

Building the Bridge

Developing a Community-Responsive
Implementation Model for
Substance Use Disorder Treatment
in Arizona's Critical Access Hospitals

Phil Summers MD MPH

Bryna Koch DrPH

Todd Vanderah PhD



Supported in part by the NIH-funded Southwest Center for
Clinical and Translational Innovation (UM1 TR005466).

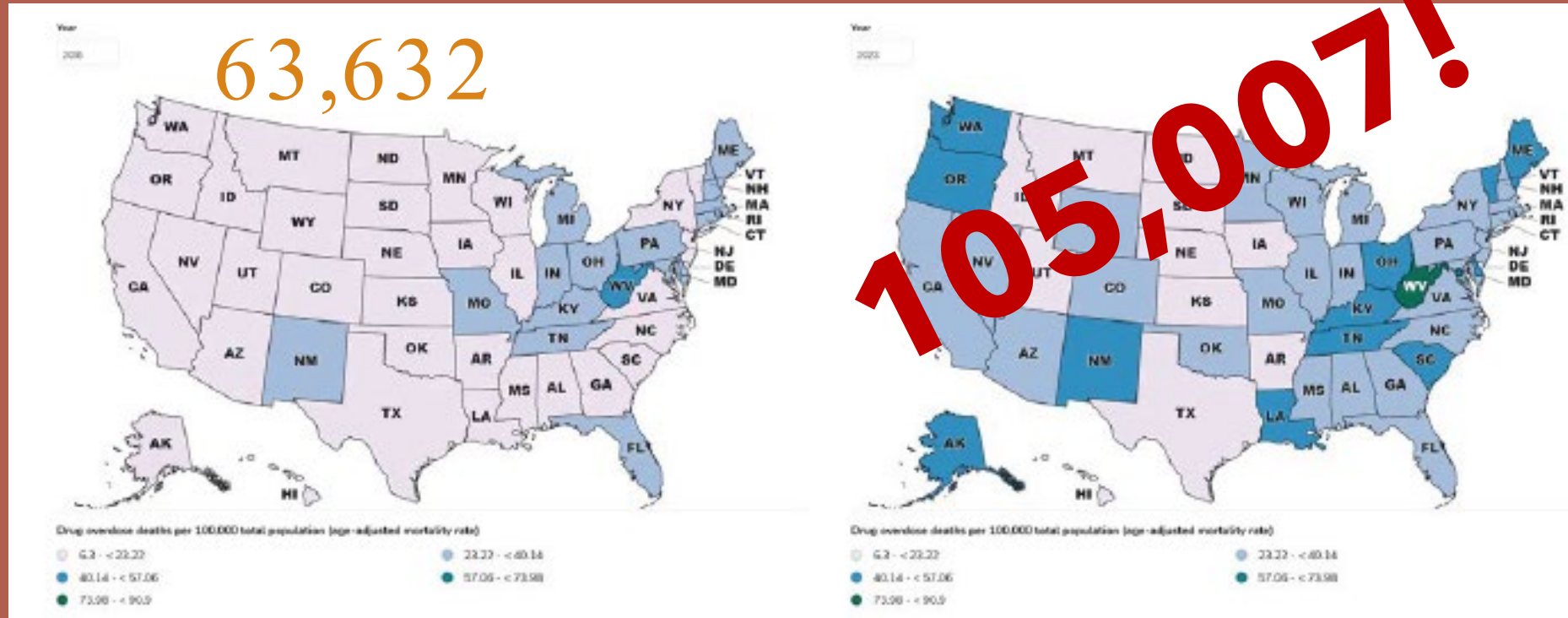
No conflicts of interest to declare.

Agenda



- Arizona SUD context
 - Epidemiology
 - Rural Treatment Access
- SW CACTI
 - Projects & Team
- Pilot Project:
 - Premise & Approach
 - Pilot in Benson

