

Colorado Consortium for Prescription Drug Abuse Prevention

3rd Annual Meeting

University of Colorado Skaggs School of Pharmacy
and Pharmaceutical Sciences

October 15, 2015



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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



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Colorado Plan to Reduce Prescription Drug Abuse



September 2013
Kelly Perez
Policy Advisor
Office of Governor John Hickenlooper



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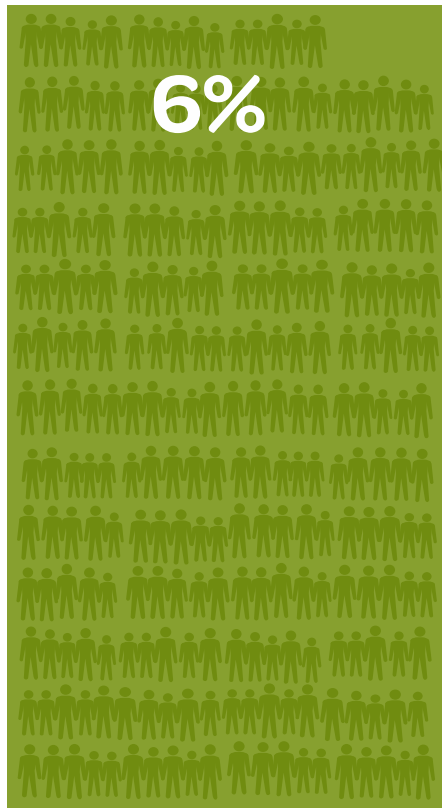


2016 GOAL:

PREVENT 92,000 Coloradans
from misusing opioids

255,000

COLORADANS
AGED 12 +

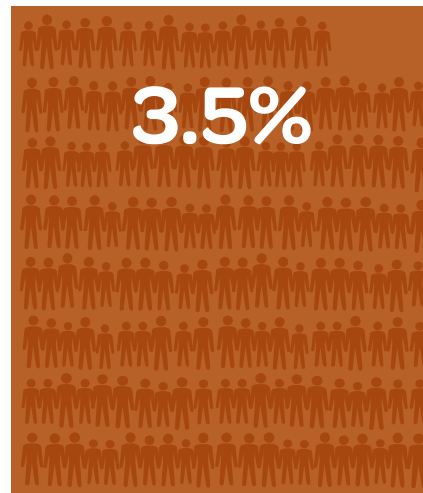


2011-2012

 = 1000 PEOPLE

163,000

COLORADANS
AGED 12 +



2016 TARGET

minus

=

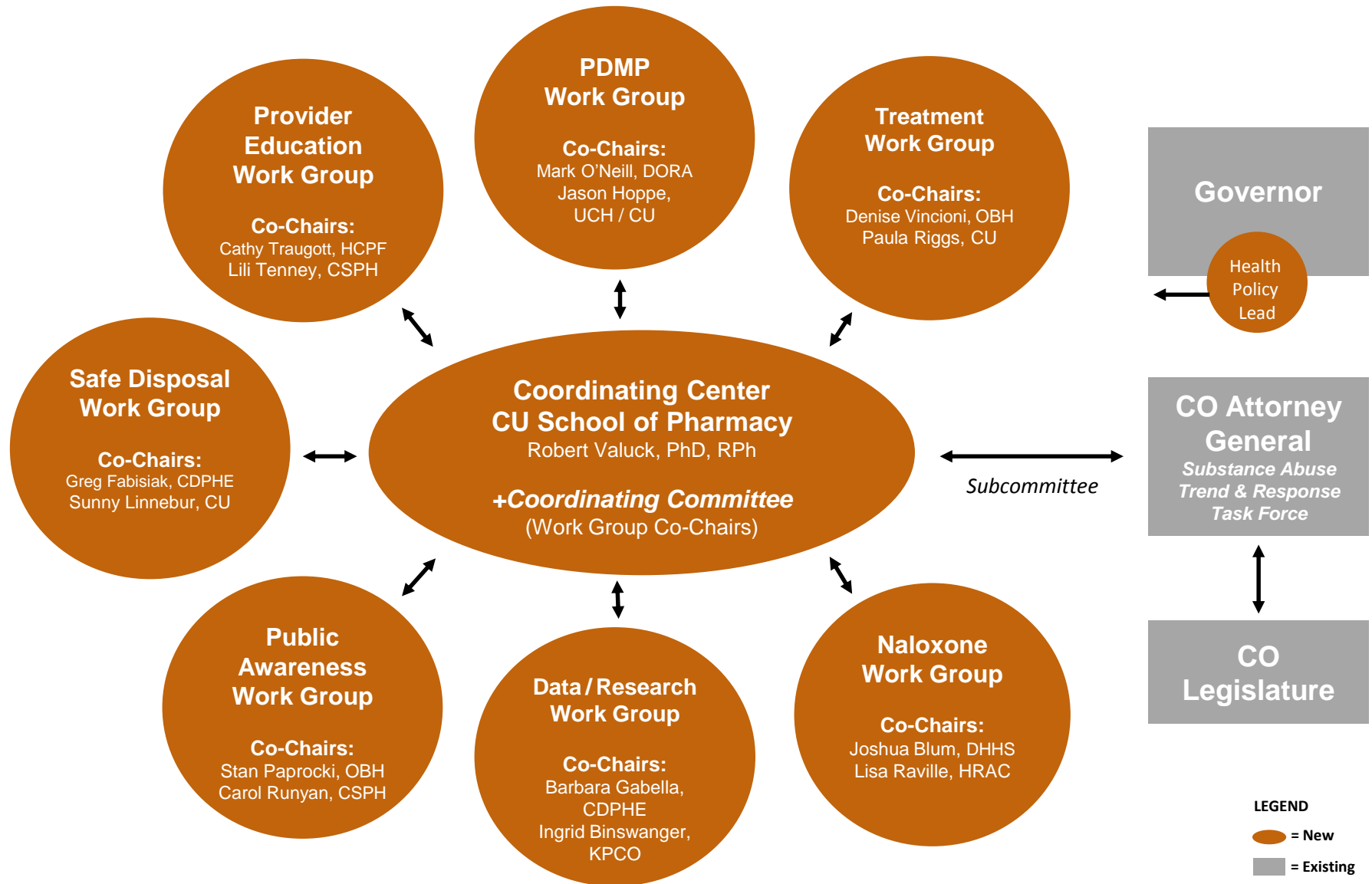
92,000

COLORADANS
AGED 12 + PREVENTED
FROM MISUSING OPIOIDS



Colorado Consortium for Prescription Drug Abuse Prevention

A coordinated, statewide, interuniversity/interagency network



Consortium Accomplishments: The Highlights

- Public Awareness campaign: Take Meds Seriously
- Websites (CoRxConsortium.org, TakeMedsSeriously.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?



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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



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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



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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



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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



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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



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Snapshot: CSPH Training Impact

Enrollment – September 2015

2,189 Enrolled

2,007 Completed

91% of providers who complete the training use the curriculum presented in the course.

Demographics

Surgery	23.1%
Family Medicine	24.1%
Physician Asst	14.2%
Addiction Specialist	12.4%
Occupational Medicine	9.4%
Nurse Practitioner	5.6%
Pain Specialist	5.3%
Internal Medicine	4.8%
Other	1.1%



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Center for Worker Health and Environment
COLORADO SCHOOL OF PUBLIC HEALTH

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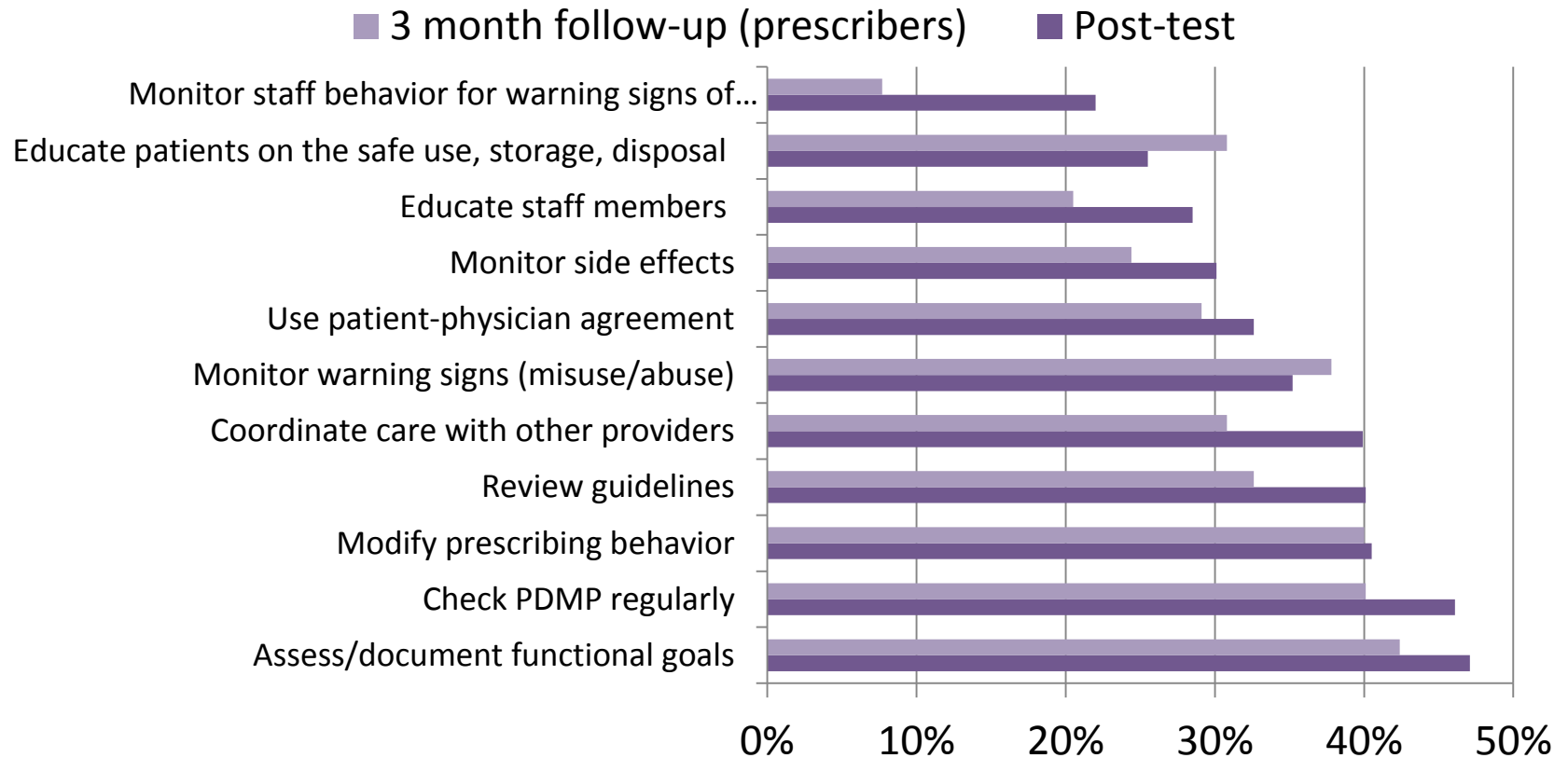
Impact – Prescriber Barriers to Change

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



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?



