

ARIZONA OPIOID ACTION PLAN
VERSION 2.0
JULY 2019 – JUNE 2021

ARIZONA DEPARTMENT OF HEALTH SERVICES
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
GOVERNOR'S OFFICE OF YOUTH, FAITH & FAMILY

EXECUTIVE SUMMARY

With opioid deaths increasing in Arizona and across the nation, Governor Doug Ducey issued the first public health emergency declaration on June 5, 2017, calling for statewide effort to reduce opioid deaths. The emergency declaration resulted in swift, substantial action, including:

- New mandated reporting of suspected opioid overdoses, deaths, neonatal abstinence syndrome, naloxone dispensed by pharmacists, and naloxone administered by first responders and others
- New rules in licensed health care facilities for opioid prescribing and treatment
- Updated Arizona Opioid Prescribing Guidelines, a consensus best practice document
- Training of law enforcement agencies on administering naloxone and distribution of free naloxone to these agencies
- Recommendations to the Governor in the first Opioid Action Plan and Opioid Overdose Epidemic Response Report, and
- Passage of the landmark, comprehensive Arizona Opioid Epidemic Act on January 26, 2018

The original Opioid Action Plan included 12 major recommendations and about 50 action items. The Opioid Action Plan was written for specific actions to occur between September 2017 and June 30, 2018. A summary of the year of the emergency response can be found at azhealth.gov/opioid. The Opioid Action Plan, along with additional resources provided through the Opioid Epidemic Act and federal grants, resulted in some major steps forward, including but not limited to:

- Expansion of treatment for people suffering from opioid use disorder, including 24/7 opioid treatment centers
- New 24/7 Opioid Assistance & Referral Line for consultations for health care providers and information for the public
- New Pain & Addiction Curriculum developed with input and consensus of 17 health profession schools in Arizona

With the completion of all of the deliverables of the emergency declaration, the implementation of most of the provisions of the Opioid Epidemic Act in effect April 26, 2018, and the near completion of all of the item in the Opioid Action Plan, Governor Ducey officially terminated the public health emergency on May 29, 2018. While the official emergency has ended, the fight to save lives and turn the tide on the opioid epidemic continues.

As with most crises of this magnitude, it will take time to see desired outcomes improve. Many of the actions set in motion are primary prevention strategies intended to reduce the number of people unnecessarily exposed to excess opioid medications that put them at risk of developing opioid use disorder. Major rollout of planned actions continues statewide and at the community level. Unfortunately, we continue to see an increase in opioid overdoses and deaths, including increases in fentanyl reported in the overdoses and multiple drugs involved in the overdoses.

With substantial policy and systems interventions already taking effect, this second Opioid Action Plan, Version 2.0, serves to articulate the next steps in addressing Arizona's opioid crisis at the state level. While the focus of the plan continues to be opioids as a leading killer, many recommendations and actions address the spectrum of substance use disorder affecting our communities.

EXECUTIVE SUMMARY

Goals to address opioid overdoses and deaths:

- Reduce the number of opioid deaths by 10% by the end of 2024
- Reduce the number of verified non-fatal opioid overdoses by 15% by 2024.
- Reduce the rate of all drug overdose deaths in Arizona by 10% by the end of 2024

Recommendations & Action Items

Recommendations and actions were created through a collaborative process lead by the Arizona Department of Health Services, AHCCCS, and the Governor's Office of Youth, Faith, and Family. The state agencies coordinated a one-day planning summit on April 16 to generate ideas for next steps to address the opioid crisis in Arizona. Fifteen sessions were held on various topics to identify top challenges and recommendations related to each topic. After the summit, a follow-up survey was provided to participants to allow all participants an opportunity to provide comments on all topics as well as to help further prioritize and assess feasibility of each recommendation. The input from the summit served as the primary basis of this Opioid Action Plan, Version 2.0, along with new initiatives resulting from legislation or grant funding.

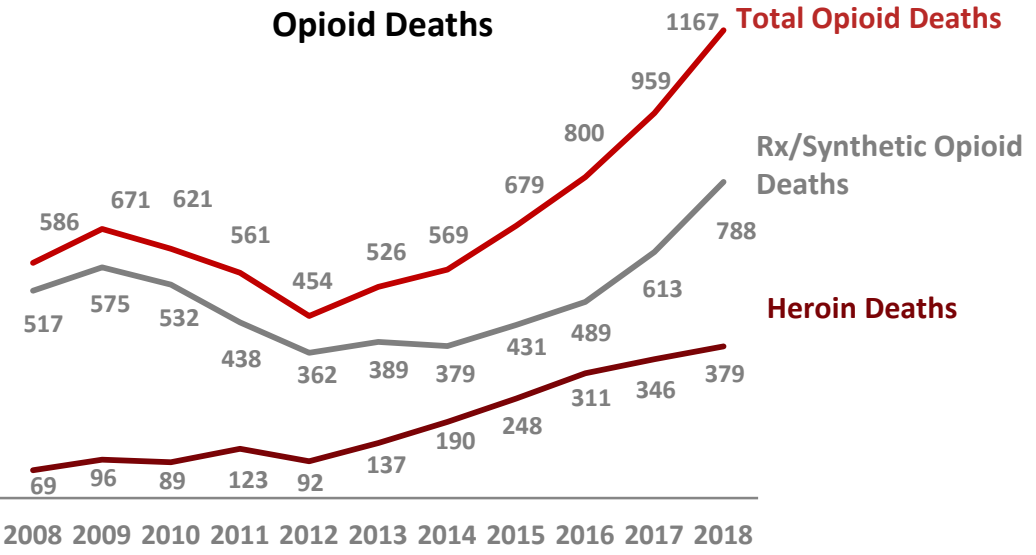
The recommendations and action items articulated in this document reflect specific new actions to be taken at the state level by state agencies and other statewide organizations. The plan does not include policy recommendations, nor does it attempt to include the substantial actions being taken by community organizations and local jurisdictions across Arizona to reduce opioid overdoses and save lives. Wherever possible, local jurisdictions are encouraged to create and implement local, actionable plans to address the crisis at the community-level.

Moving forward, in partnership with the Arizona Department of Health Services, the Arizona Substance Abuse Partnership (ASAP) will help guide the implementation of the Opioid Action Plan Version 2.0. The Arizona Substance Abuse Partnership is authorized under Executive Order 2013-05 to serve as the single public, statewide council on substance abuse prevention, enforcement, treatment, and recovery efforts. This new Opioid Action Plan builds on and complements the ASAP Strategic Plan.

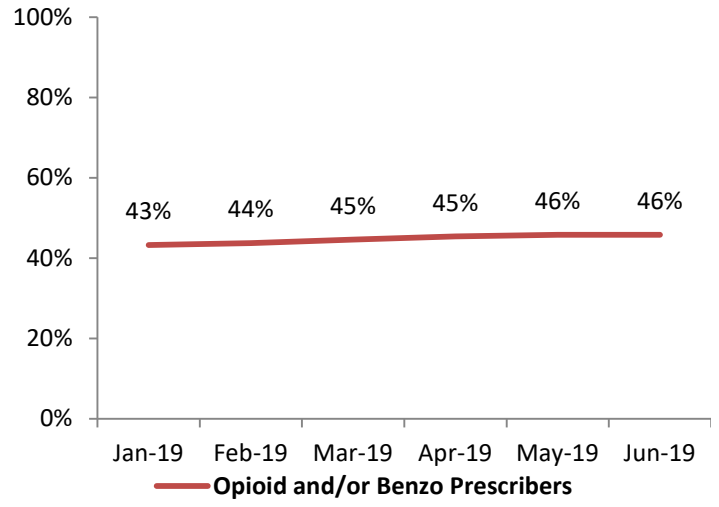
Strategies included in the Opioid Action Plan Version 2.0 focus on continuing to improve access to and quality of treatment, reducing stigma, enhancing prevention and early intervention, improving utilization of Arizona's Controlled Substances Prescription Monitoring Program, and enhancing data quality.

