Central Oregon Health Council

RHIP Substance Use & Chronic Pain Workgroup
Deschutes County Health Services (Stan Owen Room)
2577 NE Courtney Drive, Bend

Agenda: March 21, 2018 from 4pm-5:00pm

Goals

Clinical Goal(s): Create a bi-directional integration approach for people with severe substance use disorders.
Prevention Goal(s): Implement a community standard for appropriate and responsible prescribing of Opioids and Benzodiazepines.

Health Indicators by 2019

1. Reduce the 3-year rate of overdose hospitalizations due to any drug in Central Oregon to 35 per 100,000 population (2012-2014 rate: 40.27 per 100,000 population)
2. Identify costs saved in Central Oregon due to properly assessing, treating, and referring individuals with moderate-to-severe SUDs.
3. Reduce the percentage of adults who had 4 (women) 5 (men) drinks of alcohol on one occasion in the past 30 days from 15.3% to 13% (non-age adjusted 2012-2015 Central Oregon rate from BRFSS data).
4. Reduce the percentage of 8th and 11th graders who binge drank alcohol one or more time in the past 30 days from 7.9% and 24.6% to 5% and 20% respectively. (2014 Central Oregon rate from Student Wellness Survey)
5. Reduce the percentage of 8th and 11th graders who have used any marijuana in the past 30 days from 10.2% and 25.1% to 7% and 20% respectively. (2014 Central Oregon rate from Student Wellness Survey)
6. Decrease the percent of patients on prescription opioid doses ≥90mg MED/day for more than 30 consecutive days or more from 15.2% to 5%. (Baseline: 2014 data)
7. Increase the number of completed referrals and feedback loop from medical settings to alternative pain management programs from 0 to 100 referrals yearly. (2014: Zero pain management programs in Central Oregon. Zero is baseline.)

1. 4:00 **Introductions—All**

2. 4:00-4:55 **Complete A3 in Preparation for OPs Review & Release of Funding—All**

   Aim: All Central Oregonians with an SUD that enter the hospital setting, including the ED, will receive engagement, treatment, or harm reduction services.

3. 4:55-5:00 **Updates & Action Items—All**

Next Meeting: April 18, 2018 from 4-5pm (Deschutes County Health Services)

BH Substance Use & Chronic Pain (21)	Organization
Steve Baker, LPC, MAC	Mosaic Medical
McKenzie Dean, MD	St. Charles Health System
Mike Franz, MD	PacificSource
Erica Fuller, MA, LPC, CADCIII	Rimrock Trails Adolescent Treatment Services
Laurie Hubbard, RN, BA, SANE	Deschutes County Health Services
Larry Kogovsek	CAC Consumer Representative
Leslie Neugebauer, OTR/L, MPH	PacificSource
Matt Owen, JD	Bend Treatment Center
Laura Pennavaria, MD	St. Charles Health System
Sally Pfeifer, BA, CADCII	Pfeifer & Associates
Elizabeth Schmitt, MS	CAC Consumer Representative
Scott Safford, PhD	St. Charles Family Care
Bob Snyder, BA, CADC II, NCAC I	BestCare Treatment Services
Julie Spackman, CPS	Deschutes County Health Services
Barbara Stoefen	LifeRAFT Family Support
Ralph Summers, MSW	PacificSource
Kim Swanson, PhD	Mosaic Medical
Karen Tamminga, LCSW	Deschutes County Behavioral Health
Rick Treleaven, LCSW	BestCare Treatment Services
Bill Ward, CADCI	Serenity Lane
Molly Wells Darling, LCSW	St. Charles Health System

Proposed Changes to RHIP SU & CP A3 Metrics for Boxes 2 & 3

Box 2: Initial State

1. No current universal screening in place for SUD identification at hospitals within Central Oregon.

2. No clear pathway currently exists at hospitals within Central Oregon for SUD identification to specialty SUD care/recovery.

3. Currently SUD care is siloed in Central Oregon hospital and specialty SUD settings.

Box 3: Target State

1. Implement universal screening for SUD identification at ___ (number) hospital locations or departments.

2. Implement a clear pathway for Central Oregon hospitals from point of SUD identification to specialty SUD treatment.

3. Develop relationships between ____ (number) hospital locations or departments at least ____ (number) specialty SUD providers.

