Colorado Consortium for Prescription Drug Abuse Prevention

3rd Annual Meeting

University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences

October 15, 2015
Welcome and Overview of Day’s Activities

• Rob Valuck, Coordinating Center

• Zach Pierce, Governor Hickenlooper’s Office
Housekeeping

• Thank you to *King Soopers* for providing breakfast
• Restrooms: off of main lobby, just past elevator, to right
• Meeting materials:
  – Agenda
  – Breakout Room assignments and directions
  – Participant List
  – Parking passes
  – Slides will be posted afterwards
• Support and logistics
  – Rosemarie MacDowell
  – GenerationRx students
Opening Remarks

- Melanie Snyder, Chief of Staff, Colorado AG’s Office
- Jose Esquibel, Colorado AG’s Office, and Vice Chair for Prevention, Substance Abuse Trend and Response Task Force
- Larry Wolk, CDPHE
- Nancy VanDeMark, CDHS, Office of Behavioral Health
- Lauren Larson, DORA
- Cathy Traugott, HCPF
Consortium Accomplishments: Year 2
Colorado Plan to Reduce Prescription Drug Abuse

September 2013
Kelly Perez
Policy Advisor
Office of Governor John Hickenlooper
2016 GOAL: PREVENT 92,000 Coloradans from misusing opioids

255,000 COLORADANS AGED 12 +

2011-2012 6% minus 163,000 COLORADANS AGED 12 + = 3.5%

2016 TARGET 92,000 COLORADANS AGED 12 + PREVENTED FROM MISUSING OPIOIDS
Colorado Consortium for Prescription Drug Abuse Prevention
A coordinated, statewide, interuniversity/interagency network

Coordinating Center
CU School of Pharmacy
Robert Valuck, PhD, RPh
+Coordinating Committee
(Work Group Co-Chairs)

Provider Education Work Group
Co-Chairs: Cathy Traugott, HCPF
Lili Tenney, CSPH

PDMP Work Group
Co-Chairs: Mark O’Neill, DORA
Jason Hoppe, UCH / CU

Treatment Work Group
Co-Chairs: Denise Vincioni, OBH
Paula Riggs, CU

Safe Disposal Work Group
Co-Chairs: Greg Fabisiak, CDPHE
Sunny Linnebur, CU

Public Awareness Work Group
Co-Chairs: Stan Paprocki, OBH
Carol Runyan, CSPH

Data / Research Work Group
Co-Chairs: Barbara Gabella, CDPHE
Ingrid Binswanger, KPCO

Naloxone Work Group
Co-Chairs: Joshua Blum, DHHS
Lisa Raville, HRAC

Governor
Health Policy Lead

CO Attorney General
Substance Abuse Trend & Response Task Force

CO Legislature

LEGEND
= New
= Existing

Rev050115
Consortium Accomplishments: The Highlights

- Public Awareness campaign: Take Meds Seriously
- Websites (CoRxConsortium.org, TakeMeds Seriously.org)
- Work Group activities: will let them tell you!
- Support of Legislative efforts
- Presentations and Media Interviews
- Grant Applications
- Support of local, regional efforts
  - Arapahoe County, Adams County, NCHA, San Luis Valley
- Collaboration with other organizations
  - Attorney General’s SATF, DORA, J.P. Awareness Foundation
Consortium Accomplishments: By the Numbers

• Created, launched Consortium 2 years ago (Sept 2013)
• Over 300 members in Consortium (~100 “regulars”)
• Structurally and functionally:
  – Now have 8 active Work Groups
  – Launched during past year: Naloxone WG
  – Launching today: Affected Families and Friends WG (Co-chairs: Karen Hill and Jeremiah Lindemann)
  – New leadership for Public Awareness WG (Co-chairs: Jose Esquibel and Kent MacLennan)
  – New process for Data/Research WG
  – New Staff Liaison to Governor’s Office (Kyle Brown)
Consortium Accomplishments: By the Numbers

Busy, busy, busy...

• 17 Presentations made (15 across Colorado, two nationally)
• 22 Media interviews given (TV, radio, print)
• 9 Grant applications (4 of them funded, for over $1.5 Million)
• Consortium/Denver Health hosted HHS Secretary visit in July
• CO Delegation attended HHS 50-State Convening in September
  – Larry Wolk presented on the Colorado model – held out as a national example of innovation in collective action by Secretary Burwell
• Others have given dozens of talks, interviews, written grants, etc.
• Total person-hours (and value) is nearly impossible to count
Consortium Opportunities for 2015-16

• Today: give input on Governor’s Dashboard (metrics for success in the area of substance use/abuse)
• Become more data driven, evidence based (our own indicators)
• Give input to Legislature on Abuse Deterrent Formulations
  – Ad Hoc Work Group will be formed in coming months
• Continue WG activities (focused, achievable, measurable)
• Advocate for additional resources, programs in key areas
• Educate providers, payers, legislators, media, the public
• Reinvent ourselves as needs change and evolve
• Redouble our efforts, this problem is too important to let up
Special Thanks

