

Managing Members with OUD in Care Management

COORDINATED CARE OF WASHINGTON

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Agenda

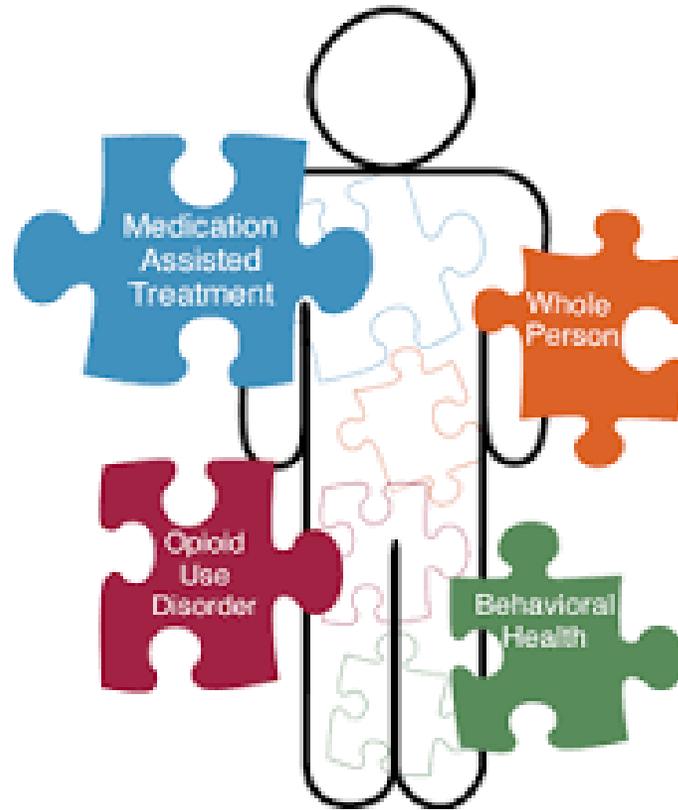
Defining the Problem

Population Specifics

Washington Resources

CCW Programs Overview

Future State



Defining the Problem

Over the last 10 years our nation has seen an unprecedented rise in opioid use.

NIDA reports that every day, more than 130 people in the United States die after overdosing on opioids.

In 2017, more than 47,000 Americans died as a result of an opioid overdose, including prescription opioids, heroin, and illicitly manufactured fentanyl.

An estimated 1.7 million people in the United States have a substance use disorder related to prescription opioid pain relievers.

Between 2011-2015, costs related to opioid use disorders have increased 1000-fold for insurers with payments in excess of \$446 million dollars in 2015.

What We Know About OUD

Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.

About 19 percent of deaths in the U.S. are due to causes directly related to OUD and overdose.

Increased risk of infection such as Hepatitis C and HIV.

Rising incidence of neonatal abstinence syndrome due to opioid use and misuse during pregnancy.

Increased likelihood of out of home placement within the family system because more children are being sent to foster care due to a parent's opioid misuse.

Strong relationship with childhood exposures to traumatic events.

Major factor of social determinants of health such as homelessness.

Learning Whole Person Care

GENERAL HEALTH RISKS

HIV

Hepatitis C Virus

Inflamed or collapsed veins

Skin infections and abscesses

Endocarditis

SOCIAL DETERMINANTS OF HEALTH

Age

Gender

Trauma

Economic opportunity

Family history

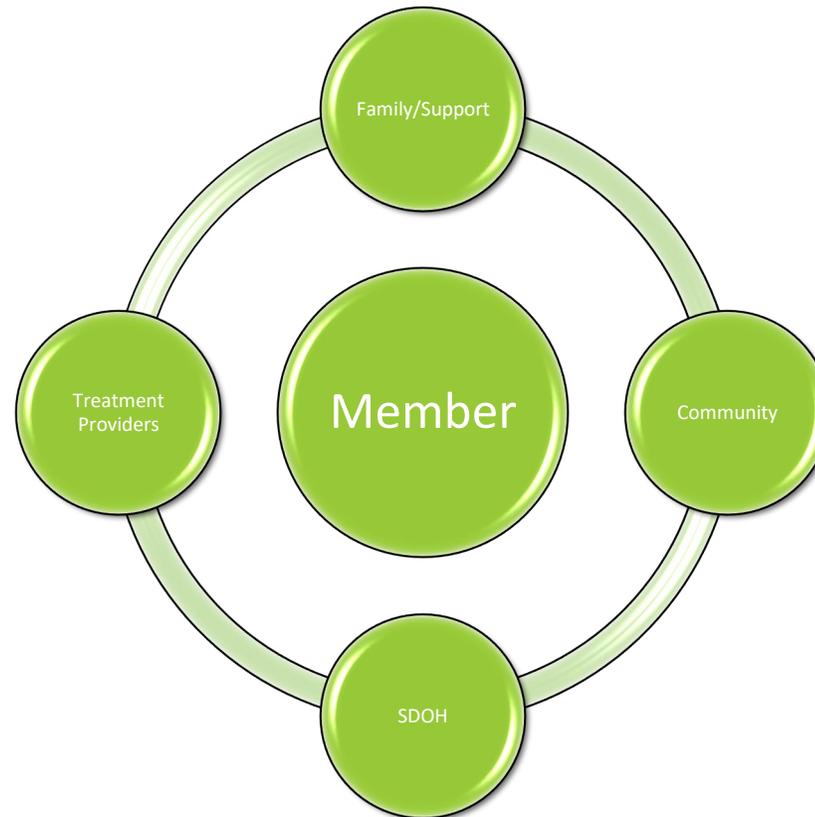
Mental Health conditions

CCW Programs Foundation

Trauma Informed

Member Driven

Harm Reduction



The Care Manager Relationship

Recognize opioid misuse in its early stages.

