



California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Opioid Safety Coalitions: Learning Network and Program Management

Informational webinar

May 31 2017

Kelly Pfeifer, MD

kpfeifer@chcf.org



Housekeeping

- All attendees will be **muted** for the presentation and unmuted individually during Q and A
- This session will be **recorded**
- Slides and recording will be posted **within a week** on the CHCF website: www.chcf.org/oscn
- **To ask a question:**
 1. Questions for speaker:
 - Write the question in the Q and A box
 - OR
 - Click the “raise your hand” icon on your webinar control panel and we will unmute individual attendees during Q and A
 2. Logistical questions: Use CHAT to the Host

Agenda

- CHCF's opioid initiative
- Opioid Safety Coalitions Network
- Network assessment findings
- Program Manager responsibilities
- LOI process
- Q and A

Overdose rates 2015 (source: [California surveillance dashboard](https://pdop.shinyapps.io/ODdash_v1/))



What would it take to get to zero overdose deaths in California?



Opioid Initiative Strategies

- Lower over-prescribing:
 - Decrease new starts
 - Identify patients on high-risk regimens, and taper safely while managing pain
- Build new access points for medication-assisted treatment:
 - Primary care
 - Specialty addiction programs
 - Emergency departments
 - Jails
 - Telehealth
- Deploy naloxone into the community
 - Needle exchange
 - Co-prescribing
 - Pharmacy furnishing
 - First responders

CHCF's opioid initiative approaches

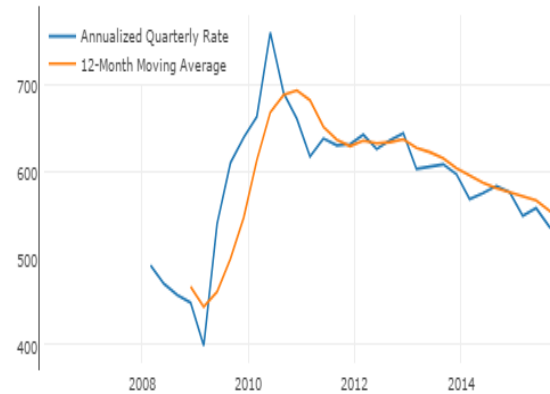
- Partner with state agencies: public health, health services, justice, and others
- Partner with purchasers and health plans
- Support community health centers with technical assistance and training
- Identify gaps in the literature and commission publications
- **Support local coalitions**

How are we doing?

From CA Opioid Overdose Surveillance Dashboard:
https://pdop.shinyapps.io/ODdash_v1/

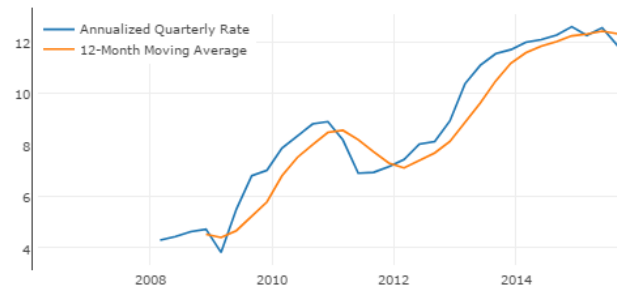
Opioid Prescribing

Total Population : **MMEs per Resident per Year (excl bup)** : Age-Adjusted Rate per Resident



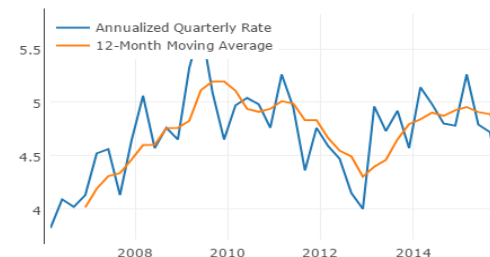
Buprenorphine
prescribing

Total Population : **Buprenorphine Prescriptions** : Age-Adjusted Rate per 1k Residents

