Vermont's Response to Opiate Crisis

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VERMONT
DEPARTMENT OF HEALTH

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SECTIONS HOME SEARCH The New York Times

U.S. 176 COMMENTS

In Annual Speech, Vermont Governor Shifts Focus to Drug Abuse

By KATHARINE Q. SEELYE JAN. 8, 2014

Gov. Peter Shumlin, a Democrat, used his State of the State Message on Wednesday in Montpelier to encourage public debate on the growing problem of drug abuse and addiction in his state.
Caleb Kenna for The New York Times

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MONTPELIER, Vt. — In a sign of how drastic the epidemic of drug addiction here has become, Gov. Peter Shumlin on Wednesday devoted his entire State of the State Message to what he said was "a full-blown heroin crisis" gripping Vermont.

Actions to Address Opioid Drug Abuse

Education

•Prescriber education
•Community education
•Naloxone distribution

Tracking and Monitoring

•Vermont Prescription Drug Monitoring System (VPMS)

Regulation/Enforcement

•Identification verification at pharmacies
•Law enforcement training on prescription drug misuse and diversion
•Unified Pain Management Regulation

Proper Medication Disposal

•Keeping medications safe at home
•Proper medication disposal guidelines consistent with FDA standards
•Community take-back programs
•"Most Dangerous Leftovers" Campaign

Treatment/Recovery

•Care Alliance for Opioid Addiction Regional Treatment Centers
•Outpatient and residential treatment at state-funded treatment providers
•Harm Reduction
•Peer recovery coaches/recovery centers

A "Perfect" Storm

Increasing Rates of Opioid Dependence
Inadequate Treatment Capacity
High Health Care Expenditures, Criminal Activity
Poor Patient (Client) Outcomes
Program & Funding Silos
Key Health Providers Do Not Participate In Treatment
Isolation, Stigma, Lack of Voice for Community w/Addiction

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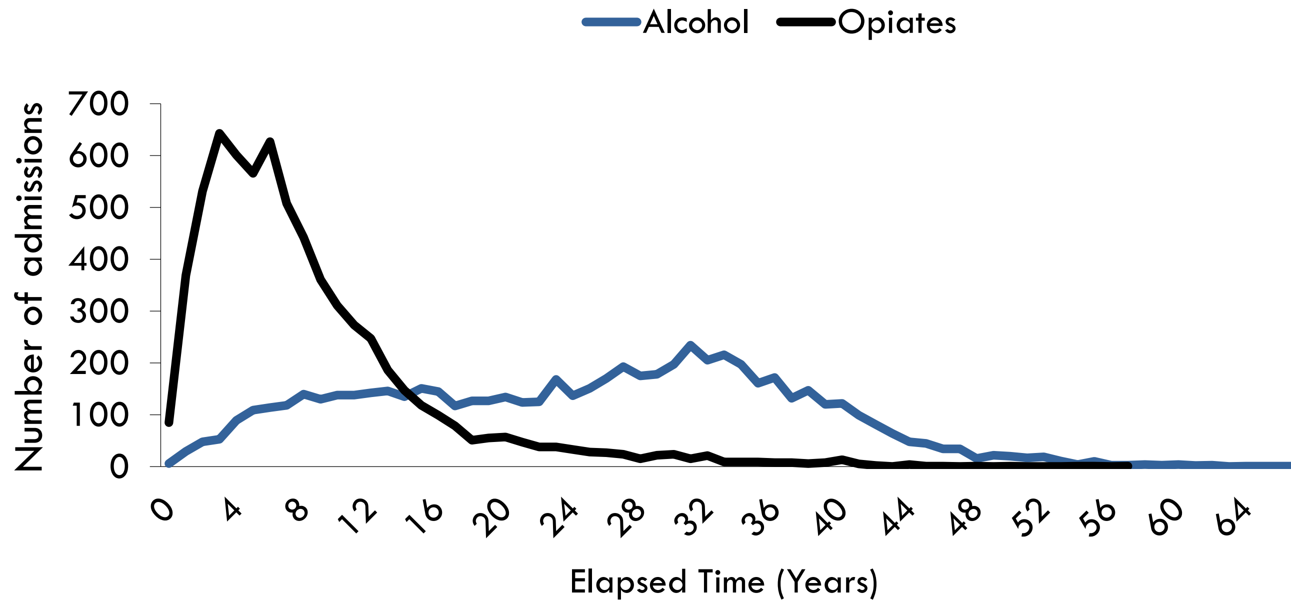
People seek treatment for opioid addiction much sooner after first use than with alcohol



	Opioids	Alcohol
Average Elapsed Time	8.2 +/- 7 years	24.8 +/- 12 years
Number of Admissions	6776	6207

Source: Alcohol and Drug Abuse Treatment Programs, admissions 2005-2011

Policy Goals

Develop integrated approach through Health Care Reform — health homes/primary care

Beneficiaries opioid addiction in OTP and OBOT settings

- Improve access to addictions treatment
- Integrate health and addictions care for health home beneficiaries
- Better use of specialty addictions programs and general medical settings
- Improve health outcomes, promote stable recovery

