



The Accountable Community for Health of King County

**Addressing the Opioid Crisis Workgroup:
Treatment and Overdose Prevention**

May 7, 2018



Opiate Treatment & Overdose Prevention

Project Goal

Immediate:

- *Treatment* - Increase screening for opioid use disorder (OUD) and improve access to appropriate treatment including increased access to Medication Assisted Treatment (MAT)
- *Overdose Prevention* - Reduce opioid-overdose deaths by providing at-risk individuals, and those who frequently interact with them, with take-home naloxone kits and supporting education.

Long-term: Reduce deaths, non-fatal overdoses, onset of opiate use disorder and harm to King County residents from prescription opioids, while expanding use of non-opioid pain management.

Focus Populations

Treatment - Medicaid beneficiaries with OUD and those additional beneficiaries where some service is rendered that would indicate a possible OUD, for example showing up with signs/symptoms of OUD in emergency departments, needle exchanges, primary care offices, etc. These individuals may not yet be diagnosed with an OUD but through system engagement can be screened and diagnosed with an OUD and then provided a pathway to treatment.

Overdose Prevention – Medicaid beneficiaries who are at risk for opioid abuse or who have a history of opioid-related overdoses as well as the individuals and service providers who are likely to come into contact with them.

Interventions

Treatment: Recognizing OUD, Linking, and Expanding Access to Treatment

Primary Care providers participating in the Bi-directional Integration project will ensure that Medicaid beneficiaries are screened for mental health and substance use disorder (SUD), including OUD, and can be linked to appropriate treatment.

To recognize OUD and expand access to treatment; providers will work to:

- Increase screening for OUD in medical and behavioral settings as part of a robust client-centered care approach;
- Expand access to buprenorphine, which can be prescribed by a variety of prescribers in office-based settings.
- Enhanced care coordination for individuals with OUD receiving MAT, including nurse care managers and expanded Hub and Spoke models;
- Build on care coordination infrastructure to ensure that the health and social needs of individuals with OUD are met through connection and linkage to a primary health home, an integrated care team, and community-based organizations addressing the social determinants of health
- Establish low-barrier access points for treatment induction, coordination, and maintenance of care at behavioral health centers, community health centers, emergency departments, and other sites frequented by individuals with OUD seeking MAT.

Overdose Prevention: Expanding Distribution of Naloxone

- Identify community partners, social service organizations and other organizations who come into contact with individuals at risk of opiate overdose.
- Expand training and distribution of naloxone kits to prevent opioid-overdose deaths.

Metrics

- Inpatient Hospital Utilization
 - For members 18 years and older, the risk-adjusted ratio of observed to expected acute inpatient discharges during the measurement year.
- *New Opioid patients Transitioning to Chronic Opioids
 - Numerator: Number of patients who are prescribed >60 days supply of opioids in the current calendar quarter with at least one opioid prescription in the previous quarter, and no opioid prescription in the prior quarter. Denominator: Number of patients with at least one opioid prescription in the previous quarter who have no opioids prescribed in the prior quarter. Report as incidence per 1,000 population, age and sex adjusted.
- All Cause Emergency Department Visits per 1000 Member Months
 - The rate of Medicaid beneficiary visits to emergency department per 1000 member months, including visits related to mental health and substance use disorder, reported for three age groups: 10-17 years, 18-64 years, and 65 years and older.
- Patients Prescribed High-Dose Chronic Opioid Therapy
 - Percent of Medicaid beneficiaries prescribed chronic opioid therapy according to the following thresholds: 1.) Doses >50 mg morphine equivalent dosage (MED) in a quarter; 2.) Doses >90 mg MED in a quarter. Bree Collaborative specifies for quarterly counts; all qualifying observations for a given quarter will count towards the overall, annual estimate required for DSRIP performance measurement.
- Patients with Concurrent Sedatives Prescriptions
 - Among Medicaid beneficiaries receiving chronic opioid therapy ≥ 60 days, the percent that had ≥ 60 days of sedative hypnotics, benzodiazepines, carisoprodol, and/or barbiturates in the same calendar quarter. Bree Collaborative specifies for quarterly counts; all qualifying observations for a given quarter will count towards the
 - overall, annual estimate required for DSRIP performance measurement.
- Substance Use Disorder Treatment Penetration (Opioid)
 - The percent of Medicaid beneficiaries with an identified opioid use disorder treatment need who received medication assisted treatment (MAT) or medication-only treatment for opioid use disorder in the measurement year.
- *Number of providers trained and/or given educational information about the AMDG guidelines; changes in prescribing practices by provider; and use of the PMP including modifications to EHRs.
- *Number of health care providers, by type, trained on AMDG's Interagency Guideline on Prescribing Opioids for Pain.
- *Linkage to and engagement with a primary health home, peer support-related service provision, and improved health outcomes.



