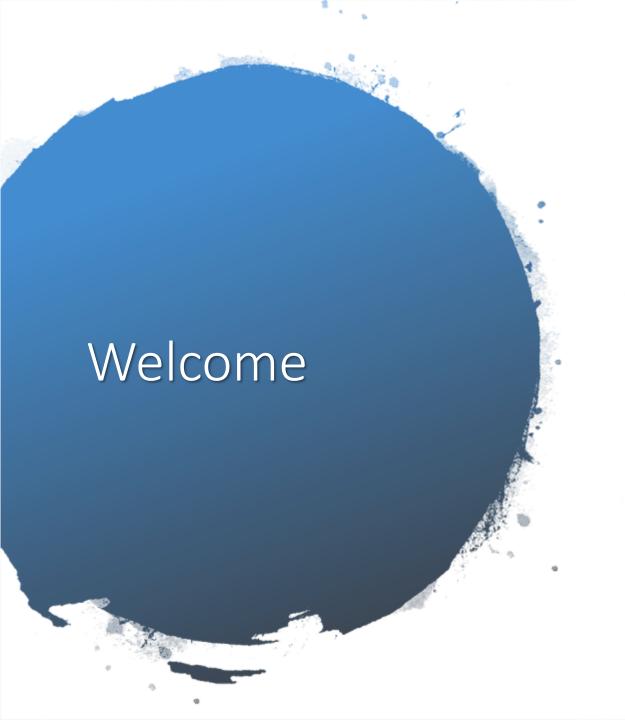


2nd Annual 3 County Coordinated Opioid Response Summit

October 17, 2018







Welcome and Introductions

Thank you to our sponsors









Why are we here today?







Three-County Opioid Response Plan – Planning Phase

Planning Phase (Mid-September 2016 – January 31, 2017)

- Assessment into the scope of the problem and inventory of solutions already underway
- Identify and engage with Tribes and stakeholders *
- Form a project steering committee
- Select 3-5 measures to gauge success
- Hold a three-county Opioid Summit January 30, 2017

^{*} payers · mental health providers · substance use treatment providers · public health officers · local health jurisdictions · primary care providers · hospitals · emergency departments · dental providers · FQHCs · first responders · consumers · courts · elected officials



The Steering Committee









2018 Washington State Interagency Opioid Working Plan





Regional Opioid Response Plan

Priority Goals GOAL 1: GOAL 2: GOAL 3: Prevent deaths from overdose. Prevent opioid misuse and abuse. Treat opioid dependence. Distribute naloxone to people who Improve prescribing practices. Expand access to treatment. use heroin. **Priority Actions**



Goal One: Prevent Opioid Misuse and Abuse

- Strategy 1: Promote best practices for prescribing
- Strategy 2: Raise awareness of risks including overdose; reduce stigma
- **Strategy 3**: Prevent opioid misuse in communities, particularly with youth
- Strategy 4: Promote safe storage and disposal of prescription medicine

Goal Two: Expand Access to OUD Treatment

- Strategy 1: Expand capacity of health providers to recognize signs of opioid misuse
- Strategy 2: Increase access to and utilization of best practices OUD treatment in communities
- **Strategy 3**: Increase access to and utilization of best practices OUD treatment in the criminal justice system
- **Strategy 4**: Increase capacity of syringe exchange programs and criminal justice to provide overdose prevention training including naloxone and to engage clients in supportive services

Goal Three: Prevent Deaths from Overdose

- Strategy 1: Educate community to know how to recognize and respond appropriately to an overdose
- **Strategy 2**: Increase availability of overdose reversal medication naloxone







3CCORP Prevention of Opioid Misuse and Abuse Workgroup

Prevention Workgroup Members

- Substance Use Disorder treatment providers: Olympic Medical Center, private practice, Klallam Counseling, Cedar Grove Counseling, Suquamish Tribe, Port Gamble S'Klallam Tribe, Discovery Behavioral Health
- MAT Providers: Pacific Northwest Family Medicine Residency/Harrison Health Partners, Peninsula Community Health Services, North Olympic Healthcare Network, Coordinated Care
- Dentist: Peninsula Community Health Services
- Police Chiefs: Port Angeles, Suquamish
- Olympic Educational Service District 114
- Hospitals: Olympic Medical Center
- Syringe exchange: Kitsap Public Health
- Washington State Department of Health
- Medicaid Managed Care organizations: Amerigroup, Molina
- Public Health Officers: Clallam, Jefferson and Kitsap



Prevention Workgroup Goals

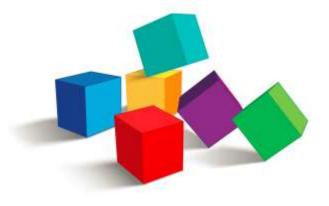
- Increase safe storage and disposal of opioid medications
- Increase number of providers accessing and using the Prescription Drug Monitoring Program
- Increase the number of providers educated on and using best practice guidelines for treatment of chronic non-cancer pain
 - Decrease number of patients on high-dose chronic opioid therapy
 - Decrease the number of patients on concurrent sedative prescriptions







6 Building Blocks Team



The Six Building Blocks

A Team-Based Approach to Improving Opioid Management in Primary Care

A Partnership with the Olympic Community of Health

Michael Parchman, MD, MPH

Senior Investigator, Kaiser Permanente Washington Health Research Institute

Laura-Mae Baldwin, MD, MPH

University of Washington Department of Family Medicine

Brooke Ike, MPH

University of Washington Department of Family Medicine

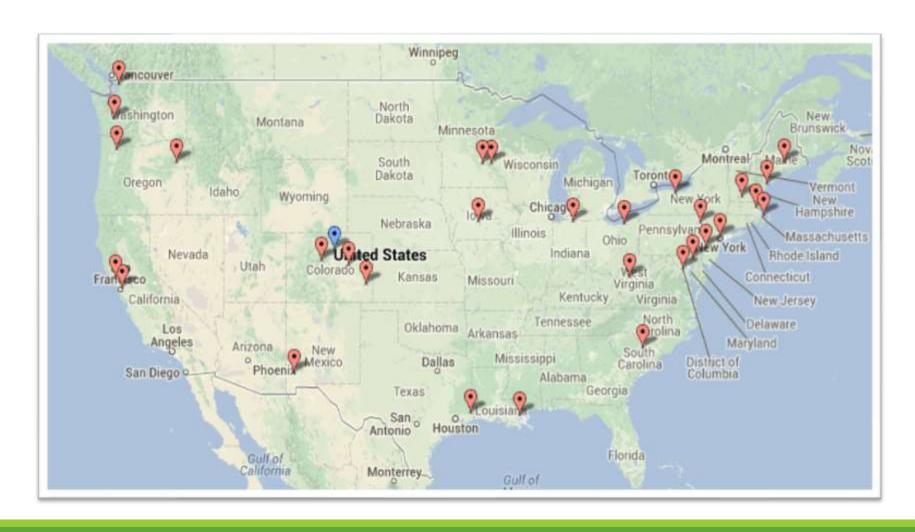


What is the Six Building Blocks Program?

An approach that meets health organizations where they are, and guides them in making systems-based improvements to their care for patients using long term opioid therapy.



Where did the Six Building Blocks Program come from?





Learnings from the "LEAP" practices were organized into the Six Building Blocks Program and published in the Journal of American Board Family Medicine in February 2017





The Six Building Blocks



Leadership and consensus

Demonstrate leadership support and build organization-wide consensus to prioritize more selective and cautious opioid prescribing.



Policies, patient agreements, and workflows

Revise, align, and implement clinic policies, patient agreements, and workflows for health care team members to improve opioid prescribing and care of chronic pain patients.



Tracking and monitoring patient care

Implement pro-active population management before, during, and between clinic visits of all patients on chronic opioid therapy.



The Six Building Blocks



Planned, patient-centered visits

Prepare and plan for the clinic visits of all patients on chronic opioid therapy. Support patientcentered, empathic communication for care of patients on chronic opioid therapy.



Caring for complex patients

Develop policies and resources to ensure that patients who develop opioid use disorder and/or who need mental/behavioral health resources are identified and provided with appropriate care, either in the care setting or by outside referral.



Measuring success

Continuously monitor progress and improve with experience.



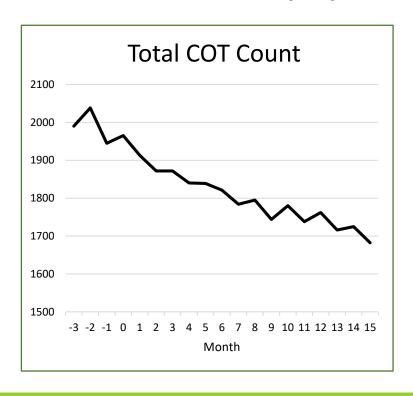
What the Six Building Blocks team offers

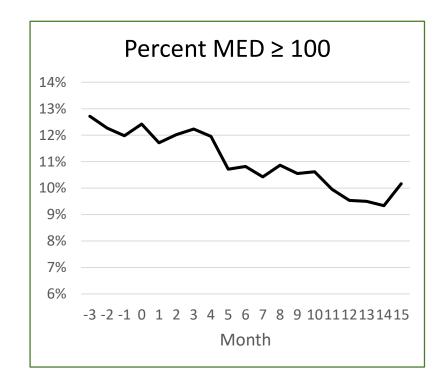
- □An in-person kickoff event with your clinic
- Ongoing guidance from a practice facilitator to develop and implement action plans
- Monthly Shared Learning Calls
- □ Connection to clinical education resources
- ☐ Provision of Six Building Block resources, such as:
 - ✓ Model policy
 - ✓ Model patient agreement
 - ✓ Patient education materials
 - ✓ Strategies for tracking and monitoring
 - ✓ A guide for having difficult conversations



Outcomes of the Six Building Blocks Program

Decreases in the number of patients using chronic opioid therapy and the proportion on high dose opioids







What one clinician said about how he felt after implementing the Six Building Blocks project:

"Having a defined care pathway for an emotionally charged and complex area of care - to walk in with a plan. It's like walking into the ER and someone having a cardiac arrest. Not the most stressful thing I do because we have a clear plan. Now I have the same kind of pathway for opioids. Having what we are going to do defined."



What others said about clinic life after implementing the Six Building Blocks:

"Everybody that works in this clinic says to me, 'do you remember how much turmoil there was around it? Wow, we don't have any of that anymore."

Medical Director

"Hopefully there's no going back. It works. I don't think any one of us wants to go back."

Medical Assistant

"The teamwork, there's been a lot of teamwork regarding it. I wouldn't say that was a surprise, but it's been nice."

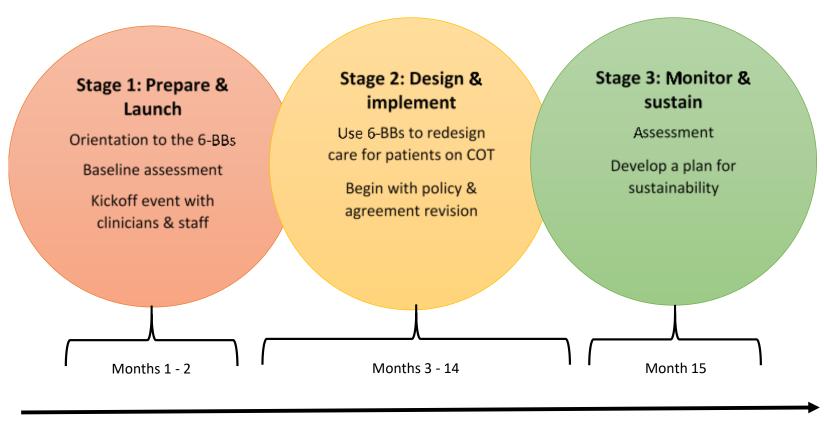
Nurse

"I saw one of the high MED patients that I inherited... we got him down to 80... just for him to say, 'You know, I'm more functional — my pain is not different, might be better."

Physician



Stages of the 15-month Six Building Blocks Implementation





To learn more, contact us!

