



# Medicaid Innovation Accelerator Program



**Medication-Assisted  
Treatment: Identifying  
the Need for Youth and  
Young Adult-Specific  
Strategies and Current  
Initiatives**

National Webinar  
March 4, 2019

3:30pm – 5:00pm EST

# Logistics

- All lines will be muted.
- Use the chat box on your screen to ask a question or leave a comment
  - Note that the 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 submit your questions via the chat box
- Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience

# Welcome & Overview

Katherine Vedete  
Senior Advisor, Medicaid  
Innovation Accelerator  
Program  
Center for Medicaid and  
CHIP Services  
Centers for Medicare &  
Medicaid Services



# Purpose and Learning Objectives

- This webinar will highlight the gaps in and need for medication-assisted treatment (MAT) for youths and young adults with opioid use disorder (OUD)
- Participants will learn about strategies to increase the provision of MAT for adolescents
  - Workforce initiatives focused on pediatricians and family practitioners
  - A technical support approach to help prescribers in the outpatient management of substance use disorders (SUDs) in adolescents

# Agenda

- **Introductions and overview**
- **Background:** National need for developmentally appropriate strategies for treating SUDs in youths and young adults
- **Presentation:** Massachusetts Bureau of Substance Addiction Services adolescent MAT model
- **Presentation:** Initiative to elevate the role of pediatricians in addressing the opioid crisis in adolescents, also in Massachusetts

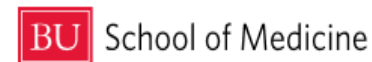
# Facilitator

- Suzanne Fields
- IAP Consultant
- Senior Advisor for Health Care Policy & Financing, University of Maryland



# Speaker

Scott Hadland, MD, MPH, MS  
Assistant Professor of Pediatrics  
Boston Medical Center/  
Boston University School of  
Medicine





# Speaker

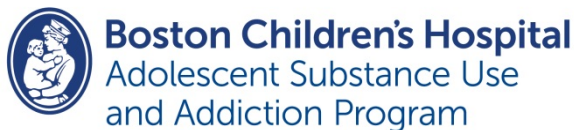
Rebecca D. Butler, MSW, LCSW  
Assistant Director  
Office of Youth & Young Adult  
Services





# Speaker

Sharon Levy, MD, MPH  
Associate Professor of  
Pediatrics, Harvard Medical  
School  
Director, Adolescent Substance  
Use and Addiction Program  
Boston Children's Hospital



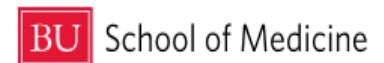
HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL

# Access to Treatment for Medicaid-Enrolled Youth With Opioid Use Disorder

Scott Hadland, MD, MPH, MS

Assistant Professor of Pediatrics

Boston Medical Center/Boston University School of Medicine



# Disclosures and Funding Sources

- **Conflict of Interest Statement**

- I have no commercial relationships to disclose
- I will not be discussing any unapproved uses of pharmaceuticals or devices

- **Funding Sources**

- National Institute on Drug Abuse K23 DA045085
- Thrasher Research Fund Early Career Award
- Academic Pediatric Association Young Investigator Award

# One Patient's Story

- A 17-year-old female presents to our substance use treatment clinic with her mother. She currently is in a residential treatment program where she has been for 3 weeks for management of severe OUD.
- She comes to today's visit because she is experiencing strong daily cravings for opioids. She has a 2-year history of opioid use, including use of prescription pills and intranasal and injection heroin. She last used 3 weeks ago.
- This is her seventh admission to residential treatment. Her typical treatment includes group therapy and one-on-one counseling.
- Because of her cravings, she and her mother are worried that she will use opioids again shortly after discharge from her program. She has never been offered pharmacotherapy before.

# Youth and the Opioid Crisis

- Treating OUD among youth and young adults is critical to addressing the opioid crisis
- Between 1999 and 2016, overdose deaths rose among 15- to 19-year-olds:
  - **95%** for prescription opioids
  - **405%** for heroin
  - **2925%** for synthetic opioids (i.e., fentanyl)
- **2 in 3** individuals in opioid treatment report first opioid use before age 25 years; **1 in 3** reports first use before age 18 years

Sources: American Academy of Pediatrics Committee on Substance Use and Prevention. Medication-assisted treatment of adolescents with opioid use disorders. *Pediatrics*. 2016;138(3):e20161893. Gaither JR, Shabanova V, Leventhal JM. US national trends in pediatric deaths from prescription and illicit opioids, 1999-2016. *JAMA Network Open*. 2018;1(8):e186558. Substance Abuse and Mental Health Services Administration. Treatment Episode Data Set (TEDS): 2013. 2015.

# Pharmacotherapy for OUD

- In August 2016, the American Academy of Pediatrics released a policy statement calling for expanded access to pharmacotherapy for youth with OUD
  - Including **buprenorphine** and **naltrexone**, which can be given in primary care, as well as **methadone**
- Experience suggests that many youth never receive pharmacotherapy, and yet clinical trials suggest that it may enhance retention in care
- Many drug treatment programs *deny entry* to youth on medications or *discontinue medications* at admission

Source: American Academy of Pediatrics Committee on Substance Use and Prevention. Medication-assisted treatment of adolescents with opioid use disorders. *Pediatrics*. 2016;138(3):e20161893.



