

# Mobilizing a Response to the Opioid Epidemic: County Snapshots

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## Housekeeping

- All lines are muted
- This session will be recorded
- To ask a question:
  - Questions for presenters: Type your question into the Q&A box
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### Presenters



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## STAT Special Report: 52 weeks, 52 faces Obituaries narrate lives lost to the opioid epidemic



More people die from alcohol and tobacco use, but neither is likely to kill you tonight. Opioid overdose robs decades from young lives.

California Health Care Foundation

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Four Strategies to Lower Death Rates

**1. PREVENT** Prevent new starts on long-term opioid use.

**2. MANAGE** Manage chronic pain safely -- focus on highest risk: high dose, opioids + sedatives.

**3. TREAT** Treat addiction effectively: medications for addiction treatment (MAT).

**4. STOP** Stop deaths with harm reduction: naloxone, needle exchanges, supervised injection sites.

# How are we doing?

## www.cdph.ca.gov/opioiddashboard



# **PREVENT:**

### Rationale:

Risk of prolonged opioid use increased by 1% per day after 3d

### **Total Opioids Prescribed**



Source: California Opioid Overdose Surveillance Dashboard: https://cdph.ca.gov/opioiddashboard



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# MANAGE:

### Rationale:

Dramatic increase in fatal OD with increased MME and with opioid/benzo combination







# **TREAT:**

### Rationale:

Access to agonist treatment drops overdose death rates





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# **STOP DEATHS:** Alarming Fentanyl Trends



## We have a long way to go.



## Goal: no wrong door across the state



61% drop in post-incarceration OD deaths with jail MAT

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Treatment Gaps in Opioid-Agonist Medication Assisted Therapy (OA-MAT) in California Counties: How Many Additional Prescribers Are Needed?

Lisa Clemans-Cope, Marni Epstein, Doug Wissoker (Urban Institute) May 10, 2018 Project funded by the California Health Care Foundation (CHCF)

# Introduction and Purpose

- Is access to OA-MAT in CA counties adequate to meet the need for treatment?
- What is the gap between treatment need and capacity?
- Given the share of people in need of treatment who are likely to seek care at any given time, how many prescribers are needed?
- We produced county-level estimates of opioid use disorder and opioid-agonist MAT treatment capacity to identify OUD treatment gaps at the county level to inform policy and decisions at the county level.
- We found substantial gaps between treatment need and capacity at the county and state levels

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# Background and Context

- A few studies have examined the supply of certain providers such as buprenorphine-waivered prescribers, summarizing findings across counties but without providing county estimates.
- Fewer studies have examined supply relative to demand.
- Jones et al (2015) estimated national and state trends in opioid agonist medication-assisted treatment (OA-MAT) need and capacity to identify gaps and inform policy decisions. OUD was defined as past-year opioid abuse or dependence.
  - Results showed significant gaps between treatment need and treatment capacity, with California's gap similar to the national average.

# Key Data

- CA's Opioid Overdose Surveillance Dashboard's opioid-related county-level indicators
- CA's Controlled Substance Utilization Review and Evaluation System (CURES)
- Drug Enforcement Administration (DEA) Active Controlled Substances Act (CSA) Registrants database
- All prescribers, and DATA-waived providers with a 30-, 100-, or 275-patient limit by ZIP (geocoded to county)
- SAMHSA Opioid Treatment Program (OTP) Directory
- SAMHSA's past-year estimates of nonmedical use of prescription pain relievers for 26 substate regions in CA; additional OUD-related prevalence measures from NSDUH survey.

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# **Key Measures**

- Past-year Misuse of Prescription Opioids or Heroin by Substate Region
- OUD, defined as heroin use or prescription opioid abuse or dependence by County
- Estimated OA-MAT Treatment Capacity by County (buprenorphinewaivered prescribers and OTPs)
- Estimated Buprenorphine MAT Treatment Gap, Assuming all Individuals with OUD Seek Opioid Agonist Medication-Assisted Treatment (OA-MAT)
- Estimated Additional Buprenorphine Prescribers Needed to Fill the Treatment Gap, Assuming All Individuals with OUD Seek OA-MAT Treatment

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## Analysis updates

- In the earlier version, we used "opioid misuse" as a proxy for OUD, and in this revision we use a narrower definition of OUD, defined as opioid abuse or dependence, rather than the broad definition of misuse. This definition of OUD is consistent with Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria.
- Feedback indicated that defining the treatment gap as 20% of those in need was arbitrary, so we redefined the treatment gap as being all people with OUD who do not have access to buprenorphine or methadone treatment.

## Fact Sheet Example

#### Estimates of Opioid Use Disorder and Treatment Needs in California

#### California Totals, May 9, 2018

- In 2016, an estimated 5.8 percent of people ages 12 years and older (1,934,253 people) misused opioids in California, and 1.1 percent of people (348,193 people) had an opioid use disorder (OUD),<sup>a</sup> defined as opioid abuse or dependence. Approximately one-fifth of those who misuse opioids have an OUD.
- California had 1,919 opioid overdose deaths in 2016.
- There are 165,977 to 245,093 people with OUD in California without local access to opioid agonist treatment (i.e. buprenorphine or methadone). Since there are no regulatory barriers to naltrexone and counseling treatments, this snapshot focuses on agonists.

