

Medicaid Innovation Accelerator Program (IAP)



Substance Use Disorder Targeted Learning Opportunities

TLO 14: CDC Guideline for
Prescribing Opioids for
Chronic Pain

Logistics

- Please mute your line and do not put the line on hold
- Use the chat box on your screen to ask a question or leave comment
 - Note: chat box will not be seen if you are in “full screen” mode
 - Please also exit out of “full screen” mode to participate in polling questions
- Moderated Q&A will be held periodically throughout the webinar
- Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience

Purpose & Learning Objectives

- States will learn about the CDC guideline concerning opioid prescribing for chronic pain
- States will discuss key initiatives supported by the CDC related to reducing unnecessary opioid prescribing and preventing overdose
- States will discuss a Medicaid case study of expanding access to alternative therapies as a way to meet the needs of individuals with chronic pain without opioids

Speakers (1/3)

- **Jan Losby, PhD**
- Team Lead, Prescription Drug Overdose Health Systems Team
 - Division of Unintentional Injury Prevention, Centers for Disease Control and Prevention



Speakers (2/3)

- **Lisa Bui, MBA**
- Quality Improvement Director, Health Policy & Analytics Division, Oregon Health Authority



Speakers (3/3)

- **Ariel Smits, MD, MPH**
- Medical Director, Health Evidence Review Commission, Health Policy & Analytics Division, Oregon Health Authority



Facilitator

- **Cathy Fullerton, MD, MPH**
- Senior Research Leader,
Truven Health Analytics



Webinar Agenda

- CDC Guideline for Opioid Prescribing for Chronic Pain
 - Part 1: Prescription Opioid Overview & CDC Opioid Prescribing Guideline
 - ***Break for Discussion***
 - Part 2: Dissemination & Implementation Initiatives
 - ***Break for Discussion***
- State Experience: Oregon
 - ***Break for Discussion***
- Wrap Up & Sharing of Resources

Introduction to CDC Guideline for Opioid Prescribing for Chronic Pain

Jan Losby, PhD

Prescription Drug Overdose Health Systems Team

Division of Unintentional Injury Prevention

Centers for Disease Control and Prevention



Agenda – Part 1

- Chronic pain & prescription opioids
- Three pillars of CDC's prevention efforts
- Discussion of CDC's prescribing guideline
 - Purpose
 - Process of developing
 - Recommendation statements

Send Us Your Questions!

Please feel free to submit questions about the guidelines via the chat box **throughout** the presentation.

You don't need to wait until the end of the presentation to send us your question!

Public Health Burden: Chronic Pain & Prescription Opioids

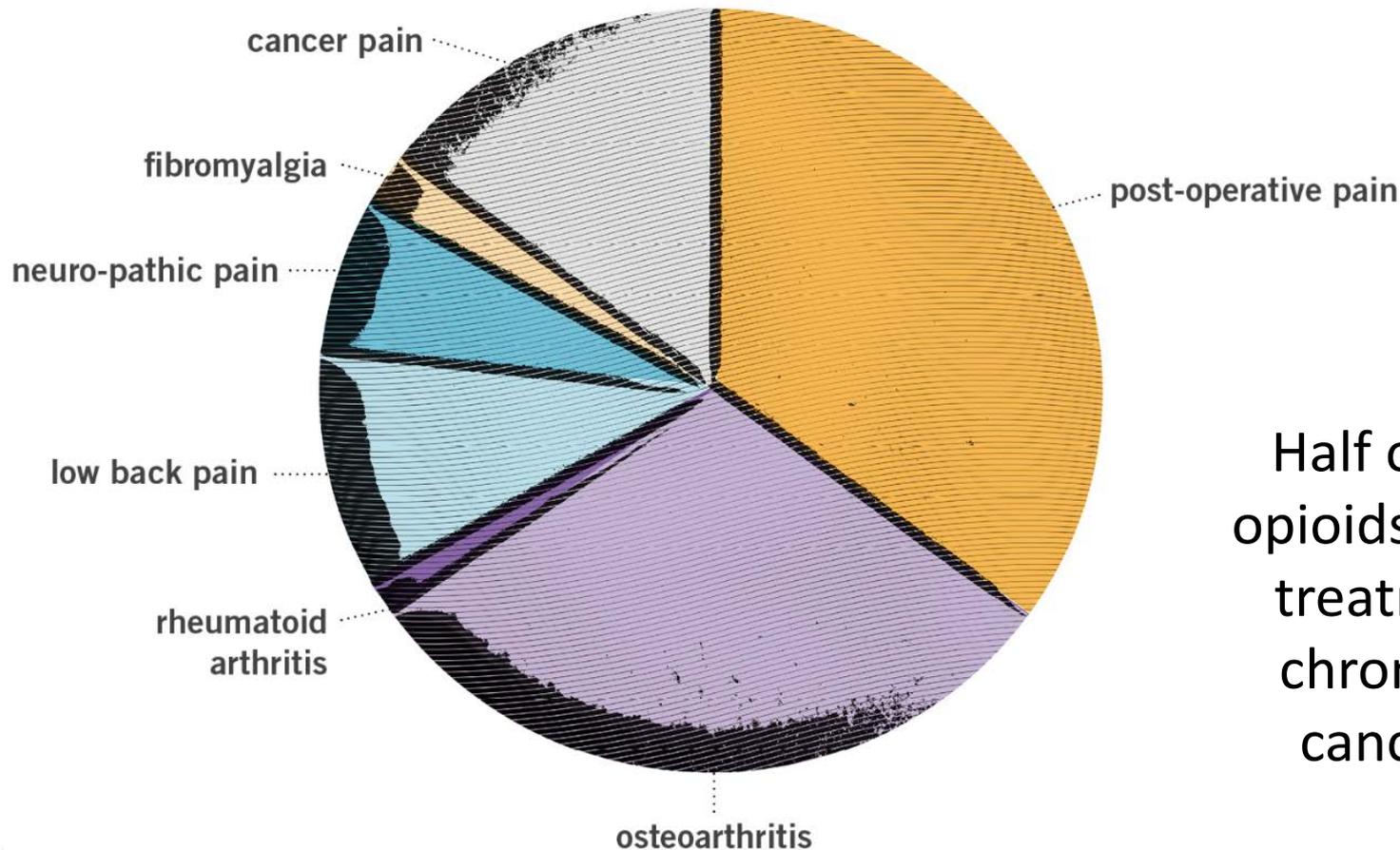


- Opioids are frequently prescribed for chronic pain
- Primary care providers commonly treat chronic, non-cancer pain
 - Account for ~50% of opioid pain medications dispensed
 - Report concerns about prescribing opioids & having insufficient training

Public Health Burden: Chronic Pain & Prescription Opioids Cont'd

U.S. opioids market revenues for 7 leading indications, 2010

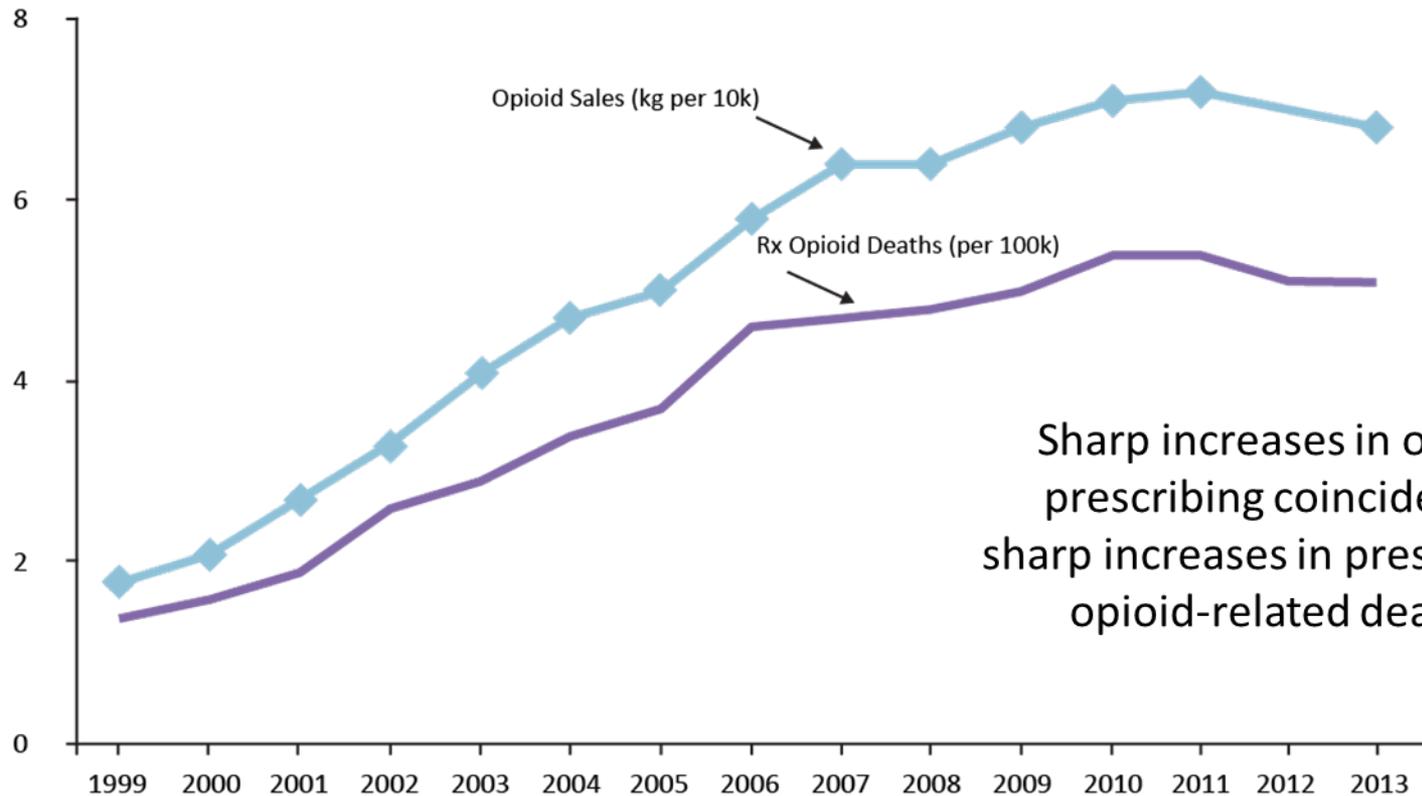
Source: GBI Research. Opioids Market to 2017. June 2011



