

VIRGINIA'S OPIOID & HEROIN OVERDOSE EPIDEMIC

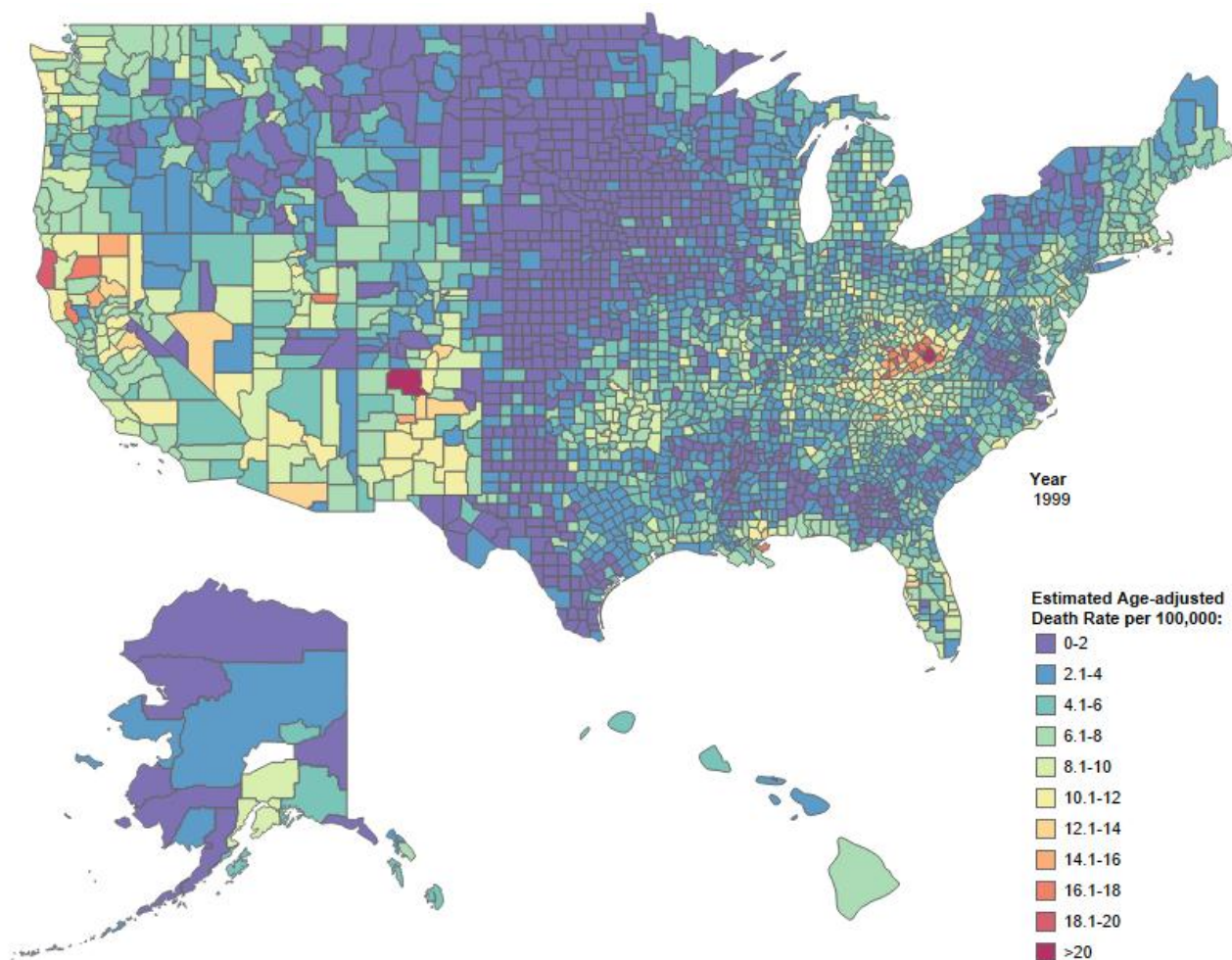


Virginia Association of Counties
November 14, 2016

The Honorable William A. Hazel, Jr., M.D.
Secretary of Health and Human Resources



