

Regional Opioid and Substance Abuse Summit

“Workforce Development- Changing the Addiction
Meme”

S. Hughes Melton, MD, MBA
Chief Deputy Commissioner
Virginia Department of Health

**“PROTECT THE HEALTH AND PROMOTE THE
WELL-BEING OF ALL VIRGINIANS.”**

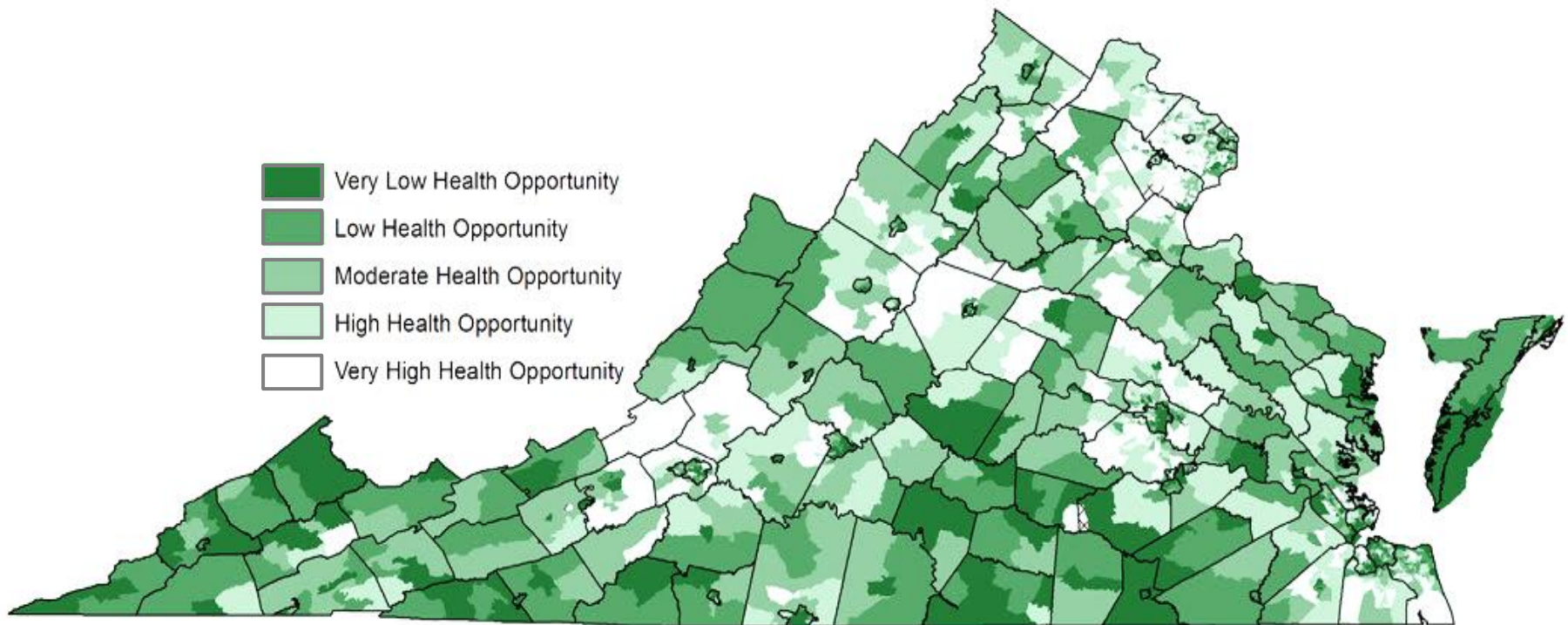
Stig-ma

1. a mark of disgrace associated with a particular circumstance, quality, or person:

"the stigma of mental disorder"



Disparity in Health Status



Health Opportunity Index

A composite measure of 13 indices that reflect a broad array of factors that health

Air Quality ● Population Density ● Population Churning ● Walkability ● Affordability ● Education ● Food Access ● Material Deprivation ● Employment ● Income Inequality ● Job Participation ● Segregation ● Access to Health Care

“...The sense of stigma is most likely to diminish as a result of public education and broader acceptance of addiction as a treatable disease.”

—Institute of Medicine

“The first responsibility of a leader
is to define reality.”

