CHRONIC PAIN AND THE OPIOID CRISIS

The Role of Executive Leadership and Governance in Responding

September 28, 2016
Disclosure

• Missouri Primary Care Association was awarded funding for *Improving Chronic Pain Management in Primary Care Health Homes* from the Missouri Foundation for Health.

• “Missouri Foundation for Health is a resource for the region, working with communities and nonprofits to generate and accelerate positive changes in health. As a catalyst for change, the Foundation improves the health of Missourians through a combination of partnership, experience, knowledge and funding.”
Today’s Topics

• History of Opioids and Use in Treating Chronic Pain
• Statistics and Perspective
• Demands on Primary Care Providers
• Biopsychosocial Approach to Care
• Executive Leadership and Governance Roles
• Resources
History

- 3500 BC: Opium cultivated and used in Mesopotamia
- 1500’s: Laudanum becomes isolated and widely available for many uses
- 1820’s: Morphine becomes commercially available
- 1874: Heroin is synthesized
- 1914: Harrison Narcotics Tax Act
- 1916: Oxycodone synthesized
- 1920: Hydrocodone synthesized
- 1924: Congress bans Heroin
More History...

- 1939: Oxycodone approved for use in the U.S.
- 1943: Hydrocodone approved
- 1950’s - 1990’s: Semisynthetic opioids approved and used for managing terminal illness or for acute short term pain recovery from surgery
- 1986: Portenoy- opioid maintenance can used safely and effectively without fear of addiction in patients with non-malignant pain
  - study based on 38 cases
  - no history of drug abuse
Pain – the 5th Vital Sign

• 1992: Agency for Health Care Policy and Research—pain should be assessed
• 1996: Consensus statement from American Pain Society regarding use of pain medications in non-malignant pain
  • “Pain is the 5th Vital Sign”
• 1996: Purdue reformulates oxycodone into a long acting form and OxyContin goes on sale
• 1998: Federation of State Medical Boards policy change reassuring physicians about prescribing pain medications
But Maybe There’s a Problem

• 2000: Congress passed a bill, signed by President Clinton declaring the 2000’s the decade of pain control and research
• 2000: The Joint Commission sets standards regarding assessment and management of pain
  • Widespread use of “Pain is the 5th vital sign”
  • Published a guide- “no evidence that addiction is a significant issue”
• 2007: Purdue Pharmaceuticals accused of fraud in marketing OxyContin and fined $635 million
• 2008: Cephalon fined over $500 million
Changing Course

• 2010: State of Washington legislature mandates prescribing guidelines
• 2011: Institute of Medicine issues report on relieving pain in America- “Moral imperative to treat pain.”
• 2012: The U.S. Senate gets involved
  • “The problem of opioid abuse is bad and getting worse,” Sen. Chuck Grassley, Iowa
  • Letters to 5 organizations from Senate Finance Committee
  • The nation’s largest organization for pain patients, American Pain Foundation, ceased operations
Today

- 2015: Washington updates guidelines after getting data based upon original guidelines
- 2015: All states (except for Missouri) have prescription drug monitoring programs
- 2016: CDC declares pain prescriptions an epidemic and publishes opioid prescribing guidelines
Statistics

- 259 million opioid prescriptions in 2012, three times as many as 1992
- Since 1999, opioid deaths have quadrupled
- By 2014, more likely to die from an opioid overdose than a car accident
- By 2015, Purdue had earned $35 billion from OxyContin
- In 2016, 44% of Americans know a pain pill addict (Kaiser study)
Issues

• Pain has always been part of the human existence
• There are distinct differences between acute and chronic pain
• So much we don’t know about why pain persists
  • According to AFP: opioids for as little as two weeks can cause tolerance
• Patients with pain are perceived and judged in certain ways, many times negatively
• Pressure to say yes and prescribe medications that may not be appropriate or indicated
• Over the last 10 years treatment of pain has equaled the prescribing of pain medications
## The Need

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of Sufferers</th>
<th>Source</th>
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<tbody>
<tr>
<td>Chronic Pain</td>
<td>100 million Americans</td>
<td>Institute of Medicine of The National Academies</td>
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<tr>
<td>Diabetes</td>
<td>25.8 million Americans (diagnosed and estimated undiagnosed)</td>
<td>American Diabetes Association</td>
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<tr>
<td>Coronary Heart Disease (MI &amp; CP)</td>
<td>16.3 million Americans</td>
<td>American Heart Association</td>
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<tr>
<td>Stroke</td>
<td>7.0 million Americans</td>
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<tr>
<td>Cancer</td>
<td>11.9 million Americans</td>
<td>American Cancer Society</td>
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Primary Care Challenges

• Primary Care or Emergency Room is usually the first contact
• Primary Care Providers are not adequately trained to be confident in treating chronic pain
• Pain patients can be demanding and disruptive
• Pain is impossible to quantify definitively
• Chronic pain and opioid dependence
• Alternatives to opioids may not be covered by insurance or affordable for uninsured
• Chronic pain overlooked in needs assessment and service planning
Bio-Psychosocial Approach to Care

- Primary Care
- Pain Specialist
- Behavioral Health Consultant
- Healthy Behaviors (exercise, diet)
- Social Supports
- Community Resources
- Alternatives to Opioids
- Congruent with Primary Care Health Home
- Recommended by Institute of Medicine in Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research (2011)
# Improving Chronic Pain Management in Primary Care Health Homes

<table>
<thead>
<tr>
<th>SHOW-ME ECHO</th>
<th>CARE TEAM TRAINING</th>
<th>DATA SUPPORT</th>
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</table>
| - Opioid prescribing risk  
- Treatment options  
- Appropriate referrals  
- Accurate diagnosis | - Patient population  
- Psychological and social concerns  
- Patient education | - Multiple opioid prescribers/pharmacies  
- No PDMP  
- Population health tools  
- Measure impact |

**Patient population**  
**Psychological and social concerns**  
**Patient education**
Executive Leadership and Governance

- Learn about Chronic Pain
- Public Policy
- Advocacy
- Internal Policies
- Training
- Support Champions and Teams
- Collaboration in Community
We Can Help

• Consultation for Executive Leadership and Board Members
• Presentations at Board and Staff Meetings
• Advocacy Support
• Staff Training
• Progress Reports on Improving Chronic Pain Management in Primary Care Health Homes project
• Foster Community Collaboration
Contact Us

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