U.S. Drug Overdose Deaths per 100,000

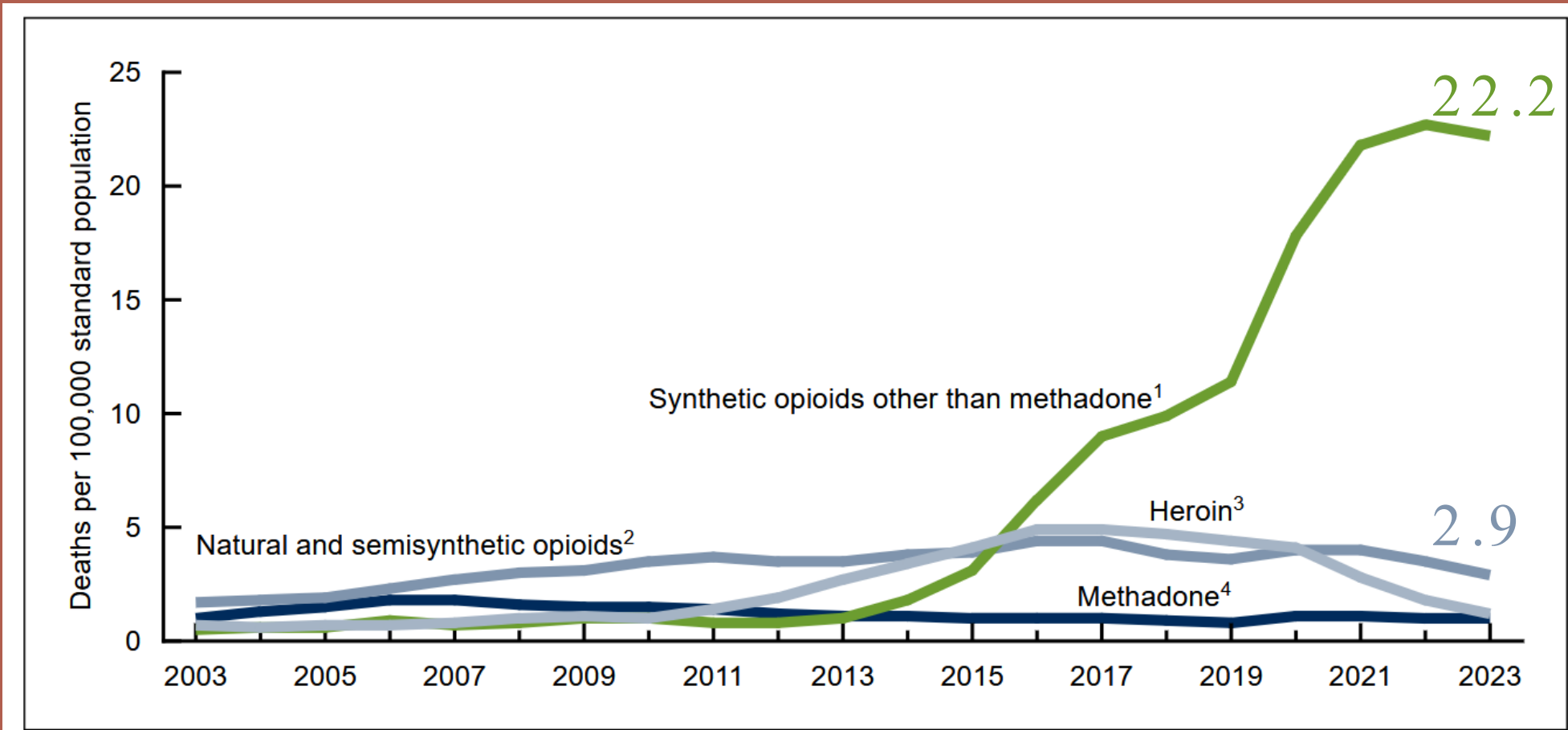


2016

2023

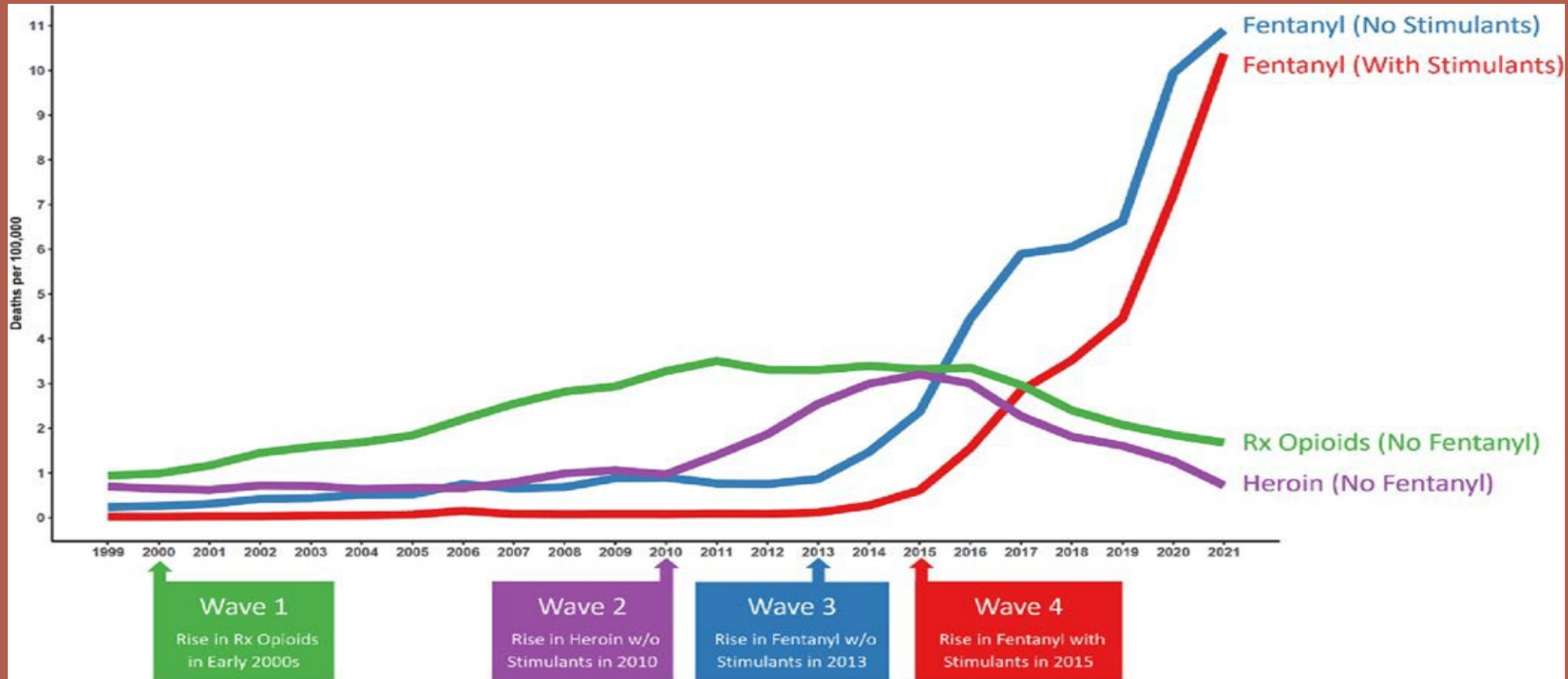
Rural Arizona Opioid Morbidity & Mortality, Prevention & Treatment Services

Age-adjusted rate of drug overdose deaths involving opioids, by type of opioid: United States, 2003–2023



<https://www.cdc.gov/nchs/data/databriefs/db522.pdf>

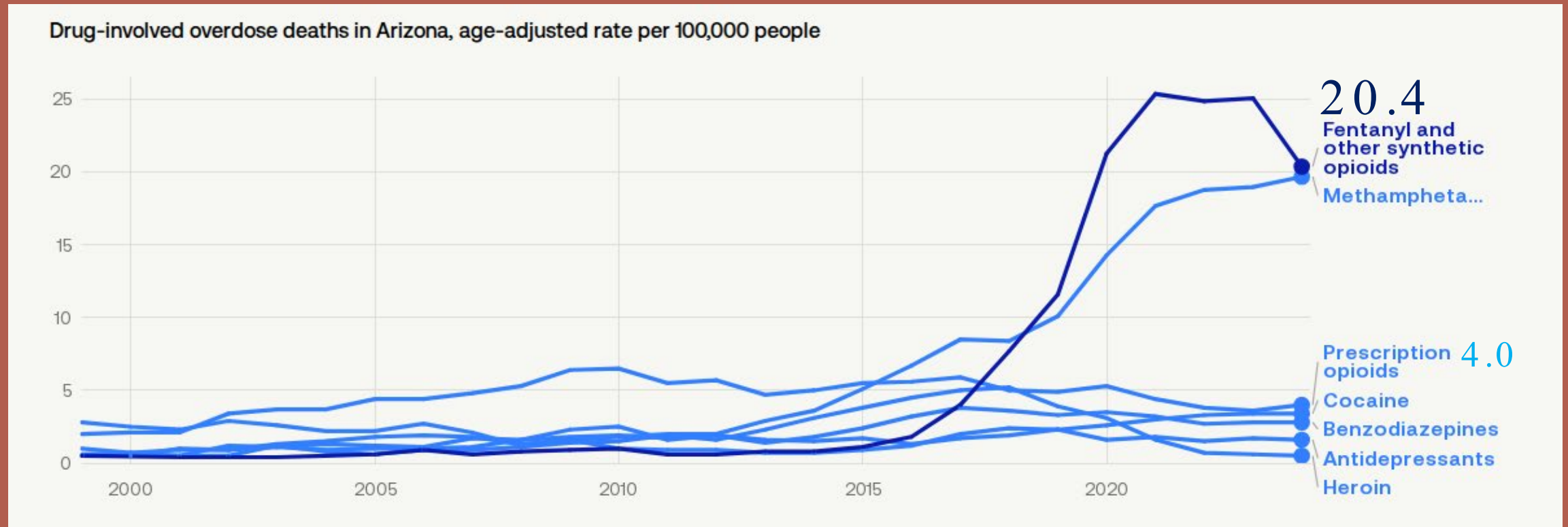
Changes in Opioids Over Time



Friedman J, Shover CL. Charting the fourth wave: Geographic, temporal, race/ethnicity, and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010–2021. *Addiction*. 2023;118(12):2477–2485. doi:10.1111/add.16318 Creative Commons Open Access - Attribution-Non-Commercial 4.0 International <https://creativecommons.org/licenses/by-nc/4.0/>. Accessed April 2025

