

OPIOID PRESCRIBING AND TREATMENT

Arizona Department of Health Services



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Agenda

- How did we get here?
- What do the data show?
- Rulemaking Timeline
- Rules for Opioid Prescribing and Treatment
- Next Steps
- Are there resources available?
- Questions and Answers



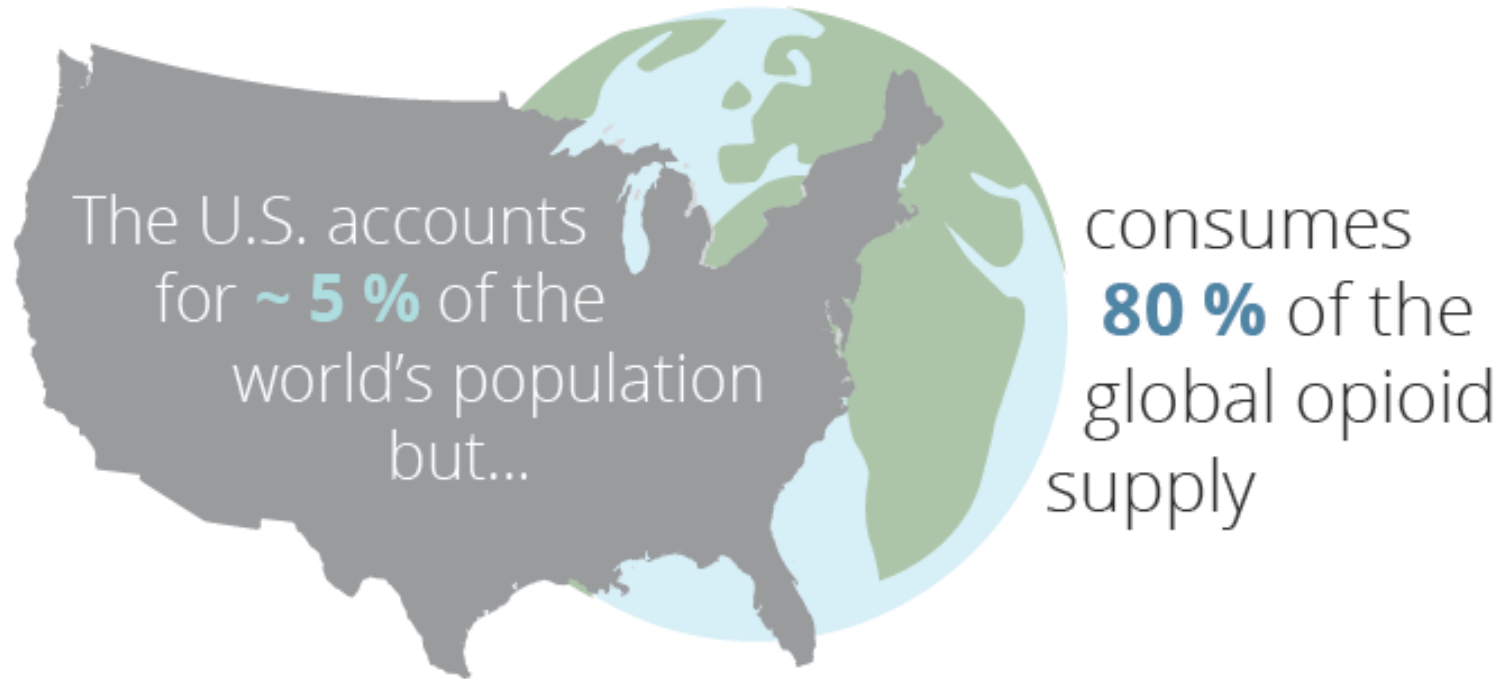
How Did We Get Here?



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Opioid Use is Increasing in the U.S.



