

Winning the Fight Against Opioid Abuse in Kentucky

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5min: AB & KM

LETHAL OVERDOSES IN KENTUCKY

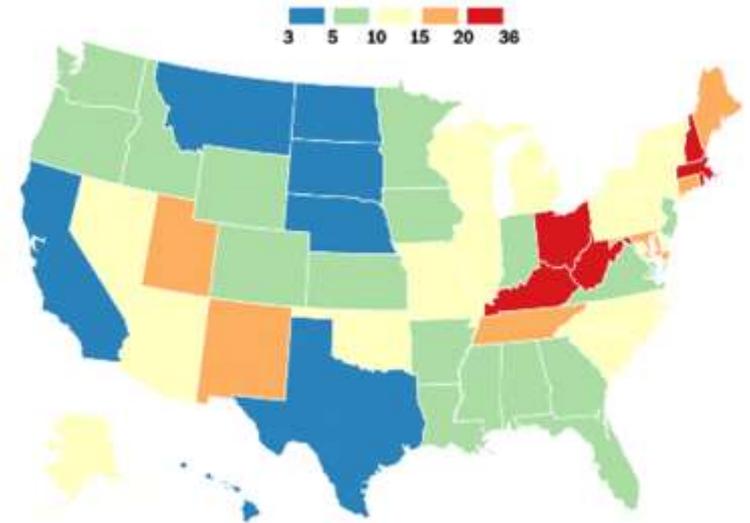
US Opioid Overdose Deaths

Opioid overdose deaths surge in 2015



Opioid deaths in 2015

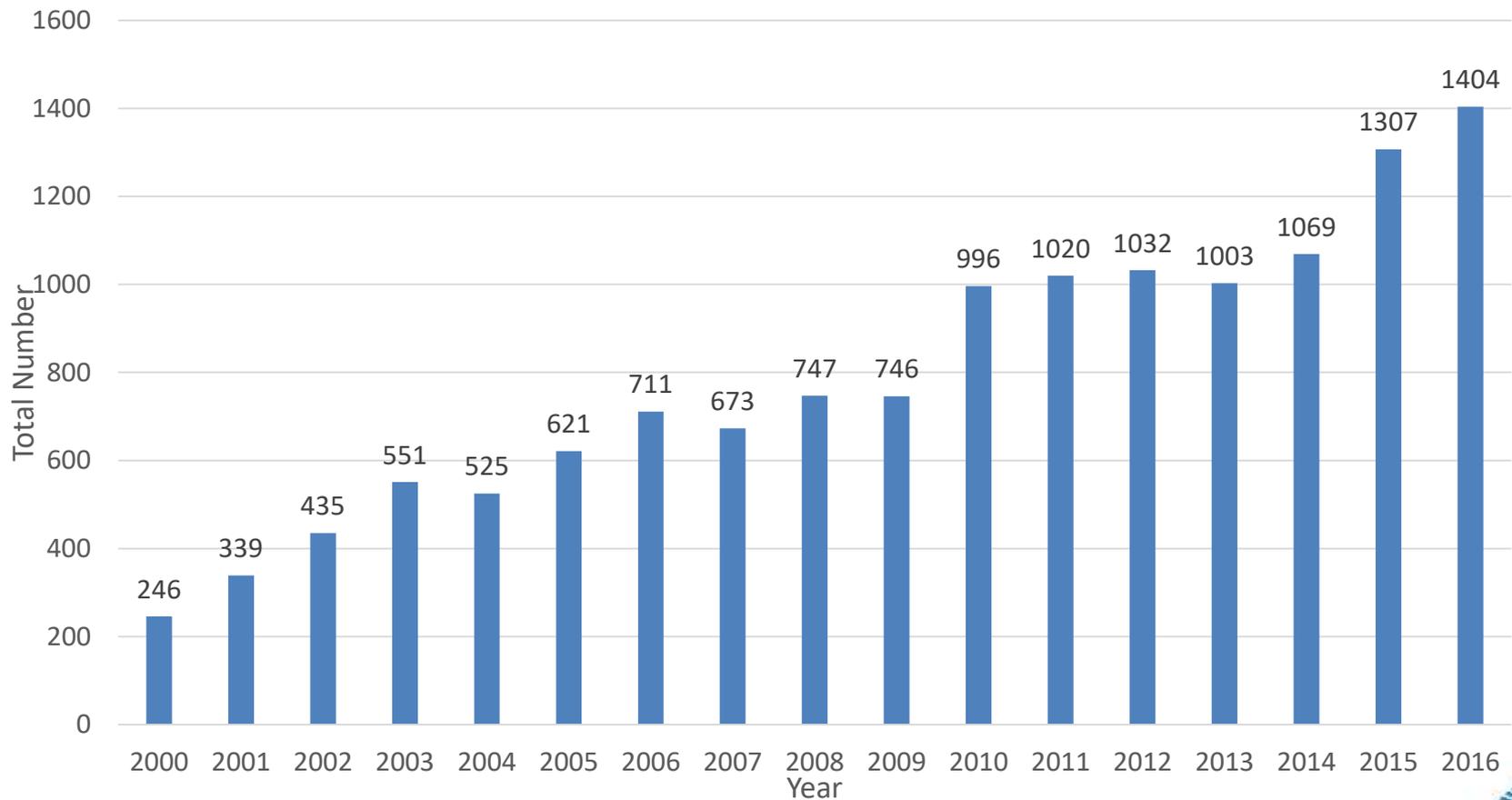
Age-adjusted death rates (per 100,000) for overdose deaths from all opioid drugs