#### Percent of the Population 12 Years and Older with Opioid Use Disorder (Abuse or Dependence) in California

16 <sup>c</sup> 2016 <sup>c</sup>	1,919 deaths	s: <b>5.8</b> per 100.000		
16 <sup>c</sup> 2016 <sup>c</sup>	1,919 deaths	s 5 8 per 100 000		
2016 <sup>c</sup>		1,919 deaths; 5.8 per 100,000 people		
	530,614 prescriptions; 16.0 per 1,000 people			
2016 <sup>d</sup>	37,134 methadone patients at OTPs; 112.1 per 100,000 people			
cribers,	<b>3831</b> prescribers with a 30-patient limit, <b>743</b> prescribers with a 100-patient limit, <b>175</b> prescribers with a 275-patient limit.			
pioid	1,934,253 people misused opioids; 5.8 per 100 people			
UD <sup>f</sup>	348,193 people with OUD; 1.1 per 100 people			
vith OUD urrent e treatment	Between <b>103,505</b> and <b>191,142</b> people could be treated given current capacity, depending on how many patients each buprenorphine prescriber treats.			
ming all ent <sup>g</sup>	Between 165,977 and 245,093 people with OUD do not have access to treatment, based on current opioid agonist treatment capacity.			
ers with a	There are <b>198,045</b> prescribers in California, and <b>2.4%</b> have a buprenorphine waiver.			
or Treatment				
at least <b>3,52</b> <b>5.1%</b> of the t (if new prese capacity).	5 prescribers w reatment gap (i cribers treat an	ith a 30-patient lin if all prescribers tre average of 15 pat	nit would double eat an average of ients and current	California's 9 patients each) prescribers treat
	cribers, pioid UD <sup>f</sup> with OUD urrent e treatment ming all ent <sup>g</sup> ers with a pr Treatment at least 3,52: 5.1% of the t p (if new pres- capacity).	cribers, 3831 prescri 100-patient   bioid 1,934,253 prescri 1,934,253 prescri 1,934,253 prescri 1,934,253 prescri 1,934,253 prescri 1,934,253 prescri 1,934,253 prescri 1,934,253	cribers,   3831 prescribers with a 30-patinov limit, 175 prescriber     pioid   1,934,253 people misused opic     UDf   348,193 people with OUD; 1.1     with OUD   Between 103,505 and 191,142     urrent   current capacity, depending on buyrenorphine prescriber treat     ming all ents <sup>6</sup> Between 165,977 and 245,093     ers with a   There are 198,045 prescribers buyrenorphine waiver.     or Treatment   There are 198,045 prescribers treat     at least 3,525 prescribers with a 30-patient limit   5.1% of the treatment gap (if all prescribers treat an average of 15 pat capacity).	cribers,   3831 prescribers with a 30-patient limit, 743 prescribers, 100-patient limit, 175 prescribers with a 275-patient limit, 175 prescribers with a 30-patient limit, 175 prescribers in California, and bupernorphine waiver.     wing all east 3,525 prescribers with a 30-patient limit would double 5.1% of the treatment gap (if all prescribers treat an average of 15 patients and current capacity).

hospitals, maternity practices, and existing addiction treatment programs; market MAT telehealth to the public; work with opioid treatment programs to add med units and spokes; work with county Alcohol and Drug departments to coordinate counseling and other services; expand MAT services through the Drug Medi-Cal waiver; engage with local opioid safety coalition.

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## OUD rates

- We first computed the county OUD rates. California has an overall OUD rate of 1.1%, with a minimum of 0.9% in Alpine and a maximum of 1.3% in Yolo.
- Each dot in this chart shows the estimated rate of OUD among those 12 years and older in each county. California's overall rate is shown as a blue dot; all other California county rates are shown as grey dots.

Percent of the Population 12 Years and Older with Opioid Use Disorder (Abuse or Dependence) in California



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### Deaths Due to Opioid Overdose per 100,000 Residents



- California overall death rate: 5.8 deaths due to opioid overdose per 100,000 people
- Median death rate: 4.5 / 100,000
- Minimum death rate: Alpine, Mariposa, Modoc, Plumas, and Sierra – 0 / 100,000
- Maximum death rate: Humboldt – 19.0 / 100,000

### Percent of Prescribers with a Buprenorphine Waiver



- 2.4% of prescribers in all of California have a buprenorphine waiver
- Median percent of prescribers with a buprenorphine waiver: 2.7%
- Alpine and Sierra have no buprenorphinewaivered prescribers
- Maximum percent of prescribers with a buprenorphine waiver: Modoc – 10.0%