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431 MILLION

opioid pills were
prescribed in 2016

enough for **every** Arizonan
to have a

2.5 week supply

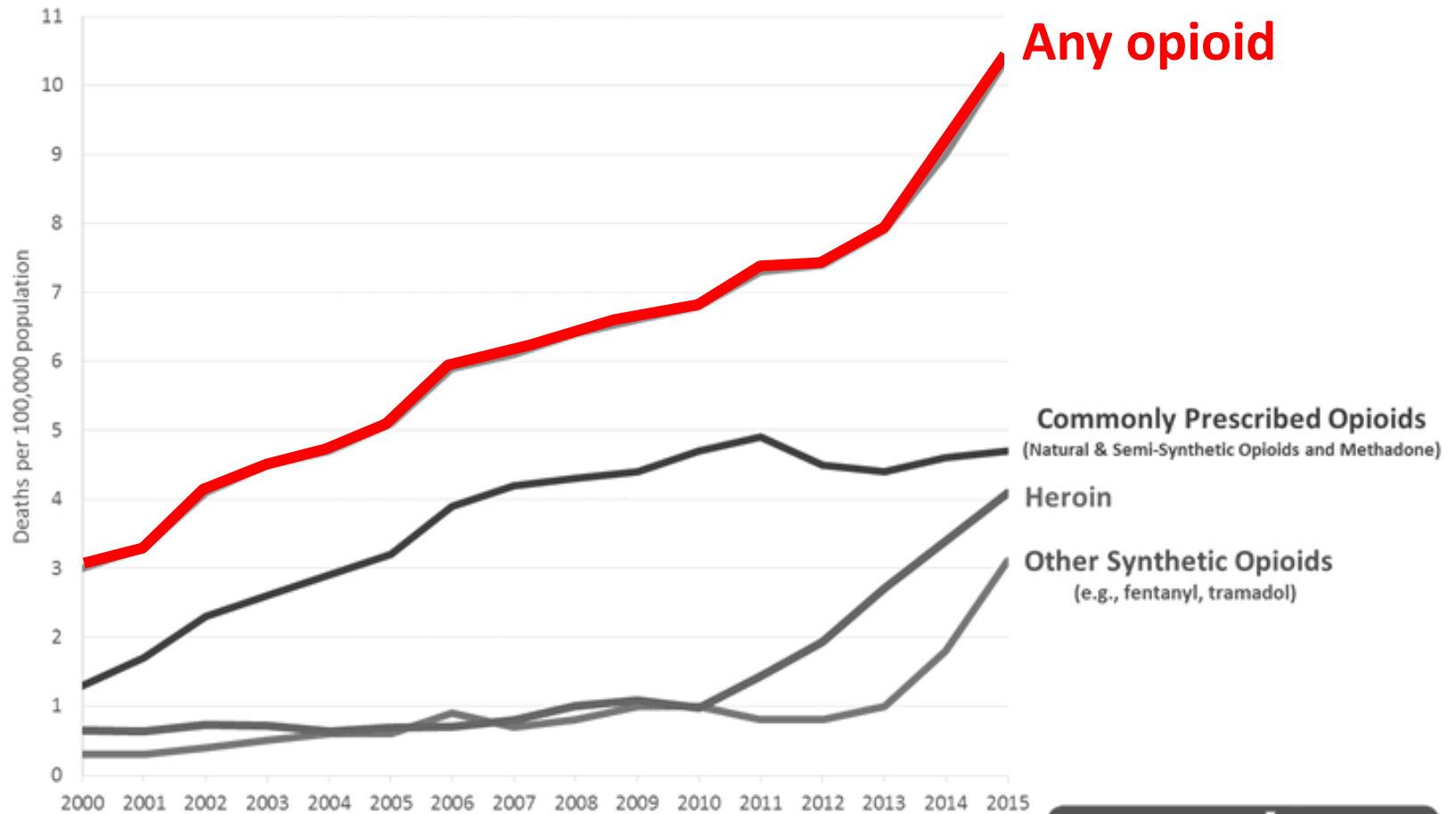


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Opioid-Related Deaths are Increasing in the U.S.

Overdose Deaths Involving Opioids, United States, 2000-2015



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

4 out of 5



new heroin users start by
misusing prescription
painkillers



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2016 Arizona Opioid Report



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azhealth.gov/opioid

<http://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/arizona-opioid-report.pdf>

