The Indian Health Service Response to the Opioid Crisis

IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE Committee) & Health Information Management
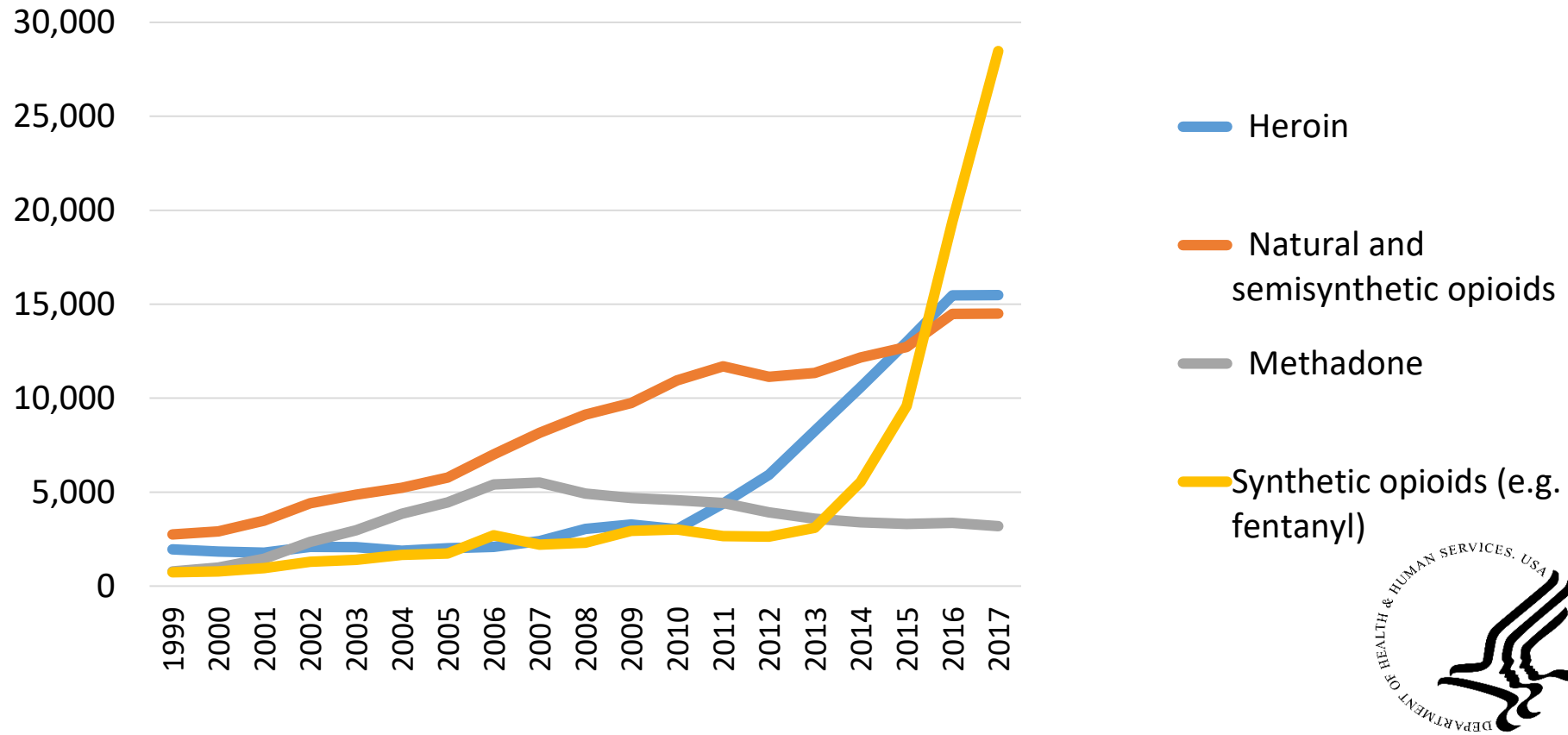
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US drug overdose deaths: Opioid categories

SOURCE: NCHS, National Vital Statics System, Mortality

Opioid Overdose Death Rates

- CDC data indicates that American Indians and Alaska Natives (AI/AN) had the second highest overdose death from rates from all opioids in 2017 (15.7 deaths/100,000 population) among racial/ethnic groups in the US

- AI/AN had the highest overdose death rate for prescription opioids (7.2)

- AI/AN had the second highest overdose death rates from heroin (5.2)

- AI/AN had the third highest from synthetic opioids (6.5)

- The overall rate of overdose deaths for AI/AN has increased by **13%** between 2015-2017

Scholl L, et. al., Drug and opioid involved overdose deaths- United States, 2013-2017, *MMWR*, Vol 67 (51 & 52) Jan. 4, 2019, pp 1419-1427.

