

OPIOID PLANNING SUMMIT, APRIL 16, 2019

SUMMARY OF PARTICIPANTS' TOP CHALLENGES & RECOMMENDATIONS

The Arizona Department of Health Services worked with AHCCCS and the Governor's Office of Youth, Faith, and Family to convene a one-day summit to generate ideas and recommendations on next steps in addressing the state's opioid crisis. Fifteen breakout sessions were held to discuss challenges and potential solutions on a variety of topics. The notes below summarize the top challenges and top recommended actions generated from summit participants at each session.

SESSION: IMPROVING UTILIZATION OF THE CSPMP	
TOP 3 CHALLENGES	TOP 3 RECOMMENDED ACTIONS
<ul style="list-style-type: none"> • Challenge 1: Lack of Education • Challenge 2: Integration with daily workflow (EHR) • Challenge 3: Enforcement 	<ul style="list-style-type: none"> • Action 1: It is not only the law, but is the standard of care. • Action 2: Collaborate with other governmental agencies, associations, licensing boards, and EHR vendors; regarding integration into the EHR • Action 3: Better data analysis regarding compliance

SESSION: IMPROVING REFERRALS TO OPIOID USE DISORDER AT HIGH IMPACT POINTS	
TOP 3 CHALLENGES	TOP 3 RECOMMENDED ACTIONS
<ul style="list-style-type: none"> • Challenge 1: Stigma & lack of education with providers, first responders, administrative individuals • Challenge 2: Insufficient network capacity (24/7 access, waitlists, transport, timely response, workforce shortage/retention) • Challenge 3: Perceived risks/liability and systems logistics 	<ul style="list-style-type: none"> • Action 1: Integrate CHW/peer support into high impact settings • Action 2: Community stigma reduction campaign. Focus on administrative level for law enforcement, evidence-based practice/treatment for providers • Action 3: Reimbursement and tuition incentives (especially in rural and tribal areas) • Action 4: Standardized protocols for avigation from high impact points

SESSION: IMPROVING ACCESS TO NALOXONE	
TOP 3 CHALLENGES	TOP 3 RECOMMENDATIONS
<ul style="list-style-type: none"> • Challenge 1: Naloxone distribution/administration reporting/tracking gaps 	<ul style="list-style-type: none"> • Action 1: PSA's to increase awareness and education which includes Good Samaritan Law, and additional

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<ul style="list-style-type: none"> • Challenge 2: Identifying areas of need (youth, homeless individuals, and other at risk populations.) • Challenge 3: Dispensing naloxone to patients upon discharge vs. providing a script 	<p>messaging that targets prescribers, and youth</p> <ul style="list-style-type: none"> • Action 2: Implementation of needle exchange programs. • Action 3: Include naloxone in AED stations, consider naloxone vending machines, consider naloxone replacement program • Action 4: Dispense naloxone directly from the ED/Hospitals/Urgent Care facilities
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SESSION: WORKING WITH PRIORITY ADULT POPULATIONS (JUSTICE-INVOLVED, VETERANS, PREGNANT/PARENTING, BEHAVIORAL HEALTH)	
TOP 3 CHALLENGES	TOP 3 RECOMMENDATIONS
<ul style="list-style-type: none"> • Challenge 1: Stigma – Who to train? Within the community and within the treatment profession • Challenge 2: Education & Engagement non-traditional populations, meeting them where they are at (i.e. disabilities, brain injuries, co-occurring disorders, tribal) • Challenge 3: Pregnancy and Parenting, fear related to DCS removing children, lack of providers willing or able to treat, OBGYN's not educated, services not following after birth 	<ul style="list-style-type: none"> • Action 1: Stigma-Education, training services providers, public awareness campaigns, Addressing the punitive treatment model, denying people services due to relapse, defining clinical language • Action 2: Education/Engagement (patient, family provider, payor, workforce) Develop a task force including peers and clients for best practices • Action 3: Pregnancy/Parenting Engage, public campaign to educate on drug use/MAT when pregnant and parenting, actual practices of law enforcement, prosecution and child protection services similar to The Journey Project.com, more MAT treatment and recovery options for pregnant women, workforce development.

