

From Medicaid Transformation Approved Project Toolkit, June 2017

Domain 3: Prevention and Health Promotion

Transformation projects within this domain focus on prevention and health promotion to eliminate disparities and achieve health equity across regions and populations. Domain 3 includes one required project and three optional projects.

Project 3A: Addressing the Opioid Use Public Health Crisis (Required)

Project Objective: Support the achievement of the state’s goals to reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports.

Target Population: Medicaid beneficiaries, including youth, who use, misuse, or abuse, prescription opioids and/or heroin.

Recommended Resources for Identifying Promising Practices / Evidence-Supported Strategies:

Clinical Guidelines

1. AMDG’s Interagency Guideline on Prescribing Opioids for Pain, <http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf>
2. CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016 <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>
3. Substance Use during Pregnancy: Guidelines for Screening and Management, http://here.doh.wa.gov/materials/guidelines-substance-abuse-pregnancy/13_PregSubs_E16L.pdf

Statewide Plans

1. 2016 Washington State Interagency Opioid Working Plan, http://www.stopoverdose.org/FINAL%20State%20Response%20Plan_March2016.pdf.
2. Substance Abuse Prevention and Mental Health Promotion Five-Year Strategic Plan, http://www.theathenaforum.org/prevention_priorities.

Implementation Plans must demonstrate a multi-pronged approach that includes strategies targeting the following essential components:

1. Prevention: Prevent Opioid Use and Misuse
2. Treatment: Link Individuals with OUD with Treatment Services
3. Overdose Prevention: Intervene in Opioid Overdoses to Prevent Death
4. Recovery: Promote Long-Term Stabilization and Whole-Person Care

Reference the “Project Implementation Guidelines” for additional details on the project’s core components, including Domain 1 strategies and evidence-based approaches, to guide the development of project implementation plans and quality improvement plans.

Project Stages

Stage 1 – Planning

Milestone	Proof of Completion	Timeline (complete no later than)
<ul style="list-style-type: none"> Assess the current regional capacity to effectively impact the opioid crisis and include strategies to leverage current capacity and address identified gaps. 	Completed current state assessment	DY 2, Q2
<ul style="list-style-type: none"> Identify how strategies for Domain I focus areas – Systems for Population Health Management/HIT, Workforce, Value-based Payment – will support project 	Completed Workforce, Technology and Financial Sustainability plans as defined in Domain 1, reflective of support for Project 3A efforts	DY 2, Q2
<ul style="list-style-type: none"> Select target population and evidence-based approach informed by regional health needs. (Consider areas with limited access to treatment for opioid disorder, and rates of opioid use, misuse and abuse.) 	Definition of target population and evidence based approach	DY 2, Q2
<ul style="list-style-type: none"> Identify and engage project implementation partnering provider organizations, including: <ul style="list-style-type: none"> Identify established local partnerships that are addressing the opioid crisis in their communities and establish new partnerships where none exist. Identify, recruit, and secure formal commitments for participation in project implementation including professional associations, physical, mental health and substance use disorder, (SUD) providers and teaching institutions. 	List of implementation partners, must include physical health, mental health and SUD providers with formal written commitment to participate	DY 2, Q2
<ul style="list-style-type: none"> Develop project implementation plan, which must include, at a minimum: <ul style="list-style-type: none"> Implementation timelines for each strategy 	Completed Implementation plan	DY 2, Q3

