SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

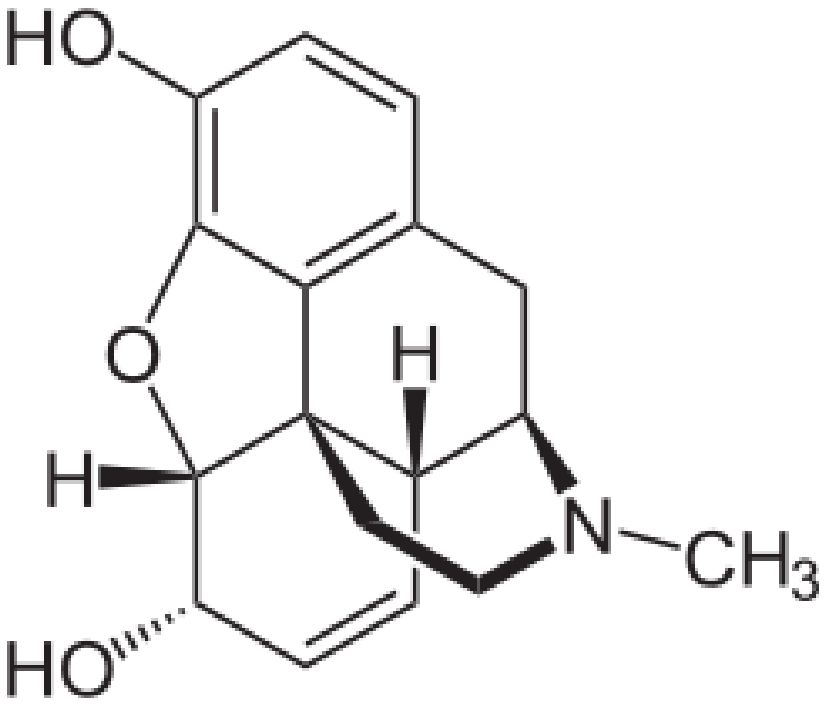
House Opioid Abuse Prevention Study Committee SCDHHS Response Update

October 2, 2018

Joshua D. Baker, Director

The Opioid Problem

Opioids



1980 letter to NEJM

- Marginally scientific case review
- Cited by over 600 subsequent publications supporting broader use of opioids

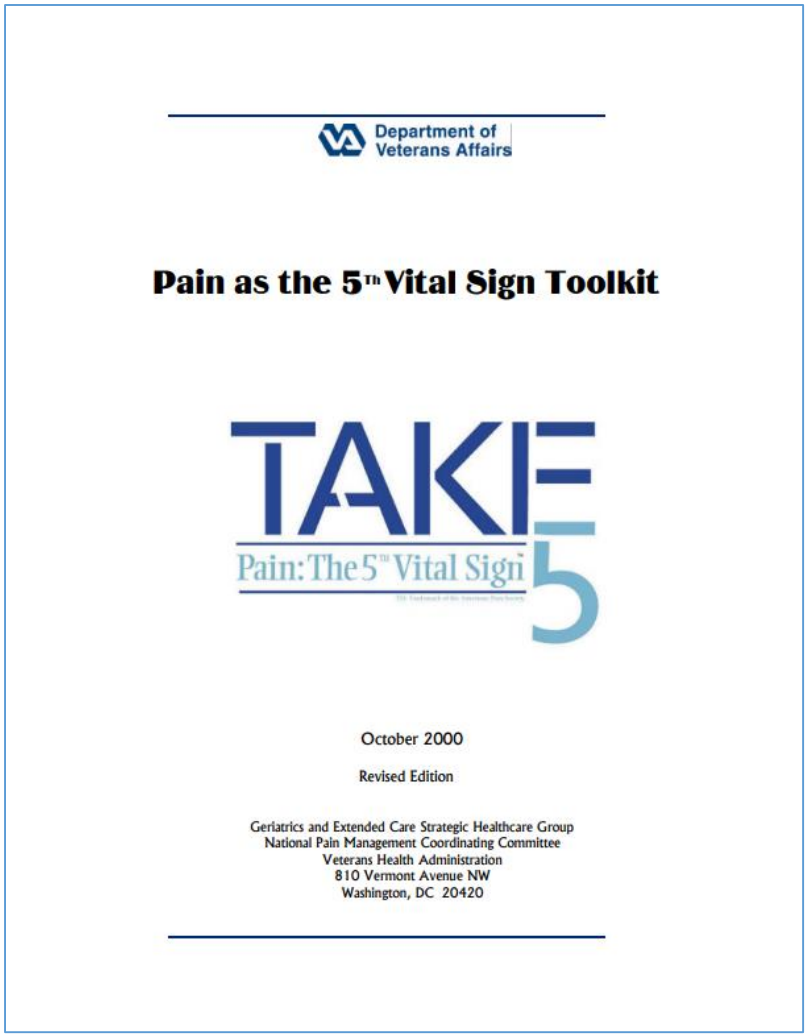
ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients[1] who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,[2] Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug Surveillance Program
Boston University Medical Center
Waltham, MA 02154

1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.

1999-2000 Pain Management Standards



Department of Veterans Affairs

Pain as the 5th Vital Sign Toolkit

TAKE 5

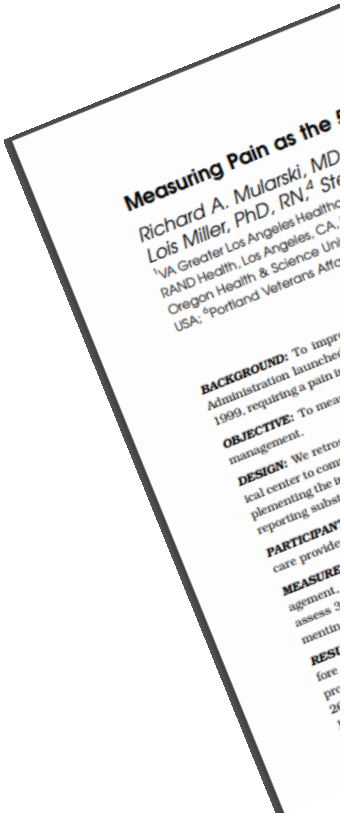
Pain: The 5th Vital Sign

October 2000

Revised Edition

Geriatrics and Extended Care Strategic Healthcare Group
National Pain Management Coordinating Committee
Veterans Health Administration
810 Vermont Avenue NW
Washington, DC 20420

Pain Scale Skepticism (2006-2016)


Measuring Pain as the

Richard A. Mularski, MD
Lois Miller, PhD, RN,[4] St
[1]VA Greater Los Angeles Healthc
RAND Health, Los Angeles, CA,
Oregon Health & Science Uni
USA; [4]Portland Veterans Affa

BACKGROUND: To impr
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The Joint Commission

