



THE PEW CHARITABLE TRUSTS

# State Core Opioid Treatment Measures

**Jane Koppelman, Senior Officer**  
**NCSL Opioid Policy Fellows Meeting**  
**June 4, 2022**

*“The analogy that everyone uses is we're building the plane while we're flying it. Well, why would you do it blindfolded? You've got to follow the data to know where you've been and where you need to go, right? Or it's not just a lost opportunity, it's lost lives when we're not data driven.”*

Katherine Marks, PhD,  
Project Director, Kentucky Opioid Response Effort

# Goal of Project:

To help all states have the data they need to address the opioid crisis and to encourage that the data:

- Be publicly available
- Include *at least* Medicaid population/people receiving publicly funded treatment
- Be disaggregated by geography/demographics
- Be put into *action*

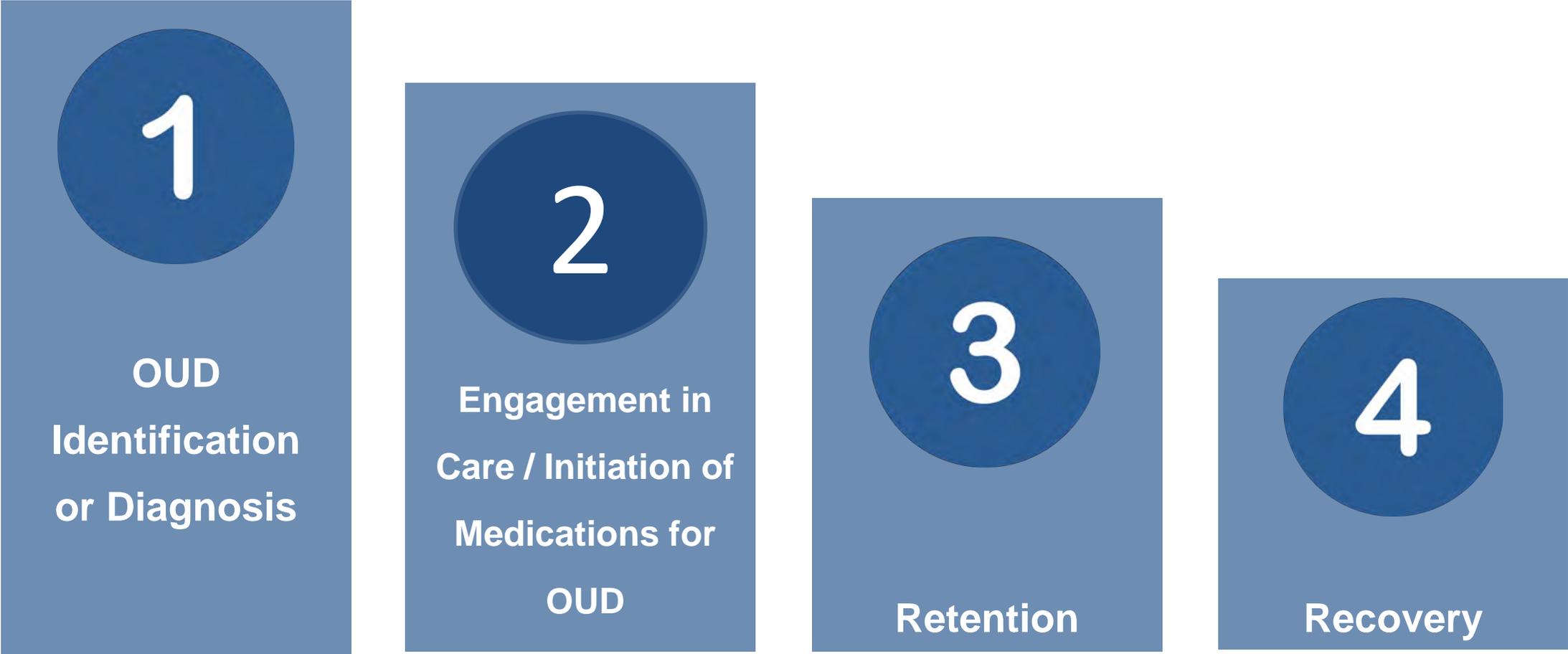
# Expert Advisors

Name	Affiliation
<b>Dr. Anika Alvanzo</b>	Pyramid Healthcare, Inc, (Representing ASAM)
<b>Dr. Robert Baillieu</b>	Substance Abuse and Mental Health Services Administration
<b>Shannon Biello</b>	Shatterproof
<b>Jan Brown</b>	SpiritWorks Foundation Center for the Soul
<b>Amanda Geller</b>	Centers for Disease Control and Prevention
<b>Ann Hollen</b>	Kentucky Department for Medicaid Services
<b>Jodi Manz</b>	National Academy for State Health Policy
<b>Dr. Tami Mark</b>	RTI International
<b>Stephanie Rogers</b>	Colorado Office of Behavioral Health
<b>Christopher Sellers</b>	Alabama Department of Mental Health
<b>Dr. Kimberly Sue</b>	National Harm Reduction Coalition
<b>Monica Trevino</b>	Michigan Public Health Institute

