Statewide Performance Improvement Project

Lisa Bui, BS, MBA
Quality Improvement Director
Oregon Health Authority
Disclosures

Lisa Bui, BS, MBA works as a salaried employee as the Quality Improvement Director of the Oregon Health Authority. Mrs. Bui has disclosed that within the past 12 months, she has not had financial interest with any manufacturers of medical commercial products pertaining to the presented topics.
Learning Objectives

• Understand the Oregon Opioid Initiative framework and statewide levers

• Understand the CCO statewide improvement project background and objectives

• Understand the CCO statewide PIP results, interventions and barriers

• Understand the next steps for 2019-2020 CCO Statewide PIP
The Oregon Opioid Initiative

Aim: Reduce deaths, non-fatal overdoses, and harms to Oregonians from prescription opioids, while expanding use of non-opioid pain care

1. REDUCE RISKS TO PATIENTS BY MAKING PAIN TREATMENT SAFER AND MORE EFFECTIVE, emphasizing non-opioid and non-pharmacological treatment

2. REDUCE HARMS FOR PEOPLE TAKING OPIOIDS AND SUPPORT RECOVERY FROM SUBSTANCE USE DISORDERS by making naloxone rescue and medication-assisted treatment (MAT) more accessible and affordable

3. Protect the community by REDUCING THE NUMBER OF PILLS IN CIRCULATION through implementation of safe prescribing, storage, and disposal practices

4. OPTIMIZE OUTCOMES BY MAKING STATE AND LOCAL DATA AVAILABLE for informing, monitoring, and evaluating policies and targeted interventions
Oregon Health Authority
Opioid Initiative Summary

- Prioritized List Back Condition Benefit Coverage (7/1/2016)
- Prescription Drug Overdose Grant

- Statewide Prescribing Guidelines
- Statewide Dental Prescribing Guidelines
- Statewide Performance Improvement Project (PIP)

- HB 4124 Naloxone Availability
- Collaboration with law enforcement and EMT
- Medication Assisted Treatment (MAT)
- STR Grant

- HB 4124: Prescription Monitoring
- HB 3440: Web-based Tx provider directory-coming soon
- Interactive opioid dashboard
- CCO PIP: ≥ 120 MED and ≥ 90 MED tracked
Key OHA Opioid Grant Projects

**CDC PDO Prevention for States**
- Fund high-burden regions to coordinate prevention infrastructure
- Develop implementation toolkit with 6 Building Blocks of Opioid Prescribing
- Peer-to-peer TA and trainings to health care organizations by Pain Management Improvement Team
- Tele-Pain for providers
- New Oregon Pain Management Commission pain training module
- State, regional and tribal opioid/pain summits

**SAMHSA State Targeted Response 2017 - 2019**
- Expands and enhances CDC PDO grant
- Increase MAT and OTPs in rural/frontier counties
- OHSU Project ECHO for rural providers
- Enhanced Coordination
  - Transition out of corrections; peer navigators
  - Individual and family support, housing for community transitions
- Collaboration with tribes
  - Needs assessment
- Public Education
  - Media Campaign; pain management
PDO Grant: 9 high-burden regions

Based on prescribing data, opioid overdose outcome rates, and population
Reducing Chronic Opioid Use Statewide Performance Improvement Project (PIP)

- **General Overview**
  - Began January 2016
  - Required by the OHA 1115 waiver
  - Follows CMS PIP Protocol(s)
  - All CCOs participate in the chronic opioid use statewide PIP
  - Chronic Opioid Use PIP ends December 31, 2018

- State External Quality Review Organization, HealthInsight Assure, manages PIP

- CCOs are working within their communities to address the opioid epidemic and decrease opioid-related harms using a variety of interventions.

- Each CCO set internal PIP target goals and goal time frames.
PIP Interventions

- Collaboration with stakeholders
- Outreach to members and providers
- Provider education and trainings
  - Safe prescribing and tapering opioids
  - Evidence-based non-opioid treatments
- Dissemination of high-prescriber report
- One-on-one support for high-prescribers and members on risky regimens
- New policies and guidelines
  - Non-opioid treatments
  - Pain clinic programs
  - Opioid use disorder treatments
  - Align prior authorizations (e.g., opioids, naloxone)
Barriers

• Manage expectations for cost shifts
  – non-opioid drugs
  – non-drug treatments
  – behavioral health services
  – transportation
• Lack of medication-assisted treatment providers
• Limitations in Oregon’s PDMP statute does not allow full implementation of evidence-based practice
Monitoring Metrics

- Measure
  - Monthly reporting of:
    - Percentage of OHP enrollees aged 12 years and older who filled prescriptions for opioid pain relievers of at least ≥ 120 mg MED, > 90 MED. In alignment with CDC guidelines and Oregon Opioid Prescribing Guidelines, the 2018 measure reporting will be on ≥ 50 MED and ≥ 90 mg MED.
    - Percentage of enrollees ≥ 12 years of age who filled prescriptions for opioid pain relievers of ≥ 90 and ≥ 50 morphine milligram equivalents (MME) on at least one day and for 30 consecutive days or more within the measurement year.
    - MED threshold changed from ≥ 120 and ≥ 90 for 2016-2017 to > 90 and > 50 in 2018.
Results