National Committee on Heroin, Opioids, and Pain Efforts (HOPE)

- IHS Committee created in March 2017

- Evolved out of the Prescription Drug Abuse Workgroup

- Membership: physicians, pharmacists, behavioral health providers, nurses, APNs, physical therapists, epidemiologists, and informatics

- Goals:
  - Promote appropriate and effective pain management
  - Reduce overdose deaths from heroin and prescription opioid misuse
  - Improve access to culturally appropriate treatment

HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS

1 **Better** addiction prevention, treatment, and recovery services

2 **Better** data

3 **Better** pain management

4 **Better** targeting of overdose reversing drugs

5 **Better** research

HHS.GOV/OPIOIDS

OFFICE OF INSPECTOR GENERAL Report

IHS NEEDS TO IMPROVE OVERSIGHT OF ITS HOSPITALS' OPIOID PRESCRIBING AND DISPENSING PRACTICES AND CONSIDER CENTRALIZING ITS INFORMATION TECHNOLOGY FUNCTIONS

https://oig.hhs.gov/oas/reports/region18/181711400.pdf

Report in Brief
Date: July 2019
Report No. A-18-17-11400

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

IHS Needs To Improve Oversight of Its Hospitals' Opioid Prescribing and Dispensing Practices and Consider Centralizing Its Information Technology Functions

Why OIG Did This Review
Prescription opioids continue to contribute to the opioid overdose epidemic. A prior OIG audit identified high volumes of opioid purchases in IHS communities. In addition, the prior OIG audit of two IHS hospitals determined that IHS did not have adequate information technology (IT) security controls to protect health information and patient safety. The audit also found significant differences in the way the two hospitals carried out their respective IT operations.

We conducted this audit to analyze and compare opioid prescribing and dispensing practices and IT operations at five other IHS hospitals.

Our objectives were to determine whether (1) the hospitals we reviewed prescribed and dispensed opioids in accordance with IHS policies and procedures and (2) IHS's decentralized IT management structure affected its ability to deliver adequate IT and information security services at its hospitals in accordance with Federal requirements.

How OIG Did This Review
We reviewed IHS's opioid prescribing and dispensing practices and information system general controls at five IHS hospitals. In addition, we reviewed a judgmental sample of 150 patients' records. Also, we performed a penetration test at each hospital.

What OIG Found
The IHS hospitals we reviewed did not always follow the Indian Health Manual when prescribing and dispensing opioids. Specifically, through our patient record review, we found that hospitals did not always review the course of patient treatment and causes of pain within required timeframes, perform the required urine drug screenings within recommended time intervals, review patient health records before filling a prescription from a non-IHS provider, and maintain pain management documents to support that provider responsibilities had been performed. We also found that these IHS hospitals did not fully use the States' prescription drug monitoring programs when prescribing or dispensing opioids.

IHS's decentralized IT management structure led to vulnerabilities and weaknesses in implementing security controls at all five hospitals. IHS's controls were not effective at preventing or detecting our penetration test cyberattacks. In addition, the hospitals implemented IT security controls to protect health information and patient safety differently. Inconsistencies in the delivery of cybersecurity services can lead to the same vulnerability being remediated at one hospital but being exploited at another hospital that did not remediate the vulnerability. As a result, IHS hospital operations and delivery of patient care could have been significantly affected.

What OIG Recommends and IHS Comments
We recommend that IHS work with hospitals to ensure they follow the Indian Health Manual when prescribing and dispensing opioids. We also recommend that IHS consider centralizing its IT systems, services, and functions by conducting a cost-benefit analysis of adopting a cloud computing policy, including centralization of IT systems, services, and functions. We made other procedural recommendations, which are listed in the report. We provided more detailed information and specific recommendations to IHS so that it can address specific vulnerabilities that we identified.