# Measure selection process

- Review existing measures
- Selection based on:
  - Usability and Use
  - Equity
  - Importance to Measure and Report
  - Data are readily available
  - Scientific Acceptability of Measures

# OUD Cascade of Care



**Citation:** Arthur Robin Williams, Edward V. Nunes, Adam Bisaga, Frances R. Levin & Mark Olsson (2019) Development of a Cascade of Care for responding to the opioid epidemic, *The American Journal of Drug and Alcohol Abuse*, 45:1, 1-10, DOI: 10.1080/00952990.2018.1546862

# Selected Measures (1 of 2)

CASCADE STEP	MEASURE	DEFINITION	SOURCE
<b>ODU Identification/ Diagnosis</b>	1a. OUD Diagnosis	% with documented OUD diagnosis (e.g., on an insurance claim).	Adapted from HEDIS
	1b. Assessed for SUD Using a Standardized Screening Tool	% screened for SUD using standardized screening tool.	Medicaid 1115 SUD Waiver Monitoring
<b>Initiation of OUD Treatment</b>	2a. Use of Pharmacotherapy for OUD	% with OUD diagnosis who filled prescription or were administered a medication, overall and by type (methadone, buprenorphine, naltrexone).	National Quality Forum
	2b. OUD Provider Availability	# of providers who can prescribe buprenorphine, # who <b>do</b> prescribe buprenorphine, # of opioid treatment programs that dispense methadone and/or buprenorphine	Medicaid 1115 SUD Waiver Monitoring

# Selected Measures (2 of 2)

CASCADE STEP	MEASURE	DEFINITION	SOURCE
<b>Retention in OUD Treatment</b>	3a. Continuity of Pharmacotherapy for OUD	% who filled a prescription or were dispensed a medication who stayed on it for at least 6 months, overall and by type (methadone, buprenorphine, naltrexone).	National Quality Forum
	3b. Initiation of OUD Treatment and Engagement in OUD treatment	% who initiate treatment w/in 14 days of an OUD diagnosis.  % who had 2 or more additional SUD services within 30 days of treatment initiation.	Adapted from HEDIS
	3c. Follow-up after an Emergency Department Visit for OUD	% of ED visits for those w/ principal OUD diagnosis who had a follow-up visit for OUD within 7 days and within 30 days of the visit.	Adapted from HEDIS
<b>Recovery from OUD</b>	4. One or more patient-reported outcome measures: determined by state	% who achieve a given level of functioning/ quality of life	

# Disaggregate Measures to Assess Equity

Aggregate trends are Deceiving!

- Between 2015 and 2019, opioid overdose deaths rose by 50%
  - Looking closer, death rates for Whites declined, nearly tripled for Blacks, more than doubled for Hispanics
- Blacks and Hispanics less likely to initiate and continue on medications for OUD
- Provider availability more likely lags in rural vs. urban regions

# Questions to consider

- What could your state do with this data?
- How can you use the data to improve health equity/reduce disparities?
- Which stakeholders should be at the table to implement the core measures?
- What resources do you have to implement them?



# Data to Action: Kentucky

**DATA:** Lag between OUD diagnosis and medication utilization

**ACTION:** Legislature removed Medicaid's prior authorization requirements for all forms of FDA-approved medications for OUD

K. Marks, Project Director, Kentucky Opioid Response Effort, Phone call to Jane Koppelman, Senior Officer, The Pew Charitable Trusts, December 21, 2021

# Data = Accountability

*“Our legislators are asking us,  
‘are Kentuckians’ quality of life improving  
[as a result of OUD treatment funding]?’  
We are using data to answer the question.”*

*Ann Hollen,  
Senior Behavioral Health Policy Advisor,  
KY Dept. for Medicaid Services*

# Data to Action: Rhode Island

**DATA:** Low rates of MOUD uptake

**ACTION:**

- Researchers talked to people with OUD to understand why and many said stigma around using MOUD a prominent factor
- In response, state expanded use of peers to champion MOUD in screening, intake, referral.\*

\* N. Alexander-Scott and R. Boss, “Governor Raimondo's Task Force on Overdose Prevention and Intervention”, (December 11, 2019), [https://preventoverdoseri.org/wp-content/uploads/2019/12/Dec2019\\_GTF\\_PowerPoint\\_Final.pdf](https://preventoverdoseri.org/wp-content/uploads/2019/12/Dec2019_GTF_PowerPoint_Final.pdf)

