



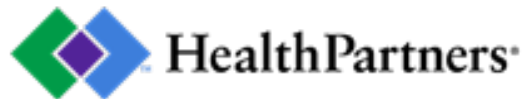
# Meeting the Opioid Challenge: Tools and Information for Care Coordinators

---

**A Statewide Performance Improvement Project**

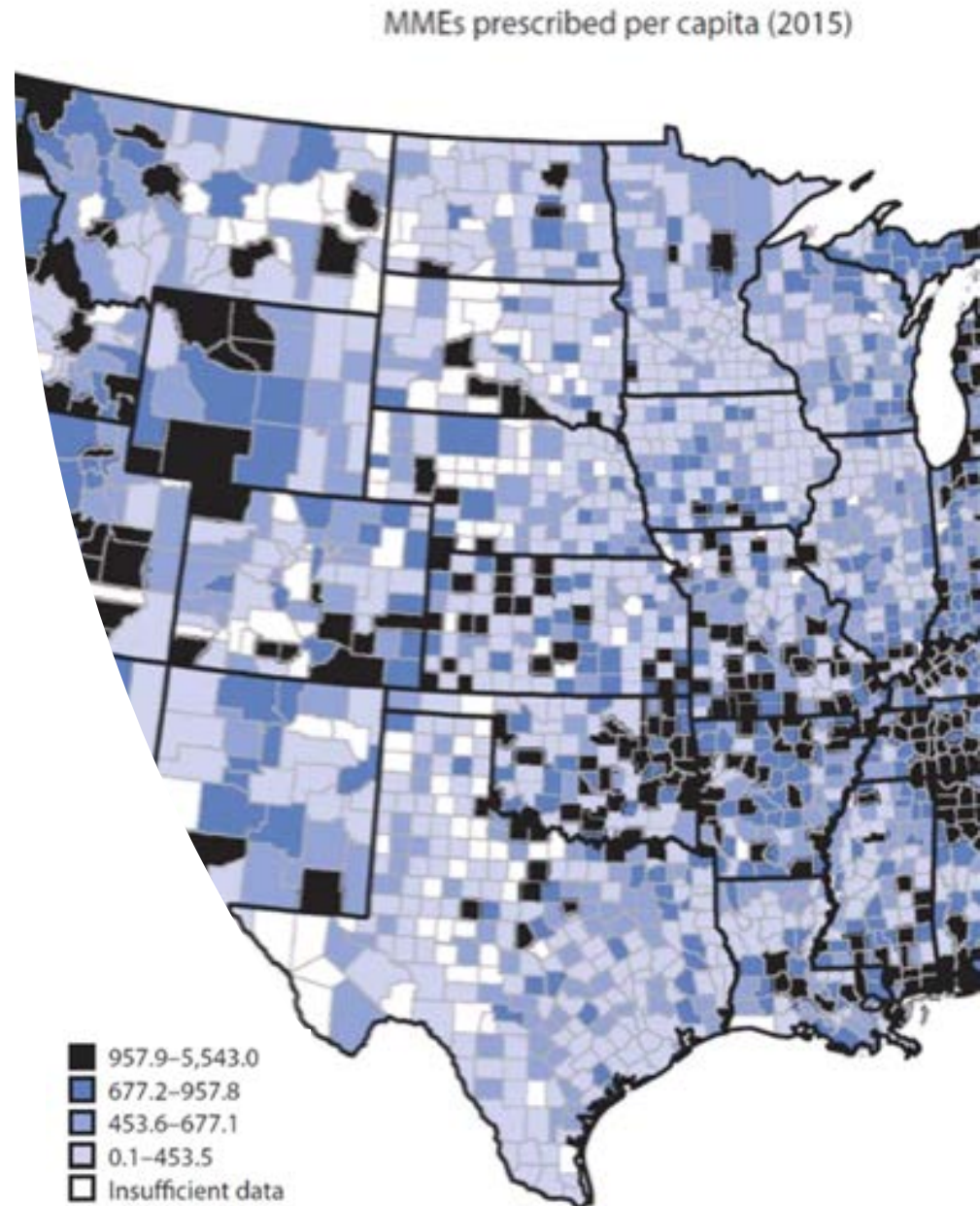
**Date of presentation: August 2, 2018**

