

Washington State Opioid Response Workgroup (ORW)
Opioid Response Plan Sub-Workgroup Stakeholder Report Out
Goal 1 – Opioid Prevention Workgroup

Report Out - November 2020

GOAL 1: Prevent opioid misuse and abuse

1.1	STRATEGY 1.1: Implement strategies to prevent misuse of opioid and other substances in communities, particularly among youth.	Lead Party	Funding Source*
1.1.1	Work with Community Prevention and Wellness Initiative (CPWI) community coalitions and school districts to implement strategies to prevent misuse of opioids and other substances among youth.	HCA DBHR, OSPI	SABG, STR, SOR
Report	<p>23 CPWI Coalitions are working in high need communities to prevent opioid misuse in their communities. Coalitions are also finalizing their Action Plans and Budgets and have received and are working on their contract amendments after receiving the SOR II Funding Award. CPWI Coalitions are completing their Coalition Assessment Tool surveys this month. DBHR converted the printed version into a digital version so members can complete them on their computer and email them back to their coalition coordinator. CPWI communities are also busy working on their Community Surveys. Many are already close to or have exceeded their goal, though some coalitions have reported difficulty in getting surveys out into the community due to Covid-19 and are actively working on ways to get the survey out in innovative ways. They will continue to collect surveys through Dec 15th. Coalitions are also actively working on drive through Rx Take Back events or promoting “every day is take back” and the permanent take back locations in their community.</p> <p>Local highlights:</p> <ul style="list-style-type: none"> Aberdeen – Harbor Strong Coalition: They are continuing a series of news articles promoting their coalition’s work and highlighting all the different prevention services they focus on. This month they highlighted one of their youth coalition members: http://www.graysharbortalk.com/2020/08/17/merryn-bruner-helps-the-harbor-strong-coalition-into-the-future/ Whatcom County: Whatcom County has three coalitions that have joined together to do a county-wide campaign called “Whatcom Has Hope”. They had an Rx Return Toolkit developed which included a 7-week social media schedule. Each week they posted a new message and information on how to safely return unused and expired medication. And also had a short video created as well: https://www.youtube.com/watch?v=XIGSLgcWjA4 		

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1.1.2	Continue work to implement the state Substance Abuse Prevention and Mental Health Promotion Five-Year Strategic Plan (http://www.theathenaforum.org/sites/default/files/SPE%20Strategic%20Plan%20-%20Final%20-%20Posted%20to%20Athena%2011.29.17.pdf).	HCA DBHR, DOH	In-kind
Report	The SPE Consortium continues to prioritize opioid prevention as a need within the state. In November, the SPE Consortium held a meeting to discuss some of the disparities in youth substance indicators amongst the LGBTQ+ population. Some data on opioid misuse among youth was discussed, including there being a large disparity in opioid misuse among those who identified as transgender, as well as those who stated their sexual orientation was gay, lesbian, bisexual, or questioning, compared to students who reported their sexual orientation as straight. This indicates an increased need in identifying ways to support our most vulnerable youth.		
1.1.3	Provide presentations and training to school staff and administration about opioid prevention strategies.	ADAI	STR
1.1.4	Provide prevention grants to local health jurisdictions, community-based organizations, coalitions, local education partners and other partners to implement prevention strategies.	HCA DBHR	STR, SOR
Report	DBHR hosted an Opioid Roundtable on Sept 30 th with great engagement and conversations with several coalitions and community partners. We learned a lot about the opioid epidemic's impact on marginalized communities including how terminology is key. Some Spanish speaking populations do not know what the word "opioid" means and it cannot be translated easily into Spanish. We also learned that many community members have reported sharing prescribed opioids with other family members due to the lack of education about sharing prescriptions. DBHR is working with the Starts w/ One campaign to update and expand messaging in Spanish speaking communities.		
1.1.5	Provide grants to federally recognized tribes for specific strategies to prevent youth opioid misuse and abuse.	HCA DBHR	SABG, SOR
Report	Below is a list of the Washington State Tribes that are implementing specific opioid-related prevention programs and cultural programs. As a result of the COVID-19 pandemic, prevention programming implementation has been heavily impacted. Some modifications have been made and new programs have been added, but overall Tribal Communities are focused on their COVID-19 response. Spokane Tribe Kalispel Tribe Quileute Tribe Muckleshoot Tribe Nooksack Tribe		
1.2	STRATEGY 2: Promote use of best opioid prescribing practices among health care providers.	Lead Party	Funding Source*

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1.2.1	Implement the provisions of 2017 HB 1427 by developing opioid prescribing rules. By January 1, 2019 the boards and commissions will revise existing non-cancer pain rules created in 2011, and develop and implement rules regarding opioid prescribing in the acute, subacute, and perioperative phases of care. Issues addressed include prescribing limits, counseling on the risk of opioids, Prescription Monitoring Program use and use of alternative non-opioid pain management strategies.	DOH	GSF
Report	<ul style="list-style-type: none"> Boards and commissions implemented opioid prescribing rules as required by HB 1427 (2017). The last set of these rule sets to become effective January 28, 2019 (dental). 		
1.2.2	Complete the Bree Collaborative/Agency Medical Directors' Group Supplemental Guidance on Prescribing Opioids for Postoperative Pain.	LNI, Bree, AMDG	In kind
Report	<ul style="list-style-type: none"> The Bree Collaborative adopted the <u>Prescribing Opioids for Postoperative Pain – Supplemental</u> on July 2018 and AMDG has developed a <u>1-page poster</u> summarizing the opioid prescribing best practices for perioperative pain. 		
1.2.3	Educate health care providers on the Agency Medical Directors' Group (http://www.agencymeddirectors.wa.gov/) and Center for Disease Control and Prevention (https://www.cdc.gov/drugoverdose/prescribing/guideline.html) opioid prescribing guidelines and new opioid prescribing rules to ensure appropriate opioid prescribing. Current and future focus areas include educating dental providers, surgeons, and primary care and sports medicine specialists.	L&I HCA DBHR	STR
Report	<ul style="list-style-type: none"> HCA created two online e-courses around the WA State Opioid Prescribing Guidelines, utilizing the conference information from the 2019 Prescribing Conferences, and the Dental Guidelines for Opioid Prescribing, based on the content and guidelines from the Bree Collaborative. L&I is identifying and assessing provider education on opioid prescribing including chronic opioid therapy for any gaps, and will be developing educational offerings for providers as needed. 		
1.2.4	Provide technical assistance and coaching to providers and clinics on best opioid prescribing practices and non-opioid alternatives to improve outcomes for patients with pain, including those diagnosed with opioid use disorder. Current efforts include: <ul style="list-style-type: none"> Providing academic detailing and practice coaching to healthcare practices (e.g., Six Building Blocks model). Sustaining funding for UW TelePain and the University of Washington Opioid Consultation Hotline. Exploring the use of telemedicine. 	HCA, DOH, UW	STR, HCA, CDC-PFS
Report	UW Telepain continues to be well attended, especially due to the COVID-19 pandemic.		

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1.2.5	Enhance all healthcare higher education curricula on pain management, Prescription Monitoring Program use, and treatment of opioid use disorder (e.g., medical, nursing, physician assistant, pharmacy, and dentist curricula).	DOH, UW, WSU	CDC-PDO
Report	<ul style="list-style-type: none"> WSU continues with year 2 of 5 HRSA RESPECT grant that focuses on interprofessional education on OUD and pain (medicine, nursing, pharmacy, social work, addictions studies students). Awarded \$199K SAMHSA grant in September 2020 (PI Marian Wilson), 2 year grant targeting same health science student groups with curriculum focused on medications for addictions treatment. 		
1.2.6	Explore innovative methods and tools to deliver evidence-based alternatives and other promising practices to reduce overreliance on opioids for the treatment of pain while improving access to care and health outcomes. Focus areas include: <ul style="list-style-type: none"> Implementing collaborative care models; Evaluating evidence on the effectiveness of non-pharmacologic alternatives for pain and Medicaid coverage policies (not funded); Encouraging commercial health plans to cover evidence-based non-opioid treatments for pain; and Exploring the unique needs of those with co-existing pain and opioid use disorder. 	HCA, L&I, Bree	In kind
Report	<ul style="list-style-type: none"> L&I expanded coverage for non-opioid pharmacologic alternatives (effective January 1, 2019) as well as acupuncture for chronic low back pain (effective June 1, 2019). WSU is leading a group of complementary pain practitioners in a smaller project to work on inviting people on opioids to try non-pharmacological pain management options – funded by a private foundation grant and the Institute of Translational Health Science. Update: we are transitioning all study activities to virtual using Zoom and will see how beneficial pain consultations will be with massage, chiropractic, yoga and physical therapists. 		
1.2.7	Implement and/or promote policies to reduce unnecessary opioid prescribing for acute pain conditions, especially in the adolescent population. Focus areas include: <ul style="list-style-type: none"> Promoting partial fills per the Comprehensive Addiction Recovery Act and Pharmacy Commission; and Promoting the Medicaid and Public Employees Benefits opioid prescribing policy. 	L&I, Bree, DOH, HCA	In kind
Report	<ul style="list-style-type: none"> Federal (CARA) and state (SSB 5380) law authorizes partial fills of scheduled II controlled substance prescriptions. HCA has adopted Opioid Prescribing Policy for Medicaid and PEB. Additionally, HCA is in the process of implementing Sec 5042 of the SUPPORT Act, which relates to providers checking the PMP prior to writing prescriptions for controlled medications. This is federal legislation that state Medicaid programs must implement by 10/1/2021, and we have begun our communication campaign recently. HCA is also developing internal reports for better measuring and monitoring opioid prescribing, consistent with Sec 1004 of the SUPPORT Act. 		

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1.2.8	Develop guidelines to manage patients on high dose chronic opioids that might include identification of opioid use disorder, tapering strategies, use of non-opioid alternatives, and pain self-management education.	Bree	In kind
Report	<ul style="list-style-type: none"> The Bree Collaborative adopted Opioid Prescribing: Long-term Opioid Therapy Report and Recommendations on May 2020. L&I is developing a pilot with the goal of providing needed resources for workers on chronic opioid therapy, supporting busy providers caring for these patients, and providing mentorship and education for providers. The pilot will consist of a multidisciplinary or internal team to identify harms, barriers and suboptimal treatment for patients on chronic opioid therapy and determine resources that can help to address the issue. This pilot will rely heavily on regional field nurses to review the claim file to understand treatment history, gap in care and/or potential barriers or harm since the worker was on chronic opioid therapy, to engage workers/providers, and to coordinate care. The pilot is estimated to start second quarter 2021. L&I has also been exploring a pilot with a large health care system. 		
1.3	STRATEGY 3: Increase the use of the Prescription Drug Monitoring Program to encourage safe prescribing practices.	Lead Party	Funding Source*
1.3.1	<p>Increase the use of the Prescription Drug Monitoring Program among health care providers to help identify opioid use patterns, opioid/sedative co-prescribing, and indicators of poorly coordinated care. Focus areas include:</p> <ul style="list-style-type: none"> Promoting use of delegate accounts; Integrating Prescription Monitoring Program access through electronic medical record systems; Improving web-based access to the Prescription Monitoring Program; and Considering policies to require all prescribers to use the Prescription Monitoring Program before every opioid or sedative prescription. 	DOH	SABG
Report	<ul style="list-style-type: none"> 93 Healthcare Organizations (HCO) have integrated the PMP transaction to their Electronic Health Records (EHR) systems via Washington’s Health Information Exchange (HIE), with queries exceeding 5 million each month. PMP continues to educate and encourage the use of delegate accounts when providing technical support from the PMP helpdesk at DOH and when providing presentations via webinar. HCA is in the process of implementing Sec 5042 of the SUPPORT Act, which relates to providers checking the PMP prior to writing prescriptions for controlled medications. This is federal legislation that state Medicaid programs must implement by 10/1/2021, and we have begun our communication campaign recently. 		
1.3.2	<p>Share data with prescribers so they can understand their prescribing practices. Focus areas include:</p> <ul style="list-style-type: none"> Disseminating quarterly opioid prescribing reports to providers at health systems and medical groups so they can understand their compliance with the new Medicaid and Public Employee Benefits opioid prescribing policy for acute pain and update practice as necessary (HCA, WSHA, WSMA). 	HCA, WSMA, WSHA, DOH	SABG, GFS

