



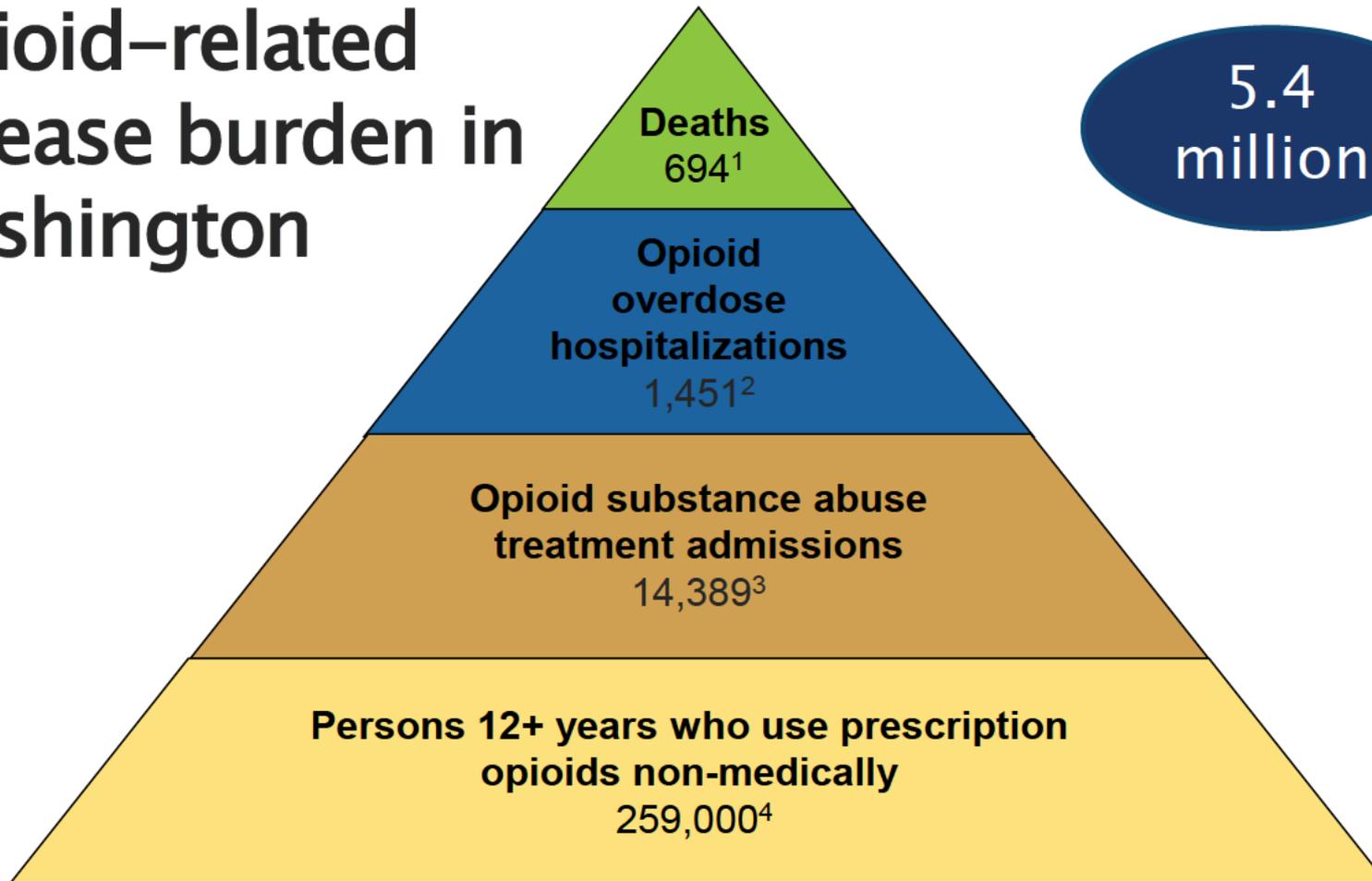
Opioid Use Epidemic in Washington State: A Treatment Update

Senate Health and Long Term Care Committee
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Clinical Quality Care Transformation

Opioid-related disease burden in Washington

5.4
million



1. Opioids involved in an overdose death listed as underlying cause of death. Washington State death certificate data, 2016.
2. Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS), 2016.
3. Treatment and Assessment Report Generation Tool, 2015.
4. National Survey on Drug Use and Health, 2013-2014.

