Filling the Gaps in Treatment of OUD in Oregon: An Overview

John W. McIlveen, Ph.D., LMHC, State Opioid Treatment Authority,
Oregon Health Authority, Health Systems Division

Oregon Health Authority

Objectives

After attending this educational session learners will understand

- - Historical background on opioid use and misuse in the US, and reasons why they are important in terms of understanding how we address these issues today

- - Why opioids are of particular importance/concern for those who work in the Medicaid system or with Medicaid patients

- - The system of opioid treatment currently available in Oregon, and what the gaps and barriers are to developing a more robust system

- - Positive steps that have been taken towards addressing opioid use and misuse in Oregon, and future goals and challenges (hopefully to spur conversation around these issues in the Q and A session)

Disclosure

- I have no financial relationships with a commercial entity producing healthcare services or products.

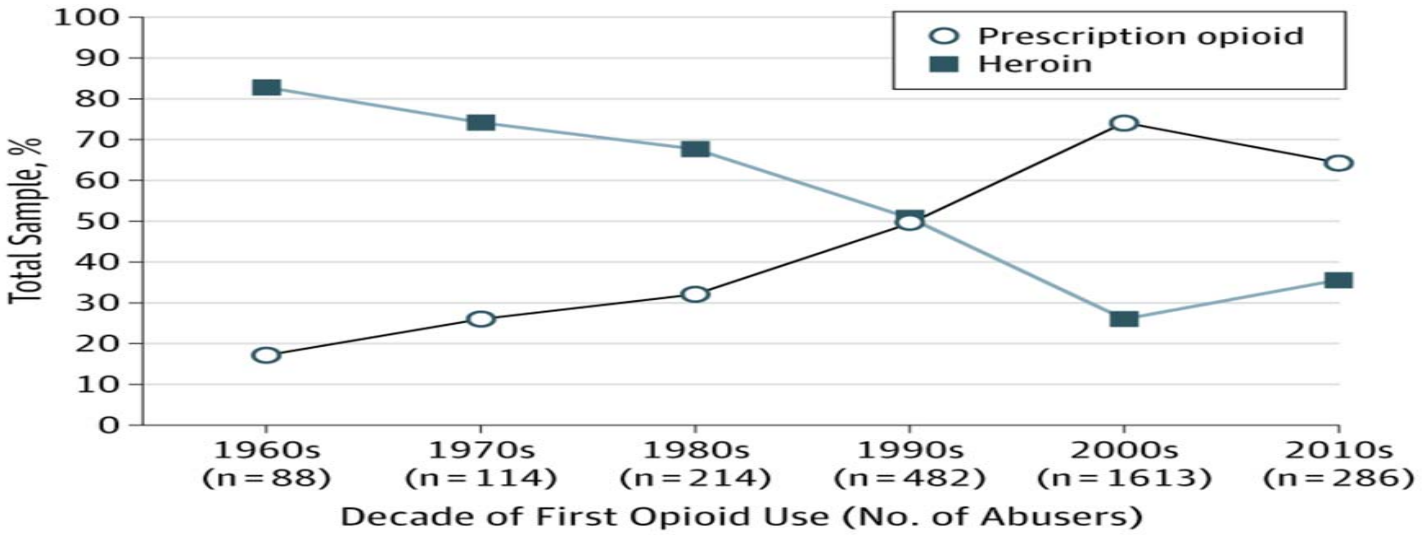
Opioids in the United States: A Historical Perspective

- Opioid use widespread and common in the US at turn of 19th/20th century – prescribed for a variety of aliments
- Peak usage late 1800's, by 1910 around 1 in 400 Americans opioid dependent
- Majority female users (as many as ¾ ths)
- 1914 Harrison Act – to regulate commerce and the opioid trade
- Drastic changes in the way this population was treated
- Opiates prescribed only in the "course of practice" (addiction not seen as a disease condition and not included)

