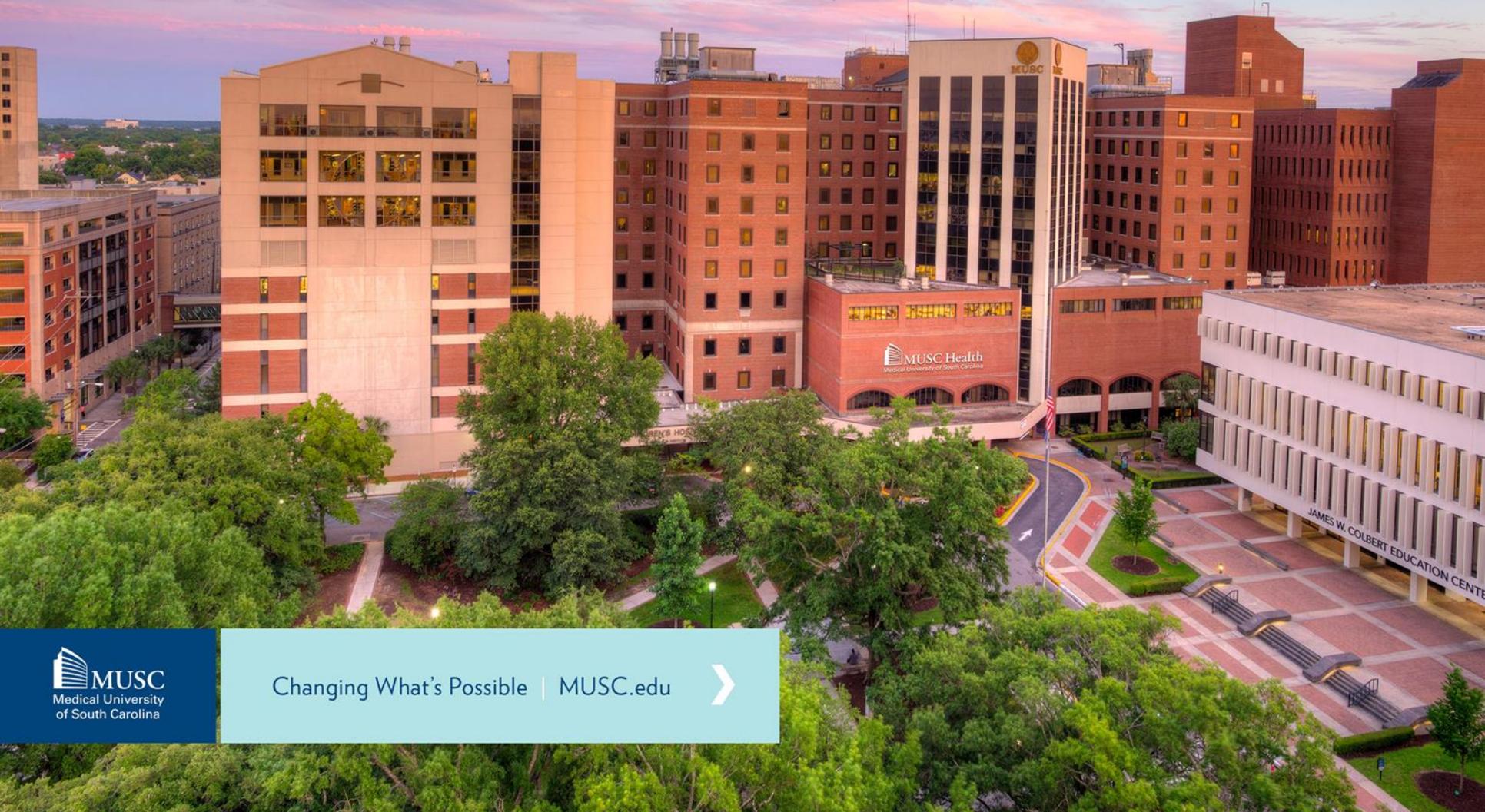


MUSC Opioid Initiatives: *An Update*

Kelly Barth, DO

Associate Professor, Departments of Psychiatry & Internal Medicine



Changing What's Possible | [MUSC.edu](https://www.musc.edu)



HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS



1

Better addiction prevention, treatment, and recovery services



2

Better data



3

Better pain management



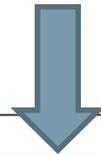
4

Better targeting of overdose reversing drugs



5

Better research



EMR Data for screening, prescribing feedback & outcome measurements



Naloxone distribution & evaluation on inpatient administrations



World-renowned addiction researchers



Opioid Crisis: Partly a Crisis of Access to Care



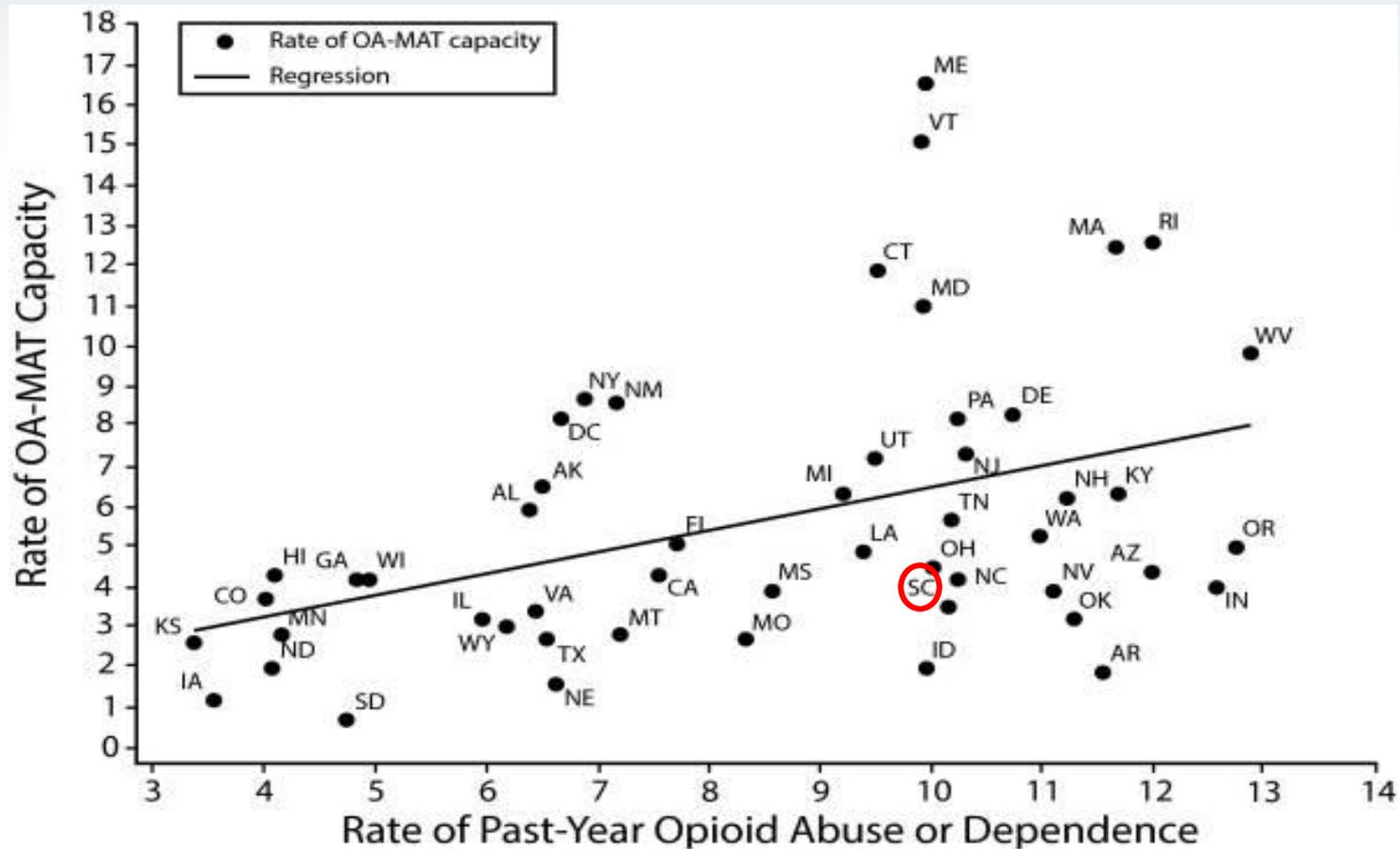
Better addiction
prevention,
treatment, and
recovery services

“To have any hope of
stemming the overdose
tide, we have to make it
easier to get Medication-
Assisted Treatment than
to get heroin and
fentanyl.”

