



THE PEW CHARITABLE TRUSTS

Expanding Access to Treatment in Wisconsin

Final Report and 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.



Timely

Ensures that capacity exists to meet treatment demands through the availability of facilities, providers, and services



Evidence-based

Utilizes and covers all Food and Drug Administration-approved medications for the treatment of substance use disorder (SUD) and behavioral health services



Comprehensive

Provides coverage of the full spectrum of treatment by public (such as Medicaid) and private insurers



Sustainable

Uses funding efficiently, optimizes federal funding resources, and collaborates with community-based partners to augment treatment services

Substance use disorder workforce A robust pipeline of clinical and nonclinical providers who deliver prevention, treatment, and recovery services to people with SUD



Treatment system transformation Models and approaches that affect the delivery of care in states



Timely
Comprehensive
Evidence-based
Sustainable

Underserved populations People and communities requiring specialized care or services that have access to treatment



Coverage and reimbursement Insurance policies, payments, and benefits provided by payers that ensure access to care



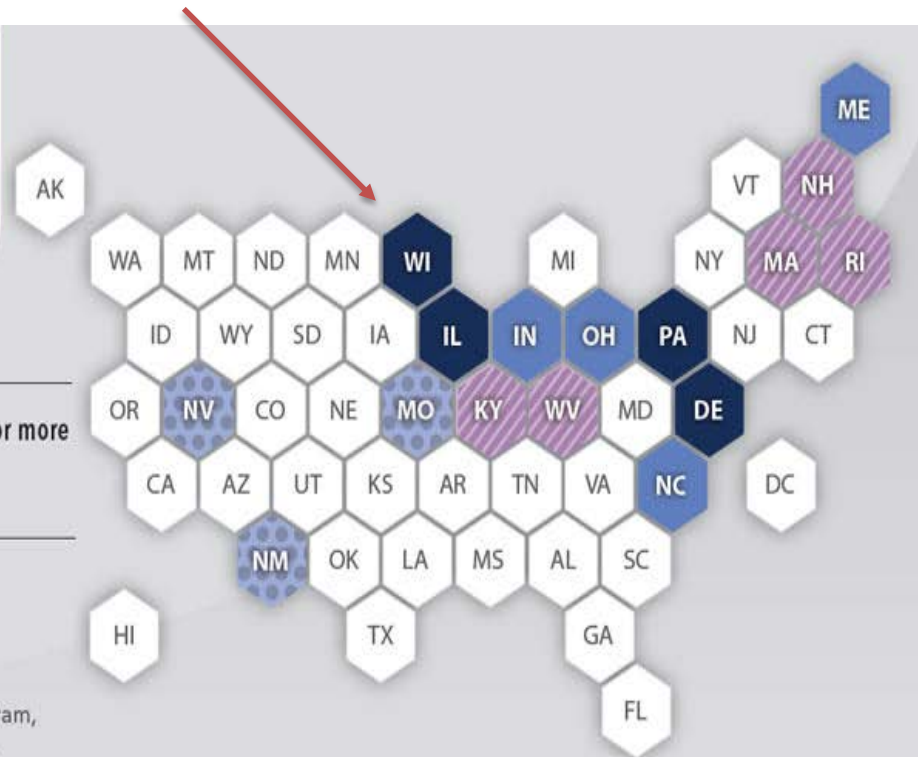
Approach to Recommendations

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

Increasing Opioid-Related Emergency Department Visits

Detecting recent trends in opioid overdose ED visits provides opportunities for action in this fast-moving epidemic.