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

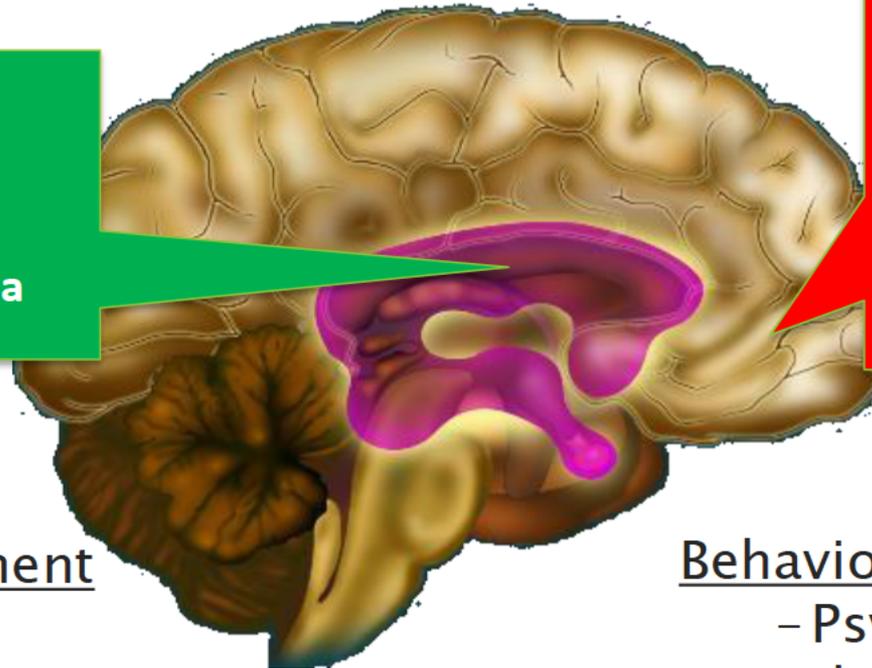
What is opioid use disorder?

- 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 Hub site
—● STR Spoke loca

