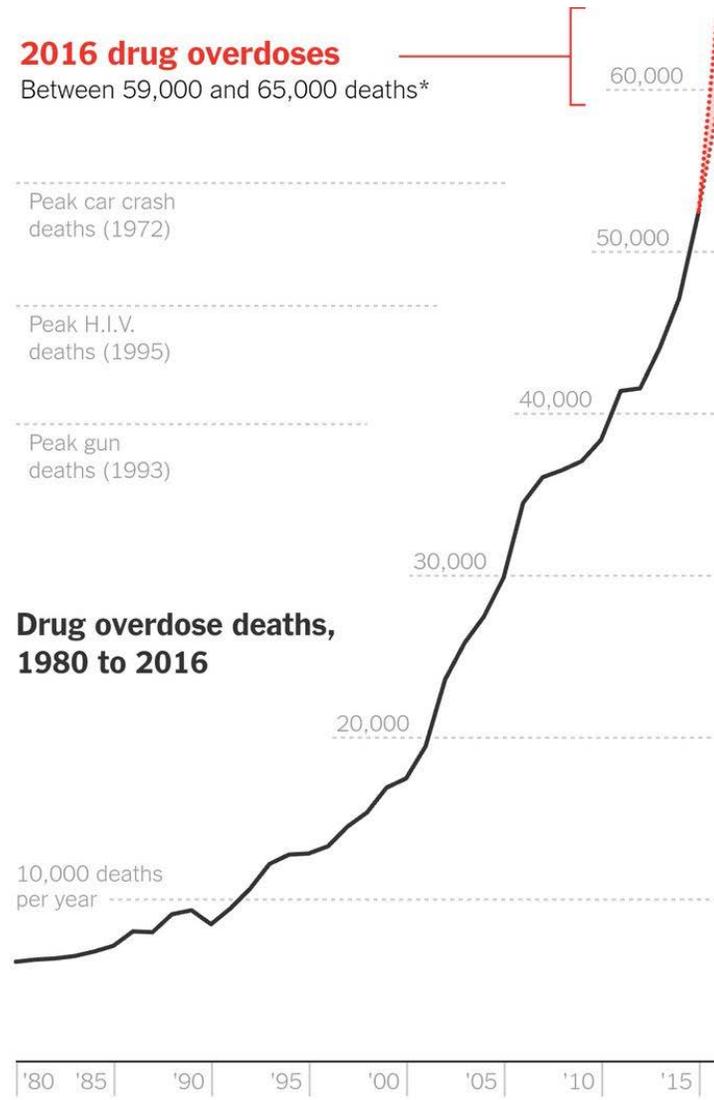




Ithaca Rotary
June 27, 2018

How does this Epidemic Compare



Rural NYS

- 84% increase in counties outside NYC (45% in)

Notable Counties:

- Erie 256%
- Onondaga 145%
- Westchester 122%

For Every Death...

- **9** people are admitted for substance abuse treatment
- **35** visit emergency departments
- **161** report having a drug use disorder
- **461** report nonmedical uses of opioid analgesics

Clinical Course of Opioid Use Disorder

- Periods of exacerbation and remission
- Underlying vulnerability never disappears
- Chronic relapsing condition (ex: diabetes)
- Perfect control of symptoms is difficult
- Persons are likely to have extended periods of abstinence
- Risk of death due is increased by a factor of 20

Like Aids This is An Issue of Health Equity

- No condition is associated with more social disapproval
- It's the one public health problem that we criminalize
- Why Rural America-
 - Counties hit hardest have the most difficult economics and the least access to care
 - Anecdotally what we see is high Adverse Childhood Experience scores
 - Prevention lies here

Barriers to Rights and Opportunities

- Social rejection-labelling-stereotyping-discrimination
- Denial of employment
- Denial of housing
- Less help than for other mental illness or physical disability

Harm Reduction

- Practical strategies and ideas to reduce the negative consequences associated with drug use
- Social justice movement built on a belief in, and respect for, the rights of people who use drugs
- A continuum that includes abstinence but does not require it

Harm Reduction Coalition Tenets

- Quality of life and wellbeing of individuals and communities is the criteria for success
- Non judgmental provision of services
- Allow persons who use drugs to participate in the creation of programs and policies
- Empower persons who use drugs to reduce harm to themselves

Drug User Health

Provision of Education, Testing and Tools to Stay Safe:

- Sterile Needles and Syringes
- Sterile Works
- HIV and HCV testing
- Linkage to Care for wounds, HCV, HIV, PEP, PrEP
- Help with Social Determinants that worsen Health

Harm Reduction Strategies to End the Epidemic

- Primary Prevention
- Overdose Prevention
- Increased access to effective treatment

Naloxone

- No prescription
- N-CAP
- Registered OOP Programs



Treating Opioid Use Disorder

Drug dependence is a disorder that can be treated effectively with low-cost medicines and standardized therapies

Replacement Therapy

Very successful in reducing HIV infection, crime
and the risk of death through overdose

Medication Assisted Therapy

- Methadone- access
- Naltrexone- 15% at 25 wks
- Buprenorphine

Buprenorphine

Partial opioid agonist

- Less euphoria
- Less physical dependence
- Ceiling effect
- Very low OD potential

Superior to Non-Pharmacological Approaches

- Retains Patients and reduces Use
- British study 150,000
 - Abstinence 2x death rate of maintenance MAT
 - MAT Lowers death rate by 70%
 - WHO, NIDA, Institute of Medicine
 - maintenance possibly lifelong is superior to abstinence rehab

Organization Mission & History

Mission: REACH believes that all individuals have a right to: **R**espectful – **E**quitable – **A**ccess to – **C**ompassionate – **H**ealthcare. REACH exists to serve vulnerable individuals who typically face stigma in the healthcare setting due to homelessness, drug use, and other issues. REACH serves all individuals without regard for their ability to pay for services.

- Formed legal entities (501c3 and PLLC) in 2017
- Opened for business on February 26, 2018



Legal Structure

The REACH Project, Inc.

- 501c3 nonprofit umbrella organization. Owns and operates Reach Medical.

Reach Medical, PLLC

- Captive professional corporation (private medical practice) providing ORT, primary care, behavioral services, and Hep C treatment
- Member of the clinically integrated network, Cayuga Area Plan, which allows for enhanced Medicaid rates in Tompkins County



The Reach Model

- Syringe Exchange Programs & Drug User Health Hubs
 - Reach expanded into primary care medical practice setting to increase access
 - Hubs serve as the gateway to engagement with seamless transition/referral to Reach for care
- Non-licensed, permitting collaboration with OASAS, OMH and other agencies
- Contracted providers (MD's and APP's) maximizes total Buprenorphine slots
- Registered nurses provide intensive support to reduce provider burden.
- Not a productivity/volume-driven model, allowing providers to properly engage with patients.



Hospital Utilization - Medicaid Members

Medicaid Population with an Opioid Dependence-related Diagnosis on any type of Medicaid Claim										
Time Frame: July 2016 to June 2017										
Among All Medicaid Members with an Opioid Dependence-related Diagnosis										
County of Fiscal Responsibility	Total Medicaid Members with an Opioid Diagnosis	% of Medicaid Members with an Opioid Diagnosis	Members with Primary Care Visits	Members with ER Visits	Members with Inpatient Discharges	Primary Care Visit Volume	ER Visit Volume	Inpatient Discharge Volume	% of Total Medicaid ER Visits	% of Total Medicaid Inpatient Discharges
BROOME	1,316	2.0%	897	702	548	4,113	1,807	991	6%	12%
CHEMUNG	457	1.5%	363	282	174	2,378	903	324	4%	8%
CHENANGO	324	1.9%	215	186	92	1,388	494	149	4%	8%
CORTLAND	329	2.2%	238	217	146	1,303	720	255	6%	12%
DELAWARE	311	2.1%	237	161	99	1,973	423	163	5%	10%
SCHUYLER	94	1.5%	74	61	32	485	128	46	3%	7%
STEUBEN	527	1.6%	453	287	158	3,315	732	263	4%	8%
TIOGA	265	1.8%	196	138	87	973	380	135	7%	10%
TOMPKINS	406	1.9%	309	214	183	1,686	496	356	7%	16%
Totals	3,877	1.8%	2,863	2,152	1,455	17,614	6,083	2,682	5%	11%

- While patients with opioid diagnoses make up a small percentage* of the total Medicaid membership across the 9 counties in the PPS, hospital utilization is high.
- In Tompkins County, 2% of the Medicaid Members have an opioid diagnosis. This population makes up 7% of the total Medicaid ER visits, and 16% of the total inpatient admissions.

*This only represents individuals showing up in claims data and does not account for patients without a diagnosis/claim-generating service



What Differentiates Reach?

- Extremely low threshold, maximizing rapid access
- Very high engagement with the target population
 - Over 450 unique patients served in the first 4 months.
 - Marketing has occurred primarily through word of mouth.
- High interest and engagement with the provider community.

Current contracted waived providers:

- 4 primary care providers (IM/FM - MD's and APP's)
- 2 MD's from the local university student health programs
- 2 ED MD's
- 1 inpatient NP trained in family medicine
- 1 Psych NP



Patient Population

- Greater than 20% of patients travel from outside Tompkins County
- >75% are enrolled in Medicaid
- >50% also receiving primary care at Reach
- ~25 engaged in Hep C treatment
- At least 200 qualifying for Medicaid Health Home services
- > 16% receiving psych services onsite at Reach



Questions?

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