

RURAL PRACTICE CONSIDERATIONS IN OUD TREATMENT: WHAT SHOULD I CONSIDER TO MAKE MY OUD PROGRAM EFFECTIVE

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GENERAL DISCLOSURES

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

✓ No Disclosures



PLANNER DISCLOSURES

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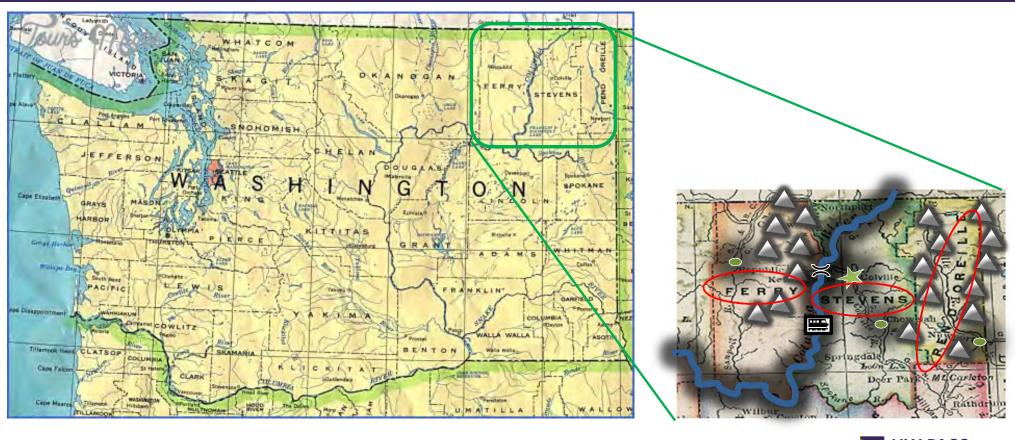


OBJECTIVES

- 1) Appreciate the socio-economic background of Rural Washington and root causes of the opioid crisis.
- 2) Understand the foundation of a comprehensive clinical and public health response.
- 3) Learn about an effective model to integrate community partners into opioid use disorder treatment.
- 4) Appreciate a few clinical pearls for rural SUD treatment



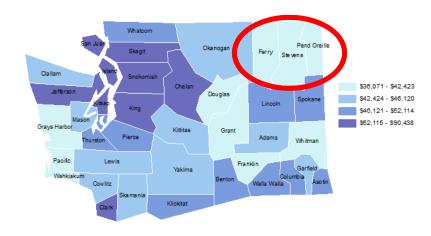
WELCOME TO NORTHEASTERN WASHINGTON



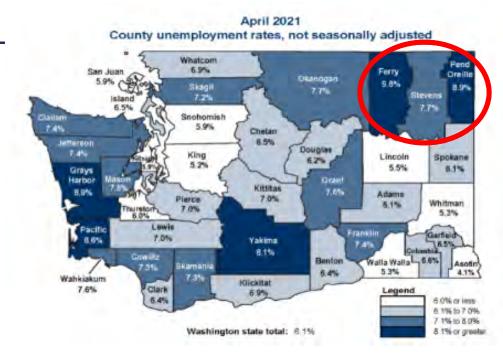
SOCIAL AND ECONOMIC FACTS

Per Capita Personal Income, 2018

Inflation-Adjusted to 2018 Dollars



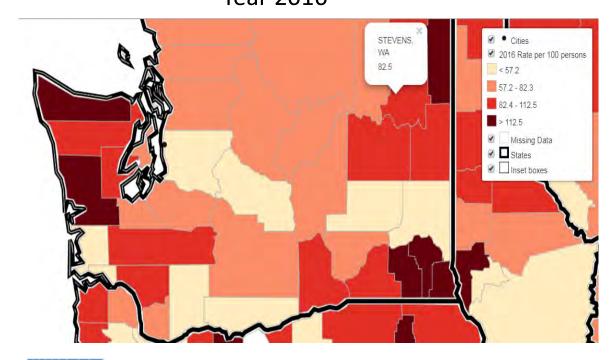
• In 2018, the Washington state per capita personal income was \$62,026.







