

## **WHI Opioid Project Community Recommendations and Proposed WHI OP Roles for Action for 2019-2022**

Over the course of 2018, WHI Opioid Project members undertook a process to analyze the state of the opioid epidemic in Washtenaw County. This process included identification of newly established programs, services, policies, and funding streams, as well as root cause analysis of multiple aspects of opioid use. Through engagement and data collection with community residents, including those using opioids and those in recovery, as well as engaging leaders and providers, five top gaps were identified for the WHI Opioid Project to address in 2019 and beyond:

### **1. PAIN MANAGEMENT OPTIONS**

Consumers and providers report a lack of resources for pain management, and our survey of organizations corroborated that few resources exist for chronic pain management. Moreover, there is little information available outlining alternatives to opioids for pain and ways to access them. Our policy analysis also showed that there are systemic barriers related to insurance coverage for accessing non-opioid pain medications and treatments.

### **2. ADDRESSING STIGMA EXPERIENCED BY PATIENTS AFFECTED BY SUBSTANCE USE WHO ARE SEEKING MEDICAL CARE**

Medical providers indicated that working with clients with Substance Use Disorder (SUD) was difficult, identifying patient attitudes and behaviors as a barrier. We heard from consumers that they experience stigma when seeking medical services related to their opioid use. These findings suggest that physician attitudes toward SUD affected patients are a barrier to patient care, perpetuating mutual distrust and stigma.

### **3. COMMUNITY EDUCATION AND PRIMARY PREVENTION**

Our organizational survey illustrates a gap in primary prevention and education, which was corroborated by the consumer survey. The lack of prevention services and education is across all age groups. Our policy analysis identified opportunities related to the new state mandate for opioid curriculum for K-12, which is a gap that will need to be filled once all of state the regulations are in place.

### **4. ACCESSING TREATMENT**

Providers and consumers both reported barriers to referring to treatment and for and consumers to receive treatment. Barriers identified include: lack of addiction medicine physicians, limited access to Medication Assisted Treatment (MAT), wait time to enter treatment, funding for treatment, and high co-pays for MAT for privately insured patients. Our policy analysis indicates that Medicaid covers most MAT options, and there are new programs in the community to connect patients to MAT in conjunction with behavioral health services, so providers and consumers also have a gap in awareness of, or comfort with, the existing programs.

### **5. MANAGING CARE FOR PATIENTS WITH CHRONIC PAIN AND/OR SUD**

Providers across professions reported a lack of clarity, information, and resources in understanding and adapting to the new opioid prescribing guidelines laid out in a 2017 state law, particularly physicians not associated with the major health systems. Physicians also expressed trepidation at the heightened penalties they face for non-compliance, and frustration with the lack of transparency in patient records related to history of SUD treatment, both of which undermine effective care planning, especially for patients with chronic pain and/or SUD.

**Definitions for the WHI OP Proposed Role:**

**Direct:** The WHI Opioid Project will play a direct role in addressing this gap.

**Support:** The WHI Opioid Project will engage with entities/individuals doing the work, support their work through content expertise and reach of the group, and keep group members and the public apprised of developments and achievements toward filling this gap.

**Monitor:** The WHI Opioid Project will monitor developments related to this gap, measure change, and report out to the group and to the public, including through the annual opioid summit.

