

Planning and Implementing Comprehensive MAT Service Delivery Models

A Vision for Substance Use Disorder Treatment

Sponsored by the Division of Substance Abuse and Mental Health and the Division of Public Health (DPH) within the Delaware Department of Health and Social Services (DHSS).

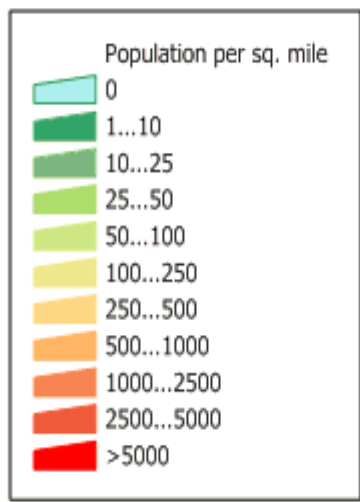
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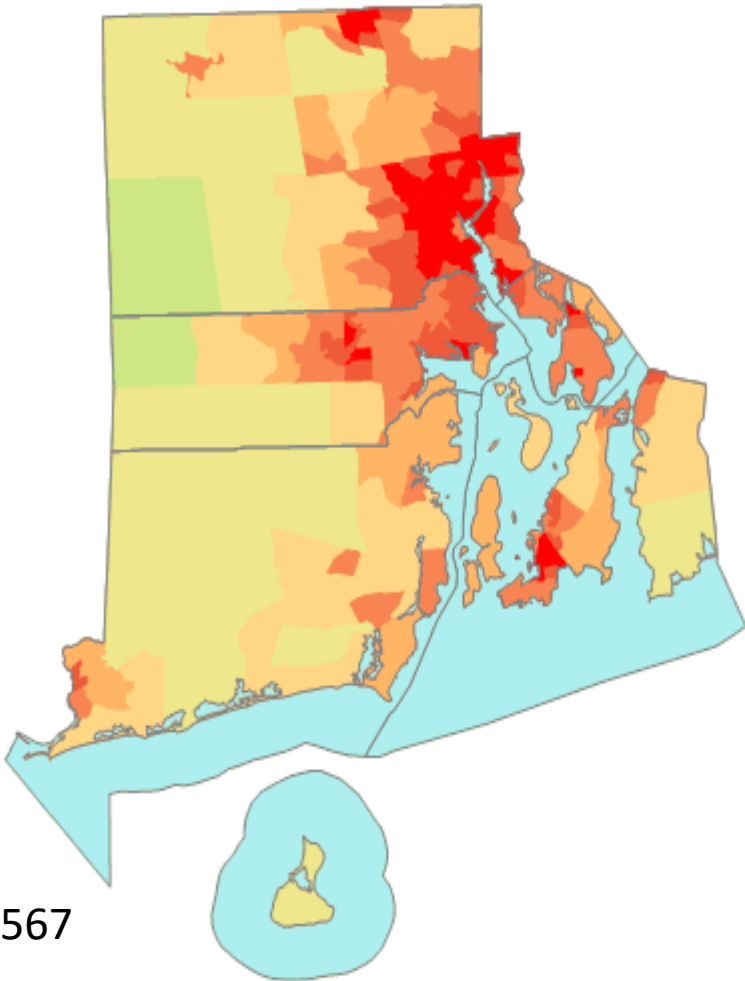
October 26, 2017



