

CARE MANAGEMENT TECHNOLOGIES

Improving behavioral health through the power of clinical expertise and advanced technology

Opioid Prescription Intervention (OPI):
Balancing the multiple demands placed on prescribers of pain medications

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Paul Stuve, Ph.D.
Account Manager
pstuve@cmthealthcare.com



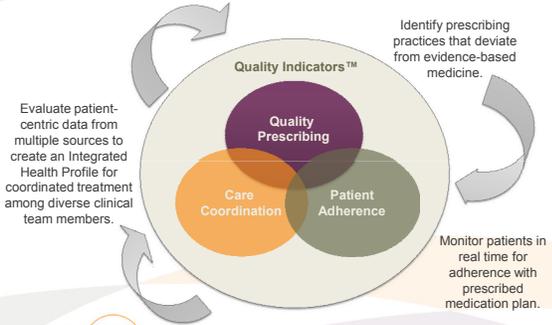
Presentation Overview

- Background on CMT
- Issues associated with opioid prescribing
- Opioid Prescription Intervention (OPI)
- Feedback and Discussion



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What CMT Does



Evaluate patient-centric data from multiple sources to create an Integrated Health Profile for coordinated treatment among diverse clinical team members.

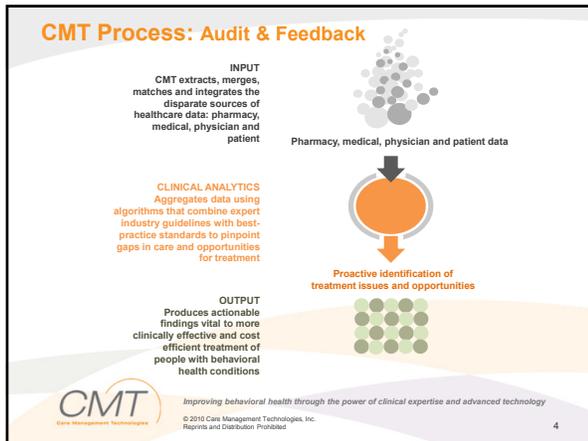
Identify prescribing practices that deviate from evidence-based medicine.

Monitor patients in real time for adherence with prescribed medication plan.



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How Big is the Problem?

- One out of ten Americans take prescription pain medication **regularly** to manage chronic pain.
- Drug overdose is now the 2nd leading cause of unintentional death – just behind motor vehicle accidents.
- There are more ER visits for problems related to prescription drugs than for illegal drugs.
- SAMHSA data indicates that in 2005 7.4% of teenagers abused a prescription pain reliever.
- Adults age 35-44 have the highest mortality rates associated with prescription drug abuse.
- Elderly patients are particularly prone to adverse side-effects of opioids, including constipation, cognitive impairment, and imbalance/falls.



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Cost of Abuse

Costs for outpatient prescription pain meds quadrupled between 1996-2006 (\$4.2 billion to \$13.2 billion)



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Cost of Abuse

A national evaluation of insured populations found that opioid abusers had mean annual direct health care costs **eight times higher** than non-abusers.

White, Birnbaum, Mareva, Daher, Vallow, Schein, et al. "Direct costs of opioid abuse in an insured population in the United States. Journal of Managed Care Pharmacy 2005



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Assistance for Physicians

It is important that physicians:

- Avoid fear of prescribing medications that are needed for acute and terminal pain
- Can treat chronic pain adequately using prescription medication and other techniques
- Have access to solid data that can provide early safety warnings to avoid adverse events or abuse
- Have access to the latest information about the treatment of chronic pain, and alternatives to chronic opioid use



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Opioid Prescription Intervention (OPI)™

CMT's program is designed to balance:

The need to improve access to all evidence-based analgesic therapies for medically ill patients who suffer with chronic pain.

with

The urgent need to help physicians and other prescribers stem the alarming tide of narcotic analgesic misuse and adverse events.



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CMT's Opioid Prescription Intervention™

- 55 Opioid specific Quality Indicators™
- Covers the Adult, Elderly and Child populations
- Complements existing oversight programs
- More than just a monitoring or law enforcement program... OPI has a triple aim of:
 - Identifying higher-risk patients
 - Identifying physicians whose prescribing patterns suggest a need for focused interventions
 - Providing targeted educational information to prescribers



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Missouri OPI Pilot

- OPI Focus Group met in March 2010
- Three mailings (April, May, June 2010)
- Top 300 Outlier physicians receive each mailing



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Sample OPI Reports

- [Sample Reports](#)
- [Sample Mailing](#)



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OPI Feedback

- Feedback from 26 different providers on 194 patients
- Feedback has been very positive so far:
 - Providers report discontinuing opioids or referring patients to pain specialists
 - Many not aware of other prescribers
 - Many ER physicians report “Justified Practice” in their response
 - Several “prescriber left practice” comments – some from many years ago. Fraud?



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OPI Feedback Samples

- I have reviewed the associated reports; they are useful and have helped me determine that some of the pts described are significantly overlapping in opioid Rxs
- Short term pain mgmt for acute condition in ER
- I no longer write controlled Rx for this pt
- Sickle cell anemia
- We no longer see this pt due to drug seeking behavior
- Pt only seen once 12/4/09; these Rxs not written by me
- Not aware of other prescribers; will adjust Rx in future
- I am an emergency physician; these meds were all 1X emergent med dosages; I do not follow these pts; they are not my pts in the sense that I do not follow specific pts



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Missouri OPI

- Mailings restarted Feb 2010
- Monthly mailings
- Some filters apply
- Top 400 Outlier physicians receive each mailing



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