Ohio addiction policy inventory and scorecard:
Prevention, treatment and recovery

HPIO Webinar
July 19, 2018

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Vision

To influence the improvement of health and well-being for all Ohioans.

Mission

To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.
HPIO core funders

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• Saint Luke’s Foundation of Cleveland
• The Cleveland Foundation
• HealthPath Foundation of Ohio
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• Sisters of Charity Foundation of Cleveland
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• North Canton Medical Foundation
• Mercy Health
• CareSource Foundation
• United Way of Central Ohio
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Please type questions in the question box
Addiction Evidence Project

There is evidence for what works to prevent, treat and recover from addiction. Progress is being made across the country and throughout Ohio, but more can be done to identify and implement effective strategies in a widespread and coordinated way. Click here for a description of the HPIO Addiction Evidence Project scope and purpose.

The HPIO Addiction Evidence Project will provide state policymakers and other stakeholders with tools to:

- Quickly find existing information about what works
- Review addiction policy changes enacted in Ohio in recent years
- Assess the extent to which new policies align with existing standards and evidence
- Identify areas where Ohio policy can be better aligned with standards and evidence, including potential gaps in Ohio's response to the opiate crisis

HPIO has released the following products from the first phases of the Addiction Evidence Project:

- Evidence resource page: Prevention, treatment and recovery
• Purpose and process
• Key findings
  • Strengths and gaps
  • Opportunities for improvement
  • Changes on the horizon
• Key take-aways from June forum
• Questions
Drug overdose death rate, by state, 2016

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2017.
Percent change in number of drug overdose deaths
12-month period ending in December 2016 to 12-month period ending in December 2017

Note: Based on provisional counts, which may not include all deaths that occurred during a given time period. Numbers are subject to change.
Source: National Center for Health Statistics, Vital Statistics Rapid Release, Provisional Drug Overdose Death Counts, as of July 18, 2018

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Addiction overview and project description

Summary
Addiction is a complex problem at the root of many of Ohio's greatest health challenges, including drug overdose deaths. Ohio policymakers have responded to the addiction crisis with many policy changes, primarily focusing on opioid addiction.

HPIO is launching the Addiction Evidence Project to provide policymakers and other stakeholders with information needed to evaluate Ohio's policy response to the opioid crisis, and accelerate and continually improve strategies to address substance use disorders in a comprehensive, effective and efficient way. This policy brief sets the foundation for the project by describing the basics of addiction and a framework for a comprehensive policy response.

HPIO plans to post these types of tools on the HPIO Addiction Evidence Project website:

- Evidence resource pages: Tools for clinical standards and guidelines, expert consensus statements and recommendations, model policies and evidence registers
- Policy inventories: Lists of Ohio legislation, regulations, funding allocation amounts, practice guidelines, state agency initiatives and legislative initiatives
- Policy scorecards: Analysis of strengths and gaps in Ohio's policy response to addiction

Addiction and health
Addiction, also known as substance use disorder, is a chronic, relapsing brain disease characterized by compulsive drug seeking and use, despite harmful consequences. Addiction is influenced by genetic, behavioral and environmental factors, and can negatively affect physical, mental, social and spiritual health and wellbeing. Addiction often starts with occasional use of substances such as alcohol, tobacco, marijuana or prescription opioids, but then progresses to more problematic and frequent use including:
- Craving and frequent drug seeking
- Increasing tolerance (higher dose needed to produce same effect)
- Continuing to use, even when it causes problems with relationships, employment, parenting, etc.
- Wanting to cut down or stop using, but having difficulty or being able to abstain

Addiction is at the root of many of Ohio's greatest health and healthcare spending challenges. The HPIO 2017 Health Value Dashboard found that Ohio ranked in the bottom quartile of states for drug overdose deaths, adult smoking and children exposed to secondhand smoke. Addictions to opioids (including prescription opioids, heroin and fentanyl) and nicotine are direct contributors to these challenges.

