THE OPIOID EPIDEMIC:
THE INDIAN HEALTH SERVICE RESPONSE TO A NATIONAL CRISIS

IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE Committee)

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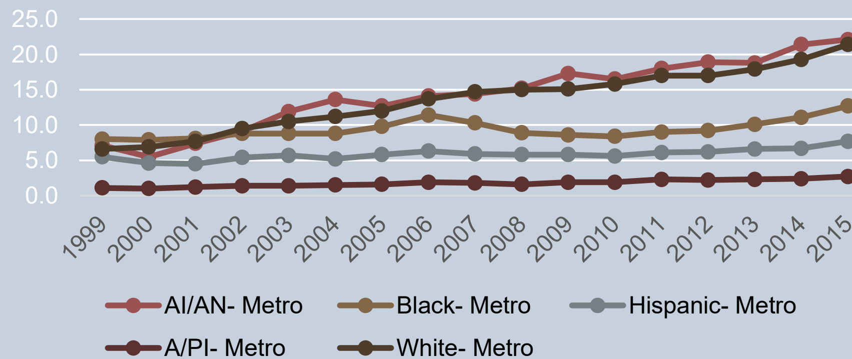
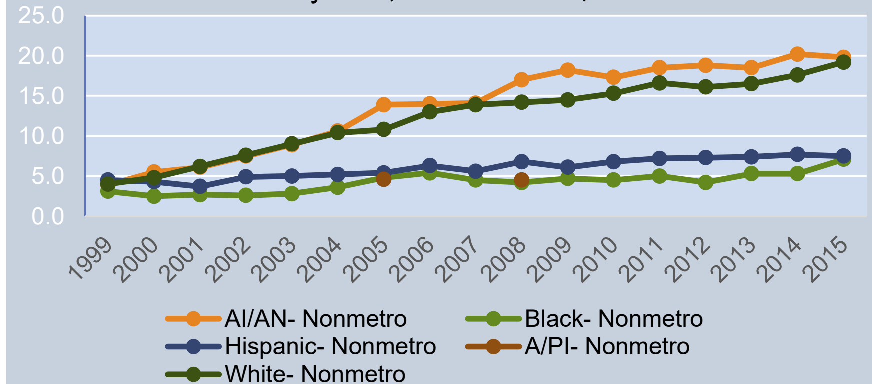
Mission

“To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level”

Drug-Related Death Rates





Mack KA, et. al., Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in metropolitan and Nonmetropolitan Areas- United States, *MMWR*, Vol 66 (19) October 20, 2017, pp 1-12.

Opioid Overdose Death Rates

- CDC data indicates that American Indians and Alaska Natives (AI/AN) had the second highest overdose death from rates from all opioids in 2016 (13.9 deaths/100,000 population) among racial/ethnic groups in the US.
- AI/AN had the second highest overdose death rates from heroin
- AI/AN had the third highest from synthetic opioids
- AI/AN were the only racial/ethnic group to show a decline in prescription opioid overdose death rates between 2015-2016 (7.1% relative decrease).

Seth PS, et. al., Overdose deaths involving opioids, cocaine, and psychostimulants- United States, 2015-2016, *MMWR*, Vol 67 (12) March 30, 2018, pp 349-358.

National Committee on Heroin, Opioids, and Pain Efforts (HOPE)

- IHS Committee created in March 2017
- Evolved out of the Prescription Drug Abuse Workgroup
- Membership: physicians, pharmacists, behavioral health providers, nursing, epidemiologists, and injury prevention
- **Goals:**
  1. Promote appropriate and effective pain management
  2. Reduce overdose deaths from heroin and prescription opioid misuse
  3. Improve access to culturally appropriate treatment

HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS

Better addiction prevention, treatment, and recovery services

Better data

Better pain management

Better targeting of overdose reversing drugs

Better research

HHS.GOV/OPIOIDS

GOAL: IMPROVE ACCESS TO CULTURALLY APPROPRIATE TREATMENT

Medication Assisted Treatment

Telemedicine

Training

Medication Assisted Treatment (MAT)

- Increase access to FDA approved MAT
- Expand and share best and promising practices surrounding MAT
- Encourage development of local action plans to coordinate access to services
- Encourage integrated programs that include behavior health, traditional healing and cultural practices
- Guidance for AI/AN pregnant women and women of childbearing age with Opioid Use Disorder (OUD)