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



Dr. Brett Kessler, President, Colorado Dental Association

Visit corxconsortium.org



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Acknowledgements

Governor's Office

Kelly Perez
Zach Pierce
Katherine Maloray

Colorado School of Public Health

Lee Newman
Carol Brown
Silpa Krefft

CCPDAP

Rob Valuck
Rosemarie MacDowell
All Workgroup Members

Department of Health Care Policy and Financing

Colorado Medical Society

Peer Assistance Services

Laurie Lovedale

DORA

Ronne Hines

Pinnacol Assurance

Ed Leary

COPIC



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Data/Research WG: Year 2



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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



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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



CRITICAL GAPS

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

RECOMMENDATION

Evaluate effectiveness of Colorado SBIRT screening for Rx medication abuse

3) ADOLESCENT TREATMENT

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

RECOMMENDATION

Significant expansion of school-based substance screening and treatment

Primary Care Behavioral Interventions to Reduce Illicit Drug and Nonmedical Pharmaceutical Use in Children and Adolescents	2014	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.
Primary Care Interventions to Prevent Tobacco Use in Children & Adolescents	2013	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.
Screening & Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	2013	B: 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. I: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and behavioral counseling interventions in primary care settings to reduce alcohol misuse in adolescents.

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.



Effective
referral

Earlier Intervention /Treatment
Screening and Brief Interventions

“Harmful 40,000,000
Use”

Little or No Use

Prevention

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RECOMMENDATION

ECONOMIC INCENTIVES MUST BE ALIGNED TO ADDRESS GAPS

- 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

NEW SUD BENEFIT

- 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



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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)



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Take Meds Seriously: Our Messages, How We(bb) Delivered Them



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Quad-Regulators: Policy for Prescribing and Dispensing Opioids



COLORADO
Department of
Regulatory Agencies

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

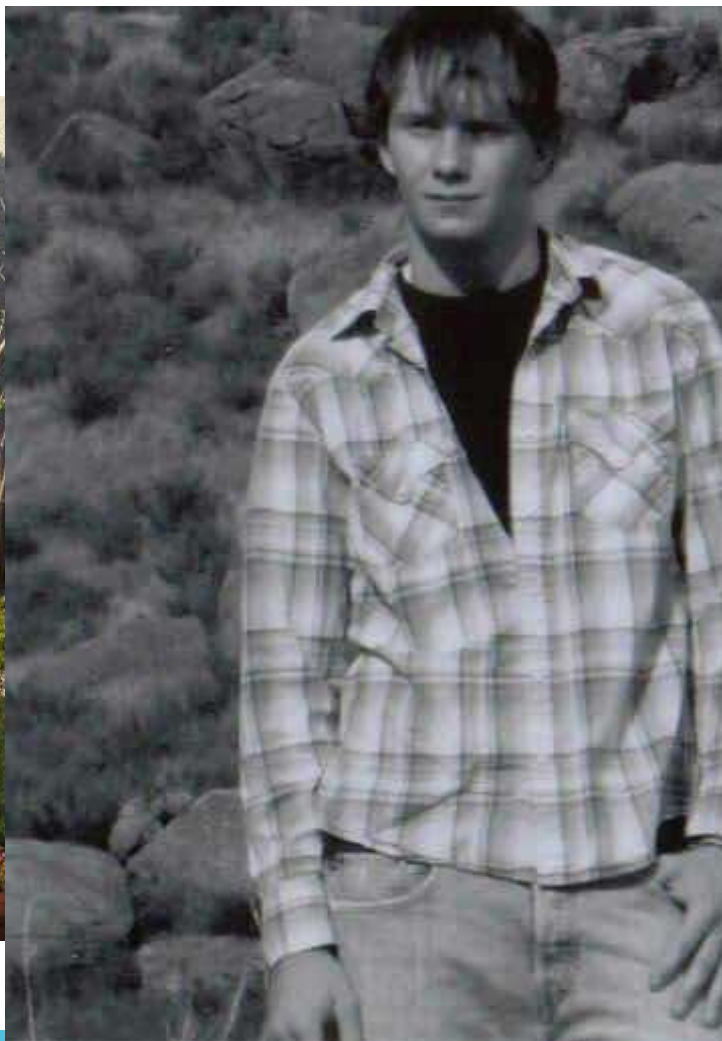
Marjorie and David

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

David became my favorite genetic mutant.

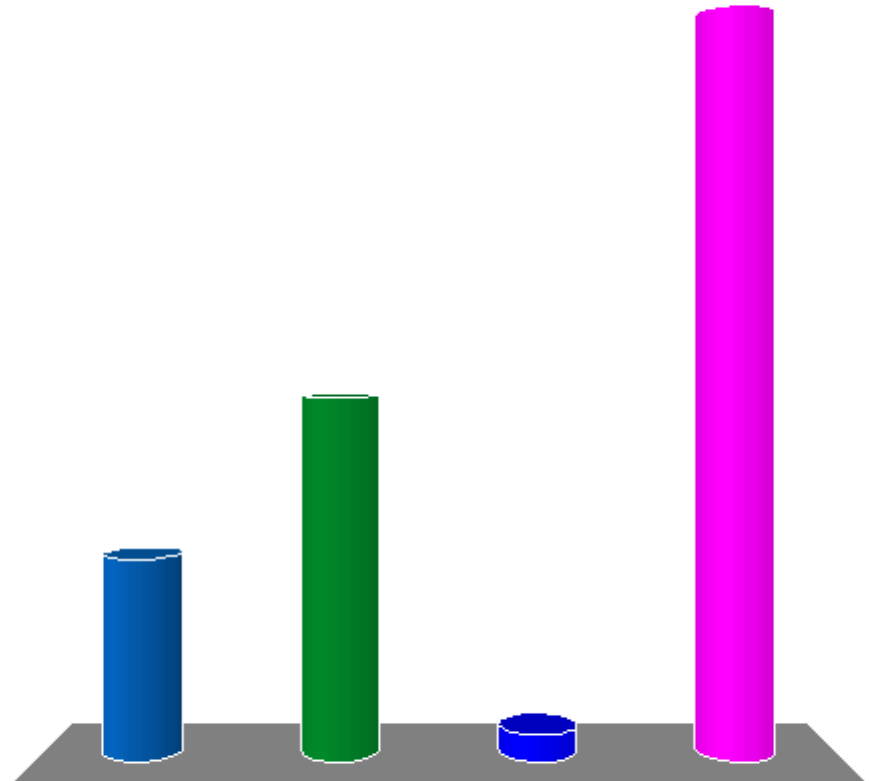
*My favorite genetic mutant was now also my favorite
“outlier” [to the three bright lines]*

Dawn and Michael



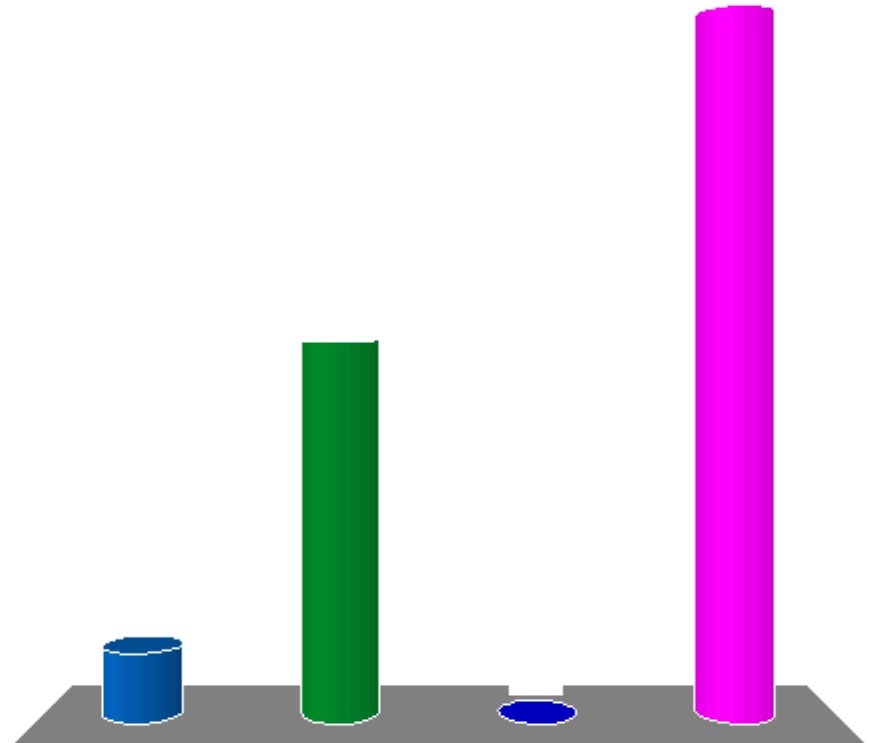
Do you know practitioners refusing to prescribe or dispense opioids based on this policy?

- A. Many
- B. A few
- C. One
- D. None



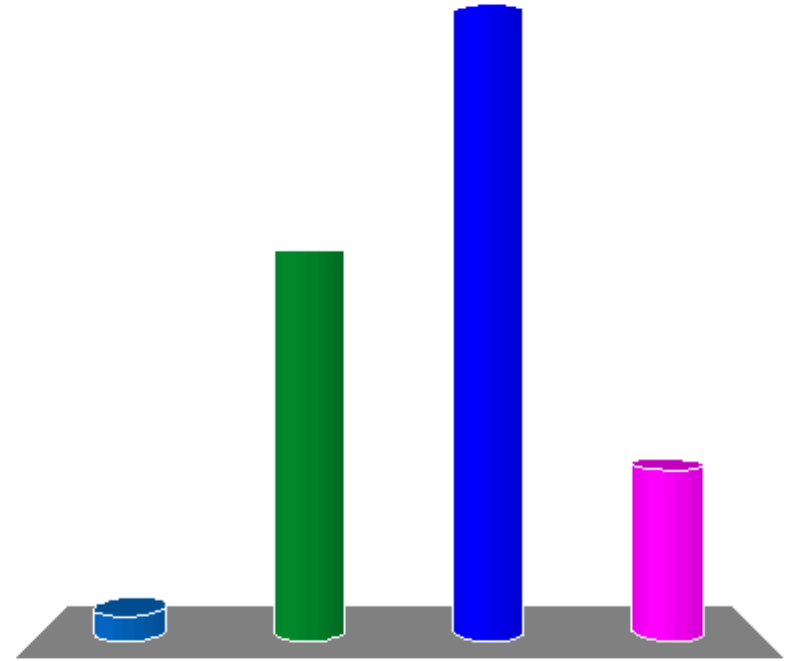
Do you know practitioners refusing to prescribe or dispense opioids beyond the bright line thresholds based on this policy?

- A. Many
- B. A few
- C. One
- D. None



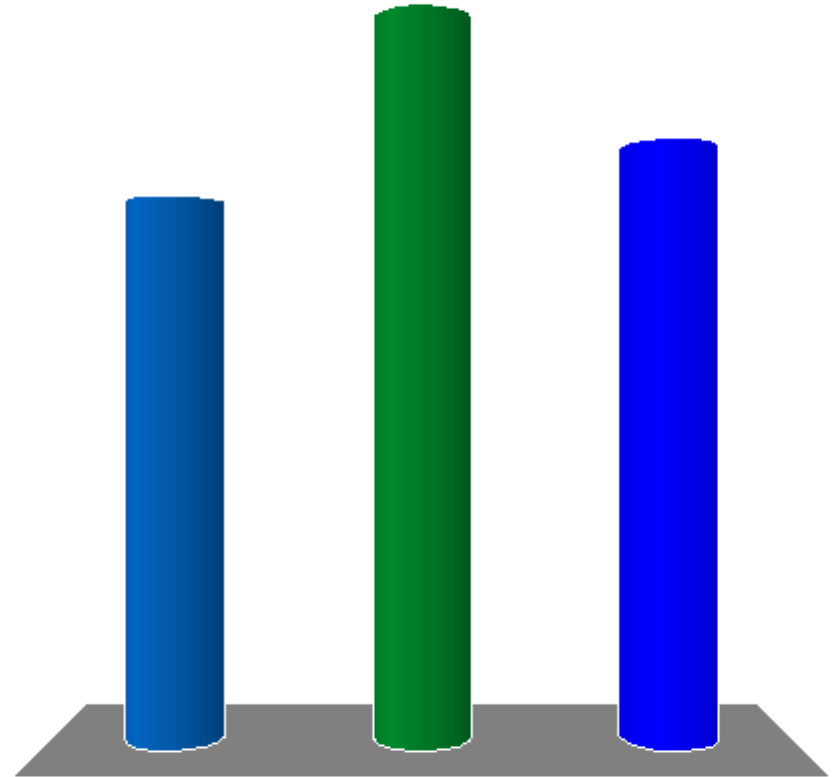
Do you think practitioners are aware that the policy does not call for a stop at the bright lines, but rather implementing additional safeguards?

