



Successful Strategies of Rural Communities in the Opioid Epidemic

Health Services Advisory Group (HSAG)

Wednesday, March 29, 2023

Learning Objectives

- Gain insight on the prevalence of the opioid epidemic in rural areas.
- Hear about hospital's challenges and local solutions to address the needs of rural communities.
- Understand the importance of connecting all community partners in the opioid response.

Our Guest Speakers



Arianna Campbell, PA

Senior Advisor of MAT for US Acute Care Solutions

Chair of the SUD Committee Marshall Community Hospital

Director and Co-Principal Investigator for the Bridge Program



Jason Zibart, BS

Community Connected Health Manager

Benson Hospital

Successful Strategies to Address Opioid Use Disorder (OUD) in Rural Communities

Arianna Campbell, PA-C, Co-Principal Investigator Bridge



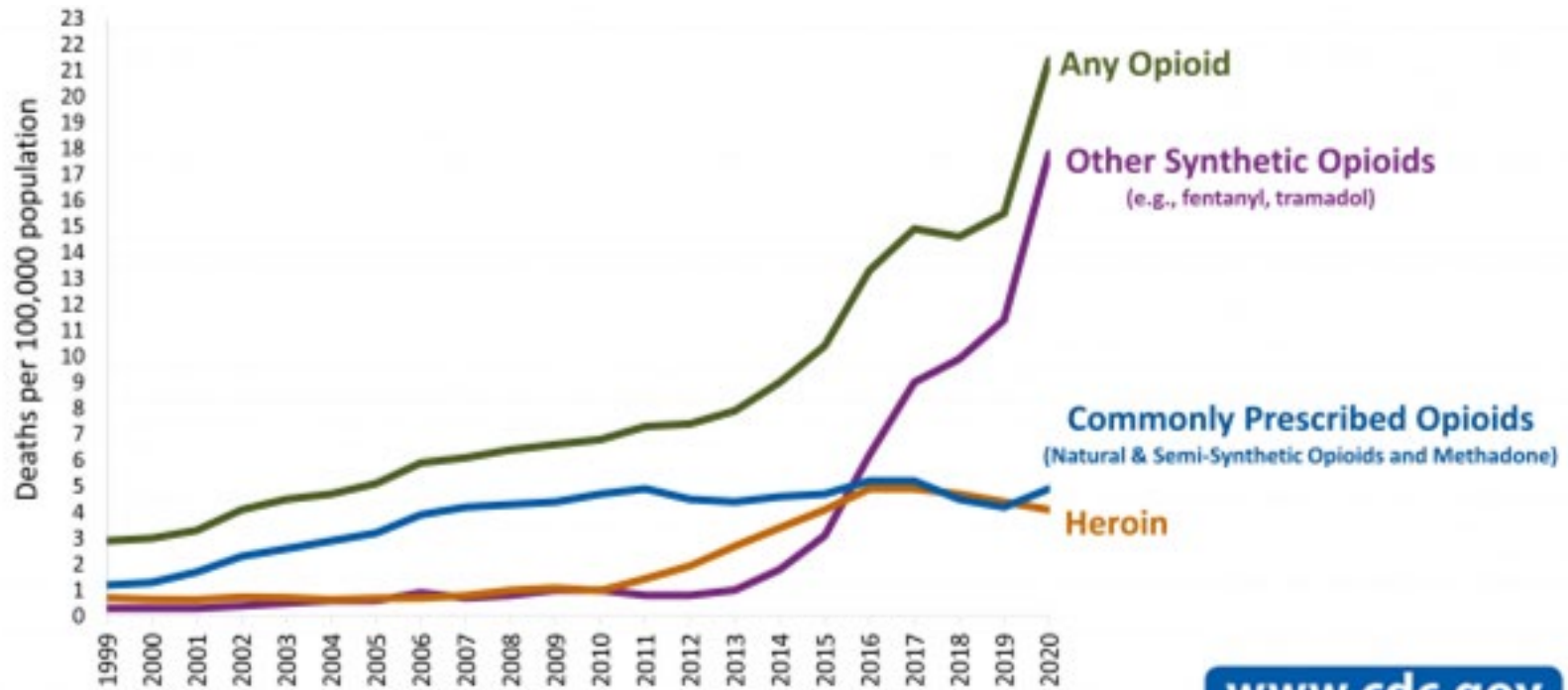


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Overdose Death Rates Involving Opioids, by Type United States, 1999–2020



nal Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA; US Department of Health and Human
//wonder.cdc.gov/.

www.cdc.gov

Your Source for Credible Health Information

Recognize that OUD is an emergency and, this is our job

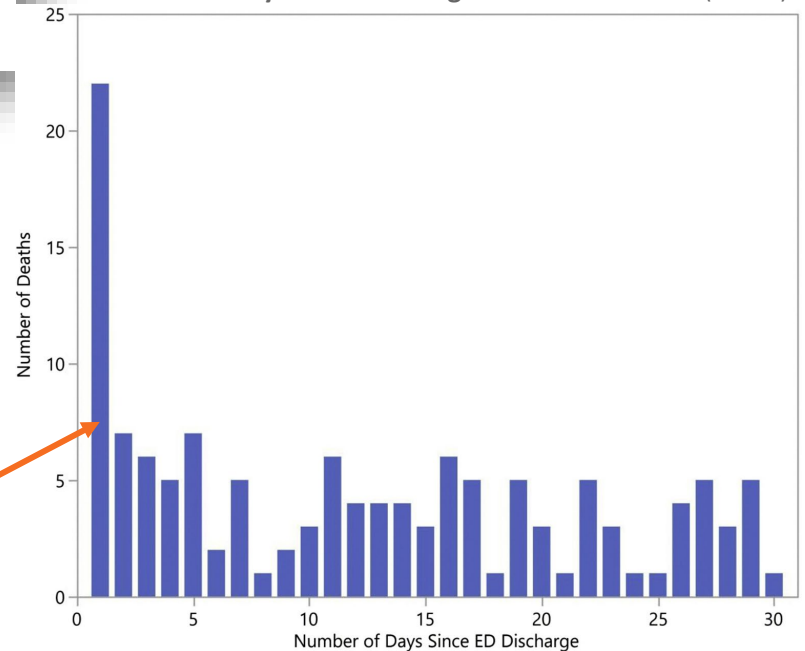
One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose

Scott G. Weiner, MD, MPH^a, Olesya Baker, PhD^a, Dana Bernson, MPH^b, Jeremiah D. Schuur, MD, MHS^c

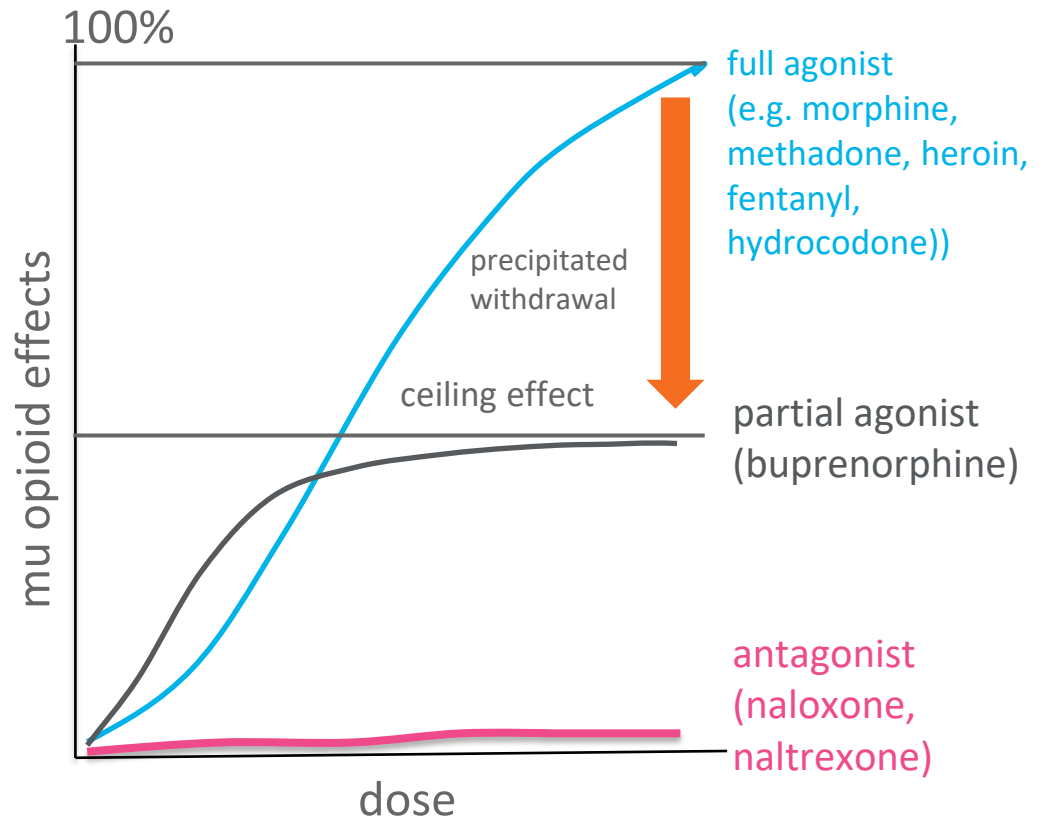
Study of patients treated in Massachusetts emergency departments (EDs) for opioid overdose 2011–2015

