



THE PEW CHARITABLE TRUSTS

# Addressing the Opioid Crisis

## Policy Recommendations

---

# The Pew Charitable Trusts

Pew is an independent nonprofit, nonpartisan research and policy organization.

Tools:

- Research
- Partnerships
- Technical assistance



# Substance Use Prevention and Treatment Initiative

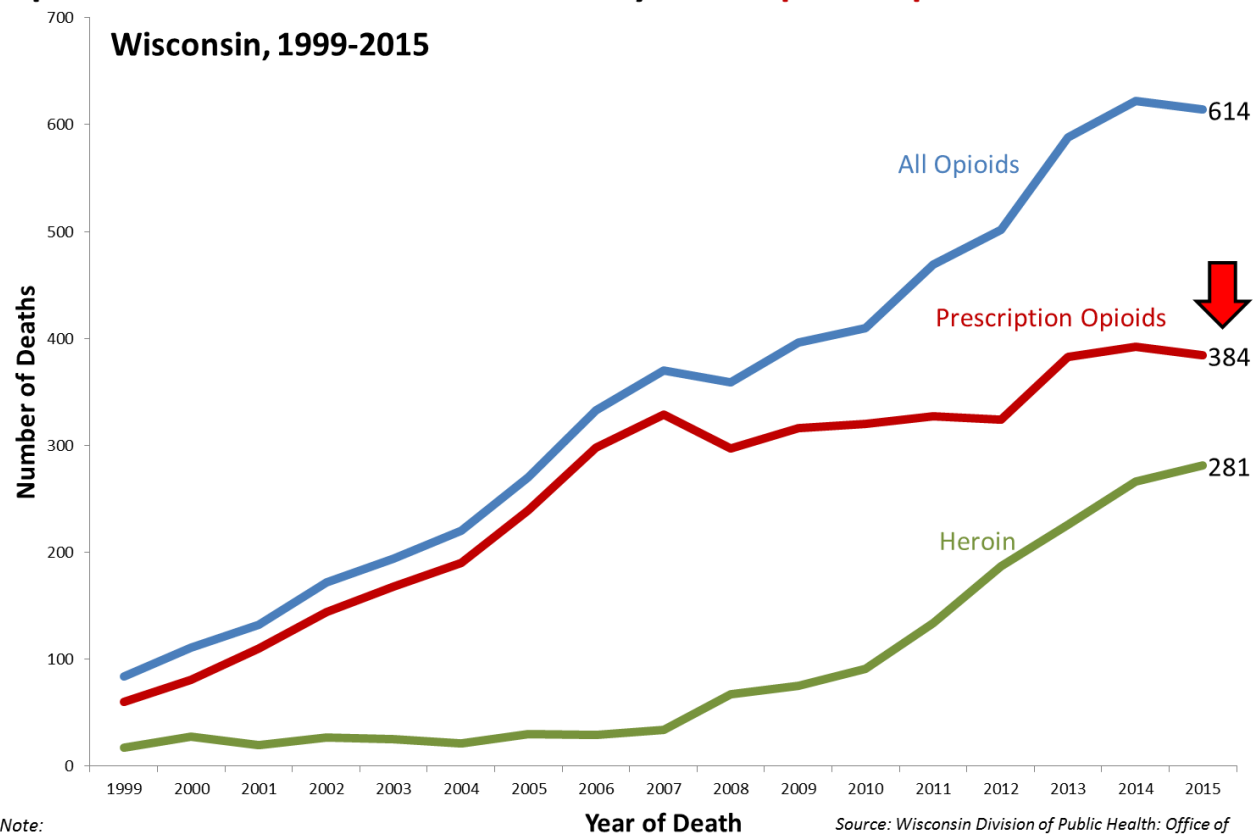
- 1) Reduce the inappropriate use of prescription opioids while ensuring that patients with medical needs have access to pain control, and
- 2) Expand access to effective treatment for substance use disorders, including medication-assisted treatment.

# The GOAL is...

a treatment system that provides timely access to comprehensive, evidence-based and sustainable care.

