

The Federal Response to Opioids: A Regional Perspective on a National Epidemic



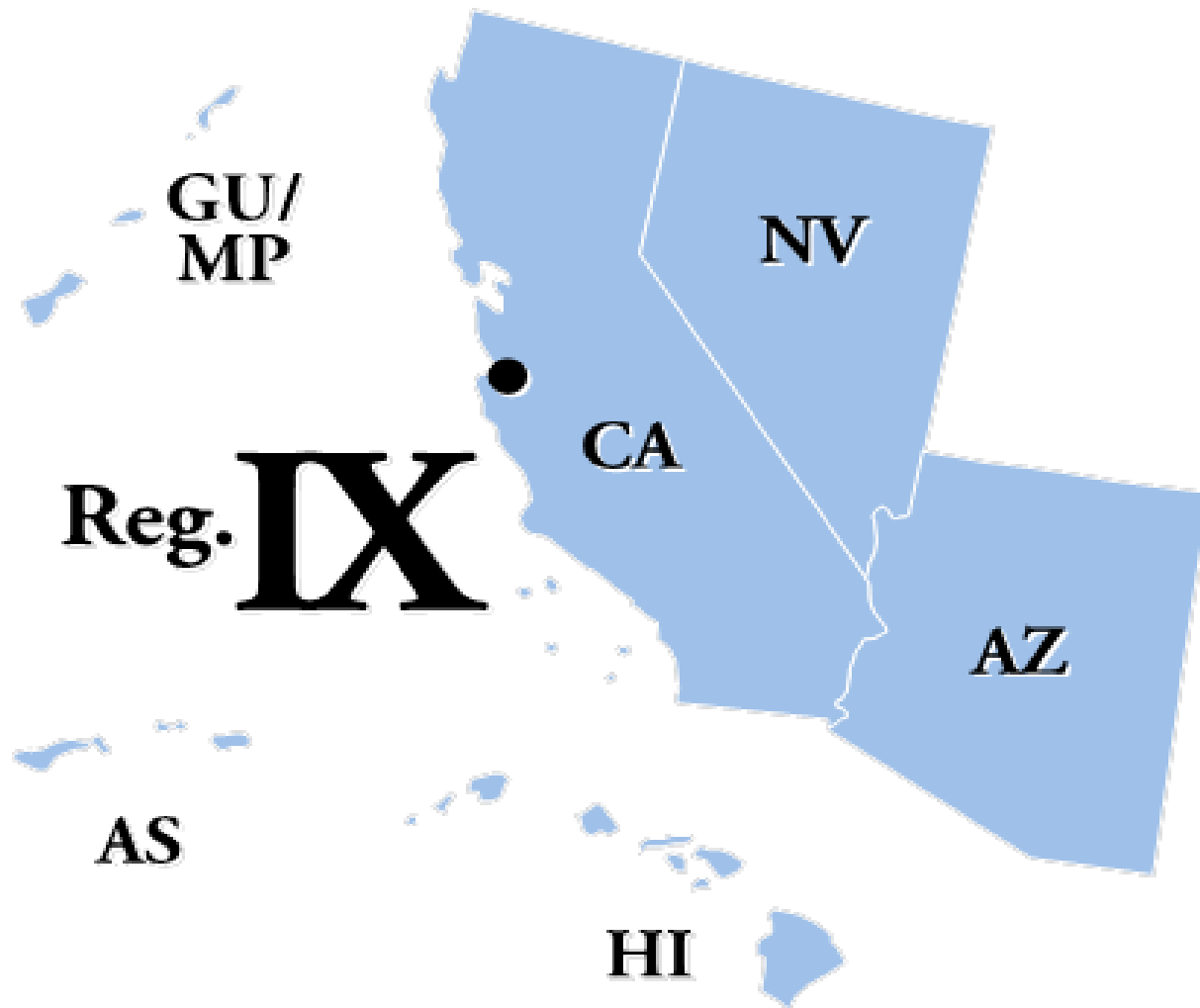
“Working to Achieve Health Equity”

Presentation Overview

- Our Region & Our Priorities
- Scope of the Opioid Epidemic
- The National Response
- The Omnibus
- The Region IX Approach

Region IX

The U.S. Department of Health & Human Services



Region IX

The U.S. Department of Health & Human Services

Divisions

- ☐ Administration for Children and Families
- ☐ Administration for Community Living
- ☐ Assistant Secretary for Preparedness and Response
- ☐ Agency for Toxic Substances Disease Registry
- ☐ Centers for Disease Control and Prevention
- ☐ Centers for Medicare and Medicaid Services
- ☐ Food and Drug Administration
- ☐ Health Resources Services Administration
- ☐ Indian Health Service
- ☐ Office of the Assistant Secretary for Health
- ☐ Office of Civil Rights
- ☐ Office of the Inspector General
- ☐ Substance Abuse and Mental Health Services Administration

HHS Top Priorities

Enhance and Protect the Health and Well-Being of All Americans

- **Goal 1:** Prevent & Treat Opioid Abuse
- **Goal 2:** Reduce Prescription Drug Prices
- **Goal 3:** Reduce Waste and Administrative Burden

Scope of the Opioid Epidemic

Why Is This A Priority?



THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...



