



# Vermont's Experience – A Systematic Approach to Health Care Integration

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# Background

## ➤ **Goal of Health Care Reform**

- **Triple Aim: Better Population Health**
  - Improved Quality of Care**
  - Lower Cost for Overall Care**

# Vermont's Approach to Integration

The public health approach –

Review data

Gain partner collaboration

Develop policy

Implement Program

Evaluate Outcomes

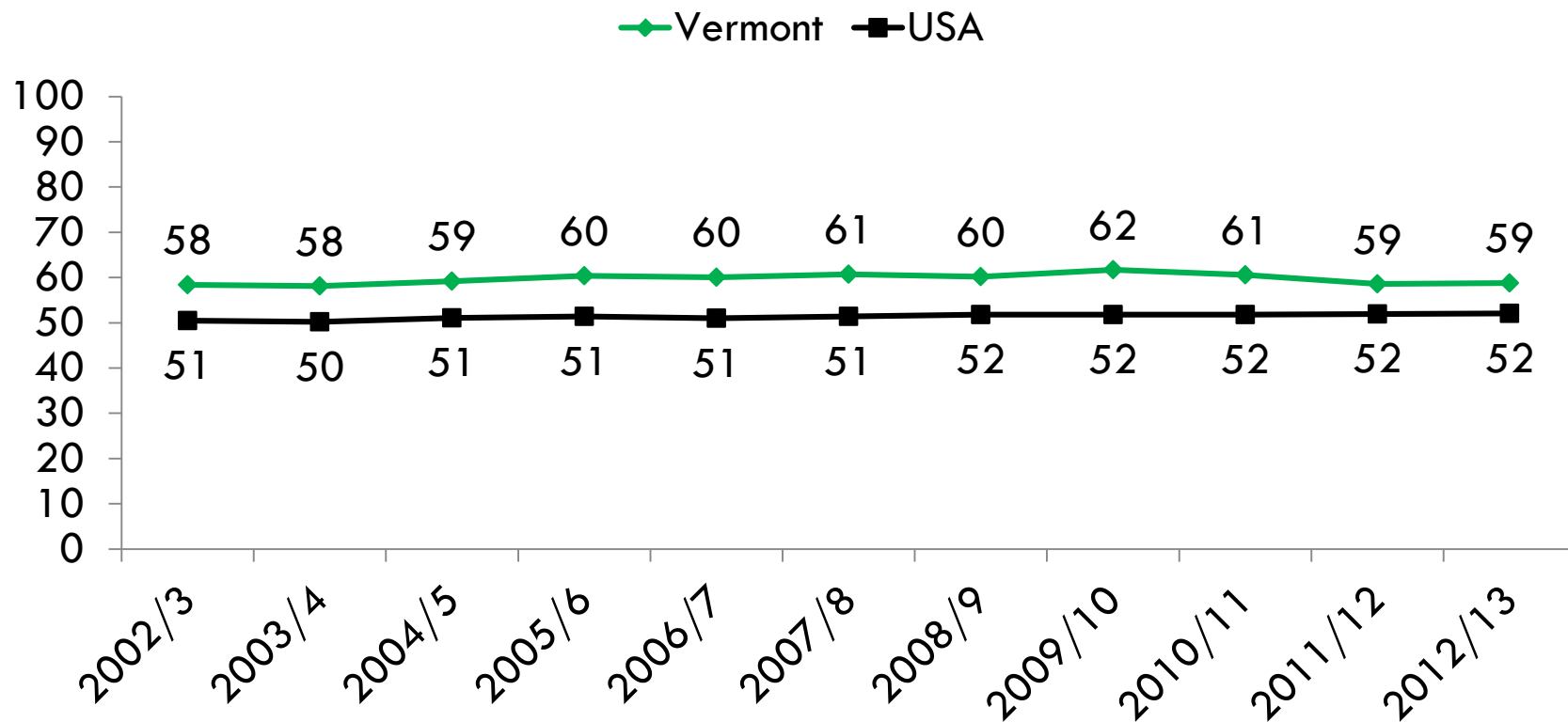
## Data about Substance Abuse & Addiction