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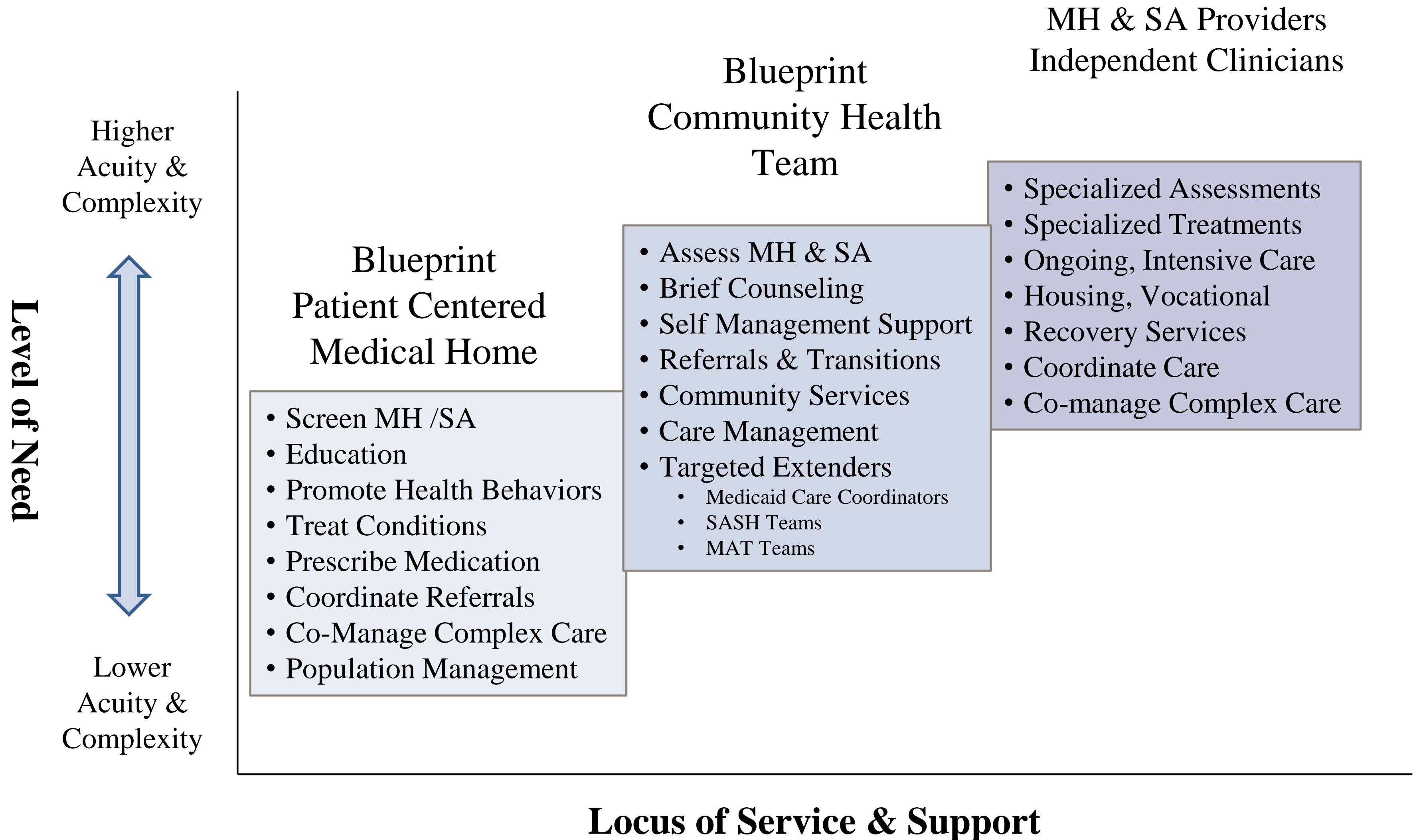
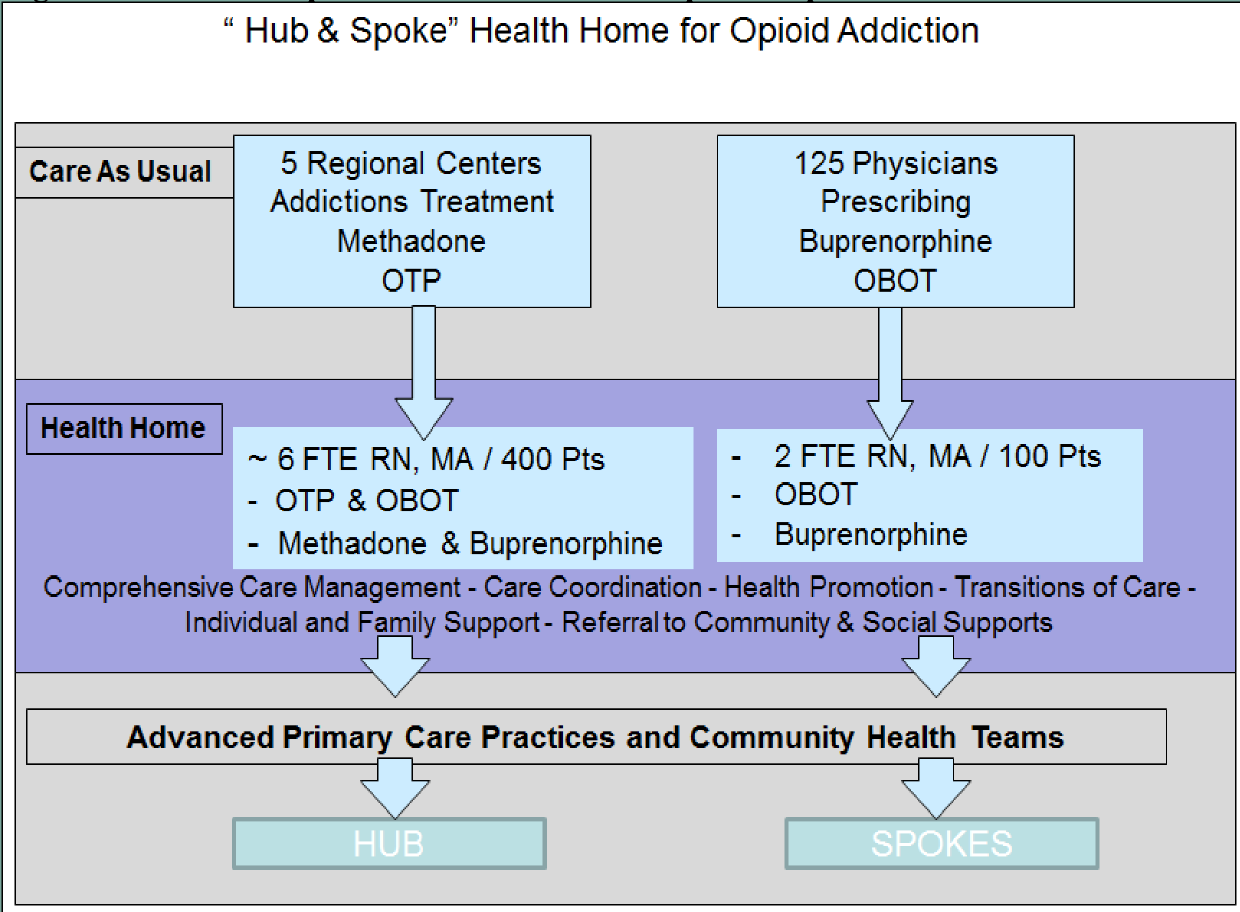