• Attorney General’s Office
• Governor’s Office
• Work Group Co-Chairs
• Webb Strategic Communications
• Val Kalnins
• Stan Paprocki
• Laurie Lovedale, Peer Assistance Services
• Partner Organizations (too many to list)
• Rosemarie MacDowell
• All of you – you are, we are, the Consortium
Questions?
Work Group Highlights: Year 2

• Public Awareness (Carol Runyan, Stan Paprocki)
• PDMP (Mark O’Neill, Jason Hoppe)
• Safe Disposal (Greg Fabisiak, Sunny Linnebur)
• Provider Education (Lili Tenney, Cathy Traugott)
• Data/Research (Barbara Gabella, Ingrid Binswanger)
• Treatment (Paula Riggs, Denise Vincioni)
• Naloxone (Lisa Raville, Josh Blum)
Public Awareness WG: Year 2
PDMP Work Group Highlights: Year 2

- Take Meds Seriously campaign – AG’s flagship effort:
- Created RFA, posted RFA, reviewed applications, made recommendation to Governor, vendor chosen (Webb Strategic), contracting, contract ran Sept 2014-Sept 2015
- Campaign developed (drafts, focus groups, WG input, etc.)
- Campaign implemented, WG updated, revised along the way
- Summary coming at 11:00am from Pete and Ginny
PDMP Work Group: Year 2
PDMP Work Group Highlights: Year 2

• New PDMP Program Manager (WG Co-Chair): Mark O’Neill
• Continued work on implementation of HB14-1283
  – Mandatory Registration, Delegated Access, Unsolicited Reports, Daily data uploads, interface improvements, etc. (regular reports to WG)
• Advised DORA on technical enhancements, thresholds
• Reviewed HIT integration options, invited vendors to present
• Supported DORA and CDHPE grant applications
  – Awarded two DOJ-BJA Harold Rogers Program grants:
    • $750,000 for DORA/Dr. Jason Hoppe to test PMDP use in the ED setting
    • $500,000 for DORA/CDPHE/Consortium to use merged data (PDMP plus other public health data sources) to identify communities in need of intervention, use Consortium WG’s to help guide those interventions
Safe Disposal WG: Year 2
Safe Disposal WG Highlights: Year 2

• Helped secure $300,000 in FY2015-16 State general funds for CDPHE to administer, expand Colorado Medication Take-Back Program
• Finalized the safe storage and disposal instructional brochure
• Contributed to the safe storage and disposal elements of the TakeMedsSeriously public awareness campaign
• Tracked an increase in law enforcement-based permanent collection sites from 16 to 21
• Partnered with DEA to promote their September 26th national medication take-back event
• Members advocated safe medication disposal with the general public, businesses, media, governmental agencies, and legislators
Provider Education WG: Year 2
Work Group goals for Year 2 were to:

• Partner with agencies and professional organizations to promote existing and upcoming trainings; and

• Evaluate and summarize the reach and impact of provider and prescriber education activities.
Provider Education WG – Year 2

• 56 members
• Monthly work group conference calls
• Launched new modules to train physicians, veterinarians, and dentists
• Promoted online and live trainings, conferences, and other CME activities
• HCPF launched Project ECHO
# Snapshot: CSPH Training Impact

## Enrollment – September 2015

2,189 Enrolled  
2,007 Completed

## Demographics

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>23.1%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>24.1%</td>
</tr>
<tr>
<td>Physician Asst</td>
<td>14.2%</td>
</tr>
<tr>
<td>Addiction Specialist</td>
<td>12.4%</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>9.4%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>5.6%</td>
</tr>
<tr>
<td>Pain Specialist</td>
<td>5.3%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>4.8%</td>
</tr>
<tr>
<td>Other</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

91% of providers who complete the training use the curriculum presented in the course.
### Impact – Prescriber Barriers to Change

<table>
<thead>
<tr>
<th>Barriers to Change</th>
<th>Post-test</th>
<th>3 month follow-up (prescribers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of time</td>
<td>57.8%</td>
<td>44.4%</td>
</tr>
<tr>
<td>Patient non-adherence</td>
<td>40.4%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Lack of referral sources</td>
<td>29.5%</td>
<td>43.6%</td>
</tr>
<tr>
<td><strong>Lack of reimbursement</strong></td>
<td><strong>22.5%</strong></td>
<td><strong>11.2%</strong></td>
</tr>
<tr>
<td>Practice culture</td>
<td>22.5%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Lack of knowledge/education (self)</td>
<td>20.0%</td>
<td>9.6%</td>
</tr>
<tr>
<td>No barriers</td>
<td>16.1%</td>
<td>36.5%</td>
</tr>
<tr>
<td><strong>Lack of knowledge/education (patient)</strong></td>
<td><strong>15.8%</strong></td>
<td><strong>26.0%</strong></td>
</tr>
<tr>
<td>PDMP difficult to use</td>
<td>12.0%</td>
<td>23.1%</td>
</tr>
</tbody>
</table>
Impact – Prescriber Behavior Change

If you intend to change your practice based on knowledge that you gained from this course, what changes do you intend to make?

