





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

HPIO Webinar

July 19, 2018



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

- Interact for Health
- Mt. Sinai Health Care Foundation
- The George Gund Foundation
- Saint Luke's Foundation of Cleveland
- The Cleveland Foundation
- HealthPath Foundation of Ohio
- Sisters of Charity Foundation of Canton
- Sisters of Charity Foundation of Cleveland
- Cardinal Health Foundation
- North Canton Medical Foundation
- Mercy Health
- CareSource Foundation
- United Way of Central Ohio



Amy Bush Stevens

Vice President, Prevention and Public Health Policy

astevens@hpio.net



Hailey Akah

Health Policy Analyst

hakah@hpio.net

Please type questions in the question box



The screenshot displays a GoToWebinar interface with two main sections: 'Audio' and 'Questions/Chat'.
The 'Audio' section includes a telephone icon, radio buttons for 'Computer audio' and 'Phone call' (which is selected), and connection details: 'You are connected at +1 (631) 992-3221' and 'Access Code: 805-944-993'. It also shows 'Talking: Reem Aly and Amy Bush Stevens'.
The 'Questions/Chat' section contains a message: 'Thank you for joining us! The HPIO webinar will begin shortly.' followed by a message from 'Nick Wiselogel (to All - Entire Audience): 2:01 PM: We will beginning the webinar shortly'. Below the chat is a text input field and a 'Send' button.
At the bottom, the webinar title '2017 Health Value Dashboard webinar' and ID '774-626-963' are shown, along with a recording indicator 'This session is being recorded.' and the GoToWebinar logo.



Lead. Inform. Improve.

Search HPIO



Home

About

Briefs

Tools

Events

Groups

Consulting

Health Policy Institute of Ohio > Tools > Addiction Evidence Project

Addiction Evidence Project

HPIO
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:

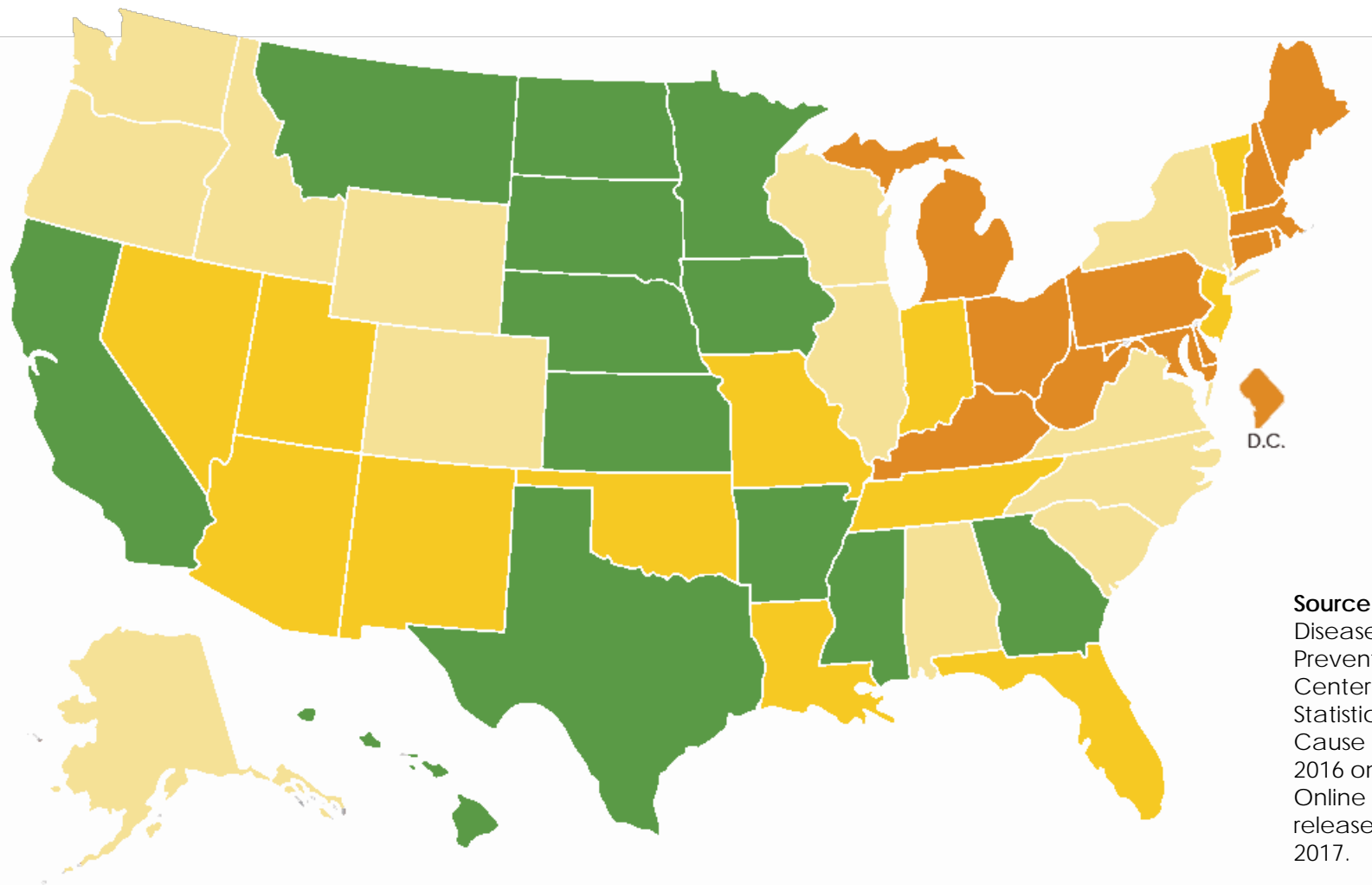
- **Evidence resource page: Prevention, treatment and recovery**