Michael L. Parchman, MD, MPH

Phone: 206-287-2704 E-mail: parchman.m@ghc.org

Laura-Mae Baldwin, MD, MPH

Phone: 206-685-4799 E-mail: lmb@uw.edu

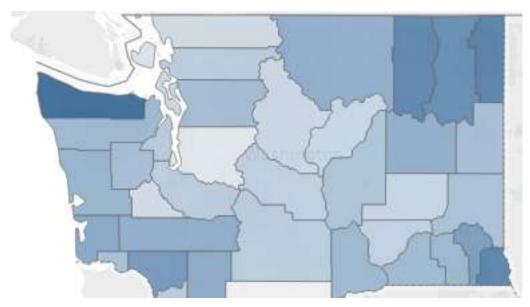
Brooke Ike, MPH

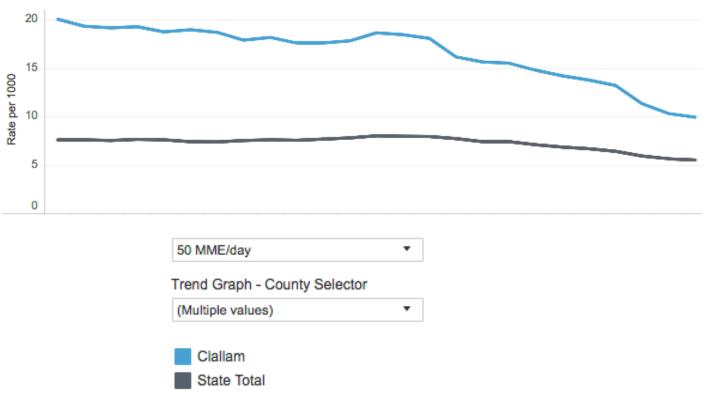
Phone: 206-685-1052 E-mail: bike2@uw.edu



Clallam County

Chronic Opiate Prescribing 2012 - 2018

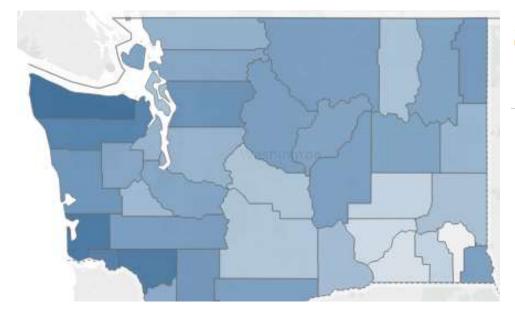


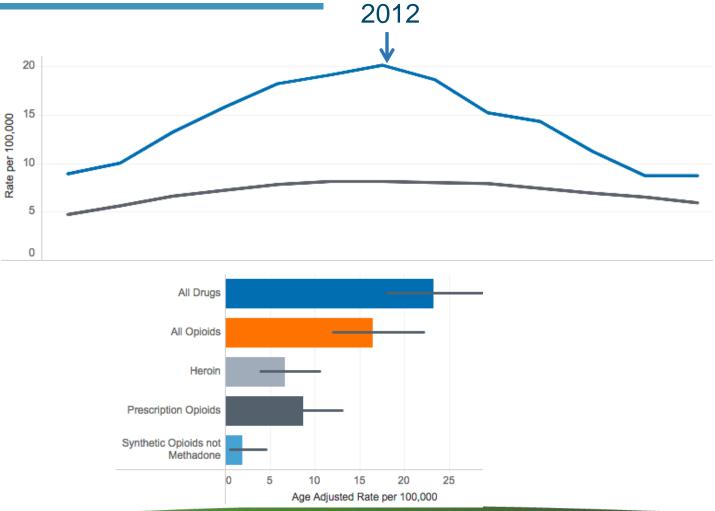




Clallam County

Opiate Overdoses 2012 - 2018







Prevention Workgroup Next Steps





Washington State Department of Social and Health Service

STARTS WITH ONE.







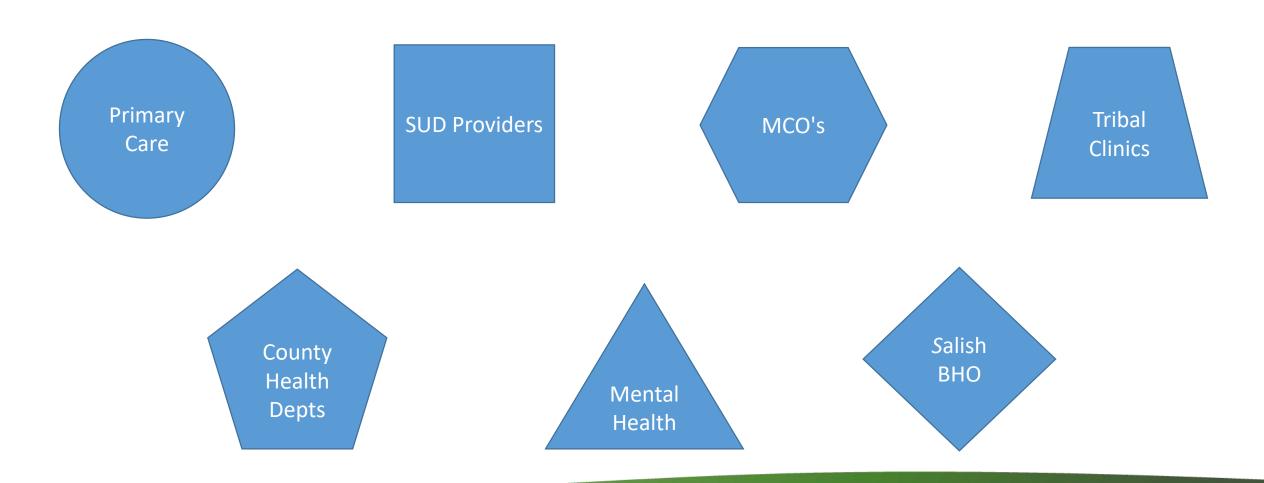


Formed in May 2017

 GOAL: Expand access to treatment for opioid use disorder including treatment support services.











Accomplishments

- Recognized that abstinence only treatment is only one of many treatment tools and is not best practice for OUD
- Supported expansion of Medication Assisted Treatment across the region to promote best practice
- Created alignment between MAT prescribers and treatment providers
- Provided the infrastructure for treatment coordination meetings to ensure the best care is delivered
- Crafted a survey for SUD providers to better understand what is available in our region



Impacts on the Treatment System

- Reduced wait time to receive Medication Assisted Treatment
- Prescribers and Treatment Providers sharing information to coordinate care is seen as Standard of Care.
- Prescribers no longer believe misleading statements about not having access to outpatient SUD treatment
- More individuals are accessing MAT services than ever before



Olympic Digital HIT Commons THE COMMONS

Kate Weller MD, North Olympic Healthcare NetworkRick Hahn, North Olympic Healthcare NetworkKristina Bullington, Olympic Personal GrowthElya Prystowsky, Olympic Community of Health



DRAFT

The struggle

Today, health and social service providers in the community work on **CARE ISLANDS** - - while they appear close in proximity, communication and reporting barriers make it difficult for providers to track and coordinate care as an integrated team.

Communities with fragmented systems of care struggle to deliver whole-person care and produce relatively low achievement in population health and well-being.





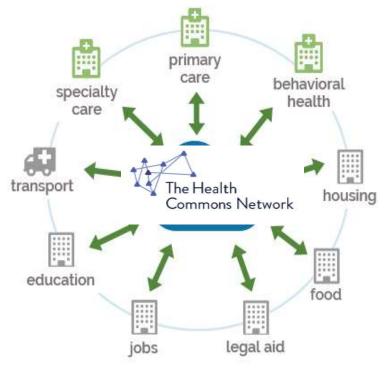
What is the Commons?

A communication network that digitally connects health and social service agencies in a community:

- 1. Providers can share the information needed to coordinate and track can as an integrated team
- 2. Organizations can disseminate strategies, workflows, and best practices that improve population health and well-being.
- 3. Health and social service providers work together to ensure there is "No Wrong Door" for people to access the care and services they need.

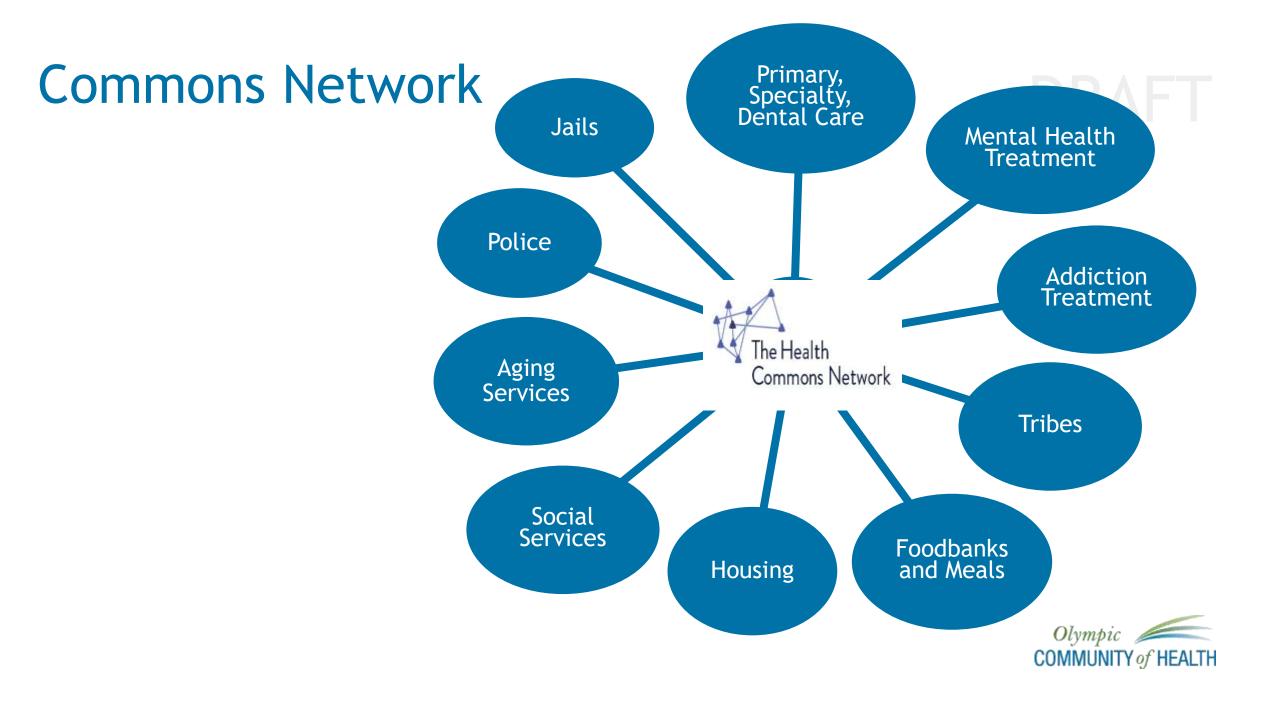


Before the Commons Network



After the Commons Network





NOHN and OPG Story

Our perspective
Our experience



Commons Sustainability

- Public-private partnerships
- Public utility model
- Efficiencies as other join the Commons Network



http://healthcommonsproject.org/



Introducing the Health Commons Project

Situation

Today, health and social service providers in the community work on "care islands" – - while they appear close in proximity, communication and reporting barriers make it difficult for providers to track and coordinate care as an

To improve population health and well-being, communities are breaking down care sitos to create connected and sustainable systems for delivery of wholeperson care – – systems where providers work together to direct their

