PACIFICSOURCE COMMUNITY SOLUTIONS AND GORGE COORDINATED CARE ORGANIZATION

Chronic Pain and Opiate Management Initiatives

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Objectives

- To enhance understanding of current concepts, guidelines and risks of chronic opiate therapy.
- To enhance patient and community safety through promotion of responsible opiate prescribing
- To review the strategic initiatives which have impacted opiate prescribing practices in Hood and Wasco counties.
- To reduce prescription and overall health care costs in opiate dependent patients

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Interventions

- Development of Chronic Pain and Opiate Management Strategic Initiatives

  Stratifying Patient Care Based on Risk:

  1. DME > 120mg
  2. Opiate Risk Assessment

- Education campaign – 11 presentations to over 190 health care providers (10/14-12/14)

- Implementation of prescription limits: based on DME of 120mg (12/1/14)

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DME Quantity Limits

- www.agencymeddirectors.wa.gov/guidelines.asp **(electronic opiate dose calculator)**

Drug	Equianalgesic dose (oral)	Maximum Daily Dose For quant. limitation
Morphine	30mg	120mg
Hydrocodone	30mg	120mg
Oxycodone	20mg	80mg
Methadone	10mg	40mg
Hydromorphone	7.5mg	30mg
Fentanyl	12mcg	50mcg

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Stratifying care based on Risk

- Opioid Risk Tool

*(www.partnersagainstpain.com/printouts/**Opioid_Risk_Tool**.pdf)*

Score	Risk
<3	Low
3-7	Moderate
>8	High

Note: the medical evidence for stratifying care plan based on ORT score is poor

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Stratifying care based on Risk

LOW RISK (ORT SCORE 0-3 OR DME < 40MG)

- PCP based management for COT refill
- Provider pain assessment - minimum every 6 months
- Dose reduction and/or tapering with functional improvement
- Urine drug screening every 6-12 months

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Stratifying care based on Risk

Moderate Risk (ORT score 4-7 OR DME 40-120mg)

- PCP based management for COT refills
- Referral for addiction assessment prior to or concomitant with Rx for COT
- Referral for behavioral health assessment prior to or concomitant with Rx for COT
- Provider pain assessment every 1 to 3 months minimum
- Reduced Rx intervals (refills sufficient for 1-2 weeks until compliance confirmed then monthly)
- Urine drug screening every 3-6 months until compliance established, then every 6-12 months

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Stratifying care based on Risk

HIGH RISK (ORT ≥ 8 OR DME > 120MG)

- PCP shall refer patient to a provider specializing in chronic pain management or a multidisciplinary pain clinic to obtain recommendations for COT
- Addiction assessment is indicated and addiction treatment (if needed)
- Behavioral health assessment and treatment is indicated
- Provider pain assessment every 2-4 weeks until compliance is demonstrated, then every 1-3 months (see X)
- Reduced Rx intervals (refills sufficient for 1-2 week initially, then every 2-4 weeks)
- Urine drug screening randomly at least monthly until stable pattern and compliance established then every 3-6 months

