



California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Agenda Item 7
Attachment 1

Curbing the opioid epidemic in California

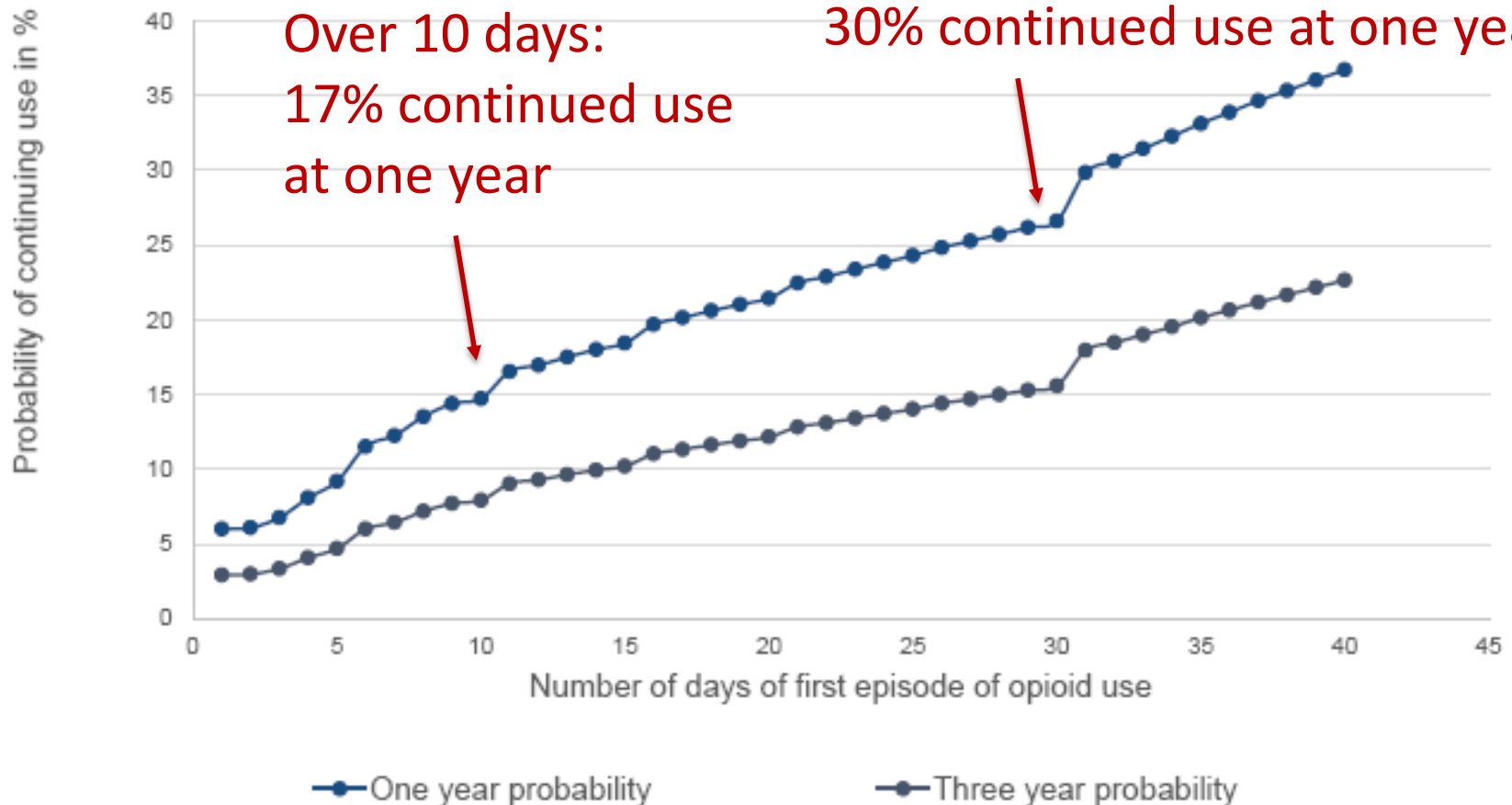
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November 2017
CalPERS