Wakeman & Barnett, NEJM, 2018



Treatment Gap in South Carolina



Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. *American Journal of Public Health, 105*(8), e55-63. doi:10.2105/AJPH.2015.302664



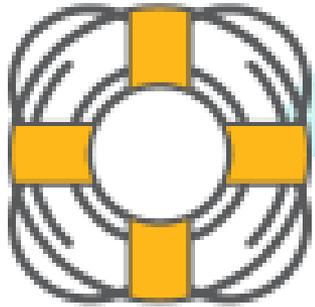


Better addiction
prevention,
treatment, and
recovery services

Reducing the Treatment Gap:

- With DAODAS, launched MAT – ED Project
- Trained >200 SC providers to deliver MAT, 23 counties
- Provided MAT tele-mentoring to >120 SC providers, 22 counties
 - New program covered by Aetna
- With Center for Telehealth, launched and expanded tele-MAT services
 - 85 patients, 8 counties, 2 mos
 - 49 pregnant patients, 4 counties



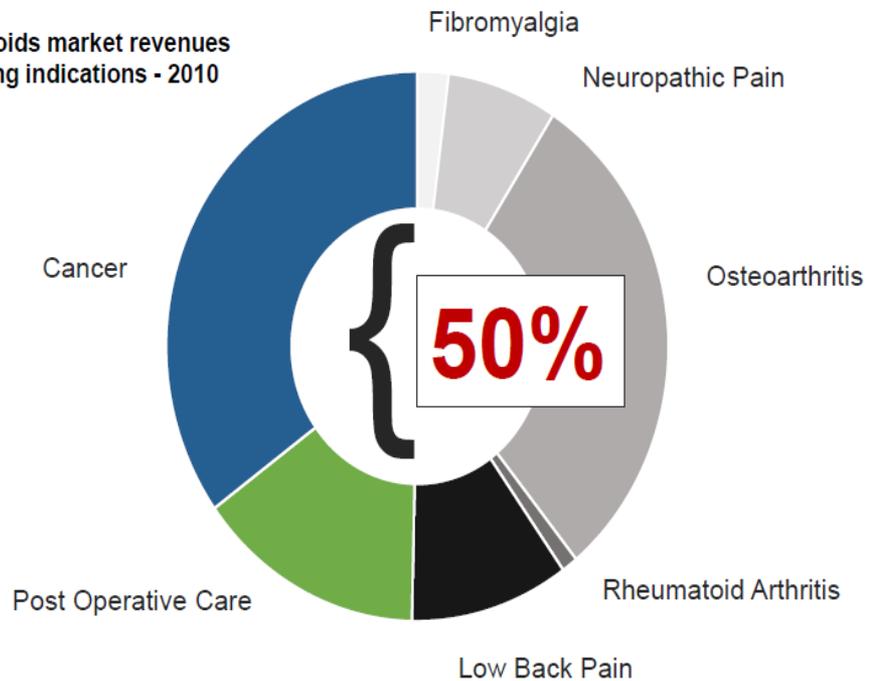


3

**Better pain
management**

Half of US Opioids Market is Treatment for Chronic, Non-Cancer Pain

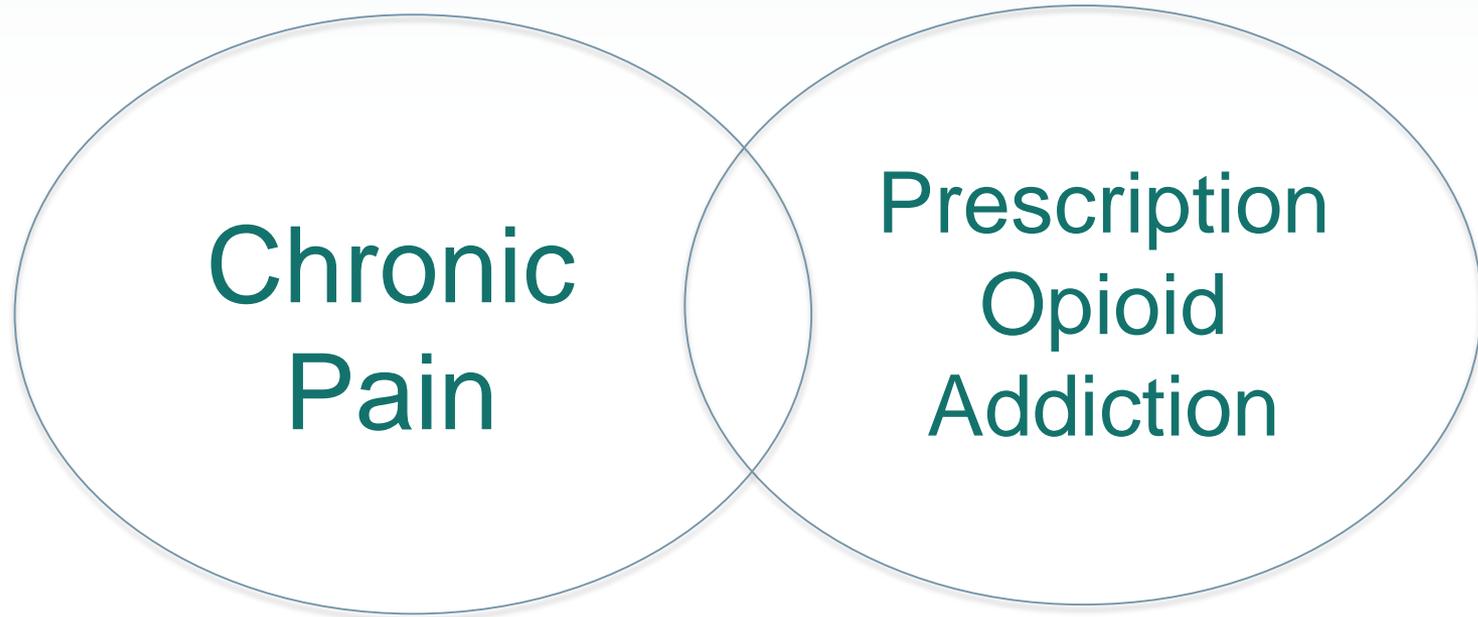
U.S. opioids market revenues
7 leading indications - 2010



Source: GBI Research. Opioids Market to 2017. June 2011



Response to the Opioid Crisis



25 million patients

2 million patients



Chronic Pain

- Lasts longer than expected, or > 6 mos
- Complex & poorly understood
- 126 million patients in the US report pain in past 3 months
 - 25 million with chronic pain
 - 23 million with severe pain
- Those with severe pain
 - have worse health status
 - use more health care
 - have more disability
- Cost \$635 billion/yr
 - medical treatment
 - lost productivity



Negative Impact of Chronic Pain

- Quality of life
- Mood - anxiety & depression
- Interpersonal relationships
- Activities of Daily Living
- Sleep quality
- Work productivity
- Suicide



CDC Guidelines for the Treatment of Chronic Pain - 2016

- **Psychotherapy**
 - › improved disability & catastrophizing

- **Exercise therapy**
 - › improved pain and function
 - › effects lasting up to 6 months

- **Comprehensive pain rehabilitation**
 - › incorporates both of the above
 - › effective for pain & disability



Comprehensive Pain Rehabilitation Programs

➤ Incorporate recommended evidence-based pain management

- Physical Therapy
- Occupational Therapy
- Psychotherapy
- Opioid discontinuation
- Bundle co-pays



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➤ Restore function & improve quality of life (long-term)

- Completers demonstrate:
 - › Improved pain and function (sustained over 1 year)
 - › Less health care utilization
 - › Significant decrease in medical costs (60-90%)
 - › Higher rate of return to work



