SOLVING THE OPIOID EPIDEMIC: A CLINICIAN'S PERSPECTIVE

by Mario Ramirez, MD

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introduction

Clinicians and practice leaders—we're counting on you to solve the opioid epidemic.

Rightfully or not, doctors, nurses, and practice leaders have been blamed for overprescribing and launching America into an opioid epidemic. I'll leave the task of assigning blame for the epidemic to the publishers of the 500,000 Google hits on that topic.

With 55 overdose deaths resulting from prescription pain relievers each day, we're past the point of placing blame. Instead, let's become the solution that will fix this national scourge. Clinicians and practice leaders—we're counting on you to solve the opioid epidemic.

In the pages ahead, my colleague Dr. Mario Ramirez will outline a vision for how healthcare leaders, like you, can embrace 21st century technology and capabilities to end the opioid epidemic and deliver world-class patient care.

Read on, and join the conversation!

Mitch Evans
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patient care & the opioid epidemic

Our priority is providing high quality patient care, delivered in a timely and safe manner.

As a clinician in America today, there can be intense pressure to focus on multiple things at once. Our priority is providing high quality patient care, delivered in a timely and safe manner. Patient care has to be the focus every day. Everything is built on that. Unfortunately, it's all of the other changes going on in medicine that make it increasingly difficult to maintain that focus.

Today, I can't open a medical journal, or walk into the hospital, without thinking about words like bundled care, value based delivery, and disruption. And the more I try to learn about it, the more chaotic the whole thing seems to become. I'm constantly considering how new government mandates and payment reform are going to influence our ability to keep our practices operational and profitable. But regardless of how much turmoil exists, I've come to realize that this is the new normal in American medicine. This type of disruption and instability will be here to stay not only because patients are consuming health care differently, but also because the financial pressures to develop cost containing measures while still delivering quality care are strengthening.

In the middle of this changing landscape, there's another problem that keeps me concerned: the staggering toll of the opioid abuse epidemic in this country. It is tearing at our social and economic fabric in a way we haven't seen since the cocaine epidemic of the 1980s. You only need to look at the front page of any newspaper to get a sense for the harm this problem is inflicting.

Every time I speak with others about this, whether they are clinicians, administrators, or policy makers, we narrow in on three needs:

1. Continuing innovation in pain management strategies
2. Improved tools to help guide our prescribing practices so that safe use is maximized while the potential for drug diversion is diminished
3. Improving relationship between patients, providers, insurance companies, and health systems, so the focus remains on quality care with the patient at the center of those relationships

To the first point, many agree that there is simply an absence of solid, evidence based guidance about effective pain management strategies in the setting of the opioid epidemic. We know drugs work in the right context, but we have yet to develop programs that can be delivered, at scale, to help wean patients off of these medications and onto alternate modalities that provide effective comfort and pain relief. We need not only new drugs and therapies, but we need a better understanding of how patients are consuming these medications. Data on usage patterns and pain relief is critical for an effective strategy between patients and providers going forward.

Second, we need the private sector to develop innovative tools that are both user friendly and deliver useful, actionable data at a price that isn't going to add financial pressure on our practices. State based prescription database monitoring programs were the first wave of these tools. Now we need that data to be collected and analyzed into information that can help clinicians make better decisions on the fly, in real time.

Finally, we need these innovative tools to alter the patient care relationship in a way that doesn't diminish the connection between patients and providers. These tools must strengthen that bond so that all parties can make informed decisions about opioid management in a manner that puts the patient at the center of the care relationship.

I believe AffirmHealth Dash delivers value in all three of these areas. By taking the administrative burden out of opioid management and delivering clearly actionable data that shows adherence to prescribing mandates in line with value based delivery models, AffirmHealth Dash is an easy to adopt solution that improves patient safety and care. It gives providers more information about how patients are using these medications and gives clinicians the ability to see how their recommended prescriptions will affect other pain medications these patients are using.

In addition, it helps providers address any concerns they may have about drug diversion and addiction with evidence based information that can be reviewed and discussed with patients. Finally, it achieves these goals in a manner that delivers significant financial savings for a low cost investment.

the missing piece in the cms opioid misuse strategy

Missing from the strategy is a focus on the realization that opioid prescription practices are a two-party interaction.

