

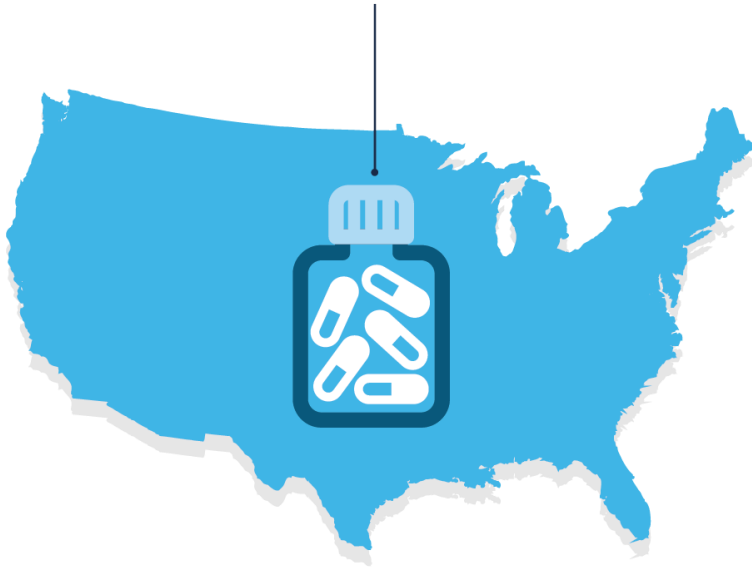


Opiate Addiction Treatment: Moving to a Community- Based Chronic Disease Model

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Opioid addiction is headline news

2 million Americans
are addicted to
prescription opioids



At least half of opioid overdose deaths
involve a prescription opioid (CDC).

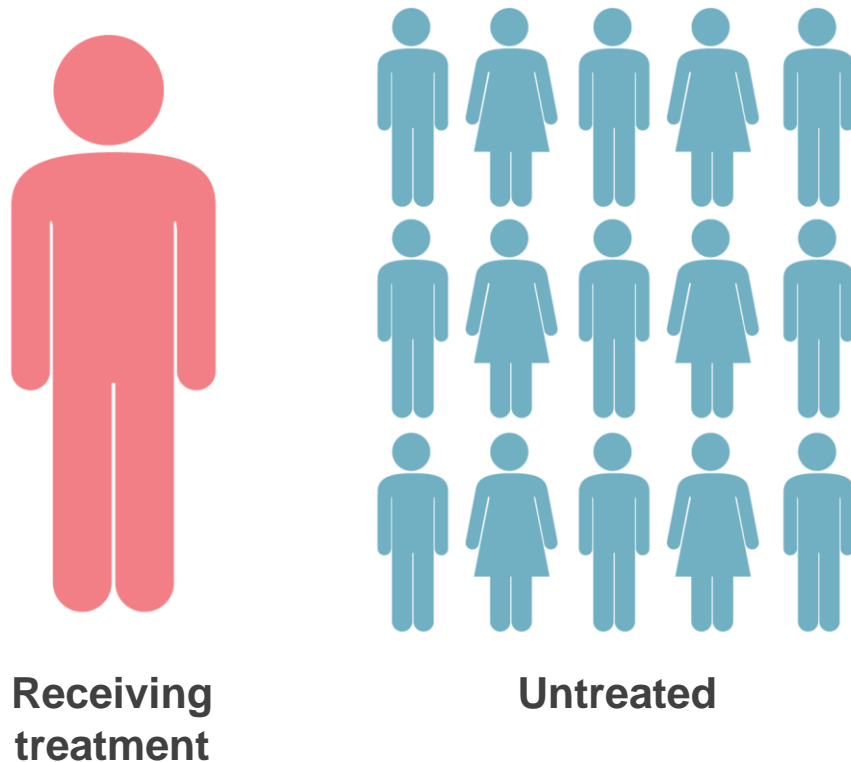
Why?

