



THE PEW CHARITABLE TRUSTS

Addressing the Opioid Crisis

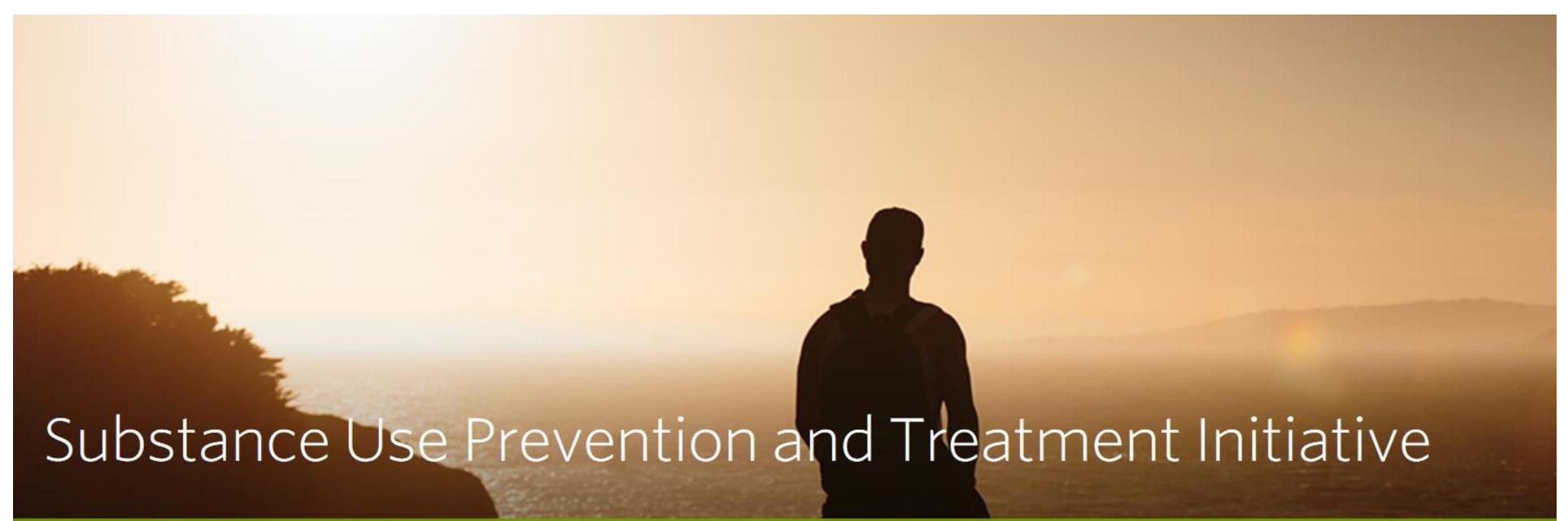
Policy Recommendations

The Pew Charitable Trusts

Pew is an independent nonprofit, nonpartisan research and policy organization.

Tools:

- Research
- Partnerships
- Technical assistance



Substance Use Prevention and Treatment Initiative

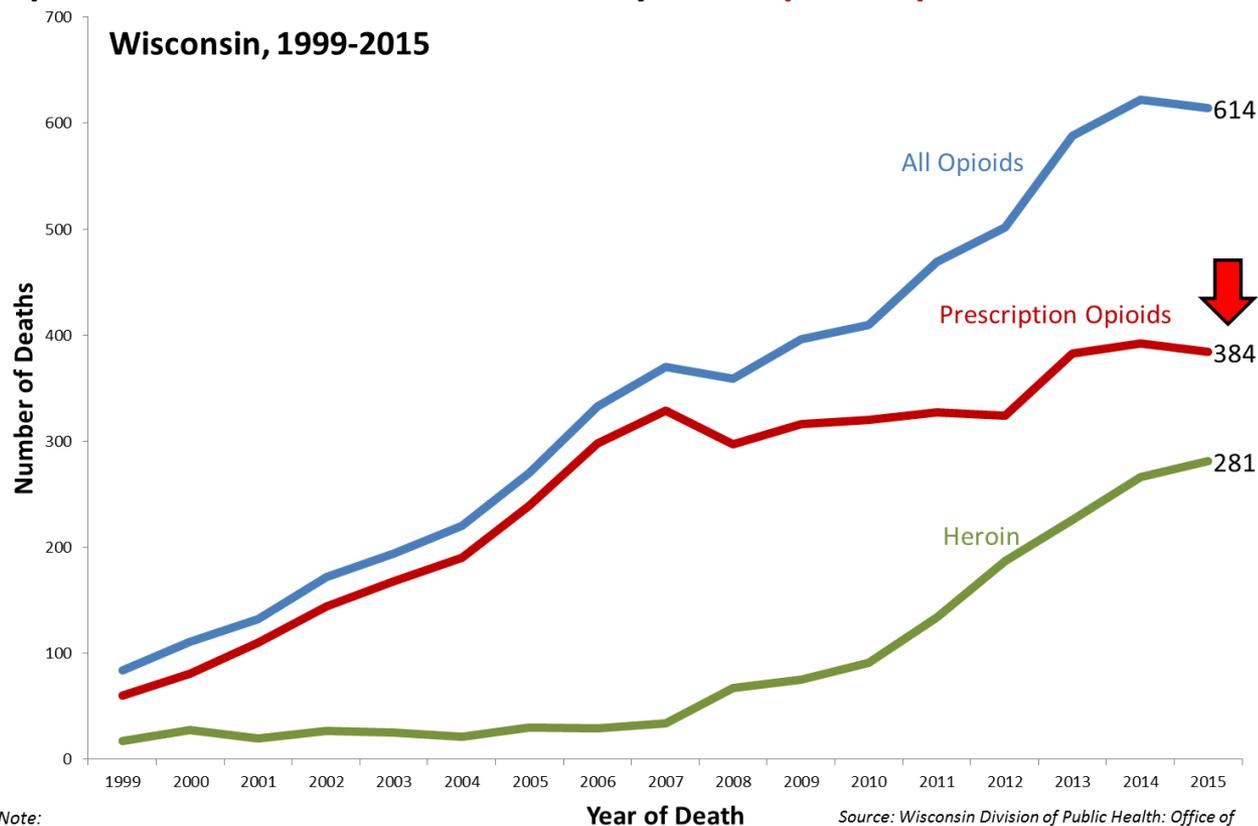
- 1) Reduce the inappropriate use of prescription opioids while ensuring that patients with medical needs have access to pain control, and
- 2) Expand access to effective treatment for substance use disorders, including medication-assisted treatment.

The GOAL is...

a treatment system that provides timely access to comprehensive, evidence-based and sustainable care.

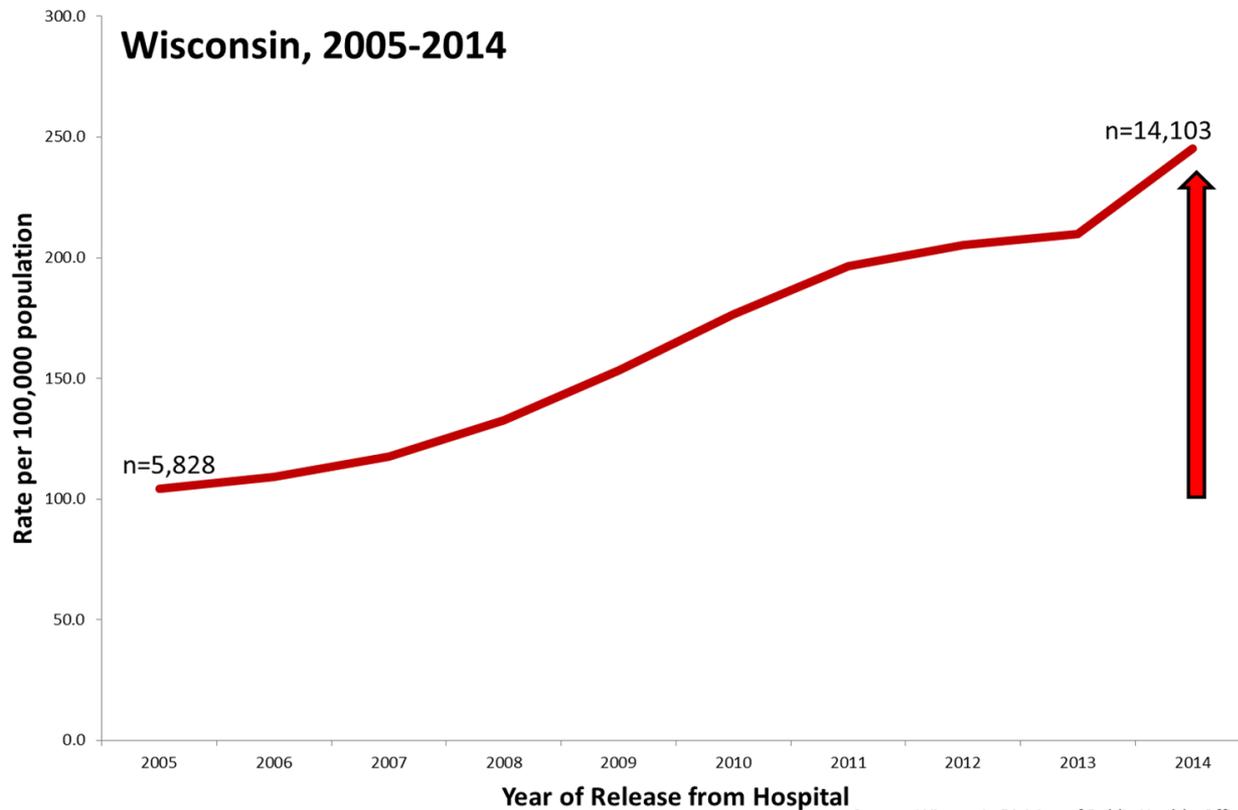
Increasing Opioid-Related Overdose Deaths

Opioid-Related Deaths Are Driven by **Prescription Opioids**.



Increasing Rates of Opioid Use Disorder

Rate of Opioid Use Disorder Has **More Than Doubled** since 2005.



Source: Wisconsin Division of Public Health: Office of Health Informatics, Opioid Harm Prevention Program

Approach to Recommendations

- Understand Wisconsin's System
- Engage Stakeholders Statewide
- Build on Evidence-Based and Emerging Practices

Recommendations

Focus Areas

- Provider Workforce
- Treatment During Pregnancy
- Data
- Justice Involved

Provider Workforce

- Recommendation 1: Evaluate Implementation of “Hub and Spoke” Model
- Recommendation 2: Integrate Buprenorphine Waiver in Residency Training Programs
- Recommendation 3: Expand Substance Abuse Counselor Capacity

Provider Workforce

Problem:

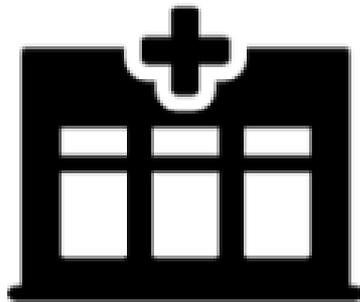
Wisconsin does not have a treatment delivery system with the capacity to treat the number of people with opioid use disorder (OUD) in the state.

Recommendation 1:

Create an advisory body to evaluate implementation of a state-wide “hub and spoke” treatment delivery system

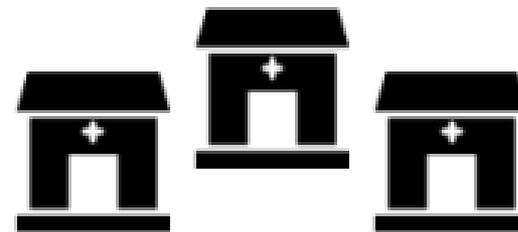
Provider Workforce

Hubs

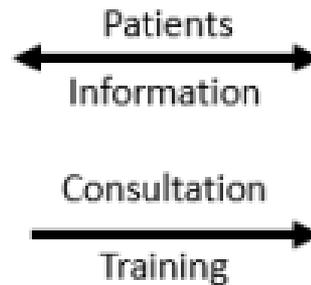


High intensity MAT
Methadone, buprenorphine, naltrexone
Regional locations
All staff specialize in addictions treatment

