The State of Substance Misuse and Addiction: Secondary Prevention Strategies

June 1, 2017
2:00 pm – 3:00 pm ET
Audio: 888-378-4398; 555512
Dr. Jay Butler, MD, CPE

- Chief Medical Officer
- Alaska Department of Health and Social Services
- Director, Division of Public Health
ASTHO’s 2017 President’s Challenge

PUBLIC HEALTH PRACTICE PARADIGMS

ACUTE HEALTH EVENT CONTROL AND PREVENTION

Prevent life-threatening adverse outcomes
SNEPs
Naloxone
Ignition Interlock

CHRONIC DISEASE SCREENING AND MANAGEMENT

Diagnose and treat addictions and substance use disorders
Screening and Treatment
Remove Stigma
Understanding of Addiction as a Chronic Condition of the Brain

ENVIRONMENTAL CONTROLS AND SOCIAL DETERMINANTS

Reduce the need to self-medicate, control access to addictive substances, and promote protective factors
Taxation
Age Restrictions
Limited Advertising
Prevention of ACEs
Personal and Community Resiliency
Adolescent Risk Reduction
Promote Mental Wellness
Effective PDMPs and Use of Data
Rational Pain Management
Judicious Prescribing

STRATEGIC PRIORITIES
Conceptual Framework

Public Health Approaches to Preventing Substance Abuse and Addiction

2° Prevention
Diagnose and treat addictions and substance use disorders

Remove Stigma
Screening and Treatment
Understand Addiction as a Chronic Condition of the Brain

Foundation:
Effective, Evidence-Based Education and Communication

Public Health Practice Paradigms

• Chronic disease screening and management
What’s Working: Moving from Policy to Implementation in Rhode Island

Rebecca Boss, MA
  ▪ Acting Director
  ▪ Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

James McDonald, MD, MPH
  ▪ Chief Administrative Officer, Board of Medical Licensure and Discipline
  ▪ Rhode Island Department of Health

Gary Bubly, MD, FACEP
  ▪ Medical Director Department of Emergency Medicine
  ▪ The Miriam Hospital
STATE EFFORTS TO ADDRESS THE OPIOID CRISIS: RHODE ISLAND

REBECCA BOSS, MA
ACTING DIRECTOR
RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES & HOSPITALS

ASTHO VIRTUAL SERIES

JUNE 1, 2017
DRUG OVERDOSE MORTALITY CONTINUES TO INCREASE IN RI

2009: 138
2010: 151
2011: 173
2012: 182
2013: 232
2014: 240
2015: 290
2016: 329

* 2016 numbers are preliminary and subject to change

Source: Rhode Island Office of the State Medical Examiners & www.PreventOverdoseRI.org
Enter the Governor’s Overdose Prevention Action Plan

With this plan, Rhode Island will reduce overdose deaths by 1/3 in 3 years — that means saving hundreds of lives.

We have one goal: to save lives.
A Plan to End Rhode Island's Overdose Crisis

The rising number of drug overdose deaths has created a public health crisis in Rhode Island.

In 2011–2015, we've lost more than 1,000 people to drug overdoses.

In 2014, more people died from drug overdoses than from guns and cars combined.

Rhode Island's overdose crisis has touched every community in the state.

Enter the Governor's Overdose Prevention Action Plan

With this plan, Rhode Island will reduce overdose deaths by 1/3 in 3 years—that means saving hundreds of lives.

We have one goal: to save lives.

Here's how we plan to do it:

**Prevention**

Help doctors protect their patients by using safe prescribing practices.

**Fact** It's time to change how we treat pain—opioids don't need to be the first line of defense.

**Rescue**

Make sure everyone has access to naloxone.

**Fact** Nearly every opioid overdose death is preventable with naloxone.

**Treatment**

Make sure everyone who needs it can get medication-assisted treatment (MAT), like methadone or buprenorphine.

**Fact** MAT lowers the risk of both relapse and death.

**Recovery**

Expand peer recovery services and treatment options that help people start recovery.

**Fact** We're making sure that all patients treated for addiction have a long-term recovery plan.

To save lives, we need to educate everyone about the dangers of overdose and end the stigma of addiction. We all have a role to play in ending Rhode Island's overdose crisis. What's yours?

