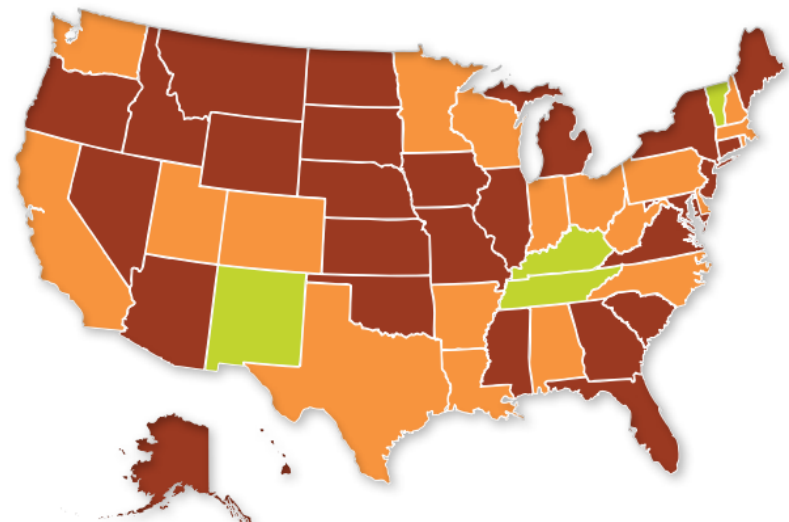


Status of Opioid Treatment Efforts

Health Reform Oversight Committee
October 25, 2016

The National Safety Council Categorized Vermont as One of Four States Making Progress in Strengthening Laws and Regulations Aimed at Preventing Opioid Overdose

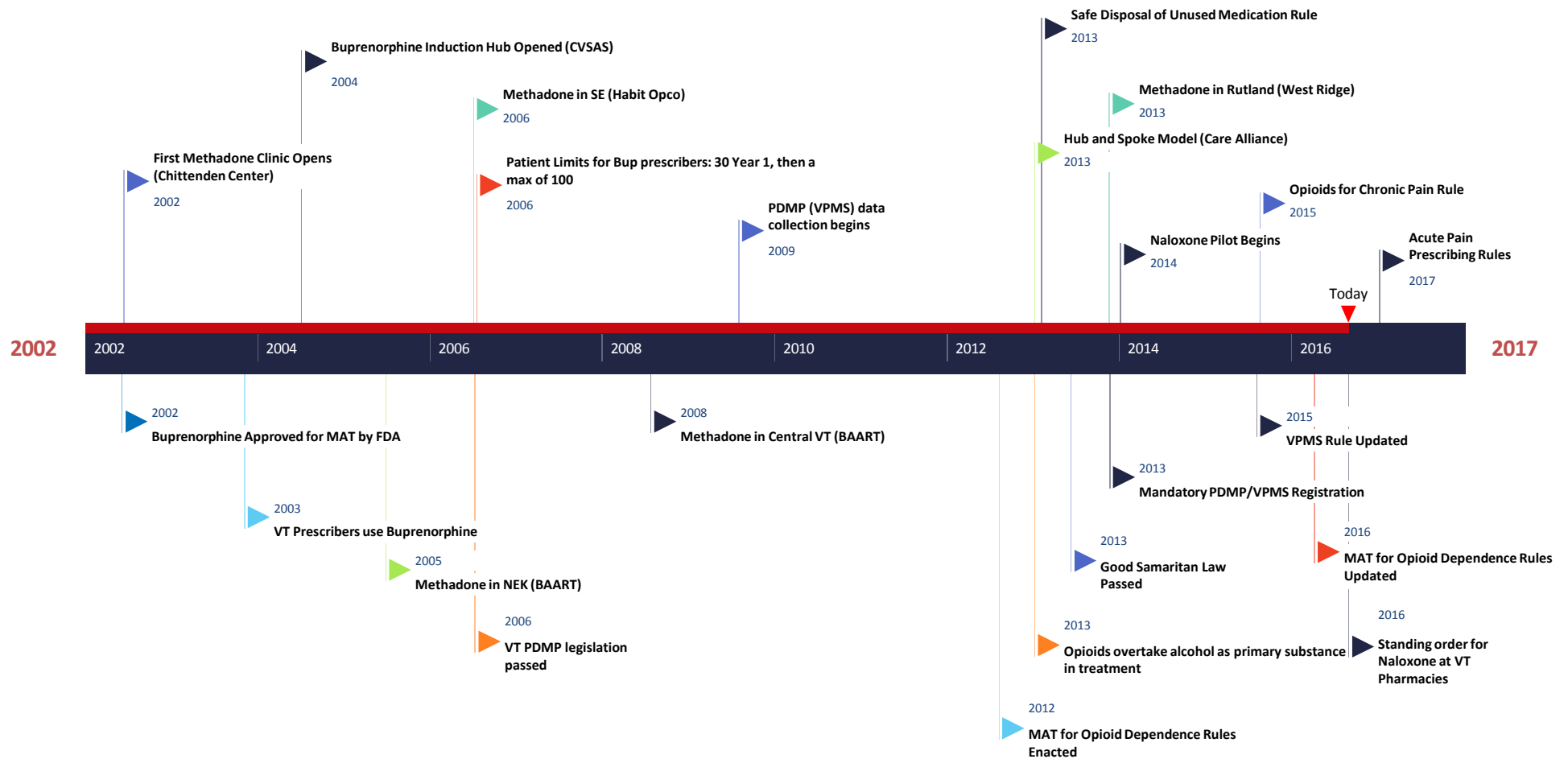


Areas Assessed:

