Organized Medicine’s Role in Strengthening a Public Health Approach to Overdose Morbidity and Mortality

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Faculty Disclosures

- Susan Bailey, MD, has no financial relationships to disclose relating to the subject matter of this presentation.
- Amy B. Cadwallader, PhD, has no financial relationships to disclose relating to the subject matter of this presentation.
- Kelly Clark, MD, MBA, DFASAM, DFAPA - Bicycle Health (Consultant, Stockholder/Ownership Interest (excluding diversified mutual funds)); Dispose RX (Consultant, Stockholder/Ownership Interest (excluding diversified mutual funds), Director); Path CCM (Advisory Board, Consultant, Stockholder/Ownership Interest (excluding diversified mutual funds))
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• The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational use(s) of drugs, products, and/or devices (any use not approved by the US Food and Drug Administration).

• Applicable CME staff have no relationships to disclose relating to the subject matter of this activity.

• This activity has been independently reviewed for balance.
Learning Objectives

• Identify the relationship between existing state and national policies to mitigate opioid-related harms with drug overdose morbidity and mortality data

• Discuss how organized medicine has worked with other stakeholders to reduce opioid-related harms, including best practices and areas where additional work is needed

• Identify gaps in public surveillance data, for fatal and nonfatal drug overdose data can better inform public health overdose prevention and treatment opportunities
State and National Policies

What are relationships between existing state and national policies and mitigation of drug overdose-related harms using morbidity and mortality data?
AMA focus is to support individualized patient care.
Are we asking the right questions?

<table>
<thead>
<tr>
<th>Category</th>
<th>Questions</th>
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</thead>
<tbody>
<tr>
<td>Opioid Prescribing Restrictions</td>
<td>• Have threshold restrictions for MME/days led to improved pain care outcomes or reduced mortality?</td>
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<tr>
<td>PDMPs</td>
<td>• How can a data tool be used to better reform patient care decisions and increase access to evidence-based care?</td>
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<tr>
<td>Removing Barriers</td>
<td>• What can we do to finally remove prior authorization for MOUD?</td>
</tr>
<tr>
<td></td>
<td>• What can we do to meaningfully enforce mental health/SUD parity?</td>
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<tr>
<td>Harm Reduction</td>
<td>• How can we continue to increase naloxone access and improve Good Samaritan laws?</td>
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<td></td>
<td>• How can we remove barriers to syringe exchange programs?</td>
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</table>
What should we consider progress?

- **Reduction of opioid analgesic prescriptions**
  - 37% reduction between 2014–2019

- **Increase in naloxone prescribing and dispensing**
  - More than 1 million naloxone doses in 2019 prescribed by physicians and purchased by harm reduction organizations

- **Increased use of state prescription drug monitoring programs**
  - More than 739M queries in 2019, a 64% increase since 2018

- **Increase in DEAx waivers**
  - 89,070 MD/DO
  - 19,093 APRN/NP
  - 4,938 PA
Practical Effects of State Policy Trends

- Lack of effective SSPs
- Problems with Good Samaritan laws
- Variability of state laws
- Misapplication of national guidelines
- Confusing implementation of payer, PBM and chain pharmacy policies
- Lack of meaningful parity enforcement
- Treatment gap for opioid use disorder persists
- Lack of meaningful parity enforcement
We all must work together to end the epidemic

How has organized medicine worked with other stakeholders to reduce overdose-related harms, including discussion of best practices and acknowledging areas where additional work is needed?
Key State-Based Stakeholders… to Name a Few

- National Association of Insurance Commissioners
- National Governors Association
- National Association of Attorneys General
- National Association of Boards of Pharmacy
- Federation of State Medical Boards
- State Medicaid agencies
- State attorneys general
- State legislatures
- National Association of State Alcohol and Drug Abuse Directors
- Harm Reduction Coalition
- Shatterproof
- The Kennedy Forum
- Patients
- State medical associations
- National specialty medical associations
- State public health officials
The AMA-Manatt Health National Policy Roadmap

• Improving access to evidence-based treatment for opioid use disorder

• Enforcing mental health and substance use disorder parity laws

• Addressing network adequacy and enhancing workforce

• Expanding pain management options

• Improving harm reduction efforts

• Enhancing monitoring and evaluation

https://end-overdose-epidemic.org/highlights/ama-reports
AMA-Manatt
Health
National
Policy
Roadmap