-Max de Pree

Governor McAuliffe's Task Force on Prescription Drug and Heroin Abuse



**Sen. Kaine takes part in Project
REVIVE! training held in Lebanon**

heraldcourier.com

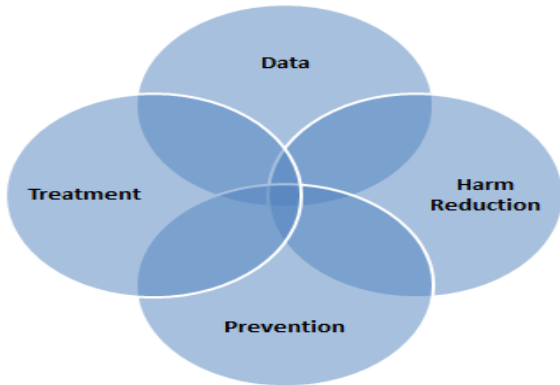


Executive Leadership

Co-Chairs: Secretary of Health & Human Resources William A. Hazel, Jr., MD
Secretary of Public Safety & Homeland Security Brian J. Moran

Policy and Legislative Recommendations
Goal Setting

State Support



Local Support

VSP Region 1

VSP Region 2

VSP Region 3

VSP Region 4

VSP Region 5

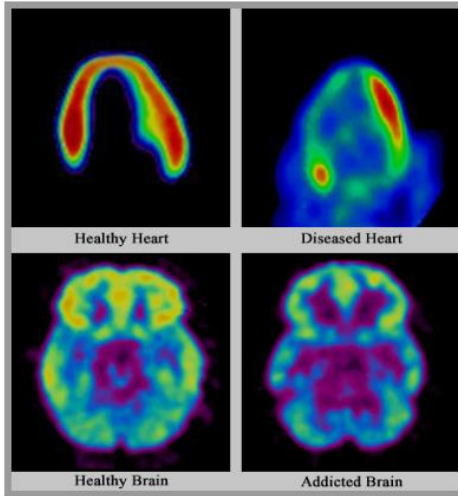
VSP Region 6

VSP Region 7

Local needs, implementation of prevention strategies, efforts, scoring

Resources, consultation, programs, policy interventions

Addiction 101



Chronic Disease of Addiction

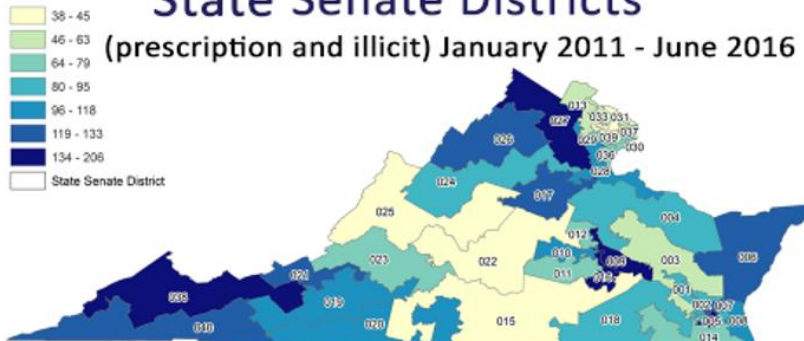
Definition: A primary chronic disease of brain reward, motivation, memory and related circuitry.

- Addiction shares many similarities to the disease of depression including permanent changes to brain function. Treatment for both conditions is effective.
- Normal brain function is “hijacked.” Image to left shows how disease of addiction changes brain function similar to heart disease.

- **Data:** See www.VaAware.com for the most recent data on the issue of addiction in Virginia.
- 24,542 years of potential life lost (to age 65) from overdoseⁱ- more than diabetes, liver disease, or cerebrovascular disease. Rate of neonatal abstinence syndrome doubled from 2009 to 2014.
- JLARC estimates that untreated substance abuse costs Virginia state and local governments \$613 million per year in public safety and health care services alone. Much of the cost is driven by public safety expenses (i.e. jail, police, prison costs) along with health care costs for expensive co-morbidities such as HIV/AIDS, Hepatitis B and C, and kidney failureⁱⁱ
- 700% Return on Investment (ROI). Virginia saves \$7 for every \$1 invested in treatment.