Beth



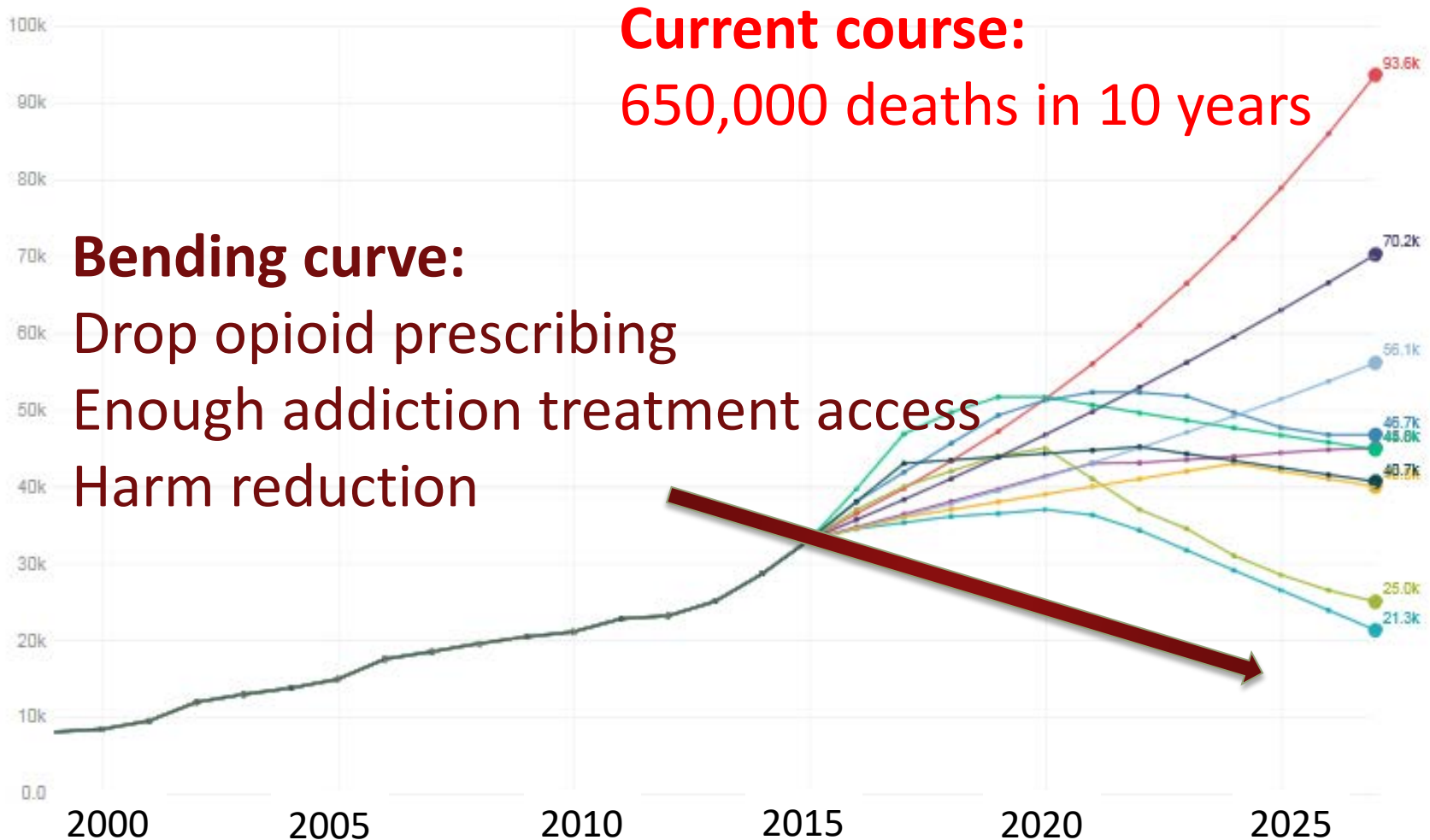
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Over 10 days:
17% continued use
at one year

Over 30 days:
30% continued use at one year

Urgency: Death Rate Scenarios



The opioid deaths forecast for 2027 is 44,843. The forecasted change is 36% since 2015 when it was 33,091.

This curve assumes a sharp increase in deaths for the next several years before the effects of interventions funded through the 21st Century Cures Act kick into gear, driving down deaths.

