eocco
EASTERN OREGON
COORDINATED CARE
ORGANIZATION

2019
EOCCO's strategy to reduce opioid prescription and use

15%
2015

9%
2018

Focusing on disease management and appropriate care

When it comes to managing population health, Eastern Oregon Coordinated Care Organization (EOCCO), in coordination with Moda Health, focuses on managing the disease, not the benefit plan. Our value-based care programs go beyond the administrative side of healthcare by working closely with providers to better understand the health needs of the population and identify any barriers to care. Allowing our clinical teams to share information and access patient data gives providers critical information to help improve patient care.

Our multidisciplinary team of clinicians and healthcare professionals includes physical health, behavioral health, oral health, pharmacy, and certified health coaches. We engage with providers on several levels to find appropriate care for patients who are open to treatment.

Our global clinical strategy includes:

Data sharing

Through PHI-compliant data sharing provider agreements, our monthly reports give providers information on all members within a population. This helps them better understand their patients' health needs and creates benchmarks for clinics to measure against their goals.

Peer-to-peer engagement

The Regional Opioid Prescribing Group (ROPG) champions reviewing complex patients and high-risk prescribing patterns to actively engage with EOCCO's prescriber community about appropriate opioid prescribing and opioid tapering best practices.

Access to resources and services

To ensure patients have access to treatments and appropriate care, we provide available resources and clinical community support that includes online schools and alternative treatment options such as physical therapists, occupational therapists, massage therapists, chiropractors, acupuncturists, dieticians, and community health workers.
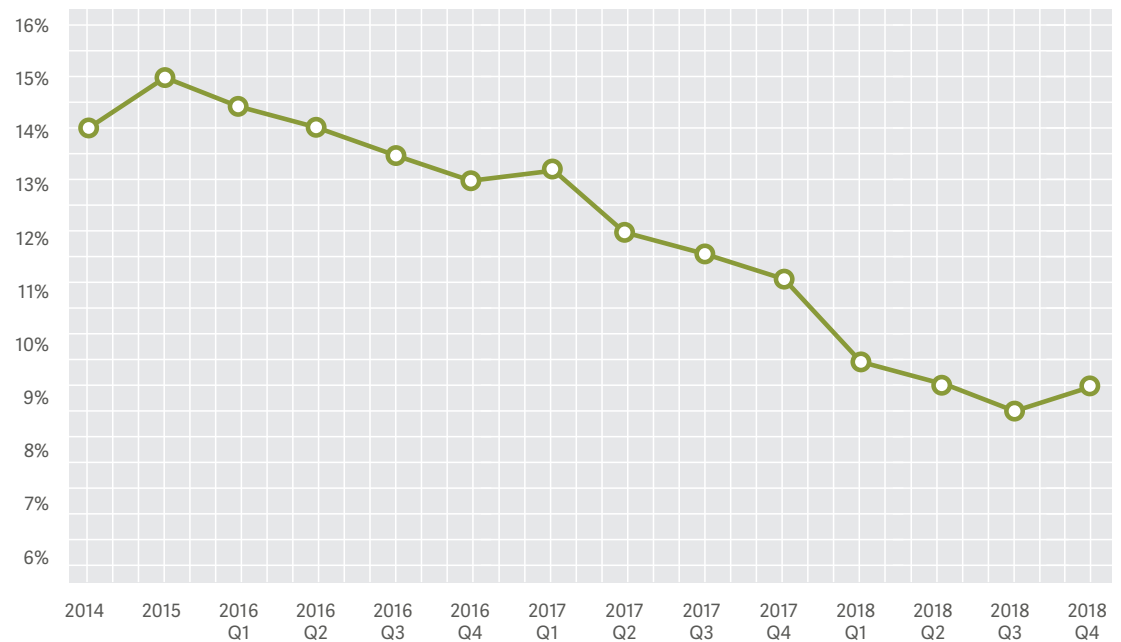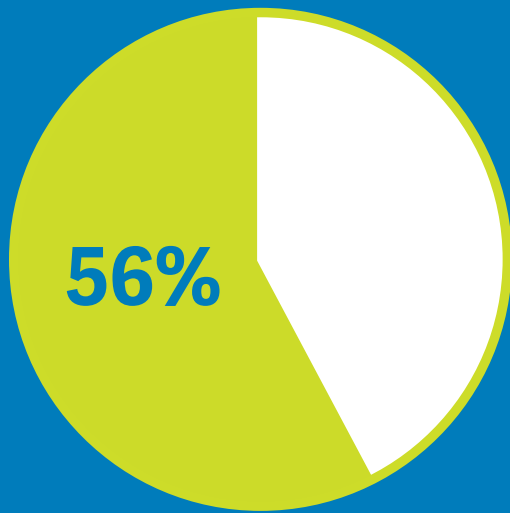
Action:

Sent to providers a list of patients with prescriptions of <60 MED with required action for patients with <120 MED

Result:

A continuous drop in opioid patients with 120+ MED

Prevelance 120+ MED

56%

Patients who decreased opioid or benzo use

Responding to the opioid crisis

In response to the national opioid crisis, in 2016 the Oregon Health Authority's statewide performance improvement plan (PIP) proposed efforts to reduce the level of opioid use in the Medicaid population. PIP focused on reducing opioid use of members prescribed to 120+ morphine equivalent dose (MED) for any duration of time.

Based on the 2014 benchmark, EOCCO had the third highest number of patients prescribed 120 MED or higher among all CCOs. As the claims administration manager for EOCCO, Moda Health leverages its global clinical strategy to help EOCCO reduce the level of MED's in patients with high prevalence opioid prescriptions in the Eastern Oregon Medicaid population.

Action:

Free provider buprenorphine trainings in Eastern Oregon

Result:

Increased the number of buprenorphine prescribers

↑**32%**

Buprenorphine prescriptions

↓**40%**

Hydrocodone prescriptions

Key focus areas for managing this work include:

Building collaboration

EOCCO created a committee of local providers called the Regional Opioid Prescribing Group (ROPG) for the Eastern Oregon service area. The ROPG includes clinicians with experience prescribing opioids and/or treating members with opioid addiction. The ROPG creates the regional prevalence rate goal, defines performance metrics, reviews data at a population level for various utilization pattern cohorts, and is the primary coordinator for these efforts in Eastern Oregon. The group created a separate multi-disciplinary team (MDT) to provide peer-to-peer support on how to broach the conversation or if the patient has more complexity than just opioid use. They also provide clinical expertise and reach out to providers to determine and assess the needs of the EOCCO community.

Data exchange

Our data share provider agreements allow us to share information with providers about their population. This includes a monthly progress report with a member roster, rates on metrics, outreach rosters, and an opioid roster. The opioid roster provides clinical teams insight in to their entire opioid population and key metrics such as length of time on an opioid, highest MED, most recent opioid fill date, and most recent opioid prescriber.

Executing the plan

EOCCO executes the following global clinical strategy to support providers in its service areas in reducing the level of opioid use in the Eastern Oregon Medicaid population:

1. Supply providers with data on members with opioid prescriptions.

2. Make a taper plan available on the EOCCO website to help providers build plans for their patients.

3. Through the ROPG sponsored MDT, give support for talking to patients about the complexities around opioid use, and the impact it can have on others' lives.

4. Make provider resources available to refer patients to alternative options, such as movement therapy (acupuncture/massage/yoga), cognitive behavioral therapy, and pain education.

5. Removes barriers to treatment such as removing prior authorizations for pharmacological treatment (i.e. buprenorphine, naloxone).

6. Once members are successfully tapered, continued clinical support for the ongoing treatment of any potential underlying health issues that lead to opioid use or were exacerbated by opioids.

Working with providers

EOCCO's efforts to reduce the overall prevalence in the Eastern Oregon service area also included addressing barriers that affected how providers identify and treat patients with addiction. These efforts stem from a survey[1] that found 84% of providers felt managing chronic pain was stressful and 67% were not satisfied with the support and communication they received from pain specialists in managing chronic pain patients.