Number of Opioid prescriptions per 100 people by county Year 2016



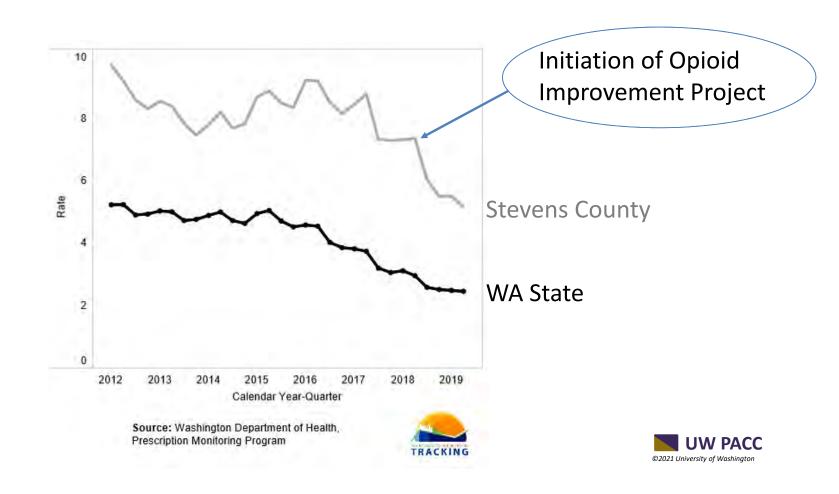




OPIOID IMPROVEMENT PROJECT

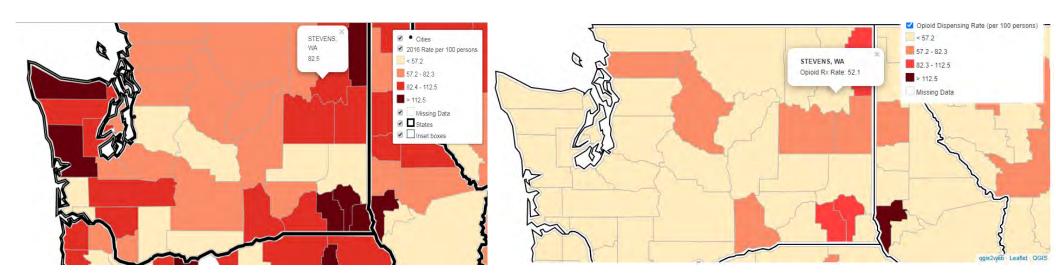


PATIENTS ABOVE 90 MED STEVENS COUNTY



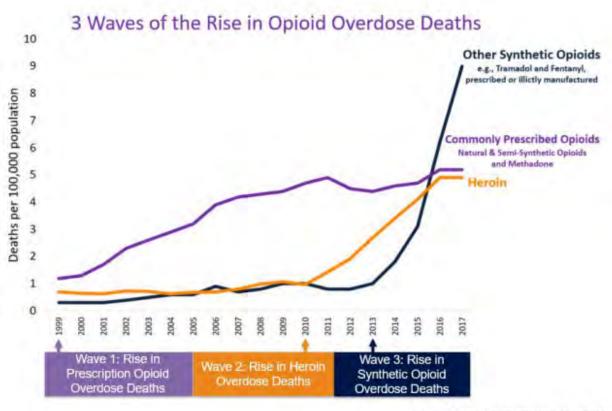
Number of Opioid prescriptions per 100 people by county

