

International Overdose Awareness Day Roundtable - August 31, 2020

Transcript

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00:00:07.560 --> 00:00:10.019

Vicky Kolar: Just going to wait for two participants to join us.

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00:00:11.550 --> 00:00:18.990

Jose Esquibel: And do you prefer for off screen Paul first presenter goes center, right, or do you want me on

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00:00:26.640 --> 00:00:28.710

Vicky Kolar: You know, I think it's fine to see

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00:00:29.820 --> 00:00:31.950

Vicky Kolar: On screen and feel like there's no need to

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00:00:33.300 --> 00:00:35.850

Bobby Mukkamala: Say that entirely depends on your reaction to what

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00:00:35.910 --> 00:00:38.520

Bobby Mukkamala: I say in the face as you make

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00:00:39.150 --> 00:00:39.390

Good.

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00:00:45.270 --> 00:00:51.450

Vicky Kolar: Good afternoon, everyone. And you go ahead and begin to join us, please come on in. We're going to get started in just a few

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00:00:51.450 --> 00:00:51.960

Bobby Mukkamala: Moments.

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00:00:52.050 --> 00:00:54.420

Vicky Kolar: If you wouldn't mind chatting into the

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00:00:54.420 --> 00:01:06.840

Vicky Kolar: Chat box your information that you hear see here on the screen. So if you could send us your room and what organization you're joining us from that would be fantastic. Thank you.

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00:02:44.760 --> 00:02:55.020

Vicky Kolar: Hi, everyone. Thank you for joining. We're going to begin in just a moment. If you could please go ahead and type into the chat box, your name and where you're joining us from we would greatly appreciate it.

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00:04:26.280 --> 00:04:34.020

Vicky Kolar: Okay, we're going to go ahead and get started. And if you can go ahead and start with the slide. So I am receiving messages that we

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00:04:46.980 --> 00:04:53.010

Vicky Kolar: Hi, everyone. Thank you for joining us today. We're going to go ahead and get started today with our presentation.

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00:04:54.510 --> 00:05:05.940

Vicky Kolar: I'm going to ask because we're hearing some feedback that some people below the counter freezing that everybody go ahead and if you're not preventing not go ahead and turn your camera off at this time.

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00:05:06.810 --> 00:05:16.470

Vicky Kolar: gentle reminder to keep yourself on mute, as we go through this presentation, you're welcome to chat into the chat box. Any questions you have, as you go. And we'll address them towards the end.

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00:05:17.820 --> 00:05:20.820

Vicky Kolar: Just get started. Thank you for joining us today.

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00:05:23.520 --> 00:05:25.560

Vicky Kolar: And go ahead and. Next slide please.

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00:05:31.020 --> 00:05:44.100

Vicky Kolar: Thank you, talented takes all available step to provide secure use of this video conferencing platform we share this disclaimer regarding the links to our website and third party content next month.

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00:05:50.640 --> 00:05:59.910

Vicky Kolar: With is rapidly changing information. Today's content is going through flex information as of today. Please note that was the constant evolving changes the information

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00:06:00.660 --> 00:06:17.910

Vicky Kolar: To information is very important for you to continually check to see he sees most up to date guidance as well as the guidance from your state and local health department CDC guidance for coven 19 may be adapted by state and local health departments to respond to rapidly changing circumstances.

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00:06:21.330 --> 00:06:38.910

Vicky Kolar: Next time, thank you for those who are not familiar with intelligence. We are a quality improvement network quality improvement organization for Colorado, Illinois, I want an Oklahoma. Our purpose is to prove efficiency and effectiveness and quality of services delivered to Medicare beneficiary.

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00:06:39.930 --> 00:06:45.330

Vicky Kolar: We do this by providing technical assistance and convenient Learning and Action Network at no cost support.

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Vicky Kolar: To quality improvement at the community level. Our services are paid for by Social Security Act.

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00:06:52.920 --> 00:06:59.760

Vicky Kolar: If you haven't done so already, we are asking that you take two minutes during this call to join the intelligent human conduct.

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00:07:00.210 --> 00:07:07.470

Vicky Kolar: It will allow an intelligent team to provide technical assistance to you and communicate offering such as learning collaborative by connecting with

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00:07:08.400 --> 00:07:19.470

Vicky Kolar: One of the greatest benefits of participating intelligent. Q I connect. Is it you'll be partnered with learning learn healthcare professionals professionals patient and family advisors and beneficiary.

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00:07:20.190 --> 00:07:30.360

Vicky Kolar: Not only will you be able to share your expertise but also converse with others about organizational best practices and work together on ways to mitigate to learn obstacle.

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00:07:31.200 --> 00:07:38.130

Vicky Kolar: Will also have an opportunity to hear directly from patients and residents about their about their experiences during the house, your journey.

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00:07:41.430 --> 00:07:54.210

Vicky Kolar: We know you're extremely busy and have limited being what's at the time. At this time, to make it more convenient for you simply email us letting us know you want to draw intelligence correct you. I connect and we will complete the registration for you.

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00:07:56.100 --> 00:08:10.710

Vicky Kolar: You can let us know through your chat button. Also, and we will find you want to take it from there. I have provided my email address so you can email me directly. In addition, if you're unsure if you're ready to sign up fatality. Q I connect, we will be able to help you with that.

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00:08:15.300 --> 00:08:23.730

Vicky Kolar: Today is international overdose Awareness Day a global event how each year to raise awareness of overdose and reduce the stigma of drug related death.

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00:08:24.450 --> 00:08:40.380

Vicky Kolar: It's also a day that acknowledges grief of family, friends and healthcare team members who have in support those who have to have died or have permanent injury as a result of overdose. We also want to spread the message that an overdose. Death is preventable.

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00:08:43.440 --> 00:08:53.310

Vicky Kolar: coven 19 has brought new challenges, every one of us has been impacted by coven 18 pandemic and for the 20 million people in us that have substance abuse disorders.

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00:08:54.000 --> 00:08:59.910

Vicky Kolar: The impact could be described as a collision social distancing and isolation joblessness

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00:09:00.480 --> 00:09:15.240

Vicky Kolar: And uncertainty from comas are threatening individual families and communities across the country that may already be struggling with opioid overdose epidemic. Our experts today will offer a perspective of coven 19 and how it is driving over to

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00:09:16.290 --> 00:09:22.830

Vicky Kolar: We will share strategies that can address it overdose with hope and save lives of begin and begin recovery.

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00:09:24.690 --> 00:09:32.820

Vicky Kolar: Throughout the next five years, our team hopes to contribute to improve outcomes including decreasing opioid related overdose deaths.

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00:09:33.480 --> 00:09:43.320

Vicky Kolar: Decreasing high dose opioid prescription prescribing when appropriate, increasing use of opioids best practices related to prescribing and usage.

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00:09:43.860 --> 00:09:53.760

Vicky Kolar: Decreasing opioid adverse events and increasing access to behavioral health services for depression all timers dementia and other substance use disorders.

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Vicky Kolar: By the end of the day sessions participants will be able to understand the evolution of the nation's drug overdose epidemic in the key data.

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00:10:06.510 --> 00:10:23.550

Vicky Kolar: Have a better understanding of the impact of coven 18 on a drug overdose epidemic have access to evidence based care central, central to the AMA advocacy and here how Colorado Consortium for prescription drug abuse prevention mobilized to combat this challenges.

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00:10:26.100 --> 00:10:43.860

Vicky Kolar: I would like to introduce you to our guest today, our first guest is Dr. Bobby, the comma enforcers. I gotta learn geologists head of next surgery was elected to the American Association Board of Trustees in June 2017. He's a graduate of the University of

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00:10:45.090 --> 00:10:51.390

Vicky Kolar: Michigan medical school and has a solo practice solo private practice in Flint, Michigan.

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00:10:52.410 --> 00:10:53.580

Vicky Kolar: Dr. Lu Camilla.