116

People died every day
from opioid-related
drug overdoses



11.5 m

People misused
prescription opioids¹



42,249

People died from
overdosing on opioids²



2.1 million

People had an opioid use
disorder¹



948,000

People used heroin¹



170,000

People used heroin for
the first time¹



2.1 million

People misused prescription
opioids for the first time¹



17,087

Deaths attributed to
overdosing on commonly
prescribed opioids²



19,413

Deaths attributed to
overdosing on synthetic
opioids other than
methadone²



15,469

Deaths attributed to
overdosing on heroin²

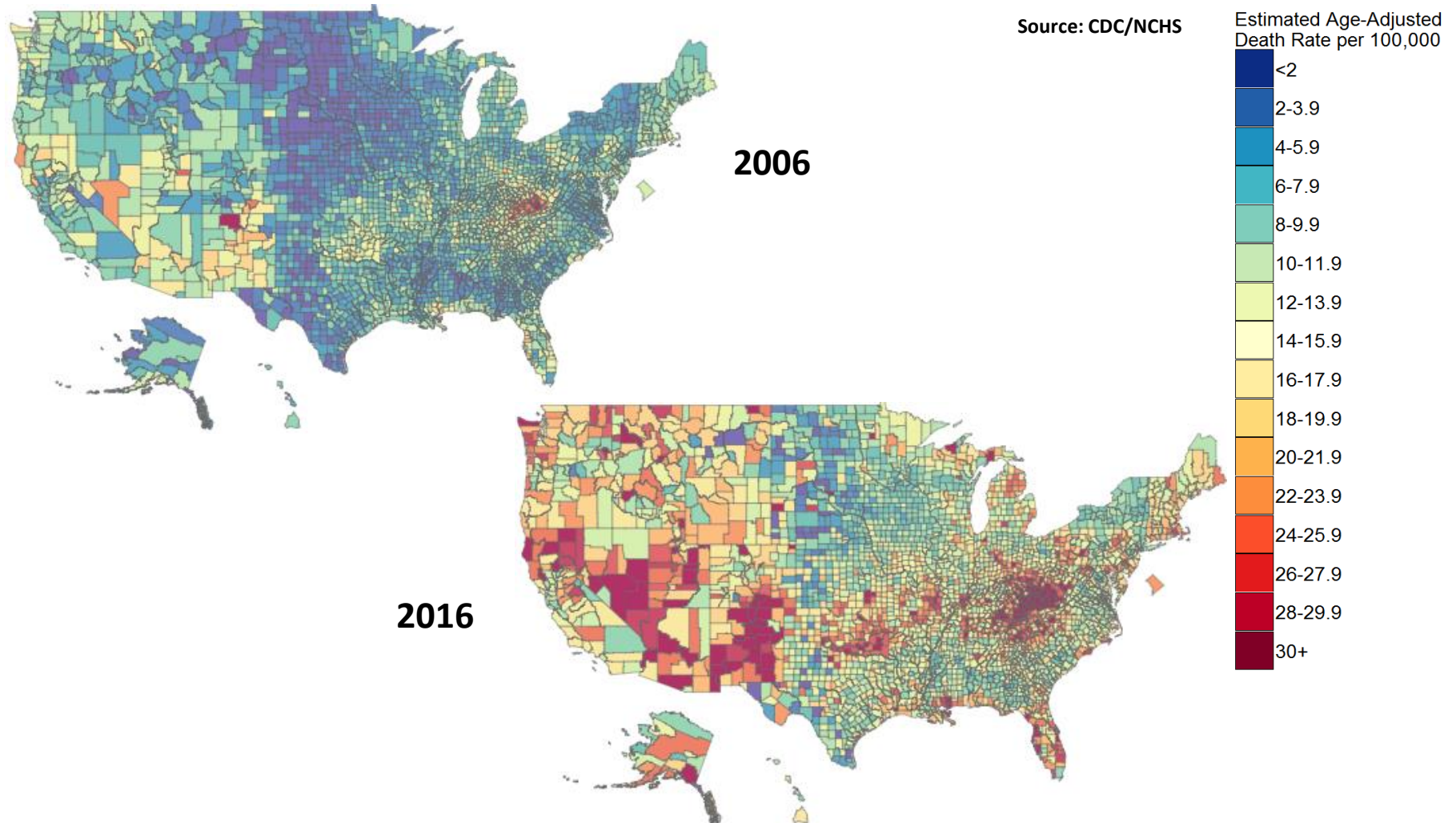


504 billion

In economic costs³

Sources: ¹ 2016 National Survey on Drug Use and Health, ² Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, ³ CEA Report: The underestimated cost of the opioid crisis, 2017

County-Level Trends in Overdose Deaths



Estimated Age-Adjusted Death Rates for Drug Poisoning

2016 Age-Adjusted Death Rates for Drug Overdoses

Drug Overdose Death Rate per 100,000

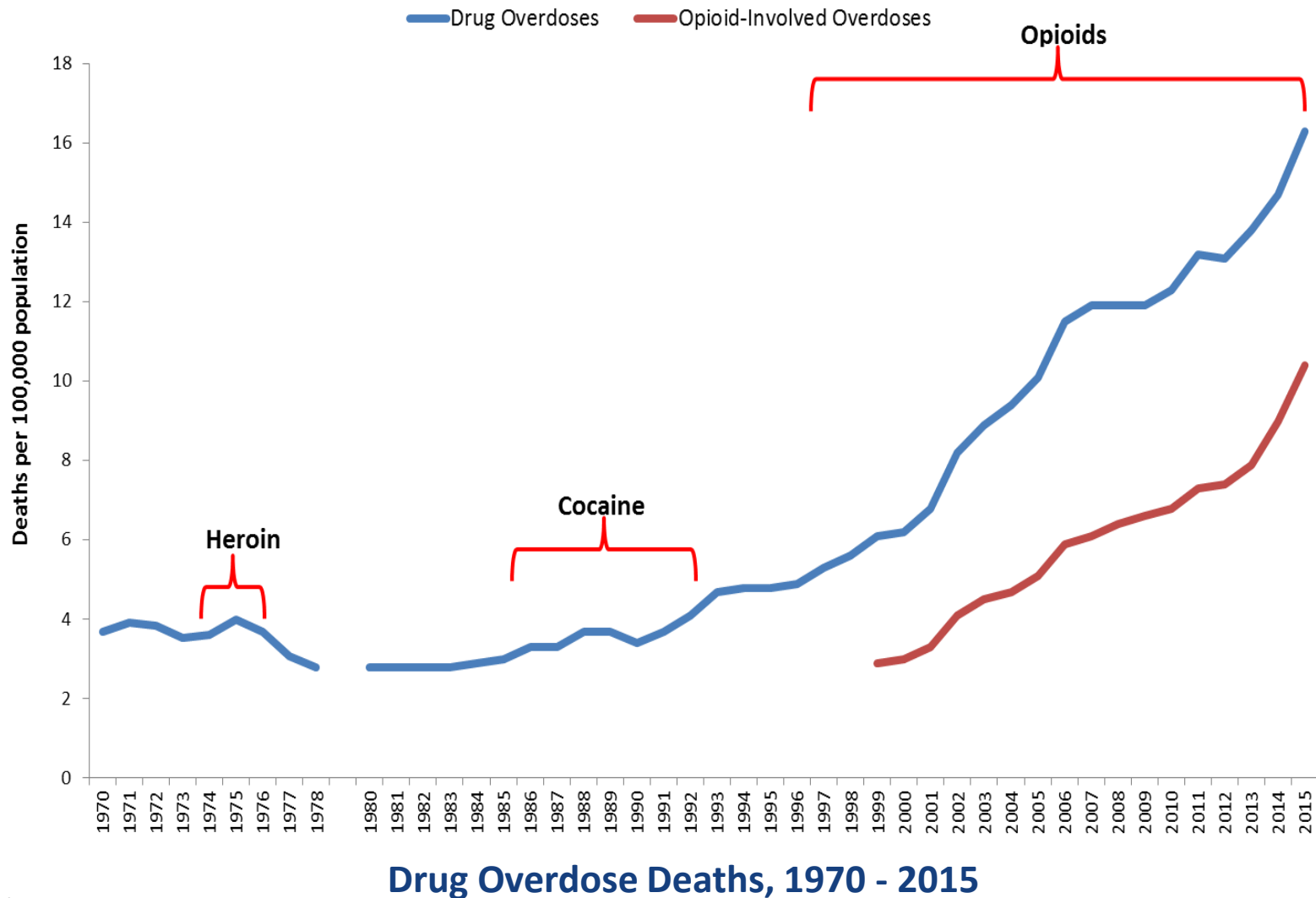
1. West Virginia	52.0
2. Ohio	39.1
3. New Hampshire	39.0
4. District of Columbia	38.8
5. Pennsylvania	37.9
6. Kentucky	33.5
7. Maryland	33.2
8. Massachusetts	33.0
9. Delaware	30.8
9. Rhode Island	30.8

