

Opioid Risk Assessment: Eating the Elephant One Bite at a Time

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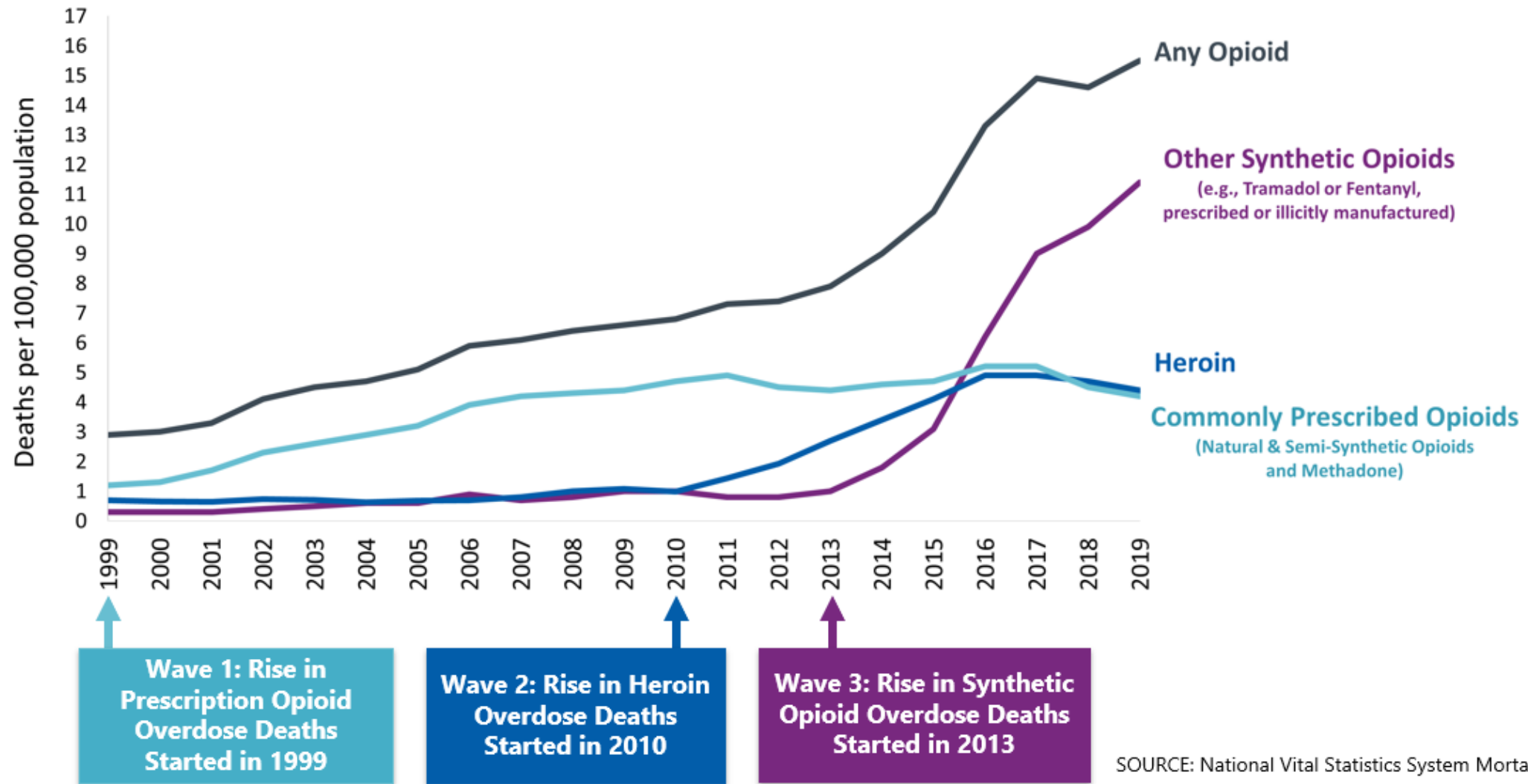
Series Learning Objectives

1. Understand the current status and trends of Opioid Use Disorder (OUD) and Substance Use Disorder (SUD)
2. Describe best practices for Opioid Risk Assessments (ORA) including universal screening and harm reduction
3. Gain awareness of Electronic Health Record (EHR) related tools and resources for real life application
4. Learn to leverage internal and external data to guide care and improve outcomes
5. Incorporate use of Prescription Drug Monitoring Programs/Prescription Drug Programs (PDMP/PMP) for safe patient prescribing and prescriber self-assessment

