

Department of Defense (DoD) Opioid Prescriber Safety Training (OPST) Program



“Medically Ready Force...Ready Medical Force”

Presenter



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- Acting Chief of Clinical Care at Defense Health Agency - Psychological Health Center of Excellence and Chief Executive at DoD Addictive Substance Misuse Advisory Committee (ASMAC).
- His portfolio includes substance and behavioral addictions. In this capacity, he directed the creation of DHA procedural instruction in this domain and updated the related DoD. He established and manages the DoD Opioid Provider Safety Training Program, and wrote DoD Common Military Training guidelines and terminal learning objectives for Substance Use Disorders.
- Dr. Issa earned his medical degree from Aleppo University in Syria and trained in Psychiatry at Case Western Reserve University in Cleveland, Ohio, where he was Chief Resident. Later he was awarded a senior research fellowship in clinical psychopharmacology at the National Institute of Mental Health in Washington, DC where he conducted clinical and basic science research on serious mental illnesses.
- Dr. Issa is board certified in Psychiatry, distinguished life fellow of the American Psychiatric Association, member of Society of Biological Psychiatry and American Medical Association. He is a Clinical Professor of Psychiatry and Behavioral Sciences at George Washington University.
- Dr. Issa has published in peer-reviewed journals, presented at national conferences and authored book chapters.

Disclosures



- Dr. Issa has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- The views expressed in this presentation are those of the presenter and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.
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Learning Objectives



At the conclusion of this activity, participants will be able to:

1. Explain the historical background that influenced the development of Opioid Prescriber Safety Training (OPST).
2. Comprehend the importance of the OPST by reviewing outcome data.
3. Analyze the Military Health System (MHS) Opioid Prescribing Trends.

Military Health System (MHS): Background Information



- 9.6 million Active Duty Service Members (ADSMs), Retiree, and Family Member beneficiaries
 - Approximately one million ADSMs
- Health care provided through a worldwide network of Direct Care (59 military hospitals and 360 health clinics) and Purchased Care provided with private-sector health business partners
- DoD works jointly with Veteran Affairs (VA) on developing and adhering to Clinical Practice Guidelines

Pain Management and Opioid Prescribing Safety Drivers



- U.S. Department of Health and Human Services (HHS) National Pain Management Strategy (2014)
- Presidential Memorandum -- Addressing Prescription Drug Abuse and Heroin Use (2015)
- Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain — United States (2016)
- TRICARE Final Rule (2016)

Defense Health Agency (DHA) Procedural Instructions (DHA-PI)



- DHA-PI 6025.04 Pain Management and Opioid Safety in the Military Health System, June 2018
- DHA-PI 6025.07 Naloxone Prescribing and Dispensing by Pharmacists in Medical Treatment Facilities, June 2018
- DHA-PI 6025.15 Management of Problematic Substance Use by DoD Personnel, April 2019

Pain Management and Opioid Safety in the MHS (June 2018)



- Aligns DHA policy with emerging clinical standards and guidelines
- Requires Implementation of the **Stepped Care Model** for Pain Management
- Implements and Standardizes measurement and outcomes tools. Examples:
 - Defense and Veterans Pain Rating Scale (**DVPRS**) and
 - Pain Assessment Screening Tool and Outcomes Registry (**PASTOR**)
- Directs **informed consent** for patients who require long term opioid therapy
- Defines requirements for **Medication-Assisted Treatment (MAT)** at Military Treatment Facilities (MTFs)
- Establishes **Naloxone** prescribing practices for those at higher risk for overdose

Naloxone Prescribing and Dispensing in MTFs (June 2018)



- Requirements for naloxone availability and **co-prescribing standards**
- Naloxone **standing orders** at MTFs
- Use of **CarePoint Look-Up Tool** to identify patients with higher risk of opioid overdose
- Patient **education materials**
 - opioid overdose, naloxone administration, and risk assessment

***Providers continue to be first-line naloxone prescribers but
DHA-PI enables pharmacists to be an effective second-line
of protection and safety***

Management of Problematic Substance Use by DoD Personnel (April 2019)