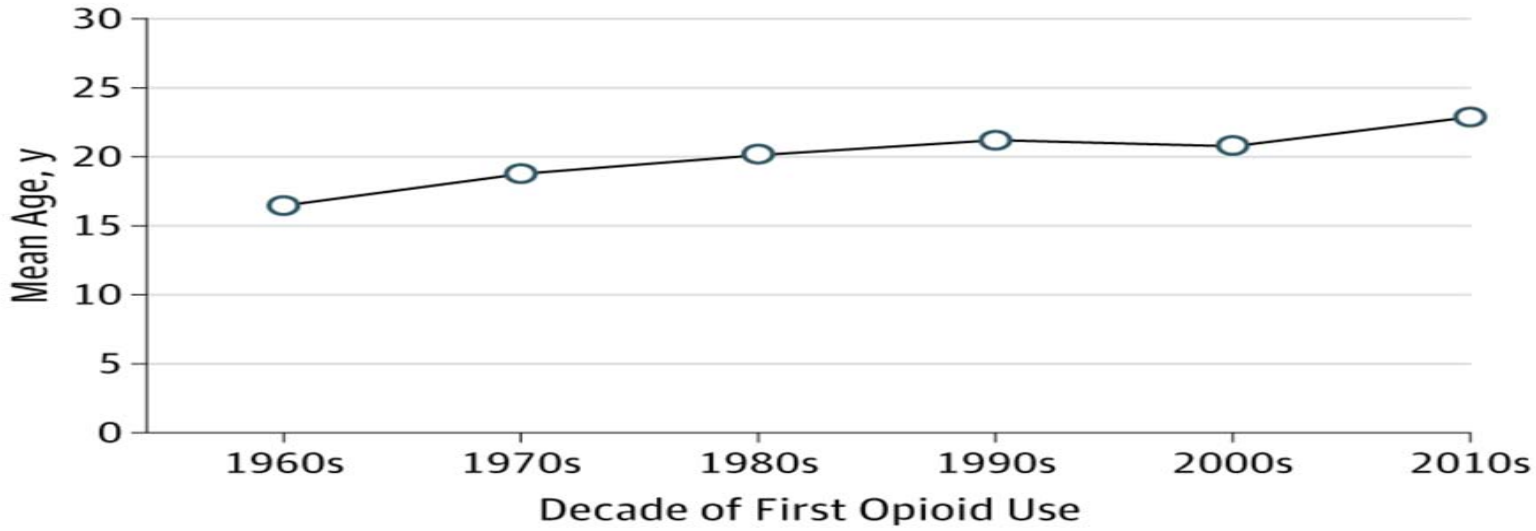
Opioids in the United States: A Historical Perspective

- DATA 2000: Office-based treatment of opioid dependence
- Act of Congress – any schedule III, IV, or V controlled substance with FDA approval for treatment of opioid dependence could be prescribed by a “qualified” physician
- Buperenorphine – Schedule III
- Expanding office based treatment options

First Use of Opioids: By Decade



Age of First Heroin Usage: By Decade



Institute for Defense Analysis/ONDCP: Average Heroin Prices

Opioids in the United States: Heroin Facts

- Publicly funded facilities in 2012, opioid admission second only to marijuana (TEDS, 2012)
- User population increasing more rapidly than any other drug of abuse, despite overall numbers being vastly lower than virtually all other illicit drugs; doubled between 2007 (161,000) and 2013 (289,000) (NSDUH, 2013)
- Cocaine users five times that of heroin users but double the amount of deaths associated with it's use (CDC, 2014)
- Wide variances in methods of reporting heroin realted deaths (Warner et al., 2013)

Opioids in the United States: Treatment Considerations in a Medicaid Population

- SUDs and Medicaid clients – appx. 12% (SAMHSA, 2013)
- Opioid overdose rates much higher among Medicaid population (Kuehn, 2014)
- Approximately 4.4% of Medicaid clients receive SUD treatment any given year (SAMHSA, 2013)
- 1.4% of Medicaid programs budgets go towards SUD treatment (SAMHSA, 2013)

