Opportunities for improvement from the Health Policy Institute of Ohio’s Addiction Evidence Project (2018)

Prevention

1. Build upon the strong framework for appropriate opioid prescribing to continue to drive down opioid use rates
   a. Sustain and continually improve OARRS, including increased provider integration with electronic health records and ongoing enforcement of OARRS requirements
   b. Enforce, monitor and evaluate the impact of recently implemented prescribing limits and, based on evaluation results, consider tightening limits to three to five days as some other states have done
   c. Offer education, technical assistance and other support to providers to operationalize and implement prescribing limits and guidelines

2. Increase use of non-opioid pain management therapies, such as acupuncture, physical therapy and chiropractic care, through:
   a. Patient and provider education
   b. Improved insurance coverage for these services
   c. Partnerships across sectors (healthy aging, chronic disease prevention, behavioral health, etc.) to promote widespread availability of non-pharmacologic approaches, such as tai chi, yoga and stress reduction

3. Strengthen the effectiveness and reach of addiction prevention activities
   a. Increase sustained sources of funding for evidence-based prevention strategies for children, families and communities
   b. Explore development of an addiction prevention wellness trust funded by future potential legal settlement proceeds
   c. Support a comprehensive approach to prevention of all forms of substance use disorder (including opioids, methamphetamines, alcohol, tobacco, etc.) across the life span, including adults over age 18
   d. Improve coordination, monitoring and evaluation of school-based prevention activities
   e. Increase coordination between state agencies so that local communities receive consistent and coordinated support from the state regarding community and school-based prevention

Treatment and recovery

4. Ensure that evidence-based addiction treatment and recovery services are available for all Ohioans in need
   a. Actively promote awareness of state and federal parity laws and strengthen monitoring and enforcement
   b. Evaluate the impact of Behavioral Health Redesign on addiction treatment system capacity and treatment outcomes and make continuous improvements based on the results
   c. Collect quantitative data regarding treatment gaps and publicly report the number of patients receiving evidence-based treatment (including MAT) in state-certified facilities and through county ADAMH board funding
   d. Strengthen the behavioral health workforce through increased reimbursement rates, enhancing the Behavioral Health Workforce Initiative and continuing to build integration with physical health care

Overdose reversal

5. Continue to increase naloxone distribution across the state to ensure that all Ohioans have access to overdose reversal medication, including improved access for community organizations and lay people.
   a. Increase the number of community sites that can distribute naloxone, including Project DAWN sites and other community-based organizations, so that there is better coverage across Ohio, particularly in counties with the highest overdose rates.
   b. Expand the types of entities that are eligible to become Project DAWN sites, including non-profit organizations that serve people who inject drugs.
   c. Allow community organizations to distribute naloxone without a Terminal Distributor of Dangerous Drugs (TDDD) license and/or provide assistance to entities so that they can obtain a TDDD license.
   d. Increase naloxone distribution by continuing to integrate Project DAWN and other distribution models with addiction treatment settings, re-entry from prison and jail and SSPs.

Download the complete Addiction Evidence Project scorecard reports at: www.hpio.net/tools/addiction-evidence-project
e. Establish additional methods for distributing naloxone in the community, such as by storing and maintaining naloxone in automated external defibrillator (AED) cabinets.

f. Simplify Ohio’s Good Samaritan law and reduce the restrictions on Good Samaritan immunity so that bystanders are encouraged to call for help during an overdose.

g. Expand the current media campaign to inform the public, including drug users, family members and friends of drug users and community groups, of the availability of naloxone, Ohio’s Good Samaritan law and other legal immunities related to naloxone distribution and administration.

h. Increase the sustainability of the Project DAWN program by establishing a pathway for Project DAWN sites to bill insurance providers for the naloxone they distribute.

Other harm reduction
6. Launch an intensive initiative to reduce the spread of infections associated with injection drug use, including increased awareness of the importance of prevention, treatment and harm reduction.
   a. Create an integrated state plan to reduce hepatitis C transmission and reinfection, similar to the Ohio HIV Prevention and Care Integrated Plan.
   b. Increase the number of syringe services programs in Ohio, particularly in counties with the highest rates of hepatitis C and HIV.
   c. Identify sustained funding sources to support syringe services programs and explore ways to capture downstream savings to Medicaid and the Ohio Department of Rehabilitation and Correction to reinvest in infection prevention.
   d. Establish a statewide coordination hub for syringe services programs that can assist local programs with information sharing, technical assistance, evaluation and quality improvement.
   e. Develop a campaign to reduce stigma for harm reduction approaches.

7. Continue to improve access to hepatitis C treatment for Medicaid enrollees, while exploring strategies to control treatment costs.
   a. Remove or reduce restrictions related to sobriety timeframes and specialist providers.
   b. Engage primary care providers, including Federally Qualified Health Centers (FQHCs), in providing direct-acting antiviral treatment for patients with hepatitis C.
   c. Increase screening efforts for hepatitis C and HIV across the state, particularly for priority populations, including people who inject drugs.
   d. Implement strategies identified by the National Governor’s Association to ensure fiscal sustainability of hepatitis C treatment in the Medicaid program, such as by incorporating value assessments into policies and purchasing approaches.

Cross cutting
8. Reduce health disparities and address the social determinants of health
   a. Ensure that resources and strategies are more aggressively directed toward populations at greatest risk of overdose deaths and incarceration
   b. Improve social and economic conditions in struggling Ohio communities

9. Increase use of data and evaluation to drive improvement
   a. Include measurable policy goals in legislation and integrate tools to track implementation and outcomes into the policymaking process
   b. Increase the transparency and usefulness of evaluation findings, such as by posting all evaluation results on state agency websites

10. Strengthen clinical-community linkages and connections between sectors. For example, ensure that hospital emergency departments, law enforcement and community behavioral health providers work together to make sure that people in need of treatment do not fall through the cracks
11. Develop a coordinated, long-term approach to serve the needs of children exposed to Adverse Childhood Experiences (ACEs) as a result of the addiction crisis, including sustained investments in early childhood home visiting and education, parenting education, trauma-informed care and education, the child welfare system and other evidence-based interventions
12. Develop a comprehensive plan for addressing potential positive and negative consequences of medical marijuana legalization, including impact on pain management, employers, adolescents and motor vehicle safety

These opportunities for improvement emerged from analysis of strengths and gaps of Ohio’s addiction-related policy changes over the past five years. They are based on a review of research evidence and an inventory of Ohio programs and policies, along with feedback from a multi-sector Advisory Group.

Law enforcement, criminal justice and children services will be addressed in future phases of this project.

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