



Addressing Rural America's Opioid Crisis: The Role of Primary Care

Heidi M. Larson, MD, MBA

Pennsylvania Critical Access Hospital Meeting | November 1, 2018



ATLANTA | NASHVILLE | PORTLAND, ME
STROUDWATER

Stroudwater Associates

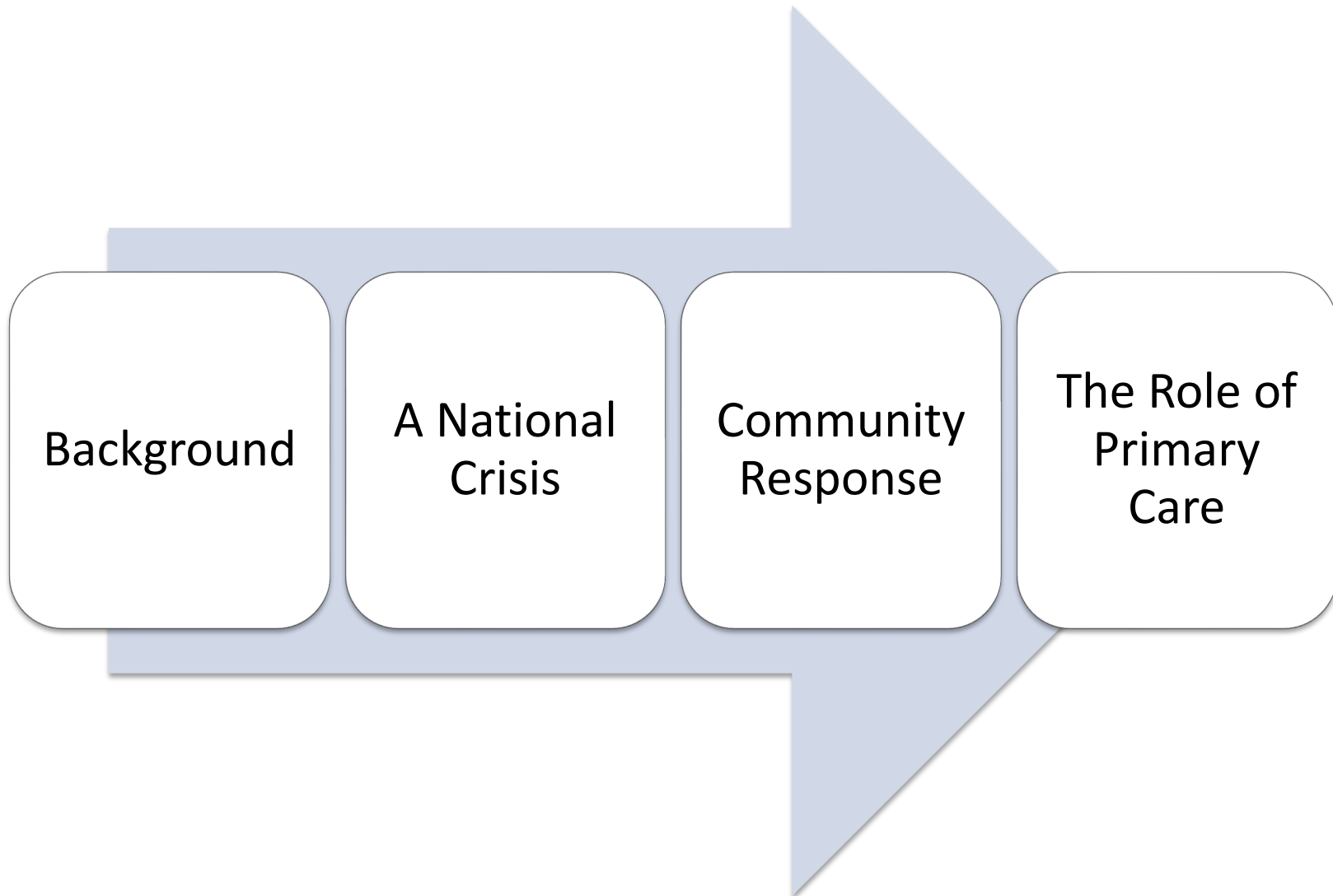


800-947-5712



www.stroudwater.com

Agenda: Addressing Rural America's Opioid Crisis





Opioid addiction is a serious national crisis that impacts public health as well as social and economic welfare



