Designing Multisector Approaches to Addressing the Opioid Epidemic

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The Opioid Epidemic & Leveraging Community Partners
Learning Objectives

- Discuss strategies and actions state and territorial leaders can take to encourage statewide stakeholders to engage in the fight to reduce the opioid problem
- Develop and use a driver diagram as a roadmap for change
Surgeon General’s Report on Alcohol, Drugs, and Health - 2016

- 10% of those addicted get treatment
- 1 person dies every 19 minutes from opioid or heroin overdose
- The economic impact of drug and alcohol misuse and addiction is $442 Billion/year (Diabetes is $245 Billion)
- Every $1 invested in viable treatment options for substance abuse disorders saves $4 in healthcare costs and $7 in criminal justice costs
Opioid Crisis Costs Exceed $95 Billion Per Year

Chief Health Strategist

What is it?

What is expected in this role?

Articulating a clear message – Briefing Sheet

Building the coalition

Developing willingness to tackle the issue

Leading and facilitating the coalition
Diabetes Briefing Sheet

Date:

Current Health Status

Diabetes is common, serious, and costly. Approximately 622,600 adults aged 20 years and older - 1 in 7 - have diabetes. In addition, an estimated 2 million adults - 1 in 3 - have prediabetes, of which 15-30% will develop Type 2 diabetes within 5 years. It is the leading cause of hospitalizations in our state, and the 7th leading cause of death. Diagnosed diabetes costs an estimated $5 billion each year in Washington State. Individual medical cost of diabetes is approximately $14 thousand per year - twice that of people without diabetes.

Health Equity Concerns

Racial and ethnic minorities are more likely to develop diabetes. Native Hawaiian/Other Pacific Islanders (20%), Hispanics (14%), blacks (12%), and American Indians/Alaska Natives (11%), experience higher prevalence of diagnosed diabetes than non-Hispanic whites (7%). Adults in Washington State with incomes less than $25,000 were twice as likely to have diagnosed diabetes as those with incomes of $75,000 or more. Those with a high school education or less (11%) were almost twice as likely to have diagnosed diabetes as those with a college degree or more (6%).

Emerging Issues

Diabetes education, while available as a benefit through most forms of health insurance, is underutilized. Evidence in both clinical trials and translational studies finds that onset of Type 2 diabetes can be prevented or delayed with lifestyle-change support by trained coaches and peer groups over the course of one year. However these programs are often not covered by insurance. New interventions such as group self-management support or engagement of community health workers are either not covered by health insurance or not paid for equally.

The effect of high consumption of sugary beverages on obesity and diabetes has become an issue of concern to many health professionals, consumer advocates and policy-decision makers. It is likely that it will continue to be a high-profile conversation at the local, state and national level.

Current Work and Initiatives

The Diabetes Network and its Leadership Team, comprised of organizations from public, private, community, tribal and academic/training sectors, partner to provide leadership that support the state’s overall priorities.

Department of Health (DOH) works closely with the Department of Social and Health Services (DSHS), Health Care Authority (HCA), and the Office of the Superintendent of Public Instruction (OSPI) around diabetes management and prevention. Programs include the Community Health Worker Training Program and related programs in the Office of Healthy communities.

Data/Measures

<table>
<thead>
<tr>
<th>General adult population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prediabetes - Age adjusted percent of adults who have ever been told by a doctor they have prediabetes</td>
</tr>
<tr>
<td>WA State</td>
</tr>
<tr>
<td>8.2 (7.5-8.9)</td>
</tr>
</tbody>
</table>

| Diabetes - Age adjusted percent of adults who have ever been told by a doctor they had diabetes |
| WA State | US | Data year |
| 8.3 (7.7-9.0) | 9.7 | 2014 |

<table>
<thead>
<tr>
<th>Medicaid-population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes: Percent of members diagnosed with diabetes- Medicaid</td>
</tr>
<tr>
<td>WA State</td>
</tr>
<tr>
<td>4%</td>
</tr>
</tbody>
</table>

| Diabetes: Blood Sugar (HbA1c) Testing- Medicaid |
| WA State | County range | Data year |
| 87% | 67%-93% | 2015 |

| Diabetes: Eye Exam- Medicaid |
| WA State | County range | Data year |
| 35% | 8%-58% | 2015 |

| Diabetes: Kidney Disease Screening- Medicaid |
| WA State | County range | Data year |
| 92% | 86%-100% | 2015 |

Source: Data were compiled from the Behavioral Risk Factor Surveillance System and the Health Care Authority (Medicaid data).
Problem Description:

- **Low Willingness**
  - **Low Hanging Fruit**
  - Been Done Before and Did Not Make a Difference