### **Assess Population Health**

- rates of addiction (NSDUH)**
- health survey data**
- treatment data**

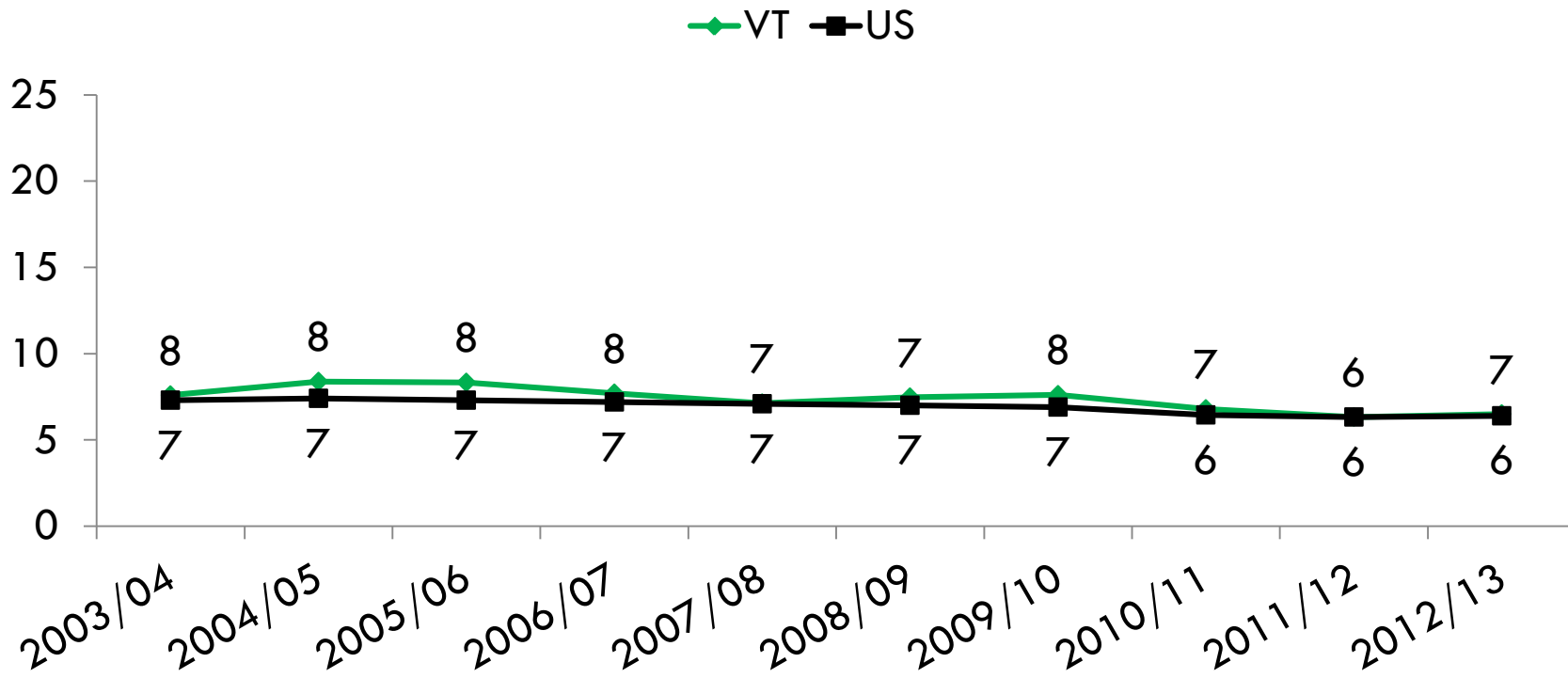
People ages 12+ in Vermont have a statistically higher prevalence of past 30 day alcohol use than the U.S. average.

Percent of population reporting past 30 day alcohol use (ages 12+), Vermont compared to the U.S.