Rural America is experiencing rates of death from opioid overdose that are increasing at a steady rate that now surpass those seen in larger, more urban population centers



Primary care is a critical foundation for system-wide transformation

Access to Opioids and The Genesis of an Epidemic

Many who suffer from addiction were first exposed to opioids through prescriptions provided to themselves or those close to them

Approximately 6% of patients who are prescribed opioids for pain management are considered to be at risk for addiction

Overdoses of prescription opioids are common, particularly when opioids are taken in combination with benzodiazepines

Those who abuse prescription painkillers are at risk for using heroin

Recent increases in drug overdose deaths are driven by synthetic opioids such as fentanyl

Source: <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

The Five-Point Strategy for Fighting the Opioid Epidemic

- The CDC and other federal agencies have outlined a five-point strategy for coordinating efforts to fight the opioid epidemic
 - Representatives from law enforcement, health care, public health agencies, and community partners are working together to improve access to prevention, treatment, and recovery services
 - Expanding availability and distribution of overdose-reversing drugs is a priority
 - Strengthening surveillance activities through public health data and reporting and supporting cutting-edge research on pain and addiction are part of the strategy



Source: <https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html>

- Rural programs that seek to address the opioid epidemic must address social factors that limit access to the effective prevention and treatment of opioid misuse
 - ✓ Poverty
 - ✓ Lack of reliable transportation
 - ✓ Poor or nonexistent insurance coverage
 - ✓ Lack of access to primary care providers
 - ✓ Low levels of education/poor health literacy
 - ✓ Food insecurity
 - ✓ Lack of safe and affordable housing
- Several collaborative efforts around the country have successfully addressed some of these factors

Community-based Prevention: A Collaborative Approach

Prevention is a key strategy

- Community outreach and education that supports families in understanding the impact of opioid misuse
- Community-based monitoring, mental/behavioral health support, and medication-assisted treatment (MAT) programs
- Prescription take-back and needle exchange programs
- First responder training programs, including education and support for naloxone administration in the community
- Broader public health support from drug task force and tactical response teams
- Recruiting and training providers to rural areas who have received training in buprenorphine/MAT and naloxone administration

Collaboration that is widespread and comprehensive is an acknowledgement that opioid abuse is more than a health issue; it is a matter of enhancing economic opportunity and prosperity for rural areas

Collaborative Efforts to Address Social Determinants of Health

- Chicago-based Advocate Health Care is addressing food insecurity through food pantries, home-delivered meals, congregate meals and outreach to churches, senior centers, town halls, pharmacies, grocery stores, and cultural organizations
- Better Health Through Housing provides stability for chronically homeless by moving them from emergency departments to stable, supportive housing
- The National Farmers Unions and the American Farm Bureau Federation have teamed up to form Farm Town Strong to reduce the impact of the opioid epidemic in rural farming communities through education and prevention
- Many organizations around the country are engaging ride-sharing services such as Lyft and Uber to ensure patients are able to attend appointments
- City health workers in San Francisco are providing medication assisted treatment to homeless addicts
- Maine General Hospital provides overdose-prevention classes at homeless shelters and addiction recovery centers and also established needle exchange programs for those using IV drugs

Prevention and Treatment: It Takes A Village



- The Tennessee Commission on Pain and Addiction Medicine provides prescribing education for pain management to doctors and nurses
- The Maine Diversion Alert Program connects healthcare providers and law enforcement, helping to identify those at risk for opioid misuse and diversion through a secure data exchange
- State-administered prescription monitoring programs (PMPs) allow prescribers and pharmacists to verify the prescription and distribution of controlled substances and identify potential cases of misuse or abuse and/or diversion of prescription medications
- Vermont applies a “hub and spoke” approach to treatment by educating and supporting primary care providers in medication assisted treatment (MAT) programs
- Massachusetts pairs those in recovery with patients in active treatment programs for support and mentorship
- Rhode Island has expanded access to treatment in state prisons

