Regional Opioid Safety Coalitions: Bringing communities together to prevent overdose deaths

November 3, 2015 Webinar

California HealthCare Foundation

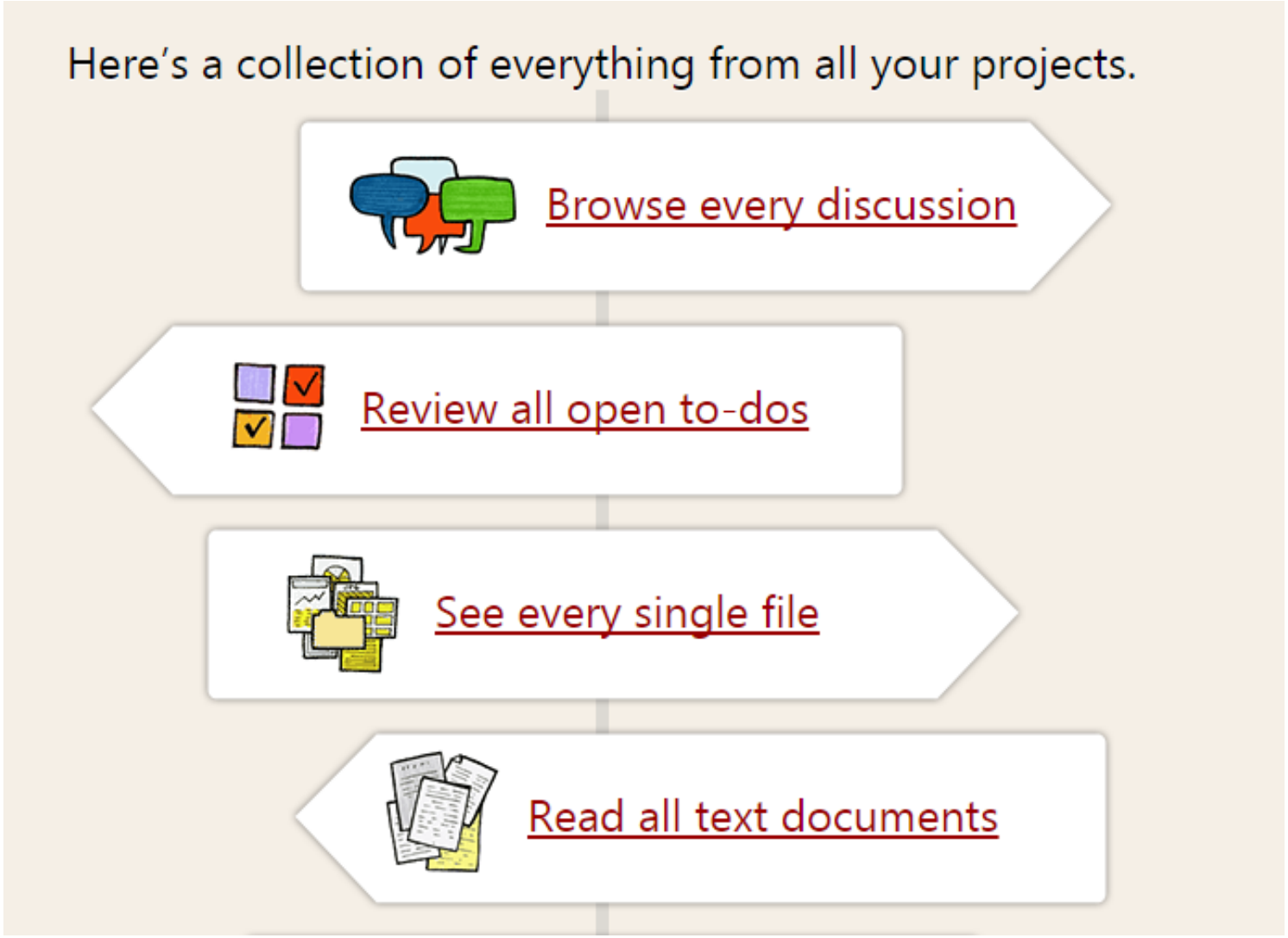
Agenda

- Welcome, housekeeping
- Vision and goals
- Map of Coalitions
- Coalition member expectations
- Resources - mentors, coaching, webinars, calendar
- Learning from bright spots
- Communications support
- 11/17 agenda review and logistics
- Q&A

Housekeeping

- This session will be recorded
- Basecamp: web location for resources
- Slides and recording will be posted on our Basecamp within a week
- To ask a question:
  - Logistical questions: Use CHAT to the Host
  - Questions for Speakers : Use CHAT to ALL
- Webinar Evaluation: please take a moment at the end of the webinar to give feedback

Basecamp


Here's a collection of everything from all your projects.
Browse every discussion
Review all open to-dos
See every single file
Read all text documents

Objectives for Opioid Safety Coalitions

- Decrease opioid overdose deaths by 30%
- Implement collective actions and decrease the impact of the opioid overuse epidemic on the community:
  - Supporting safer prescribing practices
  - Expanding access to medication-assisted addiction treatment
  - Increasing naloxone access
- Learn from experts and peers, with support of faculty and coach

“Ask your doctor if taking a pill to solve all your problems is right for you.”

What we used to know

- Less than 1% of people get addicted with chronic opioid use
- There is no dose limit
- Opioids reliably relieve pain long-term
- Opioids in chronic use have no negative physical impact

