STRATEGIES TO COMBAT THE OPIOID EPIDEMIC

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METROHEALTH MEDICAL CENTER
OBJECTIVES

1. Understand scope of problem and contributing factors
2. Prioritize initiatives and interventions
3. Understand evidence for interventions
4. Outline a comprehensive strategy to address the opioid crisis in your healthcare system
The 3 Waves

Prescription Opioids
1990s - 2010

Heroin
2010 - 2015

Fentanyl
2015 - current
Distribution of Prescription Opioids
1998-2011

- From 1998 to 2011, there was a 643 percent increase in the amount of prescription opioid grams per 100,000 population distributed to retail pharmacies in Ohio.  

643% Increase in prescription opioid grams distributed

Figure 6. Unintentional Drug Overdose Death Rates and Distribution Rates of Prescription Opioids in Grams per 100,000 Population by Year, Ohio, 1998-2011

- a) All drugs other than fentanyl are taken orally; fentanyl is applied transdermally.  
- b) These doses are approximately equianalgesic: morphine: 30 mg; codeine: 200 mg; oxycodone and hydrocodone: 30 mg; hydromorphone: 7.5 mg; methadone: 4 mg; fentanyl: 0.4 mg; meperidine: 300 mg.
Distribution of Prescription Opioids 2011-2017

Figure 4. Number of Opioid Solid Doses Dispensed to Ohio Patients, by Year, Ohio, 2011-2017

Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System.
4,854 overdose deaths in Ohio in 2017

Figure 12. Number of Deaths and Annual Age-Adjusted Death Rate* per 100,000 Population from Unintentional Drug Overdose, by Year, Ohio Residents, 2001-2017

Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).
*The death rate is presented as age-adjusted which allows a comparison of death rates between populations (e.g. counties and states).
The rates are adjusted to the U.S. 2000 standard population to allow a comparison of the overall risk of dying between different populations.
MetroHealth Office of Opioid Safety

Mission:

To improve opioid safety throughout the MetroHealth system and the community through education, advocacy and treatment
PRIORITIES

Prevent Fatal Overdose
Treat Addiction
Prevent Addiction
Putting our Finger in the Dam…

PREVENT FATAL OVERDOSE
PREVENT FATAL OVERDOSE:

Naloxone

- Provide naloxone to patients and other lay responders
- Provide education on:
  - RISK FACTORS for overdose
  - RECOGNITION of opioid overdose
  - Training to RESPOND to opioid overdose

Project DAWN Distribution and Education
EVIDENCE:

CONCLUSION:

Opioid overdose death rates were reduced in communities where OEND was implemented. This study provides observational evidence that by training potential bystanders to prevent, recognize, and respond to opioid overdoses, OEND is an effective intervention.
COST

Total Cost of Project
DAWN Kit = $80.00

Medical Cost of a Fatal Drug Overdose:
$2,980

Average in-patient treatment charge for a drug overdose is $10,488.

2/3 of these individuals were uninsured or covered by publicly funded programs.
How Can I Implement This At My Hospital?

1. Coprescribe naloxone with opioid prescriptions > 50 MED or to patients at risk for overdose

2. Take-home kits available in Pharmacy

3. Refer patients to a Project DAWN distribution site:
   https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/resources/list-project-dawn-sites
Reinforcing the Dam…
TREAT ADDICTION
Treatment for Opioid Use Disorder (MAT or Medication assisted Treatment)

- Methadone - full agonist
- Buprenorphine/Nx - partial agonist/antagonist
- Buprenorphine - partial agonist
- Naltrexone –Full antagonist
Why Treat OUD with MAT?

❖ In Baltimore, after Buprenorphine became available, heroin overdose deaths dropped by 37%

❖ MAT increases social functioning and retention in treatment

❖ Decreases opioid use

❖ Decreases criminal activity

❖ Decreases transmission of infectious disease

❖ Improves outcome for pregnant women and their babies (decrease NAS and hospital LOS)
A Swedish Study compared patients maintained on Buprenorphine vs detoxed using Buprenorphine for 6 days.

Treatment failure rate was:

- 25% for Buprenorphine group
- 100% for detox group
MAT is not widely available

- Less than half of substance use disorder programs offer MAT and of those, only a third of the patients actually receive it
- Nearly all states report inadequate access to MAT
How Can YOU Offer MAT in your Healthsystem?

❖ Opioid Treatment programs
❖ Inpatient consults
❖ Primary care – individual and shared medical visits
❖ Specialty care (Ob/Gyn, pain management, PM&R)
❖ Emergency Care
❖ Telehealth
ED initiated Buprenorphine

ED patients assigned to 1 of 3 Protocols:

1. Referral for treatment with handout

2. Brief Negotiation Interview (BNI)- 10-15 min motivational interview and active connection to treatment

3. BNI + Bp/Nx and active connection to treatment

Connecting At-Risk Patients to Treatment

- Live Peer Supporters in the ED and available for inpatient consult 24/7
- Ascent Solution mobile App for continued connection to treatment outside of the hospital

**TYPE OF SUPPORT:**

**Emotional**
Demonstrates empathy, caring, develops connection with patient

**Informational**
Shares knowledge and information regarding treatment options and support services

**Instrumental**
Assists with warm handoff to treatment
Moving Upstream…
PREVENT ADDICTION
Prevention

- Data Analysis of Opioid prescribing
- Peer review and provider level interventions
- Education for Providers and Patients
- Informatics initiatives
Opioid Prescriber Scorecard - will be live by 11/1/17 for all providers

