

# Opioid Use Disorder in Arizona

## The Case for a Statewide Clinician Survey

In 2016, according to the Arizona Department of Health Services (ADHS), “more than two Arizonans died each day due to opioid-related causes, with a tripling in the number of deaths due to heroin since 2012.<sup>1</sup>” In June of 2017, Governor Ducey issued a public health emergency declaration calling for a statewide effort to reduce opioid deaths in Arizona. In response to the Governor’s declaration, ADHS implemented a statewide stakeholder process to develop the Opioid Action Plan (OAP). The OAP outlines five goals to address the state’s opioid epidemic: (1) increase patient and public awareness and prevent opioid use disorder; (2) improve prescribing and dispensing practices; (3) reduce illicit acquisition and diversion of opioids; (4) improve access to treatment; and (5) reduce opioid deaths.

### Where are we with the “epidemic”?

A recent [article](#) published in the Journal of the American Medical Association (JAMA) suggests that the United States is far from curbing the trend of opioid misuse, overdose and death from opioid overdose. According to the study, “under current conditions, the opioid overdose crisis is expected to worsen— with the annual number of opioid overdose deaths projected to reach nearly 82 000 by 2025, resulting in approximately 700 000 deaths from 2016 to 2025.<sup>2</sup>” The report goes on state that “prevention of prescription opioid misuse alone is projected to have a modest effect on lowering opioid overdose deaths in the near future, and a multipronged approach is needed to dramatically change the course of the epidemic.<sup>2</sup>”

### Arizona Opioid Dashboard



Figure 1

### What is Arizona’s capacity to provide treatment for opioid and other substance use disorders?

According to a survey recently conducted by ADHS ([treatment capacity survey](#)<sup>3</sup>) to identify gaps in care and unmet substance use disorder treatment (SUDT) needs in the state, Arizona is still experiencing a severe shortage of providers. Key findings from the report include:

- Only 50% of respondents accept AHCCCS, 29% accept Medicare, and 29% accept Tri-Care or other military insurance as payment.
- Less than 50% of facilities accept referrals from corrections and only 21% accept referrals from juvenile/adolescent probation.

<sup>1</sup> Arizona Department of Health Services, 2017

<sup>2</sup> JAMA Network Open. 2019;2(2):e187621. doi:10.1001/jamanetworkopen.2018.7621

<sup>3</sup> Arizona Department of Health Services, 2019.

- In the three months prior to the survey, 3,148 people presented for care, but were unable to receive services. Most of these individuals (68%) were seeking services in Tucson.
- Forty percent (40%) of respondents offered any type of medication assisted treatment (MAT) with Suboxone the most commonly offered (53%).

As stated in the report, there are limitations to the data:

- The response rate was only 31%
- Only facilities licensed by ADHS were included in the survey. This means that office-based opioid treatment (OBOT) providers are not included in the survey.

### What more can we do to prevent opioid related overdose and death in Arizona?

To slow, and eventually end overdoses and overdose deaths, Arizona must have a broad network of clinicians across the state who can (and will) treat people suffering from opioid use disorder. However, one of the main tools to strengthen statewide resources for treatment and recovery of opioid use disorder (OUD), the DATA 2000 Waiver (waiver) has not been widely embraced by our clinicians. To increase access to care we must understand why clinicians are not obtaining their waiver. To support the state’s efforts Health Management Associates, Inc. (HMA), submitted a proposal to Blue Cross Blue Shield of Arizona’s MobilizeAZ grant program to conduct a statewide service gap/needs analysis of the availability of medication assisted treatment (MAT) providers that use buprenorphine to treat OUD.

**\$100 INCENTIVE**

HMA is offering **ten (10) \$100** gift cards as incentives to clinicians who complete the survey. Each provider completing the survey can elect to enter a drawing to win one of the gift cards.

### Part I – The Statewide Survey

On **April 8th** HMA will deploy an electronic survey to licensed physicians, nurse practitioners and physician assistants to gather baseline data. The survey questions were created based on a comprehensive literature review to identify validated survey questions and have been tested with clinicians from various organizations. The survey will seek to understand:

For clinicians who **do not have** the DATA 2000 waiver:

- Identify their understanding of the waiver process
- Identify barriers to obtaining the waiver
- Understand their knowledge of MAT services
- Identify barriers for becoming a MAT provider

For clinicians **who have** the DATA 2000 waiver:

- Identify their waiver capacity
- Identify their current patient load
- Identify reasons and/or barriers to increasing the number of patients treated

### Part II – Clinician Focus Groups

Following an analysis of the survey results, HMA will conduct a series of focus groups with clinicians across the state to delve deeper into the issues identified through the survey. We will conduct at least five (5) clinician focus groups in communities identified by ADHS as opioid overdose hot spots to gather qualitative information that will give the state, health systems, health insurers and others actionable information about ways to increase the number of clinicians able to treat OUD with buprenorphine.

### Report & Dashboard

HMA will create an interactive map of Arizona on the Tableau platform, which will detail the survey responses and issue a report detailing the survey findings, focus group findings and recommendations to increase and strengthen access to treatment across the state.