Opioid Risk and the impact of COVID-19

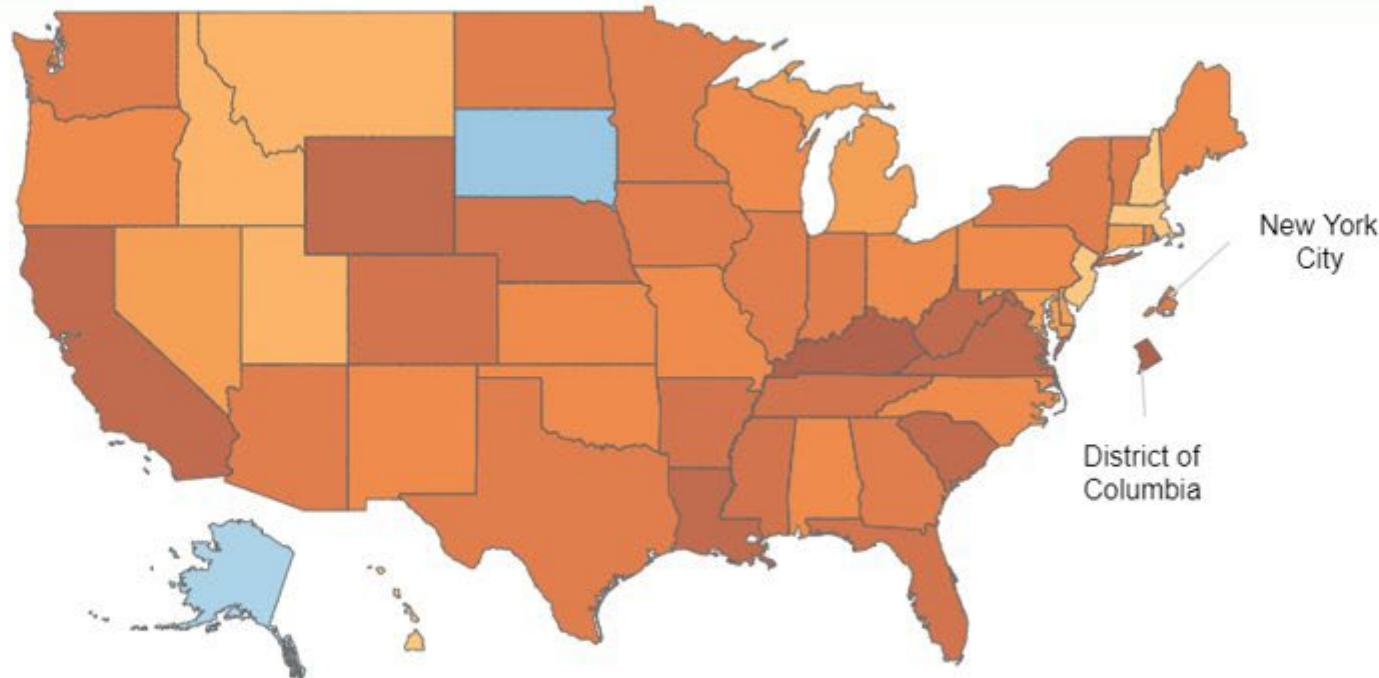


Three Waves of the Rise in Opioid Overdose Deaths



Percent Change in Overdose Deaths

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction:
October 2019 to October 2020



