



quality  
impact

# 2019 PTN Collaborative Meeting

## **Prevention & Treatment Strategies for Substance Use Disorder**

Dr. Michael Gimness

Dr. Vernon Scott

Richard Taylor

# Presentation Objectives

1. To understand the challenges and success factors associated with prevention and treatment for substance use disorder
2. To share lessons learned from implementing prevention and treatment programs for substance use disorders

# Presentation Outline

- A continuing epidemic
- Challenges to effective prevention and treatment
- Success factors for effective prevention and treatment
- Lessons learned
- Future directions
- The role of primary care
- Q and A

# “The Defining Epidemic of the 21<sup>st</sup> Century”



**“The current crisis is the defining epidemic of the 21st Century.”**

Dr. Robert DuPont, Founder Institute of Behavior and Health, Huffington Post, June 6, 2018



**“It's the most important health care crisis of our time.”**

Admiral Brett Giroir, M.D., assistant secretary U.S. Department of Health and Human Services and senior advisor on opioid policy, Nashville TN speech, July 24, 2018

# Significant Financial Cost to the Community

Health Condition	Ave annual cost per person
<b>Heroin Use Disorder *</b>	<b>\$ 50,799</b>
<b>Diabetes</b>	<b>\$ 11,148</b>
<b>COPD</b>	<b>\$ 2,567</b>

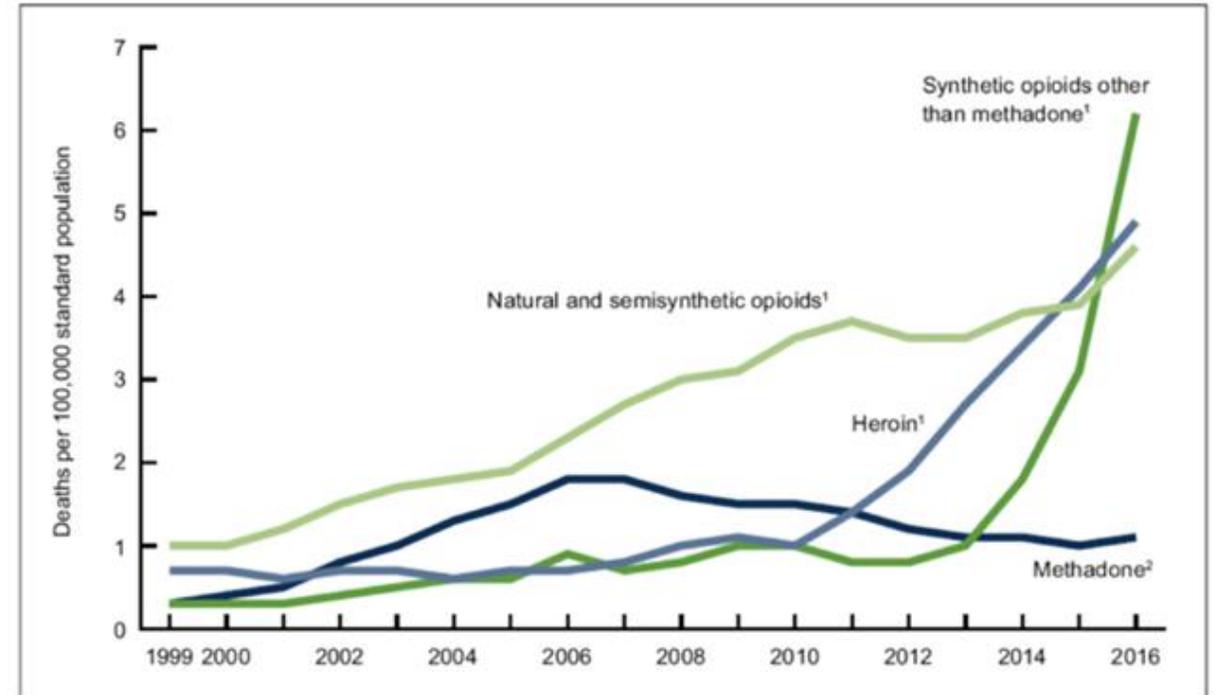
\* Heroin/Opioid Disorder costs include:

- Lost productivity at work
- Incarceration costs and cost of crime
- Treatments for addiction and related diseases(HIV, hepatitis, TB)
- Treatment of newborns with medical conditions associated with heroin

# The Substance Abuse Epidemic is Not Ending Anytime Soon

- The future of the opioid addiction and overdose death problem **will not be driven by prescribed opioids.**
- It is being and **will continue to be driven by the growing sophistication of the purely illegal drug market** which increasingly focuses on the purely synthetic opioids, like fentanyl, and other synthetic drugs.

Age-adjusted drug overdose death rates, by opioid category: United States, 1999–2016



Source: Dr. Robert DuPont, Founder, Behavioral Health Institute, Huffington Post, June 6, 2018

# Challenges to Effective Prevention

1. Inconsistent prescriber awareness/adherence to opioid prescription guidelines
2. Lack of knowledge and availability of alternatives to opioids for pain management
3. Lack of general public awareness of dangers and risks of opioids

## Challenges to Effective Treatment and Recovery

- Lack of information on selecting the best treatment
- Stigma related to seeing SUD is a “moral failure” instead of a chronic disease
- Lack of available treatment and recovery coordination services in the community
- Shortage of SUD treatment and mental health providers and related services (e.g. recovery housing)

# The Elephant in the Room: High Relapse Rates

- For opioid use disorders, the relapse rate can be as high as 85%. \*
- It takes eight years, and four to five attempts at treatment, for the average person addicted to opioids to achieve one year of remission (sobriety). \*\*

\* Demi Lovato's Struggle With Addiction Highlights The Risk Of Relapse, Dr. Robert Glatter, Forbes, July 25, 2018