- 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



COLORADO

Department of
Regulatory Agencies

Keynote Speaker: Jan Losby, CDC



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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



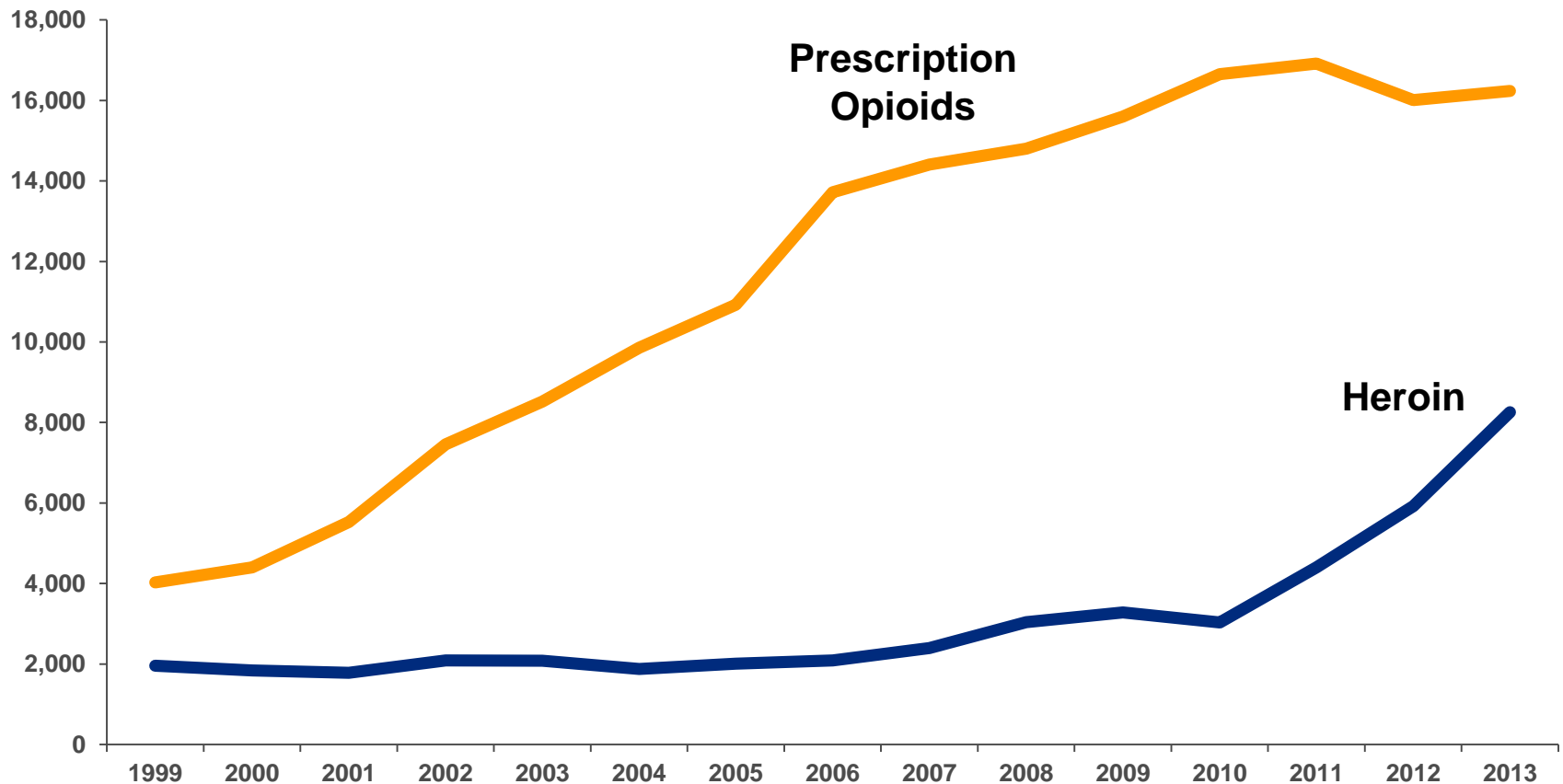
145,000

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

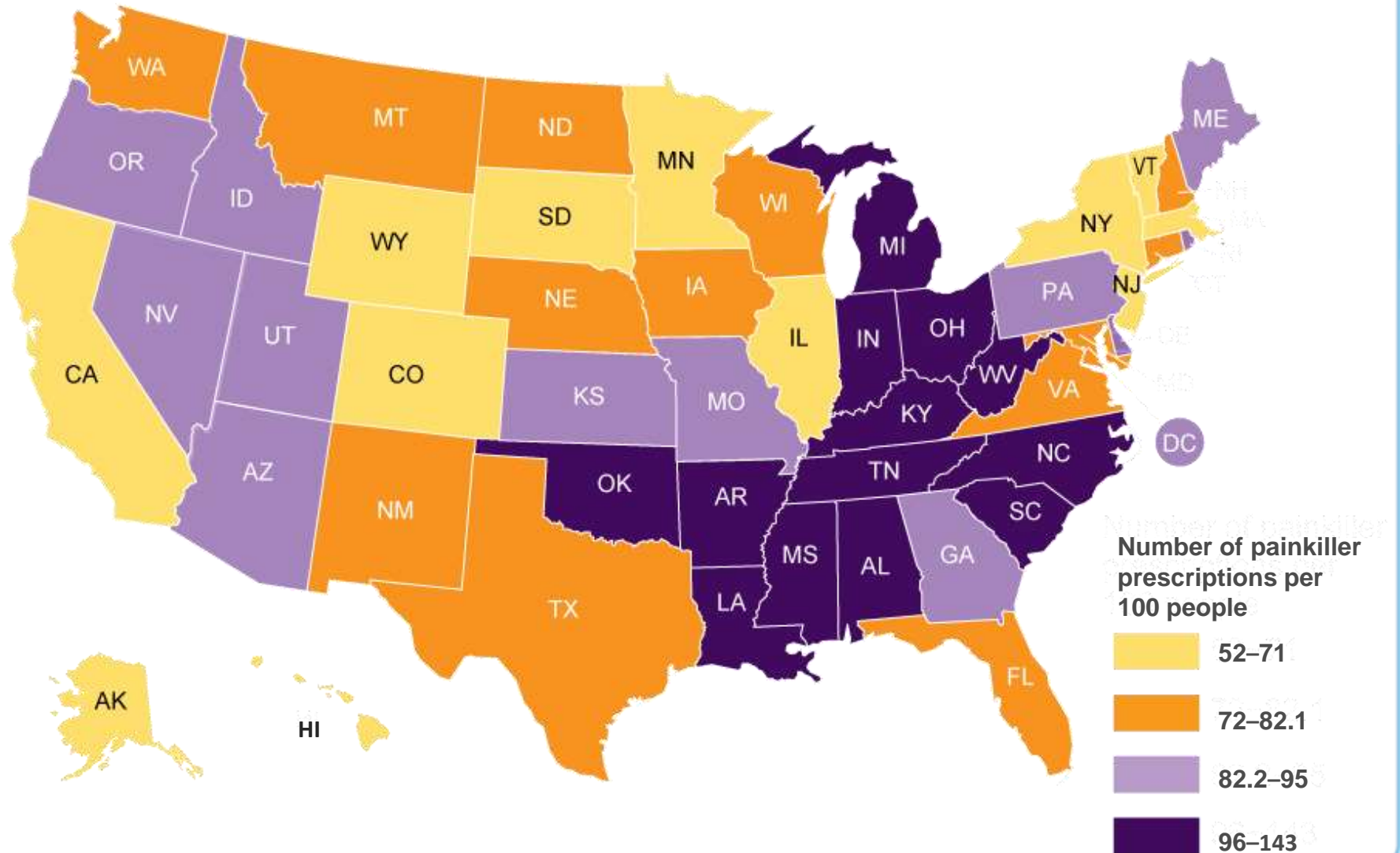
 **659** nonmedical opioid users



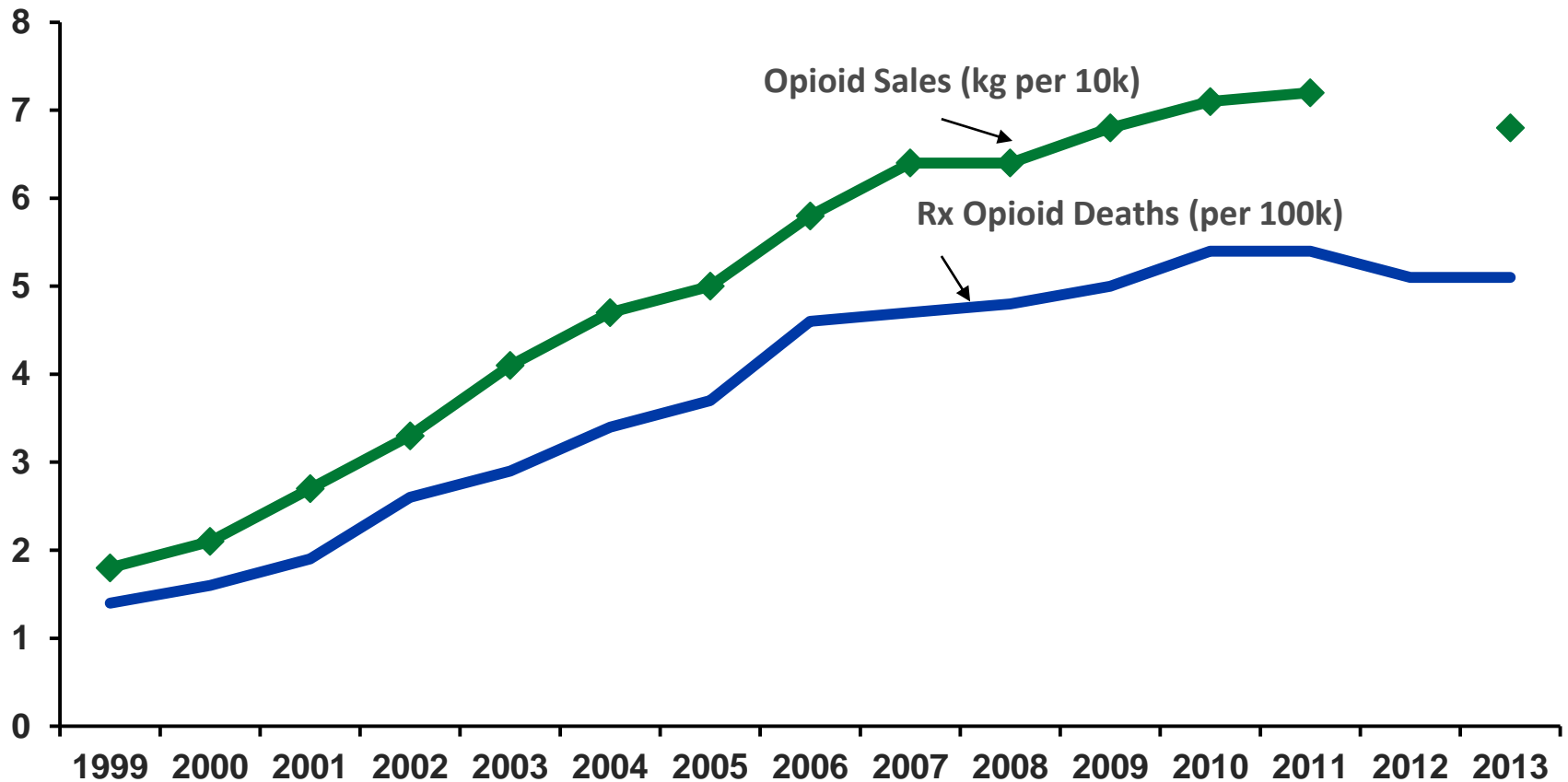


Quarter billion
opioid prescriptions in 2012

Opioid prescribing can vary 3-fold across states

