Using Leadership to Change Practice: A CPCCO’s Journey towards Addressing the Opioid Epidemic

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Disclosures

• No disclosures
Learning Objectives:

• Explain how physician education and support, community protection, patient safety and patient education is integral to best practice pain care and addiction treatment

• Describe CPCCO’s journey towards addressing the opioid epidemic

• Demonstrate that effective leadership can not only transform clinical practice and policy but has the potential to alleviate the pain and suffering of individuals, families and communities impacted by Oregon’s opioid crisis
A Journey towards Addressing the Opioid Epidemic

2013:
✓ Community meetings with providers to discuss their needs in order to decrease opioid prescribing
  • “If we had an alternative place to refer, we could do it.”
✓ CPCCO promoted best practice guidelines, <120 MED

2014:
✓ CPCCO started the North Coast Pain Clinic in Astoria, OR
  • Behavioral-based pain clinic, 10-week group classes

2015:
✓ Pain Clinics expanded to Tillamook & Columbia Counties
✓ Multidisciplinary community meetings in each county to discuss shared vision & how to move forward collectively
✓ Benefit expansion: acupuncture for chronic pain & increase PT
✓ **End of 2015**: Pulled data...\(\rightarrow\) no improvement
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

**ADMISSION 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
- Coiling dosing 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
Driver Diagram: Reversing the opioid crisis in a community

Reverse the opioid crisis in a community

Measures:
- Overdose rate
- Fatal overdose rate
- Individuals in treatment
- Prescription opioid rate

Limit supply of opioids*
- Prescribing practices
- Dispensing practices
- Diversion
- Pharmaceutical production
- Availability of alternative pain management treatment

Raise awareness of risk of opioid addiction
- Identification and education of patients at greater risk for addiction
- Provider education
- Adolescent education
- Adult education
- Reducing stigma around substance abuse

Identify and manage opioid dependent population
- Compassionate, consistent care
- Tapering
- Pain management education
- Availability of alternative pain management treatment
- Education of patients and families

Treat opioid-addicted individuals
- Identification of opioid addicted individuals
- Availability of detox facilities
- Availability of long-term ongoing, comprehensive addiction treatment
- Availability of supportive social services
- Prevention of fatal overdose

*This effort seeks to address treatment of both prescription and non-prescription opioids, however it will not address supply of non-prescription opioids (namely heroin)

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Improving Prescribing Practices

• CPCCO Clinical Advisory Panel (CAP) review of:
  • Population-level and clinic-level data
  • Current evidence on harms and benefits of opioids
• CAP developed evidence-based regional goals
• CAP advised strategy to achieve goals
CPCCO Ceiling Dose Goals
Strategy to Achieve Goal

• North Coast Opioid Summit: April 2016, 2017 and 2018
  • Over 250 people gathered to collectively discuss this issue
• North Coast Regional Steering Committee
  • Improved Clinical Prescribing
  • Expanding Access to Treatment for Opioid Use Disorders
  • Naloxone
  • Better Disposal of Pills
  • Community Education Campaign
Strategy to Achieve Goal

- Training and support for prescribing clinics/organizations
  - Primary care, ED, urgent care, surgeons, specialists, dentists
  - Commitments to meet MED goals and pledge
  - Updated CPCCO guidelines
  - Registration and training for OPDMP
  - Regional quarterly Community of Practice meetings

- Highlight & spread knowledge of non-pharmacologic options/evidence-based treatments:
  - BH-based pain clinics
  - BH integration
  - Acupuncture, chiropractor, PT

- Dashboards and data

- Top-prescribers list, academic detailing and local leadership accountability

- Assist organizations with policies and procedures

- Acute prescribing focus

- Co-prescribing focus
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Community Education

• North Coast Steering Committee developing regional messaging:
  • Risk of opioid medications (focus on youth and teens)
  • Appropriate treatment for pain (acute and chronic)
    • Pain does not equal opioid medication
  • What substance use disorder is and where and how to get help if needed
Education and Support

• Training and support for prescribers/clinics/community
  • Appropriate treatment of acute/chronic pain
  • Data on harm of opioid medications
  • Risk screening (ORT, SBIRT, PHQ), Risk stratification
  • Substance Use Disorder (2017 focus)

