

# Opioid Prescription Disruptions, Now What? A Workshop on Responding to Disruptions

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Presented at ASAM Annual Conference on April 14, 2023, 3:00 – 4:15 PM ET



# Disclosure Information



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# Disclosure Information

*This project and publication were supported by the cooperative agreement number CDC-RFA-OT18-1802, OT18-1802 National Partners Cooperative Agreement, [Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health](#), funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.*



# Land Acknowledgement

- ◆ ASTHO acknowledges the people who lived, worked, produced knowledge on, and nurtured the land where this conference is taking place. We recognize the sustained oppression, land dispossession, and involuntary removals of the Nacotchtank, Piscataway, and Pamunkey peoples from Washington, DC, Maryland, and Virginia area. ASTHO seeks to honor the Anacostans Nation and other Indigenous caretakers of this land by humbly seeking knowledge of their histories and committing to respectful stewardship of the land.

# Learning Objectives

- Explain what a disruption in opioid prescriptions as a result of a law enforcement action is and the dangers and risks patients face following an opioid prescriber closure or other disruption in services.
- Describe the importance of planning for and exercising protocols to respond to disruptions in access to opioid prescriptions and medications for opioid use disorder (MOUD).
- Identify the important role of care continuity that providers play in preparation for and response to opioid prescriptions and MOUD disruptions.

# Outline

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Background on disruptions

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Q & A and closing

# Association of State and Territorial Health Officials (ASTHO)



**Who we are:** A national nonprofit organization committed to supporting the work of state and territorial public health officials and furthering the development and excellence of public health policy nationwide.

**Vision:** State and territorial health agencies advancing health equity and optimal health for all.

**Mission:** To support, equip, and advocate for state and territorial health officials in their work of advancing the public's health and well-being.



# Background on disruptions

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# What are disruptions in access to opioid prescriptions?<sup>1</sup>

**Opioid prescription disruption:** Any event that halts the ability of a patient to access opioid prescriptions or medications for opioid use disorder (MOUD). This may happen as a result of:

- ◆ Retirement, death, or voluntary closure of a prescriber of high-volume controlled substances
- ◆ DEA registration immediate suspension order, for cause
- ◆ Voluntary DEA registration surrender, for cause

These disruptions can cause patients to feel abandoned and at risk for adverse health outcomes

**Discussion question:**

*Is anyone familiar with an opioid prescription disruption? If so, what has been your experience?*

# CDC's Opioid Rapid Response Program<sup>1</sup>

ORRP is an interagency, coordinated federal effort to help mitigate overdose risks among patients who lose access to a prescriber of opioids, medications for opioid use disorder, or other controlled substances, such as benzodiazepines

## COORDINATE:

Notify state trusted contacts of anticipated actions and support state health response

## PREPARE:

Build state capabilities

## TRAIN:

Increase workforce capacity

## MONITOR:

Monitor actions, responses, and outcomes



## Notification

1. **State trusted contact(s)** receive notification
2. **Assess risks to impacted patients**
3. **Explore how/what information can be shared** without compromising the integrity of the action



## Response Preparation

1. **Assemble response partners**
2. **Continue to assess risk** by reviewing available resources (e.g., readiness assessment, PDMP data)
3. **Communicate risks** to impacted partners
4. **Identify resources** that partners can provide to support the response
5. **Coordinate resources** among partners



## Monitoring and Evaluation

1. **Monitor threat** and enhance surveillance as needed
2. **Evaluate Response** to identify rates of success in linkages to care for all impacted patients



## Risk Mitigation

1. **Communicate the risks** to patients, providers, and other impacted partners
2. **Coordinate resources** among partners and state agency staff to assist patients and address their needs

# Who is involved? <sup>2</sup>

State and local public health, including emergency preparedness departments/units

Behavioral health agencies (state, county, and local)

Emergency medical services and emergency departments

Large hospital and health systems

Harm reduction service organizations

Medical licensing boards or other prescriber organizations

PDMP administrator

State Medicaid office

Federally Qualified Health Centers (FQHCs) and other community health centers

And more!