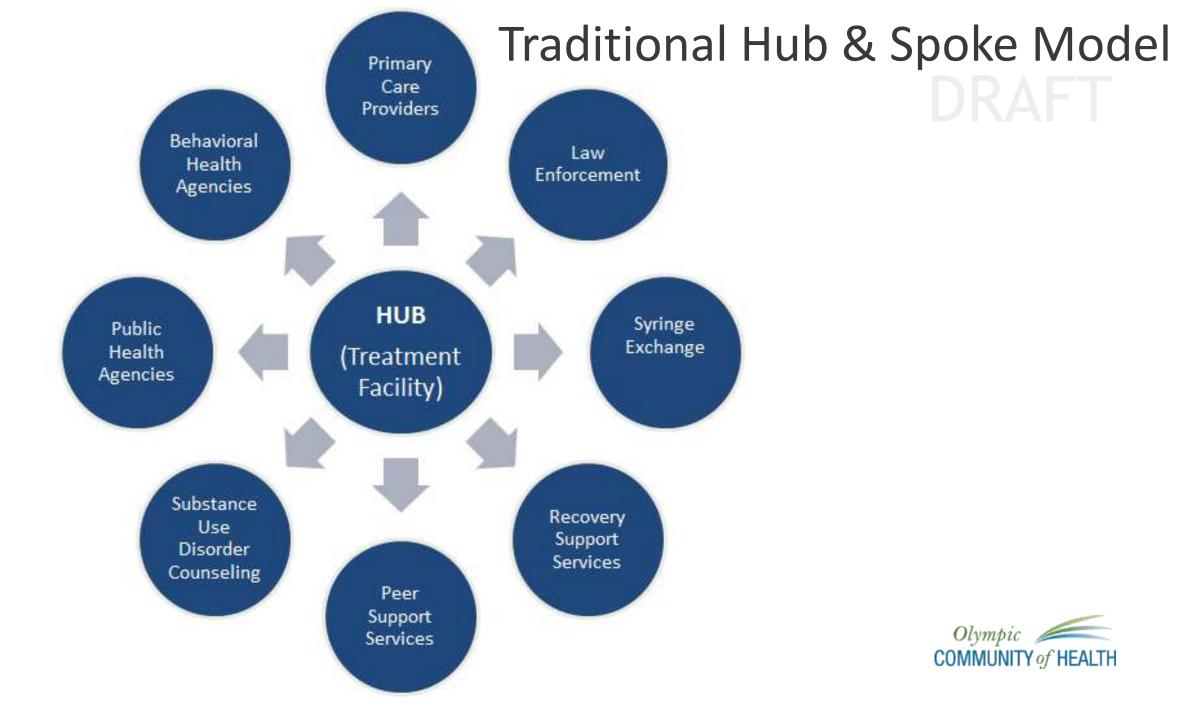


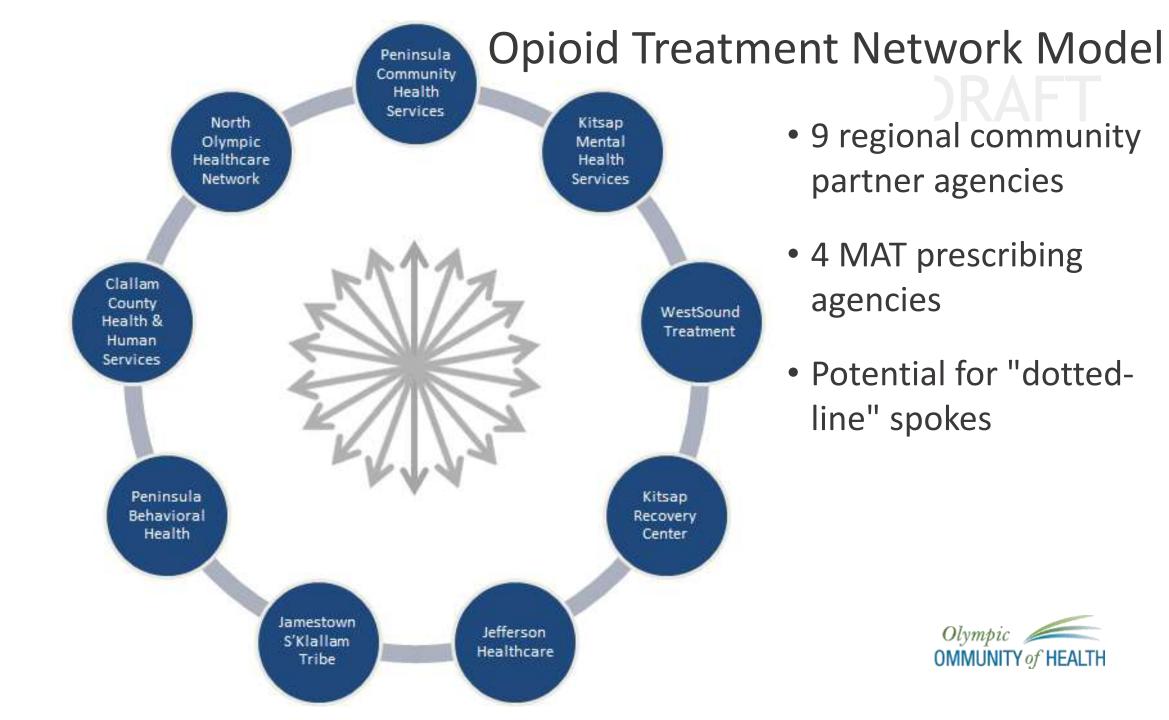
Opioid Treatment Network

WA State Hub and Spoke Project

- Projects funded by the Substance Abuse Mental Health Services Administration (SAMHSA)
- "Connects a network of community providers around a central hub"
- Expand access to Medication Assisted Treatment
- Funds Nurse Care Managers and Care Navigators to support patient care









CLINIC	LOCATION
Peninsula Community Health Services (PCHS) 6 th Street Bremerton Medical Clinic (1)	Bremerton
PCHS Port Orchard Medical Clinic (1a)	Port Orchard
PCHS Poulsbo Medical Clinic (1b)	Poulsbo
PCHS Wheaton Medical Clinic (1c)	Bremerton
PCHS Almira Medical Clinic (1d)	Bremerton
PCHS Kingston Medical Clinic (1e)	Kingston
PCHS Belfair Medical Clinic (1f)	Belfair
North Olympic Healthcare Network (2)	Port Angeles
Discovery Behavioral Health Network (3)	Port Townsend
Kitsap Mental Health (4)	Bremerton
Kitsap Recovery Center (5)	Port Orchard
Clallam County Syringe Exchange (6)	Port Angeles
Peninsula Behavioral Health (PBH) Port Angeles (7a)	Port Angeles
PBH Sequim (7b)	Sequim
Jamestown Family Health (8)	Sequim

DATA SOURCE: Division of Behavioral Health and Recovery.

NOTES: STR Spokes may be behavioral health providers, primary care providers, referral only agencies, or provide other wrap around services. Hub and Spoke numbers correspond to contact information on next slide.



Hub and Spokes

Department of Social & Health Services

Transforming lives

Peninsula Community Health Services

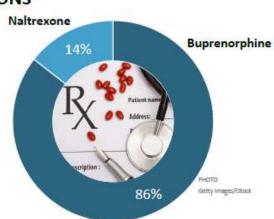
STR Monthly Summary Report

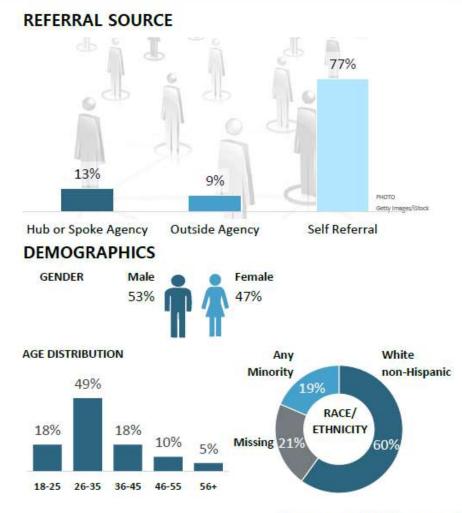
Total Treatment Events 584
Unduplicated Patients 582













Opioid Treatment Network

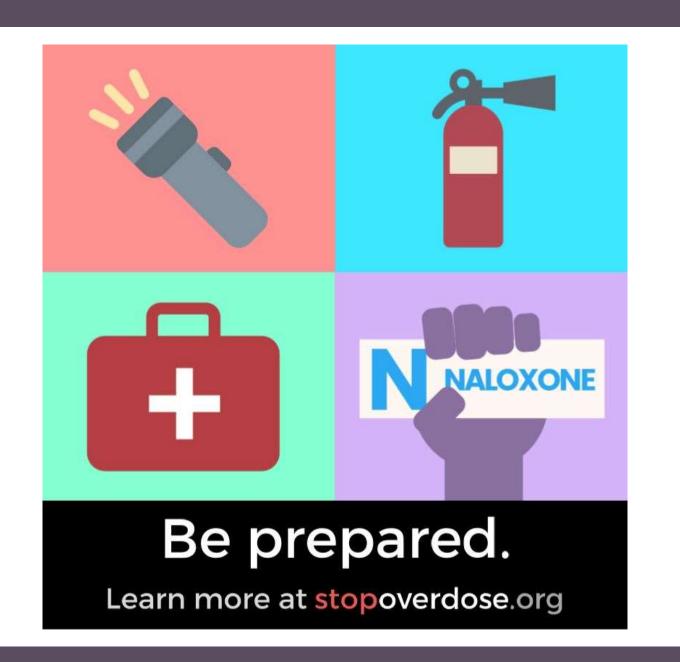
- Expand regional MAT access
- Lower barriers to MAT treatment, counseling, and recovery support services
- Share clinical and technical support
- Discuss MAT treatment and referral workflows







Prevention of Opioid Overdose Workgroup





Overdose Detection Mapping Application Program (ODMAP)

WASHINGTON/BALTIMORE HIDTA

ODMAP Concept

- ODMAP provides real-time overdose surveillance across jurisdictions to support public safety and public health efforts to mobilize immediate responses to overdose spikes.
- It links first responders on scene to a mapping tool to track overdose spikes as they happen for response and strategic analysis.
- It is designed to show spikes across multiple jurisdictions.
- It is a mobile site that can be used in the field via any mobile device or mobile data terminal connected to an agency CAD system.
- Partnering agencies sign a Teaming Agreement outlining policies for system use to protect the data being reported.
- The general public does not have access to this system



Data Intake Interface – Level I user

- Data is entered into the system by a Level I user, defined as an officer or fire/EMS provider on scene or reported to a central location to be entered into the system
- The Level I user makes a determination as to whether the incident/victim is fatal or nonfatal and the number of doses of Naloxone administered on scene
- The Level I information is submitted to a central database and mapped to an approximate location
- The Level I user does not collect any personal identifying information on the victim, nor is the data stored in the central database



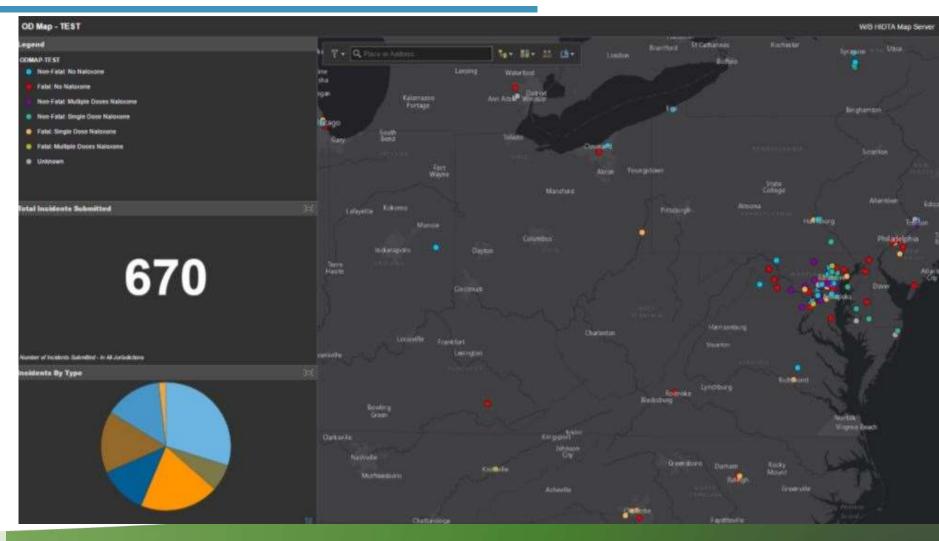
ODMAP Interface – Level II User

The Level II must request and be granted a login credential to access the central database and map which captures the approximate locations of the overdoses as reported by the Level I user.

Level II users are public health and public safety officials and analysts.

The general public does not have access to this system.

