Maine Quality Counts
Caring for ME: Supporting Maine Clinicians to Improve Safe Opioid Prescribing and Addiction Treatment
Final Report

Report prepared by Maine Quality Counts
Questions about the report can be sent to
Caringforme@mainequalitycounts.org

July 2017

Overview

Maine Quality Counts received funding from the Maine Health Access Foundation (MEHAF) for the Caring for ME: Supporting Maine Clinicians to Improve Safe Opioid Prescribing and Addiction Treatment from October 2016 to April 2017.

QC accomplished three overarching objectives in this project:

- Engage Maine health systems and provider organizations to take a more active role in addressing the opioid epidemic;
- Provide education and support to improve the safety of opioid prescribing in compliance with Maine Public Law Chapter 488; and
- Promote access to Medication Assisted Treatment (MAT) services in primary care settings.

In an effort to engage health systems and provider organizations, QC undertook two initiatives to gauge current compliance with Maine prescribing regulations and state-wide capacity for MAT, including any current efforts to expand or support additional capacity. The first was an online survey that was sent to over 200 individual practices. This survey was designed specifically for primary care practices as part of the overall assessment activities to better understand existing accomplishments, efforts and resources, as well as gaps, barriers and challenges across the full spectrum of action, from addiction prevention and chronic pain management to treatment and harm reduction.

The goal of these assessment efforts was to develop a better common understanding of how to build MAT capacity, improve the safety of opioid prescribing in compliance with PL Ch. 488 and move forward in actively addressing the opioid epidemic. QC received 72 responses to this survey from a variety of practices across all 16 Maine counties, exceeding the original goal of 50 responses. The detailed results of this survey are included as an attachment to this report.

The second initiative supported both the goal of engagement, as well as the goal of promoting and supporting MAT services in a primary care setting. QC staff conducted interviews of 14 health system leaders/leadership teams. These were conducted using a combination of in-person and virtual meetings using a standard set of questions, although respondents were not required to answer every question. The interview consisted of a list of 35 questions covering the spectrum of activity from management of patients with chronic pain, safe and appropriate opiate prescribing, and compliance with prescribing laws to provision of treatment for patients with substance use disorder. This exceeded the original goal of 8-10 site visits.

Lisa Letourneau, MD, Executive Director of Maine Quality Counts (QC) was actively involved in the health system interview activity for this project. Her term at QC ended on December 31, 2016. She was replaced by Erik Steele, DO, Interim Executive Director. Dr. Steele participated in the remaining health system interviews and strategic planning activities in place of Dr. Letourneau through the end of the grant period. The interview results were compiled by the QC Caring for ME Project Manager, Karyn Wheeler.

The results of these interviews supported the findings from the primary care survey in terms of identifying bright spots as well as challenges and barriers, both in complying with new prescribing regulations and also in terms of providing MAT and expanding the capacity for MAT in Maine.

CARING FOR ME HEALTH SYSTEM AND PROVIDER ORGANIZATION INTERVIEWS

SUMMARY OF RESULTS

OVERVIEW

14 Total Interviews were conducted between December 1, 2016 and January 31, 2017. Interviewees included:

1. EMMC Residency Program
2. Intermed
3. Health Access Network
4. MaineHealth
5. Central Maine Health Care
6. Penobscot Community Health Center
7. Eastern Maine Health System
8. Inland Hospital
9. The Aroostook Medical Center
10. MaineGeneral
11. Mercy Hospital
12. Acadia Hospital
13. Health Reach Health Center
14. Mid-Coast Hospital

Interviews were conducted by Maine Quality Counts staff using a standard set of questions, although respondents were not required to answer every question. The interview consisted of a list of 35 questions covering the spectrum of activity from management of patients with chronic pain, safe and appropriate opiate prescribing, and compliance with prescribing laws to provision of treatment for patients with substance use disorder.

Overall, the results showed extensive work being done around compliance with both Ch. 21 and 488 requirements. Most of the groups reported excellent progress in tapering their patients and the vast majority had workflows, policies and procedures around Ch. 21 and 488 either already in place or nearly ready to be rolled out to providers.

The biggest topics of concern and opportunity were all in the area of screening for and treatment of substance use disorder, in particular:

- Insufficient capacity for medication assisted treatment with limited plans to expand capacity
- Aware of significant unmet need for treatment within their patient populations and their wider communities but lacking the resources to meet that need
- Not currently tracking the need either internally or externally as the population does not lend itself to waiting lists.

The initial questions were all focused on the degree of consistency within the organization and their current progress in complying with Maine prescribing laws, including administrative rule Chapter 21 and Maine Public Law Chapter 488.

The results indicated that more than half of the organizations had some policies and protocols in place that offered at least general guidance on safe and complaint prescribing practices. The majority of the respondents had protocols concerning training, use and regular checks of the PMP and 86% of the respondents were partially or fully compliant with both Chapter 21 and Chapter 488.

SUMMARY

The interview results were surprisingly clear and consistent across all of the respondents. The answers make very clear that organizations state-wide have brought significant resources and attention to bear on the issue of Chapter 488 compliance and the associated processes and workflows. Great strides have been made toward compliance and plans are being developed or are already in place to close the gap on the remaining requirements.

The second half of the interview focused on medication assisted treatment and related processes. The results of these questions clearly showed a greater need for support and resources and that significantly less progress was being made than in the areas of safe prescribing and compliance with prescribing laws.

More than half of the respondents had no way of knowing how many providers were waivered to prescribe buprenorphine within their organization or if they were actively prescribing. In at least 3 of the cases where the respondent answered yes they had a way to track the number of patients receiving buprenorphine, it was because no one within their organization was actively prescribing.

The next set of questions focused on the demand for MAT within their practice and their service area. Without exception, the respondents indicated that they believed there was significant unmet demand for these services; however, only two of the respondents had any sort of formal waiting list or tracking mechanism.

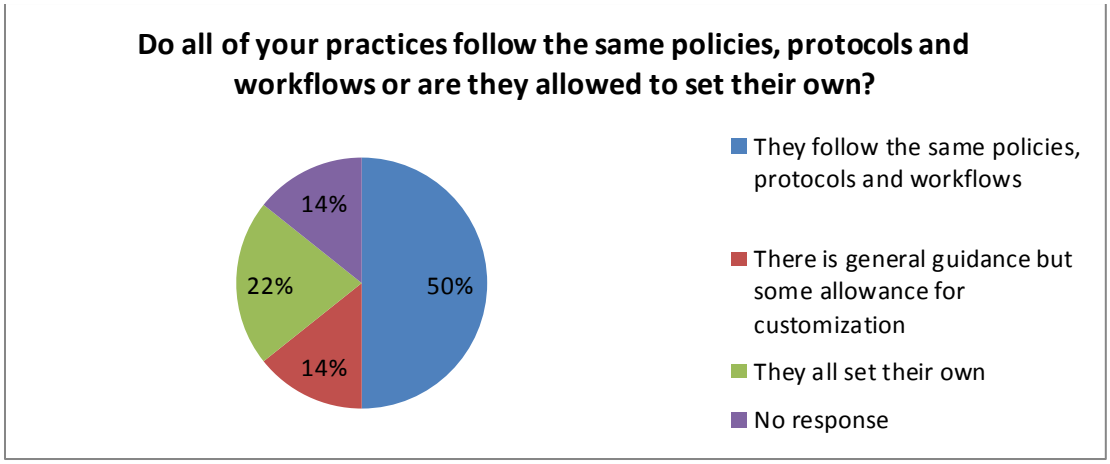
By far the most significant area of opportunity for improvement remains the diagnosis and treatment of substance use disorder. As patients are tapered down to dosages under 100 Morphine Milligram Equivalents (MMEs), a significant risk of unintended consequences for patients who are affected by the prescribing changes and medication limits becomes apparent. With demand for behavioral health services and medication assisted treatment far outstripping the capacity for those services in most areas, patients and providers are often left with few options.

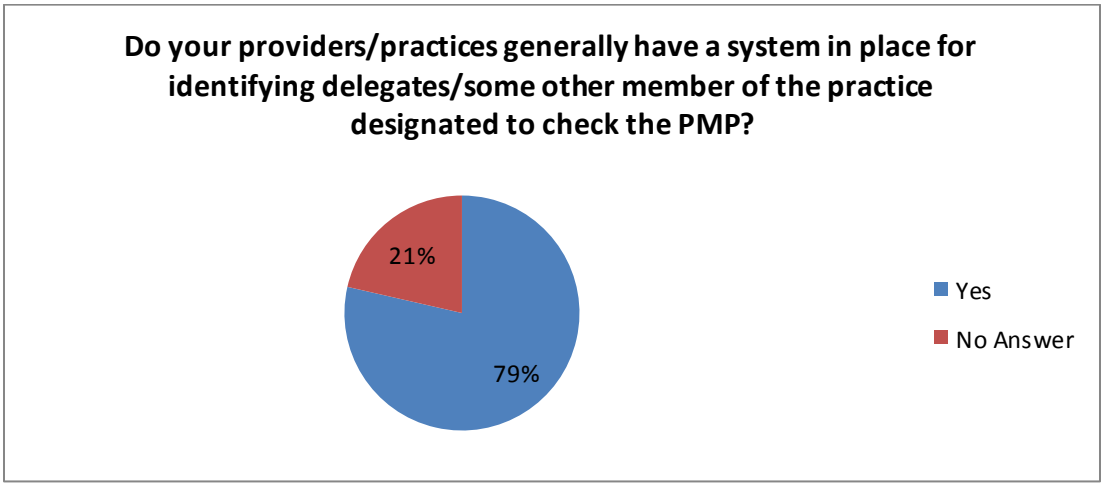
Based on the responses received, there are significant challenges and barriers that have contributed to this limited capacity for treatment in the primary care setting, including:

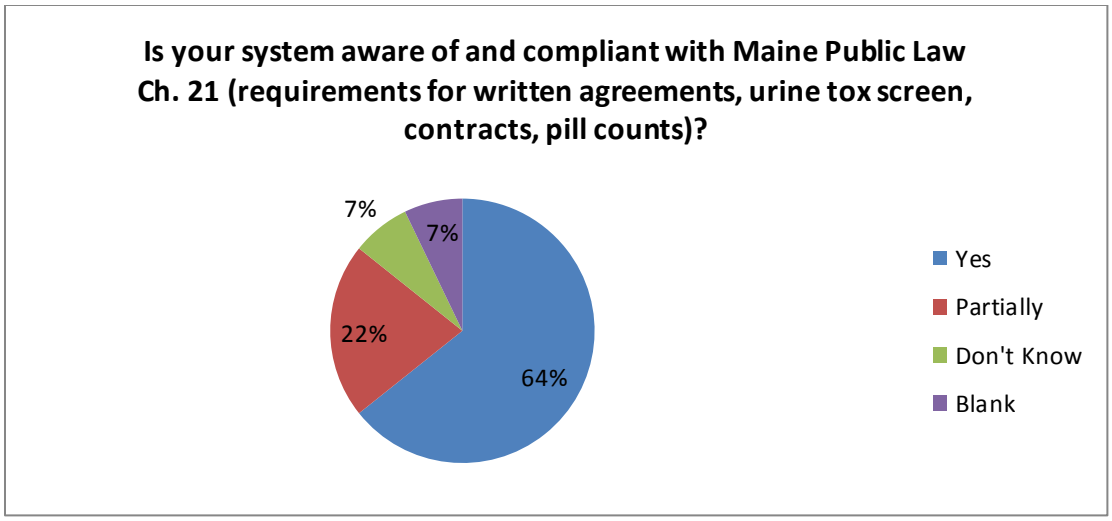
- Lack of behavioral health support for patients and providers
- Lack of resources within the community to support patients with SUD
- Difficulty in distinguishing between physical dependence and SUD and lack of clarity around appropriate treatments for dependence vs. SUD
- Need for additional internal and external resources for patients that require a higher level of care, including, but not limited to:
    - Referral resources for patients that relapse or are not stable and require a higher level of care
    - Providers trained and given the resources to either perform inductions in a primary care setting, or the ability to refer patients to a specialty resource for induction and stabilization
    - Behavioral health support for underlying trauma and mental/behavioral health conditions that are uncovered during treatment/taper
- A lack of provider interest and/or confidence in providing complicated MAT services
- Lingering stigma surrounding SUD and patients with SUD
- Administrative concerns that asking providers to provide MAT will exacerbate provider burn out and high turnover rates (the idea that it's, "just one more thing.")

