

Action Collaborative on Countering the U.S. Opioid Epidemic

Public Meeting

April 30, 2019
9:00-1:00pm EDT



NATIONAL ACADEMY OF MEDICINE

Leadership • Innovation • Impact | *for a healthier future*

Action Collaborative Co-Chairs



Victor Dzau
President
National Academy of Medicine



ADM Brett Giroir
Assistant Secretary for Health
U.S. Department of Health and Human Services



Ruth Katz
Executive Director, Health, Medicine, and Society Program
The Aspen Institute



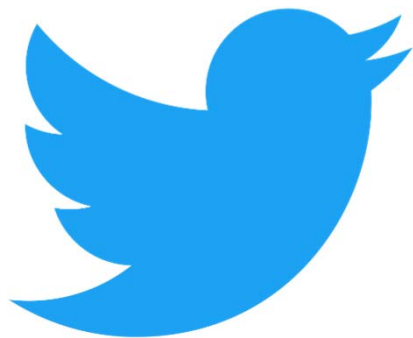
Jonathan Perlin
President, Clinical Services and Chief Medical Officer
HCA Healthcare

Meeting Agenda

- **9:00-9:20am** Overview of the NAM Action Collaborative on Countering the U.S. Opioid Epidemic
- **9:20-10:00am** Keynote Presentation and Discussion
- **10:00-10:30am** Break
- **10:30-12:15pm** Working Group Presentations and Reaction
- **12:15-12:45pm** Audience Feedback and Q/A
- **12:45-1:00pm** Closing Remarks

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Over 130
Americans die
from an
overdose every
day

The opioid crisis
cost \$504 billion
in 2015 (2.8% of
GDP)

Less than 35% of
individuals with
OUD receive
treatment

In 2017, the
number of
overdose deaths
involving opioids
was 6x higher
than in 1999



National Academy of Medicine

Action Collaborative on
Countering the U.S. Opioid Epidemic

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Timeline

- January 2018: Brainstorming Session
- March 2018: Informal Stakeholder Survey
- July 2018: Planning Meeting and Public Announcement
- November 2018: Working Groups launched



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Steering Committee

Victor Dzau (*Chair*), National Academy of Medicine

ADM Brett P. Giroir (*Co-Chair*), U.S. Department of Health and Human Services

Ruth Katz (*Co-Chair*), The Aspen Institute

Jonathan Perlin (*Co-Chair*), HCA Healthcare

Jay Bhatt, American Hospital Association

Carlos Blanco, National Institute on Drug Abuse

Helen Burstin, Council of Medical Specialty Societies

Kathy Chappell, American Nurses Credentialing Center

Hank Chaudhry, Federation of State Medical Boards

Kelly J. Clark, American Society of Addiction Medicine

Debra Houry, U.S. Centers for Disease Control and Prevention

Thomas J. Nasca, Accreditation Council for Graduate Medical Education

Andrey Ostrovsky, Solera Health

Alonzo L. Plough, Robert Wood Johnson Foundation

Steve Singer, Accreditation Council for Continuing Medical Education

Sponsors

Accreditation Council for Graduate Medical Education

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American Medical Association

American Society of Health-System Pharmacists

Arnold Ventures

Association of American Medical Colleges

Centers for Disease Control and Prevention

CDC Foundation

Centers for Medicare and Medicaid Services

Council of Medical Specialty Societies

Federation of State Medical Boards

HCA Healthcare

National Institute on Drug Abuse

Robert Wood Johnson Foundation

Substance Abuse and Mental Health Services

US Department of Veteran Affairs



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Join the Collaborative as a Network Organization

Network Organizations:

- provide input on activities of the Action Collaborative;
- receive networking and information-sharing opportunities;
- receive regular updates on the work of the Action Collaborative, including priority invitations to public meetings and advance notice of new resources and publications;
- receive communications tools such as infographics and social media toolkits;
- are featured on the NAM website, along with an organizational commitment statement describing current and/or future work in the four focus areas; and
- receive invitations to act as partners in new efforts to combat the opioid epidemic.