Half of the US opioids market is treatment for chronic, non-cancer pain

Opioid Sales & Related Deaths

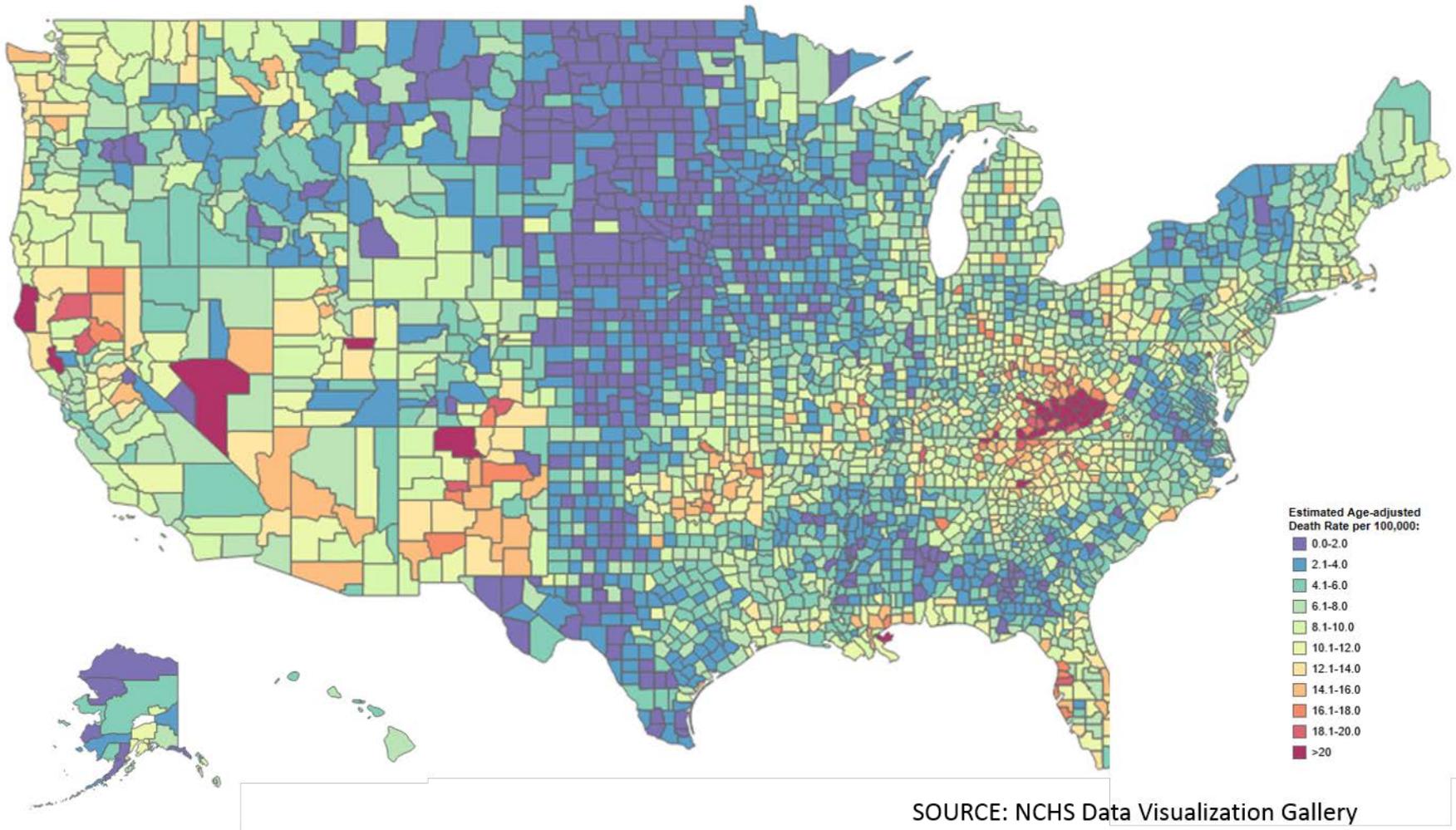
Opioid Sales & Related Deaths, 1999-2013



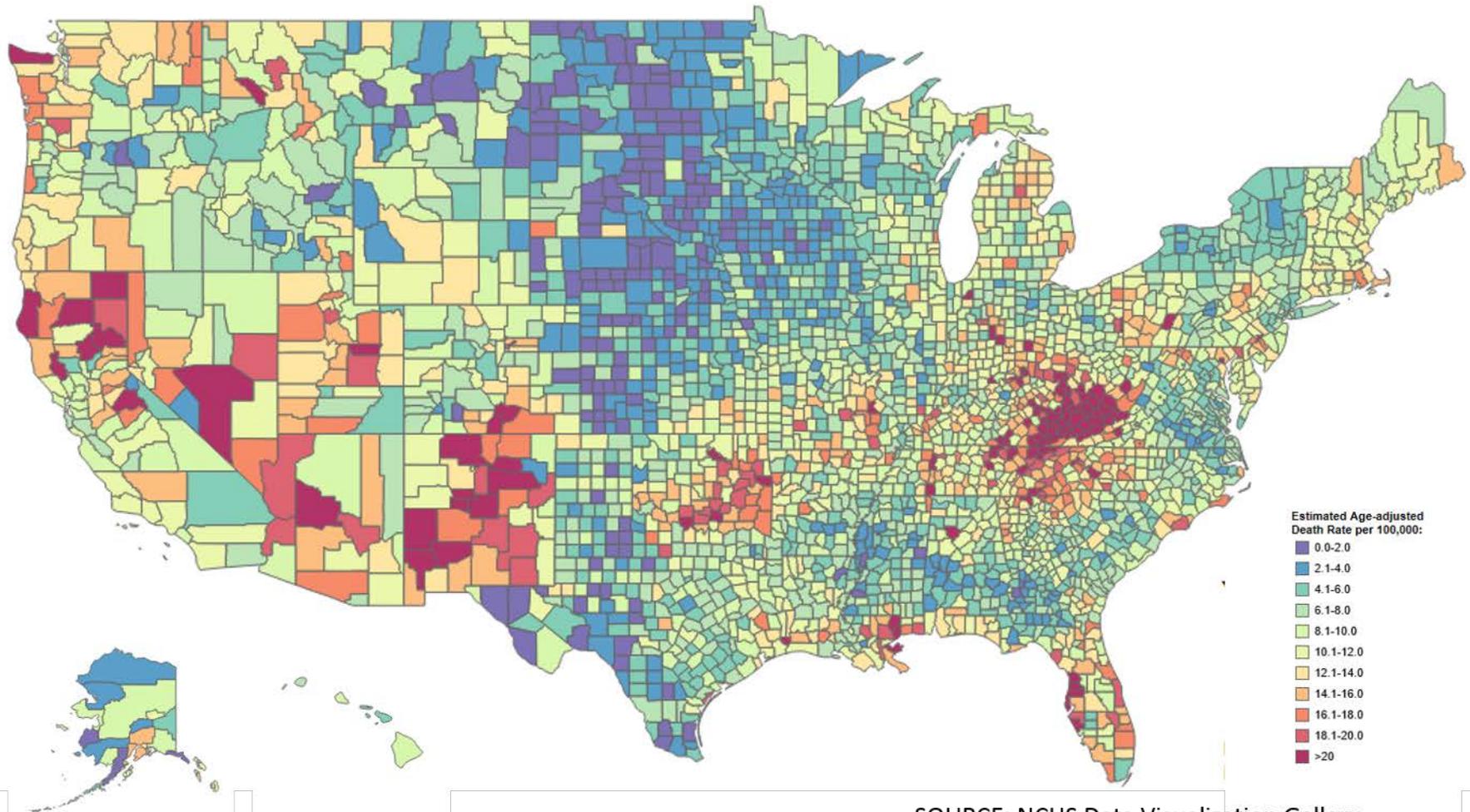
Sharp increases in opioid prescribing coincides w/ sharp increases in prescription opioid-related deaths

National Vital Statistics System, DEA's Automation of Reports and Consolidated Orders System