Opioid Action Plan, Version 2.0

Executive Summary



Percent of prescribers who prescribed opioids or benzodiazepines and checked the CSPMP at least once a month
January – June 2019

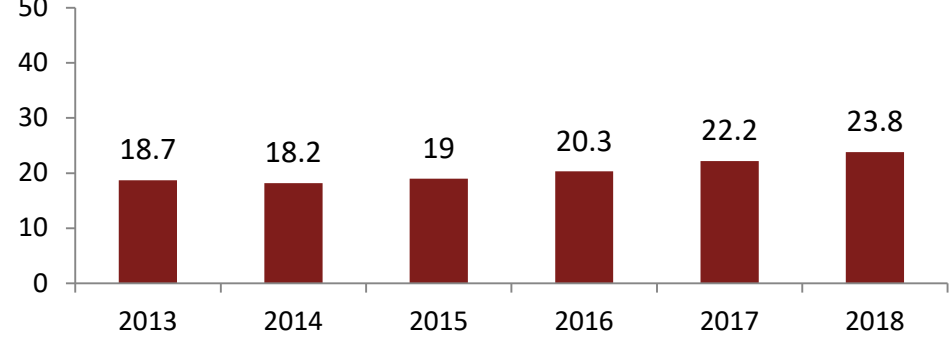


Goal	5-year
↓ the # of opioid deaths (2018 Baseline: 1,167)	10% (1,050)
↓ the # of verified non-fatal opioid overdoses (2018 Baseline: 3,756)	15% (3,193)
↓ the rate of all drug overdose deaths (2018 Baseline: 23.8 per 100,000)	10% (21.4)

Activity Updates:

- Opioid Epidemic Act signed into law Jan. 26, 2018
- Arizona Opioid Prescribing Guidelines updated
- Rules finalized for opioid prescribing and treatment in licensed health care institutions
- Opioid Assistance & Referral Line established
- First Opioid Action Plan completed June 2018
- New pain management clinic regulations
- 24/7 treatment centers established
- Arizona Pain & Addiction Curriculum developed

Rate of All Drug Overdose Deaths in Arizona per 100,000



Recommendations

Strategy	Recommendations	Performance Measures
Improve access to treatment	Enhance access to peer support <ul style="list-style-type: none"> Develop and publish information on where and how to access peer support services throughout Arizona. Develop and publish information on how individuals with lived experience can become peer support specialists. 	<ul style="list-style-type: none"> By June 30, 2021, complete 100% of action items Number and rates of peer support utilization, AHCCCS.
	<ul style="list-style-type: none"> Expand co-located services Increase the number of DATA-waivered providers in FQHC and PCP settings; Expand access to OB/GYN services in MAT clinics; Increase the number of case managers co-located within criminal justice settings. 	<ul style="list-style-type: none"> By June 30, 2021, complete 100% of action items. Number of DATA-waivered providers in underserved areas. Number of MAT clinics offering co-located OB/GYN services. Number of case managers co-located in local police precincts and county jails.
	Expand existing consultation for MAT providers; expand use of telehealth for MAT treatment.	<ul style="list-style-type: none"> By September 30, 2020, complete 100% of action items Number of Data-Waivered clinicians providing MAT MAT telehealth utilization rates
	Mentor clinicians new to providing Medication Assisted Treatment (MAT)	<ul style="list-style-type: none"> By June 30, 2021, complete 100% of action items
	Graduate medical students as automatically eligible for the DATA-waiver upon application for their full DEA-license	<ul style="list-style-type: none"> Increase the number of DATA-waivered clinicians By March 31, 2020, complete 100% of action items
	Expand loan repayment and other incentives for people providing behavioral health services in underserved communities	<ul style="list-style-type: none"> By June 30, 2021, complete 100% of action items Increase the number of mental health providers in State Loan Repayment Program
	Align payment systems to achieve outcomes <ul style="list-style-type: none"> Access value-based payment models for pain management, opioid use disorder treatment and social determinants of health Reconvene Insurance Parity Taskforce to consider value-based bundles around pain care and substance use disorder treatment 	<ul style="list-style-type: none"> By January 31, 2020, complete 100% of action items
Enhance quality of treatment for substance use disorder and chronic pain	Complete the graduate medical education and continuing education versions of The Arizona Pain and Addiction Curriculum.	<ul style="list-style-type: none"> By June 30, 2020, complete 100% of action items
	Establish standards for designation centers of excellence for treating of opioid use disorder	<ul style="list-style-type: none"> By June 30, 2021, complete 100% of action items
	Work with hospitals to implement best practices of patients who have overdosed or have an identified substance use disorder	<ul style="list-style-type: none"> By December 31, 2020, complete 100% of action items Percent of patients who have overdosed receiving a referral for behavioral health services by the hospital that treated them Percent of hospitals providing naloxone or a prescription for naloxone to a patient who had overdosed Number of emergency departments with an established buprenorphine initiation model and number of individuals served through these settings

Recommendations

Strategy	Recommendations	Performance Measures
Reduce stigma	Launch a public statewide stigma reduction campaign on substance use disorder and increase treatment seeking behavior	<ul style="list-style-type: none"> • By May 31, 2020 , complete 100% of action items • Number of website impressions • Average session duration on website • Number of social media impressions
	Engage in the development of a public campaign to educate and raise awareness of pregnant and parenting women who may be using drugs to reduce the shame and the stigma associated with drug use and to gain acceptance of medication assisted treatment	<ul style="list-style-type: none"> • By June 30, 2021, complete 100% of action items • Number of NAS cases reported
Enhance prevention & early intervention	Provide training for all professionals on Trauma-Informed Care with uniform message, language, and materials	<ul style="list-style-type: none"> • By September 30, 2020, complete 100% of action items • Increase the number of individuals trained on trauma-informed care
	Improve social connectedness and help seeking behavior by implementing programs and campaigns designed to: <ul style="list-style-type: none"> • Improve connections and communication • Educate Arizonans on the negative health impacts of social isolation 	<ul style="list-style-type: none"> • By June 30, 2020, complete 100% of action items. • Number of media hits • Number of earned media spots • Number of other campaigns and websites with social connection messages
	Provide support to local jurisdictions, community-based organizations, Tribes, and EMS agencies to achieve statewide coordination of effective opioid prevention activities	<ul style="list-style-type: none"> • By June 30, 2021, complete 100% of action items • Number of calls to the OARLine
Improve prescribing and dispensing practices	Improve Utilization of the Arizona Controlled Substances Prescription Monitoring Program <ul style="list-style-type: none"> • Incorporate messaging that use of the CSPMP is not only the law but a standard of care into training and messaging by associations, state agencies, and regulatory boards. • Support and monitor integration of CSPMP with electronic health records and identifying solutions to barriers. • Improve data analysis to target educational or compliance efforts at those providers not utilizing the system. • Implement SB1536, issuing recommendations on appropriate use and accessibility parameters for patient information by licensed health care professionals and other delegates. • Develop a plan with additional, specific recommendations to improve utilization. 	<ul style="list-style-type: none"> • Percent of prescribers who prescribe opioids or benzodiazepines and have “Lookups” in the CSPMP • Number of health care entities linking their Electronic Health Records to the CSPMP and # of prescribers with access to the CSPMP through EHRs • By September 30, 2020, complete 100% of action items
	Ensure Arizona prescribers are enabled to e-prescribe controlled substances and pharmacists are enabled to accept and process e-prescriptions for controlled substances.	<ul style="list-style-type: none"> • By June 30, 2020, complete 100% of action items • By June 30, 2020, 90% of prescribers will be enabled to e-prescribe controlled substances
Enhance data quality and dissemination of actionable information on deaths from all drugs	Activate State and Local Drug Overdose Fatality Review Teams to conduct reviews of overdose deaths and produce annual report on findings.	<ul style="list-style-type: none"> • By June 30, 2021, complete 100% of action items
	Implement State Unintentional Drug Overdose Reporting System (SUDORS) to improve timeliness of drug-related death certificate data and reporting to CDC	

RECOMMENDATION BRIEF: PEER SUPPORT

Improve Access to Treatment: Peer Support

Recommendation:

- Develop and publish information on where and how to access peer support services throughout Arizona.
- Develop and publish information on how individuals with lived experience can become peer support specialists.

Background & Gap: Peer support is an evidence-based practice that increases engagement and access to treatment, as well as quality of life, social functioning and community engagement. Peer support is also associated with decreased use of inpatient services, decreased hospitalizations and costs to the system. Arizona has increased the availability of peer support specialists through the Opioid State Targeted Response and State Opioid Response grants, but there is a need to provide information to the public on how to access these services throughout Arizona. There is also the need to continue to grow the network of peer support services throughout Arizona, especially for individuals with lived experience with Opioid Use Disorder (OUD).

