Addressing Community Health Needs: Building Arizona’s Critical Access Hospital Capacity to Address Substance Misuse & Abuse
Introduction

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Presentation Overview

Background on FY17 Flex Supplemental Funding
Description of Participating AzCAHs
Project Alignment, Goals, and Objectives
Methodology
Activities
Results
Success, Challenges, and Lessons Learned
Background

FY17 budget language/congressional guidance:
“The agreement directs HRSA to give preference in grant awards to Critical Access Hospitals serving rural communities with high rates of poverty, unemployment, and substance abuse.”

CAH Selection Indicators (FORHP):
• Overdose mortality rate above the median
• Poverty rate top quartile
• Persistent poverty
• Unemployment rate top quartile
Background, Once More

Five AzCAHs met the criteria identified. All accepted the opportunity to participate.

Navajo County
- Hopi Health Care Center, Polacca
- Little Colorado Medical Center, Winslow

Apache County
- Sage Memorial Hospital, Ganado
- White Mountain Regional Medical Center, Springerville

Gila County
- Cobre Valley Regional Medical Center, Globe
## Background, Continued

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Apache SMH WMRMC</th>
<th>Navajo HHCC LCMC</th>
<th>Gila CVRMC</th>
<th>AZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug induced deaths per 100,000 (2016)</td>
<td>7.7</td>
<td>32.1</td>
<td>46.0</td>
<td>21.4</td>
</tr>
<tr>
<td>Opiates/Opioids Contributing to Death per 100,000 (2016)</td>
<td>2.9</td>
<td>2.4</td>
<td>17</td>
<td>9.8</td>
</tr>
<tr>
<td>Alcohol Use Disorder (2016)</td>
<td>1,978.9</td>
<td>2,796.8</td>
<td>1,605.3</td>
<td>1,027.8</td>
</tr>
<tr>
<td>Amphetamine Use Disorder (2016)</td>
<td>120.4</td>
<td>26.1</td>
<td>462.4</td>
<td>315.1</td>
</tr>
<tr>
<td>Opioid Use Disorder (2016)</td>
<td>80.9</td>
<td>154.2</td>
<td>564.4</td>
<td>315.7</td>
</tr>
</tbody>
</table>
## AzCAHs by Criteria

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Apache SMH WMRMC</th>
<th>Navajo HHCC LMC</th>
<th>Gila CVRMC</th>
<th>AZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Poverty</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persistent</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Child Poverty</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty</td>
<td>37%</td>
<td>31%</td>
<td>23%</td>
<td>26%</td>
</tr>
<tr>
<td>Child Poverty</td>
<td>45%</td>
<td>38%</td>
<td>34%</td>
<td>25%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>11.3%</td>
<td>8.1%</td>
<td>7.2%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

### Tribal Homelands In Arizona

![Map of Tribal Homelands in Arizona](image)
### Community Identified Priorities

<table>
<thead>
<tr>
<th></th>
<th>Apache</th>
<th>Navajo</th>
<th>Gila</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Substance abuse</strong></td>
<td>SMH WMRMC ✓</td>
<td>HHCC LCMC ✓</td>
<td>CVRMC ✗</td>
</tr>
<tr>
<td>- in CAH CHNA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Substance abuse</strong></td>
<td>X</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- Priority in County CHIP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral health</strong></td>
<td>SMH WMRMC ✓</td>
<td>HHCC LCMC ✓</td>
<td>CVRMC ✓</td>
</tr>
<tr>
<td>- in CAH CHNA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral health</strong></td>
<td>X</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- Priority in County CHIP</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Project Goal

Improve individual and community health by reducing the misuse/abuse of alcohol and illicit drugs
State-Level Opioid Action

- **June 2017**: Public health emergency actions mandated by the Governor
- **September 2017**: State report issued on recommend response & legislative action
- **October 2017**: Emergency rules issued for continued opioid-related reporting
- **January 2018**: Arizona Opioid Act passes state legislature & signed by Governor
AZ Strategy to Reduce Mortality from Opioids