Topic Library Item

Joint Commission Statement on Pain Management

April 18, 2016

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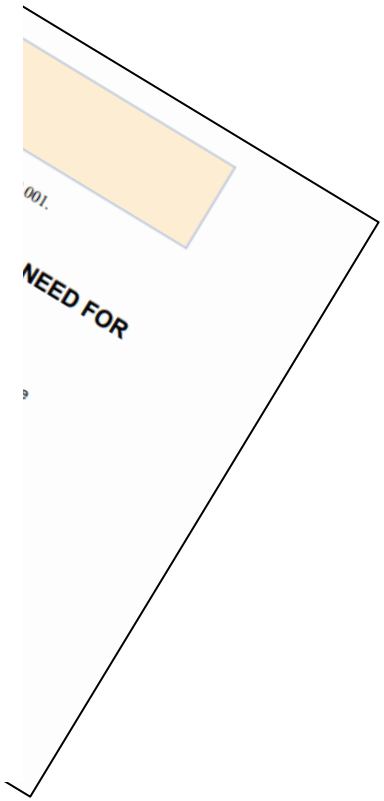
Statement on pain management from David W. Baker, MD, MPH, FACP, Executive Vice President, Healthcare Quality Evaluation, The Joint Commission:

In the environment of today's prescription opioid epidemic, everyone is looking for someone to blame. Often, The Joint Commission's pain standards take that blame. We are encouraging our critics to look at our exact standards, along with the historical context of our standards, to fully understand what our accredited organizations are required to do with regard to pain.

The Joint Commission first established standards for pain assessment and treatment in 2001 in response to the national outcry about the widespread problem of undertreatment of pain. The Joint Commission's current standards require that organizations establish policies regarding pain assessment and treatment and conduct educational efforts to ensure compliance. The standards **DO NOT** require the use of drugs to manage a patient's pain; and when a drug is appropriate, the standards do not specify which drug should be prescribed.

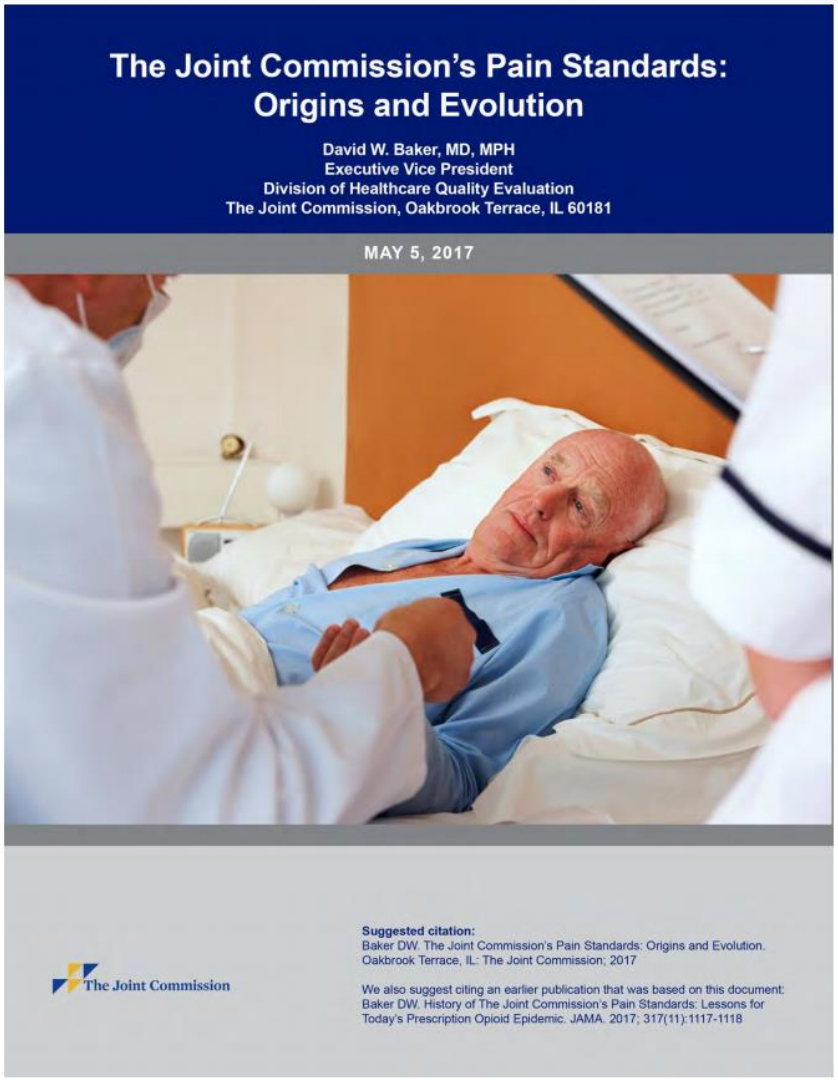
Our foundational standards are quite simple. They are:

- **The hospital educates all licensed independent practitioners on assessing and managing pain.**
- **The hospital respects the patient's right to pain management.**
- The hospital assesses and manages the patient's pain.


001.