Trends in Arizona: While the network of peer support specialists for the OUD population has started to increase in Arizona, a resounding theme of the 2019 Opioid Planning Summit was that those seeking these services were unaware of how to access them. This was especially true for individuals in rural and remote areas of the state. Likewise, although there are now several options to cover these and other OUD services for the under- and uninsured populations, the consensus of the stakeholders in the planning summit was that individuals in these populations or those attempting to navigate them to these services remain unaware of their options. Given the identified stigma challenges and the number of individuals with OUD who do not receive treatment, creating public awareness of these services will help reduce barriers to entering and retaining in OUD treatment services.

Agencies Impacted:

- AHCCCS
- ADHS

Lead Agency: AHCCCS

Action Plan/Timeline:

- By December 31, 2019, AHCCCS will develop and publish informational material on where and how to access peer support services in Arizona.
- By December 31, 2019, AHCCCS will develop and publish informational material on how individuals with lived OUD experiences can become peer support specialists.
- By June 30, 2021 ADHS will complete rules for voluntary certification of Community Health Workers.

Performance Metrics:

- By June 30, 2021, complete 100% of action items
- Number and rates of peer support utilization, AHCCCS

RECOMMENDATION BRIEF: CO-LOCATED SERVICES

Improve Access to Treatment: Expand Co-Located Services

Recommendations:

- Increase the number of DATA-waivered providers in FQHC and PCP settings;
- Expand access to OB/GYN services in MAT clinics;
- Increase the number of case managers co-located within criminal justice settings.

Background & Gap: There is a shortage of MAT providers, particularly in the rural geographic areas of Arizona. Co-locating MAT providers inside settings where individuals go for primary health care can help increase identification of OUD and access to timely treatment. Women with OUD who are pregnant and/or parenting are less likely to engage in OUD treatment and pre-natal care due to concerns about shame, stigma and fear. Increasing access to co-located services within MAT clinics will help increase access to critical pre-natal care and enhance post-partum outcomes for mother and baby. Local police departments and county jails are high-impacts points for engaging individuals with OUD into diversion and treatment resources. To do so in a timely manner requires expanding the number of on-site case managers to assist in the connection to resources.

Trends in Arizona: While there has been expanded access to MAT services throughout the state through the STR and SOR grants, there remains a critical need to enlist more DATA-waivered providers to serve individuals with OUD living in Arizona's remote areas. Results from the 2019 quarterly Arizona Treatment Capacity Survey indicated that 134 providers were interested in obtaining a waiver. Efforts are needed to identify and support providers in this pool who can reach the underserved geographic areas of the state. From June 17, 2017- June 13, 2019, there have been 1,418 suspected cases of NAS reported to ADHS from Arizona hospitals. Participants of the 2019 Opioid Planning Summit indicated the need for expanded co-location of OB/GYN and MAT services in the same location. Likewise, criminal justice partners at the summit indicated the need for co-located case managers in local precincts and county jails. Currently, these positions only exist in three counties.

Agencies Impacted: AHCCCS

Lead Agency: AHCCCS

Action Plan/Timeline:

- By December, 2019 AHCCCS will work with the MCOs and FQHCs to identify underserved geographic services and potential providers for those areas.
- By September 30, 2020, AHCCCS will increase the number of MAT clinics offering OB/GYN services.
- By September 30, 2020, AHCCCS will increase the number of case managers co-located within local police precincts and county jails.

Performance Metrics:

- By June 30, 2021, complete 100% of action items.
- Number of DATA-waivered providers in underserved areas
- Number of MAT clinics offering co-located OB/GYN services
- Number of case managers co-located in local police precincts and county jails

RECOMMENDATION BRIEF: MAT CONSULTATION & TELEHEALTH

Improve Access to Treatment: Expand use of Project ECHO, consultation platforms and telehealth

Recommendation: Expand existing consultation for MAT providers; expand use of telehealth for MAT treatment.

Identified Gap: There is a shortage of MAT providers, particularly in the rural geographic areas of Arizona and for those serving pregnant and parenting women with OUD. Many new DATA-waivered providers are not currently offering MAT due to unfamiliarity with the practice or a lack of support and guidance for implementation. Even with the expansion of new OTPs and Medication Units in Arizona, individuals living in remote areas of the state still face significant barriers related to long travel distances to access these services. Expanded use of telehealth options could help alleviate these barriers.

Trends in Arizona: AHCCCS currently funds a Project ECHO for MAT providers. The project has been successful in providing a monthly consultation platform for those providers needing assistance and support with MAT cases. However, the platform is limited to 50 available slots and additional platforms are needed in Arizona to sufficiently support providers. Access to telemedicine to help alleviate barriers to care has been an ongoing discussion at AHCCCS. AHCCCS intends to release an expansion of the agency's telemedicine policy on 10/01/2019.

Agencies Impacted: AHCCCS

Lead Agency: AHCCCS

Action Plan/Timeline:

- By October 1, 2019, AHCCCS will release expanded telemedicine policy.
- By September 30, 2020, expand access to Project ECHO and other provider consultation platforms.
- By September 30, 2020, fully launch pregnant and parenting women consultation platform.

Performance Metrics:

- By September 30, 2020, complete 100% of the action items in the Issue Action Plan
- Number of Data-Waivered clinicians providing MAT
- MAT telehealth utilization rates

RECOMMENDATION BRIEF: MAT MENTORING

Improve Access to Treatment: Mentor Clinicians New to Providing Medication Assisted Treatment (MAT)

Recommendation: Launch MAT Mentoring Program to provide additional support and hands on training to DATA-waivered clinicians in Arizona to increase capacity to provide Medication Assisted Treatment (MAT).

Identified Gap:

To meet the increasing need for treatment of opioid use disorder, more clinicians are needed to provide Medication Assisted Treatment. Of those clinicians that are DATA-waivered to provide MAT, many are not doing so. One of the main barriers is the lack of hands-on experience and having a support system in place for newly beginning MAT providers.

Trends in Arizona:

- Results from the ADHS March 2019 quarterly Arizona Treatment Capacity Survey show only 308 MAT providers available across the state. Survey results also indicate that 134 providers across the state are currently interested in becoming DATA-waivered.
- There are more than 1,000 clinicians in Arizona listed on SAMHSA's buprenorphine treatment locator.
- According to SAMHSA, there were 627 newly certified DATA-waivered practitioners in Arizona in 2018, a large increase from 329 newly certified practitioners in 2017.

Agencies Impacted:

- ADHS
- AHCCCS
- University of Arizona Center for Rural Health
- Poison Control Centers

Lead Agencies:

- ADHS
- University of Arizona Center for Rural Health

Action Plan/Timeline:

- By October 31, 2019, ADHS will establish contract with University of AZ Center for Rural Health to develop a MAT mentoring program.
- By May 1, 2020, University of Arizona Center for Rural Health will begin recruiting DATA-waivered clinicians to serve as MAT mentors.
- By June 1, 2020, University of Arizona Center for Rural Health will enroll first cohort of MAT mentoring participants.

Performance Metrics:

- By June 30, 2021, complete 100% of the action items in the Issue Action Plan

RECOMMENDATION BRIEF: DATA-WAIVER ELIGIBILITY

Improve Access to Treatment:

Graduate medical students as automatically eligible for the DATA-waiver upon application for their full DEA-license.

Recommendation: Submit *The Arizona Pain and Addiction Curriculum* to the Arizona Medical Boards and Arizona Osteopathic Boards for determination whether the training meets requirements for DATA-waiver eligibility.

Background & Gap: There is a distinct imbalance in the number of health care providers in Arizona that are able to prescribe opioids (approximately 35,000) and the number of providers that have their DATA-waiver (approximately 1,000) to treat opioid use disorder with buprenorphine. Getting more clinicians enabled to provide treatment for opioid use disorder is critical to improving access to treatment availability in Arizona. Providing students with the appropriate education can reduce barriers and stigma and encourage more primary care clinicians to provide treatment.

Trends in Arizona: Senate Bill 1029 was approved on May 7, 2019, which allows for the Arizona licensing boards to approve a training or experience as sufficient for DATA-waiver eligibility. If *The Arizona Pain and Addiction Curriculum* is approved by the licensing boards, medical schools could implement the curriculum and graduate their students as automatically eligible for the DATA-waiver upon application for their full DEA-license.

Agencies Impacted:

- ADHS
- Arizona Medical Board
- Arizona Board of Osteopathic Examiners
- SAMHSA

Lead Agency: ADHS

Action Plan/Timeline:

- By August 31, 2019 ADHS will meet individually with the Arizona licensing boards to discuss the process of determining whether a training or experience meets DATA-waiver eligibility.
- By December 31 2019, ADHS will present their proposal of *The Arizona Pain and Addiction Curriculum* to the Arizona licensing boards.
- If approved, by March 31, 2020, ADHS will present this news and process to the six medical boards.

