



OrCRM

Oregon Coalition for
Responsible Use of Meds

Northwest Primary Care Practitioners Presentation
Tackling the Opioid Epidemic in Oregon

Dwight Holton Chief Executive Officer Lines for Life

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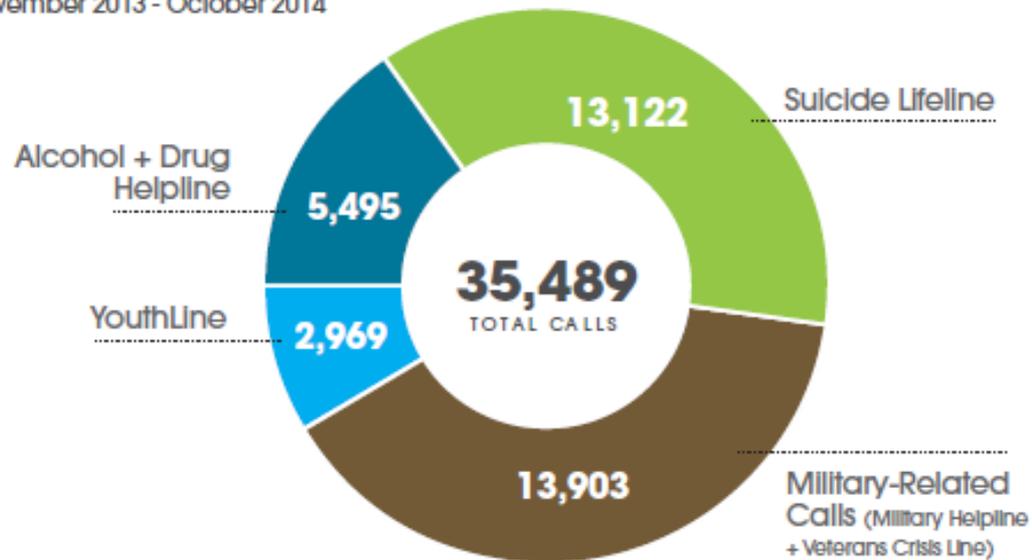
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Lines for Life Team

- 14 Masters Level Counselors
- 120 Highly Trained Volunteers
- 20 Teens on YouthLine
- Nationally Accredited Suicide Line
- De-Escalate 98% of calls on LifeLine
- Trainers of Trainers

Call Volume for Crisis Lines

November 2013 - October 2014



The Oregon Epidemic



- **Oregon ranks #1 In Non-Medical Use of Opioids** (2010-2011, SAMSHA NSDUH)
- **Over 3 million opioid prescriptions in 2013 (54% of all Rx)** (OHA Injury and Violence Prevention Fact Sheet)
 - 1.88 M hydrocodone
 - 1.15 M oxycodone
- **Over 100 million opioid pills every year**
 - Population: 3.9 million
 - 25 pills for every man, woman and child

Prescription Rates Across Oregon



County	All Opioids	Oxycodone	HydroC.	Benzo+Opiod
Statewide	233.8	86.2	174.1	47.1
Malheur	181.1*	29.0*	163.6	36.9
Baker	218.5	58.1	175.0	40.4
Clatsop	270.6	124.6^	184.2	49.9
Curry	279.1	59.8	238.1^	63.6
Harney	219.4	83.8	156.1	47.7
Josephine	298.7^	97.7	231.8	72.4^
Umatilla	204.7	61.6	167.4	30.7*
Clackamas	240.7	100.3	170.5	46.3
Multnomah	224.7	89.0	161.4	39.9

