CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicaid Innovation Accelerator Program (IAP)

Substance Use Disorders (SUD)

Targeted Learning Opportunities (TLO)

TLO10: Best Practices and Strategies for Medication-Assisted Treatment

IAP Medicaid Innovation Accelerator Program

Logistics

- Please mute your line and do not put the line on hold
- Use the chat box on your screen to ask a question or leave comment
  - Note: chat box will not be seen if you are in “full screen” mode
  - Please also exit out of “full screen” mode to participate in polling questions
- Moderated Q&A will be held periodically throughout the webinar
- Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience

Moderator

- David Gastfriend, MD
- Scientific Advisor
  - Treatment Research Institute
- Chief Architect, CONTINUUM – The ASAM Criteria Decision Engine
  - American Society of Addiction Medicine
- Vice President
  - Washington Circle Group

Speakers (1/3)

- Colleen Labelle, RN, CARN
- Program Director, State Technical Assistance Treatment Expansion Office-based Opioid Treatment with Buprenorphine
  - Boston Medical Center

Speakers (2/3)

- Marla Oros, RN, MS
  President, Mosaic Group

Speakers (3/3)

- Desirée Crèvecoeur-MacPhail, PhD, MA
- Principal Investigator, UCLA Integrated Substance Abuse Programs

UCLA

Webinar Agenda

- Introduction
- State Experience: Massachusetts
  - ***Break for Discussion***
- City Experience: Baltimore
  - ***Break for Discussion***
- County Experience: Los Angeles County
  - ***Break for Discussion***
- Wrap Up & Sharing of Resources

Purpose and Learning Objectives

- States will discuss best practices in the management of beneficiaries receiving medication assisted treatment for SUD.
- States will discuss various strategies of effective benefit design for beneficiaries with SUD treatment needs.

Current Issues in SUD MAT

David Gastfriend, MD

Chief Architect, CONTINUUM – The ASAM Criteria Decision Engine, American Society of Addiction Medicine

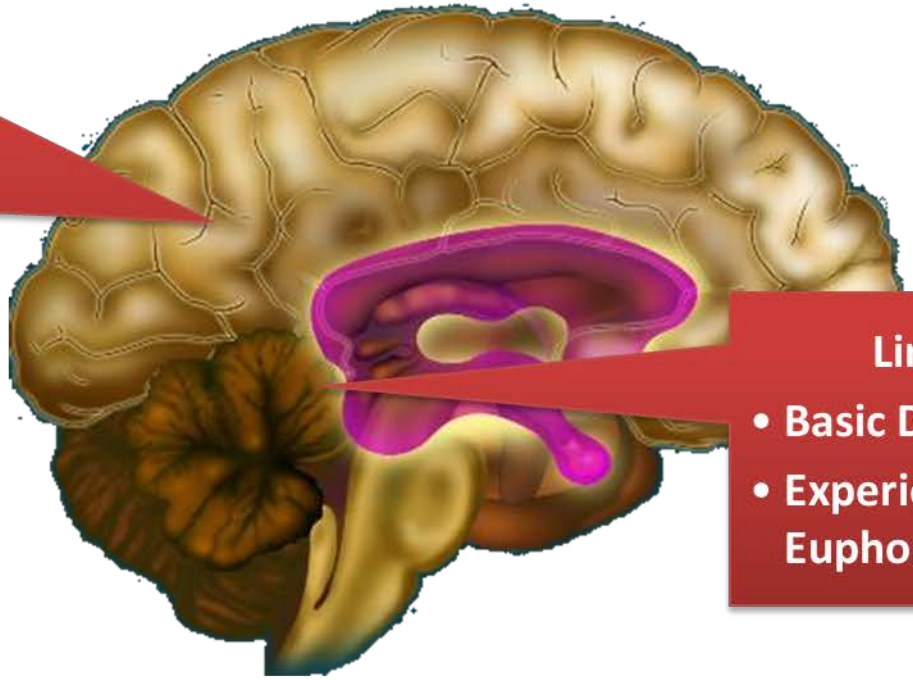
Vice President, Washington Circle Group

Agenda

- Psychophysiology of SUD treatment
- FDA Approved Agents for Opioid Dependence
- Challenges in Opioid Medication Assisted Treatment
- Best Practices in Opioid Medication Assisted Treatment
- The Role of Insurance

Psychophysiology of SUD treatment

Cortex
- Decision making
- Thinking
- Reasoning
- Learning



Limbic Region
- Basic Drives
- Experience of Reward, Euphoria

Interventions
- Psychosocial Therapies
- 12 Step Programs
- Monitoring

Interventions
- Agonist Medications
- Antagonist Medications

Source: NIDA Drugs, Brains, and Behavior – The Science of Addiction Website. http://www.nida.nih.gov/scienceofaddiction/brain.html; Fowler JS et al. (2007). Sci Pract Prospect. 3;4:4-16

FDA Approved Agents for Opioid Dependence

Prescribing Considerations	Extended-Release Injectable Naltrexone	Buprenorphine	Methadone
Frequency of Administration	Monthly	Daily	Daily
Route of Administration	Intermuscular injection in gluteal muscle	Oral tablet or film is dissolved under tongue	Oral liquid
Restrictions on Prescribing or Dispensing	Any individual licensed to prescribe, may be dispensed by qualified staff	Licensed, DEA waivered physicians or physicians who work at an OTP	Licensed physicians who work at an OTP, must be dispensed at the OTP
Abuse & Diversion Potential	No	Yes	Yes
Additional Requirements	None. Any pharmacy can fill the prescription	Physicians must complete training to qualify for DEA waiver, any pharmacy can fill	Can only be purchased by & dispensed at certified OTPs or hospitals

Challenges in Opioid Medication Assisted Treatment

- Denial
- Access
- Adherence & retention
- Recovery
- Relapse
- Diversion

Best Practices in Opioid Medication Assisted Treatment (1/2)

Screen

- Offering all options & key information for patients to make decisions

Desegregate Care

- Programs must offer ALL options (directly or via affiliations)

Cover All Medications & Doses

- No prior authorizations, fail first, time limits, medical benefit restrictions

Provide Withdrawal Management

- Include specialty induction-initiation

Best Practices in Opioid Medication Assisted Treatment (2/2)

Individualize Level of Care

- Structured assessment per ASAM Criteria

Rebuild Lives

- Require counseling, monitoring & recovery supports

Credential

- Institute training for counselors to work with MAT

The Role of Insurance

- Medicaid & private insurance are vital in making MAT access easy for clinicians & patients who are – by the disease's nature- ambivalent

Don't require fail first, limits on dose, time, or medical benefits	Don't require prior authorizations	Link treatment programs to primary care
• Patients will fail • Requirements are futile & destructive	• Patients end up waiting • Discourages patients • Promotes drop-out	• Eases access to longitudinal/maintenance medical services • Reduces stigma • Decreases specialty program caseload burden

Polling Question (1/4)

- Does your state Medicaid program impose any of the following practices related to the use of MAT? Select all that apply.
  - Step Therapy / Fail First
  - Prior Authorization
  - Dose Limitations
  - Time Limits (months, years)
  - Other

Polling Question (2/4)

- Does your state Medicaid program use any of the following best practices with MAT clients? Select all that apply.
  - Screening & Assessment
  - Induction in Specialty Treatment Programs
  - Counseling Requirement
  - Additional MAT Credentialing Requirements for Counselors
  - Other

State Experience: Massachusetts Integrated Approach to Treatment Expansion

Colleen Labelle, RN, CARN

Program Director, State Technical Assistance Treatment Expansion Office-based Opioid Treatment with Buprenorphine

Boston Medical Center

Medicaid.gov
Keeping America Healthy

BOSTON MEDICAL CENTER

IAP Medicaid Innovation Accelerator Program

Agenda (Massachusetts)

- BMC Collaborative Care Model
- Barriers to Prescribing Buprenorphine
- Statewide Initiative and Support
- Successes
- Challenges

BMC Collaborative Care Model (1/2)

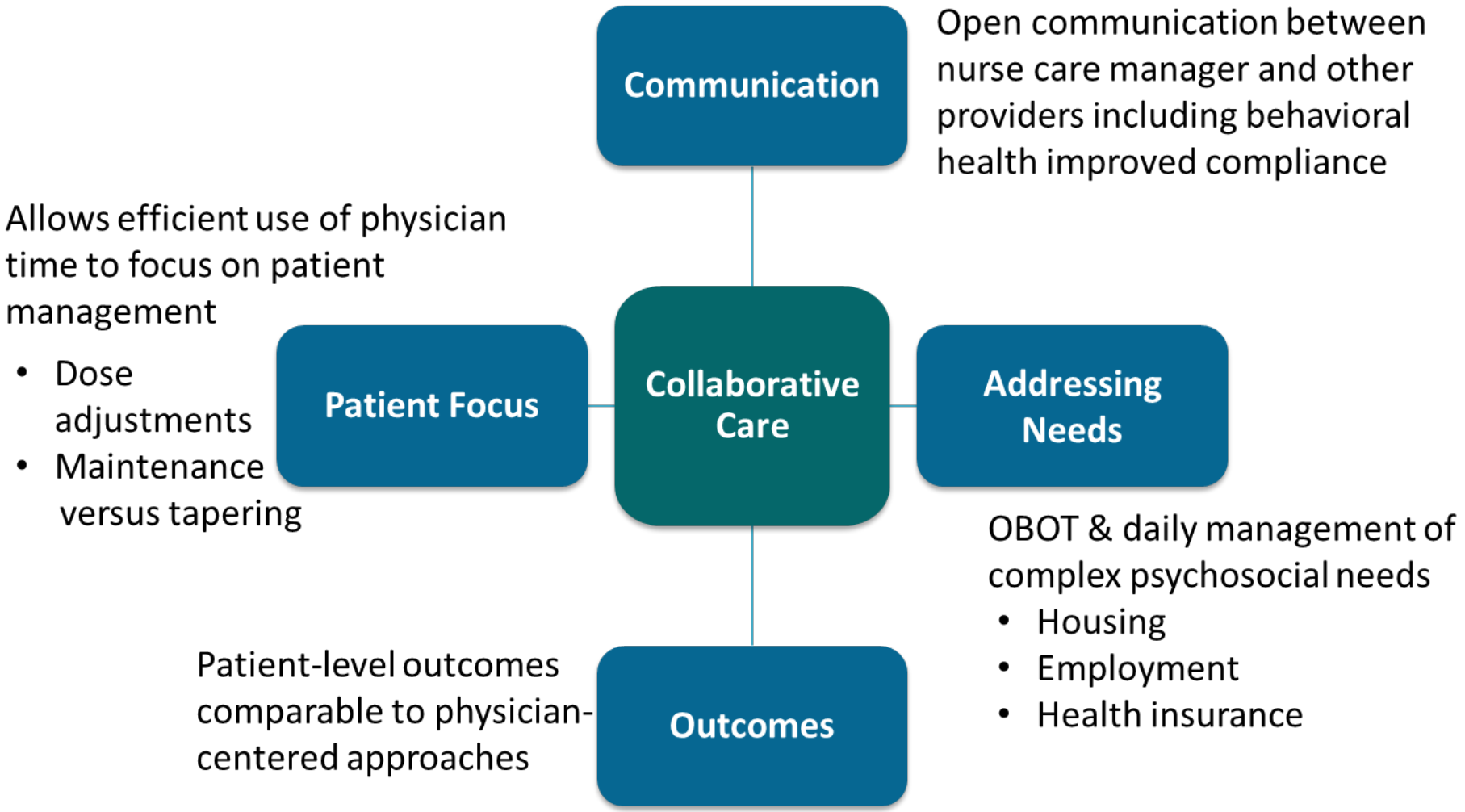
Training
- Registered Nurses
- 1-day training