Among study members with at least one opioid prescription for ≥90mg MME/day in the baseline measurement year, the number who had ≥90 MME/day for 30 days or more

- IHN: 213
- JCC: 180
- EOCCO: 266
- PHJC: 26
- PCS-CO: 25
- FFS: 122
- TCHP: 396
- HealthShare: 698
- CPCCO: 108
- PCS-CG: 105
- YCCO: 43
- WOAH: 31
- WVCH: 117
- FamilyCare: 146
- UHA: 21
- AllCare: 51
- CHA: 2

Number

Analysis performed by HealthInsight Assure
2014 and 2017
Any day >=90mg MED, both age groups

- 2014 state rate
- 2014 rate
- 2017 rate

2014 state rate: 17.9%

Analysis performed by HealthInsight Assure
Results

Any day >=90mg MED, both age groups

Analysis performed by HealthInsight Assure
Summary of Results

• Significant decrease in aggregated counts and calculated indicators from baseline to current remeasurement for all metrics.
• All CCOs show decreased counts and calculated indicators from baseline to current remeasurement for all metrics.
• Decrease in number of people with any prescription for opioids has plateaued
2019-2021 Statewide PIP

- Topic selection and discussion includes:
  - Acute to Chronic
  - Any opioid prescription by MED
  - Pills in circulation
  - Medication Assisted Treatment utilization

- Recommendations to OHA by June 2018, with projected topic selection and measurement development by August 2018
For more information

• Contact:
  – Lisa Bui, MBA: lisa.t.bui@state.or.us

• Web resources:
  – OHA Opioids Website: http://healthoregon.org/opioids
    • Interactive Data Dashboard
    • Community Information
    • Guidelines
  – Oregon Prescription Drug Monitoring Program Website: http://www.orpdmp.com
  – Statewide PIP website: http://www.oregon.gov/oha/hpa/csi/Pages/Performance-Improvement-Project.aspx
Changes in the Oregon Health Plan Coverage of Back and Neck Pain

2018 Oregon Pain + Addiction Treatment Conference

Ariel Smits, MD, MPH
Medical Director
Health Evidence Review Commission
ariel.smits@state.or.us
Disclosures

Ariel Smits, MD, MPH works as a salaried employee as the Medical Director of the Health Evidence Review Commission of the Oregon Health Authority. Dr. Smits has disclosed that within the past 12 months, she has not had financial interest with any manufacturers of medical commercial products pertaining to the presented topics.
Learning Objectives

• Understand the background and processes of the Health Evidence Review Commission

• Understand the changes to the benefit packages for treatment of back and neck pain for the Oregon Health Plan and the problems these changes attempted to address

• Understand the anticipated and actual outcomes and barriers encountered in implementation of these benefit changes
The Oregon Health Plan

- Oregon Health Evidence Review Commission
  - Comprised of volunteers from many areas of medical care, health plans, consumer representatives
  - Regular public meetings
  - Two products:
    - The Prioritized List of Health Services
    - Coverage guidances
- Care provided through Fee for Service (FFS, approx. 13% of population) and Coordinated Care Organizations (CCOs)
- Federal Medicaid waiver
The Prioritized List of Health Services

- Purpose is to ensure coverage for the most important services in maximizing population health while controlling costs
- Ranks all condition/treatment pairs in priority order
- Funding line determined by state Legislature
  - Only conditions “above the line” receive coverage
- Guidelines help further define coverage
- Mental, physical and dental health merged
- CAM treatments available for a variety of conditions
  - Include acupuncture, chiropractic, osteopathic manipulation, naturopathic care
Back Pain and Opioid Use on the OHP: The Problem

• Back pain is the most common OHP diagnosis for opioid prescriptions in OHP (2013 data)
  – Approximately 50,000 Medicaid patients with back pain diagnoses
  – Approximately 30,000 received a prescription for opioids
  – Average number of opioid prescription days for this group: 148
  – Approximately $5 million spent on opioids prior to benefit changes

• Treatment of back/neck pain was
  – uncoordinated,
  – did not include evidence based treatments
  – included treatments with known serious harms
HERC’s Review of Back Pain Interventions

Back Pain Policy Actions

• Advanced imaging coverage guidance (CG) (2012)
• Artificial disc replacement CG (2014)
• Lumber discography CG (2014)
• Non-pharmacological, non-invasive interventions CG (2014)
• Pharmacological and herbal therapies CG (2014)
• Percutaneous interventions CG (2014)
• Back Pain Taskforce (2014 – 2015)
• Corticosteroid injections CG (2017)
• Minimally invasive and non-corticosteroid percutaneous injections CG (in process)
Historic OHP back pain coverage (simplified)