Gap	Community Recommendation	Proposed Role of WHI OP
<b>1: Pain Management</b>	<b>1.1:</b> Encourage providers to undergo increased education and training around chronic pain management, with and without opioids	Support
	<b>1.2:</b> Increase transparency around new developments in pain management options for all community stakeholders	Direct
	<b>1.3:</b> Educate providers and patients about existing local pain management resources and options that are alternatives to opioids	Direct
	<b>1.4:</b> Change culture and expectations around pain through better messaging to patients	Support
	<b>1.5:</b> Expand private and public insurance coverage of evidence-based non-opioid pain management options	Monitor
<b>2: Addressing Stigma Experienced by Patients Affected by Substance Use who are Seeking Medical Care</b>	<b>2.1:</b> Encourage providers to undergo increased education on addiction, stigma, and harm reduction and promote the development of more CME/CE courses and requirements on caring for people with SUD.	Direct/Support
	<b>2.2:</b> Encourage increased opportunities for providers to be exposed to and learn from people affected by addiction.	Support
<b>3: Community/Consumer Education and Primary Prevention</b>	<b>3.1:</b> Create and implement anti-stigma campaigns to increase engagement with underserved groups as well as better educate the public	Direct
	<b>3.2:</b> Maintain repository of vetted local resources and information related to opioids, chronic pain and OUD	Direct

<b>3 (continued): Community/ Consumer Education and Primary Prevention</b>	<b>3.3:</b> Expand dissemination of naloxone and educate community members about how to use it	Support
	<b>3.4:</b> Targeted Primary Prevention Campaign: <ul style="list-style-type: none"> <li>• Increase primary prevention efforts, especially for high-risk groups and incorporate a trauma-informed approach</li> <li>• Develop educational materials for youth that focus on shifting risk perception associated with opioid use</li> <li>• Identify target populations (using the WCHD data and also talking to those in field such as providers and treatment centers) and use public health messaging/campaign to promote awareness of the opioid epidemic and available resources</li> <li>• Expand the focus of messaging to the upstream determinants that predispose individuals to SUD (e.g. opioid, cocaine, meth, etc.)</li> </ul>	Support
<b>4: Access to SUD Treatment</b>	<b>4.1:</b> Better align system of care and payment for SUD in PIHP region through information sharing and communication with PIHP leadership	Support
	<b>4.2:</b> Increase the number of Medication Assisted Treatment (MAT) providers to meet the needs of Washtenaw County	Support/ Monitor
	<b>4.3:</b> Monitor policies that affect access to treatment and educate policy makers on the needs and the gaps that currently exist	Monitor
	<b>4.4:</b> Provide tools to navigate resources for those seeking recovery, families, friends, and providers so everyone can understand the local options, cost/cost-sharing, and how to engage	<b>Direct</b>
	<b>4.5:</b> Improve transparency regarding on how to access different treatment providers and MAT providers	<b>Direct</b>
<b>5: Managing Care for Patients with SUD and/or Chronic Pain</b>	<b>5.1:</b> Follow the development of national discussions on 42 CFR Pt. 2, participate in public comment, and report to the group on developments and changes to this regulation.	Monitor
	<b>5.2:</b> Develop/Maintain relationships with LARA, MDHHS and local DEA agencies who can educate the group and with whom we can share local learnings	<b>Direct</b>
	<b>5.3:</b> Analyze/study the impact of the State of Michigan new prescribing guidelines on 1) provider prescribing practices and 2) adverse outcomes of individuals with SUD and 3) individuals with chronic pain	<b>Direct/ Support</b>

