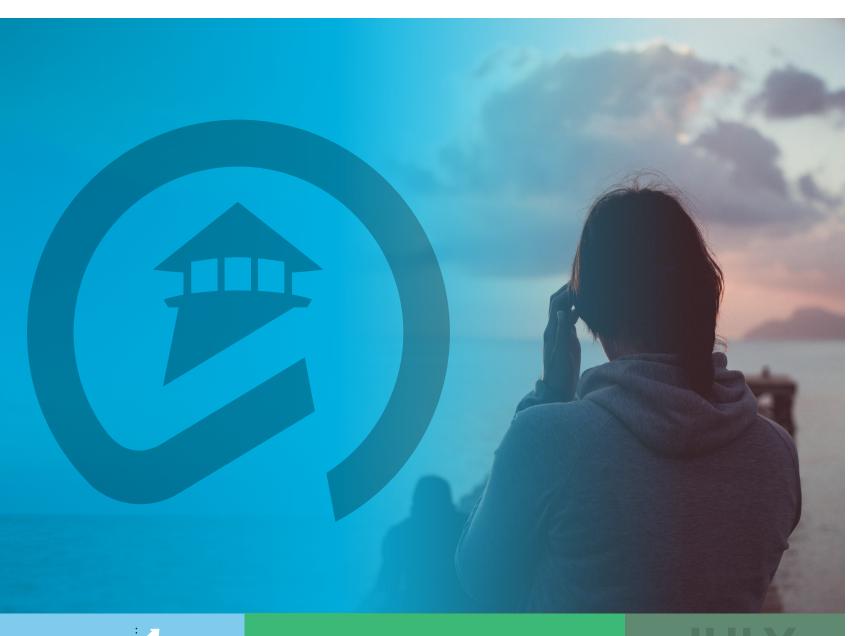
# Combatting the Crisis of Opioid Addiction: **Beacon's Clinical Philosophy**

- Opioid addiction is a chronic brain disease, and should be managed and treated like any other chronic disorder
- The historical abstinence-focused model of care is often not effective in treating opioid addiction
- An evidence-based, holistic treatment program should include medication, community support, and other recovery-oriented interventions
- Patient adherence to Medication-Assisted Treatment (MAT) reduces readmissions and all-cause mortality
- » MAT is an evidence-based treatment for opioid addiction; however, it is not a standalone treatment choice
- » It is highly 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



### FACTS ABOUT OPIOIDS





Opioid overdose is now the **#1** cause of accidental death in America



Opioid-related deaths have increased 200% since 2000

Nearly 80% of people with opioid



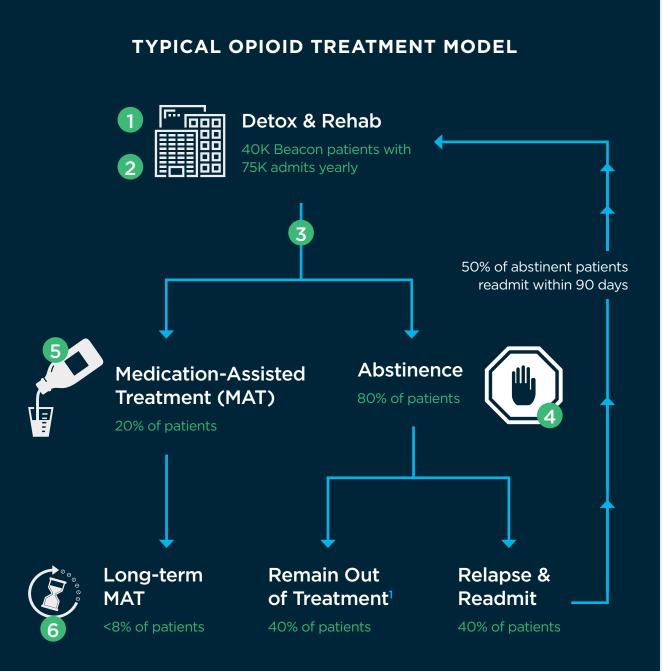
addiction do not receive treatment



Wait lists for treatment can be a year long







Includes patients who remain abstinent and those who disappear from system



### WHY IT DOESN'T WORK

Current pathways of care within the substance use provider network evolved from the context of alcohol as the primary substance of choice and abstinence being the preferred outcome. This treatment model has created discontinuous care pathways that inadvertently disrupt the continuity of MAT from one level of care to another.

#### THE RESULTING CHALLENGES

Patients avoid inpatient detox because they can't leave their jobs or communities

Patients quit 24-hour care, preventing engagement in long-term treatment

Discharged patients do not adhere to treatment

Patients treated via an abstinence model combat cravings and often relapse

MAT treatment slots **are not available** due to provider shortage

services.

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Patients struggle with MAT treatment adherence

The historic addiction model of care is slow to learn and adapt

Intensive Care Management (ICM) for MAT: Beacon leverages ICM to help improve treatment adherence via appointment/treatment reminders, one-to-one care coordination, and non-clinical service supports, like housing, food, and transportation to help members stabilize within their own communities and focus on recovery.

## **BEACON'S TREATMENT SOLUTION**

#### Expand community-based withdrawal management:

In Massachusetts, Beacon partners with an outpatient withdrawal management provider with direct linkages to primary care for MAT treatment. In another market, we contract with a transportation company to take members to appointments, eliminating a common barrier to engagement.

Reduce early discharges: Individuals who leave treatment prematurely have less favorable outcomes. Beacon works with providers to implement interventions and meaningful engagement supports that help members complete 24-hour levels of care, improving outcomes and providing a better opportunity to engage them in long-term care.

**Community support to improve treatment adherence:** Beacon works with Community Support Programs to: ensure care continuity for members discharged from withdrawal management, engage members with peers who have lived experience, and connect them to essential

Change care pathways from withdrawal management directly to MAT: We foster timely connections between withdrawal management services and MAT. Members are not detoxed to zero, but instead provided a warm-handoff to MAT treatment the day after discharge.

Alternative payment models: We expand MAT and community-based capacity by aligning provider financial incentives with clinical outcomes through methods such as a bundled payment for MAT treatment.

**Educational initiatives:** Beacon educates members and providers on best practices in caring for an opioid use disorder, including webbased information about the national opioid epidemic, treatment options, and resources as well as an Opioid Toolkit for providers.