- **Medium Willingness**
  - Quick Win and Improved Performance

- **High Willingness**
  - Problem Not In My Control
  - Community Coalition
  - Internal Team
  - Problem In My Control
  - I Can Do It With Help

- **Solvable**

- **Difficult**

- **Broken**
Discussion 1

What are the driving and restraining forces for State and Territorial Leaders to developing and engaging an action-oriented coalition of statewide stakeholders to combat the opioid problem?
Driving Forces

Restraining Forces

Current State:

Future State: Action-Oriented State Coalition Combating the Opioid Problem
Discussion 1

What are the driving and restraining forces for State and Territorial Leaders to developing and engaging an action-oriented coalition of statewide stakeholders to combat the opioid problem?
Overview
Driver Diagrams Developed

- Antibiotic Stewardship
- Diabetes
- Enhancing Physical Activity
- HIV/AIDS
- Neonatal Absence Syndrome
- Vector Control
- Zika
- Drinking Water Quality
- Weight Management
- Behavioral Health
What Is A Population Health Driver Diagram?

- A population health driver diagram is used to identify primary and secondary drivers of a community health improvement objective.

- Serves as a framework for determining and aligning actions that can be taken across multiple disciplines for achieving the objective.

- Relies on public health, healthcare, and other sectors to work collaboratively rather than competitively.

- Grounded in the belief that public health and healthcare are more effective when they combine their efforts to address a health issue than when they work separately.
  - Population health driver diagrams can be used to tackle challenges at the crossroads of multiple sectors.
  - Helps reduce the “silo effect”
What Is A Population Health Driver Diagram?

- A tool to show a potential change process across many sectors of a community

- Shows the relationship between the AIM, goals to be achieved, the primary drivers that contribute directly to achieving desired change, and the secondary drivers that are necessary to achieve the primary drivers

- A guide for the state or community health improvement team to the appropriate actions to take to achieve their AIM

- Helps the team to have a shared view of the theory of change in a system
What Is A Population Health Driver Diagram?

- A population health driver diagram represents the team members’ thinking on theories of “cause and effect” in the system – what changes will likely cause the desired effects.

- It sets the stage for defining the “how” elements of a project – the specific changes or interventions that will lead to the optimum desired outcome.

- It helps in defining which aspects of the system should be measured and monitored, to see if the changes/interventions are effective, and if the underlying causal theories are correct.
Aim and Drivers for Improvement—template

Aim

50,000 Foot View

Goals

30,000 Foot View

Primary Drivers

20,000 Foot View

Secondary Drivers
IF IT WAS EASY, WE'D BE DONE BY NOW
Process to Develop and Implement a Population Health Driver Diagram

“Start Small, Think Big, and Scale Fast”

✓ Come up with the right:
  ✓ metrics to be used
  ✓ baseline
  ✓ improvement goals
  ✓ timeline

✓ Then think forward about the mid- to long-term of what you want to fundamentally change and where you want to get to

✓ Once you’ve got clear objectives, strategy-led initiatives can develop and progress quickly.
In 2015 the TDH contracted with the University of Tennessee, Department of Public Health, to conduct a community-participatory process to contribute to a statewide health improvement plan.

The priority health issue selected was Neonatal Abstinence Syndrome (NAS) in East Tennessee.

Goal was to identify leading perinatal health challenges and potential solutions, within a six month timeframe.

Those involved in the process were:

- University of Tennessee
- Knox County Health Department (KCHD)
- East Tennessee Regional Health Office (ETRHO)
- Members of the East Tennessee Regional Health Council and the Knox County Community Health Council

Draft driver diagram was developed by the University and KCHD.

Stakeholders meeting held with 70 participants to finalize the driver diagram.

Article published in the JPHMP in 2017, “A Population Health Driver Diagram to Address Neonatal Abstinence Syndrome”
TITLE: Perinatal Health System with a focus on Neonatal Abstinence Syndrome Driver Diagram

December, 2015

AIM STATEMENT
Improve the perinatal health system with a focus on Neonatal Abstinence Syndrome (NAS) in East Tennessee

Goals
- Maximize preconception health
- Improve early entry into prenatal care
- Improve the early identification of those at risk for NAS
- Decrease NAS births
- Decrease the prevalence of unintended pregnancy

PRIMARY DRIVERS

Utilization of Care

SECONDARY DRIVERS

- Improve access to and quality of prenatal care and comprehensive care services for pregnant women
- Improve availability of preconception health
- Improve access to mental health and gender-specific substance abuse services
- Improve linkages and reduce barriers between providers of mental health and substance abuse services
- Identify and reduce barriers to obtaining services and coordination of services

