

Creating a Structure for Success: Humboldt Opioid Safety Coalition

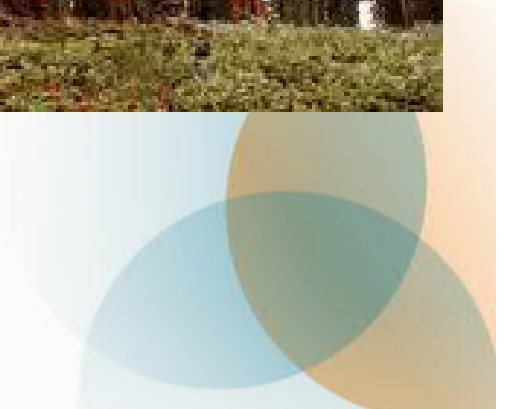
Mary Meengs, MD, Medical Director
Rosemary DenOuden, Chief Operating Officer

Humboldt Independent Practice Association



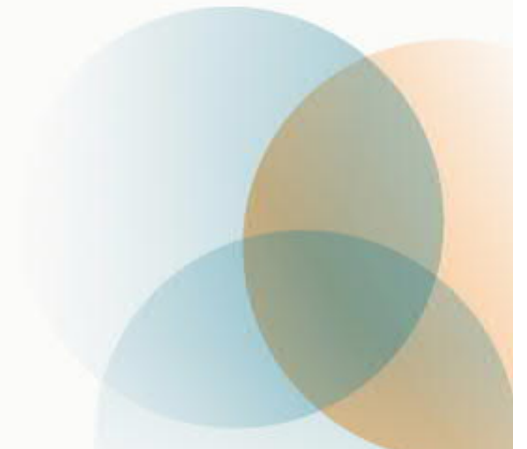
Behind the Redwood Curtain

- Remote, sparsely populated
 - 135K in an area 3X the size of Rhode Island
 - 38 persons/sq. mi, (CA avg. is 239)
- High rate of poverty
- No integrated health care system
- Diminishing primary care work force
 - A few private practices
 - Large (though still inadequate) safety net clinic system
- 4 “pain specialists” provide mostly injections with no integrated pain center
- Insufficient specialists, no methadone clinic, umpteen different EMRs, one main hospital administered non-locally....



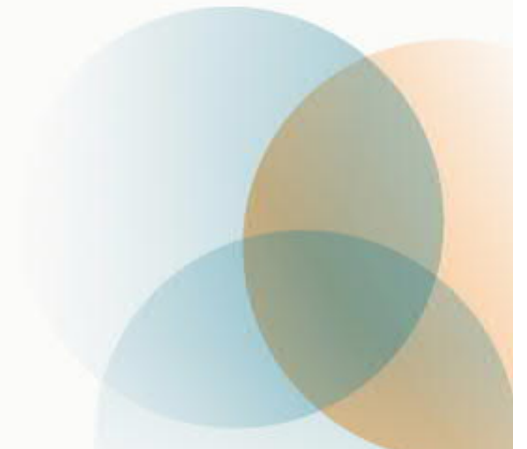
What we do have is

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 - Our secret: The foundation of our Coalition was already in place



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- We know each other and sometimes we play well together
 - Our secret: The foundation of our Coalition was already in place
- IPA is convener of twice-monthly Care Improvement meetings, attended by wide representation from community, including Public Health, who presented the DHHS Community Health Assessment 2013