Medication Assisted Treatment (MAT)

- Medication assisted treatment (MAT) involves:
  - The use of medications
  - In combination with counseling and behavioral therapies
  - Holistic "whole patient" individualized approach
- The goal of MAT is to support recovery and prevent relapse with medication and psychosocial therapy.
- Medication in support of recovery is one part of a comprehensive approach toward achieving long-term recovery
- MAT allows a person to regain a normal state of mind, free of drug-induced highs and lows

Medication Assisted Treatment (MAT)

- Pharmacologic Options
  - **Methadone** (C-II)
    - Available through DEA-licensed Opioid Treatment Programs (OTP)
    - Limited in Indian Country- didgʷálič Wellness Center (Swinomish Indian Tribal Community)
    - Not included on the IHS National Core Formulary (NCF)
  - **Buprenorphine** (C-III)
    - Included on NCF
    - Limited to the treatment of Opioid Use Disorder (OUD) in pregnancy.
  - **Buprenorphine/Naloxone** (C-III)
    - Included on NCF
  - **Naltrexone**
    - Extended-Release Injectable and tablets
    - Included on NCF
  - **Naloxone**
    - Opioid antidote
    - included on NCF

MAT via Telemedicine

- Ryan Haight Online Pharmacy Consumer Protection Act of 2008
  - Law established limitations on prescribing controlled substances (CS) via the Internet through DEA regulations.
  - Requires the patient to have an initial in-person medical evaluation by the prescriber prior to prescribing CS via the Internet.
  - The regulation exempts the need for an in-person medical evaluation for DEA-registered clinicians when engaged in the "practice of telemedicine", while the patient is being treated by, and:
    - Physically located in a DEA-registered hospital or clinic **OR**
    - In the physical presence of a DEA-registered practitioner.

MAT via Telemedicine

- IHM Part 3, Chapter 38- Internet Eligible Controlled Substance Provider Designation
  - Title 21 U.S.C. §831 (g)(2)- Establishes the authority for the Secretary, DHHS to designate an Internet Eligible Controlled Substance Provider (IECSP).
    - Designation must be based on a legitimate need when the population served is sufficiently remote that access to medical services is limited.
    - The IECSP is an employee or contractor of the IHS or working for an Indian Tribe or tribal organization under its ISDEAA contract/compact
  - Title 21 U.S.C. §802 (54)(C)- Defines the IECSP who is acting within the scope of their employment/contract to be engaged in the “practice of telemedicine” without the requirement for an in-person medical evaluation
  - This policy establishes the process for requesting IECSP designation by the Director, IHS (under delegated authority from the Secretary, DHHS)

Medication Assisted Treatment (MAT)

Workforce Development

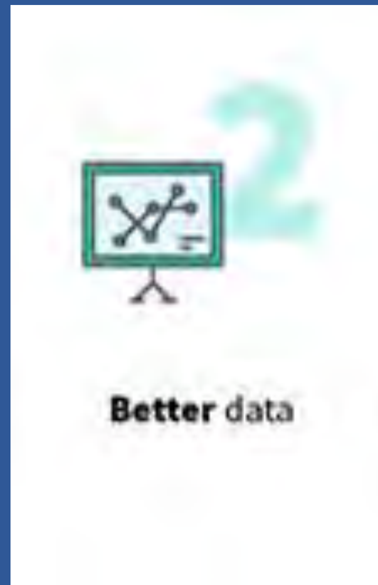
- Expand staff capacity to support MAT services
  - IHS Essential Training on Pain and Addiction (ETPA)
  - IHS Chronic Pain and Opioid Management TeleECHO Clinic
  - ASAM supported training material
- Trauma responsive care
- Early identification: expand screening for substance use disorders (SUD), brief intervention and referral to treatment

Education and Awareness

- Provide patient and community education to increase awareness and reduce stigma

Training

- **Office-Based Opioid Treatment (OBOT) Training**
  - Providers Clinical Support System (PCSS)
    - Free web-based training sponsored by SAMHSA and the American Academy of Addiction Psychiatry.
    - Provides 8 hours needed by physicians to obtain Drug Abuse Treatment Act (DATA) waiver to prescribe buprenorphine in an office-based setting:
      - Live webinar training (4.25 hrs)- 3 modules
      - Online study/exam (3.75 hrs)- 5 modules, 24 questions.
    - Comprehensive Addiction and Recovery Act (CARA) 2016—expanded DATA-waiver authority to Nurse Practitioners, Physicians Assistants
      - 8 hour MAT course with 16 hours additional training.



