



# Medicaid Innovation Accelerator Program



**Reducing the Reliance  
on Opioids for Pain  
Management**

National Webinar Series

August 29, 2019

2:00 p.m. – 3:00 p.m. EST

# Logistics

- Use the chat box on your screen to ask a question or leave a comment
  - Note: You will not see the chat box if you are in full-screen mode
- A moderated question and answer (Q&A) session will be held toward the end of the webinar
  - Please submit your questions via the chat box
- Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience

# Welcome & Overview

## **Roxanne Dupert-Frank**

Center for Medicaid and  
CHIP Services (CMCS)

Centers for Medicare &  
Medicaid Services (CMS)



# Facilitator

**Lisa Patton, PhD**

Behavioral Health and  
Disparities Development  
Lead, IBM® Watson Health™

**IBM Watson Health**



# Purpose and Learning Objectives

- Participants will learn about
  - Strategies state Medicaid agencies are using to address the reliance on opioid pain treatment
  - Common barriers to the adoption of non-opioid pain treatment methods
  - Shifting the conversation around pain tolerance
  - Oregon's Opioid Initiative
    - Provider toolkit Oregon Health Authority created for its Coordinated Care Organizations

# Agenda

- Introductions
- Background
- State experience: Oregon
- Questions and Answers
- Key takeaways

# Speaker

**Lisa Bui, MBA**

Quality Improvement  
Director, Oregon Health  
Authority



# Speaker

**Ariel Smits, MD, MPH**

Medical Director, Health  
Evidence Review  
Commission, Oregon Health  
Authority





# Background

Changing the Culture and Perceptions  
Around Nonopioid Pain Management

# Common Barriers to Adoption of Nonopioid Alternative Pain Treatment

- Lack of understanding of chronic pain as a disease
  - Patients being treated for pain are sometimes stigmatized
  - There is a need for a patient-centered approach
  - Pain tolerance is individual and subjective
  - More data are needed:
    - What symptoms and treatment methods are most impactful?
    - How does the pain affect the patient's activity level, sleep, mood, and stress level?

Source: National Academies of Sciences, Engineering, and Medicine. *The Role of Nonpharmacological Approaches to Pain Management: Proceedings of a Workshop*. Washington, DC: The National Academies Press; 2019.

# Barriers, continued

- Limited access to alternative pain treatment options
  - Not enough providers are available to meet the patient need
  - Prior authorization policies for pain treatment need to be more flexible to allow for targeted treatment
  - Lack of referral networks for services such as chiropractor or acupuncture care
  - More integrated care options for patients experiencing chronic pain are needed
    - Example: chiropractic clinics in Department of Veterans Affairs system

Source: National Academies of Sciences, Engineering, and Medicine. *The Role of Nonpharmacological Approaches to Pain Management: Proceedings of a Workshop*. Washington, DC: The National Academies Press; 2019.

# Barriers, continued

- Patients, providers, and payers lack knowledge regarding the benefits of nonpharmacologic treatment options
- Nonpharmacotherapy options have been the last line of treatment, after all else has failed

# Shifting the Conversation Around Pain Tolerance

- Nonopioid pain treatment does not have the immediate effectiveness of an opioid pill
- The expectation is that we do not have pain or that it is immediately alleviated
- To increase the acceptability of alternative/nonpharmacological pain treatment, the conversation needs to shift
- **Pain is potentially/often manageable**

# Approaches States Can Take to Combat the Reliance on Opioids for Pain Management

- Implementing opioid prescribing guidelines such as those recommended by the Center for Disease Control and Prevention (CDC)
  - Consider nonpharmacologic and nonopioid pharmacologic therapy as first-line treatment for chronic pain

Source: Dowell D, Haegerich TM, Chou R. CDC Guideline for prescribing opioids for chronic pain — United States, 2016. Morbidity and Mortality Weekly Reports. Recommendations and Reports. 2016;65(No. RR-1):1-49.

# Approaches States Can Take to Combat the Reliance on Opioids for Pain Management

- Promoting the provision of nonopioid pain management therapies for specific conditions
  - Acupuncture
  - Chiropractic services
  - Cognitive behavioral therapy
  - Physical therapy
- Providing provider training or technical support
  - Opioid prescribing and nonpharmacologic chronic pain treatments

Source: Centers for Medicare & Medicaid Services. *Medicaid Strategies for Non-Opioid Pharmacologic and Non-Pharmacologic Chronic Pain Management*. CMCS Informational Bulletin. February 22, 2019.

