Central Oregon Pain Standards Task Force Strategic Initiatives 2015

Kim Swanson, Ph.D.
Behavioral Health Consultant/Licensed Psychologist
Chair, Pain Standards Task Force

Central Oregon Health Council

Acknowledgements

Central Oregon Health Council

Pain Standards Task Force

PacificSource Community Solutions

St. Charles Health Systems

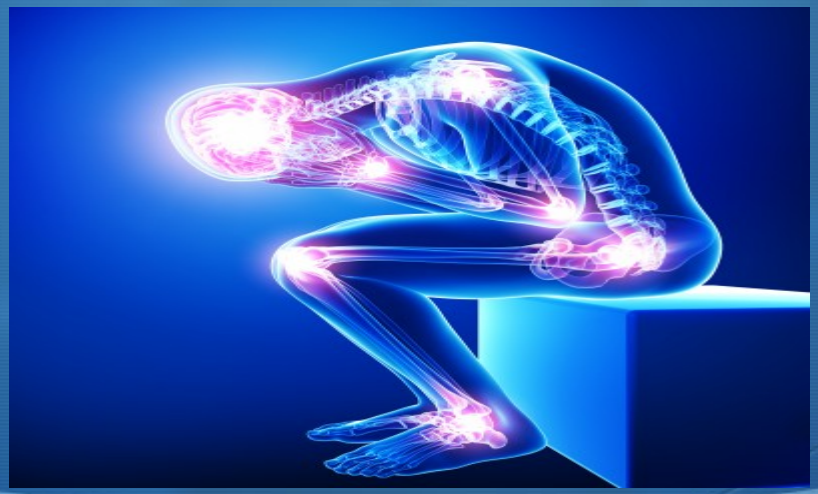
WEBCO

OrCRM & Lines for Life

Background

"The beginning of suffering is often a refusal to look at the situation as it really is."

Deepak Chopra



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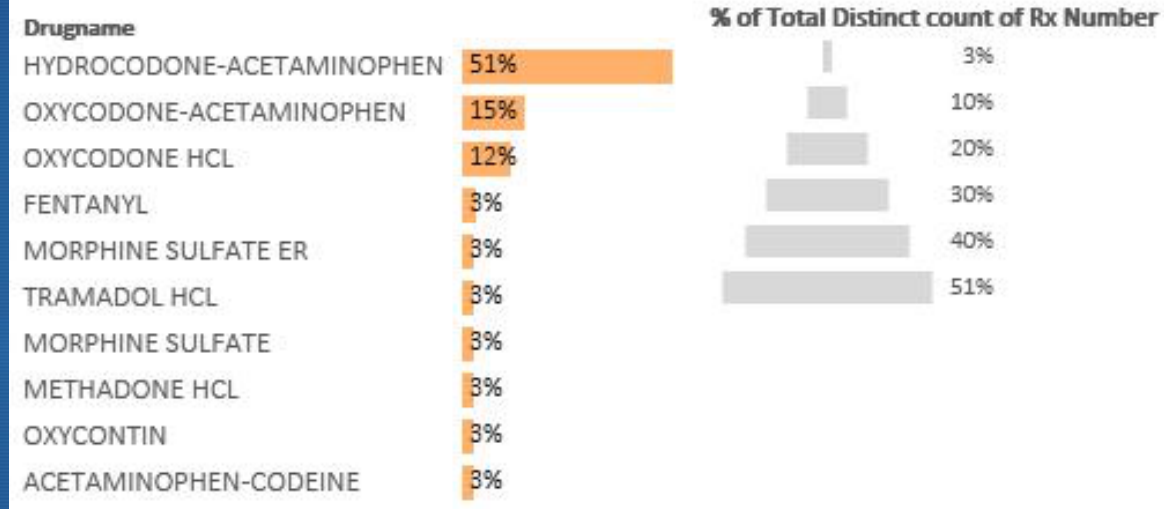
Background

Central Oregon PDMP Data

MOST FREQUENTLY PRESCRIBED OPIATE DRUGS

(by Drug Name) 2011-2014



% of Total Distinct count of Rx Number (size) broken down by Drugname. The data is filtered on Opiate, Date Dispensed Year, County and Qty. The Opiate filter ranges from 1 to 1. The Date Dispensed Year filter keeps 2011, 2012, 2013, 2014 and 2015. The County filter keeps Null, County, Crook, Deschutes and Jefferson. The Qty filter ranges from 1 to 3600.