WAPQ.51/WONKBLOG

Source: CDC WONDER

More Kentuckians are Dying from Overdose than Ever Before

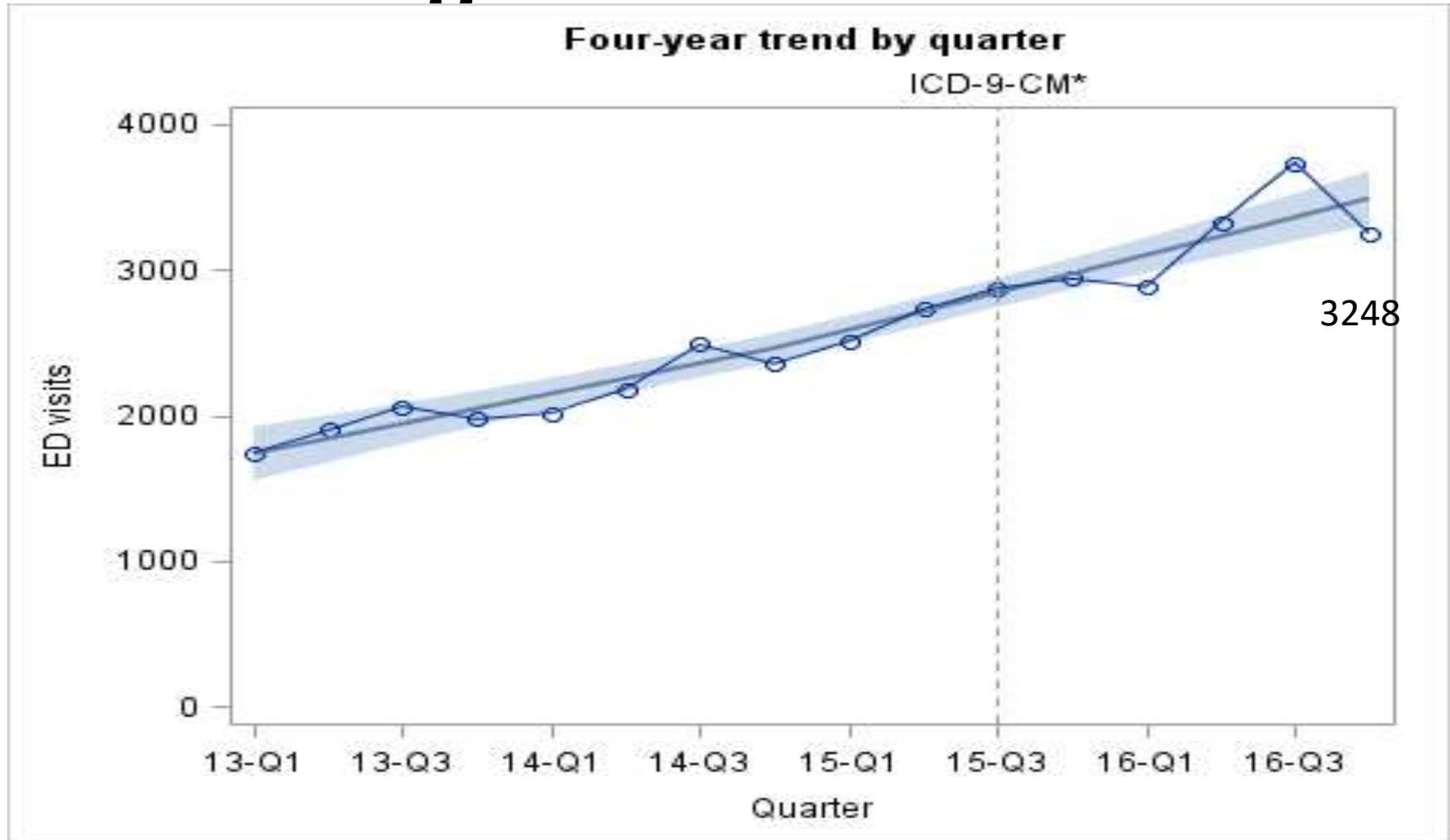


Overdose is Killing Kentuckians at Younger Ages

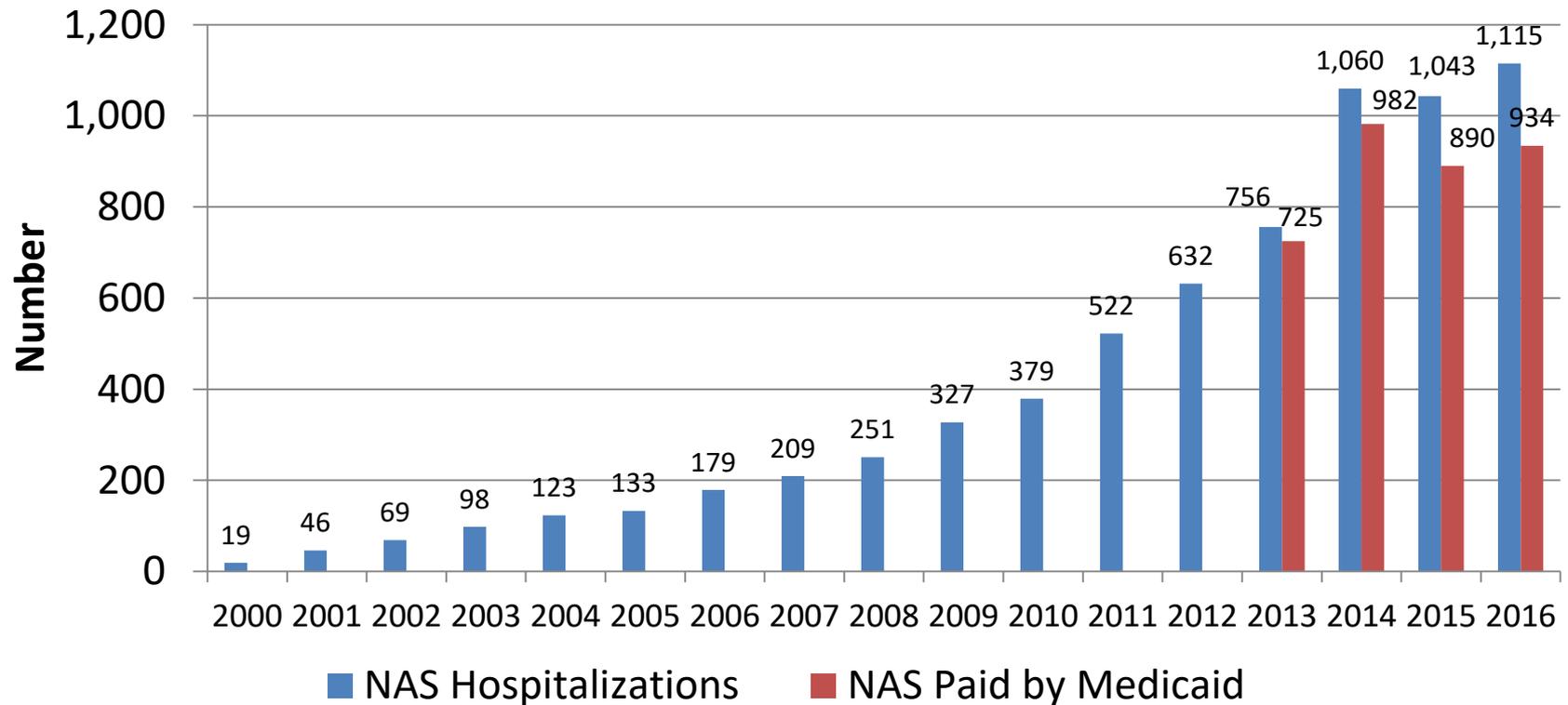
Age Group in Years	Number 2015	Number 2016
1-4	1	2
5-14	3	0
15-24	72	90
25-34	288	294
35-44	341	409
45-54	372	321
55-64	188	184
65-74	28	26
75-84	4	4

Data Sources: 2015 & 2016 Overdose Fatality Reports

Drug Related ED Visits



Too Many Kentucky Infants are Experiencing Opioid Withdrawal



Produced by the Kentucky Injury Prevention and Research Center, May 2016. Kentucky Inpatient Hospitalization Claims Files, Frankfort, KY, [2000-2015]; Cabinet for Health and Family Services, Office of Health Policy. Data for 2010-2015 are provisional; therefore these results are subject to change.

