# The Opioid Issue in Nevada

*Prevention Efforts*
*Funding*
*Treatment Efforts*

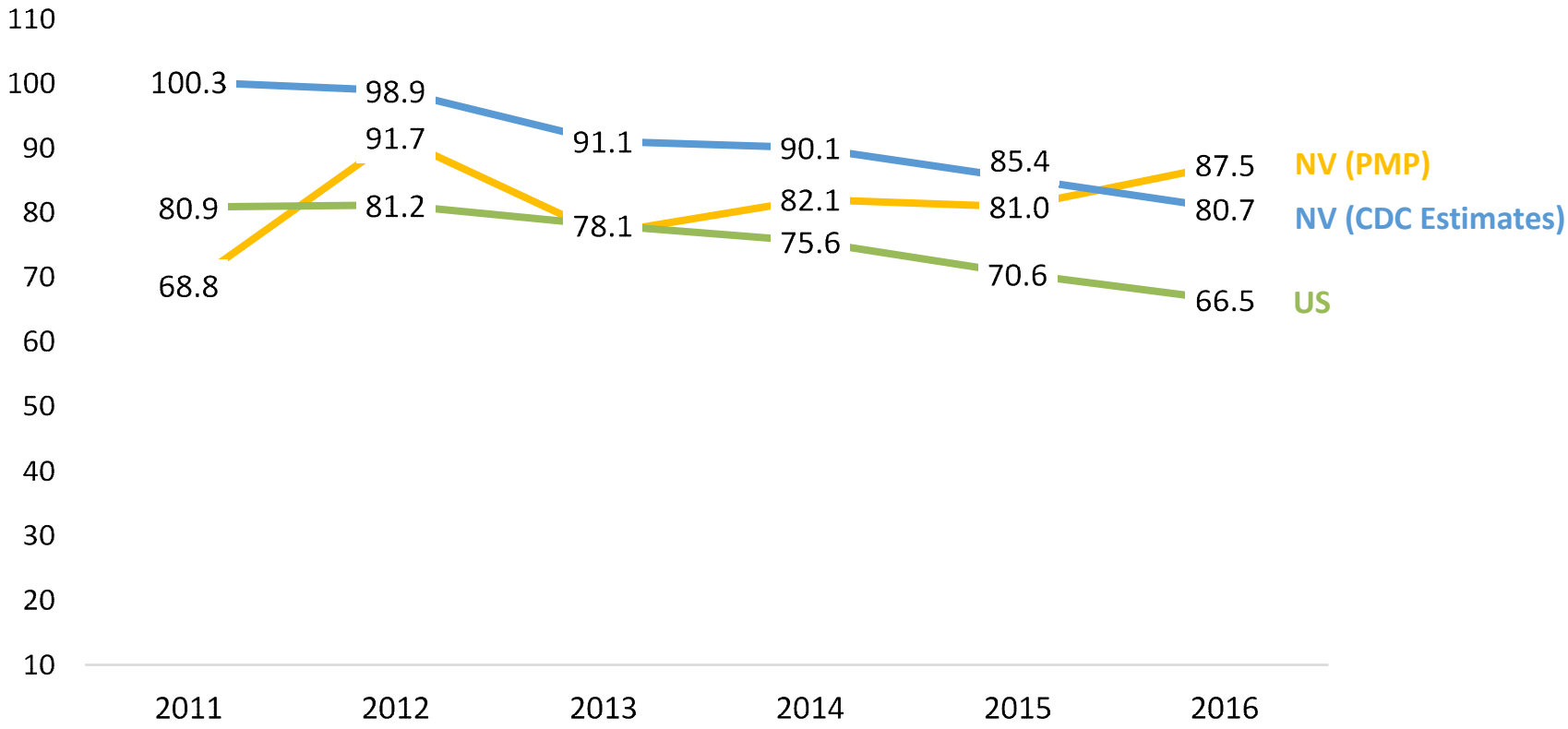
Agenda Item VI D-1 (HEALTH CARE)
Meeting Date: 01-11-18

# Prevention Efforts

*Primary prevention of abuse, misuse, and diversion of prescription drugs through comprehensive policy change*

