MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

An Update on the Evolving MDHHS Strategy for Combatting the Opioid Mortality Crisis

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Objectives

1. Describe the changing landscape of the Opioid Mortality Crisis in 2017
2. Provide an Overview of the Evolving MDHHS Strategy to Combat the Crisis
3. What You, the Provider, Can Do To Minimize Risk for Opioid Use Disorder, Overdose and Death

The Rapidly Changing Landscape of the Opioid Mortality Crisis in 2017

Six Days of Drug Overdose: Cincinnati

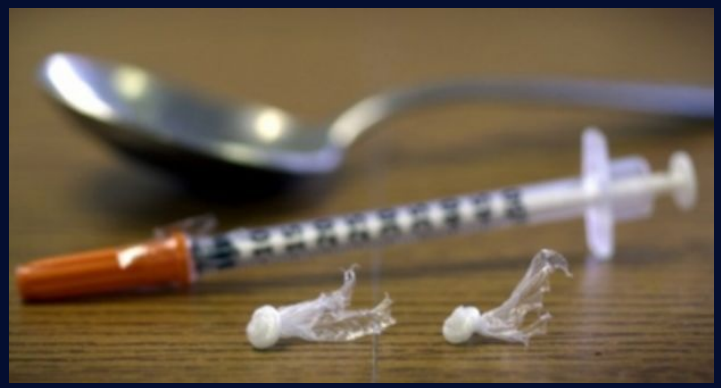
- In a six day period (August 19-24, 2016) Cincinnati area experienced 174 opioid overdose reactions.
- The culprit responsible was heroin cut with a fentanyl analogue: Carfentanyl.
- Carfentanyl is 10,000 times as potent as morphine.
- Carfentanyl is used to tranquilize elephants.

https://www.washingtonpost.com/news/morning-mix/wp/2016/08/29/this-is-unprecedented-174-heroin-overdoses-in-6-days-in-cincinnati/?utm_term=.c8e4154fc9e6

Carfentanyl Deaths in Michigan

- September 15, 2016 - First documented carfentanyl overdose seen in Kent County
- October 6, 2016

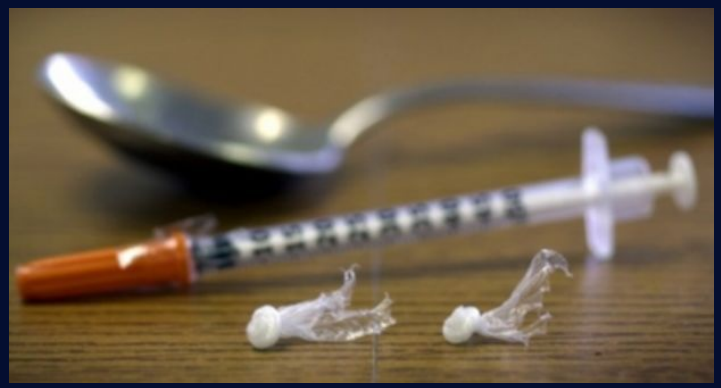
  19 confirmed carfentanyl overdose deaths in Wayne County since July



http://www.michigan.gov/mdhhs/0,5885,7-339--393468--,00.html
http://www.michigan.gov/mdhhs/0,5885,7-339--395078--,00.html

U-47700 Death in Michigan

- October 5, 2016 - First documented U47700 (aka, pink) overdose seen in White Lake, MI
- The then legal drug was purchased over the internet and shipped from China
- It was designated as a Schedule I restricted drug in November, 2016



http://www.cnn.com/2016/11/01/health/u-47700-pink-drug/index.html

Grey Death in GA, FL, OH and WV

- May 4, 2017 - Gray Death is a combination of several powerful substances such as Heroin, Fentanyl, Carfentanil and a synthetic opioid called U-47700

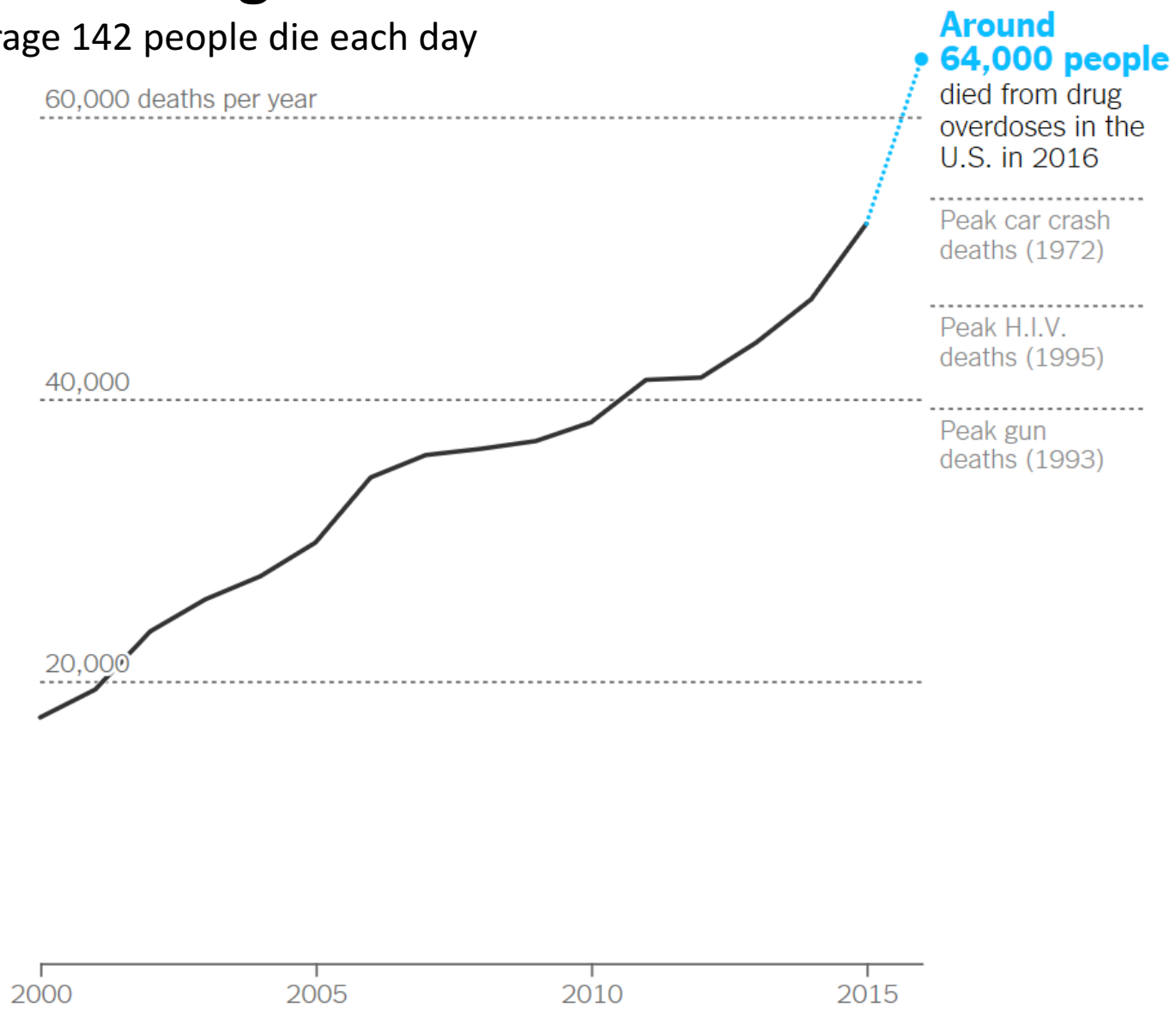
- The drug has the appearance of a concrete rock. It is chunky and solid, created from compressed and cooked powder

- At least 50 people have reportedly overdosed, some dying after their first dose of the drug

