

# ***Delivering Whole Person Care: Improving Outcomes in Opioid Use Disorder Treatment***

May 25, 2021 | 11AM-12PM

# The IPRO QIN-QIO: Where We Are



- Healthcentric Advisors
- Qlarant

## The IPRO QIN-QIO Region

### **IPRO:**

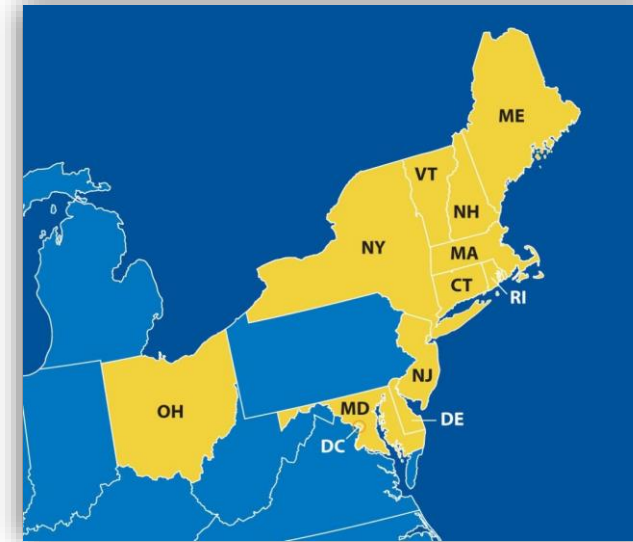
New York, New Jersey, and Ohio

### **Healthcentric Advisors:**

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

### **Qlarant:**

Maryland, Delaware, and the District of Columbia



Working to ensure high-quality, safe healthcare for  
**20% of the nation's Medicare FFS beneficiaries**

## About This SWEEP



- Healthcentric Advisors
- Qlarant

### Addressing Health Disparities to Reduce Opioid Use Harm

- Identify, prioritize, monitor, and eliminate health disparities
- Improve patient and organizational health literacy
- Promote culturally & linguistically appropriate services
- Discuss perceptions of addiction, stigma, implicit bias
- Screen & address social determinants of health



# Our Presenter



- Healthcentric Advisors
- Qlarant

Andrew Kolodny, MD

Senior Scientist and Medical Director  
Opioid Policy Research Collaborative



[Biography](#)

A close-up photograph of several dried poppy seed pods (capsules) against a blurred green background. The pods are light brown and ribbed, with their dried, crumpled petals visible at the top.

# How Social Determinants of Health Impact the Opioid Crisis

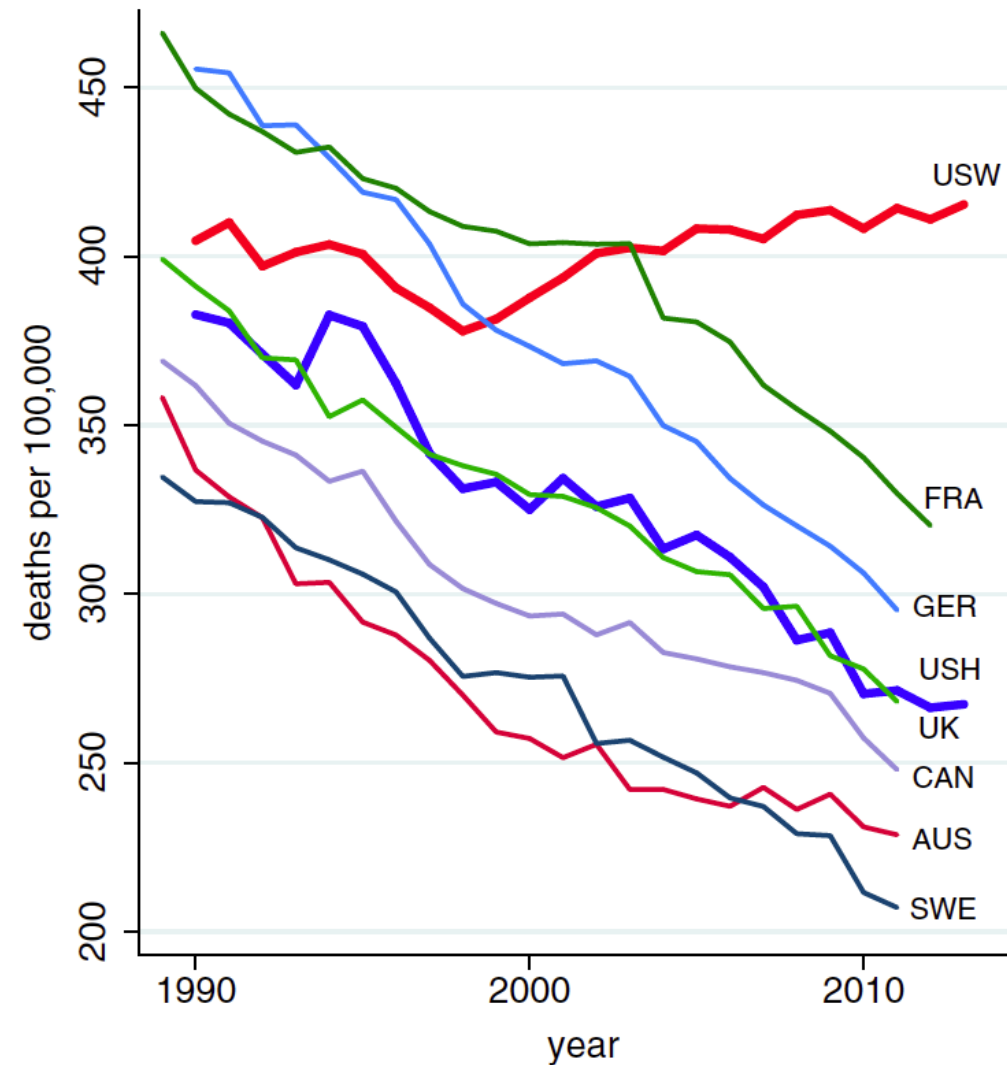
**Andrew Kolodny, MD**

Co-Director, Opioid Policy Research Collaborative  
Heller School for Social Policy and Management  
Brandeis University

Executive Director,  
Physicians for Responsible Opioid Prescribing



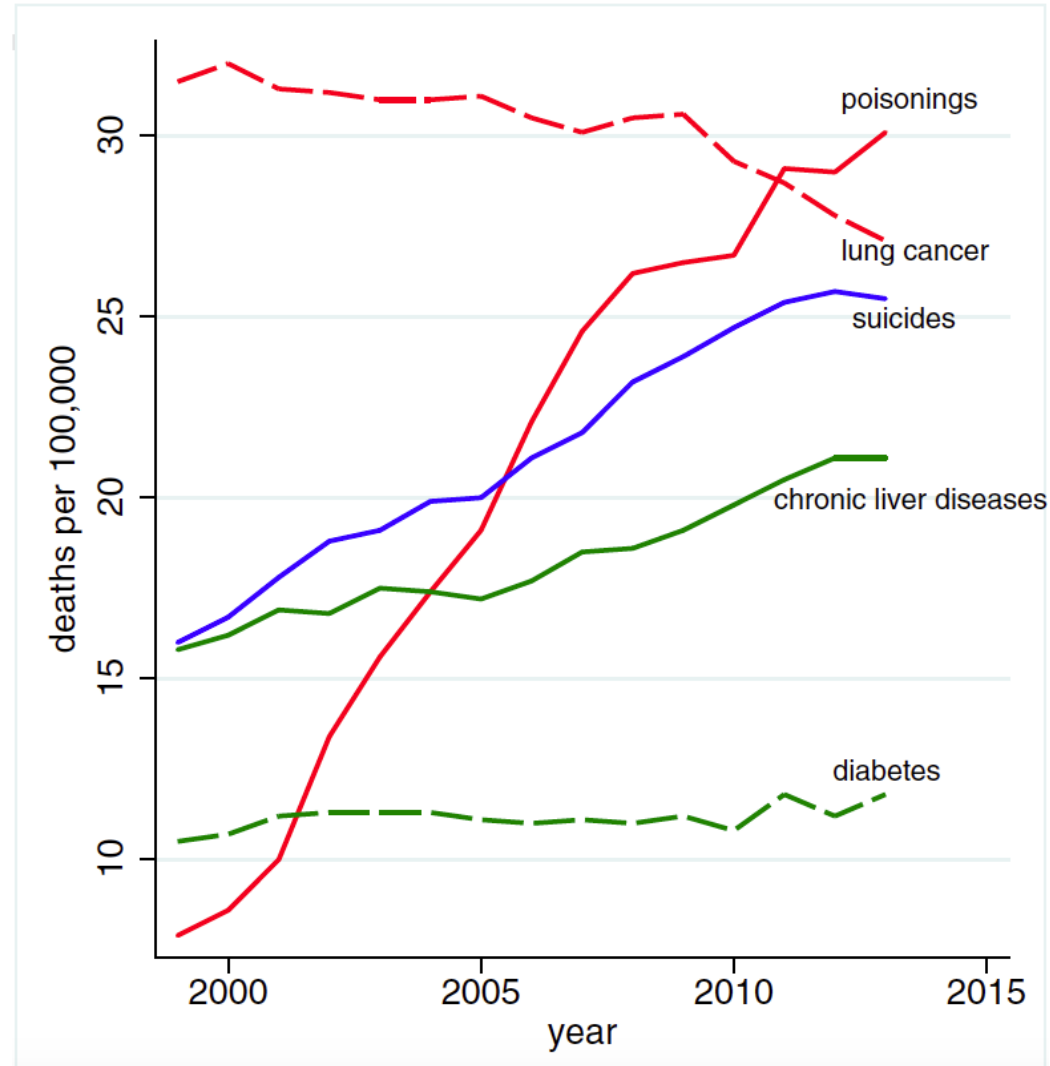
All-cause mortality, ages 45–54 for US White non-Hispanics (USW) , US Hispanics (USH)



France (FRA), Germany (GER), the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE).

Source: Anne Case, Angus Deaton. Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. *Proceedings of the National Academy of Sciences*. November 2, 2015 (online ahead of print).

## Mortality by cause, white non-Hispanics ages 45–54



Source: Anne Case, Angus Deaton. Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. *Proceedings of the National Academy of Sciences*. November 2, 2015 (online ahead of print).



