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.
Heroin or other synthetic narcotics were involved in ~60% of unintentional opioid deaths in 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
    • 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.

% OF NC POPULATION 65+

2010 2015 2025
12.9 15 20
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

https://www.ncdhhs.gov/opioids
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