# Arizona State Office of Rural Health (SORH) Webinar Series

▲ ▲ ▲

THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

The SORH 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.

THE UNIVERSITY OF ARIZONA

# Arizona State Office of Rural Health

THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

This webinar is made possible with the support of our partners:

ARIZONA TELEMEDICINE PROGRAM

SOUTHWEST TELEHEALTH **TRC** RESOURCE · CENTER™

# Webinar Tips & Notes

- Audience is muted during the presentation.
- Enter your questions into the chat box.
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recording will be posted on the AzCRH www.crh.arizona.edu/ and SWTRC www.southwesttrc.org/

# SUD/OUD Treatment
# in Primary Care:
# The Rural Health Center Experience

May 21, 2020

Da-Nell Pedersen, Director, Clinical Programs

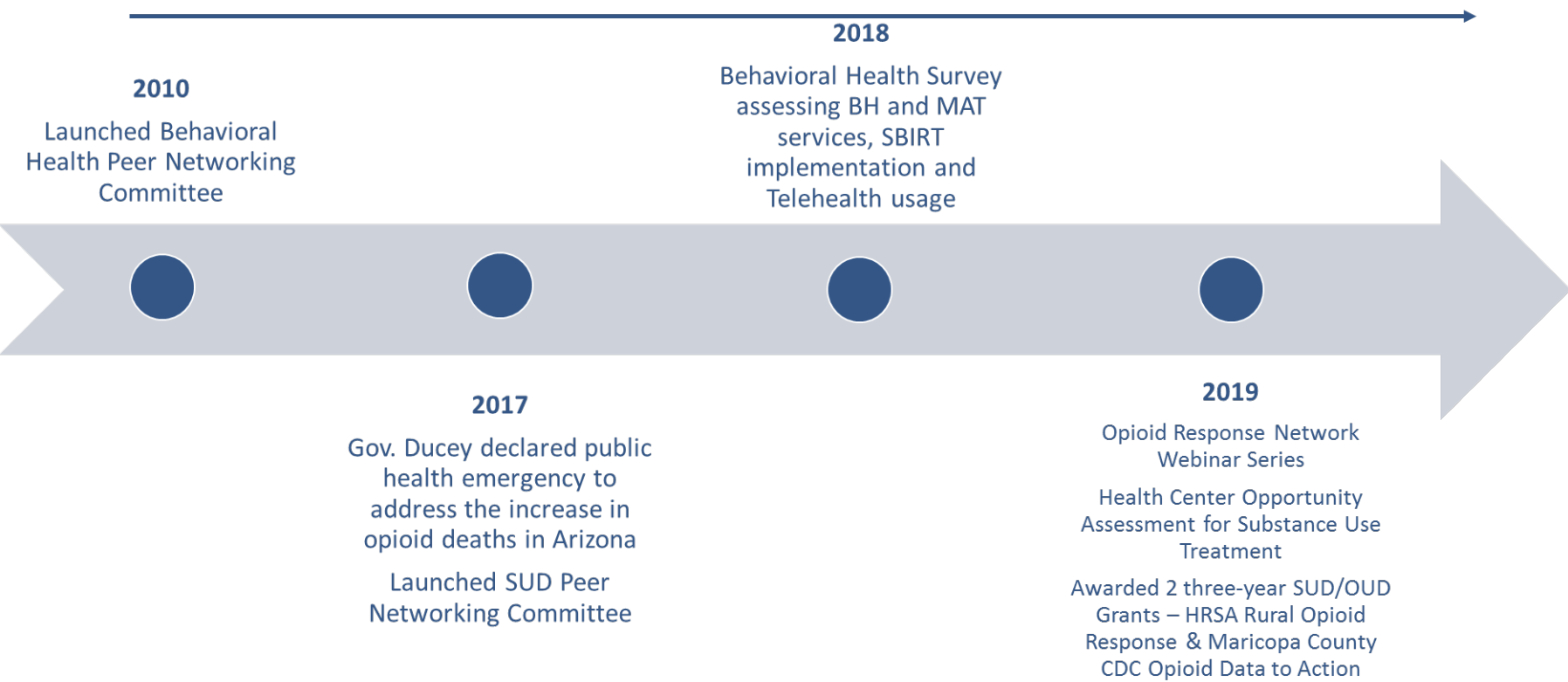# About the Arizona Alliance for Community Health Centers (AACHC)

- Arizona's Primary Care Association since 1985 and comprises the state's largest network of Primary Care Providers.
  - 23 full members; 7 associate members

- Committed to working with a variety of partners to expand tools that health centers and organizations serving those in need can utilize to address the needs of their patient populations and improve health outcomes while continuing to demonstrate cost savings.

- Strong local, state, regional, and federal partners with which it leverages resources to accomplish goals.