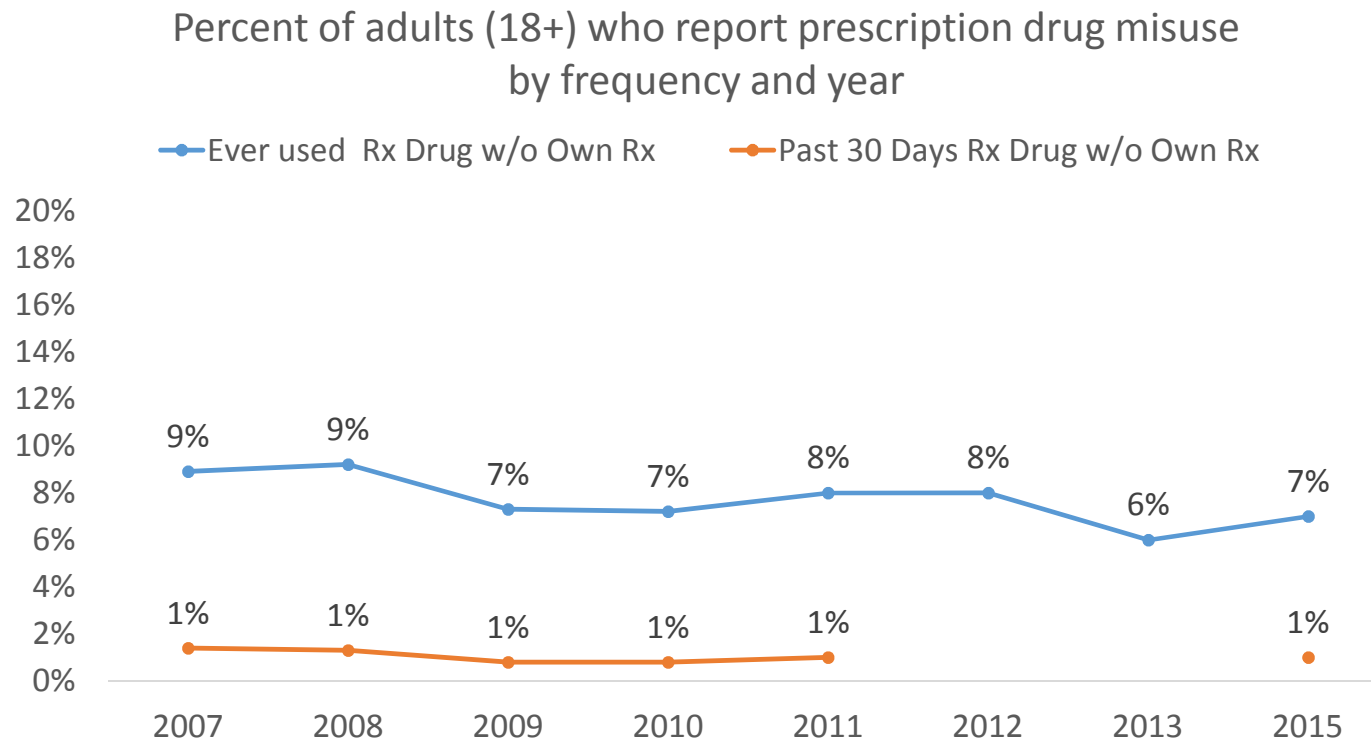
- Mandatory Prescriber Education
- Opioid Prescribing Guidelines
- Eliminating Pill Mills (VT doesn't have them but also doesn't have legislation to eliminate/prevent them)
- Prescription Drug Monitoring Programs
- Increased Access to Naloxone
- Availability of Opioid Use Disorder Treatment

In Place Not in Place

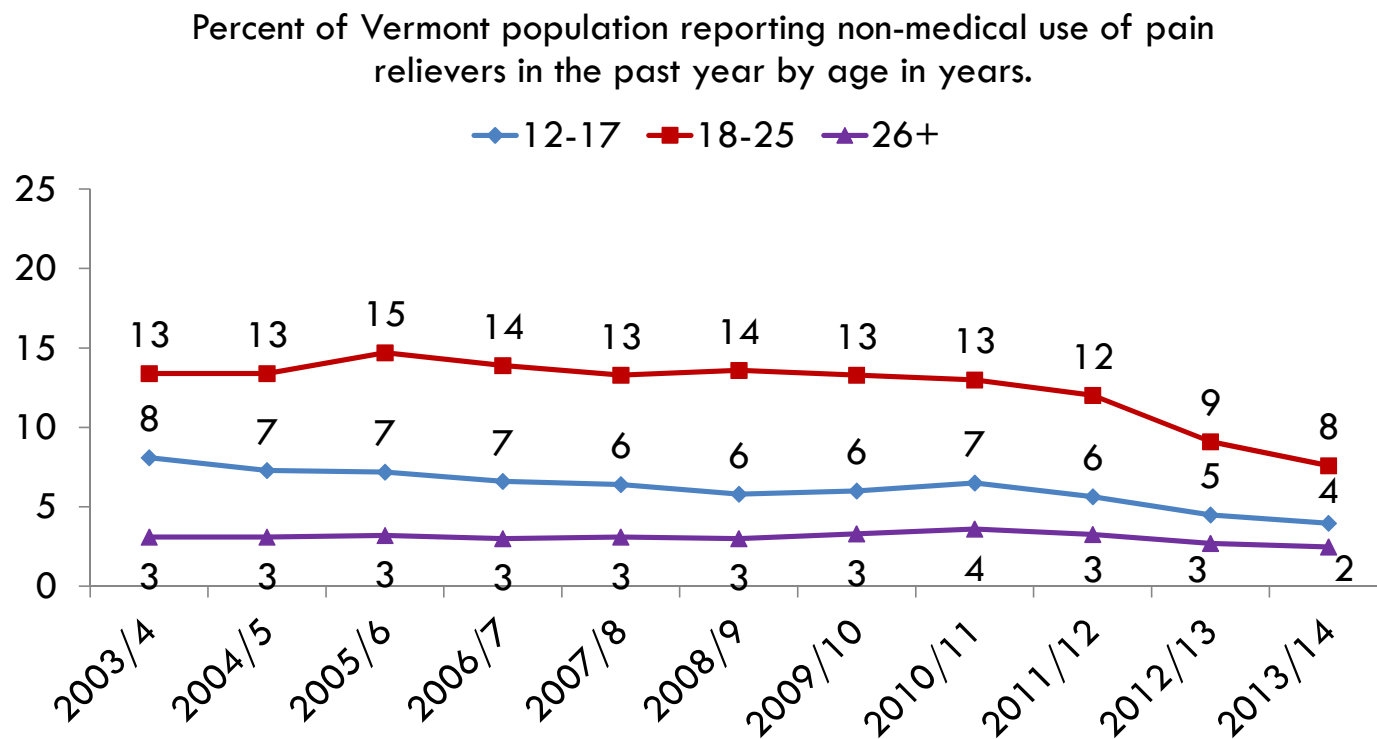
Timeline: Addressing Opioid Misuse and Addiction in Vermont