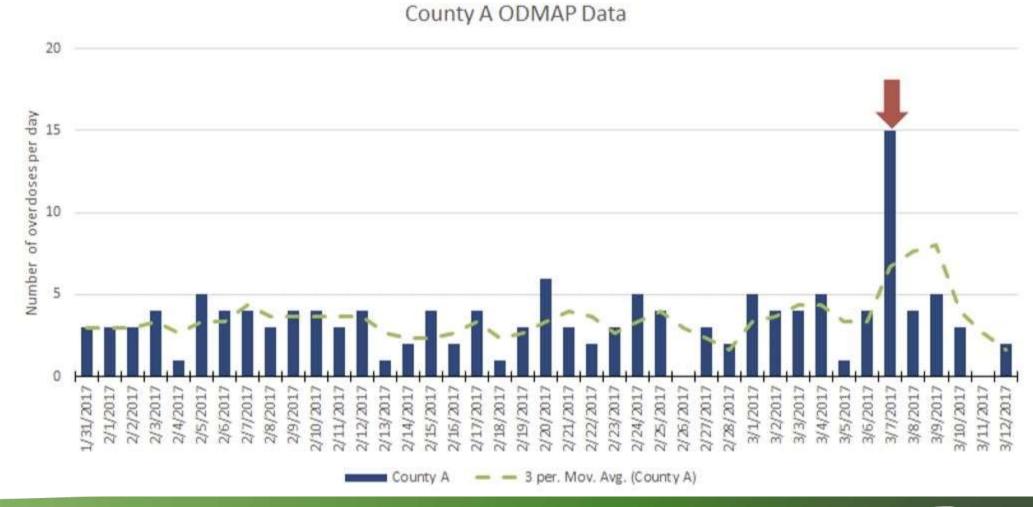
There are advanced search and filtering features in the system for analysis purpose





Spike Overdose Analysis

We evaluate counties and isolate a baseline to alert for overdose spikes within a 24 hour period.





Spike Alert System

From: ODMapAlert@wb.hidta.org [mailto:ODMapAlert@wb.hidta.org]

Sent: Monday, April 3, 2017 11:35 AM

To: Cibor, Jack <jcibor@wb.hidta.org>; Beeson, Jeff <jbeeson@wb.hidta.org

Subject: ODMap - OD Spike Detected

OD Spike Alert!!!! An OD Spike was detected in X County, MD. There have been 5 incidents in X County, MD in the last 24 hours. The Spike Alert Threshold for X County, MD is currently set to 5 ODs in a 24 hour period.

To learn more about these incidents and to monitor incoming data, ODMAP Level 2 Users can log into the ODMAP Dashboard application at https://secure.hidta.org. You can register for ODMAP Level 2 access at that same URL.

ODMAP is designed to alert Level II users when an overdose spike occurs in real time.

Level II users can receive a spike alert within their jurisdiction or surrounding jurisdictions.

It is intended to give the public safety and public health community real time alerts to mobilize a response strategy.

W/B HIDTA Region – Pilot Phase

There was a four county pilot between 1/18/17 and 3/30/17.

- Two Counties are contributing data through Fire/EMS
- One County is contributing data from the County Police Department
- One County is collecting data at a centralized Task Force Operation

We confirmed over 300 overdose incidents during the pilot phase and successfully instituted the overdose spike alert system.

We recorded two confirmed overdose spikes and shared the information with public health and first responders.

We also identified a spike that initiated a public safety response linking overdoses to a known drug trafficking organization.



ODMAP National Integration

ODMAP is currently live in seven counties within the W/B HIDTA region.

April will be the first month that we open the system to entities beyond Maryland and West Virginia.

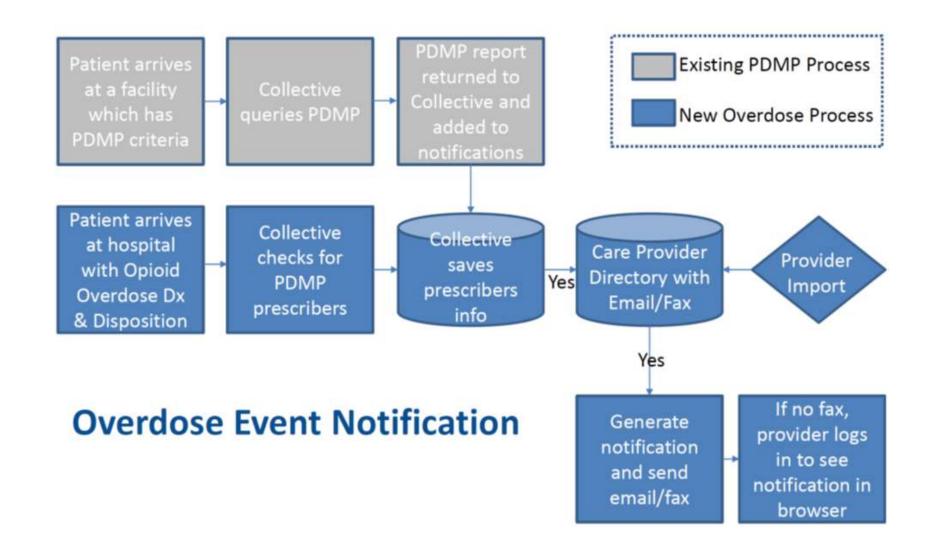
Any interested entities should contact:

Jeff Beeson, Deputy Director W/B HIDTA jbeeson@wb.hidta.org 301-489-1734





Overdose Notification Pilot









- Tribal Healing Opioid Response
- Background & intro to THOR
- Share our process
- Continuing the efforts

Responding to the State Plan

How to make this meaningful for PGST?

Executive Director called follow up meeting

Tribal council members, police department, wellness staff, chief medical officer, youth workers and more

Adopted our own Tribal Healing Opioid Response

Goal 1: Prevent Opioid Misuse and Abuse	Lead Department	Partner Department
1A: Promote best practices for prescribing	Health	Wellness, CHR
1B: Raise awareness of risks including overdose; reduce stigma	Wellness	Re-entry, Court, Health
1C: Prevent opioid misuse in communities, particularly with youth	Chi-e-chee, Youth, Education	Wellness, Health
1D: Promote safe storage and disposal of prescription medicine	Health	Police
1E: Decrease the supply of illegal opioids	Police	Court

Preventing Opioid Misuse and Abuse

- Health Services and Wellness policies are being reviewed as well as Nextgen templates to be updated to reflect best practices
- All Health and Wellness staff are receiving additional training to stay current on trends and treatment information
- All programs are working on reducing stigma associated with receiving/asking for help by rapport building, connecting, and instilling hope
- Youth groups include prevention/education around drug use/abuse and available resources
- Town hall forum to provide additional education and awareness
- Motivational speaker on healthy choices
- Helping those in recovery to share their story to help others who may be suffering

Preventing Opioid Misuse and Abuse

- Medication disposal site has been established
- Locked boxes are available to community members who need to keep their medication safely stored.
- Sharps containers have been installed in restrooms through out campus
- Needle exchange is still happening through clinic to keep dirty needles off the street.
- Police work together with Casino to stop drug dealing from taking place there.
- Knock and Talks are occurring to let alleged dealers know they are watching them
- Increase interaction with the community
- Operation ID is happening and households are recording serial numbers of things that are high target items of theft

Goal 2: Expand Access to Opioid Use Disorder (OUD) Treatment	Lead Department	Partner Department
2A: Expand capacity of health providers to recognize signs of opioid misuse	Health, Wellness	Police
2B: Increase access to & utilization of best practices OUD treatment in communities	Wellness	Health, Reentry
2C: Increase access to & utilization of best practices OUD treatment in the criminal justice system	Reentry	Wellness, Police
2D: Increase capacity of syringe exchange programs to provide overdose prevention training including naloxone and to engage clients in supportive services	Health	Wellness
2E: Reduce withdrawal symptoms in newborns	Children & Family	Health, Wellness, ECE, Chi-e- chee

Expand Access to OUD Treatment

- Health and Wellness are actively working together to gain additional training in recognizing signs
 of misuse. Human resources also providing additional training to all tribal staff
- Medication Assisted Treatment is offered through Wellness MD and primary care, training is ongoing for staff
- Wellness and Re-entry work collaboratively to help those in recovery. Court Services was recently awarded a healing to wellness grant
- Health clinic offers needle exchange program, no record of patient utilization is kept
- Health and wellness have been trained in and are training others to use Naloxone for Opioid overdose. Clients are being prescribed kits
- Together for children and wellness and health work together to get pregnant women in treatment asap to reduce withdrawal symptoms or effects on newborn.

Goal 3: Prevent deaths	Lead Department	Partner Department
from overdose		
3A: Educate community to know how to recognize and respond appropriately to an overdose	Chi-e-chee	Human Resources, Wellness, Health
3B: Increase availability of overdose reversal medication naloxone	Health	Police, Wellness, Natural Resources

Preventing death from overdose

- Chi-e-chee has helped host town hall meetings to educate community on opioid overdose and respond with Naloxone.
- Many community members and clients have received training and been given kits to keep on hand.
- All tribal staff have had additional training to recognize signs of possible misuse and have difficult conversations with co-workers should they see signs.
- Brief education on Naloxone was given at general council
- Health, Wellness, Police and Natural Resource Enforcement have been trained and carry Naloxone kits. Some health and Wellness staff have been trained to train others and continue dispensing kits throughout the community.
- Tribal Code: Good Samaritan provision
- Narcan in every vehicle with every officer
- Police and Wellness increased coordination



BEHAVIORAL HEALTH INTEGRATION

Active effort

- Tribal Council support
- Qualis PALs State Medicaid Transformation
 - Joint Business & Finance Office
 - Cross training medical assistants
 - Vision/Strategic planning session
 - BH Consultant in primary care clinic

THOR is a good example of Integrated care

BEHAVIORAL HEALTH INTEGRATION

- Weaning people off opioids needs to go hand in hand with addiction treatment
- Providers in Primary care clinic and Wellness (Behavioral Health) practicing addiction medicine
- Mental health problems complicate treatment of physical health disorders
- Need to combine behavior therapy for chronic pain patients
- 98% of Wellness patients are also patients at the Health Clinic

CHRONIC PAIN MANAGEMENT

Opioids don't work for chronic pain Opioid Pain Agreement

Patients think opioids work, already dependent

Education, leadership, patients, THOR...

Dramatic decrease in rx

- 18% decrease one year, 75% seven years
- Multiple reasons, further evaluation needed

HARM REDUCTION

Narcan

- Standing Orders keep nuts and bolts here
- Policy for broad concepts
- Data driven messaging

Needle Exchange

- Successful
- Message: exchange, not supply



SUCCESS

Examples abound

- Transition to MAT
- Non-opioid treatment only
 - Exercise, mental health, non-opioid meds, etc.
- Not using PRN for Opioids
- Decreased dosage

Prevention is better

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

YOUTH PREVENTION ACTIVITIES

Tae Kwon Do

Fitness Initiatives

Hiking

Basketball

T-ball

Skate Camps

Prevention weekend

Red ribbon week

Youth Prevention Summit

Youth Leadership Group

Youth Annual Honoring

Youth Employment workshop

College trips

Thrive conference

Youth & Elder Socials

Cultural classes;

Beading

Cedar/wool weaving

Cooking traditional fish

Archery

Regalia making

Canoe journey

Pow-wow's

Autism Acceptance Walk

Child abuse Prevention Walk

Places of Importance

COMMUNITY PREVENTION

CHI-E-CHEE

(Klallam word for "the workers")

Vision

Committed to working together to provide a safe, healthy Tribal community with bright futures for our youth and future generations.

Mission

The mission of the Port Gamble S'Klallam Tribe's Chi-e-chee is to promote healthy families through the elimination of alcohol, tobacco and other drug abuse in the Port Gamble S'Klallam community, in accordance with the Tribe's culture, values, and traditions.

Executive Director suggested Chi-e-chee as lead group for THOR



ONGOING PROCESS

Monthly Tribal wide meetings during Chi-e-chee Review progress, update plan

- Discuss what are we doing
- What do we want to do?
- 3. How much does it cost?
- 4. Which program(s) are lead?

