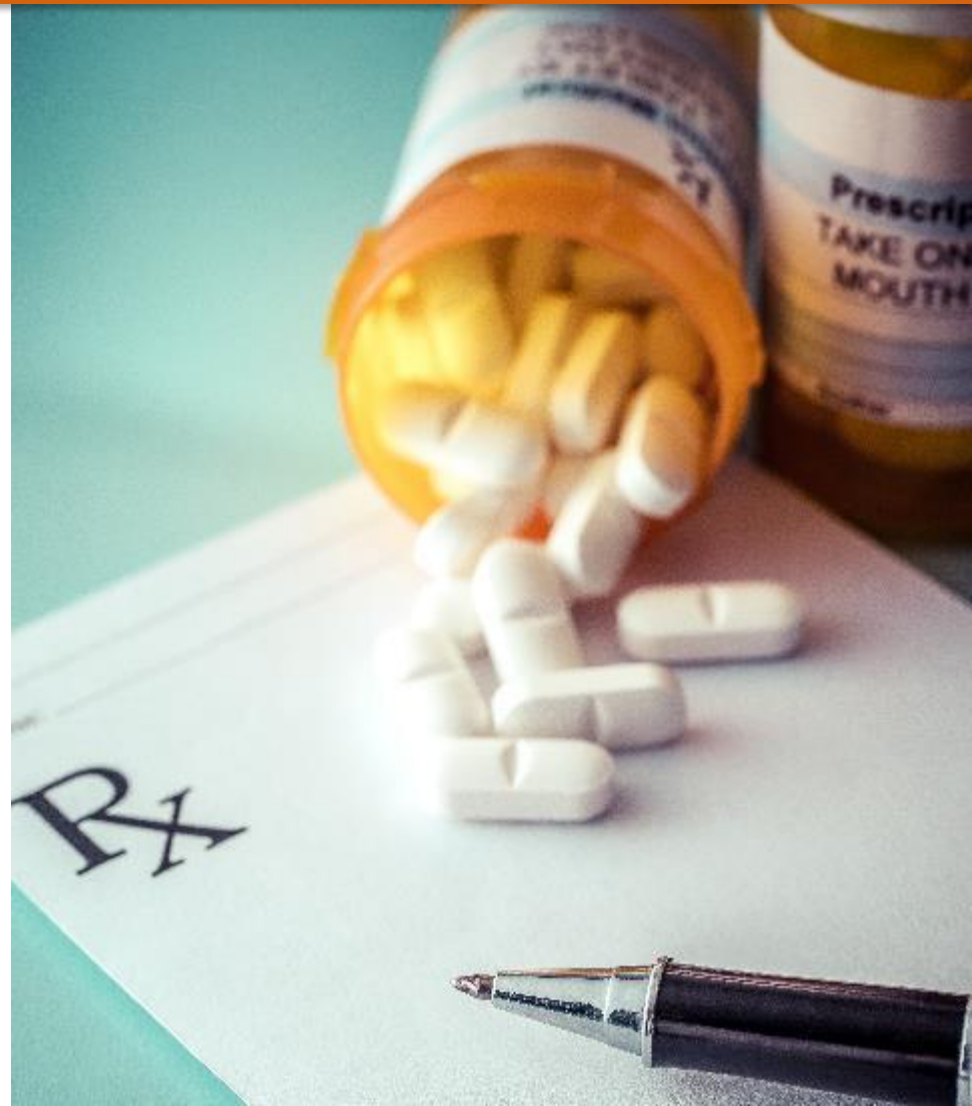




California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Mobilizing a Response to the Opioid Epidemic: County Snapshots

Kelly Pfeifer, MD
kpfeifer@chcf.org
March 15, 2018
CQC convening



Housekeeping

- All lines are muted
- This session will be recorded
- To ask a question:
 - Questions for presenters: click “raise hand” button
 - Logistical questions: use “chat to the host”

Presenters



Lisa Clemans-Cope, PhD
Principal Research Associate
Urban Institute



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



James Gasper, PharmD, BCPP
Psychiatric and Substance Use Disorder Pharmacist
California Department of Health Care Services

