

Engaging Communities to Enact Change: an Evaluation of Interdisciplinary Efforts Aimed at Reducing Opioid Abuse in Rural Oregon



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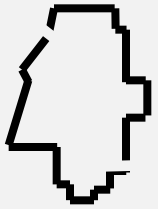
Oregon State
University

The Problem

Prescribing Rate
(2016)*

Opioid Hospitalizations
('12-'14)

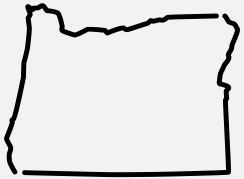
Opioid Deaths
('12-'16)



134.1
per 100

16.59
per 100,000

2.56
per 100,000



76.3
per 100

10.51
per 100,000

6.64
per 100,000



66.5
per 100

9.98
per 100,000

* Note: Coos County is higher than SA in all 9 risky practices measures reported by OHA



Prevent the onset of addiction



Decrease the number of existing opioid use disorders



Reverse opioid overdose to decrease mortality

**Path
Forward**

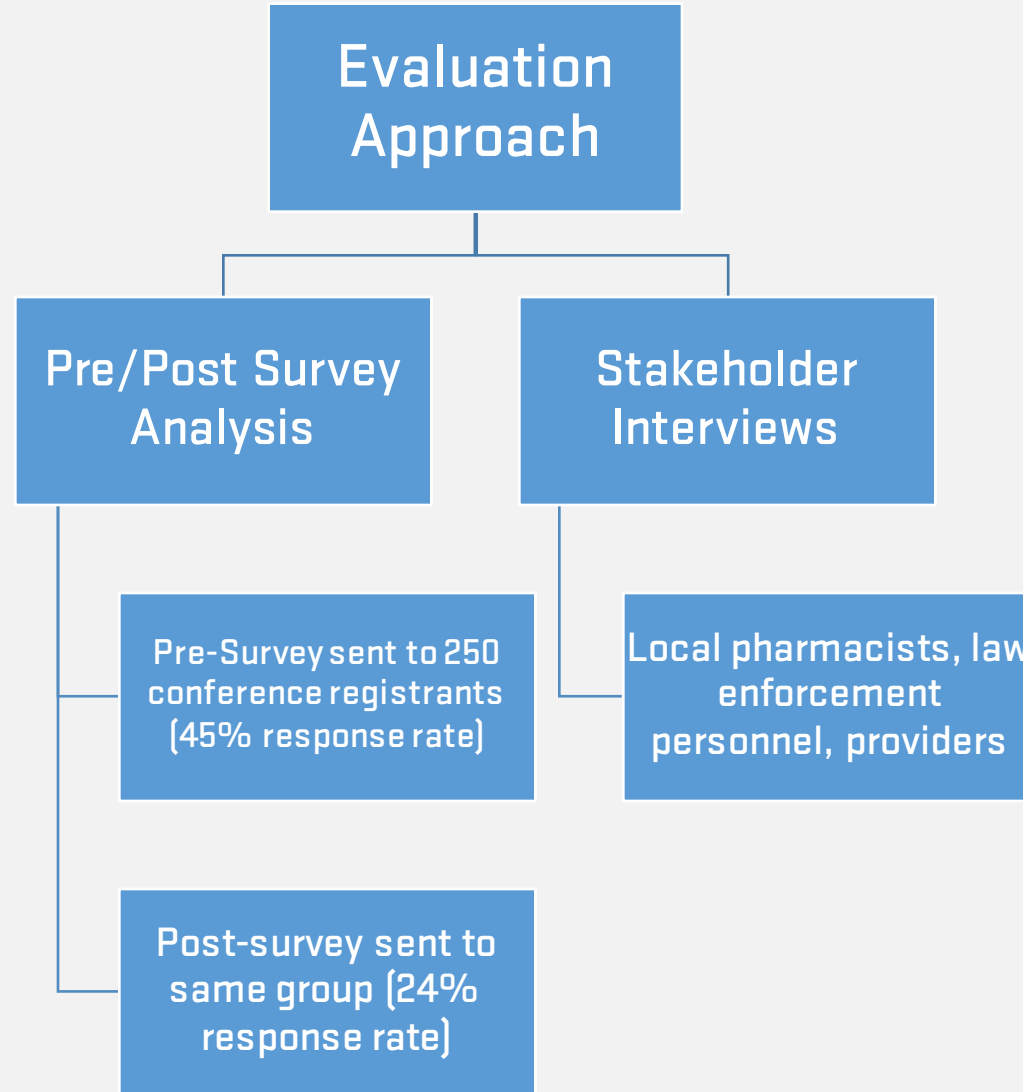
Southwest Oregon Opioid Summit



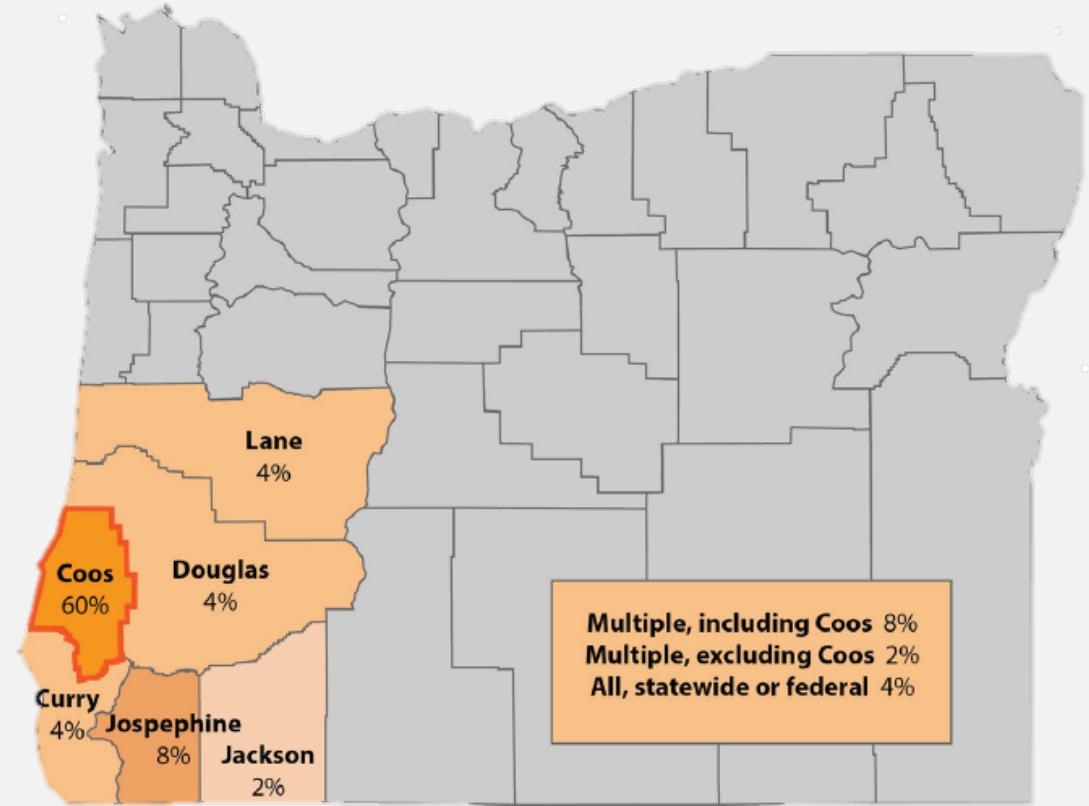
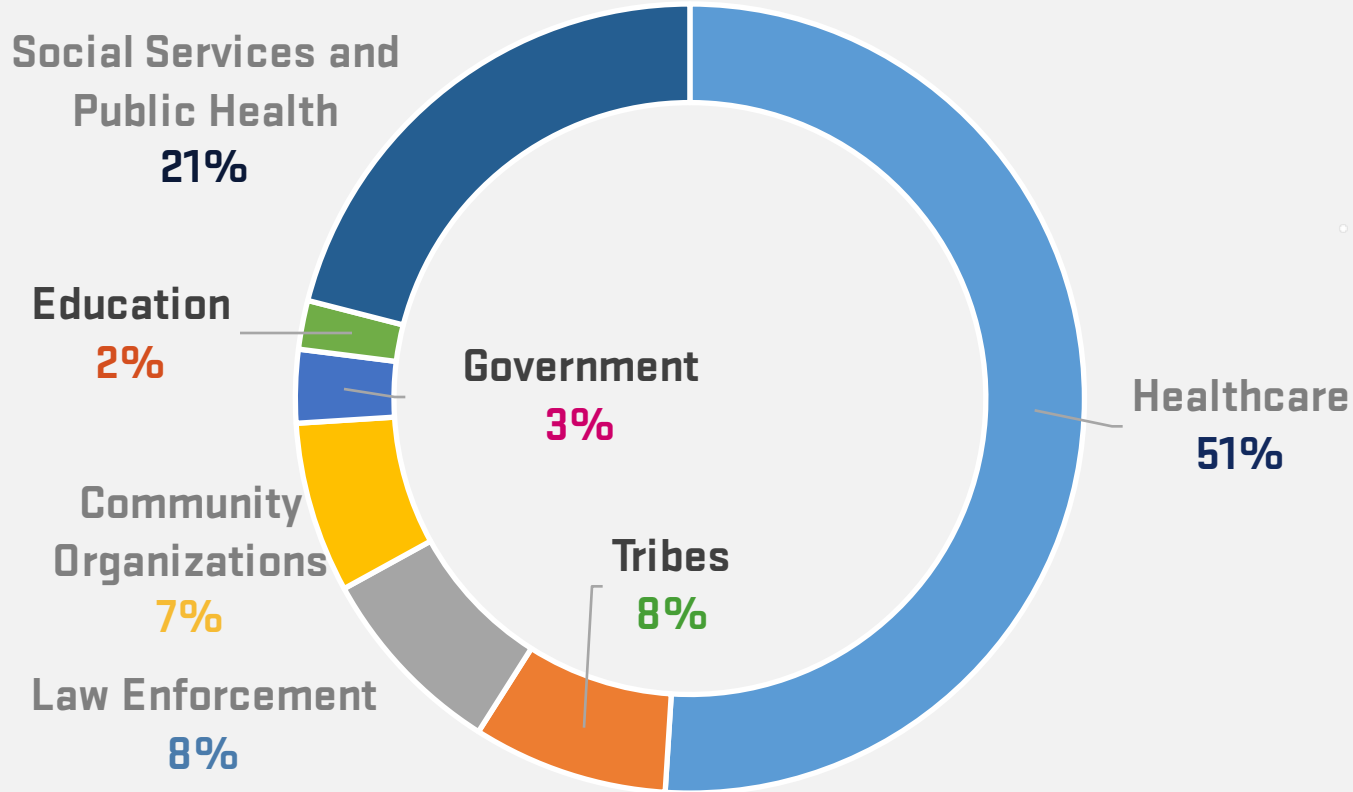
Coos Bay, OR.
October 2016
228 Attendees



