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Arizona Rural Health Conference



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Registration is open!

Critical Conversations to Invigorate Rural Health

48th Annual Arizona Rural Health Conference



- June 14th and 15th
- In-person in Flagstaff, AZ
- Virtual registration option through the Arizona Telemedicine Program
- <https://crh.arizona.edu/calendar/48th-annual-arizona-rural-health-conference>

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Please enter your questions into the chat box.
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Webinar is being recorded.

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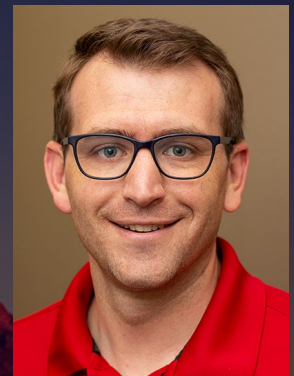
Opioid Stewardship Assessment Program for Arizona Critical Access Hospitals



Presenters:

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Benjamin Brady, DrPH



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Land Acknowledgement & Disclaimer



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We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

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Presentation Overview



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1. The Opioid Epidemic
2. What is Opioid Stewardship
3. The differences and similarities in initiative implementation by department setting
4. Prevention orientation at Arizona Critical Access Hospitals
5. Understand how assessment information is used to guide technical assistance and quality improvement efforts

National Opioid Epidemic



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THE OPIOID EPIDEMIC BY THE NUMBERS



70,630

people died from drug overdose in 2019²



10.1 million

people misused prescription opioids in the past year¹



1.6 million

people had an opioid use disorder in the past year¹



2 million

people used methamphetamine in the past year¹



745,000

people used heroin in the past year¹



50,000

people used heroin for the first time¹



1.6 million

people misused prescription pain relievers for the first time¹



14,480

deaths attributed to overdosing on heroin (in 12-month period ending June 2020)³



48,006

deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)³

SOURCES

1. 2019 National Survey on Drug Use and Health, 2020.
2. NCHS Data Brief No. 394, December 2020.
3. NCHS, National Vital Statistics System. Provisional drug overdose death counts.



HHS.GOV/OPIOIDS

Arizona Opioid Epidemic



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In **January 2019**, there were **47 reported overdoses involving fentanyl** in **Arizona**. Five of these were fatal.

In **February 2019**, there were **36 reported overdoses involving fentanyl** in **Arizona**. Two of these were fatal.

In **March 2019**, there were **21 reported overdoses involving fentanyl** in **Arizona**. Three of these were fatal.

Fentanyl is more commonly reported in overdoses among **younger Arizonans**. Among teens 15-17, fentanyl was the most commonly reported drug involved in suspected overdoses.

AZ OPIOID OVERDOSE DEATHS

SOURCE: AZ DEPT. OF HEALTH SERVICES



- ▶ **REACHED A HIGH OF 1,982 IN 2020**
- ▶ **226 DEATHS IN JULY 2020**
- ▶ **45% INCREASE FROM 2019**

Arizona's Initial Response



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Arizona Opioid Emergency

From June, 2017 through May 2018, ADHS and partners worked tirelessly to answer Governor Ducey's call to address the continuing increase in opioid-related deaths across Arizona.

June 2017

- [2016 Arizona Opioid Report](#) released
- [Opioid Emergency](#) declared
- [Enhanced Surveillance Reporting](#) implemented
- Implementation of [Emergency Opioid Prescribing and Treatment Rules for Healthcare Institutions](#)

April 2017

Executive Order for 7 day fill limit

October 2017

[PDMP Mandate](#) in effect

September 2017

[Opioid Action Plan](#) issued

December 2017

Launch of [2018 Opioid Prescribing Guidelines](#)