### **ABSTRACT**

The United States is in the midst of a fatal drug epidemic. This study uses data from the Multiple Cause of Death Files to examine the extent to which increases in county-level drug mortality rates from 1999-2015 are due to “deaths of despair”, measured here by deterioration in medium-run economic conditions, or if they instead are more likely to reflect changes in the “drug environment” in ways that present differential risks to population subgroups. A primary finding is that counties experiencing relative economic decline did experience higher growth in drug mortality than those with more robust growth, but the relationship is weak and mostly explained by confounding factors. In the preferred estimates, changes in economic conditions account for less than one-tenth of the rise in drug and opioid-involved mortality rates. The contribution of economic factors is even less when accounting for plausible selection on unobservables, with even a small amount of remaining confounding factors being sufficient to entirely eliminate the relationship. These results suggest that the “deaths of despair” framing, while provocative, is unlikely to explain the main sources of the fatal drug epidemic and that efforts to improve economic conditions in distressed locations, while desirable for other reasons, are not likely to yield significant reductions in drug mortality. Conversely, the risk of drug deaths varies systematically over time across population subgroups in ways that are consistent with an important role for the public health environment related to the availability and cost of drugs. Put succinctly, the fatal overdose epidemic is likely to primarily reflect drug problems rather than deaths of despair.

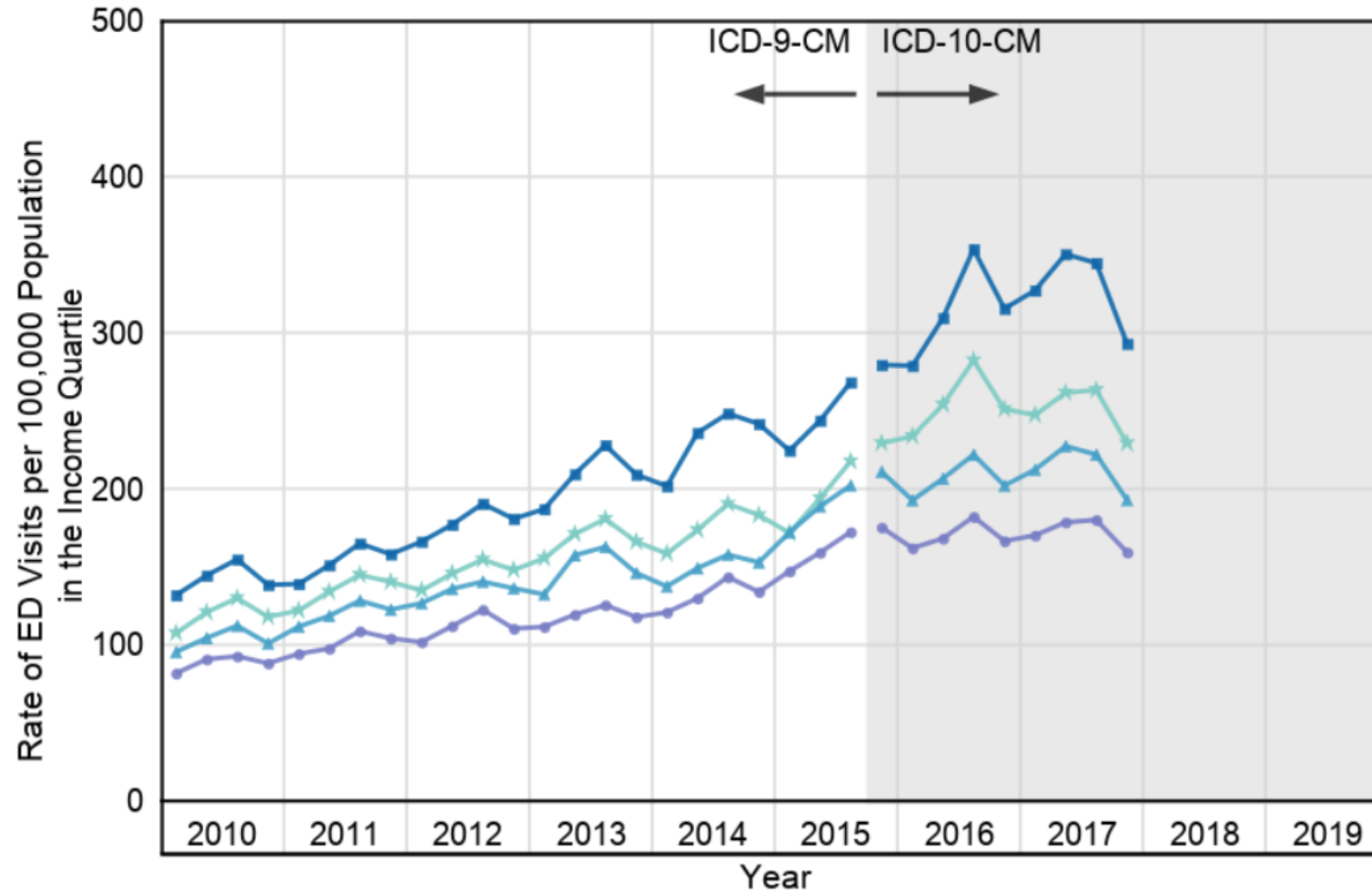


# *Where Have All the Workers Gone?*

## *An Inquiry into the Decline of the U.S. Labor Force Participation Rate*

**ABSTRACT** The U.S. labor force participation rate has declined since 2007, primarily because of population aging and ongoing trends that preceded the Great Recession. The labor force participation rate has evolved differently, and for different reasons, across demographic groups. A rise in school enrollment has largely offset declining labor force participation for young workers since the 1990s. Labor force participation has been declining for prime age men for decades, and about half of prime age men who are not in the labor force may have a serious health condition that is a barrier to working. Nearly half of prime age men who are not in the labor force take pain medication on any given day; and in nearly two-thirds of these cases, they take prescription pain medication. Labor force participation has fallen more in U.S. counties where relatively more opioid pain medication is prescribed, causing the problem of depressed labor force participation and the opioid crisis to become intertwined.

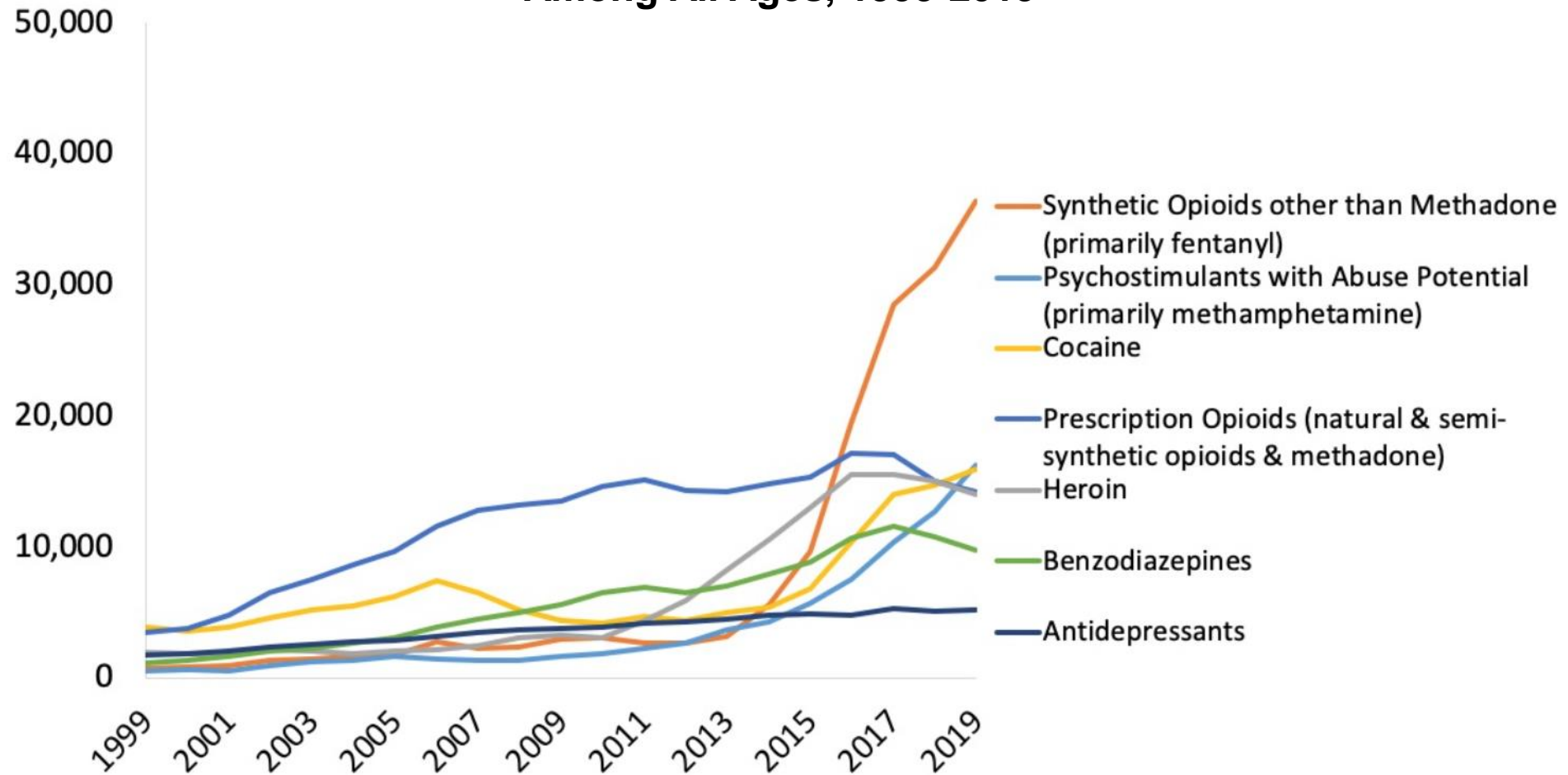
# U.S. National: Opioid-Related Hospital Use by Community-Level Income Rate of Emergency Department (ED) Visits



■ Income quartile 1 (lowest)
 ★ Income quartile 2 (2nd lowest)
 ▲ Income quartile 3 (2nd highest)
 ● Income quartile 4 (highest)

