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

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 opioids
- 42,249 People died from overdosing on opioids
- 2.1 million People had an opioid use disorder
- 170,000 People used heroin for the first time
- 2.1 million People misused prescription opioids for the first time
- 948,000 People used heroin
- 17,087 Deaths attributed to overdosing on commonly prescribed opioids
- 19,413 Deaths attributed to overdosing on synthetic opioids other than methadone
- 15,469 Deaths attributed to overdosing on heroin
- 504 billion In economic costs

**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

Source: CDC/NCHS

2006

2016
## 2016 Age-Adjusted Death Rates for Drug Overdoses

<table>
<thead>
<tr>
<th>Drug Overdose Death Rate per 100,000</th>
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<tbody>
<tr>
<td>1. West Virginia</td>
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<tr>
<td>2. Ohio</td>
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<tr>
<td>3. New Hampshire</td>
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<tr>
<td>4. District of Columbia</td>
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<td>5. Pennsylvania</td>
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<td>6. Kentucky</td>
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<td>7. Maryland</td>
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<td>8. Massachusetts</td>
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<td>9. Delaware</td>
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<td>9. Rhode Island</td>
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Source: CDC/NCHS
## 2016 Age-Adjusted Death Rates for Drug Overdoses

<table>
<thead>
<tr>
<th>Total Overdose Deaths</th>
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</thead>
<tbody>
<tr>
<td>1. Florida</td>
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<tr>
<td>2. California</td>
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<tr>
<td>3. Pennsylvania</td>
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<tr>
<td>4. Ohio</td>
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<tr>
<td>5. New York</td>
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<td>6. Texas</td>
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<tr>
<td>7. Illinois</td>
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<td>8. Michigan</td>
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<td>9. Massachusetts</td>
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<tr>
<td>10. New Jersey</td>
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</tbody>
</table>

Source: CDC/NCHS
The Opioid Epidemic in Context


Source: CDC/NCHS
The Opioid Epidemic in Context

Opioid Overdose Deaths at Historically High Levels

Source: CDC/NVSS
Lethality of Heroin, Fentanyl & Carfentanil

Photo: Paige Sutherland/NHPR
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

Source: Chris Jones/SAMHSA
Putting It In Perspective

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

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

**Source:** Institute for Health Metrics and Evaluation

Source: Ella Koeze/FiveThirtyEight
The National Response
Complete strategy

HHS Five-point strategy to combat the opioids crisis

1. **Better** addiction prevention, treatment, and recovery services
2. **Better** data
3. **Better** pain management
4. **Better** targeting of overdose reversing drugs
5. **Better** research

HHS.GOV/OPIOIDS
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.GOV/OPIOIDS
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
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

$3.6 B

- Improve Treatment & prevention efforts
- Find alternative pain medications
- Workforce needs
- Behavioral Health
- Other $58M
Source: CDC & HHS
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
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
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
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.
Child Abuse Prevention and Treatment Act (CAPTA) Infant Plans of Safe Care

• Provides an increase of $60,000,000 for CAPTA State Grants
Kinship Navigator Programs

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

- HI: $2,000,000
- CA: $44,749,771
- NV: $5,663,328
- AZ: $12,171,518
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

Decrease Opioid Overdose, Mortality, Use Disorder

Prescribing Behavior
Naloxone Distribution
OUD Screening / Treatment
Pain Management Approaches

OUD: Opioid Use Disorder
• 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
The Feds have an expertise, but we alone are not the experts
Region IX
Office of the Regional Director

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