

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

Susan R. Bailey, MD

*President
American Medical Association*

Amy B. Cadwallader, PhD

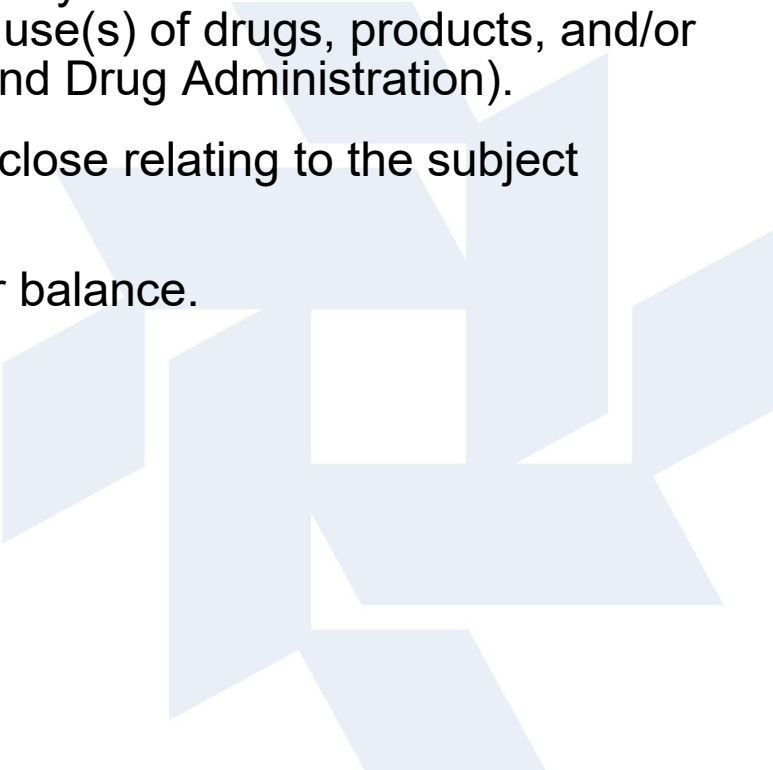
*Director, Science and Drug Policy
American Medical Association*

Moderator: Kelly J. Clark, MD, MBA, DFAPA, DFASAM, *President, Addiction Crisis Solutions,
and Member, Rx Drug Abuse & Heroin Summit Advisory Board*

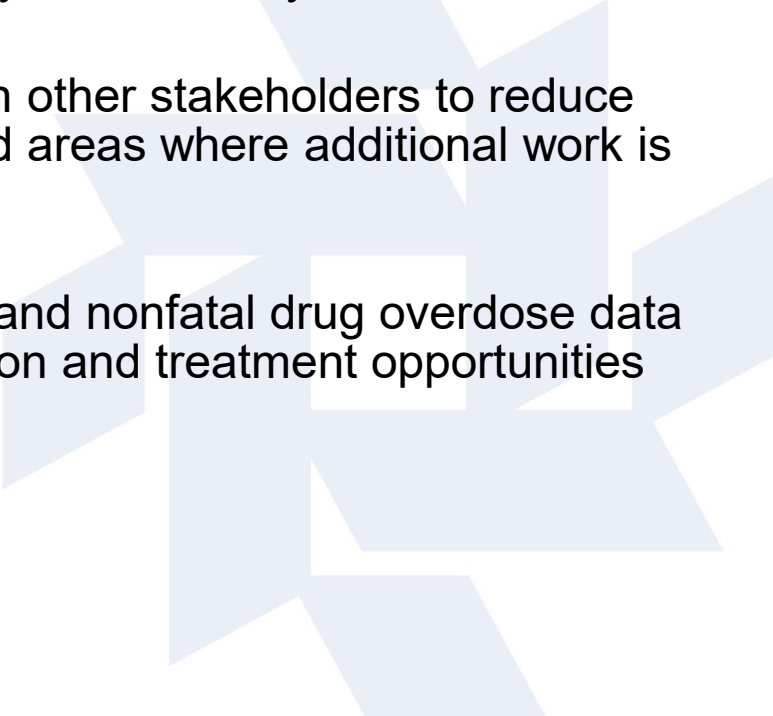
Faculty Disclosures

- 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))

Disclosure

- 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.
- 
- A decorative graphic on the right side of the slide, consisting of several overlapping, light blue geometric shapes (polygons) arranged in a complex, star-like pattern.

