Successful Prevention Strategies to Address the Opioid Crises

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LEARNING OBJECTIVES

+ Find out how to effectively impact various levels of prevention, including tertiary (e.g., overdose prevention), secondary (e.g., medication-assisted treatment), and primary (e.g., prescribing practices).

+ Understand how to best leverage federal funds earmarked for opioid prevention and treatment.

+ Learn how to develop coordinated prevention efforts that involve behavioral health and opioid use disorder treatment providers, law enforcement, corrections, Medicaid programs, and public health agencies at the state and local level.

+ Gain insights about emerging state and local opioid misuse and overdose prevention initiatives and trends, including supervised injection facilities, fentanyl testing strips and medical marijuana for pain management.
PUBLIC HEALTH PREVENTION TRIANGLE

Primary Prevention
+ Programs targeted to whole population to mitigate risk factors and build/enhance protective factors

Secondary Prevention
+ Programs targeted to at risk sub population to prevent problem from escalating

Tertiary Prevention
+ Interventions for those already affected
WHAT ARE YOU TRYING TO PREVENT?

- INITIAL USE
- ADDICTION
- RELAPSE
- DISEASE
- NEONATAL ABSTINENCE SYNDROME (NAS)
- OVERDOSE
- DEATH
SPECTRUM OF OPIOID PREVENTION

- **Primary Prevention (Universal)**
  - Initial Use
  - Initial Misuse
  - Addiction
  - Relapse
  - Disease
  - Neonatal Abstinence Syndrome (NAS)
  - Overdose
  - Death

- **Secondary Prevention (Selective)**
  - Initial Use
  - Initial Misuse
  - Addiction
  - Relapse
  - Disease
  - Neonatal Abstinence Syndrome (NAS)
  - Overdose

- **Tertiary Prevention (Indicated)**
  - Initial Use
  - Initial Misuse
  - Addiction
  - Relapse
  - Disease
  - Neonatal Abstinence Syndrome (NAS)
  - Overdose
  - Death
OPIOID EPIDEMIC
PREVENTION CORE COMPONENTS

- Reduce stigma and change social norms
- Increase protective factors and reduce risk factors in communities
- Strengthen multi-sector collaboration
- Improve infrastructure
- Optimize the use of cross-sector data for decision making

http://www.astho.org/addictions/
PRIMARY PREVENTION EXAMPLES

+ **Initial prescription and initial use** (e.g., PDMP usage, prescribing regulations, patient and provider education)

+ **Initial Misuse** (e.g., control access to addictive substances-safe storage and disposal of household medications, reduce the supply of illicit opioids, promote protective factors)
SECONDARY PREVENTION EXAMPLES

+ **Addiction** (e.g., screening and referral to treatment including wrap around services, increasing access to MAT, access to recovery supports)

+ **Neonatal Abstinence Syndrome** (e.g., perinatal screening, treatment for pregnant women with OUD, hospital NAS treatment, adequate data/surveillance)
TERTIARY PREVENTION EXAMPLES

+ **Disease** (e.g., syringe access programming)

+ **Overdose** (e.g., naloxone standing orders, emergency department supports, Good Samaritan Laws, inpatient/incarcerated population supports)

+ **Death** (e.g., data collection, death reviews)
WHAT IS HMA DOING ACROSS THE SPECTRUM OF PREVENTION?

TECHNICAL ASSISTANCE & TRAINING
Providing technical assistance and training to communities on all aspects of the opioid epidemic.

FOSTERING COLLABORATION
Supporting states to build sustainable and effective cross-sector partnerships that foster collaboration to address the opioid epidemic.