Fatal Opioid Overdoses State Senate Districts

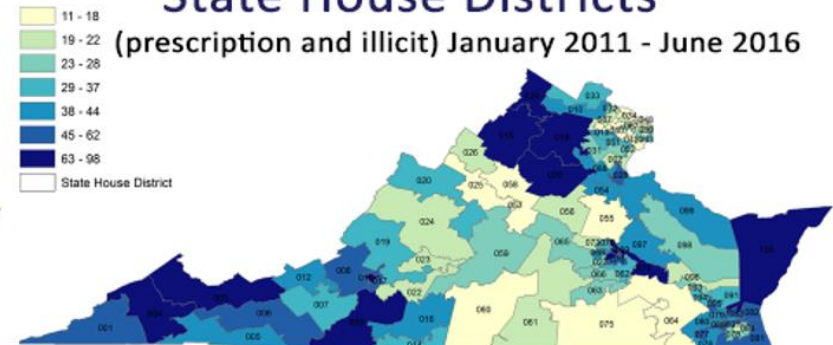
(prescription and illicit) January 2011 - June 2016



State Senate Districts

Fatal Opioid Overdoses State House Districts

(prescription and illicit) January 2011 - June 2016



State House Districts



Addiction 101



ACTIONS TO IMPACT

Prevention <ul style="list-style-type: none"> • Avoid the disease of addiction • Depression Analogy: Regular exercise 	Treatment <ul style="list-style-type: none"> • Treat the disease of addiction • Depression Analogy: Counseling and Prozac 	Harm Reduction <ul style="list-style-type: none"> • Limit consequences of the disease • Depression Analogy: Suicide prevention
Current Activities in Virginia: “A lot is being done.”		
VSP: Drug Interdiction DHP: Provider required CME and Prescription Monitoring Program reports VDH: Increase awareness through public health emergency declaration DCJS: Juvenile Justice Grant Programs	DMAS: Implementing the Medicaid Addiction and Recovery Treatment Services DHP: New Board of Medicine regulations DCJS: (Jail-based) Residential Substance Abuse Treatment Grant VDH: 28 Addiction Disease Management sessions DBHDS: Certified Peer Recovery Specialists	VDH: Naloxone standing order DSS: Establishment of Plans of Safe Care for newborns and their mothers DBHDS: Project REVIVE!
Needed Activities in Virginia: “There is much yet to do.”		
DHP: Health Professions Training Common Core Curriculum DHP: Board of Medicine opioid prescribing regulations (in progress) DMAS: GME funding to promote addiction treatment workforce	DCJS: Increase Drug Courts (ROI up to 2700%, 75% of graduates are arrest-free at 2 years, 6x increase in treatment retention) DBHDS & VDH: Improve quality and availability of outpatient services DMAS: Improved commercial insurance benefits (Medicaid experienced 53% decrease in opioids dispensed and 49% decrease in spend) DHP: Board of Medicine medication-assisted treatment regulations (in progress)	VDH: Comprehensive Harm Reduction including syringe services programs DSS: Enhanced reporting for Substance Exposed Infants

i Virginia Department of Health, Office of Information Management, 2014 and 2015 final death tables. Data includes all races, both sexes, all deaths.

ii VCU Health, VCU School of Medicine. “The Opioid Crisis among Virginia Medicaid Beneficiaries,” Prepared for the Senate of Virginia, January 2016

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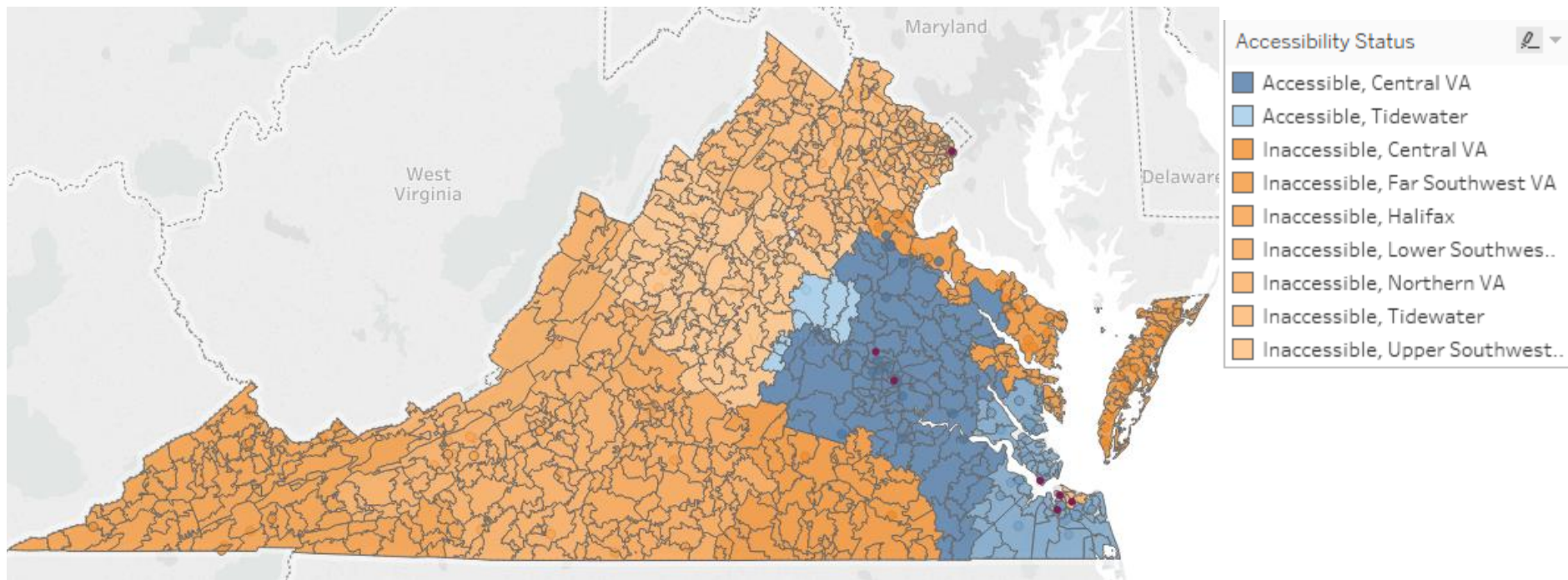