Performance Metrics:

- By March 31, 2020, complete 100% of action items
- Number of DATA-waivered clinicians

RECOMMENDATION BRIEF: LOAN REPAYMENT

Improve Access to Treatment:

Expand loan repayment or other incentives for people providing behavioral health services in underserved communities

Recommendation: Expand loan repayment or other incentives for people providing behavioral health services or Medication Assisted Treatment in underserved communities

Background & Gap: Arizona has a significant lack of primary care providers and behavioral health providers. Arizona has a disproportionate distribution and availability of providers. As of January 2019, Arizona has a total of:

- 37 Medically Underserved Areas
- 10 Medically Underserved Population areas
- 196 Primary Care Health Profession Shortage Areas (HPSAs)
- 184 Dental HPSAs
- 177 Mental Health HPSA

To eliminate existing HPSA designations, Arizona would need an additional 605 primary care physicians, 456 dentists, and 233 psychiatrists. With the current shortages, Arizona's population to provider ratios are 126.1 primary care physicians per 100,000 population, 54.1 dentists per 100,000 population, and 129.3 mental health providers per 100,000 population. In 2018, Arizona ranked 38th in the nation in the number of primary care providers per 100,000 population.

One area of particular shortage is among mental health providers, where Arizona ranks 47th out of all states. These shortages exasperate the difficulty in accessing care, not just for substance use disorder, but for the underlying conditions that may make individuals more vulnerable to the use of opioids and future development of a substance use disorder. Loan repayments are an effective tool to incentive clinicians to commit to working in underserved areas of the state.

Trends in Arizona:

- For people with a verified overdose, the most common pre-existing medical conditions were often behavioral health conditions, including history of substance use disorder, depression, anxiety and bipolar disorder
- Results from the March 2019 quarterly Arizona Treatment Capacity Survey show only 308 MAT providers available across the state. Survey results also indicate that 134 providers across the state are currently interested in becoming DATA-waivered.
- Blue Cross Blue Shield recently donated funding to ADHS to provide loan repayment incentives to mental health providers in underserved areas of the state experiencing a shortage in providers
- The FY20 state budget included an additional \$750,000 in state general funds for the State Loan Repayment Program, and the FY21 budget is expected to include funds for prenatal care providers in underserved areas

Agencies Impacted: ADHS

Lead Agency: ADHS

RECOMMENDATION BRIEF: LOAN REPAYMENT

Action Plan/Timeline:

- By October 31, 2019, ADHS will map number and location of behavioral health providers in the State Loan Repayment program
- By December 31, 2019, ADHS will allocate the first year of donation funding to mental health providers in underserved areas of Arizona
- By June 30, 2021, ADHS will revise state loan repayment rules to include criteria for prioritization for primary care clinicians who provide MAT

Performance Metrics:

- By June 30, 2021, complete 100% of the action items in the Issue Action Plan
- Number of mental health providers in State Loan Repayment Program

RECOMMENDATION BRIEF: PAYMENT SYSTEMS

Improve Access to Treatment: Align payment systems to achieve outcomes

Recommendation: Access value-based payment models for pain management, OUD treatment and Social Determinants of Health (SDOH).

Background & Gap: The use of non-opioid alternatives (e.g., acupuncture, yoga and cognitive behavioral therapies) have demonstrated positive results in both pain management and OUD treatment outcomes. Likewise, ensuring individuals have access to transportation, supportive housing and employment is also associated with more positive outcomes. Arizona is in need of payer-level assessments to identify viable and cost-effective models for incorporating these services as part of the continuum of care for pain management and OUD treatment.

Trends in Arizona: Models using non-opioid alternatives and access to SDOH have been utilized in the STR and SOR grants; however, these models are relatively new and have not yet been evaluated for modality effectiveness nor scaled up at a systems or payer level. As part of the first state Opioid Action Plan, an Insurance Parity Taskforce was convened to make recommendations on adequacy of coverage of treatment for opioid use disorder and chronic pain management across all Arizona health insurance plans. The Taskforce conducted a survey that indicated insurers are generally providing comprehensive coverage of OUD treatment, but that additional data would help inform best practices. Taskforce recommendations included reconvening in 2019 to evaluate the impact of the Opioid Epidemic Act and the Opioid Action Plan on coverage of opioid use disorder treatment and non-opioid chronic pain treatment.

Agencies Impacted:

- AHCCCS
- ADHS

Lead Agencies:

- AHCCCS
- ADHS

Action Plan/Timeline:

- November 30, 2019, ADHS will reconvene the Insurance Parity Taskforce to consider
 - Value-based bundles around pain care and/or substance use disorder treatment
 - Mapping of evidence-based treatments and return on investment
 - Coverage of social determinants of health (transportation, housing, jobs, etc.)
- By September 30, 2020, AHCCCS will conduct an evaluation on the models implemented through the STR and SOR grants.
- By January 31, 2020, AHCCCS will conduct an assessment on viable models for the TXIX population.

Performance Metrics:

- By January 31, 2020, complete 100% of the action items

RECOMMENDATION BRIEF: HEALTH PROFESSIONAL EDUCATION

Enhance Quality of Treatment for Substance Use Disorder and Chronic Pain: Complete the graduate medical education and continuing education versions of *The Arizona Pain and Addiction Curriculum*.

Recommendation: Complete the graduate medical education and continuing health education editions of *The Arizona Pain and Addiction Curriculum*.

Background & Gap: In accordance with the original Opioid Action Plan, the first edition of *The Arizona Pain and Addiction Curriculum* was completed in 2018.

The Arizona Pain and Addiction Curriculum represents a large-scale culture shift in the education of the next generation of prescribers. It is a comprehensive, integrative program that seeks to redefine pain and addiction as interlinked, complex, public health processes, requiring interprofessional care and involvement of the community and health-based systems.

Noted highlights of the curriculum:

- Establishes a clear link between pain and addiction
- Flips to a macro-to-micro approach (a socio-psycho-biological model)
- Represents the newest, evidence-based material
- Stresses destigmatization
- Includes the influence of pharmaceutical industry on clinicians
- Incorporates the introspection of clinicians and systems, both in personal biases and excellence of care
- Has ability to be expanded and contracted, accordion style, depending on the program implementing it

With wide-spread adoption of the curriculum in health professional schools across Arizona, the next step toward a public health approach to education is to create a curriculum for graduate medical education and continuing health education.

Trends in Arizona: There is an evidence-practice gap in the way clinicians understand and approach pain and addiction. A curriculum with modern, evidence-based, forward-thinking approaches to pain and addiction is needed.

The undergraduate health professional edition of *The Arizona Pain and Addiction Curriculum* has received national attention.

Agencies Impacted:

- ADHS
- Graduate medical programs
- Professional associations

Lead Agency:

- ADHS

Action Plan/Timeline:

- By July 31 2019, ADHS will establish a graduate medical education curriculum workgroup.

RECOMMENDATION BRIEF: HEALTH PROFESSIONAL EDUCATION

- By October 31, 2019, ADHS will have final drafts of the graduate medical and continuing health education curriculum.
- By December 31, 2019, ADHS will have held a continuing education event for the continuing health education curriculum.
- By June 30, 2020, ADHS will have completed an online webinar version of the continuing health education curriculum.

Performance Metrics:

- By June 30, 2020, complete 100% of action items

RECOMMENDATION BRIEF: STANDARDS OF EXCELLENCE

Enhance Quality of Treatment for Substance Use Disorder and Chronic Pain: Ensure quality of care for treatment of opioid use disorder

Recommendation: Establish standards for designating centers of excellence for treating opioid use disorder

Background & Gap: The Arizona legislature passed SB1535 and Governor Ducey signed it into law on May 13, 2019. Among its many provisions, the law requires the establishment of standards for designating centers of excellence for treating opioid use disorder statewide, a statewide learning collaborative to share best practices and peer-to-peer support between centers of excellence, and the establishment of an Arizona Opioid Use Disorder Review Council. Designated centers of excellence are required to increase capacity for treating opioid use disorder and demonstrate effective delivery of medication-assisted treatment using evidence based practices. The Arizona Opioid Use Disorder Review Council will review and make recommendations regarding the standards for designating centers of excellence, the availability of and barriers to access to FDA-approved medications for treating opioid use disorder, and recommend to the legislature changes to the laws regarding medication assisted treatment.