Select predicted
or reported
number of deaths

- Predicted
- Reported

Percent Change for
United States

30.0

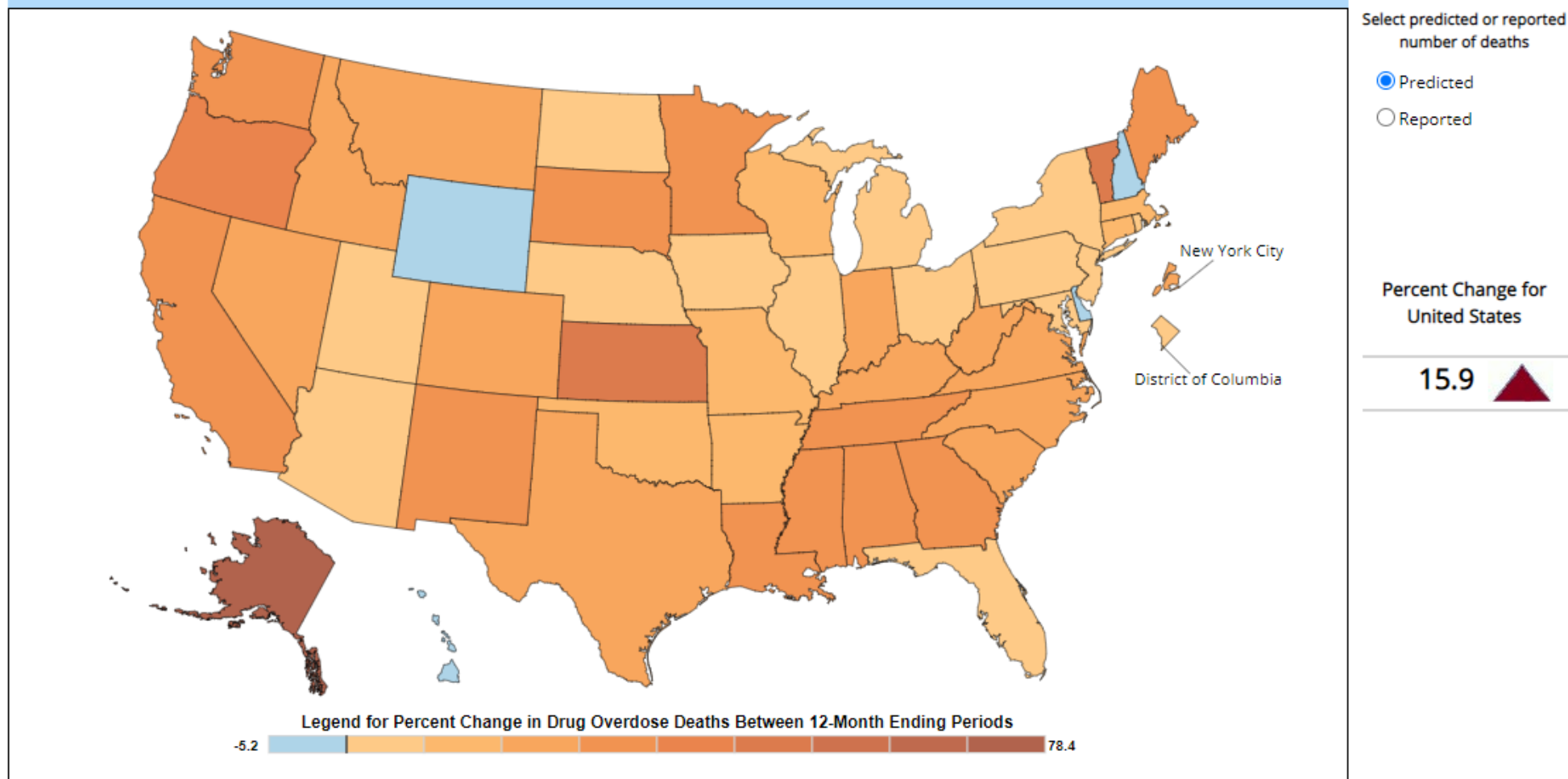


Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods



Percent Change continued

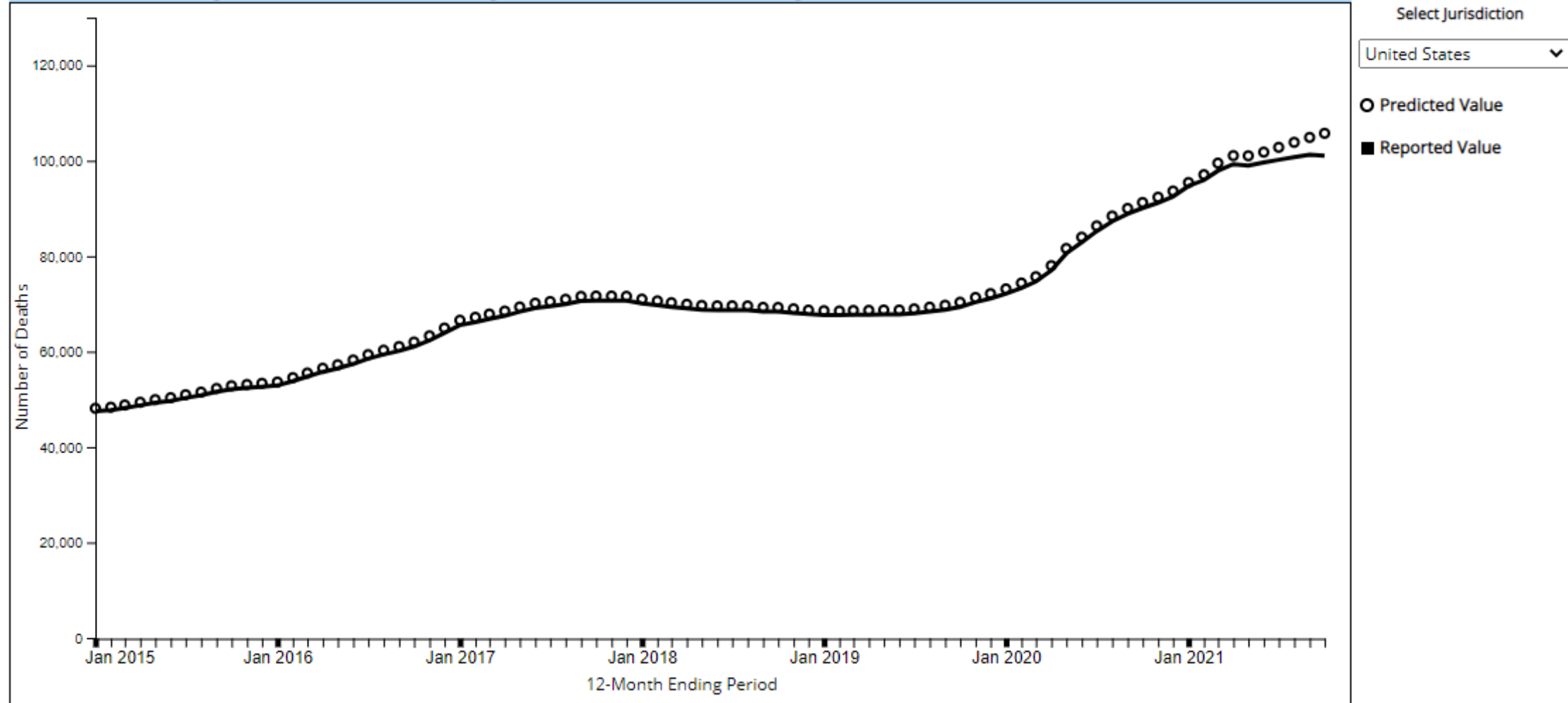
Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: October 2020 to October 2021



12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

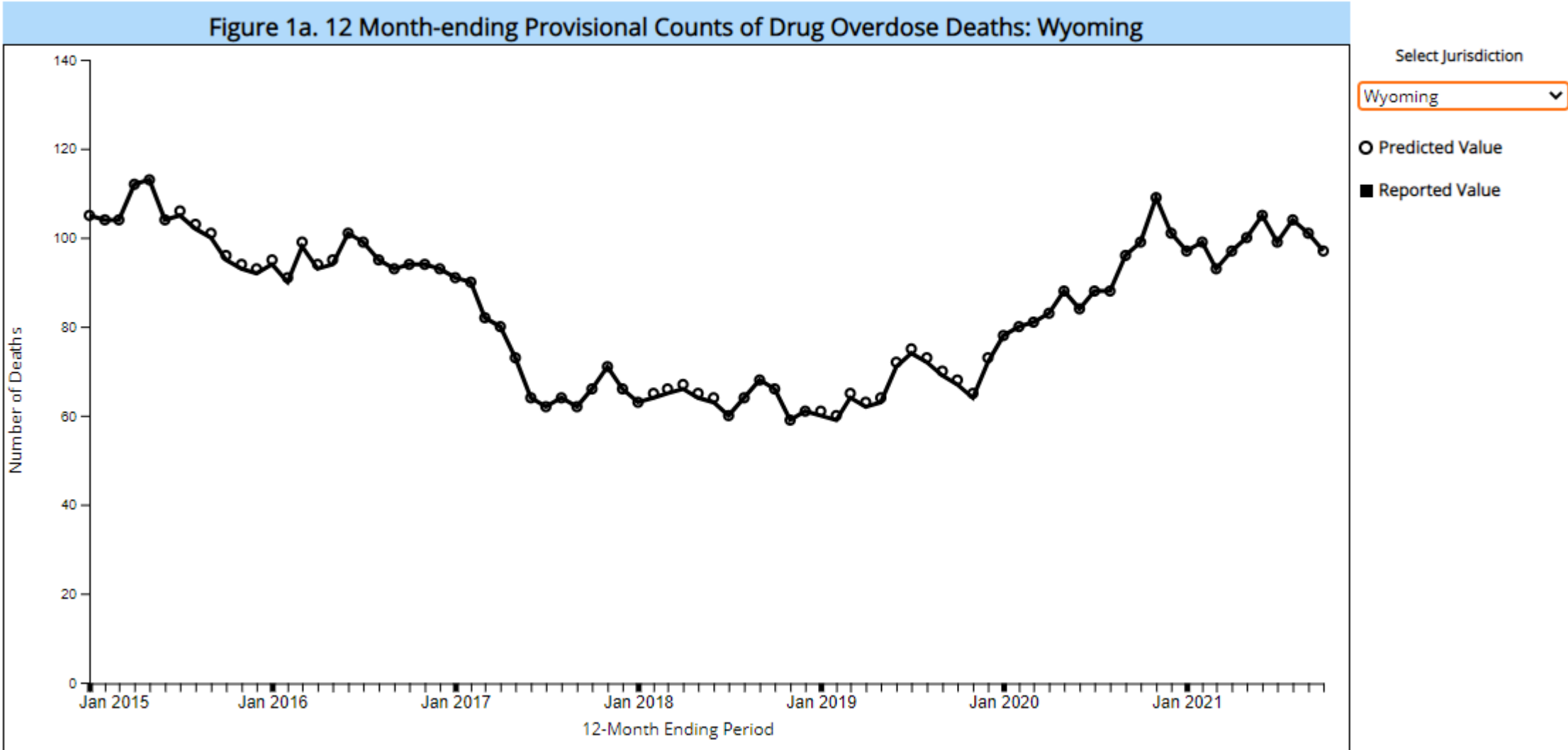
Based on data available for analysis on: 06-Mar-22