California context:

how to change when change is hard

Step 1: Clear vision and goal

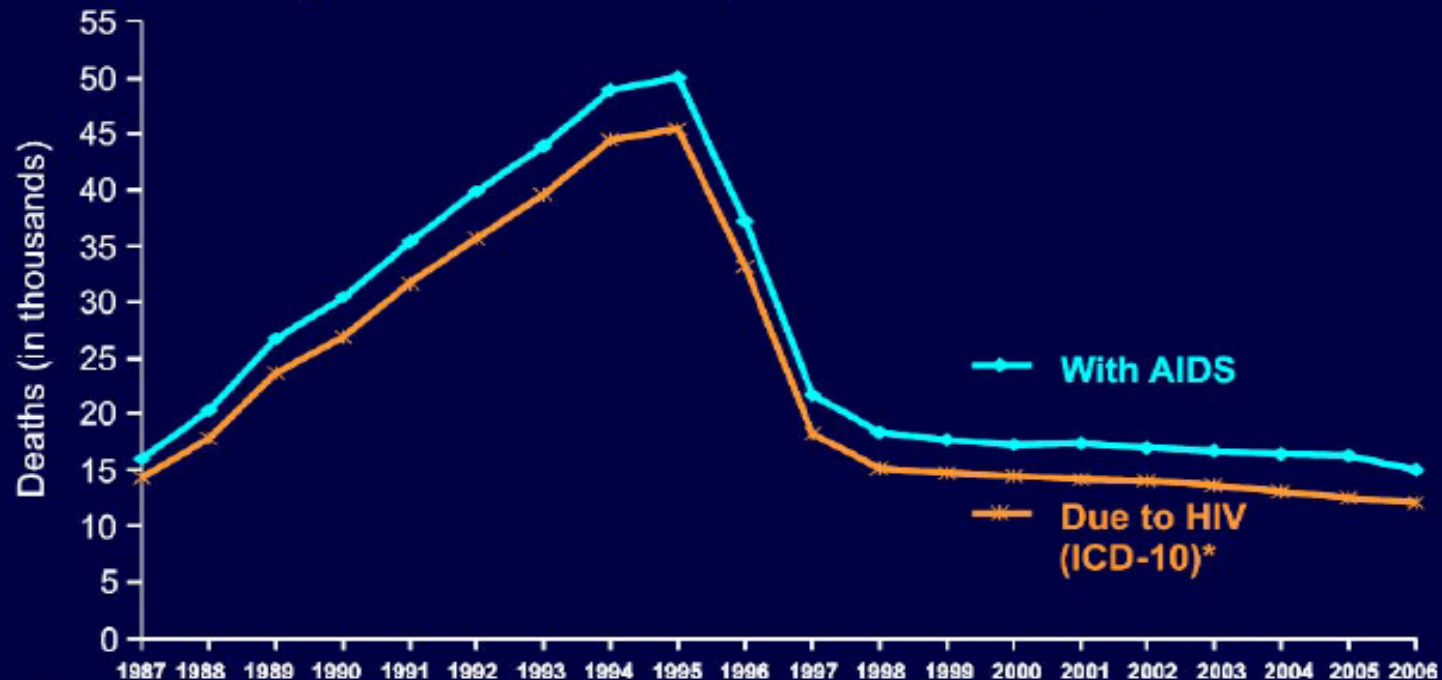
Step 2: Pull many levers at once

Step 3: Build partnerships and align work

Step 4: Use data: mark progress, course correct

Step 1: Clear vision: drop death rate

Comparison of Mortality Data from AIDS Case Reports and Death Certificates in Which HIV Disease Was Selected as the Underlying Cause of Death, United States, 1987–2006