# ASTHO's role

- Capacity building and technical assistance
- Opioid preparedness tabletop exercises
  - Strengthen and enhance state response protocols using a mock scenario and action planning
  - Hold space for discussion, brainstorming, and collaboration among participants
  - Use the “whole community approach” to ensure that solutions serve the entire community and utilize resources efficiently

# Importance of a response

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## Risks for patients

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Dangers of abrupt discontinuation and forced tapering<sup>3</sup>

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Difficulty identifying new healthcare providers willing to continue patients' treatment protocol<sup>4</sup>

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Dangers of the illicit market (i.e., prevalence of counterfeit pills, fentanyl)<sup>5</sup>

# Unique needs of patients

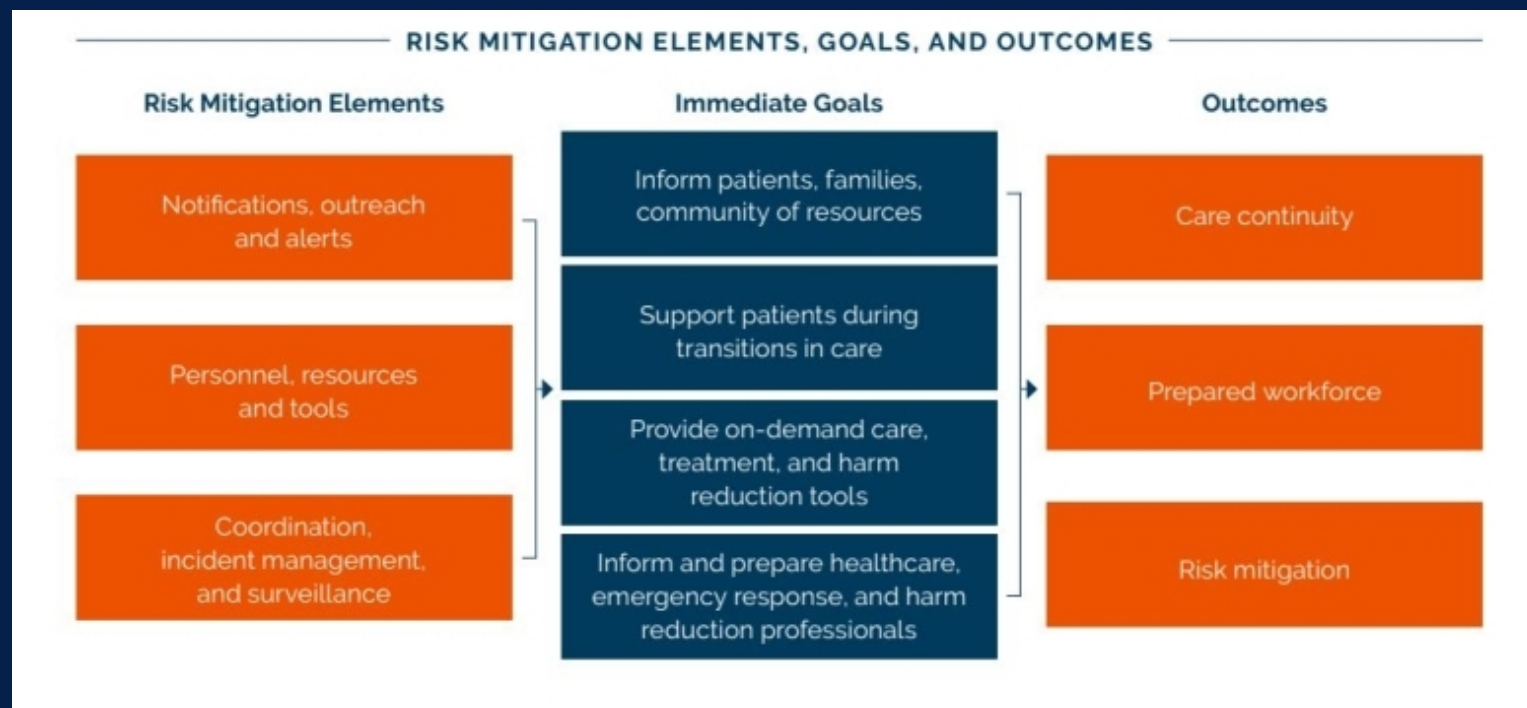
2

- ◆ Health assessments
- ◆ Risk communication
- ◆ Immediate bridge medications
- ◆ Individualized, patient-centered care
- ◆ Compassion
- ◆ Harm reduction
- ◆ Case management
- ◆ Care coordination
- ◆ Referrals to accepting pain management and/or primary care providers
- ◆ Referrals to treatment and recovery support services



# Risk mitigation strategies <sup>2</sup>

- ◆ Useful risk mitigation practices
  - ◆ Developing patient resource flyers and notices that can be posted on-site
  - ◆ Leveraging resources to notify patients about the disruption and link patients to appropriate providers (e.g., press release)
  - ◆ Notifying and supporting the healthcare workforce and other service providers (e.g., letters, education)



# States' common misconceptions

- ◆ Emergency response protocols for disruptions are in place
- ◆ The state will have access to medical records and other data sources (e.g., PDMP)
- ◆ All displaced patients require substance use disorder treatment or recovery supports services
  - ◆ Substance use disorder treatment is the only option
- ◆ Displaced patients can/should be quickly tapered off their medications