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

Today

- 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

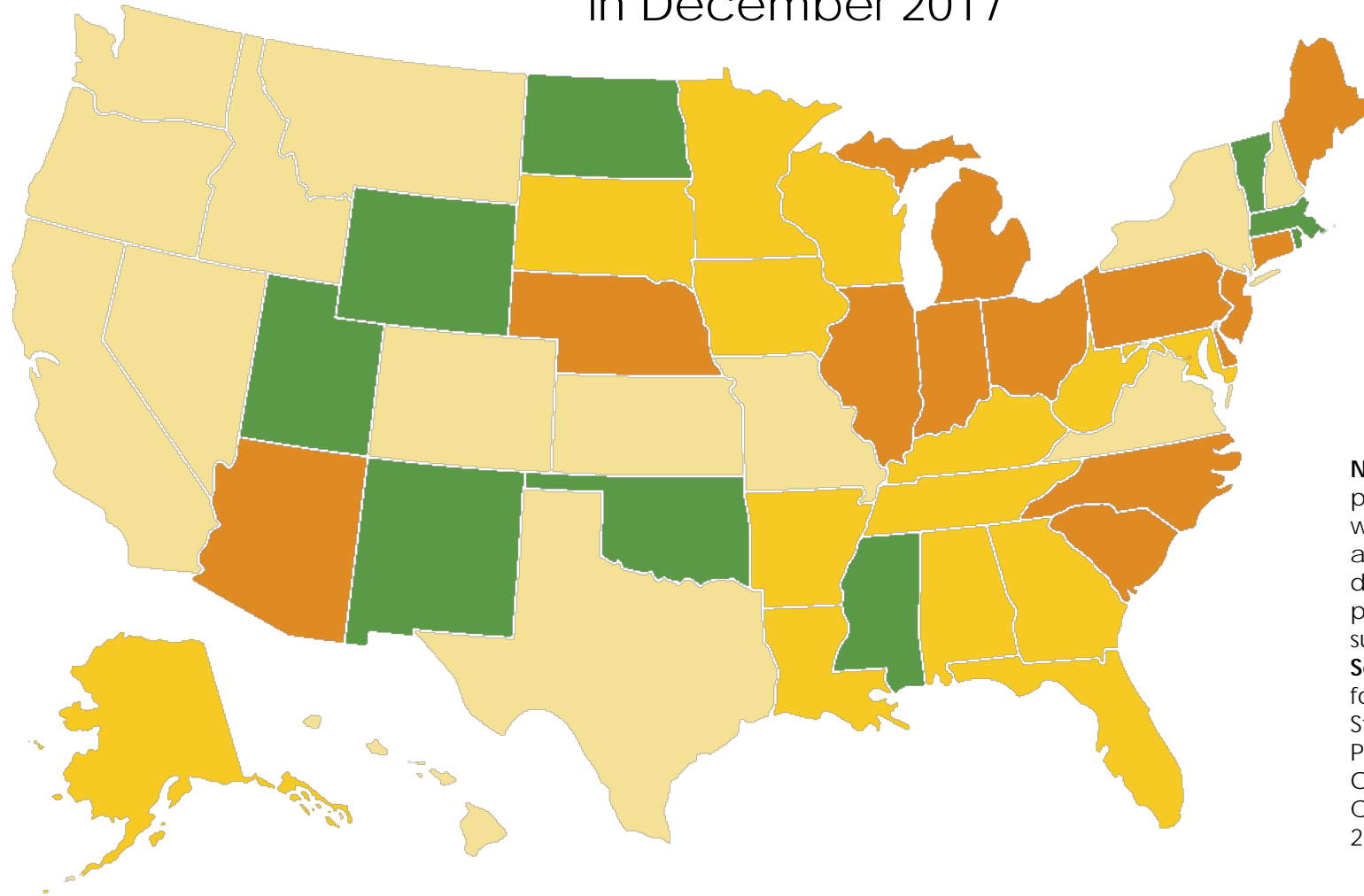


Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2017.



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

Overdose death **decreased** between 0.2% and 31.2%
Overdose death **increased** between 0.9% and 7.7%

Overdose death **increased** between 8.3% and 10.7%
Overdose death **increased** between 10.9% and 38.9%

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 opiate 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 opiate 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 three types of tools on the HPIO Addiction Evidence Project website:

Evidence resource pages

Hubs for clinical standards and guidelines, expert consensus statements and recommendations, model policies and evidence registries

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

This project will address addiction in a comprehensive way that takes into consideration policy changes in the following areas (see figure 6):

Prevention	Treatment	Recovery
Harm reduction	Overdose reversal	Surveillance and evaluation
Children services	Law enforcement	Criminal justice reform

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.¹ Addiction is influenced by genetic, behavioral and environmental factors, and can negatively affect physical, mental, social and spiritual health and wellbeing.²

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 not being able to abstain¹

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 opiates (including prescription opioids, heroin and fentanyl) and nicotine are direct contributors to these challenges.

Ohio addiction policy inventory and scorecard

1. Prevention, treatment and recovery

HPIO Addiction Evidence Project

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

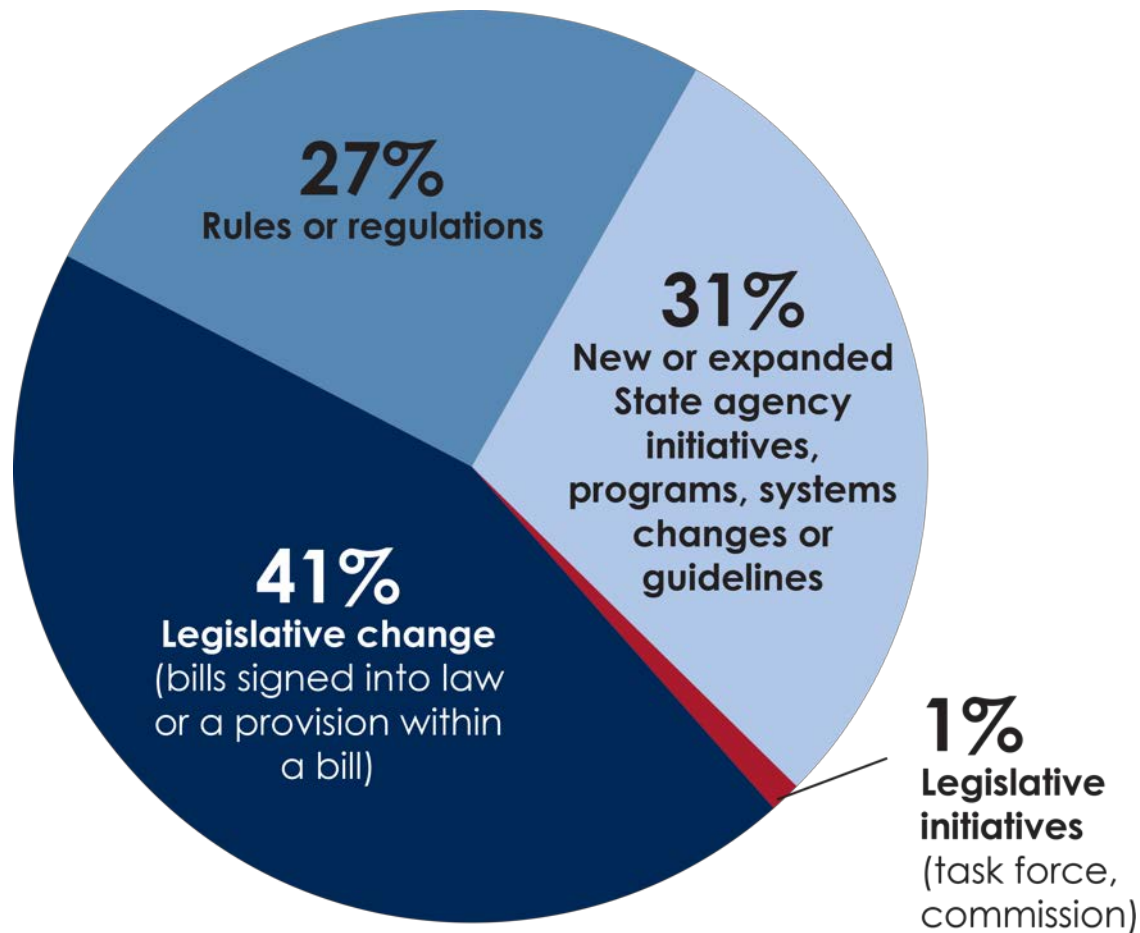
Key elements of a comprehensive policy response to addiction



Source: Health Policy Institute of Ohio adapted from Addiction Policy Forum (2017)

Inventory

Addiction-related policy changes in Ohio, by type of policy change, 2013-2017 (n=193)

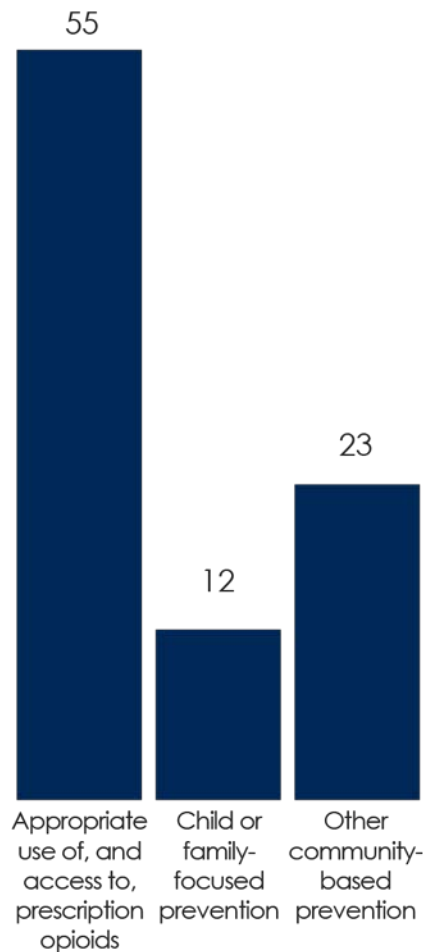


Source: HPIO review of Ohio legislation, regulations, Governor's Cabinet Opiate Action Team timeline and other policy summaries