- Provides a variety of educational opportunities for members, including peer networking committee which provide a forum for sharing of best practices among member colleagues for optimal healthcare delivery.

https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/associations.html
https://bphc.hrsa.gov/about/what-is-a-health-center/index.html

# AACHC SUD/OUD-Focused Activities

Training, Technical Assistance & Advocacy

**2018**
Behavioral Health Survey assessing BH and MAT services, SBIRT implementation and Telehealth usage

**2010**
Launched Behavioral Health Peer Networking Committee

**2017**
Gov. Ducey declared public health emergency to address the increase in opioid deaths in Arizona

Launched SUD Peer Networking Committee

**2019**
Opioid Response Network Webinar Series

Health Center Opportunity Assessment for Substance Use Treatment

Awarded 2 three-year SUD/OUD Grants – HRSA Rural Opioid Response & Maricopa County CDC Opioid Data to Action

# HRSA RCORP Implementation Grant

- Partnership with Sonoran Prevention Works, AZ Center for Rural Health, Graham County Substance Abuse Coalition and other community-based organizations in Gila, Graham & Mohave counties

- Focused on overdose prevention, harm reduction, community partnerships/infrastructure, increasing MAT services, education and training

- If you are located in one of those counties and are interested in joining our Consortium, the Arizona Rural Opioid Response Initiative, please contact me at danellp@aachc.org!

Arizona Alliance
FOR COMMUNITY HEALTH CENTERS
Primary Healthcare for All

# State/Regional Access Overview

- ● Adelante Healthcare (11)
- ● Canyonlands Healthcare (11)
- ● Chiricahua Community Health Centers (14)
- ● Circle the City (7)
- ● Community Health Centers of Yavapai (3)
- ● Creek Valley Health Center (1)
- ● Desert Senita Community Health Center (4)
- ● El Rio Health (11)
- ● Horizon Health and Wellness (6)
- ● Mariposa Community Health Center (5)
- ● MHC Healthcare (15)
- ● Mountain Park Health Center (9)
- ● NATIVE HEALTH (9)
- ● Neighborhood Outreach Access to Health (NOAH) (10)
- ● North Country HealthCare (15)
- ● Sun LIfe Family Health Center (13)
- ● Sunset Health (11)
- ● Terros Health (4)
- ● Tuba City Regional Health Care Corporation (2)
- ● United Community Health Center (11)
- ● Valle del Sol (5)
- ● Valleywise Health (16)
- ● Wesley Community & Health Centers (2)
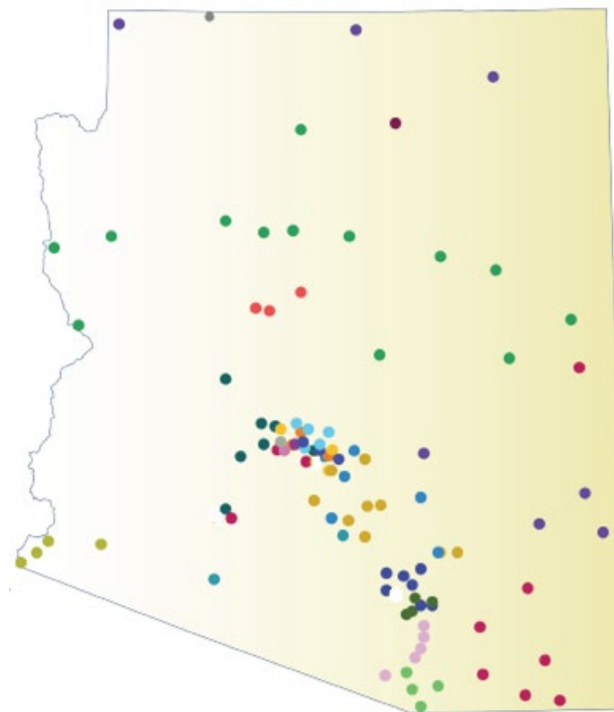
23 Health Center Program Grantees with over 195 delivery sites across Arizona

# Arizona Health Centers, 2018 UDS

**708,544**
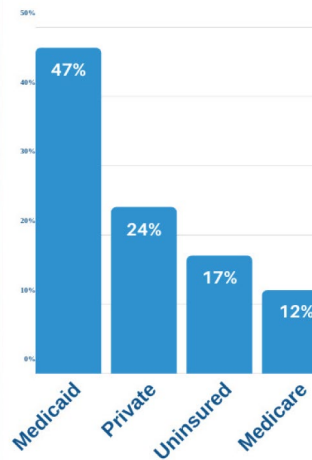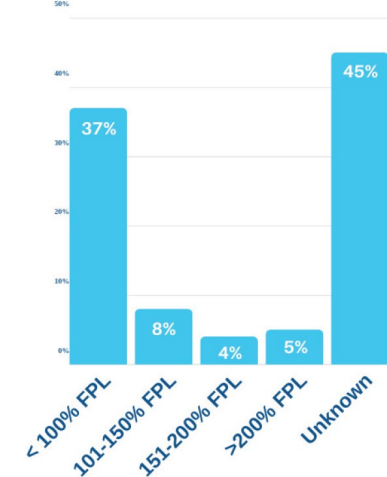Total Patients Served

**2,632,025**
Patient Visits

**6,336.8**
All Staff Full Time Equivalent

## PAYER MIX

| Medicaid | Private | Uninsured | Medicare |
|----------|---------|-----------|----------|
| 47% | 24% | 17% | 12% |

## FEDERAL POVERTY LEVEL

| < 100% FPL | 101-150% FPL | 151-200% FPL | >200% FPL | Unknown |
|------------|--------------|--------------|-----------|---------|
| 37% | 8% | 4% | 5% | 45% |

https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2018&state=AZ#glist
https://bphc.hrsa.gov/uds/lookalikes.aspx?year=2018&state=AZ#glist

