Opioid Reduction Efforts in SW Oregon

This project was facilitated by Advanced Health in partnership with the Coos County Local Alcohol and Drug Planning Committee, with Prescription Drug Overdose Prevention Funds from Oregon Health Authority.

2019 Follow-Up Survey Results

Overview of Report

BACKGROUND

In October 2016, stakeholders convened the SW Oregon Opioid Summit to raise awareness about opioid use in the region. The summit was attended by 228 individuals representing healthcare, public health, social services, law enforcement, and community organizations.

Pre- and post- summit surveys were sent electronically to the 250 summit registrants. There were 113 registrants who completed the pre-survey, and 61 registrants who completed the post survey (2018). In 2019, a **follow-up survey** was sent to the same group of attendees and was completed by 92 respondents. This summary focuses on the 2018 post-summit and 2019 follow-up surveys.

APPROACH TO THE REPORT

Evaluation was conducted using a pre-post design for a general assessment of change from the post-summit survey to the follow-up survey. This report includes results from both surveys and notes observed differences greater than 10% . All percentages were calculated using non-missing responses.

This report also takes a closer look at the follow-up 2019 survey respondents by breaking down specific responses by the sector corresponding to the respondent's organization. Selected findings are highlighted through comments from the 2019 follow-up respondents.

HEALTHCARE / SOCIAL SERVICE RESPONDENTS

Sector	2018		2019	
Type of Organization	n	%	n	%
Healthcare Sector				
Independent medical care practice	10	38%	12	28%
Coordinated care organization (CCO)	7	27%	12	28%
Large health system, hospital , or FQHC	6	23%	12	28%
Dental Practice	1	4%	3	7%
Mental Health	1	4%	1	2%
Other Healthcare	1	4%	6	7%
Total	26	100%	46	100%
Social Service Sector				
Health and human services	6	35%	9	43%
Substance abuse / addiction organizations	7	41%	5	33%
Public health authority	2	12%	2	10%
Housing provider	1	4%	2	10%
Emergency management	1	6%	1	5%
Total	17	100%	19	100%

DEFINING SECTORS

There were no notable changes across sector representation between the 2018 post-summit and 2019 follow-up survey respondents. This report focuses on the healthcare and social service sectors. Respondents in the education, emergency response, public sectors, and tribes were put into an 'Other' category, due to their relatively small samples.

Healthcare Sector
The Healthcare/Health Systems Sector represents 50% of the follow-up sample (n = 46).
- Includes all coordinated care organizations (i.e., CCOs), independent medical care practices, large health systems, hospitals, mental health, and emergency medicine organizations.

Social Service Sector
The Social Services and Public Health Sector represents 21% of the follow-up sample (n = 19).
- Includes all housing providers, human services, substance abuse, emergency management and public health organizations.

Public Sector
The Public Sector represents 14% of the follow-up sample (n = 13).
- Includes all community, media, business, and government (local, statewide, and federal) organizations.

Emergency Response Sector
The Emergency Response Sector represents 8% of the follow-up sample (n = 7).
- Includes all law enforcement organizations.

Tribes
Tribal members represent 8% of the follow-up sample (n = 3).

Education Sector
The Education Sector represents 4% of the follow-up sample (n = 4).

Overall Progress Across Opioid Safety Strategies

STRATEGIES FOR OPIOID SAFETY

Respondents were given a series of questions from the SAMHSA-funded Prescription Drug Overdose grant. These questions were developed to examine statewide progress across opioid safety areas.

Respondents were asked to select **"the box that best describes the extent that strategies have been implemented to date in your region."** Response options ranged from 1 (needs to be assessed) to 5 (fully implemented). The full list of eleven strategies is shown in the figure 2.

ACROSS SERVICE AREAS

Figure 1 shows the number of fully implemented strategies selected by 2019 follow-up respondents. Coos County showed the greatest number of fully implemented areas, followed by Curry and Josephine Counties. *Securing external funding* and *promoting the PDMP* were two common areas that still need assessement in these service regions.

COMPARING PROGRESS

Figure 2 shows the percentage of progress made in each implemented strategy area for promoting opioid safety, for the 2019 follow up respondants. The figure shows the average scores from the 2019 follow-up survey as black dots. The red dots represent the means from the 2018 post-summit survey.