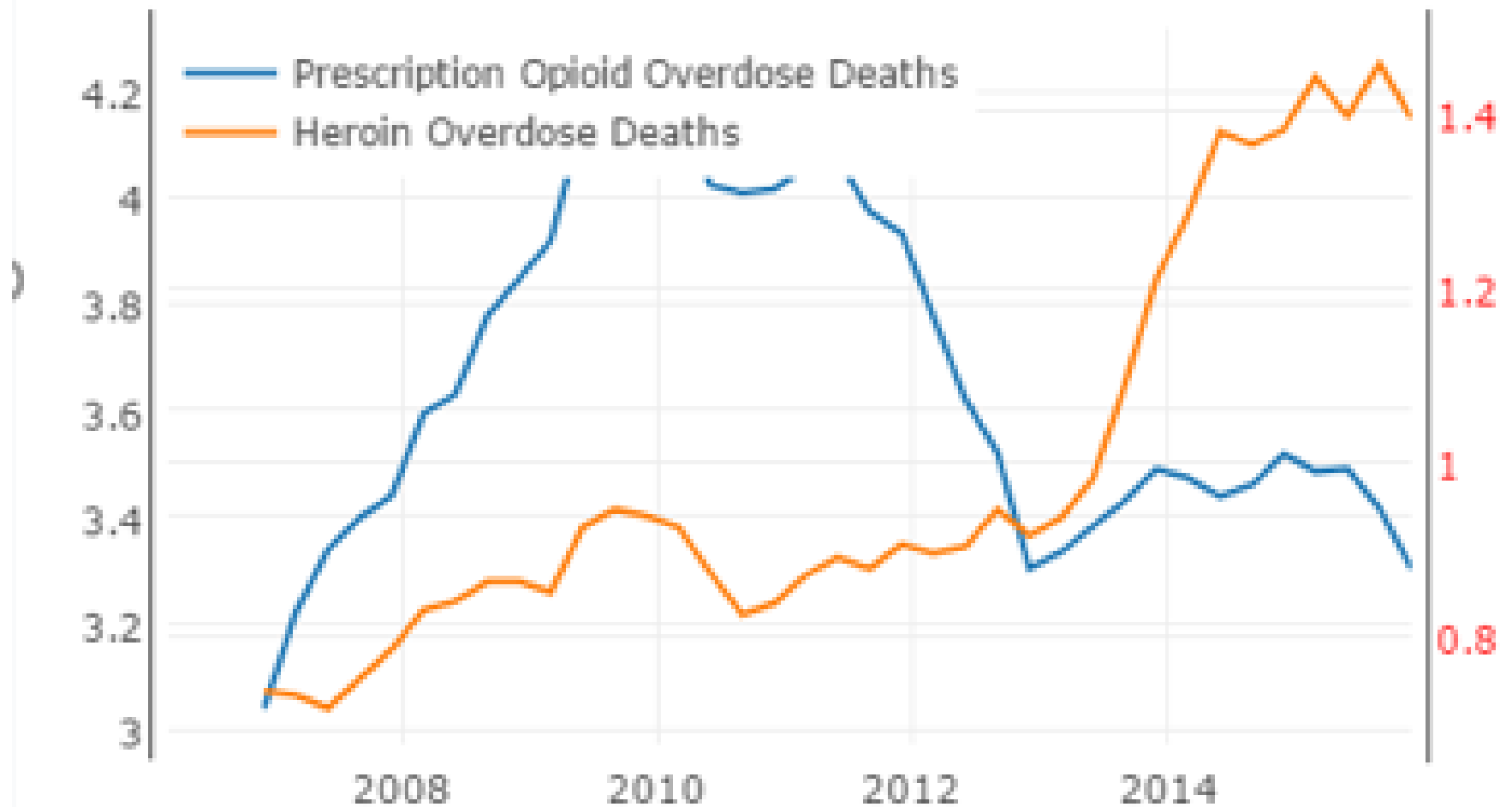


Opioid overdose
deaths

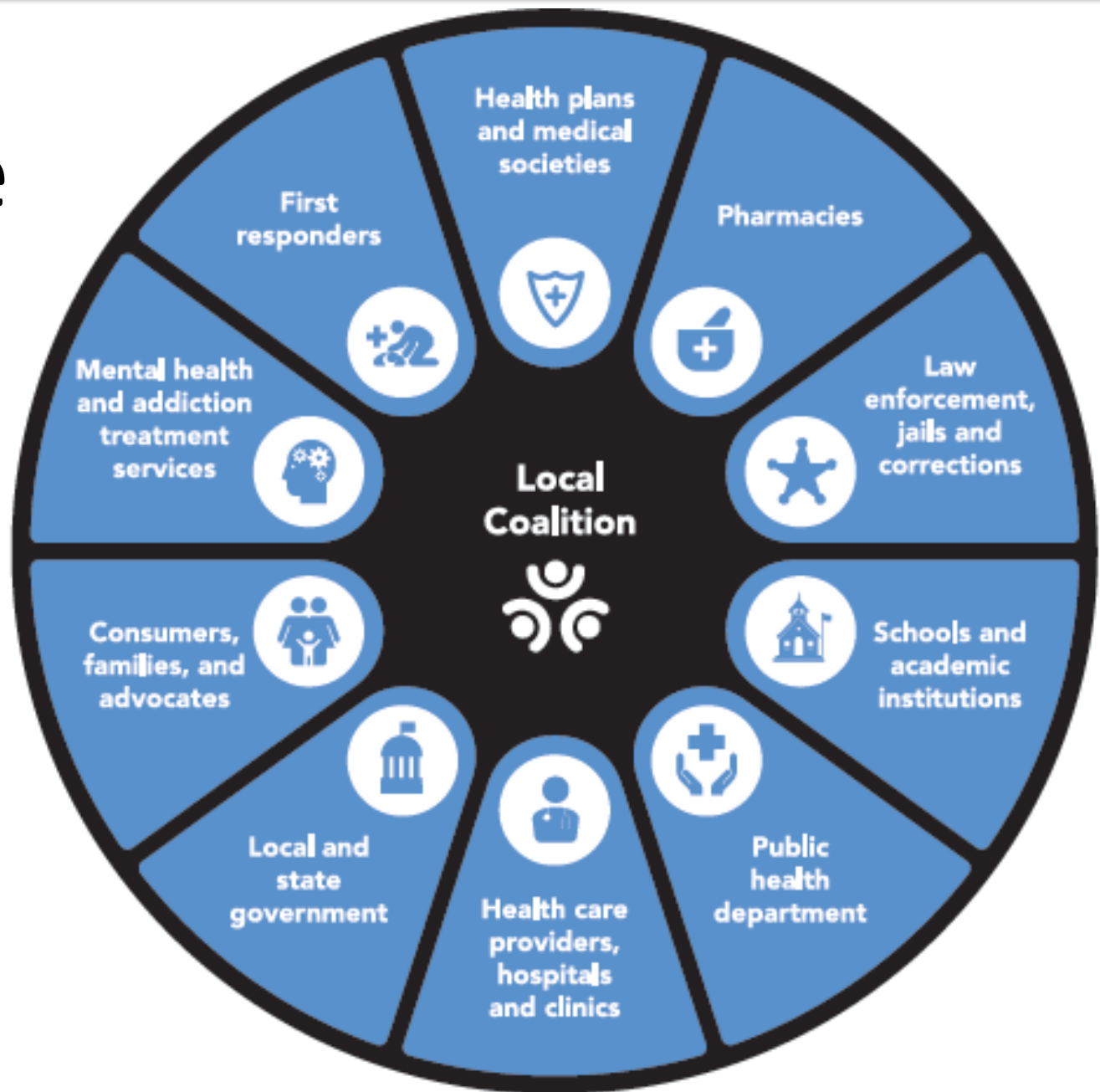
Total Population : **All Opioid Overdose Deaths** : Age-Adjusted Rate
per 100k Residents



Total Population : 12-Month Moving Avg. : Age-Adjusted Rates



Culture is local



Opioid Safety Coalitions Network

- Core funding, technical assistance and training offered to 16 coalitions covering 23 counties
- Co-funders:
 - CA Department of Public Health
 - Department of Health Care Services
 - Partnership Health Plan
 - County funds
- Virtual and in-person educational and networking opportunities offered to all California coalitions



SAFE PAIN MEDICINE PRESCRIBING

We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.



