


COMBATING A DEADLY EPIDEMIC

How Pennsylvania is Effectively Addressing the Opioid Crisis



In January 2018, Gov. Tom Wolf declared the opioid epidemic a statewide disaster and launched 13 new initiatives focused on solving the problem.

More than 100 Americans die every day from an opioid overdose.¹ The opioid epidemic is a public health crisis, but the commonwealth of Pennsylvania — where death rates from opioid addiction are some of the highest in the country — is finding innovative ways to address it.

The state has launched a comprehensive and multi-pronged strategy, including enacting legislation to limit prescriptions, instituting a warm-handoff policy to get people treatment, issuing standing orders for naloxone, and launching an Opioid Operational Command Center and Opioid Centers of Excellence to better coordinate efforts and expand treatment access.

Pennsylvania doesn't have all the answers — in January, Gov. Tom Wolf declared the opioid epidemic a statewide disaster and launched 13 new initiatives focused on solving the problem.² However, the state is continuing to be aggressive in its efforts and its lessons learned provide valuable insights.

Addressing Opioid Addiction: Promising Solutions in Pennsylvania

The opioid crisis touches almost every facet of government and society, from public health to law enforcement and social services. With so many stakeholders involved, it's difficult to know where to begin or how best to collaborate. Pennsylvania's approach can provide guidance to other states and municipalities.

Enacting legislation and statewide policies. Pennsylvania has been proactive for several years. In 2015, Gov. Tom Wolf issued a statewide standing order for naloxone, a lifesaving drug that can reverse opioid overdoses. As of the beginning of 2018, first responders can leave naloxone behind after a 911 visit.

In November 2016, the governor signed legislation to limit prescriptions of opioids to minors. The law stipulates that opioids prescribed in an emergency room must be limited to one week. Doctors are now required to sign in to the state's Prescription Drug Monitoring Program (PDMP) and review their patient's drug history before prescribing him or her an opioid. In addition, medical schools must create a curriculum focused on safe prescribing of opioids and healthcare providers must complete continuing education on pain management. The law also created more drop-off locations throughout the state for expired or unneeded prescription drugs.³

Teresa Miller, the state's secretary of human services, says Pennsylvania now has prescribing guidelines that mirror those issued by the Centers for Disease Control and Prevention (CDC).⁴

"Our hope is that our prevention efforts — things like changing prescribing guidelines and educating physicians about alternatives to opioid prescriptions — will result in long-term effects that help future generations avoid addiction in the first place," Miller says.

Leveraging data. In January, as part of the governor's disaster declaration, Pennsylvania launched a new Opioid Operational Command Center that is staffed by 13 different state agencies and is headquartered at the Pennsylvania Emergency Management Agency (PEMA).⁵ The command center features a hotline to connect people to rehab centers (as of January 2018, it received 300 calls weekly), and hosts meetings every week with check-in calls in between to bring together a unified, coordinated group to collaborate and devise solutions that transcend disciplines.

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The state also launched an opioid data dashboard⁶ to coordinate efforts and provide more visibility into the progress and success of specific initiatives. These include expanding access to medication-assisted treatment (MAT), providing more tools to emergency responders and improving compliance with the PDMP.

Martin Rosenzweig, M.D., chief medical officer for Optum Behavioral Health, says leveraging data is critical for states to understand where to direct their efforts. For example, Optum uses data to create a heat map that identifies areas with high rates of opioid overdose or opioid use disorders and overlays that information with the location of treatment providers to identify gaps.

“We use the data to track treatment adherence, to make sure people are getting their prescriptions and that they're keeping appointments,” Rosenzweig says. “I don't know how else you understand what an epidemic looks like unless you really have a good handle on the data.”

Launching opioid centers of excellence.

In 2017, Pennsylvania launched 45 Opioid Centers of Excellence throughout the state. The goal is to get more people into treatment and keep them engaged in the continuum of care longer, since the state found the length of engagement in the continuum of care is directly correlated to recovery from the disease.

The centers initially focused on integrating behavioral health with primary care for Pennsylvania's Medicaid population, but now also helps the underinsured and insured access treatment.

The real focus is on treating the whole person, whether it's underlying pain, a mental health issue or addiction. Part of this approach to care includes expanding access to MAT, such as buprenorphine, methadone and naltrexone. Last year, the state awarded \$4 million in grants to four organizations to develop MAT programs. The state also launched a pilot MAT program in 2017 for people coming out of jail or prison, since research has shown that two-thirds of those leaving Department of Corrections (DOC) custody have a substance abuse problem.

One of the cornerstones of the Centers of Excellence is to implement community-based care management teams charged with

meeting people wherever they are, getting them into treatment programs as quickly as possible and supporting them throughout the continuum of care.

Miller says through these programs 11,000 people have received treatment and more than 60 percent have stayed longer than 30 days.

“When we compare this to data we have from previous years with Medicaid, it suggests our Centers of Excellence are doing a better job of getting people into treatment once they've encountered them, and then getting them to stay in treatment longer,” Miller says.

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In 2016, the epidemic
took the lives of
4,000 Pennsylvanians.

Knowing when to intervene and sustaining long-term recovery.

The Centers of Excellence are at the core of a hub-and-spoke model that helps the state identify potential patients and get them into treatment. The centers serve as the hub and the spokes include the criminal justice system, primary care practices, health systems and other treatment providers.