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	<ul style="list-style-type: none"> Disseminating quarterly opioid prescribing reports to individual prescribers whose prescribing practices significantly differ from other prescribers in their specialty and quarterly reports to chief medical officer who want to understand the prescribing practices of their staff (DOH). Encouraging providers to look at their prescribing report within the Prescription Monitoring Program system. Encouraging facilities to have providers share their prescribing reports with clinical supervisors and medical directors on at least an annual basis. Sharing a quarterly updated Prescription Monitoring Program file to WSHA for Coordinated Quality Improvement Program use. 		
Report	<ul style="list-style-type: none"> PMP has joined the Better Prescribing, Better Treatment (BPBT) collaborative with WSHA, WSMA, and HCA. The collaborative developed new metrics for the revamped prescriber feedback report, the first of which went out in March of 2020 to over 8000 prescribers. The quarterly reports will go out to all prescribers and will contain a combination of BREE and non-BREE metrics. HCA is developing internal reports for better measuring and monitoring opioid prescribing, consistent with Sec 1004 of the SUPPORT Act. 		
1.4	STRATEGY 4: Educate the public about the risks of opioid use, including overdose.	Lead Party	Funding Source*
1.4.1	<p>Educate patients about best practices for managing acute pain, including the risks and benefits of opioids. Existing resources include:</p> <ul style="list-style-type: none"> Public Health--Seattle & King County materials: https://kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/task-forces/heroin-opiates-task-force.aspx (see document library link at the bottom) Veteran’s Administration materials (https://www.va.gov/PAINMANAGEMENT/Opioid_Safety/Patient_Education.asp). 	DOH, HCA	SOR, other
Report	The Region 10 Opioid Summit Planning Committee met on October 15, 2020, and given the continued concerns regarding COVID-19 decided to hold the 2021 Opioid Summit as a virtual event. The Planning Committee identified co-chairs of the Prevention, Intervention, Treatment, and Recovery workgroups.		
1.4.2	<p>Implement targeted and culturally appropriate public education campaigns (both print and web-based media) on the potential harms of prescription medication misuse and abuse and secure home storage of medication. Campaigns underway include:</p> <ul style="list-style-type: none"> Starts with One (https://getthefactsrx.com/) (HCA DBHR) One Tribal Opioid Campaign (http://www.watribalopioidsolutions.com/) (HCA DBHR) Statewide Rx Awareness Campaign (http://doh.wa.gov/oop) (DOH). Don’t Hang on to Meds (www.kingcounty.gov/donthangontomed) (King County) 	HCA DBHR, DOH, ADAI	STR, SOR, CDC PFS

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Report	<p>The Starts with One opioid prevention campaign planning team is doing outreach to acquire additional pharmacies to participate in our safe storage program. We have been reviewing/discussing special populations and diversity for the next iteration of the campaign implementation. For the next iteration of the tribal prevention campaign, we will be focusing its messaging on:</p> <ul style="list-style-type: none"> • Safe storage and disposal • Overdose response • Pregnant and parenting women • Overdose response • Medications for Opioid Use Disorder <p>The campaign is guided by the following goals:</p> <ul style="list-style-type: none"> • Raise awareness amongst tribal communities about the dangers of opioid misuse • Raise awareness of opioid misuse prevention strategies such as refusal skills, conversation starters and resiliency in addition to safe storage and disposal practices. • Raise awareness of how to prevent and respond to an opioid overdose in the context of tribal governments 		
1.5	STRATEGY 5: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse.	Lead Party	Funding Source*
1.5.1	Educate patients and the public on the importance and ways to store and dispose of prescription medications safely (e.g. It Starts with One campaign [https://www.getthefactsrx.com/], TakeBackYourMeds.org website, Safe Storage Interagency Workgroup).	HCA DBHR, WAPC	STR, SOR
Report	Coalitions are also planning for alternative take back events within their communities and DBHR is working with coalitions to help promote year round Rx Take Back locations or mail back envelopes. Coalitions are also actively working on drive through Rx Take Back events or promoting “every day is take back” and the permanent take back locations in their community.		
1.5.2	Implement the WA Secure Drug Take-Back Act (HB 1047) (http://lawfilesexst.leg.wa.gov/biennium/2017-18/Pdf/Bills/House%20Passed%20Legislature/1047-S.PL.pdf) to establish a statewide drug take back program and ensure drop boxes are accessible to communities across the state.	DOH, HCA DBHR	SABG
Report	DOH officially approved a proposal from MED-project to run the safe medication return program on May 25, 2020 and the program is set to go-live on November 21, 2020.		

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1.5.3	Provide funding to community-based organizations and coalitions to promote safe storage products and community use of secure medicine disposal sites.	HCA DBHR	SOR
Report	SOR II Funding was awarded to HCA and allowed the agency to renew 9 contracts with prevention contractors to implement opioid prevention programming in their high need communities. A number of challenges exist with virtual program implementation due to COVID-19, but community-based organization contractors are working tirelessly to meet the need in their communities. This includes providing virtual programming, adaptations to regular programming, drive through Take Back Day options, and socially distanced parenting programs.		
1.6	Strategy 6: Decrease the supply of illegal opioids.	Lead Party	Funding Source
1.6.1	Begin engaging stakeholders to discuss potential new policies to eliminate paper prescriptions.	AG with DOH (PQAC)	
Report	<ul style="list-style-type: none"> Federal (SUPPORT Act) and state (SSB 5380) law require electronic transmission of controlled substance prescriptions by January 1, 2021. Filed the 101 with the code reviser's office week of 1/6/20. 		
1.6.2	Develop criteria for when opioid distributors should report suspicious orders to Pharmacy Quality Assurance Commission (PQAC).	AGO with DOH (PQAC)	
Report	<ul style="list-style-type: none"> PQAC is planning to hold additional stakeholder meetings to discuss draft criteria and recommendation and working with distributor association to identify other potential actions. 		
1.6.3	Enabled investigators in Washington's Medicaid Fraud Unit to be appointed as limited authority peace officers for Medicaid fraud investigations.	AGO with CJOW	
Report	<ul style="list-style-type: none"> Medicaid Fraud Control Unit (MFCU) has the authority to investigate fraud cases through final CMS rule changes effective May 21, 2019. MFCU is working with law enforcement on suspicious cases. 		
1.6.4	Disrupt and dismantle organizations responsible for trafficking narcotics by restoring resources for multi-jurisdictional drug-gang task forces.	AGO with CJOW	
Report	<ul style="list-style-type: none"> No activity at this time 		
1.6.5	Adopt enhanced criminal penalties for trafficking of fentanyl and fentanyl analogues.	AGO with CJOW	

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Report	<ul style="list-style-type: none">• No activity at this time
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Goal 2: Identify and Treat Opioid Use Disorder

Strategies 1 & 2
November 19, 2020

Jessica Blose
Patricia Dean

Goal 2: Identify and Treat Opioid Use Disorder

- ▶ **2.2.1: Educate providers across all health professions about the signs of opioid misuse, screening for opioid use disorder, and the harms of stigmatizing people with opioid use disorder.**

On June 22 and July 7, 2020 the Center for Drug Safety and Services Education at ADAI hosted a virtual summit to bring people together to improve health, equity, and justice for people who use drugs, with the following goals:

- Increase understanding of the perspectives of people who use drugs: in order to increase insight and compassion so that services are both welcoming and impactful.
- Increase understanding of the importance of equitable access to health care and other necessary services.

Goal 2: Identify and Treat Opioid Use Disorder

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On June 22 and July 7, 2020 the Center for Drug Safety and Services Education at ADAI hosted a virtual summit to bring people together to improve health, equity, and justice for people who use drugs, with the following goals:

- Connect people within their communities: to build strong working relationships that strengthen capacity to deliver great care that is equitable and just.
- Build partnerships: to catalyze and energize ongoing regional and statewide work.
- Walk away with fresh ideas: to improve practices to address the needs of people who use drugs in their community.

Goal 2: Identify and Treat Opioid Use Disorder

- ▶ **2.2.4: Increase the number and/or capacity of OTPs and encourage OTPs to offer all medications approved by the FDA for the treatment of OUD.**

- 29 OTP's currently in Washington State currently:
- One new OTP, the State's 30th will be opening in Richland, WA by January 1, 2021, bringing Methadone access to the Tri-Cities area of Washington for the first time ever. To be owned and operated by ORTC out of Oregon.

Tri-Cities Treatment Center

1445 Spaulding Ave.

Richland, WA 99352

- Additionally, two more tribal partners are in talks with WA DOH to apply for OTP including the Jamestown S'Klallam Tribe and the Tulalip Tribe.

Goal 2: Identify and Treat Opioid Use Disorder

- ▶ **2.2.4: Increase the number and/or capacity of OTPs and encourage OTPs to offer all medications approved by the FDA for the treatment of OUD.**

HCA legislative report to identify the complex treatment needs of individuals with opioid use disorder in Opioid Treatment Programs as per SSB 5380, C 314 L 19, Sec. 28(6)(b).

- WSATOD-OTP Provider Group-100% participation from all 30 of WA OTP
- WA Health Care Authority staff are meeting with WA OTP Provider stakeholders in month of December to review listing of standardized services under consideration to finalize listing
- As one example, will be reviewing approving standards for WA OTP to offer all three FDA approved medications for the treatment of OUD and naloxone as well as HCV medications, universal guest dosing forms and protocols etc.

Goal 2: Identify and Treat Opioid Use Disorder

▶ 2.2.8: Strengthen acceptance of OUD medications in residential programs serving persons with OUD.

Work to Date:

- SUD IMD 1115 Waiver, Milestone 3C— Centers for Medicare/Medicaid Services (CMS) lead to a requirement that all SUD inpatient and withdrawal management facilities offer MAT on-site or facilitate access off-site
- As of January 1, 2020, all SUD residential and withdrawal management facilities that receive Medicaid funding are required to facilitate MAT for patients under emergency HCA WAC 182-502-0016
- Methadone, Buprenorphine, and Naltrexone must all be accepted and no allowances for arbitrary titration of client medications as condition of admission
- Patients can be inducted on medications, if desired; then transitioned to ongoing treatment in their community when discharged.

Direct policy questions to:

- ▶ Jessica Blose, CQCT, via email at: jessica.blose@hca.wa.gov

Goal 2: Identify and Treat Opioid Use Disorder

2.2.8: Strengthen acceptance of OUD medications in residential programs serving persons with OUD.

