

Ohio Third Frontier Commission Meeting

May 24, 2017

Ohio | Development
Services Agency

Ohio | **Third Frontier**
Innovation Creating Opportunity

Technology Validation & Start-up Fund



Ohio Opioid Response: Panel Discussion



Ohio Opioid Response: Panel Discussion

Mark A. Hurst, M.D.

Medical Director, Ohio Department of Mental Health
and Addiction Services

Barbara Sears

Director, Ohio Department of Medicaid

Lt. Colonel Michael Black

Ohio State Highway Patrol





Promoting wellness and recovery

John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

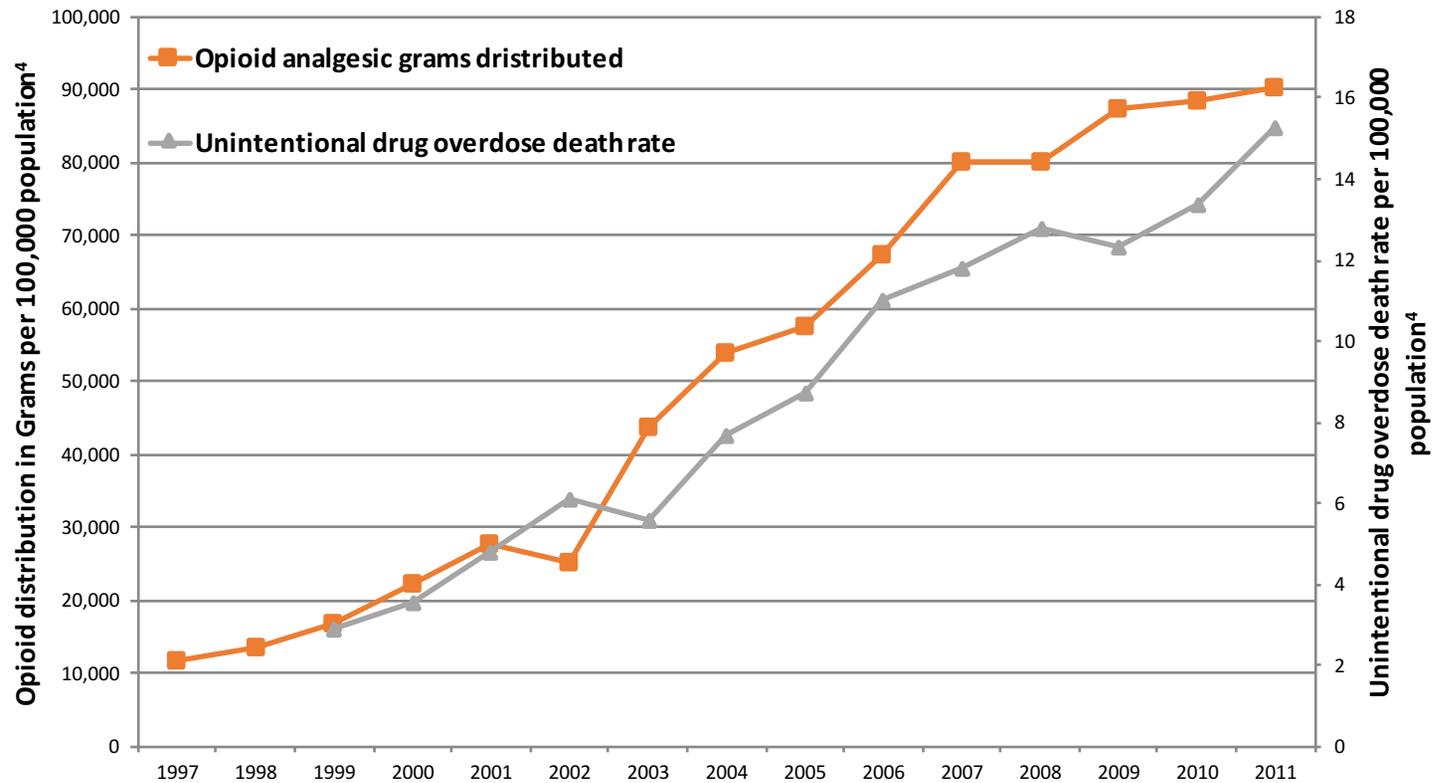
The Opioid Epidemic in Ohio **Scope of the Problem**

