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2020 Coalition Academy

Non-Opioid Choices Initiative

Amanda Conn Starner, MS, OCPS, CHES
PreventionFIRST!

Abby Beausir, MPH, OCPS, CHES
PreventionFIRST!

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2020 Coalition Academy

Housekeeping Notes:

- Continuing education will only be awarded for those who view the live session
- You must attend the entire training to receive continuing education hours
- Post event evaluation surveys are required to receive continuing education
- For Social Work/Mental Health Counselor credits you must provide your license number in the post event evaluation survey
- For CHES credits, you must provide your CHES ID in the post event evaluation survey
- You will receive your certificate for continuing education by email within ***30 days*** of this training.

Ohio Mental Health & Addiction Services

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PREVENTIONFIRST!®
GUIDING COMMUNITIES TO A VIBRANT FUTURE

Non-Opioid Choices Initiative

(P1) CE Broker domain

Amanda Conn Starner, MS, CHES, OCPS

PF! Director of Community Engagement

Abby Beausir, MPH CHES, OCPS

PF! Manager of Community Outreach

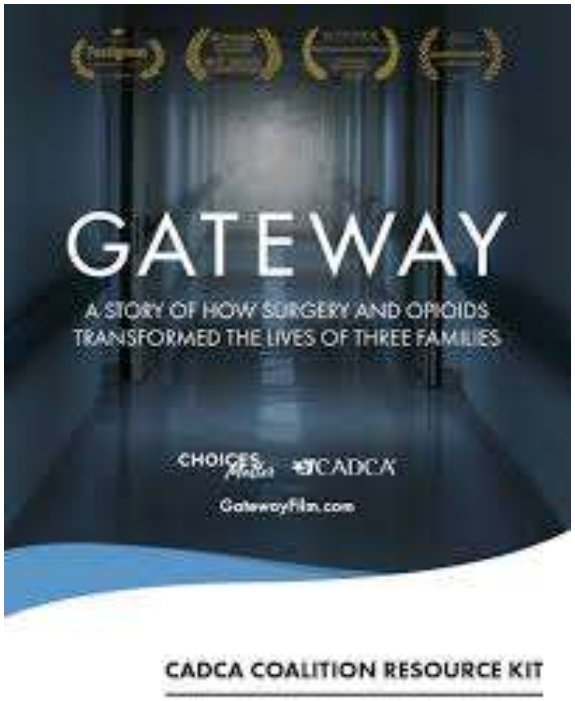
Partners

CADCA
Building drug-free communities.

CHOICES Matter

Partners


PLAN AGAINST PAIN
A Full Court Press to
Reduce Opioids After Surgery
9 out of 10
3 million
Americans
Ask About Non-Opioids
80%
of Americans


GATEWAY
A STORY OF HOW SURGERY AND OPIOIDS
TRANSFORMED THE LIVES OF THREE FAMILIES
CHOICES
CADCA
GatewayFilm.com
CADCA COALITION RESOURCE KIT

Partners

Cadca.org

Planagainstpain.com

Gateway film can be found on YouTube or CADCA's website.

States Involved- 18 total coalitions

Iowa	Massachusetts	New York
Ohio (2)	Michigan	Washington, D.C.
Nevada	New Jersey	Utah
Illinois	Florida	Texas

Non-Opioid Choices Project Objectives

1. Raise awareness about the various non-opioid choices

2. Spread messaging about the need for these options in their community

3. Seek out health providers and lawmakers as a group and ask them to support these initiatives

Progressing Forward for Policy Change

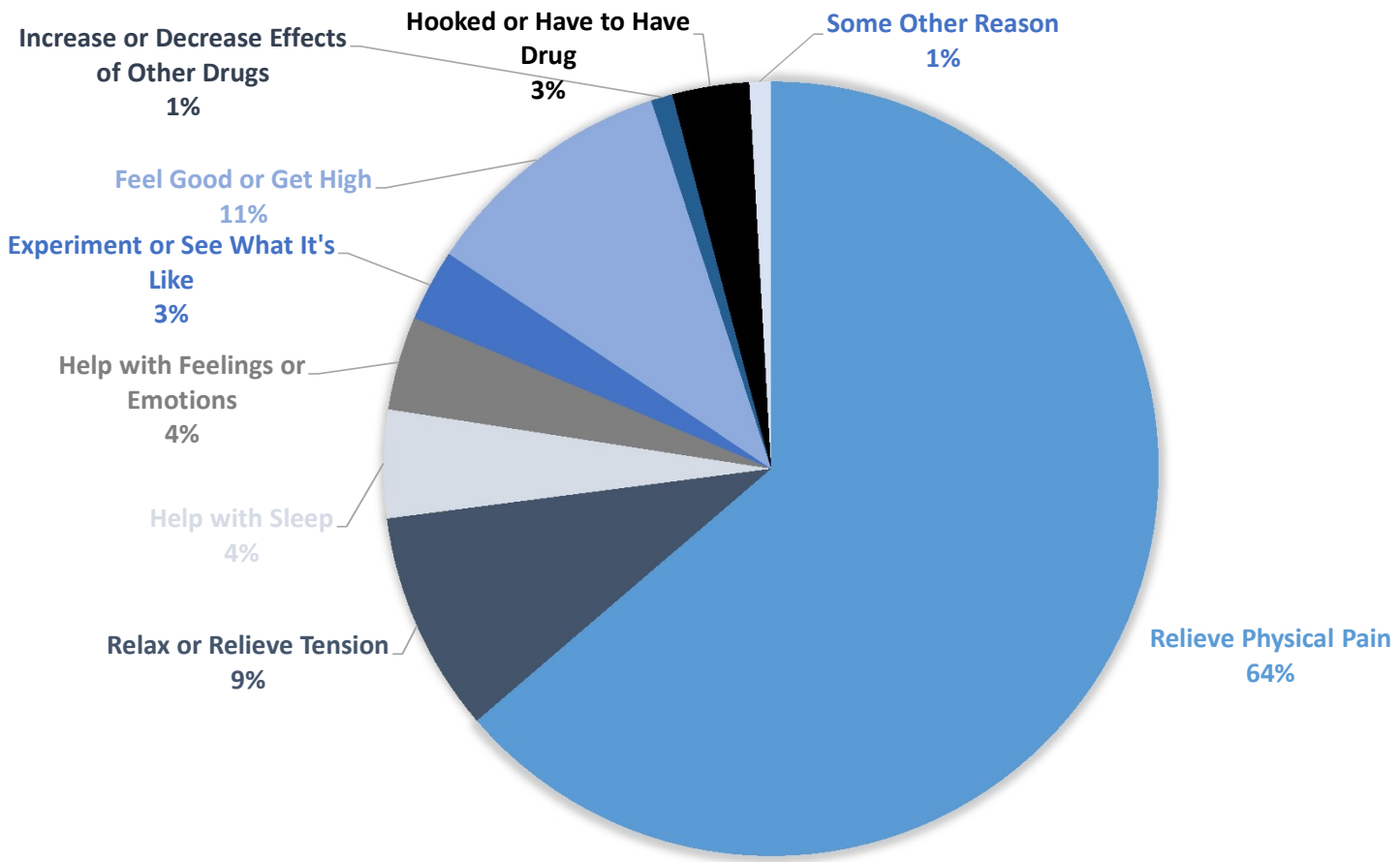
- Goal is to reshape the nation's prescribing practices and ultimately impact the current opioid epidemic in America.

