

Combating the Opioid Epidemic With
Integrative Pain Management
Acute and Chronic Pain

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The Opioid Epidemic Continues to Rage Out of Control in 2018

- 2016: 64,070 OD deaths, 8,000+ more than 2015
- more deaths than peak annual car crashes, HIV/AIDS deaths, gun deaths
- First time in 20 years the US life expectancy decreased!
- Perspective: 58,322 courageous souls perished during the entire Vietnam War (another 1,500 MIA)
- 2017: Approximately 72,000 deaths, another 8,000 jump
- NM OD death rate dropped from #1-3 in 2014, now #18

2016 drug overdoses

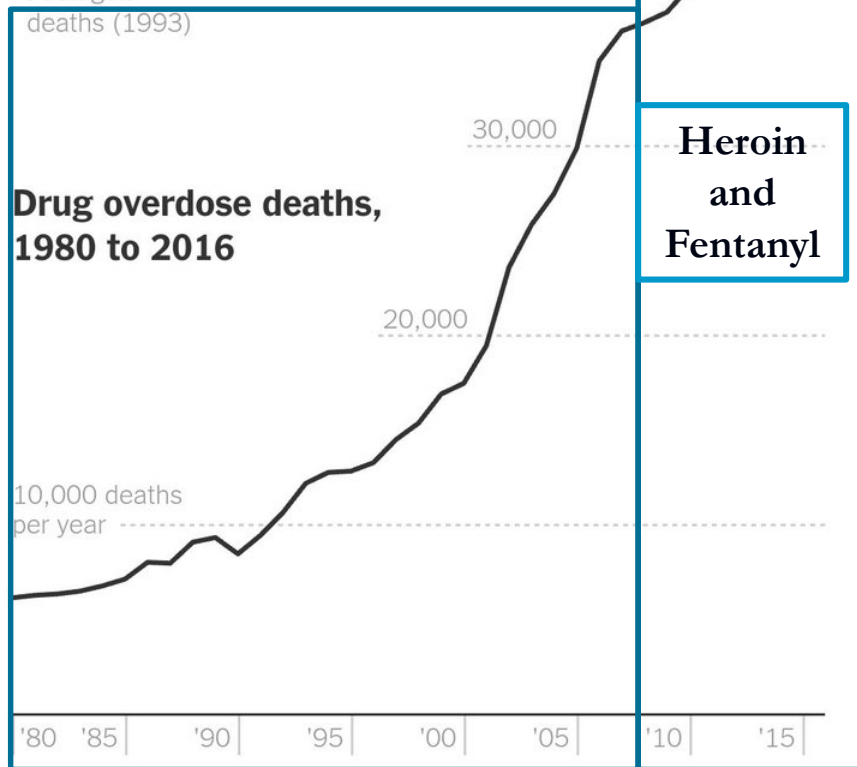
Between 59,000 and 65,000 deaths*

Peak car crash deaths (1972)

Peak H.I.V. deaths (1995)

