

Tools and Strategies for Rural Opioid Work

Prevention 201: California's Approach to the Opioid Epidemic



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11:00am – 12:00pm

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Presentation Overview

- Opioid Burden in California
- California's Multi-Pronged Approach
- Harm Reduction
- Opioid Stewardship & Academic Detailing



California's Opioid Burden - 2017

1,882 *

All Opioid Overdose
Deaths, 2017

373

Fentanyl Overdose
Deaths, 2017

4,281

Opioid (excl Heroin)
Overdose ED Visits, 2017

21,787,042

Opioid Prescriptions,
2017

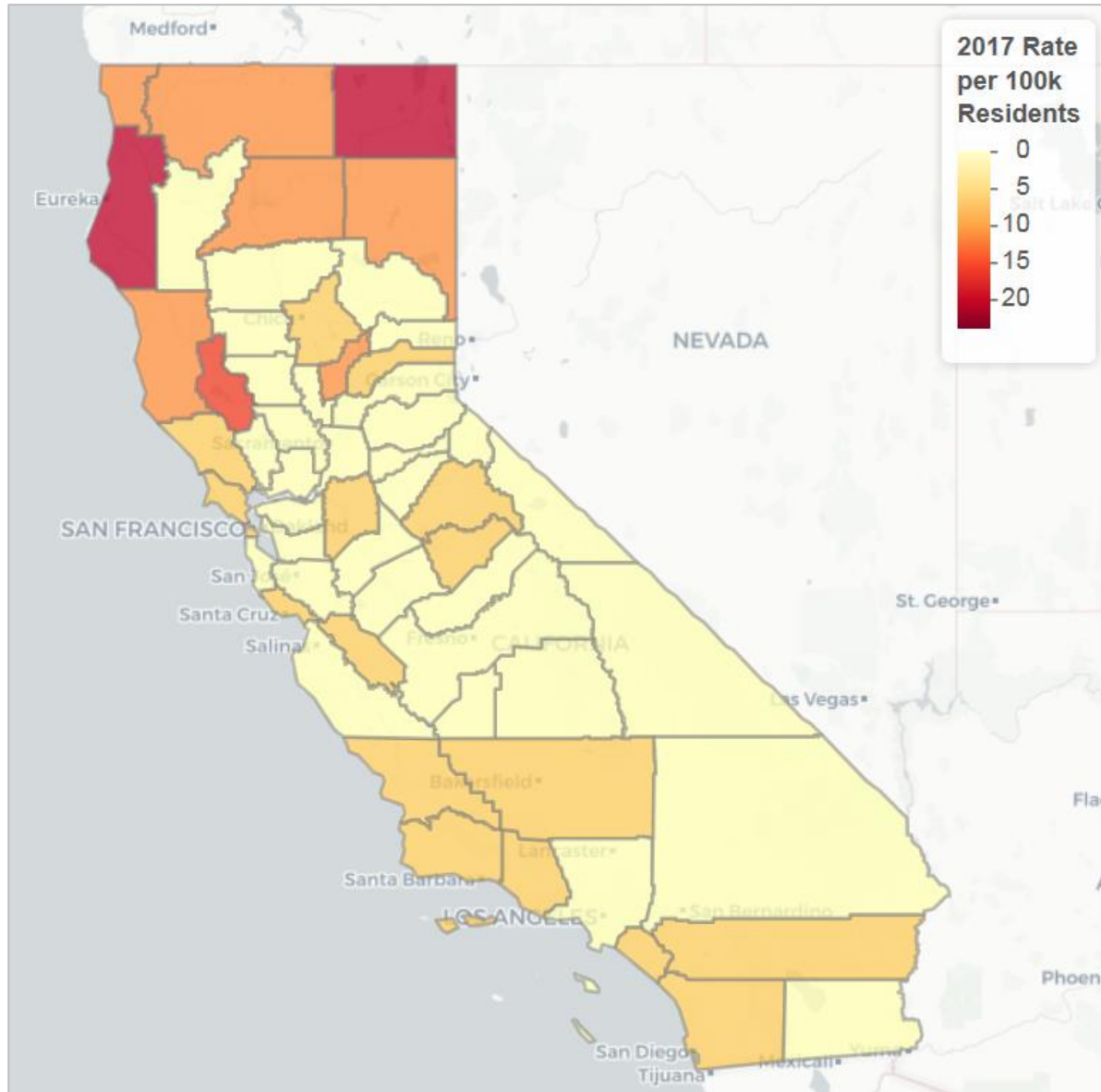
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*** Preliminary Death Data**

