Supporting Sustained Recovery for Opioid Use Disorder

Milwaukee City-County Heroin, Opioid & Cocaine Task Force (CCHOCTF)

November 30, 2018

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Opioid Use Disorder (OUD)

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A medical condition

Like all substance use disorders (SUD), OUD is a condition characterized by a pattern of compulsive substance use in spite of the harmful consequences of repeated use.

Does not discriminate

affects individuals of all ages, gender, race, social and economic status

"A chronic brain disease; not a character flaw or moral failing"

Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Spotlight on Opioids. 2018.

1. Retrieved from https://addiction.surgeongeneral.gov/

Addressing the challenges

- Stigma around SUD can make people feel ashamed or afraid to seek the help they need
- It is a chronic, complex disease difficult to treat
- The marketplace offers wide variability in treatment
- Members struggle to find effective evidence-based care
- Individuals are vulnerable to predatory practices

Early exposure and dependence

80% of heroin users

report starting on prescription opioids prior to transitioning to heroin.[2]

Risk of chronic opioid use increases with each additional day of opioid supplied **starting with the third day.**[3]

1. Reinberg, S. (2017). Opioid Dependence Can Start In Just a Few Days. Retrieved from https://consumer.healthday.com/bone-and-joint-information-4/opioids-990/opioid-dependence-can-start-in-just-a-few-days-720750.html. 2. Muhuri, P. (2013). CBHSQ Data Review: Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States. Retrieved from https://www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm . 3. Anuj Shah, A., Hayes, C., Martin, B., Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. MMWR Morb Mortal Wkly Rep 2017;66. Retrieved from https://stacks.cdc.gov/view/cdc/44655..

CDC Guidelines for opioid prescribing

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Opioids are not first-line therapy for chronic pain

Non-opioid and non-pharmacologic treatments are preferred

Short duration for acute pain

3 days of therapy should be sufficient, longer than 7 days rarely needed

Avoid opioids in combination with benzodiazepines

Avoid these drugs in combination because of increased overdose risk

Offer MAT for OUD

MAT has proven the most effective treatment for OUD

Lowest effective dose at start

Less than 50 morphine equivalent dosing (MED) per day at treatment initiation

Minimize dose escalation

Avoid increasing dosage to ≥ 90 MED per day

Prescription opioid use by age and gender

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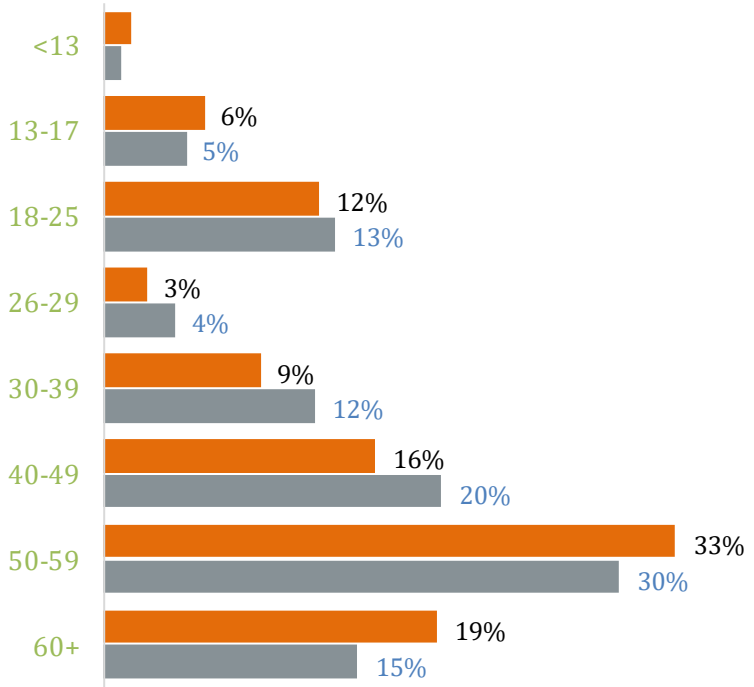
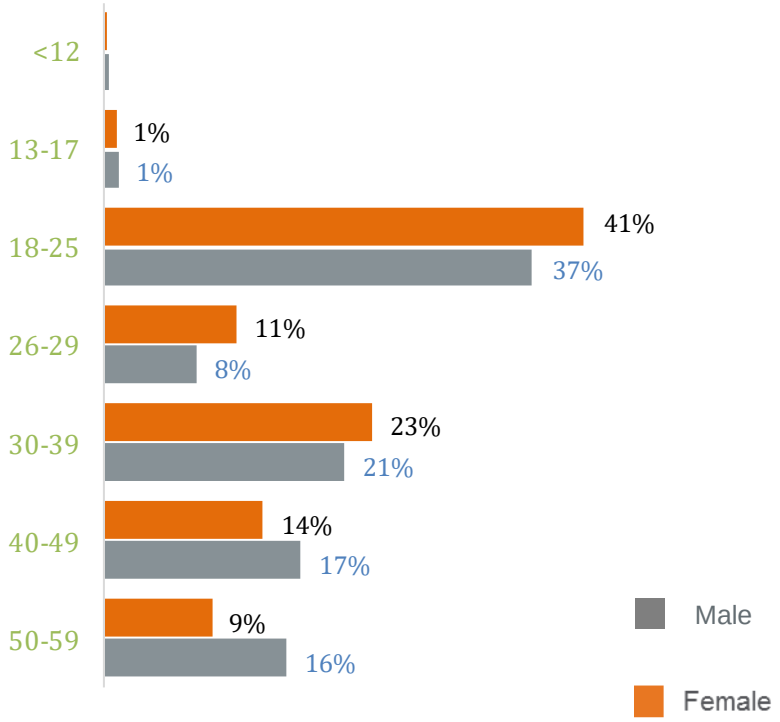
Opioid prescribing by age[1]



