Opioid Webinar Series: Part I

The Opioid Crisis: Hospital Prevention and Response
Scope of the Issue

- Increase in ED visits/presenting for opioid misuse and/or overdose
- Increasing rates of neonatal abstinence syndrome (NAS)
- Cost to hospitals and clinics
- Behavioral health workforce shortages
- Workforce development gaps
- Limited access to addiction medicine
• “Addiction-related” stigma is a powerful, shame-based mark of disgrace.
• Stigma is generated and perpetuated by prejudicial attitudes and beliefs.
• Stigma promotes discrimination among individuals at risk for, experiencing, or in recovery from addiction, as well as individuals associated with them.
• People with substance use disorders and people in recovery are ostracized, discriminated against, and deprived of basic human rights.
• Individuals who are stigmatized often internalize inappropriate attitudes and practices, making them part of their self-identity.
What can I do? Remember ...

- Opioid Use Disorder is a chronic brain disease and often requires an extensive recovery process.

- Supporting a loved one is important to their recovery and helps to lessen the stigma they may feel.

- Failure to keep sobriety or continuing use of opioids is not a reflection on the person’s character.

- Recovery looks different for everyone and everyone is deserving of treatment.

- Avoid hurtful language. Terms like “junkie” and “addict” only contribute to the stigma of OUD and other substance use disorders.
Overdose Death Rates Involving Opioids, by Type, United States, 2000-2017

- **Any Opioid**
- **Other Synthetic Opioids** (e.g., fentanyl, tramadol)
- **Commonly Prescribed Opioids** (Natural & Semi-Synthetic Opioids and Methadone)
- **Heroin**

Drug-Induced vs. Motor Vehicle Death Rates in the U.S. and Missouri Over Time

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016. Data are from the Multiple Cause of Death Files, 1999-2015.
Missouri NAS Rate Identified with Conventional Hospital Discharge Coding Surveillance: 2008-2017

- Number of NAS Diagnoses per 1,000 Births
- NAS Rate per 1,000 Births
- NAS Rate % Change from 2008

Graph showing the number of NAS diagnoses per 1,000 births from 2008 to 2017, with a significant increase from 2013 to 2016.
Incidence of NAS in Missouri by County During 2016 and 2017: Rate per 1,000 Births Identified with Diagnosis Codes for the Infant vs. Linking New and Expectant Mothers to Hospitalizations for Opioid Misuse

Rate of NAS Detected by Diagnosis on Hospital Discharge Record, 2016-2017

Rate of New and Expectant Mothers with an Opioid-Related Inpatient or ED Visit: Rate per 1,000 Births by County, 2016-2017
Evidence-Based Protocols and Promising Practices

- Universal Screening/Surveillance Infrastructure
- Pharmacotherapy (Induction/Bridge Rx)
- Naloxone Distribution
- Encouraging Peer Recovery Support in the ED
- Referral to Opioid Use Disorder Treatment
- Opioid Prescribing Guidelines (CDC)
- Alternatives to Opioids
- NAS Programming
- Workforce Development
- Multisector Collaboration
Screening Patients for Opioid Use Disorder

- Universal Screening (SBIRT)
- Screening Pregnant Women/Infants
- Reference PDMP
- Pharmacotherapy
- Naloxone Distribution

- Associated Risk Factors
  - Social Determinants
  - Previous SUD
  - Chronic Pain
  - Psychiatric Illness
  - Use of Sedatives
Engaging Patients in Difficult Dialogue

- Communication that demonstrates empathy, compassion and **firm** limit setting (motivational interviewing)

- Explore alternatives to opioids (CBT)

- Communicate risk, storage and safe disposal

- Educate patients on evidence-based medicines to treat OUD (Buprenorphine)

- Inform/connect patients to local resources and programs in support of recovery and access to OUD treatment
Evidence-Based Patient-Centric Care

IDENTIFICATION: SUD Screening and Clinical Support Tools (PDMP)

MEDICATION FIRST: ED-Induction, Bridge Rx and Maintenance MAT [PDMP]

RECOVERY SUPPORT: Immediate Linkage/Warm Handoff Promoting Therapeutic Alliance

HARM REDUCTION: Overdose Education and Naloxone Distribution (OE/ND)

SUD REFERRAL: Support Patient Navigation, Case Management, Medication Maintenance

EVALUATION: Data Driven Program Design and Development

Behavioral Health Network of Greater St. Louis
Opioid Prescribing Guidelines and Alternatives to Opioids

