

ODU Revision Focus Areas

Top Goal Brainstorm:

- Low threshold MOUD across different healthcare settings, and the payment landscapes to support them
- Widespread adoption of trauma-informed care and harm reduction
- BH integration across various settings (critical access hospitals, rural clinics, FQHCs, pharmacies?, etc) and experience levels with treating OUD
- Expanding access to extended-release injectable buprenorphine (cost, insurance coverage, availability)

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

Original Focus Areas		New Associated Goals
Access to Evidence-Based Treatment	<ul style="list-style-type: none"> <li>- Medication treatment (MOUD) – buprenorphine, methadone, and naltrexone (e.g., increase geographic reach, increase number of providers)</li> <li>- Reduction in stigma associated with treatment</li> </ul>	<ul style="list-style-type: none"> <li>1. Telehealth is incorporated to expand access to MOUD</li> <li>- Patients have access to evidence-based formulations of and initiation protocols for MOUD</li> <li>- Payment models and reimbursement structure facilitates no wrong door access to MOUD</li> <li>- Providers and staff are competent in and follow trauma-informed care and harm reduction principles for people with OUD</li> </ul>
Referral Information	<ul style="list-style-type: none"> <li>- Providers and patients know where to access care.</li> <li>- Accessible inventory of buprenorphine and</li> </ul>	<ul style="list-style-type: none"> <li>- Patients are transitioned effectively between care settings and between medications as appropriate (e.g., inpatient to OTP, primary care to OTP, methadone to buprenorphine)</li> </ul>

	<p>methadone prescribers</p> <ul style="list-style-type: none"> <li>- Referral infrastructure that supports patients and providers</li> </ul>	<ul style="list-style-type: none"> <li>- People with OUD using HPSO begin MOUD in the appropriate setting and with a competent provider</li> </ul>
<p>Integrated Behavioral and Physical Health to Support Whole-Person Care</p>	<ul style="list-style-type: none"> <li>- Treatment of co-morbid conditions including multiple substance use, mental illness, physical health in line with BHI report and recommendations</li> </ul>	<ul style="list-style-type: none"> <li>- Behavioral health and access to MOUD is integrated into nontraditional settings (MOUD in community pharmacies, health engagement hubs, etc)</li> <li>- Support services like care navigation, care management and other harm reduction services are covered by payment models</li> </ul>

Potential Speakers/Guests:

- Syringe Exchange Programs
- Correctional Facilities
- Advocacy Groups