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?

State and National Policy Overview



AMA focus is to support
individualized patient care.

Are we asking the right questions?

Opioid Prescribing Restrictions

- Have threshold restrictions for MME/days led to improved pain care outcomes or reduced mortality?

PDMPs

- How can a data tool be used to better reform patient care decisions and increase access to evidence-based care?

Removing Barriers

- What can we do to finally remove prior authorization for MOUD?
- What can we do to meaningfully enforce mental health/SUD parity?

Harm Reduction

- How can we continue to increase naloxone access and improve Good Samaritan laws?
- How can we remove barriers to syringe exchange programs?

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

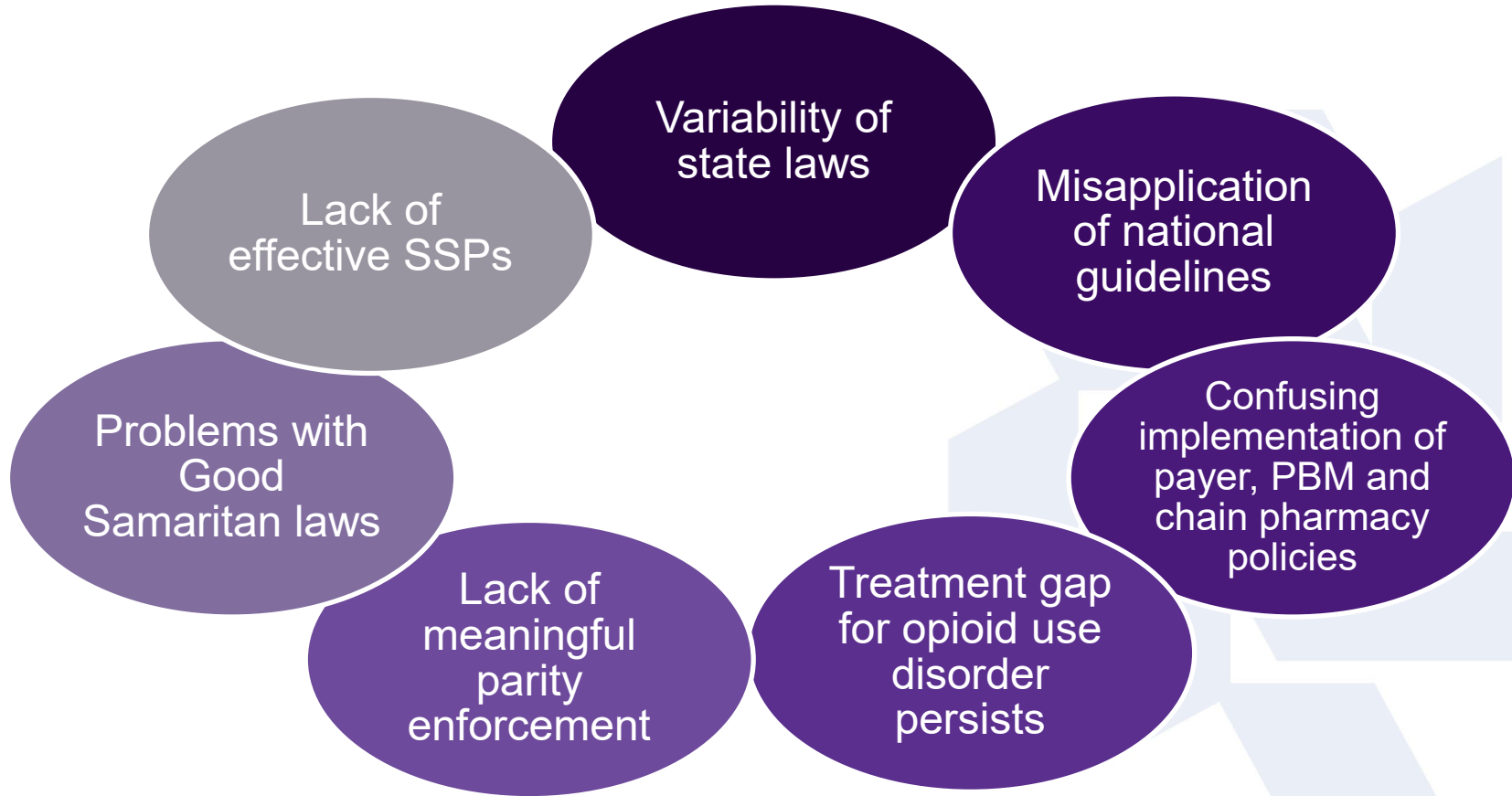
Increased use of state prescription drug monitoring programs

