Opportunities and Challenges for Nursing in WA State Medicaid Expansion and other New Initiatives

Session 2
Learning Objectives

• Learn about WA State strategies for addressing the opioid crisis, including plans for treatment expansion

• Learn about nursing roles in successful WA State programs that have expanded depression care to pregnant women and high risk moms
Strategic Target Response to the Opioid Crisis Grants

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Treatment Manager, Opioid State Target Response (STR), Division of Behavioral Health and Recovery Behavioral Health Administration
Rate of opioid-related overdose deaths by type of opioid, WA 2000–2016

All opioid overdoses

Prescription opioid overdoses

Heroin overdoses

Synthetic opioid overdoses

2 opioid overdose deaths/day in WA

Source: DOH Death Certificates (Note: prescription opioid overdoses exclude synthetic opioid overdoses)
DBHR Opioid Grants

- Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)
- Medication-Assisted Treatment Prescription Drug & Opioid Addiction Grant Program (MAT-PDOA)
- Nurse Care Managers – State Proviso
- Opioid State Targeted Response (STR)
SAMHSA STR Grant

Part of the 21st Century Cures Act, signed December 13, 2016, by President Obama

- Promotes and funds the acceleration of research into preventing and curing serious illnesses; accelerates drug and medical device development
- Addresses the opioid abuse crisis; and tries to improve mental health service delivery
- STR State award allocations based on need: $485 million in grants to help states and territories combat opioid addiction
- WA State received $11,790,25.
- 18 projects linked to WA State Interagency Opioid Working Plan and Governor’s Executive Order 16-09
Treatment Projects Overview

1. Hub and Spoke
2. Mobile OTP Van
3. Low-Barrier Buprenorphine Pilot
4. PathFinder Peer Project
5. Tribal Treatment
6. Treatment Payment Assistance
7. DOC Treatment Decision Re-entry Services & COORP
8. Bridge to Recovery (JRA)
9. Naloxone Distribution
10. Prescription Monitoring Program
Hub and Spokes
All Sites
STR Monthly Summary Report

Total Treatment Events: 780
Unduplicated Patients: 774

ALL SITES TARGET

- Transfers = 60
- New Inductees = 709
- TARGET = 900

PRESCRIPTIONS

- Methadone: 16%
- Buprenorphine: 74%
- Naltrexone: 10%

REFERRAL SOURCE

- Self Referral: 46%
- Hub and Spoke: 47%
- Outside Agency: 7%

DEMographics

- Gender:
  - Male: 52%
  - Female: 47%

- Age Distribution:
  - 18-25: 14%
  - 26-35: 43%
  - 36-45: 21%
  - 46-55: 13%
  - 56+: 9%
  - Missing: 20%

- Race/Ethnicity:
  - White non-Hispanic: 62%
  - Minority: 18%

Transforming Lives

Washington State Department of Social and Health Services

Opioid Crisis
Targeted Response

DSHS | Research and Data Analysis Division
December 18, 2017
Medication Assisted Treatment Initiatives to Address the Opioid Crisis

WASHINGTON STATE

DATA SOURCE: Division of Behavioral Health and Recovery.
NOTE: STR Spoke locations may represent more than one clinic or agency providing MAT services or referrals to the STR Hub site.
Importance of the nurse care manager

- Greater numbers of patients able to access treatment
- Supports complex patient needs without burdening providers
- Allows patients to access treatment in their community
- Integrated within primary care therefore supports primary care needs
- Integrates addictions care into medical treatment
- Individualizes treatment
- Removes stigma
- Engages providers
- Is financially sustainable
Other State Efforts to Address Opioid Abuse & Misuse

- Policy/Legislation
- Prescription Take Back
- Revision of the WA State Interagency Opioid Plan
- Opioid Prevention & Treatment Workgroups
- Prescription Monitoring Program (DOH)
- Collaboration with the criminal justice system, Labor & Industries, Tribes, etc.
- Syringe Exchange (DOH)
DBHR Updates

• **SAMHSA notification of year two STR funding:**
  • Continuation application due January 30, 2018, by DBHR to SAMHSA

• **Governor’s proposed budget would fund:**
  • H&S expansion to four additional sites
  • Continuation of Naloxone distribution
  • MAT capacity tracking tool with ADAI/HelpLine
  • Drug take back

• **Legislature:**
  • Opioid crisis response – agency sponsored
    Anticipate many bills addressing the opioid crisis
Nursing Roles in Depression Care for Pregnant Women and High Risk Moms

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UNIVERSITY of WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES
Home Visiting Nurses and Perinatal Mental Health

• Implementation of perinatal collaborative care in a rural obstetric clinic

• To deliver mental health care as part of prenatal and postpartum care

• Ethnically diverse women (48% Hispanic, 44% Caucasian, 5% Native American, and 3% other) of all ages with either public or private insurance (44% Medicaid eligible).

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Collaborative Care Team Structure

Primary Care Physician / Obstetrician / Family Practice Physician
- Identifies patient
- Introduces Collaborative Care
- Makes a diagnosis
- Initiates treatment
  Prescribes medications
  or referral to psychotherapy

BH Care Manager
- Engages patients
- Tracks patients in registry
- Care management
- Brief crisis management
- Measurement-based treatment to target
- Optional evidence-based therapy

Patient
- Discloses symptoms
- Seeks help
- Participates in treatment
- Engages in partnership for treatment
- Tracks symptoms

Psychiatric Consultant
- Caseload consultation
  Reviews patient registry
- Supports team assessment and treatment
- Optional direct evaluation
  In person or televideo

NEW ROLES

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Results: Recruitment and Retention

Eligible for screening (n=168)

- Not screened (n=50)

Screened (n=118)

- Depression screen negative (n=86)

Depression screen positive (n=32)

- Enrolled (n=27)

  Completed treatment (n=25)

- Lost to follow up (n=2)

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## Results: Treatment Outcomes

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<tr>
<th>Baseline depression score (Mean (SD))</th>
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<tr>
<td>PHQ-9 score</td>
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<td>EPDS score</td>
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<th>Final depression score (Mean (SD))</th>
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<tr>
<th>Depression outcomes (N (%))</th>
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<tr>
<td>Recovery (Final PHQ-9 &lt;10)</td>
</tr>
<tr>
<td>≥50% improvement PHQ-9</td>
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<tr>
<td>Remission (Final PHQ-9 &lt;5)</td>
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Lessons Learned

• Need for stronger connections between nurse care managers and prenatal providers

• Need for continuity in the postpartum period

• Sustainability!

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