People ages 12+ in Vermont have a similar prevalence of needing but not receiving treatment for alcohol problems in the past year compared to the U.S. average.

Percent of population who needed but did not receive treatment for alcohol problems in the past year (ages 12+), Vermont compared to the U.S.



# Prevalence of Opioid Abuse

- ❑ Misuse of prescription pain relievers is decreasing in Vermont since 2011, according to three separate statewide data sources.
- ❑ In 2012/2013 prevalence for non-medical use of pain relievers decreased significantly for Vermonters of all ages from 2011/2012 (NSDUH).
- ❑ Among a high school students in grades 9-12, misuse of prescription pain relievers dropped significantly from 2011 to 2013 (YRBS).
- ❑ Across all age groups, prevalence of non-medical use of pain relievers was among the lowest in the U.S., and was the lowest for those ages 26+ (NSDUH).
- ❑ Heroin use has remained below 1% for Vermonters ages 12+ (NSDUH), and has remained below 2% among high school students (YRBS).

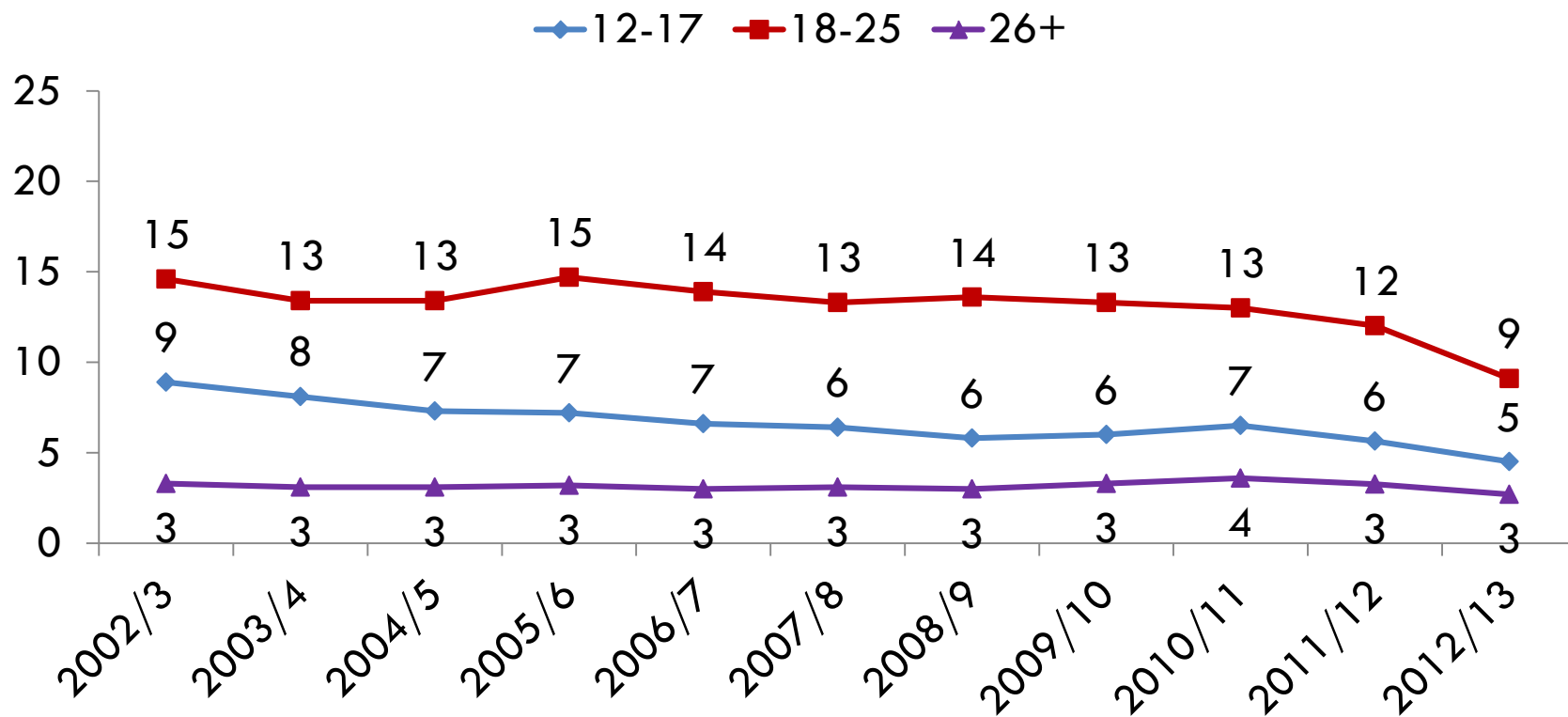
# Prevalence of Opioid Abuse

- Among a high school students in grades 9-12, misuse of prescription pain relievers dropped significantly from 2011 to 2013 (YRBS).
- Heroin use has remained below 1% for Vermonters ages 12+ (NSDUH), and has remained below 2% among high school students (YRBS).
- Of all students in grades 6-8, 3% reported over misusing prescription drugs (includes all types of prescriptions, not just opioids)
- In 2012-13 prevalence for non-medical use of pain relievers (NMUPR) decreased significantly for Vermonters ages 12+, 12-17, 18-25 and 18+ from 2011/2012.



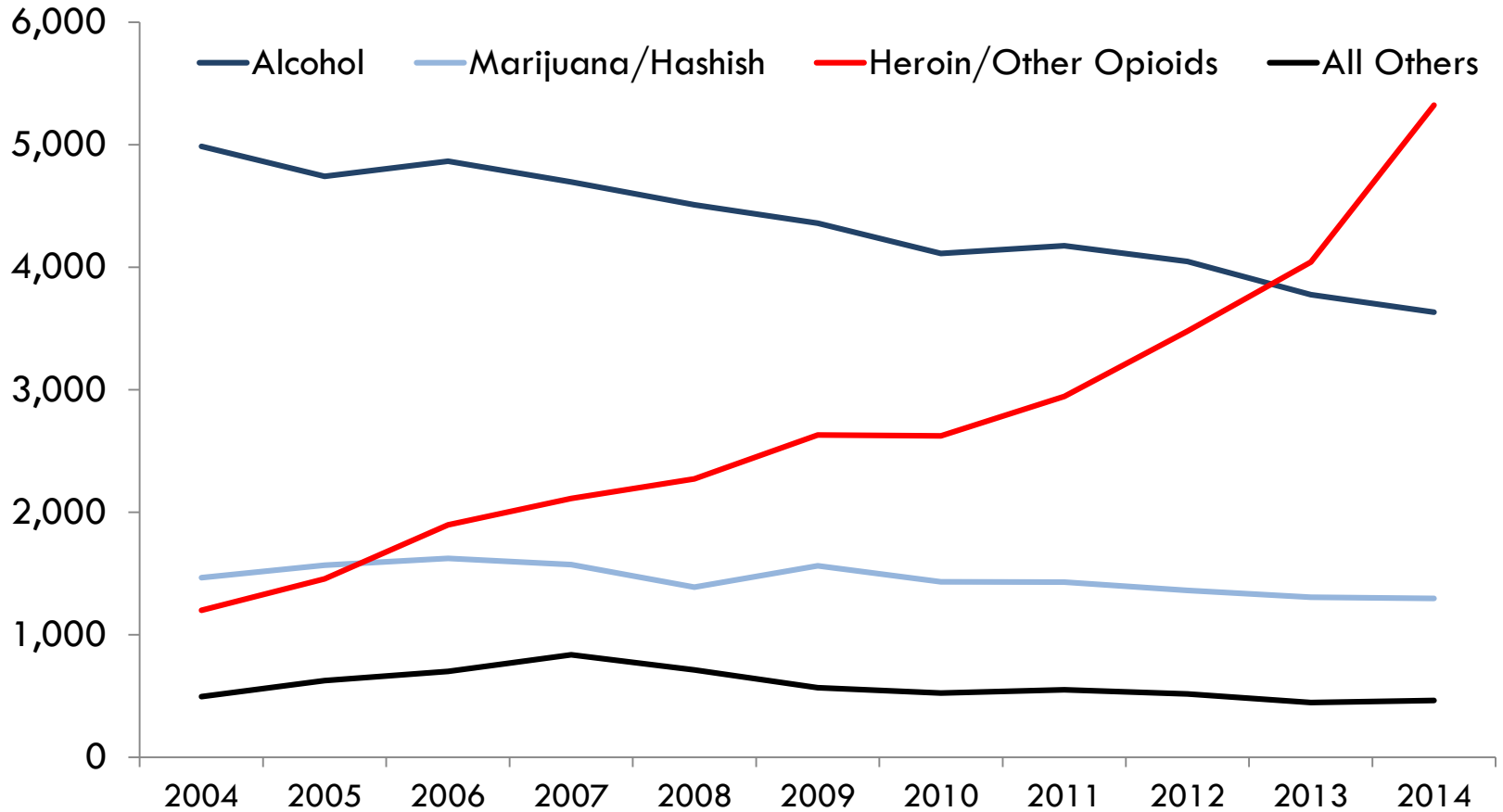
# Prevalence for non-medical use of pain relievers in the past year (all age groups)