The Role of Primary Care

- Leverage efficient primary care infrastructure in the development of comprehensive pain management programs that are geared toward entire rural communities
- Strengthen the primary care platform as a foundation utilizing team-based care principles
 - Develop and integrate pain management programs as a secondary strategy
- A stable, integrated and agile primary care delivery system is a cornerstone for preserving the rural safety net
 - Assist organizational leadership in developing institution-wide policies and procedures to support substance abuse training for providers and staff at all levels



The Pain Management Model in Primary Care

The administrative burdens of chronic pain management often become the responsibility of the primary care practice team

Combating this epidemic requires a team-based approach and carefully designed clinical protocols for the evaluation and management of chronic pain that is treated with opioid medications

Safe and effective opioid management requires that systems be implemented regarding prevention of abuse, appropriate treatment options, and effective aftercare and long-term recovery management

Opioid Management in Primary Care: Responsible Prescribing

- Clear **documentation** of the need for pain management with opioids
 - Includes a thorough history and physical exam and regular follow-up assessments of pain status
 - Documentation of other treatment modalities being employed, such as physical therapy, acupuncture, massage, etc.
- Addressing factors potentially contributing to pain, as well as pursuing imaging and other diagnostic testing from time to time as part of an **ongoing evaluation** of symptoms
- Regular consideration of **specialty consultation** to assist in the evaluation and management of pain
- Utilization of enhanced screening tools to **assess risk** for substance use or addiction
 - <https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-evidence-based-screening-tools>
- Careful assessment prior to consideration of initiating opioid therapy and adherence to a policy of a **7-day maximum** prescription of opioids for the treatment of acute pain/injury

- Use of **controlled substance contracts** clearly outlining the indications for treatment as well as risks and benefits of opioid use, including but not limited to risk of misuse, addiction, and overdose
- Regular verification of a **Prescription Monitoring Program (PMP)** to ensure the patient's adherence to the controlled substance contract and to confirm that other controlled substances are not being prescribed by another provider
- Regular use of **urine drug screening and pill counts** to monitor for potential diversion or misuse
- Addressing common **red flags** of concerning behaviors for those patients on long-term opioid therapy
- **Tapering protocols** where applicable

Implementing **medication-assisted treatment (MAT)** services for those with opioid use disorder