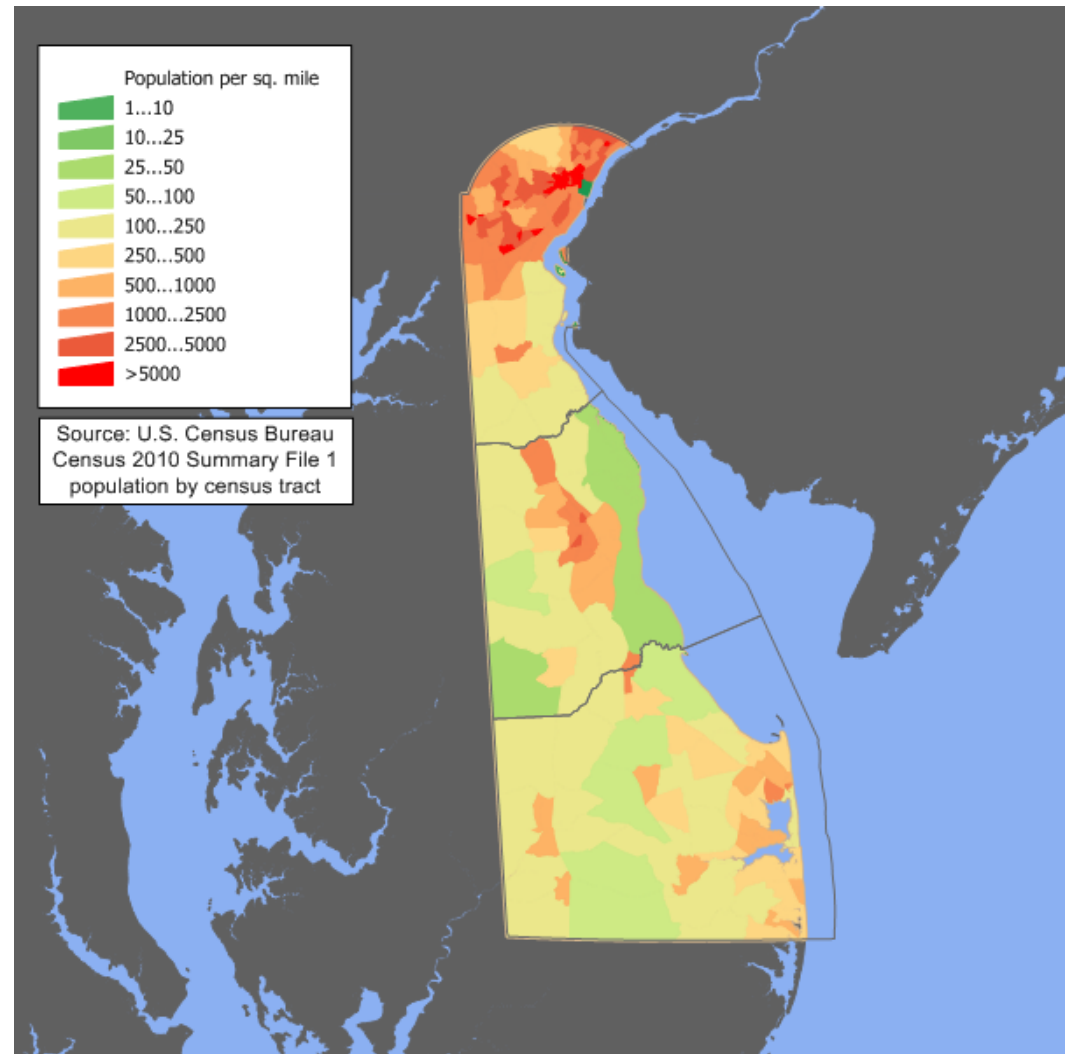
Small State Comparisons



Source: U.S. Census Bureau
Census 2000 Summary File 1
population by census tract.