<ul style="list-style-type: none"> ○ A detailed description of how the ACH will implement selected strategies and activities that together create a comprehensive strategy addressing prevention, treatment, overdose prevention, and recovery supports aimed at supporting whole-person health. ○ Identify the system supports that need to be activated to support an increase in the number of 1) providers prescribing buprenorphine; 2) patients receiving medications approved for treatment of OUD,; 3) the different settings in which buprenorphine is or should be prescribed and 4) the development of shared care plans/communications between the treatment team of physical/mental health and SUD providers. ○ Roles and responsibilities of key organizational and physical, mental health and substance use disorder (SUD) provider participants, including community-based service organizations, along with justification on how the partners are culturally relevant and responsive to the specific population in the region. ○ Description of how project aligns with related initiatives and avoids duplication of efforts, including established local partnerships that are addressing the opioid crisis in their communities. ○ Specific strategies and actions to be implemented in alignment with the 2016 Washington State Interagency Opioid Working Plan. ○ Describe strategies for ensuring long-term project sustainability 		
Stage 2 – Implementation		
Milestone	Proof of Completion	Timeline (complete no later than)
<ul style="list-style-type: none"> ● Develop guidelines, policies, procedures and protocols as necessary to support consistent implementation of the strategy / approach 	Adopted guidelines, policies, procedures and/or procedures	DY 3, Q1
<ul style="list-style-type: none"> ● Develop Quality Improvement Plan (QIP), which must include ACH-defined strategies, measures, and targets to support the selected model / approach 	Completed and approved QIP, reporting on QIP measures	DY 3, Q2

<ul style="list-style-type: none"> • Convene or leverage existing local partnerships to implement project, one or more such partnerships may be convened. <ul style="list-style-type: none"> ○ Each partnership should include health care service, including mental health and SUD providers, community-based service providers, executive and clinical leadership, consumer representatives, law enforcement, criminal justice, emergency medical services, and elected officials; identify partnership leaders and champions. Consider identifying a clinical champion and one or more community champions. ○ Establish a structure that allows for efficient implementation of the project and provides mechanisms for any workgroups or subgroups to share across teams, including implementation successes, challenges and overall progress. ○ Continue to convene the partnership(s) and any necessary workgroups on a regular basis throughout implementation phase. 	Number and list of community partnerships; for each include list of members and roles.	DY 3, Q2
<ul style="list-style-type: none"> • Implement selected strategies/approaches across the core components: <ol style="list-style-type: none"> 1) Prevention 2) Treatment 3) Overdose Prevention 4) Recovery Supports • Monitor state-level modifications to the 2016 Washington State Interagency Opioid Working Plan and/or related clinical guidelines, and incorporate any changes into project implementation plan. 	Identify number of providers and community partners implementing strategies	DY 3, Q4
<ul style="list-style-type: none"> • Develop a plan to address gaps in the number or locations of providers offering recovery support services, (this may include the use of peer support workers). 	Completed plan to address gaps in number or location of providers offering recovery support services.	DY 3, Q4
Stage 3 – Scale & Sustain		
Milestone	Proof of Completion	Timeline

			<i>(complete no later than)</i>
<ul style="list-style-type: none"> • Increase scale of activities by adding partners and/or reaching new communities under the current initiative (e.g. to cover additional high needs geographic areas), as well as defining a path forward to deploy the partnership’s expertise, structures, and capabilities to address other yet-to-emerge public health challenges 		Document Stage 3 activities in Semi-Annual Reports.	DY 4, Q4
<ul style="list-style-type: none"> • Review and apply data to inform decisions regarding specific strategies and action to be spread to additional settings or geographical areas. 			
<ul style="list-style-type: none"> • Convene and support platforms to facilitate shared learning and exchange of best practices and results to date. 			
<ul style="list-style-type: none"> • Provide or support ongoing training, technical assistance, and community partnerships to support spread and continuation of the selected strategies/approaches. 			
<ul style="list-style-type: none"> • Engage and encourage Managed Care Organizations to develop/refine model benefits aligned with evidence-based clinical guideline-concordant care and best practice recommendations. <ul style="list-style-type: none"> ○ Encourage payment models that support non-opioid pain therapies and approach to addressing OUD prevention and management in the transition to VBP for services. ○ Encourage payment models that support practices that have implemented a Hub and Spoke, or Nurse Care Manager Model ○ Encourage payment models that support the care of persons across the continuum of care from diagnosis, through treatment and for ongoing recovery support. 			
<ul style="list-style-type: none"> • Provide ongoing supports (e.g., training, technical assistance, learning collaboratives) to support continuation and expansion 			
Project Metrics			
Year	Metric Type	Metric	Report Timing
DY 3 – 2019	P4R – ACH Reported	<ul style="list-style-type: none"> • Report against QIP metrics • Number and locations of MDs, ARNPs, and PAs who are approved to prescribe buprenorphine. 	Semi-Annual