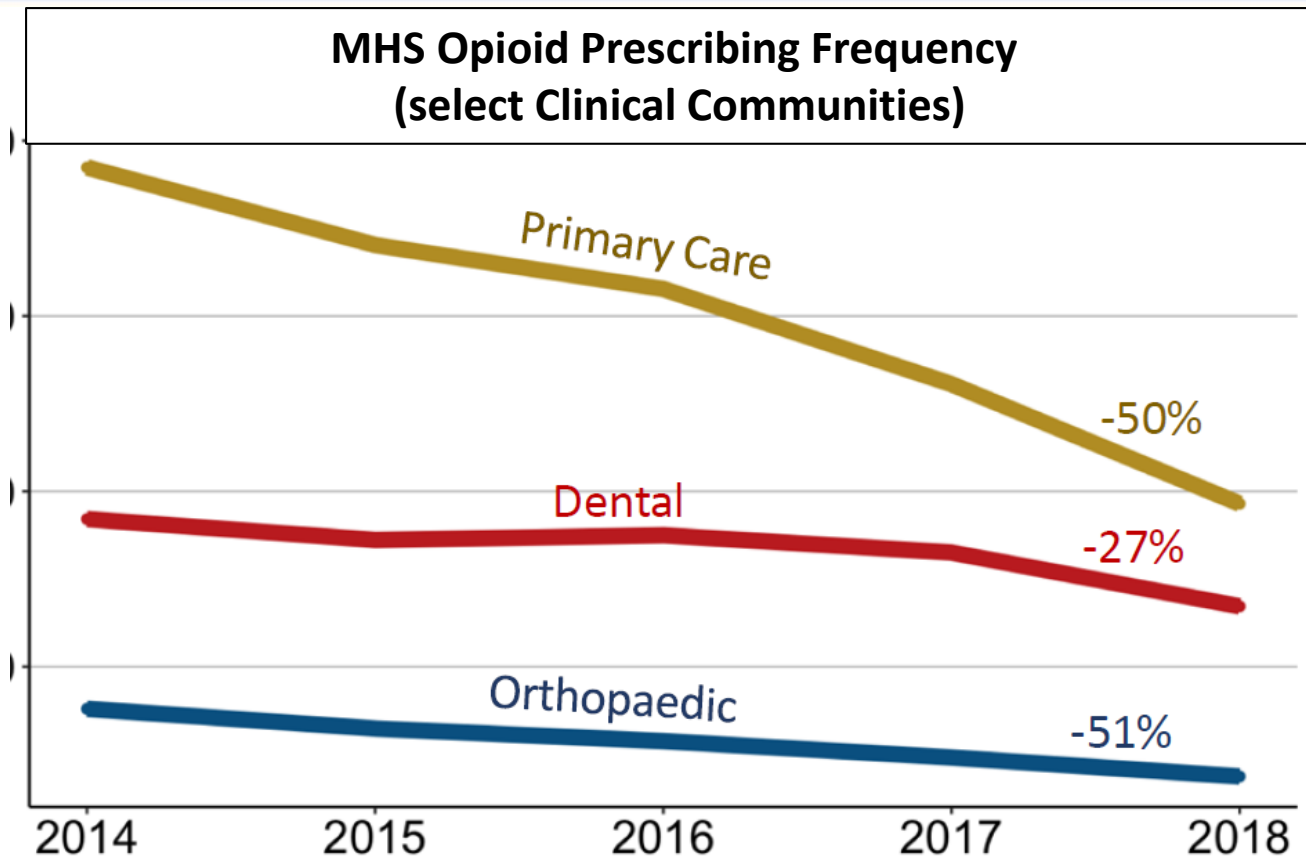
- Oversee the implementation of this DHA-PI to ensure consistent application across the Military Health System (MHS)
- Aligns DHA policy with emerging clinical standards and guidelines
- Ensure the implementation of TRICARE regulations, contracts, regulatory guidance, and appropriate standards for quality assurance in TRICARE provider networks
- Implements and Standardizes measurement and outcomes tools

MHS Decision Support Tools and Resources for Opioid Prescribing



- Prescription Monitoring Program (PMP)
- Opioid Registry
- Prescription Drug Monitoring Program (PDMP)
- CarePoint Patient Look-Up Tool
- Controlled Substance Provider Profile
- Opioid Prescriber Trend Report