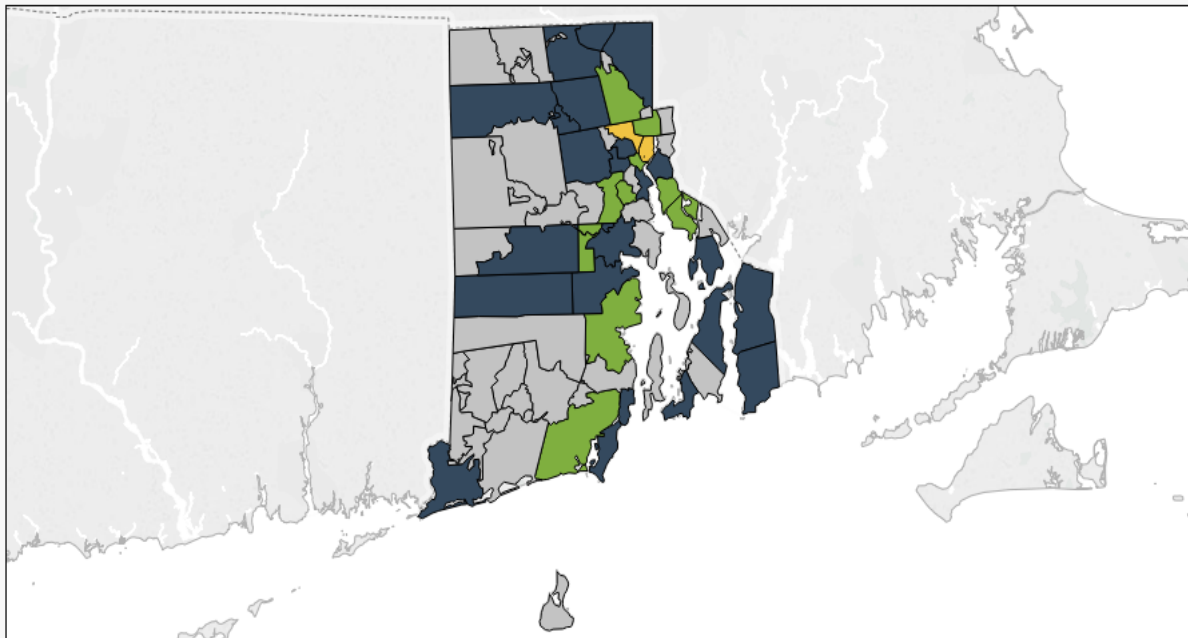
Population: 1,052,567



Rhode Island Context

Buprenorphine
Waivered Physicians

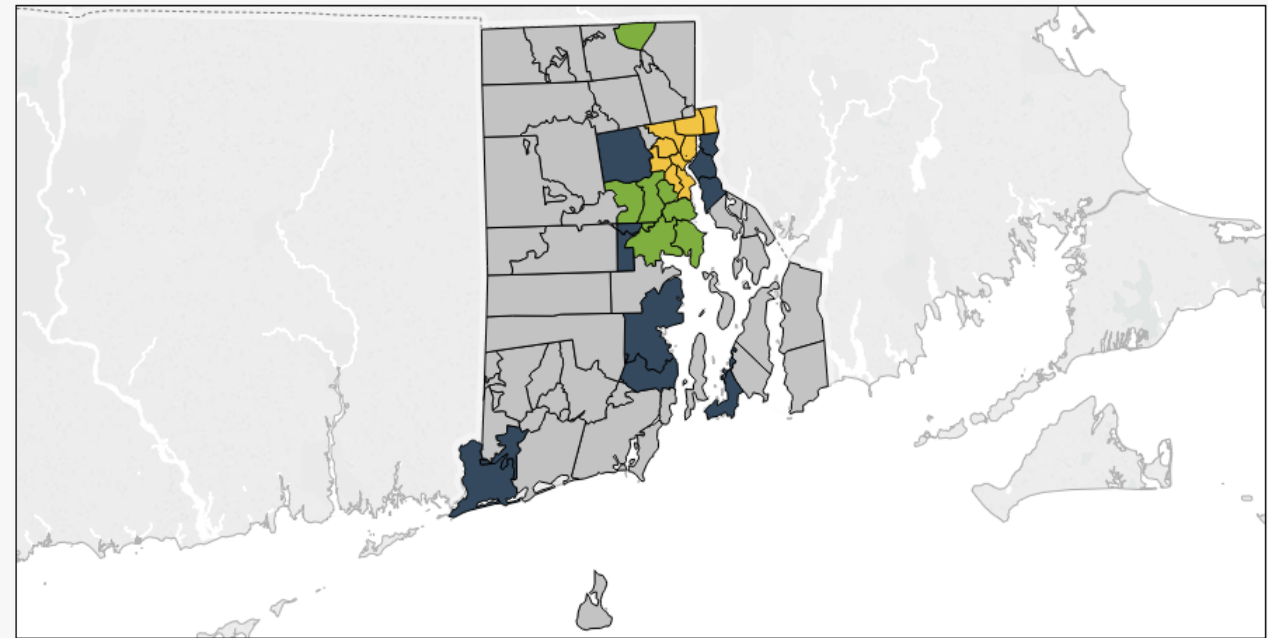
Methadone
Treatment Programs



Waivered Physicians
1 to 5 5 to 10 More than 10 None

Buprenorphine
Waivered Physicians

Methadone
Treatment Programs



Methadone Programs
1 or 2 3 or 4 5 or more None

- Medicaid Expansion State
- Long standing history of Medication Assisted Treatment
- High rates of OUD for many years
- Medicaid funds all forms of MAT
- Inpatient Detoxification facilities initiate MAT
- MAT accepted at all residential treatment facilities

Improving MAT Care with Health Homes (2013)

Providing whole health care to opioid dependent individuals receiving medication assisted treatment can be challenging

- Poor connections for primary care, do not attend wellness appointments, are not connected to specialists
- Stigma associated with MAT & substance use histories
- Unstable living environments
- Historically enabled use of acute care settings for non-emergencies
- Multiple co-morbidities
- Inconsistent care coordination

Working with Opioid Treatment Providers (OTPs) as health home providers allows:

- Heightened contact between medical & clinical professionals who have on-going therapeutic relationships with patients allowing use of existing & enhanced resources to improve patient health, decrease inadequate, ineffective medical care through:
 - A focus on relationships with primary and specialty care vs. emergency care,
