

CHRONIC PAIN AND THE OPIOID CRISIS

The Role of Executive Leadership and
Governance in Responding

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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

Condition	Number of Sufferers	Source
Chronic Pain	100 million Americans	Institute of Medicine of The National Academies
Diabetes	25.8 million Americans (diagnosed and estimated undiagnosed)	American Diabetes Association
Coronary Heart Disease (MI & CP)	16.3 million Americans	American Heart Association
Stroke	7.0 million Americans	
Cancer	11.9 million Americans	American Cancer Society

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

- Opioid prescribing risk
- Treatment options
- Appropriate referrals
- Accurate diagnosis

SHOW-ME ECHO

- Patient population
- Psychological and social concerns
- Patient education

CARE TEAM TRAINING

- Multiple opioid prescribers/
pharmacies
- No PDMP
- Population health tools
- Measure impact

DATA SUPPORT

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

Susan Wilson swilson@mo-pca.org

Karl Haake, MD karlhaake@me.com

Lindsey Haslag, RN lhaslag@mo-pca.org

(573) 636-4222