

# Policy and Program Recommendations to Reduce Opioid Overdose and Deaths in Iowa

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Opioid Epidemic Evaluation Study Committee Meeting  
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# Injury Prevention Research Center

- Funded by the CDC, 1991 – present
- Housed in the UI College of Public Health

Conduct **OUTREACH** technical assistance, and networking to disseminate and translate research findings which leads to increased awareness and influences action.



Conduct **RESEARCH** which leads to the identification of solutions.

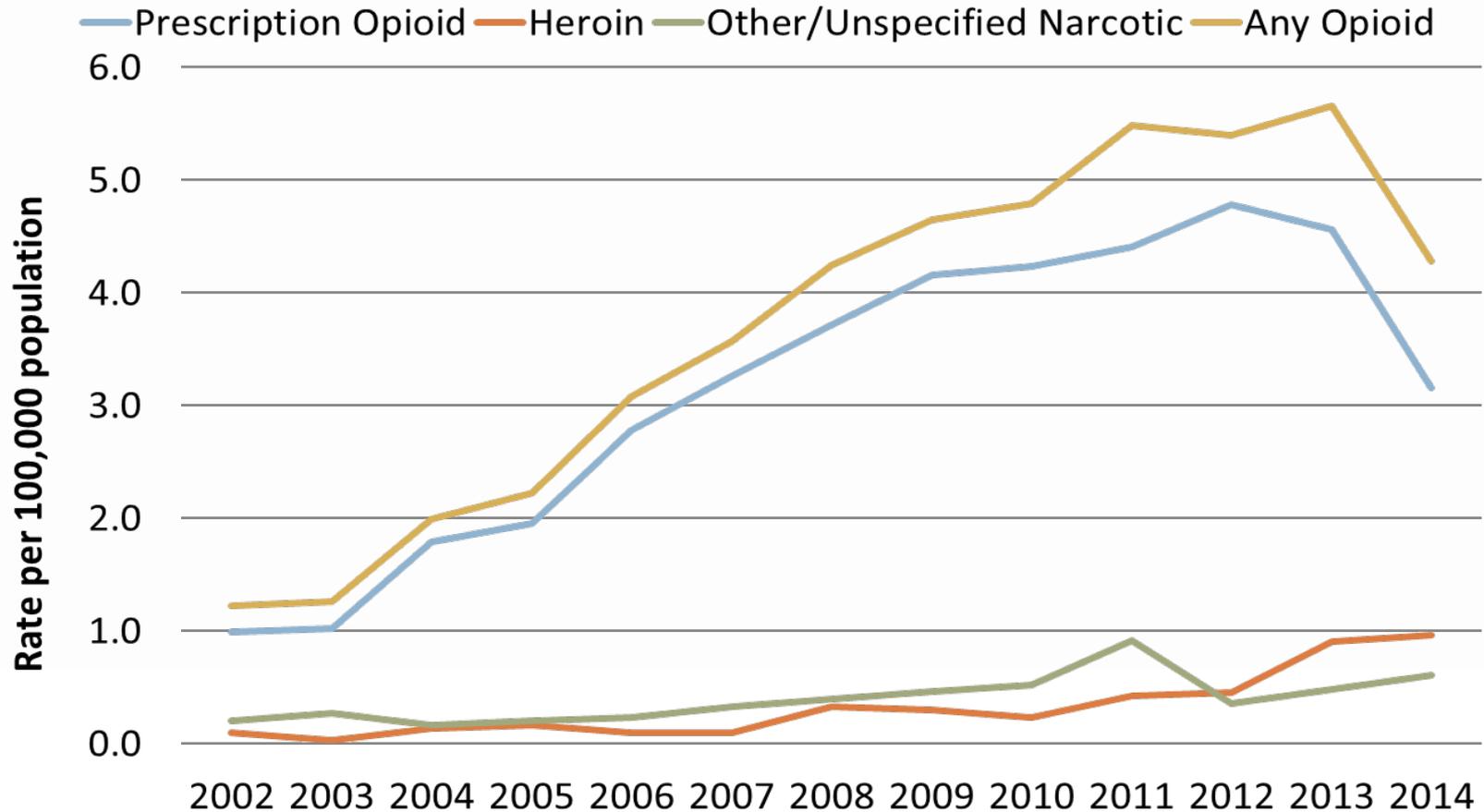
Conduct **TRAINING** which leads to skilled practitioners and researchers who can take action to prevent violence and injuries.