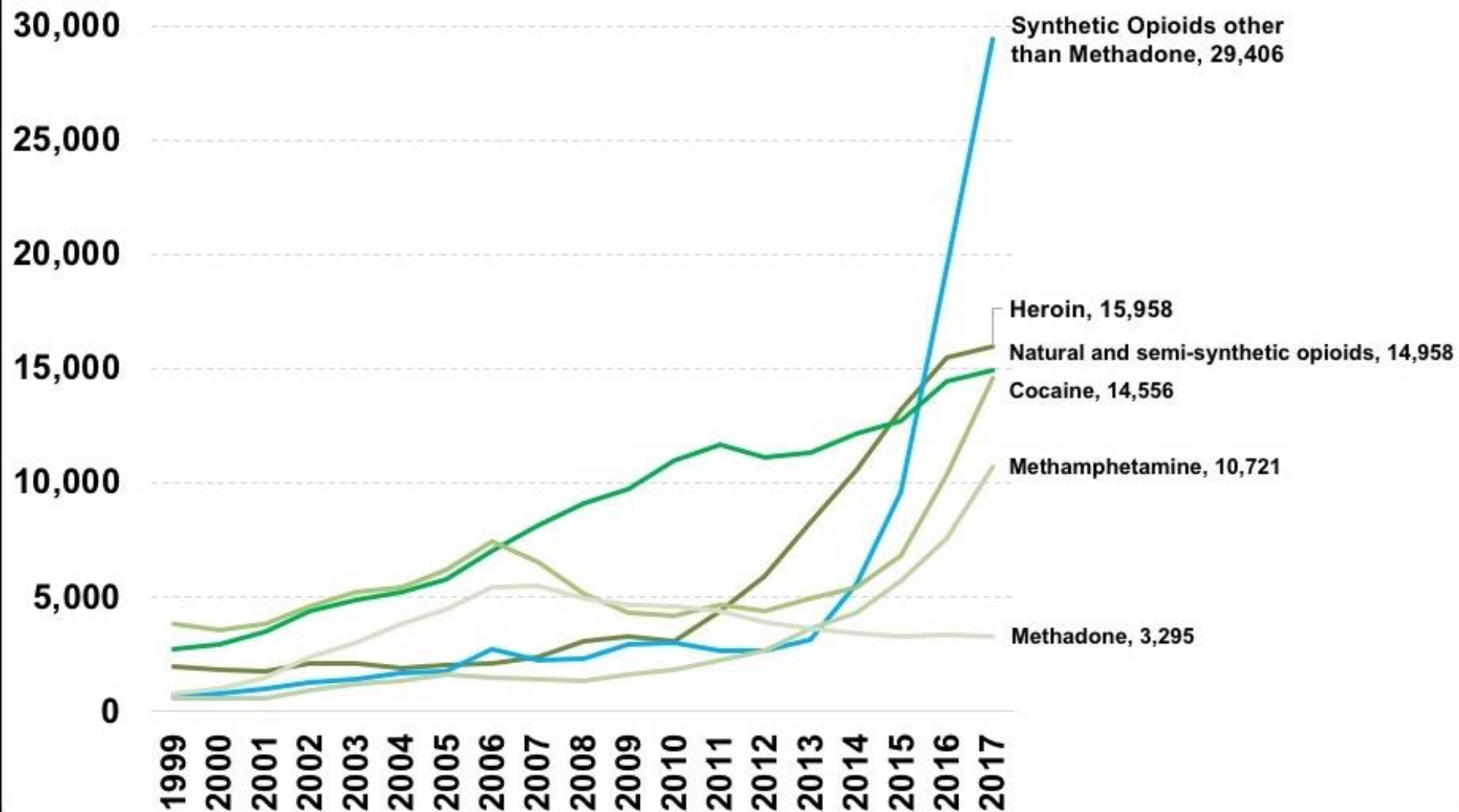
Peak gun deaths (1993)

