



Addressing the National Epidemic through Policy and Practice

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Objectives

Understand the concept of addiction

Understand Models of Treatment Delivery

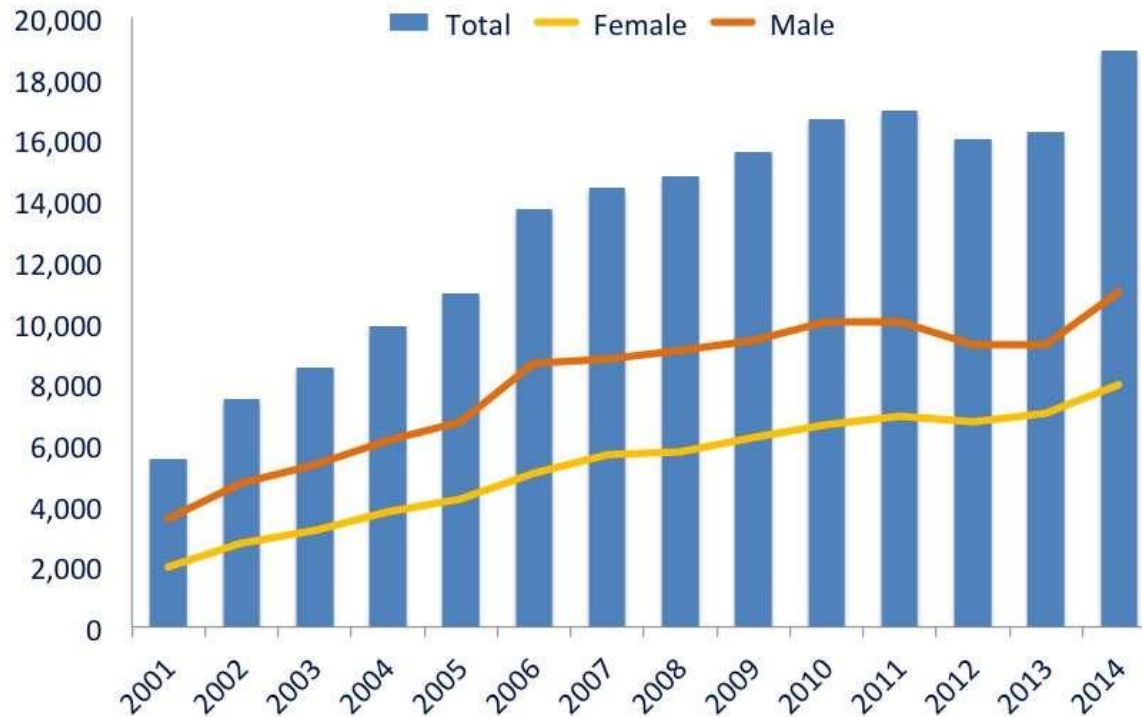
Understand Appropriate Policy
Approaches