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00:10:54.600 --> 00:11:05.730

Vicky Kolar: Who has been active in the AMA since residency is a past Michigan representative of the AMA and financial section a past recipient of the AMA foundation

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00:11:06.330 --> 00:11:15.210

Vicky Kolar: Excellence in medicine Leadership Award is for the last 13 years, a member of the Michigan delegate to the AMA House of Delegates in 2009

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00:11:15.630 --> 00:11:22.920

Vicky Kolar: He was elected to the AMA Council on Science and Public Health and served as chair from 2016 2017

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Vicky Kolar: And in addition to his leadership role of the American Medical Association sectoral comma

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00:11:28.800 --> 00:11:42.570

Vicky Kolar: has served as a member of the Michigan State Medical Society board of directors since 2011 as a board chair for the past two years, and currently serves as president. He is also past president of the Genesee County Medical Society.

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00:11:43.980 --> 00:11:51.540

Vicky Kolar: And continues to serve as the GC MS board of directors. Our second presenter because they escovedo

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00:11:52.740 --> 00:12:09.300

Vicky Kolar: Is the director of the Colorado Consortium for prescribed drug abuse prevention. He's also the associate director of the Center for prescription drug abuse prevention intended to scan School of Pharmacy and Pharmaceutical Sciences and stress medical campus in University of Colorado.

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00:12:10.530 --> 00:12:16.200

Vicky Kolar: Dr. McConnell, if you would like to start today by discussing the drug overdose epidemic.

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00:12:18.690 --> 00:12:27.300

Bobby Mukkamala: Sure thing. Thank you very much. Vicki appreciate the opportunity to be here again. Bobby McCullough little or knowledge, just in private practice in Flint, Michigan.

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00:12:28.320 --> 00:12:36.330

Bobby Mukkamala: And currently serving as a chair elect of the board. Thank you for allowing me to talk to you about this very important topic and go to the next slide please.

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00:12:37.950 --> 00:12:51.900

Bobby Mukkamala: So again, some of the main points. I'm going to highlight today and try to touch on is how our nation's drug overdose epidemic has evolved since we all started to pay particularly close attention to it within this past decade.

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00:12:52.800 --> 00:13:06.960

Bobby Mukkamala: And how it's also changed in the era of coven 19 and then access to evidence based care which is central to the AMA advocacy, that's exactly what we work on as an association. Next slide.

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00:13:08.880 --> 00:13:17.850

Bobby Mukkamala: So you can see here this is according to the CDC from beginning if you look at sort of the last quarter, the right hand side of this graph.

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00:13:18.270 --> 00:13:24.810

Bobby Mukkamala: From 2015 to 2019 what's changed relative to the past, sort of 10 or 15 years prior to that.

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00:13:25.260 --> 00:13:34.800

Bobby Mukkamala: That the deaths involving illicitly manufacturer drugs like fentanyl and fentanyl analogs have increased dramatically from 5000 some to 36,000

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00:13:35.520 --> 00:13:42.090

Bobby Mukkamala: Deaths from stimulants, you know, methamphetamines have increased from, you know, fourfold from 4000 to 16,000

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00:13:42.720 --> 00:14:00.930

Bobby Mukkamala: Cocaine deaths from five to 15,000 heroin deaths from 10 to 14,000 but at the same time deaths involving prescription opioids have decreased from 12,000 to 11,000. So, you know, not a big drop, but a drop relative to all those other categories where we're deaths are going up.

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00:14:01.980 --> 00:14:15.360

Bobby Mukkamala: And this is from a peak in prescription opioid related deaths at 15,000 and so just with this illustrates is sort of the substance use disorder version of what I would think of is like a whack a mole game.

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00:14:16.050 --> 00:14:24.030

Bobby Mukkamala: And it's not a game at all but but the point is that when we identified the problem with prescription opioids, we very much

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00:14:24.930 --> 00:14:33.240

Bobby Mukkamala: Went through a lot of change in our prescribing habits and regulations around prescription opioids and whack that mole and this mole has popped up.

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00:14:34.200 --> 00:14:49.710

Bobby Mukkamala: And it's probably been there all along. But I think what we're seeing is a transition of this problem and one that we need to be aware of. So we don't get caught patting ourselves on the back for decreasing prescription opioid use and then be blindsided by this trend. Next slide please.

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00:14:51.690 --> 00:15:05.130

Bobby Mukkamala: So you know this, the positive data is as it relates to prescription opioid is obviously tempered by what I mentioned was that increasing mortality so well prescribing of opioids has decreased by 37% since 2014

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00:15:05.580 --> 00:15:19.650

Bobby Mukkamala: And in PDF copy the drug monitoring databases that registration and it's used continues to increase 739 million queries into the various statewide PDF since are in 2019 itself.

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00:15:20.190 --> 00:15:30.870

Bobby Mukkamala: Treatment capacity is increasing. So more than 85,000 physicians now are certified to provide buprenorphine treatment to treat opioid use disorder. So a dramatic increase in the

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00:15:31.200 --> 00:15:37.470

Bobby Mukkamala: Provider availability for this treatment modality, and then plenty of education in this regard.

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Bobby Mukkamala: More than 700,000 physicians took CME in pain management and substance use disorders in 2019 and I would venture a guess that that is probably a tenfold increase from what it was just a few years ago.

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00:15:50.490 --> 00:15:57.630

Bobby Mukkamala: And then finally naloxone prescriptions increase to nearly a million in 2019 so all positive steps.

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00:15:58.500 --> 00:16:07.920

Bobby Mukkamala: going in the right direction as it relates to prescription opioid use. And just one more point about in the lock zone that we're not for those naloxone prescriptions, it's likely that

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00:16:08.340 --> 00:16:18.960

Bobby Mukkamala: 10s of thousands more Americans would be dead now from substance use disorder but it's equally troubling that there are several million Americans who still don't have access to treatment.

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00:16:19.410 --> 00:16:28.170

Bobby Mukkamala: So clearly there is a lot of work to do. This is a small step in the right direction as it relates to prescription drugs, but again just a step in this journey. Next slide.

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00:16:30.600 --> 00:16:47.820

Bobby Mukkamala: So the AMA has been greatly concerned by reports of increasing numbers of drug related overdoses during the cool view of coven pandemic. So the available data and report suggests that that the drug overdose epidemic is worsening during the pandemic.

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00:16:48.840 --> 00:16:57.150

Bobby Mukkamala: Using data from the CDC DEA is high intensity drug trafficking area reports reports from medical examiner's county corners, etc.

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Bobby Mukkamala: And media reports, there's, you know, more than 40 states where there have been increases in mortality.

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00:17:03.540 --> 00:17:11.430

Bobby Mukkamala: And as I'll discuss later we need better data, but a few interrelated issues already appear to be driving these increases so

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00:17:11.790 --> 00:17:17.730

Bobby Mukkamala: As was mentioned in the introductory comments you know the consequences of increased social isolation.

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Bobby Mukkamala: Loss of community based supports for those with mental illness or substance use disorder, the challenges of obtaining treatment, you know, I mean,

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00:17:26.460 --> 00:17:35.010

Bobby Mukkamala: You know, I'm an ear, nose and throat Doc, my patients are having a hard time, you know, during the peak of the pandemic here in Michigan just coming in for

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00:17:35.670 --> 00:17:45.150

Bobby Mukkamala: Hearing loss and sore throats and things like that, let alone the added challenge that substance use disorder treatment had anyway coming in for that is even more challenging now.

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00:17:45.510 --> 00:17:49.920

Bobby Mukkamala: And then the stress in the sphere that money. Many of us have experienced during the pandemic.

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00:17:50.640 --> 00:17:57.090

Bobby Mukkamala: Just makes the tendency to lean on something like a substance use disorder even more prevalent.

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00:17:57.630 --> 00:18:05.700

Bobby Mukkamala: And the fact that social isolation among drug users means that it's it that more people who use drugs likely are using them alone.

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00:18:06.240 --> 00:18:15.480

Bobby Mukkamala: Without that social support to to whisper in their ear and help them making it more difficult to administer and a lock zone in the event.

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00:18:15.780 --> 00:18:29.460

Bobby Mukkamala: Of an unintentional overdose. Right. So if you're if you're alone, there isn't somebody next to you that's going to help you make that call and give you the option or call the paramedics. So for all those reasons we're seeing this uptick in the era of covert. Next slide.