STAT Special Report: 52 weeks, 52 faces

Obituaries narrate lives lost to the opioid epidemic

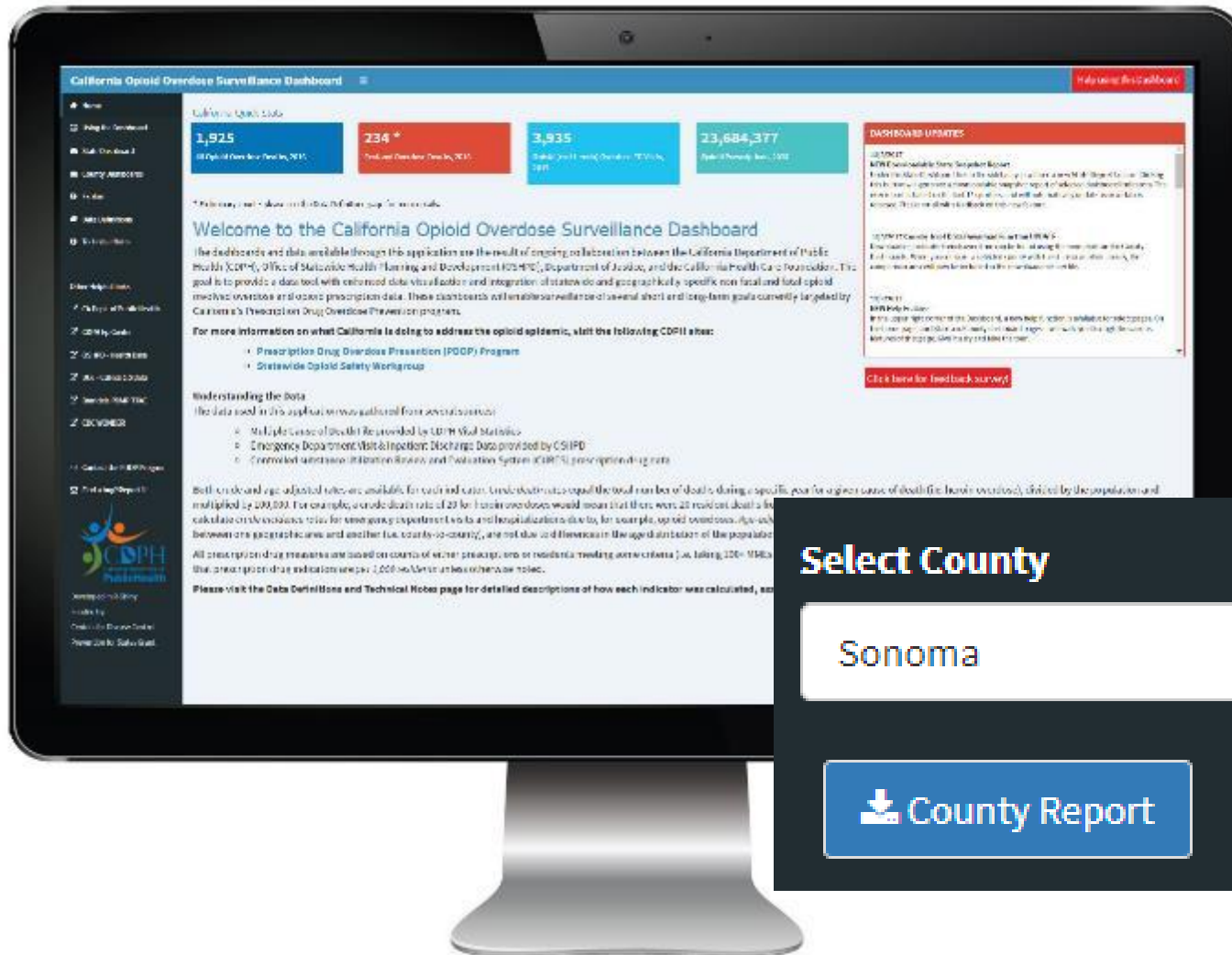


More people die from alcohol and tobacco use,
but neither is likely to kill you tonight.
Opioid overdose robs decades from young lives.

Four Strategies to Lower Death Rates

- 1. PREVENT** Prevent new starts on long-term opioid use.
- 2. MANAGE** Manage chronic pain safely. Focus on highest risk: high-dose, opioids + sedatives.
- 3. TREAT** Treat addiction effectively: medications for addiction treatment (MAT).
- 4. STOP** Stop deaths with harm reduction: naloxone, needle exchanges, supervised injection sites.