Third Frontier Presentation
May 24, 2017

Mark Hurst, M.D., Medical Director

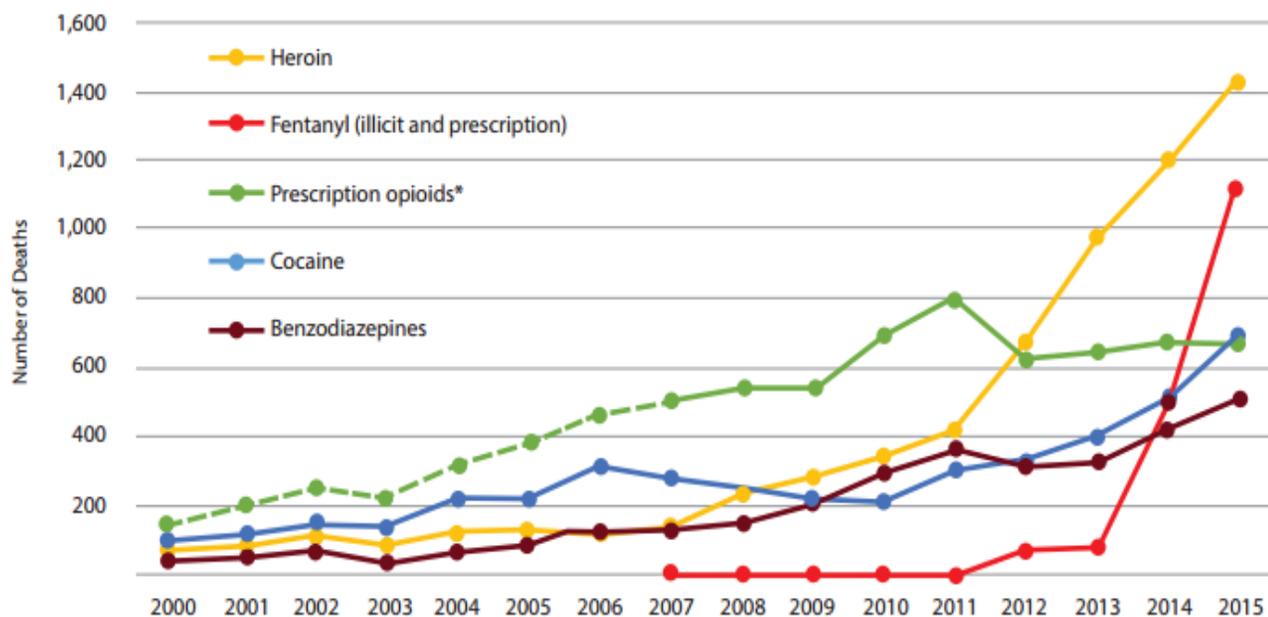


Unintentional Drug Overdoses & Distribution Rates of Prescription Opioids in Grams per 100,000 population, Ohio, 1997-2011¹⁻³



Sources: 1. Ohio Vital Statistics; 2. DEA, ARCOS Reports, Retail Drug Summary Reports by State, Cumulative Distribution Reports (Report 4) Ohio, 1997-2011
http://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/in dex.htm; 3. Calculation of oral morphine

Figure 5. Number of Unintentional Overdose Involving Selected Drugs, by Year, Ohio, 2000-2015