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00:18:31.950 --> 00:18:42.030

Bobby Mukkamala: So here you see sort of various headlines from various meetups media sources across the country. And these are just a few of the reports that I've sort of pulled for the purposes of this presentation.

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00:18:42.450 --> 00:18:53.310

Bobby Mukkamala: Increases in overdoses closing of treatment facilities increasing deaths associated with these overdoses all in the covert era. So all related to

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00:18:53.700 --> 00:19:05.940

Bobby Mukkamala: Lack of access to the resources to help people with their underlying condition and keep people alive because of the the hammer that code is sort of brought down on access to care.

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00:19:07.530 --> 00:19:08.010

Bobby Mukkamala: Next slide.

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00:19:10.050 --> 00:19:26.580

Bobby Mukkamala: So while data is always sort of something that we are hungry for it and it's it's not sufficient to comprehensively address the epidemic or equitable access to care, we we absorb it as fast as we can get it and then come up with interventions based on that. So, next slide.

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00:19:28.860 --> 00:19:35.640

Bobby Mukkamala: So these are two studies in the CDC mmm WR or their Morbidity and Mortality Weekly Report on the first one.

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00:19:36.870 --> 00:19:50.460

Bobby Mukkamala: Being one to take a close look at how different races have been affected by opioid related mortality. So instead of sort of painting this with with a broad brush really sort of distilling the data and refining the data to get to

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00:19:51.480 --> 00:20:02.790

Bobby Mukkamala: More population specific data. So we need more of this and will be urging all the states to sort of dis aggregate the data by race, by age by ethnicity, sort of, at minimum

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00:20:03.090 --> 00:20:10.530

Bobby Mukkamala: So that we can further identify who is most at risk and target those precious resources to that highest at risk population first

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00:20:11.160 --> 00:20:16.350

Bobby Mukkamala: There's a lot to discuss in this study in detail that we can't go into today, but this is important because

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00:20:16.620 --> 00:20:22.860

Bobby Mukkamala: To effectively target public health intervention interventions we need to know where to target them again.

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00:20:23.130 --> 00:20:33.120

Bobby Mukkamala: In a world of unlimited resources, we wouldn't have this issue and everybody that needed it would get it. But when we have limited resources, it should be targeted to that the highest risk populations.

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00:20:33.660 --> 00:20:46.530

Bobby Mukkamala: The second study is also from the mmm WR and it's and it's it's key because it starts to take a look at non fatal overdose. Right. We have a tendency to look at this problem and count the fatalities associated with it.

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00:20:47.280 --> 00:20:50.730

Bobby Mukkamala: And sometimes overlook the near misses.

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00:20:51.390 --> 00:21:02.760

Bobby Mukkamala: Meaning that you know the non fatal overdose data still tells us something about how big of a problem we're dealing with. There's not a whole lot of time to discuss this in detail, but in addition to knowing where people are dying.

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00:21:03.240 --> 00:21:11.640

Bobby Mukkamala: We need to know where people are being saved. So we can do a better job of getting more people into the latter category than the former category. Next slide.

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00:21:14.100 --> 00:21:17.790

Bobby Mukkamala: So given the prevalence of substance use disorder.

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00:21:18.630 --> 00:21:27.480

Bobby Mukkamala: In the incarcerated population, it's important to sort of talk about the intersection between substance use disorder and the criminal justice system. So a person using opioids.

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00:21:27.840 --> 00:21:42.870

Bobby Mukkamala: Is more than three times as likely as a non opioid user to become part of that criminal justice system and one third to one half of inmates report withdrawal or symptoms of severe drug dependence and you can see that sort of illustrated in the graph here. Next slide.

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00:21:45.270 --> 00:21:58.500

Bobby Mukkamala: And, you know, frankly, the stigma of opioid use disorder impede solutions to this problem. So just, you know, changing the language that we use around, you know, just a simple thing like

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00:21:59.040 --> 00:22:14.580

Bobby Mukkamala: Changing from the word abuse to use right it doesn't seem like much, but the stigma associated with the word abuse and use is so prevalent and so pervasive that it's important to sort of change the language to get rid of that stigma.

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00:22:15.810 --> 00:22:22.890

Bobby Mukkamala: You know, I'll just share a story with you real quick I I'm a big fan of sort of socialist experiments in here in Flint.

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00:22:23.850 --> 00:22:33.510

Bobby Mukkamala: You know, we have city. We have a city bus system. I never wrote it because I've always had access to a car. Thankfully, but I see a lot of my patients come to my office using the bus.

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00:22:34.020 --> 00:22:41.160

Bobby Mukkamala: So I, I wanted to see you sort of what that was like. How hard is it to catch the bus to my office and so I got on the bus and I and I wrote it around town.

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00:22:41.490 --> 00:22:52.800

Bobby Mukkamala: Over the course of a few days. And one of the days that I was there. There was a guy sitting in front of me who you know very well dressed guy and certainly looked like he could afford to have a car.

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00:22:53.850 --> 00:23:05.520

Bobby Mukkamala: A little bit of a leap of assumption there, but certainly didn't strike me as somebody that needed to ride the bus and then use reading something about where he was headed and I started noticed it, and it was he was on his way to

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00:23:06.600 --> 00:23:15.390

Bobby Mukkamala: treatment group so clearly he had some sort of substance use disorder. I don't know the details of it at all. And certainly wasn't going to engage them in conversation. But what struck me is that

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00:23:16.080 --> 00:23:27.270

Bobby Mukkamala: You know, this is sort of an equal opportunity condition, meaning that it's not just an inner city problem. It's not a suburban problem. It is a pervasive problem.

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00:23:27.990 --> 00:23:36.450

Bobby Mukkamala: And the stigma associated with it is what makes it hard to treat. Right. So if we fall into the trap of stigmatizing those people that are seeking

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00:23:36.810 --> 00:23:46.950

Bobby Mukkamala: Treatment for their substance use disorder. We will fail the people that are under the radar like this person sitting in front of me on the bus that I would never have expected was on his way to that sort of appointment.

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00:23:47.700 --> 00:23:53.880

Bobby Mukkamala: And so again, stigma is something that we really need to continue to do a better job of D stigmatizing. Next slide.

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00:23:55.920 --> 00:24:05.220

Bobby Mukkamala: So as far as you know what the AMA has been working on in this regard. So we have some model legislation for the treatment of substance use disorder. And then there's two points here.

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00:24:06.120 --> 00:24:16.080

Bobby Mukkamala: That if policymakers would just sort of accept these two points, it would be a huge step forward in our ability to deal with this this problem. And so one of those is

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00:24:16.500 --> 00:24:24.810

Bobby Mukkamala: prohibiting the use of prior authorization for the treatment of opioid use disorder, you know, prior authorization is, this is just this massive

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Bobby Mukkamala: Problem in medicine in general, but particularly as it relates to substance use disorder and its treatment.

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Bobby Mukkamala: And so the hassle factor. It's already difficult enough to treat because the resources are scarce, but to add this barrier.

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00:24:39.510 --> 00:24:44.400

Bobby Mukkamala: To getting to those resources in the form of prior authorization is something that really just needs to go.

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00:24:45.390 --> 00:24:53.760

Bobby Mukkamala: And that, you know, we would never say that cancer treatment for cancer patients should be forced to be delayed.

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00:24:54.090 --> 00:25:02.760

Bobby Mukkamala: And their chemotherapy be delayed because of prior authorization and this really shouldn't be treated as anything different access to evidence based medical care. It's a human right.

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00:25:03.330 --> 00:25:12.060

Bobby Mukkamala: But yet we sort of allow insurance companies to put limits on that access and to limit that right and that's just something that we need to continue to fight the fight.

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00:25:12.330 --> 00:25:17.820

Bobby Mukkamala: To decrease those barriers and we also have to acknowledge that that while those in the justice system.

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00:25:18.270 --> 00:25:26.040

Bobby Mukkamala: may lose certain personal liberties when they become incarcerated. That doesn't mean that they should be subject to a lesser standard of medical care.

