

# Oregon Opioid Initiative: State of the State

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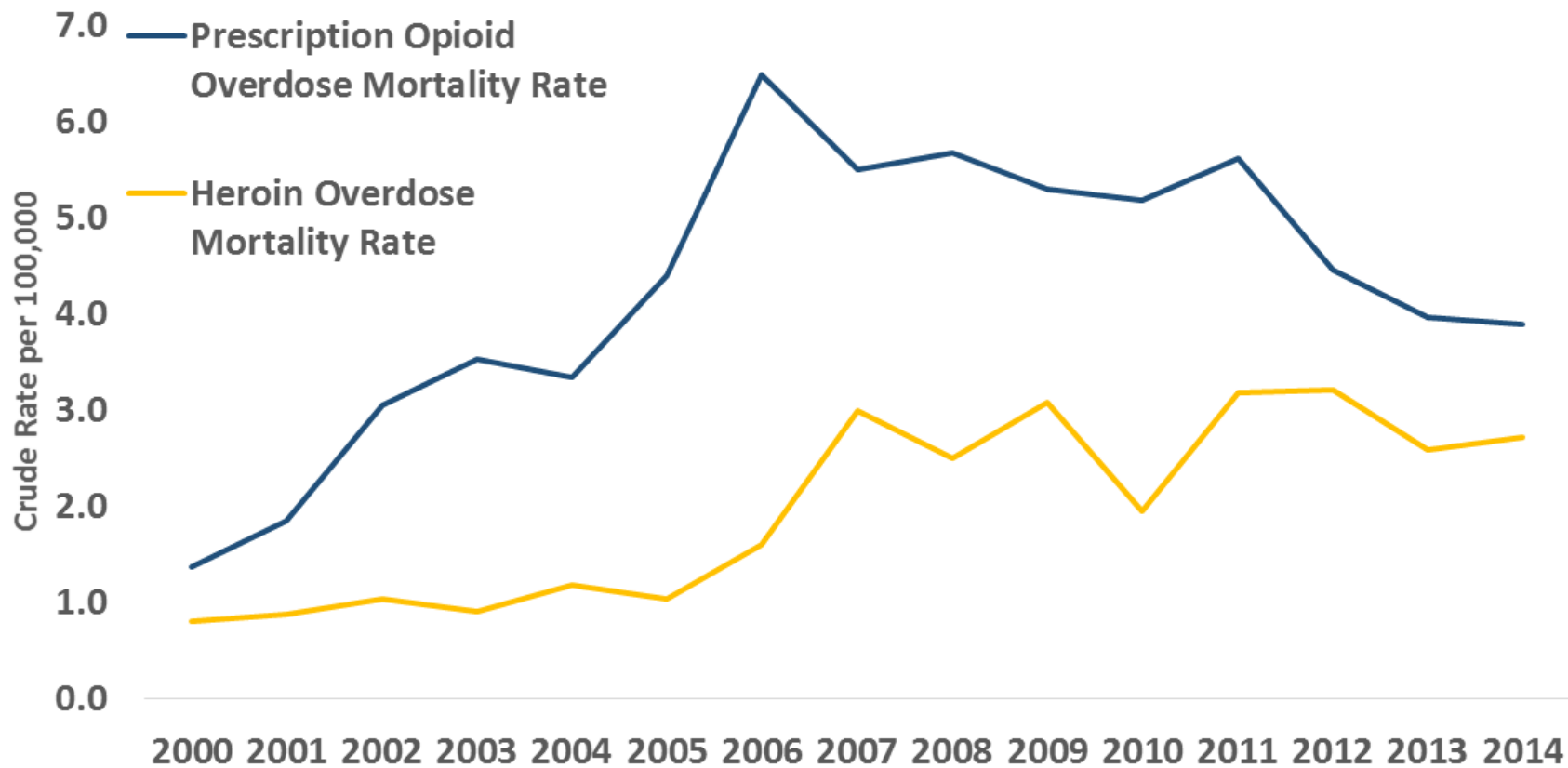
Central Oregon PDO Summit

Redmond, OR

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## Annual Rates of Overdose Mortality, Prescription Opioids and Heroin, Oregon, 2000-2014



# Overview

Using data to understand, monitor, and track progress

The Oregon Opioid Initiative has five goals

HA's Opioid Management Toolkit includes six inter-related strategies

# Five Goals

Improve pain management practice

Increase reimbursement for and use of alternative pain treatment therapies

Increase use of medication assisted treatment for opioid use disorder

Decrease drug overdose deaths, hospitalizations, and emergency department visits, and opioid misuse