 - Provision of wellness promotion activities,
 - Routine health monitoring,
 - Care management to assist development of recovery supports that promote self-care.
 - Individual & Family Support



The OTP Health Home provides clients with resources to navigate an often fragmented service delivery system.

Statewide Training Efforts for OTP Health Home Implementation

Core trainings for all Health Home staff

- Health Home 101, Confidentiality & HIPPA, Trauma-Informed Care, ASAM Criteria, Cultural Competency, MAT, Co-Occurring Disorders, Crisis Intervention, Ethics & Risk Management, How to Conduct Groups, Mental Health Exam, Motivational Interviewing, Recovery Oriented Systems of Care, Whole Health Action Management

Additional supports

- Onsite technical assistance
- Mock audits to ensure consistency
- Development of standardized guidelines, procedures, policies, etc.
- Consultation & training to community providers
- Development of Health Home Resource Guide

Implementation Highlights

Successful Implementation of Health Home Model in 13 Clinics

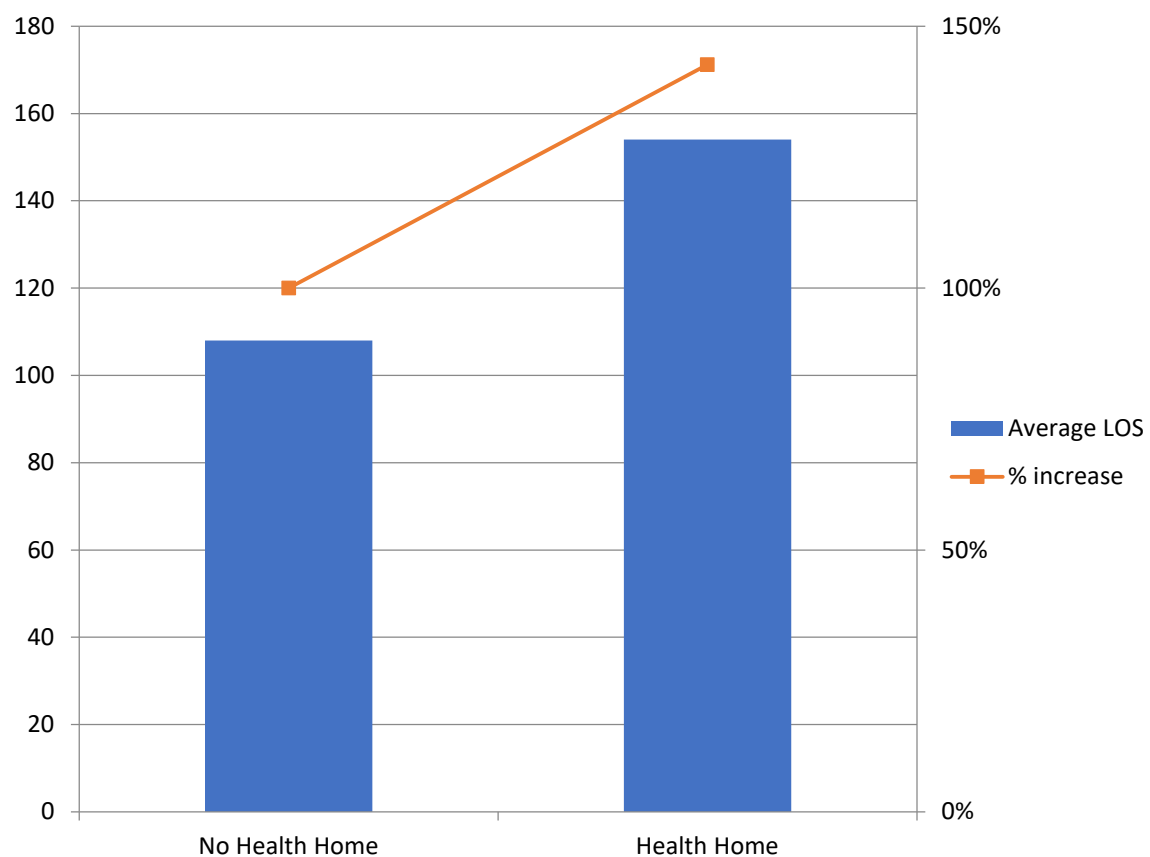
- 22 Health Home Teams provide services to more than 2,600 patients
- Overlay of patient acuity model for patient risk stratification allows Health Home Teams to better address patient needs
- Creation of OTP Health Home Database
- First Commission on the Accreditation of Rehabilitation Facilities (CARF) accredited OTP Health Home in the U.S.