• Gather enhanced, standardized surveillance data of fatal and nonfatal overdose, including evidence of naloxone administration and referral to treatment

• Increase data gathering to better address delivery of care by race, gender, age, ethnicity, income, and other factors that may point to inequitable distribution of care

• Begin meaningful review of policies to help determine whether actions taken by state legislatures and state agencies have led to measurable impacts in reducing drug-related harms and improving patient care outcomes
Lessons Learned about data from COVID-19 Treatment and Vaccination

• Data is important, the ‘right’ data is critical
• Collaboration and data sharing is difficult, but essential
• Data quality matters
• Context and purpose of data is important
• Curation and standardization efforts are essential to guarantee rapid data integration and dissemination
What effects have the policies had?

Are policies improving outcomes, reducing harm, and stopping people from dying?
Opioid Prescribing Down 37 Percent

37.1% decrease in opioid prescriptions from 244.5M in 2014 to 153.7M in 2019

1M+ naloxone prescriptions in 2019—up from 6,588 in 2015

64.4% increase in the use of state prescription drug monitoring programs in the past year—to 739M queries in 2019

Hundreds of thousands of physicians accessing continuing medical education and other courses on substance use disorders, treating and managing pain, and more

85,000+ physicians and health care professionals certified to prescribe buprenorphine in-office—an increase of nearly 50,000 since 2017

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1. IQVIA Xponent market research services. ©IQVIA 2020. All rights reserved.
2. Emergent Biosolutions, Xponent IQVIA. Data received June 8, 2020. On file with author.
Data to Consider: Patients Continue to Die

CDC Wonder

Heroin

Prescription Opioids

Synthetic Opioids (e.g., illicit fentanyl & analogues)

Stimulants (e.g., cocaine, methamphetamine)

Synthetic Opioids (e.g., illicit fentanyl & analogues)

Stimulants (e.g., cocaine, methamphetamine)

Heroin

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Stimulants (e.g., cocaine, methamphetamine)

Heroin

Prescription Opioids
Data to Consider: Demographics

- Age
- Education
- Ethnicity
- Location
- Gender
- And more…
Data to Consider: State Variation

Change in non-fatal drug overdoses (January 2019–January 2020)

Reference: CDC’s Drug Overdose Surveillance and Epidemiology (DOSE) System

- Significant increase
- No significant change
- Significant decrease
- Unfunded state
- Data not available/not reported
Data to Consider: Harm Reduction

KFF: https://www.kff.org/hivaids/state-indicator/syringe-exchange-programs/?activeTab=map&currentTimeframe=0&selectedDistributions=has-syringe-exchange-program&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
Policies and treatments must consider that patients are not identical. They must account for drug type, gender, race, age and social determinants of health.

The nature of the epidemic and its evolution are not the same across the country. They are not even the same within a state. Their solutions must be equally as varied.
At a minimum, policy action must include:

- Re-evaluation of opioid-sparing and strict threshold policies
- Meaningful enforcement of mental health and substance use disorder state and federal laws
- Harm reduction policies must include more than naloxone to reduce opioid-related and other harms
- Consideration of data collection and use
Overdose Surveillance Data

How can we better inform overdose prevention, harm reduction, and treatment opportunities?
We Need Better Data

SURVEILLANCE & SHARING OF OVERDOSE DATA FOR ACTION SUMMIT

FRAMING the BIGGER PICTURE

1. What is our unified mission?
2. What is a successful overdose surveillance program and who are the players involved?
3. What data is needed to shift from “response” to “prevention?”
4. What is the best balance of policy and programming to successfully act on real-time surveillance data?
SSODAS Participants

