Eastern Oregon Summit to Reduce Rx Abuse

Eastern Oregon University, La Grande

April 24, 2015

SUMMARY

Thanks to everyone who joined us in La Grande at the Eastern Oregon Summit to Reduce Prescription Drug Abuse! There were nearly 140 people in attendance representing health systems, law enforcement, tribes, local government, substance abuse treatment agencies, community organizations and other statewide and local organizations. Our speakers were excellent and participants were enthusiastic and engaged.

During the morning and afternoon break-out sessions, participants outlined regional action plans to reduce Rx abuse. Participants not only identified key strategies but also obtained commitments from the community for leadership, funding and support. Below is a summary of the strategies and next steps by break-out session.

REDUCING PILLS IN CIRCULATION

Implementation of Prescriber Guidelines

Local providers Drs. Elizabeth Powers (Winding Waters Clinic) and Betsy Neeley (Grande Ronde Hospital), with the support of the Eastern Oregon CCO, agreed to form a regional Opioid Prescribing Group similar to the group formed by Dr. Jim Shames in Southern Oregon. This group will be charged with selecting opioid prescribing guidelines and decision aids for use by prescribers with patients.

Expanding Access to Non-Opioid and Alternative Therapies to Manage Persistent Pain

Lines for Life, Dr. Paul Lewis (Multnomah County Health Officer) and the Eastern Oregon CCO and GOBHI committed to support the development of community-based pain clinics/pain schools. Mark Altenhofen, who has launched alternative pain clinics in Salem, Astoria and Southern Oregon, also committed to help. The use of a Boot Camp translation strategy for Frontier Counties to frame positive messaging and community norms that promote alternative approaches to pain management will be explored. For example, integrating primary care with public health and community-based organizations to translate evidence-based models of care into language and constructs accessible to community members that can readily be implemented to improve health.

Expanded Use of Prescription Drug Monitoring Program

Because the process of registering providers for the PDMP is a challenge, the discussion encouraged hospitals and health systems to sponsor lunches or other events as a strategy to expand PDMP enrollment. At the Summit, providers and delegates were given an opportunity to register on site. This effort nearly doubled the number of users in Union county! Also of note, upcoming PDMP enhancements will help providers run reports that can identify high risk patients.

Expanding and Improving Provider Education

Expanding access to provider education on opioid prescribing, cognitive behavioral therapy, trauma-informed care and pain management was identified as key components of the action plan. Participants identified gaps

such as additional training for Physical Therapists (PT's) and other alternative providers on chronic pain management. Sponsorship of continuing education for PT's was recommended as a possible solution.

Reversing the Unintended Consequences of Patient Satisfaction Surveys

Prescribers and health systems participants highlighted the current method of patient satisfaction surveys creates both reimbursement and human resource incentives to prescribe opioids. Dwight Holton and Elizabeth White at Lines for Life committed to work with institutional and state regulators to consider improvements to strike the appropriate balance in patient satisfaction assessment to avoid an inadvertent incentive to prescribe.

Future Opportunities

Change in OHP coverage for treatment of back pain conditions provides an opportunity for additional provider education on alternative therapies to manage pain. Beginning in 2016, alternative treatments such as acupuncture, cognitive behavioral therapy, chiropractic manipulation and other treatments with evidence of effectiveness will be covered.

EXPANDING ACCESS TO AGONIST AND ANTAGONIST THERAPIES

Development of an Integrated Care Model

One of the most exciting outcomes of the Summit was the Eastern Oregon CCO's commitment to support a county-wide pilot to test a model of care that integrates mental health, addiction, and primary care. Dr. Elizabeth Powers and Shannon Wiederman, ANP (Winding Waters Clinic) agreed to take the lead with the support of the Eastern Oregon CCO to design a system of care under one payment, one home model.

Expanding Naloxone Distribution

The Eastern Oregon CCO enthusiastically agreed to provide coverage for Naloxone and support the development of guidelines for co-prescribing Naloxone. In addition, the EOCCO and local treatment providers agreed to form a task force to write a grant application to the Federal Office of Rural Health Policy (FORHP) for funding through the Rural Opioid Overdose Reversal Grant Program (ROOR). This one year program will fund efforts that will focus on preventing opioid overdose in rural areas.