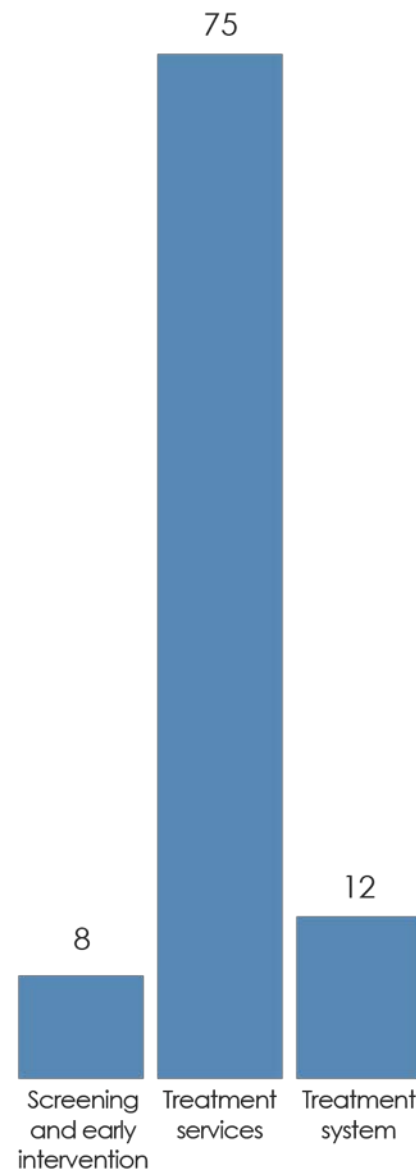
Inventory

Number of addiction-related policy changes in Ohio, by topic, 2013-2017

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



Prevention



Treatment



Recovery

Scorecard

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

Note: Rating based on evidence alignment and implementation reach

Scorecard

Figure 12. **Prevention scorecard summary**

		Strengths	Gaps	Opportunities for improvement
Strong	Appropriate use of and access to prescription opioids: Prescribing and dispensing	<ul style="list-style-type: none"> • Robust PDMP (OARRS), an evidence-based approach to reducing opioid use • Evidence-aligned opioid prescribing limits and guidelines in place 	Extent to which prescribing guidelines are being implemented is unknown	<ul style="list-style-type: none"> • Enforce, monitor and evaluate 2017 prescribing limits • Based on evaluation results, consider strengthening limits to 3-5 days • Offer education and technical assistance to help providers to operationalize and implement prescribing limits and guidelines • Sustain and continually improve OARRS
Weak	Appropriate use of and access to prescription opioids: Non-opioid pain management	<ul style="list-style-type: none"> • Ohio Medicaid covers several evidence-based, nonpharmacologic pain management therapies, including acupuncture, chiropractic and physical therapy • 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 	<ul style="list-style-type: none"> • Ohio Medicaid does not cover some evidence-based, non-pharmacologic pain management therapies, such as tai chi, yoga, progressive relaxation, biofeedback, etc. • 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 	<ul style="list-style-type: none"> • Increase utilization of evidence-based, non-opioid pain management therapies through patient and provider education and improved insurance coverage • Require all providers who prescribe controlled substances to complete mandatory Continuing Medical Education credits on addiction, appropriate pain management and other relevant topics

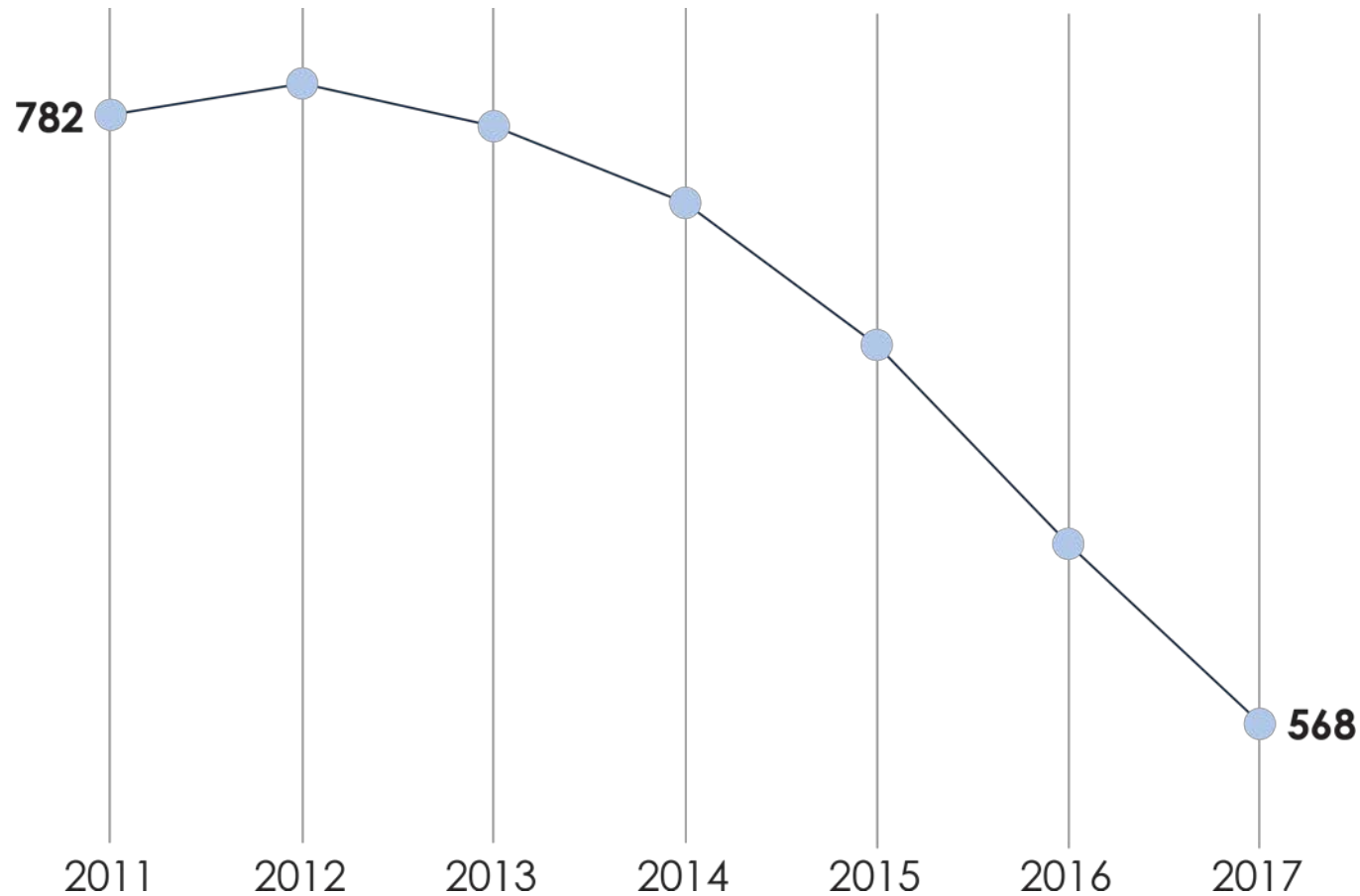
Key findings: Strengths

- Leadership and priorities
- Cross-sector partnerships
- Decreased opioid prescribing
- Medication-Assisted Treatment
- Medicaid eligibility
- Evidence alignment