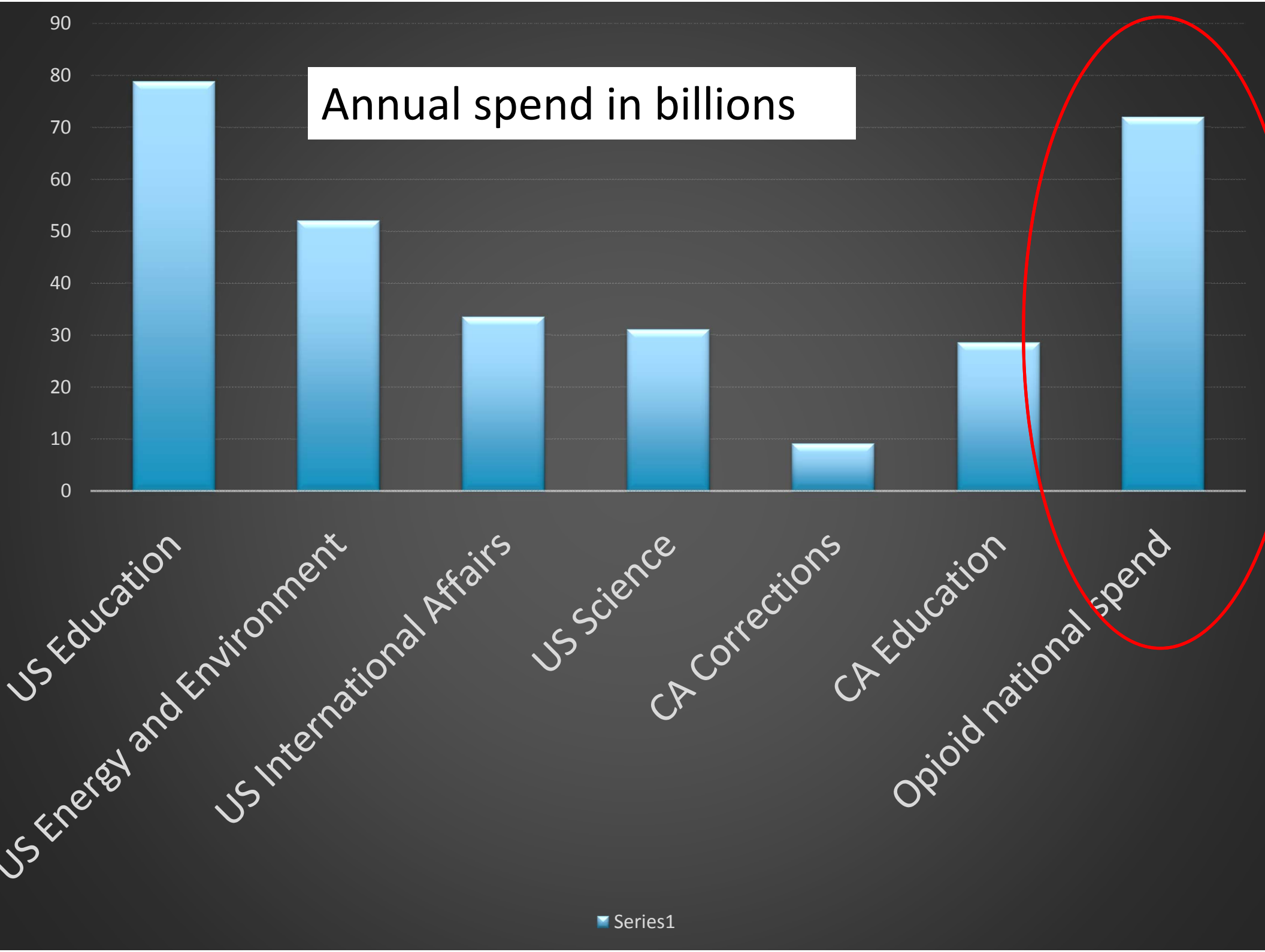
Joint Commission Guide (sponsored by Purdue)

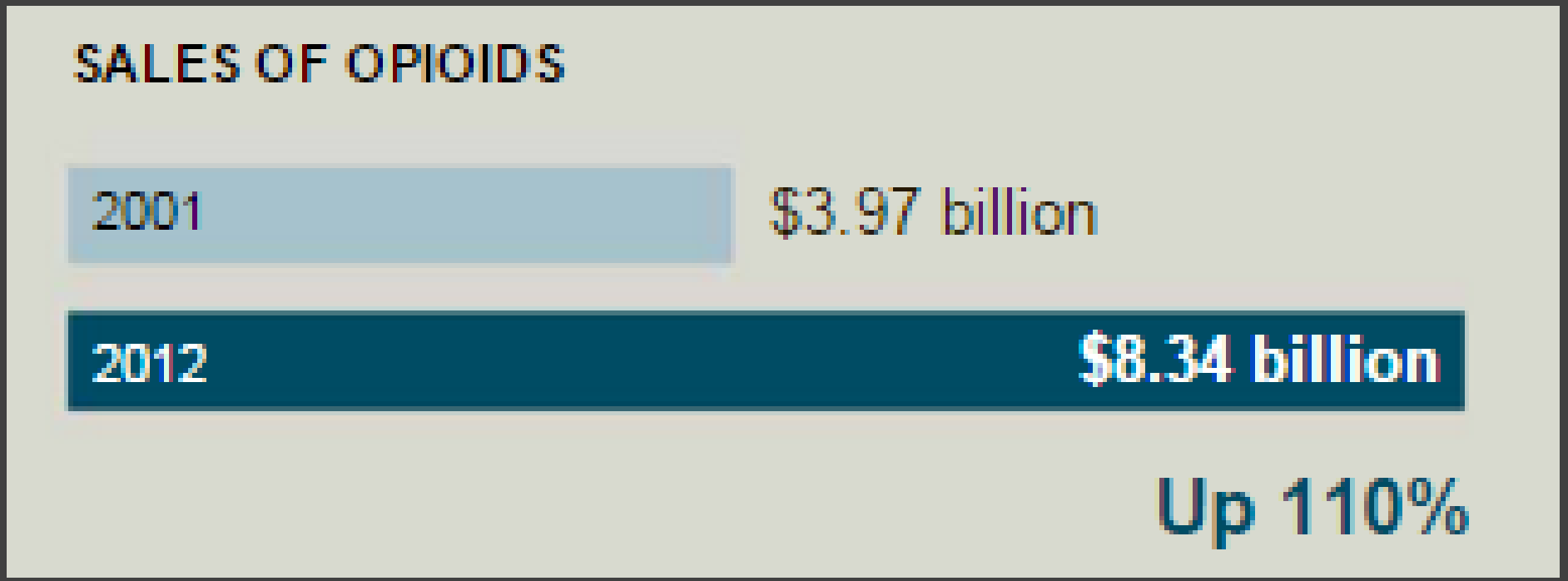
“Some clinicians have inaccurate and exaggerated concerns about [addiction, tolerance, and risk of death].

