

# MUSC Opioid Initiatives: *An Update*

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# HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS



1

**Better** addiction prevention, treatment, and recovery services



2

**Better** data



3

**Better** pain management



4

**Better** targeting of overdose reversing drugs



5

**Better** research



EMR Data for screening, prescribing feedback & outcome measurements



Naloxone distribution & evaluation on inpatient administrations



World-renowned addiction researchers



# Opioid Crisis: Partly a Crisis of Access to Care



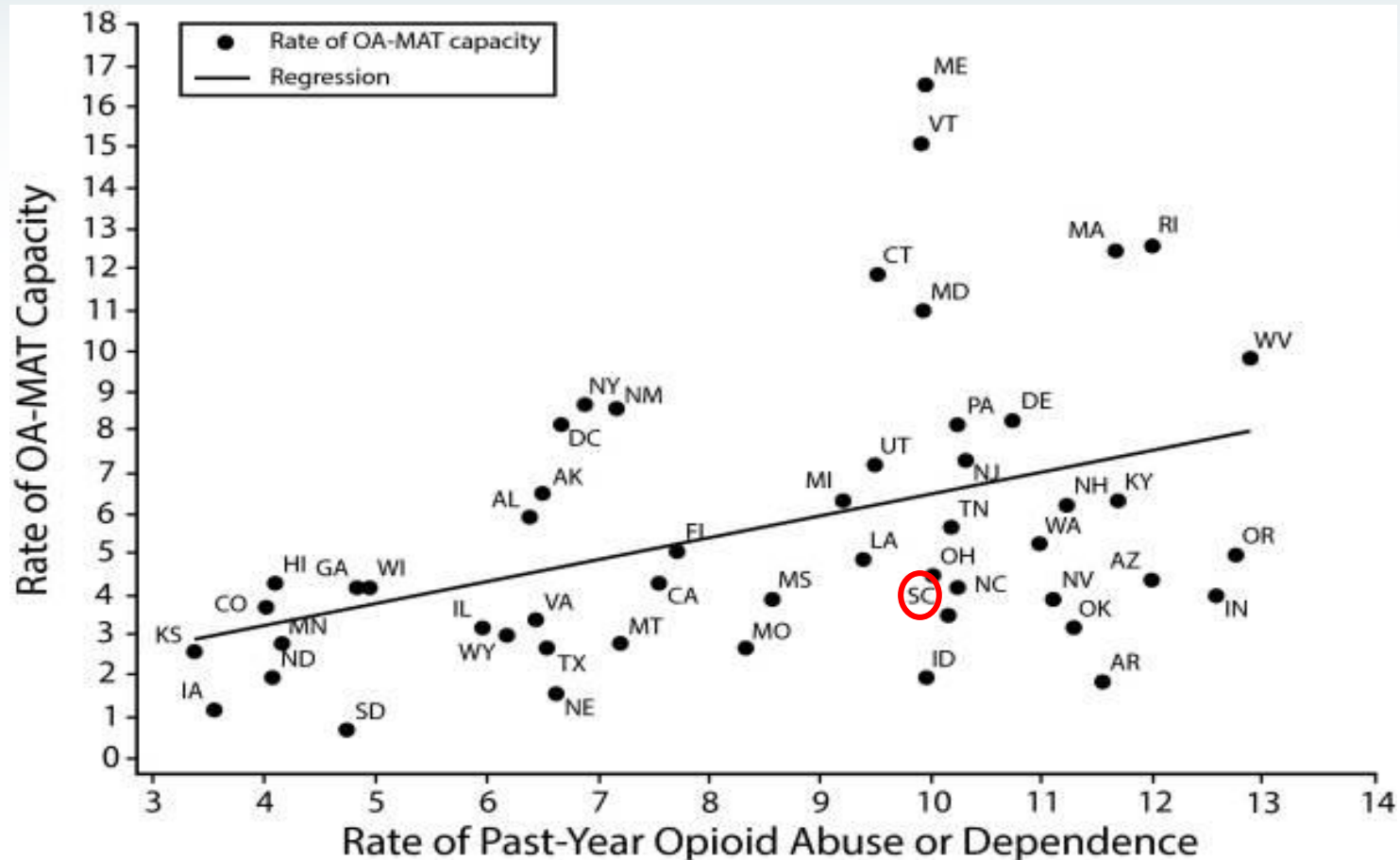
**Better** addiction  
prevention,  
treatment, and  
recovery services

“To have any hope of stemming the overdose tide, we have to make it easier to get Medication-Assisted Treatment than to get heroin and fentanyl.”