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00:25:26.430 --> 00:25:32.370

Bobby Mukkamala: And the condition that they had. I mean, if somebody has diabetes before becoming incarcerated. We don't withhold insulin

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00:25:33.330 --> 00:25:44.070

Bobby Mukkamala: If somebody has a substance use disorder before becoming incarcerated. We shouldn't withhold that treatment, either. And then they should both be seen as a medical condition. Next slide.

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00:25:47.460 --> 00:26:01.020

Bobby Mukkamala: So the again the AMA is very much committed to expanding Good Samaritan protections. And so the evidence is clear that needle exchange programs are important to reduce the spread of blood borne infectious disease.

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00:26:02.010 --> 00:26:12.630

Bobby Mukkamala: And, you know, note new data from the CDC show that in the 12 month recent period that harm reduction organizations that provided sterile needle and syringe exchanges.

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Bobby Mukkamala: Distributed more than 700,000 doses of naloxone so it's through this vehicle through the service that we're saving lives by the hundreds of thousands. And so we would strongly encourage that all states.

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00:26:24.450 --> 00:26:35.100

Bobby Mukkamala: And work with organizations like ours, like the American Medical Association to increase access to these sorts of programs, the sterile needle and syringe exchange programs. Next slide.

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00:26:38.880 --> 00:26:50.040

Bobby Mukkamala: So the AMA has been working through its opioid task force. And so the goal of this task force has been to address in a multifactorial way the opioid

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Bobby Mukkamala: epidemic. And so things that we've accomplished again removal of prior authorization advocacy for step therapy.

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00:26:59.310 --> 00:27:05.190

Bobby Mukkamala: In the treatment of substance use disorders, getting rid of other administrative burdens for medication assisted therapy.

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00:27:05.520 --> 00:27:18.870

Bobby Mukkamala: enforcing these parity laws. So, on paper, most states have laws that basically say that whether it is tonsillitis or substance use disorder that patients have equal access to both types of care.

143

00:27:19.260 --> 00:27:30.150

Bobby Mukkamala: And so it on paper. It sounds great but the reality is the access is limited to the ladder. You know, it's much easier for somebody to go in and get treated for their strep throat than it is for their substance use disorder.

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00:27:30.570 --> 00:27:34.590

Bobby Mukkamala: And so that's what we want to see is that parody translated to actual

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00:27:35.250 --> 00:27:41.520

Bobby Mukkamala: Patient experiences that are favorable I'm removing the barriers to care increasing access to treatment for pregnant women.

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00:27:41.910 --> 00:27:52.110

Bobby Mukkamala: And mothers and then support and access to treatment. As I mentioned already in the in the criminal justice system. And so, you know, I sort of used the metaphor that you know

147

00:27:53.100 --> 00:28:04.980

Bobby Mukkamala: If you rewind the tape about 20 years using antidepressants was something that are prescribing antidepressants with something that physicians were a little reluctant to do right just a lack of familiarity.

148

00:28:06.180 --> 00:28:13.170

Bobby Mukkamala: And now you fast forward and you you would find that every primary care physician is comfortable starting a patient that they have a relationship with

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00:28:13.530 --> 00:28:20.790

Bobby Mukkamala: On an antidepressant because the culture has changed in the stigma has changed and the training has changed to allow for that.

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00:28:21.180 --> 00:28:28.770

Bobby Mukkamala: And I think we're sort of on the cusp of that sort of change with things like medication assisted therapy with things like prescribing Suboxone

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00:28:29.340 --> 00:28:41.280

Bobby Mukkamala: And in now, even in our own hometown, our internal medicine residency programs. The residents are getting their waiver training so that we are eliminating that stigma right what what

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00:28:41.700 --> 00:28:56.340

Bobby Mukkamala: What physicians were uncomfortable doing 20 years ago as far as taking care of their patients depression physicians now are becoming more comfortable taking care of their patients substance use disorder as, as exemplified by the increasing waivers. Next slide.

153

00:28:58.380 --> 00:29:07.230

Bobby Mukkamala: So the pink hair Task Force was formed in 2018 to focus on pain care. It's a task force that I have the privilege of sharing in the physicians who

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00:29:07.680 --> 00:29:17.940

Bobby Mukkamala: In the people that we brought to the table where the physicians who provided exactly that kind of care address addressing sort of multiple dimensions that affect patients with pain and pain care policy.

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00:29:18.330 --> 00:29:27.420

Bobby Mukkamala: And identifying a set of priorities for for improving pain care and individualized that pant pain care so that we're not sort of painting with a broad brush.

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00:29:28.500 --> 00:29:33.180

Bobby Mukkamala: When we're dealing with this because it's it's important not to generalize. Next slide.

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00:29:35.220 --> 00:29:45.180

Bobby Mukkamala: So the outputs of this have been through our principles of pain care from the AMA pain care task force that's been published addressing obstacles to deliver to

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00:29:45.870 --> 00:29:54.780

Bobby Mukkamala: Obstacles to evidence based patient care is also been published in our journal of ethics, then we have a one page document about what does a pink hair formerly formulary look like

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00:29:55.290 --> 00:30:03.510

Bobby Mukkamala: When an insurance company says that they cover paying care what are all the components that should be covered, whether that's medical therapy, whether that's physical therapy, whether that's

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00:30:04.170 --> 00:30:12.930

Bobby Mukkamala: You know rehabilitation therapy. What is a robust insurance coverage plan look like for pain care. I think that's the next slide.

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00:30:15.510 --> 00:30:20.070

Bobby Mukkamala: Yep, so looking forward to your questions. Happy to have been able to run through that with you.

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00:30:23.760 --> 00:30:35.340

Vicky Kolar: Thank you, Dr. Look, comma. Now we're going to hear from Jose and he's going to talk to us about how Colorado Combat, combat and the opioid epidemic during the Coleman cozy.

163

00:30:36.750 --> 00:30:45.600

Jose Esquibel: Hello folks on Good afternoon. Thank you so much for your time, for joining us here today a little bit more about myself, my background, I came on board as director of

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00:30:45.930 --> 00:30:55.140

Jose Esquibel: The color consortium back in just about a year and three months ago in May of last year but prior to that I've been involved with this consortium, since it was founded in

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00:30:55.650 --> 00:31:06.090

Jose Esquibel: 2013 I was previously an appointee have to state Attorney General's serving as a director of community engagement in the state Attorney General's office.

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00:31:06.480 --> 00:31:15.060

Jose Esquibel: In which one of my roles which I've been in since 2006 as I served as vice chair for what was originally a meth state meth task force that

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00:31:15.360 --> 00:31:25.980

Jose Esquibel: Transition into that in 2010 to a state substance abuse and response Task Force and served by appointment of various senate presidents in that capacity.

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00:31:26.490 --> 00:31:34.020

Jose Esquibel: And we began looking at this issue of prescription drug abuse back in 2009 when we saw some of the uptick in our data in regards to

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00:31:34.740 --> 00:31:44.070

Jose Esquibel: overdose deaths related to prescription drugs, but also to heroin combined efforts with Dr. Rob ALEC, who is with this guy School of Pharmacy and was overseeing a state.

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00:31:44.910 --> 00:31:53.730

Jose Esquibel: Small prescription drug Task Force, but we gained momentum, really, when our previous governor John Hickenlooper along with the governor of Alabama.

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00:31:54.300 --> 00:32:04.200

Jose Esquibel: convened a policy committee through the National Governors Association to look at opioid policy issues in our in the United States, but particularly in the two states.

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00:32:04.680 --> 00:32:18.840

Jose Esquibel: We developed a state plan to address that back in 2011 12 and then formed our coalition our consortium, which has representation from numerous disciplines, our state Medical Society our farms society.

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00:32:19.320 --> 00:32:25.950

Jose Esquibel: We have nursing folks, we have public health officials, we have law enforcement and then we've grown to the point that we also have some local

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00:32:27.120 --> 00:32:37.410

Jose Esquibel: Some staff that serve in our region's that work with local responses to do during crisis, whether at that be public health or expanding medication assisted treatment, etc.

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00:32:38.010 --> 00:32:44.280

Jose Esquibel: So Ripley's to share with you because one of the things that that says he's trying to response task force which is chaired by our state attorney general.

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00:32:44.580 --> 00:32:50.070

Jose Esquibel: One of the recommendations we gave to the legislature was this need to expand medication assisted treatment.

