Nationally Recognized Best/Promising Practices Overview and Data Profile Project

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Why Focus on Practice *Integration*?

- Services for high-risk population fragmented across multiple provider systems:
  - Somatic/hospital ↔ BH treatment
  - Public health programs ↔ clinical services
  - BH Tx: medication ↔ psychosocial
  - Social supports ↔ clinical services

- High-risk population difficult to engage & retain
- Limited resources requires maximizing existing opportunities, staff, expertise, funding....
- Consolidate *local level* care system that supports individuals in their own community
What Practices are Being Highlighted?

- Medication-Assisted Treatment (MAT): expanding capacity & improving access & quality of care
- Overdose Education & Naloxone Distribution (OEND): empowering at-risk people & their close associates to save lives
- Peer Recovery Support: linking across clinical, social service & recovery settings
Why Highlight These Practices?

• Individuals with serious opioid use disorder are at highest risk for overdose
• Public health strategy must target high-risk individuals to reduce fatal/nonfatal overdose
• Services for high-risk individuals with strongest evidence base must be prioritized
• Integration of evidenced-based services most likely to be effective
Medication-Assisted Treatment

Decades of research, strong evidence that MAT:

- Improves retention in treatment
- Reduces illicit opioid use
- Reduces criminal activity associated with drug addiction
- Reduces HIV-risk behaviors, incl. injection & needle sharing
- Reduces mortality risk from overdose

# Overdose Education & Naloxone Distribution

<table>
<thead>
<tr>
<th>Statement</th>
<th>References</th>
</tr>
</thead>
</table>
| OEND is feasible in many settings.                                       | - Walley et al. JSAT 2013; 44:241-7  
- Piper et al. Subst Use Misuse 2008: 43; 858-70 |
- Green et al. Addiction 2008: 103;979-89 |
| Naloxone does not lead to an increase in risky use, but does lead to an increase in drug treatment. | - Seal et al. J Urban Health 2005:82:303-11  
| OEND contributes to reduction in overdose in communities.                | - Maxwell et al. J Addict Dis 2006:25; 89-96  
- Walley et al. BMJ 2013; 346: f174 |
Peer Support Services

• SAMHSA: peer support and consumer operated services are evidence based practices

• CMS: “Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders. http://www.cms.hhs.gov/SMDL/downloads/SMD081507A.pdf


• Annapolis Coalition on the Behavioral Healthcare Workforce: peer services as one of its areas of emphasis to transform the behavioral health workforce and prepare for anticipated workforce shortages in the face of healthcare modernization. http://www.annapoliscoalition.org/pages/

• Peer specialists may increase wellness and decrease costs: Cost Effectiveness of Using Peers as Providers, Sue Bergeson, VP, Consumer Affairs, OptumHealth
Overdose Data Profile Project

Goals:

• Improve quantity, quality, timeliness & regularity of data analysis to inform surveillance, planning & evaluation

• Increase data sharing b/t state, academic partners, jurisdictions & other stakeholders

• Inform primary, secondary & tertiary prevention efforts

• Institutionalize iterative process for development of data products
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Overdose Data Profile Project

Objectives:

- Expand State Epidemiological Outcomes Workgroup (SEOW) to include OD prevention focus & serve as OD epi hub
- Include multiple DHMH, university, LHD data analysts working on addiction & OD projects
- Develop statewide & jurisdictional opioid addiction/OD epi profiles, update frequently
- Establish regular SEOW mtg/web-conference to discuss findings & provide technical assistance on data analysis, methodology, interpretation, etc.
- Leverage partner resources to conduct & distribute ad hoc analyses of PDMP, HSCRC, BH treatment & other data
State Epidemiological Outcomes Workgroup

• SAMHSA framework for epi support for prevention planning

• Convened under state authority, includes state & local health program staff, academic researchers, data custodians

• Collate and make available existing data and analysis products; coordinate new data projects

• Required to develop epi profiles describing drug/alcohol use prevalence & consequences

• Identify risk & protective factors & align strategies to impact factors
Maryland’s SEOW

• Overseen jointly by BHA Offices of Prevention & Wellness and Overdose Prevention