**With radiculopathy**
- Medication
- Surgery
- Chiropractic
- Acupuncture
- PT/OT

**Without radiculopathy**
Theoretically no coverage w/o comorbidity rule.

Real world: Office visits, medication, including opioids

Funding Line
2014 Back Pain Taskforce

Taskforce membership

- Chiropractor
- Acupuncturist
- Physical therapists
- Pain specialist
- Neurosurgeon
- Orthopedic surgeon
- Psychiatrist
- Primary care physician
- Medicaid managed care plan medical director
- Psychologist
- Addictions specialist
- National expert in back pain treatment evidence

- Series of public meetings held in 2014-2015
- Evidence review
  - 2012 HERC coverage guidance, new literature reviews on surgery and opioids, expert input
- Changes effective July 1, 2016
The New Back Care Paradigm

- Focus on biopsychosocial model
- Adding evidence-based effective treatments
  - Cognitive behavior therapy
  - Physical therapy
  - Chiropractic manipulation
  - Osteopathic manipulation
  - Acupuncture
  - Intensive interdisciplinary rehabilitation, supervised exercise therapy, yoga and massage are recommended and may be available in some CCOs

- Restricting or eliminating ineffective or harmful treatments
  - Long-term opiates no longer covered for opioid-naïve patients
  - For patients already on long-term opioids, requirement to develop a treatment plan including alternative therapies and taper off opioids by 1/1/2018
  - Surgery limited to conditions with known effectiveness
  - Epidural steroid injections
Guideline Note 56: New Treatment Pathways
(Medical Treatment Line)

**Low Risk**
- Office visits
- 4 visits
  - PT/OT/OMT/
  - Chiro/Acupuncture/
  - massage

**High Risk**
- Office visits
- Cognitive Behavior Therapy
- Up to 30 visits
  - PT/OT/OMT/
  - Chiro/Acupuncture
- OTC meds, muscle relaxers
- Limited opioids
- If available:
  - Yoga,
  - interdisciplinary rehab, supervised exercise, massage

**Not Recommended:**
- 1st line Opioid prescribing or Long Term Opioid use
Guideline Note 60: Opioid Medications
(Coverage Criteria)

During the first 6 weeks after injury, flare, surgery:
- Prescription limited to 7 days, and
- Short acting opioids only, and
- First line pharmacologic therapies are ineffective, and
- Treatment plan includes exercise, and
- Opioid risk assessment

Opioid use after 6 weeks, up to 90 days:
- Functional assessment – 30% improvement,
- Spinal manipulation, physical therapy, yoga, or acupuncture,
- Opioid Risk mitigation:
  - PDMP
  - Screen for opioid use disorder
  - Urine drug test
  - Prescriptions limited to 7 days and short acting only

Opioids after 90 days:
- Not Covered without new injury, flare, surgery

Transitional coverage for those on long-term opioid therapy through 1/2018:
- Taper plan
  - In place by January 2017
- Include nonpharmacologic treatment strategies
Increased Coverage:
- Cognitive Behavior Therapy
- Spinal Manipulation
- Acupuncture
- PT/OT
- Non-opioid medications
- Yoga *
- Interdisciplinary Rehab *
- Supervised exercise *
- Massage Therapy *

* If available

Decreased Coverage:
- Surgeries
- Opioids
- Epidural Steroid Injections
Anticipated Outcomes

• Reduced opioid use for back conditions
  – Improved public health: fewer ER visits, overdoses, deaths
• Improved outcomes for patients
  – Reduced pain and better function
  – Access to evidence-based effective care
  – Reduced harms from opioids and ineffective surgery
• Better educated medical workforce
  – Evidence based assessments and tools
  – Improved knowledge of best practices
• Ultimately, reduced costs through paying only for effective care
Outcomes

July-December 2015

- 65,034 OHP clients
  - 0.03% had psychotherapy
  - 15.3% had PT/OT (range 1-47 visits, mean 4.3)
  - 1.3% had acupuncture (range 1-28 visits, mean 3.7)
  - 1.5% had osteopathic manipulative treatment (range 1-19 visits, mean 2.1)
  - 1.6% had chiropractic manipulative treatment (range 1-26 visits, mean 4.0)

July-December 2016

- 59,872 OHP clients
  - 0.1% had psychotherapy
  - 17.2% had PT or OT (range 1-41 visits, mean 4.6)
  - 4.4% had acupuncture, (range 1-43 visits, mean 4.3)
  - 1.7% had osteopathic manipulation (range 1-24, visits mean 2.4)
  - 4.4% had chiropractic manipulation (range 1-32, average 4.7)
Implementation Challenges

- Workforce
- Payment challenges (e.g., yoga)
- Education of providers, patients, public
- Dissemination of evidence based tools
- Controls on narcotic prescriptions (FFS vs. CCOs)
- Ability to taper chronic opioid patients
- Availability of treatment for patients with opioid use disorder
Next Steps

• Feedback to HERC
  – OHP managed health plans’ medical directors
  – OHA Medicaid administrators
  – Patients/providers

• Current work on alternative treatments for other types of chronic pain
  – Chronic Pain Taskforce
For more information

www.oregon.gov/OHA/HPA/CSI-HERC

Health Evidence Review Commission

HERC.Info@state.or.us