

Improving the Quality of Addiction Treatment

Expanding Access to Medication-Assisted Treatment in
Residential Addiction Treatment Programs

Webinar sponsored by
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RTI International is an independent, nonprofit research institute dedicated to improving the human condition. We combine scientific rigor and technical expertise in social and laboratory sciences, engineering, and international development to deliver solutions to the critical needs of clients worldwide.

Purpose and Learning Objectives

- Participants will hear from addiction treatment providers and policymakers who have developed processes to implement on-site MAT
- Objective is to help providers and policy makers learn how to provide medications to treat opioid addiction within residential addiction treatment centers in order to more effectively treat opioid use disorders

Agenda

- Effectiveness of medications to treat opioid use disorders
- Virginia DMAS MAT Residential Addiction Treatment Expansion Initiatives
- Lessons Learned from Three Providers
 - Richmond Behavioral Health Authority
 - Phoenix House
 - Life Center of Galax

Effectiveness of Medications to Treat Opioid Use Disorders

Tami L. Mark, PhD, MBA

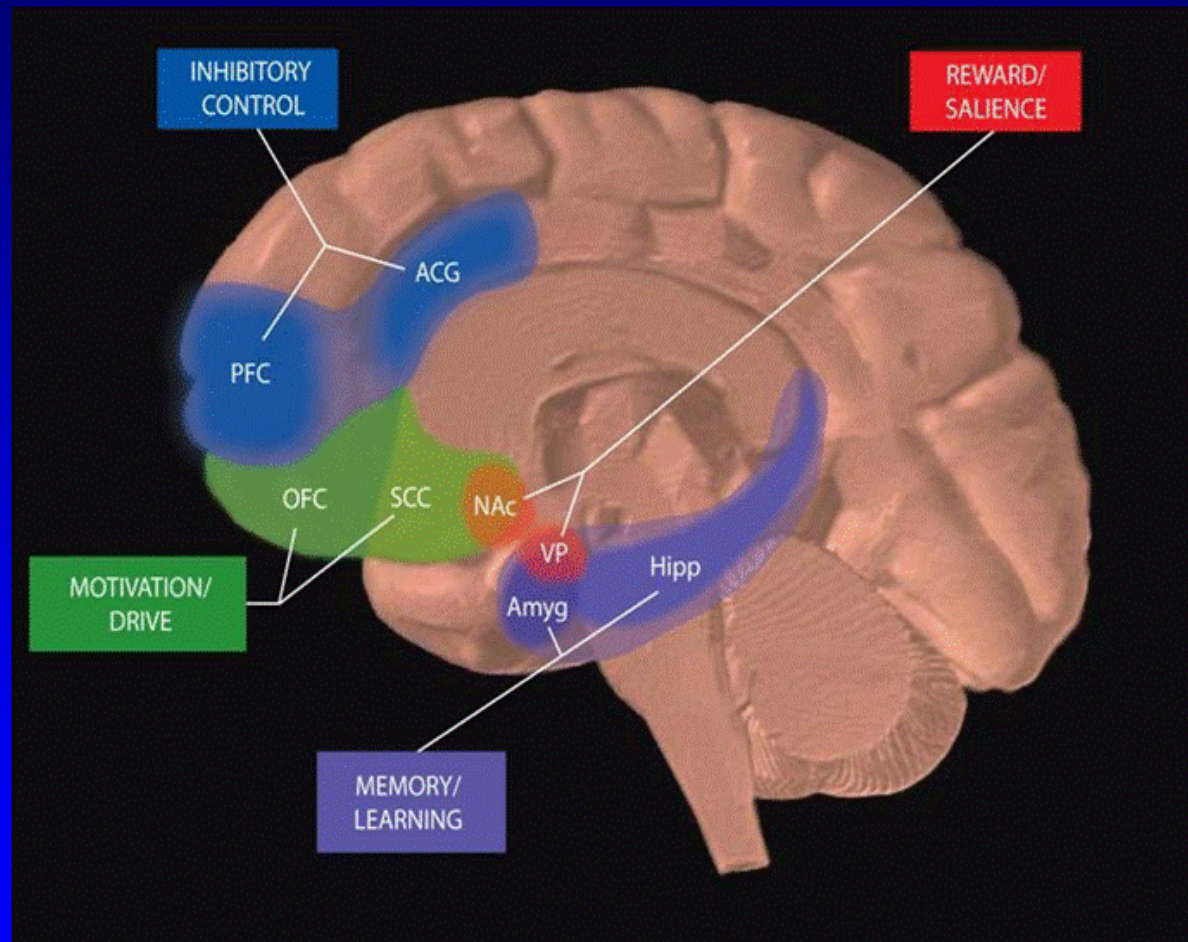
Senior Director

Behavioral Health Financing

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Opioids Change the Structure and Workings of the Brain