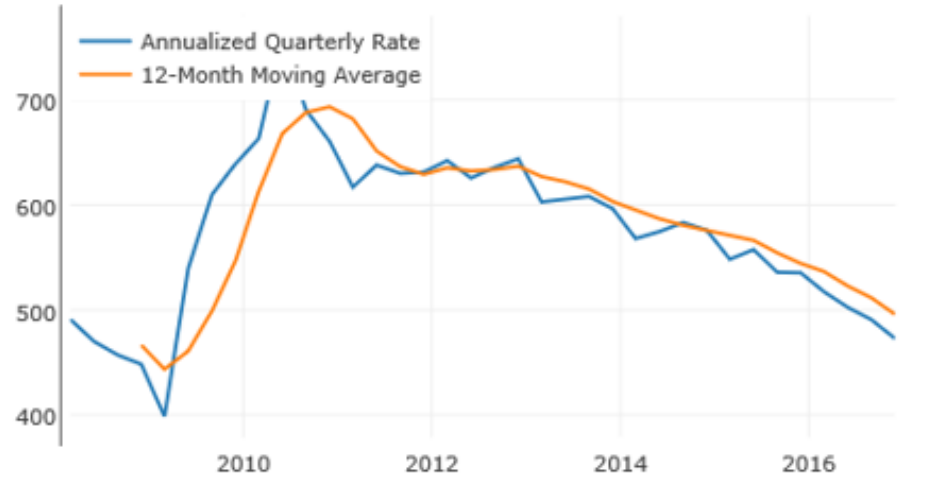
How are we doing?



PREVENT:

Total opioids prescribed
(MME = morphine mg equivalents)

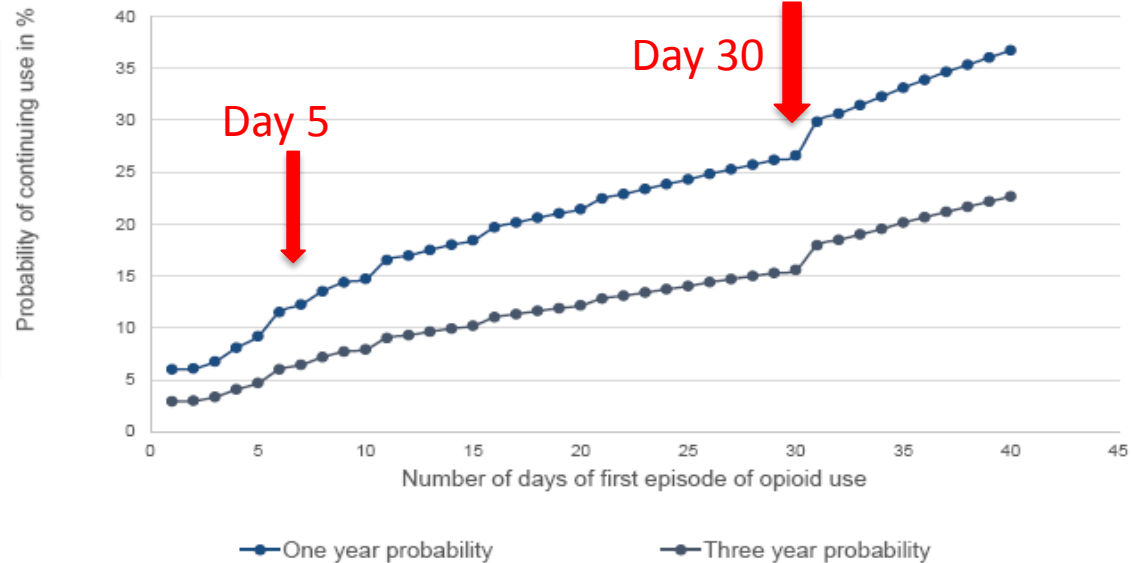
Total Population : MMEs per Resident per Year (excl bup) : Age-Adjusted Rate per Resident



Rationale:

Risk of prolonged opioid use increased by 1% per day after 3 days

Source: California Opioid Overdose Surveillance Dashboard: <https://cdph.ca.gov/opioiddashboard>

