Tri-County Opioid Safety Coalition

Clackamas, Multnomah, and Washington Counties

May 31, 2017

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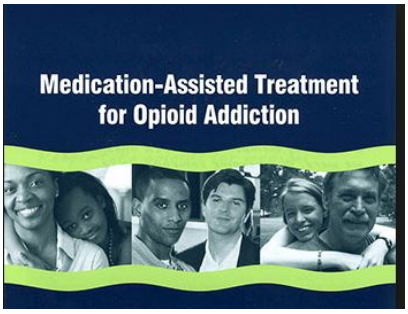
U.S. Department of Health and Human Services Says "No Changes to Opioid Treatment"



Health and Human Services Secretary Tom Price's questioning of the benefits of medication-assisted treatment for opioid abuse doesn't signal a change in federal policy, the Trump administration said May 12. Price raised concerns Tuesday, May 9, during a West Virginia listening tour about opioid abuse when he questioned the benefits of addiction medications such as buprenorphine and methadone. However, an HHS official told the Washington Examiner that Price's comments don't mean the agency is changing its rules or guidance on the use of medication-assisted treatment. And the agency fiercely pushed back against criticism that Price is against medication-assisted treatment.

--Robert King, Washington Examiner

Read more.....

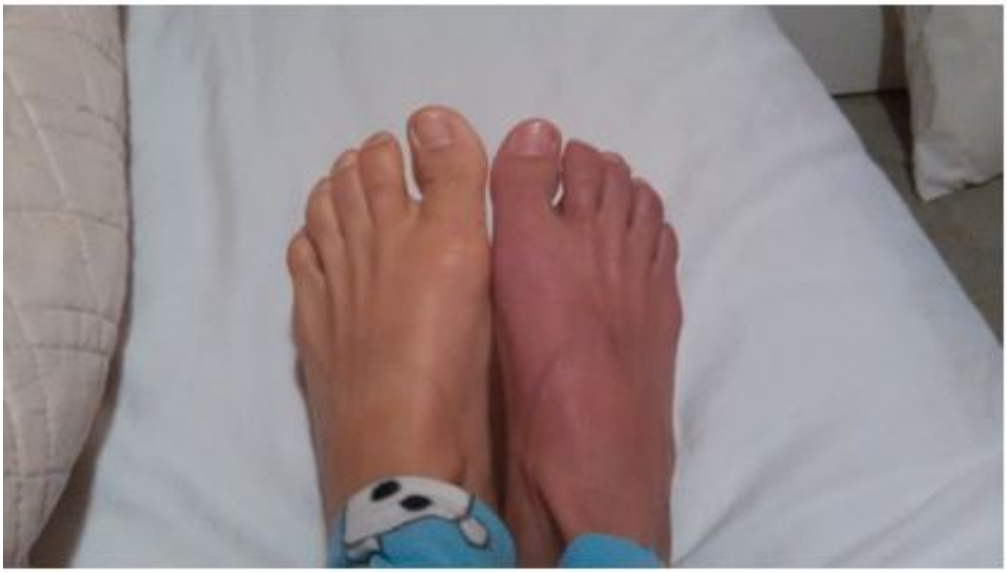
An OHSU Case Study: Multidisciplinary Treatment for a 33-Year-Old Woman with Complex Regional Pain Syndrome

The following is a case study of a patient's eight month pain care experience for Complex Regional Pain Syndrome (CRPS) from the perspective of her physician, physical therapist, and pain psychologist at Oregon Health and Sciences University.

Physician in OHSU Comprehensive Pain Center

Patient suffered a right ankle fracture while playing basketball at age 31, treated with non-weight bearing restrictions and her right lower extremity was placed in a walking boot. She developed severe pain in the foot and ankle, and over the course of a few months her pain spread to include her right knee. Two years after injury she continued to have severe, disabling pain in that leg. Her pain was worse with standing, light touch, exercise, lifting, and walking; pain was improved by lying down and physical therapy. She reported skin color changes, including purple discoloration in her entire right foot up to her knee, worse after showering. She also reports occasional swelling in her right foot. She was diagnosed with CRPS and treated with gabapentin, amitriptyline, and low dose naltrexone. In addition, she was referred to physical therapy and pain psychology.