Expanded Access to Buprenorphine

Tim Hartnett (CODA) and Dr. Amy Boudreau (Lifeways, Inc.) agreed to form a Buprenorphine Access Task Force. The role of the task force is to expand the availability and accessibility of buprenorphine in the region. This includes exploring tele-health options and certification for non-physicians, ensuring at least one prescriber in every county, promoting opportunities for training, and expanding the role of mid-level providers.

REDUCING THE VOLUME OF UNWANTED PILLS

Education of Pharmacists, Pharmacies and Reverse Distributors

Last year, the DEA removed the barriers that prohibited pharmacies and long-term care facilitates as authorized disposal sites for unused medications. The new regulations allow authorized hospitals/clinics and retail pharmacies to voluntarily maintain collection receptacles.

Participants identified the need for more education on the new DEA regulations and suggested connecting with the Oregon Board of Pharmacy to offer more continuing education opportunities for pharmacists. Participants also suggested reaching out to large pharmacies to put financial pressure on reverse distributors to accept unused controlled medications.

EDUCATING THE PUBLIC ABOUT THE PROBLEM

In the session on Reducing the Volume of Unwanted Pills, outreach and messaging on the dangers of controlled prescription medications was suggested as key to generating public demand for disposal at pharmacies and long-term care facilities. Developing messaging around the illegality of sharing medications and the dangers and risks of prescription drug misuse was identified as integral to ongoing efforts to encourage safe disposal. During this session, participants received detailed information on Multnomah County's education campaign on opiates and Lines for Life's youth outreach and messaging campaigns to inform community efforts. Participants agreed it was important to build upon this information and develop local messaging.

Next Steps:

This summary provides a brief overview of the key strategies and next steps identified by Summit participants to move forward initiatives to reduce abuse and misuse of prescription medications in Eastern Oregon. A more detailed report of the action steps outlined by participants will be assembled and disseminated at a future date.

May 6, 2015 (E. White)

EASTERN OREGON SUMMIT TO REDUCE RX ABUSE
Agenda

April 24, 2015 | 8:30 a.m. - 5:00 p.m.

OBJECTIVE: *To create community level action plans that will move each objective from concept to action to reduce Rx abuse in Eastern Oregon and create momentum for statewide change.*

7:30 – 8:30 a.m.	Breakfast & Registration
8:30 – 10:30 a.m.	**Plenary:** *Creating a Better Pathway to Care*
8:30 – 8:40 a.m.	**Welcome & Introductions** **Dwight Holton**, *C.E.O., Lines for Life*
8:40 – 8:50 a.m.	**Expected Goals & Outcomes** **Charles Hofmann, M.D., M.A.C.P.**, *Eastern Oregon CCO Clinical Consultant* *Sponsor remarks:* Kevin Campbell, *C.E.O., GOBHI*
8:50 – 9:00 a.m.	**State of the State & State of the Region** **Lisa Millet, M.S.H., Manager**, *Oregon Public Health Division, Injury and Violence Prevention Program* **Elizabeth White, M.P.A.**, *OrCRM Coalition Coordinator, Lines for Life*
9:00 – 9:15 a.m.	**Rx Diversion in Eastern Oregon** **Kelsie McDaniel**, *District Attorney, Union County District Attorney's Office*
9:15 – 10:00 a.m.	**PANEL SESSION: Initiatives to Decrease Pills in Circulation** *Improving Patient Outcomes through Evidence-Based Practices* **Jim Shames, M.D.**, *Medical Director, Jackson County Health and Human Services* *Managing Long-Term, Non-Cancer Pain without Opioids* **Catriona Buist, Psy.D.**, *Clinical Director, Progressive Rehabilitation Associates*
10:00 – 10:15 a.m.	Questions
10:15 – 10:30 a.m.	Break
10:30 – 12:30 p.m.	Morning Break-Out Discussions GROUP DISCUSSION 1A: **PANEL SESSION: Reducing Pills in Circulation** FACILITATORS **Dwight Holton**, *C.E.O., Lines for Life* **Elizabeth Powers, M.D.**, *Family Physician, Winding Waters Clinic, P.C.* *Using PDMP Data in Clinical Practice and in Community Level Prevention* **Lisa Millet, M.S.H.**, *Manager, Oregon Public Health Division, Injury and Violence Prevention Program* *Health System and Health Plan Practices for Reducing Pills in Circulation* **Charles Hofmann, M.D., M.A.C.P.**, *Eastern Oregon CCO Clinical Consultant* *Overcoming Barriers to Expanded Use of Non-Opioid Therapies to Manage Persistent Pain* **Mark Altenhofen, M.S.**, *C.E.O., Oregon Pain Advisors, L.L.C.* GROUP DISCUSSION 1B: **PANEL SESSION: Reducing the Volume of Unwanted Pills** FACILITATORS **Donna Libemday**, *Education Director, Lines for Life* **Emily Moser, M.A.T., M.P.A.**, *YouthLine Coordinator, Lines for Life*