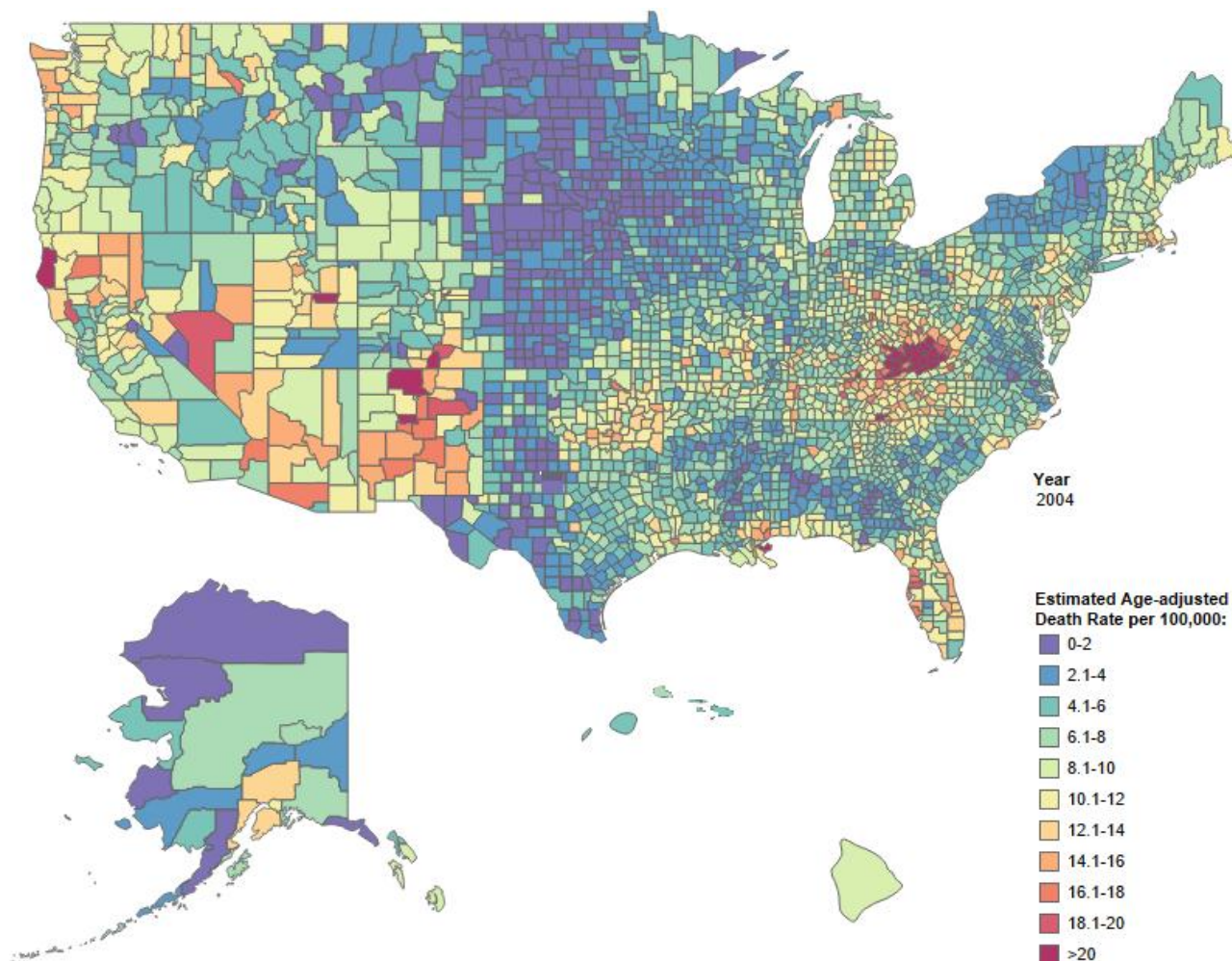
1999 - Estimated drug overdose deaths



Designed by L. Rossen, B. Bastian & Y. Chong. SOURCE: CDC/NCHS, National Vital Statistics System.

