Opioid Use Epidemic in Washington State: A Treatment Update

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Opioid–related disease burden in Washington

- Deaths: 694
- Opioid overdose hospitalizations: 1,451
- Opioid substance abuse treatment admissions: 14,389
- Persons 12+ years who use prescription opioids non-medically: 259,000

Prevention efforts

• Promote best practices for prescribing opioids
• Raise awareness of opioid risks and benefits
• Reduce stigma of substance use disorder
• Prevent opioid misuse among youth
• Promote safe storage and disposal
• Decrease illegal opioids supply
What is opioid use disorder?

- The severe end of a continuum of use
- People affected lose control of their opioid use and their daily lives
- Result of physiologic changes in brain’s neurophysiologic pathways
Brain physiology of SUD treatment

Limbic Region
- Basic drives
- Experience of reward and euphoria

Cortex
- Decision making
- Thinking
- Reasoning
- Learning

Medication Treatment
- Agonist medications
- Antagonist medications

Behavioral Interventions
- Psychosocial therapies
- 12-step programs
- Monitoring
- Contingencies

Treating opioid use disorder

- Traditional treatment
  - Residential detoxification
  - Inpatient residential treatment
  - Outpatient counseling
  - Stand-alone methadone clinics

- Medication treatment improves treatment outcomes—as shown in multiple clinical trials

- Expanding provider networks essential
  - Hub and Spoke networks (medication prescribers coordinating care with traditional substance use disorder and other behavioral health providers)
  - Broadening methadone clinic scope to include other medications
  - Primary care clinics
Strategies for increasing treatment capacity/integration

• Use STR* funds to create Hub and Spoke opioid treatment networks
• Fund additional RN Care Managers to support prescribing providers
• Shorten entry times into and reduce barriers to treatment
• Practice support for providers’ developing treatment capacity
• Increase Opioid Treatment Programs’ abilities to provide all SUD drug types
• Increase reimbursement rates for providers prescribing medication treatments
• Required opioid response plan for Accountable Communities of Health project plans

STR=state targeted response (to opioid crisis)
Opioid use disorder: Engagement and recovery supports

- Syringe service programs
- Supportive housing and employment
- Peer support
- Nurse care managers
- Mobile clinics
- Care coordination/case management
- Recovery café models
Growth in medication prescribing for opioid use disorder among Medicaid clients

2013: Any MAT 4,947 | Methadone MAT 984 | Buprenorphine MAT 4,017
2014: Any MAT 6,916 | Methadone MAT 3,080 | Buprenorphine MAT 3,080
2015: Any MAT 8,257 | Methadone MAT 5,021 | Buprenorphine MAT 8,297
2016: Any MAT 15,259 | Methadone MAT 7,300 | Buprenorphine MAT 8,297

Source: ProviderOne client eligibility tables (HCA) & Client Outcomes Database (DSHS RDA).

Note: Excludes dual eligibles and persons with third-party liability; includes all Medicaid eligibles in the year with medication assisted treatment (MAT)
A long way to go . . .

Treatment coverage for Medicaid clients with opioid use disorder by Accountable Communities of Health, 2016

- Pierce
- Olympic
- North Central
- Greater Columbia
- Better Health

Number of patients with opioid use disorder

Source: Health Care Authority, ProviderOne
Expanding treatment in special populations

- Native Americans
  - Public education campaigns, prevention, treatment
  - Culturally-specific outpatient, residential and medication-assisted treatment programs

- Youth
  - Evidence for best practice still emerging
  - Family involvement important

- Pregnant/Parenting Women
  - Parent Child Assistance Program (PCAP)
  - Outpatient, residential, hospital-based treatment for pregnant and parenting women
# Treatment for incarcerated people

<table>
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<th>Grant</th>
<th>Target Groups</th>
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| Washington State Targeted Response to the Opioid Crisis               | DOC violators in King County, Kent, Yakima, and Nisqually                     | WA-STR\(^1\)     | - Continuity of care  
- Provide overdose prevention kits                                      |
| Washington State Targeted Response to the Opioid Crisis               | Prison releases to Clark and Skamania Counties                                | WA-STR\(^1\)     | - Partnering with Medicaid managed care plans to provide medication assisted treatment (MAT) services |
| UW/Alcohol and Drug Abuse Institute—South King County                 | Prison releases to King County with supervision requirements                 | L.J. Arnold Foundation | - Offer MAT services  
- Provide overdose prevention kits                                       |
| National Governors Association, Center for Best Practices Learning Lab| DOC violators with opioid use disorders in Snohomish County                  | National Governors Association | - Measure MAT service availability  
- Conduct pilot with plan to expand MAT services  
- Increase education and outreach                                          |

\(^1\) Washington State Targeted Response to the Opioid Crisis Grant (WA-STR)
Treatment challenges and gaps

- Environmental
  - Stigma
  - Lack of treatment/counseling in rural areas
  - Prescribers not using waivers
  - Lack of affordable housing

- Clinical
  - Medically complicated
  - Co-occurring mental health
  - Polysubstance

- Administrative
  - Low reimbursement rates
  - Lose of Medicaid coverage when incarcerated
Opioids are not the only drug we need to be concerned about.

Data sources: Washington State Department of Health (deaths), state Office of Financial Management (population)
Questions?

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