



Exploring innovative solutions to complex problems: Mental health and substance misuse in the United States

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Well Being Trust

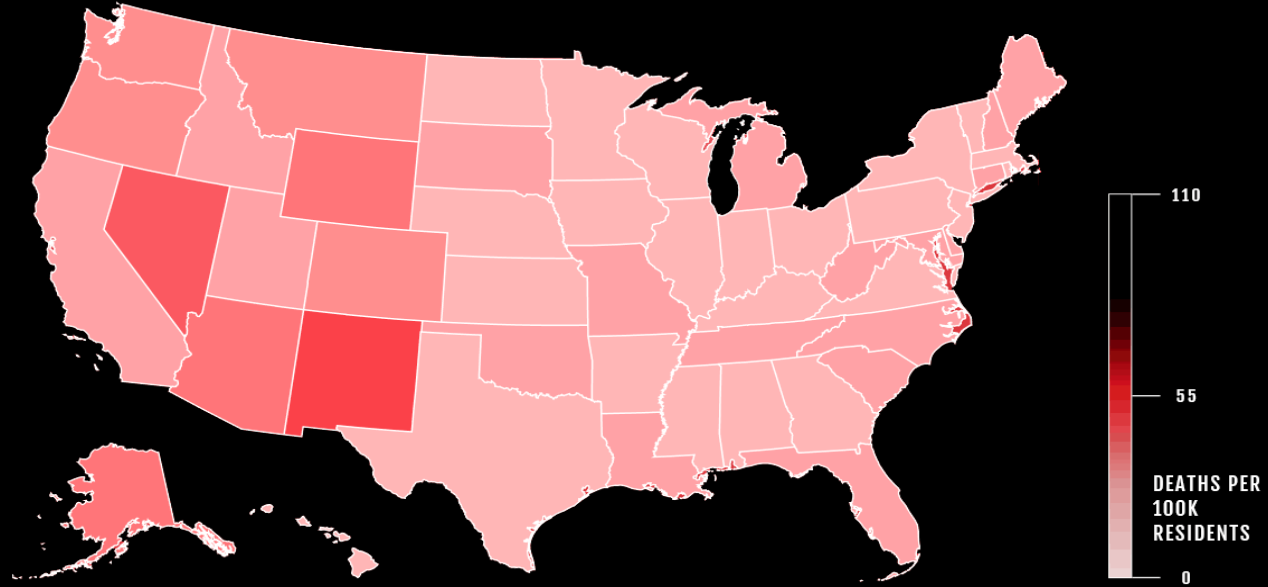
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PAIN IN THE NATION

Deaths from drugs, alcohol and suicide 1999 to 2025 (PROJECTED)