Decrease health care costs

# Six Inter-related Strategies Need to Be Implemented Simultaneously Across Health Systems

# L. Implement Opioid Prescribing Guidelines for Pain Management

Five step approach to treating patients with chronic non-cancer pain:

Step 1: Practice assessment

Step 2: Patient assessment

Step 3: Non-opioid treatment

Step 4: Patient reassessment

Step 5: Follow-up visits



# Resources for Prescribing Guidelines

[www.oregonpainguidance.com](http://www.oregonpainguidance.com)

Dr. Jim Shames,  
Jackson County  
Public Health



Oregon  
Health  
Au

## 2. Use OCEP Opioid Prescribing Guidelines in Emergency Departments

6 recommendations including:

One medical provider should treat a patient's chronic pain

Discourages the administration of intravenous and intramuscular opioids in the ED for the relief of acute exacerbations of chronic pain

No providing replacement controlled substance prescriptions

No providing replacement doses of methadone for addiction





## 3. Use Oregon Prescription Drug Monitoring Program

Check the patient report at first visit, when writing a new or renewal prescription for a controlled substance, periodically

Use the patient report to connect with other providers who are writing controlled substance prescriptions for a patient

Use the patient report to discuss patient controlled substance use with a patient

Use the patient report as part of assessment

[//www.orpdmp.com](http://www.orpdmp.com)

# Resources for PDMP

PDMP web portal (user access and registration): [www.orpdmp.com/](http://www.orpdmp.com/)

How to register for the PDMP:

[http://www.orpdmp.com/orpdmpfiles/PDF\\_Files/Leaflets/HowToRegister.pdf](http://www.orpdmp.com/orpdmpfiles/PDF_Files/Leaflets/HowToRegister.pdf)

How to look up information (for registered users):

[http://www.orpdmp.com/orpdmpfiles/PDF\\_Files/Leaflets/HowToQuerypdmp.pdf](http://www.orpdmp.com/orpdmpfiles/PDF_Files/Leaflets/HowToQuerypdmp.pdf)

Training videos: <http://www.orpdmp.com/health-care-provider/>

# 4. Provide Non-Opioid Pain Treatment Therapies

Opioid use for pain management is minimized then alternative evidence-based therapies can be increased for chronic non-cancer pain

Specifically, manipulation therapy, acupuncture, massage, mindfulness training/CBT, and physical exercise

HP will cover alternative pain therapy for chronic low back pain beginning January 1, 2016

# 5. Co-Prescribe Naloxone When Prescribing Opioids for At-Risk Patients

- ✓ Patient has a history of opioid intoxication or overdose
- ✓ Patient has a suspected history of substance abuse or non-medical opioid use
- ✓ Patient is on a high dose (> 50 mg morphine equivalent per day)
- ✓ Patient is starting on methadone or buprenorphine for opioid use disorder
- ✓ Patient starting on an opioid and one or more of the following applies:
  - ✓ Hx of smoking, COPD, asthma, emphysema, sleep apnea, respiratory illness
  - ✓ Concurrent benzodiazepine (or other sedative) prescription
  - ✓ Concurrent antidepressant prescription
  - ✓ Hx of HIV/AIDS, renal dysfunction, cardiac illness, hepatic illness
  - ✓ Alcohol use or abuse is suspected

# Resources for Co-Prescribing Naloxone

Prescribe to Prevent:

<http://prescribetoprevent.org/prescribers/palliative/>

OHA naloxone training:

<https://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems/Pages/Naloxone-Training-Protocol.aspx>