*= lowest in Oregon

= highest in Oregon

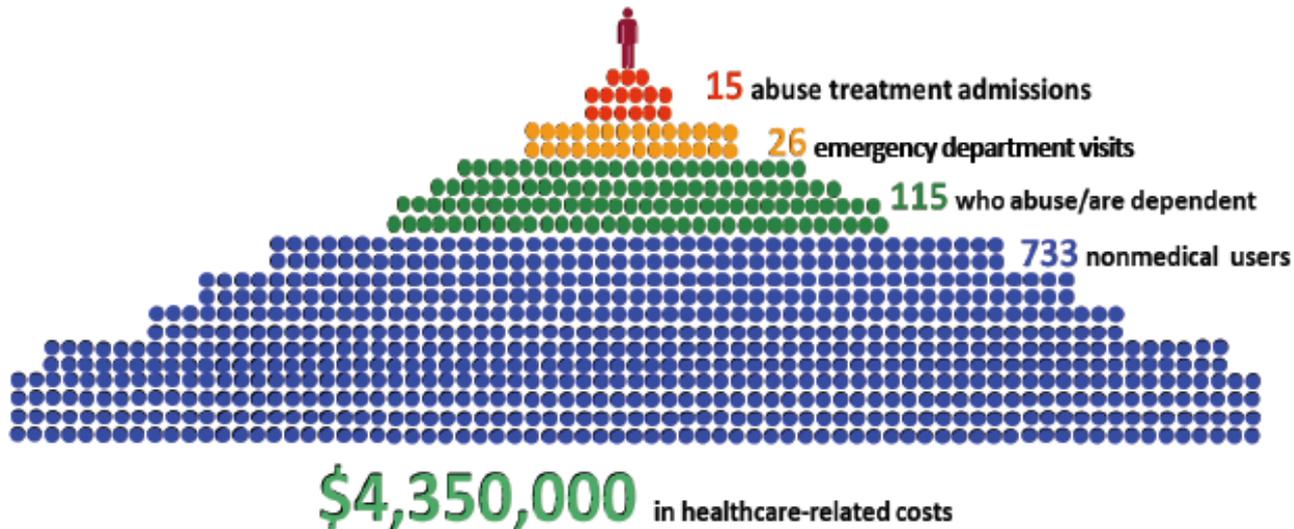
Opioid Deaths



- 46 people die every day (Centers for Disease Control)
- ~110 Oregonians in 2014
 - 150 Oregonians in 2013
 - 193 in 2011
 - 170 in 2012

Overdose deaths are the tip of the iceberg

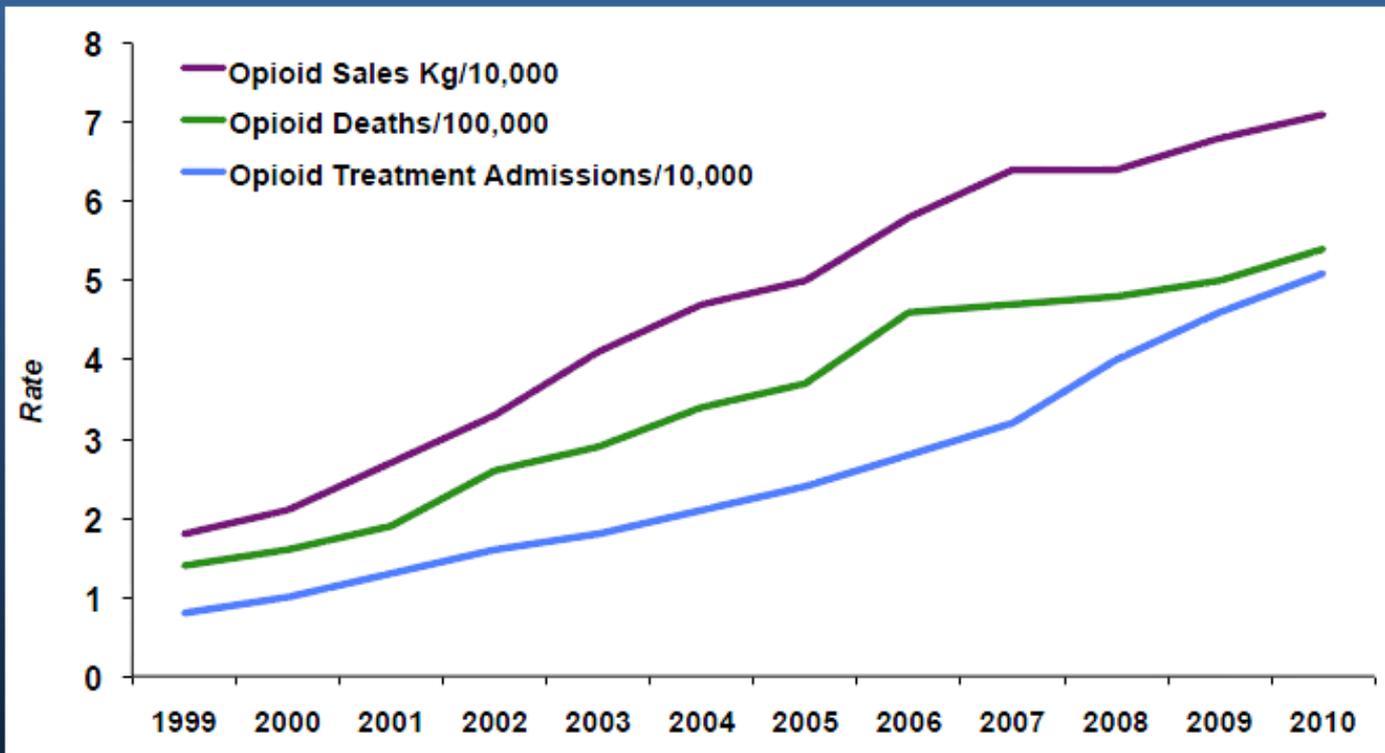
For every **1** prescription opioid overdose death in 2010 there were...