Help members navigate the complex treatment system.

Break from societal stigma by being a non-judgmental source of support.

Know how to reduce harm among people struggling with opioid use.

Allowing the member to decide to enter treatment at various stages in their substance use disorder.

Keep members safe even when they are actively engaging in risky behaviors.

Starting to Do Our Part

Addressing SDOH



Preventing
Overdose



Medication
Management



Healthy
Pregnancies

Reducing Risk of Infectious Disease

Programs

Washington Structure

One of the first states to develop provider guidelines for opioid prescribing.

Statewide Opioid Response Plan with a focus on prevention, treatment, intervention, and maximizing use of data.

Provide Naloxone to lay and professional first responders in high needs areas.

Creating regional Opioid Task Forces to develop recommendations for opioids and acute pain.

UW Telepain Program and Pharmacy Pain Hotline

Availability of safe injection sites and clean needle exchange programs.

Use of real time ED data via PreManage/EDIE.

PRC Washington State Lock-In Program.

Zero Overdose

Through real time ED notification data, members are identified who are most at risk for overdose due to both past and current diagnosis and behavior.

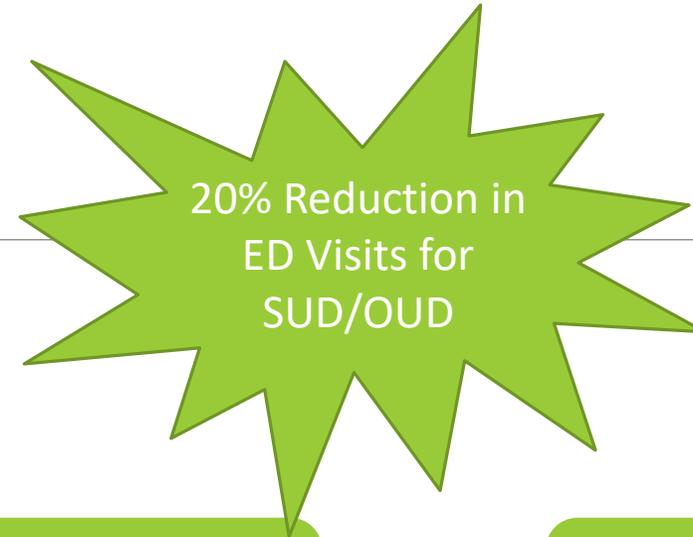
Members are engaged via our Integrated Care Management team and provided information on medication assisted treatment (MAT) and engaged in a harm reduction discussions and safety planning.

Members expressing interest in obtaining MAT services are assisted with finding and scheduling with local MAT providers via “Neighborhood Navigation”.

Partnering with King County LEAD Team for Jail Diversion and Public Health Education on Needle exchange, Drug use, and Harm Reduction.

MCIRT Team providing bridge MAT post release until appointment is secured.

Zero Overdose



Referral from
Real Time ED
Data Sources



Care
Management
Engagement



Path to
Treatment



Benzodiazepine & Opioid Prescription Overlap Management (BOOM)

Members with overlapping benzodiazepine and opioid prescriptions are identified and risk stratified through data and analytics processes.

- Added Gabapentin and Sedative Hypnotics.

The high risk members are contacted by our Integrated Care Management team and provided education on safe usage and risks of prescription overlap.

- Team is educated in Mental Health First Aid, Adverse Childhood Experiences, Addiction, Motivational Interviewing, and Harm Reduction Methods.

Prescribers are contacted for a peer to peer from our Pharmacy and Medical Affairs team for education on best practices and collaborative consultations to improve clinical care.

- Referred to PAL line.

BOOM

50K Total Cost
Difference in
Members with no
CM Intervention

Data analytics
medical/BH claims and
pharmacy data
identifying Rx Overlap

Care Management
Engagement and
Education via SAMHSA
Curriculum

Pharmacy Outreach to
Prescribers and
assistance via PAL Line
Consult

Healthy Beginnings

Through analytics and notification of pregnancy, pregnant members are identified who are at risk for substance misuse during their pregnancy.

- Medication report with prenatal vitamins and opioid analgesics.

The members are engaged in Integrated Care Management and are linked with medication assisted treatment and ongoing support with Community Health Workers.

Direct referral pipeline to OB that is MAT Waivered.