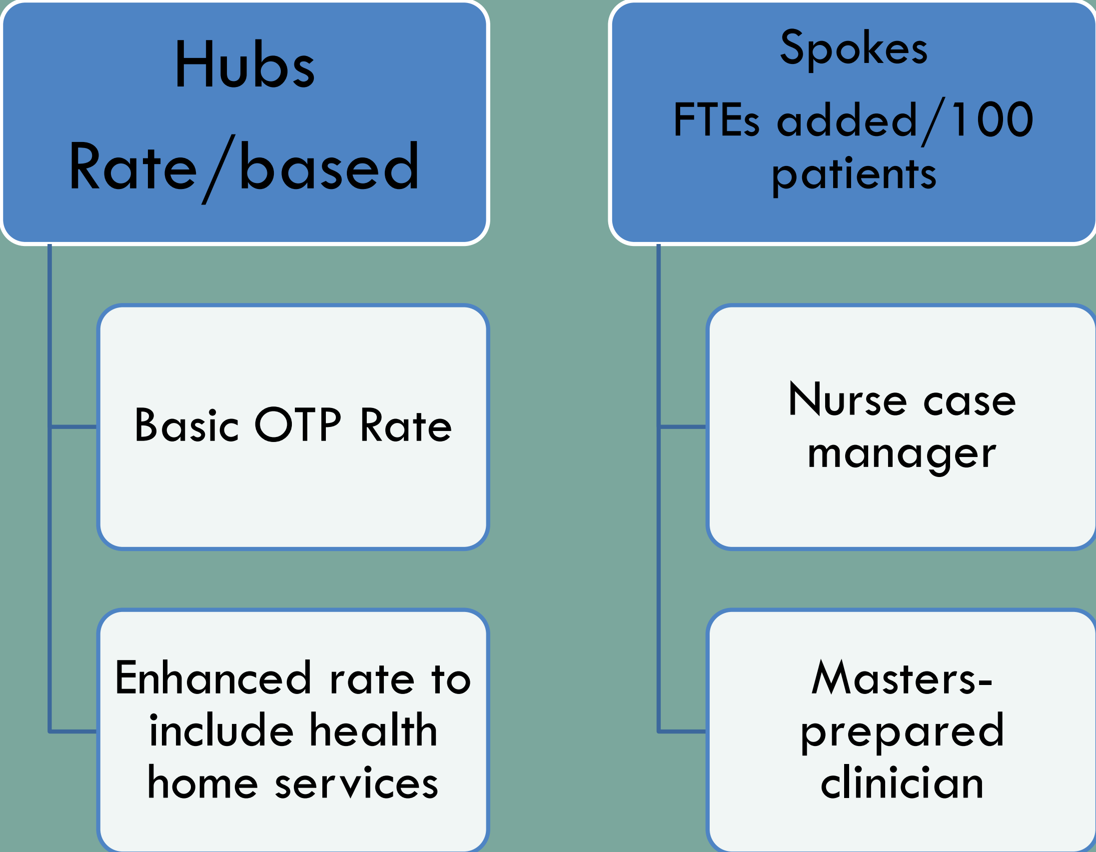
Continuum of Mental Health & Substance Use Services