Some of the people the center reaches come into treatment on their own, but others are the result of the state's warm hand-off policy,⁷ where people who end up in the emergency room from overdoses or encounter first responders or law enforcement have the option to enter treatment.

But getting people into treatment is just one part of the battle — sustaining long-term recovery is another. Laura Drogowski, Pittsburgh's critical communities initiatives manager, says the city is working on several efforts to expand access to supportive services, including treatment.

For example, Pittsburgh partners with the Center for Emergency Medicine of Western Pennsylvania on a Community Paramedics Program, which trains and deploys paramedics to individuals' homes to identify and remove barriers to accessing sustainable care. The city also has neighborhood resource officers who build trust between the community and police. They also work with community paramedics and certified peer recovery specialists to follow up with individuals who have overdosed and help them access treatment, other support services or stable housing.



Through Pennsylvania's Centers of Excellence programs, **11,000 people** have received treatment, and more than **60 percent** have stayed longer than **30 days**.

Drogowski also says harm reduction strategies are critical, including administering naloxone, providing broad access to sterile injection supplies and offering other approaches to reduce the effects of drug use without forcing people into treatment.

“What harm reduction does is provide a non-stigmatizing, judgment-free bridge to access services,” Drogowski says. “It’s not forcing people to get treatment because we know that doesn’t work. It’s giving someone many doors to choose from, with many options behind those doors.”

Pennsylvania State Rep. Ed Gainey says that while the state is focused on saving lives, providing support services like housing and education also is necessary. This can include formal education or training to increase access to jobs. Gainey says the state also can utilize individuals in recovery to act as peer-to-peer specialists and help officials more effectively reach the community.

“If you put people back in the same community and around the same system, history shows they revert to the same behavior,” he says. “That’s why I’m so bullish on the fact that there must be an education piece. When they come out of treatment, there needs to be an infrastructure in place that allows them to grow.”

Checklist for States: Best Practices to Confront an Epidemic

✔ **Consider peer-to-peer support.** It’s critical for states to get people who have experienced addiction and recovery involved in their efforts. For instance, Allegheny County plans to use peer recovery specialists and other trained community members to reach out to individuals who have overdosed. Efforts like these can help overcome the stigma that is often associated with this disease.

✔ **Focus on wraparound services.** Wraparound services such as housing and job assistance can help meet the basic needs of individuals overcoming opioid dependence so they can focus on their recovery.

✔ **Foster intra- and cross-agency collaboration.** Pennsylvania’s Opioid Operational Command Center illustrates the importance of intra- and cross-agency collaboration. The opioid crisis isn’t only a law enforcement or healthcare issue — it tests all the resources states provide — so states need to bring every stakeholder to the table to share information and devise comprehensive solutions.

✔ **Involve the private sector.** In Pennsylvania, Highmark, a major health insurer, implemented its own prescription drug limits and now requires prior authorization before prescribing long-acting opioids.⁸ Highmark also now covers MAT.

Miller says the state partners with health plans and insurers, and that the private sector can be a viable funding source when state and federal dollars are limited.

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Ed Gainey, State Representative, Pennsylvania

“We’re beginning to see more interest from private industry in terms of funding our work. We’re grateful to have partners who see the value of the work we’re doing and want to do their part,” Miller says.



Launch data collection and sharing tools. Along with its opioid dashboard, Pennsylvania is creating a drug and alcohol referral tool as part of its work with the Centers of Excellence. Pennsylvania also leverages data to make its PDMP more robust.

“The PDMP prevents patients from doctor-shopping, and it has reduced the number of patients getting prescriptions from five or more doctors by 86 percent,” Rep. Gainey says. “While doctors couldn’t initially check patients’ drug records from other states, that was remedied last year, and the system now connects to similar programs in nearly every neighboring state and some more distant ones.”

Conclusion

Pennsylvania had the fourth-highest rate of drug overdose deaths in the country in 2016, and many of these deaths were fueled by the opioid crisis.⁹ About 4,000 Pennsylvanians died from opioid overdoses that same year.¹⁰

The crisis is ongoing, but Pennsylvania is taking steps to mitigate it from a prevention, intervention and recovery standpoint.

Other states and municipalities can consider similar strategies to combat the epidemic. The \$6 billion Congress recently appropriated to fight the opioid crisis will help, but it likely isn’t enough to

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Martin Rosenzweig, M.D., Chief Medical Officer, Optum Behavioral Health

eradicate an ongoing, nationwide challenge. States will have to do the groundwork necessary to make a difference. But at the end of the day, Pennsylvania shows that with collaboration and dedication, there’s promise to help more people recover from opioid addiction and prevent it in the first place.

“We do know how to treat this disorder — it’s not like we’re waiting for some medical breakthrough,” Rosenzweig of Optum Behavioral Health says. “The challenge is really around how we give people a sense of hope, so they’ll be willing to engage in the recovery process. I think that’s the key message here — it’s not hopeless.”

This piece was developed and written by the Governing Content Studio, with information and input from Optum.

Endnotes

1. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis#one>
2. <https://www.governor.pa.gov/naloxone-standing-order/>
3. <https://www.governor.pa.gov/governor-wolf-signs-legislation-package-combat-the-heroin-and-opioid-crisis-round-up/> & <http://www.governing.com/topics/health-human-services/tns-pennsylvania-wolf-opioid.html>
4. <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
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