This attitude prevails despite the fact that there is no evidence that addiction is a significant issue when persons are given opioids for pain control.”

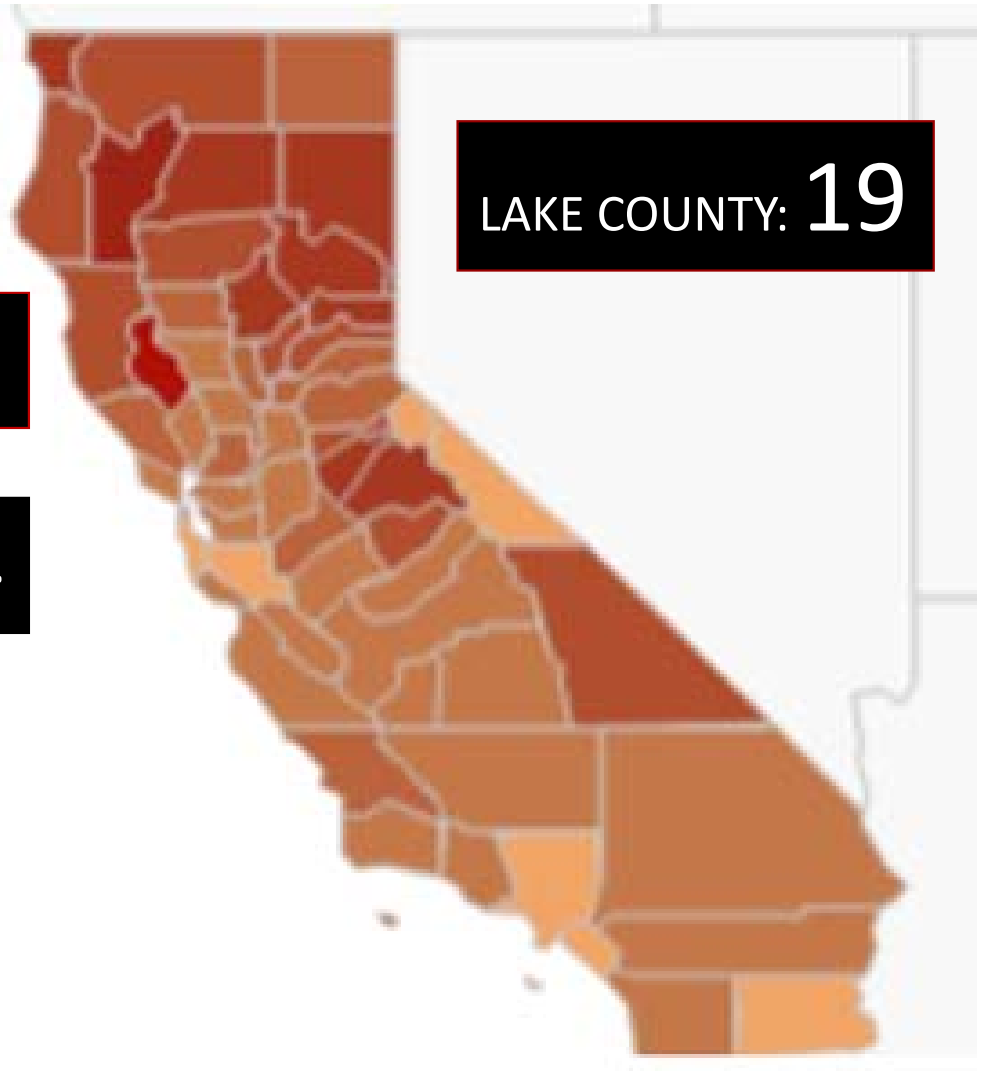
What we know now

- Addiction much higher than we thought (10% or higher; over 50% lifetime misuse)
- Higher doses associated with high death rate, disability and medical problems
- Poor evidence that opioids improve chronic pain -- may increase pain in some populations
- Long-term opioids can change the brain, sometimes permanently
  - Inability to produce dopamine
  - Hyperfunctioning inhibitory pathways (leading to dysphoria, poor motivation)
- Opioid replacement stabilizes the brain
  - Dramatically improves retention rate
  - Lowers death rate


Annual spend in billions
90
80
70
60
50
40
30
20
10
0
US Education
US Energy and Environment
US International Affairs
US Science
CA Corrections
CA Education
Opioid national spend
Series1