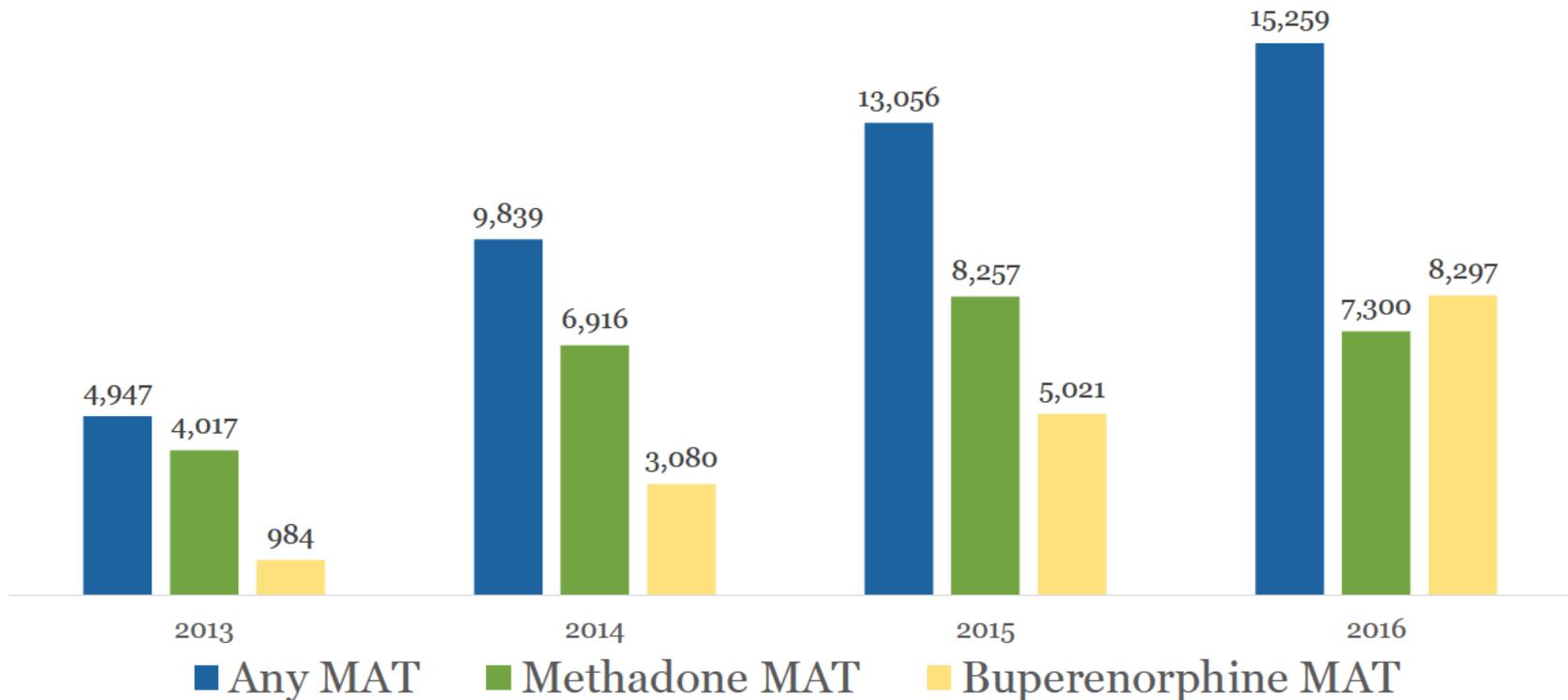
● RN Care Manager



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

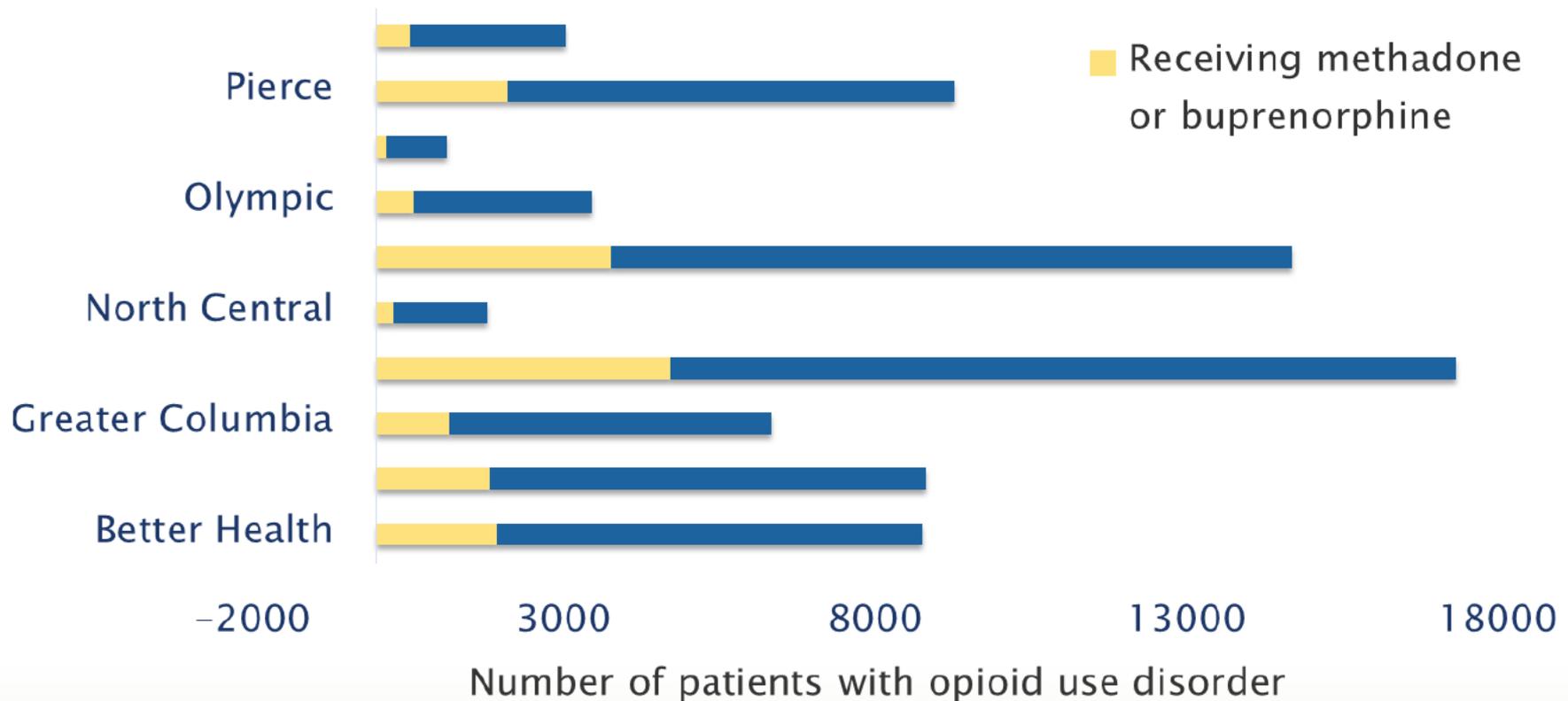


Source: ProviderOne client eligibility tables (HCA) & Client Outcomes Database (DSHS RDA).

