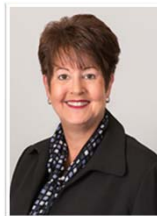




The Role of the Health Care Team in Solving the Opioid Epidemic

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Introductions



Moderator

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Panelist

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Learning Objectives

- Recognize the scope of the opioid crisis in the U.S.
- Identify actionable resources for interprofessional team members
- Explore the important roles and responsibilities of health care professionals (HCPs) in combating opioid abuse such as:
 - ✓ Changing prescribing practices
 - ✓ Raising awareness of the risk of addiction
 - ✓ Identifying and treating opioid-dependent individuals

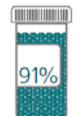


3

A Call to Action: Statistics



U.S. prescription
opioid abuse cost¹



91% of patients who
overdose receive an
opioid prescription
within 10 months²

- Approximately **4.5 million** U.S. citizens are addicted to prescription opioids
- **140+** Americans die every day from a drug overdose (91 from opioids)
- Opioids are the **leading cause of accidental death** in the U.S
- More than **6 out of 10** drug overdose deaths involve an opioid
- Overdose **deaths involving opioids have quadrupled** since 1999
- Workers who use prescription opioids for 3+ months almost **never return to work**
- From 2000 to 2015 more than **half a million** people died from drug overdoses
- **60%** of U.S. citizens have leftover narcotics in their home

References:

<https://www.cdc.gov/>

https://cdn-aem.optum.com/content/dam/optum3/optum/en/resources/infographics/ORX248467_160926_OpioidInfographic1.pdf

4

Urgent Considerations

- How can members of the interprofessional health care team provide the best treatment and what are their roles in the prevention and resolution of this epidemic?
- How can the interprofessional team work together on this issue?
- What will you do differently?



We welcome your questions.
Please enter your question in the Q&A box throughout the conversation.

5

Sample Case Study 1

“The Average Person”

6

John Andrew

- 55-year-old obese male
- Presents at new primary care physician (PCP) with persistent lower back pain that is interfering with his ability to work
 - ✓ Back injury 2.5 years ago: fell hard on a gym floor
 - ✓ Persistent back pain since fall
 - ✓ Oxycodone provides the only relief, and only for a short period of time
- Running out of opioids prescribed by previous PCP (who retired a few months ago)
- Reports feeling hopeless about his condition, as he feels he is “losing ground and the pain is winning”



7

John Andrew

- Second-grade elementary school teacher for 6 years
- Previously worked in corporate America for 18 years
- Gained 30 pounds since injury
- Disability on and off since that time
- Pain is becoming increasingly worse
 - ✓ Difficulty driving
 - ✓ Sleep is interrupted and sporadic
- Feels isolated and wife feels he is depressed
- No longer able to enjoy simple pleasures, social interactions or walking his dog
- Has erectile dysfunction and reduced sexual activity



8

Care Plan

- Medication-assisted treatment (MAT), along with lab/urinalysis
- Assess need for rehab services
- Substance use disorder (SUD) treatment assessment and engagement
- Coordinate with the interprofessional care team
- Pain management specialist referral and treatment plan
- Assess need for wraparound case management services
- Education for family members
- Referral to local recovery network resources



9

Dialogue and Considerations

- How can HCPs act on the care plan individually, and, as part of an interprofessional collaborative practice team?
- What can you look for to identify opioid use disorder?
- How can your discipline/role best interact with the patient? What lens and services do you bring to the case?
- How does your understanding of opioid addiction as a chronic relapsing illness influence your work with the care plan?
- What are the available resources?



10

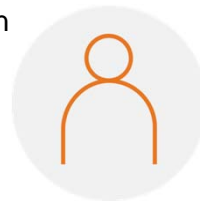
Sample Case Study 2

Rural Areas – Lack of Access to Care

11

Allison

- 27-year-old divorced female with a 3 year old son
- Had a difficult caesarean delivery and severe infection in her surgical incision post-delivery
 - ✓ Prescribed oxycodone for pain
 - ✓ Has used opioids ever since
- As opioids became less available, turned to heroin
- Purchases both street opioids and heroin
- Has been successful in hiding her substance abuse until a random drug test at work
- Terrified of losing her job and her son
- Interested in getting better
- Frightened, but willing to engage in what assistance is available



12

Allison

- Devoted to her son and works hard to “control” her drug use so others do not know about it
- Tested positive for both opioids and heroin and has been referred to the employment counselor at work
- Ex-husband (has issues with opioids, heroin and alcohol) not aware of her drug and opiate use
- Father was a “functional alcoholic” for many years and passed away 9 months ago from cirrhosis
- Mother died from breast cancer when she was 15
- Brother struggles with alcohol-related issues
- Other brother is an accomplished athlete and is very rigid about healthy eating and lifestyle