http://www.cbsnews.com/news/gray-death-opioid-dangerous-drug-combination/

Total US Drug Deaths 2000-2016

On average 142 people die each day

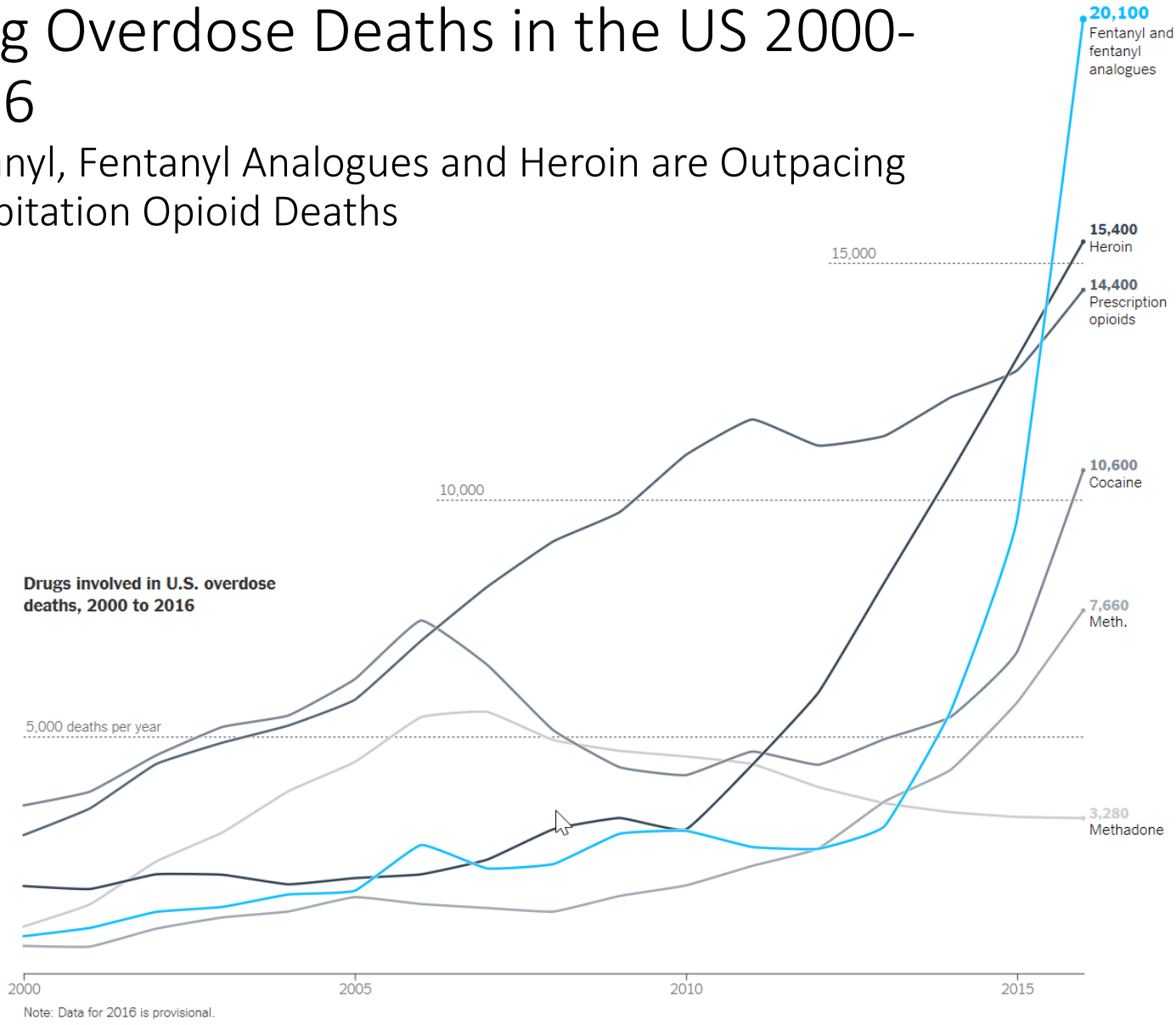


https://www.nytimes.com/interactive/2017/09/02/upshot/fentanyl-drug-overdose-deaths.html?_r=0

Adapted from CDC • National Center for Health Statistics • National Vital Statistics System as of 8/16/17

Drug Overdose Deaths in the US 2000-2016

Fentanyl, Fentanyl Analogues and Heroin are Outpacing Precipitation Opioid Deaths



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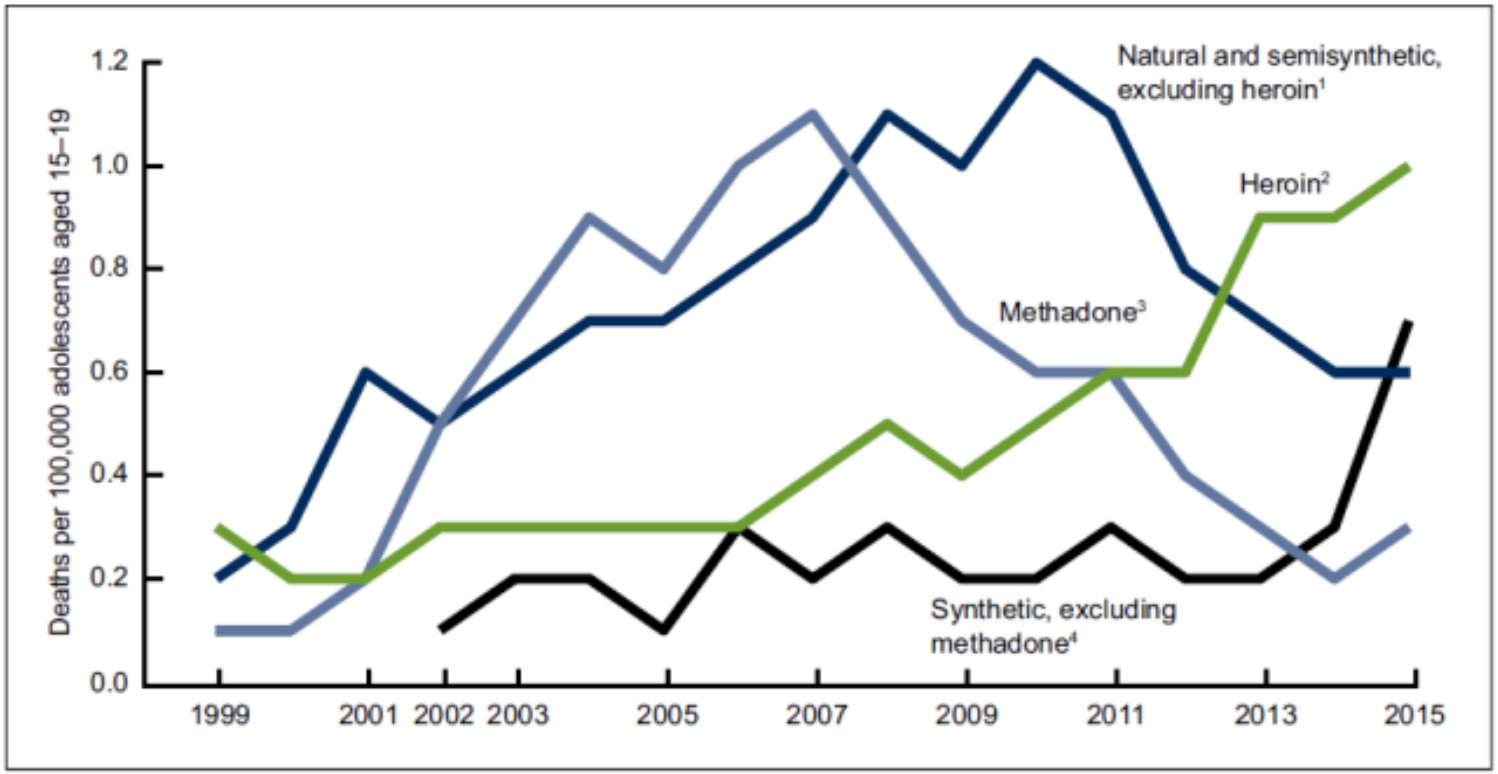
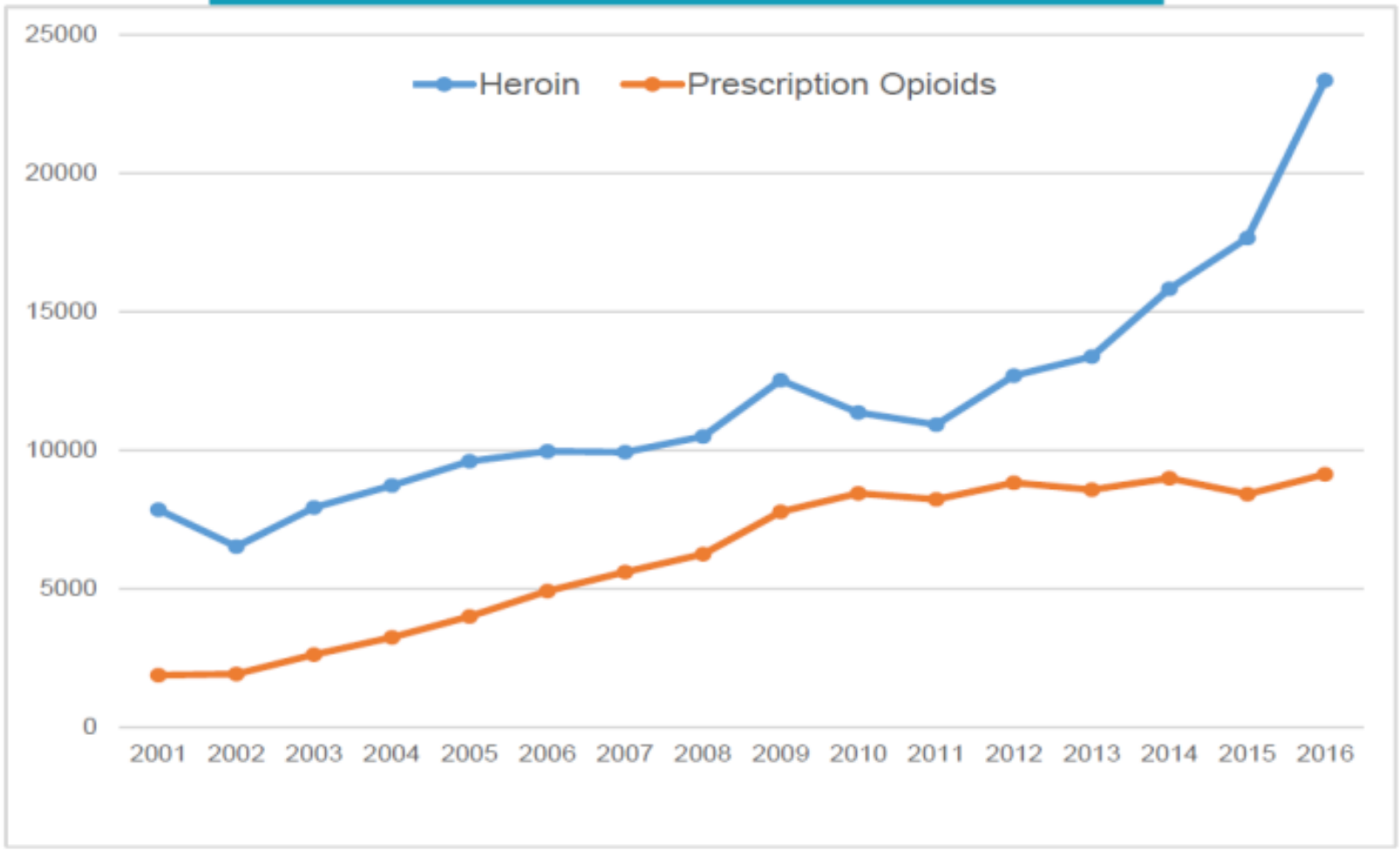
Adapted from CDC • National Center for Health Statistics • National Vital Statistics System as of 8/16/17

Among Opioids, Rates of Drug Overdose Deaths Among Adolescents Aged 15–19 in 2015 Were Highest for Heroin