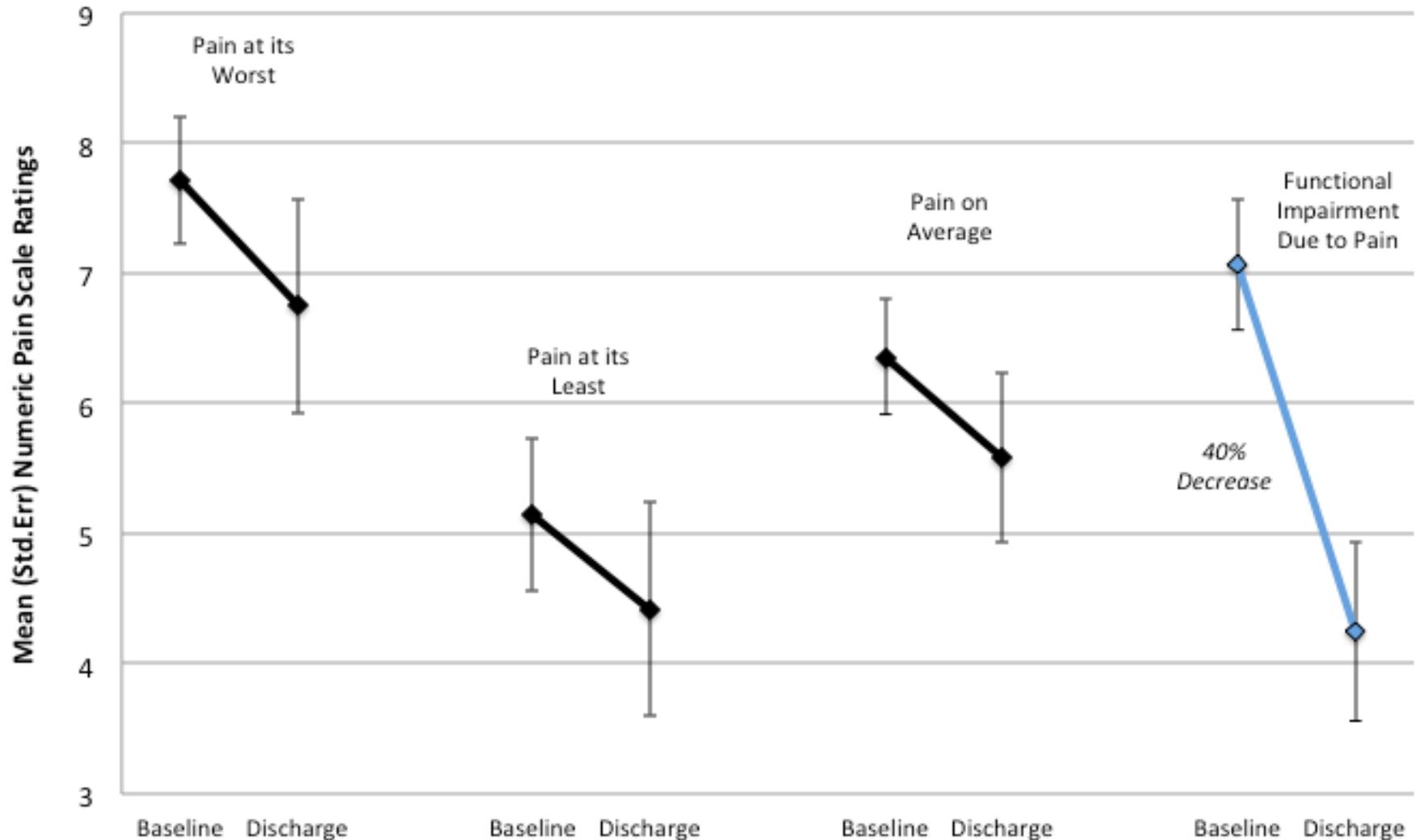
MUSC Outcomes – Pain Rehabilitation

- **Operationalization**
 - Funded through Innovations + Duke Endowment
 - Ribbon cutting March 5, 2018
- **Our Model**
 - 3 week intensive outpatient program, group setting
 - Incorporates PT, OT, medical management, psychotherapy
 - Located in MUSC Wellness Center
 - Opioid discontinuation is mandatory
 - Childcare offered
 - Lodging scholarships offered through Duke funding
- **Feasibility of Recruitment/Demonstration of Need**
 - 150 referrals (no formal advertising)
 - 76% female
 - Averaging 22 referrals/month
 - 17 counties
 - Payor mix: BCBS, Medicaid, Medicare - Now covered by BCBS



Decrease in Pain and Disability While Coming off Opioids

Clinical Outcomes from MUSC's Pain Rehabilitation Program



Pain Rehabilitation Programs can:

- Prevent opioid initiation
- Prevent opioid tolerance & addiction
- Prevent unnecessary & expensive surgeries/interventions
- Provide a civilized way to come off opioids while addressing pain



Future Directions

- Expansion of existing projects:
 - ED project
 - Tele-MAT
 - Training and Tele-mentoring
 - New funding from Aetna
 - Pain Rehabilitation Expansion
 - Actively investigating partnering with upstate collaborators to create a hybrid of telehealth + in-person care
- Sustainability
 - State funding helps demonstrate feasibility & need for new and innovative programs
 - Increased insurance coverage helps with sustainability
 - Eg pain rehabilitation and tele-mentoring



Future Directions

Needs for sustainability:

- Improved coverage of:
 - In-home telemedicine + care manager for pregnant women on opioids (Medicaid and private insurance) – pilot?
 - Improved Medicaid coverage for pain rehabilitation
- Develop a Center for Opioid Treatment, Research & Education
 - Provide a foundation for sustainably treating and responding to all addictions as the opioid crisis continues to evolve



Acknowledgments



Center for Telehealth

