



1.2.A.i: Supplemental - Decrease rate of opioid-related overdose deaths from 9.8 per 100,000 in 2015 to 9.0 per 100,000 in 2020

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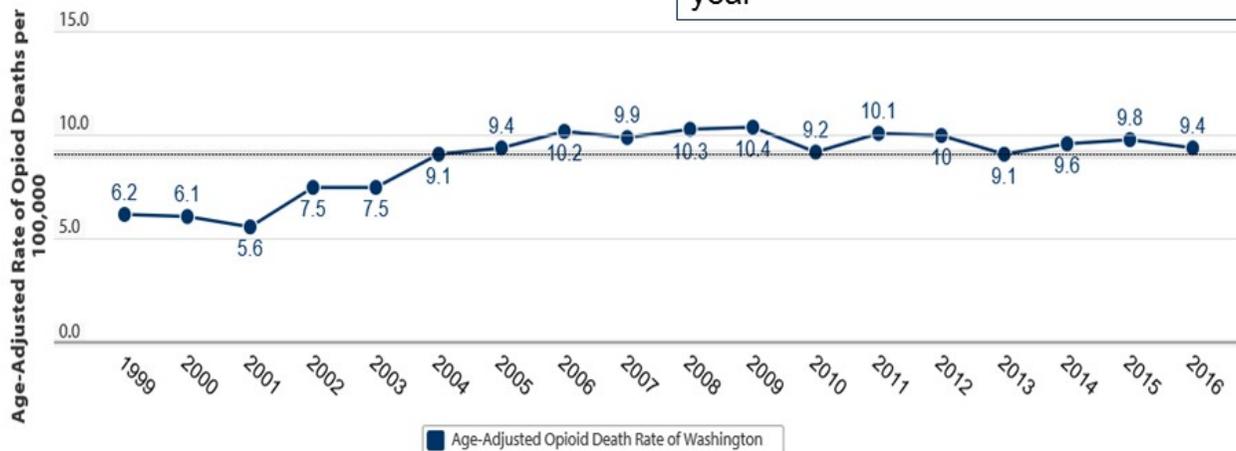
Gary Franklin
Medical Director



Background:

Rate of opioid-related overdose deaths in Washington State, 1999–2016

To reach our target of 9.0 would mean 30 fewer opioid overdose deaths a year

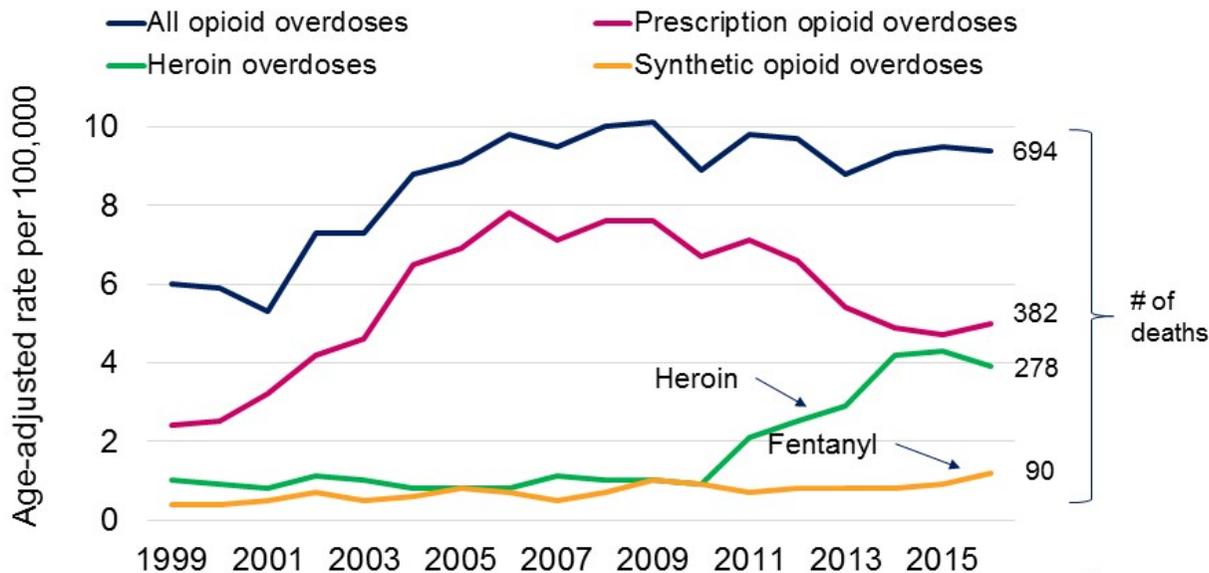


Source: DOH Death Certificates



Background:

Rate of opioid-related overdose deaths by type of opioid, WA 2000–2016

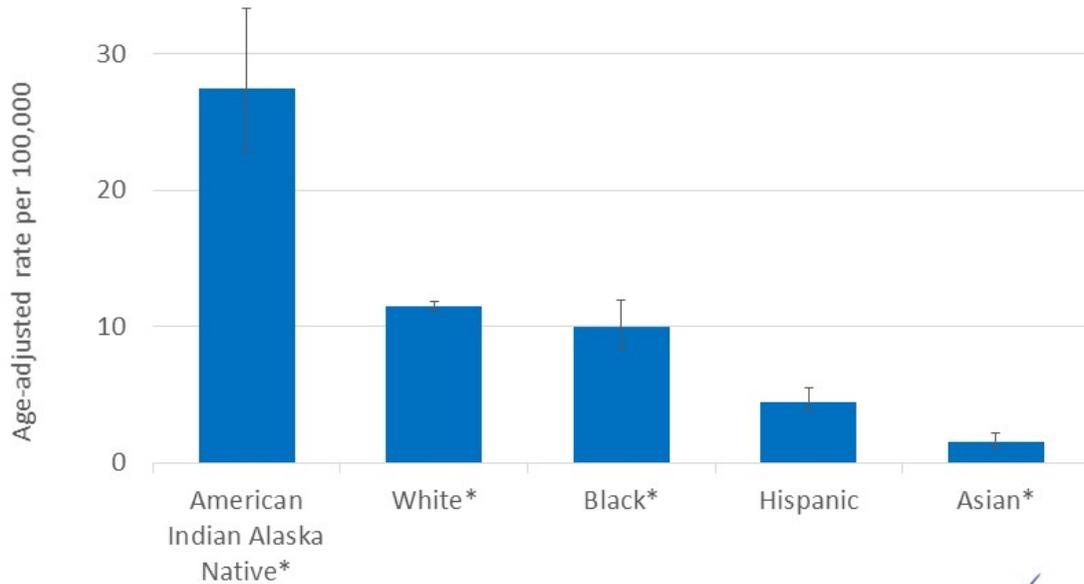


Source: DOH Death Certificates (Note: prescription opioid overdoses exclude synthetic opioid overdoses)



Background:

Rates of opioid-related overdose deaths by race/ethnicity, WA 2012–2016

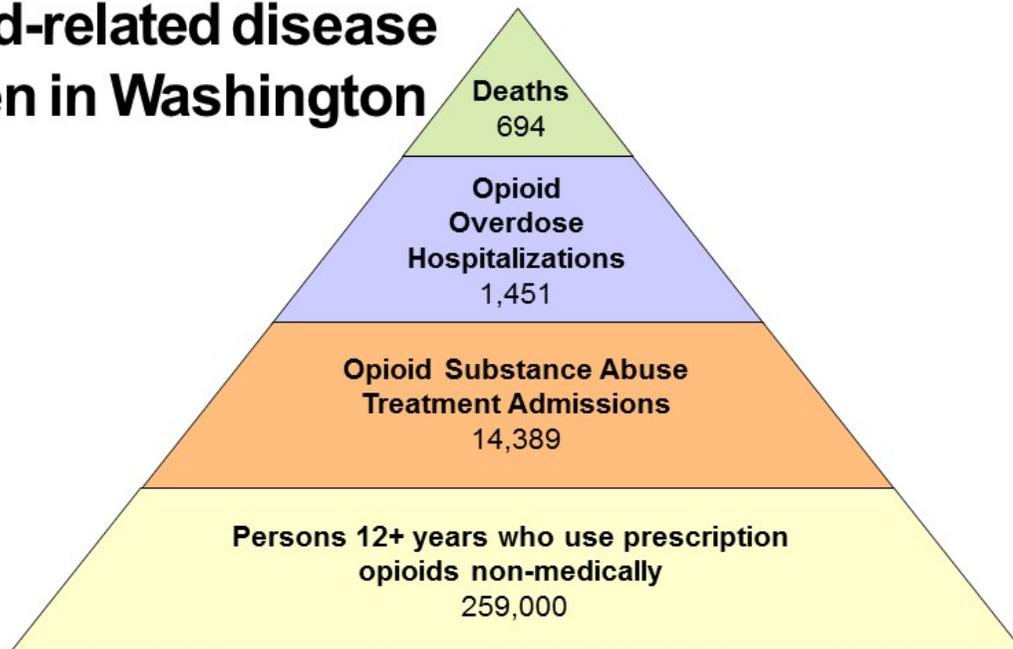


*Non-Hispanic
Source: DOH Death Certificates



Background:

Opioid-related disease burden in Washington



1. Opioids involved in an overdose death listed as underlying cause of death. Washington State death certificate data, 2016.
2. Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS), 2016.
3. Treatment and Assessment Report Generation Tool, 2015.
4. National Survey on Drug Use and Health, 2013-2014.



What Are We Working On:

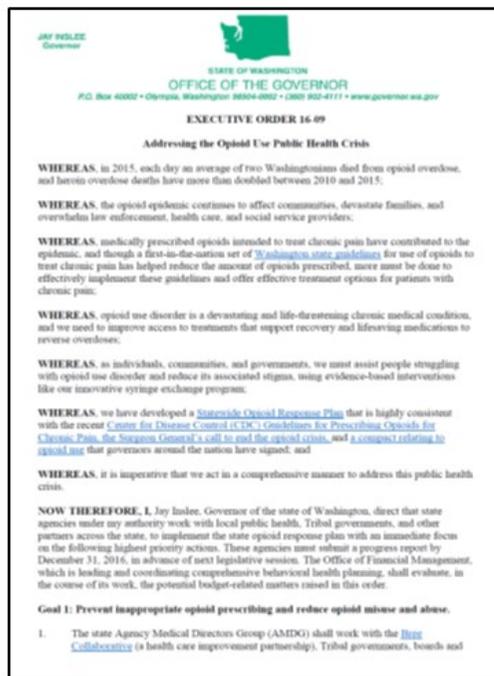
Preventing deaths from overdose

Treating opioid use disorder

Preventing opioid misuse & abuse

Using data to monitor and evaluate

Executive Order 16-09



Partners

State agencies:

- Department of Health
- Department of Social and Health Services
- Health Care Authority
- Department of Labor & Industries
- Department of Corrections
- Washington State Patrol
- Attorney General's Office
- Office of the Insurance Commissioner
- Office of Superintendent of Public Instruction
- UW Alcohol & Drug Abuse Institute
- UW Medicine
- Agency Medical Directors' Group
- Prescribing Boards and Commissions
- Bree Collaborative

Federal agencies:

- Dept. of Health and Human Services
- Drug Enforcement Agency

Local and tribal agencies:

- Elected leaders
- Counties, cities and tribal governments
- Local boards of health

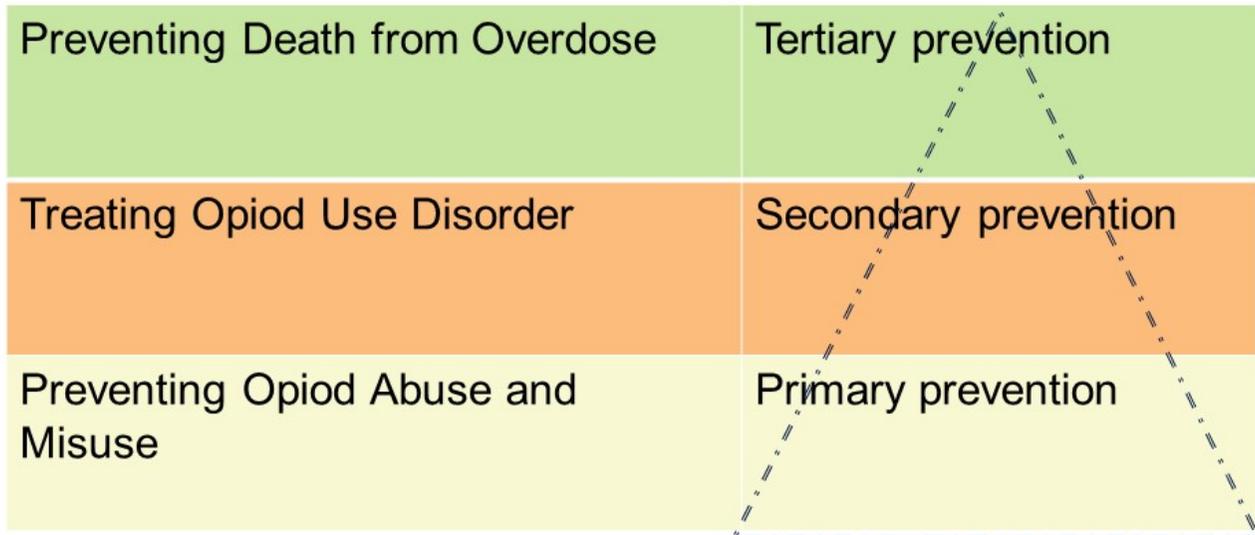
Other partners:

- Washington State Medical Association
- Washington State Hospital Association
- Washington State Dental Association
- Washington State Pharmacy Association
- Washington State Nurses Association
- The Washington Health Alliance
- Private practice physicians
- Clinics and hospitals
- Many others



What Are We Working On:

Washington is implementing interventions across all 3 levels of prevention



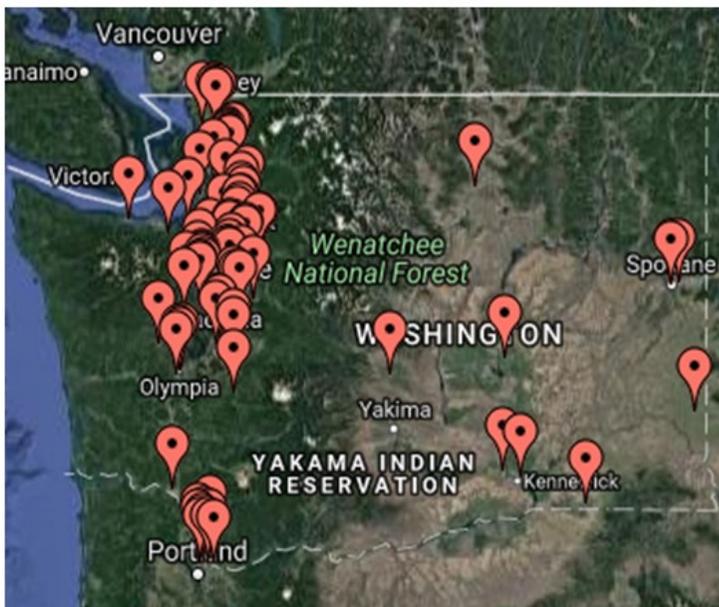
Strategies:

Preventing death from overdose

- Overdose education
 - Stopoverdose.org
- Naloxone distribution
 - Syringe service programs
 - Pharmacies
 - First responders
 - Clinics / ERs
 - Substance use disorder providers



Naloxone distribution sites in 2016*



- 14 Syringe Service Programs (SSPs)
 - 3640 kits distributed
 - **690 reversals reported**
- 62% of SSP clients report they have naloxone kit, up from 30% in 2015**
- 100 pharmacies
 - Over 1600 kits distributed