-Andrei Sdrulla, MD, PhD



Physical Therapist

Patient was started with a course of therapeutic neuroscience education: essentially "what is CRPS?" At first she thought this was (and I was) crazy, but she was reassured by the book *Why Are My Nerves So Sensitive?*. She then started a course of graded motor imagery (GMI) using *The Graded Motor Imagery Handbook*. She worked carefully and got benefit from each of the three stages of GMI treatment. Eventually she was doing soccer ball drills sitting with a mirror between her feet. She read about neuroplasticity in *Explain Pain* and used the *Explain Pain Handbook: Protectometer*. She gradually started increasing her walking, but this was interrupted several times by flare ups. It became apparent that she needed very specific instructions to progress gradually. At this point she is on a program of graded walking and weight bearing, as well as swimming and several core exercises. Today she started muscle-specific strengthening exercises for the muscles of the lower leg.

-Bill Rubine, PT

Pain Psychologist

I used cognitive behavioral therapy (CBT), acceptance and commitment therapy (ACT), relaxation, biofeedback and neuroplasticity training. Screening at evaluation showed moderate depression and catastrophizing, high cognitive anxiety, and an elevated tendency to guard in response to pain. Primary life trauma was CRPS. Treatment has included lessons on pacing and understanding the stress response. I helped her develop a proactive flare up management plan and taught her mindfulness and relaxation strategies using biofeedback (heart rate variability using Emwave). She read *Managing Pain Before it Manages You* and we did an exercise in the book using imagery which helped reduce pain from a "zingy, angry, electric blue ball chasing" her to a "small, less malicious ball that I can put in my pocket." She successfully changed her narrative from calling her leg with CRPS her "bad leg" to her "right leg." She has been most helped with neuroplasticity training using *Explain Pain* and *Neuroplastic Transformation: Your Brain on Pain*. From this book, she created an image that she uses multiple times a day of nerve cells wearing boxing gloves to inhibit the firing of nerve cells that immediately decreases pain perception. *-Catriona Buist, Psy.D*

Our team will continue to work with this patient through flare ups, which are to be expected. She has had flare ups of the CRPS since a recent motor vehicle accident, but she has built confidence in her ability to self-manage pain more effectively. She has come to recognize the value of pacing and the role of stress on the pain cycle. She acknowledges the importance of integrating relaxation, mindfulness, and enjoyable activities into her life schedule.

The patient and care team are working towards the following goals:

1. Improving function - she is off the knee bike and now on crutches. She is increasing walking one minute at a time.
2. Improving quality of life - she is focusing on positive neuroplasticity by engaging in music and started learning to play the fiddle.
3. Decreasing suffering – she has experienced a decrease in depression, anxiety, and catastrophizing and an increase in self-efficacy in her ability to manage the pain.

Local TV Series on Pain Pills, Heroin, and Addiction in Washington County

Washington County's Public Health Department just wrapped up a four-part series on local cable access TVCTV. Check the series out on the televisions below! For more information, please contact Wendy Gordon, Washington County Health and Human Services Public Information Officer.

Part One - An overview of the issue, featuring Deputy Health Officer Dr. Christina Baumann.

Part Two - First responders' perspective, featuring Cpl. Brad Davis from the Westside Interagency Narcotics Team and Shawn Wood with Metro West .

Part Three - Getting help. What treatment looks like and how to access it. Our guest is Dr. Eve Klein, Medical Director at CODA.

Part Four - A mother's story. Angela Pettit is the mom of two sons, one in recovery, one still addicted to heroin. A must-see for parents.

--Christina Baumann, Health Officer, Washington County Public Health

Kaiser Permanente's Reduced Opioid Prescribing and New Focus on Benzodiazepines

In 2016, Kaiser Permanente had a bold plan to reduce chronic opioid use with a focus on patients with a morphine equivalent dose (MED) > 90 mg *and* reduce opioids prescribed for acute needs, such as post-operative care. KP had *significant decreases* across all metrics as a direct result of the hard work of all clinicians, our pharmacy partners, and our healthcare teams.

At the start of 2016, 13.5% of our patients on chronic opioid therapy had an MED > 90 mg; by December, this percent was reduced to 8.2% for a 45% reduction in the total number of patients in the cohort with an MED > 90 mg. While this fell short of our ambitious goal of <7%, this decrease represents a reduction in risk of adverse events for a substantial number of our members.