The Problem



National Overdose Deaths

Number of Deaths from Prescription Opioid Pain Relievers

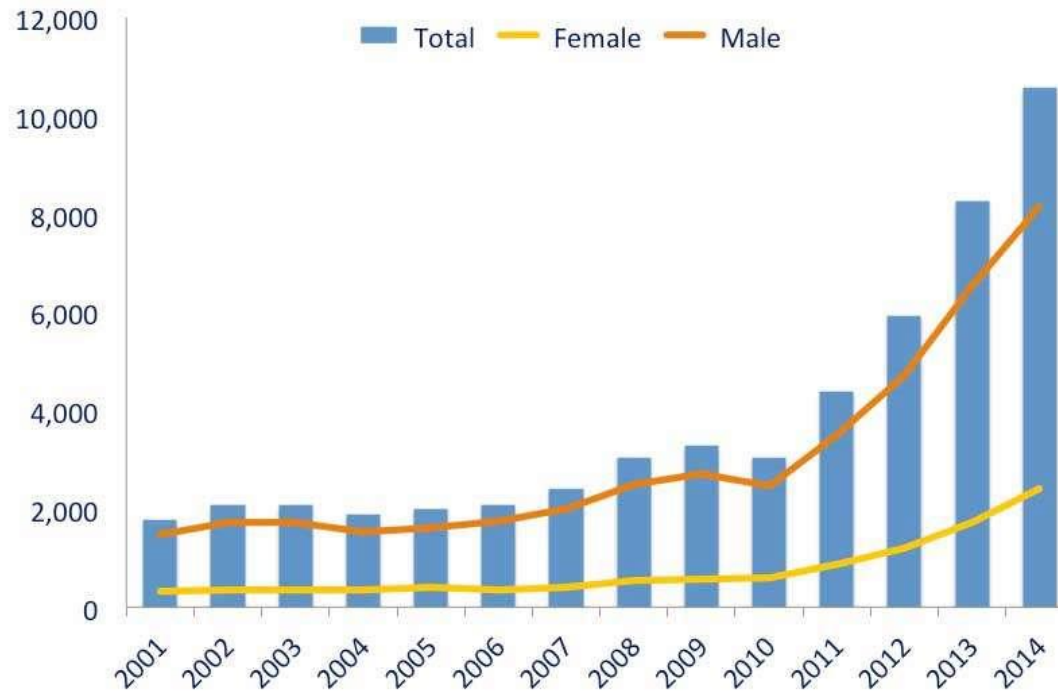


Source: National Center for Health Statistics, CDC Wonder

The Problem



National Overdose Deaths Number of Deaths from Heroin

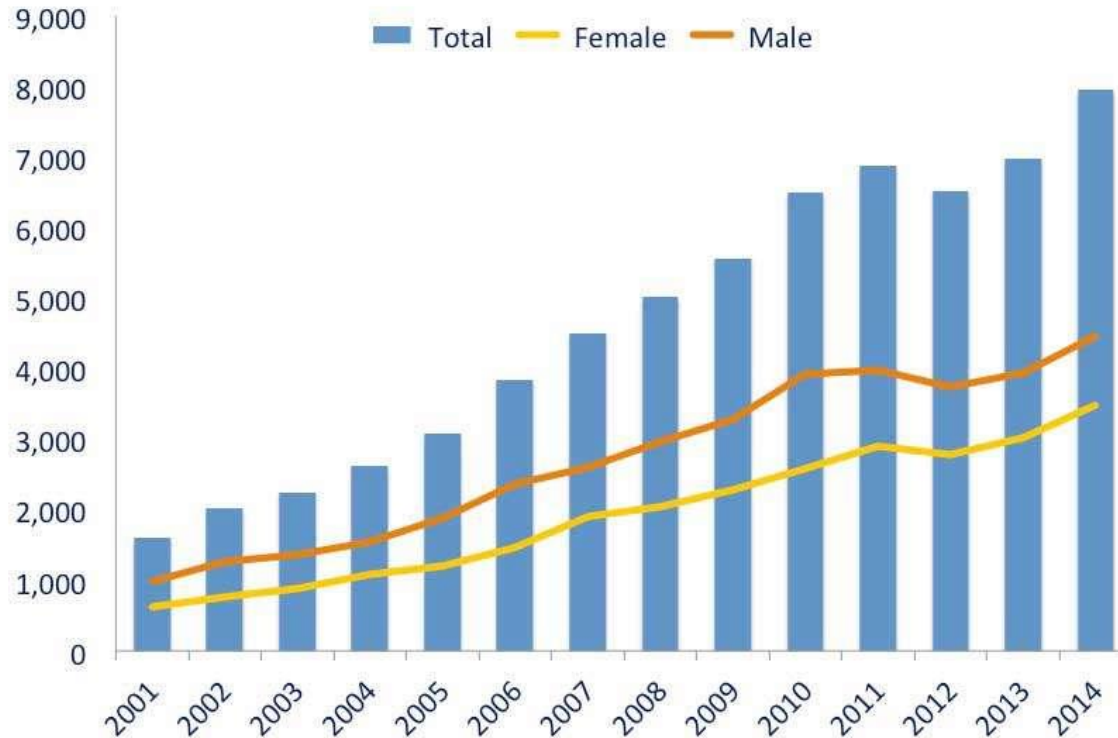


Source: National Center for Health Statistics, CDC Wonder

The Problem



National Overdose Deaths Number of Deaths from Benzodiazepines



Source: National Center for Health Statistics, CDC Wonder

How did we get here

Chronic pain

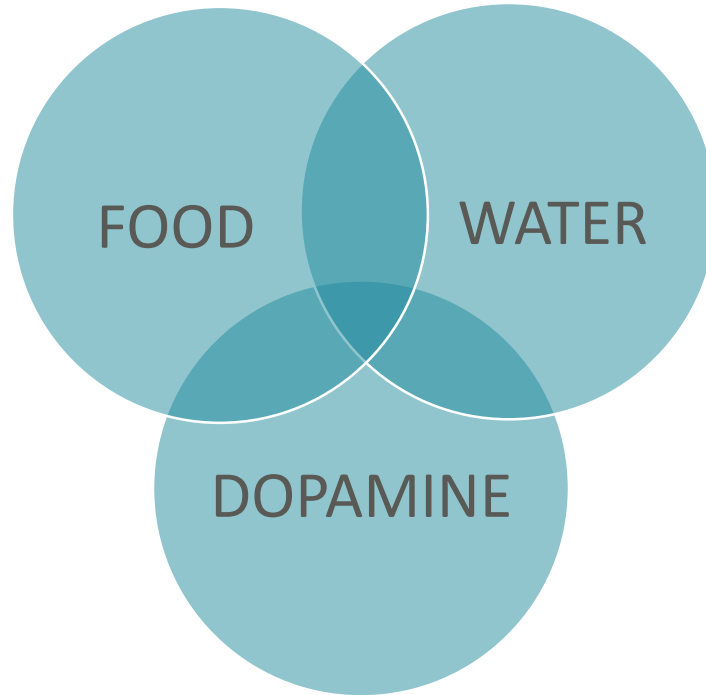
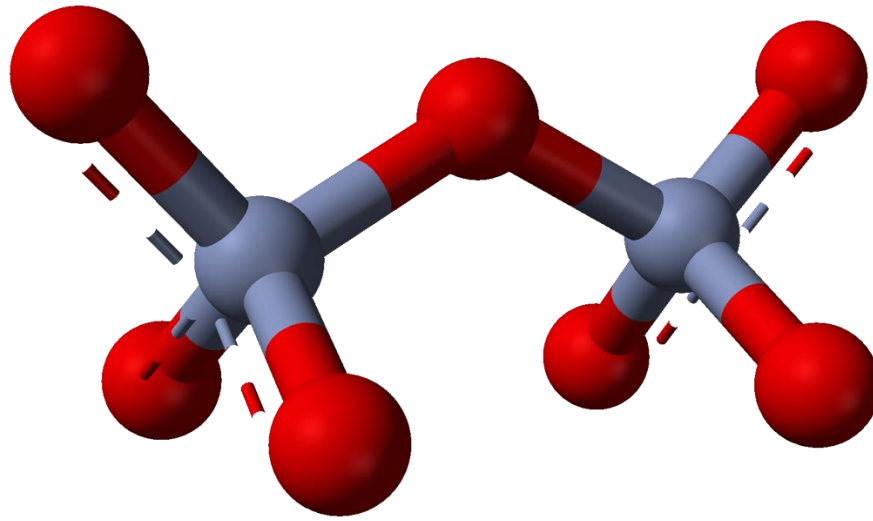
Push by manufacturers for use of opioids in CNCP

