



The power
of community

Opioid Crisis from the MCO Perspective

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Community Health Plan of Washington's Opioid Strategy

- Comprehensive strategy built around the Washington State Opioid Response Plan's four priority goals:
 - Preventing opioid misuse and abuse
 - Linking individuals with OUD to treatment support Services
 - Preventing deaths from overdose
 - Using data and information
- Crafted intentionally to support, not duplicate, the work of ACHs and providers
- Rolling out and refining the strategy over time



Providers

- Implementation of HCA Opioid Policy Guidelines: for consistency statewide
 - Including limitations on opioid prescribing for acute pain and required attestation for chronic use (42 out of 90 days)
- Roundtables – provide support and sharing of best practices
 - Medical Director Roundtable
 - Quality Roundtable
 - Current and future topics include: chronic pain management, screening and referral, SBIRT, treatment program development
- MAVEN Project – Connects providers in rural and underserved communities to medical expertise, education, and mentorship
 - Curbside consults with retired specialists
- Working with providers to increase treatment capacity and reduce stigma
- Researching additional support for providers (educational and best practices)
- No restriction or prior authorization on naloxone (nasal)
- **Provider Resource Note:** The UW TelePain and UW Psychiatry and Addictions Case Conference (PACC) programs are excellent resources for direct consultation with specialists on a regular basis.



Members

- Patient Review and Coordination Program (PRC) (*WAC 182-501-0135*)
 - Identifies members with multiple prescribers/pharmacies, ED visits, suicide attempts or overdoses, combined opioids/benzos, high doses
 - Helps members use their medical services safely and appropriately by identifying members at risk for overuse or overdose
 - Coordinates between different providers and pharmacies
 - Restricts members to one provider and one pharmacy for controlled substances
 - Individuals in PRC are enrolled in Case Management which includes interdisciplinary team engagement
 - Facilitates communication between providers
 - Problem solving for members
 - Link patients with treatment (members have to consent for Case Management before they can be helped)
 - Members in PRC have direct access to support at CHPW
 - Phone number connects directly with behavioral health pharmacist at CHPW



Members

- Connections to community peer support and other services through our Wellness and Recovery Coordinator, and Care Coordination and Community Linkages team
- High-risk OB program
- Acupuncture as an option for treating chronic pain and opioid use disorder (Live statewide on August 1, 2019)
- Collaborative Care
 - CHPW has participated in multiple chronic pain pilots using Collaborative Care
 - CHPW developed the Mental Health Integration Program (MHIP), which has been providing Collaborative Care to our members through our CHC network for over 10 years, including individuals with chronic pain
- Helping members locate treatment



What's next

- Supporting community prevention activities
- Ensuring ease of access to naloxone in rural community pharmacies
- Developing Value-Based Payment models to support opioid treatment
- Increasing access to peer support and recovery coaches
- Working with communities to ensure low-barrier access to treatment (same-day when possible)
- Continued implementation of changes that come from the HCA Opioid program including daily morphine equivalent dosing limitations and requirements (in development)

