What would it take to get to zero overdose deaths in California?

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Beth

Name and picture changed
What we believed then

- Opioids are safer than alternatives
- No ceiling dose
- Hesitation = “opiophobia”
- Addiction rates <1%
- Universal precautions = patient safety
  - Pain management agreements (contracts)
  - Drug screens
  - Assessment tools
“The risk of addiction is much less than 1%”


Cited 824 times (Google Scholar)

Credit: Andrew Kolodny, MD
ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients, Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

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Old way of thinking:

“Break contract – cut off from treatment”

“No one ever dies of opioid withdrawal.”

New way of thinking:

Long-term opioid use depletes dopamine activity (sometimes permanently)

Severe dopamine depletion is a chronic brain disease

Abruptly opioid discontinuation:

Overwhelming pain, despair and cravings

Often fatal choices: OD, HIV, hepatitis, suicide

Opioid replacement stabilizes the brain
Two chemical-deficiency conditions: diabetes and addiction

**Cause:** Genes, environment and behavior

**Prevention:** Early intervention, behavior change

**Treatment:** Long-term chemical replacement
What should we do?
October 1846 – June 1947

1867 – early 1990s

SLOW IDEAS

Some innovations spread fast. How do you speed the ones that don’t?

By Atul Gawande
OPIOIDS: short-term

PATIENT

PRESCRIBER
OPIOIDS: long-term

PATIENT

PRESCRIBER
Reverse the epidemic: short-term

**PATIENT**

- Cat and camel
- Quadriped arm/leg raise
- Pelvic tilt
- Gluteal stretch
- Side plank
- Extension exercise

**PRESCRIBER**

- PCS MAT training

[Images and diagrams showing exercises and a doctor speaking]
How to change when change is hard
Tips for change, when change is hard

1. Clear vision and goal
2. Build partners and align work
3. Pull many levers at once
4. Use data to mark progress and learn as we go
1. Clear vision and goal: drop overdose death rates
2. Build partners

- “Why did you listen to her?”
- Nurse: “I didn’t. Then things changed.”
- “Why?”
- “She was nice. She smiled a lot.”
- “That was it?”
- “It wasn’t like talking to someone who was trying to find mistakes,” she said. “It was like talking to a friend.”

- That, I think, was the answer.

From Gawande, Slow Ideas
### Prevention

<table>
<thead>
<tr>
<th>Opioid-naïve</th>
<th>Chronic pain</th>
<th>Addiction</th>
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</thead>
<tbody>
<tr>
<td><strong>DO</strong></td>
<td><strong>DON'T</strong></td>
<td></td>
</tr>
<tr>
<td>Fewer diagnoses, fewer pills</td>
<td>Focus on high-doses, combinations with sedatives</td>
<td>Better access to buprenorphine</td>
</tr>
<tr>
<td>Youth prevention</td>
<td>Slow tapers</td>
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</tbody>
</table>

### Management

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<tr>
<th>DO</th>
<th>DON'T</th>
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<tr>
<td>Focus on high-doses, combinations with sedatives</td>
<td>Fast tapers or abrupt stops</td>
</tr>
<tr>
<td>Slow tapers</td>
<td>Cause harm</td>
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### Treatment

<table>
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<tr>
<th>DO</th>
<th>DON'T</th>
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<tr>
<td>Better access to buprenorphine</td>
<td>Require drug-free treatment or limit options to Vivitrol</td>
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</table>
3. Pull many levers at once

Coordinated action:

- State agencies: opioid workgroup
- Publications and public communications campaign
- Purchasers: Smart Care California
  - Medi-Cal, CalPERS, and Covered California
- Health plans
- Providers, hospitals
- Clinics: medical, behavioral, addiction treatment
- Local coalitions
Statewide Opioid Workgroup

Building a comprehensive approach to:

- Safe Prescribing
- Access to Treatment
- Naloxone Distribution
- Public Education Campaign
- Data Informed

Leveraging Multi-Sector Collaboration at State and Local Level
Curbing the Opioid Epidemic: Checklist for Health Plans and Purchasers

Smart Care California is a public-private partnership working to promote safe, affordable care in California, including a focus on opioid-related morbidity and mortality. This checklist of health plan approaches is based on the most up-to-date evidence available emerging from literature review, case studies, interviews, and surveys of California health plans. See the California Health Care Foundation’s publication *Changing Course: The Role of Health Plans in Curbing the Opioid Epidemic* for details and references.
36 counties and growing
Power of coalitions: emergency department guidelines

SAFE PAIN MEDICINE PRESCRIBING

We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.

For your SAFETY, we routinely follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.
2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
3. If pain prescriptions are needed for pain, we will only give you a limited amount.
4. We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.
5. We do not prescribe long acting pain medicines such as: OxyContin, MSContin, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.
6. We do not provide missed doses of Subutex, Suboxone, or Methadone.
7. We do not usually give shots for flare-ups of chronic pain. Medicines taken by mouth may be offered instead.
8. Health care laws, including HIPAA, allow us to ask for all of your medical records. These laws allow us to share information with other health providers who are treating you.
9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
10. We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system tracks opioid pain medications and other controlled substance prescriptions.

If you need help with substance abuse or addiction, please call 211 for confidential referral and treatment.
Power of coalitions: Medication-assisted treatment

- MAT in primary care
- MAT in emergency depts
- Buprenorphine trainings
- Health plan incentives
- Hub and Spoke programs
Power of coalitions: naloxone
Power of health plan/coalition partnership

74% decrease in total prescriptions and unsafe dose

Partnership HealthPlan (14 Northern California counties)
Power of coalitions: data

Ventura Deaths - Total Population - 2015

All Opioid Overdose: Age-Adjusted Rate per 100,000 Residents

Opioid surveillance dashboard: https://pdop.shinyapps.io/ODdash_v1/
4. Use data to mark progress and learn as we go: California Opioid Overdose Surveillance Dashboard

- All drug overdose deaths
- Prescription opioid overdose deaths
- Heroin overdose deaths

Power of a call to action with data: buprenorphine prescriptions

Lake County: highest death rate in the state
Summary

Addiction and overdose deaths are preventable

Need top-down (state policy) and bottom-up (local) solutions

1. **Safer prescribing:**
   PREVENT new starts for opioid-naïve
   MANAGE risk and function for patients with chronic pain
   DO NO HARM

2. **Medication-Assisted Treatment:**
   TREAT: ensure effective, accessible treatment

3. **Naloxone:** save lives
Help Defend Gains of the ACA

We need personal patient stories of ACA impact – especially related to substance use treatment

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THANK YOU
https://www.youtube.com/watch?v=S0xPrM0DWRo