2016 Age-Adjusted Death Rates for Drug Overdoses

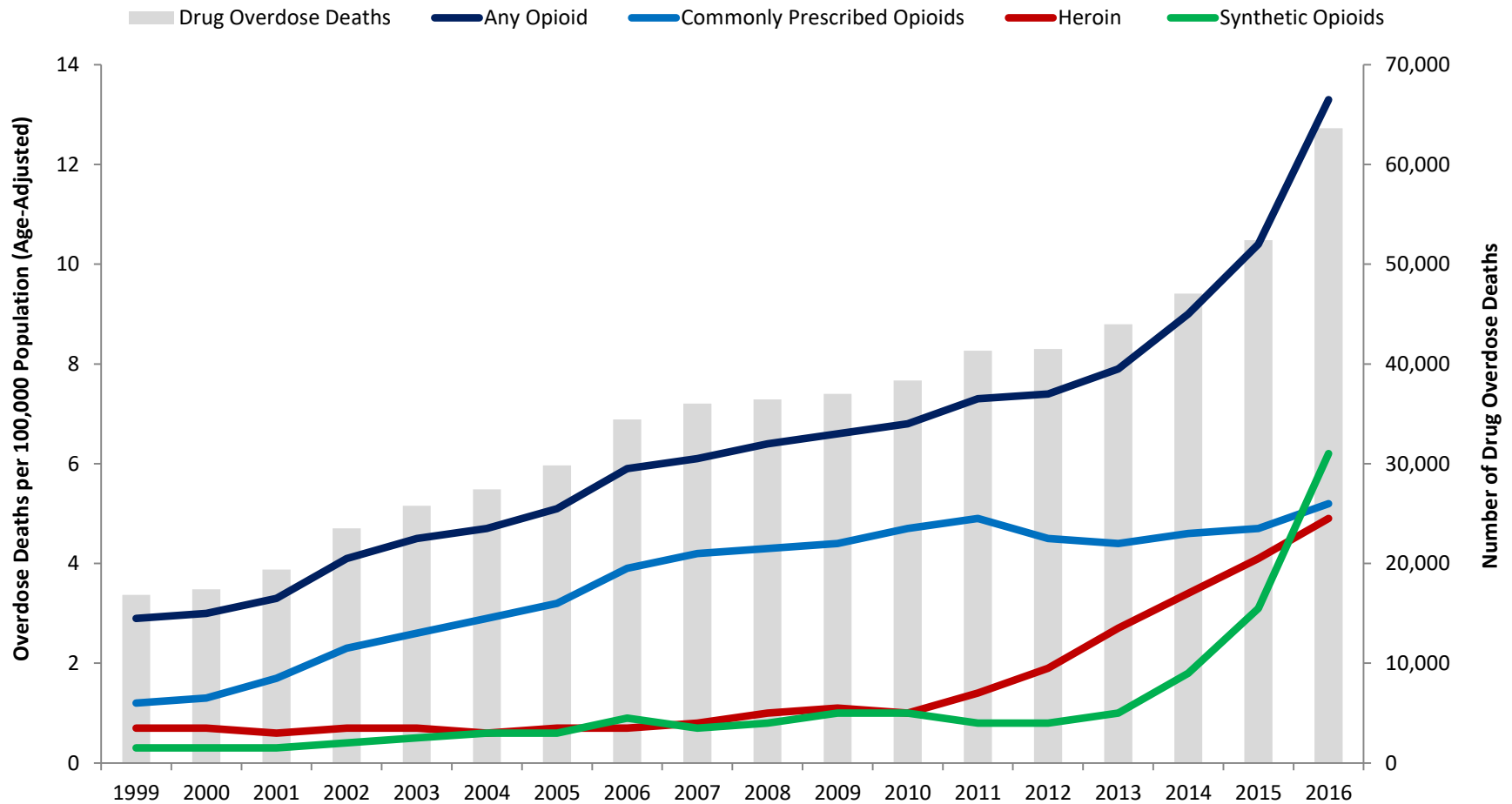
Total Overdose Deaths

1. Florida	4,728
2. California	4,654
3. Pennsylvania	4,627
4. Ohio	4,329
5. New York	3,638
6. Texas	2,831
7. Illinois	2,411
8. Michigan	2,347
9. Massachusetts	2,227
10. New Jersey	2,056

