Arizona Center for Rural Health
State Office of Rural Health Webinar Series

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Arizona Rural Health Conference

Registration is open!
Critical Conversations to Invigorate Rural Health
48th Annual Arizona Rural Health Conference

- June 14th and 15th
- In-person in Flagstaff, AZ
- Virtual registration option through the Arizona Telemedicine Program
- [https://crh.arizona.edu/calendar/48th-annual-arizona-rural-health-conference](https://crh.arizona.edu/calendar/48th-annual-arizona-rural-health-conference)
Webinar notes:

Audience is muted during the presentation.
Please enter your questions into the chat box.
Please fill out the post-webinar survey.
Webinar is being recorded.
A link to the recording will be posted on:
AzCRH www.crh.arizona.edu
Opioid Stewardship Assessment Program for Arizona Critical Access Hospitals

Presenters:
Bianca SantaMaria, MPH
Benjamin Brady, DrPH
We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O’odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

This was supported by Grant number CDC-RFA-CE19-1904 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.
Presentation Overview

1. The Opioid Epidemic
2. What is Opioid Stewardship
3. The differences and similarities in initiative implementation by department setting
4. Prevention orientation at Arizona Critical Access Hospitals
5. Understand how assessment information is used to guide technical assistance and quality improvement efforts
National Opioid Epidemic

The Opioid Epidemic by the Numbers

- **70,630** people died from drug overdose in 2019
- **1.6 million** people had an opioid use disorder in the past year
- **745,000** people used heroin in the past year
- **1.6 million** people misused prescription pain relievers for the first time
- **48,006** deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)
- **10.1 million** people misused prescription opioids in the past year
- **2 million** people used methamphetamine in the past year
- **50,000** people used heroin for the first time
- **14,480** deaths attributed to overdosing on heroin (in 12-month period ending June 2020)

Sources:
2. NCHS Data Brief No. 394, December 2020.
In **January 2019**, there were **47 reported overdoses involving fentanyl** in **Arizona**. Five of these were fatal.

In **February 2019**, there were **36 reported overdoses involving fentanyl** in **Arizona**. Two of these were fatal.

In **March 2019**, there were **21 reported overdoses involving fentanyl** in **Arizona**. Three of these were fatal.

**Fentanyl** is more commonly reported in overdoses among **younger Arizonans**. Among teens 15-17, fentanyl was the most commonly reported drug involved in suspected overdoses.

AZ OPIOID OVERDOSE DEATHS

SOURCE: AZ DEPT. OF HEALTH SERVICES

- Reached a high of 1,982 in 2020
- 226 deaths in July 2020
- 45% increase from 2019
Arizona's Initial Response

Arizona Opioid Emergency

From June, 2017 through May 2018, ADHS and partners worked tirelessly to answer Governor Ducey's call to address the continuing increase in opioid-related deaths across Arizona.

June 2017
- 2016 Arizona Opioid Report released
- Opioid Emergency declared
- Enhanced Surveillance Reporting implemented
- Implementation of Emergency Opioid Prescribing and Treatment Rules for Healthcare Institutions

April 2017
Executive Order for 7 day fill limit

September 2017
Opioid Action Plan issued

October 2017
PDMP Mandate in effect

December 2017
Launch of 2018 Opioid Prescribing Guidelines

March 2018
OAR Line launches

April 2018
Arizona Opioid Epidemic Act takes effect

May 2018
Governor Ducey terminates Declaration of Opioid Emergency

January 2018
Arizona Opioid Epidemic Act is passed

Opioid overdose cases

Opioid deaths

2017 2018
What is Opioid Stewardship?

“The concept of health stewardship implies a broader overarching responsibility over the functioning of the health system [...] over the health of the population [...] so that there is co-ordinated involvement of all departments and sectors.” (Kapoor et al. 2014)

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Stewardship = Comprehensive, Connected & Coordinated

• Broad view of prevention
• Comprehensive approach
• Focused on large, population-level impact
Antibiotic Stewardship

- Stewardship over antibiotic use to reduce antibiotic resistance
- ASPs are effective. They reduce antibiotic exposure and length of hospital stay (146 study systematic review: Nathwani et al. 2019).

