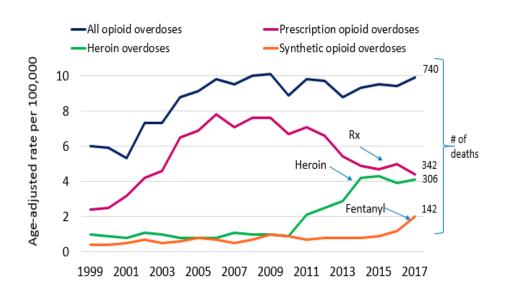


A look at the opioid epidemic in North Central Washington

Charissa Fotinos, MD, MSc Deputy Chief Medical Officer Clinical Quality and Care Transformation March 15, 2019



Opioid-Related Overdose Deaths 2000–2017*



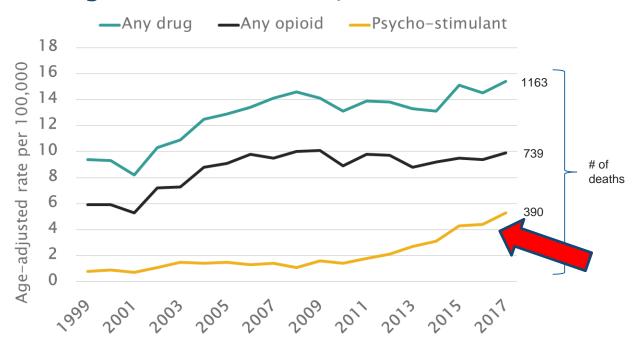
- Earlier this year we saw an overall decline - but now we are experiencing an increase driven by synthetic opioids/ Fentanyl - much of it is probably illicit/ counterfeit.
- Good news: We are experiencing a nearly 50%, now sustained, decline in Rx use.

Source: DOH Death Certificates (Note: prescription opioid overdoses exclude synthetic opioid overdoses) *Data for 2017 are preliminary as of 8/23/2018.





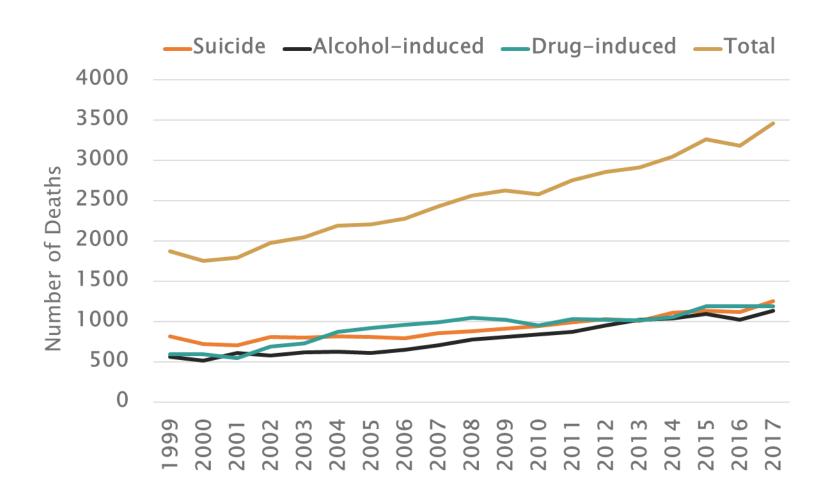
<u>Drug Overdose</u> Deaths, WA 2000–2017



Source: DOH Death Certificates

Note: prescription opioid overdoses exclude synthetic opioid overdoses

'Deaths of Despair' in Washington



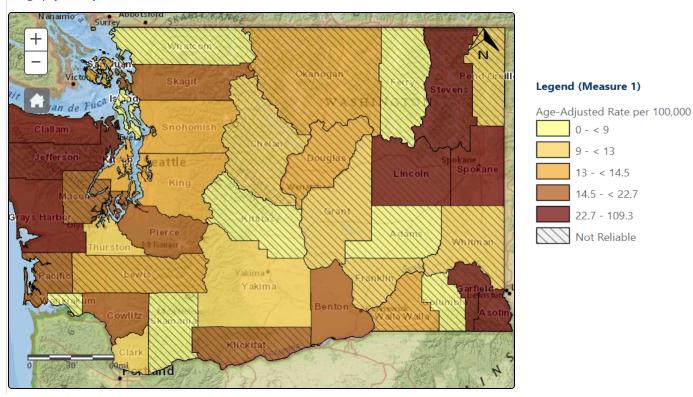
Source: DOH Death Certificates

^{*} Data for 2017 are preliminary as of 5/8/2018.



