WELCOME & LAY OF THE LAND

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LEARNING OBJECTIVES

After participating in the MATR Symposium, you should be able to describe and discuss:

• The **unique elements** of the HCH approach to medication-assisted treatment and recovery programs.

• **Examples** from the HCH community of efforts to maintain clinical quality, consumer participation, and interdisciplinary approaches to medication-assisted treatment.

• The systematic realities of **barriers** to care in medication-assisted treatment programs and **methods to remove those barriers** at clinic and community levels.
STATUS OF EPIDEMIC

• In 2017 an estimated 1.7 million people suffered from SUD related to prescription opioid pain relievers. Another 650,000 from a heroin use disorder.

• In 2017, 11.4 million people misused opioids – 11.1 million opioid and 900,000 heroin users.

• It has been fueled by prescribing behavior. Between 2005 and 2015 15% of ED visits and 3% of OPD visits ended with an opioid prescription.

Source: National Center for Health Statistics
STATUS OF EPIDEMIC

• Opioid use becomes a gateway to use of heroin, and heroin deaths quintupled between 2010 and 2017.
• In one study, about 80 percent of current heroin users reported that they began with prescription opioids.¹

Source: ¹. Muhuri et al., 2013
STATUS OF EPIDEMIC

• Almost half of young people who use heroin began after misusing prescription painkillers.
• Individuals who are addicted to prescription opioids are 40 times more likely to become addicted to heroin.²

Source: 1 National Center for Health Statistics ; 2 National Institute on Drug Abuse
OPIOID OVERDOSE DEATHS, 1999-2017

Source: National Institute on Drug Abuse
WHY NOW? THE SITUATION IS DIRE

• In 2017, of the 70,000 people in the US who died from overdoses, 48,000 involved opioids.

• The average lifespan in the US has decreased for the first time, largely driven by opioid deaths and increasing rates of suicide.

• The opioid epidemic has been referred to as a “despair epidemic” – it is found everywhere, but higher in areas with decreasing economic opportunity.
PROGRESS

- Effective treatment for SUD.

- MAT is the standard of care, and HCH programs are leading the way.

- Hallmarks of HCH programs: treat the whole person, patient-centered, team-based, integrated behavioral health and primary care, harm reduction, non-judgmental, trauma-informed.
PROGRESS

• This epidemic has led to changes in how SUD is viewed and understood.

• Importance of harm reduction is leading to changes in attitude of health care system and the general public.

• Not going to arrest our way out of the problem — have to have treatment.

• According to the CDC, the number of prescriptions decreased 21% from 2017-2018 – from 48 million prescriptions to 38 million.
DISPARITY IN SOCIETAL RESPONSE

- **Heroin**: 1970s: criminalize, apathy

- **HIV**: 1980s: stigmatization, action & dedicated funding

- **Crack**: 1990s: disparate sentencing laws, mass incarceration

- **Opioid**: Current: public health approach, examining those at top of supply chain, treatment for SUD
# Disparity

Rates of Opioid Deaths by Race/Ethnicity

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Overall</th>
<th>White/Non-Hispanic</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>2.9</td>
<td>2.8</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>2017</td>
<td>14.9</td>
<td>19.4</td>
<td>12.9</td>
<td>6.8</td>
</tr>
</tbody>
</table>

Age-adjusted, per 100,000
RECOVERY – SAMHSA’S TEN PRINCIPLES

1. Recovery emerges from hope
2. Recovery is person driven
3. Recovery occurs via many pathways
4. Recovery is holistic
5. Recovery is supported by peers and allies
6. Recovery is supported through relationships and social network
7. Recovery is culturally-based and influenced
8. Recovery is supported by addressing trauma
9. Recovery involves individual, family and community strengths and responsibility
10. Recovery is based on respect
RECOVERY – FACTORS FOR SUCCESS

• Health
• Home
• Purpose
• Community
UNREALIZED PROMISE OF NALOXONE

• The number of prescriptions for naloxone doubled, from 270,000 to 556,000 between 2017 and 2018.
• Rural counties are one-third less likely to prescribe naloxone for every high-dose opioid prescription.
• Nationally, there is only 1 naloxone prescription for every 70 high-dose opioid prescriptions.
REVERSING OVERDOSES
WHAT’S NEXT?

The solutions are both Technical and Adaptive in nature.