- *Number of health care organizations with EHRs or other systems newly put in place that provide clinical decision support for the opioid prescribing guideline, such as defaulting to recommended dosages or linking to the PDMP.
- *Number of prescribers aware of their prescribing patterns and trained on the AMDG prescribing guidelines.
- *Number of prescribers registered and querying the PMP.
- *Access to non-opioid pain management strategies.
- *Numbers of naloxone kits distributed, and individuals trained; and number of opiate-related deaths.

*Metrics in addition to Healthier Washington pay for performance metrics for this project

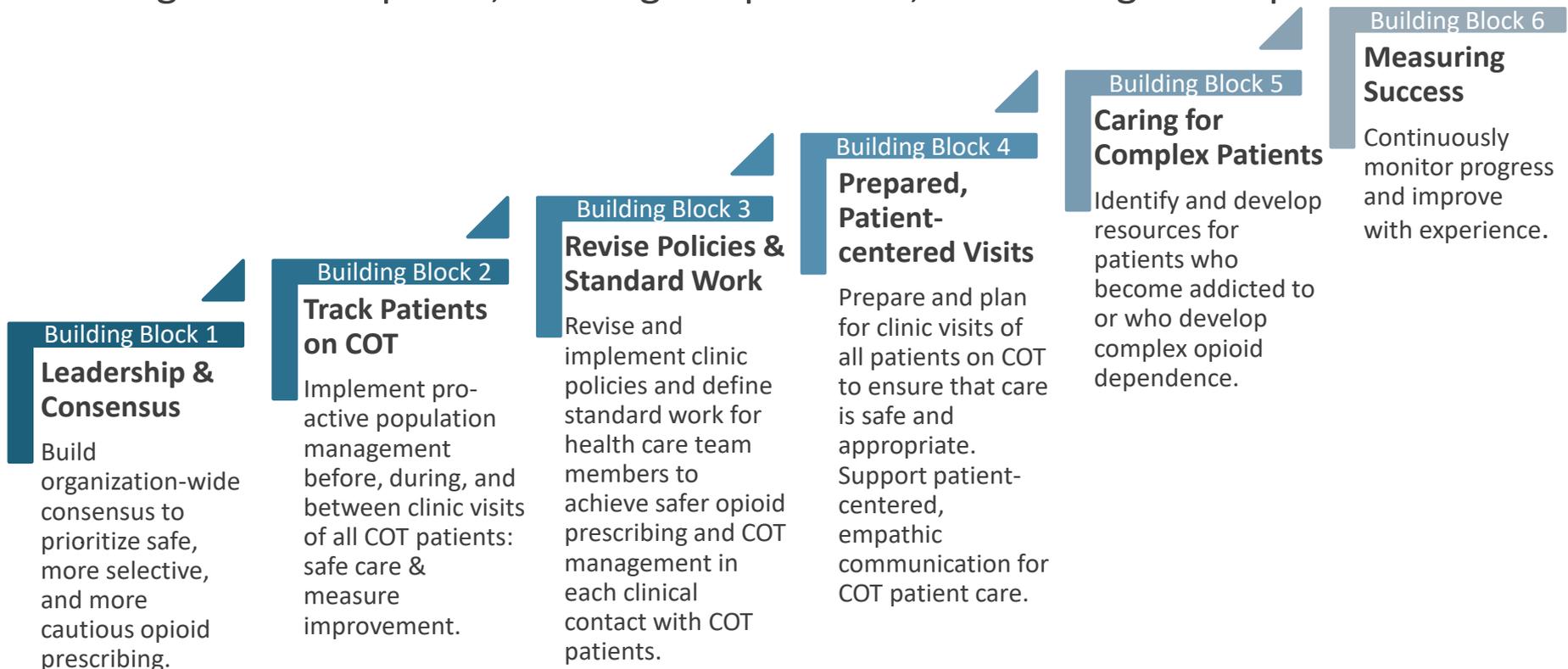
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Evidence-Based Approaches: OUD Treatment