Fidelity
- Perform patient education & clinical care by following treatment protocols
- Maintain compliance with federal laws

Collaboration
- Coordinate care with OBOT physicians
- Collaborated care with pharmacists (refills management) & off-site counseling services

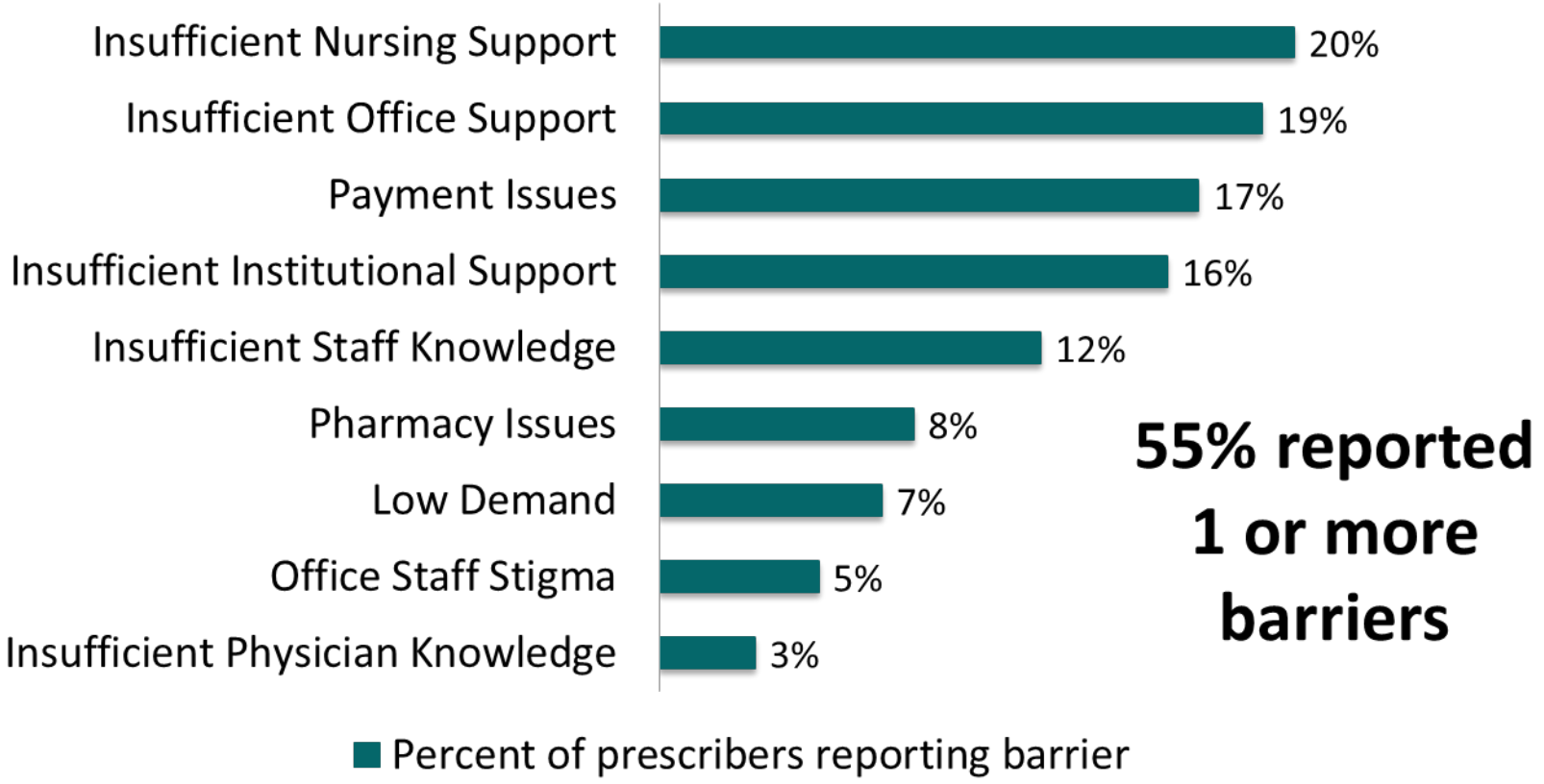
Additional Services
- Urgent care drop-in hours
- Manage insurance issues (prior authorizations)

BMC Collaborative Care Model (2/2)



Barriers to Prescribing Buprenorphine (1/2)

Barriers to Office-Based Buprenorphine Prescribing for Opioid Dependence



Source: Walley et al. Office-based management of opioid dependence with buprenorphine: clinical practices and barriers. J Gen Intern Med 2008; 23(9): 1393-8

Barriers to Prescribing Buprenorphine (2/2)

Only physicians can prescribe…

However, it takes a multidisciplinary team approach to create effective treatment

Building a Response to Massachusetts' Unmet Need

- MA Department of Public Health Bureau of Substance Abuse Services
  - Two requests for response:
    - Nurse Care Manager Model in 19 community health centers
    - Training and technical assistance to the community health center OBOTs (Office Based Opioid Treatment)
  - Funding awarded 8/2007 for 3 years, renewable for a total of 7 years

Technical Assistance & Training to Funded Sites (1/2)

Training

- RNs & MAs complete 1-day buprenorphine training

Site Visits

- Conducted w/ RN, MDs, team members
- Trainings in addiction MAT, stigma, management, start-up

Quarterly Meetings

- Educational, networking, support

Support for RNs, Waivered MDs

- Navigate prior authorization, insurance, DEA
- Leaving providers/practice closures
- Patient issues

Facilitating Listserv for Addiction Providers

- Relevant articles, resources, group discussion
- Regulations, reimbursement, jobs

Technical Assistance & Training to Funded Sites (2/2)

- Buprenorphine nurse trainings
  - Booster trainings
- Support new & current practices
  - Provide technical support
  - Prevent gaps in treatment by triaging patients to other sites when practices close/staff changes/emergencies occur
- Statewide addiction nurse chapter (MA IntNSA)
  - Networking
  - Annual statewide conference
  - Monthly meetings
  - Support addiction certification

OBOT Goals with Federally Qualified Health Centers

Access

Expand treatment & access to buprenorphine

- Increase the number of waivered MDs
- Increase the number of individuals treated for opioid addiction
- Integrate addiction treatment into primary care settings