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States

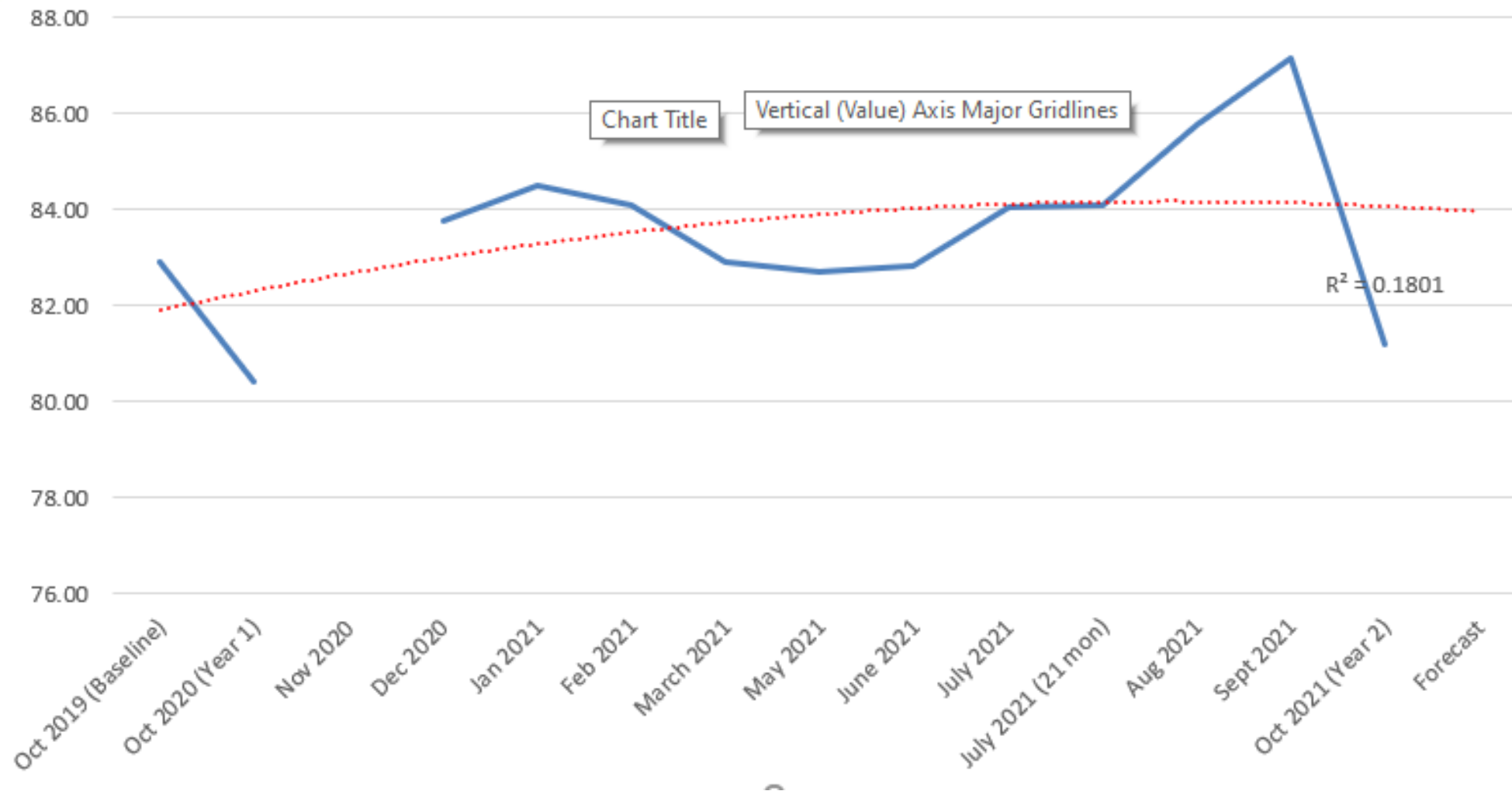


12 Month-Ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: 06-Mar-22



1.1.3 Decrease opioid adverse events, including deaths, by 7% for Medicare FFS high risk and behavioral health risk patients