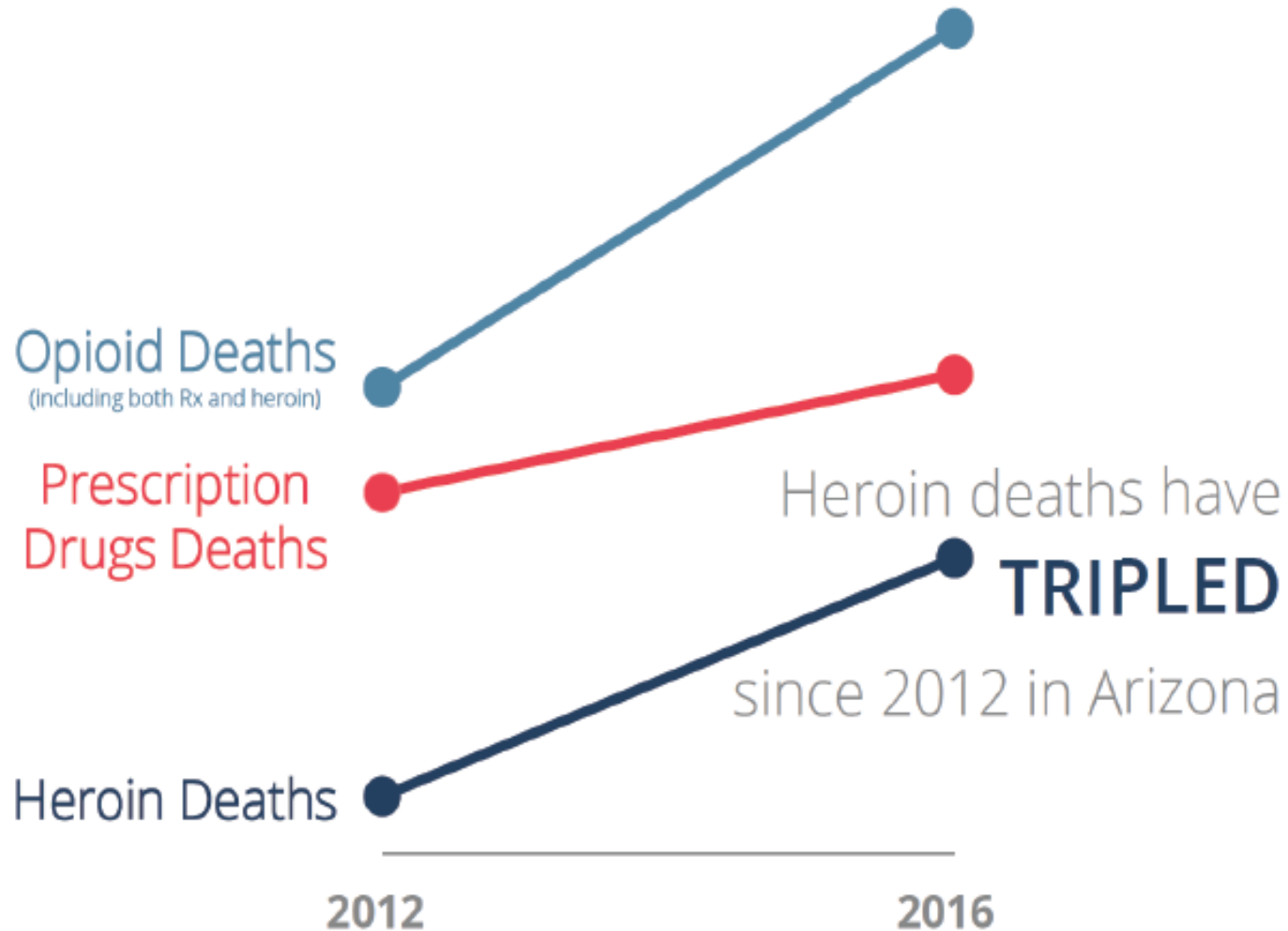
What Does The Data Show?