- Monitor staff behavior for warning signs of...
- Educate patients on the safe use, storage, disposal
- Educate staff members
- Monitor side effects
- Use patient-physician agreement
- Monitor warning signs (misuse/abuse)
- Coordinate care with other providers
- Review guidelines
- Modify prescribing behavior
- Check PDMP regularly
- Assess/document functional goals

3 month follow-up (prescribers) vs Post-test

If you intend to change your practice based on knowledge that you gained from this course, what changes do you intend to make?
New Prescriber Education

- Colorado School of Public Health Online Trainings
- HCPF Project ECHO Chronic Pain Disease Management Program
- University of Colorado Hospital, Family Medicine
- CPEP & Vanderbilt Center for Professional Health
- Peer Assistance Services

Visit corxconsortium.org

Dr. Brett Kessler, President, Colorado Dental Association
Acknowledgements

Governor’s Office
Kelly Perez
Zach Pierce
Katherine Maloray

CCPDAP
Rob Valuck
Rosemarie MacDowell
All Workgroup Members

Colorado Medical Society

DORA
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COPIC

Colorado School of Public Health
Lee Newman
Carol Brown
Silpa Krefft

Department of Health Care Policy and Financing

Peer Assistance Services
Laurie Lovedale

Pinnacol Assurance
Ed Leary
Data/Research WG: Year 2
Data Work Group Highlights: Year 2

• Created the Prescription Drug Abuse Data Dashboard on Consortium website

• Started Addiction Health Services Research Network
  – for presenting work in progress
  – email Ingrid to join ingrid.a.binswanger@kp.org

• Served as resource to others
  – The public awareness campaign and TakeMedsSeriously.org
  – Naloxone work group
  – PDMP work group
  – Our home department or colleagues
Treatment WG: Year 2
Treatment WG Goals for Year 2

1. Identify gaps and barriers that reduce the effectiveness of the treatment sector in reducing Rx medication abuse

2. Develop recommendations and action steps to address gaps and barriers
1) Critical shortage of psychosocial /MAT substance treatment ACCESS and AVAILABILITY (e.g. only about 50% of suboxone-licensed physicians in Colorado current treat patients with chronic pain and opiate use disorders; < 10% accept Medicaid)

2) Lack of effective SCREENING, REFERRAL, and EARLY INTERVENTION in primary medical settings

   • SBIRT

3) ADOLESCENT TREATMENT

   – < 10% of adolescents who
   – 80% of young adult IV heroin users report prior non-medical Rx opiate abuse,

   RECOMMENDATION
   Evaluate effectiveness of Colorado SBIRT screening for Rx medication abuse

   RECOMMENDATION
   Significant expansion of school-based substance screening and treatment

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### Table: Evidence-Based Interventions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Year</th>
<th>Evidence Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Behavioral Interventions to Reduce Illicit Drug Use in Children</td>
<td>2014</td>
<td>B</td>
</tr>
<tr>
<td>Nonmedical Pharmaceutical Use in Adolescents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Interventions to Prevent Tobacco Use in Children &amp; Adolescents</td>
<td>2013</td>
<td>I</td>
</tr>
<tr>
<td>Screening &amp; Behavioral Counseling Interventions in Primary Care to Reduce</td>
<td>2013</td>
<td>B</td>
</tr>
<tr>
<td>Alcohol Misuse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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I: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care–based behavioral interventions to prevent or reduce illicit drug or nonmedical pharmaceutical use in children and adolescents. This recommendation applies to children and adolescents who have not already been diagnosed with a substance use disorder.

B: The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.

B: The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.
RECOMMENDATIONS

Substantial EXPANSION AND INTEGRATION of substance SCREENING, PREVENTION, and TREATMENT in MAINSTREAM HEALTHCARE and SCHOOLS (school-based health clinics)

Need EFFECTIVE EARLY INTERVENTIONS that are less resource intensive and which target earlier stages of addiction/harmful use to fill gaps in existing treatment services.

