Medicaid Innovation Accelerator Program

Reducing the Reliance on Opioids for Pain Management

National Webinar Series
August 29, 2019
2:00 p.m. – 3:00 p.m. EST
Logistics

• Use the chat box on your screen to ask a question or leave a comment
  – Note: You will not see the chat box if you are in full-screen mode

• A moderated question and answer (Q&A) session will be held toward the end of the webinar
  – Please submit your questions via the chat box

• Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience
Welcome & Overview

Roxanne Dupert-Frank
Center for Medicaid and CHIP Services (CMCS)
Centers for Medicare & Medicaid Services (CMS)
Facilitator

Lisa Patton, PhD
Behavioral Health and Disparities Development Lead, IBM® Watson Health™
• Participants will learn about
  – Strategies state Medicaid agencies are using to address the reliance on opioid pain treatment
  – Common barriers to the adoption of non-opioid pain treatment methods
  – Shifting the conversation around pain tolerance
  – Oregon’s Opioid Initiative
    • Provider toolkit Oregon Health Authority created for its Coordinated Care Organizations
Agenda

• Introductions
• Background
• State experience: Oregon
• Questions and Answers
• Key takeaways
Speaker

Lisa Bui, MBA
Quality Improvement Director, Oregon Health Authority
Speaker

Ariel Smits, MD, MPH
Medical Director, Health Evidence Review Commission, Oregon Health Authority
Background

Changing the Culture and Perceptions Around Nonopioid Pain Management
Common Barriers to Adoption of Nonopioid Alternative Pain Treatment

• Lack of understanding of chronic pain as a disease
  – Patients being treated for pain are sometimes stigmatized
  – There is a need for a patient-centered approach
  – Pain tolerance is individual and subjective
  – More data are needed:
    • What symptoms and treatment methods are most impactful?
    • How does the pain affect the patient’s activity level, sleep, mood, and stress level?

Barriers, continued

• Limited access to alternative pain treatment options
  – Not enough providers are available to meet the patient need
  – Prior authorization policies for pain treatment need to be more flexible to allow for targeted treatment
  – Lack of referral networks for services such as chiropractor or acupuncture care
  – More integrated care options for patients experiencing chronic pain are needed
    • Example: chiropractic clinics in Department of Veterans Affairs system

• Patients, providers, and payers lack knowledge regarding the benefits of nonpharmacologic treatment options
• Nonpharmacotherapy options have been the last line of treatment, after all else has failed
Shifting the Conversation Around Pain Tolerance

• Nonopioid pain treatment does not have the immediate effectiveness of an opioid pill
• The expectation is that we do not have pain or that it is immediately alleviated
• To increase the acceptability of alternative/nonpharmacological pain treatment, the conversation needs to shift

• Pain is potentially/often manageable
Approaches States Can Take to Combat the Reliance on Opioids for Pain Management

- Implementing opioid prescribing guidelines such as those recommended by the Center for Disease Control and Prevention (CDC)
  - Consider nonpharmacologic and nonopioid pharmacologic therapy as first-line treatment for chronic pain

Approaches States Can Take to Combat the Reliance on Opioids for Pain Management

• Promoting the provision of nonopioid pain management therapies for specific conditions
  – Acupuncture
  – Chiropractic services
  – Cognitive behavioral therapy
  – Physical therapy

• Providing provider training or technical support
  – Opioid prescribing and nonpharmacologic chronic pain treatments

Polling Question

• What steps has your state taken to shift the perceptions around chronic pain treatment?
  – Provider trainings
  – Provider toolkits
  – Patient education
  – Media campaigns
  – Other strategies
Oregon’s Experience
Learning Objectives

• Understand the Oregon Opioid Initiative framework and statewide levers.

• Understand the Coordinated Care Organizations (CCO) statewide improvement project background and objectives.

• Understand the CCO statewide Performance Improvement Project (PIP) results, interventions and barriers.

