

Addressing the Opioid Crisis in NC: A Focus on Older and Vulnerable Adults

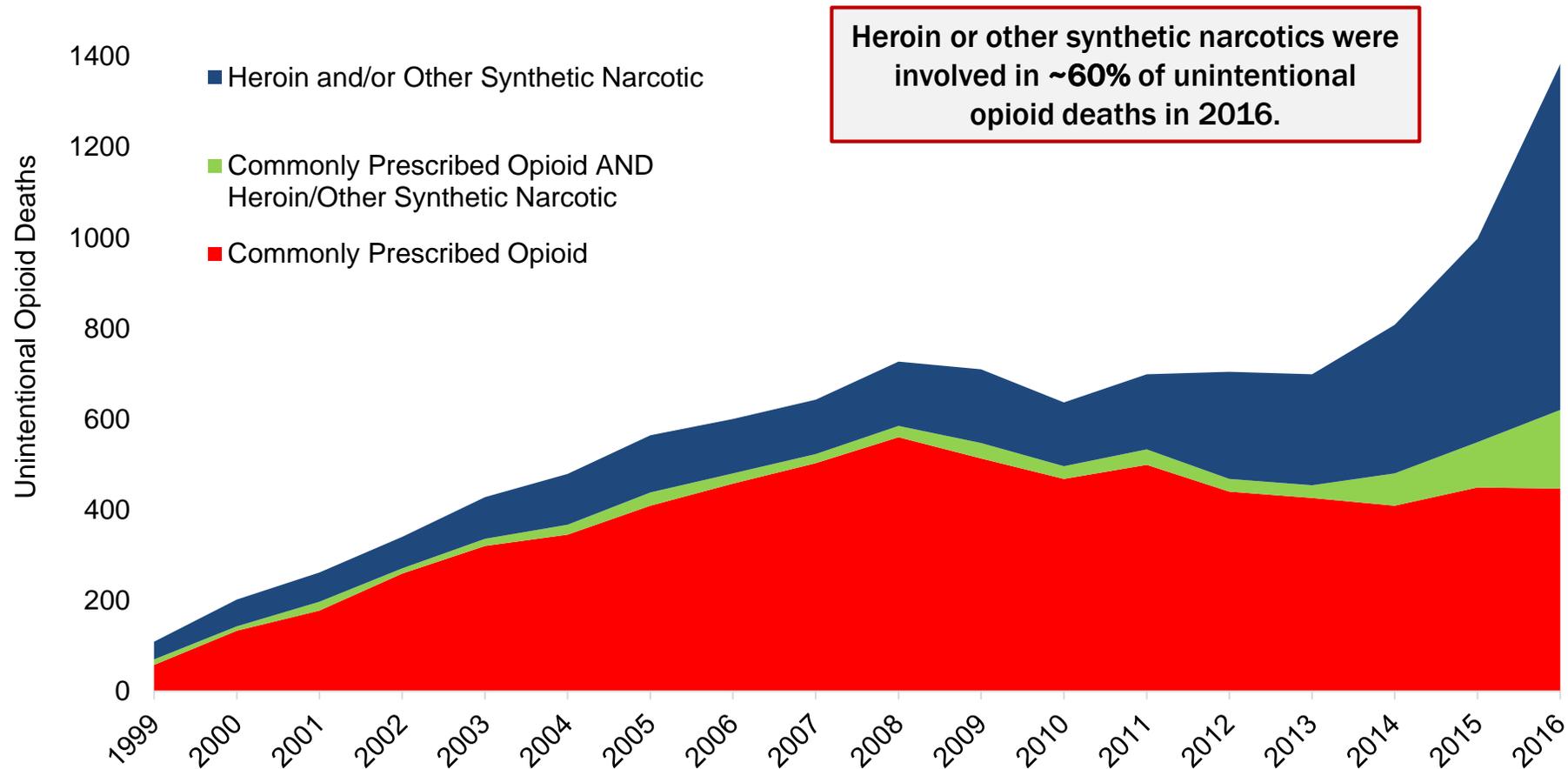
Opioid Misuse in Older and Vulnerable Adults
November 7, 2017

In 2016, over 1,360 North Carolinians DIED from opioid overdose, an over 25% increase over 2015.

In 2016, EMS reversed an opioid overdose using naloxone more than 13,000 times.