- More than 739M queries in 2019, a 64% increase since 2018

Increase in DEA waivers

- 89,070 MD/DO 19,093 APRN/NP 4,938 PA

Practical Effects of State Policy Trends



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

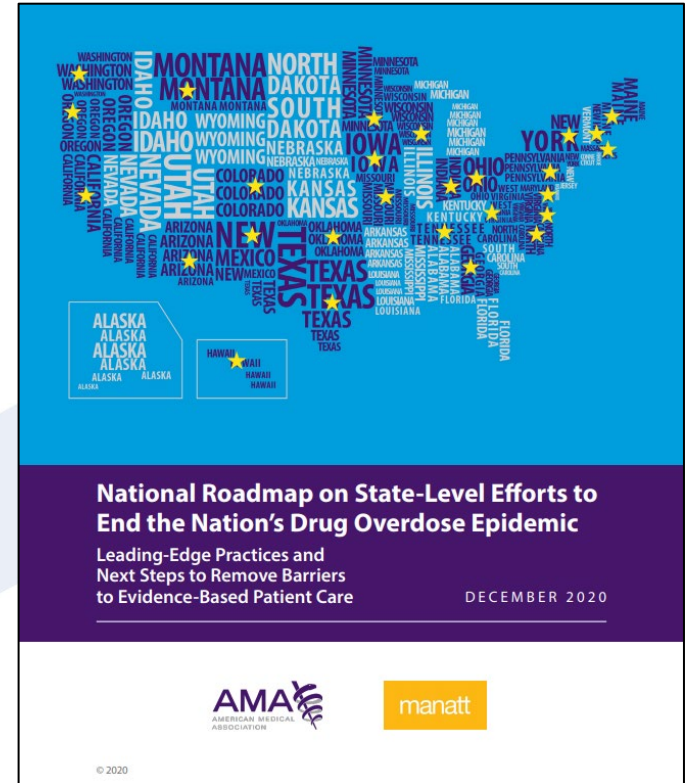
- National Association of Insurance Commissioners
- National Governors Association
- National Association of Attorneys General
- National Association of Boards of Pharmacy
- Federation of State Medical Boards
- State Medicaid agencies
- State attorneys general
- State legislatures
- National Association 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

STATES TAKING ACTION TO END THE OPIOID EPIDEMIC



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



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?

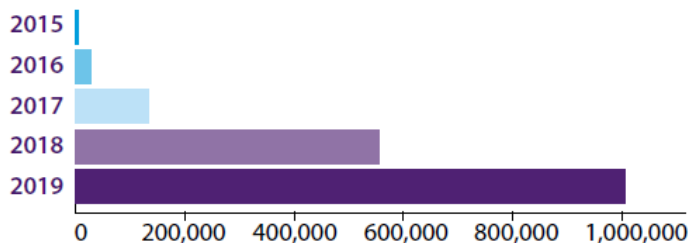
Are policies improving outcomes, reducing harm, and stopping people from dying?

A decorative geometric pattern consisting of various shades of blue and white polygons, including triangles and squares, arranged in a complex, overlapping design on the right side of the slide.