Arizona Alliance
FOR COMMUNITY HEALTH CENTERS
Primary Healthcare for All

# Arizona Health Centers, 2018 UDS

**708,544**
Total Patients Served

**2,632,025**
Patient Visits

**6,336.8**
All Staff Full Time Equivalent

**PAYER MIX**

| Medicaid | Private | Uninsured | Medicare |
|----------|---------|-----------|----------|
| 47% | 24% | 17% | 12% |

**FEDERAL POVERTY LEVEL**

| < 100% FPL | 101-150% FPL | 151-200% FPL | >200% FPL | Unknown |
|------------|--------------|--------------|-----------|---------|
| 37% | 8% | 4% | 5% | 45% |

https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2018&state=AZ#glist
https://bphc.hrsa.gov/uds/lookalikes.aspx?year=2018&state=AZ#glist

Arizona Alliance
FOR COMMUNITY HEALTH CENTERS
Primary Healthcare for All

Arizona Alliance
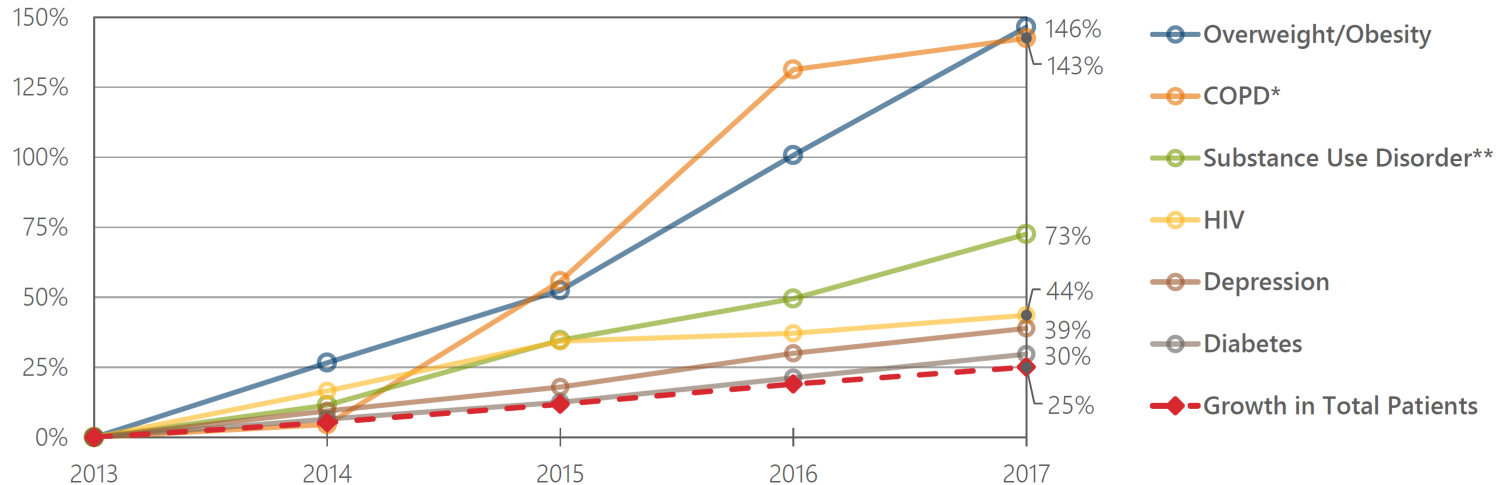FOR COMMUNITY HEALTH CENTERS
Primary Healthcare for All

# Health Center Patients are Growing Increasingly Complex, With Higher Rates of Chronic Conditions than in Previous Years

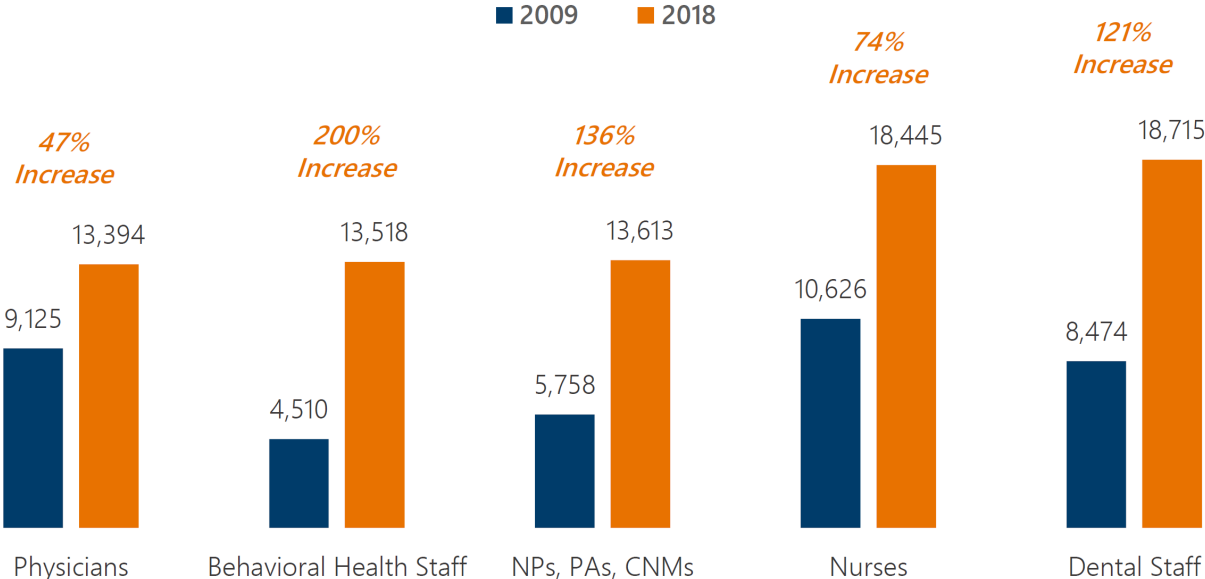## Percent Growth in Health Center Patients Diagnosed with Selected Chronic Conditions, 2013 - 2017