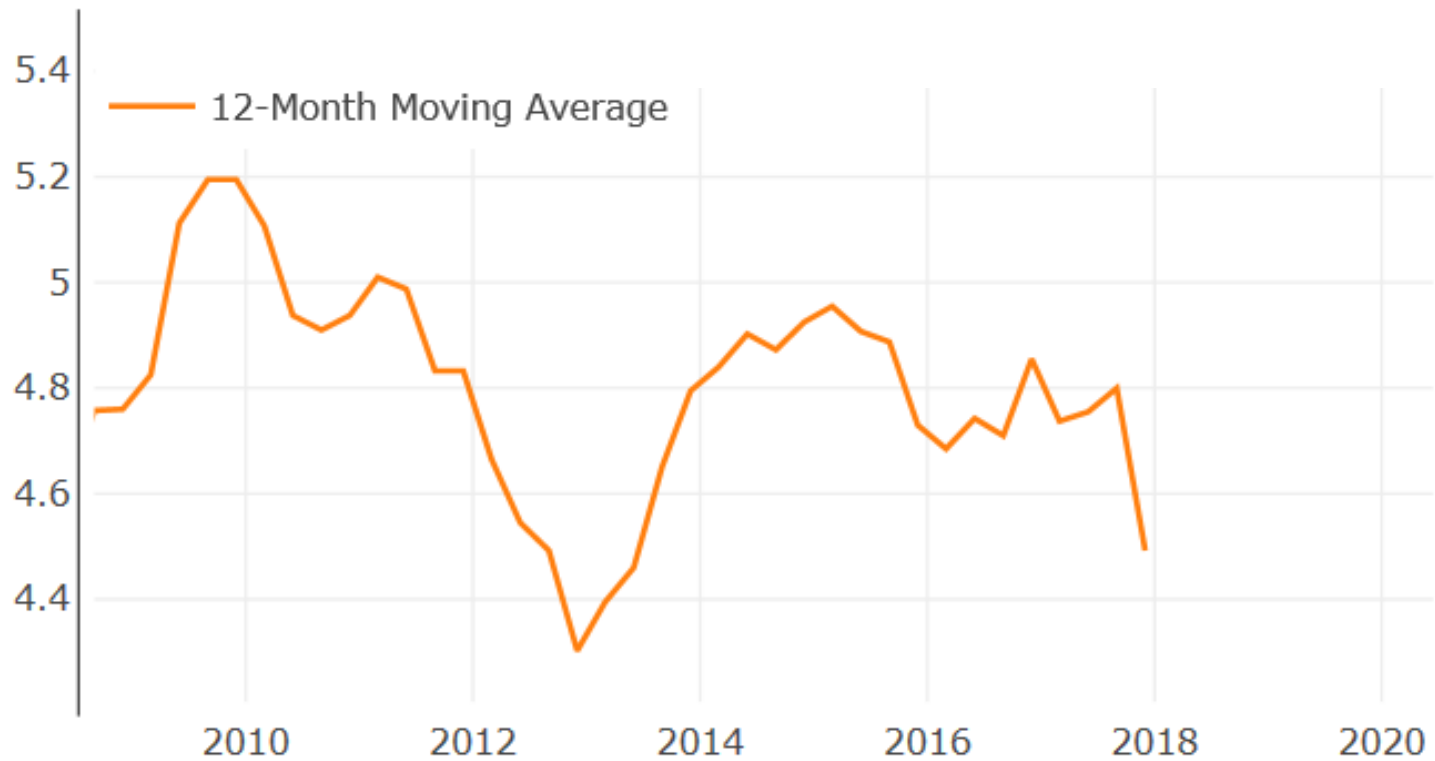
California Deaths – Total Population – Prelim. 2017