More than 100 Network Organizations as of 4/30/19

Join the Collaborative as a Network Organization

How to become a Network Organization:

- Visit: nam.edu/opioidnetworkorgs
- Click the link to complete the short survey, which will ask for:
 - Name of your organization
 - A brief commitment statement (no more than 500 words in Word or PDF format) describing current and/or future work in the Action Collaborative's four focus areas. This statement will be posted on the NAM website.
 - Name and contact information for organization liaison

Related Work at The Academies

- Committee on Medication-Assisted Treatment for Opioid Use Disorder **(report released on March 20, 2019)**
- Evidence-based Clinical Practice Guidelines to Prescribing Opioids for Acute Pain
- Review of Specific Programs in the Comprehensive Addiction and Recovery Act (CARA)
- Development of a Protocol to Evaluate the Concomitant Prescribing of Opioid and Benzodiazepine Medications and Veterans Deaths and Suicides
- Examination of the Integration of Opioid and Infectious Disease Prevention Efforts in Select Programs

For more information, visit nationalacademies.org/opioidepidemic



**The opioid crisis is complex.
Together, we can overcome it.**

Composition of the Collaborative

60 participating organizations representing:

- Health care systems
- Federal agencies
- State and local government
- Communities
- Patient organizations
- Provider groups
- Payers
- Industry
- Academia
- Nonprofits

The Collaborative

Steering Committee

Chair: Victor Dzau

Co-Chairs: ADM Brett P. Giroir, Ruth Katz, and Jonathan Perlin

Health Professional Education and Training Working Group

Co-Leads:

Kathy Chappell
Thomas Nasca
Steve Singer

Opioid Prescribing Guidelines and Evidence Standards Working Group

Co-Leads:

Helen Burstin
Debra Houry

Prevention, Treatment, and Recovery Services Working Group

Co-Leads:

Jay Bhatt
Andrey Ostrovsky
Alonzo Plough

Research, Data, and Metrics Needs Working Group

Co-Leads: Carlos Blanco and Kelly Clark

Goals of the Collaborative

1. Identify and raise the visibility of complex challenges, outstanding research gaps, and needs of the opioid crisis that require a collective, multi-sectoral response.
2. Elevate and accelerate evidence-based, multi-sectoral, and interprofessional solutions to improve outcomes for those affected by the opioid crisis.
3. Catalyze action on shared priorities and solutions to help overcome the crisis and improve outcomes for all.

We want to hear from you!

What sort of resources would be helpful for all of you to have?

What could we develop or disseminate that would help you do your job better, in whatever field you occupy?

OpioidCollaborative@nas.edu

Keynote Presentation



*The Most Important
and Difficult Obstacle
We Must Overcome*

Gary Mendell
Founder and CEO
Shatterproof

Break

Resume by 10:30am ET



Working Group Presentations and Reaction



Health Professional Education and Training Working Group

Working Group Co-Leads

- **Kathy Chappell**, American Nurses Credentialing Center
- **Thomas J. Nasca**, Accreditation Council for Graduate Medical Education
- **Steve Singer**, Accreditation Council for Continuing Medical Education

Working Group Participation

- Academia
- Federal
- Health Education and Accreditation Organizations
- Health Professional Associations, Providers, and Health Systems
- Non-profit Institutions
- Private Sector

Health Professional Education and Training Working Group

Mission: Collaboratively develop a harmonized interprofessional, patient and family-centered approach for the continuum of health professions' education that addresses acute and chronic pain management and substance use disorders (including prevention, screening, intervention, treatment, and long-term recovery).

Objectives:

1. Analyze current accreditation, certification and regulatory requirements for health professions' education that reflect acute and chronic pain management and substance use disorders.
2. Identify and highlight professional practice gaps for health care professionals that currently exist in relation to acute and chronic pain management and substance use disorders.
3. Curate evidence-informed educational tools and strategies to address professional practice gaps in relation to acute and chronic pain management and substance use disorders.
4. Engage stakeholders to adopt evidence-informed tools and strategies to address professional practice gaps in relation to acute and chronic pain management and substance use disorders.
5. Develop a strategy to evaluate the impact of the adoption of evidence-informed tools and strategies on health professions' education and practice.