STRENGTHEN PUBLIC HEALTH DATA AND REPORTING

Opioid Metrics Strategy

Metrics

- Behavioral Health Datamart
  - National naloxone dispensing and utilization
  - Develop regional and local data collection and analysis tools to assist sites and areas with identifying current status, trends, and impact of interventions (e.g.: MMEs; percentage of opioid prescriptions per 100 patients; concurrent MME >90 + Benzodiazepine)
- Create data logic and partnerships to consider additional potential metrics to enhance the Indian healthcare opioid response. Ensure this data flows to inform decisions and policies.
- Role of Tribal Epidemiological Centers

Opioid Quality Assurance and Performance Improvement (QAPI)

- CMOs, Clinical Directors, Pharmacy Directors, and Area Pharmacy Consultants have access to tools to monitor opioid prescribing within their respective Areas or SUs.
  - RPMS Report and Information Processor (RRIP)
- A multidisciplinary approach is essential

GOAL:
PROMOTE APPROPRIATE AND EFFECTIVE PAIN MANAGEMENT

Policies and Resources

Chronic Non-Cancer Pain Policy

- IHM Part 3, Chapter 30
- Provides best practice guidelines surrounding management of chronic non-cancer pain.
  - Current version aligns with *CDC Guideline for Prescribing Opioids for Chronic Pain- United States, 2016*.
  - Policy Administrative Requirements:
    - Establish and implement local chronic non-cancer pain protocols and procedures
    - Complete training on appropriate and effective use of controlled substance medications
    - Respect and support the patient's right to optimal pain assessment and management
  - **Good pain management IS prevention**

Chronic Non-Cancer Pain Policy--Caveats

- Provide appropriate pain management based on current knowledge of evidence-based and best clinical practices for the use of pharmacologic and non pharmacological modalities and non-opioid therapies to treat pain.
- **Refer patients to pain management specialists, when needed, and where available, to traditional medicine practitioners, when requested by the patient as culturally appropriate to do so.**
- Incorporate safeguards into clinical practices to minimize the risk of misuse and diversion of opioid analgesics and other controlled substances.
- **Establish multidisciplinary pain management teams for review of processes for treatment plans and patient management.**
- Initiate opioid treatment as a shared decision between the health care provider and the patient, including informed consent.
- **Establish a culture where providers do not fear disciplinary action for ordering, prescribing, dispensing, or administering controlled substances, including opioid analgesics, for legitimate medical purposes and in the course of professional practice.**

Chronic Non-Cancer Pain Policy

- Clinical Recommendations:
  - Utilize non-pharmacologic and non-opioid medications as first-line treatments for pain management.
  - Limit duration of opioid use for acute pain (3 days, rarely more than 7 days)
  - Start with low doses and titrate slowly
  - Establish individualized patient treatment agreements with informed consent
  - Routinely use screening tools (drug testing, AUDIT-C, PDMP data, etc.)
  - Be aware of total daily MMEs

- Documentation Recommendations:
  - Ensure that the pain management agreement specifies treatment objectives and goals for chronic pain patients
  - Ensure documented patient treatment plan review and re-evaluation every 3 months
  - Record drug testing results, clinical interpretation, and follow-up plan
  - Document patient education surrounding pain etiology, alternative treatments recommended, and risks surrounding chronic opioid therapy

Prescription Drug Monitoring Programs (PDMP)

- IHM Part 3, Chapter 32- State Prescription Drug Monitoring Programs
  - Published June 2016.
  - Establishes requirement for IHS Federal prescribers to register with State PDMP to request reports for new patients, and when prescribing opiates for acute pain (>7 days of treatment) and chronic pain.
  - Establishes requirement for IHS Pharmacies to report dispensing data and conduct PDMP queries prior to dispensing outside prescriptions.