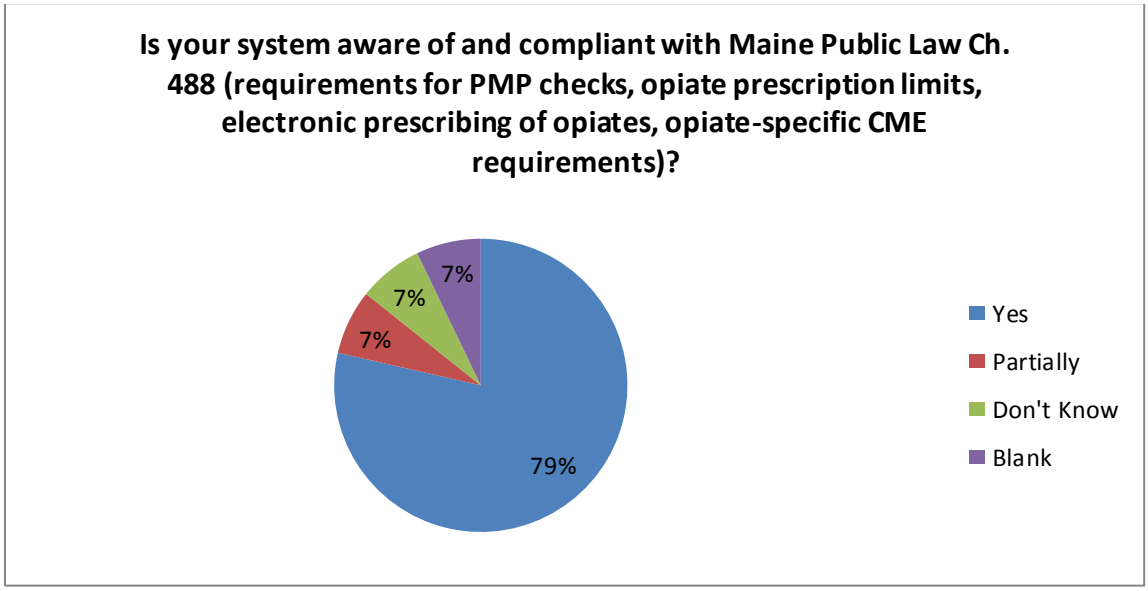
When asked what supports or training would be helpful in addressing these challenges, there were several themes:

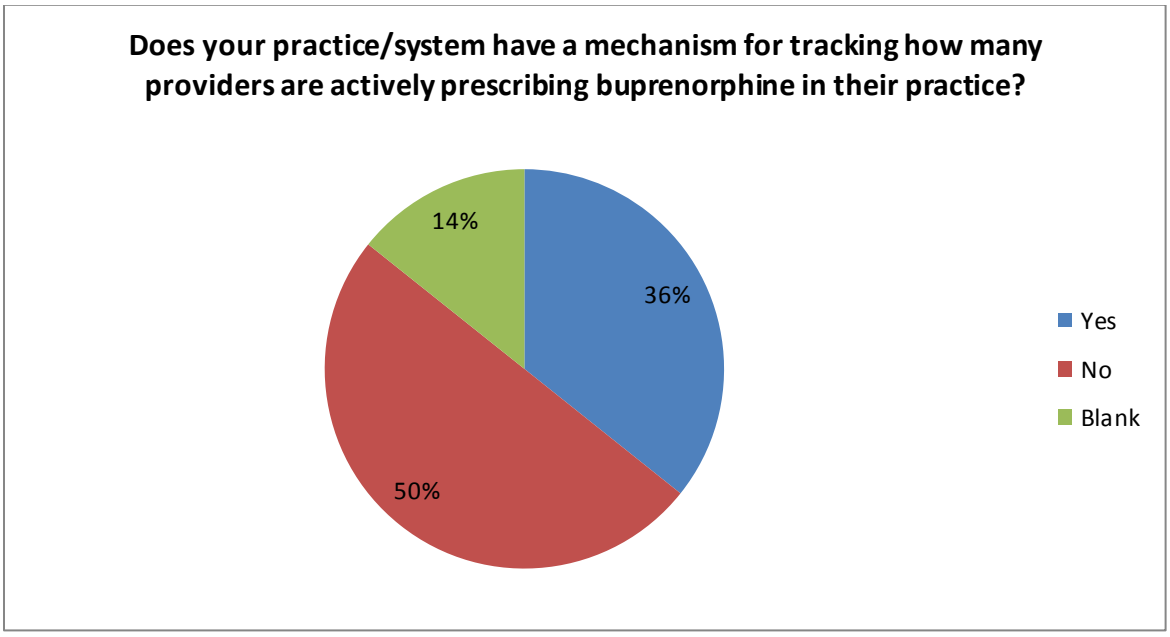
- Training on treatment of special populations (pregnant women, elderly, etc.)
- Support in providing alternative treatments for patients with chronic pain and/or unable to pay for alternative treatments
- A catalog of available resources by geographic and topical area, i.e. an easy place to look up available services. For example, to search for "acupuncture in York County"
- Peer coaching and mentoring
- Development of best practices and a payment model that would support best practices, including the integration of behavioral health
- Support for systems and organizations serving a high number of uninsured/underinsured patients
- Training on how to screen for use disorder and how to treat dependence vs. use disorder
- Practical, hands-on training and resources for how to have difficult conversations and manage complicated treatment modalities

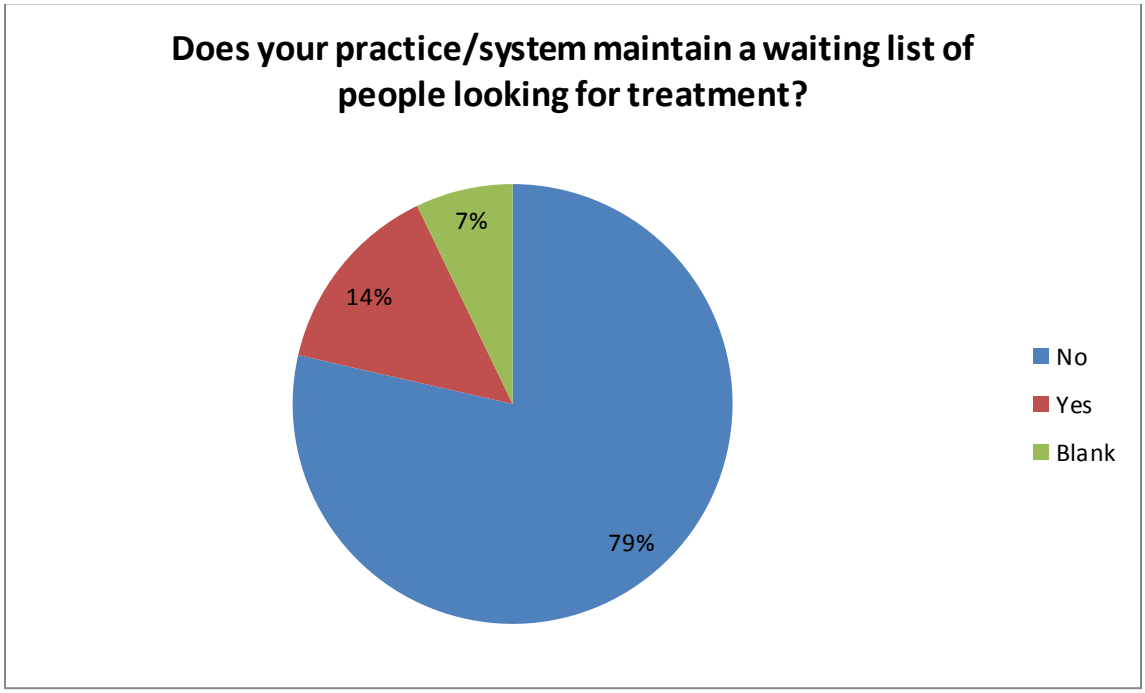





Is your system aware of and compliant with Maine Public Law Ch. 21 (requirements for written agreements, urine tox screen, contracts, pill counts)?
7%
7%
22%
64%
Yes
Partially
Don't Know
Blank


Is your system aware of and compliant with Maine Public Law Ch. 488 (requirements for PMP checks, opiate prescription limits, electronic prescribing of opiates, opiate-specific CME requirements)?
7%
7%
7%
79%
Yes
Partially
Don't Know
Blank


Does your practice/system have a mechanism for tracking how many providers are actively prescribing buprenorphine in their practice?
14%
36%
50%
Yes
No
Blank


Does your practice/system maintain a waiting list of people looking for treatment?
7%
14%
79%
No
Yes
Blank

SUMMARY OF RESULTS

As part of the on-going Caring for ME initiatives, Maine Quality Counts (QC) is committed to engaging with primary care practices, health systems and provider organizations in an effort to address Maine's opioid epidemic. In addition to health system and provider organization interviews, QC circulated a practice survey to primary care practices in the State of Maine.

This survey was designed specifically for primary care practices as part of the overall assessment activities to better understand existing accomplishments, efforts and resources, as well as gaps, barriers and challenges across the full spectrum of action, from addiction prevention and chronic pain management to treatment and harm reduction.

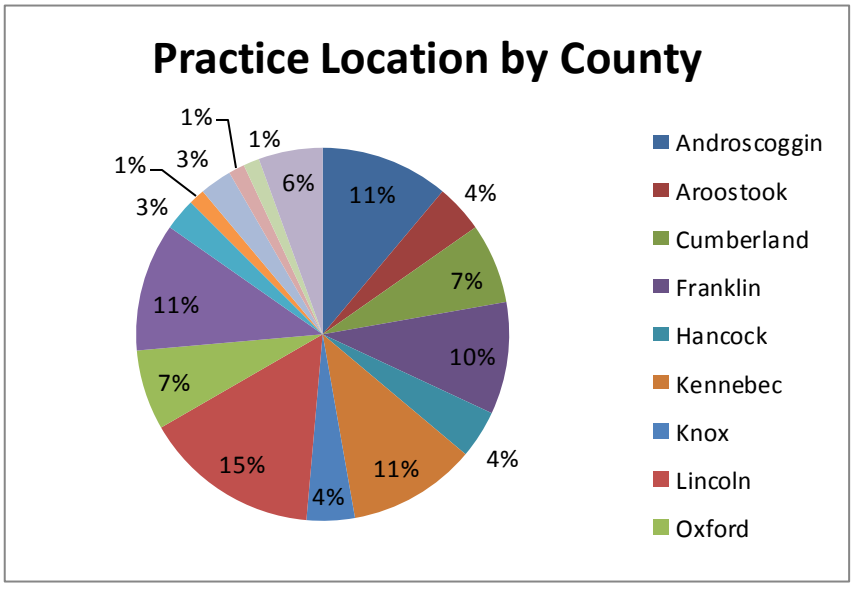
The goal of these assessment efforts is to develop a better common understanding of how to build MAT capacity, improve the safety of opioid prescribing in compliance with PL Ch. 488 and move forward in actively addressing the opioid epidemic.

QC received 72 responses to this survey from a variety of practices across all 16 Maine counties. The survey responses have been compiled and summarized in the following sections.

BACKGROUND INFO

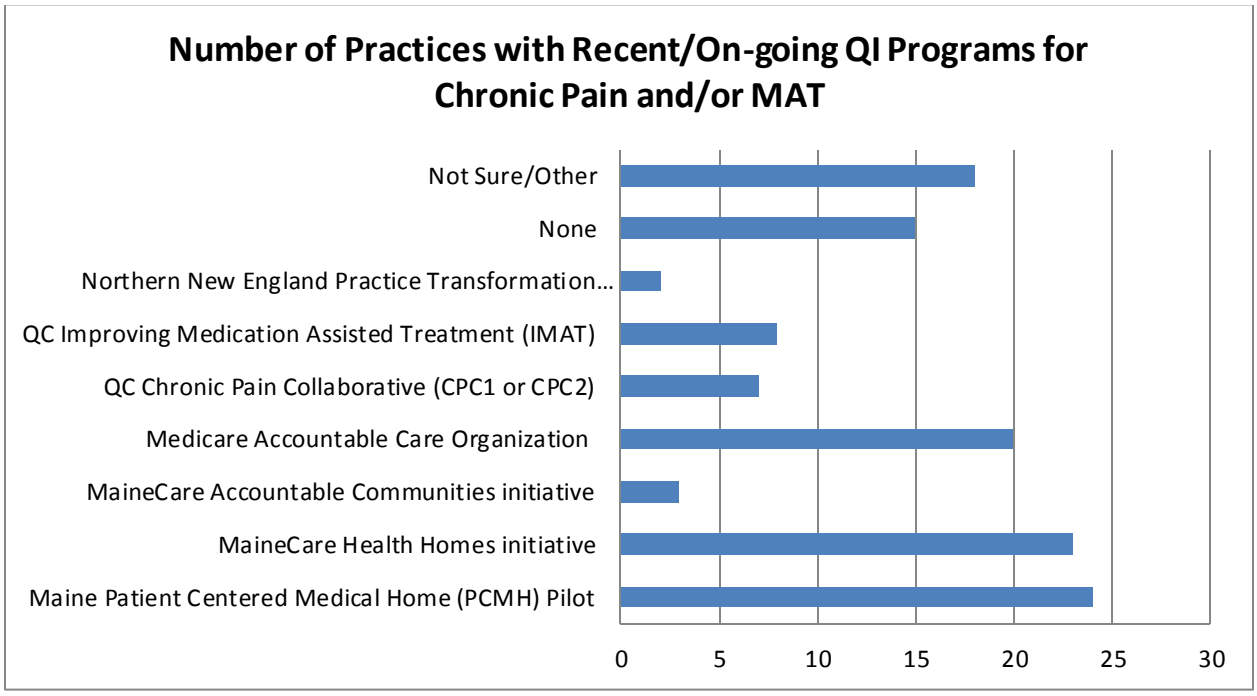
1. County in Maine that Practice is Located?

