

PLAN

Identify an opportunity and plan for improvement

1. Getting Started

According to the 2013 Oklahoma’s State Plan to reduce Prescription Drug Abuse (PDA), this is the fastest growing drug problem in the state.

- In 2010, 662 Oklahomans died of an unintentional poisoning, compared to 127 in 1999.
- Oklahoma is one of the leading states in prescription painkiller sales per capita.
- In 2009, Oklahoma had the highest prevalence of prescription painkiller abuse for residents age 12 and older.*

Leadership at the Oklahoma State Department of Health (OSDH), the Oklahoma Health Care Authority (OHCA) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) decided to create a Quality Improvement workgroup with the goal of establishing joint activities to identify data-driven interventions and policy to support the appropriate use of prescription drugs and prevent opioid overdoses in Oklahoma.

2. Assemble the Team

- Oklahoma State Department of Health – Injury Prevention Service
- Oklahoma Health Care Authority – Reporting and Statistics & Pharmacy
- Oklahoma Department of Mental Health and Substance Abuse Services – Decision Support Services

3. Examine the Current Approach

- In recent months, naloxone, an effective opioid antagonist, has been approved by the Centers for Medicare and Medicaid Services for the treatment of potential opioid overdoses and under the Medicaid reimbursement program.
- Some of the ongoing strategies to address the current PDA epidemic in Oklahoma and its consequences are:
 - The Tulsa project, a joint effort between the ODMHSAS, OSDH, EMSA and the Tulsa Police Department, has resulted in at least 12 naloxone administrations with positive effects.

4. Identify Potential Solutions

- Given the high profile of the PDA epidemic in Oklahoma, the workgroup decided that a joint collaboration between the three agencies would greatly benefit from:
- Exchanging appropriate data to inform decision makers and promote evidence-based interventions.

- Producing relevant data analysis by matching shared data across agency domains.
- Learning the individual efforts that each agency undertakes in its daily operations to deal with PDA.
- Seeking and applying for funding opportunities to collaboratively address PDA.

5. Develop an Improvement Theory

Efficient collaborative efforts between health care stakeholders are needed to successfully reduce fatal prescription drug overdoses in Oklahoma. It is expected that the joint activities strengthen and streamline the efforts to effectively address PDA through data analysis, planning and implementation of evidence-based strategies.

Aim: *By December 31, 2014, increase from 0 to 6 the number of joint activities to identify data-driven interventions and policy to support the appropriate use of prescription drugs and decrease opioid overdoses in Oklahoma.*

DO

Test the theory for improvement

6. Test the Theory

In order to test the theory, the workgroup proposed the following joint activities:

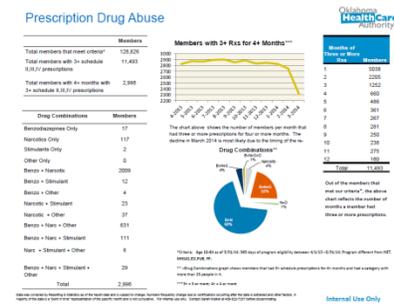
1. Identify geographic areas with high prevalence of controlled substance purchases paid by Medicaid.
2. Match records in the Unintentional Poisoning Database with Medicaid enrollment data for years 2012 & 2013.
3. Develop an intervention proposal, with a focus on naloxone, for a target Medicaid population based on activities 1 & 2.
4. Assess and report the effectiveness, successes and barriers of the Medicaid PDA prevention programs.
5. Assess and report the effectiveness, successes and barriers of the ED & UCC Opioid Prescribing Guidelines.
6. Submit 1 application for the CDC grant *Prescription Drug Overdose: Boost for State Prevention*.

