MHA
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Translating Opioid Research And Policy Into Practice

HCCA St. Louis Regional Conference

MHA
2018 WINNER
American Hospital Association
Dick Davidson
Quality Milestone Award
for Allied Association Leadership

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Disclosures

- Shawn Billings has no conflicts of interest and nothing to disclose.

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Objectives

Following the presentation, participants will be able to:

- Report on statewide efforts of integrating a Medication-First Model when treating opioid use disorder (OUD).
- Describe statewide strategies to decrease prescription opioids in circulation via prescribing guidelines and the utilization of the Prescription Drug Monitoring Program.
- Identify current initiatives that leverage peer recovery support to bridge patient access to evidence-based opioid use disorder treatments through transitions of care.

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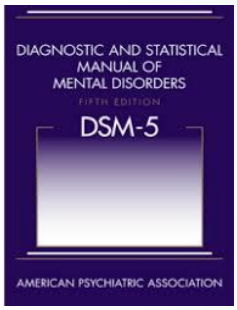
Diagnosing Opioid Use Disorder

A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following criteria, occurring within a 12-month period.



Source: DSM-5 Diagnostic and Statistical Manual of Mental Disorders

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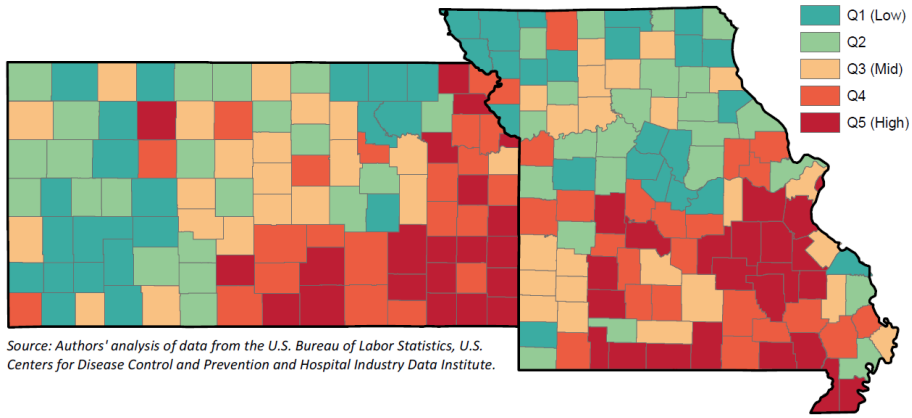
TABLE 1 Summarized DSM-5 diagnostic categories and criteria for opioid use disorder

Category	Criteria
Impaired control	• Opioids used in larger amounts or for longer than intended • Unsuccessful efforts or desire to cut back or control opioid use • Excessive amount of time spent obtaining, using, or recovering from opioids • Craving to use opioids
Social impairment	• Failure to fulfill major role obligations at work, school, or home as a result of recurrent opioid use • Persistent or recurrent social or interpersonal problems that are exacerbated by opioids or continued use of opioids despite these problems • Reduced or given up important social, occupational, or recreational activities because of opioid use
Risky use	• Opioid use in physically hazardous situations • Continued opioid use despite knowledge of persistent physical or psychological problem that is likely caused by opioid use
Pharmacological properties	• Tolerance as demonstrated by increased amounts of opioids needed to achieve desired effect; diminished effect with continued use of the same amount • Withdrawal as demonstrated by symptoms of opioid withdrawal syndrome; opioids taken to relieve or avoid withdrawal

Source: DSM-5 Diagnostic and Statistical Manual of Mental Disorders

Opioid Dependence Risk in Kansas and Missouri Counties 2016-2017

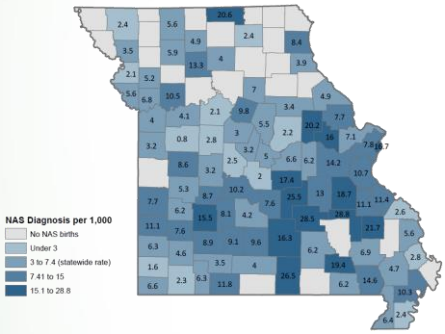


Source: Authors' analysis of data from the U.S. Bureau of Labor Statistics, U.S. Centers for Disease Control and Prevention and Hospital Industry Data Institute.