Overview: Objective 1 Activities & Timing

Objective 1: Identify and highlight professional practice gaps for health care professionals that currently exist in relation to acute and chronic pain management and substance use disorders.

Year 1 (2019)

Activity 1-1

Across professions selected for analysis (medicine, PAs, nursing, APRNs, dentistry, pharmacy) determine if these groups, as professions, have identified practice gaps with respect to acute and chronic pain management and SUDs

Concurrently, do an assessment of the existing literature on practice gaps, with an eye to the study methodology.

Activity 1-2

Conduct select “listening sessions” across professions to complement the findings of the literature review described in Activity 1-1

Activity 1-3

- Summary of key findings from listening sessions
- Webinar presenting/summarizing the key findings from the listening sessions



Objective 2 Activities & Timing

Objective 2: Analyze current accreditation, certification, and regulatory requirements for health professions' education that reflect acute and chronic pain management and substance use disorders.

Year 1

Activity 2-1

Survey for what educational requirements currently exist across professions in the accreditation, certification, and regulatory environments for acute and chronic pain management and substance use disorders (SUDs). Utilize matrices allowing for compare and contrast.

Year 2 (2020)

Activity 2-2

- White paper presenting the findings from the analysis of practice gaps and accrediting/licensing/certifying requirements.
- Potentially, followed by a webinar presenting highlights from the paper.



Objective 3 Activities and Timing

Objective 3: Curate evidence-informed educational tools and strategies to address professional practice gaps in relation to acute and chronic pain management and substance use disorders.

Year 2 (2020)

Activity 3-1

Call for educational tools and strategies that exist to support practice and/or accrediting/licensing/certifying gaps identified

Activity 3-2

Curated list of evidence-informed educational tools and strategies to be posted to the Collaborative website

Activity 3-3

Executive summary or white paper summarizing curation approach, the framework for assessing the effectiveness of these tools/strategies, and presenting the group's findings and recommendations regarding best practices



Objectives 4 & 5 Activities and Timing

Objective 4: Facilitate and accelerate stakeholder adoption of evidence-informed tools and strategies to address professional practice gaps in relation to acute and chronic pain management and substance use disorders.

Year 2 (2020)

Activity 4-1

Webinar(s) highlighting best-practices and building consensus to adopt best practices and evidence-based standards

Activity 4-2

Commitment letters from professions, accreditation, licensing, and certifying bodies to address the gaps and adopt the best practices and strategies identified

Objective 5: Develop a strategy to evaluate the impact of the adoption of evidence-informed tools and strategies on health professions' education and practice.



Opioid Prescribing Guidelines and Evidence Standards Working Group

Working Group Co-Leads

- **Helen Burstin**, Council of Medical Specialty Societies
- **Debra Houry**, US Centers for Disease Control and Prevention

Working Group Participation

- Academia
- Federal
- Health Professional Associations, Providers, and Health Systems
- Non-profit Institutions
- Payers
- Pharmacy
- Private Sector

Opioid Prescribing Guidelines and Evidence Standards Working Group

Mission: Harmonize prescribing guidelines for acute and chronic pain through collation and comparison of prescribing guidelines for acute and chronic pain, while identifying critical gaps in knowledge where further research is needed to support evidence standards (e.g., tapering guidance). Support implementation of acute and chronic pain guidelines into practice, while monitoring for unintended consequences to patients.

Objectives:

1. Collate and compare existing opioid prescribing and tapering guidelines (for specific pain indications that do not diverge across specialties) to identify differences that cannot be justified based on available evidence.
2. Highlight the key elements and successful models of comprehensive, integrative pain management, as well as critical barriers to its broader implementation.
3. Support the implementation of pain guidelines into practice while monitoring intended and unintended consequences.