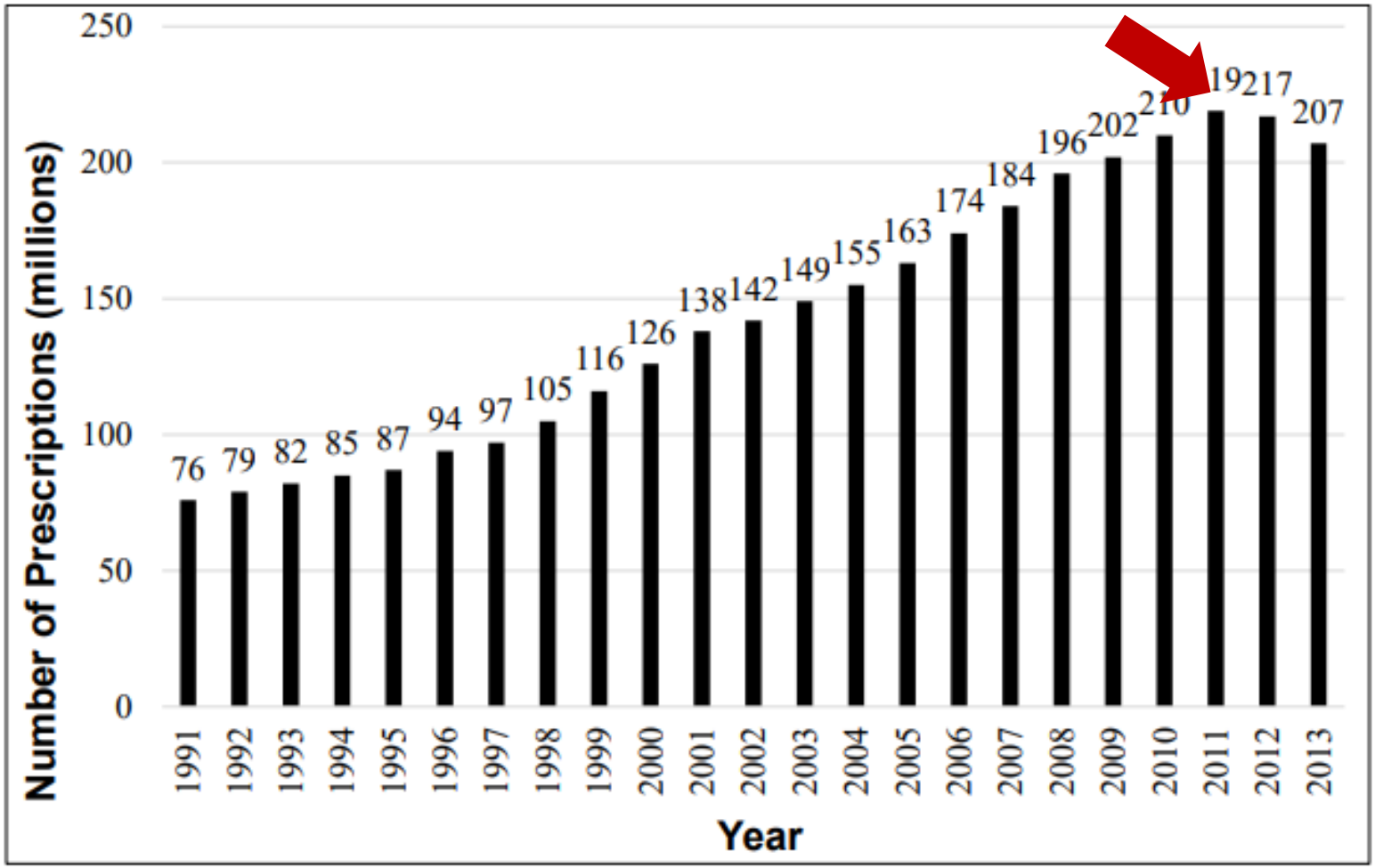
NEED FOR

Pain Management Standards (2017)