The Opioid Epidemic in Context

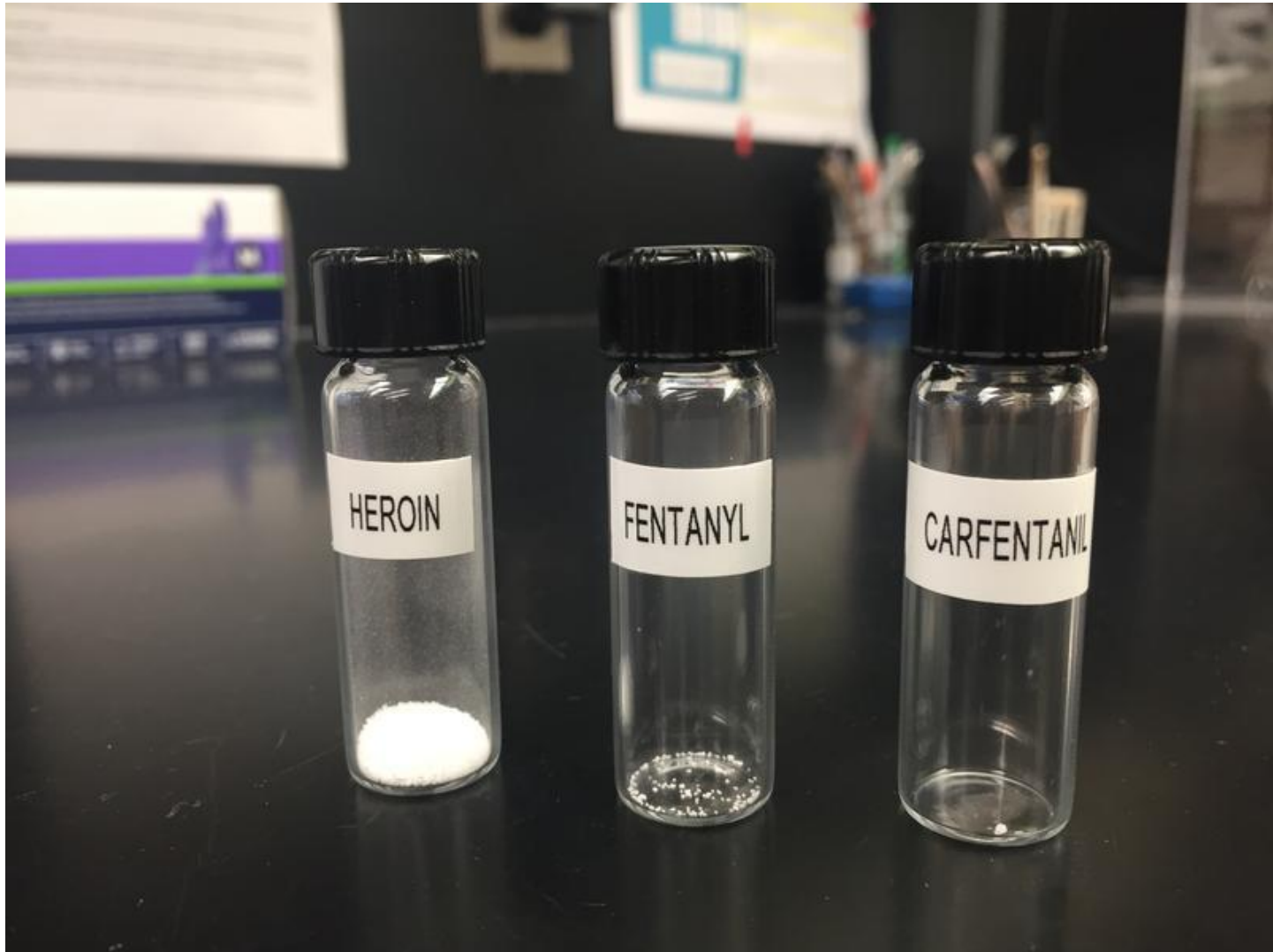


The Opioid Epidemic in Context



Opioid Overdose Deaths at Historically High Levels

Lethality of Heroin, Fentanyl & Carfentanil



Illicit Fentanyl & Fentanyl Analogs

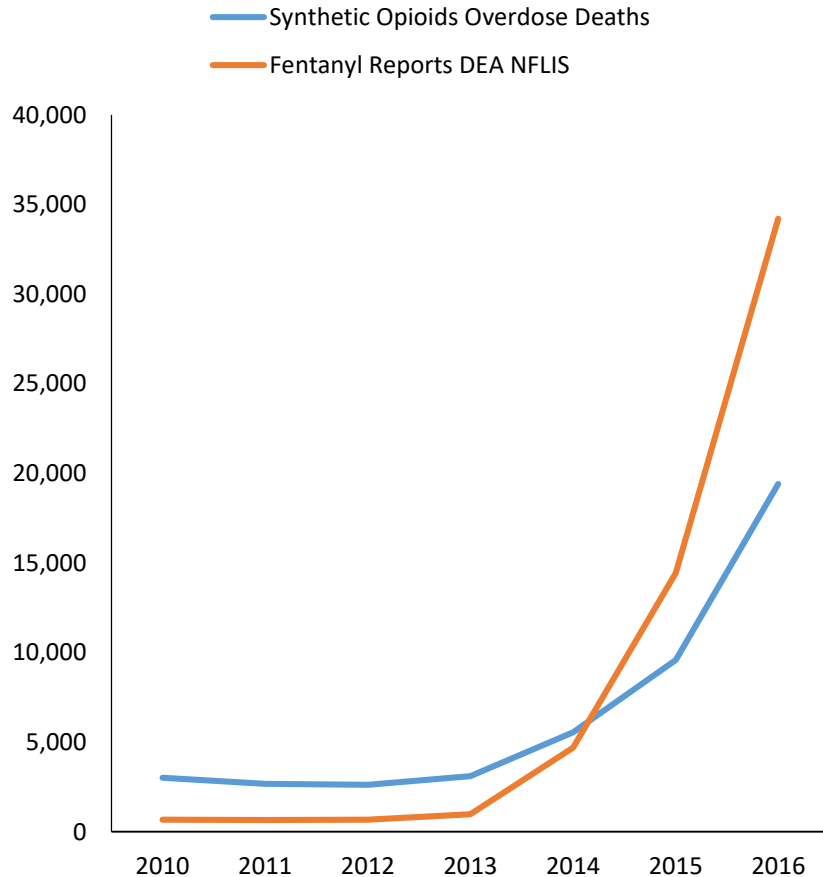


Figure 3 Fentanyl reports in NFLIS, by State, 2001

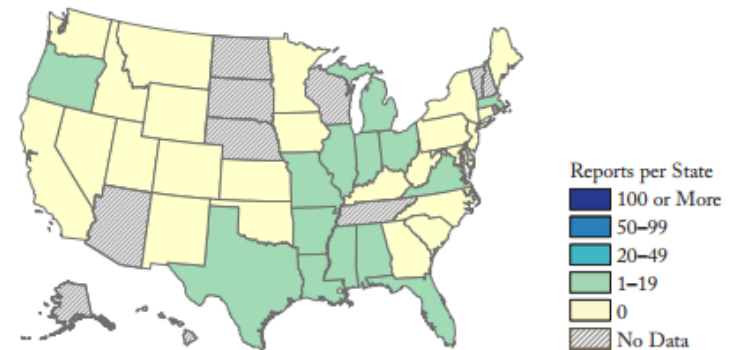
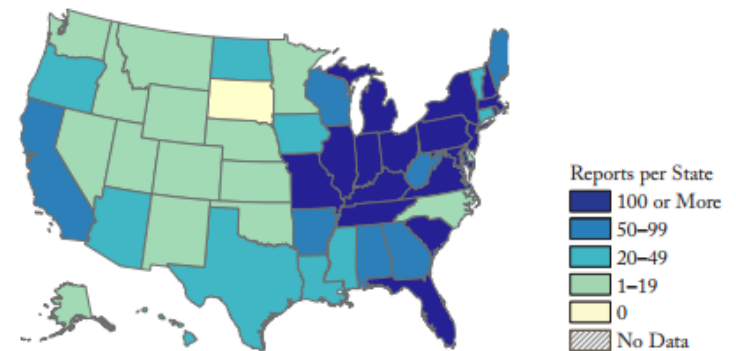


Figure 4 Fentanyl reports in NFLIS, by State, 2015

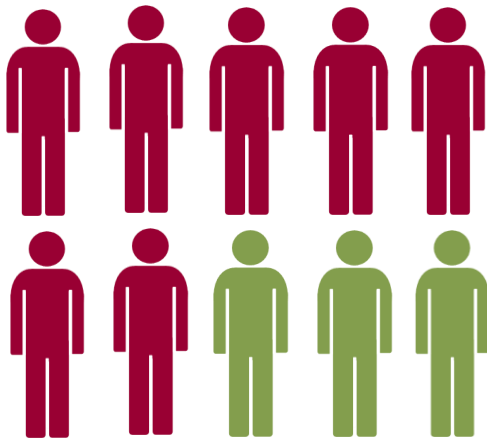


Synthetic opioid deaths closely linked to illicit fentanyl

Risk Factors for Heroin Misuse



3 out of 4 people
who used heroin in
the past year
misused opioids first

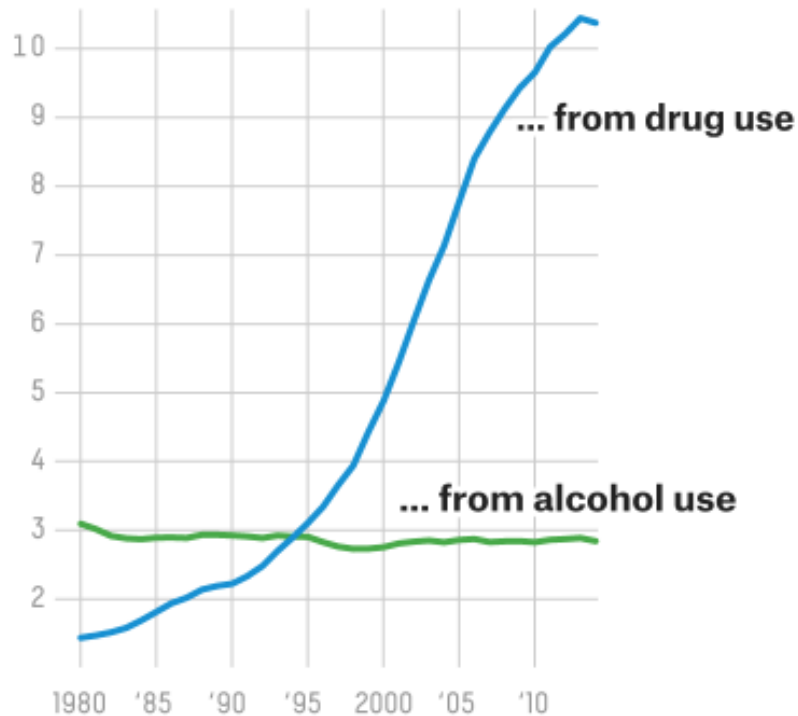


7 out of 10 people
who used heroin in
the past year also
misused opioids in
the past year

Nonmedical use of Rx Opioids: A significant risk factor for heroin use

Putting It In Perspective

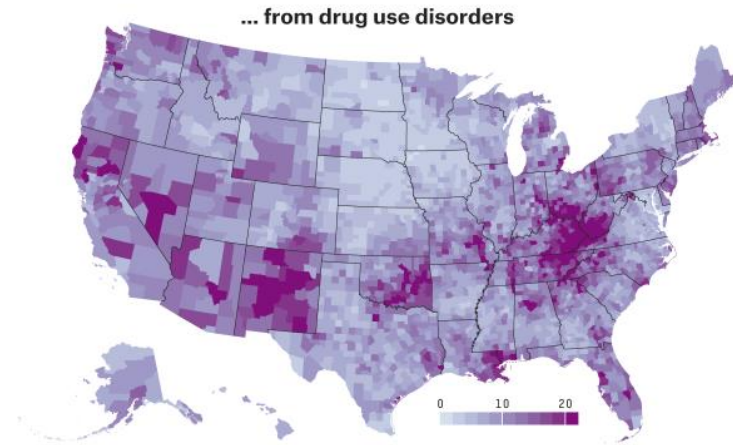
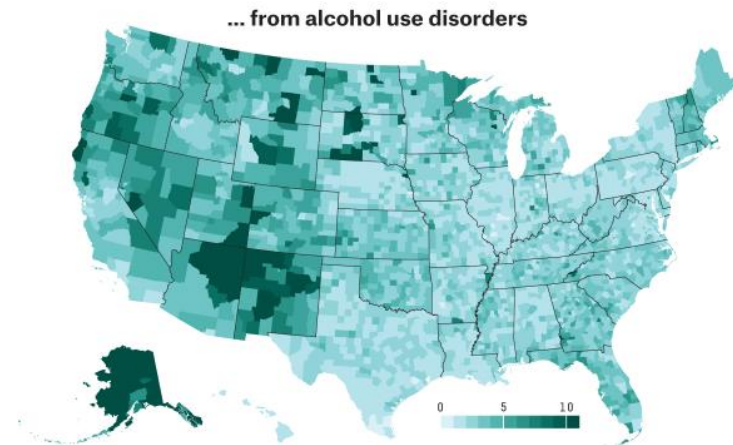
Estimated **deaths per 100,000 people** in the U.S. ...



Mortality rates are age-adjusted to account for higher mortality in older populations

SOURCE: INSTITUTE FOR HEALTH METRICS AND EVALUATION

Estimated **deaths per 100,000 people** in 2014, by county ...



Mortality rates are age-adjusted to account for higher mortality in older populations

FiveThirtyEight

SOURCE: INSTITUTE FOR HEALTH METRICS AND EVALUATION

The National Response

Complete strategy

HHS Five-point strategy
to combat the opioids crisis



Better addiction
prevention,
treatment, and
recovery services



Better data



Better pain
management



Better targeting
of overdose
reversing drugs



Better research

HHS Goals

Improving access to prevention, treatment, and recovery services



Prevent the health, social, and economic consequences associated with opioid addiction and enable individuals to achieve long-term recovery.

- Supporting services
- Targeting populations
- Providing education
- Strengthening collaborations

HHS Goals

Strengthening timely public health data and reporting



Improve the timeliness and specificity of data to inform a real-time public health response as the epidemic evolves.

- Enhanced surveillance
- Data sharing

HHS Goals

Advancing the practice
of pain management



Enable access to high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms.

- Developing policies
- Providing education

HHS Goals

Making overdose-reversing drugs available



Ensure the broad provision of overdose-reversal drugs to people likely to experience or respond to an overdose, with a particular focus on targeting high-risk populations

- Building capacity
- Providing education

HHS Goals

Supporting cutting-edge research

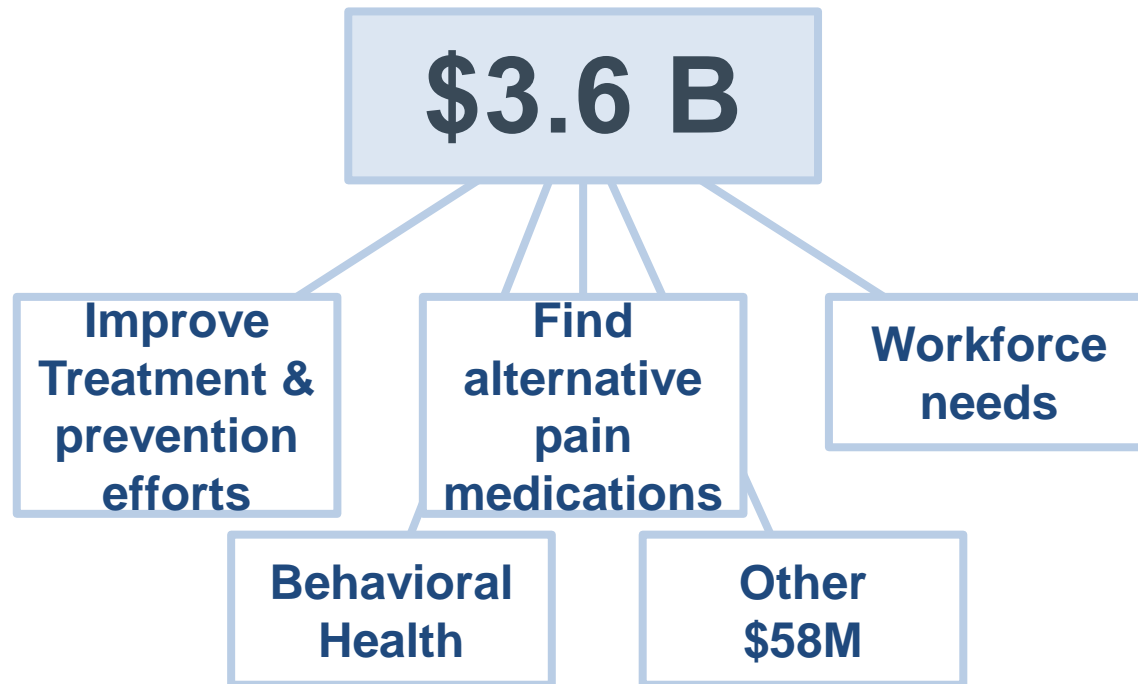


Advance our understanding of pain and addiction, support the development of new treatments, and identify effective public health interventions to reduce opioid-related harms.