All Opioid Overdose: Age-Adjusted Rate per 100,000 Residents

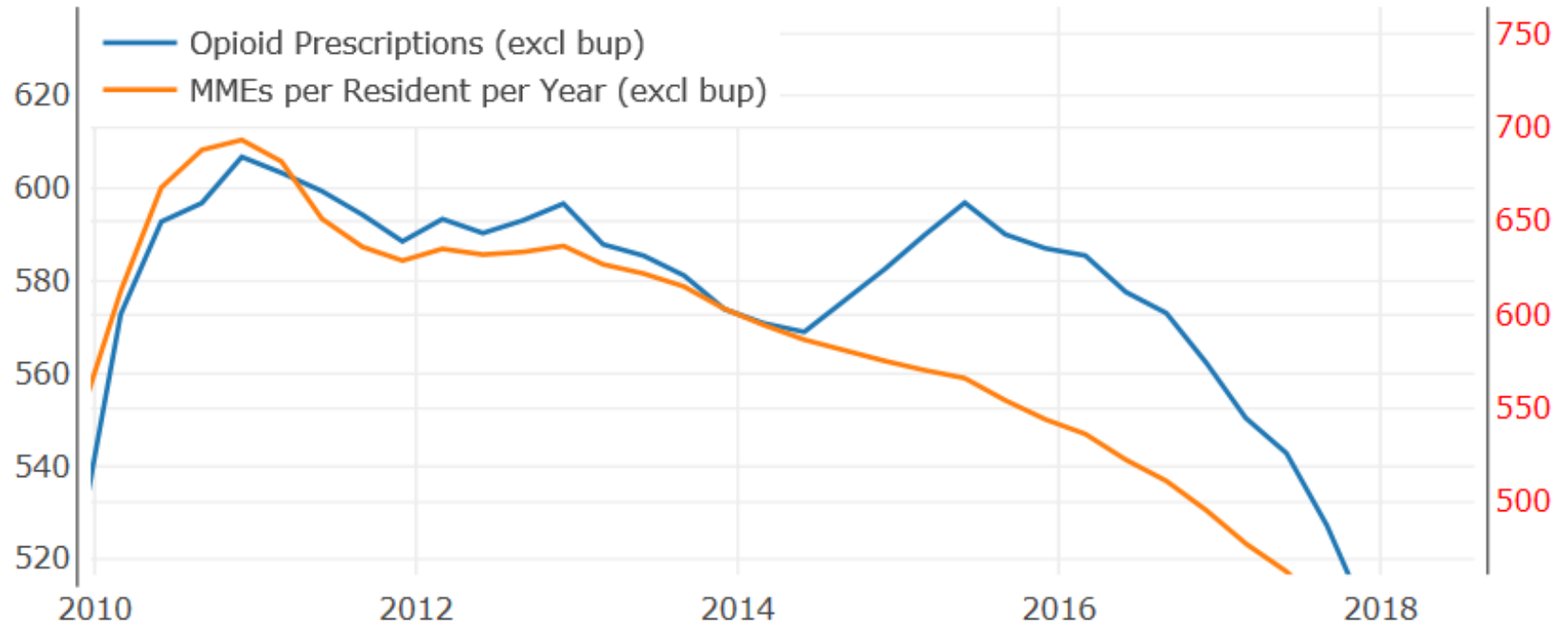


* Preliminary Death Data