Overall, *securing external funding* showed the most progress from the post survey, with a post survey mean of 2 (i.e., 'being planned'). Additionally, Naloxone, clinician education, prescribing guidelines, and safe drug disposal all went from a mean in the 3s (i.e., 'Developed but not yet implemented') to 4 (i.e., 'partially implemented') in the 2019 follow-up survey.

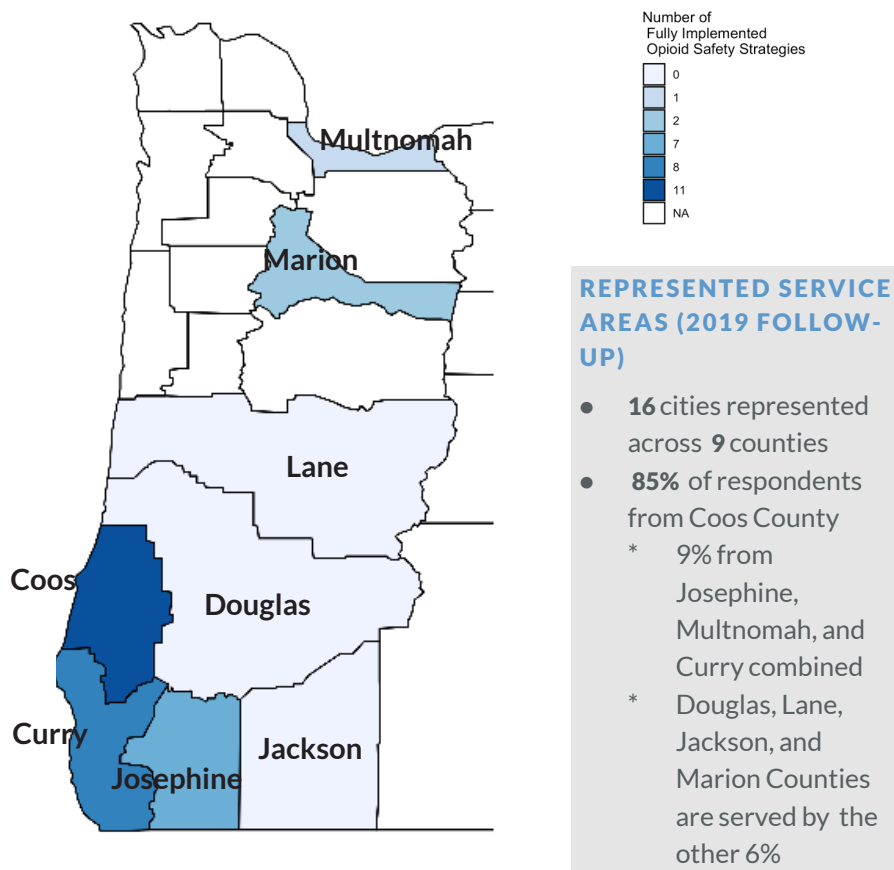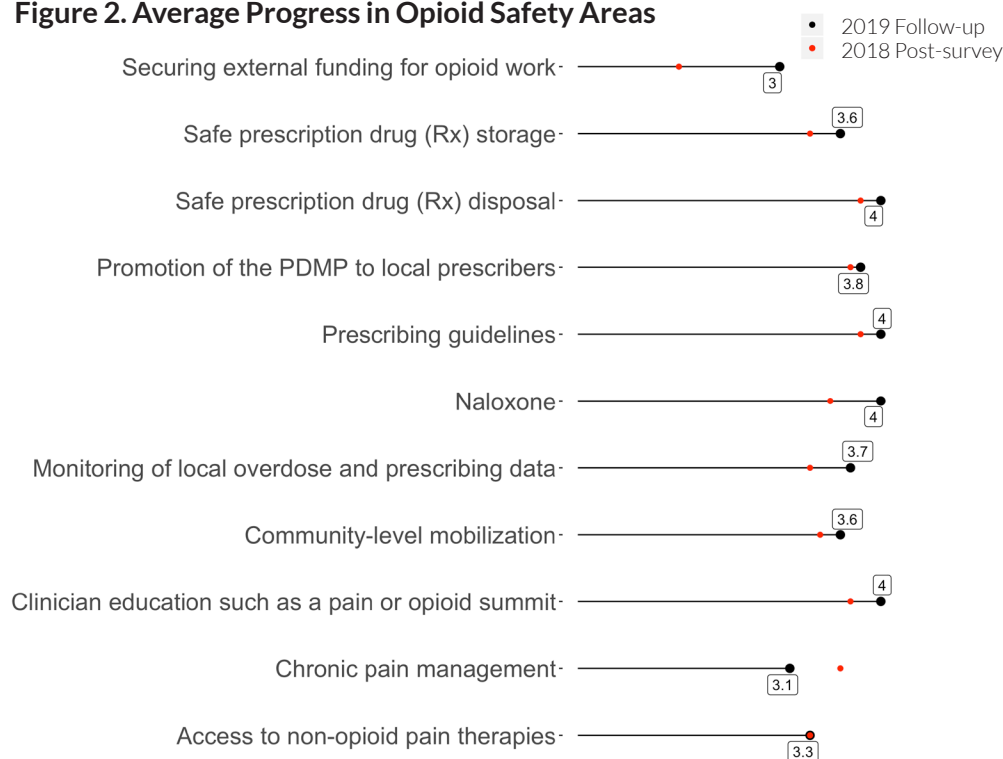**Figure 1. Fully Implemented Opioid Safety Strategies by Service Region**