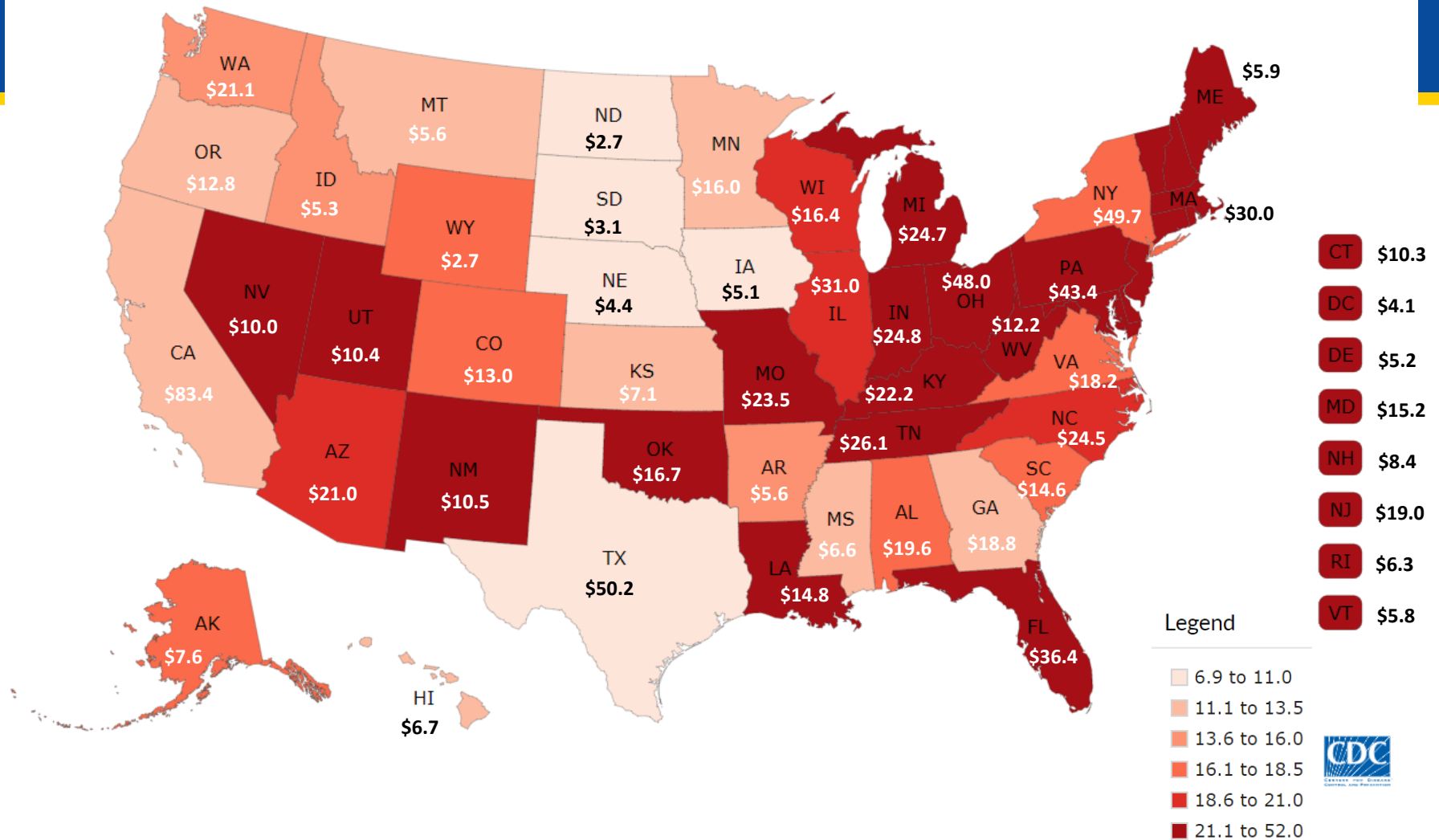
- Understanding pain
- Addiction and overdose
- Epidemiology and policy

FY2017

Estimated HHS opioid-related
funding (in millions) for 2018 & beyond



Estimated HHS Opioid-Related FY17 Funding



Key actions

Select Accomplishments to Date

- **Spending:** Dramatic increase in Federal funding
- **FDA:** Expands treatment formulations; Ramps up investigations to intercept fentanyl coming into the country; Gets the opioid Opana ER out of the marketplace
- **CMS** – Restricts Medicare opioid prescriptions for acute pain to 7 days.
- **CMS** – Creates Substance Use Disorder Waivers
- **NIH** - Doubles investment in opioid research, to \$1.1 billion.
- **CDC** - Speeding up release of preliminary overdose death data.
- **Surgeon General** expands access to overdose reversing drugs.
- **SAMHSA** – STR Grants, Provides \$44.7 million to equip first responders with naloxone
- **OCR HIPAA Guidance** – Doctor's can now tell family of loved ones about life threatening addiction

Addressing Prescribing

Key actions

The White House laid out serious targets, including significantly improving both federal and private-sector prescribing:

- Opioid prescriptions nationally will be cut by **a third** within 3 years
- All federal prescribers will be using best practices **within 5 years**

The Omnibus

The Omnibus

- Omnibus bill to fund the Federal government through September 2018 was signed in March
- Included within the bill were streams of funding dedicated to addressing the opioid epidemic

The Omnibus

Health Resources & Services Administration

National Health Service Corps

- ↑\$105,000,000 to expand/improve access to quality opioid & substance use disorder treatment in rural & underserved areas nationwide
 - \$30,000,000 of which shall be available for the new Rural Communities Opioid Response initiative
- Expands eligibility for loan repayment awards through the NHSC to include substance use disorder counselors

The Omnibus

Health Resources & Services Administration

Rural Communities Opioids Response

- \$100,000,000 initiative to support treatment for & prevention of substance use disorder
 - 220 counties identified by the CDC as being at risk, plus other rural communities at the highest risk for substance use disorder
- Promote aims such as:
 - improving access to and recruitment of new substance use disorder providers
 - building sustainable treatment resources
 - establishing cross-sector community partnerships
 - implementing new models of care, including integrated behavioral health
 - increasing use of telehealth

The Omnibus

Health Resources & Services Administration

Telehealth Centers of Excellence

- \$4,000,000 authorized for a second year of funding
 - No less than \$1,000,000 shall be used for research, to provide healthcare outcomes, and develop best practices for the delivery of mental and behavioral health care via telehealth

The Omnibus

Centers for Disease Control & Prevention

Opioid Prescription Drug Overdose (PDO) Prevention Activity

- \$475,579,000 to advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 States and Washington, D.C.
 - An increase of \$350B over FY2017
- Initiative should promote:
 - expansion of case-level syndromic surveillance data
 - improvements of interventions that monitor prescribing and dispensing practices
 - better timeliness and quality of morbidity and mortality data
 - support enhancement of efforts with medical examiners and coroner offices

The Omnibus

Centers for Disease Control & Prevention

Opioid Prescription Drug Overdose (PDO) Prevention Activity

- CDC shall use \$10,000,000 of the funds provided to conduct an opioid nationwide awareness and education campaign.
- Promote the use PDMPs, including making them more interconnected, real-time, and usable for public health surveillance and clinical decision making at State and local level

The Omnibus Administration for Children and Families

Child Abuse Prevention and Treatment Act (CAPTA) Infant Plans of Safe Care

- Provides an increase of \$60,000,000 for CAPTA State Grants

The Omnibus

Administration for Children and Families

Kinship Navigator Programs

- \$20,000,000 to assist States and Indian tribes to develop and enhance kinship navigator programs

The Omnibus

Substance Abuse and Mental Health Services Administration

State Opioid Response Grants

- Authorizes \$1,000,000,000 in new funding for grants to States to address the opioid crisis
 - In addition to the \$500,000,000 provided in the 21st Century Cures Act
 - **\$50,000,000 for grants to Indian tribes and tribal organizations**

The Omnibus

Substance Abuse and Mental Health Services Administration

State Opioid Response Grants

- \$2,000,000 set aside to charter a National Academy of Sciences Review
- The NAS review will identify outcomes and the metrics by which the achievement of such outcomes shall be determined
- The NAS study will report on the effectiveness of the STR programs in achieving their respective goals for preventing, treating, and supporting recovery from substance use disorders

The Omnibus

Substance Abuse and Mental Health Services Administration

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction.