		<ul style="list-style-type: none"> • Number and locations of mental health and SUD providers delivering acute care and recovery services to people with OUDs. • Number and list of community partnerships. For each include list of members and roles, including the identification of partners through which MAT is accessible. • Number of health care providers, by type, trained on AMDG’s Interagency Guideline on Prescribing Opioids for Pain. • Number of health care organizations with EHRs or other systems newly put in place that provide clinical decision support for the opioid prescribing guideline, such as defaulting to recommended dosages or linking to the PDMP. • Number of local health jurisdictions and community-based service organizations that received technical assistance to organize or expand syringe exchange programs. • Number of emergency department with protocols in place for providing overdose education and take home naloxone to individuals seen for opioid overdose. • Number and types of access points in which persons can receive medication assisted therapy, such as EDs, SUD and mental health settings, correctional settings or other non-traditional community based access points. 	
	P4P – State Reported	<ul style="list-style-type: none"> • Medication Assisted Therapy (MAT): With Buprenorphine or Methadone • Outpatient Emergency Department Visits per 1000 Member Months • Patients on high-dose chronic opioid therapy by varying thresholds • Patients with concurrent sedatives prescriptions 	Annual
DY 4 – 2020	P4R – ACH Reported	<ul style="list-style-type: none"> • Report against QIP metrics • Number and locations of MDs, ARNPs, and PAs who are approved to prescribe buprenorphine. • Number and locations of mental health and SUD providers delivering acute care and recovery services to people with OUDs. • Number and list of community partnerships. For each include list of members and roles. • Number of health care providers, by type, trained on AMDG’s Interagency Guideline on Prescribing Opioids for Pain. 	Semi-Annual

		<ul style="list-style-type: none"> • Number of health care organizations with EHRs or other systems newly put in place that provide clinical decision support for the opioid prescribing guideline, such as defaulting to recommended dosages or linking to the PDMP. • Number of local health jurisdictions and community-based service organizations that received technical assistance to organize or expand syringe exchange programs. • Number of emergency department with protocols in place for providing overdose education and take home naloxone to individuals seen for opioid overdose. • Number and types of access points in which persons can receive medication assisted therapy, such as EDs, SUD and mental health settings, correctional settings or other non-traditional community based access points. 	
	P4P – State Reported	<ul style="list-style-type: none"> • Inpatient Hospital Utilization • Medication Assisted Therapy (MAT): With Buprenorphine or Methadone • Outpatient Emergency Department Visits per 1000 Member Months • Patients on high-dose chronic opioid therapy by varying thresholds • Patients with concurrent sedatives prescriptions • Substance Use Disorder Treatment Penetration (Opioid) 	Annual
DY 5 – 2021	P4R – ACH Reported	<ul style="list-style-type: none"> • Report against QIP metrics • Number and locations of MDs, ARNPs, and PAs who are approved to prescribe buprenorphine. • Number and locations of mental health and SUD providers delivering acute care and recovery services to people with OUDs. • Number and list of community partnerships. For each include list of members and roles. • Number of health care providers, by type, trained on AMDG’s Interagency Guideline on Prescribing Opioids for Pain. • Number of health care organizations with EHRs or other systems newly put in place that provide clinical decision support for the opioid prescribing guideline, such as defaulting to recommended dosages or linking to the PDMP. • Number of local health jurisdictions and community-based service organizations that received technical assistance to organize or expand syringe exchange programs. 	Semi-Annual

		<ul style="list-style-type: none"> • Number of emergency department with protocols in place for providing overdose education and take home naloxone to individuals seen for opioid overdose. • Number and types of access points in which persons can receive medication assisted therapy, such as EDs, SUD and mental health settings, correctional settings or other non-traditional community based access points. 	
	P4P – State Reported	<ul style="list-style-type: none"> • Inpatient Hospital Utilization • Medication Assisted Therapy (MAT): With Buprenorphine or Methadone • Outpatient Emergency Department Visits per 1000 Member Months • Patients on high-dose chronic opioid therapy by varying thresholds • Patients with concurrent sedatives prescriptions • Substance Use Disorder Treatment Penetration (Opioid) 	Annual

Project Implementation Guidelines: This section provides additional details on the project’s core components and should be referenced to guide the development of project implementation plans and quality improvement plans.

Guidance for Project-Specific Domain 1 Strategies

- **Population Health Management Systems/HIT:** Adoption of technology with the capability to support identification of persons at high-risk for opioid overdose, notifications to health care providers of opioid overdose events, monitoring of prescribing practices, and implementation of quality improvement processes; a plan to build enhancements in EHRs and other systems to support clinical decisions in accordance with guidelines; an assessment of the current level of use of the Prescription Drug Monitoring Program (PDMP) and the Emergency Department Information Exchange; and strategies to increase use of PDMP and interoperability with EHRs. Overall, in line with Goal 4 of the State Interagency Opioid Working Plan, develop a plan to use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.
- **Workforce:** Capacity and shortages; incorporate content and processes into the regional workforce development and training plan that respond to project-specific workforce needs such as:
 - Efforts to enhance medical, nursing, and physician assistant school curricula on pain management, the PDMP, and recognition and treatment of opioid use disorder (OUD).
 - Partnering with professional associations and teaching institutions to educate dentists, osteopaths, nurses, and podiatrists on current opioid prescribing guidelines.

- Encouraging licensing boards of authorized prescribers to mandate CEUs on opiate prescribing and pain management guidelines.
- Encouraging family medicine, internal medicine, OB/GYN residency programs to train residents on care standards/medications for OUD.
- Identifying critical workforce gaps in the substance use treatment system and develop initiatives to attract and retain skilled professionals in the field.
- **Financial Sustainability:** Alignment between current payment structures and guideline-concordant care with regard to opioid prescribing; and evidence-supported treatments and recovery supports for OUDs that incorporate current state and anticipated future state of VBP arrangements to support opioid abuse prevention and control efforts into the regional VBP transition plan.

Guidance for Evidence-Based Approaches

Implementation Plan: *Each region will develop a plan that provides a detailed description of how the ACH will implement selected strategies and activities that together create a comprehensive strategy addressing prevention, treatment, overdose prevention, and recovery supports aimed at supporting whole-person health.*

Prevention: Prevent opioid misuse and abuse

- **Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain:**
 - Promote the use of the PDMP and its linkage into electronic health record systems in an effort to increase the number of providers regularly using the PDMP and the timely input of prescription medication data into the PDMP.
 - Train, coach and offer consultation with providers on opioid prescribing and pain management.
 - Promote the integration of telehealth and telephonic approaches.
 - Support innovative telehealth in rural and underserved areas to increase capacity of communities to support OUD prevention and treatment.
- **Together with the Center for Opioid Safety Education and other partners, such as statewide associations, raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users:**
 - Promote accurate and consistent messaging about opioid safety and to address the stigma of addiction by public health, health care providers, law enforcement, community coalitions, and others specific to the region and local communities.
- **Prevent opioid initiation and misuse in communities, particularly among youth:**

- Build awareness and identify gaps as they relate to ongoing prevention efforts (e.g. school-based programs); connect with local health jurisdictions and Washington State Department of Health and Department of Behavioral Health and Recovery to understand the efforts currently underway in the region.
- **Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse:**
 - Identify and map Drug Take Back programs to highlight where additional programs could be implemented or expanded to meet community need.
 - Promote the use of home lock boxes to prevent unintended access to medication.

