

Opioid Use Disorder Best Practices Across the Nation

Highlighting: Georgia, Massachusetts, Connecticut, Pennsylvania, and Maryland



Introduction

The personal, economic and societal implications of opioid use disorder (OUD) are well-known. States have made progress in reducing the number of new OUD cases, primarily through prevention efforts.

What many people may not know is that experts are predicting that the crisis will worsen in the next three to five years. Reasons include:

- Underdiagnosis/underestimation of OUD. Research suggests that nationwide prevalence could be 2-3 times higher¹ than the commonly cited figure of 2.1M people² suffering from OUD.
- Replacement of prescription opioid oversupply with dangerous illicit opioids, such as heroin and fentanyl.
- Potential for economic slowdown or recession. Higher unemployment contributes to rising OUD levels³.

The following five Medicaid programs demonstrate Beacon Health Options' (Beacon's) value in partnering with state clients, provider systems, and key stakeholders to promote best-practice care in treating OUD. In support of a chronic care model, three areas emerge as common themes to success:



Improved access to medication-assisted treatment (MAT)



Use of peer supports*



The requirement for evidence-based treatment*



Beacon Health Options Medicaid & publicly-funded programs

Years of experience: 36

States: 22 and the District of Columbia

Medicaid members: 13.5 million

Effective treatment for OUD promotes best-practices that treat the disorder as a biologically based, relapsing chronic illness.


Beacon supports the evidence-base

We promote medication-assisted treatment (MAT), an evidence-based approach that combines medication use with behavioral therapies, to treat people with OUD. Access to MAT is lower in the Midwest and mid-Atlantic states, as well as rural areas nationwide.^{4,5} Also, **only about 20% of people who need substance use disorder (SUD) treatment receive it.**⁶

Connecticut



The Changing Pathways program redefines how and when people access MAT in Connecticut. Working with system stakeholders, our goal is to increase MAT engagement – especially during transitions of care, such as discharge from a withdrawal management facility, when relapse is more likely to occur. Upon discharge, we connect members to community-based MAT providers when members choose MAT over an abstinence-focused approach. So far, we have improved the rate of starting inpatient members on MAT by 11%.

 **60%**
improvement
in members receiving
MAT within five days of
the decision

Project ECHO expands the effectiveness of the MAT provider network. Although many providers in Connecticut are waived to prescribe MAT, many are not prescribing at full capacity due to lack of expertise and support. Led by a psychiatrist certified in addiction medicine, Beacon's Project ECHO educates the MAT network through instructive learning, case review, and group discussion. Since the program's start, the number of members who were prescribed MAT has increased by 49%.



Connecticut Behavioral Health Partnership

Contract start: 2006

Contract type: Medicaid Administrative Services Only (ASO)

Lives covered: 900,000

Program features: Mental health and substance use services for Medicaid recipients, including autism services, high-need/high-cost member management, intensive care coordination, Access Mental Health consult line



By adding peer services to the Changing Pathways program, we better support MAT adoption. Peers make face-to-face connections, and engagement in care is high – around 70%. They educate members on the value of MAT; link them to community-based MAT providers; and help members address social determinants of health* that can impede starting and staying on MAT.

22% of Connecticut's Medicaid members with OUD are homeless



In 2018, we analyzed OUD MAT utilization upon psychiatric hospitalization discharge, and we reviewed claims data for each withdrawal management program. We identified several problems, including low MAT engagement; underdiagnosed OUD; a high volume of opioid withdrawal management and early discharges; and barriers to starting MAT. These findings led Beacon and its partners to launch the Changing Pathways program.

Summary: Beacon's community-based programs have increased OUD treatment capacity and access to MAT. In 2018 alone, our OUD program increased MAT prescribers by 21%. We're also helping people access MAT early and stay engaged for the long-term with a 6.2% rise in member connections to MAT following discharge from an inpatient unit.

Georgia



The Crisis and Access Line provides 24/7 access to routine and crisis services statewide. This system of emergency rooms, mobile crisis teams*, and crisis stabilization units* connects members to community-based providers for referral to MAT services and engages them in person-centered treatment.