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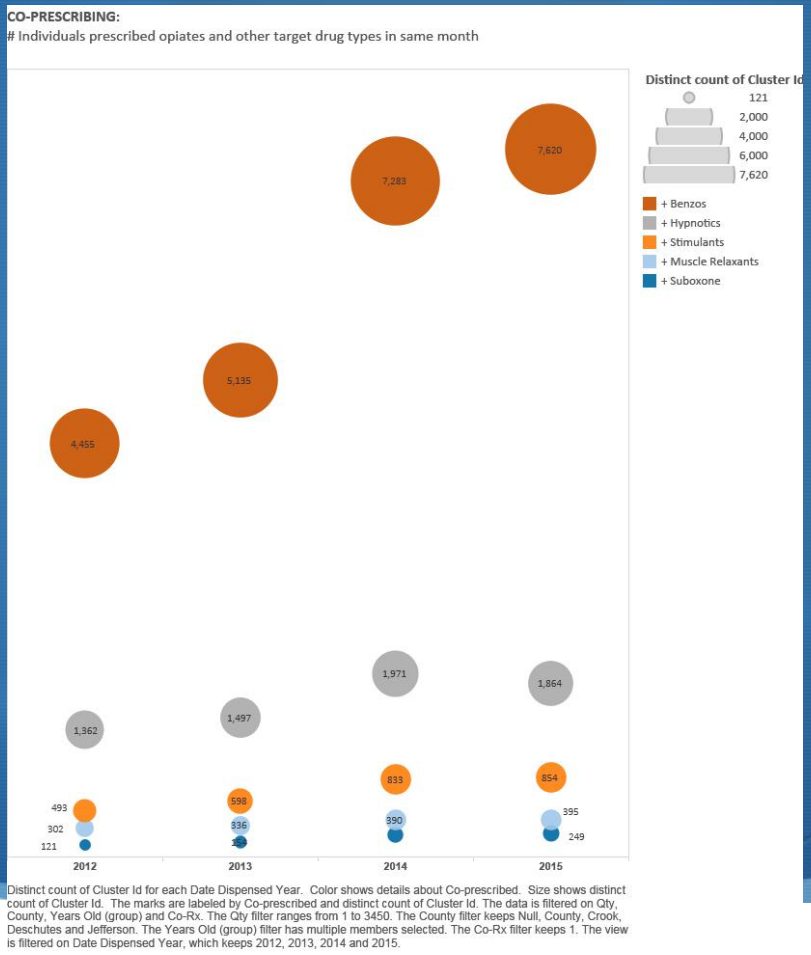
Background

Central Oregon PDMP Data



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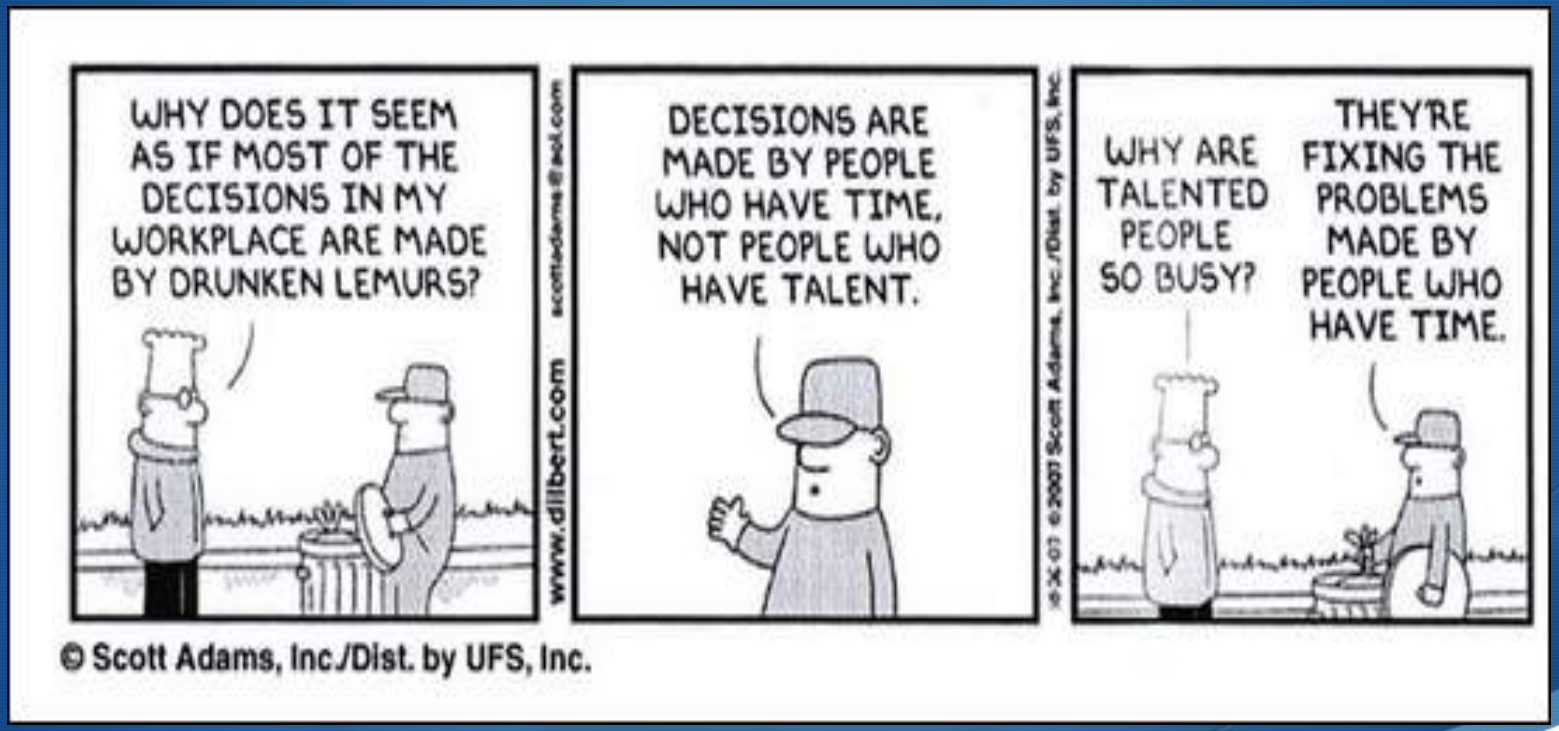
Initiative 1: Development of the Pain Standards Task Force



