Meeting the Opioid Challenge:
Tools and Information for Care Coordinators

A Statewide Performance Improvement Project
Date of presentation: August 2, 2018
Performance Improvement Projects (PIPs) are an integral part of Minnesota’s Medicaid’s managed care quality strategy.
Opioids in the U.S.

- According to the CDC, 91 Americans die every day from an opioid overdose.
- From 1999 to 2015, the amount of prescription opioids dispensed in the United States nearly quadrupled.
- During the same time, deaths from prescription opioids have more than quadrupled.
• In Minnesota, unintentional poisoning/drug deaths will soon exceed motor vehicle traffic deaths.
• Medicare and Medicaid covered approximately one-third of Minnesotans with general health coverage and accounted for two-thirds of opioid prescriptions filled in 2015.
• Nearly one in three Minnesotans with an opioid prescription in 2015 had multiple prescribers.
Opioids prescribed per capita, in morphine mg equivalents in 2016

Key
- < 57.2
- 57.2 - 82.3
- 82.4 - 112.5
- > 112.5
Visit [mn.gov/dhs/opioid-guidelines](http://mn.gov/dhs/opioid-guidelines) to access all this helpful content:

- Patient Safety Recommendations
- Biopsychosocial and Risk Assessment
- Non-Opioid and Non-pharmacologic Pain Management
- Opioid Prescribing for Acute Pain
- Opioid Prescribing for Post-Acute Pain
- Opioid Prescribing for Chronic Pain
- Tapering or Discontinuing
- Women of Childbearing Age
### Measure: Opioid New Chronic User

| Opioid Naïve User | • Patient new to taking opioids.  
|                   | • At least 90-days without an opioid prescription. |
| New Chronic User  | • An opioid naïve user who has been prescribed a 45 day’s supply or more over a consecutive 90 day period. |
| Eligible Population | • Medicaid enrollees (PMAP, MNCare, Fee-for-Service, MSHO and MSC+).  
|                   | • Age 12 years old and older. |
| Exclusions        | • Cancer  
|                   | • Hospice |

**Average 5-yr Rate (2012-2016)**
- Managed Care = 5.80%
- Fee for Service = 7.38%
A Provider Toolkit

Meeting the Challenges of Opioids and PAIN:

P A T I E N T E D U C A T I O N O N P A I N A N D O P I O I D P R E S C R I T I O N S

A D D R E S S I N G O P I O I D P R E S C R I P T I O N P R A C T I C E S


CLICK HERE TO VIEW TOOLKIT
Todays Presenters

**Dr. Stacy Ballard** – Senior Medical Director at Medica

**Ruth Boubin, MA** – Opiate Case Management Program & Restricted Recipient Case Manager at South Country Health Alliance
Opioids And Your Clients

Stacy Ballard, MD
Senior Medical Director
MEDICA
How did we get here?
Scope of the Problem

- 3500 Minnesotans killed by opioids in the past 15 years
- 50% of those in the past 5 years
- Another 50% increase in the past two years
Scope of the Problem

Drugs Involved in U.S. Overdose Deaths, 2000 to 2016

- Synthetic Opioids other than Methadone, 20,145
- Heroin, 15,446
- Natural and semi-synthetic opioids, 14,427
- Cocaine, 10,619
- Methamphetamine, 7,663
- Methadone, 3,314
PRESCRIPTION PAINKILLERS ACCOUNT FOR MORE THAN 60% OF ALL OPIOID-RELATED DEATHS IN MINNESOTA IN THE LAST FIVE YEARS.
How Did We Get Here?

• Acute Injury – Chronic Pain

• Pain as a vital sign

• Prescription pain medications
  – “They must be safe”

• Addiction is a disease
Acute Pain – Long Term Use

• New, persistent use of opioids in O-naïve patients increases risk of abuse
• In O-naïve patients it doesn’t matter if minor or major surgery – risk of persistent use is the same.
• Risk factors
  – Medical co-morbidities
  – Antidepressant or benzodiazepine use
  – Tobacco, alcohol use
  – Lower socioeconomic status
How Did We Get Here?

- Risk of persistent use is low (5%) and misuse even lower (.6%) but surgery volume is increasing
- 2010 48 million outpatient surgeries
  - 1.6 million persistent opioid users
How Did We Get Here?