SALES OF OPIOIDS
2001
$3.97 billion
2012
$8.34 billion
Up 110%

California rural north: highest prescribing rates



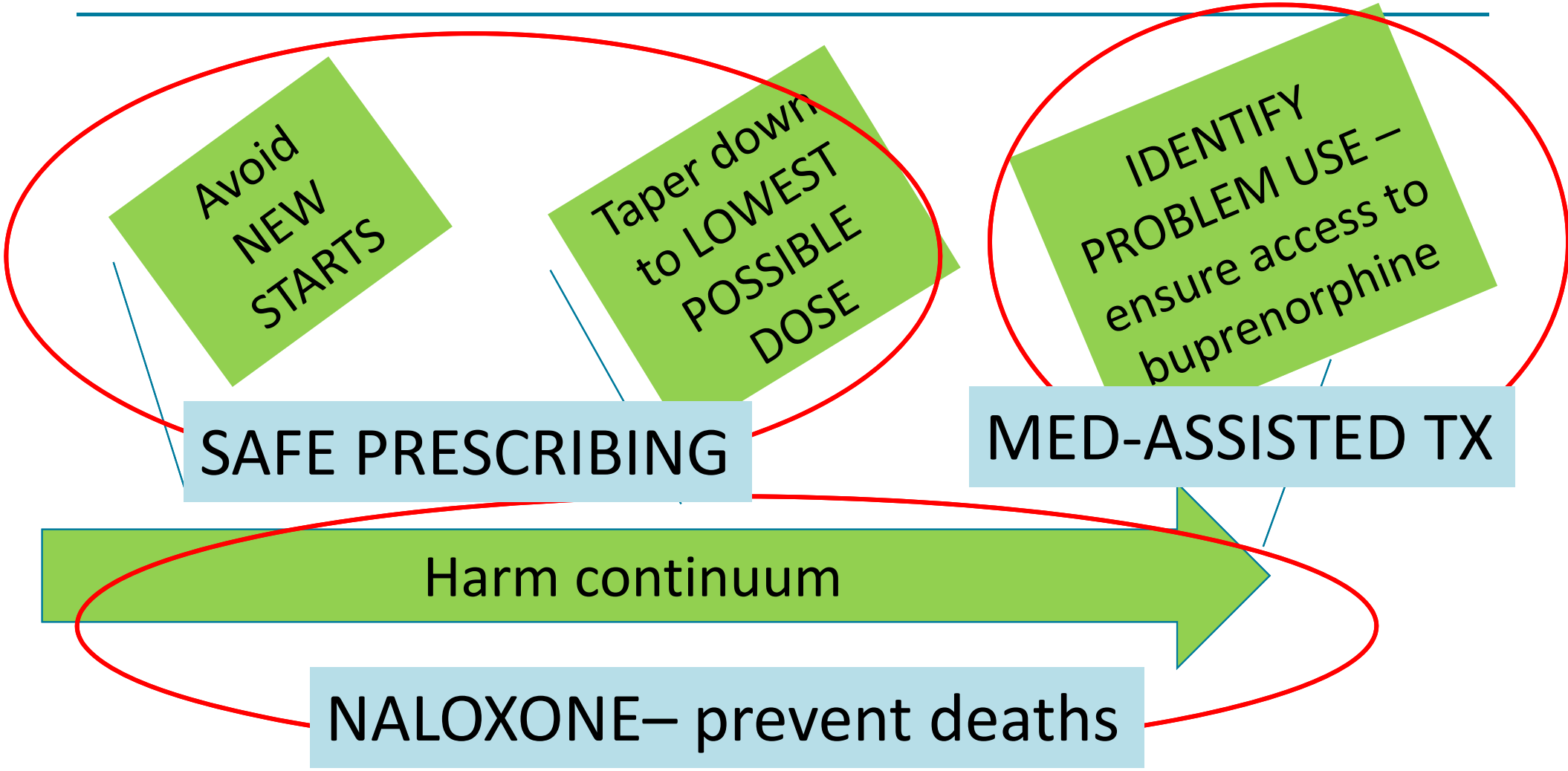
LAKE COUNTY: 19

SONOMA COUNTY: 8

SF COUNTY: 4

California counties with no narcotic treatment program:

How to fix it?


Avoid NEW STARTS
Taper down to LOWEST POSSIBLE DOSE
IDENTIFY PROBLEM USE – ensure access to buprenorphine
SAFE PRESCRIBING
MED-ASSISTED TX
Harm continuum
NALOXONE– prevent deaths

STRATEGY 1:

Promote safe prescribing practices

Example: Safe Prescribing guidelines in primary care and emergency departments

1. Acute pain:
   - Use opioids judiciously and in small doses
   - Avoid the 90 day cliff (2/3 of patients become chronic users)
2. Chronic pain
   - Avoid high-risk meds: benzo/opioids, methadone
   - Monitor for and respond to concerning behaviors
   - Recognize high-risk threshold: >100 mg morphine equivalents and >40 mg methadone
     - Avoid escalations above threshold
     - Slowly wean down where possible

STRATEGY 1:

Promote safe prescribing practices

Example: Share patient visit history, provider information, care plans between EDs, case management, and primary care practices through EDIE

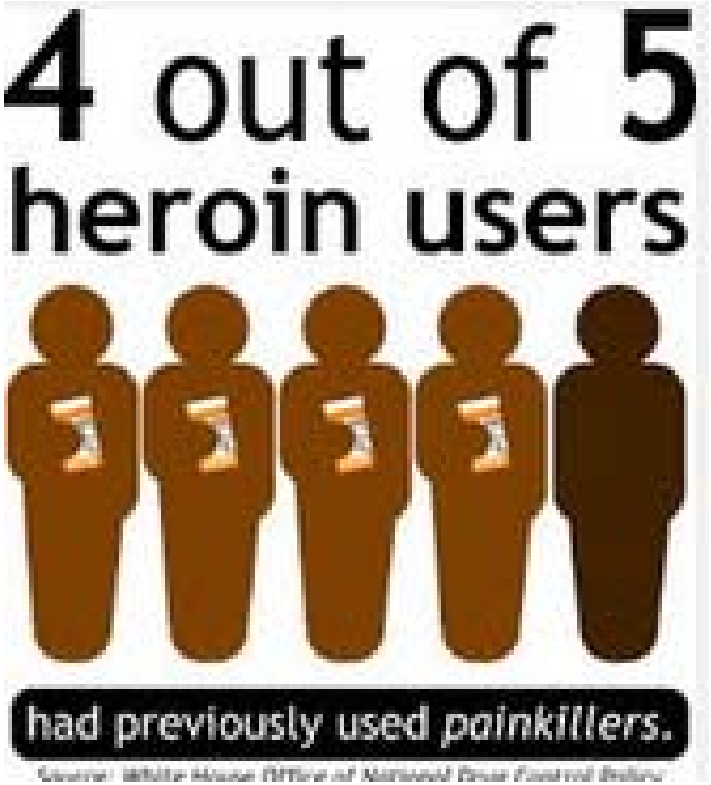
- Spread across 100% of hospitals in OR and WA; expanding in CA
- Decreased total WA Medicaid ED visits by 10%, high utilizer visits by ~35%, and medically-unnecessary ED prescriptions by ~24%
- Improves communication and collaboration between EDs, PCPs, and care managers

STRATEGY 2:

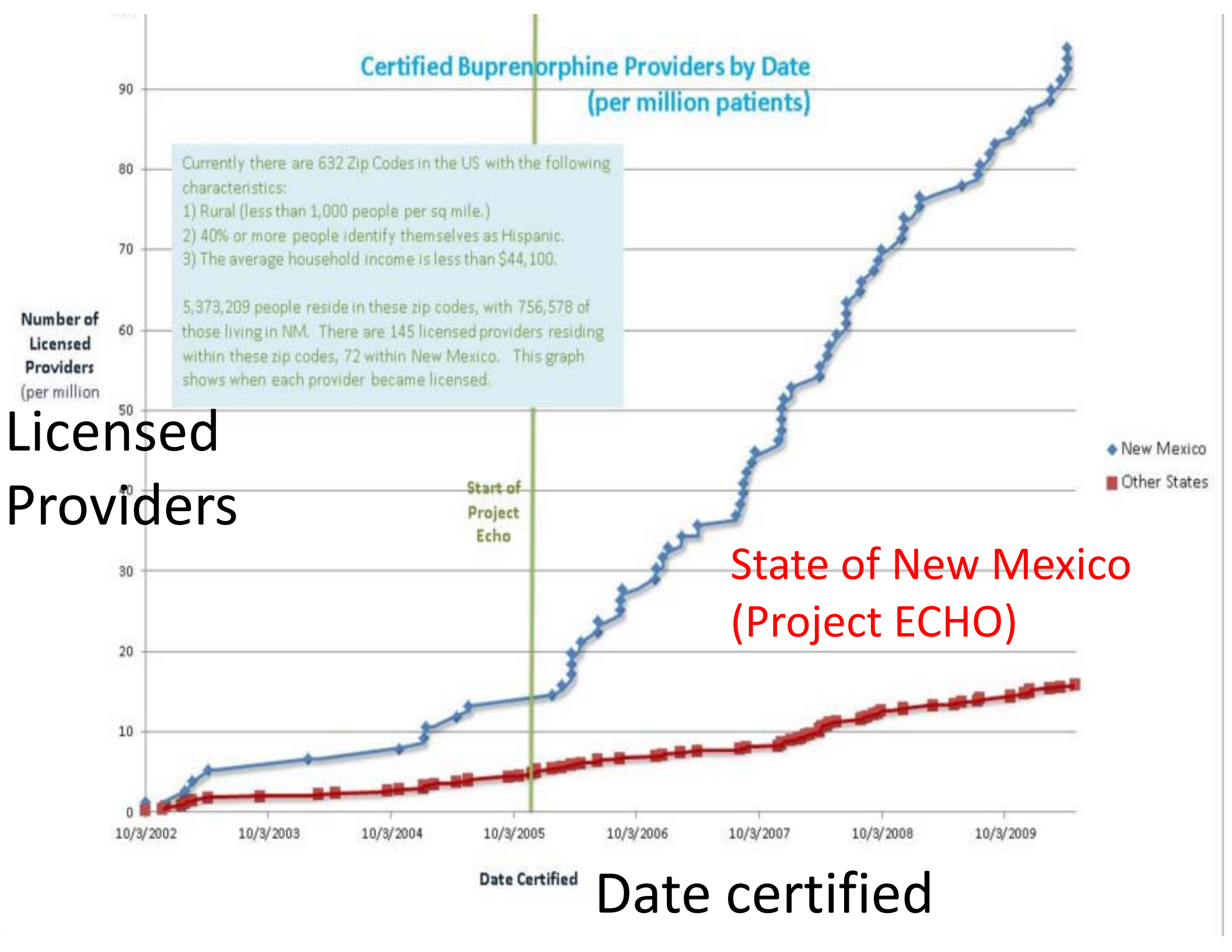
Expand Access to Medication-Assisted Treatment:

Don’t create opioid refugees.

If we identify addiction, our obligation is to work with the patient and find treatment.



Half of doctors with “X” licenses in California don’t prescribe any buprenorphine


Certified Buprenorphine Providers by Date
(per million patients)
Currently there are 632 Zip Codes in the US with the following characteristics:
1) Rural (less than 1,000 people per sq mile.)
2) 40% or more people identify themselves as Hispanic.
3) The average household income is less than $44,100.
5,373,209 people reside in these zip codes, with 756,578 of those living in NM. There are 145 licensed providers residing within these zip codes, 72 within New Mexico. This graph shows when each provider became licensed.
Number of Licensed Providers (per million
Licensed Providers
Start of Project Echo
New Mexico
Other States
State of New Mexico (Project ECHO)
0
10
20
30
50
60
70
80
90
10/3/2002
10/3/2003
10/3/2004
10/3/2005
10/3/2006
10/3/2007
10/3/2008
10/3/2009
Date Certified
Date certified

MAT: retention in Treatment

Table ES1. Summary measures of effectiveness of medications for opioid dependence treatment over 3-12 months of follow-up.

Outcome	Methadone	Buprenorphine/Suboxone	Naltrexone/Vivitrol
Mortality (%)	< 1% (range: 0-6%)	<1% (range: 0-2%)	No deaths reported
Use of Illicit opioids (mean # positive urine tests)	12 (range: 3-25)	12 (range: 3-25)	Not reported (% of patients not achieving abstinence: 40-60%)
Retention in treatment (%)	63% (range: 54-71%)	52% (range: 40-65%)	28% (range: 16-30%)

STRATEGY 3:

Increase Use of Naloxone, *an overdose antidote*

San Francisco had 75 overdose reversals of fentanyl in July

“I don’t know why you are talking to me about overdose. That won’t happen to me.”

Chronic user of high-dose prescription painkillers; had to be reversed by naloxone over 6 times in last year due to “side effect” of morphine.

Map of Coalitions

We are….
12 coalitions representing 19 counties

Type your name, organization and county/region into the chat box

Expectations of Coalitions

- Develop SMART goals and execute action plans for three priority areas:
  - safe prescribing, medication assisted treatment and naloxone
- Implement a coalition infrastructure to support your goals
  - Task force meetings, communications, data collection
- Participate fully in peer-to-peer learning, coaching and mentoring
- Three progress reports, June & Dec 2016; June 2017

Type into the chat box:

What's one thing you're most excited about?