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00:32:50.370 --> 00:32:57.900

Jose Esquibel: And folks are a number of strategies that are promoted by the AMA, but also just in terms of what we see coming out of the CDC, as well as SAMHSA in

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00:32:58.230 --> 00:33:09.720

Jose Esquibel: To respond to this particular crisis. And make no mistake about it. We are behind the curve on this. We are really working to keep up with this trend explosion of overdose deaths. Now later defendant, all we still have a good

179

00:33:10.260 --> 00:33:23.310

Jose Esquibel: Some people say a decade. I'm thinking anywhere 10 to 20 years of work ahead of us to get a handle to bend this arc on this, but one of the most important strategies which I'm hoping that many of you, and I would like to know, even if you want to put something in the chat.

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00:33:24.360 --> 00:33:32.340

Jose Esquibel: Is this increasing access to medication assisted treatment, and this is one of the more important strategies in working with our medical professionals.

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00:33:32.640 --> 00:33:39.510

Jose Esquibel: And linking them also not only to the medical world, but also to behavioral therapies to assist folks in their recovery.

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00:33:40.050 --> 00:33:47.700

Jose Esquibel: So I'm going to share with you some work here because one of the policies that we enacted through our state legislature back in 2017 was a pilot.

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00:33:48.090 --> 00:33:59.490

Jose Esquibel: To expand medication assisted treatment into our frontier rural counties that have been hard hit by the opioid crisis and to begin to look at how we could expand that access to MIT

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00:33:59.820 --> 00:34:06.780

Jose Esquibel: At that point we were looking at expanding that with nurse practitioners and physician assistants and getting those folks trained

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00:34:07.140 --> 00:34:10.800

Jose Esquibel: And getting this setup in terms of quality improvement work within their own

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00:34:11.400 --> 00:34:25.230

Jose Esquibel: Clinics and settings working out the billing aspects to this providing them with the technical assistance in hand on a hands on work and then in 2019 because of his success in two counties, we were able to expand that work. So if we move to the next slide.

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00:34:26.340 --> 00:34:39.510

Jose Esquibel: Give you a little background about us. This is what our consortium a diagram of our consortium, looks like we are housed at the Skaggs School of Pharmacy at the and shoots Medical Center with the University of Colorado in Aurora, Colorado, Colorado.

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00:34:40.830 --> 00:34:49.080

Jose Esquibel: The consortium staff, led by a center now with Dr. Rob Baloch is the head of the center I serve as associate director of the Center.

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00:34:49.350 --> 00:34:53.880

Jose Esquibel: And in that capacity. I'm director of our consortium, which is our community engagement arm.

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00:34:54.300 --> 00:35:02.250

Jose Esquibel: And you can see here that we have a number of work groups that are formed with representatives, we have close to 500 members. Our consortium from all different disciplines.

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00:35:02.580 --> 00:35:10.020

Jose Esquibel: And we have both coordination that's horizontal across different disciplines, but also vertical from communities of all the way to state lawmakers

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00:35:10.560 --> 00:35:24.510

Jose Esquibel: We serve as a subcommittee of that selfies trend response Task Force chair by the train general we work very closely with our state legislature to enact policies. In fact, in the last three years I've accounted at least close to 90 policies that we've

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00:35:25.050 --> 00:35:28.530

Jose Esquibel: Managed to get past in law. Many of those really in line with

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00:35:29.550 --> 00:35:38.190

Jose Esquibel: What Dr mcollough mentioned around the AMA recommendations and then we coordinate with our governor's office and you can see the different work groups that we have

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00:35:38.820 --> 00:35:44.340

Jose Esquibel: That help us to look at all the different aspects and I'm going to focus on this one work if you go to the next slide.

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00:35:45.300 --> 00:35:50.400

Jose Esquibel: Our work here with the College of Nursing at the same campus.

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00:35:51.060 --> 00:36:01.050

Jose Esquibel: The answer is medical campus for the industry, Colorado. We've partnered with those folks we did acquire \$2.5 million a year for two years. A total of \$5 million

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00:36:01.530 --> 00:36:10.260

Jose Esquibel: To expand the pilot program from two counties to expand that to 16 counties. We're about to add two more up to about 18 counties.

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00:36:10.770 --> 00:36:19.650

Jose Esquibel: And so we have contracted with eight health organizations that had 40 clinics in these frontier rural areas of our state to begin to get the training.

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00:36:20.130 --> 00:36:26.010

Jose Esquibel: folks get waiver trained begin to provide them with technical assistance in the inductions and begin to see

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00:36:26.610 --> 00:36:33.210

Jose Esquibel: Clients out in these hard hit regions of our state. And you can see that concentration in the South Central. These are

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00:36:33.720 --> 00:36:44.250

Jose Esquibel: counties that have been some of the hardest hit counties in our state in terms of drug overdose deaths mainly related to heroin, but also prescribed drugs and now that no, let's go to the next slide.

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00:36:45.450 --> 00:36:55.740

Jose Esquibel: And one of the things, just so you know in terms of Colorado. This particular slide what it shows is the 12345 and that represents January, February, March, April, May.

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00:36:56.400 --> 00:37:06.480

Jose Esquibel: This is a comparison of the first five months of the year for 2018 19 and 20 and it just gives you a bit of a picture in terms of our overdose deaths here in Colorado.

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00:37:06.960 --> 00:37:14.790

Jose Esquibel: And really when coven hit in late March, you can see that April timeframe we just shot off the charts with overdose deaths.

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00:37:15.060 --> 00:37:22.290

Jose Esquibel: Came down a bit. In June, but we're back to seeing some increases in July. We'll see what the data tells us here, now that we're in August.

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00:37:22.620 --> 00:37:26.820

Jose Esquibel: But as you can see in the printed words up there. It's really the fentanyl it's the synthetic

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00:37:27.450 --> 00:37:35.490

Jose Esquibel: drugs that are leading our overdose death rates. We've done really good work in Stockton recall mentioned a lot of good work has been done to

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00:37:36.060 --> 00:37:40.380

Jose Esquibel: Regulate the way that prescribed opioids are dispensing given out, particularly in our state.

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00:37:41.160 --> 00:37:51.900

Jose Esquibel: Seven Day limits, etc. And so we've got some control there. And even with the heroin. We're starting to see some of that come down, but it's the fentanyl now that concerns us. So let's go to the next piece.

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00:37:52.740 --> 00:38:02.010

Jose Esquibel: Next slide. So I'm in our work with these different 40 clinics, we sent out a survey pretty early around

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00:38:02.940 --> 00:38:11.130

Jose Esquibel: late April early May into June we put out a survey to the folks that we're working on our medication assisted treatment expansion project.

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00:38:11.580 --> 00:38:19.380

Jose Esquibel: And they are partnering with local folks so they can get those behavioral therapies available to the people that they're treating as well.

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00:38:19.710 --> 00:38:23.760

Jose Esquibel: And we wanted to get a sense of what the impact of code was on their practices.

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00:38:24.120 --> 00:38:30.930

Jose Esquibel: And I'd be curious to know, those of you that are practicing in the field that are doing medication treatment or associated be able therapies.

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00:38:31.200 --> 00:38:36.450

Jose Esquibel: It'd be interesting. At the end of this presentation to know if any of this resonates with you. These are things that you've seen

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00:38:37.170 --> 00:38:48.690

Jose Esquibel: Have occurred or have you experienced in delivery of service in this age or time of koeppen So of these 37 professionals about 32% were healthcare prescribers

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00:38:49.290 --> 00:38:57.240

Jose Esquibel: About almost 30% were mental health providers and the 14% a little bit over 40% where the public health professionals. So let's look at the next slide.

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00:38:59.730 --> 00:39:08.040

Jose Esquibel: So here with some impact what we receive back from the survey on the actual clinical operations. Number one was this real rapid

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00:39:09.330 --> 00:39:14.940

Jose Esquibel: Transition to happy to do the infectious disease control measures. This is the kind of cleaning keeping your clinic clean

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00:39:15.210 --> 00:39:24.150

Jose Esquibel: All these extra efforts now to ensure that that the virus, not going to be spread in the environment. And that was an impact in those first several months continues to be right now.