10 minutes: AH & GL

HIGH QUALITY TREATMENT

ASAM Definition of Addiction

Addiction is a primary, chronic **disease** of brain reward, motivation, memory and related circuitry.

Addiction is characterized by **inability** to:

- consistently abstain
- impairment in behavioral control
- craving
- diminished recognition of significant problems with one's behaviors and interpersonal relationships
- dysfunctional emotional response

Like other chronic diseases, addiction often involves **cycles of relapse** and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Kentucky's Medicaid Benefit includes the full continuum of services for SUD treatment

- Screening
- **Assessment**
- Crisis Intervention
- Mobile Crisis
- Residential Crisis Stabilization
- Day Treatment (kids only)
- **Peer Support**
- **Parent/Family Peer Support**
- **Intensive Outpatient Program**
- **Individual/Group/Family Therapy**
- Collateral Outpatient Therapy (kids only)
- Service Planning (MH only)
- **Partial Hospitalization**
- **Residential Services for Substance Use Disorders**
- **Screening, Brief Intervention and Referral to Treatment (SBIRT)**
- Assertive Community Treatment (MH only)
- Comprehensive Community Support Services (MH only)
- Therapeutic Rehabilitation Program (MH only)

SUD Treatment Services – Kentucky Medicaid

- Screening, Brief Intervention and Referral for Treatment (SBIRT)
- Individual
- Group
- Peer Support
- Case management (TCM)
- Intensive Outpatient
- Partial Hospital
- Detox – Chemical Dependency
- Hospital Inpatient
- Residential
- Medication Assisted Therapies

State of the Art in SUD Treatment

- Multi-dimensional assessment
- Placement within the treatment continuum
- Individualized treatment plans
- Utilization of a variety of tools and evidence-based practices
- Long term supports and services (Recovery)
- Addressing social determinants that interfere with long term recovery

15 min: AB, KM, GL

MEDICATION ASSISTED TREATMENT

Medication Assisted Treatment (MAT)

- ❖ **MAT is an evidence-based approach that involves prescribing medications to a person who is opioid dependent with the benefits of:**
 - Diminishing craving
 - Prevention of withdrawal symptoms
 - Tolerance occurs so that mood altering effect is lessened

- ❖ **Allows the individual to be stabilized & engaged in therapeutic services such as:**
 - Individual and group therapies focusing on relapse prevention and identifying factors sustaining addiction
 - Peer and Family Support
 - 12 Step recovery programs

Medications Used in MAT

- Methadone
 - Prevents withdrawal symptoms and reduces craving by activating opioid receptors in the brain
- Buprenorphine (Suboxone, Subutex)
 - Eliminates opioid withdrawal symptoms without producing the euphoria or dangerous side effects.
 - Activates and blocks opioid receptors in the brain
 - For non pregnant woman it can be combined with naloxone to deter diversion or abuse as an injection causes withdrawal reaction if used intravenously by an individual dependent on opioids.
- Naltrexone (Vivitrol) (NOT Appropriate During Pregnancy)
 - Prevents relapse following complete detoxification from opioids.
 - Blocks opioid receptors so if opioids are used, euphoria is blocked.

Methadone

- Available for over 50 years
- Well researched outcomes and established efficacy
- Only available in regulated NTP programs which combine dosing and treatment in one program
- Dosing is observed and provided in liquid form and little to no risk for diversion
- Challenges is daily on-site dosing and location as well as cost for treatment

Buprenorphine

- Office Based Opiate Therapy (OBOT)
(Buprenorphine)
 - Primary care settings
 - Addiction Medicine Certified Prescribers
 - Clinics specializing
- Goal of removing stigma and moving treatment of addiction to mainstream of medical care

Office Based Opiate Therapy (OBOT)

- There are currently over 700 physicians that have DEA certification to prescribe Buprenorphine containing medications (“X-License)
- Limit is 30 patients for first year and then 100 per year, then possible to increase to 275
- Eighty percent of the prescriptions for Buprenorphine are written by 20 percent of the those with DEA certificate
- Some geographic mismatching with population centers

MAT Strategies

- ***Medication-assisted withdrawal*** (sometimes termed ‘detoxification’ or tapering) provides consecutively smaller doses of a medication such as methadone or buprenorphine as well as non-opioid-agonists to provide a ‘smooth’ transition from illicit opioid use to a medication-free state.
- ***Maintenance pharmacotherapy*** on an opioid-agonist medication such as methadone or buprenorphine is defined as treatment with medication for an indefinite period by fixing and maintaining the level of the opioid in an individual, in order to avoid the craving and withdrawal symptoms that abstinence from illicit opioids would produce.
- ***Relapse Prevention*** with an opioid blocker to treat craving and block the effect of any opioids taken