- There has been **massive overprescribing** of opioid painkillers
- Heroin abuse and rates of **drug-poisoning deaths** involving heroin are growing
- Treatment is **fragmented and hard to access**

The elderly are at risk for prescription drug abuse

- They comprise 13% of population but more than 1/3 of outpatient spending on prescription medication
- They are more likely to be prescribed long-term and multiple prescriptions
- Cognitive decline can lead to over/under utilization and misuse
- Approximately 20% of adults age 65+ take analgesics several times a week and that rates of abuse or addiction in those with chronic pain is 18%
- Data from the Substance Abuse and Mental Health Administration (SAMHSA) indicate that 2.8 million seniors abused prescription drugs in the last year; this number is expected to reach over 4.4 million by 2020

Nearly 80% of people with opioid addiction do not receive treatment



“...the all-cause mortality rate for patients receiving methadone maintenance treatment was similar to the mortality rate for the general population, whereas the mortality rate of untreated individuals using heroin was more than 15 times higher.”


Workforce issues unique to addiction


- Medical professionals receive minimal training in addiction treatment
- Of approximately 1M physicians practicing, only 1,500 identified as addiction specialists; only 300 of those are psychiatrists
- Most treatment provided by addiction counselors
 - 14 states do not require licensure
 - 6 states no degree required
 - 14 states high school degree or GED
 - Apprenticeship model, personal experience (“in recovery”)
 - Not equipped to provide evidenced-based treatment, medical care or treatment of co-occurring conditions



Source: Addiction Medicine. Closing the Gap between Science and Practice, NATIONAL Center on Addiction and Substance Use, Columbia University 2012

Issues unique to addiction treatment require specialized approaches

50% 
would help a family member
obtain treatment

5% 
of treatment referrals are
from health care providers

44% 
of referrals from legal
system

- Widest gap between science and clinical practice
- About 50 percent of family members would help a family member obtain treatment
- About 5 percent of treatment referrals are from health care providers
- Forty-four (44) percent of referrals from legal system
- Most do not receive best practice care
- Only a minority of states monitor treatment outcomes
- Quality measures not standardized
- Many programs exempt from state regulation or medical oversight

Clinical perspective – opioid addiction is a chronic disease

- Opioid addiction is a chronic, rather than episodic, disease
 - We compare addiction to a chronic disease, such as diabetes, and consequently, addiction as a chronic disease is the mindset that we are encouraging when exploring interventions
 - Many people are susceptible to addiction; therefore, we should seek to reduce stigma
- Access and adherence to Medication-Assisted Treatment is a key lever for recovery
 - MAT as an option represents a fundamental shift from how substance use disorders have been historically treated
 - Historically, many providers have been abstinence-based without replacement therapy

Opioid Addiction: A chronic illness should be treated through a chronic illness model

CONFRONTING THE CRISIS OF OPIOID ADDICTION

A BEACON HEALTH OPTIONS WHITE PAPER

- JUNE 2015 -



- **Medication-Assisted Therapy (MAT) is an essential evidence-based therapy**
 - Reduces all-cause mortality
 - Effective as part of a holistic addiction treatment program
- **There are six essential elements of the chronic care model**
 - Community-based treatment and resources
 - Health care organization
 - Self-management support
 - Delivery-system design
 - Decision support
 - Clinical information systems

A chronic illness should be treated through a chronic disease model

OPIOID ENVIRONMENT

- **There is massive overprescribing of opioid painkillers**
- Healthcare is organized to provide **episodic treatment while the underlying condition is chronic in nature** (i.e., relapsing and remitting)
- **Inpatient detoxification has 80% relapse rate** at 6 months and higher mortality rate
- **Medication Assisted Therapies (MAT) are scientifically proven**, but not universally adopted
- **Stigma** stemming from mischaracterization of the disease as a character flaw **is limiting the discussion of effective treatment approaches**
- **Discontinuous service systems** consisting of diverse providers and different payers (e.g., insurance/managed care entities, state and county governments) **impede access to care and may cause delays**
- PCPs are not trained in providing care for people with substance use disorders or navigating medically appropriate services