• Understand the next steps for Oregon Opioid Initiative.
Scope of the problem in Oregon

Non-Medical Use of Prescription Opioids
- 1st in the nation in 2016-2017\(^1\) (Oregon is consistently top 10)
- 212,000 Oregonians (5% of population); 9% of ages 18-25\(^1\)

Hospitalizations
- Third in the nation from 2009 – 2014\(^2\)
- 944 hospitalizations for overdose; 4,300 for opioid use disorder\(^3\)
- $8 million in hospitalization charges in 2014\(^3\)

Deaths
- 115 deaths (2.8 per 100,000 residents) for pharmaceutical opioid overdose in 2017\(^4\)

Illicit Drugs
- 20.9% of Oregonians 12 and older used illicit drugs in the past month\(^1\)
- Oregon has the 2\(^{nd}\) highest rate of methamphetamine use in the U.S. \(^1\)

Sources: \(^1\) National Survey on Drug Use Health (NSDUH), \(^2\) Oregon Health Analytics Hospital Discharge Dataset, \(^3\) Oregon Vital Records: Death Certificates, \(^4\) Agency for Healthcare Research and Quality (AHRQ)
Oregon Opioid Initiative: Strategies

Pain treatment
- Non-opioid therapies for chronic pain
- Best practices for acute, cancer, end of life pain

Reduce harms
- Ensure availability of treatment for opioid use disorder
- Increase access to naloxone and MAT

Reduce pills
- Decrease the amount of opioids prescribed

Data
- Use data to target and evaluate the interventions

Acronym: MAT – Medication Assisted Treatment
Oregon Opioid Milestones

1995
- INTRACTABLE PAIN ACT PASSED

2009
- PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) LEGISLATION PASSED

2010
- # DRUG OD DEATHS SURPASSED MOTOR VEHICLE DEATHS

2014
- METHADONE REMOVED FROM MEDICAID PREFERRED DRUG LIST

2015
- CDC PRESCRIPTION DRUG OVERDOSE FUNDING OREGON OPIOID INITIATIVE
Oregon Opioid Milestones

2016
- CDC GUIDELINE, OREGON GUIDELINES OHP ENHANCED BACK/NECK PAIN BENEFIT

2017
- OPIOIDS TAPERING PROJECT (PiP) SAMHSA FUNDING BEGINS

2018
- MANDATORY PDMP ENROLLMENT GOVERNOR’S OPIOID EPIDEMIC TASK FORCE ACUTE OPIOID PRESCRIBING GUIDELINES

2019
- OHP PiP: ACUTE OPIOID PRESCRIBING OPIOID TAPERING GUIDELINES TASK FORCE HEAL SAFELY MEDIA CAMPAIGN (JUNE 2019)
Progress

Pain treatment
- Medicaid coverage: non-opioid therapies for back and neck pain
- Pain Management Commission educational modules

Reduced harms
- Treatment availability increased from 6 to 19 Opioid Treatment Programs
- Expanded access to naloxone and medication-assisted treatment
- Increased x-waivered prescribers

Reduced pills in circulation
- Prescribing guidelines
- Prescription Drug Monitoring Program
Progress

Oregon opioid overdose deaths declined 22% overall from 2011-2017

Source: Oregon Vital Statistics, Death Certificates [Link] Data dashboard
We can’t do it alone!
Reducing Opioid Overdose, Misuse and Dependency: A Guide for CCO’s

- Toolkit developed as a resource for CCO

- Developed by the Oregon Health Authority (OHA) Division of Public Health in collaboration with OHA Health Policy and Analytics and OHA Health Systems Division.

Reducing Chronic Opioid Use Statewide Performance Improvement Project (PIP)

- **General Overview**
  - Began January 2016
  - Required by the OHA 1115 waiver of all CCOs
  - Follows CMS PIP Protocol(s)
  - Chronic Opioid Use PIP ended December 31, 2018
  - State External Quality Review Organization manages PIP

- CCOs are working within their communities to address the opioid epidemic and decrease opioid-related harms using a variety of interventions.

- PIP outcome measure: high dose opioid Morphine Equivalency Dosing (MED, \( \geq 120 \) MED)
  - Each CCO set internal PIP target goals and goal time frames.
PIP Interventions

CCOs across Oregon implemented the Oregon Opioid Prescribing guidelines based upon the CDC guidelines of 2016.