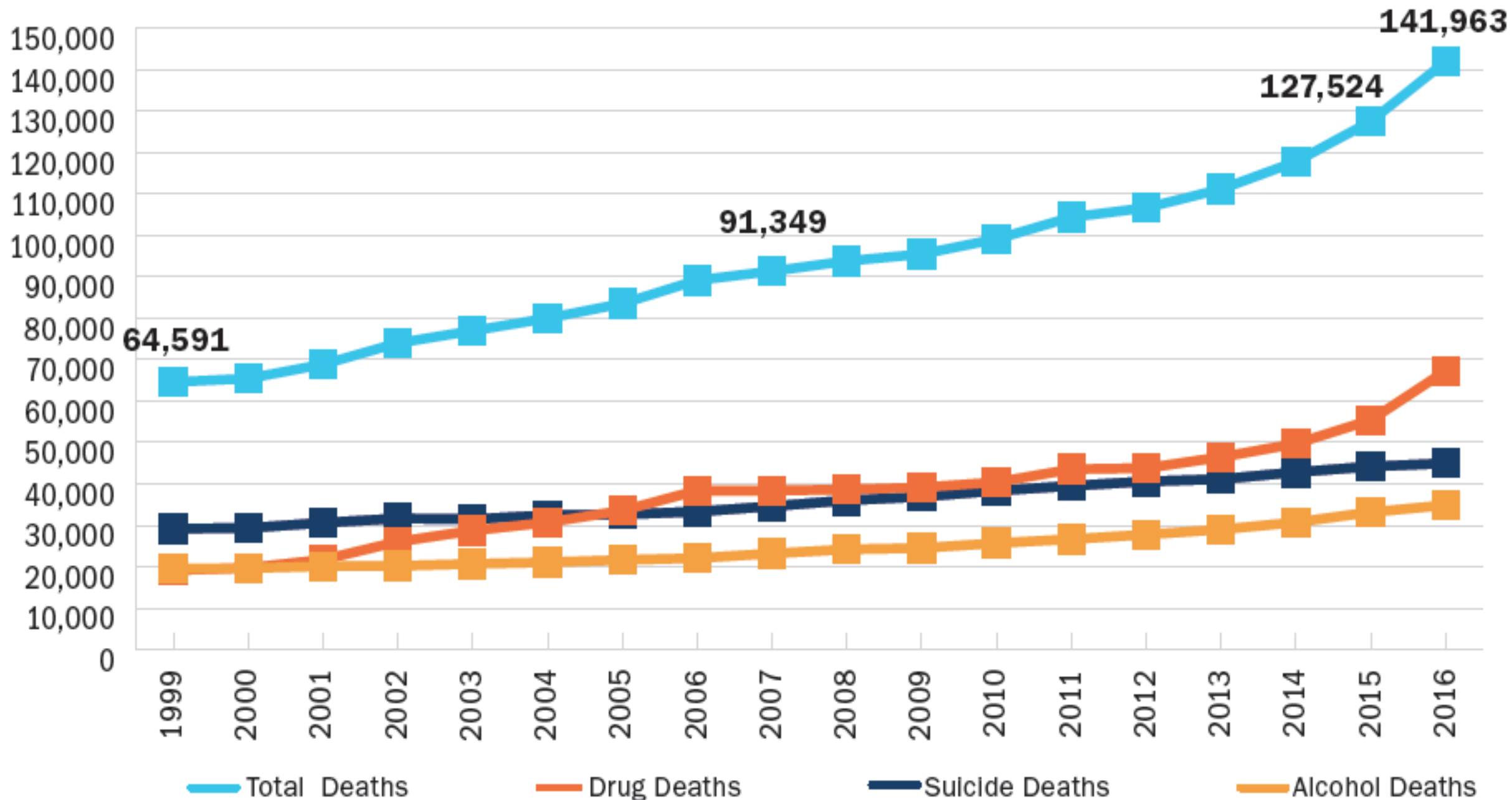


1999



PainInTheNation.org

Annual Deaths from Alcohol, Drugs and Suicide, 1999-2016





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Innovation requires continuous disruption

5 considerations



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1) There is no health care system