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MAR 2018

Opioid Overdoses Treated in Emergency Departments

Identify opportunities for action

↑30% Opioid overdoses went up 30% from July 2016 through September 2017 in 52 areas in 45 states.

↑70% The Midwestern region saw opioid overdoses increase 70% from July 2016 through September 2017.

↑54% Opioid overdoses in large cities increased by 54% in 16 states.

Emergency department (ED) visits for opioid* overdoses rose 30% in all parts of the US from July 2016 through September 2017. People who have had an overdose are more likely to have another, so being seen in the ED is an opportunity for action. Repeat overdoses may be prevented with medication-assisted treatment (MAT) for opioid use disorder (OUD), which is defined as a problematic pattern of opioid use. EDs can provide naloxone, link patients to treatment and referral services, and provide health departments with critical data on overdoses. ED data provide an early warning system for health departments to identify increases in opioid overdoses more quickly and coordinate response efforts. This fast-moving epidemic does not stay within state and county lines. Coordinated action between EDs, health departments, mental health and treatment providers, community-based organizations, and law enforcement can prevent opioid overdose and death.

Health departments can

- Alert communities to rapid increases in overdoses seen in EDs for an informed and timely response.
- Increase naloxone distribution (an overdose-reversing drug) to first responders, family and friends, and other community members in affected areas, as policies permit.
- Increase availability of and access to treatment services, including mental health services and MAT for OUD.
- Support programs which reduce harms from injecting opioids, including those offering screening for HIV and hepatitis B and C, in combination with referral to treatment.
- Support the use of the *CDC Guideline for Prescribing Opioids for Chronic Pain*, which encourages using prescription drug monitoring programs (PDMPs) to inform clinical practice. https://go.usa.gov/xn6uQ

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* Opioids include prescription pain medications, heroin, and illicitly manufactured fentanyl.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

PROBLEM:

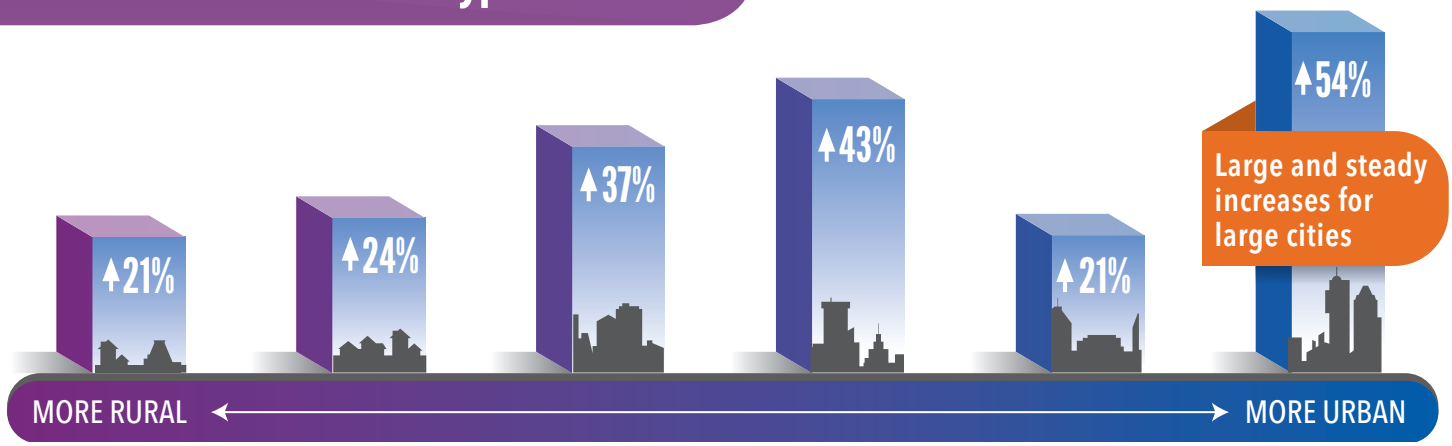
Opioid overdose ED visits continued to rise from 2016 to 2017.