For your SAFETY, we routinely follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.
2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
3. If pain prescriptions are needed for pain, we will only give you a limited amount.
4. We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.
5. We do not prescribe long acting pain medicines such as: OxyContin, MSContin, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.
6. We do not provide missed doses of Subutex, Suboxone, or Methadone.
7. We do not usually give shots for flare-ups of chronic pain. Medicines taken by mouth may be offered instead.
8. Health care laws, including HIPAA, allow us to ask for all of your medical records. These laws allow us to share information with other health providers who are treating you.
9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
10. We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system tracks opioid pain medications and other controlled substance prescriptions.

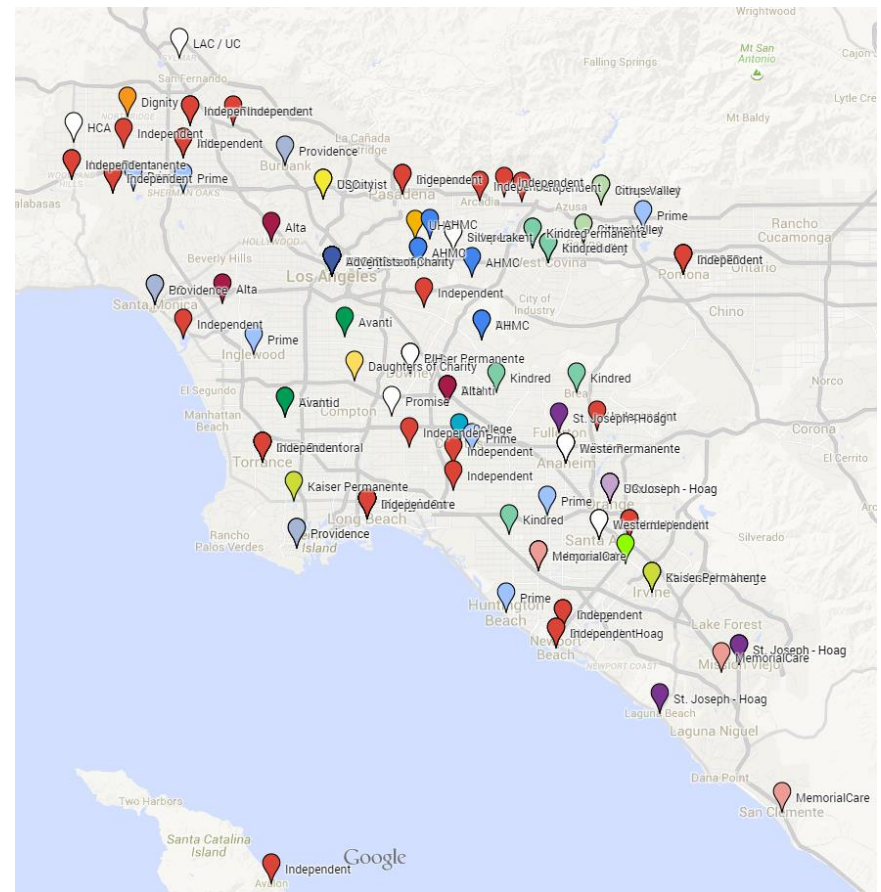
If you need help with substance abuse or addiction, please call

211

for confidential referral and treatment.



Power of coalitions: emergency department guidelines



Power of coalitions: Medication-assisted treatment



Primary
Care



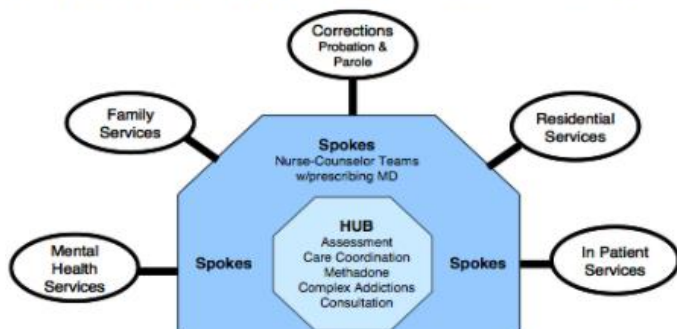
MAT TRAINING

PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment



**PAY
FOR PERFORMANCE**

Integrated Health System for Addictions Treatment



MAT in primary care

MAT in emergency depts

Buprenorphine trainings

Health plan incentives

Hub and Spoke programs



Power of coalitions: naloxone



Family Practice

123 Main Street | Anytown, USA

Rx Naloxone HCl 0.4mg/mL

1 x 10mL as one flip-top vial

Intramuscular (IM) syringe
23G, 3cc, 1 inch

For suspected opioid overdose. Inject
1mL in shoulder or thigh. Repeat
after 3 minutes if no or minimal
response.

