Prepared Statement

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REGARDING

THE CURRENT STATE AND FUTURE AIMS IN OPIOID USE, AND ABUSE - RESEARCH, DIAGNOSTIC TESTING AND EVALUATION, AND TREATMENT

BEFORE THE

HOUSE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON MILITARY PERSONNEL

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Chairman Coffman, Ranking Member Speier and members of the Subcommittee – thank you for the opportunity to discuss the Department of Defense's (DoD) efforts regarding opioid use, misuse and overdose. We are honored to testify on this important issue. We would also like to thank you for your sustained leadership and support of our nation's Service members, veterans and their families, and especially those dealing with complex issues related to opioid use. Your investments in pain research and opioid addiction treatment have led to important advances in care and a greater understanding of where future efforts should be targeted.

The Military Health System's (MHS) overriding mission is to ensure a medically ready force. For those ill or injured in service to our nation, we have an ongoing obligation to provide the full range of services to assist with their recovery and rehabilitation. This includes the management of pain and addiction. We have taken a comprehensive set of actions to include: instituting comprehensive provider education (leading to a reduction in opioid prescribing); expanding partnerships with federal, state, private sector and contracted partners; developing alternatives to opioids for both our direct and purchased care settings; and now further expanding our Prescription Drug Monitoring Program (PDMP) to include state monitoring programs.

Acute pain afflicts much of the active force every year. By all major measures, DoD personnel and the MHS are carefully managing individuals with pain. Abuse of opioids by active duty Service members (as measured by random drug testing) is less than 1%, addiction to opioids (as measured through our MHS Clinical Data Repository) is less than 1%, and overdose deaths are 2.7/100,000, half of the national rate when adjusted for demographics. For DoD, the majority (83%) of long-term opioid patients

are: greater than 45 years old; most likely to be retirees or retiree family members; and obtain most of their care outside of military hospitals and clinics.

We are also cognizant of the broader public health crisis facing this nation, and focused on ensuring our medical workforce, our patients, and our families are familiar with the most current science regarding the responsible treatment and management of pain. Our data analytics have identified the number of TRICARE enrollees that reside in areas with high opioid prescribing rates, enabling us to apply a risk rating to each county to better target those individuals who may be at risk and military installations that may be most influenced by prescribing practices in the civilian community. Exhibit 1 shows one portrayal of the data we analyzed to assist with our outreach and education effort.