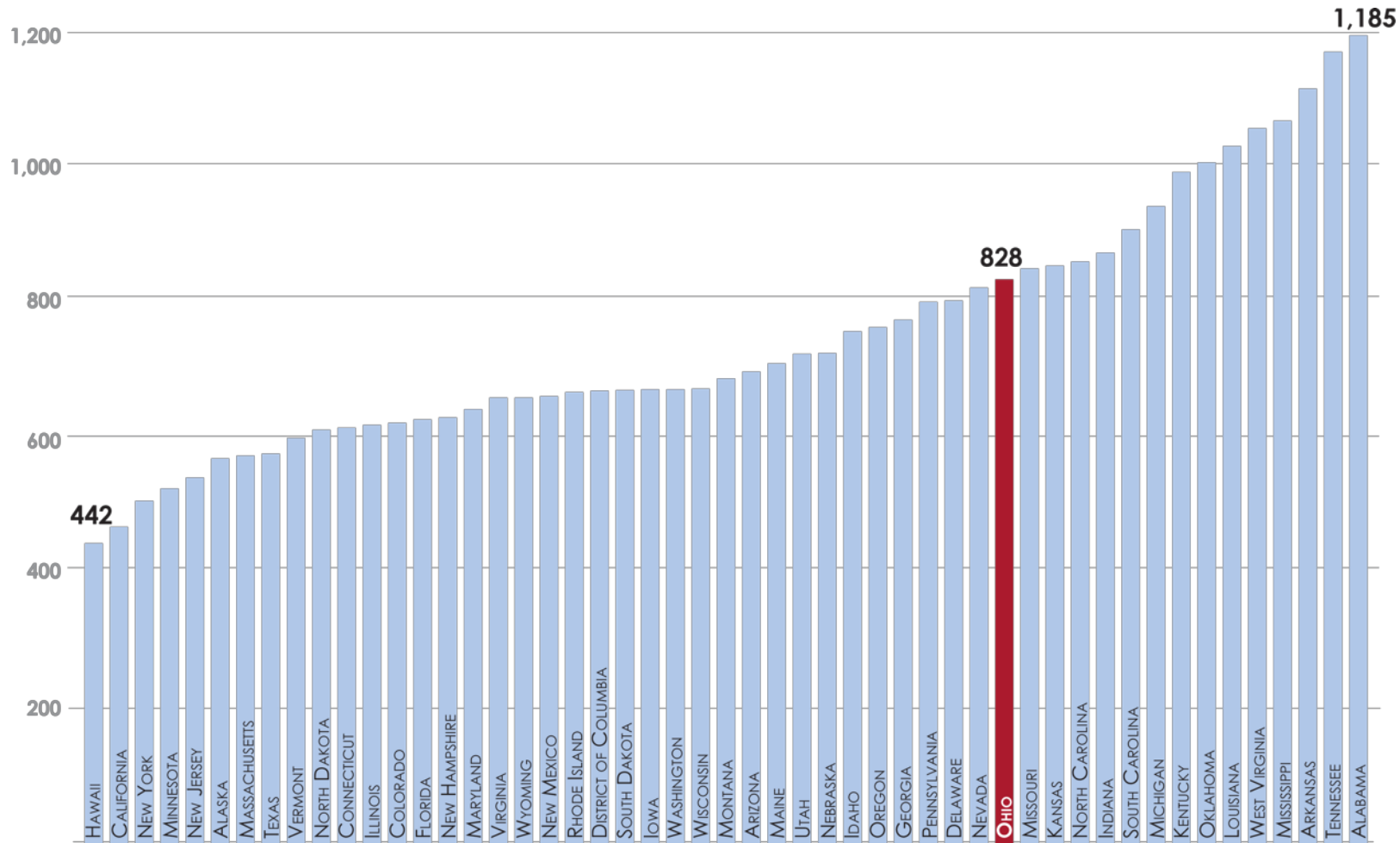
Leadership, priorities and cross-sector partnerships

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

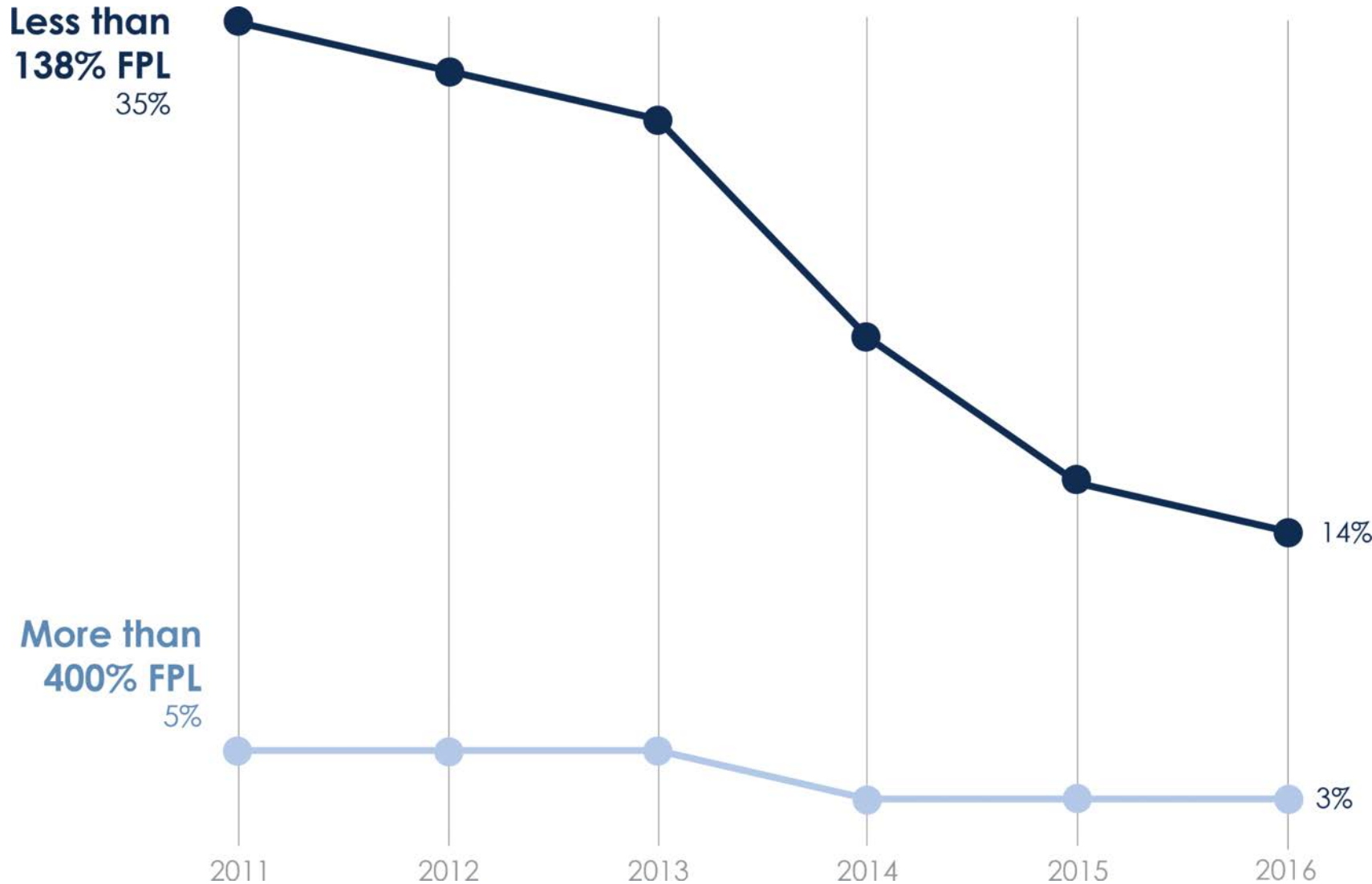
Medication-Assisted Treatment

Methadone

Buprenorphine
(Suboxone,
Subutex)

Naltrexone
(Vivitrol, Revia,
Depade)

Uninsured rate of Ohioans, ages 18-64 (2011-2016)