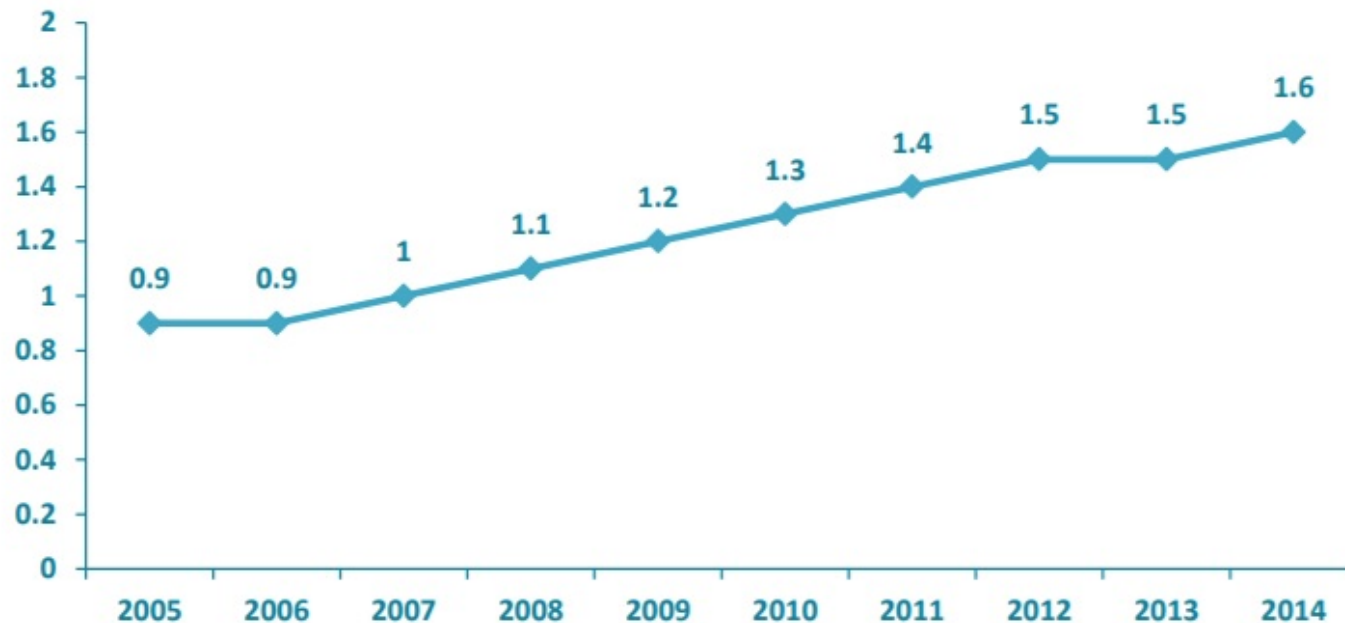
PERCENT CHANGE



SOURCE: CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) Program, 16 states reporting percent changes from July 2016 through September 2017.

Increasing Opioid-Related Hospitalizations

Figure 19. Opioid-related hospitalizations per 1,000 population, Wisconsin, 2005-2014



Source: Wisconsin hospital inpatient discharge database, Division of Public Health, Wisconsin Department of Health Services.

Note: These are hospitalizations for opioid dependence or non-dependent abuse, including methadone, codeine, and morphine, excluding heroin and opium where possible (see diagnosis codes in Appendix 2).