Drug overdose deaths, 1980 to 2016

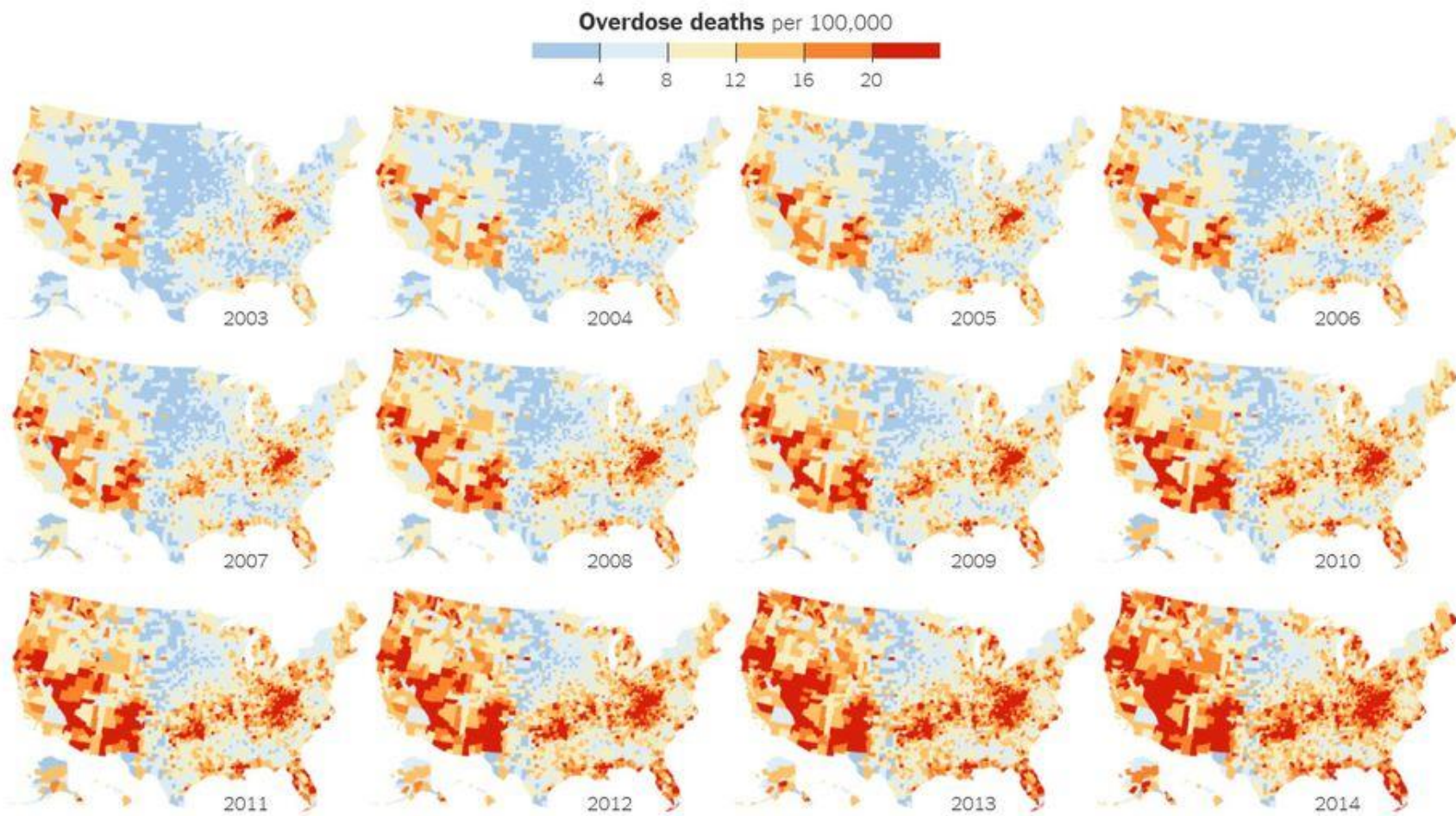


*Estimate based on preliminary data

Drugs Involved in U.S. Overdose Deaths, 1999 to 2017



US Overdose Deaths, 2003-2014



Four Pillar Approach to Drug Policy

- Prevention (primary and secondary)
- Harm reduction
 - Syringe exchange
 - Narcan distribution
- Treatment
 - Detoxification
 - Medication assisted treatment (MAT) – ORT, naltrexone
 - Outpatient / Intensive Outpatient with/without MAT
 - Residential / Inpatient with/without MAT
- Law Enforcement – alternatives to incarceration
- ❖ “Wraparound Services”: insurance, medical care, employment, transportation, food security, legal, family counseling, social work, safe housing, safety concerns, etc.