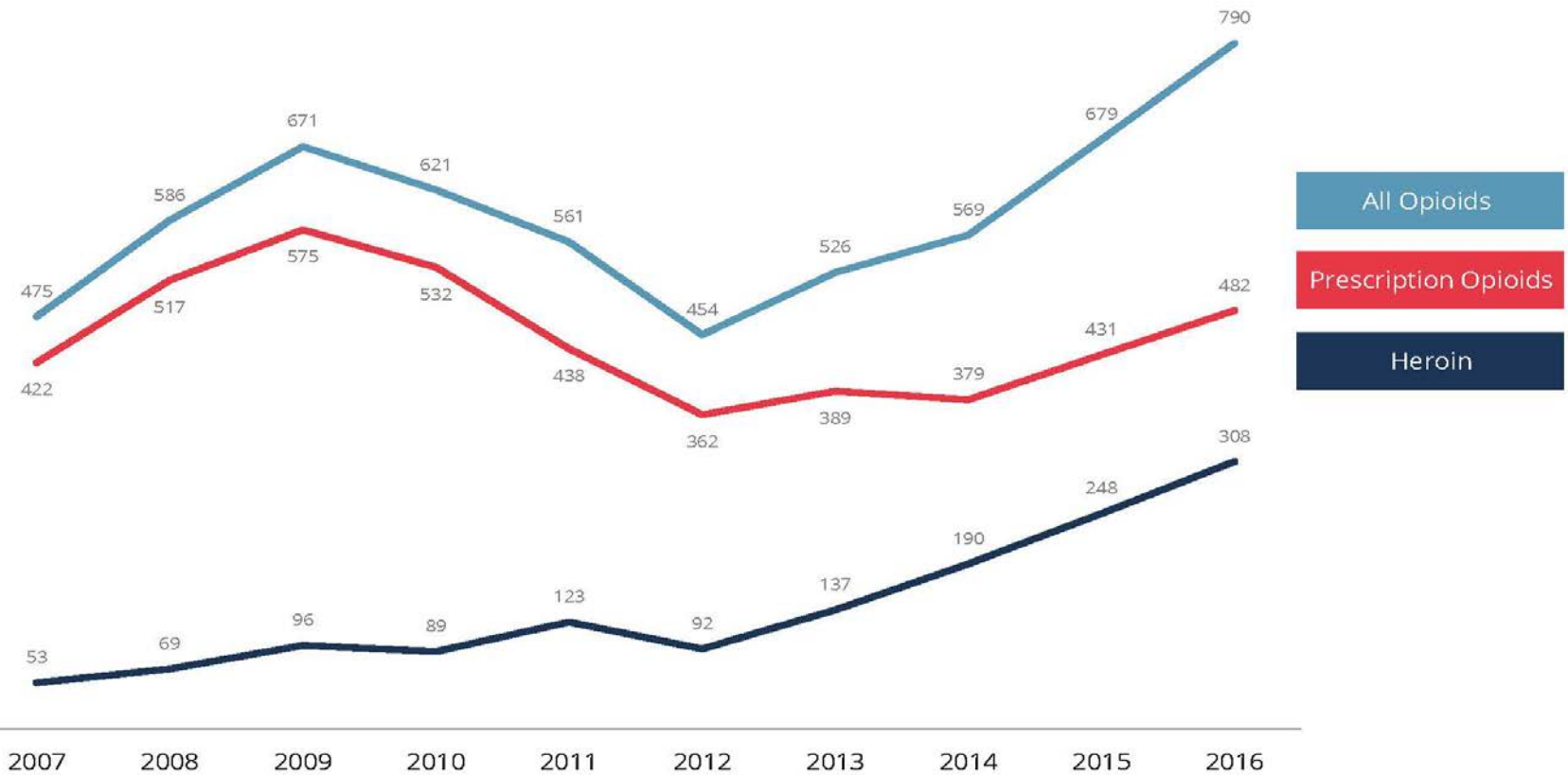


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Opioid-Related Deaths are Increasing in Arizona





Opioid death counts among Arizona residents and non-residents in Arizona from 2007 to 2016

Opioid-Related Deaths are Increasing in Arizona

- More than **two** Arizonans die each day from an opioid overdose
- In the past decade, there were **5,932** people who died from opioid-induced causes
- Arizona opioid death rates start to rise in the late teens and peak at age **45-54**
- **74%** increase in deaths since 2012

