The Challenges of Managing Opioids

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The Challenges of Managing Opioids

Speakers

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The Challenges of Managing Opioids

Goals

• Provide background on the cause of the opioid crisis and its impact on employers/CalPERS
• Share CalPERS and KP’s perspective on managing the crisis
• Discuss strategies that employers/CalPERS can utilize to manage opioids in their populations
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Impact of Opioids in the US

• Every 19 minutes one person dies from Rx drug abuse
• 183,000 deaths from Rx opioid-related overdoses 1999-2015
• In 2012, 169,868 treatment admissions due to opioid abuse
• More than 1000 people per day treated in ED for misuse of opioids
• 12 million nonmedical users

CDC: https://www.cdc.gov/drugoverdose/data/overdose.html
Substance Abuse and Mental Health Services Administration:
http://archive.samhsa.gov/data/2k14/TEDS2012NA/TEDS2012NTbl1.1a.htm
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Opioid overdoses killed more than 42,000 people in the U.S. in 2016. Famous cases:
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How did this happen?

• 1 of every 3 Americans has **chronic pain**

• Pharmaceutical companies leveraged **two small studies** to encourage MDs to prescribe opioids for non-cancer pain

• At the time, physicians were **told opioids were not addictive**

• Physicians **allowed dosages to escalate** in response to complaints of pain (30% every 6 months)

• Once dependent/addicted to opioids – **difficult to stop**

The Addictive Nature of Opioids

• 5% of people who take prescription painkillers for just 3 days were still on the drugs a year later.

• About 15% of people who take prescription painkillers for 6-8 days were still taking them a year later. At 2 weeks, that number jumps to more than 25%.

• 1 out of 3 who take these meds for 1 month become long-term users.
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Relative strength of opioid painkillers

- Minimum
- Maximum

Source: https://sqwabb.files.wordpress.com/2016/08/opiate-comparison-morphine-to-carfentanil-02.jpg, accessed 1/30/2018
Crisis Impact of Prescription Opioids (I)

• Total cost to US society $55.7 billion (2011)

Crisis Impact of Prescription Opioids (II)

- 70% of employers have been affected by problems related to prescription drug abuse including, absenteeism, impaired performance, and workplace injury
- Opioid abusers have a 8.7 times greater health care cost
- The cost of drug diversion to health insurers is estimated to be $72.5B/year.

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California Opioid Prescriptions: Crude Rate per 1,000 Residents by County, 2016

Source: https://pdop.shinyapps.io/ODdash_v1/
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CalPERS Opioid Prescriptions: Crude Rate per 1,000 Residents by County, 2016

Source: CalPERS Health Care Decision Support System
Osteoarthritis among CalPERS Members: Regional Variation in Treatment with Oxycodone, 2008

16% above CalPERS average cost per episode

Source: CalPERS Health Care Decision Support System
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Among CalPERS Top Ten Non-Specialty Drug Expenses, 2012-2016...

- 2012: OxyContin - Ranked #5
- 2013: OxyContin - Ranked #5
- 2014: OxyContin - Ranked #10
- 2015: OxyContin - Ranked #10
- 2016: No longer in the Top 10

Source: CalPERS Health Care Decision Support System
Challenges We Face From Opioids

• Reduction of members with opioid prescriptions

• Reducing opioid prescriptions

• Reducing concurrent opioid and benzodiazepine usage
Opioid Prescriptions for CalPERS Members in Medicare vs Basic Plans, 2013 to 2017

Source: CalPERS Health Care Decision Support System.
Excludes variants of methadone and partial opioid agonists.
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## Opioid Usage for CalPERS Basic Members with Lower Back Pain, Fiscal Year 2016

<table>
<thead>
<tr>
<th>Opioid Usage</th>
<th>Allowed Amount</th>
<th>Scripts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members with Lower Back Pain</td>
<td>$3,465,275</td>
<td>41,583</td>
</tr>
<tr>
<td>All Members</td>
<td>$27,197,507</td>
<td>411,745</td>
</tr>
<tr>
<td>Lower Back Pain Members Percent</td>
<td>12.7%</td>
<td>10%</td>
</tr>
</tbody>
</table>