Your opioid prescribing compared to your peers (2017Q1)
Percentage of encounters where an opioid (DEA Class 2 or 3) was prescribed
- Your peers (specialty)
- You

Other opioid prescribing metrics (2017Q1)
- OARRS Check: XX%
- Co-prescribing benzodiazepines: XX%
- Average Morphine Equivalent Dose (MED): XXmg

Report creation date: 2017.10.06
Peer Review Review of Providers

1. Use data to identify opioid prescribing trends

Prescribing Metrics:

- Total opioid pills
- Total opioid pills/100 encounters
- Average MME
- Opioid + benzos
- OARRS compliance

2. Perform chart review

3. Meet with provider share data and identified areas to performance improvement

4. Develop and implement performance improvement plan

5. Reevaluate performance
EDUCATING METROHEALTH PROVIDERS:

Safer Opioid Prescribing Town Halls

The Office of Opioid Safety conduct weekly Opioid Town Halls. The objectives of the town halls are to:

1. Identify processes and tools for safe opioid prescribing
2. Discuss the impact of federal and state laws pertaining to opioid prescribing.
3. Integrate assessment and management tools to mitigate drug misuse and monitor effective patient adherence to drug regimens.

All providers must attend a town hall.

Monthly Lunch and Learn

Provide providers/employees with identified areas of need educational support and resources

Topics include:
- Urine Tox vs. Pain Management Panel
- Weaning patients off of opioids
- The addiction model
- Inheriting patients on chronic opioid therapy

Safe Opioid Prescribing Provider Simulation Program

1. Demonstrate effective skills for safer opioid prescribing, address aberrant behavior and illicit drug use, and manage inherited primary care patients on high dose opioids.

2. Address aberrant behavior and illegal drug use in an opiate-treated patient with chronic pain.

3. Address aberrant behavior and illegal drug use in a patient with ADHD
Safer Opioid Prescribing...

Making the **SAFEST** choice the **EASIEST** choice
## ED Discharge Acute and Chronic Pain [3922]

### Medications

<table>
<thead>
<tr>
<th>Topical/Transdermal (Single Response)</th>
<th></th>
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<tbody>
<tr>
<td>□ Lidocaine (LIDODERM) 5 % patch</td>
<td>Normal</td>
<td></td>
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<tr>
<td>□ Capsaicin 0.025 % cream</td>
<td>Normal</td>
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<table>
<thead>
<tr>
<th>Neuropathic Pain (Single Response)</th>
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<tbody>
<tr>
<td>□ Gabapentin (NEURONTIN) 100 MG capsule</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>□ Pregabalin (LYRICA) 50 MG capsule</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>□ Duloxetine (CYMBALTA)</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>□ Venlafaxine HCl extended release 24-hour capsule</td>
<td>Normal</td>
<td></td>
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<tr>
<td>□ Amitriptyline HCl</td>
<td>Normal</td>
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<tr>
<td>□ Nortriptyline HCl</td>
<td>Normal</td>
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<thead>
<tr>
<th>Oral Non-Opioids Meds (Single Response)</th>
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<tbody>
<tr>
<td>□ Acetaminophen (TYLENOL) 325 MG tablet</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>□ Celecoxib (CELEBREX) capsule</td>
<td>Normal</td>
<td></td>
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<tr>
<td>□ Meloxicam</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>□ Ibuprofen (MOTRIN)</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>□ Naproxen (NAPROSYN)</td>
<td>Normal</td>
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</tbody>
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<thead>
<tr>
<th>Opioids - Acute Pain Only (Single Response)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>□ hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet</td>
<td>Normal • 12 Tablet,</td>
<td></td>
</tr>
<tr>
<td>□ oxyCODONE-acetaminophen (PERCOCET) 5-325 MG tablet</td>
<td>Normal • 12 Tablet,</td>
<td></td>
</tr>
<tr>
<td>□ oxyCODONE 5 MG HCl</td>
<td>Normal • 12 Tablet,</td>
<td></td>
</tr>
<tr>
<td>□ tramadol (ULTRAM) tablet</td>
<td>Normal • 12 Tablet,</td>
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<tr>
<td>□ Codeine Sulfate</td>
<td>Normal • 12 Tablet,</td>
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### Opioids Reversal

| Naloxone HCL 4 MG/0.1ML Nasal Liquid | Normal |

### PEG Pain score

**Mild** | **Moderate** | **Severe**
---|---|---

1. What number best describes your pain on average in the past week?  
0; No Pain 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10; Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?  
0; No Pain 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10; Pain as bad as you can imagine

3. What number best describes how, during the past week, pain has interfered with your general activity?  
0; No pain 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10; Pain as bad as you can imagine

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MetroHealth
Over 18 months we prescribed 3 millions less opioid pills

62% reduction in prescribed pills for acute pain

25% reduction in prescribed pills for chronic pain
START with Overdose prevention and then move upstream

Increase access to MAT in traditional and nontraditional settings (ED, primary care, telehealth)

An ounce of prevention is worth a pound of cure!!
Address addiction before it starts with initiatives and tools to reduce overprescribing