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Outcome Measures

1. The number of patients receiving chronic opiate therapy

2. The number of patients with DME of 120mg or greater

3. RX cost

4. Overall healthcare cost

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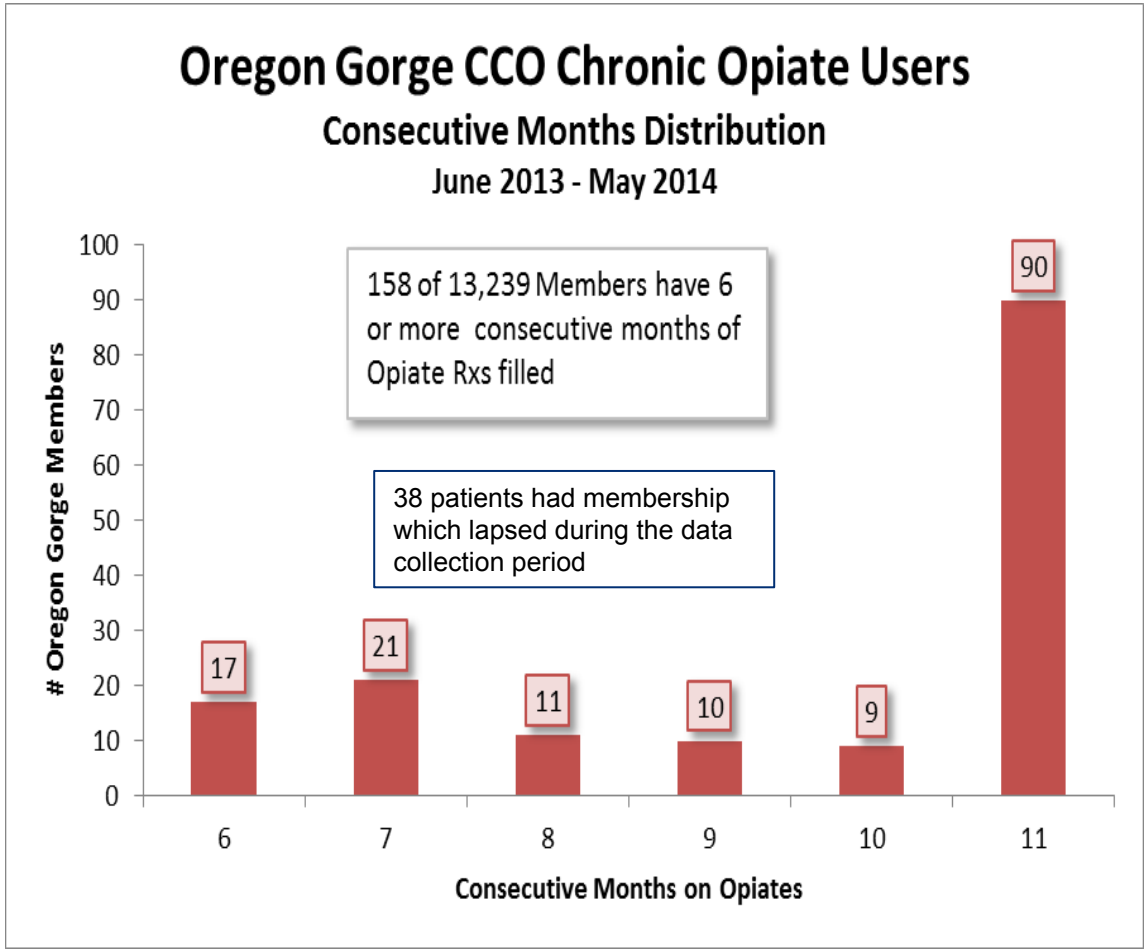
Baseline Data:
opiate RX repeating > 6 mos



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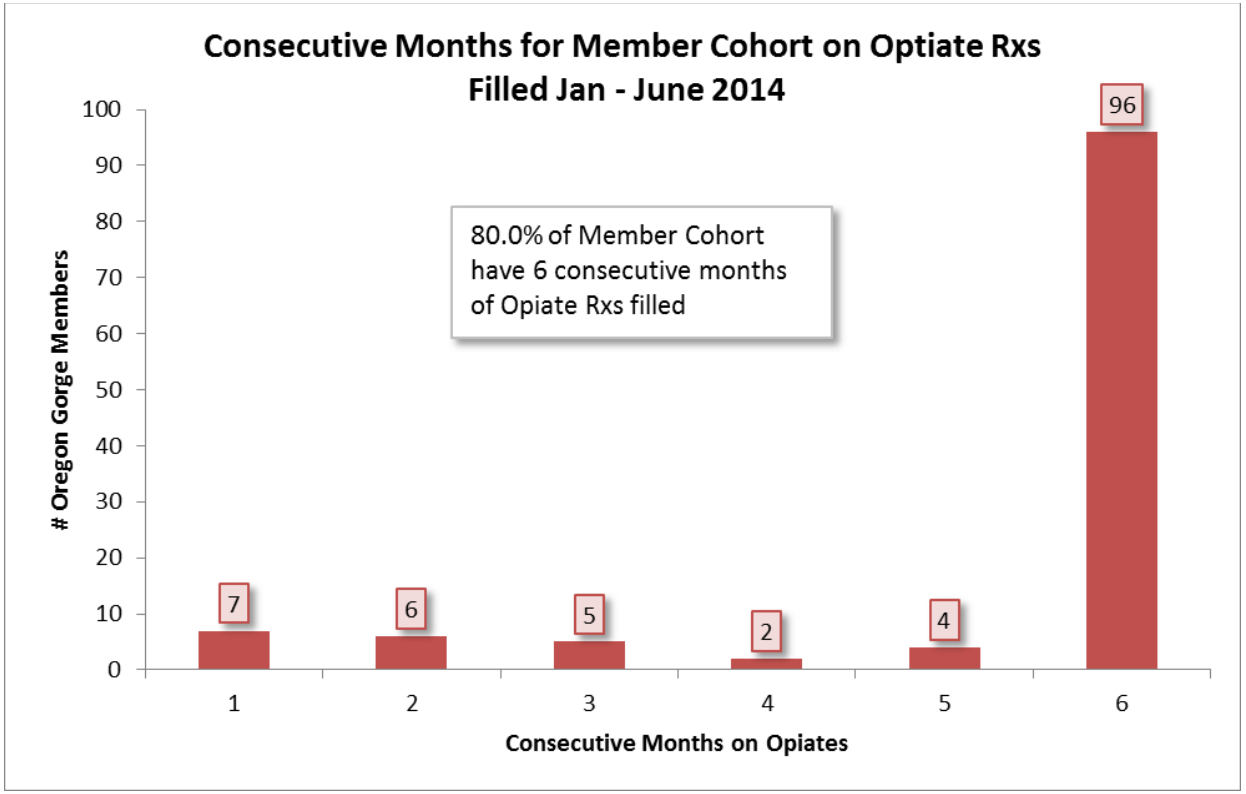
Baseline Data: adjusted 6 month

