Central Oregon & Gorge Summit to Reduce Rx Abuse

October 14, 2015

Summary of Regional & Statewide Action Steps

SUMMARY

Thanks to everyone who joined us in Redmond at Central Oregon & Gorge Summit to Reduce Prescription Drug Abuse! There were over 130 people in attendance representing health systems, law enforcement, local government, substance abuse treatment agencies, community organizations and other statewide and local organizations. Our speakers represented different areas of expertise and presented great information on each topic area.

During the morning and afternoon break-out sessions, participants provided suggestions on how to outline regional action plans to reduce Rx abuse. Participants identified key strategies and agreements about next steps both regionally and statewide. Below is a summary of the strategies and next steps by break-out session.

REGIONAL ACTION STEPS

Reducing Pills in Circulation

Promotion of Community-Wide Endorsement of Safer Prescribing Practices

The Pain Standards Task Force (PSTF) has adopted guidelines to promote safer prescribing practices including:

- Adherence to 120 mg MED limit for opiates
- Avoidance of polypharmacy of controlled substances
- Judicious use of opiates particularly beyond a period of 8 weeks for acute pain
- Referral to appropriate treatment for opioid and other substance use addiction
- Compassionate, supportive and patient centered treatment and
- Incorporation of practice safeguards to minimize potential for misuse, abuse, aberrance, dependence and Diversion of controlled substances

Participants agreed to support the PSTF endorsement process and further discuss how to maximize participation in the December 2015 endorsement.

Develop Task Force to Expand Enrollment and Use of Prescription Drug Monitoring Program (PDMP)

Participants proposed convening a task force to work towards making better use of the PDMP by local providers. They agreed educating providers on the usefulness of PDMP will increase enrollment and expand effectiveness. OHA reported that only 40% of Deschutes County and 52% of Crook County controlled substance prescribers are registered for the PDMP compared to Jefferson County, with 72% registered. The statewide average for the most frequent prescribers is 66-74% and target is 90%.

Barriers cited by participants to expanded use of the PDMP included difficulty adding PDMP to workflow and lack of understanding of the PDMP's usefulness, delegate process and education on changes to the old notary requirement. Provider education would include how to use the PDMP as a tool to support better prescribing practices, using delegates to access the PDMP and strategies to improve integration of the PDMP into clinic workflow. COIPA has provided presentations on effectiveness of the PDMP.

Improve Patient Care by Closing Workforce Training Gap on Persistent Pain and Alternative Therapies

Participants identified the need for additional training to increase understanding by physical therapists and other providers about the effectiveness of non-opioid therapies to manage pain and how to provide care for patients living with persistent pain. Providers often don't have the training needed to provide appropriate care or referral for alternative therapies or specialized care for these patients. For example, training on how to recognize the clinical presentation of persistent pain and its related co-morbid conditions and correlate pain principles to current physical therapy evaluation and treatment perspectives. Closing this gap aligns with health system efforts to provide integrated, patient centered care.

Improving Access to Treatment

Develop Task Force to Expand "Hub and Spoke" Model

PacificSource Community Solutions, BestCare, and local providers of Medicated Assisted Therapies agreed to come together and form a community task force to expand the "hub and spoke" model. The goal of this model is to support patient-centered treatment by linking treatment centers ("hubs") with physicians licensed to prescribe medicated assisted therapies and collaborating health and addictions professionals ("spokes"). Patients begin treatment for opioid dependence at the "hub" and then once stabilized, are referred to a "spoke" for ongoing care and MAT maintenance. Clinically complex patients may continue to receive care at the "hub," or are referred out for more intensive care as appropriate. Stable patients receive ongoing care at the "spoke" and if they become "unstable" at a "spoke," they can be referred to a "hub" for stabilization.

This task force would forward initiatives to overcome barriers to providing MAT in the region such as transportation, resources, and engagement of primary care. These initiatives would promote integration of care, such as increasing referrals from primary care to addiction services, and encourage increased workforce development for treatment providers.

Develop a Task Force to Provide Continuum of Care Post-Incarceration

Participants identified the need to connect inmates leaving correctional facilities with opioid dependence disorders to medicated assisted treatment (MAT) post-incarceration for continued care, as well as Naloxone to prevent overdose deaths. Interventions that improve access to MAT and Naloxone for former inmates with opioid use disorders could facilitate entrance into treatment and reduce the negative consequences of opioid relapse following re-entry. Participants proposed development of a task force between law enforcement, corrections, and the medical and treatment community to move forward collaborative initiatives to address this issue.