- Illustrates the short-term increase in mortality risk post-ED discharge
- Of patients that died, 20% died in the first month
- Of those that died in the first month, 22% died within the first 2 days

Number of deaths after ED treatment for nonfatal overdose by number of days after discharge in the first month (n=130)

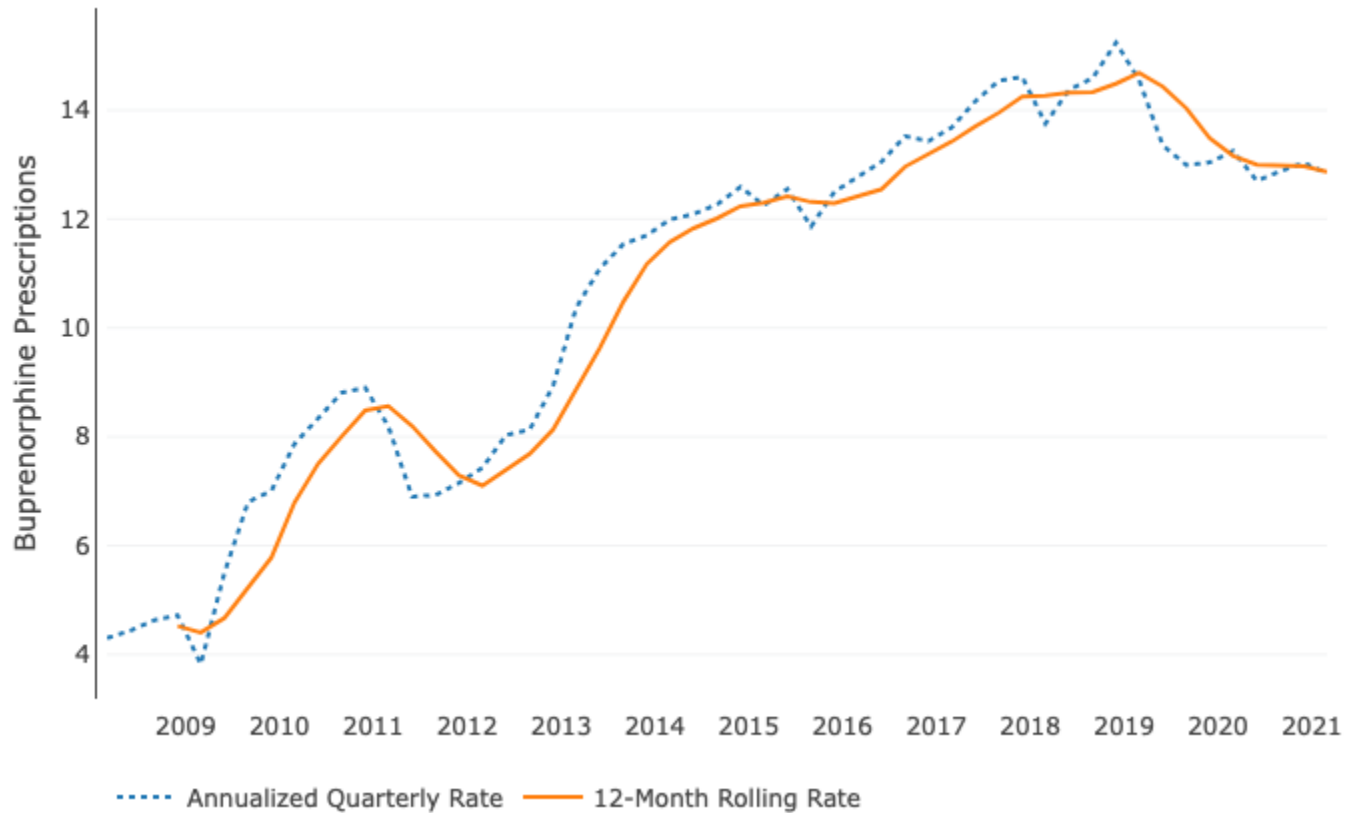


Major Features of Buprenorphine

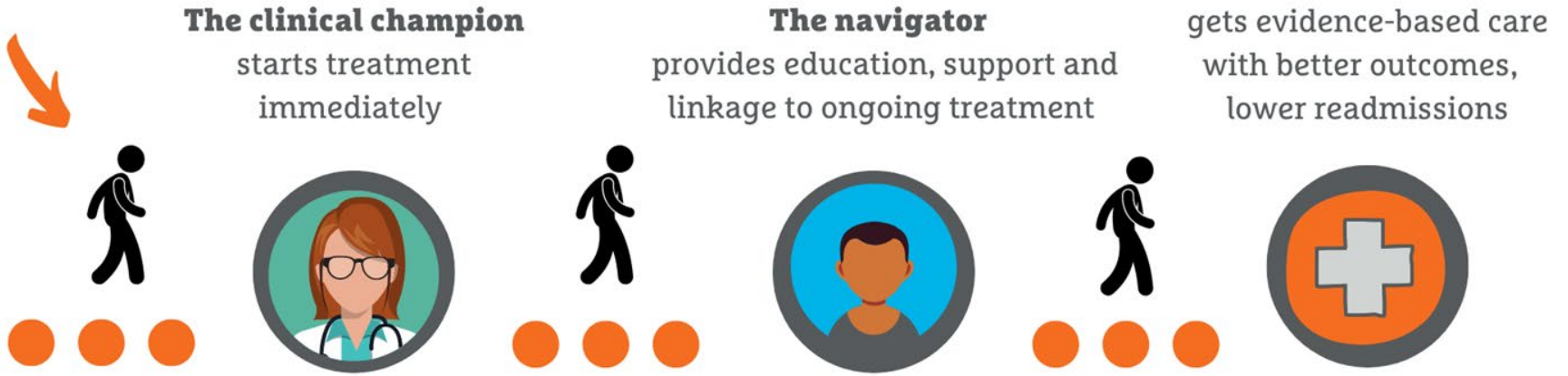


The *new*
standard
of care.

Buprenorphine Prescriptions | Total Population Age-Adjusted Rate per 1,000 Residents