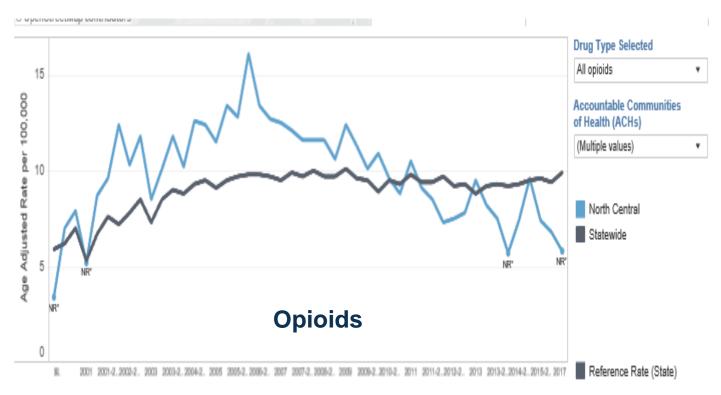
Washington Fatal Overdose Rates 2016

Geography: County, Time Period: 2016





North Central Drug Overdose Rates





NR* = Not Reliable due to RSE.>25. For definitions of the drug type, please see the Technical Notes on the landing page: https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/OpioidDashboards





Opioid-Related Disease Burden in Washington

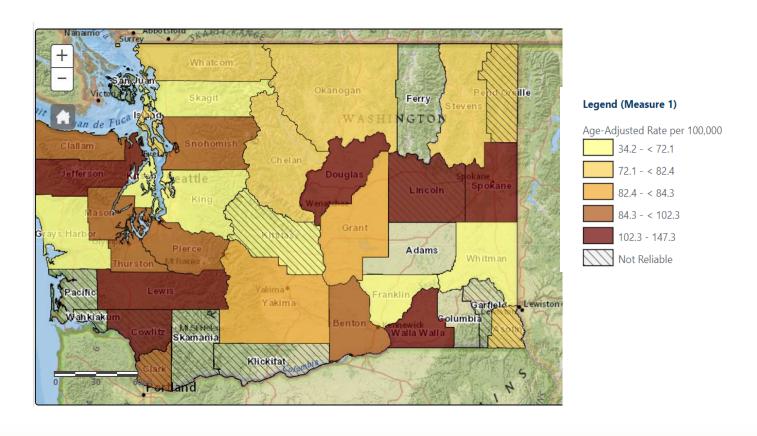


- 1. Opioids involved in an overdose death listed as underlying cause of death. Washington preliminary death certificate data, 2017.
- 2. Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS), 2017.
- 3. Treatment and Assessment Report Generation Tool, 2015.
- 4. National Survey on Drug Use and Health, 2015-2016.





Washington Hospitalizations for Overdose 2016

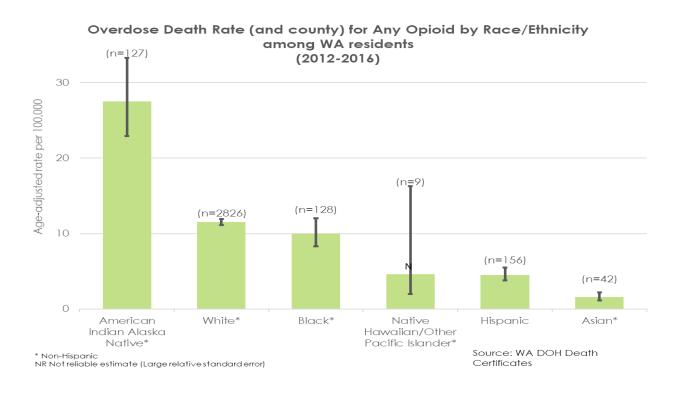




Disparities Exist



Significant disparities exist





The Road Map

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Executive Order: Strong State Opioid Response Plan – Plan Just Updated

Priority Goals

Goal 1:
Prevent opioid
misuse & abuse

Goal 2: Treat opioid use disorder Goal 3: Reduce morbidity & mortality Goal 4: Use data to monitor & evaluate









