Physician Leadership in Ending the Drug Overdose Epidemic

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CME disclosure slide

Dr. Patrice Harris has no relationships with commercial interests to disclose
About me

• Born and raised in West Virginia; graduated from WVU undergrad and medical school
• Practicing psychiatrist in Atlanta, GA
• Experience as a public health administrator, patient advocate and medical society lobbyist
• Held leadership positions in the AMA and APA
• First Black woman to serve as AMA president
• Chair, AMA Opioid Task Force since 2014
Progress on opioids tempered by increased mortality
Encouraging trends in the opioid epidemic

• Opioid prescribing has decreased by 37% since 2014.

• PDMP registration and use continues to increase; more than 739 million queries were made in 2019.

• Treatment capacity is increasing. More than 85k physicians are certified to provide buprenorphine to treat opioid use disorder.

• Physicians are enhancing their education – more than 700k physicians and others took CME in pain management and substance use disorders in 2019.

• Naloxone prescriptions increased to nearly 1 million in 2019.

Results of AMA Opioid Task Force 2020 Progress Report
Concerning trends fueled by illicit drug-related overdose and death
Issue brief: Reports of increases in opioid- and other drug-related overdose and other concerns during COVID pandemic

*Updated October 31, 2020

In addition to the ongoing challenges presented by the COVID-19 global pandemic, the nation’s opioid epidemic has grown into a much more complicated and deadly drug overdose epidemic. The AMA is greatly concerned by an increasing number of reports from national, state and local media suggesting increases in opioid- and other drug-related mortality—particularly from illicitly manufactured fentanyl and fentanyl analogs. The media reports below cite data from multiple and varied sources, including national, state and local public health agencies, law enforcement, emergency medical services, hospitals, treatment centers, research journals and others.
Persistent health disparities and their impact on communities

Lase Ajayi, MD
Member since 2013
What creates health?

INVERT THE BURDEN OF NAVIGATION AWAY FROM INDIVIDUAL TO THE SYSTEM

Infrastructure to Drive Equity

MEET PEOPLE WHERE THEY ARE

- Patients
- Families and children
- Families and individuals in target communities or industry sectors

COORDINATE CARE

- Bi-directional data sharing
- Warm to “hot” hand offs
- CHW/navigator/care coordinator
- Clear governance structure and norms
- Impact tracking over time
- Aligned & mutually reinforcing incentives
  - every organization has a “win”

- Social Services (e.g. education, employment)
- Physical Health
- Transportation
- Behavioral Health
- Criminal Justice & Legal Services
- Public Health
- Food & Nutrition
- Housing
Why police brutality is a matter of public health

AMA policy recognizes that physical or verbal violence between law enforcement officers and the public, particularly among Black and Brown communities where these incidents are more prevalent and pervasive, is a critical determinant of health.
The Impact of Adverse Childhood Experiences

Early Adversity has Lasting Impacts

Source: CDC
Concerning trends in children’s mental health

• 9.4% of children aged 2 – 17 have diagnosed ADHD
• 7.1% of children aged 3 – 17 have diagnosed anxiety
• 3.2% of children aged 3 – 17 have diagnosed depression
• Co-occurring conditions are common
• Depression and anxiety have increased over time

Source and photo: CDC.gov
Disparities and children’s mental health

• African American and Hispanic children and young adults less likely to visit a psychiatrist or any other mental health professional than whites.

• Mental health issues among minority youth often disproportionately result in punishment or incarceration rather than mental health care.

• While African Americans are less likely than non-Hispanic whites to die from suicide as teens, they are more likely to attempt suicide than white teens.

Sources: International Journal of Health Services; Mental Health America
The impact of COVID-19 on children

- COVID-19 is a crisis of public health, social isolation and economic recession.

- Children are experiencing disruption and feelings of loss as much as adults.

- Disruption intensifying anxiety in an era when teens are already experiencing stress at unhealthy levels.
Mental health inequities and COVID-19

- The COVID-19 pandemic is precipitating higher prevalence rates of depression across all severity levels.

- Depressive symptoms are more pronounced for certain populations.

- Interconnected social determinants of health (racism, poverty, job and housing insecurity, etc.) contribute to COVID-19-associated trauma.

Solutions to slow the drug overdose crisis

Kevin McKinney, MD
Member since 1989
AMA Board pledges action on racism

• The AMA recognizes that racism is an urgent threat to public health, the advancement of health equity, and a barrier to excellence in the delivery of medical care.

• The AMA opposes all forms of racism and denounces police brutality and all forms of racially-motivated violence.

• The AMA will actively work to dismantle racist and discriminatory policies and practices across all of health care.
Recommendations of AMA’s Opioid Task Force

• Remove prior authorization, step therapy and other administrative burdens for MAT.

• Enforce state and federal mental health and substance use disorder parity laws.

• Remove barriers to pain care.

• Increase access to treatment for pregnant women and mothers.

• Support access to treatment within the civil and criminal justice systems.

• Implement systems to track overdose and mortality trends and provide equitable interventions.

End-Overdose-Epidemic.org
Mitigating the impact of COVID-19 on the overdose epidemic

The AMA calls on states to:

• Take advantage of DEA and SAMHSA guidance to continue/increase access to buprenorphine;
• Take advantage of increased flexibility to provide Take-Home doses for methadone;
• Increase access to syringe service programs
COVID-19 Buprenorphine Provider Survey

Key findings:

• 78% said COVID pandemic has caused them to put on hold or reduce in-person visits;

• 75% have used virtual visits to maintain medication to treat OUD; 48 percent have used it to initiate treatment;

• 76% perceive patient satisfaction with virtual visits to maintain medications for OUD.

Source: American Academy of Addiction Psychiatry
States enacting policies to end the drug overdose epidemic

Removed prior authorization requirements for medications to help treat opioid use disorder.

Passed mental health parity legislation since 2018.

Who’s Next?
National Opioid Policy Roadmap

Keys areas to take action:

• Improving access to evidence-based treatment for opioid use disorder.
• Enforcing parity laws.
• Addressing network adequacy and enhancing workforce.
• Expanding pain management options.
• Improving access to naloxone.
• Evaluating policy success and barriers.
Opioid-related litigation settlements should be used exclusively for data collection, research, education, overdose prevention, stigma elimination, and evidence-based treatment for substance use disorders and pain.

AMA Policy H-95.918
Fully integrating mental health

AMA policy:

Supports parity of coverage for mental illness, alcoholism, substance use and eating disorders; (H-185.974)

Supports health care policies that ensure access to and payment for integrated medical, surgical, and psychiatric care regardless of the clinical setting; (H-345.983)

Supports increasing public awareness, reducing stigma and expanding patient access to quality care for depression and other mental illnesses; (H-345.984)

Encourages all physicians to acquire the knowledge and skills to recognize, diagnose and treat depression and other mental illnesses; (H-345.984)

Supports competent mental health care and outreach for at-risk communities; (H-345.984)