## Top 6 Opioids by Allowed Amount

<table>
<thead>
<tr>
<th>Opioid Usage</th>
<th>Allowed Amount</th>
<th>Scripts</th>
</tr>
</thead>
<tbody>
<tr>
<td>OxyContin</td>
<td>$1,094,459</td>
<td>1,513</td>
</tr>
<tr>
<td>Hydrocodone/ Acetaminophen</td>
<td>$438,677</td>
<td>17,569</td>
</tr>
<tr>
<td>Oxycodone/ Acetaminophen</td>
<td>$302,243</td>
<td>4,906</td>
</tr>
<tr>
<td>Morphine Sulphate ER</td>
<td>$214,243</td>
<td>2,195</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>$197,235</td>
<td>1,685</td>
</tr>
<tr>
<td>Nucynta ER</td>
<td>$121,239</td>
<td>191</td>
</tr>
</tbody>
</table>

Source: CalPERS Health Care Decision Support System (data pulled for Smart Care California).
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Importance of Partnerships

SMART CARE
CALIFORNIA
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CalPERS Opioid-Related Strategic Measures Under Development

• Morphine Milligram Equivalents (MME)
• Use of Opioids at High Dosage
• Use of Opioids from Multiple Providers
Kaiser Permanente’s Approach to Opioid Management
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Four-Pronged Approach to Opioid Safety

- Patient Education
- Physician Education + Support
- Patient Safety
- Community Protection
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Physician Education + Support

• Detailed clinical workflows for acute and chronic pain
• EMR tools
• Effective collaboration with colleagues (pain specialists, psychiatrists, pharmacists, physical therapists, case managers, etc.)
• Monthly MD reports
• Pharmacy initiatives/collaboration
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Community Protection (I)

• Eliminate brand-name opioids whenever possible
• Decreased total quantity of opioids in the community through reduced prescribing
• Increased access to medication take back bins in our pharmacies

California lawmaker proposes limiting opioid prescriptions to 3 days

AB 1998 seeks to help solve the opioid crisis
Community Protection (II)

- Consistent monitoring of Urine Drug Screen and state prescription monitoring database prevents diversion
- Strategic partnerships with various community initiatives aiming to improve opioid safety
- Collaborations with government, academic, and non-profit organizations to promote best practices for opioid safety
Patient Safety (I)

• Provide effective pain management alternatives that empower patients to manage their pain
  – cognitive behavioral therapy
  – group classes
  – mindfulness training
  – Tai Chi
  – acupuncture
Patient Safety (II)

• Prescribe lower doses and shorter courses when opioids are medically necessary

• Taper higher dose patients in a personalized manner or stop opioids when clinically indicated

• Decrease # of patients on opioids + benzos

• Prescribe naloxone for appropriate patients using chronic opioids
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Patient Safety (III)

- Enhanced recovery after surgery - orthopedic surgery protocols
Patient Education

• Detailed informed consent (medication agreement) detailing risk/benefits of chronic opioid therapy and behavioral expectations

• In person and online opioid resources for members

• Periodic and consistent visits with physician to discuss pain condition and opioid medication
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We've made dramatic progress

40% drop in opioids prescribed from 2011 to 2017

Source: Kaiser Permanente internal data. Reduction in overall morphine milligram equivalents prescribed between 2011 and 2016, adjusted for membership population growth.
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Successful Strategies

• Strong, visible leadership support
• Clarity and consistency of message across physicians & administration
• Interdisciplinary work group to oversee decisions
• Provide coaching, education and support
• Include patient-clinician communication strategies
• Use of physician specific data
• Identify individuals to help colleagues with tough cases
• Collaboration between the medical group and pharmacy
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A Multi-Stakeholder Strategy

MANAGING SUPPLY
- Employers
- Pharmacy
- PBM
- Hospitals
- Health Plans

MANAGING DEMAND
- Providers
- Dentists

ENFORCEMENT
- Regulators
- Law Enforcement

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Questions and Discussion