\*\* Dr. John Kelly, Recovery Research Institute, *NY Times*, July 20, 2018

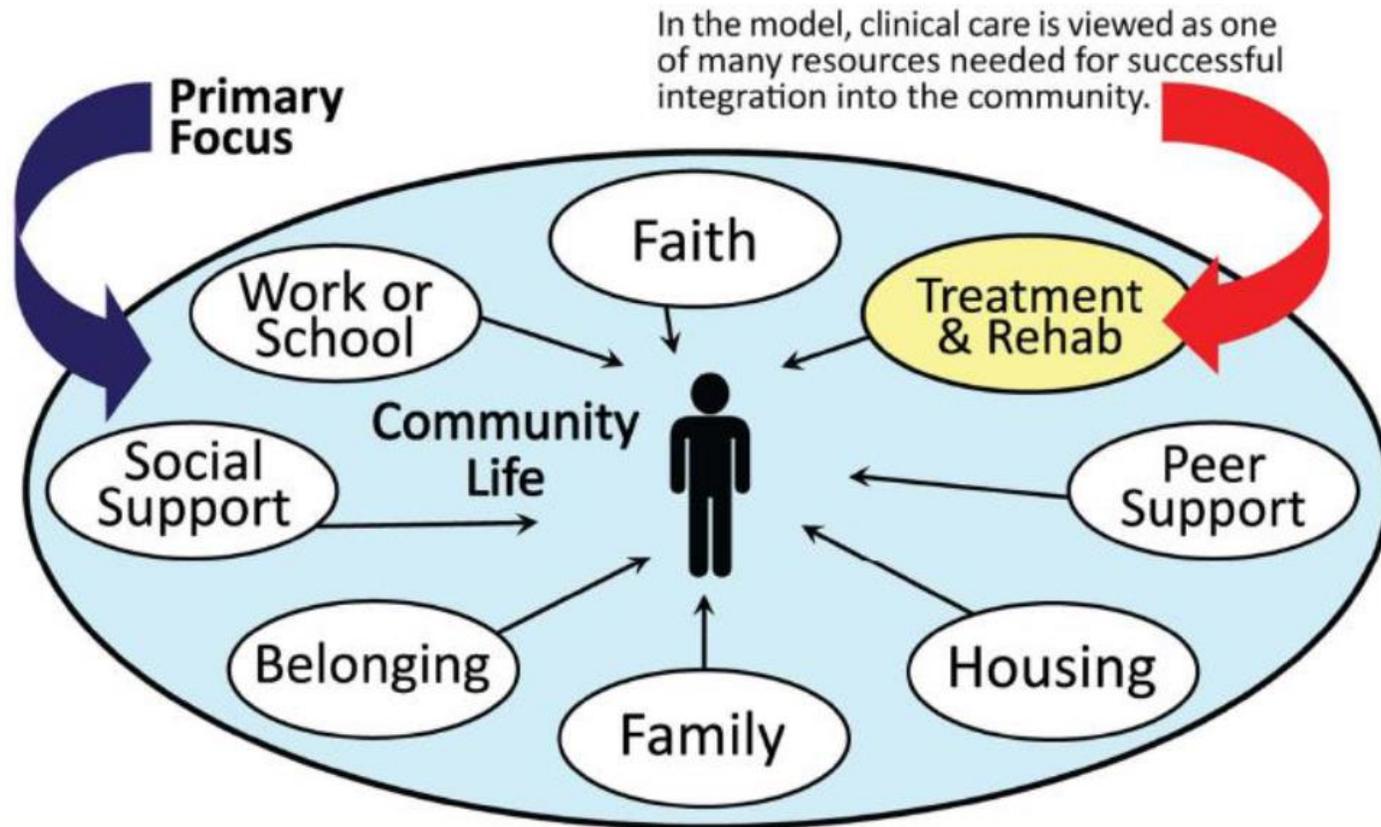




## Critical Success Factors - National Principles of Care

1. Routine screenings in every medical setting
2. A personal plan for every patient
3. Fast access to treatment
4. Disease management, rather than 28 days
5. Coordinated care for every illness
6. Behavioral health care from legitimate providers
7. Medication-assisted treatment
8. Support for recovery outside the doctor's office

# Critical Success Factors: Recovery Oriented Systems of Care



# Critical Success Factors for Full Recovery

1. Recovery advisor/coach (peers)
2. Medication assisted treatment (MAT)
3. Cognitive Behavioral Counseling (group)
4. Support team and activities (family, friends, social capital)
5. Getting a job/purpose in life
6. Wrap around services (housing, physical health, transportation)
7. Addressing root causes/triggers (mental/trauma)

# Texas Recovery Program Description

- Goal: embedding long-term recovery support services in local communities across Texas and expanding the recovery supports that are available to individuals
- Recovery support services (12 months) included:
  - peer-run groups
  - recovery homes and recovery schools
  - training around basic life skills such as financial management, parenting, employment and stress management
  - educational support
  - recovery check-ups
  - assertive connections to mutual aid support groups