IMPLEMENTATION & EVALUATION
Implementation and evaluation support for federally funded activities (i.e., MAT-PDOA/STR/SOR/RCORP)

MAT & CRIMINAL JUSTICE SYSTEMS
Helping criminal justice systems around the country work to implement MAT in jails and effective release protocols for incarcerated individuals with OUD
LEVERAGING FEDERAL FUNDS

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### FUNDING STREAMS

<table>
<thead>
<tr>
<th>Centers for Disease Control and Prevention (CDC)</th>
<th>Substance Abuse and Mental Health Administration (SAMHSA)</th>
<th>Department of Justice (DOJ)</th>
<th>Health Resources and Services Administration (HRSA)</th>
<th>Office of National Drug Control and Policy (ONDCP)</th>
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<tr>
<td>Prescription Drug Overdose Prevention for States (PDO-PfS)</td>
<td>MAT Prescription Drug and Opioid Addiction (MAT-PDOA)</td>
<td>Comprehensive Opioid Abuse Site-based Programs</td>
<td>Rural Communities Opioid Response Program (RCORP)</td>
<td>High Intensity Drug Trafficking Areas (HIDTAs)</td>
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<td>Data Driven Prevention Initiative (DDPI)</td>
<td>State Opioid Response (STR/SOR)</td>
<td>Justice and Mental Health Collaboration Programs</td>
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<td>Discretionary Funds</td>
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<td>Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality</td>
<td>Tribal Opioid Response (TOR)</td>
<td>Helping Children and Youth Impacted by Opioids</td>
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WHERE DO STATES SPEND OPIOID CRISIS DOLLARS?

States that did not expand Medicaid spent $2,645 per patient on opioid addiction treatment on average. Expansion states spent $1,581 per patient for treatment.

States that did not expand Medicaid spent $1,170 per person served on recovery support services. Expansion states spent $446 per person served on recovery.

SOURCE: SAMHSA, AP Research
Next step in the Center for Medicare and Medicaid Innovation’s (Innovation Center) multi-pronged strategy to combat the nation’s opioid crisis.

The model addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) through state-driven transformation of the delivery system surrounding this vulnerable population.

By supporting the coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery, the MOM model has the potential to improve quality of care and reduce costs for mothers and infants.
INTEGRATED CARE FOR KIDS (InCK) MODEL (CLOSING 6/10)

- New model as part of a multi-pronged strategy to combat the nation’s opioid crisis.

- Child-centered local service delivery and state payment model that aims to reduce expenditures and improve the quality of care for children under 21 years of age covered by Medicaid and the Children’s Health Insurance Program (CHIP) through prevention, early identification, and treatment of behavioral and physical health needs.

- Empower states and local providers to better address these needs and the impact of opioid addiction through care integration across all types of healthcare providers.

https://www.grants.gov/web/grants/view-opportunity.html?oppId=312759
HRSA plans to award approximately 75 grants to rural communities as part of this funding opportunity.

Successful RCORP-Implementation award recipients will receive up to $1 million for a three-year period of performance to enhance and expand substance use disorder (SUD), including opioid use disorder (OUD), service delivery in high-risk rural communities.

COMING UP NEXT
In FY19, in addition to the RCORP-Implementation awards, HRSA anticipates awarding a new round of RCORP-Planning grants and launching a pilot grant program aimed at expanding the number of small rural hospitals and clinics that provide medication-assisted treatment.

OVERDOSE DATA TO ACTION (DUE 5/2)

+ State, county, city or township governments
+ Increasing comprehensiveness and timeliness of surveillance data;
+ Building state and local capacity for public health programs determined to be promising based on research evidence;
+ Making prescription drug monitoring programs (PDMPS) easier to use and access;
+ Working with health systems, insurers, and communities to improve opioid prescribing.
+ Adds new work focused on linkages to care and other areas of innovation

https://www.cdc.gov/drugoverdose/od2a/index.htm
COORDINATED PREVENTION RESPONSE

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A collective response at the state and local level is key to addressing the opioid crisis.
SPOTLIGHT ON PENNSYLVANIA
LEADING-EDGE PRACTICES &
NEXT STEPS IN ENDING THE
OPIOID EPIDEMIC

Comprehensive support for MAT.
Enforcement of parity laws.
Medically based oversight for Medicaid patients.
Comprehensive naloxone access.