MDHHS
Michigan Department of Health & Human Services

Number of Primary Opioids Treatment Admissions, MI 2001-2016



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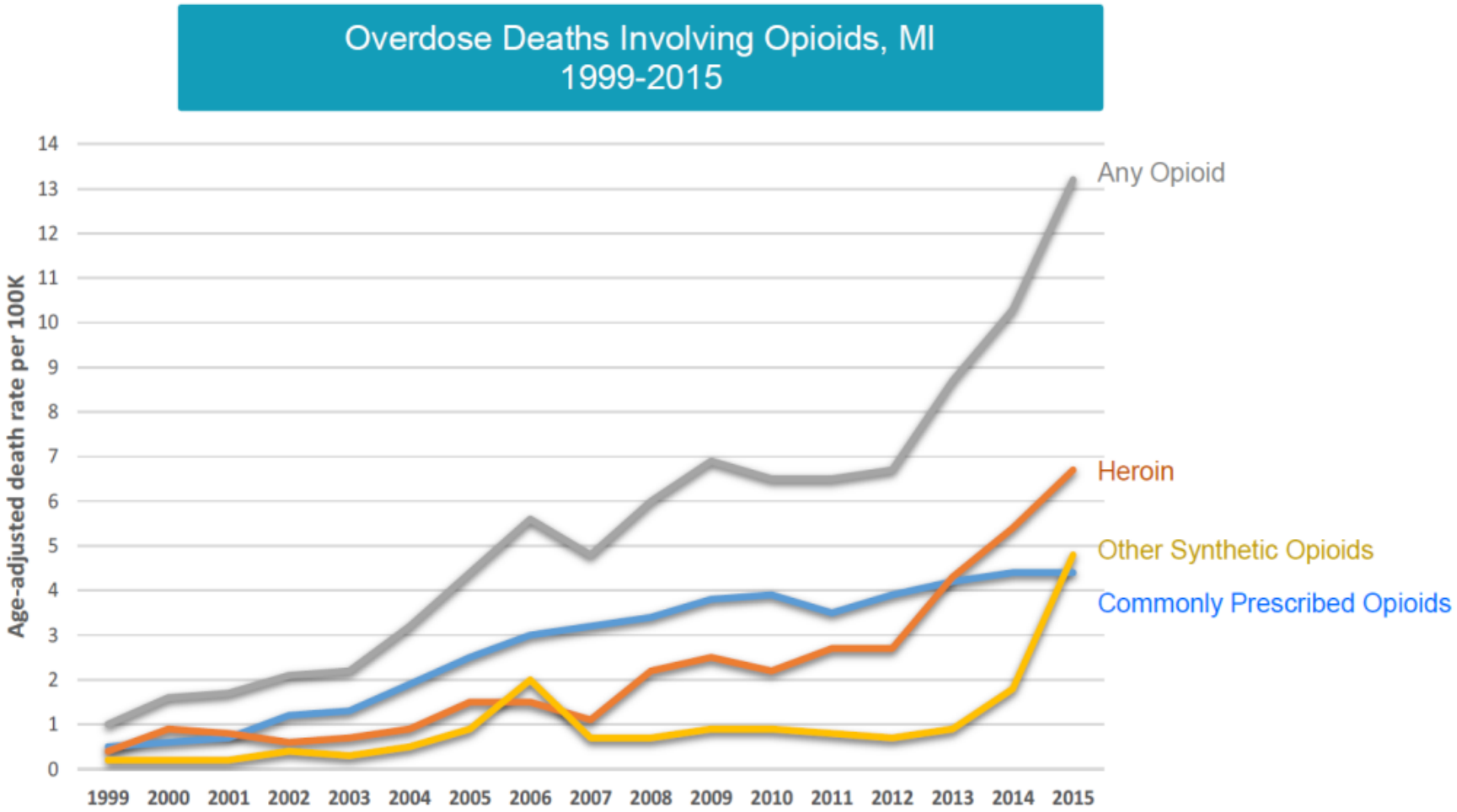
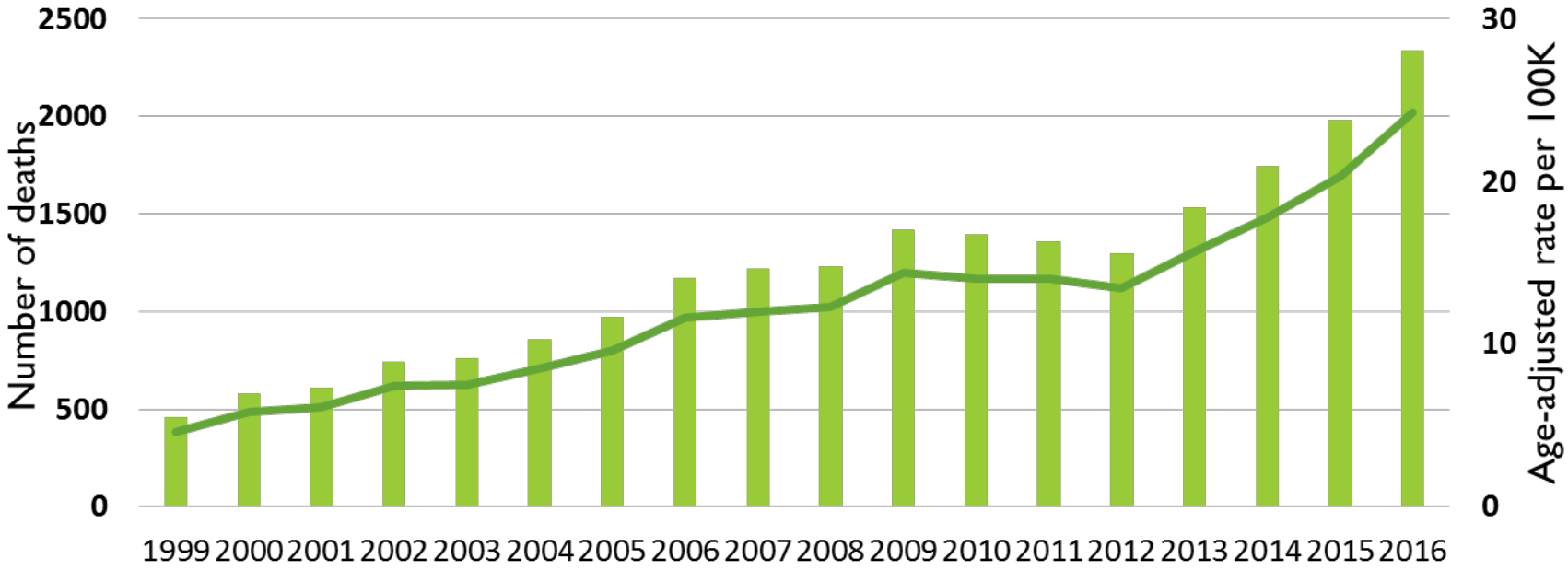


Total Drug Poisoning Deaths in MI, 1999-2016*



Source: Michigan Death Certificates, Division for Vital Records and Health Statistics/MDHHS

*2016 is provisional, total is expected to change.

Data Summary

Indicator	2011	2016
All drug deaths	1,359	2,335*
All opioid deaths	622	1,689*
Opioid prescriptions	10,441,714	11,028,495
Neonatal abstinence syndrome cases	630	927**
People in substance use disorder treatment for opioids or heroin	22,234	32,473