Program Elements - Resources

Convenings	• Three in-person, mandatory full-day sessions
	  • November 17, 2015
	  • September 2016, TBD
	  • May 2017, TBD – Sharing what we learned

Webinars	• Eight 90-min webex sessions through May 2017 • Key topics and time for sharing strategies/challenges
Expert Mentors	• Physician leaders from San Diego, Marin, and other counties with successful regional taskforces
Coaching	• Monthly coaching on goals, measures, action steps
Your Coalition	• Activities may include kick-off and ongoing steering committee meetings, and action group structure

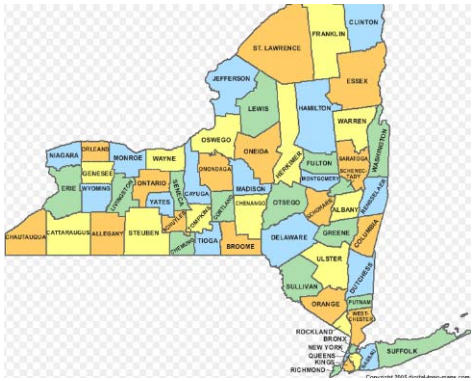
Name	*Specialty*
Bob Moore	Health plan approaches
James Gasper	Medication-assisted addiction treatment Role of pharmacists on the care team Department of Health Care Services information
Joel Hyatt	Partnership with Kaiser Engagement of primary and specialty care physicians in practice change
Julie Nagasako *Steve Wertz* *Karen Smith*	California Department of Public Health support of county health departments; data-sharing
Matt Willis	Community engagement – creating a "call to action" Coalition and task force organization and metrics Engaging law enforcement
Mike Small	CURES and county-level data analysis of prescribing data
Reb Close	Adopting ED guidelines; Addressing addiction in the ED (including starting buprenorphine and relationships with community agencies)
Roneet Lev	ED guideline adoption Engaging law enforcement, the DEA and the medical examiner
Scott Fishman	Pain Medicine; ECHO tele mentoring
Wendy Anderson	Palliative Care

How do we know we can succeed?

Focus on **law enforcement** and crack-down on pill-mills:

18% drop in death rates in 2 years

(after 59% rise over last 6 years)



Public health initiative, public service announcements, academic detailing

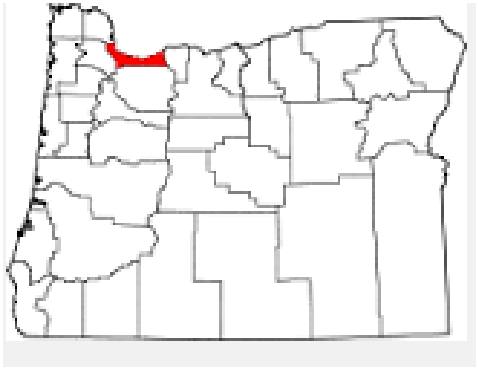
Dropped deaths by 29% in 2 years

(Staten Island)

Spread of monitoring data base

(similar to CURES)

Decreased patients receiving meds from multiple prescribers by 50%



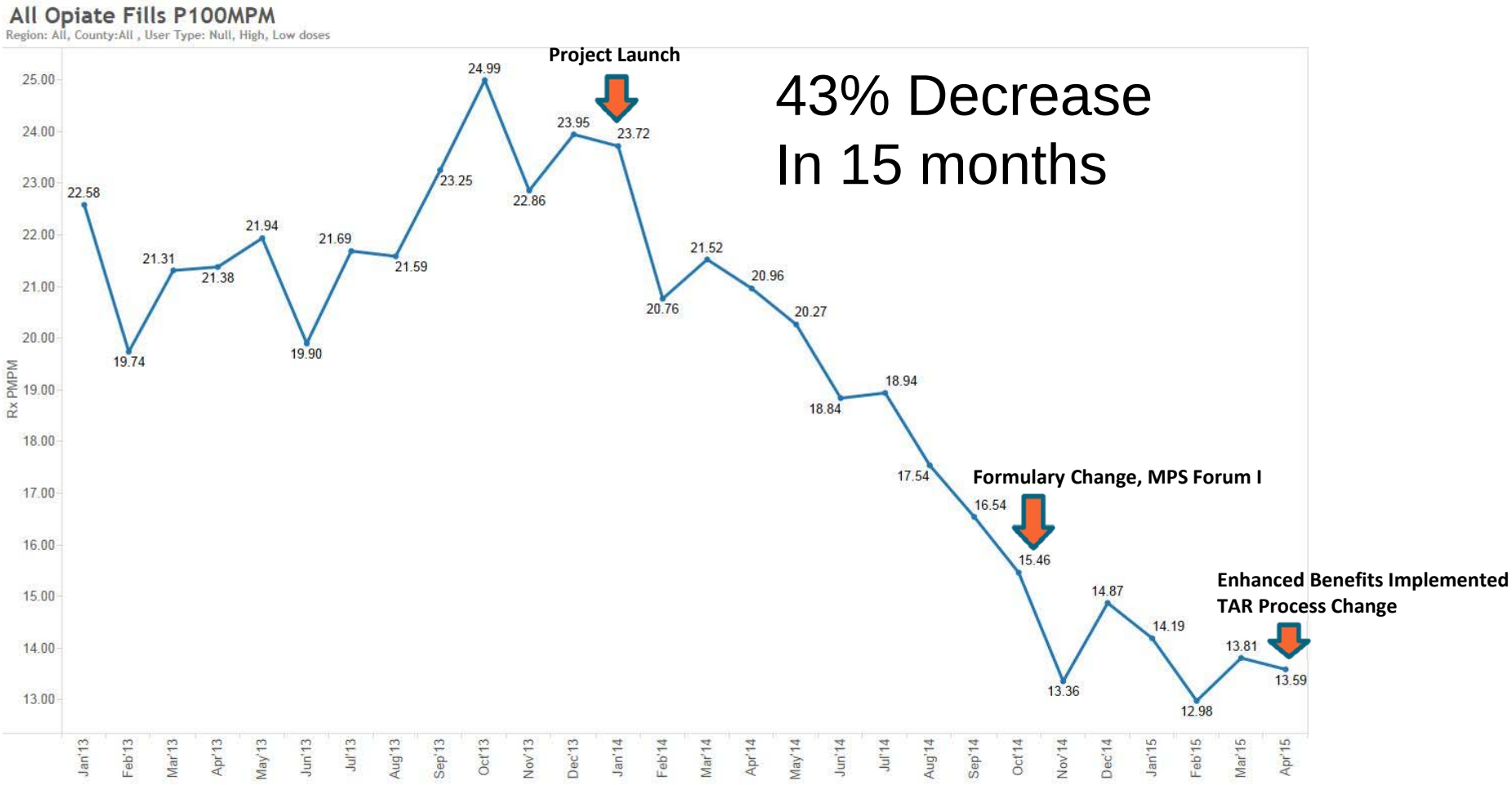
County clinic system guideline and physician coaching

Dropped number of patients on opioids by 40% with 80% retention rate

Partnership Health Plan through ECHO, auth policies and local coalition

dropped total number of opioid prescriptions written by 70% in Humboldt, and high-dose opioids by 33%.