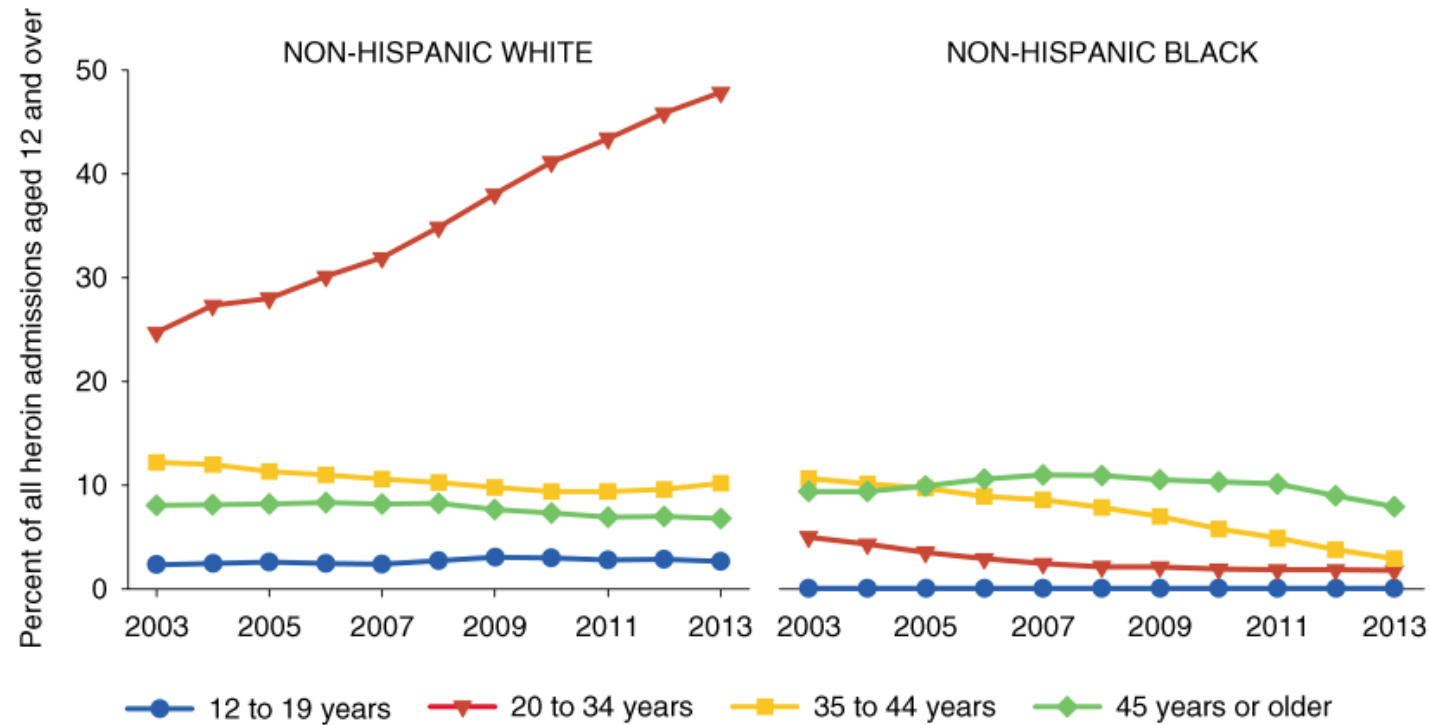
Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Nationwide Emergency Department Sample (NEDS), 2010-2017 (all available data as of 01/28/2020). Emergency department visits exclude those for patients admitted to the hospital.

## National Drug-Involved Overdose Deaths by Specific Category—Number Among All Ages, 1999-2019



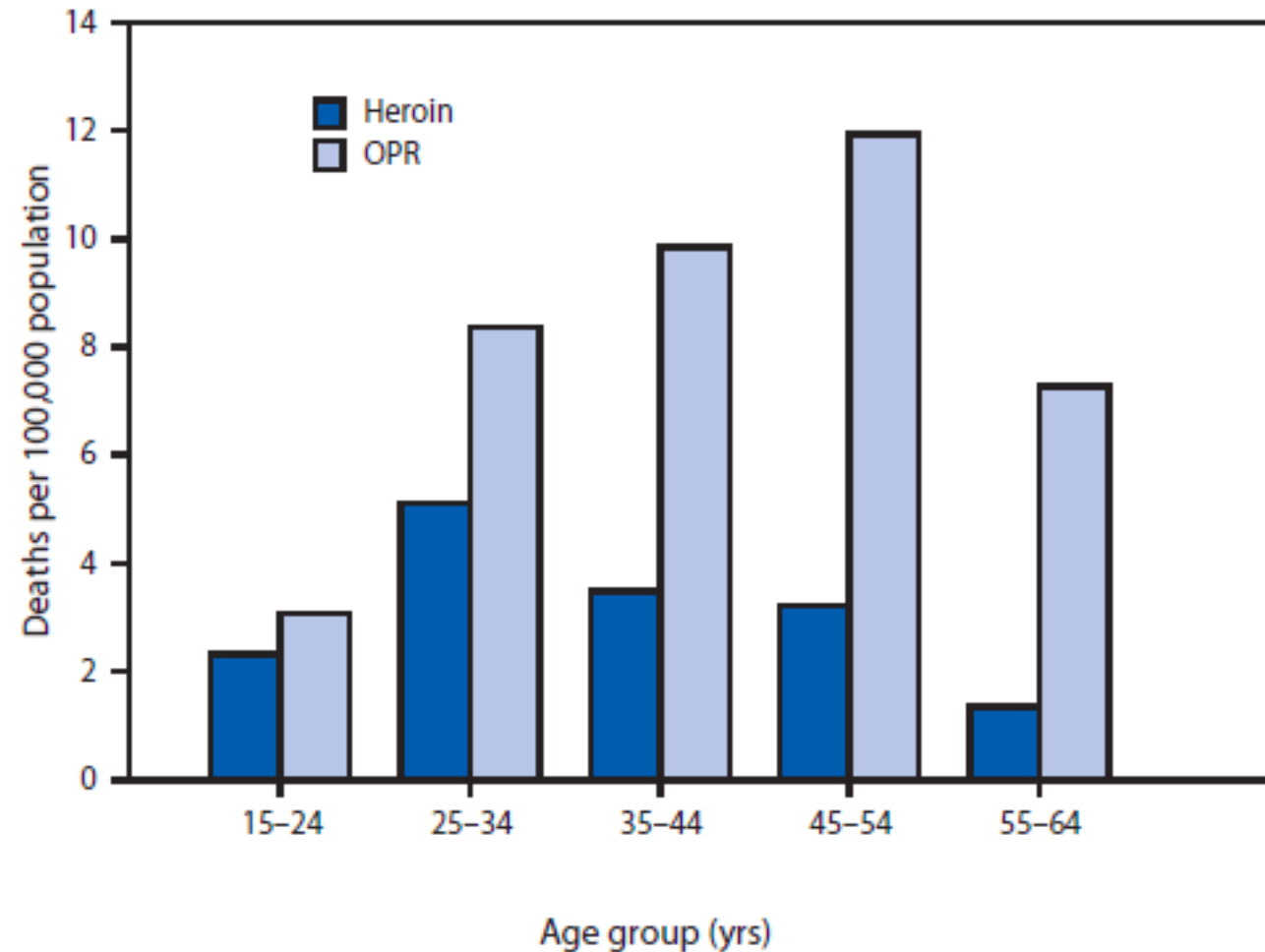
\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

## Heroin treatment admissions : 2003-2013



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 01.23.15.

# Death rates from overdoses of heroin or prescription opioid pain relievers (OPRs), by age group



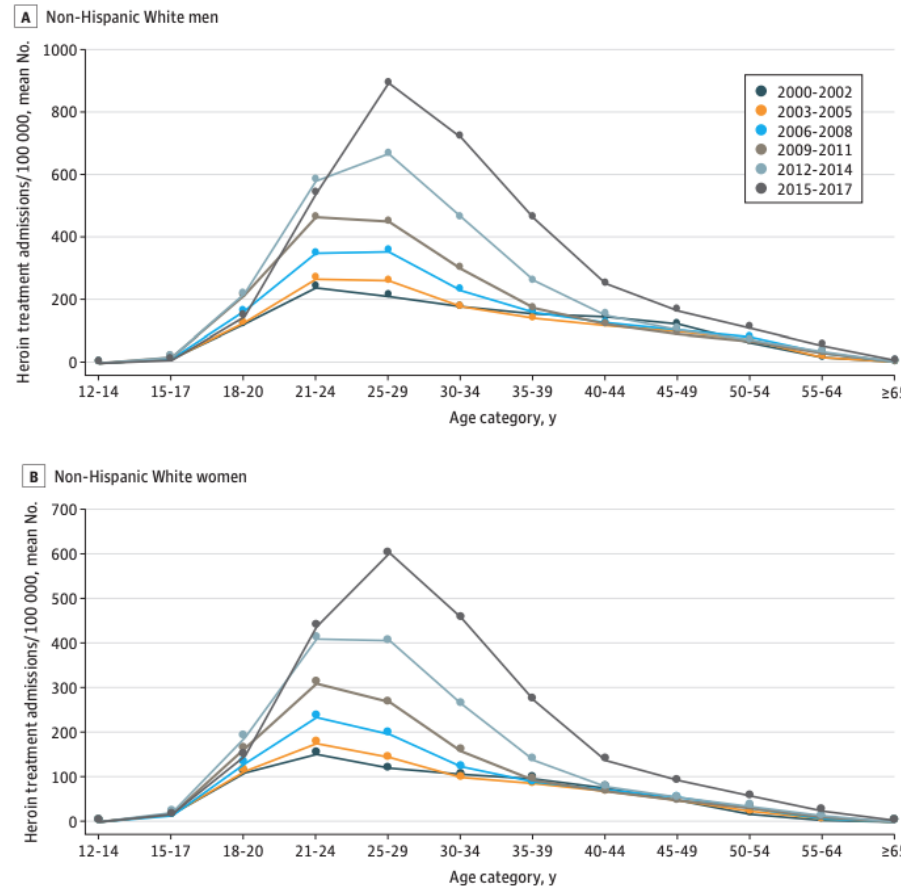
SOURCE: CDC. *Increases in Heroin Overdose Deaths — 28 States, 2010 to 2012*  
MMWR. 2014, 63:849-854

## Three Opioid-Addicted Cohorts

1. 20-40 y/o, disproportionately white, significant heroin use, opioid addiction began with Rx use (addicted after 1995)
2. 40 y/o & up, disproportionately white, mostly Rx opioids, opioid addiction began with Rx use (addicted after 1995)
3. 50 y/o & up, disproportionately non-white, mostly heroin users, opioid addiction began in teen years with heroin use (addicted before 1995)