*Provisional Data

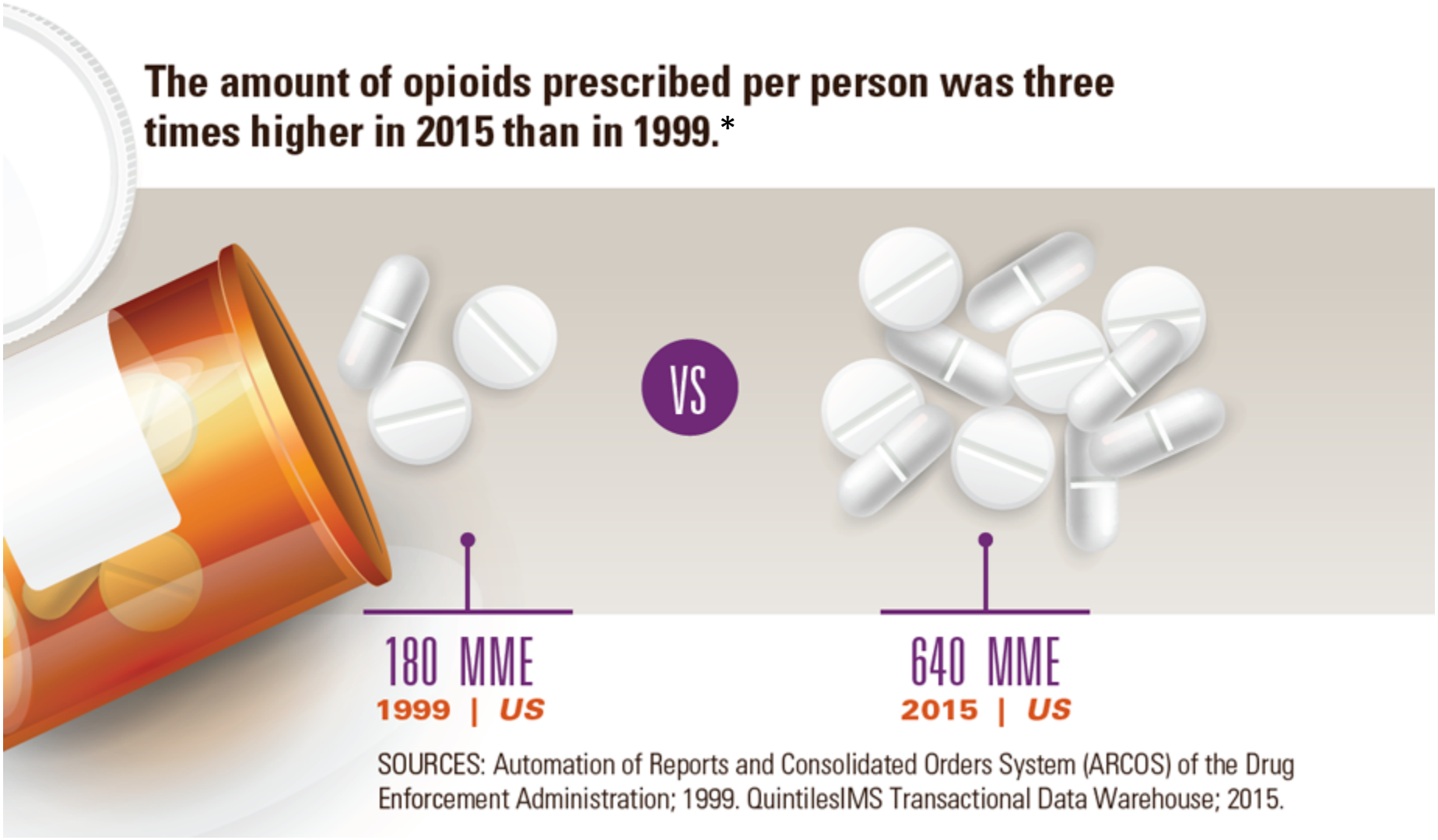
** 2015 Data

Estimated Population Using Prescription Opioids in Michigan in 2016

1/3 of the Population Has Some Form of Pain
1/6 of the Population Took an Opioid

Prescriptions	Medicaid (Actual)	Commercial and No-Insurance (Estimated)	Total (Estimated)
30 Days	402,154	1,206,462	1,608,616
90 Days	115,841	347,523	463,364
365 Days	21,847	65,541	87,388

When the Prescription Is the Problem

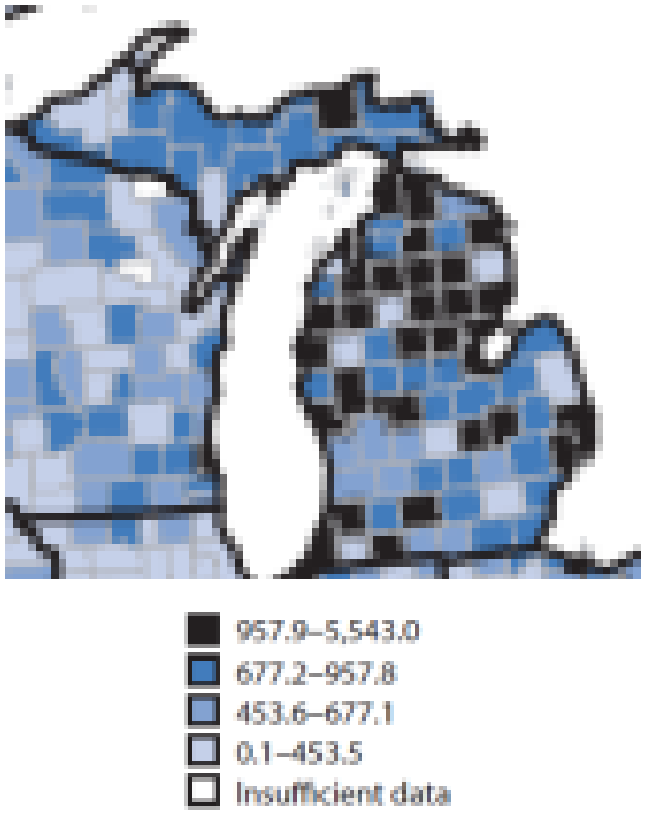


*In 2010, the rate was 4x higher than 1999

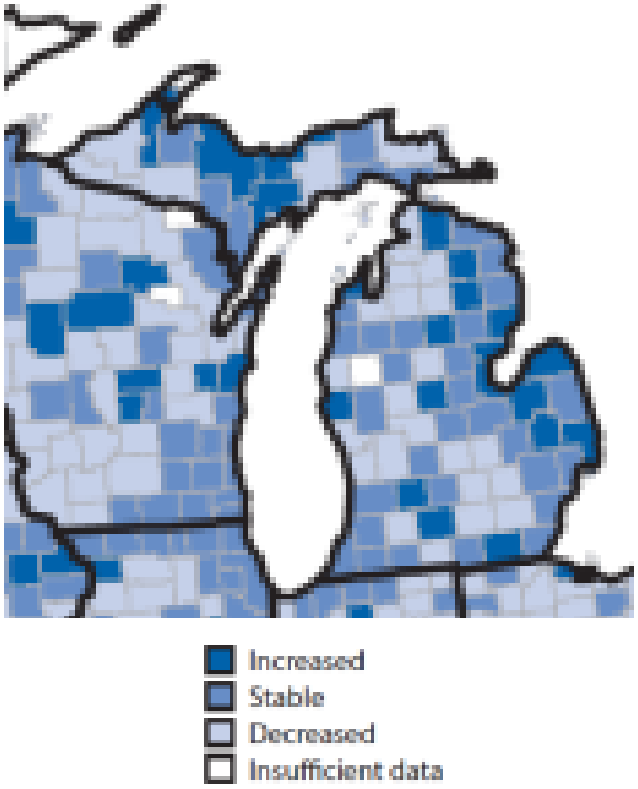
Changes in Opioid Prescribing in the Michigan, 2010-15

(Excerpted From a National Report from the CDC)

MMEs prescribed per capita (2015)

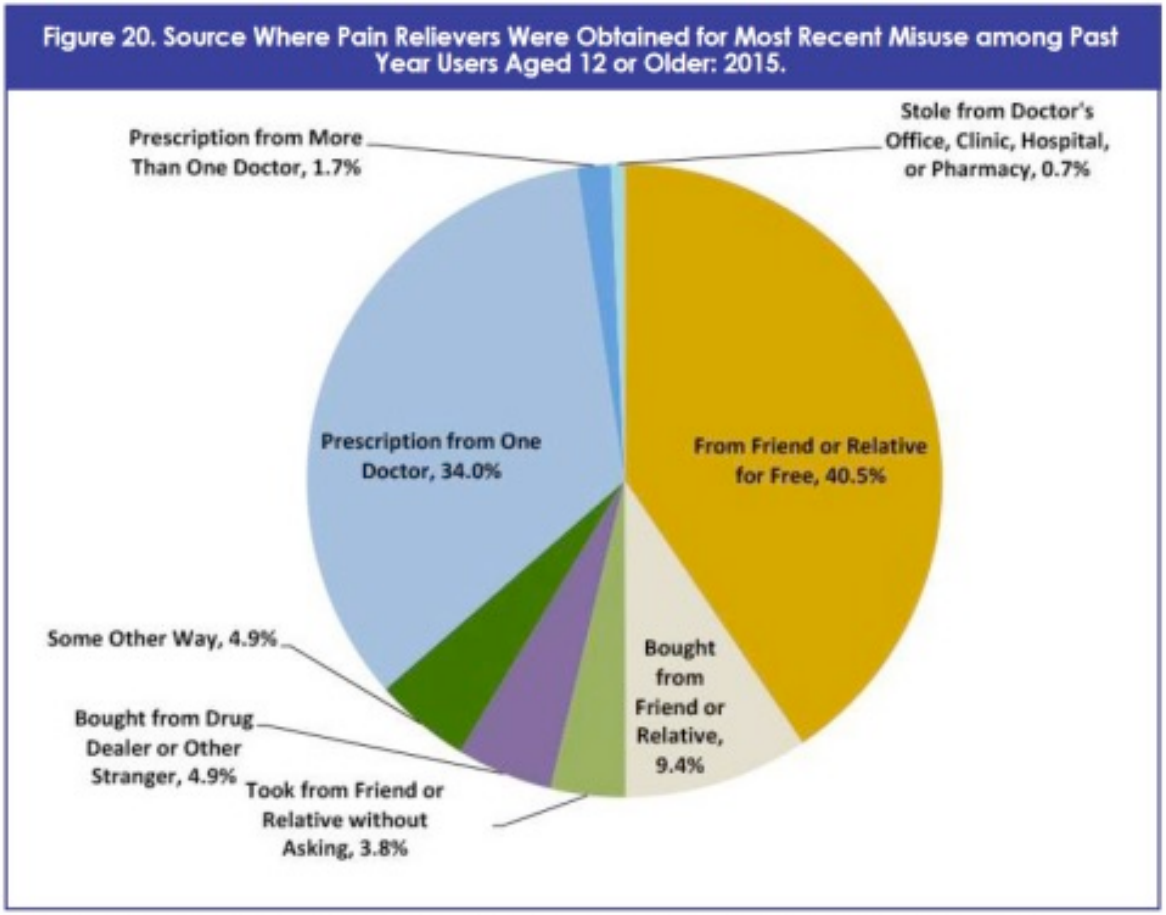


Change in MMEs prescribed per capita (2010–2015)



Data From Drug Users Responding to the DEA NDTA Survey – 2/3 of Prescription Opioids Were Obtained For Free, Bought or Stolen

- Much of This Use Started for Recreational and Not Medicinal Purposes
- Once Prescribed, Distribution is Largely Out of Prescribers' Hands



Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH)

2017 National Drug Threat Assessment

Data From Drug Users Responding to the DEA NDTA Survey – 2/3 of Prescription Opioids Were Obtained For Free, Bought or Stolen