1. Prevention, treatment and recovery

Prevention, treatment and recovery

Ohio addiction policy inventory and scorecard

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Evidence resource pages
Hubs for:
- Clinical standards and guidelines
- Expert consensus statements and recommendations
- Model policies
- Evidence registries

Policy inventories
Lists of Ohio:
- Legislation
- Rules and regulations
- New or expanded state agency initiatives and programs

Policy scorecards
Analysis of:
- Strengths
- Gaps
- Opportunities for improvement
Key elements of a comprehensive policy response to addiction

Source: Health Policy Institute of Ohio adapted from Addiction Policy Forum (2017)
Addiction-related policy changes in Ohio, by type of policy change, 2013-2017 (n=193)

- **41%** Legislative change (bills signed into law or a provision within a bill)
- **31%** New or expanded state agency initiatives, programs, systems changes or guidelines
- **27%** Rules or regulations
- **1%** Legislative initiatives (task force, commission)

Source: HPIO review of Ohio legislation, regulations, Governor’s Cabinet Opiate Action Team timeline and other policy summaries
Number of addiction-related policy changes in Ohio, by topic, 2013-2017

- **Prevention**
  - Appropriate use of, and access to, prescription opioids: 55
  - Child or family-focused prevention: 12
  - Other community-based prevention: 23

- **Treatment**
  - Screening and early intervention: 8
  - Treatment services: 75
  - Treatment system: 12

- **Recovery**
  - Services: 24

**Note:** See Appendix B for further description of these categories.

**Source:** HPIO review of Ohio legislation, regulations, Governor's Cabinet Opiate Action Team timeline and other policy summaries.

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# Scorecard

<table>
<thead>
<tr>
<th>Topic</th>
<th>Subtopic</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Appropriate use of, and access to, prescription opioids: Prescribing and dispensing</td>
<td>Strong</td>
</tr>
<tr>
<td></td>
<td>Appropriate use of, and access to, prescription opioids: Non-opioid pain management</td>
<td>Weak</td>
</tr>
<tr>
<td></td>
<td>Child and family-focused prevention</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Other community-based prevention</td>
<td>Weak</td>
</tr>
<tr>
<td>Treatment</td>
<td>Screening and early intervention</td>
<td>Weak</td>
</tr>
<tr>
<td></td>
<td>Treatment services</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Treatment system access and coverage</td>
<td>Strong</td>
</tr>
<tr>
<td></td>
<td>Treatment system capacity and workforce</td>
<td>Weak</td>
</tr>
<tr>
<td>Recovery</td>
<td>Recovery services</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

*Note: Rating based on evidence alignment and implementation reach*
## Figure 12. Prevention scorecard summary

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Gaps</th>
<th>Opportunities for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strong</strong></td>
<td>Robust PDMP (OARRS), an evidence-based approach to reducing opioid use</td>
<td>Extent to which prescribing guidelines are being implemented is unknown</td>
</tr>
<tr>
<td></td>
<td>Evidence-aligned opioid prescribing limits and guidelines in place</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Weak</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ohio Medicaid covers several evidence-based, nonpharmacologic pain management therapies, including acupuncture, chiropractic and physical therapy</td>
<td>Ohio Medicaid does not cover some evidence-based, non-pharmacologic pain management therapies, such as tai chi, yoga, progressive relaxation, biofeedback, etc.</td>
</tr>
<tr>
<td></td>
<td>ODH and other state agencies launched the Take Charge Ohio campaign in 2017 to promote safe pain management and medication use, consistent with evidence-based guidelines</td>
<td>Ohio healthcare providers are not required to be trained in addiction or appropriate pain management, which may limit utilization of non-opioid therapies, including nonpharmacologic methods</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Key findings: Strengths

- Leadership and priorities
- Cross-sector partnerships
- Decreased opioid prescribing
- Medication-Assisted Treatment
- Medicaid eligibility
- Evidence alignment
Leadership, priorities and cross-sector partnerships
Number of opioid solid doses dispensed (in millions) to Ohio patients, 2011-2017

Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System 2017 Annual Report
Prescription opioids dispensed per 1,000 population, by state, 2016

Note: Data year is the 12 months ending June 30, 2016.
Source: IMS PayerTrak, IMS National Prescription Audit, June 2016; Centers for Disease Control and Prevention, as reported in "Use of Opioid Recovery Medications," IMS Institute for Healthcare Informatics.
Medication-Assisted Treatment

- Methadone
- Buprenorphine (Suboxone, Subutex)
- Naltrexone (Vivitrol, Revia, Depade)
Evidence alignment
Key findings: Gaps

- Too few Ohioans reached
- Poor pain management
- Patchwork approach to prevention
- Inadequate treatment capacity
- Limited outcome measurement
- Minimal policy focus on:
  - Tobacco/nicotine and alcohol
  - Recovery
  - Health disparities
  - Social determinants of health
Too few Ohioans reached

MOMs locations in Ohio
Providers of Medication-Assisted Treatment (MAT), by Ohio county, as of January 2018

Note: MAT categorization indicates presence within the county of one or more (1) actual buprenorphine prescribers and/or office-based opioid treatment providers (OBOTs), (2) Opioid Treatment Programs (OTPs) using methadone, or (3) providers using Vivitrol. Data does not include OTP or OBOT applicants.

