Opioid Use and Poisonings Through the Population Health Lens:
A Look at The Population in San Francisco

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Disclosures

San Francisco Health Plan
Nothing to disclose

Phillip Coffin
- Gilead – Donated ledipasvir-sofosbuvir
  NIH-funded study (2016-17)
- Alkermes – Donated ER-naltrexone
  NIH-funded study (2014-15)
SFHP Organization Description

- San Francisco Health Plan (SFHP) is a community health plan
- Members have access to a full spectrum of medical services including:
  - Preventive care,
  - Specialty care,
  - Hospitalization,
  - Prescription drugs, and
  - Family planning services.
Evolution of the Approach to Pain Management

• The United States declared a Public Health Emergency in 2017 to address the National Opioid Crisis.

• According to the 2017 Annual Surveillance Report of Drug-Related Risks and Outcomes
  • 63.1% of drug overdose deaths in 2015 involved prescription or illicit opioids.
  • In 2014, opioids accounted for approximately 22.1% of emergency department visits for nonfatal, unintentional drug poisonings.
Current National and State Efforts

• In 2016, the CDC released new recommendations for initial opioid prescriptions

• The State of California’s overarching strategy to address the opioid epidemic includes five main components:
  1) Safe Prescribing
  2) Access to Treatment
  3) Naloxone Distribution
  4) Public Education Campaign
  5) Data Informed/Driven Interventions

https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/PrescriptionDrugOverdoseProgram.aspx
Current SFHP Efforts

**Behavioral Health**
- Referral with Beacon for members with chronic pain
- Mindfulness guided mediations

**Benefits**
- Care management program
- Specialty pain clinics
- Acupuncture
- Chiropractic Care

**Medication Safety**
- 7 day limit for new opioid users
- Opioid use registry
- DUR

**Education**
- Pain Day
- Courses for providers
- Provider and member newsletters
- Resources on pain management website

**Current SFHP Efforts**
Opioid/Meth/Cocaine Overdose Deaths in SF

- Total: ~22k
- Opioids: ~25k
- Methamphetamine: ~15k
- Cocaine: ~10k
Prescription Opioid Health Indicators

- Drug Seizures
- Hospitalizations
- ED Visits
- Deaths
- Treatment Admissions
Fentanyl Health Indicators

![Graph showing the annual rate per 100,000 for fentanyl health indicators over various years from 2005 to 2017. The graph indicates a sharp increase in deaths in recent years.]
Monthly Opioid Prescriptions in SF

The graph shows the monthly opioid prescriptions from 2010 to 2015 in San Francisco. The total prescriptions are represented by the blue line, which shows a decreasing trend over the years. The average MME per patient is indicated by the orange line, also showing a downward trend. The graph includes data points for each year and a trend line for each category.
Buprenorphine Prescriptions in SF

Number of Prescriptions
Number of Unique Patients*

SFHP Opioid Data Analysis

- In order to effectively compare various opiate prescriptions, SFHP has utilized Morphine Milligram Equivalent (MME) conversion factors to create opioid prescription levels. The defined prescription levels are:
  - No Opioid Prescription
  - Less than 121 MME
  - Between 121 and 1000 MME
  - More than 1000 MME
- SFHP reviewed the emergency department visits as they relate to the defined opioid prescription levels.

https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/PrescriptionDrugOverdoseProgram.aspx
https://www.cdc.gov/drugoverdose/data/prescribing.html
Membership

Current SFHP Medi-Cal enrollment: 131,885

2018-Q1 Breakout of MC Membership by Ethnicity

- Asian or Pacific Islander: 40%
- Hispanic: 19%
- Caucasian: 10%
- Black: 10%
- Unknown: 21%

*Includes members who were active at any period in the quarter
A majority of our members are Asian/Pacific-Islanders, however; Caucasian and Black members have the highest rate of ED visits.
2018 Q1 SFHP Medi-Cal Membership Breakdown by Gender*

Males are twice as likely to have an ED visit related to opioid poisoning.

ED Visit Related Opioid Poisonings/1000 MM by Gender

*Includes all members who were active during the time period
Although nationally the trend is younger, opioid poisonings are most common in the 31-50 age group for Medi-Cal members in SF.
Opioid Poisonings ByPresence of Opioid Rx

Members with a Opioid Poisoning Related ED Visit

Percent of Members by Presence of Opioid Rx by Ethnicity

*Includes members who did not have continuous eligibility but had to have at least 1 Opioid Related ED visit during 2018Q1.
Opioid Poisonings By Presence of Historical Rx

Members with a Opioid Poisoning Related ED Visit

No Opioid Rx

Opioid Rx in Prior 12 Months

No Opioid Rx in Prior 12 Months

Comparison of Members with No Opioids Who Had a Opioid Prescription in the Past 12 Months by Ethnicity

- No Opioid Prescription in 2018Q1 - No Opioid Prescription in the Past 12 Months
- No Opioid Prescription in 2018Q1 - Had an Opioid Prescription in Past 12 Months

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>No Opioid Prescription in 2018Q1</th>
<th>Opioid Prescription in the Past 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>46.51%</td>
<td>53.49%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>85.19%</td>
<td>14.81%</td>
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<td>Hispanic</td>
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<td>10.00%</td>
</tr>
<tr>
<td>Unknown</td>
<td>83.33%</td>
<td>16.67%</td>
</tr>
</tbody>
</table>

*Includes members who did not have continuous eligibility but had to have at least 1 Opioid Related ED visit during 2018Q1.
Data Highlights

• San Francisco has experienced an increase in the number of persons who inject drugs; however, opioid poisoning deaths have remained stable.

• Prescription opioid deaths have decreased; heroin and fentanyl deaths have increased.

• ED visits for opioid poisoning, treatment for heroin, and community use of the reversal agent naloxone have been increasing.

• Prescribing of buprenorphine has increased.

• Preliminary data from SFHN clinics suggest that opioid cessation is associated with increased illegal opioid use.
Data Highlights

• Caucasian members are prescribed opioids at a higher rate than other racial/ethnic groups.

• Males are twice as likely to have an ED visit related to opioid poisonings as women.

• Caucasian and Black members have the highest rates of opioid related ED visits.

• Members 31-50 years of age are more likely to visit the ED for an opioid poisoning.