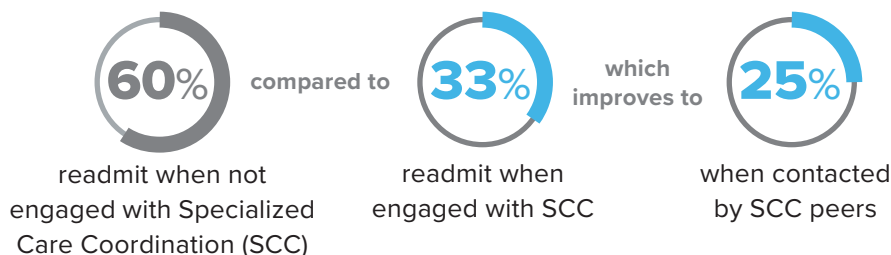


The ASO's Specialized Care Coordination (SCC) program features peer supports and community transition specialists (CTSs) who help members transition to community-based services. In 2018, aftercare appointment rates improved with CTS involvement:

57% engagement with CTS involvement **vs** **40%** without it

Additionally, the SCC improved readmission rates. The more program involvement, the better the results:

The more SCC program involvement, the better



In 2018, we conducted onsite quality reviews for nearly 200 behavioral health providers. As a result of our training and technical assistance, we helped increase providers' review scores across all dimensions of the Quality Review Tool to improve their compliance and overall service delivery.

Summary: Beacon's work in Georgia confirms the value of timely care and peer support in helping people reach their long-term recovery goals. Our program ensures that people are connected to treatment and introduced to MAT more quickly. Further, the lower readmission rates for people who receive peer support and care coordination back national data on the value of peers for reducing substance use⁷. Given the early stage of the program, we do not yet have MAT-engagement data. It's expected to see results consistent with our work in other states.



Georgia Collaborative ASO

Contract start: 2015


Contract type: Medicaid ASO


Lives covered: 200,000

Program features: Care coordination, 24/7 crisis and access line, quality management, utilization management, Pre-Admission Screening and Resident Review Level II reviews, I/DD case management, and reporting

ASO partner organizations: Behavioral Health Link and Qlarant

Maryland

 Once Beacon assumed administration of the Medicaid SUD benefit in 2015, 33% more Medicaid participants accessed SUD services than in the prior three years. Beacon provides training and technical assistance to SUD providers on American Society of Addiction Medicine level-of-care criteria*, adoption of evidence-based practices, and individualized recovery plans. To increase OUD clinical services, we rebundled payment* for community-based Opioid Treatment Program care.

 **27%** increase in unique patients receiving buprenorphine in these settings



Maryland Public Behavioral Health System (PBHS)


Contract start: 2006


Contract type: Medicaid ASO

Lives covered: 1,200,000

Program features:

Management of mental health services, SUD, and Applied Behavior Analysis services; intensive case management; Outcome Measurement System; and Jail DataLink

 Intensive Case Management includes peer specialists who support members with high-risk behavioral/medical conditions. Peers reach out to participants during and after their hospitalization to connect them to community-based services. The result was a reduction in unnecessary inpatient utilization.

 In Maryland, the provider profiler for SUD Intensive Outpatient Programs (IOPs) tracks and compares performance across key metrics: episode length, outpatient follow-up, care transitions, and emergency department (ED) use. Using aggregate data, we consult with the 10 high-volume IOPs to drive improved quality care, outcomes, engagement rates, and cost-effectiveness. For example, we helped one of the largest providers reduce ED usage among its patients by 36%.

Summary: More Medicaid enrollees are receiving care; the number of people treated in the PBHS for SUD increased 10% from 2015 to 2018. MAT treatment has increased 50%, with 16 jurisdictions reporting higher buprenorphine prescribing since 2017.

Beacon supports best practice

Beacon is providing Shatterproof – a non-profit national advocacy organization addressing OUD – with a three-year grant to help fund the development of ATLAS®, a rating system of addiction programs nationwide. ATLAS®, going live in 2020, will promote treatment center accountability and drive evidence-based best practice.

ATLAS
ADDICTION TREATMENT LOCATOR,
ANALYSIS, AND STANDARDS TOOL
CREATED BY SHATTERPROOF

Massachusetts

 **Provider partnership:** Beacon's MBHP, through the Massachusetts Consultation Service for Treatment of Addiction and Pain, provides real-time consultation and support to primary care providers (PCPs) in treating patients with chronic pain and OUD.

Value-based payments: To drive engagement in integrated care, bundled payments* align provider incentives to coordinate and deliver the most effective care.

Implementation of new levels of care: Beacon created new levels of care, including Residential Rehabilitation Services, Recovery Support Navigators, and Recovery Coaching, to ensure that members stay in treatment while also supporting their recovery.

61% growth in unique utilizers of SUD services, from 2016-2018



Peers, including recovery coaches, help members connect to community-based care. MBHP also supports the Massachusetts Leadership Academy, where peers take on key roles in the community, as well as Recovery Forums across the state.