2002: Rapid Increase in Drug Overdose Death Rates by County

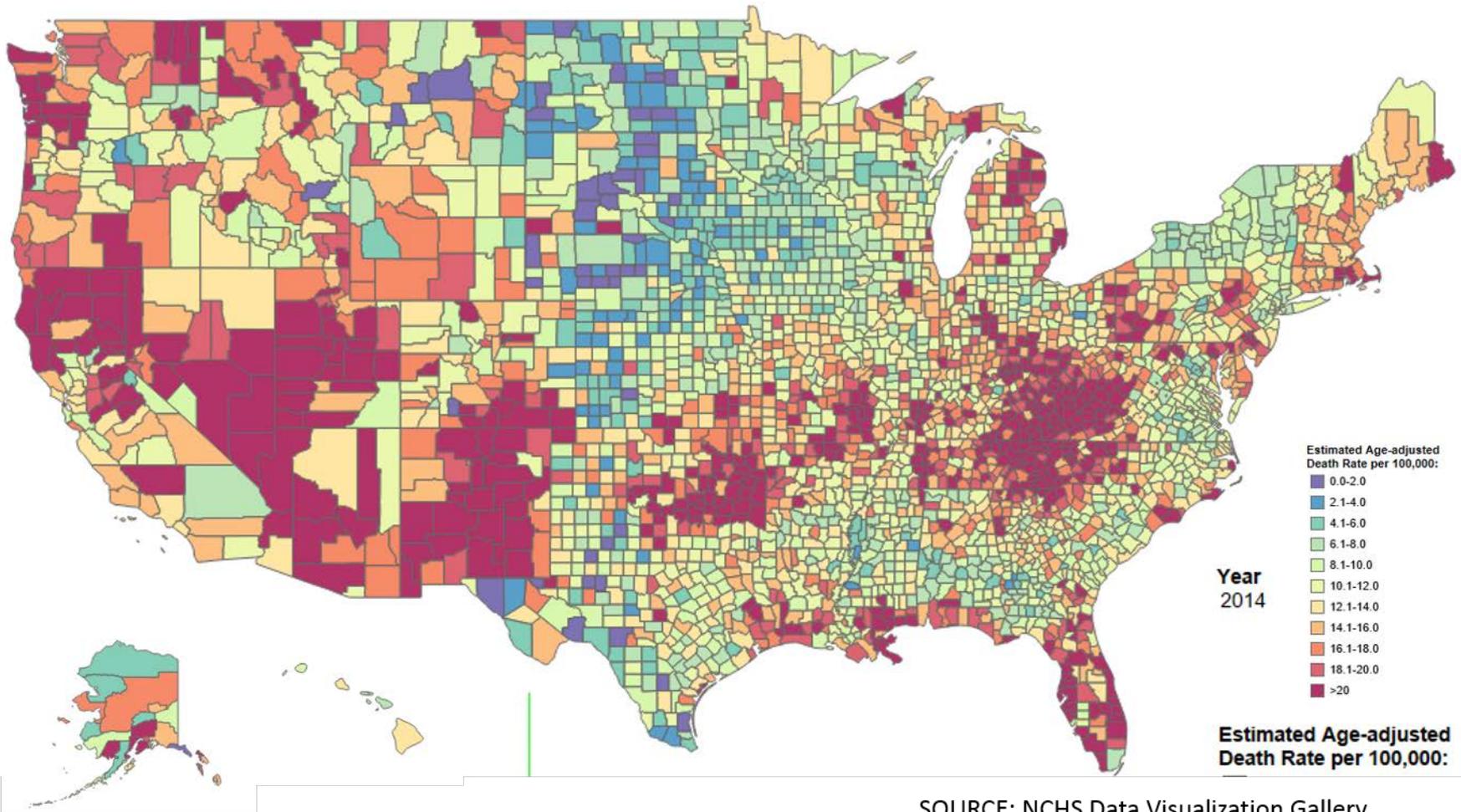


2007: Rapid Increase in Drug Overdose Death Rates by County



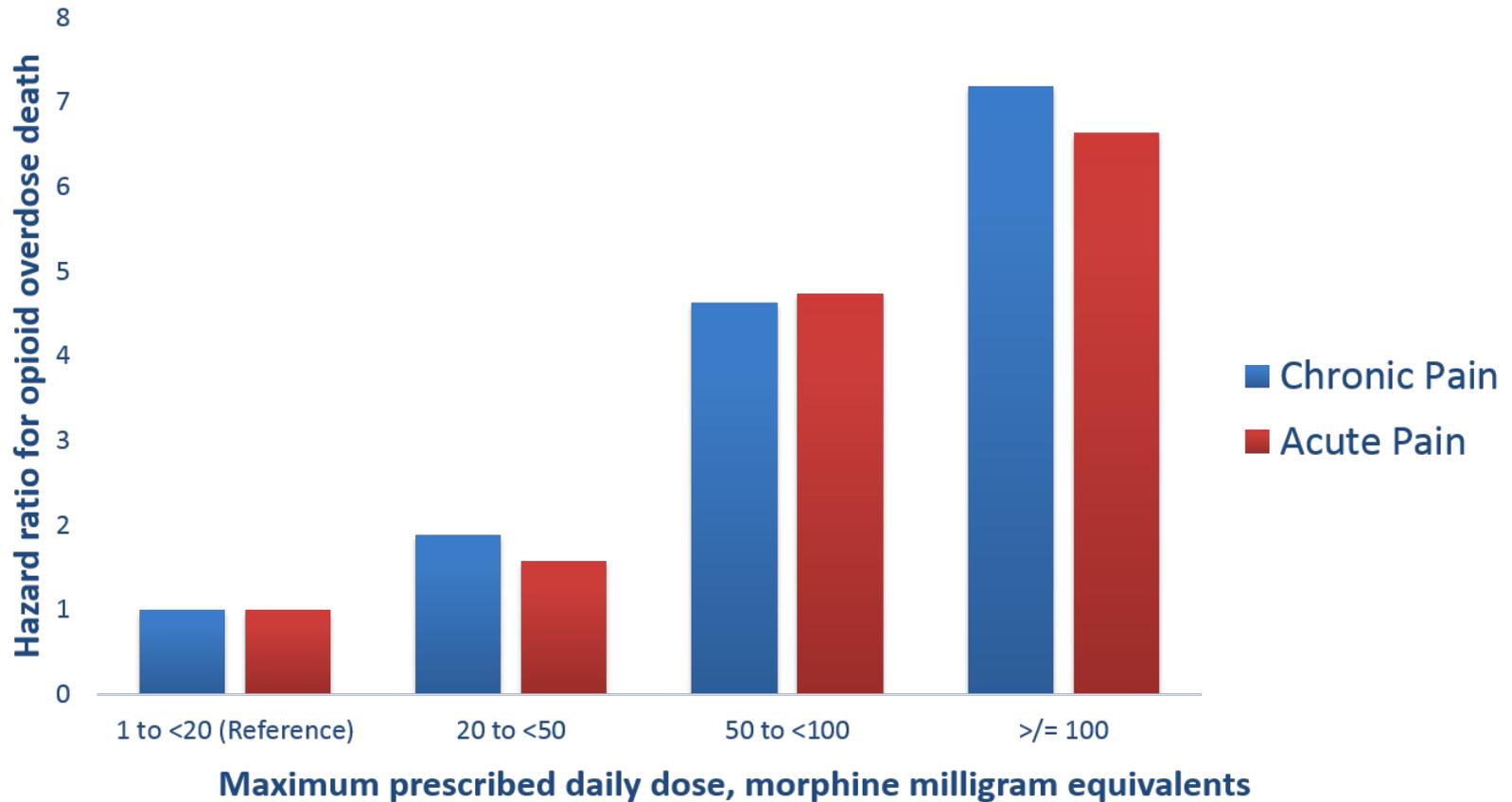
SOURCE: NCHS Data Visualization Gallery

2014: Rapid Increase in Drug Overdose Death Rates by County



SOURCE: NCHS Data Visualization Gallery

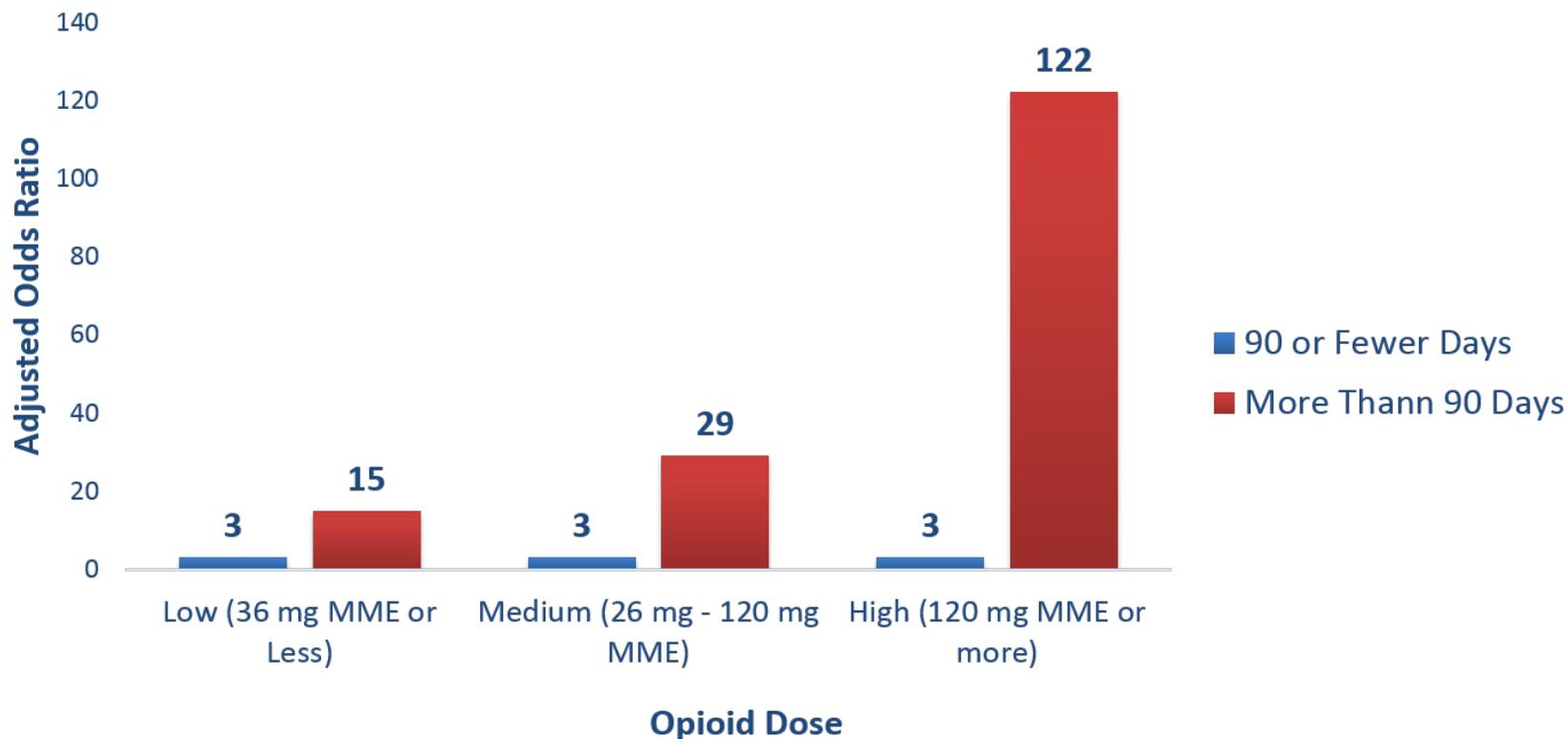
As Dose Goes Up, Risk Goes Up



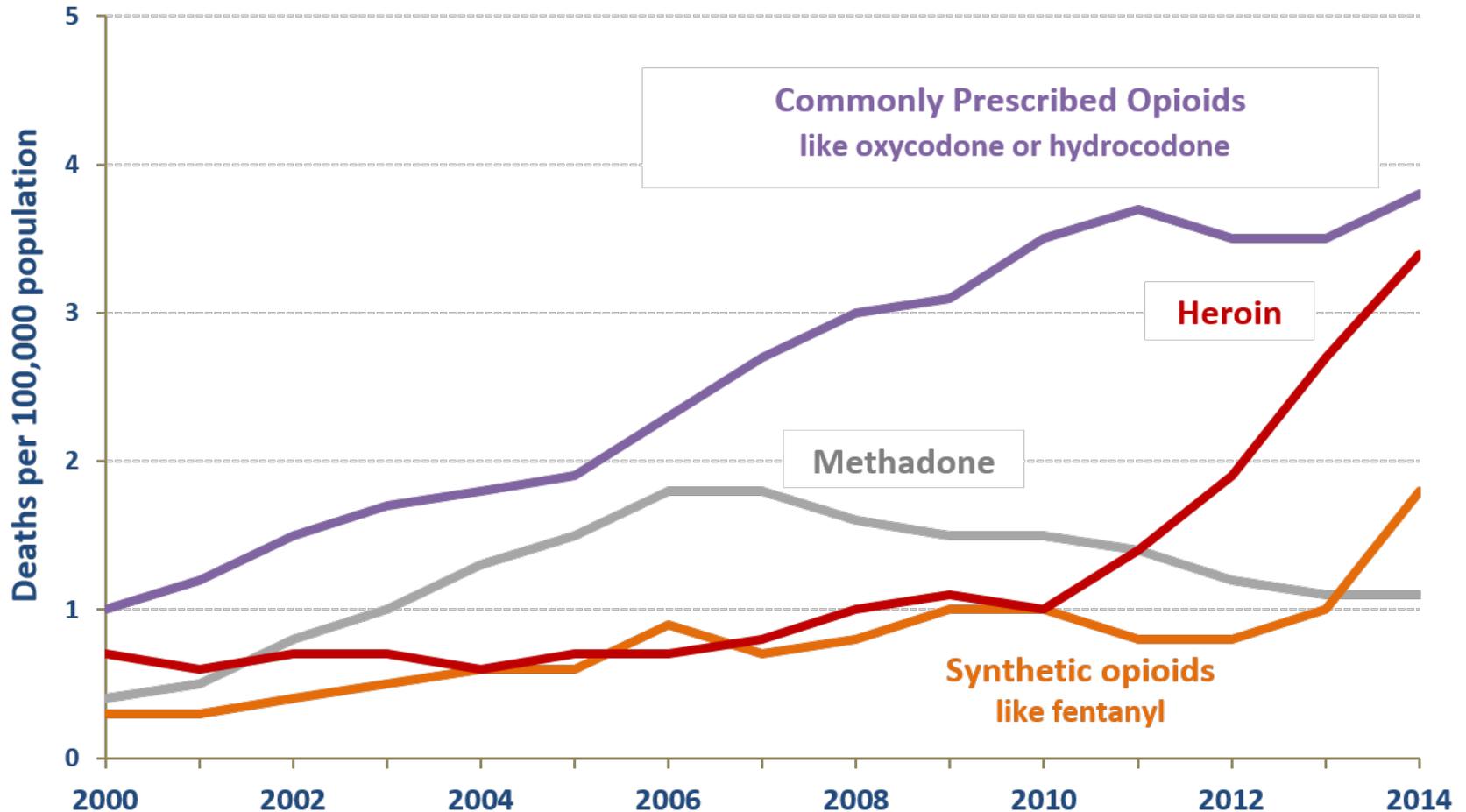
Source: Bohnert, Amy SB, et al. Association between opioid prescribing patterns and opioid overdose-related deaths. *Jama* 305.13 (2011): 1315-1321.

Association Between Longer Durations, High Doses & Opioid Use Disorder

Adjusted OR for Opioid Use Disorder Compared w/
No Opioid Use



Rise in Opioid-Related Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