New Work:

- HCA Proposed permanent rule making to HCA WAC 182-502-0016

Purpose:

- HCA is amending the aforementioned emergency rule from the previous slide in order to:
- Meet the Centers for Medicare and Medicaid Services (CMS) milestone requirement 3 regarding the agency's Section 1115 Substance Use Disorder (SUD) Waiver Implementation. Milestone 3 requires the adoption of rules reflecting the requirement that residential treatment facilities offer medication assisted treatment access on-site or facilitate off-site access.
- Extend this requirement to include all behavioral health agencies and all behavioral health providers practicing within these agencies. This new rule would require all behavioral health agencies, of all kinds, to accept all clients, taking any medication that can be self administered, for any medically necessary reason.

To request to comment on the proposed permanent rule, please direct policy questions to:

- ▶ Jessica Blose, CQCT, via email at: jessica.blose@hca.wa.gov with a cc: to michael.williams@hca.wa.gov.

Goal 2: Identify and Treat Opioid Use Disorder

► 2.2.8: Strengthen acceptance of OUD medications in residential programs serving persons with OUD.

New Work:

- DOH proposed permanent rule making to DOH WAC 246-341 series

Purpose:

- DOH is amending WAC related to SUD RTF providers in order to
- Meet the Centers for Medicare and Medicaid Services (CMS) milestone requirement 3 regarding the agency's Section 1115 Substance Use Disorder (SUD) Waiver Implementation. Milestone 3 requires the adoption of rules reflecting the requirement that residential treatment facilities offer medication assisted treatment access on-site or facilitate off-site access.
- All residential and withdrawal management facilities licensed by WA DOH will required to facilitate OUD medication access for patients under WAC 246-341 series, SUD RTF rules section.
- Methadone, Buprenorphine, and Naltrexone must all be accepted and no allowances for arbitrary titration of client medications as condition of admission
- Patients can be inducted on medications, if desired; then transitioned to ongoing treatment in their community when discharged.

Please direct policy questions to

- Michelle Weatherly, DOH, at michelle.weatherly@doh.wa.gov; and Jessica Blose, HCA via email at: jessica.blose@hca.wa.gov

Goal 2: Identify and Treat Opioid Use Disorder

▶ 2.2.13: Develop a state response strategy to respond to:

- ▶ Spikes in fentanyl overdose deaths
- ▶ Disruptions to opioid treatment programs during natural disasters

An interagency workgroup between Department of Health and Health Care Authority has launched as of October 2020 : **Drug Response Team (DRT)**

The DRT will respond to three different types of drug-related public health events:

1. Unusual, sustained surge in drug overdoses;
2. Pain clinic closure; or
3. Unexpected loss/closure of an Opioid Treatment Program; or Unexpected loss/closure of an Office-based Opioid Treatment provider

Goal 2: Identify and Treat Opioid Use Disorder

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An interagency workgroup between Department of Health and Health Care Authority has launched as of October 2020 : Drug Response Team (DRT)

- Protocols have been developed for a Drug Response Team to respond to drug overdoses that may exceed the capacity of local LHJ or Tribal partner to respond
- Protocols have been shared with LHJ and Tribal partners
- Training materials for HCA/DOH interagency DRT staff roster have been developed
- Preparation assignments have been sent to HCA/DOH team roster
- The DRT has gone live with the LHJ and is awaiting initial “activation” and “deployment”

Goal 2: Identify and Treat Opioid Use Disorder

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Health Care Authority has also been working with DOH to develop emergency planning protocols for both Opioid Treatment Programs (OTP) and Office Based Opioid Treatment (OBOT) Providers due to COVID-19:

- Protocols have been developed for a interagency state response to an OTP emergency closure scenario due to COVID-19
- WA Health Care Authority has purchased OTP Central Registry Software called Lighthouse Central Registry for all Washington State OTP to store client PHI and dosing information in cloud based platform, to be used in emergency closure scenarios to help coordinate clients to be dosed at other OTP and/or offsite in a temporary OTP site. OTP Central Registry launched Oct. 15, 2020.
- OTP specific COVID-19 guidance updated by the State for Winter 2020/2021 COVID-19 surge
- OTP provider COVID-19 Toolkit being developed and will be out by Dec. 1, 2020.

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Health Care Authority has also been working with DOH to develop emergency planning protocols for both Opioid Treatment Programs (OTP) and Office Based Opioid Treatment (OBOT) Providers due to COVID-19 :

- Protocols have been developed for a interagency state response to an OBOT emergency closure scenario due to COVID-19
- OBOT specific COVID-19 guidance updated by the State for Winter 2020/2021 COVID-19 surge
- Protocols have been developed for State response to a pain management clinic emergency closure scenario due to COVID-19

Direct policy questions to:

- ▶ Jessica Blöse, HCA via email at: jessica.blöse@hca.wa.gov and Rachel Meade, DOH via email at: rachel.meade@doh.wa.gov

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HCA and State resources for COVID-19 Related to Opioid Treatment

HCA COVID-19 Guidance for office based opioid treatment (OBOT) DATA 2000 waiver prescribers:

<https://www.hca.wa.gov/assets/billers-and-providers/office-based-opioid-treatment-covid-19-faq.pdf>

HCACOVID-19 Guidance for Opioid Treatment Programs (OTP): <https://www.hca.wa.gov/assets/program/opioid-treatment-program-faq.pdf>

HCA COVID-19 Guidance for all things billing:

<https://www.hca.wa.gov/information-about-novel-coronavirus-covid-19>

Washington State's COVID-19 website:

<https://coronavirus.wa.gov/>

Washington State Department of Health COVID-19 website:

<https://www.doh.wa.gov/Emergencies/Coronavirus>

Direct policy questions to:

▶ Jessica Blose, Washington State Opioid Treatment Authority at HCA via email at: jessica.blose@hca.wa.gov

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Other COVID-19 Related Opioid Treatment Resources:

American Society of Addiction Medicine (ASAM) published guidance and resources for COVID-19:

<https://www.asam.org/Quality-Science/covid-19-coronavirus>

Substance Abuse and Mental Health Services Administration (SAMHSA) published guidance and resources for COVID-19 : <https://www.samhsa.gov/coronavirus>

Drug Enforcement Agency (DEA) published guidance and resources for COVID-19:

<https://www.deadiversion.usdoj.gov/coronavirus.html>

University of Washington ADAI/AIMS: Providing MOUD During COVID-19. Please find slides from the session attached and a recording posted here: <https://vimeo.com/400667787/131e0c784b>

Direct policy questions to:

▶ Jessica Blose, Washington State Opioid Treatment Authority at HCA via email at: jessica.blose@hca.wa.gov

Goal 2: Identify and Treat Opioid Use Disorder

- ▶ **2.2.5: Engage and retain people with opioid use disorder in treatment and recovery services.**
- ▶ **2.2.6: Identify policy gaps and barriers that limit availability and utilization of all medications approved by the Food and Drug Administration for the treatment of opioid use disorder and develop policy solutions to expand capacity.**

Roadmap to Recovery resources:

- July 2019, CMS announced two-part funding opportunity
- September 2019, Washington State was selected for this CMS grant.
- Washington State Health Care Authority began to develop policy framework under Section 1003 of the SUPPORT Act to create a “Roadmap to Recovery” .
- This “Roadmap” will help Washington State Healthcare Authority to determine policies and timeline that the state could implement to direct and accelerate statewide future innovation in whole-person, integrated SUD and physical health care.

Goal 2: Identify and Treat Opioid Use Disorder

- ▶ 2.2.5: Engage and retain people with opioid use disorder in treatment and recovery services.
- ▶ 2.2.6: Identify policy gaps and barriers that limit availability and utilization of all medications approved by the Food and Drug Administration for the treatment of opioid use disorder and develop policy solutions to expand capacity.

Roadmap to Recovery resources:

- Medicaid transformation efforts- Accountable Community Health (ACH) activities, including Project 3A: Addressing the Opioid Use Public Health crisis
- Integrated physical and BH care via Medicaid Fee for Service and Medicaid Managed Care
- SUD IMD Waiver (including enhancements to the PDMP)
- Anticipated IMD waiver
- Critical BH programs- SOR grant recipients, SABG recipients, and other publicly funded SUD programs including providers offering medications for the treatment of OUD and recovery support services.
- Health IT (HIT) and health information exchange (HIE)

Goal 2: Identify and Treat Opioid Use Disorder

- ▶ 2.2.5: Engage and retain people with opioid use disorder in treatment and recovery services.
- ▶ 2.2.6: Identify policy gaps and barriers that limit availability and utilization of all medications approved by the Food and Drug Administration for the treatment of opioid use disorder and develop policy solutions to expand capacity.

Roadmap to Recovery Populations Targeted:

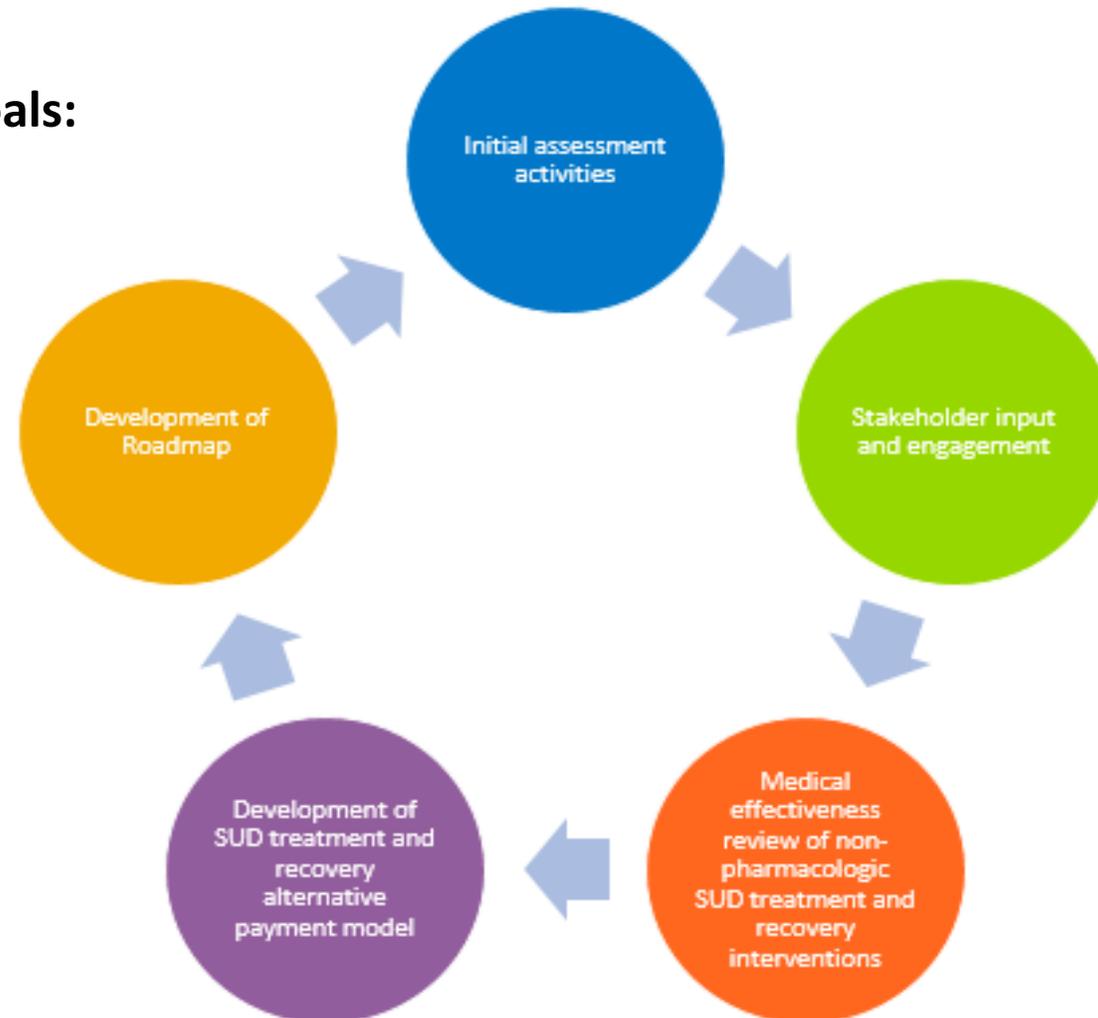
Medicaid beneficiaries with SUD, including OUD include:

- Pregnant and post-partum women with SUD
- Adolescents, age 13-18
- Transition Age Youth Adults (TAYA), age 16-25
- Individuals who receive services at syringe service programs (SSPs)
- American Indian and Alaska Natives with SUD/OUD
- Justice involved individuals
- Those experiencing homelessness

Goal 2: Identify and Treat Opioid Use Disorder

▶ 2.2.5 and 2.2.6

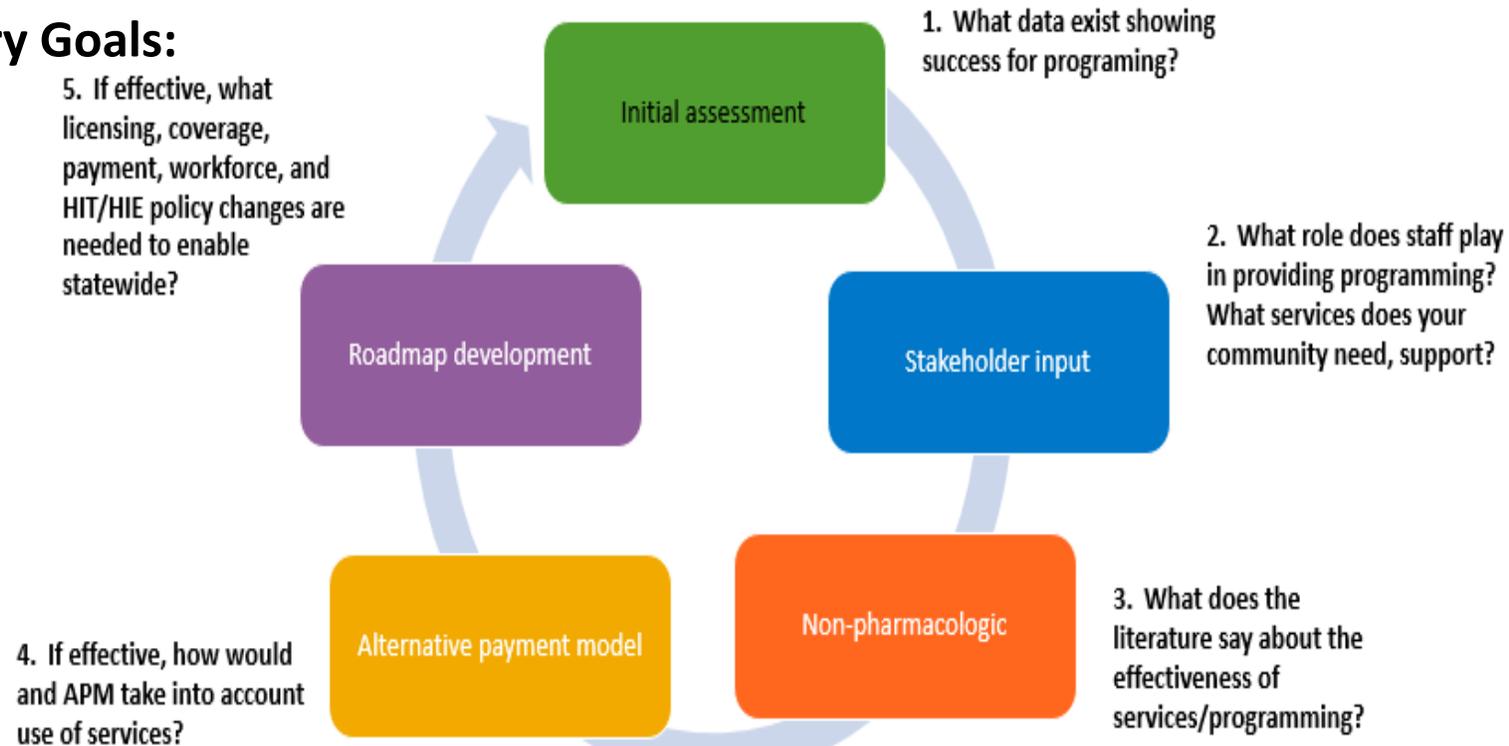
Roadmap to Recovery Goals:



Goal 2: Identify and Treat Opioid Use Disorder

▶ 2.2.5 and 2.2.6

Roadmap to Recovery Goals:





Thank you!

Please contact us with questions:

▶ Jessica Blose

Jessica.blose@hca.wa.gov
360-485-2895

▶ Patricia Dean

Patty.dean@hca.wa.gov
360-725-9561

Washington State
Health Care Authority

Updates to Overdoses in WA State

Recent updates with 2019 and 2020 preliminary data

WA DOH – IVP/S&E
ORWG Meeting 19Nov2020

Drug overdose deaths

- The overdose death data are from Washington DOH Death Certificates.
- The definition of drug overdose is based on ICD-10.
- **any_drug** is defined by the following ICD-10 codes as underlying causes of death:
 - **X40-X44**: Accidental poisonings by drugs
 - **X60-X64**: Intentional self-poisoning by drugs
 - **X85**: Assault by drug poisoning
 - **Y10-Y14**: Drug poisoning of undetermined intent
- Once a case is a drug overdose as defined above, specific drugs can be defined from the multiple causes of death, allowing multiple choices in case of polysubstance.

Confirmed Washington State overdose deaths

Data last updated on 2020-11-16 08:30:35

Drug Type	2020	2019	2018	2017
Any Drug	1053	1228	1181	1163
Any Opioid	723	803	744	739
Cocaine	136	131	129	111
Fentanyl	398	310	198	120
Heroin	241	337	329	306
Methadone	66	73	96	119
Methamphetamine	429	556	486	391
Natural Semi Synth	137	196	218	249
Psycho Stimulant	414	530	473	390
Rx Opioid Non Fentanyl	190	260	305	342
Synth Not Methadone	403	323	224	142

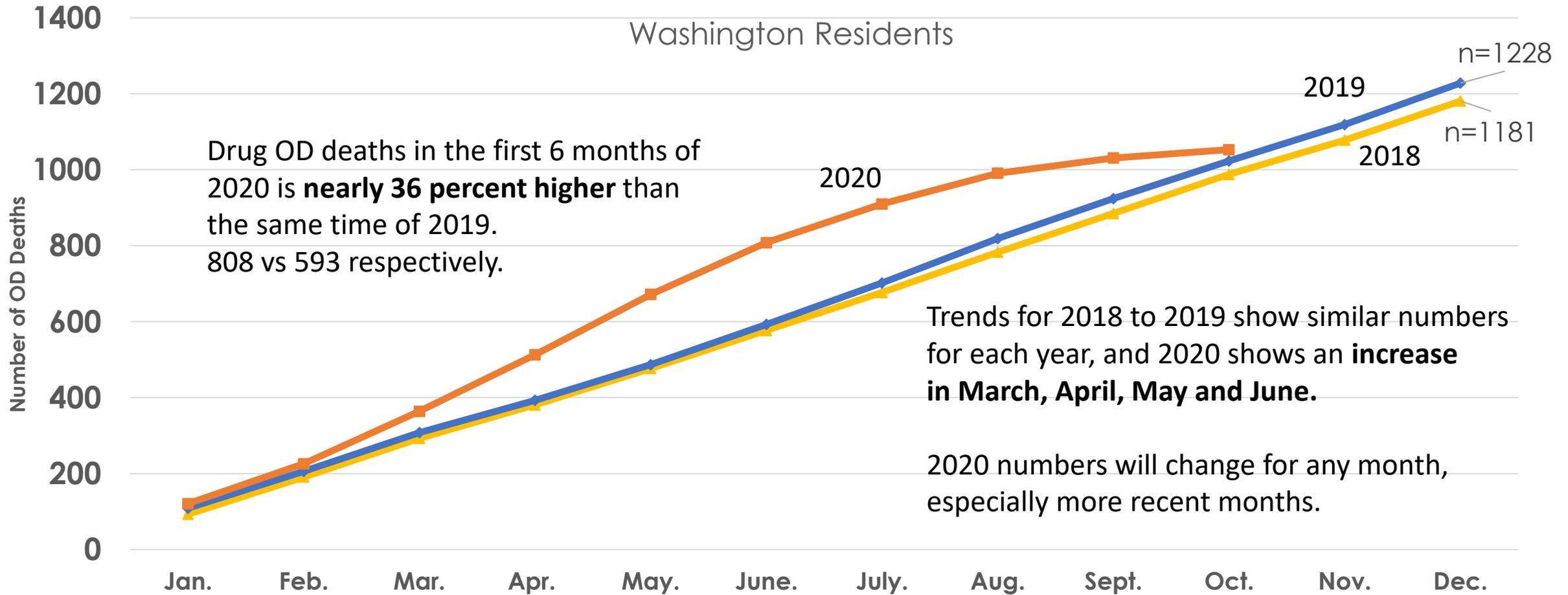
2020 OD deaths
already higher than
the number for
2019

2019 data is not yet finalized and
could change.

2020 data will change.

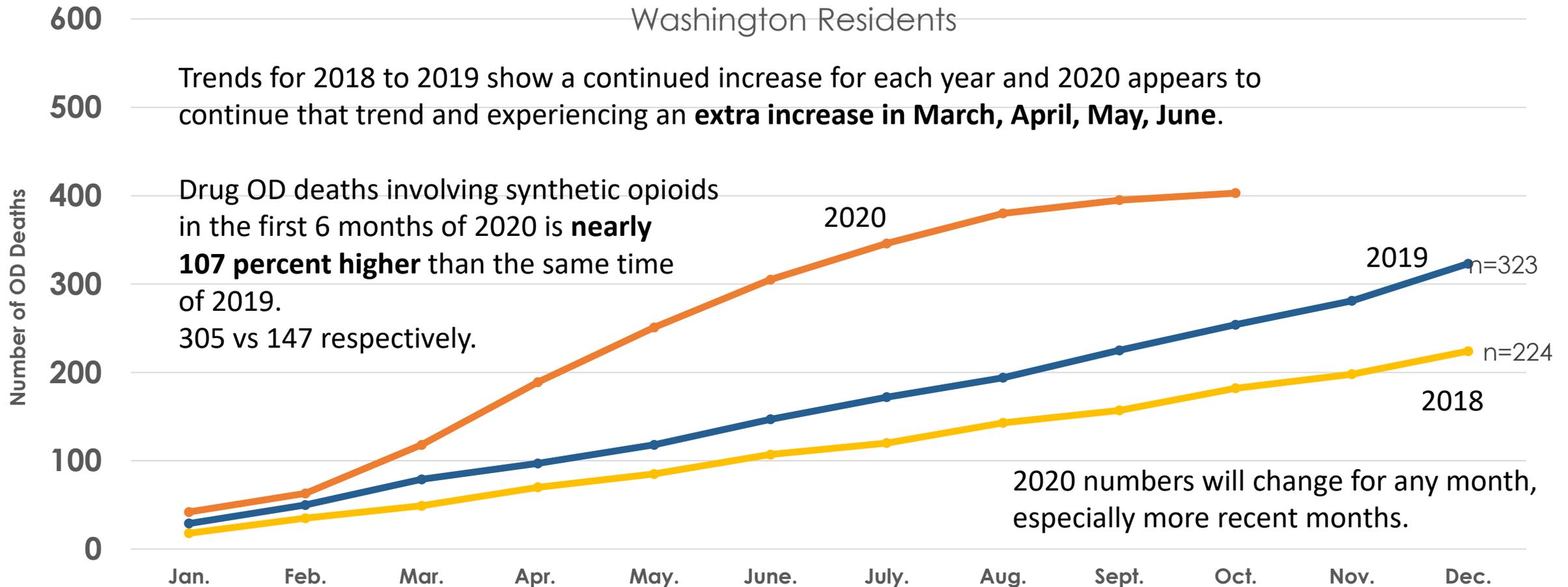
Data is as of 16Nov2020.
Source: DOH Death certificates