Of 120 cohort members, 96 members refilled opiate RXs for 6 consecutive months



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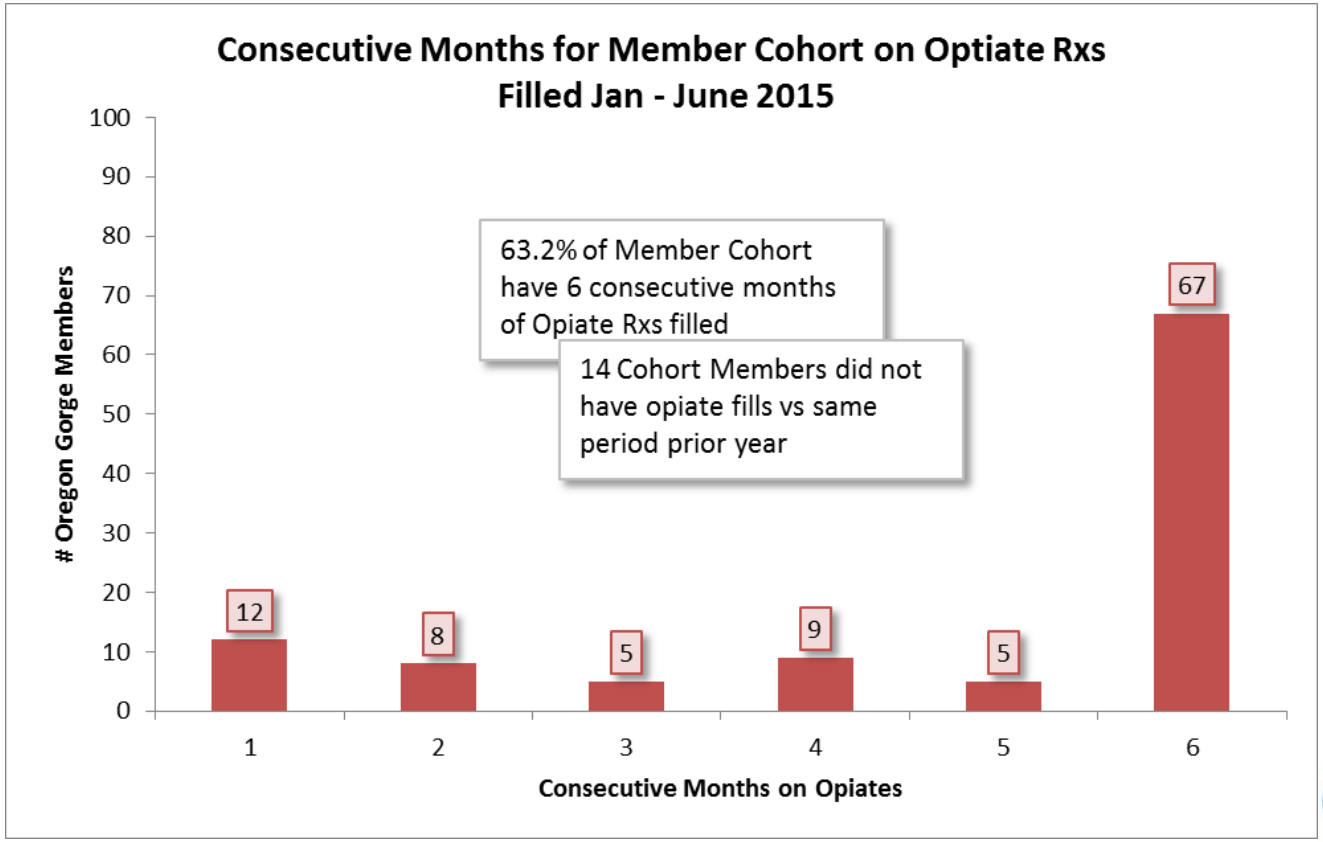
Preliminary 6 month data

