Ohio Department of Health Presentation on Drug Overdose Data

- See slides available on the SUD 1115 website.
- SAC question: observing the high increase in cocaine + fentanyl deaths, does Narcan help reduce that or is Narcan ineffective with that combination?
  - Clinically, Narcan would still work with the opiate portion of that. The challenge is that people have no idea what is in their substances. Given this, treatment centers should assume a potential opiate in addition to cocaine or other substances.
  - OhioMHAS just released the Ohio Substance Abuse Monitoring (OSAM) report for January through June. That report found that people using substances are not necessarily intending to use Fentanyl but that it is being mixed frequently with other substances. Some people have stated their desire to move away from opioids to a stimulant because of a fear of overdosing due to fentanyl.
  - People may not think they need Narcan if they don’t know what is in their substance.
  - There is proliferation of fentanyl in Ohio being pushed into the market from international sources.
- SAC member suggests launching messaging and education around Narcan and fentanyl in our communities given the increase in cocaine + fentanyl combination deaths. People may think they are purchasing one product and are receiving a drug that they didn’t intend.
  - State team acknowledges that work is underway on this and can take another look at the messaging.
- SAC member suggests the use of fentanyl test strips in addition to Narcan kits. This approach will help people know what drug they are taking.
- State team adds that there is messaging around fentanyl being in our drug supply in Ohio. “OH against OD” is the campaign. The messaging is: Call 911; never be alone; and carry naloxone. Messaging is developed and available for local use in communities.

Data Review – Medicaid Behavioral Health Provider Capacity

- Kendy Markman with Ohio Department of Medicaid presented Medicaid claims data, much of it mapped geographically, regarding the geographic location of SUD providers, an assessment of their patient capacity and the locations of patients with opioid use disorder (OUD).
- See slides available on the SUD 1115 website.
- SAC question: does the provider capacity scan consider providers who work in multiple counties?
  - Yes. Medicaid claims data is reflective of all service locations that belong to a Medicaid enrolled provider agency. However, the provider locations in MITS is dependent on the providers keeping their addresses up to date in the system. Also, there is nothing on a Medicaid claim other than the place of service code to identify the exact geographic location where a service is provided.
• SAC question: what does age-adjusted opiate overdose rate by county mean?
  o Age adjusting is a way to more accurately compare counties with differing age
distributions among their populations. So when looking at overdoses, younger age
groups tend to have higher rates of overdose. A county with a larger older population
may be age adjusted to more accurately compare to a county with a larger younger
population. That way the rates more accurately reflect the differences in overdose rates
and not just age differences. Age adjusting is used in analysis that does not specifically
look at age in the output.
• SAC member suggests showing a percentage in the overdose data. For example, there will be
more overdoses in Franklin County due to the population size.
• SAC question: how do you handle migration of providers from locations? This question is in
reference to the graphs showing the providers who were billing in 2018 and not in 2020. If a
provider was in Butler County and moved and began prescribing in Franklin County, would that
provider be reflected as no longer prescribing in Butler County?
  o In those instances, ODM used a provider’s primary service location as they were listed in
the Medicaid provider file. If a provider moved counties, then ODM captured the county
that was most recently on file in MITS. For example, if the provider was billing in 2018
with a Butler County location and moved to Franklin County, ODM’s data would see that
provider appearing in Franklin County since it is the provider’s most current location.
  o As part of the new claims payment system, ODM will have a way to capture the location
where services are provided.
• SAC member comments on how the ODH information showed a 78% increase in Scioto County
overdose deaths and a significant decrease of MAT providers billing Medicaid in that county. It
may be interesting to get more information to understand the reasons for those statistics.
• SAC member noted that numerous residential housing and outpatient treatment services are
popping up. Many housing organizations do not offer MAT. These residential houses coordinate
with other providers for MAT. The services in this county are focused on residential housing and
outpatient counseling. SAC member adds the suggestion to gather information on the whole
range of addiction, not just opioid deaths, to see the full picture of Scioto County’s SUD current
state. Several providers open with one level of care without offering a range of services.
• Scioto County has had no consolidation of SUD providers. Consolidation would not explain the
trends we are seeing here.
• SAC question: when ODM is identifying changes in the number of SUD residential providers,
does that include only level of care 3.5 or multiple levels of care? For example, in Lorain County,
some recovery housing at the level of care 3.1 has opened.
  o The data captures any level of residential treatment, including 3.1 and other levels of
care. If the residential provider rendered a Medicaid service, the data is included here.
  o If a residential provider changed from one level of care to a different level of care, a
change would not show in the graphs. This data on residential care does not distinguish
between the various ASAM residential care levels of care.
  o ODM has other initiatives to distinguish between the residential ASAM levels of care.
• ODM now has access to the claims data for the entire 2020 calendar year. For next steps on the
provider capacity data review, ODM can look at the Scioto County specific locations and other
areas where providers appear to have exited.
• One other data review that a SAC member suggested is the ratio of providers to patients in counties on a per capita population basis.
  o SAC member confirms that the ratio on a per capita basis would be helpful information to understand any potential access issues or other barriers to getting treatment.
• SAC member comments that anecdotally the SUD community is hearing that providers are leaving to go into private practice. It would be interesting to look at this trend if it is possible to measure. These private practices are primarily cash-only or serving commercial insurance not Medicaid.
• For inpatient care level of care 4, Mahoning County lost significant capacity. It would be useful to analyze which hospitals did pick up capacity for those areas that lost capacity.
  o ODM worked last summer with managed care plans (MCPs) to make policy changes explicitly stating that MCPs need to follow ASAM level of care for hospital admissions.
  o The inpatient providers billing activity slides may need to be refreshed in a few months to understand whether the data shows a more consistent use of care at inpatient levels.
  o It may be good to examine the specific hospitals providing the most services to the patients at the level of care 4 in order to discuss the provider trends.
• SAC question: for the graph showing patients receiving OUD MAT and SUD services, is the difference between the number of unique patients taking MAT (blue line) and the patients who were taking an MAT plus a visit to an SUD clinic provider type 95 (orange line) reflective of patients who are receiving inpatient and no other SUD services?
  o No. This shows the people who are receiving a MAT prescription or injection plus an SUD clinic service. These patients may be seeing a behavioral health provider as well.

Update on Utilization Management Targeted Workgroup
• We are about halfway through our pilot process for a new Prior Authorization (PA) form to improve the efficiency for residential prior authorization requests and reviews.
• The Targeted Workgroup meeting in February solicited feedback on an FAQ document regarding SUD residential treatment.
• As a next step, ODM is doing research on other states’ implementation of PA for SUD services and doing more detailed data analysis on levels of care for residential stays.
• Following the PA pilot, ODM will evaluate the feedback and determine next steps on moving forward with the PA form and any other potential policy changes.

Project to Expand BH Provider Health Information Exchange Capacity
• Behavioral health providers who are interested in working with one of Ohio’s Health Information Exchanges (HIE) or expanding current HIE services are welcome to dial into a public session on April 5th at 3:30pm about a new opportunity for technical assistance.
• See links available on the website to join.

Announcements and Upcoming Meetings
• Next SAC meeting is scheduled for June 11th from 1pm to 3pm Eastern Time.