Early Results: Preliminary Increases in Addiction Providers Due to ARTS

Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	86	NEW
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	71	↑ 1675%
Partial Hospitalization Program (ASAM 2.5)	0	11	NEW
Intensive Outpatient Program (ASAM 2.1)	49	57	↑ 16%
Opioid Treatment Program	6	34	↑ 467%
Office-Based Opioid Treatment Provider	0	31	NEW



Before ARTS Medicaid Provider Network Adequacy Opioid Treatment Program



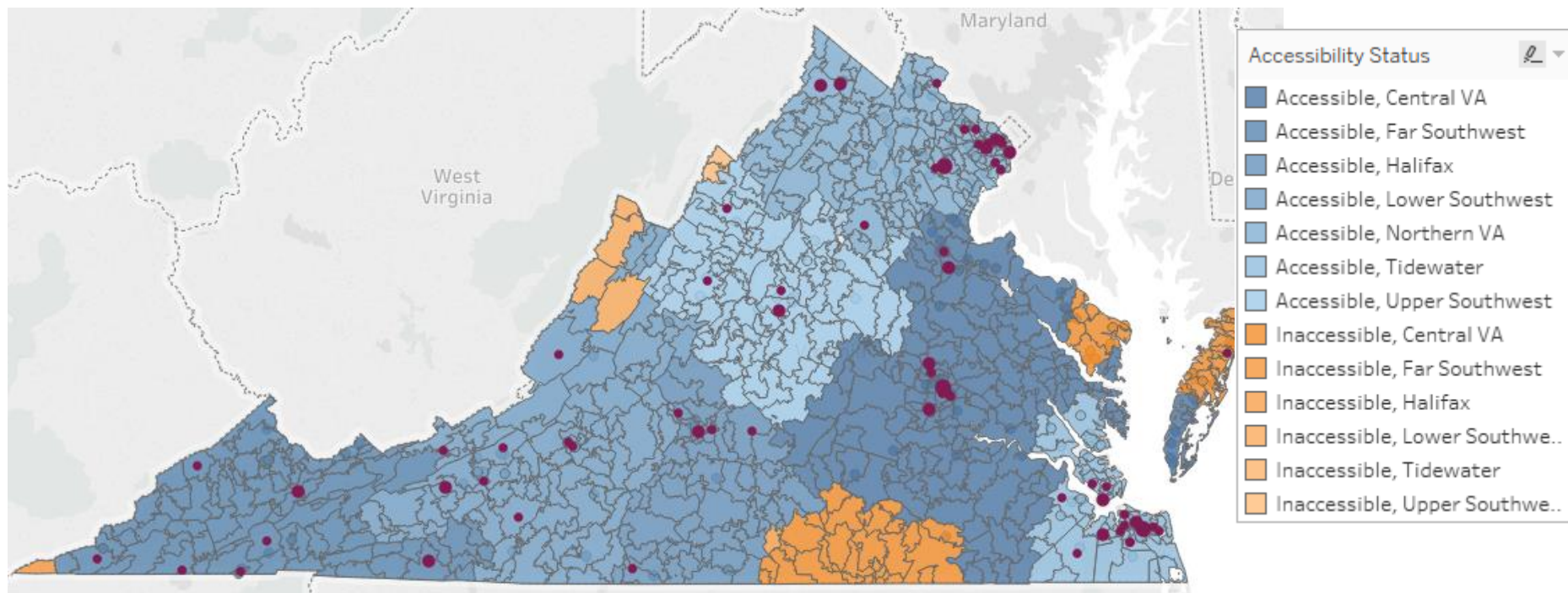
Source: Department of Medical Assistance Services - Provider Network data (March 20, 2017).