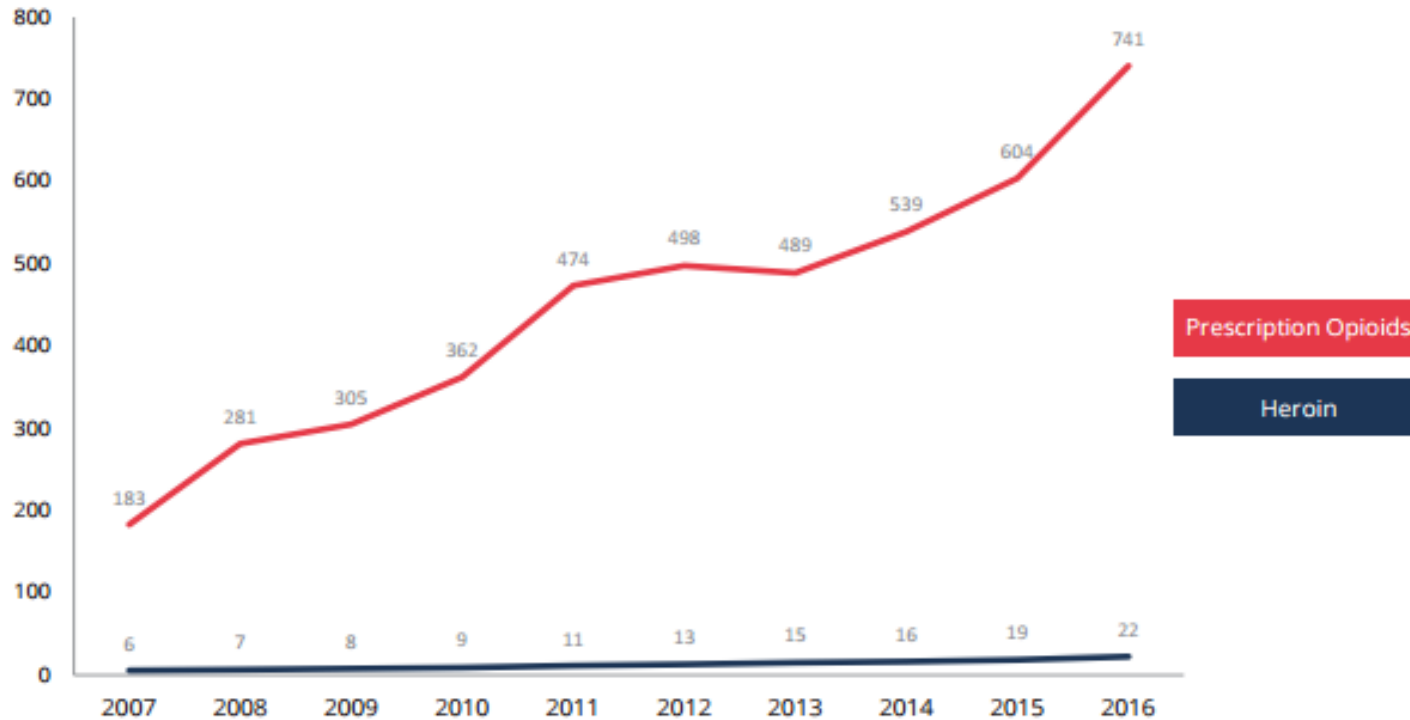
Full report available at azhealth.gov/opioid



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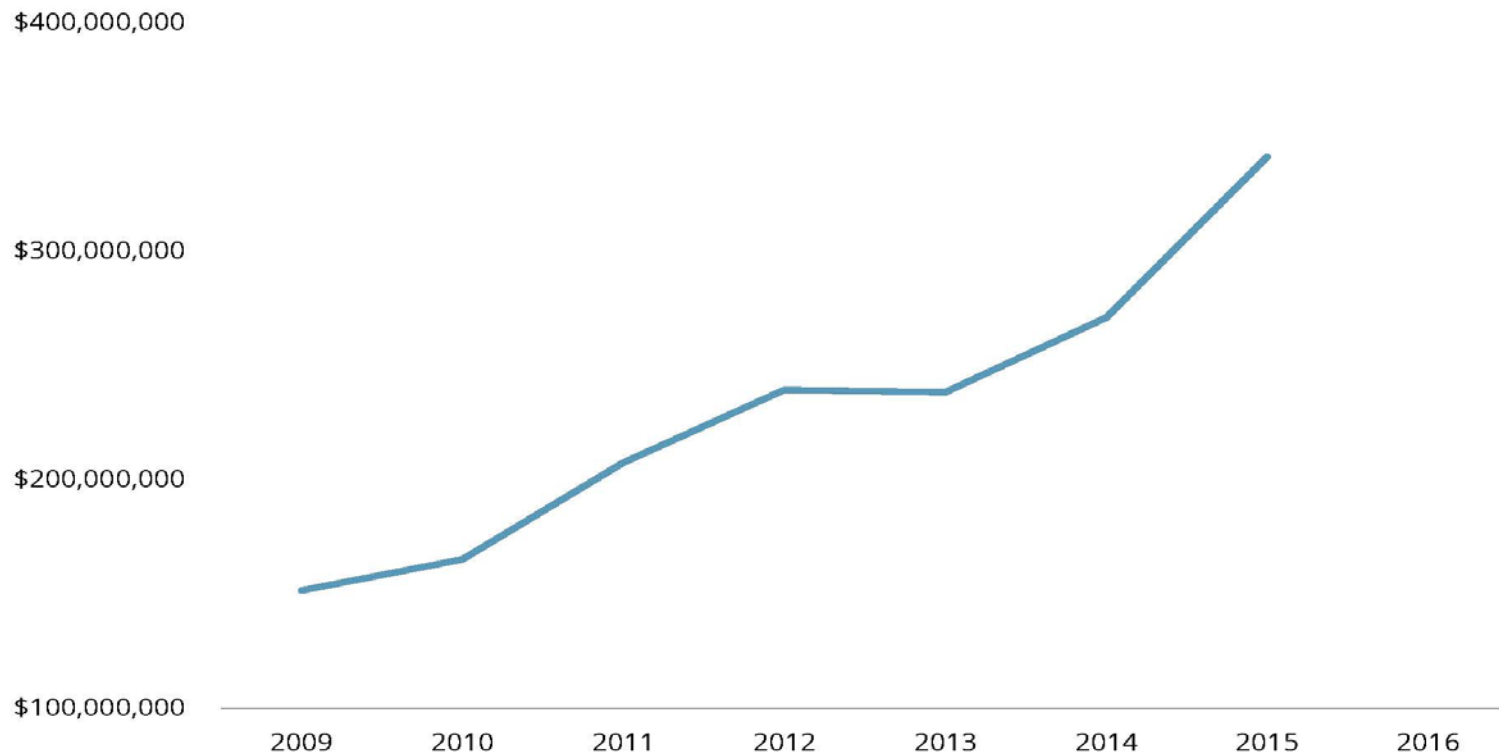
Hospital opioid-related unique encounter rate per 100,000 population from 2007 to 2016.