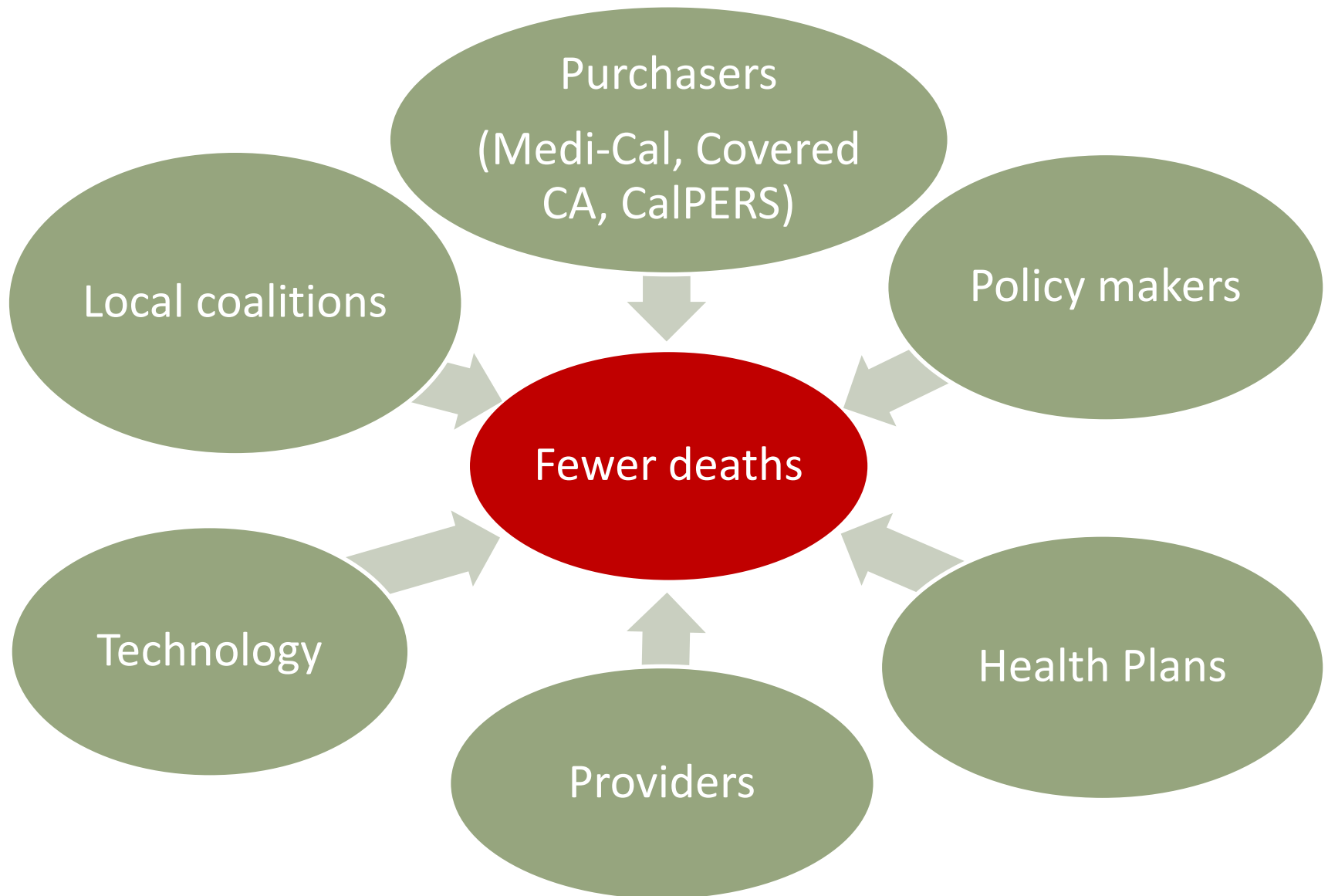


*For comparison with data for 1999 and later years, data in the bottom (red) line for 1987–1998 were modified to account for ICD-10 rules instead of ICD-9 rules.





Step 2: Pull many levers at once



Step 3: Build partnerships and align work



SMART CARE
CALIFORNIA
Less Waste. Less Harm. Better Care.