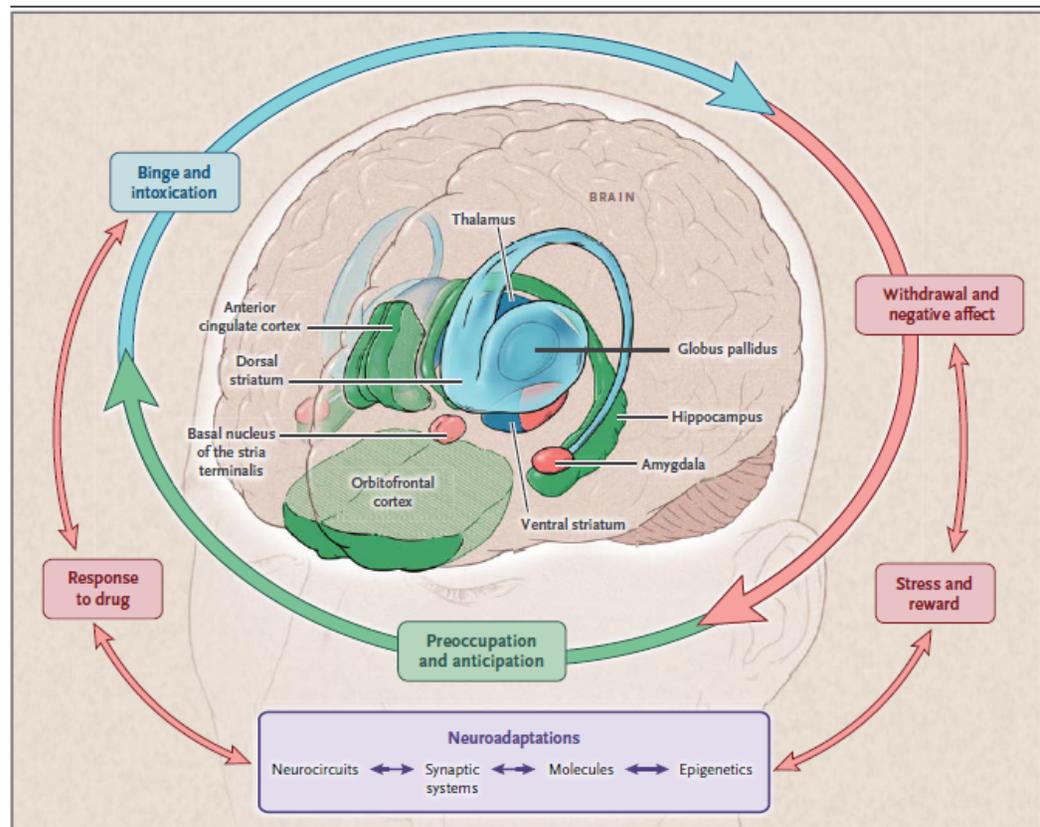


* Prescription opioids not including fentanyl; fentanyl was not captured in the data prior to 2007 as denoted by the dashed line.

Source: Ohio Department of Health, Bureau of Vital Statistics; Analysis Conducted by ODH Injury Prevention Program.

Multiple drugs are usually involved in overdose deaths. Individual deaths may be reported in more than one category.

Substance Use Disorders are Brain Disorders



NEJM, 2016

Factors that contribute to opioid addiction

- Genetics
- Environment and life experiences
 - Exposure to potentially addictive substances (especially early in life)
 - Early life trauma
 - Life stress
- Other Predisposing conditions
 - Mental Illness
- Characteristics of the drug

All influence the brain's response to opioids and the likelihood of developing an opioid use disorder