Office of the Secretary of Health and Human Resources

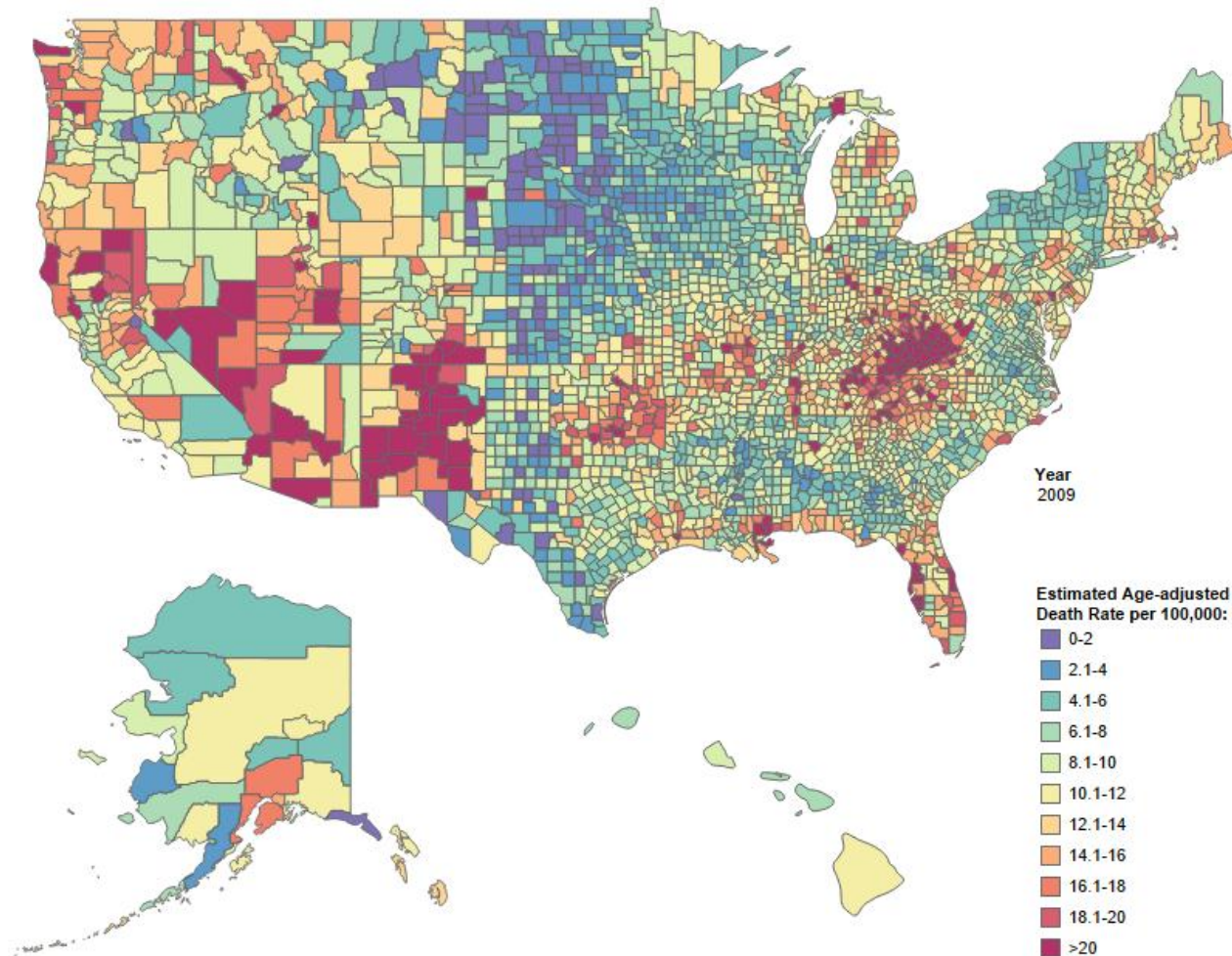
2004 - Estimated drug overdose deaths



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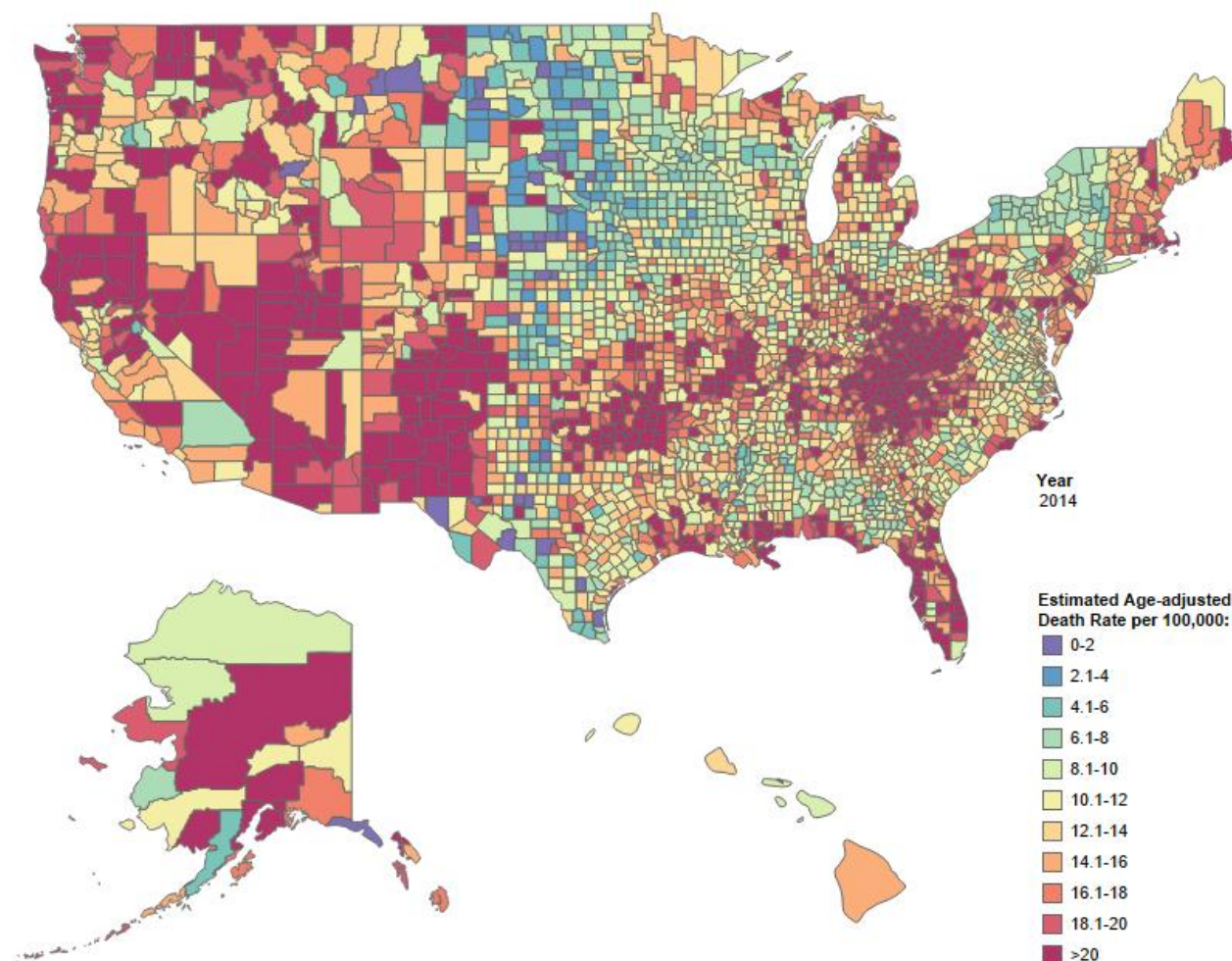
2009 - Estimated drug overdose deaths



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2014 - Estimated drug overdose deaths



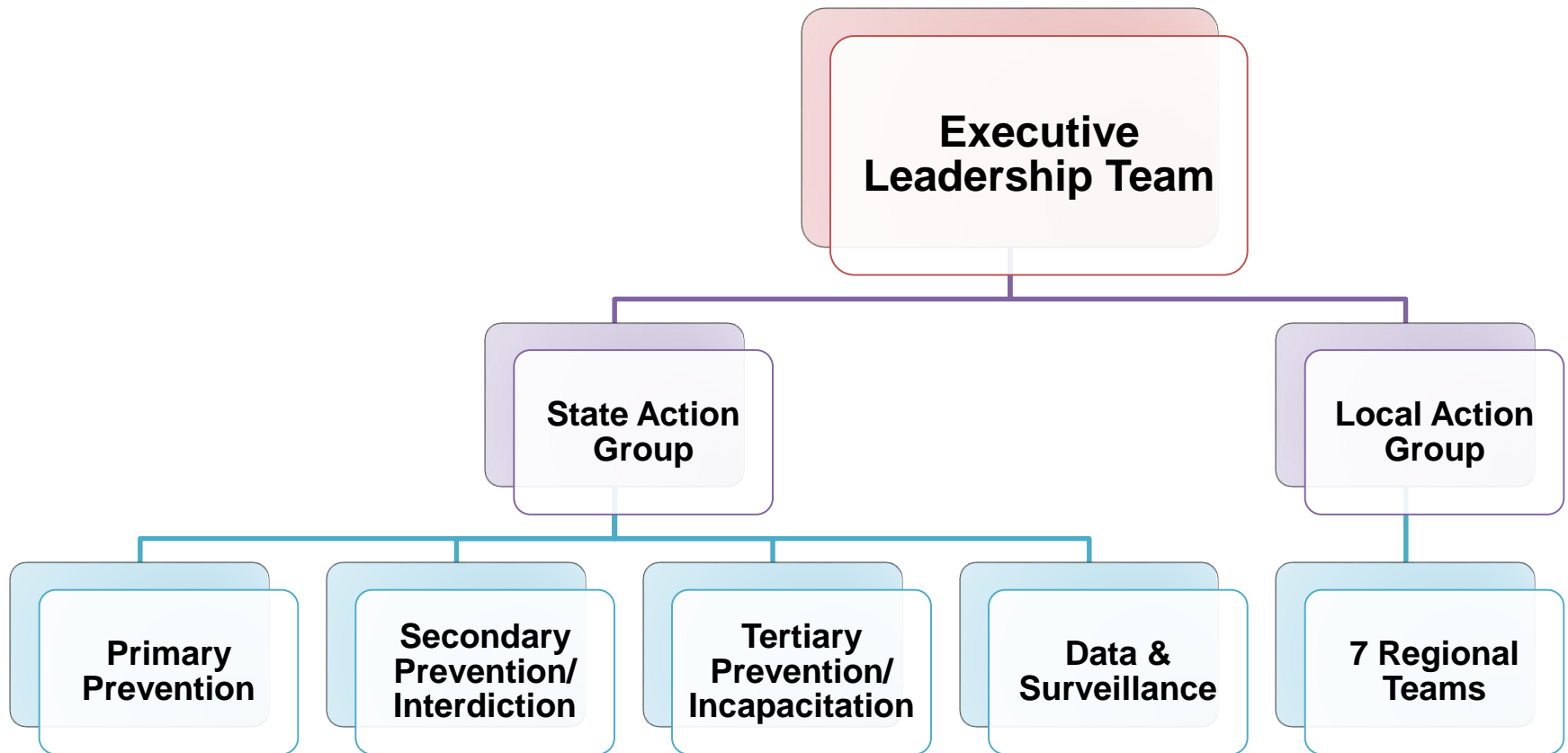
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Policy Framework

- **Harm reduction** until treatment is available and accepted
- **Treatment** for those who are addicted
- **Prevention** through reducing the supply of legal opiates
- **Prevention** through tracking and reducing the supply of illegal opiates
- **Culture changes** in 3 areas