• Coordinated by UMB School of Pharmacy, PI Linda Simoni-Wastila, BSPharm, MSPH, PhD

• Website: [https://pharmacy.umaryland.edu/programs/seow/](https://pharmacy.umaryland.edu/programs/seow/)

• SUBSTANCE USE AND OUTCOMES: 2015 MARYLAND STATE EPIDEMIOLOGICAL PROFILE
Datasets Available/Analyzed

- Prescription Drug Monitoring Program (PDMP)
- Health Services Cost Review Commission (HSCRC)
- National Survey on Drug Use and Health (NSDUH)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Fatality Analysis Reporting System (FARS)
- IMS National Prescription Audit
- Maryland Automated Accident Reporting System (MAARS)
- National Vital Statistics System (NVSS)
- State of Maryland Automated Record Tracking (SMART) System
- Treatment Episode Data Set (TEDS)
- Youth Risk Behavior Survey (YRBS)
Next Steps

• LHD review of DRAFT jurisdictional epi profile
• BHA survey of LHDs for feedback on profile and preferred SEOW structure/process
• Profile revisions based on feedback
• SEOW invitations
• Schedule first SEOW meeting to review recommendations and begin data strategy development
Opioid & Other Drug Use and Consequences: ‘X’ County

This report highlights recent information on the use and consequences of opioids and other drugs in ‘X’ County, Maryland.

SUMMARY

- In 2014-2015, ‘X’ County accounted for 11% of all statewide prescription opioid, benzodiazepine, and stimulant fills while making up only 9% of the state population.
- Significant differences in total prescription fills and prescriptions per person were found between zip codes across the county.
- Annual hospital events involving prescription opioids and heroin increased from 2011 to 2014.
- Prescription opioids alone and in combination with other prescription and illicit drugs made up a significant proportion of drug-related hospital events.

County Demographics (2014 U.S. Census Estimates)

- Population: 550,269
- Racial mix: 15.7% black, 74.8% white, 3.5% Asian, 6.7% other
- Below poverty level: 5.9%
- Unemployed: 4.5%
- Median household income: $89,031
- High school graduation rate: 91.1%

Opioid, Benzodiazepine, and Stimulant Use

- ‘X’ County accounts for 11% of all statewide prescription opioid, benzodiazepine, and stimulant fills.
- Prescription opioid fills have steadily increased, regardless of minor fluctuations during 2014-2015.

Opioid, Stimulant & Benzodiazepine Prescription Fills in ‘X’ County, PDMP 2014—2016
### Total Prescriptions of Buprenorphine Containing Drugs Captured in PDMP, Statewide

<table>
<thead>
<tr>
<th>Drug Name/Formulation</th>
<th>Total Prescriptions</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicated for Pain:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BELBUCA/FILM</td>
<td>482</td>
<td>0.22</td>
</tr>
<tr>
<td>BUPRENEX/VIAL</td>
<td>7</td>
<td>0.00</td>
</tr>
<tr>
<td>BUPRENORPHINE/VIAL</td>
<td>14</td>
<td>0.01</td>
</tr>
<tr>
<td>BUPRENORPHINE/POWDER</td>
<td>318</td>
<td>0.14</td>
</tr>
<tr>
<td>BUTrans/PATCH</td>
<td>6567</td>
<td>2.98</td>
</tr>
<tr>
<td>Indicated for Opioid Use Disorder (OUD) Treatment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUNAVAIL/FILM</td>
<td>245</td>
<td>0.11</td>
</tr>
<tr>
<td>BUPRENORPHINE-NALOXONE/FILM</td>
<td>24221</td>
<td>10.98</td>
</tr>
<tr>
<td>BUPRENORPHINE/TABLET</td>
<td>19320</td>
<td>8.75</td>
</tr>
<tr>
<td>PROBUPHINE/IMPLANT</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBOXONE/FILM</td>
<td>140664</td>
<td>63.74</td>
</tr>
<tr>
<td>SUBOXONE/TABLET</td>
<td>6</td>
<td>0.00</td>
</tr>
<tr>
<td>ZUBSOLV/TABLET</td>
<td>28841</td>
<td>13.07</td>
</tr>
<tr>
<td>Total</td>
<td>220686</td>
<td>100.00</td>
</tr>
</tbody>
</table>