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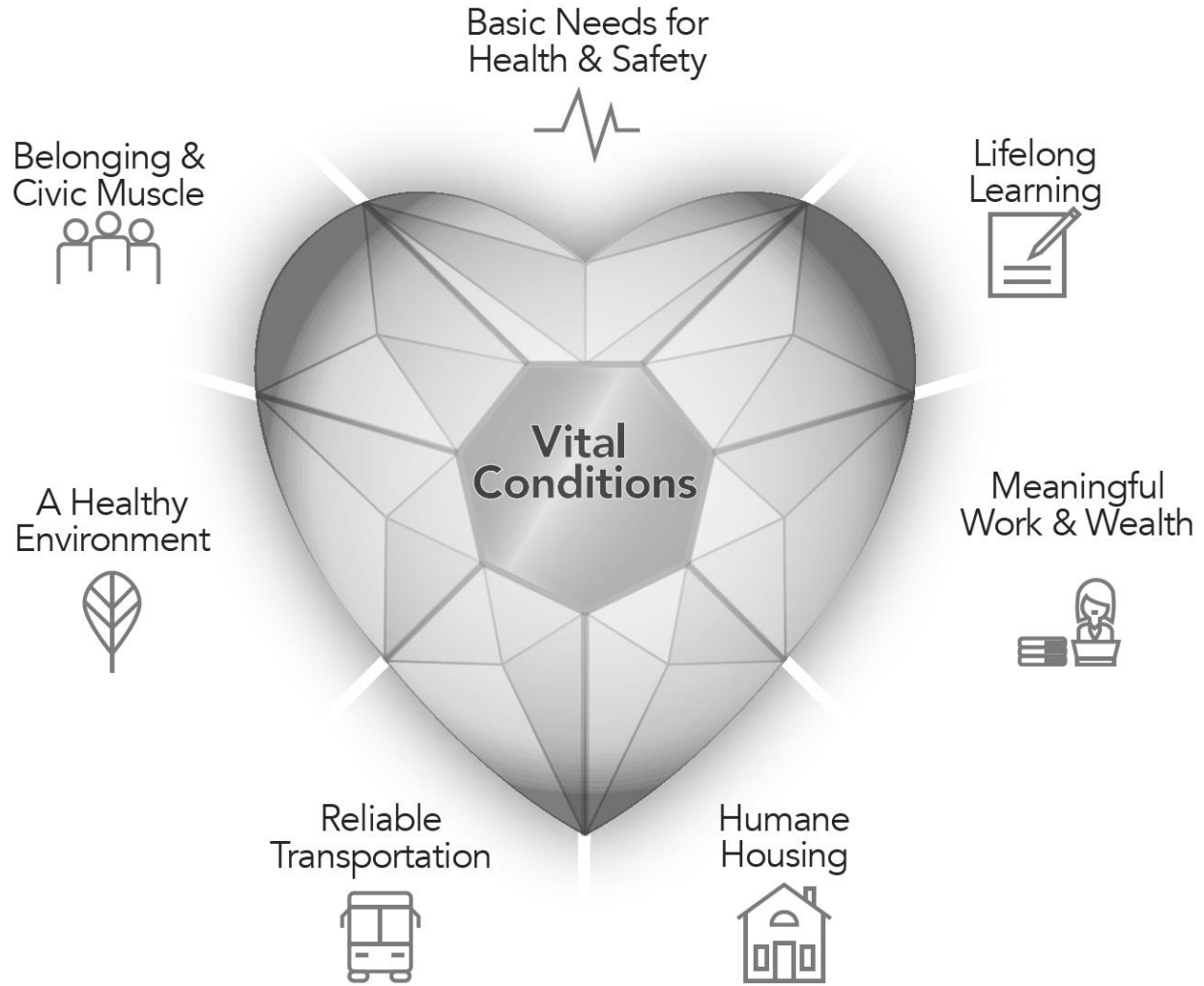
Let's consider our language

“Current taxonomy is frequently misleading and fails to describe the complexity of the entirety of the US health care system. Health is a misnomer, because most activity involves illness. Health care and medical care are not synonymous. Prevention requires tools that are often unfamiliar because educational, behavioral, and social interventions, not usually considered to be part of medicine, may be most effective for many diseases. Provider does not accurately describe the dozens of different professions and organizations required for a patient’s care. Payers are paid not to pay too easily; insurers do only modest amounts of insuring because government and employers accept most risk. Economic concepts of cost and value are ambiguous, as measurement is elusive and because one segment’s cost is another’s value. Market is a misnomer because few prices are transparent and many are controlled. Above all, *US health care is not a system, as it is neither coordinated by a central entity nor governed by individuals and institutions that interact in predictable ways.*”

Moses, H., Iii, Matheson, D. M., Dorsey, E., George, B. P., Sadoff, D., & Yoshimura, S. (2013). The anatomy of health care in the United States. *JAMA*, 310(18), 1947-1964. doi:10.1001/jama.2013.281425