Of 120 cohort members, 14 members had no opiate RXs refilled and 67 members had opiate RXs refilled for at 6 consecutive months.



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Conclusions: Number of pts receiving COT

- **14 members** who were opiate dependent for at least 6 months during baseline data period have not refilled opiates during the 6 month follow up period

- Of the 120 cohort members, the percent of patients who have filled opiate RXs for at least 6 consecutive months went down from 80% (96/120) to 63% (67/120), **a 21% reduction**

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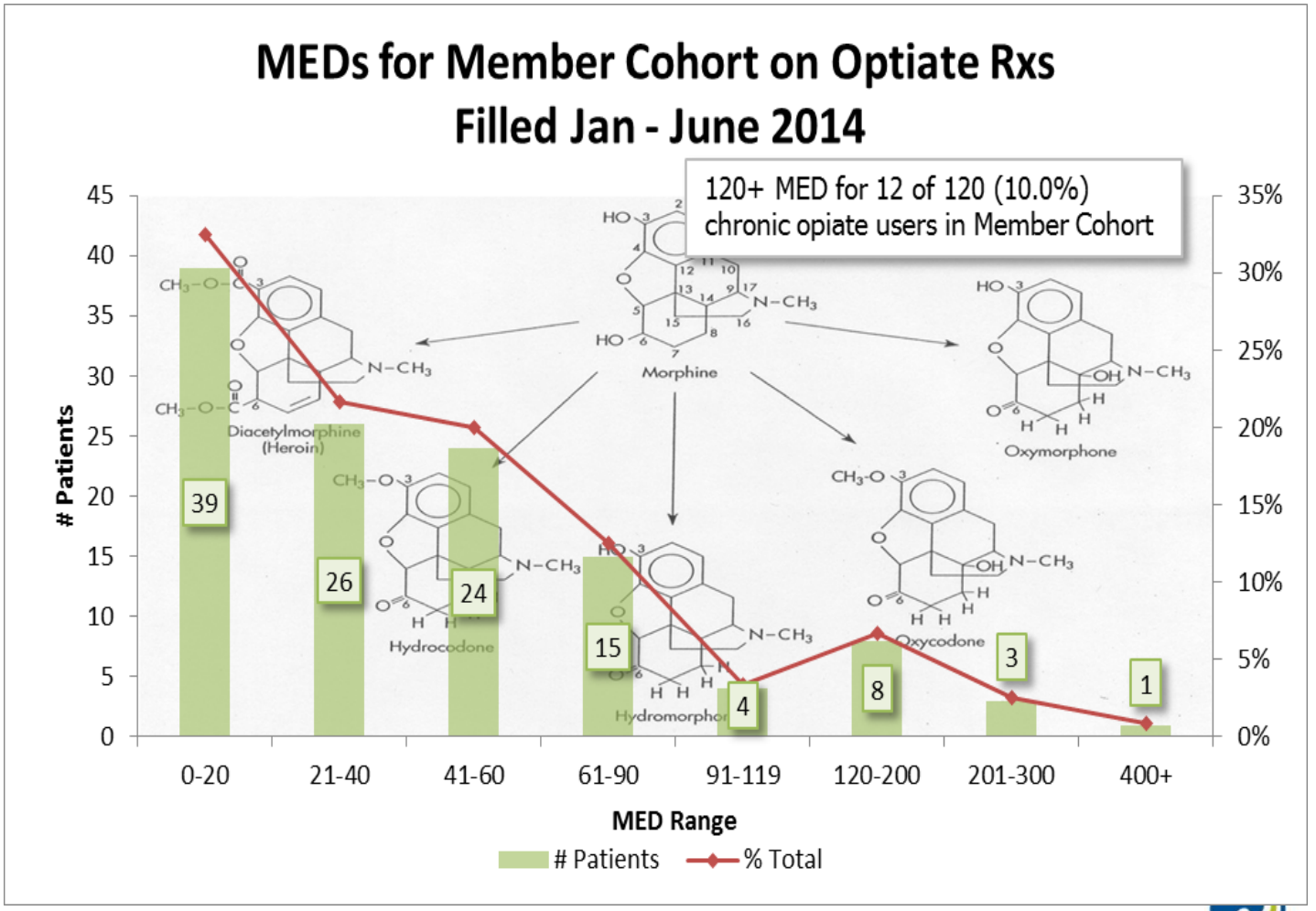
Baseline Data Jan-June 2014



