

OUD Revision Focus Areas

Goal: Narrow down focus areas further (e.g., into 2-3 actions for a broad range of systems, or lots of actions for 2-4 audiences). What is the biggest problem that if solved would have the largest impact?

Examples:

- Establishing defined pathways to low-barrier initiation of MOUD across different healthcare settings and payment landscapes to support them
- Widespread adoption of trauma-informed care and harm reduction principles into clinical care
- BH integration models across various settings (critical access hospitals, rural clinics, FQHCs, stand-alone primary care clinics, pre-hospital services, etc) and experience levels with treating OUD

Previous Audiences

- Patients and Families
- Clinicians
- Programs and Facilities
- Health Plans
- Washington State Agencies: HCA, DOH, DOC, Division Behavioral Health Recovery, DSHS, LNI
- Employers
- Health Services Academic Training Programs and Residencies
- *Washington State Legislature?*

Original Focus Areas		New Focus Areas
Access to Evidence-Based Treatment	<ul style="list-style-type: none"> - Medication treatment – buprenorphine, methadone, and naltrexone (e.g., increase geographic reach, increase number of providers) - Reduction in stigma associated with treatment 	<ul style="list-style-type: none"> - Low barrier pathways to MAT (buprenorphine formulations) - Trauma-informed care and harm reduction principles - Payment models/reimbursement supporting low-barrier initiation
Referral Information	<ul style="list-style-type: none"> - Providers and patients know where to access care. - Accessible inventory of buprenorphine and methadone prescribers - Referral infrastructure that supports patients and providers 	

<p>Integrated Behavioral and Physical Health to Support Whole-Person Care</p>	<ul style="list-style-type: none"> - Treatment of co-morbid conditions including multiple substance use, mental illness, physical health in line with BHI report and recommendations 	<ul style="list-style-type: none"> - Payment models and reimbursement supporting BH integration - Models of BHI for providers with various experience in identifying and treating OUD
---	---	---

Potential Speakers/Guests:

- Syringe Exchange Programs
- Correctional Facilities
- Patient Advocacy Groups?