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

![Jan Losby, PhD](image-url)
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
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

SOURCE: NCHS Data Visualization Gallery
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

Association Between Longer Durations, High Doses & Opioid Use Disorder

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

- Low (36 mg MME or Less): 3
- Medium (26 mg - 120 mg MME): 3
- High (120 mg MME or more): 122

90 or Fewer Days
More Than 90 Days
Rise in Opioid-Related Overdose Deaths

Commonly Prescribed Opioids like oxycodone or hydrocodone

Heroin

Methadone

Synthetic opioids like fentanyl

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
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

ANALYZE

- Systematic Literature Review
- CDC Draft Recommendations
- Core Expert Group Consultation
- CDC Draft Guideline

CONSULT

- Core Expert & Stakeholder Review
- Federal Partner Review
- Peer Review
- Constituent Input (Webinar)

COMMENT

- CDC Revised Guideline
- FRN Public Comment
- Federal Advisory Committee Review

REVIEW

- Publication of Guideline (March 15, 2016)
12 recs are grouped into 3 conceptual areas

- Determining when to initiate 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 with the lowest effective dosage
- Prescribe the lowest effective dose for acute pain treatment
- Evaluate benefits & harms of opioid therapy within 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
CDC’s Prescription Drug Overdose Prevention for States

29 Funded States

Funded
Unfunded
Prevention Strategies for States (1/3)

1. Enhance & Maximize PDMPs
2. Community Insurer or Health Systems Interventions
3. State Policy Evaluation
4. Rapid Response Projects

Prescription Drug Overdose Prevention for States Strategies
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)

1. Enhance & Maximize PDMPs
2. Community Insurer or Health Systems Interventions
3. State Policy Evaluation
4. Rapid Response Projects

Prescription Drug Overdose Prevention for States Strategies
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

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

2. Increasing use of Naloxone

3. 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)

OHA Opioid Workgroup
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

Average of 148 opioid prescription days for those w/ back pain

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

$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

Below the Line
without radiculopathy

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

- Surgery

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, Physiatrist, Physical Therapists, Primary Care Provider, Psychologist

2014: Series of public meetings are held

2015:
• Recommendations discussed in public meetings of HERC & its subcommittees
  • Changes adopted

2016: New policy goes into effect
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

Implementation
Goes into effect on July 1, 2016

Feedback to HERC
- OHP MCOs’ medical directors
- OHA Medicaid administrators
- Patients & Providers

Fine-Tuning
Anticipate adjustments to the Prioritized List for back condition coverage & guidelines
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.
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Thank You!

Thank you for joining us for this Targeted Learning Opportunity!

Please complete the evaluation form following this presentation.