Alcohol and Other Drugs

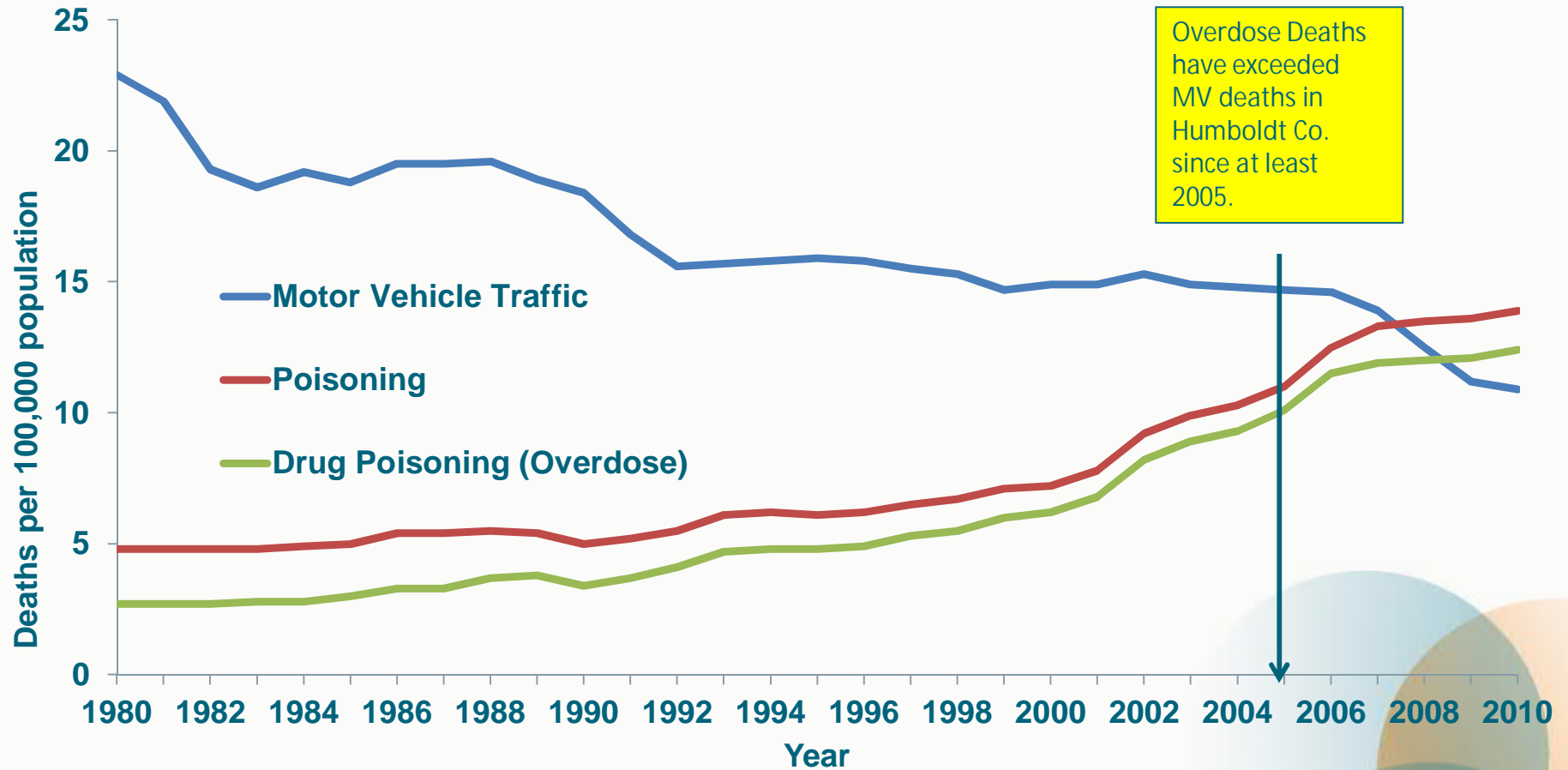
Why do rural California Counties have consistently higher rates of alcohol and other drug related deaths? There is no single identifiable cause. But there are some shared risk factors that contribute to the problem:

- Isolation can prevent people from forming supportive relationships.
 - Geographic distance contributes to transportation barriers and access to basic services.
- Community acceptance and tolerance of heavy drinking and drug misuse creates an environment in which substance abuse and dependence are tolerated.

Rates 2009-2011 unless otherwise noted (per 100,000)	Humboldt				California	+/-	Healthy People 2020 Objective
	Total	+/-	Among Whites	Among Non-Whites*			
Drug induced deaths	36.7	11.6	—	—	10.9	0.4	11.3
Deaths due to unintentional overdose (2008-2012)	27.1	8.8	28.8	26.9	—	—	—
Rate years potential life lost due to unintentional overdose	829.9	49.6	913.6	869.1	297.9	—	—

Sources: County of Humboldt DHHS-PHB—Vital Statistics, CDPH County Health Status Profiles 2013, CDC WISQARS, Healthypeople.gov 2020 Topics and Objectives, California YPLL 2008-2010, Humboldt YPLL 2008-2012. Italics signify that rate is unstable (see Page 10 for explanation).