Partnership – Total Opioid Prescriptions



SAFE PAIN MEDICINE PRESCRIBING

We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.

For your SAFETY, we routinely follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.
2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
3. If pain prescriptions are needed for pain, we will only give you a limited amount.
4. We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.
5. We do not prescribe long acting pain medicines such as: OxyContin, MSContin, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.
6. We do not provide missed doses of Subutex, Suboxone, or Methadone.
7. We do not usually give shots for flare-ups of chronic pain. Medicines taken by mouth may be offered instead.
8. Health care laws, including HIPAA, allow us to ask for all of your medical records. These laws allow us to share information with other health providers who are treating you.
9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
10. We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system tracks opioid pain medications and other controlled substance prescriptions.

If you need help with substance abuse or addiction, please call

211

for confidential referral and treatment.

Community Hospital of the Monterey Peninsula

Salinas Valley Memorial Healthcare System

Mee Memorial Hospital

Natividad Medical Center

CMS

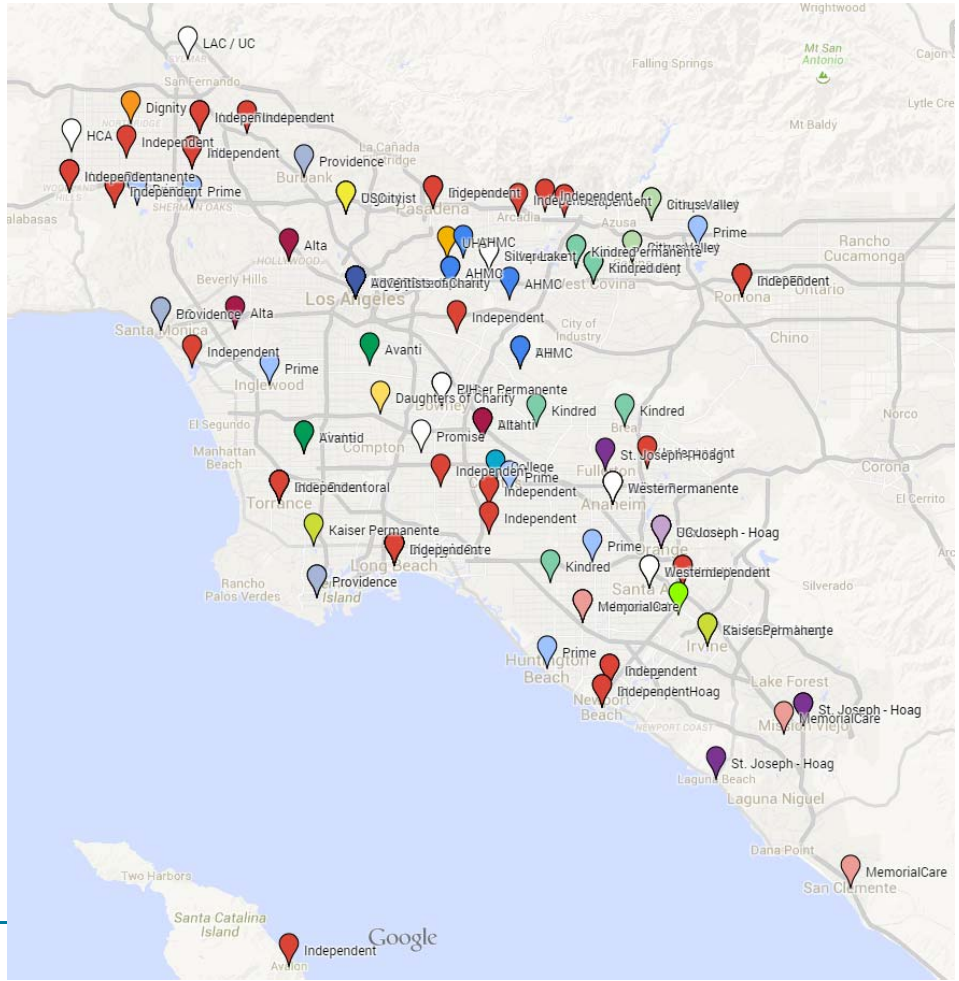
Doctors On Duty Medical Clinics

Hospital Council of Northern & Central California

Central California Alliance for Health

Monterey County Fire Chiefs Association

Every ED in LA and SD



Comprehensive Approach

Prevention

Education

Surveillance

Monitoring (PDMPs)

