

## **Opioid Meeting (Confluence Health and NCACH)**

**Date:** 6.30.17

**Attendees:** Dr. Stuart Freed, Dr. Malcolm Butler, Glenn Adams, Matthew Graham, Senator Linda Evans Parlette, Christal Eshelman, John Schapman

### **Key Reminders when Developing Projects:**

1. Projects must be able to impact the whole region (Chelan, Douglas, Grant, and Okanogan). These projects may start initially within one community/patient population, but there needs to be a plan to scale and sustain projects across all the Medicaid beneficiaries.
2. Community and Medicaid beneficiary input are required to be incorporated in project decision making. This can be done to varying degrees, but an honest effort needs to be demonstrated.
3. Projects that are funded through the Demonstration need to fit within the Medicaid Demonstration Project Toolkit (i.e. MAT is included in both the Bi-Directional Integration project and the Opioid project).
4. Projects that are funded outside of the Demonstration should assist in moving the measures within the Medicaid demonstration Project Toolkit (i.e. Drug take back boxes).
5. If we can prove we have impacted our community beyond the Medicaid population, we will have a better chance of earning additional incentive dollars.

### **Proposed Opioid Projects:**

1. Develop workflows and processes that will enable Medical Providers to prescribe less Opioid medication at the initial visit and during follow up visits.
  - a. Guidelines at each clinic/hospital outlining the number of days a prescription can be filled for acute care.
  - b. Workflow processes that guide how Medical Providers determine if patients can be prescribed alternative pain medication besides Opioids (i.e. Decision tree when patients ask for a refill).
  - c. Providers and patients to focus on: Oral Surgery, Dental Care, Hip/Knee Surgery, Chronic Pain.
2. Provide family education on the need to dispose of prescription medications in the home and promote drug take back boxes within the communities (i.e. boxes at Confluence facilities).
  - a. Use local schools to educate parents and children of the dangers of home prescription drugs (i.e. opioids) and encourage them to dispose of their unused prescriptions and local drop boxes.
  - b. Emphasize youth prevention as the main reason for this project.
3. Increase the number of Medical Providers providing medication assisted treatments (i.e. Suboxone) to Opioid Use Disorder patients.
  - a. Scale and sustain the Jail treatment project in Chelan County to both Grant and Okanogan County jails.
  - b. Assess the current state of MAT treatment in the region and develop a plan to increase the number of MAT prescribers in each of the communities.
4. NARCAN distribution through local Emergency Departments
  - a. Have each Emergency Department in the region distribute NARCAN to any patient that enters the Emergency Department due to prescription drug overdose.
  - b. Develop a toolkit that will provide guidelines to organizations on distribution

**Value Based Purchasing Conversation**

1. Look at bundled payments to provide services (i.e. knee payments). Work with the MCOs to ensure they will reimburse for different models.
2. Ensure providers receive appropriate reimbursement for services that will minimize Opioid use in treatment (i.e. Physical Therapy or Occupational Therapy)

**Medicaid Beneficiary Outreach:**

1. Work with each medical facility to create a mechanism for bi-directional feedback with their patient advisory councils on the work/projects completed through the Demonstration.
2. Directly connect with Suboxone patients to gather input on work of the Opioid project.