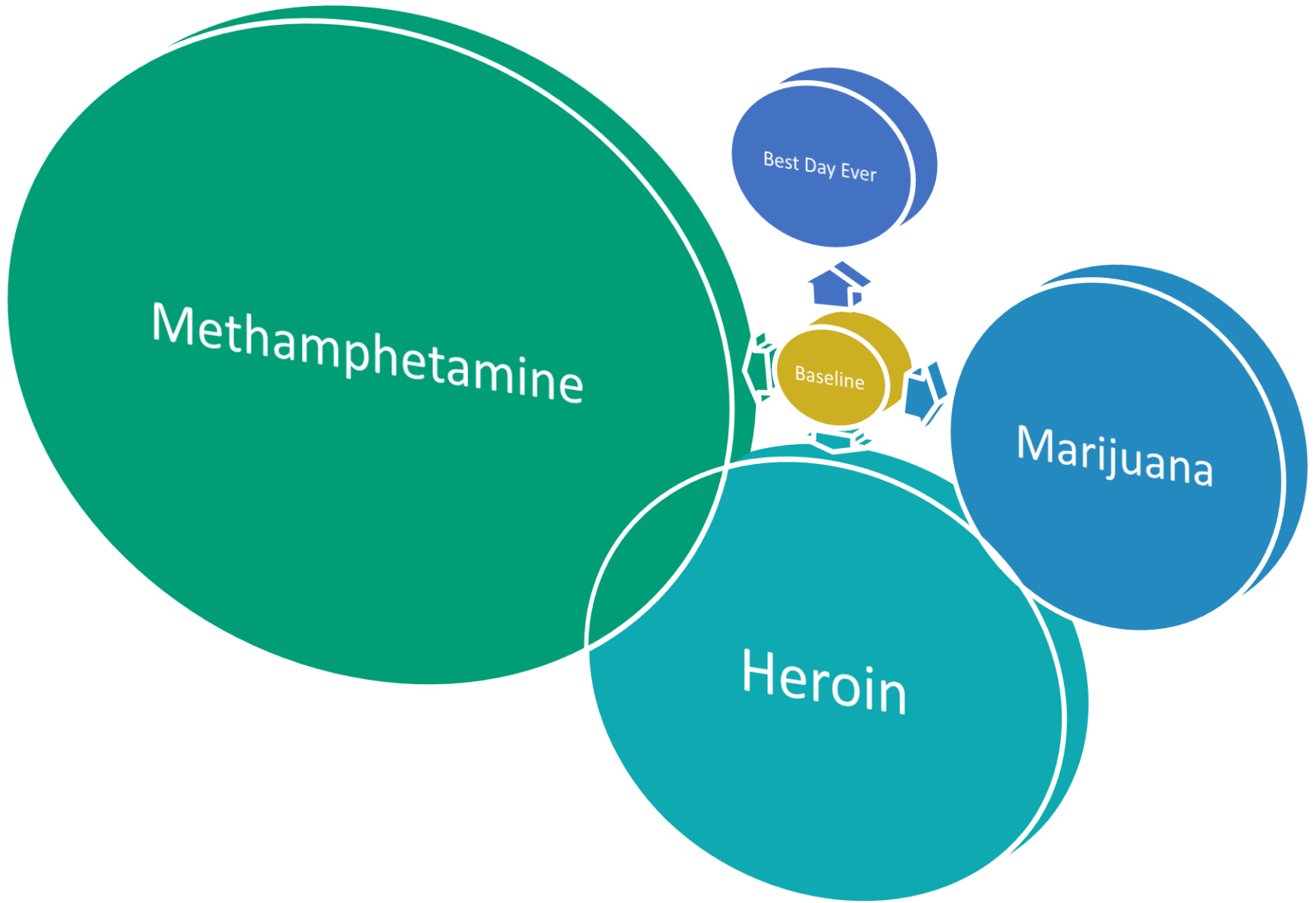
Buy in by the Medical field

- Pain as 5th vital sign
- Expectation of no pain

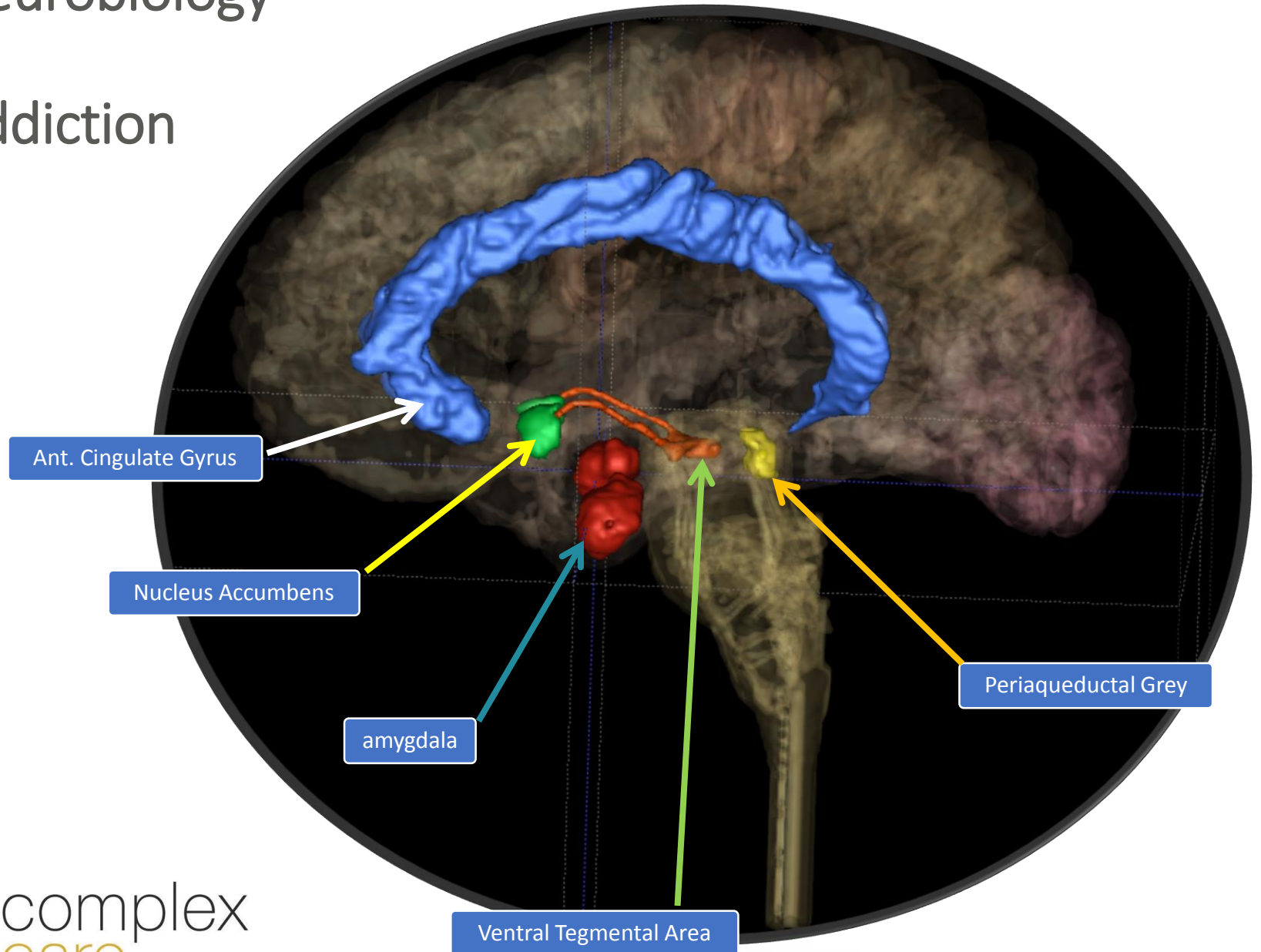
Blind eye to the data

Survival

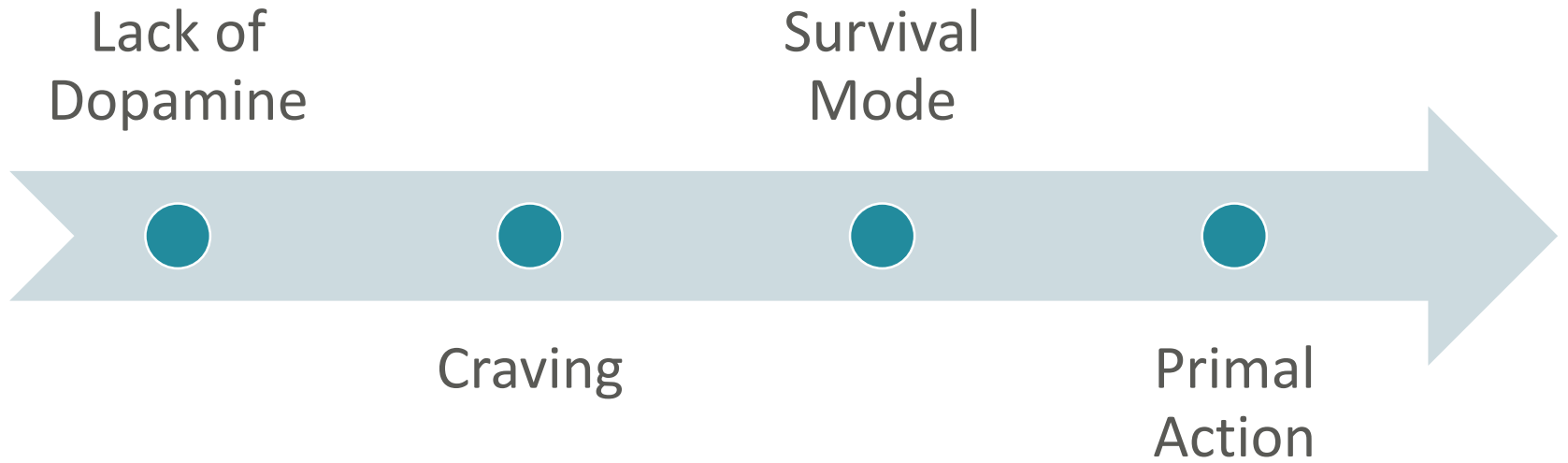




Neurobiology of Addiction



Behavior



DSM-V Diagnosis of OUD

TABLE 1

Summarized DSM-5 diagnostic categories and criteria for opioid use disorder

Category	Criteria
Impaired control	<ul style="list-style-type: none">• Opioids used in larger amounts or for longer than intended• Unsuccessful efforts or desire to cut back or control opioid use• Excessive amount of time spent obtaining, using, or recovering from opioids• Craving to use opioids
Social impairment	<ul style="list-style-type: none">• Failure to fulfill major role obligations at work, school, or home as a result of recurrent opioid use• Persistent or recurrent social or interpersonal problems that are exacerbated by opioids or continued use of opioids despite these problems• Reduced or given up important social, occupational, or recreational activities because of opioid use
Risky use	<ul style="list-style-type: none">• Opioid use in physically hazardous situations• Continued opioid use despite knowledge of persistent physical or psychological problem that is likely caused by opioid use
Pharmacological properties	<ul style="list-style-type: none">• Tolerance as demonstrated by increased amounts of opioids needed to achieve desired effect; diminished effect with continued use of the same amount• Withdrawal as demonstrated by symptoms of opioid withdrawal syndrome; opioids taken to relieve or avoid withdrawal