“Harmful Use” 40,000,000
Little or No Use
Prevention

Earlier Intervention /Treatment
Screening and Brief Interventions
RECOMMENDATION
ECONOMIC INCENTIVES MUST BE ALIGNED TO ADDRESS GAPS

NEW SUD BENEFIT

- Physician Visits – 100%
- Clinic Visits – 100%
- Home Health Visits – 100%
- LABS-Glucose Tests, Monitors, Supplies – 100%
- HgA1C, eye, foot exams 4x/yr – 100%
- MEDS-Insulin and 4 other Meds – 100%
- Smoking Cessation – 100%
- Personal Care Visits – 100%
- Language Interpreter – Negotiated

- Physician Visits – 100%
  - Screening, Brief Intervention, Assessment
  - Evaluation, medication – Tele monitoring
- Clinic Visits – 100%
- Home Health Visits – 100%
  - Family Counseling
- LABS- Alcohol and Drug Testing – 100%
- Monitoring Tests (urine, saliva, other)
- MEDS --Maintenance and Anti-Craving Meds – 100%
- Smoking Cessation – 100%
Naloxone WG: Year 2
Goal #1

• Long-term:
  – Establish Naloxone access for first responders state-wide

• Short-term:
  – Complete roll out of Naloxone to Denver, Boulder, and San Luis Valley fire and police departments
  – Meeting with Colorado Association of Chiefs of Police and Colorado Municipal League
Goal #2

• Long-term:
  – Establish Naloxone prescribing programs in emergency departments state-wide

• Short-term:
  – Create Naloxone distribution programs in...
    • Boulder Community
    • Saint Joseph’s
    • University of Colorado Hospital
    • Presbyterian/Saint Luke’s
Goal #3

• Long-term:
  – Increase Naloxone prescribing by primary care providers and pharmacies

• Short-term:
  – Work with CDPHE to create state-wide standing orders for pharmacies
  – Develop pharmacist education programs
  – Make contact and increase awareness with independent pharmacies
    • Rx Plus, Association of Independent Pharmacies
  – Increase Awareness to physicians
    • Colorado Medical Society, Denver Medical Society
  – Make contact with leadership of large pharmacy chains
    • King Soopers, Safeway, Walgreens, Walmart, Rite Aid
Goal #4

• Long-term:
  – Increase access to Naloxone in county jails

• Short-term:
  – Acquire Naloxone rescue kits for direct distribution to releasing inmates from Denver County Jail
Goal #5

• Long-term:
  – Increase public awareness and education resources of Naloxone rescue

• Short-term:
  – Add NRK messaging to Public Awareness Workgroup messaging
  – Collect education materials and links for posting to Consortium website
  – Get work group members to carry Naloxone rescue kits
  – Post Dr. Kennedy’s standing orders to Consortium website
Break  (next session starts at 11:00am)
Take Meds Seriously: Our Messages, How We(bb) Delivered Them
Quad-Regulators: Policy for Prescribing and Dispensing Opioids
History & Development

- Education through Consortium
- Unanimous Adoption
- On-going Evaluation
Policy Overview

- Before Prescribing or Dispensing
- When Prescribing or Dispensing
- Prescribing and Dispensing for Advanced Dosage, Formulation or Durations
- Patient Education
- Discontinuing Opioid Therapy
Factors associated with adverse outcomes

- **Dosage:** Opioid doses >120 mg morphine equiv/day

- **Formulation:** Extended release, long-acting, and transdermal products.

- **Duration:** Treatment exceeding 90 days.
Public Policy Challenge

- Consumer protection vs. Access to care
Marjorie and David

Opioid Therapy is his only option for some quality of life.

David became my favorite genetic mutant.

My favorite genetic mutant was now also my favorite “outlier” [to the three bright lines]
Dawn and Michael
Do you know practitioners refusing to prescribe or dispense opioids based on this policy?

A. Many
B. A few
C. One
D. None
Do you know practitioners refusing to prescribe or dispense opioids beyond the bright line thresholds based on this policy?

A. Many
B. A few
C. One
D. None
Do you think practitioners are aware that the policy does not call for a stop at the bright lines, but rather implementing additional safeguards?

A. Very aware
B. Somewhat aware
C. Vaguely aware
D. Not aware
Do you think Colorado should lower its bright line threshold for dosage (currently 120 MED)?

A. Yes
B. Consider it
C. No
Discussion
Keynote Speaker: Jan Losby, CDC
Prescription Drug Overdose: CDC’s Prevention Efforts

Jan Losby, PhD, MSW

October 15, 2015

National Center for Injury Prevention and Control
Division of Unintentional Injury Prevention
Today’s Discussion

1. Public health burden
2. **Strengthen state efforts** by scaling up effective public health interventions
3. **Supply healthcare providers with resources** to improve patient safety
4. **Improve data** quality and track trends
145,000 Rx opioid deaths in 10 years

4x as many deaths in 2013 as 1999
Rise in Rx overdose deaths since 1999 and recent increase in heroin deaths

CDC, National Center for Health Statistics, National Vital Statistics System
For every Rx opioid overdose death in 2011, there were...