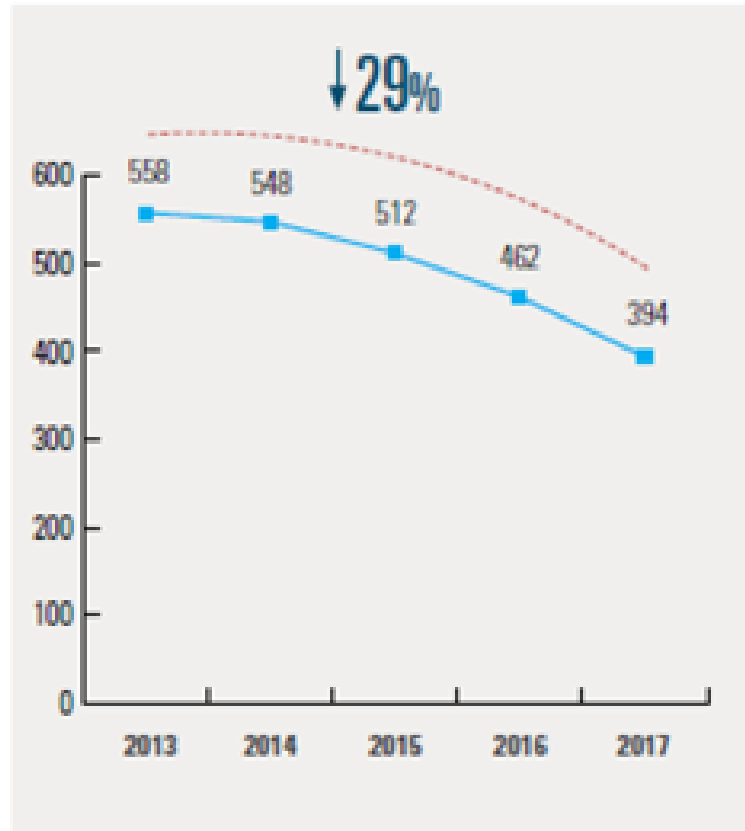




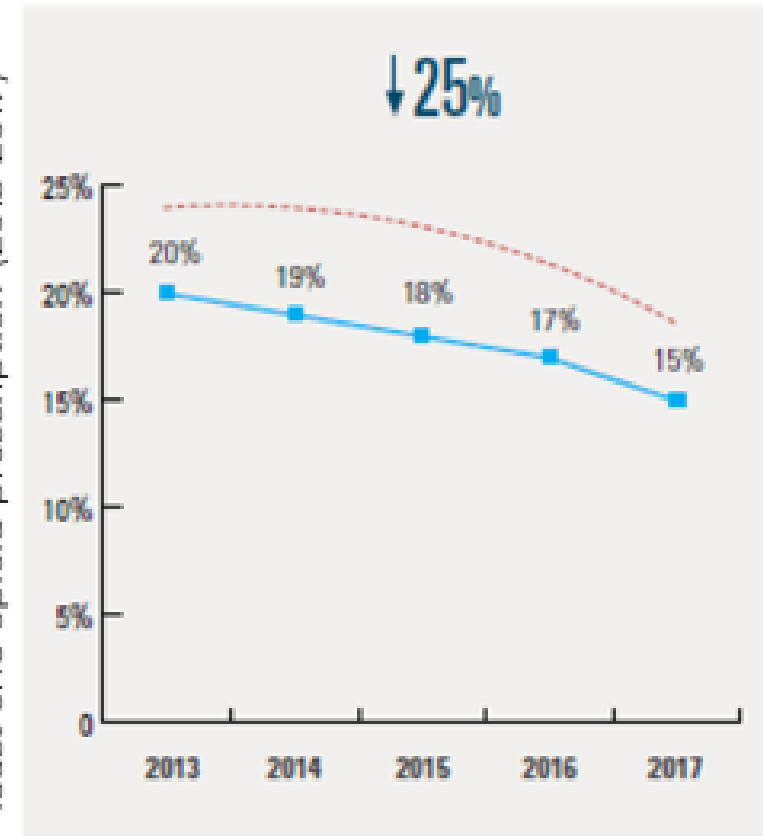
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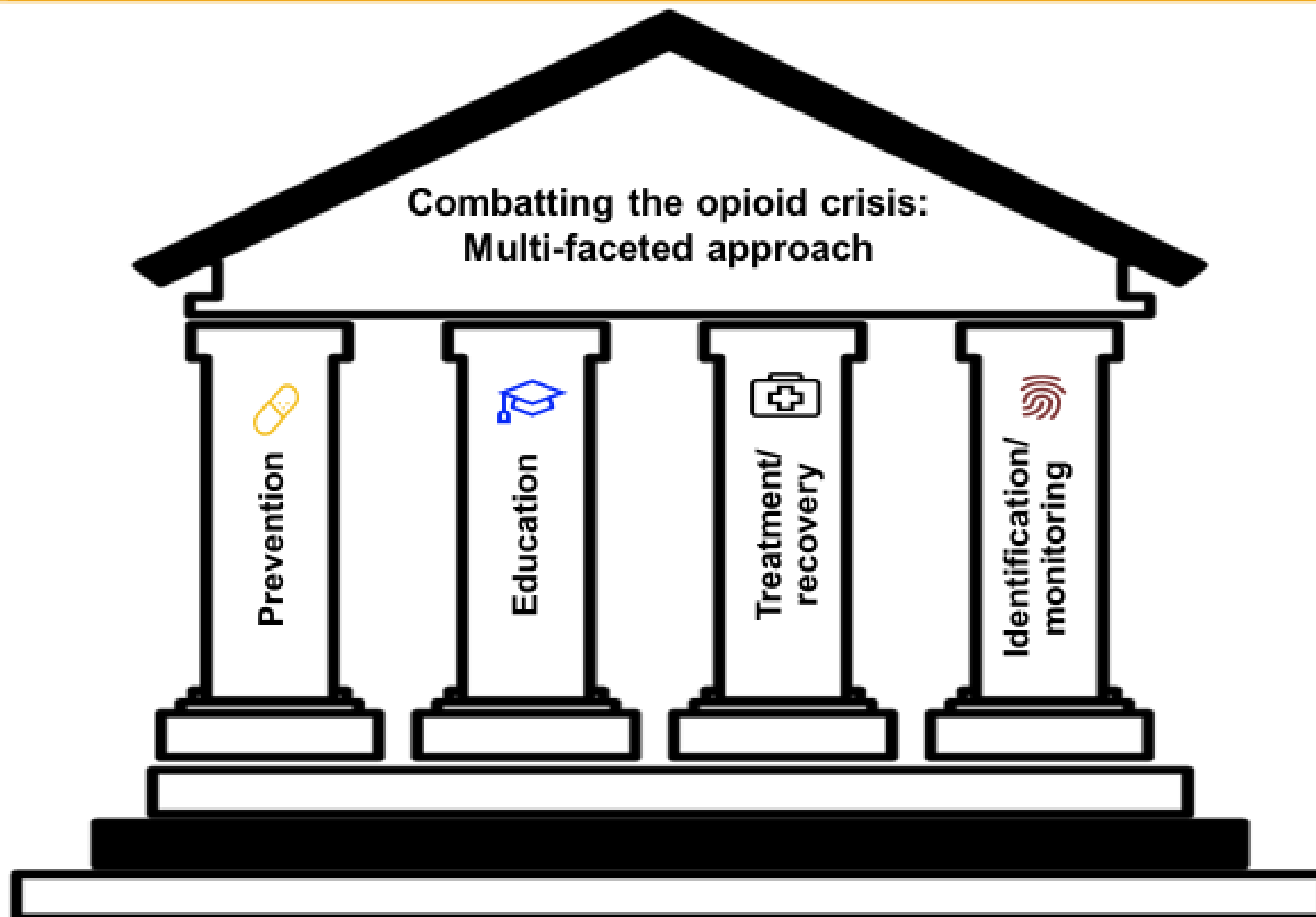
Decreasing Opioid Prescriptions

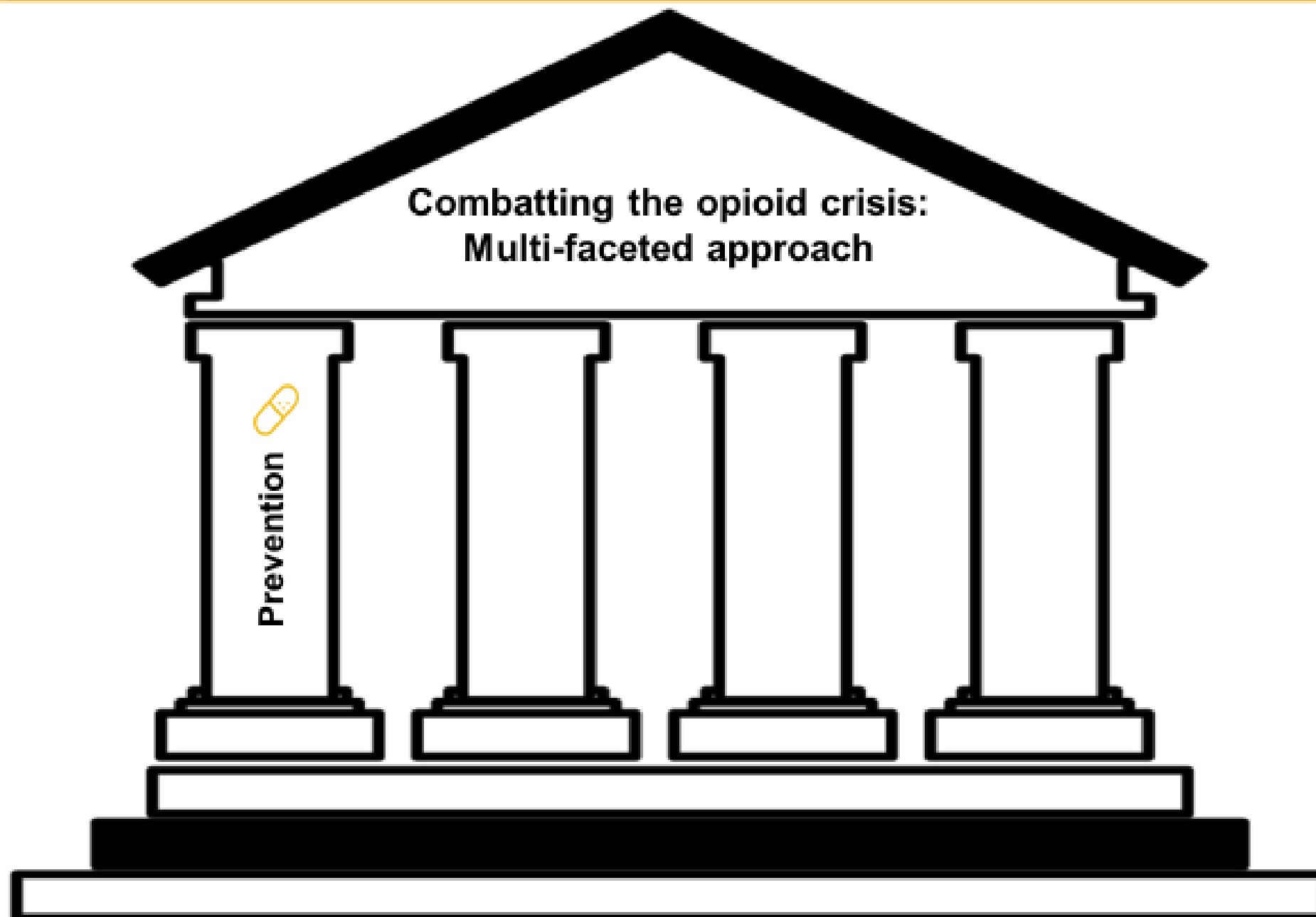
Total opioid prescriptions filled per 1,000 BCBS members (2013-2017)