<http://stopoverdose.org/section/find-naloxone-near-you/>

*Map includes 14 SSPs and independent pharmacies

** Source: UW Alcohol & Drug Abuse Institute, Washington State Drug Injector Health Survey



Challenges and Gaps for naloxone distribution

- Cost of naloxone is a barrier for individuals
- Determining how much is needed statewide
- Gaps - Jails/Prisons and Hospital Emergency Departments

Strategy:

Treating opioid use disorder

- Traditional Opioid Use Disorder Treatment
 - Residential Detoxification
 - Inpatient Residential Treatment
 - Outpatient Counseling
 - Stand-alone Methadone Clinics
- Medication Treatment improves treatment outcomes
- Expanding provider networks essential
 - Hub & Spoke Networks (medication prescribers coordinating care with traditional Substance Use Disorder and other behavioral health providers)
 - Broadening scope of methadone clinics to include other medications
 - Primary care clinics

Transforming



Washington State Health Care Authority

Medication for opioid use disorders



Methadone

Delivered by Opioid Treatment Providers (OTPs)



Buprenorphine

Delivered by providers in office-based practice & OTPs



Naltrexone

Delivered by providers in office-based practice



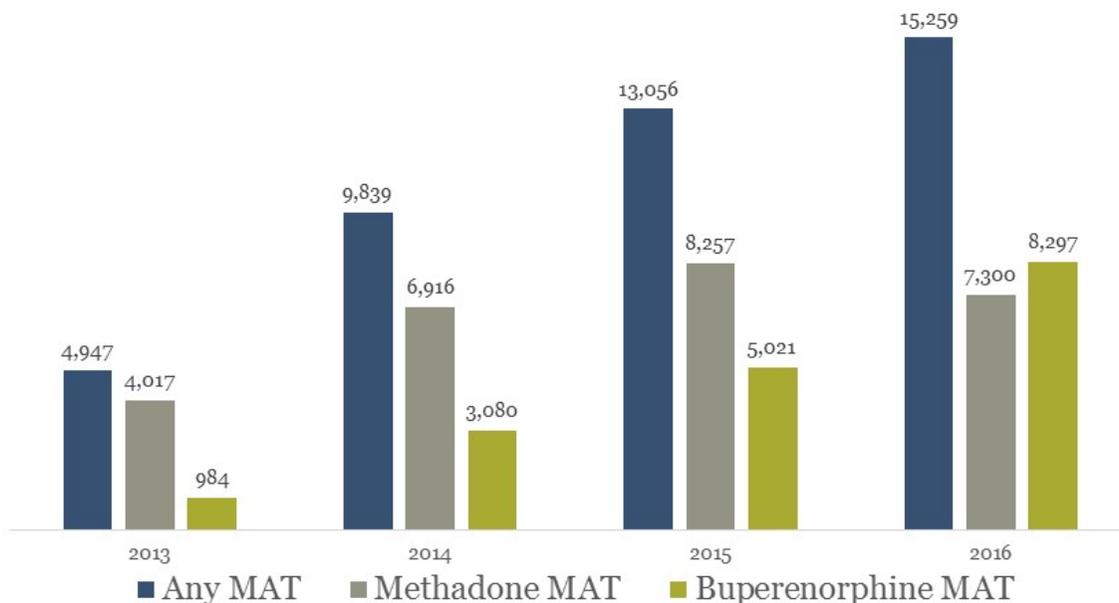
Washington State Health Care Authority

Opioid use disorder – Engagement and Recovery Supports

- Syringe Service Programs
- Supportive Housing and Employment
- Peer Support
- Nurse Care Managers
- Mobile Clinics
- Care Coordination/Case Management
- Recovery Café Models



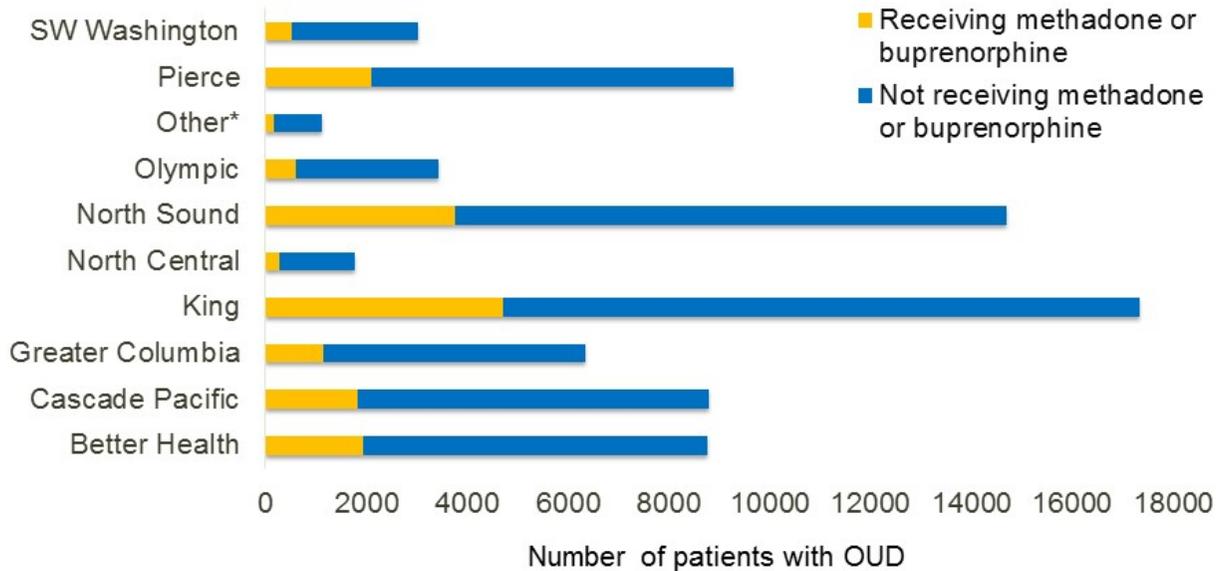
Growth in medication prescribing for opioid use disorder among Medicaid clients



