Social Determinants of Health and the Opioid Epidemic

Welcome!

- All lines are muted, so please ask your questions in Q&A.
- For technical issues, initiate a chat with the Technical Support panelist.
- Please actively participate in polling questions that will appear on the lower right-hand side of your screen.

We will get started shortly!

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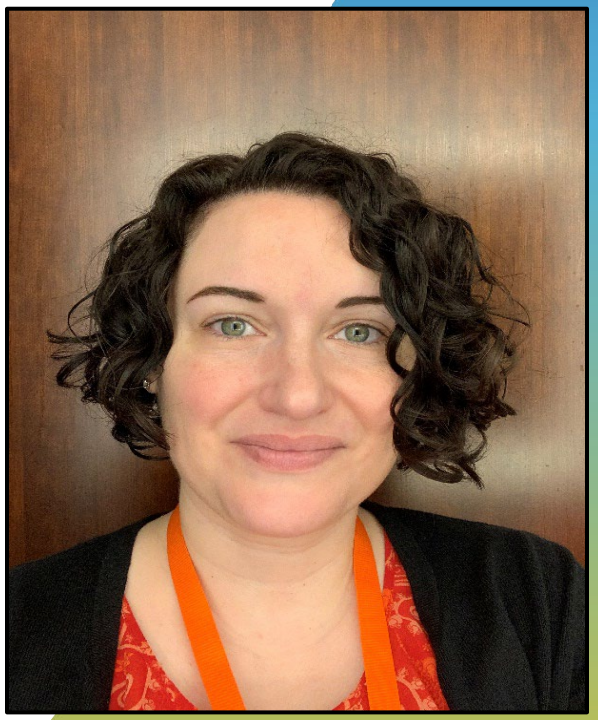
MEDICATION SAFETY PHARMACIST

Tanya is an IPRO pharmacist with 19 years of clinical pharmacy, community pharmacy, academia, quality improvement and medication safety experience. Prior to joining IPRO, she worked at various community pharmacies and taught at the Albany College of Pharmacy and Health Sciences in Albany, N.Y. She specializes in Medication Therapy Management (MTM), medication reconciliation, opioids, immunizations and patient self-care. Her formal teaching experience includes courses in pharmacy practice and clinical experiential teaching.



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Her current passion is in the area of improving health literacy. She is the recipient of the CMSA Foundation Practice Improvement Award (2020) and ANA Illinois Practice Improvement Award (2020) for her work in this area. Dr. Morley also received the AAMCN Managed Care Nurse Leader of the Year in 2010 and the CMSA Fellow of Case Management designation in 2022. She has recently authored her 1st book, "A Practical Guide to Acute Care Case Management", published by Blue Bayou Press.

Dr. Morley has over 20 years of nursing experience. Her clinical specialties include Med/Surg, Oncology and Pediatric Nursing. She received her ADN at South Suburban College in South Holland, IL; BSN at Jacksonville University in Jacksonville, FL, MSN from Norwich University in Northfield, VT and her DNP at Chamberlain College of Nursing.

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Social Determinants of Health and the Opioid Epidemic

Presented by: Colleen Morley, DNP, RN, CCM, CMAC, CMCN, ACM-RN, FCM

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Objectives

Understand

- Understand the key terms “social determinants of health” and “opioid epidemic” and their impact on health care.

Explore

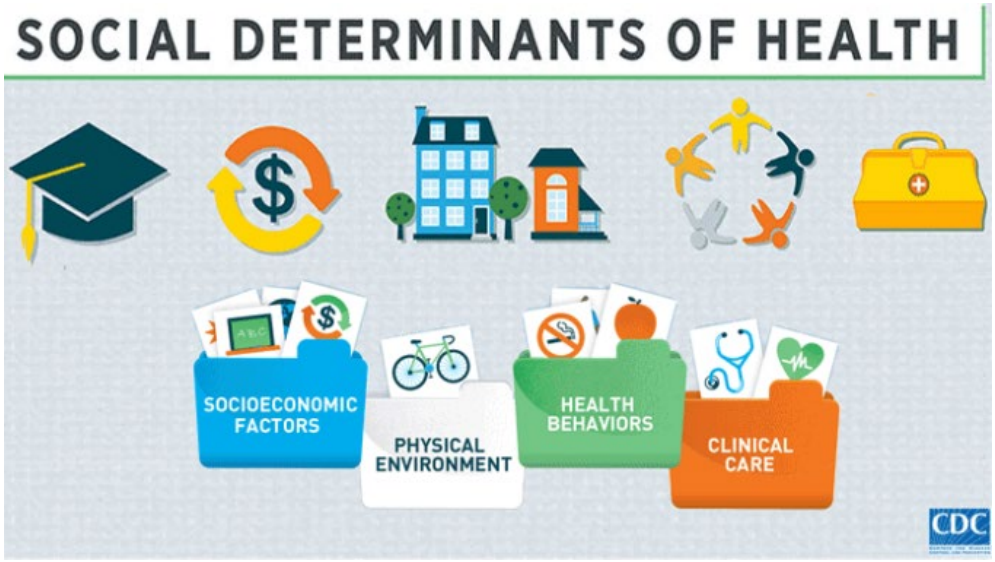
- Explore the relationship between social determinants of health and the opioid epidemic.

