Understanding the epidemic

Overdose and Death Rates:

In 2013, almost 1 in 4 Oregonians received a prescription for opioid medications

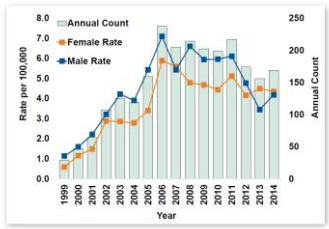
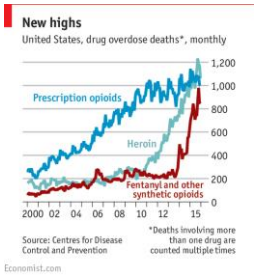


Figure 1. Unintentional and undetermined prescription opioid poisoning deaths and death rates, Oregon, 1999-2014.

Understanding the epidemic

The Story Continues:

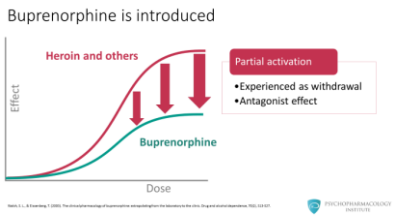
-Addiction can lead to misuse of opioids
-Misuse can lead to street use and increased danger of overdose



Understanding the epidemic

Buprenorphine and MAT:

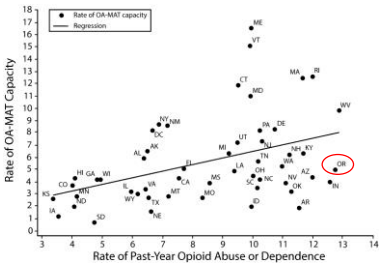
-Medication Assisted Treatment (MAT) for Alcohol and Opioids
-
Buprenorphine is one type of MAT used for opioid addiction



Understanding the epidemic

Buprenorphine and MAT :

-Addiction can lead to misuse of opioids
-Misuse can lead to street use and increased danger of overdose



Understanding the epidemic

How do we curb the epidemic?

- Use the evidence:
  - Opioids may not be effective at all for treatment of some types of chronic pain
  - Opioids tend to be maximally helpful at moderate doses and adding more does not provide better relief of pain
  - Non Opioid options can be helpful:
    - BH therapies, Exercise, Physical Therapy, Yoga, Meditation, Non-Opioid medications, etc
  - Improving function/QoL vs reducing chronic pain
  - Addiction mimics a chronic disease more than moral failing or weakness model

Understanding the epidemic

Examples of Interventions:

- Opioid Prescribing Guidelines
  - Smaller doses
  - Smaller quantities
  - Smaller duration
- Prescription Drug Monitoring Program (PDMP)
  - Now mandatory in most states
- Addiction as a Chronic Disease Model
- Increased federal and state funding for addiction treatment
- Standing state orders for Naloxone
- National effort to increase Buprenorphine treatment
- Oregon Medicaid no longer pays for opioids to treat chronic back pain

The Impact to KTHFS

The Impact to KTHFS

KTHFS Data:

Methodology

- KTHFS Utilization of opioids study performed by pharmacy
- 1 year look back from April 2016 vs 1 year look back from October 2017

The Impact to KTHFS

KTHFS Data:

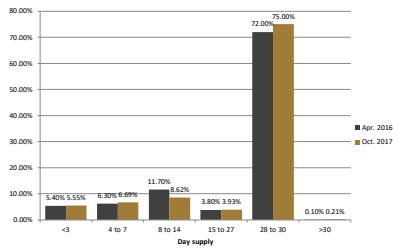
How many opioid prescriptions?

- 637 (2016) vs 441(2017) unique patients received opioid prescriptions
- 4,185/80,798 (5.18%) vs 2900/77987 (3.72%) of all prescriptions were opioid prescriptions
- 5.18 down to 3.72 is a 30.7% reduction in the prescribing of opioids

The Impact to KTHFS

KTHFS Data:

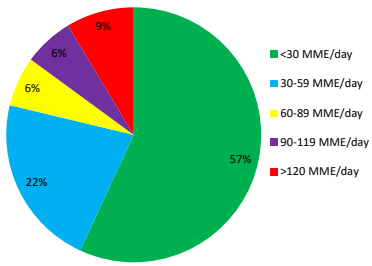
Days supply received for all opioid prescriptions



The Impact to KTHFS

KTHFS Data:

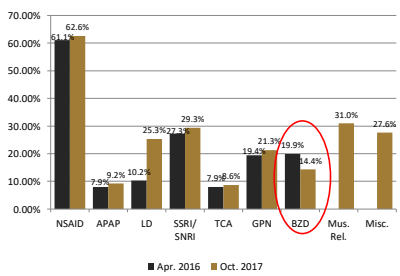
How many patients are above 90 MME?