Diversion

• 70% of opioid abusers report they obtain opioids through diversion
• Up to 50% receive the drug from family or friends who have leftover pills
• 210 patient with surgery.
  – 67% had pills left over.
  – Of those 91% saved the pills
How Did We Get Here?

Overprescribing

• 250 patients had arm surgery and received 30 opioids.
  • 75% took less than 15 pills.
  • Total number of unused pills = 4639
How Did We Get Here?

• Not all pain needs opioids
• Difficult to predict intensity and duration of pain per individual
• Outpatient surgery study found most pain
  – Microdisctectomy
  – Lpse Cholecystectomy
  – Shoulder/elbow/hand
  – Ankle
  – Inguinal hernia (22% no opioids)
  – Arthroscopic Knee
How Did We Get Here?

One Study:
When patients instructed to take acetaminophen and NSAIDs before opioids, their opioid consumption was reduced by 50%
Drug Choice

- Oxycodone 5mg
- Hydrocodone 5mg
- Codeine 30mg
- Tramadol 50 mg
- Oxycodone can be Rx’d alone. Won’t complicate use of NSAID or acetaminophen
Drug Choice

• Moderate Pain (soft tissue surgery, non compound fractures) No more than 3 days of opioids
  – 3-4 pills of oxycodone 5mg / day
Drug Choice

• Severe pain (non-laparoscopic surgery, maxillofacial, joint replacement, compound or long bone fracture)
  – Anticipate 7 days of opioids
  – 4-6 pills of oxycodone 5 mg / day
Drug Choice

• Non opioid pain medication
  – Peripheral nerve block
  – Ketamine
  – Gabapentin
  – Acetaminophen
  – NSAID
  – Cox-2
Considerations for the Elderly/Seniors

Many of the signs of dependency mirror the aging process (confusion, vision changes, forgetfulness).

The National Safety Council reports that elderly adults taking opioids for pain relief are:

- **68% more** likely to be hospitalized
- **4x** as many bone fracture
- **87% more** likely to die as those taking over-the-counter medication
Patient Instructions

- Pain is to be expected. Goal is to achieve mild, tolerable pain
- Risk of opioid addiction is real
- Take non-opioid pain medication first, and routine.
- Use opioid ONLY if the non-opioid pain medication is not effective
- Dispose of left over medication properly.
How Did We Get Here?

- Percocet -> Heroin
- Heroin -> Fentanyl
How Did We Get Here?

Fentanyl

- Used in hospitals
- China and Mexico
- Sold as narcotic, cut in with heroin
Fentanyl

- Little goes a long way
- 50 times stronger than morphine
- 30 times stronger than heroin
- Quarter of a milligram is deadly
  - 1/324 of a baby aspirin
How Did We Get Here?

https://www.youtube-nocookie.com/embed/UO4fje2mC_w?enablejsapi=1&playerapiid=ddc&rel=0&showinfo=0
# The Impact Of Opioid Abuse On Missed Work

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Total missed workdays in the past year</th>
<th>Missed workdays for injury, illness in the past year</th>
<th>Missed workdays for other reasons in the past year</th>
<th>Worked for more than one employer in the past year (%)</th>
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<td>Pain medication use disorder</td>
<td>29</td>
<td>22</td>
<td>7</td>
<td>42</td>
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<tr>
<td>Illicit drug use disorder</td>
<td>18</td>
<td>13</td>
<td>5</td>
<td>42</td>
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<tr>
<td>Marijuana use disorder</td>
<td>15</td>
<td>11</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>Any substance use disorder</td>
<td>15</td>
<td>10</td>
<td>5</td>
<td>36</td>
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<tr>
<td>Alcohol use disorder</td>
<td>14</td>
<td>9</td>
<td>5</td>
<td>36</td>
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<tr>
<td>General workforce</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>In recovery</td>
<td>9</td>
<td>8</td>
<td>1</td>
<td>23</td>
</tr>
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What Can You Do?