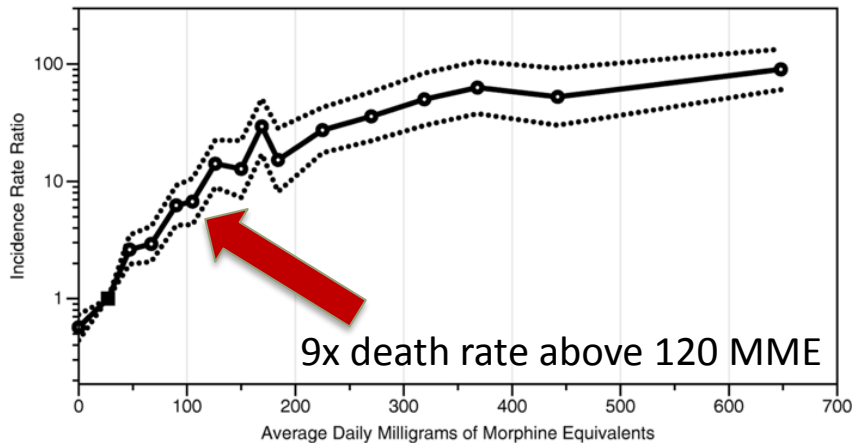


MANAGE:

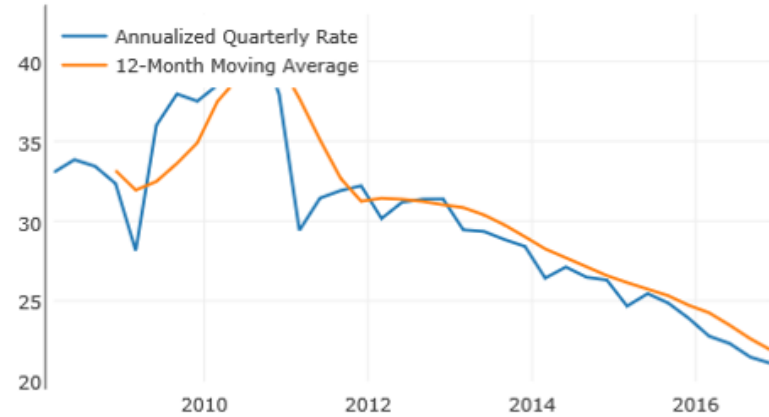
Residents on high-dose opioids
(MME = morphine mg equivalents)

Rationale:

Dramatic increase in fatal OD
with increased MME and with
opioid/benzo combination

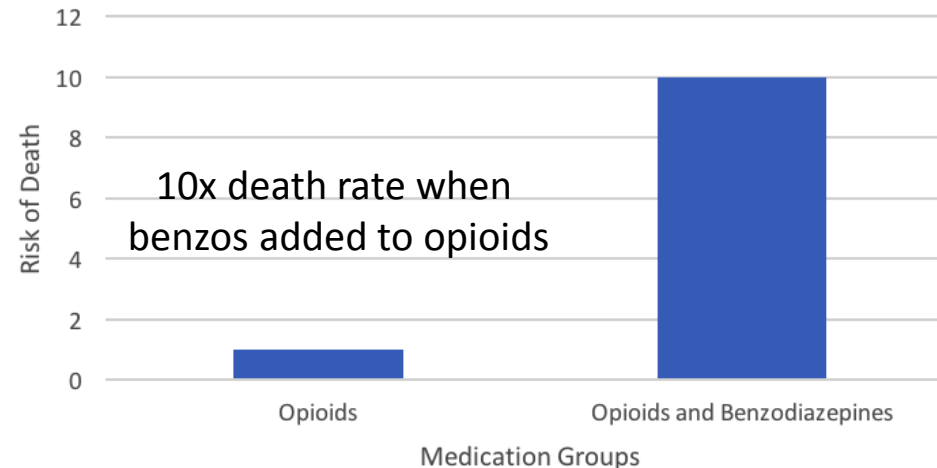


Total Population : Residents on > 90 MMEs of Opioids : Age-Adjusted Rate
per 1k Residents



Source: California Opioid Overdose Surveillance Dashboard: <https://cdph.ca.gov/opioiddashboard>