Promoting Education & Collaboration

- Development or enhancement of collaborative relationships with MCOs, community health centers, recovery services, private practitioners
- Development of statewide educational & consultative network

Health Home Outcomes

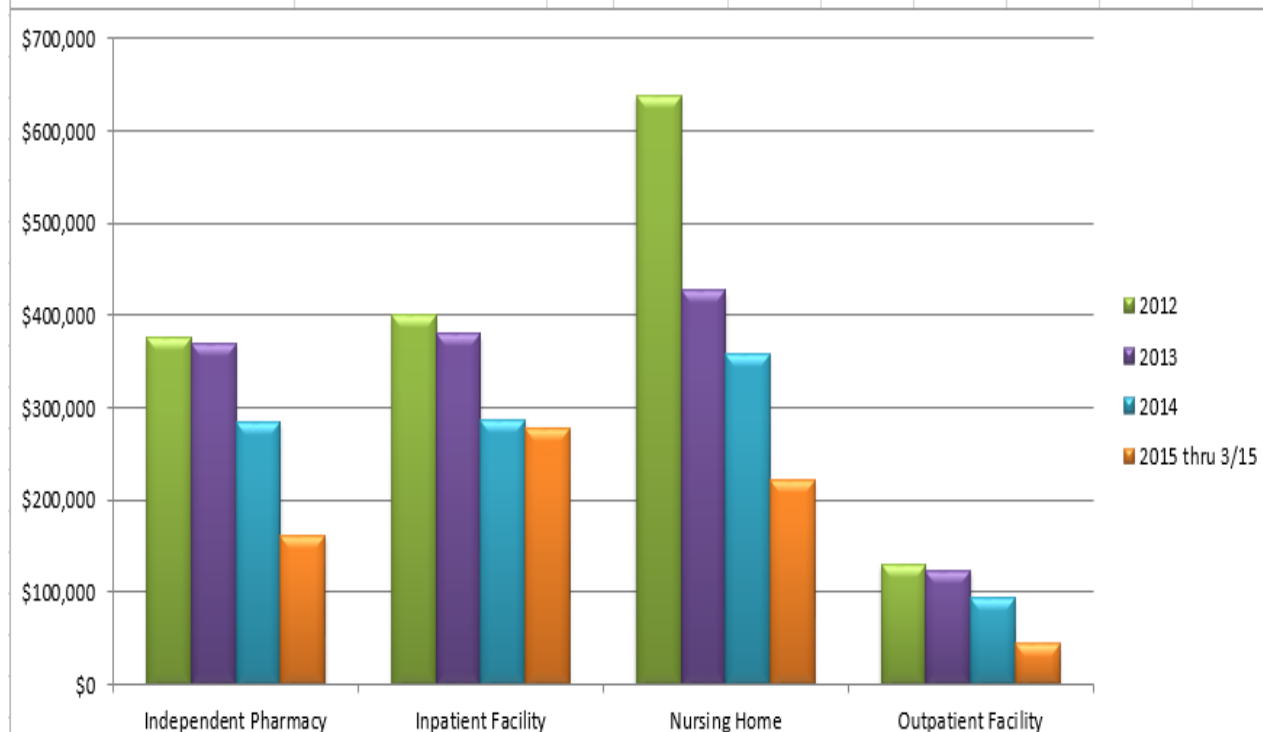
Average LOS



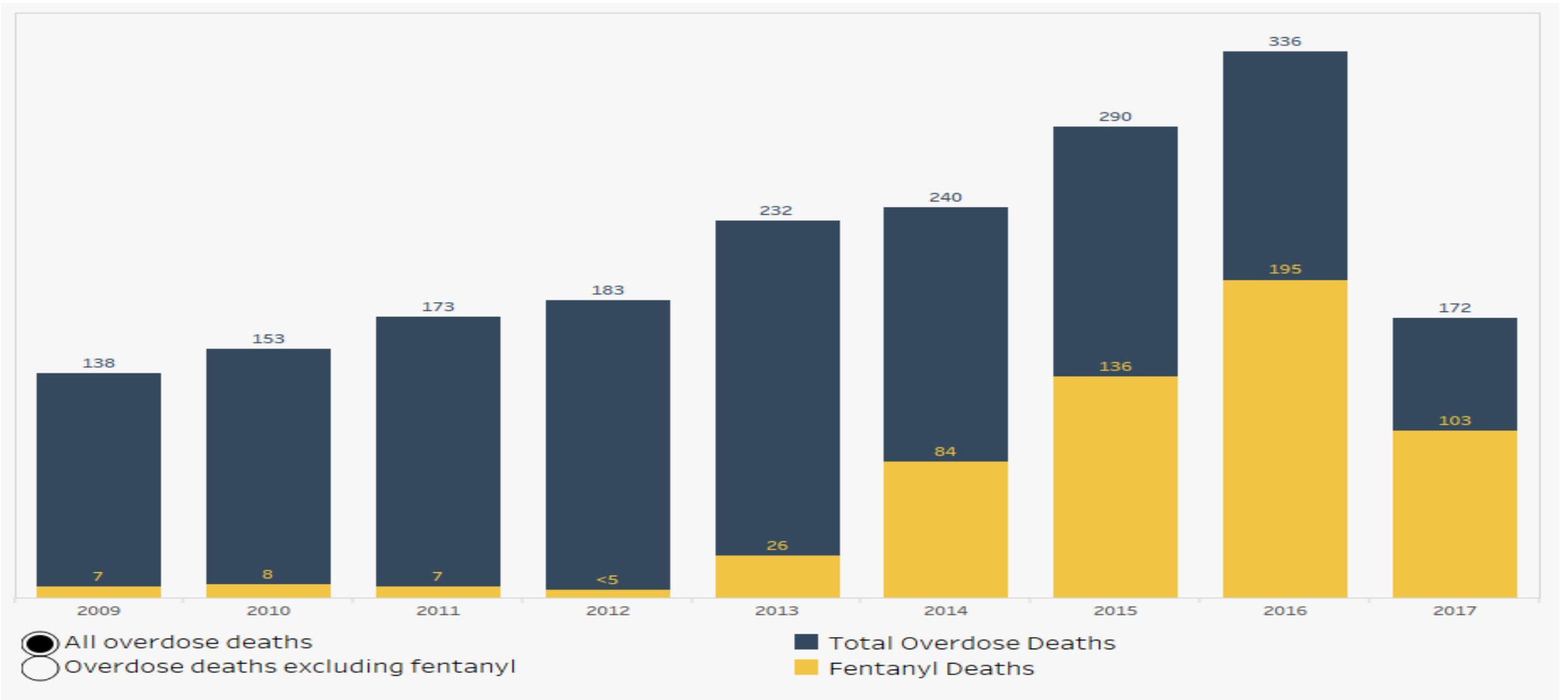
Costs

OTP Health Home Clients with more than 26 weeks of service - Target service cost analysis

**Note - Claims paid through MMIS 7/1/09 - March 2015 excluding MCO Encounter Data*



Rhode Island Overdose Data



Our Plan

▶ Enter the Governor's Overdose Prevention Action Plan

With this plan, Rhode Island will **reduce overdose deaths by 1/3 in 3 years** — that means saving hundreds of lives.



We have one goal:
to save lives.

Four Strategies

▶ Prevention



Help doctors protect their patients by using safe prescribing practices.

Fact

It's time to change how we treat pain — opioids don't need to be the first line of defense.

▶ Treatment



Make sure everyone who needs it can get medication-assisted treatment (MAT), like methadone or buprenorphine.

Fact

MAT lowers the risk of both relapse and death.

▶ Rescue



Make sure everyone has access to naloxone.

Fact

Nearly every opioid overdose death is preventable with naloxone.

▶ Recovery



Expand peer recovery services and treatment options that help people start recovery.

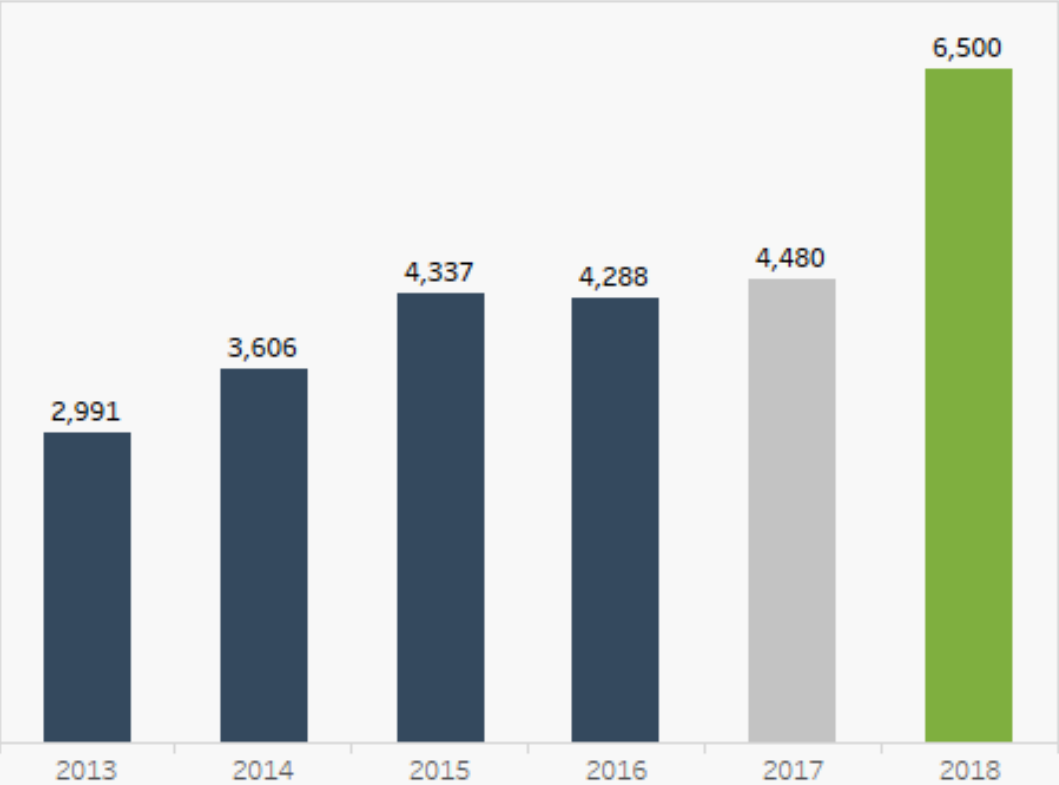
Fact

We're making sure that all patients treated for addiction have a long-term recovery plan.