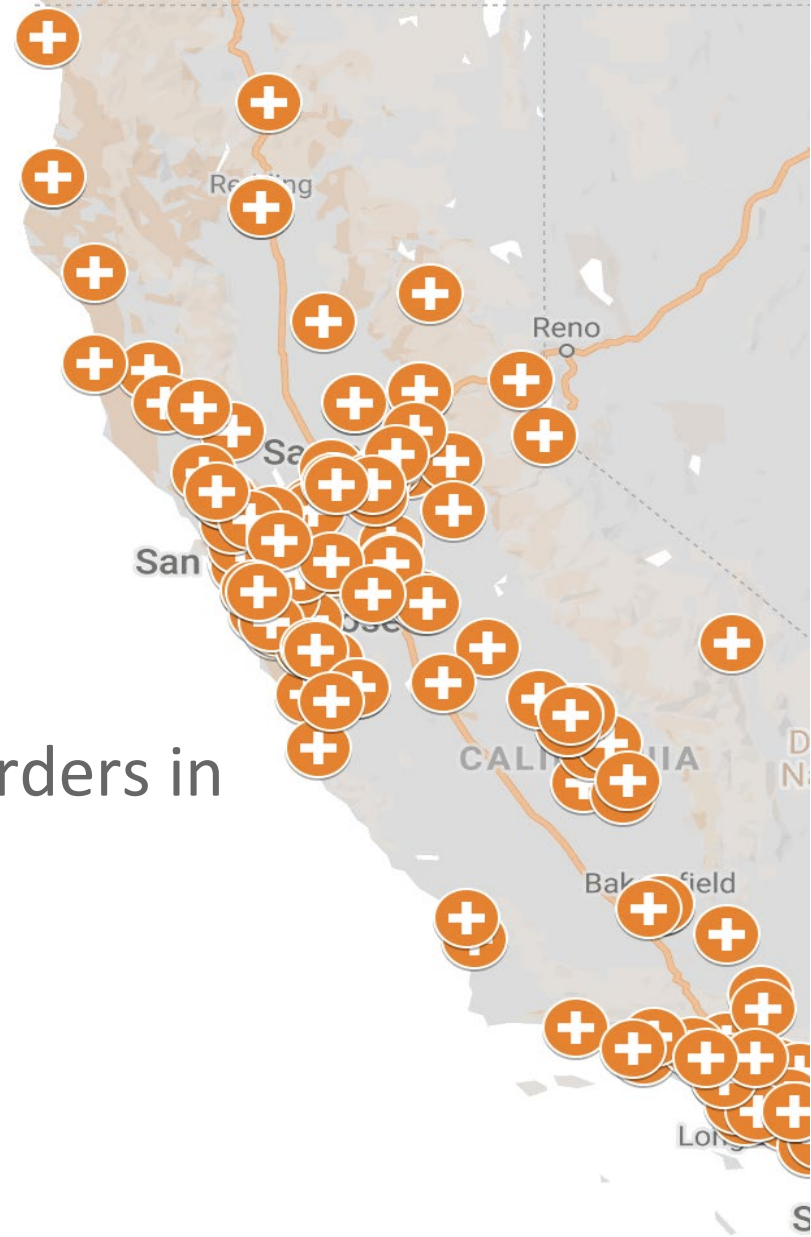


The CA Bridge Model in Action



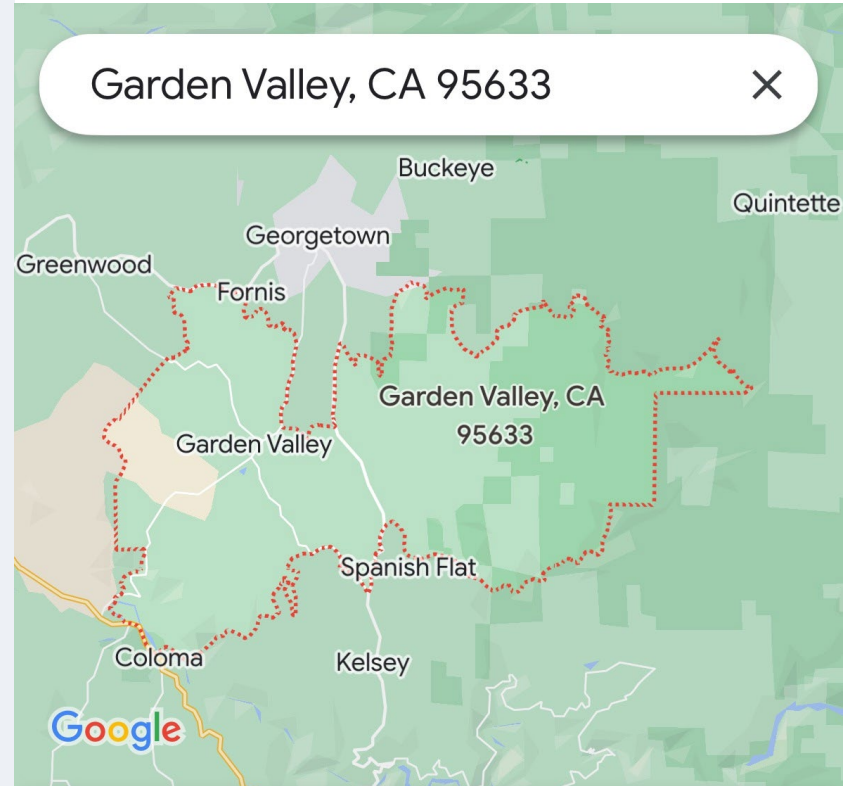
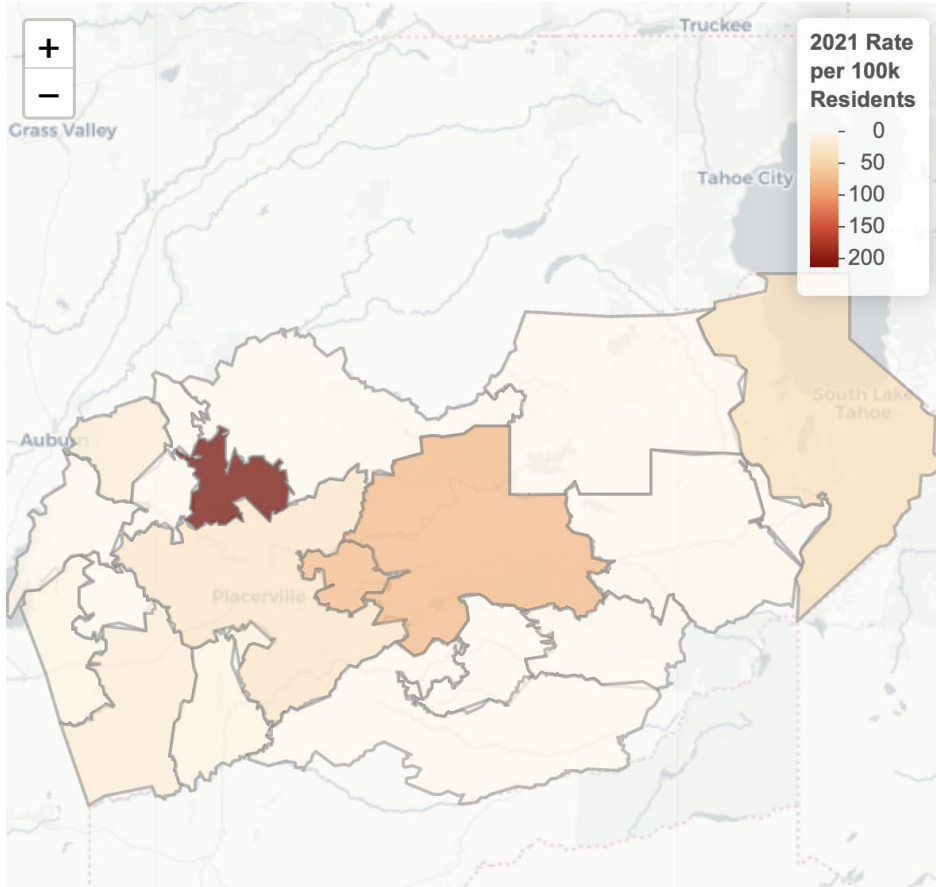


Goal: 24-7 access to high quality treatment of substance use disorders in all California hospitals by **2025**.



