#### Kentucky's Opioid Use Disorder Crisis: A Focus on Rural Populations

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# Kentucky - Context

- Population 4.4 million
- Economic Status
  - 47<sup>th</sup> in average annual income (\$41,141)
- Rural State
  - More than 50 percent live in rural setting
- Medicaid Expansion State
  - 1.4 million Kentuckians on Medicaid
  - 500 thousand of those are Expansion
- Center of the Opioid Crisis

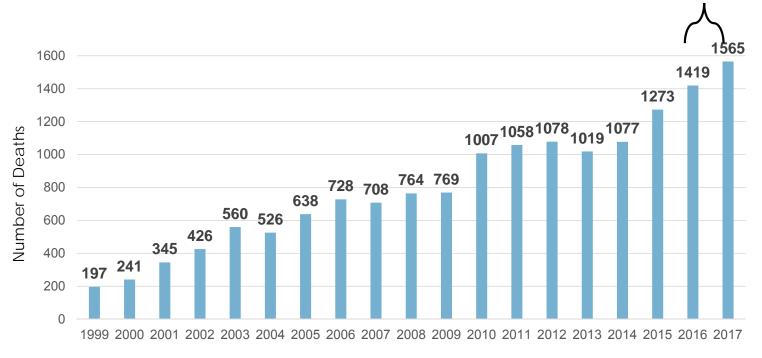


#### AGE-ADJUSTED OVERDOSE DEATH RATE BY STATE, 2016

State	Deaths	Population	Crude Rate per 100,000	Age-Adjusted Rate per 100,000
West Virginia	884	1,831,102	48.3	52.0
Ohio	4,329	11,614,373	37.3	39.1
New Hampshire	481	1,334,795	36.0	39.0
Pennsylvania	4,627	12,784,227	36.2	37.9
Kentucky	1,419	4,436,974	32.0	33.5
Maryland	2,044	6,016,447	34.0	33.2
Massachusetts	2,227	6,811,779	32.7	33.0
Rhode Island	326	1,056,426	30.9	30.8



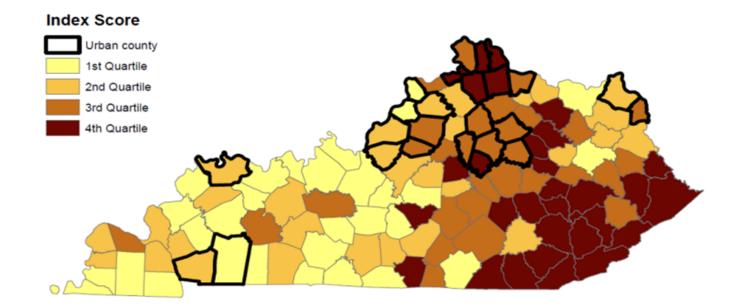
#### KY RESIDENT DRUG OVERDOSE DEATHS (all drugs) <sup>10.3%</sup> increase



Year



#### Composite Risk Index for Opioid Overdose

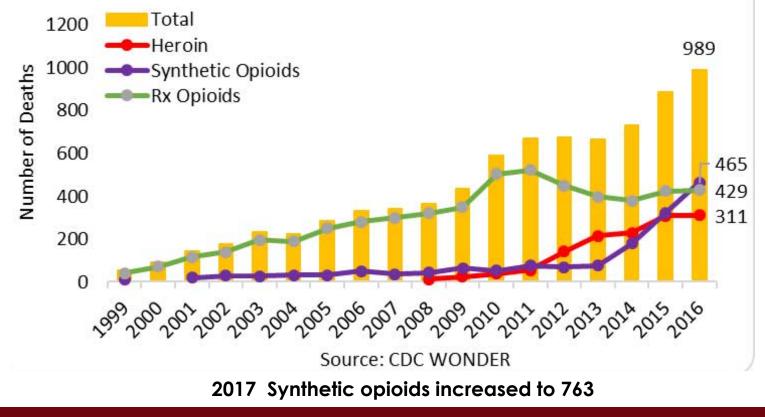


Index score calculated by averaging county ranks in 1) fatal opioid overdose rate; 2) opioid overdose emergency department visit rate; 3) opioid overdose hospitalization rate; 4) MME >=100 rate; 5) neonatal abstinence syndrome rate

Data sources: Kentucky Inpatient and Outpatient Hospitalization Claims Files, Frankfort, KY; Cabinet for Health and Family Services, Office of Health Policy; Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services; KASPER Quarterly Trend Report, Third Quarter 2015, Kentucky Department for Public Health. Data are provisional and subject to change.