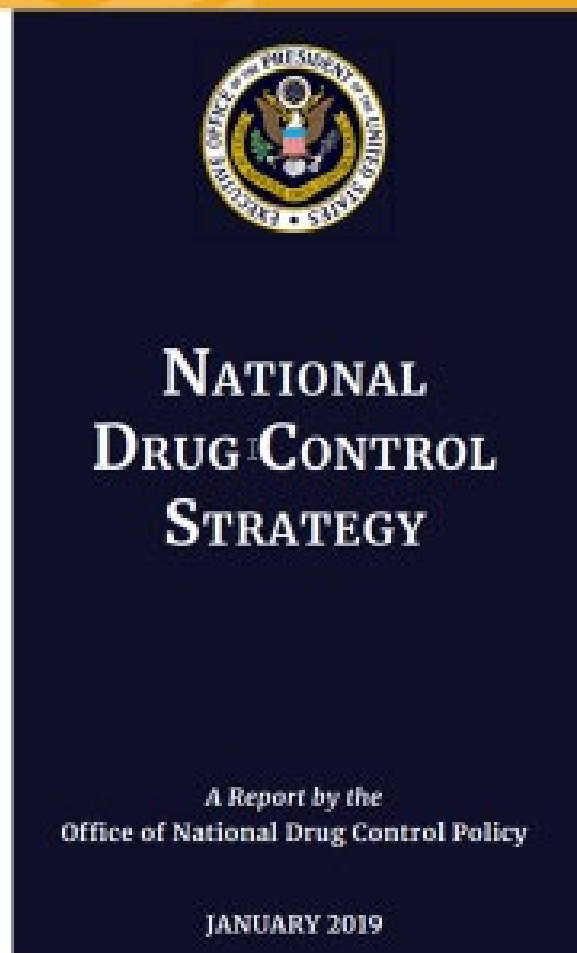


Percent of BCBS members who filled at least one opioid prescription (2013-2017)









Special Communication | April 19, 2018

CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016

FREE

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¹Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia

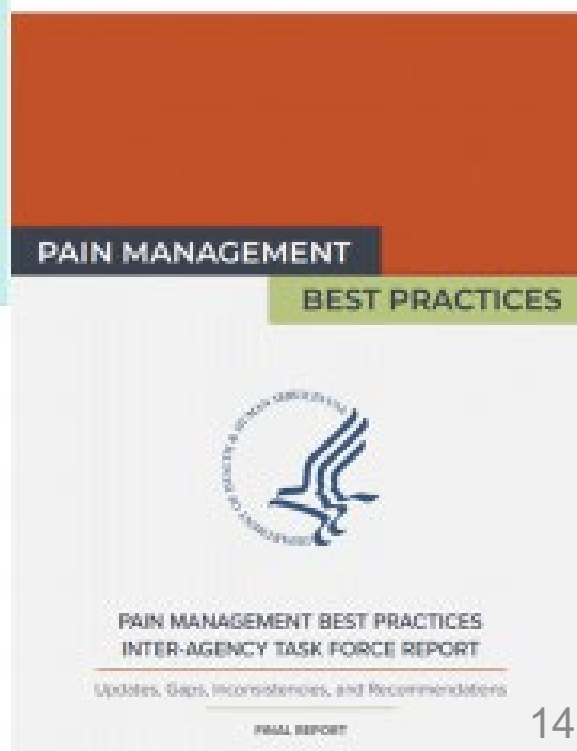
JAMA. 2016;315(15):1624-1645. doi:10.1001/jama.2016.1464.