Agencies Impacted:

- AHCCCS
- ADHS
- Opioid Use Disorder treatment providers

Lead Agency: AHCCCS

Action Plan/Timeline:

- By December 31, 2019, AHCCCS and ADHS will establish standards for designating centers of excellence for treating opioid use disorder
 - AHCCCS will publish the draft standards on their website
 - AHCCCS will hold at least two public hearing to receive input before publishing the final standards
 - AHCCCS will publish the final standards on its website
- AHCCCS will establish a statewide learning collaborative to share best practices and establish peer-to-peer support between centers
- AHCCCS will maintain an accurate list of designated centers of excellence on its website
- The Arizona Opioid Use Disorder Review Council established by SB1535 will make recommendations to AHCCCS and submit a report by December 15 of each year to the Governor and legislative leadership

Performance Metrics:

- By June 30, 2021 100% of action plan items completed

RECOMMENDATION BRIEF: HOSPITAL INTERVENTIONS

Enhance Quality of Treatment for Substance Use Disorder and Chronic Pain: Implement best practices for hospitals treating people who have overdosed

Recommendation: Work with hospitals to implement best practices of patients who have overdosed or have an identified substance use disorder

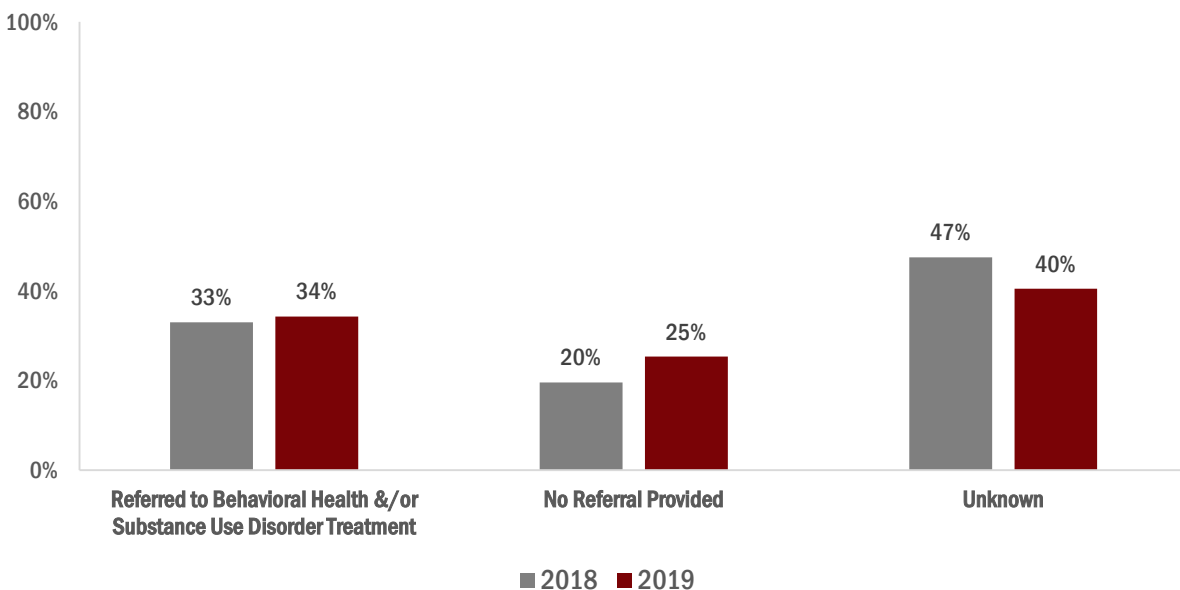
Background & Gap: Hospitals have a unique opportunity to intervene with patients who enter their facilities because of an overdose or are otherwise identified at risk of an overdose in the future. A prior study conducted by ADHS found that over a five year period, 33.6% of people who died of an opioid overdose had an opioid-related hospitalization or emergency department encounter in the five years prior their death. The average number of visits was 2.98.

In March 2017, ADHS convened hospital partners to create a consensus document of [guidelines for hospitals](#) to prevent further overdoses and improve discharge processes. Some barriers remain to implement best practices. For example, in the hospital setting, providing a patient naloxone at discharge would need to be done by a pharmacist or physician; nurses and other hospital staff are unable to give it directly to the patient. In addition, hospitals may not have funding to purchase naloxone for uninsured or underinsured patients.

Recognizing the important opportunity to intervene to prevent secondary overdoses, the Opioid Epidemic Act requires hospitals to provide referrals to behavioral health services to patients that are being treated for an overdose. Yet, referrals are not being made for all patients and very few people are being prescribed naloxone or provided naloxone at discharge.

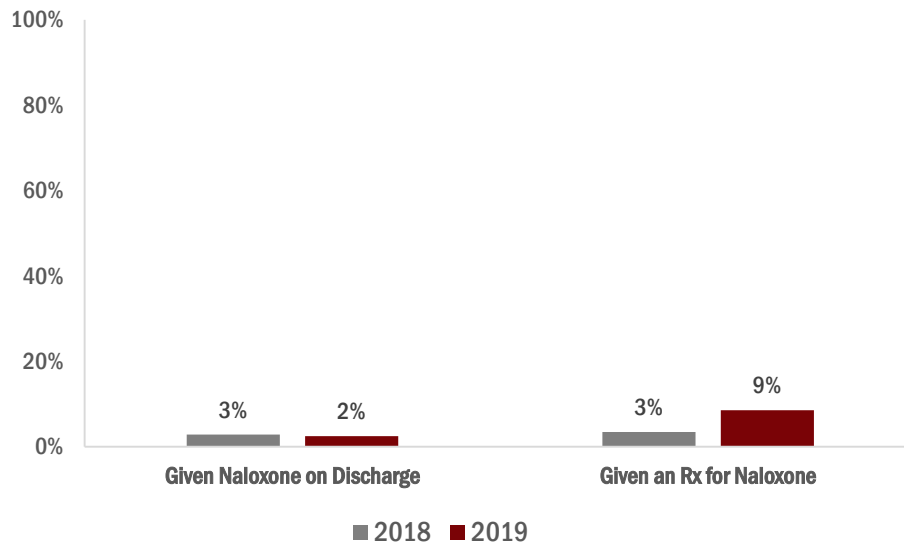
Trends in Arizona:

- ADHS opioid surveillance data indicates that hospitals reported that 25 percent of overdose survivors were not referred to behavioral health or substance abuse treatment in 2019.



RECOMMENDATION BRIEF: HOSPITAL INTERVENTIONS

- Hospitals reported that the number of people given a prescription for naloxone to fill at a pharmacy after being discharged home after a verified, non-fatal opioid overdose increased from 3% in 2018 to 9% in 2019.



Agencies Impacted:

- AHCCCS
- ADHS
- Hospitals

Action Plan/Timeline:

- By April 30, 2020, ADHS will analyze data to identify hospitals with low referrals of patients who have overdosed.
- By June 30, 2020, ADHS will work with hospitals to identify solutions to barriers for making referrals to treatment and providing naloxone.
- By June 30, 2020, AHCCCS will work with hospitals to develop a plan to expand initiation of buprenorphine treatment in emergency departments.
- By December 31, 2020, ADHS will complete a pilot program with a high-volume hospital for naloxone distribution and utilization of the OAR Line for follow-up services of individuals experiencing an overdose.

Performance Metrics:

- By December 31, 2020 100% of action plan items completed
- Percent of patients who have overdosed receiving a referral for a behavioral health services by the hospital that treated them
- Percent of hospitals providing naloxone or a prescription for naloxone to a patient who had overdosed
- Number of emergency departments with an established buprenorphine initiation model and number of individuals served through these settings

RECOMMENDATION BRIEF: STIGMA REDUCTION

Reduce Stigma:

Launch a public statewide stigma reduction campaign on substance use disorder and increase treatment seeking behavior

Recommendation: Launch a public statewide stigma reduction campaign on substance use disorder and increase treatment seeking behavior

Background & Gap: Stigma surrounding substance use disorders directly influences health and mental well-being outcomes for individuals suffering from substance abuse and misuse. Fear of being judged and/or being discriminated against can prevent individuals with substance use disorders, or those at risk of substance use disorders, from seeking help. It is estimated that 80 percent of individuals with Opioid Use Disorder do not receive treatment (Soloner et al., 2015). The Governor's Office of Youth, Faith and Family was awarded federal funding to reduce stigma around substance use disorders and increase treatment seeking behavior statewide, utilizing the following goals:

- providing additional information surrounding Medically Assisted Treatment (MAT)
- raising public awareness on the medical model of opioid addiction
- promoting science based messaging on the benefits of utilizing MAT
- increasing treatment seeking behavior, and
- educating Arizonans on substance use disorder and opioid use disorder.