SAMHSA NSDUH, DAWN, TEDS data sets.

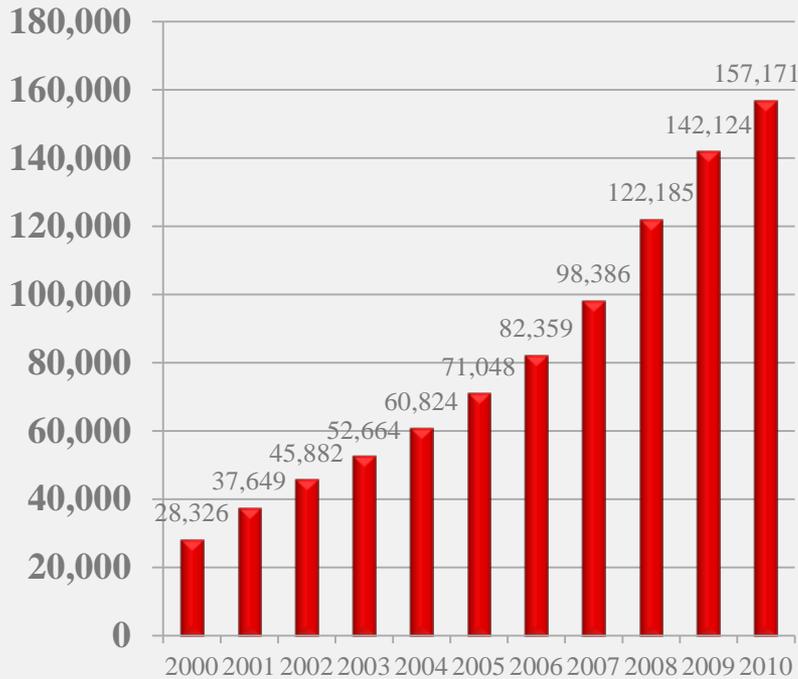
Coalition Against Insurance Fraud. Prescription for Peril. <http://www.insurancefraud.org/downloads/drugDiversion.pdf> 2007.

Opioid overdose deaths, sales, and treatment admissions rise in parallel US, 1999-2010