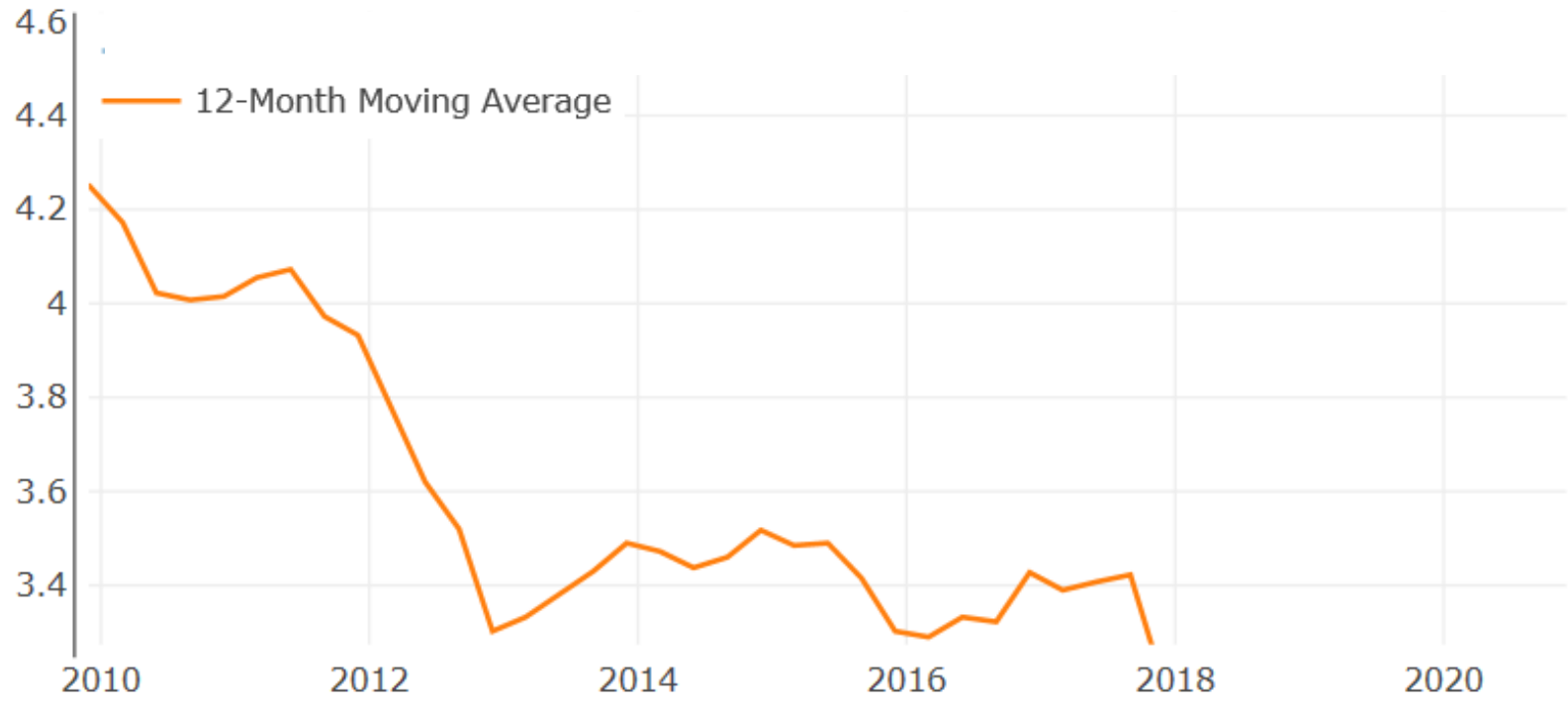
Total Population:
All Opioid Overdose Deaths: Age-Adjusted Rate per 100,000 Residents



