

2019 USPHS Symposium

Track 6 Agenda

Tuesday, May 7

Track 6

1:30 PM - Leveraging Resource Sharing and Capacity Building In Public Naloxone Training Programs

2:00 PM ***CDR Daniel Goldstein, MPAS, PA-C; CAPT Ulgen Fideli, MSPH, MHS, PA-C***

CDR Daniel Goldstein, LT Jodi Blake, LCDR Marleen Tran, CAPT Ulgen Fideli, Dr. Al Romanosky, RADM Peter Kilmarx

Background: The U.S. Surgeon General, Vice Admiral Jerome M. Adams, "number one priority for the health of our nation is to overcome the opioid epidemic. According to CDC WONDER, more than 49,000 Americans died from opioid overdoses in 2017. From 2002-2017 there was a 4.1-fold increase in the number of deaths involving opioids.

Description: The National Institutes of Health (NIH), under the leadership of RADM Kilmarx and in collaboration with Dr. Romanosky, Medical Director and State Emergency Preparedness Coordinator, Maryland Department of Health (MDH), rolled out the first Opioid Crisis and Response training program within HHS. From July to October 2018, the program certified 78 instructors and a total of 440 civilians and USPHS officers on the administration of naloxone during an opioid overdose. The program is expanding to several other HHSOPDIVS (FDA, HRSA, CDC). The 2019 goal is to train 10% of the staff at the NIH, about 3,800 employees.

Lessons Learned: The program leveraged resource sharing by establishing a strong partnership with MDH and capacity building using the "Train the Trainer" system. The training curriculum included explaining the opioid crisis in Maryland, identifying an opioid, and hands-on training on how to respond to an opioid overdose with administration of naloxone.

Recommendations: The success of this program can be modeled in other localities and states to rapidly train the U.S. population in the administration of naloxone.

At the conclusion of this session participants will be able to:

1. State the incidence, prevalence, and mortality rates of the opioid overdose epidemic in the United States
2. Describe opioid overdose signs and symptoms and how to respond using naloxone
3. Summarize the value of resource sharing and capacity building in the context of rolling out a public health training program such as the Maryland Department of Health and Hygiene-USPHS NIH responder certification training program initiative

Track 6

2:00 PM - Partnering with the Drug Enforcement Administration to Break the Cycle of Opioid Abuse

2:30 PM ***CDR Erica Radden, M.D., FAAFP; LCDR Shondelle Wilson-Frederick, Ph.D.***

Background: The USPHS Prevention through Active Community Engagement (PACE) group is establishing strike teams under the direction of the Office of the Surgeon General (OSG) tasked with implementing OSG priority initiatives. The initial pilot for these US Surgeon General Education Teams (SGETs) was launched in Baltimore City,

Maryland to increase education and community outreach to combat opioid misuse and addiction. The Baltimore SGET is accomplishing this mission by collaborating with local organizations, including the Drug Enforcement Agency (DEA). Description: In 2018, in partnership with the Baltimore City DEA field office, the Baltimore SGET began collaborating with state and local entities to curb the City's opioid epidemic through the DEA 360 Strategy. DEA 360 is a national comprehensive response to the heroin and prescription opioid crisis. Launched in 2015, the 360 Strategy engages federal and non-government partners at the local, state and national level to develop sustainable initiatives in selected U.S. cities impacted by the opioid epidemic. Lessons Learned: This presentation will describe how PACE's Baltimore SGET is partnering with local organizations to: (1) equip and empower communities to fight the opioid epidemic through community outreach and partnership with federal and local organizations and (2) support diversion control efforts to increase awareness of the opioid epidemic and encourage responsible prescribing practices, and use of opioid painkillers throughout the medical community. Recommendations: Identifying and collaborating with key community stakeholders is vital to gain insight on appropriate initiatives to pursue to limit redundancy; customize efforts based on community needs; and maximize impact.

At the conclusion of this session participants will be able to:

1. Describe how the USPHS PACE SGETs are collaborating with community organizations to effect impactful and sustainable outcomes to build drug-free communities
2. Describe the mission and importance of the DEA 360 Strategy
3. Explain how key stakeholders are partnering with the medical community and others to raise awareness of the dangers of prescription opioid misuse and the link to heroin

Track 6

2:30 PM -
3:00 PM

Opioid Prevention Coordinator for Hennepin County, MN: Partnering to prevent, rescue, and treat opioid use disorder using multi-sectorial collaboration

Ms. Julie Bauch, MS, RN, PHN

Background

In Hennepin County, opioid overdoses have killed roughly 700 people since 2012. The opioid epidemic is a complex public health, human services and public safety crisis that requires a cross-sector collaborative approach.

Methods

Hennepin County's Opioid Prevention Strategic Framework, with nine strategies and 32 action items, was created and approved by the Board of Commissioners in December 2017. With 42 original authors representing 18 departments, this Strategic Framework required health improvements implemented through cross-sector collaboration.

Results

An Opioid Prevention Coordinator was hired in May 2018 to lead implementation. The coordinator created a Steering Committee comprising the departments of authorship, and enlisted a Project Manager and Strategist for continued tracking of progress toward strategic action items.

As of late 2018, all nine strategies in the Strategic Framework were in various phases of implementation. Public Health, Human Services, and Public Safety share data to inform

strategy and decisions regarding their shared intersections with the opioid crisis. Community engagement is critical to the success of the implementation. Relationships with governmental, non-governmental, non-profit, and community partners have greatly influenced the prioritization of strategies.

Conclusion

Sound data, strong community relationships, the inter-departmental Opioid Steering Committee, and Administrative support have been key to the successful implementation to date. Underlying this is the support of the County Board of Commissioners. Implementation by the Opioid Coordinator and collaborative teams have been instrumental in making these changes toward community health improvement to create innovative and lasting solutions to the opioid epidemic.

At the conclusion of this session participants will be able to:

1. Identify ways that Hennepin County uses inter-disciplinary teams to develop and deliver opioid specific interventions.
2. Describe how the Opioid Prevention Strategic Framework was written with multi-sectorial, political, and governmental support.
3. Explain how collaborations made by the local health department with community, city, and state stakeholders are important for responding to the opioid crisis.

Track 6

3:00 PM -
3:30 PM

IHS Heroin, Opioids, and Pain Efforts (HOPE) Committee Panel: Integrated approaches to addressing the Opioid Epidemic

CDR Kailee Fretland, PharmD, BCPS, NCPS; CAPT Ted Hall, PharmD

The IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE) is comprised of healthcare practitioners dedicated to promoting appropriate and effective pain management, reducing overdose deaths from heroin and prescription opioid misuse and improving access to culturally appropriate treatment. The HOPE Committee has collaborated with other agencies, National Associations and Tribal partners to develop resources for patients, practitioners and communities surrounding pain management, access to harm reduction services, and integrative MAT models, including perinatal and correctional facility patient populations. Integrated approaches to OUD prevention, treatment and recovery is integral in providing a holistic, patient centered approach.

At the conclusion of this session participants will be able to:

1. Identify promising MAT practice models in primary care, integrated models and correctional facilities.
2. Describe how healthcare providers can increase access to OUD prevention, treatment and recovery
3. Explain the importance of integrated and holistic approaches to OUD.

Track 6

3:30 PM -
4:00 PM

PHCoE Strategies for Building Trainings, Measuring Outcomes, and Partnering Across Disciplines to Address Substance Misuse in the Military

Ms. Chizoba Chukwura, MPH, CPH; CDR Julie Chodacki, MPH, PsyD, ABPP

As Defense Health Agency moves to integrate the operations of medical components of the armed forces (Army, Navy, Air Force) under one governing structure, the Agency's Psychological Health Center of Excellence (PHCoE) is uniquely poised to develop, deliver, and assess clinical and health promotion trainings. Recent Congressional and Executive mandates required expansion of substance misuse training for military members, generally, and additional training for prescribers of controlled substances. This presentation will describe the multiple partnerships established to create the various trainings, to deliver and track training completion, and to evaluate training success. Barriers and facilitators to implementation will be discussed. Three trainings will be the focus: Common Military Training (CMT, training for the general population), Buprenorphine Waiver Training (BWT, training required for physicians to be able to prescribe buprenorphine), and Opioid Prescriber Safety Training (OPST, training for health care professionals who prescribe controlled substances). Lessons learned are applicable outside DoD with strong implications for establishing a comprehensive national strategic plan and strengthening of partnership engagements. For example, a national registry to identify providers who have received approved training would significantly improve compliance tracking and save resources; tailored trainings for specialty providers who write only short term prescriptions (dentists, for example) would likely improve training relevance; and identification of valid outcome measures would ensure appropriate metrics to track more than training implementation fidelity.

At the conclusion of this session participants will be able to:

1. Describe three key partnerships required for building a successful substance misuse training
2. List three ways to evaluate training success
3. Describe challenges associated with tracking compliance

Track 6

4:00 PM -
4:30 PM

Improving Health through Harm Reduction Strategies and Tribal Community Partnerships in Red Lake, MN

LCDR Samantha Gustafson, PharmD, NCPS

People who inject drugs (PWID) are at risk of developing infections due to Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). Transmission of these diseases is often accomplished via the sharing of needles and equipment used to prepare and administer drugs. Providing sterile syringes and other prevention materials serves as a harm reduction strategy to reduce the risk of transmission, and needle stick injuries among community members and law enforcement personnel. The Red Lake Community has recognized the need to mitigate harm through partnerships with the Indian Health Service aimed at decreasing the negative health impacts of the opioid epidemic. To date over 500 community members and first responders have been successfully trained on naloxone and are in the process of launching a comprehensive syringe exchange program. This will provide an integrative, evidence-based, and cost-effective approach to reducing transmission of infectious diseases while offering medical, social and mental health services.

At the conclusion of this session participants will be able to:

1. Describe the benefits of harm reduction services, such as syringe exchange and naloxone deployment.

2. Define the components of comprehensive harm reduction services and develop strategies for implementation.
3. Identify potential community partnerships and strategies to effectively communicate with stakeholders throughout all stages of the program planning process.

Thursday, May 9

Track 6

9:15 AM - An Opioid Sparing Approach to Anesthesia at Gallup Indian Medical Center
9:45 AM **CDR David Good, BSN, MSN, CRNA**

Background- Gallup Indian Medical Center has one of the busiest surgical services in the Indian Health Service, with over 2,500 cases annually. Traditionally, GIMC's anesthetic plans included opioids for pre-operative, intra-operative, and post-operative analgesia. Recent statistics have cited negative impacts of opioids in Native American communities. In South Dakota, 28% of patients treated for opioid addiction were Native American and 17.8% of those who died from opioid use were Native American.

Description- The Anesthesia Department at Gallup Indian Medical Center (GIMC) has developed an opioid sparing initiative. Because the initiative is so broad, it involves partnerships with nursing, surgery, internal medicine, physical therapy, etc. With these partnerships, anesthesia has developed a plan that is multimodal in its approach and spares opioids whenever possible. It includes administering non-opioid analgesics to reduce the transduction and perception of pain and/or to increase normal pain modulation through the central nervous system's descending pain pathway. There is also a strong focus on preventing the transmission of pain with regional anesthesia.

Lessons Learned- Many facilities nation-wide have converted to an opioid sparing technique with good results. Studies have shown that reducing perioperative opioid use not only helps prevent opioid dependence, but it can improve patient satisfaction and reduce anesthesia recovery time by decreasing respiratory depression, nausea and vomiting, and prolonged sedation. GIMC is currently examining patient satisfaction surveys and comparing satisfaction scores pre and post opioid sparing techniques.

At the conclusion of this session participants will be able to:

1. Summarize current impact of opioid use in the Native American Population.
2. Identify opioid sparing methods in the perioperative environment.
3. Describe benefit of an opioid sparing anesthetic/analgesic plan.

Track 6

9:45 AM - FIGHTING THE OPIOID EPIDEMIC WITH PREVENTION VS. TREATMENT- INTRODUCTION TO
10:15 AM GENETIC ASSESSMENT RISK SCORE (GARS)
MR. JUSTIN JONES, MBA, CHFP; MR. MIKE LEE, FACHE, MBA, NHA

THE OPIOID EPIDEMIC HAS BECOME A NATIONAL CRISIS. THE COST TO TREAT ADDICTION, THE ECONOMIC IMPACT IT HAS IN THE WORKPLACE, AND COST OF

DEALING WITH OVERDOSES AND DEATHS, PUTS A FINANCIAL BURDEN ON THE U.S. IN THE HUNDREDS OF BILLIONS OF DOLLARS. INSTEAD OF DEALING WITH THIS PROBLEM AFTER IT HAS ALREADY PRESENTED, IT'S TIME WE TAKE A NEW APPROACH AND STOP THIS PROBLEM BEFORE IT STARTS.

IF WE CAN BETTER UNDERSTAND A PERSON'S PREDISPOSITION TO OPIOID ADDICTION, HEALTHCARE PROVIDERS CAN BE BETTER INFORMED ON HOW TO MORE APPROPRIATELY PRESCRIBE OPIOID-BASED MEDICATIONS AND OTHER NARCOTICS. FOR THE FIRST TIME EVER, THERE IS NOW A GENETIC RISK ASSESSMENT TOOL THAT CAN IDENTIFY A PERSON'S PREDISPOSITION TO OPIOID ADDICTION. WITH THIS NEW TOOL KNOWN AS GARS (GENETIC ADDICTION RISK SCORE) TEST, HEALTHCARE PROVIDERS WILL HAVE THE INFORMATION THEY NEED TO CREATE A TREATMENT PLAN FOR OPIOID USE THAT CAN BE EFFECTIVE AND SAFE. IF WE CAN STOP THE OPIOID ADDICTION PROBLEM BEFORE IT STARTS, WE CAN ESTABLISH A SAFER, HEALTHIER, AND MORE ECONOMICALLY CONDUCTIVE SOLUTION TO THIS CURRENT CRISIS.

At the conclusion of this session participants will be able to:

1. DISCUSS THE CURRENT TRENDS, CRISIS, AND LIMITATIONS HEALTHCARE PROVIDERS DEAL WITHIN THE HEALTHCARE SYSTEM.
2. ILLUSTRATE HOW NEW GENETIC INNOVATION CAN PROVIDE A SOLUTION.
3. DEMONSTRATE HOW HEALTHCARE PROVIDERS CAN USE GARS AND DEVELOP MORE PERSONALIZED STRATEGIES FOR OPIOID TREATMENT.

Track 6

10:15 AM - 10:45 AM - New Perspectives on Preventing Death from Alcohol Use Disorder
CDR John Umhau, MD MPH CPE

Description: Among the global population aged 15-49 years, alcohol use is the leading risk factor for death. Alcohol Use Disorder, (AUD), is a chronic, relapsing disease that afflicts one in ten Americans. When susceptible individuals are exposed to alcohol, brain adaptations occur which promote increased drinking. These adaptations involve neurochemical and neuro-inflammatory changes induced by alcohol consumption and exacerbated by dietary factors.

Lessons Learned: Traditional treatment has emphasized creating social and psychological support for abstinence, but such programs have limited effectiveness and often do not incorporate the latest advances in medication use or nutritional neuroscience. Medications have been shown to diminish alcohol craving, reduce excessive consumption, and promote abstinence, and thereby reduce the harm caused by AUD. Tragically, less than 10% of those who could benefit from these medications are offered therapy.

Recommendations: When abstinence as an initial goal of therapy is a barrier to those who need treatment, MAT can provide lifesaving harm reduction. For example, The Sinclair Method (TSM) is a technique of using naltrexone in a targeted manner one hour prior to drinking. This method of medication use is intended to block the reinforcing, euphoric effect of brain endorphin stimulated by alcohol to both reduce consumption, and over time, produce pharmacological extinction of drinking behavior. Effective treatment for AUD is facilitated by a complete understanding of the disease and a proper consideration of medical as well as social, dietary, and psychological aspects of recovery.

At the conclusion of this session participants will be able to:

1. Identify several medication strategies to reduce the harm caused by Alcohol Use Disorder
2. Apply dietary prevention advice to reduce liver inflammation in alcohol use disorder
3. Describe the targeted use of Naltrexone in alcohol use disorder.

Track 6

10:45 AM -

Opioid epidemic assessment and treatment strategies

11:15 AM

CAPT Joseph Strunce, PT, DSc

Background: Opioid crisis has been declared a national public health emergency. Recent research has proven opioids ineffective and harmful. Many providers and patients who historically used opioids to treat pain are currently searching for safer and more effective treatment options.

Description: Opioids cause hyperalgesia for patients presenting with musculoskeletal pain and leading to chronic pain conditions. Chronic pain results in physical, emotional, and social changes in patients and these changes need to be fully understood by the entire healthcare team. Individualized treatments to address chronic pain must be specific to the areas of dysfunction and tailored to each patient's presentation.

Lessons learned: Our current biomedical model is exacerbating the problem. Stop, do no harm, and then follow the evidence towards best care and patient management.

Recommendations: correctly identify patients who present with chronic pain because of central sensitization and fear avoidance behaviors. The entire healthcare team needs to provide clear and consistent communication about the problem and their options for reversing the changes that have been made. Remember that pain is normal and healthy, but chronic pain took time to develop and will take time to resolve.

At the conclusion of this session participants will be able to:

1. Identify how opioids lead to hyperalgesia and worsens the pain experience leading to chronic pain.
2. List tools available to identify and explain central sensitization changes in people with chronic pain.
3. Classify treatments that have proven effectiveness for different conditions in people with chronic pain.

Track 6

2:15 PM -

The Importance of Partnerships When Piloting Opioid Overdose Fatality Reviews

2:45 PM

Mr. Jon Roesler, MS

Background:

In response to the opioid epidemic, the City of Minneapolis Police Department and the Minneapolis Health Department along with the Minnesota Department of Health made a commitment to pursue fatality reviews and planned a pilot of six Opioid Overdose Fatality Reviews. The goals of the pilot were to promote interagency collaboration, improve system response, mitigate risk, and prevent overdose deaths. Technical assistance for these reviews was provided by the Quattrone Center, University of Pennsylvania Law School, and the Institute for Health and Equity, Medical College of Wisconsin. A future goal of the pilot is to develop a process by which local communities

can facilitate their own overdose fatality reviews.

Description:

The City of Minneapolis Fatality Review Team cases were opioid overdose deaths concurrent with homelessness, law enforcement involvement, and recent jail release. The pilot cases included various ages, genders, and racial demographics. Additional partner agencies with interactions or services to the decedent were invited to attend, along with subject matter experts such as the: culturally appropriate treatment providers, the local mobile crisis unit, and the county Medical Examiner.

Lessons learned

Multidisciplinary perspectives that include local public health, treatment and clinical providers, community advocates, educators, criminal justice agencies, and child protection services are valuable for opioid overdose fatality review teams.

Opioid deaths are a painful subject and respectful language should be used when discussing these cases.

Recommendations

Implement generated proposals from the opioid overdose fatality review to inform future program improvements, system processes, and policy responses to the opioid epidemic.

At the conclusion of this session participants will be able to:

1. Develop plans for implementing opioid overdose fatality reviews that meet their community needs
2. Identify potential partners for forming their own opioid overdose fatality review teams
3. Describe and define potential outcomes and future goals of opioid overdose fatality reviews

Track 6

2:45 PM -

Opioids and Death Investigation: A "Perfect Storm"

3:15 PM

Dr. Andrew Baker, MD

Forensic pathologists are one of the most important, and simultaneously silent or unrecognized, partners in a functioning public health system.

Medical examiners/coroners (ME/C) are responsible for investigation and certification of unnatural deaths, including drug intoxications. Death investigation includes assessing the scene, reviewing records, coordinating with police and first responders, autopsy, collecting specimens, interpreting laboratory results, and death certification. This labor-intensive process requires forensic pathologists (FPs).

The addition of the opioid epidemic to the numerous challenges already facing the ME/C system has resulted in a "perfect storm." Workforce issues-particularly the shortage of FPs in the US-have stretched many ME/C offices to a breaking point. Approximately 500 FPs practice in the US, a number far below the estimated 1000-1100 needed to ensure FP coverage to all jurisdictions in US.

National standards recommend that all drug-related fatalities undergo full autopsy, but ME/C systems are having difficulty meeting this standard. The cost of toxicological testing has added further strains to the budgets of most ME/C offices. The legal system expects autopsy reports and reliable toxicological findings.

The opioid epidemic is taxing many US institutions-law enforcement, courts, healthcare, laboratories, first responders, and ME/C systems. The latter is particularly strained by this epidemic, given the shortage of forensic pathologists. No ready solution to this "perfect storm" in exists. Failing ME/C systems will leave more deaths with profound public health implications-ranging from new infectious diseases to suicides and other preventable injuries-unrecognized and/or improperly investigated and certified.

At the conclusion of this session participants will be able to:

1. Describe the strains that the unprecedented number of opioid-related fatalities, superimposed on an already understaffed medicolegal death investigation system, has produced.
2. List the typical and less common autopsy findings encountered in opioid-related fatalities
3. List the factors that coroners and medical examiners must consider when approaching, investigating, and certifying a potential opioid-related fatality

Track 6

3:15 PM -
3:45 PM

The Division of Northeast Imports multifaceted partnership approach to combating the opioid Crisis

CDR Nazmul Hassan, MSBME, MSHS; CAPT Jedeon Virata, RN

Background:

The Food & Drug Administration's (FDA) Division of Northeast Imports (DNEI) has implemented a multifaceted approach that emphasizes and is dependent on partnership with local, federal as well as global stakeholders. Use of this framework may help to potentially reduce the number of opioid overdoses on a local and national level.

Description:

The method involves a two-prong attack that combines regulatory enforcement action among federal agencies and global law enforcement with community engagement via educational outreach. The efforts undertaken illustrate how effective partnership aids in protecting the health of the nation and can build trust between public health workers and communities.

Lessons Learned:

The DNEI is responsible for 2 International Mail Facilities; which receives over 1 million parcels per day from over 180 countries. 86% of the packages reviewed were found to contain dangerous drugs FDA is the final barrier in preventing dangerous drugs from reaching the public. DNEI utilizes destruction authority under Section 708 of the Food and Drug Administration Safety and Innovation Act to address these matters. The second element involves DNEI Commissioned Corps (CC) officers participating in community outreach events focusing on opioid overdoses. DNEI CC officers coordinated approximately 45 hours of outreach, presenting to roughly 791 individuals during 2018.

Recommendation:

The enforcement component of the strategy needs to focus on strengthening the DNEI's partnership among FDA units, Interpol, as well as the Customs & Border Protection's Laboratories and field offices. The community engagement aspect should concentrate on creation of a post follow up assessment.

At the conclusion of this session participants will be able to:

1. Identify key stakeholders for successful interprofessional partnerships regarding the interception of illegal drugs through the International mail facility.
2. Explain how community engagement helps strengthen partnerships with public health workers.
3. Assess the potential benefits of utilizing a multifaceted that relies on enforcement action and community outreach.

Track 6

3:45 PM -
4:15 PM

Leveraging Resources Across DHHS Agencies: The Case Example of the Drug-Involved Mortality Project

LCDR James Trinidad, MPH, MS

Background: The Food and Drug Administration (FDA) relies on various data sources, such as the National Vital Statistics System (NVSS), to provide or generate evidence for regulatory decision-making. FDA has used NVSS mortality data (NVSS-M) to describe the burgeoning opioid epidemic. However, NVSS-M data do not generally provide sufficient granularity to make regulatory decisions regarding the safety of specific pharmaceutical products.

Methods: The FDA collaborated with the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention to leverage personnel, physical, and data resources in the development of the Drug-Involved Mortality (DIM) data. For this data resource, coded and text data from death certificates were processed to identify deaths involving specific drugs in the U.S. The FDA subsequently collaborated with the Assistant Secretary for Planning and Evaluation (ASPE) to ensure access to the data resource for regulatory research.

Results: FDA and NCHS produced reproducible, rigorous methods and publicly available DIM data. In addition, FDA and NCHS scientists have co-authored multiple publications with these data. The FDA and ASPE collaboration has supported regulatory research on various drugs and drug classes, including opioids, stimulants, and gabapentinoids.

Conclusions: As evidenced by this case example, federal interagency collaborations can be innovative approaches to advance public health initiatives - including regulatory research - and promote rigorous science.

At the conclusion of this session participants will be able to:

1. List reasons why identifying specific drugs is necessary for regulatory research
2. Broadly describe the resources leveraged across three DHHS agencies for this case example
3. Identify factors that could potentially affect the success of an interagency collaboration