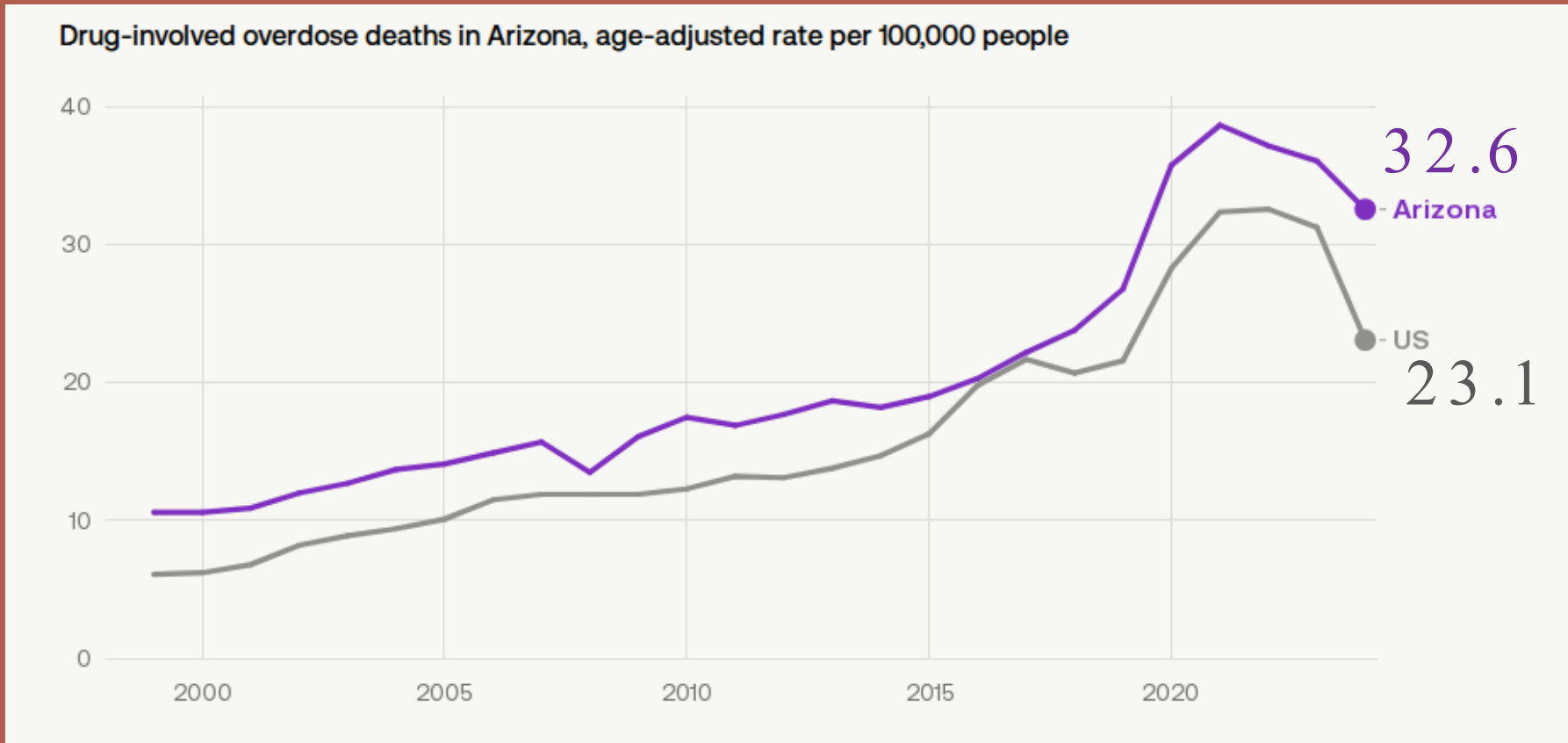
Slide From: [Az CRH Overdose Data to Action Project](#)

2024: Arizona



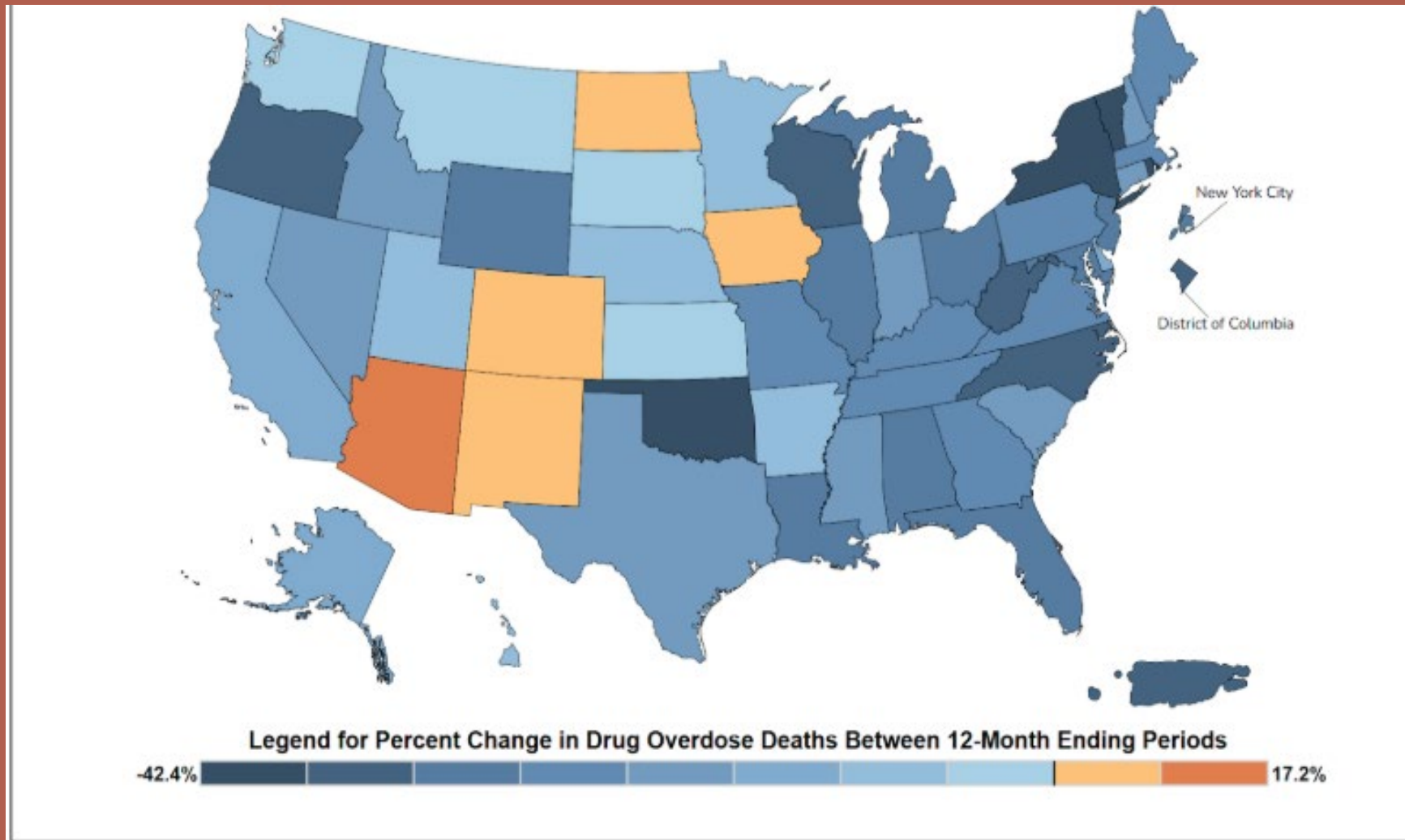
<https://usafacts.org/answers/how-many-drug-overdose-deaths-happen-every-year-in-the-us/state/arizona/>