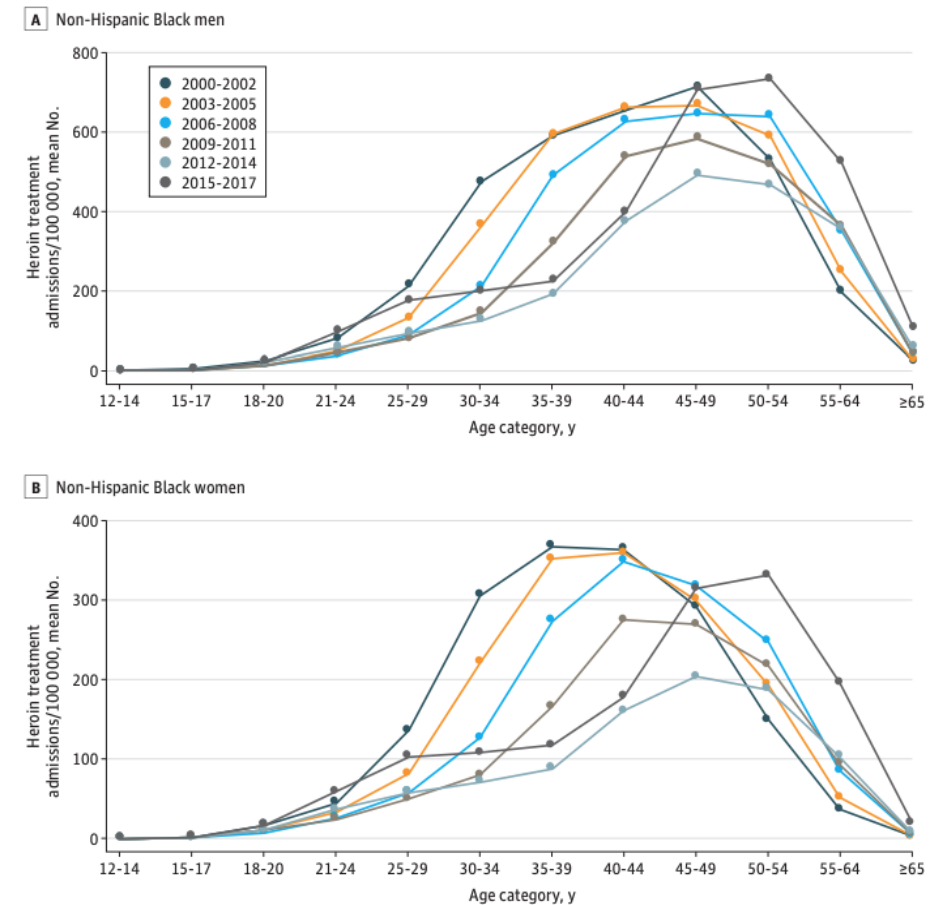
## Non-Hispanic Whites

Figure 2. Heroin Treatment Admission Rates by Age Category Among Non-Hispanic White Individuals, US, 2000-2017



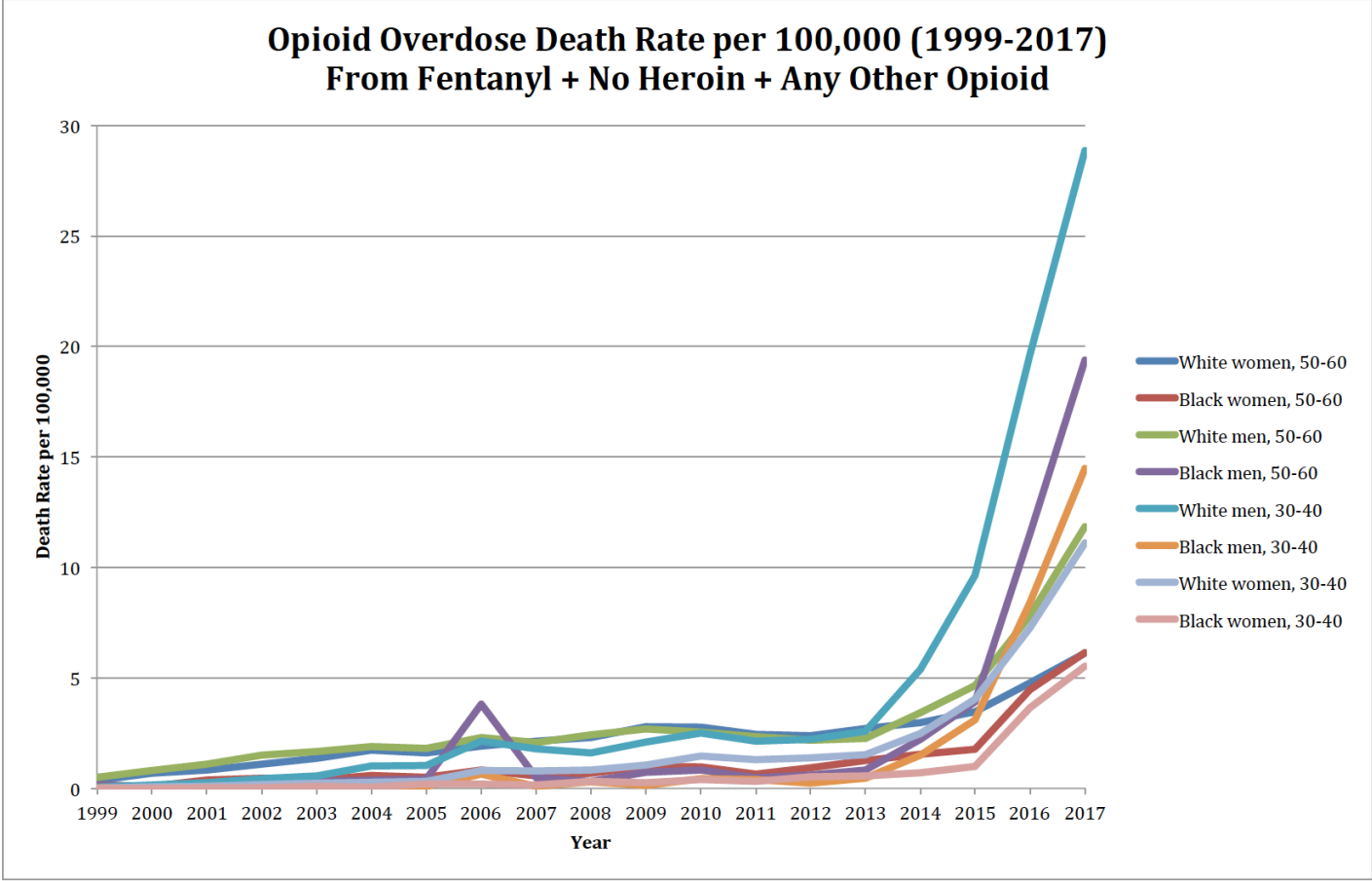
## Non-Hispanic Blacks

Figure 1. Heroin Treatment Admission Rates by Age Category Among Non-Hispanic Black Individuals, US, 2000-2017



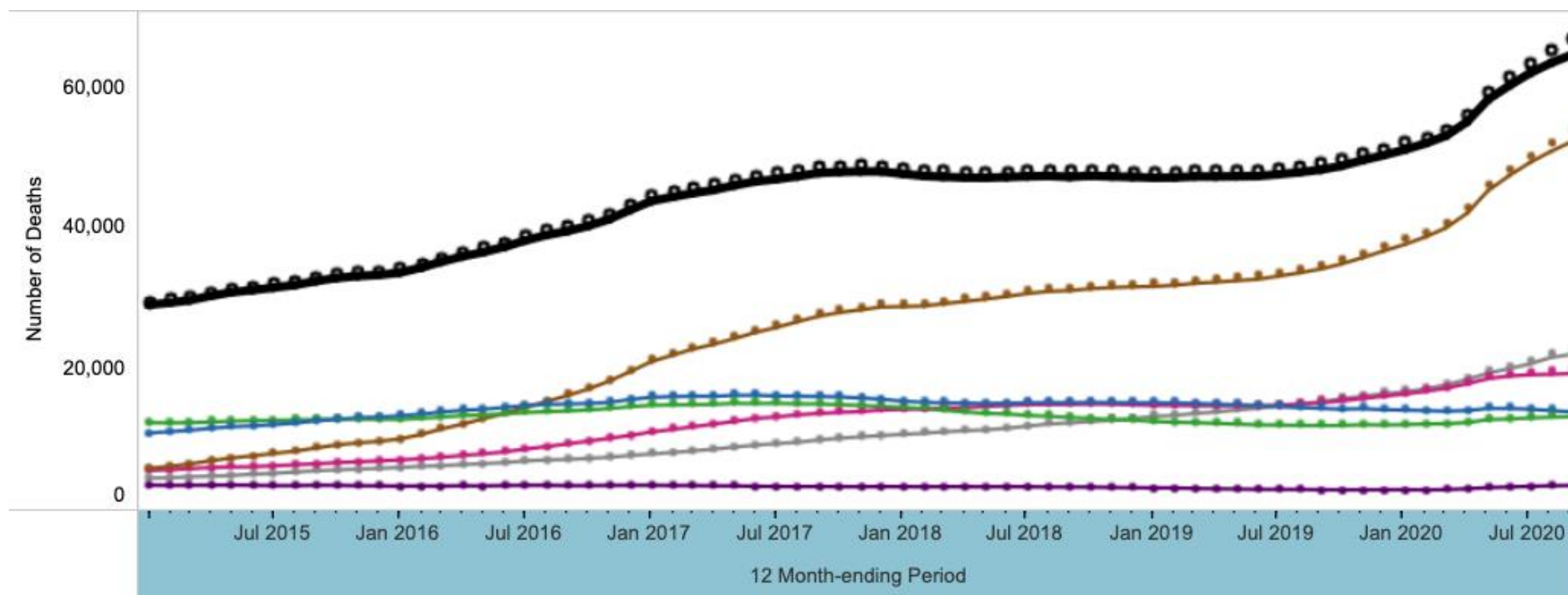
Source: Warren EC, Kolodny A. Trends in Heroin Treatment Admissions in the United States by Race, Sex, and Age. JAMA Netw Open. 2021 Feb 1;4(2):e2036640. doi: 10.1001/jamanetworkopen.2020.36640.





SOURCE: CDC WONDER

## 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug Class



### Legend for Drug or Drug Class

**Opioids (T40.0-T40.4,T40.6)**

**Heroin (T40.1)**

**Natural & semi-synthetic opioids (T40.2)**

**Methadone (T40.3)**

**Synthetic opioids, excl. methadone (T40.4)**

**Cocaine (T40.5)**

**Psychostimulants with abuse potential (T43.6)**

---- Reported Value

○ Predicted Value

Source: National Center for Health Statistics

Based on data available for analysis on:

4/4/2021

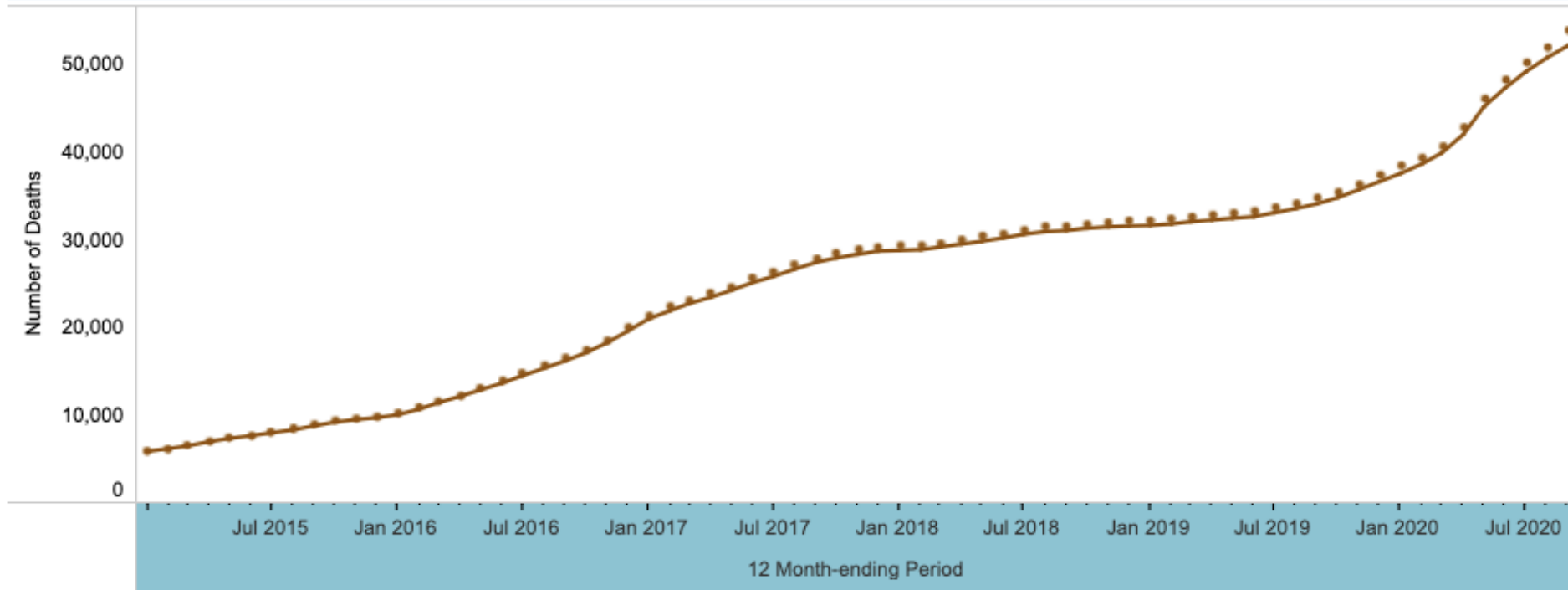
Select Jurisdiction

United States

Select specific drugs or drug classes

Synthetic opioids, excl. methadone (T40.4)

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



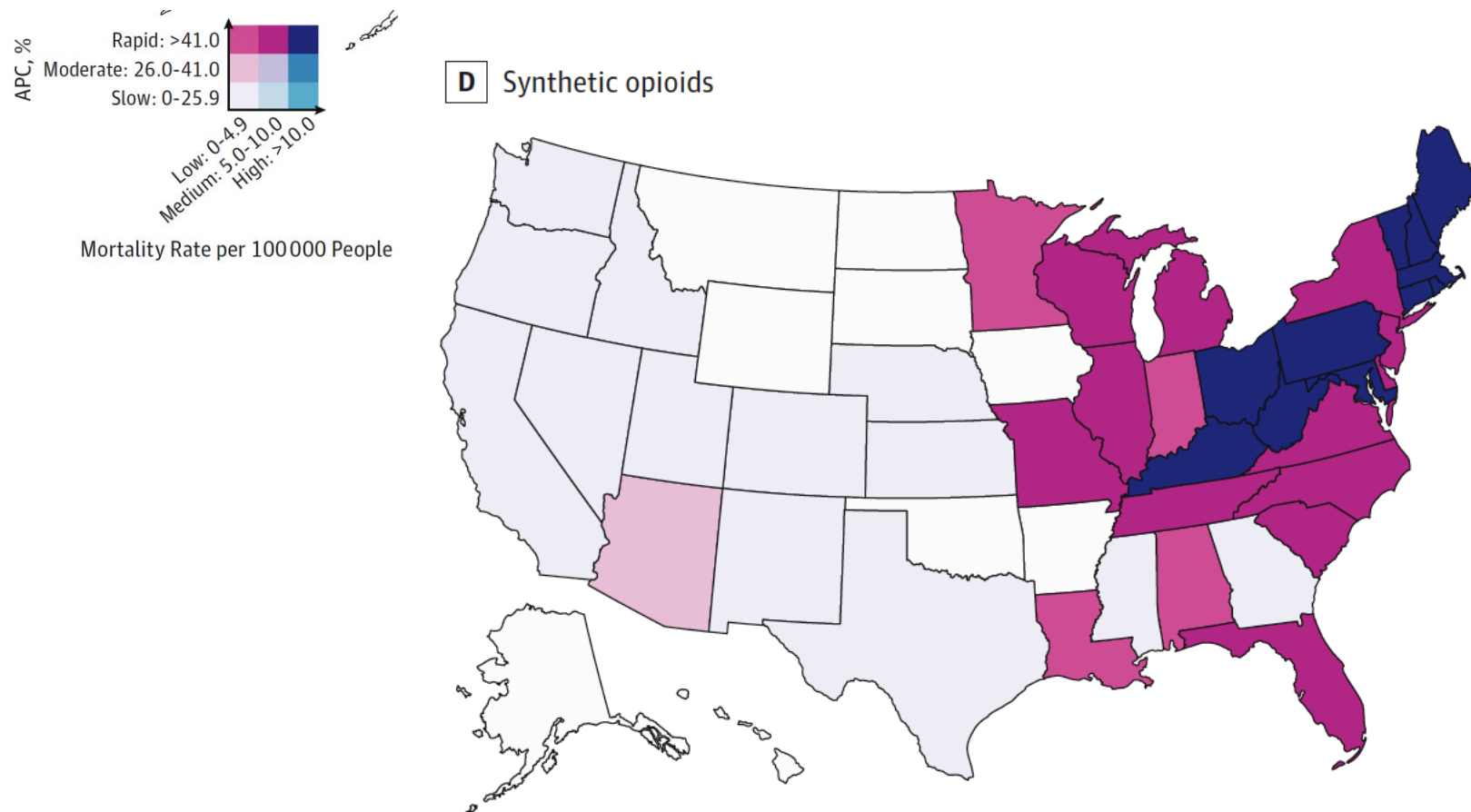
Legend for Drug or Drug Class

--- Reported Value

Synthetic opioids, excl. methadone (T40.4)

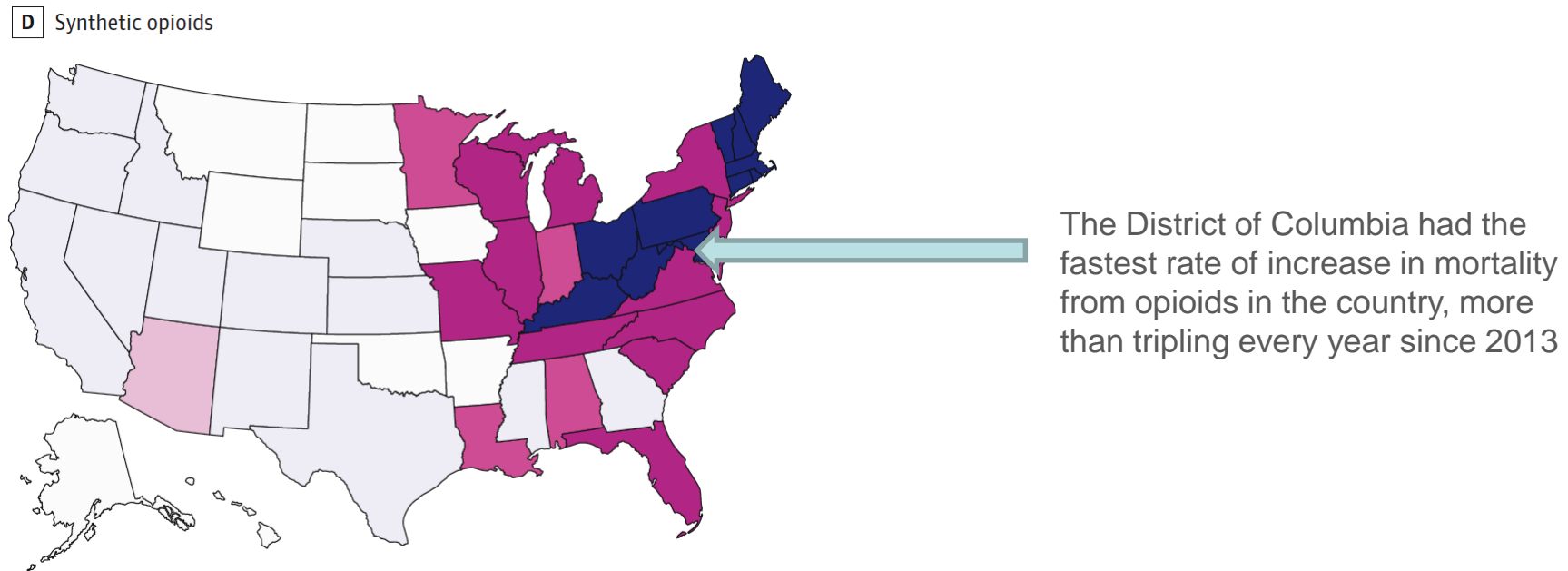
○ Predicted Value

# Growth and Level of the Synthetic Opioid OD Deaths, 2016



Source: JAMA Network Open. 2019;2(2):e190040. doi:10.1001/jamanetworkopen.2019.0040

## Growth and Level of the Synthetic Opioid OD Deaths, 2016



Source: JAMA Network Open. 2019;2(2):e190040. doi:10.1001/jamanetworkopen.2019.0040

# What Is the Opioid Crisis?

# **In one year, drug overdoses killed more Americans than the entire Vietnam War did**

Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome

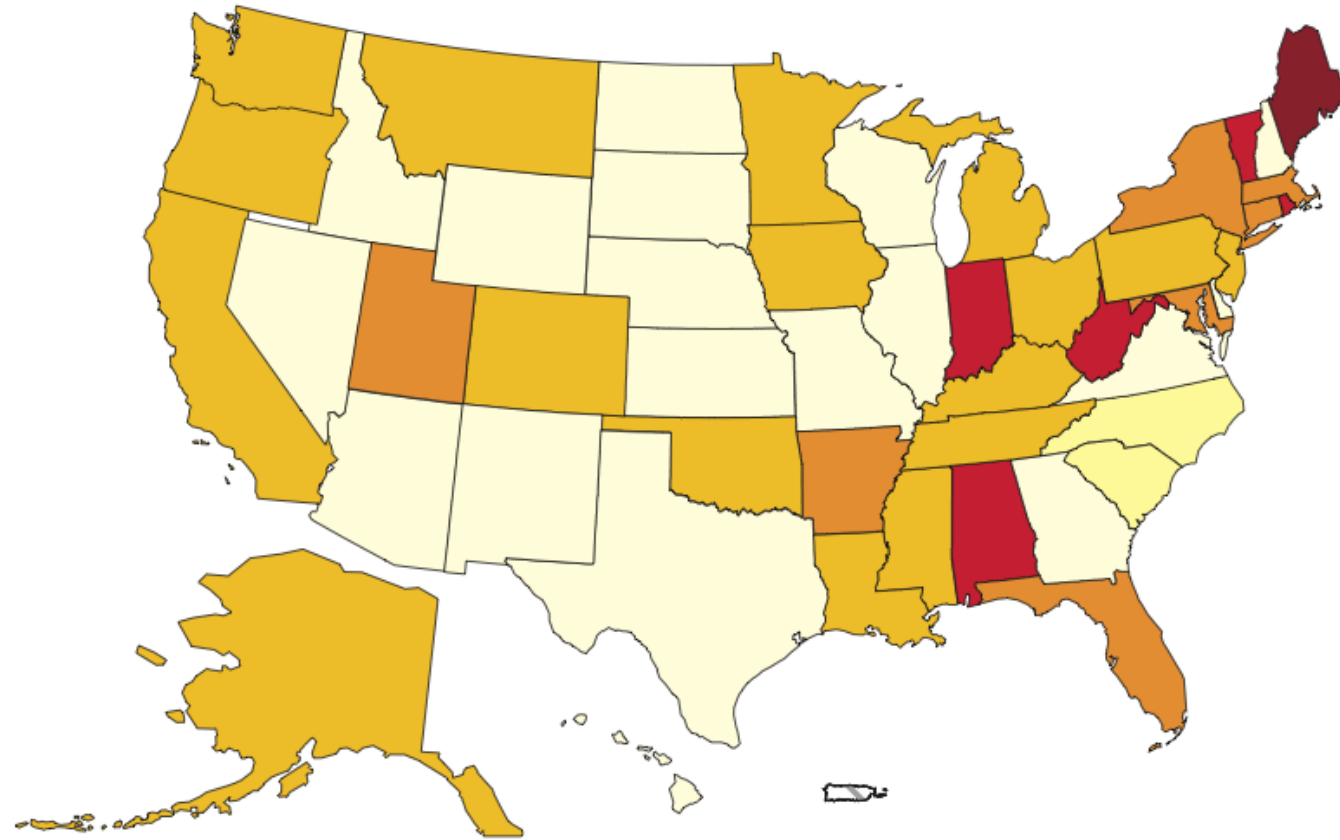
**Children of the Opioid Epidemic Are Flooding Foster Homes. America Is Turning a Blind Eye.**