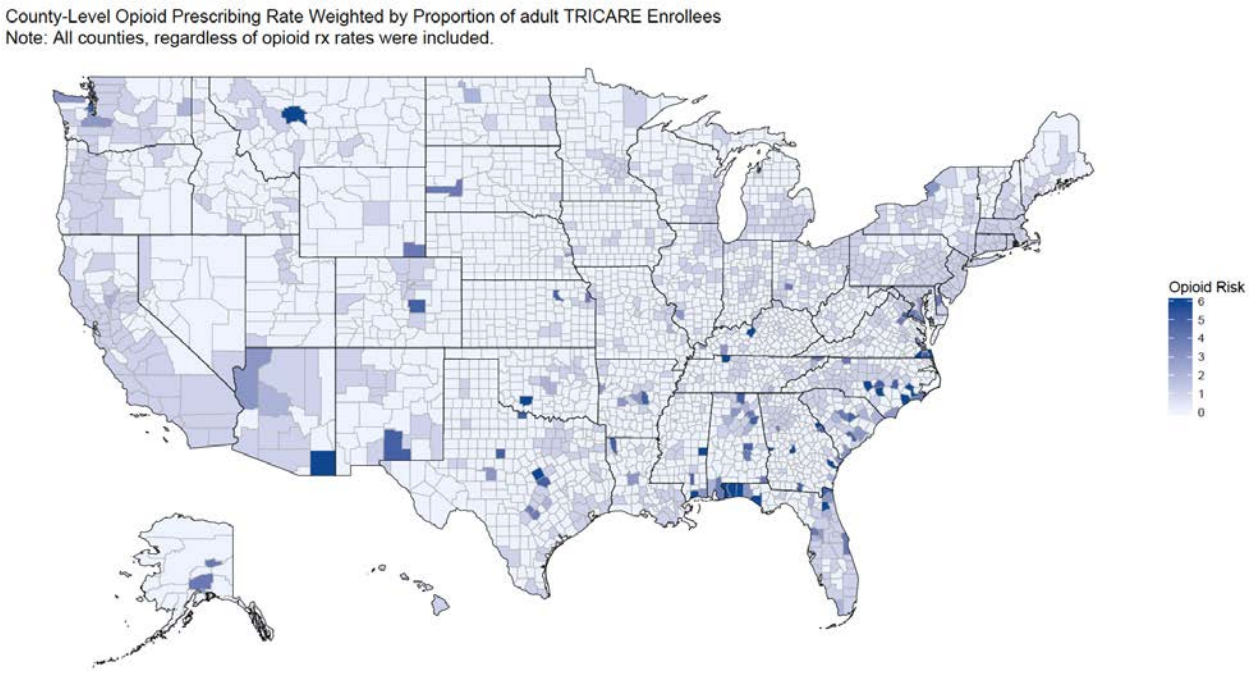

Exhibit 1: County-Level Prescribing Rate Weighted by Adult TRICARE Enrollees

The Department continues to emphasize advances in pain and addiction treatment, pharmacy interventions, and research into pain and addiction syndromes. And, we are working closely with our colleagues at the Department of Veterans Affairs (VA) to coordinate treatment for our shared population of beneficiaries.

While it is difficult to quantify chronic pain in any population, it is safe to say rates are especially high in our active duty and veteran populations. At least one national health survey reported over 65% of veterans report ongoing pain; another study found that 44% of active duty service members (ADSM), who recently deployed, experienced pain. Given the physically demanding nature of military service, the incidence of pain must be anticipated and addressed. DoD's approach to the opioid crisis has a dual focus: (1) to implement a comprehensive model of pain management that focuses on non-pharmacologic pain treatments, and (2) when opioid use is necessary to optimize safe usage for our patients.

Opioid Safety Pharmacy Initiatives

The MHS has introduced a number of initiatives to lower the risk of adverse outcomes from the use of opioids. Since 2016, DoD has partnered with Express Scripts, Inc. (ESI), our pharmacy benefits manager, to develop and utilize the TRICARE prescription monitoring program (PMP). This program identifies patients at all of our points of service who are at risk for an opioid overdose or other negative outcomes due to controlled substance prescriptions, particularly patients using multiple classes of controlled substances. DoD also rolled out a MHS Opioid Registry, identifying patients receiving care in military treatment facilities (MTFs) who are taking opioids. Data in this

registry includes the number of opioid prescriptions filled, the cumulative dosage of opioids, as well as supplemental medical information that allows medical providers in the MTFs to understand a specific patient's risk for addiction, overdose death or opioid-related complications.

On a quarterly basis, ESI provides the top 300 utilizers to each TRICARE contractor or the MTF when the MTF is the primary care manager. Upon contractor or MTF review, ESI can restrict beneficiaries from obtaining their opioid prescription to one doctor or from one pharmacy. ESI manages the Lock-In Restriction Program for beneficiaries that obtain medical care and prescriptions from both the MTF and the TRICARE managed care support contractor (MCSC) network. Restricted beneficiaries who obtain opioids from a doctor or pharmacy they are not locked in to are responsible for 100% of the cost. In the first six months of this program, through January 2018, ESI has added restrictions for 697 beneficiaries.

While the MHS Opioid Registry focuses on opioid prescribing from the patient perspective, DoD also uses a database that examines provider prescribing practices. The Controlled Substance Prescriber Profile identifies providers with the highest volume of opioids prescribed by total dosage and number of prescriptions over a period of time. This report is used by MTF leaders to identify and address those prescribers whose prescribing practices may indicate an overreliance on opioids for pain control.

The Department is also working on adopting and implementing the MHS Stepped Care Model, a comprehensive model of pain management. The MHS Stepped Care Model will provide our patients with evidence-based pain management guided by clinical practice guidelines (CPGs): effectively treat acute and chronic pain; promote

non-pharmacologic treatment; prevent acute pain from becoming chronic; and minimize use of opioids with appropriate prescribing only when indicated.

Furthermore, DoD was one of the first federal agencies to establish a drug "Take Back Program" that provides its beneficiaries with a mechanism to properly and safely dispose of unused or expired controlled medications. By December 2017, 100% of DoD MTFs had established local "Take Back" programs and had collected over 166,000 pounds of drugs through collection receptacles, mail-back envelopes, and participation in U.S. Drug Enforcement Administration drug take back events.

Provider Training and Education

DoD has established a comprehensive, mandatory Opioid Prescriber Safety Training (OPST) program, an online interactive education module that guides and reinforces safe opioid prescribing, and is also accepted by many states as meeting their opioid safety training requirements. This training instructs providers in evidence-based and effective pain management without opioids. In addition, DoD hosts monthly web-based training and annual seminars to assist health care teams in treating pain and substance use disorders.