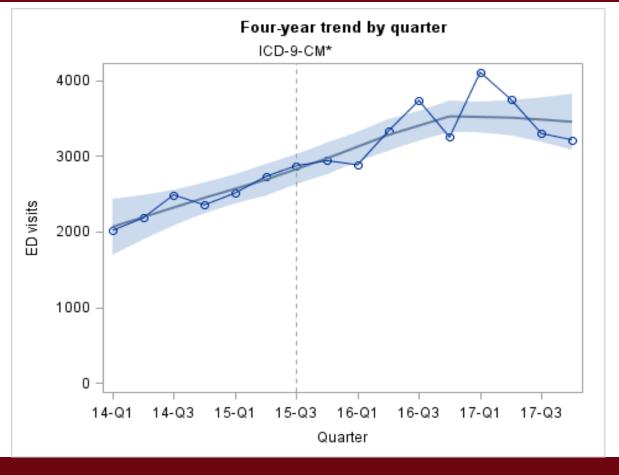


#### Number of Opioid-Related Overdose Deaths in Kentucky





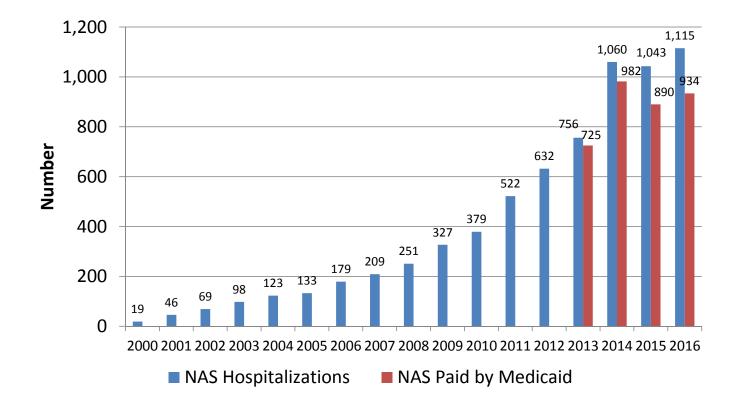
### E/D Overdose Visits All Drugs





Kentucky Injury Prevention and Research Center Dashboard

#### Neonatal Opioid Withdrawal



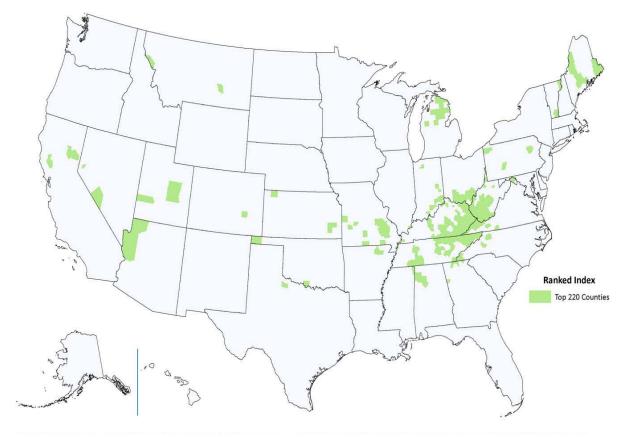


### **Consequences of Opioid Crisis**

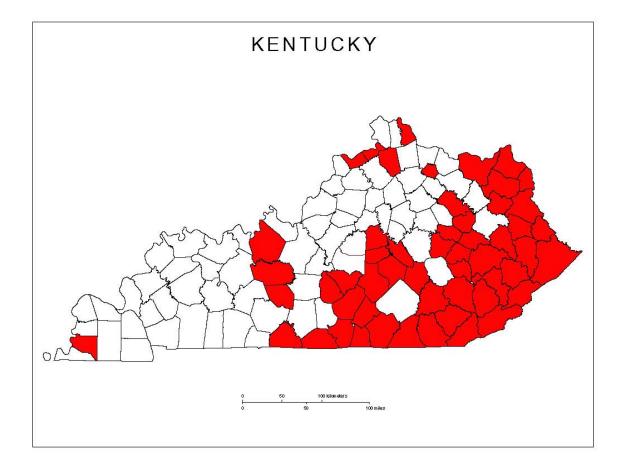
- Crisis in number of individuals incarcerated in state correctional system (25,000)
- More than 9600 children in state custody
- Exploding healthcare cost for OUD related health care complications
  - OD E/R and admissions
  - Hepatitis/HIV Risk
  - Cellulitis/endocarditis/brain abscesses