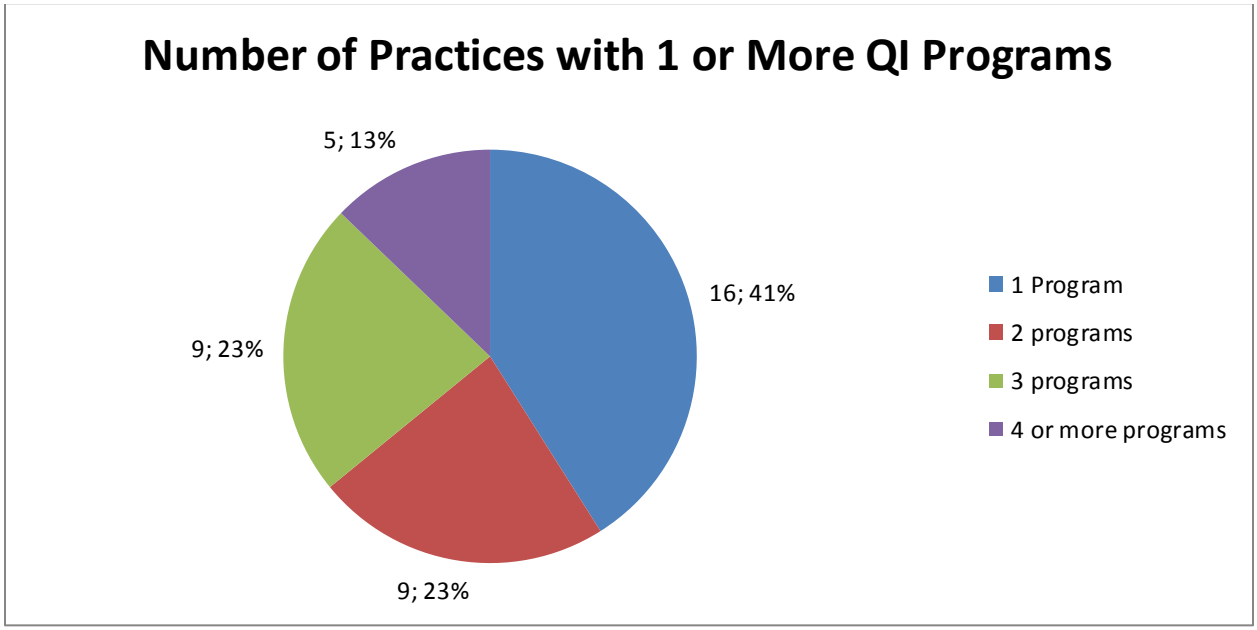
County	# of Responses
Androscoggin	8
Aroostook	3
Cumberland	5
Franklin	7
Hancock	3
Kennebec	8
Knox	3
Lincoln	11
Oxford	5
Penobscot	8
Piscataquis	2
Sagadahoc	1
Somerset	2
Waldo	1
Washington	1
York	4



2. Has your practice recently or does it currently participate in any formal primary care improvement initiative and/or improvement effort specific to improving chronic pain management and/or

offering Medication Assisted Treatment (MAT) for Opioid Use Disorder? (Practices were allowed to select more than one response.)



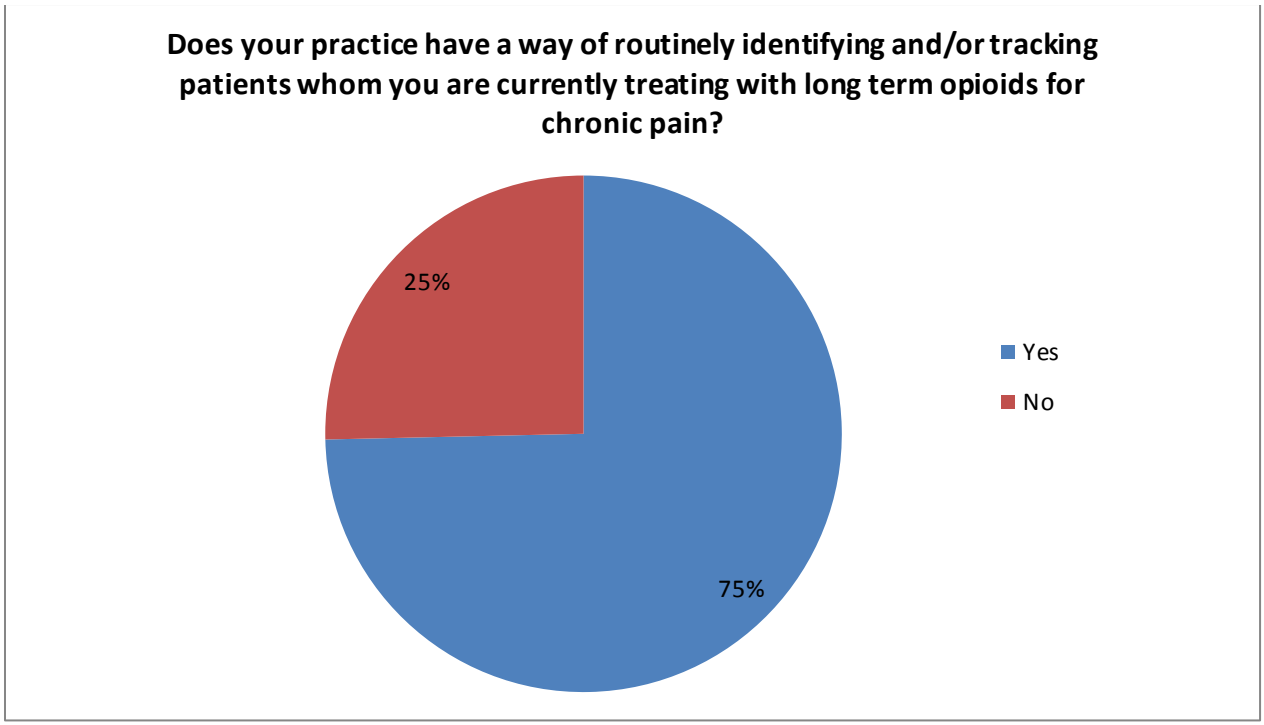


3. Number of Providers in Practice (MD, DO, NP, PA – full-time or part-time):

N/A

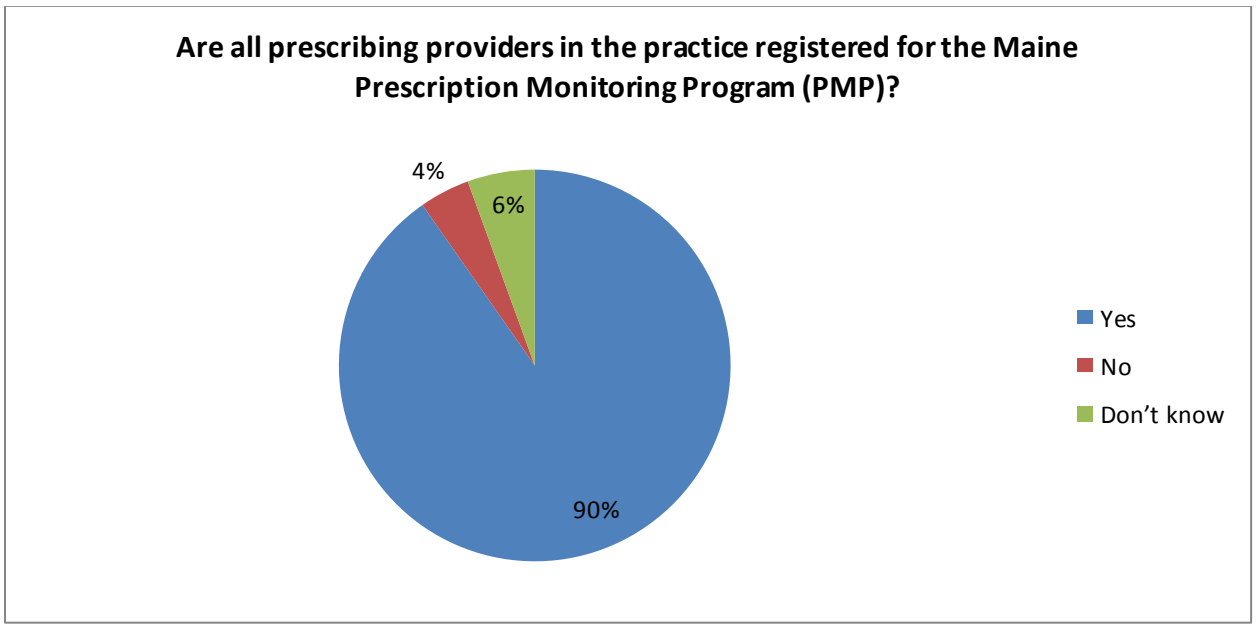
CHRONIC PAIN MANAGEMENT

4. Does your practice have a way of routinely identifying and/or tracking patients whom you are currently treating for chronic pain?

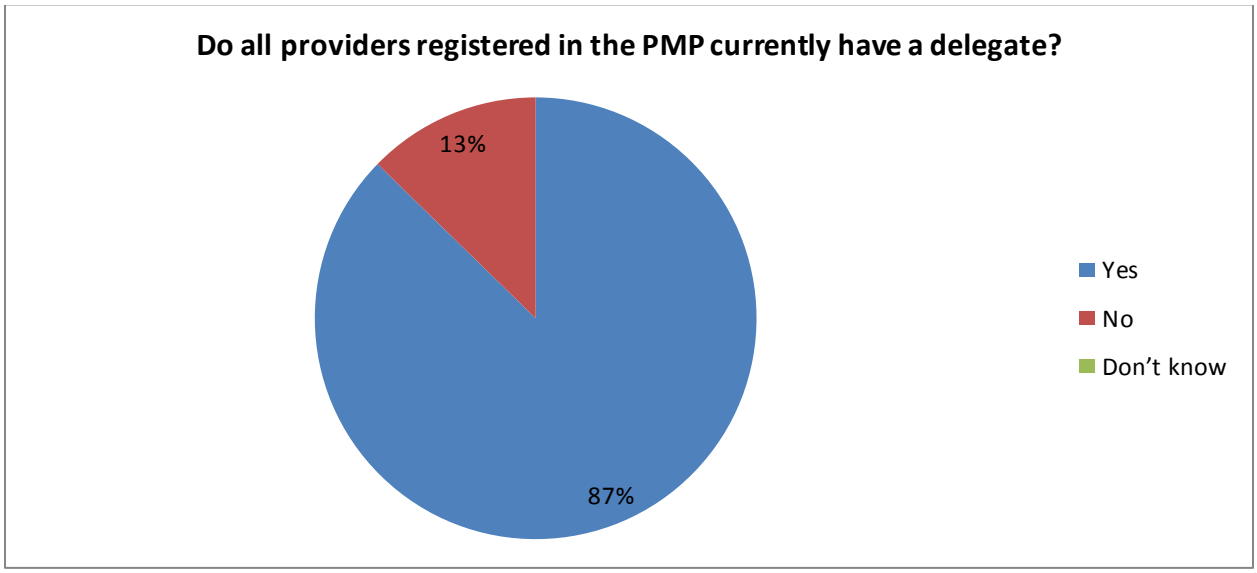


PRESCRIPTION MONITORING PROGRAM

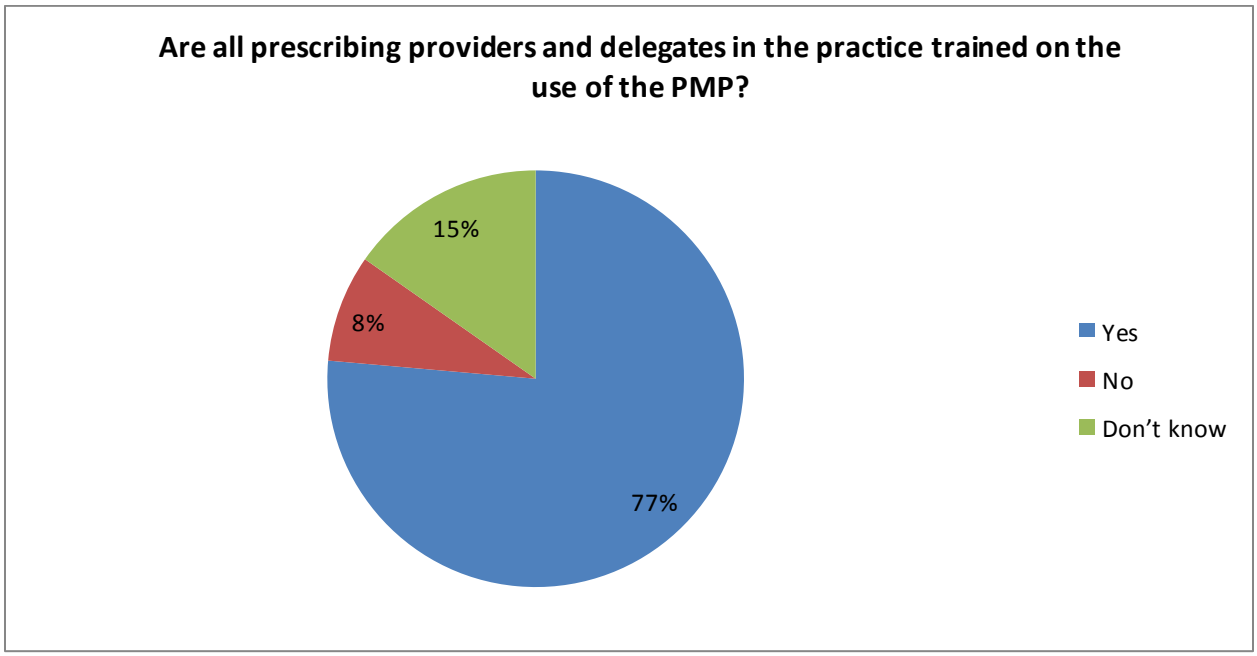
5. Are all prescribing providers in the practice registered for the Maine Prescription Monitoring Program (PMP)?