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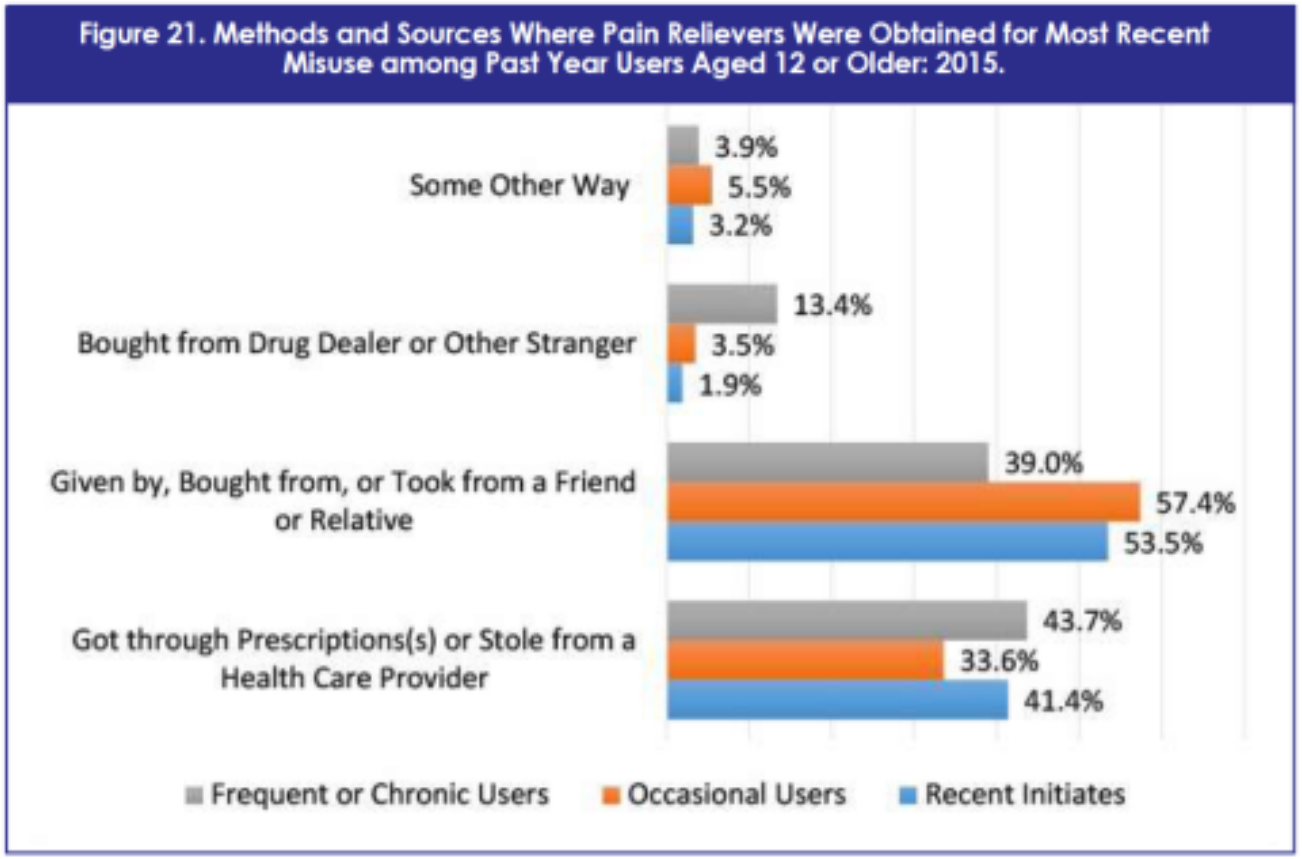
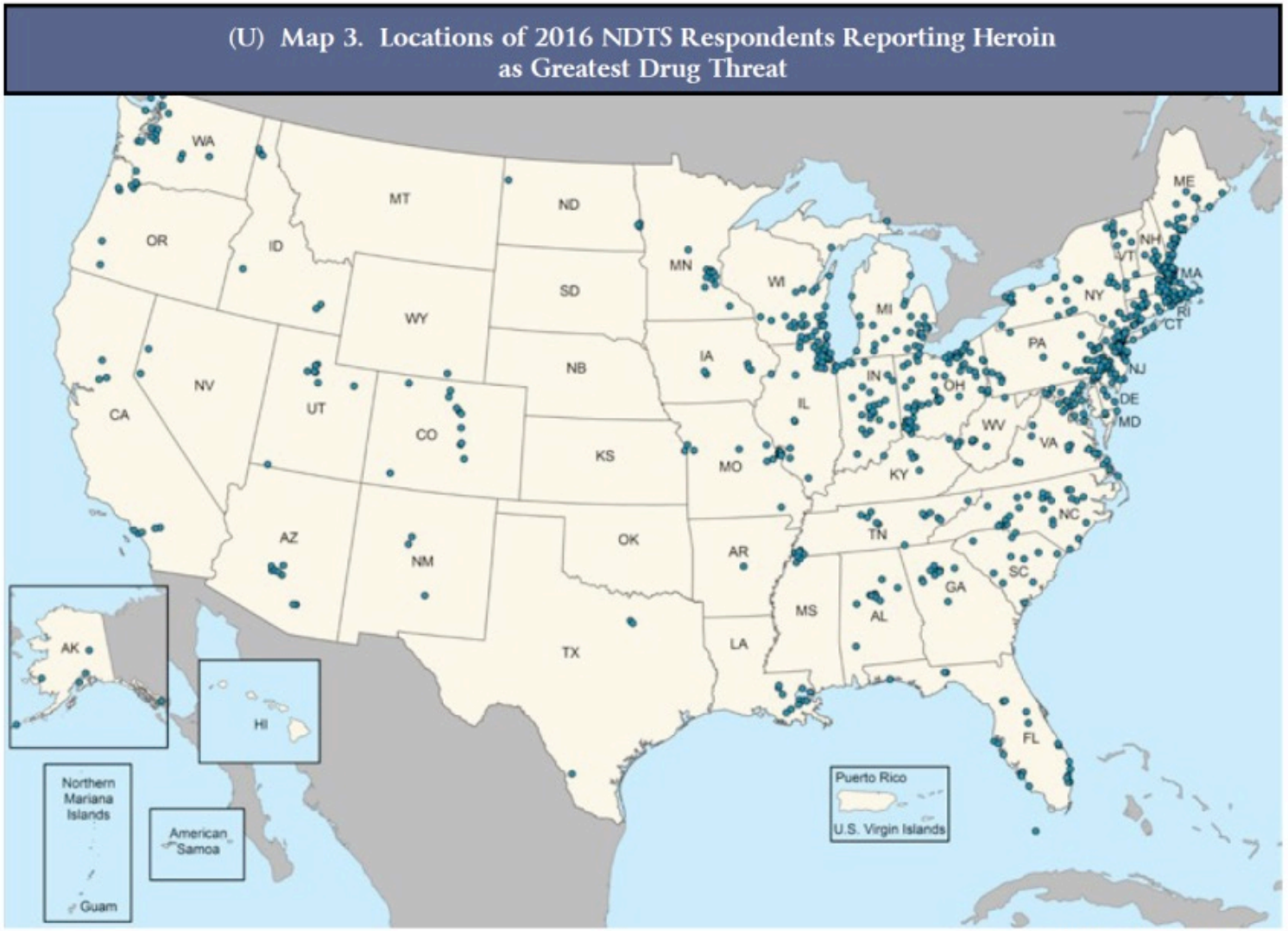


Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH)

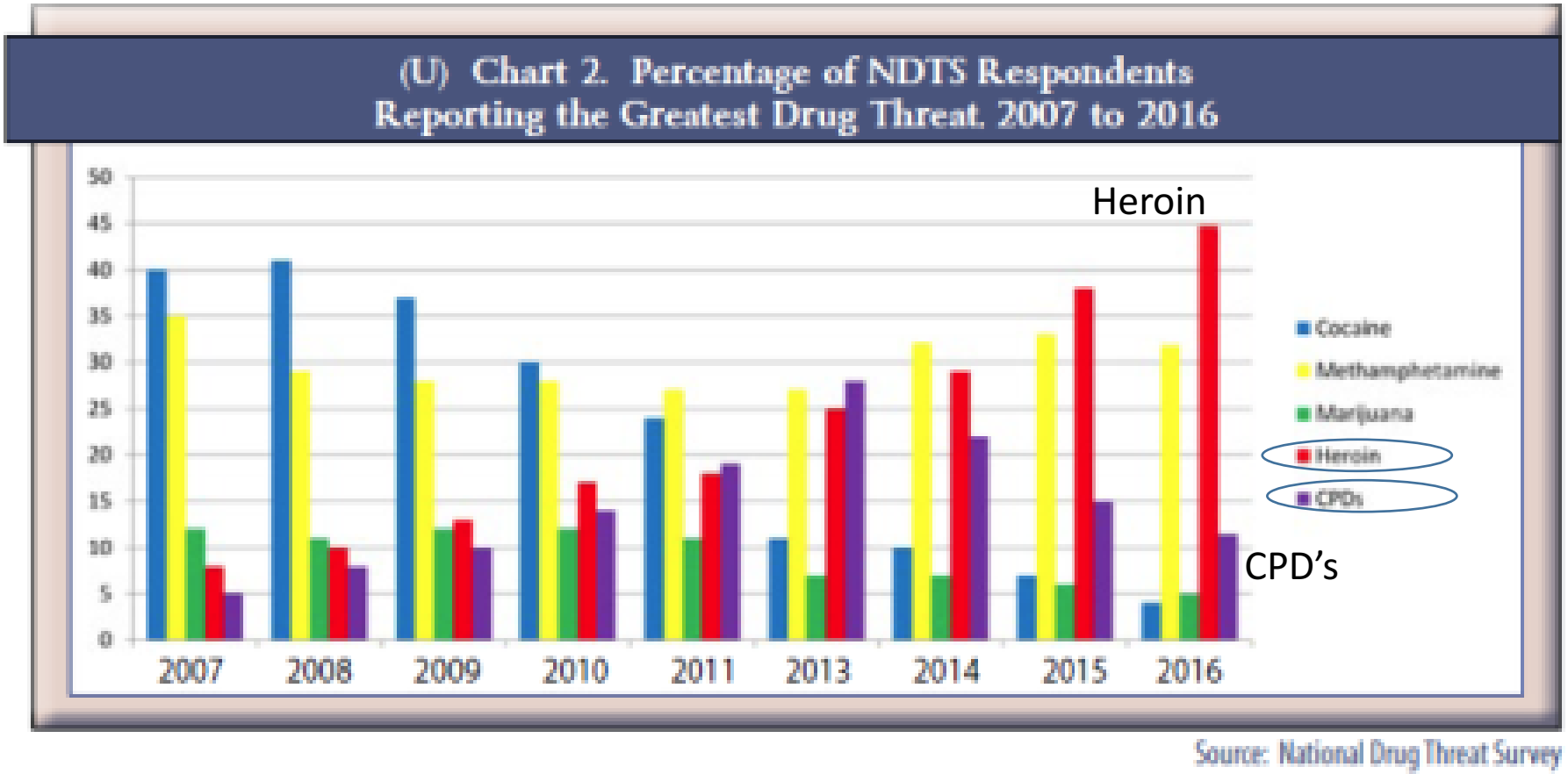
2017 National Drug Threat Assessment

When Heroin is the Problem

The National Heroin Threat is the Greatest in the Northeast Corridor and the Midwest



In 2015-16 – Heroin Became the Greatest National Threat As the Controlled Prescription Drug (CPD) Threat Diminished



Source: National Drug Threat Survey

When Fentanyl Analogues Are the Problem — Overdose Deaths in Ohio, January–February 2017

The Cause For Many Overdose Deaths Cannot Be Determined When Synthetic Opioids Are Not Measured

Summary

What is already known about this topic?