Wakeman & Barnett, NEJM, 2018



# Treatment Gap in South Carolina



Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. *American Journal of Public Health, 105*(8), e55-63. doi:10.2105/AJPH.2015.302664



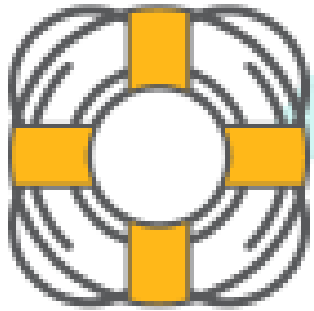


**Better** addiction  
prevention,  
treatment, and  
recovery services

## Reducing the Treatment Gap:

- With DAODAS, launched MAT – ED Project
- Trained >200 SC providers to deliver MAT, 23 counties
- Provided MAT tele-mentoring to >120 SC providers, 22 counties
  - New program covered by Aetna
- With Center for Telehealth, launched and expanded tele-MAT services
  - 85 patients, 8 counties, 2 mos
  - 49 pregnant patients, 4 counties



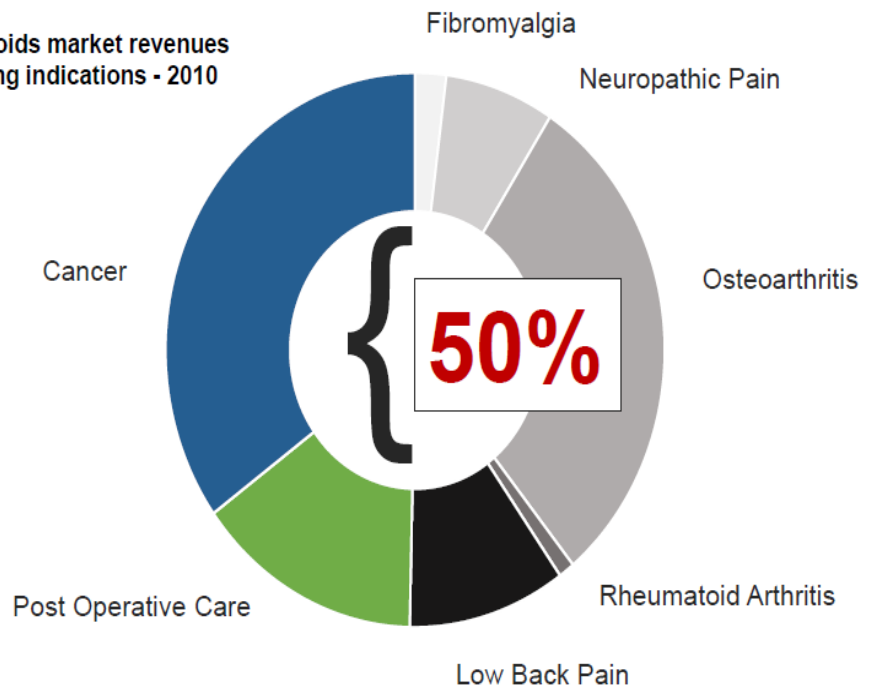


# 3

## Better pain management

### Half of US Opioids Market is Treatment for Chronic, Non-Cancer Pain

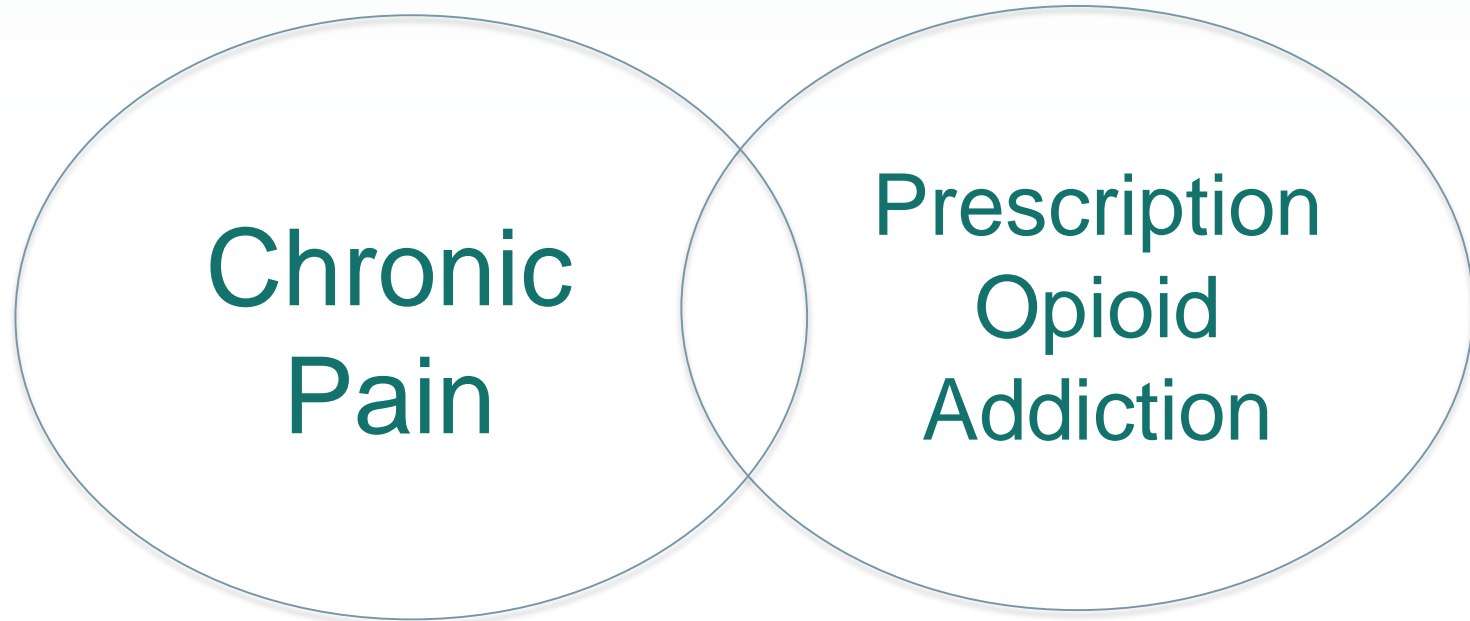
U.S. opioids market revenues  
7 leading indications - 2010



