

EMERGENCY RULES FOR OPIOID PRESCRIBING AND TREATMENT

Arizona Department of Health Services

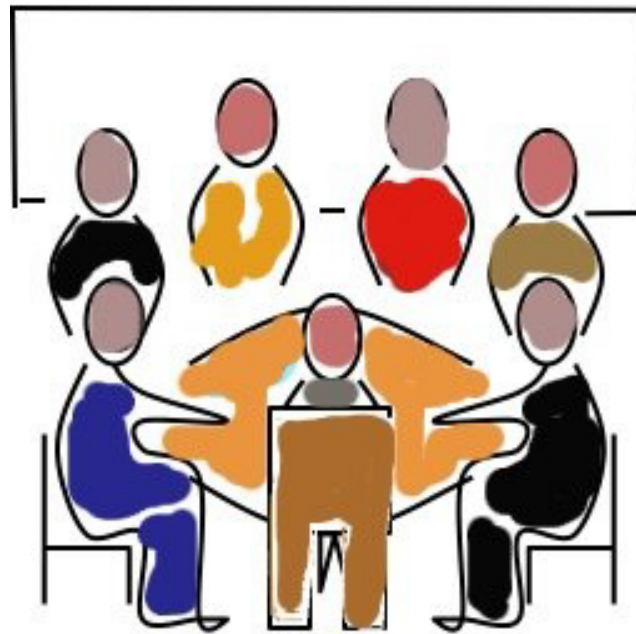
azopioid@azdhs.gov



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Health and Wellness for all Arizonans

Introductions



Agenda

- How did we get here?
- Emergency Rulemaking Timeline
- Rules for Opioid Prescribing and Treatment
- Next Steps
- Are there resources available?
- Questions and Answers



How Did We Get Here?



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Opioid Use is Increasing in the U.S.



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431 MILLION

opioid pills were
prescribed in 2016

enough for **every** Arizonan
to have a

2.5 week supply

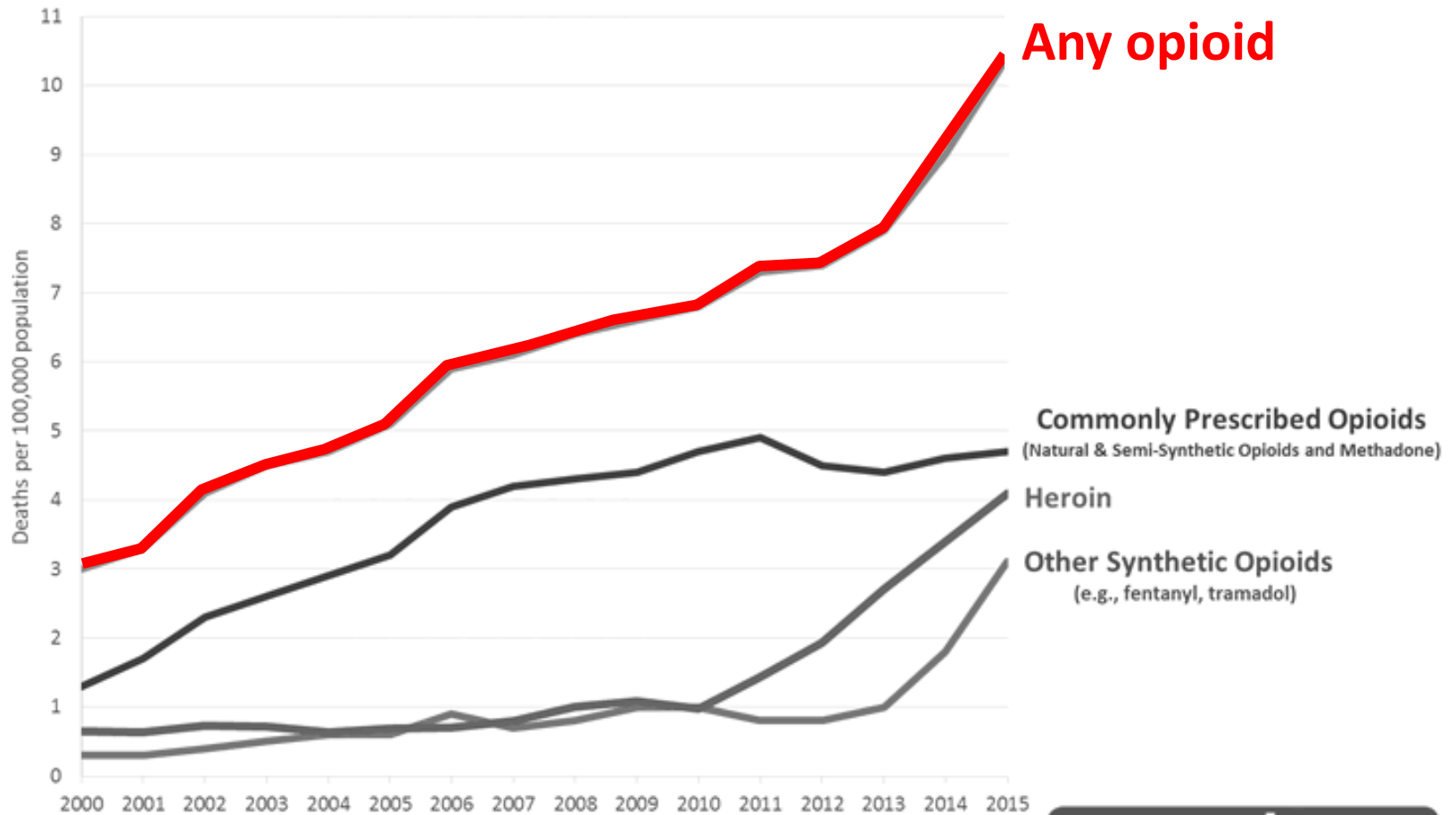


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Opioid-Related Deaths are Increasing in the U.S.

Overdose Deaths Involving Opioids, United States, 2000-2015



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

4 out of 5



new heroin users start by
misusing prescription
painkillers



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2016 Arizona Opioid Report

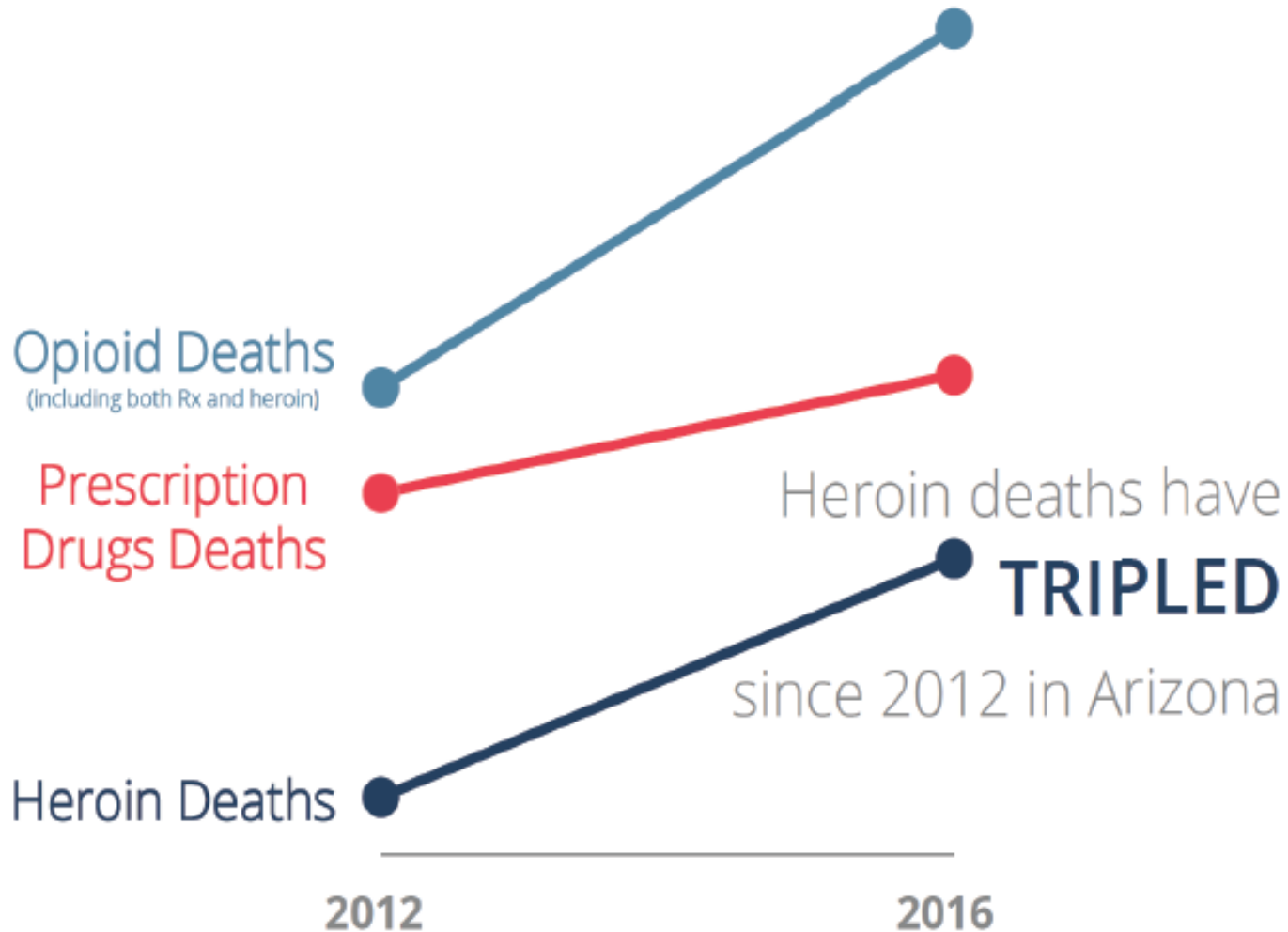


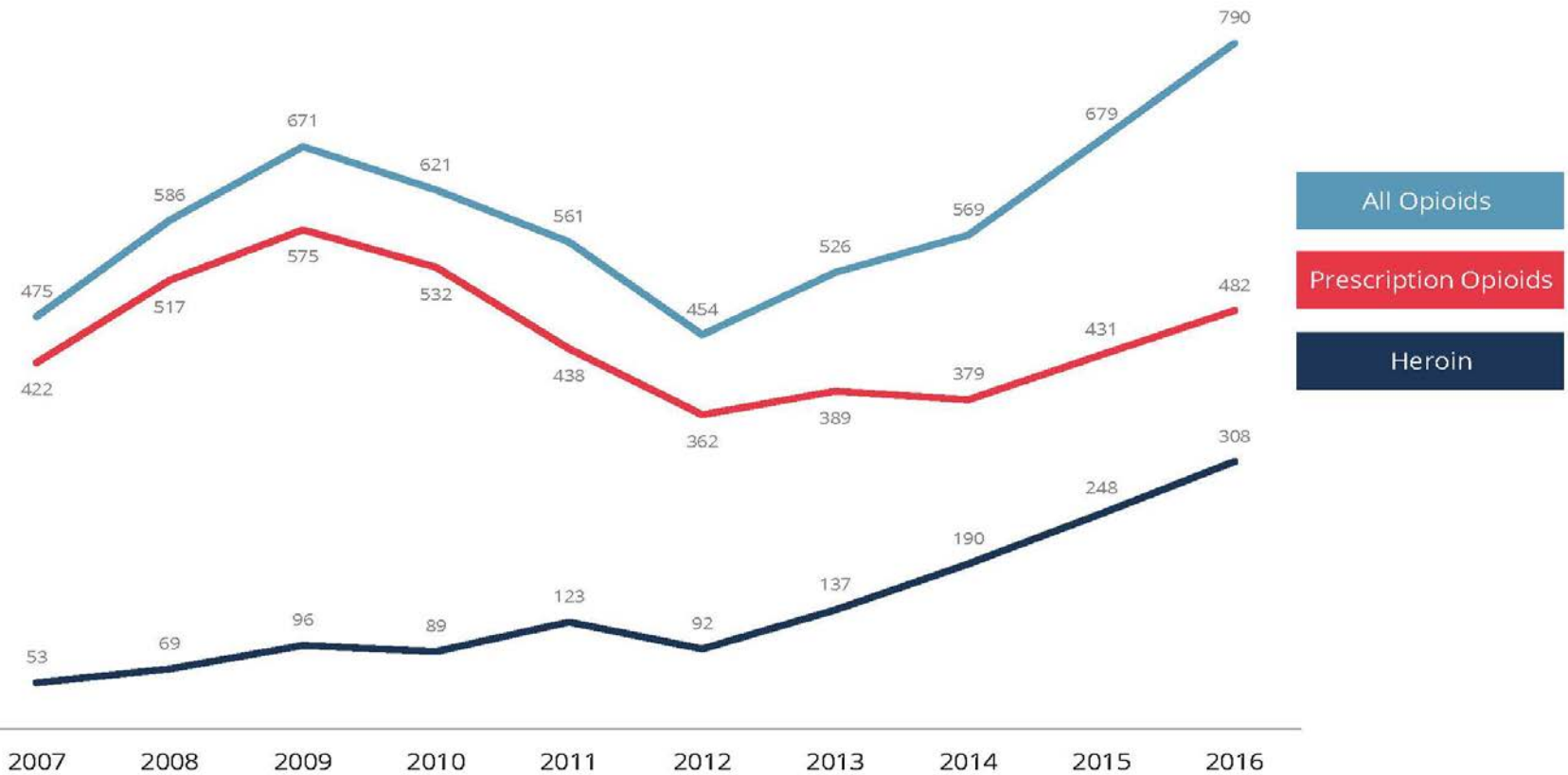
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azhealth.gov/opioid

<http://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/arizona-opioid-report.pdf>

Opioid-Related Deaths are Increasing in Arizona





Opioid death counts among Arizona residents and non-residents in Arizona from 2007 to 2016

Opioid-Related Deaths are Increasing in Arizona

- More than **two** Arizonans die each day from an opioid overdose
- In the past decade, there were **5,932** people who died from opioid-induced causes
- Arizona opioid death rates start to rise in the late teens and peak at age **45-54**
- **74%** increase in deaths since 2012

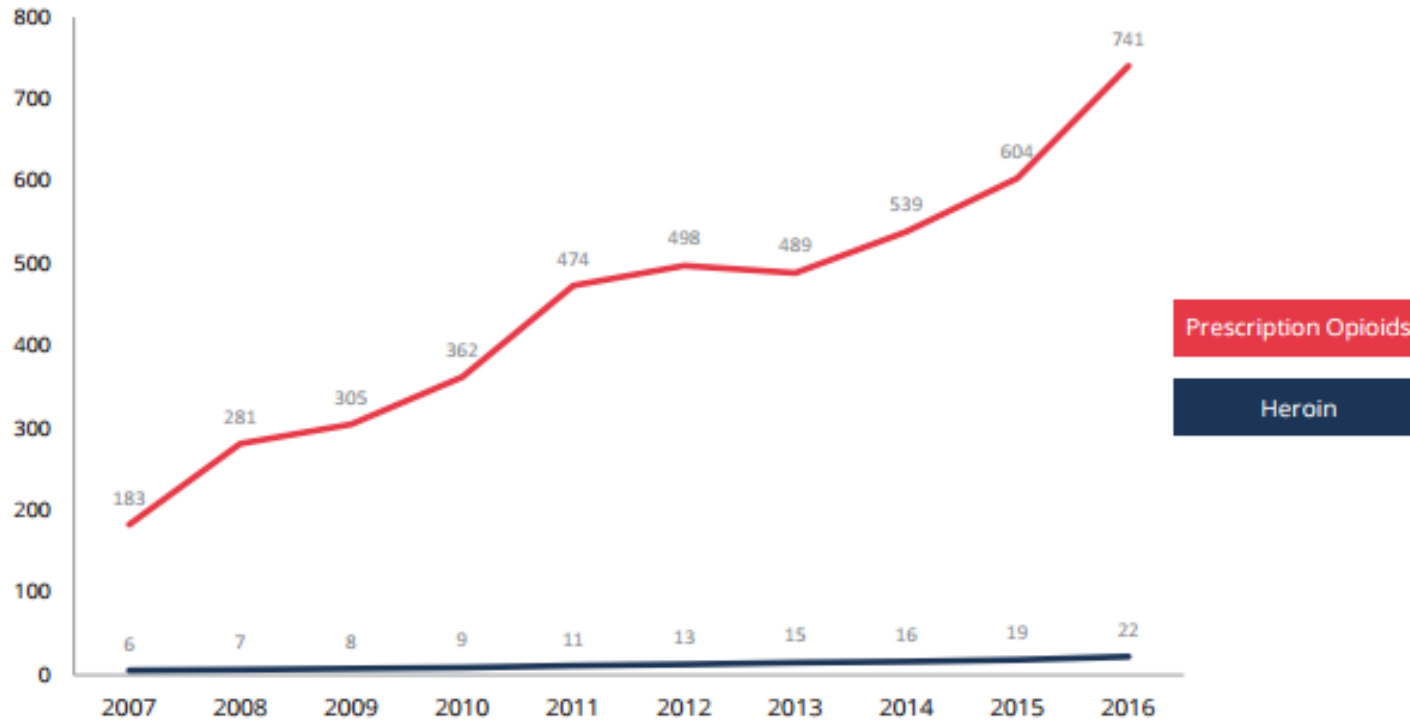
Full report available at azhealth.gov/opioid



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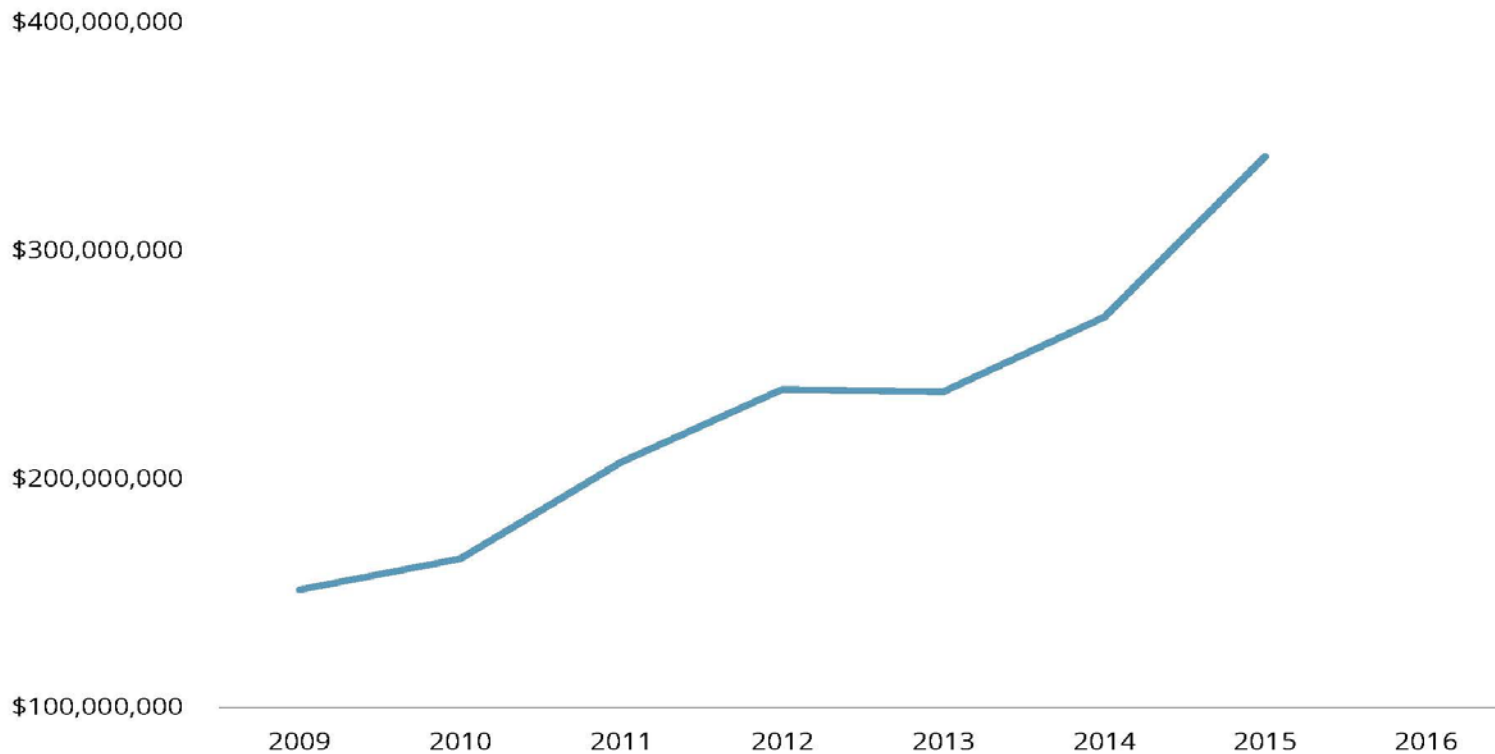
Hospital opioid-related unique encounter rate per 100,000 population from 2007 to 2016.



What is a unique encounter?

- Unique encounters are events for a single person involving either hospital admission, or an emergency department encounter without admission.

The cost of all opioid-related encounters has **increased 125%** from 2009 to 2015.



* Cost for encounters are calculated by applying the annual cost-to-charges ratio (produced by the Agency for Healthcare Research and Quality, Healthcare Cost Utilization Project) to reported encounter charges. This will estimate the actual cost paid to the provider for the healthcare services of the encounter. For this report, 2015 costs were estimated using the 2010-2014 average cost-to-charges-ratio by facility since 2015 and 2016 ratios were not available. When facility-specific ratios were not provided, the group ratio was used, or the state average ratio. These estimated costs are reasonable, estimates of actual cost, and are a more accurate measure than reported charges.

The full economic burden of opioids upon the healthcare system is difficult to precisely calculate, but a reasonable measure may be derived using hospital reported charges adjusted using national cost to charges ratios provided by the Department of Health and Human Services. Using this approach the cost of all 'opioid-related' encounters in Arizona from 2009 - 2015 has increased by 125%.*

On June 5, 2017,
Arizona Governor Doug Ducey declared a
State of Emergency
due to an opioid overdose epidemic

**Governor Ducey Declares
Statewide Health Emergency In
Opioid Epidemic**

News Release

June 5, 2017     

*As the number of opioid overdoses and deaths increase at an alarming rate,
we must take action."*

PHOENIX — Governor Doug Ducey today signed an emergency
declaration to address the growing number of opioid deaths in our state.



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The Emergency Declaration Comes with Authority and **Deliverables** of ADHS

- Provide consultation to governor on identifying and recommending elements for Enhanced Surveillance
- **Initiate emergency rule-making with the Arizona Attorney General's Office in order to develop rules for opioid prescribing and treatment within health care institutions pursuant to A.R.S. 36-405**
- Develop guidelines to educate providers on responsible prescribing practices



The Emergency Declaration Comes with Authority and **Deliverables** of ADHS

- Provide training to local law enforcement agencies on proper protocols for administering naloxone in overdose situations
- Provide report on findings and recommendations by September 5, 2017



azhealth.gov/opioid

Opioic Epidemic

[ADHS Home](#) / [Public Health Prevention](#) / [Women's and Children's Health](#) / [Injury Prevention](#)

Real Time Opioid Data

For the first time, statewide opioid data is available in real time. [Check out the details](#) of the five categories of data we are now collecting.

206

suspect opioid deaths

1,417

suspect opioid overdoses

105

neonatal abstinence syndrome

1,086

naloxone doses dispensed

1,071

naloxone doses administered



- Review our recently released Opioid Emergency Rulemaking notice and webinar announcement
- Check out all the latest info regarding opioids on our Director's Blog
- Reducing Opioid Deaths - Goal Council 3 Presentation
- Frequently Asked Questions - Opioid Reporting | Fire, Law & EMS | Pharmacists | Neonatal Abstinence Syndrome
- Consultation on Enhanced Surveillance Advisory for Opioid Emergency

Opioids are powerful painkillers that can be highly addictive. The impact of opioid misuse is significant in our communities and on the public health system. On June 1, 2017, the Arizona Department of Health Services released its latest data on opioid overdoses in Arizona showing the highest number of deaths in ten years. In 2016, 790 Arizonans died from opioid overdoses. The trend shows a startling increase of 74 percent over the past four years.



Emergency Declaration



Opioid RX Names



Naloxone Info



Laboratory Screening

Choose a topic below:



Latest Updates



Opioid Background



Opioid Maps



Law Enforcement & EMS



Training



Reporting



Clinicians



Additional Resources

Emergency Rulemaking Timeline



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Timeline

- ADHS initiated immediately
- ADHS submitted draft rules to Attorney General
- Attorney General approved and submitted final rules to Secretary of State - July 28
- Emergency rules in effect - July 28



Rules for Opioid Prescribing and Treatment **R9-10-120, Article 1. General**

Rulemakings In Progress - Opioid Prescribing and Treatment (Emergency)

<http://azdhs.gov/director/administrative-counsel-rules/rules/index.php#rulemakings-active-opioid-prescribing>

Notice of Emergency Rulemaking

<http://azdhs.gov/documents/director/administrative-counsel-rules/rules/rulemaking/opioid-prescribing/approved-emergency-rulemaking.pdf>



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Opioid Prescribing and Treatment Rules

- The new rules in A.A.C. R9-10-Article 1
 - Focus on health and safety
 - Provide regulatory consistency for all health care institutions



Rules Requirements

- Establish, document, and implement policies and procedures for prescribing, ordering, or administering opioids as part of treatment
- Include specific processes related to opioids in a health care institution's quality management program; and
- Notify the Department of the death of a patient from an opioid overdose.



Policies and Procedures

- Cover who may prescribe, order or administer opioids
- Consistent with guidelines
- Cover the how, when and/or by whom:
 - Arizona Controlled Substance Database is reviewed
 - A substance abuse risk assessment is conducted and documented
 - Potential risks, adverse outcomes, and complications are explained
 - Alternatives to opioids are explained
 - Informed consent is obtained and documented



Policies and Procedures continued

- Contraindications to opioids
- Co-prescribing opioid antagonist
- Criteria if prescribed/ordered longer than 30 days
- Criteria and procedures for tapering or discontinuation
- Documenting a dispensed opioid in controlled substance database
- Criteria and procedures for offering/referring patients to substance abuse treatment



Quality & Reporting

- Process for reviewing incidents of opioid related adverse reactions, negative outcomes, deaths.
- Surveillance and monitoring for adherence to the policies and procedures.
- Reporting of opioid related deaths to Department within 1 working day.



Prescribing & Administration

- Before prescribing or ordering:
 - Reviews patient profile in database
 - Conducts a physical exam
 - Substance abuse assessment
 - Develops treatment plan
 - Explains risks, benefits and alternatives
 - Written informed consent is obtained
- Administration:
 - Patient's pain is identified and documented
 - Patient's response to the opioid is monitored
 - Effectiveness of opioid is assessed and documented



Next Steps

- Rules became effective on July 28, 2017
- Notice and Webinars have been scheduled
- Technical Assistance will be provided as Licensees develop and implement
- The Emergency Opioid Rule Package is valid for 180 days unless renewed



- ADHS may renew the emergency rule package for one more 180-day period if ADHS determines the emergency situation still exists and again must obtain the Attorney General’s approval prior to the expiration of the 180-day period.
 - If the text of renewed emergency rule differs from the text of the previous emergency rule, ADHS shall submit a list of every change made with the notice of renewal.
- Before a renewal may be obtained, ADHS must initiate a regular rulemaking to make the emergency rule permanent and must issue a Notice of Proposed Rulemaking.



Are There Resources Available?



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Webinars

- Medical Licensing
 - August 7 & 11 (12 – 1pm)
- Residential Licensing
 - August 8 (12 – 1pm)
- Long Term Care Licensing
 - August 10 (12 – 1pm)



Questions and Answers

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THANK YOU

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