Building the Model



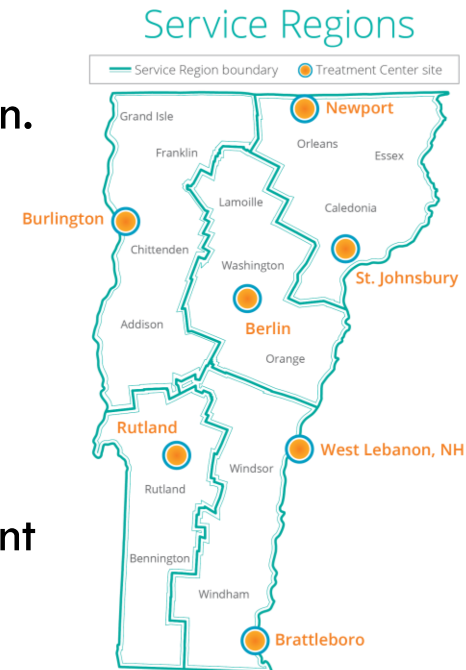
Core Elements - Payment Model & Metrics



The Care Alliance for Opioid Addiction

A regional approach for delivering Medication Assisted Therapy to Vermonters who suffer from opioid drug addiction.

The Care Alliance is designed to coordinate addiction treatment with medical care and counseling, supported by community health teams and services, to effectively treat the whole person as they make their way along the path to recovery.



Medication Assisted Therapy (MAT) is an effective treatment for opioid addiction that involves prescribing medication — methadone, buprenorphine or naltrexone — in combination with counseling. Outcomes from this approach include:

- reduced drug use
- retention in treatment
- better social functioning
- better health
- reduced criminal activity
- reduced disease transmission
- reduced drug overdoses

The Care Alliance for Opioid Addiction

- **A Hub is a regional opioid treatment center** responsible for coordinating the care and support services for patients who have complex addictions and co-occurring substance abuse and mental health conditions. Patients who need methadone must be treated here. Patients who need buprenorphine may be treated here.
- **A Spoke is a "medical home"** — such as a primary care practice or health center — responsible for coordinating the care and support services for patients with opioid addictions who have less complex medical needs. Only patients who are treated with buprenorphine or naltrexone receive treatment in the spokes.
- Depending on the patient's needs, **support services** may include mental health and substance abuse treatment, pain management, family supports, life skills, job development, and recovery supports.