Outcomes

- Individuals on MAT are
 - more likely to be in treatment at on year follow-up
 - less likely to be incarcerated
 - more likely to be employed
 - less likely to relapse and be currently using
- Methadone follow-up as high as 80 percent success in preventing illicit drug use at one year
- Buprenorphine Studies are more varied and indicate around 50 percent in controlled studies

WHO 2014 Guidelines for SUD in Pregnancy

- “Pregnant women dependent on opioids should be encouraged to use opioid maintenance treatment whenever available rather than to attempt opioid detoxification. Opioid maintenance treatment in this context refers to either methadone maintenance treatment or buprenorphine maintenance treatment.”

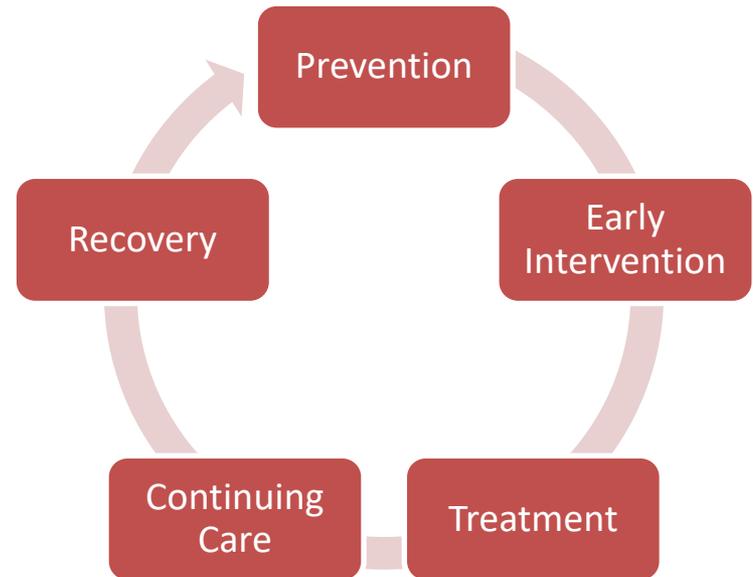
Quality SUD Treatment in Pregnancy

Coordinated Team approach with the following:

- Quality Obstetric Care
- Access to MAT prescriber
- Nurse Care Coordination
- SUD Case manager
- Appropriate level of SUD care based on Assessment
- Peer Support (individual and or group)
- Housing/Employment/Child Care Supports
- Neonatology involvement

Recovery Oriented Care

A coordinated network of community-based services and supports person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems



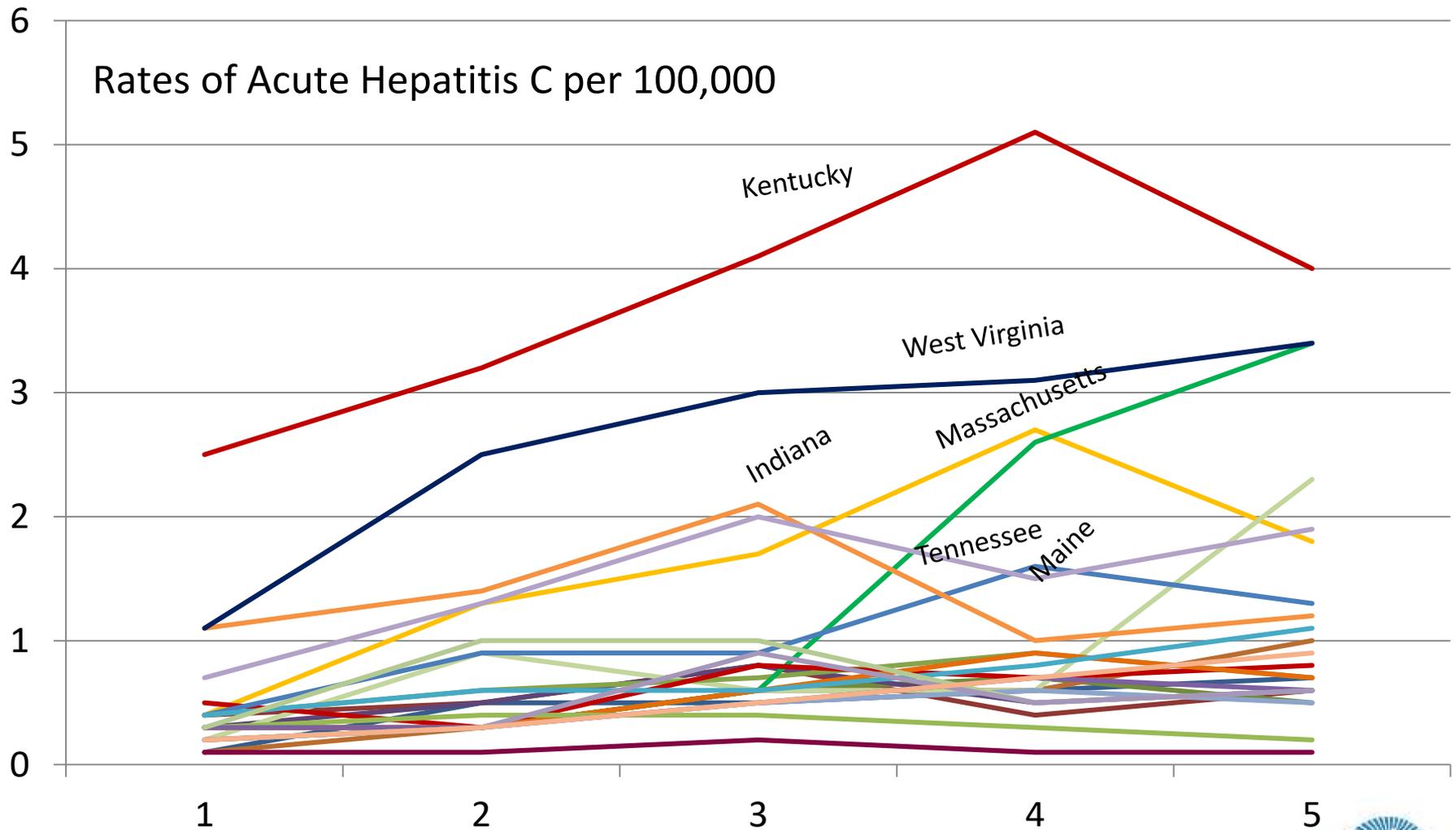
Eliminating Overprescribing and Drug Diversion

- Prescriber education (opioid stewardship)
- Patient education
- Prescription Drug Monitoring Program (KASPER)
- Prescribing limits (3-day limit)
- Drug disposal / take back