2024: Arizona



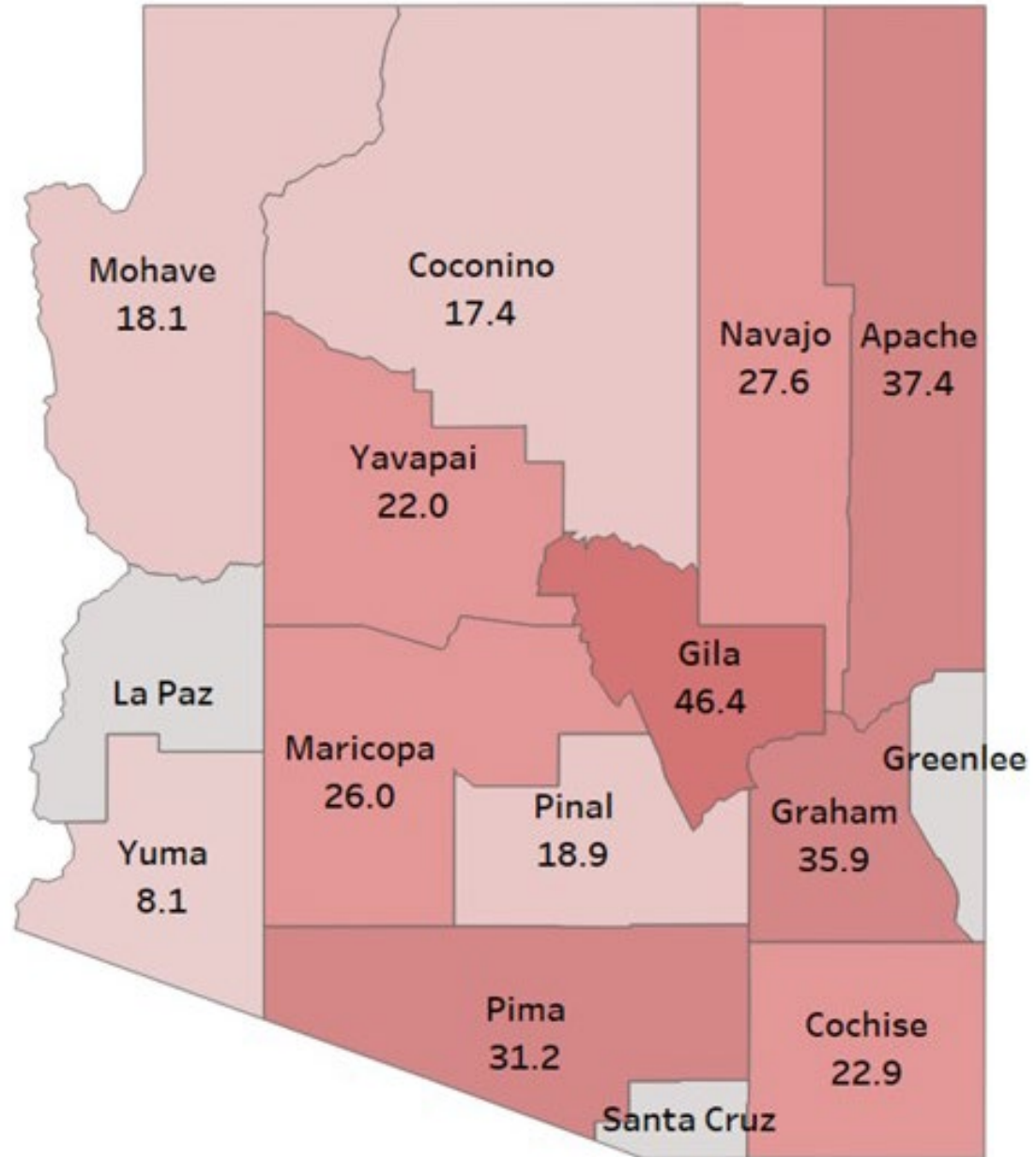
<https://usafacts.org/answers/how-many-drug-overdose-deaths-happen-every-year-in-the-us/state/arizona/>

September 2024-2025



“Arizona was one of only five states to record an increase in overdose deaths; it had the largest increase of any state; and while the country saw a 21% decline overall, Arizona experienced a 17% increase.”

2022: Opioid mortality rate per 100,000



Arizona:

Overdose Mortality, Morbidity, ED/IP Visits, June 2017 - July 2025

	Fatal Overdose (per 100,000) (mortality)	Rank of 15 Counties Highest (worse) (1) to Lowest (15)	Non-fatal overdose (per 100,000) (morbidity)	Rank of 15 Counties Highest (worse) (1) to Lowest (15)	ED/IP (per 100,000)	Rank of 15 Counties Highest (worse) (1) to Lowest (15)
Arizona	20.5	-	47.9	-	714.1	-
Apache	19.2	5	16.6	13	670.5	6
Cochise	15.4	11	13.2	14	622.7	8
Coconino	14.9	12	20.9	12	608.6	9
Gila	22.1*	2	54.6*	1	638.5	7
Graham	16.4	9	52.6*	4	600.0	10
Greenlee	16.0	10	21.7	11	685.4	5
La Paz	21.1*	4	12.6	15	400.0	12
Maricopa	21.6*	3	51.3*	5	714.6*	3
Mohave	17.2	8	38.5	8	537.2	14
Navajo	17.5	7	43.4	7	582.1	12
Pima	23.6*	1	48.9*	6	852.0*	1
Pinal	13.9	14	52.9*	3	700.6	4
Santa Cruz	14.3	13	24.9	10	561.0	13
Yavapai	18.2	6	26.1	9	716.2*	2
Yuma	5.0	15	54.3*	2	585.0	11

Rural Counties:

- 2 of 4 with a fatality rate higher than AZ mean
- 4 of 6 with nonfatal OD rate higher than AZ mean
- 1 of 3 ED/IP rate higher than AZ mean

Source: Arizona Department of Health Services, Opioid Dashboard, July 31, 2025.