<https://www.medicare.gov/federal-policy-guidance/downloads/cib022219.pdf>

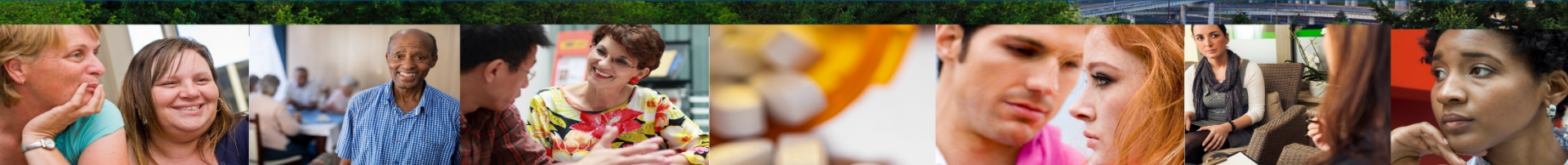
# Polling Question

- What steps has your state taken to shift the perceptions around chronic pain treatment?
  - Provider trainings
  - Provider toolkits
  - Patient education
  - Media campaigns
  - Other strategies



# Oregon's Experience

# Oregon's Opioid Initiative



**Ariel Smits, MD, MPH**  
Medical Director  
Health Evidence Review Commission

**Lisa Bui, BS, MBA**  
Quality Improvement Director

**Oregon**  
**Health**  
**Authority**

# Learning Objectives

- Understand the Oregon Opioid Initiative framework and statewide levers.
- Understand the Coordinated Care Organizations (CCO) statewide improvement project background and objectives.
- Understand the CCO statewide Performance Improvement Project (PIP) results, interventions and barriers.
- Understand the next steps for Oregon Opioid Initiative.

# Scope of the problem in Oregon



## Non-Medical Use of Prescription Opioids

- 1st in the nation in 2016-2017<sup>1</sup> (Oregon is consistently top 10)
- 212,000 Oregonians (5% of population); 9% of ages 18-25<sup>1</sup>



## Hospitalizations

- Third in the nation from 2009 – 2014<sup>2</sup>
- 944 hospitalizations for overdose; 4,300 for opioid use disorder<sup>3</sup>
- \$8 million in hospitalization charges in 2014<sup>3</sup>



## Deaths

- 115 deaths (2.8 per 100,000 residents) for pharmaceutical opioid overdose in 2017<sup>4</sup>



## Illicit Drugs

- 20.9% of Oregonians 12 and older used illicit drugs in the past month<sup>1</sup>
- Oregon has the 2<sup>nd</sup> highest rate of methamphetamine use in the U.S. <sup>1</sup>

Sources: <sup>1</sup> National Survey on Drug Use Health (NSDUH), <sup>2</sup> Oregon Health Analytics Hospital Discharge Dataset, <sup>3</sup> Oregon Vital Records: Death Certificates, <sup>4</sup> Agency for Healthcare Research and Quality (AHRQ)

# Oregon Opioid Initiative: Strategies



## Pain treatment

- Non-opioid therapies for chronic pain
- Best practices for acute, cancer, end of life pain



## Reduce harms

- Ensure availability of treatment for opioid use disorder
- Increase access to naloxone and MAT