Illicitly manufactured fentanyl has become a significant contributor to unintentional overdose deaths in the United States.

What is added by this report?

Approximately 90% of unintentional overdose deaths examined in 24 Ohio counties that occurred during January–February 2017 involved fentanyl, fentanyl analogs, or both, whereas heroin was identified in the minority (6%) of cases, with somewhat higher prevalence in Appalachian counties. Fentanyl is commonly appearing in combination with other analogs.

What are the implications for public health practice?

These findings highlight the urgent need to make illicitly manufactured fentanyl testing a part of standard toxicology panels for biological specimens. Because multiple naloxone doses are often required to reverse overdoses from illicitly manufactured fentanyl, assuring that sufficient supplies are provided to first responders and distributed through community overdose prevention programs can mitigate the effects of opioid overdoses.

Synthetic opioids/Fentanyl analogs/Metabolites	
Fentanyl	253 (90.0)
Norfentanyl	157 (55.9)
Acryl fentanyl	136 (48.4)
Despropionylfentanyl (4-ANPP)	118 (42.0)
Despropionyl para-Fluorofentanyl	1 (0.4)
Furanyl Fentanyl	87 (31.0)
Furanyl Norfentanyl	2 (0.7)
Carfentanil	21 (7.5)
Acetyl fentanyl	4 (1.4)
Butyryl/Isobutyrylfentanyl	4 (1.4)
Butyryl norfentanyl	2 (0.7)
Fluorobutyryl/Fluoroisobutyrylfentanyl	3 (1.1)
U-47700†	2 (0.7)
Any type of fentanyl/analog	259 (92.2)

An Overview of the Evolving MDHHS Strategy to Combat the Crisis

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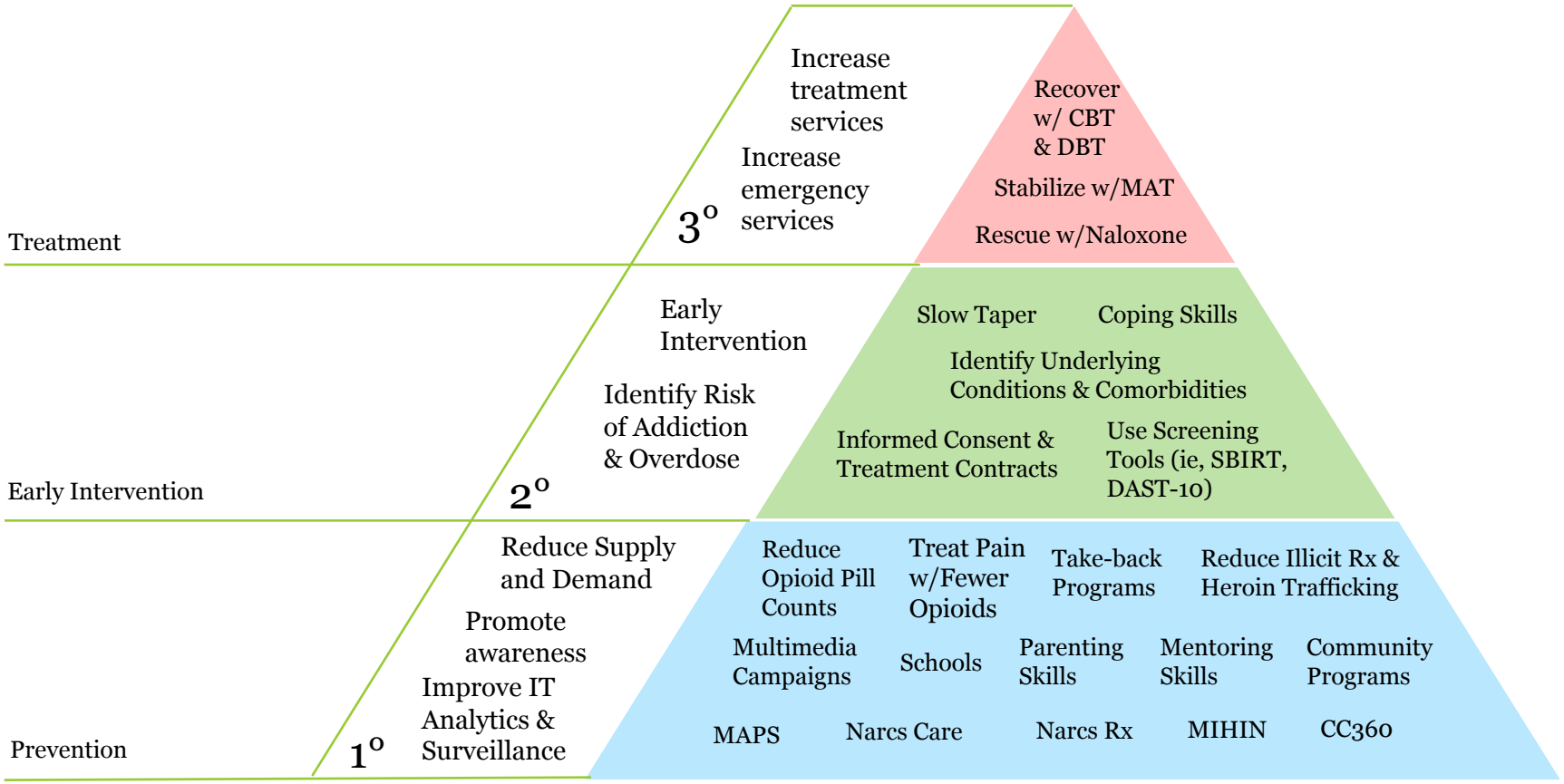
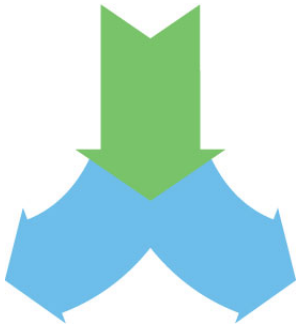
Medical Director, Population Health

MDHHS Public Health Strategic Framework to the Opioid Crisis



The Evolving Strategy is Designed to Embrace All Stakeholder Groups to Help Individuals and the Entire Population

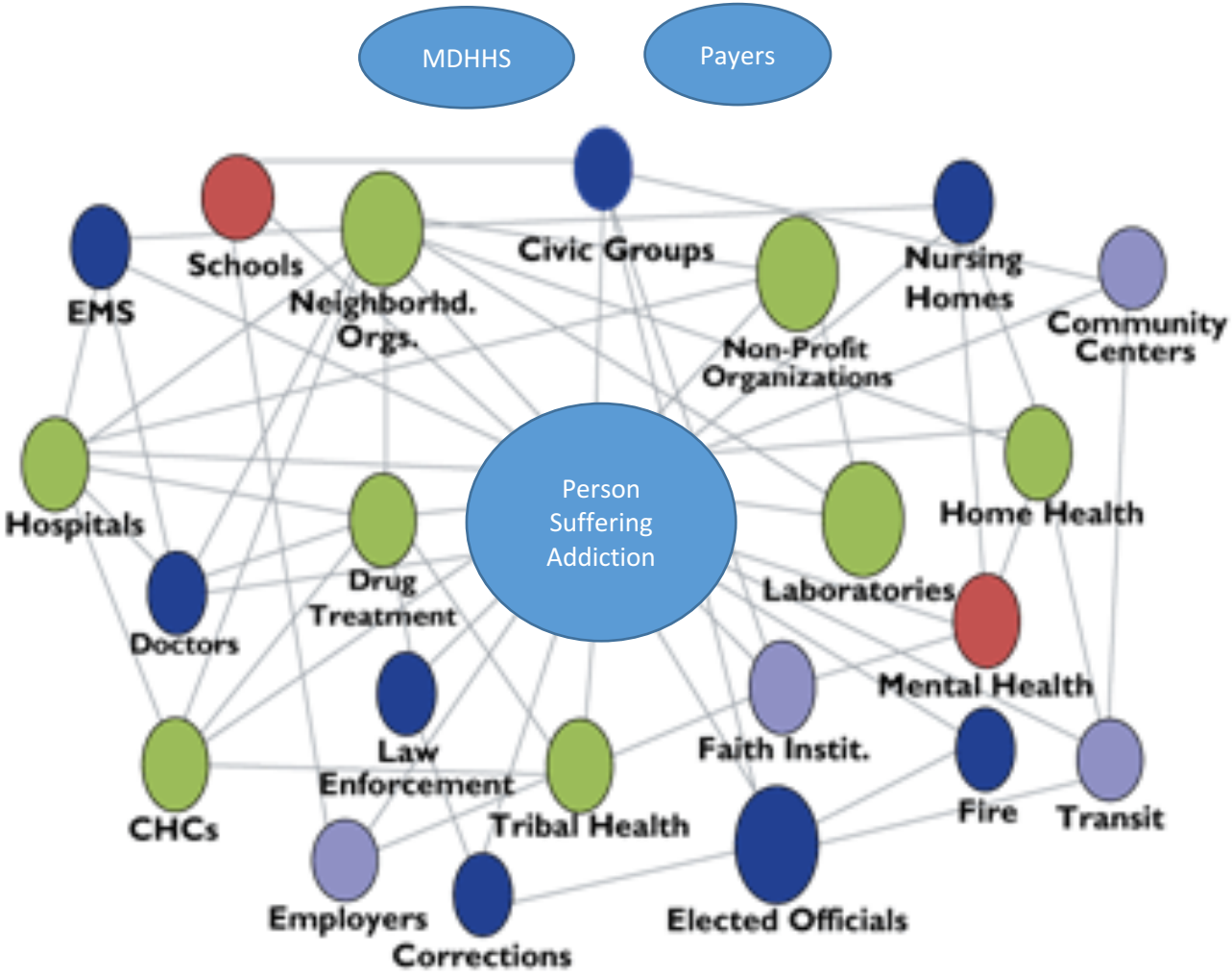


Individual Health

- MDHHS
- LARA
- Department of Education
- Payers
- Health Plans & Hospitals
- Law Enforcement & Courts
- Communities (PTA's, Head Start, Faith Based Programs)