### Counties most vulnerable to rapid HIV spread if HIV introduced: 220 counties in 26 states

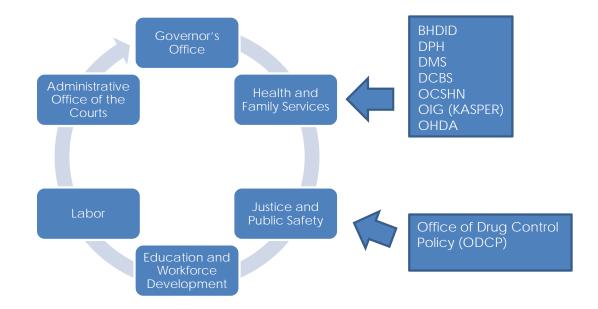


#### Over 50 counties in KY vulnerable to rapid Hep C/HIV spread



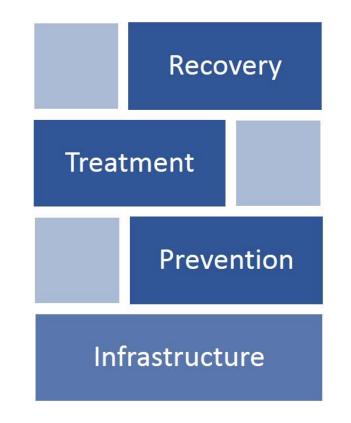
#### Van Handel et al. Journal of AIDS epub ahead of print DOI: 10.1097/Q AI.000000000000001098

## Kentucky Opioid Response Effort



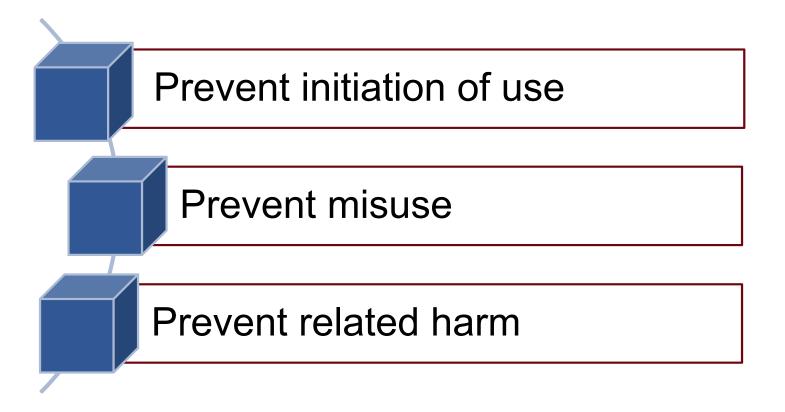


#### **Building Blocks of the Action Plan**





#### Prevention





#### **Opioid Response – Focus on Rural**

- Rural opioid prescribing trends
- Harm reduction/engagement
- Access to quality treatment

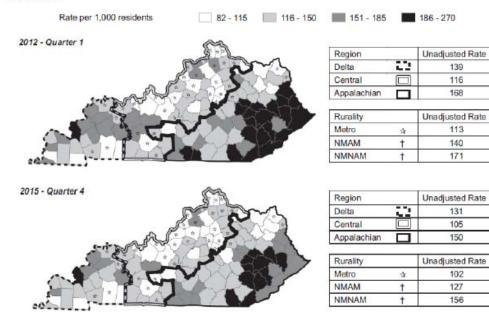


### **Opioid Prescribing**

#### Trends & Patterns of Opioid Analgesic Prescribing

Luu et al.

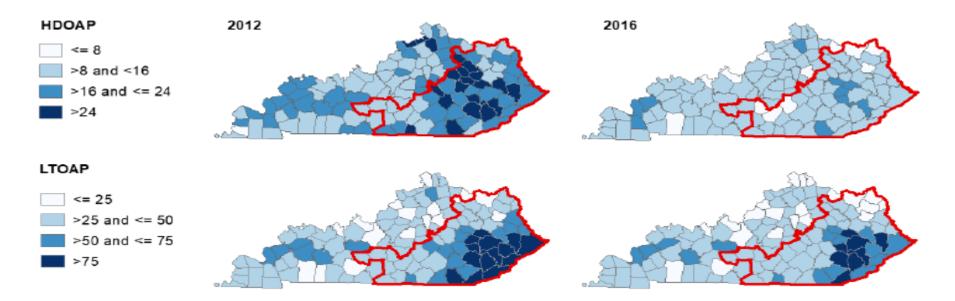
Figure 1 Unadjusted Rates of Residents With Dispensed Opioid Analgesic Prescriptions per 1,000 Residents by County, Region and Rurality: Kentucky 2012 and 2015.



