

Veronica Velasquez-Morfin, MD, Medical Director, vvelmor@edchc.org
 El Dorado Community Health Centers, Placerville, www.edchc.org



Project Description

How El Dorado Community Health Center (EDCHC), the safety net in a rural community can lead the way in tackling the Opioid Crisis in El Dorado County.

Problem Statement:

Primary care providers often lack the training and support to provide evidenced-based treatment to patients with chronic pain, opioid dependence and addiction. This conundrum frequently leads to mutual frustration and suboptimal care.

Discovery:

- High number of opioid prescriptions in El Dorado County (EDC) has contributed to the opioid crisis locally.
- Inconsistency in opioid prescribing by providers exacerbates the crisis.
- Contentious conversations around high risk medication use contribute to provider and patient dissatisfaction.
- Former and current injection drug users confirmed poor access to sterile syringes locally and poor transportation to existing Syringe Services Program (SSP) in neighboring counties.
- Public discussion of needed harm reduction services (i.e., SSP) evoked strong stigma towards injection drug users.

Timeline on Action Taken:

- **January 2016** - Implementation of the first team based Medication Assisted Treatment (MAT) program in EDC.
- **January 2017** - Accessed ECHO programs for education and training on management of opioid use disorders and chronic pain.
- **March 2017** - Letter sent to patients informing them of EDCHC's adoption of CDC guidelines for safe prescribing.
- **August 2017** - Implemented ED bridge program between Marshall Hospital and EDCHC MAT program.
- Ongoing outreach and mentoring to community providers with goal of increasing MAT provider capacity countywide.
- **Spring 2018** - Formed EDC Opioid Coalition.

Goal:

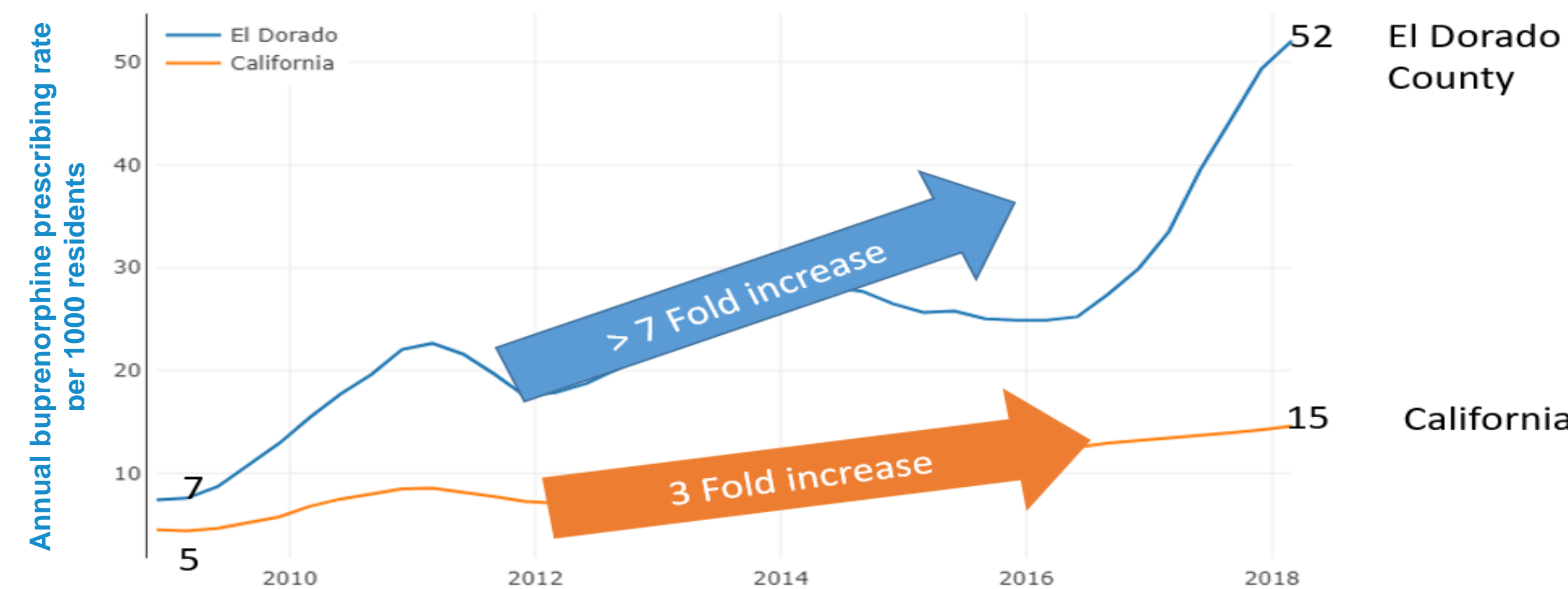
Increase county wide MAT capacity, promote safer prescribing practices, and implement harm reduction services to decrease overdose death in EDC.

Outcome-oriented Objective:

- Increase opioid use disorder treatment (MAT) access points.
- Decrease number of opioid prescriptions and dosages by 25%.
- Implement Harm Reduction/Syringe Services Program to engage hard to reach population into treatment.

