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Arizona State Office of Rural Health Monthly Webinar Series

Provides technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders.



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Today's presentation:



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The Power of Rural Communities in Action: Responses to the Opioid Crisis in Rural Arizona

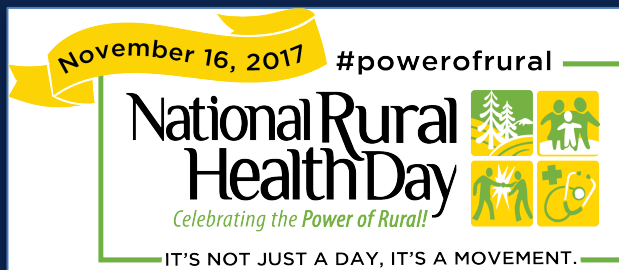
November 16, 2017 #powerofrural

National Rural Health Day

Celebrating the Power of Rural!

IT'S NOT JUST A DAY, IT'S A MOVEMENT.

The logo includes four square icons: a green square with white trees and mountains, a yellow square with green silhouettes of a family, a yellow square with green silhouettes of two people shaking hands, and a yellow square with a green medical cross and a stethoscope.



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The Power of Rural Communities in Action: Responses to the Opioid Crisis in Rural Arizona



- *Introduction and Scope of the Issue*
- *Arizona Department of Health Services: First Responders Comprehensive Addiction & Recovery Act Grant*
- *Arizona Rural Women's Health Network: FORHP Rural Health Opioid Program Grant*
- *Southern Arizona Hospital Alliance: FORHP Rural Health Network Development Planning Grant*
- *Arizona Center for Rural Health FORHP Opioid Focus Support for Critical Access Hospitals*
- *Comments and Discussion*

Arizona's Opioid Epidemic

Daniel Derksen MD, Director
Arizona Center for Rural Health

11/16/17



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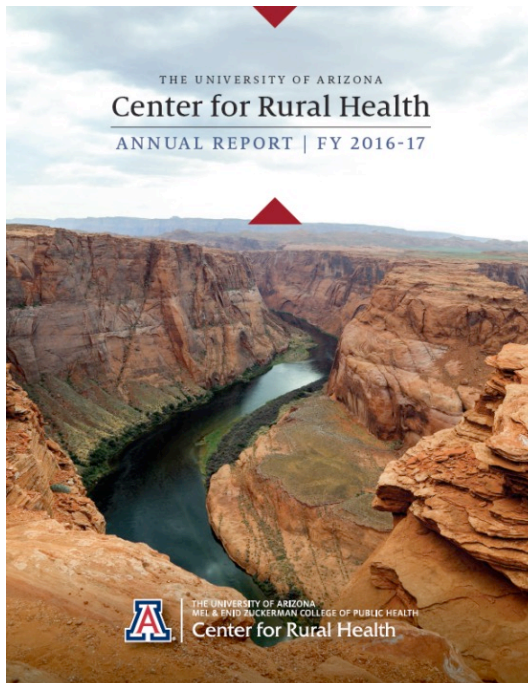
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The AzCRH Mission is “to improve the health & wellness of rural and vulnerable populations.”



Programs:

1. State Office of Rural Health
2. Rural Hospital Flexibility Program
3. Small Hospital Improvement Program
4. AzCRH Navigator Consortium
5. W Region Public Health Training Center
6. SAMHSA-ADHS AZ First Responders
7. **AZ Prescription Drug Misuse/Abuse Initiative**

<http://crh.arizona.edu>



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Understanding the Opioid Epidemic



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There is no completely ‘safe’ dose or duration of prescription opioids – anyone can become addicted, or die from them.

Largest increases in probability of continued opioid use (>1 to 3 years):

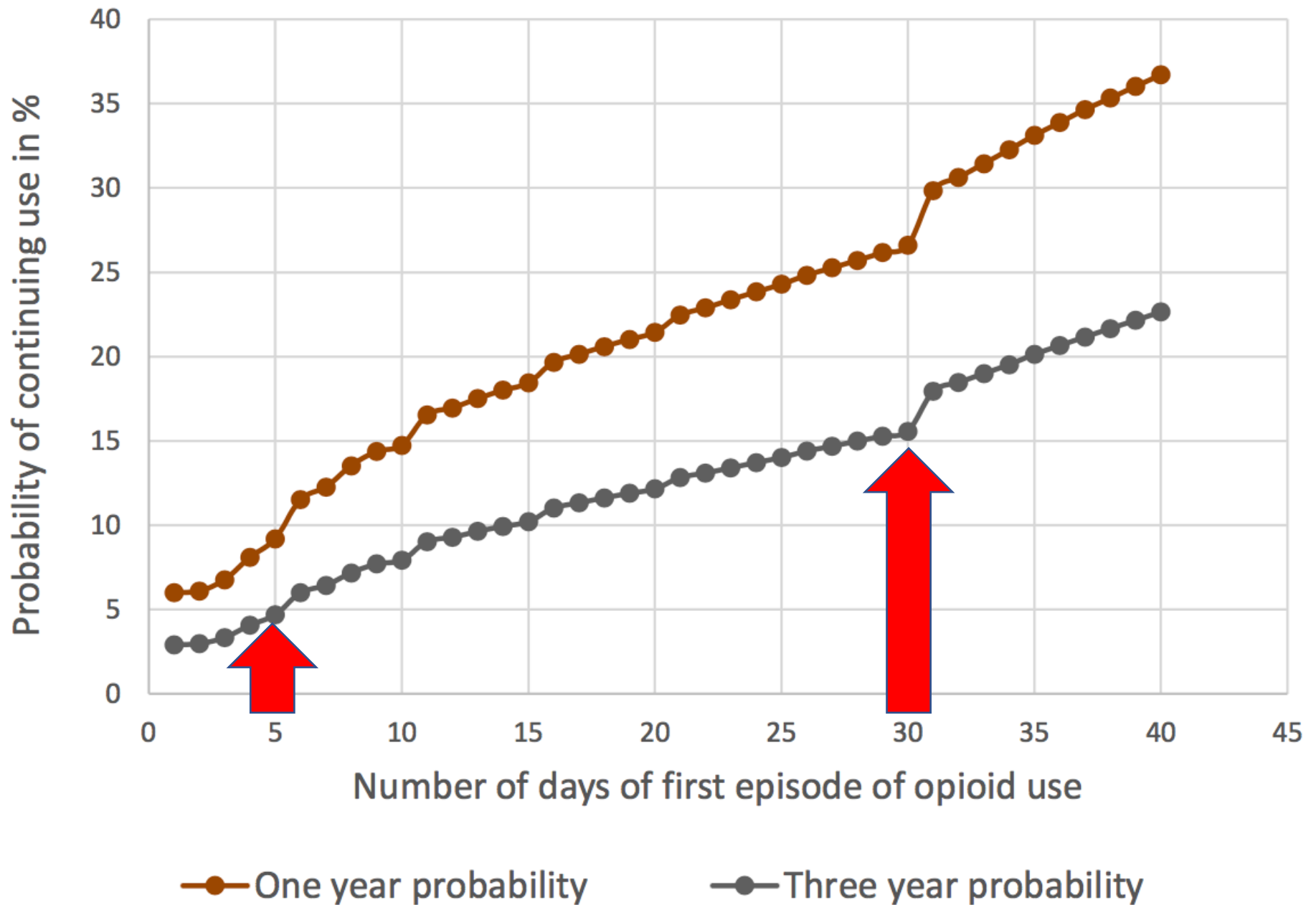
- Prescribing opioids for **> 5 days and > 30 days duration.**
- Taking **>700 MME* cumulative dose.**
- Initiating treatment with a **long acting opioid.**
- Filling a second opioid prescription.

*MME = morphine milligram equivalents

Source: Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. MMWR Morb Mortal Wkly Rep 2017;66(10):265-269.

https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm?s_cid=mm6610a1_w

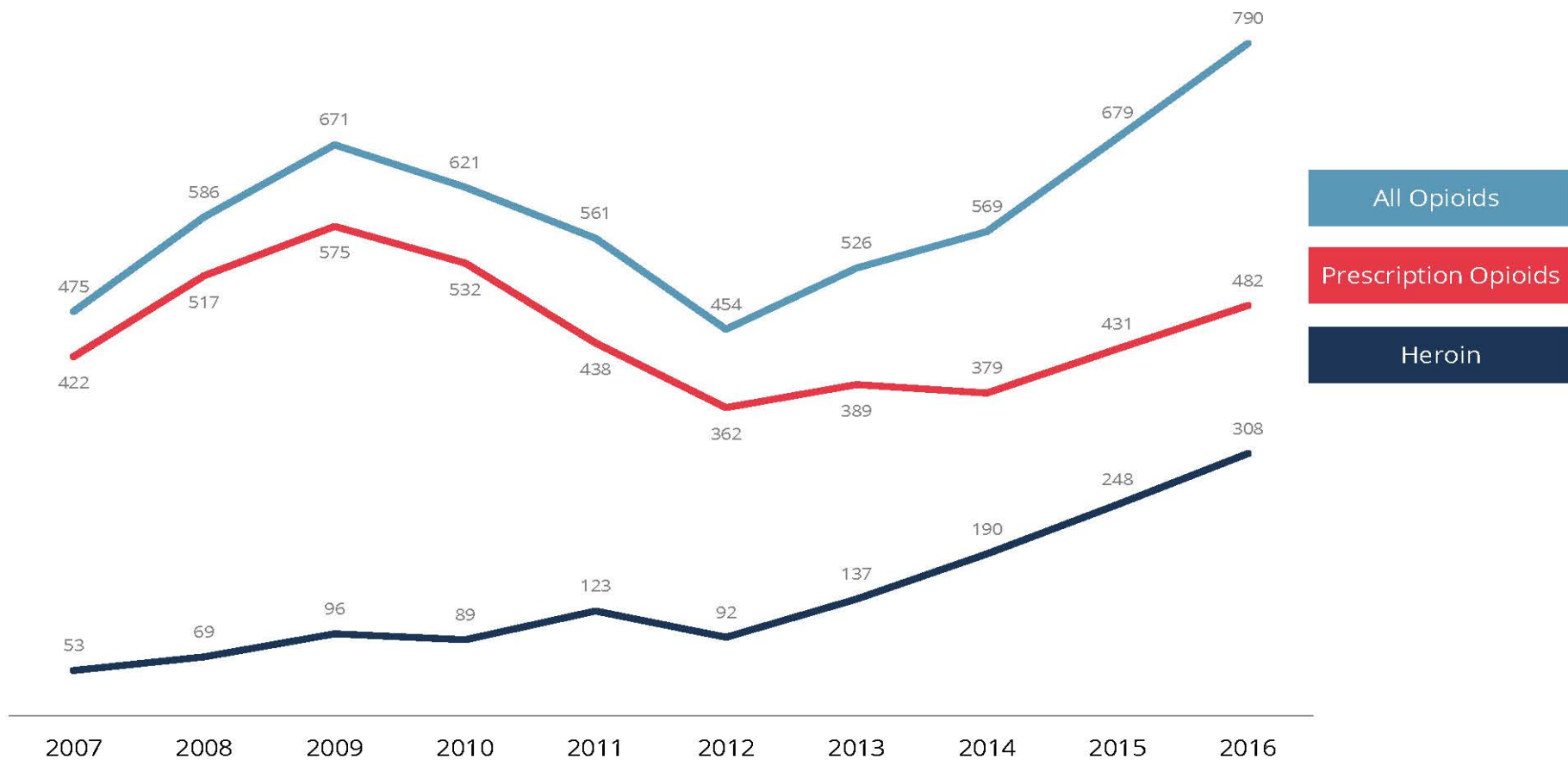
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Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. MMWR Morb Mortal Wkly Rep 2017;66(10):265-269.

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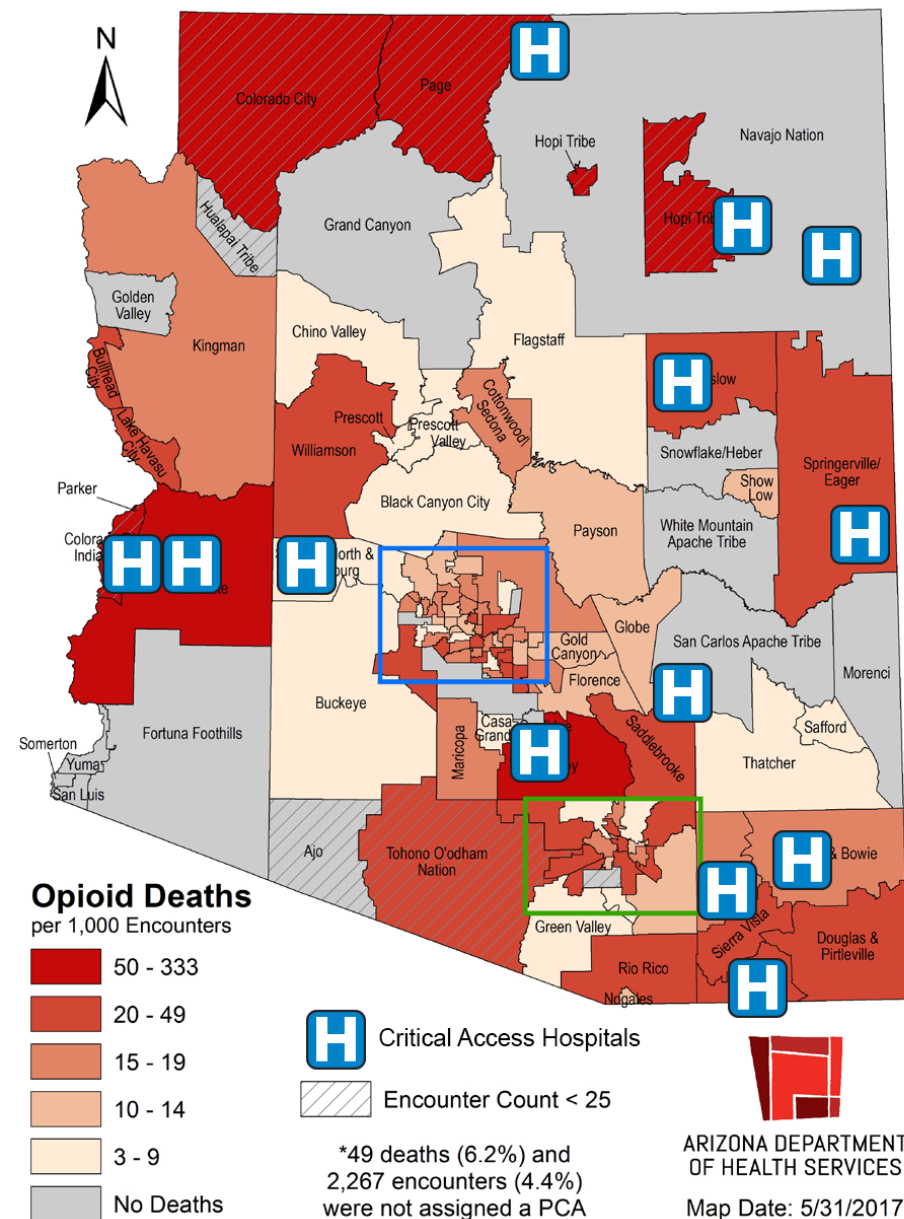
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Arizona Opioid Deaths 2007 to 2016

<http://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/arizona-opioid-report.pdf>

Opioid Deaths per 1,000 Encounters by Primary Care Area (PCA), 2016*



**Over two Arizonans
die each day from
opioid overdoses,
over half related to
prescription opioids**

Dan Derksen, MD



Arizona declares opioid crisis a public-health emergency

Ken Alltucker, The Republic | Azcentral.com June 5, 2017

With 790 Arizona residents dead from opioid overdoses last year, Gov. Doug Ducey declared a public-health emergency that seeks to bolster the state's efforts to counter the epidemic.

<https://www.azcentral.com/story/money/business/health/2017/06/05/arizona-declares-opioid-crisis-public-health-emergency/371208001/>



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Health and Wellness for All Arizonans

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AUDIENCES

TOPICS

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Opioid Epidemic

[ADHS Home](#) / [Public Health Prevention](#) / [Women's and Children's Health](#) / [Injury Prevention](#) / [Opioid Epidemic](#)

Real Time Opioid Data

For the first time, statewide opioid data is available in real time. [Check out the details](#) of the five categories of data we are now collecting.

538

suspect opioid
deaths

3,920

suspect opioid
overdoses

349

neonatal
abstinence
syndrome

3,672

naloxone doses
dispensed

2,509

naloxone doses
administered

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<http://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php>

Initiative Strategies



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Strategy 1 - Reduce illicit acquisition and diversion of prescription drugs

Strategy 2 - Promote responsible prescribing and dispensing policies and practices

Strategy 3 - Enhance Rx drug practice and policies in law enforcement

Strategy 4 - Increase public awareness and patient education about Rx drug misuse and abuse

<http://substanceabuse.az.gov/substance-abuse/rethink-rx>

Strategy 5 - Enhance assessment and referral to substance abuse treatment



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Addressing Prescription Opioids



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ARIZONA OPIOID PRESCRIBING GUIDELINES

A voluntary, consensus set of guidelines that promote best practices for prescribing opioids for acute and chronic pain

NOVEMBER 2014



ARIZONA OPIOID PRESCRIBING GUIDELINES

A voluntary, consensus set of guidelines that promote patient safety and best practices if prescribing opioids for acute and chronic pain.

Last Revision: November 5, 2017



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azhealth.gov/opioid

Dan Derksen, MD

Prescribing Guidelines: Treatment of Acute Pain



- 1. Use non-opioid medications and therapies as first-line treatment for mild and moderate acute pain.**
- 2. If opioids are indicated for acute pain, initiate therapy at the lowest effective dose for no longer than 3-5 day duration, and reassess if pain persists beyond the anticipated duration.**
- 3. Do not use long-acting opioids for the treatment of acute pain.**

From Toolkit to Online Modules



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ARIZONA OPIOID PRESCRIBING GUIDELINES

A voluntary, consensus set of guidelines that promote patient safety and best practices if prescribing opioids for acute and chronic pain.

Last Revision: November 5, 2017



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Opioid Prescribing CME Courses:
Responding to the Public Health Emergency
Online courses offering free AMA PRA Category 1 Credit™ to help Arizona prescribers use pain management best practices.

www.VLH.com/AZPrescribing

Developed by AZ Prescription Drug Misuse & Abuse Initiative, AZ Department of Health Services, UA College of Public Health, AZ Center for Rural Health, UA College of Medicine


vlh.com/AzPrescribing

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ARIZONA PRESCRIPTION DRUG MISUSE & ABUSE INITIATIVE

Opioids Prescribing Guidelines:
The Basics



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Speaker Name
Speaker Title
Day | Date

Next slide

The Goal

- To introduce the Arizona Opioid Prescribing Guidelines and review safe prescribing practices in order to reduce opioid-related morbidity and mortality

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This presentation is designed for health care providers to use and modify as needed with different audiences. Presenters may add logo from your own organization and may delete the ADHS logo if deemed appropriate.

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<http://azdhs.gov/audiences/clinicians/index.php#clinical-guidelines-and-references-rx-guidelines>

Click on **Sample Opioid Prescribing Guideline Teaching PPT**

Useful Arizona Websites



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1. Arizona Prescription Drug Misuse & Abuse Initiative Toolkit www.RethinkRxAbuse.org
2. Arizona Opioid Prescribing Guidelines: <http://www.azdhs.gov/audiences/clinicians/index.php#clinical-guidelines-and-references-rx-guidelines>
3. Dropbox Locations: www.dumpthedrugsAZ.org
4. Find Substance Abuse Providers/Resources: <http://substanceabuse.az.gov/> (enter zip code)
5. Free CME: <https://www.vlh.com/azprescribing/>
6. Naloxone Harm Reduction Training: Sonoran Prevention Works <http://spwaz.org/services/>
7. Arizona Prescription Monitoring Program (PMP) <https://pharmacypmp.az.gov>

How can you help?



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Prescribing Providers:

1. Take the CME courses! <https://www.vlh.com/azprescribing/>
2. Sign up for the Prescription Monitoring Program (PMP):
<https://pharmacypmp.az.gov>
3. Post and share websites, CME link on your website,
<https://www.vlh.com/azprescribing/>
4. Send Arizona Opioid Prescribing Guideline requests to Lacie, lacie.ampadu@azdhs.gov
5. Work with today's speakers and local coalitions.

Contact Jennifer Peters to reach speakers:
petersjs@email.arizona.edu or call (520) 626-2254

Dan Derksen, MD



Arizona's First Responders Comprehensive Addiction & Recovery Act Grant

Dr. David James Harden, JD, NREMT
Strategic Planning & EMS Recognition Programs Manager
Bureau of EMS and Trauma System
Arizona Department of Health Services

16 November 2017



Overview

- **Grant Period**

- Four-Year Grant Term (10/2017-09/2021)
- \$3.1 million total funding from SAMHSA

- **Key Grant Partners**

- Arizona Department of Health Services
 - Bureau of EMS & Trauma System
- University of Arizona
 - Arizona Center for Rural Health (AzCRH)
 - Center for Population Science and Discovery (AzCPSD)
- Arizona Peace Officer Standards and Training board (AZPOST)



Three-Part Initiative

- **Naloxone (Initiatives 1 & 2)**
 - Statewide naloxone delivery system for First Responders
 - Statewide acute opioid-overdose recognition and naloxone administration training program for First Responders
- **Goals:**
 - Facilitate naloxone delivery to 100% of First Responders seeking naloxone
 - Provide training opportunities to 100% of First Responders seeking training
- ❖ Initial emphasis on areas disproportionately impacted by the opioid crisis, then expanding statewide



Three-Part Initiative

- **SBIRT-EMS (Initiative 3)**

- Establish a targeted First Responder SBIRT program in the out-of-hospital setting to provide appropriate interventions and referrals to care.

- **Goals**

- Decrease opioid-related 911 Calls by 25%

❖ Pilot in 2 rural and 2 urban counties disproportionately impacted by the opioid crisis, then expanding statewide



Advisory Council

- Arizona Department of Health Services
- AZ Center for Rural Health
- AZ Center for Population Science & Discovery
- AZ Peace Officer Standards and Training Board
- Governor's Office of Youth, Faith & Family
- AZ High Intensity Drug Trafficking Area
- AZ Public Health Association
- AZ Ambulance Association
- AZ Fire Chiefs Association
- AZ Fire District Association
- AZ Society of Interventional Pain Physicians
- AZ Advisory Council on Indian Health Care
- Sonoran Prevention Works
- United States DEA
- Arizona Superior Court
- AZ Hospital & Healthcare Association
- AZ Health Care Cost Containment System



Contact Information:

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Arizona Rural Women's Health Network

Mission- To build our network partners' capacity to cultivate and promote innovative policies and practices that improve the health of women in Arizona.

Vision – Women in Rural AZ will experience optimal health and wellness.



Background

- Initiative started in 2006 and AzRWHN formalized in 2007
- Address the lack of health care information, services, and education available to rural health care providers
- 2015 HRSA RHND grant for Sexual Violence
- 2017 HRSA RHOP grant Opioid Use Disorder



Rural Opioid Crisis

Impact on Women's Health

- Overdose deaths due to prescription painkillers for women have increased at almost double the rate of men.
- Women are at increased risk for chronic pain and then more likely to be prescribed opioids.
- About 66% of caregivers are women, which can impact their physical and mental health, risk factors for increased opioid use and/or substance misuse.
- ADHS Dashboard shows 41% of opioid overdoses are female.

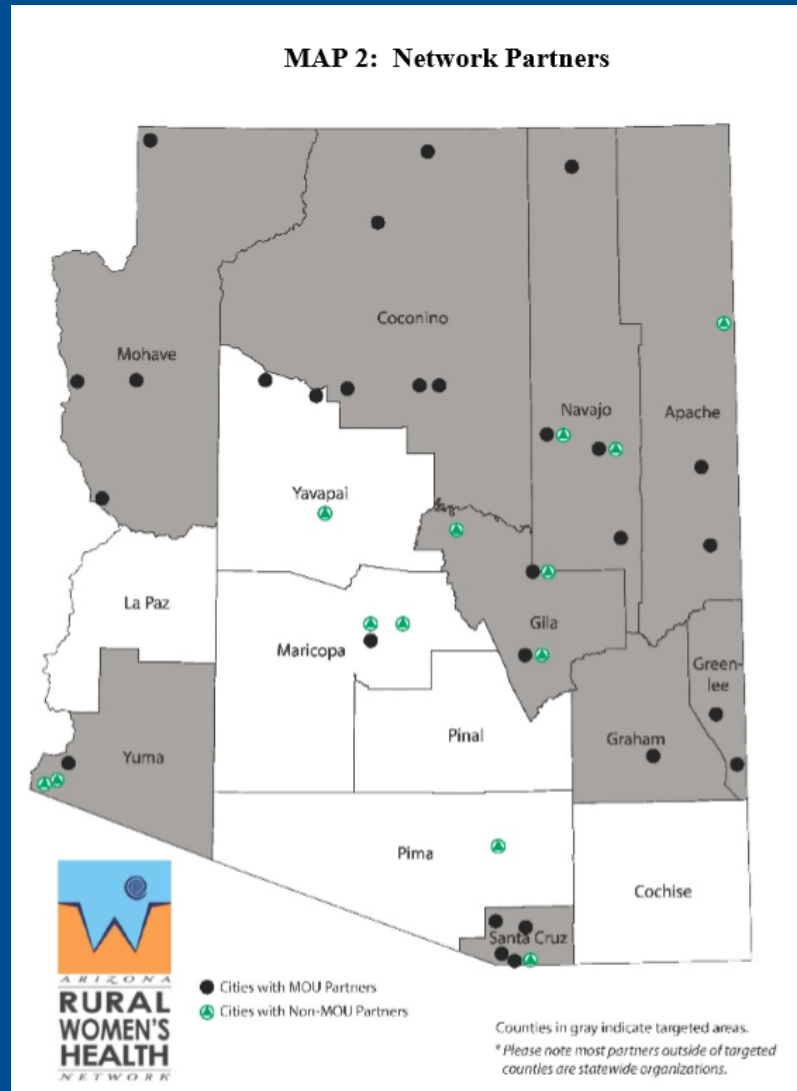


Rural Health Opioid Program Goals

1. Strengthen the capacity of AZRWHN to improve health information and services for women and their families in rural Arizona.
2. Increase knowledge and utilization of the Screening, Brief Intervention and Referral to Treatment (SBIRT) model through education and implementation support to rural Arizona providers.
3. Positively impact rural women's health through collaboration, advocacy and policy change.



Geographic Service Area



Strengths in Rural Communities

- Learn from existing OUD and screening efforts by Network members and partners
- AIMS Funding for CHCs
- Currently we are identifying community strengths, collaborations and efforts to address OUD
- Rural communities capacity to work collaboratively



Outlook

- Increase awareness of opioids and prevention within rural AZ communities
- Improve service coordination for rural women with OUD
- Enhance knowledge and awareness of specific issues related to rural women with OUD
- Increase collaborations and services to address OUD
- Reduce stigma – in the community and among rural providers
- Implement SBIRT practices to address OUD



Supporting Efforts

- Connect / collaborate with us
- Share your experiences (easy and hard roads)
- What are the existing resources and gaps
- What does your community need to address OUD



***Alone we can do so little,
together we can do so much.***

--Helen Keller



For more information

www.AzRWHN.org



[Twitter.com/ArizonaRWHN](https://twitter.com/ArizonaRWHN)



[Facebook.com/ArizonaRWHN](https://facebook.com/ArizonaRWHN)



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Southern Arizona Opioid Consortium

Rural Health Network Development Planning Grant





With the view that the future direction of health care requires stronger connections and collaboration, five independent, nonprofit community hospitals announced the formation of the Southern Arizona Hospital Alliance in 2015 to improve the health and well-being of the communities served.

The nonprofit Southern Arizona Hospital Alliance includes independent hospitals from Benson, Bisbee, Safford, Tucson and Willcox.



Our Why



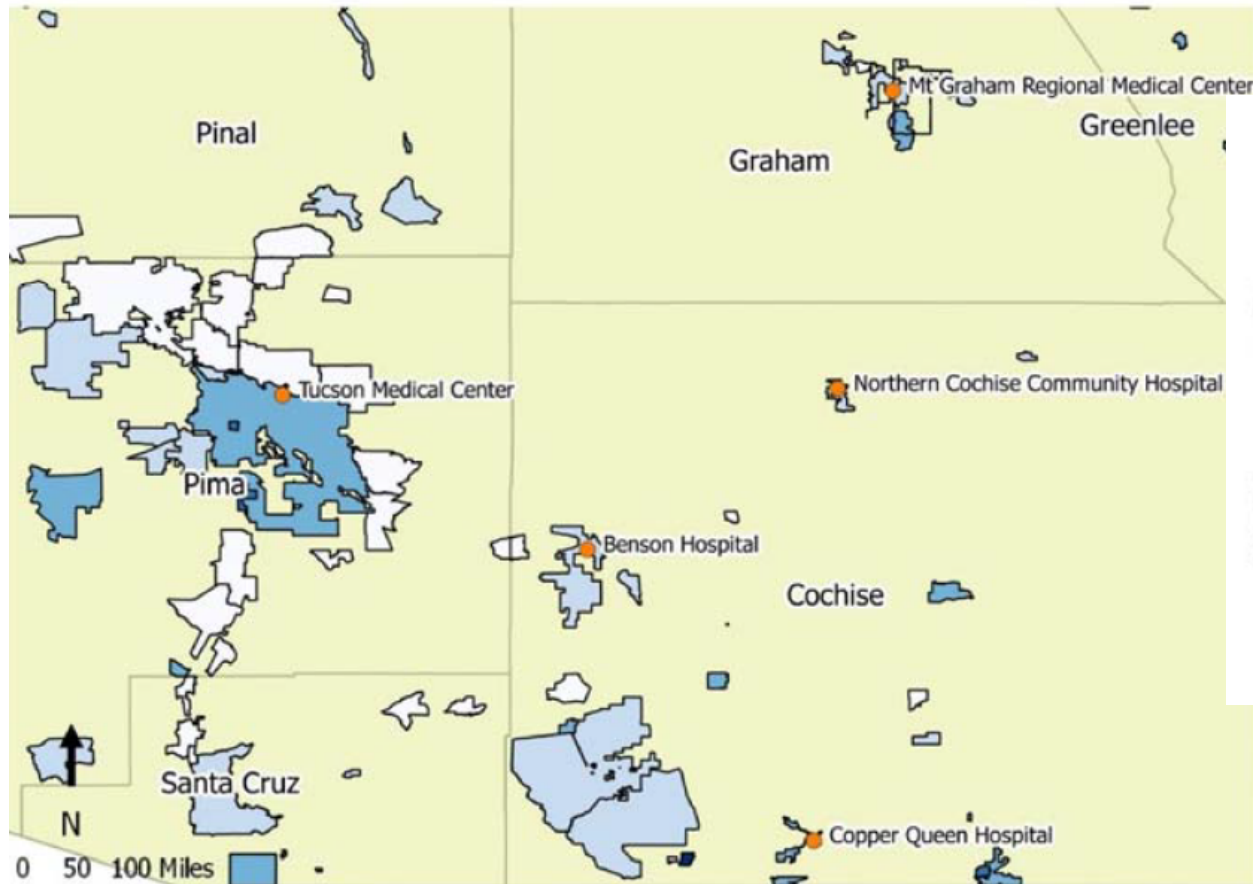
- An average of 26% of adults living in Southern Arizona's rural counties report current prescription drug misuse
- Less than 30% of prescribers across the region are using the Prescription Drug Monitoring Program
- The rate of fatal opioid overdose in rural areas is as high as or higher than rates in metropolitan areas
- Use of naloxone is 22% higher and drug-related deaths are 45% higher in rural areas
- Opioid-related overdose deaths have increased exponentially in rural communities over the past three years

Grant Aims:

1. Achieve efficiencies by collaboration with behavioral health, schools, hospitals and police in rural communities
2. Expand coordination of health care services related to opioid misuse
3. Strengthen the rural health care system in So. AZ by better addressing opioid misuse through innovative collaborations and strategies



Service Area:



Arizona Counties



Legend

- Southern Arizona Hospital Alliance (SAHA) Sites

Strength: Mission & Vision



We aspire to improve and expand care coordination related to misuse of opioids and management of opioid-use disorder in Southern Arizona communities.



We will diminish opioid misuse and dependence across rural communities in Southern Arizona through increased, consistent and unified messaging.

We will implement school and community education, ED opioid best practices, and increase opioid referrals to behavioral health partners.

Strength: Consortium

- Like-minded interests that benefit all
- Commitment - MOUs
- Steering Committee led by NCCH CEO, Roland Knox
- Expert team leaders
 1. Care Coordination
 2. Behavioral Health
 3. Education



Strength: Charters

Defines:

- Scope of work
- Mission & Vision
- Governance
- Commitment
- Communication
- Key Measures
- Key Goals & Deliverables



Charter

Project: Southern Arizona Opioid Consortium (SAOC)	
Scope: HRSA Grant Award to Northern Cochise Community Hospital in partnership with the Southern Arizona Hospital Alliance	
Mission: We aspire to improve and expand care coordination related to misuse of opioids and management of opioid-use disorder in Southern Arizona communities.	
Vision: We will diminish opioid misuse and dependence across rural communities in Southern Arizona through increased, consistent and unified messaging. We will implement school and community education, ED opioid best practices, and increase opioid referrals to behavioral health partners.	
Governance: Steering Committee supported by Education Team, Care Coordination Team, Behavioral Health Team.	
Commitment: Each member will sign a Memorandum of Understanding. Each member will represent the needs of their organizations, patients and community and agree to information sharing.	
Communications	
How are decisions made?	
<ul style="list-style-type: none"> Through the use of discussion that involves representatives from each Team, the Steering Committee will consider all ideas and suggestions brought forward. 	
To whom and how often does the team report its activities, barriers, and results?	
<ul style="list-style-type: none"> Members, Teams and the Steering Committee will communicate electronically, by phone or face-to-face to all team members and report its activities, barriers and results monthly. 	
Frequency of meetings: TBA	
Key measures	
<ul style="list-style-type: none"> Improve care coordination efficiency by adopting best practices including but not limited to the information provided in Arizona Opioid Prescribing Guidelines and the AZ Rx Drug Misuse & Abuse Initiative Toolkit. Expand coordination of care including a behavioral health referral for all with opioid-use disorder Reduce opioid misuse by increasing community education in partnership with schools, first responders and like-minded agencies. 	
Key Goals & Deliverables	Timeline
Disseminate the Arizona Opioid Prescribing Guidelines and the AZ Rx Drug Misuse & Abuse Initiative Toolkit.	
Develop a policy and process for efficient behavioral health referrals when opioid use presents.	
Ensure patients and families in each community have access to education resources.	
Collect monthly data on :	
<ul style="list-style-type: none"> Number of opioid provider prescriptions Number of hospital and healthcare positive screenings Number of outreach encounters Number of community education sessions Number of behavioral health referrals 	

9.14.17 hrt

Future Outlook?



- Standard classroom education in all school districts for grades 6 through 9
- Grassroots and family-based prevention education
- Behavioral health referrals by *every* caregiver *every* time

Stakeholder Support

- Remain involved!
- Communicate & Educate
- Share best practices
- Understand that opioid use is a disorder and not a lack of moral character
- Stay current
azhealth.gov/opioid



Contacts

- Northern Cochise Community Hospital
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 - 520-507-4269 (c)
 - awittig@ncch.com
- Southern Arizona Hospital Alliance (SAHA)
 - Hope Thomas, Network Director
 - 520-324-1065 (o)
 - 520-907-1243 (c)
 - Hope.thomas@tmcaz.com