SOURCE: Provider One client Eligibility tables (HCA) & Client Outcomes Database (DSHS RDA).
Note: Excludes dual eligibles and persons with third-party liability; includes all Medicaid eligibles in the year with Medication assisted treatment (MAT)

A long way to go...

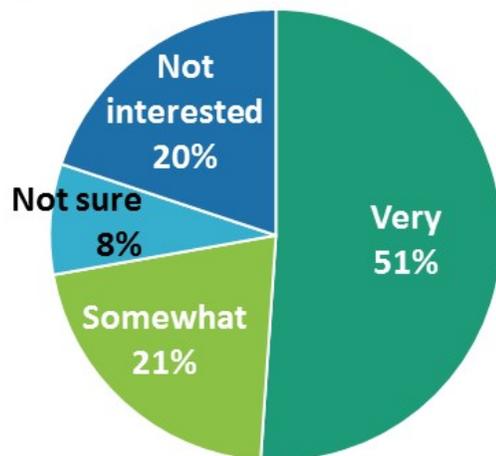
Treatment coverage for Medicaid clients with opioid use disorder by Accountable Communities of Health, 2016



SOURCE: Health Care Authority Provider One

Many people in WA are not getting treatment

How interested are you in reducing or stopping your opioid use?



What types of help would you want if they were easy to get?

- 56% medication treatment
- 39% detox
- 34% individual counseling for addiction

Source: UW Alcohol and Drug Abuse Institute, WA State Drug Injector Health Survey, 2017

Strategies:

Expanding treatment in special populations

Native Americans

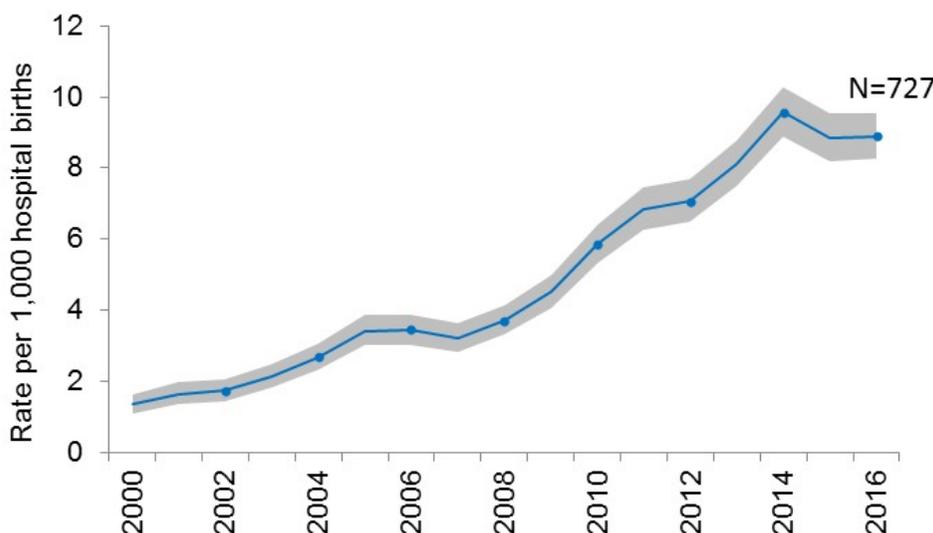
- Public education campaigns, prevention & treatment
- Cultural specific outpatient, residential and Medication Assisted Treatment programs

Pregnant/Parenting Women

- Parent Child Assistance Program (PCAP)
- Outpatient, Residential, Hospital-based treatment specifically for pregnant and parenting women



Rate of babies born with neonatal abstinence syndrome is increasing in Washington



Source: DOH Comprehensive Hospital Abstract Reporting System

Note: Includes infants born to mothers receiving appropriate treatment for drug use, receiving prescriptions for other health conditions, or misusing drugs. Use of opioids, benzodiazepines, antidepressants, barbiturates and/or alcohol can result in infant drug withdrawal. Excludes infants born with NAS after release from birth hospitalization.