EOCCO continues to work directly with providers in the Eastern Oregon service area to address the following barriers to care:

- **Access to pain management options**
- **Insight in to opioid use at the member and clinical levels**
- **Point of sale support**

[1](136) Beliefs about prescribing opioids for chronic pain: survey of primary care providers R Jamison, K Sheehan, M Matthews, E Scanlan, and E Ross; Brigham and Women's Hospital/Harvard Medical School, Chestnut Hill, MA
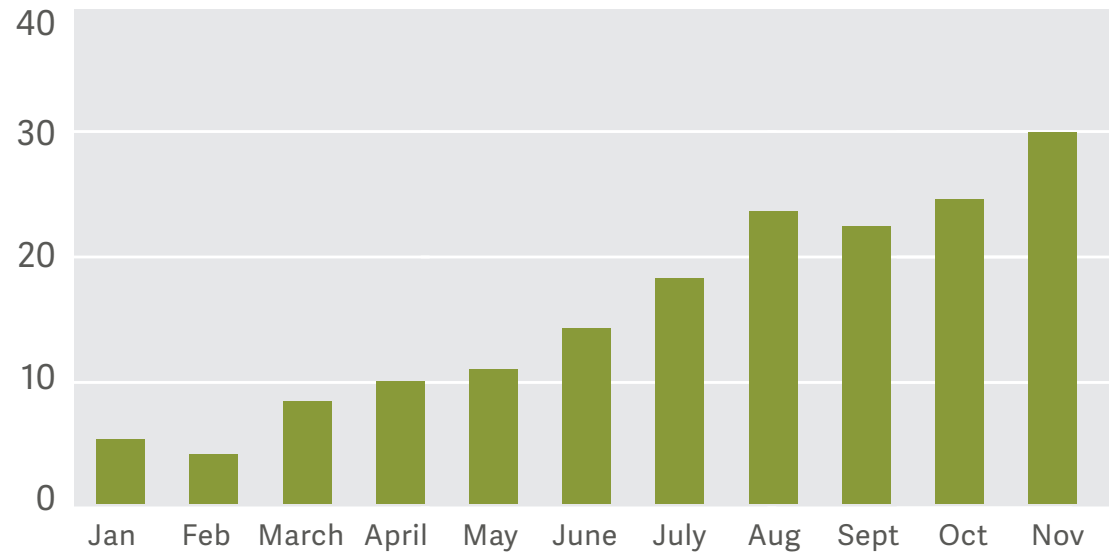
Action:

Continued support for providers to taper high-risk individuals off opioids

Result:

The number of high-risk individuals tapered off opioids has increased throughout 2018

High risk members tapered off opioids

Identifiying barriers to care:

Access to pain management options.

Providers in Eastern Oregon lacked access to pain management options. To address this issue, EOCCO funded an in-person and online pain school program that includes movement therapy, cognitive behavioral therapy, and pain education. EOCCO also offers provider trainings on opioid dependency, alternative non-pharmacological treatments and pain management certifications to prescribe buprenorphine. Community forums are created to educate the public about chronic non-cancer pain management and the dangers of opioids.

Knowledge of multiple opioid prescriptions

Many providers were unaware of their population of patients who had opioid prescriptions from other providers. As a result, EOCCO created a monthly provider roster with all patients who have at least filled one opioid prescription in the past 12 months, along with their most recent fill date and most recent prescribers.