• Patient education tools (in development) → Pain and opioid risk education
  • Letter

• Behavioral Health Integration
Clinical and Community Supports

• Clinical trainings and discussions
  • Overview of safe prescribing
  • In-depth trainings re:
    • Tapering
    • Difficult conversations
    • Data for action, risk stratification and population management
  • Team-based care and workflows
  • Trauma-informed care
  • Community of practice
  • Summit
  • Organization policies and procedures

• Pharmacist support for tapering

• Patient and community education

• Non-Pharmaceutical Treatment Options:
  • CBT
  • Acupuncture, PT, Chiropractic
  • Behavior-Based Pain Clinics

• Behavioral Health Integration
CPCCO Behavior Based Pain Clinics

NORTH COAST PAIN CLINIC

North Coast Pain Clinic
68 North Highway 101, Suite 208
Warrenton, Oregon 97146

Ivy Avenue Wellness Center

Office Information

Ivy Avenue Wellness Center
1105 Ivy Avenue
Tillamook, Oregon 97141

503-815-2704

Revitalize Wellness Center

51577 Columbia River Highway
Suite C
Scappoose, OR 97056

503-396-4807
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Scope of Problem: Resource Availability and Readiness for SUD

- Limited mental health/addictions services
  - Stigma in rural areas
  - Inadequate integration between behavioral health and primary care
  - Culture clash in traditional SUDs treatment programs
- Only 2 clinics (but really 1) over the entire region offer MAT with suboxone
- Patients on methadone, spend most of their life transporting to Portland
- Lack of resource, support and training in rural clinics
- Resistance to treating SUD in primary care
- Lack of understanding of substance use disorder as separate from chronic pain
- This really has been next huge paradigm shift to tackle
Primary Strategy: Hub & Spoke Model

MAT program in development

OHSU Scappoose

MAT Program in development
Naloxone

• Co-prescribing for chronic users at risk
  • Recommend for > 50 mg/d or high risk
  • Nasal spray easiest for patients, IM least expensive
  • “Risky drugs, not risky people”
  • Educate patient and a loved one/household member
  • Pharmacists can now also prescribe

• Overdose risk factors
• First responder trainings
• Pharmacist trainings
• Primary care trainings
Detox and Residential Treatment

- Run by local county mental health organization
- We staff medical director
- Bridge to pathways: Medical Detox Center
  - Average stay is 3-10 days
  - RN and detox technicians available 24 hours a day
  - Suboxone often used to help with detox
  - With new MAT program can link to maintenance
- Pathways: Residential treatment
Trauma and Resilience

• Community resilience work
• Trauma-informed care trainings
• Trauma-informed schools
• Parenting resources
• Cornerstone for prevention
Opioid Updates

% Chronic Opioid Users on High Dose

- Chronic ≥ 50 MED
- Chronic ≥ 90 MED
- Chronic ≥ 120 MED

Q4 2015 Q1 2016 Q2 2016 Q3 2016 Q4 2016 Q1 2017 Q2 2017 Q3 2017 Q4 2017

SK
Opioid Updates
Systems Approach

• **Provider level:**
  • Provider training and pledge, clinical support for tapering and difficult conversations, updated opioid prescribing guidelines, clinical wellness, academic detailing

• **Organization level:**
  • Technical assistance re: clinic policy, work flows, team based care, integrated BH, risk stratification, opioid dashboards and data

• **Community level:**
  • Regional steering committee, education, naloxone trainings, drug free communities grant, resilience

• **Benefit level:**
  • Funded behavior-based pain clinic; acupuncture benefit, expanded PT and chiropractor benefit, prior authorizations, benefit restrictions

• **State level:**
  • Restrictions on coverage for non-indicated conditions (low back pain), and expanded coverage for non-pharmaceutical treatments
Medical Leadership at a Regional Level

• Comprehensive strategy
• Community endorsed and led initiatives
• Collective action
• Clinical and community champions
• Data transparency
• Culture change
• Patience- change takes time
• Moving towards a tipping point