Number of Fully Implemented Opioid Safety Strategies
- 0
- 1
- 2
- 7
- 8
- 11
- NA

REPRESENTED SERVICE AREAS (2019 FOLLOW-UP)

- **16** cities represented across **9** counties
- **85%** of respondents from Coos County
  * 9% from Josephine, Multnomah, and Curry combined
  * Douglas, Lane, Jackson, and Marion Counties are served by the other 6%

Figure 2. Average Progress in Opioid Safety Areas

- ● 2019 Follow-up
- ● 2018 Post-survey

Securing external funding for opioid work — 3
Safe prescription drug (Rx) storage — 3.6
Safe prescription drug (Rx) disposal — 4
Promotion of the PDMP to local prescribers — 3.8
Prescribing guidelines — 4
Naloxone — 4
Monitoring of local overdose and prescribing data — 3.7
Community-level mobilization — 3.6
Clinician education such as a pain or opioid summit — 4
Chronic pain management — 3.1
Access to non-opioid pain therapies — 3.3

Local and Statewide Barries to Opioid Safety

KEY CHANGES IN LOCAL AND STATEWIDE BARRIERS

Respondents were asked to select all of the barriers experienced in the last year when promoting opiod safety, and whether these were experienced as local or statewide barriers. In terms of local barriers, Prescription Drug Monitoring Program (PDMP) use saw the only major increase from the 2018 post-summit survey. As for statewide barriers, PDMP saw the biggest decrease, while corporate policies showed the biggest increase.

Respondents noted changes in policy, a lack of local facilities in Curry and Yamhil counties, and failure of local agencies to address additional barriers, such as employment and housing. These points are elaborated upon in the following pages.

TABLE 1. CHANGE IN STATE AND LOCAL BARRIERS (ALL SECTORS)

Barrier to Opioid Safety	Local				Statewide			
	2018		2019		2018		2019	
	n	%	n	%	n	%	n	%
Treatment for substance abuse disorder								
Overall	34	89%	51	91%	21	55%	30	54%
Healthcare	20	58%	30	59%	12	57%	12	40%
Social Services	7	21%	10	20%	2	9%	9	30%
Other	7	21%	11	21%	7	33%	9	30%
Pain management								
Overall	34	87%	49	88%	18	61%	32	57%
Healthcare	18	53%	27	55%	11	41%	13	41%
Social Services	9	26%	12	20%	3	17%	10	28%
Other	7	21%	10	25%	4	22%	9	31%
PDMP Use								
Overall	17	68%	29	87%	12	48%	13	39%
Healthcare	7	41%	14	48%	6	50%	4	31%
Social Services	5	29%	8	27%	0	0%	5	38%
Other	5	29%	7	24%	6	50%	4	31%
Corporate Policies								
Overall	17	77%	25	76%	10	45%	18	54%
Healthcare	8	47%	12	48%	5	50%	5	28%
Social Services	4	24%	7	28%	4	40%	7	39%
Other	5	29%	6	24%	1	10%	6	33%

91% of follow-up respondents indicate local barriers to treatment for substance abuse disorder.