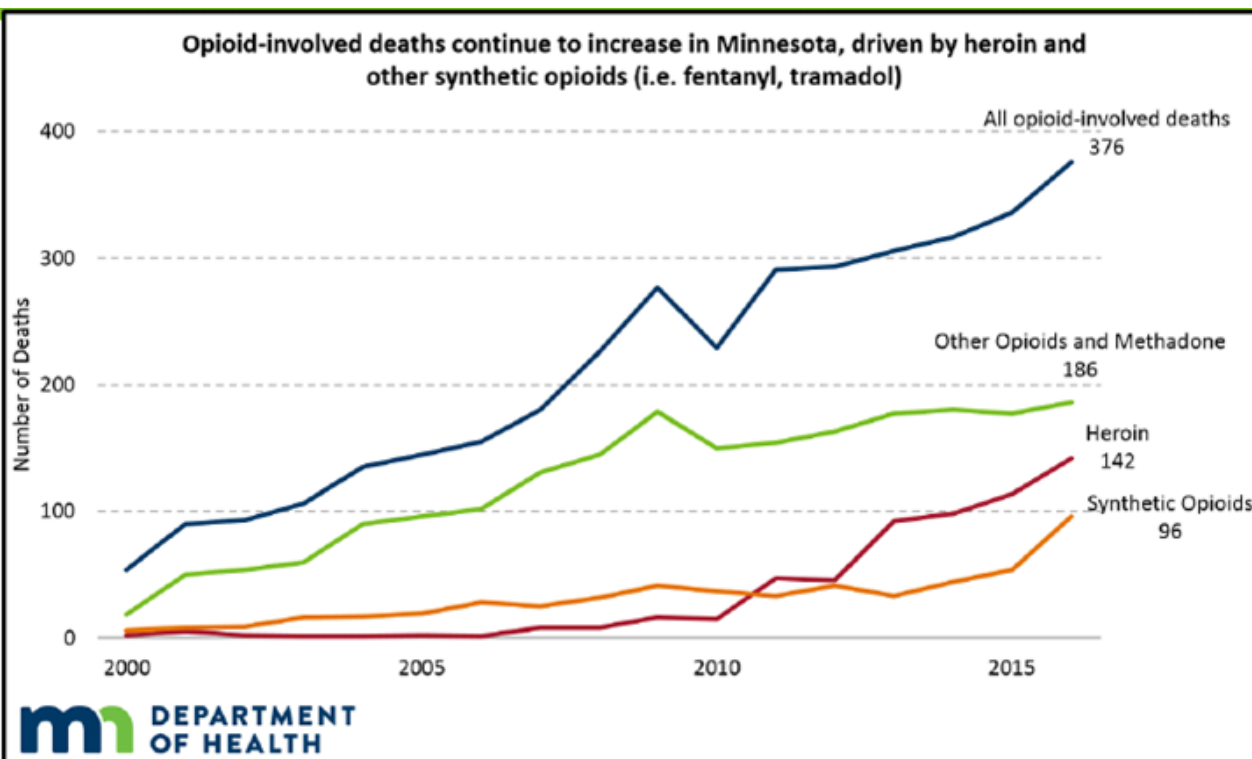
Performance Improvement Projects (PIPs) are an integral part of Minnesota's Medicaid's managed care quality strategy.



# Opioids in the U.S.

- According to the CDC, **91 Americans die every day** from an opioid overdose.
- From 1999 to 2015, the amount of prescription **opioids dispensed in the United States nearly quadrupled**.
- During the same time, **deaths from prescription opioids have more than quadrupled**.





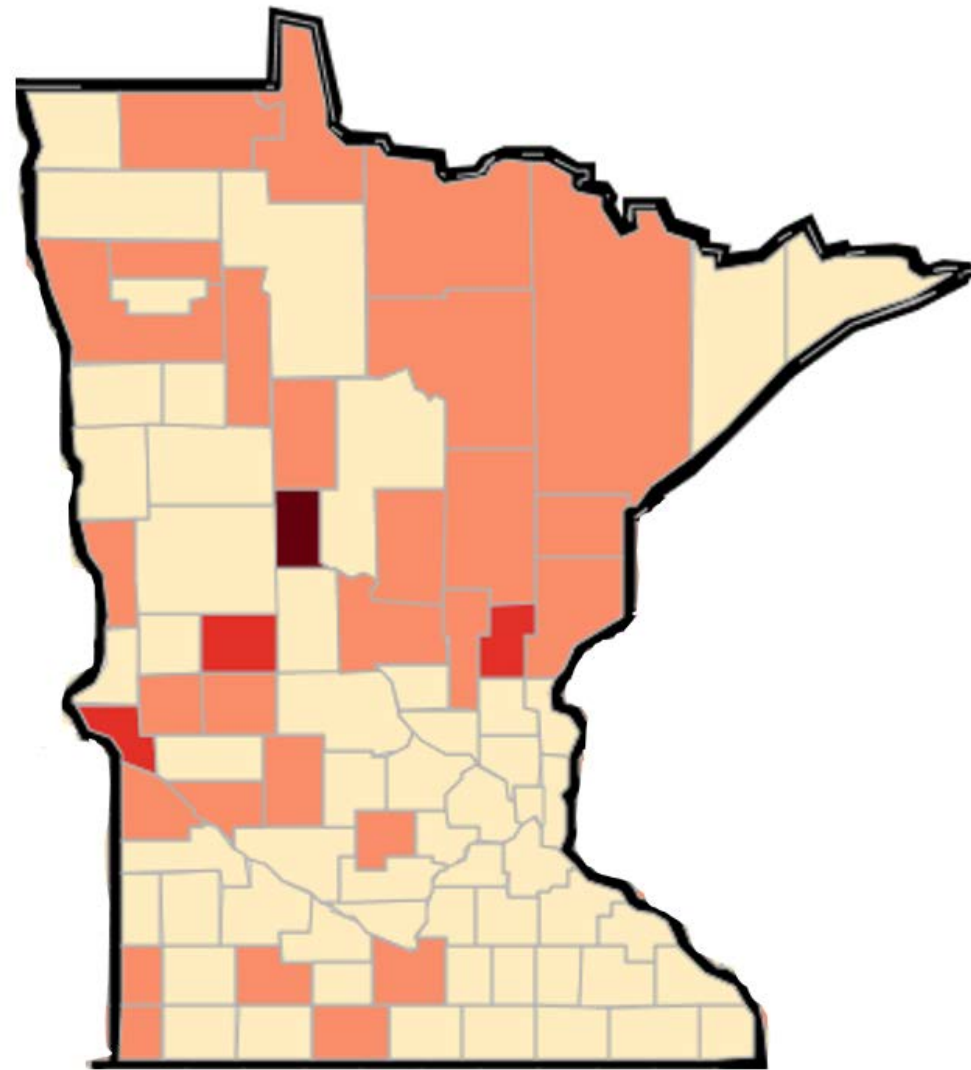
- In Minnesota, **unintentional poisoning/drug deaths will soon exceed motor vehicle traffic deaths.**
- **Medicare and Medicaid** covered approximately one-third of **Minnesotans** with general health coverage and **accounted for two-thirds of opioid prescriptions filled in 2015.**
- Nearly **one in three Minnesotans** with an opioid prescription in 2015 **had multiple prescribers.**