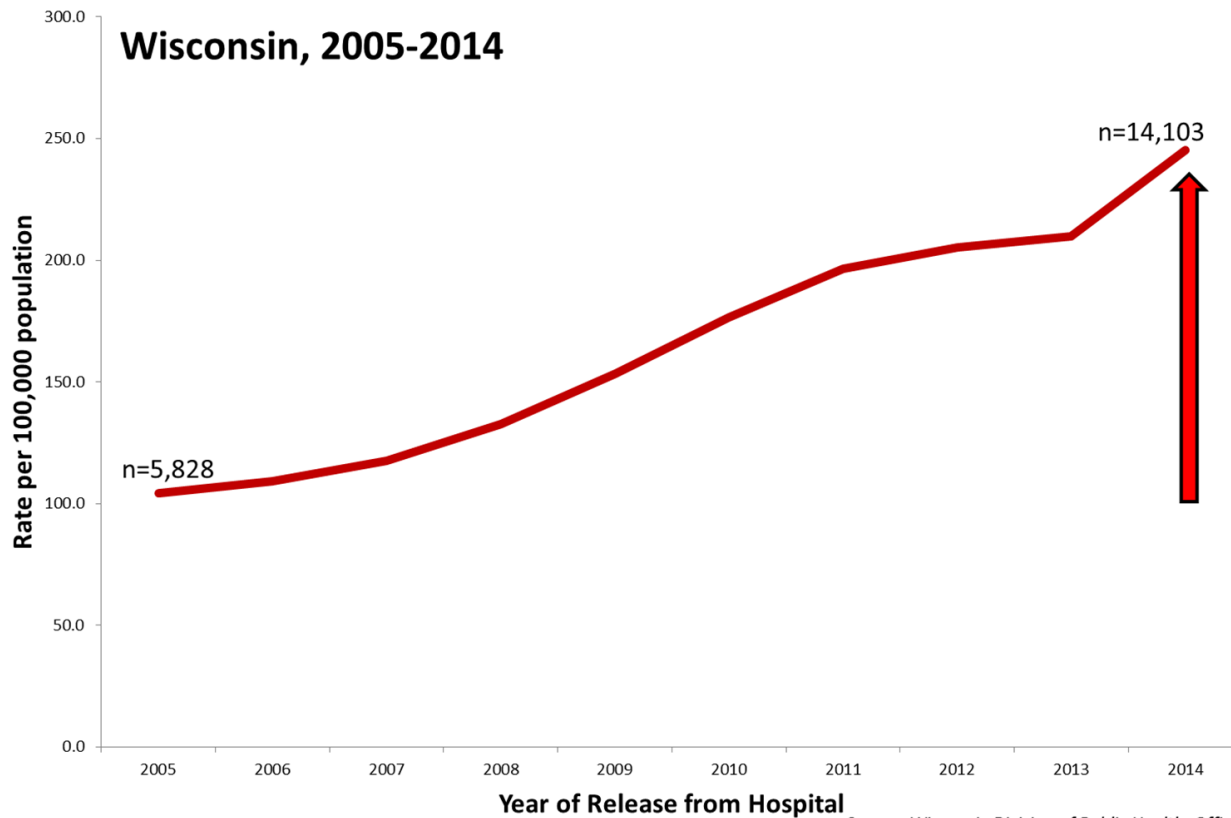
# Increasing Opioid-Related Overdose Deaths

Opioid-Related Deaths Are Driven by **Prescription Opioids**.



# Increasing Rates of Opioid Use Disorder

Rate of Opioid Use Disorder Has **More Than Doubled** since 2005.



Source: Wisconsin Division of Public Health: Office of Health Informatics, Opioid Harm Prevention Program

# Approach to Recommendations

- Understand Wisconsin's System
- Engage Stakeholders Statewide
- Build on Evidence-Based and Emerging Practices

# Recommendations

---



# Focus Areas

- Provider Workforce
- Treatment During Pregnancy
- Data
- Justice Involved

# Provider Workforce

- Recommendation 1: Evaluate Implementation of “Hub and Spoke” Model
- Recommendation 2: Integrate Buprenorphine Waiver in Residency Training Programs
- Recommendation 3: Expand Substance Abuse Counselor Capacity

## *Provider Workforce*

### **Problem:**

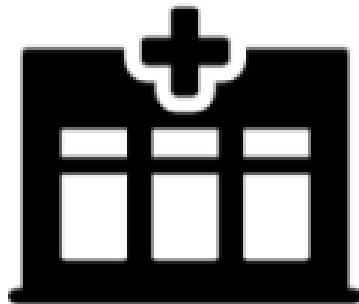
Wisconsin does not have a treatment delivery system with the capacity to treat the number of people with opioid use disorder (OUD) in the state.