Circles # of Medicaid providers included in network adequacy access calculation.

Accessible is considered to be at least two providers within 60 miles of driving distance.

Driving distance is calculated by Google services based on the centroid of each zip code.

After ARTS Medicaid Provider Network Adequacy Opioid Treatment Program



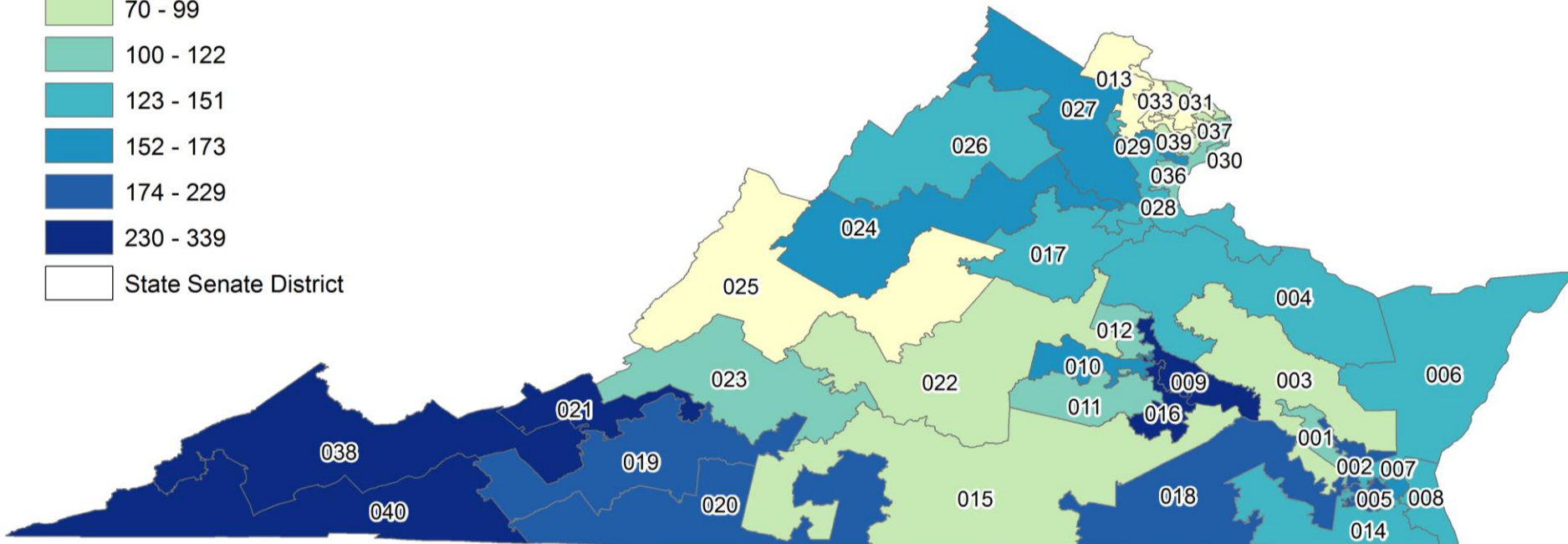
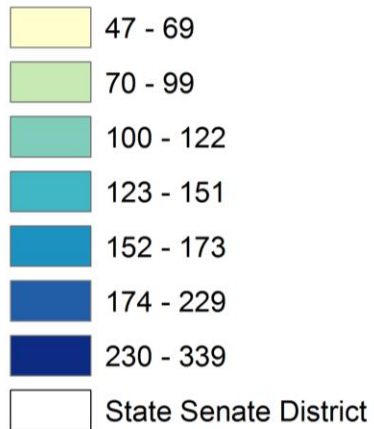
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Number of hepatitis C (chronic or acute) diagnoses, 2015