- We are in current efforts to incentivize providers, especially OB's to receive training and waiver for MAT.

Program is throughout pregnancy and post delivery leading to reduction in NICU births/NAS babies, reducing risk/likelihood of OD post delivery, and reducing ED visits for OUD related complications.

Triumph Treatment Program for Pregnant and Parenting Women

- Commitment to stop family separation.

Future Outcomes

Improve Births NICU utilization and NAS incidence in individuals.

Lower average length of stay (ALOS) among members who received the intervention.

Reduce risk and prevalence of overdose post delivery and within the OUD population.

Lowering risk of infectious disease such as HIV and Hepatitis C.

Reducing the effects of housing instability and food insecurity.

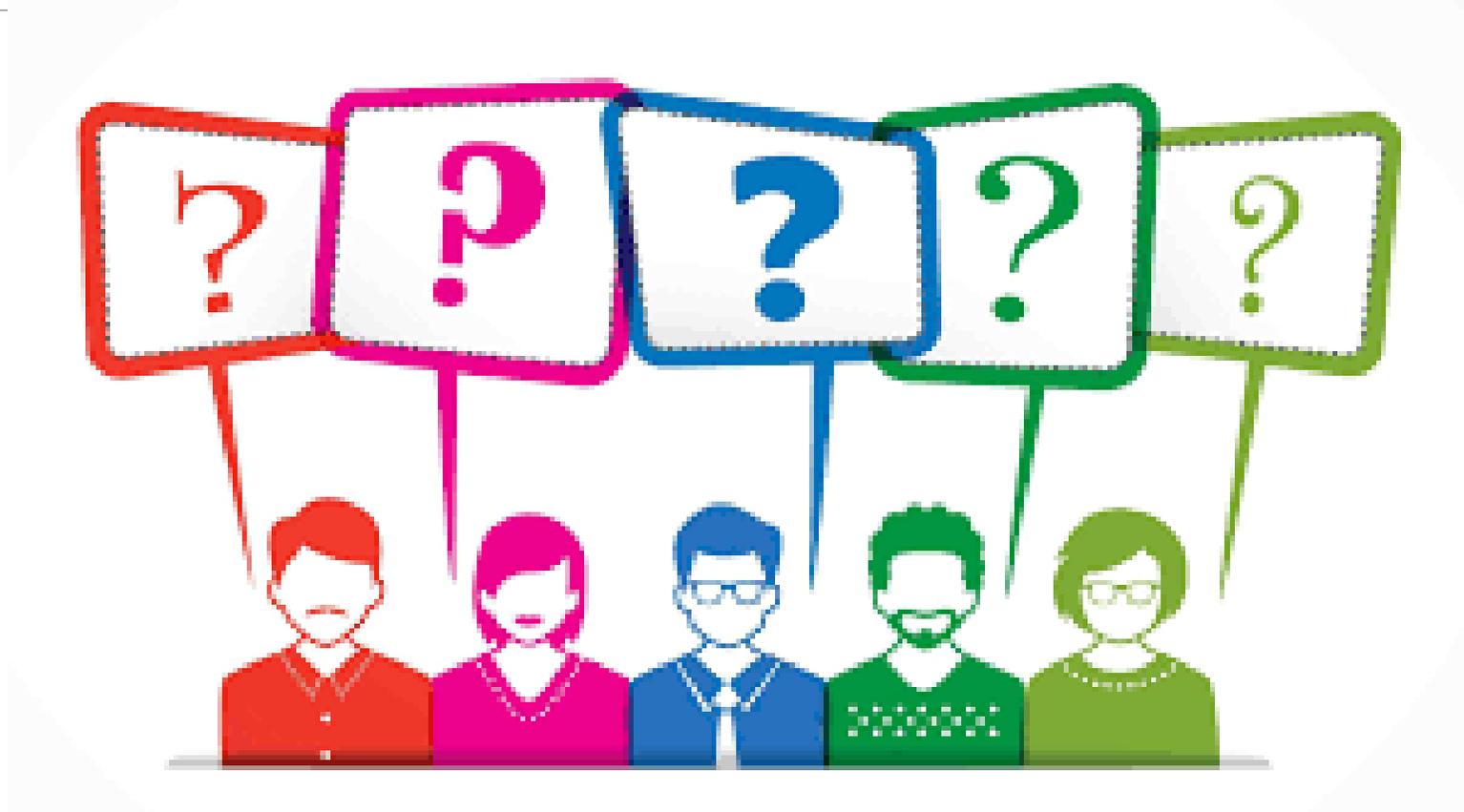
Peer workforce opportunity.

Keeping families together and reducing the risk of foster care engagement.



1. **Primary** Prevention: Prevent new cases of opioid dependence through education, outreach, community prevention programs, etc.
2. **Secondary** Prevention: Provide interventions and ready access to treatment via direct referral pipelines.
3. **Tertiary** Prevention: Intervene at the community level to provide voice and advocacy as well as engaging in relapse prevention to keep individuals from returning to use.

Questions?



References

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MIDD Committee Notes

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