Arizona Rural Hospital Flexibility Program: Opioid-Focus Supplement

Jill Bullock
Jennifer Peters

Arizona Center for Rural Health

11/16/17



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Points to Cover



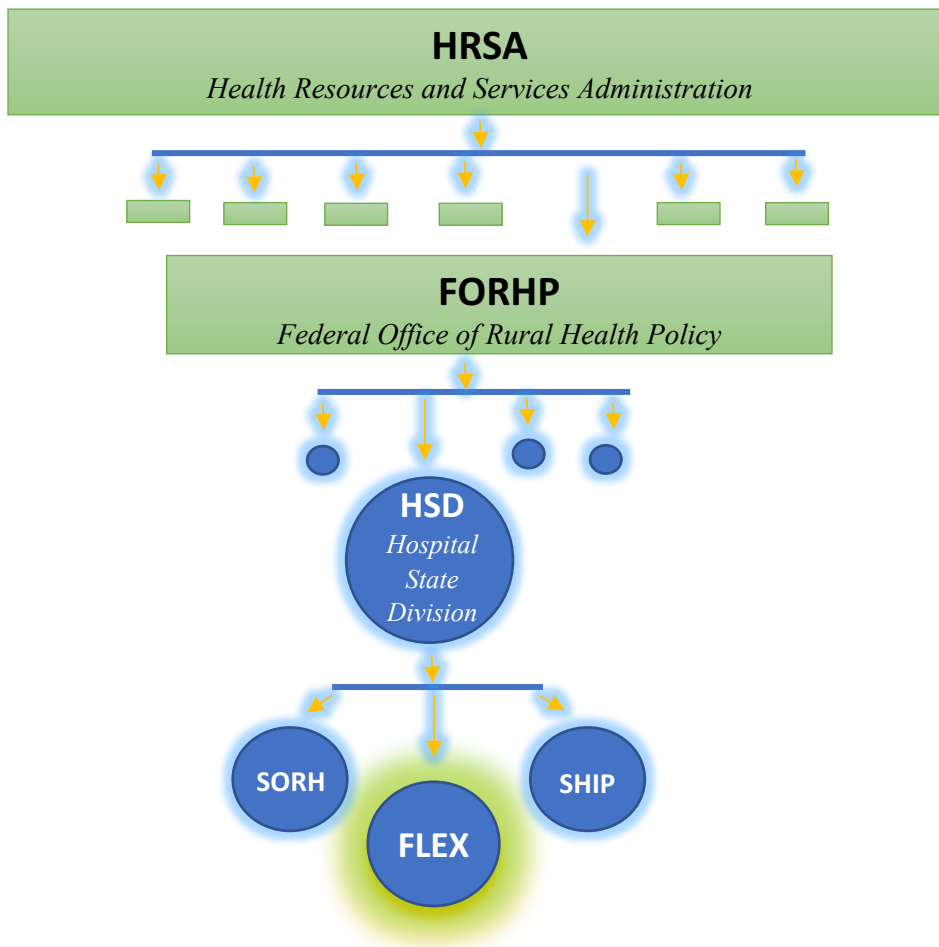
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- Introductions/Background of National Program
- Overview of AzFlex Program Goals by Area
- Supplemental Funding
- AzCAHs selected for Supplemental Funding

Background



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Medicare Rural Hospital Flexibility Program



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- **Flex Program**: Established through the Balanced Budget Act of 1997 and subsequently revised through other Federal Laws.
- **Program Aim**: Improve access to preventive and emergency health care services for rural populations.
- **Core Function**: Designate Critical Access Hospitals (CAHs) in each state by supporting efforts to assess benefits of conversion.

<http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/flex.html>

Critical Access Hospitals (CAH)



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Requirements for CAH Designation

- Have no more than 25 inpatient beds
- Maintain an annual average length of stay of no more than 96 hours for acute inpatient care
- Operate 24-hour, 7-day-a-week emergency care
- Be in a rural area, at least 35 miles from another hospital or less than 35 miles in some circumstances, e.g., mountainous terrain

Flex Program Primary Goals



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Program Area	Goal
Quality Improvement	Improve the quality of care provided by AzCAHs
Financial and Operational Improvement	Improve financial and operational outcomes of AzCAHs
Population Health Management & EMS Integration	Understand community health & EMS needs Improve identification and management of Time Critical Diagnosis (TCD) (FY 2016, 2017)

Opioid-Focus Supplement



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Supplemental Program Area	Goals
Substance Abuse	<p>Prevention: Implementing new pain management policies and community education</p> <p>Treatment: Training law enforcement and community training on use of naloxone, implementing new ED policies for overdose patients, connecting overdose patients with longer term treatment options</p>

Participating Arizona Critical Access Hospitals



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Out of the 40 CAHs nationally:

Rankings:

#4 – White Mountain RMC

#5 – Sage Memorial

#19 – Little Colorado MC

#20 – Hopi Health Care Center

#46 – Cobre Valley

Hospital Activities that can be supported:



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- Community Relationships
 - Better connections to county coalitions, local health departments, and EMS systems
- Screening & Assessments
 - Implement SBIRT (screening, brief intervention, referral to treatment) tools in Emergency Department and outpatient clinics

Hospital Activities that can be supported:



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- Referral & Treatment
 - Increase awareness of substance misuse/abuse treatment services
 - Increase access to MAT (Medically-Assisted Treatment)
 - Increase access to and use of naxolone kits
- Provider Education & Awareness
 - Implement recommendations from the Prescription Drug Misuse & Abuse Toolkit
 - Use the Prescription Drug Monitoring Program as required (for example, integrate with EMR systems)

Contact Information



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Key Messages

1. ACA is still the law.
2. Open Enrollment is shorter than last year, make a free appointment today at **www.coveraz.org/connector**!
3. Most people in AZ are eligible for financial assistance.
4. Health insurance coverage helps individuals access mental and behavioral health services.

1-800-377-3536

**Wednesday, November 1, 2017 to
Friday, December 15, 2017**

Daniel Derksen, MD



**Thank you
Questions?**



Your opinion is valuable to us Please participate in this brief survey:

https://uarizona.co1.qualtrics.com/jfe/form/SV_0B3IM1VUJ0NTFPf

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