Patients in opioid treatment by age and gender[2]



1. UnitedHealthcare large ASO employer 2017 claims experience. 2. UnitedHealthcare ASO covered lives 2016, served by Optum Behavioral Health.

Benefits of MAT

1. Minimize withdrawal symptoms
2. Reduce opioid cravings
3. Prevent relapse
4. Restore normal physiological functioning

1. Calculated by Optum, based on relative risk ratios from the meta-analysis in: Nielsen S, Larance B, Degenhardt L, Gowing L, Kehler C, Lintzeris N. Opioid agonist treatment for pharmaceutical opioid dependent people. Cochrane Database of Systematic Reviews 2016, Issue 5. Art. No.: CD011117. DOI: 10.1002/14651858.CD011117.pub2, pages 17 and 19.

MAT considerations for special populations

Pregnant women

- *MAT for maintenance is preferred* over MAT for withdrawals
  - Either methadone or buprenorphine can be prescribed; however, if a pregnant patient is stable on methadone do not change to buprenorphine
  - Infants born to women who received buprenorphine during pregnancy 1) developed milder neonatal opioid withdrawal symptoms (NAS) than those born to women who received methadone, and 2) needed fewer post-delivery hospital days
  - MAT should begin immediately when a pregnant opiate addict presents for treatment; MAT should be continued through the pregnancy
  - If a patient is using buprenorphine, the drug should be used alone (without naloxone)
- Breastfeeding is encouraged on both medications

Adolescents

- All treatment options are to be considered
  - Some MAT are not FDA-approved for adolescents
  - Clinical reasoning for not providing MAT should always be documented

What our experience shows

Cost of care decreased in 90 days after MAT service for members with opioid dependence ($1,487 savings).[1]

Utilizing MAT reduces overdose deaths, overall costs and retaining a patient in treatment.[2]

MAT should be used as part of a comprehensive, personalized treatment plan to address OUD

1. Based on Healthcare Analytics review from 11-1-2014 to 10-31-2015 claims data for Optum Commercial Business; there were 10,373 members who were admitted to a facility-based level of care with an opiate-based primary diagnosis.2. McLellan AT1, Arndt IO, Metzger DS, Woody GE, O'Brien CP. The effects of psychosocial services in substance abuse treatment. JAMA. 1993 Apr 21;269(15):1953-9.

MAT need significantly exceeds capacity[1]

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Physicians are not prescribing.

