

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

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

**IN THIS ISSUE: TRAINING UPDATES, RESPONSIBLE OPIOID
PRESCRIBING POLICY, AND EXPANDING ACCESS TO NALOXONE AND
MEDICATION ASSISTED TREATMENT (MAT)**



[Prescriber Refresher
Training Released](#)



[Chronic Non-Cancer
Pain Policy Update](#)



[Naloxone Toolkit](#)



[MAT waiver available for NPs & PAs](#)

IHS Releases REQUIRED Opioid Prescriber Refresher Training: Are YOU due?

IHS [policy](#) requires all Federally operated IHS physicians and Federal controlled substance prescribers, clinical residents, trainees, and contractors or locums tenens spending greater than 50% of their clinical time under contract with the Federal government to complete an initial training on safe opioid prescribing and a refresher training every 3 years following completion of the initial training. The first group of prescribers will be **due for refresher training in February 2018**. The course takes approximately 90 minutes to complete and is available on-demand with Continuing Medical Education Credits.

- ◆ Renewing IHS prescribers can access the [refresher](#) course
- ◆ New IHS prescribers can access the [initial](#) five-hour training on-demand
- ◆ Certificates of completion should be provided to your Clinical Director



IHS HOPE Committee Goals:

“To promote appropriate and effective pain management, to reduce overdose deaths from heroin and prescription opioid misuse, and to improve access to culturally appropriate treatment.”

Chronic Non-Cancer Pain Best Practices



The IHS will soon be releasing an update to the Indian Health Manual [Chapter 30 Policy](#) on Chronic Non-Cancer Pain. The policy will serve to align IHS requirements with the CDC Chronic Pain Guideline released in March 2016. Key policy statements will include requirements to establish local pain protocol and procedures, avoidance of opioids as first line therapy for chronic pain, emphasis on effective opioid dosing to “start low and go slow”, establishment of individualized treatment plans, the importance of using effective monitoring strategies and routine patient re-evaluation, co-prescribing of naloxone, and the importance of documentation to support the treatment plan. It is crucial that prescribers, clinicians, and administrators review these Agency policy requirements to ensure alignment of local practices.



NALOXONE Saves Lives!

Check out the
recent [website](#)
update
regarding
[Medication](#)
[Assisted](#)
[Treatment](#)

The IHS recognizes the role of early access to naloxone to reduce opioid overdose morbidity and mortality. Our IHS sites are working to expand access to the opioid overdose reversal agent through both first-responder training programs and [naloxone co-prescribing](#) to high-risk patients. Pharmacists practicing within IHS are trained and able to assist with creating community naloxone deployment strategies. The HOPE Committee has created a robust toolkit that includes sample protocols, sample competency forms, patient and provider training curriculums, and two videos to support expanded naloxone access in our communities. All materials are available for download and customization on the [HOPE Committee website](#).

Waiver Now Available for Nurse Practitioners & Physician Assistants

The Comprehensive Addiction Recovery Act of 2016 expanded the ability to obtain DATA Waiver registration to Nurse Practitioners and Physician Assistants. To meet DEA requirements to prescribe buprenorphine, interested prescribers should complete the required 24 hour training program, located [here](#). Prescribers should also follow state licensing authority surrounding scope of practice requirements as well as local clinical privileging policies for this expanded practice authority. More information regarding Medication Assisted Treatment (MAT) can be found on the [HOPE Committee Website](#).

