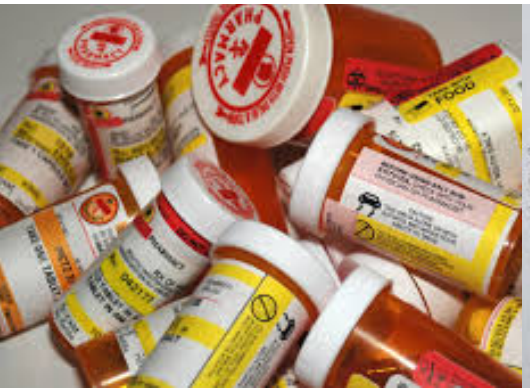
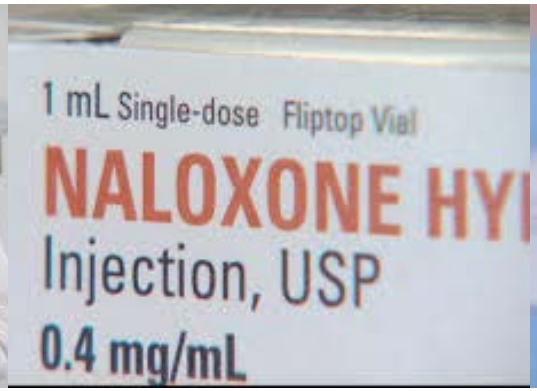
Alameda County Health Care Services Agency
Administration & Indigent Health



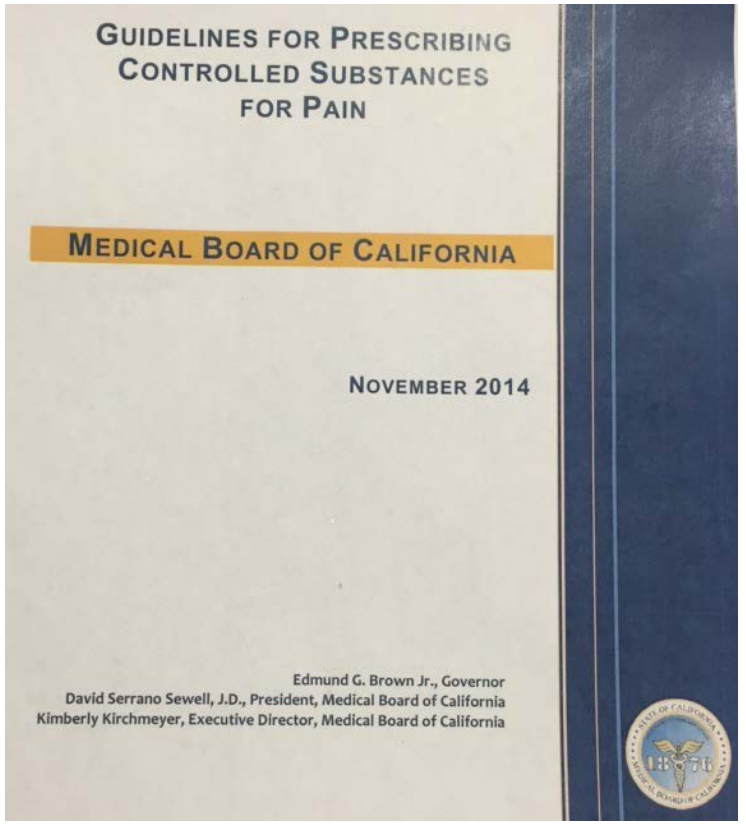


bringing clinicians together around common prescription guidelines

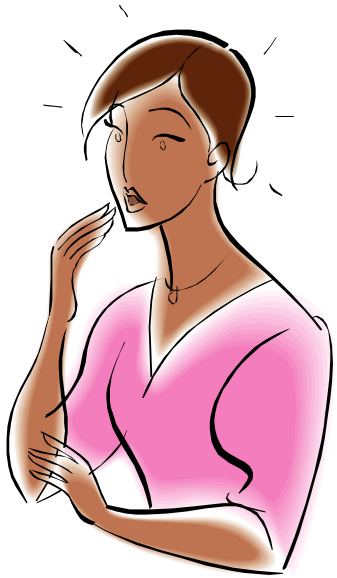
Kathleen Clanon, MD	March 8, 2016	Alameda County Safety Net Working Group on Opioid Prescribing