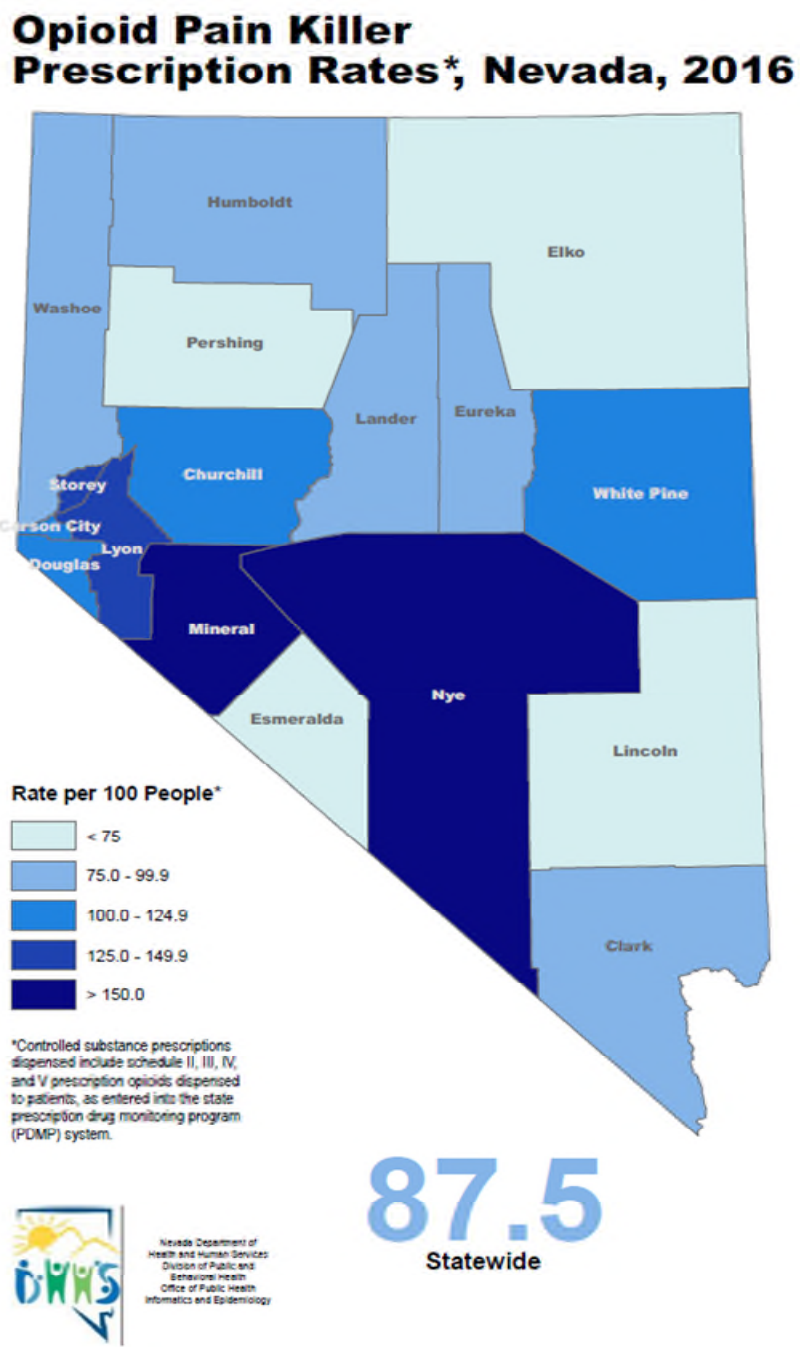
# Prescribing Patterns

**Opioid Painkiller Prescriptions per 100, 2011-2016**




*definitions vary slightly between US and NV opioid prescriptions and populations used to calculate rates

(Sources: Guy et al., 2017; Office of Public Health Informatics and Epidemiology; Prescription Monitoring Program)




**Opioid Painkiller Prescribing Rates Per 100, by County, 2016**

| County | Rate |
|---|---|
| Carson City | 105.4 |
| Churchill | 106.8 |
| Clark | 84.3 |
| Douglas | 102.0 |
| Elko | 71.7 |
| Esmeralda | 72.5 |
| Eureka | 92.7 |
| Humboldt | 75.5 |
| Lander | 85.2 |
| Lincoln | 60.7 |
| Lyon | 130.0 |
| Mineral | 158.2 |
| Nye | 155.6 |
| Pershing | 69.5 |
| Storey | 146.9 |
| Washoe | 87.5 |
| White Pine | 99.9 |
| Statewide | 87.5 |

(Sources: Office of Public Health Informatics and Epidemiology; Prescription Drug Monitoring Program)

# Diversion of Legal Prescription

- Of those at highest risk for overdose, using prescription;
  - 27% get their opioids using their own prescriptions
  - 26% get them from friends or relatives for free
  - 23% buy them from friends of relatives
  - 15% buy them from a drug dealer
- Abuse of legal prescriptions, and diversion of legal prescriptions is a problem

# Primary Prevention through Policy Change

- AB474 passed unanimously, and is a comprehensive measure that
  - addresses the misuse, abuse and diversion of through enacting prescribing protocols at appropriate clinical levels,
  - Increases oversight  of prescribing,
  - and improves data collection efforts.