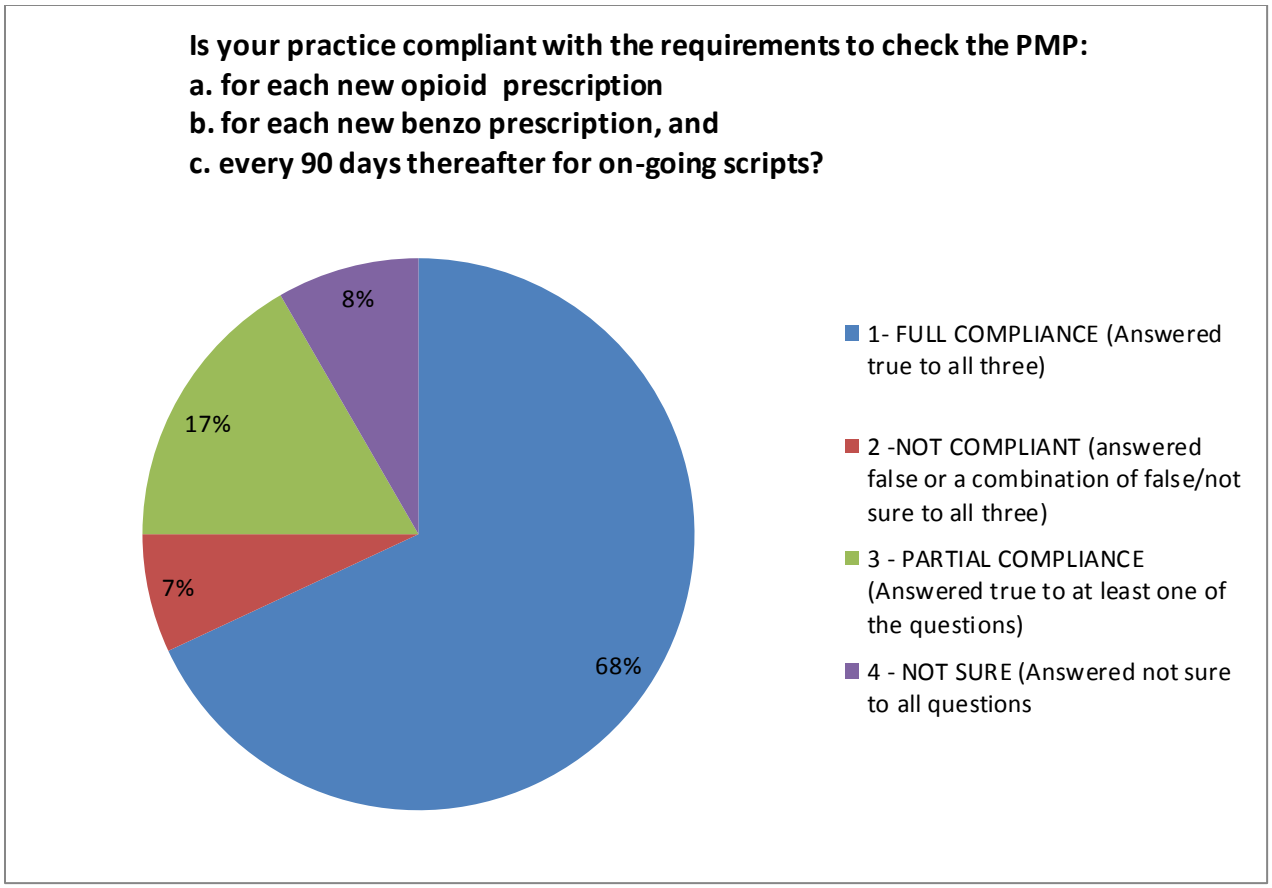
6. Do all providers registered in the PMP currently have a delegate (or delegates,) i.e., a non-prescribing member of the practice, assigned to check the system on their behalf?



7. Are all prescribing providers and delegates in the practice trained on the use of the PMP?

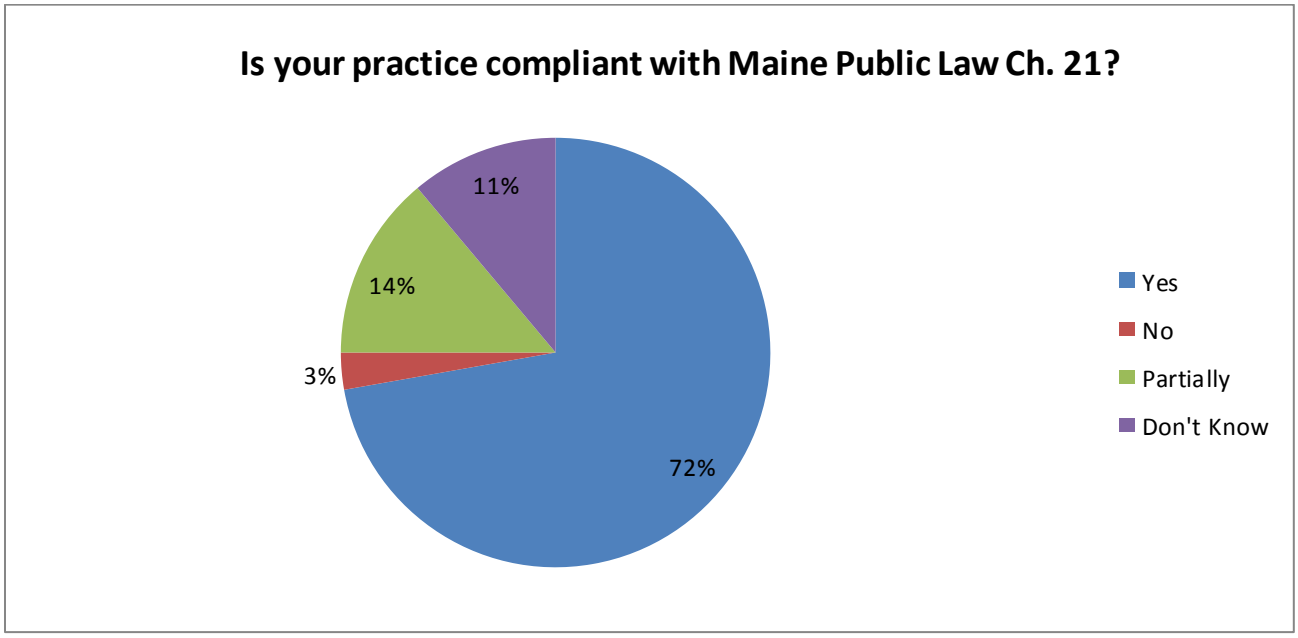


8. We have a standard protocol in place for the use of the Maine PMP, and our prescribers routinely check the PMP …
    A. Each time that a prescriber writes a new opioid prescription.
    B. Each time that a prescriber writes a new benzodiazepine prescription.
    C. Every 90 days for on-going opioid/benzodiazepine prescriptions.