Delivery

Effective delivery model for buprenorphine services

- Modeled after BMC's Nurse Care Manager program

Sustainability

Post-program funding

- Develop a long-term viable funding plan
- Collect & analyze outcomes data

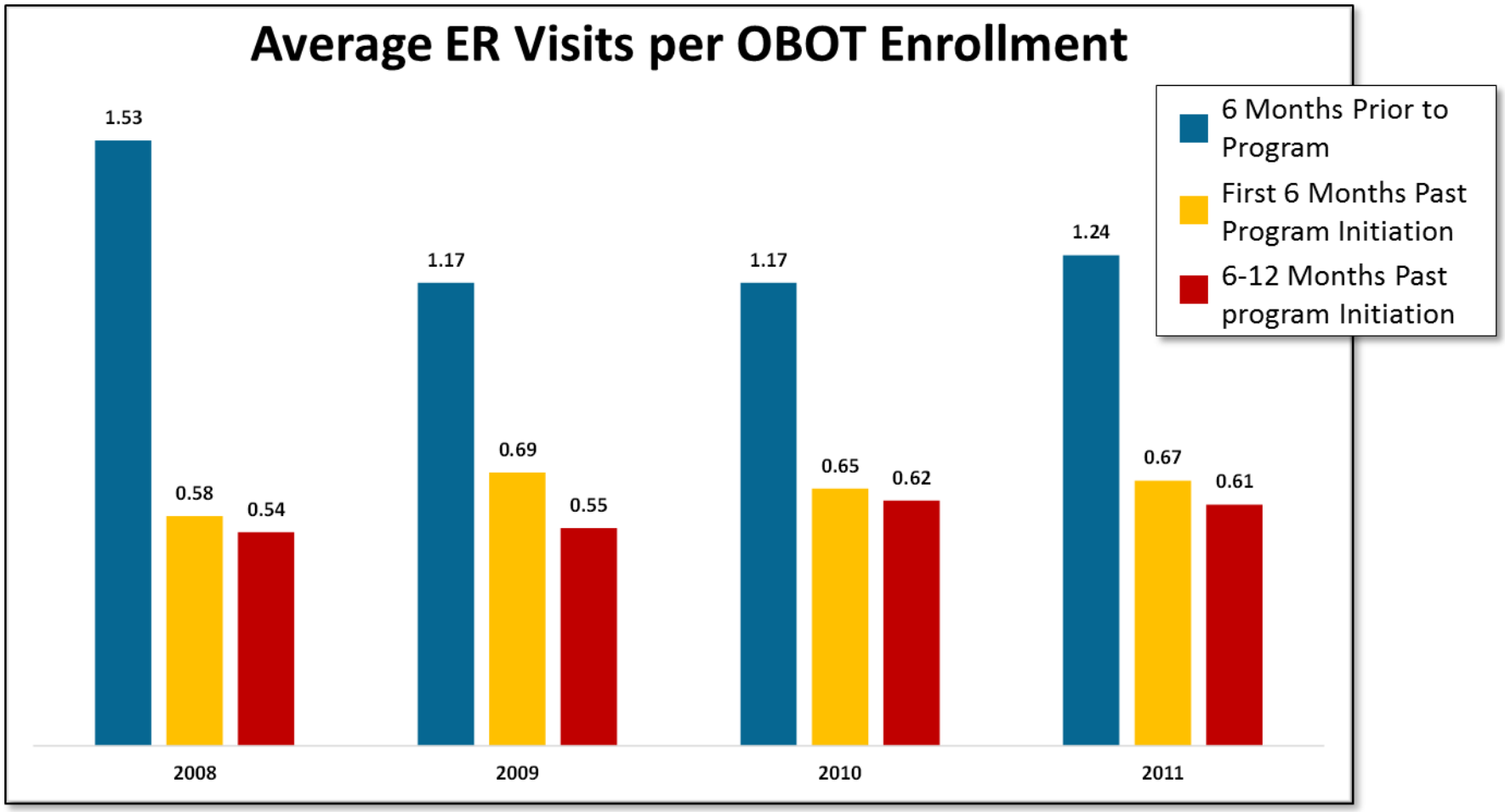
Successes (1/2)

- Nurse Care Model housed in community health centers has
  - Expanded treatment
    - More than 8,000 patients since 2007 (82% Medicaid)
    - Treatment available in patients' communities
  - Developed a sustainable reimbursement model
    - FQHCs
    - Insurance
  - Implemented best practices standards as the standard of care
  - Supported & engaged with providers & health center staff to do this work
    - Reduced stigma

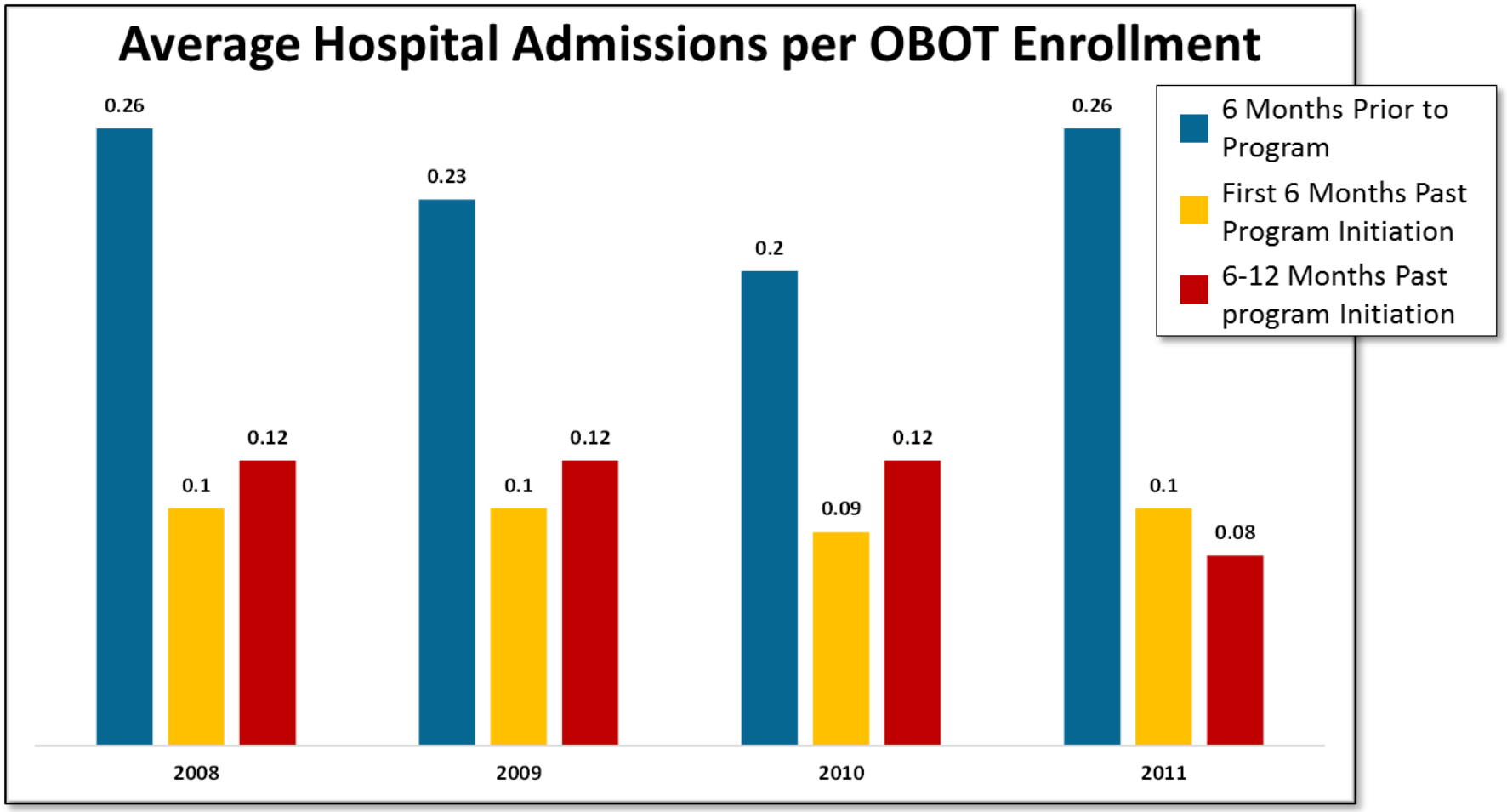
Successes (2/2)

- Other outcomes
  - Decreased mortality
  - Lower cost to Medicaid for those on buprenorphine versus those not in care

Successes: ER Visits

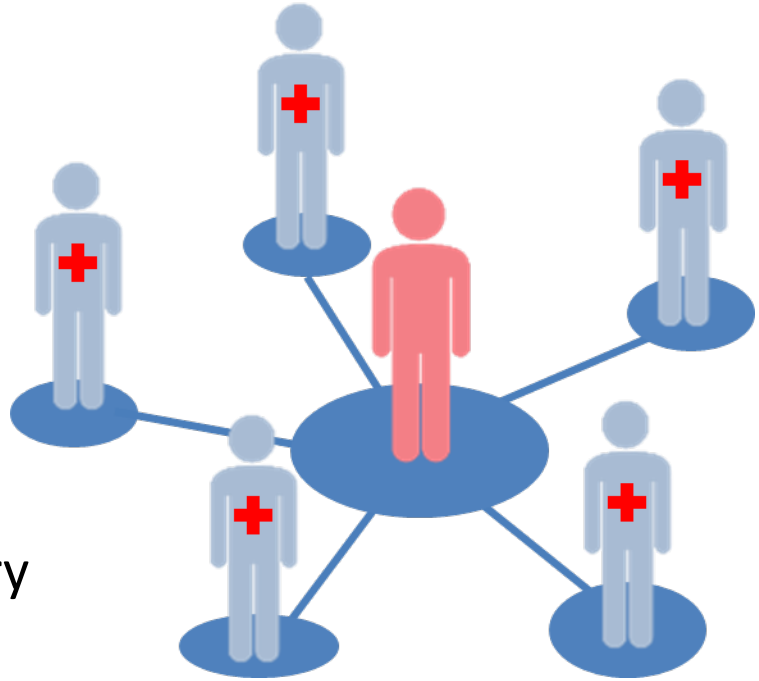


Successes: Hospital Admissions



Why the Nurse Care Model Works

- Increased patient access
  - Frequent follow-ups
  - Case management
  - Able to address
    - positive urines
    - insurance issues
    - prescription/pharmacy issues
  - Pregnancy, acute pain, surgery, injury
  - Concrete service support
    - Intensive treatment needs, legal/social issues, safety, housing
  - Brief counseling, social support, patient navigation
  - Support providers with large case loads



Why the Technical Assistance Initiative Works

Challenges

- Access restrictions
  - Only physicians can prescribe
    - Less than 5% of physicians are waivered
  - Limit on number of patients physicians are allowed to treat
- Stigma
  - Not wanting to: “treat those patients”
  - Addiction not accepted as disease

Raise Your Hand

- Using the ‘Raise your hand’ option on ReadyTalk, please let us know if your state is providing or coordinating any provider training programs related to SUD MAT.