Some other key results for 2016:

- The November Oregon Health Authority reported that Kaiser Sunnyside Medical Center – the third-largest Emergency Department (ED) by volume in the state – has one of the lowest opioid prescribing rates in Oregon. Kaiser Westside ED has the **absolute lowest** opioid prescribing rate in the state.
- Permanente Dental Associates hosted an educational program for their dentists aimed at managing dental pain, with the goal of reducing opioid use. Because of this, and their continued focus on non-opioid management of pain, they reduced the number of tablets dispensed per encounter by 30% (from February through August 2016).
- Kaiser Permanente Northwest (KPNW) achieved the **inter-regional goal** for opioid use reduction for members with an MED >120 mg for the first time in 2016, with a 56% reduction, compared to a program average reduction of 44%.
- KPNW **pediatric opioid reduction work**, focused on codeine-containing products, will be presented at the Kaiser Permanente National Quality Conference.
- Opioid quantities dispensed 45 days after surgery continue to decline from January 2015 baseline

Kaiser Permanente continues the regional work to reduce chronic opioid use in 2017. Kaiser Permanente will also be focusing on **reducing the combination of chronic benzodiazepine and Z-drug (e.g. Zolpidem) use with opioids and the total amount of opioid prescribing**. For patients newly prescribed an opioid, the risk of becoming a chronic user increases substantially after just three days of use.

Goals:

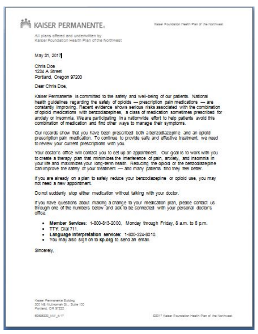
1. Decrease the number of patients over 90 mg MED.
2. Decrease the total quantity of opioids prescribed.
3. Decrease the total quantity of chronic opioids prescribed with chronic benzodiazepines.

There are just under 1,100 patients regionally who are over 90 mg MED; about 300 of those patients were new members last year and did not receive the outreach letters we sent outlining our regional policy. We will be sending those new patients the same letter we used last year. The

PCP's signature will be on these letters, along with the signature of Permanente Leadership.

Clinics will receive lists of patients receiving letters so that the identified back-office RN can stage the visit for the provider. STORM (pharmacy support) continues to be an option to assist us in helping these patients in reducing their doses or weaning off the medication regardless of the dose they are currently on.

Patients who received letters last year, but remain above 90 mg MED, can receive one of two new letters if the PCP feels it will be helpful in engaging the patient. If appropriate for their patient, PCPs will choose which letter their patient will receive based on their knowledge of the patient. The first letter option will acknowledge the effort patients have made to lower their dose and encourage them to continue their efforts. The second letter option will address patients who have not yet engaged with their provider to reduce their dose. These letters will be generated by the back office, and are meant to be supportive tools for PCPs when having discussions with their patients about reducing their dose, emphasizing this is a regional and nationwide initiative.


KAISER PERMANENTE. Kaiser Foundation Health Plan of the Northwest

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Kaiser Foundation Health Plan of the Northwest

May 31, 2017

Chris Doe
1234 A Street
Portland, Oregon 97200

Dear Chris Doe,

Kaiser Permanente is committed to the safety and well-being of our patients. National health guidelines regarding the safety of opioids — prescription pain medications — are constantly improving. Recent evidence shows serious risks associated with the combination of opioid medications with benzodiazepines, a class of medication sometimes prescribed for anxiety or insomnia. We are participating in a nationwide effort to help patients avoid this combination of medication and find other ways to manage their symptoms.

Our records show that you have been prescribed both a benzodiazepine and an opioid prescription pain medication. To continue to provide safe and effective treatment, we need to review your current prescriptions with you.

Your doctor's office will contact you to set up an appointment. Our goal is to work with you to create a therapy plan that minimizes the interference of pain, anxiety, and insomnia in your life and maximizes your long-term health. Reducing the opioid or the benzodiazepine can improve the safety of your treatment — and many patients find they feel better.

If you are already on a plan to safely reduce your benzodiazepine or opioid use, you may not need a new appointment.

Do not suddenly stop either medication without talking with your doctor.

If you have questions about making a change to your medication plan, please contact us through one of the numbers below and ask to be connected with your personal doctor's office.

- **Member Services:** 1-800-813-2000, Monday through Friday, 8 a.m. to 6 p.m.
- **TTY:** Dial 711.
- **Language interpretation services:** 1-800-324-8010.
- You may also sign on to **kp.org** to send an email.

Sincerely,

Kaiser Permanente Building
500 NE Multnomah St., Suite 100
Portland, OR 97232

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We will be using a similar strategy to address our patients on both chronic opioids and benzodiazepines. Starting in mid-May and continuing through the summer, we will send letters to these patients outlining the safety risks of combining opioids and benzodiazepines as well as our new regional policy to address this risk.

These will be sent in small batches and will begin with patients also above 90 mg MED. This will not capture patients who are occasional users of benzodiazepines (e.g. for travel). These letters will be signed by the provider; if there's more than one prescriber the letters will include both.