Source: GBI Research. Opioids Market to 2017. June 2011



# Response to the Opioid Crisis



25 million patients

2 million patients



# Chronic Pain

- Lasts longer than expected, or > 6 mos
- Complex & poorly understood
- 126 million patients in the US report pain in past 3 months
  - 25 million with chronic pain
  - 23 million with severe pain
- Those with severe pain
  - have worse health status
  - use more health care
  - have more disability
- Cost \$635 billion/yr
  - medical treatment
  - lost productivity





# Negative Impact of Chronic Pain

- Quality of life
- Mood - anxiety & depression
- Interpersonal relationships
- Activities of Daily Living
- Sleep quality
- Work productivity
- Suicide



# CDC Guidelines for the Treatment of Chronic Pain - 2016

- **Psychotherapy**
  - › improved disability & catastrophizing
  
- **Exercise therapy**
  - › improved pain and function
  - › effects lasting up to 6 months
  
- **Comprehensive pain rehabilitation**
  - › incorporates both of the above
  - › effective for pain & disability



# Comprehensive Pain Rehabilitation Programs

## ➤ Incorporate recommended evidence-based pain management

- Physical Therapy
- Occupational Therapy
- Psychotherapy
- Opioid discontinuation
- Bundle co-pays



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## ➤ Restore function & improve quality of life (long-term)

- Completers demonstrate:
  - › Improved pain and function (sustained over 1 year)
  - › Less health care utilization
  - › Significant decrease in medical costs (60-90%)
  - › Higher rate of return to work