Any Opioid-Related Overdose Deaths - Total County Population, El Dorado, 2021

Age-Adjusted Rate per 100,000 Residents



CA Bridge Model

Revolutionizing The System Of Care



Low-Barrier Treatment



Connection to Care and
Community



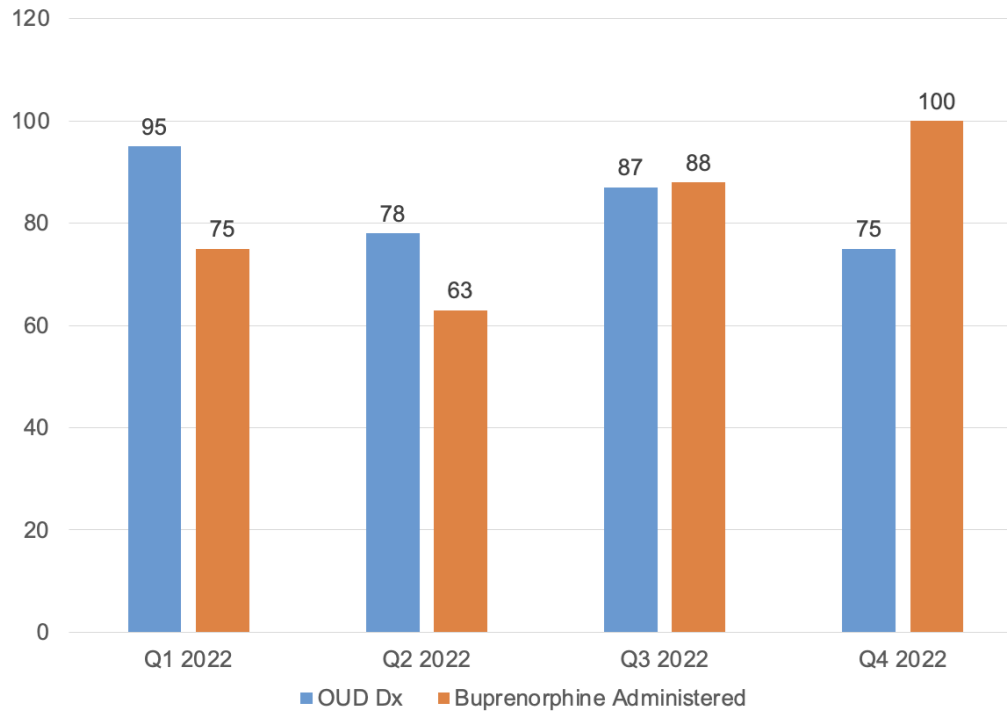
Culture
of Harm Reduction

CA Bridge Model: Rural Treatment

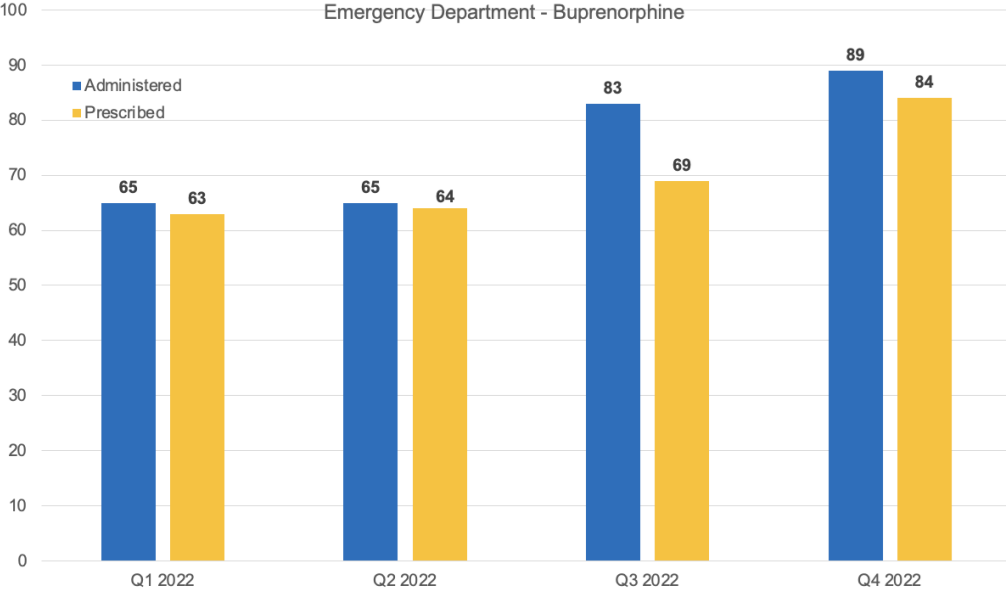
- Bup on Formulary
- Provide rapid, same-day treatment in response to patient needs.
- Clinical Champion
- Referral Site
- Leadership Support



High Quality Treatment



Facilitate a Simple Process



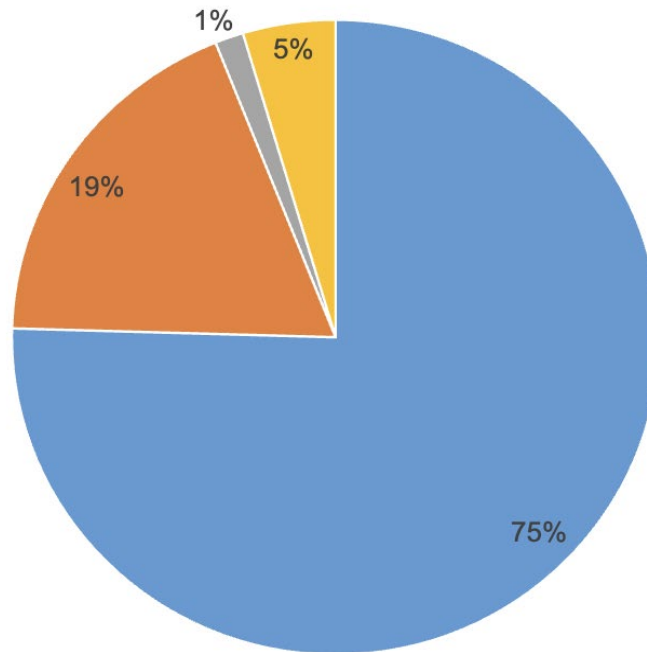
CA Bridge Model: Rural Connection

- Link patients to ongoing care
- Join Overdose Coalition
- Connect with county
- Provide education and outreach
- Motivate nurses
- Signage



Patient Choice

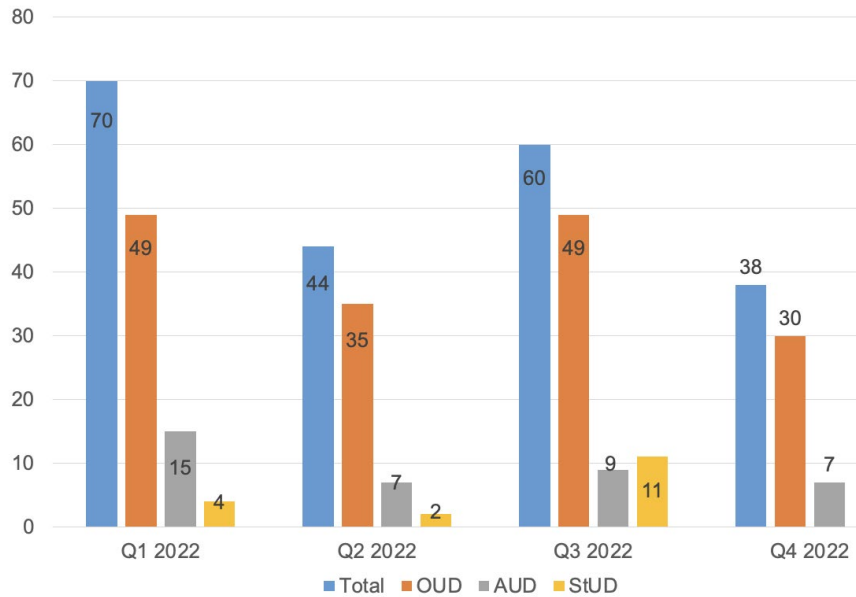
MAT Referrals By Location - 2022



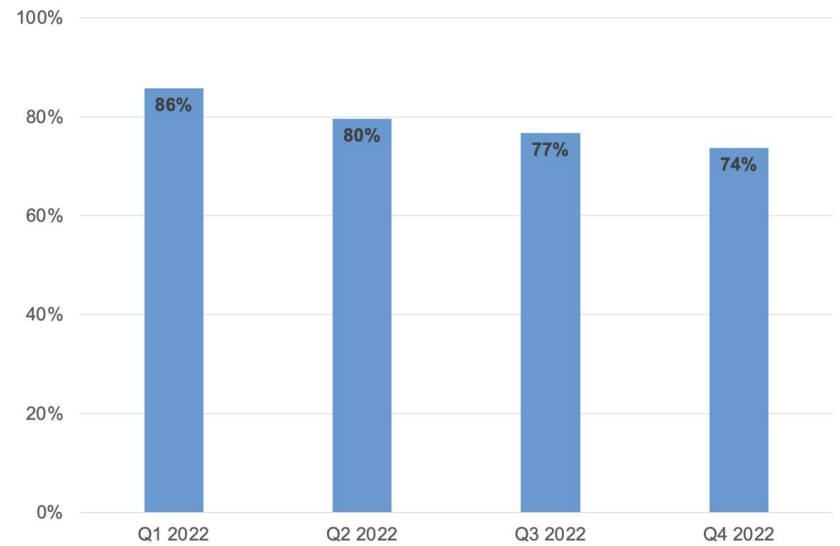
■ Marshall CARES ■ EDCHC STEPS ■ SSHWC ■ OTHER