Source: U.S. Census Bureau, American Community Survey

Evidence alignment

FACING ADDICTION IN AMERICA

*The Surgeon General's Report on
Alcohol, Drugs, and Health*

U.S. Department of Health & Human Services

The National Academies of
SCIENCES · ENGINEERING · MEDICINE

CONSENSUS STUDY REPORT

PAIN MANAGEMENT AND THE OPIOID EPIDEMIC

BALANCING SOCIETAL
AND INDIVIDUAL
BENEFITS AND RISKS
OF PRESCRIPTION
OPIOID USE

ASAM THE NATIONAL PRACTICE GUIDELINE

For the Use of Medications
in the Treatment of
Addiction Involving Opioid Use



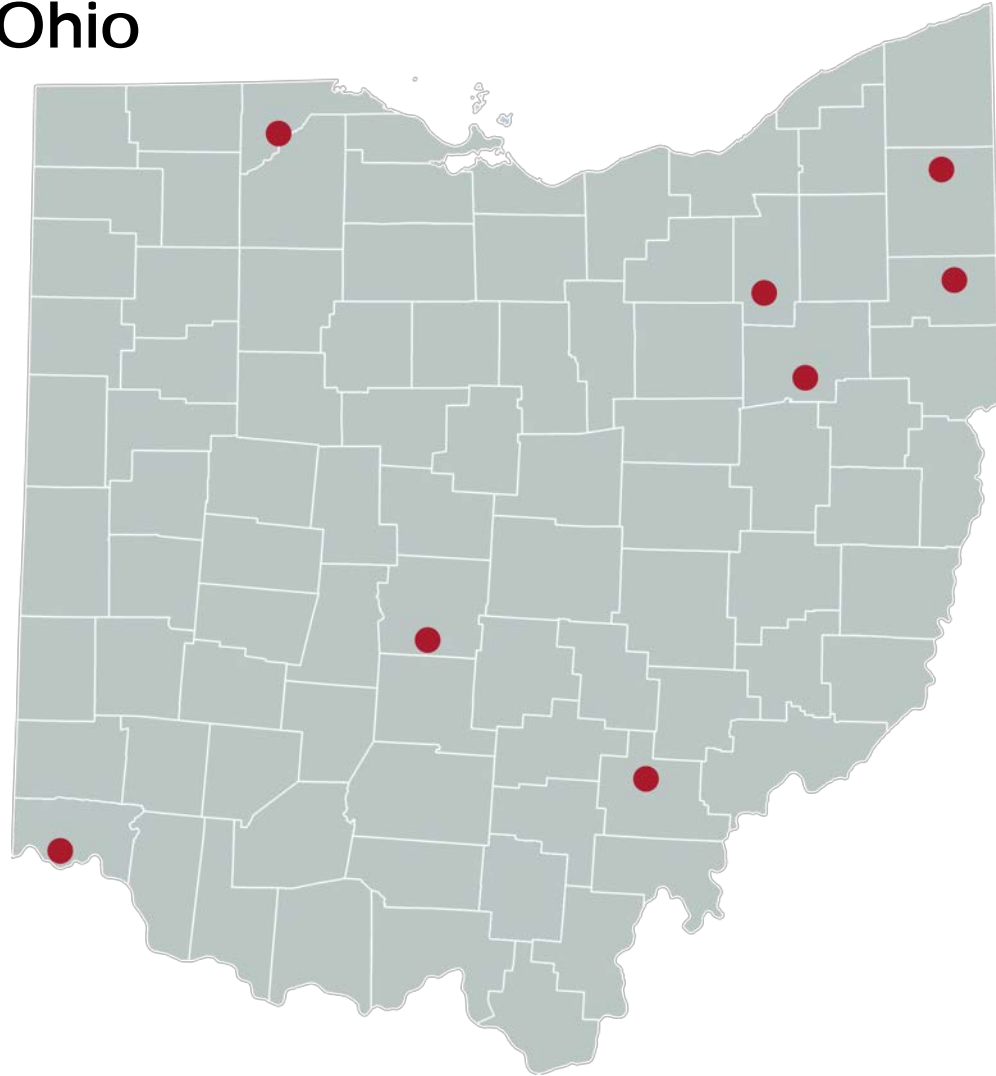
ASAM
The Society of Addiction Medicine
American Society of Addiction Medicine

Key findings: Gaps

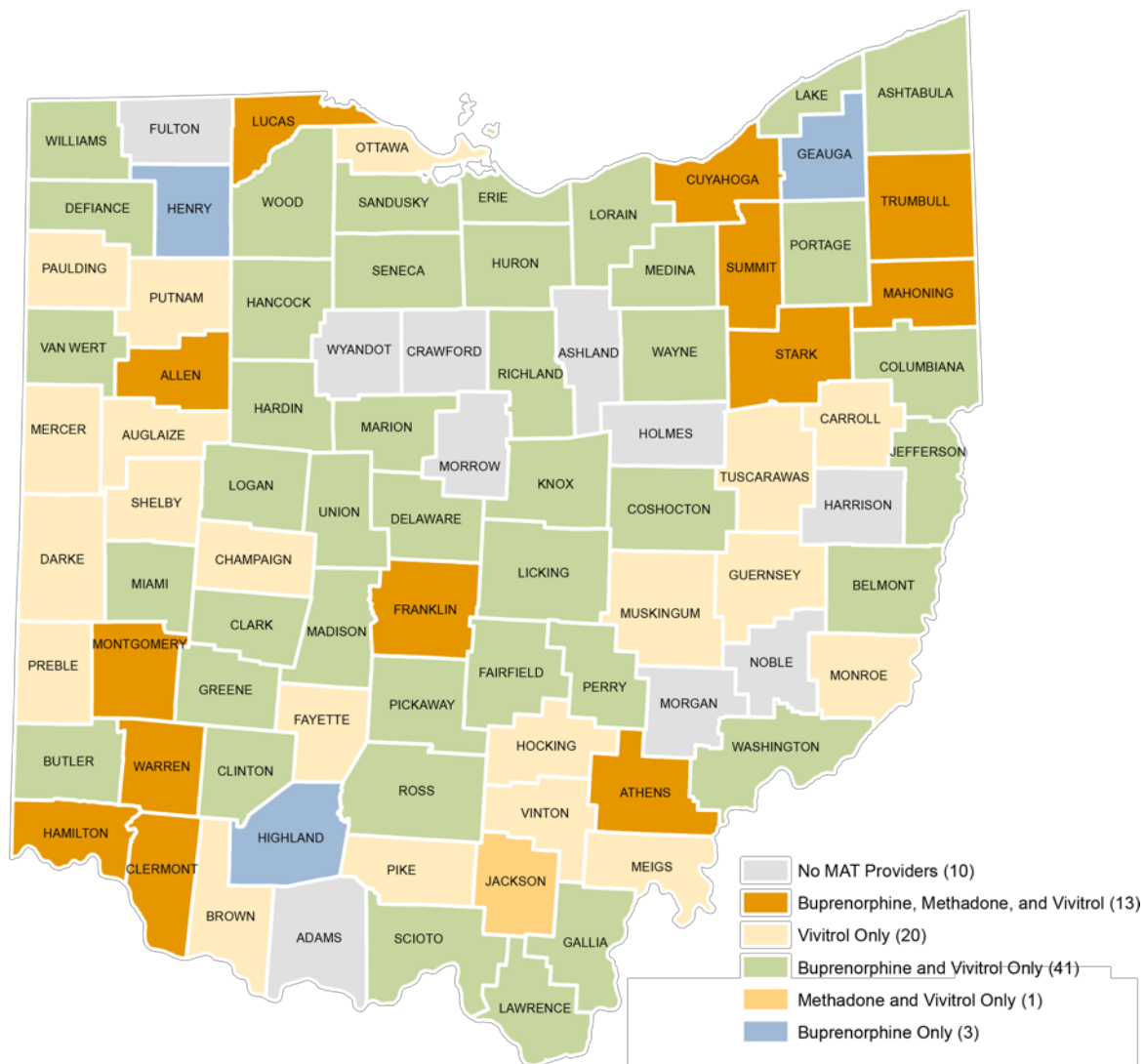
- Too few Ohioans reached
- Poor pain management
- Patchwork approach to prevention
- Inadequate treatment capacity
- Limited outcome measurement
- Minimal policy focus on:
 - Tobacco/nicotine and alcohol
 - Recovery
 - Health disparities
 - Social determinants of health

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.

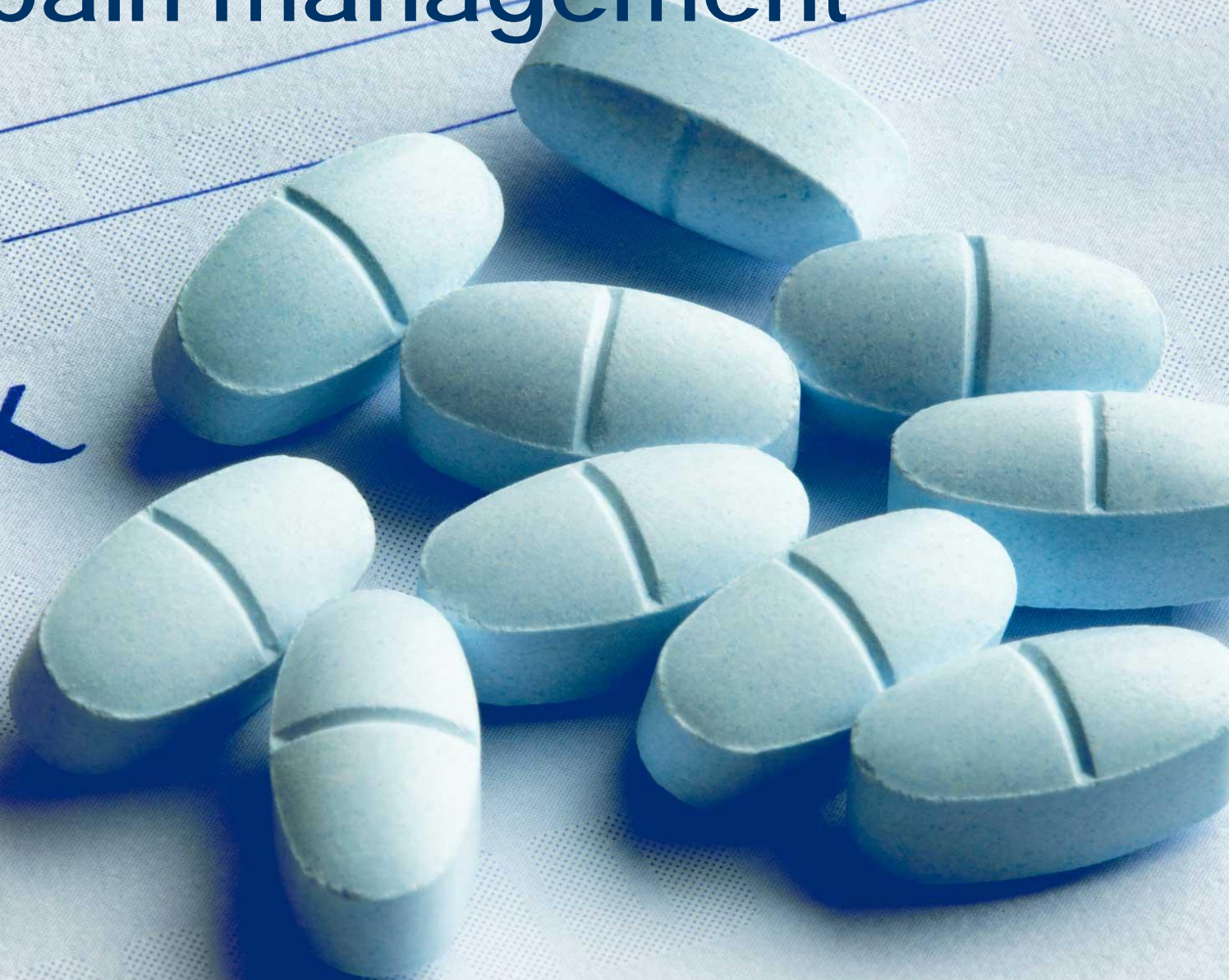
Sources: OMHAS (Vivitrol provider data adapted from Alkermes; buprenorphine data adapted from the DEA; OBOT data adapted from the State of Ohio Board of Pharmacy)

