Opioid Treatment Eco-Systems: A New Way Forward for Understanding, Addressing the Opioid Crisis

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Principal, HMA
Objectives

• Learn how the historical decision to treat addiction separately from mainstream medicine has resulted in significant barriers to battling the opioid crisis.
• Understand the importance of identifying and adhering to a proven body of evidence-based protocols for overdose and addiction treatment, ensuring that patients receive a consistent and coordinated response from providers, hospitals, emergency rooms, and the criminal justice system.
• Quantify the true cost of the opioid crisis, which includes not just the cost of addiction and overdose treatment, but also the added costs associated with HIV, hepatitis C, foster care, criminal justice, and neonatal care.
• Get a preview of other opioid treatment-related topics to be covered in this webinar series, including primary, secondary, and tertiary treatment strategies; building treatment access and capacity; and understanding the role of health plans, local community organizations, and correctional health.
Disclosures

Salary – HMA
Chair – Legislative Advocacy Committee ASAM
Current Grant Funding from CA DHCS and CHCF
NO Pharma
NO Device
Why Addiction is Outside of Mainstream Medicine

**Legislation**
How many times can you shoot yourself in the foot?

**History of the disease**
A 150 year legacy of separation

**Plus a whole lot more...**

**The Cost**
Effects all sectors

**The Way Out**
Building the “new” line of service

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History
It has been here for a while

1750 – 1800s
Alcoholic mutual aid societies (sobriety "Circles") are formed within various Native American tribes. Some are part of, or evolve into, abstinence-based Native American cultural revitalization movements and temperance organizations.

1849
The Swedish physician Magnus Huss describes a disease resulting from chronic alcohol consumption and christens it *Alcoholismus chronicus*. This marks the introduction of the term alcoholism.

1870
The American Association for the Cure of Inebriety founded under the principle "Inebriety is a disease." The Association's Journal of Inebriety is published from 1876-1914.

1879
Dr. Leslie Keeley announces "Drunkenness is a disease and I can cure it." He opens more than 120 Keeley Institutes across the U.S., marking the beginning of franchised, private, for-profit addiction treatment institutes/sanatoria in America.

1906
The Emmanuel Clinic in Boston begins the practice of lay therapy in the treatment of alcoholism. The Clinic will generate a number of noted lay therapists (Baylor, Chambers, Peabody) who will exert enormous influence on alcoholism treatment for several decades. The Jacoby Club serves as the Clinic's mutual aid society.

1935
The meeting of Bill W. and Dr. Bob S. (and Dr. Bob's last drink) mark the beginning of Alcoholics Anonymous (AA).

1948
Disulfram (Antabuse) introduced as an adjunct in the treatment of alcoholism in the U.S. Other drugs used in the treatment of alcoholism during this period include barbiturates, amphetamines (Benzedrine), and LSD.
1963
As alcoholism programs spread, there is a heated debate over the question of who is qualified to treat those with alcoholism. Tensions abound between "paraprofessional" recovering alcoholics and psychiatrists, psychologists and social workers within newly-emerging alcoholism treatment programs.

1960s
Several states initiate civil commitment programs for those addicted to narcotics.

1972
Addiction related PHI is regulated through 42 CFR pt 2

1972
FDA approves Methadone for opioid use disorder

1982
Block Grant established

1989 - 1994
HMO movement decimates reimbursement making facilities go off the grid

1907 – 1913
First of two waves of state laws is passed calling for the mandatory sterilization of "defectives": the mentally ill, the developmentally disabled, and alcoholics and addicts.

1914
The Harrison Tax Act brings opiates and cocaine under federal control and places physicians as the gatekeepers for access to these drugs.

1919 – 1924
Forty-four communities establish morphine maintenance clinics (run by public health departments or police departments) to care for “incurable and medically infirm addicts.” All eventually close under threat of federal indictment. 25K Doctors are arrested. Treatment for narcotic addiction virtually disappears for all but the most affluent Americans.

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Smoking, Obesity, Alcohol, Opioids, etc…

Largest Driver of Healthcare Cost

Each year approximately 40 million debilitating illnesses or injuries occur among Americans as the result of their use of tobacco, alcohol, or another addictive drug.

30% of cancer and heart disease related to Tobacco

2.4 million people with Hepatitis C, most through IVDA. $50K per person to treat.

50 – 90% of Inmates have a diagnosable SUD

Approximately 50% to 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child’s parents.

$185 Billion per year estimated cost
The Way Out

Capacity

- Access to all ASAM Levels of Care
- Effective transitions to and between the levels of care
The Way Out Continued…

Competency

- Implement a specialty and profession specific curriculum
- Train the “old” ones
- Add to the current teaching curriculum
The Way Out Continued…

Consistency

- Apply well develop QI programming
- Community Level Measures
- Patient level metrics
- Provider level metrics
The Way Out Continued…

Compensation

- Start paying for what makes sense
- Addiction is prime for value-based payments
Coming Soon!

• Successful Primary, Secondary and Tertiary Strategies to Prevent Opioid Misuse and Overdose

• The Role of Health Plans in Addressing the Opioid Crisis

• Expanding Access and Building Capacity: Treatment Opportunities in ED, Primary Care, and through Telemedicine

• The Role of Community in Addiction and Recovery: Strategies for Community Action and Addressing Health Risk Factors

• Correctional Health: Impact of the Opioid Crisis and Unique Opportunities

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