# Aims of Study

1. Identify the percentage of youth who receive timely addiction treatment with or without an OUD medication (buprenorphine, naltrexone, or methadone) within 3 months of initiating care
2. Determine whether retention in addiction care is greater among youth who receive OUD medication than among those who do not

# Data Source

- IBM MarketScan<sup>®</sup> Multistate Medicaid Database
  - Data from **11 deidentified states**
  - From January 1, 2014, to December 31, 2015
  - **2.5 million** publicly insured **13- to 22-year-olds**
  - Includes all inpatient, outpatient, emergency department, and pharmacy claims
  - Also includes—
    - Behavioral health claims (all levels of care)
    - Procedure codes for medications commonly administered in clinical settings (e.g., naltrexone, methadone)

# Sample

- Identified youth initiating a new episode of care for OUD:
  - Diagnosis of OUD in  $\geq 2$  outpatient or  $\geq 1$  inpatient or emergency department encounters
  - Preceding 60-day period without an OUD diagnosis or receipt of OUD medication
- Using this approach, identified sample of **4,837 youth**

Source: Stein BD, Gordon AJ, Sorbero M, et al. The impact of buprenorphine on treatment of opioid dependence in a Medicaid population: recent service utilization trends in the use of buprenorphine and methadone. *Drug and Alcohol Dependence*. 2012;123(1-3):72-8.

# Medicaid-Enrolled Youth with OUD

Characteristic ( <i>n</i> = 4,837)	% of Sample
Median age (IQR)	20 years (19-21)
Female sex	57
Race / ethnicity	
Non-Hispanic white	78
Non-Hispanic black	7
Hispanic	1
Other	13
Pregnant	16
Depression	33
Anxiety disorder	29
ADHD	12
Alcohol use disorder	14
Other substance use disorder	52
Acute pain condition	32
Chronic pain condition	33

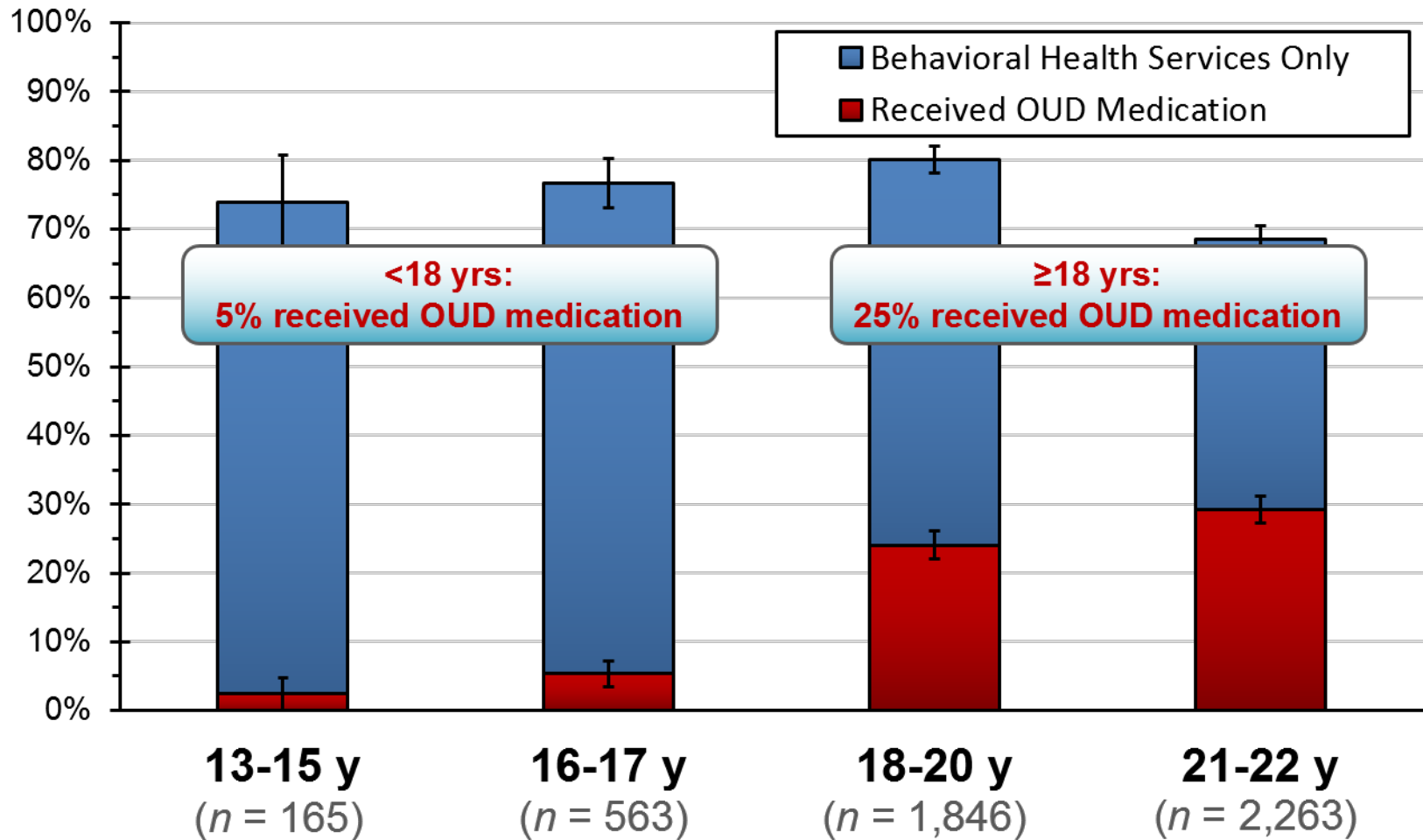
Abbreviations: ADHD, attention-deficit/hyperactivity disorder; IQR, interquartile