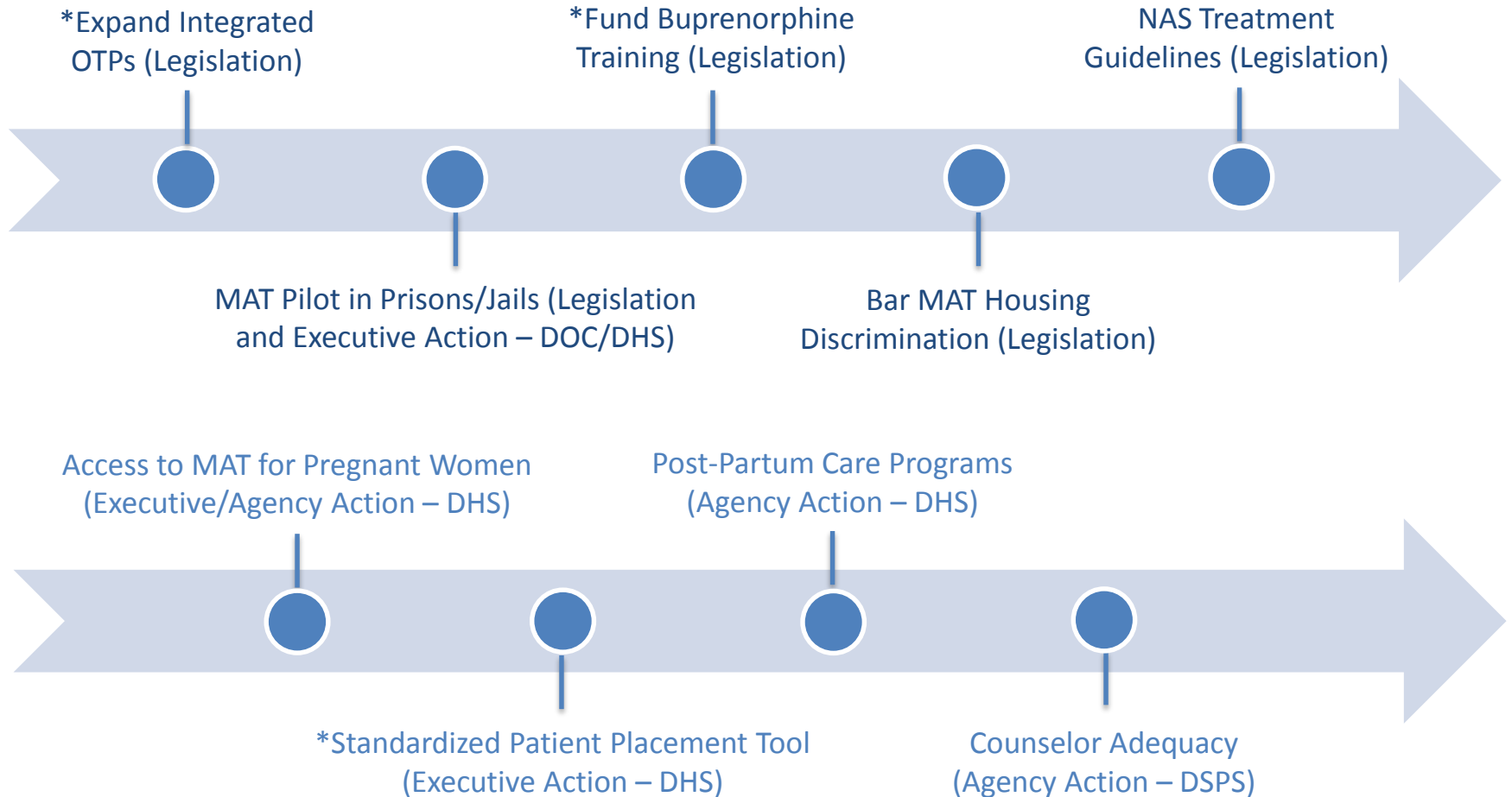
Discussion of Final Report

Final Report Overview

- Executive Summary
- Introduction
 - Scope of the Opioid Crisis in Wisconsin
 - Stakeholder Engagement
 - Qualitative Research (focus groups)
 - Scope of the Report
- Goals of a comprehensive treatment system
- Comprehensive Treatment System Framework
- Proposed Recommendations

Policy Recommendations

Next 9 Months (Before April 2019)



**Action related to the Commission on Substance Abuse Treatment Delivery*

Treatment System Transformation

- Expand Integrated OTPs
- Bar MAT Housing Discrimination
- Standardized Patient Placement Tool

Treatment System Transformation

Problem

Wisconsin does not have enough methadone providers across the state to meet the need for OUD treatment.

Recommendation

Allow sites that deliver medical services to operate as Opioid Treatment Programs in order to increase the availability of methadone in Wisconsin.