Prevent misuse in youth & improve prescribing practices

Expand access to treatment

Distribute naloxone to heroin users

Optimize and expand data sources

Priority Actions

Source:

https://www.doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/OpioidMisuseandOverdosePrevention

Gaps:

- 1. Prevention
 - Schools
 - Public Health
- 2. Treatment
 - Pregnant and parenting women
 - Criminal justice involved
 - Community behavioral health system
- 3. Recovery supports





Prevention

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North Central Regional Resources

- Community Prevention and Wellness Initiative (CPWI):
 - Grant County: Quincy CPWI Coalition
 - Each CPWI site has a Student Assistance Professional (SAP) funded at the local school district to provide prevention/intervention services for students.
- Community-based Organization Prevention grantees:
 - Chelan-Douglas Together For Youth
- Prescription Monitoring Program
 - 2 page reports of opioids prescribed in the school district
 - 5 in North Central
- Starts with One Campaign
- Prescriber Supports
- Parent Child Assistance Case Management Program in Chelan



Prescribing

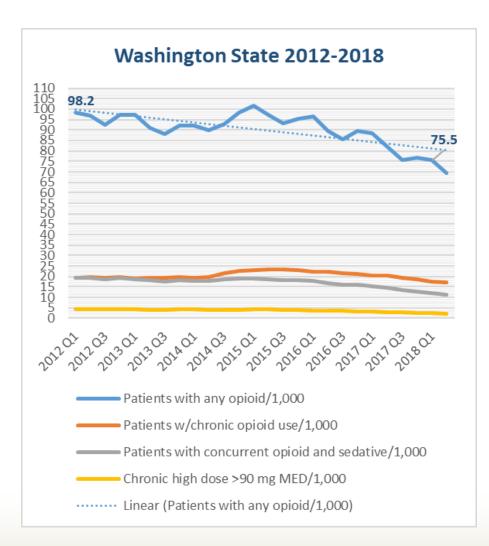


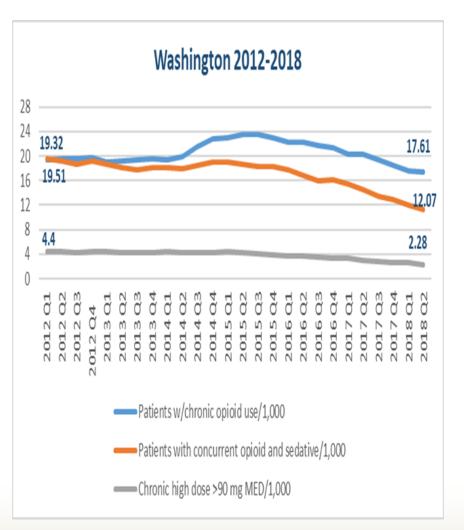
Prescribing interventions

- Improved access to the PMP
- Prescription limits for new opioid prescriptions
- 1427 prescribing rules
 - Acute pain limits, PMP use, feedback, consultation threshold, pilot notification via EDIE of an overdose
- Provider feedback reports
 - HCA, WSMA, DOH
- Prescribing guidelines
 - CDC, BREE, AMDG
- Educational conferences
 - Dental providers



