

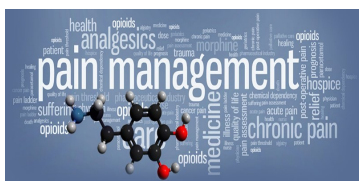
INDIAN HEALTH SERVICE (IHS) NATIONAL COMMITTEE ON HEROIN, OPIOIDS, AND PAIN EFFORTS (HOPE)

Indian Health Care: Ensuring a Coordinated, Holistic Response to the Opioid and Heroin Epidemic

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New Policy to Expand Access to Medication Assisted Treatment through Telemedicine

American Indian and Alaska Native (AI/AN) communities across the country are being impacted by the opioid epidemic. IHS is working in partnership with tribes to prevent opioid misuse, treat opioid use disorder (OUD), and support recovery. This includes promoting safe and effective therapies that assist patients on their road to recovery from drugs and alcohol.

IHS is pleased to announce the release of the Indian Health Manual Part 3, Chapter 38 policy, "[Internet Eligible Controlled Substance Provider Designation](#)." This policy is designed to increase access to treatment of opioid use disorder for AI/AN living in rural or remote areas. Medication Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a comprehensive approach to the treatment of substance use disorders.

To prescribe buprenorphine, a medication often used to treat OUD, providers must have additional training & special authorization from the DEA. It is sometimes difficult in rural & remote locations to access a provider with the necessary training & approval to prescribe buprenorphine in an outpatient or office-based setting. Telemedicine uses electronic communications to connect health care providers & patients through remote clinical appointments, as well as providing nonclinical services. IHS has found that [telemedicine](#) can be one of the best ways to get health care services where they are needed most. The DEA allows for an [exemption](#) from requirements for an in-person medical examination by the prescriber when the patient who is receiving [MAT services via telemedicine](#) is physically located in a DEA-registered clinic/hospital or in the physical presence of a DEA-registered practitioner. This policy will enable IHS, tribal, & urban Indian organization healthcare providers to be designated by IHS as Internet Eligible Controlled Substance Providers, allowing them to prescribe controlled medications for MAT via telemedicine when the patient is being treated in remote areas or with healthcare providers (such as a behavioral health aide) that are not DEA-registered.

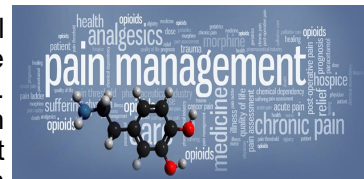
See our [website](#) for more information regarding medications used to support recovery. Additional information surrounding the policy and accessing this exception is available via [email](#).

To subscribe to the HOPE Listserv, go [here](#) & search "IHS National Committee on Heroin, Opioids, and Pain Efforts"

Understanding the Role of Mandated Pain and Addiction Training in the IHS Health System

Contributions by: Tamara James PhD, Asantewa Gyekye-Kusi MD, PhD. & Chris Fore PhD

In October 2017, President Trump declared the opioid epidemic a National Public Health emergency. The impact of this public health emergency on the American Indian and Alaska Native (AI/AN) population has been devastating. In 2017, the age-adjusted rate of drug overdose deaths was 9.6% higher than the rate in 2016. In 2016, CDC reported the AI/AN population had the highest overdose rates from all opioids (13.9 deaths/ 100,000 population). The Indian Health Service (IHS) has long recognized and prioritized the need to address this opioid public health emergency. In 2015, IHS became the first federal agency to require Pain and Addiction training for all physicians who spend 50% or more of their time providing clinical care within IHS federal facilities.



Intervention: Trainings were offered through IHS Tele Behavioral Center of Excellence to educate prescribing clinicians on safer opioid prescribing and appropriate pain management. The purpose of this mandated training was to provide education regarding pain treatments that do not involve opioids and how to identify risk factors for Opioid Use Disorder. An estimated 96% (1,296) of the mandated IHS workforce completed trainings in 2015-2016. Each clinician was required to pass a post-test in order to receive IHS credit for course completion.

Evaluation Survey: In 2018, IHS developed a national evaluation to determine changes in knowledge and prescribing behavior among primary care and other prescribing clinicians who successfully completed the opioid training. The survey has been reviewed and approved by the Office of Management and Budget and the IHS National Committee on Heroin, Opioids and Pain Efforts. This survey will attempt to collect quantitative and qualitative data that will identify successes, challenges and other priorities within the IHS health care delivery system that will combat the Opioid Epidemic within Indian Country.

The survey will be distributed between March 1-31st, 2019, and delivered electronically to those providers who have completed the Essential Training on Pain and Addiction. If you are prescriber within IHS, your experience is highly valuable and your consideration to participate in this survey is appreciated. For additional questions, please contact [Dr. Tamara James](#).

Opioid Crisis Data: American Indian / Alaska Native (AI/AN) Population Data

According to CDC data, AI/AN population had the second highest overdose rates from all opioids in 2016 (13.9 deaths/100,000 population) among racial/ethnic groups in the US. AI/AN populations had the 2nd highest overdose death rates from heroin (5.0) and 3rd highest from synthetic opioids (4.1). Notably, AI/AN populations were the only racial/ethnic group to show a decline in prescription opioid overdose death rates between 2015-2016. Read the full [Data Overview](#) report from the CDC.



For additional resources, please visit the [IHS Opioids Crisis Data page](#):

- [USDA's interactive data tool](#) - Help rural communities address the opioid crisis by allowing users to overlay substance misuse data against socioeconomic, census & other public information
- [CDC Online Public Health Data Wonder Online Databases](#) - Statistical data & reference materials
- [Trends in Indian Health 2014 Edition](#) - Data surrounding AI/AN mortality including substance use, accidental overdose, and infant mortality rates
- [Trends in Opioid-related Healthcare Research](#) - AHRQ data, research & a forum where communities can share their tools for combating opioid misuse.