Find out at PreventOverdose.RI.gov

Data Source: Rhode Island Department of Health
**Recovery Strategy:** Increase the number of peer recovery coaches and contacts each month.

**New client enrollments in peer recovery specialist services**
- 2014: 600
- 2015: 800
- 2016: 1,506
- 2017: (TBD)
- 2018: (Goal)

**Number of Newly Trained Peer Recovery Specialists**
- 2014: 75
- 2015: 83
- 2016: 124
- 2017: (Goal)
- 2018: 158
The AnchorED Program was started in June 2014. It was designed to connect survivors with peer recovery coaches in the hospital following an overdose.

- Once an overdose survivor is met with medical personnel, they are offered a recovery coach.
- The hospital or EMS initiates contact with AnchorED, and within 30 minutes a recovery coach is on-site at the Emergency Room to meet with the client.
- The coach will utilize peer support to empower individuals to seek treatment.
RECOVERY
ENGAGING THE RECOVERY COMMUNITY ANCHOR ED- EMERGENCY ROOM RESPONSE

- Recovery Coaches trained to respond to overdose survivors in Hospital Emergency Departments
- Training includes: healthcare literacy, navigating hospitals, OD and naloxone administration, medication assisted treatment
- Hospitals call one number, 30 minute response time
- Provide support, offer resources/referrals to patient and family
- Train patients and families on naloxone administration
- Provide follow up recovery coaching with survivors
- Supervision of recovery coaches essential component
- Strong collaboration with hospitals- EMR signal
- Cross training of peers
- Culture change with in the ED re: stigma
AnchorED has seen over 1,100 people following an overdose!

Ages range from 15 to 77
AnchorED started in just a handful of hospitals, operating on-call during weekend peak hours.

Today, AnchorED exists in:

- EVERY hospital in the state!
- Operating 24 hours a day!
- 7 Days a week!

Expansion possibilities supported through collaborative efforts of State Departments (Health and BHDDH), recovery community and healthcare providers
OUTCOMES

Coaches connect people with a wide variety of treatment options, including:

- Detox
- Residential
- Medication-Assisted Treatment
- 12 Step Programs
- Peer Recovery Coaching

As a result of these efforts, over 82% of individuals met by a coach in the Emergency Room have accepted a referral to treatment!
### ANCHOR ED CONTACTS:

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<td><strong>TOTAL</strong></td>
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<td>(<strong>239</strong>)</td>
<td><strong>TOTAL</strong></td>
<td><strong>898</strong></td>
<td>(<strong>340</strong>)</td>
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</table>

- Of the **898** survivors seen **thru 6/30/16**, 25.4% were engaged in treatment, 73.7% not in treatment prior, and 0.9% unknown.
- **81.4%** engaged in Post ED Recovery/Treatment, 17.9% refused services/treatment after discharge, and 0.7% unknown.
- 90% reportedly had insurance, 9% not insured, and 1% unknown.
ANCHORMORE
(MOBILE OUTREACH RECOVERY EFFORTS)

AnchorMORE started in November 2015 as a community outreach initiative. Seeing that Anchor Recovery Community Center was in place, and the AnchorED program met people after an overdose, we thought …..

“Why wait for people to come into Anchor or experience an overdose in the Emergency Room before they get help”

So we took the show on the road!
What makes AnchorMORE unique, is the data sharing capabilities with state departments and other community based organizations in order to identify “hot spots” and general lack of services within particular areas of the state. One component of AnchorMORE is to deploy a rapid response team to those areas.

Data collected includes fatal overdoses, non-fatal overdoses, narcan administrations via EMS, Suboxone providers, Methadone Clinics, Community-based supports, and more.

This data is analyzed per city/town, and take the initiative to reach those communities in need in a variety of ways.
AnchorMORE exists as a STATEWIDE outreach effort. They partner with existing programs that do not offer recovery support services, such as soup kitchens and shelters.

- They also visit bus stations, homeless encampments and needle exchange programs. Peer Recovery Coaches receive specialized outreach training and work in teams at all times to ensure that we keep safety first.