3 Pillars of CDC's Opioid Prevention Work



**Improve data
quality & track
trends**



**Supply
healthcare
providers w/
resources to
improve patient
safety**



**Strengthen state
efforts
by scaling up
effective public
health
interventions**

Discussion of CDC Guideline

- CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016

Centers for Disease Control and Prevention
MMWR
Recommendations and Reports / Vol. 65 / No. 1

Morbidity and Mortality Weekly Report
March 18, 2016

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016



Continuing Education Examination available at <http://www.cdc.gov/mmwr/cme/conted.html>.



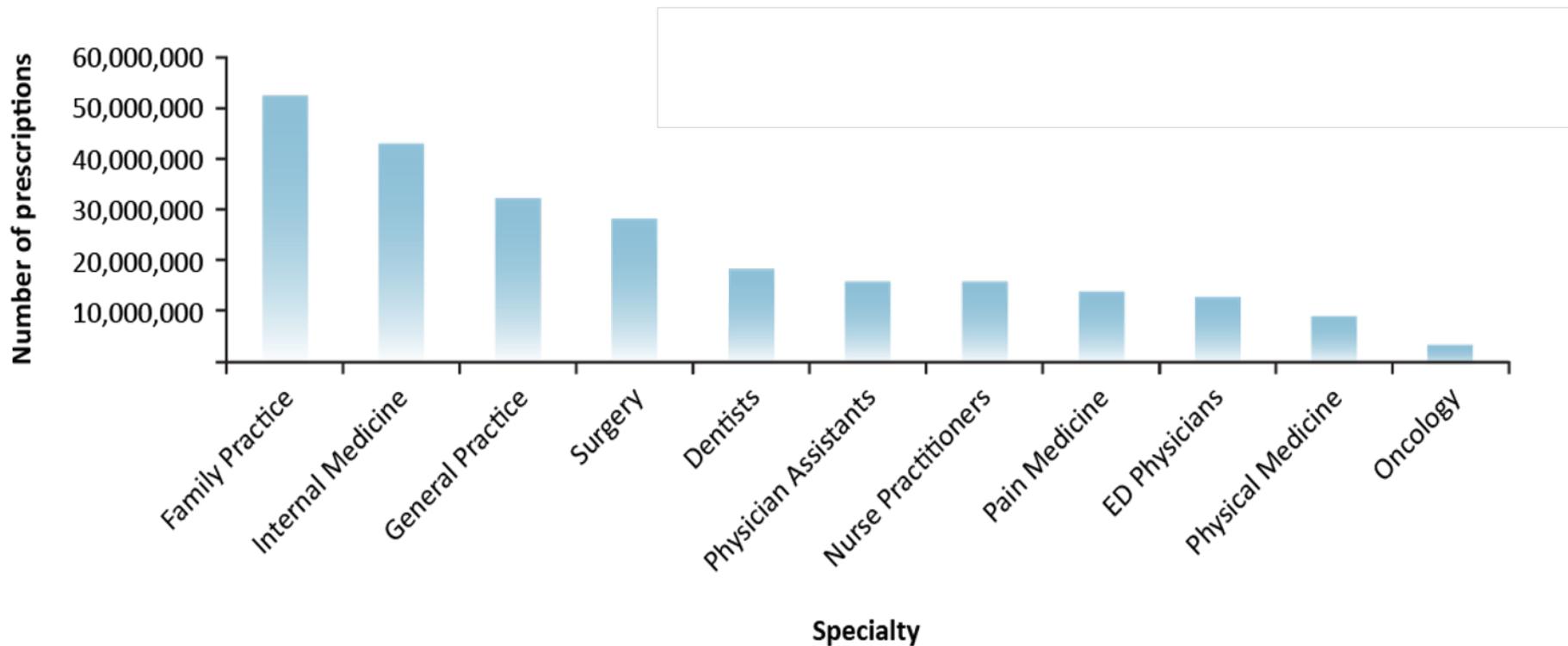
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Purpose, Use & Primary Audience