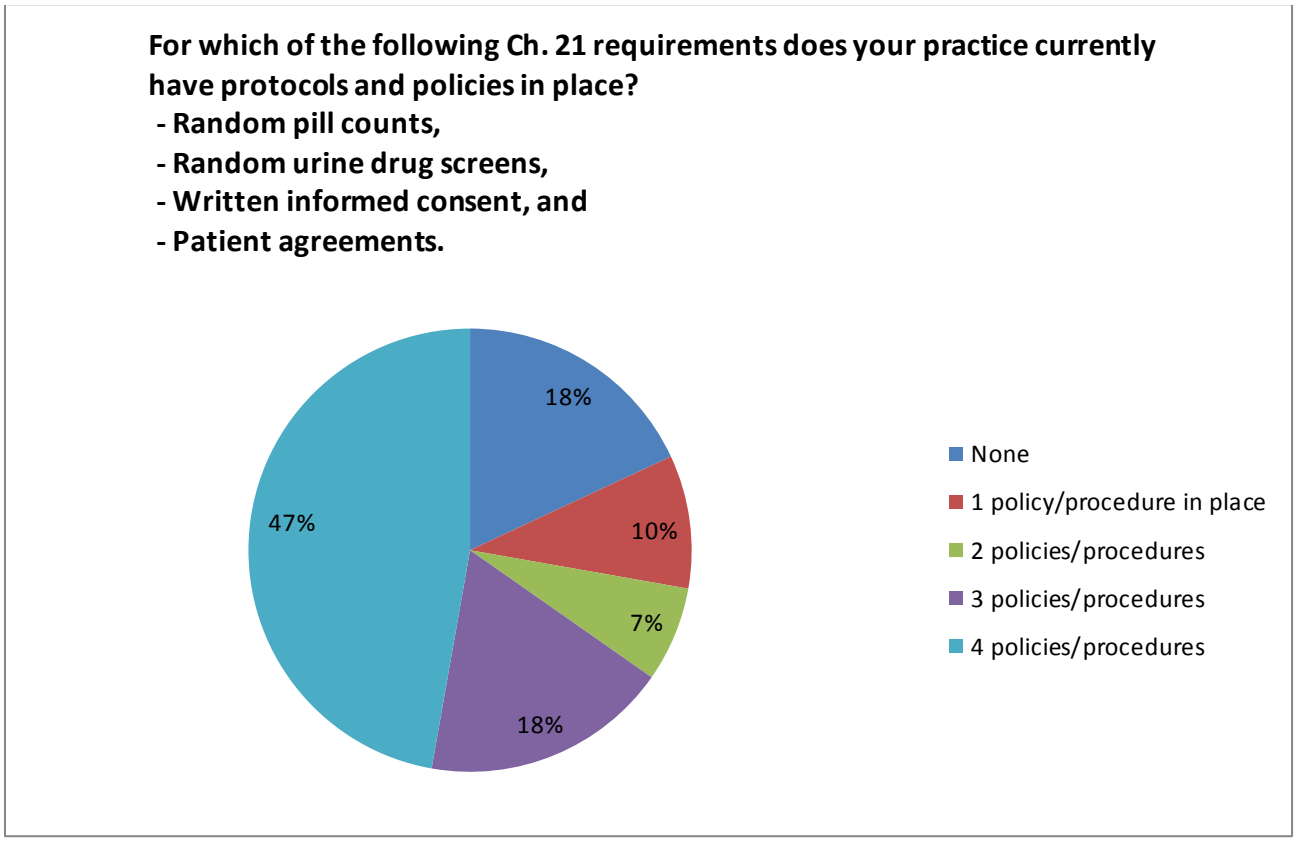


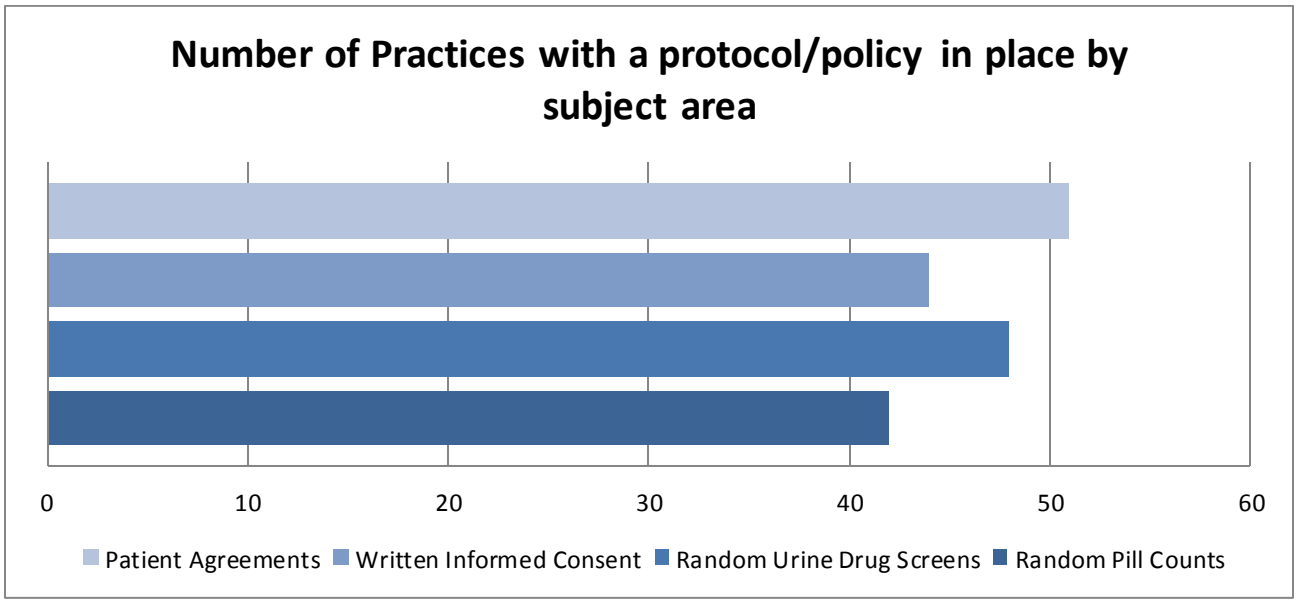
COMPLIANCE WITH MAINE LAW

9. Is your practice aware of and compliant with Maine Public Law Ch. 21? (i.e. Board of Licensure in Medicine requirements for standards of care for patients being treated with controlled substances, such as use of written agreements, urine tox screen, pill counts, etc.)

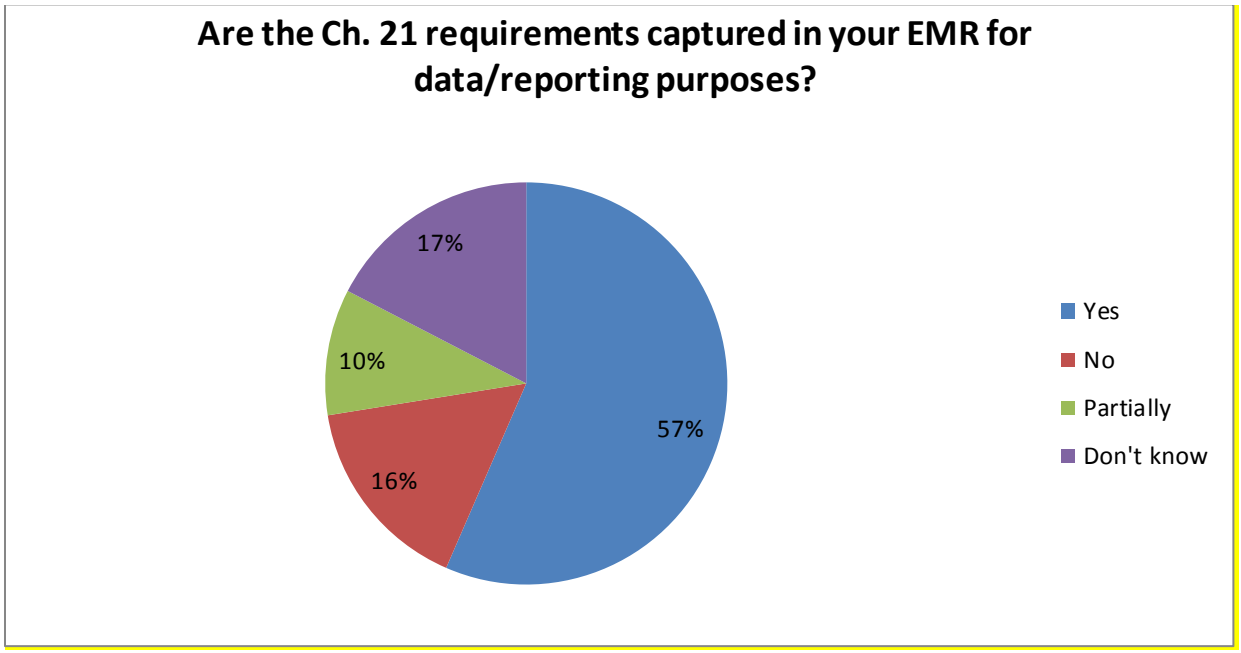


10. For which of the following does your practice currently have protocols and policies in place? (Practices were permitted to select more than one response.)

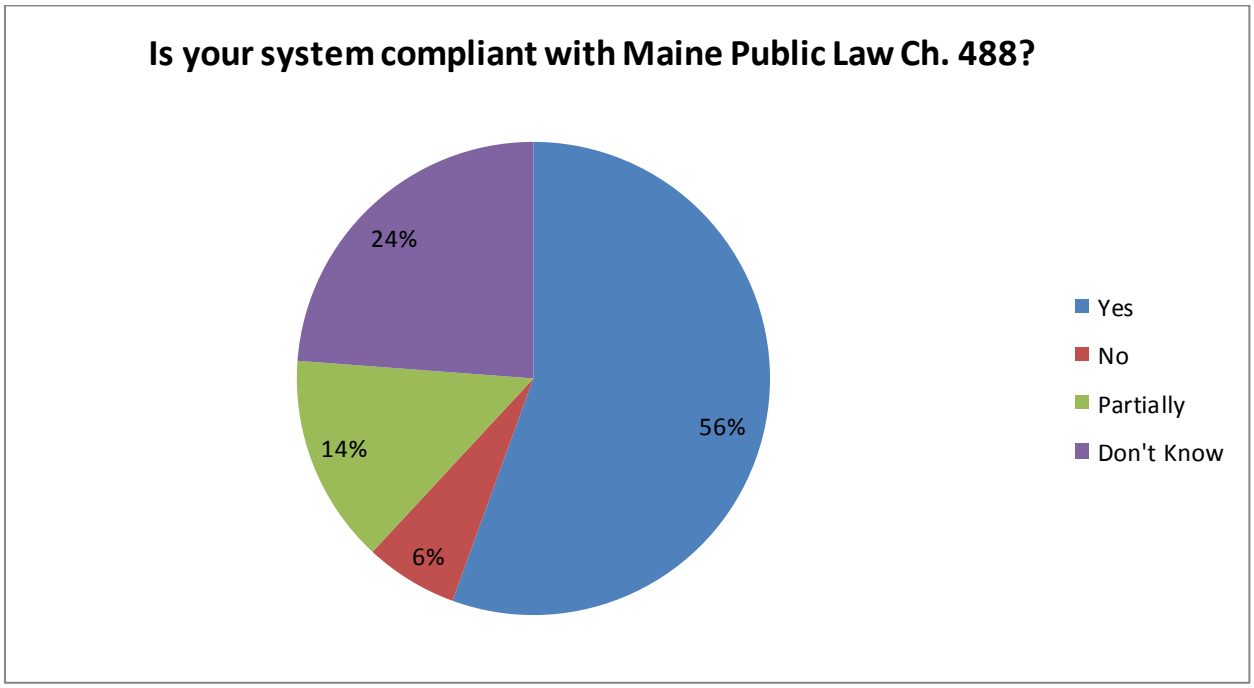




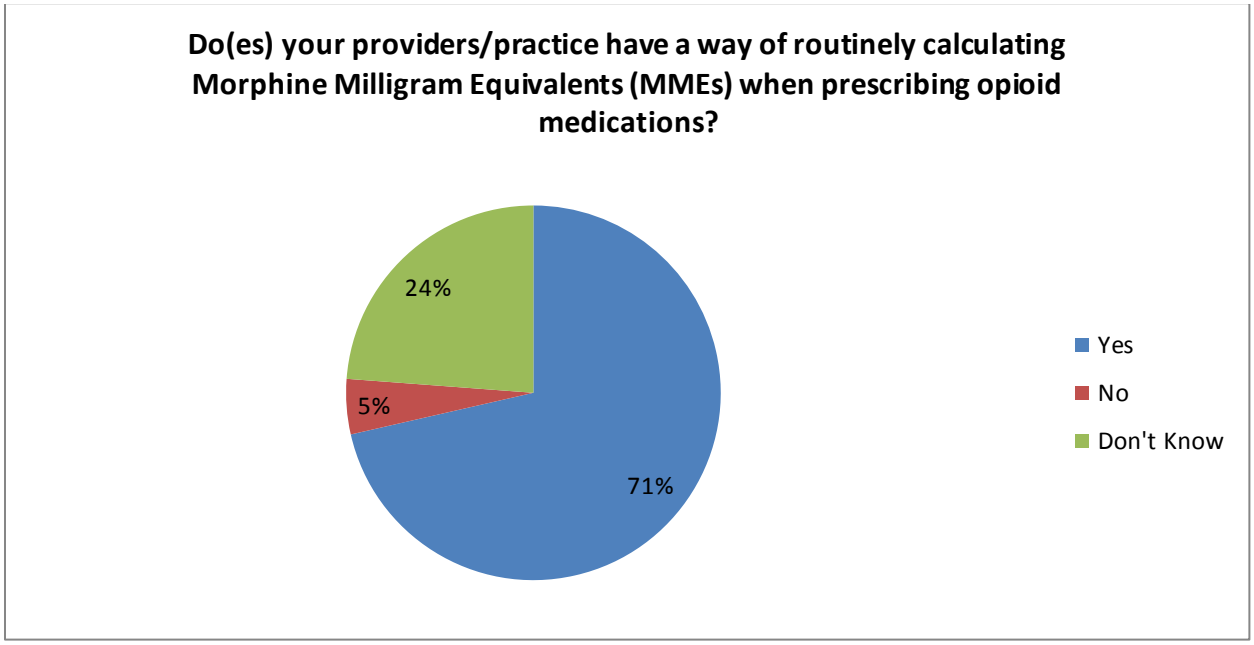
11. Are the Ch. 21 requirements (written agreements, urine tox screen, pill counts, etc.) captured in your EMR for data/reporting purposes?



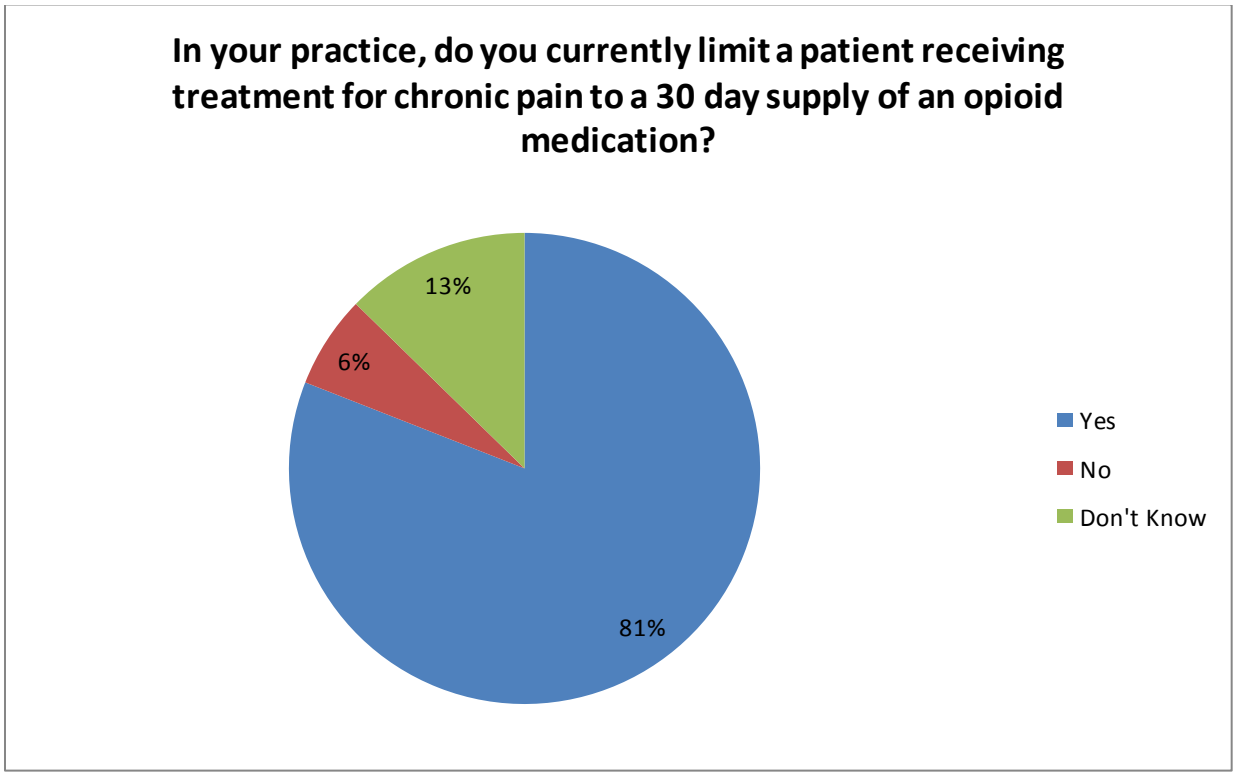
12. Is your system aware of and compliant with Maine Public Law Ch. 488 (requirements for PMP checks, opiate prescription limits, electronic prescribing of opiates, opiate-specific CME requirements)?