Percent of Adults Who Report Prescription Drug Misuse

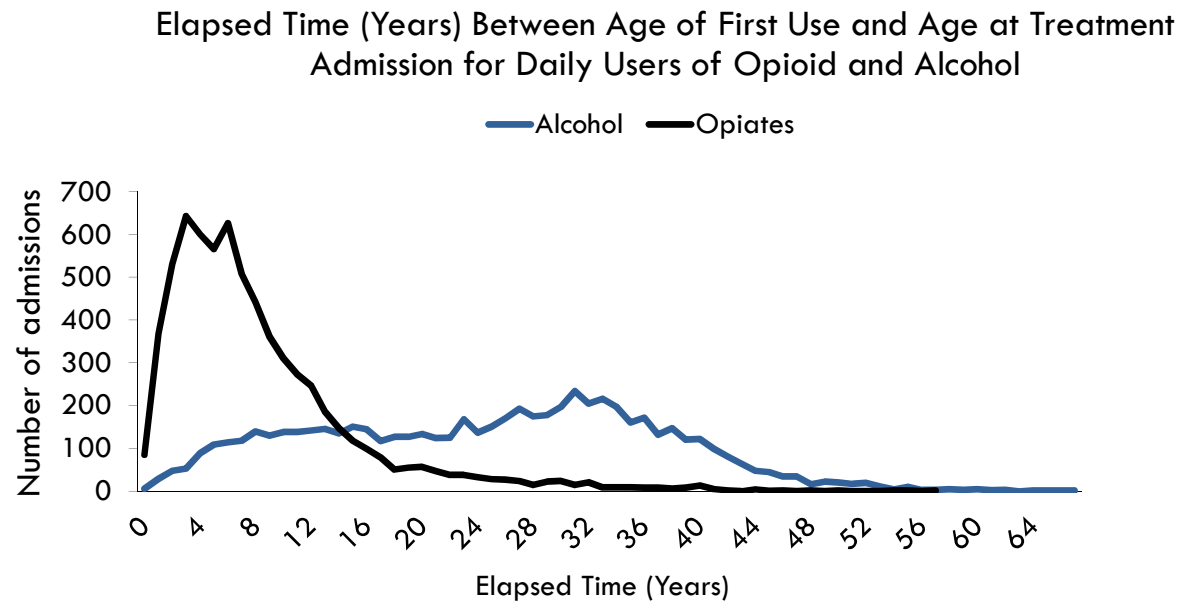


Non-medical use of prescription pain relievers in Vermont





People seek treatment for opioid addiction much sooner after first use than with alcohol



	Opioids	Alcohol
Average Elapsed Time	8.2 +/- 7 years	24.8 +/- 12 years
Number of Admissions	6776	6207