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00:39:24.750 --> 00:39:29.430

Jose Esquibel: The next one, which is interesting is certainly this it has some mixed pieces to us. I think it's one of the

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00:39:30.090 --> 00:39:39.000

Jose Esquibel: More positive aspects to come out of the covert 19 experiences this move to Tele health. However, for many folks. It was a challenge because they weren't totally equipped to really

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00:39:39.360 --> 00:39:50.400

Jose Esquibel: Take advantage of tele health as a means of providing service. They were either lacking technology for this, which you can see 72% were lacking technology for this. So that was a fast learning curve for them.

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00:39:50.700 --> 00:39:55.950

Jose Esquibel: And then some of these folks didn't have the associated training with how to make the best use out of Telehealth.

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00:39:56.280 --> 00:40:04.200

Jose Esquibel: And so this has been one of the challenges for folks to come up to speed with that technology, particularly in the frontier rural areas where broadband and other

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00:40:04.770 --> 00:40:12.750

Jose Esquibel: means of maintaining this technology is not always the best and then really quickly that reduced capacity and providing clinical services.

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00:40:13.230 --> 00:40:22.410

Jose Esquibel: Particularly the diagnostic capacity reduced patient census big shift in practice for them. And then of course all over the nation. People had challenges acquiring there, p, p

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00:40:22.860 --> 00:40:30.930

Jose Esquibel: Let's take a look at the next one. We also wanted to know what impact this was having on the clinicians themselves and and we have much more detailed

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00:40:31.410 --> 00:40:44.250

Jose Esquibel: More pieces in our report on this. So these are just some highlights, but about 56% felt really stressed or exhausted from this transition to the impact that covered was having on their practices and their ability to serve their patients.

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00:40:45.390 --> 00:40:53.790

Jose Esquibel: But the good news was that 73% felt confident in the control infectious control measures that were taking so that rapid

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00:40:54.510 --> 00:40:58.920

Jose Esquibel: Change people felt confident about what was going on to keep their environment safe.

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00:40:59.760 --> 00:41:05.220

Jose Esquibel: 50% felt accomplished with the work they've done so that means 50% weren't feeling so good about the work that we're doing.

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00:41:05.610 --> 00:41:11.730

Jose Esquibel: And then 40% felt unsure about their clients state. They weren't sure what either they lost contact with some of the clients.

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00:41:12.090 --> 00:41:24.060

Jose Esquibel: The curiousity. What we learned is that although some clients went away. There was still an influx of new clients coming to seek services. So the numbers didn't go down, but they didn't increase either. Next slide.

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00:41:26.550 --> 00:41:35.430

Jose Esquibel: In terms of the report from these clinicians on the impact on patients 80% of these providers reported an increase in mental health issues and patients.

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00:41:35.790 --> 00:41:40.680

Jose Esquibel: And certainly, as Dr mcollough pointed out, we're seeing this in the press being recorded across the country.

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00:41:41.010 --> 00:41:46.260

Jose Esquibel: In terms of concerns around rise and mental health, and as he mentioned these conditions of isolation.

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00:41:46.530 --> 00:41:54.270

Jose Esquibel: A loss of jobs all these social stressors on folks. It's not surprising to see that people are overly concerned now about people's mental health, rightly so.

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00:41:54.780 --> 00:42:00.450

Jose Esquibel: And then a 59% increase saw an increase or at least reporting increase in substance misuse in their patients.

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00:42:00.870 --> 00:42:12.750

Jose Esquibel: And then 53% indicated patients seem to avoid or delay so you can care during the pandemic and many of that is because folks maybe just aren't feeling safe enough to come and seek that care. Next slide.

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00:42:15.300 --> 00:42:18.480

Jose Esquibel: So I'm going to share with you some of the barriers, just real generally

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00:42:19.440 --> 00:42:25.890

Jose Esquibel: That we got back from the survey and again be interesting to know if any of these were things that each of you have experienced

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00:42:26.310 --> 00:42:35.160

Jose Esquibel: But certainly, everyone's struggled with the P P aspects of this and having that fortunately we were able to take some of the federal cares act money for coven

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00:42:35.640 --> 00:42:46.080

Jose Esquibel: We were able to have our legislators signed some of those dollars for mental health and substance use issues and right now we have about 100 K for

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00:42:46.680 --> 00:42:52.680

Jose Esquibel: Providing the p p to the folks in these various 40 clinics are pleased to have some of those additional dollars to help with this.

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00:42:53.070 --> 00:43:03.330

Jose Esquibel: But you can see just access to disposable phones so that they can have the remote Tele health connection with their providers or phone cards was an issue, the broadband access was an issue.

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00:43:04.020 --> 00:43:12.450

Jose Esquibel: Just technology in general cameras Mike's not being set up and prepared for this just having the digital devices that were needed the PP.

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00:43:13.080 --> 00:43:20.940

Jose Esquibel: de ma pressure cuffs thermometers, things like that. And then additional cost the experiences where that conversion to Tele health services, the

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00:43:21.840 --> 00:43:30.360

Jose Esquibel: Personnel for follow up and doing the checkups, that changes in the way things are going. Some of the delays expenses in laboratory drug screening, etc.

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00:43:30.750 --> 00:43:40.410

Jose Esquibel: And then just this trauma informed care and care just some challenges and really trying to address the additional trauma that people are experiencing and go to the next slide.

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00:43:42.150 --> 00:43:51.390

Jose Esquibel: In terms of some of the positives that were reported was more attention to trauma informed care. I'm not sure what the urine drug screening piece was I did not inquire about that.

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00:43:51.870 --> 00:44:00.450

Jose Esquibel: But the at home dosing and the tele health have been very positive aspects to this and then just getting the uptake now and being able to have the covert testing.

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00:44:01.050 --> 00:44:11.850

Jose Esquibel: More readily available is certainly important as well as the safety measures and so these are some things that people are seeing as at least some positive aspects of the response. And the next slide.

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00:44:14.640 --> 00:44:28.230

Jose Esquibel: And so if you are doing. If you are indicating folks who you're providing medication assisted treatment, you should know that there's a warm line, we found that when folks get trained and we've seen this. We've trained a lot of physicians and a lot of

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00:44:29.400 --> 00:44:36.630

Jose Esquibel: Healthcare professionals, our state, but not everyone is picking up the practice. So in addition to doing the education and getting people X waiver change.

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00:44:36.930 --> 00:44:44.700

Jose Esquibel: The next thing is how do you help people feel comfortable and actually doing their first induction and then continue to serve people medications to treatment.

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00:44:45.030 --> 00:44:57.630

Jose Esquibel: So one of our groups at the University of Colorado Medical School of Medicine is working with this particular group. It's a consultation center that you are welcome to give a call and as a warm line.

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00:44:58.620 --> 00:45:04.140

Jose Esquibel: A peer to peer consultation decision support for you to help support you in your work and

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00:45:04.830 --> 00:45:15.450

Jose Esquibel: There's a link here and a phone number and I'm told by my colleagues that people are rather responsive, so that if you're out in the frontier rural areas and you need some assistance in terms of getting this

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00:45:16.440 --> 00:45:24.870

Jose Esquibel: medication treatment going in your own clinic. There's some one on one peer support for you in that regard. If you do not have that already your own state.

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00:45:25.620 --> 00:45:41.100

Jose Esquibel: And so I believe that should be the end. Let's see if that's correct. On the next slide and then we go. So I'll stop there. We'll see what kind of questions, comments, and I'm sure interested in knowing if any of these things are experiences that you are seeing in the work that you're doing.

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00:45:47.880 --> 00:45:48.210

Courtney Ryan: Great.

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00:45:51.720 --> 00:45:52.230

Vicky Kolar: Courtney

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00:45:53.250 --> 00:46:02.040

Courtney Ryan: No, I just wanted. I just wanted to say the same thing. Thank you both. Those were both excellent presentations with a lot of really great information and lots of great things to think about.