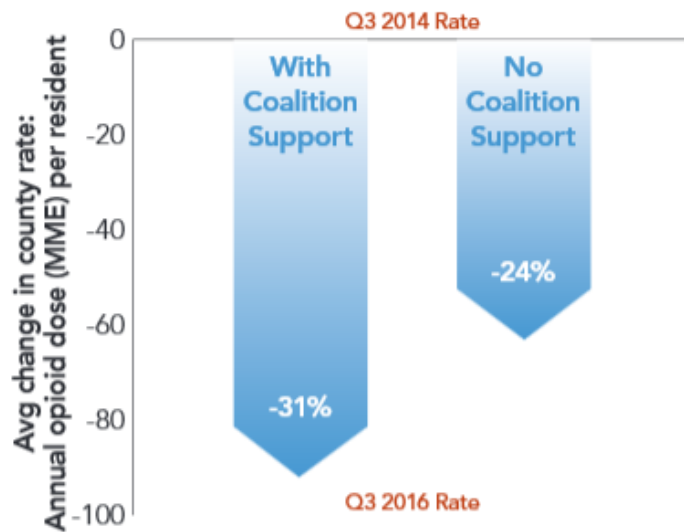
MD



Coalition effect

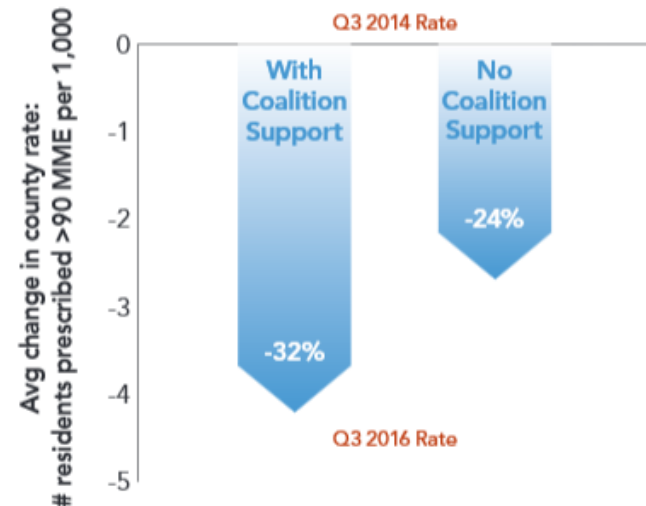
Opioid dose per resident

Fig 10. Decrease in Average Annual Opioid Dose (Morphine Milligram Equivalents, MME) per Resident



High-dose opioid prescribing

Fig 11. Decrease in Number of Residents Prescribed High Daily Dose (>90 MME) per 1,000 Residents*



*High dose opioid prescribing is measured through the rate per 1,000 residents prescribed >90 MMEs for 30 days or more.

Fig 15. How useful were the following resources and technical assistance provided to your coalition? (n=16)