Opioid Prescribing Down 37 Percent

37.1% decrease in opioid prescriptions
from 244.5M in 2014 to 153.7M in 2019¹

1M+ naloxone prescriptions in 2019
—up from 6,588 in 2015²



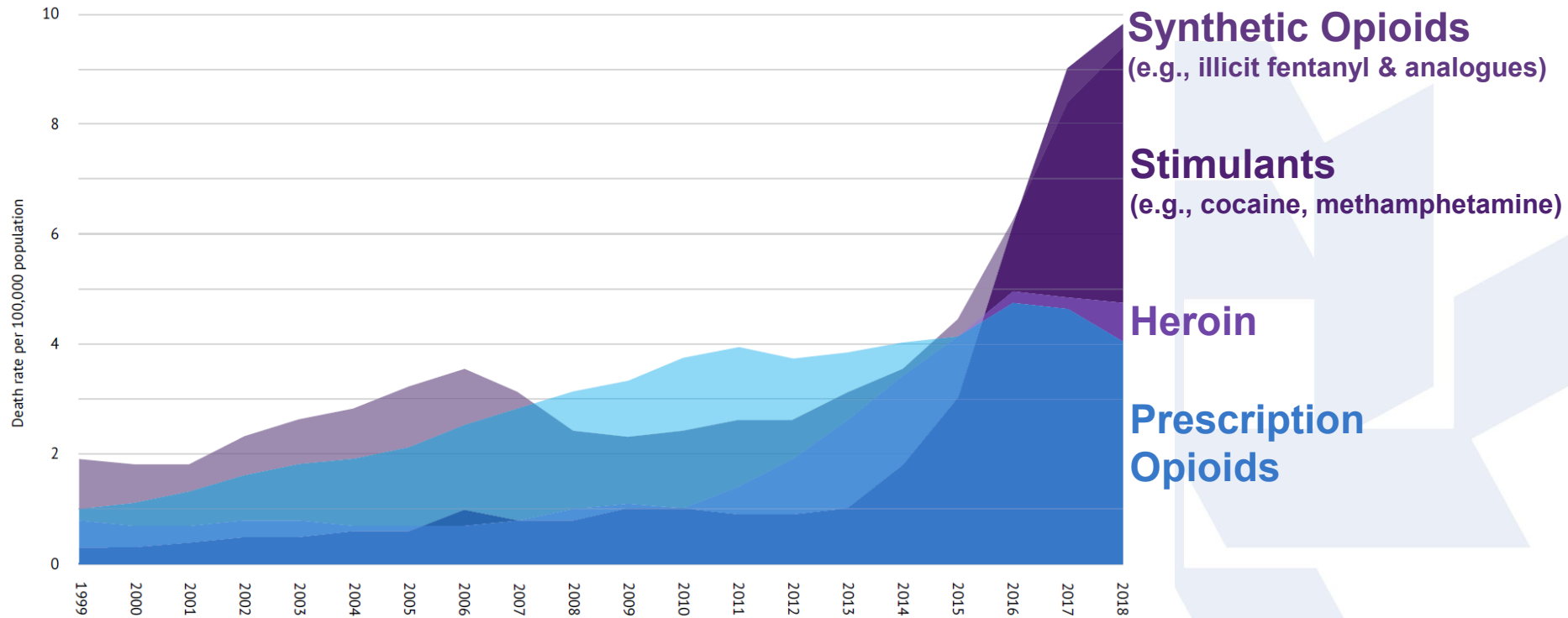
64.4% increase in the use of state
prescription drug monitoring programs
in the past year—to 739M queries in 2019³