Year 2016 Year 2019

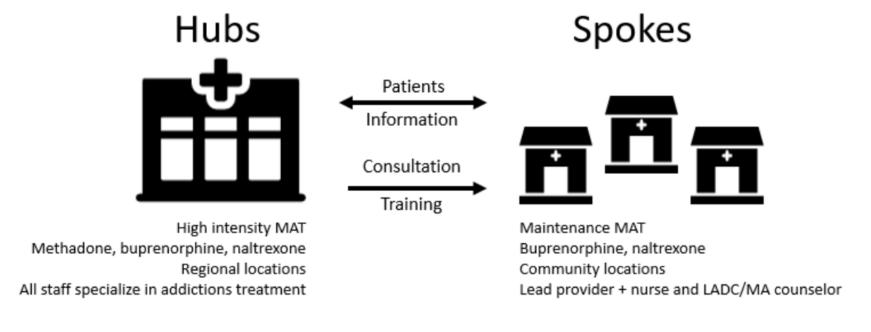








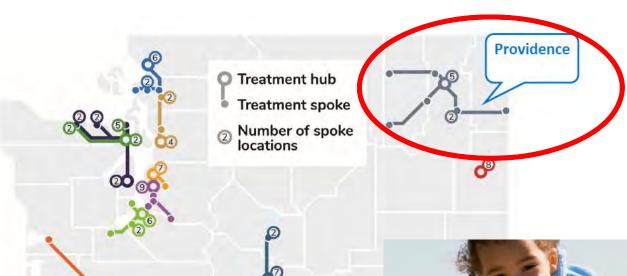
SOURCE: National Vital Statistics System Mortality File.



State of Vermont

Blueprint for Health

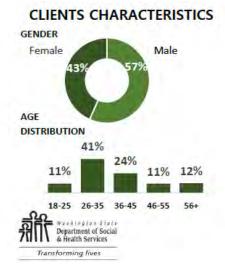


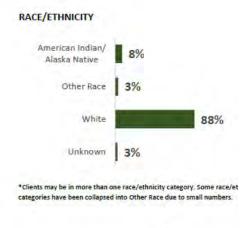




State Hub and Spokes Providence Northeast Washington Medical Group Monthly Summary Report Total Treatment Events 594 Unduplicated Patients 465







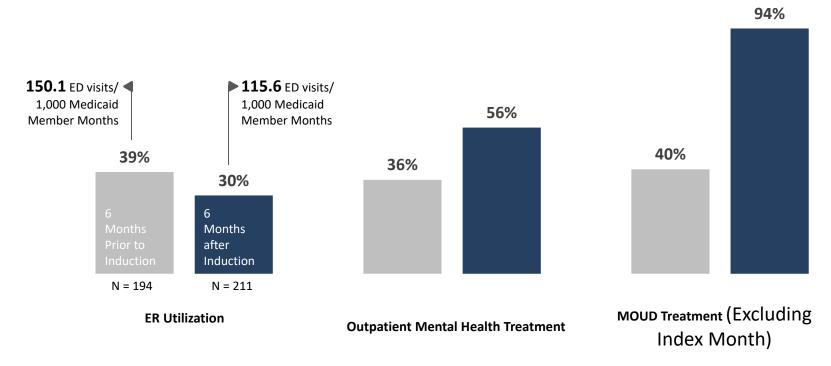
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Before & After Induction **HEALTH SERVICES**

Emergent Services

Behavioral Health







After Induction **BEHAVIORAL HEALTH**

Buprenorphine Retention Compared to Other Hub and Spokes (HS)

	State Targeted Response HS	State HS	Providence NE WA Medical Group
	N = 4,945	N = 3,695	N = 211 94 %
Buprenorphine Received after Induction (Excluding Index Month)	56%	72%	3470
Average Months with Buprenorphine Claim (Excluding Index Month)	3.9	3.7	4.6
Buprenorphine Received in All 6 Months (Excluding Index Month)	35%	32%	48%





- 1) Stigma
- 2) Distance to treatment and pharmacy
- 3) Lack of SUD inpatient treatment or intensive outpatient treatment
- 4) High burden of mental health comorbidity
- 5) Higher rates of pain?
- 6) Lack of MOUD providers



Barrier	Strategies
Stigma	-Community Presentations -
	Advertisements
	-Justice system education
	-Provider/staff education
	-Perseverance