Trends in Arizona: During the 2019 Opioid Planning Summit, stigma was the most commonly identified issue that needs to be addressed as Arizona continues the work to prevent overdoses and save lives. Though access to Medication Assisted Treatment (MAT) has increased in Arizona, access still remains an issue for underserved rural areas across the state and for Phoenix and Tucson metro areas experiencing high overdose rates.

Agencies Impacted:

- ADHS
- AHCCCS
- Governor's Office of Youth, Faith, and Family (GOYFF)

Lead Agency: GOYFF

Action Plan/Timeline:

- By September 2019, launch Phase 1 website connecting users with resources and information.
- By September 2019, launch Phase 1 print and social media assets directing traffic to OAR Line and website.
- By September 2019, launch Phase 1 TV commercial, radio commercials, and a variety of digital asset.
- By May 2020, launch Phase 2 website connecting users with resources and information.
- By May 2020, launch Phase 2 print and social media assets directing traffic to OAR Line and website.
- By May 2020, launch Phase 2 TV commercials, radio commercials, and digital assets.

RECOMMENDATION BRIEF: STIGMA REDUCTION

Performance Metrics:

- By May 31, 2020 complete 100% of action items
- Number of website impressions
- Average session duration on website
- Number of social media impressions

RECOMMENDATION BRIEF: STIGMA REDUCTION

Reduce Stigma: Develop Public Awareness Campaign for Pregnant & Parenting Women

Recommendation: Engage in the development of a public campaign to educate and raise awareness of pregnant and parenting women who may be using drugs to reduce the stigma associated with drug use and to gain acceptance of medication assisted treatment.

Identified Gap: Women who are pregnant and/or parenting are less likely to engage in substance use treatment services due to the lack of access to services and due to the stigma associated with use including the fear of the Department of Child Safety involvement after birth of the child. OB providers and other healthcare providers may not be aware of the options for treatment of pregnant women using substances. By raising awareness and providing education, more pregnant and parenting women may gain access to MAT treatment services.

Trends in Arizona:

From June 17, 2017- June 13, 2019, there have been 1,418 suspected cases of NAS reported to ADHS from Arizona hospitals. According to the data, 54% of those cases were not medically supervised and 46% were medically supervised. During the April 2019 Opioid Planning Summit, stakeholders identified a number of challenges facilitating treatment for pregnant and parenting women, with stigma being a primary concern.

Agencies Impacted:

- AHCCCS
- ADHS
- GOYFF

Lead Agencies:

- ADHS
- Substance Exposed Newborn (SEN) Prevention Task Force

Action Plan/Timeline:

- By June 30, 2020, explore funding options for a media campaign specifically addressing the needs of pregnant and parenting women directed at the public and providers.
- By December 31, 2020, develop a public statewide stigma reduction campaign on substance use disorder and incorporate messaging addressing the needs of pregnant and parenting women to increase access to treatment options.

Performance Metrics:

- By June 30, 2021, complete 100% of the action items
- Number of NAS cases reported

RECOMMENDATION BRIEF: TRAUMA-INFORMED CARE

Enhance Prevention & Early Intervention at Community Level: Training on Trauma-Informed Care

Recommendation: Provide training for all professionals on trauma-informed care with uniform message, language, and materials

Background & Gap: There is a robust and growing body of evidence linking substance use disorders, and in particular Opioid Use Disorder, to a history of traumatic experiences, particularly adversity experienced in childhood. A 1998 study by Kaiser Permanente and the CDC demonstrated a clear correlation between Adverse Childhood Experiences (ACEs) and the misuse and abuse of substances later in life, as well as a strong link between ACEs and other poor physical and behavioral health outcomes.

Trends in Arizona: A 2016 study entitled “The relationship of childhood trauma and adult prescription pain reliever misuse and injection drug use” (Quin et al) demonstrated a clear dose response relationship between the number of traumatic experiences and increased risk of prescription drug misuse in adults. Individuals reporting five or more ACEs had a three-fold increase in the likelihood of misusing prescription pain medication and 5 times the probability of engaging in injection drug use. Research has also demonstrated a correlation between childhood trauma and an increase in the likelihood of developing chronic pain symptoms that lead to an increased likelihood of seeking out opioid pain medications for treatment (Finestone et al).

Agencies Impacted:

- Community Coalitions
- Arizona Mental Health Service Providers
- Arizona Substance Use Disorder Treatment Providers
- Department of Children Services
- Arizona Department of Corrections, Rehabilitation and Reentry

Lead Agency:

- Governor’s Office of Youth, Faith, and Family

Action Plan/Timeline:

- By August 2019, complete Northern, Central, and Southern Arizona Trauma Informed Substance Use Prevention in-person trainings.
- By September 30, 2019, train 40 new providers in Triple P-Positive Parenting Program.
- By December 31, 2019, launch Substance Use Prevention Training Online Modules.
By September 30, 2020, train 60 new providers trained in Triple P- Positive Parenting Program.

Performance Metrics:

- Number of individuals trained on trauma-informed care
- By September 30, 2020, complete 100% of action items

RECOMMENDATION BRIEF: SOCIAL CONNECTEDNESS

Improve Social Connectedness

Recommendation:

Improve social connectedness and help seeking behavior by implementing programs and campaigns designed to:

- Improve connections and communication
- Educate Arizonans on the negative health impacts of social isolation

Identified Gap:

Isolation is harmful to one's health; lack of social connection is a risk factor for adverse outcomes, including substance use. The previous Surgeon General has a platform that discussed the Loneliness Epidemic, as it has been shown that isolation is harmful to one's health and social connection and relationships are beneficial.

Trends in Arizona:

Stress on social connection and interpersonal relationships to better one's health is alluded to in several current public health campaigns and initiatives, including the ASHLine, The Arizona Pain and Addiction Curriculum, the youth opioid prevention campaign and the chronic pain campaign.

Agencies Impacted:

- Arizona Department of Health Services
- AHCCCS

Lead Agency: ADHS

Issue Action Plan/Timeline:

- By June 30, 2020, ADHS will develop and launch a public campaign bringing attention to the impact of social isolation on health.
 - By January 31, 2020, ADHS will determine the primary audience, type of campaign, messages, and funding ranges.
 - By January 31, 2020, ADHS will establish a campaign timelines to include informative research.
 - By March 31, 2020, ADHS will complete campaign production and evaluation model.
 - By April 30, 2020, ADHS will initiate earned media outreach.
 - By May 31, 2020, ADHS will launch and evaluate campaign.
 - By June 30, 2020, ADHS will integrate similar messaging into other public facing campaigns.

Performance Metrics:

- By June 30, 2020, complete 100% of action items.
- Number of media hits
- Number of earned media spots
- Number of other campaigns and websites with social connection messages

RECOMMENDATION BRIEF: COMMUNITY PREVENTION

Prevention & Early Intervention at Community Level

Provide support to local jurisdictions, community-based organizations, Tribes, and EMS agencies

Recommendation:

Provide support to local jurisdictions, community-based organizations, Tribes, and EMS agencies to achieve statewide coordination of effective opioid prevention activities

Background & Gap:

While state agencies have provided some funding to local communities for prevention activities for several years, statewide coordination and support of local prevention and intervention efforts can be improved. This is especially the case in providing adequate access to post-overdose treatment and harm reduction services across the state. State agencies are positioned to provide training, technical assistance, and educational and outreach materials that can be utilized and modified at the community level to meet local needs. For example, the Rx Community Toolkit with its five strategies has been utilized for the past five years by substance abuse coalitions and county health departments. The toolkit resources need frequent updating given the quickly evolving nature of Arizona's drug crisis.

Trends in Arizona:

- Increased federal funding to address the opioid epidemic is allowing expansion of community-level prevention and early intervention activity, including enhancing local linkages to care to connect post-overdose patients to OUD treatment and follow up services.
- OARLine utilization also remains quite low in Arizona with only 81 calls being placed in April 2019. Local organizations are well positioned to push out information about the OARLine and other resources to local community members.
- The Screening Brief Intervention Referral to Treatment model has been promoted for a number of years in various settings.