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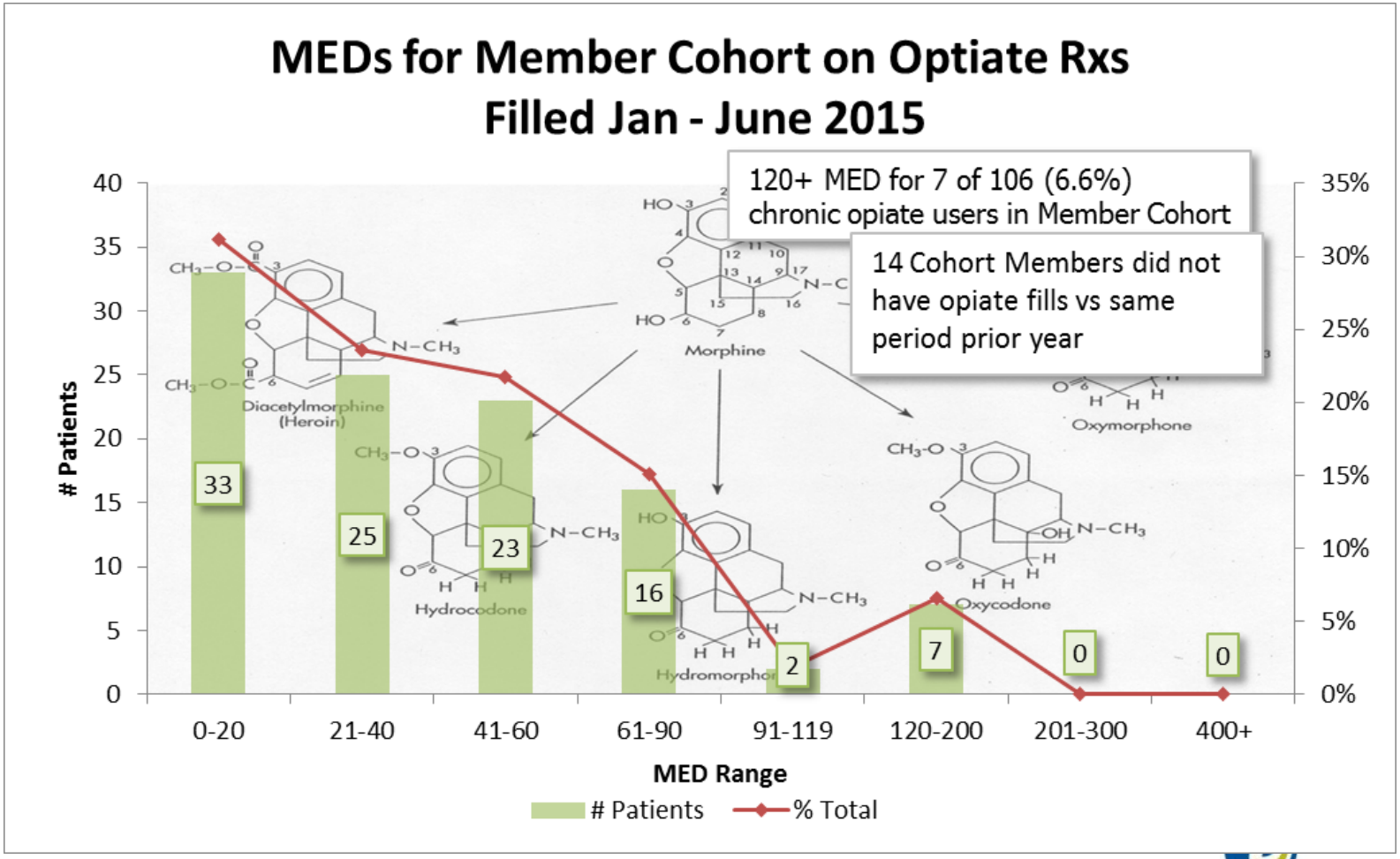
Preliminary data: Jan-June 2015