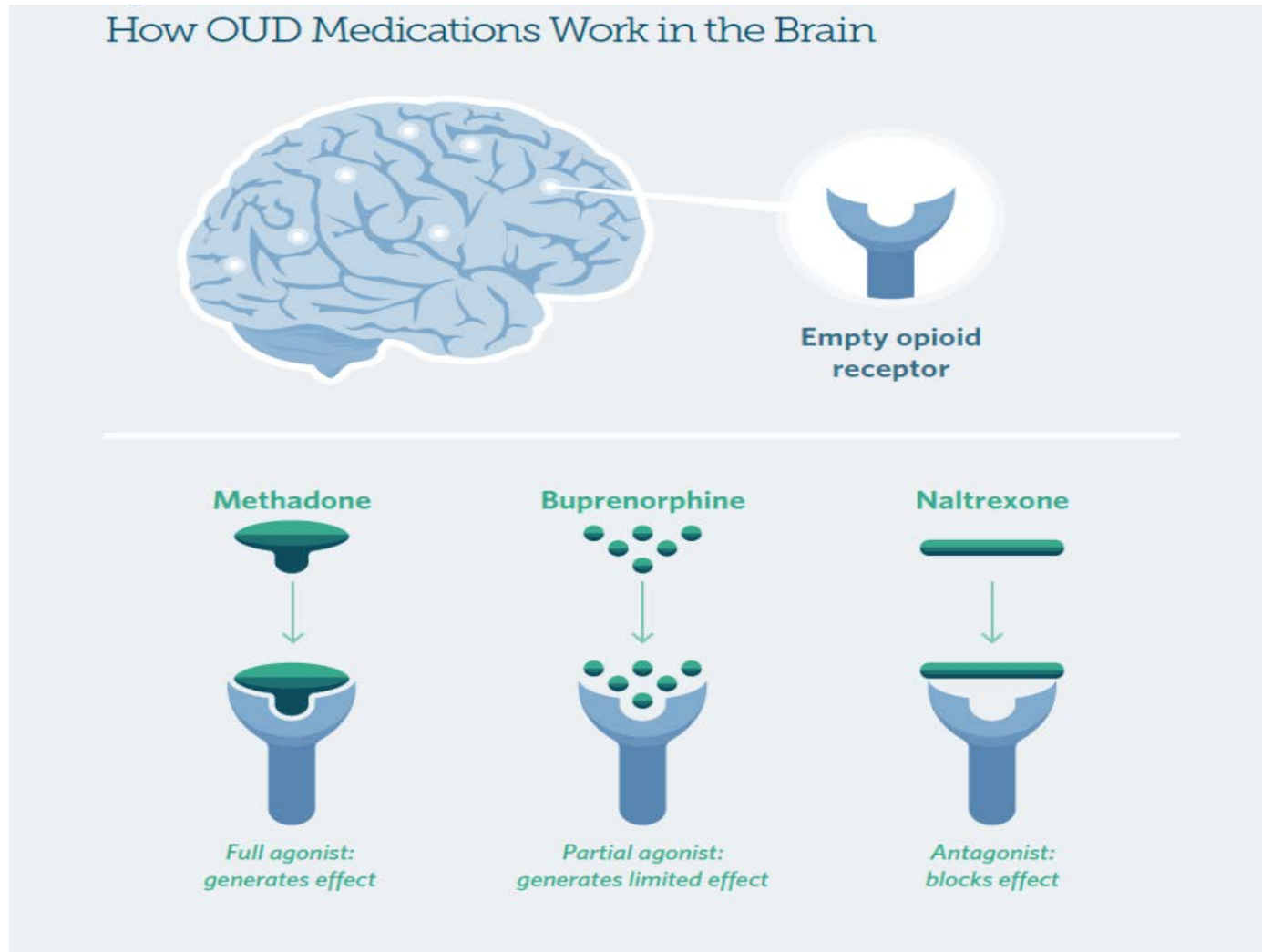
Circuits Involved In Drug Abuse and Addiction



All of these brain regions must be considered in developing strategies to effectively treat addiction

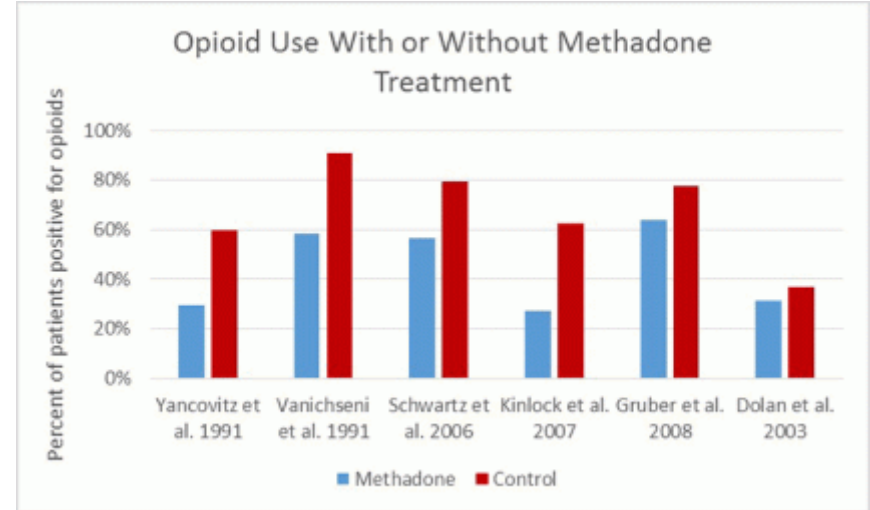
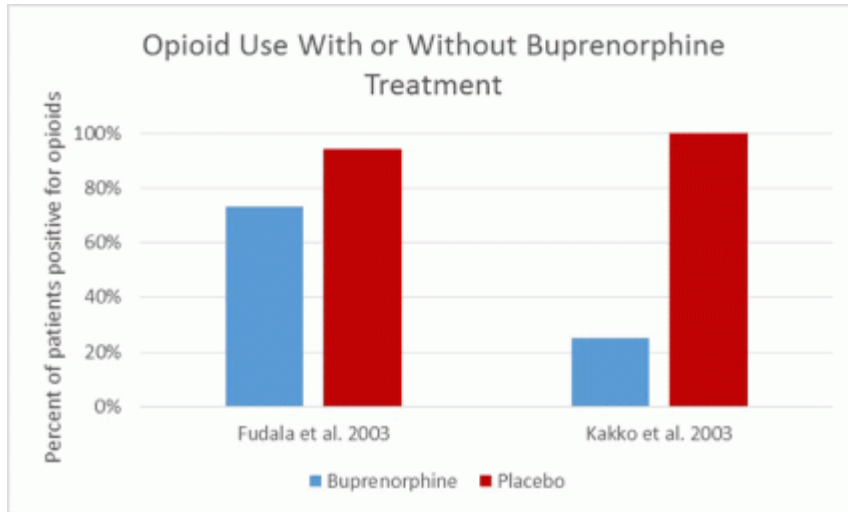
NIDA