Opioid Guidelines Are Complex

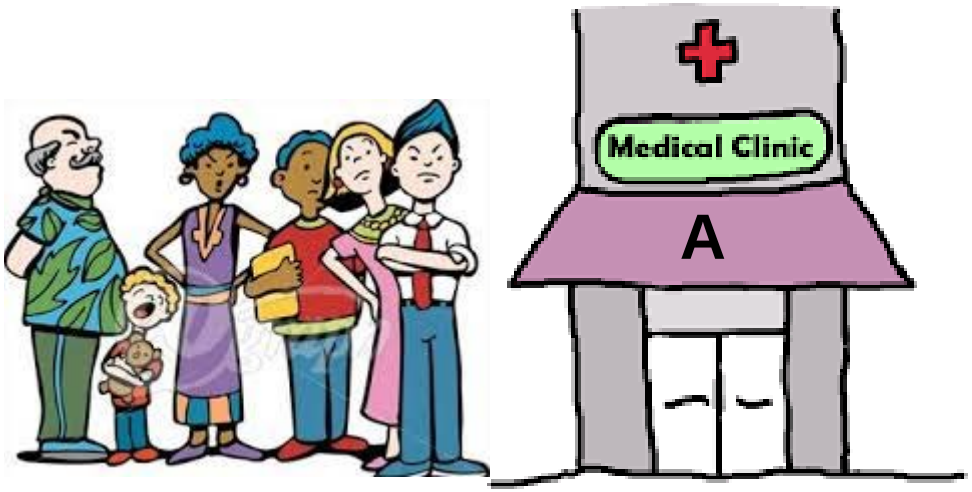
- CA Medical Board has 35 recommendations in a 90 page document.
- CDC guidelines in development will have more…

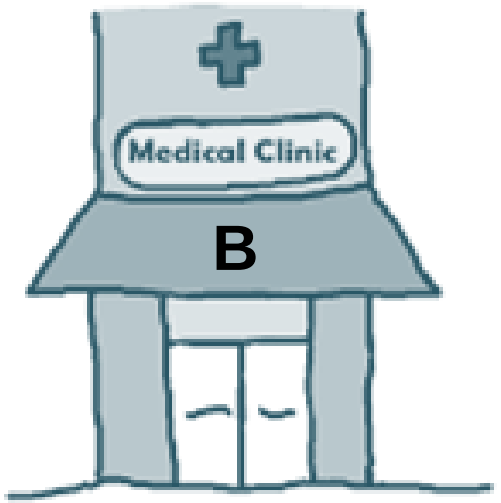


It is hard to focus on more than 3-5 items at a time.



Consistency among clinics regarding opioid practices is essential.





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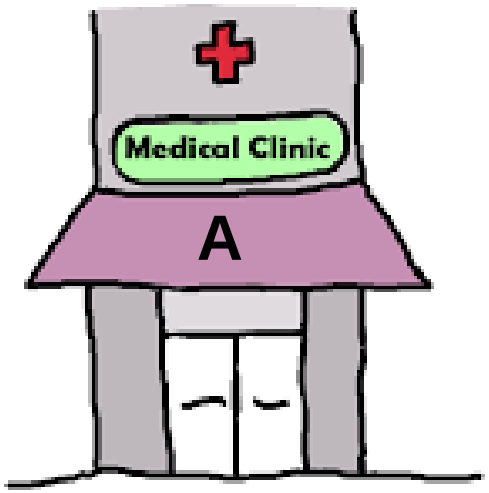
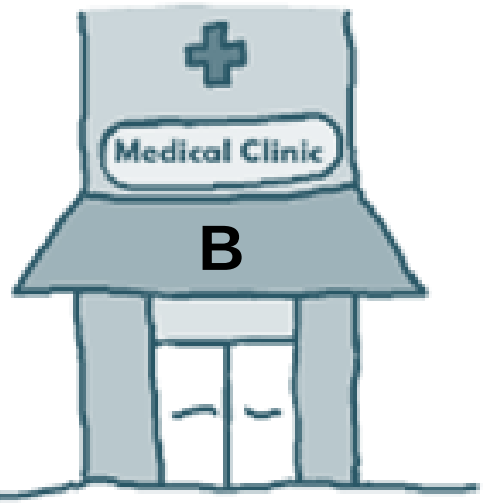