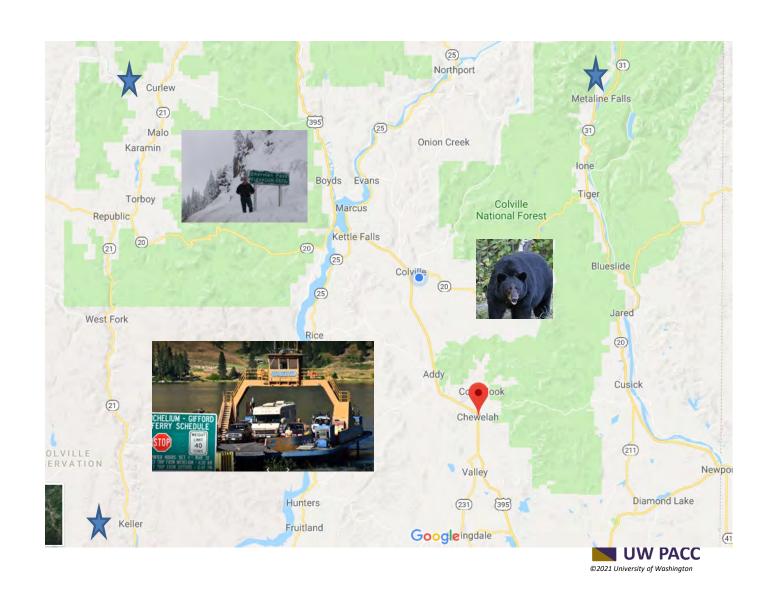


DISTANCE

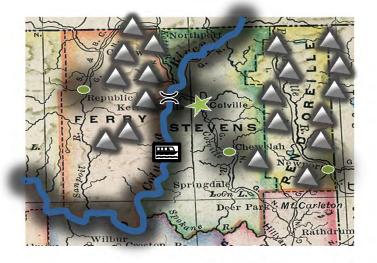
Curlew: 150 miles, 3h. \$34 gas. Highest pass in Washington

Keller: 162 miles, 4h30 min. \$36 gas. Ferry boat ride

Metaline Falls: 120 miles, 3h. \$31 gas. High mountain road



Barrier	Strategies
Distance	-Take public health approach (harm reduction)
	-Focus on minimizing barriers to medications not on UDS
	-Tolerate no shows and drop ins
	-Incorporate telephone visits
	-Use Sublocade





Barrier	Strategies
Lack of specialized care, inpatient facilities	-Care navigators -Use the justice system Telemedicine? -????





Barrier	Strategies
High Burden of Mental Health Disorders and	-Improve PCP knowledge
Trauma	-Implement Collaborative Care
	-Telemedicine psychiatry -Community
	Partnerships



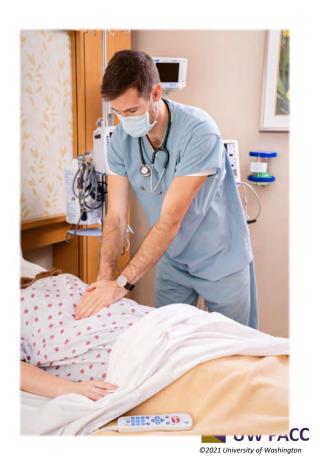


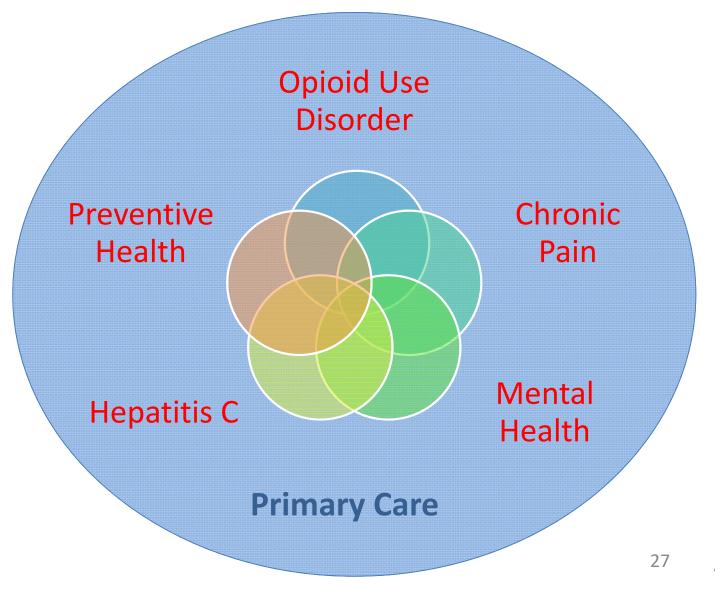
Barrier	Strategies
Pain/OUD	-Use buprenorphine early -Use adjuncts SNRI, pregabalin, TCA -Aggressively treat depression -focus on quality of life -Get physical therapy on board
	therapy on board





Barrier	Strategies
Lack MOUD providers	Primary care approach
	Local Knowledge, training
	Use nurses and care navigators to support
	and car navigators t





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