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Initiative 1: Development of the Pain Standards Task Force

Why was the Pain Standards Task Force Formed?

The Pain Standards Task Force (PSTF) is supported through the Central Oregon Health Council (COHC), which is the governing body of Central Oregon's Coordinated Care Organization (CCO), PacificSource Community Solutions .

The PSTF was formed in response to the concerning rise of opioid related deaths & health care costs in our community to transform health care delivery for chronic or persistent non-cancer pain in our region.

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Initiative 1: Development of the Pain Standards Task Force

What is the Pain Standards Task Force?

The PSTF is an engaged multidisciplinary group of thoughtful and compassionate community wide health care professionals that was formed by the COHC to accomplish the following:

1. Engage community partners and health care professionals on the current opioid problem in our region.
2. Promote education in our region to learn evidenced based & best practices for managing chronic or persistent non-cancer pain to bring them to more general use.

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Initiative 1: Development of the Pain Standards Task Force

Vision

Working collaboratively to improve the health and well being of chronic or persistent non-cancer patients in Central Oregon.

Mission

Create a health care system that embodies compassionate, patient-centered, holistic, and evidence-based chronic or persistent non-cancer pain care.

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Initiative 1: Development of the Pain Standards Task Force

Aims

1. Provider acceptance of Community Wide Safer Prescribing Standards.
2. Provider consistency in safe prescribing practices as measured by Oregon Prescription Drug Monitoring Program data.
3. Provide six provider educational offerings in 2015; three in 2016 and three in 2017.
4. Create strategies for patient and community education by July 2016.

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Initiative 1: Development of the Pain Standards Task Force

Aims

4. Decrease:
    a. Emergency Department prescriptions for opioids
    b. Number of opioid-related overdoses
    c. Number of opioid-related deaths

    Increase:
    a. Number of Suboxone (buprenorphine and naloxone) prescribers
    b. Use of screening tools to detect and prevent opioid risk for misuse, abuse, addiction, and aberrance, as well as psychological comorbidities that influence prognosis and course of effective pain management.
    c. The number of covered chronic non-cancer pain treatment programs
    d. The number of covered substance use programs

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Initiative 1: Development of the Pain Standards Task Force

Kim Swanson, PhD (Chair)
Clinical Psychologist - St. Charles Family Care

Gary Allen, DMD, MS
Dental Director - Advantage Dental

Robert Andrews. MD
Physiatrist - Desert Orthopedics

Wil Berry, MD
Psychiatrist– Deschutes County Health Services

Rebeckah Berry, MS, CHES
Project Manager – Central Oregon Health Council

Muriel DeLaVergne-Brown, RN, MPH
Director - Crook County Health Dept.