A “Perfect” Storm

Increasing Rates of Opioid Dependence

Inadequate Treatment Capacity

High Health Care Expenditures, Criminal Activity

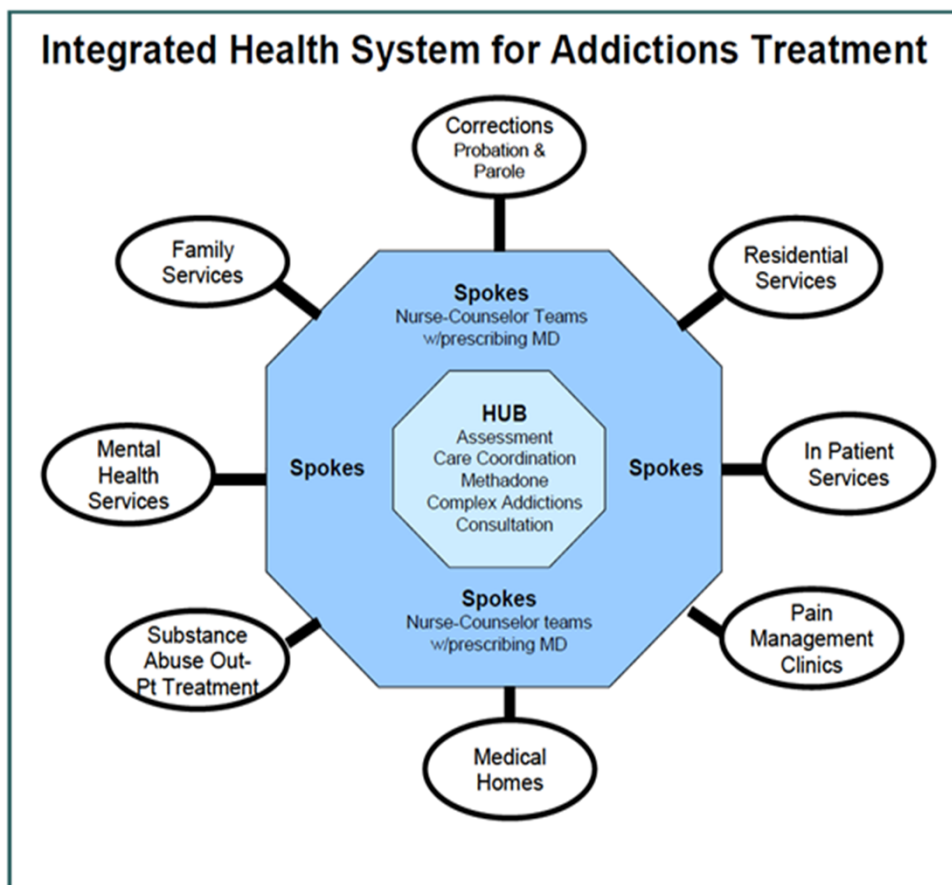
Poor Patient (Client) Outcomes

Program & Funding Silos

Key Health Providers Do Not Participate In Treatment

Isolation, Stigma, Lack of Voice for Community w/Addiction

Medication Assisted Treatment (MAT) in Vermont

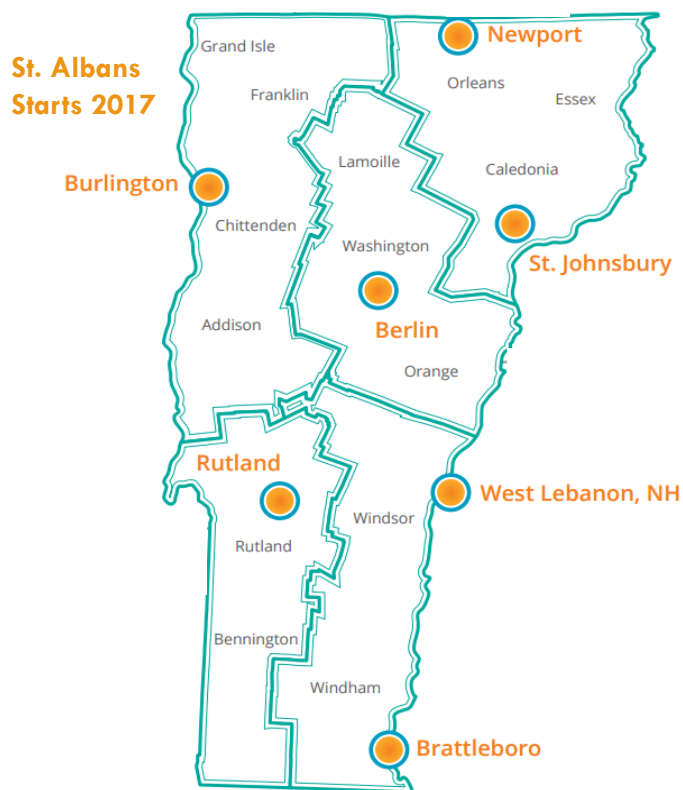


Care Alliance for Opioid Addiction

The Care Alliance for Opioid Addiction is a statewide partnership of clinicians and treatment centers to provide Medication Assisted Therapy (MAT) to Vermonters who are addicted to opioids.

Hub and Spoke Locations

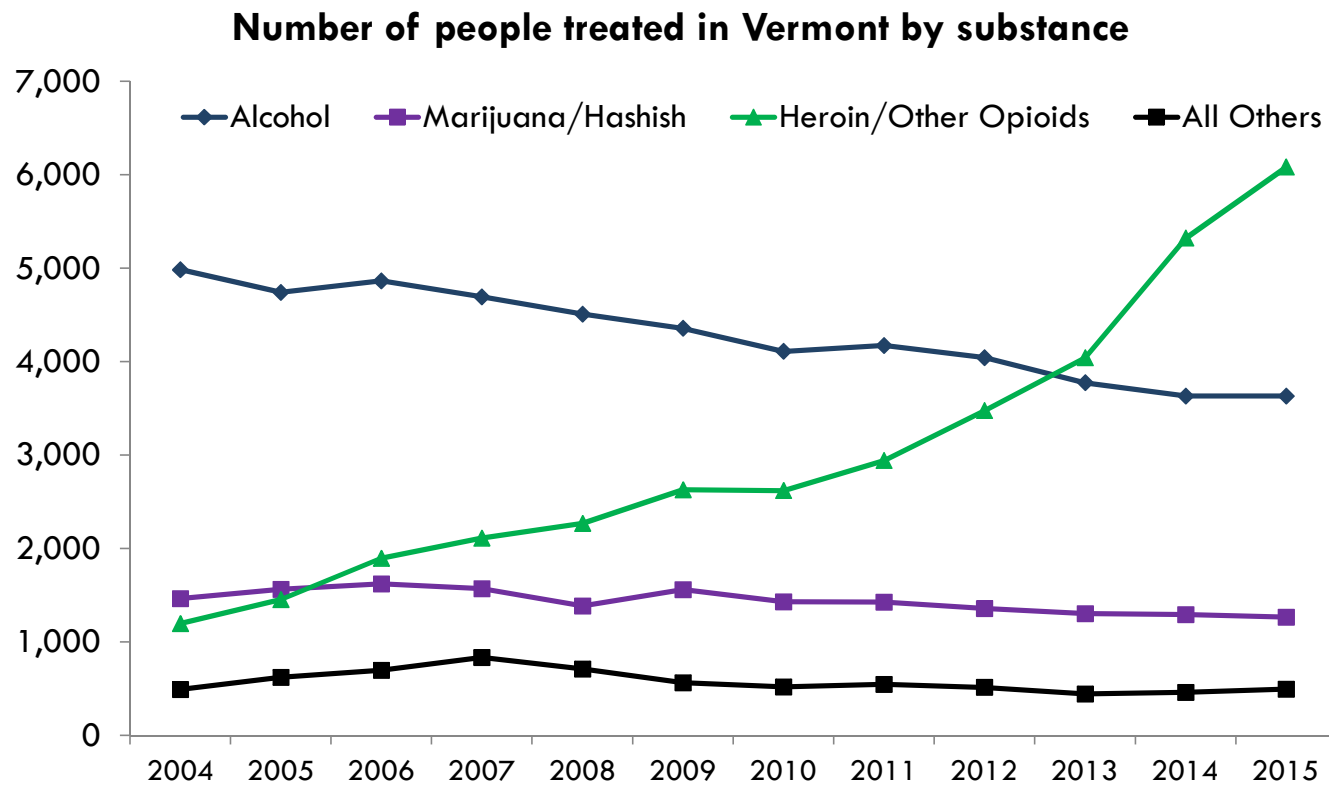
Hubs



Spoke Prescribers

Region	Total # MD prescribing pts
Bennington	10
St. Albans	15
Rutland	13
Chittenden	53
Brattleboro	11
Springfield	3
Windsor	7
Randolph	5
Barre	20
Lamoille	9
Newport & St Johnsbury	10
Addison	4
Upper Valley	4
Total	160*