## Reduce pills

- Decrease the amount of opioids prescribed

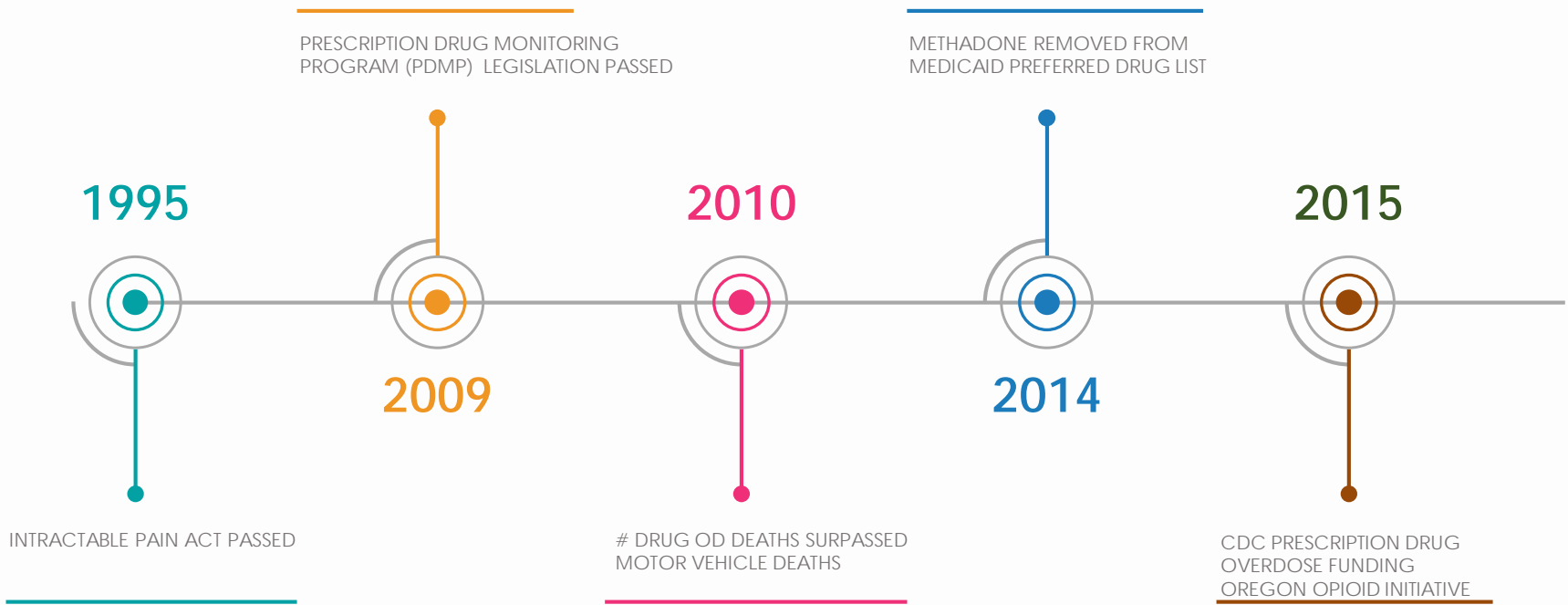


## Data

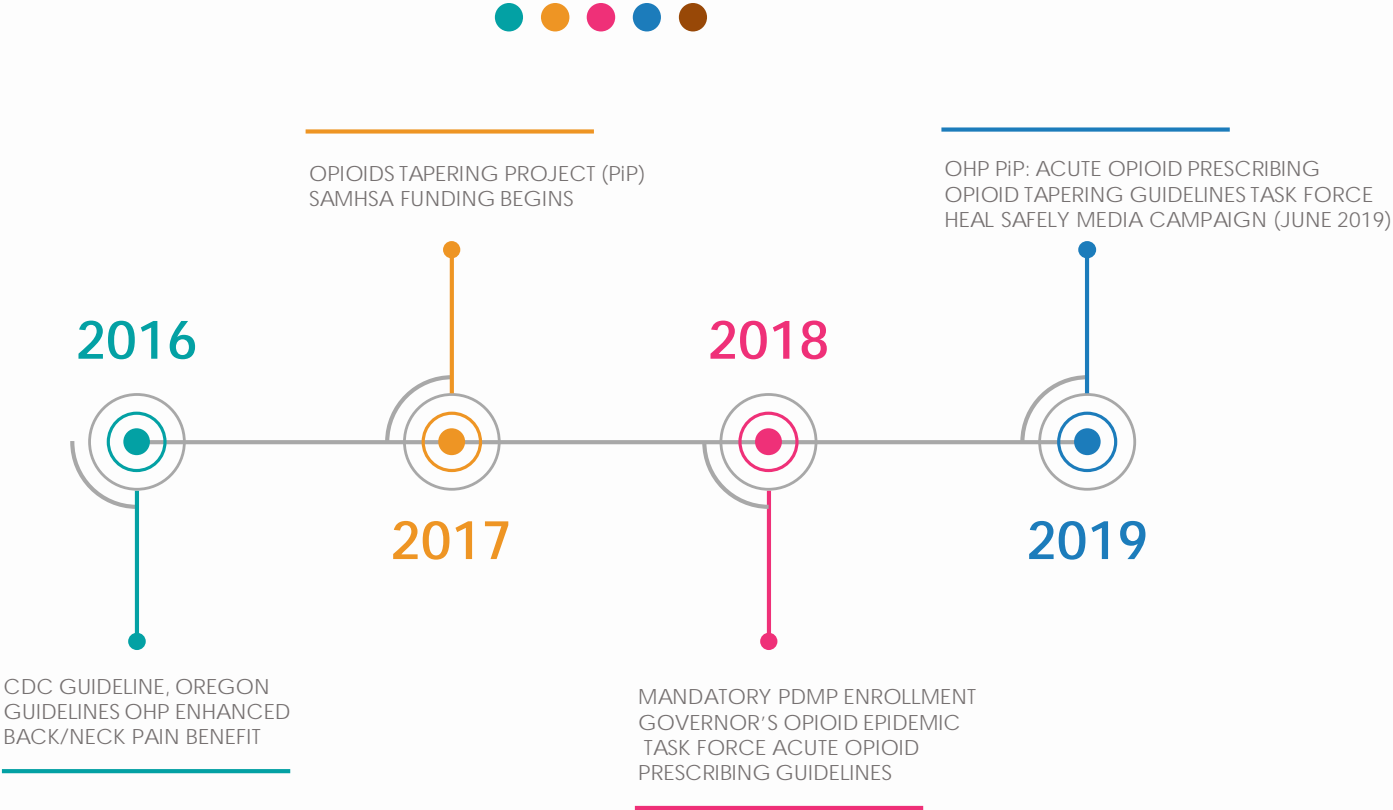
- Use data to target and evaluate the interventions

Acronym: MAT – Medication Assisted Treatment

# Oregon Opioid Milestones



# Oregon Opioid Milestones



# Progress



## **Pain treatment**

- Medicaid coverage: non-opioid therapies for back and neck pain
- Pain Management Commission educational modules



## **Reduced harms**

- Treatment availability increased from 6 to 19 Opioid Treatment Programs
- Expanded access to naloxone and medication-assisted treatment
- Increased x-waivered prescribers