Include All Substances

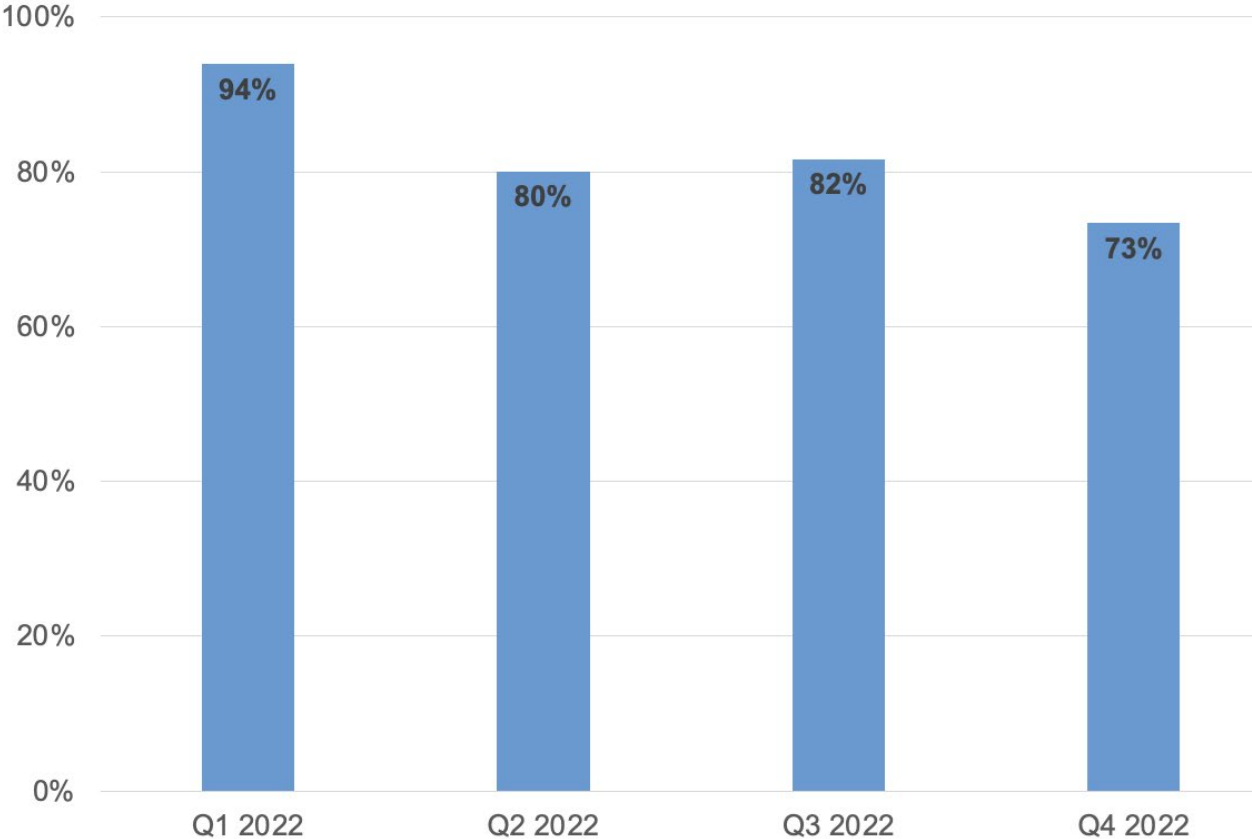
of MAT referrals by SUD type



% MAT attended



% MAT attended - OUD



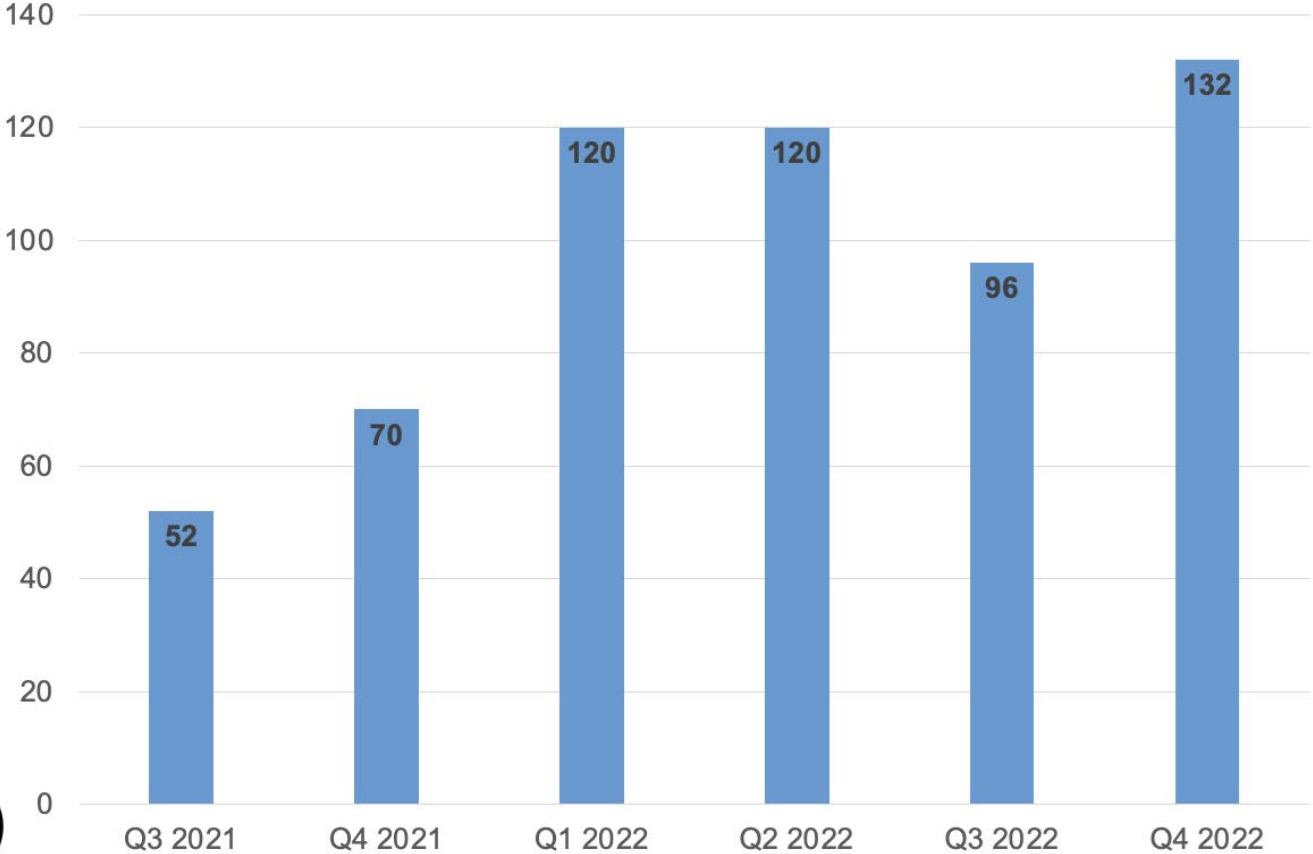
83%

CA Bridge Model: Culture

- Engage pharmacies
- Talk to local jail
- Identify transportation
- Watch follow-up
- Consider housing
- Look at equity
- Naloxone access