# Role of providers and opportunities

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# Challenges

Identifying qualified healthcare providers to inherit displaced patients<sup>4</sup>

Identifying or contacting displaced patients<sup>3</sup>

Assessing patient risk due to data challenge restrictions<sup>2</sup>

Stigma associated with displaced patients prescribed high levels of opioids<sup>4</sup>

Opioid prescribing policies and guidance<sup>4</sup>

Payment models<sup>4</sup>

The common narrative from patients is negative: “I had a caring provider, and you took them away from me”

There is “so much angst in being told not to prescribe [by CDC Guidelines], but to also prescribe high levels of opioids [for displaced patients].”

"If they can get arrested, anyone can get arrested"

“Given high levels of stigma and fear on this issue, hospitals do not want to take on this risk.”

# Opportunities

- ◆ The removal of the DATA waiver makes it easier than ever for primary care providers to prescribe buprenorphine
- ◆ Enhance the capacity of primary care providers to care for patients on long-term opioid treatment

**Discussion question:**

*What other opportunities are there for healthcare providers to support displaced patients?*

# Partnership and collaboration are key!

- ◆ State health departments do not provide direct care and are, therefore, “reliant” on providers who can
- ◆ However, there is an overwhelming shortage of providers who have **capacity** to take on new patients and who are **willing** to absorb displaced patients

# Building capacity to take on displaced patients

- ◆ Education opportunities via medical licensing boards
- ◆ Center for Innovation in Academic Detailing resources
- ◆ Project ECHO through the University of New Mexico (UNM)

## Discussion question:

*What could your state, practice/health system, and/or network do to build capacity among providers to take on displaced patients?*



# Activity

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# Discussion questions

- ◆ Now that you have all of this information... what do *you* think your role should be?
  - ◆ How might you be able to proactively partner with public health/behavioral health?
  - ◆ What can you do to take on displaced patients?
  - ◆ What challenges/barriers might you encounter if you were to be involved in response efforts?

# Q&A

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# Resources

- ◆ ASTHO's Opioid Preparedness [website](#)
- ◆ CDC's Opioid Rapid Response Program [website](#)
- ◆ CDC [Clinical Practice Guideline](#) for Prescribing Opioids for Pain – United States, 2022
- ◆ CIAO's toolkit: [Inheriting Patients on Long Term Opioids](#)
- ◆ Responding to Disruptions in Access to Opioid Prescriptions: [A Guide for State Health Departments and Their Partners](#)
- ◆ *Lessons Learned from Opioid Preparedness: PDMP Data-sharing* [video](#)
- ◆ *Lessons Learned from Opioid Preparedness: The Importance of Partnership Building* [video](#)
- ◆ *Lessons Learned from Opioid Preparedness: Linkage to Care and Access in Rural Areas* [video](#)

# Final Takeaways

- ◆ A disruption is any event that halts the ability of a patient to access opioid prescriptions or MOUD
- ◆ Disruptions are especially dangerous as displaced patients may be at increased risk of overdose
- ◆ It is essential that displaced patients receive care continuity following an action
- ◆ The biggest challenge for states is identifying providers who are able and willing to inherit displaced patients

# References

1. Centers for Disease Control and Prevention. Opioid rapid response program (ORRP). Updated December 1, 2022. Accessed February 23, 2023. <https://www.cdc.gov/opioids/opioid-rapid-response-program.html>
2. Association of State and Territorial Health Officials. *Responding to disruptions in access to Opioid Prescriptions: A Guide for State Health Departments and Their Partners (2022)*. (n.d.). <https://www.astho.org/globalassets/report/responding-to-disruptions-in-access-to-opioid-prescriptions.pdf>
3. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC clinical practice guideline for prescribing opioids for pain — United States, 2022. *MMWR Recommendations and Reports*. 2022; 71(3), 1-95. doi; 10.15585/mmwr.rr7103a1
4. Lagisetty P, Kehne A, Thomas J, et al. Improving access to primary and pain care for patients taking opioids for chronic pain in Michigan: Recommendations from an expert panel. doi: 10.7302/1699. Published July 28, 2021.
5. Hedegaard H, Miniño AM, Spencer MR, Warner M. Drug overdose deaths in the United States, 1999–2020. National Center for Health Statistics Data Brief, no 428. Hyattsville, MD: National Center for Health Statistics. 2021. doi: 10.15620/cdc:112340.
6. Dowell D, Haegerich T, Chou R. No shortcuts to safer opioid prescribing. *N Engl J Med*. 2019; 380: 2285 – 2287. doi: 10.1056/NEJMp1904190.

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Thank you!