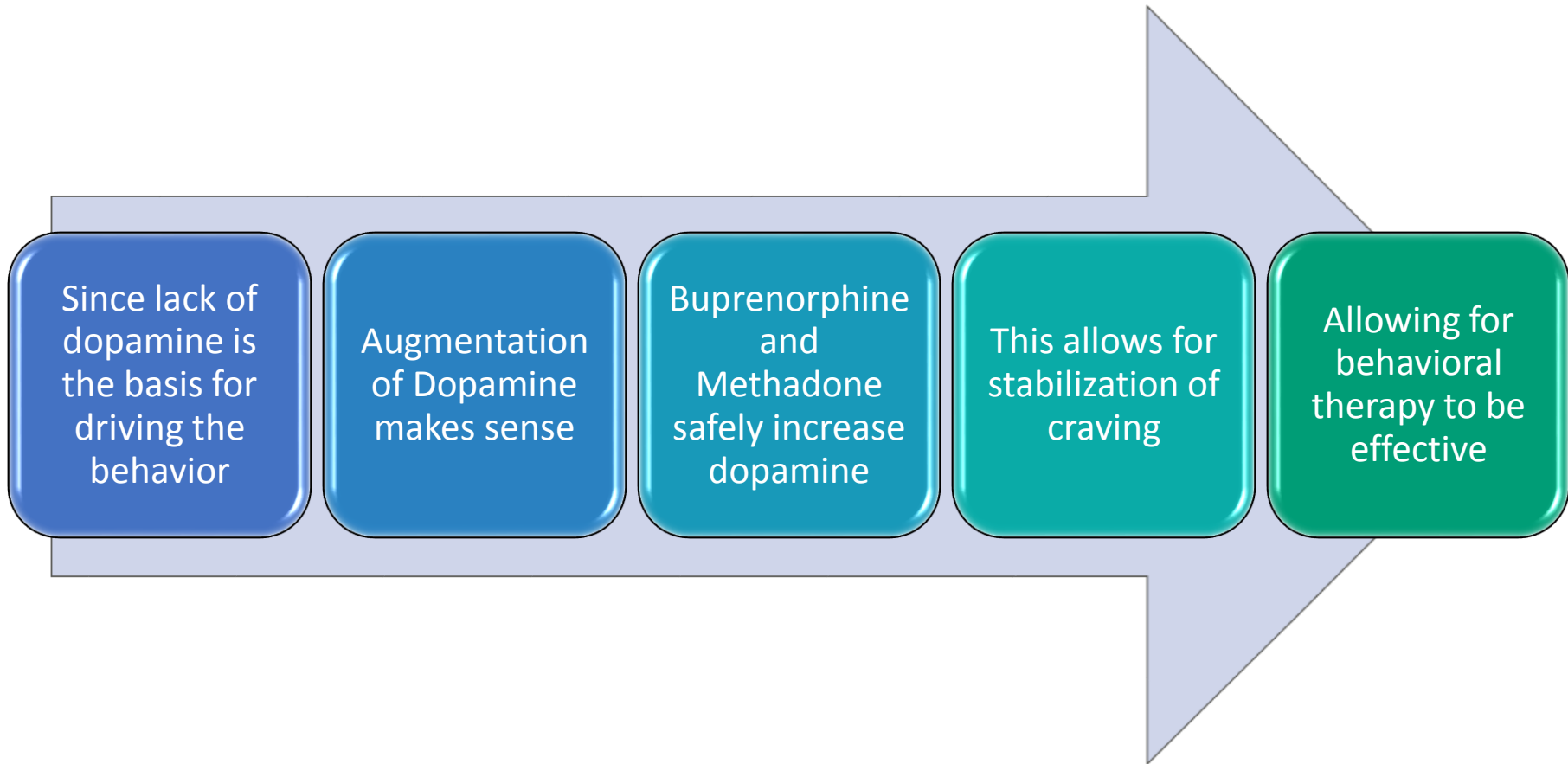
Behavior

Diagnosis based in
the description of
behavior

Aberrant behavior
should be expected

Therefore behavior
is a symptom not a
frustration

Treatments



How Society can help

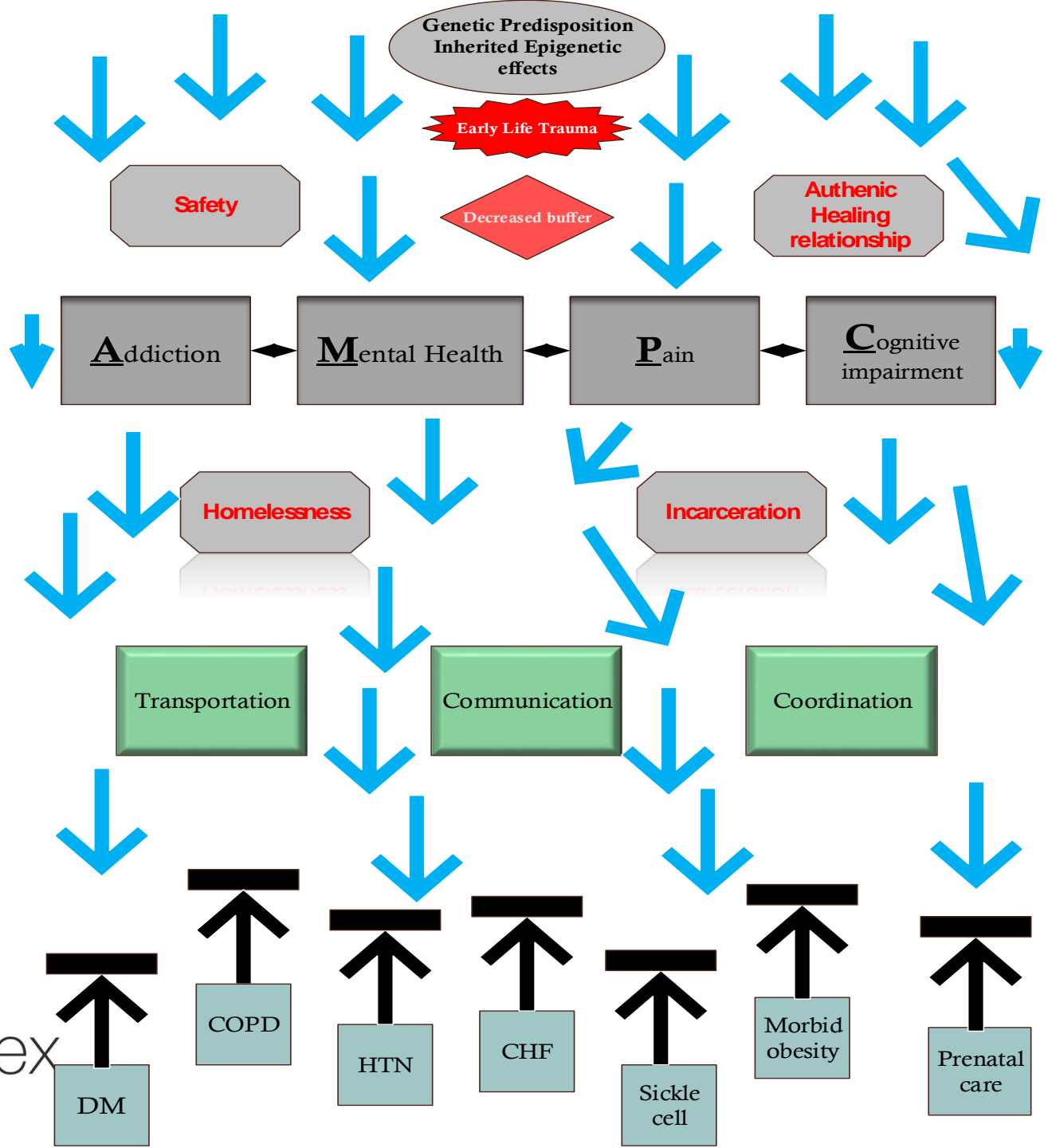