Explore Naloxone Distribution through Local Needle Exchange Program

Funding for community-based distribution of Naloxone poses a challenge in the region. There are no federal resources to support Naloxone deployment, leaving it up to communities to find funding. Participants agreed it was important to explore how to fund Naloxone distribution through the local needle exchange program as this aligns with the overall organizational goal of harm reduction.

Law Enforcement Distribution of Naloxone in Deschutes County

Deschutes County Sheriff Shane Nelson announced an innovative plan to deploy naloxone opioid reversal kits both in the County jail and on his patrol cars. Sheriff Nelson is among the first elected Sheriffs in the nation to take this important life-saving step.

Educating the Public about the Problem

Expand Outreach to Youth

Three county prevention programs (Crook, Deschutes, and Jefferson) were recently awarded Strategic Prevention funding to address underage drinking, problem drinking, and misuse of prescription drugs. The first phase for this new grant, will be local assessment. This is a great opportunity for the health community to partner with county coordinators to identify local contributing factors and develop effective strategies that target youth and young adults. As OrCRM moves forward, we will coordinate all messaging and education efforts with the county prevention coordinators. Participants were also encouraged to look at the OPG website and agreed to provide input on the development of the regional sites, as well as promote the website.

Reducing the Volume of Pills

Outreach by Law Enforcement to Pharmacies to Encourage Safe Disposal of Disused Meds

Many pharmacists do not know that they can service their customers by offering a disposal center for disused medications. Until recently, it was illegal to return disused meds to a pharmacist or doctor – only law enforcement agents could receive and destroy unwanted or unused pills. Last year, the DEA issued new rules that allow pharmacies to become take-back locations. But despite the change in rules, only a few Oregon pharmacies have taken the DEA up on its offer and become a take-back location. In response, OrCRM has developed a "Rx Disposal Toolkit" to provide a step-by-step guide to both regulatory and operational steps necessary to become a take-back location and outreach plan to make it easier to dispose of expired, unwanted, or unused prescription drugs in medicine cabinets, prompting more pharmacies to become collectors and reduce diversion.

The Deschutes County Sheriff's Office and Deschutes County Commissioner agreed to support and provide the leverage needed to encourage more pharmacies to become collectors in the region. They agreed to partner with community stakeholders to provide outreach to pharmacies, using the components of the toolkit to convince more pharmacies to become collectors. These efforts would work in concert with law enforcement and community sponsored take backs.

STATEWIDE ACTION STEPS

Integrate PDMP into EHR Systems, Link Oregon's PDMP with Other States

Participants agreed that making PDMP data readily available to prescribers during patient encounters through the electronic health record (EHR) will improve access to the PDMP in ambulatory care settings and help identify more patients with prescription drug abuse and misuse problems. They also agreed that linking Oregon's PDMP with other states will help prescribers more easily identify patients with prescription drug abuse and misuse problems who are crossing state lines to obtain drugs. Promotion of the EDIE system to alert emergency care providers of potential misuse and abuse was also noted as important.

OrCRM will continue to move forward statewide efforts to provide greater awareness of the EDIE system, foster the integration of the PDMP into the EHR's of more health systems and clinics, and promote PDMP data-sharing with other states. These efforts will help prescribers provide better care and aid in the prevention of substance abuse and diversion of controlled substances.

Address Structural Limitations that Pose Barriers to Integrated Care

Structural limitations undermine integrated, comprehensive treatment of pain and opioid dependence disorders. One of the biggest challenges to integrated care is the separation of physical health, mental health, and substance abuse services. This separation has created different reimbursement systems, putting each service into a "separate bucket" (carve out), posing significant barriers to coordinated, patient-centered care. Participants agreed that moving forward health system reforms that promote integration of care was a key statewide strategy to reduce prescription drug abuse.

Another structural limitation is lack of coverage for chronic pain disorders that fall "below the line", meaning it must be prioritized to gain coverage. For example, Oregon is the only state in the U.S. that excludes Medicaid coverage of fibromyalgia. Participants agreed that statewide action should include an appeal to the Oregon Value-based Benefits Subcommittee (of the Health Evidence Review Commission - HERC) to begin covering fibromyalgia and other pain disorders for Oregon's Medicaid enrollees.

Additionally, participants noted there are a narrow range of treatment services for opioid dependence disorders covered by Medicare in rural areas. This provides significant challenges to comprehensive treatment and follow-up. Participants agreed that statewide reforms to address this and other reimbursement barriers was needed.

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