- 12 treatment admissions for opioids
- 25 emergency department visits for opioids
- 105 people who abused or were dependent on opioids
- 659 nonmedical opioid users

SAMHSA NSDUH, DAWN, TEDS data sets.
Quarter billion opioid prescriptions in 2012
Number of painkiller prescriptions per 100 people:
- 52–71
- 72–82.1
- 82.2–95
- 96–143

Opioid prescribing can vary 3-fold across states.
Sharp increases in opioid prescribing coincides with sharp increases in Rx opioid deaths

Opioid Sales (kg per 10k)

Rx Opioid Deaths (per 100k)

National Vital Statistics System, DEA’s Automation of Reports and Consolidated Orders System.
States with more opioid pain reliever sales tend to have more drug overdose deaths

Primary care providers prescribe the most opioids

Pain specialists prescribe opioids most frequently

IMS Health, National Prescription Audit, United States, 2012
Half of US Opioids Market is Treatment for Chronic, Non-Cancer Pain

U.S. opioids market revenues
7 leading indications - 2010

50%

Association Between Opioid Prescribing Patterns and Opioid Overdose-Related Deaths
Majority of opioid overdose deaths associated with multiple sources and/or high dosages

- 94% for Control Patients
- 6% for Patients w/ Fatal Overdose
- 55% for Patients w/ Fatal Overdose
- 45% for Control Patients

Multiple sources (> 3 prescribers or pharmacies) and/or high dosages (>100 MME) of opioids

Fewer sources and dosages of opioids

HIV and HEP C Outbreak

2015

- 170 new HIV infections diagnosed in town of 4,200 people – Austin, Indiana.
- Co-infection with hepatitis C virus in 84% of patients
- Spread by Injection Drug Users using OPANA. Daily injections ranged from 4 to 15.
- Reported number of injection partners ranged from 1 to 6 per injection event

Trends in Heroin Use & Health Outcomes
Prescription opioid misuse is a major risk factor for heroin use

3 out of 4 people who used heroin in the past year misused opioids first

7 out of 10 people who used heroin in the past year also misused opioids in the past year

Heroin overdose deaths nearly four times higher for men than women

Adults age 25-44 have the highest rate of heroin overdose.

Recent increase in heroin overdose deaths are not associated with decreases in Rx opioid deaths

Today’s Heroin Epidemic

Release Date
July 7, 2015
Three Pillars of CDC’s Prescription Drug Overdose Prevention Work

1. **Strengthen state efforts** by scaling up effective public health interventions

2. **Supply healthcare providers with resources to** improve patient safety

3. **Improve data** quality and track trends
Strengthen state efforts by scaling up effective public health interventions

CDC-Funded Prescription Drug Overdose Prevention for States Program
CDC’s Prescription Drug Overdose Prevention For States (PDO PfS)

- Builds on the success of the Prevention Boost FOA
- Launched in 2015; 4 year cooperative agreement
- 16 states funded; average award at $750K each year
- Focus on high impact, data driven activities and give states flexibility to tailor their work
- Move toward universal PDMP registration and use
- Make PDMPs easier to use and access
- Move toward real-time PDMP
- Expand and improve proactive reporting
- Conduct public health surveillance with PDMP

PDO Prevention for States

1. Enhance and Maximize PDMPs
   - Implement or improve opioid prescribing interventions for insurers, health systems, or pharmacy benefit managers:
     - Prior authorization, prescribing rules, academic detailing, care plans
     - Enhance adoption of opioid prescribing guidelines

2. Community or Insurer/Health System Interventions
   - Flexible projects to respond to changing circumstances on the ground and move fast to capitalize on new prevention opportunities

3. State Policy Evaluation

4. Rapid Response Project
   - Build evidence base for policy prevention strategies such as pain clinic laws and regulations, or naloxone access laws
Prescription Drug Monitoring Programs (PDMPs)
Health System and Insurer Interventions

- Academic Detailing
- Guidelines Uptake
- Medicaid
- Workers Compensation
- Patient Review and Restriction Programs
## Logic Model
### Prescription Drug Overdose Prevention for States

**State-Level Outcomes**

### Short-Term Policy/Program Development
- PDMPS
  - Reduced barriers to PDMP registration and use
  - Shorter data collection interval
  - Increased rate of unsolicited reports
  - Increased use of standard PDMP reports for surveillance

### Intermediate-Term Behavior Change
- Providers
  - Increased registration and use of PDMPs
  - Decreased rate of high dose (>100 MME/day) opioid Rx
  - Increased treatment referrals for opioid use disorder
  - Increased use of non-opioid therapies for pain
  - Reduced problematic drug co-prescribing (e.g., opioid/benzodiazepines)