# Governor Sandoval's Bill – AB474

- Controlled Substance II, III, IV Prescribing Protocols (see handout)
  - Improved patient and provider communication
  - Extrapolation of prescribing for acute Pain (trauma induced pain or post surgical) and chronic pain (pain lasting longer than 30 consecutive days
    - Acute Pain: Informed Consent at initial prescription (supports patient safety)
    - Pain Management Agreement at 30 days (supports prescriber in management of chronic pain with CS)
    - Requirement for
  - Prescribe 365

# Governor Sandoval's Bill – AB474

- Increased Oversight of Controlled Substance Prescribing
  - System for Review and adjudication of inappropriate prescribing notifications

# Governor Sandoval's Bill – AB474

- Improved Data Collection
  - *"real time" overdose data reporting*

# Governor Sandoval's Bill – AB474

## www.Prescribe365.NV.GOV

- *Implementation resources*
- *CME Information*
- *Patient Education Information*

# Funding

# Funding

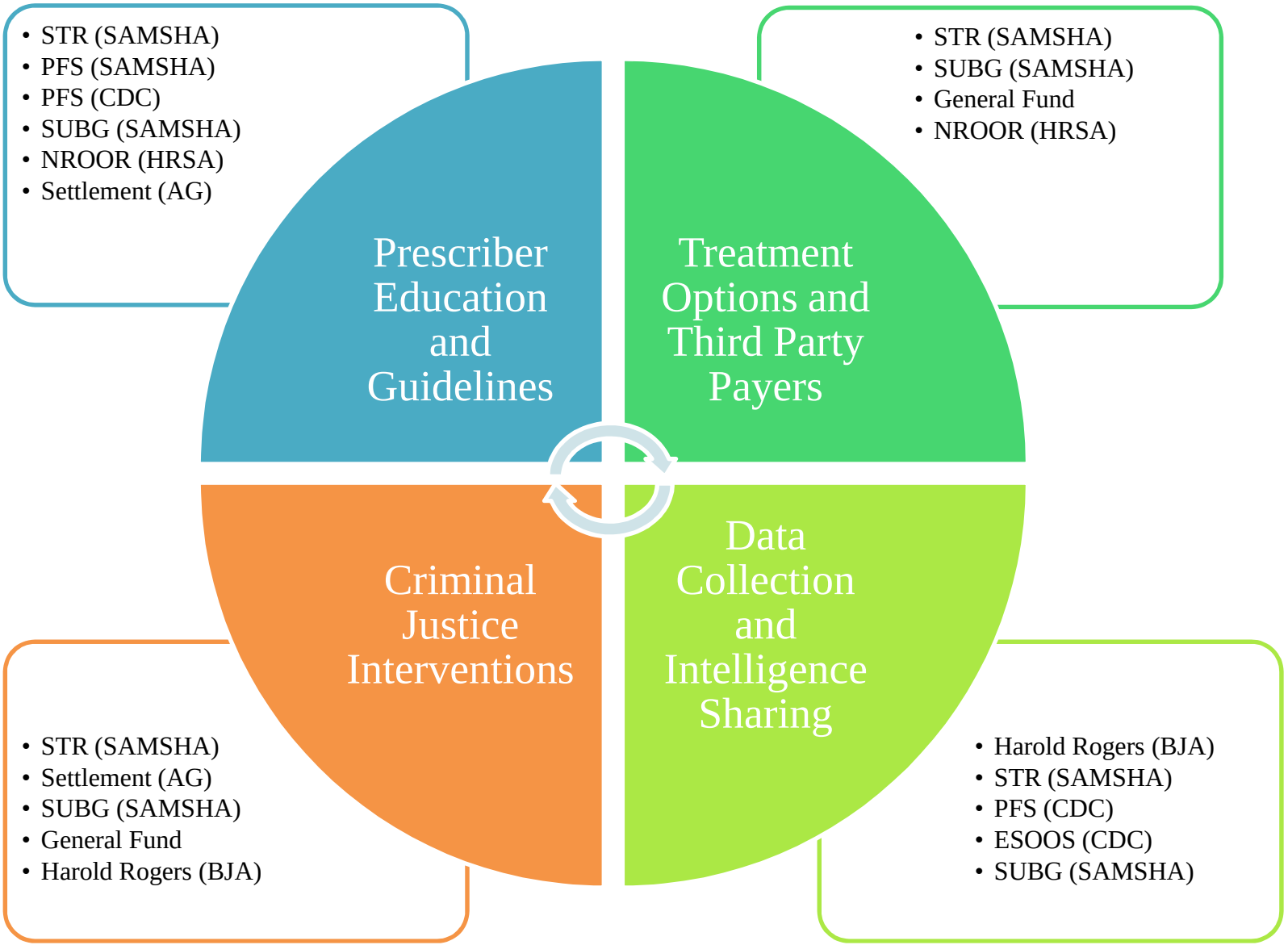
**Federal Funds**

- Prevention for States- CDC
- Enhanced State Surveillance of Opioid Involved Morbidity and Mortality- CDC
- State Targeted Response to the Opioid Crisis (STR)- SAMHSA
- Strategic Framework Partnership for Success(PFS)- SAMHSA
- Substance Use Block Grant (SUBG)- SAMHSA
- Nevada Rural Opioid Overdose Reversal Program (NROOR)- HRSA
- Harold Roger Prescription Drug Monitoring (RPD)- BJA

**Non - Federal Funds**

- Volkswagen Settlement
- Nevada State General Funds

# Funding based on Priorities



# Treatment Efforts

# Current Funding Strategies for Treatment

Opioid State Targeted Response (STR) Grant

$5.6M Awarded  each year for two years

Substance Abuse Block Grant

$16M Awarded each year (75% Treatment)

Medicaid

Robust Medicaid State Plan with MAT and psychosocial treatments

# Treatment for Opioid Use Disorder

- Medication-Assisted Treatment is the first treatment of choice for individuals with Opioid Use Disorder
- >23% publicly funded
- >50% privately funded
- >16% adolescence

- Yet, MAT has been found to cut mortality by 50% and long-tern outcomes are promising