Payers: launch opioid safety initiative

CORE PRIORITIES

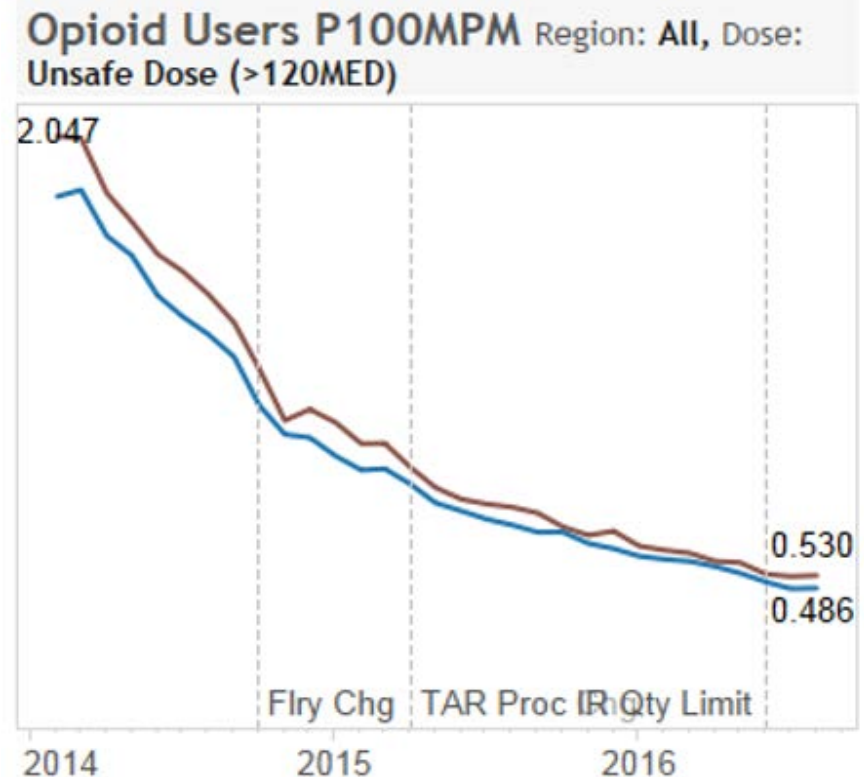
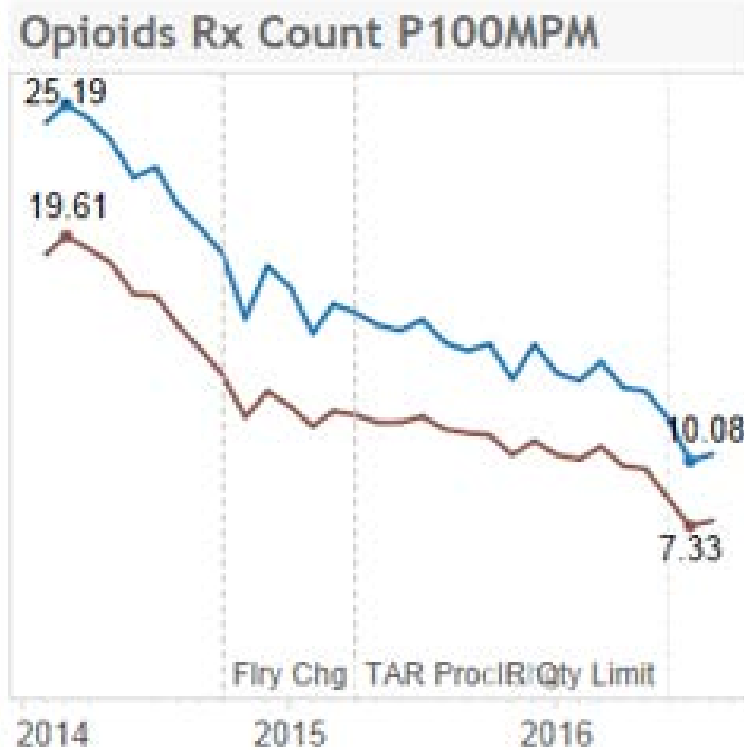
APPROACH (all interventions should have exceptions for palliative care)

- 1. PREVENT**
lower doses, shorter durations
Medical management. Remove prior authorization requirements for initial physical therapy series for acute lower back pain episodes, streamline access to nonpharmacological pain treatments (e.g., physical medicine/rehabilitation, acupuncture, chiropractic care, complementary therapy)⁶
Benefit design. Lower copay burden for physical therapy (e.g., one copay for series of physical therapy treatments)⁶
Pharmacy benefit. Implement quantity limits for new starts (e.g., three or seven days' supply),⁷ ensure access to nonopioid pain medications⁶
- 2. MANAGE**
or opioids and sedatives) and work with them to taper to safer doses
Provider network. Offer or support programs that help providers develop tapering plans for patients on high opioid doses or combinations (e.g., opioids and benzodiazepines)^{8,9}
Medical management. Offer case management services for patients with chronic pain on high-risk regimens
Pharmacy benefit. Limit concurrent prescriptions for opioids and benzodiazepines,⁹ remove high-dose formulations from formulary,⁸ remove methadone from pain formulary¹⁰
- 3. TREAT**
evidence-based treatment for substance use
Provider network. Evaluate network adequacy for opioid addiction treatment with buprenorphine and methadone, develop action plan to meet demand and incentivize providers to prescribe buprenorphine^{11,13}
Pharmacy benefit. Remove authorization requirements and implement lower copays for buprenorphine^{11,12}
- 4. STOP**
for overdose reversal
Provider network. Offer or support provider education on co-prescribing naloxone^{14,15}
Pharmacy benefit. Remove authorization requirements and implement lower copays for naloxone^{14,15}