Evidence Based Approach	Model Description
Six Building Blocks	Provides readiness tools for primary care practices to assess readiness for expanding their practice to include Buprenorphine prescribing.
Medication Assisted Treatment (MAT)	For individuals with OUD, create low-barrier access and same day induction with linkage to care team and recovery support whenever possible for both Buprenorphine and Methadone.
Office Based Opiate Treatment Approach (OBOT) through Collaborative Care	Provide additional clinical support needed to manage the complex needs of individuals with OUD in a primary care setting. Includes nurse care managers (registered nurses) who complete buprenorphine training and follow treatment protocols related to OBOT.
Recovery Coaches/Peer Support Specialists	Expand recovery support leveraging case managers and peer support specialists to coordinate care, especially for individuals with significant social needs. Certified Peer Counselors work with their peers (adults and youth) and the parents of children receiving mental health services drawing upon their experiences to help peers find hope and make progress towards recovery.
Hub & Spoke Model	Centralized induction sites supported by “spokes”, agencies that refer to the prescribing physician and/or who provide addiction treatment and recovery supports to individuals receiving MAT.

Six Building Blocks

A team-based approach to improving opioid management in primary care (piloted in Eastern Washington and Idaho) centered on six building blocks and involved creation of an opioid quality improvement team at each site, facilitation by an external practice coach, team-building Welcome Visit with clinic-wide self-assessment of six building blocks, implementation of selected best practices to manage chronic opioids, tracking of opioid use, and management practices.



Medication Assisted Treatment (MAT)

- Medicated-Assisted Treatment (MAT) is the use of FDA- approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.
- The prescribed medication (e.g., methadone, naltrexone, or buprenorphine) operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug.
- Creating low-barrier access and same day induction with linkage to recovery supports whenever possible would expand access to both Buprenorphine and Methadone for individuals with OUD. Strategies could include efforts to increase the number of available prescribers as well as encourage currently waived prescribers to increase care for individuals with OUD.

Office Based Opiate Treatment Approach (OBOT) through Collaborative Care

Program in which physicians, nurse practitioners, and/or physician assistants have been waived to treat persons with buprenorphine within a medical or behavioral health clinic.

- Nurse care managers (registered nurses) would complete buprenorphine training, follow treatment protocols related to OBOT, and provide additional clinical support needed to manage the complex needs of individuals with OUD in a primary care setting.
- Responsibilities would include:
 - Assessing clients for appropriateness for OBOT
 - Educating patients
 - Developing treatment plans
 - Overseeing medication management
 - Referring to other addiction treatment
 - Monitoring treatment adherence
 - Communicating with prescribing physicians, addiction counselors, and pharmacists.

Peer Recovery Coaches/Support Specialists

Expand recovery support leveraging case managers, recovery coaches, and peer support specialists instead of nurses to coordinate care, especially for individuals with significant social needs.

- Washington State's Peer Support Program has trained and qualified mental health consumers as Certified Peer Counselors since 2005.
- Certified Peer Counselors work with their peers (adults and youth) and the parents of children receiving mental health services.
- Peer Counselors draw upon their experiences to help peers find hope and make progress toward recovery. Because of their own life experience, they are uniquely equipped to provide support, encouragement, and resources to those with mental health challenges. There are many tasks performed by peer support specialists that may include:
 - Assisting their peers in articulating their goals for recovery
 - Learning and practicing new skills
 - Helping them monitor their progress
 - Supporting them in their treatment
 - Modeling effective coping techniques and self-help strategies based on the specialist's own recovery experience
 - Supporting them in advocating for themselves to obtain effective services

Hub & Spoke Model

Currently running in California and Vermont. Hubs are Opioid Treatment Programs, with expanded services and strong connections to area Spokes. Each Hub is the source for its area's most intensive opioid use disorder treatment options, provided by highly experienced staff.

- ❑ Hubs offer the treatment intensity and staff expertise that some people require at the beginning of their recovery, at points during their recovery, or all throughout their recovery.
- ❑ Hubs provide daily medication and therapeutic support.
- ❑ As their treatment needs change, patients receiving buprenorphine or vivitrol may move back and forth between Hub and Spoke settings over time.
- ❑ Hubs offer all elements of Medication Assisted Treatment (i.e., assessment, medication dispensing, individual and group counseling, etc.).
- ❑ Additional Health Home supports are made available at Hubs through the Hub & Spoke staffing and payment model (i.e., case management, care coordination, management of transitions of care, family support services, health promotion, and referral to community services).
- ❑ In addition to treating their own patients, Hub staff offer trainings and consultation to the Spoke provider.

