

Oregon Opioid Initiative: Opioid Management Toolkit

Katrina Hedberg, MD, MPH

State Health Officer

November 17, 2015

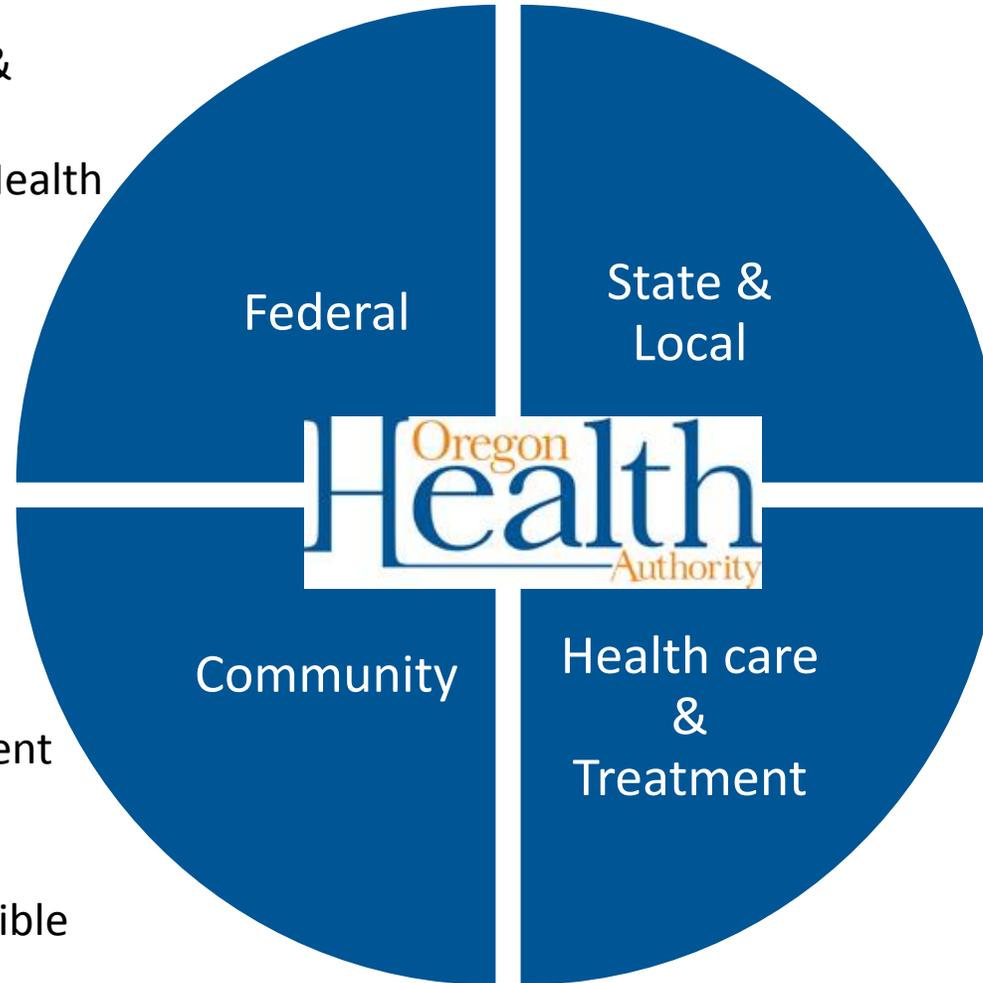


Prescription Opioids: The Problem

- CDC estimates that, since 1999, the amount of prescription opioids sold in the US has quadrupled, while reported pain has not changed.
- In the US, 15,000 people die annual from overdoses involving prescription opioids
- In Oregon, >2,400 people have died from overdoses associated with prescription opioids since 1999

Oregon Opioid Initiative Partnership

- Centers for Disease Control & Prevention
- Substance Abuse & Mental Health Services Administration



- Public safety/ Law Enforcement
- OHSU & NW Addictions Technology Transfer Center
- OR Coalition for the Responsible Use of Meds

- State policy makers and statutes
- Oregon Health Leadership Council
- Local public health departments
- Department of Justice
- Board of Pharmacy

- Coordinated Care Organizations
- Health systems
- Emergency Departments
- Pain management clinics
- Opioid Disorder Treatment Programs
- Prescribers and pharmacists

Oregon Opioid Initiative Goals

- Improve Population Health
 - Decrease drug overdose deaths,
 - Decrease drug overdose hospitalizations/ ED visits
 - Decrease opioid misuse
- Improve Care
 - Improve pain management practice, including use of alternative pain therapies
 - Increase medication assisted treatment for opioid use disorder
- Decrease Health Care Costs

OHA's Opioid Management Toolkit for CCO's

1. Implement Opioid Prescribing Guidelines for Pain Management
2. Implement Opioid Prescribing Guidelines in Emergency Departments
3. Use the Prescription Drug Monitoring Program to Assess
4. Provide reimbursement for non-opioid pain treatment therapies
5. Co-prescribe naloxone when prescribing opioids for at-risk patients
6. Provide medication assisted treatment for opioid use disorder