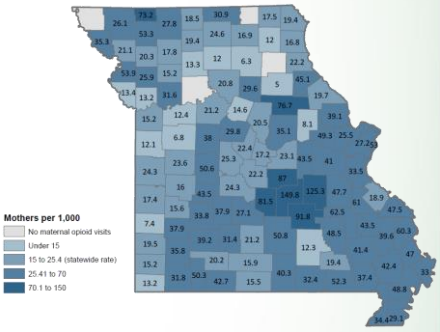
Figure 5: Opioid Dependence Risk in Missouri and Kansas Counties Estimated With Principal Component Analysis of Unemployment, Drug-Related Mortality, Morphine Milligram Equivalents Prescribed Per Capita and Hospital Utilization for Opioid Misuse (component 1 shown in map)

Incidence of NAS in Missouri by County During 2016 and 2017: Rate per 1,000 Births Identified with Diagnosis Codes for the Infant vs. Linking New and Expectant Mothers to Hospitalizations for Opioid Misuse

Rate of NAS Detected by Diagnosis on Hospital Discharge Record, 2016-2017



Rate of New and Expectant Mothers with an Opioid-Related Inpatient or ED Visit: Rate per 1,000 Births by County, 2016-2017



DATA AND ANALYTICS POWERED BY HIDI

MISSOURI STR - Medication First Model

- Patients with OUD receive timely pharmacotherapy treatment – prior to lengthy assessments or treatment plan development.
- Maintenance pharmacotherapy is delivered without contraindicated tapering or time limits.
- Individualized psychosocial services are offered but not required.
- Medicines are meant to address withdrawal symptoms, cravings and increase treatment retention.

STR Medication First Successes FY 2018

- 28 treatment agencies are funded, providing treatment at 44 sites
- Statewide, STR has provided treatment for 1,922 individuals with OUD
- Of those, 1,320 individuals (69%) still are receiving treatment and/or support

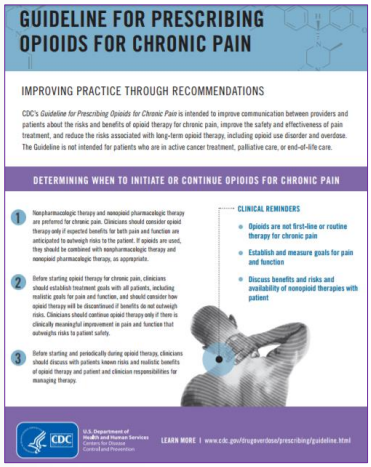
Opioid Prescribing Guidelines And Alternatives To Opioids

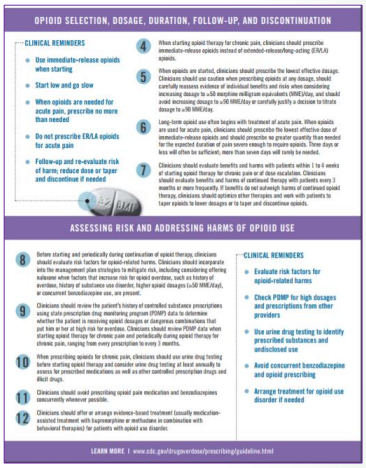
Pain Management Alternatives to Opioids & Prescription Painkillers

1. Corticosteroids (steroids)
2. Nonsteroidal Anti-inflammatory Drugs
3. Acetaminophen
4. Physical Therapy
5. Exercise
6. Chiropractic Treatment
7. Acupuncture
8. Meditation
9. Yoga
10. Cognitive Behavioral Therapy (CBT)

