2018 Recommendations

Opioid and Other Substance Use Disorders Study Committee

August 29, 2018

To: Board of Directors

From: Alfred Gilchrist, CEO

Re: CMS Recommendation to Interim Legislative Study on Opioid Abuse

The Committee on Prescription Drug Abuse met on July 17, 2018, and among other items discussed the upcoming legislative interim committee on opioids and other substance abuse disorders. The committee held extensive discussions about CMS recommendations to the interim legislative committee and subsequently finalized the following recommendations on Base Camp. Donald Stader, III, MD, presented these recommendations to the interim legislative study on August 22.

August 22, 2018

While Colorado's health care communities have worked closely with public officials and the highly regarded Colorado Consortium for Prescription Drug Abuse Prevention over the course of the last six years to successfully slow the pace of opioid and other substance abuse, there is still a great deal of work that remains. Colorado Medical Society remains committed to the community-based work of the Consortium and prioritizes patient access to care, physician education, ensuring insurance works for patients and families experiencing substance use disorder and continuing to limit the dispensing and use of opioids as much as possible as crucial next steps.

The following recommendations are respectfully submitted for consideration by the Opioid and Other Substance Use Disorders Study Committee:

1. **Increase access to care and decrease use of opioids:** Strive to create a practice environment that promotes the efficacy and safety of a multi-modal approach to treating pain. Avoid or limit as much as possible use of opioid pain medications.

    - **Multi-modal:** A multi-modal approach to managing pain is essential. Components of this approach include:
        - *Decrease exposure to opioids from the start*: Increase access to and funding for non-medication pain treatment options like physical therapy, massage, acupuncture, and pain psychology therapy;
        - *Help with chronic pain*: For patients with chronic pain, increase access to safer abuse-deterrent opioids and atypical opioids like tapentadol, buprenorphine buccal films and transdermal patches. Ensure access to appropriate interventional procedures.

- *Care when needed:* Ensure access to substance use disorder treatment and support high risk patients by making sure that they have ready access to Naloxone.
- **Decrease use of opioids when appropriate:** Continue to work on reducing doses when appropriate or switching to atypical or alternatives to opioids. Promote the use of best practice guidelines and prescribing of the safest and most effective pain regimen for patients.

2. **Ensure that insurance coverage works for opioid addicted patients:**

   - **Break down barriers to care:** Improve access to treatment of patients who have pain or are addicted by removing health plan prior authorization or step therapy requirements.
   - **Network adequacy:** Develop and promote health plan network adequacy standards specifically related to ensuring that insured patients addicted to opioids have adequate access to a multi-modal approach to care.

3. **Health care workforce**: Lack of available behavioral health addiction treatment and other pain management specialists that addicted patients can be referred to is a critical concern for Colorado physicians as demonstrated in CMS member surveys. Shoring up this workforce need is essential. Augmenting those specialists through more use of and collaboration with primary care physicians is an excellent opportunity to expand access to care. Appropriate medical education on the treatment of opioid addicted patients should be easily available to primary care physicians, as should the ability to co-locate and co-manage addicted patients with other behavioral and mental health clinicians. This team-based approach has been shown to work but it will require sufficient funding that currently does not exist for most primary care practices.