Ongoing: community engagement, prevention, funding to support integrated efforts





Regional Data

Olympic Community of Health Region Background



	Clallam	Jefferson	Kitsap
Total Population ¹	75,130	31,590	267,120
Median Age ²	50.3	56.2	39.2
# and % with Medicaid Insurance ³	21,578 (20%)	7,701 (25%)	55,501 (21%)

² US Census American Community Survey, B01002, 2012-2016

³ WA State Health Care Authority, Healthier Washington Data Dashboard, 10/1/16-9/30/17

Data Sources

Deaths

Hospitalizations

Emergency Department visits

Treatment, Syringe Exchange

Prescribing

Opioid-Related Deaths



Opioid Deaths: Olympic region

2017

25 Deaths Rate: 6.3 per 100,000

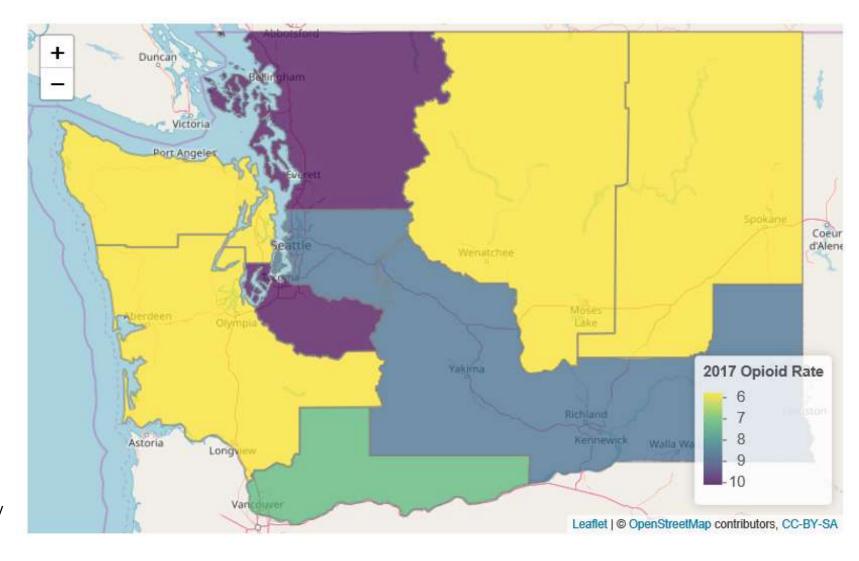
WA:

693 Deaths

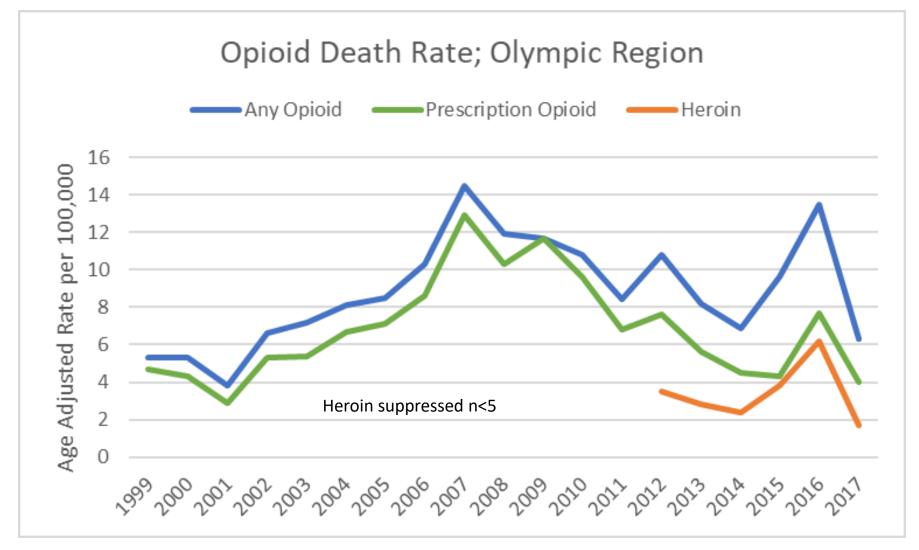
Rate: 9.3 per 100,000



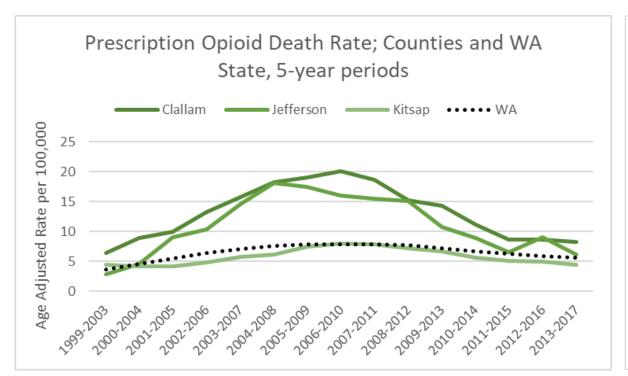
https://www.doh.wa.gov/DataandStatisticalReports/InjuryViolenceandPoisoning/InjuryData/WashingtonStateInjuryDataTables/OpioidQuarterlyReport

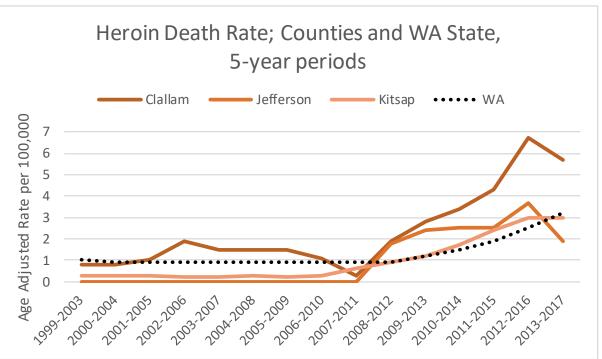


Opioid Deaths: Trend Over Time



Opioid Deaths: Olympic region counties

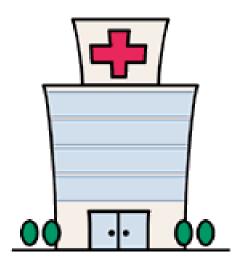




Average Number of Deaths per year, 2013-2017

	Clallam	Jefferson	Kitsap	
Prescription Opioid	5.4	2	12.8	
Heroin	3.4	0.4	7.2	

Opioid-Related Inpatient Hospitalizations

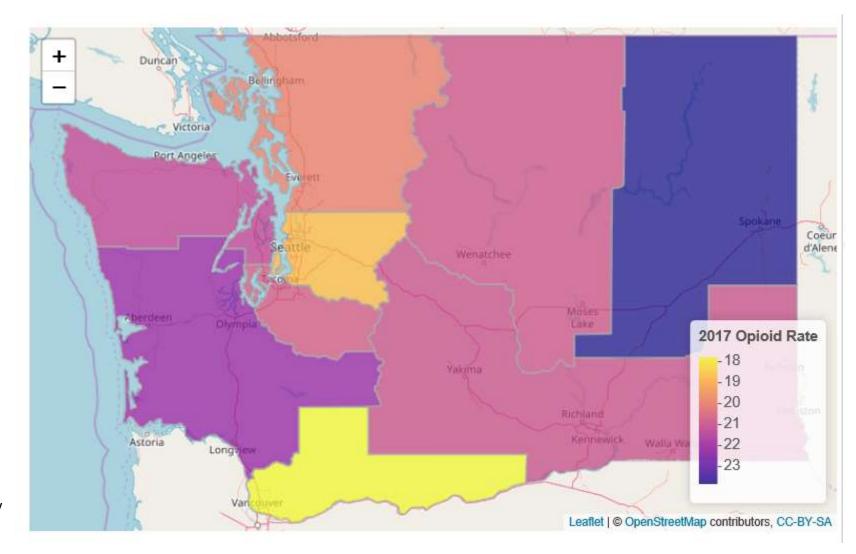


Opioid Overdose Hospitalizations: Olympic region

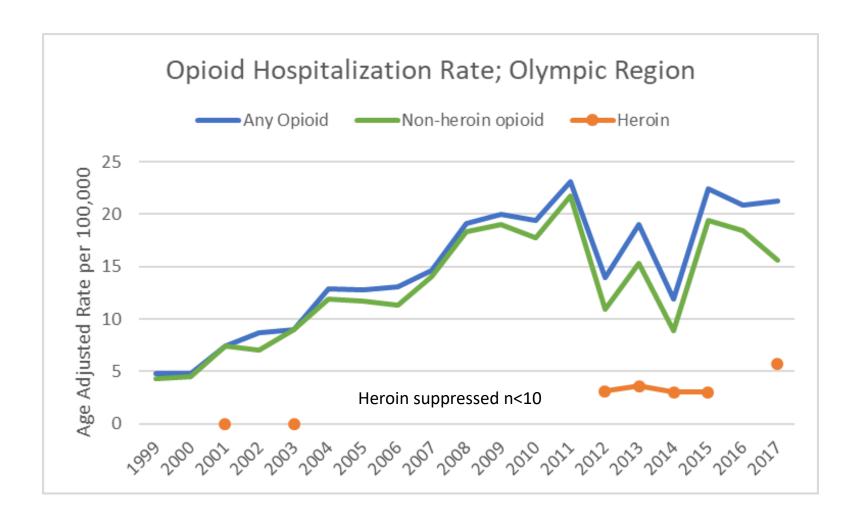
2017 Rate: 21.3 per 100,000 WA: 1,615 hospitalizations Rate: 20.2 per 100,000

Source:

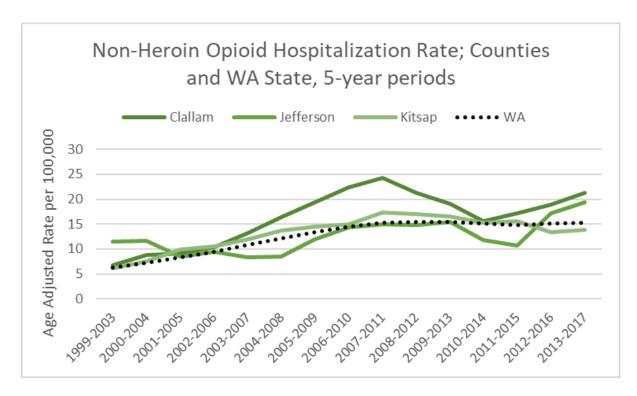
https://www.doh.wa.gov/DataandStatisticalReports/InjuryViolenceandPoisoning/InjuryData/WashingtonStateInjuryDataTables/OpioidQuarterlyReport

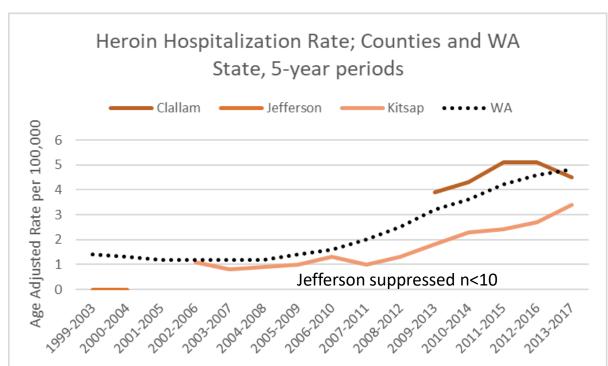


Opioid Hospitalizations: Trend Over Time



Opioid Hospitalizations: Olympic region counties



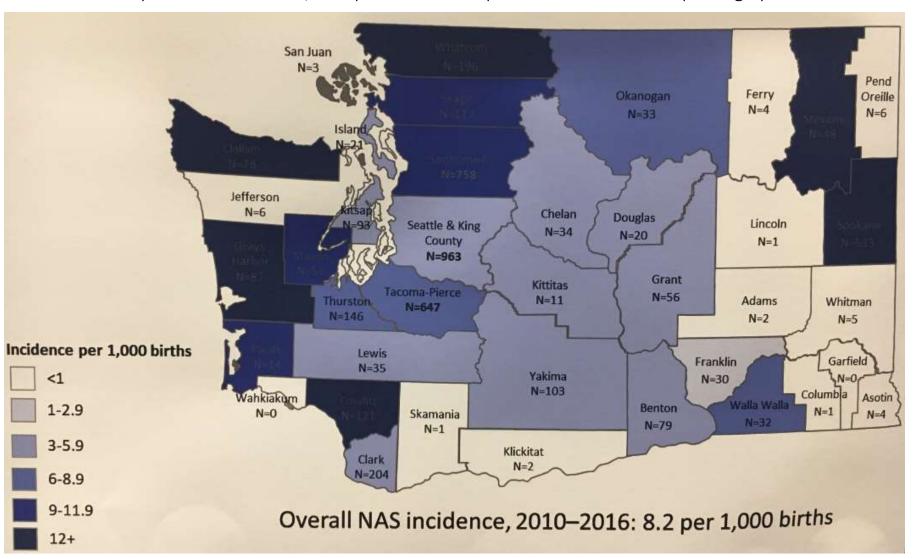


Average Number of Hospitalizations per year, 2013-2017

	Clallam	Jefferson	Kitsap	
Non-Heroin Opioid	20	7.6	42.8	
Heroin	2.6	suppressed	8	

Neonatal Abstinence Syndrome, 2010-16

Source: WA State Department of Health, Comprehensive Hospitalization Abstract Reporting System