Stigma

Science not belief

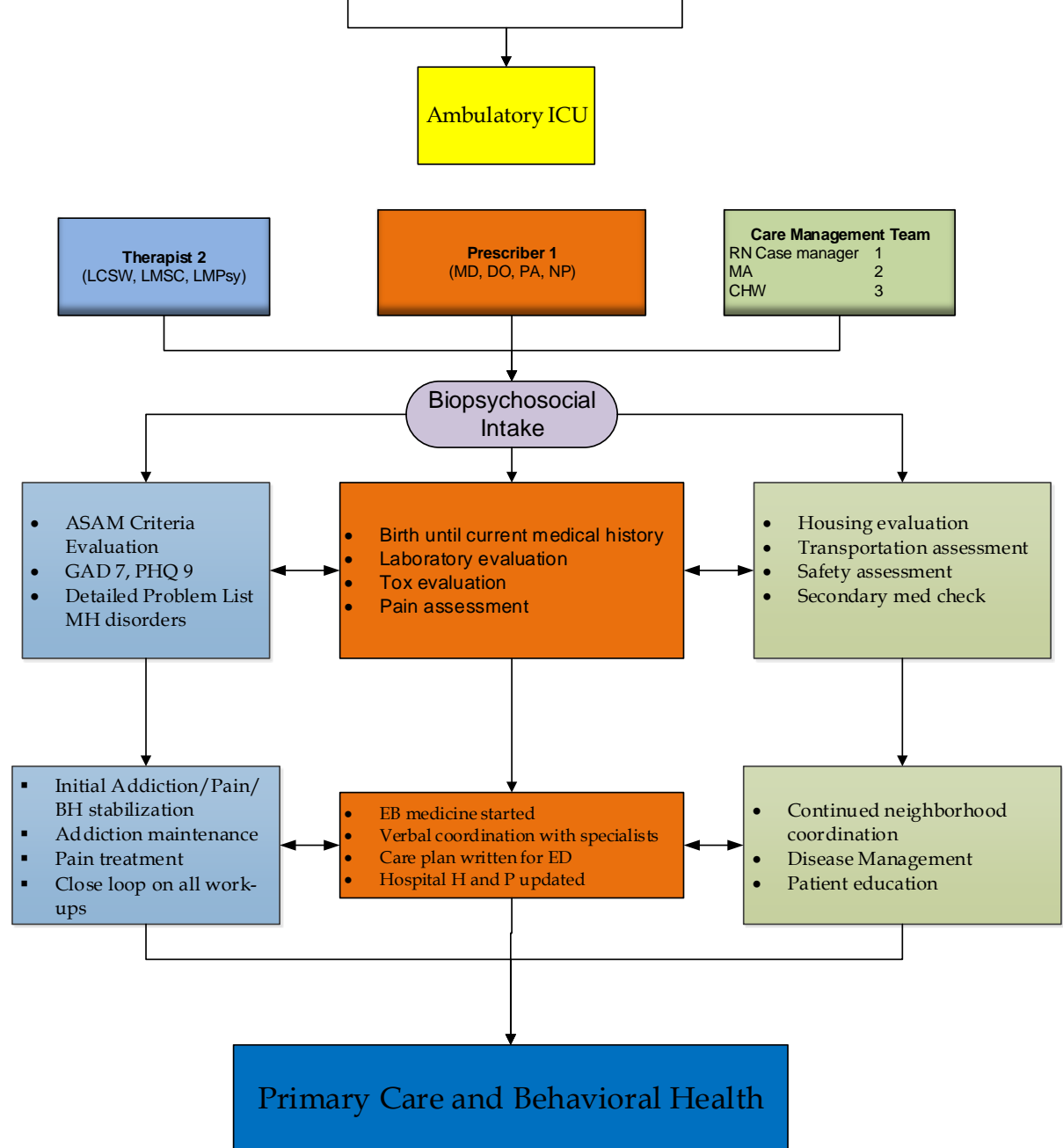
Apply in Criminal Justice world

- Not jailing a patient for their disease
- Initiation of treatment in jail
- No stopping treatment
- Coordination of care
- Drug take backs