Managing Acute Dental Pain

- Dental Acute Pain Management Guidelines
  - Published August 2018
  - Joint development between the HOPE Committee and the IHS Division of Oral Health
  - Prescriber implementation seminar was hosted in October 2018

Safe Opioid Prescribing Training

- IHS Essential Training on Pain and Addiction (ETPA)
  - IHS specific training developed in cooperation with the University of New Mexico.
  - Initially- Web-based live trainings (5 hour course) conducted starting Jan. 2015.
  - Now available as web-based recorded training.
- Mandatory Training for Federal Prescribers of Controlled Substance Medications (IHM 3-30)
  - All IHS Federal prescribers of controlled substances are required to complete EPTA training within 6 months of employment and refresher training every 3 years.
- IHS Refresher Training on Pain and Addiction- 2018

TeleBehavioral Health Center of Excellence- IHS Essential Training on Pain and Addiction

Safe Opioid Prescribing Training

- Pain Skills Intensive Training (UNM Pain Clinic)
  - Course focused on
    - Improving pain assessment skills (both history and physical examination)
    - Recognition of myofascial pain syndromes
    - Non-pharmacologic approaches to pain management.
  - 2019 training calendar is in development
- Chronic Pain and Opioid Management TeleECHO™ Clinic
  - Thursdays, 12-1:30 pm MT
  - Video conference format
  - Provider education and virtual consultation

Additional Training

NEW (on demand soon)

1. Non-prescribing clinicians: online training available on the fundamentals of pain management and safe opioid prescribing.
2. Community-level opioid tutorial: for non-healthcare providers including health system support staff, community members, school staff, and first responders.

These additional trainings augment an informed and holistic health system approach to the opioid epidemic.

GOAL:
REDUCE OVERDOSE DEATHS FROM HEROIN AND PRESCRIPTION OPIOID MISUSE

- Policy
- Resources

Policy Efforts

- IHM Chapter 35 "Prescribing and Dispensing of Naloxone to First Responders"
  - Published in March 2018
  - Requires IHS Federal pharmacies to provide naloxone to Tribal law enforcement agencies and other trained first responders. Local policies must include procedures for training, prescribing, and dispensing naloxone to tribal entities
- IHS-BIA Memorandum of Understanding- December 2015 (renewed June 2017)
  - Agreement that IHS Federal pharmacies will provide naloxone and training on its use to local BIA Tribal Police for use by First Responders

Naloxone Resources

- Resources:
  - IHS pharmacists have developed a training curriculum and toolkit
  - Training video developed:
    - https://www.youtube.com/watch?v=KcjF9Iw0iuw
  - Officer Testimony Video:
    - https://www.youtube.com/watch?v=IkqHs2rAz4M&feature=youtu.be

Naloxone: Co-Prescribing

- Pharmacy-based model collaborative practice program developed
  - www.ihs.gov/odm.resources
- Co-prescribing grand rounds conducted February 17, 2017
  - https://ihs.adobeconnect.com/p727st8p3lj/

There was a **143% increase** in naloxone nasal spray procurement among IHS sites using the VA-PPV between 2017-2018.

Harm Reduction Strategies

- **Improved Controlled Substance Disposal**
  - Goal to expand access to patients (end-users) for safe disposal of unused or unwanted controlled substance medications
  - Project in 2018 to provide start-up funding for disposal cabinet projects for IHS Federal sites interested in registration as DEA Collectors

- **Safe Syringe Programs**
  - Needle Exchange Programs
  - Safe Injection Practices
  - Best and promising practices for syringe exchange (eg: comprehensive services, sample tribal resolutions, community education materials)

HHS SUPPORTS CUTTING EDGE RESEARCH ON PAIN AND ADDICTION

Expanded strategy in 2018

IHS Research Program

- **The Mission of the IHS Research Program**
  - To support national health research, including human subject research protections and research related to health problems and the delivery of care to AI/AN people
- **Major Activities of the IHS Research Program**
  - To help develop individual AI/AN and tribal capacities to achieve their research related goals through technical assistance and dissemination of research findings
  - Promote health sciences research as a career choice for AI/AN people
- **Opioid Activities**
  - Cross-agency research collaboration for public health practice improvements and to formulate evaluation strategies

Stay Connected

- IHS Websites
  - NEW site: www.ihs.gov/opioids
- HOPE Committee Newsletters
- HOPE Committee Listserv

HOPE Committee

- Officers:
  - Chair- CAPT Stephen "Miles" Rudd, MD- stephen.rudd@ihs.gov
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Questions?

Thank you

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