Annual cumulative overall drug overdose deaths by month (2018-2020*)



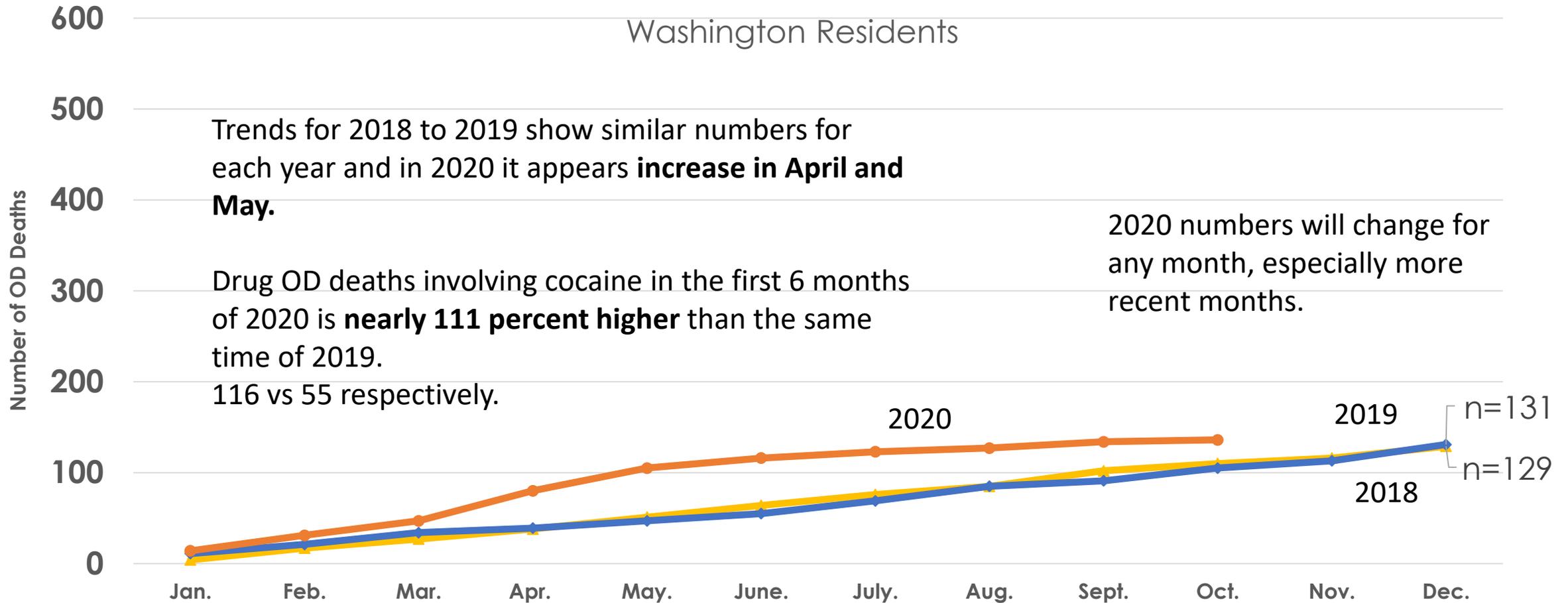
- 2019 & 2020 data not finalized.
- Data run: 16Nov2020

Annual cumulative drug overdose deaths involving non-methadone synthetic opioids by month (2018-2020*)



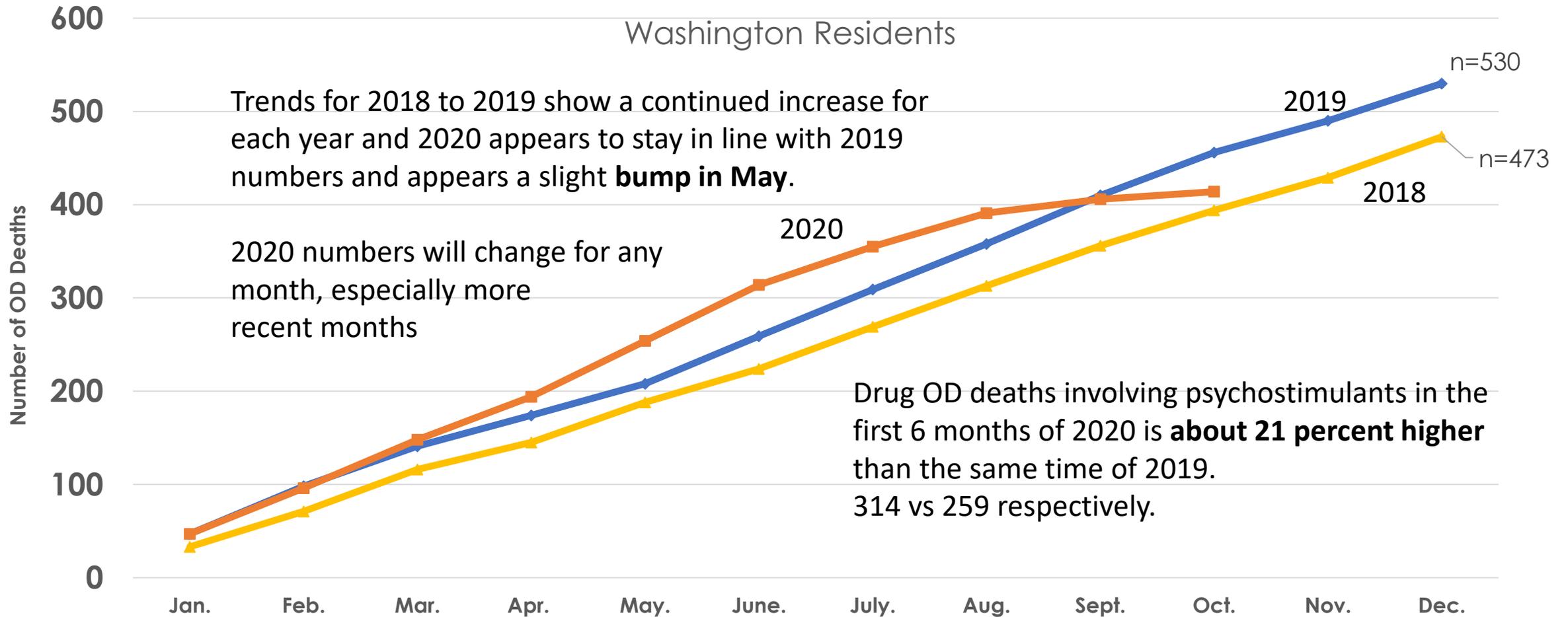
- 2019 & 2020 data not finalized.
- Data run: 16Nov2020

Annual cumulative drug overdose deaths involving cocaine by month (2018-2020*)



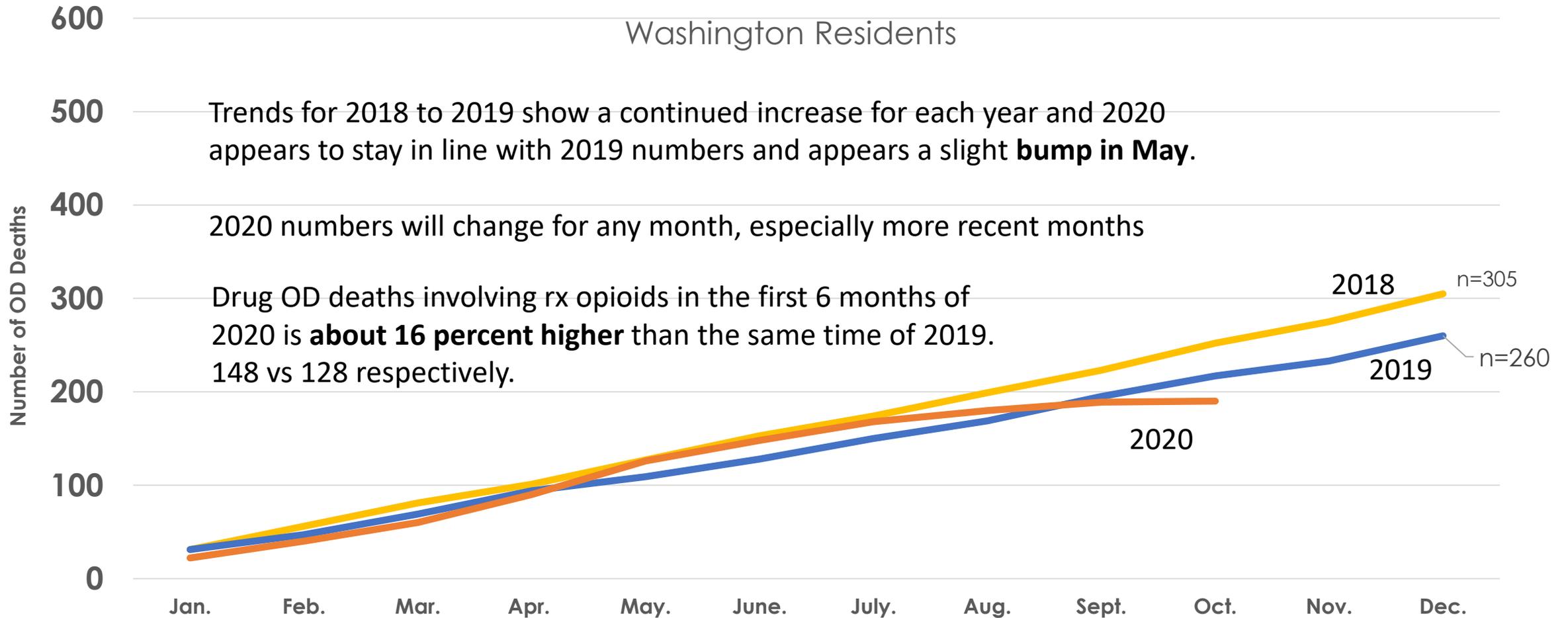
- 2019 & 2020 data not finalized.
- Data run: 16Nov2020

Annual cumulative drug overdose deaths involving psychostimulants by month (2018-2020*)



