Combating the Opioid Epidemic (efforts, challenges, and the future)

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Mission, Vision and Values

Our mission, vision and values guide everything we do at Mercy Care.

Mission

Mercy Care exists to address and advocate for the comprehensive health of our members and families, including circumstances that impact their well-being, with special consideration for the underserved and those with complex health needs.

Vision

Our members live a healthier life and achieve their full potential.

Values

Our values guide us to approaching our work with integrity, confidence and clarity.

➤ COMPASSION: Mercy Care will pursue its mission with passion, enthusiasm, optimism and diligence.

➤ INNOVATION: Mercy Care will be innovative thought leaders transforming the care delivery system.

➤ COLLABORATION: Mercy Care will seek partners to create exceptional results.

➤ ADVOCACY: Mercy Care will work on behalf of the underserved and those with complex health needs to improve health outcomes.
Strategic Initiatives

Caring for specialty populations

Leading Transformation of Care Delivery

Carving

Delivering Excellence in Quality and Service

VISION

Our members live a healthier life and achieve their full potential.
Learning Objectives:

1. To identify 2-3 providers that members can receive opioid addiction treatment 24/7 within Maricopa County.
2. To discuss efforts made and the associated challenges with increasing access to MAT within Maricopa County.
Use the mouse wheel or track pad to zoom in and click a county for details.

Lethal overdoses per 100,000 residents

- 0.0-2.0
- 2.1-4.0
- 4.1-6.0
- 6.1-8.0
- 8.1-10.0
- 10.1-12.0
- 12.1-14.0
- 14.1-16.0
- 16.1-18.0
- 18.1-20.0
- >20
Maricopa County, Arizona had over 20 lethal overdoses in 2014, according to CDC estimates.
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The Opioid Epidemic:

• Since of June 15, 2017 to yesterday at 5 pm there has been ______ deaths and ________ overdoses

• According to ADBH, in 2018, there were a reported 1375 deaths related to opioids.
  • 2017=949
  • 2016=790
  • 2015=679
  • 2014=569
  • 2013=526 (Az Department of Human Services).

• This is the dire situation Arizona finds itself in as we fight the latest battle in our nation’s long history with Opioid related epidemics.

• It has been advanced by poor understanding, stigma (internal and external), lack of understanding of resources, lack of education, and several other factors.
Arizona Department of Health Services Death Count Map, 2016 (updated June 18, 2019)
America’s Long History with Opioids

Epidemics:

1. 1865-1895: Morphine
   - Lined medicine cabinets (as laudanum, powders, or pills)
   - A medical epidemic
   - Response: commercial, then medical, and then criminal.
   - Lasted 50 years

2. 1898-1923 Heroin
   - Introduction of the syringe (4x more potent than morphine)
   - Recreational
   - Response: medical, then criminal
   - Lasted 25 years
“Think like a scientist and act like a humanist”

Thomas Insel, 2013
Health and Human Services Strategies:

• Improving access to treatment and recovery services;
• Promoting use of overdose-reversing drugs;
• Strengthening our understanding of the epidemic through better public health surveillance;
• Providing support for cutting edge research on pain and addiction; and
• Advancing better practices for pain management.
Systemic Goals

1. Provide 24/7 availability to access services
2. Allow access to life saving medication and treatment
3. reduce the severity of symptoms,
4. Help improve physical half of psychological well-being,
5. Help improve members quality of life and overall functioning
6. Help teach members how to prevent relapse
7. Help members become responsible for managing their lives.

These goals are achieved much more quickly if medication is used.
Identifying System Gaps and Enhancements

- Paneling
- Member Focused-Forums
- Integration
- Intensive Outpatient Services
- Substance Use Residential Services
- Medication Assisted Treatment
  - 24/7 COE
    - Access to Care
- Coordination of Care
Why Centers of Excellence?

• Need to enhance service hours to accommodate members needs
  • Intakes occur 24 hours a day
  • Services available throughout the day and evening

• Comprehensive service delivery in one location
  • Peer supports
  • Intake
  • Medication services
  • Benefit enrollment
  • Integrated care options – Physical and Behavioral
Lessons Learned
Education regarding Relapse?