- Uses the Community Anti-Drug Coalitions of America (CADCA) National Coalition Academy training model. Rooted in the Strategic Prevention Framework (SPF) model – Community Assessment, Logic Model, Strategic/Action Plan, Evaluation and Sustainability Plans.

- 7 Strategies for Community Change

- Increase coalitions' knowledge regarding pain management options and heighten key stakeholder involvement and community understanding.

Reason for Most Recent Rx Pain Reliever Misuse



Source: SAMHSA Key Substance Use and Mental Health Indicators in the US: Results from the 2018 National Survey on Drug Use and Health

Prescribing by Specialty
(2012, QuintilesIMS)

Specialty	Opioid Prescriptions	Total Prescriptions	Opioid Prescribing Rate
Pain Medicine	14.5 Million	29.8 Million	48.7%
Surgery	28.3 Million	77.6 Million	36.5%
Physical Medicine and Rehab	9.3 Million	26.1 Million	35.6%
Dentistry	18.5 Million	64.0 Million	28.9%
Emergency Medicine	12.5 Million	60.5 Million	20.7%
General Practice	32.2 Million	431.2 Million	7.5%
Non-physician Prescriber	32.2 Million	447.3 Million	7.2%
Family Practice	52.5 Million	946.9 Million	5.5%
Internal Medicine	43.6 Million	913.9 Million	4.8%
All Others	45.3 Million	1.3 Billion	3.6%

Am J Prev Med. 2015 Sep;49(3):409-13. doi: 10.1016/j.amepre.2015.02.020. Epub 2015 Apr 18. Trends in Opioid Analgesic-Prescribing Rates by Specialty, U.S., 2007-2012.

Acute vs Chronic Pain

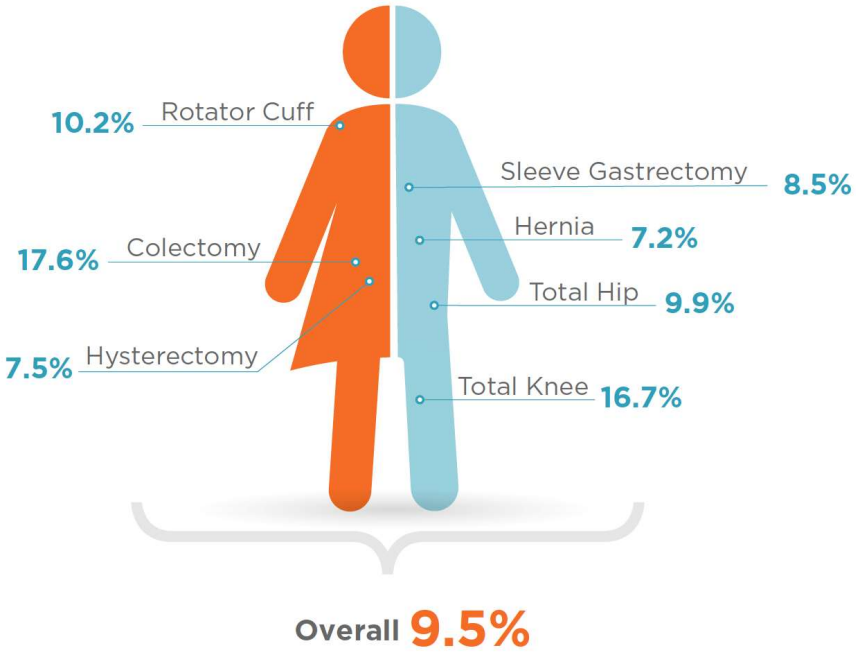
Characteristic	Acute Pain	Chronic Pain
Cause	Generally known	Often unknown
Duration of pain	Short, well-characterized (injury, surgery, etc)	Persists after healing, ≥3 months
Treatment approach	Resolution of underlying cause, usually self-limited	Underlying cause and pain disorder; outcome is often pain control, not cure

Source: Medscape Education

Overprescribing in Surgery Is Contributing to the Opioid Epidemic

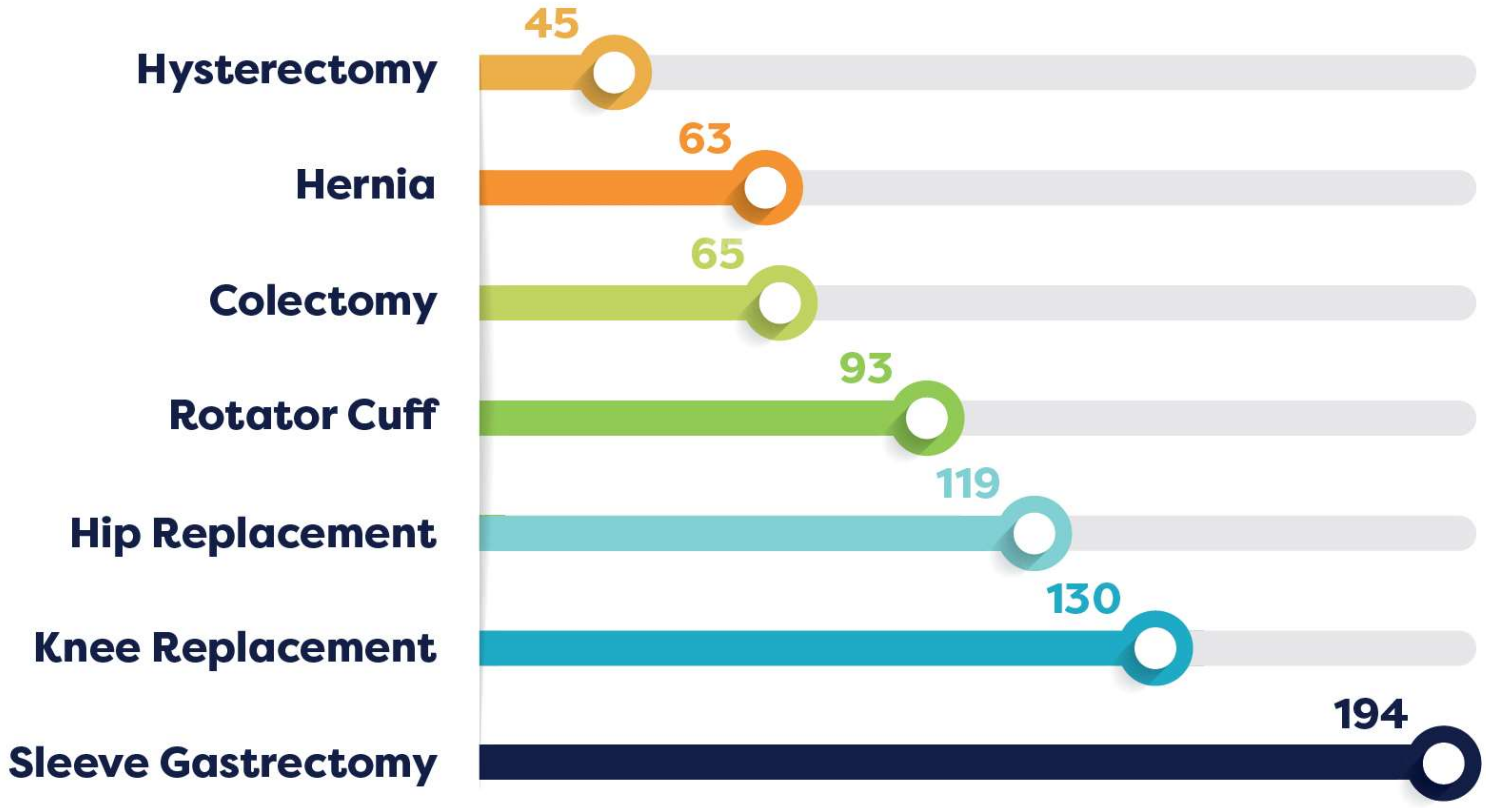
- 99% of surgical patients receive opioids to manage postsurgical pain[1]
- Average prescription of 85 pills[2]
- Nearly 3 million individuals who had surgery in 2016 became persistent opioid users[2]
  - 2 million of these patients were women[2]
- Overprescribing of opioids after surgery resulted in 3.3 billion unused pills in 2016[2]