# Nevada's MAT Treatment Infrastructure

- 192 providers are waivered to provide buprenorphine however, not all prescribe. For those who do prescribe, very few prescribe to their upper limit.
- 15 Opioid Treatment Programs within Clark, Washoe and Carson City
- Capacity remains available however, connection to high-quality, integrated services remains a challenge
- Rural/Frontier communities have limited access
- Solutions include integrated treatment networks and increasing access within primary care

# Special Populations

- Individuals at-risk for overdose
- Criminal Justice
- Pregnant Women
- Individuals who use via injection
- Adolescents
- Tribal Populations

# Treatment Policy Issues

Medication Assisted Treatment Access

Designation of State Opioid Treatment Authority

Change in Division Criteria NAC 458.118

- MAT access in all certified programs
- Development of IOTRC certification
- Treatment Episode Data modernization

# Treatment Policy Issues

Plan of Safe Care

Ensure access to care for all women in need of treatment

Develop treatment programs for pregnant and parenting women with treatment and recovery needs

Support efforts related to NAS safe discharges

# Integrated Opioid Treatment and Recovery Centers

| IOTRC to provide at a minimum | Formal Written Care Coordination Agreements to Provide (IOTRC may choose to offer these services internally) |
|---|---|
| • Behavioral Health Screening/Assessment<br>• Medical Evaluation<br>• FDA Approved Medication for OUD Treatment<br>• ASAM Level 1 Ambulatory Withdrawal Management<br>• Toxicology Screening<br>• ASAM Level 1 Outpatient<br>• Overdose education and naloxone distribution<br>• Psychiatry<br>• Mobile Recovery<br>• Peer/Recovery Support Services<br>• Care Coordination<br>• Supported employment<br>• Enrollment into Medicaid, TANF, SNAP, WIC<br>• Engagement with criminal justice entities (e.g. police, judicial, correction) | • Opioid Treatment Provider for Methadone<br>• ASAM Level 3.2 and Level 3.7 Withdrawal Management<br>• OB/Perinatal providers<br>• Office-Based Opioid prescribers<br>• ASAM Level 3.1 and Level 3.5 Residential Services<br>• Transitional Housing per SAPTA Division Criteria<br>• COD and other Community-based service providers<br>• Wellness Promotion<br>• FQHC partnership<br>• HIV/Hep C Testing |

