Health Systems Strategies to Transform Pain Care

The EOCCO Story

Chuck Hofmann, MD, MACP, EOCCO Clinical Consultant
Important Stuff

• Disclosures
  – None

• Learning Objectives
  – Identify Health System strategies to reduce opioid prescribing for chronic noncancer pain
  – Identify Health System strategies to implement HERC back and spine pain treatment guidelines
  – Identify Health System strategies to reduce concomitant opioid and benzodiazepine use
45,000 Members
EOCCO Regional Opioid Prescribing Group

- **2014**
  - November – Regional Prescription Drug Abuse Planning Group formed
    - 7 members (providers, pharmacists)
    - Advisory group to EOCCO Clinical Consultant
    - Charged with developing strategic initiatives EOCCO could implement to address the prescription drug crisis

- **2015**
  - April – partnered with Oregon Coalition for the Responsible Use of Meds (OrCRM) to sponsor Eastern Oregon Summit to Reduce Rx Abuse
    - Planning Group renamed Region Opioid Prescribing Group and expanded to 12 members including providers, pharmacists, behaviorists, physical therapists, nurses and dentists

- **2016**
  - Entered into Service Agreement with OrCRM
  - Elected to pattern itself similar to Oregon Pain Guidance Group
  - Added Naloxone Nasal Spray to formulary
  - Included 2 Opioid Prescribing Presentations at Annual Summit
  - Implemented HERC Guidelines for Treatment of Conditions of the Back and Spine
• 2017
  – Assisted in development of regional Pain Schools
  – Implemented concomitant Opioid/Benzodiazepine usage strategy
  – Produced 4 Community Forums across service area
    • Physiology of Pain
    • Non-opioid Alternatives for the Treatment of Chronic Pain
    • Non-pharmacological Alternatives for the Treatment of Chronic Pain
    • The Psycho-social Components of Chronic Pain
  – Produced 4 Provider Forums across service area
    • Talking to Patients About Addiction
    • Buprenorphine Basics
    • Non-pharmacological Alternatives for the Treatment of Chronic Pain
    • Pain Schools Primer
  – Completed 2 free X-waiver trainings in service area
  – Included 2 Opioid Prescribing Presentations at Annual Summit
  – Implemented Monthly Opioid Prescribing Reports to Providers
  – In partnership with OSU, produced advanced Community Health Worker Training Modules on the Treatment and Management of Chronic Pain
  – Encouraged use of PDPM prescribing data instead of claims data to track prescribing
EOCCO ROPG (con’t)

2018

- Implementing Online Pain School Program
- Initiating New Initiatives in partnership with Oregon Prescription Drug Overdose Prevention (PDO) Project and OrCRM
  - Develop a multidisciplinary team to assist providers in managing patients receiving opioids for chronic noncancer pain
  - Develop a regional Naloxone training program for pharmacists, EMTs, and law enforcement officers
  - Increase regional community (including law enforcement and EMS) awareness of Naloxone
  - Increase regional availability of stigma-free disposal drug options
  - Develop a regional strategic messaging strategy for providers and community members, including local government, law enforcement, and first responders
  - Enhance regional integration of addiction and mental health treatment services into PCP offices
  - Increase the availability of regional pain schools
Performance Improvement Plan

• In addition to previously mentioned initiatives
  – Incorporated PDMP registration booth at 2016 Annual Summit
  – Incorporated opioid prescribing information into monthly provider reports

• Results
  – 2014 Prevalence > 120 MME = 14.1%
  – 2017 Q4 Prevalence = 9.0%
  – Reduction = 36%
# April 2018 Progress Report