Percent of Vermont population reporting non-medical use of pain relievers in the past year by age in years.



The number of individuals using heroin at treatment admission is increasing faster than for other opioids/synthetics

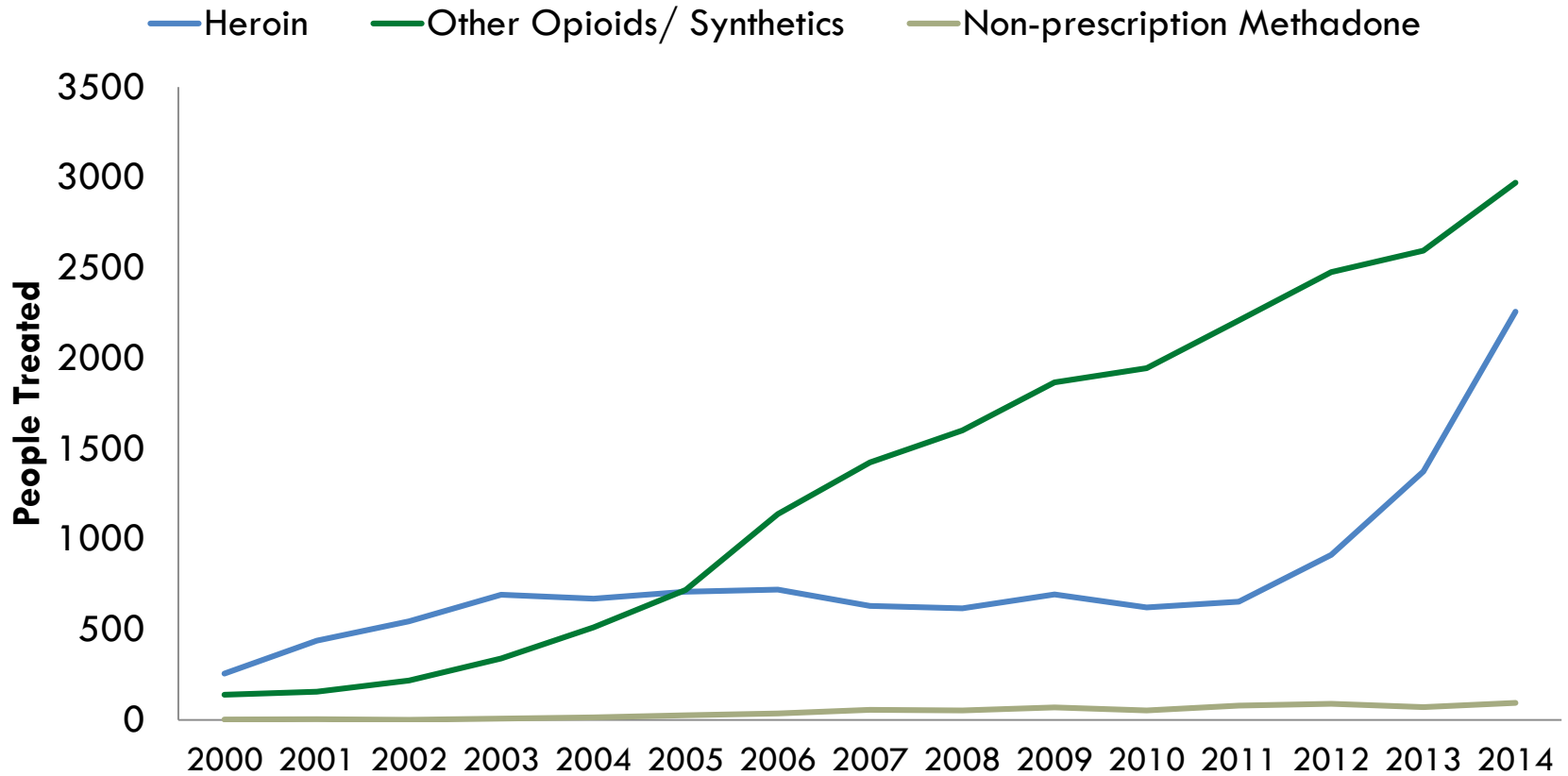
**Number of people treated in Vermont by substance**