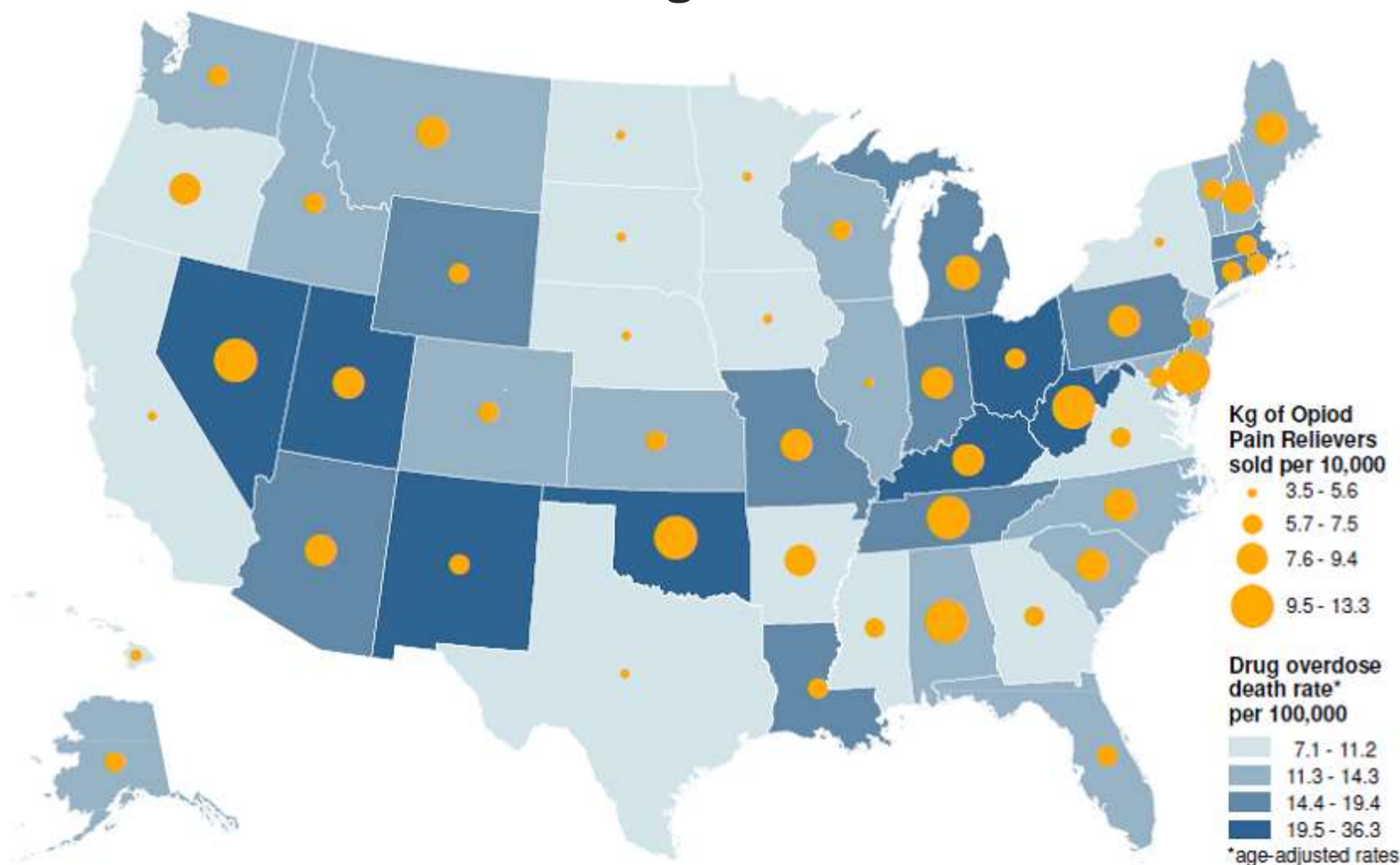


Sharp increases in opioid prescribing coincides with sharp increases in Rx opioid deaths



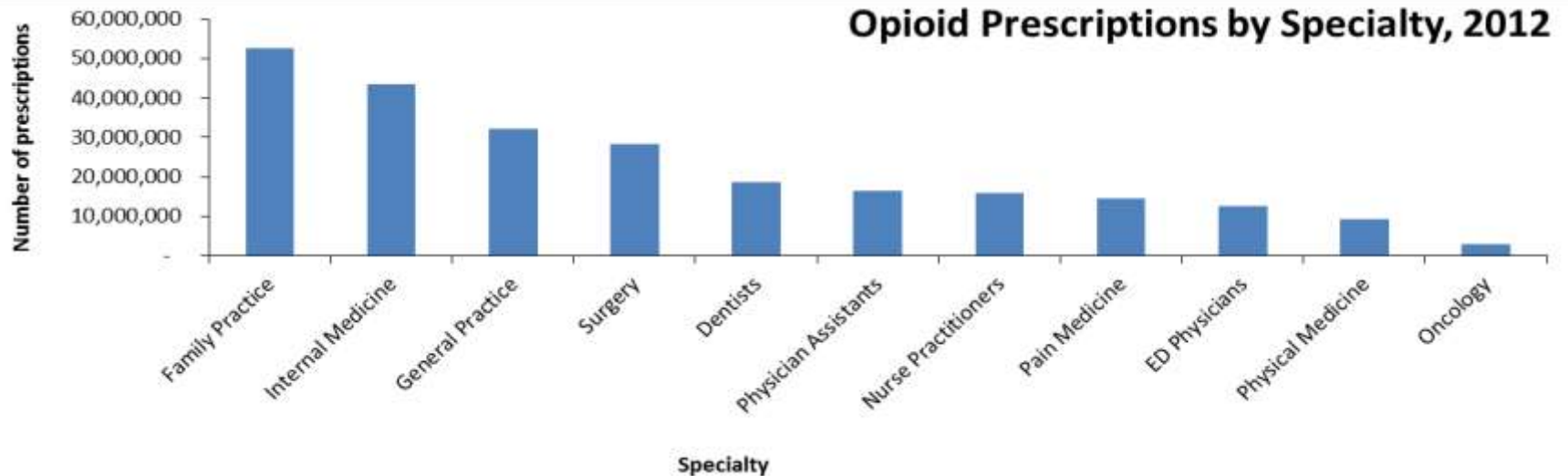
National Vital Statistics System, DEA's Automation of Reports and Consolidated Orders System.

States with more opioid pain reliever sales tend to have more drug overdose deaths

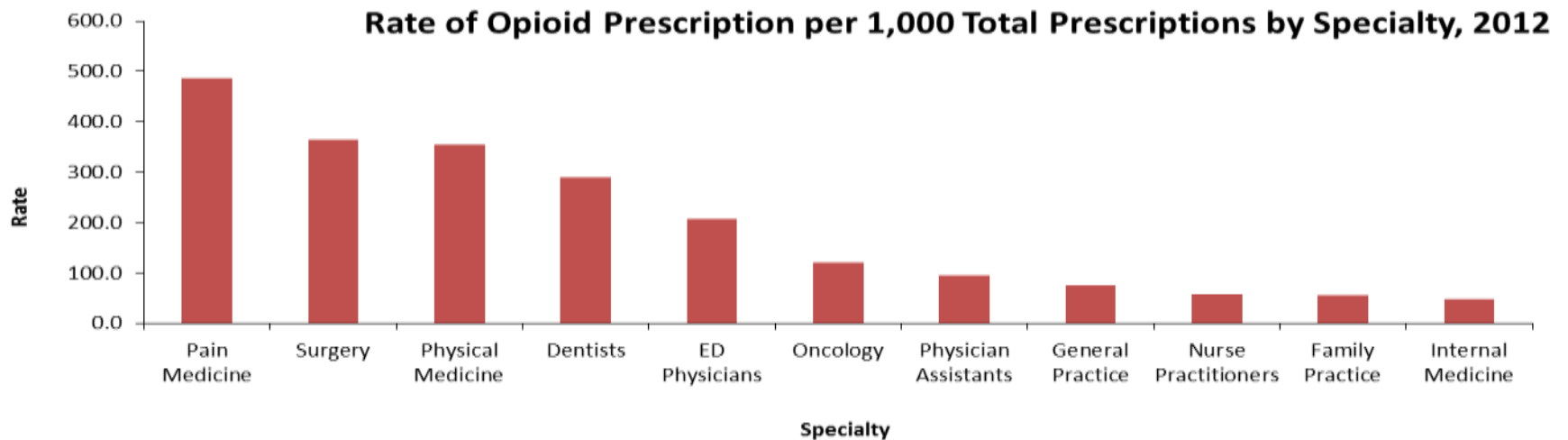


Death rate, 2013, National Vital Statistics System. Opioid pain reliever sales rate, 2013, DEA's Automation of Reports and Consolidated Orders System