- Primary Care Providers
 - Family medicine, internal medicine
 - Physicians
 - Nurse practitioners
 - Physicians assistants
- Treating patients ≥ 18 years with chronic pain
 - Pain longer than 3 months or past time of normal tissue healing
- Outpatient settings
- Does not include guidance for active cancer treatment, palliative or end-of-life care

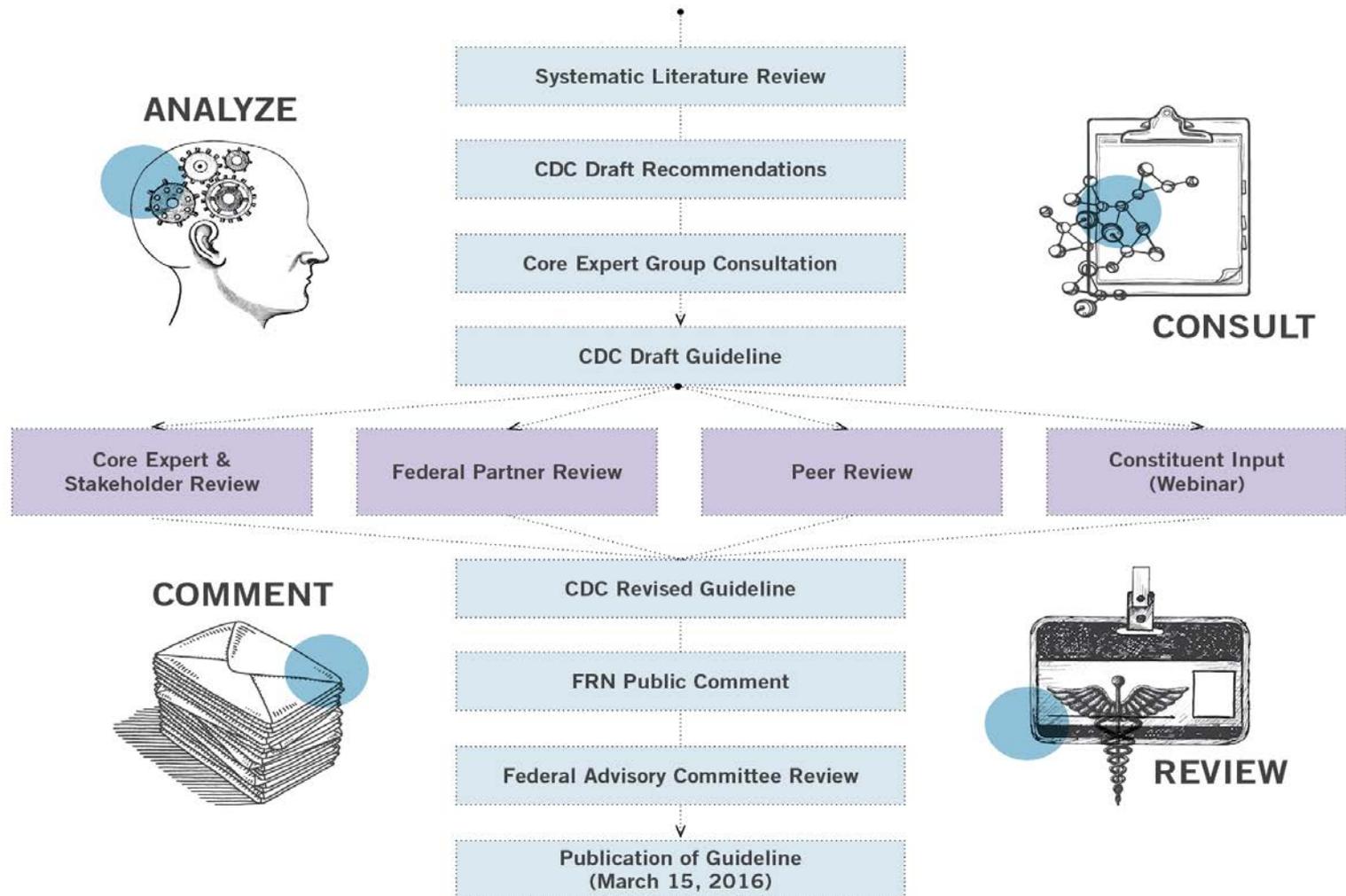
Why Primary Care Providers?

Opioid Prescribing by Specialty, 2012



Source: IMS Health, National Prescription Audit, United States, 2012

Guideline Development Process



Organization of Recommendations

12 recs are grouped into 3 conceptual areas

Determining when to initiation or continue opioids for chronic pain

Opioid selection, dosage, duration, follow-up & discontinuation

Assessing risk & addressing harms of opioid use

Determining When to Initiate or Continue Opioids for Chronic Pain

- Non-pharmacologic & non-opioid therapies are preferred
- Establish treatment goals before starting opioid therapy
- Discuss risks & realistic benefits before starting opioid therapy

Opioid Selection, Dosage, Duration, Follow-Up & Discontinuation

- When starting opioid therapy, prescribe immediate-release opioids
- Start opioid therapy w/ lowest effective dosage
- Prescribe lowest effective dose for acute pain treatment
- Evaluate benefits & harms of opioid therapy w/in 1-4 weeks of starting treatment

Assessing Risk & Addressing Harms of Use

- Evaluate risk factors for opioid-related harms before and during opioid therapy
- Review patient histories using state PDMP
- Use drug testing before starting opioid therapy
- Avoid prescribing opioid therapy & benzodiazepines concurrently
- Offer a range of evidence-based treatment for patients w/ opioid use disorder

Polling Question: Knowledge Check In

- The CDC Guideline recommends that providers engage in all of the following activities when treating someone with opioid analgesics **EXCEPT** (select 1):
 - Start therapy with low dose
 - Initially prescribe long-acting opioids
 - Evaluate risk factors of opioid therapy
 - Offer range of EBPs
 - Evaluate benefits of opioid therapy

Discussion and Questions (1/3)



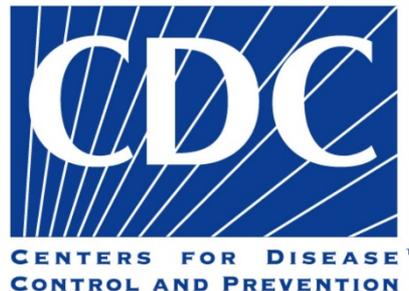
Dissemination & Implementation Initiatives

Jan Losby, PhD

Prescription Drug Overdose Health Systems Team

Division of Unintentional Injury Prevention

Centers for Disease Control and Prevention



Agenda – Part 2

- Implementation focus in four areas
 - Translation & communication
 - Provider education & training
 - Health systems
 - Insurer / Pharmacy Benefit Manager
- State program example

Prescription Guideline Implementation Approach



- Translation & Communication



- Provider Education & Training



- Health System Implementation



- Insurer / Pharmacy Benefit Manager Implementation

Translation & Communication

- Provider & Patient Materials
 - Checklist for prescribing opioids for chronic pain
 - Posters
 - Web banners & badges
 - Social media web buttons & infographics
- Fact Sheets
 - New Opioid Prescribing Guideline
 - Assessing Benefits & Harms of Opioid Therapy
 - Prescription Drug Monitoring Programs
 - Calculating Total Daily Dose of Opioids for Safer Prescribing
 - Pregnancy & Opioid Pain Medications

Translation & Communication Cont'd

- Media Materials
 - Matte press release
 - Digital ads, social media posts & graphics
 - Partner communications
- Additional Resources Coming Soon
 - Mobile “app” w/ MME calculator
 - Videos & podcast
 - Brochures & pocket guides

Provider Education & Training

Online training modules with CME/CE credits

Medical school, pharmacy school & nursing school curriculums

Health Systems Interventions

- Clinical Quality Improvement
 - Clinical improvement measures
 - Targeting large health systems
 - Improvement guide
 - Clinical decision supports in electronic health records
- CDC's Coordinated Care Plan for Safer Practice
 - Incorporates recommendations to benefit health system operations
 - Assists in safely managing patients already on long-term opioid therapy
 - Pilot implementation & rigorous evaluation