Objective 1 Activities & Timing

Objective 1: *Collate and compare existing opioid prescribing and tapering guidelines (for specific pain indications that do not diverge across specialties) to identify differences that cannot be justified based on available evidence.*

Year 1

Activity 1-1

Public webinar on tapering, featuring experts in the field who will discuss current evidence-based practices and current gaps in evidence as well as application in practice.

Activity 1-2

Discussion paper highlighting the evidence-based practices available for tapering and current gaps in evidence.

Year 2

Activity 1-3

Discussion paper describing findings from compare/contrast of opioid prescribing guidelines for 5-7 clinical conditions (acute, surgical, chronic pain indications).



Objective 2 Activities & Timing

Objective 2: *Highlight the key elements and successful models of comprehensive, integrative pain management, as well as critical barriers to its broader implementation.*

Year 1

Activity 2-1

Discussion paper(s) assessing the current state of coverage and reimbursement for comprehensive integrative pain management, as well as successful models of comprehensive integrative pain management.

Activity 2-2

Potentially, as a complementary communications effort to 2-1, hold webinar(s) highlighting entities that have improved access/reduced barriers to successful models of comprehensive integrative pain care.



Objective 2 Activities & Timing

Objective 2: *Highlight the key elements and successful models of comprehensive, integrative pain management, as well as critical barriers to its broader implementation.*

Year 2

Activity 2-3

Pain Management Patient Journey Map

- Dynamic infographic or static PDF document
- Patient-focused, broadly accessible to patients, families, and clinicians
- Broad in scope, not condition- or indication-specific
- Possible elements:
 - Approaches to developing treatment goals
 - The therapeutic options available
 - Where evidence exists or does not across these treatment options
 - What therapies are covered (or not), as a result of that evidence
 - Shared decisionmaking approaches to development the pain management care plan



Objective 3 Activities & Timing

Objective 3: *Support the implementation of pain guidelines into practice while monitoring intended and unintended consequences.*

Year 1

Activity 3-1

Conduct listening sessions to clarify and elicit input on intended and unintended consequences of opioid prescribing guidelines and related metrics. Proposed perspectives to be captured: patients, prescribers, payers, hospital systems, state health departments.

Activity 3-2

Discussion paper summarizing the findings from the listening sessions.

Year 2

Activity 3-3

Discussion paper identifying and curating measures and clinical decision support rules related to use of opioid prescribing guidelines.



Prevention, Treatment, and Recovery Services Working Group

Working Group Co-Leads

- **Jay Bhatt**, American Hospital Association
- **Andrey Ostrovsky**, Solera Health
- **Alonzo Plough**, Robert Wood Johnson Foundation

Working Group Participation

- Academia
- Federal
- Health Professions, Providers, and Health Systems
- Non-profit Institutions
- Payers
- Private Sector
- State and Local Health Officials

Prevention, Treatment, and Recovery Services Working Group

Mission: Curate, develop, and disseminate integrated approaches to prevention, treatment and recovery services for opioid use disorder, including for vulnerable and high-risk populations, with guidance for how to implement, scale, and sustain them.

Objectives:

1. Curate and disseminate the essential elements and components of the continuum of care for OUD, including highlighting systemic barriers to integrated and effective prevention, treatment, and recovery services.
2. Share best practices and bring awareness to the barriers to implement, evaluate, scale, and sustain successful prevention, treatment, and recovery approaches.
3. Accelerate improvements in prevention, treatment, recovery care and services for vulnerable and high-risk populations.

Objective 1 Activities & Timing

Objective 1: *Curate and disseminate the essential elements and components of the continuum of care for OUD, including highlighting systemic barriers to integrated and effective prevention, treatment, and recovery services.*

Year 1

Activity 1-1

Discussion paper exploring gaps in the addiction treatment system and focusing on strategies to overcome barriers to change within the treatment system.

Activity 1-2

Discussion paper outlining the continuum of care for OUD: the entry points, criteria for different levels of care, and opportunities to enhance the integration of medical and social services across the continuum.