**Drug overdose deaths jump in 2019 to nearly 71,000, a record high, CDC says**

**How the opioid crisis decimated the American workforce**

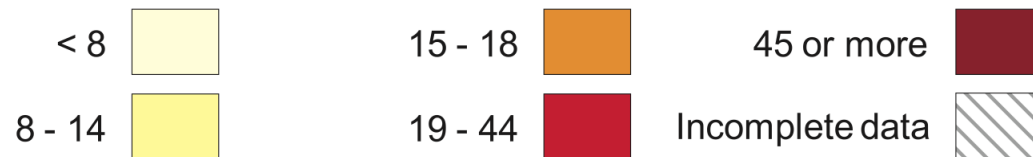


**Primary non-heroin opiates/synthetics admission rates, by State  
(per 100.000 population aged 12 and over)**



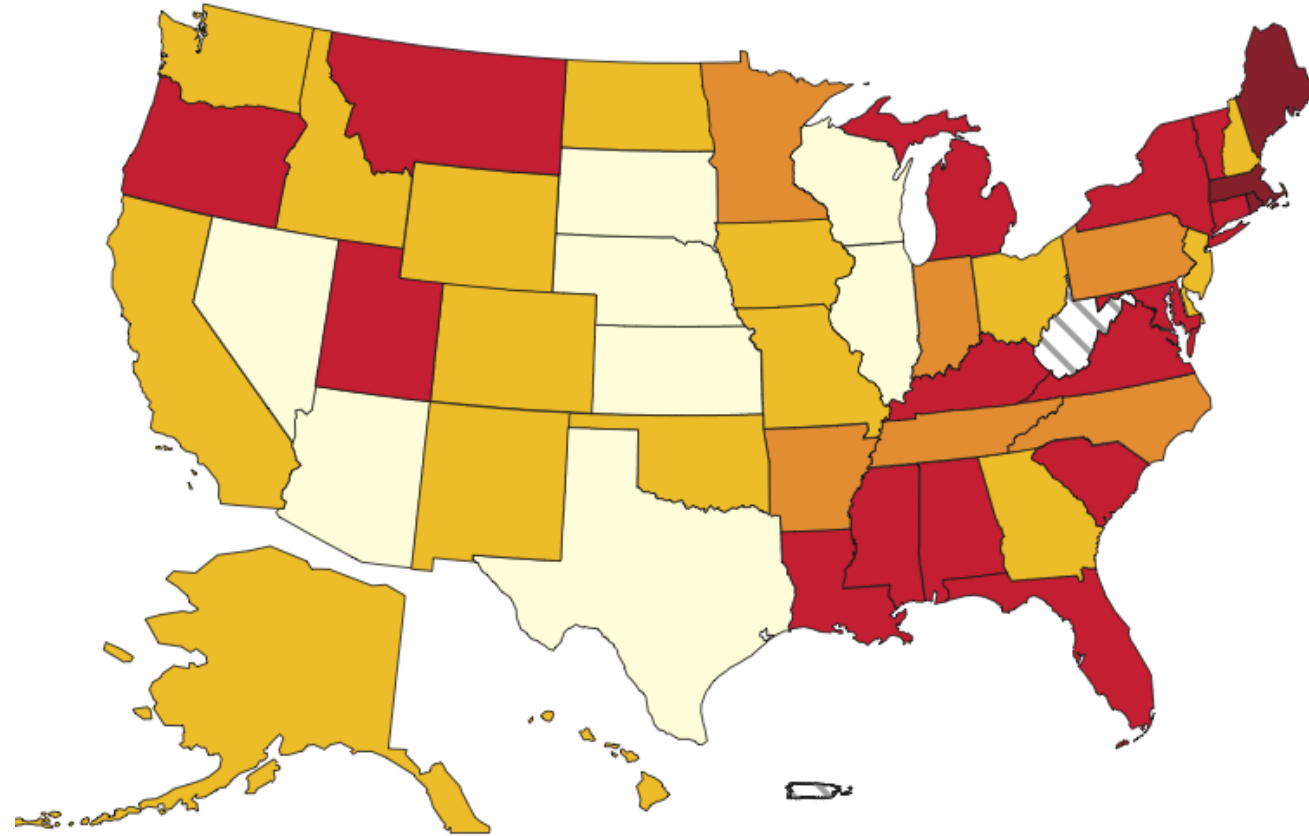
# 1999

(range 1 - 50)

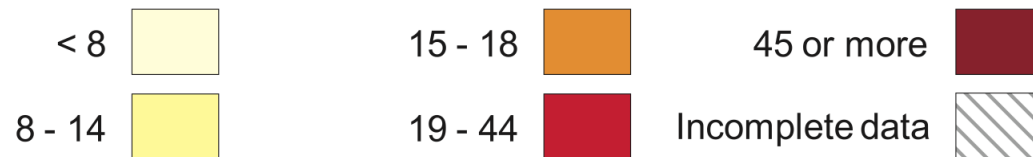


SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

**Primary non-heroin opiates/synthetics admission rates, by State  
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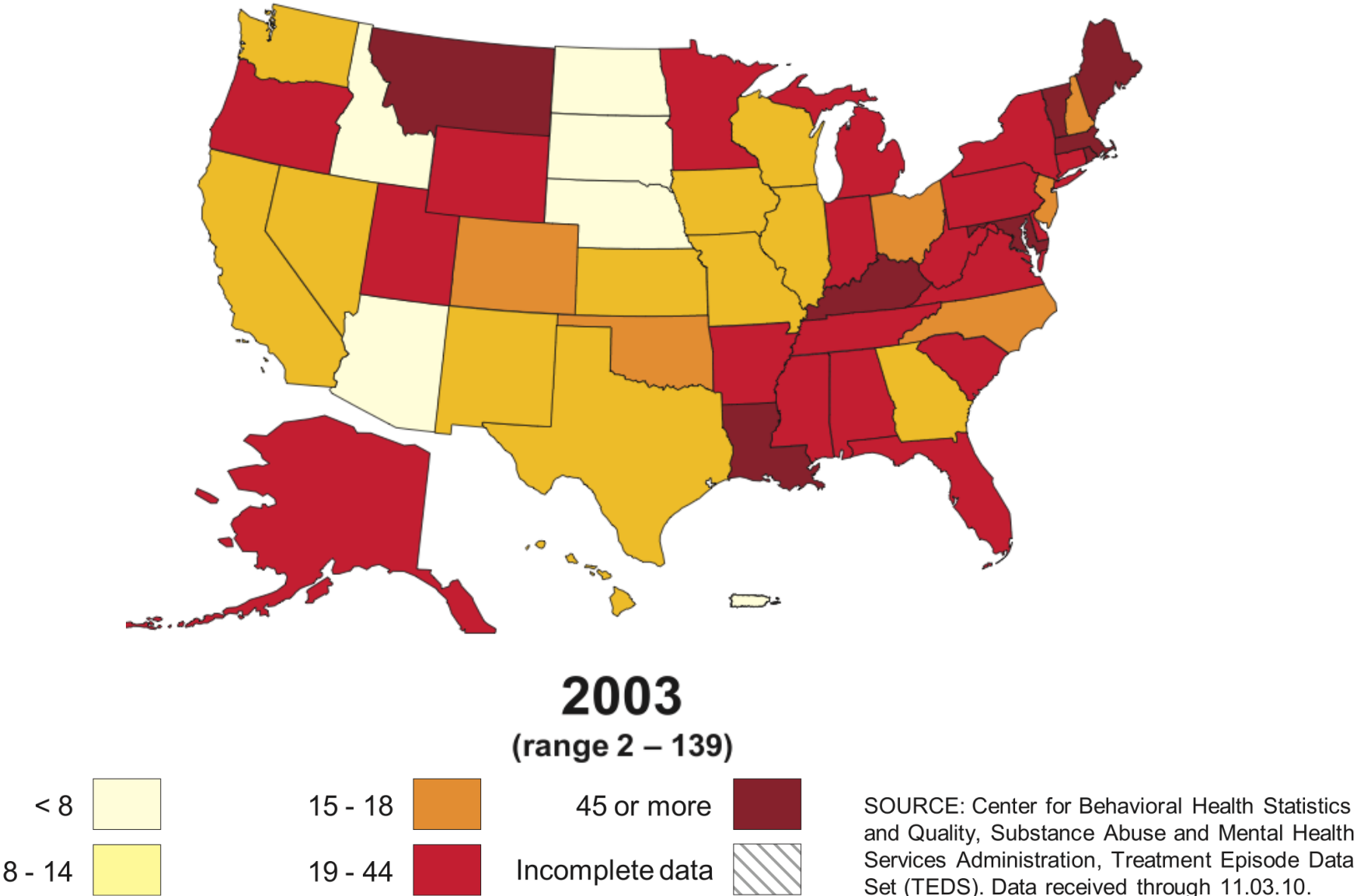


