

Opioid Stewardship Program

Evidence-Based Solutions to Consider for AZ Critical Access Hospitals (CAHs)

This document briefly introduces you to seven evidence-based solutions for your consideration. Facilities should evaluate their selection based on their resources available, population they serve, and alignment with organizational priorities.

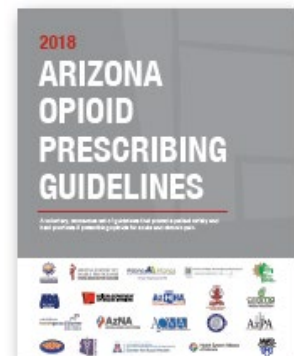
1. *Screening, Brief Intervention/Treatment, Referral to Treatment (SBIRT)*

One evidence-based strategy for identifying, intervening, and referring is known as SBIRT.¹ SBIRT can and has been implemented in a variety of settings (e.g., EDs) and can include starting medications for withdrawal of and/or treatment for opioid use disorder (OUD).² Designing a system of regular screening helps identify people who may benefit from services and support. The National Institute on Drug Abuse provides a list of evidence-based screening tools found here: <https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>.

SBIRT also helps ensure patients with opioid concerns have access to naloxone, medications to treat OUD, and psychosocial interventions. It helps providers consider best practices in prescribing and identifying local community supports.

2. *Prescribing Guidelines*

Arizona reissued its opioid prescribing guidelines in 2018. The guidelines defined new concepts such as: high impact chronic pain, complex persistent opioid dependence, and opioid exit strategies. Shifts in pain care included: avoiding unnecessary exposure to opioids, emphasizing non-stigmatizing language, increasing focus on prevention, recognition, and treatment, and integration of practice extending personnel (e.g., recovery support specialists/community health workers/case managers) into the workflow.



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3. *Controlled Substance Prescription Monitoring Program (PMP)*

The Arizona State Board of Pharmacy oversees the PMP. The PMP provides a centralized and computerized tracking system of controlled substances prescribed to patients. State law **requires pharmacies** and prescribes to report the dispensing of controlled substances in Schedules II, II, IV, and V.³ More information can be found at: <https://pharmacympm.az.gov/>

4. MAT

The Substance Abuse and Mental Health Services Administration (SAMSHA)⁴ defines the **goal of treatment** for opioid addiction or use disorder is:

“remission of the disorder leading to lasting recovery. Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.”

MAT is the combination of medication and psychosocial treatments for people with substance use disorder (SUD). There are three Food and Drug Administration (FDA) approved medications for the treatment of OUD: (1) methadone, (2) buprenorphine, and (3) naltrexone. There are different formulations, indications, and dosing for each. **Consistently, studies have demonstrated that methadone reduces illicit opioid use, effectively treats OUD, and retains patients in treatment as compared to no medication or placebo. Studies demonstrate buprenorphine reduces opioid use and retains patients in care. Naltrexone is efficacious for reducing return to illicit opioid use, retention in care, and reducing cravings.**

Retaining patients in care is critical as studies indicate longer stays in treatment increase the likelihood a person achieves recovery/remission for SUD.⁴

5. Family and Peer Support Specialists

According to SAMHSA, “Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations.”⁵ Parent and Family Support specialists offer a similar experience; they are individuals who self-identify as being a parent or family member of an individual with an opioid or substance use experience. Evidence suggests that both specialist types help peers and families navigate the system, confront stigma commonly experienced in the healthcare setting, improve access to care, and help eliminate disparities.⁵ More information can be found here: <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

6. Naloxone Distribution

Emergency and acute inpatient departments provide continuous access to medical care and have a unique opportunity to reduce opioid-related overdoses by becoming familiar with and active in naloxone dispensing. Providing naloxone save lives. In Arizona, authorized individuals and organizations that can dispense naloxone included:⁶

- Pharmacists
- Arizona Department of Health Services (Email: opioids@azdhs.gov)
- Arizona Health Care Cost Containment System
- County Health Departments

EDs in Arizona can distribute naloxone. Many pharmacies do not because they may be unaware that they do not need to use their pharmacy. EDs that distribute naloxone in Arizona are Banner University Medical Center in Tucson, Banner University Medical Center in Phoenix, and Tucson Veterans Administration.⁷

Another option is for emergency and acute inpatient departments to connect patients to community-based programs such as harm reduction organizations (Sonoran Prevention Works: <https://spwaz.org/arizonanaloxone/>) or substance use treatment programs (SAMHSAs treatment locator <https://findtreatment.samhsa.gov/>). See next section for additional resources.

7. Community Supports

Arizona has several statewide resource lines and websites where anyone can find local and state resources to address social determinants of health and opioids. Arizona 2-1-1 (Figure 3) includes resources for housing and shelter, food, mental health, etc. Live operator service is available 24/7 365 in English and Spanish. Hospital case managers are encouraged to use this number to access resources. If you know of any resources not listed, encourage partners to get listed. Dial 2-1-1 or see their website for more information at 211arizona.org

Another resource line is the Opioid Assistance and Referral (OAR) Line which is a 24/7 line for providers, individuals, and families. The line has experts to help providers manage complex cases involving OUD and aid individuals and families. More information on the OAR Line can be found at:

<https://www.azdhs.gov/oarline/>



To know more: AzCRH OD2A page <https://crh.arizona.edu/od2a>

¹ Kelly JF, Bergman BG, Hoepfner BB, Vilsaint C, White WL. Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug Alcohol Depend*. 2017; 181(1): 162-169.

<https://doi.org/10.1016/j.drugalcdep.2017.09.028>

² D'Onofrio G, Chawarsk MC, O'Connor PG et al. Emergency department-initiated buprenorphine for opioid dependence with continuation in primary care: Outcomes during and after intervention. *J Gen Intern Med*. 2017 Jun; 32(6): 660-666. doi: 10.1007/s11606-017-3993-2

³ Arizona State Board of Pharmacy. Controlled Substances Prescription Monitoring Program. About the CSPMP. Accessed April 21, 2022. <https://pharmacypmp.az.gov/>

⁴ SAMHSA. Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series Number 63 HHS Publication No. PEP21-02-01-002. Updated 2021. Accessed February 7, 2022. <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002>

⁵ SAMSHA. Peers. Updated February 23, 2022. Accessed April 21, 2022. <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

⁶ Arizona Department of Health Services. Naloxone. Accessed March 21, 2022. <https://www.azdhs.gov/opioid/#naloxone>

⁷ Glenn M. Personal communications, March 30, 2022.

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