USA: Overdoses > Motor Vehicle Traffic Fatalities



Source: NCHS Data Brief, December, 2011, Updated with 2009 and 2010 mortality data. Presented at 2013 CSTE Annual Conference. Pasadena, CA. June 2013

So, We Began

1. Every other CI meeting focused on our “Chronic Pain” problem, where we discussed initiatives from other communities, which led to...
2. Our Initial Call to Action...
3. Large evening meeting Nov, 2013, attended by staff from IPA, Public Health, Partnership Healthplan, clinic administrators and PCPs, pain specialist, dentist, pharmacists, coroners office, county mental health, & hospital administration. Presentation of local and national data and summary of successes achieved in other communities and programs in place within our large community clinics.

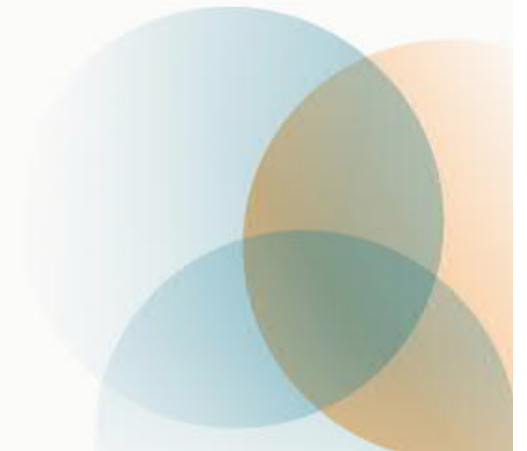


Formation of Working Groups

- Data – Public Health continuously provides us with updated information from our county and from CURES.
- Standards and Guidelines -- Review existing guidelines, local and national, and develop a concordant prescribing reference for our community
- Coordination and Communication – To address issues of poor coordination during transitions of care, from PCP to ED to inpatient and SNF and back to PCP. Work to develop consistent and appropriate treatment across locales and providers.
- Pain Board – Explore the development of a multidisciplinary pain group to whom PCPs could refer cases; consider expanding our use of Project ECHO style sharing of expertise.



A Call to Action, Continued...



PRACTICE SAFE PRESCRIBING

Medical Director's Report
Mary Meengs, MD

June 9, 2014

It is often mentioned in meetings for our Chronic Pain Initiative that the pendulum has swung its full arc in the last 10 or 15 years regarding the prescription of strong medications for pain. We used to risk sanction for undertreatment. Now, we fear the DEA or the DOJ or the Medical Board at our door if we prescribe too many narcotics, benzos, or muscle relaxants.

The mission of our initiative is to identify and disseminate evidence-based guidelines for those who should receive these medications for acute or chronic pain, as well as to share strategies to minimize misuse and diversion. That doesn't mean that no one should be treated with pain medications. But you need to be informed and judicious to ensure the safest outcome for both your patient and your practice.

The following list is derived from a Medical Board of California document. Our local experience suggests not following these steps can lead to charges of gross negligence, repeated negligent acts, excessive prescribing and inadequate documentation.

- **DOCUMENT, DOCUMENT, DOCUMENT.** All of these items need to be in your note if you're prescribing a narcotic:
 - o complete history, including prior treatment/response or benefit (medications, PT, other conservative modalities), and physical exam;
 - o pain inventory and functional assessment (tools & forms available);
 - o a valid pain diagnosis;
 - o substance abuse history and risk assessment (screening tools available);

ICSI Assessment & Management of Chronic Pain

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Chronic Pain and Opiate Abuse Initiative

CHA Presentation
May 14, 2015

Humboldt IPA Humboldt Independent Practice Association





4 Stages to a Heart Attack

TOOLS FEATURES LOWDOWN COMMENTS ELSEWHERE ABO

« Sheriff's Office Investigating
Animal Cruelty After Dog Suffers
Amateur Leg Amputation

(UPDATE) Highway 96 Fully Closed
By Tish Tang Slide; No Estimated
Time of Reopening »

Humboldt's Overdose Death Rate is More Than Twice the National Average; Here's What's Being Done About It

RYAN BURNS / FRIDAY, JAN. 29 @ 3:42 P.M. /

HEALTH CARE

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Supervisors probe drug use, treatment

Daniel Mintz

MAD RIVER UNION

HUMBOLDT – Humboldt County's Board of Supervisors has been told that the county's use of prescription narcotics amounts to 14.5 Vicodin tablets per day for every man, woman and child.