# Injury Prevention Research Center

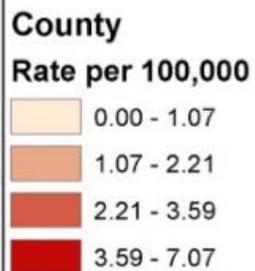
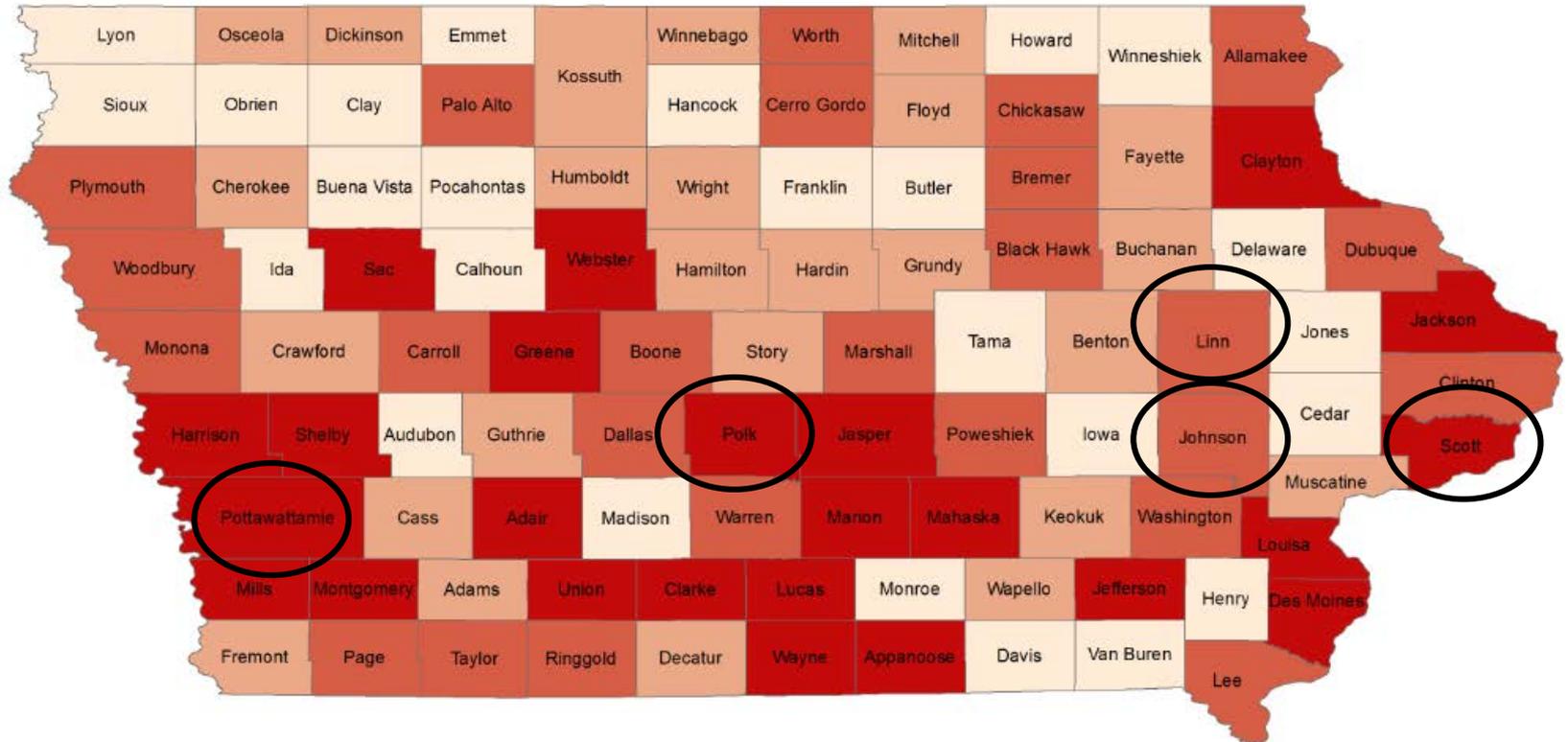
Some areas of our expertise:



# Opioid-Involved Overdose Death Rates, Iowa, 2002-2014



# Prescription Opioid Overdose Death Rates, Iowa, 2002-2014

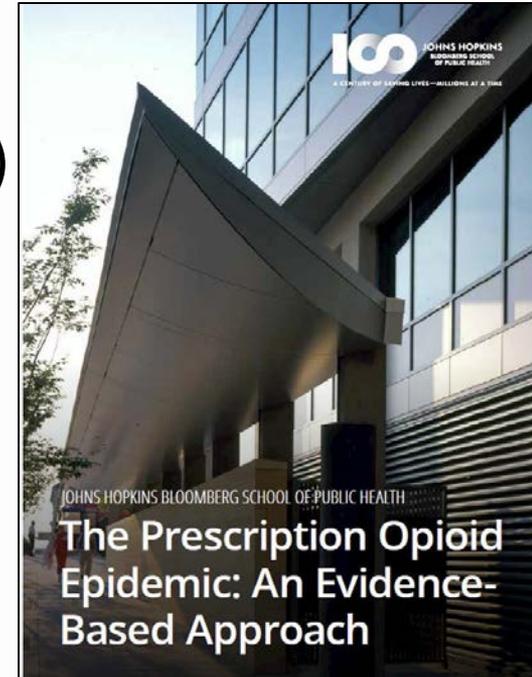


# Project Description

- Funding from CDC, January 2017 – June 2017
- Network of 4 Injury Prevention Research Centers
- **Goal:** Develop state-specific stakeholder councils to:
  - Identify policy and program priorities to address prescription opioid concerns
  - Identify next steps in addressing priorities
  - Identify ways to reach policymakers and other stakeholders with priority recommendations

# Recommendations for Action

- Prescribing guidelines
- Prescription Drug Monitoring Program (PDMP)
- Pharmacy benefit managers and pharmacies
- Engineering strategies
- Surveillance
- Overdose prevention and harm reduction
- Addiction treatment
- Community-based prevention strategies



# Iowa Stakeholder Meeting

- Convened by the UI Injury Prevention Research Center
- Meeting Goals
  - Identify what Iowa is doing to address prescription opioid issues
  - Propose new- or any changes to existing- policies and programs
  - Identify policy and program priorities to address prescription opioid concerns
- Number of attendees: 38

# Iowa Stakeholder Meeting

- Stakeholder Composition
  - Board of Pharmacy- PMP
  - Community and harm reduction coalitions
  - Governor's Office of Drug Control Policy
  - Healthcare: emergency medicine, nursing, pharmacy, psychiatry, treatment services
  - Insurance company
  - Investigative reporter
  - Iowa Poison Control Center



# Iowa Stakeholder Meeting

- Stakeholder Composition (cont'd)
  - National Safety Council
  - Law enforcement
  - Legislators
  - State and local health departments
- Deliverables
  - State-level report of current programs and policies, priority recommendations for Iowa
  - Dissemination to policymakers



# Identifying Priority Recommendations

- Stakeholder Meeting
- Survey Administration
  - Online questionnaire
  - Administered to meeting attendees
- Survey Content
  - Identify 5 priorities
  - For the 5 priorities, suggest next actionable program and/or policy steps

# Recommendations for Action: Iowa

## Summary of Recommendations from Iowa Stakeholders

- Train physicians in pain management and opioid prescribing in medical school
- Educate practitioners in recognizing patients at high risk for opioid misuse and overdose
- Reduce barriers to using Iowa's Prescription Monitoring Program
- Strengthen surveillance
- Ensure that Medicaid and other health plans adequately cover Medication Assisted Treatment and behavioral therapy

# Prescriber Education



## RECOMMENDATIONS FROM IOWA STAKEHOLDERS

- Provide evidenced-based physician training in pain management and opioid prescribing at the point of medical education. For current licensed professionals, develop a presentation that will provide a historical perspective with up-to-date epidemiological data focusing on evidence-based solutions to alter the course of this epidemic.
- Educate physicians, nurses, pharmacists and other practitioners to ensure a strong knowledge base in recognizing patients at high risk for opioid abuse and addiction.

# Iowa's Prescribing Rules & Laws

## IA Medical Board's *Reasonable and Responsible* Approach

For example, a physician routinely:

- Assesses patients for pain
- Utilizes the expertise of other health care practitioners
- Thoroughly documents the assessment and plan of care
- Conducts ongoing monitoring of patient drug use
- Minimizes risk through pain management agreements

# Iowa's Prescribing Rules & Laws

## Other prescribing provisions in Iowa

- Prescriber use of Iowa's Prescription Monitoring Program is not mandatory.
- Prescribers can issue multiple simultaneous opioid prescriptions to the same patient.
- Refills of prescription opioids are not allowed. However, a prescriber can issue up to a 90-day supply to a patient.

# Iowa's Prescribing Rules & Laws

- Pain Agreements are encouraged, not required.



- Physicians must complete two hours of continuing education in chronic pain management **every 5 years.**

# Prescription Drug Monitoring Programs (PDMP)



## RECOMMENDATIONS FROM IOWA STAKEHOLDERS

- Make the Iowa Prescription Monitoring Program (PMP) an accurate and effective clinical tool for all prescribers. Stakeholders need to work together to identify and enact measures that will eliminate current barriers preventing Iowa's PMP from reaching maximum use and effectiveness.