13

Care Plan

- Local provider prescribed MAT along with lab work
- Assess need for rehab services
- Telehealth SUD treatment
- Referral to local recovery network resources
- Telehealth behavioral health support
- Wraparound case management
- Education for family member
- Support from employer for telehealth during working hours



14

Dialogue and Considerations

- How can HCPs act on the care plan individually, and, as part of an interprofessional collaborative practice team?
- What social determinants of health should be considered?
- What else should the HCPs ask and consider?
- How would you engage this patient's support systems?
- What are the available resources?



15

Sample Case Study 3

“The Older Adult”

16

Gina

- 79-year-old grandmother lives in Georgia with one of her daughters
- Had a viral infection invading right ear, lost 60% of hearing and experienced chronic, unrelenting pain
- After treatment of almost one year with medications and antibiotics had surgery to address the problem
- Has been prescribed opioids to handle the pain throughout her course of infection
- Opioids initially effective in managing pain but over time lost effectiveness so took more
- Gina was overwhelmed and concerned: She had been following medical direction which she assumed was in her best interest



17

Gina

- High blood pressure related to obesity and familial history of high blood pressure/stroke
- Mother of five and grandmother of nine
- Used to do chores and child care in her daughter's house but now needs help a majority of the time
 - ✓ Confusion associated with a halting gait and impulse decision making
 - ✓ Sleep increasingly disrupted
 - ✓ Depressed and withdrawn, reluctant to interact with family members or to pursue her normal activities
 - ✓ Continued to tell physician of her worsening symptoms, to which he added a short-acting opioid for more instantaneous pain relief
- Preoccupied continuously with her pain and waiting for her next dose of medication



18

Care Plan

- MAT treatment to detox from opioids
- Pain management strategy, using non-opioid alternatives
- Family education and support re: pain management
- Behavioral health treatment, utilizing cognitive behavioral treatment
- Health plan coverage considerations



19

Dialogue and Considerations

- How can HCPs act on the care plan individually, and, as part of an interprofessional collaborative practice team?
- What differences in roles and interventions are present with an older adult?
- What other team members should potentially be engaged?
- Are there prevention aspects to this case that need to be addressed?
- What are the available resources?



20

Panelist Perspectives and Q&A



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21

In Closing

- Have a conversation with one other person about what you learned within a week.
- Change our attitudes and then our work processes.
- Create your action plan and identify what you will do differently.

22

Resources

Health Care Provider and Patient Resources

- Centers for Disease Control and Prevention (CDC) Guidelines for Prescribing Opioids for Chronic Pain (2016), with patient and provider resources: <https://www.cdc.gov/drugoverdose/prescribing/resources.html>
- Agency for Healthcare Research and Quality (AHRQ) Interagency Guideline on Prescribing Opioids for Pain (2015): <https://innovations.ahrq.gov/qualitytools/interagency-guideline-prescribing-opioids-pain>
- American Congress of Obstetricians and Gynecologists (ACOG) Important Information about Opioid Use Disorder and Pregnancy (FAQ for patients): <https://www.acog.org/Patients/FAQs/Important-Information-About-Opioid-Use-Disorder-and-Pregnancy>
- Additional resources for health care professionals: <http://www.hhs.gov/opioids/>

Addiction, Opioid Use Disorder, and Overdose Resources

- Effective Treatments for Opioid Addiction from the National Institute of Drug Abuse (NIDA): <https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>
- “What Science tells us About Opioid Abuse and Addiction.” (2016) Article by Nora Volkow, M.D., head of NIDA: <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/what-science-tells-us-about-opioid-abuse-addiction>
- Prescribe Naloxone! Campaign, Harm Reduction Coalition: <http://harmreduction.org/overdose-prevention/overdose-news/prescribe-naloxone/>
- Opioid Overdose Prevention Toolkit, Substance Abuse and Mental Health Services Administration (SAMHSA) : <https://www.samhsa.gov/capt/tools-learning-resources/opioid-overdose-prevention-toolkit>
- Medication-Assisted Treatment (MAT) resources, SAMHSA: <https://www.samhsa.gov/medication-assisted-treatment>
- CDC resources for opioid overdose for health care professionals: <https://www.cdc.gov/drugoverdose/prevention/help.html>
- American Society of Addiction Medicine (ASAM) Educational Resources: <https://www.asam.org/education/resources>

23