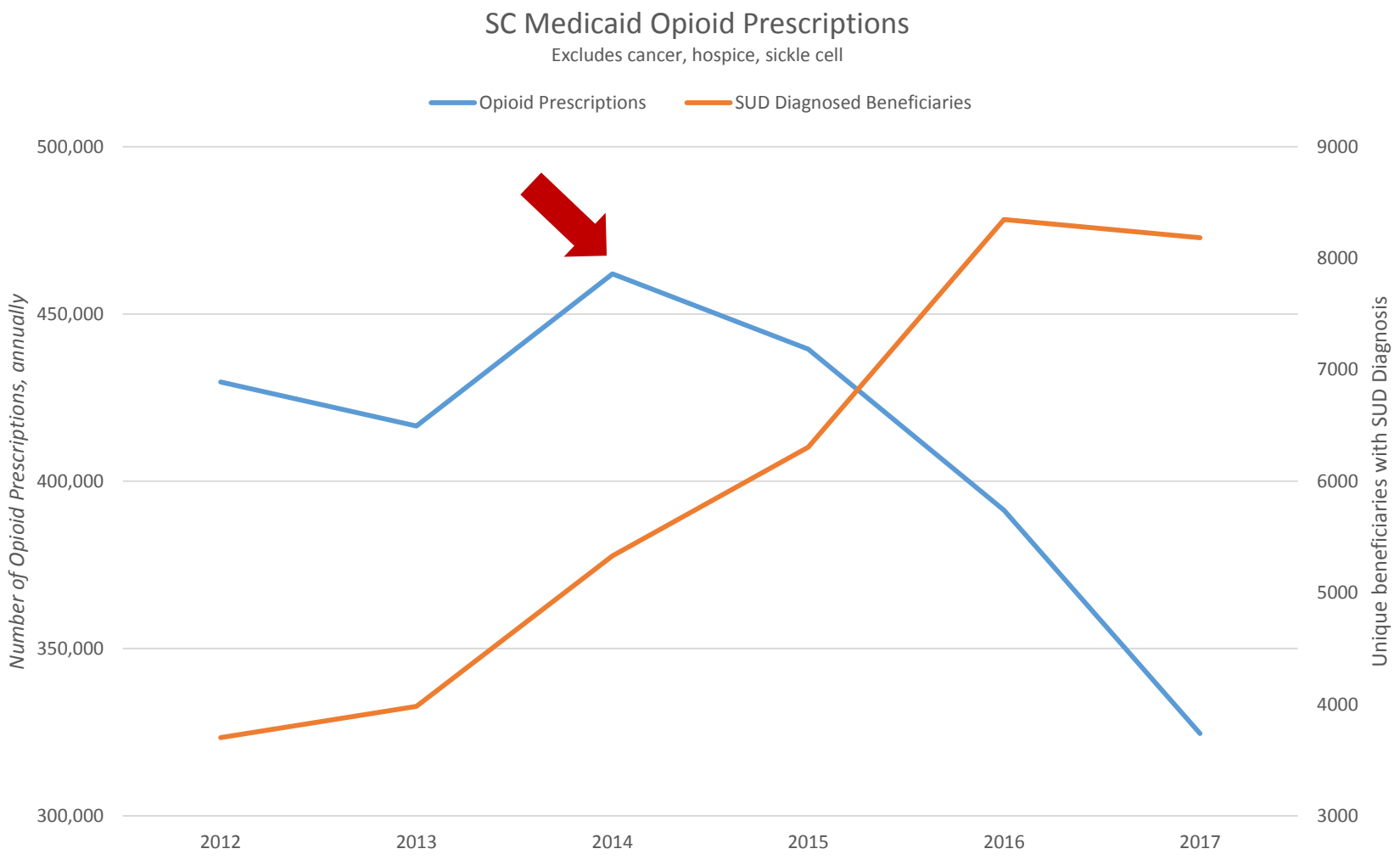


Opioid Prescribing Nationally

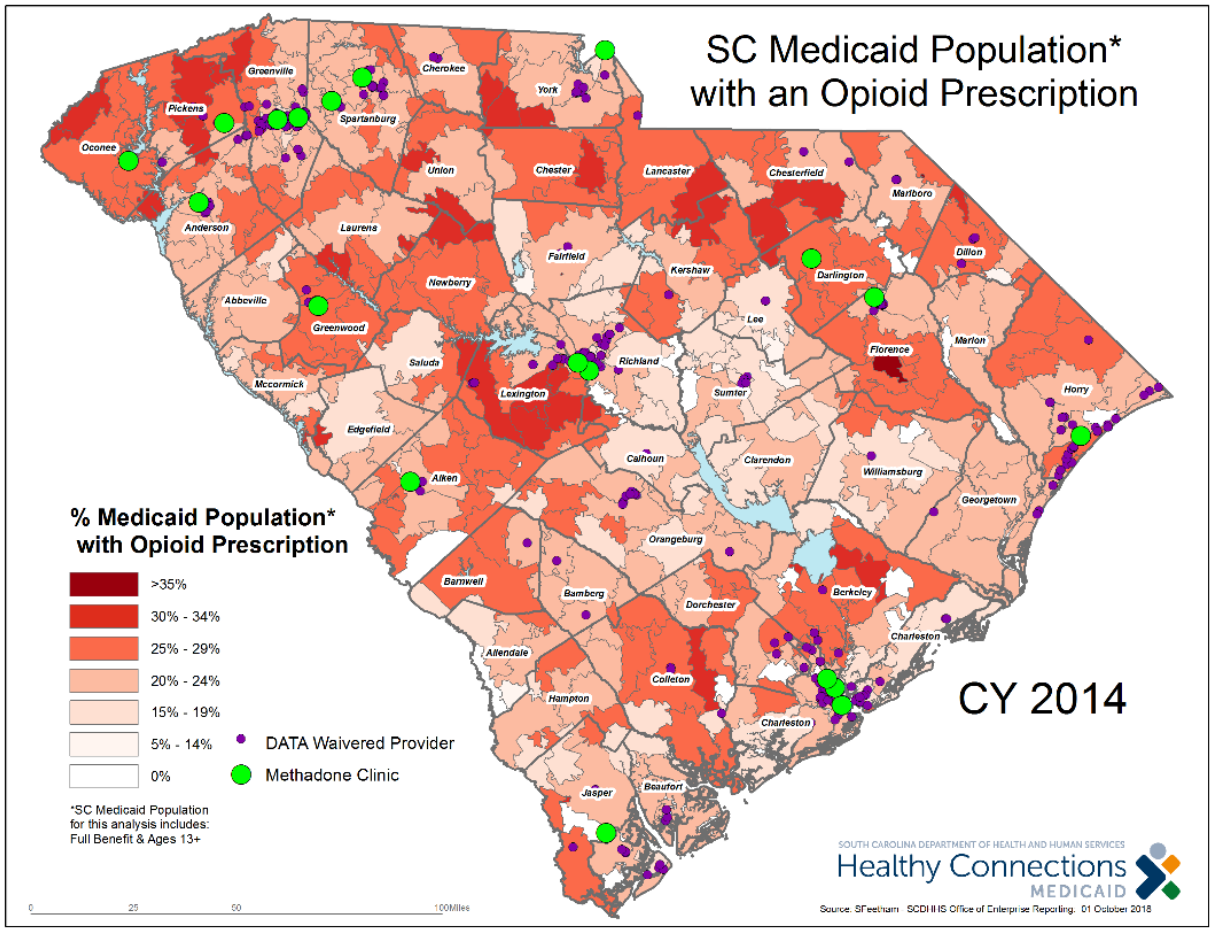
Figure 1. Opioid Prescriptions Dispensed by U.S. Retail Pharmacies, 1991-2013.