### Long-Term Health Outcomes
- Decreased rates of opioid abuse
- Increased opioid use disorder treatment (ultimately want decrease)
- Decreased rate of ED visits related to opioids
- Decreased drug overdose death rate, including both opioid and heroin death rates
- Improved health outcomes in state “hot spots”

### High-burden Communities
- Implementation of community level interventions in state “hot spots”

### Insurers & Health Systems
- Expanded opioid management programs
- Implementation of opioid prescribing interventions
- Expanded uptake and use of evidence-based opioid prescribing guidelines

### Indicators of system or practice change
- Evidence of implementation of law, policy, or regulation

### Patients
- Decreased use of multiple prescribers for opioids

### Insurers & Health Systems
- Decreased rate of high dose (>100 MME/day) opioid Rx
- Increased use of claims reviews to identify high-risk prescribing
- Increased # of patients in opioid mgmt. programs

### Oversight/Enforcement
- Increased enforcement actions against outlier providers
- Decreased number of outlier pain clinics (“pill mills”)
Evaluation Picture

Performance Measurement

Evaluation Plan

Cross-Site National Evaluation

Using Evaluation Results:
- Document progress
- Quality improvement
- Build evidence base
- Decision making
- Program development
- Lessons learned
- Tell story
State-based interventions are improving outcomes

**New York 75%**

*2012 Action:*
New York required prescribers to check the state’s prescription drug monitoring program before prescribing painkillers.

*2013 Result:*
Saw a 75% drop in patients who were seeing multiple prescribers to obtain the same drugs, which would put them at higher risk of overdose.

**Florida 50%**

*2010 Action:*
Florida regulated pain clinics and stopped health care providers from dispensing prescription painkillers from their offices.

*2012 Result:*
Saw more than 50% decrease in overdose deaths from oxycodone.

**Tennessee 36%**

*2012 Action:*
Tennessee required prescribers to check the state’s prescription drug monitoring program before prescribing painkillers.

*2013 Result:*
Saw a 36% drop in patients who were seeing multiple prescribers to obtain the same drugs, which would put them at higher risk of overdose.

Supply healthcare providers with resources to improve patient safety

Opioid Prescribing Guidelines
Opioid Prescribing Guidelines

- Intended for primary care providers
- Apply to patients ≥18 years old in chronic pain outside of end-of-life care
Coordinated Care Plans
For Safer Opioid Prescribing
Improve data quality and track trends
Prescription Drug Overdose Data

Fatal overdoses:
Mortality (death certificate) data, medical examiner records

Non-fatal overdoses:
ED data, hospitalization data, syndromic data, EMS data

Drug use, dependence, treatment:
Non-medical use, abuse, dependence, treatment admissions

Available supply of drugs, drug exposure:
Prescription data, claims data, drug supply data
Two groups of people with two different sets of needs

**Addicted/Dependent**
- Need access to services

**At risk for addiction/dependence**
- Protect from dangerous drugs
Conclusions

**BURDEN:** Overdose deaths from prescription drugs and heroin are at epidemic levels in the U.S.

**KEY DRIVERS:** Understanding the drivers of the epidemic are critical for effective action.

**SCOPE OF SOLUTION:** Multifaceted and multi-sector approach is needed.

**KNOWN EFFECTIVENESS:** Interventions must be evaluated to determine effectiveness and need for state-specific adaptation.
The United States is in the midst of a prescription painkiller overdose epidemic.

Since 1999, the amount of prescription painkillers prescribed and sold in the U.S. has nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report. Overprescribing leads to more abuse and more overdose deaths.

What Do You Need to Know?

**The Public**

Every day, 44 people in the U.S. die from overdose of prescription painkillers, and many more become addicted. If you have pain, learn

**Health Care Providers**

Responsible prescribing can save lives. Provide your patients with safe, effective, evidence-based pain management and help reduce their risk.

**States**

There is wide variation in painkiller prescribing between states, and it cannot be explained by state differences in health issues that cause pain.
Lunch and Learn

• Quick break, P/U Box Lunches in Lobby, return to Room 1000

• Lunch Speaker: Regional Efforts in Colorado
  – Freddie Jacquez, San Luis Valley AHEC
Colorado Consortium for Prescription Drug Abuse Prevention

“San Luis Valley’s work on Addressing Pain Management and Prescription Drug Abuse and Misuse in the last three years”

October 15, 2015
Freddie L. Jaquez
SLVAHEC Executive Director
National AHEC Organization
Colorado Area Health Education System

Western Colorado AHEC

Centennial AHEC

Central AHEC

Central AHEC

Southeastern Colorado Valley AHEC

San Luis Valley AHEC

Southwestern Colorado AHEC
Where is the San Luis Valley?
Drug Poisoning Deaths in the San Luis Valley

(Region 8 Colorado Department of Public Health and Environment - 2014)
Addressing Pain Management and Prescription Drug Misuse in the San Luis Valley
Valley stands up to prescription drug abuse

By LAUREN KRIZANSKY
Coastal staff writer

VALLEY — There is a prescription drug addiction problem in the San Luis Valley, and its getting attention. For example, three Alamosa-born babies tested positive for addictive prescription drugs in the past five weeks, an Adams State University increase over the weekend and 37 prescription drug deaths have been reported in Rio Grande County since 2009.

