Commentary

Vermont responds to its opioid crisis☆

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ABSTRACT

Vermont is one of the more forward-thinking states in the nation with a history of taking groundbreaking approaches to complex social issues. In his Jan 8, 2014 State of the State Address, Vermont Governor Peter Shumlin announced that Vermont was in the midst of an opioid addiction epidemic. Though Vermont had called attention to its opioid crisis, it soon became clear that many other states shared this problem. Economic modeling of expanded access to maintenance therapy with either methadone or buprenorphine is felt to have “high value” because the added health care costs of treatment are offset by reductions in other health care costs that occur when individuals with opioid dependence begin treatment. Moreover, when broader societal costs such as criminal activity and work productivity are included, maintenance treatment is estimated to produce substantial overall savings.

Coordinated efforts between the Vermont Department of Health’s Division of Alcohol and Drug Abuse Programs (ADAP) and the Department of Vermont Health Access (DVHA-Vermont Medicaid Authority) have resulted in the creation of the Care Alliance for Opioid Addiction (or Hub & Spoke model). Vermont intends to develop a reproducible and exportable model based on cost effective, outcomes driven public policy.

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Vermont is one of the most forward-thinking states in the nation with a history of taking groundbreaking approaches to complex health and social issues. In his Jan 8, 2014 State of the State Address, Vermont Governor Peter Shumlin announced that Vermont was in the midst of an opioid addiction epidemic (Anon., 2014).

Since 2000 Vermont has seen an eightfold increase in those seeking treatment for opiate use, with an almost 40% increase in the past year for heroin dependency alone. Deaths from overdoses in 2013 have nearly doubled from 2012 Vermont Department of Health statistics, nd; property crimes and home invasions were on the rise and close to 80% of Vermont’s inmates are either addicted or in prison because of their addiction (Vermont State Police statistics, nd).

Following his announcement of Vermont’s opiate crisis, Governor Shumlin was inundated with requests for media interviews as he did the rounds of national Sunday news shows. Though Vermont had called attention to its opiate crisis, it soon became clear that many other states shared this problem. Within two weeks of Governor Shumlin’s address 22 people died in Pennsylvania from injecting heroin laced with fentanyl (Anon., nd).

Two factors have contributed to the recent increase in heroin use: it has become more difficult to gain access to prescription opiates for recreational use and the price of heroin has plummeted (Anon., nd).

In May 1999 the Joint Commission for Accreditation of Health Care Organizations (JCAHO) issued revisions of its standards for the treatment of pain asserting that acute pain associated with surgical and diagnostic procedures was being inadequately managed. This affected all patient care organizations accredited by JCAHO (ambulatory care, behavioral health, health care networks, home care, hospitals, long-term care, and long-term care pharmacies). As a result, physicians became more liberal in their use of opiates in order to respond to patient demands and to minimize the risk of legal or regulatory action (Anon., nd). More recently, policies and practices have been changing to support more limited and appropriate use of prescription opiates, but the proverbial genie has already been let out of the bottle: prescription opiates continue to be used illicitly or have been replaced by heroin as a cheaper alternative.

Heroin is a cheaper alternative largely as a result of enhanced opium poppy production in Afghanistan and its dilution in distribution hubs with adulterants such as baking soda or other less expensive drugs. In New York City, a major center of the U.S. heroin trade, a bag can cost as little as $4. By the time the drug makes its way up to New England, a bag can cost as much as $30 to $40. As a result, an estimated $2 million worth of opiates are now being trafficked into Vermont each week (Vermont State Police statistics, nd).

Cheaper heroin is often deadlier heroin. The deadliest additive at the moment appears to be fentanyl, a strong narcotic painkiller. Fentanyl isn’t only cheaper and 50 to 80% more powerful than heroin, it also...
prolongs the high. Fatal overdoses typically involve experienced long-term users who are using daily. Approximately 20% of such individuals will have a near-miss each year (Inaba and Cohen, 2014). They often won’t know how much heroin they are taking, or what else they are taking along with it. The result has been a significant increase of overdose deaths from opiate-induced respiratory depression.