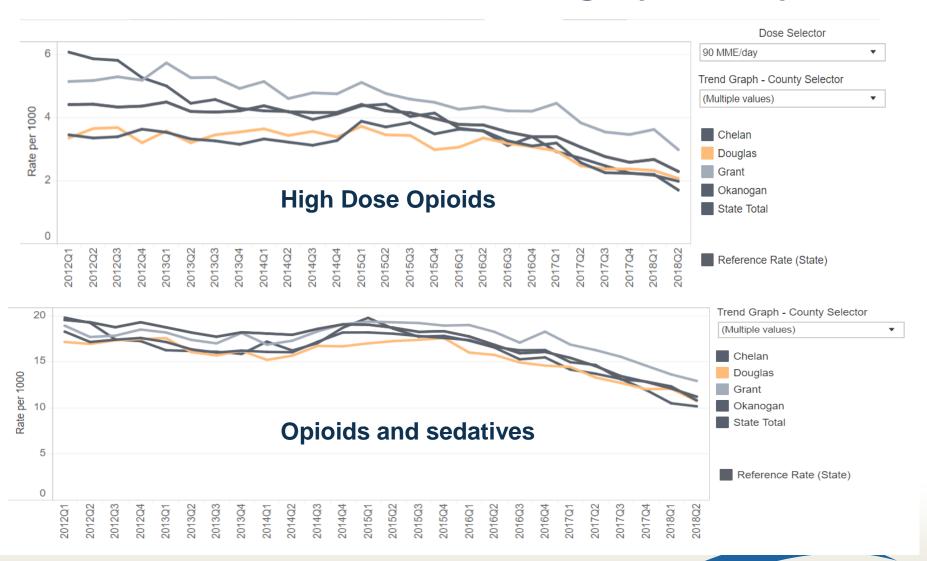
Prescribing Trends





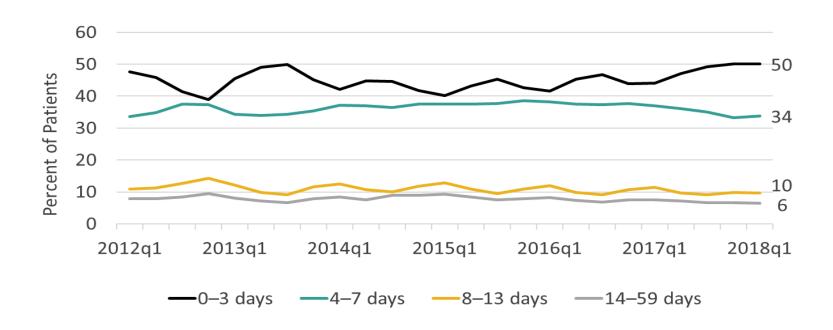


North Central Prescribing by County





Days' Supply of New Opioid Prescriptions



Source: Prescription Monitoring Program

(https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization

Note: A patient with a new opioid prescription is a person who filled an opioid prescription in the current quarter but not in the previous quarter. Days supply refers to the estimated number of days the prescription will last. All authorized refills are included in the days' supply, even if they were not filled because they reflect the prescriber's prescribing. Opioid prescriptions prescribed for more than 59 days' supply are excluded.



Adding Capacity for Treatment



State Targeted Response to the Opioid Crisis

\$11,790,256 per year for 2 years, 2017-2019 (\$23,580,512 total)

Prevention

- Prescriber/provider education
- 2. University of Washington TelePain
- 3. Public education campaign
- 4. Safe storage curricula & training
- 5. Prevention workforce enhancements
- 6. Community Prevention and Wellness Initiative (CPWI) expansion
- 7. Analysis of evidence-based practices
- 8. Community enhancement grants

Treatment

- 1. Hub & Spoke
- 2. Mobile OTP van
- 3. Low-barrier buprenorphine pilot
- 4. PathFinder peer project
- 5. Tribal treatment
- 6. Treatment payment assistance
- 7. DOC treatment decision re-entry services & COORP
- 8. Bridge to Recovery (JRA)
- 9. Naloxone distribution
- 10. Prescription Monitoring Program



2018 State Budget Opioid Investments

- Over \$10 Million dedicated to implementing State Opioid Response Plan
- State funds
 - Scales Hub and spoke opioid treatment networks statewide
 - Expands Parent child assistance program (PCAP)
 - MAT prescriber rate increase
 - Substance use disorder peer recovery supports
- Directs use of federal substance abuse block grant
 - Community prevention and wellness communities
 - Drug take-back strategies
 - Naloxone
 - MAT provider directory and public education campaign
 - Tribal prevention, treatment, Naloxone



State Opioid Response Grant

• Up to \$21,260,403 per year for 2 years (\$45,520,806 total)

Prevention

CPWI expansion

Community enhancement grants

Prescriber education trainings

Opioid summit

Starts with One

Naloxone distribution program



Opiate Treatment Network (OTN)