Population Health

A Person Centered Community-based Action Plan Requires All Stakeholders



Funding Sources

- Medicaid
- Healthy Michigan
- Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant
- General Fund
- Other grants
  - State Targeted Response (STR)
  - Centers for Disease Control (CDC)
  - 1115 Waiver (Pending)

Services Funded by Medicaid

Services funded include:

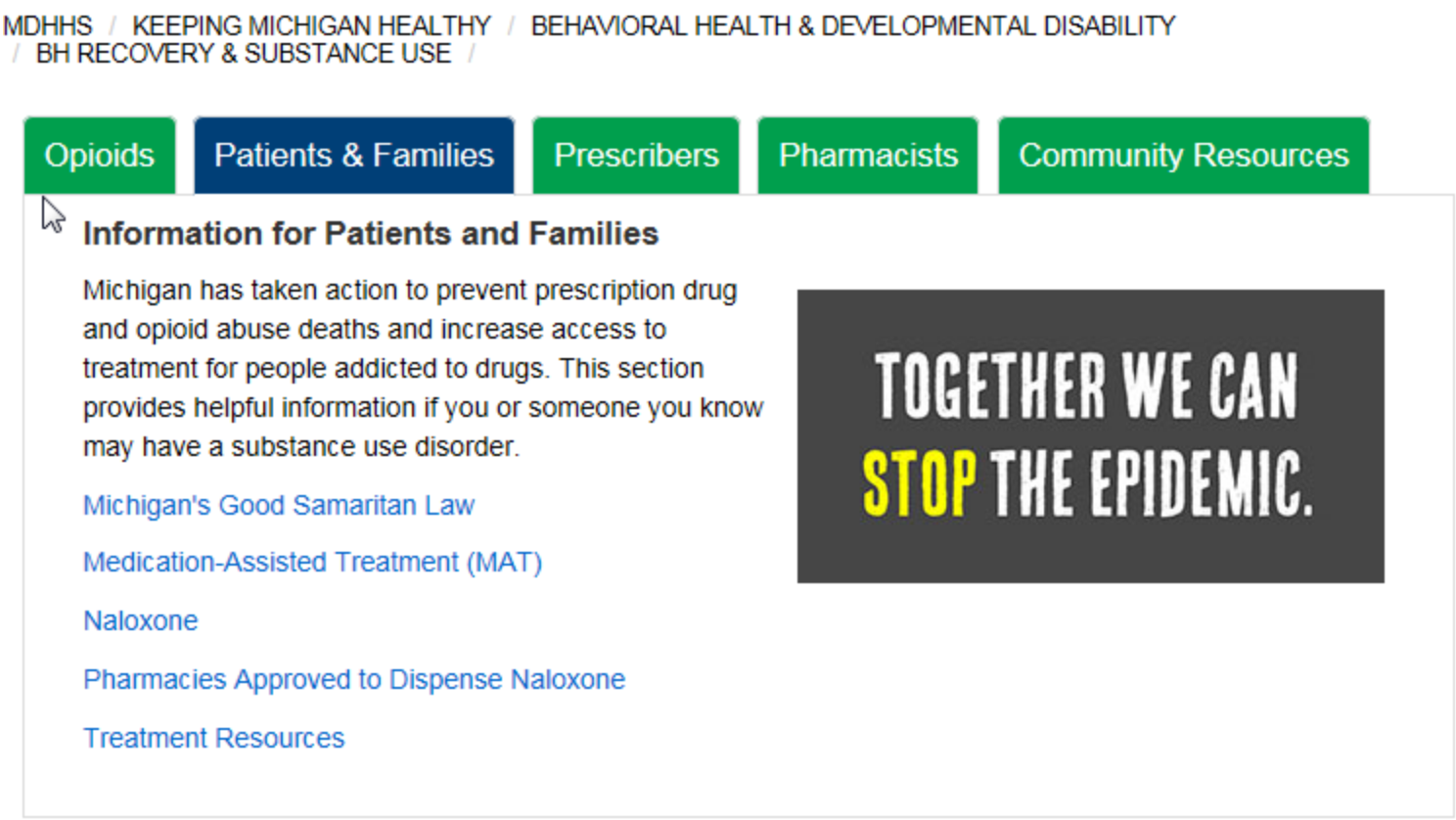
- Medication Assisted Treatment
- Detoxification
- Outpatient Services
- Case Management

Medicaid & Healthy Michigan

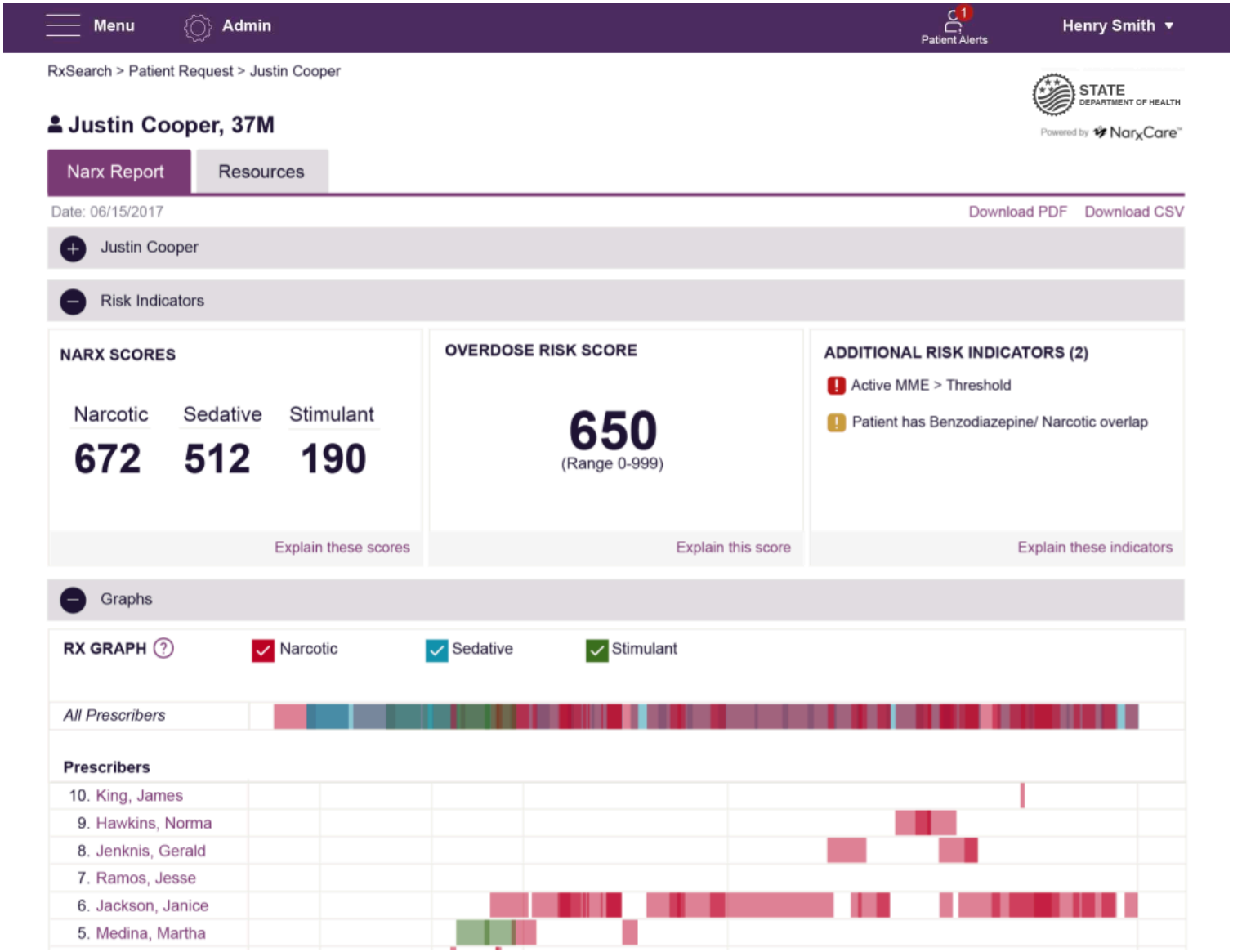
- Medicaid paid over $41 million in substance use disorder services providing services to 31,101 beneficiaries in fiscal year 2016

- Healthy Michigan paid over $53 million in substance use disorder services providing services to 28,850 beneficiaries in fiscal year 2016

michigan.gov/stopoverdoses



Latest Improvement Starting 11/1 - Sample Risk Score for the Electronic Health Record



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Preserving and Expanding Our Provider Workforce By Creating a Learning Health System Approach to Improve Provider Expertise

Creating a Learning Health System Approach to Improve Provider Expertise

- Providers are core to helping address the crisis
  - there is variability in expertise and numbers who are able and willing to participate
- The provider work force is very willing to improve practice patterns based on evidence-based recommendations, but needs assistance
- There is a high need to rapidly reorient providers to responsibly manage opioids
  - when and how to start and stop opioids
  - how to identify risk for addictive behaviors
  - how to identify risk for overdose
  - how to best assist patients when these risk behaviors occur
- The core principle is to embrace a "learning health system" approach utilizing real world data sources to apply "teachable moments"
- This concept is adapted from the transformational work and research of Peter Senge and his colleagues.[1]
  - a **learning organization** facilitates the ongoing learning of its members and continuously transforms itself

[1] Senge, P. M. (1990). The art and practice of the learning organization. *The new paradigm in business: Emerging strategies for leadership and organizational change*, 126-138.