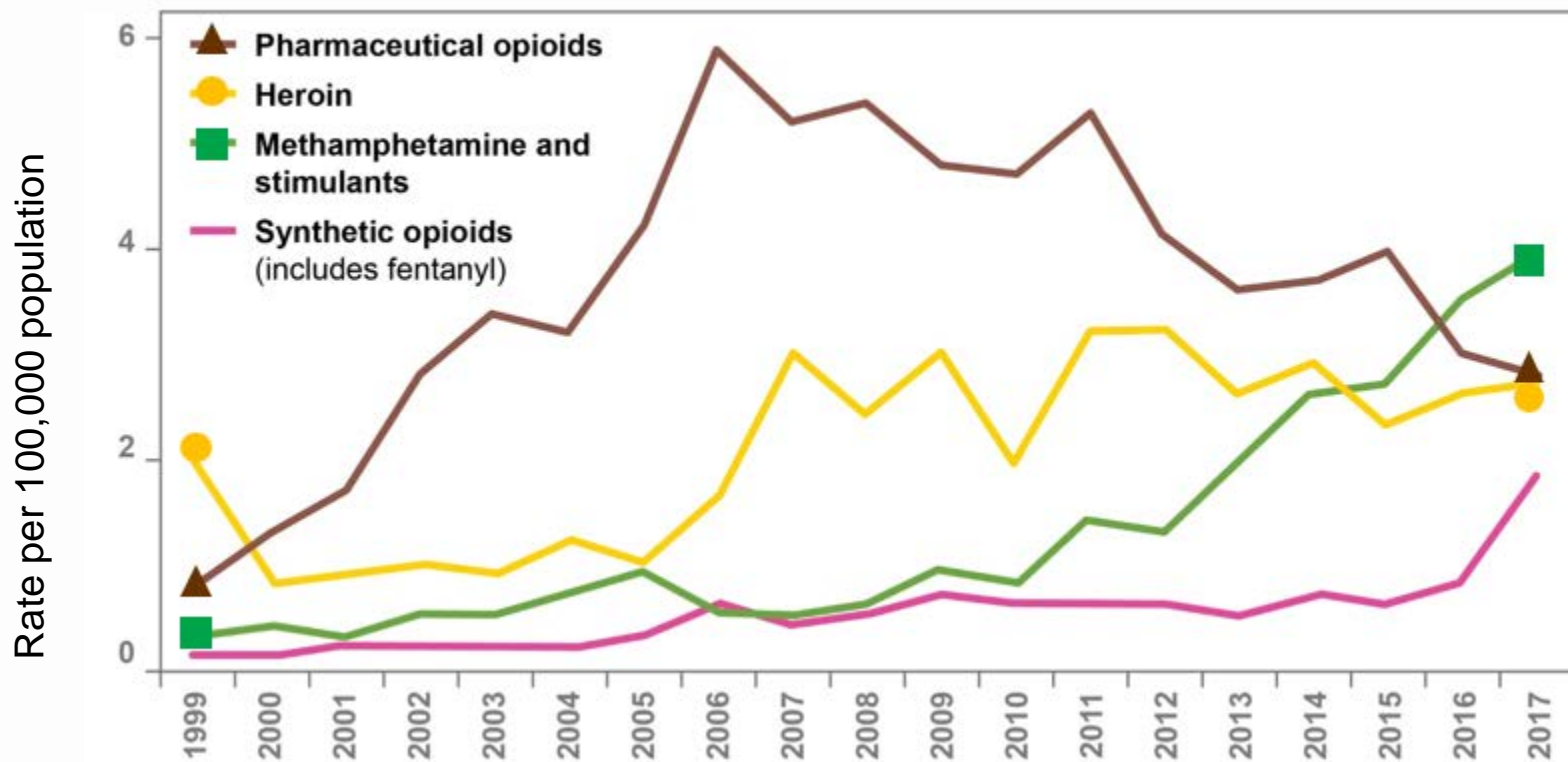
## **Reduced pills in circulation**

- Prescribing guidelines
- Prescription Drug Monitoring Program



# Progress

## Oregon opioid overdose deaths declined 22% overall from 2011-2017



Source: Oregon Vital Statistics, Death Certificates [healthoregon.org/opioids](http://healthoregon.org/opioids) Data dashboard

# We can't do it alone!



# Reducing Opioid Overdose, Misuse and Dependency: A Guide for CCO's

- Toolkit developed as a resource for CCO
- Developed by the Oregon Health Authority (OHA) Division of Public Health in collaboration with OHA Health Policy and Analytics and OHA Health Systems Division.
- Toolkit found on website:  
<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/reducing-opioid-overdose-cco-guide.pdf>

# Reducing Chronic Opioid Use Statewide Performance Improvement Project (PIP)

- **General Overview**

- Began January 2016
  - Required by the OHA 1115 waiver of all CCOs
  - Follows CMS PIP Protocol(s)
  - Chronic Opioid Use PIP ended December 31, 2018
  - State External Quality Review Organization manages PIP
- CCOs are working within their communities to address the opioid epidemic and decrease opioid-related harms using a variety of interventions.
  - PIP outcome measure: high dose opioid Morphine Equivalency Dosing (MED,  $\geq 120$  MED)
    - Each CCO set internal PIP target goals and goal time frames.