LOCAL BARRIERS ACROSS SERVICE REGIONS

Local barriers to the treatment for substance abuse disorder

* 91% of the respondents who noted the local barriers to the treatment of substance abuse disorder were from Coos County; with 65% from Coos Bay, 12% from North Bend, 6% from Coquille, 6% from Bandon, and 2% from Charleston.

    * The remaining 8% were scattered across Brookings, Gold Beach, McMinville, and Portland

Local barriers to pain management

* 85% of the respondents who noted local barriers to pain management were from Coos County; with 63% from Coos Bay, 4% from Bandon, 2% from Charleston, 6% from Coquille, and 10% from North Bend.

    * The remaining 15% were scattered across Brookings, Eugene, Gold Beach, McMinnville, Portland, and Woodburn

Local barriers to PDMP Use

* 82% of the respondents who noted local barriers to PDMP use were from Coos County; with 55% from Coos Bay, 3% from Bandon, 3% from Charleston, 7% from Coquille, and 14% from North Bend

    * The remaining 18% were scattered across Brookings, Eugene, Gold Beach, and McMinnville

Local barriers to corporate Policies

* 88% of the respondents who noted corporate policies as local barriers were from Coos County; with 56% from Coos Bay, 8% from Coquille, and 14% from North Bend

    * The remaining 12% were scattered across Brookings, Eugene, and Gold Beach

Safety Area : Safe Disposal

KEY COMMENTS : SAFE DRUG DISPOSAL

Healthcare Sector

* "The OHA website has become very helpful in providing information on drop box locations."

Social Service Sector

* "There has been a huge push in Coos County."

Public Sector

* "There has been significant education of the public regarding proper disposal."

Emergency Response Sector

* "There has been significant limitations on making drug disposal sites more available."

BIGGEST BARRIERS (ALL SECTORS)

Barrier to Safe Drug Disposal	2018 Post-Summit		2019 Follow-Up	
	n	%	n	%
Lack of public awareness on safe drug disposal	33	54%	42	46%
People do not want to give up their medications	23	38%	40	43%
Lack of available collection receptacles	32	53%	38	41%
Security issues related to receptacles	17	28%	28	30%
Cost to maintain collection receptacles	23	38%	24	26%

"There has been an increase of two drop sites, but many more are needed."
-- Healthcare Sector

KEY CHANGES IN SURVEY RESPONSES

When asked how the availability of drug take back programs has changed since January 2018, 73% of 2019 follow-up respondents reported more availability, a **10% increase** from the 2018 post-summit survey. Opinons regarding safe drug disposal did not vary more than 10% between 2018 and 2019 survey responses, however, there were some notable differences across sectors across the 2019 survey respondents.

When asked if they agree, disagree, or are neutral …

43% of the 2019 follow-up respondents felt comfortable answering questions about drug take-back programs/receptacles in their region.

* Healthcare: 44% agreed, 47% disagreed, and 9% were neutral

    * 80% of respondents from CCO's agreed

    * 64% of independent practitioners disagreed

* Social Services: 64% agreed, 21% disagreed, and 15% were neutral

* All other sectors: 94% agreed and 6% were neutral

69% of the 2019 follow-up respondents believe they should continue to increase availability of drug take back programs in their region.

* Healthcare: 67% agreed, 15% disagreed, and 18% were neutral

    * 73% of independent practitioners agreed

    * 50% of respondents from CCO's agreed

* Social Services: 84% agreed, 2% disagreed, and 18% were neutral

* All other sectors: 75% agreed and 25% disagreed

64% of the 2019 follow-up respondents believe that take-back programs should be a priority for reducing available opioids.

* Healthcare: 65% agreed, 20% disagreed, and 15% were neutral

    * 64% of independent practitioners agreed

    * 50% of respondents from CCO's agreed

* Social Services: 93% of respondents agreed and 7% disagreed

* All other sectors: 60% of respondents agreed, 20% disagreed, and 10% are neutral

Evaluation Core
OHSU

Opioid Safety Area : MAT

KEY CHANGES IN SURVEY RESPONSES

When asked how the availability of medication assisted therapy (MAT) programs changed since January 2018, 76% of 2019 follow-up respondents reported more availability, *a 14% increase* from changes reported in the 2018 post-summit survey. Across all sectors, 86% of 2019 follow-up respondents reported knowing about the availability of MAT in their regions, a *37% increase* from the 2018 post-summit survey.

While the other responses to questions about MAT did not differ more than 10% between 2018 and 2019 survey responses, there were some notable differences across sectors for the 2019 survey respondents.