Discussion and Questions (1/3)

City Experience: Baltimore Buprenorphine Initiative

Marla Oros, RN, MS

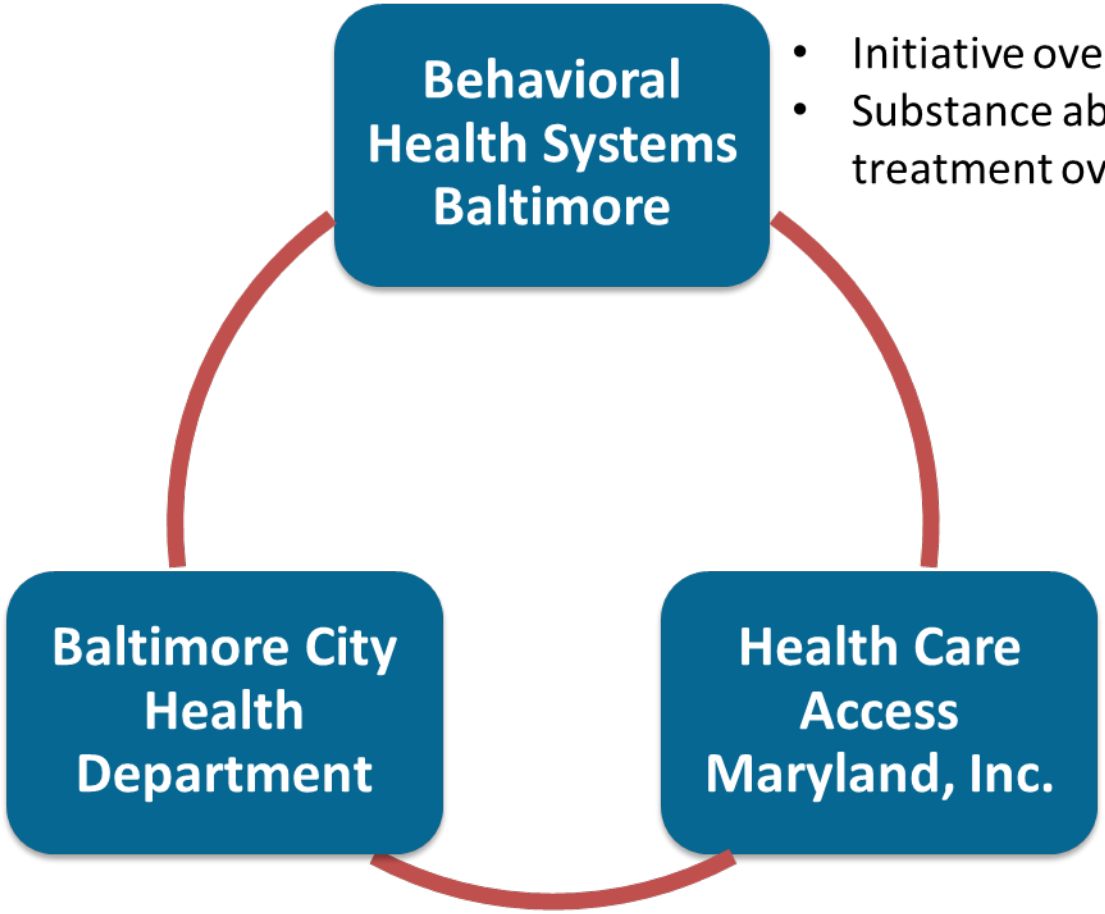
President

Mosaic Group

Agenda (Baltimore)

- Overview System Structure
- Implementation Steps
- Funding
- Results
- Lessons Learned

System Structure: Three Agency Collaboration

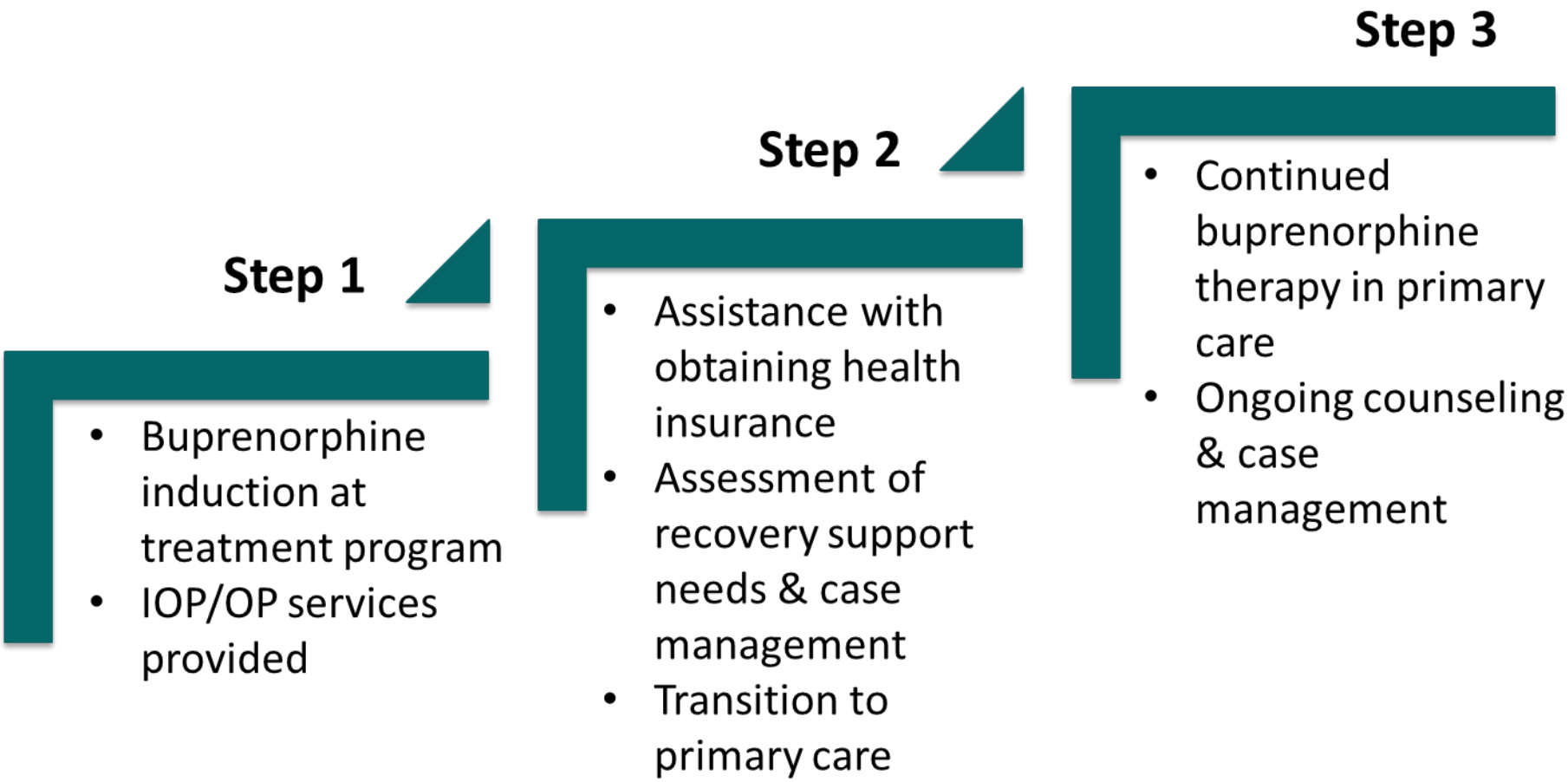


- Initiative oversight
- Substance abuse treatment oversight

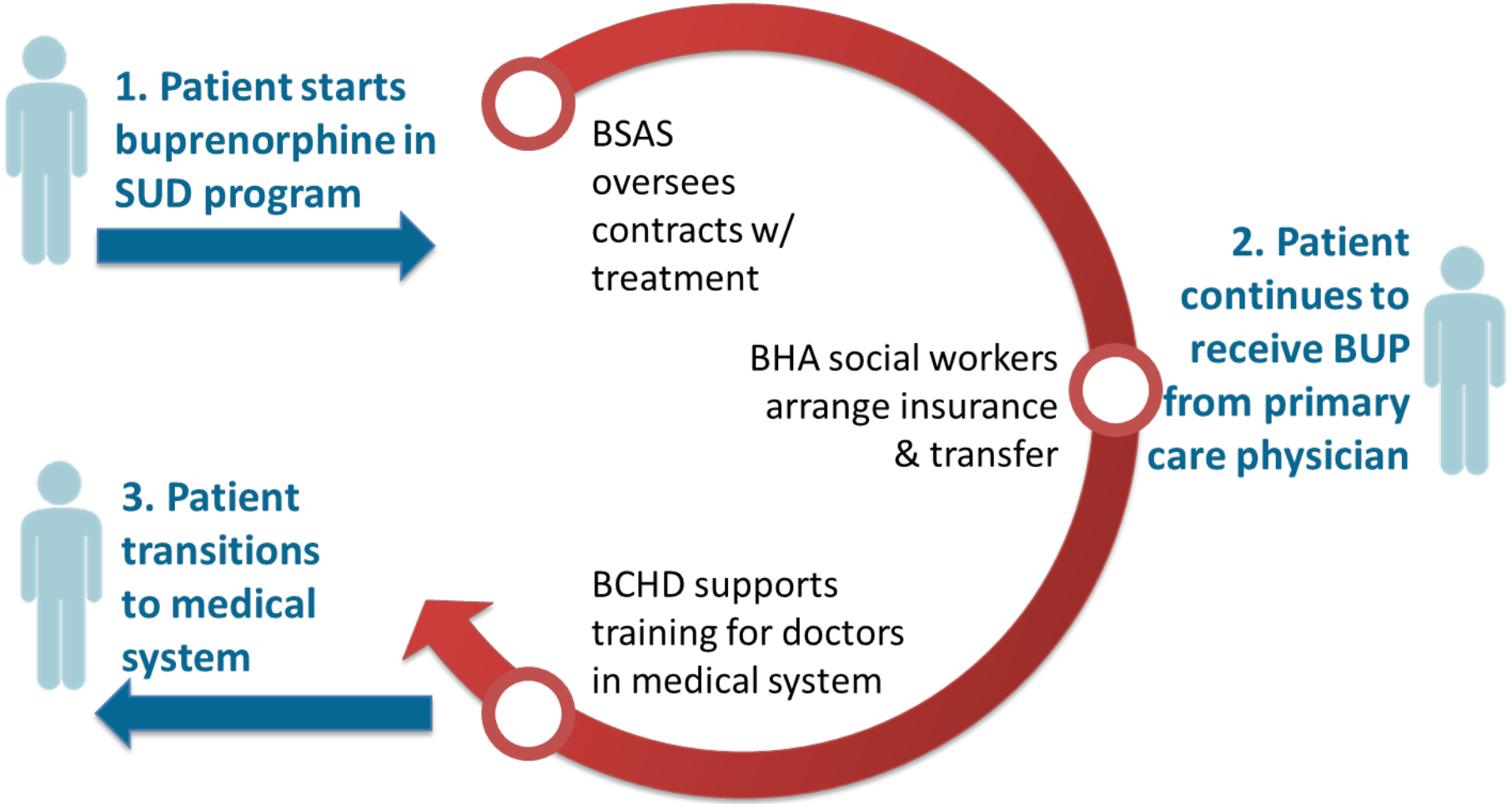
- Training and recruitment of physicians
- Initiative launch