# PIP Interventions

CCOs across Oregon implemented the Oregon Opioid Prescribing guidelines based upon the CDC guidelines of 2016.

## Highlighted Initiatives:

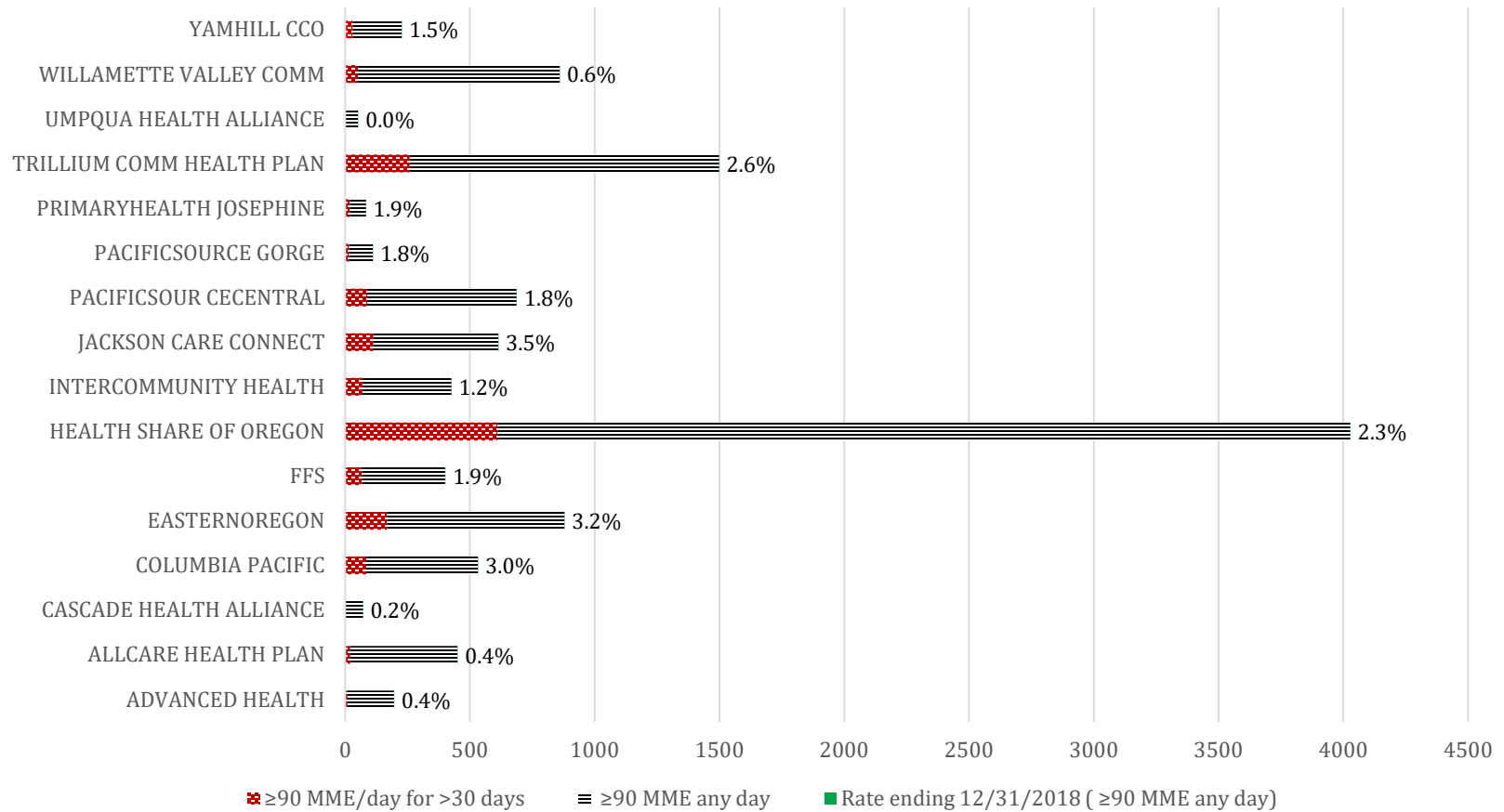
- Outreach and education of providers and members
  - Collaboration on communication to the community
- Provider education and trainings
  - Safe prescribing
  - Evidence-based non-opioid treatments
  - Dissemination of high-prescriber report
- MAT expansion

# Monitoring Metrics

- Measure
  - Monthly reporting of:
    - Percentage of OHP enrollees aged 12 years and older who filled prescriptions for opioid pain relievers of at least  $\geq 120$  mg MED,  $\geq 90$  MED. In alignment with CDC guidelines and Oregon Opioid Prescribing Guidelines, the 2018 measure reporting will be on  $> 50$  MED and  $\geq 90$  mg MED.
    - Percentage of enrollees  $> 12$  years of age who filled prescriptions for opioid pain relievers of  $\geq 90$  and  $\geq 50$  morphine milligram equivalents (MME) on at least one day and for 30 consecutive days or more within the measurement year.
- MED threshold changed from  $\geq 120$  and  $\geq 90$  for 2016-2017 to  $\geq 90$  and  $\geq 50$  in 2018.