Medications to Treat Opioid Use Disorders



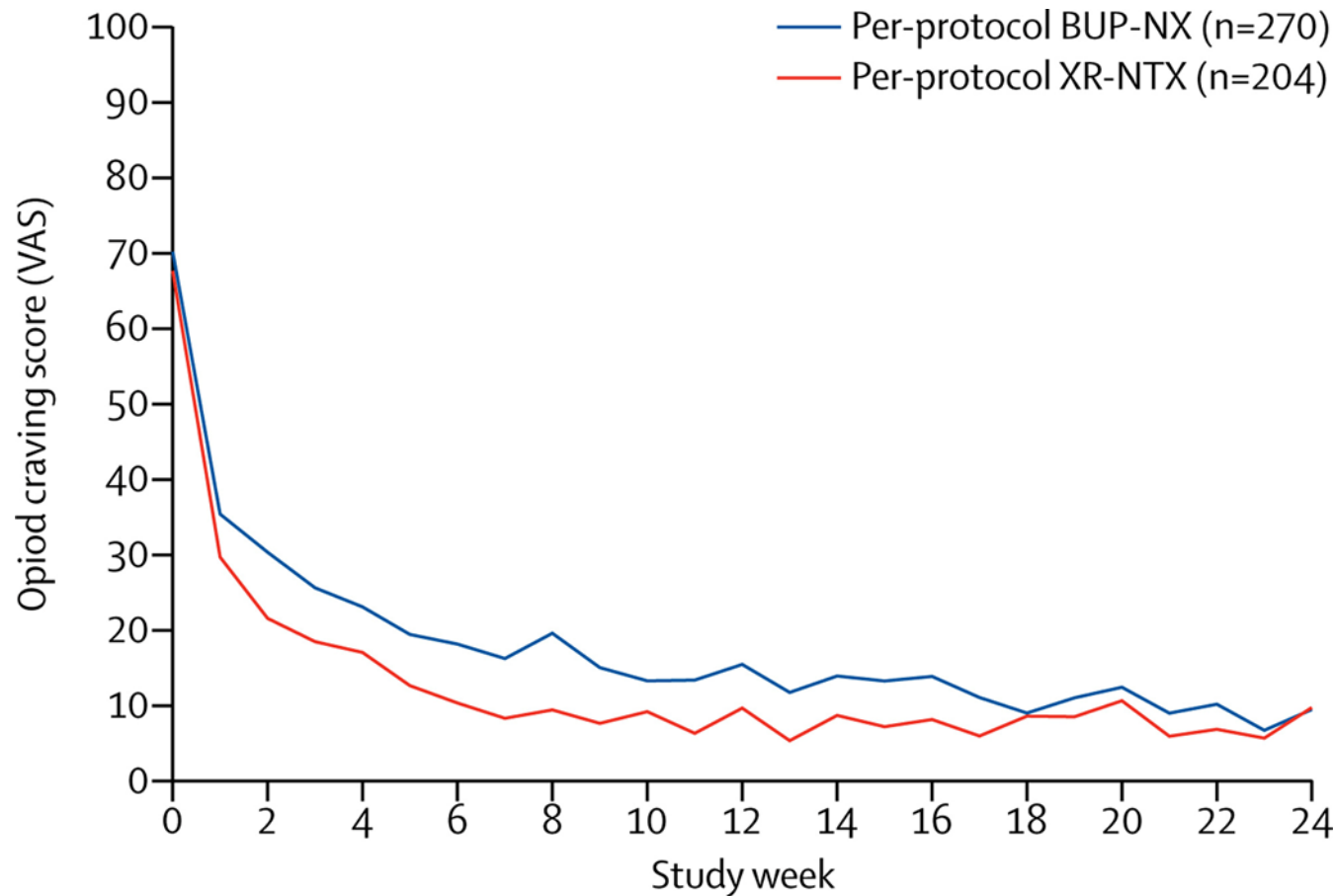
Source: Pew Charitable Trusts. (2016). *Medication-assisted treatment improves outcomes for patients with opioid use disorder* (Figure 1). Retrieved from http://www.pewtrusts.org/~media/assets/2016/11/medicationassistedtreatment_v3.pdf