In reviewing comparative clinical effectiveness and value of different management strategies, Vermont has determined that long-term “maintenance” treatment approaches using methadone or buprenorphine to reduce the craving for opioids are more effective than short-term managed withdrawal methods that seek to discontinue all opioid use and “detoxify” patients. Studies comparing methadone and buprenorphine found no major differences between them in reducing illicit drug use and preventing overdose or death (New England Comparative Effectiveness Public Advisory Council (CEPAC), 2014a). Although clinicians generally do not want to keep patients on medication indefinitely, there is little evidence or consensus on whether or how best to taper patients off maintenance therapy. Limited evidence suggests that patients who have not been addicted for long, do not inject heroin or other drugs, and who have a strong social support system may do well in “opioid withdrawal” programs that use injectable naltrexone, a drug that blocks the effects of opioids entirely.

Economic modeling of expanded access to maintenance therapy with either methadone or buprenorphine is felt to have “high value” because the added health care costs of treatment are offset by reductions in other health care costs that occur when individuals with opioid dependence begin treatment. Moreover, when broader societal costs such as criminal activity and work productivity are included, maintenance treatment is estimated to produce substantial overall savings. For every additional dollar spent on treatment, $1.80 in savings would be realized (New England Comparative Effectiveness Public Advisory Council (CEPAC), 2014b).

Collaboration between the Vermont Department of Health’s Division of Alcohol and Drug Abuse Programs (ADAP) and the Department of Vermont Health Access (DVHA-Vermont Medicaid Authority) has resulted in the creation of the Care Alliance for Opioid Addiction (or Hub & Spoke model). The Hub & Spoke model is comprised of coordinated care networks in which patients receive short-term intensive outpatient care until stabilized, and then referred to other outpatient practices for supportive services and Medication Assisted Therapy (MAT) in primary care settings or community-based practices. The model is designed to coordinate addiction treatment with medical care and counseling, supported by community health teams and services, to effectively treat the whole person as they make their way along the path to recovery and wellness. A “Hub” is a regional opioid treatment center responsible for coordinating the care and support services for patients who have complex addictions and co-occurring substance abuse and some mental health conditions. All patients who need methadone must be treated here. Patients who need buprenorphine may be treated here. A “Spoke” is a “medical home”, such as a primary care practice or health center, and is responsible for coordinating the care and support services for patients with opioid addictions who have less complex medical needs. Only patients who are treated with buprenorphine receive treatment in the spokes. Depending on the patient’s needs, support services may include mental health and substance abuse treatment, pain management, family supports, life skills, job development, and recovery supports.

The Hub & Spoke system has improved access to opioid dependence treatment for the growing number of Vermonters who need this level of care Vermont Department of Health statistics, nd. Vermont is improving access for individuals in the criminal justice system by creating jail diversion programs in which non-violent offenders are assessed for addiction and referred to appropriate treatment in lieu of formal charges and incarceration. Additionally, more seamless connections are being refined in collaboration with the Department of Corrections to link reentering inmates to community providers.

The healthcare delivery system needs more clinicians who are trained to treat addiction. For practicing Vermont physicians, the Vermont Department of Health has put forth a robust training to enhance strategies for early intervention using the SBIRT (Screening, Brief Intervention & Referral to Treatment) model. The Vermont Prescription Monitoring System is evolving to more easily inform physicians of contemporaneous prescriptions their patients may be receiving. The Vermont Board of Medical Practice has issued new regulations to improve provider practice relating to pain management and opioid prescribing. Preliminary discussions to enhance clinical addiction training at the University of Vermont is under way in the hopes of producing and attracting more physicians, nurses, social workers and counselors. Distance learning may prove to be a valuable tool in maintaining a well-trained workforce in a rural state such as Vermont (Martino, 2010).

The Organization for Economic Cooperation (OECD) and World Health Organization (WHO) have long embraced the concept of “horizontal governance” in which public service agencies work across traditional boundaries to achieve the shared goal to an integrated governmental response to important issues. Such strategies are at the heart of public health models and afford the best opportunity to achieve the so-called “Triple Aim” of improving patient care and overall societal health while containing cost (Anon., nd). Vermont intends to achieve continued policy integration in the context of its opioid crisis and in the process develop a reproducible and exportable model based on cost effective, outcomes driven public policy. What better way to bring about health care reform.

Conflict of interest

The author has no conflict of interest.

References

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