Maximizing Health Information Technology in the Fight Against the Opioid Crisis

with David Bucciferro and David Lacouture
Introduction

• Presenter Introduction
• Preview of presentation
• Questions you hope we answer
Not the Only Thing You Face Today?

- Funding & Coding Changed
- HCBS Waiver Rules
- Opioid Crisis
- Changing Regulations And Expectations
- Money Follow the Person Uncertainty
- Uncertainty With Federal Direction
- Privacy & Consent
- Managed Care
- Value Based Care

You
Today’s Healthcare Focus

• Triple aim: improving outcomes, improving quality, reducing cost
• Medicaid/managed care expansion, value-based care
• Coordinated, accountable, and integrated healthcare
• Home and community-based services with less reliance on institutional care
• Promoting wellness, preventing high-cost services
• Person-centered, self-directed care
• Healthcare focus on social determinants of health
What is Missing in Addressing the Crisis?

- Early recognition
- Prevention
- Short-term solutions
- Long-term structure changes
Is it Really a Crisis?

A deadly dose
United States, overdose deaths involving opioids
By county, 2015

Source: Centres for Disease Control and Prevention
Economist.com
Facts that Define the Crisis

• More than 130 Americans die daily

• 40 plus percent of those addicted have other mental health issues

• According to a study done by St. Louis University, 10 percent of over 100,000 patients prescribed opioids developed depression after a month of using the medications
Facts that Define the Crisis

THE OPIOID EPIDEMIC BY THE NUMBERS

- **130+** People died every day from opioid-related drug overdoses (estimated)
- **11.4 m** People misused prescription opioids
- **47,600** People died from overdosing on opioids
- **2.1 million** People had an opioid use disorder
- **886,000** People used heroin
- **81,000** People used heroin for the first time
- **2 million** People misused prescription opioids for the first time
- **28,466** Deaths attributed to overdosing on synthetic opioids other than methadone
- **15,482** Deaths attributed to overdosing on heroin

**Sources**
2. NCHS Data Brief No. 293, December 2017
Facts that Define the Crisis

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

- Alcohol are 2x more likely to be addicted to heroin.
- Marijuana are 3x more likely to be addicted to heroin.
- Cocaine are 15x more likely to be addicted to heroin.
- Rx Opioid Painkillers are 40x more likely to be addicted to heroin.

Current Study of the Opioid Crisis

• A recent study co-authored by Laura Schwab Reese, MA, PhD, examining the association between opioid abuse and depression turned a searing spotlight on the need for increased access to mental health in the United States.

• The study is “highly suggestive” of an association between opioid abuse and depression. Specifically, the study concluded that a 1% increase in state-level depression diagnoses was associated with a 26% increase in opioid analgesic-related deaths.

• The study showed that in places where there are high levels of depression, there are also high levels of opioid related death,

• Dr. Reese stated that she felt the study really suggested that mental health is at the core of what is happening in our society. Suicide is increasing. Opioid-related deaths are increasing. I think it further supports the need for access to mental health care in the United States

• According to Reese, access to proper mental health care is severely inadequate due to a number of causal factors.
Economic Effect of the Opioid Crisis

Total and Projected Costs of the Opioid Epidemic

$1 Trillion Total

$500 Billion Projected

Data between labeled estimates interpolated using constant growth rates
Opioid Crisis Defined

Depends on your perspective...

• Problem created by pharmaceutical companies
• Personality weakness
• Suburban wife issue
• Created by pain-management physicians
• Roots in socioeconomic disparity
OIG Report on Prescription Misuse

- One in three Medicare Part D beneficiaries received a prescription opioid in 2016
- About 500,000 beneficiaries received high amounts of opioids
- Almost 90,000 beneficiaries are at serious risk
- About 400 prescribers had questionable opioid-prescribing patterns for beneficiaries at serious risk
What Are Researchers Saying?

• Drug use may bring about symptoms of mental illness

• Mental disorders can lead to drug use because of the need to self-medicate

• Those with mental illness may have overlapping genetic vulnerabilities or be predisposed to addiction and mental disorders

• Those with co-occurring diagnoses may have overlapping environmental triggers such as physical or emotional abuse, stress, or trauma (SDofH)

• Drug use and mental illness develop over time and can change the way our brains function
How Can You Manage the Change Needed to Deal with this Crisis?