Legend:
- Overweight/Obesity
- COPD*
- Substance Use Disorder**
- HIV
- Depression
- Diabetes
- Growth in Total Patients

Data labels: 146%, 143%, 73%, 44%, 39%, 30%, 25%

https://www.nachc.org/wp-content/uploads/2020/01/Chartbook-2020-Final.pdf

Arizona Alliance
FOR COMMUNITY HEALTH CENTERS
Primary Healthcare for All

# Growth in Health Center Clinical Staff, 2009 – 2018

## In Full-Time Equivalent

■ 2009  ■ 2018

**Physicians**
- 9,125 (2009)
- 13,394 (2018)
- *47% Increase*

**Behavioral Health Staff**
- 4,510 (2009)
- 13,518 (2018)
- *200% Increase*

**NPs, PAs, CNMs**
- 5,758 (2009)
- 13,613 (2018)
- *136% Increase*

**Nurses**
- 10,626 (2009)
- 18,445 (2018)
- *74% Increase*

**Dental Staff**
- 8,474 (2009)
- 18,715 (2018)
- *121% Increase*

https://www.nachc.org/wp-content/uploads/2020/01/Chartbook-2020-Final.pdf

Arizona Alliance
FOR COMMUNITY HEALTH CENTERS
*Primary Healthcare for All*

# Health Centers Have Responded to an Increasing Need for Substance Use Disorder (SUD) Treatment and Therapy By Building Their Capacity and Integrating Care

Health centers have tripled their behavioral health staff over the past 10 years.
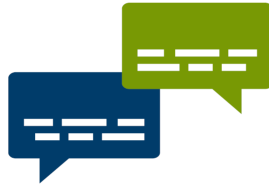
Health center providers performed evidence-based screening, intervention, and referral procedure (SBIRT) for more than 1 million patients in 2018.

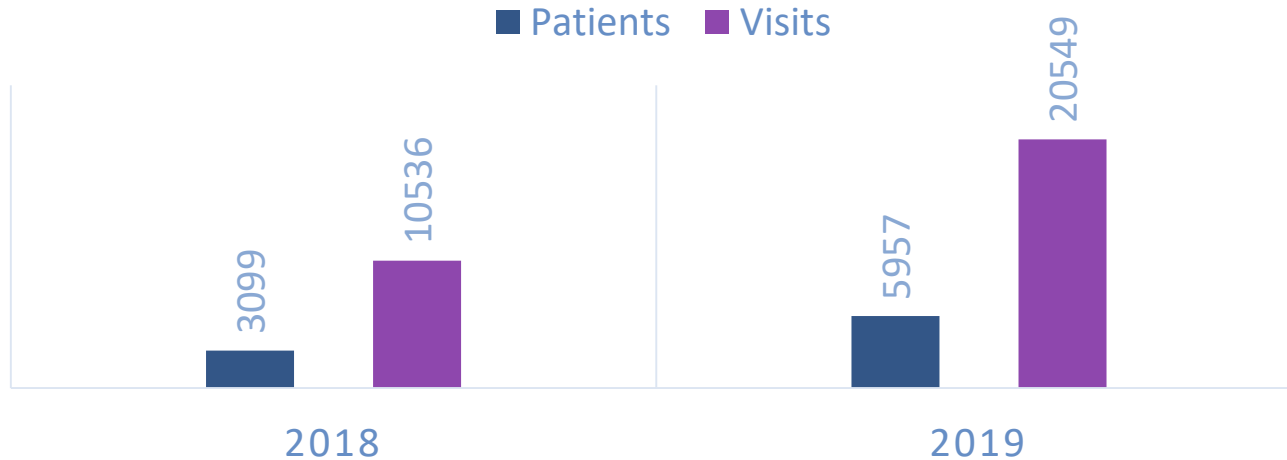There are 4,899 health center physicians, certified nurse practitioners, and physician assistants with authorization to provide medication-assisted treatment for opioid addiction.