Response to the opioid crisis

- Prevention
- Early intervention
- Treatment
- Life-saving measures



Prevention

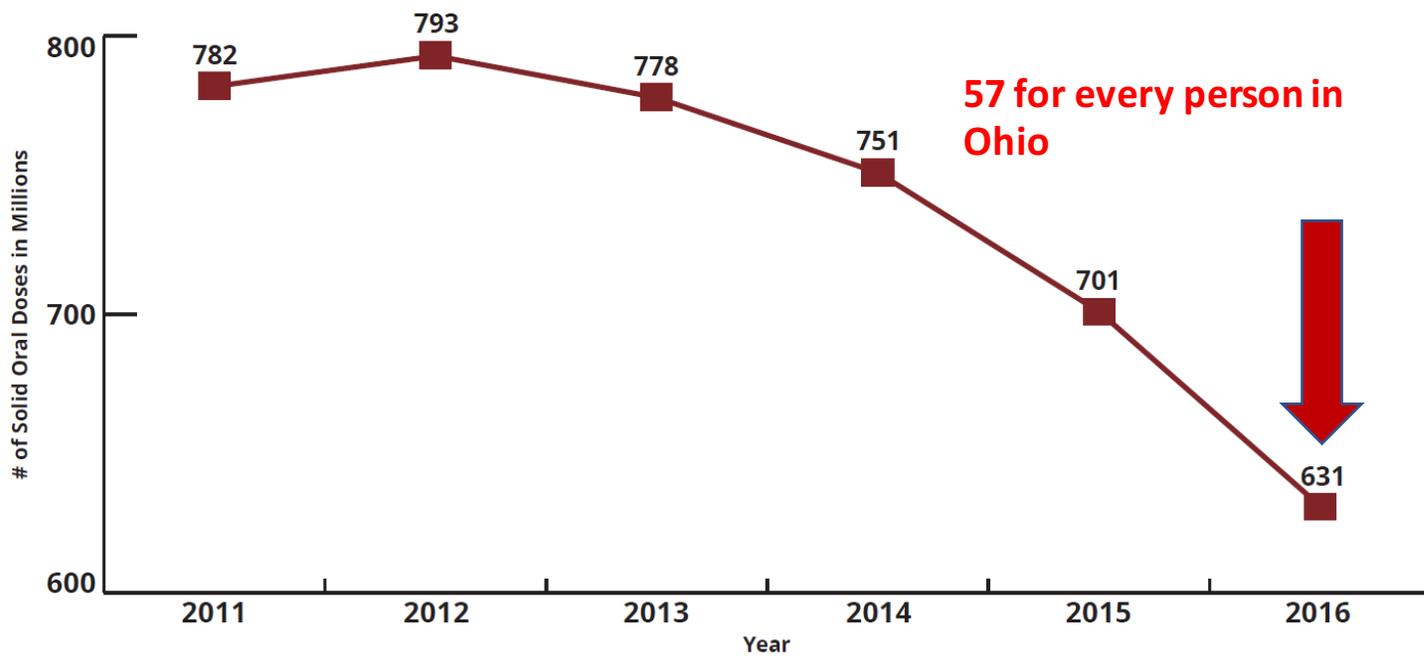


Ohio Opioid Prescribing Guidelines

- Guidelines in Emergency Departments and Acute Care Settings
- Guidelines for Prescribing Opiates in Chronic Pain
- Guidelines for Management of Acute Pain Outside of Emergency Departments All are consensus guidelines developed by a broad representation of practitioners
- Rules for prescribing opioids in acute pain (proposed March 2017)