Southwest Oregon Opioid Summit



Conference Demographics



Primary Outcomes

Increased Awareness of Regional Problem

- Promote improved prescribing practices
- Increased acceptance of alternative therapies
- Increased MAT availability and use



Formation of multi-sector workgroups

- Topics include MAT expansion and insurance coverage
- Drug disposal and take back event organizers
- Public education promotion



Enhanced public education efforts

- Reported 71% increase in education efforts
- Development of PSAs (drug disposal, naloxone use, at risk populations)



Drug Takeback

61%

reported that **drug take back programs became more available** since the summit

Persistent Barriers

Storage of disposed drugs, security of drop box sites, cost associated with maintenance, no needle acceptance

Areas of Progress

Boxes at capacity, emptied twice a week (30 pounds), 31% increase in event staffing, exploring needle program

Next Steps

Creation of 2-3 more drug take back boxes to meet needs, develop needle take back program, increase public awareness and importance of drug takeback

Medication Therapy

62%

reported that **medication assisted therapy became more available** post-summit

Persistent Barriers

Lack of prescribers, increased burden on MAT providers, inability for some mid-level providers to prescribe

Areas of Progress

MAT coverage under Medicaid, ability to treat 350 patients (as of Jan '18), training to providers, naloxone use, 5.9 Fills per 1,000 in '16 Q4 to 9.6 in '17 Q4.

Next Steps

Increase buprenorphine waiving among physicians and extenders, promote awareness of resource availability of providers and patients, **new MAT program**

PDMP & Prescribing

80%

Reported that **PDMP** use had increased since the summit

**Persistent
Barriers**

Remaining difficulties in software access, availability, education and accessibility, stable program utilization

**Areas of
Progress**

Increased awareness of reporting features, increasing use of non-opioid therapies, 47.7% of prescribers using '16 Q3 to 61.7 % in '17 Q3, decrease in Opioid prescribing

Next Steps

Provide on going awareness of prescribing best practices both on individual and system level, understanding of importance of non-opioid therapies

Summary



- Substantial progress has been made in opioid reduction efforts in S.W. Oregon
- The enhanced awareness has improved prescribing practices and awareness about opioid dependence.
- As a result, more patients are seeking treatment services
- Multi-sector partnerships have made strong progress on payment and reimbursement models to support increased treatment capacity
- In sum:
 - Bringing together key stakeholders can catalyze fruitful partnerships
 - Continuing education and updates on best practices is necessary in rural communities

Thank you!