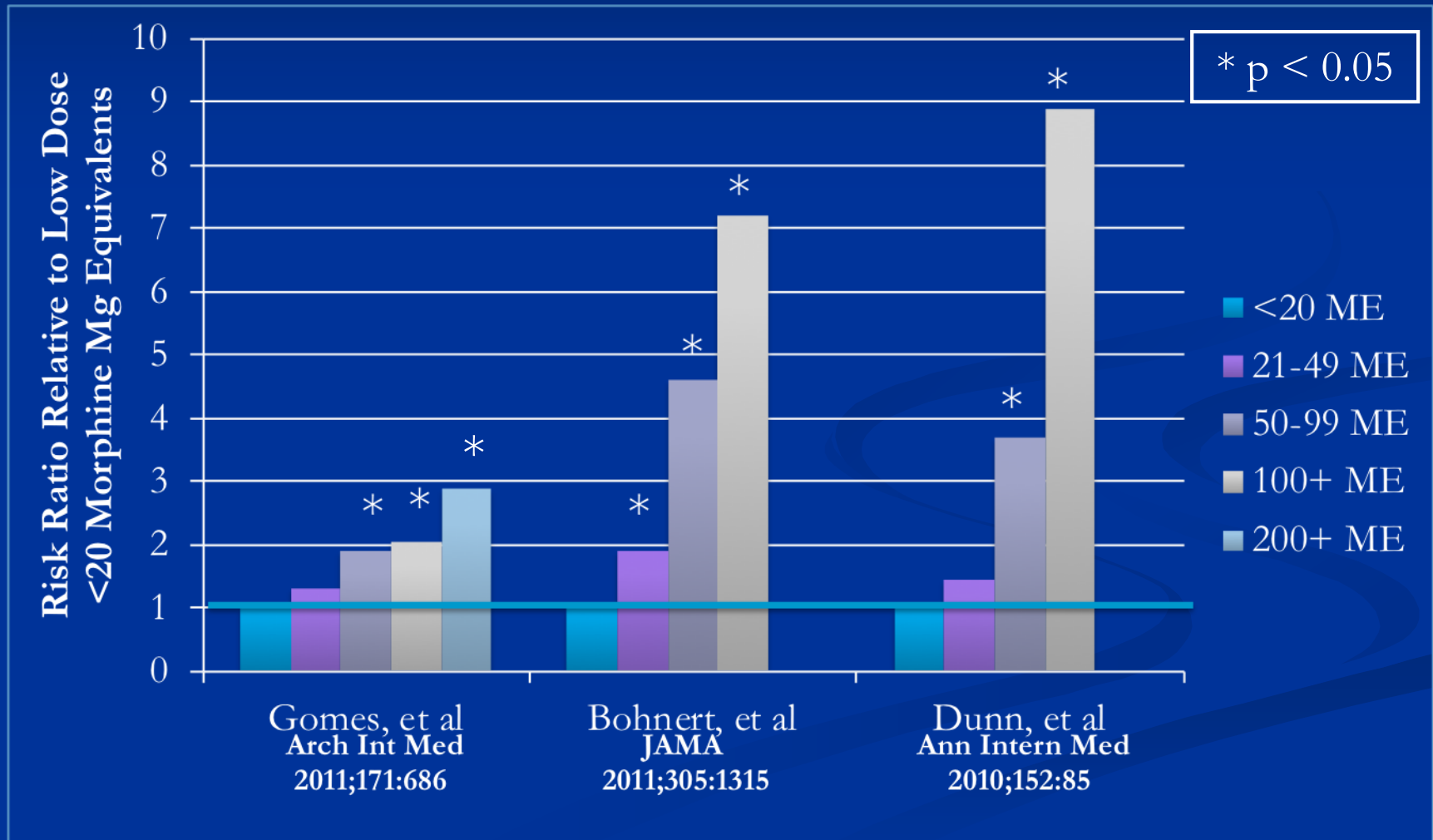
Types of Pain Patients

- Acute – new onset from injury, surgery, dental work, migraine HA, sickle cell crisis, others
- Chronic pain, no opioids, acute exacerbation – low back or neck pain, work injury, arthritis, same as acute above for something unrelated to source of chronic pain
- Chronic non-cancer pain on long-term opioids – pain management difficult including controlling opioid use, poor quality of life, hyperalgesia

