Medication Assisted Treatment: Ready, Set, Implement

Nick Szubiak, Aaron Williams
National Council for Behavioral Health
Tuesday, April 25, 2017
Disclosures

• Nick Szubiak, Director of Clinical Excellence at the National Council for Behavioral Health
  ▪ Mr. Szubiak has no financial relationships to disclose.

• Aaron Williams, Senior Director of Training and Technical Assistance for Substance Use at the SAMHSA/HRSA Center for Integrated Health Solutions
  ▪ Mr. Williams has no financial relationships to disclose.

The contents of this activity may include discussion of off label or investigative drug uses. The faculty is aware that is their responsibility to disclose this information.
Target Audience

• The overarching goal of PCSS-MAT is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, and pain management settings.
Educational Objectives

- At the conclusion of this activity participants should be able to:
  - Distinguish between the pharmacological and psychosocial components of MAT
  - Identify steps to implement medication assisted treatment within your organization
  - Summarize the policy and service delivery considerations for MAT implementation
  - Understand the infrastructure necessary to support and sustain MAT services
3 Stages of Addiction Cycle

- Excessive amounts used
- Excessive time spent using/obtaining
- Tolerance
- Cravings or urges to use
- Unsuccessful attempts to cut down
- Withdrawal
- - Hazardous use
- - Health problems
- - Missed obligations
- - Interference with activities
- - Personal problems

Neuroadaptations
- Neurocircuits
- Synaptic systems
- Molecules
- Epigenetics

<table>
<thead>
<tr>
<th>Phase of Addiction</th>
<th>Shifting Drivers Resulting from Neuroadaptations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge and intoxication</td>
<td>Feeling euphoric ⇒ Feeling good ⇒ Escaping dysphoria</td>
</tr>
<tr>
<td>Withdrawal and negative affect</td>
<td>Feeling reduced energy ⇒ Feeling reduced excitement ⇒ Feeling depressed, anxious, restless</td>
</tr>
<tr>
<td>Preoccupation and anticipation</td>
<td>Looking forward ⇒ Desiring drug ⇒ Obsessing and planning to get drug</td>
</tr>
</tbody>
</table>

Behavioral Changes
- **Voluntary action**
  - Abstinence
  - Constrained drug taking
- **Impulsive action**
  - Relapse
  - Compulsive consumption

*Figure 1. Stages of the Addiction Cycle.*
Medications for Addiction Treatment

**Alcohol:**
- Naltrexone – oral
- Naltrexone (Vivitrol) – long-acting, injectable
- Acamprosate
- Disulfram (Antabuse)

**Opioids:**
- Methadone
- Buprenorphine
  - (pill and implant)
- Naltrexone – oral
- Naltrexone (Vivitrol) – Long-acting, injectable

**Smoking Cessation**
- Varenicline (Chantix)
- Bupropion (Wellbutrin)
- NRT’s
Medications Are…

- An evidence-based resource for assisting in the treatment of substance use disorders
- A resource to provide higher quality and cost effective care for clients with complex behavioral health needs
- A supplement to existing behavioral health treatments for substance use disorders
- Yet, 54% of addiction treatment programs have no physician.
What Medications Are Not…

• A panacea for the treatment of substance use disorders
• A replacement for behavioral health and recovery support services
• The sole means by which clients recover from substance use disorders
The Case for MAT

- MAT is “the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.” -- SAMHSA

- Research indicates that **methadone** and **buprenorphine** have a strong evidence base supporting their clinical effectiveness. Strong support for **Vivitrol**.

- MAT is the **gold standard** for opioid use disorder (OUD) treatment:
  - Reduces drug use
  - Reduces risk of overdose
  - Prevents injection behaviors
  - Reduces criminal behavior
MAT Supports Recovery

- Persistent intentional abstinence from intoxication
- Engagement in daily life
- Gaining employment
- Reestablish family and social ties
- Being present in everyday life
- Being able to weather the challenges, daily lows and highs of life without using substances as an external coping skills that has negative side effects and consequences
Unmet Need for OUD

- More than **two-thirds** of U.S. clinics and treatment centers still do not offer MAT medications (Stateline, 2016)
- 10% to 40% of individuals with addictions receive treatment
- Only a fraction of those that get treatment get MAT
  - 300,000-400,000 people on methadone in a given year
  - 40,000 on buprenorphine
  - 5-10,000 on Naltrexone
- Only **10%** of the people who need to be on MAT for opioid use disorder (OUD) are receiving it
Literature Review of MAT Effectiveness