- Health insurance assistance
- Case management services

System Structure: Three Step Approach



System Structure: Patient & Agency Process



Implementation: Organizational Steps

- Form core group of Initiative coordinators
- Choose providers
- Hold regular roundtable meetings with providers
- Produce written policies & guidance
  - BBI Clinical Guidelines
- Oversee buprenorphine providers
- Conduct quality improvement monitoring
- Coordinate swift responses to all problems
- Track patient outcomes

Implementation: Case Management Steps

- Case worker involved in treatment from the start
  - Special referral consent signed by patient
- Help with obtaining necessary documentation & services
  - Health insurance application
  - Application tracking
  - MCO/PCP selection
- Facilitate transition to primary care
  - Provide care management for 6 months after transfer to primary care
  - Patient tracking

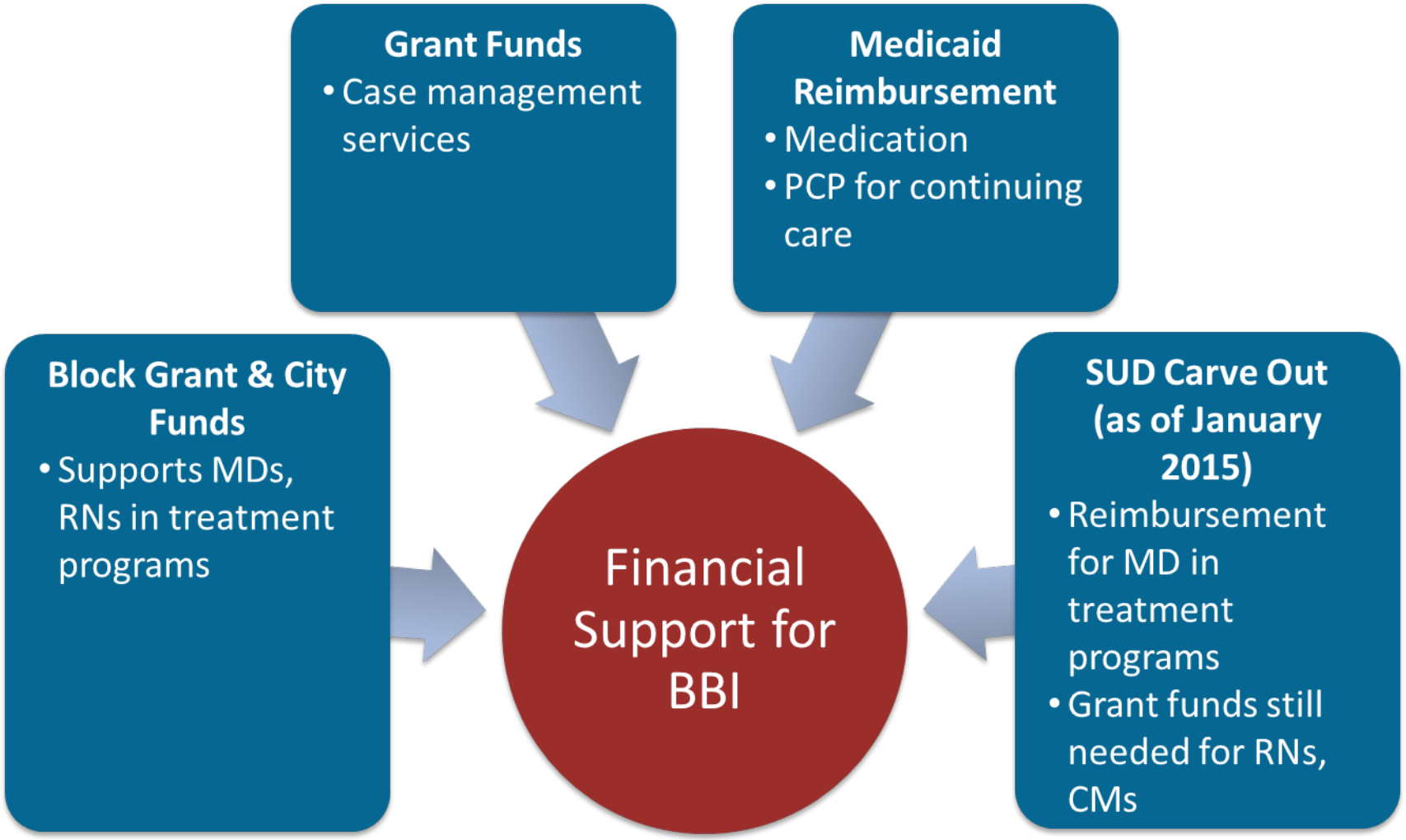
Implementation: Transferring to Primary Care

- Patient must meet transfer criteria
  - Two consecutive urine tox screens without opioids
  - Ability to manage prescription
  - Met treatment programs counseling goals
- Case worker facilitates transfer to certified PCP
  - Makes appointment with selected PCP
  - Sends transfer summary to PCP before appointment
  - Assures transportation for patient
  - Sets up co-pay vouchers for patient, as needed
- Case worker follows up on PCP visit with patient & PCP
- Patient tracking

Implementation: Continued Service Through Primary Care

- Buprenorphine and medical care provided by PCP
- Continuation of outpatient treatment 3 months post transfer, as needed
- Patient tracking 6 months post transfer
- Free training for all Baltimore physicians
  - Online training for un-waivered PCPs
  - Annual CMEs for continuing care physicians
  - Practice-specific training as requested
  - Continuing care clinical guidelines

Funding


Grant Funds
• Case management services
Medicaid Reimbursement
• Medication
• PCP for continuing care
Block Grant & City Funds
• Supports MDs, RNs in treatment programs
Financial Support for BBI
SUD Carve Out (as of January 2015)
• Reimbursement for MD in treatment programs
• Grant funds still needed for RNs, CMs

Results

Providers

- 10 participating BBI treatment providers
- Over 75 active BBI continuing care MDs

Patients

- Over 9,000 patients entered the BBI since October 2006

Retention

- 55% of patients remain in treatment for 90+ days
- 80% of post-transfer patients remain in treatment 6+months

Lessons Learned (1/2)

Lead

- Maintenance therapy represents a philosophical shift
- Providers need to be change leaders

Plan

- Set specific goals, expectations, benchmarks
- Develop written protocols & procedures early
- Train treatment providers & PCPs
- Know MCOs' coding & billing procedures

Share

- Hold regularly scheduled provider meetings to share information
- Ensure communication between all parties

Lessons Learned (2/2)

Case Workers

- Case management is extremely important
- CMs hold the system together

Tracking

- Set-up patient tracking system to measure benchmarks & goals
- Essential for CM

Strategize

- Anticipate problems & actively seek solutions
- Documentation requirements, delay in insurance coverage, medication purchasing, co-pay coverage, urine tests, clinical inconsistencies

Polling Question

- Which funding streams does your state utilize to finance SUD MAT? Select all that apply
  - Block grant funds
  - Other grant funding
  - State funding
  - Medicaid reimbursement
  - Other

Discussion and Questions (2/3)

County Experience: Los Angeles County Implementation of Extended-Release Naltrexone

UCLA

Desirée Crèvecoeur-MacPhail, PhD, MA

Principal Investigator

UCLA Integrated Substance Abuse Programs

Agenda (UCLA)

- Overview of Naltrexone
- Strategies for Introduction
- Implementation Process
- Evaluation
- Lessons Learned: Keys to Success

Overview of XR-Naltrexone (XR-NTX)

- What it is
  - Opioid receptor antagonist that blocks mu-opioid receptors in the brain
    - Targets receptors that produce the “buzz” or “high” people feel when alcohol & opioids are consumed
- FDA approval
  - 2006: alcohol addiction
  - 2010: opioid addiction
- LA County Pilot Precautions
  - Not approved for
    - Anyone under age 18
    - Pregnant/nursing women
    - Individuals with active hepatitis or clinically elevated liver enzymes
  - Client should abstain from alcohol for 7 days prior
  - Client must abstain from all opioids for 10 days prior

Overview of XR-Naltrexone: Why Implement a Program for this MAT?

Goal

To increase the number of tools providers have access to in order to increase the effectiveness of treatment

Antagonist

Better acceptance with criminal justice departments and other groups

Increased Options & Access

Decrease the economic disparity in access to medications

Implementation Process (1/2)

Informed

- Over 60 site visits conducted at 25 sites over 9 months
- Told providers about the drugs' availability
- Meetings with stakeholders and community members

Educated

- Conducted trainings, educational site visits to address counselor questions & concerns
- Discussed differences between XR-NTX and other MAT options
- Required integration with psychosocial treatment

Implementation Process (2/2)

Model
- Set-up MAT hubs using "Hub and Spoke" model
- Allowed access to every client in LA County if s/he was enrolled in treatment at SAPC contracted program

Funding
- Provided additional funding to MAT hubs

Guidance
- Guided providers in development of memorandum of understanding process

Evaluate
- Developed evaluation plan post-implementation

Evaluation Questions

Do patients remain on XR-NTX after 1st dose?	What do the patients "look like" once they are no longer taking medication?	How have staff attitudes changed following trainings?
Does medication affect client outcomes?	Do urges return?	How has staff knowledge of XR-NTX changed?
Length of stay, reported alcohol use, retention, engagement	Do clients relapse?	How have staff attitudes toward clients' use of MAT and specifically, XR-NTX changed?