What is a unique encounter?

- Unique encounters are events for a single person involving either hospital admission, or an emergency department encounter without admission.

The cost of all opioid-related encounters has **increased 125%** from 2009 to 2015.



* Cost for encounters are calculated by applying the annual cost-to-charges ratio (produced by the Agency for Healthcare Research and Quality, Healthcare Cost Utilization Project) to reported encounter charges. This will estimate the actual cost paid to the provider for the healthcare services of the encounter. For this report, 2015 costs were estimated using the 2010-2014 average cost-to-charges-ratio by facility since 2015 and 2016 ratios were not available. When facility-specific ratios were not provided, the group ratio was used, or the state average ratio. These estimated costs are reasonable, estimates of actual cost, and are a more accurate measure than reported charges.

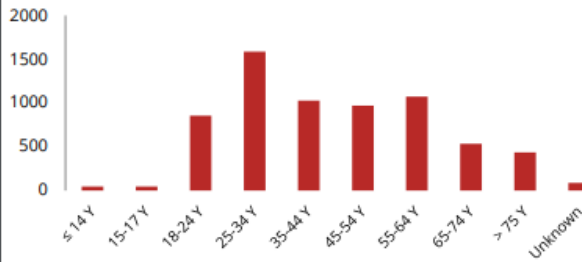
The full economic burden of opioids upon the healthcare system is difficult to precisely calculate, but a reasonable measure may be derived using hospital reported charges adjusted using national cost to charges ratios provided by the Department of Health and Human Services. Using this approach the cost of all 'opioid-related' encounters in Arizona from 2009 - 2015 has increased by 125%.*

Opioid Report

June 15 – March 22, 2018

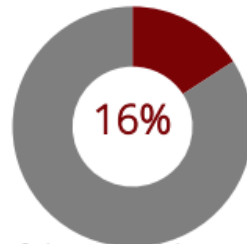
Opioid Overdoses & Deaths

6,749 possible opioid overdoses reported

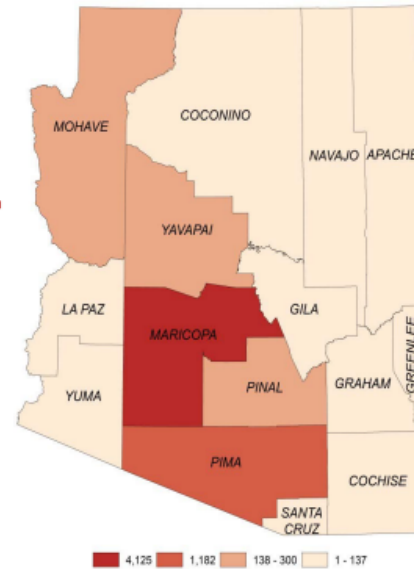


41%

59%



of the possible opioid overdoses were **fatal**



Neonatal Abstinence Syndrome

650 Arizona babies born with possible drug-related withdrawal symptoms

Naloxone

4,488

naloxone doses administered outside of the hospital by emergency medical services, law enforcement, and others

10,756

naloxone kits distributed to the public by pharmacies



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Opioid data is preliminary and subject to change as cases are confirmed. This data does not include Part 2 programs prohibited from reporting by 42 C.F.R. The numbers provided are cumulative since June 15, 2017.

azhealth.gov/opioid

azhealth.gov/opioid

Real Time Opioid Data

For the first time, statewide opioid data is available in real time. [Check out the details](#) of the five categories of data we are now collecting.