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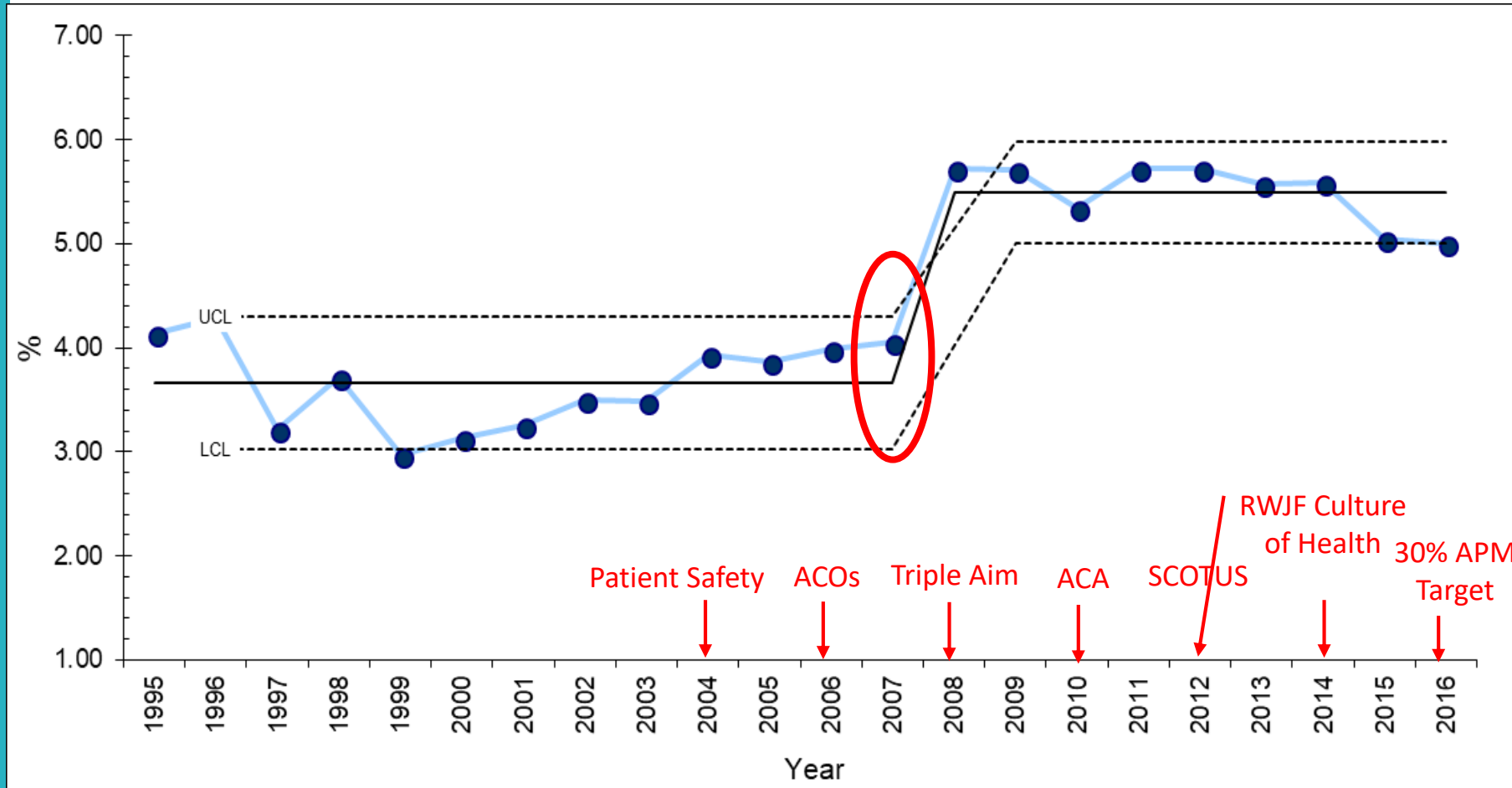
www.wellbeinglegacy.org

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Healthcare v. Health



Health
*% families that
go hungry*



Healthcare
major milestones

Source (USDA): https://www.ers.usda.gov/webdocs/publications/79761/err215_summary.pdf?v=42636