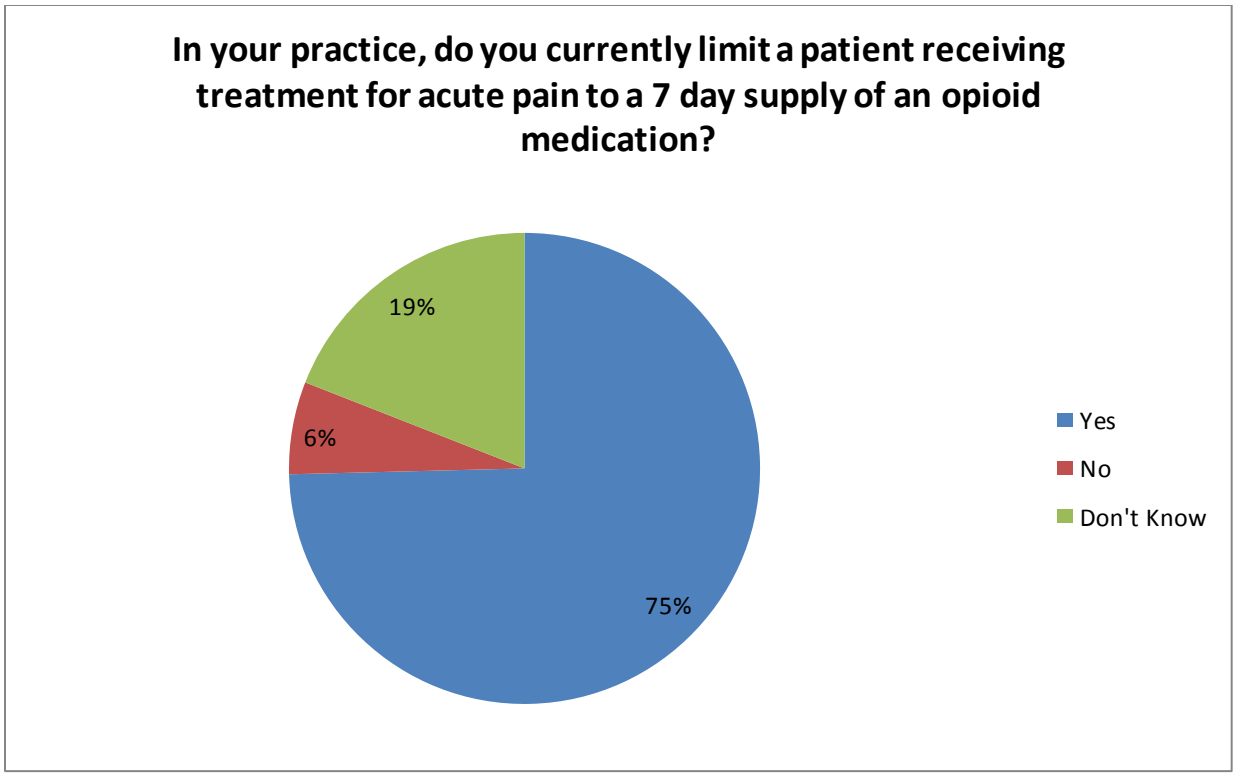


13. Do(es) your providers/practice have a way of routinely calculating Morphine Milligram Equivalents (MMEs) when prescribing opioid medications?

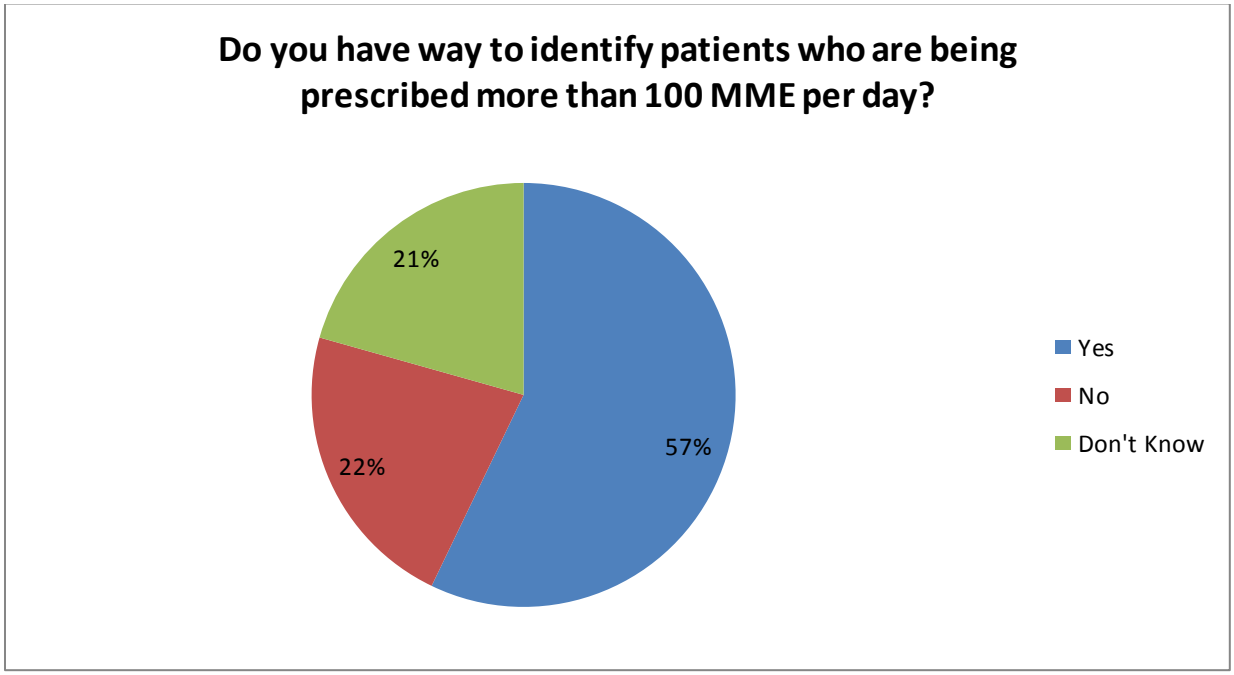


14. In your practice, do you currently limit:
    A. A patient receiving treatment for chronic pain to a 30 day supply of an opioid medication.
    B. A patient receiving treatment for acute pain to a 7 day supply of an opioid medication.

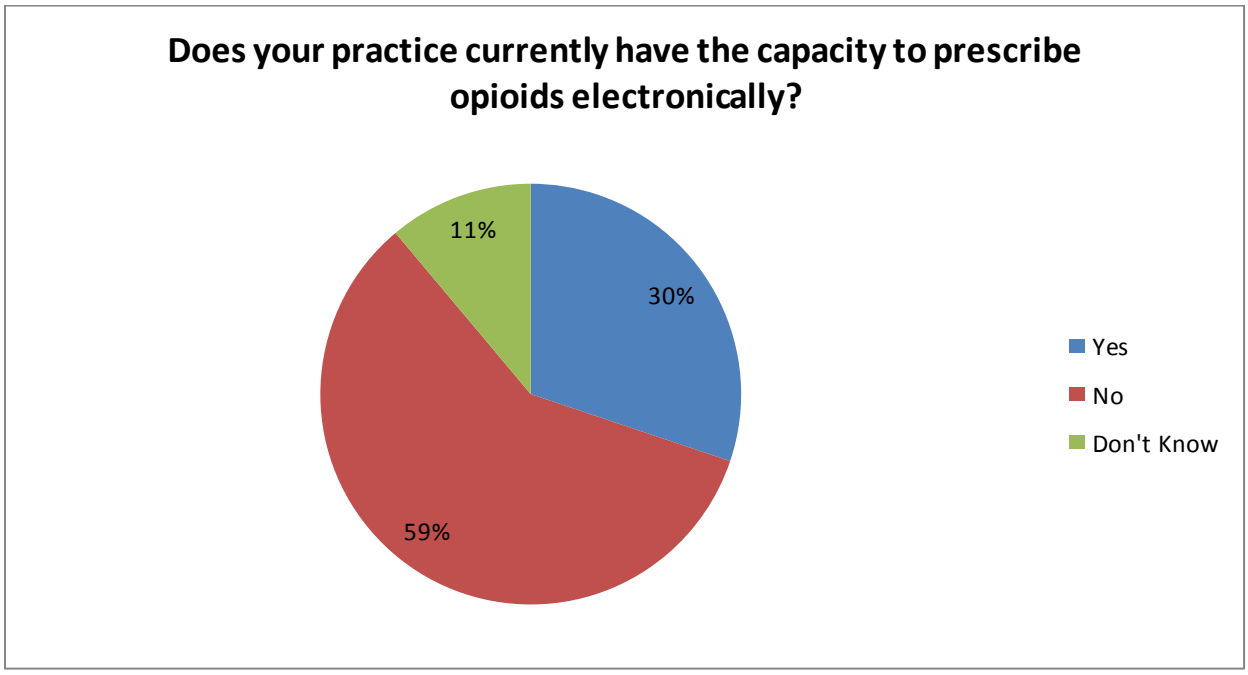




15. Do you have way to identify patients who are being prescribed more than 100 MME per day?

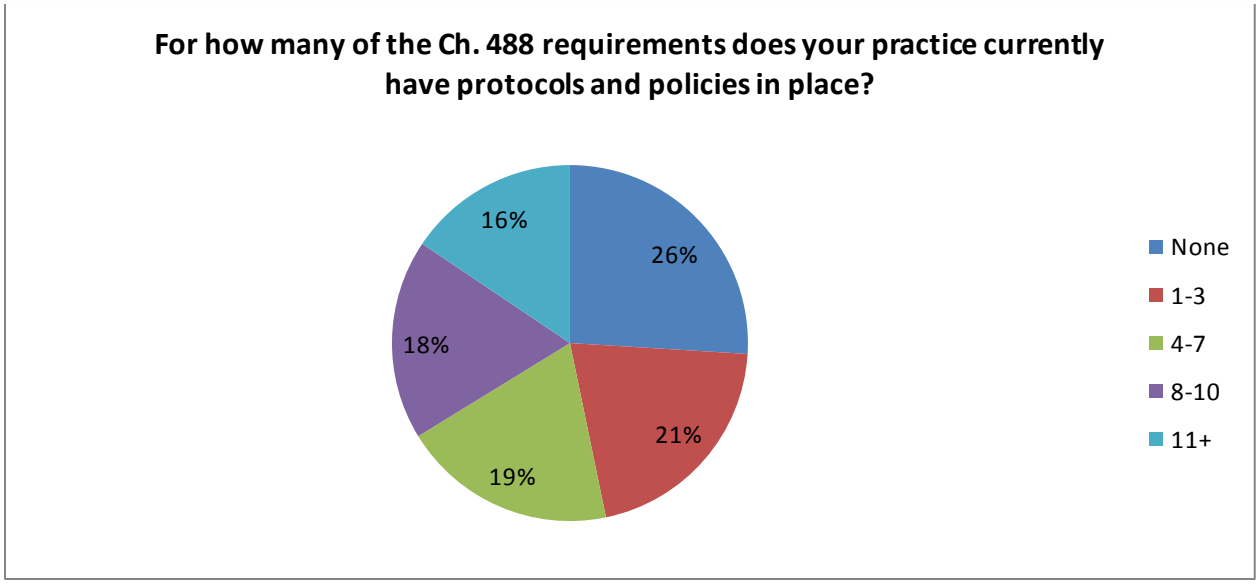


16. Does your practice currently have the capacity to
    A. Prescribe opioids electronically.
    B. If no, do you have a plan in place to implement this and what is the estimated date available?