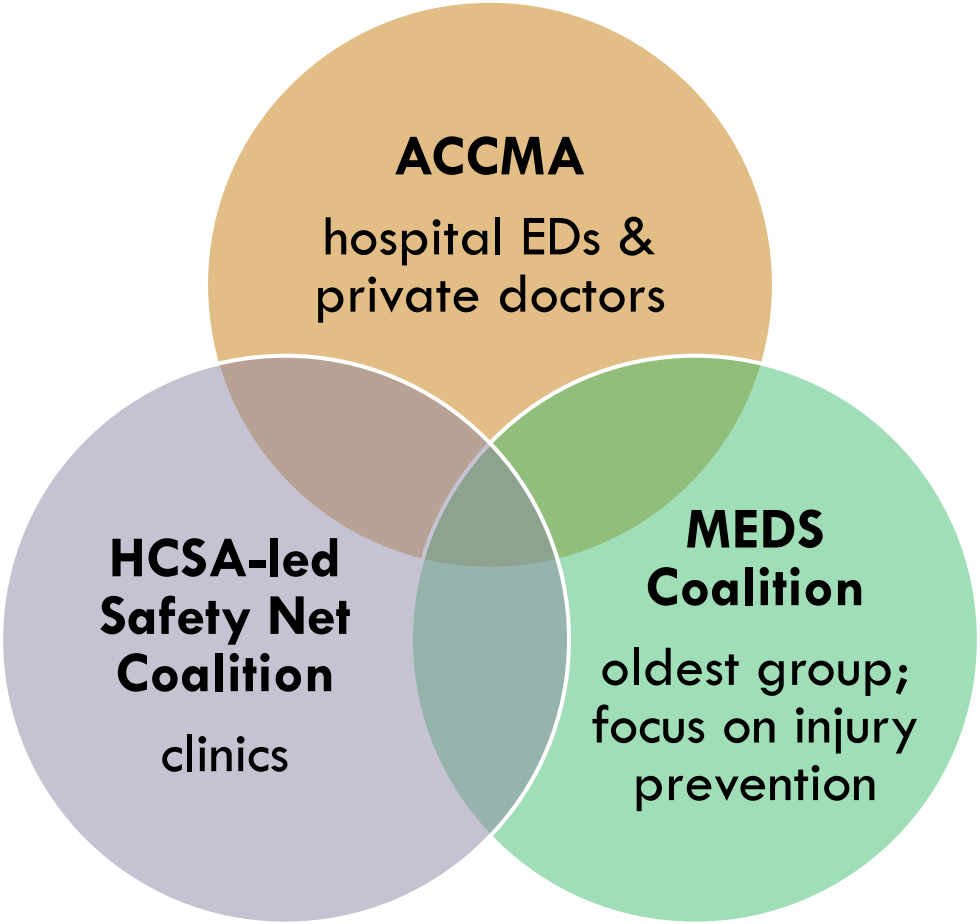
Our Approach

We decided to narrow the first year focus to a few interventions that are:

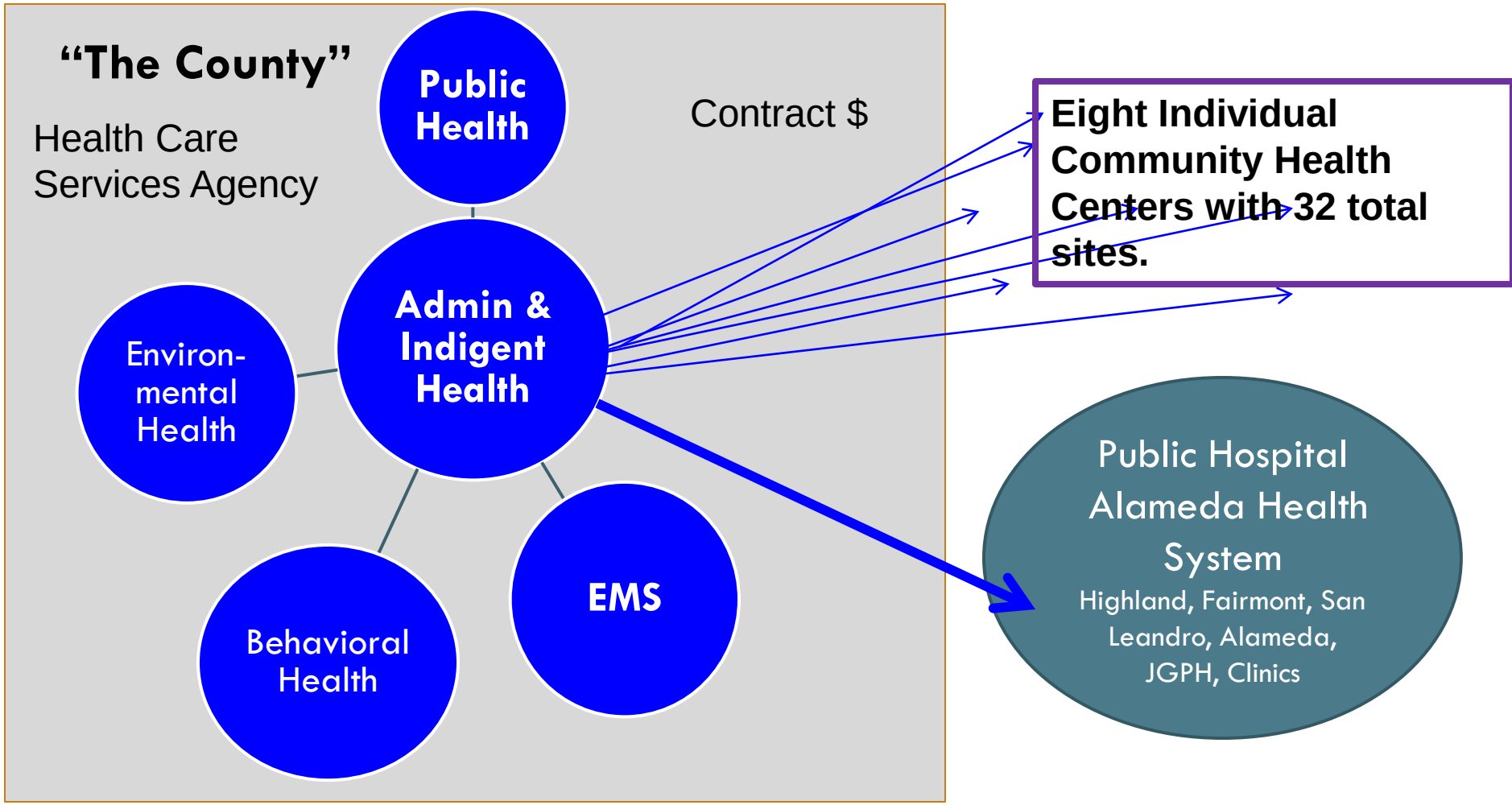
- Evidence-based
- High impact
- measurable
- Address both new starts and those on long term opioids
- Easy to remember/communicate
- Don't all land on the clinician
- Unlikely to produce Opioid Refugees
- Mix of easy and hard to do