Source: Alcohol and Drug Abuse Treatment Programs

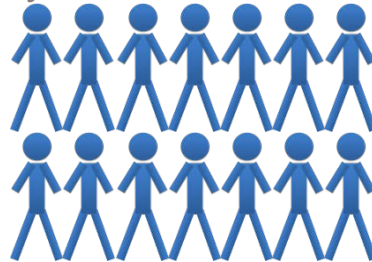
The number of individuals using heroin at treatment admission has increased in the last two years

### Type of Opioid Being Used on Admission to Treatment



# The number reporting abuse or dependence compared to the number in treatment in the past year by substance

Number of people reporting abuse or dependence in the past year



Number of people in treatment in the past year



Marijuana



Alcohol



Opioid

# Policy Development

- Blueprint for Health – pays providers for implementing desired practices
- Accountable Care Organizations
  - designed to reduce chronic disease
  - begin to include behavioral health (SBIRT)

# Program Activity

- Public awareness (SPF)
- SBIRT
  - increase screening
  - improve referral process

# Community Ownership of Programming

- Use of community teams
- Community education about problem
- Local stakeholders and providers
- Partner with recovery community

# Care Alliance for Opiate Addiction

- Improve direct connection between specialty care provider and primary care
  - Procedures for assessment, referral to appropriate level of care
  - Protocols for placing patients and managing care
  - Linkage to recovery coaching



# Training

- ❑ Improve primary care knowledge of management of pain and addiction
  - ❑ SBIRT
  - ❑ Training on pain/opiate management
- ❑ Learning collaborative for Hub/Spoke providers (with Dartmouth)
  - ❑ Common protocols
  - ❑ Regional networks