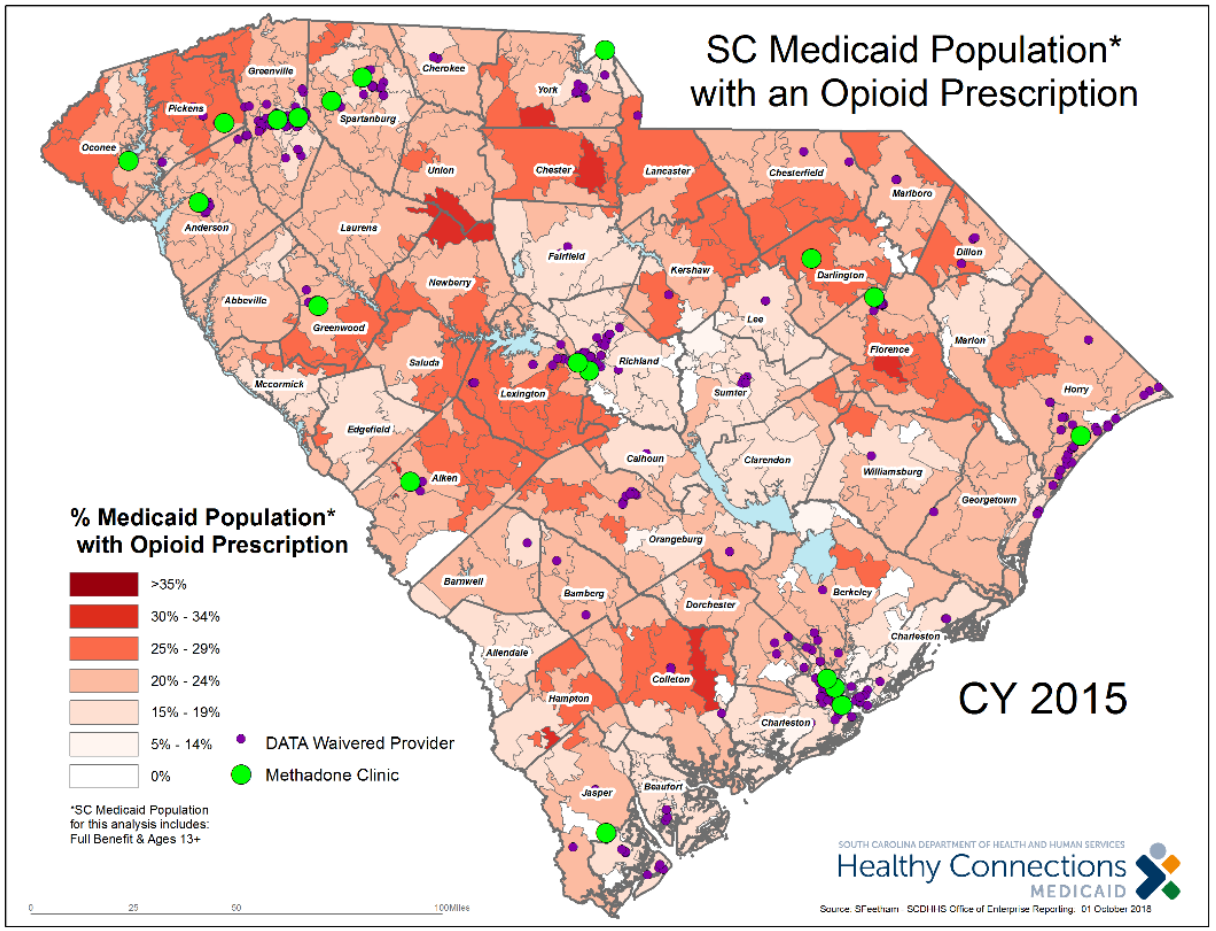
SC Medicaid Prescribing



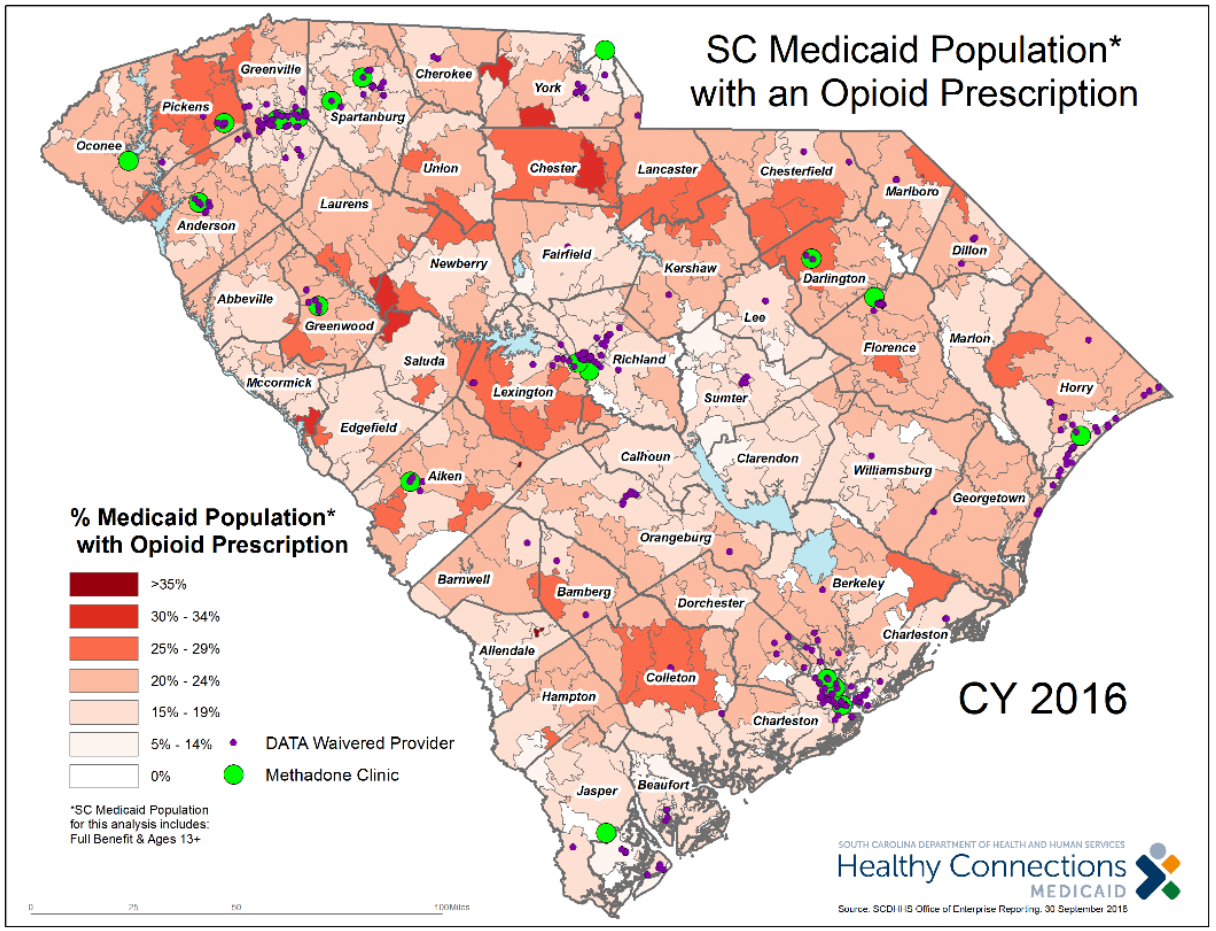
Decreasing Prescription Supply



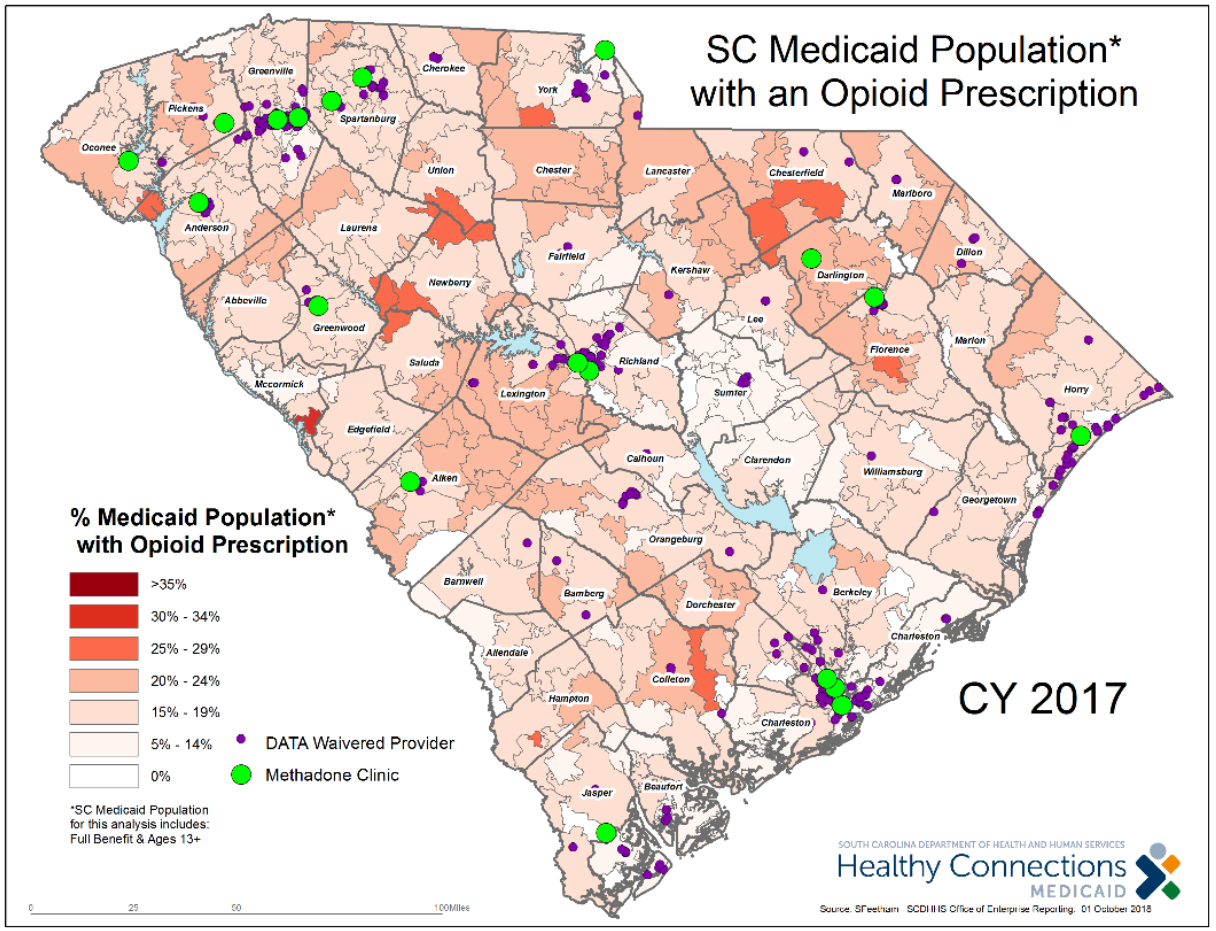