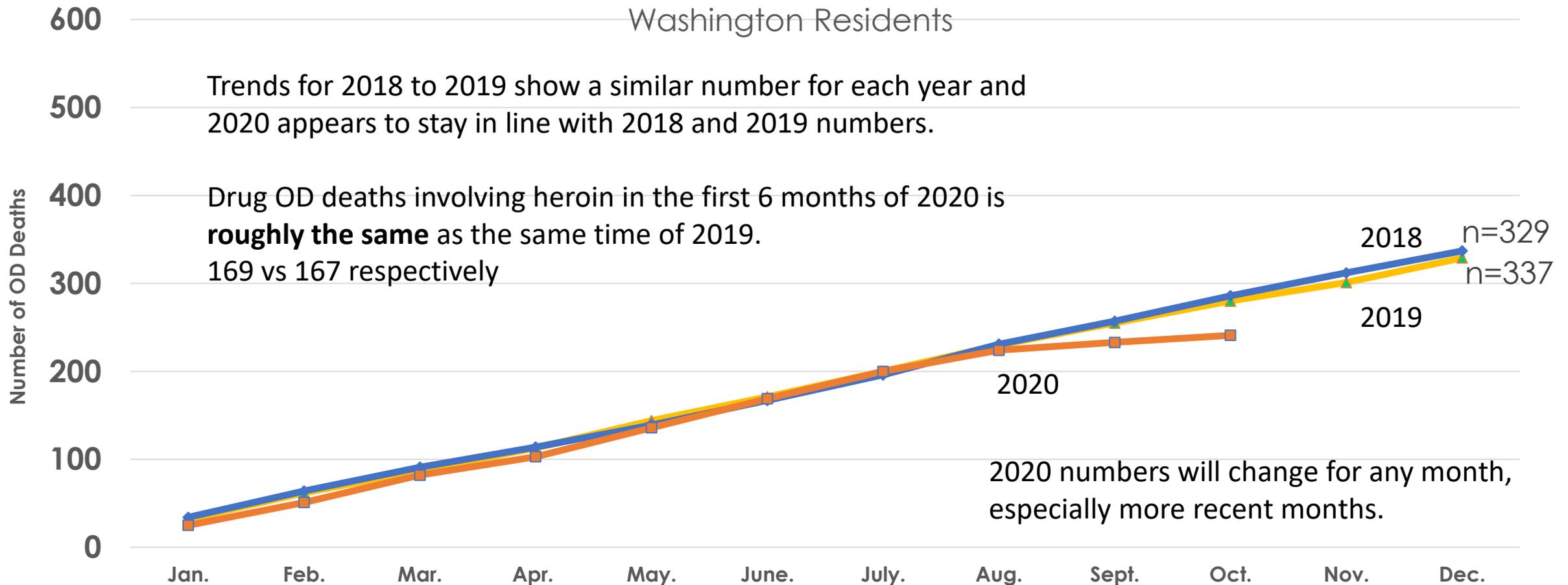
- 2019 & 2020 data not finalized.
- Data run: 16Nov2020

Annual cumulative drug overdose deaths involving Rx opioids by month (2018-2020*)



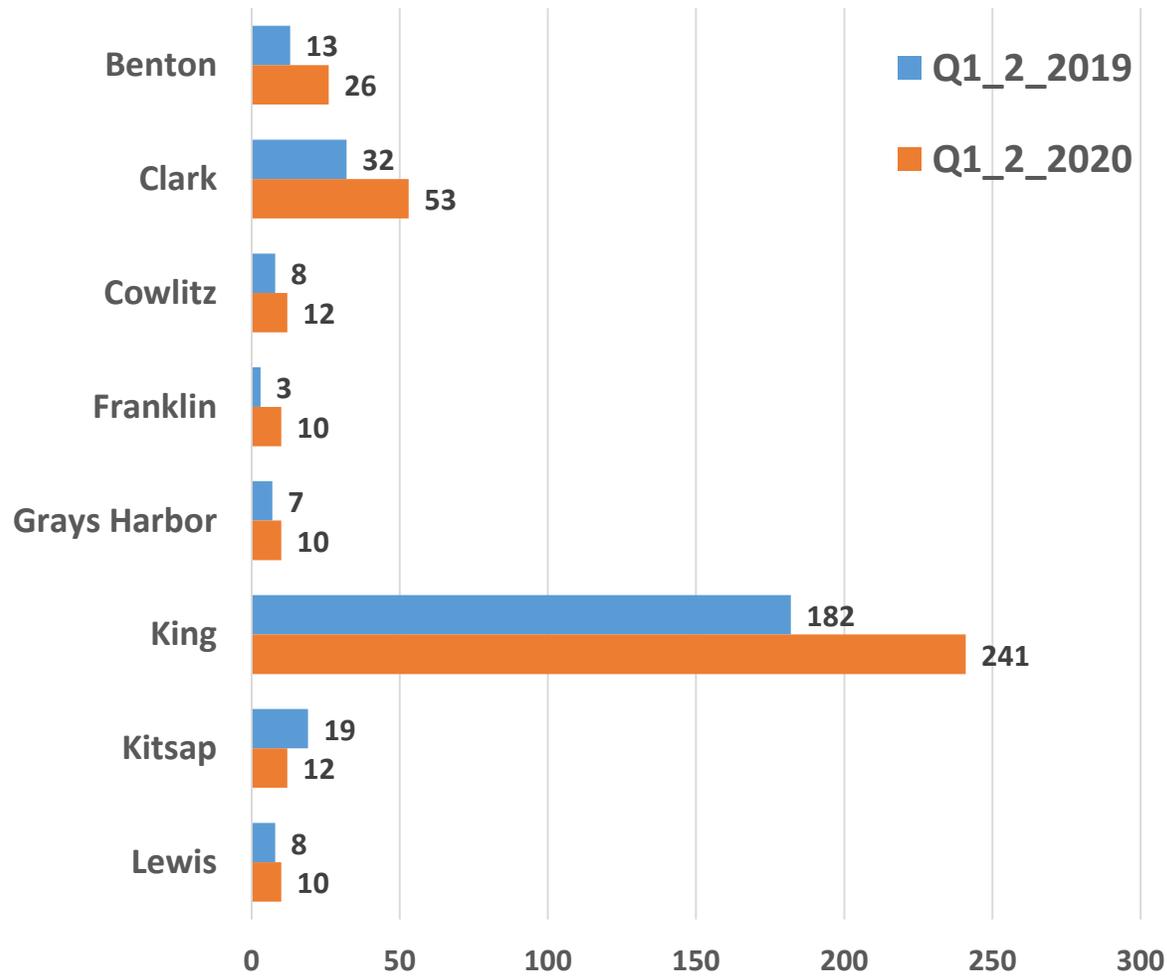
- 2019 & 2020 data not finalized.
- Data run: 16Nov2020

Annual cumulative drug overdose deaths involving heroin by month (2018-2020*)



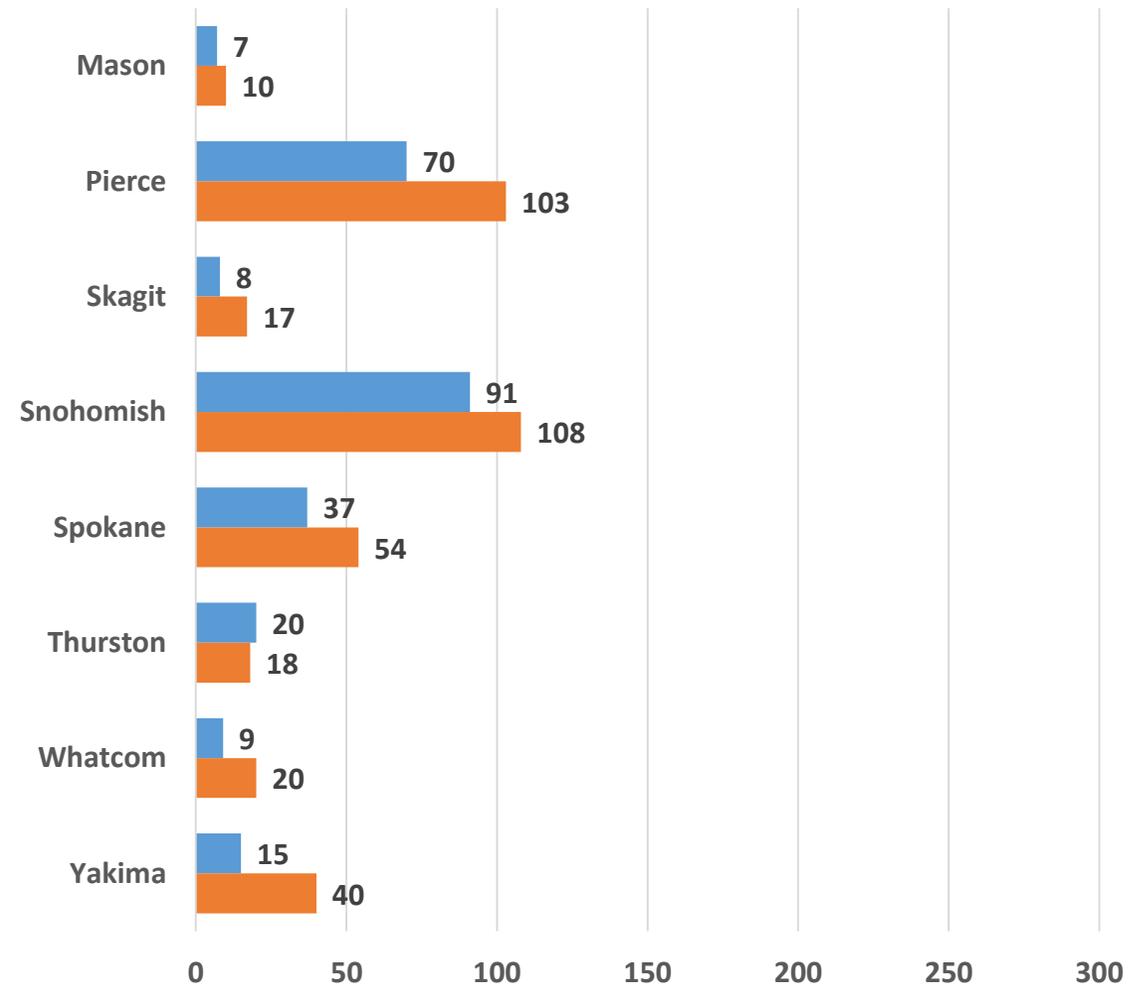
- 2019 & 2020 data not finalized.
- Data run: 16Nov2020

Overall drug overdose death counts by county compare first 6 months of 2019 and 2020



Counties with at least 10 OD deaths in 2019 or 2020

Data for first 6 months of 2019 and 2020.