In written comments to our draft report, IHS concurred with our recommendations and described actions it has taken or plans to take to address our findings.

Attempts to Standardize Chronic Pain Documentation

- Chronic Pain Template
  - Released and under revision—purpose to assist with QA for IHM Part 3, Chapter 30

- PDMP Documentation—Released

- Best Practice Recommendations
  - Functional status assessment:
    - CPT 1502F: Patient queried about pain and pain interference with function using a valid and reliable instrument
  - Identifying Patients on Chronic Opioid Therapy:
    - ICD10 code Z79.891 (supplemental chronic diagnosis) :

      Long-term current use of opioid analgesic drug

- Patient Agreement and Informed Consent samples on https://www.ihs.gov/painmanagement/treatmentplanning/informedconsent/

Chronic Pain Template

- IHS Chapter 30 - https://www.ihs.gov/ihm/pc/part-3/p3c30/#3-30.1
  - Outlines some documentation requirements for patients on chronic opioid therapy

- TIU Note template needed to assist providers in meeting these requirements
  - Version 1 released
  - Version 2 out for testing/feedback
  - A version for follow up visits in progress
  - Meant to be used as is or as a starting point for modifications
  - Just a tool

Live Demo

PDMP Documentation

- IHS Chapter 30 and 32 address PDMP use

- Record of PDMP access is with PDMP vendor/State

- Documentation via EHR through use of Patient Education Code
  - (see "How To" document)

- Ability to retrieve through a FileMan report

- Live Demo

Code Recommendations

- Best Practice Recommendations – joint efforts with HOPE and National HIM

  ◦ Functional status assessment:
    ◦ CPT 1502F: Patient queried about pain and pain interference with function using a valid and reliable instrument

  ◦ Identifying Patients on Chronic Opioid Therapy:
    ◦ ICD10 code Z79.891 (supplemental chronic diagnosis) :
            Long-term current use of opioid analgesic drug
    ◦ SNOMED mapped is: 452271000124108

Next Steps

- Outside prescription note template - released

- UDS: recommendations pending-- 'therapeutic drug monitoring' SNOMED

- MAT template and process best practice recommendation using AHIMA standards
  http://journal.ahima.org/wp-content/uploads/2017/11/AHIMA-Opioid-Addiction-Tip-Sheet.pdf

- 42CFR Part 2

- NEW CRS SUD measures for pregnant women and women of child-bearing age— goal is to increase screening
  ◦ 4PS Screen

- Chronic Opioid Therapy Reminders

GPRA Developmental Measure

- https://www.ihs.gov/sites/crs/themes/responsive2017/display_objects/documents/crsv19/GPRADevMeasuresV191.pdf

- Substance Use Disorder (SUD) in Women of Childbearing Age

- Substance use disorder screen CRS will search for screenings in the following order:

  1) screen with a positive result followed by a BNI closest to the date of the screen;

  2) screen with a positive result with no BNI;

- 3) screen with a negative result.

- Substance use disorder screen defined as any of the following:
  ◦ Health Factor 4PS
  ◦ Measurement in PCC of DAST-10

Clinical Reminders

- Phoenix Indian Medical Center – has some currently in place

- HOPE Committee working to add to and make this base idea more universal so that any site can implement

- Clinical Reminders and dialogs to address:
  ◦ Consistently updated Treatment Agreements/Plan
  ◦ Urine Drug Screens
  ◦ Functional Status Assessment
  ◦ PDMP check documentation
  ◦ Narcan kit dispensing
  ◦ Patient education on chronic opioids

Ideas for Training

- Training provider/prescribers on these best practices
  - Include coding as part of that training

- Written training materials focused on HIM
  - Tip sheets

Stay Connected

◦ IHS Websites

  ◦ MAIN Website:
  www.ihs.gov/opioids

◦ HOPE Committee Newsletters

◦ HOPE Committee Listserv

HOPE Committee

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- Technical Assistance: CDR Tyler Lannoye, PharmD; CDR Katie Johnson, PharmD

- Website & Communications: LT Nicholas Cushman, PharmD

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