Sources: OMHAS (Vivitrol provider data adapted from Alkermes; buprenorphine data adapted from the DEA; OBOT data adapted from the State of Ohio Board of Pharmacy)
Patchwork approach to prevention
Inadequate treatment capacity

Ratio of certified buprenorphine providers to opioid overdose deaths, by state, 2016

Significantly worse than average

Significantly more than average

Fewer buprenorphine providers relative to need

Sources:
Avalere analysis of SAMHSA Opioid Treatment Program Directory and Centers for Disease Control and Prevention (CDC) WONDER, 2016
Minimal policy focus on:

- Tobacco/nicotine and alcohol
- Recovery
- Health disparities
- Social determinants of health
Opportunities for improvement

1. Build upon strong framework for appropriate opioid prescribing
2. Increase use of non-opioid pain management therapies
3. Strengthen the effectiveness and reach of addiction prevention activities
Opportunities for improvement

4. Ensure that evidence-based addiction treatment and recovery services are available to all Ohioans in need
5. Reduce health disparities and address the social determinants of health
6. Increase use of data and evaluation to drive improvement
Overdose rate by income

Percentage of Ohio adults, by income, who have family members or friends who have experienced problems as a result of...

- **abusing prescription drugs**
  - 138% FPG or less: 28%
  - 138% FPG-200% FPG: 26%
  - More than 200% FPG: 30%

- **using heroin**
  - 138% FPG or less: 31%
  - 138% FPG-200% FPG: 22%
  - More than 200% FPG: 22%

- **using methamphetamine**
  - 138% FPG or less: 18%
  - 138% FPG-200% FPG: 13%
  - More than 200% FPG: 11%

Source: Ohio Health Issues Poll 2017
Opportunities for improvement

7. Strengthen clinical-community linkages and connections between sectors
8. Develop a coordinated, long-term approach to serve the needs of children exposed to ACEs
9. Develop a comprehensive plan for addressing potential consequences of medical marijuana legalization
What’s next?
Potential threats and changes on the horizon

1. Changes in substances being abused
2. Disruption caused by change in administration
3. Decreased federal and/or state funding
4. Increased uninsured rate
5. Increased number of children exposed to ACEs
6. Increased number of older adults
Change in administration
Adverse childhood experiences

Psychological, physical or sexual abuse

Witnessing violence against the mother

Living with household member who has:
- Substance abuse or mental health conditions
- Attempted or committed suicide
- Ever been imprisoned

Source: Adapted from Felitti, Vincent J. et al. (1988)
Ohio’s Children Services System Is Strained

More children are entering foster care at alarmingly higher rates than ever before

Children in Foster Care on a Given Day

23% increase overall; 13% increase in 15 months

Drug overdose deaths

Substance use disorder
Substance use disorder

- Genetic susceptibility to addiction
- High availability of substances
- Community disorganization and high crime rates
- Use of prescription opioids
- Pain
- Adverse childhood experiences
- Poor academic performance
- Family conflict, abuse and neglect
- Lack of access to BH treatment
- Community economic distress (unemployment, poverty, etc.)

Drug overdose deaths
How you can use the Policy Inventory and Scorecard Report

• Identify strengths and gaps in your local community
• Prioritize next steps and resource allocation
• Identify evidence-based strategies
• Share with legislators and other leaders
Addiction Evidence Project

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- Evidence resource page: Prevention, treatment and recovery
What's next in the addiction crisis?
Policy, practice and collaboration across the region
June 2018 HPIO forum

Forum re-cap:
• Low-opioid pain management
• Behavioral health parity
• Link between economic conditions and overdose deaths
Low-opioid reliance model of care

Dr. Ali Mchaourab,
Chief, Pain Medicine Service, Louis Stokes Cleveland VA Medical Center
Take Home Message

1. The opioid epidemic is the result of increased availability of addictive and mostly ineffective drugs for a chronic disease.
2. Pain management can be practiced safely, and with little reliance on opioid analgesics and use of alternative and safe modalities
3. The pillar of low-opioid utilization is a shift from passive to patient-based self-management philosophy
Northeast Ohio VA Healthcare System: Shifting the Tide

The Northeast Ohio VA Healthcare System created a Culture of low-opioid reliance through 4 guiding principles:

1. A unified message of adherence to evidence-based pain-management practices
2. Safe pain medication prescribing
3. Use of innovative technologies
4. System-wide sharing of best practices
Addiction and federal parity compliance: What's working in other states?