Evaluation Methods

Data Sources

- Los Angeles County Participant Reporting System
- Medication-Assisted Treatment Survey (MATS)
- Urge to Drink Scale (UDS)
- Counselor attitudes

Data Collection

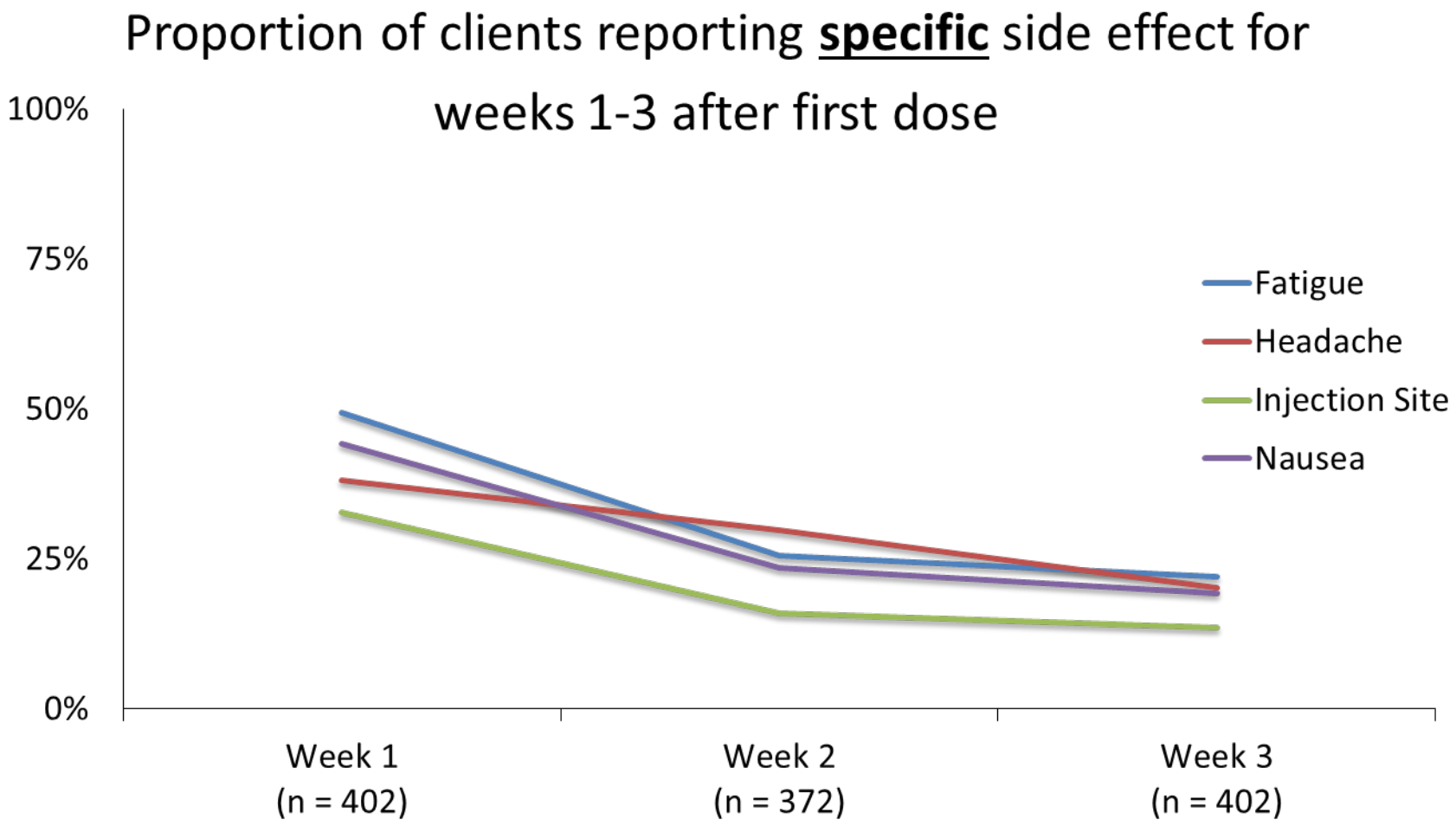
- Baseline (prior to first dose)
- Weekly for the first 3 weeks
- Monthly throughout patient's treatment
- Follow-up at 30 and 60 days post final dose
- Counselor attitude assessed at baseline and 4 months

Evaluation Results: Treatment Type & Dose

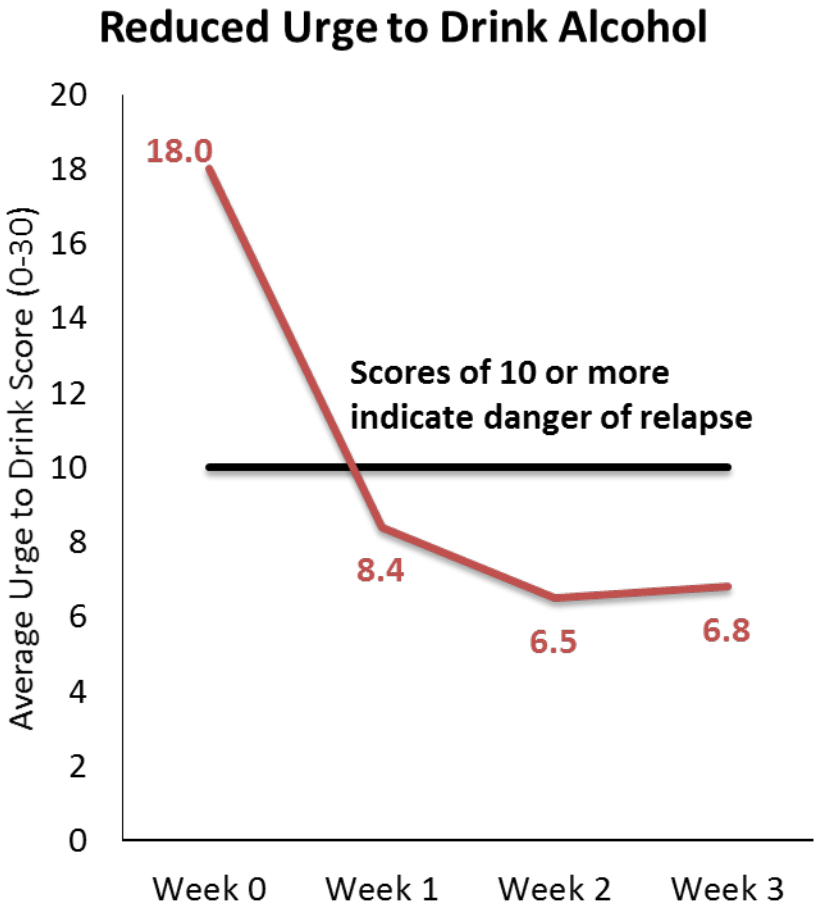
	Alcohol (n=931)	Opioid (n=352)	Total (n=1,283)
Treatment *			
Outpatient	34.9% (325)	27 % (95)	32.7% (420)
Residential	42.9% (400)	48% (169)	44.4% (569)
Detoxification	21.3% (198)	23% (81)	21.7% (279)
Total Doses, Mean (SD), range 0-16	**2.6 (2)**	**2.5 (1.8)**	**2.6 (1.9)**
1	37.7% (351)	34.4% (135)	35.9% (486)
2	22.7% (211)	23% (81)	22.8% (292)
3	16% (149)	15.1% (53)	15.7% (202)
4 or more	23.6% (220)	23.6% (83)	23.6% (303)

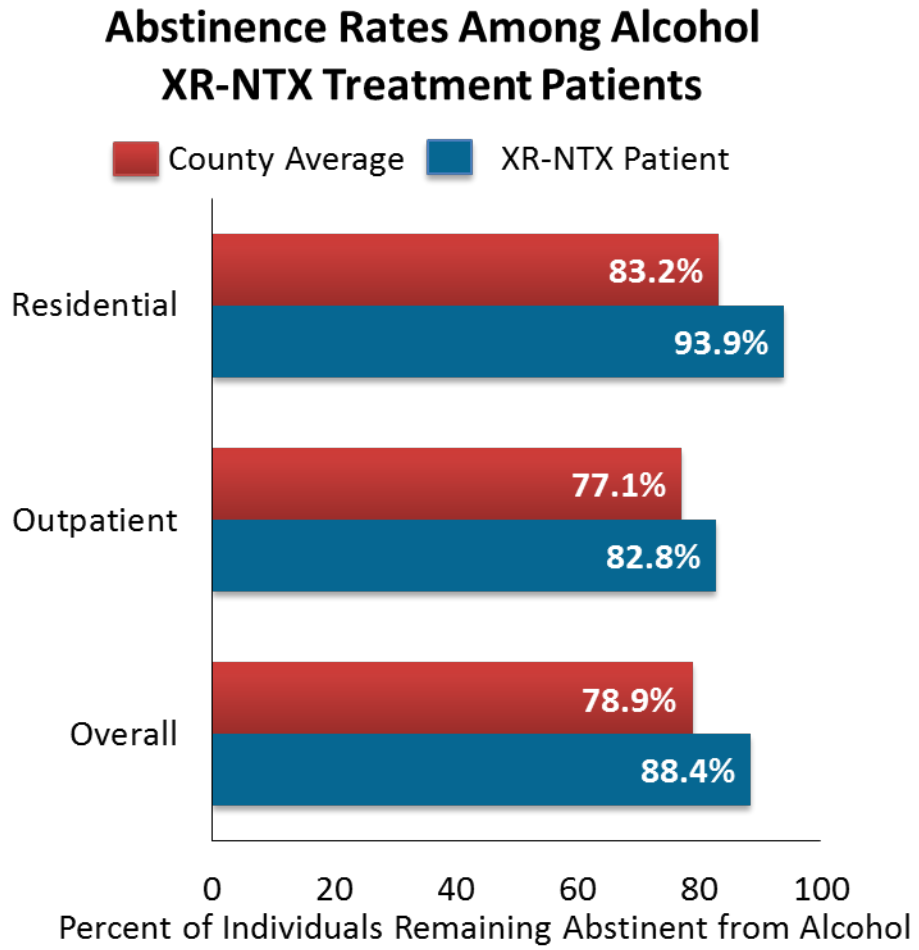
Data presented reflects self-reports on LACPRS treatment admission records available up to May 2015.
*Treatment data missing for some cases.