- They created community overdose prevention trainings, providing education and free Naloxone (Narcan).
OUTCOMES

- 3,500 conversations in the community, sharing personal stories and educating people on treatment and recovery supports available to them.
- Connected over 120 new people to Anchor Recovery Coaches
- Placed 80 people into either detox or a residential program
- Connected individuals with over 250 referrals ranging from recovery and treatment supports to shelters/clothing donation.
MOBILE OUTREACH RECOVERY EFFORTS (MORE)

Program achieved the following outcomes in its first 6 months:

- **4,046** One-on-one contacts in shelters, soup kitchens, on the streets.
- **121** New members enrolled at Anchor RCC and engaged in recovery coaching services
- **2,007** Outgoing phone calls to empower individuals to engage in their recovery.
- **83** Direct links to detox and/or long-term residential treatment.
- **278** Referrals provided, ranging from recovery supports to basic needs ex: food/clothing.

Naloxone distribution:

- **680** Naloxone kits distributed

Client Engagement - of 121 new members initiated by the MORE Program:

- **93 of 115** Members or (81%) are still engaged at the 30 day mark.
- **70 of 98** Members or (72 %) are still engaged at the 60 day mark.
- **55 of 86** Members or (59%) are still engaged at the 90 day mark.

Not bad for people who weren’t expecting to find recovery!
BASELINE SURVEYS FROM INDIVIDUALS BEING ASSISTED BY PEER COACHES

Percentage of Responses which show an improvement from Baseline Survey to Follow-up

- Currently Employed: 76.62%
- Decrease in Arrests: 63.10%
- Anchor Helped in Recovery: 83.17%
- Decrease in Alcohol Use: 71.43%
- Decrease in Drug Use: 65.32%
- Living Arrangement: 57.76%
- Decrease in MH Hospitalizations: 59.74%
- Decrease in Medical Hospitalizations: 46.88%
- Anchor Helped with Abstaining: 40.46%
- Recovery Coaching Utilized: 79.59%
NEW RECOVERY EFFORTS

- BHDDH contracted providers have trained 216 peer recovery specialists (PRS); 85 have become certified. Rhode Island is working towards our goal of doubling the number of certified peer recovery specialists to 168 by March 2017.

- Specific PRS training curriculum being established to work at DOC, in the ED’s, with elders and with pregnant females on MAT during the birthing process.

- RIDOH has a $110,000 per year contract with Anchor Recovery through 2019 to provide peer recovery coaches to inmates upon release from the Department of Corrections and to provide targeted street outreach to state “fentanyl” hotspots.

- Anchor has a recovery coach stationed at the Ambulatory Detox for 20 hours a week. Monday – Friday from 10AM -2PM.

- Increase funding sources – awaiting approval of 1115 waiver for payment of peers, peers currently reimbursable through some insurance carriers.
What are Centers of Excellence?

Programs treating opioid dependence that can provide:

- Comprehensive evaluation, including mental health evaluations, treatment and referral
- Medication induction (buprenorphine, methadone or depot naltrexone) and stabilization services
- Enhanced treatment services (including counseling, toxicology and care management)
- Support to community providers for transferred patients

Each Center of Excellence would be required to meet certification standards which establish expectations of access and service delivery. These centers would induct patients on medication, provide individualized care services, transfer patients to less intensive settings (PCPs) when stable and offer supportive resources to community providers.
Centers of Excellence will exist as a treatment option. It is NOT required that all patients needing MAT first go to a Center of Excellence. Patient choice is primary and referrals should be made considering choice and clinical need.

Capacity will increase as treatment at Centers is meant to be time-limited, only until patients are stabilized and can be safely referred back to the community.

Coordination with primary care providers is crucial and success depends on the ability to build the capacity of community providers.

Clinical and support services at COEs can continue even after patient is referred to a primary care provider.

Recovery coaches will play an important role in the delivery of services, especially at transition of care points.