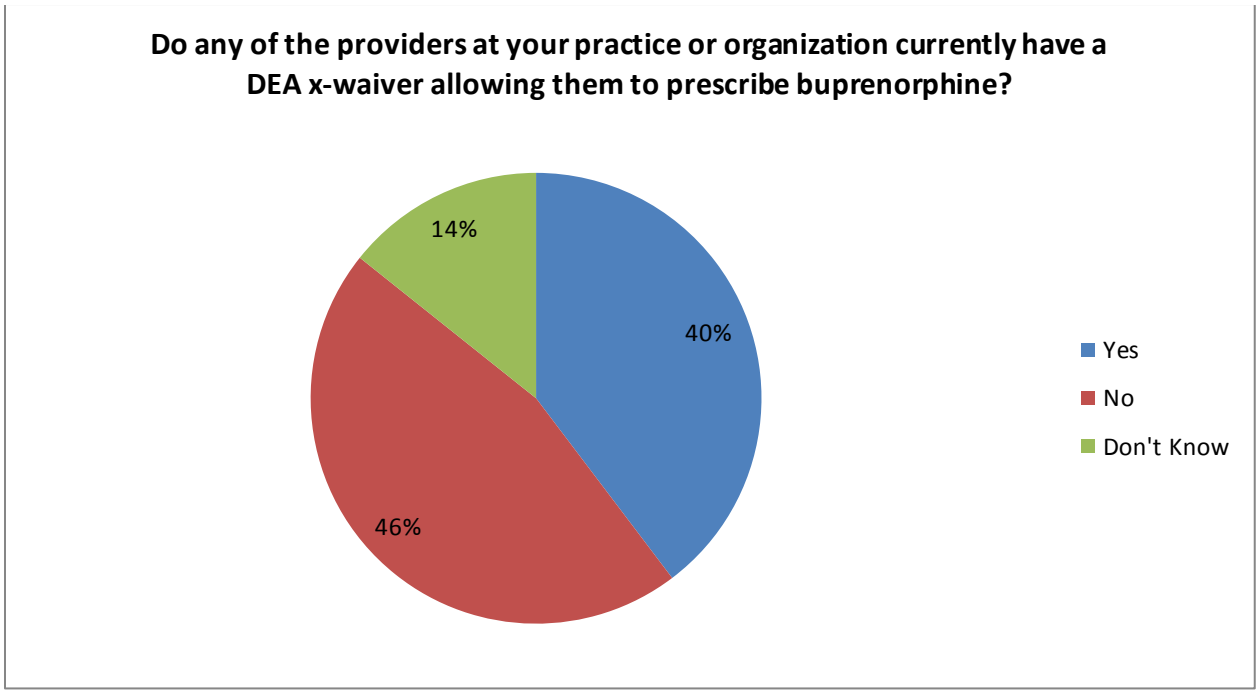
OFFICE SYSTEMS

17. For which of the following does your practice currently have protocols and policies in place for patients receiving opioid medications… (check all that apply)

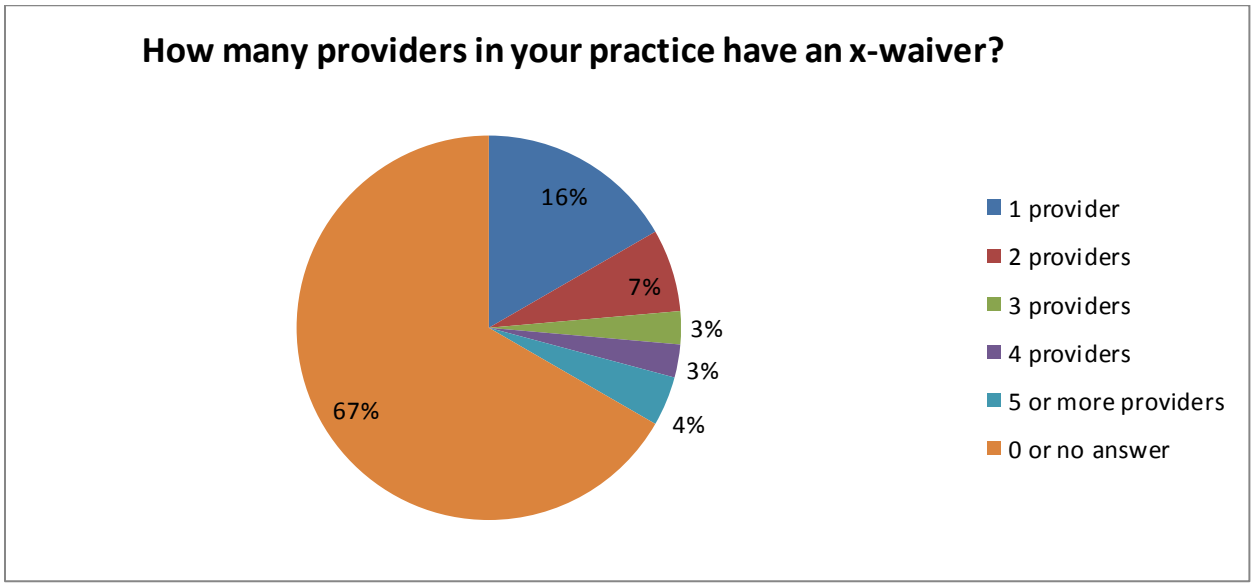


MEDICATION ASSISTED TREATMENT (MAT)

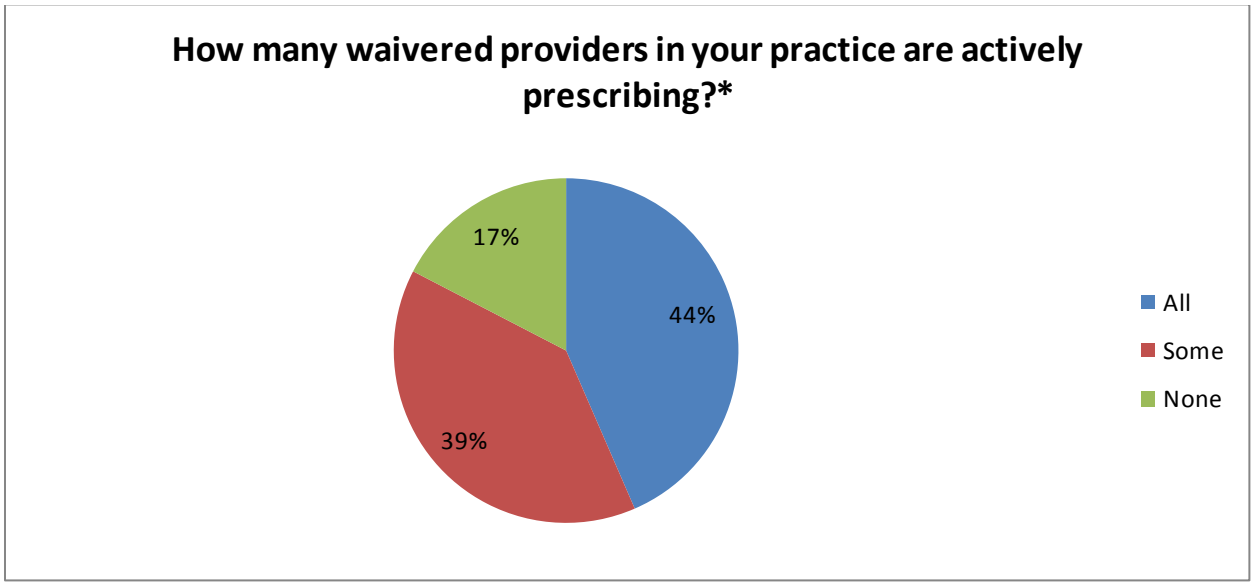
18. Do any of the providers at your practice or organization currently have a DEA x-waiver allowing them to prescribe buprenorphine??



19. How many providers in your practice have an x-waiver?

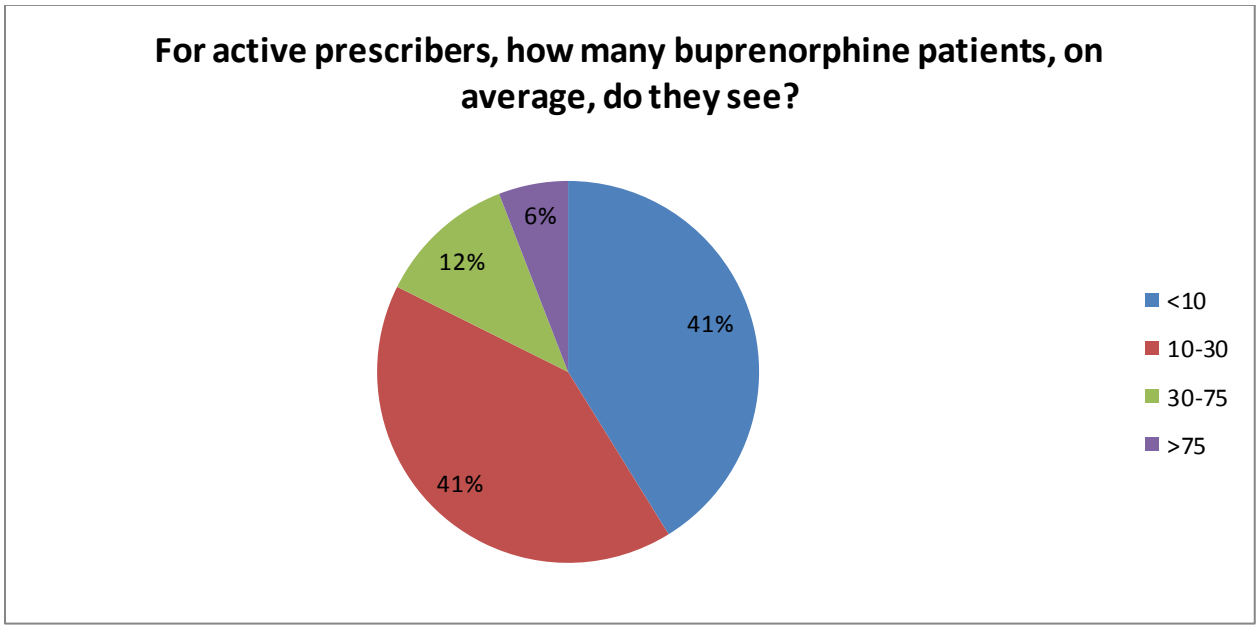


20. Of the providers with an x-waiver, how many providers in your practice are actively prescribing buprenorphine?



*This only counts responses from the practices that reported at least 1 waivered provider.

21. For active prescribers, how many buprenorphine patients, on average, do they see?



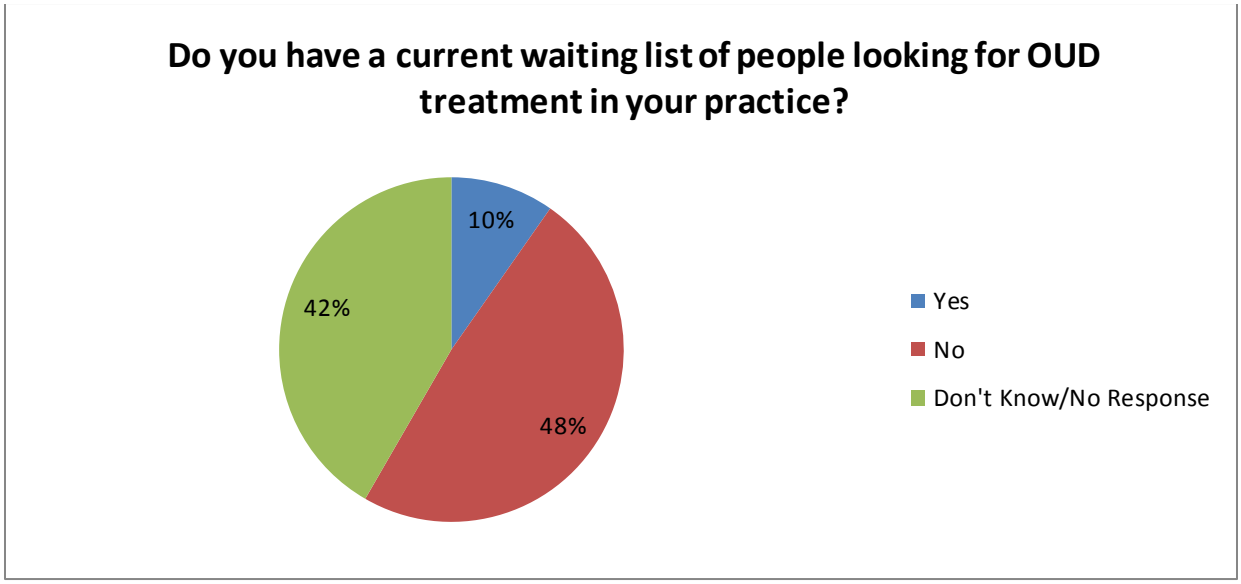
22. How many plan to get an x-waiver within the next year?