When asked if they agree, disagree, or are neutral …

81% of the 2019 follow-up respondents believe that MAT should be a priority for reducing opioid use.

- Healthcare: 86% agreed, 3% disagreed, and 11% were neutral

    * 90% of independent practitioners agreed

    * 67% of respondents from CCO's agreed

- Social Services: 69% agreed, 7% disagreed, and 24% were neutral

- All other sectors, 80% agreed, 13% disagreed, and 7% were neutral

79% of the 2019 follow-up respondents believe that MAT is helpful for reducing opioid use.

- Healthcare: 86% agreed, 3% disagreed, and 11% were neutral

    * 80% of independent practitioners agreed

    * 100% of respondents from CCOs agreed

- Social Service: 69% agreed, 7% disagreed, and 24% were neutral

- All other sectors: 82% agreed, 13% disagreed, and 5% were neutral

43% of the 2019 follow-up respondents believe that a sobering center would help provide a path to treatment.

- Healthcare: 77% agreed and 23% were neutral

    * 78% of independent practitioners agreed

    * 100% of respondents from CCOs agreed

- Social Service: 69% agreed, 7% disagreed, and 24% were neutral

- All other sectors: 87% agreed, 7% disagreed, and 6% were neutral

KEY COMMENTS : MAT

Healthcare Sector

* "Adapt (North Bend) now has an inpatient program and a local addictions therapist."

Public Sector

* "There is now a waiting list for those seeking help."

Social Service Sector

* "Great strides have been made in Coos County, but more progress is needed".

Emergency Response Sector

* "MAT should be a top priority."

BIGGEST BARRIERS (ALL SECTORS)

Barrier to MAT	2018 Post-Summit		2019 Follow-Up	
	n	%	n	%
Availability of services	30	49%	36	39%
Access to services	27	44%	35	38%
Insurance coverage	22	36%	24	26%
Stigma associated with use	19	31%	24	26%
Prescribing regulations are too limited	13	21%	20	21%
Lack of patient awareness of services	14	23%	19	20%
Prescribing regulations are too limited	7	11%	13	14%

100% of respondents from Emergency Response (n=2) and Tribe sectors (n = 2), agreed:

"A sobering center would provide a path to treatment."

"We should continue to increase the availability of MAT in our region."

KEY COMMENTS : PDMP

Healthcare Sector

* "Love being able to have delegates now."
* I'd prefer to encourage providers to use it WITHOUT the implementation of time-consuming clicks."

Social Service Sector

* "I haven't seen any change but just discussions around it."

BIGGEST BARRIERS (REGISTERED PDMP USERS)

Barrier to PDMP	2018 Post-Summit		2019 Follow-Up	
	n	%	n	%
Workflow / Capacity Issues	10	54%	16	80%
Lack of incentives/ reimbursement	6	47%	6	30%
Problems signing up/registering for an account	4	31%	5	25%
Lack of awareness/ education on how to use the PDMP when talking to patients about	7	54%	4	20%
Use not mandated	4	31%	4	20%
Data Protection/ Privacy	2	15%	2	10%

PRESCRIPTION PRACTICES WITH PDMP

* 85% of registered users (a 16% increase from post-survey) look for patients who:
  * Use multiple pharmacies
  * Uses multiple prescriptions (from multiple prescribers)
  * Have potentially dangerous co-prescriptions
* 60% of registered users *always* use the PDMP when they:
  * Write a new prescription for a controlled substance (a 10% increase from post-survey)
  * Write an additional prescription for a controlled substance (a 22% increase from post-survey)

REGISTERED USERS FOR PDMP

This section of the summary focused on respondents who were registered to use the Prescription Drug Monitoring Program (PDMP). There were a total of 20 respondents who were registered to use the PDMP (41% of follow-up respondents). Of these respondents, 90% used the PDMP in their prescription practice. This compares to a total of 13 registered users in the 2018 post-survey, of which, 100% used the PDMP in their prescribing practice.

When asked if they agree, disagree, or are neutral …

67% of the 2019 follow-up respondents and 100% of registered users felt familiar with the PDMP.