• Quality leadership
• Quality workforce
• Data/Information
• National tools
Leadership Strategy

• Leadership buy-in and culture change management
  • Right information in the right hands
  • What is the tone/expectation of anticipated change?
• Human resources development for unifying expectations and implementing practice & training
• Quality assurance (QA) protocols internal to the agency that complement state outcome goals and offer a strong feedback loop to quality improvement
• Mission-driven strategy for how to integrate new services into provision and billing
• Supportive of new ideas
Workforce

- **Skill set** – Staff need to be placed in situations that require their skills and where they can be successful
- **Culture** – Foster a culture of responsibility, mission, and excellence
- **Data accountability** – Use data to inform, manage, operate, and deliver services
- **Adaptability** – Changes will happen if staff are adaptable to change
Data/Information

- The “what” – identify the information
  - Prevention
  - Early identification
  - Performance improvement
  - Management/Supervision

- The “why” – use your data
  - Identify risk early
  - Reduce risk
  - Informed decision-making
  - Improved efficiency
  - Collaborate
Identifying the Data

Management/Supervision

- Identify categories
  - Program governance
  - Human resource
  - Fiscal management
  - Documentation
  - Ongoing monitoring
  - Planning

- For each category
  - Identify useful information
  - Identify sources
  - Create model report
  - Appoint responsibility
  - Determine frequency
Identifying the Data

Performance improvement

- Target a specific area for improvement
- Suggest potential indicators of progress
- Identify source of information
- State expected results
- Identify anticipated time to see improvement
- Review and modify practice or indicators
Informed Decision Making

- Data-based decision making
  - Data
  - Information
  - Knowledge
  - Wisdom

- Everyone’s job
  - Administrators
  - Supervisors
  - Clinicians
  - Oversight and support
Accessibility to Decision-Making Data

- Key staff have access to and knowledge of the system
- Regular use of the system
- Tracking outside of the system
- Reports from the system—client demographics/profile, client outcomes, LOS
- Ongoing review of data
- Staff training and retraining, new features
Collaboration and Interoperability

• Need to work and communicate with other providers

• Need to be able to exchange Data HIE
National Tools - EPCS

• Electronic Prescription for Controlled Substances (EPCS) Define
  • Electronic prescriptions for controlled substances, also known as EPCS is a technology solution to help address the problem of prescription drug abuse in the United States. The rule “Electronic Prescriptions for Controlled Substances”, provides practitioners with the option of writing and transmitting prescriptions for controlled substances electronically. The regulations also permit pharmacies to receive, dispense, and archive these electronic prescriptions.

• Current Landscape
  • 4 states mandatory
  • 5 states passed legislation
  • 12 states proposed legislation
  • 30 states no legislation

• Not surprising that most states have under 10 percent usage of EPCS and only NY is over 60% with 97% usage
National Tools - PDMP

• Prescription Drug Monitoring Program
  • PDMP stands for a prescription drug monitoring program, and in some states it's simply called a PMP, prescription monitoring program. A PDMP is a state-based electronic database that tracks the prescribing and dispensing of controlled substances. At their most basic level, a PDMP collects information from a pharmacy about what controlled substances were dispensed, how much, to whom, and by whom.

• Landscape
  • Inconsistent timeframes for reporting
  • Lack of a common data set for exchange of information between states
  • Inconsistent allowances for sharing information across states,
  • Different rules specifying who has PDMP access
  • Limitations on how EHRs can access, integrate and retain PDMP information
Practitioner Tools

- Clinical Support Tools
- Opioid Agreement
Opioid Support Act Highlights

• The law will better educate pharmacists about opioid abuse

• The law will make Medication-Assisted Treatment more accessible

• Loan repayment program for SUD treatment providers practicing in high-need areas (up to $250,000); authorizes $25M for each of FY 2019-2023

• Permanent buprenorphine prescribing authority for NPs and Pas

• Medicaid/Medicare rule changes to allow improved access and parity around SUD treatment

• Lifts the IMD bed cap and allow states to use Medicaid dollars to pay for coverage for substance use disorder treatment at accredited residential addiction treatment facilities for up to 90 consecutive days
Opioid Support Act Highlights

• The **Synthetics Trafficking & Overdose Prevention (STOP) Act**, which will help stop dangerous synthetic drugs like fentanyl and carfentanil from being shipped through our borders to drug traffickers here in the United States.

• Improving Access to Behavioral Health Information Technology Act (S. 1732) to help behavioral health care providers adopt electronic health records. It authorizes the Centers for Medicare and Medicaid Services to provide incentives to adopt electronic health technology to behavioral health care providers and improve the coordination and quality of care for Americans with mental health, addiction, and other behavioral health care needs.

• Requires state Medicaid programs to have providers check prescription drug monitoring program for enrollee’s prescription drug history before prescribing a controlled substance, as of 10/1/21

• Electronic prescribing requirement for all controlled substance prescriptions for a covered part D drug under a prescription drug plan (or an MA–PD plan). The deadline to comply is January 1, 2021
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The freedom to focus on your mission.