Percent of newly persistent* opioid patients by surgery[2]



1 Kessler ER, Shah M, Gruschkus SK, Raju A. Cost and quality implications of opioid-based postsurgical pain control using administrative claims data from a large health system: opioid-related adverse events and their impact on clinical and economic outcomes. Pharmacotherapy. 2013;33(4):383-391.
2 .Pacira BioSciences. United States for Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America. September 2017. [Analysis in the report was based on research conducted by the Quintiles IMS Institute].
*Newly persistent defined as patients using an opioid 3-6 months beyond the postsurgical recovery period.

Average Number of Opioid Pills
Prescribed to Treat Pain After Surgery Varies Greatly



Pacira BioSciences. Exposing a Silent Gateway to Persistent Opioid Use; A Choices Matter Status Report, 2019. Analysis in the report was based on research conducted by IQVIA

Prescribing Patterns and Implications for Overdose & Misuse

- 9 in 10 surgery patients with leftover opioid pills admit that they have:
  - Kept them in their home
  - Given them to family or friends to help manage pain
  - Improperly disposed the medications
- Diversion due to leftover pills
  - Nearly 50% of 40-54 year-old patients with leftover pills kept them in their home
- Surgeon pressure
  - 2/3 report feeling pressure frequently to prescribe more opioids than they think patients actually need

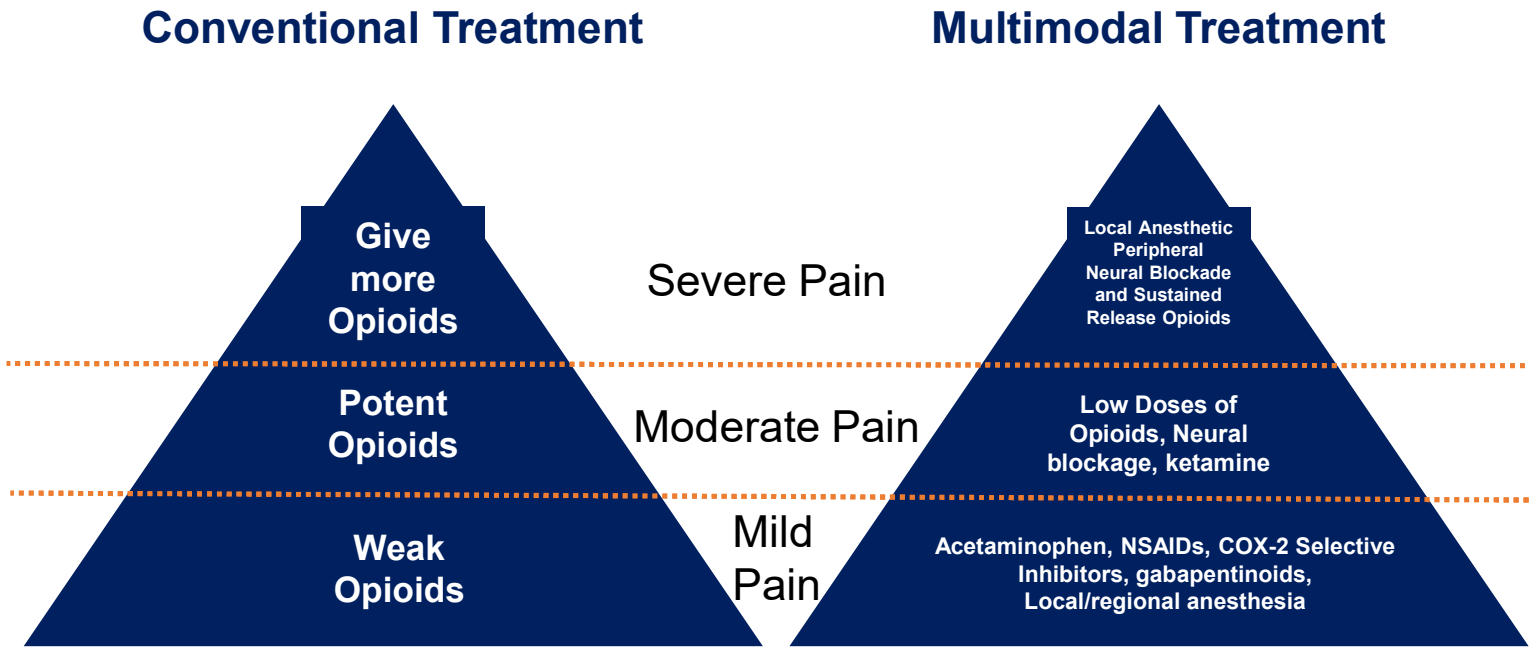
Pacira BioSciences. Exposing a Silent Gateway to Persistent Opioid Use; A Choices Matter Status Report, 2019. Analysis in the report was based on research conducted by IQVIA