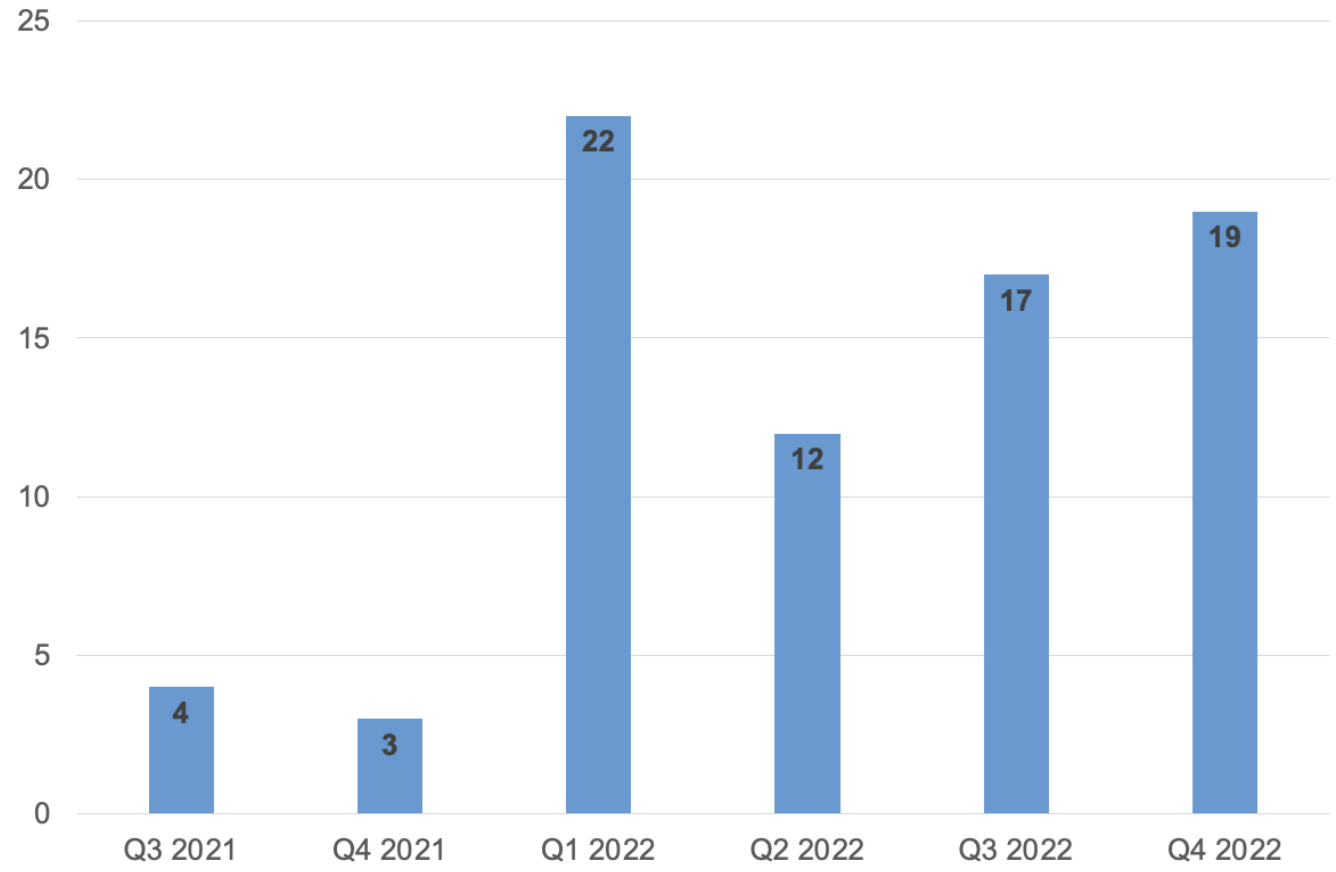
Units of Naloxone Distributed



**600+
units
(to date)**

Overdose Reversals Reported

**60+ O/D
reversed
(to date)**



CA Bridge Impact: To-Date



208,596

Patients seen for
substance use
disorders



156,599

Patients identified
with opioid use
disorder



71,445

MAT was
prescribed or
administered



129,120

Naloxone toolkits
ordered by
hospitals

From 2019 through now, 200 hospitals implemented the CA Bridge model, helping thousands of patients get treatment.

Guide to Naloxone
Distribution

Numbers of naloxone kits ordered by hospitals

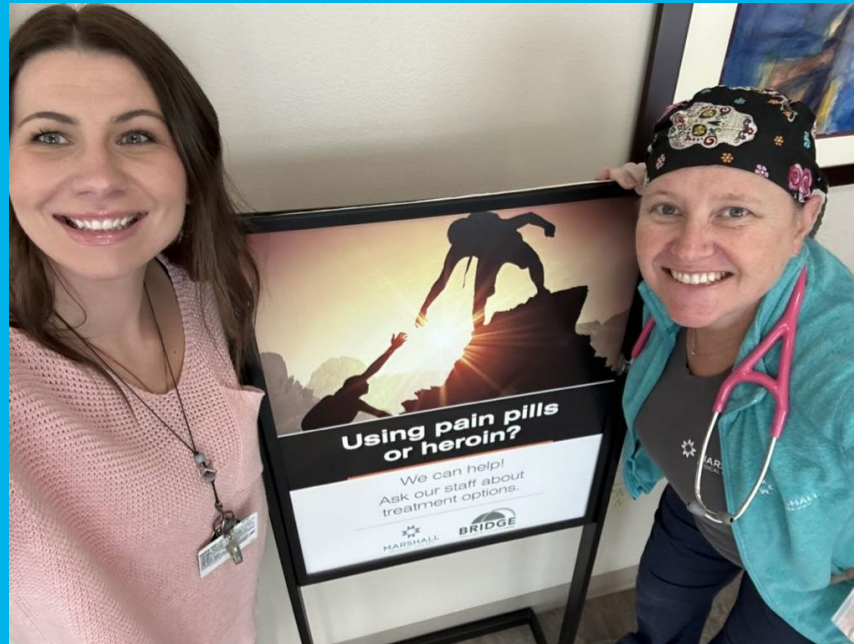
129,120

as of December 2023

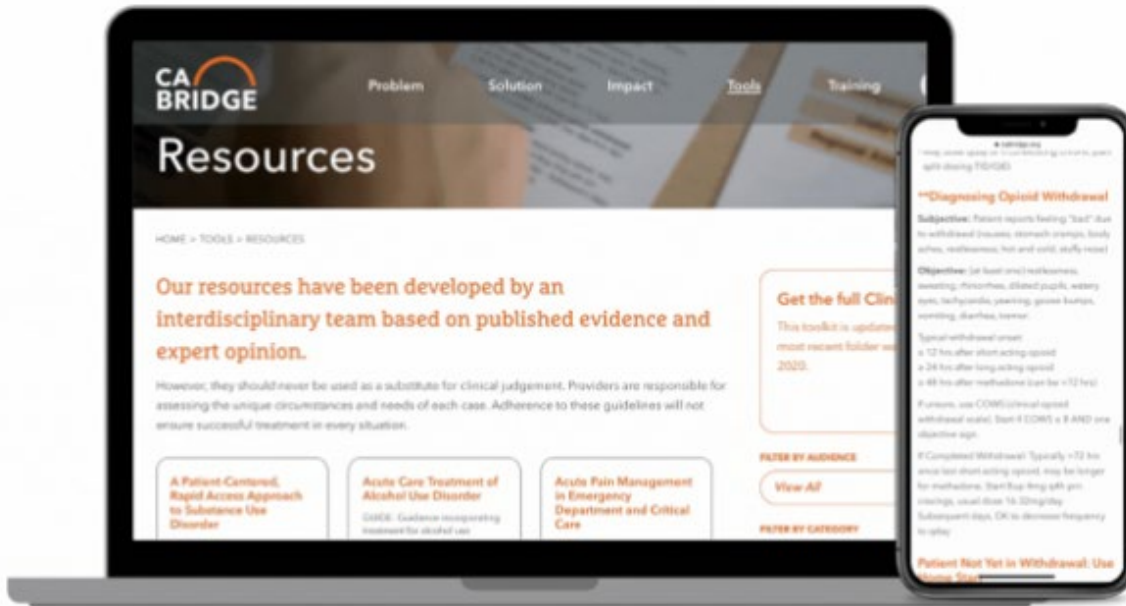




Q&A

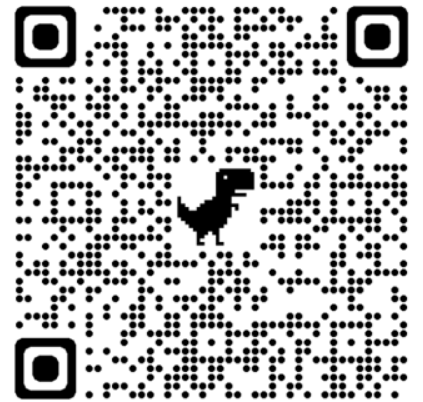


Resources



Request Technical Assistance

CA Bridge provides technical assistance to any hospital or health system seeking support to educate clinicians and health systems on medication for addiction treatment (MAT). Submit a formal request here.