The number of individuals using heroin at treatment admission is increasing faster than for other opioids/synthetics



Source: Alcohol and Drug Abuse Treatment Programs

Hub Census and Waitlist: September 26 , 2016

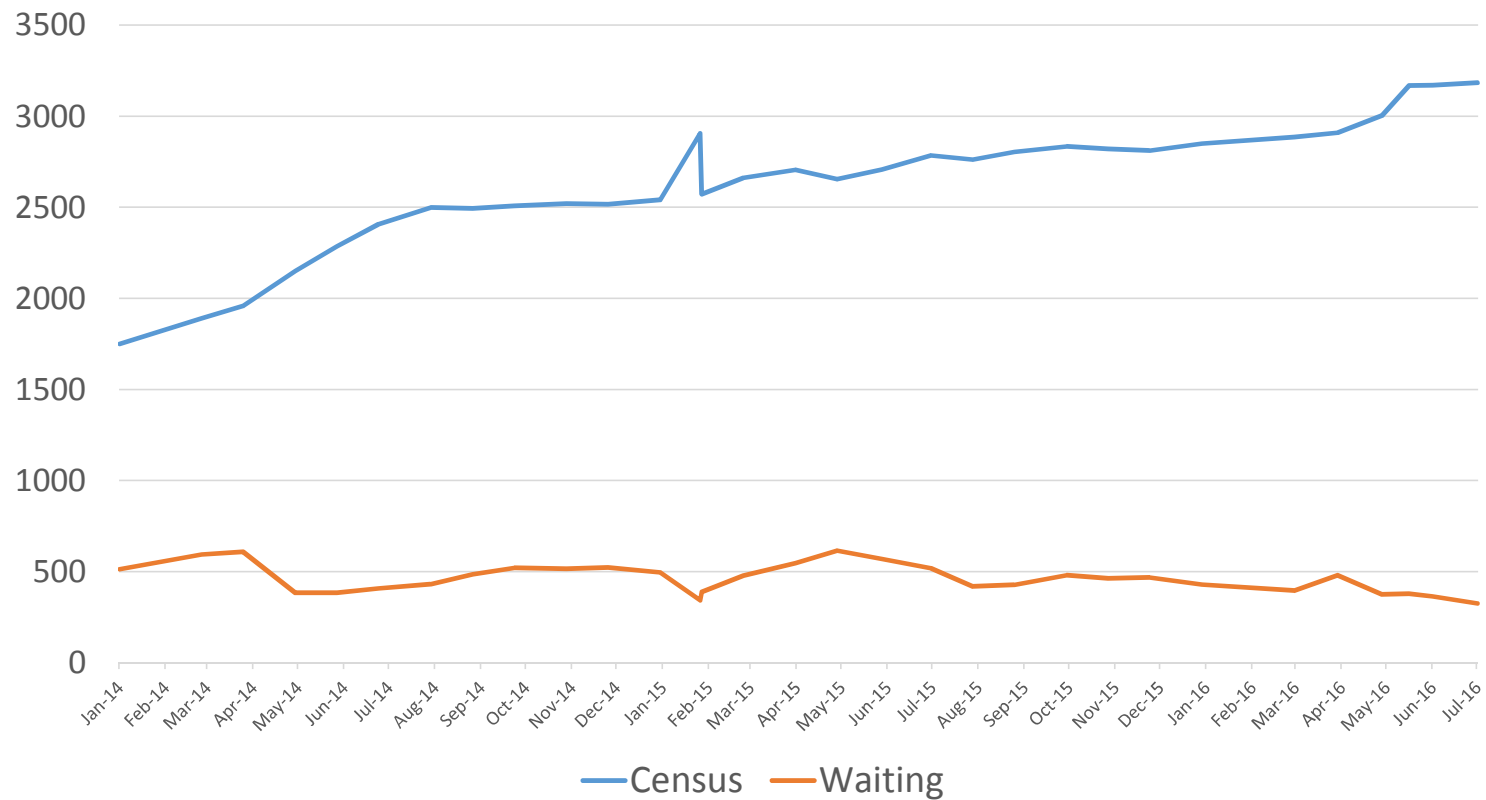
Region	# Clients	# Buprenor phine	# Methadone	# Vivitrol	# Waiting
Chittenden, Franklin, Grand Isle & Addison	912	263	643	0	247
Washington, Lamoille, Orange	537	262	275	0	0
Windsor, Windham	637	172	465	0	0
Rutland, Bennington	371	90	259	0	14
Essex, Orleans, Caledonia	722	188	530	4	8
	3179	975	2172	4	269