Nearly 95,000 patients received medication-assisted treatment for opioid use disorder in 2018.

https://www.nachc.org/wp-content/uploads/2020/01/Chartbook-2020-Final.pdf

# ARIZONA HEALTH CENTERS, SUBSTANCE USE DISORDER SERVICES, UDS



**■ Patients  ■ Visits**

2018: Patients 3099, Visits 10536
2019: Patients 5957, Visits 20549

https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2018&state=AZ#glist
https://bphc.hrsa.gov/uds/lookalikes.aspx?year=2018&state=AZ#glist
*2019 data is preliminary*

Arizona Alliance
FOR COMMUNITY HEALTH CENTERS
*Primary Healthcare for All*

# ARIZONA HEALTH CENTERS, SUBSTANCE-RELATED DISORDER DIAGNOSIS, UDS

■ Patients  ■ Visits

**2018**
- 11635 (Patients)
- 27788 (Visits)

**2019**
- 15126 (Patients)
- 41986 (Visits)

https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2018&state=AZ#glist
https://bphc.hrsa.gov/uds/lookalikes.aspx?year=2018&state=AZ#glist
*2019 data is preliminary*

Arizona Alliance
FOR COMMUNITY HEALTH CENTERS
*Primary Healthcare for All*
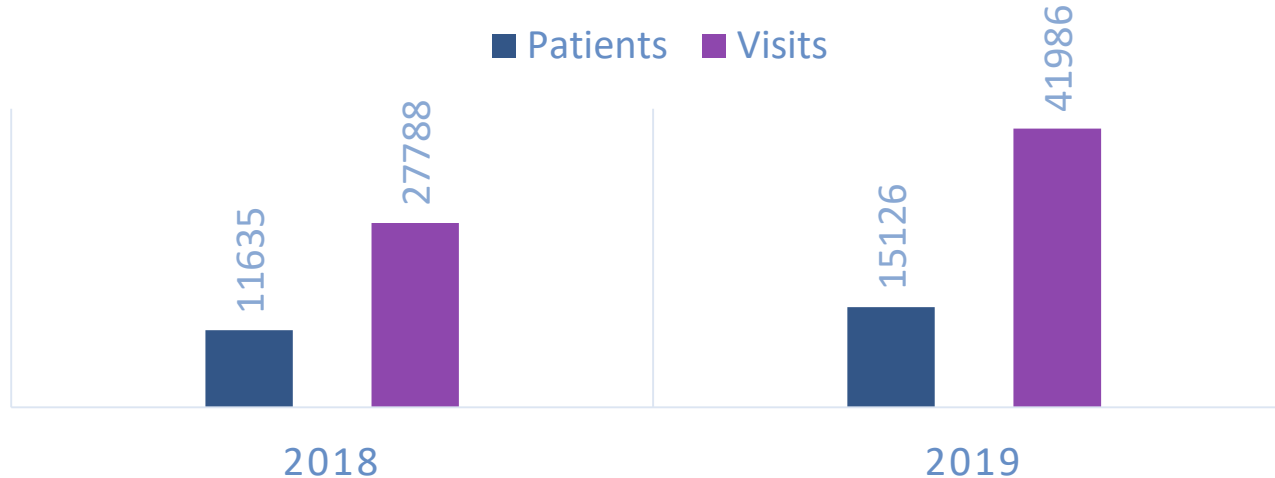
# Arizona Health Centers, 2018 UDS (cont.)

|  | #of MAT Providers | #of Patients Receiving MAT Services for OUD |
|---|---|---|
| 2018 | 40 | 535 |
| 2019 | 79 | 1489 |

|  | #of Health Centers Using Telehealth for SUD Services |
|---|---|
| 2018 | 2 |
| 2019 | 7 |

https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2018&state=AZ#glist
https://bphc.hrsa.gov/uds/lookalikes.aspx?year=2018&state=AZ#glist
*2019 data is preliminary*

"[health] centers are a crucial link in a fragmented American health care system..."

Kirk Johnson and Abby Goodnough, New York Times, April 4, 2020

Arizona Alliance
FOR COMMUNITY HEALTH CENTERS
Primary Healthcare for All

# SUD Treatment in Primary Care: The Rural Health Center Experience

Andy Lewandowski, PharmD

Director of Pharmacy

# Overview

▸ About Canyonlands
▸ SUD Program
  ◦ MAT and SBIRT
▸ Successes & Challenges

**Canyonlands**
*Healthcare*

# Mission of Canyonlands Healthcare

*The mission of Canyonlands Healthcare is to promote healthier lives through affordable, accessible, integrated primary care.*

# About Canyonlands Healthcare

➤ Canyonlands began with the establishment of Lake Powell Medical Center (LPMC) in 1973, and was designated a Federally Qualified Community Health Center (FQHC) shortly after. Canyonlands is proud of its FQHC heritage.

➤ Canyonlands has grown to include nine (9) service delivery locations and one administrative location located in rural communities in Northern and Southeast Arizona.

➤ Services provided include: medical, dental, pharmacy, behavioral health and substance abuse.