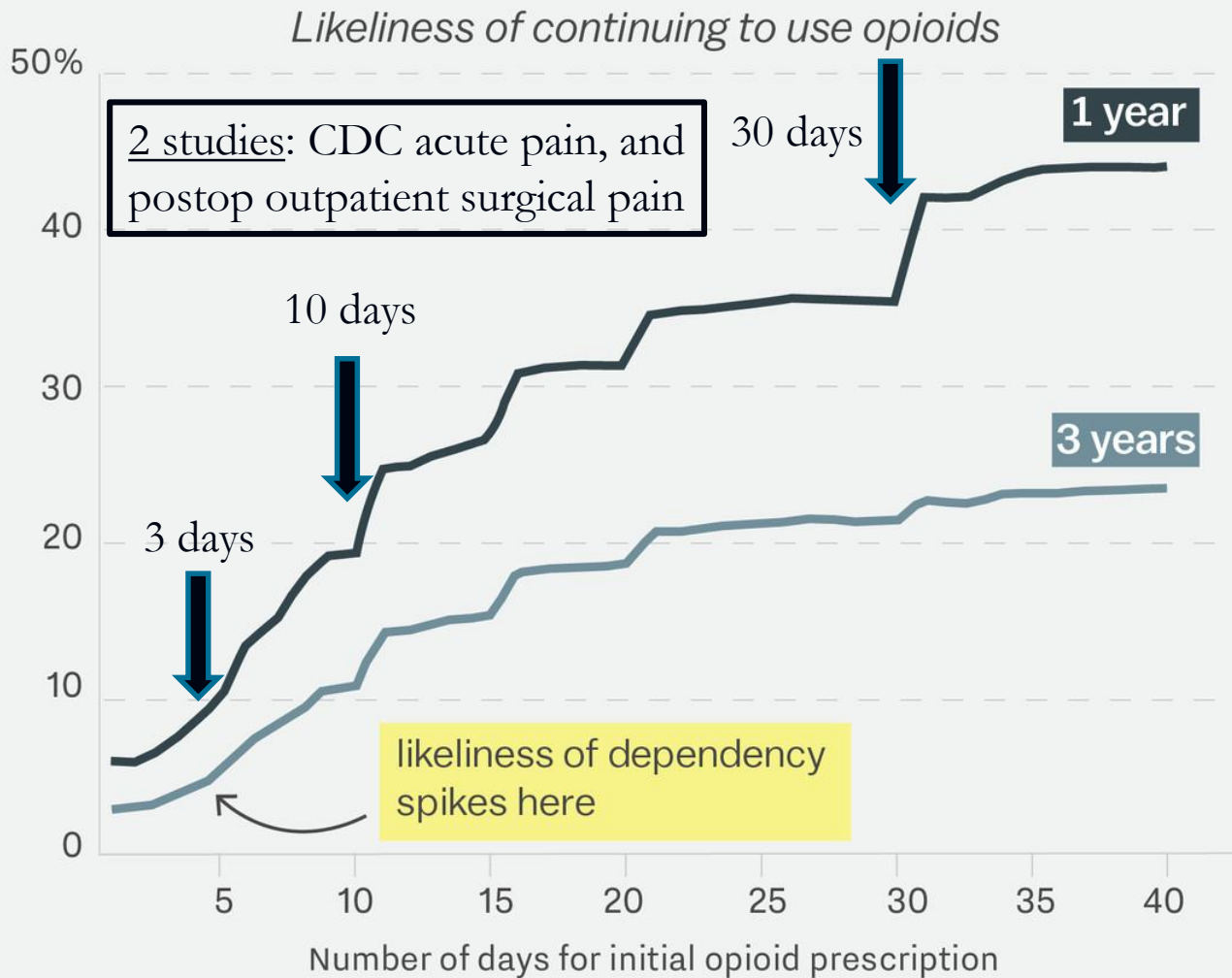
Negative Consequences of Chronic Opioid Use

- **More than half of patients on chronic pain opioid therapy for 90 days will still be on at 5 years.**
 - Martin BC et al. *J Gen Intern Med* 2011;26:1450-57
- In elders (average 81 years), pts on long-term opioids have 5 times the risk for hip fracture for those on anti-inflammatories
 - Miller M, et al. *J Am Geriatr Soc.* 2011;59:430-8.
- Patients that are on opioids for >7 days after acute low back injury have twice the chance of being on disability after one year
 - Franklin GM, et al. *Spine* 2008;13:199-204.
- 1/3 of patients on opioids for greater than 2 months begin to show signs of dependence or addiction
- Multiple studies show increased OD risk with increasing dose beginning at 50 mg equivalents morphine