OUD Medications Are Much More Effective than “Drug Free” treatment



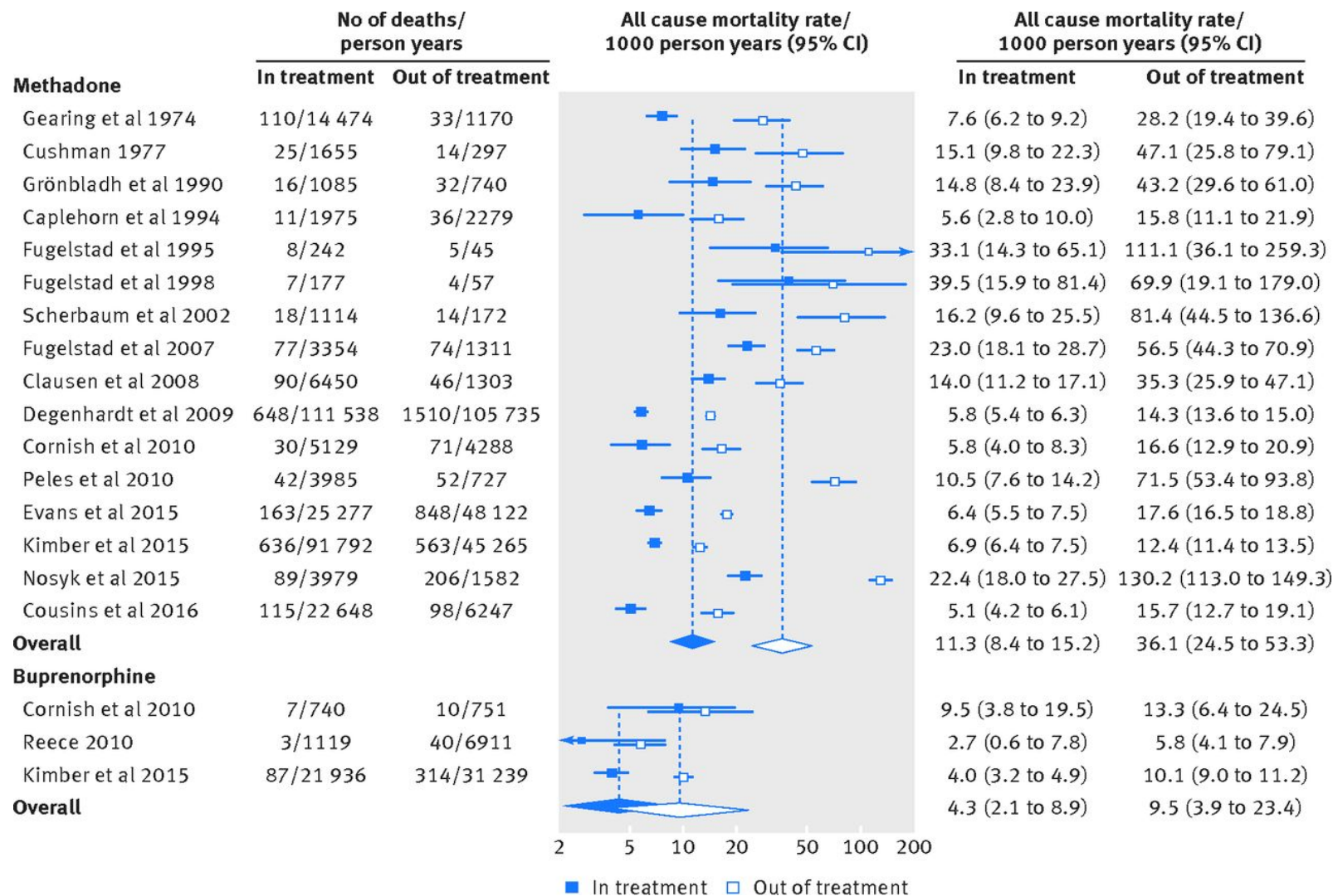
Source: National Institute on Drug Abuse. (2017, May). *Medications to treat drug abuse: Efficacy of medications for opioid use disorder*. Retrieved from <https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder>