Agencies Impacted:

- Local Health Departments
- Tribal Organizations
- ADHS
- GOYFF
- EMS agencies
- Community Coalitions
- OARLine

Lead Agency:

- ADHS
- GOYFF

Action Plan/Timeline:

- By August 30, 2019 GOYFF will release a request for grant application to community based substance abuse prevention coalitions and Arizona nonprofits that have the capacity to support the full implementation of the Rx Toolkit in their communities.

RECOMMENDATION BRIEF: COMMUNITY PREVENTION

- By September 30, 2019, ADHS and the University of Arizona Center for Rural Health will train 6 EMS agencies on the Screening, Brief Intervention, Referral to Treatment model.
- By September 1, 2019, ADHS will issue a letter notifying EMS agencies that their Administrative Medical Director may authorize naloxone leave-behind programs.
- By December 31, 2019 ADHS will contract with 11 county health departments to provide funding for the implementation of prevention and intervention strategies at the local level.
- By December 31, 2019, the ASAP Community Outreach & Training Committee will expand community resources information and make it widely available on the GOYFF website.
- By February 28, 2020, ADHS will share a model EMS Naloxone Leave Behind protocol with all EMS agencies.
- By March 31, 2020, launch new OAR Line website.
- By April 1, 2020, ADHS will establish a Linkages to Care work group with county health departments to identify gaps, and leverage resources to connecting people at risk of overdose to treatment and harm reduction services available across the state.
- By May 31, 2020, ADHS will work with tribal partners to hold the second annual tribal opioid conference.
- By June 30, 2020, ADHS will determine value of developing an SBIRT training that any agency could incorporate into their community paramedicine initiatives.
- By May 31, 2021, ADHS will work with tribal partners to hold the third annual tribal opioid conference.
- By June 30, 2021, the Linkages to Care work group will develop a list of recommendations for improving care coordination across the state.

Performance Metrics:

- By June 30, 2021, complete 100% of action items
- Number of calls to the OARLine

RECOMMENDATION BRIEF: CSPMP UTILIZATION

Improve Prescribing and Dispensing Practices: Improve Utilization of the Arizona Controlled Substances Prescription Monitoring Program

Recommendations:

- Incorporate messaging that use of the CSPMP is not only the law but a standard of care into training and messaging by associations, state agencies, and regulatory boards.
- Support and monitor integration of CSPMP with electronic health records and identifying solutions to barriers.
- Improve data analysis to target educational or compliance efforts at those providers not utilizing the system.
- Implement SB1536, issuing recommendations on appropriate use and accessibility parameters for patient information by licensed health care professionals and other delegates.
- Develop a plan with additional, specific recommendations to improve utilization.

Background & Gap: The law mandating prescribers check the CSPMP prior to prescribing opioids and benzodiazepines went into effect in mid-October 2017. As of June 2019, 46% of prescribers who prescribed an opioid or benzodiazepine checked the CSPMP before prescribing these medications.

Despite evidence showing the effectiveness of Prescription Drug Monitoring Programs (PDMPs) in reducing prescription drug related death and injury (Patrick, Fry, Jones, & Buntin, 2014), PDMPs remain underutilized leaving states unable to reap the full benefits of this system. A national survey conducted in 2014 found that while 72% of primary care physicians were aware of the state's PDMP system, only 53% of those surveyed reported using it, with the two main barriers to use being that it was too time consuming, and lacked ease of access (Rutkow et al., 2015).

Exemptions:

While Arizona's mandate to check the CSPMP went into effect October 16, 2017 several exemptions exist in current statute. Some of those include:

- A medical practitioner will administer the controlled substance.
- The patient is receiving the controlled substance during the course of inpatient or residential treatment in a hospital, nursing care facility, assisted living facility, correctional facility or mental health facility.
- The medical practitioner is prescribing the controlled substance to the patient for no more than a five-day period for an invasive medical or dental procedure or a medical or dental procedure that results in acute pain to the patient.
- The medical practitioner is prescribing the controlled substance to the patient for no more than a five-day period for a patient who has suffered an acute injury or a medical or dental disease process that is diagnosed in an emergency department setting and that results in acute pain to the patient. An acute injury or medical disease process does not include back pain.
- The medical practitioner is prescribing no more than a five-day prescription and has reviewed the program's central database tracking system for that patient within the last thirty days, and the system shows that no other prescriber has prescribed a controlled substance in the preceding thirty-day period.

RECOMMENDATION BRIEF: CSPMP UTILIZATION

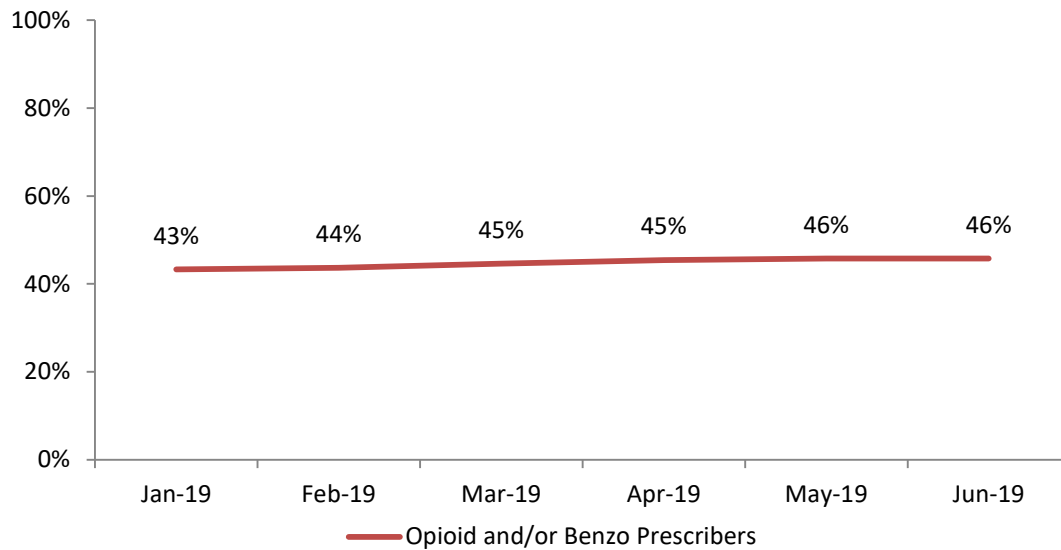
In addition, the statute lacks enforcement authority. A medical practitioner acting in good faith, or the medical practitioner's employer, is not subject to liability or disciplinary action arising solely from either:

- Requesting or receiving, or failing to request or receive, prescription monitoring data from the program's central database tracking system.
- Acting or failing to act on the basis of the prescription monitoring data provided by the program's central database tracking system.

Stakeholders have further identified barriers around integrating the CSPMP into the daily workflow through electronic health records, and lack of ability of regulatory boards and employers of health care facilities to monitor usage and enforce appropriate usage.

Trends in Arizona:

Prescribers who prescribed opioids or benzodiazepines and checked the CSPMP at least once in a month



Of those people with suspected opioid overdoses in June 2019 **38.4%** received prescription opioids from **10 or more** prescribers in past year

As of June 28, 2019, 18 of the state's largest electronic health record (EHR) vendors are integrated with the CSPMP. Nearly 200 practices or health systems are currently connected to the CSPMP through the Health Information Exchange gateway, providing approximately 19,500 prescribers access to the CSPMP through electronic health records.

Agencies Impacted:

- Board of Pharmacy
- ADHS

RECOMMENDATION BRIEF: CSPMP UTILIZATION

Lead Agency:

- Board of Pharmacy

Issue Action Plan/Timeline:

- By July 1 2019, the Arizona Osteopathic Medical Association will launch free continuing education that incorporates education about using the CSPMP.
- By September 30, 2019, The Arizona RX Initiative Health Care Advisory Team will develop and use consistent messaging to push out through their networks.
- By October 31, 2019, the Board of Pharmacy will convene a committee to analyze and develop appropriate use and accessibility parameters for patient information by licensed health care professionals Pharmacy and other delegates.
- By January 1, 2020, ADHS and AHCCCS will develop and submit a report to the Governor and legislative leadership based on the committee's recommendations.
- By August 31, 2020, ADHS and Board of will identify methodology to analyze areas of under-utilization of the CSPMP.
- By September 30, 2020, ADHS and Board of Pharmacy will convene stakeholders to develop a plan with additional, specific recommendations to improve utilization.
- By June 30, 2020, the Board of Pharmacy will have sent out CSPMP announcements monthly and cover electronic health record integration during marketing presentations.