Insurer Interventions

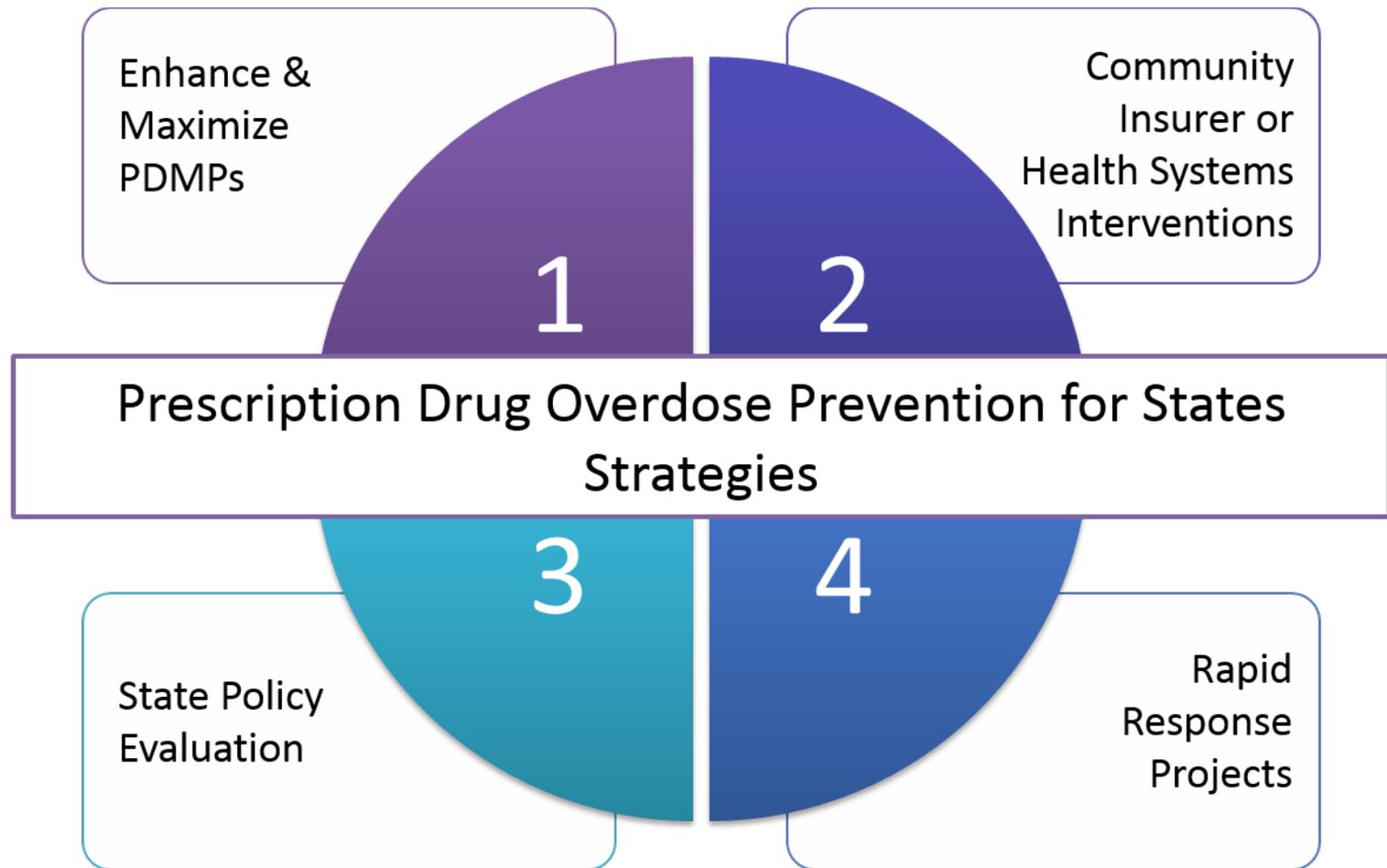
- Coverage for non-pharmacologic therapies
- Improve ease of prescribing non-opioid pain medications
- Reimbursement for patient counseling, care coordination, checking PDMP
- Use drug utilization review to promote more judicious use of high-dose opioids outside of palliative care, active cancer, or end-of-life care
- Remove barriers to treatment so clinicians may provide more evidence-based treatment for opioid use disorder

CDC's Prescription Drug Overdose Prevention for States Program

- Launched in 2015
- 4-year cooperative agreement
- 29 funded states
 - 13 were added in March 2016
 - More states to be added in 2016
- Focus
 - High impact, data driven activities
 - Giving states flexibility to tailor their work



Prevention Strategies for States (1/3)

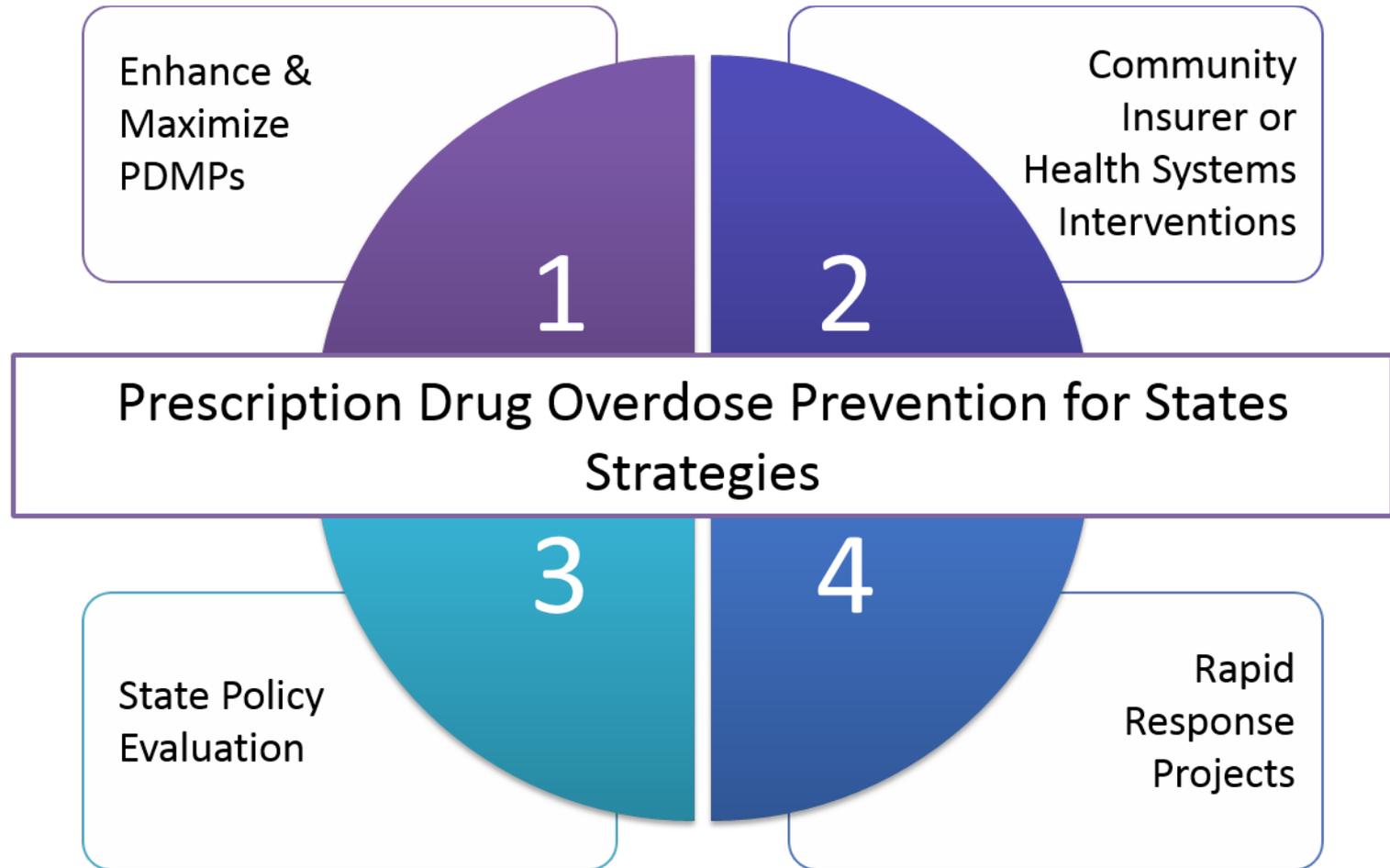


Prescription Drug Monitoring Programs (PDMPs)

- State run databases
- Pharmacies submit dispensing information on controlled substance prescriptions to a centralized database
- Operating agency varies
- Through PfS, states are improving:
 - Universal use
 - Real-time reporting
 - Actively managed
 - Interoperability w/ EHRs