Decreasing Prescription Supply



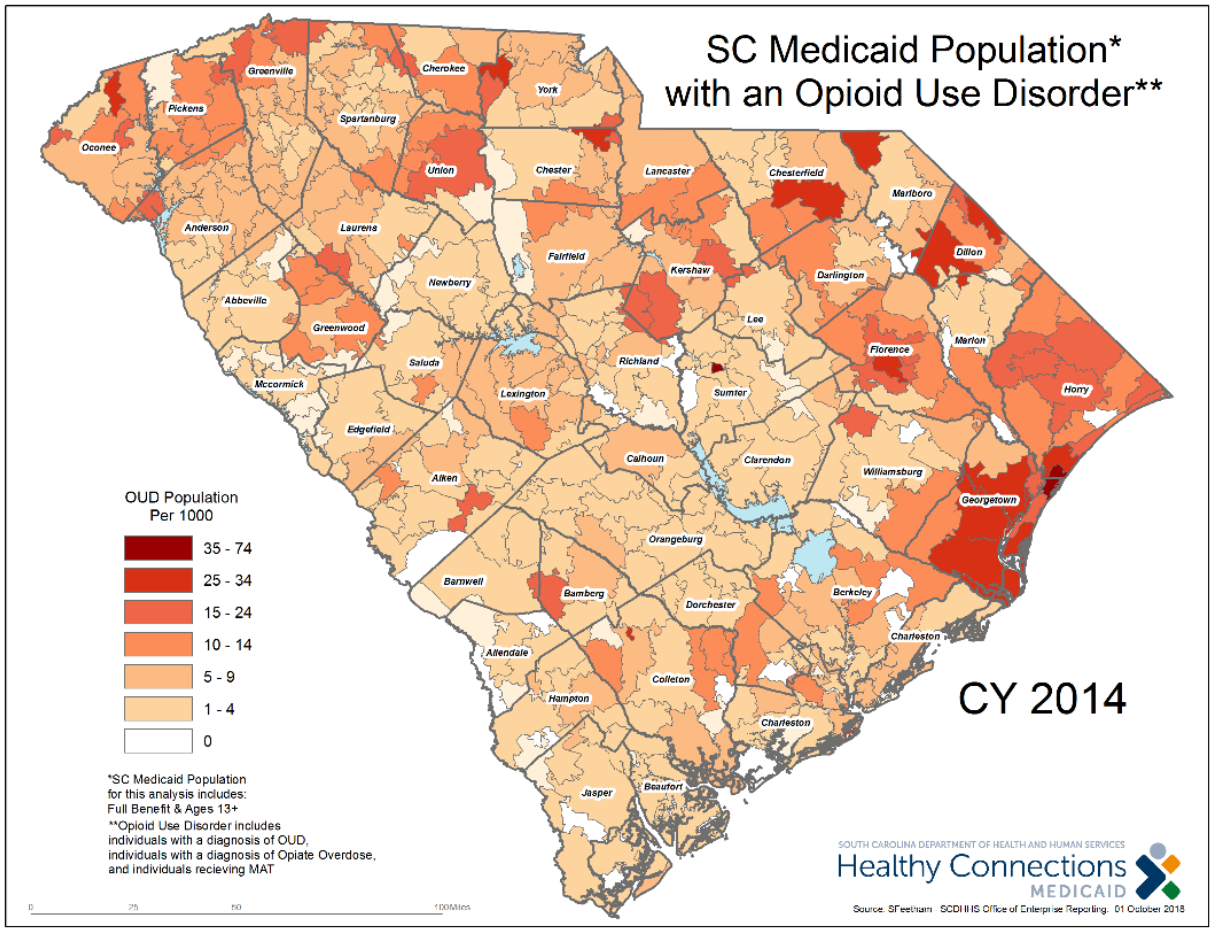
Decreasing Prescription Supply



Decreasing Prescription Supply



Increased Incidence of SUD



