Addressing Rural America's Opioid Crisis: Providing treatment in the context of comprehensive, community-based primary and preventive care helps remove the stigma and allows communities begin to solve the opioid crisis

By: Heidi Larson, MD
Carla Wilber
Gregory Wolf

The impact of the national opioid epidemic is especially significant in rural areas. Social and economic stressors that are prevalent in rural areas leave these communities more susceptible to opioid abuse and its devastating consequences. In fact, rural America is experiencing steadily increasing rates of death from opioid overdose that now surpass those seen in larger, more urban population centers. There is a strong link between opioid use disorders and issues common in rural areas such as poverty, inadequate insurance coverage, and lack of transportation. The strong, broad social networks found in small towns give those in rural communities more opportunities to access drugs, but may also be key to treating those affected by substance abuse. Providing treatment in the context of comprehensive, community-based primary and preventive care in rural communities helps to remove the stigma of the disease and allows communities to get at the heart of the problem and begin to solve the opioid crisis.

Prevention is a key strategy. Developing strong links between education, healthcare, community services, transportation infrastructure, first responder programs, permanent and mobile treatment centers, telemedicine support, and law enforcement is critical to the success of any opioid prevention and treatment program.

We believe the most effective means to address the opioid crisis begins with the development of a comprehensive, community-based prevention program driven through the primary care delivery system. Community outreach and education that support families in understanding the impact of opioid misuse are a foundation for addressing the opioid crisis. It is important to develop community-based monitoring, mental/behavioral health support, and medication-assisted treatment (MAT) programs. Prescription take-back and needle exchange programs that are easily accessible, as well as first responder training programs (including education and support for naloxone administration in the community) should be considered as part of a larger effort that supports drug task force and tactical response teams within a broader public health perspective. Recruiting and training providers to rural areas who are trained in

buprenorphine/MAT and naloxone administration is a priority. Widespread and comprehensive collaboration to tackle this epidemic is an implicit acknowledgement that opioid abuse is more than a health issue; it is a matter of enhancing economic opportunity and prosperity for rural areas.

A comprehensive pain management program that is geared toward entire rural communities should operate within the context of an efficient primary care infrastructure. Proper stewardship of resources that are newly available to combat the opioid epidemic will be geared toward strengthening the primary care platform a foundation, with the development and integration of a pain management program as a secondary strategy. This approach not only responds to the immediate crisis but provides for a more stable, integrated, and agile primary care delivery system – a cornerstone for preserving the rural safety net.

With this in mind, Stroudwater will partner with organizational leadership around conducting annual substance abuse training as a condition of credentialing. In addition, we will assist in the development of institution-wide policies and education for staff and providers. Finally, we will promote discussion about the opioid crisis that looms over our country and the potential for strong community partnerships that emphasize prevention and determine appropriate treatment and monitoring options for our patient population.

Background

America's opioid epidemic continues to spread across geographic and demographic boundaries. One of the most significant public health crises ever to strike our country, opioid abuse and its deadly consequences transcend all categories of geography, age, race and ethnicity. After achieving some degree of success in the treatment of overdoses with the widespread availability and use of naloxone death rates from overdoses are again spiraling out of control with the emergence of synthetic opioids such as fentanyl: https://www.drugabuse.gov/news-events/news-releases/2018/05/nearly-half-opioid-related-overdose-deaths-involve-fentanyl

The CDC and other federal agencies have outlined a five-point strategy for coordinating efforts to fight the opioid epidemic (https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html).
Representatives from law enforcement, healthcare, public health agencies, and community partners are working together to improve access to prevention, treatment, and recovery services. Another goal is to expand availability and distribution of overdose-reversing drugs.

Strengthening surveillance activities through public health data and reporting and supporting cutting-edge research on pain and addiction are also part of the strategy.

In 2016, there were nearly 64,000 overdose deaths in the United States. Drug deaths from fentanyl more than doubled from 2015 to 2016. Overdose is the leading cause of death for Americans under age 50. Healthcare expenses linked to the opioid crisis exceed $200 billion since 2001 and continue to climb due to the cost of emergency treatment and the widespread use of naloxone.[1]

Many people who suffer from addiction acknowledge a first exposure to opioids through prescriptions provided to them or to those close to them. Approximately six percent of patients who are prescribed opioids for pain management are considered to be at risk for addiction. In many cases, people misuse prescription painkillers by taking the medication in ways they were not prescribed, or by taking medications prescribed for another person. Overdoses of prescription opioids are increasingly common, and people who abuse prescription painkillers are at risk for using heroin.

Pain Management Model

The administrative burdens of chronic pain management often become the responsibility of the primary care practice team. Combatting 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 the following systems be put into place regarding prevention of abuse, appropriate treatment options, and effective aftercare and long-term recovery management:

- Clear documentation of the need for pain management with opioids, including a thorough history and physical exam and regular follow-up assessments of pain status along with 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 or 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

[1] https://www.cdc.gov/nchs/products/databriefs/db294.htm

- Use of enhanced screening tools to assess risk for substance misuse or addiction
  - https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-evidence-based-screening-tools-adults
- 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 injury/pain
- The use of a controlled substance contract 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 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 the common red flags of concerning behaviors for those patients on long-term opioid therapy (LTOT)
- Tapering protocols where applicable
- Development of relationships with referral sources for treatment of substance abuse, including medication-assisted treatment (MAT) services for people with opioid use disorder
- Collaboration with experts for behavioral health support
- Use of chronic care management approaches in critical access hospitals (CAHs) and clinics to surround those with addiction with strong multidisciplinary supports on a regular and ongoing basis, including the application of enhanced communication techniques between different care settings and the use of warm hand-offs during transitions of care
- Managing depression and anxiety where applicable in the setting of post-rehabilitative maintenance care
- Using blinded statistical analyses from all treatment settings to better understand the patterns of abuse so that data can be funneled back into our resources to further inform our prevention strategies