CHECK

Use data to check the results

7. Check the Results

- Activity 1** Accomplished in early May 2014.
- Profiled Medicaid patients at a higher risk for PDA.
 - Identified the top controlled drugs paid for by Medicaid.
 - Identified the top Medicaid prescribers of controlled drugs.
- Activity 2** Ongoing.
- Accomplished a Memorandum of Understanding between OSDH and OHCA to exchange data on 10-1-14



- Activity 3** pending, it's dependent on activities 1 & 2.
- Activity 4** Accomplished in 4th quarter 2014.
- Medicaid Lock-in program, Quantity limit and Duplication of Therapy edits were reviewed and mapped out.
- Activity 5** Accomplished in 4th quarter 2014.
- Opioid Prescribing guidelines for EDs and UCCs were assessed and improvement recommendations were issued.
- Activity 6** Accomplished in 3rd quarter 2014.
- Oklahoma will receive over 3 years, around \$1 M for the *Prescription Drug Overdose (PDO): Boost for State Prevention* grant.

ACT

Standardize improvements and establish future plans

- 8. Standardize Improvements / Develop New Theory**
- Participating agencies have expressed positive feedback with respect to the joint activities.
 - 5 out of 6 activities were accomplished. The pending activity will be included with other PDO items in year two.
 - It is expected that the workgroup proposes an improvement plan for assessed activities and findings from the first phase.
- 9. Establish Future Plans**
- Given the successes of year 1, leadership from participating agencies has expressed a desire to continue these joint efforts to address the afflicting problem of PDA.
 - There is consensus about keep using data analytics and evidence-based practices to prevent fatal overdoses and educate patients and providers on the appropriate use of prescription drugs.
 - The workgroup expects to keep as an ongoing practice the collaborative work to achieve funding opportunities like the PDO grant.

* A State Plan Reducing Prescription Drug Abuse in Oklahoma
<http://www.ok.gov/odmhsas/documents/Rx%20Abuse%20Prevention%20Plan.pdf>

PATIENT REVIEW AND RESTRICTION PROGRAM – PHARMACY LOCK IN PROJECT

Problem Description

In 1981, Federal Regulation Title 42 CFR 431.54 authorized the requirement that all 50 states implement a program in which Medicaid beneficiaries who abuse their Medicaid benefits are monitored and controlled. The Oklahoma Pharmacy Lock-in program was designed to limit members who are misusing their prescription benefits to obtain all of their medications from one single pharmacy. The goal of this Patient Review and Restriction Program (PRRP) Pharmacy Lock-in project is to promote appropriate utilization of health care resources for those members who may be misusing benefits and thereby limiting the opportunity for inappropriate behavior within the Oklahoma SoonerCare system. This program sought to function as a prescription gatekeeper for members who have been deemed to have misused or abused their prescription benefits and/or medical services. The PRRP seeks to accomplish the following goals:

- Limit abuse of prescription benefits
- Limit or identify the use of multiple doctors prescribing or “doctor shopping”
- Limit the use of multiple pharmacies
- Promote appropriate use of health resources and limit inappropriate behaviors within the system

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PRRP Goal- Program Description

Members are enrolled into the PRRP in several ways. A referral may be made by a health care provider, pharmacy, case worker, emergency department or other healthcare professional. The healthcare provider simply completes a Pharmacy Lock-in referral form that can be found on the OHCA website. The request may be sent by fax or by a telephone call to the help desk requesting a member be reviewed for potential lock-in. A computer analysis is performed each month to seek members who have many prescription claims within a six month period for particular medications, such as hydrocodone or oxycodone. Next, members who are identified as being frequent emergency room utilizers are reviewed on a periodic basis. Lastly, retrospective drug utilization review also may identify members who may require review.

Evaluation Criteria

The member must be eligible to receive pharmacy benefits from Oklahoma SoonerCare and not dual eligible (Medicare). The members must also meet at least three out of eight of the following criteria: (Figure 1)

- Number of emergency room visits (3 or greater).
- Number of different pharmacies (3 or greater).
- Number of different prescribers/physicians (5 or greater, combined).
- Total monthly day supply of narcotics, anxiolytics, muscle relaxants, etc.
- Diagnosis of drug dependency/related diagnosis.
- Number of hospital discharges (3 or greater).
- Other information from past reviews.
- Safety concerns.

