Confronting the Opioid Epidemic
 Appropriately Treating Pain while Stopping Abuse

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Objectives

- Provide an overview of the opioid epidemic at a national and state level

- Understand the face of opiates in rural communities and the addiction pathway

- Discuss the state Prescription Drug Monitoring Program (PMP), legislative changes in 2016 and the PMPs role in supporting appropriate prescribing

- Discuss policy opportunities to further address the opioid epidemic
Opioid Epidemic

Every day, 44 people in the U.S. die from overdose of prescription painkillers...and many more become addicted.

Drug overdose – mostly from painkillers – now kill more people than car crashes.

http://www.cdc.gov/drugoverdose/epidemic/index.html
The Rise of the Opioid Epidemic

Overdose deaths per 100,000

2003 2004 2005 2006

2007 2008 2009 2010

2011 2012 2013 2014

Painkillers for All

Health care providers in different states prescribe at different levels.

Number of painkiller prescriptions per 100 people

Lowest

Average

Highest

State Abbreviation — GA 91 — Number of painkiller prescriptions per 100 people

http://www.cdc.gov/vitalsigns/opioid-prescribing/infographic.html#infographic1
Prescription Opioids – Leading Cause of Overdose Deaths

Drug overdose deaths involving opioids, by type of opioid, United States, 2000-2014

Deaths involving any opioid

Natural & semi-synthetic opioids (e.g., oxycodone, hydrocodone)

Heroin

Other synthetic opioids (e.g., fentanyl, tramadol)

Methadone

SOURCE:

http://www.cdc.gov/drugoverdose/data/analysis.html
Unintentional Prescription Opioid Overdose Deaths
Washington 1995-2014

Source: Washington State Department of Health, Death Certificates
Unintentional Opioid Overdose Deaths Washington
1995-2014

Source: Washington State Department of Health, Death Certificates
Rural Communities and Opioid Addiction

• Rural populations are on average older than urban populations; there may be more chronic pain for which management with pain medication is indicated

• Chronic pain and injury are more common in rural than in urban areas

• Rural residents are 45% more likely to overdose on a prescription pain medication than urban counterparts

• Young adults (age 18 to 25) are the biggest abusers of prescription pain medication

https://www.whitehouse.gov/blog/2015/09/21/overcoming-opioid-overdose-rural-america

<table>
<thead>
<tr>
<th>Methods and sources for obtaining pain relievers</th>
<th>Recent Initiates</th>
<th>Occasional Users</th>
<th>Frequent or Chronic Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bought from friend/relative, dealer, or internet</td>
<td>9%</td>
<td>13%</td>
<td>28%</td>
</tr>
<tr>
<td>Prescribed from 1 or more doctors</td>
<td>17%</td>
<td>17%</td>
<td>26%</td>
</tr>
<tr>
<td>Obtained from friend/relative for free or w/o asking</td>
<td>68%</td>
<td>66%</td>
<td>41%</td>
</tr>
</tbody>
</table>

[Diagram showing the percentage of methods and sources for obtaining pain relievers for different types of users.]

[Graph showing the percentage of methods and sources for obtaining pain relievers for different types of users.]

[Table showing the percentage of methods and sources for obtaining pain relievers for different types of users.]

The Path to Addiction and Abuse
Challenges for Rural Providers

- Challenging patient population

- Lack of conservative therapy options (e.g., physical therapy, acupuncture, etc.)

- Low reimbursement for addiction treatment and lack of treatment resources

- Workforce challenges (e.g., mental health or substance abuse providers)
The PMP Solution – “An Overview”

• The Prescription Drug Monitoring Program (PMP) is a program designed to improve patient safety and protect public health with the goal of reducing overdose deaths, hospitalizations, and other related prescription drug abuse issues.

1. Records for dispensing of controlled substances are submitted to a central database by pharmacies and other dispensers.

2. Health providers and other authorized users are able to register for access, and once approved, can view information through a secure web portal.

3. PMP information helps providers avoid duplicative prescribing and dangerous drug interactions; and helps to identify substance abuse or pain management issues.
System Overview

Dispensers

- Weekly Submission
- Schedules II-V
- ASAP 4.2

* Veterinarians have separate requirements

Pharmacists

Law Enforcement & Licensing

Prescribers

Data Submitted

Reports Sent

*Other groups may also receive reports other than those listed
Key PMP Benefits for Healthcare Providers

- **CHECK** for drug interactions or other harm
- **CHECK** for misuse or addiction
- **COORDINATE** care with other prescribers
- **USE** reports for compliance with treatment contracts
- **CHECK** history of transactions linked to DEA number – fraudulent scripts and monthly reporting
Commitment to Addressing the Epidemic
Historical Challenges with the PMP

• Access limited to prescribers with a DEA number

• Registration burden lead to low registration/use rates
  • As of 2015, approximately 68% of eligible providers were not registered for the PMP
Enhancing the PMP – 2016 Legislative Session

- HB 2730 expands access to PMP data
  - Additional 14,000 providers
  - Streamline the registration process
- Changes promote wider use of PMP
- HB 2730 had broad bi-partisan support
HB 2730 Implementation

• Effective date, June 9, 2016

• Rulemaking is required in order to fully implement
  • Final rule expected in June of 2017

• DOH has developed an interim strategy to ensure providers can take full advantage of the new law
HB 2730 Implementation – Interim Strategy

- DOH has authority to implement law while working on rule-making

- Until the final rule is in place facilities can query the PMP using the authority of a Medical Director
  - Similar to what Emergency Departments do with EDIE

- The final rule and system update will allow facilities in the future to query the PMP under the facility license

- DOH is working with the PMP vendor to establish a timeline
What do Providers/Hospitals Need in Order to Address the Opioid Epidemic?
State and National Efforts Under Way
Potential Policy Solutions for 2017

- Further enhancements to PMP (e.g., multistate data)
- Support overdose feedback system and PMP analysis
- Advocate for federal changes to buprenorphine restrictions
- Support appropriate reimbursement for addiction services and insurance coverage
- Support takeback programs and appropriate regulatory oversite
- ID check for controlled substances
- Increase access to Naloxone
What Could You Do?

• Take advantage of HB 2730
  • Establish structure and support culture change
• Commitment to opioid prescribing guidelines
• Integrate PMP data directly into EMR
• Ask for regular updates on key opioid metrics
• Speak with elected officials about the epidemic and resources/solutions needed to address the issue
Questions?

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