- **\$84,000,000 authorized for MAT**
 - **\$5,000,000 set-aside for Indian tribes, tribal organizations, or consortia**

The Region IX Approach

How Region IX Approaches the Opioid Epidemic

- **Federalism:** support state and local innovation to meet the needs of their communities
- **Collaboration:** breaking down bureaucracy both internally and externally brings the best information and resources to the epidemic the fastest
- **Inquisition:** states have been bold in their strategies, and asking the right questions allows all parties to learn and inform.

Collaboration Amongst HHS Divisions

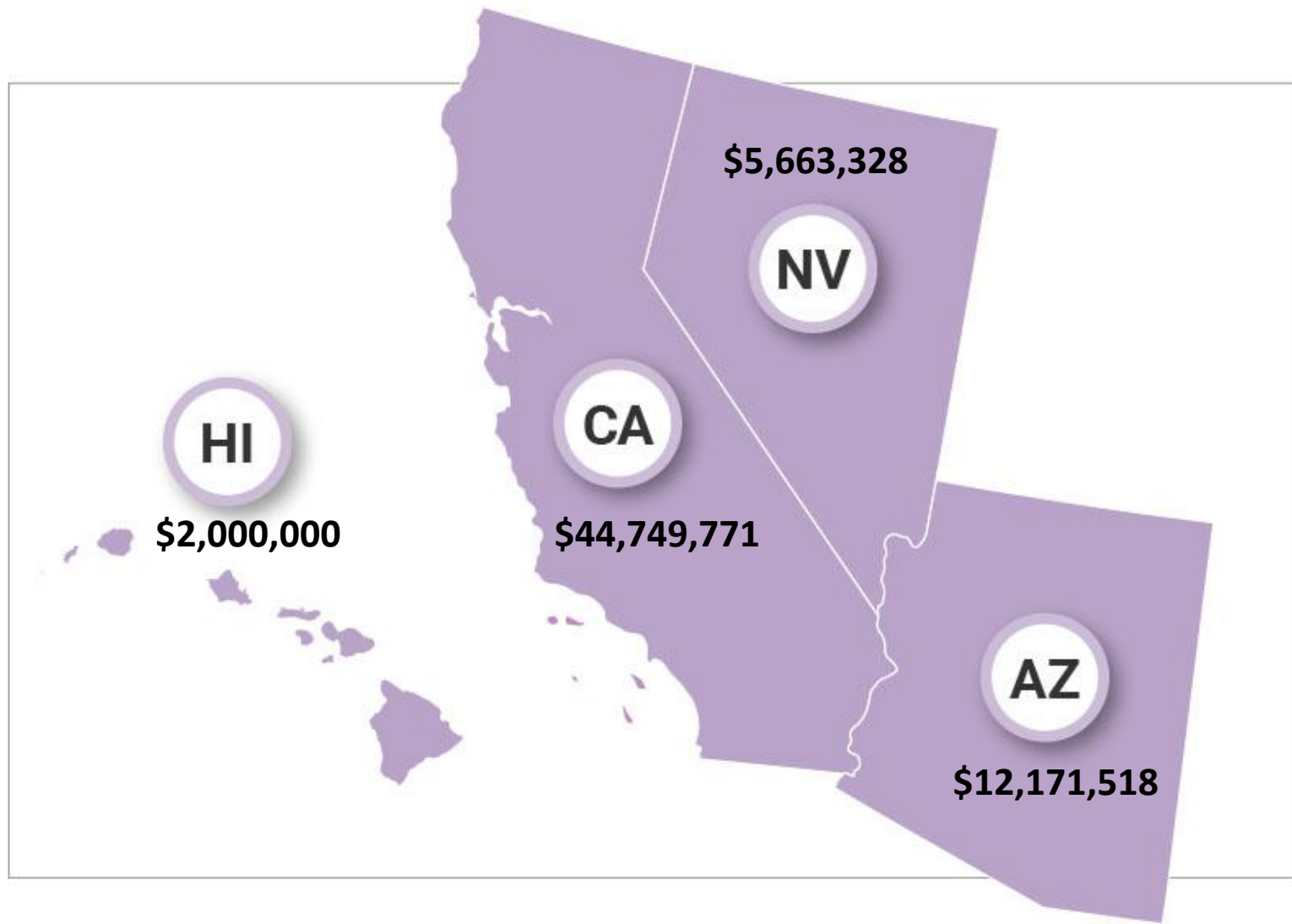
- Sharing information and objectives to help promote to communities what is available and how to maximize utility
- Joint projects, such as trainings for providers and medical-legal partnerships clarifying overlay of HIPAA and SAMHSA regulations