The opioid oversight group has reviewed and approved the benzodiazepine/Z-drug safety guidelines to support this work. STORM is available to assist with opioid tapering for patients who choose to discontinue their opioid, regardless of dose, and the pharmacists can also provide a one-time taper plan for those who choose to discontinue the benzodiazepine. Behavioral Health Consultants also will be a resource to assist patients and providers.

--Stacey Moret, Senior Administrator and Regional Lead for Opioid Use Improvement

FamilyCare Health and Clackamas County Offer Training on Tapering Plans, Suboxone Induction, and Alternative Pain Care
June 13 2017

Join us for a four-hour lunch presentation on changes to the opioid guidelines and alternative ways to treat individuals who are in pain and at risk for opioid dependence. This presentation is for prescribers in primary care or specialty practice settings.

Jim Shames, MD, medical director for Jackson County, will discuss the new opioid guidelines and how they result in safer prescribing.

TJ Melville, MPT, physical therapist at Providence Health & Services, will explore new strategies and frameworks for managing persistent pain.

Jessica Gregg, MD, PhD, associate professor of medicine at OHSU, will focus on when to use Suboxone and discuss the induction process in a primary care setting.

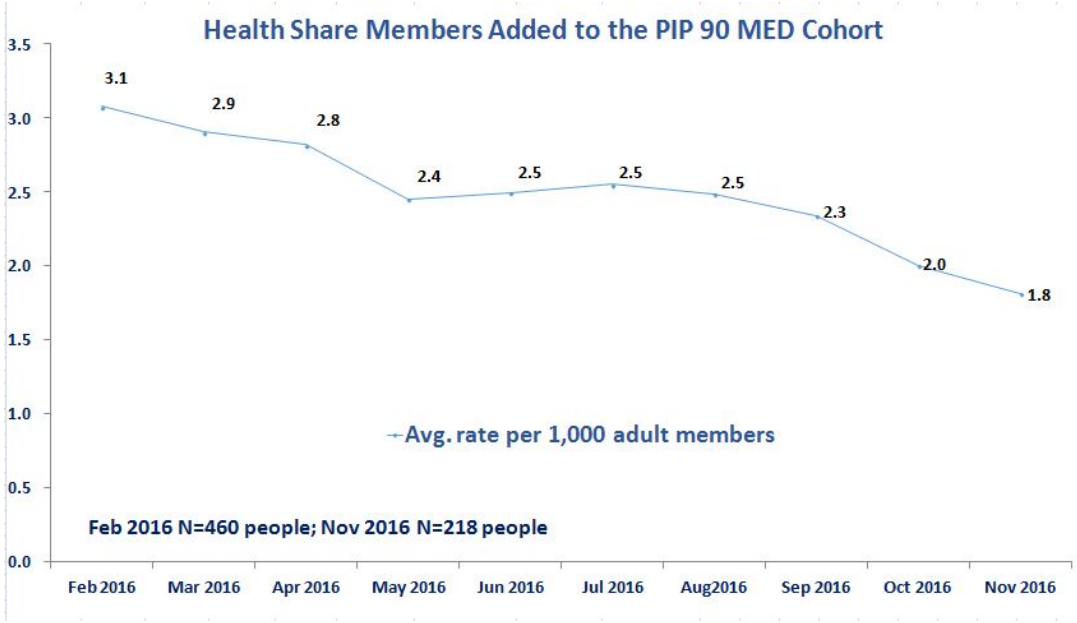
Cost: $30 per person (after May 26)
(includes continuing medical education credits and lunch)

CME: Participants may earn up to 3 AMA PRA Category 1 Credits™

Register Now

Health Share of Oregon Prescribing Performance Improvement Project

As part of Health Share of Oregon's "Safe Opioids Prescribing Performance Improvement Project," they are tracking the number of members with opioid prescriptions that exceed 90 morphine equivalent dosage (MED). The number of members ADDED each month to this 90 MED group decreased from 3.1 per 1,000 adult members in February 2016 to 1.8 per 1,000 adult members in November 2016 (latest data available). For more information contact Kristen Iacijan at kristen@healthshare.org.



Champions Addressing the Opioid Epidemic through Hospitals

Hospitals are on the front lines of our efforts to address the national opioid crisis. The Office of National Drug Control Policy (ONDCP) has recently engaged with a number of innovators and pioneers who are developing effective hospital-based approaches to the epidemic. These include:

Dr. Gail D'Onofrio, who developed and evaluated protocols for buprenorphine induction in the emergency department and linkage with primary care at Yale New Haven Hospital. Dr. D'Onofrio is currently leading a National Institute on Drug Abuse-funded clinical trial replicating the protocol in EDs in Baltimore, Cincinnati, New York City, and Seattle. More information is available here.