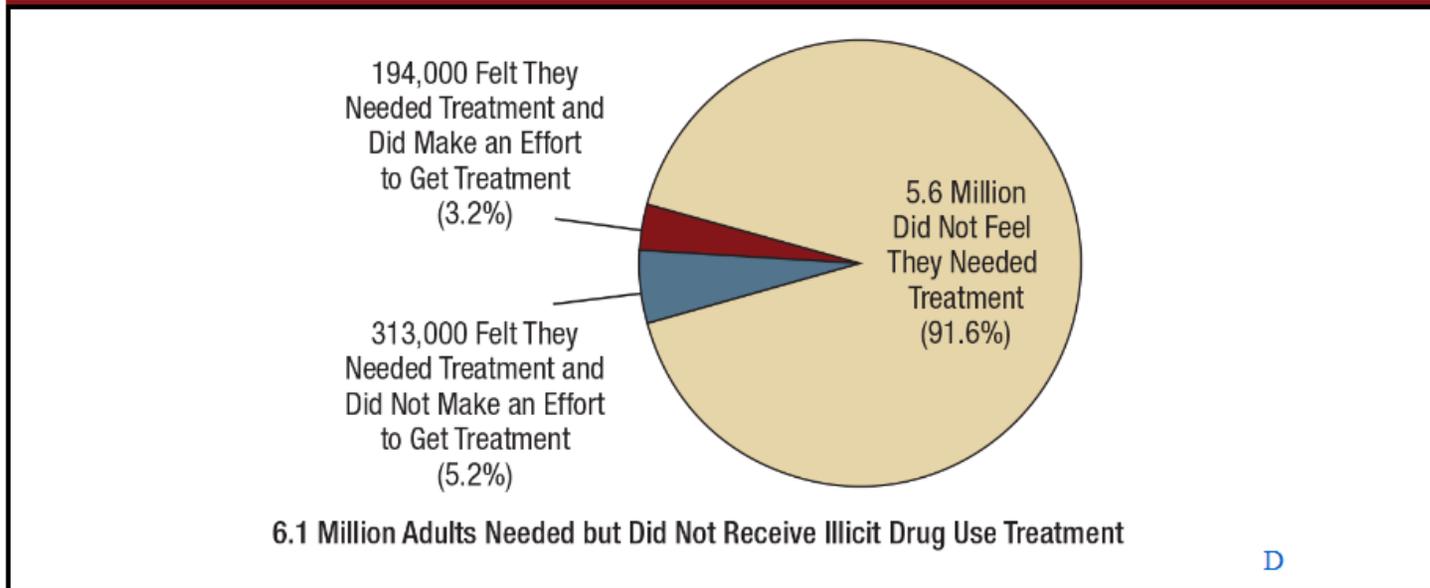


Chart #1 - Opioid Solid Doses Dispensed to Ohio Patients, by Year



Perceived Need for Treatment in People with Drug Use Disorders in US in 2015 (SAMHSA)

Figure 15. Perceived Need for Illicit Drug Use Treatment among Adults Aged 18 or Older Who Needed Treatment for an Illicit Drug Use Problem but Did Not Receive Illicit Drug Use Treatment in the Past Year: 2015



Early Intervention



Treating Opioid Use Disorders

Perspective: A chronic disease requires monitoring and treatment that corresponds to the evolution of that disease over time

- Stabilization
- Effective psychosocial treatment
- Pharmacological treatments (Medication Assisted Treatment)
- Recovery supports (safe housing, employment, etc.)
- Role of harm reduction



Bill Wilson and Dr. Robert Smith



All MATs improve abstinence rates

Medication	With MAT (% Opioid Free)	Without MAT (% Opioid Free)	NNT
Naltrexone ER	36 %	23 %	7.7
Buprenorphine	20-50 %	6%	7.1-2.3
Methadone	60 %	30 %	3.3
NOTES: <ul style="list-style-type: none">• COMPARATIVE CONCLUSIONS CANNOT BE DRAWN FROM THIS• ALL MAT WAS PROVIDED ALONG WITH RELAPSE PREVENTION COUNSELING			
References: Krupitsky 2011, Mattick 2009, Fudala 2003, Weiss, 2011			

Targeted Programs

- Pregnant women with substance use disorders and their babies
 - Ohioans who are justice involved
 - Expansion of MAT and OTPs
 - Crisis Text Line
 - Trauma-Informed Care
-

Recovery Supports

- 1,000+ units of recovery housing
- 1800 peers have been trained to become peer supporters



Life Saving Measures: Naloxone

- Opioid antagonist that blocks effects of opioid analgesics and reverses the effects of overdose
- No abuse potential
- Can be administered in both healthcare settings and in community
- Project DAWN (Deaths Avoided with Naloxone)
- Increased availability for first responders

Outcomes: Demonstrated to decrease mortality, not cause opioid dose escalation and improve eventual entry into treatment



21st Century Cures Act

- Resources to supplement current activities, increasing the ability of grantees to address the nation's opioid crisis
 - Ohio has been awarded \$26 million for this fiscal year.
 - Amount for next year TBD
-

21st Century Cures: Areas of Focus

- Medication assisted treatment
 - Workforce development
 - Immediate access
 - Primary prevention
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - Recovery supports, including peer
 - Addressing secondary trauma amongst first responders
-

What does the future hold?

MEDSCAPE:

[News & Perspective](#)

Will This Substance-Abuse Patient Relapse? Ask IBM's Watson

[Robert Lowes](#)

May 17, 2017

The Incline:

This Pittsburgh startup wants to use AI to stop opioid relapse before it happens:

Behavior is one of 147 teams in the IBM Watson AI XPRIZE contest.

[MJ Slaby](#)

May 3, 2017

A new device made in the Tri-State that could be a game changer in the fight against heroin, Angela Ingram Local 12 News explains how it works.



Device behind the ear helping patients battle addiction

What can we do?