March 2018

[OAR Line](#) launches

April 2018

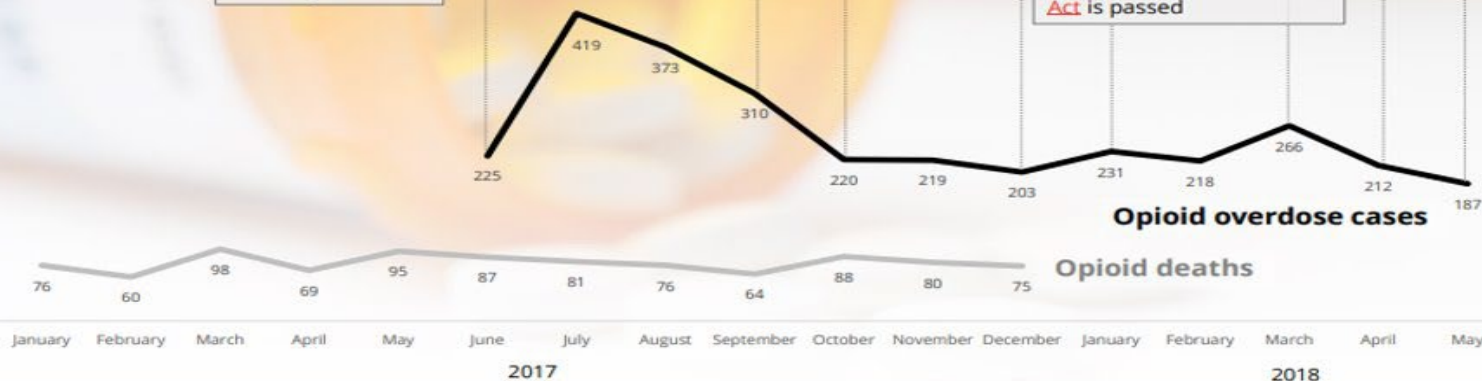
[Arizona Opioid Epidemic Act](#) takes effect

May 2018

Governor Ducey [terminates](#) Declaration of Opioid Emergency

January 2018

[Arizona Opioid Epidemic Act](#) is passed



What is Opioid Stewardship?



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“The concept of **health stewardship** implies a broader overarching responsibility over the **functioning** of the **health system** [...] over the **health of the population** [...] so that there is **co-ordinated involvement** of **all departments** and **sectors**.” (Kapoor et al. 2014)

Stewardship = Comprehensive, Connected & Coordinated

- Broad view of prevention
- Comprehensive approach
- Focused on large, population-level impact

Opioid Stewardship



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Antibiotic Stewardship

- Stewardship over antibiotic use to reduce antibiotic resistance
- ASPs are effective. They reduce antibiotic exposure and length of hospital stay (146 study systematic review: Nathwani et al. 2019).

Opioid Stewardship is new

- In 24% of hospitals (Ardeljan et al. 2020)
- In 41% of hospital pharmacies (Pedersen et al. 2019)

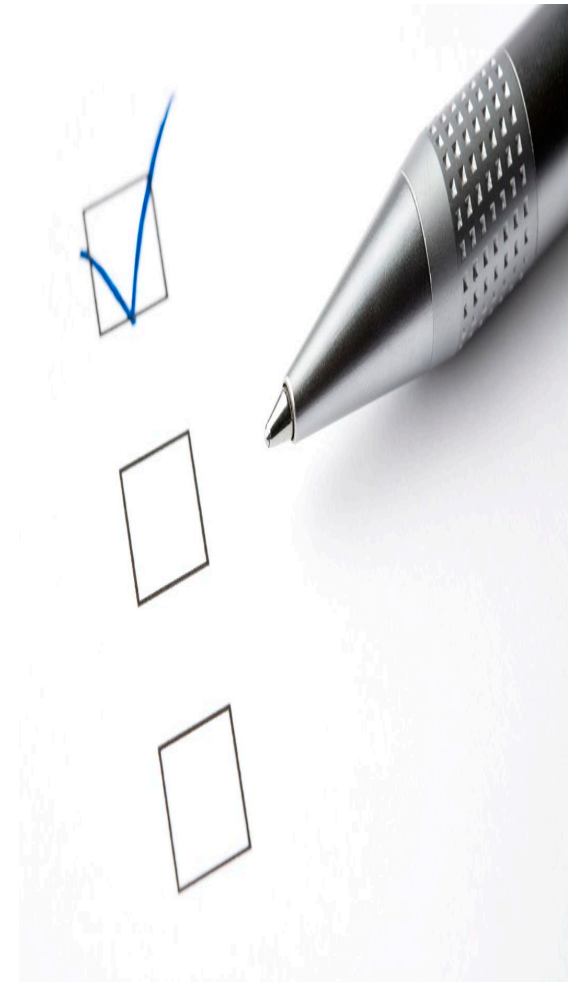
Description of Project



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Arizona Center for Rural Health (AzCRH) and Health Services Advisory Group (HSAG) came together in 2021 to assess the opioid stewardship program (OSP) implementation in Arizona's 17 critical access hospitals' (CAHs) acute care and emergency departments (EDs).