range

18

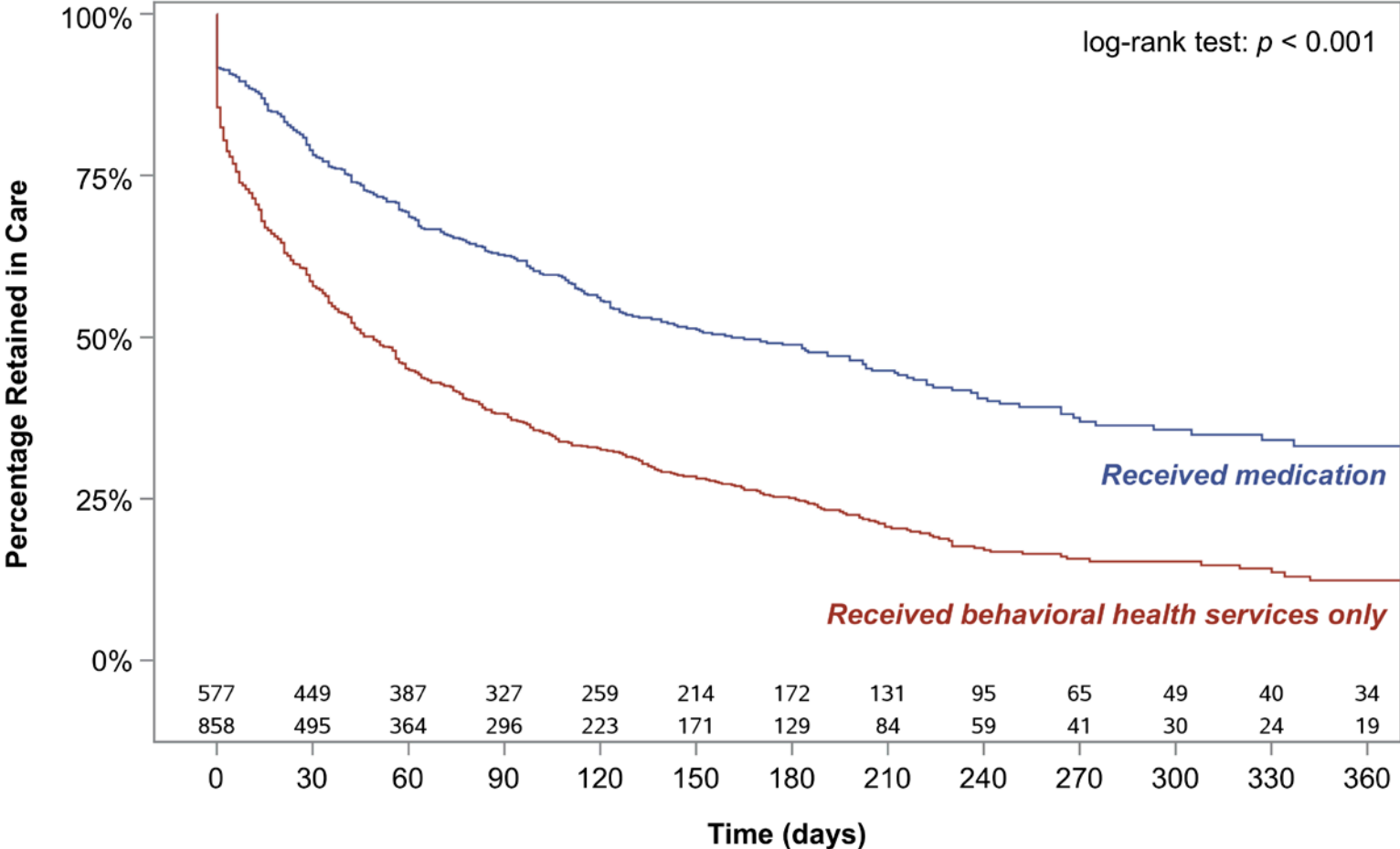
Source: Hadland SE, Bagley SM, Rodean PJ, et al. Receipt of timely addiction treatment and association of early medication treatment with retention in care among youths with opioid use disorder. *JAMA Pediatrics*. 2018;172(11):1029-37.

# Addiction Treatment by Age



Source: Hadland SE, Bagley SM, Rodean J, et al. Receipt of timely addiction treatment and association of early medication treatment with retention in care among youths with opioid use disorder. JAMA Pediatrics. 2018;172(11):1029-37.

# Retention in Addiction Care



Source: Hadland SE, Bagley SM, Rodean J, et al. Receipt of timely addiction treatment and association of early medication treatment with retention in care among youths with opioid use disorder. JAMA Pediatrics. 2018;172(11):1029-37.