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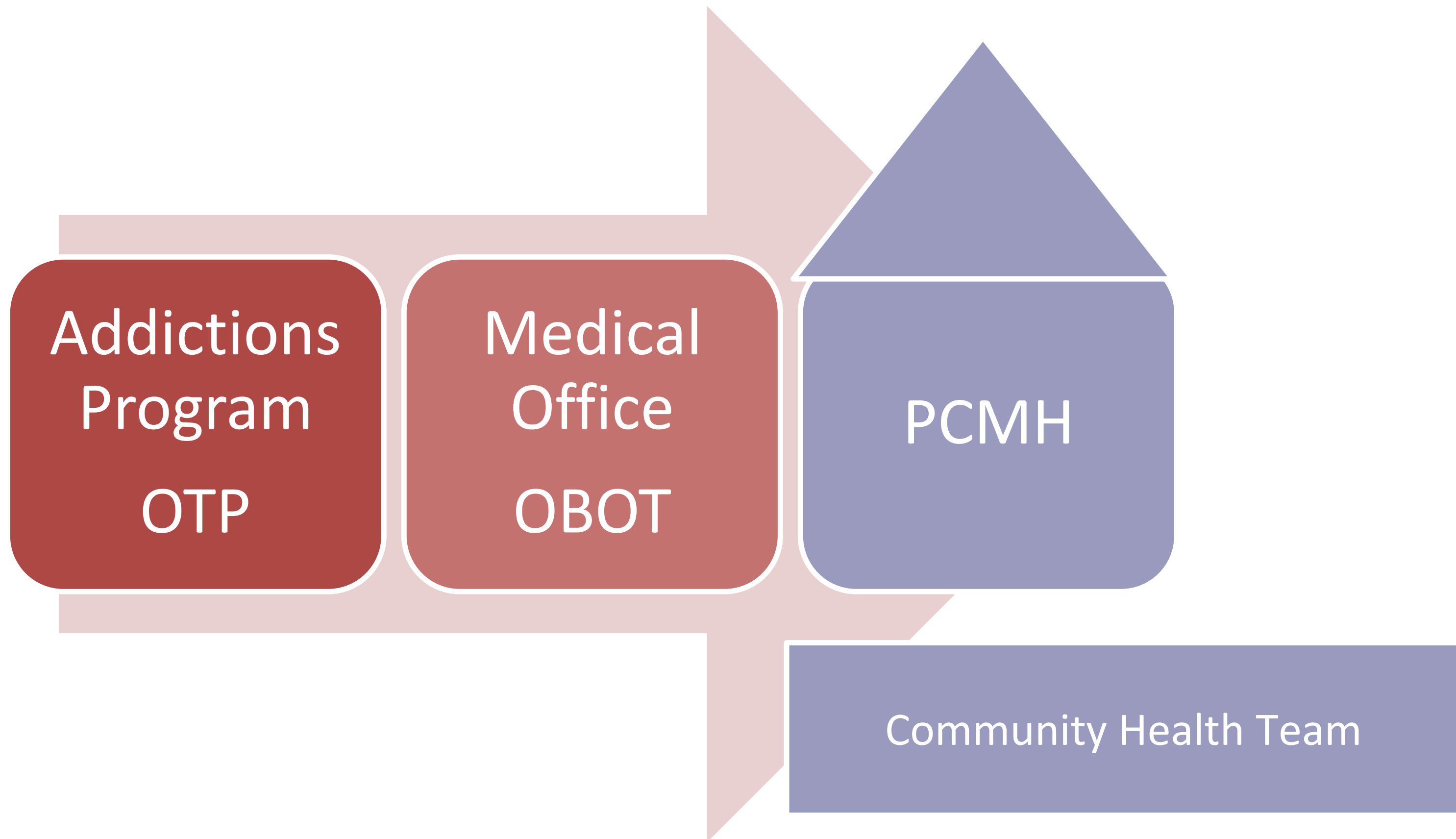
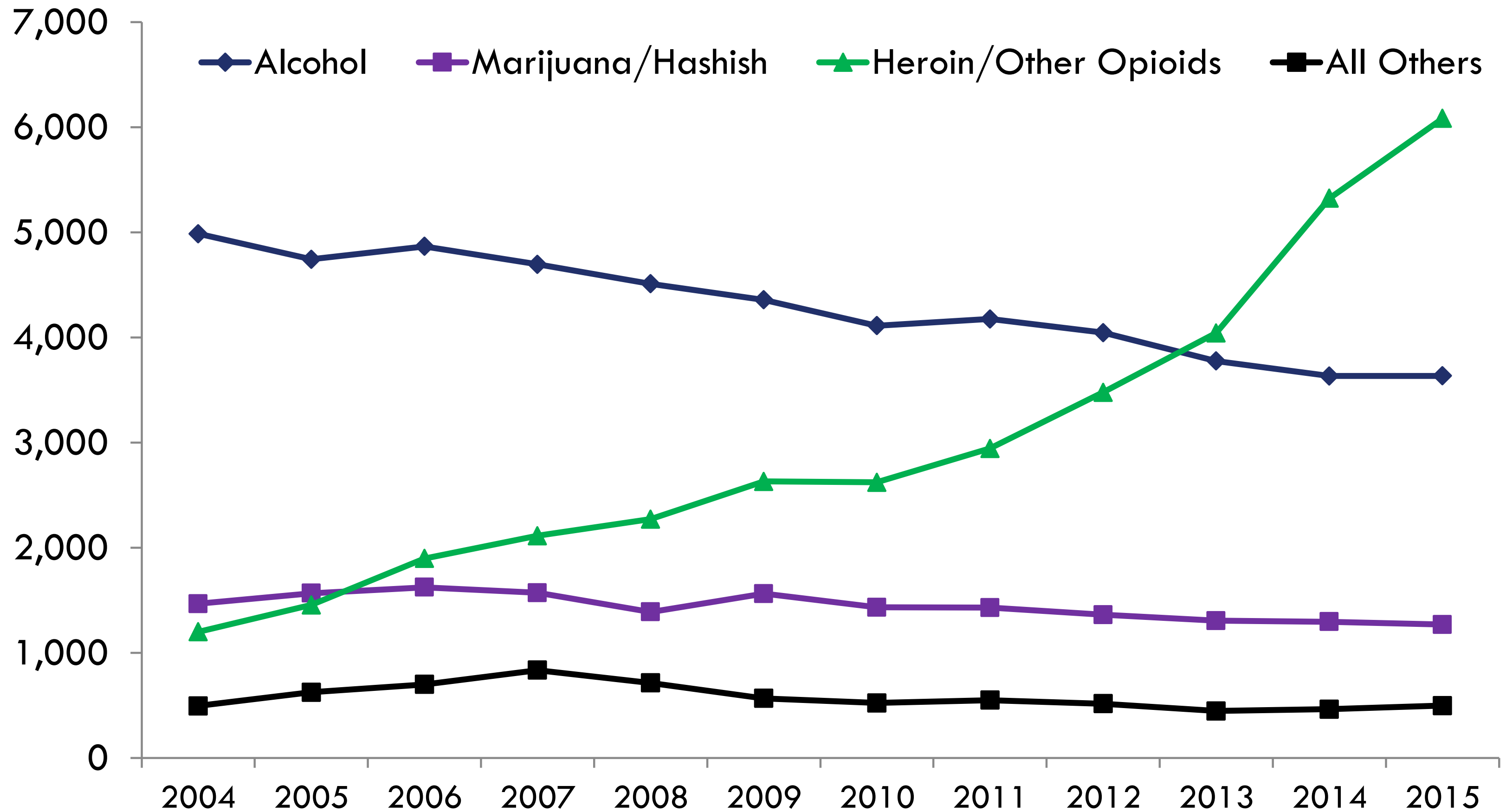
Health Home for Opioid Addiction