† Counties that are non-metropolitan, adjacent to a metro area (NMAM) or counties that are non-metropolitan, not adjacent to a metro area (NMNAM) cannot be identified easily on these maps. Please refer to the Appendices, Figure 3 (available online only).



#### Figure 2. Unadjusted Annual Rates of Residents With High-Risk Opioid Analgesic Prescribing by County, Kentucky 2012 and 2016



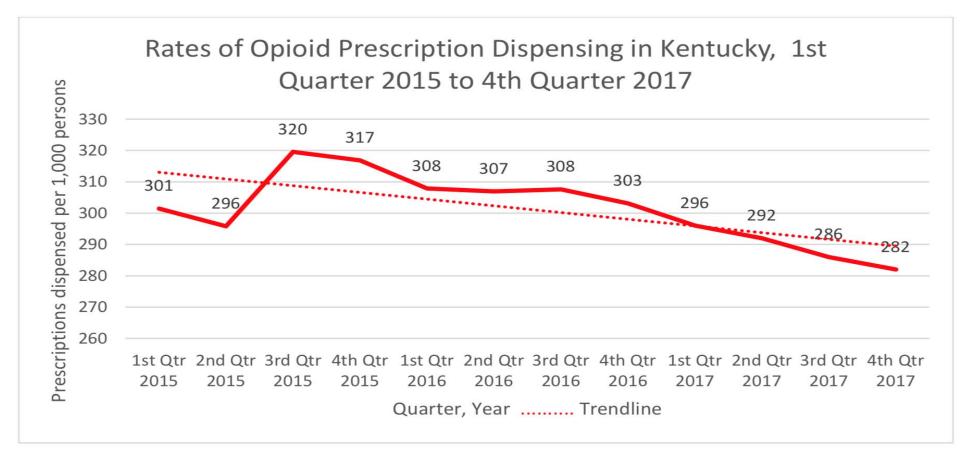
Produced by the Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health. Data Source: The Kentucky All Schedule Prescription Electronic Reporting (KASPER), Office of Inspector General (OIG), Cabinet for Health and Family Services.



# Strategies

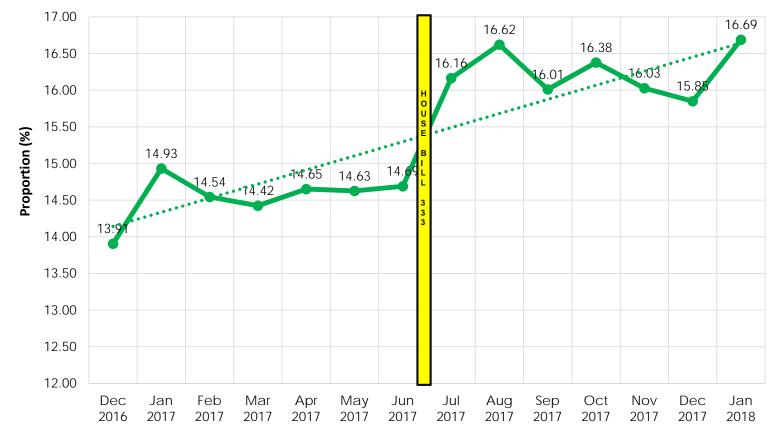
- Mandatory utilization of PDMP (KASPER)
- Regulation of pain clinic ("pill mills")
- Provider/Public Education
- Drug take back and pill disposal
- Enhanced PDMP
- Three day limit for acute pain
- Opioid Stewardship





Quesinberry, D. *KASPER Quarterly Threshold Analysis Report, Fourth Quarter 2017*. Kentucky Injury Prevention and Research Center, 2018.

#### PERCENT OF TOTAL: THE PERCENTAGE OF ALL DISPENSED C-II OPIOID ANALGESIC DRUG PRESCRIPTIONS WHERE DAY'S SUPPLY IS ≤ 3



#### Treatment

Improve early identification of intervention need

Build pathways to treatment

Support utilization of a full treatment continuum

Integrate and coordinate service delivery



### **Treatment Rural Focus**

- Treatment Locator and Call Line
- Increased Access to MAT
- Improvement of Network Adequacy
- Workforce
- Telehealth
- 1115 Waiver