https://www.end-opioid-epidemic.org/

SPOTLIGHT ON COLORADO –
BEST PRACTICES AND NEXT
STEPS IN THE OPIOID
EPIDEMIC

New efforts to expand treatment.
New parity policy.
Opioid alternatives in Medicaid.
Engaging the provider community.
Initial success of the Colorado Opioid Safety Pilot.
Expanding naloxone access.
COLORADO CONSORTIUM

+ Statewide collective impact approach to address Colorado’s opioid epidemic supported by the University of Colorado

+ Involves almost all state and local agencies/organizations and other stakeholders working to address opioids

+ In 2018, through state legislation, the Consortium became the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies at the University of Colorado Health Sciences Center
COLORADO CONSORTIUM STRUCTURE

Governor

CO Attorney General Substance Abuse Task Force

Legislature

Subcommittee

Coordinating Center
CU School of Pharmacy

- Public Awareness
- Provider Education
- Safe Disposal
- Harm Reduction
- Heroin Response
- Affected Families & Friends
- Recovery
- PDMP
- Data & Research
- Treatment

http://www.corxconsortium.org/
Participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

Collecting data and measuring results consistently across all participants ensures efforts to remain aligned and participants hold each other accountable.

Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.

Consistent and open communication is needed across all the many players to build trust, assure mutual objectives and appreciate common motivation.

Creating and managing collective impact requires a separate organization, with staff and specific skills, to serve as the backbone for the entire initiative and to coordinate participating organizations.

*Adapted from John Kania and Mark Kramer, Stanford Social Innovation Review, Winter 2011, Volume 9, Number 1.*
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Data & Research

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EMERGING STATE AND LOCAL INITIATIVES
SUPERVISED INJECTION FACILITIES (SIFs)

WHAT IS A SUPERVISED INJECTION FACILITY?

- Legally sanctioned facilities that allow people to consume pre-obtained drugs under the supervision of trained staff and are designed to reduce the health and public order issues often associated with public drug consumption.

STATEWIDE AND LOCAL EFFORTS

- New York, California
- Seattle, San Francisco, Ithaca, Baltimore, New York City, Philadelphia, Denver
“Studies from other countries have shown that supervised injection facilities reduce the number of overdose deaths, reduce transmission rates of infectious disease, and increase the number of individuals initiating treatment for substance use disorders without increasing drug trafficking or crime in the areas where the facilities are located.”
WHAT YOU NEED TO KNOW

+ Typically distributed through harm reduction agencies
+ Allows individuals using drugs to test for fentanyl in order to make informed decisions about their use
+ Current conversations about the usefulness/accuracy of the test strips
+ Observed behavior change in harm reduction clients
UNDERSTANDING THE COMPLEXITIES OF MOBILE MAT:

- Federal coordination gap
- DEA regulations
- MAT via telehealth
- State and local plans
More studies need to be done on the role marijuana plays in both pain management, and withdrawal management from opioids.

One can find evidence to support an argument for or against marijuana use for pain management.

Research gaps include:
- Its use for other pain states and conditions
- Evaluation of different strains with different levels of cannabinoids
- Adverse effects of marijuana

More research is needed.
HOW CAN WE ASSIST YOU IN YOUR EFFORTS TO ADDRESS THE OPIOID EPIDEMIC

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## OUR AREAS OF EXPERTISE

### EVIDENCE-BASED PREVENTION, TREATMENT & HARM REDUCTION

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<th>PDMP Practice &amp; Policy</th>
<th>Provider Education &amp; Academic Detailing</th>
<th>Safe Storage &amp; Disposal</th>
<th>Public Awareness &amp; Education</th>
<th>Role of Medicaid in the Opioid Epidemic</th>
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<td>Opioid Related Policy</td>
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<td>Public Health Surveillance</td>
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### SERVICES

- Research & Analysis
- Community Health Assessments
- Stakeholder Engagement
- Strategic Assessment & Planning
- Technical Assistance
- Data Analytics
- Evaluation
- Policy Development & Analysis
- Resource Development
CONTACT US

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