Expansion of the Distribution of Naloxone Kits

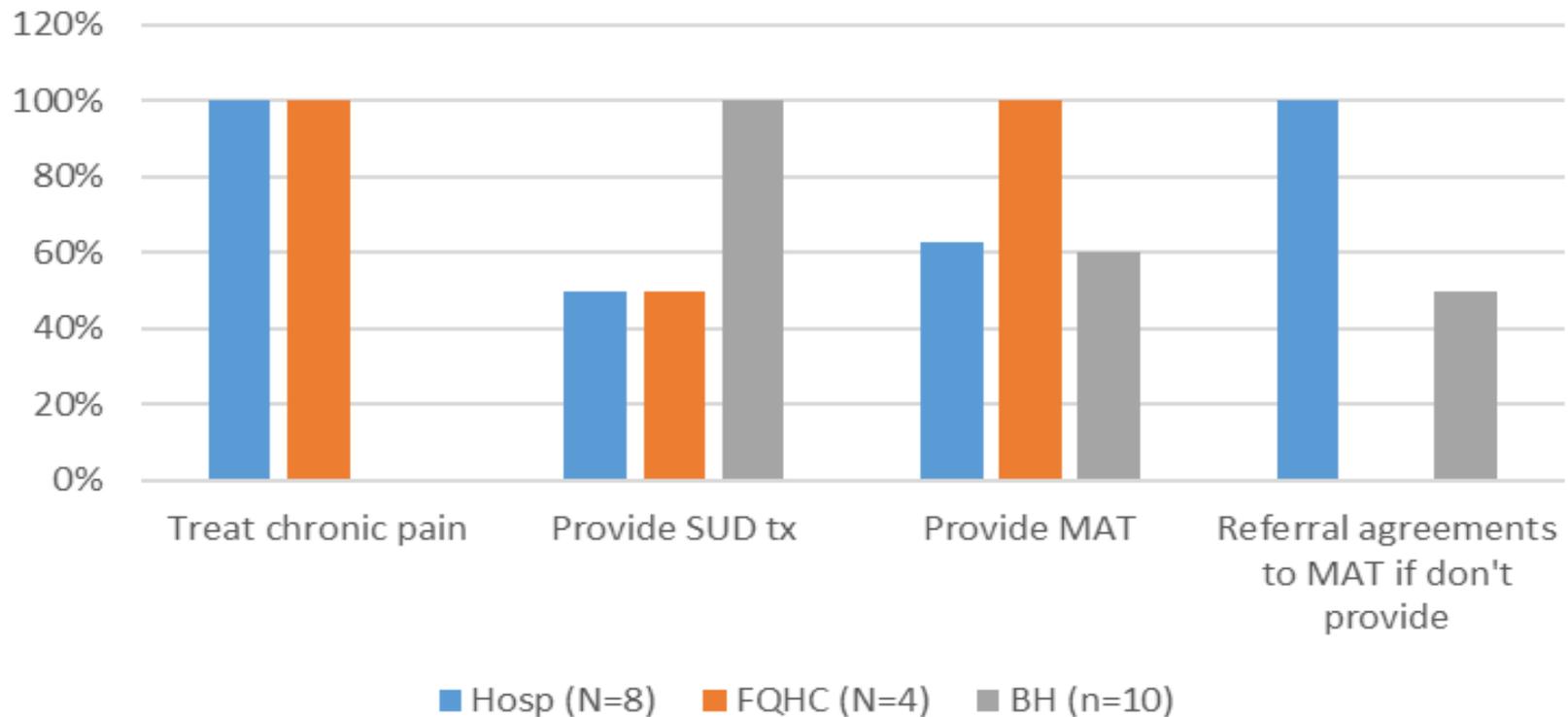
Naloxone (also known by the brand name Narcan®) is an “opioid antagonist” used to counter the effects of opioid overdose. Although traditionally administered by emergency response personnel, naloxone can be administered by minimally trained laypeople, making it ideal for treating overdose in people who have been prescribed opioid pain medication and in people who use heroin and other opioids. Naloxone has no potential for abuse.

