Data, Science and Action

The AHCCCS Opioid Strategic Plan
The Math You Really Need

DIFFERENCE!  CHANGE!
Putting it in Perspective

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22% increase just since 2015
Number and age-adjusted rates of drug overdose deaths by state, US 2015

2015 Age-adjusted rate

- 2.8 to 11.0
- 11.1 to 13.5
- 13.6 to 16.0
- 16.1 to 18.5
- 18.6 to 21.0
- 21.0 to 41.5
A Look at the Numbers

91 people die each day from an opioid-related overdose.

$55 billion is spent in health and social costs linked to prescription opioid abuse each year.

75% of heroin users first started by misusing prescription opioids.

1 in 10 people with the disease of addiction receive the treatment they need when they need it.

Sources: CDC, NIDA, HHS
Opioid death counts among Arizona residents and non-residents in Arizona from 2007 to 2016.
What Does the Science Tell Us?

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MAT MYTHS

- NALOXONE - SAVES LIVES -

There isn't any proof that MAT is better than abstinence. MAT is evidence-based and is the recommended course of treatment for opioid addiction. American Academy of Addiction Psychiatry, American College of Addiction Association. The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first line treatment. (8)
High Risk Populations

- Criminal Justice population
- American Indians
- Former users
- Veterans
- High MEDDs and Polypharm
- Trauma, depression, anxiety
Elevated Misuse in MH Population (NSDUH, 2015)

Figure 15. Past Year Misuse of Prescription Psychotherapeutics among Adults Aged 18 or Older, by Drug Type and Past Year Mental Illness Status: Percentages, 2015

AMI = any mental illness; SMI = serious mental illness.
+ Difference between this estimate and the estimate for adults with no past year mental illness is statistically significant at the .05 level.
Specifically Those with Depression...

Figure 16. Past Year Misuse of Prescription Psychotherapeutics among Adults Aged 18 or Older, by Drug Type and Past Year Major Depressive Episode (MDE) Status: Percentages, 2015

+ Difference between this estimate and the estimate for adults with no past year MDE is statistically significant at the .05 level.

Note: Adult respondents with unknown past year MDE data were excluded.
And, Suicidal Thoughts

Figure 18. Past Year Misuse of Prescription Psychotherapeutics among Adults Aged 18 or Older, by Drug Type and Past Year Suicidal Thoughts: Percentages, 2015

* Difference between this estimate and the estimate for adults with no Past Year suicidal thoughts is statistically significant at the .05 level.

Note: Adult respondents with unknown suicide information were excluded.
What is AHCCCS Doing to Help Solve the Opioid Crisis?
3 Strategies to Implement

1. Harm Reduction
2. Access to MAT
Why Naloxone?

• It saves lives!
• Creates awareness
• Community distribution
  ▪ Someone understands and cares
  ▪ Access to additional services and resources
  ▪ Pipeline to treatment referral
  ▪ Hits vulnerable and at-risk populations
STRATEGY #1: Enhance Harm Reduction Strategies to Prevent Overdose

• Over 12,000 naloxone kits distributed in the community project

• Over 1,200 reversals recorded through the community project

• Health Plans are starting co-prescribing campaigns for all members >90 MEDDs and all opioid/benzo combos
Why MAT?

• Most clinically sound and cost-effective way to treat OUD based on extensive clinical research (NIDA, ASAM and the U.S. Surgeon General).
  o Improves treatment retention
  o Decreases opioid use
  o Reduces risk of mortality
• The myths and the facts
• Success rates of other modalities?
Reward Pathway

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Opioid Withdrawal Symptoms

- Pupillary dilation
- Tachycardia
- Diaphoresis
- Gooseflesh skin
- Runny nose/tearing
- Tremor
- Yawning
- Anxiety/irritability
- Restlessness
- Bone/joint aches
- GI upset
Goals of Treatment

• Risk reduction vs. complete abstinence

• Overarching themes
  o 1st stabilize the brain
  o Address the underlying psychological factors
  o Pro-social behavior
  o Emotional and physical health
  o Avoid justice involvement
Stigma and Access to Healthcare

• How we talk about things impacts the way we think about things and vice versa

• Improved understanding that opioid use disorder is a complex interplay of biology and environment will decrease stigma and increase access to healthcare
Opioid STR Grant

- Opioid Monitoring Initiative
- MAT education and outreach
- Increase peer support services
- MAT COE for 24/7 access to care
- Hospital and ED discharge projects
- Diversion and incarceration alternatives
- Early MAT ID for re-entry population
- Expand residential/recovery home services
**STRATEGY #2: Enhance Access to Medication Assisted Treatment**

- 18% utilization August, 2015 for primary OUD Dx
  - 29% utilization now
- Aligning Title XIX policies with STR activities
- Opening MAT for Buprenorphine and Vivitrol on the acute side 01/01/2018
- Cohort study on efficacy of Tx modalities
STRATEGY #3: Promote responsible prescribing policies and practices

- GOAL #1: Reduce the number of opioid-naïve members unnecessarily started on opioid treatment

- GOAL #2: Improve care processes for chronic pain and high-risk patients.
WHY Opioid-Naïve Individuals?

FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days’ supply* of the first opioid prescription — United States, 2006–2015

FIGURE 2. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of prescriptions* in the first episode of opioid use — United States, 2006–2015

CDC MMWR, March 2017
WHY is the PolyUse Factor So Important?

BMJ, March 2017
Identification and Care Coordination

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Pain Management Centers of Excellence

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Increase E-Prescribing

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Screening and Assessment

- Substance Use
- Mental Health
Integrated Models: Pain Management, PCPs and Behavioral Health

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Educate Patients
http://rethinkrx.org/

Pain Management
A Guide for Patients

You would do anything for your friends...
but when it comes to medicine, sharing isn’t caring!
Your meds are just for you.

Click here for Pain Management video

Parent talk kit
Tips for Talking and What to Say to Prevent Drug and Alcohol Abuse
Incentivize What We Want to See

VALUE-BASED Purchasing

SUMMARY OF ARIZONA OPIOID PRESCRIBING GUIDELINES FOR THE TREATMENT OF CHRONIC NON-TERMINAL PAIN (CNTP)

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What About Pregnant Women and NAS Babies?
Pregnant, Parenting and NAS Members

• 3 key access points
  ▪ Prevention – Primary and Secondary
  ▪ Delivery
  ▪ Post-Partum

• Learning Collaborative

• Policy Change on CSPMP checks

• PPW grant to pilot model system

• Increasing capacity – providers and options

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Call-to-Action

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The Voice of the Community

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Educate and Enlist

Reaching across Arizona to provide comprehensive quality health care for those in need
Navigate People to Help

SAMHSA’s MAT APP

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Understand and Educate: MAT
Understand and Educate: Naloxone

Contact Haley Coles
hcoles@spwaz.org
Educate. Educate. Educate!!!

Pain Management
A Guide for Patients

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You would do anything for your friends...

but when it comes to medicine, sharing isn’t caring!
Your meds are just for you.

Parent talk kit
Tips for Talking and What to Say to Prevent Drug and Alcohol Abuse
... get out of your silo!
NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL COMMITTED CITIZENS CAN CHANGE THE WORLD; INDEED IT'S THE ONLY THING THAT EVER HAS.

margaret mead
Take Home Message

Reaching across Arizona to provide comprehensive quality health care for those in need
Thank You

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