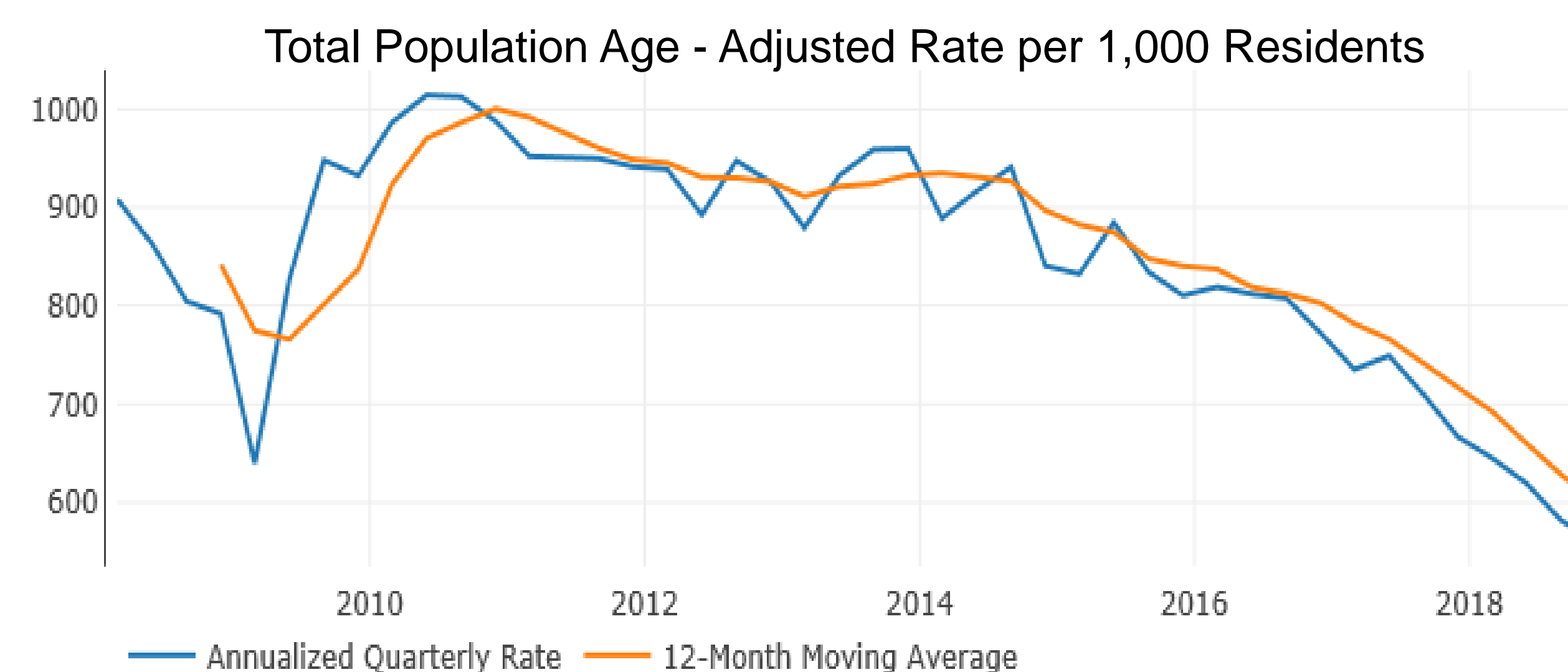
Results

Buprenorphine prescriptions 2008-2018 used to gauge expansion of MAT
El Dorado County – 89% increase since 2015



<https://discovery.cdph.ca.gov/CDIC/ODdash/>

Opioid Prescriptions in El Dorado County



Lessons Learned

- Dedicating sufficient time for discussion of challenging, opioid using patients created the urgency needed to change clinical management practices and obtain needed educational/training resources.
- On site mentoring and support for new MAT providers is a crucial ingredient for success.
- Implementing a controversial community resource, like a SSP requires patience, thoughtful strategic planning and political will among decision makers in the community.
- Formation of EDC Opioid Coalition in 2018 identified key passionate allies to work on obtaining community buy-in for SSP in a rural conservative county.

Next Steps:

- Have planned educational/ Q&A presentations on SSP to key community stakeholders in Fall 2019 to garner community support prior to submission of SSP certification application.
- EDC Opioid Coalition workgroup researching and applying for funding sources for SSP.
- Expect to operate first SSP in EDC by January 2020.
- Will continue work on safe prescribing and evidenced based treatment of opioid use disorder via provider led steering committee.

Mission Model Canvas

Key Partners <ul style="list-style-type: none"> • Access El Dorado (ACCEL) • EDC Opioid Coalition • El Dorado Community Health Centers • Marshall Medical Center • Barton Health • EDC Public Health • CDPH, Office of AIDS 	Key Activities <ul style="list-style-type: none"> • Community Education • Presentation to community groups • Complete SEP application for certification • Apply for funding 	Value Propositions <ul style="list-style-type: none"> • Engage PWID into treatment • Decrease infectious disease transmission • Decrease health care costs • Decrease syringe litter in public places • Improve safety for emergency responders, public parks clean up crew and general public 	Buy-in & Support <ul style="list-style-type: none"> • Concerned community members • Law enforcement • EDC Public Health • County Board of Supervisors 	Beneficiaries <ul style="list-style-type: none"> • People Who Inject Drugs • Taxpayers • Community as a whole
Key Resources <ul style="list-style-type: none"> • Ryan White Funds • CA funds-Harm Reduction Care Navigators • CA Harm Reduction Coalition TA 		Deployment <ul style="list-style-type: none"> • Mobile Van • Clinic(s) • Marshall ED • Harm Reduction Navigator • Word of mouth 		
Mission Budget/Cost <ul style="list-style-type: none"> • Vehicle maintenance/gas/driver - \$10K per year • Staff cost – partially funded, \$15K per year • Harm reduction supplies - \$0 • Indirect costs - \$5K per year 			Mission Achievement/Impact Factors <ul style="list-style-type: none"> • Reducing 1 hepatitis C transmission saves roughly \$80,000 • Reducing 3 hepatitis C transmissions in one year provides \$240,000 cost reduction • If operating program costs \$30,000/year, the project provides ROI of 700% • Minimal investment with great impact 	