1,071

suspect opioid
deaths

6,749

suspect opioid
overdoses

650

neonatal
abstinence
syndrome

10,756

naloxone doses
dispensed

4,488

naloxone doses
administered



- Learn about the new [Arizona Opioid Epidemic Act](#) | [Español](#)
- New emergency rules for Opioid Poisoning-Related Reporting have been released and are now in effect. [Review the new emergency rules.](#)
- The final rule for [Opioid Prescribing and Treatment](#) has been released and is now in effect.
- Check out our latest [progress on the opioid response](#).
- The final draft of the [Arizona Opioid Prescribing Guidelines](#) is now available (updated Dec. 2017).

Opioids are powerful painkillers that can be highly addictive. The impact of opioid misuse is significant in our communities and on the public health system. On June 1, 2017, the Arizona Department of Health Services [released its latest data](#) on opioid overdoses in Arizona showing the highest number of deaths in ten years. In 2016, 790 Arizonans died from opioid overdoses. The trend shows a startling increase of 74 percent over the past four years.



Naloxone Information



Laboratory Testing



Opioid Background



Opioid Maps



Law Enforcement & EMS



Training



Reporting



Clinicians

On June 5, 2017,
Arizona Governor Doug Ducey declared a
State of Emergency
due to an opioid overdose epidemic

**Governor Ducey Declares
Statewide Health Emergency In
Opioid Epidemic**

News Release

June 5, 2017     

As the number of opioid overdoses and deaths increase at an alarming rate, we must take action."

PHOENIX — Governor Doug Ducey today signed an emergency declaration to address the growing number of opioid deaths in our state.



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The Emergency Declaration Came with Authority and **Deliverables** of ADHS

- Provide consultation to Governor on identifying and recommending elements for Enhanced Surveillance
- **Initiate emergency rule-making with the Arizona Attorney General's Office in order to develop rules for opioid prescribing and treatment within health care institutions pursuant to A.R.S. 36-405**
- Develop guidelines to educate providers on responsible prescribing practices



The Emergency Declaration Came with Authority and **Deliverables** of ADHS

- Provide training to local law enforcement agencies on proper protocols for administering naloxone in overdose situations
- Provide report on findings and recommendations by September 5, 2017



Opioid Rulemaking Timeline



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Timeline

- ADHS initiated immediately
- ADHS submitted draft emergency rules to Attorney General
- Attorney General approved and submitted final emergency rules to Secretary of State - July 28, 2017.
- Emergency rules in effect - July 28, 2017



Timeline

- ADHS issued notice of proposed rulemaking submitted on November 17, 2017.
- Notice of final rulemaking submitted and approved to GRRC on March 6, 2018.
- Approved notice of final rulemaking submitted to Secretary of State on March 6, 2018 and made effective March 6, 2018.



Rules for Opioid Prescribing and Treatment **R9-10-120, Article 1. General**



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Opioid Prescribing and Treatment Rules

- The new rules in A.A.C. R9-10-Article 1
 - Focus on health and safety
 - Provide regulatory consistency for all health care institutions.
 - Apply to all health care institutions



Rules Requirements

- Establish, document, and implement policies and procedures for prescribing, ordering, or administering opioids as part of treatment
- Include specific processes related to opioids in a health care institution's quality management program; and
- Notify the Department of a the death of a patient from an opioid overdose.



Policies and Procedures

- Cover who may prescribe, order or administer opioids and their qualifications.
- Cover who may provide assistance in self administration of opioids and their qualifications.
- Should be consistent with national guidelines.
- Include documenting dispensed opioid in the Arizona Board of Pharmacy Database, if applicable according to ARS 36-2608.



Policies and Procedures (cont.)

Cover the how, when and/or by whom:

- The Arizona Controlled Substance Database is reviewed.
- An assessment is conducted of the patient's substance use risk and documented.
- Potential risks, adverse outcomes, and complications are explained to the patient and documented.
- Alternatives to opioids are explained to the patient and documented.
- A patient's need for an opioid is assessed and documented before administered.
- How a patient receiving a opioid is monitored after administration of the opioid and is documented.



Informed Consent

Informed consent is obtained from the patient and documented

- Patient name & identifier, i.e. DOB.
- The condition the opioid is prescribed or ordered for.
- The potential risks, adverse reactions, complications, and medication interactions of the opioid.
- If applicable, potential risks, adverse reactions and complications with concurrent use of benzodiazepines or sedative hypnotic medications.
- Alternatives to the opioid.
- Name and signature of person explaining the use of the opioid
- Signature of the patient and date signed.