# Iowa's Prescription Monitoring Program (PMP)

- Became fully operational in 2009
- Data is recorded on a weekly basis
- 42% of prescribers and 83% of pharmacists registered
- Registering to use or using PMP is not mandatory
- Some upgrades to make it more user-friendly are pending
- Physicians/pharmacists can identify delegates
- Authorized requesters of PMP data

# Surveillance



## RECOMMENDATION FROM IOWA STAKEHOLDERS

- Strengthen capacity to conduct opioid drug overdose surveillance and prescription opioid monitoring among multiple organizations and agencies.

# Iowa's Surveillance

- Cedar Rapids Police Department/ Eastern Iowa Heroin Initiative collects data from hospitals in Linn County
- Iowa Poison Control Center tracks calls to the Center
- The Iowa Consortium for Substance Abuse Research and Evaluation has looked at opioid treatment admissions in Iowa (trends from 2010 to 2015)
- Death certificate data
- **No real-time data**

# Addiction Treatment



## RECOMMENDATIONS FROM IOWA STAKEHOLDERS

- Ensure that Medicaid and other state health programs adequately cover all FDA-approved Medication-Assisted Treatment (methadone, buprenorphine, naltrexone) and evidence-based behavioral interventions. Encourage or require commercial health plans to adopt similar policies.

# Iowa's Addiction Treatment

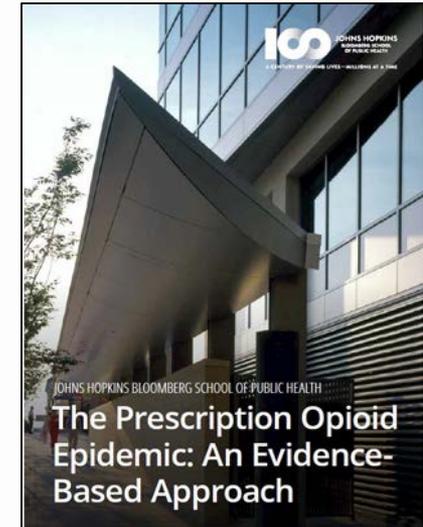
- Iowa has around 50 eligible buprenorphine providers
  - A new federal law increased patient limits from 100 to 275
- There are limited in-patient facilities for treating opioid addiction
- Insurers (commercial, Medicaid, state health programs) are not required to cover Medication Assisted Treatment
- Iowa received around \$5 million for opioid addiction treatment through 21<sup>st</sup> Century Cares Act

# Resources



- UI Injury Prevention Research Center Report found at [www.uiiprc.org](http://www.uiiprc.org)

- John Hopkins Bloomberg School of Public Health report



- Inventory of policies and programs in Iowa <https://www.public-health.uiowa.edu/iprc/resources/policy-briefs/>

RECOMMENDATIONS FOR ACTION (from John Hopkins Center for Injury Research and Policy) August 1, 2017	
Upstream recommendations	What Iowa is doing
<p><b>#1: Prescribing Guidelines</b></p> <p>1.1 Repeat existing prescriptive and law prescriptive laws and rules.</p>	<p>Iowa has "reasonable and responsible" approach to prescribing for pain; adequate patient assessments, thorough documentation, ongoing patient monitoring of drug use, use of pain management agreements, regularly reviewing patient data in the POMR (recommended) and timely use of consults. Iowa Board of Medicine <a href="#">enacts changes</a>; Board encourages physicians to treat patients' pain responsibly June 18, 2014.</p> <p>Rules of Schedule-II controlled substances are prohibited (multiple prescriptions are allowed up to 90-day supply). It is up to the discretion of an individual prescriber how often to see patients, and whether it is appropriate to issue multiple prescriptions. Iowa administrative code <a href="#">652-10.2</a>.</p> <p>This is the <a href="#">link</a> to the FDA's new 2017 proposed opioid education plan/print. It is open for public comment at the FDA site. The comment time closes around the first week of June.</p>
<p>1.2 Require oversight of pain treatment.</p>	<p>Physicians are encouraged to use a pain management agreement for patients prescribed controlled substances for more than 90 days and believed to be at risk of drug abuse. If the physician chooses not to, the physician <i>must</i> document in the why the pain management agreement was not used. Physicians, under this rule, should also consider drug testing for patients who is prescribed controlled substances for more than 90 days for chronic pain. <a href="#">Pain treatment related administrative rules for Iowa licensed physicians</a>; Iowa administrative code <a href="#">652-13.2</a>; Interim Opioid Chronic Pain Management OSD 153 issued May, 2014.</p>

# Thank you!

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