Notes: ED = Emergency department. IP = Inpatient. * = Higher than the Arizona state per 100,000 rate. Light blue shaded indicates one or measures above the state rate



SW CACTI

Southwest Center for Advancing
Clinical & Translational Innovation

SW CACTI

- National Institutes of Health (NIH) Funded
- Clinical Translational Science Award (CTSA)
- Focus is to bring more treatments to patients quickly by advancing clinical and translational science (CTS)



Vision & Mission

Create a thriving, unified research environment.

Accelerate Clinical and Translational Science locally, regionally, and nationally.

More efficiently advance individual and community health across the Southwest.



Why Study CTS?

- “The time required for the end-to-end translational process, from an idea in the laboratory to a drug or other intervention based on that idea reaching all patients who could benefit, is currently over 20 years, and its success rate is below 1%.”
- Differential access, implementation, and receipt of evidence-based treatments for patients

[Austin, 2021](#)



Element E

- Studying the implementation of evidence-based practices in every-day clinical and community settings
- Currently focused on substance use disorder (SUD) treatment



Element E Team



Health
Sciences



THE UNIVERSITY OF
NEW MEXICO



Bryna Koch, DrPH



Kimberly Page, PhD, MPH, MS



Phillip Summers, MD, MPH



Prajakta Adsul, MBBS, MPH, PhD



Todd Vanderah, PhD



Cathleen Willging, PhD

Element E Projects

- **1a** - Studying implementation of UNM's Addiction Consult Service in large urban tertiary care hospital.
- **1b** - Learn and adapt approach for rural hospital settings, focused on Critical Access Hospitals in Arizona.



Element E Pilot Project

Model for Acute SUD Treatment
in Rural Arizona CAHs





- Evidence Based Interventions (EBIs) are implemented in complex settings where adoption and sustainability are impacted by numerous internal and external factors
- EBIs for SUD treatment exist
 - Uptake is inconsistent
 - Regional, geographic, SES disparities
 - Unique implementation barriers



- Up to half a million hospitalizations annually involve OUD diagnosis
 - Length of hospital stay, readmission rates
 - Health outcomes and healthcare costs
- Hospital-based SUD care:
 - Increased 30-day abstinence
 - Increased health care engagement, housing stability, and mortality

SUD Treatment is less likely to be offered in rural hospitals

ED/Hospital-Based SUD Treatment Saves Lives

- SUD screening/identification
- MOUD initiation
- Naloxone distribution
- Achieve outpatient follow up
- Remain abstinent
- Mortality benefit



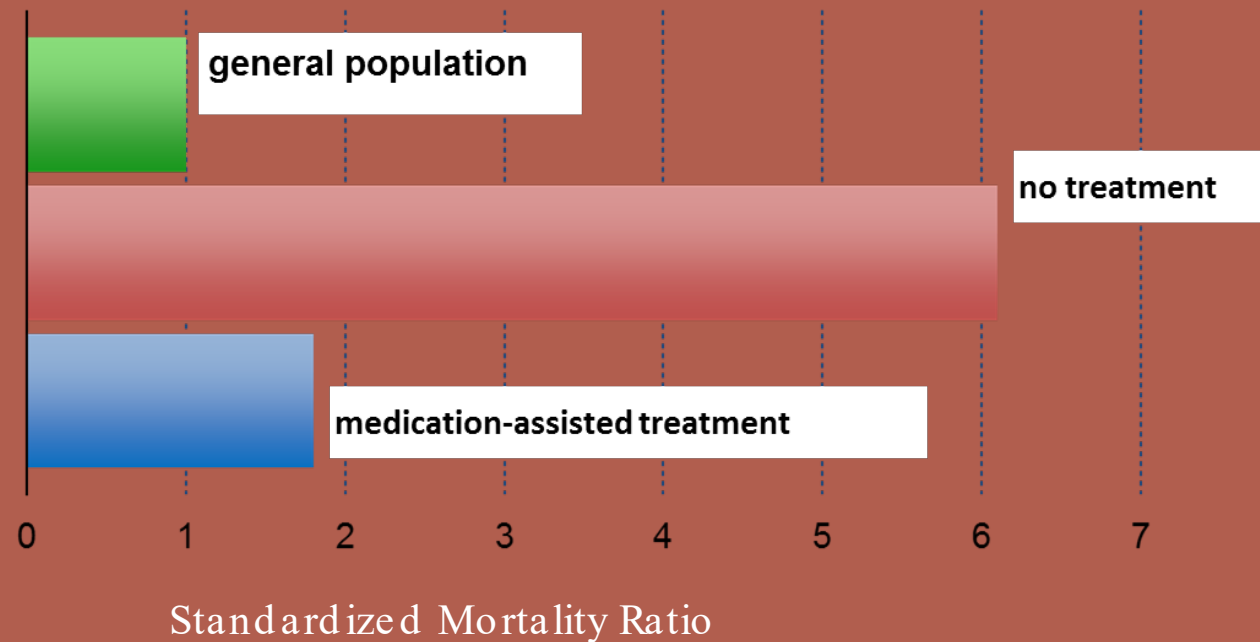
After non-fatal opioid overdose

- 15.7% die within 1 year
- 8% of these are within 3 days



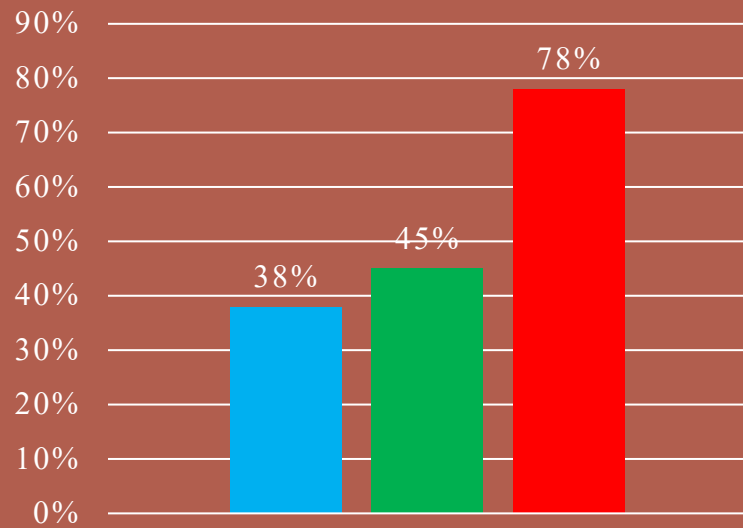
MOUD: Decreased Mortality

Death rates:

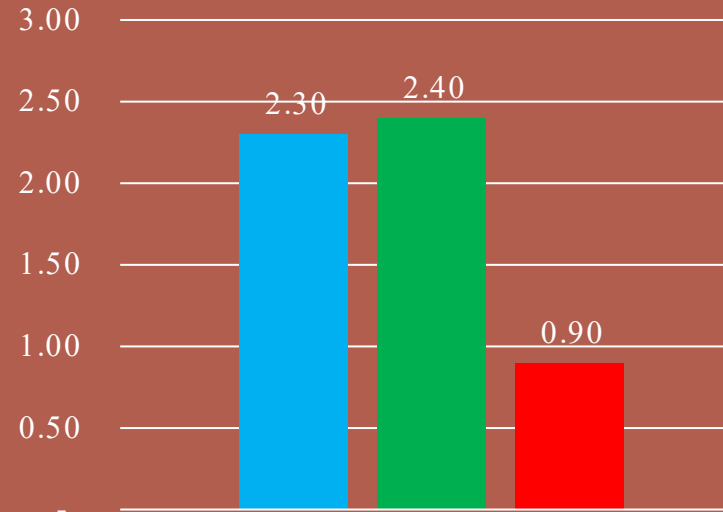


x6!