Review

- Review current evidence-based literatures

Identify

- Identify the role of the case manager



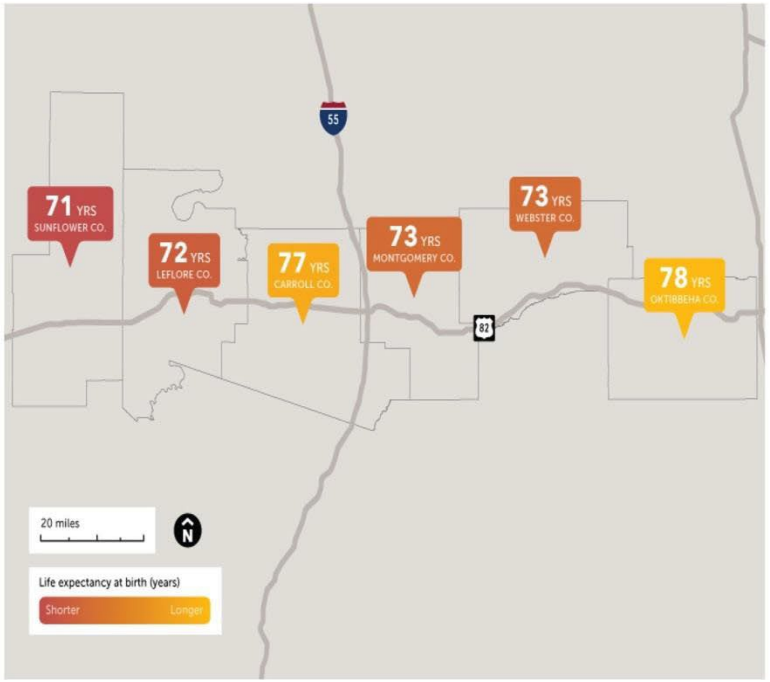
Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.

ECONOMIC STABILITY	NEIGHBORHOOD AND PHYSICAL ENVIRONMENT	EDUCATION	FOOD	COMMUNITY AND SOCIAL CONTEXT	HEALTH CARE SYSTEM
Employment	Housing	Literacy	Hunger	Social Integration	Health Provider Availability
Income	Transportation	Language	Access to Healthy Options	Support Systems	Provider Linguistic and Cultural Competency
Expenses	Safety	Early Childhood Education		Community Engagement	Quality of Care
Debt	Parks	Vocational Training		Discrimination	
Medical Bills	Playgrounds	Higher Education			
Support	Walkability				

ZIP CODE MATTERS

Your zip code – where you actually live – also influences health.

Chicago, Illinois

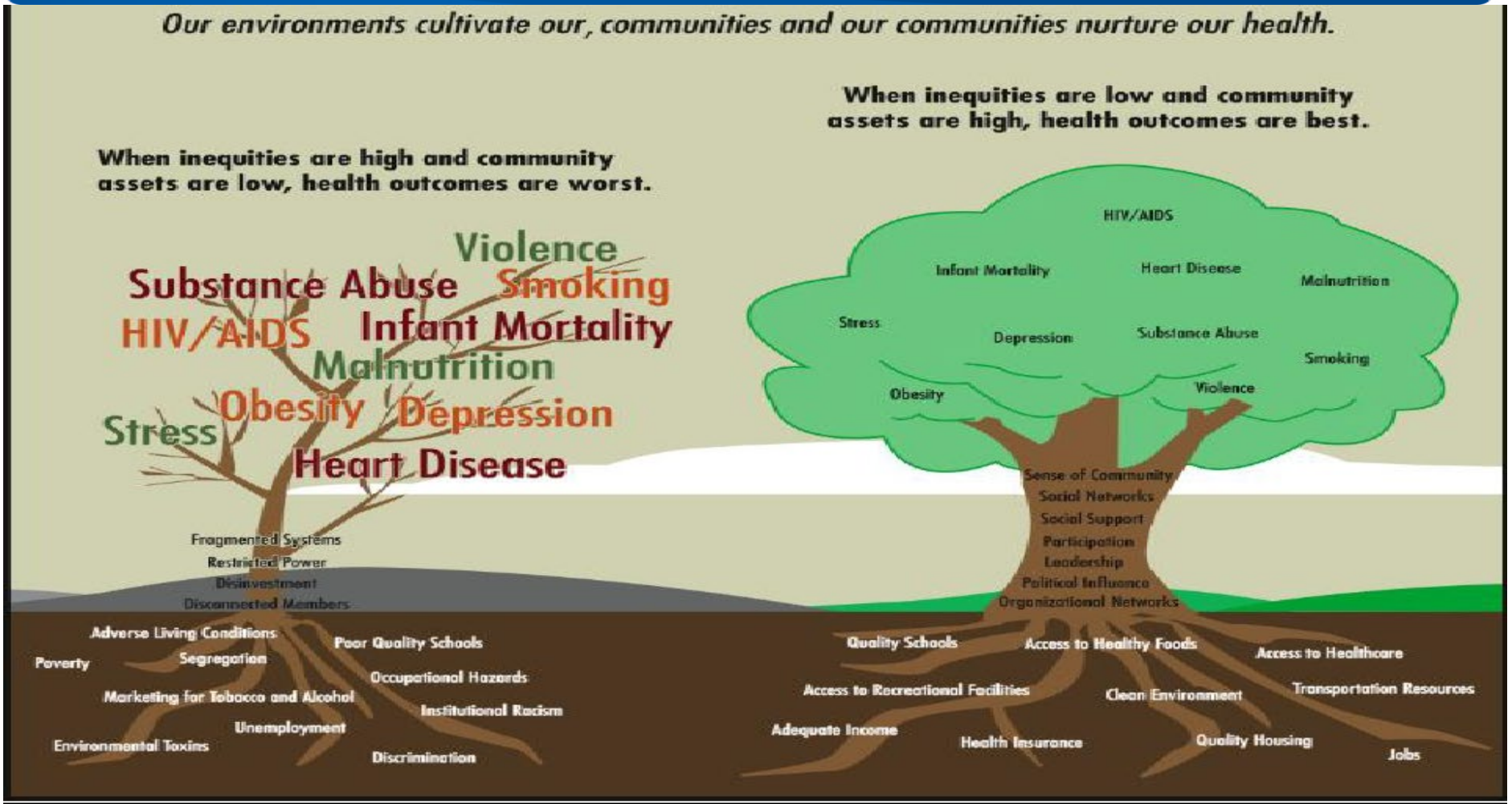


Mississippi

Short Distances To Large Gaps In Health

American Hospital Association™
Advancing Health in America

Source: Reprinted with permission from the VCU Center on Society and Health.



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What is Opioid (OUD) Use Disorder?

- OUD is the chronic use of opioids that causes clinically significant distress or impairment. Opioid use disorders affect over 16 million people worldwide, over 2.1 million in the United States, and there are over 120,000 deaths worldwide annually attributed to opioids.
- There are as many patients using opioids regularly as there are patients diagnosed with obsessive-compulsive disorder, psoriatic arthritis and epilepsy in the United States.
- OUD is a chronic medical condition.
  - Opioid use disorder diagnosis is based on the American Psychiatric Association DSM-5 and includes a desire to obtain and take opioids despite social and professional consequences.
  - Examples of opioids include heroin, morphine, codeine, fentanyl and synthetic opioids such as oxycodone.
  - Opioid use disorder consists of an overpowering desire to use opioids, increased opioid tolerance, and withdrawal syndrome when discontinued.
  - Opioid use disorder includes dependence and addiction, with addiction representing the most severe form of the disorder.
- The Centers for Disease Control and Prevention (CDC) has proposed new guidelines for prescribing opioid painkillers, a class of highly addictive drugs used to treat severe pain.
- Strong opioid drugs like morphine are also used to treat severe prolonged pain and can become addictive (Fraser & Perez, 2018).

- The most common signs of opioid use disorder are excessive consumption and addiction to the drug. This usually manifests in people taking the drug orally, but it can also be injected, smoked or snorted.
- When this happens, they begin to use the drug even when they do not need it for the reason it was prescribed.
- These drugs create a stimulating feeling in one's central brain that leads to the release of the neurotransmitter dopamine (Fraser & Perez, 2018).
- Continued use leads to more dopamine release, making one become addicted to the drugs (Fraser & Perez, 2018).

- This makes the person want the drugs more and more, and an addiction is born.
- Once this starts to happen, the normal dose becomes ineffective on one's body, leading to higher chances of overdose and overuse of the drugs.
- Eventually, this dependence or addiction leads to disabilities, health issues, or an inability to perform at the required level at different operational levels (Fraser & Perez, 2018).
  - The disease is treated with opioid replacement therapy using buprenorphine or methadone, which reduces the risk of morbidity and mortality.
  - Nonpharmacologic behavioral therapy is also beneficial.
    - Patients with opioid use disorder often benefit from twelve-step programs, peer support, mental health professionals, and individual and group therapy.
  - The significant prevalence of opioid use disorder stresses the importance of clinicians to understand more about opioids and be able to refer patients to available treatment centers for substance use disorders, as well as be weaned from prescription opioids due to their addictive potential and significant side effects profile (Dydyk et al., 2022)

THE OPIOID EPIDEMIC BY THE NUMBERS

70,630
people died from drug overdose in 2019[2]

10.1 million
people misused prescription opioids in the past year[1]

1.6 million
people had an opioid use disorder in the past year[1]

2 million
people used methamphetamine in the past year[1]

745,000
people used heroin in the past year[1]

50,000
people used heroin for the first time[1]

1.6 million
people misused prescription pain relievers for the first time[1]

14,480
deaths attributed to overdosing on heroin (in 12-month period ending June 2020)[3]

48,006
deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)[3]

SOURCES

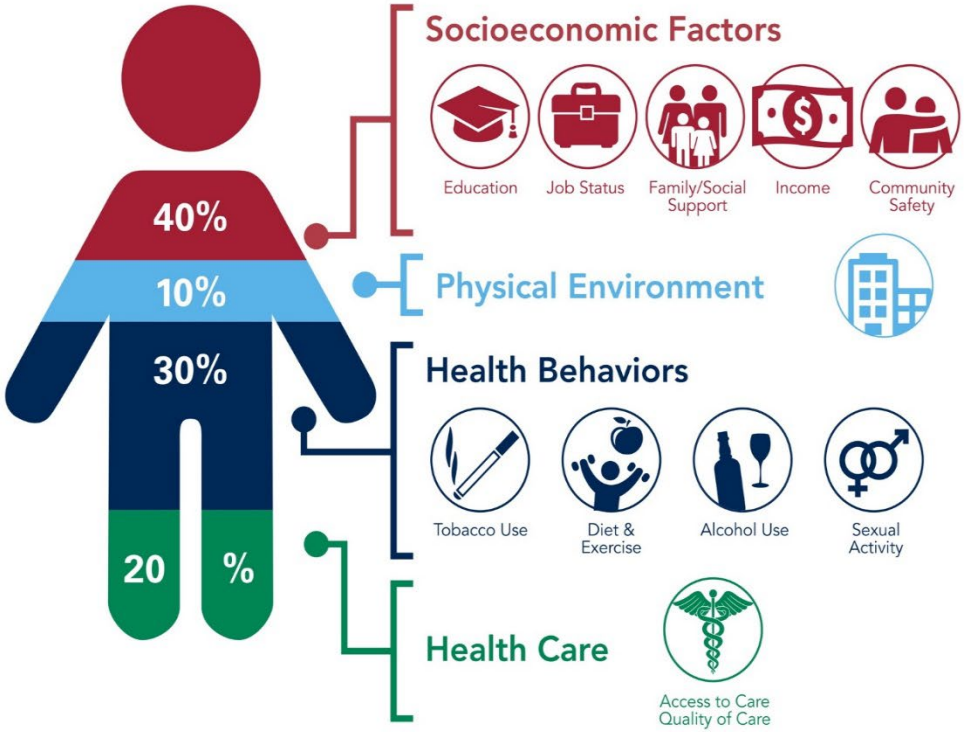
1. 2019 National Survey on Drug Use and Health, 2020.
2. NCHS Data Brief No. 394, December 2020.
3. NCHS, National Vital Statistics System. Provisional drug overdose death counts.

HHS.GOV/OPIOIDS

Understanding Social Determinants of Health and Opioid Disorder

IMPACT OF SOCIAL DETERMINANTS OF HEALTH

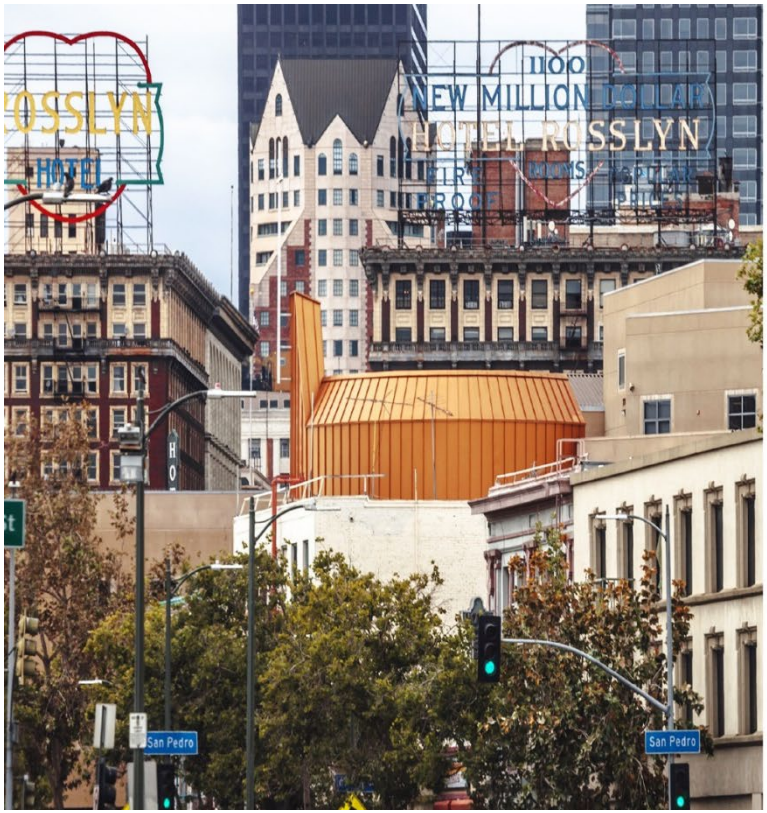
Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.



SDOH Impact

- **20 percent** of a person's health and well-being is related to **access to care** and **quality of services**
- The **physical environment**, **social determinants** and **behavioral factors** drive **80 percent** of health outcomes

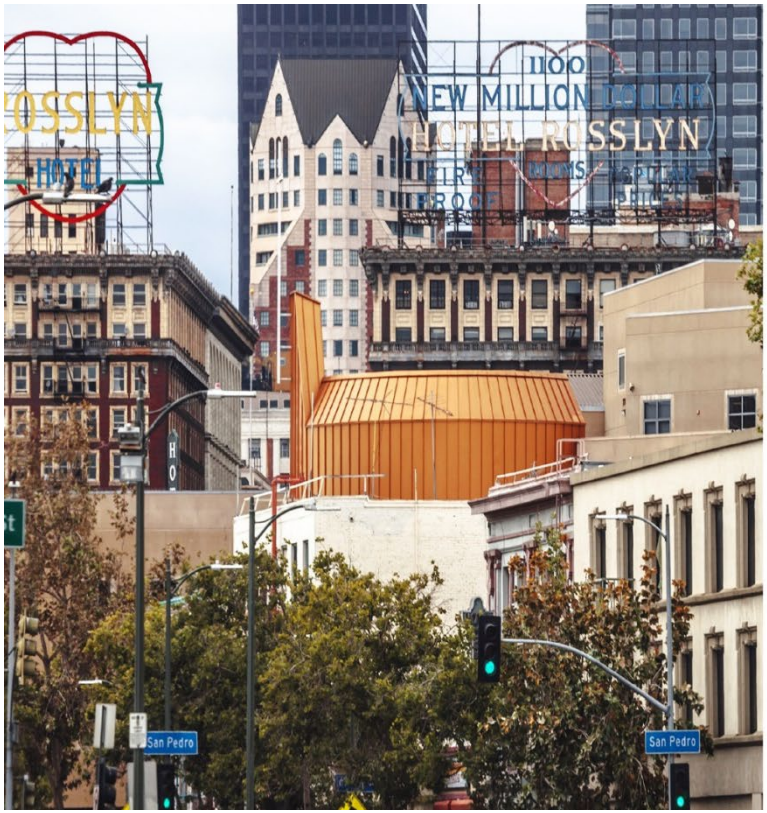
Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica.



Social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put into place to deal with illness.

Each Year In The U.S...

- **1.5 million** million individuals experience homelessness
- **3.6 million** people cannot access medical care due to lack of transportation
- **40 million** people face hunger, and
- **11.8 percent** of households are food insecure



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Population to Individual

- Risk factors that lead to OUD can be inspired by different circumstances of one's life.
- Risk factors play a fundamental role in increasing a person's chance of developing OUD.
- These factors can change with time depending on a person's circumstances.
- The elements that contribute to the changes in the risk factors include the income level, the kind of friends they keep, negative childhood experiences and their employment status (Fraser & Perez, 2018).

https://www.youtube.com/watch?v=fb-tq_1bC7Q

Individual Level Risk Factors

The seven most common risk factors for opioid use disorder are:

- **Method of consumption** - The way opioids are taken
- **Genetic predisposition** - Family history with substance abuse and your genes
- **Age** - Age groups that are particularly susceptible to developing an opioid use disorder
- **Past habits** - Previous substance abuse
- **Social factors** - Where we live, our upbringing, life experiences, social network and environmental factors
- **Psychological factors** - Mental health disorders and issues that contribute to the development of opioid use disorders
- **Chronic pain conditions** - Certain medical conditions that increase susceptibility to the development of an opioid use disorder

Impact on Health Care

- Health care professionals have become well aware of the abuse that has become prevalent in the use of opioid drugs.
- Health care professionals know the prescribed use of opioids but also know it is being abused.
- This situation puts health care professionals in a dilemma as to whether they should continue prescribing the drugs or not (Fraser & Perez, 2018).
- Pain is what the patient says it is. Pain management is a basic health care need.
- Compared with patients who do not struggle with OUD, **those with an OUD use significantly more health care resources, such as ED visits, physician outpatient visits and inpatient hospital stays.**
- In addition to higher costs, greater usage of health care resources may lead to longer wait times, fewer appointment options and increased staff workload.
- Although the origins of increased opioid use were well-intended attempts at optimal pain management, the result has become a costly increase in OUDs and death, with little evidence of improvement in chronic noncancer pain.
- National and government organizations, particularly the CDC, have recognized and initiated interventions to raise awareness and reduce opioid prescribing practices, and prescription rates have correspondingly stabilized.

Provider Reluctance

- Opioid drugs serve health purposes, while others abuse them to conditions that threaten life.
- It becomes a problem for patients who really need the drugs to get them, as physicians become suspicious about prescribing the opioids.
- Ultimately, patients who genuinely need the opioid may not get it.
- The obligation of providing pain relief must be balanced with an equally important responsibility not to expose the patient to a risk of addiction and not to create opportunities for opioid drug diversion, trafficking and the addiction of others.
- The four basic ethical principles of beneficence, nonmaleficence, respect for autonomy and justice can provide a framework and a starting point to help physicians make ethically appropriate and defensible decisions about opioid prescribing.

The Impact of Implicit Bias

- System of Advantage based on stereotypes, several forms, multiple forms
- Intent is NOT a critical element
- Individual: conscious/unconscious, reinforce stereotypes
- Interpersonal: interactions between individual
- Institutional: organization, policies, practices resulting in discrimination
- Structural

Clinician Bias Contribution to Health Care Inequities

A large and ever-growing body of evidence that patient group identity (race, gender, sexual orientation, size, etc.) can affect clinicians':

- Question-asking in the clinical interview (and thus information gained)
- Diagnostic decision-making
- Symptom management
- Treatment recommendations
- Referral to specialty care
- Interpersonal behavior predictive of patient trust, satisfaction and adherence

Social Determinants and Opioid Epidemic

- There is a relationship between social determinants of health and OUD.
- According to Fraser and Perez, the following social determinants of health impact the development of OUD:
  - A family with a mental health illness history.
  - Child abuse or lack of proper treatment.
  - Having parents that use addictive substances.
  - Poor involvement of the parents in a child's life.
  - The poverty or violence of the surrounding community.
  - Lack of faith.
  - Lack of activities from school or healthy interests and hobbies.
  - Poor socioeconomic status.

- When some of or all these mentioned social determinants of health come together, they create the perfect “storm” for the potential of OUD in at-risk populations.

- Hereditary
- Environmental
- Psychological
- Cultural factors involved
- Remember the 80/20 rule

Case Management

- Case managers play a vital part in identifying, assessing and managing patients with OUD.
- The better the training of these case managers, the higher their success in their work towards positive patient outcomes (Fraser & Perez, 2018).
- Case management requires collecting information about the patient and their condition (Fraser & Perez, 2018).
- This helps provide insight into possible risk factors and further informs the treatment plan.
- The information from patients should include any history of substance use and record of mental health (Fraser & Perez, 2018)

Evidence-Based Practice

- In the wake of the opioid epidemic, health care professionals have moved towards evidence-based practices.
- This enables health care professionals to acquire sufficient information and perform necessary tests on patients before prescribing treatment.
- In the case of opioid issues, different patient assessment tools have been adopted.
- These tools include the Case Management Assessment tools, such as the CAGE-AID and TAPS Quick Screen, together with the Opioid Risk Tool used for self-assessment (Fraser & Perez, 2018).
- These tools are used to gather information from the patients and their conditions.

Tool Use

- The acquired information and conducted tests are used to prescribe appropriate treatment based on the evidence acquired.
- Each of the mentioned tools works differently and collects different information.
- While the tools may be used to gather different information, the purpose remains to provide evidence-based treatment.
- These tools allow for case management of individual patients, and this led to a need for case managers (Fraser & Perez, 2018).

Case Management Assessment Tools

- CAGE
- TAPS
- ORT
- 5 A’s

CAGE

- As a data collection tool, the CAGE-AID tool is one of the simplest tools to use to gather data from patients.
- The tool is comprised of four questions of a yes/no nature (Fraser & Perez, 2018).
- The CAGE-AID questions assess the perception of the patient towards the use of a substance (Fraser & Perez, 2018).
- While the last questions establish whether the patient uses substances and the frequency of use.

TAPS

The Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool consist of a combined screening component (TAPS-1) followed by a brief assessment (TAPS-2) for those who screen positive.

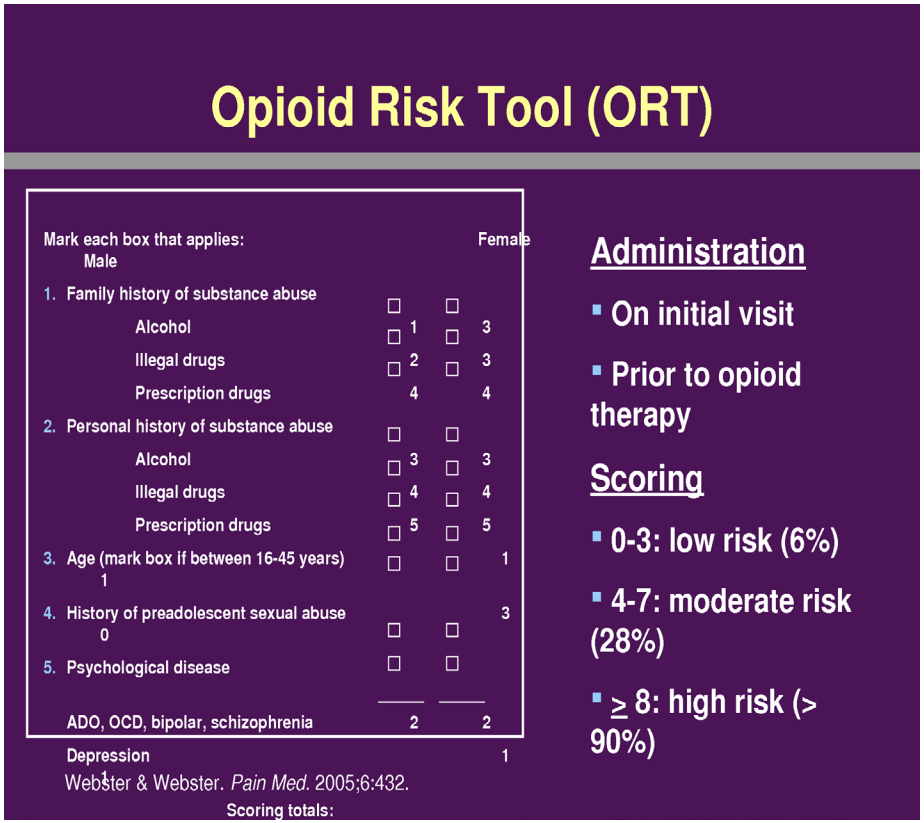
This tool:

•Combines screening and brief assessment for commonly used substances, eliminating the need for multiple screening and lengthy assessment tools

•Provides a two-stage brief assessment adapted from the NIDA quick screen and short assessment (adapted ASSIST-lite)

•May be either self-administered directly by the patient or as an interview by a health professional
•Uses an electronic format (available here as an online tool)
•Uses a screening component to ask about the frequency of substance use in the past 12 months
•Facilitates a brief assessment of the past three months' problem use to the patient

ORT



Webster & Webster. *Pain Med.* 2005;6:432.

- Opioid Risk Tool for assessment of self by the patient (Fraser & Perez, 2018).
- This tool has 10 questions that are divided into different sections, as follows: (Fraser & Perez, 2018).
  - The first section examines a patient's family history with regard to the abuse of substances.
  - The section that follows explores the personal history of the patients with regards to abuse of substances.
  - The third section assesses the element of mental health disorder in the patient.

USE THE 5 A'S

5 A's – Opioid therapy monitoring tool

Once initiating opioid therapy, it should be monitored regularly by assessing what has been called the "5As" of Analgesia therapy. This monitoring tool, will assist you in adapting the treatment and management plan of your patient by evaluating whether the patient has a reduction in pain **(Analgesia),** has demonstrated an improvement in level of function **(Activity),** is experiencing significant **Adverse effects**, whether there is evidence of **Aberrant** substance-related behaviours, and mood of the individual **(Affect).**1

1. Activity

What progress has been made in the patient's functional goals?

- Sitting tolerance
- Standing tolerance
- Walking ability
- Ability to perform activities of daily living

2. Analgesia

How does the patient rate the following over the last 24 hours?

Eg) on a scale from 0 to 10, where 0 = no pain, 10 = worst pain imaginable

- Average pain ?
- Worst pain ?
- How much relief have pain medications provided? e.g. 10%, 20%, 30% or more?

3. Adverse effects

Has the patient experienced any adverse effects from medication?

Eg) constipation, nausea, dizziness, drowsiness

4. Aberrant behaviours

Has the patient been taking medication/s as prescribed?

Has the patient exhibited any signs of problematic behaviours or medication abuse/misuse?

- Signs of drug and alcohol use
- Unsanctioned dose escalations
- Has the patient reported lost prescriptions or requested early repeats?

5. Affect

Have there been any changes to the way the patient has been feeling?

- Is pain impacting on the patient's mood?
- Is the patient depressed or anxious?

Reference: *1. Executive Committee of the Federation of State Medical Boards of the United States, Inc. Model policy on the use of opioid analgesics in the treatment of chronic pain. July 2013. (Sourced 25/2/14) www.fsmb.org/pdf/pain_policy_july2013*

The Importance of EBP and Information Gathering in OUD Treatment

- It is essential that a health care professional provides appropriate treatment to their patients.
- This includes providing the appropriate treatment for those with OUD.
- To provide appropriate treatment, case managers need to fully understand the patient's situation.
- To understand the situation of their patients, they need to acquire information appropriate to the patient's situation.
- These assessment tools provide the necessary mechanism to obtain information from the patients.

The Role of Professional Case Managers

- It is not a secret that it is providers who order the treatment that a patient must be given.
- Case managers are there to provide the needed assistance, support, facilitation and coordination of the precise details of the treatment (Fraser & Perez, 2018).
- Case managers must be part of the care team from the beginning to help create patient-centred care plans.

Special Considerations

- Usually, the primary treatment for OUD is to dissuade the patient from using drugs.
- However, this can easily prove fatal when it happens too suddenly, especially in pregnant women.
- When successful, OUD patients can recover, but some cases can be extreme and require intensive interventions,
- The role of the case manager is to facilitate the OUD patient's journey through all steps of rehabilitation (Fraser & Perez, 2018).

Case Management Interventions

- Some treatment plans require the management of anxiety, while others involve slow-release medication to help patients avoid relapses (Fraser & Perez, 2018).
- Other medicines help suppress the edge to consume drugs, which may require case managers to continue providing support (Fraser & Perez, 2018).
- Case managers further help provide the needed goals and interventions that support patients in a care plan (Fraser & Perez, 2018).
- In the case of pregnant women with OUD, case managers support and communicate with them to provide needed prenatal care (Fraser & Perez, 2018).

OUD and the Pregnant Client

- Provide post-partum care to help prevent relapses while relieving symptoms of neonatal abstinence syndrome (Fraser & Perez, 2018).
- Case Managers provide this continued support through a care plan to prevent relapses.
- The role of case managers has a vital place in the treatment of patients.
- The CM/Patient professional relationship
  - The practice of case management is **a professional and collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual's health needs**.

Primary Prevention Matters

1. Every community is different; every person is different
    1. There is no “one-size-fits-all" solution
2. Primary prevention efforts that address SDOH also support recovery
    1. Unhealthy substance use and addiction do not happen in a vacuum
    2. Previous strategies of addressing OUD tended to focus on a single solution rather than addressing the creation of conditions that can prevent unhealthy substance use and support recovery simultaneously
3. Data collection is critical.
    1. The most common data point collected for opioid outcomes is the "overdose death rate"
    2. A report from Lorain County, OH, shows that while overdose deaths are down, naloxone use continues to rise
        1. Gather data on naloxone use and other associated data points (needle exchanges, data from law enforcement, anything related to opioid use to obtain a true picture of the impact of why the higher incidence of addiction to opioids?

https://youtu.be/yIuxjAaYln0

Case Study: William

- Meet William. William came to our hospital with an infected wound on his foot, but in truth, his troubles were greater than what was presented.
- When I first met William, he was an affable, but guarded patient. He was willing to answer questions, but only to a certain point when he started to be evasive. The next time I went to speak with him, he was in full-blown withdrawal from his heroin addiction. During his admission, his discharge concerns continue to mount.
- He was homeless, uninsured, without an income, without family or other social support, and without a primary care physician. All of these issues made it difficult to obtain the medical care he needed to heal his infected foot. He needed antibiotics, a substance abuse program, a clean place to change his dressings, follow-up at a wound care clinic, a primary care physician, and lastly, transportation to all his appointments.

What Can You Do for William?

- Identify issues
- Prioritize issue
- Solve issues

- After meeting with him a few times, William agreed to try a Suboxone program for his heroin use issues. One of the hospital's affiliated clinics had such a program and could enroll him in it. His hospital physician was also on staff with the same clinic and was willing to continue seeing William as an outpatient despite his current financial status.
- Financial counselors were contacted, and they, with William, began his application for Medicaid. We also found him a temporary but transitional shelter at a facility that worked with the homeless who needed medical care. William now had a place to live for a while, where he could care for his foot in a clean environment. A call to the wound care clinic was made, and after some advocating, they were willing to see William, knowing his insurance had not been yet approved. They would monitor the healing of his foot ulcer. The hospital's medication program provided the patient with his antibiotics, and the nursing floor at discharge gave him extra dressing changes until he could go to the wound care clinic. The hospital provided bus passes for William to get to all his appointments.

- I met with William about two to three times a week to check in with him and to provide the needed bus passes. About four weeks into the situation, I saw William, who stated he was doing well. He was still attending the substance abuse program and remained abstinent. He continued with the wound care clinic, and his foot was doing much better and was well on the way to healing. I offered him some more transport bus passes, but he declined, stating he didn't need them. How was he to get to his appointments? He smiled at me and said, I got a job! He had started a new job the previous week and was getting his first paycheck that day. He was grateful for all we had done but didn't want to continue to take what he didn't need. He turned, gave me a huge hug and went off to work.
- I heard from William about three months later. He was still substance-free, the wound was healed, and he was still working. He had found an apartment and was making headway with rebuilding relationships. The stars and planets had aligned and he was following their path. This is what case managers and social workers do. We give the push in the right direction for others to have their needs fulfilled.

Contributed by Ellen Walker, MSW LSCW. CMSA Chicago "It's Not Luck, It's Skill"(2019).

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Nursing Home and Partnership for Community Health:
CMS 12th SOW GOALS

OPIOID UTILIZATION AND MISUSE

Promote opioid best practices

•

Reduce opioid adverse drug events in all settings

PATIENT SAFETY

Reduce hospitalizations due to c. diff

•

Reduce adverse drug events

•

Reduce facility acquired infections

CHRONIC DISEASE SELF-MANAGEMENT

Increase instances of adequately diagnosed and controlled hypertension

•

Increase use of cardiac rehabilitation programs

•

Reduce instances of uncontrolled diabetes

•

Identify patients at high-risk for kidney disease and improve outcomes

CARE COORDINATION

Convene community coalitions

•

Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits

•

Identify and promote optimal care for super utilizers

COVID-19

Support nursing homes by establishing a safe visitor policy and cohort plan

•

Provide virtual events to support infection control and prevention

•

Support nursing homes and community coalitions with emergency preparedness plans

IMMUNIZATION

Increase influenza, pneumococcal, and COVID-19 vaccination rates

TRAINING

Encourage completion of infection control and prevention trainings by front line clinical and management staff

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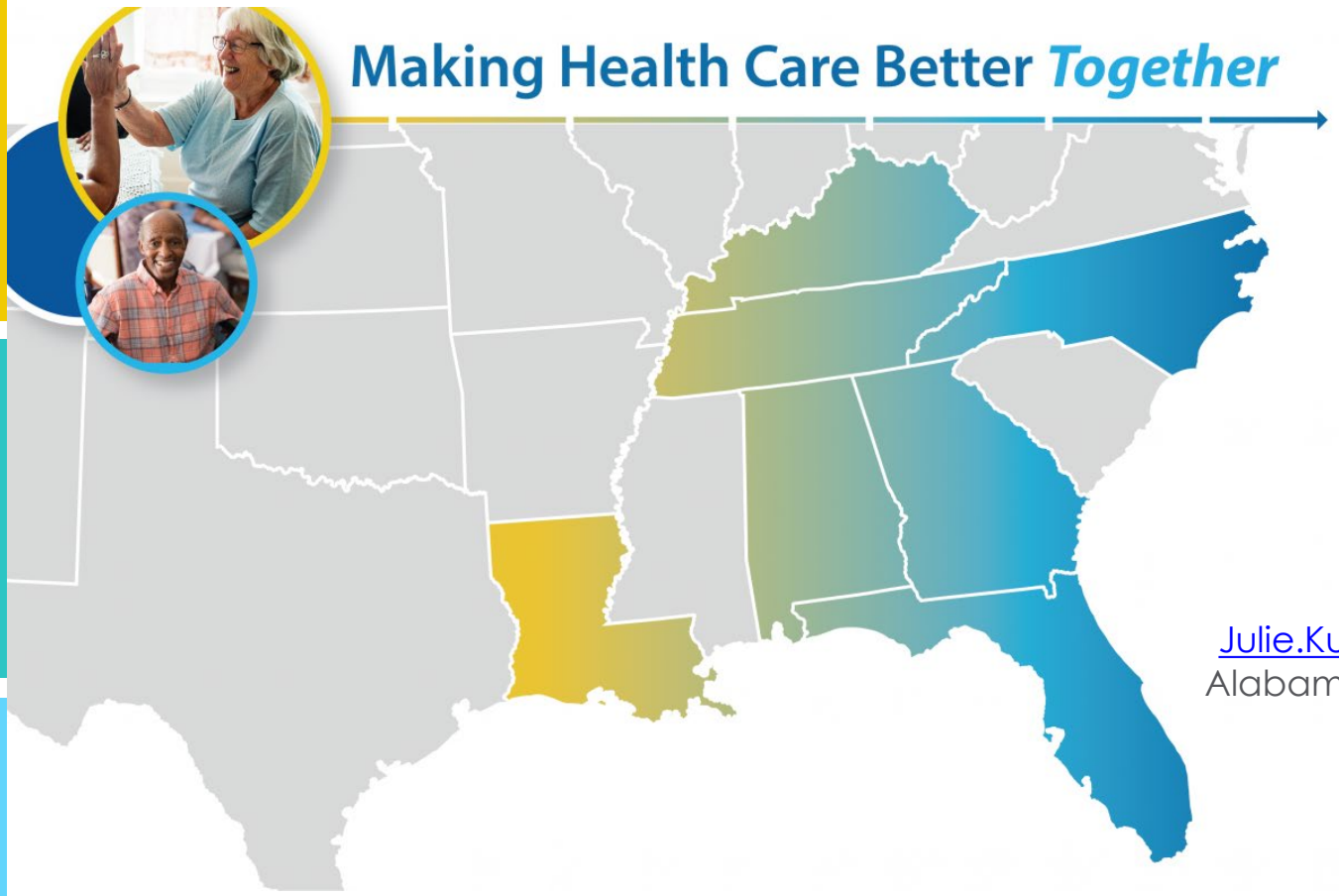

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