Once members are enrolled into the program for review, the final decision to lock-in a member is based on the clinical decision of the reviewing pharmacist. The pharmacist looks at the member's pharmacy claims, hospital/ER claims, diagnosis history, number of different prescribers, and the number of different pharmacies visited. Safety concerns are always addressed and can include a recent pregnancy diagnosis with concurrent excessive narcotic claims or recent drug overdose or drug withdrawal codes on hospital visits.

PRRP Reviews

Members are reviewed and assigned to one of the following categories (Figure 1):

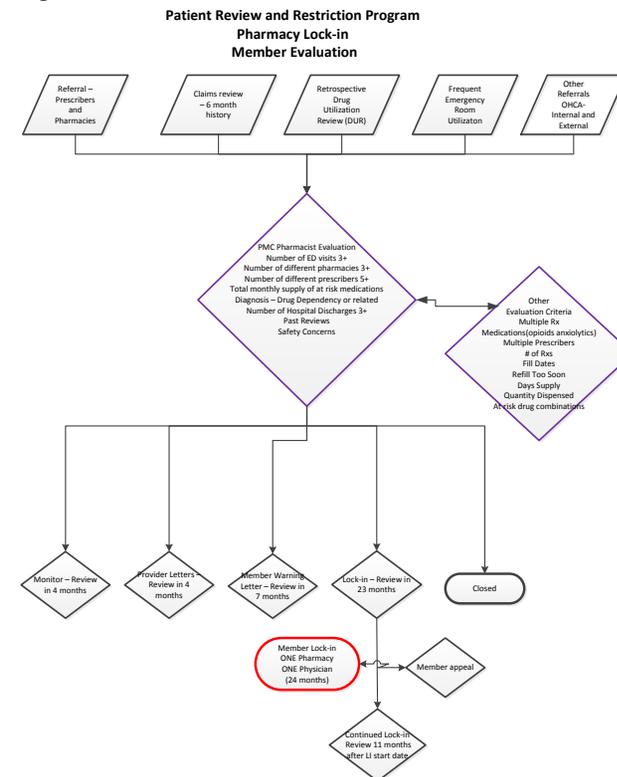
- Warning- reviewed again in 7 months
- Monitor- reviewed again in 4 months
- Provider letters- reviewed again in 4 months
- Closed (for behavior, loss of eligibility to SoonerCare, etc.)
- Lock-in process/Locked in- reviewed in 23 months after lock-in start date
- Continued lock-in- reviewed in 11 months after continued lock-in start date
- Loss of eligibility

Findings and Recommendations

The PRRP will seek to improve the death rates from prescription drug overdoses in Oklahoma by the following methods:

- Prescription Monitoring Programs and Pharmacy Lock -ins have shown to decrease doctor shopping
- A decrease in number of painkiller medications available for diversion
- Improved prescribing practices
- Aligns with State Plan – Prescription Drug Abuse in Oklahoma
- Prescription Drug Abuse Workgroup Activity and Goal
- Decrease in the number of unintentional overdose deaths in Oklahoma

Figure 1



Next Steps

- Implementation of additional requirements to PRRP accomplished as of July 2014
 - ONE Physician/Prescriber and
 - ONE Pharmacy
- Increase awareness and referral to the PRRP
 - Pregnancy and painkiller use
- Increase use of prescription monitoring program and electronic prescribing
- Monitoring of the program to ensure success of the PRRP
- Study the effects of additional requirements on prescription drug abuse
- Continued education for members, providers, pharmacies, and others.

Problem Description

- 15.8 deaths per 100,000 people in OK are caused by drug overdose
- Prescription overdose is the 5th leading cause of death in Oklahoma
- Oklahoma has the 6th highest rate of drug overdose deaths in the U.S.

Leadership at the Oklahoma State Department of Health (OSDH), the Oklahoma Health Care Authority (OHCA) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHASAS) decided to create a Quality Improvement workgroup with the goal of establishing joint activities to identify data-driven interventions and policy to support the appropriate use of prescription drugs and prevent opioid overdoses in Oklahoma.