Spoke Patients, Providers & Staffing: June 2016

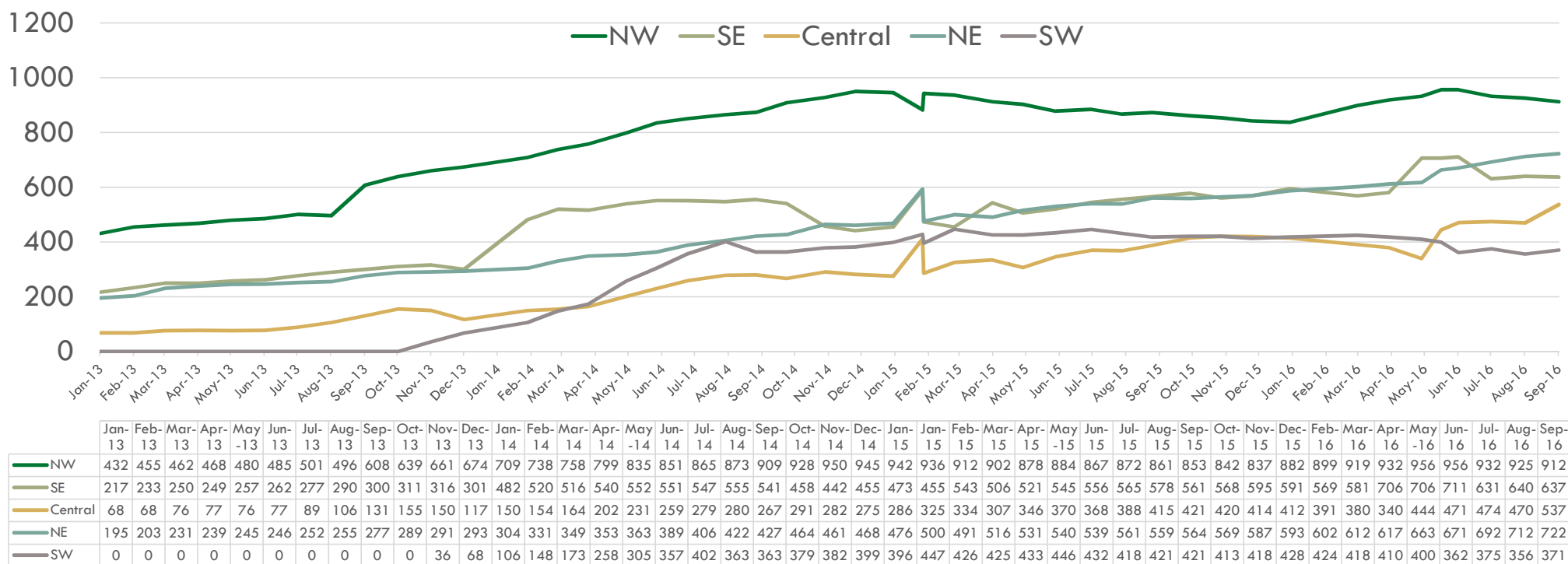
Region	Total # MD prescribing pts	# MD prescribing to ≥ 10 pts	Staff FTE Available Funding	Staff FTE Hired	Medicaid Beneficiaries
Bennington	10	5	5.0	5.6	238
St. Albans	15	12	8.0	5.4	385
Rutland	13	7	6.0	4.25	300
Chittenden	53	18	10.5	11.6	514
Brattleboro	11	6	3.0	2.57	144
Springfield	3	2	2.0	1.5	77
Windsor	7	4	4.0	3.0	206
Randolph	5	4	2.0	1.8	107
<u>Barre</u>	20	6	6.0	5.5	301
Lamoille	9	3	3.5	3.6	157
Newport & St <u>Johnsbury</u>	10	2	2.0	2.0	97
Addison	4	3	2.0	1.5	87
Upper Valley	4	0	.5	1.0	8
Total	160*	72	54.50	49.32	2,621

Table Notes: Beneficiary count based on pharmacy claims Apr – Jun, 2016; an additional **177** Medicaid beneficiaries are served by **29** out-of-state providers. Staff hired based on Blueprint portal report 7-1-16. *4 providers prescribe in more than one region.

Number of People Receiving Opioid Treatment and People Waiting for Services in Hubs Over Time

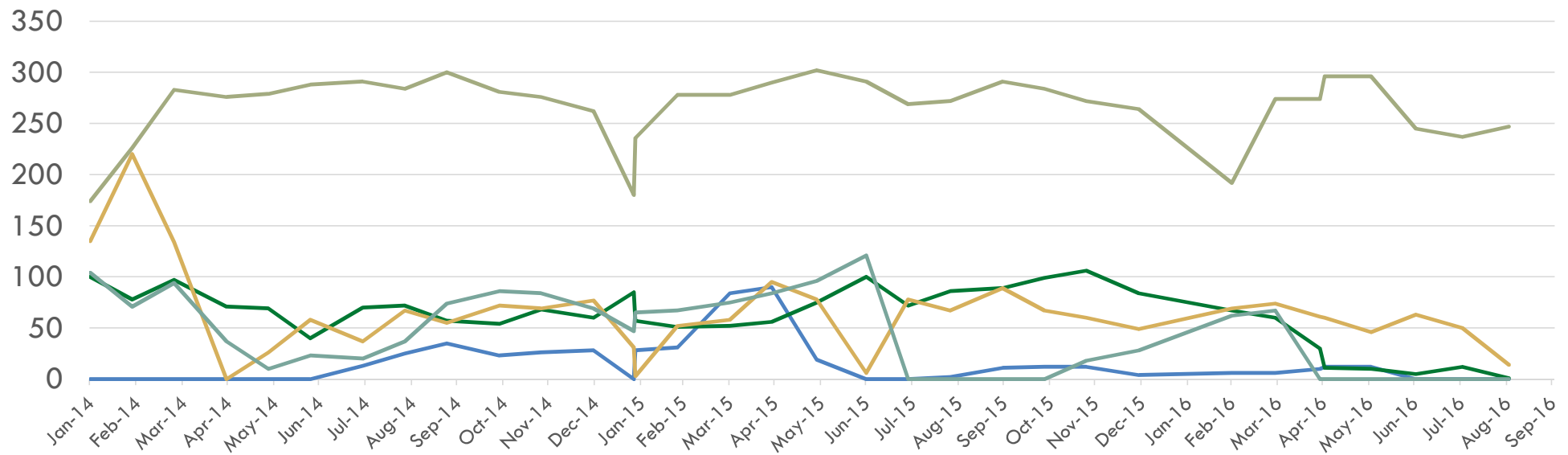


Number of people receiving treatment in hubs by region



Regions (by County): SE = Windham/Windsor, NE = Essex/Orleans/Caledonia, NW = Chittenden/Addison/Franklin/Grand Isle, SW = Rutland/Bennington, Central = Washington/Lamoille/Orange

Number of People Waiting for Hub Services by Region



	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
SE	0	0	0	0	0	0	13	25	35	23	26	28	28	31	84	90	19	0	0	2	11	12	12	4	0	6	6	10	12	12	0	0	0
NE	100	78	97	71	69	40	70	72	57	54	68	60	57	51	52	56	75	100	72	86	89	99	106	84	85	67	60	30	11	10	5	12	1
NW	174	226	283	276	279	288	291	284	300	281	276	262	236	278	278	290	302	291	269	272	291	284	272	264	180	192	274	274	296	296	245	237	247
SW	135	220	134	0	26	58	37	67	55	72	69	77	3	52	58	95	78	6	78	67	89	67	60	49	31	69	74	61	60	46	63	50	14
Central	104	71	94	37	10	23	20	37	74	86	84	69	65	67	75	84	96	121	0	0	0	0	18	28	47	62	67	0	0	0	0	0	0