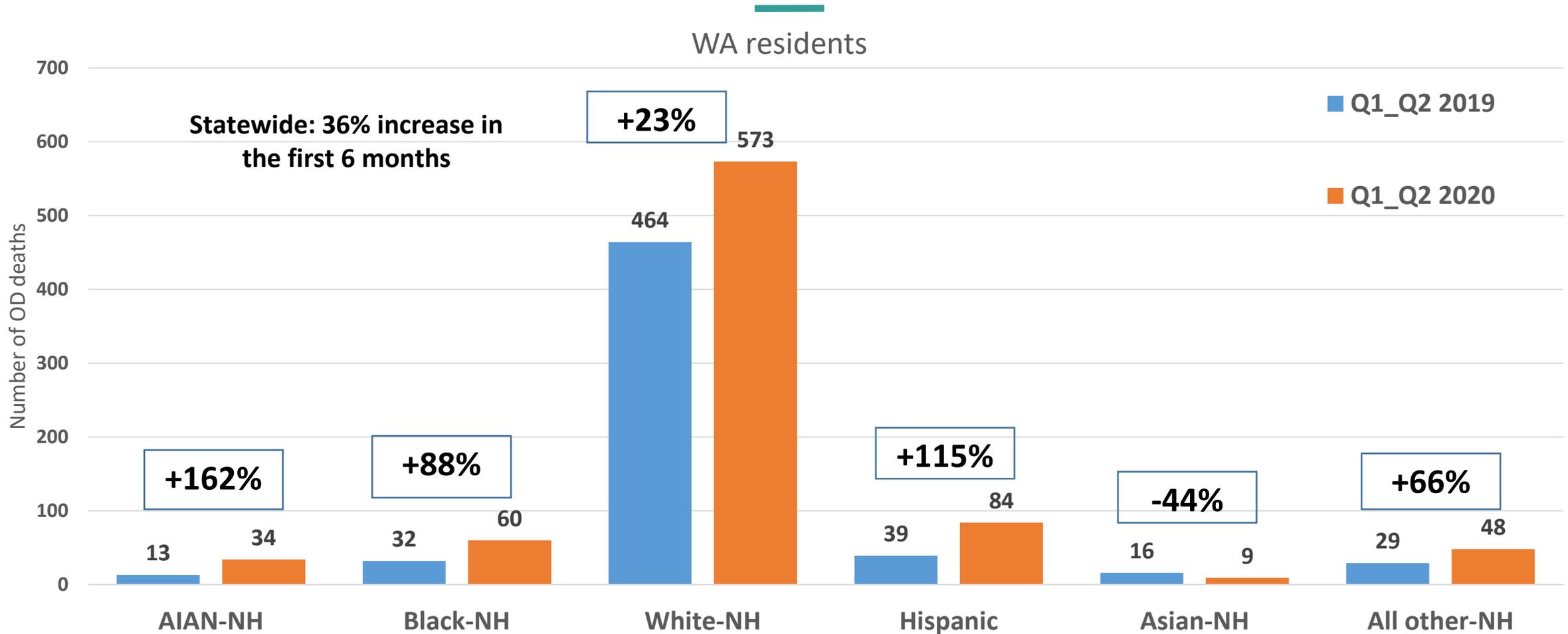


2019 data is not finalized, and 2020 numbers will change.

Data as of 16Nov2020

Source: DOH death certificates

Overall drug overdose death counts by race compare first 6 months of 2019 and 2020

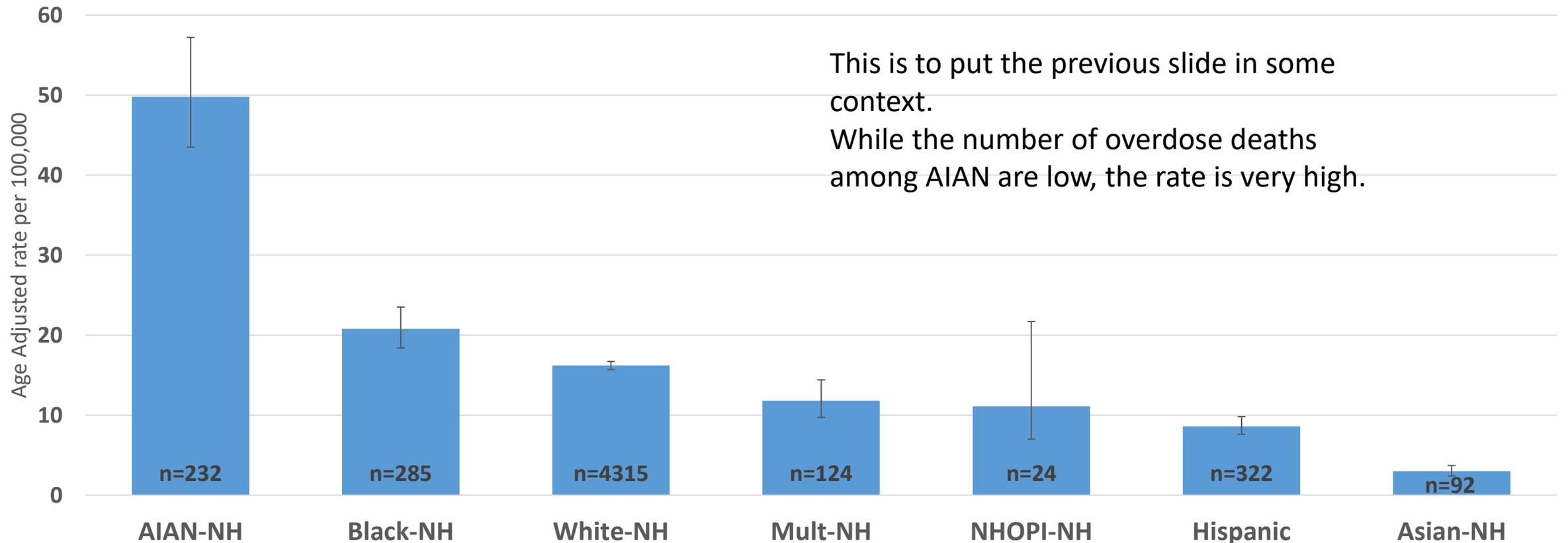


2019 data is not finalized, and 2020 data will change. NH: Non-Hispanic AIAN: American Indian/Alaskan Native
Data as of 16Nov2020

All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)

Drug overdose deaths disproportionately affect American Indian and Alaskan Native populations

WA residents (2014-2018)

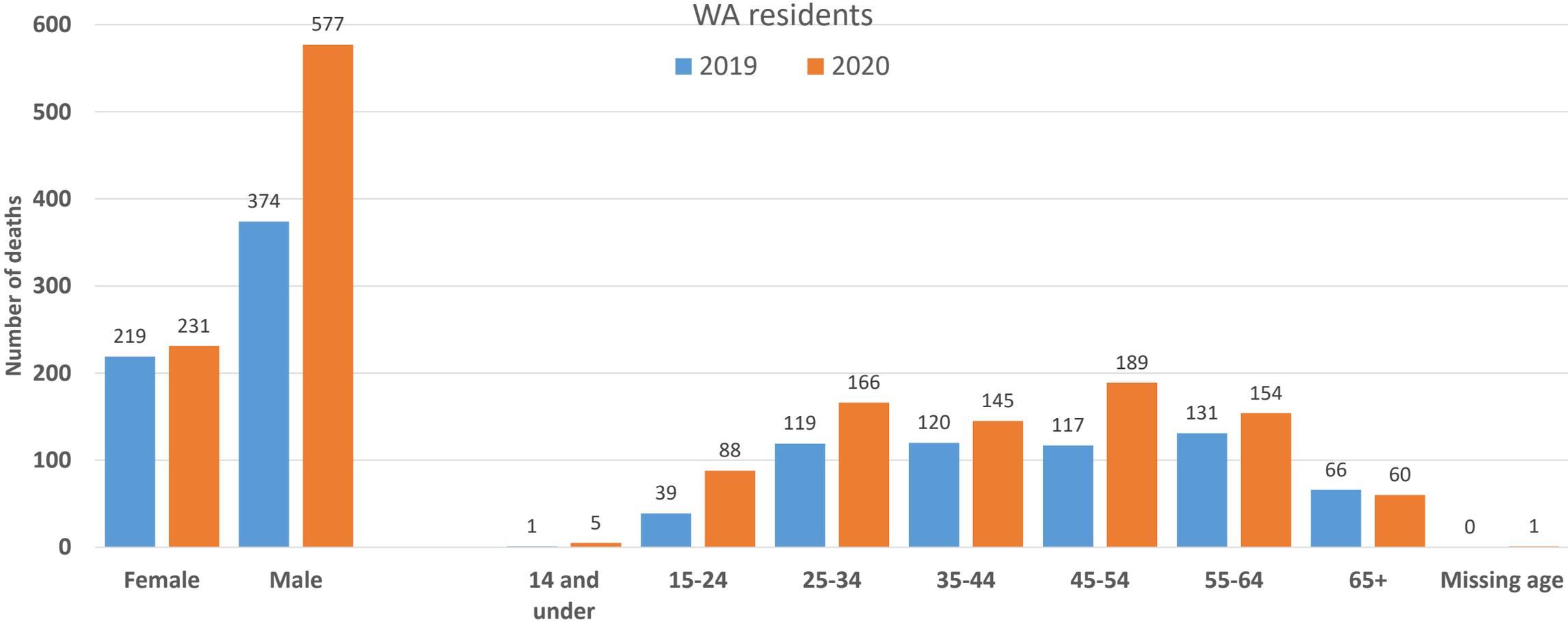


This is to put the previous slide in some context. While the number of overdose deaths among AIAN are low, the rate is very high.

NH: Non-Hispanic
AIAN: American Indian/Alaskan Native

NHOPI: Native Hawaiian or Other Pacific Islander
Multi: Multi-racial

Overall drug overdose death counts by age and sex compare first 6 months of 2019 and 2020



2019 data is not finalized, and 2020 numbers will change.

Data as of 16Nov2020

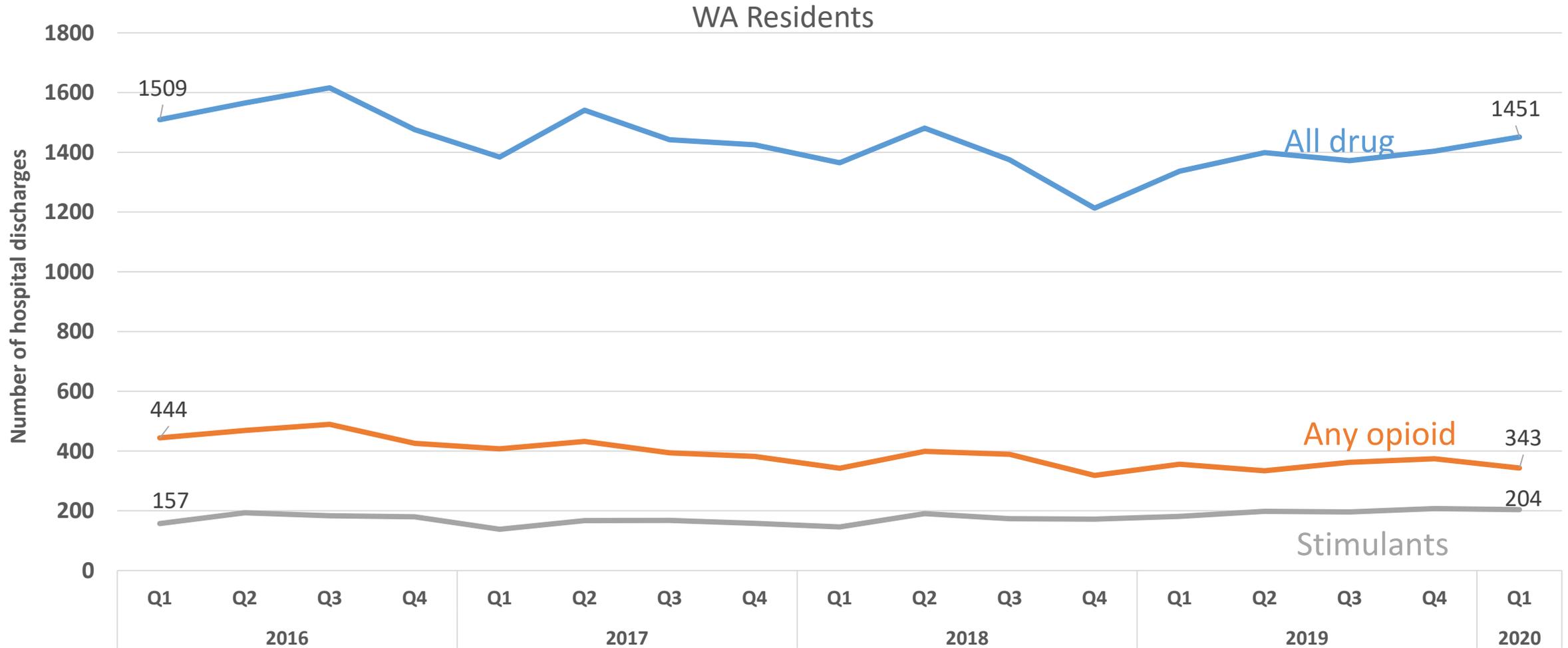
Overdose hospitalizations

- The hospital discharge data are from CHARS
 - Comprehensive Hospital Abstract Reporting System (CHARS).
- The definition of drug overdose is based on ICD-10-CM.
- The data are available quarterly. The latest being the first quarter of 2020.