Neonatal Opioid Withdrawal Syndrome

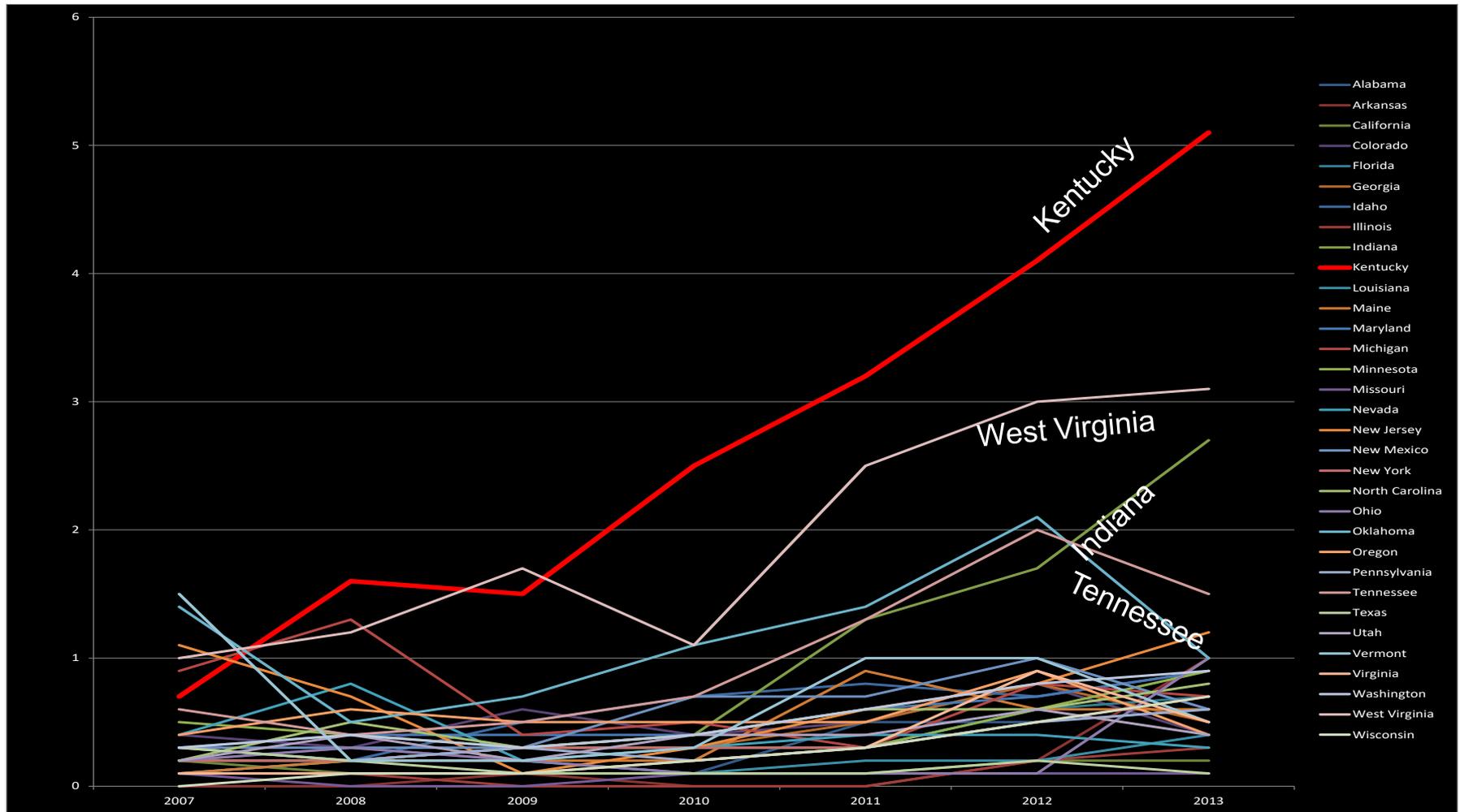
Hepatitis C

The Epidemic of Hepatitis C



Rates of Acute Hepatitis C Virus (HCV) Infections 2007-2013

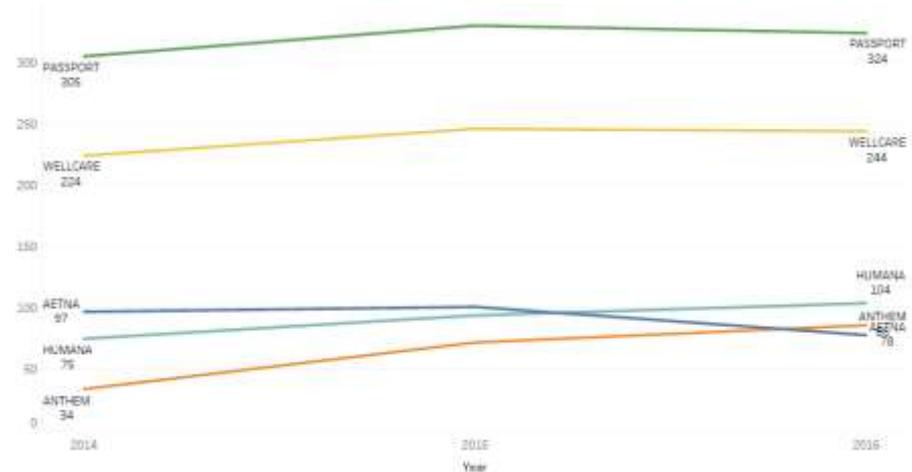
<http://www.cdc.gov/hepatitis/statistics/>



Hepatitis C

Low Treatment Rates, Racial Disparities

- Nationwide data: 10.1% of adult patients with HCV infection were prescribed antiviral treatment (Vutien et al., 2016)
- KY DMS focused study: 3.2% of the Kentucky Medicaid population with chronic hepatitis C were dispensed hepatitis C antiviral therapy, with low rates across all Managed Care Organizations.
- Medication receipt rate of only 2.2% was observed among black enrollees compared to that of 3.4% among white enrollees.



Gaps in Care

- Less than 30% of Medicaid members with hepatitis C had any care management record
- Less than 20% of Medicaid members had a completed clinical needs assessment documented by their MCO
- Less than 10% had any plan of care
- Less than 2% percent had their PCP-specialist care coordinated
- Only 1 of 27 members who were hospitalized for liver-related disease had documentation of a discharge plan in the care management chart

Viable Solutions

- ENHANCED CARE MANAGEMENT TO FOSTER MEMBER ENGAGEMENT AND COMPLIANCE WITH HEPATITIS C TREATMENT REGIMENS
- CARE COORDINATION TO FACILITATE PCP-SPECIALIST COLLABORATION, AS WELL AS ATTEMPT TO REDUCE HOSPITALIZATIONS.