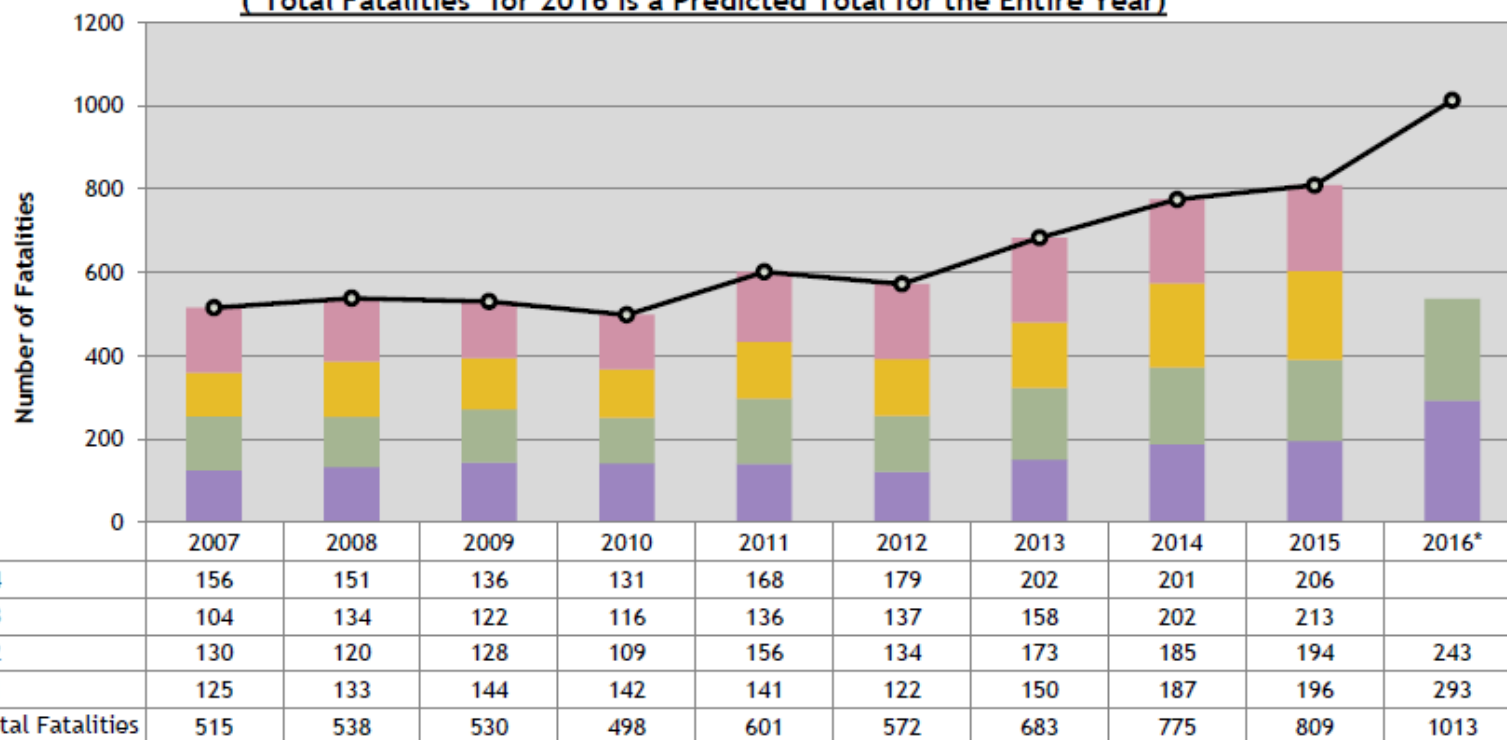
Coordination



ALL OPIOIDS

From 2007-2015, opioids (fentanyl, heroin, and/or one or more prescription opioids) made up approximately 75% of all fatal drug overdoses annually in Virginia. However, this percentage is increasing each year due to the significant increase in fatal fentanyl and/or heroin overdoses beginning in late 2013 and early 2014. Of the fatal opioid overdoses from 2007-2015, 26.8% had one or more benzodiazepines contributing to death.







Total Number of Fatal Opioid Overdoses by Quarter and Year of Death, 2007-2016
('Total Fatalities' for 2016 is a Predicted Total for the Entire Year)

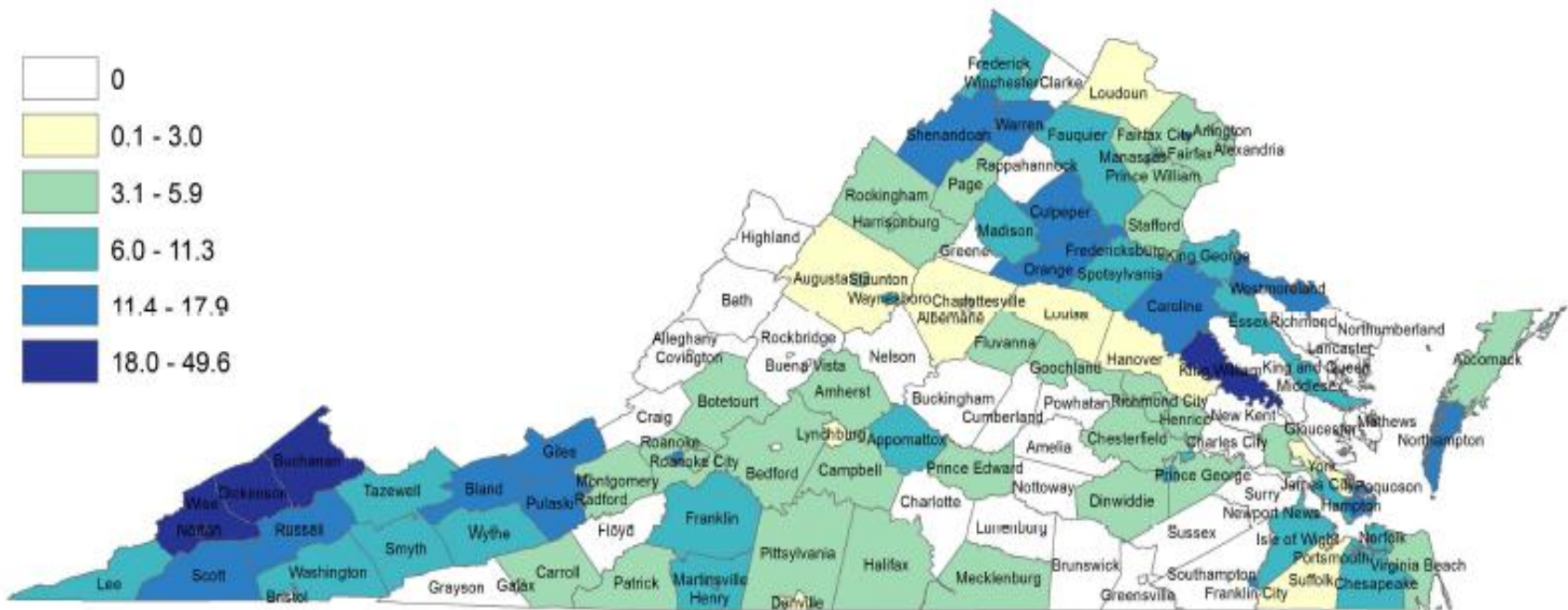


¹ 'All Opioids' include all versions of fentanyl, heroin, prescription opioids, and opioids unspecified

² 'Opioids Unspecified' are a small category of deaths in which the determination of heroin and/or one or more prescription opioids cannot be made due to specific circumstances of the death. Most commonly, these circumstances are a result of death several days after an overdose, in which the OCME cannot test for toxicology because the substances have been metabolized out of the decedent's system.