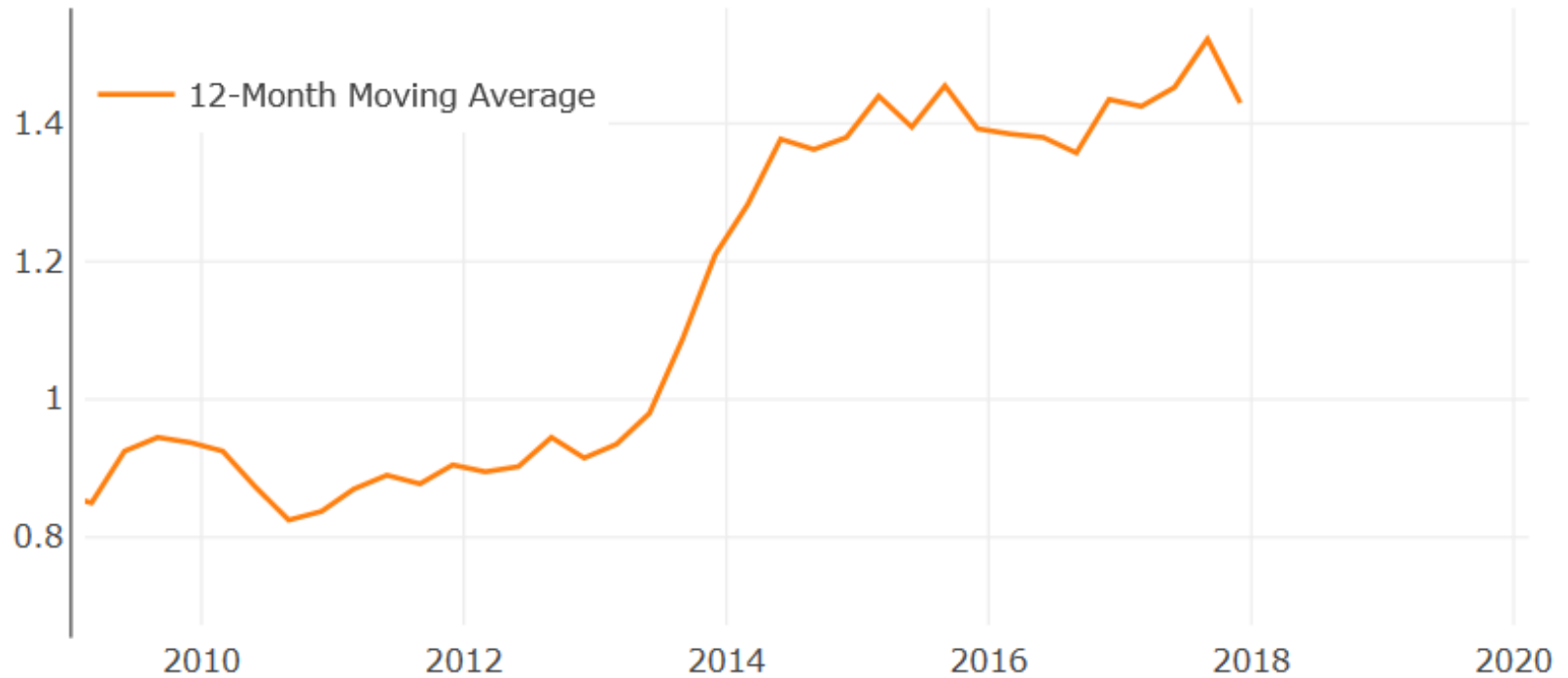
Total Population: 12-Month Moving Average: Age-Adjusted Rates



Total Population:
Prescription Opioid Overdose Deaths: Age-Adjusted Rate per 100,000 Residents