They were also briefed on a health care collaborative's successful effort to reduce opiate prescriptions and the transformational benefits of an addiction treatment drug.

Supervisors proclaimed the month of March as Prescription Drug Abuse Awareness Month at their March 15 meeting.

The Humboldt Independent Practice Association is a member of a coalition of community health care groups that has been responding to what was described as a national and local crisis related to over-use of prescription opiates.

Mary Meengs, the association's medical director, said coalition members have been meeting regularly over the last three years, studying public health data and gauging the extent of prescription drug use.

She said that Humboldt County's average volume of prescribed opiates is "equal to every single man, woman and child in Humboldt County taking 14.5 Vicodin tabs every single day."

The coalition has sponsored local conferences and is making progress on "reducing the volume of prescription opiates going into our community," Meengs continued. She said up to 80 percent of heroin addicts begin by taking prescribed narcotics.

There has been success in treating addiction and reducing overdoses as well, she said, but "there's much more work to be done to change ingrained

medical practices and a culture that expects a quick fix for every pain."

Instrumental in preventing overdose deaths, the drug Naloxone is an opiate overdose antidote that is being distributed by the county's Public Health Branch.

Bill Hunter, a former Southern Humboldt practitioner who is now the medical director of the Open Door Community Health Centers network, said that according to data from Partnership Health Plan, opiate prescriptions in Humboldt County have been reduced by 75 percent over the last six months.

He also said Open Door has a "pretty robust program" of medication-assisted addiction treatment that is seen as a leading one of its kind in the state, thanks to an extremely effective drug.

Suboxone, the brand name for the drug buprenorphine, has a "partial opiate effect so it can take care of any cravings or addiction behaviors but you don't get high from it, it doesn't make you want more and more of it and you can't overdose on it," Hunter said.

Open Door has been using Suboxone since it was federally approved several years ago, he continued, as the county did not have any methadone programs. It has been highly successful.

"I'll tell you, over 38 years in practicing primary care in Humboldt County, I've never really done anything that was so transformational in people's lives," said Hunter. "When you see someone who is just horribly addicted, horribly strung out and totally dominated by their need to get their next fix and the very next week they're shaved and well-dressed and thinking about how to put their life

back together, it's the most amazing thing – and we see that story over and over and over again."

Hunter said there are 400 Open Door patients receiving Suboxone in Humboldt and Del Norte counties and the network's program includes seven to 10 prescribing physicians, one nurse and three addiction treatment counselors.

Asked by Supervisor Estelle Fennell if marijuana is being considered to treat pain, Hunter said that "research is muddy" due to political and emotional factors but that marijuana "may have a role."

Non-polluting disposal of prescription drugs is also something that is being promoted. Jill Duffy, the executive director of the Humboldt Waste Management Authority said washing unused drugs down the drain – which was formerly recommended – pollutes waterways. Her agency accepts drugs for safe disposal at its Eureka waste drop-off site.

She described the scale of what is being brought in and the opportunities for safe disposal.

"What we're receiving is over 2,000 pounds of medications a year – think about how many pills it takes make a pound and multiply, it's essentially an entire ton," said Duffy. "We're having that material shipped out and disposed of appropriately."

Duffy said residents can bring in unused medications for disposal during the authority's household hazardous waste days and pharmaceutical round-up events in addition to the authority's drop-off site in Eureka.

A representative of Cloney's Pharmacies said unused prescription drug drop-off will be available at the pharmacies possibly as soon as this week.