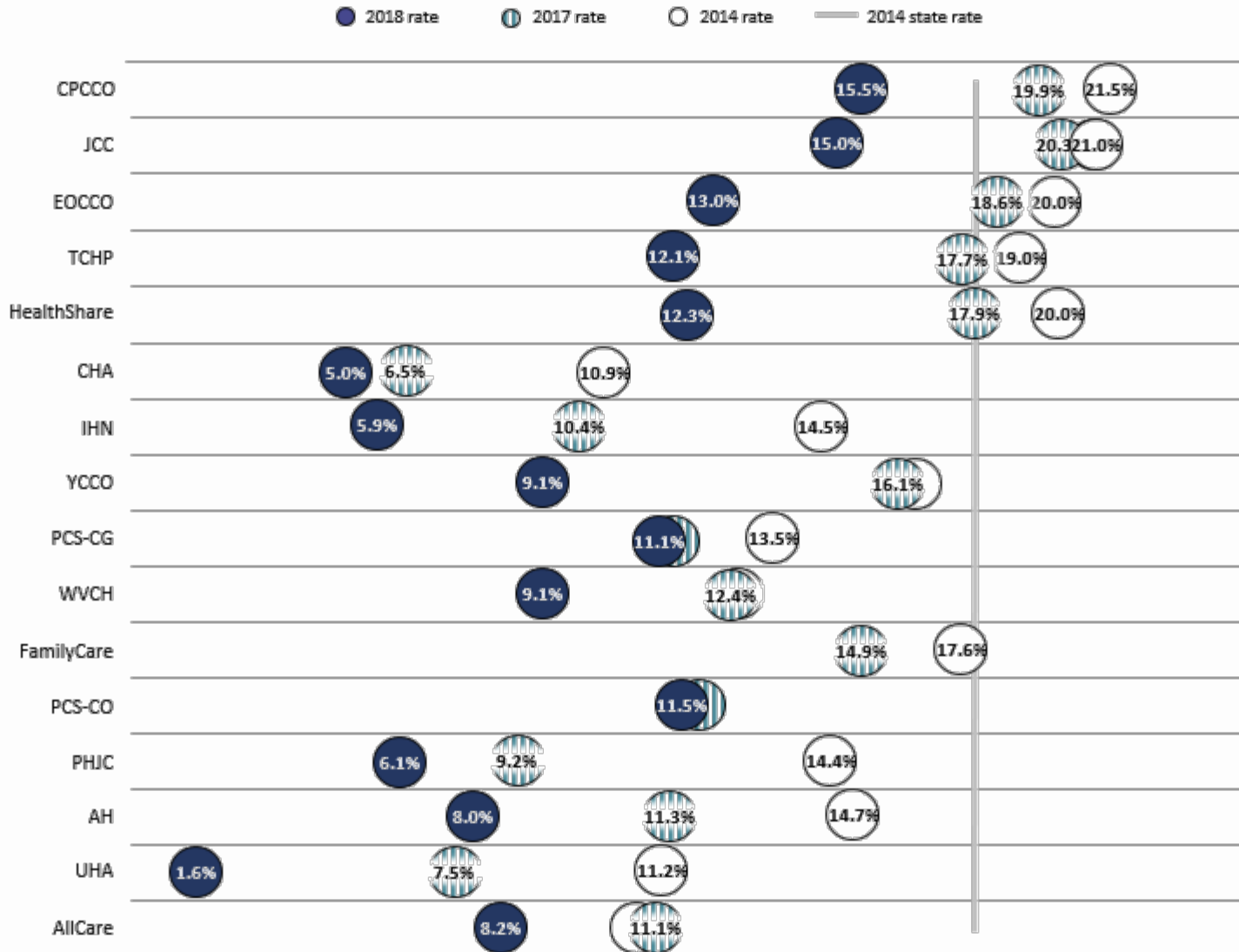
# Results

Members (>18 years and older) with at least one opioid prescription for  $\geq 90$ mg MME/day in the baseline measurement year, the percentage who had  $\geq 90$  MME/day for 30 days or more.



Abbreviation: MME, morphine milligram equivalents.