Join us.

cabridge.org

Visit our website for tools and resources

cabridge.org/join-us

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[@BridgeToTx](https://twitter.com/BridgeToTx)



Opioids & Addiction

An Overview of Cochise County Arizona

Cochise County Background

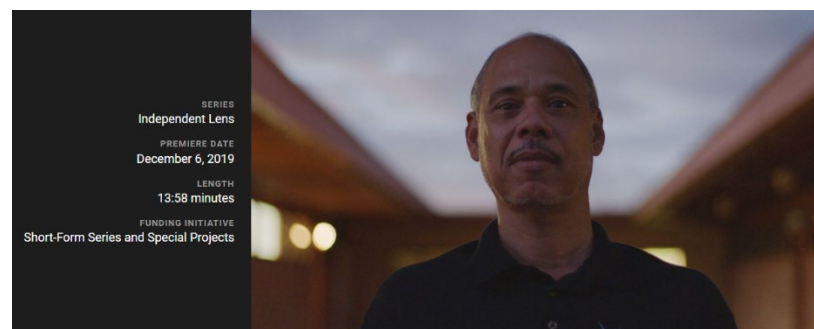
- Population 125,447
- Area 6,219 sq miles (about the size of Rhode Island & Connecticut combined)
- 4 Hospitals (3 critical access with less than 25 beds each)
- Social Determinants of Health
- 21.6% Child food insecurity rate
- \$48,649 Median Household Income



Addiction & Mental Health

Out of Sight, Out of Mind: Mental Health Care in Rural America

Four residents of rural Cochise County, Arizona struggle within a criminal justice system in which the de facto mental health facility is the county jail.



https://www.youtube.com/watch?v=jVrQ_LIKGVM&t=18s

Cochise County Incarceration

- 4,000 people per year
- “Only about 2% of the inmates at the jail are violent criminals. About 98% of those who currently have a jail address are there due to mental health issues and addiction.” Richard Karwaczka Cochise County Administrator March 14, 2023
- Largest provider of behavioral health services
- New jail tax vote \$90 million



Prescription Drug Abuse & Illegal Drug Traffic

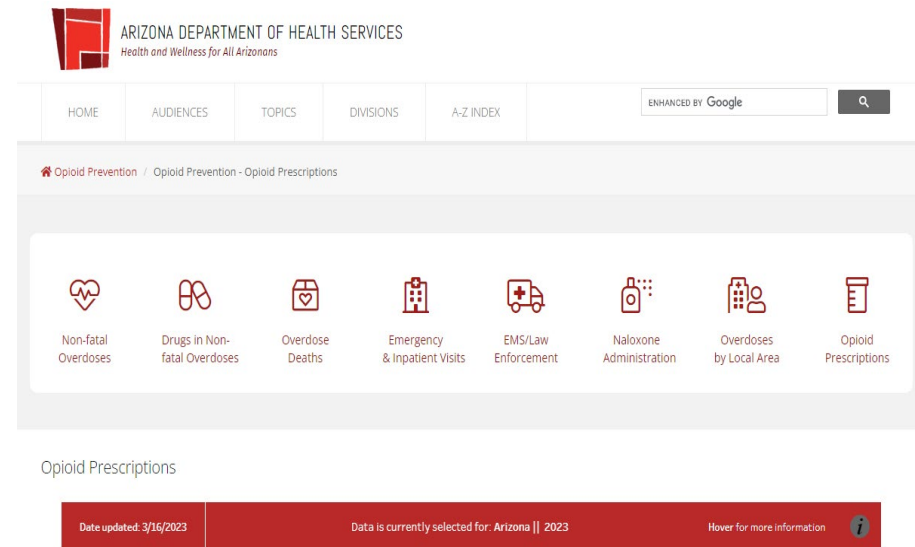
- A DEA designated High Intensity Drug Trafficking Area/Corridor
- 90% of heroin traffic
- 26% of adults misuse prescription drugs
- 10.8% of 8th graders have used opioids
- Border Patrol secondary checkpoints



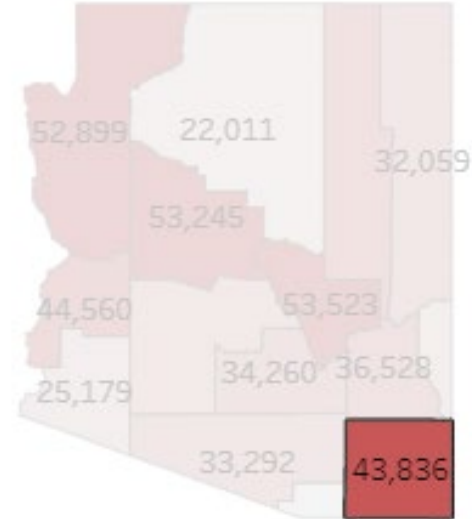
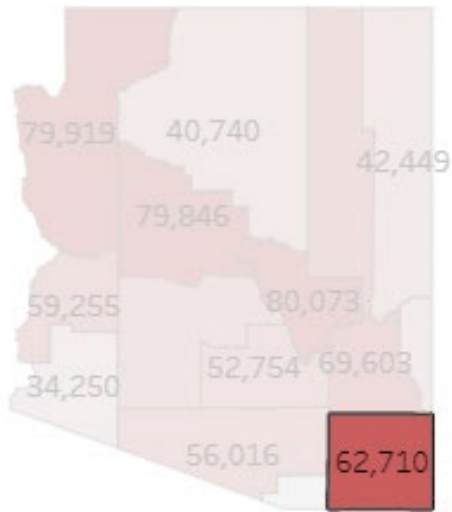
Prescribed Medication Trends (Population 125,447)

ADHS Prescription Dashboard

- 2018; 81,723
- 2019; 74,908
- 2020; 70,504
- 2021; 65,121
- 2022; 55,436
- 2023; 10,385



Opioid Prescriptions per 100,000 People 2018 (Left) vs. 2022 (Right)



MENTAL HEALTH, ALCOHOL & SUBSTANCE ABUSE

GOAL #1: To affect state, county and local policy changes that allow and implement diversion from jail and/or prison for individuals diagnosed with mental illness and/or substance use disorder (SUD).

Objective: Reduced incidence of incarceration for MH/SUD and increased incidence in participation in community programs.

| Strategy 1 | Strategy 2 | Strategy 3 | Strategy 4 |
|---|---|---|--|
| Complete a community capacity assessment: Identify and map all existing resources and gaps (including eligibility, access and coverage) for MH and SAD in Cochise County. | Develop a broad-based education and training program on MH/SUD for law enforcement, first responders, community providers and volunteers regarding a comprehensive approach to diversion. | Develop a systematic and sustainable communication structure among law enforcement, judicial, resources and providers who are involved with MH/SUD. | Ensure Cochise County is engaged and involved in all statewide resources, regulations and initiatives for MH/SUD, including the opioid crisis. |

GOAL #2: Promote and expand mental health wellness and substance use disorder resources across the lifespan for all in Cochise County.

Objective: Increased incidence of participation by individuals affected by MH and/or SUD in community programs.

| Strategy 1 | Strategy 2 | Strategy 3 |
|--|--|---|
| Develop a systematic and sustainable communication and advertising structure to increase shared understanding among all organizations, agencies and residents about access to resources and systems. | Initiate a formal process to engage stakeholders on the creation of community-based infrastructure for MH/SUD acute treatment and resource center. | Develop a county-wide approach to reduce opioid addiction and deaths. Support local municipalities in individualized approaches |

County CHNA

The County CHNA is done every 5 years

Cochise Addiction & Recovery Program (CARP)

- 22 Community partners collaborating
- Shared information and resources

COCHISE ADDICTION RECOVERY PARTNERSHIP

Bisbee

BEGIN YOUR JOURNEY TODAY

GET THE HELP YOU NEED

COCHISE ADDICTION & RECOVERY PARTNERSHIP (CARP) IS A REVOLUTIONARY COMMUNITY AND POLICE PARTNERSHIP TO GET PEOPLE THE HELP THEY NEED INSTEAD OF PUTTING THEM IN HANDCUFFS. FOR MORE INFO VISIT CARP'S FACEBOOK PAGE OR COCHISE.AZ.GOV/HEALTH-AND-SOCIAL-SERVICES/HOME

HOW DOES IT WORK? WALK INTO THE BISBEE OR DOUGLAS POLICE STATIONS, OR CONTACT A SHERIFF'S DEPUTY, & LET THEM KNOW YOU WANT TREATMENT. YOU'LL BE TAKEN IMMEDIATELY TO A TREATMENT CENTER & CONNECTED WITH THE RESOURCES YOU NEED TO GET HEALTHY.
*YOU MAY BE SUBJECT TO ARREST IF YOU HAVE AN OUTSTANDING WARRANT.