Policies and Procedures (cont.)

- Should address conditions that impose a higher risk.
- Criteria, If opioid is prescribed longer than 30 days.
- Cover criteria and procedures for tapering.
- Cover criteria and procedures for offering or referring a patient for substance use treatment disorder.
- Cover criteria for co-prescribing a short acting opioid antagonist.



Quality & Reporting

- Process for reviewing known incidents of opioid related adverse reactions, negative outcomes, deaths.
- Surveillance and monitoring for adherence to the policies and procedures related to opioids.
- Reporting of opioid related deaths to Department within 1 working day.



Prescribing Opioids

Before prescribing opioids a medical practitioner:

- Conducts a physical exam or reviews documentation from a physical exam conducted during the same episode of care.
- Reviews patient's profile on AZ Board of Pharmacy Controlled Substances Database unless exempted under ARS 36-2606(G).
- Conducts assessment of the patient's substance use risk or reviews documentation of assessment conducted during same episode of care by an authorized individual.
- Explains risks and benefits associated with the use of opioids or ensures understanding of risks and benefits already explained.
- Explains alternatives to the prescribed opioid.
- Obtains informed consent.



Prescribing Opioids (cont.)

Includes in a new or existing treatment plan in the record:

- Patient diagnosis.
- Patient medical history, including co-occurring disorders.
- Opioids prescribed.
- Other medications, including herbal supplements.
- If applicable, the effectiveness of current treatment, duration of current treatment, alternatives tried or planned.
- The expected benefit of the treatment or increased benefit of the change.
- Other factors relevant to use of the opioid.
- Discharge plan includes how medically indicated pain control will occur after discharge in order to meet the patient's needs.



Ordering Opioids

Before ordering opioids, a medical practitioner:

- Conducts a physical exam or reviews documentation from a physical exam conducted during the same episode of care or within the previous 30 days conducted by the transferring HCI or referring medical practitioner.
- Reviews patient's profile on AZ Board of Pharmacy Controlled Substances Database unless exempted under ARS 36-2606(G).
- Conducts assessment of patient's substance use risk or reviews documentation of assessment conducted by an authorized individual within the previous 30 days.
- Explains the risks and benefits associated with use of opioids or ensures understanding of risks and benefits already explained.
- If applicable, explains alternatives to the ordered opioid.
- Obtains Informed Consent.



Ordering Opioids (cont)

Includes in a new or existing treatment plan in the record with:

- Patient diagnosis.
- Patient medical history, including co-occurring disorders.
- Opioids prescribed.
- Other medications, including herbal supplements.
- If applicable, the effectiveness of current treatment, duration of current treatment, alternatives tried or planned.
- The expected benefit of the treatment or increased benefit.
- Other factors relevant to use of opioid.
- Discharge plan indicates how medically indicated pain control will occur after discharge to meet patient needs.



Administering Opioids

Before administering or assisting with the self-administration of an opioid in compliance with an order, an individual authorized by the health care institution's policies and procedures to administer an opioid must:

- Identify the patient's need for the opioid
- Monitor the patient's response to the opioid
- Document the need and effect of the opioid in the patient's medical record



Exemptions

Emergencies

- Policies and Procedures for emergency situations:
 - Informed consent or lack thereof.
 - Ordering and administering.
 - Complying with rules when the emergency is resolved.
- The order is part of emergency treatment.
- Issued in accordance with policies and procedures.
- The emergency is documented in the health record.



Exemptions

- Prescribing, ordering, and administering opioids for end of life conditions or pain associated with active malignancy.
- Changing opioid type or dosage for prescriptions:
 - Before pharmacist dispenses.
 - If due to an adverse reaction within 72 hours of dispensing.
- If ordering for no longer than 3 days for patient remaining within the health care institution.
- Ordering an opioid for surgical or invasive procedure.
- Ordering an opioid when changing dose, type, or route which had previously been ordered by medical practitioner of the health care institution.



Are There Resources Available?



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Webinars

- Residential Licensing
 - May 7th; 12-1pm
- Long Term Care Licensing
 - May 9th; 12-1pm
- Medical Licensing
 - May 10th; 12-1pm



Other Resources

- Arizona Department of Health Services Opioid Webpage: www.azdhs.gov/opioid
- A.A.C. R9-10-120:
<http://azdhs.gov/director/administrative-counsel-rules/rules/index.php#rulemakings-completed-2018>



Questions and Answers



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THANK YOU

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