SESSION: INSURANCE COVERAGE FOR CHRONIC PAIN TREATMENT AND SUBSTANCE USE DISORDER	
TOP 3 CHALLENGES	TOP 3 RECOMMENDED ACTIONS
<ul style="list-style-type: none"> • Challenge 1: Lack of reimbursement strategies addressing the complexity 	<ul style="list-style-type: none"> • Action 1: Organized effort to map out and document evidence-based

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<p>of chronic pain management and substance use disorders.</p> <ul style="list-style-type: none"> • Challenge 2: Insurance design and clinical criteria evolving to reflect the complexity of chronic pain management, substance use disorders, and evidence-based practices. 	<p>treatments and ROI</p> <ul style="list-style-type: none"> • Action 2: Increase transparency in insurance design, coverage, and patient navigation • Action 3: Create a value-based bundle around pain care and/or substance use disorder treatment
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SESSION: TRAUMA-INFORMED CARE	
TOP 3 CHALLENGES	TOP 3 RECOMMENDED ACTIONS
<ul style="list-style-type: none"> • Challenge 1: Lack of training and education for general public around trauma including prevention services • Challenge 2: Lack of proper screening for trauma • Challenge 3: Lack of time and resources including funding dedicated to addressing trauma 	<ul style="list-style-type: none"> • Action 1: Training for all professionals with a uniform message, language, materials • Action 2: Community wide education including public service announcements • Action 3: Funding needs/codes to be opened up to include trauma

SESSION: DIVERSION PROGRAMS	
TOP 3 CHALLENGES	TOP 3 RECOMMENDED ACTIONS
<ul style="list-style-type: none"> • Challenge 1: Lack of resources such as alternatives to MAT, funding, staffing, transportation, and specialty services, peer support, etc. • Challenge 2: Lack of access to services and resources if they exist • Stigma towards substance users and lack of awareness at all levels including political/legislative, tribal council, policy makers, the public etc. 	<ul style="list-style-type: none"> • Action 1: To address access to services promote the OAR line as a single point of contact to be connected to services, improve transportation to get people to the referred services, and have the state agencies examine policies that increase barriers to care. • Action 2: To address lack of resources train all members of the criminal justice workforce on the benefits of diversion and trauma informed care to improve utilization of available services. • To address stigma towards substance users and raise awareness create public service announcements showing that drug use impacts all ages, cultures, ethnicities and promote MAT as the most effective treatment for opioid use disorder

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SESSION: IMPROVING ACCESS TO MEDICATION ASSISTED TREATMENT	
TOP 3 CHALLENGES	TOP 3 RECOMMENDED ACTIONS
<ul style="list-style-type: none"> • Challenge 1: Lack of access to treatment in rural, frontier, tribal communities and correctional facilities • Challenge 2: Lack of sufficient providers and/or waived prescribers not prescribing • Challenge 3: Myths/stigma around the MAT model and different medications 	<ul style="list-style-type: none"> • Action 1: All-in-One clinics; co-location of services • Action 2: Increase network capacity for peer support; for those OUD and prescribers (provider consultation) • Action 3: State leadership messaging for OUD as a brain disease and MAT as a gold standard of treatment, to increase public awareness

SESSION: REGULATORY APPROACHES (FACILITY LICENSING RULES, ENFORCEMENT OF OPIOID EPIDEMIC ACT, ETC.)	
TOP 3 CHALLENGES	TOP 3 RECOMMENDED ACTIONS
<ul style="list-style-type: none"> • Challenge 1: Patient Abandonment – providers not prescribing opioids due to risk liability and IT challenges • Challenge 2: Education Component – Technical assistance for providers to understand regulatory framework • Challenge 3: Regulatory review of current rules, regulations, and application 	<ul style="list-style-type: none"> • Action 1: Education from regulatory boards about abandonment issues. Ex: Substantive policy statement to provide clarification for clinicians on prescription guidelines • Action 2: Standardized CME for opioids that address Arizona Opioid Epidemic Act • Action 3: Conduct rule review as a result of the Opioid Act or licensing rules more frequently to address new laws and rules

SESSION: PEER SUPPORT & RECOVERY SERVICES, FAMILY SUPPORT	
TOP 3 CHALLENGES	TOP 3 RECOMMENDED ACTIONS
<ul style="list-style-type: none"> • Challenge 1: No one knows what is available and how to access it • Challenge 2: Workforce development issues: Finding qualified peers that meet hiring requirements; getting family supports; training needs – accessing qualifies peers, transportation & costs. • Challenge 3: Limited reimbursement incentives not there 	<p>Action 1: Awareness campaign addressing what is available how to access and to become a peer</p> <p>Action 2: EBP in peer support training and formalized graduate placement services</p> <p>Action 3: Increase in home telehealth services; encourage parity across payers</p>

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SESSION: ILLICIT DRUG USE/TRAFFICKING	
TOP 3 CHALLENGES	TOP 3 RECOMMENDED ACTIONS
<ul style="list-style-type: none"> • Challenge 1: Identification of drug types delayed, especially outside of urban areas, leading to delays in prosecution • Challenge 2: Being a border state leads to AZ to have a higher volume of drugs entering the state than in other parts of the country • Challenge 3: Denial of problem and/or lack of awareness and stigma around drug use leads to lack of understanding of need for treatment services 	<ul style="list-style-type: none"> • Action 1: Dedicated lab technicians for expedited drug testing at state and regional labs with own funding for positions • Action 2: Modernized and expanded ports of entry to increase the amount of inspections • Action 3: Increased education on the effectiveness of opioid treatment services and reduction of stigma towards treatment services in the community