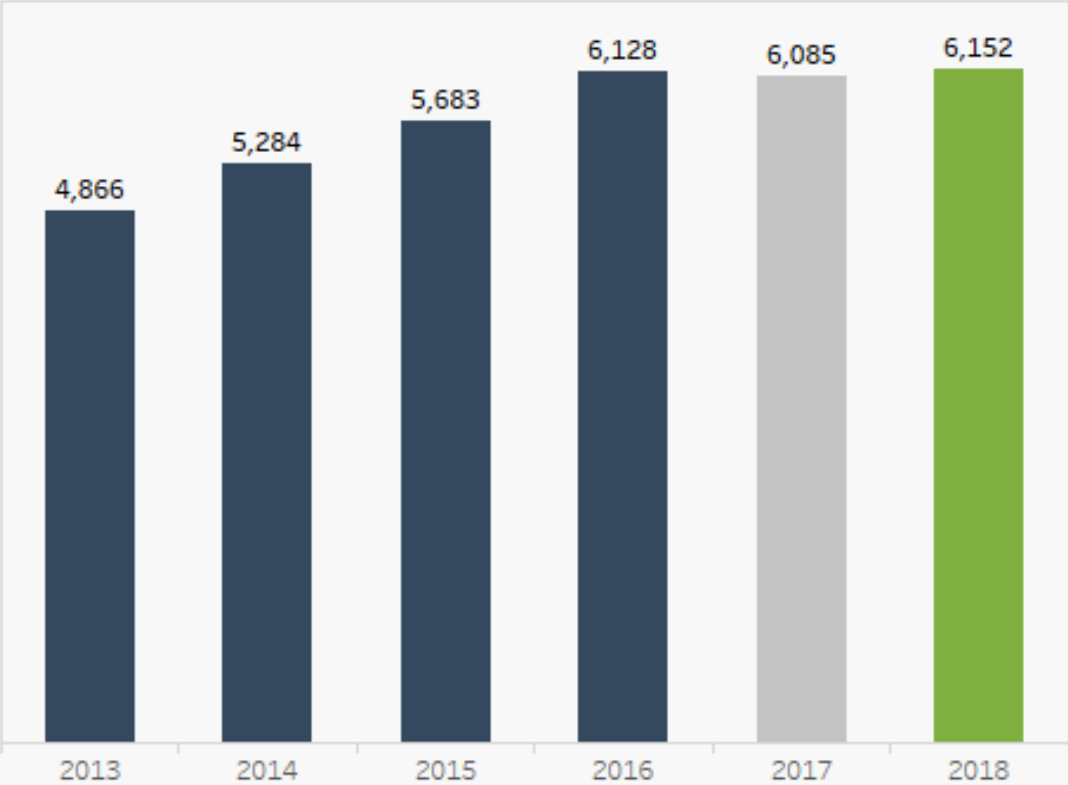


Treatment Strategy: Increase the number of people receiving medication-assisted treatment each year.

Number of people receiving buprenorphine (monthly average)



Number of people receiving methadone (annually)



Treatment Strategy: Every Door is the Right One

- **Goal:** Build the capacity for medication assisted treatment (MAT) at every location where opioid users are found, primarily: the medical system, the justice system, substance use treatment programs, and in the community.
- **Three primary interventions:**
 - Develop “Centers of Excellence” (COE)
 - Expand number of providers offering buprenorphine treatment
 - Expand MAT into new care settings

Center of Excellence (COE): a specialty center that utilizes evidence-based practices and is responsible for providing treatment to and coordinating the care of individuals with opioid use disorder. The goal is to ensure timely access to appropriate, high quality Medication Assisted Treatment (MAT) for individuals diagnosed with opioid use disorder.

Developing Centers of Excellence (COE)

- Governor's Overdose Prevention Action Plan's goal to increase access to MAT
- Recognition of barriers to access treatment using Buprenorphine and Vivitrol:
 - OTPs lacked adequate funding for dispensing buprenorphine
 - Not enough waived physicians
 - Waivered physicians not enrolling up to cap due to lack of support for practice and concern over inadequate resources

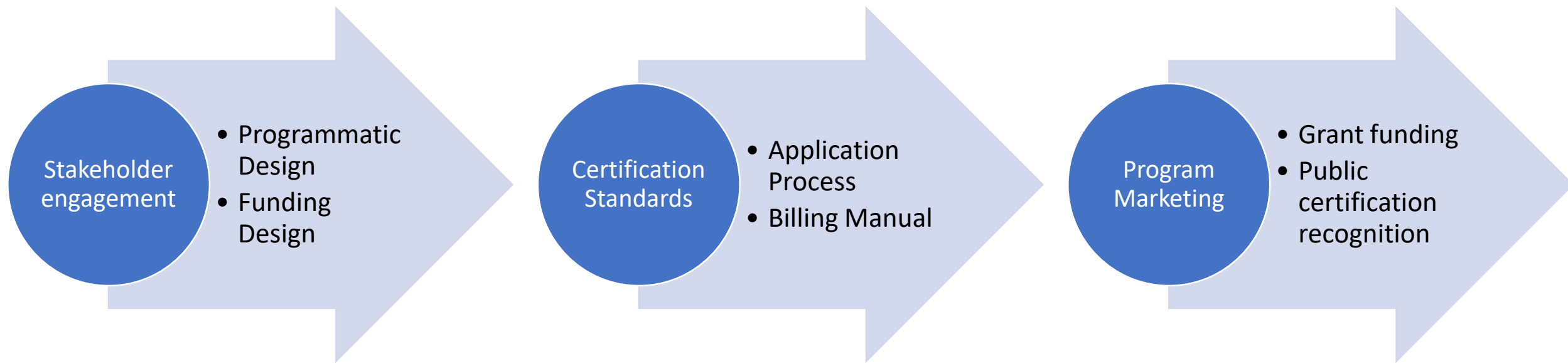
COE goals

- Expand role of OTPs to include buprenorphine & Vivitrol with enhanced rates and funding for medication
- Create opportunity for other healthcare providers (hospitals, CMHCs, FQHCs, etc) to become COEs
- Admit patients through COEs & transfer to waived physicians within 6 months
- Expand the role of the Health Home Team
- Establish new procedures, protocols & guidelines