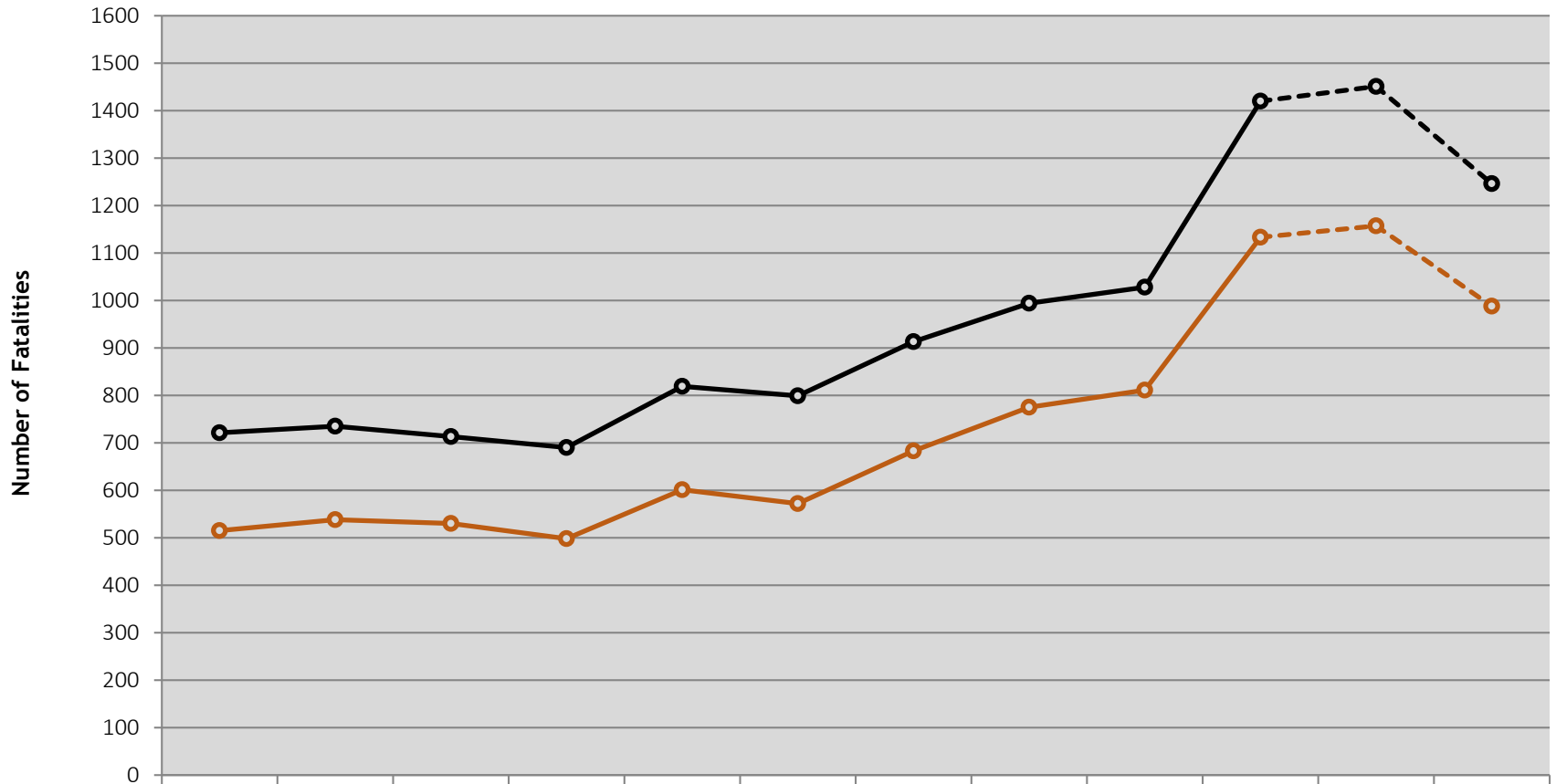
*Excludes individuals diagnosed with hepatitis C while incarcerated.

State Senate Districts

ALL OPIOID DEATHS VS. ALL DRUG DEATHS

AN ENVISIONED FUTURE...

Total Number of All Opioid Overdoses Versus All Drug Deaths by Year of Death, 2007-2016



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
All Opioids	515	538	530	498	601	572	683	775	811	1133	1157	988
All Drug Deaths	721	735	713	690	819	799	913	994	1028	1420	1451	1246

¹ 'All Opioids' include all versions of fentanyl, heroin, prescription opioids, and opioids unspecified

² Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)

Our Challenge



“Compassion is a relationship between equals.”

-Brene Brown