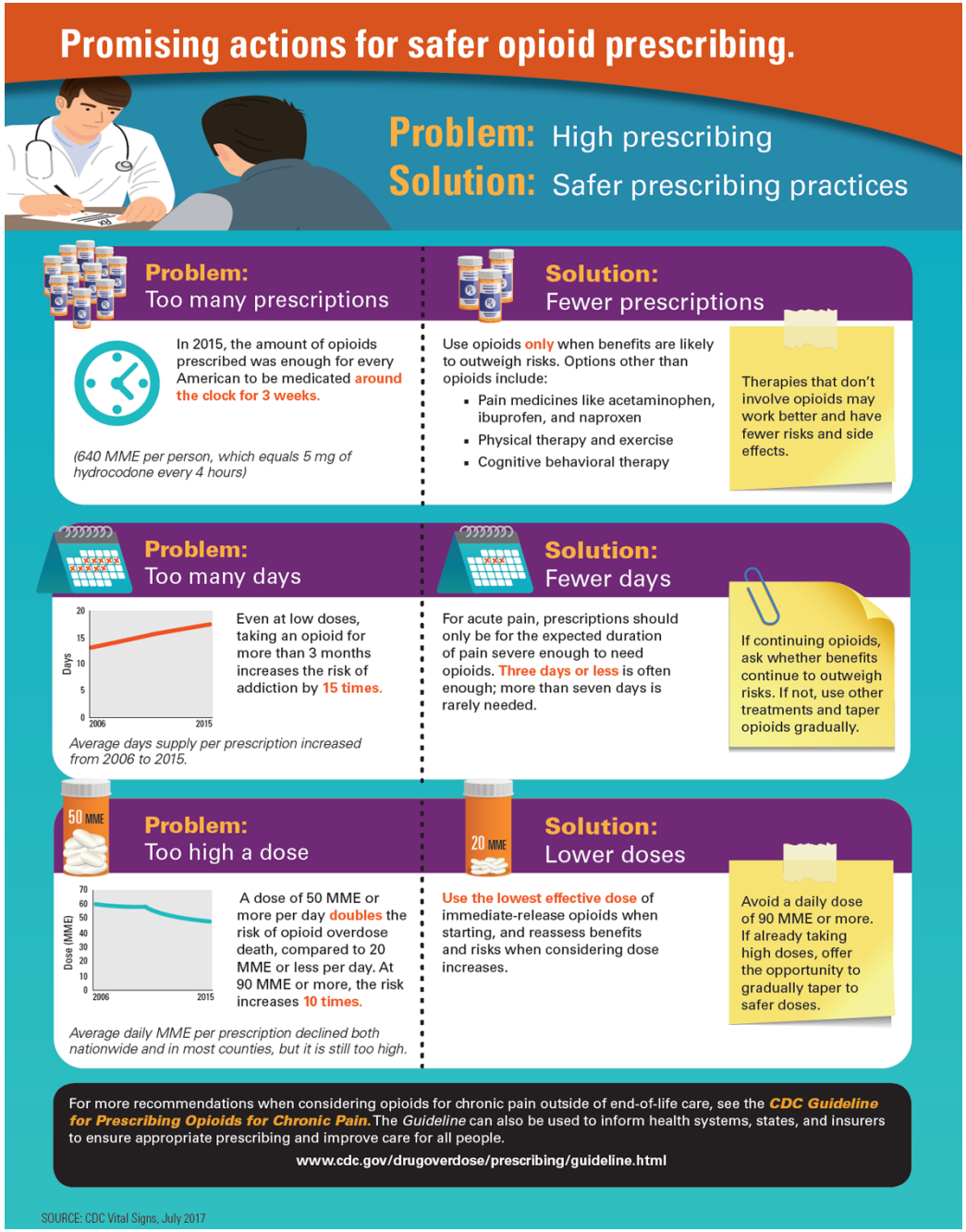
Taking a Collaborative Approach in Embracing A Learning Health System

- Professional Societies
  - MOA
  - MSMS
  - MISAM
  - MPS
  - MAFP
  - MDA
  - MAPA
  - MCNP
  - MHA
- Payers
  - MAHP
  - Blue Cross Blue Shield of MI
  - Other Commercial
- Professional Degree Programs
  - MD (Underway)
  - DO (Underway)
  - PA (Planned)
  - NP (Planned)
  - DDS (Planned)
  - DPM (Planned)
  - DVM (Planned)
  - PharmD (Planned)

PROVIDER COLLABORATION - JOINT 10-POINT PLAN TO COMBAT THE OPOID MORTALITY CRISIS

1. Develop and disseminate a clearly defined and actionable overarching state specific guideline through the Michigan Quality Improvement Consortium (MQIC) that incorporates the 2016 CDC Pain Guidelines, the ASAM Addiction Guidelines, other evidence based best practices and utilization of key data sources that help drive clinical decision making such as MAPS and the soon to be released NarxCare risk scoring tools that can be embedded in the individual electronic medical record.
2. Develop and teach to a Uniform Core Evidence-based Opioid Curriculum through professional schools, professional societies, hospitals and health plans
    a. When and how to sparingly initiate opioids including limiting quantities for acute pain management
    b. When and how to determine whether or not an opioid should be continued
    c. When and how to taper and taper opioids as rapidly as possible
    d. How to monitor for opioid tolerance, dependence and addiction and either treat or refer early if indicated
    e. How to appropriately document in the medical record the rationale and treatment course of using opioids
3. Develop Referral Centers of Excellence & Telemedicine Consultation Call Centers to assist providers manage complex pain and addiction cases
4. Leverage MAPS and NarxCare Risk Index Scores to drive point of care decisions
5. Develop a Peer Review Process to assist providers who are outliers in prescribing behavior
6. Develop opioid-related quality metrics that reward providers for delivering high quality standard of care
7. Support Managed Care and Pharmacy Specific Programs to control high doses and quantities of prescription opioids and require justification if they are required
    a. Pharmacy Prior Authorization process
    b. Drug Utilization Review
    c. Medication Therapy Management (MTM) by pharmacists at the Point of Sale (POS)
    d. Beneficiary Monitoring Program (BMP) lock-inn programs
8. Support community based education programs to prevent inappropriate drug use in the first place and eliminate cultural mores that promote atypical drug behavior
9. Work closely with law enforcement to eliminate illicit drugs from our communities, fully noting that illicitly trafficked heroin and fentanyl analogues are now outpacing prescription opioid related deaths in 2015-2017
10. Support efforts to improve surveillance and detection of opioid related deaths including improved toxicology screening for previously undetectable fentanyl analogues

What You, the Provider, Can Do To Minimize Risk for Opioid Use Disorder, Overdose and Death



Other Non-opioid Pain Management Strategies Including Cross-functional Team Approaches

1. Osteopathic and Chiropractic Manual Medicine
2. Epidural and Facet Blocks (for spinal pain)
3. Radiofrequency Ablation
4. Complex Regional Pain Syndrome Techniques
5. Meditation and Yoga Techniques

What Else Can You Do to Prevent Addiction, Overdose and Death – Starting On Monday

1. Stay abreast with the constantly evolving facts that uncover the root causes the Opioid Epidemic
2. Remember Opioid Tolerance Starts Somewhere Between 3-7 days
3. Don't Abandon Patients with Life-altering Pain or Force Patients Taking Long Term Opioids to the Street
4. Take a Team-based approach and Don't Go it Alone – Surgery, Rehabilitation Medicince, Pain Management, Addiction Management, Behavioral Health
5. Start Conversations at the First Day of Prescribing Opioids and Continue Them with Patients To Discuss That Opioids Need to Be Stopped As Soon As Possible
6. Monitor and Screen for Tolerance, Dependence, Addiction and Risk for Overdose and Death
7. Learn How to Appropriately Taper Existing Opioids and Determine If An Underlying Opioid Use Disorder (OUD) Exists
8. Utilize Patient Contracts That Include Meaningful Informed Consent
9. Use MAPS Frequently To Detect Patterns of Misuse or Abuse and Ensure Both Coordination & Continuity of Care with Other Providers
10. Use Urine Drug Screens to Check for Compliance and Potential Illicit Drug Use
11. Treat or Refer Early
12. Write for naloxone to patients who are at high risk for overdose
13. Obtain a xDEA waiver to help stabilize patients with Opioid Use Disorder (Regardless of the Reason)
14. Get Involved with Your Community to Stop Cultural Expectations That Encourage Illicit Drug Use
15. Work Through Your Professional Societies and Personally Talk to Your Legislators and Regulators to Share Your Experiences and What They Can Do to Help You

Summary

- The root causes for the opioid epidemic are complex and multifactorial
- It is imperative to shrink supply and demand for both prescription opioids and heroin/fentanyl analogues
- A well organized state-wide plan is necessary to avoid abandoning patients with “true” pain and also not send people to the street for heroin and synthetic opioids
- Focusing only on prescription opioids without simultaneously addressing “heroin and fentanyl trafficking” will dramatically shrink probability of success
- Most of all it will “take a village” – “every village” here in Michigan

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