Clinical factors	
With serious mental illness (SMI)	5,368 (51.2%)
With substance use disorder (SUD)	4,673 (44.5%)
With alcohol abuse	1,726 (16.5%)
With tobacco use	7,253 (69.1%)
With chronic hepatitis B	359 (3.4%)
With HIV	178 (1.7%)
With skin/soft tissue infections	1,925 (18.4%)

Outpatient visits	
Members with both PCP and liver-related specialist visit	6,025 (57.4%)
Members with neither PCP nor liver-related specialist visit	273 (2.6%)
Members with PCP visit, only	3,965 (37.8%)
Members with liver-related specialist visit, only	228 (2.2%)

Kentucky MMC members without any outpatient liver-related specialist visit were more than twice as likely not to receive HCV treatment.

Evolving policies

- I. *Relax restrictions on Hep C treatment requiring proof of Stage 3 or 4 fibrosis, or scarring of the liver*
- II. *Eliminate requirement of not using illicit drugs for at least six months*

Updated guidelines for the management of hepatitis C (AASLD-IDSA, 2016):

“Treatment is recommended for all patients with chronic HCV infection, except those with short life expectancies that cannot be remediated by treating HCV, by transplantation, or by other directed therapy.”

“ . . . recent and active injection drug use is not an absolute contraindication to hepatitis C therapy.”

At Risk of HIV

54 Kentucky Counties with Increased Vulnerability to Rapid Dissemination of HIV/HCV Infections Among People who Inject Drugs

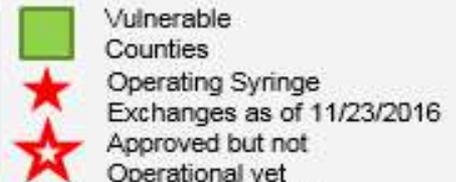


National Ranking by County

1	Wolfe	34	Martin
3	Breathitt	35	Boyle
4	Perry	39	Lawrence
5	Clay	40	Rockcastle
6	Bell	45	Harlan
8	Leslie	48	McCreary
9	Knox	50	Letcher
10	Floyd	53	Johnson
11	Clinton	54	Russell
12	Owsley	56	Elliott
14	Whitley	65	Laurel
15	Powell	67	Carroll
17	Knott	75	Taylor
21	Pike	77	Grant
23	Magoffin	93	Adair
25	Estill	97	Lincoln
30	Lee	99	Wayne
31	Menifee	101	Cumberland

Specific concerns regarding Kentucky Counties:

1. Dense drug user networks similar to Scott County Indiana
2. Lack of syringe exchange programs



NOTE: CDC stresses that this is a REGION-WIDE problem, not just a county-specific problem.

Last 20 min: KM & AB

KENTUCKY OPIOID RESPONSE EFFORT (KORE)

Kentucky Opioid Response Effort

Guided by the Recovery-Oriented System of Care Framework, the purpose of the Kentucky Opioid Response Effort is to implement a comprehensive **targeted** response to Kentucky's opioid crisis by **expanding access** to a **full continuum of high quality, evidence-based opioid prevention, treatment, recovery, and harm reduction services and supports** in the highest-risk geographic regions of the state and with highest-risk populations.

Grant Parameters

- 2-Year Formula Grant through SAMHSA
- Kentucky awarded \$10,528,093 in Year 1
- 5% may be used for administrative & infrastructure
- 80% must be used for treatment and recovery supports
- Target populations:
 - Individuals who have had an overdose
 - Pregnant and parenting woman
 - Individuals who are re-entering the community from a correctional setting
 - Youth and adolescents

Prevention Activities

- Support evidence-based, primary prevention programs for school age populations
- Build on extensive efforts to decrease the inappropriate prescribing of opioids
 - Prescriber education (opioid stewardship)
 - Prescription Drug Monitoring Program (KASPER)
- Expand naloxone (Narcan) distribution
- Increase drug take back and disposal

Treatment Activities

- Bridge clinics in proximity to Emergency Departments
- Integrated healthcare and recovery support services for pregnant or post partum woman with an OUD
- Treatment stipends to providers to support individuals who may lack resources to access treatment
- Targeted training initiatives to promote evidence-based practices and enhance provider capacity
- Supported employment for those re-entering from correctional settings

Recovery Activities

- Expand the Peer Supports Specialist and supervisor workforce who have specialized SUD training
- Expand Young People in Recovery chapters
- Increase number of Double Trouble in Recovery groups
- Develop recovery supports that include employment and housing as critical elements

Other Resources

- State funded grants to Community Mental Health Centers
- State funded grants to address prevention of Substance exposed infants by enhancing treatment to woman of child bearing age
- Federal Grant Promoting Integration of behavioral health (SUD) and primary care services (PIPBHC)
- Donation of doses of naloxone (Narcan)