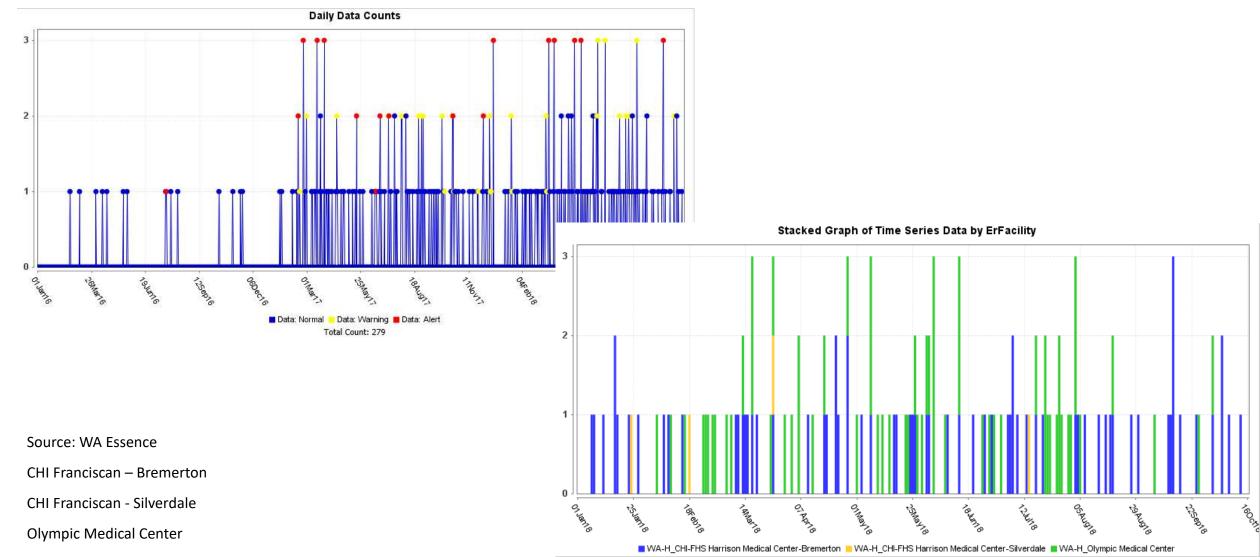


Clallam: 78 Jefferson: 6 Kitsap: 93

Emergency Department



Opioid Related ED visits: Trend Over Time January 1, 2016-October 15, 2018



Opioid Overdose Prevention



Clallam County Overdose Reporting

Source: Clallam County Health and Human Services

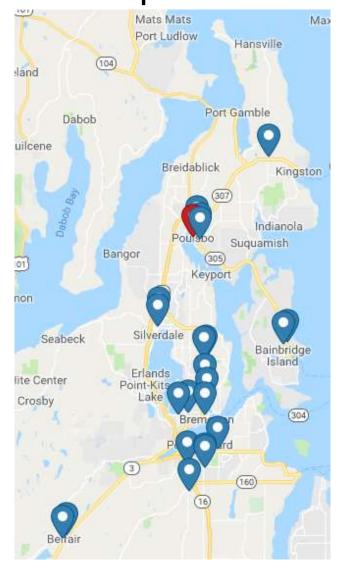
 Mandatory reporting by Emergency Department and Coroner of all opioid-related overdose events to public health beginning late December 2015



- 93 cases in 2016-17
- 14% fatal
- 75% of non-fatal cases contacted by Public Health

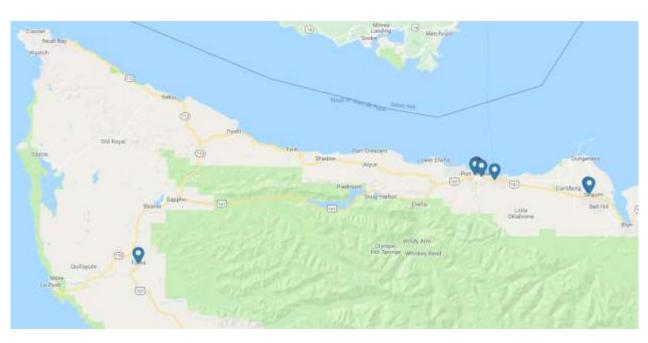
Jefferson County designated overdose as reportable on 3-1-16.

Access to Naloxone Kitsap Jefferson





Clallam



Source: http://stopoverdose.org/section/find-naloxone-near-you/

Prescription Opioids



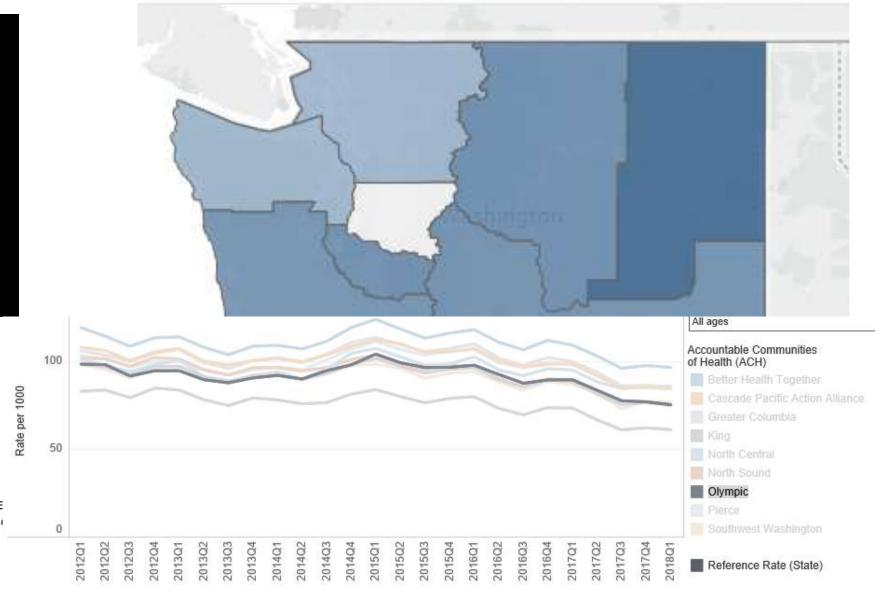
Patients with any Opioid Prescription: Olympic region

2018 Quarter 1

Rate: 75.2 per 1,000

WA:

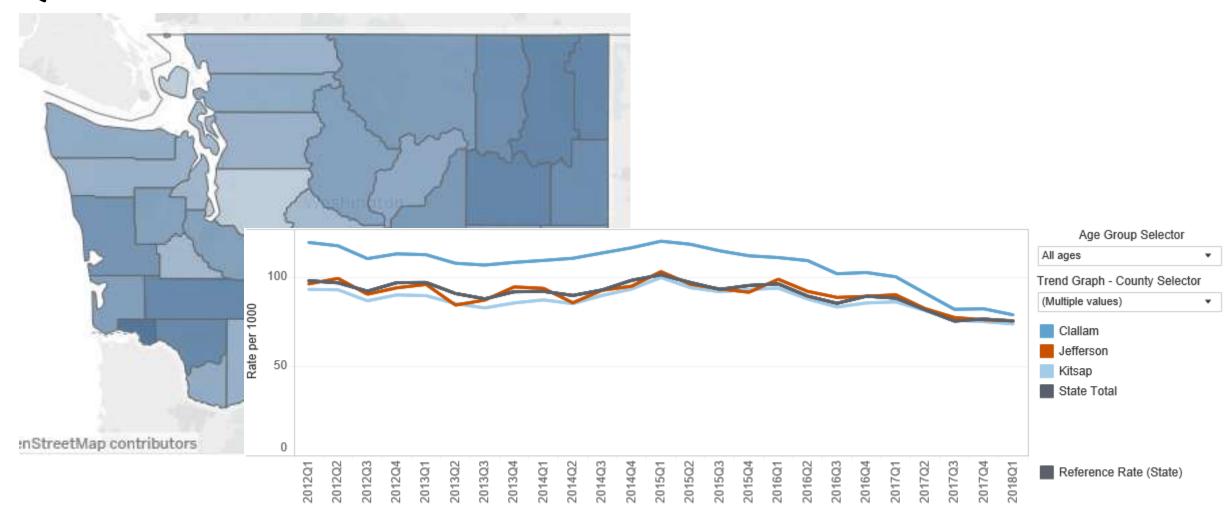
Rate: 75.5 per 1,000



Source:

https://www.doh.wa.gov/DataandStatisticalReports/He DataVisualization/OpioidPrescriptionsandDrugOverdos HsData

Patients with any Opioid Prescription: County Q1 2018



Patients with Chronic Opioid Prescriptions:

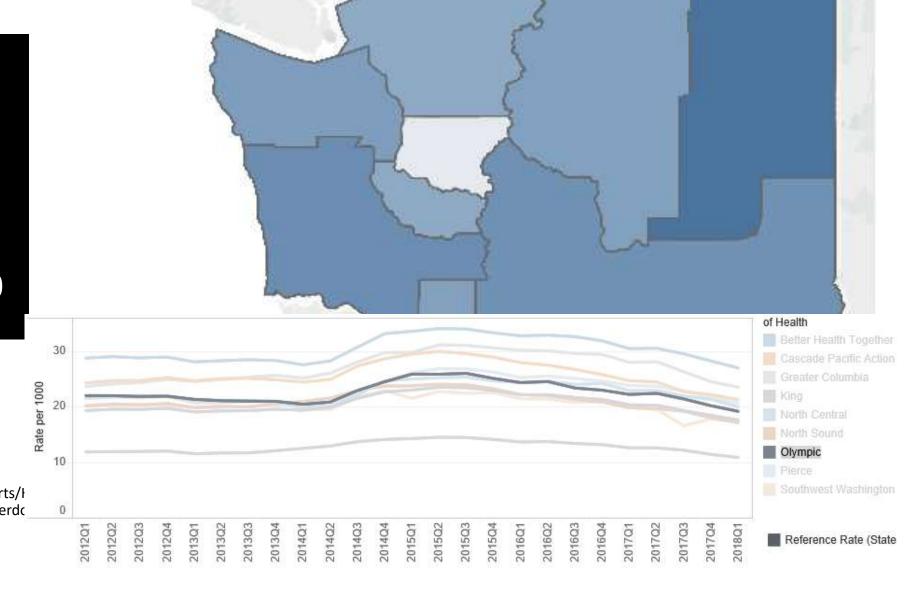
Olympic region

2018 Quarter 1

Rate: 19.2 per 1,000

WA:

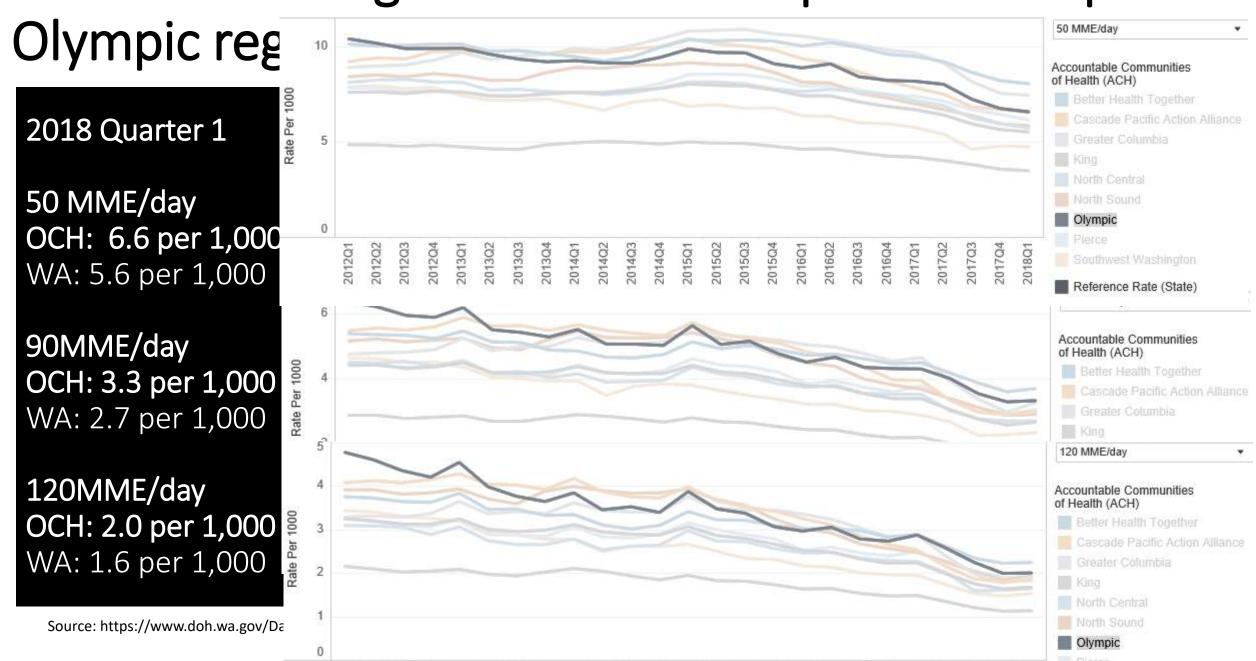
Rate: 17.3 per 1,000



Source: https://www.doh.wa.gov/DataandStatisticalReports/IDataVisualization/OpioidPrescriptionsandDrugOverdc

HsData

Patients with High Dose Chronic Opioid Prescriptions:



Patients with new Opioid Prescriptions:

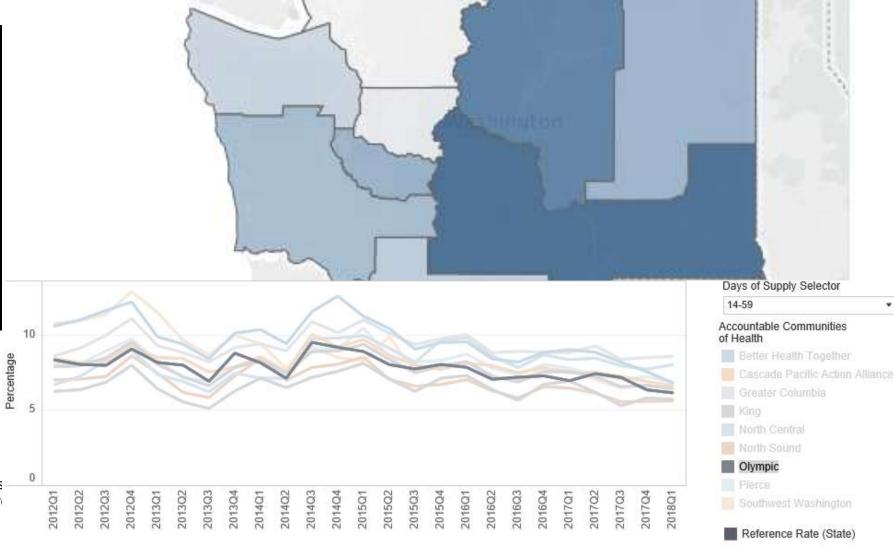
Olympic region

2018 Quarter 1 14-59 days supply

Rate: 6.1 per 1,000

WA:

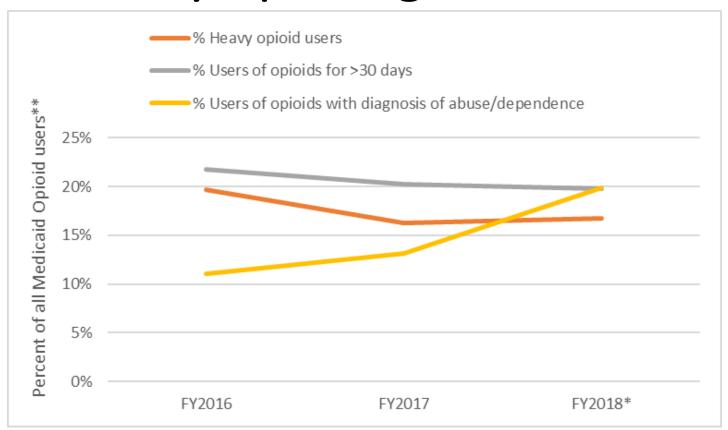
Rate: 6.4 per 1,000



Source:

https://www.doh.wa.gov/DataandStatisticalReports DataVisualization/OpioidPrescriptionsandDrugOver HsData

Prescription Opioid Use among Medicaid Enrollees in Olympic Region



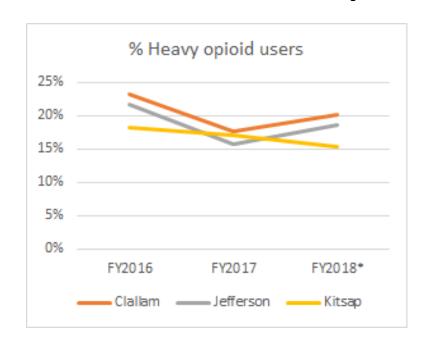
^{*}FY2018 data are preliminary and may change as additional claims are processed

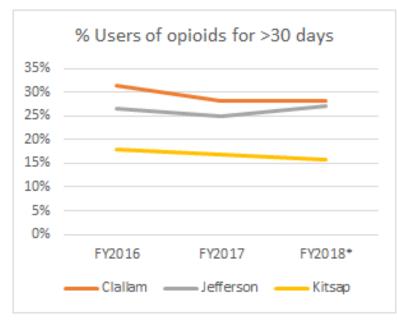
Heavy= 50 MED (morphine equivalent dose) calculated as average daily MED based on all the opioid scripts of the Medicaid client in the year, based on the CDC definition of MED

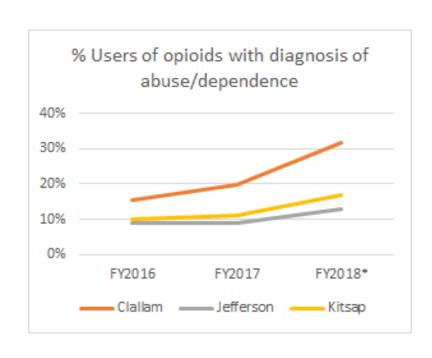
Source: WA State Health Care Authority, October 2018

^{**}Excludes those with cancer diagnosis history

Prescription Opioid Use among Medicaid Enrollees by County







Heavy= 50 MED (morphine equivalent dose) calculated as average daily MED based on all the opioid scripts of the

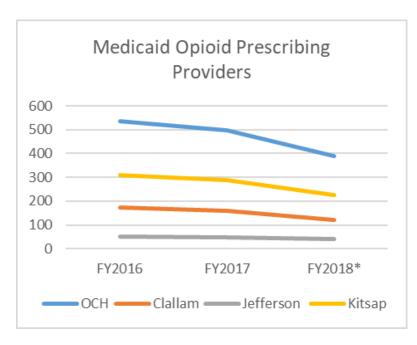
Medicaid client in the year, based on the CDC definition of MED

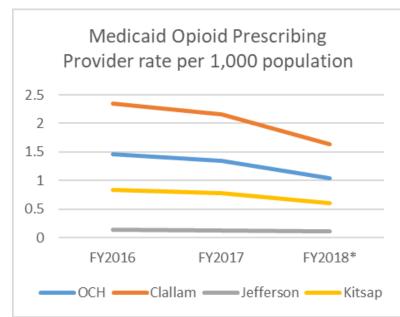
Source: WA State Health Care Authority, October 2018

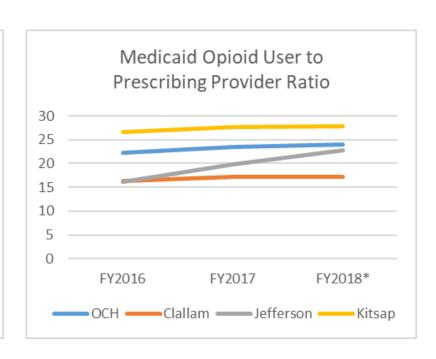
^{*}FY2018 data are preliminary and may change as additional claims are processed

^{**}Excludes those with cancer diagnosis history

Medicaid Providers Prescribing Opioids







^{*}FY2018 data are preliminary and may change as additional claims are processed Excludes those with cancer diagnosis history
Source: WA State Health Care Authority, October 2018

Medication Assisted Treatment (MAT)



Waivered Buprenorphine Prescribers (Medication Assisted Treatment (MAT))

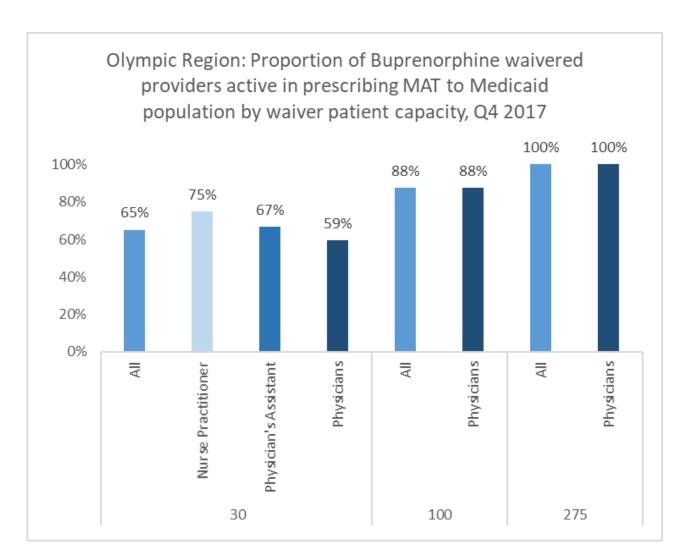
Olympic region number of Buprenorphine waivered providers per 1,000 Medicaid enrollees diagnosed with OUD

Q1 2017: 13.4

Q2 2017: 15.7

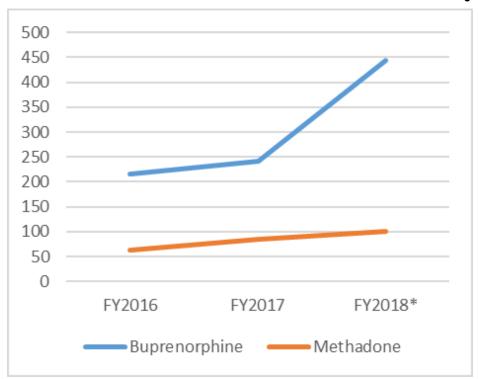
Q3 2017: 18.0

Q4 2017: 22.7



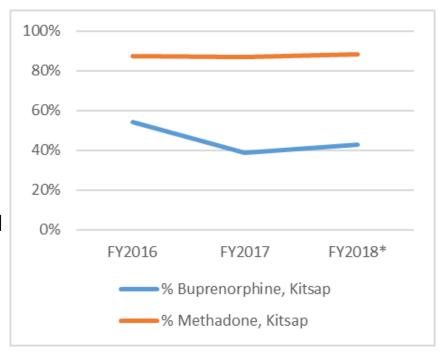
Source: WA State Health Care Authority, October 2018

Medicaid Enrollees Participating in Medication Assisted Treatment (MAT)

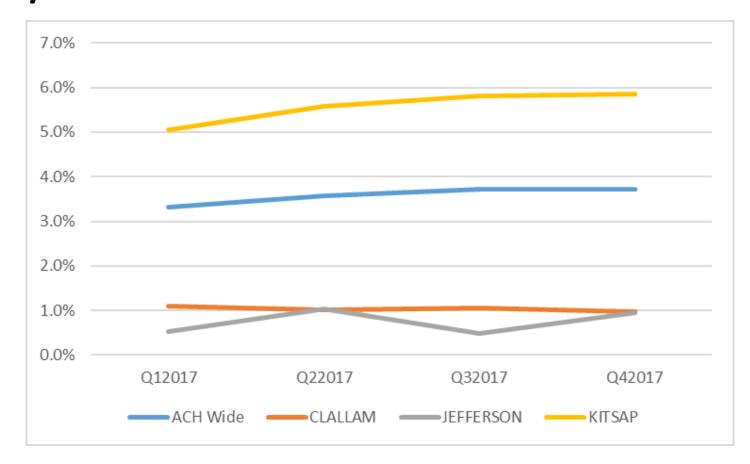


*FY2018 data are preliminary and may change as additional claims are processed Source: WA State Health Care Authority, October 2018