Treatment System Transformation

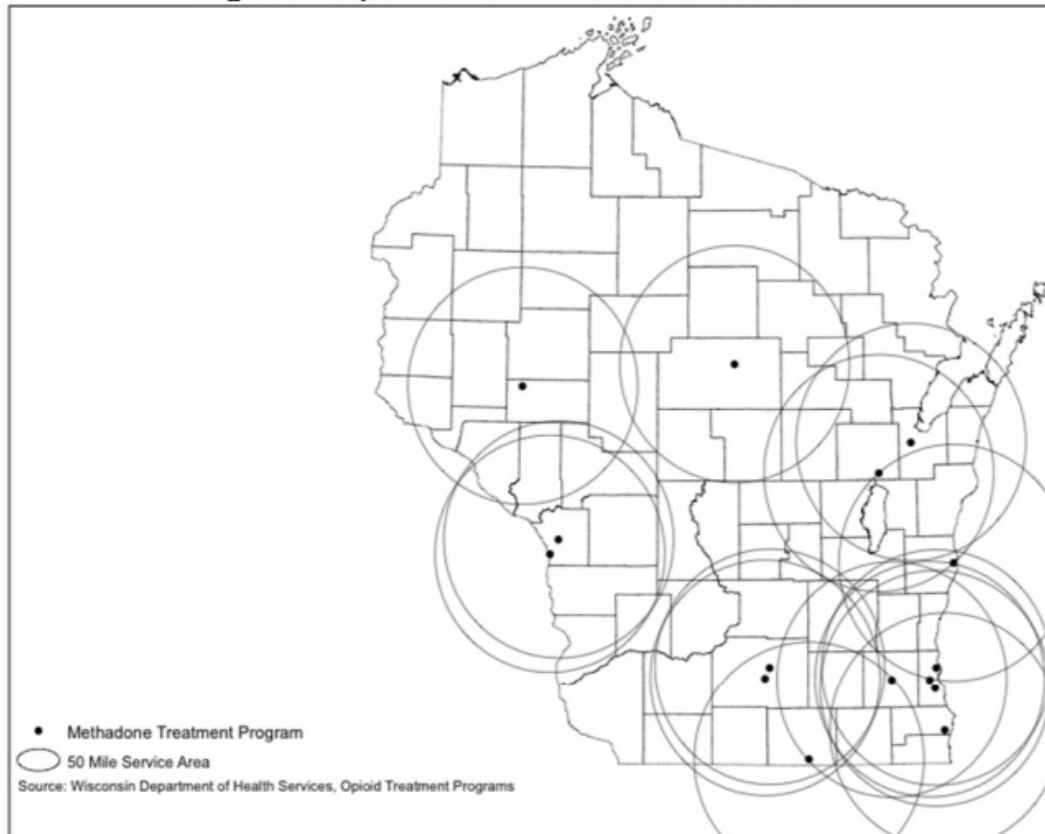
Potential Effects of Integrated OTP Services:

- a. Improved access to physical and mental health services for individuals with OUD
- b. Expanded OTP service capacity by expanding the number of providers that can offer those services
- c. Comprehensive, coordinated care offered in diverse healthcare settings

Treatment System Transformation

Limited Access to OTPs

Figure 2. Map of OTPs with Methadone Certification



Source: University of Wisconsin School of Public Health Report, Opioid Addiction Treatment in Wisconsin, 2015.

Treatment System Transformation

Problem

At many locations, substance use disorder patients on medication-assisted treatment are barred from accessing recovery housing in Wisconsin.

Recommendation

Develop a definition for recovery housing that would bar discrimination based on the use of evidence-based medications for treatment.

Treatment System Transformation

Problem

Individuals seeking treatment are often not referred to the appropriate level of care, which can lead to administrative waste and impose undue burdens on both people seeking treatment and providers of care.

Recommendation

Ensure patients entering MAT are placed in the right care setting through use of a single standardized patient placement tool across state-licensed and Medicaid certified providers.

Treatment System Transformation

Benefits of Standardized Patient Placement Tools:

- a. Reduce costs of undertreatment
- b. Reduce costs of overtreatment
- c. Common definitions for levels of care, standards for assessment, and standards for continued stay and discharge
- d. Common basis for evaluation and improvement based upon services provided in response to particular criteria

Source: SAMHSA TIP 13, The Role and Current Status of Patient Placement Criteria in the Treatment of SUDs

Substance Use Disorder Workforce

- Fund Buprenorphine Training
- Counselor Adequacy

Substance Use Disorder Workforce

Problem

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

Recommendation

Provide funds to expand buprenorphine training for providers during residency programs for physicians, nurse practitioners, and physician assistants.

Substance Use Disorder Workforce

Problem

People with OUD are unable to access sufficient behavioral therapists as part of MAT.

Recommendation

Use the Behavioral Health Review Committee established through 2017 Wisconsin Act 262 to ensure Wisconsin's Substance Abuse Counselor certification and licensure process aligns with national best practices and that the number of counselors meets the need for counseling across the state.

Underserved Populations

- MAT Pilot in Prisons/Jails
- Access to MAT for Pregnant Women
- Post-Partum Care Programs
- NAS Treatment Guidelines

Underserved Populations

Problem

Medications approved by the FDA for the treatment of OUD are not available to those in Wisconsin prisons and jails. In most cases, individuals in need of treatment have no access to any of these medications during incarceration.