# Opioids in Our State

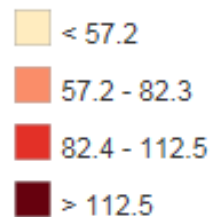


---

Opioids prescribed  
per capita, in  
morphine mg  
equivalents in 2016



**Key**



# Minnesota Opioid Prescribing Guidelines



Visit **[mn.gov/dhs/opioid-guidelines](https://mn.gov/dhs/opioid-guidelines)** to access all this helpful content:

- Patient Safety Recommendations
- Biopsychosocial and Risk Assessment
- Non-Opioid and Non-pharmacologic Pain Management
- Opioid Prescribing for Acute Pain
- Opioid Prescribing for Post-Acute Pain
- Opioid Prescribing for Chronic Pain
- Tapering or Discontinuing
- Women of Childbearing Age

# Measure: Opioid New Chronic User

## **Opioid Naïve User**

- Patient new to taking opioids.
- At least 90-days without an opioid prescription.

## **New Chronic User**

- An opioid naïve user who has been prescribed a 45 day's supply or more over a consecutive 90 day period.

## **Eligible Population**

- Medicaid enrollees (PMAP, MNCare, Fee-for-Service, MSHO and MSC+).
- Age 12 years old and older.

## **Exclusions**

- Cancer
- Hospice

### **Average 5-yr Rate (2012-2016)**

Managed Care = 5.80%

Fee for Service = 7.38%



## A Provider Toolkit

# Meeting the Challenges of Opioids and PAIN:

**P**ATIENT EDUCATION ON PAIN AND OPIOID PRESCRIPTIONS

**A**DDRESSING OPIOID PRESCRIPTION PRACTICES

**I**DENTIFYING SAFE AND EFFECTIVE PAIN MANAGEMENT PROTOCOLS

**N**ONPHARMACOLOGIC AND NON-OPIOID PHARMACOTHERAPY ALTERNATIVES



[CLICK HERE TO  
VIEW TOOLKIT](#)



# Today's Presenters

**Dr. Stacy Ballard** – Senior Medical Director at Medica

**Ruth Boubin, MA** – Opiate Case Management Program & Restricted Recipient Case Manager at South Country Health Alliance