### **Recommendation 1:**

Create an advisory body to evaluate implementation of a state-wide “hub and spoke” treatment delivery system

# Provider Workforce

## Hubs

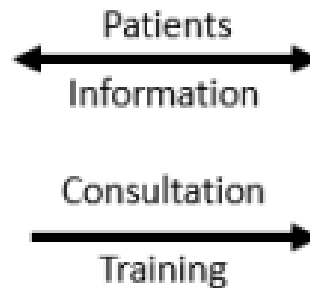


High intensity MAT  
Methadone, buprenorphine, naltrexone  
Regional locations  
All staff specialize in addictions treatment

## Spokes



Maintenance MAT  
Buprenorphine, naltrexone  
Community locations  
Lead provider + nurse and LADC/MA counselor



# Hub and Spoke in Vermont

Since implementation in 2012, Vermont has seen significant treatment capacity improvements:

- Reduced the state's treatment gap to the smallest in the nation
- Increased the number of physicians with a DEA-waiver to prescribe buprenorphine by 64 percent
- Increased the number of patients seen per waived physician by 50 percent

# Key Implementation Questions

There are numerous critical questions an advisory body would need to consider, such as:

- BadgerCare payment reforms
- What are Hubs and Spokes
- Services delivered by Hubs and Spokes

## *Provider Workforce*

### **Problem:**

Many patients have difficulty accessing buprenorphine, one of three FDA-approved medications to treat opioid use disorder.

### **Recommendation 2:**

Increase access to buprenorphine by expanding training and removing unnecessary barriers.

# Buprenorphine Access Policy Changes

- a. Incorporate buprenorphine waiver into clinician training
- b. Eliminate Medicaid prior authorization requirements for buprenorphine-naloxone products
- c. Clarify requirements that limit nurse practitioners and physician assistants from prescribing buprenorphine



## *Provider Workforce*

### **Problem:**

Wisconsin does not have enough licensed SUD counselors to meet the treatment needs of people in the state.

### **Recommendation 3:**

Evaluate Wisconsin's substance abuse counselors (SAC) certification criteria to streamline credentialing while ensuring quality.

## **Policies to Increase SAC Capacity**

- a. Establish a review committee to evaluate SAC certification requirement and criteria
- b. Recognize reciprocity with states holding equivalent standards
- c. Ensure licensed psychotherapists have a streamlined path to a SAC credential

# Treatment During Pregnancy

- Recommendation 4: Facilitate Effective, Evidence-Based Treatment for Pregnant Women

## *Treatment During Pregnancy*

### **Problem:**

Wisconsin's policies regarding substance use and misuse in pregnant women have the potential to deter women from obtaining evidence-based care for SUD and increase the risk of harm to the mother and child.

### **Recommendation 4:**

Facilitate effective substance use disorder treatment for pregnant women.

## *Treatment During Pregnancy*

# Evidence-Based Treatment for Pregnant Women

- Early universal screening (SBIRT)
- Medication-assisted treatment (MAT) during pregnancy
- Comprehensive coordinated care
- Access to adequate postpartum psychosocial support services

# Data

- Recommendation 5: Create a Substance Use Disorder Treatment Referral Tool
- Recommendation 6: Create Uniform Reporting Guidelines for Those Who Want, but Have Not Received SUD treatment

## *Data*

# **Problem:**

People with SUD who are ready to access treatment face barriers in initiating care; providers face the same barriers in making referrals.

# **Recommendation 5:**

Create a Substance Use Disorder Treatment Referral Tool.

# Benefits of Referral Tool

- Allows patients to more easily locate treatment providers and set up appointments.
- Public interface with provider-only components, such as a mechanism to facilitate referrals for treatment.



## *Data*

### **Problem:**

State policymakers lack needed data on the capacity of Wisconsin providers to treat patients with SUD in order to make informed policy decisions.

### **Recommendation 6:**

Develop a standardized process to compile and maintain data on the number of people in Wisconsin that want, but that have not yet received, SUD treatment.

# Justice Involved

- Recommendation 7: Improve the Reentry Process for Individuals with SUD

## *Justice Involved*

### **Problem:**

Individuals reentering the community from Department of Corrections' facilities face delays in accessing treatment.