Who "We" Are

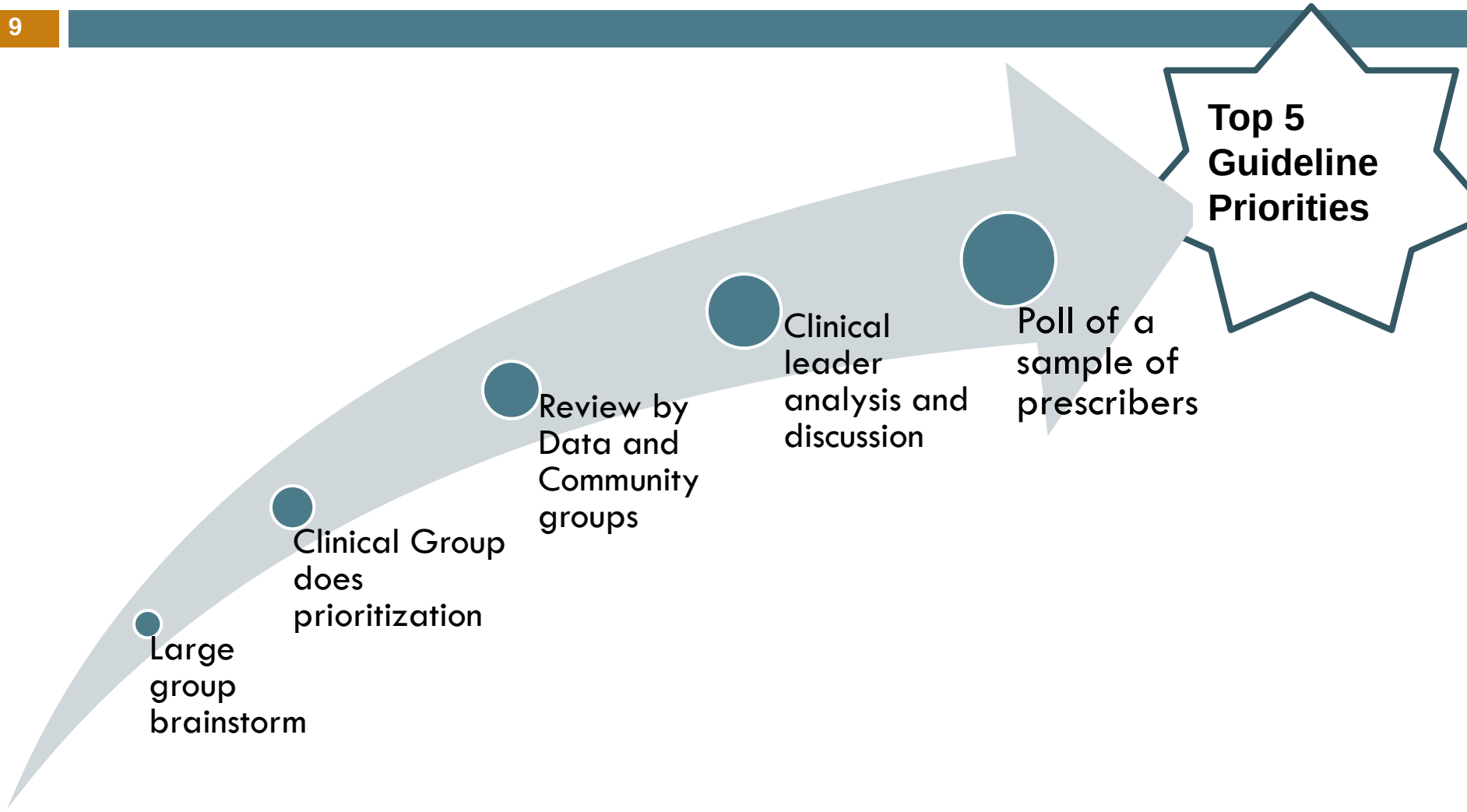
CHCF Grant connected three coalitions:



The Safety Net Coalition Alameda County



Our Prioritization Process



Large Group Brainstorm: Who Was Included? Clinical, Community, and Public Health

- Clinic docs and NPs/PAs
- Medical directors
- Pharmacists
- Consulting psychiatrists
- Behavioral health
- Community reps
- Public Health
- Reps from the other two coalitions
- Law Enforcement
- Environmental Health

How We Collected the Large Group Opinions: Consensus Matrix

CONSENSUS MATRIX

1. **For each of the recommendations for WG1 and 2, circle ONE answer. ✘=Disagree ✓=Agree**

WG1- Enhancing Public Knowledge of Opioid Misuse

What We Agreed On

What the public needs to know: Statistics on death and overdose	✘	✓	**Needs more discussion**
What the public needs to know: Availability and importance of lock boxes	✘	✓	**Needs more discussion**
What the public needs to know: Unused pills in medicine cabinets and closets are major source of opioids in community	✘	✓	**Needs more discussion**
What the public needs to know: How to appropriately dispose of narcotics	✘	✓	**Needs more discussion**
What people taking opioids need to know: Effectiveness of opiates (short- and long-term)	✘	✓	**Needs more discussion**
What people taking opioids need to know: Side effects may become more dangerous as you age (adverse effects on bone density, sleep, constipation, heart, testosterone, etc.) and as you add meds (benzos, alcohol, etc.)	✘	✓	**Needs more discussion**
What people taking opioids need to know: It's important to take opioids responsibly	✘	✓	**Needs more discussion**
What people taking opioids need to know: Meds in the home are a risk for family, so keep them securely	✘	✓	**Needs more discussion**

WG2 - Implementing Clinical Guidelines for Managing Chronic Pain

What We Agreed On

Highest priority for implementation: Reduce co-prescribing of benzos	✘	✓	**Needs more discussion**

Large group brainstorm produced 20 high priority guidelines.