The number of people using heroin at treatment admission is increasing faster than for other opioids



Source: Alcohol and Drug Abuse Treatment Programs

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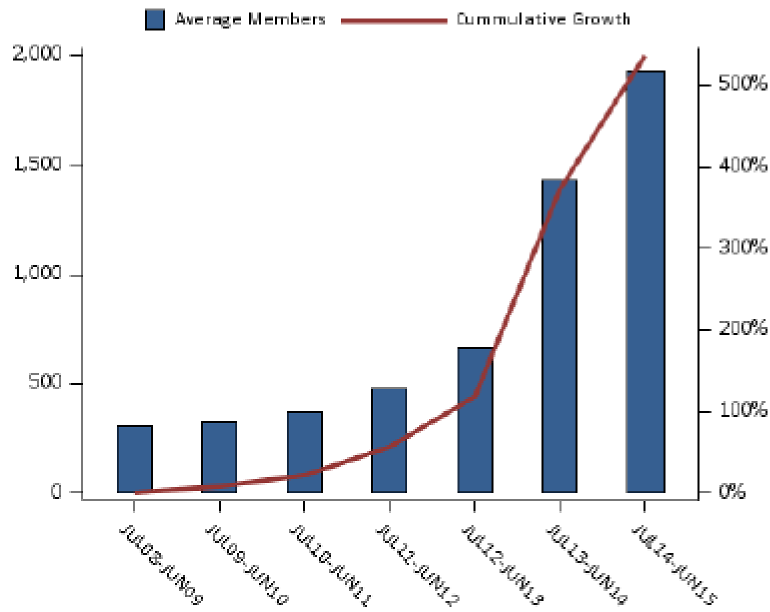
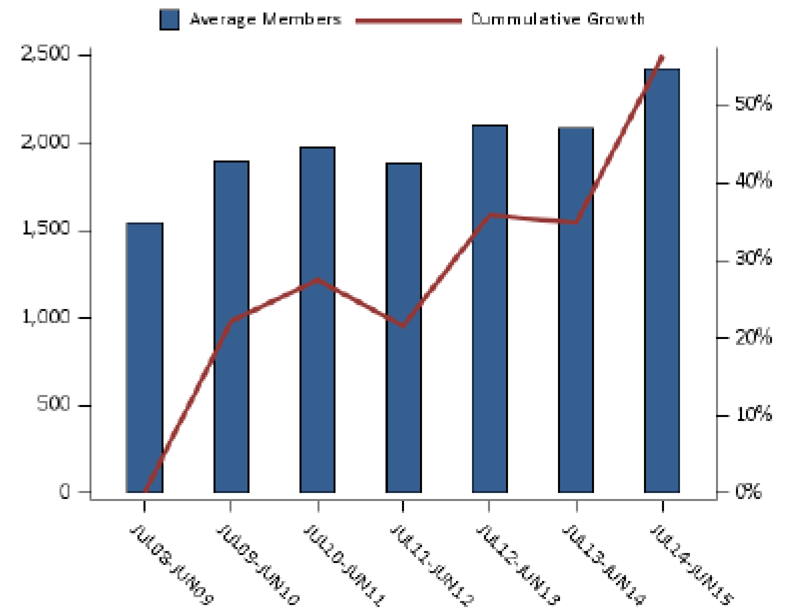
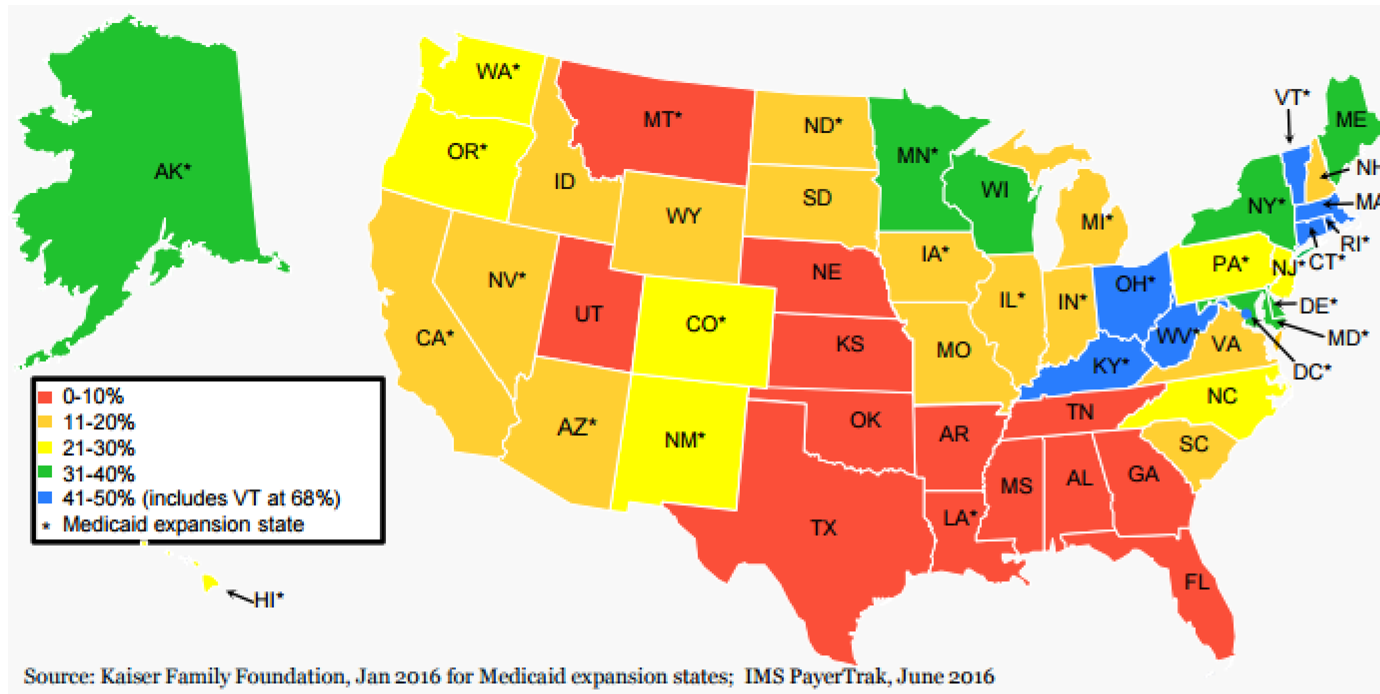
Hub Growth