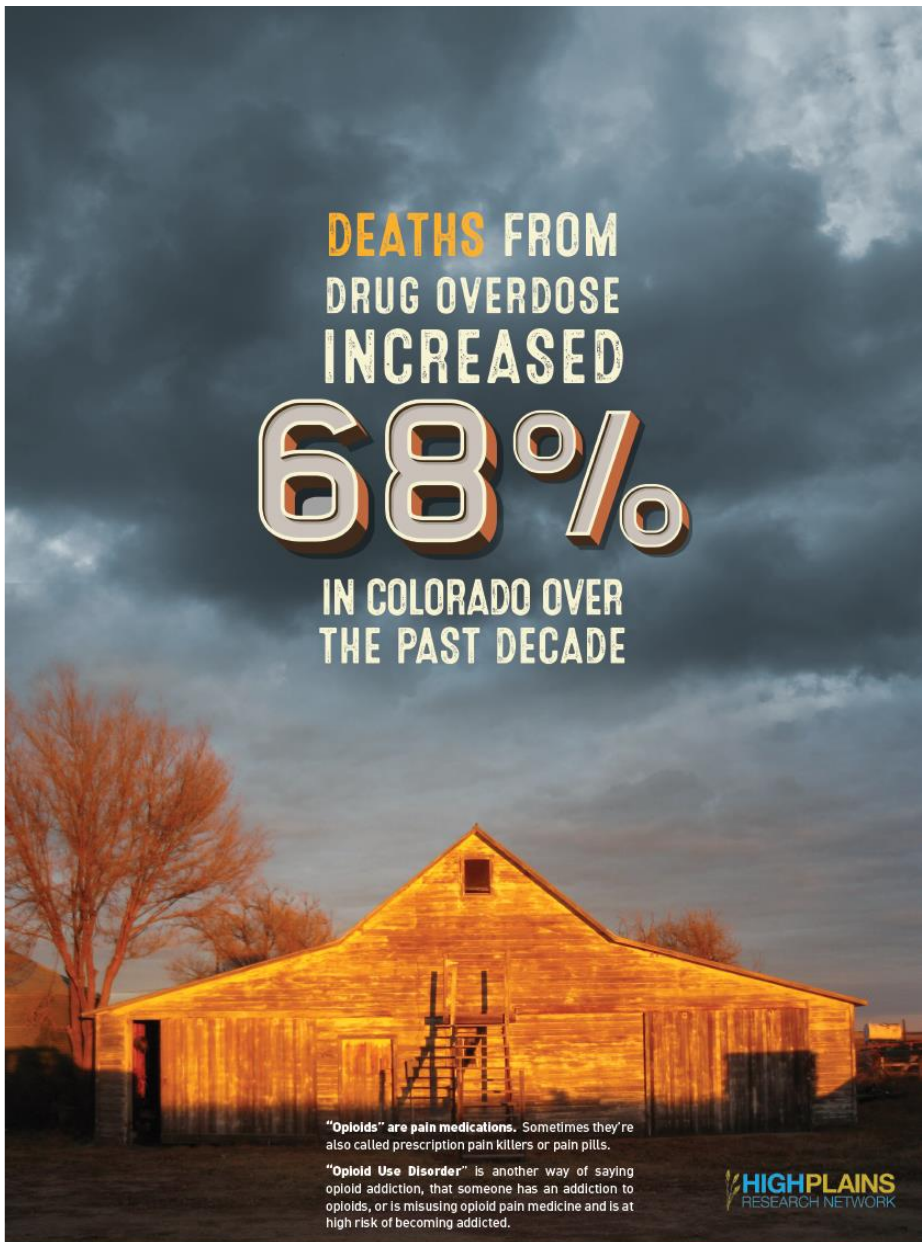
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2) We may have forgotten about community and resilience

A long, straight asphalt road lined with tall pine trees, leading towards a body of water in the distance. The road has a dashed white line down the center and a solid yellow line on the left side. The trees are tall and thin, creating a tunnel effect. The sky is blue and the water is visible in the background.

SOMEWHERE IN OUR JOURNEY WE LOST OUR WAY





**DEATHS FROM
DRUG OVERDOSE
INCREASED
68%
IN COLORADO OVER
THE PAST DECADE**

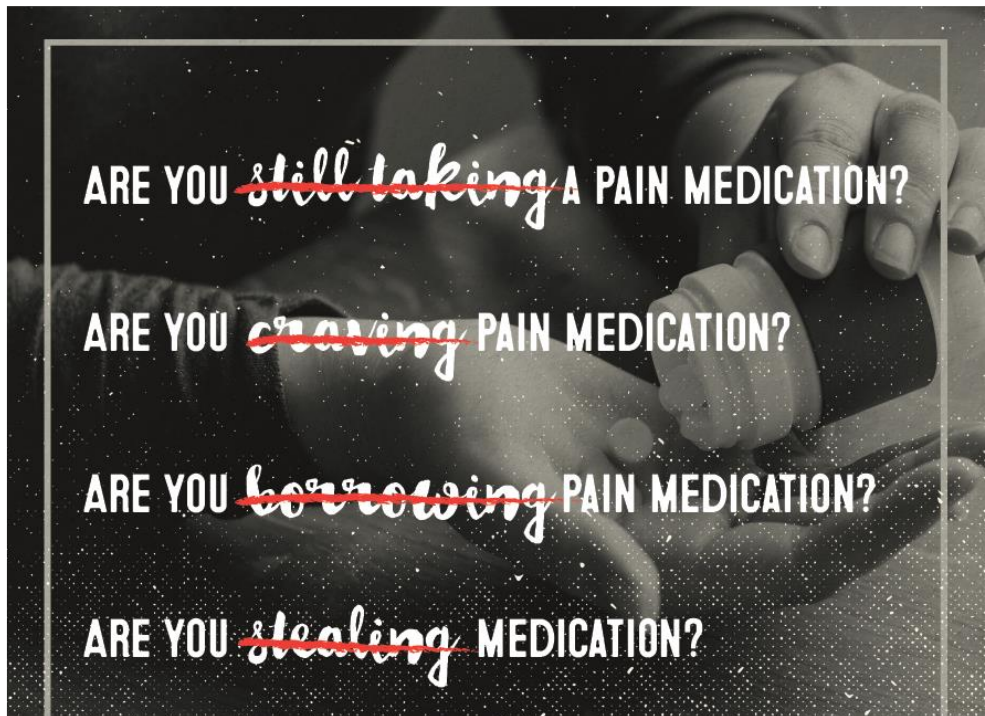
"Opioids" are pain medications. Sometimes they're also called prescription pain killers or pain pills.