# Retention in Addiction Care

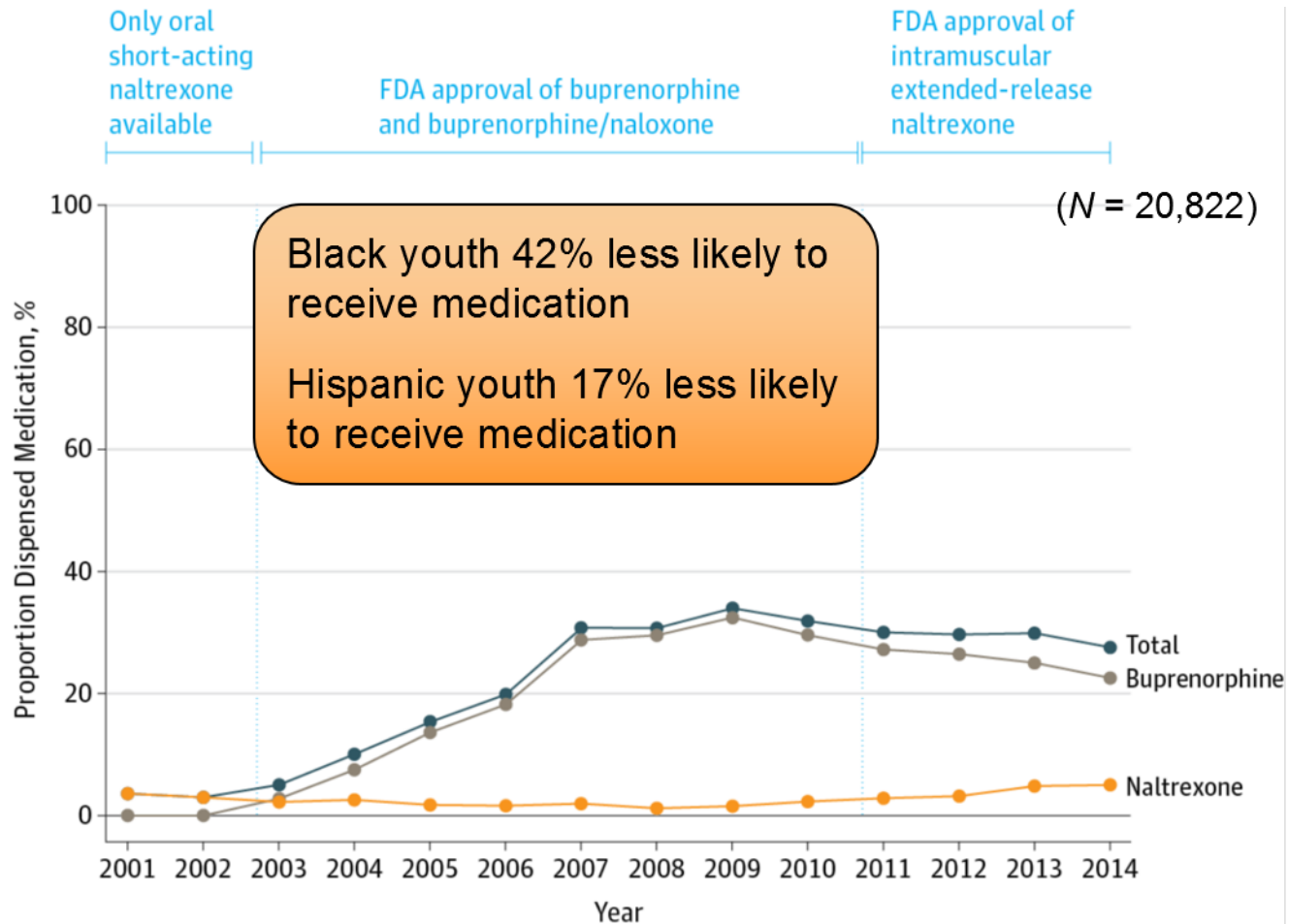
Treatment Received	Median Retention in Care, Days	% Reduction in Attrition From Treatment (95% CI) <sup>a</sup>
Behavioral health only	67	Reference
Buprenorphine	123	<b>42 (36–48)</b>
Naltrexone	150	<b>46 (31–57)</b>
Methadone	324	<b>68 (53–78)</b>

Abbreviation: CI, confidence interval.

<sup>a</sup> Adjusted for age, sex, race/ethnicity, disability, pregnancy, comorbid mental health diagnoses, other substance use disorders, acute and chronic pain conditions, and receipt of higher levels of care.

Source: Hadland SE, Bagley SM, Rodean J, et al. Receipt of timely addiction treatment and association of early medication treatment with retention in care among youths with opioid use disorder. *JAMA Pediatrics*. 2018;172(11):1029-37.

# Commercial



Source: Hadland SE, Wharam JF, Schuster MA, Zhang F, Samet JH, Larochelle MR. Trends in receipt of buprenorphine and naltrexone for opioid use disorder among adolescents and young adults, 2001-2014. JAMA Pediatrics. 2017;171(8):747-55.

# What Barriers Exist?

- **Insufficient youth-focused addiction providers**
  - Of the 3,363 addiction medicine specialists in the United States in 2015, **only 1 percent** were pediatricians
- **Limited availability of programs that prescribe**
  - Of 1,765 addiction treatment programs for adolescents and young adults, **only 37 percent** prescribe medications
- **Antimedication policies**
  - Of the remaining programs, **43 percent** deny admission to youth receiving medication elsewhere
- **Restrictions on methadone for adolescents <18 years**
- **Historical disparities**
  - Disparities based on race, language, insurance status, socioeconomic status, geography (rural vs. urban)

Sources: Hadland SE, Wharam JF, Schuster, et al. Trends in receipt of buprenorphine and naltrexone for opioid use disorder among young adults, 2001-2014. JAMA Pediatrics. 2017;171(8):747-755. Data from Substance Abuse and Mental Health Services Administration. Behavioral Health Treatment Locator. <https://findtreatment.samhsa.gov>. Personal communication with Seth Acton, American Academy of Addiction Psychiatry, 2015.

# Conclusions and Implications

## Conclusions

1. Only **one-quarter** of Medicaid-enrolled youth with OUD receive pharmacotherapy (true percentage likely even lower)
2. Whereas **1 in 4** young adults  $\geq 18$  years with OUD received a medication, only **1 in 20** adolescents  $< 18$  years received one
3. Youth receiving OUD medication are **more likely to be retained in care in real-world settings**

## Implications

- In light of recent recommendations (e.g., American Academy of Pediatrics), there is substantial room for improvement in medication treatment among youth
- Findings suggest that withholding OUD medications from youth may compromise retention in care

# Thank You!

- Funding support from the National Institute on Drug Abuse (K23 DA045085 and L40 DA042434), Thrasher Research Fund, and Academic Pediatric Association
- Division of General Pediatrics at Boston University School of Medicine, Grayken Center for Addiction, and Department of Pediatrics at Boston Medical Center

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# Commonwealth of Massachusetts Department of Public Health

Rebecca D. Butler, MSW, LCSW

Assistant Director

Office of Youth and Young Adult Services

Bureau of Substance Addiction Services





# Acknowledgement

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Substance Abuse and Mental Health Services  
Administration

Center for Substance Abuse Treatment

State Youth Treatment – Implementation (SYT-I) Grant

# Why Do Youth Matter?

## Age of Initial Alcohol and Marijuana Use Associated With Current Prescription Drug Use

	Age of First Alcohol Use			Age of First Marijuana Use		
	<13 Years	13+ Years	Odds Ratio*	<13 Years	13+ Years	Odds Ratio
Current use of prescription drugs not your own	13.6	4.8	3.1	18.2	6.2	3.36
Current use of prescription narcotics not your own	8.5	1.7	5.52	11.1	2	6.21

\*Unadjusted odds ratios.