The Impact to KTHFS

KTHFS Data:

What about concurrent medications?



The Impact to KTHFS

KTHFS Data:

How many patients are on MAT?

- 6 total patients being prescribed MAT (all for alcohol)
  - 4 patients being prescribed MAT by KTHFS PCP's
  - 2 being prescribed MAT by non KTHFS PCP
  - 5 prescriptions are for Naltrexone
  - 1 prescription for Antabuse
  - No Buprenorphine prescriptions

Case study:

- 57 year old female
- Stated history of IV drug and alcohol use
- **Diagnosis:** back pain (osteoarthritis), hepatitis C, depression, anxiety, hypothyroidism, hx of liver transplant, sleep apnea and insomnia.
- **Treatment History:** patient was started on NSAID and Darvocet at age 42 for back pain, age 49 hydrocodone for knee injury and back pain, eventually pain medication progressed to morphine and oxycodone by age 52. Further workup included diagnostics (xrays, CT scans, MRI's and Sleep Studies) and gastroenterologist, physical therapist, MH therapist, neurology and pain specialist referrals.

Case study: continued

- **Current Status:** patient weaned off morphine in 2016. Currently on wean off of oxycodone started in 2018.
- Patient with several complaints of increased anxiety and other symptoms related to her liver transplant. Treatment is limited due to co-morbidities.
- Patient has active referrals to specialist including pain specialist.
- Patient refused MH treatment at this time.

Case study: Patient Priorities

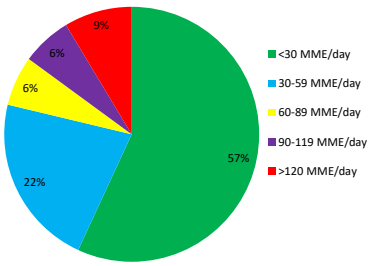
- Patient Safety
- Address psychiatric disorder
- Manage medical diagnosis, complications and chronic pain

KTHFS Strategy

KTHFS Strategy

KTHFS: Specific Opioid Related Goal #1

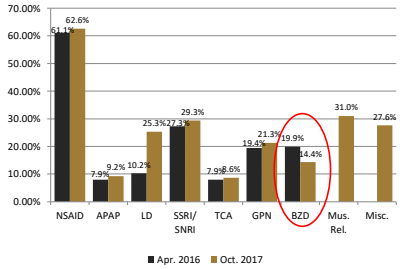
Reduce the number of patients on greater than 90 MME to zero



KTHFS Strategy

KTHFS: Specific Opioid Related Goal #2

Reduce the number of patients on concurrent opioids and benzo's to zero



KTHFS Strategy

KTHFS: Specific Opioid Related Goal #3

Review 100% of patients on chronic opioids and discuss personal pain plan

- Personal Pain Plan could ask the following questions?
  - Are they utilizing alternative treatments for pain?
  - What is the status of patient who have cut down opiate doses or stopped completely?
  - What is the diagnosis being treated with chronic opioids?
  - How have opioid affected your pain, functioning, quality of life?
  - Are there any "red flags" in their chart suggesting misuse or addiction?

KTHFS Strategy

KTHFS: Specific Opioid Related Goal #4

Co-prescribe Naloxone with opioid prescriptions

- According to information from Indian Health Service, people at high risk include of overdose and should be considered for co-prescribed naloxone:
  - Those with rotating opioid regimens
  - **Patients on high doses (>50MME/day) of opioids**
  - Patients on long acting opioids, typically in conjunction with short-acting opioids
  - Poly-opioid use
  - Patients prescribed opioids for greater than 90days
  - Patients over the age of 65
  - Households with people at high risk of overdose such as those with children or someone who has a history of substance use disorder
  - Patients who have difficult accessing emergency medical services
  - Recent mandated substance use treatment, incarceration, or period of abstinence with history of drug abuse
  - **Concurrent use of benzodiazepines**, antipsychotics, antiepileptics, muscle relaxers, hypnotics and antihistamines

KTHFS Strategy

KTHFS: Specific Opioid Related Goals #5

Educate, implement and engage patients in Buprenorphine treatment

- Work with primary care to increase addiction treatment knowledge and to update treatment approach with the current "chronic disease model" of addiction
- Support PCP's in participating in Buprenorphine waiver training
- Develop and implement clinical system for buprenorphine prescribing at the Wellness clinic
- Identify and engage (per goals 1-3 above) high risk patients and make sure they receive education and access to MAT services