### Percent of Prescribers With a Buprenorphine Waiver and Opioid Treatment Programs (OTPs) by Location



- There were 152 OTPs in CA with 135 unique locations in 2016
- California has an estimated 46,430 methadone slots
- 35 areas (i.e. counties and LA SPAs) have OTPs
- 29 counties have no OTPs

## Flow Chart: New Prescribers Needed



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# Flow Chart: New Prescribers Needed Example County: Butte



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### Flow Chart: New Prescribers Reported on Fact Sheets



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### Flow Chart: New Prescribers Reported on Fact Sheets. Example Count: Butte



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### Capping of Provider Estimates to No More Than Double the Countys' Number of Buprenorphine Prescribers



- In 4 counties neither estimate is capped.
- In 16 counties the "all treat 9" estimate is capped, and the "all treat half of their waiver limit" estimate is reported.
- In 44 counties both estimates are capped, and we recommend that the county double the number of prescribers.

Percent of the Treatment Gap Filled by the Capped Number of New Prescribers, If Each Prescriber Treats 9 Patients



with OUD seek treatment.

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- Overall, the treatment gap would be filled by 15.1% across the state.
- In 4 counties, the capped estimate would fill 100% of the treatment gap: Alpine, Modoc, San Francisco, and Yuba.
- Minimum percent of treatment gap filled by the capped number of prescribers: Kings – 2.2%

### Percent of the Treatment Gap Filled by the Capped Number of New Prescribers, If Each Prescriber Treats Half of Their Waiver Lin



- with OUD seek treatment.
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- Overall, the treatment gap would be filled by 31.9% across the state.
- In 20 counties, the capped estimate would fill 100% of the treatment gap.
- Minimum percent of treatment gap filled by the capped number of prescribers: Kings – 4.5%

## **Overall Estimates: California State**

	If each prescriber treats 9 patients	If each prescriber treats half of their waiver limit
Estimated number with opioid misuse	1,934,253	1,934,253
Estimated number with OUD (abuse or dependence)	348,193	348,193
Prescribers with a buprenorphine waiver	4,749	4,749
Estimated treatment capacity	103,505	191,142
Estimated treatment gap, assuming all people with OUD seek treatment	245,093	165,977
Estimated new prescribers needed (uncapped)	27,879	11,093
Estimated new prescribers needed (capped)	4,199	3,525
Percent of treatment gap filled by capped prescribers	15.1%	31.9%

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# Limitations

- Assumptions, e.g. all with OUD are likely to seek treatment may be unrealistic.
- The data used to estimate opioid misuse and OUD rates are based on self-reported information on past-year opioid abuse or dependence, are subject to recall and social-desirability biases and exclude some populations likely to have relatively higher rates of OUD, such as people who are homeless and do not use shelters and people who are in institutional settings such as people in jails.
- Estimates related to the number of patients treated by each waivered provider may be high or low.
- The average treatment duration for buprenorphine MAT treatment is less than one year; thus, a prescriber could use each waivered slot to treat multiple patients sequentially over a year.
- The treatment gap could be filled under many alternative scenarios, not just the ones presented here.
- Taken together, these limitations related to estimation suggest that the main estimates of additional buprenorphine-waivered prescribers needed per county to achieve capacity to treat all people with OUD may be somewhat high.

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## Other considerations

- The clinical impact of increasing the number of buprenorphinewaivered prescribers in an area has not yet been documented, although buprenorphine MAT treatment has been shown to be effective treatment.
- Many individuals with OUD need access to more intensive treatment than outpatient MAT treatment, such as residential or inpatient services, and treatment for SUDs that co-occur with OUD, multi-morbidity including mental health conditions.

## Summary

- OA-MAT capacity in CA counties shows a significant gap between treatment need and treatment capacity. The gap is particularly sharp in some of the counties with the greatest treatment needs.
- What can be done to close the substantial gaps between treatment need and capacity at the county and state levels?
- Both short and long-term strategies to expand the number of waivered buprenorphine providers are needed to address treatment gaps; other strategies will also be needed to expand treatment access for vulnerable populations.
- Your feedback and comments have helped us to improve our estimates thank you!

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# **Questions/Discussion**

Strategies to Meet Demand for Treatment, Assuming 20% of People With OUD Seek Treatment

**Increase prescribers:**<sup>g</sup> Adding at least **2** prescribers with a 30-patient limit would double the county's waivered prescribers and fill **13.5%** of the treatment gap (if all prescribers treat an average of 9 patients each) or **35.6%** of the treatment gap (if new prescribers treat an average of 15 patients and current prescribers treat half of their maximum waiver capacity).

Increase resources: Work with health plans for prescriber outreach; add MAT in health centers, jails, EDs, hospitals, maternity practices, and existing addiction treatment programs; market MAT telehealth to the public; work with opioid treatment programs to add med units and spokes; work with county Alcohol and Drug departments to coordinate counseling and other services; expand MAT services through the Drug Medi-Cal waiver; engage with local opioid safety coalition.

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