Maria Hatcliffe, RN, MPH
Clinical Quality Improvement Coordinator, Medicaid – PacificSource

David Holloway, MD, CPE, FAAFP
Chief Medical Officer – BMC

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Jessica LeBlanc, MD
Physician – Mosaic Medical & Bend Treatment Center

Alison Little, MD, MPH
Medical Director for Medicaid Programs – PacificSource

Sharity Ludwig, BS, RDH, EPP
Quality Improvement Manager - Advantage Dental

Steve Mann, DO
President - Central Oregon IPA

Kyle Mills, PharmD
Clinical Pharmacist - Mosaic Medical

Tina Patel, PharmD
Clinical Pharmacist - PacificSource Community Solutions

Laura Pennavaria, MD
Chief Medical Officer - La Pine Community Healthy Center

Christine Pierson, MD
Chief Medical Officer - Mosaic Medical

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Initiative 1: Development of the Pain Standards Task Force

Robert Ross, MD
Medical Director, Community Health Strategy - St. Charles Medical Group

Scott Safford, PhD
Clinical Psychologist - St. Charles Family Care

Divya Sharma, MD, MS
Medical Director - Central Oregon IPA & Mosaic Medical

Pamela Tornay, MD
Attending Physician - Central Oregon Emergency Physicians

Rick Treleaven, LCSW
Executive Director - BestCare Treatment Services

Tom Watson, PT, DPT, DAAPM
Physical Therapist - Rebound Physical Therapy

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Initiative #2: Promote Education and Development of Best Practices for Treatment of Chronic Non-Cancer Pain

Do the best you can until you know better. Then when you know better, do better.

– Maya Angelou

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Initiative #2: Promote Education and Development of Best Practices for Treatment of Chronic Non-Cancer Pain

September 18, 2015 - *"Chronic Pain and Depression"*
Charles DeBattista, DMH, Director, Depression Clinic, Psychopharmacology Clinic Chief, ECT Service, Stanford University School of Medicine.

October 2, 2015 - *"Managing Long-Term, Non-Cancer Pain"*
Catriona Buist, PsyD, Clinical Director of the interdisciplinary pain programs at Progressive Rehabilitation Associates. Co-Chair of the Oregon Pain Commission.

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Initiative #2: Promote Education and Development of Best Practices for Treatment of Chronic Non-Cancer Pain

October 9, 2015 "*Opioid Therapy, Pain and Addiction at the Crossroads*" Steven D. Passik, PhD, Vice President of Education and Advocacy at Millennium Health.

November 19, 2015, "*Pain Standards Task Force Community-Wide Initiatives for Safe Prescribing*" Kim Swanson, Ph.D. Chair Pain Standards Task Force, Central Oregon Health Council

December 11, 2015 "*What is Chronic Pain?*" John D. Loeser, MD, Professor Emeritus, Neurological Surgery; Professor Emeritus, Anesthesiology & Pain Medicine, University of Washington.

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Initiative #2: Promote Education and Development of Best Practices for Treatment of Chronic Non-Cancer Pain

Wednesday, October 14, 2015

Central Oregon Summit to Reduce Rx Abuse

Objective: To create community level action plans that will move each objective from concept to action to reduce Rx abuse in Central Oregon and create momentum for state- wide change.

Thursday, December 10, 2015 – *Endorsement Dinner*

Speaker John D. Loeser, MD, Professor Emeritus, Neurological Surgery; Professor Emeritus, Anesthesiology & Pain Medicine, University of Washington. St. Charles Bend Campus. Pre-registration encouraged.

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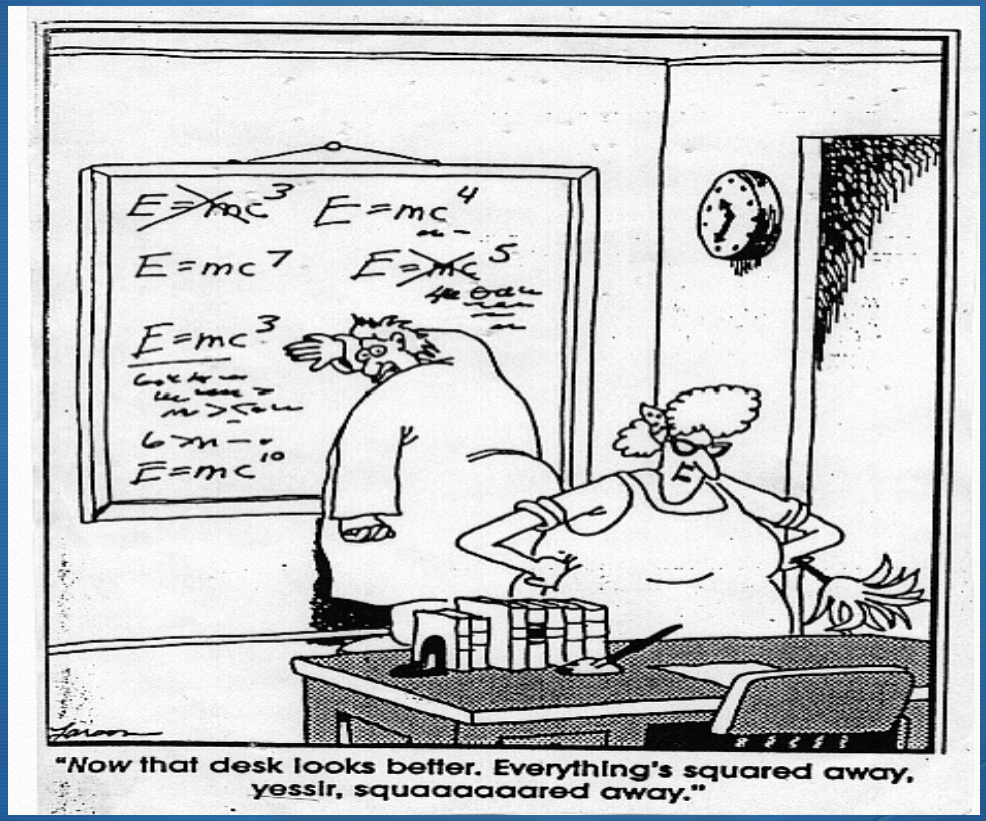
Initiative #3: Offer Helpful Resources and Tools for Providers