* Healthcare: 84% agreed, 8% disagreed, and 4% were neutral
  * 60% of respondents from CCOs agreed
  * 90% of independent practitioners disagreed
* Social Services: 50% agreed, 25% disagreed, and 25% were neutral
* All other sectors: 50% agreed, 25% disagreed, and 25% were neutral

70% of the 2019 follow-up respondents and 83% of registered users believe there should be continued work to increase the use of the PDMP.

* Healthcare: 82% agreed and 18% were neutral
  * 50% of respondents from CCOs agreed
  * 78% of independent practitioners agreed
* Social Services: 77% agreed and 23% were neutral
* All other sectors: 77% agreed, 8% disagreed, and 15% were neutral

45% of the 2019 follow-up respondents and 83% of registered users believe that they can answer questions and provide resources to interested individuals regarding the PDMP in their regions.

* Healthcare: 70% agreed, 9% disagreed, and 21% were neutral
  * 50% of respondents from CCOs agreed
  * 70% of independent practitioners agreed
* Social Services: 14% of respondents agreed and none disagreed
* All other sectors: 31% of respondents agreed and 54% disagreed

Opioid Safety Area : Non-Opioid Therapies

KEY CHANGES IN SURVEY RESPONSES

When asked how the availability of non-opioid therapies has changed since January 2018, 48% of 2019 follow-up respondents reported more availability, *a 6% decrease* from changes reported in the 2018 post-summit survey. Across all sectors, 68% of 2019 follow-up respondents reported knowing about the availability of non-opioid therapies in their regions, only a *3% increase* from the 2018 post-summit survey.

While there were no major changes regarding opinions on non-opioid therapies between 2018 and 2019 survey responses, there were some notable differences across sectors for the 2019 survey respondents.

When asked if they agree, disagree, or are neutral …

88% of the 2019 follow-up respondents believe that non-opioid therapies should be a priority for reducing opioid use disorders.

- Healthcare: 100% agreed

- Social Services : 78% agreed, 11% disagreed, and 11% were neutral

- All other sectors: 72% agreed, 7% disagreed, and 21% were neutral

92% of the 2019 follow-up respondents believe that non-opioid therapies are helpful for pain management.

- Healthcare: 100% agreed

- Social Services: 89% agreed and 11% disagreed

- All other sectors: 79% agreed, 7% disagreed, and 14% were neutral

94% of the 2019 follow-up respondents believe that there should be more work to increase the availability of non-opioid therapies in their regions.

- Healthcare: 100% agreed

- Social Services: 100% agreed

- All other sectors: 86% agreed, 7% disagreed, and 7% were neutral

BIGGEST BARRIERS (ALL SECTORS)

Barrier to Non-Opioid Therapies	2018 Post-Summit		2019 Follow-Up	
	n	%	n	%
Availability of Services	21	34%	41	45%
Insurance coverage	23	37%	34	37%
Access to services	21	34%	34	37%
Patient interest/ motivation	21	34%	31	34%
Patient awareness	13	22%	28	30%
Lack of provider awareness of effectiveness of alternative	13	22%	22	24%

BIGGEST BARRIERS NOTED BY HEALTHCARE RESPONDENTS

* "OHP is limited in helping chronic pain."

* "We need to focus on what can be provided in rural areas."

* "Shortage of massage and acupuncture is a year out for scheduled patients."

* "Providers are leaving the area."

* "Pilot programs have stopped."

30% of follow-up respondents were aware of organizational efforts to expand use of non-opioid therapies.

67% of these respondents were from Coos / Curry counties, with the rest spread across Brookings, North Bend, and Portland.

Opioid Safety Area : Naloxone

KEY COMMENTS : NALOXONE

Healthcare Sector

* "[Naloxone] should not be cheaper than and more available than insulin and epi-pens."
* "[HIV alliance] has paved the way for naloxone training in numerous settings."
* "We went from 0 naloxone to significant saturation."

Education Sector

* "Coos Health & Wellness paid to send us to training. We were able to get free Naloxone for our community sites."

Public Sector

* " We need ways to make the communuity more aware of the option to get Naloxone."

BIGGEST BARRIERS (ALL SECTORS)

Barrier to Naloxone	2018 Post-Summit		2019 Follow-Up	
	n	%	n	%
Lack of patient awareness	16	26%	32	35%
Cost	19	31%	31	34%
Lack of provider awareness	16	26%	31	34%
Lack of training	16	26%	19	21%
Availability of prescribers.	12	20%	18	20%
Regulations on distribution	6	10%	10	11%

This report was prepared by the OHSU Evaluation Core. Analyses and reporting were completed by James DeLaney, Data Scientist.

