

Health Policy Institute of Ohio

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Low-Opioid Reliance Model of Care: Could it Be Done?

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Objectives

- ▶ Present Opioid data from the Northeast Ohio VA Healthcare System
- ▶ Highlight areas of success in alternative therapies
- ▶ Review some of the barriers to effective yet safe pain care

National Institute on Drug Abuse

What drove this high prevalence?

Multiple factors were likely at work:

- ▶ *Misperceptions about their safety*
- ▶ *Increasing environmental availability.* Between 1991 and 2010, prescriptions for prescription opioid analgesics increased from about 30 million to 180 million, a **600% increase**
- ▶ 2010-2015: **12% reduction** in opioids prescription
(from the CDC 2017 Annual Surveillance Report of Drug-Related Risks and Outcomes)
- ▶ *Varied motivations for their abuse.* Underlying reasons include: to get high; to counter anxiety, pain, or sleep problems...etc

Northeast Ohio VA Healthcare System: Shifting the Tide

The Northeast Ohio VA Healthcare System created a *Culture* of low-opioid reliance through 4 guiding principles:

1. A unified message of adherence to evidence-based pain-management practices
2. Safe pain medication prescribing
3. Use of innovative technologies
4. System-wide sharing of best practices

Northeast Ohio VA Healthcare System: Shifting the Tide

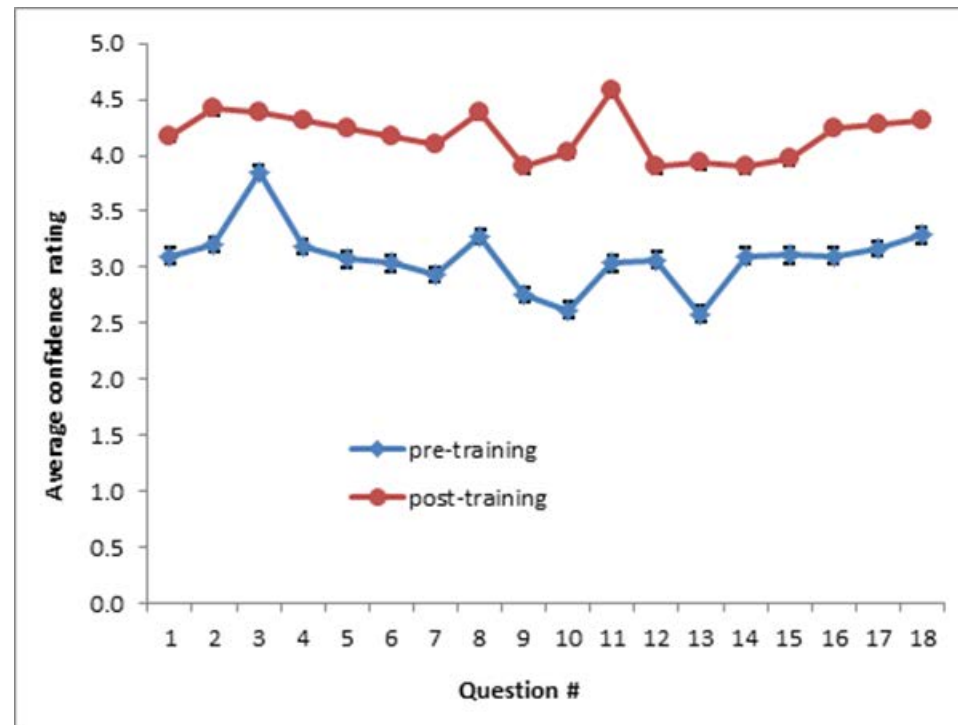
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What is SCAN-ECHO

- ▶ SCAN-ECHO: Specialty Care Access Network- Extension for Community Healthcare Outcomes
- ▶ It is an innovative approach that uses video-teleconferencing technology to connect with rural primary care providers; hence connecting specialists in a University/academic setting to rural PCPs.
- ▶ PCPs volunteer time for a video-conference call for a set 90 min every week. Real-time cases are presented and discussed, followed by a didactic presentation based on a yearly curriculum

Ball S. Wilson B. Ober S. Mchaourab A. SCAN-ECHO for Pain Management: Implementing a Regional Tele-mentoring Training for Primary Care Providers. Pain Med. May 19, 2017

- ▶ Assessing Clinical Skills of Participating PCPs before and after 1 year of training
- ▶ N=29
- ▶ Pre and post 1-year surveys
- ▶ Scale of 1 to 5