**EOCCO Incentive Measures - Clinic Name**

**Reporting Period:** Services Incurred 1/1/2018-4/30/2018 as of 4/30/2018  
**Total Count of Unique Members:** 2000

<table>
<thead>
<tr>
<th>Measure</th>
<th>2017 Improvement Target</th>
<th>Your Rate This Period</th>
<th>Eligible Members To Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures with Rates Included</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Adolescent Well Care Visits</td>
<td>37.3%</td>
<td>27.4%</td>
<td>298</td>
</tr>
<tr>
<td>Alcohol and Drug Misuse Scening (SBIRT)</td>
<td>15.0%</td>
<td>12.2%</td>
<td>916</td>
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<tr>
<td>*Childhood Immunization Status Combo 2</td>
<td>72.9%</td>
<td>73.7%</td>
<td>22</td>
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<tr>
<td>Dental Sealants on Permanent Molars for Children</td>
<td>20.0%</td>
<td>25.0%</td>
<td>552</td>
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<tr>
<td>*Developmental Screening (0-36 months)</td>
<td>57.3%</td>
<td>5.1%</td>
<td>281</td>
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<tr>
<td>*Effective Contraceptive Use</td>
<td>48.1%</td>
<td>36.2%</td>
<td>104</td>
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<tr>
<td>Emergency Department Utilization</td>
<td>51.8</td>
<td>54.2%</td>
<td>457</td>
</tr>
<tr>
<td>Emergency Department Utilization for Individuals Experiencing Mental Illness</td>
<td>NA</td>
<td>110¹</td>
<td>33</td>
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<tr>
<td>*Colorectal Cancer Screening</td>
<td>43.9%</td>
<td>47.0%</td>
<td>25</td>
</tr>
<tr>
<td>Patient Centered Primary Care Home (PCPCH)</td>
<td>60.0%</td>
<td>75.0%</td>
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<thead>
<tr>
<th>Measure</th>
<th>2017 Improvement Target</th>
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</thead>
<tbody>
<tr>
<td>Measures with Targets Only</td>
<td></td>
</tr>
<tr>
<td>Timeliness of Prenatal Care</td>
<td>91.0%</td>
</tr>
<tr>
<td>Cigarette Smoking Prevalence</td>
<td>31.0%¹</td>
</tr>
<tr>
<td>*Controlling Hypertension</td>
<td>66.9%</td>
</tr>
<tr>
<td>Depression Screening and Follow up Plan</td>
<td>52.9%</td>
</tr>
<tr>
<td>*Diabetes HbA1c Poor Control</td>
<td>23.5%</td>
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<tr>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity</td>
<td>NA</td>
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<tr>
<th>Measure</th>
<th>2017 Improvement Target</th>
<th>Your Rate This Period</th>
<th>Eligible Members To Follow-up</th>
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<tbody>
<tr>
<td>Opioid Roster</td>
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<tr>
<td>*Morphine Equivalence Dose (MED) Roster</td>
<td>9.0%¹</td>
<td>12.8%</td>
<td>29</td>
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</table>

*See outreach rosters on the following tabs for eligible patients.*  
¹Lower rate is better
EOCCO HERC Guidelines Implementation

• 2015
  – September – EOCCO Clinical Advisory Committee (CAP) notified of Guidelines
  – November - Appointed HERC Guidelines Implementation Subcommittee

• 2016
  – February – Subcommittee meets, develops implementation strategy recommendations
  – March – CAP approves/amends Subcommittee recommendations
  – April – EOCCO Board approves CAP recommendations
  – June – All providers informed of implementation strategy
  – September – Guidelines and implementation strategy presented at Annual Summit
  – October – EOCCO Non-interventional/Non-Pharmacological Alternatives to Opioid Therapy Policy developed
  – November – Notification sent to providers prescribing opioids for conditions of the low back and spine

• 2017
  – January – Developed online provider HERC Implementation tool kit
  – February – Developed Alternative Provider directory
  – April – 2nd Notification sent to providers prescribing opioids for conditions of the low back and spine (certified)
  – April – All patients receiving opioids for conditions of the low back and spine notified of HERC Guidelines
  – November – Developed non-credentialed Alternative Provider reimbursement policy

• 2018
  – April – All affected patients and providers notified of upcoming soft and hard edits
  – June – Implementing soft edits (for Rxs > 90 MME) and hard edits (for Rxs > 200 MME) 5/1/18
Concomitant Opioid/Benzodiazepine Usage Strategy

- **2017 Efforts**
  - Target: Patients receiving Rxs for both > 90 days
  - Method: Personal outreach by staff pharmacist to prescriber
  - Result: 44% reduction (N = 108 → 60)

- **2018 Efforts**
  - Target: Patients receiving Rxs for both for any period of time
  - Method: Personal outreach by staff pharmacist to prescriber
  - Results: Pending
Annual EOCCO Summit Presentations

• **2014**
  – “Managing the Opioid Dependent Patient” – Andy Mendenhall, MD

• **2015**
  – “Pain Schools: Non-narcotic Alternative Models for Chronic Pain Management” – Mark Altenhofen, MS

• **2016**
  – “Substance Use Disorder Treatment: Buprenorphine Certification and Prescribing Support” – Melissa Weimer, DO
  – “Changes in Coverage for Treatment of Low Back Pain” – Sarah Laiosa, DO

• **2017**
  – “Opioid Prescribing and Medical Home Tiers, Results from EOCCO” – Chelsea Keating, MPH
  – “Tapering Opioids – Best Practices” – Chuck Hofmann, MD, MACP

• **2018**
  – “The SPACE Trial – Is This What We’ve Been Waiting For?” – panel session
<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Concomitant opioid/benzodiazepine use</td>
<td>44% ↓</td>
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<tr>
<td>Buprenorphine prescriptions</td>
<td>62% ↑</td>
</tr>
<tr>
<td>Hydrocodone prescriptions</td>
<td>18% ↓</td>
</tr>
<tr>
<td>Members receiving &gt; 90 MME &gt; 60 days</td>
<td>32% ↓</td>
</tr>
<tr>
<td>Members receiving &lt; 90 but &gt; 60 MME &gt; 60 days</td>
<td>26% ↓</td>
</tr>
<tr>
<td>Members receiving any Rx &gt; 120 MME</td>
<td>36% ↓</td>
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