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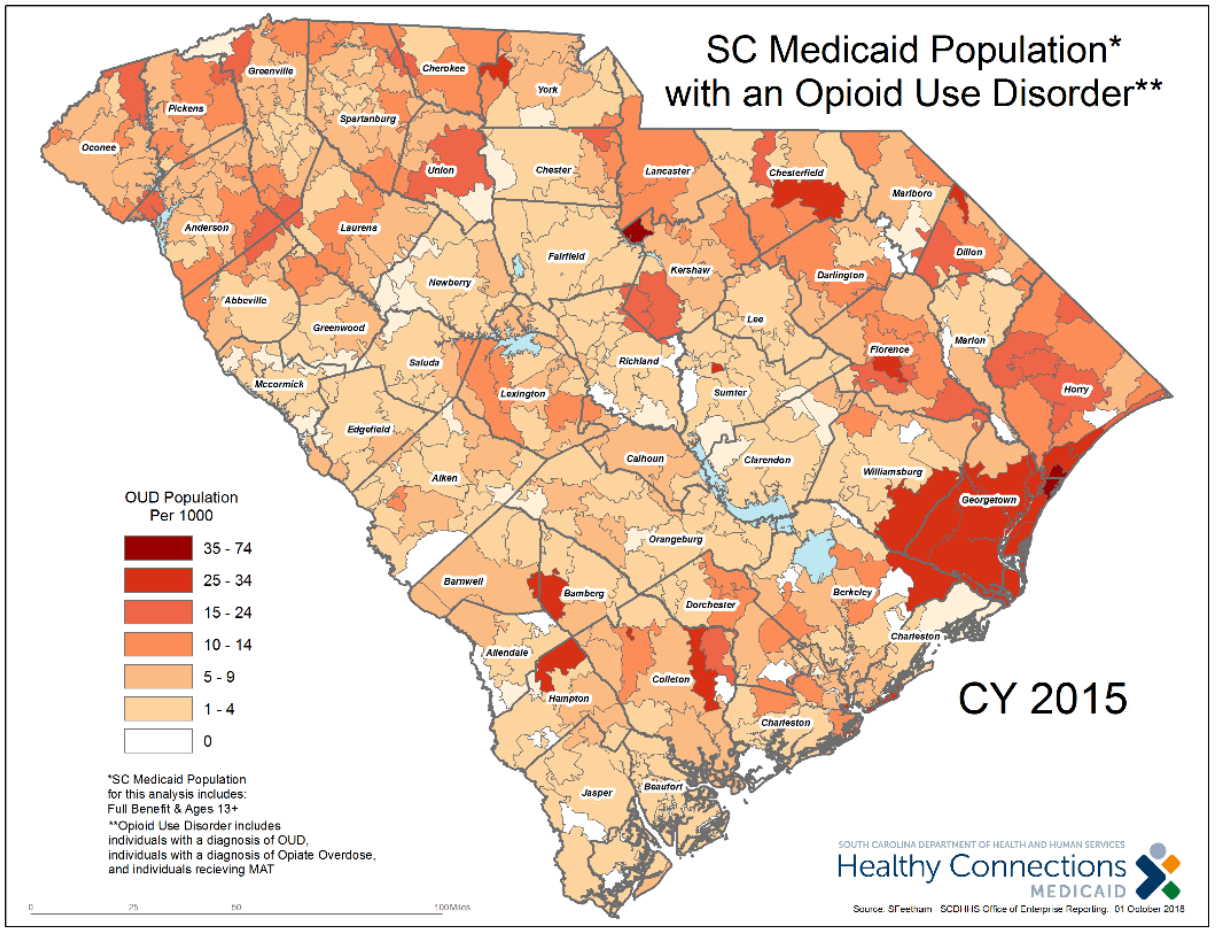
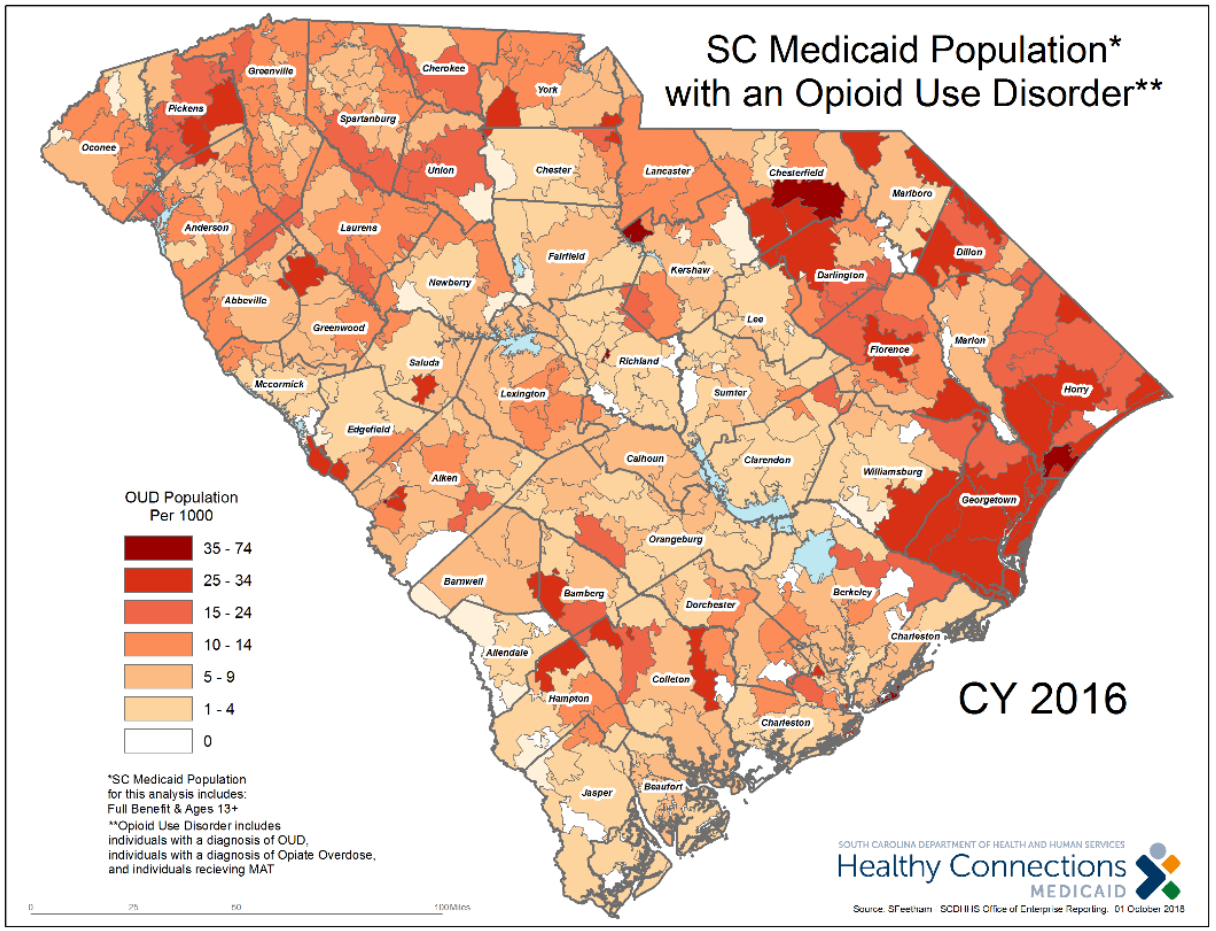
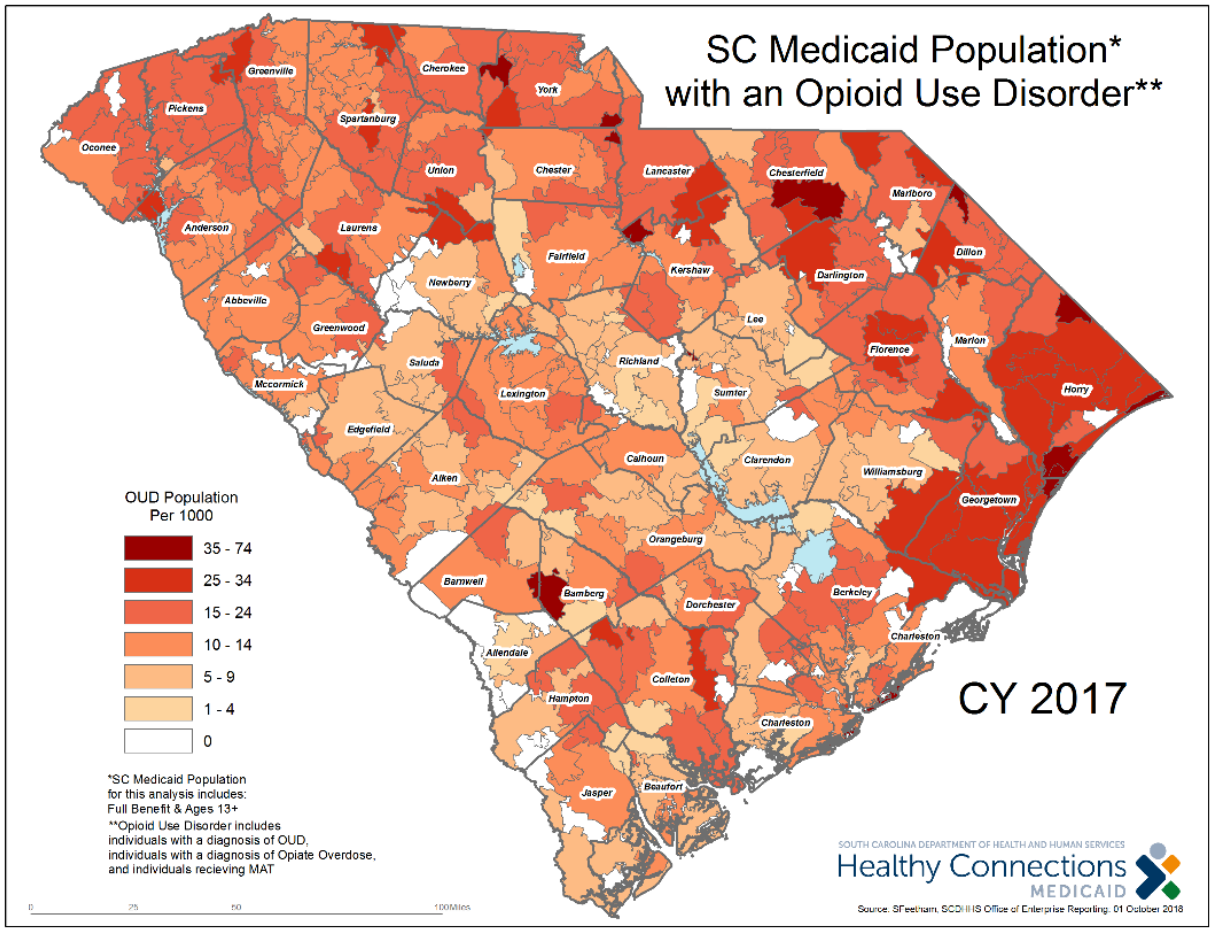