OTN TA/Training

MAT treatment assistance

Tobacco cessation and cross-addiction training

Tribal prevention and treatment grants to 14 tribes

TDM and COORP



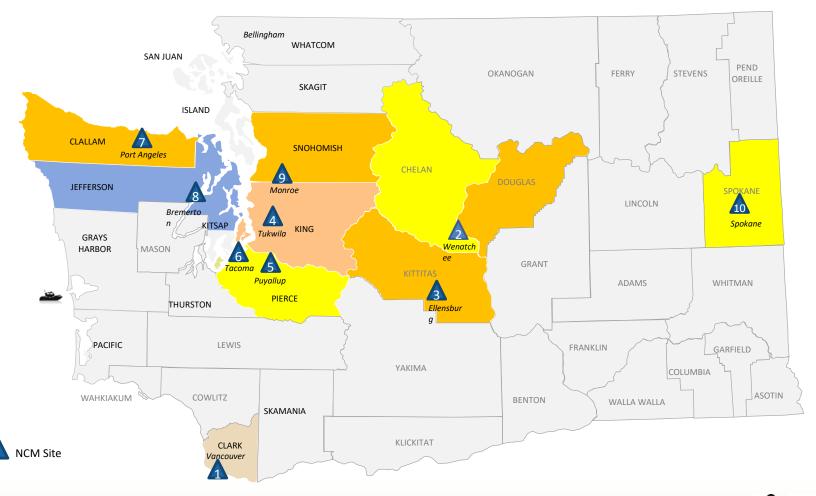
OUD and MAT training to community recovery support services

Client-directed recovery support services

Peer recovery support staff



WA Nurse Care Manager Sites



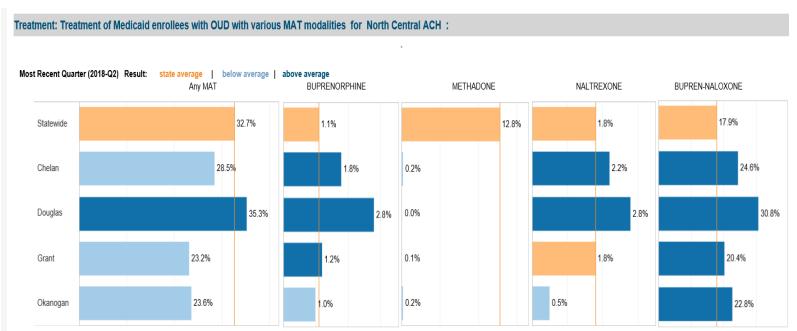


Medication Treatment

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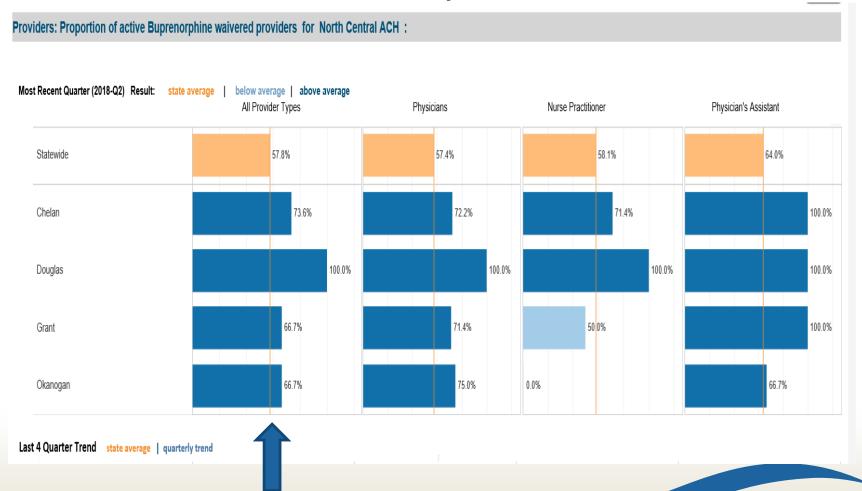
People receiving medication for opioid use disorder







Number of providers actively treating people with medications for opioid use disorder





Supporting treatment continuation

Treatment: Continuation of Buprenorphine therapy for OUD (90 days) for North Central ACH: Most Recent Quarter (2018-Q2) Result: state average | below average | above average Statewide 72.1% 82.3% Chelan Douglas 68.8% 59.9% Grant Okanogan 69.8% Last 4 Quarter Trend state average | quarterly trend Treatment: Continuation of Buprenorphine therapy for OUD (180 Days) for North Central ACH: Most Recent Quarter (2018-Q2) Result: state average | below average | above average Statewide Chelan 63.7% Douglas Grant 46.0% Okanogan 52.1% Last 4 Quarter Trend state average | quarterly trend



Summary

- Rates of drug and opioid overdose death rates in North Central mostly match those of the state
- Some community resources are available to support prevention
- Providers have done an excellent job reducing the number of opioids prescribed and getting their waivers to prescribe medication treatment
- It will be important to figure out how best to support medication maintenance and recovery in people with opioid use disorder



Questions?