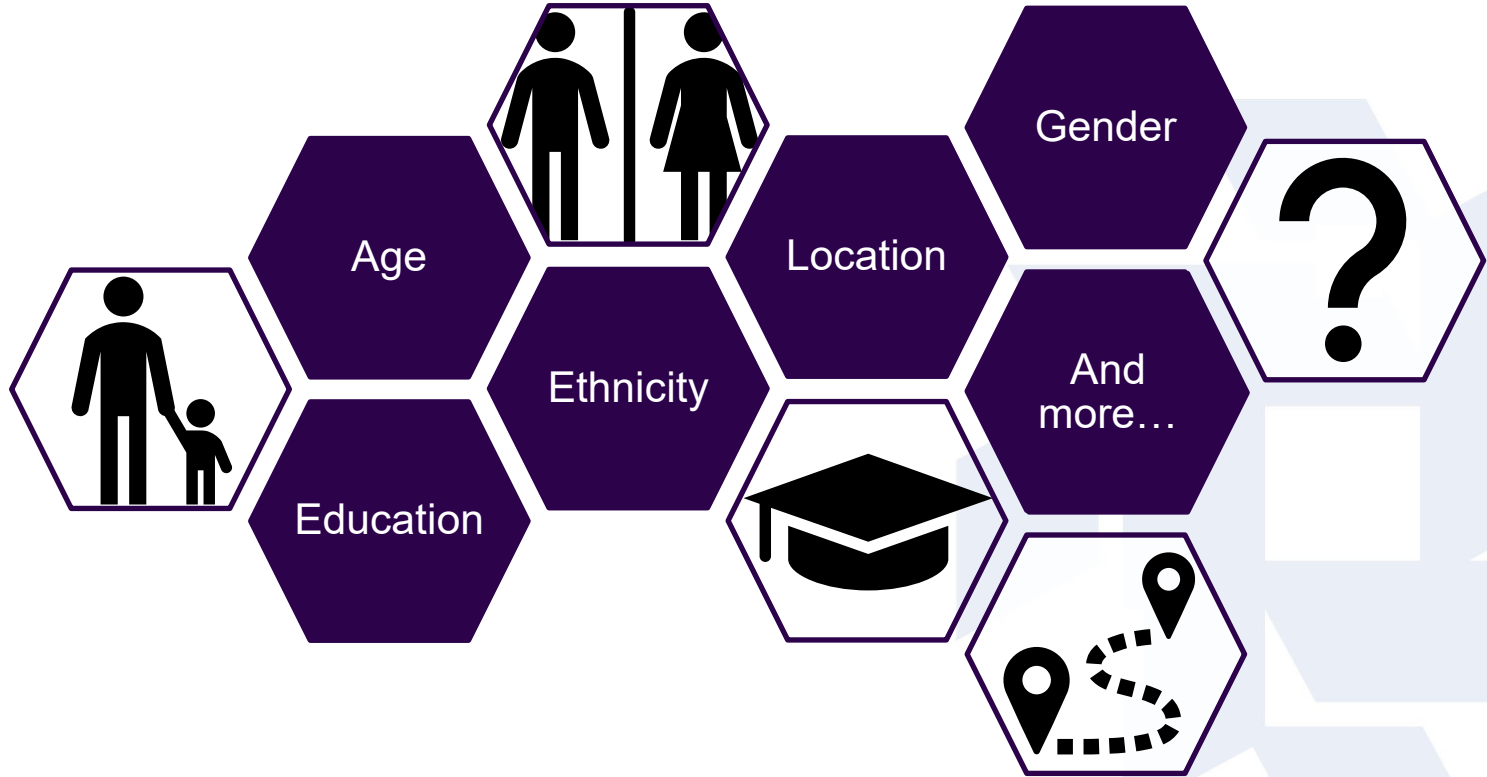
Hundreds of thousands of physicians
accessing continuing medical education
and other courses on substance use disorders,
treating and managing pain, and more

85,000+ physicians and health care
professionals certified to prescribe buprenor-
phine in-office—an increase of nearly 50,000
since 2017⁴

Data to Consider: Patients Continue to Die



Data to Consider: Demographics

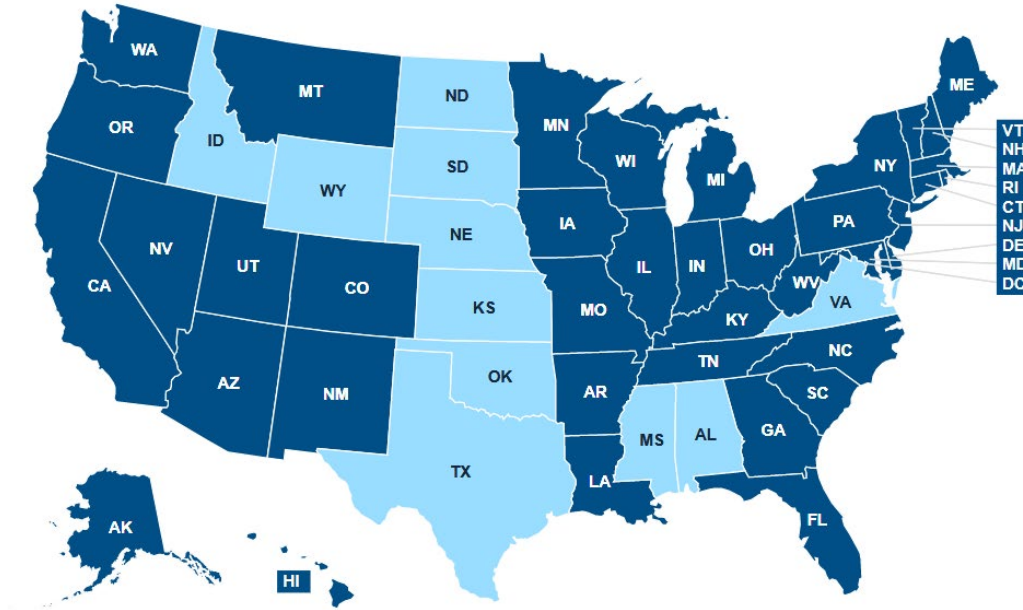


Reference: CDC's Drug Overdose Surveillance and Epidemiology (DOSE) System

Data to Consider: Harm Reduction

Syringe Exchange Program

■ No ■ Yes



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

●●●●●●●●SSODAS●●●●●●●●

FRAMING the BIGGER PICTURE

- 1 What is our **unIfled** 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 over-
dosed in the past