**2001**  
(range 1 – 71)

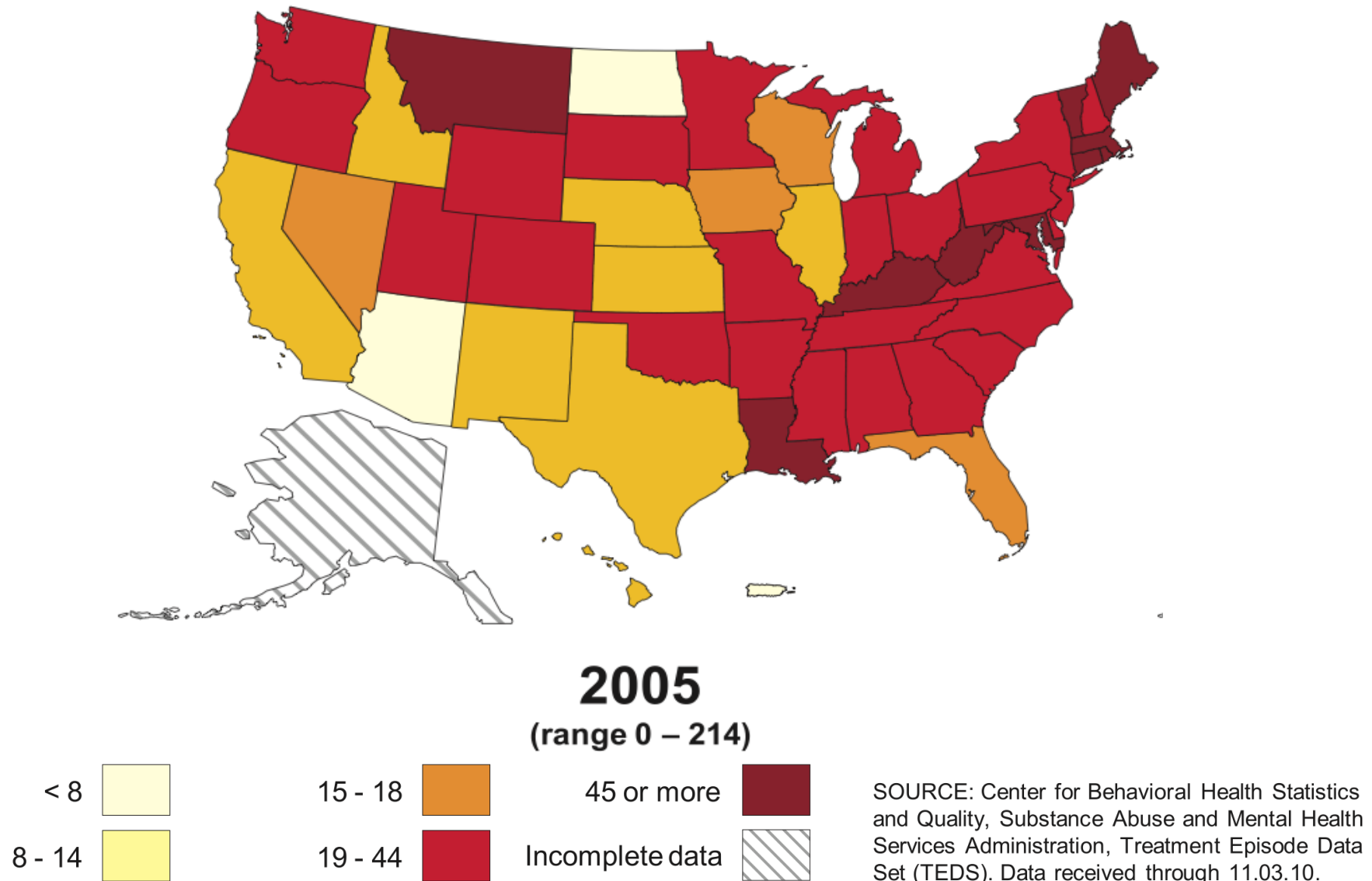


SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

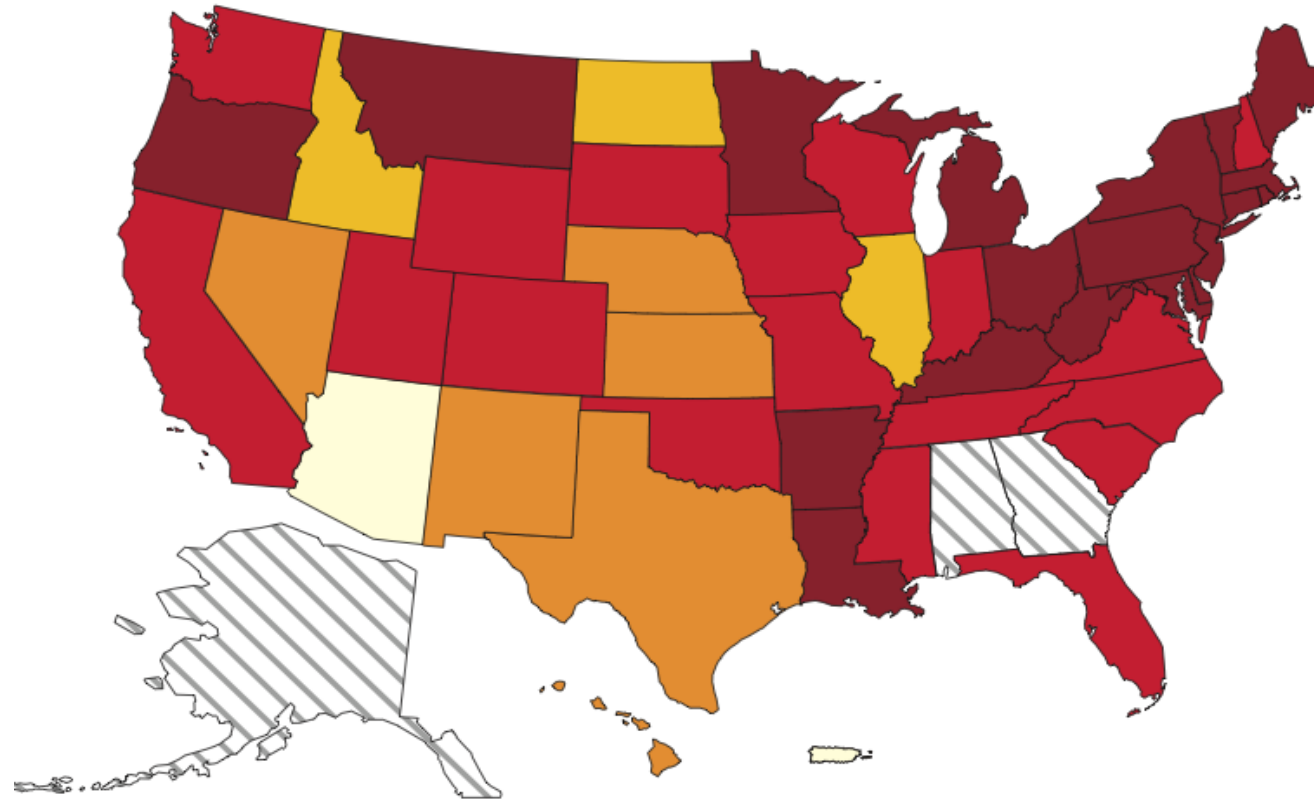
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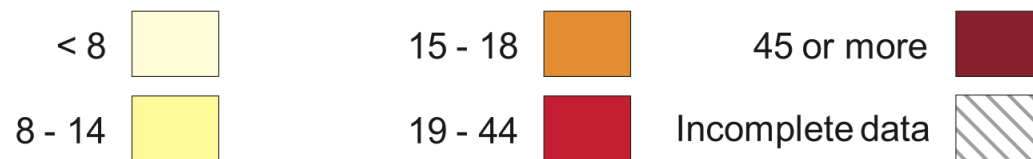


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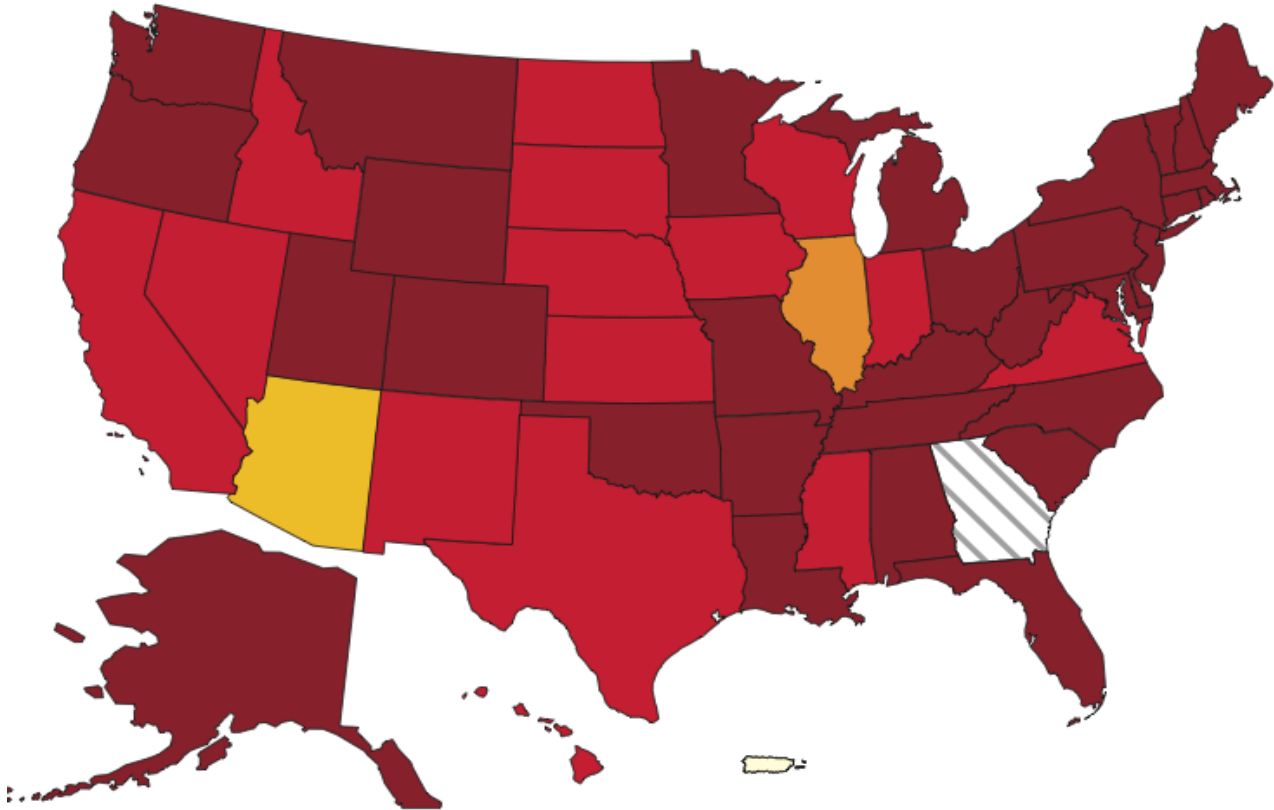
**2007**