ED Patients with OUD



30-Day Retention



Days/Week of Use

ED Patients
Randomized:

Referral

+ Brief
Intervention

+ Buprenorphine

Access to Treatment

- 2.5 million people have OUD in USA
- Only 22.3% receive MOUD
 - More white (67.1%)
 - More men (58.5%)
 - More urban (57.7%)
 - More likely employed, higher income
 - More likely telehealth

Nearly 80% don't receive evidence-based standard-of-care treatment!

JAMA
Network | **Open**[™]

Research Letter | Substance Use and Addiction

Use of Medication for Opioid Use Disorder Among Adults With Past-Year Opioid Use Disorder in the US, 2021

Christopher M. Jones, PharmD, DrPH, MPH; Beth Han, MD, PhD, MPH; Grant T. Baldwin, PhD, MPH; Emily B. Einstein, PhD; Wilson M. Compton, MD, MPE

Pilot Project Premise

- Rural hospitals are less likely to offer MOUD
- Numerous barriers exist:
 - Patient-level
 - Provider-level
 - System-level

Unique Rural Factors

- Higher uninsured rate
- Lack of specialty providers
- Fewer local care organizations
- Distance



Geographic Proximity

Further away:

- Less likely to receive any care
- Specifically preventative care

Intersectional, Disproportionate Impacts:

- Rural, lower income, lower literacy
- Costs include economic, time, social etc.

AHCCCS Contractor Standards

Department of Health and Human Services (DHHS):
 > 30 minutes travel is excessively distant

PROVIDER CATEGORY	APPLIES TO	MEMBER POPULATION	COUNTY	STANDARD <i>(90% of membership does not need to travel more than)</i>
BEHAVIORAL HEALTH OUTPATIENT AND INTEGRATED CLINIC, ADULT*	All Except CHP	18 years or older	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	60 miles from their residence.
BEHAVIORAL HEALTH OUTPATIENT AND INTEGRATED CLINIC, PEDIATRIC*	All*	Under 18 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	60 miles from their residence.
BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF)	All	All	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	95 minutes or 85 miles from their residence
PHARMACY	All	All	Maricopa, Pima	12 minutes or 8 miles from their residence
			All Others	40 minutes or 30 miles from their residence

AHCCCS Contractor Network Standards

Why the ER: It's where the Patients Are!

- Most frequent healthcare contacts
- Often in crisis - more amenable to change?
- Missed opportunities...





New Standard of Care

- Opt-out model
- "No wrong door"
- Eg: ASA for ACS, statin for CVA, anticoagulation for DVT, antibiotics for UTI, insulin for DKA, seatbelts, childhood vaccination

**CA
BRIDGE**

Bridge to Treatment:
276 of 331 ERs in CA
At least 107,000 prescribed
300 hospitals in 15 states

CALIFORNIA

ARIZONA

NEW MEXICO



Three-Component Bridge Model



Technical Assistance
& Capacity Building



Peer Support
& Navigation



Telehealth
Consultation

1) Technical Assistance & Capacity Building

- Implementation aids, protocols
- EMR tools and templates
- Patient education tools
- Staff education, remote and in-person
 - SUD-specific, anti-stigma, harm reduction
- Best practices from “Bridge” and ECHO models
- Mirror of protocols for Peers and Consult Service



2) Peer Support & Navigation



- Certified “Peer Recovery Support Specialist”
 - From community, lived experience
 - Trained through PeerWorks Program
- Liaison: patients, providers, telehealth, and community resources
- Resource mapping, patient navigation, and warm hand-offs
- Barrier Busting!

3) Telehealth Addiction Med Consultation

- Poison Center – Based Addiction Consult Service:
 - 24/7 hotline
 - Staffed by PharmD specialists
 - On-call UA Addiction Physicians
 - Low-Barrier Telehealth “Bridge” Clinic
- Familiar resource for rural hospitals
- Telehealth common for other specialty services
- Educate, empower, and build provider confidence