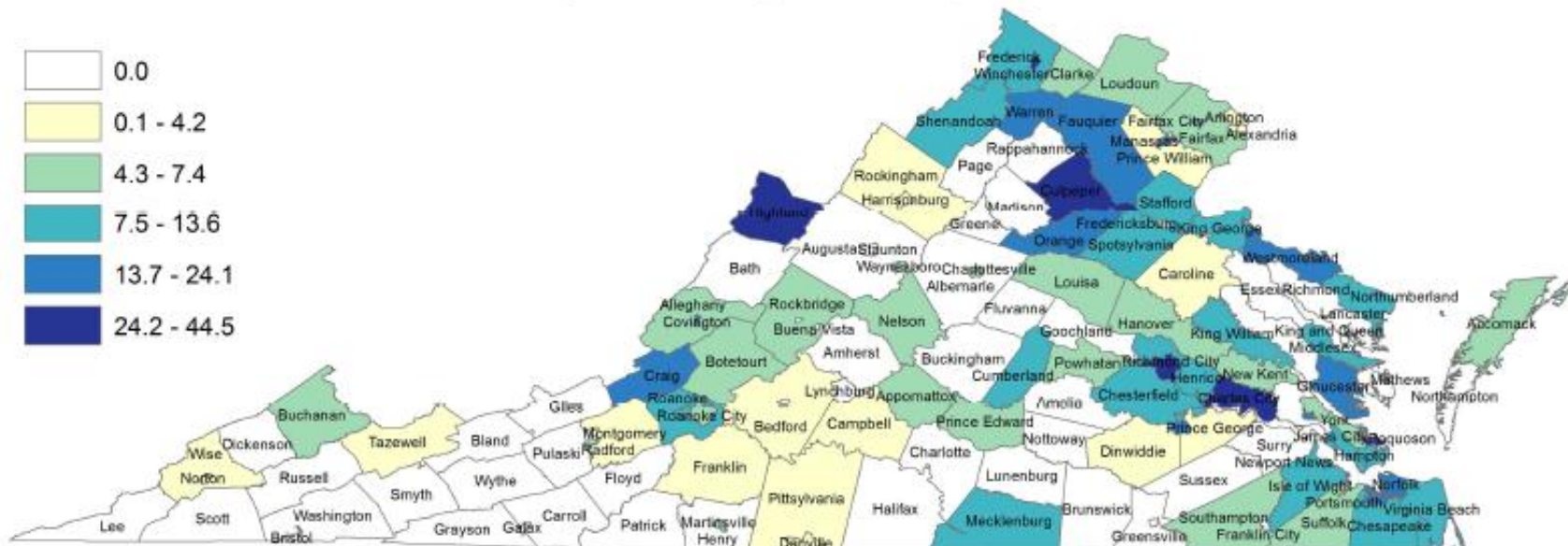
³ Fatal opioid numbers have changed slightly from past reports due to the removal of fentanyl from the category of prescription opioids, as well as the addition of buprenorphine, levorphanol, meperidine, pentazocine, propoxyphene, and tapentadol added to the list of prescription opioids.

	0
	0.1 - 3.0
	3.1 - 5.9
	6.0 - 11.3
	11.4 - 17.9
	18.0 - 49.6



*Fatal prescription opioid (excluding fentanyl) overdoses reported to OCME (July 2015 - June 2016).

	0.0
	0.1 - 4.2
	4.3 - 7.4
	7.5 - 13.6
	13.7 - 24.1
	24.2 - 44.5



*Fatal heroin and/or fentanyl overdoses reported to OCME (July 2015 - June 2016).

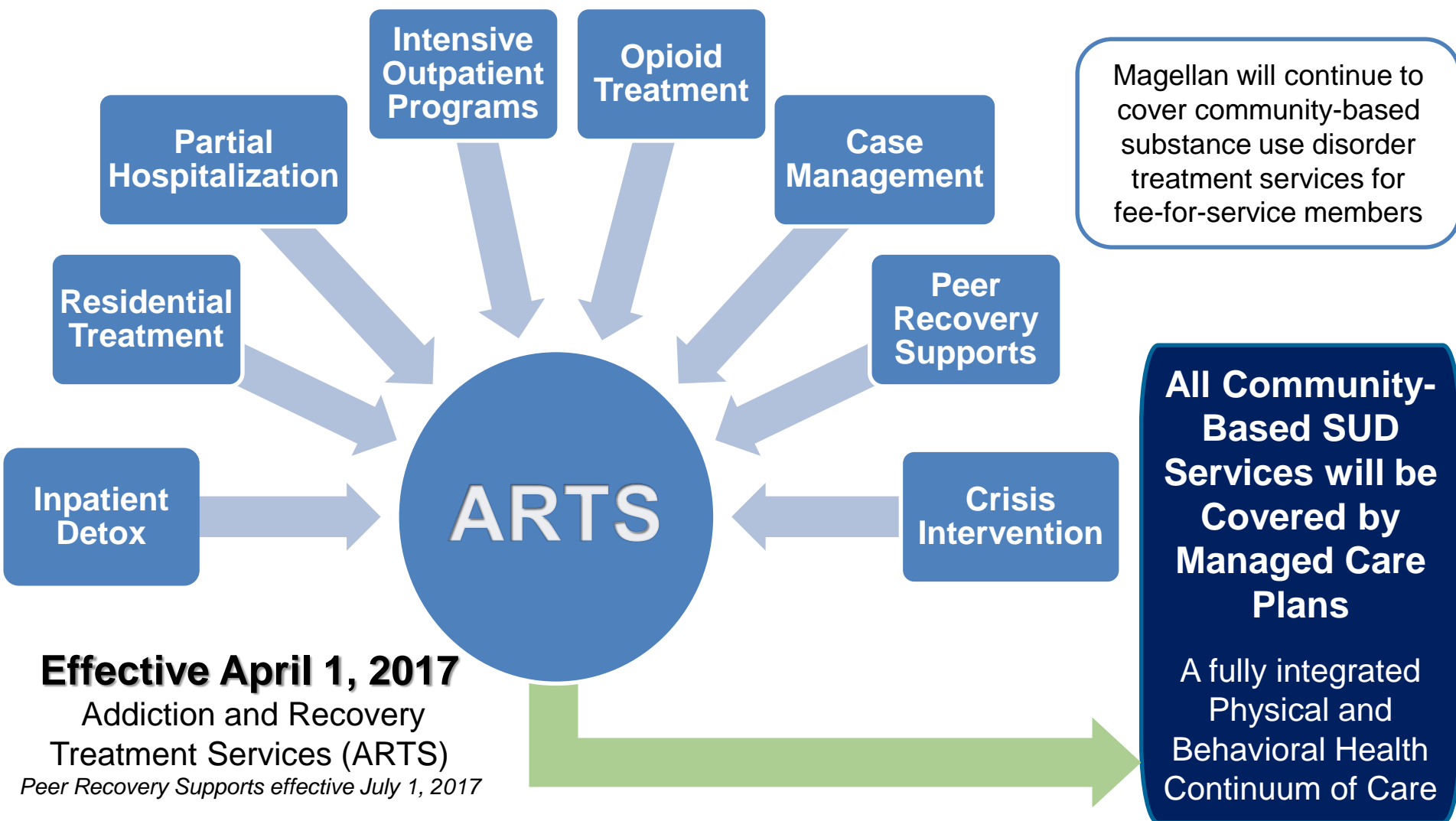
Addiction and Recovery Treatment Services (ARTS) Benefit