Treatment: Link individuals with OUD to treatment services

- **Build capacity of health care providers to recognize signs of possible opioid misuse, effectively identify OUD, and link patients to appropriate treatment resources:**
 - Effective treatment of OUD includes medication and psychosocial supports. Conduct inventory of existing treatment resources in the community (e.g. formal treatment programs and practices/providers providing Medication Assisted Treatment, [methadone, buprenorphine, naltrexone]).
 - Educate providers across all health professions on how to recognize signs of opioid misuse and OUD among patients and how to use appropriate tools to identify OUD.
 - Offer patients brief interventions and referrals to medication assisted treatment and psychosocial support services, if needed.
 - Build skills of health care providers to have supportive patient conversations about problematic opioid use and treatment options.
 - Give pharmacists tools on where to refer patients who may be misusing prescription pain medication.
- **Expand access to, and utilization of, clinically-appropriate evidence-based practices for OUD treatment in communities, particularly MAT:**
 - Increase the number of providers certified to prescribe OUD medications in the region; promote the application and receipt of physician, ARNP and Physician Assistant waivers for providers in a variety of settings for example: hospitals, primary care clinics, correctional facilities, mental health and SUD treatment agencies, methadone clinics and other community based sites.
 - Together with the Health Care Authority, identify policy gaps and barriers that limit availability and utilization of buprenorphine, methadone, and naltrexone and contribute to the development of policy solutions to expand capacity.
 - Build structural supports (e.g. case management capacity, nurse care managers, integration with substance use disorder providers) to support medical providers and staff to implement and sustain medication assisted treatment, such as methadone and buprenorphine; examples of evidence-based models include the hub and spoke and nurse care manager models.

- Promote and support pilot projects that offer low barrier access to buprenorphine in efforts to reach persons at high risk of overdose; for example in emergency departments, correctional facilities, syringe exchange programs, SUD and mental health programs.
- Build linkages/communication pathways between those providers providing medication and those providing psychosocial therapies.
- **Expand access to, and utilization of, OUD medications in the criminal justice system:**
 - Train and provide technical assistance to criminal justice professionals to endorse and promote agonist therapies for people under criminal sanctions.
 - Optimize access to chemical dependency treatment services for offenders who have been released from correctional facilities into the community and for offenders living in the community under correctional supervision, through effective care coordination and engagement in transitional services.
 - Ensure continuity of treatment for persons with an identified OUD need upon exiting correctional facilities by providing direct linkage to community providers for ongoing care.
- **Increase capacity of syringe exchange programs to effectively provide overdose prevention and engage beneficiaries in support services, including housing:**
 - Provide technical assistance to local health jurisdictions and community-based service organizations to organize or expand syringe exchange and drug user health services.
 - Develop/support linkages between syringe exchange programs and physical health providers to treat any medical needs that require referral.
- **Identify and treat OUD among pregnant and parenting women (PPW) and Neonatal Abstinence Syndrome (NAS) among newborns:**
 - Disseminate the guideline Substance Abuse during Pregnancy: Guidelines for Screening and Management.
 - Disseminate the Washington State Hospital Association Safe Deliveries Roadmap standards to health care providers.
 - Educate pediatric and family medicine providers to recognize and appropriately manage newborns with NAS.
 - Increase the number of obstetric and maternal health care providers permitted to dispense and prescribe MAT through the application and receipt of DEA approved waivers.
 - Establish or enhance community pathways to support PPW with connecting to care services that address whole-person health, including physical, mental and substance use disorder treatment needs during, through and after pregnancy.

Overdose Prevention: Intervene in opioid overdoses to prevent death

- **Educate individuals who use heroin and/or prescription opioids, and those who may witness an overdose, on how to recognize and appropriately respond to an overdose**
 - Provide technical assistance to first responders, chemical dependency counselors, and law enforcement on opioid overdose response training and naloxone programs.
 - Assist emergency department to develop and implement protocols on providing overdose education and take home naloxone to individuals seen for opioid overdose.
- **Make system-level improvements to increase availability and use of naloxone**
 - Establish standing orders in all counties and all opioid treatment programs to authorize community-based naloxone distribution and lay administration.
 - Promote co-prescribing of naloxone for pain patients as best practice per AMDG guidelines.
- **Together with the Center for Opioid Safety Education, promote awareness and understanding of Washington State’s Good Samaritan Law**
 - Educate law enforcement, prosecutors and the public about the Good Samaritan Response Law.

Recovery: Promote long-term stabilization and whole-person care

- Enhance/develop or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.
- Establish or enhance community-based recovery support systems, networks, and organizations to develop capacity at the local level to design and implement peer and other recovery support services as vital components of recovery-oriented continuum of care.
- Support whole person health in recovery:
Connect Substance Use Disorder providers with primary care, behavioral health, social service and peer recovery support providers to address access, referral and follow up for services.