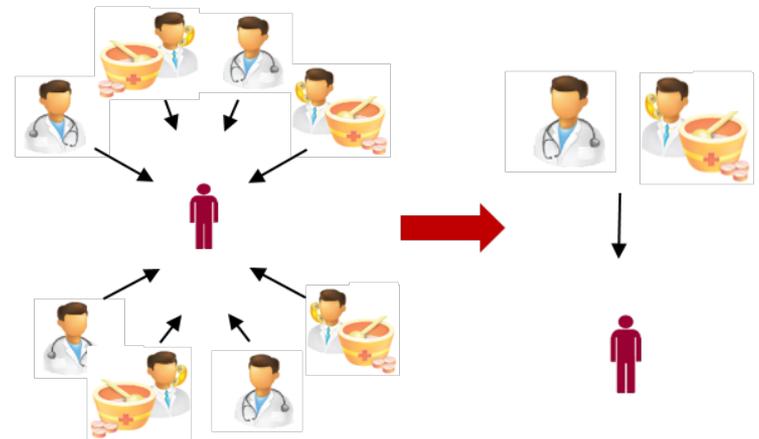


Prevention Strategies for States (2/3)



Prevention Strategies for States (3/3)

- Insurer / Pharmacy Benefit Manager Strategies
 - Prior authorization
 - Coverage requires review to ensure criteria is met
 - Drug utilization review
 - Retrospective claims review to identify inappropriate prescribing
 - Patient review & restriction
 - Require patients to use one prescriber and/or one pharmacy for controlled substance prescriptions

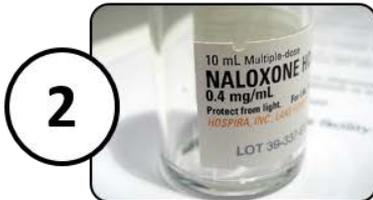


HHS Secretary's Opioid Initiative

Focus on 3 primary areas that tackle the opioid crisis & significantly impact those struggling w/ substance use disorders to help save lives



Providing training and educational resources to assist health professionals in making informed prescribing decisions



Increasing use of Naloxone



Expanding the use of Medication-Assisted Treatment

Disclaimer: The findings and conclusions shared in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Polling Question (1/3)

- Does your state utilize any of the following controls on opioid analgesics for beneficiaries with chronic pain? Select all that apply.
 - Prior authorizations
 - Dose limits
 - Duration limits
 - Taper requirements
 - Mandatory PDMP monitoring
 - 1 provider / 1 pharmacy restrictions

Discussion and Questions (2/3)



State Experience: Oregon

Lisa Bui, MBA

Quality Improvement Director

Ariel Smits, MD, MPH

Medical Director, Health Evidence Review Commission

Health Policy & Analytics Division

Oregon Health Authority



Agenda

- Overview of Oregon's initiatives related to addressing opioid misuse
- Overview of coordinated efforts with community, health systems and the state
- Back Condition Care Paradigm progress to date
- Future Steps for Back Condition Care benefit implementation

Prescription Opioids in Oregon: Scope of the Problem



Non-Medical Use of Prescription Opioids

- Tied for 2nd in the nation in 2012-2013; 1st in 2010-2011.¹
- 212,000 Oregonians (5% of population) self-reported non-medical use of prescription pain relievers



Hospitalizations

- Cost of care is \$9.1 million in 2013, \$8 million in 2014



Death Rate

- 4.3 pharmaceutical opioid deaths per 100,000 residential 2014 (unintentional & undetermined intent)

Source: National Survey on Drug Use Health (NSDUH)¹

Oregon's 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
 - Alternative therapies
 - Increase medication assisted treatment for opioid use disorder
- Decrease Health Care Costs

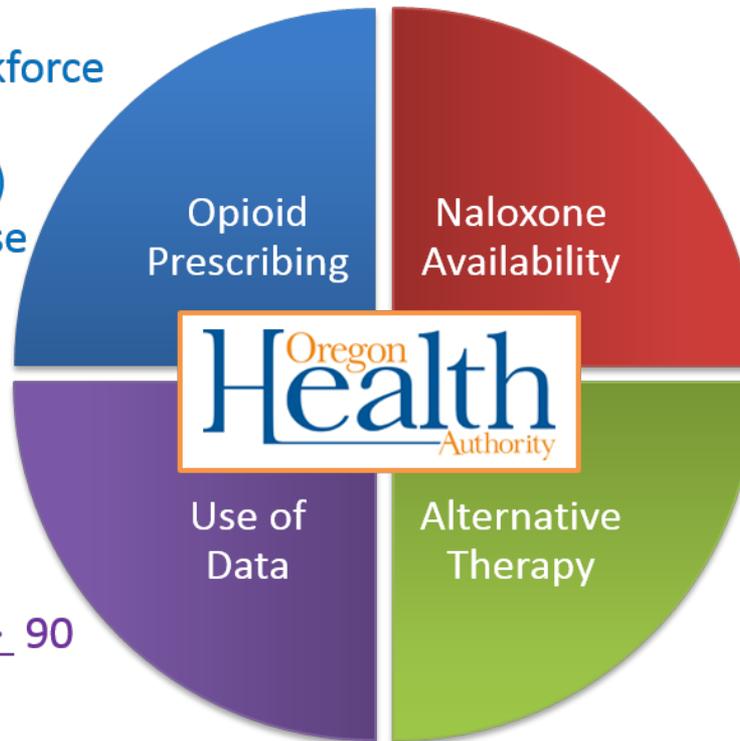
Oregon's Opioid Initiative: Strategies

- Limit Rx Opioids
 - Decrease the amount of opioids prescribed
- Promote Access
 - Increase availability of naloxone rescue
 - Ensure availability of treatment of opioid misuse disorder
- Data Analytics
 - Use data to target and evaluate interventions

Oregon Opioid Initiatives

- PDMP usage
- Statewide Prescribing Taskforce
- Statewide Performance Improvement Project (PIP)
- Prescription Drug Overdose Grant

- [Interactive PH opioid dashboard](#)
- Initiative dashboard dev.
- CCO PIP: ≥ 120 MED and ≥ 90 MED tracked
- Hospital Transformation Program metric development



- HB 4124: Prescription Monitoring / Naloxone Availability
- Collaboration with law enforcement and EMT

- Medication Assisted Treatment (MAT)
- Prioritized List Back Condition Benefit coverage (7/1/2016)



Oregon Community Initiatives

- Regional Efforts
 - Prescribing Guidelines
 - Data Analytics
 - Pain Schools
 - Alternative Treatment: medication assisted treatment, cognitive behavioral therapy, massage, exercise programs
- Coordinated Care Organization Performance Project
 - Develop regional opioid task forces
 - Network assessment of SUD
- Educational Efforts
 - Patients, providers, policymakers

Oregon's Back Care Paradigm Shift



Opioids & Back Pain: Scope of the Problem in Oregon

Oregon's opioid epidemic

~50,000 Medicaid patients w/
back pain diagnoses

~30,000 of those
w/ back pain
received an opioid
prescription

Average of 148 opioid
prescription days for those
with back pain

\$5 million spent on opioids

Oregon Health Plan

Prioritized List of Health Services

Ranks all condition / treatment pairs in priority order

Funding line determined by State Legislature

Guidelines help further define coverage

Mental, physical and dental health merged

Complementary & alternative medicine treatments available for a variety of conditions

Current Back Pain Coverage Under OR Medicaid:

Above the Line

with radiculopathy

- Acupuncture
- Chiropractic services
- Medication
- Occupational therapy / Physical therapy
- Surgery

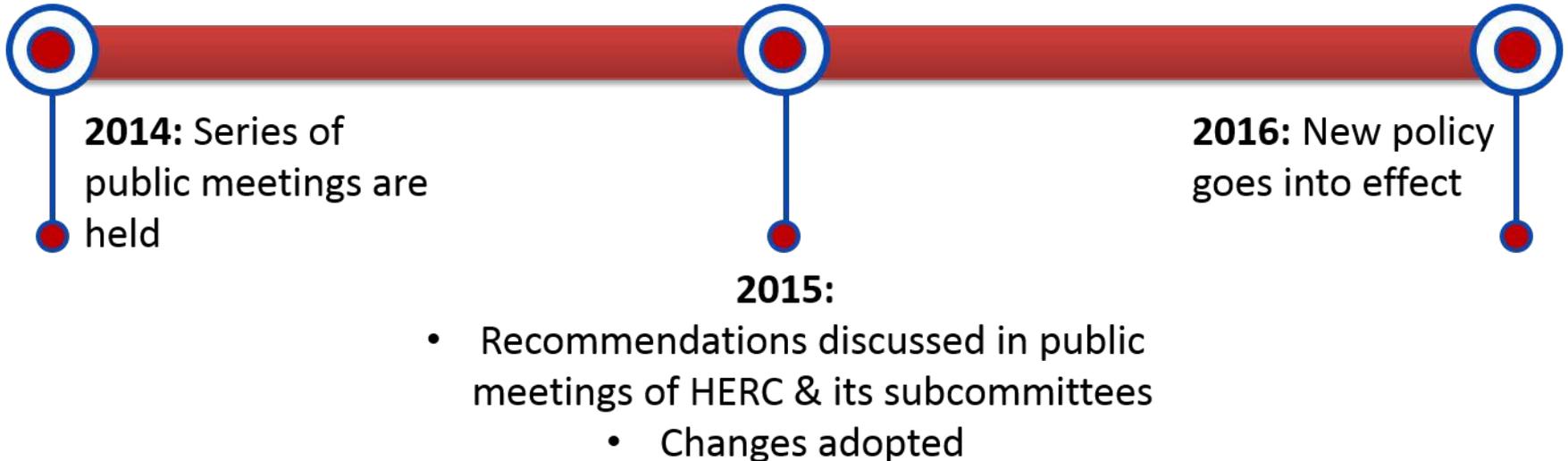
Below the Line

without radiculopathy

- Theoretically no coverage
- Real world
 - Office visits
 - Medications, including opioids