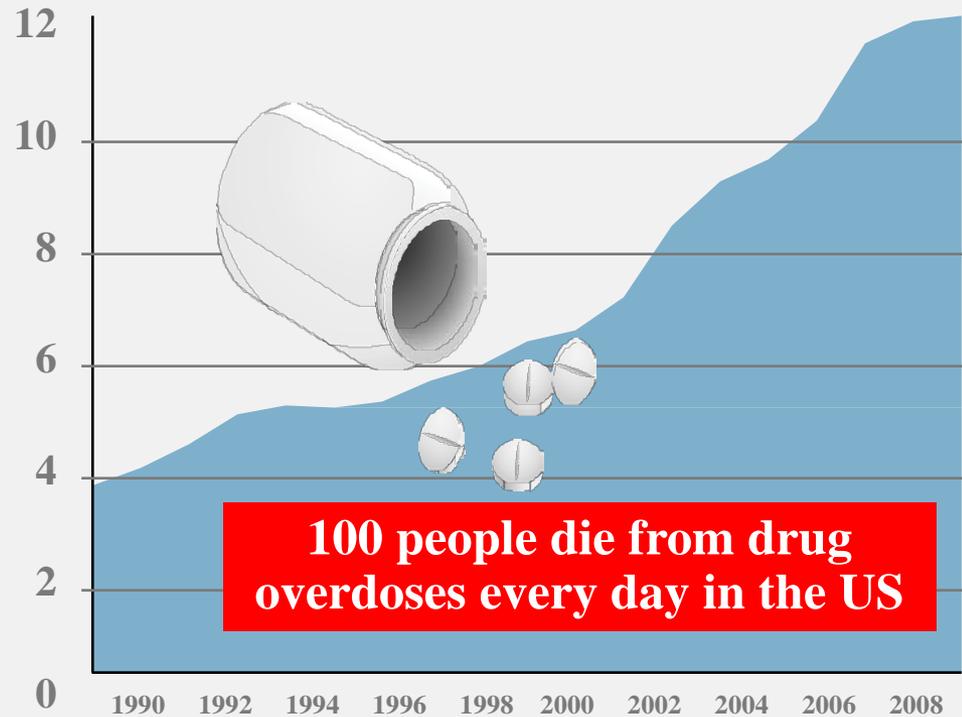
National Vital Statistics System, DEA's Automation of Reports and Consolidated Orders System, SAMHSA's TEDS

More Than 5-Fold Increase In **Treatment Admissions For Prescription Painkillers** In the Past Decade



Source: SAMHSA Treatment Episode Data Set (TEDS), 2000-2010

Drug OD in the US Have More Than **Tripled** since 1990 and **INCREASES** Greater for Women (Five-FOLD)



National Vital Statistics System. Drug Overdose Death Rates by State 2008.

*Deaths are those for which poisoning by drugs (illicit, prescription, and over-the-counter) was the underlying cause.

CDC Vital Signs, July 2013.

Slide from Presentation of Dr. Nora Volkow, Director, Natl Institute of Drug Abuse
April 22, 2014 National Rx Summit



Governor John Kitzhaber
Governor's Office
State Capitol
Salem, OR 97301

Dear Governor Kitzhaber:

Thank you for the opportunity to have served on the National Governors Association Task Force on Prescription Drug Abuse. It has been an honor working to develop a road map that you may use to reduce the number of prescription drug overdoses and deaths. We cannot continue year after year having prescription drug abuse deaths exceed the number of people killed by automobile accidents.

While the potential of misuse and abuse of prescription drugs has always been present, it was not until the late 1990's when the first long acting opioids were approved by the FDA for the treatment of pain that we began to see significant misuse and abuse of prescription drugs. The ability to legally gain access through a prescription for an opioid has led many people to become addicted to these medications and we began to see sharp increases in deaths due to these drugs.

The attached *Reducing Prescription Drug Misuse and Abuse: A Priority for Oregon* lays out six concrete steps and goals to start Oregon down the path to address this health care epidemic.

We look forward to working with you and your office to build and implement a statewide plan to address this health crisis. All of us believe this is a very serious problem and look forward to your leadership as we all work to reduce this epidemic.

Sincerely,

Thomas Burns
Director Pharmacy Programs
Oregon Health Authority

Rob Bovett
District Attorney
Lincoln County

Judy Cushing
Executive Director
Lines for Life

Mary Ellen Glynn
Former Executive Director
Drug and Alcohol Commission

Senator Jeff Kruse
Senate District 1

Dr. Dennis McCarty
Vice-Chair, Dept. of Public Health and Prevention
Oregon Health Science University

Lisa Millet
Manager, Injury and Prevention Program
Division of Public Health

Dr. Jim Shames
Public Health Officer
Jackson and Josephine Counties

Core Strategy



- Regional summits to develop regional action plans to reduce abuse
- Include all relevant stakeholders
 - CCO and private third party payers
 - Hospitals/systems
 - Treatment providers
 - Prescribers (physicians, nurses, dentists, PAs)
 - Prevention
 - Public health
 - Law enforcement
- **Lines for Life to Lead Effort**