MHS Opioid Prescribing Trends

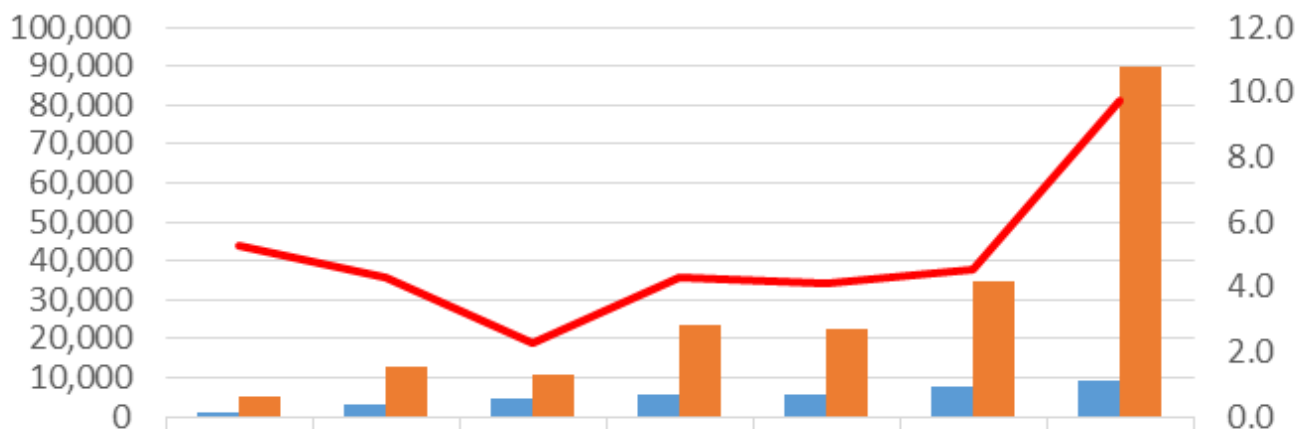


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Medication Assisted Therapy (MAT) Prescribed to MHS Patients w/ Opioid Use Disorder (OUD)



OUD patients on MAT, and refill data



| | | | | | | | |
|----------------------------|-------|--------|--------|--------|--------|--------|--------|
| MAT Patients | 1,006 | 2,942 | 4,853 | 5,436 | 5,508 | 7,604 | 9,234 |
| OUD MAT Fills (Totals) | 5,325 | 12,684 | 10,949 | 23,350 | 22,529 | 34,736 | 90,067 |
| Average Refill per Patient | 5.3 | 4.3 | 2.3 | 4.3 | 4.1 | 4.6 | 9.8 |

MAT Patients OUD MAT Fills (Totals) Average Refill per Patient

Progress data on OUD patients on MAT with Benzodiazepine (BDZ) fills



MAT Patients With Overlapping BDZ Fills (%)



| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|-------|-------|------|------|------|-------|-------|
| MAT Patients With Overlapping BDZ Fills (%) | 24.6% | 16.6% | 4.9% | 5.0% | 6.5% | 10.4% | 13.5% |

Key Takeaways



- MHS is integrating strategies for pain management and opioid safety that are aligned with emerging medical evidence and clinical practice standards
- MHS has developed necessary pain management and opioid safety policies, clinical practice guidelines, and decision support tools for prescribers
- MHS prescribers have been appropriately adjusting their opioid prescribing practices
- MHS providers should continue to align their practice with emerging policies and risk mitigation actions

Connect with Addictive Substance Misuse Advisory Committee (ASMAC)



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Web: Psychological Health by the Numbers

<https://pdhealth.mil/research-analytics/psychological-health-numbers>

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[Center/Policies/2018/06/08/DHA-PI-6025-04-Pain-Management-and-Opioid-Safety-in-the-MHS](https://www.health.mil/Reference-Center/Policies/2018/06/08/DHA-PI-6025-04-Pain-Management-and-Opioid-Safety-in-the-MHS)

DHA-PI 6025.07 Naloxone Prescribing and Dispensing by Pharmacists in Medical Treatment Facilities

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