Opioid Stewardship is new

- In 24% of hospitals (Ardeljan et al. 2020)
- In 41% of hospital pharmacies (Pedersen et al. 2019)
Arizona Center for Rural Health (AzCRH) and Health Services Advisory Group (HSAG) came together in 2021 to assess the opioid stewardship program (OSP) implementation in Arizona’s 17 critical access hospitals’ (CAHs) acute care and emergency departments (EDs).

A cross-sectional survey of the 17 CAHs was electronically distributed via emails and conducted by phone assessing the presence of Opioid Stewardship in their organizations. The surveys were completed summer of 2021.
# OSP Assessment

## Methods

| Survey link sent through email | Survey administered by phone |

## Findings

100% participation in both Acute care and ED Departments

## Data Application

Technical Assistance, Resources, and Recommendations
The assessment included the 15 established Critical Access Hospitals, as well as the 2 Hospitals in process of becoming CAHs' in Arizona. We surveyed:

- Hospital CEOs'
- Department Heads
- Managers

100% of hospitals participated!

- 17 completed Emergency Department surveys
- 17 completed Acute Inpatient department surveys
OSP Assessment

Methods

Survey link sent through email
Survey administered by phone

Findings

100% participation in both Acute care and ED Departments

Data Application

Technical Assistance, Resources, and Recommendations
## Assessment Findings

<table>
<thead>
<tr>
<th>Opioid Stewardship Program Initiatives</th>
<th>ED Dept</th>
<th>Acute Inpatient Dept</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>n</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Present in OSI / OSP leadership team</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>65%</td>
<td>59%</td>
</tr>
<tr>
<td>Requires PDMP Review</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>94%</td>
<td>88%</td>
</tr>
<tr>
<td>Treats opioid withdrawal</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>59%</td>
<td>41%</td>
</tr>
<tr>
<td>ERAS Protocol</td>
<td>na</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>na</td>
<td>24%</td>
</tr>
<tr>
<td>Has/Uses EHR Alerts</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>53%</td>
<td>65%</td>
</tr>
<tr>
<td>Offers ALTOs</td>
<td>15</td>
<td>na</td>
</tr>
<tr>
<td></td>
<td>88%</td>
<td>na</td>
</tr>
<tr>
<td>Assesses OUD</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>41%</td>
<td>53%</td>
</tr>
<tr>
<td>Refers to MAT</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>59%</td>
<td>71%</td>
</tr>
<tr>
<td>Prescribes and tracks naloxone</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>35%</td>
<td>53%</td>
</tr>
<tr>
<td>Tracks quality measures</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>29%</td>
<td>53%</td>
</tr>
<tr>
<td>Provider and staff education</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>71%</td>
<td>82%</td>
</tr>
<tr>
<td>Patient education</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>71%</td>
<td>82%</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>Emergency Dept</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
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<td>-------</td>
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<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Hospital 1</td>
<td>5</td>
<td>45%</td>
</tr>
<tr>
<td>Hospital 2</td>
<td>6</td>
<td>55%</td>
</tr>
<tr>
<td>Hospital 3</td>
<td>3</td>
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<td>Hospital 4</td>
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<td>Hospital 12</td>
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<td>Hospital 13</td>
<td>2</td>
<td>18%</td>
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<tr>
<td>Hospital 14</td>
<td>8</td>
<td>73%</td>
</tr>
<tr>
<td>Hospital 15</td>
<td>8</td>
<td>73%</td>
</tr>
<tr>
<td>Hospital 16</td>
<td>6</td>
<td>55%</td>
</tr>
<tr>
<td>Hospital 17</td>
<td>6</td>
<td>55%</td>
</tr>
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</table>
## Prevention Orientation