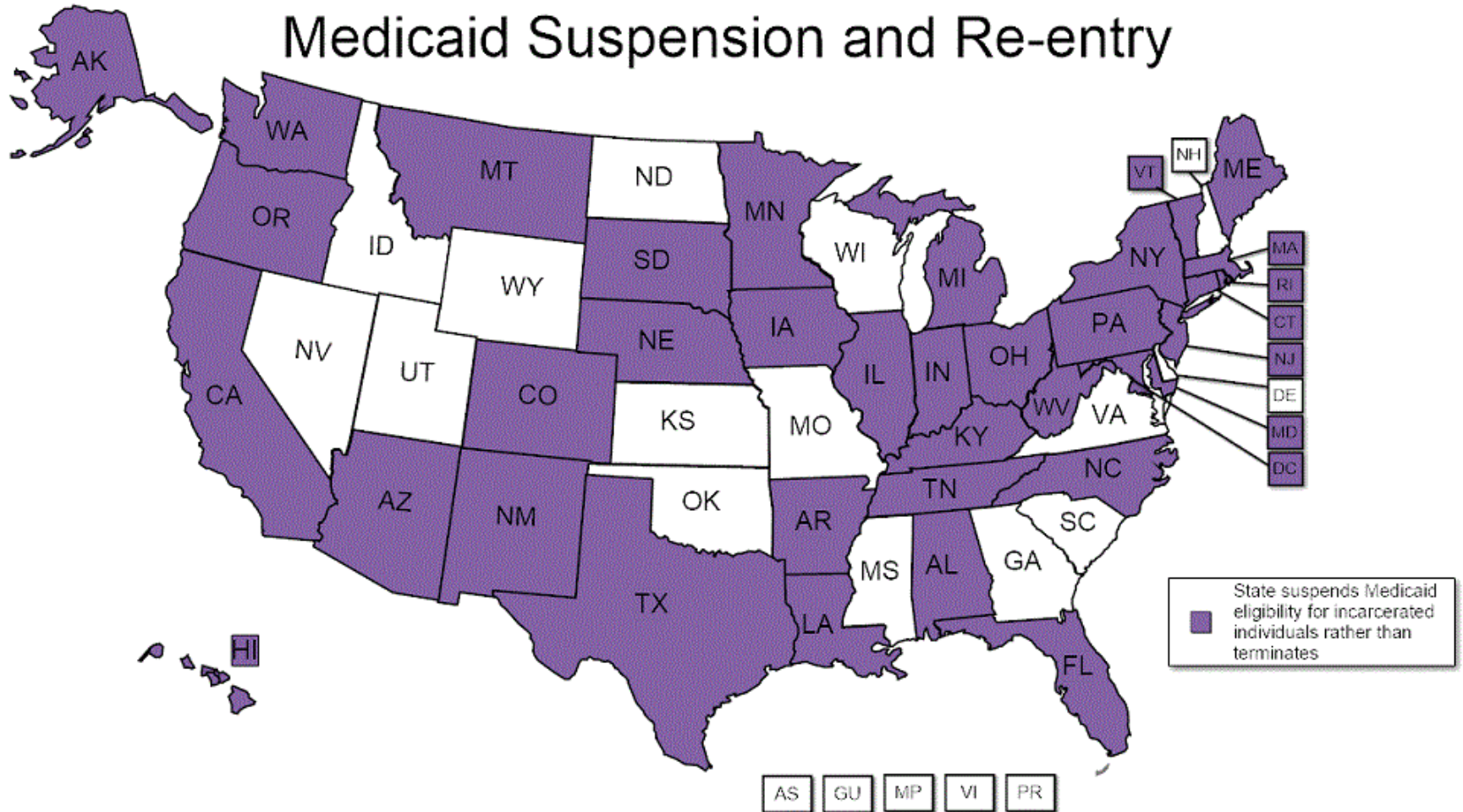
### **Recommendation 7:**

Improve the reentry process for individuals with substance use disorder.

## Reentry Policies

- a. Suspend rather than terminate Medicaid enrollment upon entry from correctional facilities
- b. Specify at least one MCO per region that is designated to provide services for adults reentering the community
- c. Establish a method by which persons re-entering the community would be informed about which MCO will administer their Medicaid benefits upon release

# Justice Involved



Sources: Council of State Governments, Families USA, National Association of Counties and National Conference of State Legislatures.

# Next Steps

---

# Policy Vehicles

- Executive action:
  - Hub and spoke
  - Data referral
  - Uniformed waitlist reporting
  - Reentry
- Legislative action:
  - Buprenorphine access
  - Counseling capacity
  - Increased access for pregnant women

# Next Steps for Technical Assistance

- Educate stakeholders on taskforce recommendations
- Develop Phase 2 recommendations, informed by:
  - Continued conversations with stakeholders
  - Quantitative analyses using in-state and other data
  - Assessment of existing state regulations for SUD prevention and treatment



# Contact Information

Andrew Whitacre

Senior Associate

Substance Use Prevention and Treatment Initiative

[awhitacre@pewtrusts.org](mailto:awhitacre@pewtrusts.org)

202-552-2228