VIRGINIA’S OPIOID EPIDEMIC

Beth O’Connor, M. Ed.
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One Care of Southwest Virginia
Overview

• State public health emergency
  • November 21, 2016
• 2016 fatal opioid overdoses increased by 77% compared to five years ago
• More people die from opioids than cars
• Starts with pain medications
Total Number of Prescription Opioid (excluding Fentanyl), Fentanyl and/or Heroin, and All Opioid Overdoses by Year of Death, 2007-2016
Fentanyl and/or Heroin Overdose Deaths by Virginia Locality, Rate per 100,000 Persons, Oct 2015 – Sept 2016
Prescription Opioid Overdose Deaths (excluding Fentanyl) by Virginia Locality, Rate per 100,000 Persons, Oct 2015 – Sept 2016
Rural vs. Urban

SO WHAT’S BEING DONE???
Organizational Responses

- EMERGENCY DECLARATION
- Governor's Task Force
- Treatment funding in public behavioral health system
- Medicaid ARTS benefit
- Governor's Executive Leadership Team
- National Governor's Association Learning Lab
2017 Legislative Changes

- Governor’s bills
  - Mandated e-prescribing, SB1230/HB2165 (Dunnivant/Pillion)
  - Naloxone dispensing, SB848 (Wexton)
  - Peer recovery registration, SB1020/HB2095 (Barker/Price)
  - Substance exposed infants, SB1086/HB1786 (Wexton/Stolle/Herring)
  - Harm reduction pilot programs, HB2317 (O’Bannon)
  - PMP initial opioid Rx reduction HB1885/SB1232 (Hugo/Dunnivant)
Addiction and Recovery Treatment Services (ARTS) Benefit

Changes to DMAS’s Substance Use Disorder (SUD) Services for Medicaid and FAMIS 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 SUD Care Coordinators at DMAS contracted Managed Care Plans
6. Organize Provider Education, Training, and Recruitment Activities
WHAT CAN BE DONE LOCALLY?
Time to think about health, not just healthcare.
The “Buckets” of Prevention Framework

1. Traditional Clinical Prevention
   - Increase the use of evidence-based services

2. Innovative Clinical Prevention
   - Provide services outside the clinical setting

3. Total Population or Community-Wide Prevention
   - Implement interventions that reach whole populations

What Creates Health?

Connecting the Dots
2017 County Health Rankings
So what’s our score?

Health Outcomes

• The overall rankings in health outcomes represent how healthy counties are within the state.

• The ranks are based on two types of measures: how long people live and how healthy people feel while alive.

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<th>Rank</th>
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What about other factors?

Health Factors

- The overall rankings in health factors represent what influences the health of a county.
- They are an estimate of the future health of counties as compared to other counties within a state.
- The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.

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How does that break down?

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<th>Clinical Care</th>
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So how do we make improvements?

“Health in All” Policies

- Transportation
- Land use
- Built environment
- Taxes
- Housing
- Agriculture
- Environment
- Education
- **Workforce**
- Social Services
- Broadband
- Recreational/Social opportunities
That’s all long-term. What can we do NOW?

• REVIVE!
• Review Employee Assistance Program (EAP) & other benefits
• Drug Courts
• Rx Drug Abuse Forums
• ARTS Benefit

• Talk to your family, friends, colleagues, and elected officials about the importance of treating Substance Use Disorders as a disease
Questions?

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