2014 Back Conditions Task Force

- Task Force Members include
 - Acupuncturist, Addictions Specialist, Chiropractor, Medicaid MCO Medical Director, National Expert in back pain treatment evidence, Neurosurgeon, Orthopedic Surgeon, Pain Specialist, Psychiatrist, Physical Therapists, Primary Care Provider, Psychologist



New Back Care Paradigm

- Focus on biopsychosocial model
- Restricting or eliminating ineffective or harmful treatments
- Incorporating evidence-based treatments
- Evidence-Based Treatments
 - Acupuncture
 - Osteopathic Manipulation
 - Recommended Services
 - Cognitive Behavioral Therapy
 - Chiropractic Manipulation
 - Physical Therapy

The New Back Care Paradigm: Medical Coverage

Risk Stratification based on STarT Back Assessment Tool

Not Available

- 1st line opioids
- Long-term opioids
- Spinal injections

LOW RISK

- Office visits
- Over-the-counter (OTC) medications & muscle relaxers
- 4 visits for
 - Acupuncture
 - Chiropractic
 - Massage
 - PT/OT/OMT

HIGH RISK

- Cognitive behavioral therapy
- Office visits
- OTC medications & muscle relaxers
- Limited opioids
- 30 visits for
 - Acupuncture
 - Chiropractic PT/OT/OMT
- If available: yoga, interdisciplinary rehab, supervised exercise, massage

New Back Care Paradigm: Limited Opioid Coverage

- Acute injury/pain flare (first 6 weeks)
 - Opioids second line
 - NSAIDs, acetaminophen, and muscle relaxers have been tried and found not effective or are contraindicated
 - Prescriptions limited to 7 days of treatment
 - Short acting opioids only
 - Must co-prescribe active therapy
 - Must documented lack of current or prior opioid misuse or abuse.
 - Must be prescribed in conjunction with therapies such as spinal manipulation, physical therapy, yoga, or acupuncture.
- Opioid treatment after 6 weeks
 - Documented evidence of improvement of function of at least thirty percent as compared to baseline based on a validated tools.
 - Verification that the patient is not high risk for opioid misuse or abuse.
 - Each prescription must be limited to 7 days of treatment and for short acting opioids only
 - No coverage after 90 days

New Back Care Paradigm: Long-Term Opioid Coverage

- No new initiation of long-term opioids for back conditions
- Current long-term patients must be on taper plans by 1/1/2017
 - Plan must include other treatments to address patient conditions
 - Goal of tapering off completely by 1/1/2018
- Full coverage for treatment of dependence or addiction to opioids

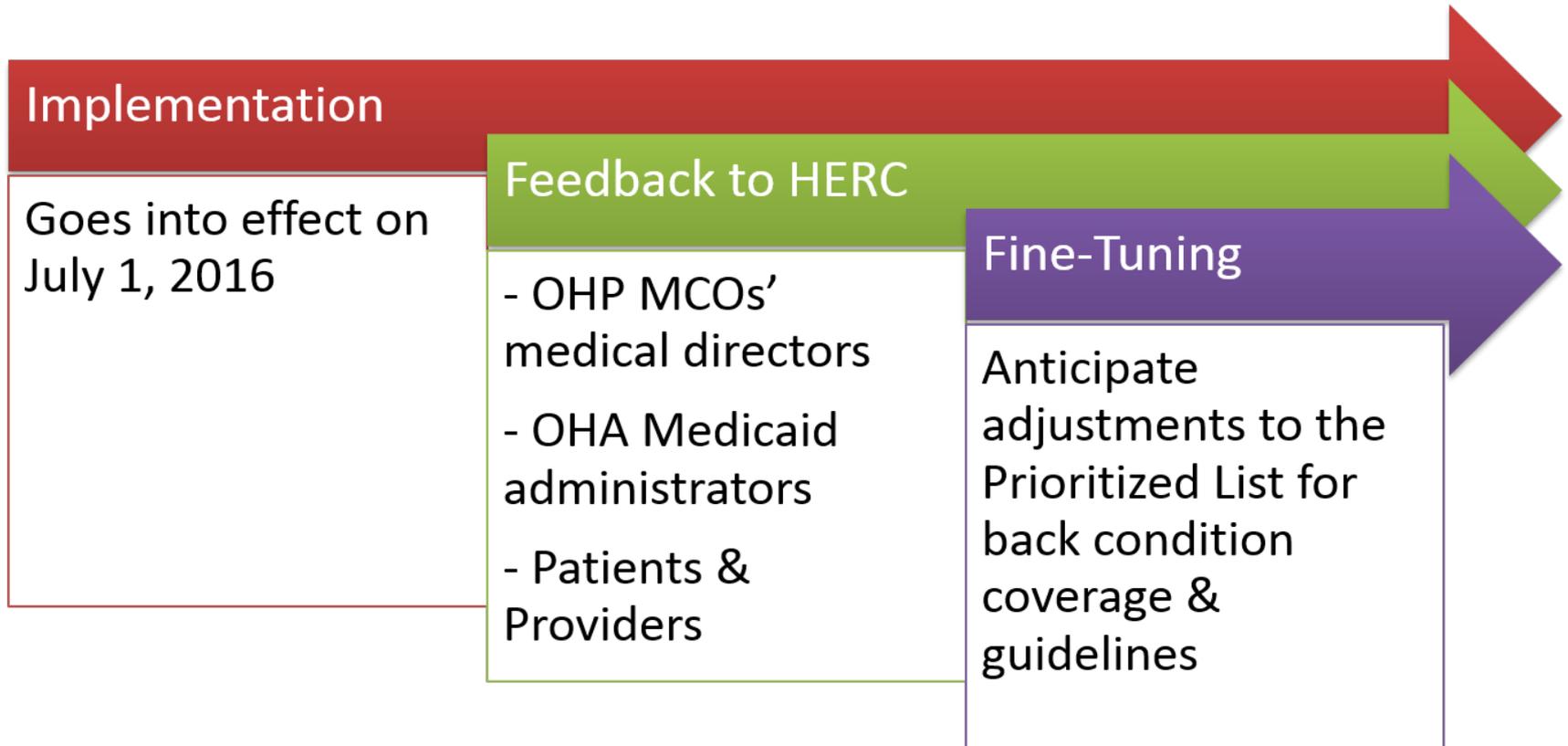
New Back Care Paradigm: Anticipated Outcomes

- Reduced opioid use for back conditions
- Improved patient outcomes
 - Reduced pain & improved function
 - Access to evidence-based effective care
 - Reduced harms from opioid & ineffective surgery
- Better educated medical workforce
 - Evidence-based assessments & tools
 - Improved knowledge of best practices
- Reduced costs by only paying for effective care

New Back Care Paradigm: Implementation Challenges

- Workforce & cost for alternative therapies
- Education of providers, patients, public
- Dissemination of evidence-based tools
- Controls on narcotic prescriptions
 - Prior authorizations
 - Provider education
- Ability to taper-off chronic opioid patients

New Back Care Paradigm: Next Steps



Polling Question (2/3)

- Does your state currently promote access to any of the following alternative therapies for chronic pain management? Select all that apply.
 - Acupuncture
 - Chiropractic Manipulation
 - Exercise
 - Massage
 - Physical therapy
 - Other

Raise Your Hand

- Using the 'Raise your hand' option on ReadyTalk, please raise your hand if your state is working on or has already expanded access to alternative therapies for chronic pain management. We'd love to hear which therapies and how the process came about.

Discussion and Questions (3/3)



Polling Question (3/3)

- Would your state be interested in having a post-webinar discussion with the speakers to address any additional questions or reflections on today's webinar?
 - Yes
 - No

CDC Resources

- CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016
 - [Morbidity & Mortality Weekly Report](#)
 - [JAMA article](#)
- [CDC Guideline Resources](#)
- [Guidelines at a Glance: CDC Guideline for Prescribing Opioids for Chronic Pain](#)
- [Opioid Overdose: State Information](#)

Other Resources

- [Best Practices for Addressing Prescription Opioid Overdoses, Misuse & Addiction](#). Centers for Medicare & Medicaid.
- [National Alliance for Model State Drug Laws](#)
- [Opioid Overdose Toolkit](#). Substance Abuse and Mental Health Services Administration.
- [State Medicaid Interventions for Preventing Prescription Drug Abuse and Overdose: A Report for the National Association of Medicaid Directors](#). Mercer.
- [Health Professionals Resources: Opioids](#). US Department of Health and Human Services.

Contacts

- Catherine Fullerton
 - Truven Health Analytics
 - catherine.fullerton@truvenhealth.com
 - 617-528-2768
- Jan Losby
 - Centers for Disease Control and Prevention
 - jlosby@cdc.gov
 - 770-488-8085
- Lisa Bui
 - Oregon Health Authority
 - lisa.t.bui@state.or.us
 - 971-673-3397
- Ariel Smits
 - Oregon Health Authority
 - ariel.smits@state.or.us
 - 503-373-1647

Thank You!

**Thank you for joining us for this
Targeted Learning Opportunity!**

Please complete the evaluation form
following this presentation.