**Implement proven
public health solutions**

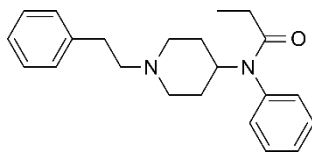
Take an evidence-based
approach to prevention
and treatment



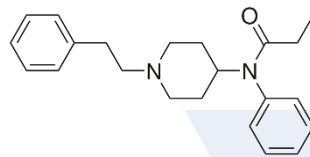
What we must do tomorrow:
Integrated, sustainable, predictable and resilient public health system

Accuracy Needed to Help With Overdose Response

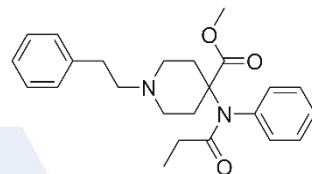
- Complex drug landscape
- Overdose-related data collection practices are not consistent across the United States
- A collaborative, multiagency approach to obtaining, quantifying, and releasing data on fatal and nonfatal drug overdoses is needed
- Difficult to respond to overdose without accurate information – need to modernize and adapt our data collection approaches
- How can we respond if we don't know the reality of the situation?



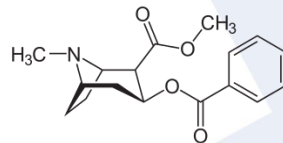
fentanyl



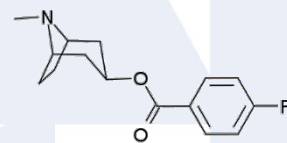
acetylfentanyl



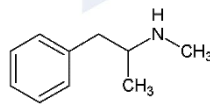
carfentanil



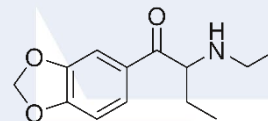
cocaine



3-(p-Fluorobenzoyloxy)
tropane (pFBT)