A **cross-sectional survey** of the **17 CAHs** was electronically distributed via emails and conducted by phone **assessing** the presence of Opioid Stewardship in their organizations. The surveys were completed summer of 2021.



OSP Assessment



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Methods

Survey link sent through email

Survey administered by phone

Findings

100% participation in both Acute care and ED Departments

Data Application

Technical Assistance, Resources, and Recommendations

Assessment Methods



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The survey consisted of 11 questions and allowed for 5 response options.

Assessment Items	Not implemented/ no plan	Plan to implement/no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
A. Commitment					
1. The emergency department (ED) has presence within your organization's opioid stewardship initiatives. ⁱ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ED has a workflow that requires Prescription Drug Monitoring Program (PDMP) review prior to prescribing opioids. ⁱⁱ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The assessment included the 15 established Critical Access Hospitals, as well as the 2 Hospitals in process of becoming CAHs' in Arizona. We surveyed:

- Hospital CEOs'
- Department Heads
- Managers

100% of hospitals participated!

- 17 completed Emergency Department surveys
- 17 completed Acute Inpatient department surveys

OSP Assessment



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Assessment Findings



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Opioid Stewardship Program Initiatives	ED Dept		Acute Inpatient Dept	
	n	%	n	%
Present in OSI / OSP leadership team	11	65%	10	59%
Requires PDMP Review	16	94%	15	88%
Treats opioid withdrawal	10	59%	7	41%
ERAS Protocol	na	na	4	24%
Has/Uses EHR Alerts	9	53%	11	65%
Offers ALTOs	15	88%	na	na
Assesses OUD	7	41%	9	53%
Refers to MAT	10	59%	12	71%
Prescribes and tracks naloxone	6	35%	9	53%
Tracks quality measures	5	29%	9	53%
Provider and staff education	12	71%	14	82%
Patient education	12	71%	14	82%

Critical Access Hospital	Emergency Dept		Acute Inpatient Dept	
	n	%	n	%
Hospital 1	5	45%	4	36%
Hospital 2	6	55%	6	55%
Hospital 3	3	27%	4	36%
Hospital 4	10	91%	5	45%
Hospital 5	5	45%	6	55%
Hospital 6	6	55%	3	27%
Hospital 7	11	100%	11	100%
Hospital 8	7	64%	8	73%
Hospital 9	9	82%	10	91%
Hospital 10	4	36%	4	36%
Hospital 11	10	91%	9	82%
Hospital 12	7	64%	7	64%
Hospital 13	2	18%	11	100%
Hospital 14	8	73%	10	91%
Hospital 15	8	73%	11	100%
Hospital 16	6	55%	1	9%
Hospital 17	6	55%	4	36%

Prevention Orientation



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ED OSP Initiatives	Acute Inpatient OSP Initiatives	Prevention Orientation
2. Requires PDMP review	2. Requires PDMP review	Prevent harm from use
3. Treats opioid withdrawal	4. Treats opioid withdrawal	Treat opioid use
4. Uses EHR alerts	7. Has EHR alerts	Prevent harm from use
	3. ERAS protocols	Prevent harm from use
5. Offers ALTOS		Prevent harm from use
6. Assesses OUD	5. Assesses OUD	Treat opioid use
7. Refers to MAT	6. Refers to MAT	Treat opioid use
8. Tracks naloxone prescription	8. Tracks naloxone prescription	Prevent harm from use
9. Tracks Quality measures	9. Tracks Quality measures	Prevent harm from use
10. Staff/provider education	10. Staff/provider education	Prevent harm from use
11. Patient education	11. Patient education	Prevent harm from use