Opioid Addiction Medications Reduce Craving



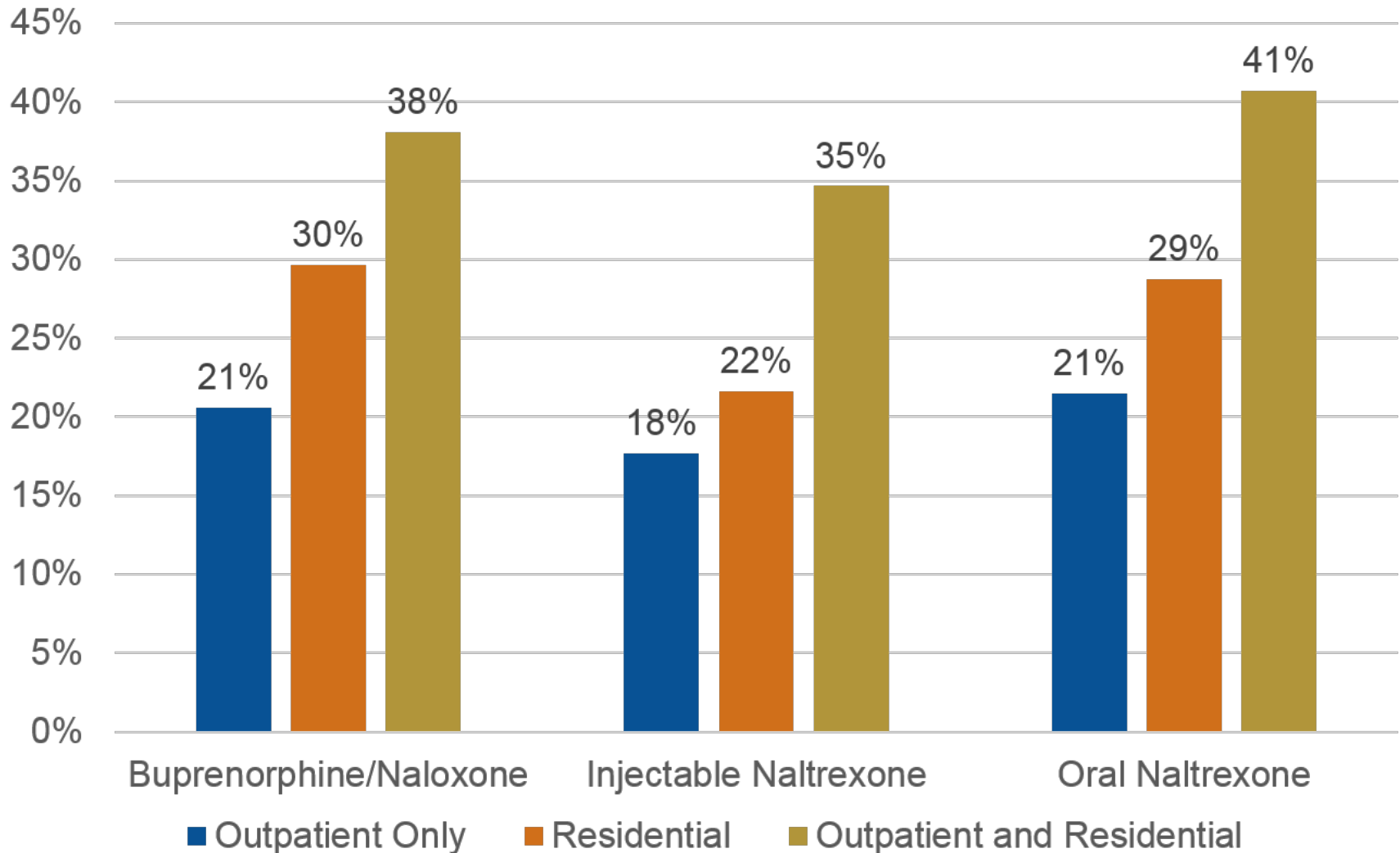
Source: Lee, J. D., Nunes, E. V., Jr., Novo, P., Bachrach, K., Bailey, G. L., Bhatt, S., et al. (2017). Comparative effectiveness of extended-release naltrexone versus buprenorphine-naloxone for opioid relapse prevention (X:BOT): A multicentre, open-label, randomised controlled trial. *Lancet*. doi:10.1016/S0140-6736(17)32812-X.

Opioid Addiction Medications Save Lives



Source: Sordo, L., Barrio, G., Bravo, M. J., Indave, B. I., Degenhardt, L., Wiessing, L., et al. (2017). Mortality risk during and after opioid substitution treatment: Systematic review and meta-analysis of cohort studies. *British Medical Journal*, 357. doi:10.1136/bmj.j1550

Only 30% of Residential Treatment Facilities Offer MAT



Source: Substance Abuse and Mental Health Services Administration (SAMHSA), 2016 National Survey of Substance Abuse Treatment Services (N-SSATS).