Primary care providers prescribe the most opioids

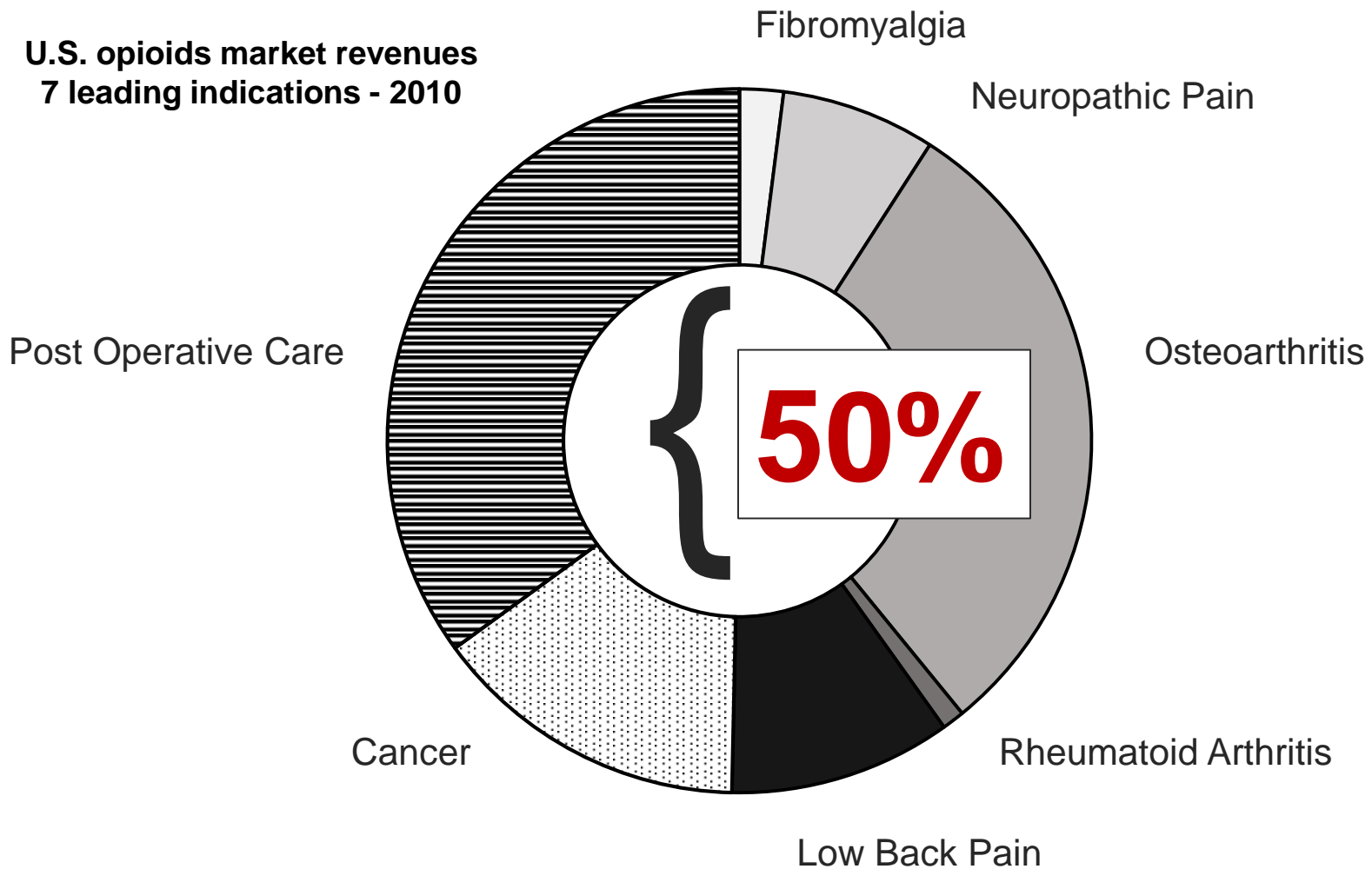


Pain specialists prescribe opioids most frequently



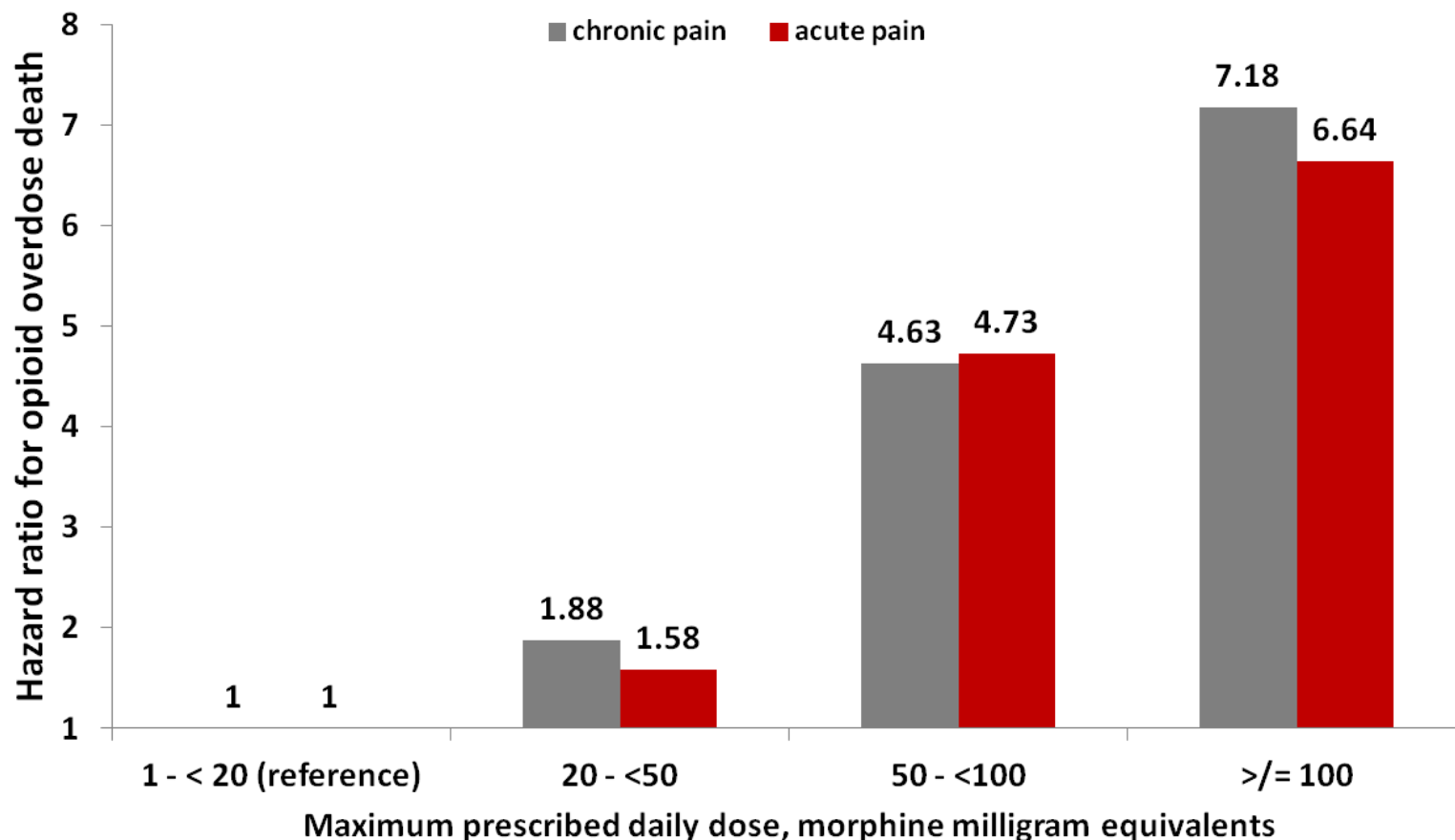
Half of US Opioids Market is Treatment for Chronic, Non-Cancer Pain

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

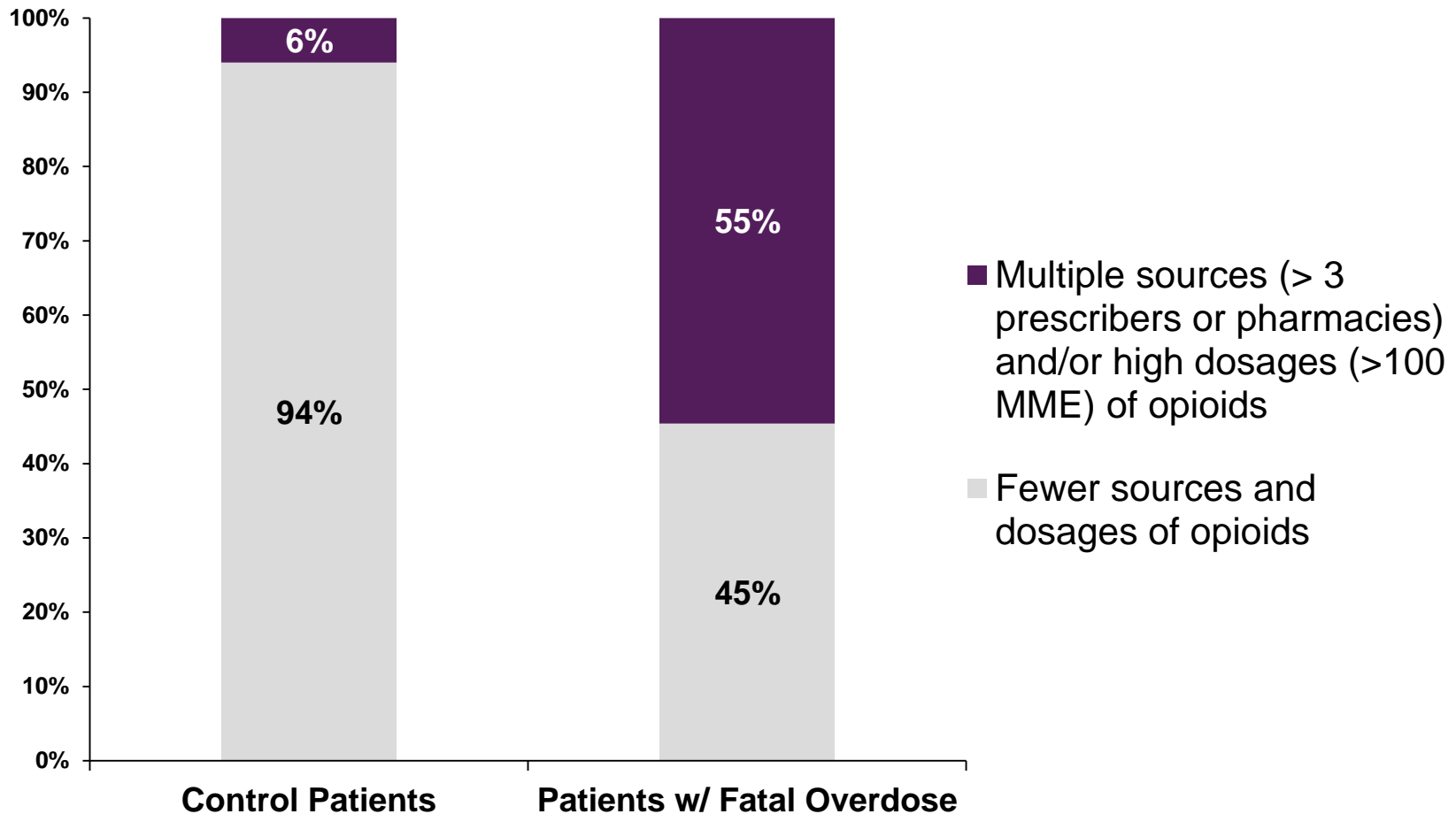


Amy S. B. Bohnert, PhD
Marcia Valenstein, MD
Matthew J. Bair, MD
Dara Ganoczy, MPH
John F. McCarthy, PhD
Mark A. Ilgen, PhD
Frederic C. Blow, PhD

Association Between Opioid Prescribing Patterns and Opioid Overdose-Related Deaths



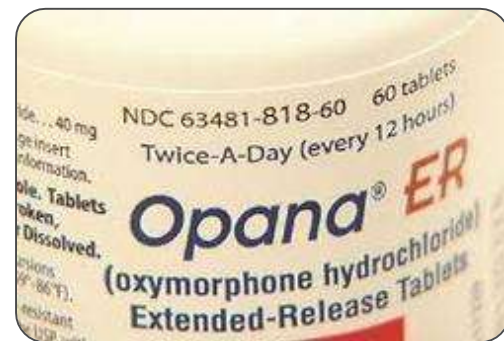
Majority of opioid overdose deaths associated with multiple sources and/or high dosages



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



SOURCE: Conrad, C. et al. (2015). Community outbreak of HIV infection linked to injection drug use of oxymorphone—Indiana, 2015. MMWR Morb Mortal Wkly Rep, 64(16), 443-444..

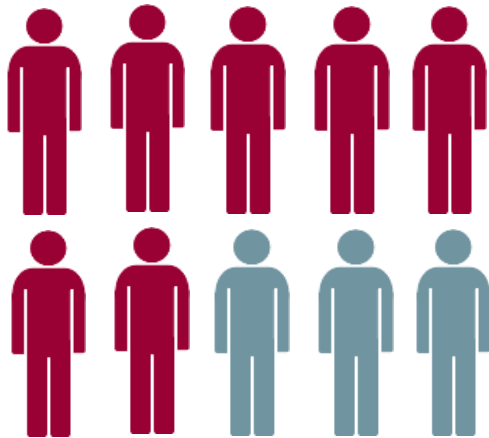
A close-up photograph showing a hand holding a medical syringe. The syringe's needle is inserted into a spoon that contains a yellowish liquid. In the background, there is a pile of white powder on a dark surface. The scene is dimly lit, with the primary light source highlighting the syringe and the spoon's contents.