Unintentional Opioid Overdose Deaths by Opioid Type

North Carolina Residents, 1999-2016



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016
Unintentional medication/drug (X40-X44) with specific T-codes by drug type, Commonly Prescribed Opioid Medications=T40.2 or T40.3; Heroin and/or Other Synthetic Narcotics=T40.1 or T40.4.
Analysis by Injury Epidemiology and Surveillance Unit

Opioids can be important part of care plan for some older adults

- **Many older adults suffer from a chronic pain disorder**
 - 50% of community-dwelling older adults
 - 75-95% of nursing home residents
- **Older adults have multiple comorbidities and diagnoses**
 - 85% of older adults live with multiple chronic conditions, such as diabetes or high blood pressure
- **Opioids can treat debilitating pain that might otherwise leave individuals immobile or homebound**
- **Opioids can help older adults keep their independence**

Older adults at higher risk for opioid misuse and addiction

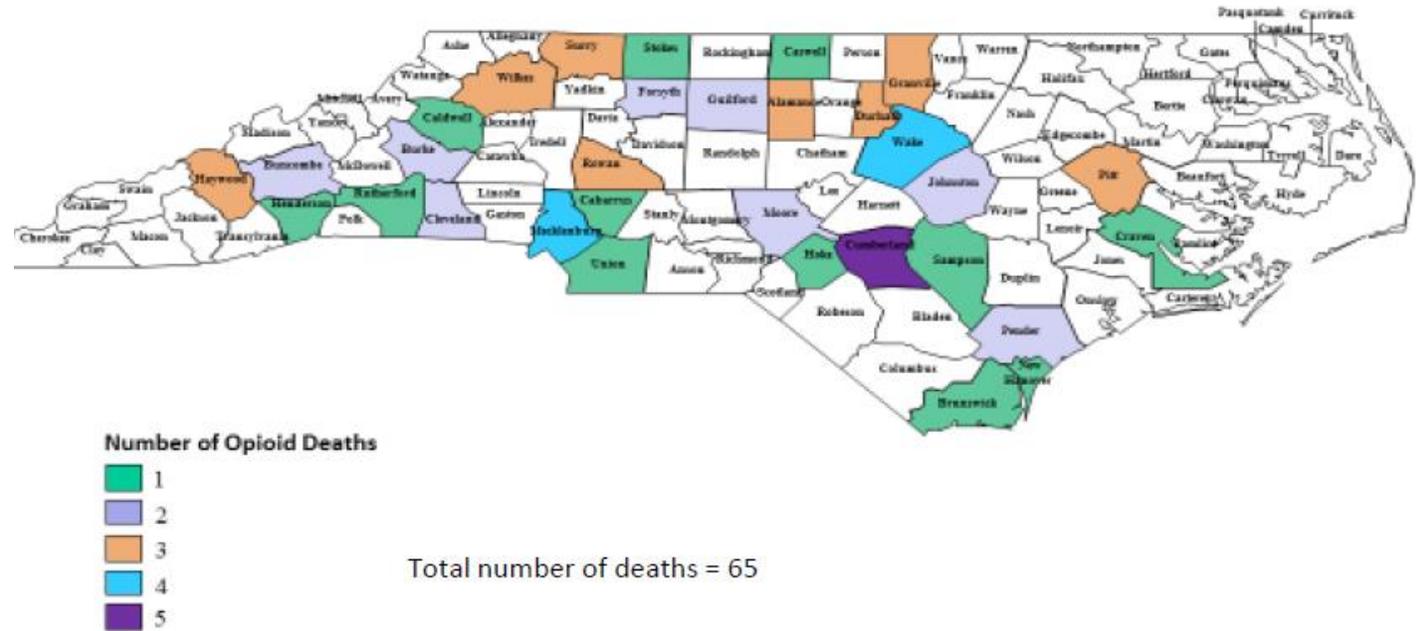
- High instances of chronic pain
- Older adults have multiple comorbidities and diagnoses
 - 85% of older adults live with multiple chronic conditions, such as diabetes or high blood pressure
- Multiple doctors and care provided across multiple settings
- Multiple medications
 - 80% take one Rx daily
 - 20% take 5 or more Rx daily
- Socially isolated
- Dosage changes– Physiological changes/ slower metabolism in older adults
- Age-related mental illness– 14% of adults 50+ have a mental illness

Older and Vulnerable Adults & the Opioid Crisis

- **Almost 1/3 of all Medicare patients– nearly 12 million people– were prescribed opioids by their physician in 2015**
- **2.7 million Americans over age 50 misused opioids in 2015**
- **The hospitalization rate due to opioid abuse has increased by 500% for those 65 and older in the since 2000**
- **Opioid use among older adults may increase risk for falls, delirium, fractures, pneumonia, and all-cause mortality**

Opioid-related deaths among adults 60+ in NC, SFY 2017

- Total deaths= 65
 - Age 60-69 = 56
 - Age 70-79 = 8
 - Age 80+ = 1
- Actual number likely much higher as overdoses in older people are often mislabeled as heart failure or falls