Spokes



Maintenance MAT
Buprenorphine, naltrexone
Community locations
Lead provider + nurse and LADC/MA counselor



Hub and Spoke in Vermont

Since implementation in 2012, Vermont has seen significant treatment capacity improvements:

- Reduced the state's treatment gap to the smallest in the nation
- Increased the number of physicians with a DEA-waiver to prescribe buprenorphine by 64 percent
- Increased the number of patients seen per waived physician by 50 percent

Key Implementation Questions

There are numerous critical questions an advisory body would need to consider, such as:

- BadgerCare payment reforms
- What are Hubs and Spokes
- Services delivered by Hubs and Spokes

Provider Workforce

Problem:

Many patients have difficulty accessing buprenorphine, one of three FDA-approved medications to treat opioid use disorder.

Recommendation 2:

Increase access to buprenorphine by expanding training and removing unnecessary barriers.

Buprenorphine Access Policy Changes

- a. Incorporate buprenorphine waiver into clinician training
- b. Eliminate Medicaid prior authorization requirements for buprenorphine-naloxone products
- c. Clarify requirements that limit nurse practitioners and physician assistants from prescribing buprenorphine

Provider Workforce

Problem:

Wisconsin does not have enough licensed SUD counselors to meet the treatment needs of people in the state.

Recommendation 3:

Evaluate Wisconsin's substance abuse counselors (SAC) certification criteria to streamline credentialing while ensuring quality.

Policies to Increase SAC Capacity

- a. Establish a review committee to evaluate SAC certification requirement and criteria
- b. Recognize reciprocity with states holding equivalent standards
- c. Ensure licensed psychotherapists have a streamlined path to a SAC credential

Treatment During Pregnancy

- Recommendation 4: Facilitate Effective, Evidence-Based Treatment for Pregnant Women

Treatment During Pregnancy

Problem:

Wisconsin's policies regarding substance use and misuse in pregnant women have the potential to deter women from obtaining evidence-based care for SUD and increase the risk of harm to the mother and child.

Recommendation 4:

Facilitate effective substance use disorder treatment for pregnant women.

Treatment During Pregnancy

Evidence-Based Treatment for Pregnant Women

- Early universal screening (SBIRT)
- Medication-assisted treatment (MAT) during pregnancy
- Comprehensive coordinated care
- Access to adequate postpartum psychosocial support services

Data

- Recommendation 5: Create a Substance Use Disorder Treatment Referral Tool
- Recommendation 6: Create Uniform Reporting Guidelines for Those Who Want, but Have Not Received SUD treatment

Data

Problem:

People with SUD who are ready to access treatment face barriers in initiating care; providers face the same barriers in making referrals.

Recommendation 5:

Create a Substance Use Disorder Treatment Referral Tool.

Benefits of Referral Tool

- Allows patients to more easily locate treatment providers and set up appointments.
- Public interface with provider-only components, such as a mechanism to facilitate referrals for treatment.

Data

Problem:

State policymakers lack needed data on the capacity of Wisconsin providers to treat patients with SUD in order to make informed policy decisions.

Recommendation 6:

Develop a standardized process to compile and maintain data on the number of people in Wisconsin that want, but that have not yet received, SUD treatment.

Justice Involved

- Recommendation 7: Improve the Reentry Process for Individuals with SUD

Justice Involved

Problem:

Individuals reentering the community from Department of Corrections' facilities face delays in accessing treatment.

Recommendation 7:

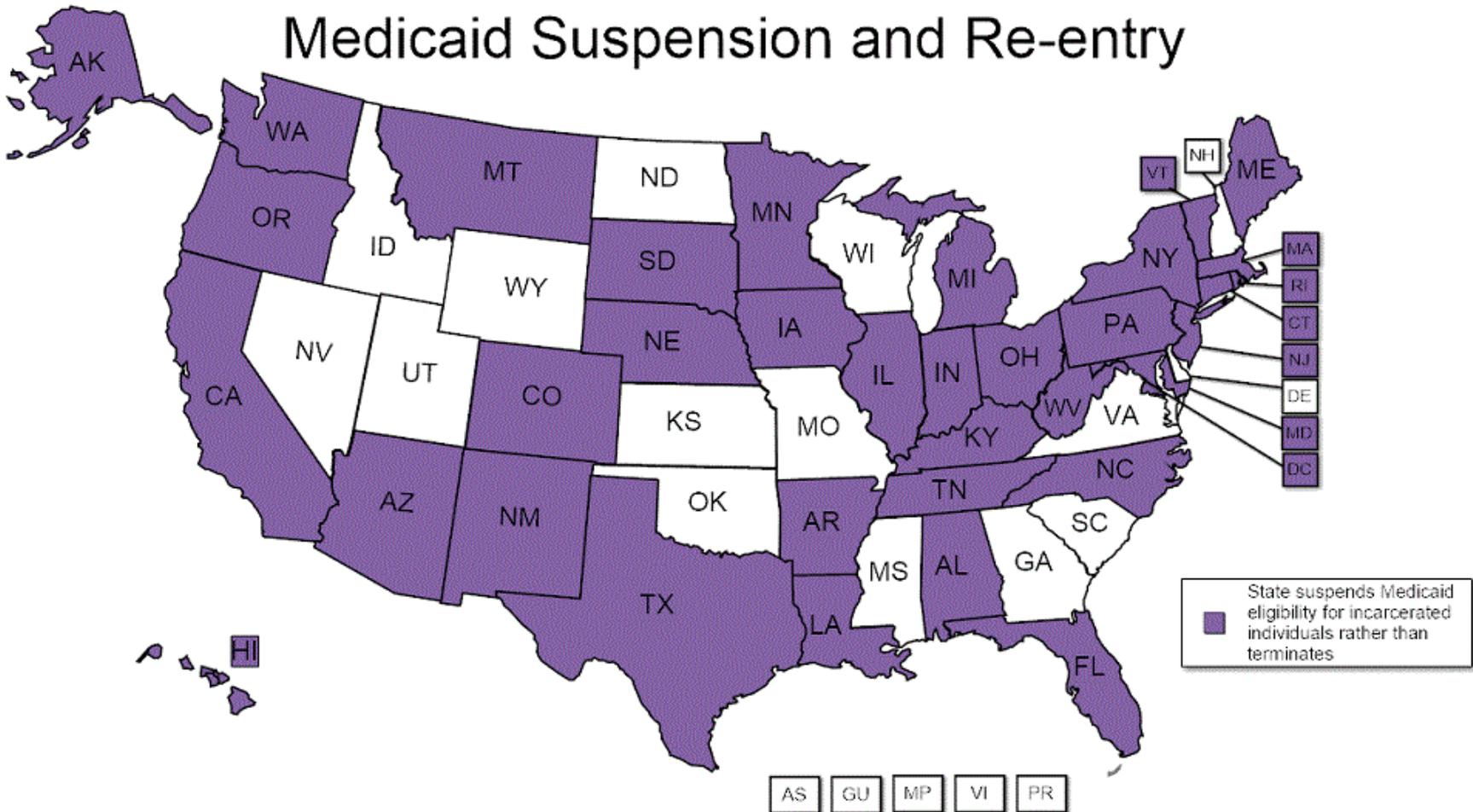
Improve the reentry process for individuals with substance use disorder.

Reentry Policies

- a. Suspend rather than terminate Medicaid enrollment upon entry from correctional facilities
- b. Specify at least one MCO per region that is designated to provide services for adults reentering the community
- c. Establish a method by which persons re-entering the community would be informed about which MCO will administer their Medicaid benefits upon release

Justice Involved

Medicaid Suspension and Re-entry



Sources: Council of State Governments, Families USA, National Association of Counties and National Conference of State Legislatures.

Next Steps

Policy Vehicles

- Executive action:
 - Hub and spoke
 - Data referral
 - Uniformed waitlist reporting
 - Reentry
- Legislative action:
 - Buprenorphine access
 - Counseling capacity
 - Increased access for pregnant women

Next Steps for Technical Assistance

- Educate stakeholders on taskforce recommendations
- Develop Phase 2 recommendations, informed by:
 - Continued conversations with stakeholders
 - Quantitative analyses using in-state and other data
 - Assessment of existing state regulations for SUD prevention and treatment

Contact Information

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