Priority Areas in Survey of Covered CA, CalPERS, and Medi-Cal Plans

- Decrease number of new starts
- Identify patients on risky regimens (high dose, or opioids and sedatives) and work with them to taper to safer doses
- Streamline access to buprenorphine and methadone to treat opioid addiction
- Streamline access to naloxone for overdose reversal

Example of Partnership Health Plan:



79% decrease in total prescriptions and unsafe doses

Partnership HealthPlan (14 Northern California counties)

Statewide Opioid Safety Workgroup

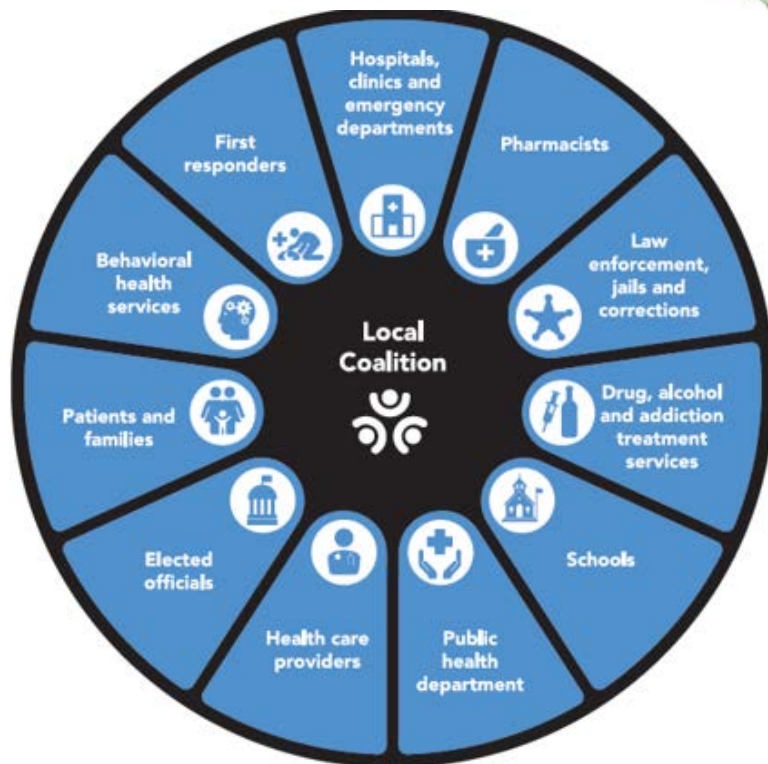
Taskforces



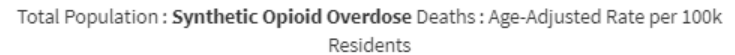
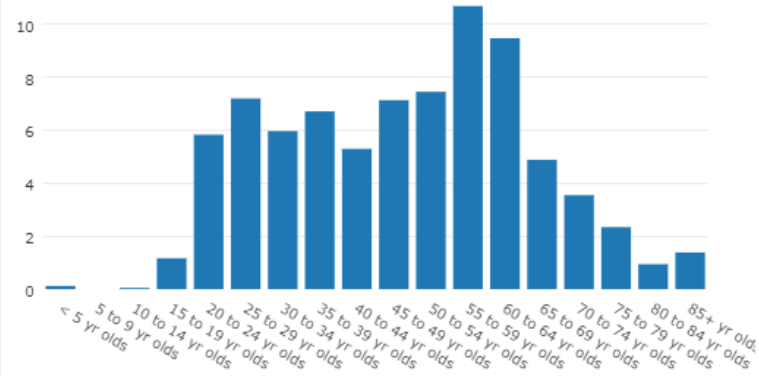
**Leveraging Multi-Sector Collaboration
at State and Local Level**

California Opioid Safety Coalitions Network

36 counties
and
growing...



California Opioid Overdose Surveillance Dashboard

2016 : Age Groups : **All Opioid Overdose** Deaths : Crude Rate per 100k Residents

15

Summary

Hard problems need systems solutions.

PREVENT

Fewer prescriptions, lower doses, shorter durations

MANAGE

Identify patients at risk, taper to safer treatments

TREAT

Streamline access to medication-assisted treatment

STOP

Stop the deaths – streamline access to naloxone