

2019 Prevention Stakeholder Input

Opioid & Other Substance Use Disorders Study Committee

For review for the July 9, 2019 Prevention Meeting

Primary Prevention

- Provide direct services funding for primary prevention efforts funding for evidence-based alcohol and drug early intervention (SBIRT, BASICS) in public schools
 - Support workforce compensation for prevention workers. Prevention workforce needs to be valued and well-compensated
 - Create more funding for early childhood prevention programs with parental involvement
 - Provide incentives to encourage use of trauma-informed approach at schools
 - Expand home visitation programs
- Add "evidence-based approaches" in the state prevention grant program language in addition to the current "evidence-based programs"

Provider Education

- Physician education and clarification from Department of Regulatory Agencies (DORA) that it is acceptable to prescribe long-term opioids for conditions that cause pain, including people that need more than the recommended MME. This should include the new guidance from the CDC that forced tapering is inappropriate and education about assessments based on functional ability. Assure providers that they can adequately treat pain, with opiates if necessary, without fear of repercussions
- Mandate specific, free CME education for all prescribers of opioids on the Department of Health (DOH) website. The program would be developed by pain experts and support the current expert recommendation that opioids should not be used for chronic, non-cancer pain. All prescribers should understand why and what the best alternatives are
- Educate psychiatrists on benzodiazepine prescribing and effective alternatives
- Mandatory training and credentialing for clinicians in Trauma-Informed Therapy
- Expand opportunities for Mental Health First Aid

Treatment of Pain

- Multimodal approach to pain management: decrease initial exposure to opioids; increase access to atypical/safer opioids; increase access to alternatives to opioids
- Review policy options to limit the prescribing of benzodiazepines, particularly with opioids
- Implement consultations via telemedicine such that every primary care has access to consult with a pain management specialist and form a mentoring network system that could also facilitate referrals to specialists as needed
- Require prescribers to have a case manager to monitor patient opioid use throughout the duration of care

- Require prescribers to mandate substance use disorder (SUD) and mental health treatment as part of agreement to prescribe narcotics
- Increase access to pain management services, especially limited for low-income persons. Patients with long histories of safely using opioids are being forced to taper. Limiting opiate pain medicines has only made it harder for people with legitimate chronic pain to control their pain and drives them to the black market.
- Increase access to safer abuse-deterrent opioids and atypical opioids like tapentadol, buprenorphine buccal films, and transdermal patch for chronic pain patients

PDMP, Screening, & Assessment Protocols

- Require that prescribers of controlled substances undergo training on PDMP
- Integrate PDMP into all electronic medical records (EMRs) in order to inform prescribing
- Allow behavioral healthcare providers to access the PDMP for their patients
- Mandatory Adverse Childhood Events (ACE) Assessments in healthcare settings for children, adolescents and at-risk adults in EDs, clinics, health departments, schools, and diversion programs
- Community agencies need standardized SUD screening tool
- DUI system should start with an evaluation for SUD treatment

Reimbursement & Funding

- Create codes and payment mechanisms to cover physician oversight of continuous peripheral nerve blocks (CPNB) home infusions
- The hospital receives push-back from the insurance companies even when opioid prescribing is appropriate, especially with emergency room prescribing. Rather than following the Colorado Hospital Association's ALTO project guidelines, there are times when it is appropriate to prescribe opioids.
- Create incentives/training programs similar to ITMATTRS model to offer primary care providers training in pain management
- Work with Medicaid to expand access to acupuncture and other physical and psychotherapeutic modalities for evidence-based indications. Work with division of insurance to incentivize payers to cover these services. Use savings from narrowed opioid formularies (generic medications) in exchange for this expanded access.
- Reevaluate Medicaid and private insurance limits on physical therapy after recent injury
- Increase access for both pharmacological and non-pharmacological pain management modalities, including but not limited to: physical therapy, acupuncture, massage therapy, osteopathic manipulation, pain psychology therapy, Reiki, etc.,
- Address coverage of gym memberships for low-income individuals
- Remove health plan prior authorization or step therapy requirements and ensure coverage for all relevant services and drugs, including naloxone dispensed upon hospital discharge
- Restructure block grant funding for management of statewide prevention initiatives by CDPHE (requires re-designation of Single State Agency to move from OBH to CDPHE)

- Ensure any future substance use funding that is implemented in a county by a state agency include at least partial funding to local public health agencies to connect efforts. Fund LPHAs to serve as a key convening/networking points of contact in their community to initially launch these projects. Roll-out could be much more coordinated with less overlap in work

Public Awareness

- Educate public about marijuana and CBD
- Create mandatory educational campaigns for patients who are prescribed opioids
- Expand on public education campaigns about addiction and specifically information on benzodiazepines and stimulants

THC Products

- Limit all THC products over 10%
 - Emergency Department visits involving cyclic vomiting syndrome related to marijuana usage and high levels of marijuana use (6 times/day)
- Youth use: legalizing THC has changed parents' views on the appropriateness of THC use for kids; need further education for parents
- More research on and regulation for CBD oils

Other

- Increased taxes on alcohol products
- Create a chart or report on what legislation was passed, what the results have been and if there are any hurdles or barriers that are a result of legislation that should be fixed this next session
- Research local and state bans on Kratom; currently readily available in US and via mail from China

Federal Policy Items

- Research non-opioid MATs
- Prevent direct to consumer marketing of pharmaceuticals
- Universal mental health and addiction care with trauma treatment