# Opioids And Your Clients

Stacy Ballard, MD  
Senior Medical Director  
MEDICA



# How did we get here?



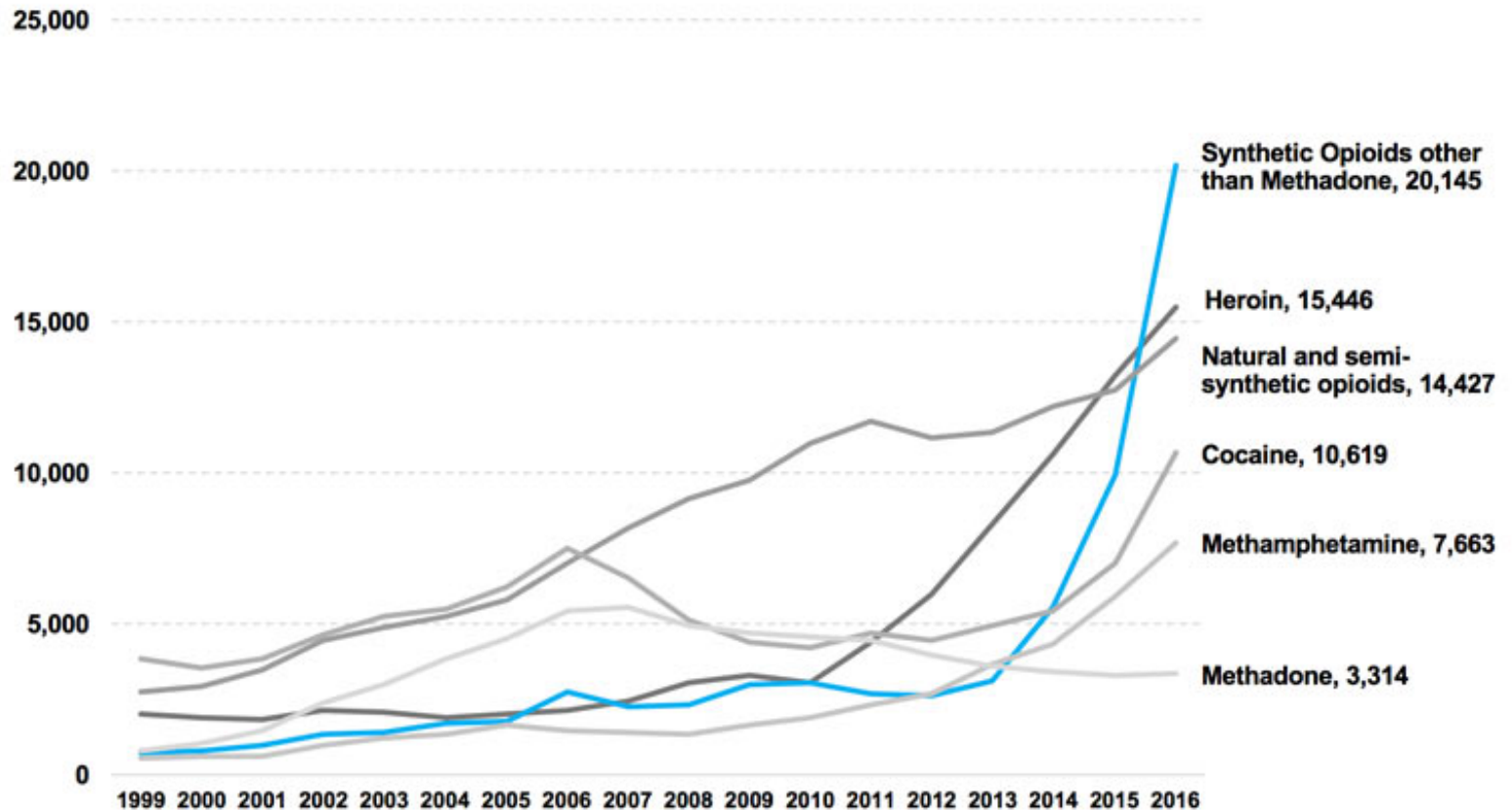
# Scope of the Problem

- 3500 Minnesotans killed by opioids in the past 15 years
- 50% of those in the past 5 years
- Another 50% increase in the past two years