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Initiative #3: Offer Helpful Resources and Tools for Providers

Please **explore our recently launched website at:**

www.copainguide.org

The website contains:

- Tools and prescribing guidelines for providers
- Opportunities for CME
- A summary of useful resources from around the U.S.
- A community entrance with basic information

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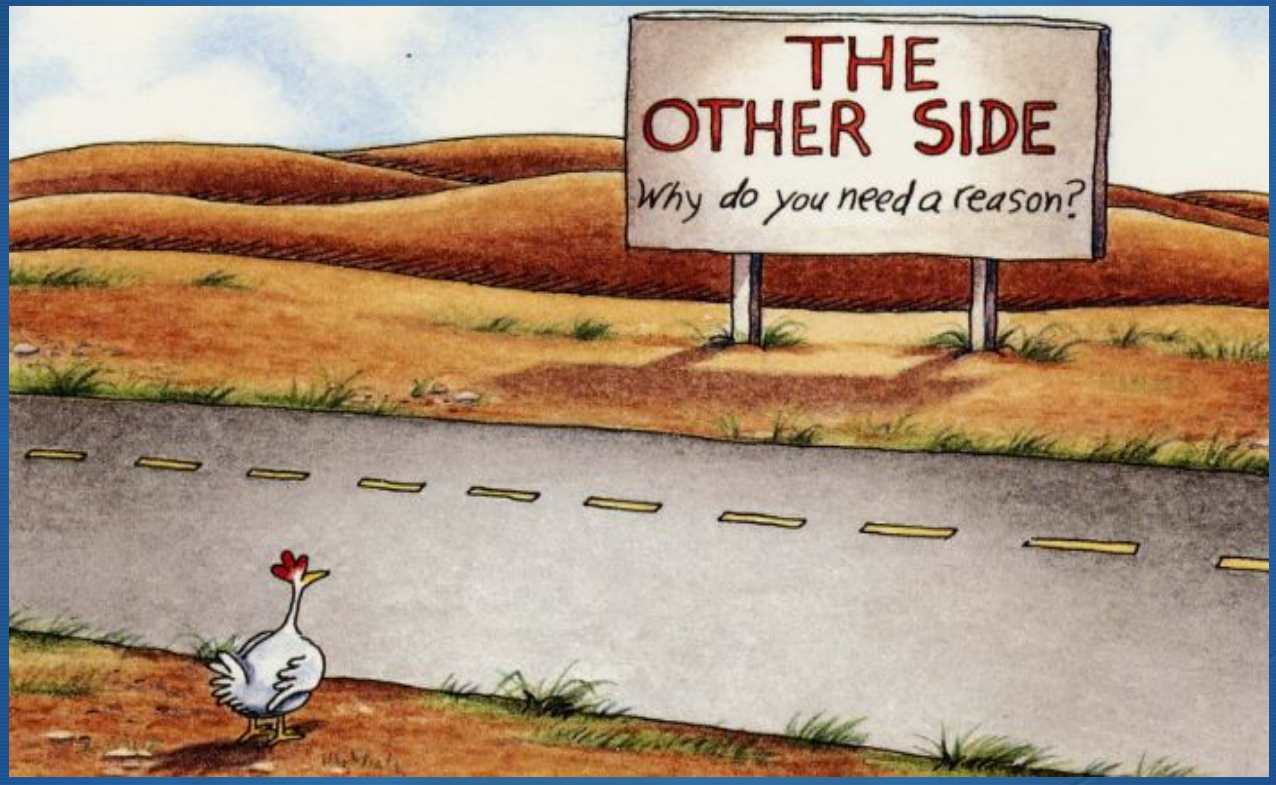
Initiative #4: Increase Treatment Resources for Patients and Providers