DoD conducted a study to evaluate the impact of the OPST, specifically to compare (a) if providers are prescribing opioids more safely since receiving the training, and (b) if changes in provider prescribing behavior differs substantially between "trained" and "untrained" providers. The study evaluated 8,884 prescribers trained by April 2017. Preliminary data suggest that the training led to improved outcomes related to enhanced compliance with the Department's CPGs. There was a reduction in the

mean morphine milligram equivalent daily dose per prescription (32.4 mg pre-training; 32 mg post-training) and a reduction in the mean percentage of prescriptions with benzodiazepine overlap (7.4% pre-training; 7.1% post-training). These reductions are a small, but an important indication that our prescribing practices are trending in the right direction.

DoD plans to extend the impact study to cover all prescribers who completed the training for whom we have data for a full year pre- and post-training to look at patterns of behavioral change over time. Data collection will be completed by September 30, 2018 and analysis completed by December 31, 2018.

DoD's Graduate Medical Education (GME) programs train clinicians in non-pharmacologic pain treatments across the spectrum of care, ranging from battlefield acupuncture training for primary care residents to radiofrequency ablations and implantable pain systems in specialty care.

In 2017, the VA and DoD published the VA-DoD CPGs for Management of Opioid Therapy for Chronic Pain. These CPGs provide comprehensive evidence-based recommendations regarding opioid prescribing. The guidelines encourages providers to focus on non-pharmacologic pain treatments and to avoid long-term opioid therapy. The guidelines encourage clinicians to use a patient-centered care approach that is tailored to the patient's capabilities, needs, goals, prior treatment experience, and preferences. Regardless of setting, all patients in the healthcare system are offered access to evidence-based interventions appropriate to that patient. When properly executed, patient-centered care decreases patient anxiety, increases trust in clinicians, and improves treatment adherence.

Complementary and Integrative Medicine Therapies

DoD makes extensive use of complementary and integrative medicine (CIM) therapies that assist in de-escalating or preventing opioid use. A 2017 RAND study surveyed MTFs and found that 83% offered some form of CIM modalities. Three-quarters offered stress management or relaxation therapy and two-thirds offered acupuncture. The study estimated that there are 76,000 CIM encounters per month in MTFs. DoD is committed to expanding evidence-based non-pharmacologic pain treatments.

Prescription Drug Monitoring Programs (PDMP)

One important tool for opioid safety is a PDMP – programs used in every state that allow both providers and pharmacists to review patient's opioid prescription histories to ensure there are no overlapping opioid prescriptions to worsen an opioid use disorder or cause an overdose.

DoD currently shares controlled substance prescription data with state PDMPs for prescriptions issued through our mail order or retail pharmacy networks. 63% of our DoD beneficiaries exclusively use these two outlets when filling controlled substance prescriptions. In addition, our Pharmacy Data Transaction Service (PDTS) allows military providers to view opioid prescriptions obtained at a civilian pharmacy or through the mail order program and billed through TRICARE.

There are some existing limitations of this data sharing. Principal among these limitations is that due to operational security concerns, MTF pharmacies cannot

currently share opioid prescribing information from MTFs with state PDMPs. Additionally, a military provider has no visibility of an opioid prescription obtained through a cash transaction at a civilian pharmacy – those transactions are captured by state PDMPs but not the PDTS.

The Department is working diligently to establish a PDMP that will be accessible by both military and civilian providers who treat our beneficiaries. The enhanced DoD PDMP will interface with state PDMPs through a portal that will be single-use and allow for anonymous access. This new capability is expected to available by December 2018.

Federal, State and Private Sector Partnerships

DoD partners with a number of government and non-government organizations as it seeks to adopt best practices in opioid safety. In addition to the VA-DoD CPGs for Management of Opioid Therapy for Chronic Pain that were mentioned earlier. The VA and DoD also published CPGs for the treatment of low back pain and comorbid psychiatric conditions which are conditions where opioids may also be prescribed. Moreover, VA and DoD have partnered on the Joint Pain Education Project (JPEP). JPEP is a project that creates a common pain management curriculum between the two Departments, allowing for standardization of pain care and optimization of healthcare services.