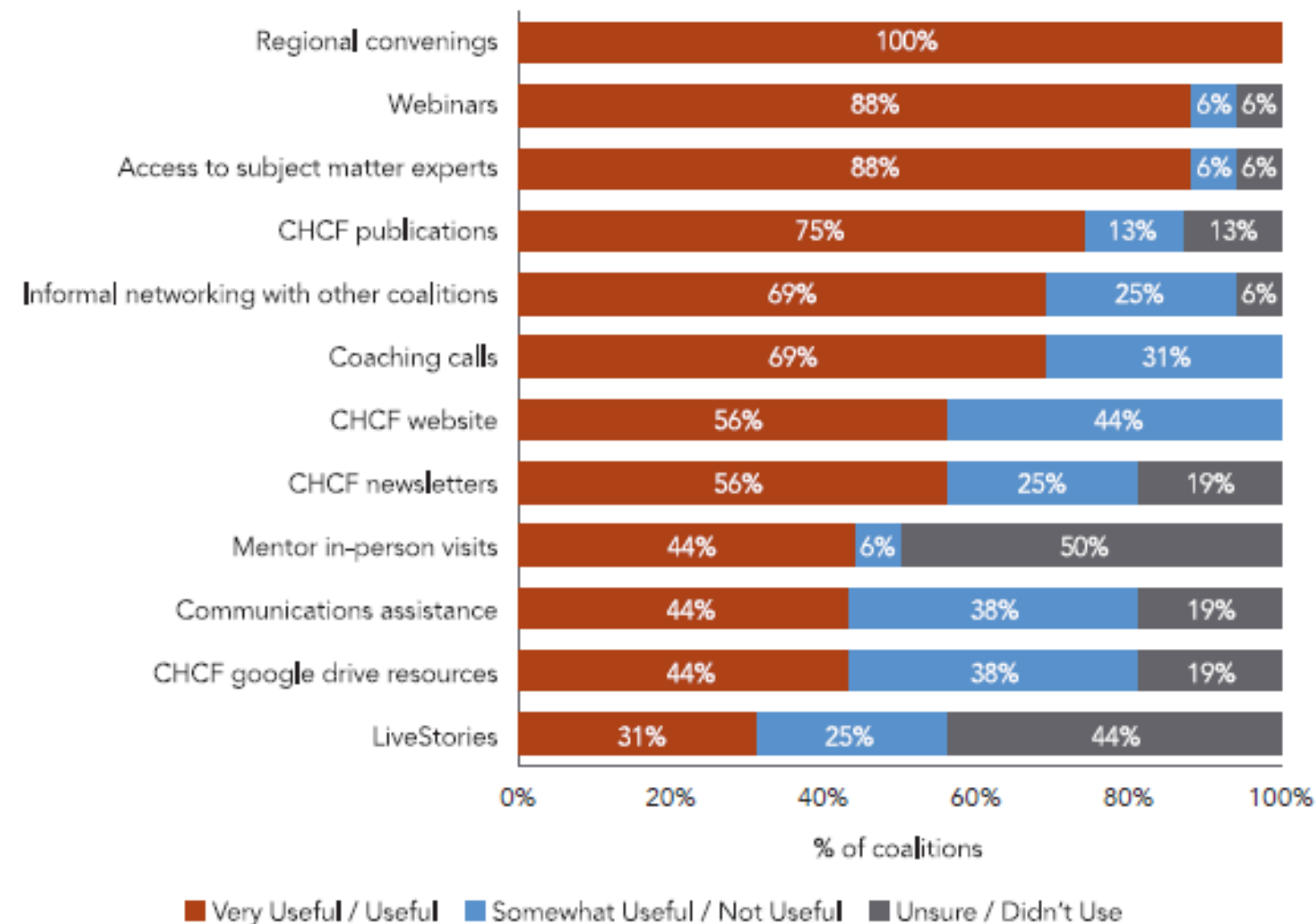
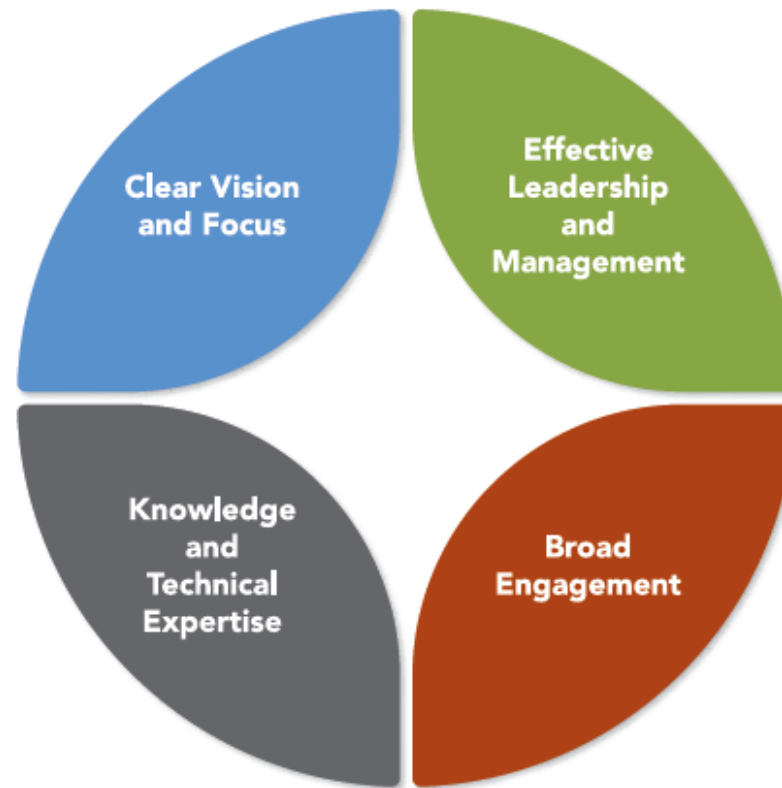