N/A

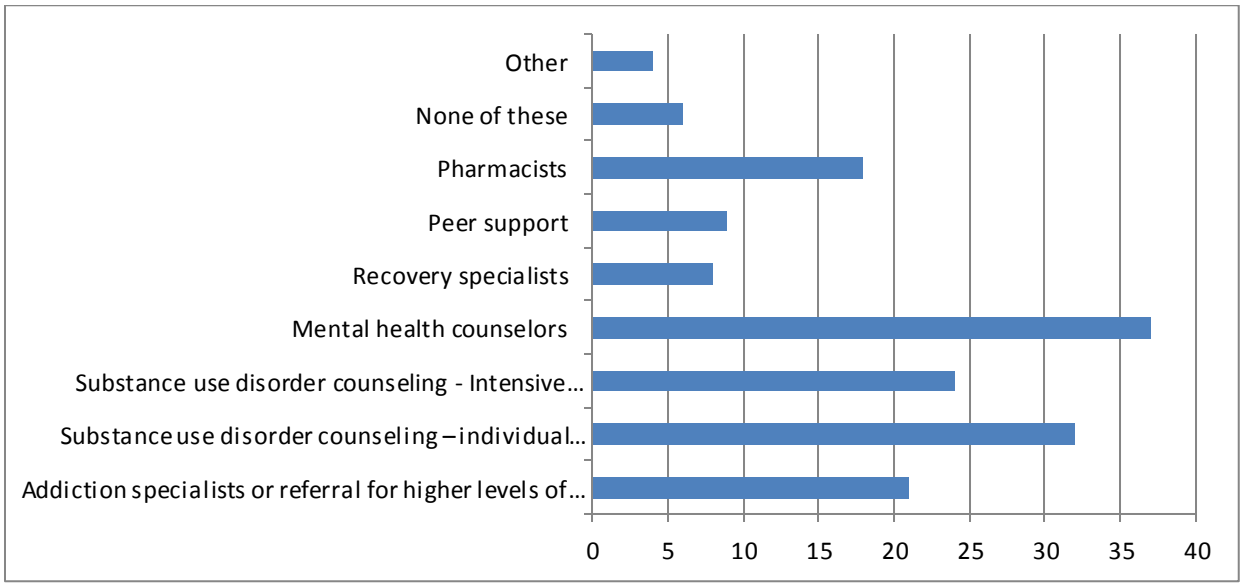
23. Please estimate how many patients in total are being treated at your practice?

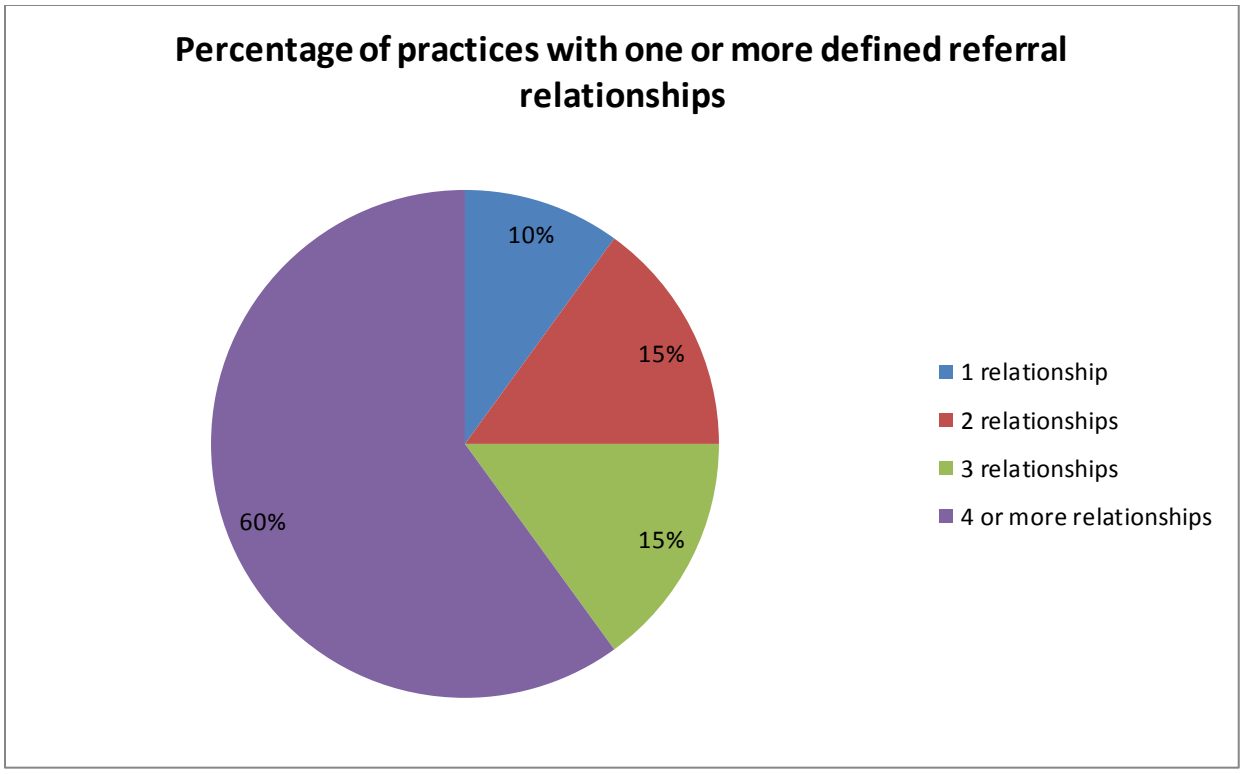
N/A

24. Do you have a current waiting list of people looking for treatment for Opiate Use Disorder in your practice?

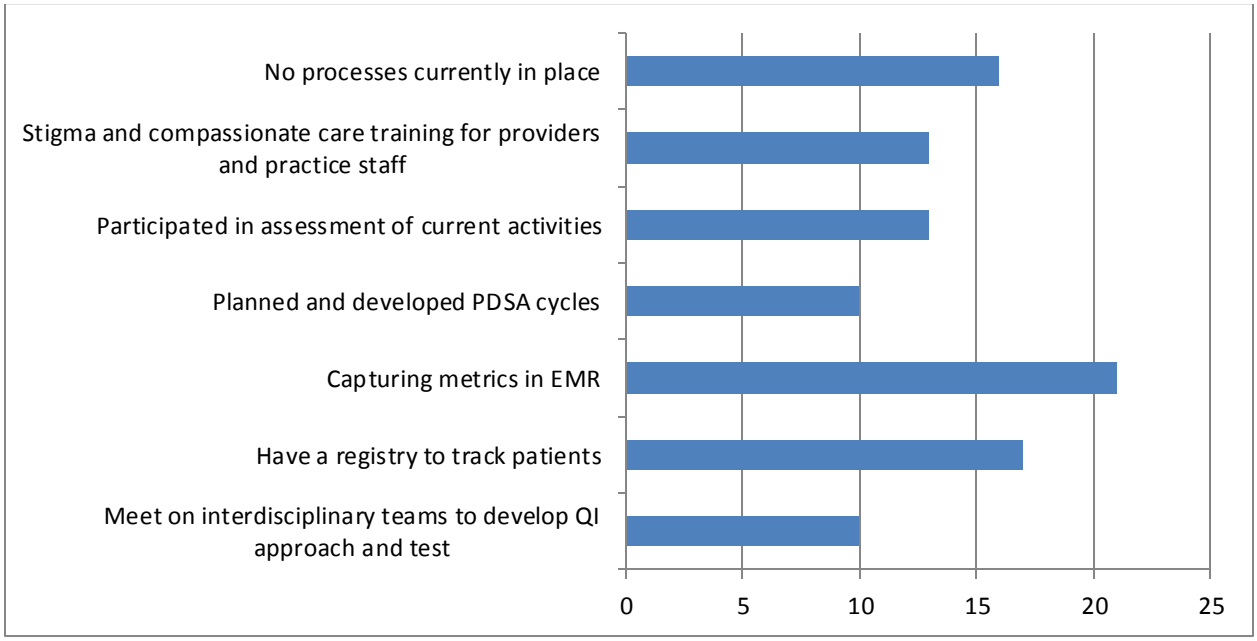


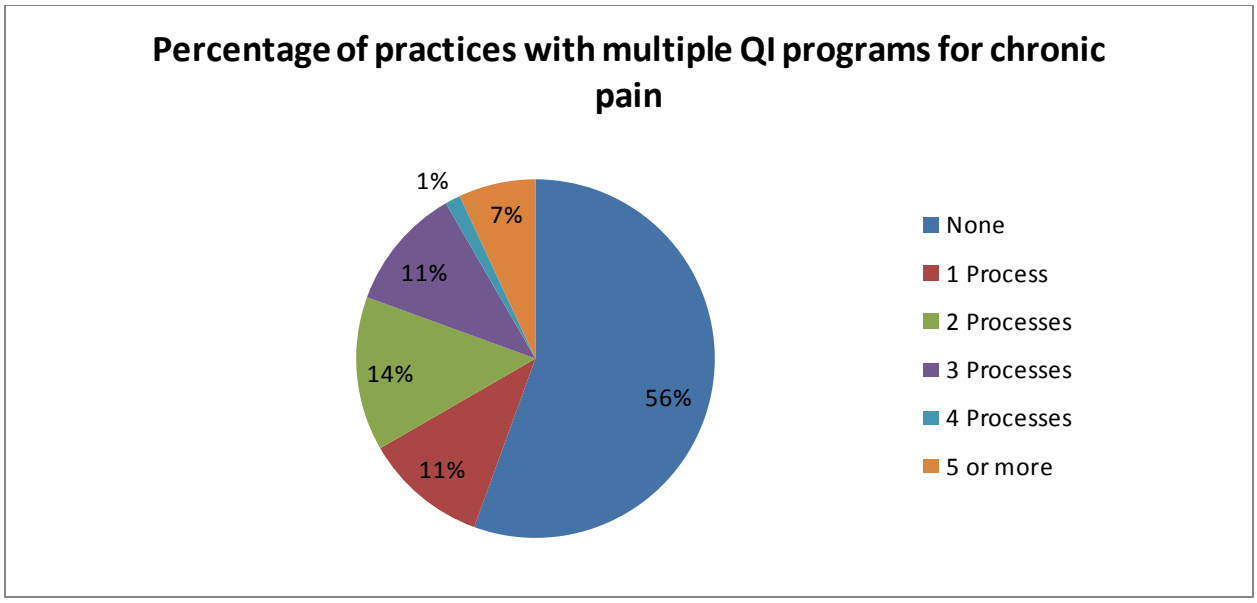
25. Have you developed and defined relationships with referral organizations for the following? (Practices were permitted to select as many options as applied from a drop-down list.)





26. Do you have any quality improvement processes currently in place around chronic pain, safe opioid prescribing and chronic pain?





SUCCESSES, CHALLENGES AND NEXT STEPS

27. Please describe one or more examples of your greatest successes in caring for patients with chronic pain or Opioid Use Disorder:

N/A

28. Please describe one or more of your greatest barriers to caring for patients with chronic pain or Opioid Use Disorder.

The most significant gaps identified were all in the area of screening and treating substance use disorder.

- Insufficient capacity for medication assisted treatment with limited plans to expand capacity
- Aware of significant unmet need for treatment within their patient populations and their wider communities but lacking the resources to meet that need
- Not currently tracking the need either internally or externally as the population does not lend itself to waiting lists

Themes identified from free-form responses to their most significant challenges and barriers

- Lack of resources within the community to support patients with SUD
- Difficulty in distinguishing between physical dependence and SUD and lack of clarity around appropriate treatments for dependence vs. SUD
- Need support in providing alternative treatments for patients with chronic pain and/or unable to pay for alternative treatments
- Lack of BH support for patients and providers
- Need for additional internal and external resources for patients that require a higher level of care
    - Referral resources for patients that relapse or are not stable and require a higher level of care
    - Unwilling or unable to do inductions in a primary care setting
    - BH support for underlying trauma and mental/behavioral health conditions that are uncovered during treatment/taper

- Concerns that it will exacerbate provider burn out and high turnover rates
- Lack of provider interest, "it's just one more thing"
- Lack of provider confidence
- Lingering stigma surrounding SUD and patients with SUD
- Develop a payment model that would support best practices, including the integration of behavioral health and some systems reporting a high number of uninsured/underinsured.

29. What opioid and chronic pain treatment topics would you like to have discusse d in future Caring for ME webinars and learning sessions?

N/A

30. Select specific barriers for your practice in providing treatment for Opioid Use Disorder: (Practices were permitted to select multiple options from a drop-down list.)
    - Negative attitudes
    - Low levels of motivation to treat SUD/OUD
    - Limitations in prescriber knowledge, skills & experience
    - Lack of access to psychosocial supports
    - Too many challenges associated with SUD/OUD
    - Limited resources for initiation of MAT programs
    - Lack of coordination of MAT with broader health care community
    - Lack of specialty backup
    - Lack of confidence in ability to manage opioid addiction
    - Resistance from practice partners
    - Lack of insurance coverage for uninsured adults
    - Lack of institutional support for delivering MAT
    - Lack of mental health and counseling/psychosocial supports
    - Time & access constraints for delivering MAT
    - Lack of specialty backup, referring challenging patients
    - Lack of systems to support appropriate monitoring
    - Other

The graph below shows barriers selected by practices: