

How IHS is Supporting HOPE

for Patients Affected by Heroin, Opioids and Chronic Pain



The Indian Health Service National Committee on Heroin, Opioids and Pain Efforts, or HOPE Committee, works with tribal stakeholders to ensure American Indians and Alaska Natives have access to safe and effective long-term chronic pain treatments, to improve access to culturally appropriate care and to reduce overdose deaths from heroin and prescription opioid misuse.

The IHS Opioid Strategy promotes an appropriate, sensitive and understanding message among health systems and the communities we serve to improve perceptions and beliefs associated with substance use.

We are working to eliminate stigma and encourage positive patient outcomes through appropriate and effective pain management, reducing overdose deaths from heroin and prescription opioid misuse, and improving access to culturally appropriate treatment. The IHS ensures a coordinated and collaborative response through active participation in listening sessions, formal consultation, and community round-tables to ensure relevance of HOPE Committee work to tribal communities.

Strategy 1: Expand access to culturally relevant Substance Use Disorder (SUD) prevention, treatment and recovery services.

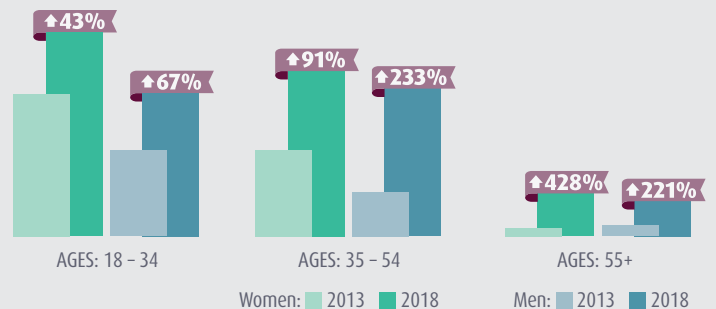
OBJECTIVE

Increase access to Medication Assisted Treatment (MAT) through policy and workforce development initiatives, to expand health system capacity and to support integrated MAT models in communities where needed.

- » Chronic Pain and Opioid Management ECHO Trainings
- » Providers Clinical Support System MAT Trainings
- » University of California, San Francisco, National Substance Use Warmline
- » American Society of Addiction Medicine (ASAM) Treatment of Opioid Use Disorder Course

KEY OUTPUT

From 2013 to 2018, Opioid Use Disorder treatment with prescribed buprenorphine among AI/AN patients served by IHS increased 95% across all genders and ages, as follows:



Strategy 2: Expand harm reduction interventions to include enhancing education and improving access to opioid overdose reversal medications.

OBJECTIVES

1. Increase education and trainings for the administration and distribution of naloxone for law enforcement and other first responders and collaborate with stakeholders to develop community naloxone trainings and distribution models.

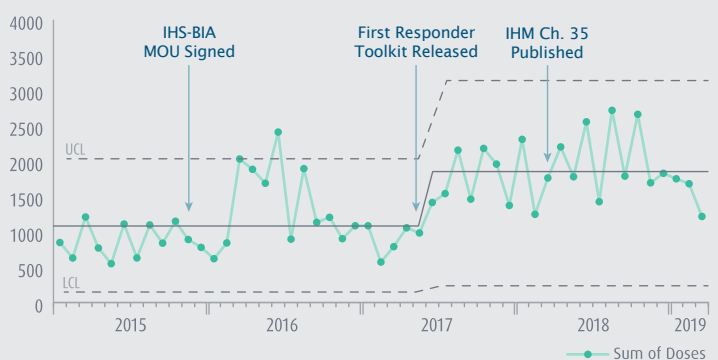
- » Indian Health Manual, Ch. 35: Dispensing of Naloxone to First Responders
- » Naloxone Toolkit
- » Naloxone Training Video

2. Support prescribing naloxone for patients and families of individuals at risk for opioid overdose, including those using opioids for chronic pain management. Develop models for IHS pharmacists to co-prescribe and dispense naloxone when patients meet criteria.

- » IHS Opioids Best Practices
- » Naloxone Information

KEY OUTPUT

Naloxone Procurement by Month, FY2015 – Q2 FY2019



Note: Each unit of naloxone purchased represents a potential life saved.

For more information visit ihs.gov/opioids.

Strategy 3: Develop comprehensive and interdisciplinary approaches to improve the management of acute and chronic pain.

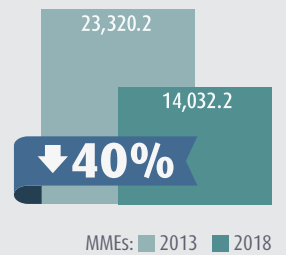
OBJECTIVE

Increase training opportunities, resources specific to AI/AN populations and collaboration among health providers to support better pain management strategies including setting realistic treatment goals and incorporating nonpharmacologic and complementary therapies for symptom management.

- » IHS Essential and Refresher Trainings on Pain and Addiction
- » IHS ECHO Programs

KEY OUTPUT

From 2013 to 2018, total daily Morphine Milligram Equivalents (MMEs) prescribed per 100 prescriptions decreased by 40% in IHS facilities.



Strategy 4: Reduce the impact of perinatal substance exposure on future generations.

OBJECTIVES

1. Evaluate and increase resources to support enhanced access to integrated traditional/cultural care models and systems of care that include MAT for pregnant women. Increase screening for SUD among pregnant women and women of childbearing age to link them to care.

- » Maternal Health
- » American College of Obstetricians and Gynecologists (ACOG) Recommendations
- » Initiating Buprenorphine for Pregnant Women Webinar

2. Increase educational and training resources available for providers, paraprofessionals and patients on the impact of fetal substance exposure. Expand access to high-quality home visiting services for families affected by SUDs.

- » Child Health and Wellness
- » American Academy of Pediatrics (AAP) Neonatal Opioid Withdrawal Syndrome Recommendations

KEY OUTPUT

Implementation of a workforce development strategy and two clinical practice recommendations to provide standards of care surrounding screening, diagnosing and treatment of pregnant mothers and infants affected by opioid exposure.



Strategy 5: Better data-extraction methods and metrics to support informed decision making surrounding pain management and Opioid Use Disorders.

OBJECTIVE

Improve availability, monitoring and use of clinical opioid prescribing and Opioid Use Disorder data to inform IHS policy and practices and improve safety and quality surrounding treatment of chronic pain syndromes and Opioid Use Disorders.

KEY OUTPUT

Creation of an opioid surveillance dashboard to provide near real-time data on opioid prescribing across IHS at the local (Tribal) and Area level.



Join our IHS National Committee on Heroin, Opioids and Pain Efforts LISTSERV to receive news and updates at www.ihs.gov/opioids/hope/.