Chronic Opioid Use Statewide PIP  
Any day  $\geq 90$ mg MED,  $\geq 12$  years old





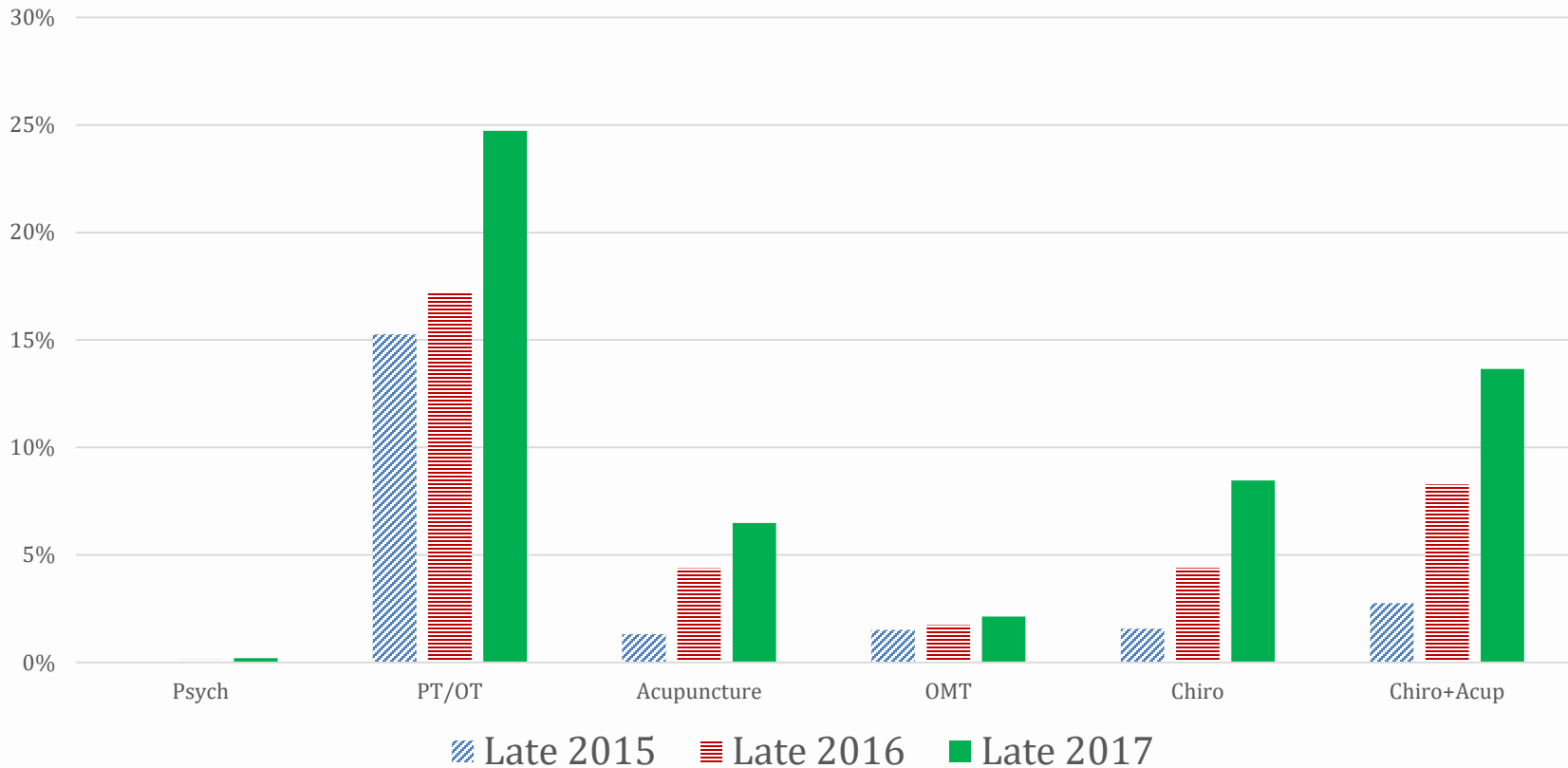
# Back Guideline: Findings

- Population
  - OHP enrollees (not including dual eligible)
  - At least one claim with a primary diagnosis on Line 401 (formerly 407), Conditions of the Back and Spine
- **Between July 1-December 31, 2015**, 65,034 enrollees out of 1,017,994 total enrollees in December, 2015 (6.39%).
- **Between July 1-December 31, 2016**, 59,872 enrollees out of 939,021 total enrollees in December, 2015 (6.38%).
- **Between July 1-December 31, 2017**, 60,245 enrollees out of 929,865 total enrollees in December, 2017 (6.48%).

# Back Guideline: Findings

## Uptake: Steady Growth

Proportion of those with back pain diagnosis using newly-added conservative therapies