1. Improve prescribing and dispensing practices
2. Reduce illicit acquisition and diversion of opioids
3. Improve access to treatment of opioid use disorder
4. Prevent and treat opioid use disorders
5. Increase patient awareness of opioid use downsides
Project Objectives

Improve provider education on substance misuse/abuse;

Evaluate substance misuse/abuse assessment and referral processes;

Increase training and capacity for rural EMS providers to prevent opioid-related overdose;

Enhance coordination between EMS, hospitals, behavioral health providers, and community resources; and

Create and disseminate educational materials to inform individuals, families, and communities about opioid misuse/abuse, treatment, and resources.
Project Methodology

Designed a Checklist to assess activities at each AzCAH in progress or need to address

Contacted each AzCAH (1-hour phone call) to review Checklist and to discuss potential activities that:

• Align with project goal and objectives
• Meet individual hospital and community needs and gaps
• Leverage existing assets and strengths
• Align with needs identified through the Checklist Tool
# Checklist Categories and Activities

<table>
<thead>
<tr>
<th>Category</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Relationships &amp; Awareness</td>
<td>Participating in community coalitions</td>
</tr>
<tr>
<td></td>
<td>Strengthen relationship with county health department</td>
</tr>
<tr>
<td>Screening &amp; Referral</td>
<td>Address lack of screening tools</td>
</tr>
<tr>
<td></td>
<td>Increase education on available resources &amp; referral strategies</td>
</tr>
<tr>
<td>Prevention &amp; Treatment</td>
<td>Support Medication Assisted Treatment (MAT) training</td>
</tr>
<tr>
<td></td>
<td>Support Naloxone distribution</td>
</tr>
<tr>
<td>Provider Education &amp; Training</td>
<td>Attend conferences, trainings, workshops</td>
</tr>
<tr>
<td></td>
<td>Offer customized workshops to CAHs</td>
</tr>
<tr>
<td>Community Education</td>
<td>Increase awareness of safe disposal of prescription drugs</td>
</tr>
<tr>
<td></td>
<td>Create community resource guide</td>
</tr>
<tr>
<td>State Policy Alignment</td>
<td>Attend state level conferences and trainings</td>
</tr>
</tbody>
</table>
AzCAH Work Plan Development

Created hospital-specific Work Plans based on state level policy priorities and Checklist Tool results

Resulting Work Plans reviewed with each hospital

- Hospitals generally accepted the Work Plans
- Some changes developed as hospitals began to work more closely with stakeholders
## Project Evaluation

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Process Measure</th>
<th>Outcome Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider level</td>
<td># providers trained</td>
<td>Change in knowledge</td>
</tr>
<tr>
<td></td>
<td># statewide trainings attended</td>
<td>Change in self-efficacy</td>
</tr>
<tr>
<td></td>
<td>Training satisfaction</td>
<td>Change in behaviors or results</td>
</tr>
<tr>
<td>Organizational level</td>
<td># participants receiving CMEs</td>
<td>Change in AzCAH organizational capacity checklist</td>
</tr>
<tr>
<td></td>
<td># other trainings received at AzCAH level</td>
<td></td>
</tr>
<tr>
<td>Community level</td>
<td># awareness campaign materials distributed</td>
<td>Improved participation in community coalitions</td>
</tr>
<tr>
<td></td>
<td># consumer guides created &amp; distributed</td>
<td>Improved relationship with health department</td>
</tr>
</tbody>
</table>
# Required FORHP Evaluation Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-assessment for Transition Planning</td>
<td>Pre Post</td>
</tr>
<tr>
<td>Training Efficacy (1 item)</td>
<td>Pre Quarterly Post</td>
</tr>
<tr>
<td>Days Cash on Hand</td>
<td>Pre Quarterly Post</td>
</tr>
<tr>
<td>Operating Margin</td>
<td>Pre Quarterly Post</td>
</tr>
<tr>
<td>HCAHPS item 22 (Willingness to Recommend)</td>
<td>Pre Quarterly Post</td>
</tr>
<tr>
<td>Recommendation Adoption Progress Interviews</td>
<td>Mid Post</td>
</tr>
</tbody>
</table>
Activity Examples

Trainings
Data Analysis
Community Awareness & Events
Community Resource Guides
Media
Trainings

Medication Assisted Treatment Training for Opioid Use Disorders

Saturday, July 28, 2018
8:00 am – 5:00 pm
High Country Conference Center, Flagstaff, Arizona

Medication Assisted Treatment (MAT) of Opioid Use Disorders (OUD) involves a combination of medications that targets the brain, and psychosocial interventions (e.g., counseling, skills development) aimed at improving treatment outcomes. Research shows that medications and therapy together may be more successful than either treatment method alone.