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Initiative #4: Increase treatment resources for patients and providers

Increase access to substance use treatment including buprenorphine

Increase access to behavioral health services

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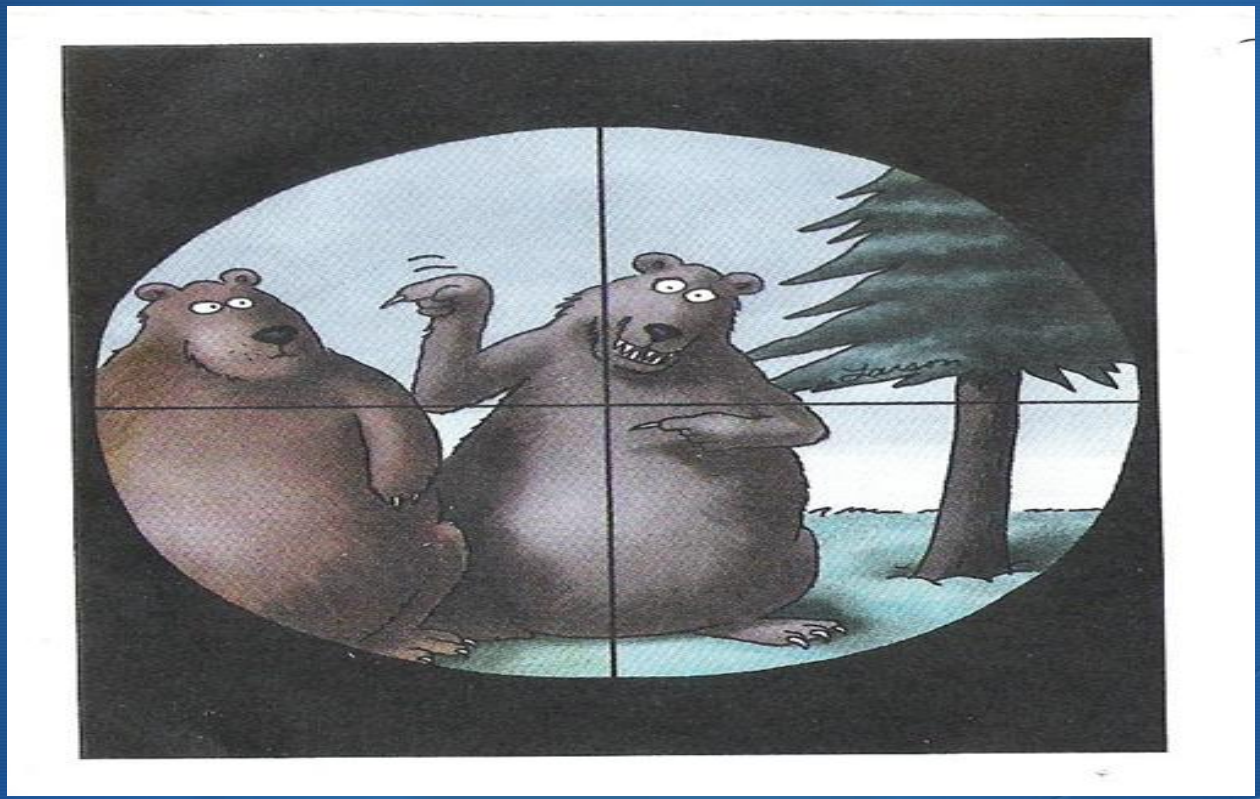
Initiative #5: Reduce Emergency Department Prescriptions for Opiates



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Initiative #5: Reduce Emergency Department Prescriptions for Opiates

St. Charles Health System

Implementation of Mechanisms to track and reduce "To Go Packs"

Tracking Elements

- Hospital Location
- Month
- Patient
- Controlled Substance Type (opiate, benzodiazepine, sedative hypnotic)
- Provider
- Prescribing prevalence for each controlled substance per 100 patients