Ensuring care quality with COE Certification Standards

- Admit within 24-72 hours of referral in Level 2, within 24 hours for Level 1

Development Process



http://www.bhddh.ri.gov/quick_links/pdf/COE%20Application.pdf

http://www.bhddh.ri.gov/quick_links/pdf/COE%20cert.%20standards_Final.pdf

How COEs Work

Service delivery & continued supports:

Not required for all MAT clients – just one treatment option

Time-limited (6 month), intensive treatment is meant to stabilize patients before referral to office based opioid treatment

Success stems from coordination with primary care & ability to build on the capacity of community providers

Clinical, health home services and recovery supports at COEs can continue after patient is referred to a primary care provider based on individualized patient need and choice

Recovery coaches play an important role in delivering services, especially during care transitions

COEs are able to rapidly re-admit patients who again require more intensive services & interventions

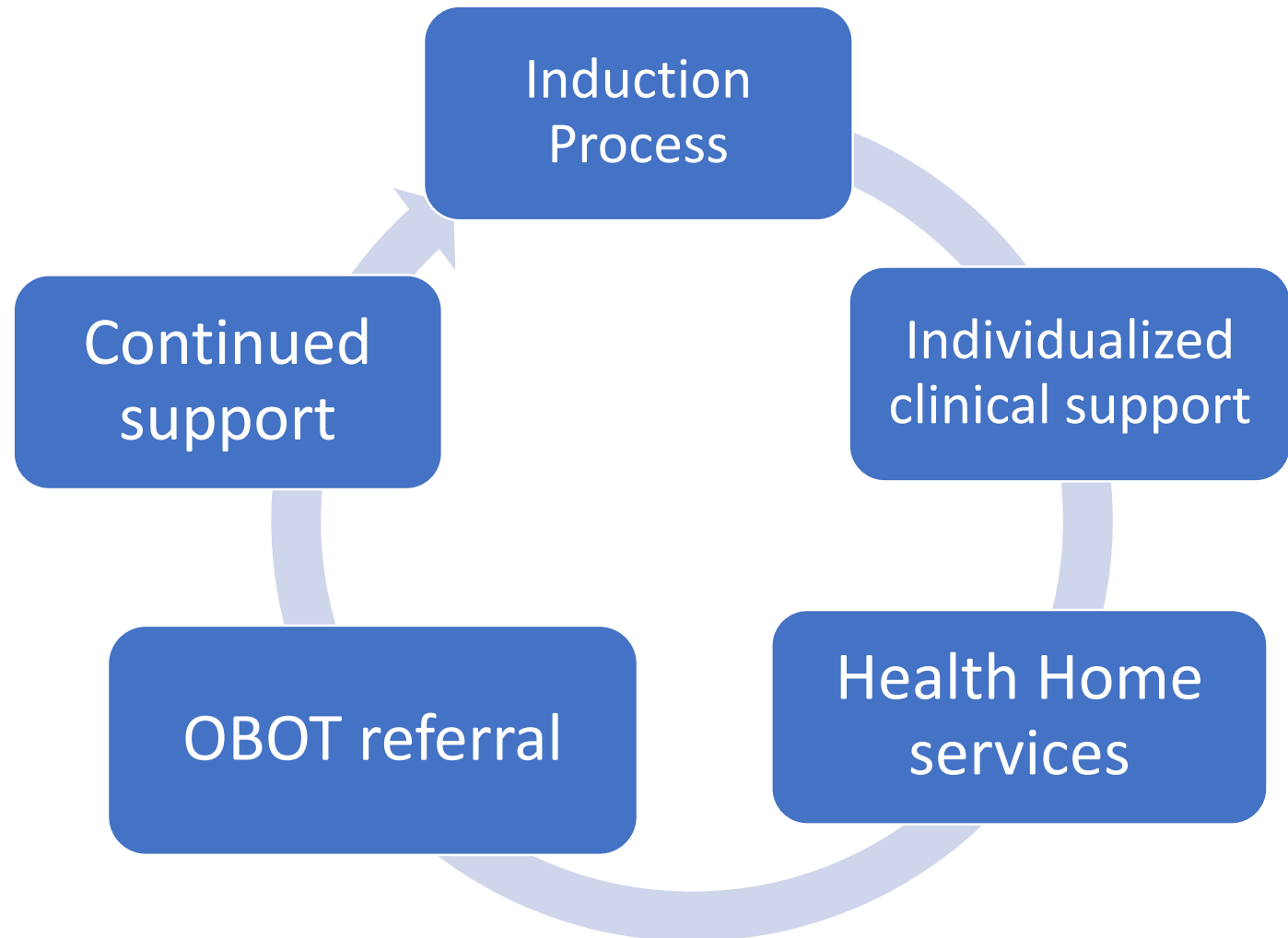
Offer 24-hour emergency telephone coverage and triage.

