The River Parable

A man is standing by a river when he hears a cry for help. He sees someone struggling in the water, on the verge of drowning. Being an expert swimmer, he jumps in and rescues the victim. Before he has time to rejoice in his success, however, he sees someone else floating by, also crying for help. As soon as he rescues this person, he discovers a third...then a fourth and a fifth. More and more victims float by, taxing his swimming stamina. Finally he walks away. When asked where he is going, he replies, "I'm going up the river to try to stop people from falling in."
Integration and Equity
There’s a First Time for Everything

• 12 y.o. male presents with supracondylar fracture after falling off his ATV
• Screened for alcohol use by protocol
• Had his first shots of vodka with older brother before getting on the ATV
• To OR for pinning
• Brief intervention post-op with family, referred to PMD for treatment
Ecologic model of health
What is upstream?

• Home
• Hope
• Health
What do you see in this picture?
Population health has been defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group." It is an approach to health that aims to improve the health of an entire human population.
The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.

68% of adults with a mental illness have one or more chronic physical conditions.

more than 1 in 5 adults with mental illness have a co-occurring substance use disorder.
The solution lies in integrated care – the coordination of mental health, substance abuse, and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.
INTEGRATION WORKS

Community-based addiction treatment can lead to...

- 35% in inpatient costs
- 39% in ER cost
- 26% in total medical cost

Reduce Risk → Reduce Heart Disease
(for people with mental illnesses)

- Maintenance of ideal body weight (BMI = 18.5 – 25)
- Maintenance of active lifestyle (~30 min walk daily)
- Quit Smoking

35%-55% decrease in risk of cardiovascular disease
35%-55% decrease in risk of cardiovascular disease
50% decrease in risk of cardiovascular disease
Teaming up for opiates
How to create an opiate epidemic in three easy steps

1) Create a culture with an expectation of pain free experience with powerful support
2) Change the practice of a generation of physicians
3) Enact regulations to change practice without accounting for a population with substance use and behavioral health infrastructure needs
Percent Change in Leading Causes of Injury Death* — Indiana, 1999–2015

- Suicide: 38.3%
- Homicide: -3.8%
- Unintentional MV Traffic: -21.7%
- Unintentional Falls: 40.9%
- Unintentional Poisoning: 771.4%

*Age-adjusted rates

Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention
Drug Poisoning Deaths by Age Group, Indiana, 2015

Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention
Drug Poisoning Death Rates by Year, Indiana and US, 2003-2015

*Age-adjusted rates

Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention
Enhance & maximize prescription drug monitoring program (INSPECT)

- PDMP integration with electronic health records
  - Reduces data reporting interval to PDMPs
  - Supports effective clinical decision-making
  - Prevents drug diversion
Governor’s Office of Prevention, Treatment and Recovery

- Established by executive order January 9, 2017
- Led by Jim McClelland
- Coordination of agency opiate policy
- Connection of policy to practice to community
Moving Forward

- Continued focus on EVIDENCE-BASED OPIOID PRESCRIBING for acute and chronic pain
- Age appropriate HIV and substance abuse prevention education beginning in elementary school
- Improve ACCESS TO MEANINGFUL DATA, including
  - INSPECT
  - EMS registry
  - Coroner’s reports
Moving Forward

- Increased access to treatment for SUD, including Medication Assisted Treatment (MAT), Counseling, Behavioral Therapy, and Recovery Support

- Increase ACCESS TO TREATMENT for Substance Use Disorder (SUD), Hep C, and HIV (ECHO)

- Decrease the STIGMA of addiction and so people will seek care
Moving Forward

• Continue increasing ACCESS TO NALOXONE (first responders and lay savers)
• INCREASED TESTING for HIV and Hep C, especially in high risk communities- field testing, EDs, jails, provider offices, health departments
• LONG-TERM SOLUTIONS to improve public health infrastructure and socioeconomic disparities
Look for opportunities to intervene

• Test at high risk venues
• Comprehensive SEPs
• Consider PREP among high risk individuals
• Need to have conversations about who receives treatment for HCV, who prescribes, and how to pay
• Increase availability of addiction recovery services and Naloxone, and increase awareness, acceptance, proper administration of MAT
• Coverage for vulnerable populations
Partner

• Law enforcement
  – Local, County, State police all play different but important roles
  – Prosecutors and judges have particular power to help or to veto initiatives

• Legislators
  – Key to convincing public, getting laws changed, can advocate on your behalf to your boss/bosses
Partner

• Hospitals
  – Major touchpoint (ER), have resources, have community standing, can advocate

• Faith based community
  – Essential for community outreach
  – Set the tone for controversial moral interventions
  – Already have infrastructure and contacts
  – Perfect for counseling (e.g. w MAT), and “after” care
Our roadmap together
Office of the Secretary

• Get to yes
• Live the mission
• Fulfill commitments
• Be present and listen
• Be the voice of the vulnerable
• Be accountable and fiscally responsible
• Support common goals in uncommon ways