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Conclusion: number of patients on DME>120mg

- The number of patients on high dose opiate RX (DME 120mg or more) went down from 10% (12/120) to 6.6% (7/106).

- This is a 34% reduction in the number of patients on DME>120mg

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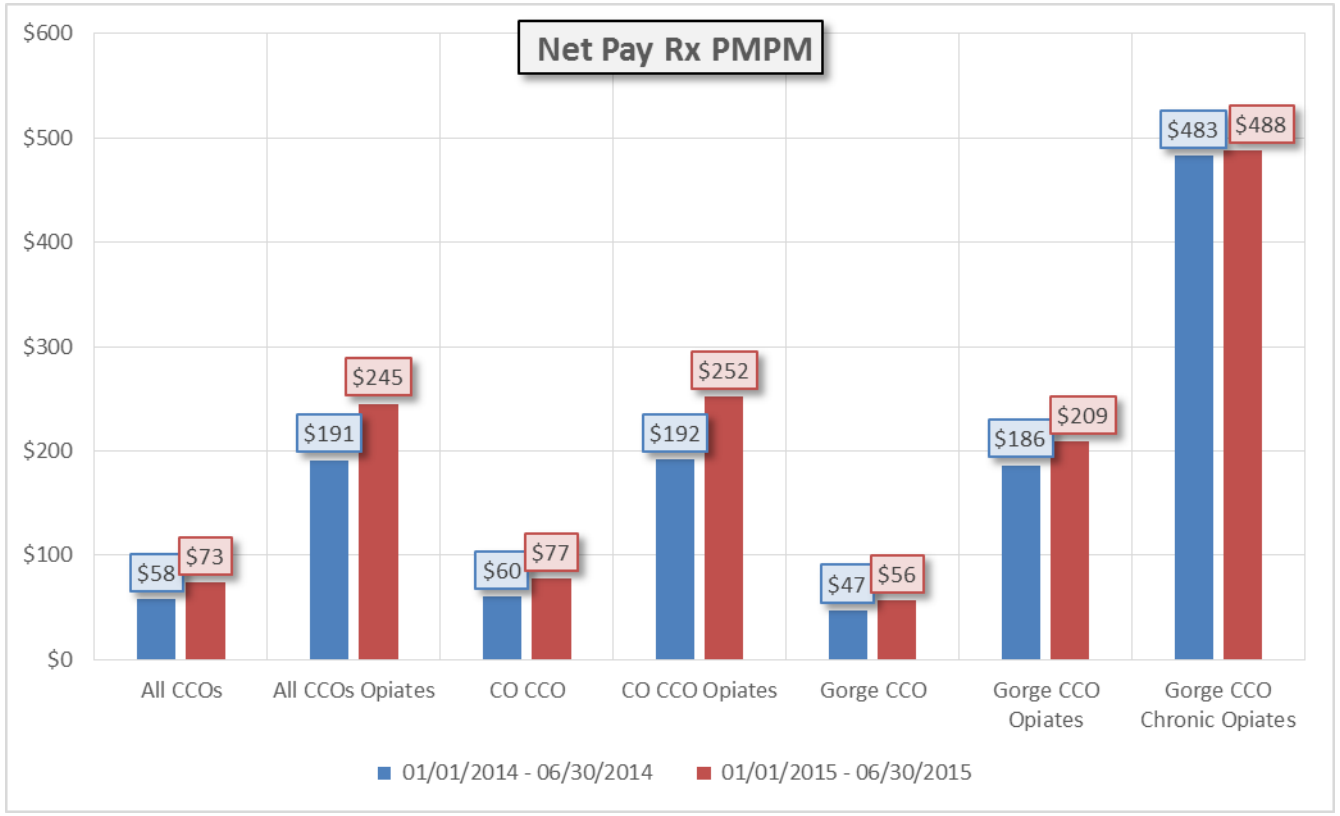
Overall Prescription Cost