This morning, I read with great interest the Centers for Medicare and Medicaid Services (CMS) Opioid Misuse Strategy. As I, and many others, have written, our country is experiencing a profound opioid crisis across all socioeconomic classes of our society. U.S. Surgeon General Dr. Vivek Murthy recently commented that physicians are partially to blame for the problem. We've mis-prescribed these medications under the pretense that they were not addictive when used to manage legitimate pain. We now know that to be untrue and CMS statistics clearly show that physician prescribing practices have accelerated the problem. The document highlights four priority areas for action including:

- Implementing more effective person-centered and population-based strategies to reduce the risk of inappropriate use and diversion
- Expanding naloxone use
- Expanding diagnosis and treatment of opioid use disorders

- Increasing the use of evidence-based practices for pain management

I wholeheartedly support these goals and believe the document lays out an actionable set of sub-recommendations that can be used to measure progress against them. In my opinion, however, this strategy is incomplete.

Unfortunately missing from the strategy—and something that has been absent from much of the recent narrative—is a focus on the realization that opioid prescription practices are a two-party interaction. This includes the *patient's* will often times just as much as the physician's.

There is no question that it is ultimately the physician's responsibility to act in the patient's best interest at all times including the denial of certain opioid prescriptions when it is dangerous or irresponsible to provide these medications, but I firmly believe that a pillar of an effective opioid crisis management strategy must begin to engage the public on the broader issues of realistic pain management and what can realistically be achieved with the medications and evidence we currently have.

For too long, the message to our patients has been that any pain or discomfort is unacceptable and that they should aggressively push to have medications added. As clinicians, we are now practicing in an environment where our patients come with requests for pain management that are influenced by print and social media advertising, conversations with others, or incomplete internet research.

If we are going to truly influence opioid abuse in our country, we must begin to act on both sides of the patient physician equation. Strategies, some of which are advocated in the CMS document, that only provide information on prescription rates or statistical outliers, run the risk of creating an adversarial patient physician relationship where one party is trying to “out-game” the other with asymmetric knowledge. Instead, we need to augment these important approaches with a strategy that engages patients as much as physicians.

Tools such as AffirmHealth’s Dash software play an important role in this approach by clearly presenting the same information to patients and physicians, which in turn facilitates a cooperative relationship and approach to pain management that engages both parties equally.

generating clinical pain management information in the opioid epidemic era

We have to find ways to generate the data that is going to drive effective and safe pain management in this opioid epidemic era.

In previous chapters, I've written about the work we're doing at AffirmHealth to combat the growing opioid epidemic in our country. With Dash, we're working to help clinicians access prescription drug monitoring programs as efficiently as possible with an eye toward driving clinical decision support based on scientific guidelines.

We believe clinical support is a critical piece of the opioid epidemic puzzle. In parallel with what we're doing, however, there is clearly a research need on the part of clinicians to better understand how we are managing our patients' pain and whether we are making progress over time. At AffirmHealth, we are not only interested in delivering value to our customers, but also contributing to pain management research when we are able.

Several groups are working to fill this void and, as a physician, I'm keenly interested to see what we can learn. One such group is the Collaborative Health Outcomes Information Registry (CHOIR) system led by Sean Mackey, MD, PhD at Stanford University.

With this registry, Stanford researchers are engaging patients on a repeat basis and have built a registry with 15,000 unique patients, 64,000 visits, and 40,000 follow up visits. By giving patients the chance to describe the nature of their pain over time, and at a depth and scale not previously studied, CHOIR has the potential to shed new insight on the nature of how pain is described by our patient populations, and how it evolves over time.

A constant theme that has emerged in the opioid crisis discussion is that physicians do not have enough guidance on how to prescribe opioids for different pain related complaints. CHOIR is uniquely positioned to help us better understand and address this theme by generating scientific data about how pain is affected by different interventions.

The solution to our growing opioid problem is unlikely to come through PDMP use alone. We have to find ways to generate the data that is going to drive effective and safe pain management in this opioid epidemic era. I'll be following the CHOIR results closely and look forward to reading about similar studies that others are performing at the edge of our current pain management understanding.

changing the conversation: developing tools to combat opioid misuse

We need to stop simply aggregating data that leaves the clinician without guidance about what to do next.

As a both a practicing emergency medicine physician, and Chief Medical Officer at AffirmHealth, an organization dedicated to combatting opioid abuse in this country, I spend a significant amount of time thinking about the right tools we need to develop to make pain management practices more effective. In the clinic, healthcare providers are operating at a time when we have never had more information about our patients readily available. Conversely, however, this wealth of information often creates the challenge of “too much noise; too little signal” and it can be easier to fall into the trap of simply maintaining old practice patterns that have worked for us in the past.

Unfortunately, the outdated practices of yesterday will not be enough to effectively reverse the worsening opioid epidemic in our country.