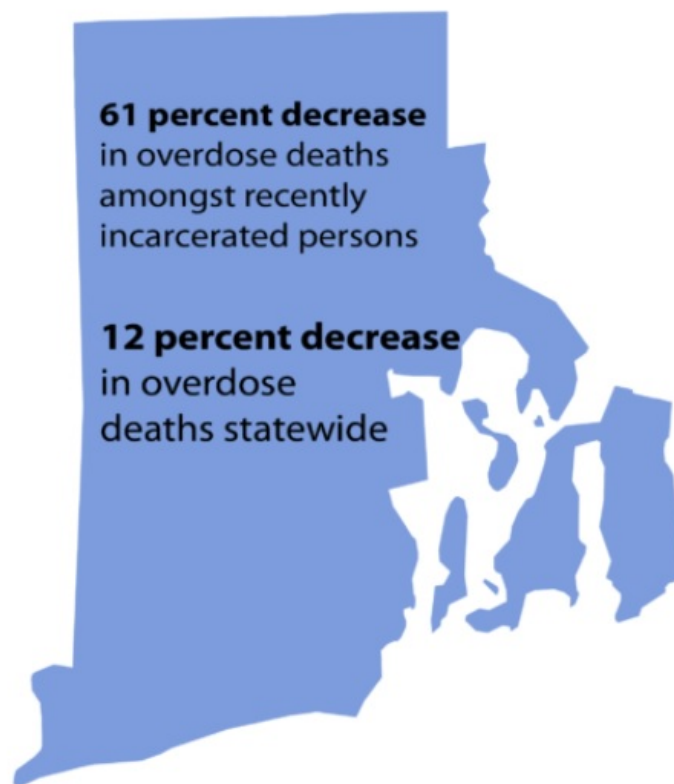
Recommendation

Study the availability of MAT in state prisons and county jails and create a pilot in one setting.

Underserved Populations

RI's Correctional MAT Program

The program has treated 1,300 individuals affected by opioid addiction. The regimen includes medication, group therapy and an individualized post-discharge plan.



Source: The Brown Daily Herald

Underserved Populations

Problem

Pregnant women in Wisconsin have limited options to access medication-assisted treatment because there aren't enough providers and many current providers don't offer medication-assisted treatment.

Recommendation

Increase access to evidence-based substance use disorder treatment for pregnant women by expanding provider capacity to deliver to MAT.

Underserved Populations

Limited Options for Pregnant Women:

- a. Only 12.5 percent of licensed substance use disorder treatment facilities in the state offer programs specifically tailored to pregnant women, compared to 20.7 percent nationally
- b. All forms of MAT are only offered by a fraction of licensed providers – 35 percent (oral naltrexone), 27.1 percent (extended-release naltrexone), 22.9 percent (buprenorphine combination), 16.4 percent (buprenorphine mono), and 3.9 percent (methadone)

Source: 2016 N-SSATS Data

Underserved Populations

Problem

Women with substance use disorders in the state face barriers in accessing comprehensive care after childbirth.

Recommendation

Incentivize the use of evidence-based post-partum care programs for women with substance use disorders across the state.

Underserved Populations

Problem

The treatment of NAS is not uniform across the state, which can result in some babies receiving treatment that is out of line with best practice guidelines.

Recommendation

Incentivize the use of evidence-based post-partum care programs for women with substance use disorders across the state.

Next Steps

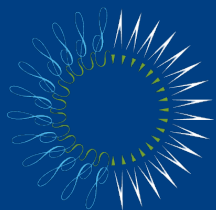
Policy Vehicles

- *Executive action:*
 - *MAT Pilot in Prisons/Jails
 - *Access to MAT for Pregnant Women
 - Standardized Patient Placement Tool
- *Legislative action:*
 - Expand Integrated OTPs
 - *MAT Pilot in Prisons/Jails
- Fund Buprenorphine Training
- Bar MAT Housing Discrimination
- NAS Treatment Guidelines
- *Agency Action:*
 - *Access to MAT for Pregnant Women
 - Post-Partum Care Programs
 - Counselor Adequacy

**Multiple actions may be needed to implement the recommendation*

Remaining Policy Recommendations

- *9 Months – 1 Year*
 - ED Induction
 - Medicaid Suspension in Prisons/Jails
 - Physician Health Program
- *1 Year+*
 - Co-Occurring Disorder Treatment Integration
 - Opioid-Related Death Data
 - Cross-Agency Collaboration
- *Follow-Ups:*
 - Medicaid Payment System Changes
 - Provider Referral Tool
 - Uniform Waitlist Reporting Requirement



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