Poor pain management

Name _____

Address _____

Rx

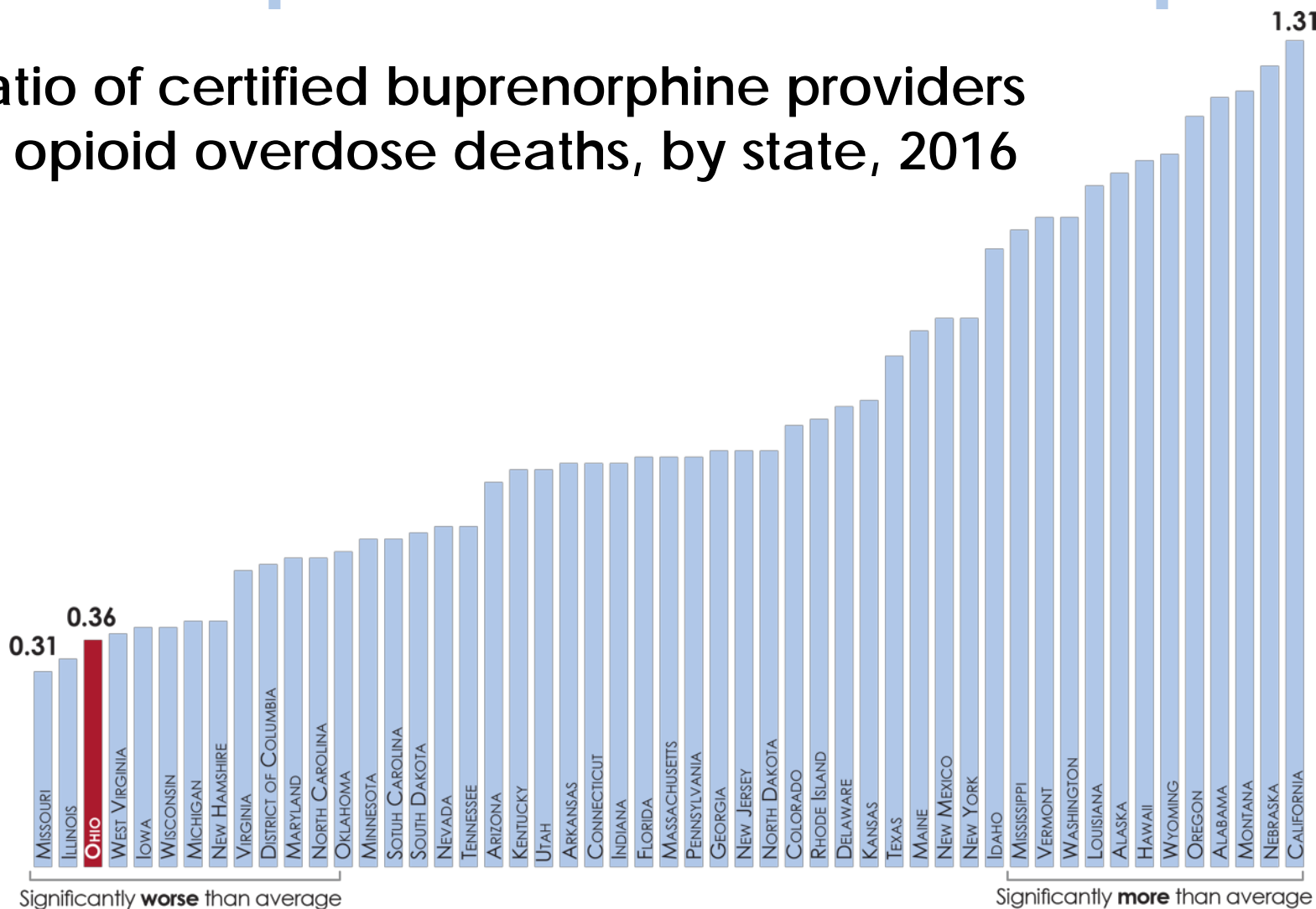


Patchwork approach to prevention



Inadequate treatment capacity

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



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

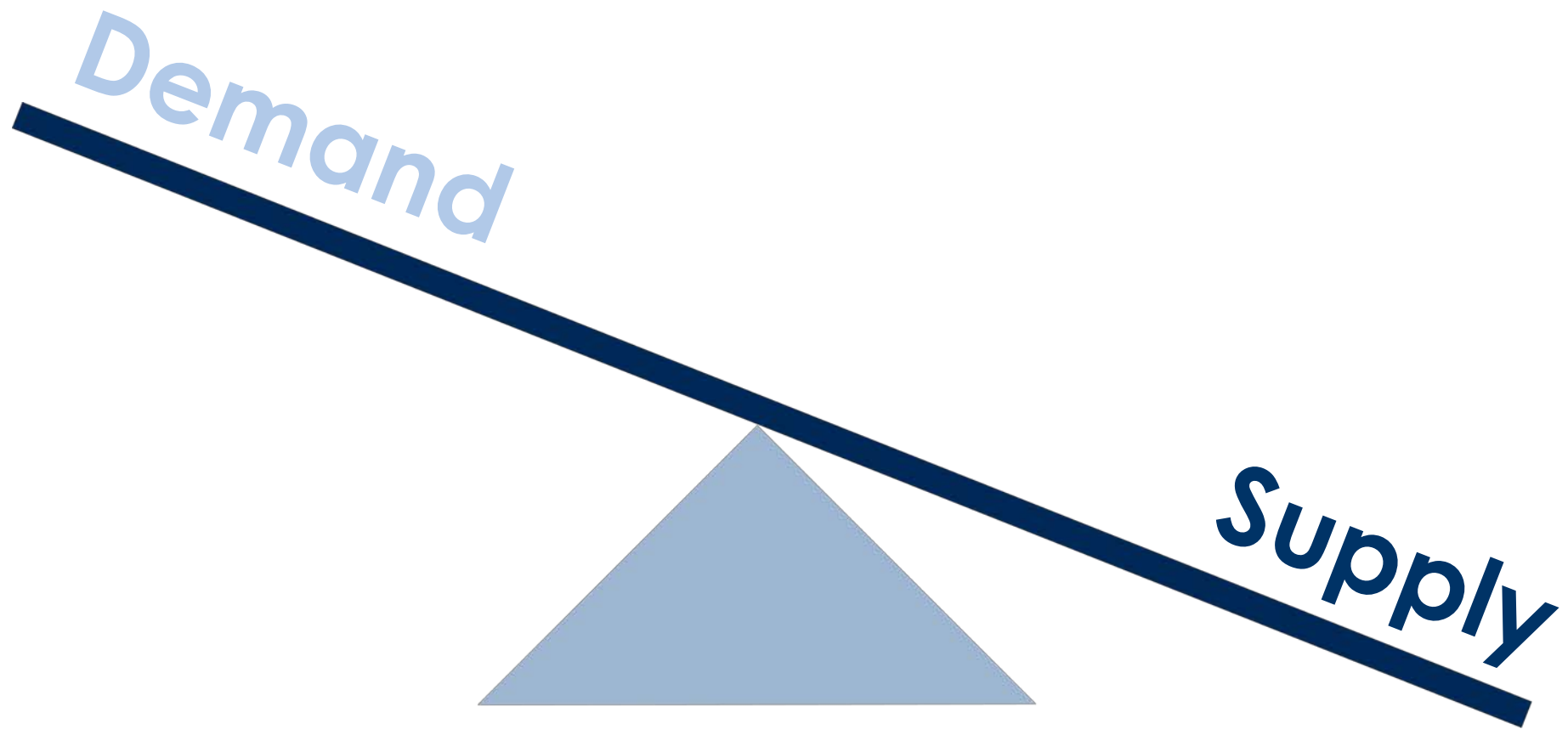
Fewer buprenorphine providers relative to need

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 ...