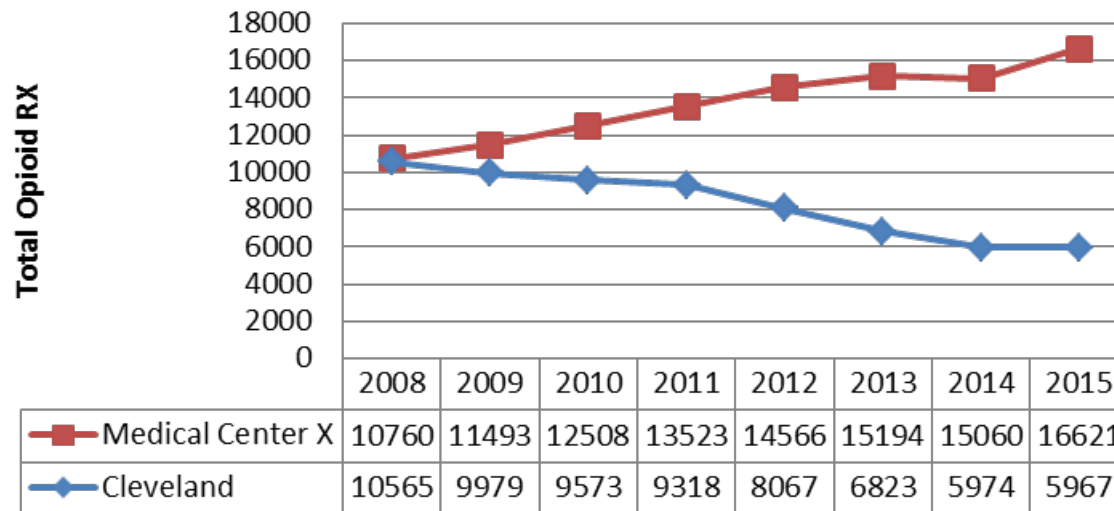


Survey Scoring Scale				
1	2	3	4	5
None or no skill	Slight knowledge, skills, or competent	Average among my peers	Competent	Expert, teach others

Opioid Utilization Trend

Northeast Ohio (Cleveland) VA vs. another tertiary VA medical center

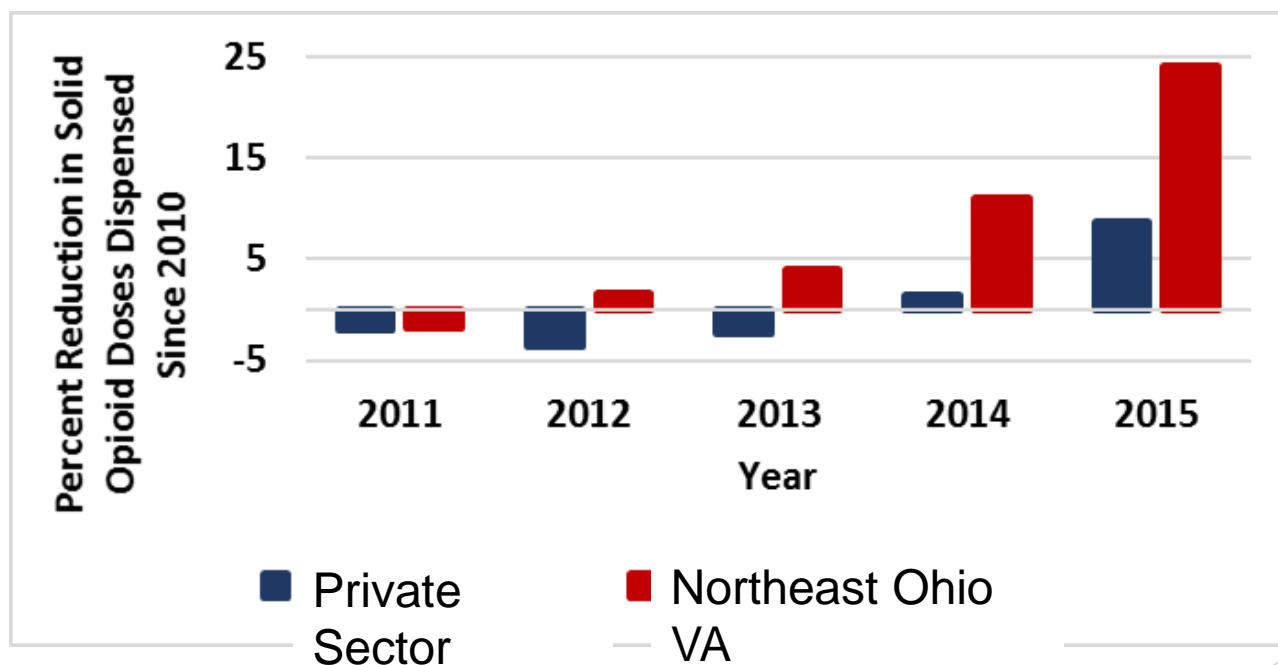
**Total opioid prescriptions,
CBOC PCPs to CBOC patients**



How one city's VA health system has greatly reduced opioid prescribing

By Ali Mchaourab, Jason Tuckerman, and Anupam Jena
September 12, 2017

% Reduction: Northeast Ohio VA Healthcare System vs. private sector (Northeast Ohio)



Northeast Ohio VA Healthcare System: Shifting the Tide

For > decade, the Northeast Ohio VA Healthcare System created a *Culture* of low-opioid reliance through 4 guiding principles:

1. A unified message of adherence to evidence-based pain-management practices
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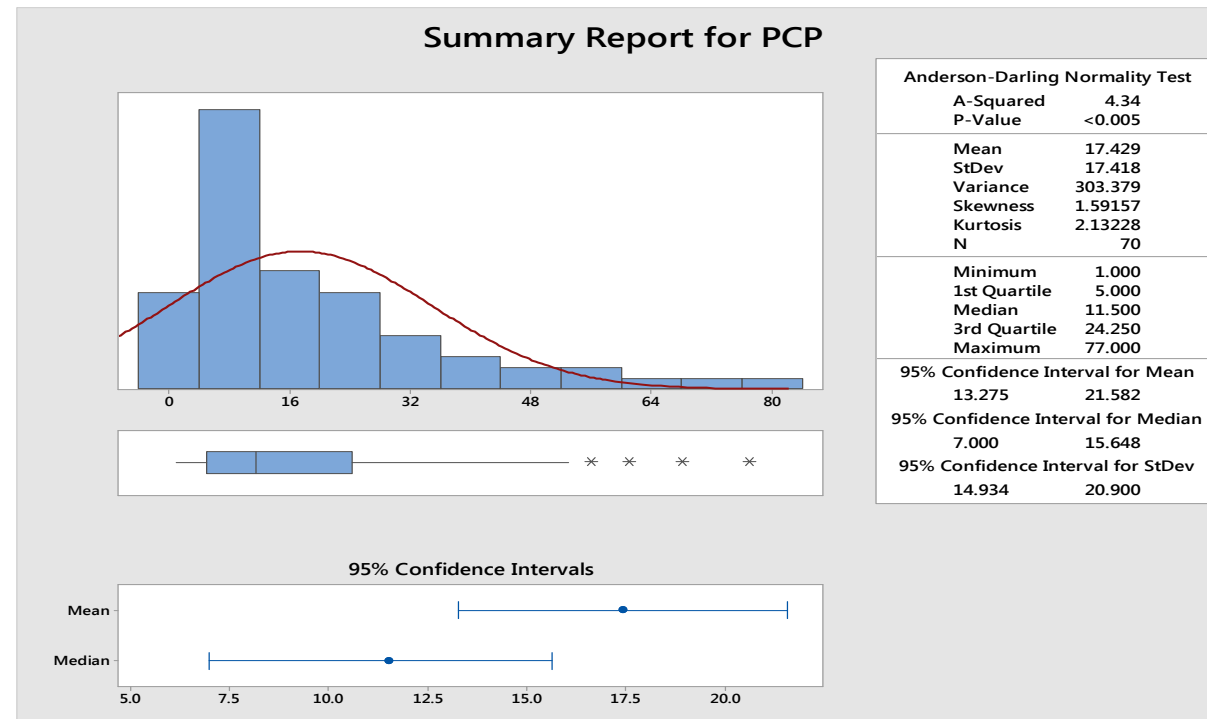
Did the Evidence Exist?

The SPACE Trial: Conclusions and Relevance

“Treatment with opioids was not superior to treatment with nonopioid medications for improving pain-related function over 12 months. **Results do not support initiation of opioid therapy** for moderate to severe chronic back pain or hip or knee osteoarthritis pain.”

Safety: Ongoing Monitoring of Usage

- ▶ Quarterly Provider Prescription Review
 - Provider practice reviewed quarterly to identify opportunities for improvement.



Is there Barriers?

- ▶ Lack of a gold standard for defining “appropriate use” of opioids
- ▶ Lots of providers with poor to no education about proper pain management strategies, and opioids management
- ▶ A system that incentivizes overuse of pharmacologic compounds generally, by tying it to patient satisfaction

Take Home Message

1. The opioid epidemic is the result of increased availability of addictive and mostly ineffective drugs for a chronic disease.
2. Pain management can be practiced safely, and with little reliance on opioid analgesics and use of alternative and safe modalities
3. The pillar of low-opioid utilization is a shift from passive to patient-based self-management philosophy

The President's Commission on Combating Drug Addiction and the Opioid Crisis visited Cleveland on 9/14/2017:

- ▶ Round table discussion
- ▶ Press release
- ▶ Final report



Final Report

A good example of this federal leadership occurred when Department of Veterans Affairs Secretary Shulkin, in response to the Commission's interim report release, immediately launched eight best practices for pain management in the VA health-care system. These guidelines included everything from alternatives and complimentary care, counseling and patient monitoring to peer education for front-line providers, informed consent of patients and naloxone distribution for Veterans on long-term opioid therapy. I had the opportunity to visit with doctors and patients at the **Louis Stokes Northeast Ohio VA Healthcare System** and witnessed first-hand the positive results of a hospital that has embraced a different continuum of care for pain management. The VA doctors, which included behavioral health specialists, acknowledge and treat those with addiction in the full complement of ways the medical community would tackle other chronic diseases. Let's use these VA practices as an example for our entire healthcare system.



THE PRESIDENT'S COMMISSION ON COMBATING DRUG ADDICTION AND THE OPIOID CRISIS

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