# Ohio's Recovery Oriented Systems of Care

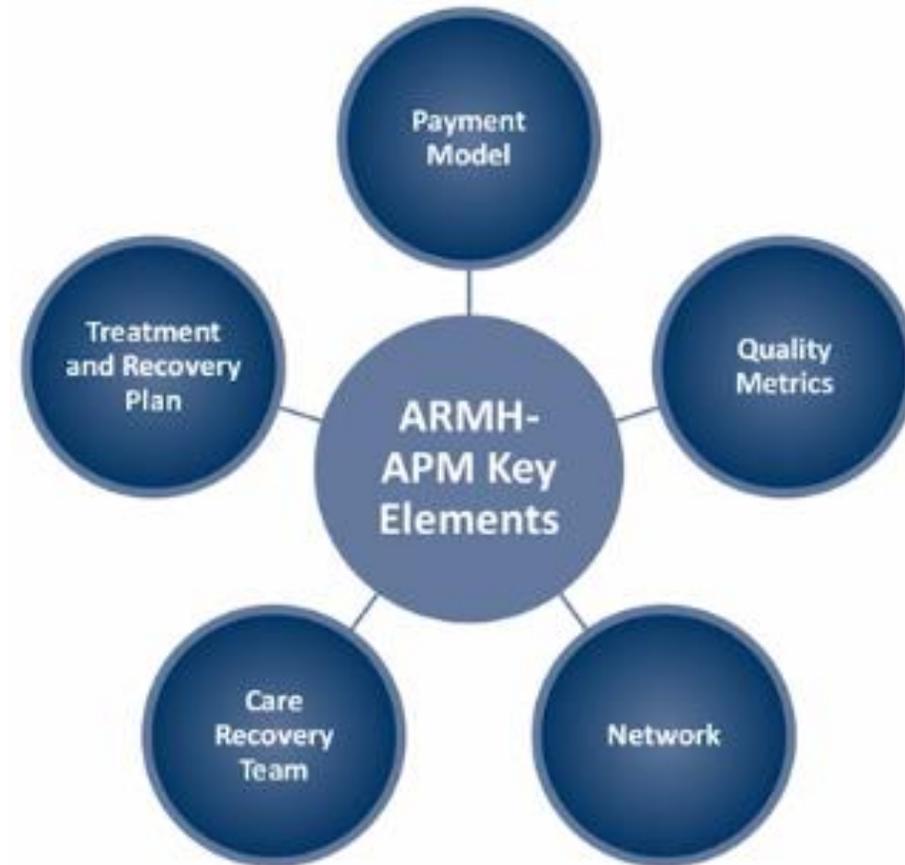
- Recovery is Beautiful is all about **putting the needs of individuals and families** requiring alcohol, drug, and/or mental health programming **first and foremost**.
- Ohio's **Recovery-Oriented System of Care** that supports individuals, families, and communities through a system of alcohol, drug, and mental health prevention, wellness, crisis intervention, treatment, and recovery support programs and services



# Future Directions: Addiction Recovery Medical Home Model

“A vacuum exists for both health systems and patients as to what is the “gold standard” for an integrated, comprehensive medical and community response for addiction”

**Addiction Recovery Medical Home Model** - a consensus learning model designed by the Alliance for Recovery-Centered Addiction Health Services (September 2018)



# Three Phases of Treatment and Recovery



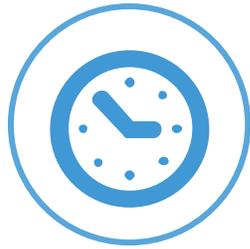
Source: Addiction Recovery Medical Home Alternative Payment Model report, NCADD, Sept 6, 2018

# Future Directions – Increased Use of Technology

Using information systems to coordinate the treatment and recovery journey



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Provider  
Coordination

Personal  
Engagement

Community  
Engagement

Reduced Relapse  
Rates

**Opioid/SUD Treatment and Recovery Management System**

# The Role of Primary Care – Treatment and Recovery

- Screen patients for substance abuse
  - Support early intervention with at-risk substance users before more severe consequences occur
  - SBIRT is a short substance abuse screening assessment
  - Billing codes range from \$24 to \$65 (based on payer)
- Make referrals to qualified specialists as needed
  - For example, do they have national certification (National Certification Commission for Addiction Professionals NCCAP)
- Follow-up on patient referrals
  - Did patient follow through and if not – why?

## The Role of Primary Care Treatment and Recovery cont'd

- Consider offering Medication Assisted Treatment (MAT)
  - Project Echo (telehealth training and consultation)
  - Providers Clinical Support System (MAT training) - <https://pcssnow.org/about/>
  - Coordinate with counseling services
- Become a part of the patient's SUD recovery program
  - Be part of the patient's SUD recovery team
  - Focus on physical health goals (nutrition, exercise)