- Improve communications, understanding, and awareness of NAS between health care, law enforcement, the judicial system, and school systems
- Increase the number and reach of coordinators of care
- Improved understanding of primary, secondary, and tertiary prevention
- Enhance the integration of medical care, addiction services, and behavioral health
- Increase knowledge of addiction (in general) and NAS (in particular) across health disciplines, policymakers, and the general public
- Identify and remove barriers that prohibit or limit integration of services

- Reduce stigma to accessing mental health and substance abuse services
- Increase awareness of NAS and accountability among healthcare providers (including MAT, prenatal, and recovery)
- Reduce adverse childhood experiences (ACEs)
- Decrease the isolation of communities — transportation/lack of local services, etc.
- Provide education on healthy relationships
- Provide comprehensive preconception education in the K-12 system

Integration of Services

Healthy Behaviors and Supporting Environments
Discussion 2: Driver Diagram Overview

- Driver diagrams can be used to plan improvement project activities. They provide a way of systematically laying out aspects of an improvement project so they can be discussed and agreed on.

- A driver diagram organizes information on proposed activities so the relationships between the AIM of the improvement project and the changes to be tested and implemented are made clear.

- A driver diagram has three columns - Outcome, Primary Drivers and Secondary Drivers.
AIM STATEMENT
Encourage statewide stakeholders to engage in an action-oriented coalition to reduce the opioid problem

Goals

PRIMARY DRIVERS

SECONDARY DRIVERS
Population Health Driver Diagram for Combating the Opioid and Heroin Crises

AIM STATEMENT
Utilize Community Coalitions to Combat the Opioid and Heroin Crises

Goals
- Improve prescribing practices
- Prevent overdoses
- Adequately and safely treat pain
- Reduce accidental overdoses
- Decrease use of Opioids and addiction
- Increase community engagement
- Decrease infectious disease
- Improved rehabilitation
- Reduce deaths from overdose

PRIMARY DRIVERS

- Education for knowledge and awareness on appropriate use of pain medications
- Use of Data
  - Appropriate use of prescribed opioids
- Overdoses and Access to drugs

SECONDARY DRIVERS

- Community, schools, provider, first responders, NGO’s, faith based organizations, etc. education
- Educate user on tapering of use
- Use Train the Trainer approach
- Education on resource availability
- More drug courts
- Monitoring and surveillance
- Registries
- Rx drug monitoring -
  - Mapping pain/overdose deaths
  - Illegal drug usage
  - Access to Appropriate treatment and treatment options
  - Drug “Take Back” Programs – understand legal issues
  - Partner with law enforcement
  - Ensure re-imbursement of non-Rx pain treatments
  - Improve policy and legislation
  - Rx protocols
  - Medication management
  - Wide spread distribution of Narcam to first responders
  - Reduce illegal availability of drugs
  - Improved treatment and counseling
  - Destigmatize addiction
  - Improve mental health care
Summary

- Remember Driver Diagrams are “living” documents.
- They can and should be modified as you test your theories of improvement and learn what drivers and interventions are important for achieving your desired results.
- As a Population Health Driver Diagram evolves, it helps to capture the learning that the participants have uncovered about the initiative.
Summary

- Population health improvement projects can lose momentum or derail because transformation at the state or community levels requires navigating often difficult economic, social, cultural, and political terrain.

- Population Health Driver Diagrams help overcome these hurdles to progress that can be entrenched or unpredictable in any project since we can test and retest theories of improvement.

- Population Health Driver Diagrams provide all stakeholders the opportunity to be involved, have their ideas of change considered, and these ideas possibly tested to determine the impact to the issue.
Resources For Multisector Approaches


- *The Transformative Community Coalition Health Leader: The Catalyst for Comprehensive Improvement of Community Health*, J. Moran; Taylor and Francis, Release Date: March 2018
Want to Continue the Conversations?......

➢ Jack Moran, jmoran@phf.org, 202-218-4423

➢ Ron Bialek, rbialek@phf.org, 202-218-4420
Additional Driver Diagrams
Public Health’s Role in Antibiotic Stewardship

Driver Diagram

**AIM**

Promote Optimal Antibiotic Use

**Goals**
- Preserve antibiotics for the future
- Decrease demand by the public for inappropriate use
- Reduce the spread of antibiotic resistance
- Decrease adverse events associated with inappropriate antibiotic use
- Decrease costs associated with antibiotic use

**PRIMARY DRIVERS**

- Appropriate Use of Antibiotics
- Data Monitoring, Transparency, and Stewardship Infrastructure
- Knowledge, Awareness, and Perception of the Importance of Appropriate Antibiotic Use