Trends in Heroin Use & Health Outcomes

Prescription opioid misuse is a major risk factor for heroin use

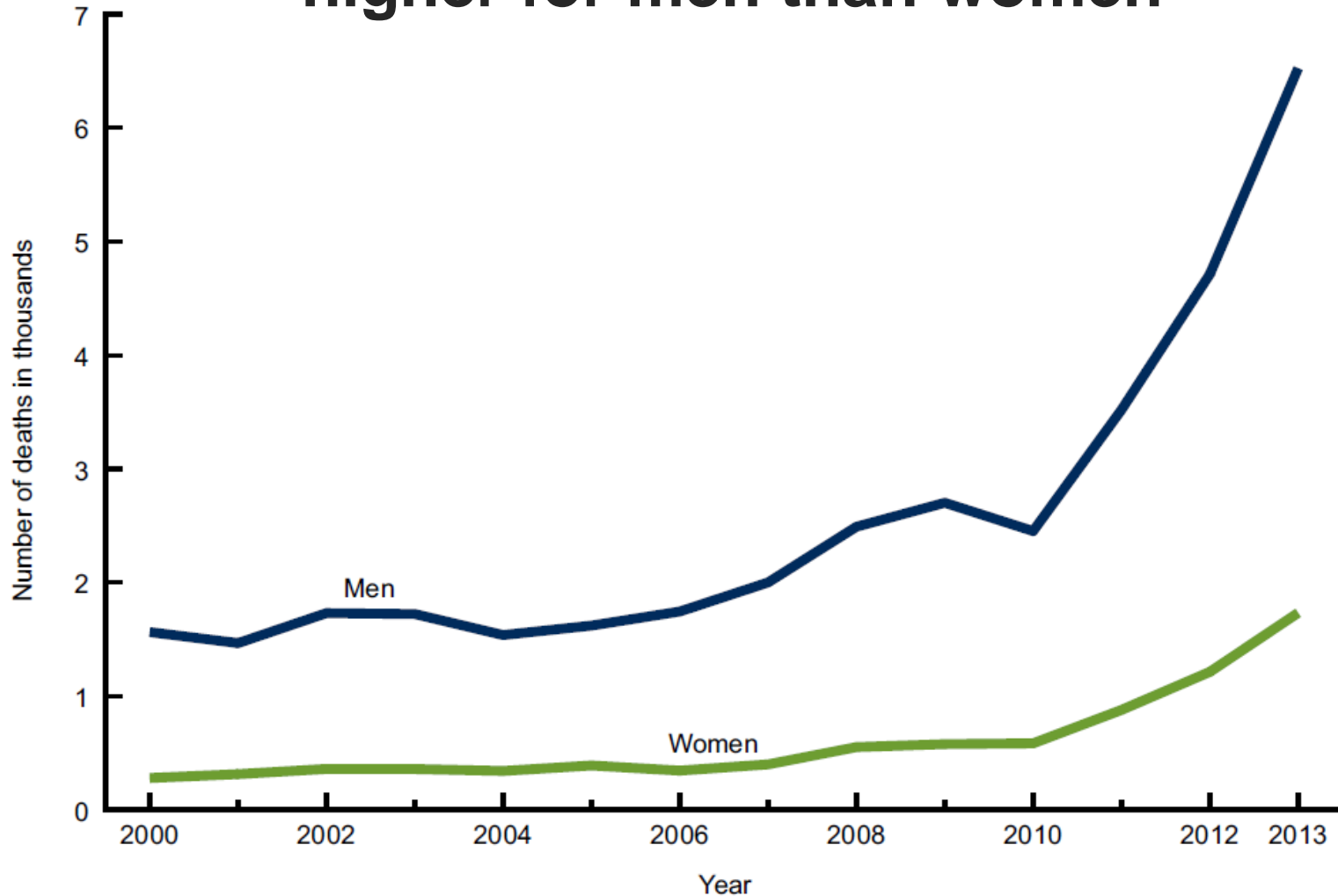


3 out of 4 people
who used heroin in the
past year misused
opioids first



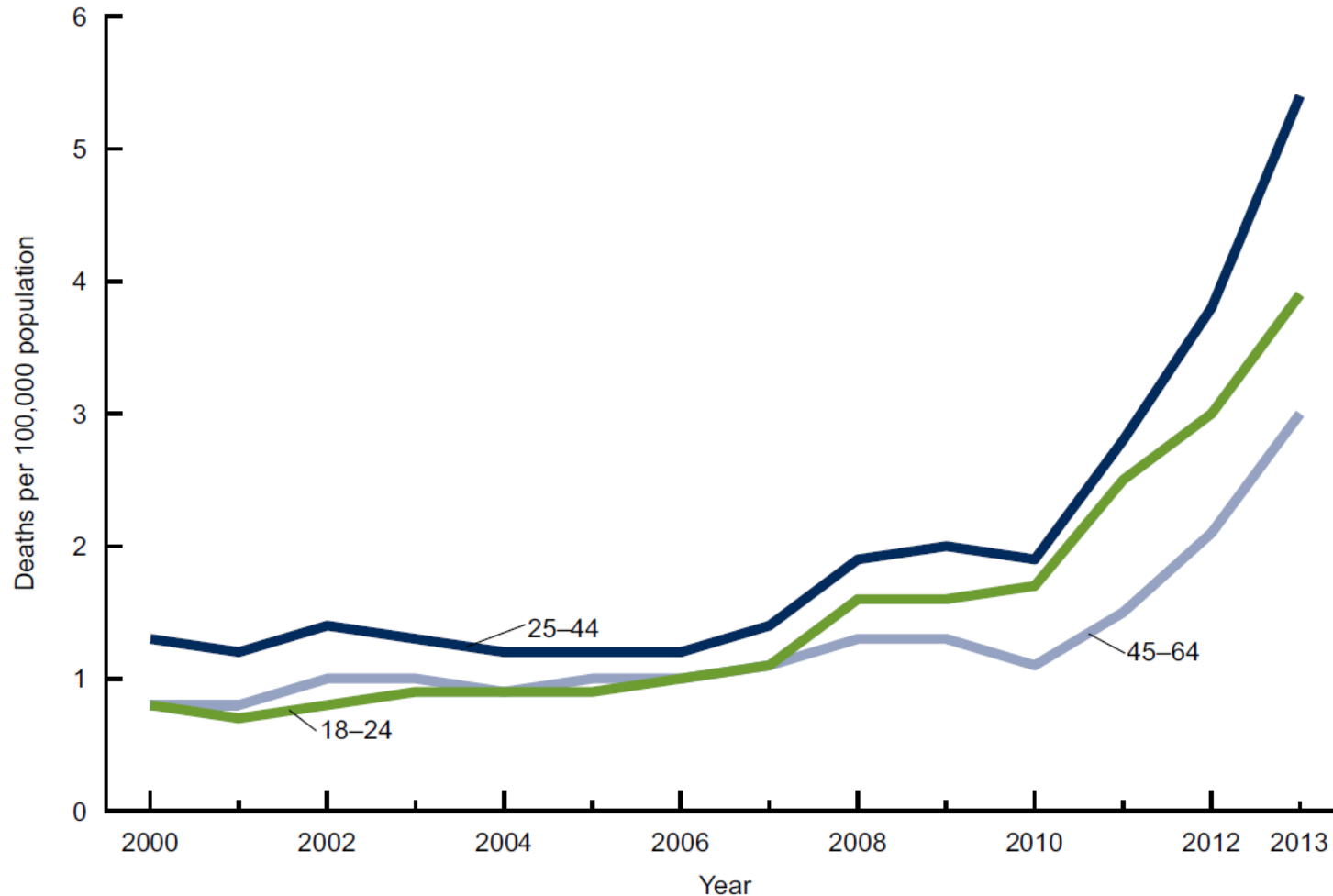
7 out of 10 people
who used heroin in the
past year also misused
opioids in the past year

Heroin overdose deaths nearly four times higher for men than women



CDC/NCHS, National Vital Statistics System, Mortality.

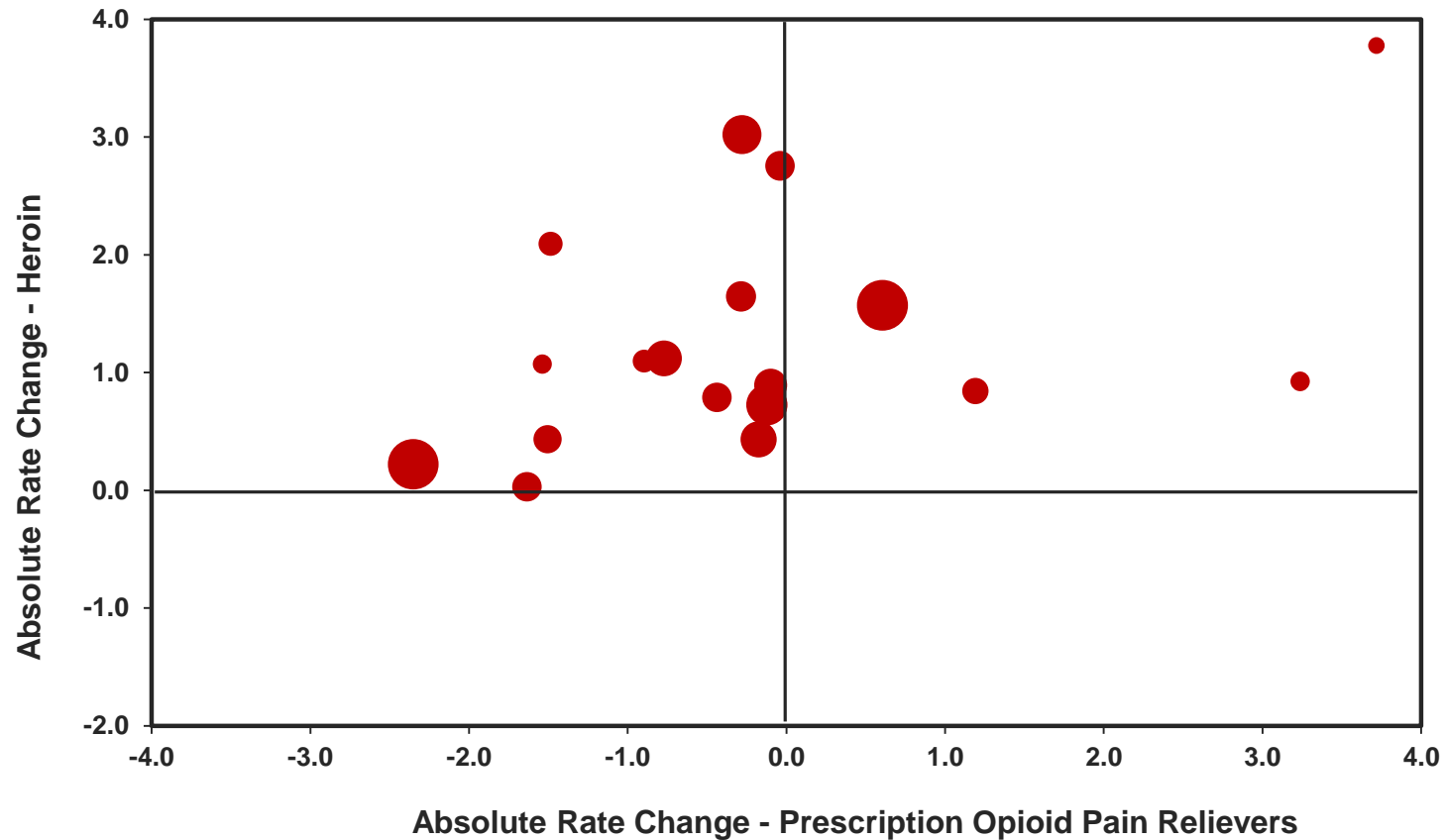
Adults age 25-44 have the highest rate of heroin overdose



CDC/NCHS, National Vital Statistics System, Mortality.

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

18 States - 2010-2012



JULY 2015

^{CDC}
*Vital*signs™

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

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

PDO Prevention for States

State Policy
Evaluation

3

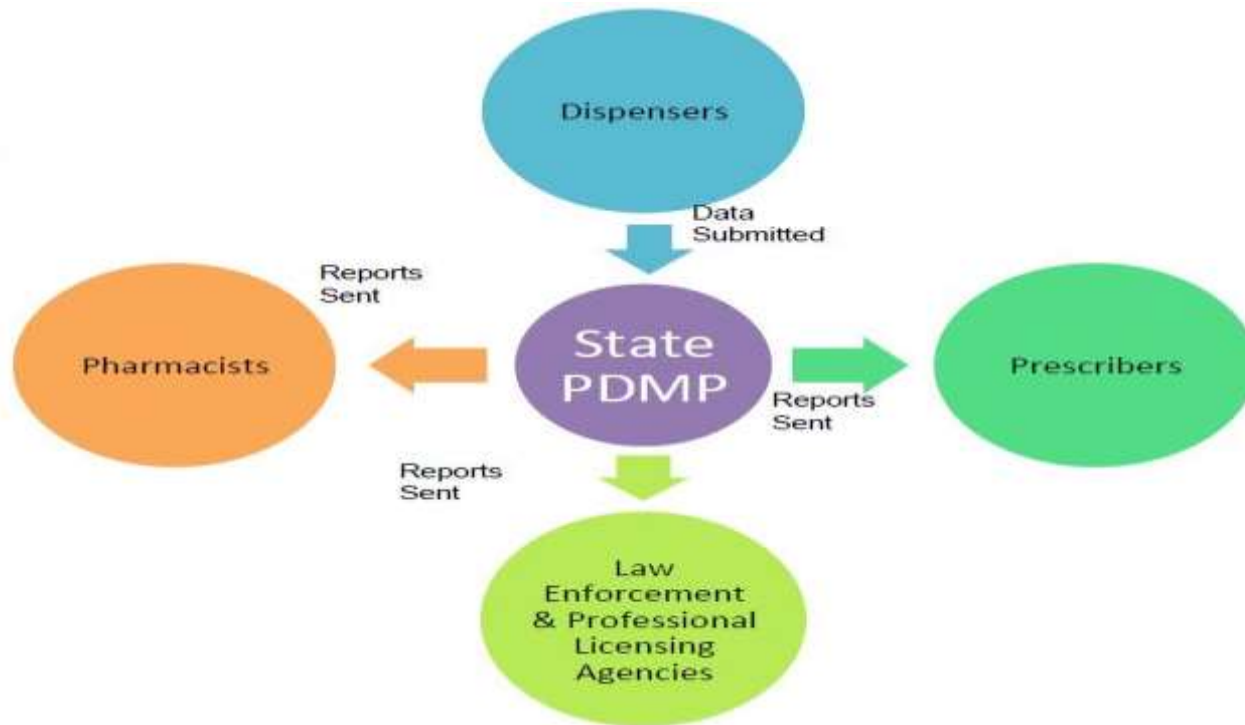
- Build evidence base for policy prevention strategies such as pain clinic laws and regulations, or naloxone access laws

Rapid Response
Project

4

- Flexible projects to respond to changing circumstances on the ground and move fast to capitalize on new prevention opportunities

Prescription Drug Monitoring Programs (PDMPs)



PDMP Graphic: PDMP Center of Excellence at Brandeis University.

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

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

**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)

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")

**Long-Term
Health
Outcomes**
.....

Decreased rates of opioid abuse

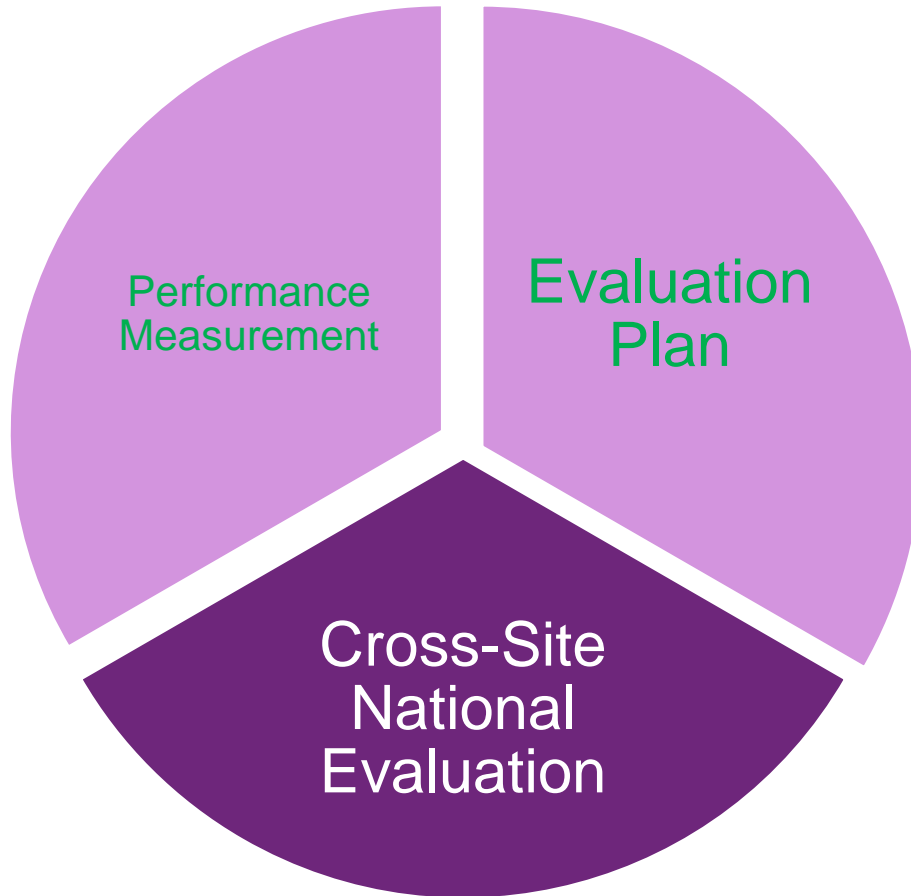
Increased opioid use disorder treatment (ultimately want decrease)

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"

Evaluation Picture



Using Evaluation Results:

- ✓ **Document progress**
- ✓ **Quality improvement**
- ✓ **Build evidence base**
- ✓ **Decision making**
- ✓ **Program development**
- ✓ **Lessons learned**
- ✓ **Tell story**

State-based interventions are improving outcomes



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.



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.



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.

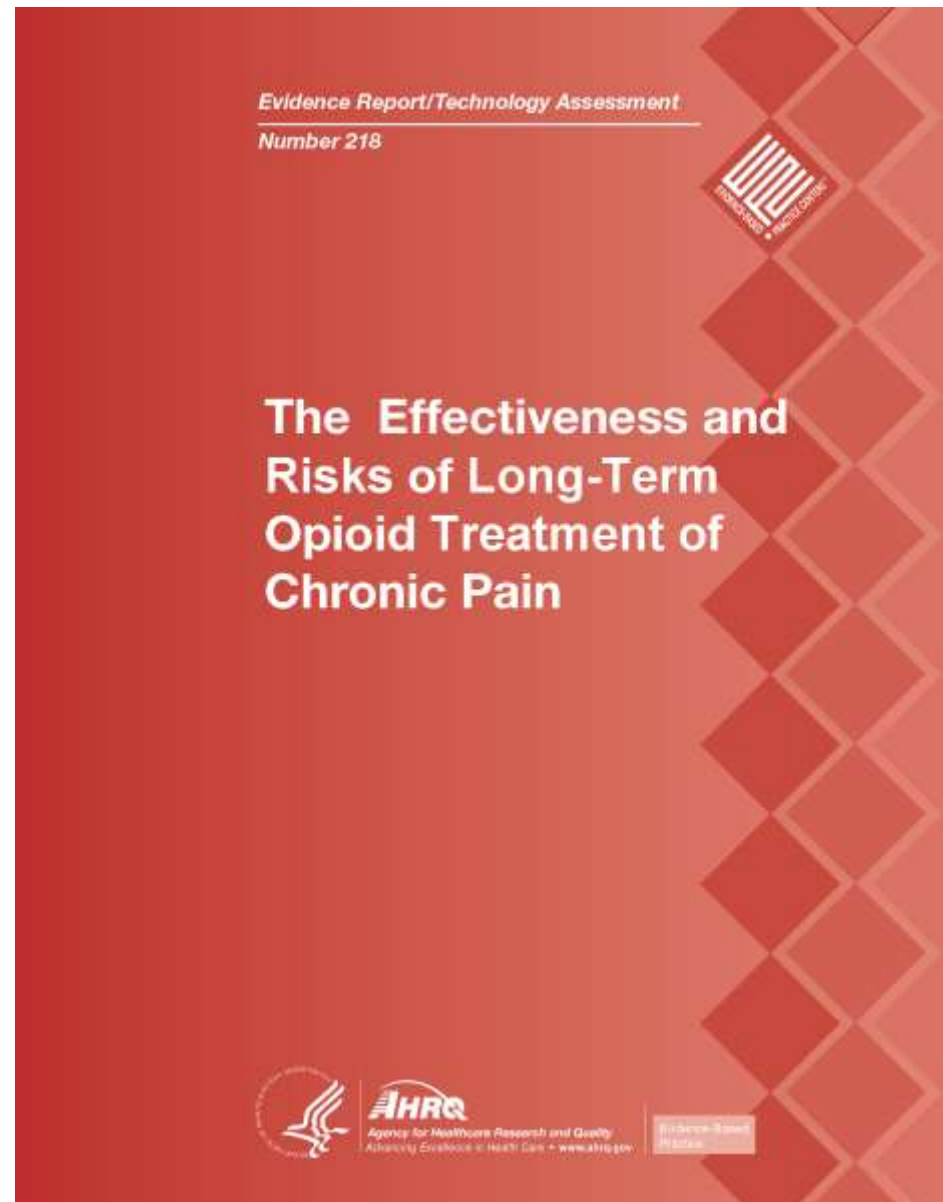
A close-up, shallow depth-of-field photograph of a healthcare professional, likely a doctor, wearing a white lab coat and a stethoscope. The doctor's hands are positioned over a laptop keyboard, with fingers typing. The background is softly blurred, showing more of the doctor's torso and the stethoscope. The overall color palette is light and clinical, with whites, blues, and soft skin tones.

Supply healthcare providers with
resources to improve patient safety

Opioid Prescribing Guidelines

AHRQ Systematic Review

Sept 2014





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

www.cdc.gov/drugoverdose/index.html



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

SEARCH 

CDC A-Z INDEX ▾

Injury Prevention & Control: Prescription Drug Overdose

Prescription Drug Overdose

Understanding the Epidemic +

Safer, More Effective Pain Management +

State Programs +




State Policies +

Prescription Drug Monitoring Programs (PDMPs) +

CDC Publications

Social Media +


Press Resources




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.