Diversion Control

Law Enforcement

Licensure

Treatment

Recovery

The Life of a Pill: Opportunities for Influence

Manufacture

Marketing

Pharmacists

Prescribers

Community

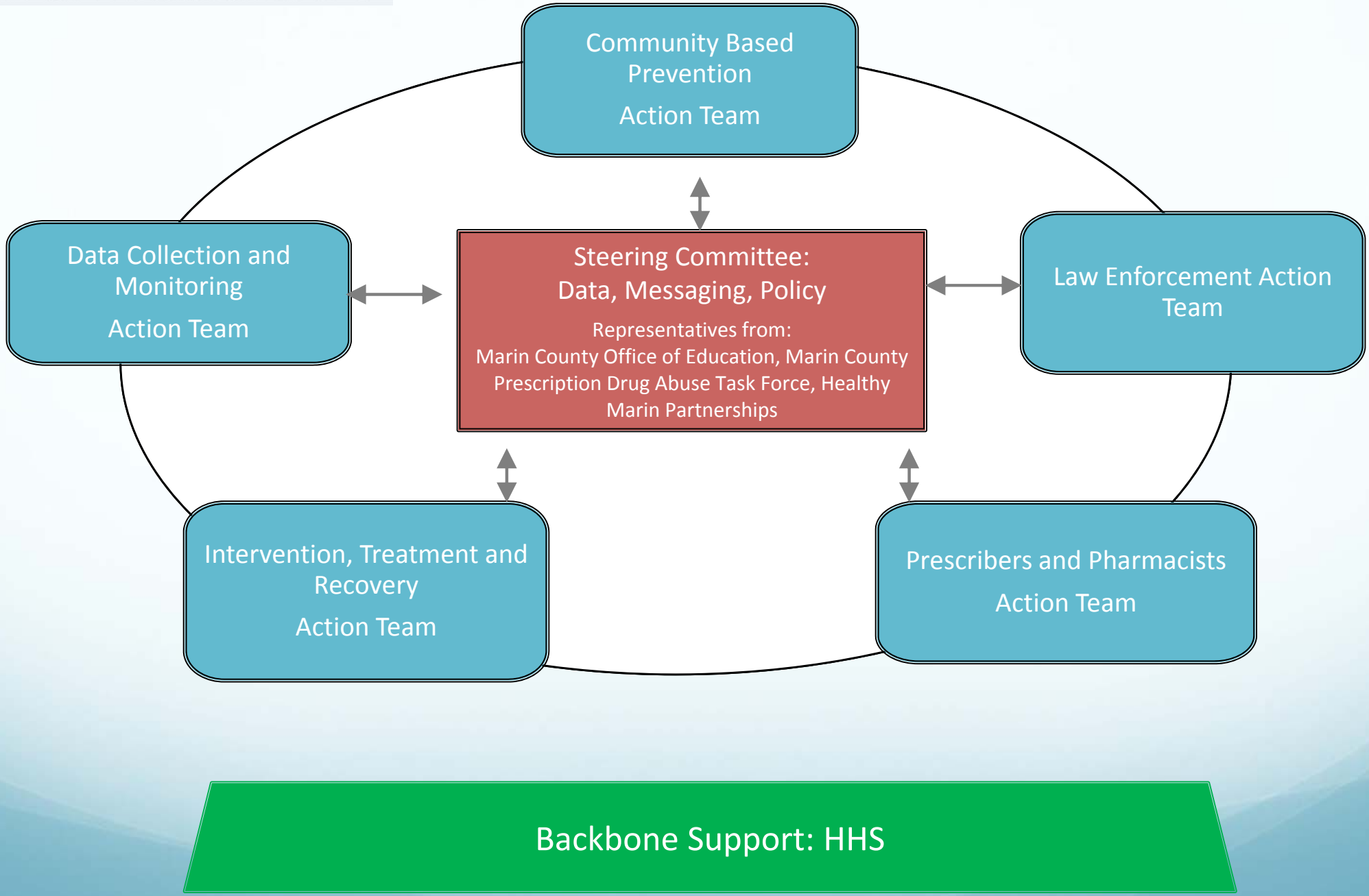
Safe Use

Disposal

Unsafe Use

Public Health Crisis: Over 31 deaths from drug overdoses in Marin Annually

Strategic Plan Implementation Structure



Communications Support – Topics

- Template press release
- Stock language & definitions
- Overview of email subscription management/marketing tools
- Media basics (letters to the editor, op-eds, news articles, sponsored content, community calendar items)
- Targeted media list, media training & talking points
- Communications processes, procedures and crisis response planning
- Identifying spokespeople and telling a compelling story
- Social media basics
- And more . . .

Communications Support - Structure

- 10 Webinars on discrete communications tools (archived)
- Pre-read before each webinar
- Peer learning
- “Office Hours” with communications consultants
- Example materials (publications, fact sheets, issue briefs, etc.)

- Reminder:
  - Identify your communications lead and have them complete a 7 question survey on your coalition’s current communications capacity by this Friday (11/6) https://www.surveymonkey.com/r/commscapacity

November 17 Agenda and Logistics

Time	Topic	Speaker
9-9:30	Breakfast and networking	
9:30-10	Welcome	Kelly Pfeifer, Karen Smith
10:00-11:00	Safe Prescribing coalitions – examples from other counties	Moderator: Kelly Panelists: Matt Willis; Roneet Lev; Reb Close Joel Hyatt
11 -11:15	Putting it into practice	Table Exercise
11:15-11:30	Break	
11:30 -12:30	The case for MAT and naloxone– examples of different settings	James Gasper and Phillip Coffin
12:30-1:30 lunch demos	CURES EDIE	Matt Small Travis Smith
1:30-2	Networking Activity	
2-2:30	Patient and family perspectives	D'Anne Burwell-Mother of a child with opioid use disorder
2:30-3	Communications workshop for	

Time	Topic	Speaker
3-3:10	Break/Transition to breakout rooms	
Breakout I 3:10-3:40 Breakout II 3:45 – 4:15	Participants can choose 1 breakout • Launching a Coalition; Developing a Call to Action • Medication Assisted Treatment • Naloxone • Primary care guidelines implementation • CURES • Partnering with DEA and law enforcement • EDIE • Data dashboard/data collection	Faculty and mentors
4:20 – 4:45	Action planning	Kristene
4:45-5	Closing, Next Steps	Kelly and Kristene

Next Steps

- Email Kristene (cristobalconsulting@gmail.com) if you do NOT wish for CHCF to share your project proposal (without the budget) with health plans in your region or other potential coalition members, by Monday 11/9.
- Ensure your coalition members (up to 10) register for 11/17 Kick-off by Monday 11/9: https://www.eventbrite.com/e/chcf-regional-opioid-safety-coalitions-grantees-tickets-19068317852
- Accept the email invitation from "Kristene Cristobal (Basecamp)" early next week to gain access to our coalition materials.
- Complete today's webinar evaluation: http://goo.gl/forms/fJXBOcUN6W

Questions?

- Kristene Cristobal, Facilitator and Coach

  cristobalconsulting@gmail.com

- Kelly Pfeifer, MD, Director, High-Value Care, California Health Care Foundation

  kpfeifer@chcf.org

Please fill out our brief evaluation:

http://goo.gl/forms/fJXBOcUN6W