Expand Substance Use Disorder Services for 1.1 Million Medicaid Members

- 1 Expand short-term SUD inpatient detox to all Medicaid /FAMIS members
- 2 Expand short-term SUD residential treatment to all Medicaid members
- 3 Increase rates for existing Medicaid/FAMIS SUD treatment services
- 4 Add Peer Support services for individuals with SUD and/or mental health conditions
- 5 Require ARTS Care Coordinators at DMAS contracted Managed Care Plans
- 6 Provide Provider Education, Training, and Recruitment Activities

Funding in 2016 Appropriations Act: \$2.5 million GF in FY 17 (\$5 million total) & \$8.3 million GF in FY 18 (\$16.6 million total)

Medicaid Addiction & Recovery Treatment Services (ARTS)



ARTS Peer Supports Services

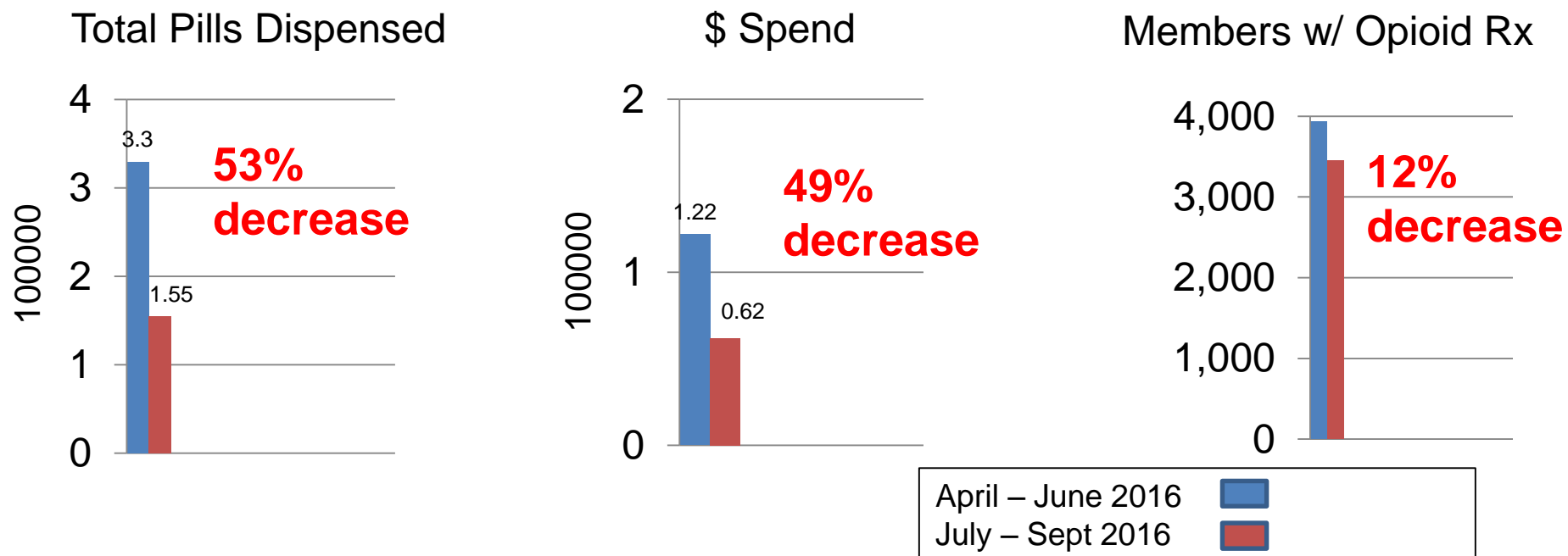
- **Peer specialists promote recovery**
 - enhance hope and community inclusion through role modeling and healthy relationships
 - supplement existing treatment with education, empowerment, and aid in system navigation.
- **Certification**
 - 2016 General Assembly passed a bill to create a state certification for peer providers.
- **Availability**
 - Under ARTS, peer support services will be made available to Medicaid members effective July 1, 2017.
- **Full spectrum**
 - ARTS supports include peer provided services at all levels of care for adults, adolescents and families.

How DMAS is Reducing Opioid Prescriptions

Implementation of CDC Guidelines for Prescribing Opioids in FFS

- Increased access to non-opioid pain relievers
- Prior authorizations for short-acting opioids > 10 days and long-acting opioids
- PMP checks and urine drug screens for treatments > 60 days

Fee-for-Service Results



Implementation of CDC Opioid Guidelines by Health Plans



<p>Fee-for-Service implements Opioid Rx Quantity Limits (QL) and Prior Authorizations (PAs). Non-opioid pain relievers & naloxone available without PA.</p>	<p>Medicaid plans implement PAs and QLs for “new” opioid starts. Non-opioid pain relievers & naloxone available with PA. Letters to educate providers and patients.</p>	<p>Additional letters by Medicaid plans to educate providers and members on guidelines. Work with commercial plans to replicate Medicaid Opioid Rx efforts.</p>	<p>Addiction Recovery & Treatment Services (ARTS) available to all Medicaid members. PAs and QLs for all members in Medicaid plans.</p>	<p>Expand Pain Specialist Networks & Interdisciplinary Pain Teams. Partner with Board of Medicine to educate providers & plans on new Buprenorphine guidelines.</p>
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Prescription Monitoring Program