Comparison of Death Rates

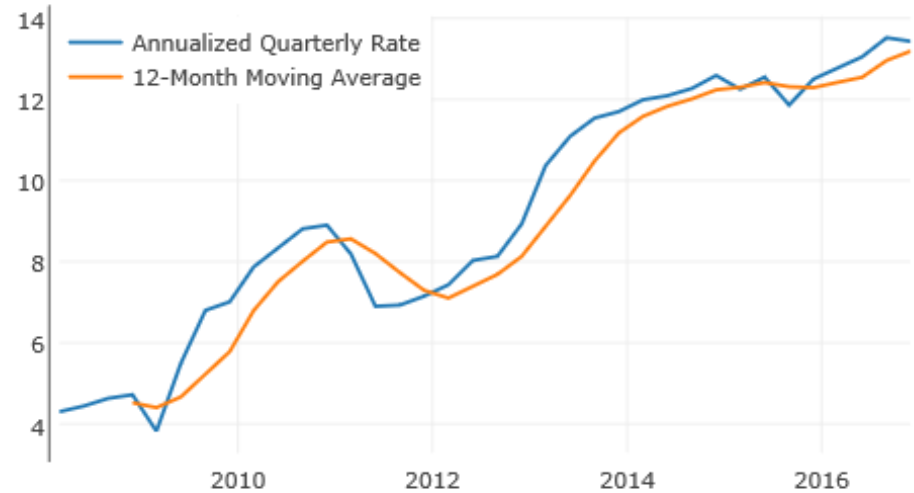


Source: Dasgupta N, Funk MJ, Proescholdbell S, Hirsch A, Ribisl KM, Marshall S. Cohort Study of the Impact of High-dose Opioid Analgesics on Overdose Mortality. Pain Med 2016; 17:85-98

TREAT:

Total buprenorphine prescriptions
(MME = morphine mg equivalents)

Total Population : Buprenorphine Prescriptions : Age-Adjusted Rate per 1k Residents



Source: California Opioid Overdose Surveillance Dashboard: <https://cdph.ca.gov/opioiddashboard>

Rationale:

Access to agonist treatment drops overdose death rates

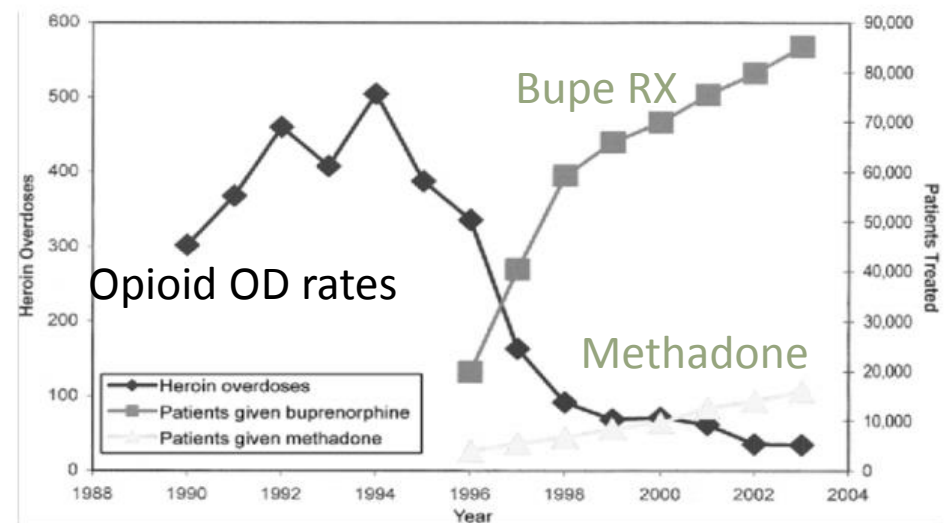
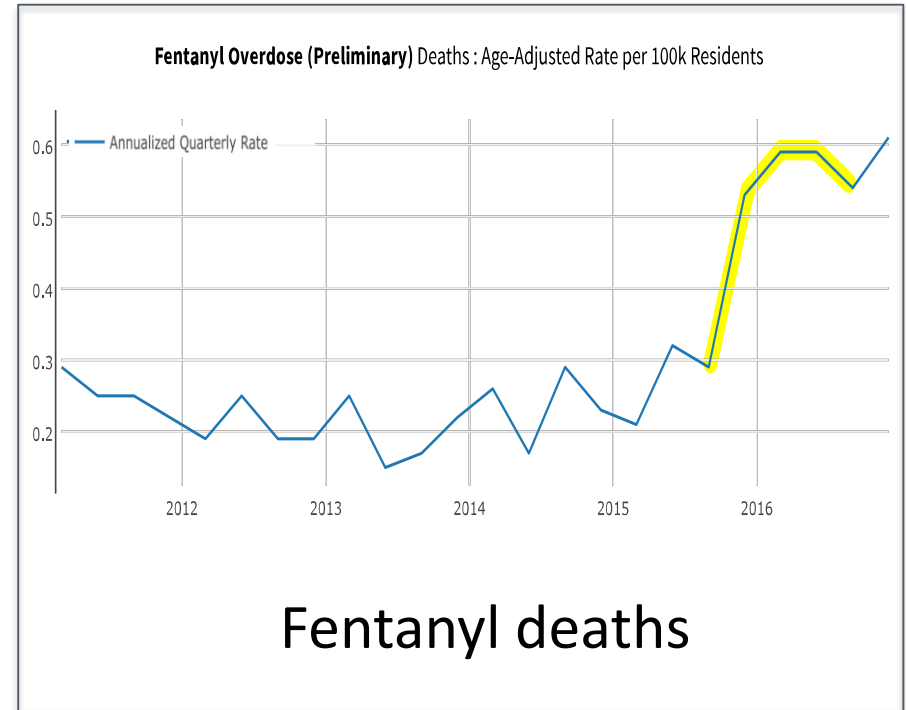
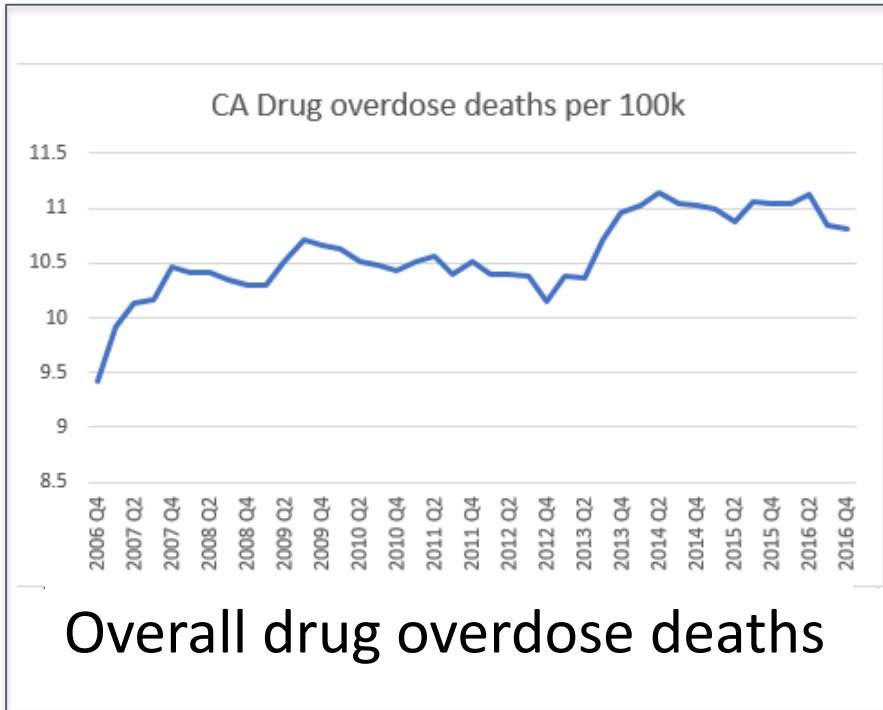