Performance Metrics:

- Percent of prescribers who prescribe opioids or benzodiazepines and have "Lookups" in the CSPMP
- Number of health care entities linking their Electronic Health Records to the CSPMP and # of prescribers with access to the CSPMP through EHRs
- By September 30, 2020, complete 100% of action items

RECOMMENDATION BRIEF: E-PRESCRIBING

Improve Prescribing and Dispensing Practices E-prescribing Controlled Substances

Recommendation: Ensure Arizona prescribers are enabled to e-prescribe controlled substances and pharmacists are enabled to accept and process e-prescriptions for controlled substances by January 2020.

Background & Gap: As of April 2019, approximately 60% of prescribers in Arizona were enabled to e-prescribe controlled substances. By January 2020, e-prescribing of opioids and benzodiazepines will be required of all prescribers.

Trends in Arizona: In 2017, Arizona was ranked 22nd highest in the percentage of prescribers enabled for EPCS. In 2018, Arizona had improved to 11th highest in the nation.

Agencies Impacted:

- Prescribers
- Pharmacists
- Health Current
- Arizona Board of Pharmacy
- Arizona Medical Board
- Arizona Board of Osteopathic Examiners
- Arizona State Board of Nursing
- Healthcare professional associations

Lead Agency:

- Health Current

Action Plan/Timeline:

- By September 30, 2019, Health Current will confirm reasonable EPCS pricing and mobile EPCS options for prescribers who need a standalone EPCS system.
- By October 31, 2019 the Board of Pharmacy will determine any additional exemptions to the EPCS mandate.
- By December 31, 2019, Health Current will publish six (6) statewide EPCS “Click for Control” newsletters.
- By December 31, 2019, Health Current will conduct fourteen (14) EPCS “Click for Control” webinars.

Performance Metrics:

- By June 30, 2020, complete 100% of the action items
- By June 30, 2020, 80% of prescribers will be enabled to e-prescribe controlled substances

RECOMMENDATION BRIEF: DATA QUALITY

Enhance Data Quality and Dissemination of Actionable Information on Deaths from All Drugs

Recommendations:

- Activate State and Local Drug Overdose Fatality Review Teams to conduct reviews of overdose deaths and produce annual reports on the findings.
- Implement State Unintentional Drug Overdose Reporting System (SUDORS) to improve timeliness of drug-related death certificate data and reporting to CDC.

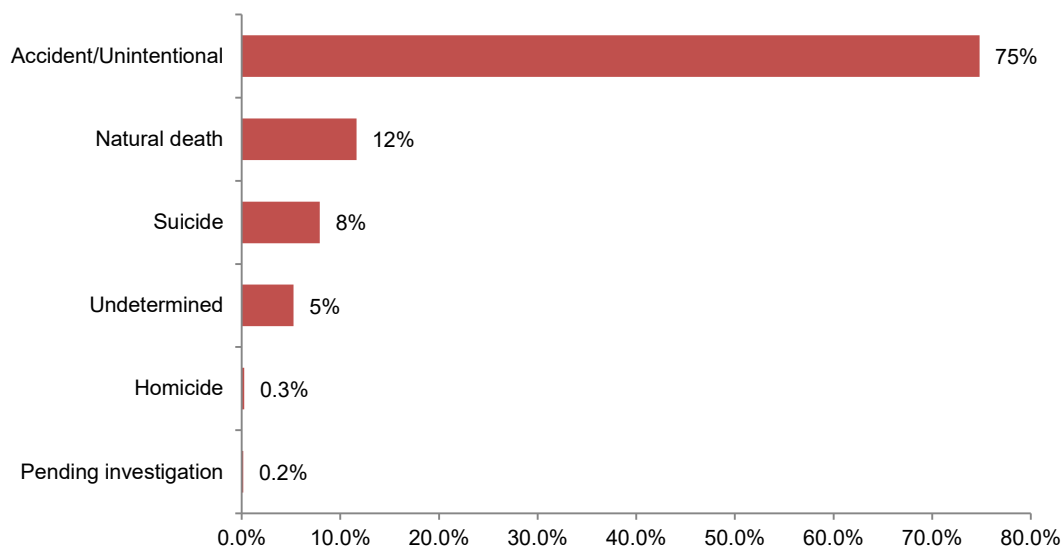
Identified Gap: Understanding drug-related deaths in Arizona is critical to implementing effective prevention strategies, but data available on deaths is often significantly delayed and limited in scope. Although a state drug overdose fatality review team has been established, development of local drug overdose fatality teams is needed to enable review of a higher portion of the overdose deaths occurring in the state, and to achieve a more a comprehensive, robust review of drug overdose fatalities.

The CDC is requiring states to implement the State Unintentional Drug Overdose Reporting System (SUDORS) to improve timeliness of drug-related death certificate data and reporting to CDC. This is intended to improve state and national understanding of the drug crisis in the U.S.

Trends in Arizona:

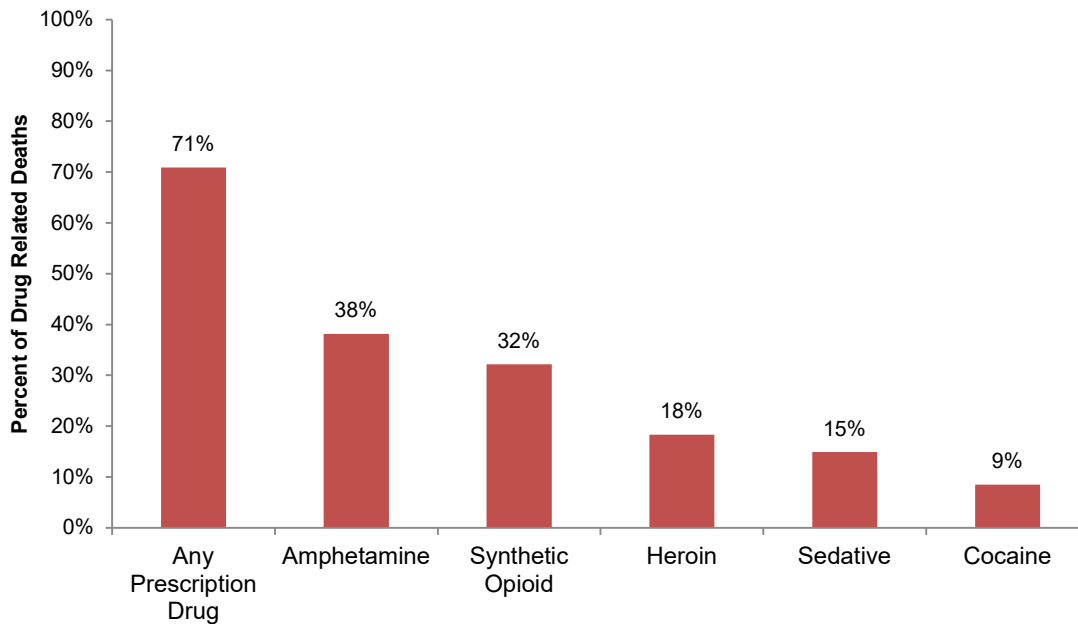
In 2017 there was at least one drug overdose death in every county except Greenlee County, the majority of which were determined to be accidental/unintentional by the medical examiner. Two-thirds of the drug overdose deaths in Arizona occurred in Maricopa County. The majority (69%) of people who had a drug listed on their death certificate as their primary cause of death used more than one substance.

Manner of Death and Any Drug as Primary Cause of Death, 2017



RECOMMENDATION BRIEF: DATA QUALITY

Drug Listed as the Primary Cause of Death: January 1, 2017-December 31, 2017



Agencies Impacted:

- Arizona Department of Health Services
- Local county health departments
- State and community organizations serving as Overdose Fatality Review team members

Lead Agency:

- Arizona Department of Health Services

Issue Action Plan/Timeline:

- By September 1, 2019 ADHS will establish contracts with 10 county health departments for local overdose fatality review team development.
- By September 30, 2019 ADHS will release the inaugural State Overdose Fatality review report.
- By March 31, 2020, ADHS and contract partner will execute an MOU for conducting SUDORS activities.
- By September 30, 2020 ADHS will establish a timeline and protocols to guide state and local overdose fatality review processes.
- By June 10, 2020, SUDORS contractor will report to ADHS and CDC unintentional and undetermined intent drug overdose deaths occurring between July – December 2019.
- SUDORS data will be reported every 6 months June 2020 through June 2022.

Performance Metrics:

- By June 30, 2021, complete 100% of the action items