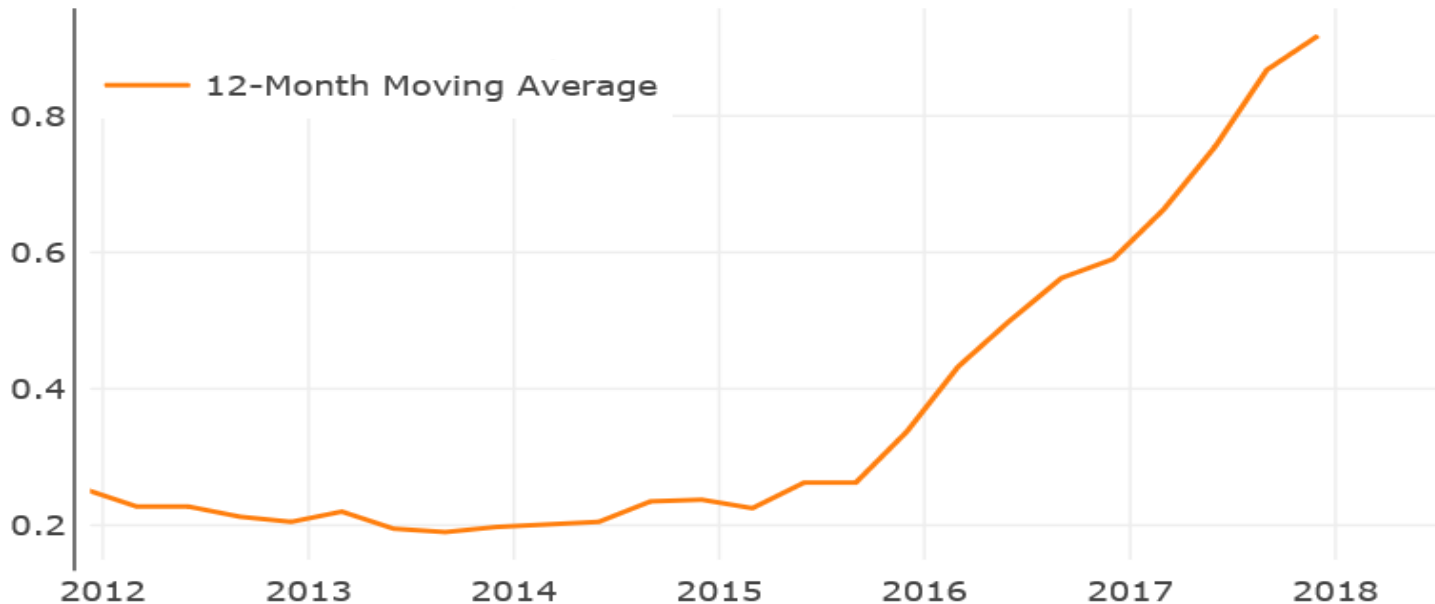


Total Population:
Heroin Overdose Deaths: Age-Adjusted Rate per 100,000 Residents



Fentanyl is a Game-Changer!

Total Population: **Fentanyl Overdose (Preliminary) Deaths:**
Age-Adjusted Rate per 100,000 Residents



The number of fentanyl related deaths increased from <100 in 2014 to 373 in 2017! Fentanyl deaths continue to rise in first quarter 2018.

Current Statewide Efforts

Statewide Multi-Pronged Approach





Statewide Opioid Safety Workgroup





California Statewide Opioid Safety Workgroup

Working across silos to develop collaborative prevention and intervention strategies to decrease the levels of opioid overdose, addiction and death in California.

- Began as information sharing among state agencies
- Expanded to 25 member agencies and over 40 state and non-state organizations



SOS Workgroup Adopts Opioid Policy Framework fall 2017 which includes efforts towards harm reduction in three categories