Regional Opioid Summit

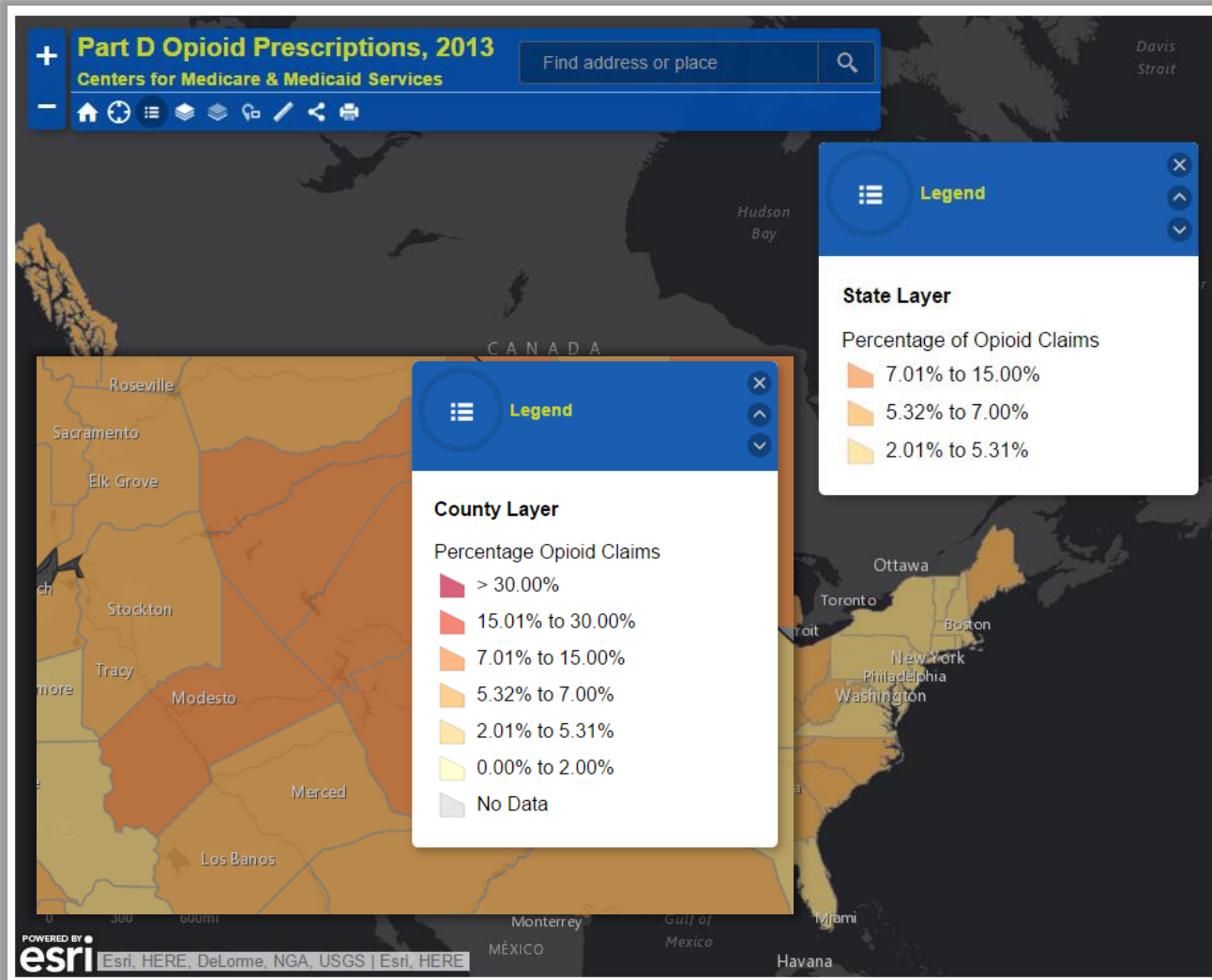
August 14-15 in San Francisco

Bringing together HHS officials, State Health Officers, and STR grantees from the region to share promising practices and discuss avenues for collaboration

STR Region IX Awards Per Year

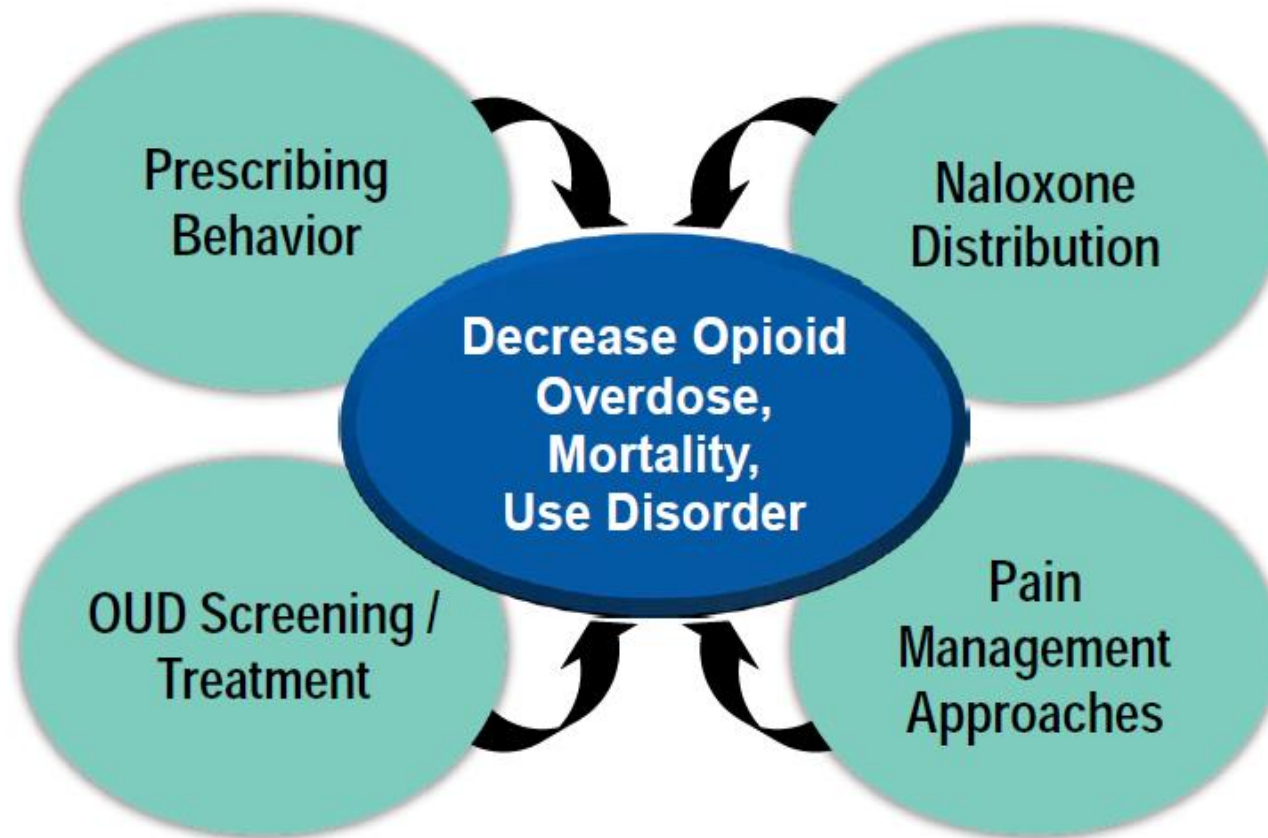


CMS Data Tool: Medicare Part D Opioid Drug Mapping



- Download Opioid Map Data
- View Prescriber-level Opioid rates
- Part D Prescriber Look-up tool

CMS Approach from a Payor's Perspective



- Innovative payment models
- Incentive payment programs
- Data analysis
- Policy
- Outreach and Partnerships
- Diversion Awareness

OUD: Opioid Use Disorder

HRSA Rural Health Opioid Program & Substance Abuse Treatment Telehealth Network Grant Program

- In September 2017, \$3.3M nationwide went to 13 rural health organizations to increase access to treatment and recovery services for opioid abuse under the RHOP and SAT-TNGP.

IHS Committee on Heroin, Opioids & Pain Efforts (HOPE)

- New IHS Committee created in March 2017
 - Evolved out of the Prescription Drug Abuse Workgroup
- Membership includes physicians, pharmacists, behavioral health providers, nursing consultation, and epidemiologists
- Purpose:
 - Promote appropriate and effective pain management
 - Reduce overdose deaths from heroin and prescription opioid misuse
 - Improve access to culturally appropriate treatment

Supporting Integrated Care

- Region IX has seen the benefits of mental health parity and behavioral health-primary care integration
 - RBHAs in Arizona
 - California SUD Waiver and 1115 Whole Person Care

Conclusion

We Are Partners

The Feds have an expertise, but we
alone are not the experts

Region IX

Office of the Regional Director



Edward Heidig
Regional Director
Edward.Heidig@hhs.gov



Bonnie Preston, M.P.H.
Outreach & Policy Specialist
Bonnie.Preston@hhs.gov



Schuyler Hall, M.P.S.
Outreach & Policy Specialist
Schuyler.Hall@hhs.gov

Phone: 415-437-8500
Twitter: @HHSRegion9