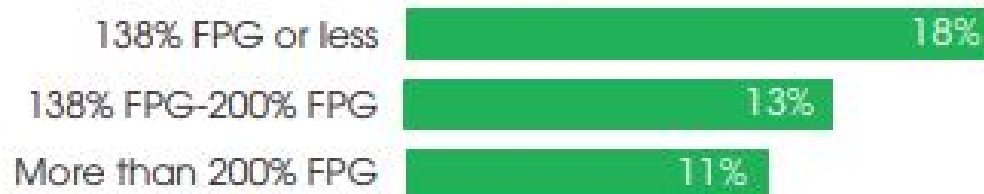
... abusing prescription drugs



... using heroin



... using methamphetamine



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

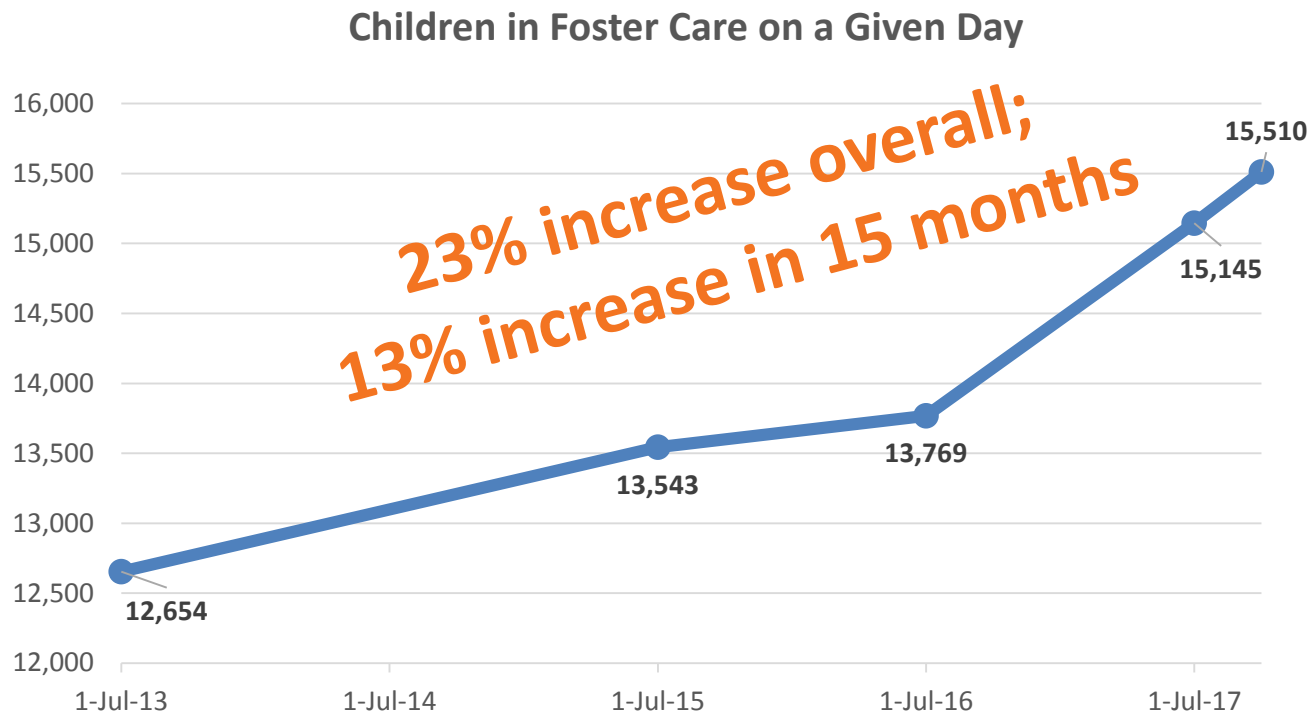
Ever been
imprisoned

Source: Adapted from Felitti, Vincent J. et al. (1988)



Ohio's Children Services System Is Strained

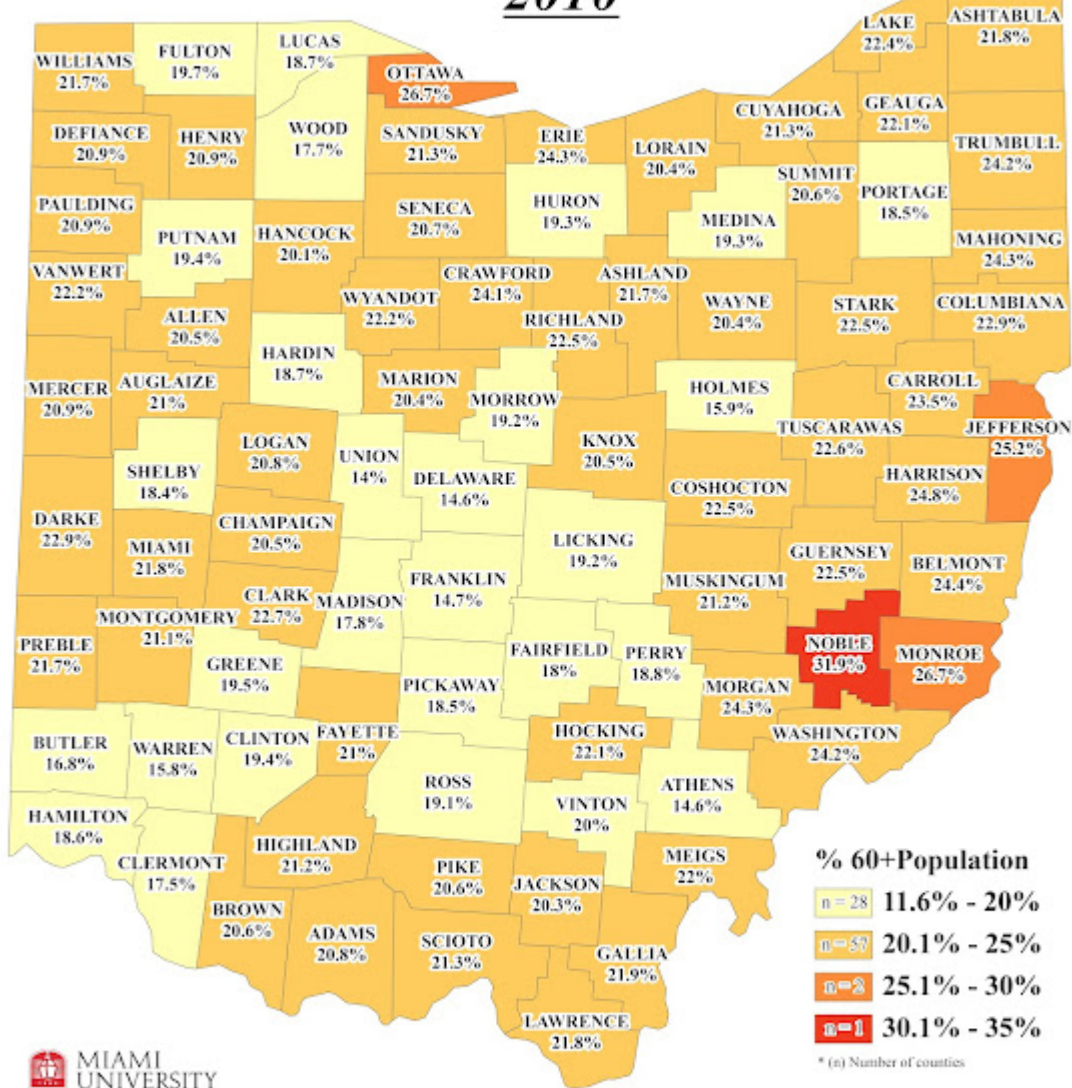
More children are entering foster care at alarmingly higher rates than ever before



Source: ODJFS SACWIS special data run, received Nov. 2017.

