



State opioid settlements offer chance to rethink prevention efforts

BY TOMMY THOMPSON AND MIKE VASQUEZ, OPINION CONTRIBUTORS — 09/13/19 03:30 PM EDT
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

0 SHARES

SHARE

TWEET



Just In...

Saagar Enjeti warns 2020 Democrats against embracing Hillary Clinton

RISING — 1M 34S AGO

Meghan McCain: Trump, Giuliani 'blowing it on a JV level'

IN THE KNOW — 2M 8S AGO

Impeachment merchandise floods online marketplaces amid Ukraine scandal

IN THE KNOW — 11M 1S AGO

Making the rules in space: When does careful become crushing?

OPINION — 11M 52S AGO

McConnell: Communist Party's methods a 'tragedy' for Chinese people

INTERNATIONAL — 26M 10S AGO

Former GOP Rep. Chris Collins pleads guilty in insider trading case

HOUSE — 27M 51S AGO

Prince Harry, Megan Markle file suit over publication of private letter

IN THE KNOW — 30M 18S AGO

New York Republican seeks to win back seat she lost to Democrat in 2018

CAMPAIGN — 37M 55S AGO

VIEW ALL

[View Latest Opinions >>](#)



© Getty Images

Since the opioid crisis began, addictions, overdoses and opioid-related deaths have increased at a gut-wrenching rate. More than 130 Americans dying every day from an opioid overdose, according to the Center for Disease Control and Prevention (CDC).

Underfunded taxpayer solutions have largely fueled the fight against the epidemic. However, legal action may turn the tide. Opioid manufacturers are expected to settle numerous lawsuits with states in the near future, funneling much needed resources directly into communities across the United States fighting opioid addiction.

It is time to examine how these funds will make a difference in the fight against addiction. States devastated by the effects of the opioid crisis now have the opportunity to make an impact in a way federal measures have yet to achieve.

Common solutions available to states used for targeting the opioid crisis lack necessary resources and present inherent risks. Resources and recovery rates limit the efficacy of treatment beds, as there are only so many drug treatment beds facilities can add. Unfortunately, only 18.5 percent of people that need treatment ever receive it, with only a 30 percent average recovery rate.

The unspoken reality is that there are only so many physicians willing to take on the responsibility of medication-assisted treatment. Narcan — an oft-lifesaving pharmaceutical used to completely or partially reverse the impact of an opioid overdose — can reduce the danger of overdoses.

Allocating more money to treatment programs inarguably provides benefit in the ongoing opioid battle. The unfortunate reality is that greater treatment-related investments won't eliminate the strain that comes with these limited-resource programs.

Treatment-related investments must be paired with long-term prevention strategies focused on laying the groundwork to intervene at an earlier and higher level. Quite simply, success in the opioid crisis won't be achieved



Trump is digging a deeper hole by adding...



Man Who Predicted Fall of GM, Fannie Mae Has...

Sponsored | investingoutlook.co



Juan Williams: Black Republicans call out...



Embracing President Mike Pence might be...

until we reduce the number of patients who would need access to these otherwise strained resources. Such efforts ignore the common origin of the opioid crisis which is located in the unlikelyst of places; the office of the physician.

While greater efforts have been made to educate physicians on opioid subscribing guidelines, often unintentionally overprescribed opioids provide the most common pathway to addiction. Further complicating the tightening of prescription guidelines, the CDC issued a warning in April noting that limited prescribing can result in severe opioid withdrawal symptoms including pain and psychological distress, and some patients might seek other sources of opioids.

Among the opioid crisis solutions deserving consideration is the use of technology. Technology can play a major role in identifying opioid-related issues earlier in a patient's care. By leveraging data, including de-identified healthcare data from individual companies, algorithms designed to identify patterns of opioid side effects can provide early indications of dependency and unnecessary cost within an organization's healthcare network. Front-end data analysis can engage months before a state's drug data base can be engaged or pharmacy benefit management (PBM) solution identifies abuse and potential addiction.

It's time we think differently about prevention. Rather than identify individuals on an employee plan who may be struggling with addiction, we are currently working with companies using data analysis to identify the physicians who are potentially over-prescribing opioids. By identifying the source, we can engage in opportunities for reeducation as to prescription guidelines as well as the deleterious side effects of overprescription.

A confidential intervention is executed with the overprescribing physician on the company/plan provider's behalf, with the end-goal being complete adherence to the CDC best practices for prescribing opioids.

A one-time intervention, however, cannot be the end. Creating a prevention-focused provider network requires regular monitoring and identifying of opportunities for both proactive outreach and education of health professionals and individuals. A long-term plan must be created and implemented, especially as funds are made available after litigation.

The state employee health plan is one of the single largest health plans in every one of our 50 states. States have an incredible opportunity to begin creating their own prevention networks within their state employee plans using the court settlements from pharmaceutical companies, and it needs to include an analytics-based, physician-focused, long-term plan.

Even more powerful, proactive states can create a value multiplier by correcting overprescribing patterns in their own network making a difference beyond just state employees. Other citizens treated by the same physicians will also see the benefit. As more states lay their own networks, their efforts will meet and connect — helping a greater number of people.

Now is the time to lay down these networks and make a long-term plan to decrease opioid addictions. Using them in tandem with response tactics, states can finally begin to make headway on an epidemic plaguing their communities — all while saving lives and money.

Tommy Thompson served as the U.S. Secretary of Health and Human Services under President George W. Bush (2001-2005) and was the 42nd governor of Wisconsin. Michael Vasquez founded Opioid Clinical Management, Inc., which uses technology to help health plans identify physicians who are overprescribing and helping them become compliant with CDC best practices. He is also an entrepreneur experiencing success in data management, detoxification and addictive pharmaceutical management programs targeted to help physicians and patients.