"Opioid Use Disorder" is another way of saying opioid addiction, that someone has an addiction to opioids, or is misusing opioid pain medicine and is at high risk of becoming addicted.

CALL TO ACTION
Medication Assisted Treatment™ is a treatment plan that can help you overcome addiction to opioids. MAT has important features:

- MAT is not a 30-day residential treatment. You receive MAT as an out-patient.
- MAT includes medication to decrease craving and withdrawal.
- MAT is not just a drug. It includes long-term support, including monitoring, counseling, and maintenance.
- MAT may include community groups such as 12-step programs, faith communities, group counseling, sober living housing and sober living clubs and activities.
- MAT includes your family, friends, and loved ones.
- People start MAT with medication to help stop the suffering from withdrawal.

**HIGHPLAINS
RESEARCH NETWORK**



ARE YOU ~~still taking~~ A PAIN MEDICATION?

ARE YOU ~~craving~~ PAIN MEDICATION?

ARE YOU ~~borrowing~~ PAIN MEDICATION?

ARE YOU ~~stealing~~ MEDICATION?

ARE YOU
thinking
ABOUT HEROIN?

Get your life back.

TALK TO YOUR LOCAL DOCTOR ABOUT
MEDICATION ASSISTED TREATMENT.

**HIGHPLAINS
RESEARCH NETWORK**

The Path Forward: a National Resilience Strategy (www.paininthenation.org)

- **Improve Pain Management and Treatment**
- **Stem the Opioid Crisis with a full-scale approach**
- **Address the Impact of the Opioid Epidemic on Children – and the Need for a Multi-Generational Response**
- **Expand and Modernize Mental Health and Substance Use Disorder Treatment Services – Toward a Goal of Focusing on the "Whole Health" of Individuals**
- **Prioritize Prevention, Reduce Risk Factors and Promote Resilience in Children, Families and Communities**
- **Reboot Substance Misuse Prevention and Mental Health in Schools**



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The ROI of a National Resilience Strategy

HEALTH AND/OR SOCIETAL DOLLARS SAVED FOR EVERY \$1 INVESTED	
Five Strongest School-based Substance Misuse Prevention Programs	\$3.80 – \$34 ⁶²
School-based Social Emotional Learning Programs	\$11 ⁶³
School-based Violence Prevention Programs (including Suicide)	\$15 – \$81 ^{64, 65, 66}
Early Childhood Education Programs	\$4 - \$12 ⁶⁷
Nurse Home Visiting for High-Risk Infants	\$5.70 ⁶⁸
Women, Children and Infant (WIC) Program	\$2 - \$3 ⁶⁹
Effective Substance Use Treatment Programs	\$3.77 ⁷⁰
Community Health Navigator, Referral and Case Management Programs	\$2 - \$4 ⁷¹
Sobriety Treatment and Recovery Teams (for parents with substance use disorders as alternative to traditional child welfare programs (savings identified are within the foster care system))	\$2.22 ⁷²
Screening, Brief Intervention and Referral to Treatment (for Substance Misuse)	\$3.81 - \$5.60 ^{73, 74}
Alcohol Pricing: a 10 percent increase in the price of alcoholic beverages is shown to reduce consumption by 7.7 percent. ^{75, 76} Alcohol tax revenue generated around \$9.8 billion for communities across the country in 2016. ⁷⁷	

www.paininthenation.org/Resilience



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**3) This is not our first opioid crisis
– are we learning from history?**



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Un-burying the lead: Public health tools are the key to beating the opioid epidemic

- Utilize Medicaid to reimburse supportive housing programs that co-locate employment, education, and health services.
- Promote and finance two-generation, family-centered treatment and support for children under foster and kinship care.
- Involve community leaders in designing preventive systems for younger children to promote healthy behaviors, social skills, community opportunities, and pro-social involvement.