GOALS/OUTCOMES



Educate clinicians on effectiveness of medication assistance treatments including methadone and suboxone

Ensure follow-up in community settings once an individual is discharged from inpatient detoxification to reduce recurrent admissions



Stamp out Stigma - Effect a public epiphany about true nature of opiate addiction as a chronic brain disease

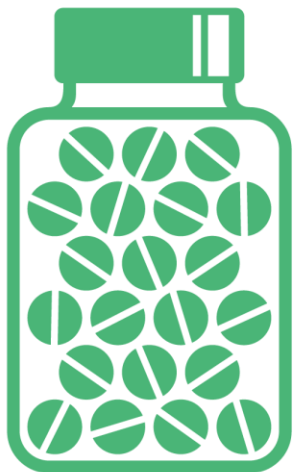
Develop more alternatives to inpatient levels of care for detoxification



Medications used in treatment of opioid dependency

FOUR APPROVED MEDICATIONS

Buprenorphine



Methadone

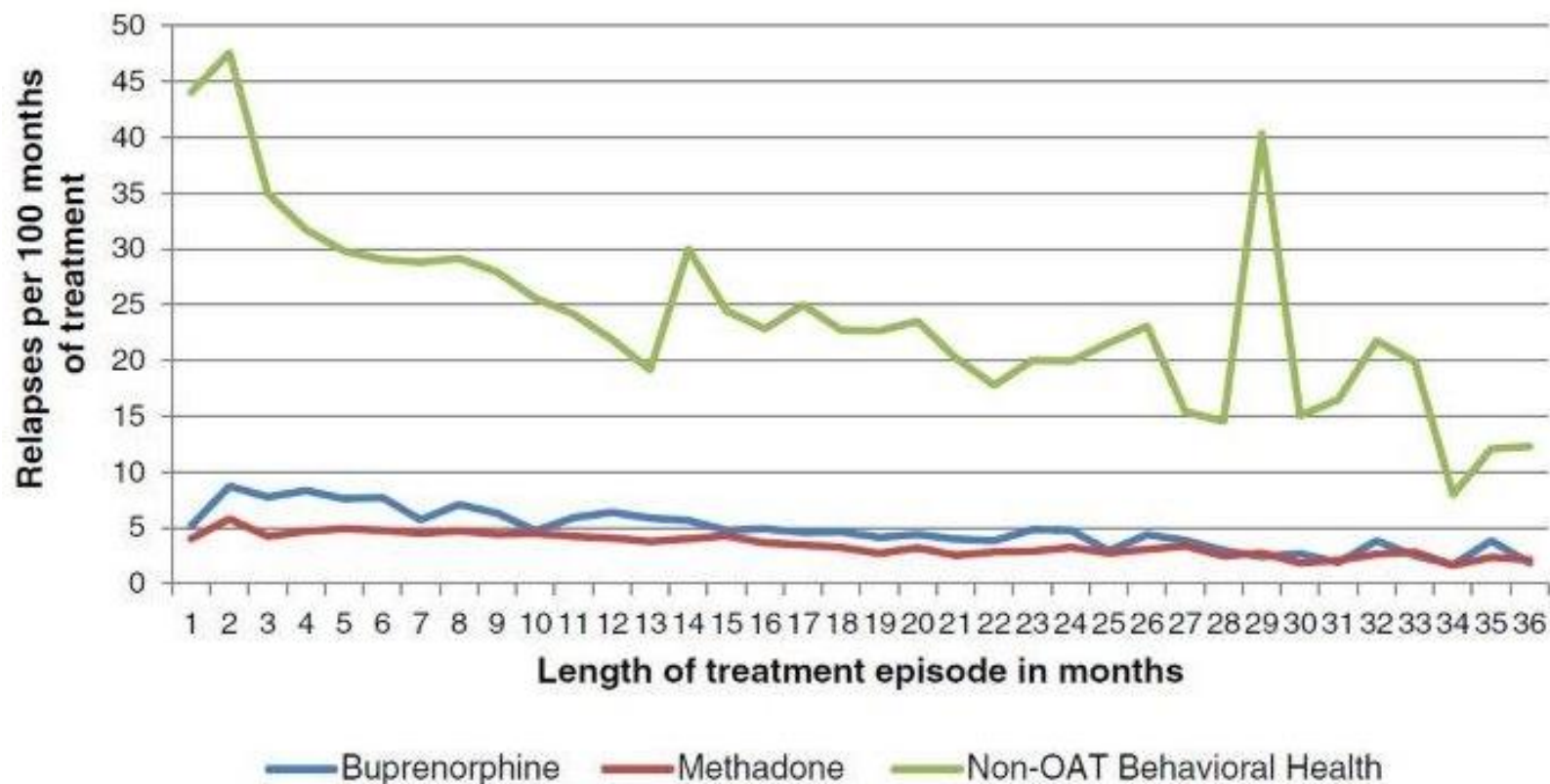
Naltrexone
oral



Naltrexone
injectable

Medication-Assisted Treatment (MAT) is highly effective at reducing the risk of relapse

2015 Massachusetts study (Medicaid specific)



- Opioid agonist therapy (OAT) is associated with lower monthly expenditures and lower relapse risk

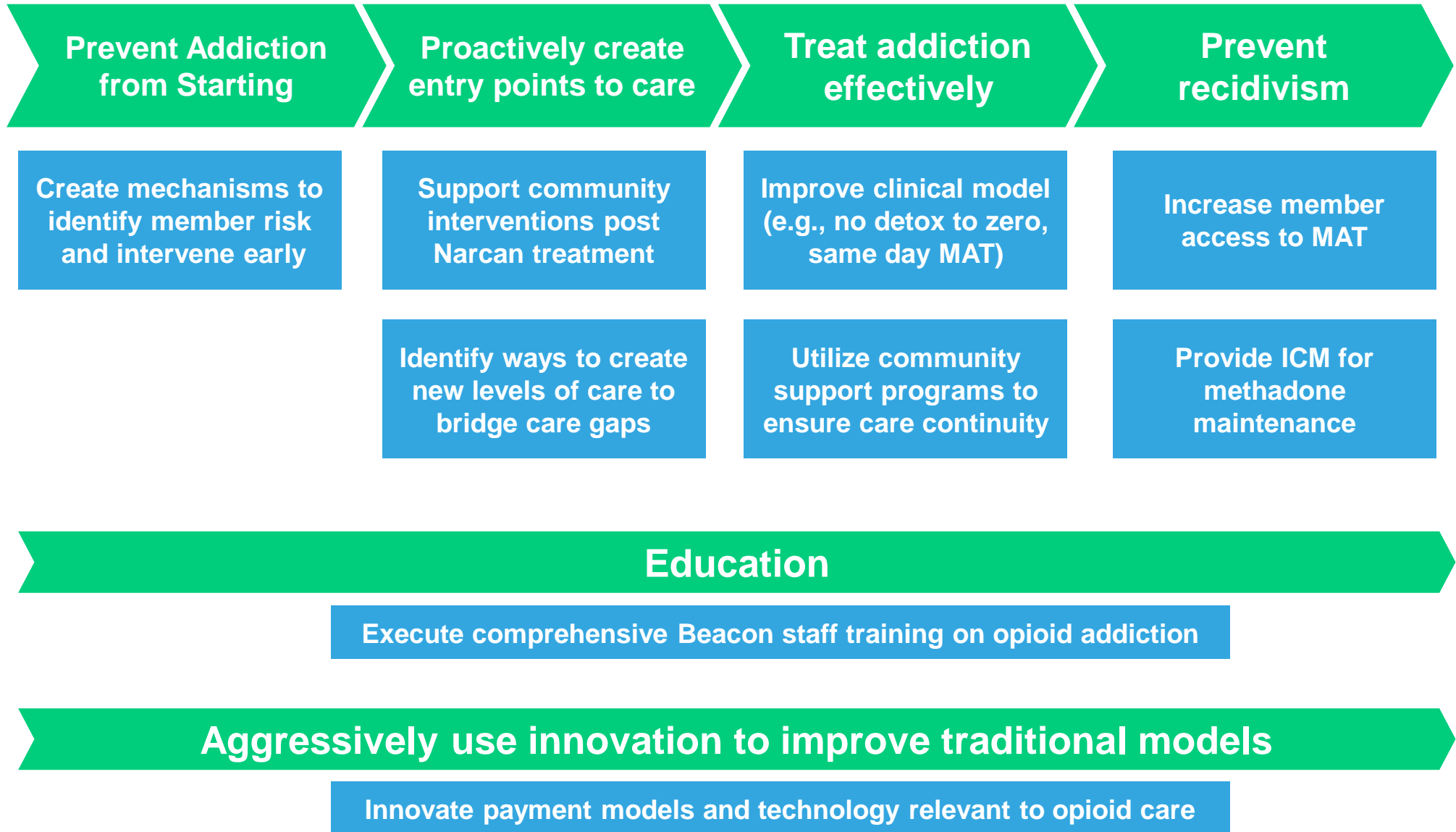
Clark R, Baxter J, Aweh G, O'Connell E, Fisher W, Barton, B. 2015. Risk Factors for Relapse and Higher Costs Among Medicaid Members with Opioid Dependence or Abuse: Opioid Agonists, Comorbidities, and Treatment History. *Journal of Substance Abuse Treatment*. 57: 75-80