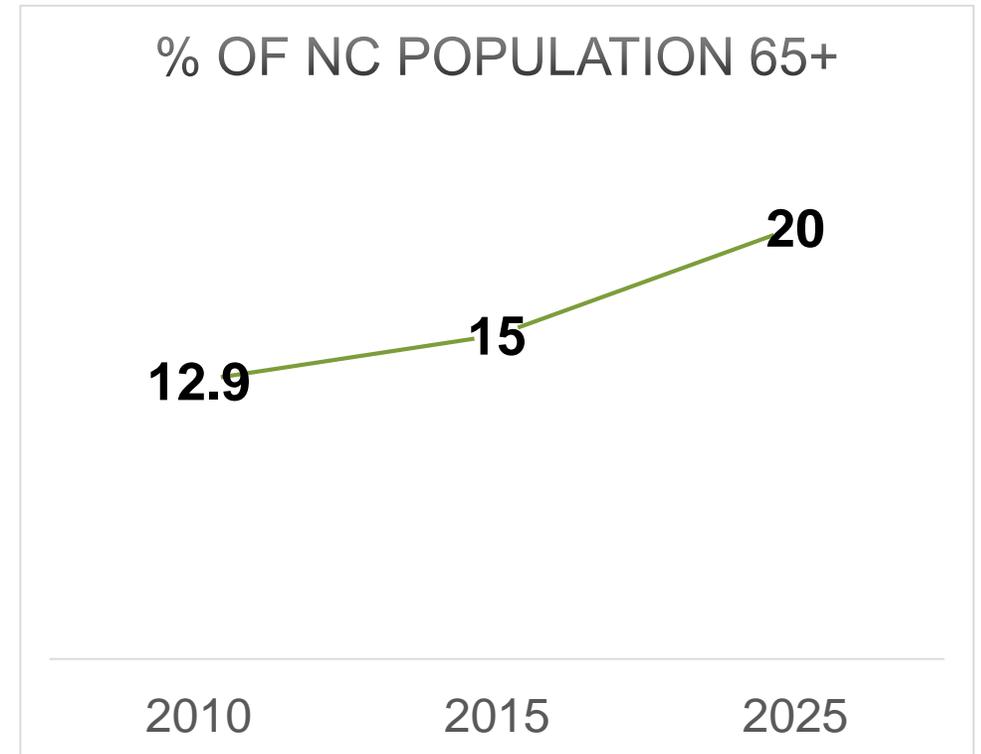


Opioid Crisis & Elder Abuse

- **Adult Protective Services reports increased by 60% since 2009**
 - Rise in elder abuse is likely tied to the opioid crisis
 - Only about 10% of incidents of abuse, neglect or exploitation are reported
 - Substance abuse/ misuse is one of top characteristics that describe perpetrators of mistreatment of older adults
 - Total Expenditures for SFY 2016-2017: \$23,542,432
 - County dollars fund 79% of Adult Protective Services
 - Funding shortage in current system, strained by aging population & opioid crisis
- **Adult Guardianship Services increased by 200% since 2007**
 - 9% of adults in guardianship have substance use disorder
 - Total Expenditures for SFY 2016-2017: \$21,807,416
 - County dollars fund 61%
 - Funding shortage in current system, strained by aging population & opioid crisis

North Carolina is Aging

- In 2025, 1 in 5 North Carolinians will be 65+
- NC's 65+ population will increase from 1.5 to 2.5 million in the next 20 years.
- People age 85+ will be fastest growing segment by 2030.
- As population ages, opioid misuse and addiction will increase among this population.



North Carolina Opioid Action Plan Focus Areas

- 1. Create a coordinated infrastructure**
- 2. Reduce oversupply of prescription opioids**
- 3. Reduce diversion of prescription drugs and flow of illicit drugs**
- 4. Increase community awareness and prevention**
- 5. Make naloxone widely available and link overdose survivors to care**
- 6. Expand treatment and recovery oriented systems of care**
- 7. Measure our impact and revise strategies based on results**

STOP Act– Prescriber Provisions

- Limits first-time prescriptions of targeted controlled substances for acute pain to ≤5 days
- Prescriptions following a surgical procedure limited to ≤7 days
- Allows follow-up prescriptions as needed for pain
- Limit does not apply to controlled substances to be wholly administered in a:
 - hospital, nursing home, hospice facility, or residential care facility
- Dispensers not liable for dispensing a prescription that violates this limit

Effective January 1, 2018

Meeting the needs of the older population

- **Recognize unique health and wellness challenges at different ages and tailor solutions to meet varying needs**
 - **Access to Treatment**
 - Many older adults live in rural areas where there are fewer OTPs
 - Lack of transportation makes frequent travel to OTP difficult
 - **Tailored Treatment Needs**
 - Detox and withdrawal may take longer and be more intense in older adults
 - Shame/ stigma prevents some seniors from seeking treatment
 - Counseling & treatment among peers
 - Care coordination
- **Focus on collaborative care planning**
 - Care in the right setting at the right time – avoid ED/hospital settings
 - Coordinated care works - focus on transitions of care

Addressing Opioid Crisis through Medicaid

- **Proactive changes to NC Medicaid & Health Choice programs to promote safe opioid prescribing, non-opioid pain management, access to naloxone.**
 - Removal of pre-authorization for suboxone prescription
 - Working with General Assembly to expand non-opioid pain management (i.e. physical therapy, acupuncture, chiropractic, etc.)
- **Payer's Council**
 - Support providers in judicious prescribing of opioids;
 - Promote safer and more comprehensive alternatives to pain management;
 - Improve access to naloxone, substance use disorder treatment and recovery supports; and
 - Engage and empowering patients in the management of their health.

Questions