Expanding Alternatives to Available Options

NON-OPIOID PHARMACOLOGICAL OPTIONS

NON-PHARMACOLOGICAL OPTIONS

Opioid Monotherapy vs. Multimodal Approach to Acute Pain Management



NSAIDs = non-steroidal anti-inflammatory drugs; COX-2 = cyclooxygenase-2

1. Aubrun F, Langeron O, Quesnel C, Coriat P, Riou B. Anesthesiology. 2003; 98(6): 1415-1421.
2. Crews JC. JAMA. 2002; 288: 629-632.
3. World Health Organization. Pain relief ladder. http://www.who.int/cancer/palliative/painladder/en/. Accessed September 10, 2014.
4. Ventafridda V, Tamburini M, Caraceni A, De Conno F, Naldi F. Cancer. 1987; 59: 850-856.
5. ASA Task Force. Anesthesiology. 2004; 100: 1573-1581. `

Demonstrated Benefits of Multimodal Therapy

- Reduced doses of analgesics in the treatment plan[1,2,3]
- Opioid dose-reducing effects[1,2,4]
- Better pain relief than is possible with a single analgesic[1,2,5]
- Fewer "analgesic gaps" [1,2]
- Less pain during rest and activity[6,7]
- Improved functional outcomes[1,2,8]
- Reduce length of stay[9]
- Improved patient satisfaction[10]

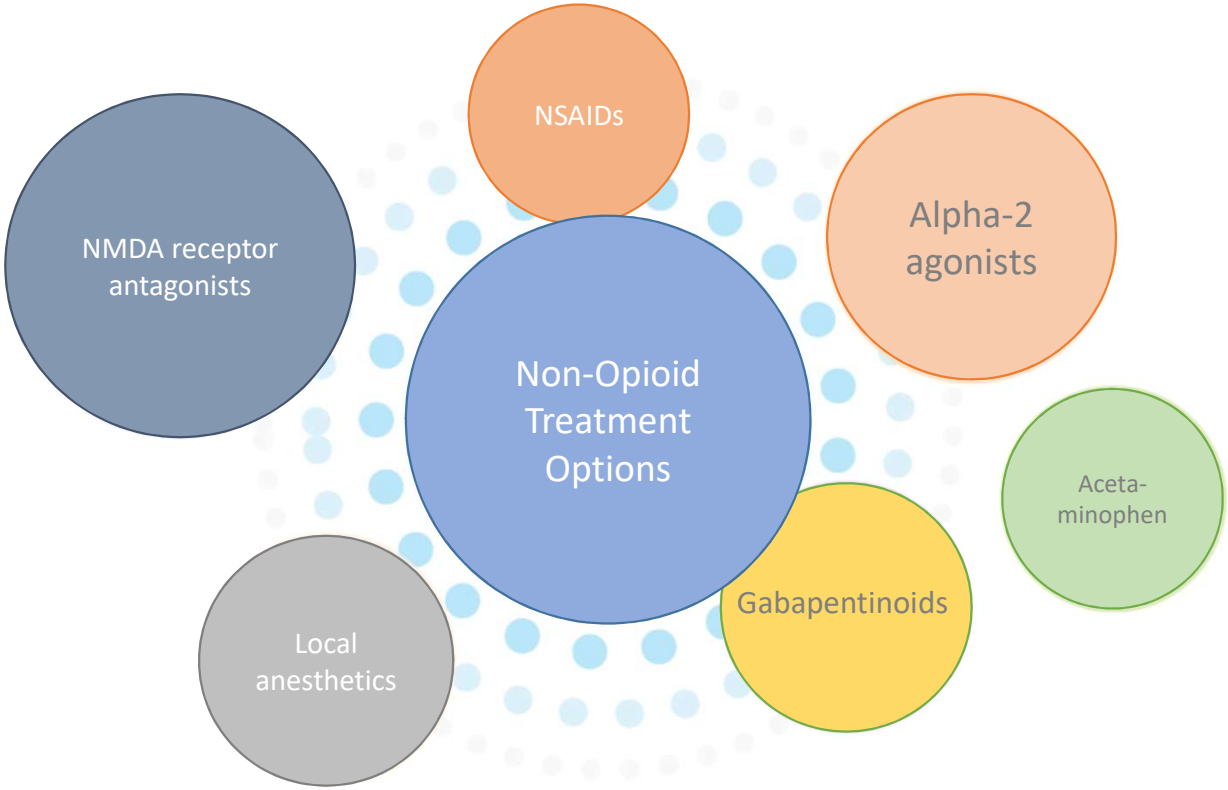
Pain is complex and multifactorial; thus appropriate management requires a "balanced" therapeutic approach[10]

1. Kehlet H, Dahl JB. *Anesth Analg*. 1993; 77(5): 1048-1056. 2. White PF. *Curr Opin Investig Drugs*. 2008; 9(1): 76-82. 3. Jo CH, Shin JS, Huh J. *Eur J Orthop Surg Traumatol*. 2014; 24(3):315-322. 4. Mathiesen O, Dahl B, Thomsen BA, et al. *Eur Spine J*. 2013; 22(9):2089-2096. 5. Saraghi M, Hersh EV. *Anesth Prog*. 2013; 60(4):178-187. 6. Fu PL, Xiao J, Zhu YL, et al. *J Int Med Res*. 2010; 38(4): 1404-1412. 7. Sivrikoz N, Koltka K, Guresti E, et al. *Agri*. 2014; 26(1): 23-28. 8. Larson DW, Lovely JK, Cima RR, et al. *Br J Surg*. 2014; 101(8):1023-1030. 9. Michelson JD, Addante RA, Charlson MD. *Foot Ankle Int*. 2013; 34 (11): 1526-1534. 10. Skinner HB. *Am J Orthop*. 2004; 33(5S): 5-9.