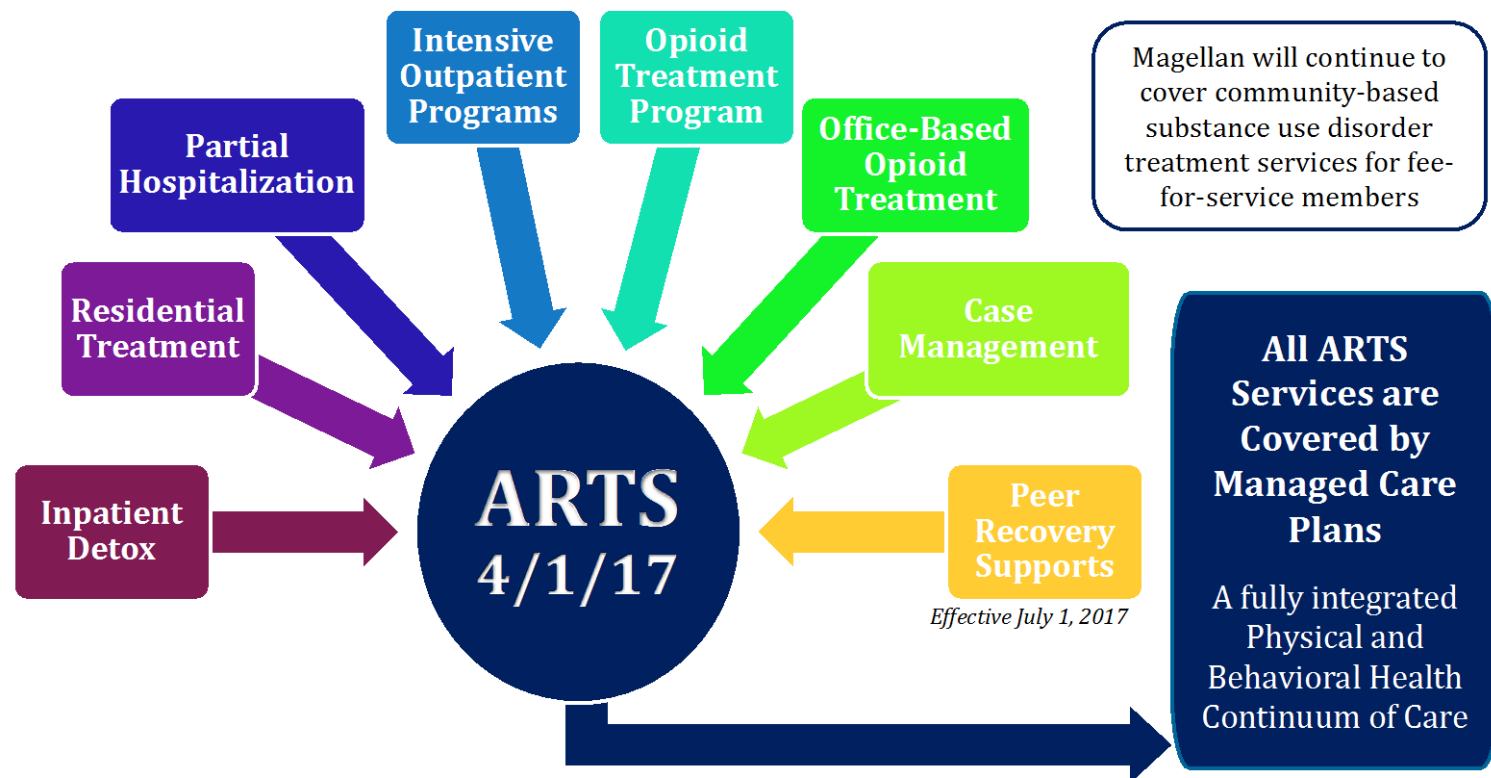
Virginia DMAS MAT Residential Addiction Treatment Expansion Initiatives

Matthew Keats, MD, MMM

Behavioral Health Medical Director
Virginia Department of Mental Health
and Addiction Services

Virginia Medicaid's Addiction Recovery Treatment Services (ART) Program: Background

Transforming the Delivery System of Medicaid SUD Services



The Compelling Case for Improving Access to MAT: Lives Saved

- **Use of MAT reduces risk of overdose and death and saves lives**, especially in the first days and weeks after release from an institutional setting, when overdose risk is highest.
- **Retention in methadone and buprenorphine treatment associated with substantial reductions in risk for all cause and OD mortality** for people with OUD over period of 1.1-4.5 years (BMJ meta-analysis, 2017)
- **Continued use of opioid agonist therapy after incarceration reduced risk of death by 75%** compared to those on no therapy. (Addiction, 2014)
 - Methadone: 4.9 fold risk reduction in OD death, 3.2 fold reduction in all cause
 - Buprenorphine: 3.3 fold risk reduction in OD death, and 2.2 fold in all cause, with suggestion that buprenorphine could lower risk more than methadone, especially in especially vulnerable first 4 weeks of tx
- **Risk of overdose death for patients receiving only psychological support for OUD was double the risk** for those receiving opioid agonist therapy (Addiction, 2015)

Virginia Medicaid's ARTS Program: Background

Implemented under Medicaid 1115 Demonstration waiver

- Allows Federal matching Medicaid dollars for SUD services provided residential treatment facilities with 16+ beds
- Does NOT change who is eligible for treatment services
- Requires independent evaluation of the waiver's impact

ARTS dramatically altered the landscape for residential providers

Before ARTS

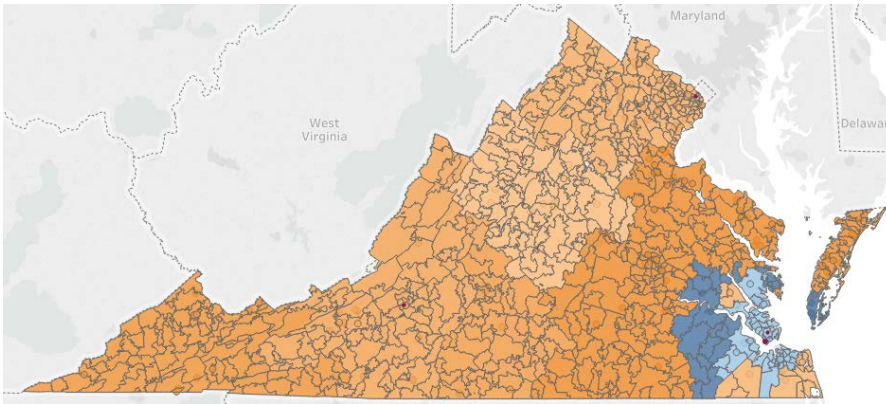
- Virginia Medicaid reimbursed residential treatment for pregnant women only
- Rates were inadequate: \$108 per diem rural and \$120 per diem urban