Definition: 2000-Q32015 ICD9CM diagnosis code 779.5; Q42015-2016 ICD10CM diagnosis code P96.1



Challenges and Gaps for treating opioid use disorder

Environmental

- Stigma around substance abuse disorders
- Lack of Medication treatment and Counseling infrastructure in rural areas
- Prescribers not using Waivers
- Lack of affordable housing

Clinical

- Medically complicated
- Co-occurring mental health
- Polysubstance

Administrative

- Low reimbursement rates for Medication Assisted Treatment Providers
- Loss of Medicaid coverage when incarcerated



Treatment for incarcerated people

	Grant	Target Groups	Funding	Focus Areas	
Partnerships & Grants	1	Washington State Targeted Response to the Opioid Crisis	DOC violators in King County, Kent, Yakima, and Nisqually	WA-STR ¹	<ul style="list-style-type: none"> ▪ Continuity of care ▪ Provide overdose prevention kits
	2	Washington State Targeted Response to the Opioid Crisis	Prison releases to Clark & Skamania Counties	WA-STR ¹	<ul style="list-style-type: none"> ▪ Partnering with Medicaid managed care plans to provide medication assisted treatment (MAT) services
	3	UW/Alcohol and Drug Abuse Institute – South King County	Prison releases to King County with supervision requirements	L.J. Arnold Foundation	<ul style="list-style-type: none"> ▪ Offer MAT services ▪ Provide overdose prevention kits
	4	National Governors Association Center for Best Practices Learning Lab	DOC violators with opioid use disorders in Snohomish County	National Governors Association	<ul style="list-style-type: none"> ▪ Measure MAT service availability ▪ Conduct a pilot with a plan to expand MAT services ▪ Increase education and outreach

¹ Washington State Targeted Response to the Opioid Crisis Grant (WA-STR)



Challenges and Gaps for incarcerated people

For justice-involved individuals:

- Co-occurring mental illness and substance abuse
- Housing, employment, medical, basic needs, and pro-social relationships

For Department of Corrections:

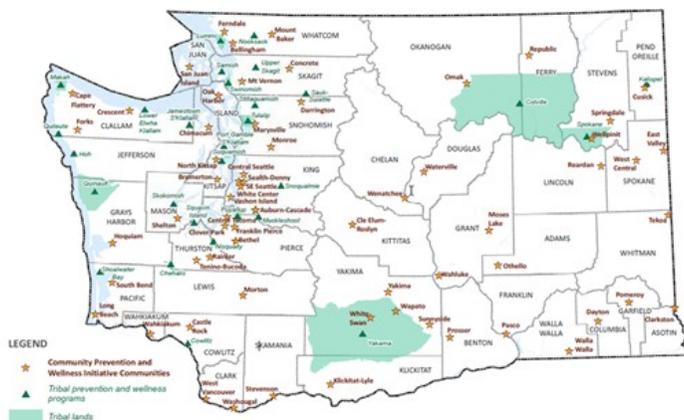
- Identifying individuals with an opioid use disorder
- Operationalizing medication assisted treatment (MAT) in correctional facilities
- MAT services not equally available in all communities
- Continuity of care and planning should ideally begin prior to release; however, managed care plans only cover services upon release



Strategies:

Preventing opioid misuse and abuse

Community Prevention & Wellness Initiative

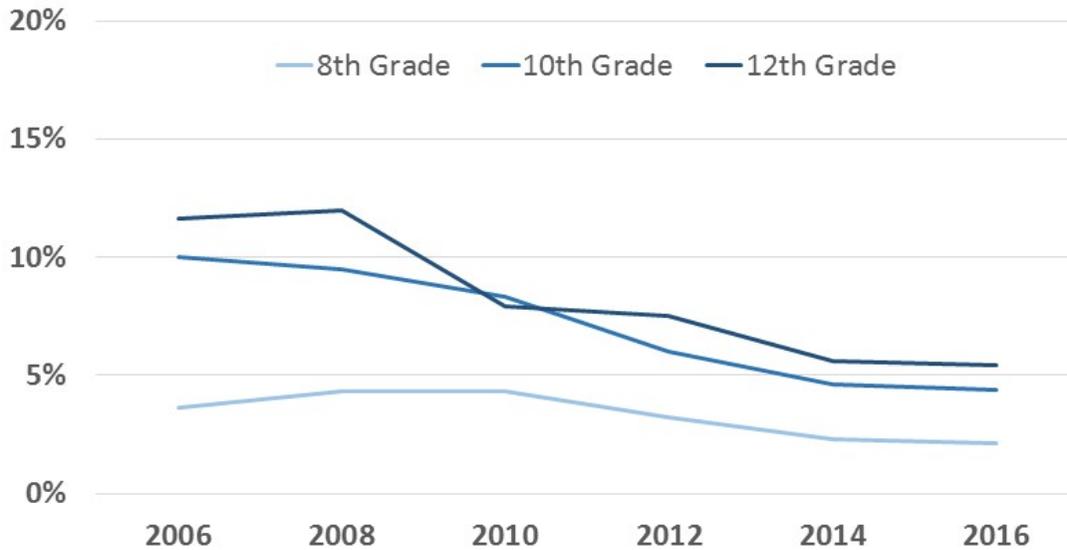


Public awareness campaigns

Pain killer use by 8th, 10th, 12th graders



Use a pain killer to get high, like Vicodin, OxyContin or Percocet in last 30 days



Source: WA State Healthy Youth Survey provided by BHA-DSE



Preventing opioid misuse and abuse

Safe opioid prescribing

- Opioid prescribing rules
- Dental prescribing guidelines
- Prescribing metrics
- Provider feedback reports
- Medicaid prescribing limits
- Non-opioid alternatives