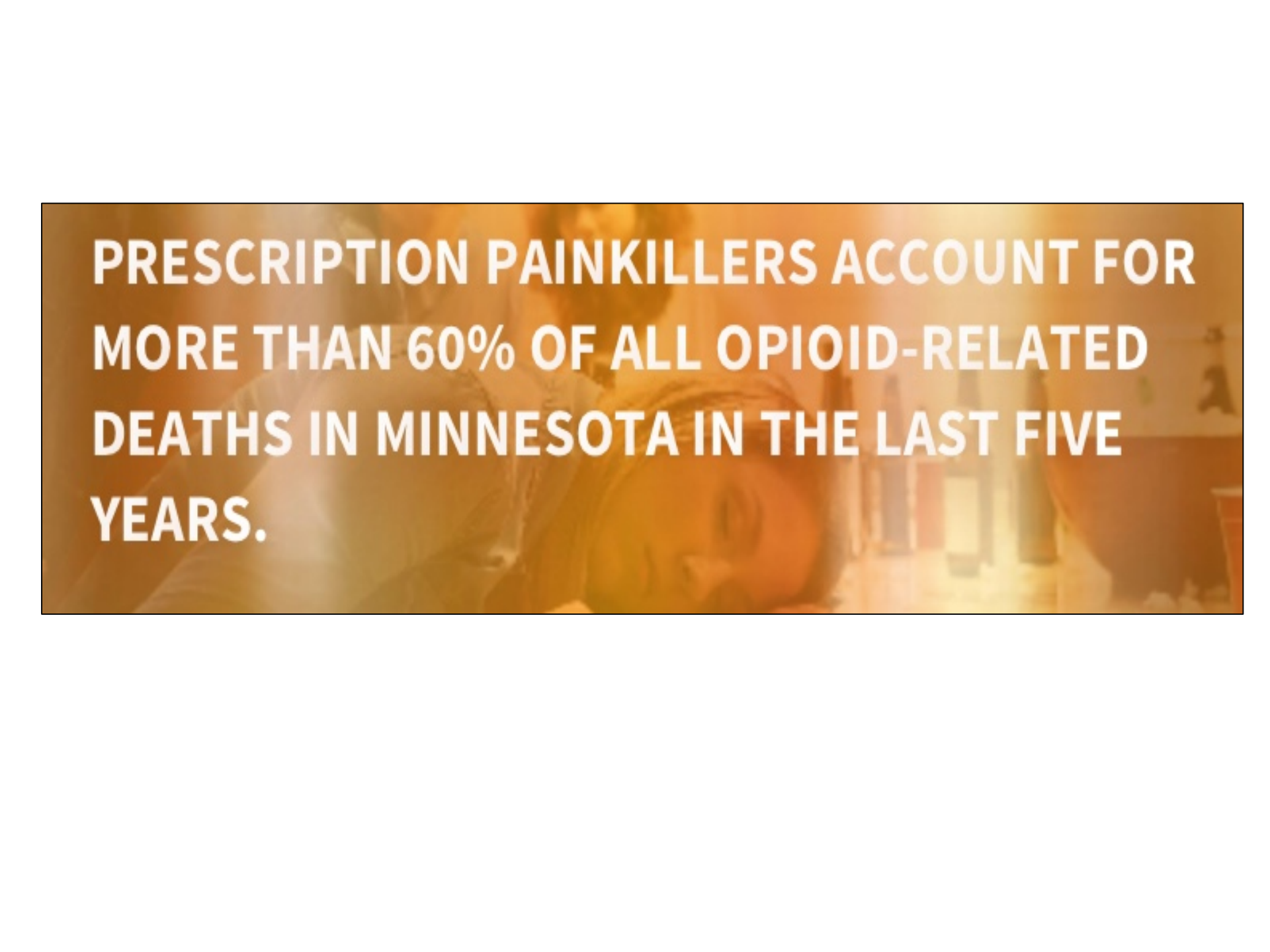


# Scope of the Problem

Drugs Involved in U.S. Overdose Deaths, 2000 to 2016







**PRESCRIPTION PAINKILLERS ACCOUNT FOR  
MORE THAN 60% OF ALL OPIOID-RELATED  
DEATHS IN MINNESOTA IN THE LAST FIVE  
YEARS.**

# How Did We Get Here?

- Acute Injury – Chronic Pain
- Pain as a vital sign
- Prescription pain medications
  - “They must be safe”
- Addiction is a disease

# Acute Pain – Long Term Use

- New, persistent use of opioids in O-naïve patients increases risk of abuse
- In O-naïve patients it doesn't matter if minor or major surgery – risk of persistent use is the same.
- Risk factors
  - Medical co-morbidities
  - Antidepressant or benzodiazepine use
  - Tobacco, alcohol use
  - Lower socioeconomic status

# How Did We Get Here?

- Risk of persistent use is low (5%) and misuse even lower (.6%) but surgery volume is increasing
- 2010 48 million outpatient surgeries
  - 1.6 million persistent opioid users

# How Did We Get Here?

## Diversion

- 70% of opioid abusers report they obtain opioids through diversion
- Up to 50% receive the drug from family or friends who have leftover pills
- 210 patient with surgery.
  - 67% had pills left over.
  - Of those 91% saved the pills



# How Did We Get Here?

## Overprescribing

- 250 patients had arm surgery and received 30 opioids.
  - 75% took less than 15 pills.
  - Total number of unused pills = 4639

# How Did We Get Here?

- Not all pain needs opioids
- Difficult to predict intensity and duration of pain per individual
- Outpatient surgery study found most pain
  - Microdisctectomy
  - Lpsc Cholecystectomy
  - Shoulder/elbow/hand
  - Ankle
  - Inguinal hernia (22% no opioids)
  - Arthroscopic Knee

# How Did We Get Here?

## One Study:

When patients instructed to take acetaminophen and NSAIDs before opioids, their opioid consumption was reduced by 50%



# Drug Choice

- Oxycodone 5mg
- Hydrocodone 5mg
- Codeine 30mg
- Tramadol 50 mg
- Oxycodone can be Rx'd alone.  
Won't complicate use of NSAID or  
acetaminophen



# Drug Choice

- Moderate Pain (soft tissue surgery, non compound fractures) No more than 3 days of opioids
  - 3-4 pills of oxycodone 5mg / day



# Drug Choice

- Severe pain (non-laparoscopic surgery, maxillofacial, joint replacement, compound or long bone fracture)
  - Anticipate 7 days of opioids
  - 4-6 pills of oxycodone 5 mg / day

# Drug Choice

- Non opioid pain medication
  - Peripheral nerve block
  - Ketamine
  - Gabapentin
  - Acetaminophen
  - NSAID
  - Cox-2

# Considerations for the Elderly/Seniors

Many of the signs of dependency mirror the aging process (confusion, vision changes, forgetfulness).

The National Safety Council reports that elderly adults taking opioids for pain relief are:

**68% more** likely to be hospitalized

**4x** as many bone fracture

**87% more** likely to die as those taking over-the-counter medication



# Patient Instructions

- Pain is to be expected. Goal is to achieve mild, tolerable pain
- Risk of opioid addiction is real
- Take non-opioid pain medication first, and routine.
- Use opioid **ONLY** if the non-opioid pain medication is not effective
- Dispose of left over medication properly.