Dose-related Overdose Risk Among Non-CA Chronic Pain Patients Prescribed Opioids



Risk of continued opioid use increases at 4-5 days



Source: Centers for Disease Control and Prevention

Vox

Costs of Opioid Use Disorder (OUD)

- The mean annual direct health care costs for patients who develop OUD are 8.7 times higher than patients do not become opioid-addicted
 - Reutsch C. *J Manag Care Pharm* 2010;16:S9.
- The average per capita annual health care costs for commercially insured people with OUD in the US early 2000's was nearly \$16,000 for people with OUD compared with \$1,800 for people without OUD
 - Strassels Sa. *J Manag Care Pharm* 2009;15:556.

Multidisciplinary Integrative Approach to Pain Management to Prevent OUD

- Creates SYNERGY of pain relief
- Reduces or eliminates the need for opioids in both acute and chronic pain (not on opioids)
 - Primary Goal: NO OPIOIDS
 - Secondary Goal: No more than 3 days of opioids
- Decreases the risk of acute opioid use becoming chronic opioid use
- Reduces the risk for development of Opioid Use Disorder and its complications

Commercial Insurance Coverage

	Calendar Year; must be Medically Necessary.)	
<i>Autism Spectrum Disorder (Habilitative)</i>	PCP ³	\$25 office visit Copayment ⁵
	Specialist ³	\$45 office visit Copayment ⁵
	Outpatient Physical Therapy ³	\$45 office visit Copayment ⁵
	Outpatient Speech Therapy ³	\$45 office visit Copayment ⁵
	Applied Behavioral Analysis (ABA)	\$45 office visit Copayment ⁵
	<i>Diagnosis and Treatment for all children up to age 19 or up to age 22 if still attending high school.</i>	
<i>Other Services</i>	Biofeedback (for specified medical conditions only)	\$45 office visit Copayment ⁵
	Cardiac or pulmonary rehabilitation	\$45 office visit Copayment ⁵
	Chemotherapy and/or radiation therapy	No Copayment in Physician's office
	Chiropractic (Combined annual limit of 25 visits) ⁴	\$45 office visit Copayment ⁵
	Acupuncture (Combined annual limit of 25 visits) ⁴	\$45 office visit Copayment ⁵
	Naprapathic Services (\$500 Calendar Year max) ⁴	\$50 office visit Copayment ⁵
	Dental services (for specified medical conditions only)	

Medicaid Coverage

	Calendar Year; must be Medically Necessary.)	
<i>Autism</i>	PCP ³	\$25 office visit Copayment ⁵
<i>Spectrum</i>	Specialist ³	\$45 office visit Copayment⁵
<i>Disorder</i>	Outpatient Physical Therapy³	\$45 office visit Copayment⁵
<i>(Habilitative)</i>	Outpatient Speech Therapy³	\$45 office visit Copayment⁵
	Applied Behavioral Analysis (ABA)	\$45 office visit Copayment ⁵
	<i>Diagnosis and Treatment for all children up to age 19 or up to age 22 if still attending high school.</i>	
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RECOMMENDATIONS

- Legislation: Require coverage without annual limits in all Medicaid, Commercial, Medicare Advantage and NM Exchange insurance plans of naprapathic medicine, chiropractic care, acupuncture, physical and occupational therapy; create one month *pain management episodes* with only one initial copay allowing 2-3 treatments per week
- Increase the BHSD budget by at least 10 times, having the Director appoint a Deputy Director for Substance Use Disorders to allow expansive prevention, harm reduction and treatment services, and recruitment of behavioral health professionals to the state (with incentives such as student loan payback)

The NM Vicious Employment Cycle

Large Corporations Avoid
Setting Up Shop in New Mexico

Health Insurance
Too Costly

Deficient
Workforce

- High Rates of Inadequately Treated BH Disorders
 - Poor Public Health Ratings
 - Low Education Standards

Thank You!

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