Many programs have been developed to educate prescribers about pain management and substance use disorders as well as safe prescribing and monitoring practices. Several states mandate prescriber education as a condition of licensure by working with the boards of registration to enforce continuing education requirements related to effective pain management; identification of patients at high risk for substance use disorder; and counseling patients on the side effects, addictive nature, and proper storage and disposal of prescription

medications. These are often promoted in the context of mandatory participation in prescription monitoring programs (PMP) that are established by individual states: https://nccsrsph.hidinc.com/nclogappl/bdncpdmqlog/pmqhome.html

Addressing social factors that limit access to the effective prevention and treatment of opioid misuse is a critical component of any rural program that seeks to engage communities around combatting the opioid epidemic. Poverty, transportation, poor or nonexistent insurance coverage, lack of access to primary care providers, low levels of education, a lack of safe and affordable housing, and food insecurity are all more prevalent in rural areas. Several collaborative efforts around the country have addressed these factors:

- Chicago-based Advocate Health Care developed a program aimed at reducing the burden of patient malnutrition, saving over $4 million in costs to the system by cutting readmission rates and shortening inpatient stays
- Better Health Through Housing provides stability for chronically homeless individuals by moving them directly from hospital emergency departments into stable, supportive housing with intensive care management
- The National Farmers Union and the American Farm Bureau Federation have teamed up to form Farm Town Strong, an effort to reduce the impact of the opioid impact in rural farming communities
- Transportation issues are being addressed by many organizations around the country by engaging ride-sharing services such as Lyft and Uber to ensure patients are able to attend appointments
- The Tennessee Commission on Pain and Addiction Medicine provides prescribing education to doctors and nurses about pain management as a top priority
- 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
- 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-run prescription monitoring programs (PMPs) provide an avenue for prescribers to verify the prescription and distribution of controlled substances to their patients and allow providers to discover potential cases of misuse or abuse and/or diversion of prescription medications
- Vermont applies a “hub and spoke” clinical approach to treating widespread opioid addiction by encouraging primary care doctors to enroll in Buprenorphine prescribing

programs. The program also applies state and federal funding to hire nurses and social workers to follow up consistently and ensure patients are taking their medication regularly.

- Massachusetts pairs recovery coaches who have completed treatment for addiction themselves with patients to support the patients through treatment programs
- Many states have upgraded their Prescription Monitoring Programs (PMP) to assist physicians with prescribing opioids, and have restricted new opioid prescriptions to just seven days. Massachusetts has reported a 30% drop in the number of opioid prescriptions since 2016 as a result of requiring doctors to participate in the state PMP.
- Rhode Island has expanded access to treatment in state prisons
- In California, an innovative program based in the emergency department involves direct and immediate patient access to treatment with buprenorphine to alleviate symptoms of acute opioid withdrawal
- City health workers in San Francisco are offering medication assisted treatment to addicts who are homeless
- Rhode Island has integrated their Prescription Drug Monitoring Program (PDMP) into a population health dashboard with predictive analytics tools to alert practice teams and allow them to gain more visibility into opioid use and potential misuse of prescription drugs

Stroudwater's Primary Care Model Approach

Multidisciplinary approaches involving collaboration around the safe and effective treatment of chronic pain with opioids will assist in fighting opioid abuse, addiction, and diversion. Close collaboration with those involved in law enforcement, health policy, and community services is necessary to fight this epidemic together.

Stroudwater proposes to assist applicant organizations for federal opioid crisis funding in identifying a leader in the county, such as the CEO of a Critical Access Hospital. We will facilitate focus-group-based interviews with stakeholders in your local communities and assist you in identifying physician, behavioral health, health policy, law enforcement, and other leadership in your area to engage in your efforts to reduce the impact of the opioid crisis in high-risk rural communities.

We will assist you in developing and strengthening a consortium to address prevention, treatment, and/or recovery needs in your communities. Together with your team, we will perform a gap analysis to optimize current strengths and identify vulnerabilities in existing

service area resources. We will study successful programs from around the country and combine them with our innovative approaches to develop a comprehensive strategic plan that addresses the gaps in prevention, treatment (including MAT), and/or recovery services and access to care identified in the analysis. We will develop research methodologies to identify sources of diversion and misuse at a local level to build an effective prevention strategy.

We believe that primary care is central to coordinating efforts around prevention, treatment, and recovery needs. Team-based models of care that incorporate care management principles providing comprehensive and continuous care to populations of patients create sustainability for the consortium and its efforts. Special attention to managing transitions of care across multiple settings (primary care offices, addiction treatment programs, hospitals and emergency departments, schools, prisons, and others) is essential to the sustainability of the consortium's activities.

We will develop and use a list of quantifiable metrics to assess the impact of our activities and help us to direct further efforts. Beyond measuring the prevalence of opioid use disorder, the incidence of overdose, and the overdose mortality rate in designated rural areas, we also suggest studying measures of economic growth and prosperity. Lowering rates of joblessness and unemployment, as well as reducing the costs of treating newborn babies with withdrawal symptoms and/or those with Hepatitis C or HIV are examples of the impacts we could study as part of a broader system built by a coalition focused on health-equity-producing social policy.

In summary, we believe the rural opioid crisis should be engaged in the context of a proactive, comprehensive, community-focused pain management program that is integrated seamlessly within the primary care delivery system. That delivery system must operate with optimal efficiency to create opportunities for high-functioning clinical teams to address the needs of the community. Collaboration across all treatment settings and disciplines, including healthcare, law enforcement, community-based programs, and public health, is critical in addressing the rising economic and human costs of the opioid epidemic in rural America.

###