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



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

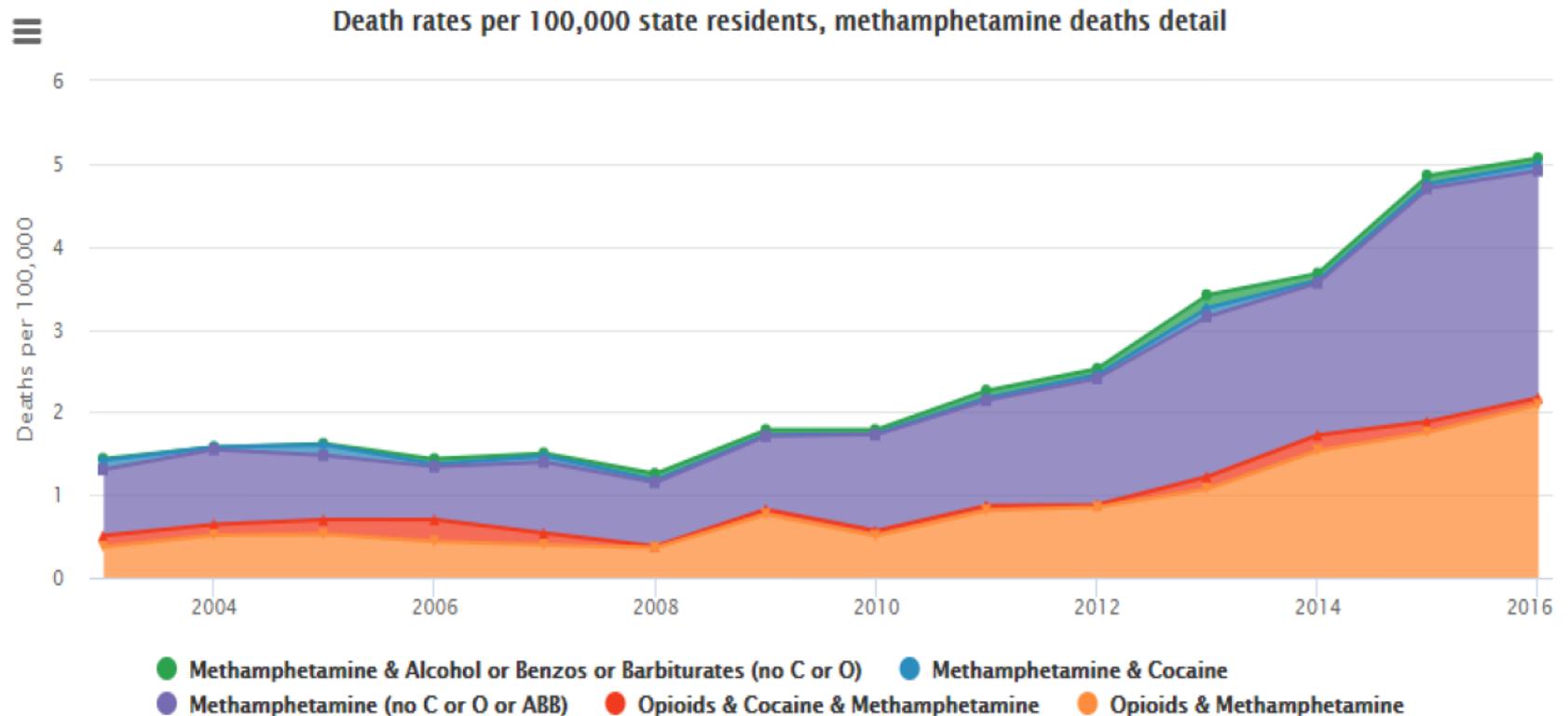
Partnerships & Grants

	Grant	Target Groups	Funding	Focus Areas
1	Washington State Targeted Response to the Opioid Crisis	DOC violators in King County, Kent, Yakima, and Nisqually	WA-STR ¹	<ul style="list-style-type: none"> Continuity of care Provide overdose prevention kits
2	Washington State Targeted Response to the Opioid Crisis	Prison releases to Clark and Skamania Counties	WA-STR ¹	<ul style="list-style-type: none"> Partnering with Medicaid managed care plans to provide medication assisted treatment (MAT) services
3	UW/Alcohol and Drug Abuse Institute—South King County	Prison releases to King County with supervision requirements	L.J. Arnold Foundation	<ul style="list-style-type: none"> Offer MAT services Provide overdose prevention kits
4	National Governors Association, Center for Best Practices Learning Lab	DOC violators with opioid use disorders in Snohomish County	National Governors Association	<ul style="list-style-type: none"> Measure MAT service availability Conduct pilot with plan to expand MAT services Increase education and outreach

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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