Increased Incidence of SUD

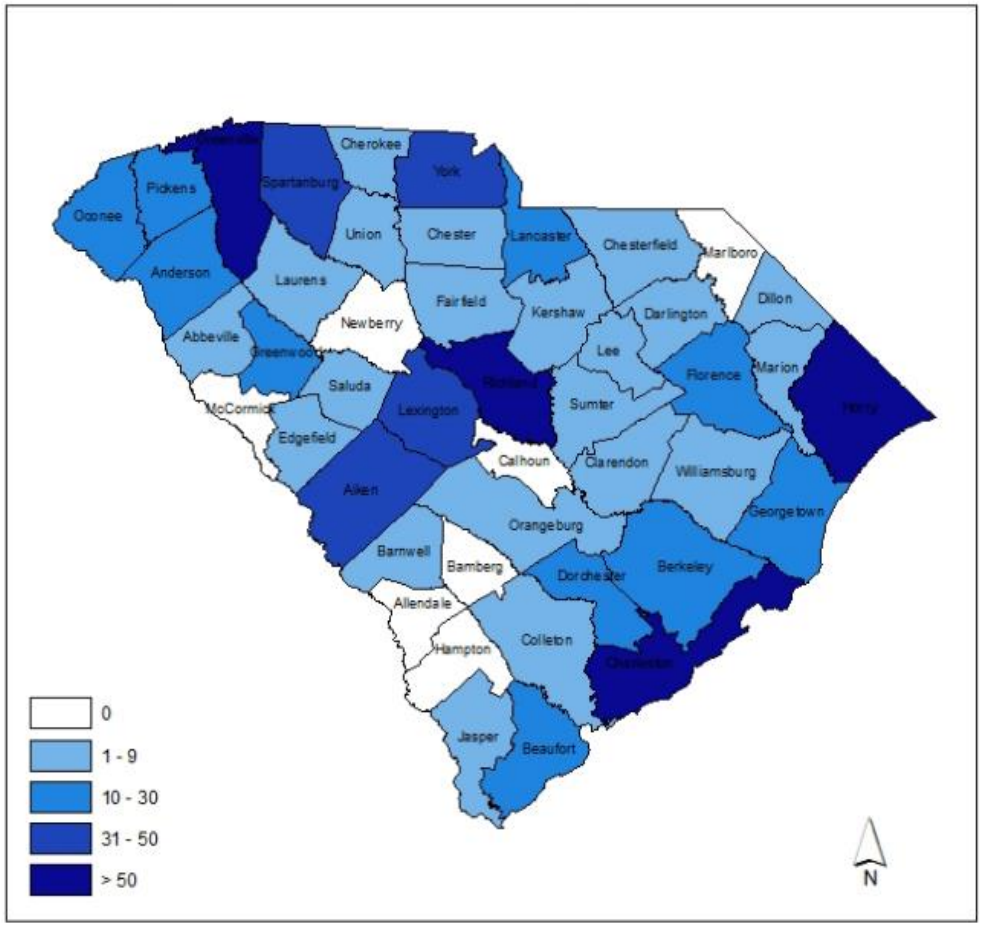


Increased Incidence of SUD



SC Overdose Deaths

Number of Opioid-Involved Overdose Deaths by County
South Carolina, 2017
Occurrence Data



Source: SCDHEC

Action to Date

“All of the Above”

- Controlling the Supply
  - Limits of naïve opioid prescriptions and dosing best practices
  - Prescription drug monitoring program (PDMP) mandate
  - Provider education and drug utilization review (DUR)
- Steering Demand
  - Pharmacy lock-in program
  - Non-opioid pain management (OTC drugs, PT)
- Identification and Treatment Options
  - SBIRT focused on preventing Neonatal Abstinence Syndrome
  - MAiN – Managing Abstinence in Newborns (GHS)
  - DATA-waived MAT physicians – naltrexone, buprenorphine
  - Naloxone/Narcan® for overdose reversal
  - Telemedicine and emergency room initiated MAT
  - Managed care: IMD ‘in-lieu-of’ and MAT prior authorization alignment
  - SUD treatment in state’s first 1115 waiver

Executive Orders

- **2017-42** - Proclamation of a Statewide Public Health Emergency and establishment of the Opioid Emergency Response Team
  - Report issued June 20, 2018
- **2017-43** - Directing the Department of Health and Human Services to develop a Policy for Prescribing, Dispensing and Administering Controlled Substances
  - Superseded by Act 201 of 2018 and EO 2018-19
- House Opioid Abuse Prevention Study Committee: reports issued and efforts ongoing

Future Actions and Open Questions

On the Horizon

- OTP/methadone
- Mobile methadone
- Non-opioid pain management
- Medicaid funding for information technology
- New federal legislation
  - Provider capacity demonstration
  - Telehealth guidance and best practices
  - Former foster care coverage
  - SUD health homes
  - Data sharing across state and federal entities
  - Lots of reporting, reports and studies…


SOUTH CAROLINA
ANIMIS OPIBUSQUE PARATI
DUM SPIRO SPERO
SPES
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