After ARTS

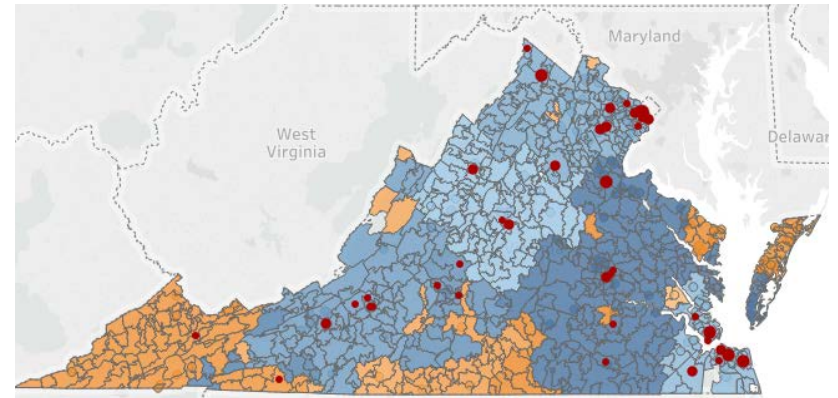
- All 1.1 million Medicaid members with SUD eligible for residential treatment if appropriate under American Society of Addiction Medicine (ASAM) placement criteria
- Per diem rate increased to \$393, an increase of more than 300%

Residential Treatment Providers Signed Up

- Before ARTS Residential Provider Network Adequacy (total of 4 providers)



- After ARTS Residential Provider Network Adequacy (total of 78 providers)



Charge from CMS to Virginia Medicaid and Our ASAM Level 3 Providers

- CMS Letter to Medicaid directors (11/1/ 2017) requires states with 1115 SUD Demonstration waivers such as Virginia
 - Residential treatment facilities must offer MAT on site or facilitate access off-site
 - CMS will monitor how effectively states ensure sufficient provider capacity at critical levels of care, including for MAT for OUD
- By the end of 2018, Virginia Medicaid will require all ARTS residential providers to demonstrate how they are providing MAT or facilitating off-site access to MAT for Medicaid members with opioid use disorder
- Medicaid value-based payments for residential treatment will include the percentage of members with opioid use disorder who receive MAT at each residential treatment program

Virginia Medicaid Can Support Residential Providers in Addressing Barriers to MAT Access

- The DMAS website (www.dmas.virginia.gov) has tools and resources under the ARTS section:
 - A Google Map shows the location of every ARTS provider in Virginia and neighboring states from ASAM Levels 2.1 through 3.7, including contact information, including all office-based opioid treatment (OBOT) and opioid treatment programs.
 - Searchable lists of all ARTS Levels 2.1 through 3.7 providers by region.
 - A SUD email address for any questions
- All managed care organizations managing the ARTS benefit have full-time ARTS care coordinators who can help identify waived practitioners and other resources and help link patients and residential treatment providers to these practitioners.

Lessons Learned from Providing Opioid Medications in Residential Addiction Facilities

Richmond Behavioral Health Authority

John P. Lindstrom, PhD, LCP

Chief Executive Officer

Jim May, PhD

Director of Planning, Development, Research,
Evaluation & Substance Use Disorders Services

RBHA and Richmond's Treatment Demand

- Local authority responsible for providing mental health, developmental disability, SUD, and prevention services in Richmond, Virginia
 - Serves 12,000+ people, 6% of Richmond's population
 - 6 to 10 week waiting lists for SUD services
- Richmond has seen dramatic increases in heroin and fentanyl overdoses
 - 8.76/100,000 in 2011
 - 30.4/100,000 in 2016

Recent Expansion of Services

Historically RBHA

- Directly provided outpatient, intensive outpatient, and case management SUD services
- Purchased MAT and residential SUD treatment services from separate, private providers

RBHA expanded and improved SUD services

- Acquired and directly operates, 13-acre residential SUD treatment campus, includes:
 - Withdrawal management services
 - 3 residential treatment programs
- Each program was designed with a commitment to employing evidence-based programs and services

MAT Services at RBHA

- Virginia DMAS's ARTS benefits opened the door to expand MAT
- RBHA opened integrated primary behavioral health care clinic at its main outpatient location
- RBHA opened outpatient OBOT program through its primary care clinic
- DMAS designated RBHA's OBOT program as a "gold standard"
- RBHA began providing MAT services in its residential treatment programs
- Same physician provides waived buprenorphine prescribing in outpatient and residential treatment settings.