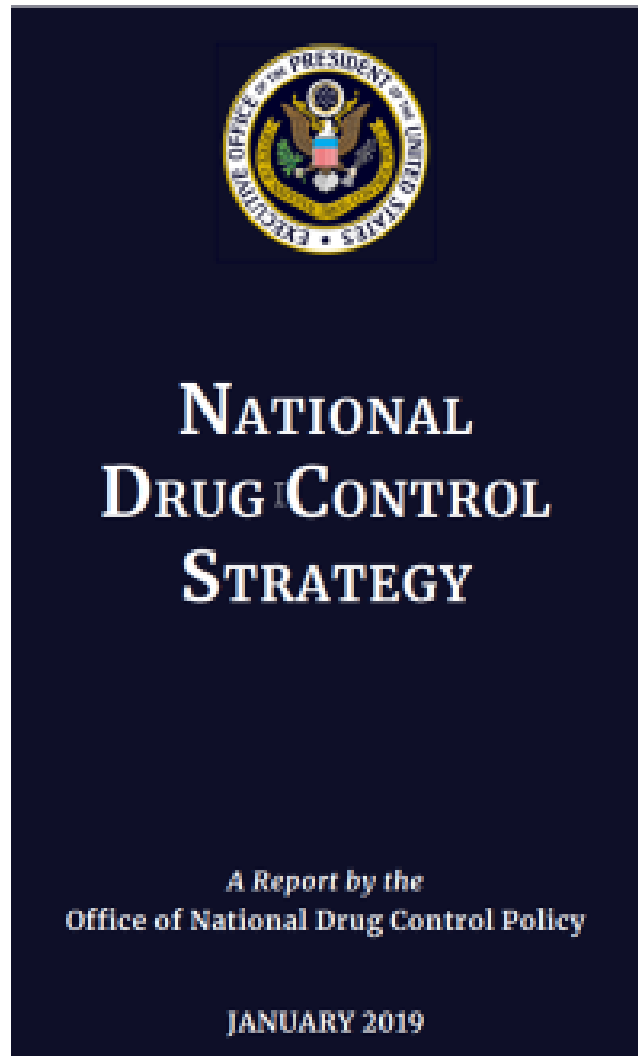
ABSTRACT

Importance: Primary care clinicians find managing chronic pain challenging. Evidence of long-term efficacy of opioids for chronic pain is limited. Opioid use is associated with serious risks, including opioid use disorder and overdose.

Objective: To provide recommendations about opioid prescribing for primary care clinicians treating adult patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

Process: The Centers for Disease Control and Prevention (CDC) updated a 2014 systematic review on effectiveness and risks of opioids and conducted a supplemental review on benefits and harms, values and preferences, and costs. CDC used the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) framework to assess evidence type and determine the recommendation category.





- Educate the public, especially adolescents, about drug use, specifically opioids increase, mandatory prescriber education and continuing training on best practices and current clinical guidelines; and increase PDMP interoperability and usage across the country

(a)(1) shall require each covered provider to check, in accordance with such timing, manner, and form as specified by the State, the prescription drug history of a covered individual being treated by the covered provider through a qualified prescription drug monitoring program described in subsection (b) before prescribing to such individual a controlled substance...

(b)(2) The program facilitates the integration of information described in paragraph (1) into the workflow of a covered provider, which may include the electronic system the covered provider uses to prescribe controlled substances.

One Hundred Fifteenth Congress
of the
United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Wednesday,
the third day of January, two thousand and eighteen*

An Act

To provide for opioid use disorder prevention, recovery, and treatment, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act” or the “SUPPORT for Patients and Communities Act”.

(b) **TABLE OF CONTENTS.**—The table of contents of this Act is as follows:

[Sec. 1. Short title; table of contents.](#)

[TITLE I—MEDICAID PROVISIONS TO ADDRESS THE OPIOID CRISIS](#)

[Sec. 1001. At-risk youth Medicaid protection.](#)

[Sec. 1002. Health insurance for former foster youth.](#)

[Sec. 1003. Demonstration project to increase substance use provider capacity under the Medicaid program.](#)

[Sec. 1004. Medicaid drug review and utilization.](#)

[Sec. 1005. Guidance to improve care for infants with neonatal abstinence syndrome and their mothers: GAO study on gaps in Medicaid coverage for pregnant and postpartum women with substance use disorder.](#)

[Sec. 1006. Medicaid health homes for substance-use-disorder Medicaid enrollees.](#)

[Sec. 1007. Caring recovery for infants and babies.](#)

[Sec. 1008. Peer support enhancement and evaluation review.](#)

[Sec. 1009. Medicaid substance use disorder treatment via telehealth.](#)

[Sec. 1010. Enhancing patient access to non-opioid treatment options.](#)