Canyonlands
Healthcare

# Service Area Map
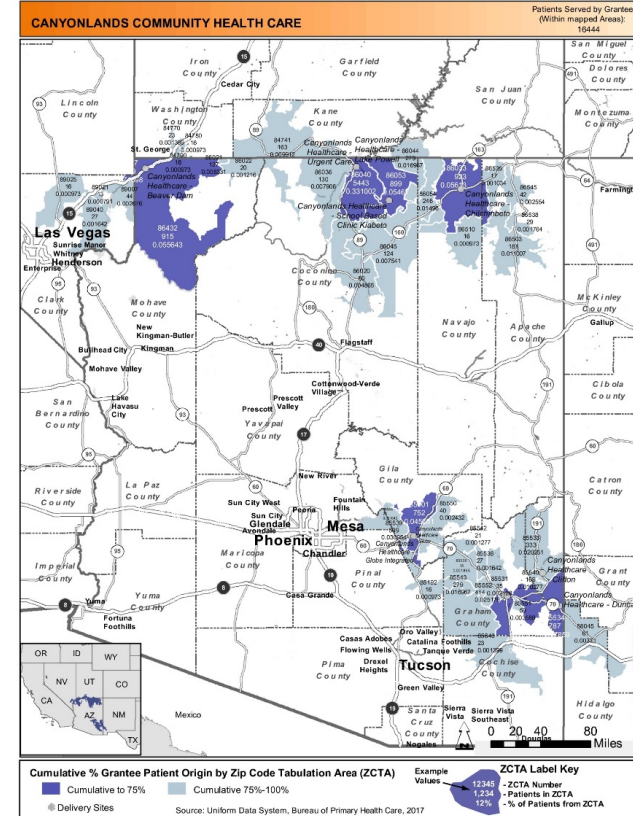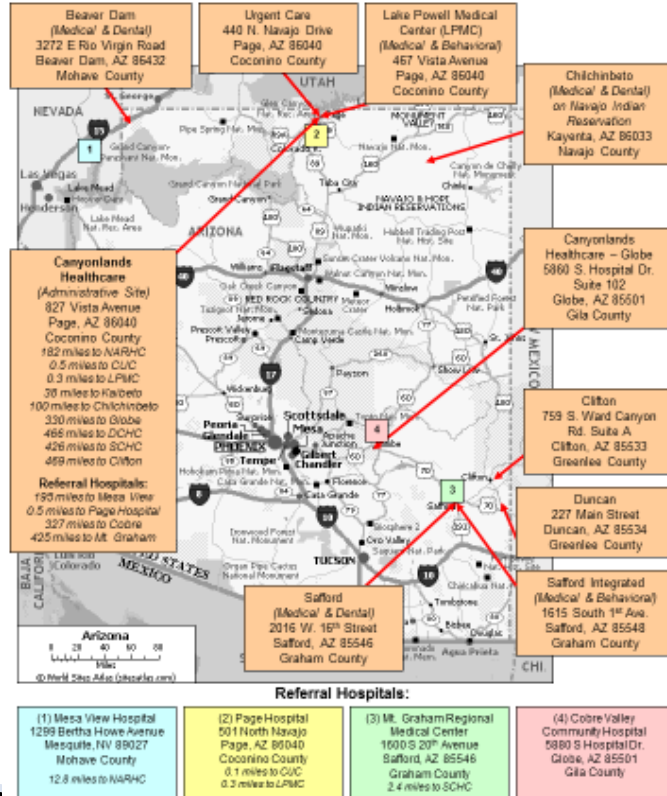
# About Canyonlands Healthcare Continued

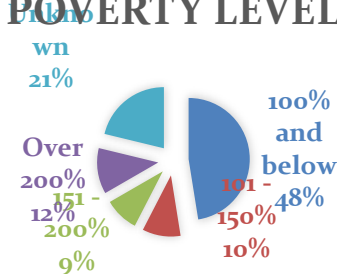▸ Provided services to 20,119 patients with 60,555 encounters in 2019.

### USERS BY GENDER

Male 44%
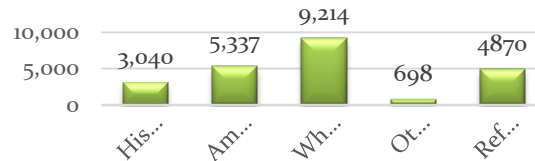Female 56%
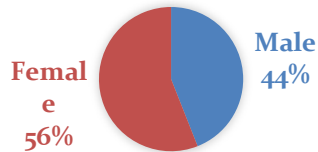
### USERS BY INSURANCE STATUS

Unins. 19%
Medicare 11%
Comm. 34%
Medicaid 36%
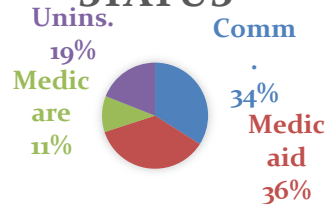
### USERS BY PERCENT OF POVERTY LEVEL

Unknown 21%
Over 200% 12%
151 - 200% 9%
100% and below 48%
101 - 150% 10%

### Users by Race/Ethnicity

His... 3,040
Am... 5,337
Wh... 9,214
Ot... 698
Ref... 4870

(y-axis: 0, 5,000, 10,000)

# About Canyonlands Healthcare Continued

▶ 2019 Annual Expenditures Over $16.3 million.