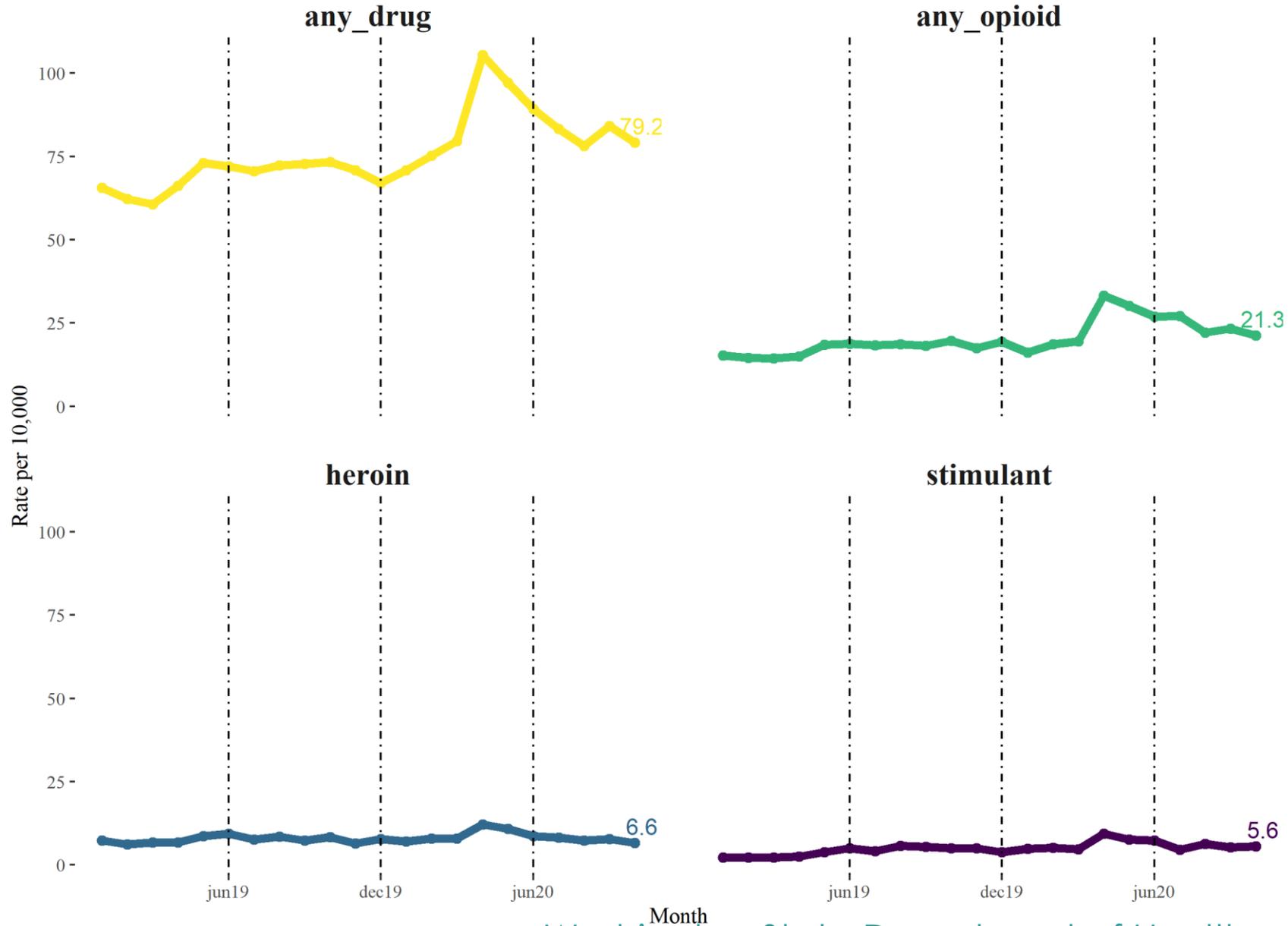
Hospital Discharge Drug Indicators

- Opioid overdoses were identified by searching for the appropriate ICD-10-CM in all the multiple diagnosis codes and e-codes fields available. No limitations were made on the number of *diagnosis* and *e-code* fields.
 - **Any Drug:** T36-T50 (Poisoning by drugs, medicaments and biological substances)
 - **Any Opioid:** T40.0X (Poisoning by opium), T40.1X (Poisoning by heroin), T40.2X (Poisoning by other Opioids), T40.3X (Poisoning by methadone), T40.4X (Poisoning by synthetic narcotics), T40.60 (Poisoning by unspecified narcotics), T40.69 (Poisoning by other narcotics)
 - **Stimulants:** T40.5x (Poisoning by cocaine), T43.60 (Poisoning by psychostimulants), T43.61 (Poisoning by of caffeine), T43.62 (Poisoning by amphetamines), T43.63 (Poisoning by methylphenidate), T43.64 (Poisoning by ecstasy), T43.69(Poisoning by other psychostimulants)
- ED overdose definition use these same codes
- The intent when known is restricted to unintentional, intentional self-harm, assault and undetermined intent
- The encounters are limited to *initial* encounter or missing encounter
- Hospitalization discharges from Out-of-state hospitals, federal hospitals, rehabilitation centers, and psychiatric hospitals, and those who died before discharge are excluded from the numbers.

Number of non-fatal hospital discharges by quarter and drug type



Drug OD ED Rate
From January 2019 to October 2020



Drug OD ED visit rate.

Note peak in April 2020.

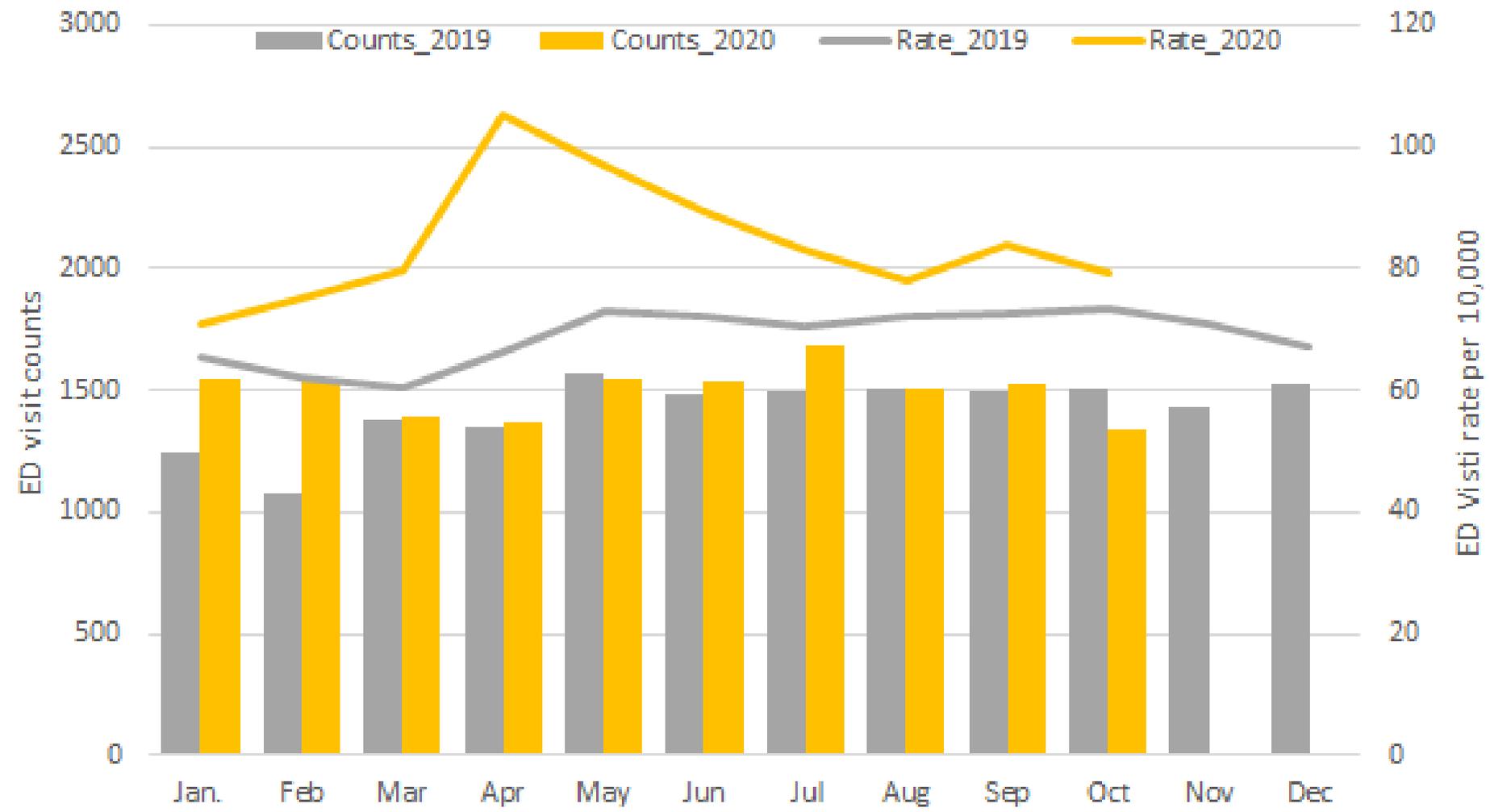
Drug

- any_drug
- any_opioid
- heroin
- stimulant

Diagnosis based on
ICD-10-CM codes.

Definitions are the same as
hospital discharge drug
indicators (earlier slide).

ED Visits (Rate and Count) for Any Drug OD



Thank you

Data available:

https://www.doh.wa.gov/Portals/1/Documents/8300/wa_lhj_quarterly_report_18_1_2_pub.html

Pregnant and Parenting





Community Services: request for
feedback coming soon

Washington State Department of Health | 2

Child Welfare

- Policy for the notification and report of infants who have been affected by substance use
- Partnering with Help me Grow
- Piloting in Yakima and Tacoma



Center of Excellence

- Certification for Birthing Hospitals
- Urban and Rural hospital designations
- Feedback on criteria from clinicians and hospital staff





Birth Support

Mother Baby Dyad

- Centering parents and non-pharmacological interventions
- HCA is working on payment structures for the provision of care for the parent who gave birth
- WSHA is piloting the opioid bundle (QI with data) at 10-15 hospitals in 2021

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(360)236-3563