KEY CHANGES IN SURVEY RESPONSES

When asked how the availability of nalaxone has changed since January 2018, 92% of 2019 follow-up respondents reported more availability, *a 6% increase* from changes reported in the 2018 post-summit survey. Across all sectors, 80% of 2019 follow-up respondents reported knowing about the availability of Naloxone in their regions, a *24% increase* from the 2018 post-summit survey. Lastly, 70% of 2019 follow-up respondents felt able to answer questions and provide resources regarding Naloxone, a *25% increase* from the 2018 post-summit survey.

While there were no other major changes regarding opinions on non-opioid therapies between 2018 and 2019 survey responses, there were some notable differences across sectors for the 2019 survey respondents.

When asked if they agree, disagree, or are neutral ...

89% of the 2019 follow-up respondents felt that Naloxone is helpful for reducing opioid overdose.

* Healthcare: 93% agreed and 7% disagreed

    * 80% of respondents from CCOs agreed

    * 91% of independent practitioners disagreed

* Social Services: 83% agreed, 8% disagreed, and 8% were neutral

* All other sectors: 93% agreed 7% disagreed

89% of the 2019 follow-up respondents believe there should be continued work to increase the availability of Naloxone.

* Healthcare: 89% agreed, 4% disagreed, and 7% were neutral

    * 80% of respondents from CCOs agreed

    * 82% of independent practitioners agreed

* Social Services: 92% agreed and 8% were neutral

* All other sectors: 93% agreed and 7% disagreed

82% of the 2019 follow-up respondents believe Naloxone should be a priority for reducing opioid overdose.

* Healthcare: 89% agreed and 4% disagreed

    * 80% of respondents from CCOs agreed

    * 82% of independent practitioners agreed

* Social Services: 84% of respondents agreed, 8% disagreed, and 8% were neutral

* All other sectors, 79% of respondents agreed, 7% disagreed, and 14% were neutral

Opioid Safety Area : Educating the Public

KEY CHANGES IN SURVEY RESPONSES

When asked how the availability of educational resources has changed since January 2018, 71% of 2019 follow-up respondents reported more availability, *a 9% increase* from changes reported in the 2018 post-summit survey. Across all sectors, 61% of 2019 follow-up respondents reported knowing about the availability of educational resources in their regions, a *6% increase* from the 2018 post-summit survey.

While there were no other major changes regarding opinions on educational resources between 2018 and 2019 survey responses, there were some notable differences across sectors for the 2019 survey respondents.

When asked if they agree, disagree, or are neutral …

92% of the 2019 follow-up respondents believe that there should be more work to increase the availability of educational materials in their region.

- Healthcare: 97% agreed and 3% were neutral
    - * 80% of respondents from CCOs agreed
    - * 100% of independent practitioners agreed
- Social Services: 88% agreed and 12% were neutral
- All other sectors: 87% agreed and 13% disagreed

62% of the 2019 follow-up respondents felt able to answer questions and provide educational resources regarding opioids in their region.

- Healthcare: 72% agreed and 28% were neutral
    - * 60% of respondents from CCOs agreed
    - * 78% of independent practitioners agreed
- Social Services: 57% agreed, 29% disagreed, and 14% were neutral
- All other sectors: 60% agreed, 33% disagreed, and 7% were neutral

BIGGEST BARRIERS (ALL SECTORS)

Barrier to Educating the Publice	2018 Post-Summit		2019 Follow-Up	
	n	%	n	%
Funding to support efforts	24	39%	30	32%
Lack of provider capacty	20	33%	28	30%
Lack of educational materials, tools, reources on safe use	19	31%	26	28%
Providers need more education on how to talk to their patients about safe use	22	36%	25	27%
Lack of patient interest	18	30%	24	26%
Availability of disposal units	14	23%	15	16%

BIGGEST BARRIERS NOTED BY HEALTHCARE RESPONDENTS

- * "Lack of patient buy-in!"
- * "Providers need more training on how to talk to patients/follow up with patients about effective non-opioid options."
- * "Not aware of more/new educational resources."
- * "I do not know of anything to educate patient other than having me educate patients."

25% of follow-up respondents were aware of organizational efforts to educate patients and the public on the safe use of controlled medications. *85% of these respondents were from Coos / Curry Counties*