Staffing Requirements of COEs

- Data-waivered physicians
- Nurses
- Master's Level Clinicians
- A proposed combination of licensed chemical dependency professionals (LCDPs), case managers and/or peer recovery coaches. Applicant must discuss staffing in proposal and address relevancy to anticipated population as well as staff to patient ratios
- COEs which are licensed Opioid Treatment Programs must also include a Pharmacist

Service Requirements of COEs

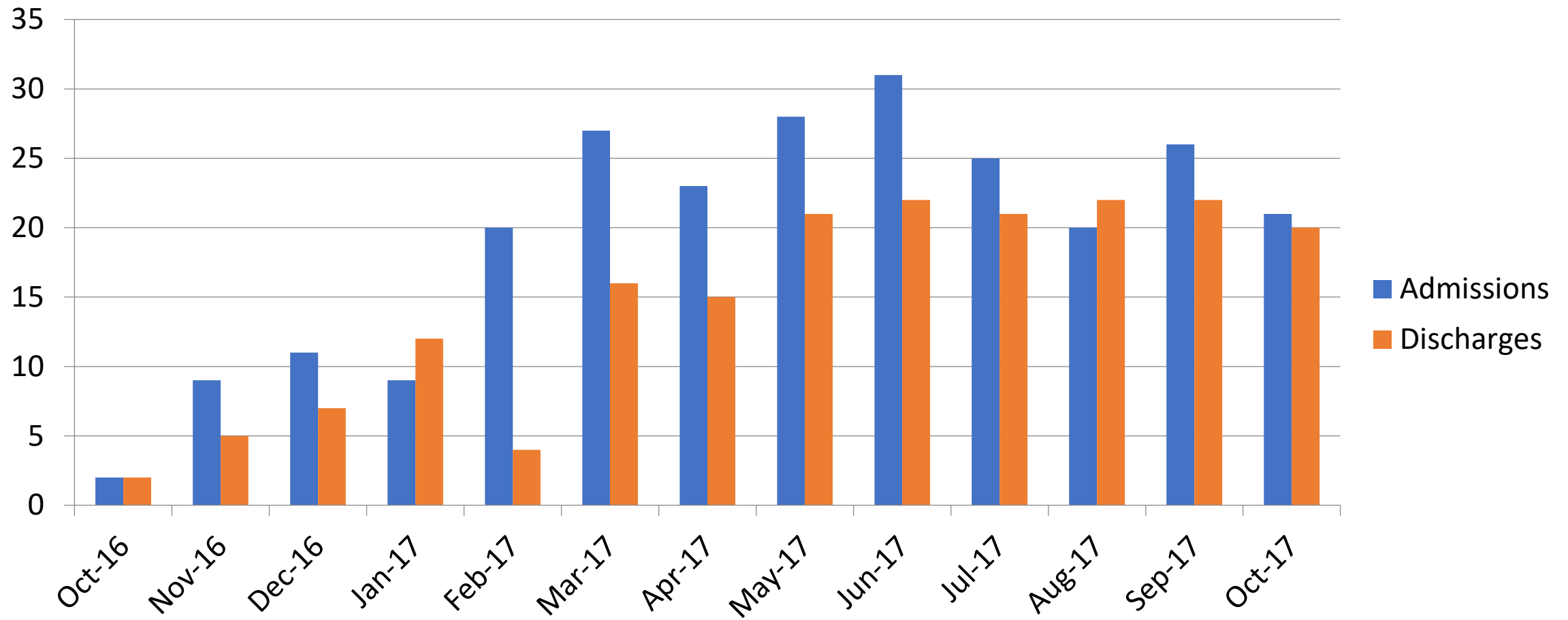
It is a fundamental requirement that COEs develop integrated relationships with health centers, physicians and other healthcare providers, community mental health providers and other programs such as permanent supportive housing providers, and community action programs. Development of relationships for referral purposes both to and from the COEs is crucial to the success of the program. COEs are intended to meet gaps in the access to existing services and provide a bridge to less intensive community based treatment.



CODAC COE

- Full range of required COE SUD/OD (health home) services plus:
 - **All three FDA approved medications for opioid use disorders: buprenorphine products, methadone and naltrexone products**
 - Psychiatric and mental health services
 - Tobacco cessation
 - Nutrition
 - Gender specific services
 - Acupuncture

OTP COE Overview – Admit / Discharge



Performance measures

- Utilization – the number of individuals admitted receiving Medication Assisted Treatment
- Rate of successful discharge to community based providers (OBOTs) – baseline established is 33% within 6 months. COEs will be evaluated on how well they meet or exceed this target
- Reduction of illicit opioid use as measured by percentage of negative toxicology screens
- Reduction of all other illicit substance use as measured by percentage of negative toxicology screens
- Reduction in the use of Emergency Departments using previous year use as a baseline
- Reduction in hospitalizations using previous year use as a baseline
- Engagement and retention rates as measured by percentage of patients who remain in treatment with COEs until successful community referral

Supporting Providers Working with COE

DATA 2000 waiver trainings

- Assist physicians in obtaining DEA waiver
- Provide training to support staff to better prepare practices for OUD
- Two 8-hour trainings
- Over 300 trained

Continue DATA 2000 waiver trainings using Half & Half format as requested

- Collaboration with RI Board of Medical Licensure & Discipline, RI Department of Health to determine where trainings are wanted
- Provide at least 4 trainings annually

Collaboration with Warren Alpert Medical School at Brown University to incorporate DATA 2000 waiver training into Medical school curriculum

Current Status & Next Steps

- State certified the first COE in October 2016
- Nine COE sites across the state
 - OTP with five sites (Level 2)
 - Hospital based with two sites (Level 1)
 - Community Mental Health Organization with one site (Level 2)
 - State Psychiatric Hospital (Level 2)
- State looking to certify 2 more COEs
 - One additional OTP for improved geographical access
 - One additional Hospital based connected to largest ED – Level 1 Trauma Center

Questions?

Thank You!

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