- Talk to children about drugs
- Help children build resiliency
- Clean out your medicine cabinet
- Delay/eliminate exposure to any drug of abuse (Tobacco, alcohol, marijuana, opiates)
- Work with your doctor on effective and low risk pain management
- Be part of a comprehensive community response
 - What does each of us have to offer?
- Understand that addiction is a chronic relapsing disease and relapse is part of the illness: not a failure

FIGHT STIGMA!

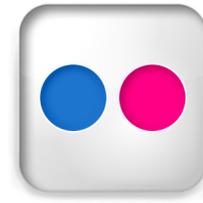
For more information

- Mark Hurst, MD, Medical Director, Ohio MHAS
 - Andrea Boxill, Deputy Director, Governor's Cabinet Opioid Action Team (GCOAT)
 - Rick Massatti, PhD, MSW, MPH, LSW, State Opiate Treatment Authority
 - Ellen Augspurger, MAT
SBIRT Project Director
 - Sarah Smith, lead of "Start Talking" initiative
-

More information



Find us on:



<http://www.mha.ohio.gov/>

Join our OhioMHAS e-news listserv for all of the latest updates!

Ohio Medicaid's Role in the Fight Against Opioid Abuse

Ohio Third Frontier Commission
May 24, 2017

Barbara R. Sears, Medicaid Director

SHIP Priority: Reduce Drug Overdose Deaths

Governor Kasich's Budget invests nearly \$1 billion each year across 11 departments to reduce drug abuse and overdose deaths:

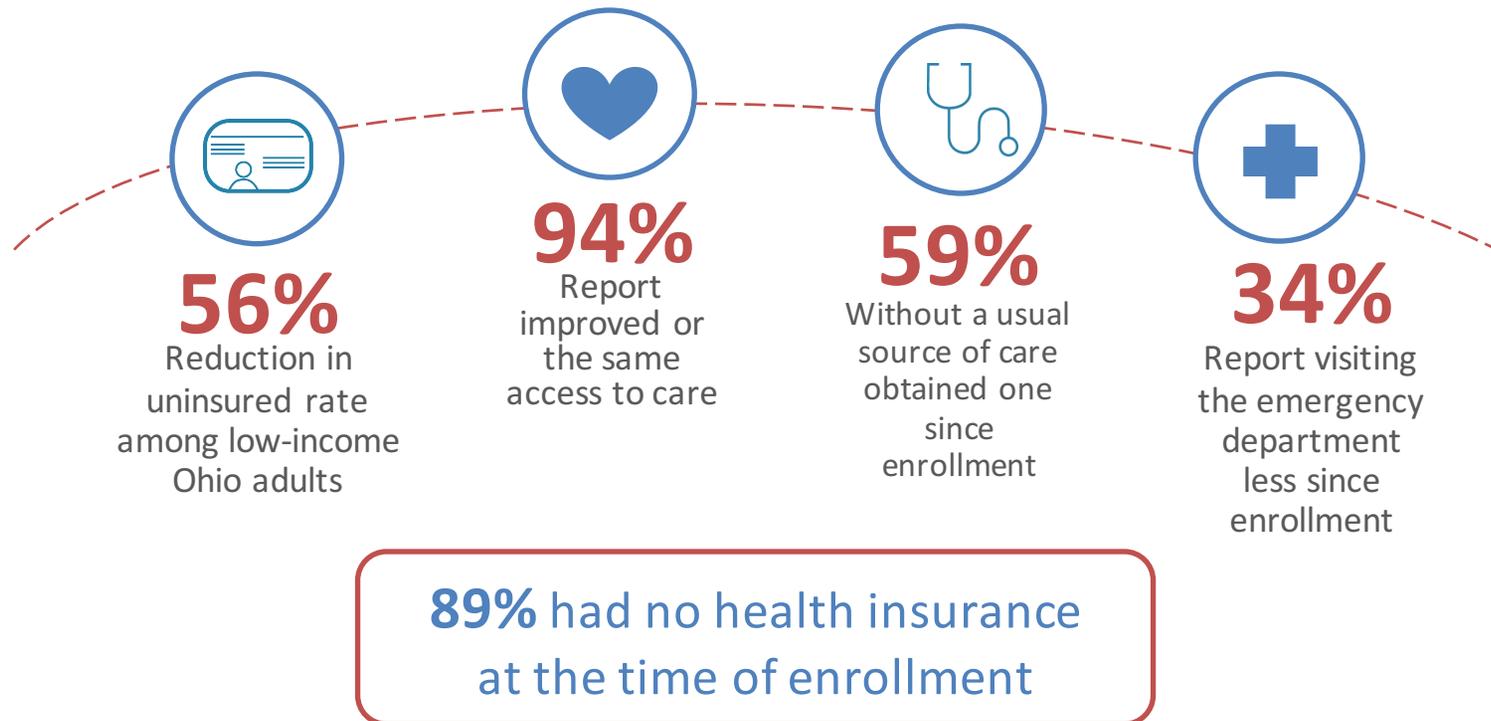
Medicaid Drug Addiction/Behavioral Services	\$ 650,200,000
Department of Mental Health and Addiction Services	\$ 88,768,265
Programs in Ohio's Prisons	\$ 31,411,160
Department of Public Safety	\$ 11,069,452
Medical Board	\$ 5,257,526
Pharmacy Board	\$ 4,232,963
Bureau of Workers' Compensation	\$ 2,900,000
Department of Youth Services	\$ 2,827,469
Department of Health	\$ 262,025
Department of Job and Family Services	\$ 138,238,777
Adjutant General	\$ 4,068,190
GRAND TOTAL	\$ 939,235,827