## 2019-2022 WHI OPIOID PROJECT PROPOSED ROLES AND KEY ACTIVITIES

<p><b>Direct</b></p> <p>The WHI Opioid Project will play a direct role and facilitate these activities</p> <p><i>*see p. 6 for a diagram of WHI OP committee structure</i></p>	<p>1) <b>Make Opioid Project website a repository for local data and resources by:</b></p> <ul style="list-style-type: none"> <li>• Creating a committee to oversee and coordinate information sharing</li> <li>• Promoting existing local pain management options that are alternatives to opioids</li> <li>• Monitoring new developments in pain management options</li> <li>• Providing up to date information on insurance coverage of MAT, and non-opioid pain management alternatives; improving transparency regarding treatment providers and MAT providers</li> <li>• Maintaining repository of vetted local resources and FAQs</li> <li>• Providing up-to-date information on overdose prevention/naloxone dissemination opportunities/resources</li> <li>• Providing tools to navigate resources for those seeking recovery, families, friends, and providers so everyone can understand the local options, cost/cost-sharing, and how to engage</li> </ul> <p>2) Form a <b>stigma and community education committee</b> to develop targeted plan, including education and training, to address stigma around opioids and opioid use where it impacts the care and resources of individuals with OUD or chronic pain. This committee will:</p> <ul style="list-style-type: none"> <li>• Increase education for providers around addiction, stigma, and harm reduction</li> <li>• Anti-stigma campaign targeted at the community</li> <li>• Report back to community on progress through community events and media.</li> </ul> <p>3) Form a <b>data and policy committee</b> to monitor key data, policies and local conditions, regularly reporting back to the group on the status of the following, and using this data to educate policymakers:</p> <ul style="list-style-type: none"> <li>• Private and public insurance coverage of evidence-based non-opioid pain management options and MAT</li> <li>• Developments or shifts in policies that affect access to treatment</li> <li>• National discussions on 42 CFR Pt. 2, participate in public comment, and report to the group on developments and changes to this regulation</li> <li>• Facilitating discussions with group about opportunities for advocacy</li> </ul> <p>4) Develop/Maintain formal relationships with LARA, MDHHS and local DEA agencies who can provide training to providers to alleviate concerns about regulations</p>
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<p><b>Support</b></p> <p>The WHI Opioid Project will engage with entities/ individuals doing this work, support them work through our content expertise and reach of our coalition, and updates the public during our annual summit on developments and achievements toward filling these gaps.</p>	<ol style="list-style-type: none"> <li>1) Support health systems and medical associations with the development and dissemination of trainings and information to: <ul style="list-style-type: none"> <li>• Increase education for providers around opioid pain management</li> <li>• Change culture and expectations around pain through better messaging to patients</li> <li>• Decrease stigma around treating patients with SUD</li> <li>• Decrease stigma around treating patients for SUD</li> </ul> </li> <li>2) Support work of WCHD to: <ul style="list-style-type: none"> <li>• Increase primary prevention efforts, especially for high-risk groups and incorporate a trauma-informed approach</li> <li>• Develop educational materials for youth that focus on shifting risk perception associated with opioid use</li> <li>• Identify target populations (using the WCHD data and also talking to those in field such as providers and treatment centers) and use public health messaging/ campaign to promote awareness of the opioid epidemic and available resources</li> <li>• School-based curriculum and education</li> <li>• Expand the focus of messaging to the upstream determinants that predispose individuals to SUD (e.g. opioid, cocaine, meth, etc.)</li> </ul> </li> <li>3) Continue to support local partners working in overdose prevention and naloxone distribution by leveraging the Opioid Project network to disseminate information and connect the community with resources.</li> <li>4) Systematically support the work of ABLe Change and other local initiatives like the mental health millage; group members involved report back to group on activities and opportunities</li> </ol>
<p><b>Monitor</b></p> <p>The WHI Opioid Project will monitor policy developments, measure change in pre-determined metrics, and report out to the group and to the public.</p>	<ol style="list-style-type: none"> <li>1) Monitor private &amp; public insurance coverage of evidence-based non-opioid pain management options &amp; MAT</li> <li>2) Follow the development of national discussions on 42 CFR Pt. 2</li> <li>3) Track and report on local data on treatment availability/capacity, overdose, prevalence, etc.</li> <li>4) Track and report on changes in local, state and federal policy affecting opioids</li> </ol>



The WHI Opioid Project group meets the 3<sup>rd</sup> Tuesday each month and is co-chaired by:

- **Nicole Adelman**, MPH, Clinical and SUD Services Director, Community Mental Health Partnership of Southeast Michigan
- **Jimena Loveluck**, MSW, Health Officer, Washtenaw County Health Department

Subcommittees meet both during regular whole-coalition meetings and separately, as needed.

To join the coalition or any of the subcommittees, email [WHI-OP-Contact@umich.edu](mailto:WHI-OP-Contact@umich.edu)

Find resources any time on our website: <https://www.whiopioidproject.org/>