Point of sale support

Because there was no point of sale review to prevent high-risk patients from overfilling their opioid prescriptions, Moda Health's pharmacy team launched a Morphine Equivalence Dose Edit Initiative for patients with high opioid equivalence. Soft and hard edits were added at the point of sale for opioid prescriptions exceeding 90mg and 200mg, respectively. At that point, the dispensing pharmacy or Moda Health reviews the patient's overall opioid use and specific opioid prescription, as well as considers whether it is appropriate to dispense the opioid prescription.
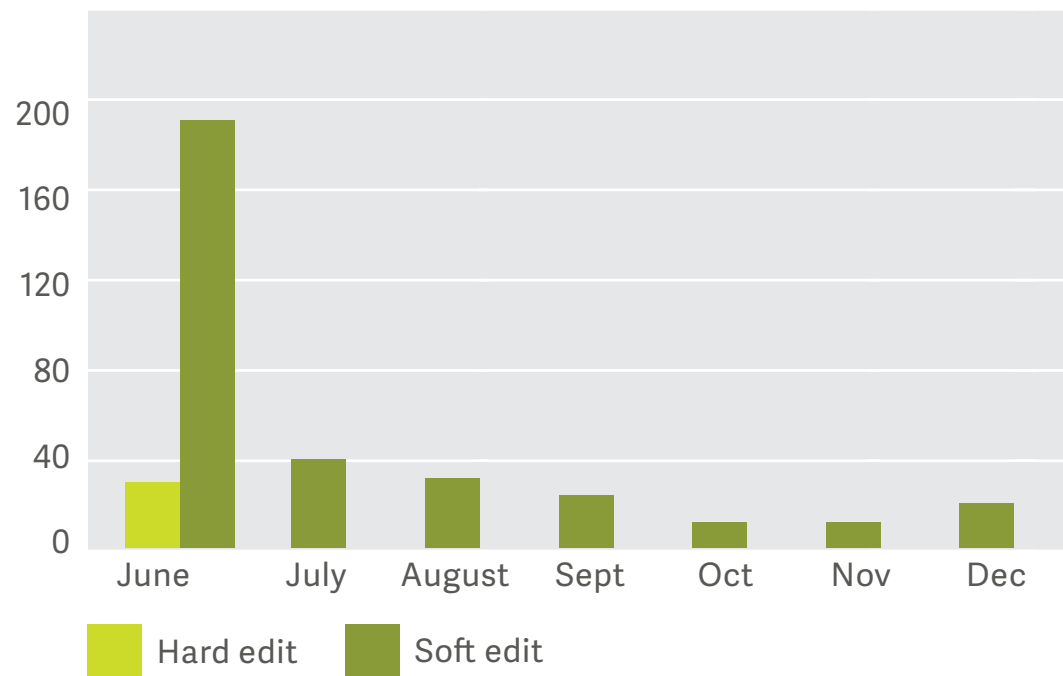
Action:

Implemented hard and soft edits for tapering patients off opioids

Result:

Reduced levels in MED opioid prescriptions have resulted in drops in point of service edits

2018 point of service opioid edits

Legend: Hard edit, Soft edit

Adopting a successful strategy

The collaboration and sharing of patient information between the ROPG, EOCCO Clinical Advisory Panel, primary care providers (PCP) in Eastern Oregon, and our analytics, quality improvement and clinical teams have been instrumental in understanding the many barriers to care within the landscape of the EOCCO.

Moda Health's global clinical strategy, which builds strong relationships with clinicians, payers, analysts, community health workers and hospital systems, has played a key role in executing and managing programs designed to taper the levels of MED opioid prescriptions in the Eastern Oregon Medicaid populations.

	Access to care	**Training**	**Understanding**
Barriers:	• Geographical sense of traveling to providers • Limited treatment locations • Coverage policies around buprenorphine and naloxone	• Creating uniform clinical policy across multiple independent clinics and integrated health systems • Waiver X training for buprenorphine	• Geographical sense of whether PCPs are ready to take on tapering opioid patients • Knowledge of who the patients are • Where the opioids are coming from
Action:	• Adopting online treatment programs • Having primary care take on a stronger role of providing treatment • Removing barriers around approvals and prior authorizations • Applying for grants that allow for the bulk purchase of Naloxone	• Creating clinical guidelines for providers around appropriate opioid prescribing • Peer-to-peer engagement for high prescribing providers • Taper plan support • Free Waiver X trainings, prior to them becoming free, and several 'train the trainer' sessions	• Evaluating the effectiveness of getting patients into treatment from integrated primary care clinics, Patient Centered Primary Care Homes (PCPCHs) • Creation of opioid patient rosters for all PCP clinics, and benchmarking rates against the global PIP rate • Using data to define high areas of concerns or evaluations of impact