**Revenue Sources**

- ■ Patient Revenue
- ■ Fed. 330
- ■ SAMHSA
- ■ Family Planning
- ■ Indian Health Service
- ■ Other

Canyonlands
*Healthcare*
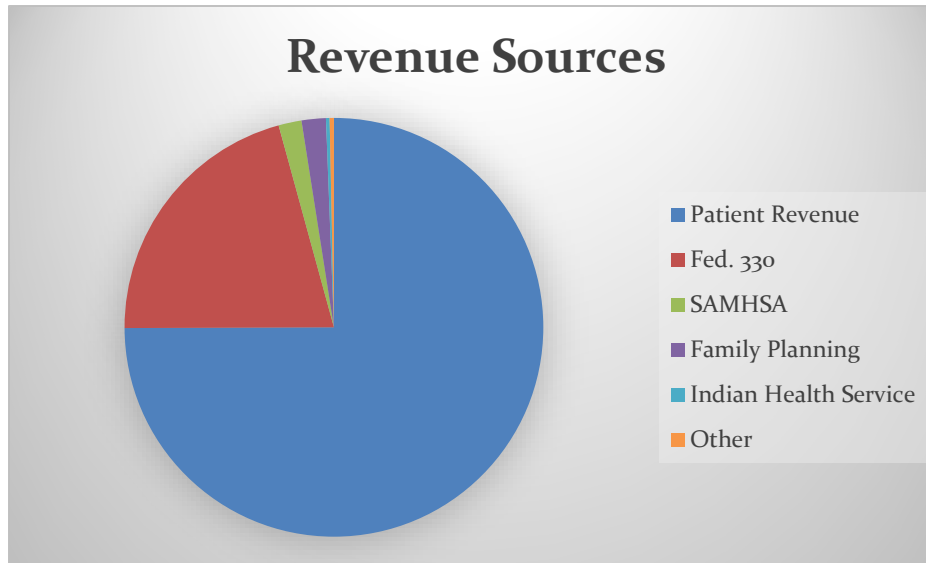
# The Creation of a SUD Program

- Canyonlands officially started a dedicated SUD program in 2018

- 2 Key Factors help drive this program:
  - Recognition of the need for these services.
  - Federal resources were available to support the viability of this program.

# Recognition of Need

- SUD statistics are abundant and available - June 5th, 2017 Governor Ducey declares a Public Health Emergency to reduce Opioid Deaths in AZ

- Key statistics Canyonlands observed
  - SUD more likely in underserved, indigent areas
  - SUD more likely in minority populations
  - ADHS Reported 5,246 Opioid Deaths and 40,000+ Opioid Overdoses in less than 3 years (2017-2020)

# Funding Assistance

- AIMS – Access Increases in Mental Health and Substance Abuse Services (2017)
- RHOP – Rural Health Opioid Program SBIRT (2018)
- SUD-MH – Substance Use Disorder – Mental Health Services (2018)
- SAMHSA – Increasing Access to MAT in Rural AZ for patients with OUD (2019)
- RCORP – Rural Communities Opioid Response Program (Pending)

# Growth of our MAT Program

- Timeline
  - BH services start (2012)
  - MAT award granted (2018)
    - SUD program officially starts
    - Dedicated SUD staff hired for program management
  - 6 Clinic Sites Licensed (2018-19)
  - SBIRT screening becomes standard (Sept 2018)
  - 9 Providers become data waivered (as of 2020)

# Integration within Canyonlands

- SBIRT screening
  - EMR template was key vs. paper charting

- BH consults and treatments
  - Availability for immediate intervention or warm hand-offs

- On-site pharmacy services
  - Stocks MAT medication and offers counseling

# Utilizing Technology - Telehealth

- Canyonlands contracts with a Psychiatric Nurse Practitioner to provide Telehealth BH and MAT visits.
  - Especially valuable for those patients in very remote areas of our service area.
  - An on-site MA takes vitals, facilitates UDSs, and assists the Provider with the visit.
  - Patient's video conference with the provider with a portable wheeled workstation.

# Getting the Word Out

- Advertising Successes
  - Facebook, Snapchat, Social Media
- Dedicated Website
  - Private Chat/Messaging Function
- Printed Material
  - Simple and advertises our website.
- Community Involvement
  - New RCORP opportunity – Forming a collaborative with Hospitals, Community BH Agencies, Churches, Local law enforcement, Schools

# Where we Found Success

- Telehealth has allowed us to reach patients and clinics where dedicated staff resources are not always available.
- Clinical Care Manager key to help coordinate the care.
- Simplifying the patient experience (easy check-ins, dedicated online resources, educating staff).
- Community Collaboration and Outreach helps strengthen the support for our program, creates more patient resources and helps educate and advertise.

# Challenges

- Stigma behind SUD, specifically OUD is difficult to overcome.
  - Provider Buy-in sometimes a challenge
  - Only selective community support
- Patient follow through and engagement.
- Lack of necessary resources in remote areas.
  - Staff turn-over

# What's Next.....

- Extend more education to our Staff and Community Members – remove the stigma
- Continue to build strong relationships with the Community Stakeholders.
- Create an Outreach Coordinator and Peer Support Leader to help coach, mentor, and encourage our patients.
- Expand our services to reach our entire patient population.

# Questions?

Contact Information:
Andy Lewandowski, PharmD
Email: a.lewandowski@cchcaz.org
Phone: 928-645-9675 ext. 2205

SUD Treatment in Primary Care Webinar
Jonathan Benitez, LPC, LMHC

# Presentation Objectives

– Introduce North Country HealthCare

– Discuss the role of community health centers (CHCs) in addressing the healthcare needs of Arizona's uninsured and underinsured and the prevalence of SUD among CHC patients

– Highlight specific interventions that have been employed in North Country to address the needs of patients with SUD

– Understand the challenges and opportunities related to addressing patients with SUD in a primary care setting