SESSION: ADDRESSING DETERMINANTS OF HEALTH (HOUSING, JOBS, ACCESS TO FOOD, ETC.)	
TOP 3 CHALLENGES	TOP 3 RECOMMENDED ACTIONS
<ul style="list-style-type: none"> • Challenge 1: Lack of resources or education on available resources (i.e. supported/affordable housing, transportation, employment skills, food, medical insurance, income) • Challenge 2: Stigma – Marginalized communities (i.e. LGBTQ, immigration status, justice involved, tribal, rural communities) not in my backyard • Challenge 3: Lack of systems alignment, Billing for social determinants of health services, Standardized assessment for needs and services, Service availability at different points of engagement 	<ul style="list-style-type: none"> • Action 1: Lack of resources – Central resource directory for 211, providers, and community, meet people where they are at, having electronic/in person communication outreaching individuals possibly in need of resources • Action 2: Stigma – Advocate statute that limits employer liabilities for employing individuals with recent lived experience with SUD and those on MAT • Action 3: Lack of systems alignment – aligning value-based payment models to improvements in SDoH and increase funding availability for reimbursable services addressing SDoH

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SESSION: PRIMARY CARE RESPONSE TO TREATING CHRONIC PAIN – PREVENTING PATIENT ABANDONMENT	
TOP 3 CHALLENGES	TOP 3 RECOMMENDED ACTIONS
<ul style="list-style-type: none"> • Challenge 1: Provider factors – Lack of knowledge about the law, lack of knowledge and application of the evidence and whole-person management of patients with chronic pain, mental health and substance use disorder • Challenge 2: System factors – Lack of time and support in PCP setting to adequately address chronic pain and common comorbidities (mental health, other medical conditions), lack of availability of integrates care options and lack of coordination among existing specialty providers • Challenge 3: Surveillance – Lack of quantifiable problem of patient abandonment, unable to track problem or progress 	<ul style="list-style-type: none"> • Action 1: Prescriber-focused action – increase prescriber education on evidence/law/whole-person care of patients. (NOTE: This must be done in conjunction with systems changes) • Action 2: Systems-focused action – Create a process to navigate the system more efficiently, increase care coordinators to enhance integrated care, payment reform – increase reimbursement to PCP's for chronic pain (for their greater time, counseling, etc.) • Action 3: patient-focused action – Increase knowledge and capacity of OARLine, as it interfaces with providers and public 1:1, and can teach about chronic pain management

SESSION: GETTING READY FOR E-PRESCRIBING CONTROLLED SUBSTANCES	
TOP 3 CHALLENGES	TOP 3 RECOMMENDED ACTIONS
<ul style="list-style-type: none"> • Challenge 1: Workflow & Technical Issues – inability to transfer CS prescriptions from 1 pharmacy to another; physicians that practice in multiple locations (restrictions around access within the same vendor); how to communicate exemptions (system downtime); using the same key fob with same system at different locations; software version issues • Challenge 2: Communication & Education – how to ensure all providers that turned in waivers are ready by deadline • Challenge 3: Patient Care & Safety – If provider refused to transition to EPCS, especially in areas with fewer resources 	<ul style="list-style-type: none"> • Action 1: Technology – provide simple technology alternative (i.e., standalone prescribing modules) • Action 2: Education & Communication – clarity around exemptions, deadlines, etc., especially with smaller counties; cross-training between groups • Action 3: Enforcement & Investigation – clarify how enforcement will be handed; investigate possible potential solutions to technical workflow issues

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SESSION: UPDATING RX COMMUNITY TOOLKIT AND RESOURCES FOR COMMUNITY COALITIONS	
TOP 3 CHALLENGES	TOP 3 RECOMMENDED ACTIONS
<ul style="list-style-type: none">• Challenge 1: Gaps in education and awareness/marketing of the toolkit• Challenge 2: Lack of user friendly material (Ex. You Tube videos, PPTs, marketing materials, expanding PSA's, resource cards, etc.)• Challenge 3: Lack of hands on training/lack of access to other trainers	<ul style="list-style-type: none">• Action 1: Create an implementation manual of the toolkit for various populations• Action 2: Expand the toolkit to include the 5 major AZ HIDTA threats.• Action 3: Implementation of youth focused toolkit (peer to peer)