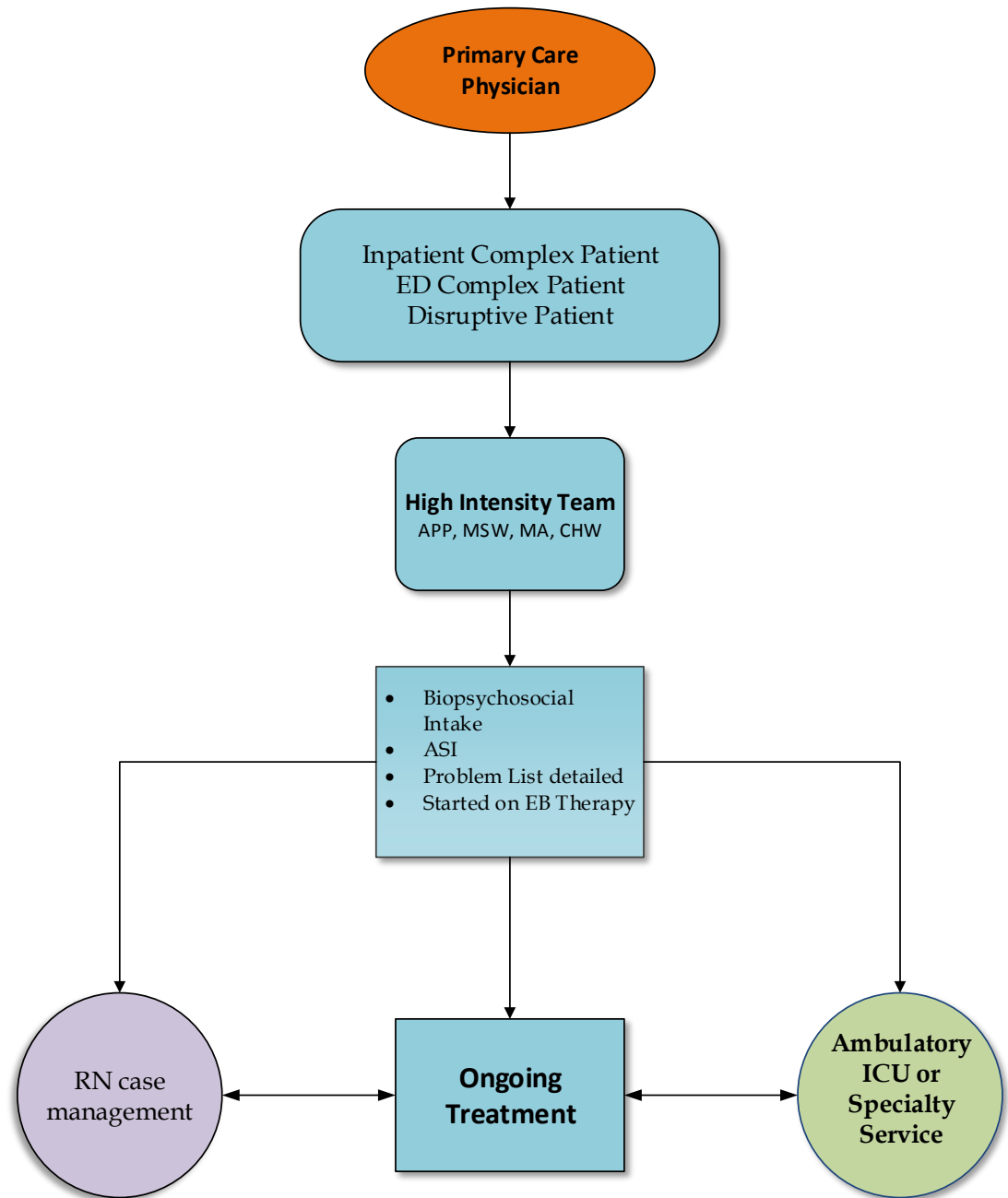
Good information for kids



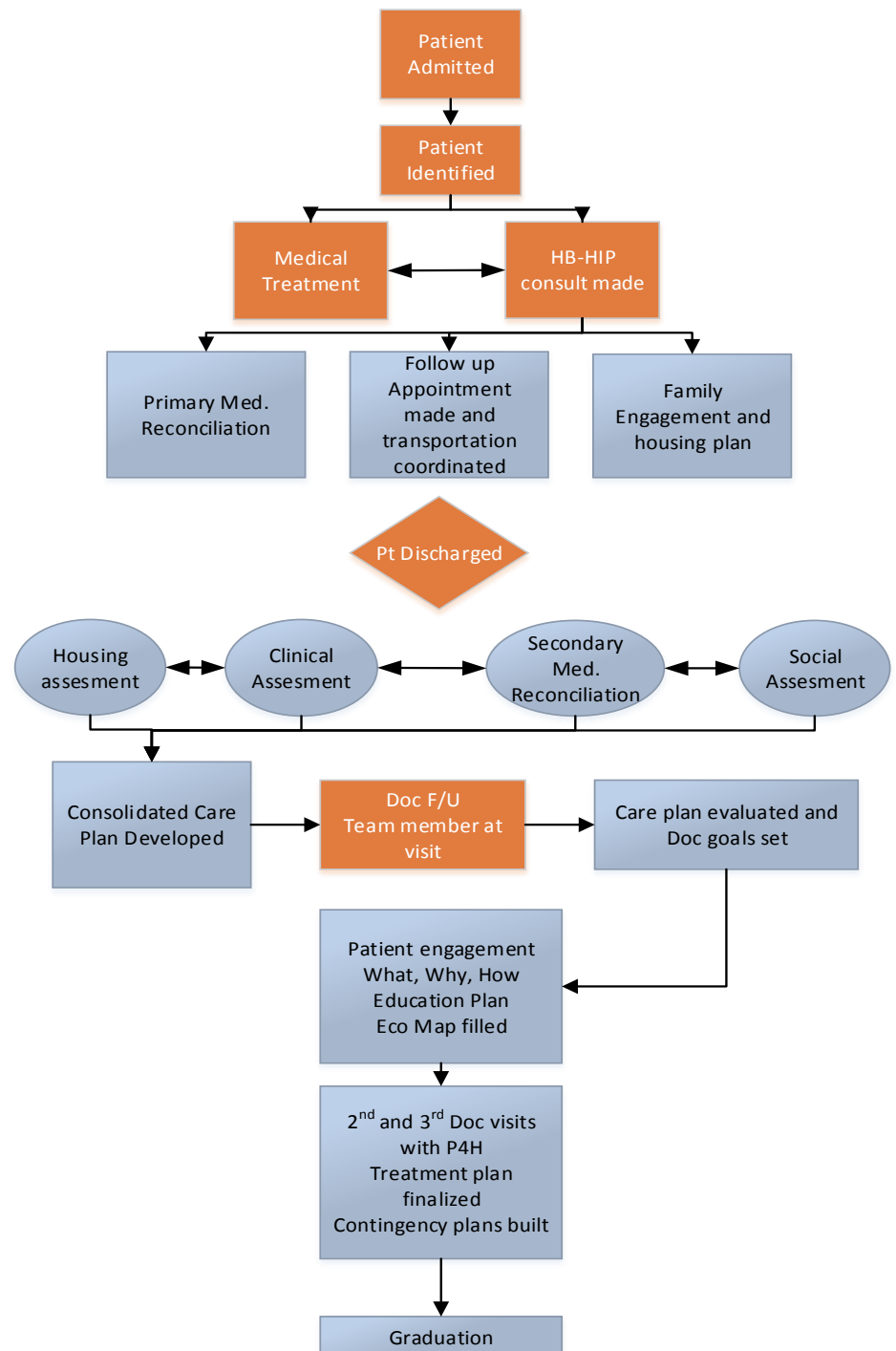
The Ambulatory ICU



The High Intensity Primary Care



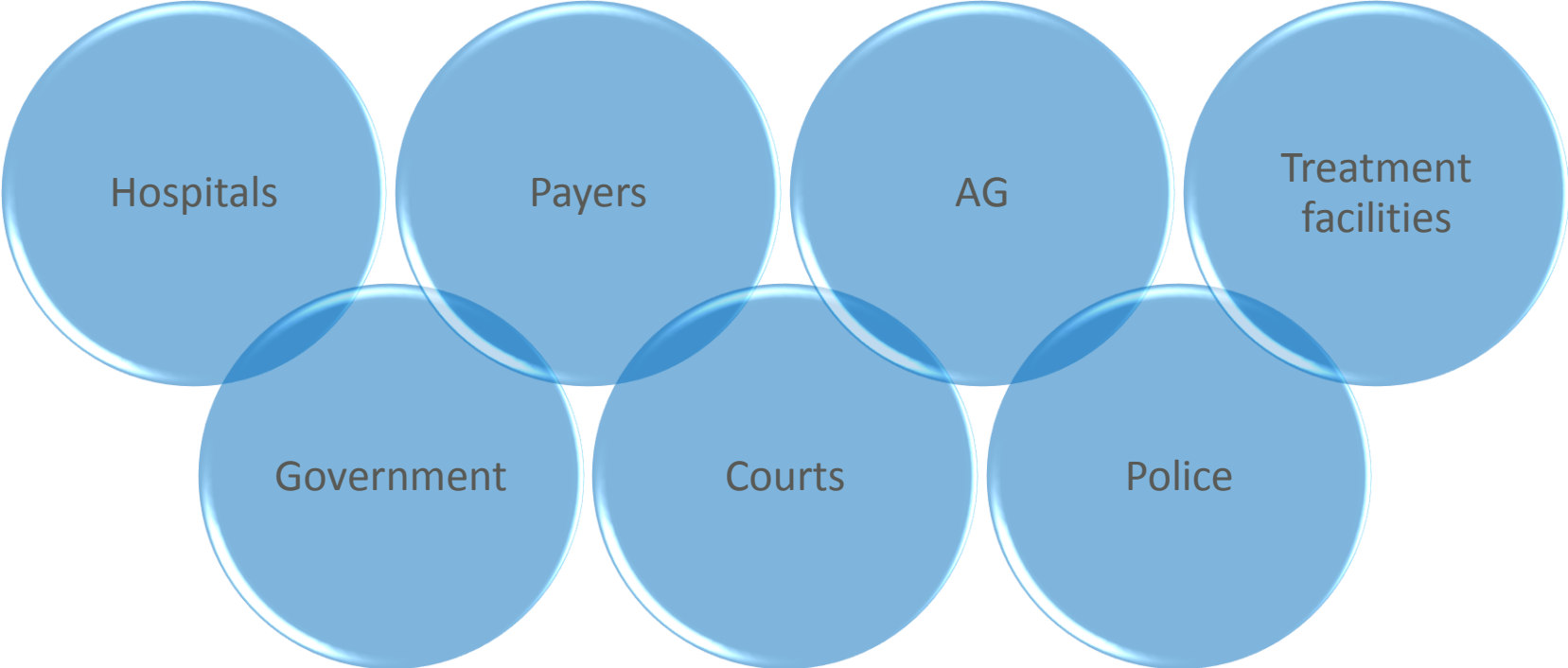
Home Based Health Integration Program



Policy Concepts- Agree on the problem



Policy Concepts- Identify Value Stream Map for current and future state



Policy Concepts- Implement key performance measures

Retention in treatment

% patients positive UDS

% patients on MAT

% patients return to CJ

% patients with co-occurring evaluation

% patients seeing BH regularly

Payment models

- Fee for Service
 - Care coordination
 - Therapy
 - Case management
 - Home based contact
 - Transportation
 - Physician
 - Midlevel provider
 - Telephonic support

Payment Models

- Partially capitated
 - Per member per year
 - Per member per month
- Variable rates partial capitated
 - Level 1
 - Level 2
 - Level 3
 - Level 3 TR

Payment Models

- Episode of Care
 - Defined set of interventions
 - Predetermined time frame
 - Paid up front

References

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- The State of Michigan MAT Treatment Guidelines For Opioid Use Disorder, R. Corey Waller. 2014