# Increase access to and awareness of treatment resources for clients and providers

Who Needs Help?	Gender		ation Use My Location	
Not Sure	\$	¢	ity, county or zip code	
ype of Treatment		Ø Pay	ment	And the Owner of the
Not Sure		\$ No	ot Sure	
Pregnant	Under 18	•	LGBTQ	Q Start Search Advanced Search

#### findhelpnowky.org

Pathways to treatment

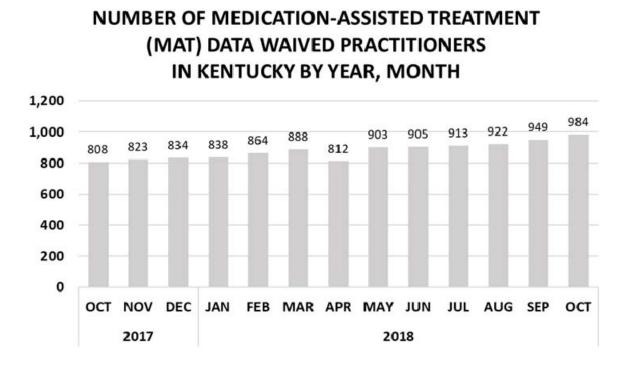


### Improved Access to Medication Assisted Therapy (MAT)

- Methadone
- Buprenorphine
- Naltrexone

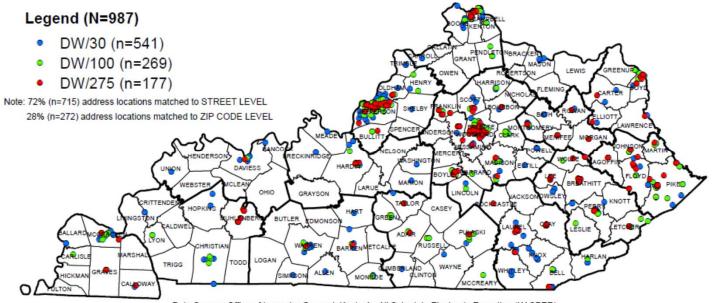
Medications in combination with evidence based therapies and psychosocial supports



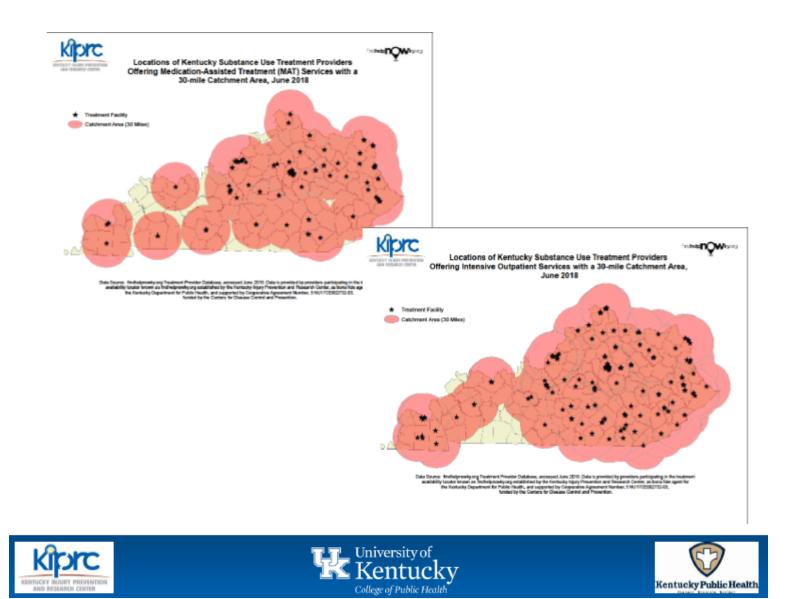




#### GEOLOCATIONS OF MEDICATION-ASSISTED TREATMENT (MAT) DATA WAIVED PRACTITIONERS



Data Source: Office of Inspector General, Kentucky All Schedule Electronic Reporting (KASPER) Created By: Adam J. Berrones (aberrones@ky.gov)



#### Medicaid 1115 Waiver – SUD components

- Grant exceptions to 15 bed limit for SUD residential
- Develop quality and outcome standards
- Consider SUD status in determining medically frail determinations
- Count "Recovery" activities toward Community Engagement Requirements
- Enhance access to employment resources



# RECOVERY

Expand transitional care services such as housing, transportation, employment

Expand community support services to support long-term recovery



### EMPLOYMENT SUPPORT

- Employment supports through the Department of Corrections for individuals re-entering the community
- Employer toolkit to guide employers' understanding of OUD in the workplace and to provide best practice recommendations for prevention, treatment, and recovery support