Key Takeaways for Postoperative Pain Management

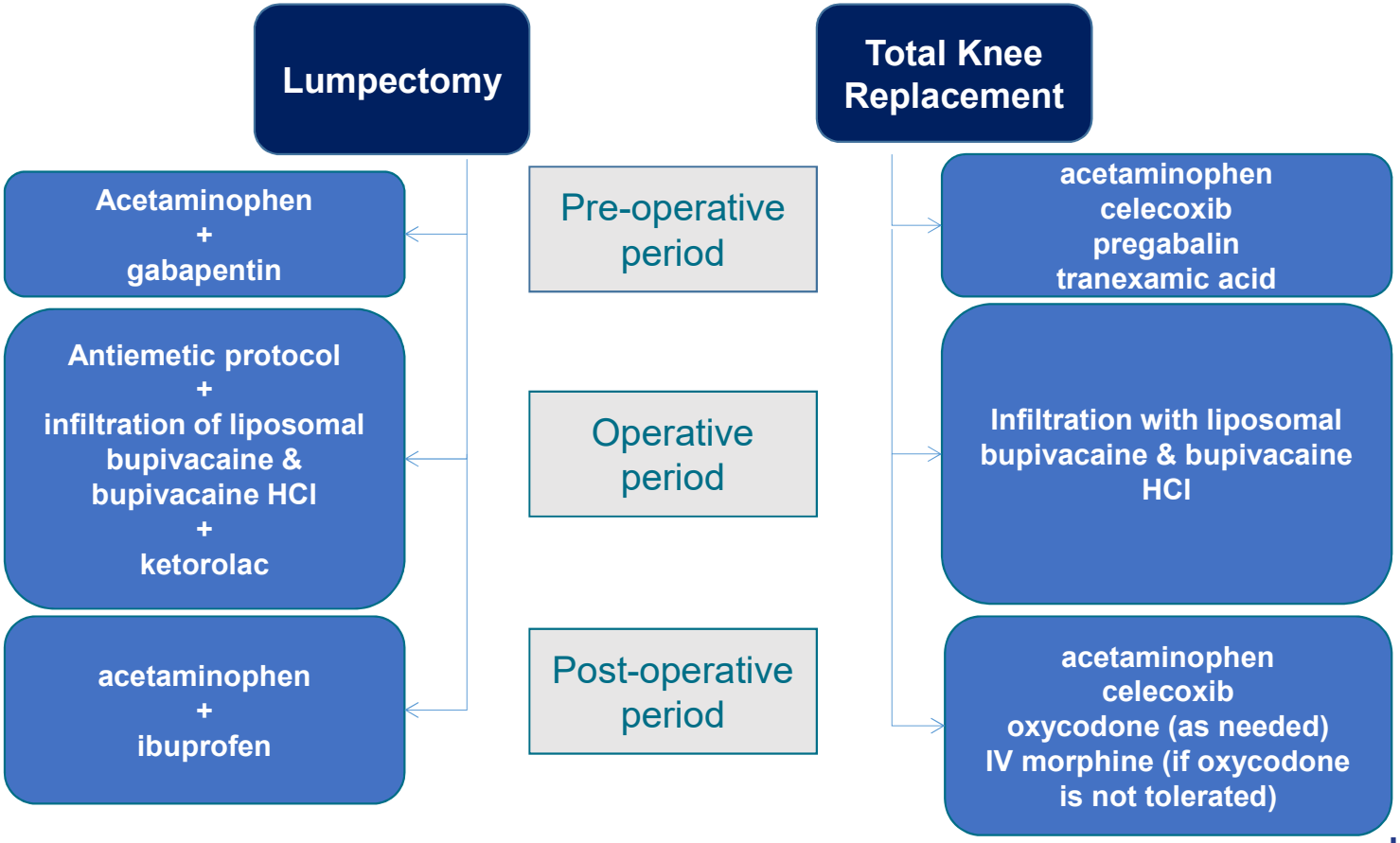
- Acute postsurgical pain is a predictive factor for the development of chronic pain
- Optimal analgesia following surgery may reduce the risk of transition to chronic pain
- Opioid-related adverse drug events (ORADEs) and diversion and misuse are common consequences of opioid use
- Multimodal strategies support an opioid-sparing approach to acute pain management

Types of Non-Opioids Used in Multimodal Pain Treatment Plans



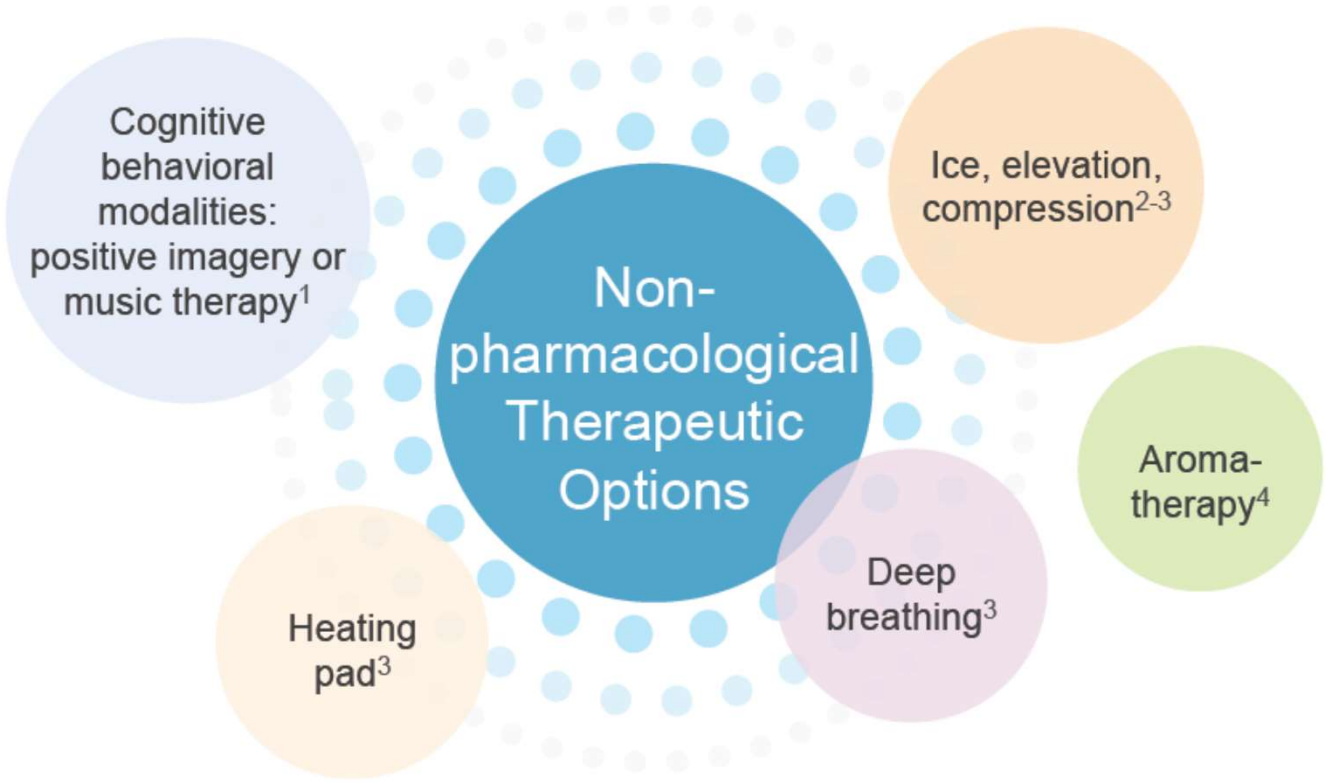
Source: Wu CL, Raja SN. Treatment of acute postoperative pain. *Lancet.* 2011; 377: 2215-2225.