Evaluation Results: Side Effects

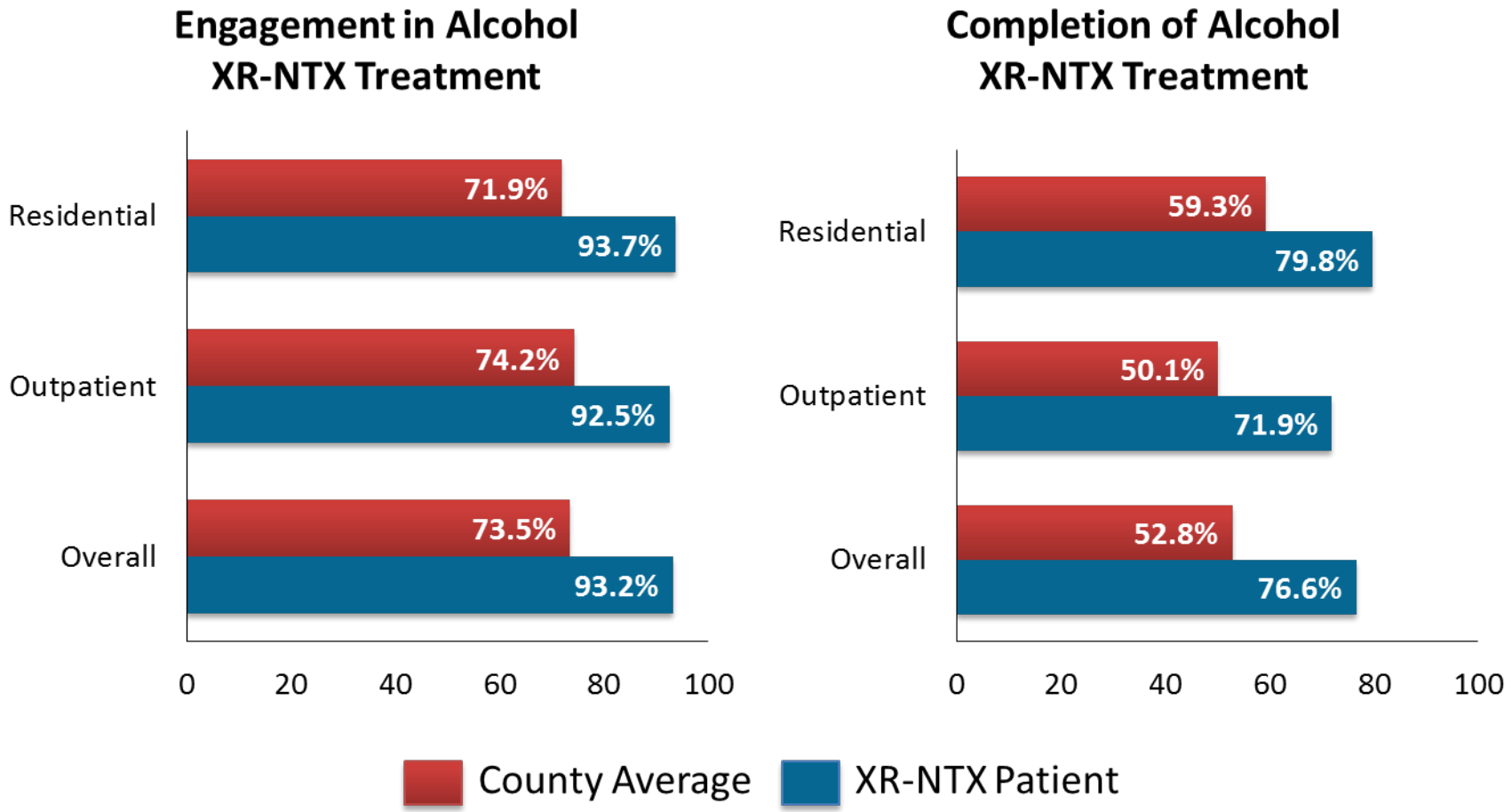


Evaluation Results: Patients Treated for Alcohol Dependence

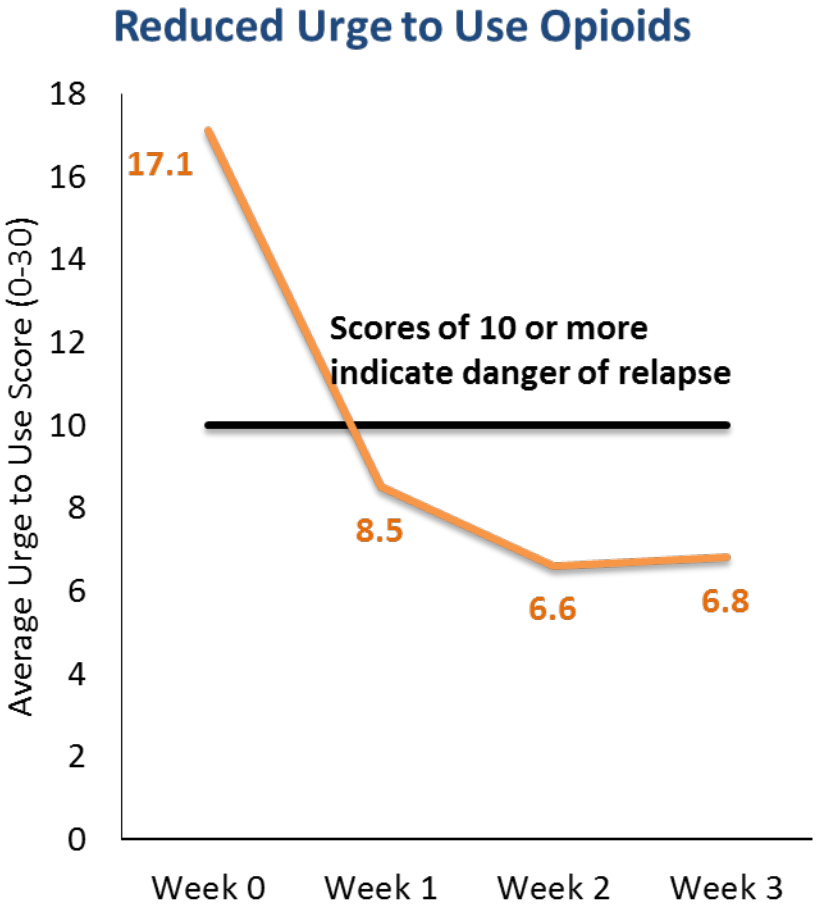


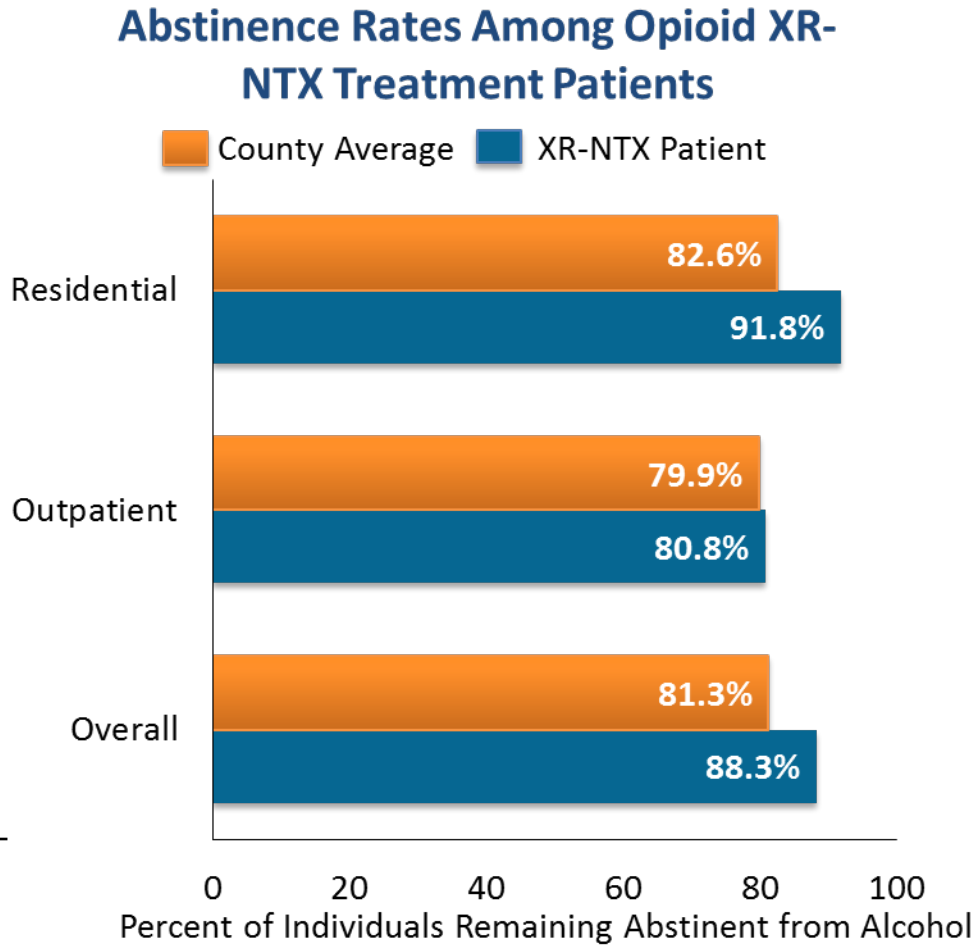


Evaluation Results: Patients Treated for Alcohol Dependence (1/2)