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Expanding Take Back Efforts
Michael Hughes, *Diversion Investigator, Boise Resident Office/Seattle Division, Drug Enforcement Administration*

Encouraging Pharmacies to Implement Take Back Programs
John Eaton, R.Ph., *Director of Pharmacy, Yellowhawk Tribal Health Center*

12:30 – 1:00 p.m. Box Lunch

1:00 – 3:00 p.m. Afternoon Break-Out Discussions

GROUP DISCUSSION 2A
PANEL SESSION: Improving Access to Treatment
FACILITATORS
Dwight Holton, *C.E.O. Lines for Life*
Dennis McCarty, Ph.D., *Professor, OHSU Department of Public Health and Preventive Medicine*

Promoting Wide Deployment of Naloxone to Reduce the Number of Overdose Deaths
Kim Toevs, M.P.H., *Adolescent Health Promotion & STD/HIV/HCV Programs Manager, Multnomah County*

Expanding Access to Agonist and Antagonist Therapies for Opioid Use Disorders
- **John W. McIlveen, Ph.D.**, *L.M.H.C., Operations and Policy Analyst/State Opioid Treatment Authority (SOTA), Manager/Healthcare Professionals Service Program (HPSP), Oregon Health Authority, Addictions and Mental Health Division (AMH)*
- **Dennis McCarty, Ph.D.**, *Professor, OHSU Department of Public Health and Preventive Medicine*
- **Joel Rice, M.D.**, *Psychiatrist and Addictionologist, Grande Ronde Recovery, Blue Mountain Associates*

GROUP DISCUSSION 2B
PANEL SESSION: Educating the Public about the Problem
FACILITATORS
Donna Libemday, *Education Director, Lines for Life*
Emily Moser, M.A.T., M.P.A., *YouthLine Coordinator, Lines for Life*

Addressing Youth Prescription Drug Abuse
- **Emily Moser, M.A.T., M.P.A.**, *YouthLine Coordinator, Lines for Life*
- **Kerryann Bouska, B.A., C.P.S.**, *Strategic Prevention Framework & Partnership for Success Project Director, Addictions and Mental Health, Oregon Health Authority*

Developing a Public Education Campaign about Prescription Opiates
Samantha Kaan, M.P.H., *Public Health Project Specialist, Multnomah County Health Department, Community Health Services*

GROUP DISCUSSION 2C
Compassionate-Based Patient Conversations
- **Jim Shames, M.D.**. *Medical Director, Jackson County Health and Human Services*
- **Laura Heesacker, M.S.W., L.C.S.W.**, *Behavioral Health Consultant*

3:00 – 3:15 p.m. Break

3:15 – 5:00 p.m. **The Way Forward:** *Moving Discussion to Action*
Reporting & Discussion
Next Steps
Dwight Holton, *C.E.O., Lines for Life*

5:00 p.m. Adjourn