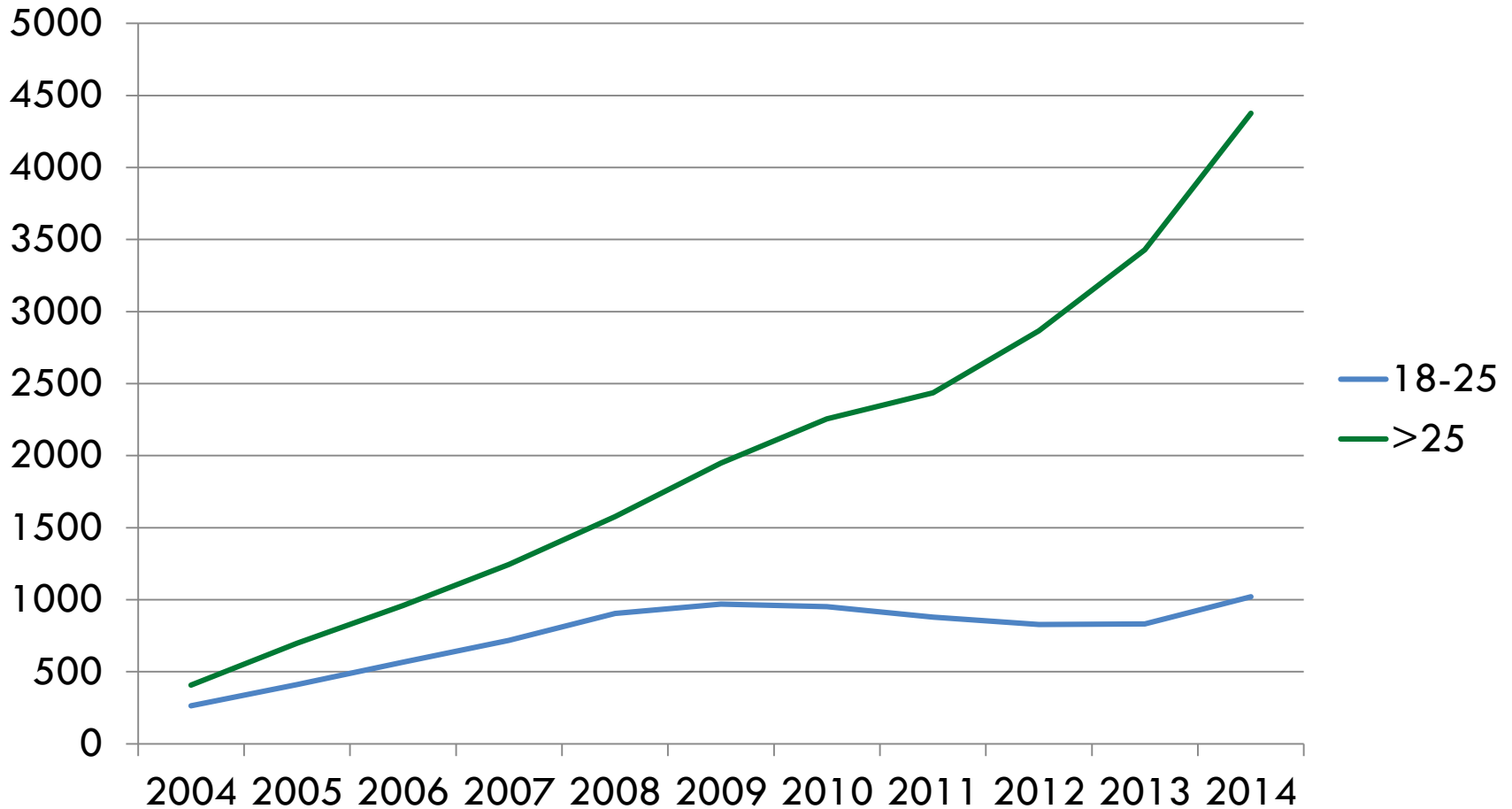
# Regulation

- ❑ MAT Rule
- ❑ Unified Pain Management Rule
  - ❑ VPMS (prescription monitoring)
  - ❑ Patient contract
  - ❑ Urinalysis requirement
  - ❑ Pill counts
  - ❑ Referral for risk

# Measuring Outcomes

- ❑ Change in attitudes and behaviors (surveys)
- ❑ Reduced use in communities (surveys)
- ❑ Improved access to care
  - ❑ More physicians treating opiate dependence
  - ❑ More OTPs
- ❑ Lower health care costs
- ❑ Improve patient functioning