Opioid Prevention Orientation	All Departments		Emergency Dept		Acute Inpatient	
	mean	%	mean	%	mean	%
Preventing opioid harm (Index range 0-7)	4.44	63%	4.41	68%	4.47	66%
Treating opioid use (Index range 0-3)	1.62	54%	1.59	53%	1.65	55%

OSP Assessment



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Technical Assistance



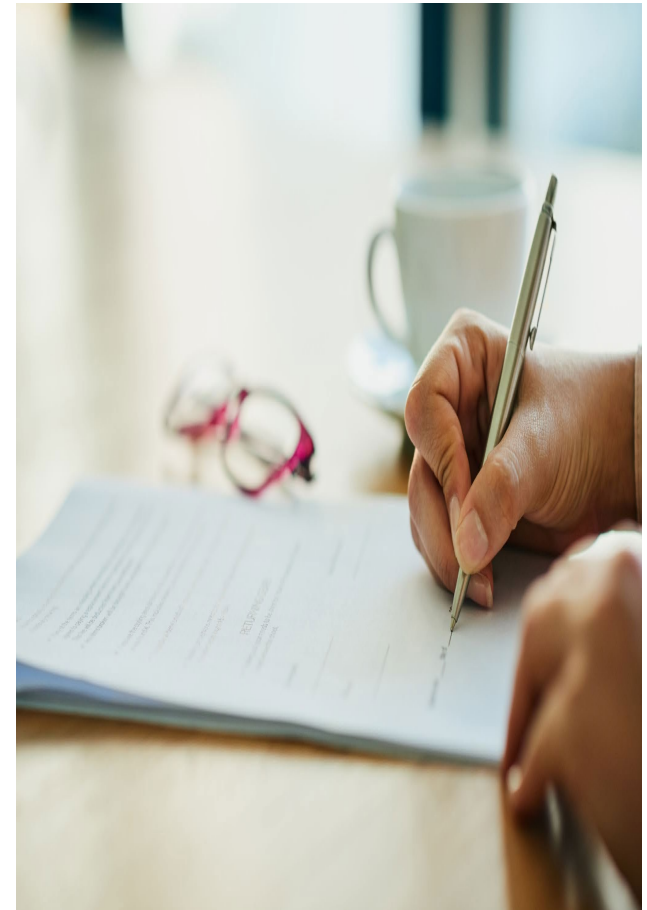
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Executive Summary and Infographic were created based on data results.

Results were shared with CEO and leadership.

Scheduling technical assistance meetings with Department Heads and managers.

Implementing collaborative work in counties.



Technical Assistance



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Strengths recognized:

PDMP review process is within the workflow in both ED and inpatient settings and is being tracked.

Areas of opportunity identified:

Explore embedding workflow alerts related to opioid prescribing practices in the electronic health record (EHR) Morphine milligram equivalent [MME] >50 per day at time of discharge, **the concomitant prescribing of benzodiazepines and opioids**, patients at higher risk for adverse drug events [ADEs] related to opioids, naloxone prescription upon discharge.

Next Steps...

Ongoing Support



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Continuing Technical Assistance conference calls with the CAHs



Continue providing resources for OSP



Providing education through HSAG Quickinar topic-based



Creation of OSP Strategy Guide currently in progress



Collaborative County wide Technical Assistance Meetings in the works
(Cochise county scheduled for May 2022)

Mainstreaming Stewardship



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Antimicrobial Stewardship progression may be instructive

- **1960s** – concerns voiced over antibiotic overuse.
- **1997** – Antimicrobial guidelines published / first call for ‘stewardship’
- **2007** – CDC pushes guidelines for developing an AMS program.
- **2014** – Pres. Exec. Order: 5-year plan to reduce antibiotic resistance. CDC recommends that all hospitals have an Antibiotic Stewardship Plan.
- **2017** – Joint commission requires hospitals develop AMS initiatives.
- **2020** – Joint commission requirements extended to outpatient settings.

Thank you!



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References



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Please remember to complete the webinar survey.

We hope to see many of you in Flagstaff in June!



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