Example of Multimodal Approach



Non-pharmacological Therapeutic Options Complement Traditional Analgesic Options

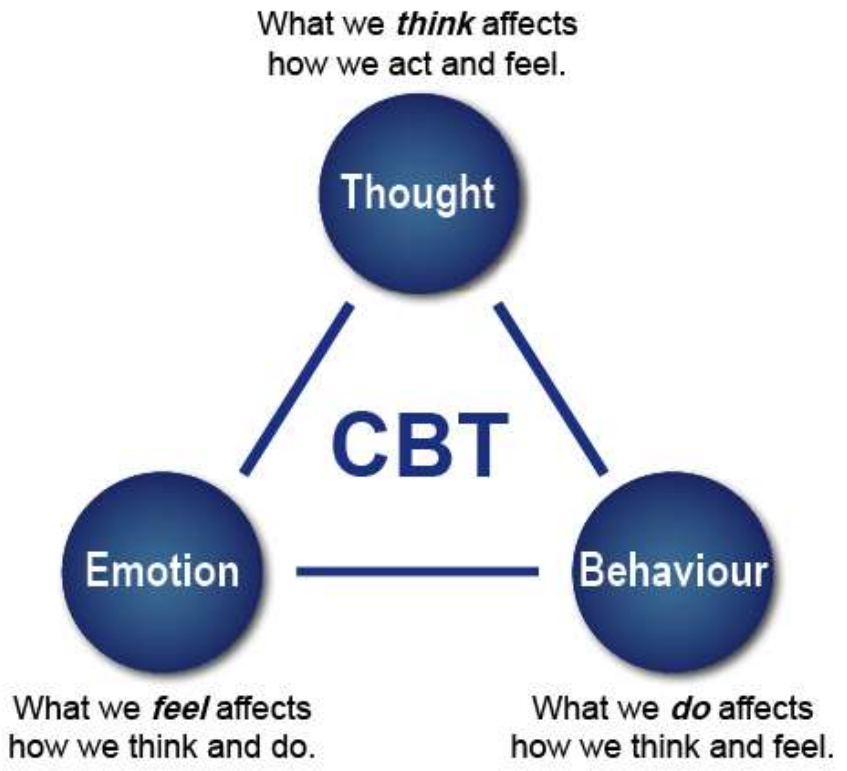
Patient education is critical!



Source: Palmer and Toombs. J Am Board Fam Practice. 2004; 17:S32-42. / Zacharoff et al. PainEDU.org Manual: A Pocket Guide to Pain Management. 4th ed. 2010. / Rombolà et al. Mini Rev Ed Chem. 2016: 721-728 / Chou R et al. J Pain. 2016; 17:131-157.

Cognitive Behavioral Therapy

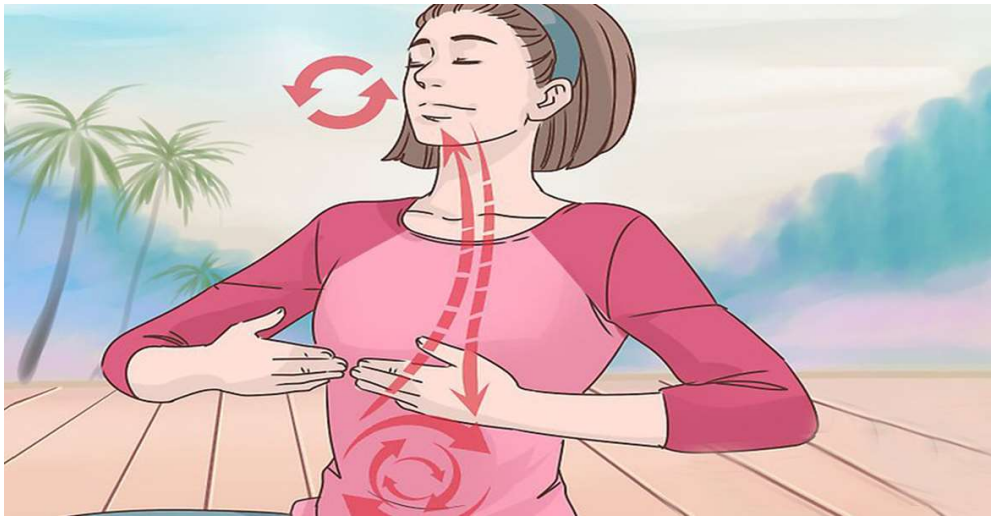
- A combination of psychotherapy and behavioral therapy
- Consistent findings of effectiveness
- Adapted for a wide-range of disorders



Source: Butler, et. al. The empirical status of cognitive-behavioral therapy: A review of meta-analyses. 2005.

Diaphragmatic Breathing

- A simple technique that works well for many.
- Deep and slow breathing with your "belly."
- Incorporated intentionally or unintentionally into many other relaxation techniques
- More oxygen makes it into the blood stream and can help move the body into the "relaxation response" mode



Dunford & Thompson, 2010, *British Journal of Pain*
NIH Technology Assessment Panel on Integration of Behavioral and Relaxation Approaches Into the Treatment of Chronic Pain and Insomnia, 1996, *JAMA*

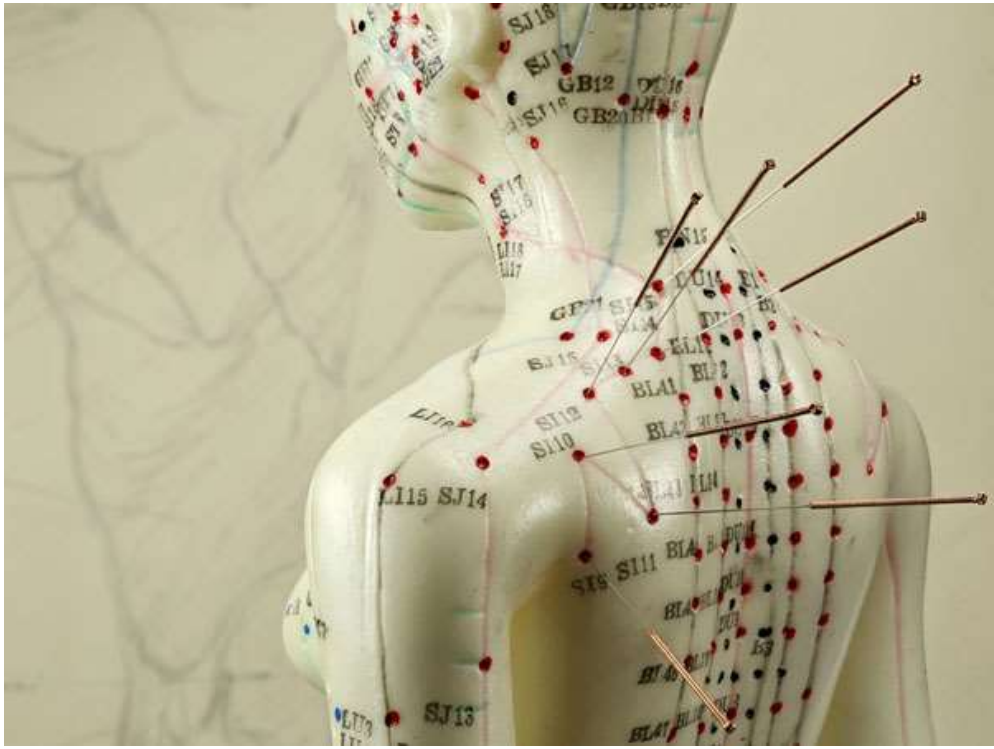
Mindfulness

- Present moment awareness that occurs without judgment
- Empirically related to reductions in negative experiences
- Improvements in cognitive capabilities (working memory, focus, cognitive flexibility)

Grossman, et. al. Mindfulness-based stress reduction and health benefits: A meta-analysis. Psychomatic Research. 2004.
Sevinc G., Lazar S.W. How does mindfulness training improve moral cognition: a theoretical and experimental framework for the study of embodied ethics. Psychology. 2019.