Activity 1-3

Discussion paper on critical transitions of care in pain management and OUD and how best to manage them.

Activity 1-4

Ancillary communications products (webinars and/or 1-pagers) highlighting the findings of the papers with targeted stakeholder audiences



Objective 2 Activities & Timing

Objective 2: *Share best practices and bring awareness to the barriers to implement, evaluate, scale, and sustain successful prevention, treatment, and recovery approaches.*

Activity 2-1

Framework elements of successful systems

4 high-level discussion papers, followed by more focused pieces, covering:

- **Capacity** (workforce development and sustainability);
- **Competency** (essential competencies of the workforce)
- **Quality of care** (high-quality aspects of care and metrics to track quality)
- **Compensation** (payment to sustain high quality care)

Activity 2-2

A nation-wide, descriptive stakeholder analysis for opioid use disorder prevention, treatment, and recovery.



Objective 3 Activities and Timing

Objective 3: *Accelerate improvements in prevention, treatment, recovery care and services for vulnerable and high-risk populations.*

Activity 3-1

Discussion paper focused on 5 high-risk populations (justice-involved, veterans, rural, adolescents, and individuals who inject drugs), examining the specific needs and nuances of each population, key barriers to obtaining treatment and staying in long-term recovery, and highlighting promising approaches to overcoming these barriers and meeting the needs of special populations.

Activity 3-2

Ancillary communications products (webinars and/or 1-2 pagers summarizing the evidence base and the approach utilized) covering each of the populations addressed in the paper



Research, Data, and Metrics Needs Working Group

Working Group Co-Leads

- **Carlos Blanco**, National Institute on Drug Abuse
- **Kelly J. Clark**, American Society of Addiction Medicine

Working Group Participation

- Academia
- Federal
- Health Professional Associations, Providers, and Health Systems
- Health Professional Education and Accreditation Organizations
- Non-profit Institutions
- Pharmacy
- Private Sector

Research, Data, and Metrics Needs Working Group

Mission: Collect and assess best practices and needs in areas of research, data and metrics that are relevant to the four focus areas and overall goals of the Action Collaborative

Objectives:

1. Delineate research, data, and metrics needs and opportunities across health professional education, prescribing guidelines and evidence standards, and prevention, treatment, and recovery services
2. Collect, evaluate and promote impactful standardized quality measures currently available related to the Collaborative's mission and other workgroups
3. Identify a plan for specific pathways to promote greater data transparency, interoperability, and sharing opportunities

Research, Data, and Metrics

Delineate research, data, and metrics needs and opportunities across health professional education, prescribing guidelines and evidence standards, and prevention, treatment, and recovery services

- As working groups complete their objectives and deliverables, they will identify:
 - What information (data, metrics, best practices) they need to carry out their objective or task
 - If the information exists and is readily accessible?
 - If so, where is that information located?
 - *If this information is not available, it will be flagged as an outstanding gap*
- When a working group is unable to locate the specific data or metrics that were needed, they will identify this knowledge gap (and maintain a running tally of the gaps they identify)
- The list of knowledge gaps will also be available to all other working groups.
- The research, data, and metrics group can then analyze the information and identify which questions or needs are unique to some groups and which are shared



Research, Data, and Metrics

Collect, evaluate and promote impactful standardized quality measures currently available related to the Collaborative's goals and to the work of the other workgroups

- Assist the other working groups in devising monitoring metrics and evaluation criteria for their objectives and priorities to be adopted upon release of the document to the public.

Generate a list of priority information needed to address the Collaborative's mission not being addressed by the other working groups.

- Members of the research, data, and metrics group will also create their own list of questions and needs not being addressed by the other working groups.
- The group will then review the list and determine which research questions or gaps(s) they will prioritize and focus on.
- The group could then call-out the barriers to getting the closing that particular gap, propose a solution to closing it, highlight who should “own” that solution and the timeline for doing so.



Final Reaction and Summary

Richard Frank, Harvard Medical School



Feedback and Q&A



Thank you for attending!

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