# How Did We Get Here?

- Percocet -> Heroin
- Heroin -> Fentanyl



# How Did We Get Here?

## Fentanyl

- Used in hospitals
- China and Mexico
- Sold as narcotic, cut in with heroin

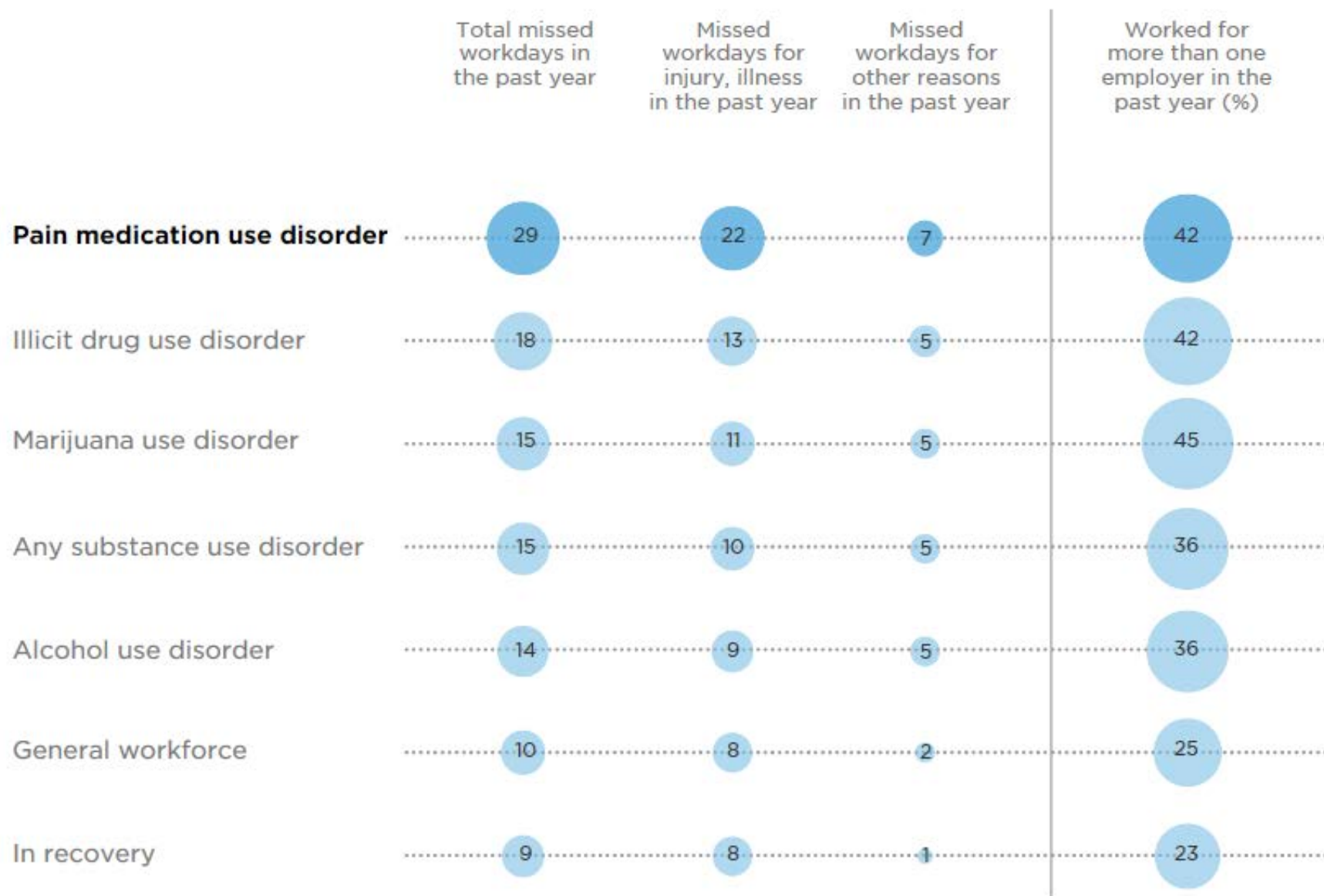
# Fentanyl

- Little goes a long way
- 50 times stronger than morphine
- 30 times stronger than heroin
- Quarter of a milligram is deadly
  - ❖ 1/324 of a baby aspirin

# How Did We Get Here?

<https://www.youtube-nocookie.com/embed/UO4fje2mC w?enablejsapi=1&playerapiid=ddc&rel=0&showinfo=0>

# The Impact Of Opioid Abuse On Missed Work



# What Can You Do?

- Get the facts; know what to watch for
- Share information with clients (Ruth will talk about how to discuss with members)
- Support “Drug Take Back” Events
  - Dose of reality
  - County Sheriff Office
  - Community Events



**THE UNITED STATES HAS LESS THAN 5% OF  
THE WORLD'S POPULATION**  
BUT USES 99% OF THE WORLD'S  
HYDROCODONE AND ABOUT 75% OF ITS  
OXYCODONE.

QUESTIONS?



# **Opioid Case Management South Country Health Alliance**

**Ruth Boubin, MA** – Opiate Case Management  
Program & Restricted Recipient Case Manager  
at South Country Health Alliance



# How did we get here?

In 2016, more  
than

**42,000**

Americans died from  
overdoses involving  
prescription or illicit opioids.