# Data = More Precise Budgeting

*“As state workers, we have a responsibility to those that we serve to make decisions on where to best implement funding to provide the best impact. When you have the data that a project is worth the investment then it is easier and often more successful when asking for future sustainable funding.”*

Linda Mahoney,  
State Opioid Treatment Authority, RI Dept. Of Behavioral Healthcare,  
Developmental Disabilities & Hospitals

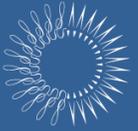
# Data to Action: Missouri

**DATA:** Black people's retention rates in treatment considerably lower than that of Whites

**ACTION:** COVID-related federal funding used to support five grassroots groups in Black neighborhoods in St. Louis that serve people who use drugs. These groups had *never before* received state grant funding.\*

\*

R. Winograd, associate professor, Department of Psychological Sciences, Missouri Institute of Mental Health, University of Missouri-St Louis, Phone call to Jane Koppelman, The Pew Charitable Trusts, Dec. 13, 2021



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# Colorado's Plans for Core Opioid Metrics

**Jose Esquibel, Executive Director**  
**Colorado Consortium for Prescription Drug Abuse Prevention**  
**NCSL Opioid Policy Fellows Meeting**  
**June 4, 2022**

# Colorado Consortium for Prescription Drug Abuse Prevention: Core Opioid Metrics Champion

- Coordinates Statewide Response to Opioid Crisis
- Implements broad range of prevention/treatment strategies
- Informs Legislative Substance Abuse Trend and Response Task Force & Study Committee On Opioids & Other Substance Use Disorders

# Strategies for Using Core Opioid Metrics to Inform Policymaking

Legislative Substance Abuse Task Force, which does the following:

- Promotes evidence-based practices
- Reviews annually substance abuse data/trends
- Releases annual report to legislature with policy recommendations

**Goal: Share core metrics findings at least annually. Include findings/recommendations in annual report to legislature**

# Strategies for Using Core Opioid Metrics to Inform Policymaking (*Cont*)

Colorado State Epidemiological Work Group (*Subcommittee of Legislative Substance Abuse Task Force*)

- Network of state agencies/data experts which does the following:
  - Identify/address gaps in substance use data
  - Increase substance use data availability
  - Inform prevention & treatment efforts

**Goal: Prepare Data Briefs on Core Opioid Metrics Findings**

# Strategies for Using Core Opioid Metrics to Inform Policymaking (*Cont*)

Legislative Opioid & Other SUD Study Committee, which does the following:

- Assesses availability of medication-assisted treatment options
- Identifies gaps in prevention/treatment resources
- Identifies legislative options to address these gaps

**Goal: Use data/ analysis from Legislative Task Force & State Epidemiological Work Group to Develop Legislation to Improve Opioid Treatment Systems**

# Data to Action: Medication-Assisted Treatment (MAT) Expansion in Rural Areas

2016: Presentations to Substance Abuse Trend and Response Task Force on efficacy of MAT and lack of MAT providers

2017: Task Force submits policy recommendations to General Assembly:

- Support MAT expansion, including all FDA-approved medications
  - Increase # of health care providers that prescribe buprenorphine or naltrexone
  - Expand MAT and integrated mental health/substance treatment in mainstream medical healthcare settings
-

# Data to Action: Medication-Assisted Treatment (MAT) Expansion in Rural Areas (*Cont*)

2017: Legislature passed Medication-Assisted Treatment Pilot

- Increase # of MAT –waivered providers
- 2 rural counties, 3 health care organizations, 2 years: \$1 million
- U of Colorado College of Nursing: TA & pilot evaluation

2019: Legislature Expanded Pilot Program

- Data from the pilot demonstrated success
- Mandated services for 16 Counties: \$2.5 million for 2 years

# Data to Action: Medication-Assisted Treatment (MAT) Expansion in Rural Areas (*Cont*)

Outcomes Data from 2019 Pilot Program:

- Increase from 28 to 58 MAT providers in rural health care settings
- Served 1,543 new patients with an OUD in 50 rural clinic sites
  
- Among 410 follow up patients (3-month post- induction)
  - 58 % reported abstinence from all opioids for at least 30 days
  - 84% reported abstinence from alcohol
  - 35% reported at least some paid work over the past 30 days

# Data to Action: Medication-Assisted Treatment (MAT) Expansion in Rural Areas (*Cont*)

2021 Legislative Session

- SB21-137: Behavioral Health Recovery Act of 2021
  - MAT Expansion Project funded ongoing: \$3 million annually

MAT Expansion Program led to more policy changes, such as:

- Prioritizing request for prior authorization for medications for OUD as urgent
- Requires Medicaid reimbursement of at least one FDA- approved overdose reversal drug without prior authorization

# Questions?

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