Regions (by County): SE = Windham/Windsor, NE = Essex/Orleans/Caledonia, NW = Chittenden/Addison/Franklin/Grand Isle, SW = Rutland/Bennington, Central = Washington/Lamoille/Orange

Pre and Post Hub and Spoke numbers served

Pre Hub/Spoke - 2350

- ▣ OTP numbers served (4/2012): 650 (source: SATIS)
- ▣ OBOT Medicaid served (4/2012): 1700 (Source: Medicaid Claims)

Post Hub/Spoke – 5792 (146% increase)

- ▣ Current OTP served (6/16): 3171 (Source: Hub Census Report)
- ▣ Current OBOT Medicaid Served (6/16): 2621 (Source: Blueprint Spoke Report)

Note: In 2015, over 5000 individuals received at least one prescription for an anti-addiction drugs dispensed by pharmacies, the overwhelming majority of which were for buprenorphine products. Source: VPMS

Improving Access to Treatment

- As of August 2016 waived physicians can prescribe to as many as 275 patients, up from 100
 - ▣ 7 physicians have received waivers to prescribe to up to 275 patients
 - Bennington, Burlington (2), Barre/Montpelier/Berlin (2), St. Albans, White River
 - ▣ No physicians are prescribing to 275 patients
- 45% of spoke prescribers prescribe to more than 10 patients
 - ▣ Most treat their own primary care patients with opioid use disorders
- Injected Vivitrol use has increased

Comprehensive Addiction & Recovery Act (CARA) July, 2016

- Authorizes APRNs and PAs to prescribe buprenorphine
 - ▣ SAMSHA has 18 months to:
 - Develop a 24 hour training curriculum for APRNs and PAs
 - Change the statute to allow APRNs and PAs to prescribe

- Anticipated impact
 - ▣ Increased access to treatment
 - ▣ Spoke staffing impact to be determined

Opioid Use Disorder (OUD) Treatment Gaps, Consequences, and Actions

Gap	How We See the Effects	Actions We are Taking
Insufficient Hub capacity	Wait lists for hub services, primarily in the NW. Clients unable to transfer to appropriate care after other treatment/detox.	A new hub will begin taking clients in early 2017. Up to 200 patients are projected to transfer from existing Hubs to new location.
Workforce	It is difficult to recruit for clinicians and medical staff in the community; limits access to services	<i>We are encouraging partnerships between specialty SUD treatment and medical providers to enhance recruitment.</i>
Uneven distribution of spokes	Clients may remain in hubs even when they are ready to step down to spokes due to lack of available spokes	Active recruitment of prescribers statewide; partnership with UVM and others
Transportation	People with minor children miss appointments because Medicaid can't pay to allow minor children to accompany a parent	<i>Communities are developing creative solutions; i.e., peer support for transportation, carpooling</i>
Childcare	Limits access to care for some clients	Communities are developing local solutions; ADAP looking at Block Grant funds to help support
Outcomes Reporting	Reliance on evidence-based research on medication assisted treatment and use of process data to show progress toward outcomes	<i>An evaluation of clinical and functional impacts of the hub and spoke system, contracted through UVM Medical Center, has begun. Anticipated 1/2018.</i> <i>Blueprint and ADAP are developing a report on cost and health home measures. Ongoing work.</i>

DVHA/Blueprint Cost Analysis Study

- “Impact of Medication-Assisted Treatment for Opioid Addiction on Medicaid Expenditures and Health Services Utilization Rates in Vermont” published in the Journal of Substance Abuse Treatment (August 2016)

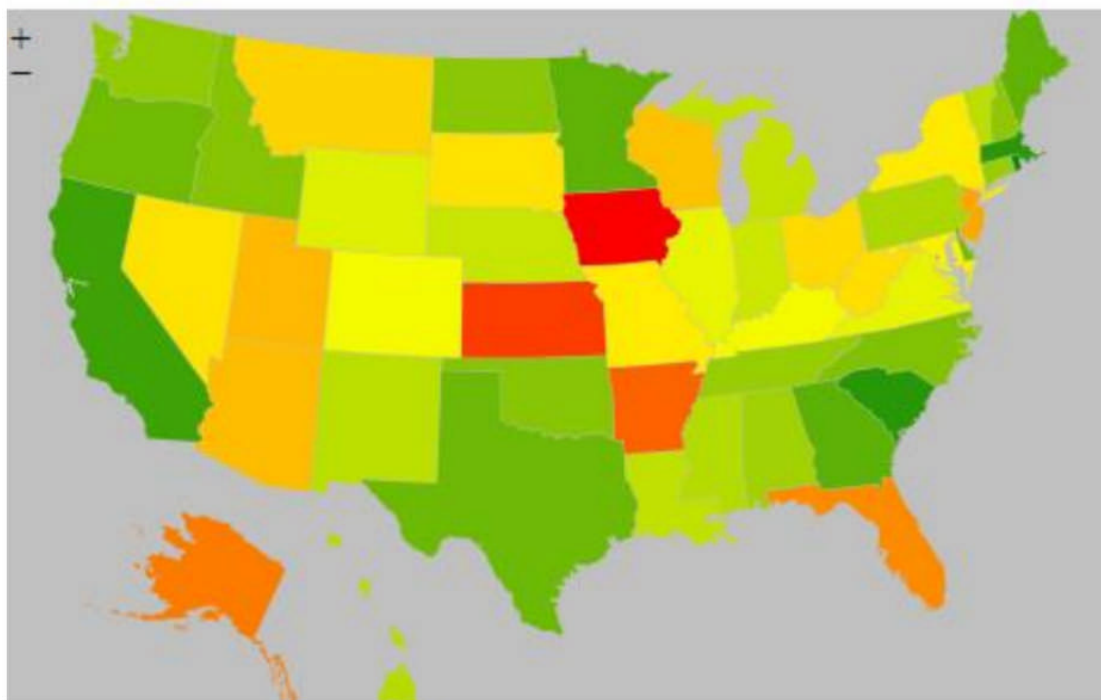
- ▣ Highlights:

- Higher MAT treatment costs offset by lower non-opioid medical costs
- MAT associated with lower utilization of non-opioid medical services
- MAT suggested to be cost-effective service for individuals addicted to opioids



Cost Information

Private Payer Average Cost per Person* with opioid use disorder in Vermont is lower than many other states



Average national private payer cost per person* with OUD in 2015 was **\$63,356**

Average Medicaid cost per person* participating in the Hub and Spoke system of care in Vermont in 2015 was **\$16,402**

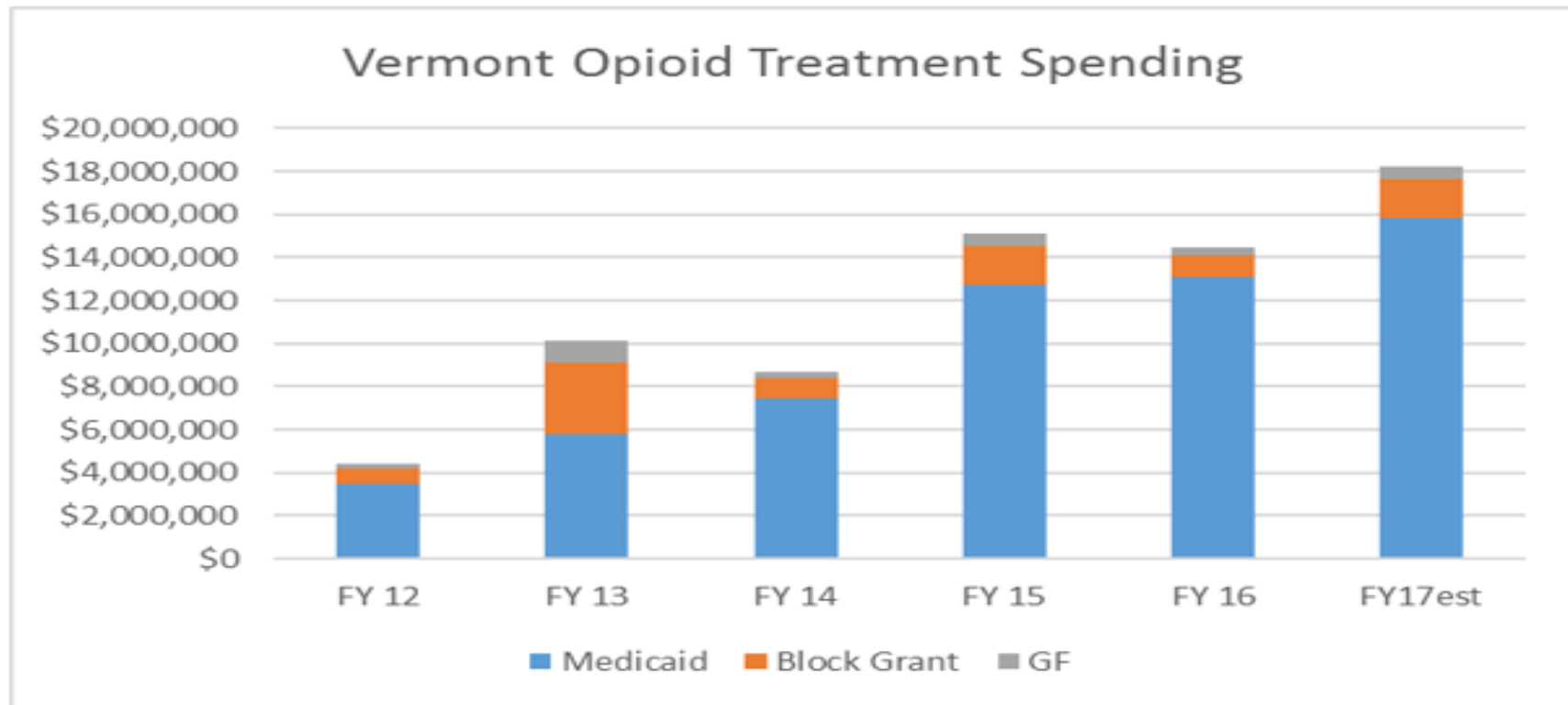


*All claims associated with the patient regardless of diagnosis

Spending on Opioid Treatment

Health Department Opioid Treatment Spending				
	Medicaid	Block Grant	GF	Total
FY 12	\$3,470,651	\$750,493	\$223,831	\$4,444,976
FY 13	\$5,770,124	\$3,358,277	\$1,001,592	\$10,129,993
FY 14	\$7,454,819	\$966,247	\$288,179	\$8,709,245
FY 15	\$12,738,554	\$1,812,102	\$540,451	\$15,091,108
FY 16	\$13,071,800	\$1,050,031	\$313,167	\$14,434,997
FY17est	\$15,830,265	\$1,820,197	\$542,866	\$18,193,328

Spending on Opioid Treatment



Vermont Recognition

- Association of State and Territorial Health Officials - Maximizing Public Health Partnerships with Medicaid to Improve Health case study.
<http://www.astho.org/Health-Systems-Transformation/Medicaid-and-Public-Health-Partnerships/Case-Studies/Vermont-MAT-Program-for-Opioid-Addiction/>
- NYT: Vermont Tackles Heroin, With Progress in Baby Steps
<http://www.nytimes.com/2015/02/26/us/as-vermont-tackles-heroin-addiction-progress-is-measured-in-baby-steps.html>
- Boston Globe: In Rutland, Vt., a rare glimmer of hope in battle against opioid addiction <https://www.bostonglobe.com/metro/2015/10/26/rutland-makes-gains-opioid-battle/0xJPia7xu1mQDI3jpFUPVK/story.html>