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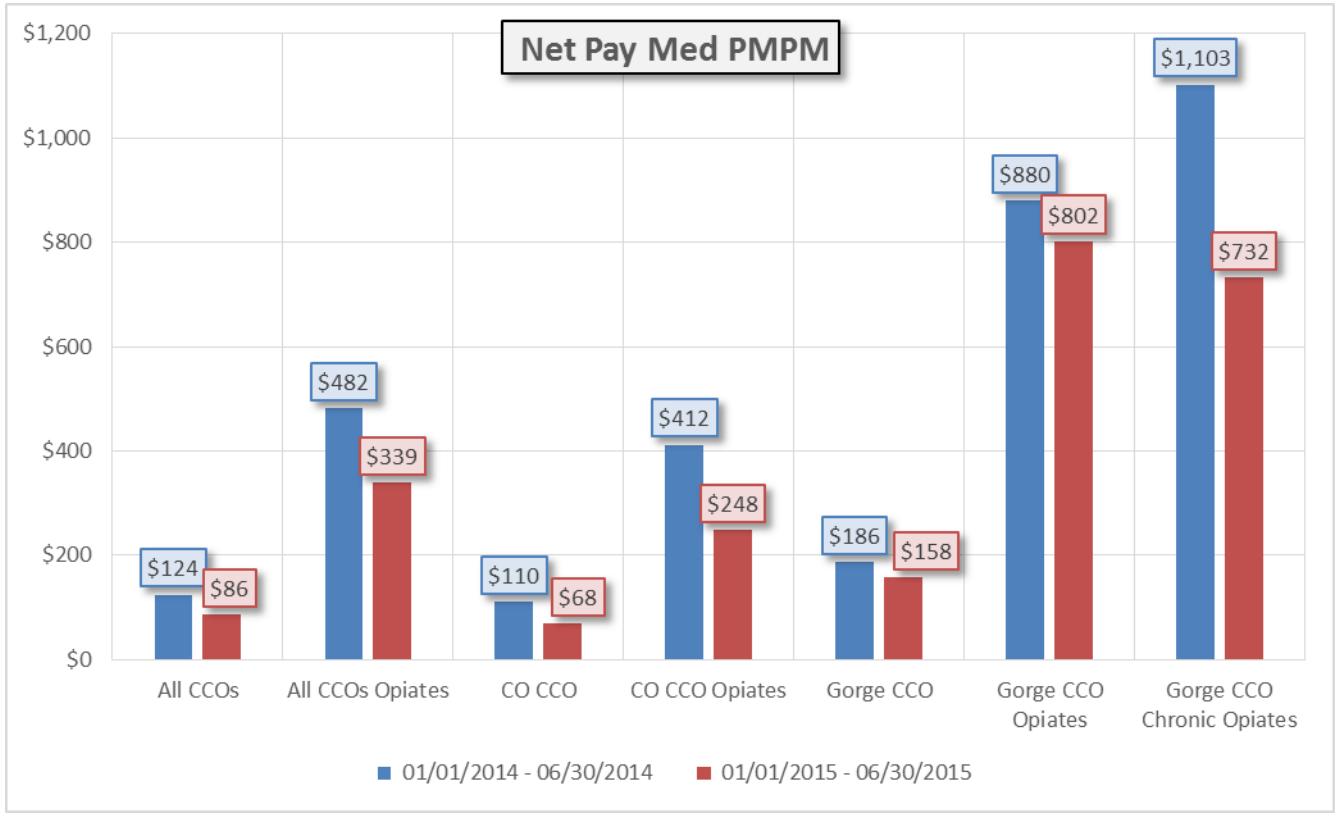
Overall Health Care Cost



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Conclusions: RX and overall costs

- PMPM RX cost for chronic opiate users was not significantly impacted.

- PMPM Net Pay was reduced by **34% in chronic opiate users**

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Summary

- Implementation of Opiate Management Strategies:
  - reduced the # of pts on COT
  - reduced the # of pts on high dose COT
  - reduced overall healthcare cost
- Education was a key element to the success of changing the culture associated with opiate prescribing
- Next Steps – stay tuned

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Summary

Questions and Discussion

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