[Learn More about the Epidemic >](#)




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To receive email updates about this page, enter your email address:


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

 **States**

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



Jan Losby

JLosby@cdc.gov

770-488-8085

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Special thanks to Noah Aleshire for his assistance preparing this presentation

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

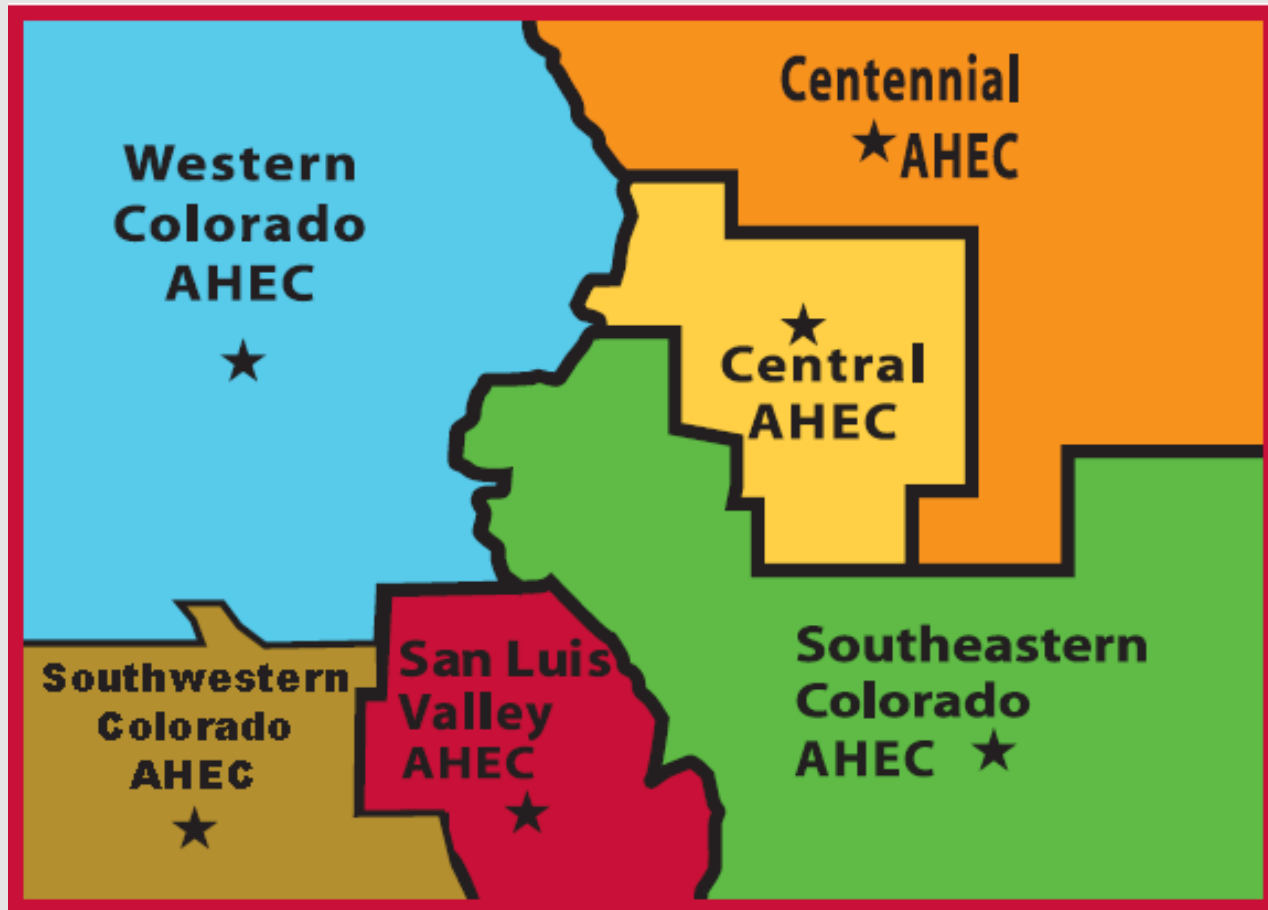


Freddie L. Jaquez
SLVAHEC Executive Director

National AHEC Organization



Colorado Area Health Education System

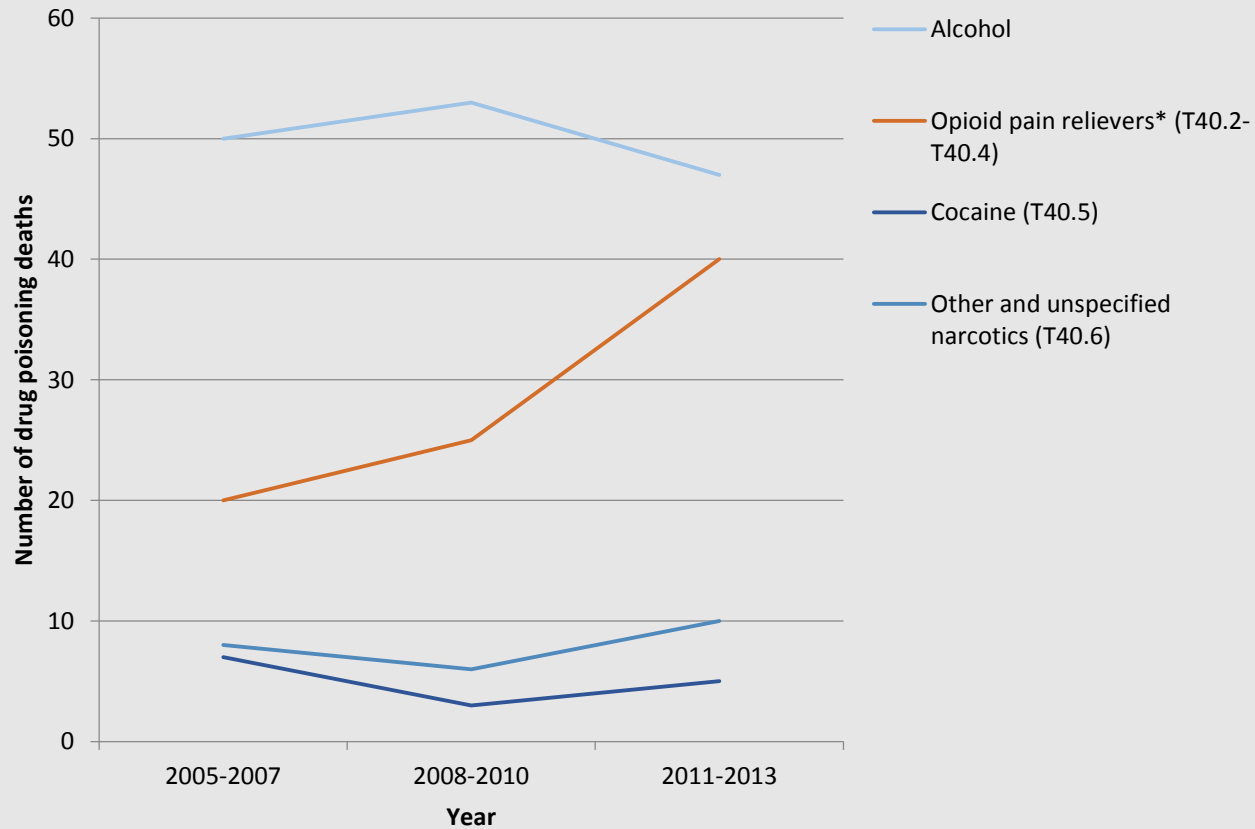


Where is the San Luis Valley?



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**



—Page 6

Valley Courier

Community
Unity

Alamosa • Antonio • Blanca • Center • Creed • Crestone • Del Norte • Fort Garland • Hooper • La Jara • Manassa • Mosca • Moffat • Monte Vista • Romeo • Saguache • Sanford • San Luis • South Fork

Have you
heard?



Today's Issue
Sponsored By:



MV market

Valley stands up to prescription drug abuse

By LAUREN
KRIZANSKY

Courier staff writer

VALLEY — There is a prescription drug addiction problem in the San Luis Valley, and it begs attention.

For example, three Alamosa-born babies tested positive for addictive prescription drugs in the past five weeks, an Adams State University lacrosse player died in an allegedly prescrip-

tion drug related death over the weekend and 97 prescription drug deaths have been reported in Rio Grande County since 2009.

Those 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 (SLVAHE) Director Freddie Jaquez is determined to see the community

unite to kill the habit that is taking over lives, some now without choice.

Earlier this year, Jaquez, whose organization is rooted in providing the Valley's health care workforce with support and continuing education, sat 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 Le Jars 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 law enforcement, social services, legislation, K-12 education and others.

During the San Luis Valley Prevention Coalition meeting on Wednesday in Alamosa, Jaquez shared the Valley's collaborative approach to the frighten-

ing prescription drug abuse problem, and the progress the effort has made to challenge what is already out of control.

The nation's emergency rooms are treating more prescription drug deaths than heroin or cocaine, according to reports, and Alamosa 911 responders alone are fielding regular prescription drug related incidents. Data like this is what the collaborative has brought to light since March, and is now looking for funding to take action based on the Valley's needs, Jaquez 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 prescribed prescription drugs, but also those signing the scripts. The collaboration, Jaquez said, discovered that sometimes

abuse problems begin or are enabled because of the high doctor turnover in the Valley.

"Some of these people have inherited a large case load of people who are chronically ill," he said about the population pain medicines and other prescription drugs are meant to serve. "As a result, we have people legitimately addicted to pain medication... Our doctors don't know how to wean them off. It is not that easy."

The universal patient/doctor pain management agreement San Luis Valley Health, the Rio Grande Medical Center and VWHB are drafting would apply to patients prescribed potentially addictive drugs for more than 30 days and the patient would have to return to see the doctor before the prescription is continued, possibly having to prove having used the drug personally through a urine screening, Jaquez said. The guidelines would also help identify doc-

■ See Drugs page 3





**"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

May 23, 2013 – “Chronic Pain Management” – Dr. Kathryn Mueller

June 13, 2013 – “Identifying and Treating Prescription Drug Abuse” – Dr. Josh Blum

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- 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:

- a. multispecialty/adjunct therapy treatment approach
- b. guidelines for general patient assessment for chronic pain
- c. behavioral/mental health issues
- d. available assessment tools
- e. standards for prescribing
- f. referral for effective alternative therapies

Please RSVP by Monday, May 20th by contacting Debbie Christensen (VWHS), Jennifer Martinez (SLVRMC) or Charlotte Ledonne (SLV AHEC) at 589-4977. There is no charge for this educational program.

Sponsored by the SLV AHEC, with a grant from the Colorado Trust- Convening 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:

- a. identifying sub types of people who abuse prescription drugs and how to identify them- available screening tools
- b. tapering narcotics and benzodiazepines
- c. managing controlled prescription polypharmacy
- d. behavioral/mental health issues with a brief overview of effective treatment options

Please RSVP by Monday, June 20th by contacting Debbie Christensen (VWHS), Jennifer Martinez (SLVRMC) or Charlotte Ledonne (SLV AHEC) at 589-4977. There is no charge for this educational program.

Sponsored by the SLV AHEC, 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?

- Key Community Stakeholders
- Parents
- All other Community Members

- Local Health Care Workforce
- Community Professionals
- Legislators

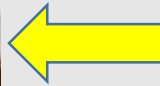


Alamosa County Neighborhood Meetings



**Key Locations for
Successful Dialogues**

SLV Behavioral Health Group



Local Faith-Based Organizations



Rio Grande County Neighborhood Meeting



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

Charlotte Ledonne
Nurse Coordinator

Shane Benns
Health Educator

Consultants

Josh Blum, MD
Lisa Raville
ION Business Strategies

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 Pharmacy
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

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

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 Raviile, 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!