Figure 2. From: Carrieri, Maria Patrizia, et al. "Buprenorphine use: the international experience." *Clinical Infectious Diseases* 43.Suppiment 4 (2006): S197-S215.

STOP DEATHS:

Alarming fentanyl trends



We have a long way to go.

Every Door Is the Right Door



[Smart Care CA](#)



Homeless Services



[Treating Addiction In Primary Care](#)



SUD treatment System



[MAT-ED](#)



Mental Health Services



[Project SHOUT](#)



Jails and Prisons



Pharmacies

[Rhode Island: access to Tx for all](#)

[61% drop in post-incarceration OD deaths with jail MAT](#)

Now what to do?

kpfeifer@chcf.org

lclemans@urban.org

Strategies to Meet Demand for Treatment, Assuming 20% of People With OUD Seek Treatment

Increase prescribers:⁸ Adding at least 2 prescribers with a 30-patient limit would double the county's waived prescribers and fill 13.5% of the treatment gap (if all prescribers treat an average of 9 patients each) or 35.6% of the treatment gap (if new prescribers treat an average of 15 patients and current prescribers treat half of their maximum waiver capacity).

Increase resources: Work with health plans for prescriber outreach; add MAT in health centers, jails, EDs, hospitals, maternity practices, and existing addiction treatment programs; market MAT telehealth to the public; work with opioid treatment programs to add med units and spokes; work with county Alcohol and Drug departments to coordinate counseling and other services; expand MAT services through the Drug Medi-Cal waiver; engage with local opioid safety coalition.