Spoke Growth



Significant state and regional variation in Medicaid coverage of buprenorphine exists



IMS Institute for Health Care Informatics. Use of Opioid Recovery Medications: Recent Evidence on State Level Buprenorphine Use and Payment Types. September 2016.

Measuring Outcomes

- Change in attitudes and behaviors (surveys)
- Reduced use in communities (surveys)
- Improved access to care
  - More physicians treating opiate dependence
  - More OTPs
- Lower health care costs
- Improve patient functioning

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Preliminary Findings from the DVHA Blueprint/VDH/On-Point MAT Evaluation

- Using 2007-2013 Vermont Medicaid data, analysis shows:
  - Individuals with an opioid dependent diagnosis receiving MAT have lower medical care costs than those who have an opioid dependent diagnosis and are receiving non-MAT substance abuse treatment
  - Longer Medication Assisted Treatment corresponds to lower the non-treatment related medical care costs

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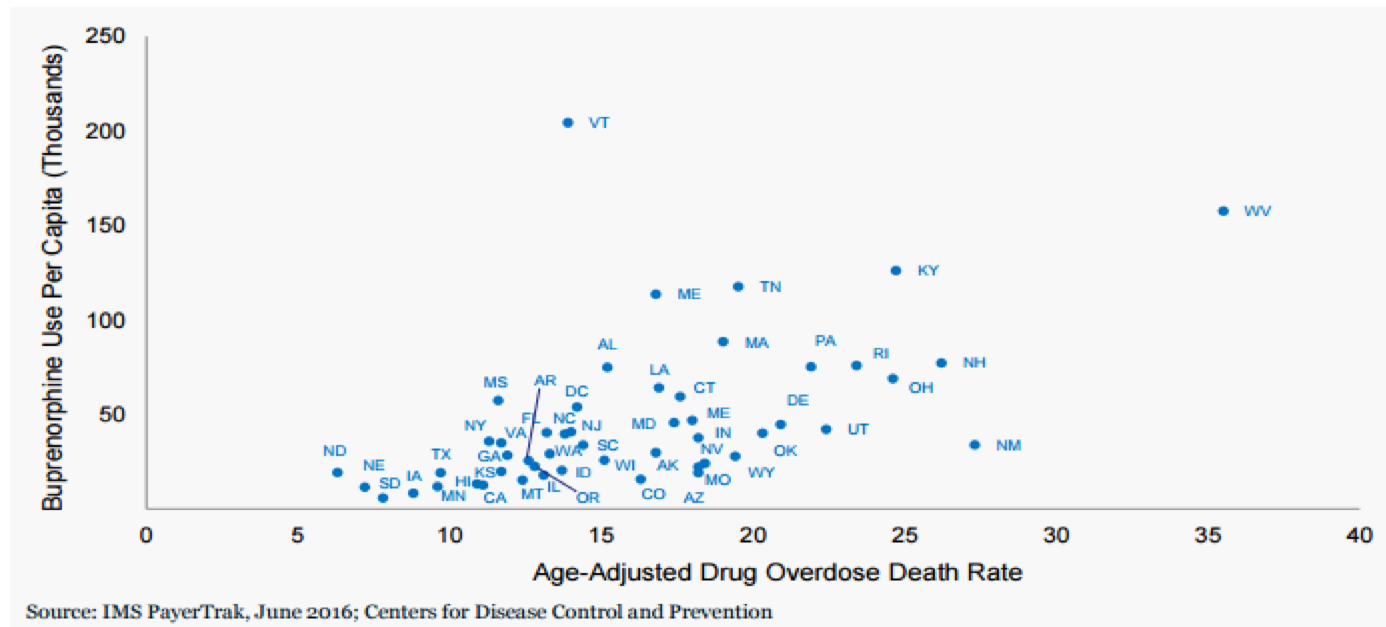
Patient functioning at hub discharge