• Community education essential
  • Providers
  • Family
  • Community

• Understanding that changes in the brain continue to exist and relapse is always a possibility
  • When relapse occurs the brain, pathways involved in maintaining repetitive opioid use are reactivated rapidly.
  • Cravings, tolerance, and physical dependence increase accordingly
  • So recovery is ongoing.. And cravings can last for years.
Stigma (family, friends)

- Drugs are a moral issue, its about mental weakness
- Trading 1 drug for another?
  - Education – why it is different
- They are addicted to Methadone, Suboxone, etc
  - Physical dependence and addiction
- Lifelong medications
  - Is this forever
- Fear

Community Engagement: this is not about stigma its about communication and partnership
Stigma (professionals)

• Trading 1 drug for another?
• They are addicted to Methadone, Suboxone, etc
  • Preoccupied with getting the drug
  • Intoxicated or euphoric
  • Unstable mood
  • Inability to focus on daily activities
• Getting off the medications?
  • Confusing physical dependence with addiction
• Educating providers on addiction
• Changing how the process is viewed (providers are part of the members journey)
Addiction.....

• When an individual is addicted to drugs, and its effects on both the limbic system and prefrontal cortex.

• Traditional treatment approaches, including psychoeducation and behavioral therapies, which impact the prefrontal cortex
  • The traditional non-medical model for substance-abuse treatment involving psycho social tx involving detoxification and withdrawal management, without medications has a failure rate greater than 90% during the first three months (ASU, Training Guide)

• Using medication to address the Limbic System.
• Cravings/thoughts continue for years
Centers of Excellence

• Funding
  • Understanding the dollars needed to support the service delivery
  • Opportunities to provide funding – grants and service dollars needed

• Stigma
  • More access to care, more consumers of the service, more stigma

• Community
  • Location is essential
  • Community involvement and understanding to decrease stigma associated

• Geo-mapping
  • Identifying areas of need
Center of Excellence Access to Care

COE Time of Intake by Percentage

- 11:01pm-4:30am: 18%
- 4:31am-11:30am: 24%
- 5:01pm-11pm: 30%
- 11:01pm-4:30am: 18%

Traditional Opioid Treatment provider hours
Number of Individuals through COE

- Total Number: 6566, 78%
- T19 or NT19: 1833, 22%
State Targeted Response Grant

Combined STR Providers OUD and Recovery Support Services

- Total OUD
- Total Recovery Support

[Bar chart showing data from Jan-18 to Apr-19]
Coordination of Care Improvements

• Triaging Members
  • Identifying all SDoH needs
• Addressing Employment
  • Engage in employment services - Recovery
• Addressing Housing
  • Ensuring linkage to options
  • Expansion of services
  • Eviction prevention services
• Connecting with transitioning Behavioral Health providers
  • Formalizing the referral process
  • Warm handoffs
The Future
Comprehensive Health Focus

Addictions | Housing Security | School Based Services | Women’s Health

[Icons for each category]
Leading Transformation of Care Delivery: ENHANCING THE COEs

• Phase 1: stand-up 24/7 access points and assess for deeper need

• Phase 2: Enhance COE’s service delivery to address member specific needs / specialty populations

• Phase 3: Integrated Care
Caring for Specialty Populations

Phase 2: Targets

• Justice Involved

• Pregnant/Mothers with Dependent Children

• Adolescent Opioid Users

• Veterans

• Medically Complex (Traumatic Brain, Spinal Cord Injuries)
Justice Involved

- Correctional Health Systems Partnership
- Education on MAT services and service providers
- Badged to work in Maricopa County jails
- Access to EHR to enhance care coordination
- Currently working to develop marketing campaign
Physically Disabled

- TBI, Spinal Cord
- Family psychoeducation
- Psychoeducation
- Capable Residential providers
- Developing Support Networks
- Transportation
- Coordination of Care
Pregnant/Dependent Children

- Psychoeducation
- Partnering with OBGYN
- Partnering with Pediatrician
- Child care education/support
- Partnering with DCS
- Family Support (therapy, support groups)
- Substance Exposed Infants (SEI) Framework
Adolescents

• Family psychoeducation
• Psychoeducation that considers development.
• Developmentally appropriate BH services
  • A-CRA, Informed Decision Making, etc
  • Relationship management
  • Reducing Risk
    • Preventing STDs
    • Reducing intimate violence
• Developing Support Networks.
• Drug-free in multiple environments
• Pairing providers (behavioral health with MAT)
Veterans

- Family psychoeducation
- Psychoeducation
- Proper Assessment
- Trauma Informed Care
- Both psychosocial interventions & pharmacotherapies.
- Developing Support Networks
- Partnering with the VA
Delivering Excellence in Quality and Service

• Increased monitoring and reporting
• Enhanced monitoring and reporting
• MAT monitoring
• IOP monitoring
• Integrated Care
• Enhancing outreach programs
• Developing recovery capital
• System Trainings
Questions??
References


References:

- Center for Behavioral Health Statistics and Quality (2016). "Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health," retrieved from: samhsa.gov/data


Thank You