Source: OBM analysis of state fiscal year 2016 expenditures.

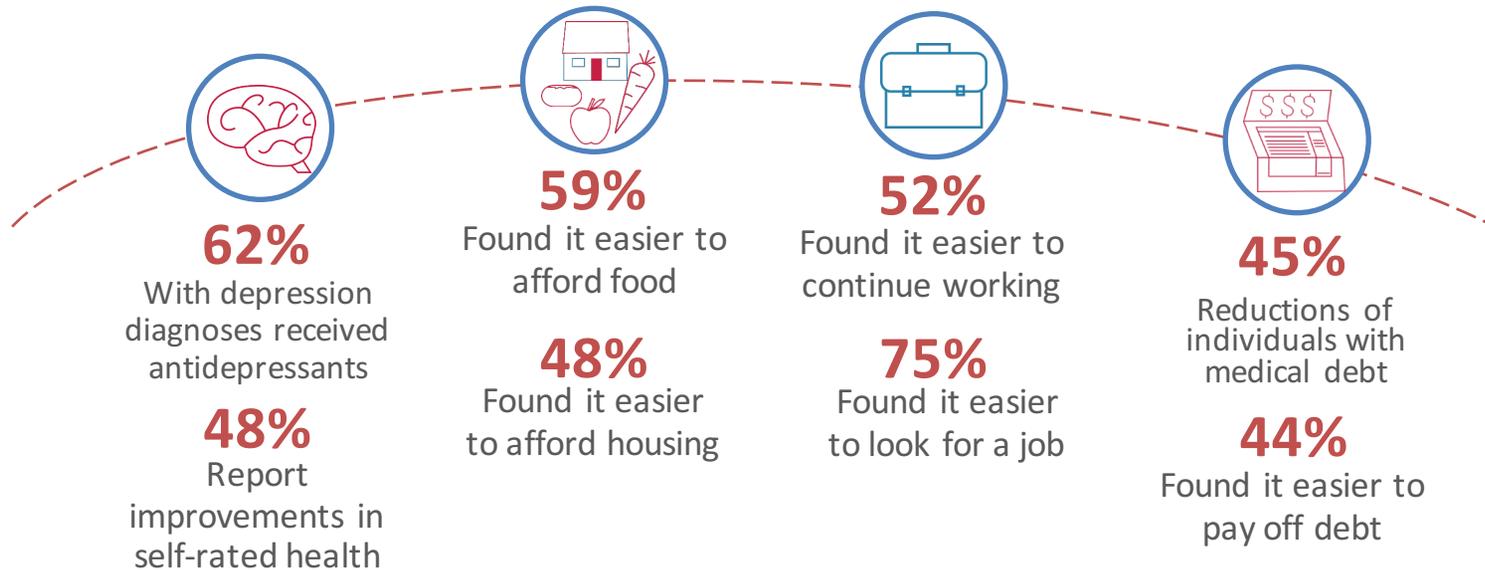
Medicaid Expansion

- Since 2014, Ohio Medicaid expansion has extended coverage to more than 1 million low-income adults in Ohio
- Currently, there are roughly 700,000 individuals covered in the expansion category
- Since 2014, Medicaid has been extended to 542,000 residents with behavioral health needs who previously relied on county-funded service or went untreated
- Uninsured levels have been reduced to 14.1%