These are only a few illustrations of the havoc not only Valley, but the nation’s prescription drug abuse problem is wreaking on society, and San Luis Valley Area Health Education (SULVAE) Director Fredric Jaques is determined to see the community units to kill the habit that is taking over lives, some now without choice.

Earlier this year, Jaques, whose organization is rooted in providing the Valley’s health care workforce with support and continuing education, set down with Valley medical providers, including Valley-Wide Health Systems and San Luis Valley Mental Health after hearing a list of concerns surrounding prescription drug abuse and misuse from Las Juras pharmacist Joe Valdez, whose store has been broken into twice with the intent of taking drugs, not money. The meeting was the beginning of what has now blossomed into a coalition willing to tackle the Valley’s problem from all sides including low enforcement, social services, and managerial. Jaques said. It is also working to synchronize its purpose and goals with those of the area’s medical providers—like a Universal patient/doctor pain management agreement and prescription drug guidelines—created in recent years to address the problem. These initial documents are designed to educate not only those prescription drug abuse problem.
"Prescription Drug Addition and Abuse - A Collaborative Approach to Creating Policy for Addressing the Problem in the San Luis Valley"

March 2013
"Prescription Drug Addition and Abuse - A Collaborative Approach to Creating Policy for Addressing the Problem in the San Luis Valley"

Six “Convenings”

March 6, 2013 – Health Care Community - Project Plan and Commitment
April 3, 2013 – Health Care Community – Project Plan and Review

July 10, 2013 – Whole Community Perspective – Providers and Community Stakeholders
August 7, 2013 – Whole Community Perspective – Providers and Community Stakeholders
Chronic Pain Management

Thursday, May 23, 2013
6:00 – 8:30 p.m. (dinner included)
SLV Mental Health Center Admin Building

Kathryn Mueller MD, MPH
University of Colorado, Denver
Department of Emergency Medicine

Intended Audience: healthcare providers, community Prevention Drug Abuse Taskforce members and other professionals working with prescription drug abuse in the community.

Program will include information on:
- multi-specialty/adjunct therapy treatment approach
- guidelines for general patient assessment for chronic pain
- behavior/mental health issues
- available assessment tools
- standards for prescribing
- referral for effective alternative therapies

Please RSVP by Monday, May 20th by contacting Debbie Christensen (VVHSD) or Jennifer Martinez (SLV AHEC) at 859-4077. There is no charge for this educational program.

Sponsored by the SLV AHEC, with a grant from the Colorado Trust—Converging for Colorado.

Kathryn Mueller MD, MPH
University of Colorado, Denver
Department of Emergency Medicine

May 13, 2014
Identifying and Treating Prescription Drug Abuse

Thursday, June 13, 2013
6:00 – 8:30 p.m. (dinner included)
SLV Mental Health Center Admin Building

Joshua Blum, MD
Assistant Professor of Medicine
Denver Health and Hospitals

Intended Audience: Health care providers, community Prescription Drug Abuse Taskforce members and other professionals working with prescription drug abuse in the community.

Program will include information on:
- Identifying subtypes of people who abuse prescription drugs and how to identify them
- Available screening tools
- Treating narcotics and benzodiazepines
- Managing controlled prescription polypharmacy
- Behavioral/mental health issues with a brief overview of effective treatment options

Please RSVP by Monday, June 10th by contacting Debbie Christiansen (VVMC), Jennifer Martinez (SLVHCMC) or Charlotte Leduc (SLVAHEC) at 589-1977. There is no charge for this educational program.

Sponsored by the SLVAHEC, with a grant from the Colorado Trust: Convening for Colorado.

Joshua Blum, MD
Assistant Professor of Medicine
Denver Health and Hospitals

June 13, 2013
“Addressing Pain Management and Prescription Drug Misuse in the San Luis Valley”

Project ends August, 2013

Much Business left “Up in the Air”

Participating members of this funded project have a true vested interest in the work being done and decide to continue to meet through the existing…

Prescription Drug Task Force
Prescription Drug Task Force

Taskforce began by former Alamosa Police Chief – Craig Dodd

Group decided to meet every other month

Format of meetings: A professional discipline specific panel followed by a question and answer period.

If time permitted, there would be an agency round-robin of announcements etc.