• **PMP: 2016**

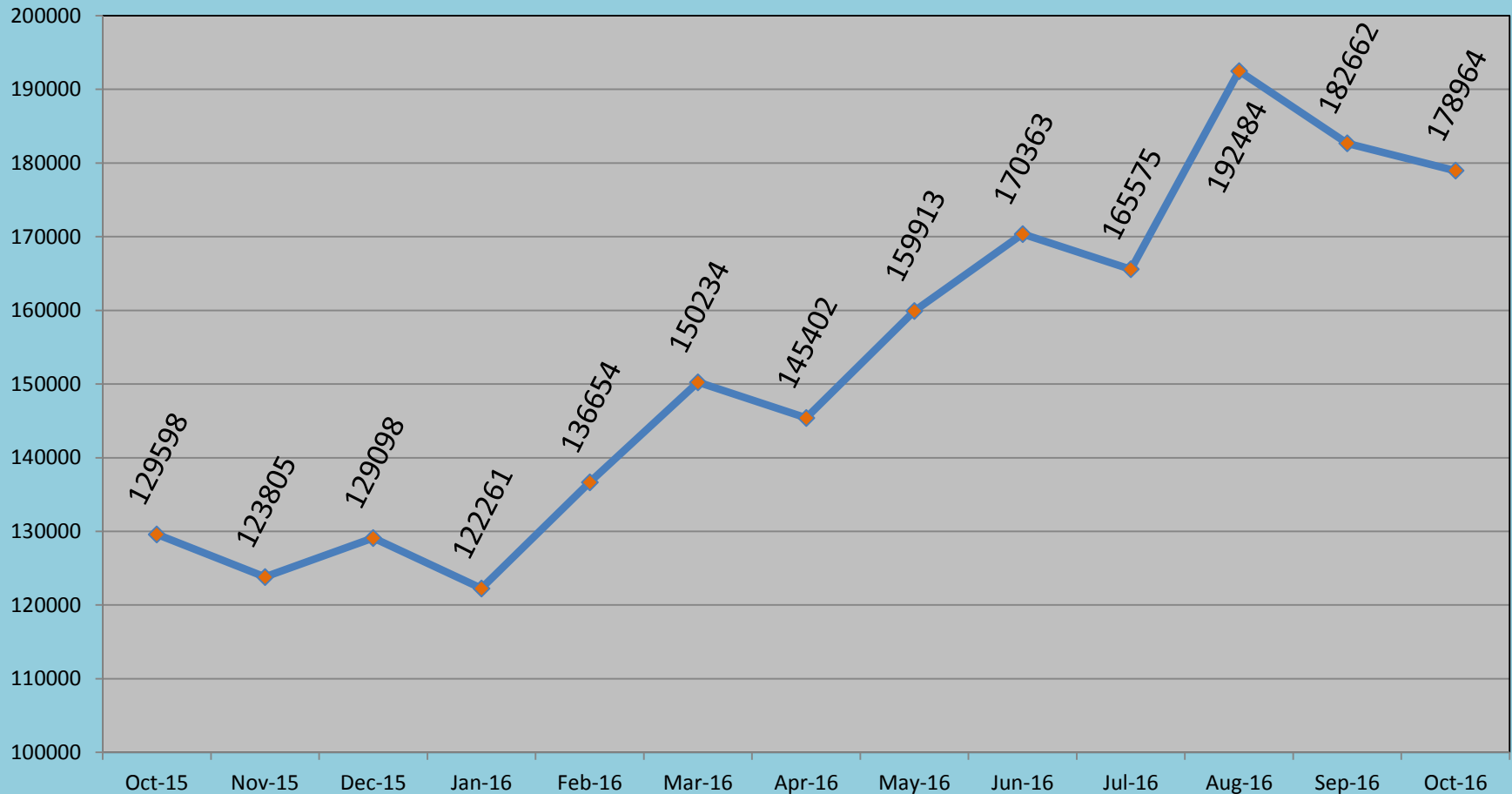
- ✓ Registration of all prescribers
- ✓ Mandatory use opioids > 14 days
- ✓ Medicaid MCO access
- ✓ Probation and Parole access
- ✓ Expanded delegate access
- ✓ Reporting of outlier prescribing, dispensing for investigation
- ✓ PBSS Data Brief on Prescription Risk Measures in Virginia

• **PMP Initiatives**

- Program upgrade
 - Increased user-friendliness
 - Alerts
 - Enhanced delegate management (on-line)
- New Regulations
 - NPI
 - Species Code
 - Gender
 - E-Prescribing info

PMP Requests by Prescribers

Total Number of Requests by Prescribers October 2015 - October 2016



Naloxone

Prescription drug administered to counteract opioid overdose

2013: HB 1672

- Allows a person to obtain prescription to help family member or friend

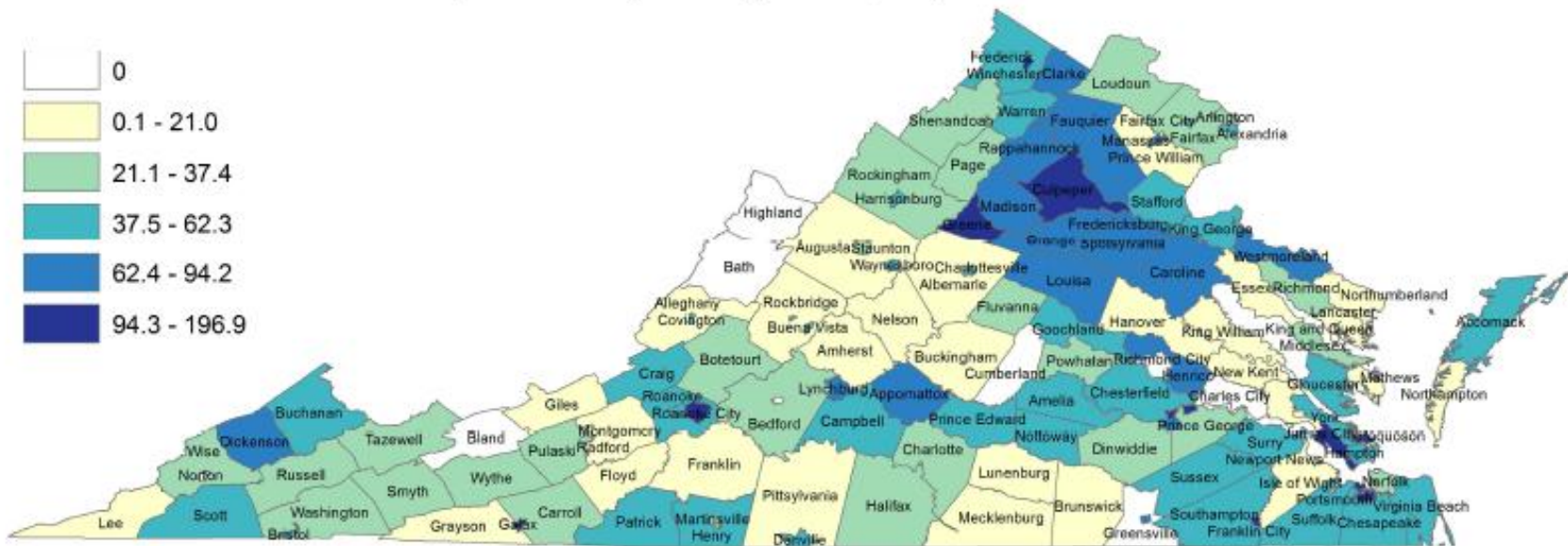
2015: HB 1458

- Pharmacists can dispense with a standing order
- Clarified language, liability protections
- Allowed law enforcement/fire fighters to possess and administer

2017:

- Legislation to expand access
- Clarifies Commissioner of Health may issue statewide standing order
- Authorizes non-pharmacist to possess and dispense

	0
	0.1 - 21.0
	21.1 - 37.4
	37.5 - 62.3
	62.4 - 94.2
	94.3 - 196.9



*Total number of patients given Narcan by EMS with an improved response, by location of responding EMS agency (October 2015 - September 2016).