Interoperability – Nebraska's Experience

PDMP Workflow Integration

ZZZTESTPT, EIGHTZ 03/02/1944 - 78 Yrs - Female		MME Alert Last 7-days Average daily MME: 49 # days daily MME over 90: 1 Highest daily MME: 110			Multiple Provider Alert Last 180-days Pharmacies: 5 Prescribers: 6			Opioid/Benzo Overlap Last 45-days Yes																																																																																																																																																					
<div>Chartbook</div> <div>Encounters</div> <div>> Demographics</div> <div>> Conditions</div> <div>Allergies</div> <div>Medications</div> <div>Current Medications</div> <div>Historical Medications</div> <div>Documents</div> <div>Diagnostic Studies</div> <div>Lab Results</div> <div>Vital Signs</div> <div>Immunizations</div>		<div>Current Medications</div> <div>Search</div> <table><thead><tr><th>Species</th><th>RxGov Patient ID</th><th>Date Filled</th><th>Drug Name</th><th>Quantity Dispensed</th><th>Generic Drug</th><th>Prescriber</th><th>Pharmacy</th><th>Date Written</th><th>Days Supply</th><th>Refills</th><th>Payment Type</th></tr></thead><tbody><tr><td>Veterinary Patient</td><td>989998</td><td>03/06/2022</td><td>HYDROmorphine HCl 2 MG TABS</td><td>30</td><td>Hydromorphone HCl</td><td>William Dunn</td><td>zzTest Pharmacy 2</td><td>03/05/2022</td><td>30</td><td>0/0</td><td>Private Pay (Cash, Charge, Credit Card)</td></tr><tr><td>Human</td><td>989998</td><td>02/22/2022</td><td>Lisinopril 10 MG TABS</td><td>1</td><td>Lisinopril</td><td>Gregory zzHouse</td><td>Hometown Pharmacy</td><td>01/01/2022</td><td>1</td><td>0/4</td><td>Medicare</td></tr><tr><td>Human</td><td>989998</td><td>02/21/2022</td><td>Lisinopril 10 MG TABS</td><td>1</td><td>Lisinopril</td><td>Gregory zzHouse</td><td>Hometown Pharmacy</td><td>01/01/2022</td><td>1</td><td>0/4</td><td>Medicare</td></tr><tr><td>Human</td><td>989998</td><td>02/20/2022</td><td>Lisinopril 10 MG TABS</td><td>1</td><td>Lisinopril</td><td>Gregory zzHouse</td><td>Hometown Pharmacy</td><td>01/01/2022</td><td>1</td><td>0/4</td><td>Medicare</td></tr><tr><td>Human</td><td>989998</td><td>02/19/2022</td><td>Vicodin 5-300 MG TABS</td><td>180</td><td>Hydrocodone-Acetaminophen</td><td>Gregory zzHouse</td><td>Hometown Pharmacy</td><td>02/18/2022</td><td>30</td><td>0/0</td><td>Private Pay (Cash, Charge, Credit Card)</td></tr><tr><td>Human</td><td>989998</td><td>02/19/2022</td><td>Lisinopril 10 MG TABS</td><td>1</td><td>Lisinopril</td><td>Gregory zzHouse</td><td>Hometown Pharmacy</td><td>01/01/2022</td><td>1</td><td>0/4</td><td>Medicare</td></tr><tr><td>Human</td><td>989998</td><td>02/18/2022</td><td>Lisinopril 10 MG TABS</td><td>1</td><td>Lisinopril</td><td>Gregory zzHouse</td><td>Hometown Pharmacy</td><td>01/01/2022</td><td>1</td><td>0/4</td><td>Medicare</td></tr><tr><td>Human</td><td>989998</td><td>02/17/2022</td><td>Lisinopril 10 MG TABS</td><td>1</td><td>Lisinopril</td><td>Gregory zzHouse</td><td>Hometown Pharmacy</td><td>01/01/2022</td><td>1</td><td>0/4</td><td>Medicare</td></tr><tr><td>Human</td><td>989998</td><td>02/16/2022</td><td>HYDROcodone-Acetaminophen 7.5-300 MG TABS</td><td>100</td><td>Hydrocodone-Acetaminophen</td><td>Hawkeye zzPierce</td><td>Hometown Pharmacy</td><td>02/15/2022</td><td>15</td><td>0/0</td><td>Commercial Insurance</td></tr><tr><td>Human</td><td>989998</td><td>02/16/2022</td><td>Lisinopril 10 MG TABS</td><td>1</td><td>Lisinopril</td><td>Gregory zzHouse</td><td>Hometown Pharmacy</td><td>01/01/2022</td><td>1</td><td>0/4</td><td>Medicare</td></tr><tr><td>Human</td><td>989998</td><td>02/15/2022</td><td>oxyCODONE HCl 10 MG TABS</td><td>5</td><td>Oxycodone HCl</td><td>Meredith zzGrey</td><td>zzTest Pharmacy 1</td><td>02/15/2022</td><td>5</td><td>0/0</td><td>Private Pay (Cash, Charge, Credit Card)</td></tr></tbody></table>												Species	RxGov Patient ID	Date Filled	Drug Name	Quantity Dispensed	Generic Drug	Prescriber	Pharmacy	Date Written	Days Supply	Refills	Payment Type	Veterinary Patient	989998	03/06/2022	HYDROmorphine HCl 2 MG TABS	30	Hydromorphone HCl	William Dunn	zzTest Pharmacy 2	03/05/2022	30	0/0	Private Pay (Cash, Charge, Credit Card)	Human	989998	02/22/2022	Lisinopril 10 MG TABS	1	Lisinopril	Gregory zzHouse	Hometown Pharmacy	01/01/2022	1	0/4	Medicare	Human	989998	02/21/2022	Lisinopril 10 MG TABS	1	Lisinopril	Gregory zzHouse	Hometown Pharmacy	01/01/2022	1	0/4	Medicare	Human	989998	02/20/2022	Lisinopril 10 MG TABS	1	Lisinopril	Gregory zzHouse	Hometown Pharmacy	01/01/2022	1	0/4	Medicare	Human	989998	02/19/2022	Vicodin 5-300 MG TABS	180	Hydrocodone-Acetaminophen	Gregory zzHouse	Hometown Pharmacy	02/18/2022	30	0/0	Private Pay (Cash, Charge, Credit Card)	Human	989998	02/19/2022	Lisinopril 10 MG TABS	1	Lisinopril	Gregory zzHouse	Hometown Pharmacy	01/01/2022	1	0/4	Medicare	Human	989998	02/18/2022	Lisinopril 10 MG TABS	1	Lisinopril	Gregory zzHouse	Hometown Pharmacy	01/01/2022	1	0/4	Medicare	Human	989998	02/17/2022	Lisinopril 10 MG TABS	1	Lisinopril	Gregory zzHouse	Hometown Pharmacy	01/01/2022	1	0/4	Medicare	Human	989998	02/16/2022	HYDROcodone-Acetaminophen 7.5-300 MG TABS	100	Hydrocodone-Acetaminophen	Hawkeye zzPierce	Hometown Pharmacy	02/15/2022	15	0/0	Commercial Insurance	Human	989998	02/16/2022	Lisinopril 10 MG TABS	1	Lisinopril	Gregory zzHouse	Hometown Pharmacy	01/01/2022	1	0/4	Medicare	Human	989998	02/15/2022	oxyCODONE HCl 10 MG TABS	5	Oxycodone HCl	Meredith zzGrey	zzTest Pharmacy 1	02/15/2022	5	0/0	Private Pay (Cash, Charge, Credit Card)
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Interoperability – Real-life Numbers

	Pre-Integration	Post-Integration
<i>Ratio of PDMP queries to controlled substance prescriptions dispensed</i>	1.15	2.87
<i>Time it takes for staff to access and review PDMP data</i>	55 seconds	15-30 seconds
<i>Number of workflow clicks needed to access PDMP data</i>	9 clicks	2 clicks
<i>Number of workflow screens needed to navigate to PDMP data</i>	5 screens	2 screens

*The ratio of PDMP queries to controlled substances prescriptions dispensed were calculated using CyncHealth's data for 3 Nemaha clinicians during 8/1/2020-10/31/2020 (pre-integration) and 8/1/2021-10/31/2021 (post-integration). The workflow and time data represents data collected from Nemaha directly via their CEO and CTO.

Opioid Risk Assessment



Opioid Risk Assessment Tools

The 3 C's	Possible expressions in patients on chronic opioids
Loss of CONTROL	<ol style="list-style-type: none">1. Reports lost/stolen medication2. Calls for early refills3. Seeks opioids from other sources4. Withdrawal symptoms noted at visits
CRAVING , preoccupation with use	<ol style="list-style-type: none">1. Recurring requests for increases in opioids2. Increasing pain despite lack of progressive disease3. Dismissive of non-opioid treatments
Use despite negative CONSEQUENCES	<ol style="list-style-type: none">1. Over-sedation/somnolence2. Decreases in activity, functioning and/or relationships

Drug Management Programs

Key component is provider involvement.



Are Rx opioid medications appropriate, medically necessary and safe?

Is patient at-risk for misusing or abusing opioids and benzodiazepines?



Would one of the drug management program tools help the prescriber better manage his/her patient's drug use?

Improved Safety Alerts

Seven-day supply limit for opioid naïve patients



Hard safety edit

Stops filling until override is entered



Patients who have “not filled an opioid prescription recently”

- Will be defined by Part D plan sponsor
- Provider can proactively request coverage determination on behalf of patient attesting to medical need for supply greater than seven days



Subsequent prescriptions are not subject to seven-day limits

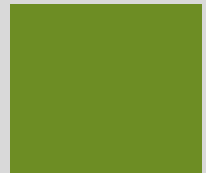
Questions?



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Kevin Borchert, PharmD
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Thank you!