Six Inter-related Strategies Implemented Simultaneously Across Health Systems

1. Opioid Prescribing Guidelines for Pain Management

Five step approach to treating patients with chronic non-cancer pain:

Step 1: Practice assessment

Step 2: Patient assessment

Step 3: Non-opioid treatments

Step 4: Patient reassessment

Step 5: Follow-up visits

Resources for Prescribing Guidelines

- Southern Oregon Pain Guidance Group:
www.oregonpainguidance.com
 - Assessment tools and flowcharts
 - Aberrancy screening tolls
 - Patient/ provider communication tools
 - Guidelines for non-opioid treatment options
 - Tapering guidelines
 - Handling special issues

2. Opioid Prescribing Guidelines for Emergency Departments (developed by OCEP)

16 Guidelines include:

- One medical provider should treat a patient's chronic pain
- Discourages the administration of intravenous and intramuscular opioids in the ED for the relief of acute exacerbations of chronic pain
- No providing replacement prescriptions for controlled substances
- EDs should preform SBIRT
- No providing replacement doses of methadone for addiction

http://www.ocep.org/images/pdf/ed_opioid_abuse_guidelines.pdf

3. Oregon Prescription Drug Monitoring Program

- Check the patient report at first visit, and when writing new or renewal prescriptions for a controlled substance
- Use the patient report to connect with other providers who are writing controlled substance prescriptions for a patient
- Use the patient report to discuss patient controlled substance use with a patient
- Use the patient report as part of assessment for problematic use

Resources for PDMP

- PDMP web portal (user access and registration): www.orpdmp.com/
- How to register for the PDMP:
http://www.orpdmp.com/orpdmpfiles/PDF_Files/Leaflets/HowToRegister.pdf
- How to look up information (for registered users):
http://www.orpdmp.com/orpdmpfiles/PDF_Files/Leaflets/HowToQuerypdf
- Training videos: <http://www.orpdmp.com/health-care-provider/>

4. Non-Opioid Pain Treatment Therapies

- If opioid use for pain management is minimized then alternative evidence-based therapies can be increased for chronic non-cancer pain
- Alternative therapies include: manipulation therapy, acupuncture, massage, mindfulness training/CBT, physical exercise, weight loss
- OHP considering coverage for non-pharm pain therapy for chronic low back pain

5. Co-Prescribe Naloxone for At-Risk Patients

- Patient has a history of opioid intoxication or overdose
- Patient has a suspected hx of substance abuse or non-medical opioid use
- Patient is on a high dose (> 50 mg morphine equivalent per day)
- Patient is starting on methadone or buprenorphine for opioid use disorder
- Patient starting on an opioid and has ≥ 1 of the following:
 - ✓ Hx of smoking, COPD, asthma, emphysema, sleep apnea, respiratory illness
 - ✓ Concurrent benzodiazepine (or other sedative) prescription
 - ✓ Concurrent antidepressant prescription
 - ✓ Hx of HIV/AIDS, renal dysfunction, cardiac illness, hepatic illness
 - ✓ Alcohol use or abuse is suspected

Resources for Co-Prescribing Naloxone

- Prescribe to Prevent:

<http://prescribetoprevent.org/prescribers/palliative/>

- OHA naloxone training:

<https://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems/Pages/Naloxone-Training-Protocol.aspx>

6. Medication Assisted Treatment (MAT) for Opioid Use Disorder

- MAT is evidence-based, but availability is lacking in Oregon
- MAT includes: Agonist, partial agonist and antagonist medications (buprenorphine, methadone, naltrexone) in conjunction with other recovery strategies to improve cognitive and social functioning
- Training and certification for prescribers
- Induction – withdrawal and stabilization - on MAT can be initiated in outpatient substance use treatment, with referral to primary care for maintenance

Resources for Medication-Assisted Treatment

- MAT overview: www.integration.samhsa.gov/clinical-practice/mat/mat-overview#implement
- MAT implementation checklist: [www.integration.samhsa.gov/clinical-practice/mat/MAT Implementation Checklist FINAL.pdf](http://www.integration.samhsa.gov/clinical-practice/mat/MAT_Implementation_Checklist_FINAL.pdf)
- SAMHSA Clinical Guidelines for the use of Buprenorphine in the Treatment of Opioid Addiction:
[buprenorphine.samhsa.gov/Bup Guidelines.pdf](http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf)

Questions?

healthoregon.org/opioids

Katrina Hedberg, MD, MPH

State Health Officer

Public Health Division, Oregon Health Authority

Katrina.Hedberg@state.or.us

Lisa Millet

Injury and Violence Prevention Manager

Public Health Division

Lisa.M.Millet@state.or.us

