

Advancing Responsible Opioid Prescribing

Supporting Ambulatory Providers through Clinical Education, Training, and Technical Assistance

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BACKGROUND

Each day in the United States (U.S.), more than 50 people die from an overdose of prescribed opioid pain medication,¹ and almost 3,500 people are treated in an emergency department (ED) or inpatient setting for misusing opioids.² Opioid addiction and misuse spans across all socioeconomic groups, and data from 2014 show a 75-85% increase in opioid related hospital admissions or ED visits across all income brackets.² According to the Centers for Disease Control and Prevention (CDC), opioid overdose deaths now eclipse traffic accidents as the leading cause of death in adults aged 25-64.¹ Of the over 33,000 deaths attributable to opioids in 2015, nearly half involved a prescription opioid.³ In 2012, there were enough opioid prescriptions in the U.S. for every American to have a month's supply of opioid pain medication.⁴ This is even more concerning given a recent CDC study that suggests even a *10 day supply of opioids* is associated with a significant increase in the likelihood of long term opioid use.⁵

Spanning over two decades, the following are key events related to the current opioid epidemic:

1996-2000

The American Pain Society introduces the concept of pain as the "5th vital sign", initiating a massive shift in the use of opioids for pain.⁶

Pharmaceutical companies design and sponsor educational programs and studies that claim opioid medications are not addictive when used appropriately to treat pain.⁷

2000

The Joint Commission on Accreditation of Healthcare Organizations recommends all patients be assessed for pain using a numeric scale.

Pain management becomes a patient rights issue, and healthcare organizations become responsible for patient satisfaction around the treatment of pain.

2006

Centers for Medicare and Medicaid Services (CMS) begins using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to measure patient perceptions of their hospital experience, including a measure on pain management.

2016

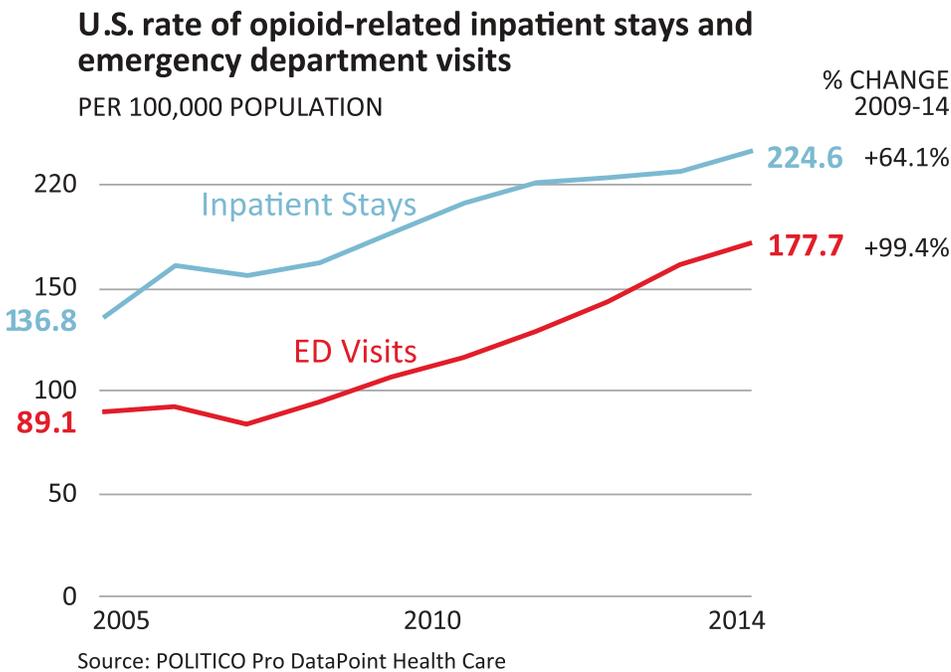
The American Medical Association and the American Academy of Family Physicians recommend no longer treating pain as a vital sign.⁸

2017

President's Commission on Combating Drug Addiction and the Opioid Crisis releases Interim Report, calling for mandatory medical and continuing education in opioid prescribing for professionals.

2018

CMS plans to remove HCAHPS pain questions from reimbursement model, and has proposed changes to existing pain management questions.⁹



A NEED FOR EFFECTIVE AND EFFICIENT SOLUTIONS

Today, many providers struggle not only with patient pain management, but also with comfort around prescribing opioids in the current environment. Thus, many providers are not prepared to initiate safe pain management therapies. This includes opioid prescribing, even when warranted. Providers lack education, training, and tools to perform appropriate risk assessment, prescribing, and monitoring to prevent opioid dependency or misuse. This raises the concern that many patients may find it harder to find someone willing to appropriately address and manage their pain.

In April of 2017, the Department of Health and Human Services (HHS) announced \$485 million in grants to help states combat opioid addiction. While the majority of the award in the first year is intended to address urgent treatment and recovery activities, in subsequent years, HHS will continue to provide funding to support policies that are “the most clinically sound, effective and efficient”, including five prioritized strategies: strengthening public health surveillance, advancing the practice of pain management, improving access to treatment and recovery services, targeting availability and distribution of overdose-reversing drugs, and supporting cutting-edge research.¹⁰ Also this year, the President’s Commission on Combating Drug Addiction and the Opioid Crisis has made recommendations that include improving medical education around opioid prescribing, opioid specific continuing education requirements, increased training and access to Medication Assisted Treatment (MAT), better access to naloxone, improved Prescription Drug Monitoring Program (PDMP) use and parity in respect to the treatment of mental illnesses.¹¹

HOW WE CAN HELP

Altarum is at the forefront of efforts to address behavioral health issues in the U.S., especially those related to addiction, treatment and recovery, opioid use and abuse, continuing integration of mental health and addiction service systems, and the concurrent integration of behavioral health with physical health systems under the Patient Protection and Affordable Care Act (ACA). Altarum’s work within the health care system includes behavioral health policy analysis, health services research, evaluation, technical assistance (TA), medical education, and training.



