DISCLOSURES

This activity is jointly provided by Northwest Portland Area Indian Health Board and Cardea

Cardea Services is approved as a provider of continuing nursing education by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Institute for Medical Quality/California Medical Association (IMQ/CMA) through the joint providership of Cardea and Northwest Portland Area Indian Health Board. Cardea is accredited by the IMQ/CMA to provide continuing medical education for physicians.

Cardea designates this live training for a maximum of 8.25 AMA PRA Category 1 Credit(s) TM . Physicians should claim credit commensurate with the extent of their participation in the activity.





DISCLOSURES

COMPLETING THIS ACTIVITY

Upon successful completion of this activity 8.25 contact hours will be awarded Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
- Completing the online evaluation;
- Submitting an online CE request.

Your certificate will be sent via email
If you have any questions about this CE activity, contact Michelle Daugherty at mdaugherty@cardeaservices.org or (206) 447-9538



CONFLICT OF INTEREST

None of the planners or presenters of this CE activity have any relevant financial relationships with any commercial entities pertaining to this activity.



STARTING TO PROVIDE MAT A TRIBAL HEALTH CLINIC

WHITNEY ESSEX, MSN, BSN, APRN-CNP

JORGE MERA, MD, FACP

CHEROKEE NATION HEALTH SERVICES

OUTLINE

- MHOS
- MHY NOTS
- MHA\$
- MHAT IES
- THE TRUTH

MHOS

- In 2015, Oklahoma providers wrote 101.7 OPIOID PRESCRIPTIONS PER 100 PERSONS (3.97 MILLION PRESCRIPTIONS).
 - In the same year, the average U.S. rate was
 70 opioid prescriptions per 100 persons
- IN 2016, THERE WERE 444 OPIOID-RELATED OVERDOSE DEATHS IN OKLAHOMA—A RATE OF 11.6 DEATHS PER 100,000 PERSONS
- SINCE 2012, HEROIN OVERDOSE DEATHS HAVE MORE THAN DOUBLED FROM 26 DEATHS TO 53 DEATHS IN 2016

OUR PERCEPTION:

- "I DON'T KNOW ANYONE WHO IS ADDICTED TO OPIATES"
- THEY HIDE IT WELL BECAUSE THEY DON'T WANT YOU TO KNOW...

MHA NOLS

- "I DON'T HAVE TIME."
- "None of my patients need it."
- "IT'S CUMBERSOME."

WHY? — WHY DID WE, AN ID TEAM, DECIDE TO DO THIS?

- "I LOVE TORTURE"
- "I AM BORED"

THE REAL REASONS:

- "I CAN'T DO NOTHING"
- TREATING RELATED INFECTIONS IS ONLY TREATING
 A SYMPTOM OF THE REAL ISSUE

WHAT IF...

• WE LET THEM LEAVE THE CLINIC WITHOUT TREATING THEIR OPIOID USE DISORDER?

THE TRUTH...A FEW THINGS WE HAVE LEARNED

- MAT IS EXTREMELY REWARDING
- ALL THE RESOURCES YOU NEED ALREADY EXIST
- ONCE THE PATIENT IS STABLE WITH THEIR DOSING, THE VISITS ARE UNCOMPLICATED
- SOME PATIENTS ARE NOT READY

my like has been an on going Struggle, Bebore Suboxone, el Was using drugs to survive, And et Runed my libe, Drugo took my family brom me, my home, my wience Ext. And then I was contraction Introduced to suboxone. And it changed my like! I now can pass drug test, And I no longer have to chape a high el can some live a normal libe. Happy and free from addiction. And I am getting my kids Back they will be home bor good nexted month. I can now hold down ajob. Without suboxone el would still be last. I hope this proves to you all now much this program has inanged my libe

and he immediately started the process to help me. I had previously been on suboxone ironce as well. I was in full blown withdraw the day I met the Infectious Disease team was losing hope and would soon be using again just to stop the pain from the withdraws. Little did I know that they would be on my side and want to help me. They honestly ont know where I would be All of the are really here to help our Notive People The buprenorphine provider and "Soved my Lite," and let me be a good Cherokee Nation

THE END