Instead of simply developing tools that repackage or aggregate existing data on the number of opioids prescribed, at AffirmHealth, we’re working to develop clinician support instruments that effectively answer four questions:

First, how will this instrument make clinical decision making easier? With the patient-physician relationship as the foundation for all clinical management, I believe that physicians struggling to make sense of the opioid crisis are looking for tools that make effective recommendations that are rooted in the most up to date scientific guidelines. It cannot be enough right now to simply aggregate data, turn it over to the clinician, and expect them to know what to do next. Clinicians often suspect that there is a problem with opioid abuse before they see the PDMP data. Instead, our tools need to show them what to do with that data.

Second, does the instrument create discrete endpoints that can be measured? With increasing pressure to show progress against federal clinical practice improvement guidelines, clinicians need tools that can help facilitate that progress without taking time away from the bedside. As a clinician, I don't just need to show that I've checked a state opioid registry…what I need to show is that I'm prescribing responsibly with specific data to support that claim. Fighting the opioid epidemic has to move away from qualitative reporting and into more granular, quantitative data that shows we are making progress.

Third, does the instrument make the clinician's job more or less complicated? The problem with existing state PDMP tools right now is that they are often labor intensive and take clinician time away from the patient. The tools we are developing must integrate into the physician workflow in a manner that facilitates the patient-physician relationship, not detracts from it. That's the problem with too much of the data that's out there now—it pulls us away from the patient bedside where we get the most important feedback.

And fourth, what do clinicians say they want? At AffirmHealth, we actively seek feedback from our users and thought leaders in the healthcare industry to ask what features of their practice need support. How can we support the clinician that needs help seamlessly transitioning a patient into substance abuse treatment? How can we efficiently integrate reporting requirements into our platform? Those are the kinds of questions we are developing solutions for.

Making progress in the fight against opioid misuse is going to take a change in the clinician support discussion. We need to stop simply aggregating data that leaves the clinician without guidance about what to do next. Version 2.0 must answer those four questions. At AffirmHealth, we're working to do just that.

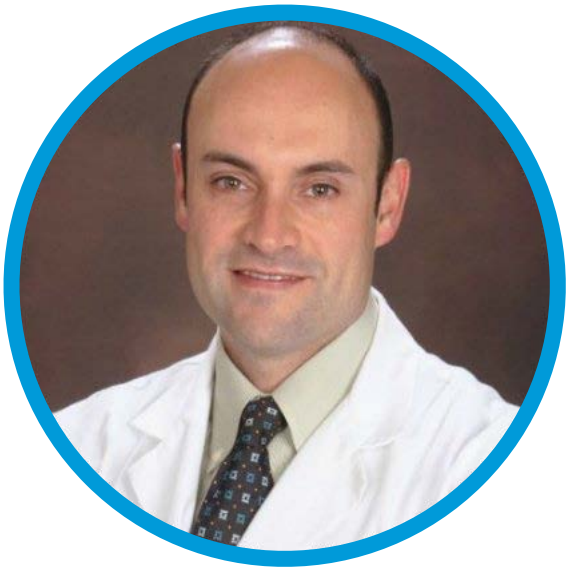
conclusion

The challenge for us, as clinicians, is to select and develop the tools that most improve our ability to deliver solid bedside care with our patients.

For every clinician, every patient, and every family member that's been touched by the worsening opioid epidemic in our country, this is a battle that is deeply personal. Our goal at AffirmHealth is to harness the technological revolution occurring in health care and develop tools that will allow us all to beat back this scourge.

From my standpoint as a clinician, it's clear that the practice of clinical medicine is evolving incredibly rapidly. Often, this creates a certain amount of discomfort as this evolution places the habits and practices we've built up over decades into direct contact with new technologies that may fundamentally change the way we've practiced for some time. It's time for us to embrace that change. These new technologies stand positioned to revolutionize our compliance with federal mandates and safe practice guidelines thereby allowing us to deliver care more safely and more efficiently for our patients than ever before.

The challenge for us, as clinicians, is to select and develop the tools that most improve our ability to deliver solid bedside care with our patients. We welcome you to join our efforts and become part of the conversation.



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A graduate of Stanford University and Harvard's Medical School and Kennedy School of Government, Dr. Ramirez is a Nashville, Tennessee-based practicing emergency medicine physician working on the front-lines of the opioid epidemic.

Dr. Ramirez previously served on active duty with the US Air Force, including a combat deployment to Afghanistan. Later, Dr. Ramirez served in White House level public policy positions with a focus on heath, homeland security and international affairs.

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>
> **MARIO RAMIREZ, MD**

JOIN THE CONVERSATION

If you're active in Pain Management or Addiction Treatment, we'd love to discuss this topic in more detail. Click the link below to find a time to chat with our leadership team.

let's chat!

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