In Massachusetts, Beacon works with PCPs to promote best practice concerning OUD and other behavioral health diagnoses. For example, we educate them on the importance of screening for mental health and OUD using validated screening tools. Beacon's Massachusetts Child Psychiatry Access Program connects PCPs with our behavioral health consultation teams; PCPs can consult in real-time with child psychiatrists and other behavioral health clinicians to address a child's behavioral health condition.

Summary: In 2018, the Massachusetts Office of Health and Human Services conducted a MAT analysis, concluding that members on MAT cost less and have lower rates of overdose: approximately 13% of members who did not receive MAT overdosed. Comparatively, 7% of members who received some MAT overdosed while only 4% of members who were adherent to MAT overdosed.

Members not on MAT cost about

\$25,000 per person



Members on MAT

\$21,000 per person

Pennsylvania



Suboxone best-practice guidelines. The use of MAT alone, without therapy, is inconsistent with best practices. Over a one-year period, fewer than one in five of Beacon's HealthChoices members on MAT (suboxone specifically) saw an SUD counselor or therapist. Consequently, Beacon collaborated with system stakeholders to develop a prescriber education program. In addition, the Pennsylvania Office of Mental Health and Substance Abuse Services approved our Best Practices Guide for Suboxone Prescribers.

163%
increase
in the use of
concurrent therapy
for MAT

Reducing early discharges. Beacon implemented strategies that help members complete treatment and focus on long-term recovery. Strategies included a buddy system and use of family supports; experiential therapy; and increased weekend programming. Facilities also helped address social determinants of health, such as housing, vocational and legal issues. During the project's first six months, early discharges dropped an average of 45% among participating facilities.



Certified recovery specialists, like other peer services, draw upon their lived experience to provide support, education, and problem-solving skills to help members transition back into the community for long-term recovery. They help members stay in OUD treatment; transition among appropriate levels of care; remove barriers that trigger relapse; and access community-based services.



Through the Value Select Provider Program, qualified high-performing SUD providers have the benefit of a streamlined prior approval process for specified lengths of stay. SUD providers can then better focus on patient care and quality initiatives. Beacon is a collaborator and consultant, sharing performance data with providers to improve clinical and quality performance.



MBHP

Contract start: 1996

Contract type: Medicaid ASO

Lives covered: 500,000

Program features: Integrated care management, emergency services, Children's Behavioral Health Initiative, outpatient SUD, inpatient, diversionary and mobile crisis



Pennsylvania HealthChoices Program

Contract start: 1996

Contract type: Medicaid ASO for 12 HealthChoices counties

Lives covered: 330,000

Program features: Mental health and SUD, intensive care management, telepsychiatry programs, Behavioral Health Rehabilitation services

Summary: By sharing OUD best-practices with prescribers, we've helped increase the number of Beacon members receiving concurrent MAT and OUD treatment from 19% to 50%. Through our collaboration with our county clients and residential OUD treatment providers, we've also dramatically improved retention rates, helping members to stay in treatment.

Conclusion

Beacon's OUD solutions are scalable and adaptable to the unique health care environments of each state. We can help legislators, advocates, and other system stakeholders design solutions to meet their communities' unique needs. As Beacon Health Options builds OUD solutions across the country, we have found that these three areas – access to MAT, peer supports, and promotion of evidence-based treatment – emerge as the common themes to driving program success.

*Glossary

Bundled payments provide a single, comprehensive payment that covers all of the services involved in a member's episode of care. Such payments align incentives among providers, encouraging them to work together to improve care coordination and quality. *American Hospital Association*

Crisis stabilization units are inpatient facilities of less than 16 beds for people whose mental health crisis cannot be addressed in a residential setting. *National Alliance on Mental Illness*

Evidence-based treatment is based on scientific evidence that supports the effectiveness of the treatment. *Society of Clinical Child & Adolescent Psychology*

Level-of-care criteria are those standards an individual's health status is required to meet to receive the intensity of care or level of care necessary to diagnose, treat or maintain that individual's health. *Case Management Institute*

Mobile crisis teams go wherever an individual's crisis is occurring, often providing pre-screening assessments and connecting people to the services they need. *National Alliance on Mental Illness*

Peer support specialists use their experiences of recovery from mental illness and/or addiction, plus their formal training, to deliver services to members that promote resiliency and recovery. *Substance Abuse and Mental Health Services Administration*

Social determinants of health are those conditions in the places where people work, live, play, and go to school that affect a wide range of health risks and outcomes. *Centers for Disease Control and Prevention*

Sources:

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