**15**

people reported having a substance use disorder  
involving heroin

**41**

people reported having a substance use disorder  
Involving prescription opioids

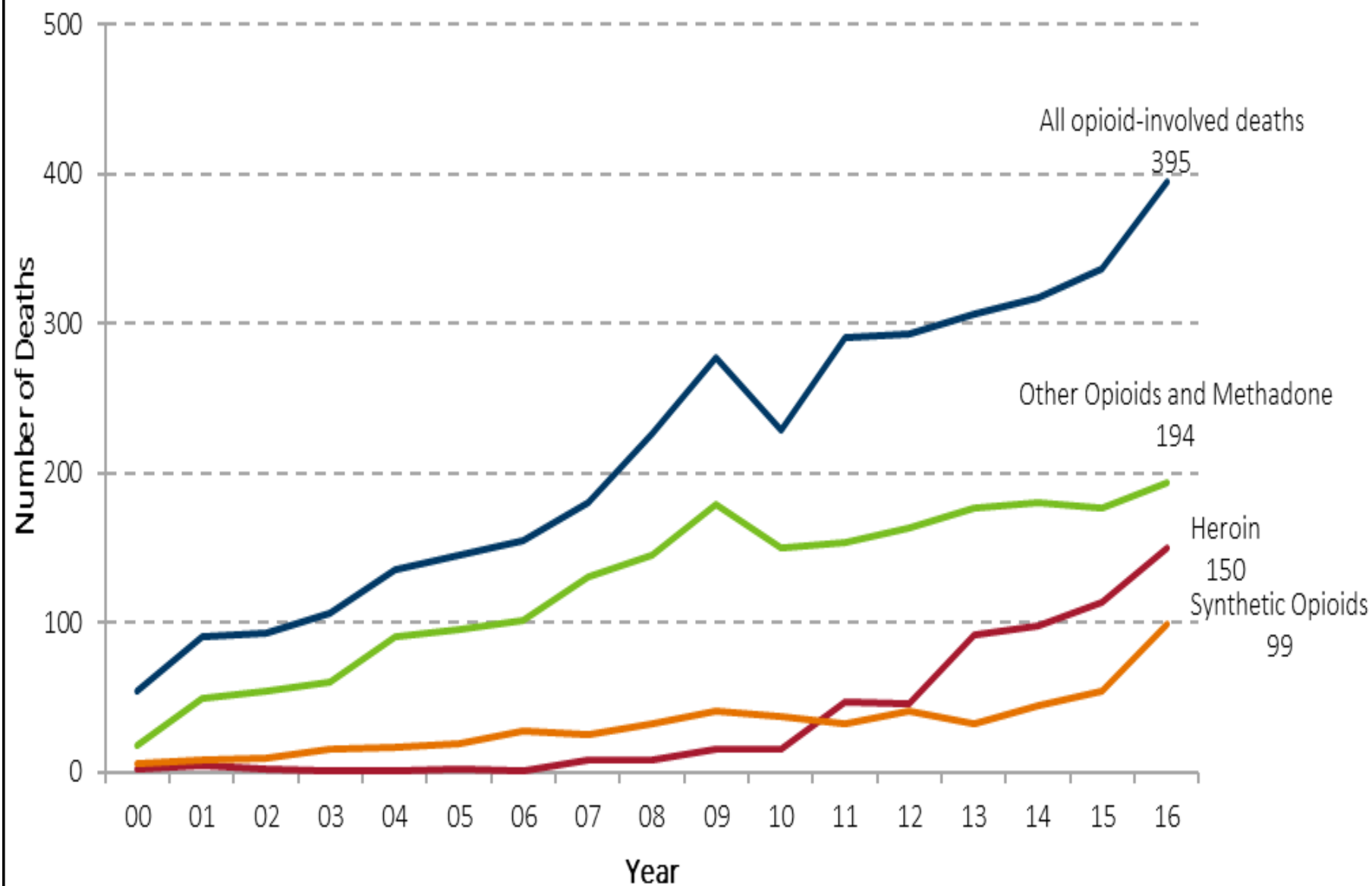
**273**

people reported misusing prescription  
opioids in the past year

**2,174**

people reported using  
prescription opioids  
in the past year

# Opioid-involved drug overdose deaths by non-exclusive drug category, MN residents, 2000-2016



# How Did I Get Here?

- Background in Mental Health services
- Restricted Recipient Case Manager for the past 9 years
- The cost of the opioid epidemic in the work I do
- When early intervention, prevention was mentioned, I was in!

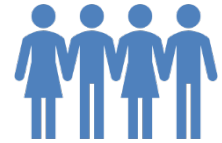
# Post-acute Pain Phase

*“pain occurring up to 45 days following an acute event”*

- Analysis of the MHCP population:
  - nearly 80% of the individuals who receive at least a 45 day supply of opioids go on to receive a 90 days’ supply over 6 months
- TROUP Study, Gen Intern Med 2011; 26:1450-57
  - 65% of individuals who receive a 90 day supply of opioids continue opioid use at 3 years
- The post acute pain period is the critical timeframe to halt the progression to chronic opioid use.
- Clinicians should increase assessment of the biopsychosocial factors associated with opioid-related harm and chronic opioid use

# Target Population

- Members new to opioids
  - No opioid fills in the previous 90 days
  - At least 2 prescriptions
  - At least 7 days of opiate treatment
  - Report run every day of all opioids prescribed, filtered through an IT program which identifies the target population.
  - Sorted by product, currently contacting PMAP and MNCare members with other products to start in the fall.
- ❖ **Goal: Connect members with appropriate support services and reduce the percent of new chronic users.**



# 1<sup>st</sup> Phone Call

- Assess:
  - Location and cause of pain
  - Impact on mobility and daily living skills
  - Support system
  - Coping
  - Review safe storage/safe disposal
    - More than 75% of people who misuse prescription pain medications obtained them from someone else.
    - The DEA estimates up to 30% of prescription opioids are diverted.
  - Review follow-up plan
  - Send follow-up letter