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00:46:02.820 --> 00:46:09.270

Courtney Ryan: We do have a question in the chat. But before I just wanted to comment that I just have to have mercy Asian

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00:46:10.560 --> 00:46:15.660

Courtney Ryan: Physician Practices that I worked in southeast Colorado and they had reached out to that warm

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00:46:16.380 --> 00:46:19.320

Courtney Ryan: That warm line that you were just mentioning Jose and

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00:46:19.710 --> 00:46:31.290

Courtney Ryan: had excellent feedback about it. I think they were had a phone call return to them within 10 minutes and all kinds of support that was offered to just really walk them through every step of that.

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00:46:31.830 --> 00:46:38.400

Courtney Ryan: Consultation and make sure that they were prepared for what they needed. So just wanted to throw that out there to that was great to hear.

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00:46:39.990 --> 00:46:47.640

Courtney Ryan: So we do have a question in chat here. So it says, in addition to Matt, what role does chronic pain self management education.

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00:46:48.690 --> 00:46:50.370

Courtney Ryan: Patients manage their pain.

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00:46:53.640 --> 00:46:55.620

Bobby Mukkamala: Sure, so I'll, I'll jump in there. According

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00:46:57.150 --> 00:47:10.620

Bobby Mukkamala: So obviously it has a large role medication assisted therapy is really just one component or one sort of tool in the toolbox, if you will, about management of pain, especially chronic pain.

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00:47:11.370 --> 00:47:23.190

Bobby Mukkamala: But there is so much more available to that. And so that's kind of what we what I hinted out in my talk about sort of making sure that there's coverage for all of the tools in that toolbox to treat pain.

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00:47:23.580 --> 00:47:35.310

Bobby Mukkamala: One of them being self management and education. Right. And so whether it's whether it's self management education, whether it's physical therapy, whether it's medication assisted therapy, whether it's

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00:47:35.970 --> 00:47:36.270

Courtney Ryan: You know,

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00:47:37.290 --> 00:47:48.180

Bobby Mukkamala: Behavioral or mental health issues that are being addressed all of those things are necessary to have that I mean that the relapse rate is already very high when we know that

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00:47:48.540 --> 00:47:56.130

Bobby Mukkamala: And so the more we can have in the toolbox and access to those tools in the toolbox, the more likely we are to prevent that relapse.

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00:48:01.500 --> 00:48:02.850

Courtney Ryan: Excellent. Thank you.

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00:48:04.500 --> 00:48:11.550

Courtney Ryan: I don't see any other questions at this time. And did you have any questions that anyone may have chatted into you.

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00:48:14.160 --> 00:48:20.280

Ann Loges: Courtney, I don't see the chat that I do have some questions to ask one

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00:48:21.390 --> 00:48:24.180

Ann Loges: I'll have this go to dr Salah

284

00:48:25.260 --> 00:48:35.610

Ann Loges: Is about the social isolation teeth and initially what I was thinking of that I was thinking, you know, patients are depressed and they're isolated and they might be

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00:48:36.900 --> 00:48:44.490

Ann Loges: more apt to try overdose. But I was reading an article that was talking about the fact that they are

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00:48:46.260 --> 00:48:56.880

Ann Loges: There, their tolerance is decreased, possibly because of covert, they don't have access to opioids as much. So if there are weeks of tolerance.

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00:48:57.510 --> 00:49:09.390

Ann Loges: Are changing during this time of coven you know our, our communities, ready for that because when they re, re introduce the opioids back into their system.

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00:49:10.530 --> 00:49:16.560

Ann Loges: Are we prepared for you know overdoses because of that. And can you maybe speak to that a little bit.

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00:49:17.280 --> 00:49:20.370

Bobby Mukkamala: Yeah, I mean it certainly that's a risk and we see the same thing.

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00:49:21.210 --> 00:49:32.490

Bobby Mukkamala: In the incarcerated population. Right. So when somebody is incarcerated and, you know, goes through the withdrawal and isn't as tolerant to the

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00:49:32.910 --> 00:49:42.480

Bobby Mukkamala: Opioids and binding to the receptor is sort of the, the biochemical reaction. And then they go out and go back into the environment that they were in before

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00:49:42.960 --> 00:49:52.770

Bobby Mukkamala: And then use for the first time there is a very high morbidity and mortality associated with that for the exact reason that you talked about. So I mean as far as, are we ready for that.

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00:49:53.550 --> 00:50:01.920

Bobby Mukkamala: Yeah, I mean, in the same way that we are dealing with this now in our own emergency departments and in first responder but

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00:50:02.430 --> 00:50:13.230

Bobby Mukkamala: I think the goal should be not keeping them alive after that event. I mean, of course, that is the goal, but we should even start one step. Prior to that, which is to prepare them for

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00:50:13.770 --> 00:50:28.410

Bobby Mukkamala: reemerging whether it's reversing from incarceration or re emerging from home isolation from coven that we should be preventative in our approach to that problem and not just do a great job of saving their life with Narc and when the time comes.

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00:50:30.090 --> 00:50:36.360

Jose Esquibel: If I may, I think, you know, interested in social isolation. I think one of the things that concerns me quite a bit though is

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00:50:36.780 --> 00:50:42.360

Jose Esquibel: For these folks who have struggled with their jobs, the loss of jobs, the potential for loss of income and now potentially addiction.

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00:50:42.900 --> 00:50:55.530

Jose Esquibel: This kind of social stress in this regard concerns me greatly with folks who may have an addiction or particularly with prescribed drugs, etc, which could lead them to even further despair and that concerns me

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00:51:01.980 --> 00:51:12.270

Ann Loges: Thank you for your answers on Jose I'm going back to your math program for the rural areas was my understanding that

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00:51:13.110 --> 00:51:31.290

Ann Loges: You you started this push to the rural areas before Cove, it started. And so I was curious to know, because it was a real program. What kind of adjustments to make or notice along the way as they roll this out in in rural areas.

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00:51:32.970 --> 00:51:33.300

Jose Esquibel: Yeah.

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00:51:33.630 --> 00:51:36.420

Ann Loges: Major adjustments. Yeah, so

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00:51:36.570 --> 00:51:43.170

Jose Esquibel: It was really curious to because we have monitoring this in terms of the impact that so having this the pilot program ran from

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00:51:45.480 --> 00:51:54.660

Jose Esquibel: Fiscal Year 17 1818 and 19 and then those folks continued on, but the new people actually launched in January of 2020 so our new programs.

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00:51:55.440 --> 00:51:56.760

Courtney Ryan: Recently, so they weren't but two

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00:51:56.760 --> 00:52:01.560

Jose Esquibel: Months into their work when covert hit. So, in some respects, for them.

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00:52:02.340 --> 00:52:07.560

Jose Esquibel: Since really starting to do the the beginning to do their training, etc.

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00:52:07.980 --> 00:52:17.250

Jose Esquibel: The new sites only know what they know through Copa experience at this point. I think for them. It's going to be interesting if we can get a vaccine how that

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00:52:17.850 --> 00:52:27.090

Jose Esquibel: Changes to go back to the way things were. If they ever will. So for these sites. I think it's been a transition, even though it was challenging in some respects, as you saw with the barriers.

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00:52:27.990 --> 00:52:40.320

Jose Esquibel: I think they're they've done a good job of creating or integrating these new ways of doing business with the work of medication assisted treatment and they really don't know another way of doing it for the new sites anyway.

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00:52:46.050 --> 00:52:46.740

Ann Loges: You

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00:52:48.060 --> 00:52:49.620

Ann Loges: One other question, Jose.

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00:52:50.640 --> 00:52:52.050

Ann Loges: You mentioned that

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00:52:53.520 --> 00:53:03.720

Ann Loges: Your data is showing that regardless of coven you are still getting new patients referred to, you have those new patients is there.

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00:53:04.650 --> 00:53:15.810

Ann Loges: Are other newly identified vulnerable patient, I guess like is the makeup of those new patients may be different because of the situation we're in right now.

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00:53:16.290 --> 00:53:22.260

Jose Esquibel: That's a good question. I don't have the data on that and I think it is something intriguing for us to get a handle on because it

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00:53:22.920 --> 00:53:30.210

Jose Esquibel: was curious to me that folks, we're not overall noticing that the providers weren't noticing an overall decrease in the number of providers.