Regional Summit Objectives



Develop a Regional Action Plan to:

1. Decrease pills in circulation
2. Improve disposal efforts
3. Improve and expand access to treatment
4. Prevent abuse with prescriber and patient education

Regional Summit Agenda



- State of the state
- State of the region
 - PDMP data and survey data
- Highlight Key Initiatives in Oregon
- Identify barriers to reducing abuse – AND develop action items to beat the barriers:
 - Better Prescribing
 - Reducing Volume of Unwanted Pills
 - Improving and Expanding Treatment
 - Expanded & Better Use of the PDMP

Reducing the Pills in Circulation

for each: Identify Barriers and Solutions



- **Prescribing Practices**
 - **Rx Guidelines**
 - ✦ Expanding use of guidelines
 - ✦ Baseline components of effective guidelines
 - **Use of the PDMP**
 - ✦ Expanding use
 - ✦ Standard of Care?
 - **Other?**
- **Reimbursement Strategies/Incentives**
 - Rx bias in reimbursement?
 - Reimbursement cap?
 - Removing methadone pill from the state formulary

Reducing the Pills in Circulation (2 of 2)

for each: Identify Barriers and Solutions



- **Expanding Use of Non-Opioid Therapies**
 - Non-opioid Therapies (movement, yoga, acupuncture)
 - ✦ Primary Care Provider education
 - In practice today
 - In medical education
 - ✦ Access/availability of providers
 - ✦ Reimbursement incentives
 - Moving non-opioid therapies above the line
 - Addressing any reimbursement bias
 - Alternative Pain Clinic Model

Improving Treatment and Access to Treatment



- **Improving access to medication assisted therapies**
 - **Suboxone**
 - ✦ Reimbursement strategies
 - ✦ Improving provider access
 - Expanded certification
 - Hub model
 - **Naloxone**
 - ✦ Distribution networks/initiatives
 - ✦ Co-prescription strategies
 - ✦ Law enforcement / first responder access
 - ✦ Post Naloxone intervention strategies

Eastern Oregon Rx Summit

April 24, 2015



• Reducing Pills

- Opioid Prescriber Group
 - ✦ Rx Guidelines
 - ✦ Decision Aids
 - ✦ Hal Rogers Grant
- Alternative Pain Clinic
- Integrated Care Model
 - ✦ CCO committed to fund
- Workforce/Education
 - ✦ More Cog. Behav. Therapy
 - ✦ Pain ed to equip PTs
 - ✦ Educate providers on

• Better Treatment/Access

- Buprenorphine TF
 - ✦ Target: 2/county
 - ✦ Explore telehealth
 - ✦ Improve reimbursement
- Naloxone Task Force
 - ✦ Develop distribution plan
 - ✦ Office of Rural Health grant
- CCO Commitments
 - ✦ Reimburse for naloxone
 - ✦ Develop co-prescribing standards

Next Steps for Summits



- Comprehensive To Do List for Eastern Oregon
- Action Plan for Eastern Oregon
- 6 more summits....

Many Other Efforts Underway Statewide

For example



- **OHP Back Pain Group Prioritized List Changes 2016**
 - Supports comprehensive integrated treatment focused on the biopsychosocial needs of patient
 - Added evidence based treatment:
 - Cognitive behavioral therapy, physical therapy, chiropractic manipulation, osteopathic manipulation, acupuncture
 - Restricts or eliminates ineffective or harmful treatment: Long term opioid prescribing, back surgeries

- **QHOC's PIP for 2016**
 - Other regional initiatives

- **Healthy Columbia Willamette Initiative**

Questions and Discussion



- Primary care – and integrated approach – is essential to controlling the epidemic
- Improved prescribing practices
 - Effective use of the PDMP
 - Rx duration standards/targets
 - ✦ EHR defaults
- Effective use of alternative approaches
 - Non opioid pain therapies
 - Complementary services to improve opioid therapies or obviate need
- Better intervention, referral and treatment
- Compassionate choices for current opioid users
- NAS Awareness

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