The training is being offered to MDs, DOs, NPs, PAs and other state-wide:

- Physicians require 8 hours of training to apply for a waiver from the Drug Enforcement Agency to prescribe Buprenorphine
- Nurse Practitioners (NP) and Physician Assistants (PA) are required to complete 24 hours of training. The 8-hour MAT training will count toward the 24 hours. The additional 16 hours can be completed online at https://opencoro.com/education-training/np-training
- This course has been reviewed and is acceptable for up to 8 Prescribed credits by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity. AAFP Prescribed Credit is accepted by the American Medical Association as equivalent to AAMA PPA Category 1 Credit™ toward the AAMA Physician’s Recognition Award.

Space is limited. $25.00 registration fee includes lunch.

Register at: https://www.regonline.com/MATTraining

For more information, contact Rebecca Ruiz at ruizj@email.arizona.edu | 520-626-2243

Chronic Pain Self-Management Program

The teaching process makes this program effective. Classes are highly participatory. Mutual support and success builds participants’ confidence in their ability to manage their health and maintain active and fulfilling lives.

Format
- Small group workshop
- 2 1/2 hours per session
- 1 session per week for 6 weeks
- It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants’ confidence in their ability to manage their health and maintain active and fulfilling lives.

Settings
- Community settings such as senior centers, churches, libraries and hospitals.
- Special attention should be given to making the location

Leaders
- 2 trained leaders, one or both of whom are non-health professionals with chronic pain themselves.
- Must be trained by certified Master Trainers, or must be Master Trainers themselves.

Subjects Taught
(Note: Participants make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program. Physicians and other health professionals both at Stanford and in the community have reviewed all materials in the workshop.)

- Techniques to deal with problems such as frustration, fatigue, isolation, and poor sleep
Data Analysis

Hospital Discharge Data Report

- Overview of county to state comparison
- Highlight Social Determinants of Health (SDH) related to substance misuse
- CAH specific data on opioid cases by primary or other diagnosis & department (inpatient or ED)
- Outline next steps
Community Awareness

Billboard in Winslow & Springerville

Do you know what’s in your medicine cabinet?

They do.

Lock it up  Inventory  Discuss  Disposal

Little Colorado Medical Center  White Mountain Regional Medical Center  AZCJC.gov
Community Awareness

Be the Solution, Help End Opioid Abuse

"As the number of opioid overdoses and deaths increase at an alarming rate, we must take action...Most of us know someone impacted by substance abuse - our family, our friends, our neighbors... We must do more."
- Gov. Doug Ducey, Declaring a State of Emergency for Arizona's Opioid Epidemic, June 5, 2017

RETHINK RX ABUSE

Arizona loses someone every day to the abuse of prescription painkillers or illegal opioids like heroin, and teens are particularly vulnerable. However, there are concrete steps you can take to protect your friends, children and loved ones from the opioid epidemic.

Download the Parent Talk Kit (English)
Download the Parent Talk Kit (Spanish)

Placement of opioid PSAs are sponsored in part by

http://substanceabuse.az.gov/substance-abuse/rethink-rx
Community Events

Red Ribbon Run – Hopi Health Care Center

Still reveling in the awesome turnout at the 2018 Red Ribbon Run/Walk hosted by Hopi Health Care Center and the Hopi Substance Abuse Prevention Center. Here’s some photos.
Community Resource Guides

https://crh.arizona.edu/resources/manuals-toolkits
Community Resource Guides, Continued

PEER SUPPORT ORGANIZATIONS

It is well documented that having the support of a "peer" — a person who has been through similar difficult experiences — is an important part of the recovery journey. Below we have listed information about peer support and agencies that provide individual or group peer support as a recovery service.