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00:53:30.540 --> 00:53:38.520

Jose Esquibel: Over an overall increase either that the numbers were being sustained we were seeing that in the Denver Metro area. We were losing some folks but people were still coming in.

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00:53:39.420 --> 00:53:48.840

Jose Esquibel: And so first of all, this tells me something about MIT, which we've known from the early years that we began to expand them at if you offer MIT, people are going to come and take it.

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00:53:49.200 --> 00:53:52.200

Jose Esquibel: They want this service take what they want some help.

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00:53:52.800 --> 00:54:01.080

Jose Esquibel: Which is why this has been important strategy for us. So there's been no doubt from that experience that people are seeking help. And if the help is available, they will find a way to access that help

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00:54:01.350 --> 00:54:07.410

Jose Esquibel: I think it's unfortunate for the folks that we didn't lose. I don't have enough information to say of the folks that we lost. How many of those folks maybe

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00:54:07.890 --> 00:54:22.890

Jose Esquibel: Are now folks that had overdosed. You know, potentially deeper into addiction, I don't have enough data to really give me a sense of that. And we probably won't know that for a while, based on our data collection processes were always behind. And in looking at our data.

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00:54:27.600 --> 00:54:28.290

Bobby Mukkamala: Courtney, I'll just

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00:54:30.390 --> 00:54:35.790

Bobby Mukkamala: Just share a quick story that was a reminded me of. So I got my we were training, which is

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00:54:36.360 --> 00:54:44.550

Bobby Mukkamala: highly unusual for an ocular oncologist and ear, nose and throat, Doc. It's not exactly what I do, but after that experience that I related to on the bus.

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00:54:45.000 --> 00:54:57.330

Bobby Mukkamala: I don't, a little deeper into it. And I thought, okay, well, you know, I'm giving talks like this, encouraging physicians to get their waiver training that I should probably do it. And so I went to, and I did it online.

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00:54:58.620 --> 00:55:07.680

Bobby Mukkamala: And, you know, an eight hour session and I got my waiver training. And what I realized there is that, again, I mentioned it in my talk, that this is something that

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00:55:08.400 --> 00:55:13.860

Bobby Mukkamala: There is, it's just a very nebulous area when we talk to physicians and primary care physicians about it.

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00:55:14.130 --> 00:55:22.890

Bobby Mukkamala: But until they sit down and do the eight hours of training and eliminate sort of the mystery about it at the end of the day it's pharmacology its biochemistry its physiology.

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00:55:23.310 --> 00:55:36.120

Bobby Mukkamala: That the mystery needs to go away. So that then we have more people able to provide it. And I posted. You know I on Facebook, sort of my observations about this waiver training into Jose's point

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00:55:36.930 --> 00:55:41.280

Bobby Mukkamala: People came people reached out to me on social media, because we had such a paucity of

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00:55:41.790 --> 00:55:47.250

Bobby Mukkamala: Providers in our area that we're waiver trained that they were trying to find me on social media to get plugged in.

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00:55:47.790 --> 00:55:59.730

Bobby Mukkamala: To get this treatment. And if this is my little sphere of the universe. Here I'm sure it's across all 50 states. And so we definitely need more people to to pursue that training.

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00:56:01.290 --> 00:56:07.020

Jose Esquibel: Unfortunately, because we're working on funds allocated from the state.

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00:56:08.160 --> 00:56:09.060

Jose Esquibel: General Assembly.

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00:56:10.290 --> 00:56:16.740

Jose Esquibel: We fortunate these folks had the resources to maintain their practices, even though they were seeing some of these changes, etc.

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00:56:17.280 --> 00:56:24.060

Jose Esquibel: The goal, though, is to eventually have these practices be self sustaining through getting the reward reimbursement for the services.

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00:56:24.420 --> 00:56:31.170

Jose Esquibel: So it will be curious to see that when this particular project comes to an end of funding next June.

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00:56:31.800 --> 00:56:45.240

Jose Esquibel: How well people able to maintain this practice if covidien is still an issue for us. What impact would that potentially have without having these additional dollars available to help support these clinics to maintain the services. So that's yet to be seen.

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00:56:54.240 --> 00:57:03.210

Courtney Ryan: Great discussion. I don't see the Curie, and I don't see any other questions in chat at this time, but just great questions and great discussion. Thank you both.

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00:57:04.860 --> 00:57:12.360

Jose Esquibel: You bet. And thank you all. Those of you that are doing any kind of service like this to help folks with with an opioid use disorder. Thank you very much.

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00:57:12.690 --> 00:57:17.400

Jose Esquibel: This is life saving work. And then the next trick, then, is to help these folks with their recovery.

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00:57:18.120 --> 00:57:27.090

Jose Esquibel: Helping them in our state. Anyway, looking at ways we can make sure that these folks are in stable housing employed and continue to work on the recovery and have that recovery support.

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00:57:27.630 --> 00:57:33.870

Jose Esquibel: Those are important parts of this work as well as maintaining themselves on that MIT for the period that they need to

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00:57:35.340 --> 00:57:38.970

Jose Esquibel: Break. There are you get your life back in orders. Thank you for the work you do.

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00:57:41.790 --> 00:57:43.170

Bobby Mukkamala: Absolutely. Thank you very much.

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00:57:46.770 --> 00:58:01.650

Vicky Kolar: Thank you. Thank you for the terrific work and thank you for speaking with us today and answer any questions. It's been a great lot of great information just to do a little bit of wrap up here. And if you could go to the next slide.

349

00:58:03.870 --> 00:58:06.600

Vicky Kolar: To help prevent prescription drug overdoses.

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00:58:08.430 --> 00:58:14.370

Vicky Kolar: Partners and participants can advance the find promising strategies. Test your health and well being of their residents.

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00:58:15.150 --> 00:58:24.270

Vicky Kolar: And that would be to consider ways to increase it maximize the use of the prescription drug monitoring program or the state run tracking database.

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00:58:25.170 --> 00:58:31.320

Vicky Kolar: increase access to substance abuse treatment services including medication assisted treatment for opiate addiction.

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00:58:31.800 --> 00:58:46.770

Vicky Kolar: identify opportunities to expand first responder access to lock them and other drug use to reverse overdoses and promote and support the use of the CDC can't CDC guidelines for prescribing opioids for chronic pain. Next slide please.

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00:58:51.540 --> 00:58:52.230

Thank you.

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00:58:54.510 --> 00:59:02.070

Vicky Kolar: Thank you everyone for joining us today. We appreciate you and we're excited to have the option to provide these free events to you and your partner.

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00:59:02.460 --> 00:59:14.310

Vicky Kolar: Upcoming events or include a learning session on understand medication and mobility on Wednesday, September 2 and preventing false by D prescribing opiates of September 3

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00:59:14.940 --> 00:59:23.910

Vicky Kolar: We design our events with topic priorities in mind, let us know through our event evaluation today if there are any topics you would like to see in the future.

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00:59:24.930 --> 00:59:25.560

Vicky Kolar: Looks fine.

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00:59:29.880 --> 00:59:39.990

Vicky Kolar: some positive things to enter this end this presentation on a positive note, oh three prescribing decreases are in recognized for the six year in a row between

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00:59:43.260 --> 01:00:01.980

Vicky Kolar: Prescription Drug mining program registrations and us continue to increase more physicians are certified to treat opioid use disorder and access to lots of increasing has been increasing with more than 1 million locks on prescriptions dispensing 2008

361

01:00:03.210 --> 01:00:08.610

Vicky Kolar: TV is here to help and support your work. Please complete the evaluation at the link provided above

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01:00:09.060 --> 01:00:14.850

Vicky Kolar: So we can continue to support you if you've joined us today, but have not yet joined intelligence. We ask that you

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01:00:15.600 --> 01:00:26.640

Vicky Kolar: We are asking that you join intelligent. Q I connect across rate exclusive Regional Health Care Quality improvement collaborative built to help you improve your care and achieve success if you

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01:00:28.140 --> 01:00:35.760

Vicky Kolar: If you need additional assistance in joining please email us thank you everyone for your participation. This afternoon, and have a great afternoon.

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01:00:41.610 --> 01:00:42.150

Bobby Mukkamala: Thanks, everybody.