# North Country HealthCare
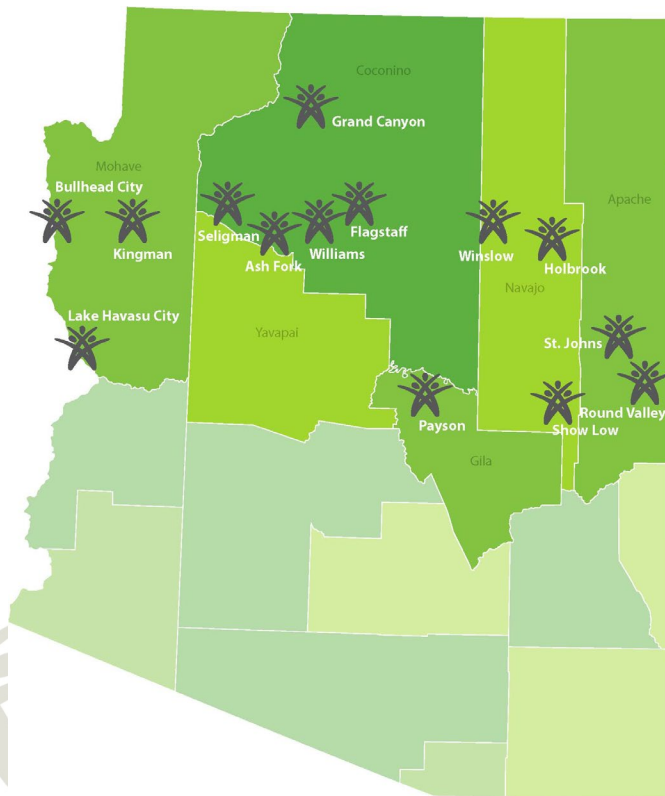


- FQHC since 1996
- Serves roughly 60,000 patients
- 20 clinics
- Services include:
    - Primary care
        - OB/GYN, Peds, Internal Med
    - Integrated Behavioral Health
    - Pharmacy
    - Outreach programs
    - Dental
    - Education/Training
    - Physical Therapy
    - Urgent Care

# Role of CHCs in Caring for Underserved

- Comprehensive services to optimally address health care needs for entire lifecycle
- Sliding Fee Scales and target population <200% FPL
- Health Center patients have co-occurring behavioral health concerns
- Integrated Behavioral Health Consultants serve as part of the primary care team
  - Behavioral health and health behaviors
  - Positive screens for SBIRT, ORT, AUDIT, DAST and ASAM (stage of change)

# NCHC SUD Prevalence among Western Region Patient Population

|  | Count of Patients | Sum of Alcohol | Sum of SUD | Sum of Tobacco | Sum of MultipleNoCount |
|---|---|---|---|---|---|
| Bullhead Clinic | 2689 | 96 | 133 | 173 | 54 |
| Bullhead Telehealth | 5 | 0 | 1 | 1 | 0 |
| Kingman Clinic | 6096 | 144 | 191 | 378 | 68 |
| Kingman Clinic TH Home | 1 | 0 | 0 | 0 | 0 |
| Kingman Telehealth | 12 | 1 | 0 | 1 | 0 |
| Lake Havasu Clinic | 4632 | 176 | 139 | 179 | 46 |
| Lake Havasu Telehealth | 4 | 0 | 0 | 0 | 0 |
| Mohave Mental Health Integration Clinic | 226 | 18 | 33 | 27 | 14 |
| Grand Total | 13665 | 435 | 497 | 759 | 182 |

# NCHC SUD Interventions

1. Implemented SBIRT (Screening, Brief Intervention, Referral to Treatment) screening and 2 question prescreen for all adults 1/year (5 year grant)
   - Established comfort among providers and patients on alcohol and drug use questions
   - Created pathways to tx for patients in a stage of readiness
   - Allowed providers to know tx was available

# NCHC SUD Interventions

2. Established chronic substance users (90 days or more on 50 MED or more) as a high risk population for the health center

- Created integrated care team workflow
- Created a cohort
- Established metrics (PEG, SBIRT, ORT, Naloxone prescribed)

3. Implemented Medication Assisted Treatment (MAT) care

- Piloted at one primary care clinic by integrated team (PCP, MA and BHC) for two years
- Success led NC to want to expand it

# NCHC SUD Interventions

4. Dedicated SUD Care Coordinator
   – Funded through AHCCCS SOR
   – Based in Mohave County
   – Community collaboration, Naloxone kits, links to services and coordination of care

5. Established an outreach pathway for Naloxone kits for family members/peers

6. Conduct HIV/Hep C Rapid Testing in community for high risk populations
   – Adopts a harm reduction approach
   – Links with services and care for reactive patients

# NCHC SUD Interventions

6. Pain Management ECHO Project

-  Participation of ECHO cohort

7. Pharmacy Medication Management

- Clinical pharmacist review and recommendations.

# Challenges and Opportunities

- Recruitment of professional staff and BHCs
- Time constraints related to addressing SUD in primary care setting
- Barriers to treatment services
- Inconsistent strategy implementation across large geographic area

Questions and Discussion

Please type your questions and comments into the Zoom
Webinar Platform Chat box.

**Thank you!**

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

**https://uarizona.co1.qualtrics.com/jfe/form/SV_6FOxusFJRcU DbG5**

**Find this and our previous webinars at:**
http://www.crh.arizona.edu/programs/sorh/webinars

THE UNIVERSITY OF ARIZONA