- The provision of naloxone by laypeople to persons experiencing overdose (who would otherwise not receive medical intervention) saves hundreds of lives each year. Often peers and other witnesses (often other drug users) delay or do not call 911 when in the presence of someone experiencing an overdose for fear of police involvement

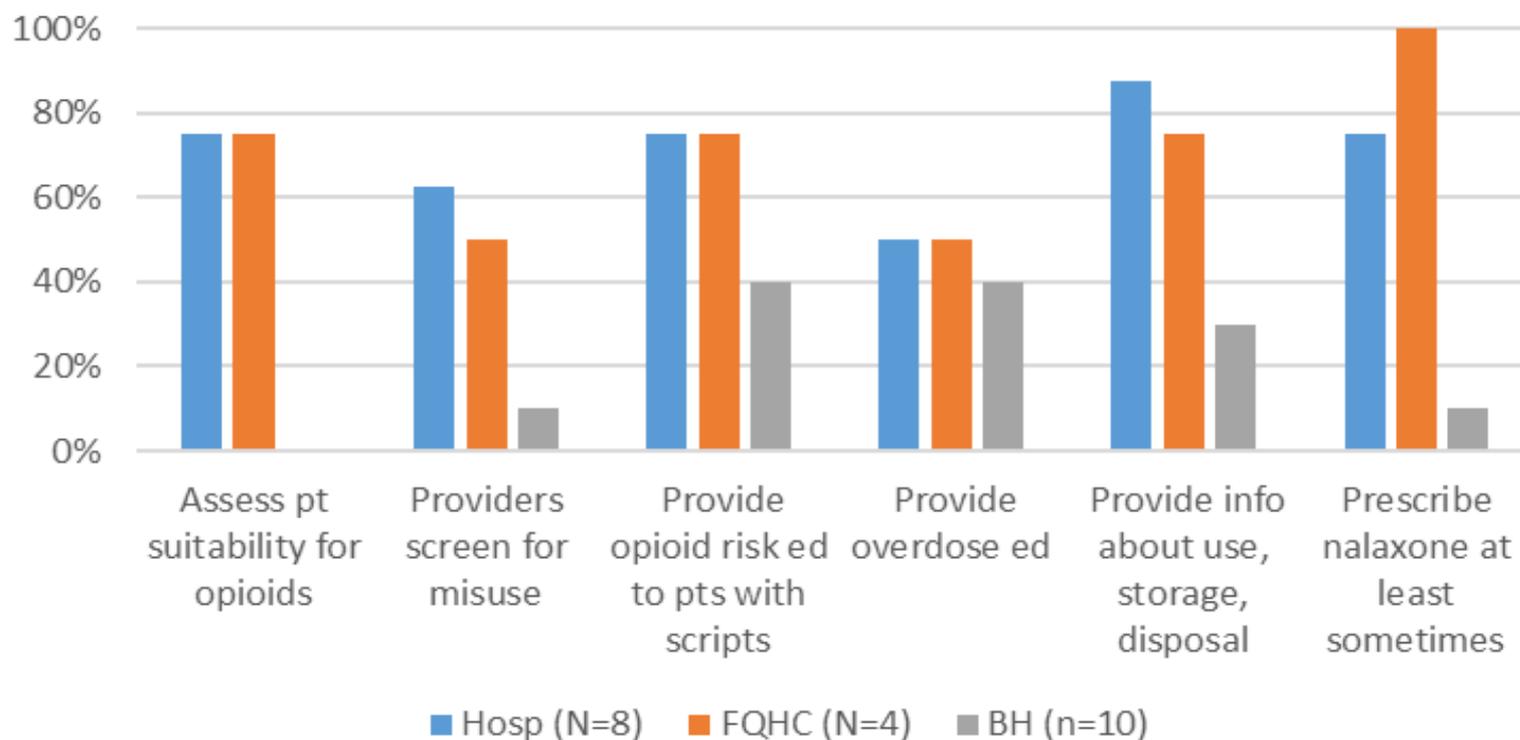
Opioids: Project-specific Results from Current State Assessment