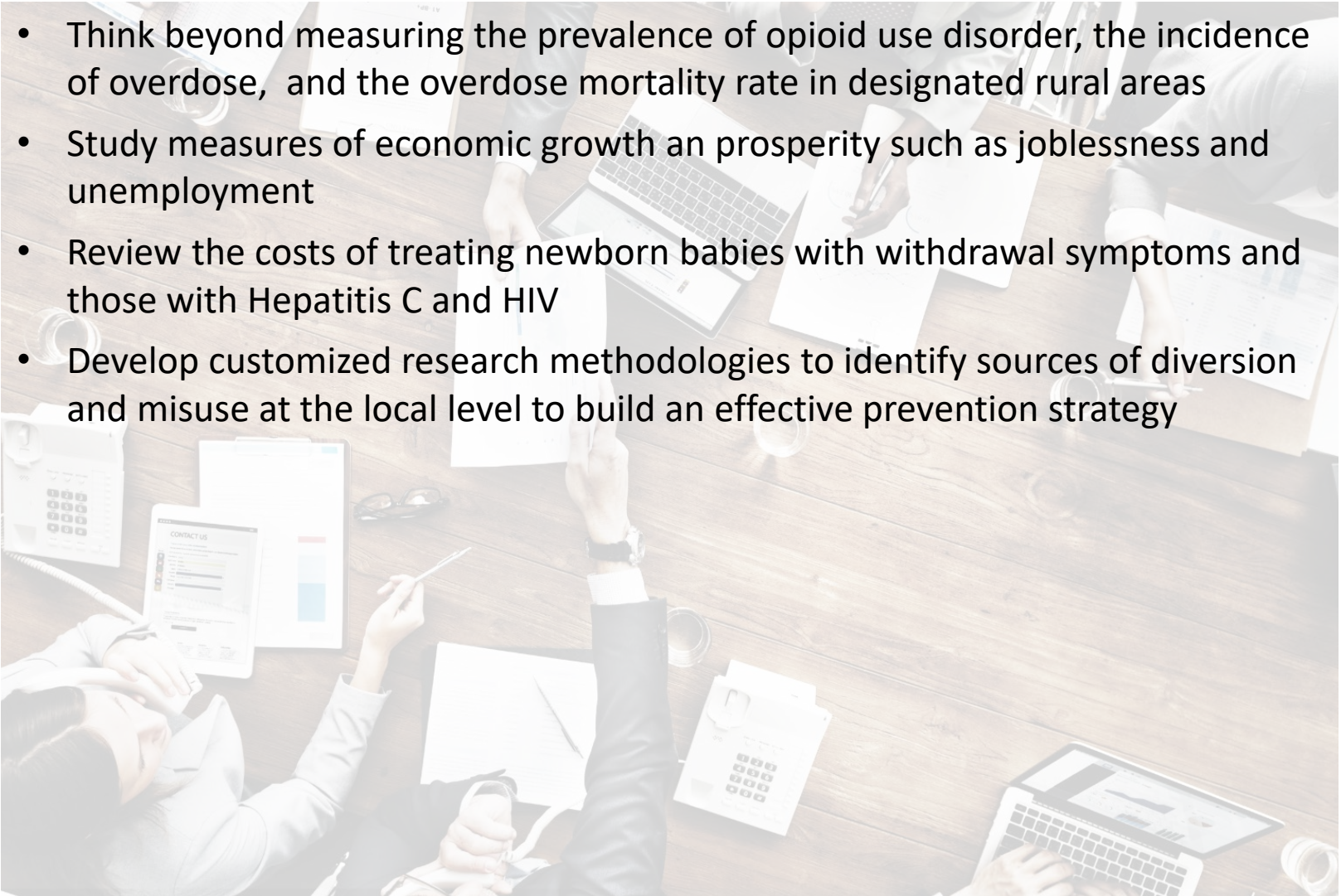
Leveraging chronic **care management relationships** in critical access hospitals (CAHs) and clinics to surround those with addiction with strong multidisciplinary supports, including communication between different care settings and the use of warm hand-offs during transitions of care

Managing **depression and anxiety** where applicable

Using blinded **statistical analyses** from all treatment settings to better understand the patterns of abuse so that data can be used to inform our prevention strategies

- Start with a **gap analysis** to optimize current strengths and identify vulnerabilities in existing service area resources
- Conduct **group interviews** with stakeholders in your local communities to engage physician, behavioral health, healthy policy, law enforcement and other leadership resources to reduce the impact of the opioid crisis on high-risk rural communities
- Develop a **comprehensive strategic plan** that addresses the gaps in prevention, treatment (including MAT and naloxone), recovery services, and access to care
- Incorporate **team-based models of primary care** that incorporate care management principles providing comprehensive and continuous care to populations of patients
- Actively manage **transitions of care** across multiple settings to sustain the consortium's efforts
 - Engage primary care, addiction treatment programs, hospitals and emergency departments, schools, prisons, food pantries, homeless shelters, and others

Develop a List of Quantifiable Metrics to Assess Impact

- 
- Think beyond measuring the prevalence of opioid use disorder, the incidence of overdose, and the overdose mortality rate in designated rural areas
 - Study measures of economic growth and prosperity such as joblessness and unemployment
 - Review the costs of treating newborn babies with withdrawal symptoms and those with Hepatitis C and HIV
 - Develop customized research methodologies to identify sources of diversion and misuse at the local level to build an effective prevention strategy

- The rural opioid crisis should be engaged in the context of a proactive, comprehensive, community-focused program
- Integrate seamlessly with the primary care delivery system for maximum impact
- Build team-based care models within the primary care practices that operate with optimal efficiency to create opportunities for high-functioning clinical teams to address the needs of the community
- Forge strong interdependent relationships across all treatment settings and disciplines, including health care, law enforcement, community-based programs, and public health



STROUDWATER

1685 Congress St. Suite 202
Portland, Maine 04102
(207) 221-8250

www.stroudwater.com