<table>
<thead>
<tr>
<th>ED OSP Initiatives</th>
<th>Acute Inpatient OSP Initiatives</th>
<th>Prevention Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Requires PDMP review</td>
<td>2. Requires PDMP review</td>
<td>Prevent harm from use</td>
</tr>
<tr>
<td>3. Treats opioid withdrawal</td>
<td>4. Treats opioid withdrawal</td>
<td>Treat opioid use</td>
</tr>
<tr>
<td>4. Uses EHR alerts</td>
<td>7. Has EHR alerts</td>
<td>Prevent harm from use</td>
</tr>
<tr>
<td>5. Offers ALTOs</td>
<td>3. ERAS protocols</td>
<td>Prevent harm from use</td>
</tr>
<tr>
<td>6. Assesses OUD</td>
<td>5. Assesses OUD</td>
<td>Treat opioid use</td>
</tr>
<tr>
<td>7. Refers to MAT</td>
<td>6. Refers to MAT</td>
<td>Treat opioid use</td>
</tr>
<tr>
<td>8. Tracks naloxone prescription</td>
<td>8. Tracks naloxone prescription</td>
<td>Prevent harm from use</td>
</tr>
<tr>
<td>9. Tracks Quality measures</td>
<td>9. Tracks Quality measures</td>
<td>Prevent harm from use</td>
</tr>
<tr>
<td>10. Staff/provider education</td>
<td>10. Staff/provider education</td>
<td>Prevent harm from use</td>
</tr>
<tr>
<td>11. Patient education</td>
<td>11. Patient education</td>
<td>Prevent harm from use</td>
</tr>
</tbody>
</table>

### Opioid Prevention Orientation

<table>
<thead>
<tr>
<th>Opioid Prevention Orientation</th>
<th>All Departments</th>
<th>Emergency Dept</th>
<th>Acute Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mean</td>
<td>%</td>
<td>mean</td>
</tr>
<tr>
<td>Preventing opioid harm</td>
<td>4.44</td>
<td>63%</td>
<td>4.41</td>
</tr>
<tr>
<td>(Index range 0-7)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Treating opioid use</td>
<td>1.62</td>
<td>54%</td>
<td>1.59</td>
</tr>
<tr>
<td>(Index range 0-3)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OSP Assessment

Methods

- Survey link sent through email
- Survey administered by phone

Findings

- 100% participation in both Acute care and ED Departments

Data Application

- Technical Assistance, Resources, and Recommendations
Technical Assistance

Executive Summary and Infographic were created based on data results.

Results were shared with CEO and leadership.

Scheduling technical assistance meetings with Department Heads and managers.

Implementing collaborative work in counties.
Strengths recognized:
PDMP review process is within the workflow in both ED and inpatient settings and is being tracked.

Areas of opportunity identified:
Explore embedding workflow alerts related to opioid prescribing practices in the electronic health record (EHR) Morphine milligram equivalent [MME] >50 per day at time of discharge, the concomitant prescribing of benzodiazepines and opioids, patients at higher risk for adverse drug events [ADEs] related to opioids, naloxone prescription upon discharge.

Next Steps...
Ongoing Support

- Continuing Technical Assistance conference calls with the CAHs
- Continue providing resources for OSP
- Providing education through HSAG Quickinar topic-based
- Creation of OSP Strategy Guide currently in progress
- Collaborative County wide Technical Assistance Meetings in the works (Cochise county scheduled for May 2022)
Mainstreaming Stewardship

Antimicrobial Stewardship progression may be instructive

- **1960s** – concerns voiced over antibiotic overuse.
- **1997** – Antimicrobial guidelines published / first call for ‘stewardship’
- **2007** – CDC pushes guidelines for developing an AMS program.
- **2014** – Pres. Exec. Order: 5-year plan to reduce antibiotic resistance. CDC recommends that all hospitals have an Antibiotic Stewardship Plan.
- **2017** – Joint commission requires hospitals develop AMS initiatives.
- **2020** – Joint commission requirements extended to outpatient settings.
Thank you!

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References


Please remember to complete the webinar survey.

We hope to see many of you in Flagstaff in June!