Acupuncture

- Treatment modality
- Recognized as an effective treatment for chronic pain
- Works by applying needles, heat, and pressure to specific points on the body

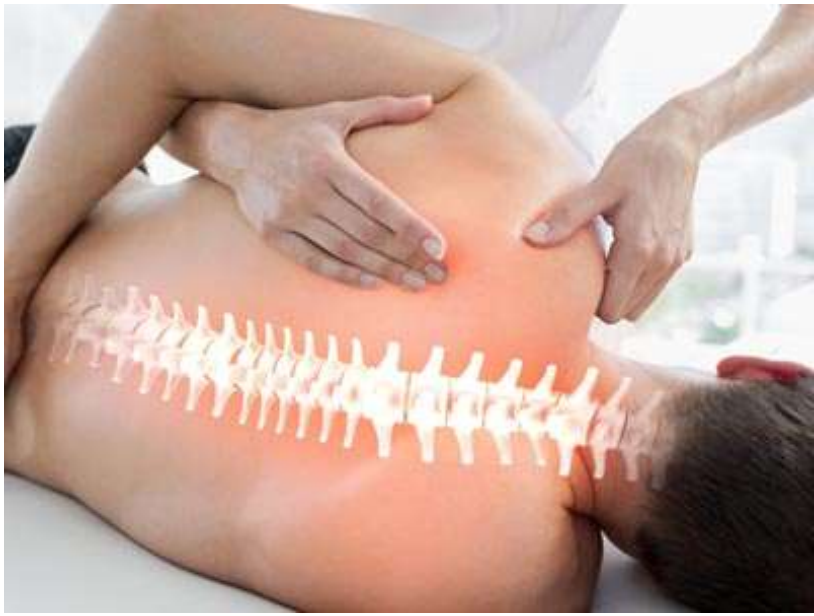


Ernst, E., & Lee, M. S. (2010). Acupuncture for Palliative and Supportive Cancer Care: A Systematic Review of Systematic Reviews. *Journal of Pain and Symptom Management, 40*(1). doi:10.1016/j.jpainsymman.2010.03.010

Devitt, Michael. "Research Finds Acupuncture Effective for Chronic Pain." *AAFP Home*, 21 May 2018, www.aafp.org/news/health-of-the-public/20180521acupuncture.html.

Chiropractic Care

- System of integrative medicine
- Based on diagnosis and manipulative treatment of misaligned joints
- Can alleviate effects on nerves, muscles, and organs

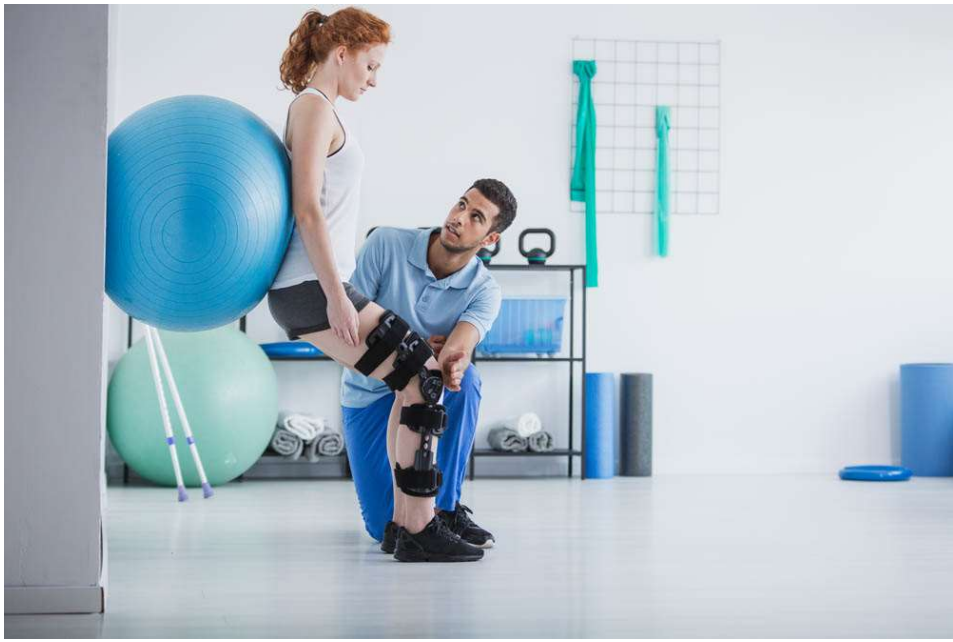


Hays, R. D., Spritzer, K. L., Sherbourne, C. D., Ryan, G. W., & Coulter, I. D. (2018). Group and Individual-level Change on Health-related Quality of Life in Chiropractic Patients with Chronic Low Back or Neck Pain. *Spine,* 1. doi:10.1097/brs.0000000000002902

Lisi, A. J., Corcoran, K. L., Derycke, E. C., Bastian, L. A., Becker, W. C., Edmond, S. N., Brandt, C. A. (2018). Opioid Use Among Veterans of Recent Wars Receiving Veterans Affairs Chiropractic Care. *Pain Medicine, 19*(Suppl_1). doi:10.1093/pm/pny114

Physical Therapy

- Therapy for the preservation, enhancement, or restoration of movement and physical ability
- Utilizes therapeutic exercise, physical modalities, assistive devices, and patient education and training
- Provides individualized approach to improving activity level



Siddall, Marilyn. "Physical Therapy Offers Evidence-Based Solution to Musculoskeletal Pain." *APTA*, www.apta.org/Media/Releases/Consumer/2008/12/12/.