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Un-burying the lead: Public health tools are the key to beating the opioid epidemic

- “The key to a successful battle against opioid addiction will be prioritizing interventions aimed squarely at the environmental risk factors in order to address true impacts that social determinants have on opioid dependent populations, while also continuing efforts begun to address prevention and treatment aimed at the supply side and continuum of care.”



Innovation in opioid treatment?

- Evidence growing but uneven
- No single approach is sufficient:
 - Changing characteristics (e.g. synthetics vs. prescription; populations affected)
 - Complexity of factors - economic and educational
 - Underlying social and emotional risks
- **Danger:** Treating only symptoms not underlying cause



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4) Technology and social networks are not the panacea (but can help)



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How Yelp Reviews Can Help Improve Patient Care



Yelp Reviews Of Hospital Care Can Supplement And Inform Traditional Surveys Of The Patient Experience Of Care. (2016). *Health Affairs*, 35(4), 697-705. doi:10.1377/hlthaff.2015.1030



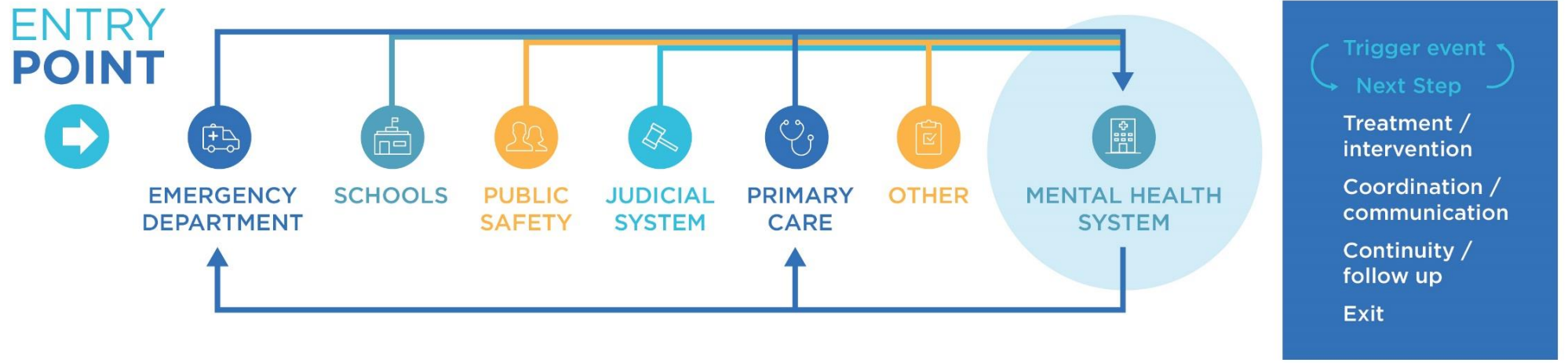
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5) We need to integrate and then disintegrate



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Integrated sites: *39 percent*
received some type of substance
abuse treatment in integrated
sites

Non-integrated: *16.8 percent*
received substance abuse
treatment in non-integrated sites

PUBLIC RELEASE: 5-SEP-2017

Opioid abuse can be treated successfully in primary care settings, study finds

RAND CORPORATION



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Combining substance abuse treatment with regular medical care can successfully treat people with opioid or alcohol addiction, providing an option that might expand treatment and lower the cost of caring for people caught up in the nation's opioid epidemic, according to a new RAND Corporation study.

Patients who enrolled in a program that combined substance abuse treatment with primary medical care were more than twice as likely to receive treatment for opioid or alcohol abuse, as compared to peers who received usual primary care services, according to the study.

The patients in the collaborative care model also were significantly more likely to report abstinence from opioids or alcohol six months after beginning care, a key marker to successful recovery. The findings are published online by the journal JAMA Internal Medicine.

"This new model of integrating treatment for substance use disorders with a patient's primary medical care could expand access to drug treatment at a lower cost and in a more accessible fashion," said Dr. Katherine E. Watkins, the study's lead author and a senior physician scientist at RAND, a nonprofit research organization. "This is a way to increase access to evidence-based substance use treatment, without having to convince patients to go to a specialized drug treatment center."