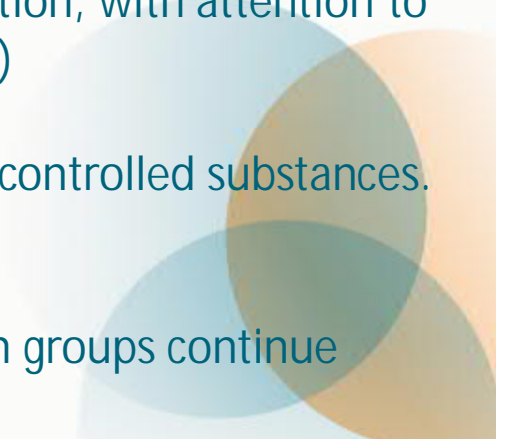
Leveraging events and connections

- Partnership Healthplan became the local administer of the managed Medi-cal plan at this time; Oxycontin came off their formulary.
 - They became an excellent partner in our efforts, with QI initiatives, strong provider education, and frequent sharing of their data.
- The husband of one the IPA staff nurses works at a local chain of independent pharmacies and connected us to one of their interested pharmacists, who has become a leader in several of our work groups.
- A relative of an early coalition member is a police officer interested in challenges of opiate abuse, and has joined our efforts.
- A member of our Board of Supervisors has become of member of a work group after being invited by staff she knew at Public Health
- Leaders in local harm reduction efforts heard about our work and contacted us to join the coalition.



Current Workgroups and Leaders

- Medication Assisted Treatment - Goal is to identify several additional Buprenorphine prescribers in high needs areas and offer them support (Dr. Hunter, Medical Director of our Safety Net Clinic system)
- Naloxone Training and Distribution - Goal is to continue community education on overdose recognition and have a naloxone kit available whenever it's needed (Public Health Education Specialist)
- Non-Pharmacologic Resources - We will develop an inventory of local services and providers who can help treat pain, for patients and their doctors. i.e., acupuncture, massage (Dr. Meengs with contracted assistant)
- Marketing and Public Outreach - Continued efforts at public education, with attention to policy makers, schools, high risk populations (Public Health Director)
- Drug Destruction - Create a safe and appropriate way to dispose of controlled substances. (local pharmacist)
- Standards & Guidelines - Data, and Coordination & Communication groups continue



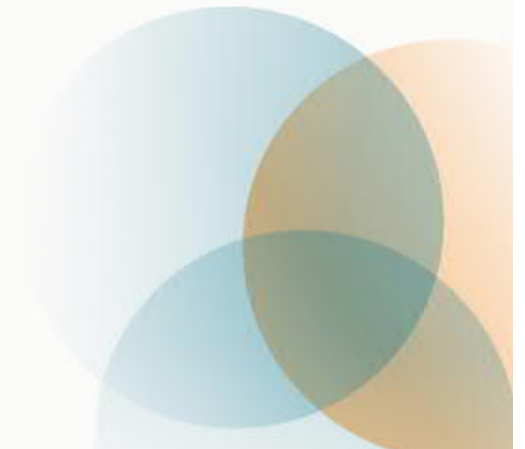
Additionally.....

- Public Health and our local medical society work with providers to assist with CURES registration and problem-solving
- The North Coast Clinics Network sponsors CME events
- The IPA has agreed to support the Our Pathways to Health—Chronic Pain Self-Management workshops.



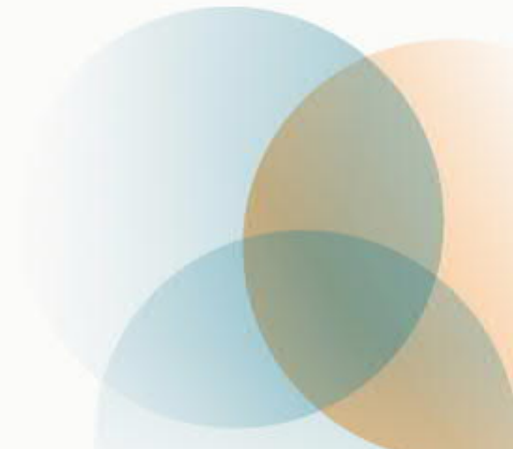
Who's not (yet) at our table....

- Dentists
- Coroner
- County Sheriff and law enforcement from multiple jurisdictions
- District Attorney
- Private Insurers
- Private practice providers
- Pharma?



Going Forward

- Steering Committee, consisting of work group and coalition leaders, will meet quarterly to review progress on goals and strategies for continuing to build on our work.
- We plan to do more in-person detailing with prescribers and their staff, to share information and resources
- We are grateful for all the support from CHCF!





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