Aging, the Opioid Epidemic, and Care Considerations

Welcome!

- All lines are muted, so please ask your questions in chat
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in the poll that will pop up on the lower righthand side of your screen at the end of the presentation





We will get started shortly!

Stacy Hull, LPC, MAC

AIM LEAD, BEHAVIORAL HEALTH

Stacy Hull is a Licensed Professional Counselor and holds a certification as a Master Addiction Counselor. Stacy has worked in outpatient and residential settings providing mental health and substance use treatment to adults and children. These experiences help Stacy to excel at Alliant.

Additionally, Stacy has more than 25 years of clinical experience in service delivery and administrative leadership in the public behavioral health sector. She has also worked in hospitals, with physicians and inpatient psychiatric facilities to improve behavioral health outcomes in healthcare settings.

Stacy spends her time at Alliant focusing on behavioral health improvement.

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

- Maya Angelou



Contact: Stacy.Hull@AlliantQuality.org

Benjamin Nguyen, MSW, ASW, CPH

CLINICAL SPECIALIST, UCLA INTEGRATED SUBSTANCE ABUSE PROGRAMS TECHNOLOGY TRANSFER SPECIALIST, OPIOID RESPONSE NETWORK STR-TA

Benjamin is currently a Clinical Training & Technology Transfer Specialist for UCLA Integrated Substance Abuse Programs at the Jane and Terry Semel Institute for Neuroscience and Human Behavior; his main work is with the Substance Abuse Mental Health Services Administration's (SAMHSA's) national Opioid Response Network (STR-TA). Aside from this, he serves as a creative strategy consultant for Westside Pacific Villages to support community age-friendliness, aging-in-place, and external affairs. Benjamin is also an adjunct faculty instructor for Western New Mexico University's (WNMU) School of Social Work; and provides psychodynamic psychotherapy at Airport Marina Counseling Service.



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Objectives

- Learn Today:
 - Recognize the intersection of aging and the opioid epidemic from a holistic biopsychosocial perspective.
- Use Tomorrow:
 - Cite opioid epidemiological data related to older adults.
 - Integrate different care considerations for opioid use among older adults into clinical practice.

Aging, the Opioid Epidemic, and Care Considerations

Benjamin H. Nguyen, MSW, ASW, CPH

Public Health Social Worker & Social Gerontologist

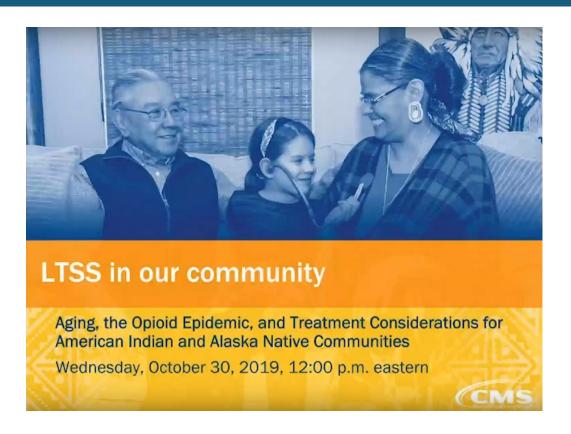




Opioid Response Network STR-TA



Acknowledgements





Long-Term Services and Supports Technical Assistance Center

Webinar: https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/LTSS-Webinars



Overview

- Demography and Opioid Epidemiology
- Biopsychosocial Framework for Understanding Vulnerability
- Understanding Root Causes: Loneliness and Social Determinants of Health
- Treatment Considerations: Medical Frameworks, Integrated Health Solutions, Alternatives for Pain Management

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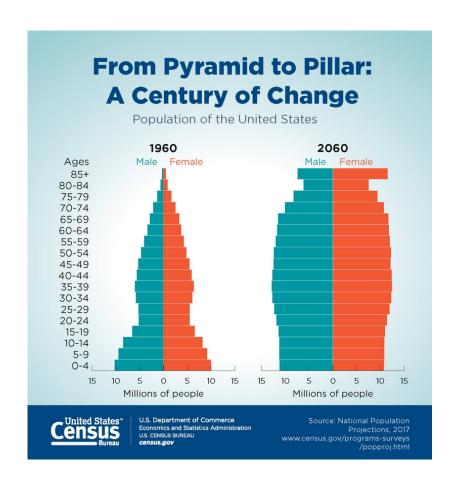
Aging, Demography, and Opioid Epidemiology

The Field of Aging: Gerontology and Geriatrics

- ♦ Geriatrics- the study of health and disease in later life + comprehensive health care of older persons and caregivers. (AGHE, n.d.)
- ◆ Gerontology the study of physical, mental, and social changes in (older) people as they age + and the investigation of the changes in society, resulting from an aging population → application to programs and policies. (AGHE, n.d.)
- ◆ Aging- changes that take place in the organism across the lifespan--good, bad, and neutral. (Hooyman & Kiyak, 2008).



Aging Demographic Trends: Population Aging

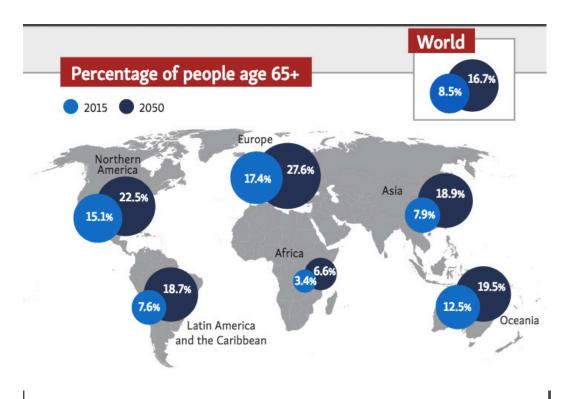


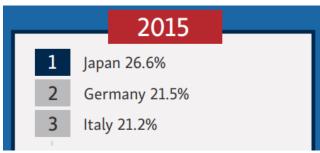
Population Aging

- Longevity, Prolonged Mortality
- Low Fertility
- Higher Morbidity (Noncommunicable Diseases)



Aging Demographic Trends: Global Perspectives





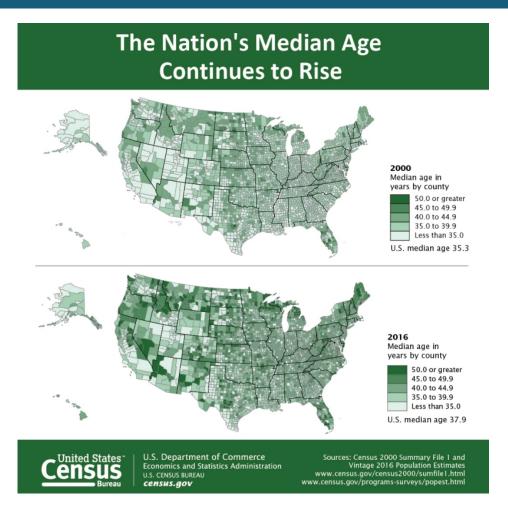




Sources: U.S. Census Bureau, International Data Base, decennial censuses, and 2014 National Population Projections. For more information, see Federal Interagency Forum on Aging Related Statistics (www.agingstats.gov): Older Americans 2016; and U.S. Census Bureau (www.census.gov): An Aging World: 2015, 65+ in the United States: 2010, and The Older Population: 2010.



Aging Demographic Trends: State Perspectives



"Oldest States in 2017"

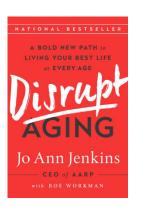
- → FL, ME, PR (20%)
- ♦ WV, VT(19%)
- → HI, DE, MT, PA, NH, SC (18%)

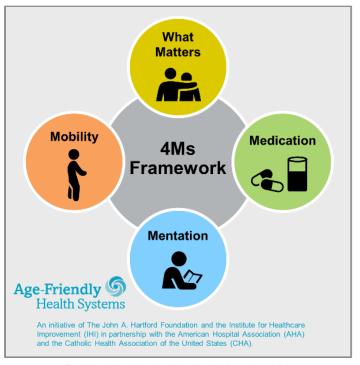


Aging Demographic Trends: Impacts

- Culture and Society
- Community Health
- → Health and Welfare System







For related work, this graphic may be used in its entirety without requesting permission Graphic files and guidance at ihi.org/AgeFriendly

Ortman, J. M., Velkoff, V. A., & Hogan, H. (2014). An aging nation: the older population in the United States (pp. 25-1140). Washington, DC: United States Census Bureau, Economics and Statistics Administration, US Department of Commerce.



Epidemiology of Opioids and Older Adults

♦ Increasing Rates of Opioid Misuse:

- Opioid misuse increased for older adults 2013-2014, and decreased for younger adults (NSDUH)
- Projected to double from 2004 to 2020 (AoA, SAMHSA, 2012)
- Medicare Beneficiaries highest and fastest growing rates (CMS, 2017)



Epidemiology of Opioids and Older Adults

♦ Prevalence of Prescriptions Painkillers:

- 1 in 3 Medicare Part D Beneficiaries received a prescription opioid in 2016 (U.S Office of Inspector General)
- 9-fold increase in opioid prescriptions in office-based medical visits by older adults between 1995-2010 (Olfson, et al., 2013)
- More readily available and used in older adults (NCHS Data Brief 189; Frenk, Porter, & Paulozzi, 2015)
- Significant Increase since 2003 (NSDUH, 2003/2013)

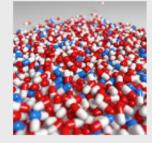


Increased Risk and Vulnerability: Aging, Opioid Use, Chronic Pain

WEB SEMINAR THURSDAY, NOV. 1 AT 10 AM PST

The Hidden Storm: Aging, Chronic Pain and Opioid Addiction

Chronic pain, coupled with alcohol and/or opioid addiction among older adults threatens life and quality of life. Through a bio-psychosocial context, this web seminar will explore how solutions may become the problem. Multi-dimensional, non-opioid treatment is the future of humane and authentic recovery. This web seminar will present new insight and effective tools for aging care, to help Aging Life Care professionals to evaluate the presence of opioid and-or alcohol addiction, and support addiction recovery and humane pain management for holi



addiction, and support addiction recovery and humane pain management for holistic, meaningful life with healthy function for older adults. Presented by ASA's Healthcare and Aging Network (HAN), registration for this web seminar is available for no charge to ASA members and includes complimentary CE credits.

Learn more and register.



Increased Vulnerability and Risk: Biological

- → Biological
 - Comorbidities
 - Polypharmacy
 - Chronic Pain & Prescription Drugs
 - Physiological Changes in Aging
 - Metabolism, Sedation, Respiratory Depression, Visual Impairment, Coordination, Attention, Fall Risk
 - Increased Risk of Mortality (Larney et al., 2015)





COVID-19 Considerations: Older Adult Mortality

CDC Has Information For Older Adults at Higher Risk

8 out of 10 COVID-19 deaths reported in the U.S. have been in adults 65 years old and older. Visit CDC.gov/coronavirus for steps to reduce your risk of getting sick.







Increased Vulnerability and Risk: Psychosocial

- Psychological
 - Death, Mortality, Loss, Grief, Depression-related to Health, Role Loss
- ♦ Social
 - Isolation, Loneliness, Marginalization
 - Generational Patterns
 - Stigma and addiction as Moral Issue (Silent and Greatest Generation)
 - Increased Usage (Boomer Generation)



COVID-19 Considerations: Substance Use and Behavioral Health for Adults





COVID-19 Considerations: Substance Use and Behavioral Health for Older Adults

- ❖ Increased Vulnerability Compared to Younger Adults
- Challenges with Effective Pain Management, Addiction Treatment, and Social Engagement
- ♦ COVID-19 related Social Anxiety, Depression

Satre, D. D., Hirschtritt, M. E., Silverberg, M. J., & Sterling, S. A. (2020). Addressing Problems With Alcohol and Other Substances Among Older Adults During the COVID-19 Pandemic. *The American journal of geriatric psychiatry: official journal of the American Association for Geriatric Psychiatry*, 28(7), 780–783. https://doi.org/10.1016/j.jagp.2020.04.012





Understanding Root Causes

Loneliness Epidemic



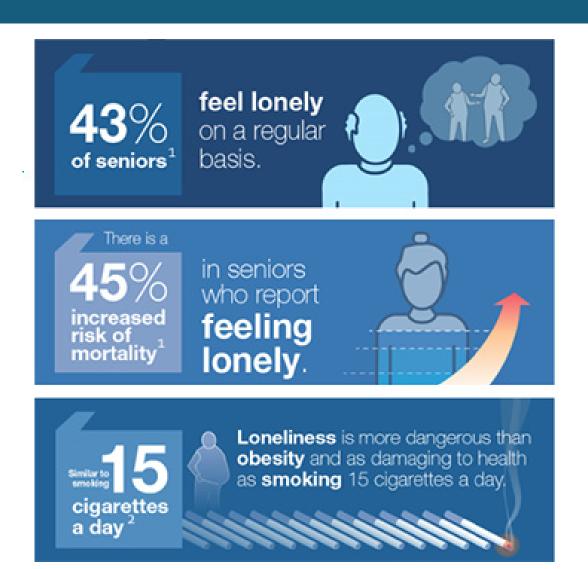
Vivek H. Murthy, MD

19TH SURGEON GENERAL
OF THE UNITED STATES

Together

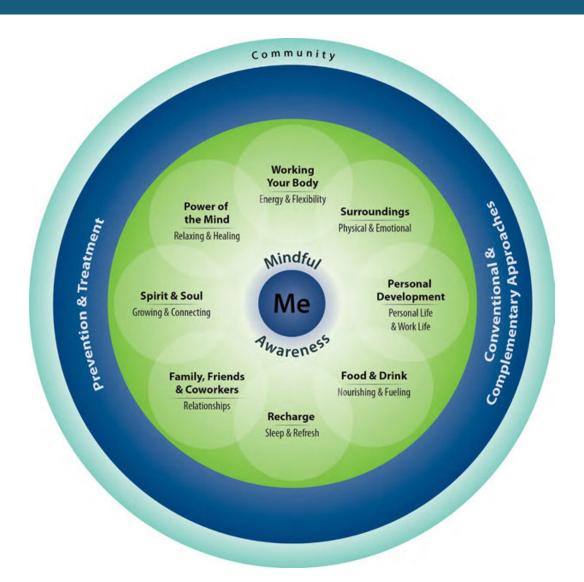


Loneliness Epidemic





Social Determinants of Health





Livability and Age-friendliness

The 8 Domains of Livability

The availability and quality of these community features impact the well-being of older adults — and help make communities more livable for people of all ages.





- 1. Outdoor Spaces and Buildings
- 2. Transportation
- 3. Housing
- 4. Social Participation
- 5. Respect and Social Inclusion
- 6. Work and Civic Engagement
- 7. Communication and Information
- 8. Community and Health Services





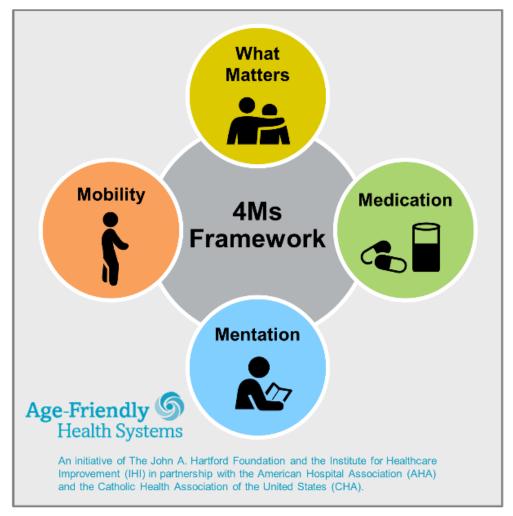
Care Considerations: Medical Frameworks, Evidence-Based Health Promotion, Alternatives for Pain Management

Treatment Considerations

- ♦ Longer Detoxification
- ♦ HHS recommends co-prescribing Naloxone
- ♦ More Medical Science Application
- ♦ Age-Specific Psychosocial Interventions and Treatment
 - Senior Hope Counseling (Albany New York)
 - Betty Ford Recovery @ 50 Plus



4M Age-Friendly Health System





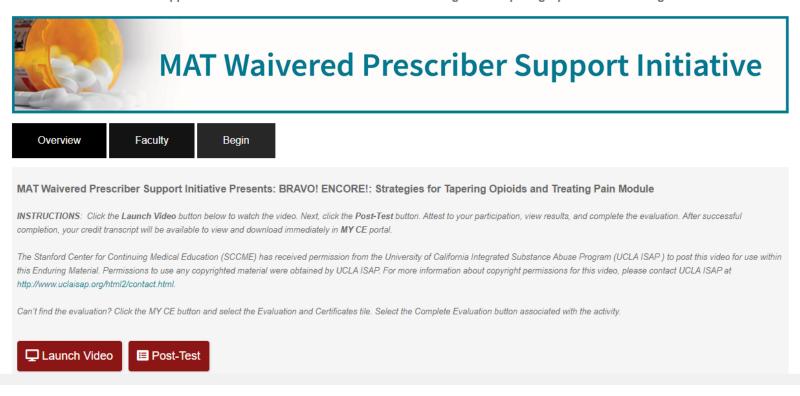
ENCORE Framework

Evaluate the Pain
Neutralize the Nervous System
Core Strengthening
Open a Conversation
Restore Health
Ease Suffering



ENCORE Framework

MAT Waivered Prescriber Support Initiative Presents: BRAVO! ENCORE!: Strategies for Tapering Opioids and Treating Pain





Slide Credit: Dr. Christina Lasich, MD, Grass Valley, CA

BRAVO & ENCORE: Free Training



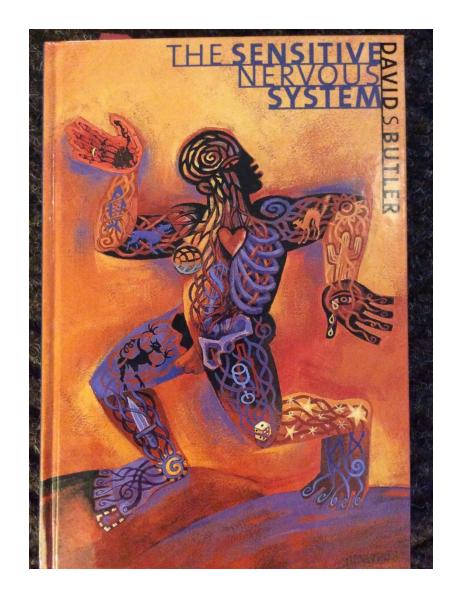


Slide Credit: Dr. Christina Lasich, MD, Grass Valley, CA

Care Considerations: Pain

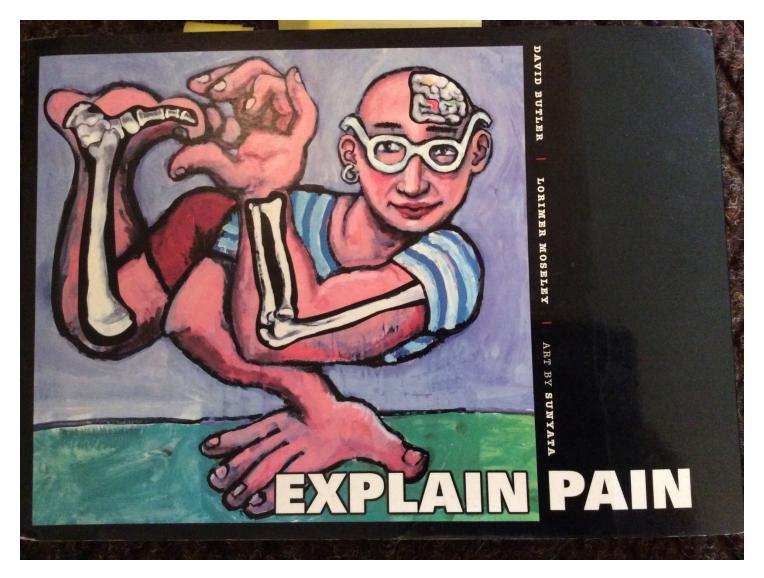
- Alternatives to Opioid Therapy ALTO SM
 - Multi-modal analgesia for Muscoskeletal Pain
 - Trigger Point Injections
 - Osteopathic Manipulative Therapy
- Battlefield Acupuncture (Auricular Therapy)
- Pain Psychology Resources (Beth Darnall, PhD)
 - Empowered Relief
 - The Opioid Free Pain Relief Kit







Butler, D. S. (2000). *The sensitive nervous system*. Noigroup publications. Slide Credit: Dr. Christina Lasich, MD, Grass Valley, CA





Butler, D. S., & Moseley, G. L. (2013). *Explain Pain 2nd Edn*. Noigroup publications. Slide Credit: Dr. Christina Lasich, MD, Grass Valley, CA

Evidence-Based Programs that Reduce Pain and/or Depression





Evidence-Based Programs that Reduce Pain and/or Depression

- ♦ There is evidence that evidence-based programs reduce pain:
 - Chronic Pain Self-Management Program (Pain and Depression)
 - Chronic Disease Self-Management Program (Pain and Depression)
 - <u>Enhanced Fitness</u> (Pain)
 - Enhanced Wellness (Pain)
- ♦ Pearls (Depression)



Additional SUD Prevention Programs and Community-Based Programs

SUD Prevention Programs

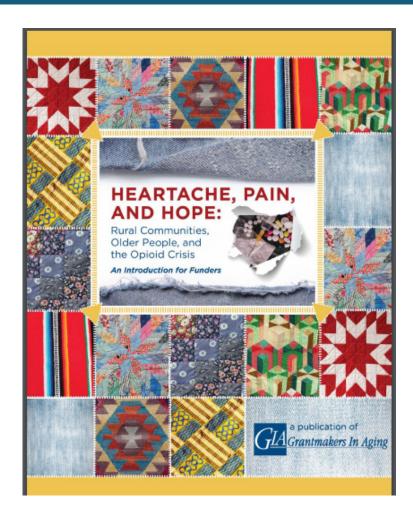
- BRITE Florida
- Wellness Initiative for Senior Education (WISE)

♦ Community-Based Coalition Work

- Village to Village Network
- Great Plains Senior Services Collaborative
- Project Lazarus (North Carolina)
- Intergenerational Support & Culture as Prevention (IAMNDN OK)



Grantmaker in Aging Resource: Rural Older Adults



 Raising Awareness and Seeking Solutions to the Opioid Epidemic's Impact on Rural Older Adults



Questions?

Thank you!

BenjaminNguyen@mednet.ucla.edu



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Complete this sentence in Chat: I will...



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services





Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



Chronic Disease Self-Management

- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events



Nursing Home Quality

- ✓ Improve the mean total quality score
- Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents



Post Event Survey for SATTC:

https://ttc-gpra.org/P?s=933739

One CEU hour is available upon completion of the GPRA evaluation from NAADAC.





Southeast (HHS Region 4)



Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Have You Pledged Your Commitment? Join Alliant Quality >1500 Facilities Strong



Kentucky 213 North Carolina 277

Tennessee 211

Georgia 261

Alabama 132

Florida 246

https://www.alliantquality.org/news/space-agreement/

The Southern Partners Action Collaborative for Excellence (SPACE) is a cooperative project between Alliant Quality and nursing homes. As a SPACE participant, your facility agrees to participate with Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), which is the Medicare QIO for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee and their partners.



Upcoming Events

Nursing Homes
Tuesdays, 2pm ET/1pm CT

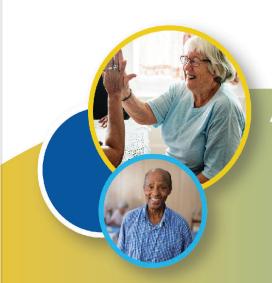
Community Coalitions
Thursdays, 12:30 pm ET/11:30am CT

October 20th, 2020: Understanding and using QAPI elements in day to day care processes

October 29th, 2020: Blood Glucose Targets And Adapting Treatment Goals For Special Populations

December 15th, 2020: Preventing Healthcare Acquired Infections (including immunization stats)

December 17th, 2020: Gear up for the New Year! Positioning your Organization to Gather, Track, and Use Data in 2021



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This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Medicare Quality Innovation Network - Quality Improvement Organization for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. 12SOW-AHSQIN-QIO-TO1CC-20-313