SUICIDE DEATHS & PRIMARY CARE VISITS



Many individuals who die by suicide have recently had a primary care visit

45%

1 Month

20%

24 Hours

73%

Elderly - 1 Month



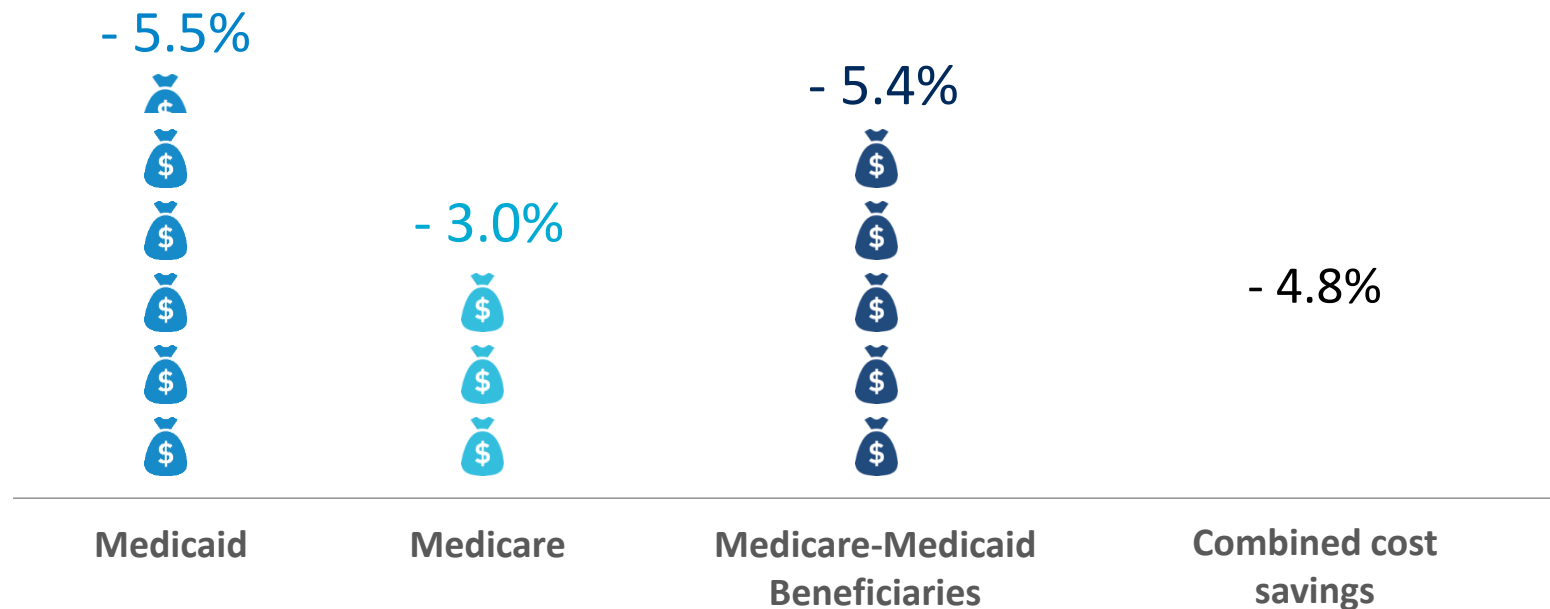
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Integration

- The Zero Suicide Initiative requires primary care doctors to screen every patient during every visit with two questions:
 - How often have you felt down in the past two weeks?
 - How often have you felt little pleasure in doing things?
- High scores lead to further questions about sleep disturbances, changes in appetite and/or thoughts of hurting oneself.
- The model led to an 80 percent reduction in suicide.

Comprehensive Care = Cost Savings

- Substantial, independently evaluated total cost of care differentials
- Normalized for differences in population, demographics, risk and price



Ross, K. M., Gilchrist, E. C., Melek, S. P., Gordon, P. D., Ruland, S. L., & Miller, B. F. (2018). Cost savings associated with an alternative payment model for integrating behavioral health in primary care. *Translational Behavioral Medicine*, iby054-iby054. doi:10.1093/tbm/iby054



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Those who say it can't be done are usually interrupted by others doing it

James Baldwin



UPSTREAM



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Resources

- ben@wellbeingtrust.org
- www.makehealthwhole.org
- www.integrationacademy.ahrq.gov
- www.wellbeingtrust.org
- www.farleyhealthpolicycenter.org