#### Buprenorphine Prescriptions by Indication Type
- **PAIN**: 3%
- **SUD**: 97%

### Prescription Counts of Buprenorphine-Containing Drugs by Patient County of Residence

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>Total Prescriptions</th>
<th>Pain Prescriptions (% County Total)</th>
<th>OUD Treatment Prescriptions (% County Total)</th>
<th>OUD Prescriptions (% State Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany</td>
<td>4971</td>
<td>1.19</td>
<td>1.15</td>
<td>0.05</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>24557</td>
<td>10.16 (4.20%)</td>
<td>13.75</td>
<td>11.17</td>
</tr>
<tr>
<td>Baltimore</td>
<td>55106</td>
<td>10.08 (5.11%)</td>
<td>14.86</td>
<td>18.03</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>52214</td>
<td>32.5 (2.07%)</td>
<td>4.76</td>
<td>7.58</td>
</tr>
<tr>
<td>Calvert</td>
<td>6535</td>
<td>19.3 (1.5%)</td>
<td>1.22</td>
<td>2.02</td>
</tr>
<tr>
<td>Caroline</td>
<td>1900</td>
<td>7.9 (3.95%)</td>
<td>1.02</td>
<td>0.86</td>
</tr>
<tr>
<td>Carroll</td>
<td>7592</td>
<td>354 (4.22%)</td>
<td>4.52</td>
<td>5.54</td>
</tr>
<tr>
<td>Cecil</td>
<td>11227</td>
<td>76 (0.68%)</td>
<td>1.03</td>
<td>3.15</td>
</tr>
<tr>
<td>Charles</td>
<td>4279</td>
<td>249 (5.82%)</td>
<td>5.57</td>
<td>1.89</td>
</tr>
<tr>
<td>Dorchester</td>
<td>1060</td>
<td>258 (19.54%)</td>
<td>3.49</td>
<td>0.66</td>
</tr>
<tr>
<td>Harford</td>
<td>11407</td>
<td>1.15</td>
<td>0.86</td>
<td>5.90</td>
</tr>
<tr>
<td>Howard</td>
<td>5480</td>
<td>19321 (95.91%)</td>
<td>11.17</td>
<td>5075 (21.61%)</td>
</tr>
<tr>
<td>Kent</td>
<td>1686</td>
<td>59 (2.00%)</td>
<td>0.53</td>
<td>1829 (7.91%)</td>
</tr>
<tr>
<td>Montgomery</td>
<td>12355</td>
<td>18962 (39.33%)</td>
<td>24.25</td>
<td>12.35</td>
</tr>
<tr>
<td>Prince George's</td>
<td>3532</td>
<td>458 (9.16%)</td>
<td>0.51</td>
<td>454 (20.64%)</td>
</tr>
<tr>
<td>Queen Anne's</td>
<td>5251</td>
<td>11151 (95.9%)</td>
<td>113 (1.31%)</td>
<td>13040 (59.59%)</td>
</tr>
<tr>
<td>Queen Anne's</td>
<td>5251</td>
<td>11151 (95.9%)</td>
<td>113 (1.31%)</td>
<td>13040 (59.59%)</td>
</tr>
<tr>
<td>Somerset</td>
<td>2125</td>
<td>59 (2.75%)</td>
<td>0.50</td>
<td>1068 (7.21%)</td>
</tr>
<tr>
<td>St. Mary's</td>
<td>5407</td>
<td>141 (4.14%)</td>
<td>1.89</td>
<td>5268 (26.56%)</td>
</tr>
<tr>
<td>Talbot</td>
<td>1192</td>
<td>99 (8.21%)</td>
<td>1.54</td>
<td>1092 (51.89%)</td>
</tr>
<tr>
<td>Washington</td>
<td>6712</td>
<td>241 (3.59%)</td>
<td>3.26</td>
<td>6471 (84.41%)</td>
</tr>
</tbody>
</table>
Questions?