- Get the facts; know what to watch for
- Share information with clients (Ruth will talk about how to discuss with members)
- Support “Drug Take Back” Events
  - Dose of reality
  - County Sheriff Office
  - Community Events
THE UNITED STATES HAS LESS THAN 5% OF THE WORLD’S POPULATION BUT USES 99% OF THE WORLD’S HYDROCODONE AND ABOUT 75% OF ITS OXYCODONE.
QUESTIONS?
Opioid Case Management
South Country Health Alliance

Ruth Boubin, MA – Opiate Case Management Program & Restricted Recipient Case Manager at South Country Health Alliance
How did we get here?

In 2016, more than 42,000 Americans died from overdoses involving prescription or illicit opioids.

15 people reported having a substance use disorder involving heroin.

41 people reported having a substance use disorder involving prescription opioids.

273 people reported misusing prescription opioids in the past year.

2,174 people reported using prescription opioids in the past year.
Opioid-involved drug overdose deaths by non-exclusive drug category, MN residents, 2000-2016

- All opioid-involved deaths: 395
- Other Opioids and Methadone: 194
- Heroin: 150
- Synthetic Opioids: 99

Year:
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016

Number of Deaths:
- 0
- 100
- 200
- 300
- 400
- 500
How Did I Get Here?

• Background in Mental Health services

• Restricted Recipient Case Manager for the past 9 years

• The cost of the opioid epidemic in the work I do

• When early intervention, prevention was mentioned, I was in!
Post-acute Pain Phase
“pain occurring up to 45 days following an acute event”

- Analysis of the MHCP population:
  - nearly 80% of the individuals who receive at least a 45 day supply of opioids go on to receive a 90 days’ supply over 6 months

- TROUP Study, Gen Intern Med 2011; 26:1450-57
  - 65% of individuals who receive a 90 day supply of opioids continue opioid use at 3 years

- The post acute pain period is the critical timeframe to halt the progression to chronic opioid use.

- Clinicians should increase assessment of the biopsychosocial factors associated with opioid-related harm and chronic opioid use
Target Population

• Members new to opioids
  – No opioid fills in the previous 90 days
  – At least 2 prescriptions
  – At least 7 days of opiate treatment
  – Report run every day of all opioids prescribed, filtered through an IT program which identifies the target population.
  – Sorted by product, currently contacting PMAP and MNCare members with other products to start in the fall.

❖ Goal: Connect members with appropriate support services and reduce the percent of new chronic users.
1**st** Phone Call

- **Assess:**
  - Location and cause of pain
  - Impact on mobility and daily living skills
  - Support system
  - Coping
  - Review safe storage/safe disposal
    - More than 75% of people who misuse prescription pain medications obtained them from someone else.
    - The DEA estimates up to 30% of prescription opioids are diverted.
  - Review follow-up plan
  - Send follow-up letter
Deterra Packet
2nd Phone Call

• Assess
  – Status of recovery
  – How well is pain managed
  – Doctor recommended non-pharmacologic treatment of pain
  – Side effects such as constipation
  – Did doctor review risks of opioid medications
  – Follow up letter with alternatives to pain medication for the management of pain
  – Review recovery plan
  – Send follow-up letter
3\textsuperscript{rd} Follow up Call

- Assess how the member perceives recovery process
- Assess change in use of pain medication since previous call
- Assess pain level
- Review use of non-pharmacological treatment for pain
- Discuss recovery plan
- Offer follow up call
- Send follow up letter which indicates the days of opioid use and issues to review with provider.
45 Days of Opioid Use

• Follow-up letter from SCHA Chief Medical Officer to most recent prescriber
Impressions

• This program offers a great opportunity to connect with members following a major medical event, offer support and education to them about services offered by SCHA.
  – How to approach the subject of use of opiates.
• Some member’s are new to SCHA so we don’t have their prescription history. We still contact them.

• Most people have been appreciative.
  – Case examples
  – Issues that affect opiate use
• Most are aware of the importance of disposing of leftover medications.

• Many are concerned about using opioids and are aware of the risks, especially those who have a family history or personal history of addiction.

• What to do if witnessing signs of opiate misuse
Thank you.

We would love to hear your feedback about today's training, as well as suggestions for future trainings.

Please follow the Survey Monkey Link and complete a short evaluation:  https://www.surveymonkey.com/r/ccopioid
QUESTIONS?