Highlighted Initiatives:
- Outreach and education of providers and members
  - Collaboration on communication to the community
- Provider education and trainings
  - Safe prescribing
  - Evidence-based non-opioid treatments
  - Dissemination of high-prescriber report
- MAT expansion
Monitoring Metrics

• Measure
  o Monthly reporting of:

    • Percentage of OHP enrollees aged 12 years and older who filled prescriptions for opioid pain relievers of at least ≥ 120 mg MED, ≥ 90 MED. In alignment with CDC guidelines and Oregon Opioid Prescribing Guidelines, the 2018 measure reporting will be on > 50 MED and ≥ 90 mg MED.

    • Percentage of enrollees > 12 years of age who filled prescriptions for opioid pain relievers of ≥ 90 and ≥ 50 morphine milligram equivalents (MME) on at least one day and for 30 consecutive days or more within the measurement year.

• MED threshold changed from ≥ 120 and ≥ 90 for 2016-2017 to ≥ 90 and ≥ 50 in 2018.
Results

Members (>18 years and older) with at least one opioid prescription for ≥90mg MME/day in the baseline measurement year, the percentage who had ≥90 MME/day for 30 days or more.

YAMHILL CCO 1.5%
WILLAMETTE VALLEY COMM 0.6%
UMPQUA HEALTH ALLIANCE 0.0%
TRILLIUM COMM HEALTH PLAN 2.6%
PRIMARYHEALTH JOSEPHINE 1.9%
PACIFICSOURCE GORGE 1.8%
PACIFICSOUR CECENTRAL 1.8%
JACKSON CARE CONNECT 3.5%
INTERCOMMUNITY HEALTH 1.2%
HEALTH SHARE OF OREGON 2.3%
FFS 1.9%
EASTERNOREGON 3.2%
COLUMBIA PACIFIC 3.0%
CASCADE HEALTH ALLIANCE 0.2%
ALLCARE HEALTH PLAN 0.4%
ADVANCED HEALTH 0.4%

Abbreviation: MME, morphine milligram equivalents.
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Back Guideline: Findings

• Population
  • OHP enrollees (not including dual eligible)
  • At least one claim with a primary diagnosis on Line 401 (formerly 407), Conditions of the Back and Spine

• Between July 1-December 31, 2015, 65,034 enrollees out of 1,017,994 total enrollees in December, 2015 (6.39%).

• Between July 1-December 31, 2016, 59,872 enrollees out of 939,021 total enrollees in December, 2015 (6.38%).

• Between July 1-December 31, 2017, 60,245 enrollees out of 929,865 total enrollees in December, 2017 (6.48%).
Back Guideline: Findings

Uptake: Steady Growth
Proportion of those with back pain diagnosis using newly-added conservative therapies

Abbreviations: OMT, osteopathic manipulative treatment; PT/OT, physical therapy/occupational therapy.
Back Guideline: Findings

Frequency:
Average number of services for those using each type of service

Abbreviations: OMT, osteopathic manipulative treatment; PT/OT, physical therapy/occupational therapy.
Summary of Results

• Significant decrease in aggregated counts and calculated indicators from baseline to current remeasurement for all opioid PIP metrics.

• All CCOs show decreased counts and calculated indicators from baseline to current remeasurement for all opioid PIP metrics.

• Increase across all alternative therapy modalities for back pain patients.
Lessons Learned

• Community, MCE/CCO, Health System, Public Health, State Medicaid agency all play a role.

• Common voice in communication to patient and community regarding interventions, strategies and purpose.

• Clinical practices need support: analytics (dashboards), resources, continuing education opportunities, quality improvement tools.
Where’s Oregon going next…

• 2019-2021 Statewide Performance Improvement Project:
  • Prevention: Opioid Prescribing in Acute Settings

• Oregon Opioid Initiative:
  • Opioid Taper Guidelines: task force convening 2019; anticipated completed fall 2019.
  • Broadening strategies for alignment to Oregon’s Behavioral Health System updates
  • Implementation with levers for illicit drug use mitigation strategies.
Resources

• OHA Opioids Website: http://healthoregon.org/opioids
  • Interactive Data Dashboard
  • Community Information
  • Guidelines

• Oregon Prescription Drug Monitoring Program Website: http://www.orpdmp.com

• Statewide PIP website: http://www.oregon.gov/oha/hpa/csi/Pages/Performance-Improvement-Project.aspx

• Health Evidence Review Commission: https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Meetings-Public.aspx
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Trillium Lake and Mt Hood photo by www.planetware.com
Questions & Answers
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