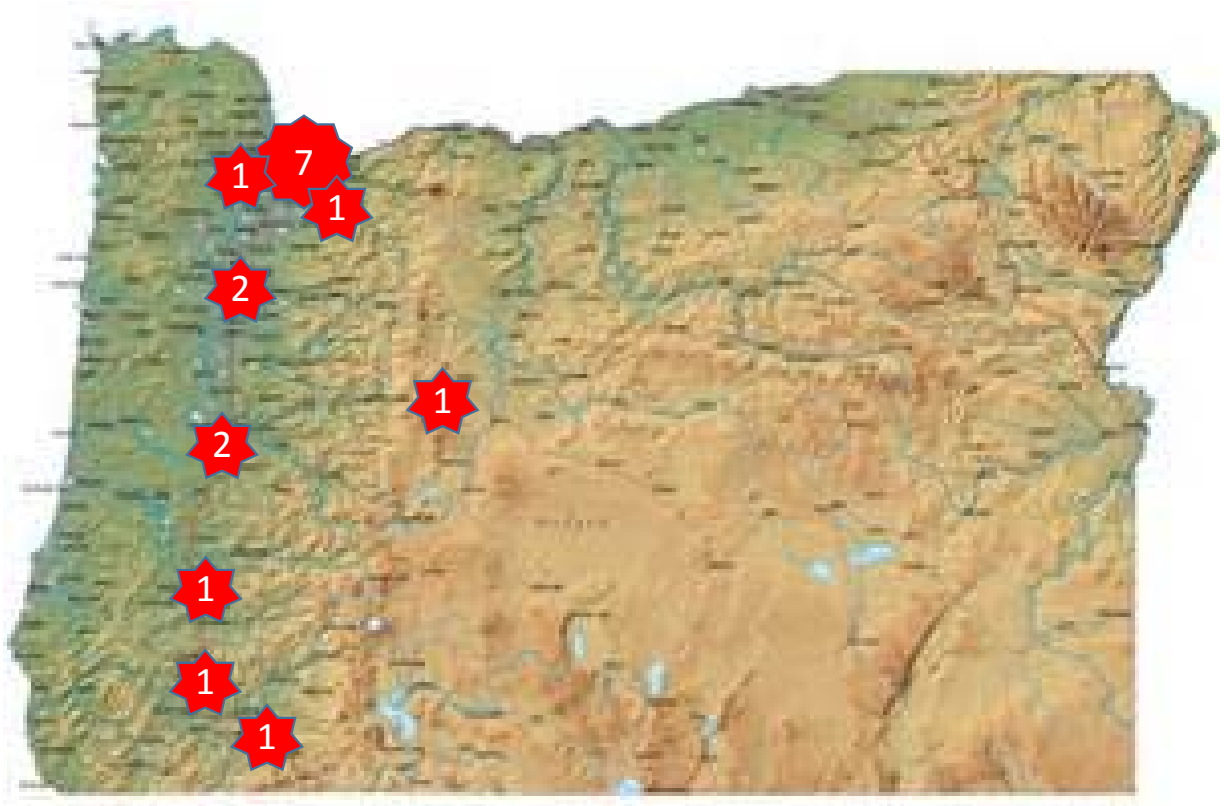
Opioids in Oregon: Filling The Gaps in Treatment

- Rates of diagnosed opioid use disorder (OUD) in Oregon (Medicaid population)
  - 2005/100.8 per 100,000
  - 2015/506.1 per 100,000
- 400% increase
- By counties ranges from 877 per 100K (Union) to 121 per 100K (Jefferson)
- Number of heroin seizures across OR/ID increased by 10x from 2006-2016 (HIDTA)
- Heroin related arrests in Oregon 3x increase from 2009-2016 (CJC(
- Self reported use of heroin at prison intake 4x increase in Oregon from 2008-2016 (ODOC)

Facts and Figures: Filling The Gaps in Treatment

- Approximately 7500 individuals in OUD treatment at opioid treatment programs across Oregon
  - State and Federally licensed facilities
- Mid-2016 - 467 DO's and MD's Federally certified to provide addiction treatment in Oregon with partial opioid agonists (i.e., buprenorphine)
- Mid-2017 - 544 providers Federally certified to provide addiction treatment in Oregon with partial opioid agonists (i.e., buprenorphine) (including 20 NPs/PAs)
- Although many OBOT programs around the state do offer psychosocial support/interventions directly we do not as a State (either OHA, OMB, or OSBN) neither require nor track this data. **ALL OTPs** are required by Federal and State rule to offer comprehensive psychosocial interventions as well as wrap around services, when appropriate.

Medication Assisted Treatment Programs in Oregon



Improving Access: Filling The Gaps in Treatment

- 2016 – 24% of qualified providers used DATA waiver once
- 2017 – 35% of qualified providers used DATA waiver once
- 16% increase in total number of DATA waivered qualified practitioners
  - Only 12% increase in utilization
- Almost 60% of Oregon counties have only 0,1 or 2 DATA waivered providers as of mid-2017
- Engagement rates across counties range from 0-100% for all counties (Linn – 10%/Union 60%)

Positive Steps: Filling The Gaps in Treatment

- Federal funding initiatives helping Oregon expand access to OTP and OBOT treatment throughout the state, increasing provider engagement and access to naloxone in harm reduction settings
- Decreased opioid prescribing statewide
- HB 3440 – access to MAT in drug courts, development of more robust treatment location systems
- HB 2355 – reclassification of drug laws/penalties for simple possession
- Interagency and interdepartmental collaboration on Statewide opioid use and misuse issues (Oregon Opioid Initiative Taskforce/Governor's Task Force on Opioids)

Future Directions: Filling The Gaps in Treatment

- Increase integration of addictions treatment and MAT into primary care settings and residential treatment facilities
- Payers, providers and other stakeholders developing more robust “hub and spoke” models of MAT delivery
- More engagement with criminal justice system around addictions treatment and MAT utilization
- Greater penetration of naloxone in settings where providers come into contact with high risk individuals

Contact

John W. McIlveen, Ph.D., LMHC
State Opioid Treatment Authority
Oregon Health Authority/Health Systems Division
PH: 503.990.4905
Email: john.w.mcilveen@state.or.us