In the past 30 days, which of the following prescription drugs have you taken that weren't your own?

- Narcotics (such as methadone, opium, morphine, codeine, OxyContin, Percodan, Demerol, Percocet, Ultram, and Vicodin)
- Ritalin or Adderall
- Steroids (body building hormones in form of pills or shots)
- Other prescription drugs

# Massachusetts SYT-I Client Profile

## Government Performance and Results Act and Implications for Care Models:

- Nine out of 10 enrollees had prior mental health treatment
- 55 percent had experienced trauma in their lifetime
- 29 percent reported sharing needles
- 34 percent were parents (7 percent were pregnant)
- 77 percent were unemployed (54 percent had completed high school)

# Massachusetts Adolescent MAT Model: SYT-I Lessons Learned

- Workforce Challenge
  - Prescribers
  - Nonprescribing behavioral health providers
- Cross-Agency Involvement
  - Department of Child & Family Services
  - Department of Youth Services
- Family Role
  - “Not under my roof”

# Massachusetts Adolescent MAT Model: Workforce

- Prescriber Toolkit
  - Consent; Massachusetts General Laws
  - Confidentiality
  - Reproductive health/Hepatitis C/HIV onsite
  - Dosage, maintenance, taper
  - When to offer MAT; not upholding “rock bottom”
  - Family engagement
  - Recovery supports
- Practice Guidance Document
  - Behavioral Health expectation
  - Engagement & Retention
  - Contingency Management
  - Adolescent Community Reinforcement Approach (A-CRA)

# Massachusetts Adolescent MAT Model: Infrastructure

- MAT 101 for nonprescribing behavioral health, state agency workforce
- Massachusetts Substance Use Helpline Provider List
- Quarterly Learning Collaborative
- Prescriber-to-Prescriber Helpline
- Family role/parent and caregiver education

# Massachusetts Adolescent MAT Model: Policy

Current BSAS Regulation	Considerations for Adolescent MAT
Authority of Operate an OBOT	* Medical Director credentials
Counseling Requirement (onsite)	* Developmentally appropriate * Evidence based
Consent (under 18 years of age)	* MADPH Reg 18 vs. MGL ch12 sec12E (12+)
Special Populations	* BSAS Certification Adolescent Provider * Senior clinician supervising services * Staff have 5 college credit hours * Family services

Abbreviations: BSAS, Bureau of Substance Abuse Services; MADPH, Massachusetts Department of Public Health; MGL, Massachusetts General Laws; OBOT, office-based opioid treatment.

# MassHealth and Department of Public Health (DPH)/ Bureau of Substance Abuse Services (BSAS) Collaboration

## MassHealth

- Reimburses medical, pharmacy, and behavioral health
- Disseminates BSAS best practices
  - Prescriber toolkit
  - Practice guidance
- Adopts DPH/BSAS specifications
  - Recovery coaching and navigation
  - Co-occurring enhanced
- Promote MAT access for target population

## DPH/BSAS

- Specialized technical assistance
  - Clinical content experts
  - Provider system relationships
  - System development/American Society for Addiction Medicine
- Fund pilot projects/innovation
  - Case management staff
  - Emergency department recovery coaching
- Link MAT providers
  - MAT 16–24-year-old providers



# Summary

- Developmentally appropriate MAT models of care:
- Workforce Development and training
  - Stigma
  - Disparities by sex, race, sexual minorities
  - On demand access and re-engagement strategies
  - Holistic model
  - Group-oriented/ peer recovery supports

# Massachusetts Adolescent MAT Model

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Bureau of Substance Addiction Services  
Office of Youth and Young Adult Services

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617-624-5160

# Treating Substance Use Disorder in Pediatric Primary Care

**Sharon Levy, MD, MPH**

Associate Professor of Pediatrics  
Harvard Medical School

Director, Adolescent Substance Use and  
Addiction Program Boston Children's Hospital