From July 2016 through September 2017, opioid overdoses increased for:

- Men (↑30%) and women (↑24%)
- People ages 25-34 (↑31%), 35-54 (↑36%), and 55 and over (↑32%)
- Most states (↑30% average), especially in the Midwest (↑70% average)

SOURCE: CDC's National Syndromic Surveillance Program, 52 jurisdictions in 45 states reporting.

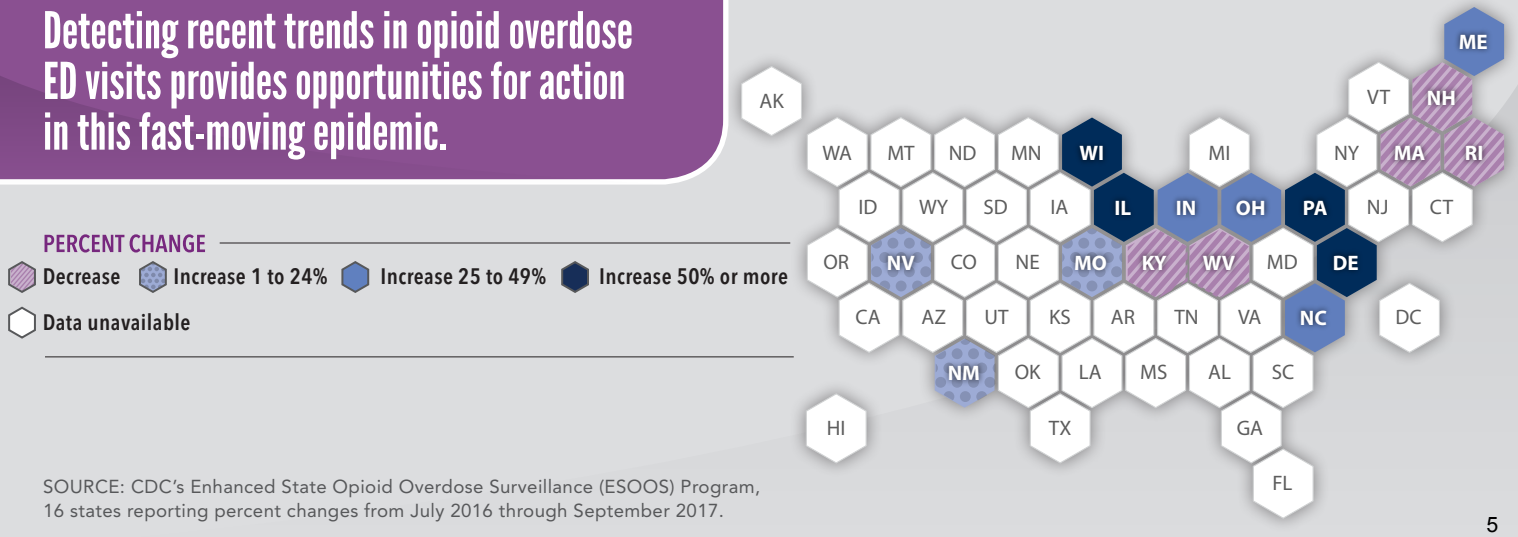
Opioid overdoses continued to increase in cities and towns of all types.*



SOURCE: CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) Program, 16 states reporting percent changes from July 2016 through September 2017.

* From left to right, the categories are:
1) non-core (non-metro), 2) micropolitan (non-metro), 3) small metro, 4) medium metro, 5) large fringe metro, 6) large central metro.

Detecting recent trends in opioid overdose ED visits provides opportunities for action in this fast-moving epidemic.



SOURCE: CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) Program, 16 states reporting percent changes from July 2016 through September 2017.

A rise in opioid overdoses is detected. What now?

Naloxone is a drug that can reverse the effects of opioid overdose and can be life-saving if administered in time.