# Number of Medicaid Recipients Receiving Hub/Spoke Services by Age and Calendar year



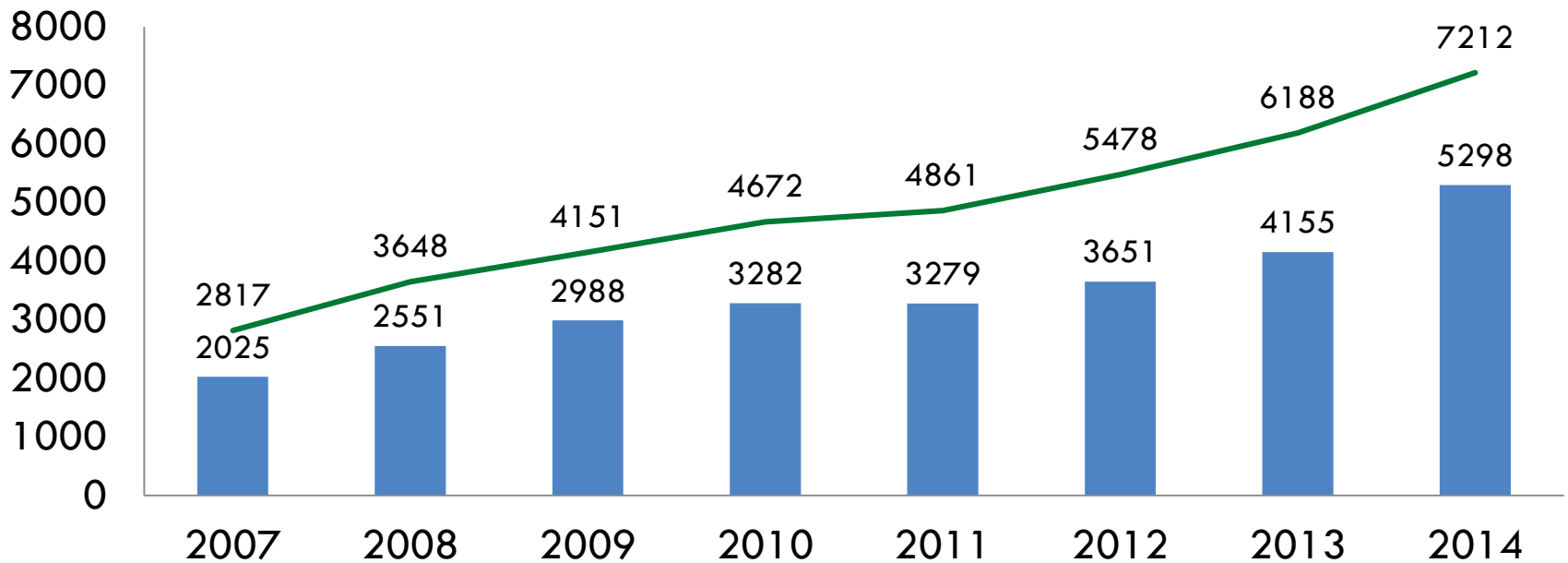
**Fewer than 10 Medicaid recipients age 12-17 received Hub/Spoke services per calendar year**

Source: Vermont Medicaid Claims

# Approximately 70% of Medicaid Recipients with an Opioid Dependence Diagnosis Receive MAT (Hub/Spoke)

## Number of Receiving MAT vs Other Services for Opioid Dependence by Calendar Year

- Medicaid Opioid Dependent Patients Receiving MAT
- Total Medicaid Patients with an Opioid Dependence Diagnosis



Source: Vermont Medicaid Claims

- Using 2007-2013 Vermont Medicaid data, analysis shows:
  - ▣ Individuals with an opioid dependent diagnosis receiving MAT have lower medical care costs than those who have an opioid dependent diagnosis and are receiving non-MAT substance abuse treatment
  - ▣ Longer Medication Assisted Treatment corresponds to lower the non-treatment related medical care costs

- Of those completing treatment or transferring to another level of care, 75% show overall improved functioning at discharge
- Those who leave treatment for other reasons, such as leaving against medical advice, incarceration, or are administratively discharged, only 34% have improved functioning