Kevin J. Malone, Associate and Strategic Advisor, Epstein, Becker and Green
Key take-aways

- Consumers and providers have multiple points of leverage under Parity including: disclosure requirements, grievances, appeals, and litigation.

- Parity accreditation presents a promising option for increased compliance and uniformity.

- Because Parity enforcement is so complex and fragmented, improved Parity compliance, and the ultimate goal of improved access to high quality behavioral healthcare, will require further changes in other areas of practice and regulation including evidence-based treatment, utilization management regulations, provider licensing, and value-based payment.
Mental Health Parity Accreditation

Home / Mental Health Parity Accreditation

About FAQ Committee Public Comment

- What is Mental Health Parity and why is it important?
- What is the CHQI Mental Health Parity Accreditation Program?
- Why is CHQI's Mental Health Parity Accreditation Program necessary?
- Who will seek CHQI Mental Health Parity Accreditation and for what purpose?
- How are CHQI's Mental Health Parity Accreditation Standards being developed?
- Will there be a public comment process prior to finalizing the CHQI Mental Health Parity Accreditation Standards?
- Who will make the final decision on a CHQI Mental Health Parity Accreditation application?
- What will be the length of accreditation under the CHQI Mental Health Parity Accreditation Program?
- Does achieving CHQI Mental Health Parity Accreditation deem an entity compliant with MHPAEA?
- Will achieving CHQI Mental Health Parity Accreditation help insurers and health benefit plans achieve better treatment outcomes?
- How can I learn more about CHQI and the Mental Health Parity Accreditation Program, or become involved with one of the CHQI committees?
Parity Enforcement and Oversight

SELECT STATE PRACTICES

- **Parity@10:**
  - In late 2017, the Legal Action Center (LAC), The Kennedy Forum, The National Center on Addiction and Substance Abuse, Partnership for Drug-Free Kids and the Research & Evaluation Group at Public Health Management Corporation launched a three year effort to pursue full enforcement of the Parity Act.
  - Illinois, Maryland, New Jersey, New York and Ohio.
  - An additional five states will be added in the second year.

- **SAMHSA/CMS Parity Policy Academies:**
  - SAMHSA, CMS, and DOL academies in Colorado, Delaware, Illinois, New Hampshire, and Washington
  - Enforcement in Medicaid and the commercial market.

- **Leading states for Medicaid Parity analysis:**
  - Missouri, Arizona, Washington State produced particularly detailed parity assessment reports. They are a valuable resource for other states to review.
The link between economic conditions and overdose deaths in Ohio, West Virginia, Kentucky and Pennsylvania

Dr. Michael Betz, Assistant Professor, Department of Human Sciences, The Ohio State University
Takeaways

1. US drug crisis is more than a supply problem
2. Local economic conditions influence ODs
3. Coming automation will likely exacerbate
Ohio Overdose Rates by Education Level

Rate per 100,000

- HS Grad
- Some college
- Associates
- Bachelors
The Fading American Dream

Percent of Children Earning More than their Parents, by Year of Birth

Source: Chetty et al. 2014
Roundtable discussions
Resources recommended by participants: Regional collaboration

- **Regional Judicial Opiate Initiative**: Convened by state court chief justices in IL, IN, KY, MI, OH and TN to develop an action plan that addresses regional collaboration regarding:
  - PDMP reciprocity
  - Overdose reversal tracking
  - Data sharing across multiple systems
  - Addiction workforce, etc.

- **Central Appalachia HCV Coalition**: Convened by the Community Liver Alliance to address the Hepatitis C epidemic in OH, KY, WV, TN and PA
Resources recommended by participants: Treatment

- Examples of websites to communicate treatment availability:
  - findlocaltreatment.com (Mercy Health and Butler County Mental Health and Addiction Recovery Services Board)
  - Emerald Jenny Foundation (Ohio facility locator)

- Tools from Shatterproof’s Substance Use Disorder Treatment Task Force:
  - National Principles of Care
  - Provider Report Cards (in development)
Resources recommended by participants: Prevention

- Dartmouth-Hitchcock Health System has useful **guidelines and tools** for prescribing limits for sub-specialty pain management
- **PreVenture:** Innovative, evidence-based drug prevention program being implemented with 9th graders by **Overdose Lifeline** in Indiana
- **Health and Opioid-Abuse Prevention Education (HOPE) Curriculum:** K-12 curriculum developed in partnership with Ohio Department of Mental Health and Addiction Services
Contact

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Poll question
Questions?

Download all materials from the Addiction Evidence Project at:
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