Addressing the National Epidemic through Policy and Practice

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Objectives

1. Understand the concept of addiction
2. Understand Models of Treatment Delivery
3. Understand Appropriate Policy Approaches
The Problem

National Overdose Deaths
Number of Deaths from Prescription Opioid Pain Relievers

Source: National Center for Health Statistics, CDC Wonder
The Problem

National Overdose Deaths
Number of Deaths from Heroin

Source: National Center for Health Statistics, CDC Wonder
The Problem

National Overdose Deaths
Number of Deaths from Benzodiazepines

Source: National Center for Health Statistics, CDC Wonder
How did we get here

Chronic pain

Push by manufacturers for use of opioids in CNCP

Buy in by the Medical field
  • Pain as 5\textsuperscript{th} vital sign
  • Expectation of no pain

Blind eye to the data
Survival

- FOOD
- WATER
- DOPAMINE
Neurobiology of Addiction

- Ant. Cingulate Gyrus
- Nucleus Accumbens
- amygdala
- Ventral Tegmental Area
- Periaqueductal Grey
Behavior

Lack of Dopamine
Craving
Survival Mode
Primal Action
## DSM-V Diagnosis of OUD

### TABLE 1: Summarized DSM-5 diagnostic categories and criteria for opioid use disorder

<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria</th>
</tr>
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<tbody>
<tr>
<td>Impaired control</td>
<td>• Opioids used in larger amounts or for longer than intended</td>
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<td></td>
<td>• Unsuccessful efforts or desire to cut back or control opioid use</td>
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<td>• Excessive amount of time spent obtaining, using, or recovering from opioids</td>
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<td>• Craving to use opioids</td>
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<td>Social impairment</td>
<td>• Failure to fulfill major role obligations at work, school, or home as a result of recurrent opioid use</td>
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<td>• Persistent or recurrent social or interpersonal problems that are exacerbated by opioids or continued use of opioids despite these problems</td>
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<td></td>
<td>• Reduced or given up important social, occupational, or recreational activities because of opioid use</td>
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<tr>
<td>Risky use</td>
<td>• Opioid use in physically hazardous situations</td>
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<td></td>
<td>• Continued opioid use despite knowledge of persistent physical or psychological problem that is likely caused by opioid use</td>
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<tr>
<td>Pharmacological properties</td>
<td>• Tolerance as demonstrated by increased amounts of opioids needed to achieve desired effect; diminished effect with continued use of the same amount</td>
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<td>• Withdrawal as demonstrated by symptoms of opioid withdrawal syndrome; opioids taken to relieve or avoid withdrawal</td>
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</tbody>
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Behavior

Diagnosis based in the description of behavior

Aberrant behavior should be expected

Therefore behavior is a symptom not a frustration
Since lack of dopamine is the basis for driving the behavior, augmentation of dopamine makes sense. Buprenorphine and Methadone safely increase dopamine, which allows for stabilization of craving. This allows for behavioral therapy to be effective.
How Society can help

Stigma

Science not belief

Apply in Criminal Justice world

- Not jailing a patient for their disease
- Initiation of treatment in jail
- No stopping treatment
- Coordination of care
- Drug take backs

Good information for kids
Early Life Trauma
Genetic Predisposition
Inherited Epigenetic effects

Addiction
Mental Health
Pain
Cognitive impairment

Safety
Decreased buffer
Authentic Healing relationship

Homelessness
Incarceration

Transportation
Communication
Coordination

DM
COPD
HTN
CHF
Sickle cell
Morbid obesity
Prenatal care
The Ambulatory ICU

- Initial Addiction/Pain/BH stabilization
- Addiction maintenance
- Pain treatment
- Close loop on all work-ups

Therapist 2
(LCSW, LMSC, LMPsy)

Prescriber 1
(MD, DO, PA, NP)

Care Management Team
RN Case manager 1
MA 2
CHW 3

Biopsychosocial Intake

- ASAM Criteria Evaluation
- GAD 7, PHQ 9
- Detailed Problem List MH disorders

- Birth until current medical history
- Laboratory evaluation
- Tox evaluation
- Pain assessment

- EB medicine started
- Verbal coordination with specialists
- Care plan written for ED
- Hospital H and P updated

- Housing evaluation
- Transportation assessment
- Safety assessment
- Secondary med check

- Continued neighborhood coordination
- Disease Management
- Patient education

Primary Care and Behavioral Health
The High Intensity Primary Care

- Inpatient Complex Patient
- ED Complex Patient
- Disruptive Patient

High Intensity Primary Care (HIPC)

- Primary Care Physician
- Ambulatory
- ICU or Specialty Service

High Intensity Team
- APP, MSW, MA, CHW

- Biopsychosocial Intake
- ASI
- Problem List detailed
- Started on EB Therapy

RN case management

Ongoing Treatment

Ambulatory ICU or Specialty Service
Home Based Health Integration Program

Patient Admitted

Patient Identified

Medical Treatment

HB-HIP consult made

Primary Med. Reconciliation

Follow up Appointment made and transportation coordinated

Family Engagement and housing plan

Pt Discharged

Housing assessment

Clinical Assessment

Secondary Med. Reconciliation

Social Assessment

Consolidated Care Plan Developed

Doc F/U Team member at visit

Care plan evaluated and Doc goals set

Patient engagement What, Why, How Education Plan Eco Map filled

2nd and 3rd Doc visits with P4H Treatment plan finalized Contingency plans built

Graduation
Policy Concepts- Agree on the problem

- Prescriber problem
- Payment problem
- Access problem
Policy Concepts- Identify Value Stream Map for current and future state

- Hospitals
- Payers
- AG
- Treatment facilities
- Government
- Courts
- Police
Policy Concepts- Implement key performance measures

- Retention in treatment
- % patients positive UDS
- % patients on MAT
- % patients return to CJ
- % patients with co-occurring evaluation
- % patients seeing BH regularly
Payment models

• Fee for Service
  • Care coordination
  • Therapy
  • Case management
  • Home based contact
  • Transportation
  • Physician
  • Midlevel provider
  • Telephonic support
Payment Models

- Partially capitated
  - Per member per year
  - Per member per month

- Variable rates partial capitated
  - Level 1
  - Level 2
  - Level 3
  - Level 3 TR
Payment Models

• Episode of Care
  • Defined set of interventions
  • Predetermined time frame
  • Paid up front
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