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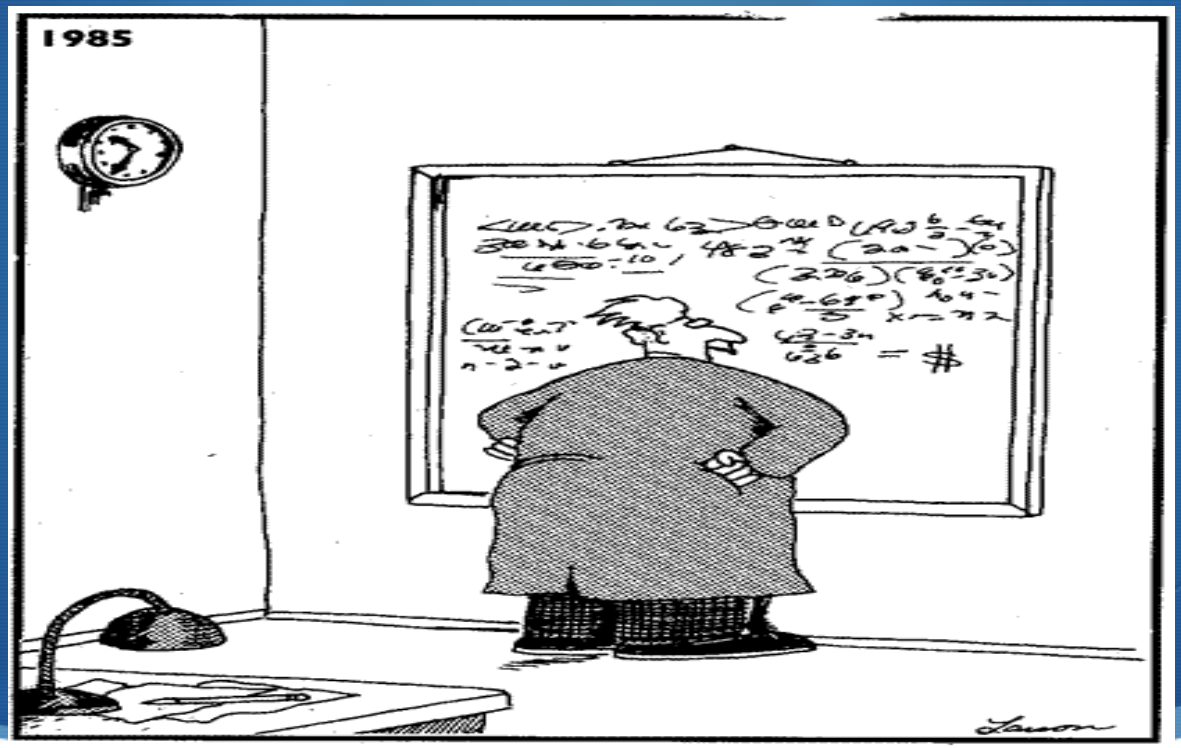
Initiative #6: Begin Data Analysis & Monitoring of Prescribing Practices In Central Oregon



Einstein discovers that time is actually money.

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Initiative #6: Begin Data Analysis & Monitoring of Prescribing Practices In Central Oregon

- Application has been completed asking for data back to 2011 to assess baseline data.
- Initial data has been received and is currently being analyzed.

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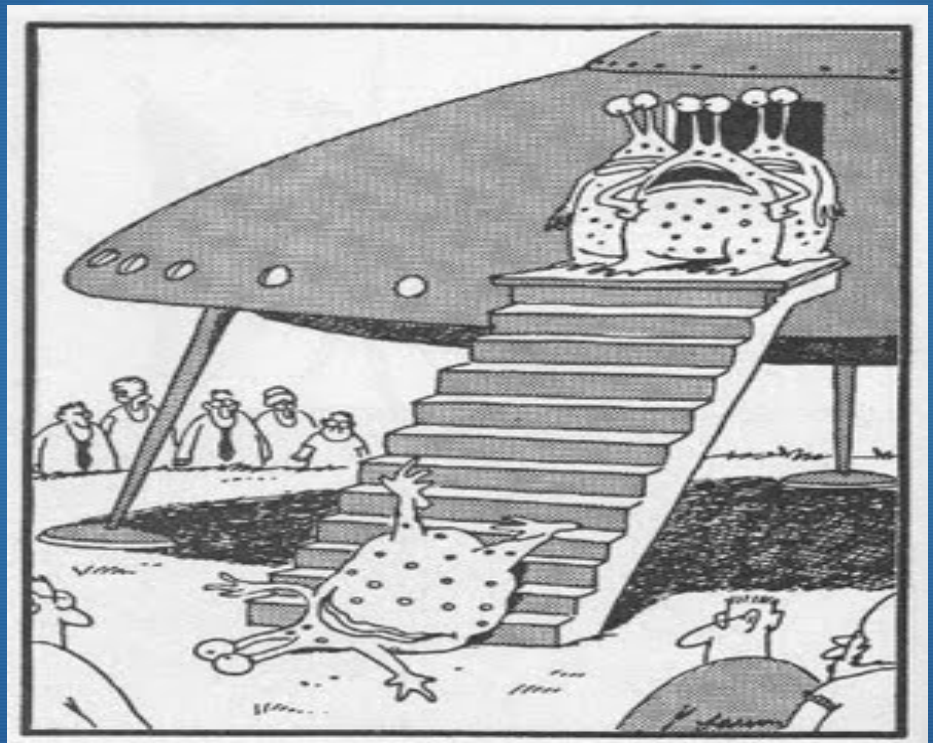
Initiative #7: Community Wide Endorsement of Safe Prescribing Practices



"Wonderful! Just wonderful!...So much for instilling them with a sense of awe."