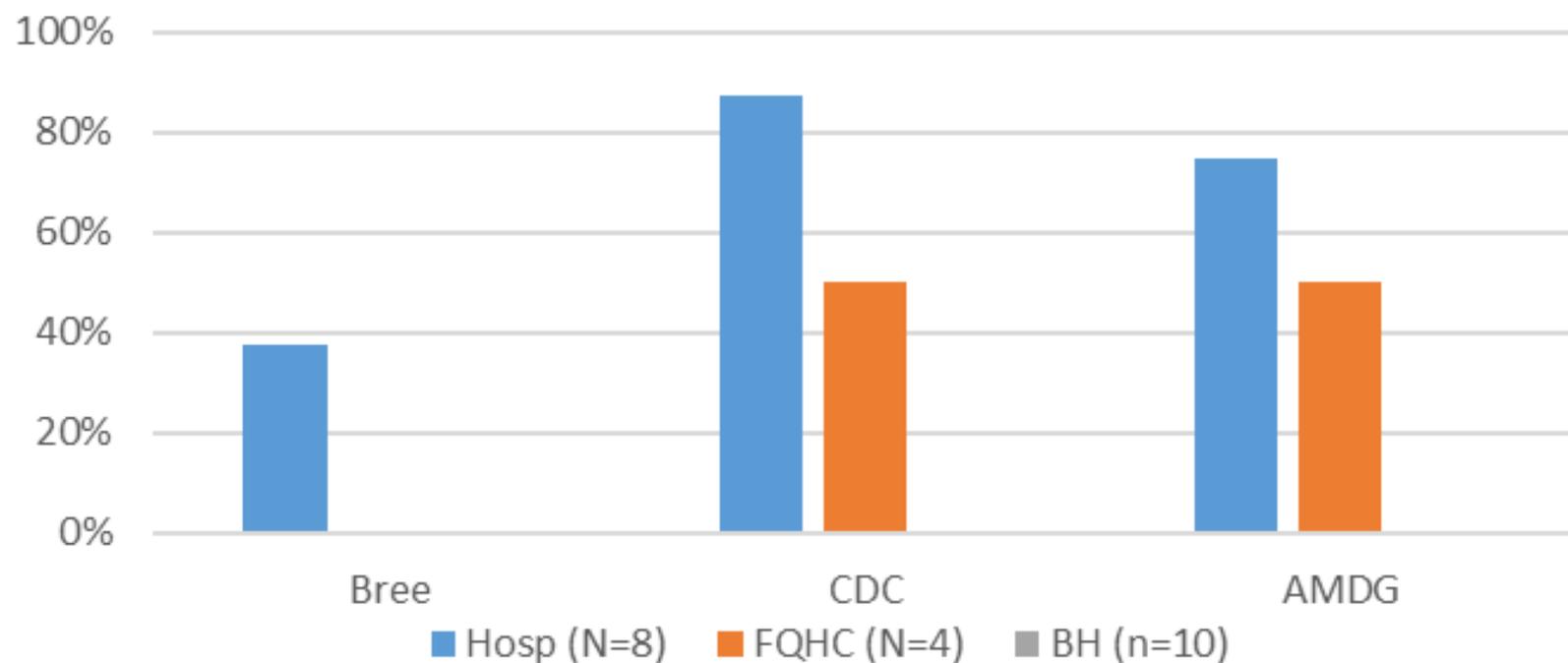
Scope of practice differs by setting



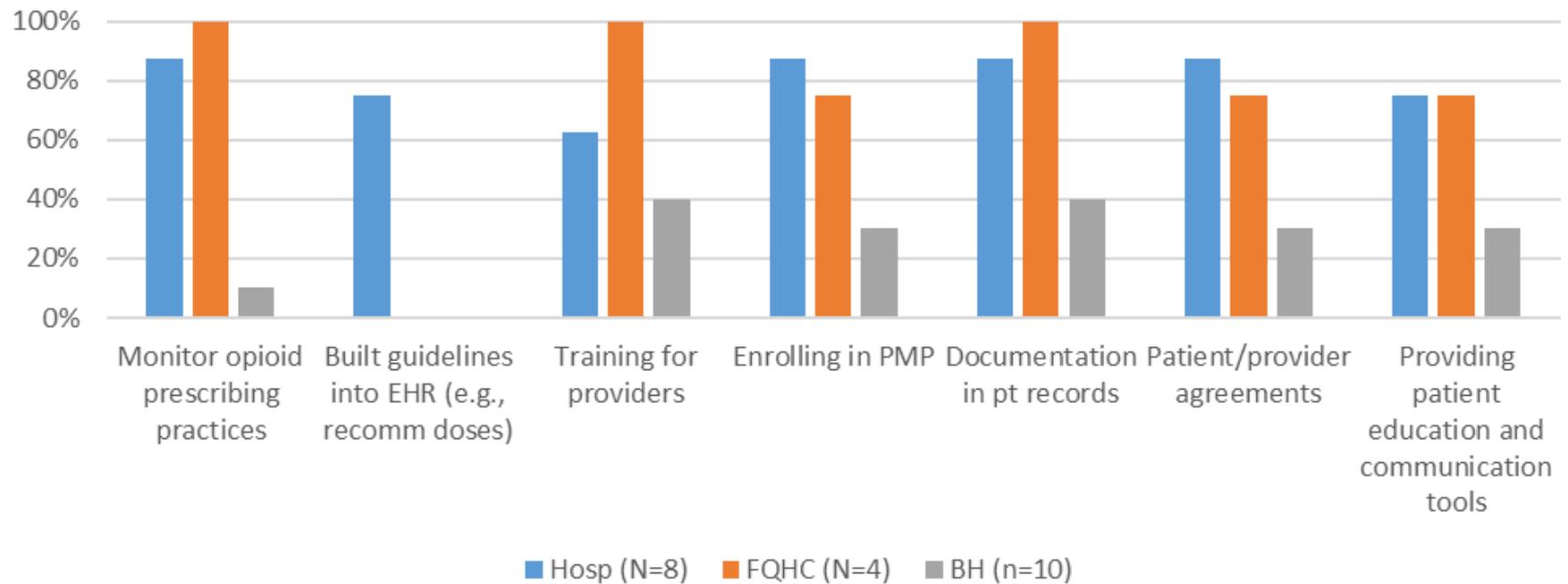
Opioid best practices are use inconsistently