CALL DOUGLAS POLICE (520) 364-2677, BISBEE POLICE (520) 432-2261 OR SHERIFF'S OFFICE AT (520) 432-9500

Reentry Coalition

- Goal is to promote the successful reintegration of Cochise County ex-offenders returning to the community
- Help people get access to behavior health services outside of the jail system



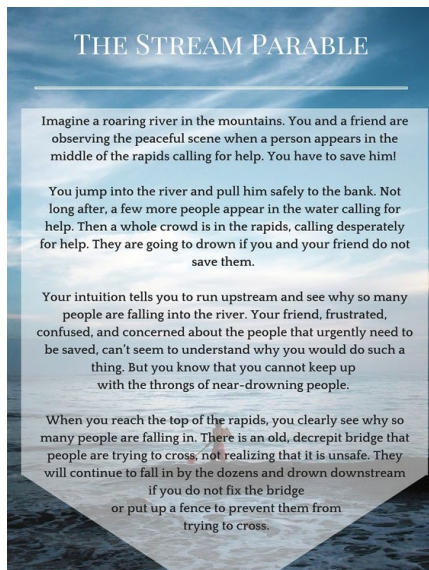
New School Mental Health Consortium Primary Prevention vs Tertiary Treatment

- \$1.3 Million investment
- Connect healthcare providers with school districts, and works in tandem with the Cochise County Sheriff's Office's Crisis Response Team
- Address the root causes or the symptoms



Now and the Future in Cochise County

Images from the University of Delaware



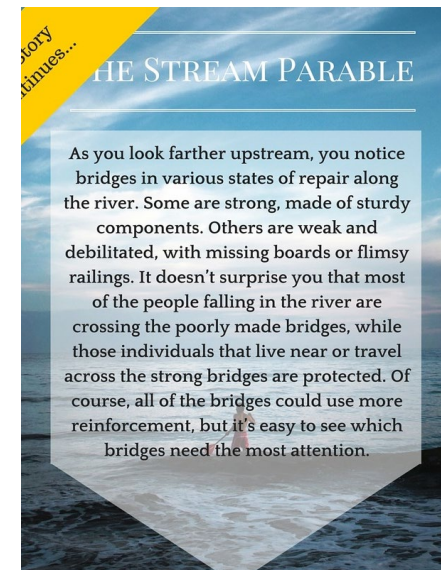
THE STREAM PARABLE

Imagine a roaring river in the mountains. You and a friend are observing the peaceful scene when a person appears in the middle of the rapids calling for help. You have to save him!

You jump into the river and pull him safely to the bank. Not long after, a few more people appear in the water calling for help. Then a whole crowd is in the rapids, calling desperately for help. They are going to drown if you and your friend do not save them.

Your intuition tells you to run upstream and see why so many people are falling into the river. Your friend, frustrated, confused, and concerned about the people that urgently need to be saved, can't seem to understand why you would do such a thing. But you know that you cannot keep up with the throngs of near-drowning people.

When you reach the top of the rapids, you clearly see why so many people are falling in. There is an old, decrepit bridge that people are trying to cross, not realizing that it is unsafe. They will continue to fall in by the dozens and drown downstream if you do not fix the bridge or put up a fence to prevent them from trying to cross.



THE STREAM PARABLE

As you look farther upstream, you notice bridges in various states of repair along the river. Some are strong, made of sturdy components. Others are weak and debilitated, with missing boards or flimsy railings. It doesn't surprise you that most of the people falling in the river are crossing the poorly made bridges, while those individuals that live near or travel across the strong bridges are protected. Of course, all of the bridges could use more reinforcement, but it's easy to see which bridges need the most attention.

Questions?

Jason Zibart

jason.zibart@Bensonhospital.org

520.720.6613



Q&A



HSAG Tools and Resources | Podcast Series

The screenshot shows the HSAG website interface. At the top left, there are logos for Quality Improvement Organizations and HSAG (Health Services Advisory Group). Navigation links for Home, About, Careers, and Contact are visible. A breadcrumb trail indicates the current location: Home > Medicare Quality Improvement (QIO) > Opioid Stewardship Program Quickinar Series > Podcast. The main heading is "Opioid Stewardship Podcast Series". Below this, a text block states: "Enjoy listener-friendly podcasts addressing the tactics, strategies, and information needed for a successful Opioid Stewardship Program." The featured podcast is "Getting Patient Buy-In Through Education" with a play button icon and a waveform. A table lists other podcasts in the series. To the right, there are links for "Opioid Stewardship Quickinars & Assessments" and a "Transcripts" section with a bulleted list of topics.

You are here: [Home](#) > [Medicare Quality Improvement \(QIO\)](#) > [Opioid Stewardship Program Quickinar Series](#) > [Podcast](#)

Opioid Stewardship Podcast Series

Enjoy listener-friendly podcasts addressing the tactics, strategies, and information needed for a successful Opioid Stewardship Program.

Health Services Advisory Group Podcasts

Getting Patient Buy-In Through Education

00:00 | 15:58

| | |
|--|-------|
| Getting Patient Buy-In Through Education | 15:58 |
| Medication for Opioid Use Disorder (MOUD): Prescribing Buprenorphine | 14:47 |
| Double Trouble: Benzos and Opioids / Harm Reduction With Naloxone | 14:27 |
| Partnering With Pharmacists | 15:30 |
| Discharge Plan for Pain Management With and Without Opioids | 14:40 |

Opioid Stewardship Quickinars & Assessments

Transcripts

- Getting Patient Buy-In Through Education
- Medication for Opioid Use Disorder (MOUD): Prescribing Buprenorphine
- Double Trouble: Benzo and Opioids / Harm Reduction With Naloxone
- Partnering with Pharmacists
- Discharge Plan for Pain Management With and Without Opioids
- Screening Patients for OUD Risk and Opioid Withdrawal
- Developing an Opioid Dashboard
- Opioid Stewardship 101
- Opioid Stewardship Assessment Overview

<https://www.hsag.com/osp-podcast>

HSAG Tools and Resources | CAH Tools

Opioid Stewardship



About Opioid Stewardship

The opioid epidemic continues to be a serious public health threat nationally. The primary evidence-based strategy to effectively address this crisis in our healthcare communities is having a robust opioid stewardship program (OSP). To support provider OSP implementation efforts, HSAG has developed this resource site to provide guidance and information from safe and appropriate prescribing of opioids to navigating the complex issues associated with opioid use disorder (OUD). The following resources are categorized by the elements of opioid stewardship they support and include gap assessments, links to guidelines, webinars, and vetted evidence-based literature and toolkits.

Guidelines

National



Arizona



- [ADHS—Arizona Opioid Prescribing Guidelines](#)
- [ADHS—Preventing Overdose from a Hospital Setting](#)
- [Arizona Opioid Assistance & Referral \(OAR\) Line](#)
- [The Arizona Pain and Addiction Curriculum Clinical Resource Compendium 2019](#)
- [Arizona Guidelines for Emergency Department Controlled Substances Prescribing Full Report](#)
- [Arizona Opioid Action Plan Version 2.0](#)
- [OSP Evidence-Based Solutions to Consider for AZ Critical Access Hospitals](#)
- [HSAG OSP Gap Assessment | Specific Considerations for AZ Critical Access and Rural Hospitals](#)

<https://www.hsag.com/osp-resources>

HSAG Upcoming Webinar | May 23, 2023

ERAS – Enhanced Recovery After Surgery Improving Opioid Stewardship Across the Surgical Continuum

Tuesday, May 23, 2023, 11:00 a.m. to 12:00 p.m. PT.

12 noon Mountain | 1 p.m. Central | 2 p.m. Eastern

Opioids remain an important component of modern anesthesia and postoperative pain management. Multimodal anesthesia and analgesia based on opioid-free or opioid-sparing regimens have demonstrated the ability to limit perioperative opioid consumption across several surgical specialties with diminished opioid exposure, availability of opioids, and the risk of prolonged use or misuse. During this webinar, a team of (ERAS) Enhanced Recovery After Surgery experts from the Medical University of South Carolina (MUSC) will share their journey to successfully implement enhanced recovery after surgery protocols and how hospitals can work together to improve their ERAS programs through collaboration.

The webinar will review enhanced recovery after surgery, what it is, how it can vary by surgery, how to implement a program, and how hospitals can work together to improve their programs through collaboration. Special emphasis will be placed on the opioid sparing pain management techniques involved with enhanced recovery programs.

Objectives:

- Gain insight on the implementation of the ERAS program at MUSC.
- Hear about its impact on the reduction of patient's hospital stays and the use of PCAs (post-controlled analgesia) following colorectal surgeries and other procedures.
- Understand the importance of implementing opioid-free surgery to curb opioid use and potential addiction for patients.

CEs available. More information to come.

https://www.hsag.com/medicare-providers/osp-quickinar-series/#_OSP_Webinars

Continuing Education (CE) Credits

- The link to request CE credit will be included in the follow up email sent directly to you by Webex.
- Each attendee will need to log into the Learning Management Center (LMC) and complete the form to obtain CE credit.

Health Services Advisory Group, Inc., is the CE provider for this event. Provider approved by the CA Board of Registered Nursing, Provider Number 16578, for 1.5 contact hours; and approved by the California Nursing Home Administrator Program, Provider Number 1729, for 2.0 contact hours. To receive your CE certificate for Week 5 of the ECHO Nursing Home COVID-19 Action Network, please click on one of the following links if you are a new or existing user of the HSAG LMC. Once you are set up as an existing user, the following is a link directly to the HSAG LMC to manage your account: <https://lmc.hshapps.com>.



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