UNDERSTANDING THE OPIOID ABUSE EPIDEMIC

A 2018 report by Avalere Health provides important context around the clinical, regulatory and reimbursement incentives that led to America's opioid crisis. Over the past four decades, there has been a steady increase in drug overdose deaths caused by cocaine, methamphetamine and opioids. The current opioid abuse epidemic has evolved, with heroin and illicitly manufactured fentanyl now accounting for the greatest share of drug overdose deaths.

INCREASING OPIOID PRESCRIBING FOR PAIN

GROWING SUPPLY OF PRESCRIPTION OPIOIDS \$

INCENTIVIZING AGGRESSIVE PAIN MANAGEMENT

Starting in the 1980s, an increased emphasis on treating pain more aggressively, combined with a de-emphasis of the potential for addiction, led to a rapid increase in the number of opioid medications prescribed.

- **1980:** The New England Journal of Medicine published a report claiming opioid addiction is rare among chronic pain patients treated with these medicines.
- **1984-87:** The National Academy of Sciences and Institute of Medicine formed the Commission on the Evaluation of Pain and recommended using quantitative measures to evaluate pain.
- 1995-2000: The American Pain Society launched "Pain, the Fifth Vital Sign" campaign; The Department of Veterans Affairs and The Joint Commission adopted this strategy shortly thereafter.

In response to this change in clinical practice, federal agencies increased the supply of opioids in the market.

1993-2015: The Drug Enforcement Administration (DEA) increased annual production quotas for opioids 39-fold based on the premise of "legitimate medical need."

1997-2005: The Food and Drug Administration approved 263 new formulations and combinations of opioids. Until 2016, quality measures and reimbursement practices further incentivized aggressive pain management.

- 2006: The Centers for Medicare & Medicaid Services (CMS) implemented the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey containing two questions on pain management.
- 2012: CMS tied Medicare hospital reimbursement and payment to HCAHPS scores.

RESPONDING TO THE EPIDEMIC

In response to the growing epidemic, federal policymakers and regulators have taken action to address various drivers of opioid misuse and abuse.

2016: The Centers for Disease Control and Prevention introduced opioid prescribing guidelines.

The DEA decreased the annual production quotas for opioids by 31.6 percent.

2017: The U.S. Department of Health and Human Services declared the epidemic a public health emergency.

CMS removed HCAHPS pain measures.

2018: Congress passed the SUPPORT for Patients and Communities Act.