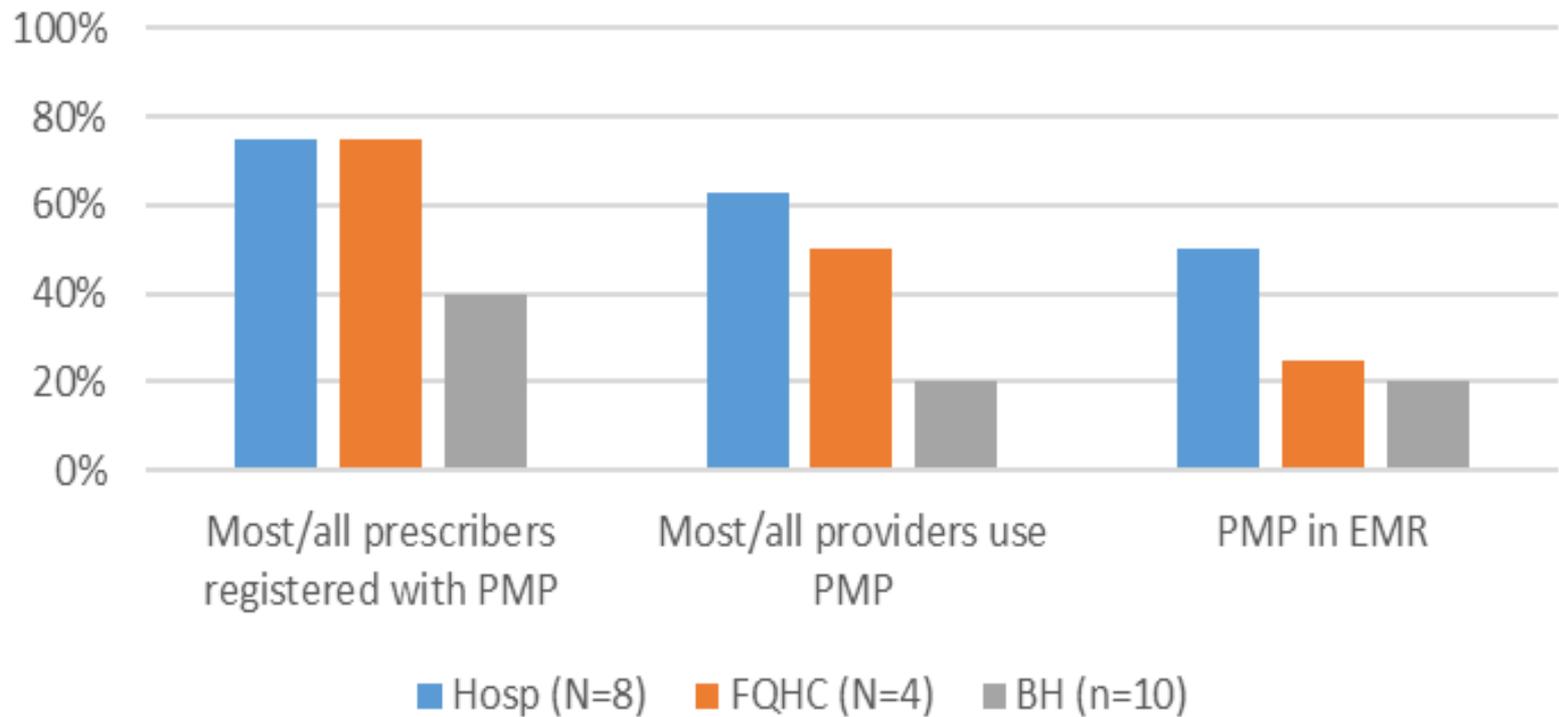
Hospital systems use opioid prescribing guidelines more than other settings