Jefferson n<10; Clallam also therefore suppressed



Opioid Use Disorder (OUD) Treatment Initiation: Medicaid enrollees with history of OUD who are newly treated with MAT

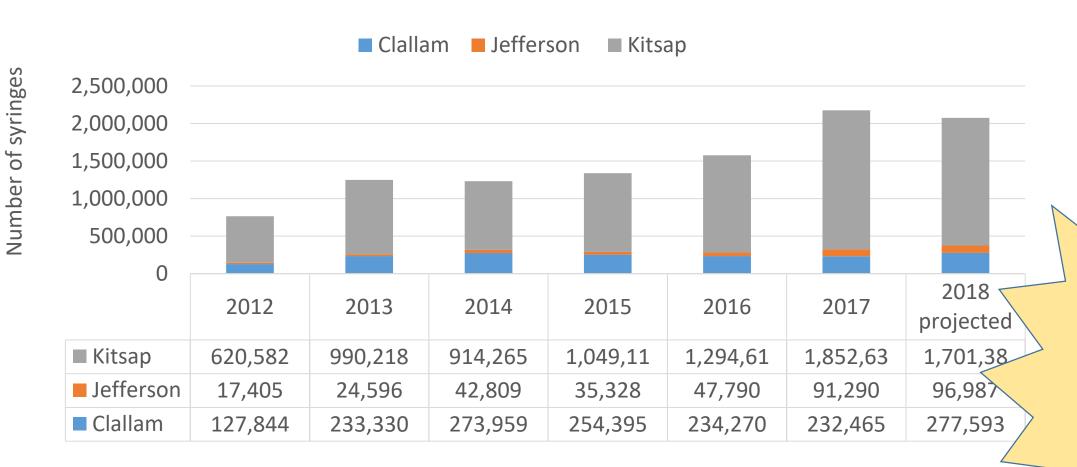


Source: WA State Health Care Authority, October 2018

Syringe Exchange



Sources: Clallam County Health and Human Services, Jefferson County Public Health, Kitsap Public Health District

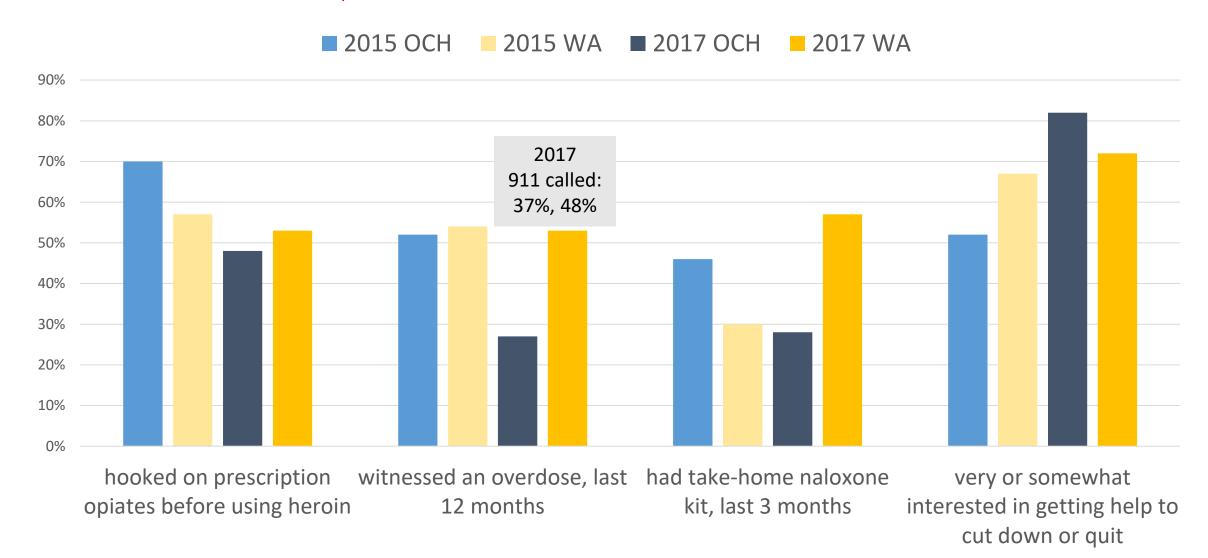


expanded into Forks, had first 3 exchangers!

WA State Syringe Exchange Survey Results

Source: UW Alcohol and Drug Institute, 2015 (n=66) and 2017 (n=101)

Caution: small number of respondents!



What we have learned from you

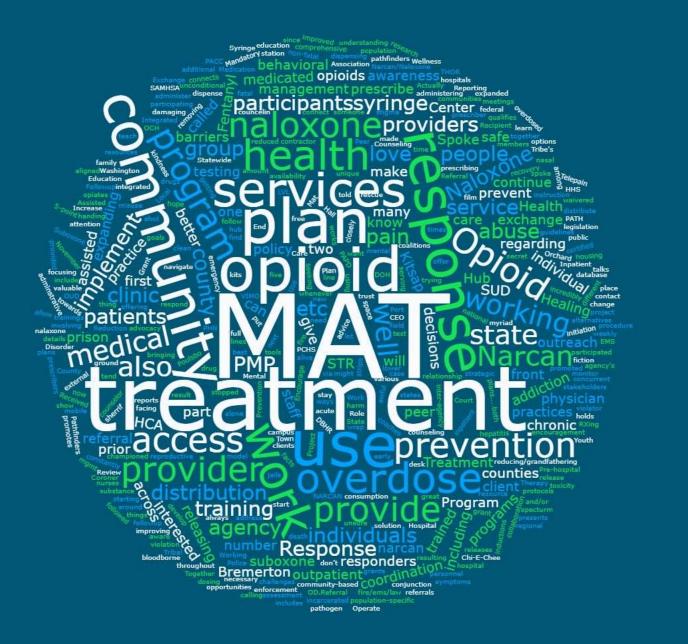


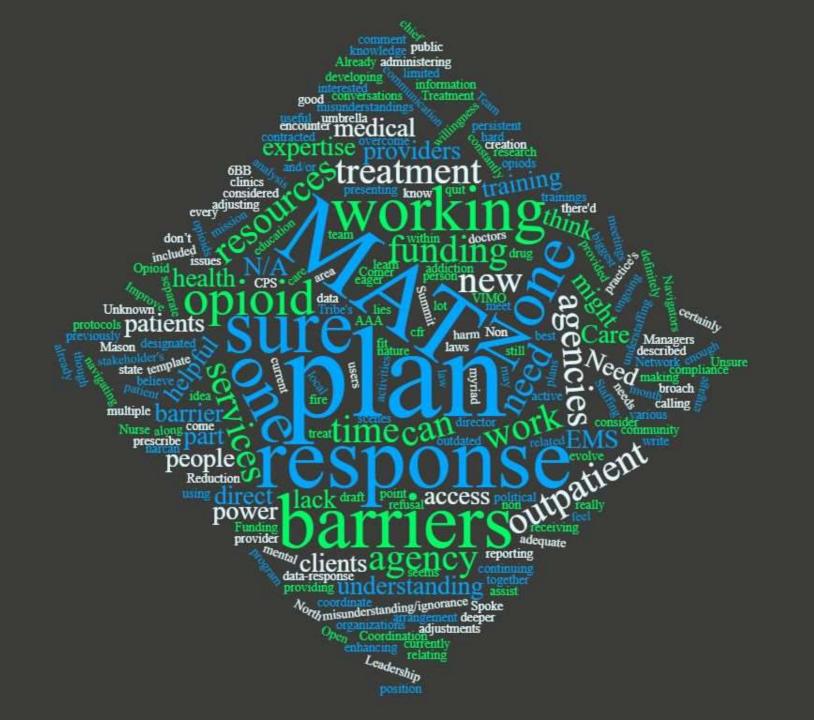
How concerned are you about opioids in the work you do?

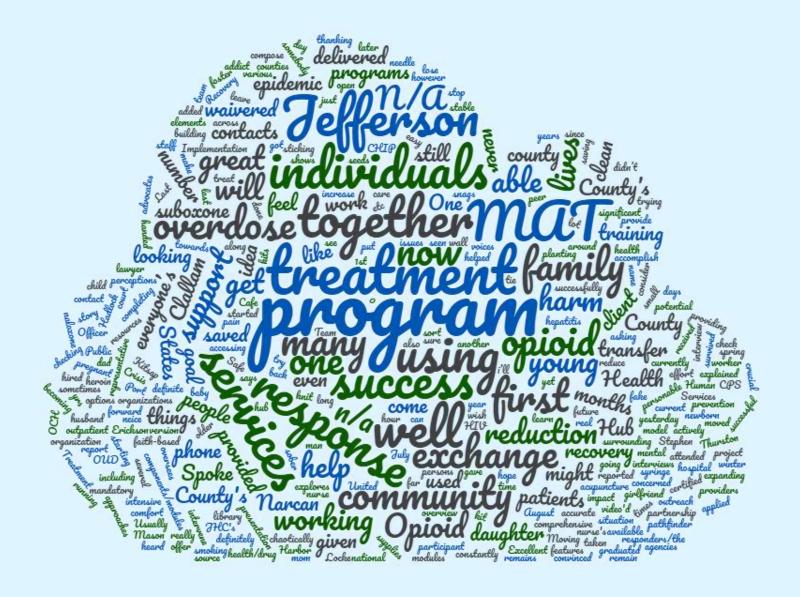
OCH Work Force Survey Results (Dec2016-Jan2017, n=474, total ~500)

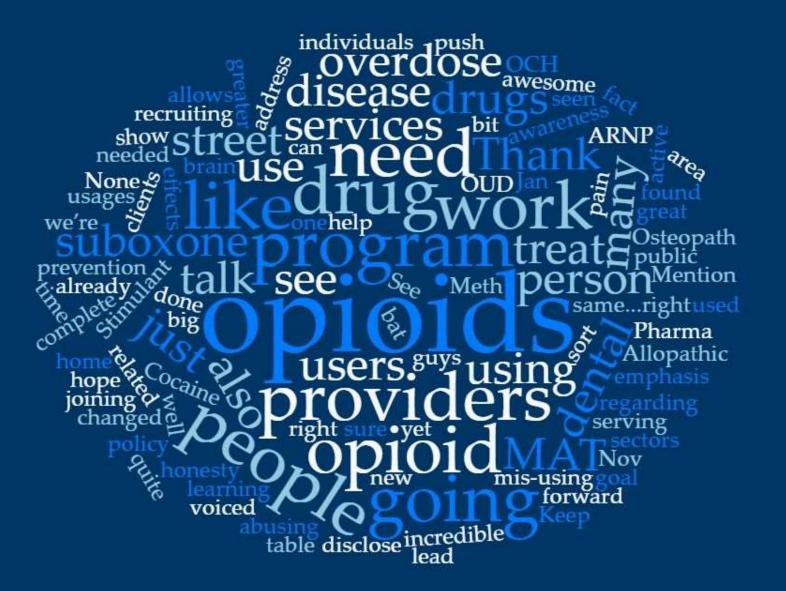
OCH Pre-Summit Survey Results (n=61, total 107)













Legislative Updates



Medicaid Transformation Project and 3CCORP

Medicaid Transformation Project

- Agreement between the state (HCA) and the Centers for Medicare and Medicaid Services (CMS)
- Allows us to test new and innovative approaches to improve health delivery systems for the Medicaid population
- 5-year period from 2017-2021
- 3CCORP was launched prior to learning that an opioid response plan was one of two required projects for MTP
- Much of the 3CCORP work is aligned (based on state response plan)



Medicaid Transformation Project

- Shared Change Plan
- Change Plans
 - Opioid Misuse and Abuse Prevention
 - Opioid Overdose Prevention
 - Opioid Use Disorder Treatment
- 6 Building Blocks
- Implementation

Care Transformation: 2018

Focus Area	Outcomes
1) Opioid Misuse and Abuse Prevention	A) Best practices for opioid prescribing are promoted and used
	B) Providers are trained to recognize potential for opioid use disorder (OUD) and utilize a standardized protocol for screening and referring these patients

C) Capacity is built to prevent OUD



Next Steps





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