Data Driving Results: Columbia-Pacific CCO’s Approach to Improving Prescribing

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Disclosures

• Nothing to disclose
Learning Objectives

• Understand the importance of data transparency within an overarching regional opioid strategy

• Understand different levels within the system to share data
  – CCO level, clinic level, provider level, patient level
Opioid Strategy Update

Regional Opioid Model of Care

Addressing the opioid epidemic through multifactorial system of care

- **Non-Pharmaceutical Treatments**
  - Behavior-based pain clinics
  - Acupuncture coverage
  - CBT / Behavioral health
  - PT benefit
  - Yoga resources

- **Addictions Treatment**
  - Detox Center
  - Naloxone
  - Medication Assistance Treatment

- **Pharmacy**
  - Taper plan education
  - Drug take backs
  - Naloxone
  - Data / Opioid risk score

- **Health Care Providers**
  - Prescribing guidelines
  - Opioid dashboard
  - Community of practice
  - ED / Surgeons / Dentists
  - Tailing dose and tiered goal
  - Changing paradigm of chronic pain
  - Clinical up-skilling

- **Community**
  - Social Marketing
  - Community events
  - Awareness of risks
  - Community action

- **Public Health**
  - Needle exchange programs
  - Naloxone
  - Social marketing
  - OPDMP grant

- **Behavioral Health**
  - Integrated behaviorist
  - Increasing access to specialty mental health
  - Crisis respite
  - Community Action
Sharing data: CCO Level

% Chronic Opioid Users on High Dose

Chronic Use MED Avg

Chronic Opioid Users
## Sharing data: Clinic Level

### CPCCO Opioid Dashboard

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q4 2017</th>
<th>Columbia Pacific CCO TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Members w/ Chronic Opioid (Any MED)</td>
<td>578</td>
<td></td>
</tr>
<tr>
<td>Assigned Members w/ Chronic Opioid (Any MED) per 1,000 Members</td>
<td>26.9</td>
<td></td>
</tr>
<tr>
<td># at MED ≥ 50</td>
<td>192</td>
<td></td>
</tr>
<tr>
<td>Assigned Members at MED ≥ 50 per 1,000 Members</td>
<td>8.9</td>
<td></td>
</tr>
<tr>
<td># at MED ≥ 90</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>Assigned Members at MED ≥ 90 per 1,000 Members</td>
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</table>

### Sep 2017

<table>
<thead>
<tr>
<th>Clinic E</th>
<th>CPCCO TOTAL</th>
<th>Q4 2017</th>
<th>Q1 2016</th>
<th>Q2 2016</th>
<th>Q3 2016</th>
<th>Q4 2016</th>
<th>Q1</th>
<th>Q2</th>
<th>Trend</th>
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<td>53</td>
<td>54</td>
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<tr>
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<td>87.0</td>
<td>87.0</td>
<td>53.3</td>
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<td>38.9</td>
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<td>8</td>
<td>9</td>
<td>8</td>
<td>9</td>
<td>5</td>
<td>8</td>
<td>6</td>
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<td>14.0</td>
<td>12.5</td>
<td>13.4</td>
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<td>10.8</td>
<td>11.1</td>
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<tr>
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<td>4</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>2</td>
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<tr>
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<td>4.5</td>
<td>6.0</td>
<td>6.0</td>
<td>6.3</td>
<td>7.4</td>
<td>8.5</td>
<td>7.7</td>
<td>3.7</td>
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<tr>
<td># at MED ≥ 120</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>Assigned Members at MED ≥ 120 per 1,000 members</td>
<td>3.1</td>
<td>5.0</td>
<td>5.0</td>
<td>6.3</td>
<td>6.0</td>
<td>3.0</td>
<td>2.7</td>
<td>1.3</td>
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<td>7</td>
<td>6</td>
<td>7</td>
<td>5</td>
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<tr>
<td>Assigned Members w/ BZDs AND Opioids per 1,000 Members</td>
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<td>0.0</td>
<td>0.0</td>
<td>10.1</td>
<td>9.0</td>
<td>9.5</td>
<td>6.7</td>
<td></td>
</tr>
</tbody>
</table>
Getting more targeted: provider level

Step 1. Sharing prescriber info

Step 2. Tracking provider patterns

Step 3. Individualized provider plans
Getting more targeted: patient level

**Step 1.** Claims analysis to detect potential misuse, risk stratification by dose and concomitant medications

**Step 2.** Individualized patient plans

**Step 3.** Work with community and clinic teams to execute plan
Preventing Unintended Consequences

[Graph showing decreasing number of opioid-related ED visits per 100,000 MM from Q1 2017 to Q4 2017.]

[Bar chart showing increase in naloxone doses dispensed from 2016 to 2017.]
Where are we headed next?

- >90 MED Plan
- Benzo/sedative strategy
- Acute to Chronic Focus
- Transitioning dashboard to Tableau
Lessons Learned

1. Data transparency is key – don’t be afraid to let clinics see themselves next to their colleagues
2. The data is going to be imperfect and that’s ok
3. Start small and be iterative
4. Always be ready to learn together