Key Findings: Access and Utilization



Key Findings: Behavioral Health and Employment



Group VIII Enrollees: What Does Medicaid Mean To You?

More freedom. Less worries. I was an addict for 3 years before getting Medicaid. Because of Medicaid I'm not an addict

Rebuild Community Behavioral Health System Capacity

The Governor's Budget Modernizes the Medicaid Benefit:

- Revises services coding for the first time in decades
- Moves all Medicaid behavioral health services into managed care January 1, 2018, as required by the last budget
- Provides Medicaid reimbursement for freestanding psychiatric hospitals beginning July 1, 2017

Rebuild Community Behavioral Health System Capacity

The Governor's Budget Strengthens Community Supports:

- Reduces preschool expulsions
- Continues support for Strong Families, Safe Communities
- Strengthens community prevention services
- Supports crisis hotlines and adds a text option
- Supports residency and traineeship programs for in-demand behavioral health professionals
- Encourages community innovations to avoid incarceration
- Supports addiction treatment for court-involved individuals

Medicaid Pre-Release Enrollment Program

- Began in 2014 to provide access to health services, improve health outcomes, and reduce recidivism for former Ohio inmates
- Assists prisoners with addiction transition to the community
- Over 12,000 individuals transitioning from prison to the community have been enrolled in a Medicaid managed care plan and are able to access health care services immediately upon release
- Over 150 peer educators have been trained over the course of the program to promote the importance of health care and coverage to the inmate population
- Approximately 1,900 individuals have received transition assistance from a care manager

Reduce drug abuse and overdose deaths

- Rule changes to recognize Governor's Cabinet Opiate Action Team (GCOAT) recommendations, such as:
 - adding acupuncture as a service
 - refining the guidelines for safer prescribing for acute pain by prescribing non-narcotics to help patients use fewer narcotics, while still managing pain.
 - building episodes of care to include measures related to safer opioid prescribing
 - adding to the Board of Pharmacy effort to automate OARRS checks at point of prescribing in electronic health records
 - Appropriate access to Vivitrol and buprenorphine-based MAT (Suboxone)

Lieutenant Colonel Michael D. Black
Ohio State Highway Patrol



RECORD HEROIN, METHAMPHETAMINE, AND PRESCRIPTION PILL SEIZURES LAST YEAR



OSHP DRUG ARRESTS



Ohio Opioid Abuse, Prevention and Treatment Technology Initiative

Ohio | Development
Services Agency

Ohio | **Third Frontier**
Innovation Creating Opportunity

“I’m asking the Third Frontier
Commission to provide up to
\$20 million to help bring new scientific
breakthroughs to the battle against
drug abuse and addiction.”

–Governor Kasich, State of the State Address



Ohio Opioid Abuse, Prevention and Treatment Technology Initiative

Competitive RFP

~\$12 million funding to accelerate the timeline to get product(s) to market in the categories of:

- Diagnostics
- Devices
- Pharmaceuticals
- Health technologies

Ohio Opioid Abuse, Prevention and Treatment Technology Initiative

Technology Challenge

~\$8 million supporting a Challenge competition soliciting ideas for new technologies and developing solutions.

Competitively select a qualified competition manager experienced in administering challenges.

We anticipate there will be three (3) phases.

- The competition manager will broadly solicit ideas
- The ideas with the highest probability of becoming a solution will be grouped into challenge questions
- Experts can apply to receive grants to advance these challenges toward solutions
- The best solutions will receive funding to refine and cultivate into product(s)



Ohio Opioid Abuse, Prevention and Treatment Technology Initiative

Ohio | Development
Services Agency

Ohio | **Third Frontier**
Innovation Creating Opportunity