Association of Public Health Laboratories
Association of State and Territorial Health Officials (ASTHO)
Centers for Disease Control and Prevention (CDC)
Colorado Dept of Public Health & Environment
Colorado Dept of Public Health and Environment
Council of State and Territorial Epidemiologists (CTSE)
County of Marin Dept of Health & Human Services-California
FirstWatch
HASA Texas
Health2047
High Intensity Drug Trafficking Areas, Washington/Baltimore
Indiana NextLevel Recovery
Kentucky Injury Prevention and Research Center, University of Kentucky
Missouri Department of Health and Senior Services
National Association of County and City Health Officials (NACCHO)
New Jersey State Police
NORC at the University of Chicago
Office of Medicaid Policy & Planning, State of Indiana
Philadelphia Department of Public Health
Public Health of Dayton and Montgomery County-Ohio
Rhode Island Department of Health
RIZE, Massachusetts
State of Mississippi Department of Mental Health
Substance Abuse Mental Health Services Administration (SAMHSA)
Trinity Emergency Medical Service
University of Florida College of Medicine
University of Michigan Injury Prevention Center
University of Michigan Medical School
Utah Poison Control Center
What we do today:
“Crisis framework”

Evolve to prevention framework
Prioritize preventing and treating substance use disorders

Employ effective surveillance strategies
Better identify patients at risk of an overdose and those who have overdosed in the past

Implement proven public health solutions
Take an evidence-based approach to prevention and treatment

What we must do tomorrow:
Integrated, sustainable, predictable and resilient public health system
Accuracy Needed to Help With Overdose Response

• Complex drug landscape

• Overdose-related data collection practices are not consistent across the United States

• A collaborative, multiagency approach to obtaining, quantifying, and releasing data on fatal and nonfatal drug overdoses is needed

• Difficult to respond to overdose without accurate information – need to modernize and adapt our data collection approaches

• How can we respond if we don’t know the reality of the situation?

- Fentanyl
- Acetylfentanyl
- Carfentanil
- Cocaine
- 3-(p-Fluorobenzoyloxy)tropane (pFBT)
- Methamphetamine
- Eutylone
Fatal vs Non-Fatal Overdose Data Collection

- Currently, national surveillance efforts include fatal overdose data, but reliance on fatality data alone can result in an incomplete picture.

- Timely, nationally representative data related to nonfatal overdoses currently do not exist.

- Laws introduced and/or enacted in several states that would permit or require overdoses to be reported:
  - No standardized surveillance approach to integrate multiple potential data sources for overdose surveillance.
  - Lack of consistency can make national comparisons, as well as evaluation of prevention efforts, challenging.

Provisional Overdose Death Data Indicate Deaths from Prescription Opioids Continue to Decrease While Deaths From Illicit Drugs Increase

- Cocaine
- Heroin
- Methadone
- Prescription Opioids
- Stimulants
- Synthetic Opioids

Number of Deaths

12 Month-Ending Period

Jan-15: 5,000
Mar-15: 7,000
May-15: 9,000
Jul-15: 11,000
Sep-15: 13,000
Nov-15: 15,000
Jan-16: 17,000
Mar-16: 19,000
May-16: 21,000
Jul-16: 23,000
Sep-16: 25,000
Nov-16: 27,000
Jan-17: 29,000
Mar-17: 31,000
May-17: 33,000
Jul-17: 35,000
Sep-17: 37,000
Nov-17: 39,000
Jan-18: 41,000
Mar-18: 43,000
May-18: 45,000
Jul-18: 47,000
Sep-18: 49,000
Nov-18: 51,000
Jan-19: 53,000
Mar-19: 55,000
May-19: 57,000
Jul-19: 59,000
Sep-19: 61,000
Nov-19: 63,000
Jan-20: 65,000
Mar-20: 67,000
May-20: 69,000
State Data Dashboards

• In the last few months, AMA has explored current overdose surveillance data dashboards

• How can AMA help facilitate data use to advance the public health priorities of informing targeted drug-related prevention, treatment, policy making, and harm reduction strategies

• Things to consider:
  – Motivation for creation, audience, goal, indicators, data sharing and use

• Many challenges – especially standardization

Source: North Carolina Opioid Action Plan
Summary of Dashboards*

- 35 states had some version of a dashboard or interactive data tool
- 16 states had only static graphics or reports available with drug overdose surveillance data
- All states except one reported overdose mortality data