MAT is only one part of an effective treatment program – other types of care help ensure engagement & adherence

- Medication-Assisted Treatment is an evidence-based treatment for opioid addiction; however, it is not a stand-alone treatment choice
- MAT is very effective as part of a holistic, evidence-based treatment program that includes behavioral, cognitive and other recovery-oriented interventions, treatment agreements, urine toxicology screens and utilization of Prescription Drug Monitoring Programs



We aligned keystone projects against elements of the care value chain



Each strategy works together to ensure MAT access and adherence

Delivery System		The Challenge	Beacon Strategy
EDUCATION AND PREVENTION		Meaningful education efforts must reach members, providers, and staff to identify people at risk and intervene early	PCP Communications: aid understanding along care pathway
			Beacon Educational Initiatives: facilitate internal trainings and resources to improve our service
			Opioid Treatment Webpage: provide easily accessible materials
TREATMENT	Detox	High incidence of detox, with high degree of recidivism	Reduce early discharge from SUD care: help members complete detox successfully
			OP detox: bring detox to a community-based setting
	MAT Initiation	Providers are abstinence-focused and detox to zero	Changing pathways: initiate members on MAT the same day of discharge from detox
			Increase MAT access: Leverage VBPs to pair MAT with therapy and engagement
	Early engagement	Limited access to MAT for the OUD population	Increase MAT access: Leverage VBPs to pair MAT with therapy and engagement
			CSP: Utilize community support providers to help members stay engaged in treatment
	Maintenance	Long-term MAT programs are rare	ICM: Intensive case management to aid adherence

Helping members stay engaged in SU detox to improve recovery

REDUCING EARLY DISCHARGES PILOT

Objective

- Reduce **early discharges (AMA)** from substance use detox to improve recovery

Overview

- The National Institute on Drug Abuse (NIDA) reported that individuals who tend to leave treatment prematurely have **less favorable outcomes** than those who continue to engage in treatment
- In our pilot program assessment, over **80% of those who left early** had an opioid use disorder
- **Interventions to reduce early discharges** include implementing a buddy system, nutritional counseling, and experiential therapy in all of the participating facilities
- Beacon completed a year-long pilot program partnering with providers to implement strategies to reduce early discharges
- The data confirmed the NIDA's report. The number of **early discharges reduced dramatically** in all of the participating facilities