Dr. Edward Bernstein of Boston Medical Center, who recently launched the Faster Paths to Treatment program, an opioid-focused urgent care service coordination unit for people who have overdosed or have an opioid use disorder (OUD). This program is funded by the Bureau of Substance Abuse Services.

Dr. Traci Green of Boston University and **Michelle Harter** of Anchor Recovery Community Centers, who launched the AnchorED, a project through which recovery coaches from Anchor Recovery Community Centers are available 24 hours per day, 7 days per week to engage overdose survivors in all Rhode Island hospital emergency departments. ONDCP continues to track progress of this project as it expands to include the **Anchor MORE (Mobile Outreach)** program, which deploys peer recovery coaches from Anchor Recovery Community Centers out into the community.

--The White House, Office of National Drug Control Policy

The Six Building Blocks of Opioid Prescribing

The Six Building Blocks of Opioid Prescribing is a clinical self-assessment framework developed as part of a research project on Team Based Opioid Management in Washington and Idaho. The Oregon Health Authority (OHA) has been working with Dr. Michael Parchman, Director of the MacColl Center for Innovation, Kaiser Permanente Washington Health Research Institute, to align this assessment tool with the CDC Guideline for Prescribing Opioids for Chronic Pain and adapt it for Oregon's Prescription Drug Overdose (PDO) Implementation Project. By using the tool, a

health care system or clinic will uncover policy and clinical gaps around pain care and opioid prescribing.

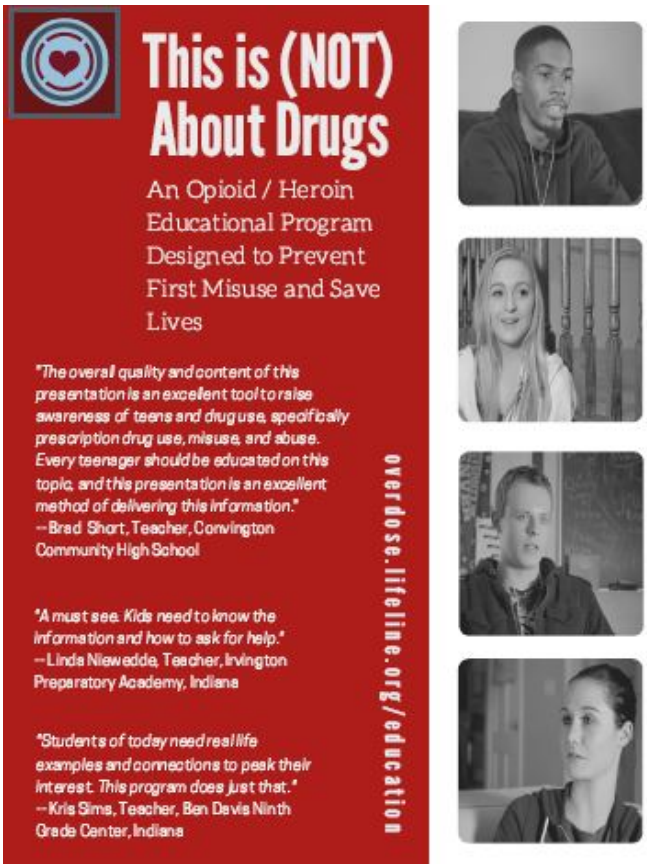
The self-assessment framework will be part of Oregon's opioid prescribing guidelines implementation toolkit, which will also include opioid quality improvement (QI) metrics, a morphine equivalent dosage (MED) calculator, an electronic health record (EHR) integration package, training videos, and access by Oregon providers to the University of Washington Tele-Pain program.

The first implementation cycle of the web-based toolkit is scheduled for September 2017. Federal partners such as The Centers for Disease Control and Prevention (CDC) are eager to learn from Oregon's experience. If your health system or clinic would like to learn more or be involved in this innovative project, please contact Lisa Shields at Lisa.m.shields@state.or.us.

--Lisa Shields, Injury Prevention Program Coordinator, Oregon Health Authority

Opioid Education for Schools: This is (NOT) about Drugs

Overdose Lifeline, Inc. has developed the "This is (Not) About Drugs" educational program designed to prevent first use and save lives.



Multnomah County Health Department except when external authorship and photo credit are provided.

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