COEs are able to rapidly re-admit patients who again require more intensive services and interventions.
CURRENT STATUS

- State Certified first Center of Excellence October 2016:
  CODAC Behavioral Health – five sites across the state
  - Providence (two sites)
  - East Providence
  - Wakefield
  - Newport

- Two Additional COEs certified in 2017

  - RI received federal grant for start-up funding for more COEs:
    - Eleanor Slater Hospital will be first hospital based program, anticipated start date is June 2017
    - Funding is available for one additional hospital based program in Federal fiscal year 2017.
OUTREACH

PUBLIC AWARENESS CAMPAIGNS

- Preventoverdoseri.gov
- Safe medication use
- Stigma reduction
- Media Events
- Helpline 401-942-STOP

Addiction is a disease.
Treatment is available.
Recovery is possible.
Recover.ri.gov
What’s Working: Moving from Policy to Implementation in Rhode Island

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  - Acting Director
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  - The Miriam Hospital
Aetna’s Comprehensive Opioid Strategy

Daniel Knecht, MD, MBA
- Aetna's Head of Clinical Strategy and National Clinical Appeals Unit
Aetna’s Comprehensive Opioid Strategy
Go-Forward Plan

Health & Clinical Services
May 2017
Our society is facing an unprecedented threat to our collective health... the opioid epidemic

- Almost 2 million Americans abused or were dependent on prescription opioids in 2014
- Approximately 185,000 people died from prescription opioids from 1999 to 2015
- 4x increase in prescription opioids sold since 1999.
- 91 Americans die every day from an opioid overdose (Rx and heroin).
- Providers wrote nearly a 250 million opioid prescriptions in 2013

Source: SAMHSA.gov, CDC.gov
Aetna’s Call to Action

Drug overdoses killed more people in 2015 than HIV/AIDS at its 1995 peak

Total deaths in America by cause and year

Source: Vox.com

Americans are suffering from more chronic pain

Source: Health and Retirement Study, 1998-2010
Credit: Sarah Frostenson
Aetna’s Vision and Goals

Aetna has committed to a set of ambitious, data-driven goals to benefit our members by encouraging effective pain management, reducing opioid abuse and supporting long-term addiction recovery.

1. Increase % of Aetna members with chronic pain treated by an evidence-based multi-modal approach by 50% by 2022

2. Reduce inappropriate opioid prescribing for our members by 50% by 2022

3. Increase % of members with Opioid Use Disorder treated with MAT by 50% by 2022
Aetna’s Comprehensive Opioid Strategy

*Leverage Aetna’s data analytics, clinical insights and partnerships across the path of addiction and recovery to drive improved health outcomes*

**Prevent**
- Prevention of Opioid Misuse and Abuse
  - Promote non-opioid chronic pain management
  - Innovative formulary design
  - Deter inappropriate prescribing habits

**Intervene**
- Identify & Intervene At-Risk Behavior
  - Identify and intervene at-risk member behavior
  - Increase access to naloxone
  - Identify and support pregnant members whose babies are at-risk for NAS

**Support**
- Enhance Access to Evidence Based Treatments
  - Partner to address social stigma associated with substance abuse
  - Increase access to behavioral health & substance abuse support
  - Promote use “Medication Assisted Therapy”

*draft only*
Aetna’s Key Opioid Initiatives to Date

- Chief Medical Officer’s superprescriber outreach initiative (8/2016)
- Clinicians in Aetna BH’s program work with members and providers to ensure timely substance abuse screening and intervention
- Aetna Dental and CMO’s dentist superprescriber outreach initiative (4/2017)
- Aetna Medicaid screens pregnant members for opioid use disorder and offers longitudinal management for neonatal abstinence syndrome
- Various pharmacy controlled substance programs that identify and intervene on members (and their prescribers) who are at risk for misuse and abuse (ongoing since 11/2011)
- ABH and AF collaborated to disseminate narcan injectors for PA state law enforcement (2016)
- Removal of pre-certification for buprenorphine (MAT) and placement on preventive medicine list (3/2017) (commercial formulary only)
- Aetna has developed and partnered with web-based solutions to deliver enhanced access to opioid treatment including Ableto and myStrength
Next Steps and Questions?
Discussion
Upcoming Session

- Primary Prevention, August 17, 2-3 p.m. ET