**Boston Children's Hospital**  
Adolescent Substance Use  
and Addiction Program



**HARVARD MEDICAL SCHOOL**  
TEACHING HOSPITAL

# Pediatricians must be part of the solution to the opioid crisis

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

## Medication-Assisted Treatment of Adolescents With Opioid Use Disorders

COMMITTEE ON SUBSTANCE USE AND PREVENTION



**ASAP**

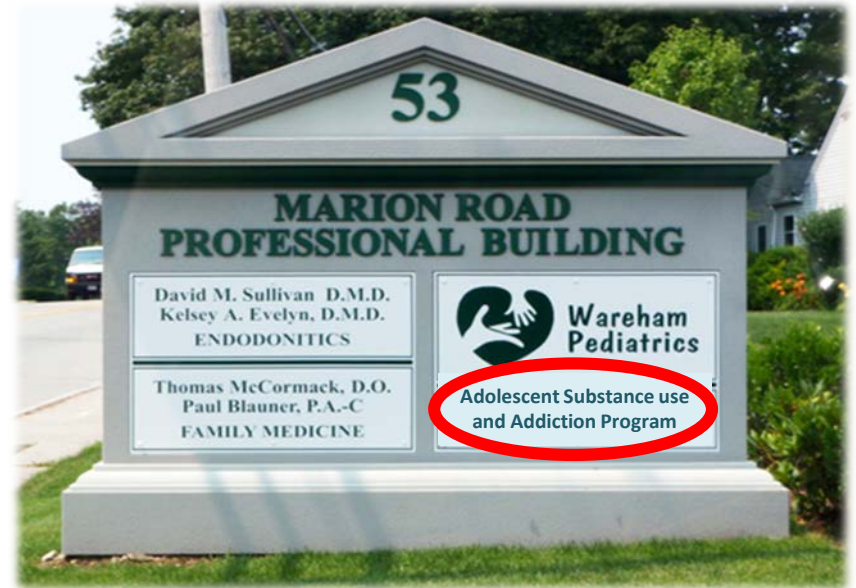
**PPOC**





# PPOC

Pediatric Physicians' Organization at Children's



# The Boston Globe

## Pediatricians are treating opioid addicts, and it's working



DEBEE TLUMACKI FOR THE BOSTON GLOBE

From left to right, Dr. Steven Mendes, substance abuse counselor Shannon Mountain-Ray, and Dr. Jason Reynolds have welcomed young patients with substance use problems to Wareham Pediatrics.

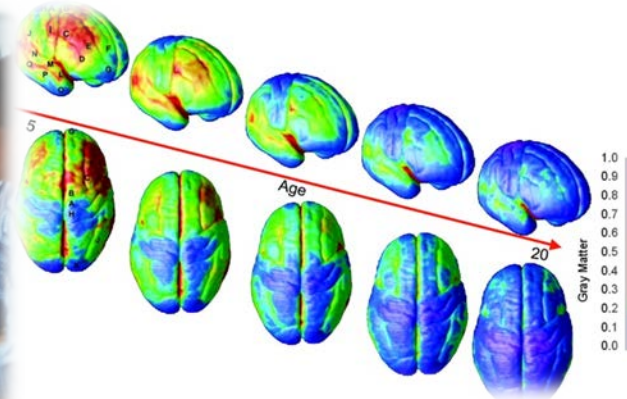
# Support by Addiction Specialty Program

Didactic training



Confidentiality

Model of care



Neurobiology and the  
developing brain



# Support by Addiction Specialty Program

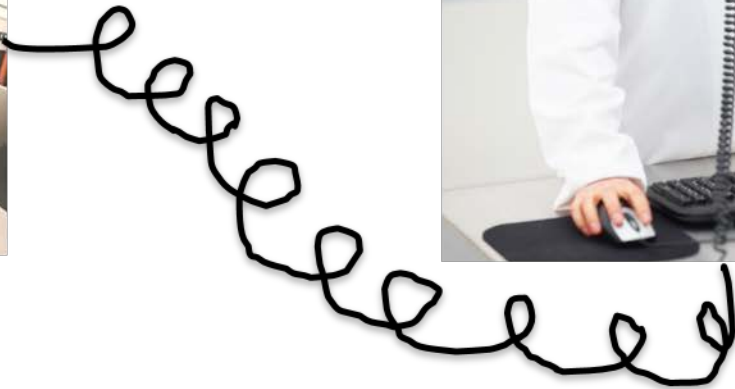
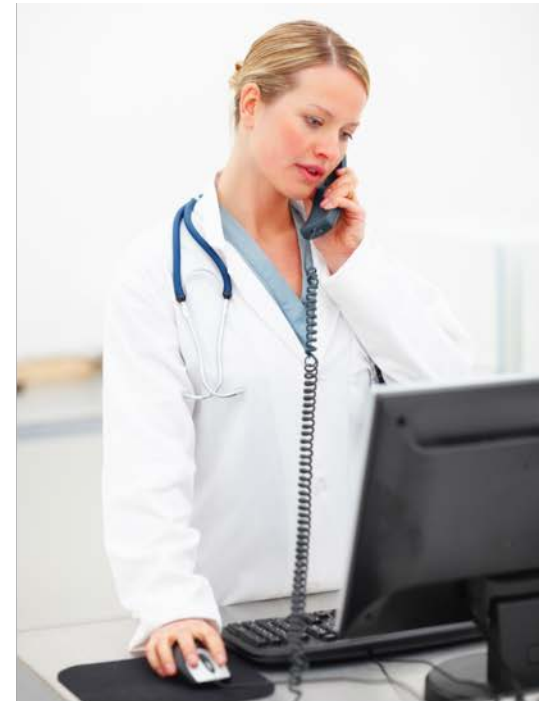
Medication for Addiction Treatment Waiver Training