KTHFS Strategy

KTHFS: Specific Opioid Related Goal #6

Review, improve and implement all opioid related documents and processes

- Opioid prescribing guidelines
- Require external prescribers to follow guidelines to fill opioids at our pharmacy
- Controlled substance agreement
  - Incorporate chronic disease principles
- Tips for treating addiction in primary care
- Clinical flows/procedures for treating chronic pain with opioid and MAT
  - Account for addiction in primary care

KTHFS Strategy

KTHFS: Specific Opioid Related Goal #7

Increase access to non-opioid treatments for pain

- Physical Therapy
- Yoga – Internal Pilot
- Meditation
- Tribal Best Practices
- Aquatic exercise or physical therapy
- Acupuncture
- Chiropractic Therapy
- Non steroidal anti inflammatory medications
- Behavioral health treatment, including both therapy and antidepressants

KTHFS Strategy

KTHFS: Specific Opioid Related Goal #7 (continued)

Increase access to non-opioid treatments for pain

- Klamath Tribes Self Insured 472 members (347 employees)-opportunity to increasing coverage for alternative medicine.
  - Decrease the cost of chronic disease management with promotion of alternative medicine (massage therapy, acupuncture and chiropractic care)
  - Less costly for members to access alternative care than to seek surgery as the first treatment option.

KTHFS Strategy

KTHFS: Specific Opioid Related Goal #7 (continued)

Increase access to non-opioid treatments for pain

- KTHFS request to Indian Health Service. Medical Priority Levels excluded services list, includes acupuncture. We are asking to move it off the excluded services list.
- KTHFS encouraging OHA to pay for more alternative treatments with Medicaid (OHP)

KTHFS Strategy

KTHFS: Specific Opioid Related Goal #7 (continued)

Increase access to non-opioid treatments for pain

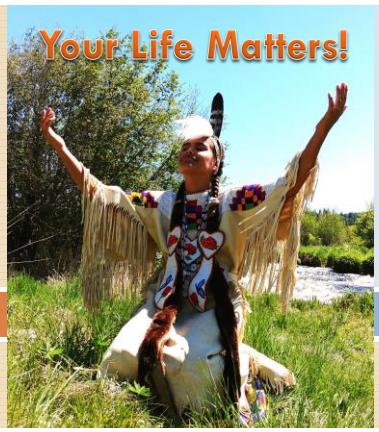
- KTHFS Mindfulness Based Stress Reduction to meet Klamath Tribes Culture
  - Partnership with Dr. Jeffrey Proulx, OHSU. NIH funded project.
  - 5-Year Study to explore how mindfulness can be adapted to include Native traditions in order to reduce stress.
  - We believe that this type of program can lead to a way to help manage pain.

KTHFS Strategy

KTHFS: Specific Opioid Related Goals #8

Education campaign for the tribal community

- Tribal Council
- KTHFS leadership
- KTHFS employees
- Tribal community
  - Billboards
  - Newsletters
  - Brochures
  - Handouts
  - Community Meetings



Ms. Aiyana Reyes, age 15

Questions? Comments?

MAT Resources

TRAIN OUR PRIMARY CARE PROVIDERS:

MAT Waiver Training

PCSS provides MAT waiver training for providers in several formats at no cost. Physicians require 8 hours of training to apply to the Drug Enforcement Agency for a waiver to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. Nurse Practitioners (NP) and Physician assistants (PA) are required to complete 24 hours of training including the 8 hour MAT training.

https://pcssnow.org/education-training/mat-training/

NP and PA MAT Waiver Training

NPs and PAs who have completed the 24 hours of required training are eligible to applyi for the DATA 2000-waiver for up to 30 patients may apply by completing the Notification of Intent (NOI) online.

Effective February 27, 2017 SAMHSA began accepting electronic submissions of the NOI. These waiver applications are forwarded to the DEA, which will assign the NP or PA a special identification number. DEA regulations require this number to be included on all buprenorphine prescriptions for opioid use disorder treatment, with the NP's/PA's DEA registration number.

SAMHSA reviews waiver applications within 45 days of receipt. If approved, NPs and PAs will receive a letter via email that confirms their waiver and includes their prescribing identification number.

Visit SAMHSA ›

Notification of Intent

Complete the Notification of Intent Waiver Application online to apply for your waiver to prescribe buprenorphine.