methamphetamine

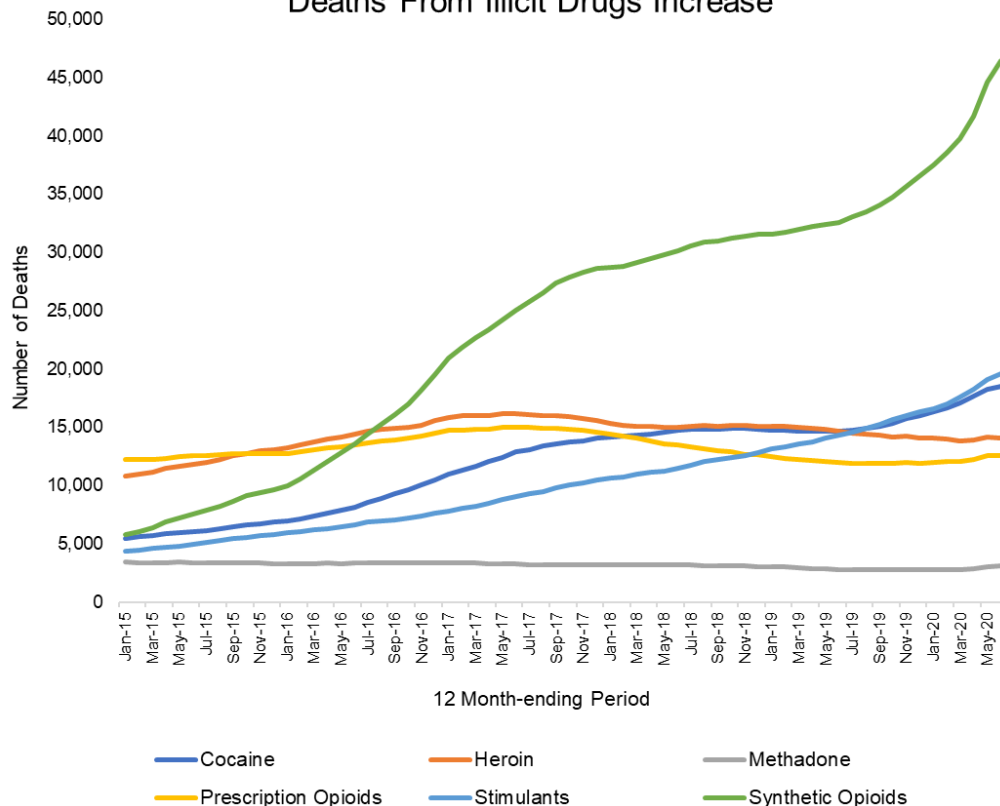


eutylone

Fatal vs Non-Fatal Overdose Data Collection

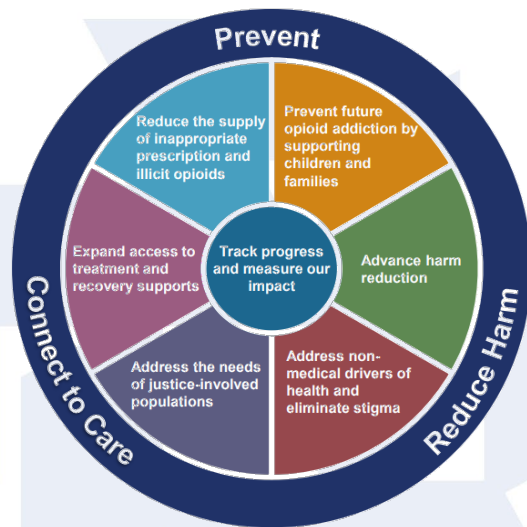
- Currently, national surveillance efforts include fatal overdose data, but reliance on fatality data alone can result in an incomplete picture
- Timely, nationally representative data related to nonfatal overdoses currently do not exist
- Laws introduced and/or enacted in several states that would permit 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 Continues to Decrease While Deaths From Illicit Drugs Increase