Point in Time Data for July 1, 2013, 2015, 2016, 2017 and Oct. 1, 2017

2010



An iceberg floating in a blue ocean under a blue sky with white clouds. The tip of the iceberg is above the water, while the much larger, jagged base is submerged. The text 'Drug overdose deaths' is written in red above the water line, and 'Substance use disorder' is written in red below the water line.

Drug overdose deaths

Substance use disorder

Drug overdose deaths

Genetic susceptibility to addiction

High availability of substances

Community disorganization and high crime rates

Substance use disorder

Use of prescription opioids

Pain

Starting substance use at a young age

Adverse childhood experiences

Poor academic performance

Family conflict, abuse and neglect

Lack of access to BH treatment

Community economic distress (unemployment, poverty, etc.)

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



Lead. Inform. Improve.

Search HPIO



Home

About

Briefs

Tools

Events

Groups

Consulting

Health Policy Institute of Ohio > Tools > Addiction Evidence Project

Addiction Evidence Project

HPIO
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**

Ohio addiction policy inventory and assessment: 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

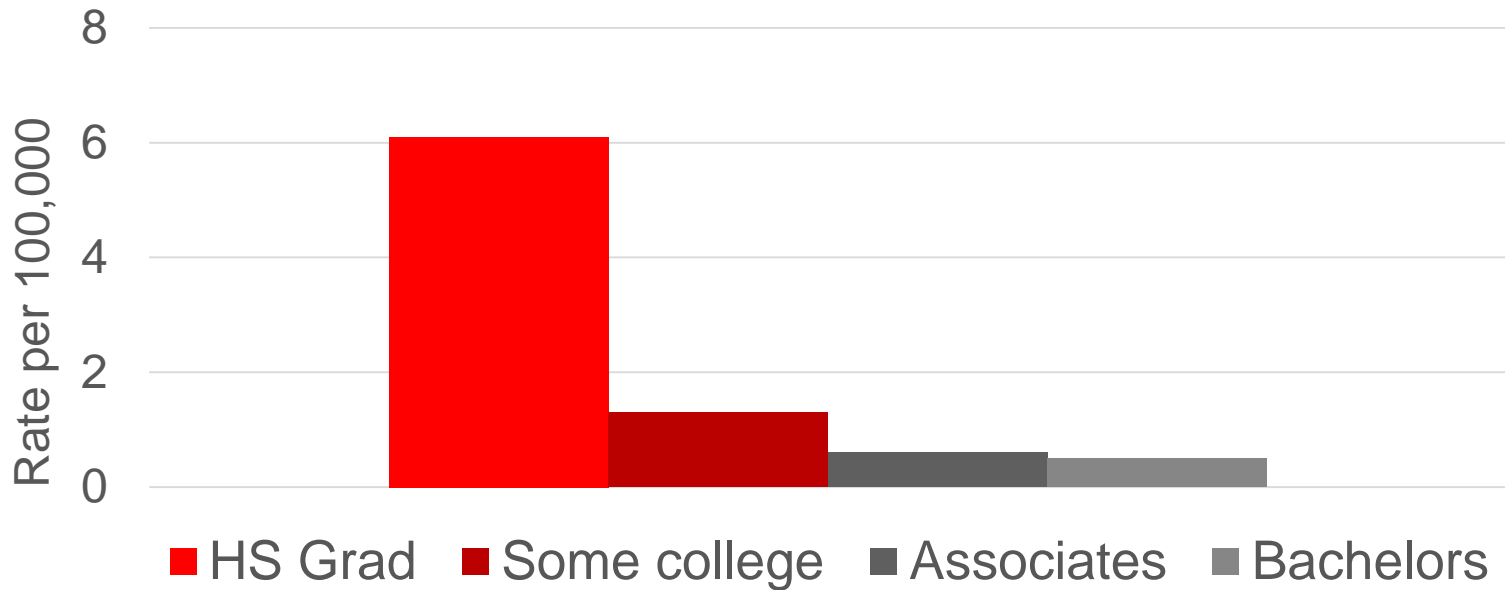


Takeaways

1. US drug crisis is more than a supply problem
2. Local economic conditions influence ODs
3. Coming automation will likely exacerbate



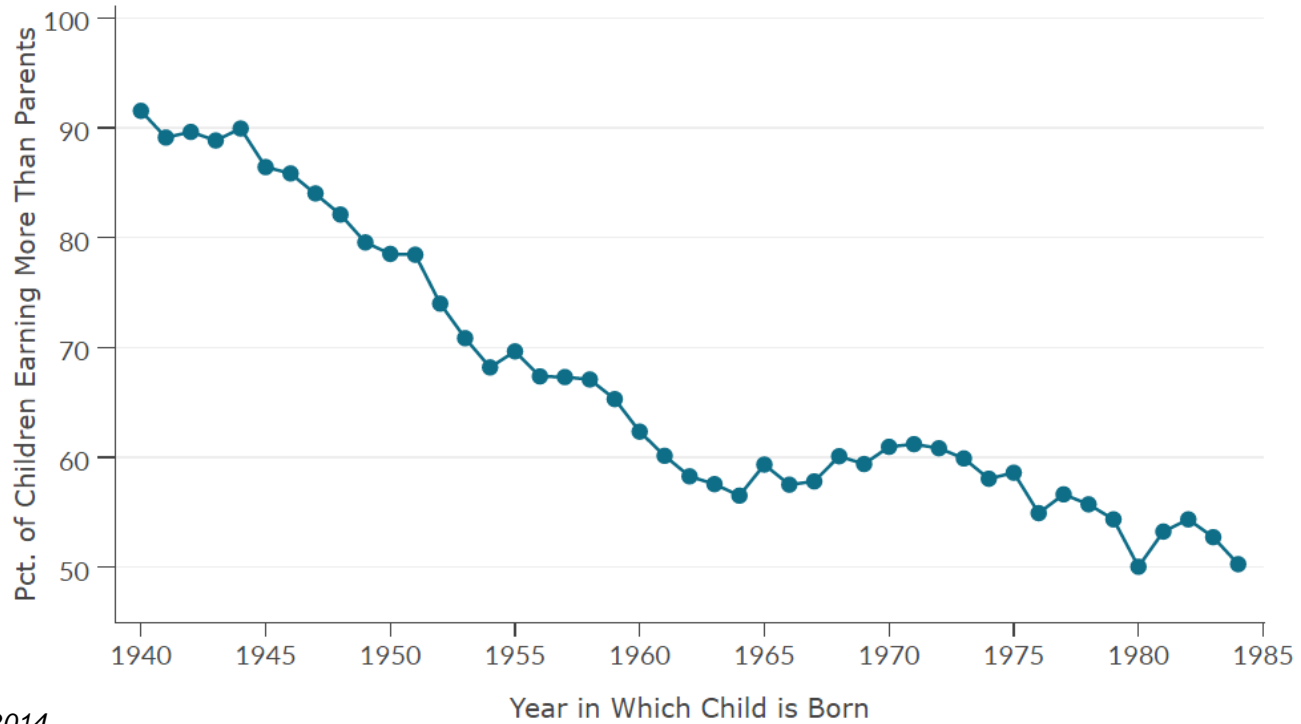
Ohio Overdose Rates by Education Level





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](http://EmeraldJennyFoundation.org) (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

Amy Bush Stevens, MSW, MPH
astevens@hpio.net

Hailey Akah, JD, MA
hakah@hpio.net

Poll question

Questions?

Download all materials from the Addiction Evidence Project at:
www.hpio.net/tools/addiction-evidence-project/



Connect with us



Visit

www.hpio.net



Subscribe to

- HPIO mailing list (link on our homepage)
- Ohio Health Policy News (healthpolicynews.org)



Follow us

- Twitter: [@HealthPolicyOH](https://twitter.com/HealthPolicyOH)
- Facebook: facebook.com/healthpolicyOH