In the interim period, the SLVAHEC wrote another funding proposal
July, 2014

“Chronic Pain, Behavioral / Mental Health and Treatment of Substance Abuse Training”
“Chronic Pain Management Provider Trainings and Neighborhood Meetings”

Funded by COPIC

April 24, 2014

Joshua Blum, MD

Three workshops for Healthcare Community

I. “Chronic Pain Assessment, Common Features and Non-Opioid Modalities” – September 17, 2014

II. “Behavioral and Mental Health to Manage Chronic Pain Patients” – October 15, 2014

III. “Chronic Opioid Therapy (COT), Monitoring and Substance Abuse” November 19, 2014

See Dr. Blum’s presentations at: slvahec.org
“Chronic Pain Management Provider Trainings and Neighborhood Meetings”

Three Neighborhood Meetings

I. Conejos County - October 23, 2014

II. Alamosa County – January 28, 2015

III. Rio Grande County – April 2015
Conejos County Neighborhood Meetings

Who Should be at the Table?

- Local Health Care Workforce
- Community Professionals
- Legislators
- Key Community Stakeholders
- Parents
- All other Community Members
Alamosa County Neighborhood Meetings

Key Locations for Successful Dialogues

SLV Behavioral Health Group

Local Faith-Based Organizations
Partnerships
Key to any successful event

Action-Oriented Meetings
- Structured Agendas
- Goal-Oriented Meetings
- Measureable Outcomes
- Sub-Committees with Reporting Assignments
Rural Opioid Overdose Reversal Grant Program

SLV N.E.E.D. (Naloxone – Education – Empowerment - Distribution

SLVAHEC Funded September 1, 2015
Rural Opioid Overdose Reversal Grant Program

September 1, 2015 to August 31, 2016

Purpose/Intent of ROOR

1. Train health care providers
2. Train first responders
3. Train community

Administration of Program

1. SLVAHEC Grantee
2. Hire a Health Educator
San Luis Valley N.E.E.D.
Naloxone – Education – Empowerment - Distribution

San Luis Valley AHEC Board of Directors

Freddie L. Jaquez
Executive Director

Consultants
Josh Blum, MD
Lisa Raville
ION Business Strategies

Charlotte Ledonne
Nurse Coordinator

Shane Benns
Health Educator

Participating Agencies/Organizations

Alamosa County Department of Human Services
Alamosa County Public Health Agency
Alamosa County Sheriff’s Office
Alamosa Pharmacy
Alamosa Police Department
Conejos County Public Health and Nursing

Costilla County Public Health Agency
District Court, 12th Judicial District
Mineral County Public Health Agency
La Jara Health Mart Pharmay
Rio Grande Hospital
Rio Grande County Public Health Agency

Saguache County Public Health - Saguache
Saguache County Public Health - Center
San Luis Valley Behavioral Health Group
San Luis Valley Health
Trinidad State Junior College
Valley Wide Health WSystems
Rural Opioid Overdose Reversal Grant Program

Project Support

Out of San Luis Valley

- Great support from AMC School of Pharmacy
- Great support from Harm Reduction Center – Denver
- Great support from others in Denver area – Dr. Josh Blum

San Luis Valley

- Great support from local health care workforce
- Great support from numerous human services agencies
- Currently have nine MOU’s with health care and human services agencies and numerous letters of support
- Great support from the “Community”!
SLVAHEC will go most cost-effective Route
Rural Opioid Overdose Reversal Grant Program


Hired Health Educator Yesterday!

Consultants

- Denver Harm Reduction Center
  Lisa Raville
- Dr. Josh Blum, Denver Health

Looking forward to Continued Great Work in the San Luis Valley and a Successful Project!
Break Out / Work Group Assignments

• Pick up Work Group Agenda/Notes sheets from Rosemarie
• Go to Breakout Rooms, have 1:15 hours (or slightly more)
• Please finalize Work Group Indicator(s) (KPI) for coming year, with brief statements of project ideas and costs (estimated)
• Complete work by 3:00pm, Break until 3:15pm (coffee)
• Reconvene here in Room 1000 at 3:15pm for brief summary reports from work groups and wrap up
Work Group Summaries: Indicators and Plans

- PDMP (Mark O’Neill, Jason Hoppe)
- Treatment (Paula Riggs, Denise Vincioni)
- Provider Education (Lili Tenney, Cathy Traugott)
- Safe Disposal (Greg Fabisiak, Sunny Linnebur)
- Naloxone (Lisa Raville, Josh Blum)
- Data/Research (Barbara Gabella, Ingrid Binswanger)
- Public Awareness (Kent MacLennan, Jose Esquibel)
- Affected Families and Friends (Karen Hill, J. Lindemann)
Wrap Up

• Consortium Structure, Leadership, Function, Sustainability

• New Work Groups
  – Naloxone
  – Affected Families and Friends

• Thank you for all of your contributions!

• Looking forward to a productive Year 3!