## 5. Provide Medication Assisted Treatment (MAT) for Opioid Use Disorder

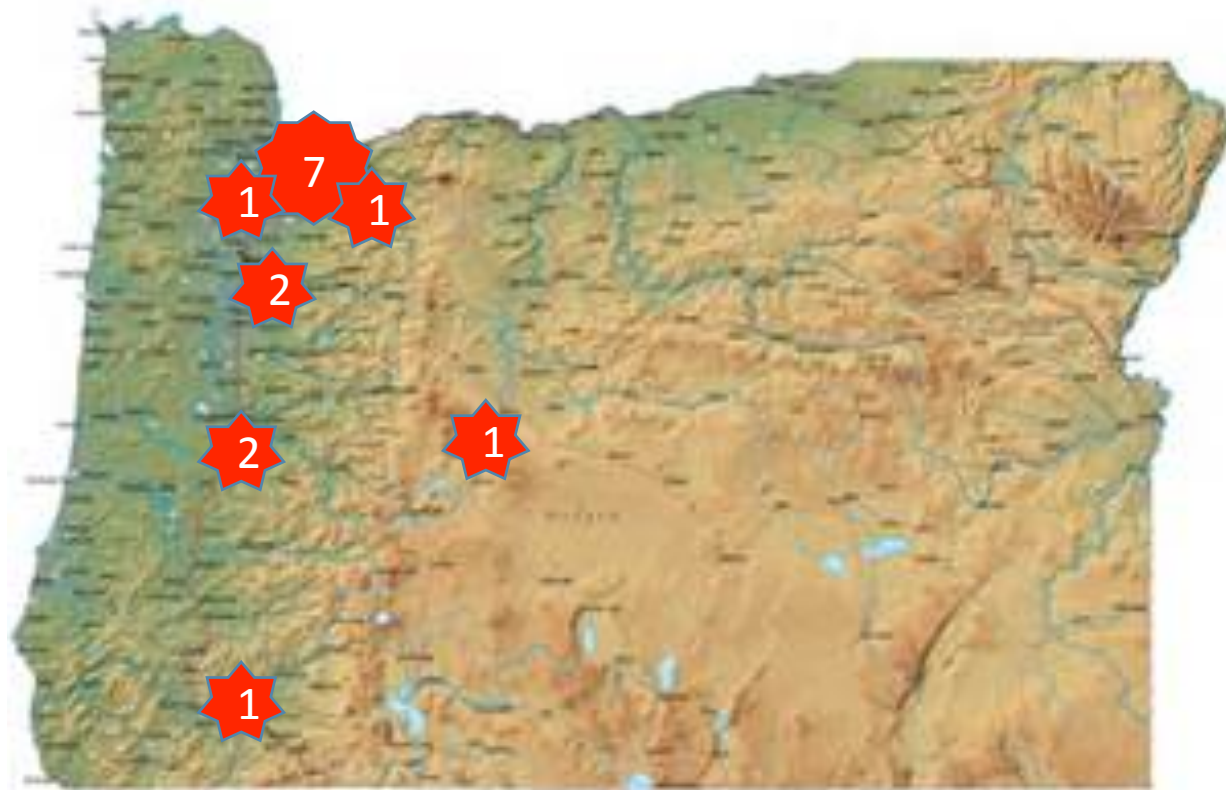
MAT is evidence-based and under utilized in healthcare in Oregon

Agonist, partial agonist and antagonist medications (buprenorphine, methadone and naltrexone) to treat opioid use disorders and coordinated with other recovery strategies that improve cognitive and social functioning

Training and certification for prescribers

Induction – withdrawal and stabilization - on MAT can be coordinated in or patient substance use treatment with patient referral to primary care for maintenance

# Opioid Treatment Programs in Oregon



# Resources for Medication Assisted Treatment

MAT overview:

[www.integration.samhsa.gov/clinical-practice/mat/mat-overview#implement](http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview#implement)

MAT implementation checklist:

[www.integration.samhsa.gov/clinical-practice/mat/MAT Implementation Checklist FINAL.pdf](http://www.integration.samhsa.gov/clinical-practice/mat/MAT_Implementation_Checklist_FINAL.pdf)

SAMHSA Clinical Guidelines for the use of Buprenorphine  
Treatment of Opioid Addiction:

[buprenorphine.samhsa.gov/Bup Guidelines.pdf](http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf)



# Oregon Opioid Initiative Partnership



# Oregon Policy Interventions

Increase naloxone distribution by establishing statewide standing orders

Enhance the Prescription Drug Monitoring Program

- ✓ Emergency Department Information Exchange (EDIE)
- ✓ Identified data for research
- ✓ Automated notifications
- ✓ Real time data??

Increase naloxone distribution and usage through statewide standing orders

Increase the number of health systems that routinely screen for opioid use disorder and use comprehensive prescribing guidelines

Expand health insurance coverage for evidence-based alternative pain management for chronic non-cancer pain

Ensure that health insurance covers full spectrum of services to treat opioid use disorder

Increase the availability of medication assisted treatment for opioid use disorders

# Summary

Government + Private Sector + Community partnership focused on simultaneous implementation of key strategies will result in improved outcomes for patients, communities, and provide a return on investments made to address this multifaceted problem

This is a winnable battle – we are:

- ✓ saving lives,
- ✓ improving patient safety & community safety, and
- ✓ we can create a bridge to recovery

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