Pain Management Alternatives to Opioids & Prescription Painkillers

1. Corticosteroids (steroids)
2. Nonsteroidal Anti-inflammatory Drugs
3. Acetaminophen
4. Physical Therapy
5. Exercise
6. Chiropractic Treatment
7. Acupuncture
8. Meditation
9. Yoga
10. Cognitive Behavioral Therapy (CBT)

It’s possible to treat pain without prescription medications.
CDC Guidelines for Chronic Pain

Missouri Hospital Opioid Prescribing Guidelines

In November 2018, new opioid prescribing recommendations designed to guide hospital-based physicians’ use have been adopted and released by a coalition of health care policy and advocacy organizations. The revised guidance reflects evolving best practices in the use of opioids for pain management and changes in the law designed to reduce the opioid addiction crisis.
Opioid Prescribing Guidelines

- Implementing opioid free shifts
- Firm limits to number of days/pills
- Lowest MME possible
- Counseling if opioid naïve
- No replacement of lost prescriptions/stolen meds
- Evaluate for Naloxone
Missouri’s Good Samaritan Law (RSMo 195.205, Effective August 2017)

This law is designed to save lives by encouraging people to seek emergency medical help if they experience or witness a drug or alcohol overdose or other medical emergency. Under this law, the person who seeks medical help and the person experiencing the medical emergency will be protected from minor drug and alcohol violations.

This law provides immunity from:

- Possession of a controlled substance (RSMo 579.015)
- Possession of drug paraphernalia (RSMo 579.074)
- Possession of an imitation controlled substance (RSMo 579.078)
- Keeping or maintaining a public nuisance (RSMo 579.105)
- Sale of alcohol to a minor (RSMo 311.310)
- Possession of an altered ID (RSMo 311.320)
- Purchase or possession of alcohol by a minor (RSMo 311.325)
- Violation of a restraining order
- Violation of probation or parole

To receive the protections under this statute, a person must actively seek medical assistance for an overdose or other medical emergency (i.e. call 911, or otherwise seek help).
Prescription Drug Monitoring Program

PDMP Participation

- 72 participating jurisdictions
  - 84% of population
  - 94% of healthcare providers
Alternatives to Opioids

- Providers counseling patients on risk of dependence, proper storage and disposal
- Providers counseling patients regarding mental health and SUD treatment options
- Alternative therapy options:
  - Physical therapy
  - CBT
  - Meditation/yoga
  - Ibuprofen/Acetaminophen combination
Alternatives to Opioids

- Having policies and procedures will reduce the amount of prescribing
- Often little to no impact on patient satisfaction
Medicaid Strategies for Non-Opioid Pharmacologic and Non-Pharmacologic Chronic Pain Management

Centers for Medicare & Medicaid Services
Informational Bulletin – February 22, 2019
CMS Bulletin: Conclusion

• NEED, provider and beneficiary access to effective therapy for chronic pain
• NEED, multisector approach to chronic pain management (non-opioid/non-pharmacologic)
• NEED, well-communicated and individualized treatment goals and expectations
• INNOVATION, states are encouraged to integrate an array of strategies/practices to enhance Medicaid treatment options for chronic pain
New Complementary and Alternative Therapies for Chronic Pain Management

Missouri Department of Social Services
MO HealthNet Provider Bulletin – April 1, 2019
New* Alternative Therapies for Chronic Pain Management

- Effective April 1, 2019, complementary health and alternative therapies include:
  - Physical therapy*
  - Chiropractic therapy*
  - Acupuncture*
  - Cognitive behavioral therapy
  - Non-opioid medication therapy

- As a result, MO HealthNet Division is lowering current daily MME from 300 to 200, effective April 4, 2019.
Identify internal opportunities to improve surveillance infrastructure and universal screeners to identify at-risk (OUD) patients.

Assess workforce development needs and workforce gaps in support of care coordination. (e.g. trauma-informed practices, case managers, peers)

Identify/collaborate with community-based agencies to bridge OUD treatment through transitions of care.

Investigate internal protocols for educating patients on opioid overdose prevention education and naloxone distribution.

Research the availability of medication-based treatments offered to patients.

Practice self care.
Contact Information

Shawn Billings, MS
Missouri Hospital Association
sbillings@mhanet.com
573/893-3700, ext. 1409

Tiffany Bowman, MSW
Missouri Hospital Association
tbowman@mhanet.com
573/893-3700, ext. 1417
Thank you!