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Initiative #7: Community Wide Endorsement of Safer Prescribing Practices

- Adherence to 120 mg MED limit for opiates
- Avoidance of polypharmacy of controlled substances
- Judicious use of opiates particularly beyond a period of 8 weeks for acute pain
- Referral to appropriate treatment for opioid and other substance use addiction
- Compassionate, supportive and patient centered treatment

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Initiative #7: Community Wide Endorsement of Safer Prescribing Practices

Incorporation of practice safeguards to minimize potential for misuse, abuse, aberrance, dependence and diversion of controlled substances

- Consistent use of Materials Risk Notice
- Written Controlled Substance Agreement
- Random Urine Toxicology Screening
- Regular consultation of PDMP
- Assessment of risk of abuse prior to initiating or continuing a chronic controlled substance

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Initiative #7: Community Wide Endorsement of Safer Prescribing Practices

Why 120 mg MED?

The death rate increases substantially based on the amount of daily morphine equivalent doses where more than 40% of deaths occur in individuals receiving over 120 mg morphine equivalent doses (MED) per day.

See Policy Impact (2012). Prescription painkiller overdoses. Retrieved from http://www.cdc.gov/homeandrecreationalsafety/rxbrief

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Initiative #7: Community Wide Endorsement of Safer Prescribing Practices

Which method is the best way to predict opioid misuse or abuse?

In a study of 48 chronic pain patients, the sensitivity of predicting aberrant behavior was compared using three different methods:

Method	Sensitivity
Psychologist Clinical Interview	77%
Screener and Opioid Assessment for Patients with Pain (SOAPP)	73%
Opioid Risk Tool (ORT)	45%

https://www.capc.org/fast-facts/244-screening-opioid-misuse-and-abuse/

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Initiative #7: Community Wide Endorsement of Safer Prescribing Practices

Opioid Risk Tool & SOAPP

- Assesses predictive risk of use/misuse/dependence/ aberrance for patients prescribed chronic opiate therapy
- Assists in risk stratification of risk to assist physician in treatment planning and mitigating risk associated with chronic opiate therapy

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Initiative #7: Community Wide Endorsement of Safer Prescribing Practices

Opioid Risk Tool & SOAPP

Resources can be accessed at **www.copainguide.org**

Treatment guidelines based on total risk score

Mark each box that applies	Female	Male
1. Family hx of substance abuse Alcohol Illegal Drugs Prescription drugs	☐ 1 ☐ 2 ☐ 4	☐ 1 ☐ 2 ☐ 4
2. Personal hx of substance abuse Alcohol Illegal Drugs Prescription drugs	☐ 3 ☐ 4 ☐ 5	☐ 3 ☐ 4 ☐ 5
3. Age (mark box if 16-45)	☐ 1	☐ 1
4. Hx of preadolescent sexual abuse	☐ 3	☐ 3
5. Psychologic disease ADD, OCD, bipolar, schizophrenia Depression	☐ 2 ☐ 1	☐ 2 ☐ 1
Scoring totals:		

Scoring (Risk)
0-3 Low Risk
4-7 Moderate Risk
≥ 8 High Risk

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Future Directions

Initiatives for 2016

- Assist Central Oregon CCO in implementation of new HERC treatment guidelines for chronic lumbar radiculopathy.
- Develop systems of care as alternatives to opiate therapy including substance use treatment.
- Increase education and public awareness to the public regarding evidenced based treatment for chronic non-cancer pain.
- Continued provider education and resources

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Future Directions

Initiatives for 2016

- Continue PDMP data monitoring and analysis.
- Continue to align community wide safer prescribing standards with state and national efforts.

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Initiative #7: Community Wide Endorsement of Safer Prescribing Practices

Recommended Frequency of UDT Based on Risk

http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf

Risk Category	**Recommended UDT Frequency**
Low Risk by ORT	Periodic (e.g. up to 1/year)
Moderate Risk by ORT	Regular (e.g. up to 2/year)
High Risk by ORT **or** opioid doses >120 mg MED/d	Frequent (e.g. up to 3–12/year)
Aberrant Behavior (lost prescriptions, multiple requests for early refill, opioids from multiple providers, unauthorized dose escalation, apparent intoxication etc.)	At time of visit (Address aberrant behaviors in person, not by telephone)

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Questions & Answers

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