MAT Services at RBHA

Location/ Setting	Outpatient Primary Care Clinic (OBOT Program)	Residential SUD Withdrawal Management and Residential Treatment Programs (3) MAT
Providers	<p>Buprenorphine-waivered, part-time consulting physician (1; with 1 more planned)</p> <p>Buprenorphine-waivered nurse practitioner (1, <i>with 2 more in training</i>)</p>	<p>Buprenorphine-waivered physician (1), assisted by nurse manager and nursing staff</p> <p><i>Buprenorphine-waivered nurse practitioner planned for late 2018</i></p>
Typical Induction	Mondays, generally, but also some on Wednesdays	Ongoing, but generally Monday through Friday, typically while clients are in withdrawal management
Medical Follow-Ups	Wednesdays	Ongoing, any day, after induction
Therapy Groups	Mondays and Wednesdays	Regularly scheduled, daily, as part of residential treatment

Commitment to Evidence-Based Practices and Integrating Primary Care

- Basic assumptions led naturally to providing MAT services within the residential treatment setting
- **Behavioral health care is health care**, but far too many of the people we serve have neglected their health for too many years.
- RBHA's outpatient, on-site primary health care clinicians demonstrated **consumers love being able to receive their medical care on site**
- Consumers more likely to recover if provided **evidence-based practices**
- Addiction is a health care disease.
- ***MAT* is the evidence-based practice for the treatment of opioid addiction.**

Barriers and Overcoming Them

Staffing Shortages

- Few physicians willing and interested in SUD population.
- Few nurse practitioners and physician assistants
buprenorphine waived
- Registered nurses are extremely difficult to recruit or retain.

Staff Attitudes

- Staff of all stripes may arrive with pre-existing negative attitudes toward MAT; may believe only in abstinence.
- Staff must recruit for the desired attitudes.

Time and Space Limitations

- In a large residential setting, serving predominantly people with opioid addiction, a “line” will literally begin to develop each day for medication administration
- Medication administration takes longer than it did before MAT

Barriers and Overcoming Them (continued)

Pharmacy Access

- Ideally, 24-hour access to medications available from a licensed pharmacy with 24-hour delivery to residential facility.
- RBHA has a full-service pharmacy, on site, at the main, outpatient location, and works with another pharmacy to deliver medications to the residential treatment programs.

Medication Storage

- Additional medication security and specialized storage is required for buprenorphine. New protocols are needed to support its safe-keeping and administration.
- RBHA uses a safe and separate locked medication bags

Arranging Post-Residential Treatment Outpatient Follow-Up Care

- Out-of-catchment-area referrals require knowledge of potential follow-up clinics;
- Sudden discharges against medical advice require policy and procedures to have medications follow the consumer.

Questions?



Phoenix House

Susan Spies, MSN/MPH, FNP

Director of Nursing, Phoenix House

Consistent Messaging

- Moment patient walks through the door, they hear the same message about MAT
- Assessments Department is raising awareness of MAT before admission
- Medication education and prescription of MAT right away if indicated
- Groups on MAT
- Discussion of MAT in individual sessions with a counselor and in family sessions
- Informal discussion with residential staff

Team Approach

- Winning hearts and minds of all levels of staff
- Training—providing specific education targeted to MAT including evidence and research
- Maintaining a culture of practicing evidence-based care as an organizational standard
- Comparing real-time success of patients on MAT versus those who are not—sharing our successful rates of MAT monthly and correlating that to lives saved
- Having physicians, nurse practitioners, and/or physician assistants who are buprenorphine waived

Knowing the Barriers

Patient and family beliefs

- Patients believe that they are just switching from one drug to another and families give inconsistent messages
- Use team approach and consistent messaging.

Insurance rejections and preauthorizations

- Phoenix House became a preferred provider for Virginia Medicaid to reduce rejections
- Lobbied private health insurance companies to fill buprenorphine products without requiring preauthorization.

Criminal justice system has outdated beliefs

- Stakeholder meetings were held, advocating for one patient at a time.

Pharmacy services

- Establish relationship with pharmacy that is reliable and can help solve problems
- Prescriptions with a dose change continue to be a barrier/rejections

Responsible Prescribing

- Checking the prescription monitoring system
- Providing urine drug screens
- Providing close follow-up consistent with the level of care
- Making referrals to responsible buprenorphine prescribers after program completion—discharge planning from the moment of admission
- Ensuring coverage of buprenorphine supply until the next appointment

Questions?



Life Center of Galax

Bonnie Stewart, LPC

Director of Counseling Services, Life Center of Galax

Tammy Eichner, RN

Director of Nursing, Life Center of Galax

In the initial phase of treatment, MAT plays a critical role by minimizing opioid withdrawal symptoms and cravings and allowing the patient to actively engage and begin building the tools they need to recover

Challenges

- Finding outpatient providers who accept patients who need MAT is sometimes difficult because of where they live, transportation issues, and work restrictions
- Helping patients who need MAT to recognize and acknowledge their need early enough during the treatment episode to allow adequate time to order and receive longer-acting medications (Vivitrol) from the specialty pharmacy is a challenge that sometimes prohibits the ability to administer the first dose

Getting Staff Buy-In

- Difficult for some people to understand why using MAT is acceptable and why some people cannot “just go cold turkey”
- Critical that staff are educated about the fact that not only is treatment a process of learning new skills and behaviors while also unlearning old behaviors, but also, when patients are focusing on their post-acute withdrawal syndrome or cravings, it is nearly impossible for them to think clearly long enough to be able to learn the new coping skills they need to live sober and clean. By easing the withdrawal symptoms and cravings, we have a better opportunity to teach them the necessary skills.
- MAT is not intended to be a complete solution. It is intended to be another resource tool to assist the patient in acquiring the skills they need for recovery

Questions?



Approaches to Financing with Medicaid and State Funding

In this webinar three presenters highlight and discuss financing Medication Assisted Treatment (MAT) in their state

Presenters discuss legislative, institutional, and funding barriers and facilitators to MAT

The lessons learned from each of the state experiences that are presented will translate to many other states