# Deterra Packet



# 2nd Phone Call

- Assess
  - Status of recovery
  - How well is pain managed
  - Doctor recommended non-pharmacologic treatment of pain
  - Side effects such as constipation
  - Did doctor review risks of opioid medications
  - Follow up letter with alternatives to pain medication for the management of pain
  - Review recovery plan
  - Send follow-up letter



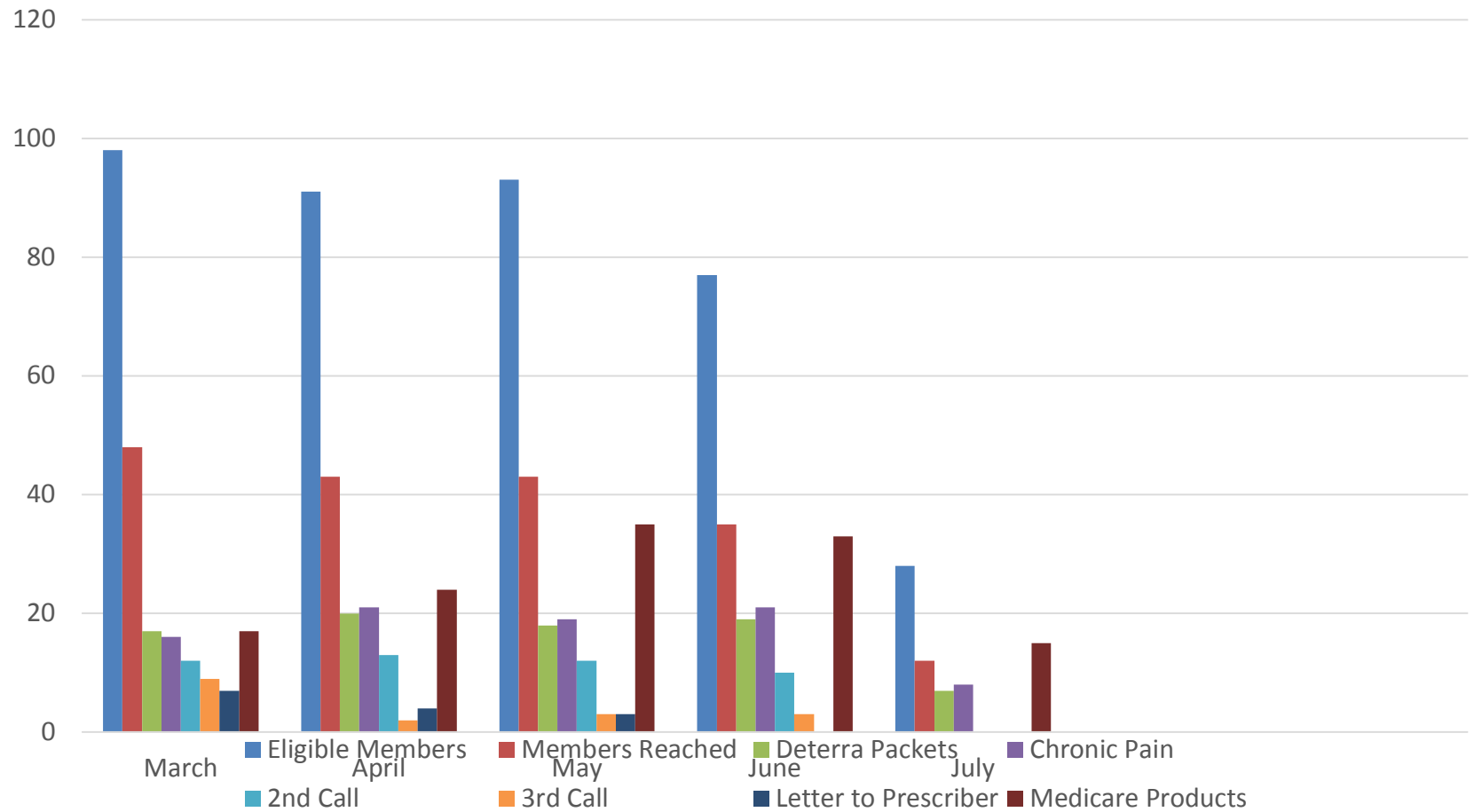
# 3<sup>rd</sup> Follow up Call

- Assess how the member perceives recovery process
- Assess change in use of pain medication since previous call
- Assess pain level
- Review use of non-pharmacological treatment for pain
- Discuss recovery plan
- Offer follow up call
- Send follow up letter which indicates the days of opioid use and issues to review with provider.

# 45 Days of Opioid Use

- Follow-up letter from SCHA Chief Medical Officer to most recent prescriber

# Data



# Impressions

- This program offers a great opportunity to connect with members following a major medical event, offer support and education to them about services offered by SCHA.
  - How to approach the subject of use of opiates.
- Some member's are new to SCHA so we don't have their prescription history. We still contact them.
- Most people have been appreciative.
  - Case examples
  - Issues that affect opiate use
- Most are aware of the importance of disposing of leftover medications.
- Many are concerned about using opioids and are aware of the risks, especially those who have a family history or personal history of addiction.
- What to do if witnessing signs of opiate misuse

# Thank you.

We would love to hear your feedback about today's training, as well as suggestions for future trainings.

Please follow the Survey Monkey Link and complete a short evaluation: <https://www.surveymonkey.com/r/ccopioid>

QUESTIONS?