It's possible to treat pain without prescription medications

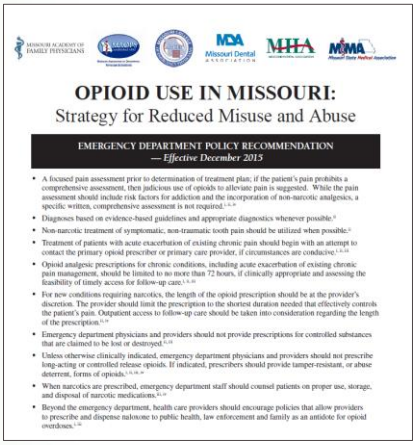
CDC Guideline for Chronic Pain





https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf

Emergency Department Opioid Rx Guidelines



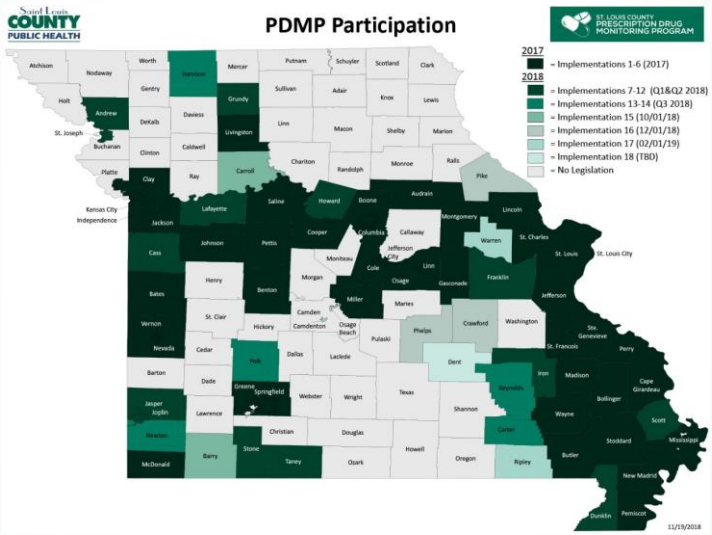
In November 2015, the Missouri Academy of Family Physicians, Missouri Association of Osteopathic Physicians & Surgeons, Missouri College of Emergency Physicians, Missouri Dental Association, Missouri Hospital Association, and Missouri State Medical Association jointly recommended a set of hospital emergency department guidelines to reduce variation in opioid prescribing practices.

REVISED Opioid Rx Guidelines:

In Missouri, new opioid prescribing recommendations designed to guide hospital-based physicians' use have been adopted and released by a coalition of health care policy and advocacy organizations. The revised guidance reflects evolving best practices in the use of opioids for pain management and changes in the law designed to reduce the opioid addiction crisis.

- Title change to reflect hospital versus ED
- Specifically reference the CDC Chronic Pain Guideline
- Refer to Senate Bill 826
- Revise naloxone statement from policy to practice – consider discharging patients with a prescription for naloxone, if at risk of overdose
- PDMP query and medication-assisted treatment should be policy statements but not guidelines.

Prescription Drug Monitoring



Documentation: We Have it — What Now?

Nearly half a million yearly U.S. hospital discharges for a range of primary treatment include patients' diagnosis of OUD without opioid overdose, detoxification, or rehabilitation services. Inpatient stays present an important opportunity to link OUD patients to treatment to reduce opioid-related morbidity and mortality.

Source: J Subst Abuse Treat. 2018 Sep;92:35-39. doi: 10.1016/j.jsat.2018.06.008. Epub 2018 Jun 20.

Statewide Opioid Initiatives

EPIC

BRIDGES to care & recovery

MISSOURI OVERDOSE RESCUE AND EDUCATION

Opioid STR

MO-HOPE Project

HRSA Health Resources & Services Administration

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Treating Opioid Overdose in the Emergency Department: Treatment Initiation and Community Linkage

- Patient overdoses and arrives in the ED.
- An ED buprenorphine-waivered physician is contacted.
- Buprenorphine induction occurs in the ED.
- A Recovery Coach is contacted and meets with the patient in the ED.
- The ED physician provides patient with a bridge prescription (2-5 days) buprenorphine.
- The Recovery Coach assists the patient with a timely referral to outpatient MAT, behavioral therapy, and support groups.

Opioid STR

MO-HOPE Project

Behavioral Health Network of Greater St. Louis

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FDA-Approved Medications to Treat Opioid Use Disorder

	Naltrexone (Vivitrol®, ReVia®)	Buprenorphine/Naloxone (Suboxone®)	Methadone
Mechanism	Opioid antagonist	Opioid partial agonist/partial antagonist	Opioid agonist
Availability	Extended-release injection, tablet	Sublingual, buccal, implant, injection	Usually syrup formulary
Initiation	Must wait to initiate until patient has been free of opioids for 7-10 days	Must wait to initiate until after withdrawal symptoms have started to appear	May initiate immediately to avoid withdrawal
Abuse Potential	No abuse potential	Less likely than methadone; only a partial agonist	Low compared to other opiates; very low within methadone clinic
Patient Population	• Concomitant alcohol dependence • Highly motivated patients	• Improving insurance coverage • Decreases mortality in heroin users	Improving insurance coverage
Prescribing Restrictions	None	Must receive DATA 2000 waiver	OTP Clinic

Source:
https://static1.squarespace.com/static/594939ba197aea24a334ef60/t/59bab107f09ca461180d6429/1505407240927/Opioid+STR+Implementation+Guide_nonDMH.pdf

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MHA's Current Efforts in Support of Evidence-Based Treatment Integration

- The production and dissemination of guidance documents to promote statewide alignment with evidence-based treatment of Opioid Use Disorder
- Collaboration with the Missouri College of Emergency Physicians to raise awareness of the need for additional physicians waivered to prescribe buprenorphine
- Convening stakeholders throughout the state to establish hospital-initiated programming that links patients to medical treatment, recovery support services and behavioral therapy post-discharge (EPICC/NAS Programming)
- Advocacy for statewide adoption of the PDMP to promote safer prescribing practices
- Promoting alternatives to opioids

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