Providers  
Clinical Support  
System

# Support by Addiction Specialty Program

## Consultation line



# Support by Addiction Specialty Program



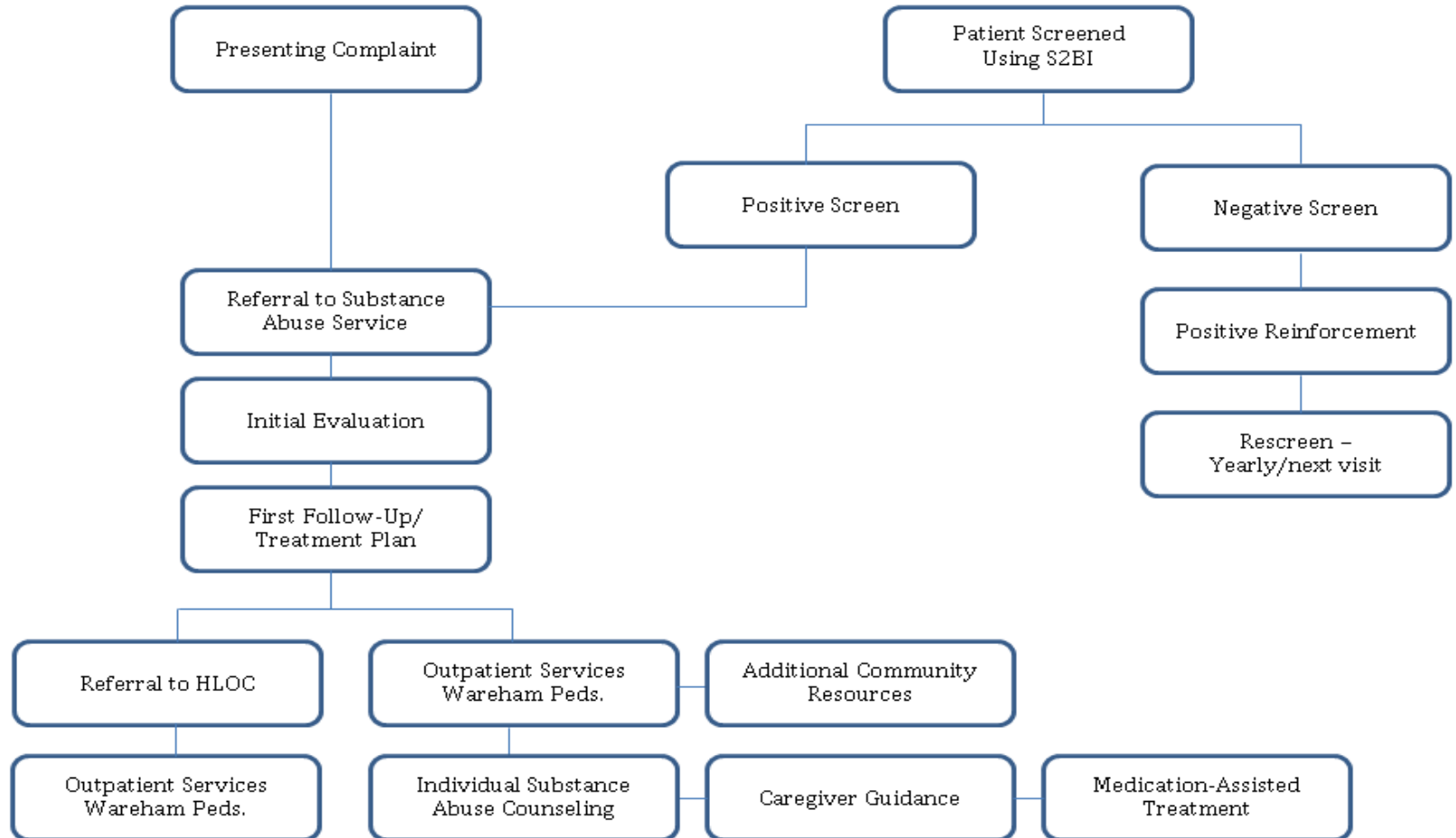
# Practice Changes

CFR (Code of Federal Regulations) 42, Part II



# Practice Changes

## New Clinical Workflow



# Practice Changes

Emergencies



# Practice Changes

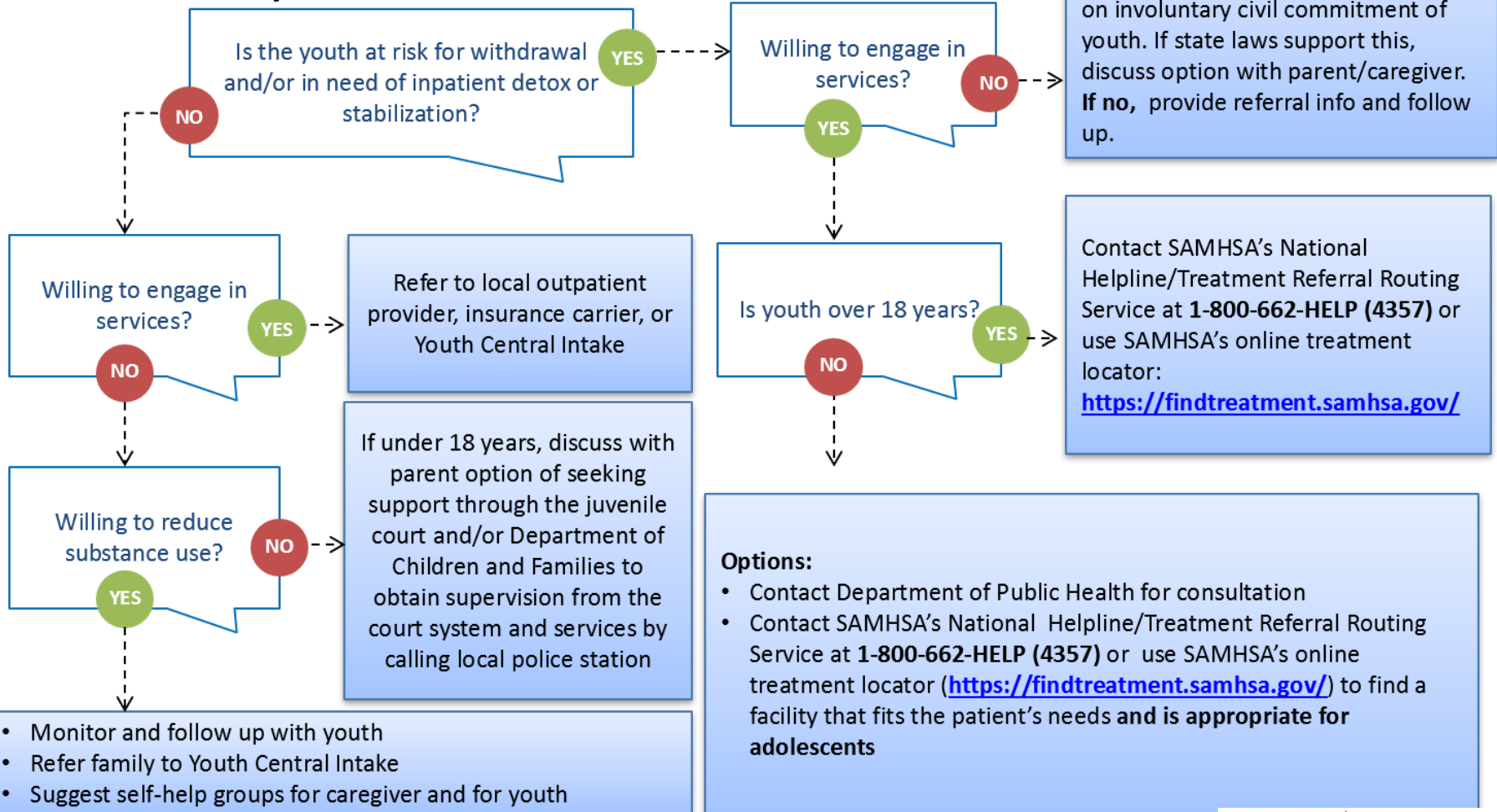
## Emergencies





# Practice Changes

## Community Resources





# Will kids really come?



# First 4 months

- Patients aged 12–22 years seen for primary care: **683**
- Expected number with a SUD: **50**
- Actual number identified: **20**
- Number treated for SUD: **13**

Source: Levy S, Mountain-Ray S, Reynolds J, Mendes SJ, Bromberg J. A novel approach to treating adolescents with opioid use disorder in pediatric primary care [published online ahead of print March 29, 2018]. Substance Abuse. doi: 10.1080/08897077.2018.1455165

# First 12 months

- Number of referrals: **60**
- Number of patients treated for SUD: **40**
- Number of teens with OUD identified: **5**
- Number of inductions: **3**

# Efforts to Seek, Treat, Retain

## Local Newspaper Press Release



## Office Poster

Have a problem with pain  
medications?



We now offer **Medication  
Assisted Treatment** at



## Letter to Patients



March 2017

Dear Patients,

We are pleased to share that we now offer Medication-Assisted Treatment (MAT) at Wareham Pediatrics. If you or someone you know has a problem with pain medications and could use some help, please feel free to contact us. For more details regarding MAT, please see the attached fact sheets.

Sincerely,  
*Wareham Pediatrics Staff*

# Additional Program Benefits

Marijuana/tobacco associated with greater risk of OUD



**Marijuana Use**

**AOR: 3.67** (95% CI 1.02–13.14)



**Cigarette Smoking**

**AOR: 2.2** (95% CI 1.3-3.5)

Abbreviations: AOR, adjusted odds ratio; CI, confidence interval.

Sources: Miech R, Johnston L, O'Malley PM, Keyes KM, Heard K. Prescription opioids in adolescence and future opioid misuse. *Pediatrics*. 2015;136(5):e1169-77. Lynskey MT, Heath AC, Bucholz KK, et al. Escalation of drug use in early-onset cannabis users versus co-twin controls. *JAMA*. 2003;289(4):427-33. McCabe SE, West BT, Morales M, Cranford JA, Boyd CJ. Does early onset of non-medical use of prescription drugs predict subsequent prescription drug abuse and dependence? *2007;102(12):1920-30*. Boyd CJ, Teter CJ, West BT, Morales M, McCabe SE. Non-medical use of prescription analgesics: a three-year national longitudinal study. *Journal of Addiction Diseases*. 2009;28(3):232-43. Boyd CJ, McCabe SE, Cranford JA, Young A. Adolescents' motivations to abuse prescription medications. *2006;118(6):2472-80*.