Reducing illegal supply of opioids

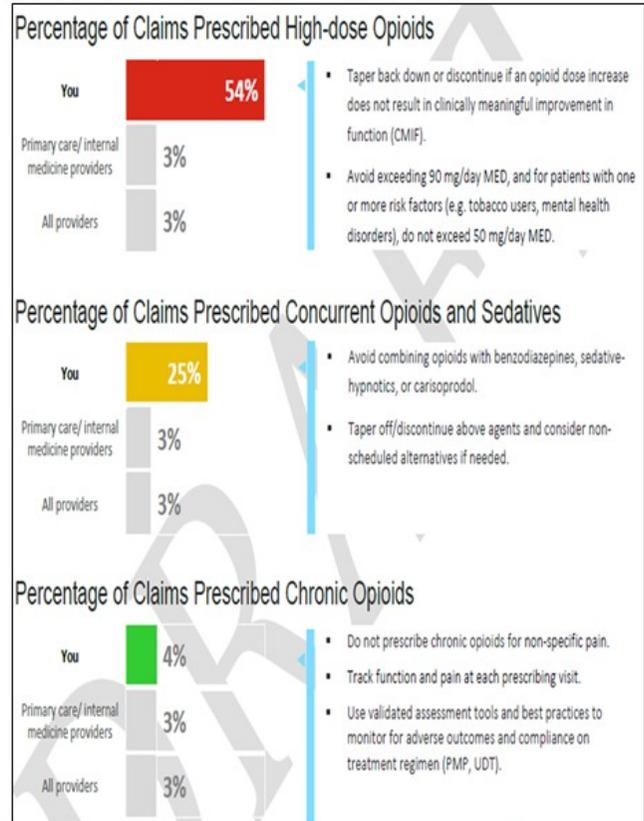
- Attorney General Summit, June 2017 (follow-up report pending)
- Attorney General – “Purdue Pharma” Lawsuit for deceptive marketing

Prescriber Reports

The Department of Labor and Industry developed an opioid prescribing report for providers treating injured workers.

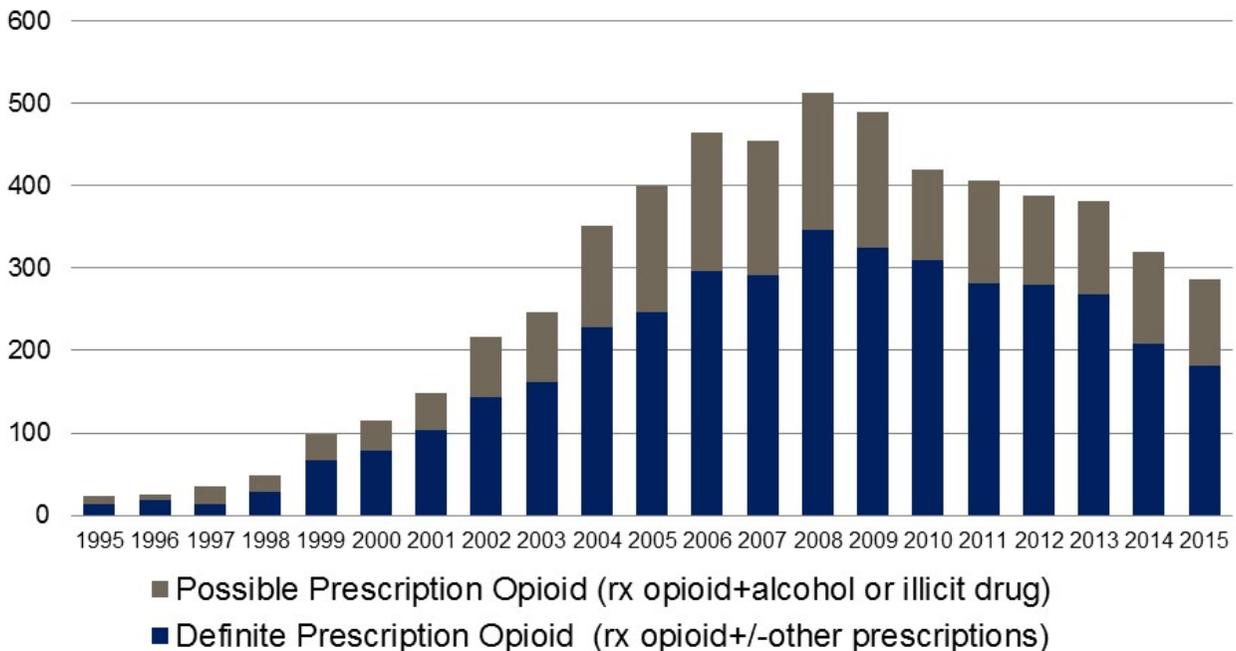
This report looks at three measures of opioid prescribing that may place injured workers at increased risk of harm.