### Dashboard Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Overdose Deaths</td>
<td>50</td>
</tr>
<tr>
<td>Nonfatal Overdose (ED visits, ...)</td>
<td>43</td>
</tr>
<tr>
<td>Prescribing or PDMP Data</td>
<td>33</td>
</tr>
<tr>
<td>Naloxone Distribution</td>
<td>25</td>
</tr>
<tr>
<td>Treatment Admissions, ...</td>
<td>19</td>
</tr>
<tr>
<td>Criminal Justice Data (i.e., ...)</td>
<td>13</td>
</tr>
<tr>
<td>Substance Use Data</td>
<td>10</td>
</tr>
<tr>
<td>Neonatal Abstinence Syndrome</td>
<td>10</td>
</tr>
<tr>
<td>Medication-assisted Treatment,...</td>
<td>8</td>
</tr>
<tr>
<td>Infectious Disease Data (Hep C, ...)</td>
<td>6</td>
</tr>
<tr>
<td>Community-level Resources</td>
<td>4</td>
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*Among 50 states and the District of Columbia*
Reportable and Notifiable Conditions

Mandatory for **reportable cases** to be reported to state and territorial jurisdictions
- Enables states to identify cases where immediate disease control and prevention is needed
- Each state has its own laws and regulations, varies among states and over time

Voluntary for **notifiable cases** to be reported to the CDC for nationwide aggregation and monitoring of data
- The list of national notifiable diseases, conditions, and outbreaks is revised periodically
- Conditions are added to the list as emerging pathogens, environmental hazards, or conditions emerge as public health concerns

Surveillance **case definitions** enable public health officials to classify and count cases consistently across jurisdictions
- Monitor trends, identify high risk populations, inform prevention and control strategies, and formulate public health policies
- Updated yearly

Every national notifiable disease is not necessarily reportable in each state.
Not every state reportable condition is national notifiable.
More stakeholders must come together and work collaboratively to act on these recommendations.
Organized Medicine’s Roles

What has organized medicine done and how can we continue to work with other stakeholders to reduce drug-related harms?
AMA Opioid Task Force

2015 Recommendations:
Actions Physicians Can Take

• Support physicians’ use of effective PDMPs
• Enhance education on effective, evidence-based prescribing and treatment
• Support access to comprehensive, affordable, compassionate treatment
• Put an end to stigma
• Expand access to naloxone in the community and through co-prescribing
• Encourage safe storage and disposal of prescription medication

2019 Recommendations:
Actions Policymakers Can Take

• Remove barriers that delay or deny care for FDA-approved medications used to help treat OUD
• Support assessment, referral, and treatment for co-occurring mental disorders as well as enforce parity laws
• Remove barriers to comprehensive, multimodal, multidisciplinary pain care and rehabilitation programs
• Support maternal and child health
• Support reforms in the civil and criminal justice system

www.end-overdose-epidemic.org
AMA Pain Care Task Force

• Goal: identify a set of actionable and collaborative priorities for improving care for patients in pain

• Actionable guidance provided so far:
  – “Evidence-Informed Pain Management: Principles of Pain Care from the AMA Pain Care Task Force”
  – “Addressing Obstacles to Evidence-Informed Pain Care”
  – Document to support comprehensive treatment options for patients
  – Glossary of commonly misunderstood terms used in pain care

• Continues work related to education of physicians along their continuum

www.end-overdose-epidemic.org
<table>
<thead>
<tr>
<th></th>
<th>What do we need to do to improve data collection and action?</th>
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<tbody>
<tr>
<td>1.</td>
<td>Continue to advocate for funding for overdose surveillance efforts</td>
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<tr>
<td>2.</td>
<td>Support efforts to streamline data sharing and use agreements</td>
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<tr>
<td>3.</td>
<td>Educate physicians and healthcare providers about the importance of accurate reporting of overdose and outcomes</td>
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<tr>
<td>4.</td>
<td>Support efforts to develop standardized case definitions for overdose outcomes</td>
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<tr>
<td>5.</td>
<td>Encourage the collection of race and ethnicity data</td>
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<tr>
<td>6.</td>
<td>Develop national overdose data resources</td>
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<tr>
<td>7.</td>
<td>Continue multi-stakeholder convening and collaboration</td>
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Final Thoughts Before Q&A
All stakeholders must not only work together—we must all commit to action.

Policy focus must be on pain management and SUD treatment, not only Rx opioid reductions.

We know MOUD works, so why are there still health insurance barriers?

The epidemic has evolved—data collection and surveillance must evolve as well.

When will enforcing state and federal parity laws become a state and federal priority?