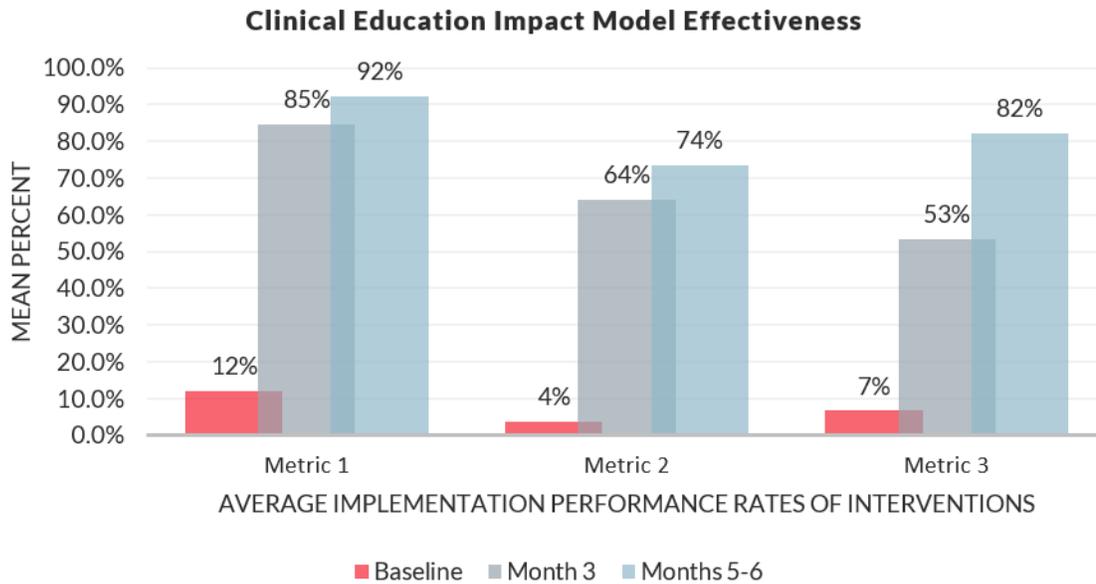
Altarum's Behavioral Health Coordinating Center works to promote empowerment and choice, foster resilience, and facilitate mental health and addiction recovery for individuals, families, and communities. Altarum works with federal, state, and local governments, national and local organizations, and providers that are on the frontlines of addressing critical behavioral health issues from prevention to recovery. Our work actively involves individuals and their families to create a patient-centric care approach that drives local practice-level solutions to meet complex care needs. Altarum also works with community boards, managed care organizations, community mental health centers, and state directors to address changes in behavioral health policy. These relationships provide Altarum with a unique understanding of essential health benefits, how they affect behavioral health services, and the importance of having clients and their families involved in shared decision making.

In addition, Altarum has developed a unique joint providership with Michigan Medicine to offer robust medical education and training programs that address chronic and emerging gaps in care through upstream prevention based approaches. Specifically, our programs tackle a number of critical issues related to chronic disease, behavioral health, and medication management facing health care providers today (i.e. Responsible Opioid Prescribing, Depression Screening, Medication Adherence, and Pediatric Oral Health in Primary Care). Performance Improvement Continuing Medical Education (CME) and Maintenance of Certification (MOC) Part IV credits are offered as part of these quality improvement training programs to drive behavior change. These credits allow physicians, nurse practitioners, and physician assistants to meet their state licensure and board certification requirements. This affiliation also allows Altarum to provide MOC Part IV credits to providers certified through the American Board of Medical Specialties (ABMS) member boards.

ADVANCING RESPONSIBLE OPIOID PRESCRIBING

Altarum provides training and support tools through our ***Advancing Responsible Opioid Prescribing*** program to improve conscientious prescribing, patient education, and prescription tracking (utilizing PDMPs) among ambulatory providers. This program compliments the current focus on treatment and recovery by offering states, health systems, and other stakeholders an opportunity to reduce the impact of the opioid epidemic through prevention. Eligible participants earn 30-50 CME and 20-30 MOC Part IV credits for attending a one hour training, aligning clinical care processes to support quality improvements, and monitoring and measuring their performance for six months by conducting patient chart reviews. Through the combination of CME and MOC Part IV credit, on-demand technical assistance, and rigorous quality monitoring, Altarum has achieved impressive results in physician behavior change from pre-training baseline to six months post-training. Topic area aside, Altarum's clinical education impact model provides dramatic and sustainable results related to clinical-based interventions.

The ***Advancing Responsible Opioid Prescribing*** program strengthens workforce capacity to address unsafe opioid prescribing and mitigate the impact of the opioid epidemic on children, families, and seniors. We are poised to begin training over 5,000 providers and improving care for ~1M patients across the Midwest. We anticipate at least a 50% increase in the number of patients evaluated for risk of opioid misuse, and a 50% increase of patients with documented follow-up evaluations. PDMP registration is a required component of our TA, and significant increases in PDMP use is expected. Our program is fully scalable, and we have the infrastructure in place to expand this critical work beyond the Midwest to other states that have prioritized prevention strategies.



Source: Based on the performance of 500 primary care providers during the SmileConnect CME quality improvement activity to implement preventive oral health services during well-child visits.

SOURCES

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