Alameda County Safety Net Working Group on Opioid Prescribing
HCSA Creekside Offices, 1000 San Leandro Boulevard, Suite 300

2016 Working Groups

Clinical Working Group Goals & Actions

Goal 1: Reduce the number of pills prescribed
Actions:

1. Promote alternatives to opioids
2. Embed a med dose calculator in EHR for decision support
3. Conduct population-based reviews for high-dose methadone patients and co-prescribed patients; check EHR for criteria
4. Utilize a multidisciplinary team to support weaning patients off opioids
5. For further discussion: Identify and promote a dose ceiling for opioids
6. For further discussion: Conduct population-based reviews for high-dose methadone patients and co-prescribed patients; check EHR for criteria

Goal 2: Increase safety of current opioid use
Actions:

1. Institute a peer evaluation/advice process for doctors w/ a second opinion process for prescription questions
   Educate providers on physical risks; need for labs, EKG
2. Reduce co-prescribing of benzos
3. Chronic pain patients receive behavioral health evaluation (use motivational interviewing to ID patien goals); patients have access to adjunctive therapies
4. For further discussion: Routinely prescribe naloxone for patients on long-acting opioids
5. For further discussion: Primary care clinics offer pain management groups & cognitive behavioral therapy CBT as a routine part of treatment; require patients on chronic opioids to try pain group and/or CBT
6. For further discussion: Encourage patients on long-acting opioids to switch to buprenorphine

Goal 3: Reduce diversion of pills
Actions:

1. Make u-tox part of chronic opioid management, with a protocol for using results
   Utilize opioid treatment agreements
2. Educate patients that meds in the home are a risk for family
3. Encourage patients to store meds securely; use lock boxes
4. Make u-tox part of chronic opioid management, with a protocol for using results

Goal 4: Change patient demand curve
Actions:

1. Educate patients about alternative modalities available to them; make a broad list customized for patient geography and cultures
   Consistently educate patients on opioids:
2. Short- and long-term effectiveness
3. Side effects; risks increase with age and added meds

For further discussion: Consistently use CURES, starting with intake

No Consensus

Discussed but not agreed on:

- Is it ever appropriate as a therapeutic goal for patients to continue on chronic opioids, or is it always a compromise?
- How should pain specialists be used as team members in treatment of opioid dependency?
- Should CURES be checked on every patient in the practice as part of intake?
- Should prior auths be used as a tool for external control of higher dose prescribing?
- Which chronic opioid patients should switch to buprenorphine?

Smaller Working Groups
Each separately weighed in on the list…

Clinical Group went first

Implementing Clinical Guidelines for Managing Chronic Pain

Community Group

Enhancing Public Knowledge of Opioid Dangers and Misuse

Data Group

Measuring, Monitoring & Accountability

The Clinical Group weighed in first and their top priorities from the large group list were:

- **Education** for providers (and patients!) on: Physical risks of chronic opioid use; needed lab and EKG monitoring for patients on chronic opioids
- **Population-based reviews** looking for high-dose methadone patients, co-prescribed pts.
- Implement **peer evaluation and advice** process for difficult or conflict-laden decisions.
- A **multi-disciplinary team** organized and available to support patients weaning off opioids
- **More resources** directed to non-opioid pain control methods; culturally appropriate and easy to access

Discussed and advocated by many, but did not make the cut:

- **A morphine equivalent dosing limit** as a benchmark--clinicians felt that the evidence was still not in on where the line should be drawn
- Consistency in **response to urine drug screen** results – clinicians felt too many exceptions
- Whether all chronic opioid patients should be **co-managed with behavioral health** – worry about resources

Observations about the clinical group's priorities; The High Five 1.0

Our Principles

- Evidence-based
- High impact
- measurable
- Address both new starts and those on long term opioids
- Are easy to remember/communicate
- Don't all land on the clinician
- Are unlikely to produce Opioid Refugees
- Mix of easy and hard to do

The Clinical Group's Choices

- Evidence-based (2 of 4)
- Likely NOT high impact
- Difficult to measure
- Address mostly long term, not new starts
- Not sound-bite ready

- **Mostly support clinicians**
- Are addressing the risk of Opioid Refugees
- No quick wins…..