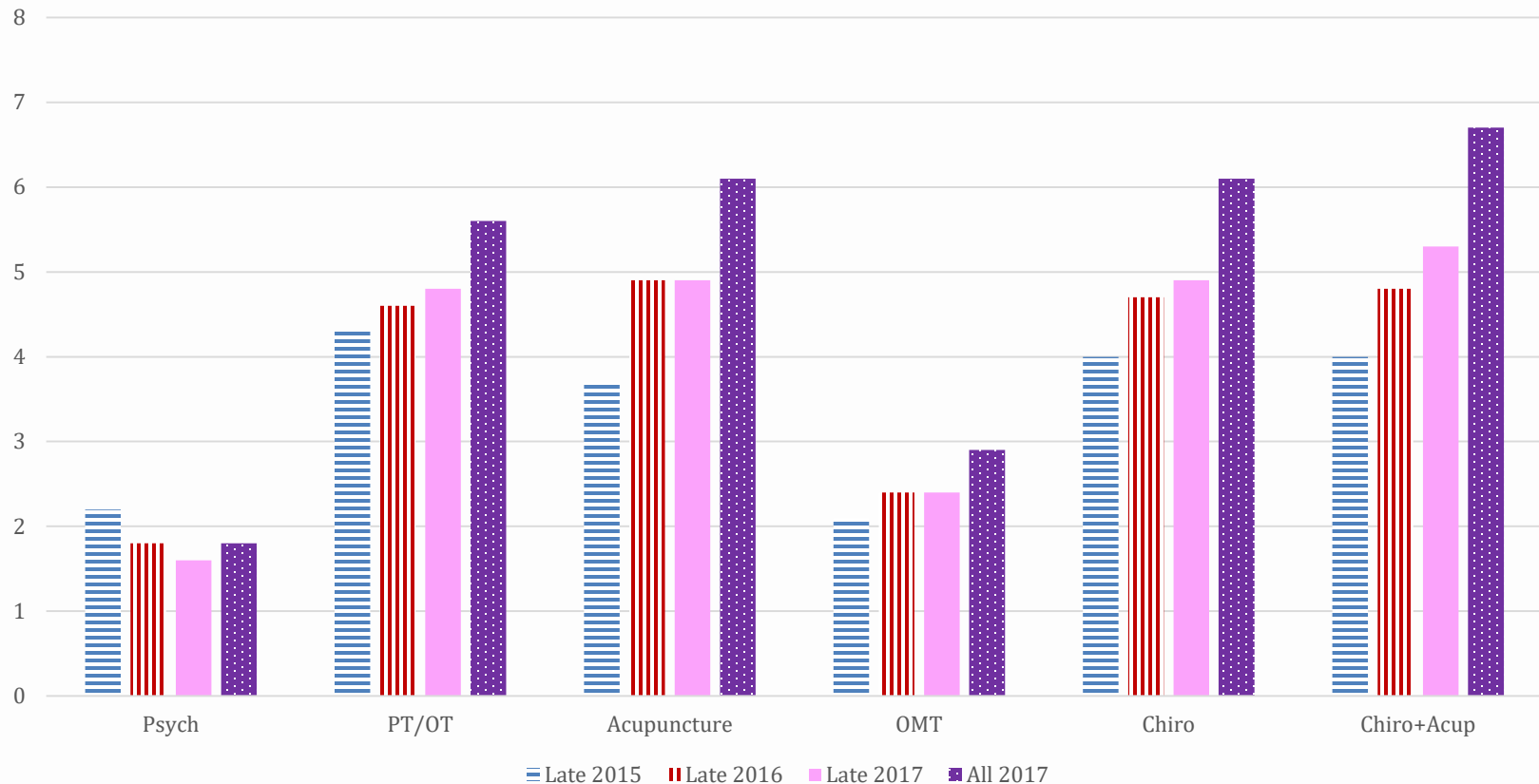


Abbreviations: OMT, osteopathic manipulative treatment; PT/OT, physical therapy/occupational therapy.

# Back Guideline: Findings

## Frequency:

Average number of services for those using each type of service



Abbreviations: OMT, osteopathic manipulative treatment; PT/OT, physical therapy/occupational therapy.

# Summary of Results

- Significant decrease in aggregated counts and calculated indicators from baseline to current remeasurement for all opioid PIP metrics.
- All CCOs show decreased counts and calculated indicators from baseline to current remeasurement for all opioid PIP metrics.
- Increase across all alternative therapy modalities for back pain patients.

# Lessons Learned

- Community, MCE/CCO, Health System, Public Health, State Medicaid agency all play a role.
- Common voice in communication to patient and community regarding interventions, strategies and purpose.
- Clinical practices need support: analytics (dashboards), resources, continuing education opportunities, quality improvement tools.

# Where's Oregon going next...

- 2019-2021 Statewide Performance Improvement Project:
  - Prevention: Opioid Prescribing in Acute Settings
- Oregon Opioid Initiative:
  - Opioid Taper Guidelines: task force convening 2019; anticipated completed fall 2019.
  - Broadening strategies for alignment to Oregon's Behavioral Health System updates
  - Implementation with levers for illicit drug use mitigation strategies.

# Resources

- OHA Opioids Website: <http://healthoregon.org/opioids>
  - Interactive Data Dashboard
  - Community Information
  - Guidelines
- Oregon Prescription Drug Monitoring Program Website: <http://www.orpdmp.com>
- Statewide PIP website: <http://www.oregon.gov/oha/hpa/csi/Pages/Performance-Improvement-Project.aspx>
- Health Evidence Review Commission: <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Meetings-Public.aspx>



Contact: Lisa Bui  
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# Questions & Answers



# Thank You!

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