Goal- Program Description

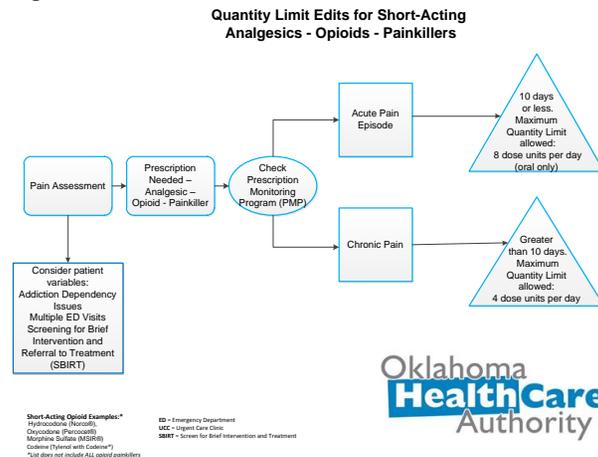
The Oklahoma Health Care Authority (OHCA) implemented a computerized clinical decision support rule that places limits on the amounts of short-acting oral analgesic products. This was termed the quantity limit edit (QLE). It was determined that the QLE will have an impact on members, prescribers, physicians, pharmacists, pharmacies, and ancillary staff. The use of this clinical decision edit will allow the limitation of overprescribing short acting opioid analgesics, which has been identified as a public health problem in Oklahoma. The complexities of the clinical edit required clearly defined processes and a communication plan for successful implementation and go-live of the edit (Figure 1).

Quantity Limit Edit - Short Acting Painkillers

The QLE will restrict the amount of short-acting opioid painkillers based on the amount per day prescribed; these are further categorized as acute or chronic therapies (Figure 1).

- Acute therapies are defined as days' supply of medication less than or equal to 10 days. Based on the days' supply on the prescription, the quantity allowed per day will be 8 dosage forms or less for oral short acting opioid medications.
- Chronic therapies are defined as greater than 10 days' supply. Based on the days' supply of the prescription, the quantity allowed per day will be 4 dosage forms for oral short acting opioid painkillers

Figure 1.



Communication Plan

A communication plan containing action items was developed which included the following activities:

- Phase-in approach of short acting painkillers (Table 1)
- Press and news releases – Opioid Painkiller Limits
- Provider letter to prescribers outlining the QLE
- Prescriber letter to high prescribers notifying of the upcoming changes and impact on their members
- Pharmacy Fax Blasts, delivered monthly over a 3 month period
- OHCA webpage update outlining changes to program policy
- Prescriber poster for distribution to physician offices – “No More than 4” campaign (Figure 2)

In order to implement the QLE the team decided on a phase-in or step approach with the least prescribed painkillers implemented first then move to the most prescribed painkillers in phases over a 3 month time period. (Table 1)

Table 1.

Date of Quantity Limit Implementation	Medications Affected
Phase 1 - November 2014	<ul style="list-style-type: none"> • Hydromorphone Immediate Release Products • Morphine Immediate Release Products • Codeine and Codeine Combination Products • Oxycodone Immediate Release Products
Phase 2 - December 2014	<ul style="list-style-type: none"> • Oxycodone Immediate Release Products • Oxycodone Combination Products
Phase 3 - January 2015	<ul style="list-style-type: none"> • Hydrocodone Combination Products

Figure 2.

Findings and Recommendations

The QLE implemented by OHCA will seek to improve the death rates from prescription drug overdoses in Oklahoma by the following methods:

- Decrease in number of painkiller medications available for diversion
- Improve prescriber knowledge of pain management and addiction/treatment
- Improve prescribing practices
- Aligns with State Plan – Prescription Drug Abuse in Oklahoma
- Prescription Drug Abuse Workgroup Activity and Goal
- Decrease in the number of unintentional overdose deaths in Oklahoma

Next Steps

- Implementation of a therapy duplication edit for painkillers in 2015
- Increase use of prescription monitoring program and electronic prescribing
- Monitoring of the program to ensure success of the QLE
- Continued education for members, prescribers and pharmacies