Fig 16. Characteristics of a healthy opioid safety coalition



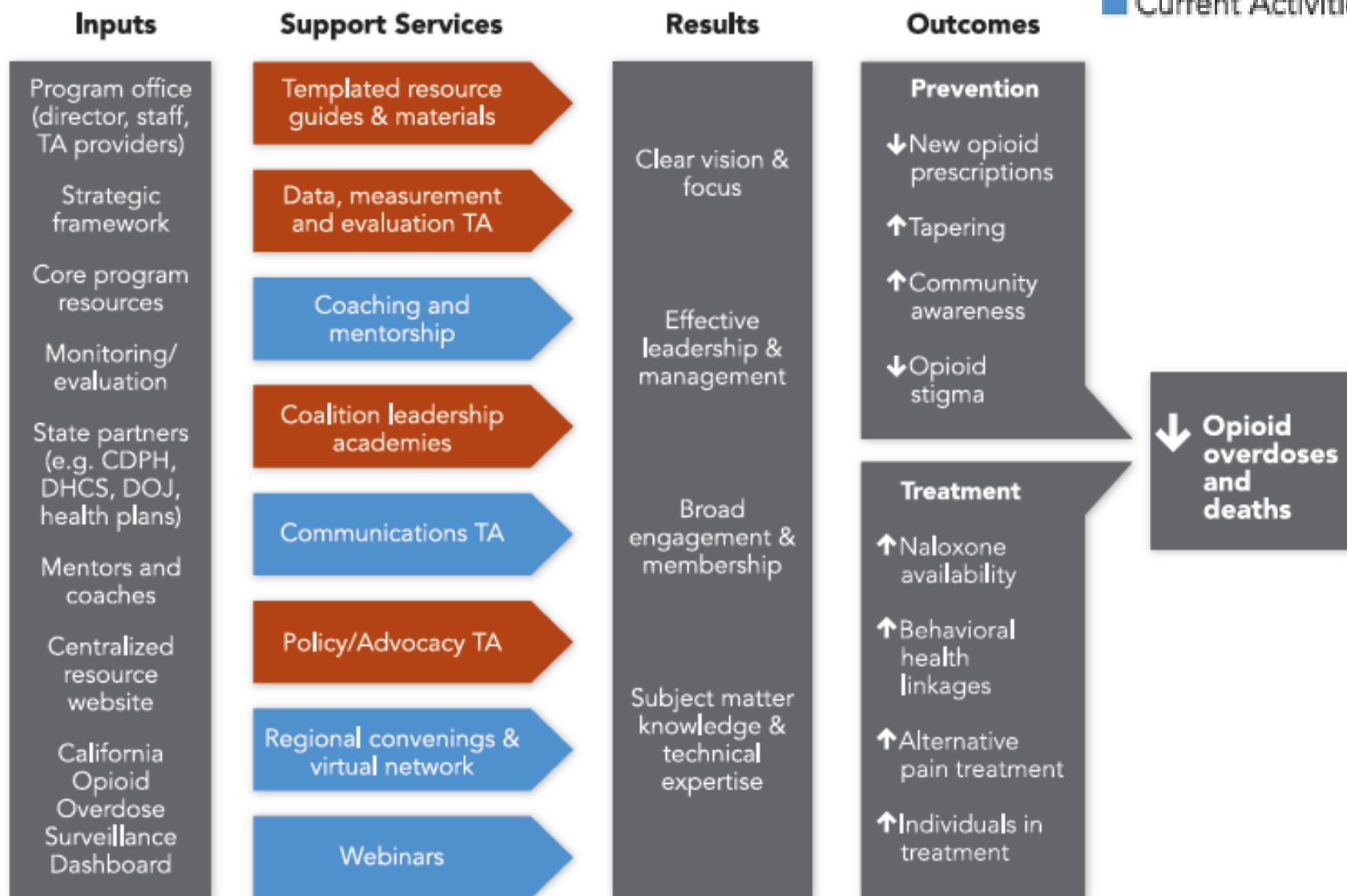
“The biggest TA needs we see center less on the mechanics of implementation strategies, and more on the process of running an effective coalition.”