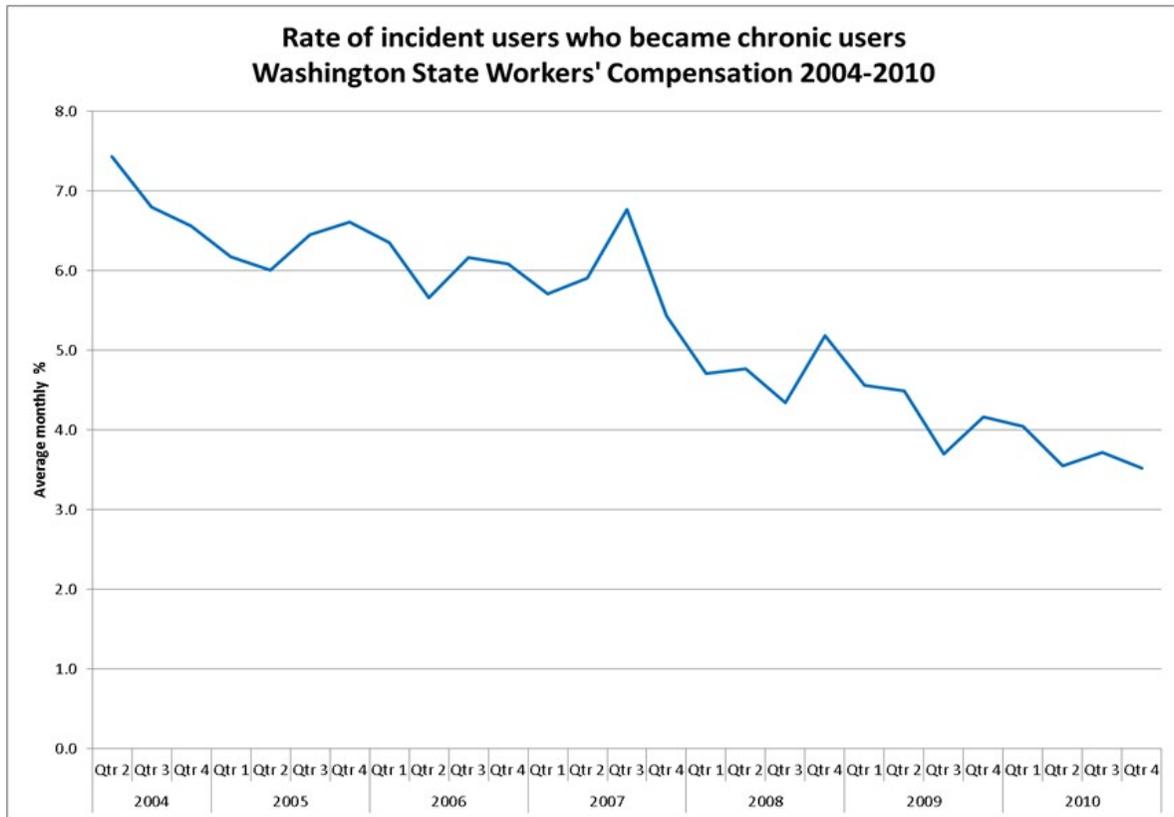
- Percentage of claims prescribed high-dose opioids
- Percentage of claims prescribed concurrent opioids and sedatives
- Percentage of claims prescribed chronic opioids.



Washington Unintentional Prescription Opioid Deaths 1995 – 2015

44% sustained decline





Garg et al, J Pain 2013; 14: 1620-28



Challenges and Gaps for preventing opioid misuse and abuse

- Limited resources for prevention activities
 - Many high risk communities have no funding
 - Public education campaigns are very costly
- Analyzing the Prescription Monitoring Program data is resource intensive
- Difficult to stop the influx of illicitly manufactured fentanyl into our state



Key Action Items

Task	Task Lead	Partners	Expected Outcome	Status	Due Date
Implement HB 1427 <ul style="list-style-type: none"> Develop prescribing rules Use PMP data to improve prescribing 	DOH / Boards & Commissions	Agency Medical Directors' Groups	New pain rules, Prescribing reports	In Progress	Rule due January 2019
Implement State Targeted Response grant (18 projects) <ul style="list-style-type: none"> Expand Hub & Spoke and nurse care managers Implement public education campaign 	DSHS	HCA UWADAI DOC DOH	Improved access to treatment and decrease overdose deaths	In Progress	Grant ends April 2019
Implement Prescription Drug Overdose grant <ul style="list-style-type: none"> Provide overdose education Purchase/distribute naloxone 	DSHS	UWADAI DOH	Increased use of naloxone use by first responders and the public	In Progress	Grant ends Sept 2021
Convene Criminal Justice Work Group and develop work plan	DSHS	DOC, AG, Jails, HIDTA, Juvenile Justice	Increased use of evidence-based treatment	In Progress	Work plan due
Support Accountable Communities of Health with opioid-related transformation projects	HCA	DSHS DOH	Increase MAT and decrease overdose deaths	In Progress	Plans due Nov 2017

Customer Focus



Thea Oliphant-Wells
Public Health of Seattle / King County

- Treatment
- Housing & Basic Needs
- Harm Reduction
- Fight Stigma!

Assistance Needed

Increase treatment and prevention

- Increase funding for treatment and reduce barriers for Medication Treatment
- Expand the “hub and spoke” model across the state
- Increase mobile Medication Treatment units
- Increase funding for programs that provide linkage to treatment such as,
 - Community Prevention and Wellness initiative
 - Parent-Child Assistance Program

Improve data and reporting

- Encourage or require healthcare systems and others to connect their electronic medical records to the Prescription Monitoring Program
- Encourage or require Emergency Medical Service reporting into WA EMS Information system

Support other policy requests

- More pre-trial treatment options and access to Medication Treatment in jails.
- Establish Drug Take Back program
- Recommendations from the AGO Opioid Summit will be shared in November
- Recommendations from Office of the Insurance Commissioner to improve insurance coverage for varied treatment options.

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