# Integrated Opioid Treatment and Recovery Centers

**Requires:**

Provider standards

Certification

Cross-walk to reimbursement

Establish quality/outcome measures

Develop payment methodology

Propose in DHCFP FY 2019 Budget

**Center for Behavioral Health**

4 sites Las Vegas

1 site Reno

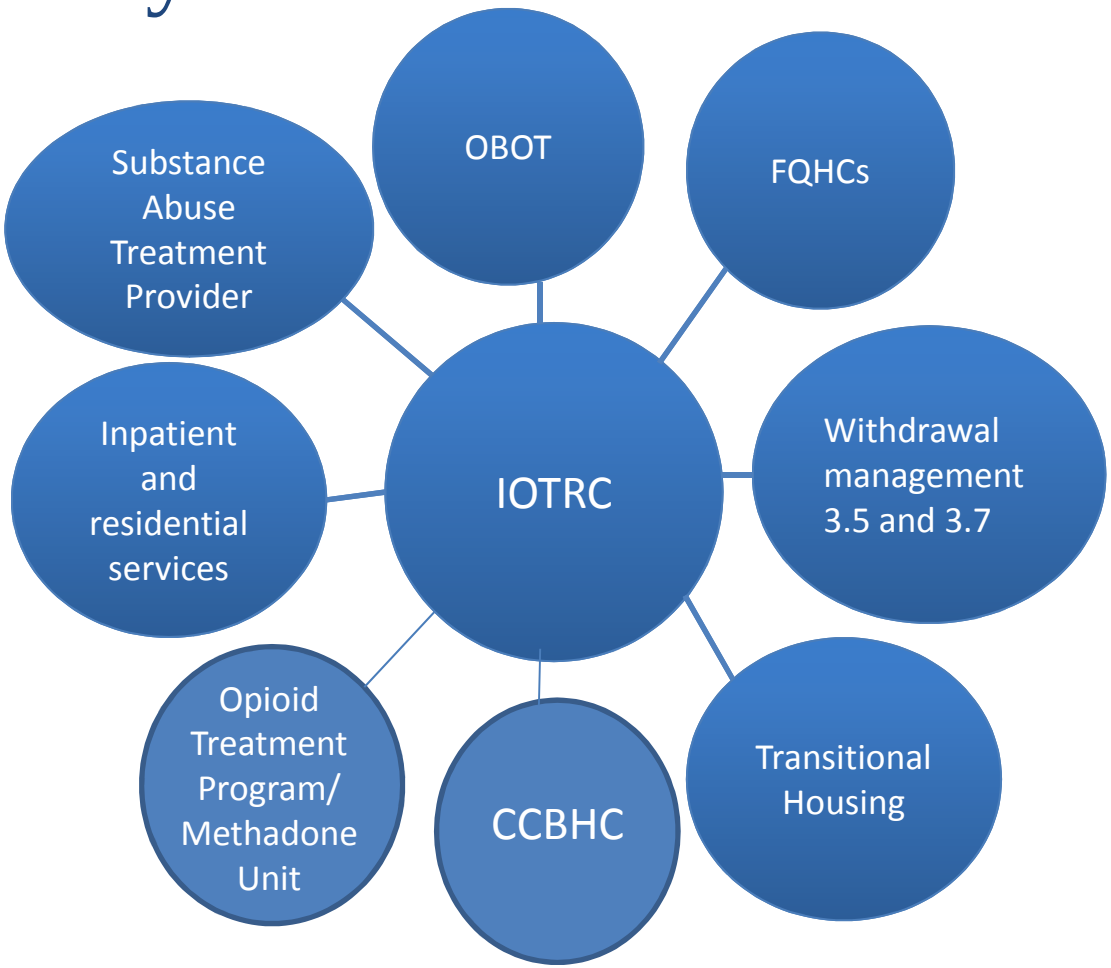
**Life Change Center**

1 site Sparks

1 site Carson City

**Vitality Unlimited**

1 site Elko



# Treatment Policy Issues

Division of Health Care Finance and Policy

Technical bulletin for Medication Assisted Treatment

https://www.medicaid.nv.gov/Downloads/provider/web_announcement_1447_20170921.pdf

# 1115 Demonstration Waiver

- This initiative offers states the flexibility to design 1115 demonstrations aimed at making significant improvements over the course of a five-year period
- Six goals and six milestones
- The six milestones must be met within 12-24 months of demonstration

# 1115 Demonstration Waiver

Goals:

1. Increased rates of identification, initiation, and engagement in treatment;
2. Increased adherence to and retention in treatment;
3. Reductions in overdose deaths, particularly those due to opioids;
4. Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;
5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and
6. Improved access to care for physical health conditions among beneficiaries.

# 1115 Demonstration Waiver

Milestones:

1. Access to critical levels of care for OUD and other SUDs;
2. Widespread use of evidence-based, SUD-specific patient placement criteria;
3. Use of nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications;
4. Sufficient provider capacity at each level of care;
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD; and
6. Improved care coordination and transitions between levels of care.

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