

Proposal Summary
Meeting Date: 8/21/2019

University of Illinois Hospital & Health Sciences System Request # 115936

Project Title:	Managing Opioid Use Disorder in Cancer Patients - Co-managing Pain and Addiction
Duration:	24 months
Request Amount:	\$300,000
Recommended Amount:	\$300,000
Program Area:	Health and Rehabilitation\Clinical / Treatment Services
Population Served:	Cancer Patients / Families
Type of Support:	Program Support
Location:	Chicago, IL

Organizational Background

UI Health’s Cancer Center has core clinical programs in lung, head & neck, breast, colorectal, gynecologic, hematology, and urologic cancers and was rated “High Performing” in the 2019 US News and World Report. In 1990, Mile Square Health Center a Federally Qualified Health Center (FQHC), became a component of the UI Health System. Mile Square is a community health center providing primary care and outpatient addiction treatment services to underserved communities throughout Chicago. UI Health Cancer Center and Mile Square are positioned to implement a collaborative care model with for managing opioid use disorder in cancer patients and co-managing pain and addiction.

Finances (UI Health System)

	Budget	Actual	Actual
	06/30/2018	06/30/2017	06/30/2016
Revenues	3,883,954	3,818,937	5,414,339
Expenses	6,311,865	6,113,621	5,702,494
Surplus (Deficit)	3,413,265	4,374,586	4,321,881
Net Assets	7,876,733	7,178,287	7,166,463

Annual Revenue Sources

Grants	13%
Fees	17%
Government	37%
Private Support	0
Earned Income	6%
Other	27%

Program Description

Many of the over 15.5 million cancer survivors living in the United States continue to suffer from the sequelae of cancer care after completion of curative treatment. Over 70% of cancer patients use opiates after radiation and/or chemotherapy; significantly higher rates those patients that smoke, use alcohol, or have head and neck cancer. Approximately 39% of cancer survivors experience chronic pain after completing treatment and up to 10% of cancer survivors have severe pain that interferes with function years after treatment has ended. Opioid-based therapy is the primary treatment modality used to treat chronic oncologic pain and is often associated with significant adverse effects, including addiction to opioids.

With the recent improvements of cancer treatments, patients are living longer. At times, the cancer is cured, but an addiction ensues. Oncologists need to understand how to screen for current opioid use/abuse, prevent opioid abuse in the future, and co-manage high-risk patients with primary care

physicians who are knowledgeable with Opioid Use Disorder (OUD) and chronic pain management. The lack of training to screen and treat patients (with OUD) among clinicians has resulted in underdiagnosis and inadequate access to care for patients who suffer from addictive disorders. The barriers for clinicians include: a lack of awareness of effective screening tools and medications for treatment; understanding dosing protocols; low confidence in addressing and managing OUD, and lack of availability of addiction services.

Through this initiative, the UI Health oncology and Mile Square primary care teams aim to increase clinician and patient awareness, conduct appropriate screening of patients, and engage in patient-centered discussion on risk/benefits of opioids for cancer patients. The teams will develop a sustainable, and integrated co-management program for patients with a cancer diagnosis and substance use disorders. This collaborative inter-disciplinary improvement model will include clinicians from Oncology Psychosocial Clinic, Palliative Care, Pharmacy, Primary Care, Outpatient or Inpatient Treatment, Survivorship Clinic, and Medication-Assisted Treatment.

UI Health and Mile Square will develop a pathway from oncology to primary care. They will determine how to best screen patients, analyze test results and develop collaborative transitional care plans that focus on adequate pain control, reduction of risk for development of OUD, and treatment of OUD. When indicated, the team will develop a treatment plan to taper, lower or eliminate opioid use.

For this project, UI Health and Mile Square will enroll 30 cancer survivors with a history of substance abuse disorder from the lung and head/neck oncology clinic and later expand to additional cancer clinics. Participants will include patients in treatment, survivors and new patients of three types:

- Patients with a history of cancer (survivors) that are actively using opioids.
- Patients with an active diagnosis of cancer who are using or abusing opioids.
- Patients that have an active diagnosis of cancer, have a history of opioid or substance abuse disorder and/or are at risk for developing a disorder.

Of particular note is that the current guidelines for prescribing opioids, (established by Center for Disease Control) are for primary care clinicians recommending opioids for chronic pain. The guidelines do not include recommendations prescribing opioids for cancer treatment and palliative care. The Center intentionally did not address or limit prescribing opioids for oncology as opioids are the primary treatment modality for pain management and control. Through this project, UI Health and Mile Square will develop guidelines for prescribing opioids for cancer patients to influence the Center for Disease Control to establish guidelines for oncology. Without such guidelines, oncology clinicians are challenged to treat patients, leaving them with a high risk of having or developing an opioid use disorder and/or becoming addicted.

Strengths / Weaknesses

Strengths

- Collaboration between oncology team, palliative medicine, primary care, survivorship, and addiction specialists will create a unique integration model to care for cancer patients with OUDs.
- The oncology team will assess cancer patients for risk of opioid use disorder and create a transitional care plan (not being done at other Chicago institutions).

- Project aims to develop and influence national guidelines for oncology -- currently do not exist.
- A co-management model will be created that transitions a patient from active treatment to primary care that can be replicated with appropriate resources.
- Toolkit will be produced to guide oncology providers to manage opioid use/misuse including palliative care and addiction specialist.

Weakness

- CFI is the source of funding with in-kind contributions by the Department of Hematology/Oncology.

Why Fund

Based on Dan Wanzenberg’s interest in the opioid crisis affecting the nation, this program is being developed by the teams at UI Health and Mile Square. While working on the 4R Patient Care Sequences, we discovered that cancer patients using and/or misusing opioids can affect treatment and may result in an addiction. Thus, this project is being developed to co-manage opioid use disorder in cancer patients – a population we can impact within the national opioid crisis. This project employs strategies in the CFI’s Cancer Impact Plan and aims to identify and fill knowledge gaps, assist and empower patients to be fully engaged in their treatment plan with the goal of improving health outcomes to those served at UI Health and Mile Square.

Anecdotally, we have had discussions with other providers who are very interested in learning and replicating this co-management model. However, we need to develop and pilot this initiative before trying to implement at other sites.

Prior Grants

Last Grant Date: 10/9/2018

Number of Prior Grants: 4

Last Grant Amount: \$220,000

Total Amount Granted: \$489,000

Grants Budget (if not general operating)			
Expenditure Category	Recommendation	Other Sources*	Total
Salaries (15 FTEs)	\$254,587		\$254,587
Urine drug screens	\$10,000		\$10,000
Risk assessment tool survey participants	\$1,500		\$1,500
Clinical and Translational Science Data Analysis Services	\$16,000		\$16,000
Conference Expenses	\$17,913		\$17,913
Total	\$300,000		\$300,000

*Over and above total budget of \$300,000 the Department of Hematology/Oncology will provide in kind support of \$36,240 and track staff efforts. Several other departments are involved in this collaborative effort and are also providing in-kind support.