of life — increased assessment, education and dialogue between prescribers and patients is needed.
  ➢ Critical opportunities outlined need to be addressed by stakeholders.
Contact

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