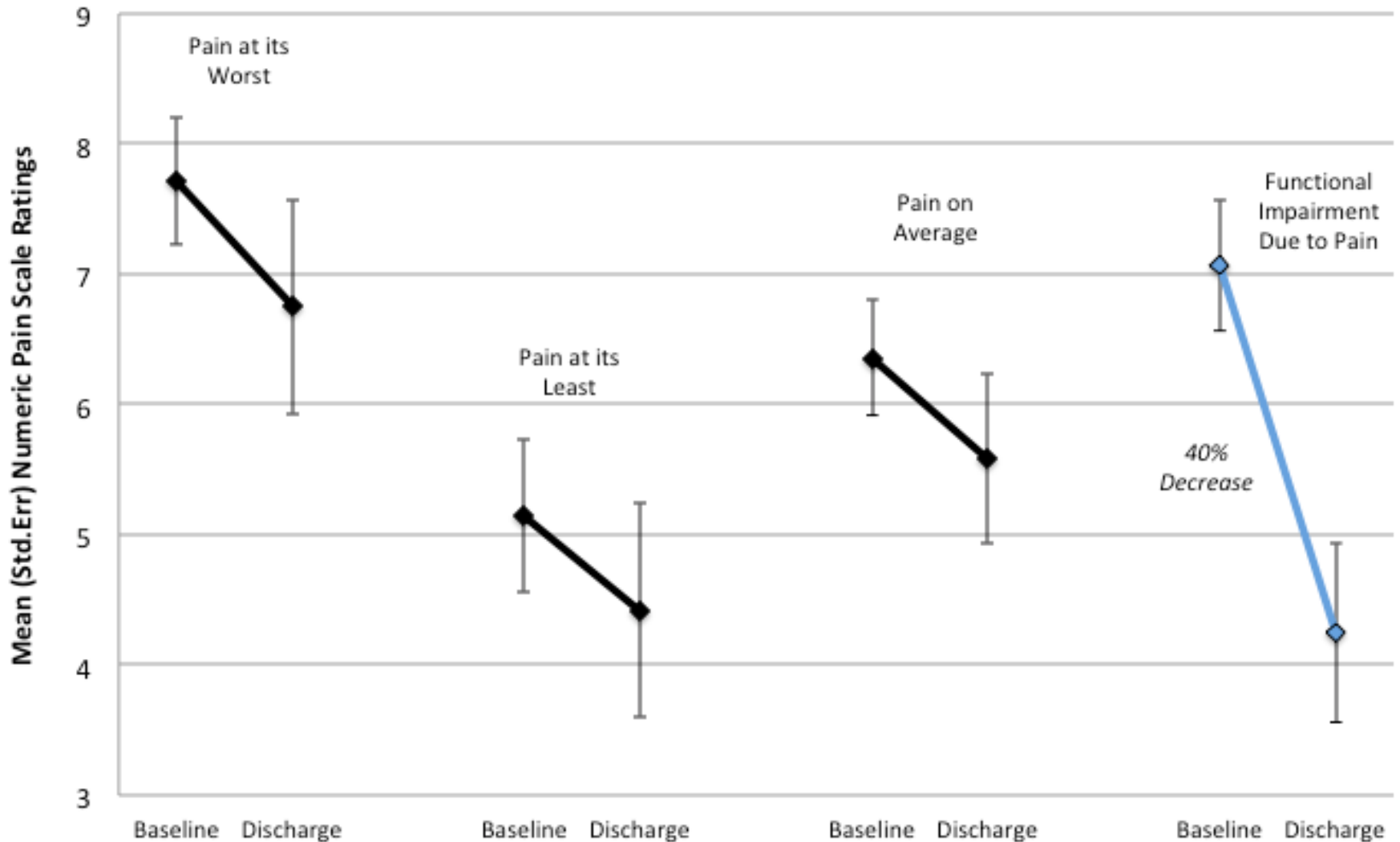
# MUSC Outcomes – Pain Rehabilitation

- **Operationalization**
  - Funded through Innovations + Duke Endowment
  - Ribbon cutting March 5, 2018
- **Our Model**
  - 3 week intensive outpatient program, group setting
  - Incorporates PT, OT, medical management, psychotherapy
  - Located in MUSC Wellness Center
  - Opioid discontinuation is mandatory
  - Childcare offered
  - Lodging scholarships offered through Duke funding
- **Feasibility of Recruitment/Demonstration of Need**
  - 150 referrals (no formal advertising)
    - 76% female
    - Averaging 22 referrals/month
    - 17 counties
    - Payor mix: BCBS, Medicaid, Medicare - Now covered by BCBS



# Decrease in Pain and Disability While Coming off Opioids

## Clinical Outcomes from MUSC's Pain Rehabilitation Program



# Pain Rehabilitation Programs can:

- Prevent opioid initiation
- Prevent opioid tolerance & addiction
- Prevent unnecessary & expensive surgeries/interventions
- Provide a civilized way to come off opioids while addressing pain



# Future Directions

- **Expansion of existing projects:**
  - ED project
  - Tele-MAT
  - Training and Tele-mentoring
    - New funding from Aetna
  - Pain Rehabilitation Expansion
    - Actively investigating partnering with upstate collaborators to create a hybrid of telehealth + in-person care
- **Sustainability**
  - State funding helps demonstrate feasibility & need for new and innovative programs
  - Increased insurance coverage helps with sustainability
    - Eg pain rehabilitation and tele-mentoring



# Future Directions

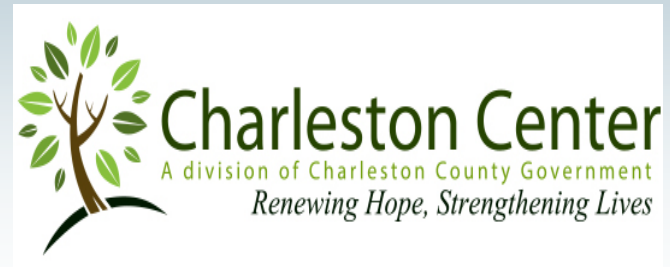
## Needs for sustainability:

- Improved coverage of:
  - In-home telemedicine + care manager for pregnant women on opioids (Medicaid and private insurance) – pilot?
  - Improved Medicaid coverage for pain rehabilitation
- Develop a Center for Opioid Treatment, Research & Education
  - Provide a foundation for sustainably treating and responding to all addictions as the opioid crisis continues to evolve





# Acknowledgments



Center for Telehealth