PREVENT	MANAGE
<ul style="list-style-type: none"> 1.) Manufacturing and Marketing <ul style="list-style-type: none"> a. Distribution, marketing and sales policies and practices b. Taxes and fees 2.) Engage Patients and General Public <ul style="list-style-type: none"> a. Educate on safe use and risks b. Norms and expectations c. Reduce stigma 3.) Provider education <ul style="list-style-type: none"> a. Adoption of standardized clinical guidelines <ul style="list-style-type: none"> i. All categories/specialties b. CME and Provider Training <ul style="list-style-type: none"> i. Updated curriculum ii. Substance use treatment iii. Provider participation 4.) Storage and disposal 5.) Optimize use of data for prevention <ul style="list-style-type: none"> a. Access and data sharing b. Proactive reporting 6.) Multi-sector collaboration and prevention infrastructure <ul style="list-style-type: none"> a. Increase community-level protection factors and decrease risk factors b. Vulnerable populations c. Social determinants 	<ul style="list-style-type: none"> 1.) Prescribing and Dispensing <ul style="list-style-type: none"> a. Decrease new starts and decrease high-dose use and use of opioids and sedatives together b. Coverage, services and benefit design <ul style="list-style-type: none"> i. Health plan & purchasers ii. Pharmacy benefits iii. Integrated care iv. Medical management v. Provider network c. Acute pain management d. Access to alternative pain treatment e. Tapering f. Avoid unintended consequences g. Vulnerable populations 2.) Optimize use of data to support decision making and prevention <ul style="list-style-type: none"> a. Access and use of CURES b. Increase usability c. Interoperability (EHR, interstate) d. Dispensation reporting time frame e. Fraud and diversion f. Education and enforcement
TREAT	STOP OVERDOSE DEATHS
<ul style="list-style-type: none"> 1.) Promote access to treatment <ul style="list-style-type: none"> a. Recognition and referral 2.) Medication Assisted Treatment <ul style="list-style-type: none"> a. Increase capacity, streamline access <ul style="list-style-type: none"> i. X-waivers (registered & practicing) ii. Financial & administrative barriers b. Support access to agonist OUD treatment in corrections 3.) Treatment infrastructure <ul style="list-style-type: none"> a. All forms of evidence-informed treatment options b. Referral resources c. Behavioral health integration and capacity d. Vulnerable populations <ul style="list-style-type: none"> i. Provider shortage regions ii. Including all FDA-approved MAT options for corrections 4.) Reduce stigma toward addiction and treatment <ul style="list-style-type: none"> a. Training for providers, law enforcement and partner sectors 5.) Expand harm reduction strategies 	<ul style="list-style-type: none"> 1.) Statewide access to and distribution of naloxone <ul style="list-style-type: none"> a. Widespread availability b. Sustainable supply c. First responder, bystander, third-party access d. Pharmacy distribution e. Co-prescription 2.) Community response <ul style="list-style-type: none"> a. Opioid Safety Coalitions b. Acute health event control and prevention 3.) Harm reduction <ul style="list-style-type: none"> a. Needle exchanges b. Supervised injection sites



Task Forces

SOS Workgroup created four task forces to address specific areas of the epidemic:

- Treatment
- Maternal/Neonatal
- Communication and Outreach
- Data Gathering and Sharing
- Integrated Health Care Policy



Safe Prescribing Policies & Practices



Academic Detailing (AD)

- Evidence-Based (San Francisco Dept. of Public Health)
- Educational outreach
- Interactive
- Theories of behavior change
- Feasible for front-line clinicians
- Utilizes credible brokers to interpret data and provide practical and unbiased advise
- AD helps providers sift through high volume of research data