Overview of Barriers to These Options

LEGISLATIVE – MEDICARE COVERAGE

PRACTITIONER ACCESS

CONSUMER AWARENESS THAT OPTIONS EXIST

Medicare reimbursement policy limits access to non-opioid treatment options

Medicare is the biggest payer in the US; commercial payers often follow Medicare lead

Since 2015, physician-administered pain management drugs and devices are not eligible for separate reimbursement to treat postsurgical pain

Hospitals have no opportunity to recoup cost of a non-opioid therapy used in a surgical procedure

As a result, hospitals often opt for opioids, which **are less expensive and** have little or no impact on their bottom line

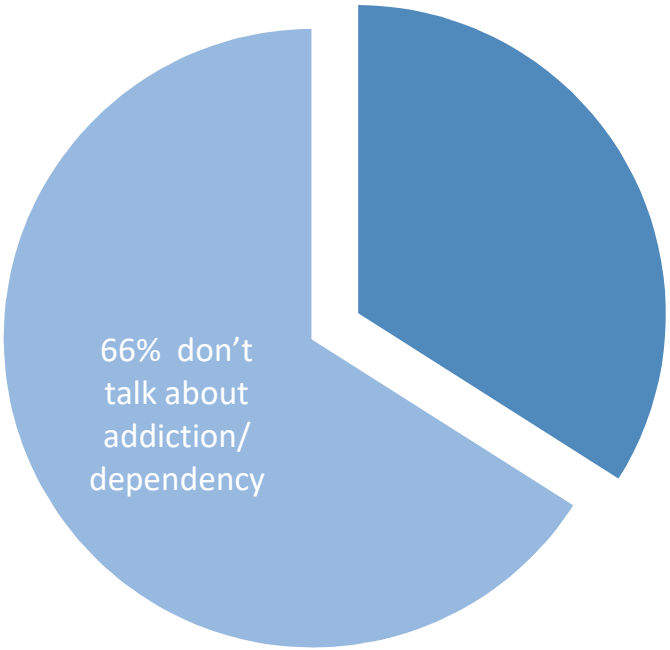
Case Study: Hernia Repair

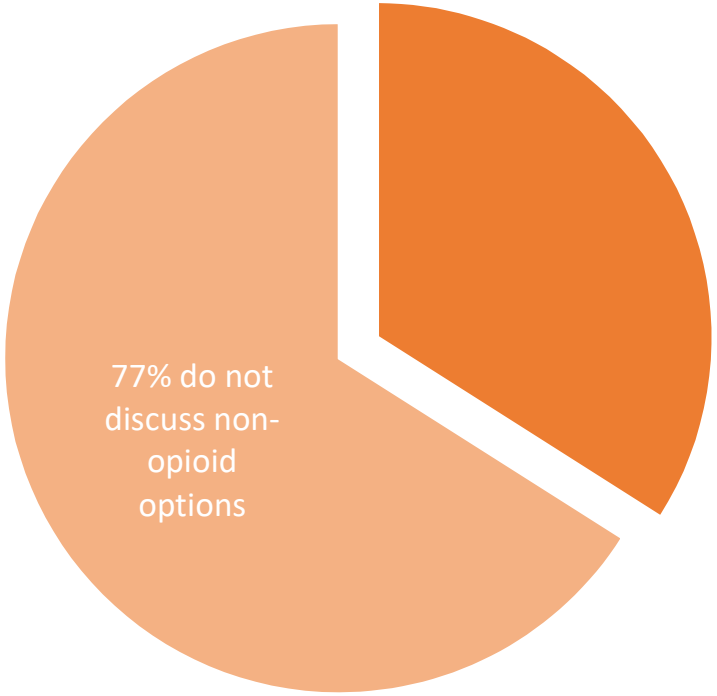
- For hernia repair, Medicare pays hospitals a flat fee of $2,900
- Hospitals that utilized non-opioids had expenses that were more than **10% higher** than hospitals that simply used opioids because non-opioids are not eligible for separate reimbursement
- As a result, total hernia repairs using non-opioids **decreased 3% from 2016 to 2017**

Source: Voices for Non-Opioid Choices, 2019

Consumer Awareness

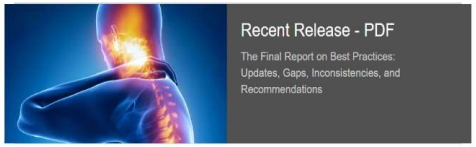
Patients say that discussions about opioid and opioid alternatives are often missing from their conversations with physicians prior to surgery

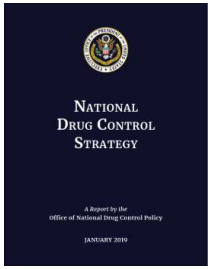




Source: Wakefield Research Survey Report, 2016

Federal expert panels have consistently concluded: Medicare policy is deterring the use of non-opioids





The **President's Commission on Combating Drug Addiction and the Opioid Crisis** concluded that Medicare policy discourages providers from administering non-opioid drugs for postsurgical pain

The **HHS Pain Management Best Practices Inter-Agency Task Force** final report concluded that non-opioids are underutilized, and payers should reconfigure reimbursement to ensure they are a front-line therapy

The White House National Drug Control Strategy called for increased information on viable alternatives for particular surgeries and examination of health care coverage for alternative treatments, as it would advance efforts to reduce overall opioid prescribing in the United States

Recent Medicare Policy Developments are Insufficient

- Starting in 2019, the Centers for Medicare and Medicaid Services (CMS) began to pay separately for non-opioid medications in Ambulatory Surgery Centers
- Unfortunately, in 2019 and again in 2020, CMS did not apply this policy change to the hospital outpatient department (HOPD) setting, where most surgeries are performed
- Patients undergoing surgery in the HOPD—generally more involved surgeries on higher-risk patients than the Ambulatory Surgical Center (ASC)—now have less access to non-opioid pain management treatments
- **CMS policy should encourage increased adoption and penetration of non-opioid therapies in the HOPD setting—higher rates of usage of non-opioid treatments for the same number of surgical procedures—leading to lower opioid consumption and less opioid exposure for Medicare beneficiaries**

Source: Voices for Non-Opioid Choices, 2019

Policy Advocacy: How Coalitions Can Make a Difference

Activity:

Identify what non-opioid alternative pain treatments are available in your community. What barriers exist?

Identify methods to engage policy makers to support non-opioid alternative pain treatments.

Making Connections

- Looking to build relationships and convene forums to begin policy change and community outlook as to how non-opioids are used to address acute pain. Encourage policy to use multi-modality for acute pain.

Needed…

- Hospital staff/administrators
- Medical professionals at all levels
- Elected officials
- Alternative providers i.e. physical therapists, chiropractors, massage therapists, acupuncturists
- Dental professionals
- Pain management professionals
- Ob-gyns

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Questions?

Contact:
Abby Beausir abeausir@prevention-first.org
Amanda Conn Starner
aconnstarner@prevention-first.org

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Post Training Info:

- Please complete the evaluation survey in the post event email.
- The recording and supplemental materials will be available on the PreventionFIRST! website under **TrainingHUB**.
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