- Of those completing treatment or transferring to another level of care, 75% show overall improved functioning at discharge
- Those who leave treatment for other reasons, such as leaving against medical advice, incarceration, or are administratively discharged, only 34% have improved functioning

Buprenorphine Use Compared with Drug Overdose Death Rates by State



Source: IMS PayerTrak, June 2016; Centers for Disease Control and Prevention

- Nationally, the average use of burprenorphine is 39 prescriptions per year per 1000 population
- State level variation in buprenorphine use is wide, ranging from a high of 204 prescriptions per 1000 population in Vermont in the past twelve months to a low of 6 prescriptions per 1000 population in South Dakota
- While those states with higher drug overdose death rates generally have greater use of buprenorphine, the variation is high
- West Virginia, with the highest drug overdose death rate, has the second highest buprenorphine use rate

IMS Institute for Health Care Informatics. Use of Opioid Recovery Medications: Recent Evidence on State Level Buprenorphine Use and Payment Types. September 2016.

Vermont is the Only Northeastern State without a Statistically Significant Increase in Drug Overdose 2014 to 2015

Statistically significant drug overdose death rate increase from 2014 to 2015, US states

Source: CDC/NCHS, National Vital Statistics System, mortality data.
Includes opioids and other drugs.

Providers' Views Of Barriers to Expand Treatment

Primary Care Barriers: time, insufficient access to higher levels of care, scope of practice & patient complexity, fear of being flooded with demand.
Opioid Treatment Programs: isolation, only offer methadone, difficulty recruiting & retaining workforce, too few programs, undervalued in health system
Attitudes & Cultural Norms About Addiction: pts. disruptive in practice, not our job, community doesn't "own" the problem, skepticism about MAT by medical & recovery communities, 42-CFR
Partial Integration : Addictions care 2nd cousin

Addictions Medicine: Just Part of the Job

Katie Marvin, MD, is a family medicine physician at Stowe Family Practice, CHSLV.

- You are trusted and local
- The MAT Team helps you
- Other mentors will help you
- You can control who you see
- Treating addiction reduces stigma
- Patients with opioid addiction are already in your waiting room
- Embrace risk reduction
- Addiction is a common condition, build MAT into routine care

"I believe most doctors would find this practice surprisingly enjoyable. To watch a patient transition from lying, stealing, and using to working and parenting over a matter of months is uplifting."

A Few Key Learnings: OBOT

Enhanced staffing best embedded; shared across area practices
Organize MAT patient panel, consolidate scheduling
Document in same clinical record as provider
No co-pays, billing, barriers to access
Physician (clinical champion) leadership matters
MAT team organize workflow protocols: (UA, PMS, frequency of visit, treatment contracts, checks for “stability”, referral coordination)
Inter organizational collaboration agreements help

Lessons Learned

- Leadership and communication throughout the project
- Design the model before beginning to pilot
- Engage all providers, not just the traditional partners
- Importance of dedicated staff and staff time
- It's always more complex that we imagine – especially the data collection
- Need to work with willing providers, at least to start
- Workforce is a challenge -- training and learning collaboratives are one of the most important parts of achieving an integrated model
- Relationships, relationships, relationships & relationships

What is Working Well?

- MAT "System"
  - Statewide Coverage Model
  - Integration of Primary Care with Specialty Treatment
  - Comprehensive Care for Addiction
  - Integrated & Coordinated -three systems
  - Improved physician acceptance with support systems
- Bundled Payment Model

Gaps, Barriers and Disincentives

- New Approach – Start Up Issues
- Messaging to Legislature and Policy Makers
- Private Insurance Coverage-Now in
- Lack of Physicians Willing to Treat Population
- Challenge with Integration of Social Services
- Link with Criminal Justice System Poses Unique Challenges

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