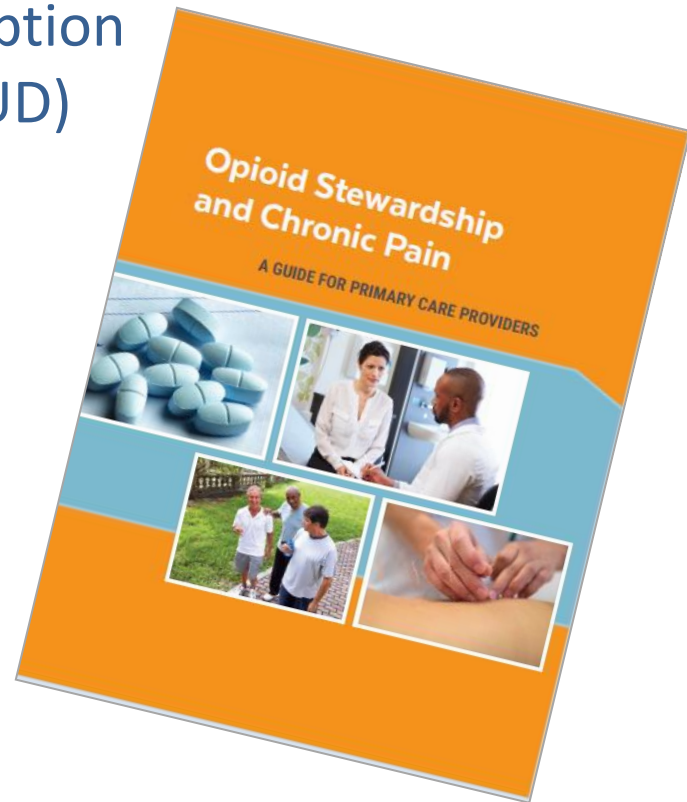


Opioid Stewardship Curriculum

Opioid Stewardship Curriculum includes:

- Assessment of pain, function, and risk factors
- Informed consent/pain agreements
- Prescription Drug Monitoring Program (CURES)
- Indicators for naloxone co-prescription
- Managing opioid use disorder (OUD)
- Harm Reduction Strategies

Opioid Stewardship provides the structure used during Academic Detailing sessions based upon prescribing needs



Academic Detailing

California Expands AD Outreach Efforts

- Original AD efforts in high burden rural northern counties
 - Trained health professionals from opioid safety coalitions

Broadening AD effort to increase the reach across California

- Including health plans/systems personnel to implement AD within their own systems
- Seeking health system leadership buy-in to ensure full implementation within system
- Conducting additional trainings in northern and southern CA
- Collaborating with partners to assist with training logistics, etc.



Academic Detailing

Stats:

- 5 Trainings Conducted
- ~ 70 attendees trained
 - 8 Counties
 - 30 Health Plans/Payer Systems
- Number of AD Sessions Completed to Date: 130+



Building Local Community Capacity



Local Opioid Safety Coalitions

- Initial Coalition funding from California Health Care Foundation and CDPH
- CDPH currently funds 15 Opioid Safety Coalitions (19 counties)
- Collaboration with the California Health Care Foundation and Public Health Institute on the Opioid Safety Coalition Network Accelerator Program to provide TA, training and VISTA volunteers to support local coalitions





Access to Medication Assisted Treatment



Access to Medication Assisted Treatment (MAT)

- SOS Workgroup Treatment Task Force
- CDHCS' Substance Use Disorder MAT Expansion Grants

CA Department of Health Care Services

SUD Compliance Overview

Grants

- **MAT Expansion Project**
 - Learning Collaboratives
 - Tribal MAT
- **MAT Expansion Project 2.0**
 - State Overdose Response (SOR) Funds
 - Submitted August 10, 2018
 - \$69 Million Each Year for Two Years



Naloxone Distribution



Naloxone Distribution

- Naloxone Grant Program funded with one time allocation of \$3 million
- Implementing naloxone distribution to local health departments
- Statewide Naloxone Standing Order
- CDHCS new funding 19.7 million for naloxone distribution at community level
- Working with Harm Reduction Coalition to provide *Naloxone Distribution Training* so new distribution sites can be implemented across the state
- Naloxone training video coming soon!



Public Education



Public Education Campaign

- Focused on Adults 25+ in 16 high burden rural counties
- Raise Awareness about the dangers of Prescription Opioids and support:
 - Safer options
 - Treatment referrals
 - Community-based prevention programs
- Proposed Campaign Resources:
 - Social media and digital ads
 - Video and radio PSAs
 - “Terraboost” banners in pharmacies
 - Website
 - Can be tailored for local communities





Data Informed



Data Informed

CDPH Opioid Overdose Surveillance Dashboard

- User friendly access to local data
- Translate data into actionable information for local health departments and community coalitions

Updating the dashboard with new information and functionalities on an on-going basis

- Fentanyl death data
- County report cards

<https://discovery.cdph.ca.gov/CDIC/ODdash/>

Thank You!

Questions?

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