Medication-assisted treatment (MAT) for opioid use disorder (OUD) can aid in preventing repeat overdoses. MAT combines the use of medication (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

Local Emergency Department

- Offer naloxone and training to patient's family and friends, in case the patient has another overdose.
- Connect patients with hospital case managers or peer navigators to link them to follow-up treatment and services.
- Plan for the increasing number of patients with opioid-related conditions, including overdose, injection-related concerns, and withdrawal.

First Responders | Public Safety | Law Enforcement Officers

- Get adequate supply and training for naloxone administration.
- Identify changes in illicit drug supply and work with state and local health departments to respond effectively.
- Collaborate with public health departments and health systems to enhance linkage to treatment and services.

Mental Health and Substance Abuse Treatment Providers

- Increase treatment services, including MAT for OUD.
- Increase and coordinate mental health services for conditions that often occur with OUD.

Coordinated, informed efforts can better prevent opioid overdoses and deaths

Community Members

- Connect with organizations in the community that provide public health services, treatment, counseling, and naloxone distribution.

Community-Based Organizations

- Assist in mobilizing a community response to those most at risk.
- Provide resources to reduce harms that can occur when injecting drugs, including ones that offer screening for HIV and hepatitis B and C, in combination with referral to treatment and naloxone provision.

Local Health Departments

- Alert the community to the rapid increase in opioid overdoses seen in emergency departments and inform strategic plans and timely responses.
- Ensure an adequate naloxone supply.
- Increase availability and access to necessary services.
- Coordinate with key community groups to detect and respond to any changes in illicit drug use.

SOURCE: CDC Vital Signs, March 2018.

WHAT CAN BE DONE

THE FEDERAL GOVERNMENT IS

- Tracking overdose trends to better understand and more quickly respond to the opioid overdose epidemic.
- Improving access to OUD treatment, such as MAT, and overdose-reversing drugs, such as naloxone.
- Educating healthcare providers and the public about OUD and opioid overdose, and providing guidance on safe and effective pain management.
- Equipping states with resources to implement and evaluate safe prescribing practices.
- Coordinating actions to reduce production and impacts of the illicit opioid supply in the US through the High Intensity Drug Trafficking Areas (HIDTA) Program.
- Supporting cutting-edge research to improve pain management and OUD treatment.

HEALTH DEPARTMENTS CAN

- Alert communities to rapid increases in overdoses seen in EDs for an informed and timely response.
- Increase naloxone distribution (an overdose-reversing drug) to first responders, family and friends, and other community members in affected areas, as policies permit.
- Increase availability of and access to treatment services, including mental health services and MAT for OUD.
- Support programs that reduce harms which can occur when injecting opioids, including those offering screening for HIV and hepatitis B and C, in combination with referral to treatment.
- Support the use of the *CDC Guideline for Prescribing Opioids for Chronic Pain*, which encourages using prescription drug monitoring programs (PDMPs) to inform clinical practice. https://go.usa.gov/xn6uQ

EMERGENCY DEPARTMENTS CAN

- Develop post-opioid overdose protocols, which may include
  - Offering overdose prevention education, naloxone, and related training for patients, family members, and friends.
  - Linking patients to treatment and services in the community as needed.
  - Starting MAT in the ED.

HEALTHCARE PROVIDERS CAN

- Prescribe opioids only when benefits are likely to outweigh risks.
- Determine a patient's prescription drug history and level of risk by accessing data from their state PDMP.
- Identify mental health, social services, and treatment options to provide appropriate care for patients who have OUD.
- Follow the *CDC Guideline for Prescribing Opioids for Chronic Pain*. https://go.usa.gov/xn6uQ

EVERYONE CAN

- Learn about the risks of opioids. https://go.usa.gov/xn6um
- Learn about naloxone, its availability, and how to use it. https://go.usa.gov/xn6uV
- Store prescription opioids in a secure place, out of reach of others (including children, family, friends, and visitors).
- Contact SAMHSA's National Helpline: 1-800-662-HELP for anyone who has trouble with opioid use. https://go.usa.gov/xn6uw

www.cdc.gov/vitalsigns
www.cdc.gov/vitalsigns/opioid-overdoses/

For more information, please contact
Telephone: 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 | Web: www.cdc.gov

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