Detroit Opioid Prevention Collaborative: Goals and Objectives

Goal 1: Reduce unsafe opioid prescribing practices

- Objective 1: Train/educate 350 prescribers on responsible opioid prescribing and screening, brief intervention, and referral to treatment (SBIRT)

Goal 2: Increase early identification of opioid misuse and abuse

- Objective 2: Train/educate 350 prescribers on use of the Michigan Automated Prescription System (MAPS)
- Objective 3: Increase the percent of current opioid users whom prescribers evaluate for risk of opioid misuse/abuse and with whom prescribers conduct a follow-up visit

Goal 3: Increase promotion/access to naloxone and substance use treatment services

- Objective 4: Train law enforcement officers and community organizations on naloxone administration
- Objective 5: Engage prescribers regarding medication-assisted treatment (MAT)
- Objective 6: Increase the number of individuals entering evidence-based treatment
- Objective 7: Enroll and register Wayne County pharmacies in Michigan’s naloxone standing order program
Promotion of Safer Prescribing Practices and Identification and Follow-Up for Patients At Risk

Provider Training
- Improve patient risk identification and follow-up evaluation
- Encourage effective use of state PDMP system

Patient Education
- Equip providers to educate patients on opioid risks
- Implement best practices to improve patient accountability and awareness

Technical Assistance
- Enhance care processes to improve responsible prescribing
- Improve monitoring of patient prescription history through use of state PDMP system

30-50 CME and 20-30 MOC Part IV credits provided to prescribers to help fulfill state licensure and board certification requirements
Evaluation Design

△ Pre-post quasi-experimental design to assess primary outcomes:

– Proportion of patients prescribed opioids who receive a risk assessment to identify potential opioid misuse/abuse

– Proportion of patients prescribed opioids for 3 months or longer who receive a follow-up visit and evaluation for opioid misuse/abuse every 3 months

– Proportion of participating providers using the state PDMP to monitor patient prescription trends
Methods

▲ Chart review by practices for risk assessment and follow-up visit
  – Practices may provide data for all of their patients prescribed opioids or may select a sample of 20 patients
  – Data are collected prior to participation (baseline), 3 months post-implementation (midway), and 5 months post-implementation (final)

▲ Pre/post survey with participating prescribers to assess state PDMP use
  – Prescribers report how often they check the PDMP for patients prescribed opioids
  – Data are collected prior to participation (baseline) and after participation (final)
Results: Program Outputs to Date

▲ Trained 124 providers in 21 practices on responsible opioid prescribing, including identification of patient risk for opioid misuse/abuse, patient follow-up, and use of state PDMP

▲ Engaged 21 clinicians in discussions to encourage them to obtain buprenorphine waivers and to advise/assist them with prescribing

▲ Provided naloxone kits and training to 81 law enforcement officers and 19 community organizations (489 total individuals)
Results: Program Outcomes to Date

Frequency of Risk Assessment and Follow-up Evaluation

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<tr>
<th></th>
<th>Baseline</th>
<th>Mid-way</th>
<th>Final</th>
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<tbody>
<tr>
<td>Risk Assessment for Misuse</td>
<td>6.3%</td>
<td>52.3%</td>
<td>73.9%</td>
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<td>(n=12 practices, 54 clinicians)</td>
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<tr>
<td>Follow-up Visit/Evaluation</td>
<td>97.1%</td>
<td>82.8%</td>
<td>99.5%</td>
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<td>(n=10 practices, 43 clinicians)</td>
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Additional Analyses: Michigan Medicaid Data

- Michigan Department of Health and Human Services approved our request to receive Medicaid claims data for 46 counties (including the 3 counties participating in our program)
- Expect to receive data in summer 2019
- Key questions to be addressed using Medicaid data:
  - To what extent is our program associated with changes in:
    - Opioid and related prescription drug utilization?
    - Urine drug testing?
    - Number of patients seeking evidence-based treatment for substance use disorder?
    - Opioid-related emergency department visits and inpatient admissions?
  - To what extent do observed changes persist beyond the 5 months of the CME/MOC training program?
Lessons Learned

▲ The rapidly changing environment of opioid crisis response is affecting both our ability to recruit for the program and our outcomes

- Larger medical systems decided to conduct their own opioid patient management trainings
- Prospective providers decided not to prescribe any opioids, making them ineligible for the program
- State laws related to opioid prescribing created challenges with attributing changes to the program

▲ Coordination with a practice champion is critical to initial and continued practice success

▲ Close communication, the incorporation of risk assessment tools and follow-up activities into the practice workflow, and regular follow-up are keys to helping practices succeed
## Dissemination

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>July 31, 2018</td>
<td>Webinar</td>
<td>Community Advisory Board Meeting presentation</td>
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<tr>
<td>August 31, 2018</td>
<td>Social Media (Twitter)</td>
<td>Twitterstorm for International Opioid Overdose Awareness Day</td>
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<tr>
<td>September 1–30, 2018</td>
<td>Social Media (Twitter)</td>
<td>Recovery Month posts</td>
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<tr>
<td>November 20, 2018</td>
<td>Meeting</td>
<td>Community Advisory Board in-person meeting (presented project progress and evaluation results to date)</td>
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<tr>
<td>December 13, 2018</td>
<td>Meeting</td>
<td>C-ASIST Family Health Clinic Fundraising Dinner (discussed project with attendees)</td>
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<tr>
<td>February 21, 2019</td>
<td>Workshop</td>
<td>Presentation about pain management and opioids for Authority Health in Detroit</td>
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Future Directions

▲ Through the process of providing technical assistance to practices, we identified that providers had several concerns related to MAT:

- Unsure where to refer patients for MAT
- Concerns about potential liabilities of providing MAT
- Lack of time to complete training to obtain DATA 2000 waiver to prescribe medications to treat OUD
- For those who obtained the waiver, uncertainty about how to deliver MAT effectively

▲ MAT provider technical assistance pilot

- We have begun a small pilot to deliver TA to providers who have obtained the waiver to encourage them to prescribe medications for OUD treatment and to support them as MAT providers