Helping people transition directly from detox to MAT treatment

CHANGING PATHWAYS PILOT

Objective

- Treat addiction effectively by **improving transitions between IP and OP SUD care** to ensure care continuity and continued engagement

Overview

- We know the **current system of SUD care is fragmented**, and transitions between LOC are often unsuccessful
- Members can relapse in the time after detox while they are **waiting for MAT** or OP therapy
- Improving care pathways could involve:
 - Stronger **clinical specifications** for IP detox
 - Implementing “**no detox to zero**” guidelines for IP discharge (if MAT is available same- or next-day)
 - **Providing transportation** between IP and OP MAT
- Partnership with Lahey/Boston Treatment Center (ATS) and Community Healthcare, a methadone clinic
 - As a result of the pilot, Lahey has committed to increasing its number of physicians certified for suboxone treatment

Using Community Support Programs to ensure care continuity

COMMUNITY SUPPORT PROGRAM

Objective

- CSP providers meet members discharging from 24-hour withdrawal management programs (detoxification programs) to foster community stabilization

Overview

- CSP providers meet members discharging from 24-hour withdrawal management programs (detoxification programs) to foster community stabilization
- CSPs – who are often peers with lived experience – help members connect to medical and SUD treatment aftercare, housing, and community-based support services
- CSP is effective at connecting members with OUDs to aftercare treatment at 14 days and 30 days post withdrawal-management

Improving adherence to dosing and length of stay through an Integrated Care Management model

CARE MANAGEMENT MODEL

Objective

- Promote “front door” engagement and member retention for new admissions
- Improve adherence to dosing and length of stay for members struggling with medical, psychiatric, or social issues

Overview

- Beacon is partnering with methadone treatment providers and leveraging intensive case management to help improve methadone maintenance adherence
- Improved adherence has been shown to reduce inpatient readmissions and mortality for these members

We provide easily accessible information to patients and other impacted individuals

- Online compendium of resources for those impacted by opioid addiction
- Recently launched website with information for members, families, and loved ones
- Contains information regarding priority topics, such as:
 - The national opioid epidemic
 - Educational materials
 - Treatment options and resources
- Health plans and corporations can link directly to the Beacon page from their websites

Beacon Health Options Opioid webpage

Opioid Treatment Resources

One of the biggest challenges our country faces today is the damage that opioid addiction inflicts on individuals, their families and in the communities where they live. It is a problem that Beacon is working hard to address on a number of fronts. To learn more about one of our efforts, read our white paper, [Confronting the Crisis of Opioid Addiction](#).

If you or someone you know has a problem with drugs

- > [For Teens and Young Adults](#)
- > [For Adults](#)
- > [Your Teen or Young Adult](#)
- > [Your Adult Friend or Loved One](#)
- > [Chasing the Dragon: The Life of An Opiate Addict](#)
- > [What Is Heroin, and Why Is It Addictive?](#)
- > [Pregnancy and Opioid Pain Medications](#)

Finding help

- > [Treatment Options](#)
- > [Opioid Treatment Physician Locator](#)
- > [Opioid Treatment Program Directory](#)
- > [Selecting a Treatment Program](#)
- > [Self-Help Groups](#)
 - > [Alcoholics Anonymous \(AA\)](#)
 - > [Narcotics Anonymous \(NA\)](#)

Summary of our perspective

- Opioid addiction is an urgent problem across the country that involves many unique issues in addiction treatment
- Beacon considers opioid use disorder a chronic illness, and we will employ principles of a chronic disease management program to address this major health crisis
- An ideal substance abuse treatment program leverages a widely available outpatient network and MAT as part of evidence-based, holistic treatment
- We are developing and evaluating pilot programs to address problems at every point in the care process, from prevention to treatment and maintenance to education
- With your help, we can transform delivery and access to address this epidemic so profoundly impacting all our lives

Thank you