—OverdoseFreePA Technical Assistance Center Project Director

What is next?

■ Proposed New Activities

■ Current Activities



Source: Public Health Institute

Network manager responsibilities:

Support for coalition leaders in three tiers

- Accessible to all:
 - Website with curated resources and training opportunities
 - Virtual learning opportunities (webinars or small group discussions)
 - Regional or statewide convenings, open to all coalitions and the public
 - Monthly email digests, sharing spotlights of best practices, useful resources, helpful tips
- Available for up to 20 coalitions:
 - coaching, communications support, small group workshops
- Available for up to 8 coalitions:
 - leadership and management training, expert site visits, other TBD

Network manager responsibilities:

- Work with coalitions to broaden strategic options: prevention, policy advocacy, stigma reduction, etc.
- Provide (and/or curate and share) curriculum content for the above, including the following:
 - Organizational health: leadership and management skills, effective meeting facilitation, project management basics, etc.
 - Improvement science: setting SMART goals, understanding tests of change
 - Measurement and data monitoring: using public data sources, setting up dashboards, using data to motivate change
 - Overdose prevention strategies:
 - Spreading safer prescribing practices
 - Building new access for medication-assisted treatment
 - Deploying naloxone into the community

Network manager responsibilities:

- Demonstrate and disseminate evidence of the coalition-based approach.
 - Collaborating with a CDC-funded UC Davis evaluation, assist coalitions with real-time monitoring and learning
- Foster an integrated statewide response: coordinating with activities led by CHCF, California departments of Public Health, Health Services, and Justice, Partnership Health Plan, and others
- Explore opportunities for sustainable funding after CHCF support ends in late 2019.

Eligible organizations

- Right mix of knowledge, skills, and experience (either within the organization or as subcontractors)
 - Program management
 - Curriculum development
 - Experience in quality improvement, Lean, or other improvement methodology
 - Experience teaching and coaching diverse stakeholders (e.g., clinicians, law enforcement, public advocates)
 - Work with broad-based coalitions to achieve common near-term goals
 - Cultural competence to address challenges in the epidemic with diverse local communities
 - Experience addressing complex health issues (the opioid epidemic or similar)

Budget and timeframe

- Budget: \$500,000 - \$1,000,000
- Project timeframe: September 2017 to December 2019
- Review and Selection Process:
 - LOI due date: June 15, 2017, 5 pm to gpacha@chcf.org
Two-page PDF (resumes may be attached; do not count in page limit)
 - CHCF notifies 3-5 organizations to submit full proposal June 21, 2017
 - Deadline for full proposal: TBD mid-August 2017
 - Decision on network manager: TBD late-August 2017
 - Grant period begins: September 2017

Goals for coalitions network

- At least 50% drop in overall opioid prescribing rates
- At least 20% drop in opioid-related ED visits and hospitalizations
- At least 20% drop in opioid overdose deaths
- 300% increase in buprenorphine prescribing rates
- 100% increase in naloxone prescriptions

Questions and Discussion

Kelly Pfeifer kpfeifer@chcf.org

"We were operating in a vacuum. Together we have a multiplied effect."

—Coalition leader, San Luis Obispo County