Addiction Consult Service at AZ Poison Center

Rural Hospital



Provider



Patient with SUD



Rural Peer Navigator

Referral



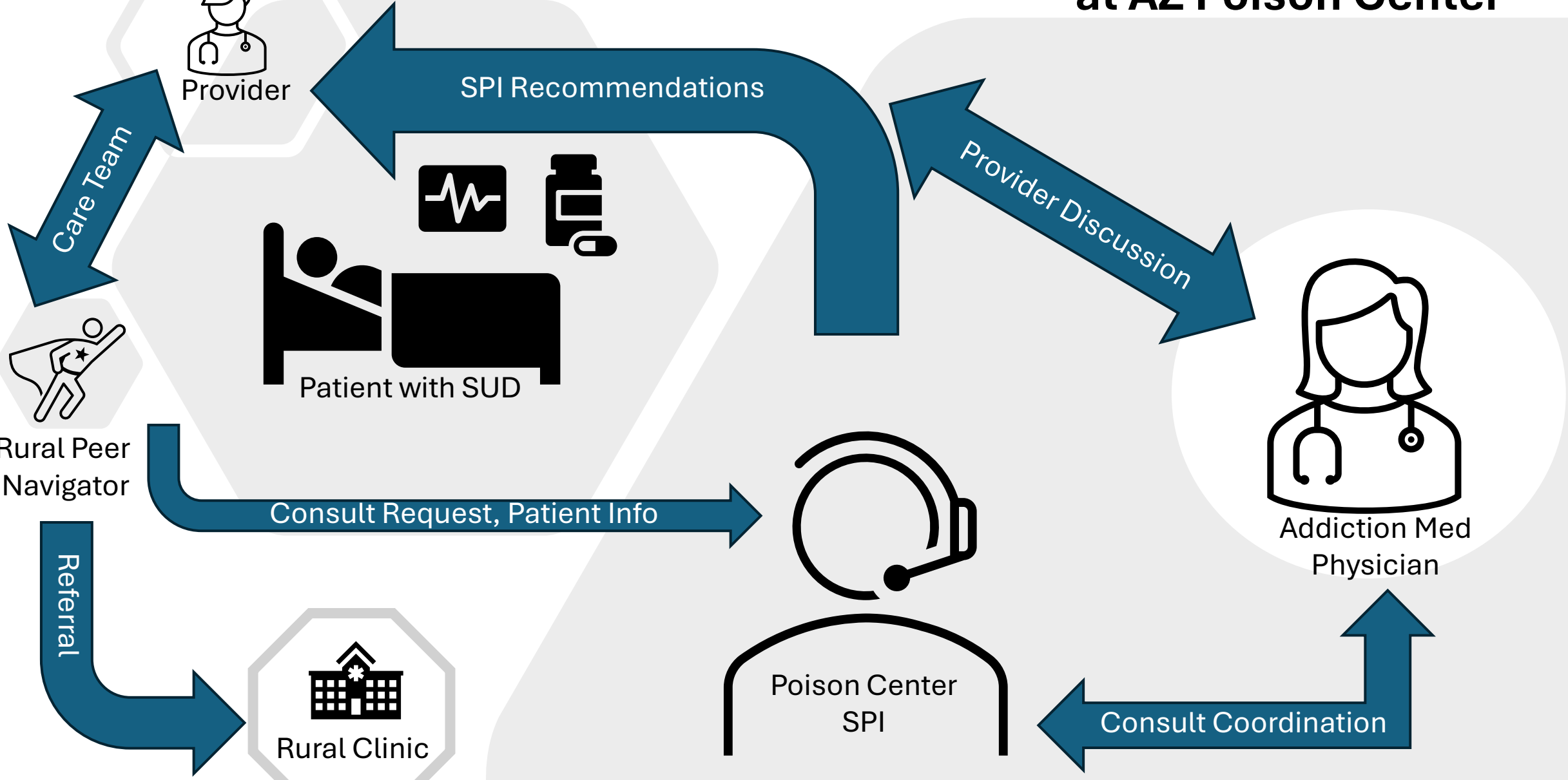
Rural Clinic



Poison Center SPI

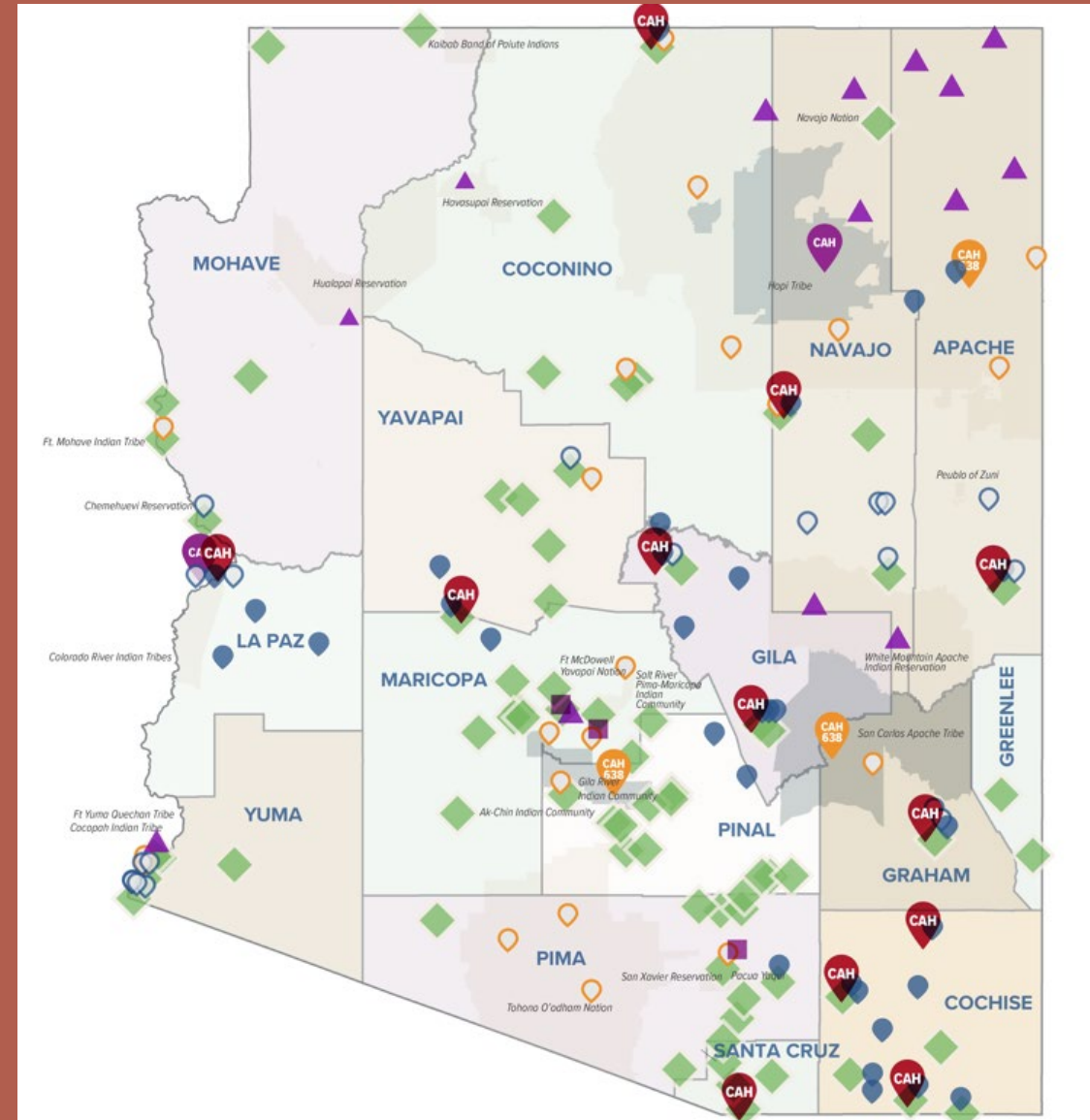


Addiction Med Physician

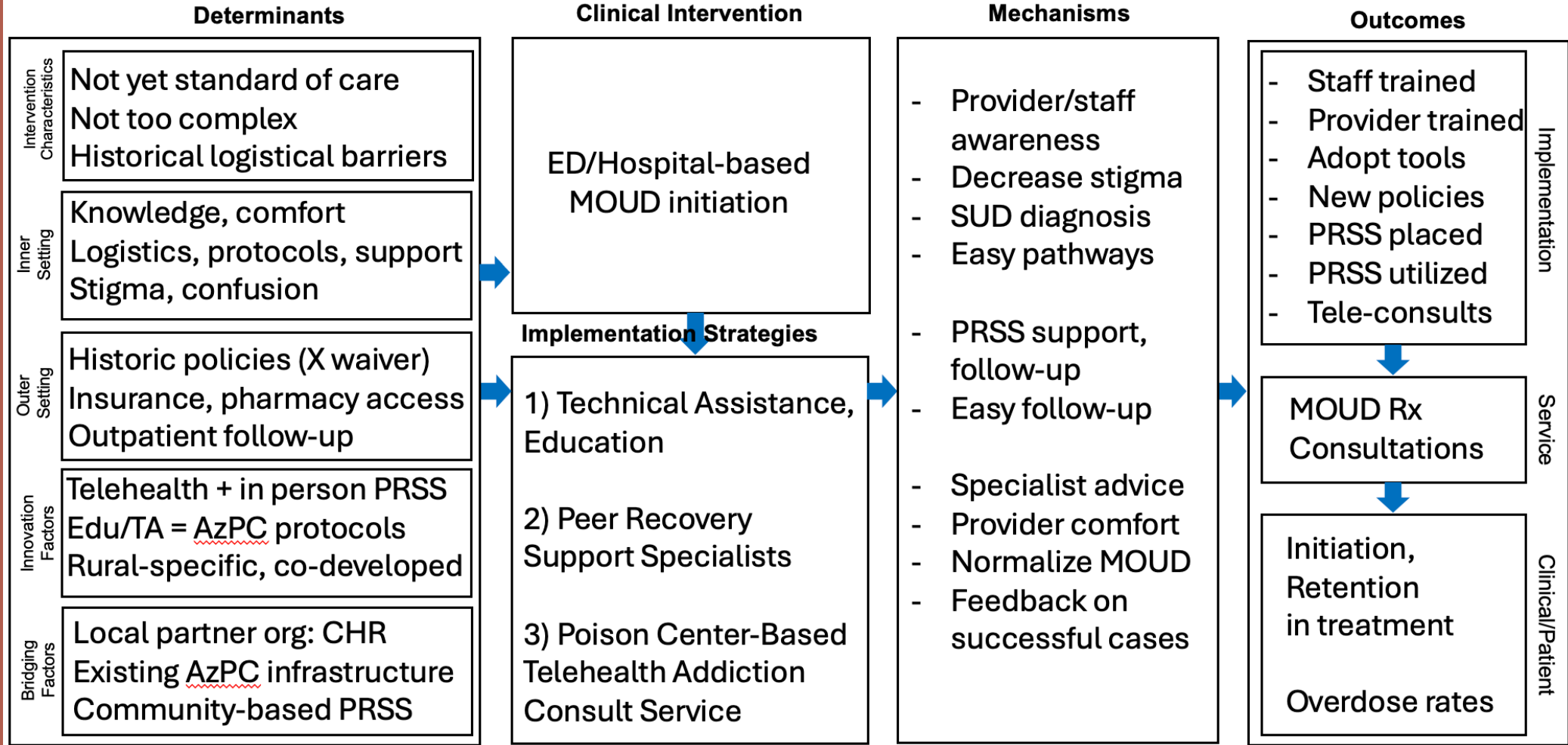


Exploratory Interviews

- Critical Access Hospitals
 - Benson, Safford, Globe, Bisbee, Nogales
- Community Partners:
 - Hospital
 - ED
 - Outpatient
 - Community Organizations
 - Public Health Officials
 - Opioid Task Force Members



Bridge-Style EPIS Implementation Model for Rural AZ



Pilot Site: Benson Hospital

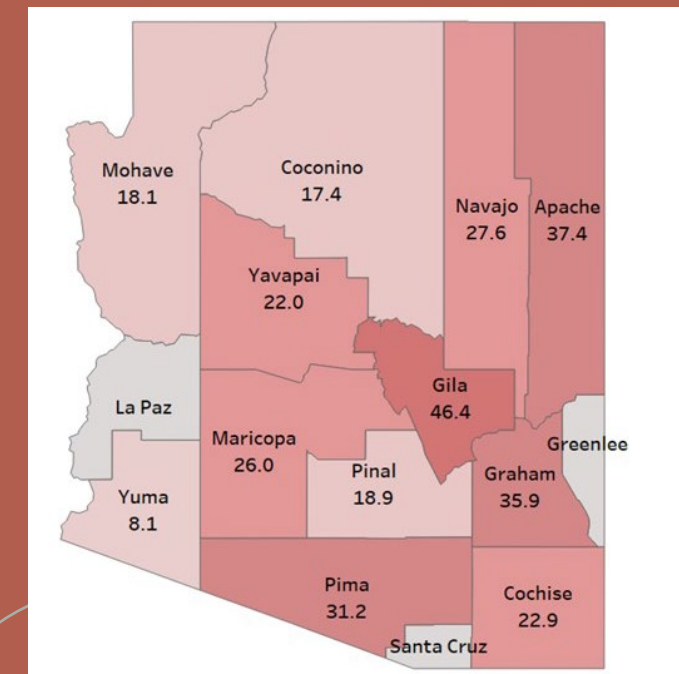