**ChangePoint Integrated Health - ShowLine**
Individual & family counseling, integrated health & behavioral services, peer support.
www.changepoint.org/az
Phoenix, AZ
602-359-1111

**ChangePoint Integrated Health - Tucson**
Individual & family counseling, integrated health & behavioral services, peer support.
www.changepoint.org/az
Tucson, AZ
520-628-8590

**ChangePoint Integrated Health - Springfield**
Community Bridges, Inc, Wicomico County, MD
www.communitybridgesinc.com
301-777-3212

**Community Bridges, Inc. - Wicomico County**
www.communitybridgesinc.com
301-777-3212

**Little Colorado Behavioral Health - Springfield**
www.behavioralhealthcenters.org
508-393-2018

**Little Colorado Behavioral Health - Springfield**
www.behavioralhealthcenters.org
508-393-2018

**Community Resource Guides, Continued**

**SERVICIOS DE CRISIS**

Hay veces cuando alguien necesita ayuda inmediata para su salud mental, y existe para que esos servicios de crisis estén disponibles. Sin embargo, si el teléfono de la persona que necesita ayuda no recuerda o no recuerda quien lo necesita, también, hemos mencionado las ubicaciones donde un profesional de salud puede recibir inmediatamente un nuevo tratamiento. Aquí están los números de teléfono de los servicios de crisis.

**Alaska's Place Domestic Violence Shelter**
800-287-3029

**Navajo County Family Advocacy Center**
866-605-CHILD (2469)

**Community Bridges, Inc. - Wicomico County**
301-777-3212

**ChangePoint Integrated Health - ShowLine**
520-537-2551

**Crisis Response Network Northern AZ**
602-776-4509

**Arizona Coalition to End Sexual & Domestic Violence**
602-276-2000 or 800-782-5555

**Arizona Humane Society Project Safe House**
602-997-7566

**Team Life Line**
480-586-6154 (3646)

**National Suicide Prevention Lifeline**
800-273-TALK (8255)

**National Domestic Violence Hotline**
800-838-8238 (3862)

**Arizona Opioid Assistance & Referral Line**
1-866-436-4372

**Sitios de crisis en línea**

**NAMI Arizona**
http://www.namiorgaz.org

**Lifeline Chat**
www.crisisconnection.org/chat

**TeenLine**
www.teenlineonline.com

**Online Resources**

Envía un mensaje de texto "HARME" a 974001
www掣aben.org/az/behavioralhealth/crisis.html
Project Results

Checklist

• 3 of 5 AzCAHs making improvements in addressing activities, 2 of 5 remained the same
• Improved connection between CAHs and local substance prevention coalitions and County Health Departments
• Improved awareness of local MAT providers

RAP

• Increased provider and community awareness
• Able to provide additional training and opportunities to providers
• Strengthen community collaborations
Lessons Learned

AzCAH and Community-engaged approach takes time, but can have meaningful results; relationships are key

Important to identify a “champion” to lead project at each AzCAH

Build on existing resources & supporting access to those resources

Iterations needed to reconcile AzFlex proposal and AzCAH needs & requests (5 different work plans!)

Communication and coordination are critical to ensure efforts are synergistic and not duplicative

• Multiple AzCRH programs addressing the opioid issue at some level
• Multiple statewide and local programs
Successes

Community Coalitions formed or strengthened
Connected CAHs, providers, local substance abuse prevention coalitions and county health departments
Improved awareness of local MAT providers
Resources brought to the CAH communities
Challenges

12-month timeline is too short for community health improvement
Balancing state, community, & AzCAH priorities
Reconciling federal, community, AzCAH goals/metrics
Not being able to purchase pill boxes, lock boxes or Detera bags with Flex funding (deemed as “medical supplies”)
Contact

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Joyce Hospodar | hospodar@email.arizona.edu
Bryna Koch | brynak@email.arizona.edu
Jennifer Peters | petersjs@email.arizona.edu
Questions