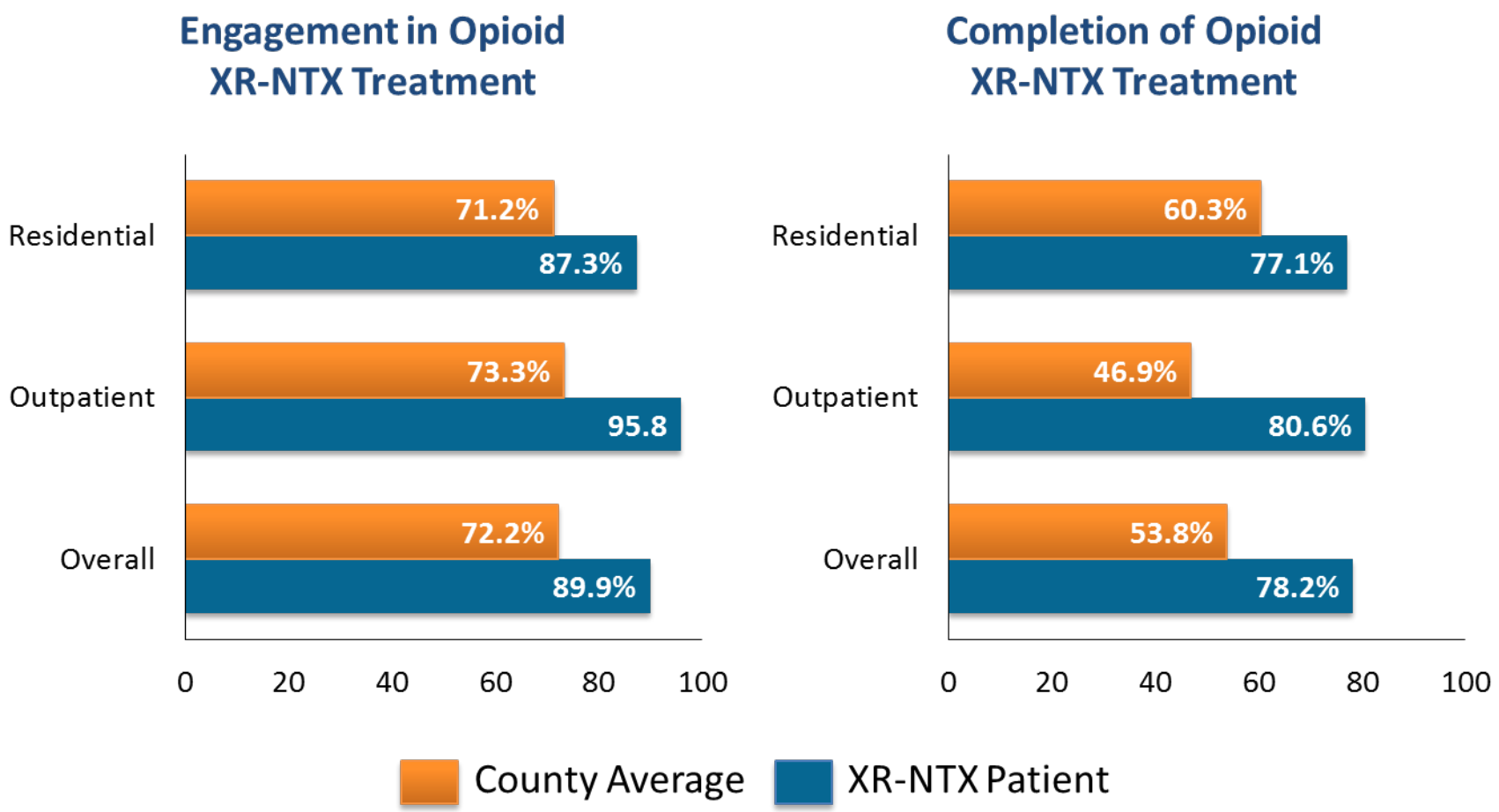


Evaluation Results: Patients Treated for Opioid Dependence (2/2)

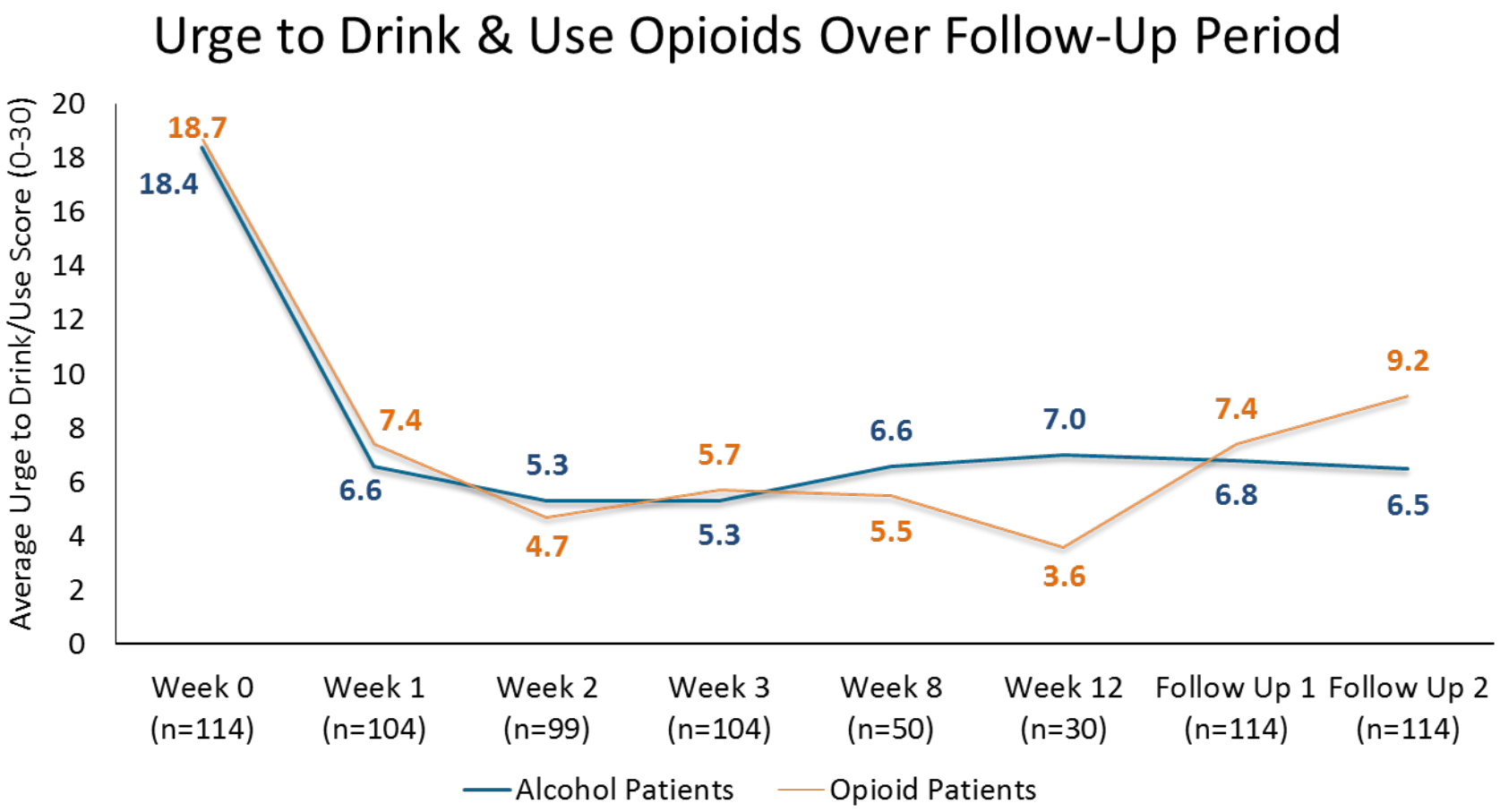




Evaluation Results: Patients Treated for Opioid Dependence



Evaluation Results: Urge to Drink/Use Opioids



Evaluation Results: 30 & 60 Days After Final Dose

	Alcohol (n=81)	Opioid (n=33)	Total (n=114)
Mean Doses (SD)	**2.6 (1.6)**	**2.2 (1.5)**	2.6 (1.9)
Remained Sober			
Follow Up 1	80.8%	90.9%	85.9%
Follow Up 2	77.8%	81.3%	79.6%
Treatment			
Residential	44.7%	49%	64.9%
Outpatient	35.2%	27.5%	28.9%
Detoxification	21.1%	23.5%	6.2%

Evaluation Results: Counselor Attitudes

- Post training, self-report of counselor attitudes showed improvement with regards to medications overall, and with regards to XR-NTX
- However, difficult to say if these changes are the result of true attitude changes, something from the data collection process that encouraged such responses or a desire by the counselors to “look good” to the evaluators

Lessons Learned: Keys to Success

- Verify treatment admission prior to provision of medication
- Encourage step down from higher level of care to lower level of care (e.g., RS to OC)
- Training and educating providers about XR-NTX is critical
- Funding to support infrastructure is necessary
- Cross-program collaboration

Polling Question (3/4)

- What are your states biggest challenges with regard to SUD MAT? Select all that apply.
  - Stigma around treatment options
  - Training providers
  - Reimbursement for MAT
  - Funding new treatment programs/options
  - Other

Discussion and Questions (3/3)

Polling Question (4/4)

- Would your state be interested in having a post-webinar discussion with the speakers to address any additional questions or reflections on today's webinar?
  - Yes
  - No

Resources (1/2)

- *The ASAM National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use.* American Society of Addiction Medicine.
  - Full Guideline
  - Pocket Guideline
- *An Introduction to Extended-Release Injectable Naltrexone for the Treatment of People with Opioid Dependence.* Substance Abuse and Mental Health Services Administration.
  - Advisory

Resources (2/2)

- *Centers for Medicaid and CHIP Services Informational Bulletin on Medication-Assisted Treatment for Substance Use Disorders.* Centers for Medicaid and Chip Services.
  - Informational Bulletin
- *Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain – United States, 2016.* Centers for Disease Control and Prevention.
  - Comment on Draft Guidelines

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