Project REVIVE!

- In 2013, DBHDS initiative Project REVIVE! with VDH and DHP to train friends and family members of individuals to administer naloxone
- To date, REVIVE! has trained about 4,000 lay rescuers and about 30 local law enforcement agencies to use naloxone
- REVIVE! continues to reach out to local organizations to develop local trainers and trainers of trainers.
- DBHDS is working with several other state agencies to improve access to the actual medication, possibly involving legislation.
- DBHDS now has a full-time coordinator for REVIVE!

DCJS Byrne Justice Assistance Grants (JAG) to Law Enforcement for Naloxone

Grants allow local law enforcement agencies to purchase and administer life saving doses of Naloxone

Grant Period: October 1,2016 to September 30,2017

Number of Grants Awarded: 11

Localities Receiving Awards:

Town of Berryville Police Department
Clarke County Sheriff's Office
Franklin County Sheriff's Office
Frederick County Sheriff's Office
Greene County Sheriff's Office
James City County Police
Department

Manassas Park Police Department
Page County Sheriff's Office
Smyth County Sheriff's Office
Spotsylvania County Sheriff's Office
Washington County Sheriff's Office

Opioid Website – Live 11/1/16

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A Crisis of Addiction

In 2014 Virginia Governor Terry McAuliffe convened a [Task Force on Prescription Drug and Heroin Abuse](#) to address the crisis in opioid addiction and overdose that the Commonwealth – and indeed, our entire country – is facing. More Virginians now die every year from an overdose than in automobile accidents, and nationally there is an overdose death every 20 minutes.

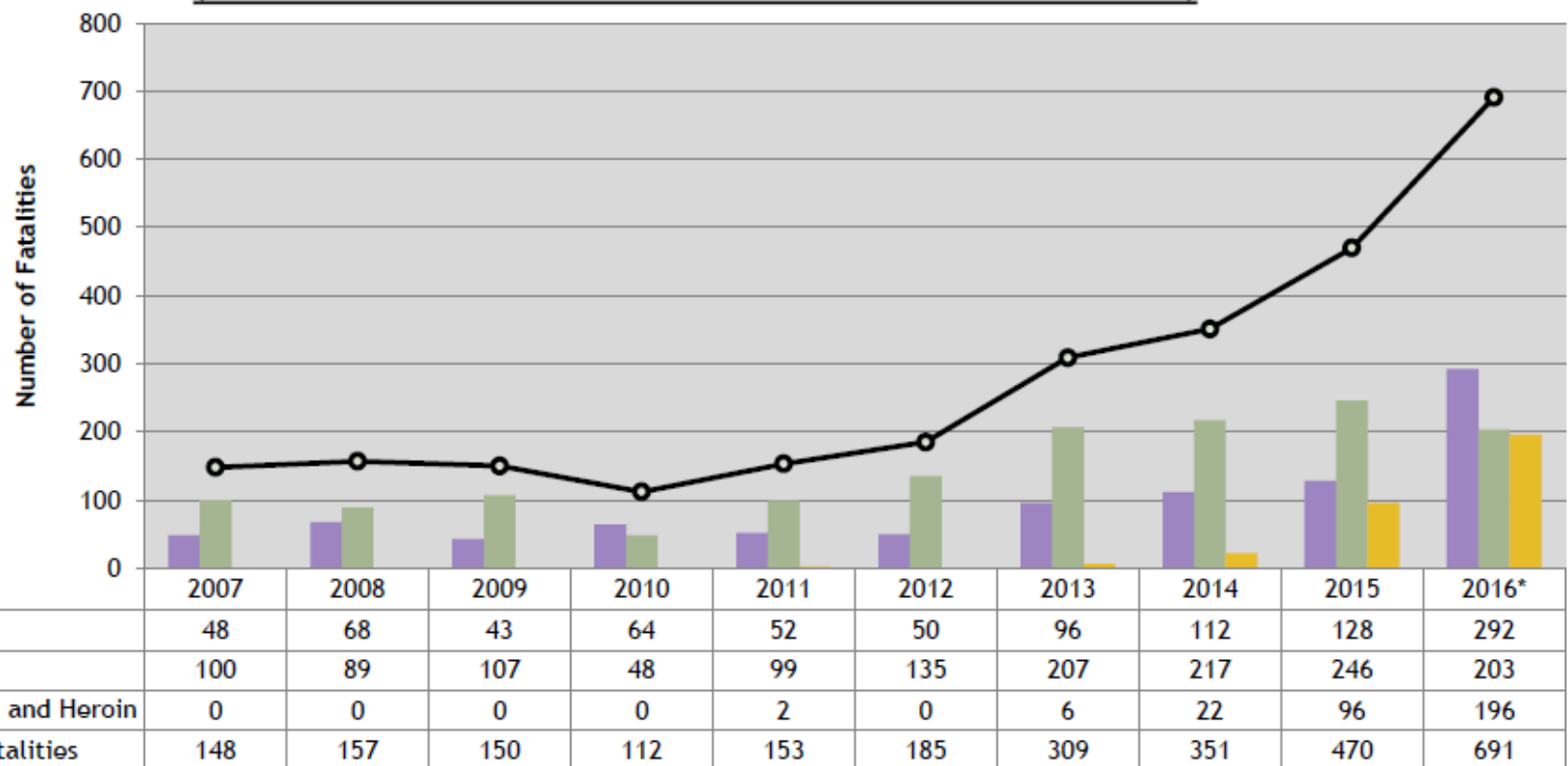
ALL OPIOID DEATHS IN VIRGINIA (Heroin and Prescription Drugs)



Moving Forward

- Regional/Federal Collaboration: NGA Learning Lab; HIDTA
- Emerging threat: Illicit opioids (Fentanyl)

Total Number of Fatal Fentanyl and/or Heroin Overdoses by Year of Death, 2007-2016
 ('Total Fatalities' for 2016 is a Predicted Total for the Entire Year)



Moving Forward – Legislation

Approved

- Mandated E-prescribing
- Peer recovery specialist registry
- Naloxone distribution by non-dispensers
- Naloxone for forensic lab staff

In discussion

- Probation and Parole Officer access to the PMP
Substance Exposed Infants
- Naloxone standing order by Commissioner

Medicaid Expansion

- Expanding coverage would provide the resources – more than \$200 million -- to help address the problem of prescription opioid/heroin addiction, as well as the capacity to appropriately treat mental health issues.
- Expansion could provide greater access to care while providing general fund savings.
- New DMAS estimates show Medicaid expansion would save Virginia a net of \$71 million over the biennium.
- An estimated **22,000 adults** served by Virginia's Community Services Boards are uninsured. Expansion would free up nearly \$30 million in general funds that could be reinvested.

Questions?