Alameda County Health Care Services Agency

Pain Management Resources

MODALITY	NAME, ADDRESS & PHONE	CITY	WEBSITE	LANGUAGES	PAYORS
Acupuncture	Alameda Community Acupuncture 1716 Lincoln Avenue Alameda CA, 94577 US 510-255-0880 info@alamedacommunityacu.com	Alameda	http://www.alamedacommunityacu.com		Self-pay, sliding scale fees: $17-40
Acupuncture	Richard Liao 1033 Solano Avenue, Albany, CA 94706 510-524-8148	Albany			Alameda Alliance for Health Medi-Cal; limited to members under the age of 21, pregnant, or living in a skilled nursing facility, when medically necessary
Acupuncture	Berkeley Acupuncture Project 1834 University Ave Berkeley CA, 94703 US 510-845-1100 info@bapnap.com	Berkeley	www.bapnap.com		Self-pay, sliding scale fees
Acupuncture	Aiqun Wang Act Acupuncture Clinic Corporation 40788 Fremont Boulevard, Fremont, CA 94538 510-440-1088	Fremont		Cantonese, English, Mandarin	Alameda Alliance for Health Medi-Cal; limited to members under the age of 21, pregnant, or living in a skilled nursing facility, when medically necessary
Acupuncture	Helen Chen Renji Acupuncture & Herbs 46537 Mission Boulevard, Fremont, CA 94539 510-656-0588	Fremont			Alameda Alliance for Health Medi-Cal; limited to members under the age of 21, pregnant, or living in a skilled nursing facility, when medically necessary

Clinical Group was very concerned about how reducing opioid prescribing would impact their ability to help their patients.

The Community and Data Groups added their ideas…..

The "High Five Version 2.0" After all groups commented

- More consistent **patient education** about risks and safety issues
- **Reduce inappropriate new starts** of chronic opioids in low-evidence situations
- Reduce doctor shopping through **consistent use of CURES**
- **Reduce co-prescribing of benzos**
- **Reduce number of patients on high-dose methadone** and other long-acting meds via a weaning protocol and resources

CURES 2.0

Your Observations about the High Five 2.0

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The High Five 2.0

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- **Reduce co-prescribing of benzos**
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Are we getting closer to matching our principles?

Next the Clinical Leaders Weighed in

- CMOs
- Medical Directors
- Managed care plan leaders
- County system leaders
- Etc.

Clinical Leaders Group: Their Charge

- Support consistency of clinical processes within and between clinics/practices
- Prioritize the high impact parts of the guidelines for extra emphasis
- Ultimately their responsibility to move from adopting guidelines to implementing them….

Clinical Leaders' List: The Focus "Five" for 2016-17

- **Counsel patients** on opioid risks (use "Patient's Guide" tool)
- **Review** medical/medication history for risks (use tools such as ORT) before prescribing and yearly
- **Check CURES** before prescribing and yearly
- **Reassess treatment progress** at 30 days? 90 days?
- **Start Low and Go Slow:** 3-7 day supplies
- **Reduce co-prescribing** with benzos
- **Incorporate non-opioid interventions** in the plan of Rx
- Use EHR to **identify high dose methadone pts** for review and document plan for each

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Observations about the Clinical Leaders' list?

Next Step – Survey our Prescribers to Get The Final Five

SurveyMonkey®

Harvard Graduate School of Education Pre K-12 Parent Survey Template

In this section, we'd like to learn more about your perceptions of your child and your child's interactions with his/her school.

29. How well do the teaching styles of your child's teachers match your child's learning style?

- Not well at all
- Mildly well
- Fairly well
- Quite well
- Extremely well

30. How often does your child struggle to get organized for school?

- Almost never
- Once in a while
- Sometimes
- Frequently
- Almost all the time

31. At your child's school, how well does the overall approach to discipline work for your child?

- Not well at all
- Mildly well
- Fairly well
- Quite well
- Extremely well

Questions/Comments?


Questions about the Alameda County Safety Net Working Group on Opioid Prescribing?

Contact: Kathleen A. Clanon, MD
Medical Director, Health Care Services Agency of Alameda
510-618-3455 kathleen.clanon@acgov.org