**SECONDARY DRIVERS**

- Partnerships, Communication, Reimbursement, & Stewardship
  - Provide information on which antibiotics are most effective within your community at a certain point in time
  - Provide information on which diseases are prevalent within a community at a point in time
  - Develop policies that create incentives for appropriate antibiotic use
  - Develop appropriate policies for daycare, work, and school on appropriate attendance during illness (staying away and going back)

- Surveillance, Analysis, Feedback, Triage, & Leveraging Resources
  - Leverage existing infrastructure to promote better antibiotic use
  - Use local resistance data to inform antibiotic choice
  - Explore ways to gather use and prescribing data

- Share Evidence Broadly, Provide Education, Create Urgency, & Empower Alternative Action
  - Develop intervention plans for segmented target audiences (consumers, providers, insurers, policy makers, etc.)
  - Change attitudes and perceptions about what constitutes appropriate antibiotic use
  - Educate health departments and public health professionals
  - Incorporate antibiotic usage into community assessment and improvement plans

Policy, Communication, Education, Incentives, Partnerships, and Facilitation

This model was developed collaboratively by public health professionals with expertise in antimicrobial resistance and quality improvement. This work was funded through a collaborative agreement between the Public Health Foundation and the U.S. Centers for Disease Control and Prevention.

March 2013 | Version 1.1
AIM
Increase the proportion of children, adolescents, and adults who use oral health care, education, prevention, and treatment.

Goals
- Increase affordability of oral health care for consumers
- Increase availability and use of oral health care based on evidence and disease management
- Prevent diseases of the mouth
- Achieve oral health equity

PRIMARY DRIVERS

- Education about Importance and Urgency
- Broad Access to Preventive Care and Treatment
- Infrastructure and Capacity
- Data Monitoring and Risk Assessment

SECONDARY DRIVERS

- Patient, Population, Provider Knowledge
  - Increase knowledge of comorbidities
  - Outreach to high-risk and underserved groups
  - Educate about available insurance coverage for oral health care
  - Educate dental and non-dental health professionals about oral health as a population health issue
  - Engage families and caregivers regarding importance of oral health
- Diverse Care Settings, Affordability
  - Provide oral health care in non-traditional settings
  - Expand use of and insurance coverage for services provided by dental hygienists and other non-DDS/DMD providers, especially for school-based dental sealants
  - Increase diversity of professionals providing oral health care
  - Increase and strengthen publicly funded dental coverage
  - Increase proportion of primary care and public health settings that include an integrated oral health program
- Professional Education, Partnerships, Planning
  - Align provider incentives to use the prevention and disease management model
  - Educate dental students in clinic settings with allied-health professionals
  - Educate primary care providers and team members to provide basic oral health risk assessments, prevention, and education
  - Increase stakeholder engagement and skill building to ensure capacity and improve oral health outcomes
  - Require all dental professional education programs to include community service and social responsibility curricula
- Surveillance, Analysis, Feedback
  - Identify high-risk populations with comorbidities
  - Identify risk and protective factors at the individual, family, school, and community levels
  - Identify policies that affect oral health
  - Track community oral health status
AIM STATEMENT
To decrease the presence of vectors and prevent vector borne disease transmission in a community

Goals
- Increase efficiency and effectiveness of vector control program services
- Build vector control program infrastructure and capacity
- Reduce environmental factors that lead to vector borne disease
- Improve preparedness for responding to vector borne disease outbreaks

PRIMARY DRIVERS
- Assessment of vectors and vector borne disease
- Policy to control vectors and prevent vector borne disease
- Assurance of effective vector control services
- Control of vectors and vector borne disease

SECONDARY DRIVERS
- Assessment Activities
  - Examine the environment to identify vector presence
  - Investigate vector patterns and/or outbreaks
  - Conduct community assessments to identify vector related issues
  - Monitor vector population and vector borne disease
  - Support a surveillance system for vectors and vector borne disease
- Policy Activities
  - Educate the public about reducing risk of vector borne disease
  - Develop effective messaging and communication strategies
  - Promote vector control policy
  - Build partnerships between government agencies and the private sector to work together on vector control education and policy
- Assurance Activities
  - Enact vector control laws and regulations
  - Provide a referral mechanism to link community members to vector control services
  - Establish vector population threshold levels
  - Employ a sufficient and trained vector control workforce
  - Measure and evaluate vector control strategies
- Control Strategies
  - Eliminate pest access to food, water, and shelter
  - Alter/eliminate environments conducive to pest populations
  - Implement physical and cultural control strategies with judicious use of pesticides, insecticides, larvicides, and rodenticides if necessary
  - Research to improve vector control services and conditions (e.g., timing treatments to the best advantage, studying pesticide efficacy)