DoD has partnered with National Institutes of Health (NIH) and its National Center for Complementary and Integrative Health (NCCIH), to collaborate on chronic pain and non-pharmacologic treatment approaches to pain. Jointly supported by the NIH, DoD, and VA, twelve research projects totaling approximately $81 million over six

years will focus on developing, implementing, and testing cost-effective, large-scale, real-world research on non-pharmacologic approaches for pain management and related conditions in military and veteran healthcare delivery organizations. . The NIH-DoD-VA Pain Management Collaboratory Program, will also:

- Provide leadership and technical expertise in all aspects of research supporting the design and execution of high impact demonstration projects on non-pharmacological approaches for pain management and other comorbid conditions;
- Provide important information about the feasibility, acceptability, safety, and effectiveness of nondrug approaches in treating pain. Types of approaches being studied include mindfulness/meditative interventions, movement interventions (e.g., structured exercise, tai chi, yoga), manual therapies (e.g., spinal manipulation, massage, acupuncture), psychological and behavioral interventions (e.g., cognitive behavioral therapy), integrative approaches that involve more than one intervention, and integrated models of multi-modal care.
- Disseminates data, tools, best practices, and resources from these and other projects to facilitate a research partnership with other health care delivery systems that provide care to military personnel, veterans and their families.

Projects under this initiative will be conducted within healthcare systems that serve military, veterans and their families.

DoD also collaborates with state governments and academic institutions in tackling the opioid crisis. The Defense and Veterans Center for Integrative Pain Management (DVCIPM) has established a cooperative research and development

agreement with West Virginia University to share pain management education, tools, and expertise. One example of work being performed is the Defense and Veterans Pain Rating Scale (DVPRS) -- an innovative and validated pain scale developed by the DoD, in collaboration with the VA, building on the familiar 0-10 numeric pain rating scale (NRS) widely used in medicine. The DVPRS was developed in to improve on the utility and clarity of the NRS.

The DVPRS has been extraordinarily popular with patients and providers. Following multiple validation studies conducted by DVCIPM and a MHS systematic review of other pain scales, the Defense Health Agency (DHA) selected the DVPRS as the designated pain scale for adolescents and adults, and we will incorporate this work into future DoD-wide policies as well as part of the DHA Procedural Instruction (DHA PI) for Pain Management and Opioid Safety.

The DVPRS has also been adopted for use in multiple civilian hospitals and other healthcare settings and organizations. West Virginia University Health System is rolling out the DVPRS across its eight hospitals as part of their pain management and opioid safety strategies.

DoD participates in the North Carolina Payer's Council, a group of healthcare payers convened by the North Carolina Department of Health and Human Services. The recently established Payers' Council is working to identify, align and implement policies to improve health outcomes by:

- Supporting providers in judicious prescribing of opioids;
- Promoting safer and more comprehensive alternatives to pain management;

- Improving access to naloxone, substance use disorder treatment and recovery supports; and
- Engaging and empowering patients in the management of their health.

Finally, DoD is partnering with other departments and agencies on a fast track action committee to identify gaps in current knowledge and create a research roadmap for opioids focusing on pain, addiction and overdose. The committee is being convened by the White House Office of Science and Technology Policy, and co-chaired by NIH and the National Science Foundation.

DHA is working closely with DoD's MCSC partners on the issues of opioid safety and effective pain management. The new TRICARE contracts require MCSCs to act on information provided by DoD regarding patients with unusually high doses or lengthy opioid use as well as providers who prescribe high amounts of opioids.

Consistent with its use of CIM in MTFs, DHA is crafting policy to expand TRICARE coverage for non-pharmacologic pain treatment modalities.

Conclusion and Way Ahead

DoD is strongly committed to optimizing opioid safety for our Service members and our beneficiaries. DoD's focus and response is strongly connected to readiness and our commitment to deliver safe, effective healthcare to all of our patients. The Department believes that improving opioid safety must be paired with exceptional pain management. We closely monitor opioid use across our system of care serving our 9.4 million beneficiaries, in both the direct and purchased care sectors.

Although our performance shows rates of opioid addiction that are significantly lower than that found in the private sector, we are constantly looking at ways to improve. With Congress' support for our research agenda, we have a number of well-designed research projects underway that will soon be adding to our evidence-based practices. We must continue to synchronize our policies that support alternatives to opioids in both the direct and purchased care systems and ensure that our entire workforce and beneficiary population knows how to access these alternatives. Importantly, we are strengthening our PDMP to further expand the sharing of data with state PDMPs.

Using the best evidence in opioid safety, a Stepped Care Model for pain management, and your continued support, our beneficiaries will realize improved readiness and health. We appreciate the opportunity to discuss our programs and future plans, and we look forward to answering your questions.