# Additional Program Benefits

Every year delay of nonmedical opioid use initiation is associated with a 5 percent decrease in risk of developing OUD. AOR: 0.95 (CI 0.94–0.97)



Sources: Miech R, Johnston L, O'Malley PM, Keyes KM, Heard K. Prescription opioids in adolescence and future opioid misuse. *Pediatrics*. 2015;136(5):e1169-77. . Lynskey MT, Heath AC, Bucholz KK, et al. Escalation of drug use in early-onset cannabis users versus co-twin controls. *JAMA*. 2003;289(4):427-33. McCabe SE, West BT, Morales M, Cranford JA, Boyd CJ. Does early onset of non-medical use of prescription drugs predict subsequent prescription drug abuse and dependence? 2007;102(12):1920-30. Boyd CJ, Teter CJ, West BT, Morales M, McCabe SE. Non-medical use of prescription analgesics: a three-year national longitudinal study. *Journal of Addiction Diseases*. 2009;28(3):232-43. Boyd CJ, McCabe SE, Cranford JA, Young A. Adolescents' motivations to abuse prescription medications. 2006;118(6):2472-80.).



Notice of Award

Issue Date: 11/14/2018



SBIRT-18

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Grant Number: 1H79TI081137-01

FAIN: H79TI081137

Program Director: SHARON J LEVY MD

Project Title: Integrating SBIRT into Pediatric Primary Care

Organization Name: BOSTON CHILDREN'S HOSPITAL





**Total to date:** Eight practices and 17 pediatricians have signed up for buprenorphine waivers



# Outcomes Data Sources

Objective	Data Source
Screening Rates	Electronic Medical Records
Internal Referrals	Registry
Patient Outcomes	Registry and Administrative Data

# Policy Prescriptions

- Ensure adequate support for *planning* and *evaluation*
- Provide support for training embedded counselors
- Simplify the ability to embed clinicians
- Enable contracting with specialty hub for SUD training and ongoing consultation
- Enable consultation “extenders” such as telemedicine and peer recovery supports for young adults

# Discussion and Questions



# Thank You!

**Thank you for joining us for this  
National Dissemination Webinar!**

Please complete the evaluation form  
following this presentation