Only 3.5% of 900,000 U.S. physicians who can write prescriptions for opioid painkillers have obtained a DATA 2000 waiver to prescribe buprenorphine — and only a fraction of those licensed actually prescribe it.[2]

Only 23% of public and less than 50% of private-sector treatment programs offer any FDA-approved medications to treat SUD/OUD.[3,4]

Even in programs that do offer MAT, only 34.4% of patients receive it.[4]

1. August 2015, Vol 105, No. 8, *American Journal of Public Health*. 2. Vestal, C. In Drug Epidemic, Resistance to Medication Costs Lives." The PEW Charitable Trusts. January 11, 2016. 3. Knudsen HK, Roman PM, Oser CB. Facilitating factors and barriers to the use of medications in publicly funded addiction treatment organizations. *Journal of Addiction Medicine* 2010;4(2):99–107. 4. Knudsen HK,, Abraham AJ, Roman PM. Adoption and Implementation of Medications in Addiction Treatment Programs. *Journal of Addiction Medicine* 2011 5(1): 21–27.

ER as a first step to long-term treatment

"The emergency department is a health care setting in which patients with opioid use disorders commonly present …

Emergency physicians are thus uniquely positioned to intervene to help patients with opioid use disorders at a critical moment in the addiction cycle."

— David Kan, CSAM

Support long-term recovery

Help individuals avoid relapse

40–60%
average relapse rate amongst opioid abusers in the U.S.[1]

91%
of patients who overdose receive an opioid prescription within 10 months.[2]

Support chronic populations and recovery

1. Connect individuals with certified peer support specialists
   - Uniquely qualified support resources that have made the journey from substance abuse to recovery themselves
2. Equip individuals with recovery tools
   - Mobile apps offer guidance, reminders and immediate help when needed
3. Continuously monitor pharmacy claims data
   - Inform doctors and pharmacists how to reach out to individuals who may need extra support to avoid relapse
   - Drug Utilization Review (DUR): concomitant use of opioids and MAT

1. National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research-Based Guide. Accessed July 2017; 2. Ann Intern Med. 2016; 164:1-9; 3. Psychiatric Serv In Advance. 2016

UHC & Optum launch SUD Helpline in WI

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- Anonymous, 24 hour access to clinical staff who are trained specifically in Substance Use Disorder (SUD) and clinical assessment
- Call (855) 780-5955 or visit Online Chat, Liveandworkwell.com/recovery
- Education on addiction as a disease and evidence based treatment options
- Member and/or family and friend supports (open to all; general public)
- Assistance with navigating a complex and often confusing heath care system.
- If desired, the ability to obtain timely treatment referrals and/or information regarding community supports

Call toll-free: **(855) 780-5955**
or visit **Online Chat at**
Liveandworkwell.com/recovery

Local Clinical Support

- **Care management staffed by clinicians and community health workers**
- **Medical / Behavioral care coordination**
  - Appointments
  - Medications
  - Transportation
- **Assessment of health status and social determinants**
  - Housing
  - Food
  - Utilities
  - Clothing
  - Social Supports
- **Home visits**
  - In home supports
  - DME
  - Mom's Meals

Community Partnerships

- City of Milwaukee Community Paramedics
- My Connections / Milwaukee County Housing
- Unite MKE - Pregnancy Pathways

UNiTEMKE

THE BRIDGE TO COMMUNITY HEALTH

Our Commitments to Communities and Partners

- **Affordable Housing Projects** - $11M Tax Credits
  - November 2017 – Madison Flats at Grandview Commons
  - February 2018 – Milwaukee SEVEN04 Place

- **Improving access to better health for more underserved and uninsured Americans** - $1.95M recently announced:
  - Feeding Wisconsin - increase refrigeration, access to fresh produce
  - Children's Health Alliance of Wisconsin / Dentamed – dental screenings and restorative and procedures at schools
  - Vision Quest 20/20 – vision screenings at schools

- **UHG Foundation grants -** $3.5M since 2017
  - MATC – increasing nursing school capacity
  - Periscope Project
- **Community Grants**
  - MetaHouse
  - United Way

THE PERISCOPE PROJECT
PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

Thank you!

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