(range 1 – 340)

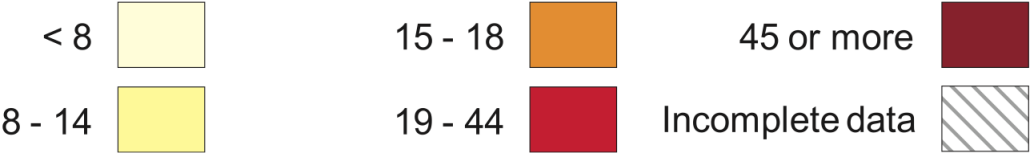


SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

Primary non-heroin opiates/synthetics admission rates, by State  
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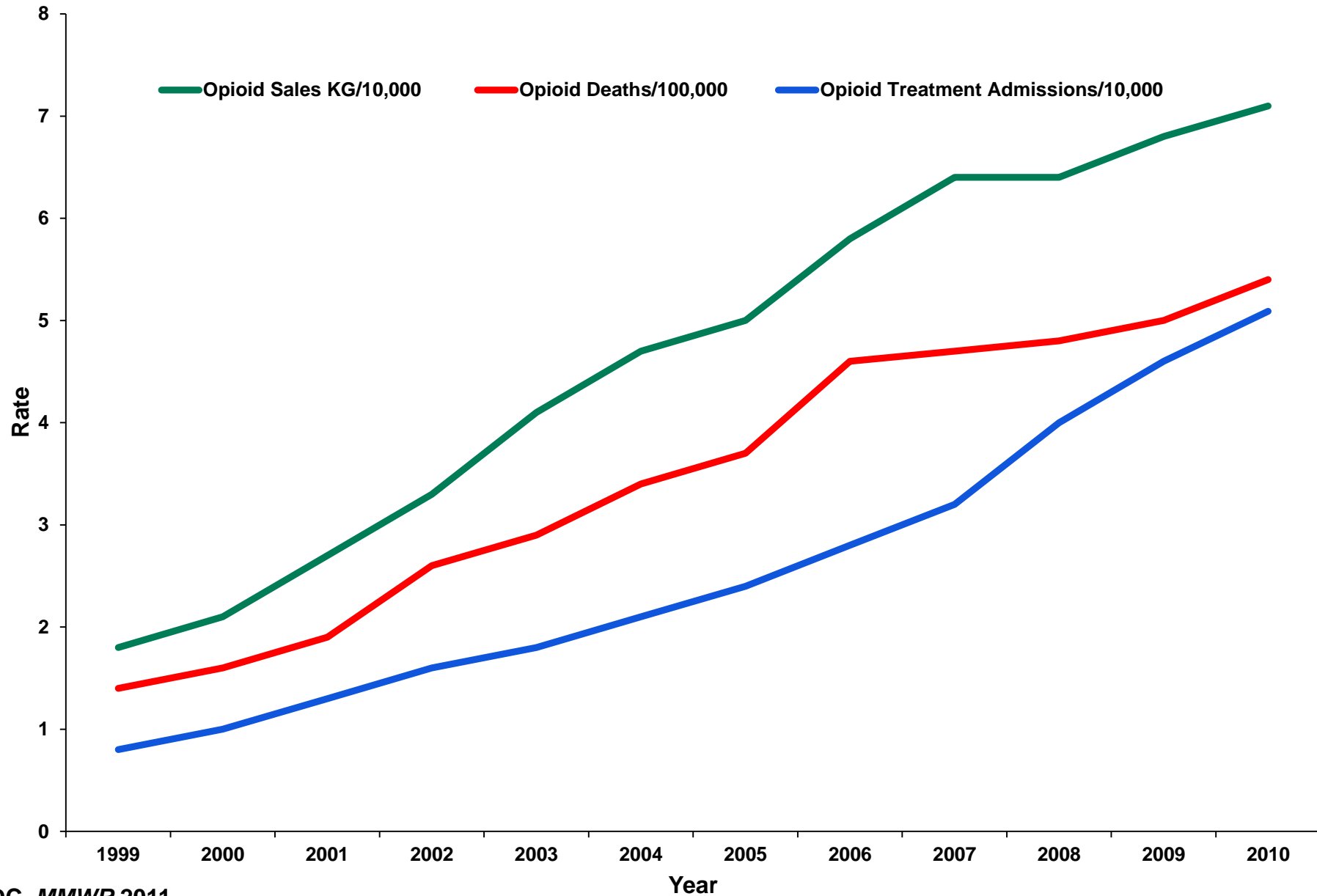


**2009**  
(range 1 – 379)



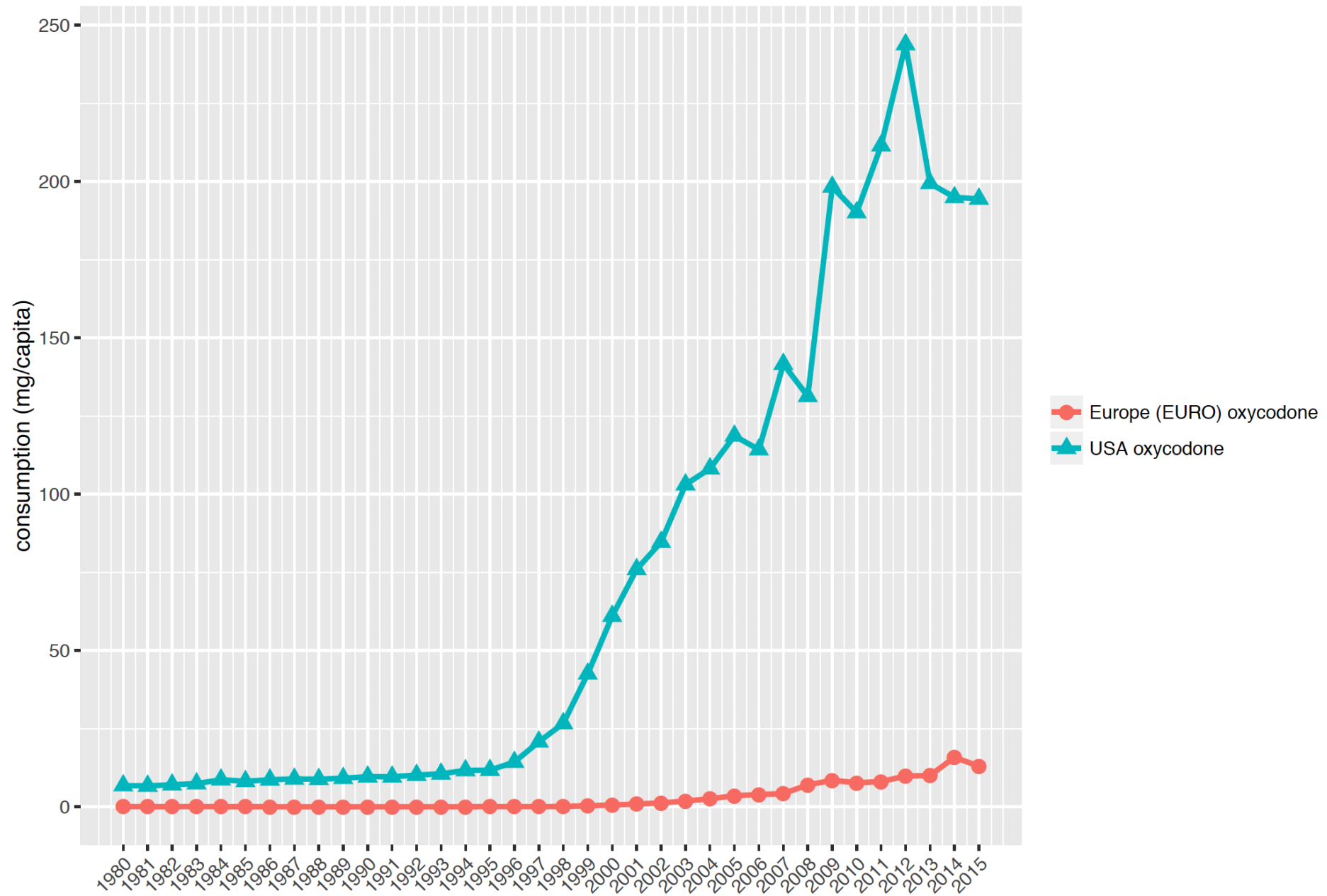
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

# Rates of Opioid Sales, OD Deaths, and Treatment, 1999–2010





# USA oxycodone consumption (mg/capita) 1980–2015



# Controlling the epidemic:

## *A Three-pronged Approach*

- **Prevent** new cases of opioid addiction.
- **Treat** people who are already addicted.
- **Reduce supply** from pill mills and the black-market.

# Summary

- Social determinants are NOT a root cause of the opioid addiction epidemic.
- Social determinants of health impact opioid related morbidity and mortality.
- Addressing social determinants of health may improve outcomes in individuals suffering from OUD

# Discussion

**We welcome  
your questions  
and comments  
in the Chat.**



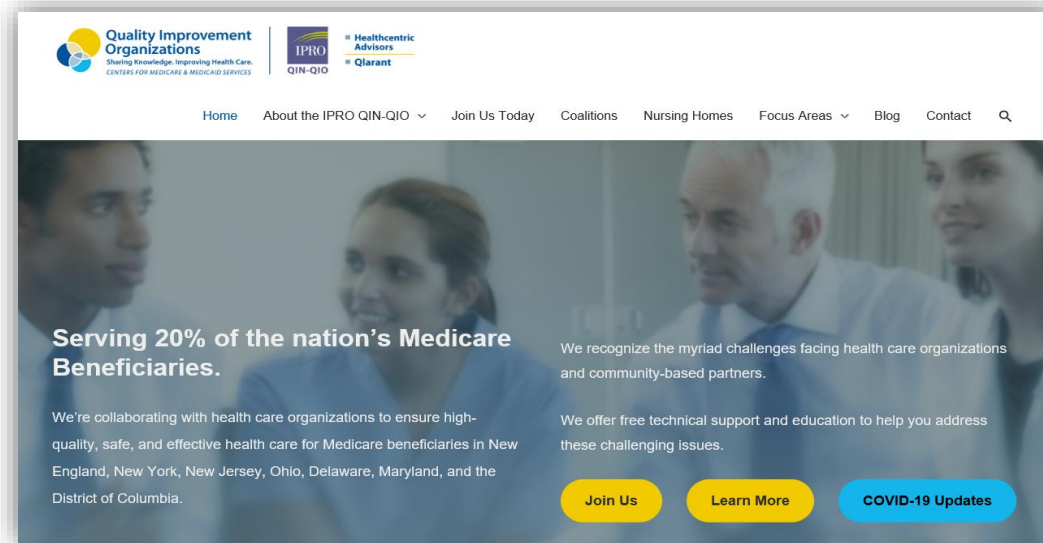
**Have a question? Contact us!**

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