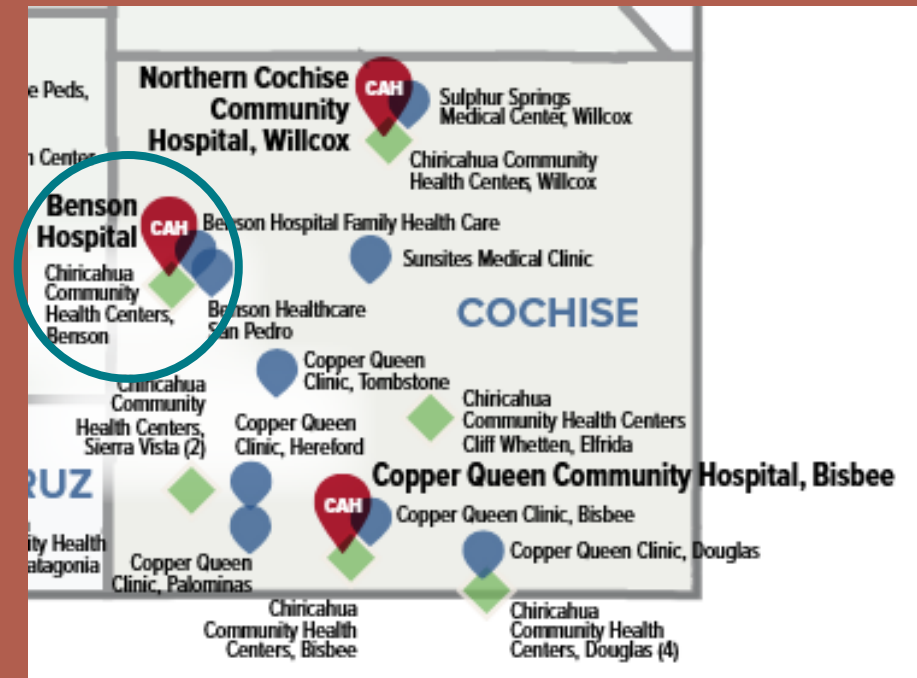
Cochise county:

Size of RI +CT, Pop = 126,000

15.7% below poverty line

36% Hispanic/Latino

29% >65yo



Pilot Project Partnerships

- Cochise Harm Reduction
- Arizona Poison and Drug Information Center
- Banner/UA Addiction Medicine
- PeerWorks, Comprehensive Center for Pain and Addiction

Pilot Project Outcomes

- Implementation
 - Trainings
 - Service utilization
- Perceptual
 - Partner perspectives
 - Patient perspectives
- Performance
 - Diagnoses
 - Prescriptions
 - Referral completion



Contact US

Phil Summers MD MPH, psummers@arizona.edu

Bryna Koch DrPH, brynak@arizona.edu



Questions?

Thank you!