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

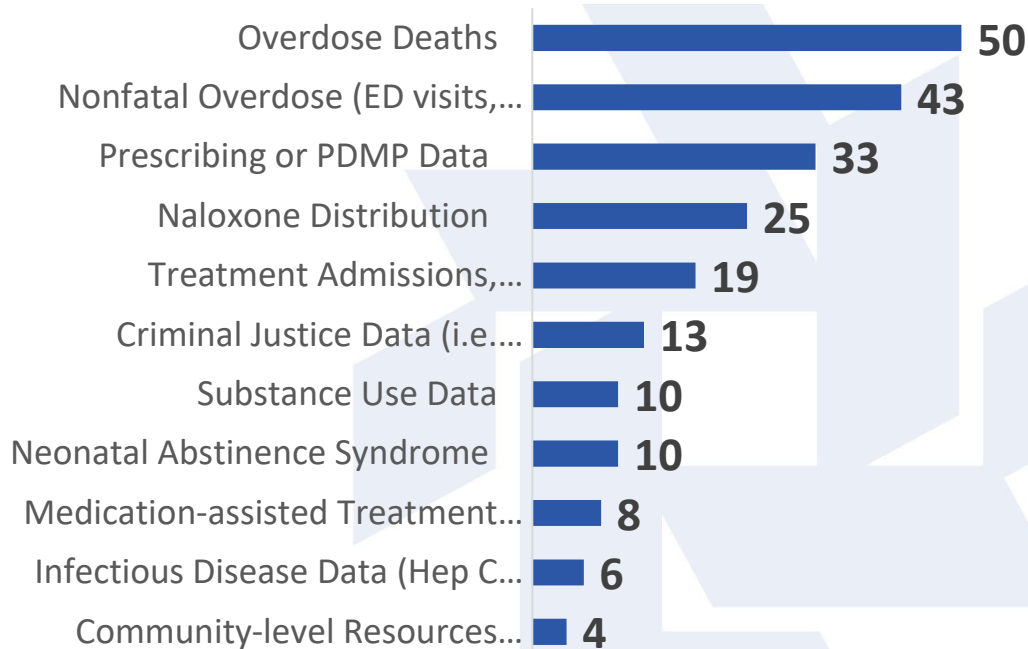


Source: North Carolina Opioid Action Plan

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



**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

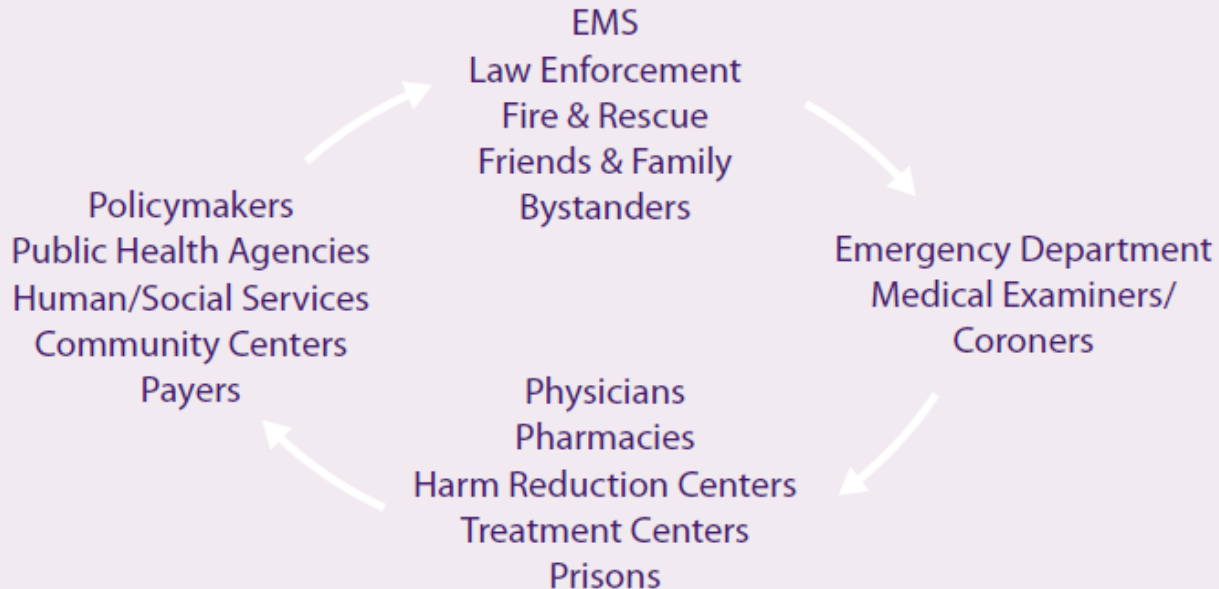
- Monitor trends, identify high risk populations, inform prevention and control strategies, and formulate public health policies
- Updated yearly

Every national notifiable disease is not necessarily reportable in each state.

Not every state reportable condition is national notifiable.

Collective Impact of Stakeholders

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

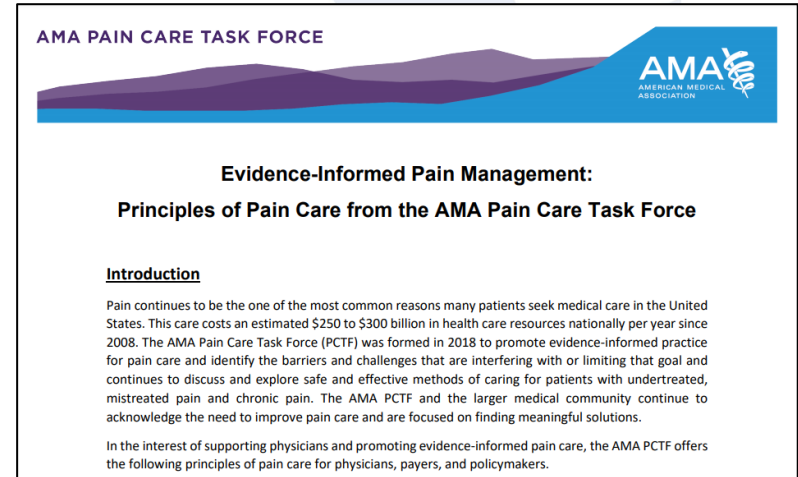
2019 Recommendations: Actions Policymakers Can Take

- 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



What do we need to do to improve data collection and action?

1. Continue to advocate for funding for overdose surveillance efforts
2. Support efforts to streamline data sharing and use agreements
3. Educate physicians and healthcare providers about the importance of accurate reporting of overdose and outcomes
4. Support efforts to develop standardized case definitions for overdose outcomes
5. Encourage the collection of race and ethnicity data
6. Develop national overdose data resources
7. Continue multi-stakeholder convening and collaboration



**Rx Drug Abuse
& Heroin Summit**

AN NCAD MEETING

Final Thoughts Before Q&A