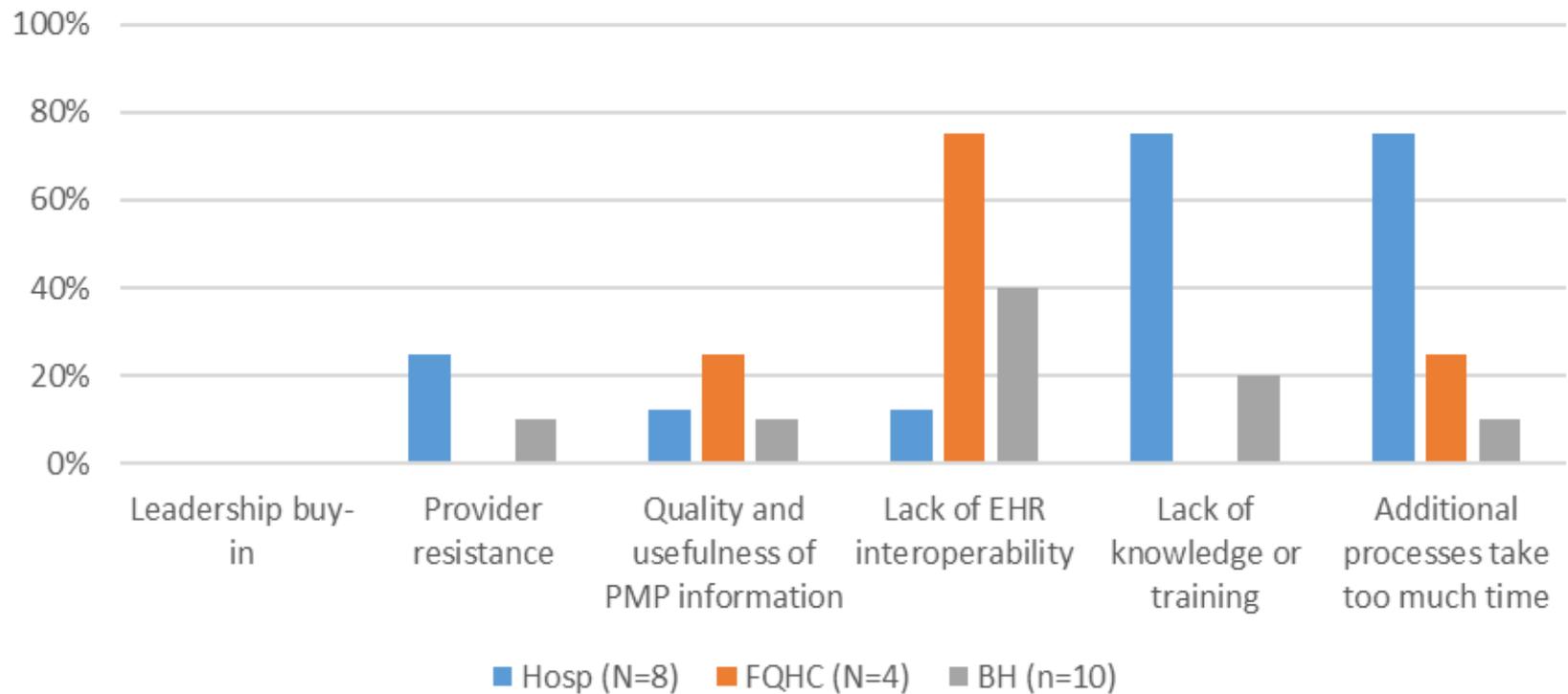
Hospitals and FQHCs have taken steps to implement guidelines



Use of PMP is inconsistent



EHRs, training and added process are barriers to PMP use



Substance Abuse Prevention and Identification Initiatives Flow Chart