Technical:
• Treatment
• Overdose Prevention – Naloxone

Adaptive
• Changing hearts and minds of society to change root conditions
• To value, care for each individual, to give hope
TO START: WHO’S YOUR GENERAL?
FUNDING & POLICY

• **2016 legislation:** *The 21st Century Cures Act + Comprehensive Addiction and Recovery Act (CARA) + SAMHSA Block Grants + other programs*

• **$3.3 billion (FY2017) and $7.4 billion (FY2018) in targeted grants distributed to states**
  → Prioritized to states with highest drug overdose deaths
  → Increase treatment capacity, training, TA, Naloxone, drug courts, etc.
  → Grants run out next year (some running out faster than others), additional funding needed—states not expanding Medicaid especially at risk
  → Can't build a system or sustain solutions on short-term grant funding
  → Multiple funding rounds have made coordination more difficult

• **$2.4 billion (FY2019) in targeted HHS funding to states**

Bipartisan Policy Center, [Tracking Federal Funding to Combat the Opioid Crisis](https://www.bipartisanpolicy.org/policy/health/tracking-federal-funding-to-combat-the-opioid-crisis), March 2019
‘SUPPORT ACT’ MAT PROVISIONS

➢ H.R. 6: The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (October 2018)

- Expands Medicare coverage to opioid treatment programs for MAT
- Expand eligible providers to prescribe & allow 100 patients at start (up from 30)
- Develop curriculum to help more providers obtain a waiver

Read the full law here or our analysis summary here
ISSUES ON THE TABLE

1. Continued limited treatment reach & capacity (and quality issues)
2. Continued limited housing & employment opportunities (and quality issues)
3. Importance of Medicaid/health insurance—coverage + program design
4. Silo’ed approach to SUD treatment & limited focus on recovery
5. Restrictions on prescribing & shift to other drugs
6. Concerns over diversion fail to acknowledge public health utility
7. Racial equity in policy responses
8. More SUD & pain management training for providers
9. Provider burnout
10. State & local opioid lawsuits
POLICY & PRACTICE ISSUES

• It bears repeating: **Access to Medicaid is vital**

• People bring more than OUD—they bring a host of chronic illnesses that need coordinated care and support services

• Intensive services require appropriate caseloads, staffing & funding

• Partnerships with community providers maximize limited resources & share expertise

• Stigma is still an issue: **61% of people with Rx addiction blame themselves for the addiction epidemic*** (what’s your staffs’ views?)

• Recovery doesn’t happen for everyone on the same timetable—adjust expectations for quick turnarounds ("relapse is part of recovery")

* Source: [Kaiser Family Foundation](https://kff.org/health-reform/), 2016
HCH’S AND MAT, 2018

Proportion of MAT services delivered by HCH Programs

- Total Patients: 96% (4% HCHs, 92% All Health Centers)
- Total MAT patients: 65% (35% HCHs, 30% All Health Centers)
- Total MAT providers: 60% (40% HCHs, 20% All Health Centers)
## Growth in MAT, 2016-2018

<table>
<thead>
<tr>
<th></th>
<th>MAT Providers</th>
<th>MAT Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Health Centers</strong></td>
<td>4,899</td>
<td>94,540</td>
</tr>
<tr>
<td></td>
<td>188%</td>
<td>142%</td>
</tr>
<tr>
<td><strong>HCHs</strong></td>
<td>1,984</td>
<td>32,749</td>
</tr>
<tr>
<td></td>
<td>227%</td>
<td>122%</td>
</tr>
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THE FLIP SIDE: GLASS HALF-EMPTY, 2018

1,362 health centers:
54% reported 0 patients
7% reported 1-10 patients

298 HCHs:
40% reported 0 patients
8% reported 1-10 patients
OPIOID OVERDOSE DEATH RATES, 2017

Of 15 Highest Impacted States:

335 health centers:
40% (135) report 0 MAT participation

71 HCHs:
41% (29) report 0 MAT participation

SOURCE: Kaiser Family Foundation’s State Health Facts.
OPERATIONALIZING THIS TRAINING

• Identifying **goals** for your program—starting, building, refining

• Using data & technology & **best practices** to refine treatment approaches—and to identify inequities in service patterns

• Ensuring MAT becomes a routine part of **integrated, comprehensive care** at your program (to include other SUD issues)

• Participating in the public discussion & **involving decision-makers** (this includes consumers!)

• Supporting **recovery** as a central part of treatment

• Putting HCH **values** and **treatment principles** into action.
QUESTIONS & DISCUSSION