# Why SUD Treatment?

## Substance Use Increases Costs

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mental Health Service Users</th>
<th>Substance Abuse Service Users</th>
<th>All Other Medicaid Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Costly Physical Conditions</td>
<td>$751</td>
<td>$680</td>
<td>$212</td>
</tr>
<tr>
<td>One Costly Physical Condition</td>
<td>$1,999</td>
<td>$1,601</td>
<td>$1,382</td>
</tr>
<tr>
<td>Two Costly Physical Conditions</td>
<td>$2,739</td>
<td>$2,627</td>
<td>$2,052</td>
</tr>
<tr>
<td>Three or More Costly Physical Conditions</td>
<td>$4,717</td>
<td></td>
<td>$3,233</td>
</tr>
</tbody>
</table>

Medications

Costs and Use:

- Patients treated with medications in healthcare settings for either alcohol or opioid dependence have reduced inpatient hospitalizations and use of EDs and increased use of psychotherapy (Chalk et al. 2010, Aetna, 2009).

- Yet, pharmacotherapy for substance use disorders was offered in <25% of specialty treatment programs (Knudsen et al, 2007), even though cost of medication treatment was very low (<1% of total treatment costs) (Mark et al, 2009).

- Low adherence with oral medications: 50% of patients fail to obtain their first refill compared to injection medications (Kranzler et al, 2008).
Are you Ready Implement MAT Services?
Getting Ready for Implementation

Key areas of consideration before engaging in efforts to increase access to medication assisted treatment (MAT)

- Economic Environment
- Infrastructure
- Regulatory/Policy Barriers
- Cultural (Attitudes, Stigma)
- Environmental Resources
Changing Staff Values and Beliefs on MAT (case study)

**Background:**
- SCS prescribing Naltrexone/Vivitrol on limited basis since 2007.
- Prior to 2016 SCS has prohibited Suboxone from residential programs.

Staff survey October 2015*:
- 97% unfavorable toward Methadone *(Wyoming is a “non-methadone” State)*
- 83% unfavorable toward Suboxone / 11% favorable
- 45% unfavorable toward Naltrexone/Vivitrol / 33% favorable

*47 staff participants, all assigned at least part-time to Recovery Services*
Changing Staff Values and Beliefs on MAT

**Actions over past year:**

- Obtained baseline data on values and beliefs.
- Created goals to change beliefs on Suboxone and Naltrexone. *(Did not intentionally attempt to change beliefs regarding Methadone.)*
- Provided email links to various MAT webinars to selected staff regularly.
- Emailed MAT informational bulletins at least monthly to most staff.
- National Council 3 hour on-site training to 45 staff.
Additional Actions over past year:

- Held MAT informational group for all residential clients (MAT and Non-Mat) four times. Encouraged staff to attend.

- The 4 MAT team members speak of MAT regularly with staff and clients. Role of MAT ambassadors.

- 7 staff attended the Wyoming Division of Behavioral Health MAT conference in September to increase both knowledge and fluency in speaking about MAT.
Changing Staff Values and Beliefs on MAT

• Results of Staff Survey, September 2016*:
  ✓ 37% unfavorable toward Suboxone / 48% favorable
    ▪ September 2015: 83% unfavorable / 11% favorable

  ✓ 12% unfavorable toward Naltrexone/Vivitrol / 84% favorable
    ▪ September 2015: 45% unfavorable / 33% favorable

  ✓ 94% continue to have unfavorable views of Methadone

  * 41 staff participants, all assigned at least part-time to Recovery Services
Changing Staff Values and Beliefs on MAT

End Result:

SCS has increased clients receiving MAT:

- September 2015       6
- September 2016       71
Changing Staff Values and Beliefs on MAT

Next Steps:

- MARS™ Training to add Peer Specialist component
- SCS MAT Learning Community to have lunch and learn meetings twice monthly including webinars and internal educational presentations
- MAT client treatment group to be held weekly
- Monthly MAT email to staff to continue education and engagement
- Expand staff target to include the mental health staff
Policy consideration

- Adherence to treatment/ patient contract
- Storage or disposal of medications
- Consent to treatment/information sharing
- Compliance/ Drug use
- Poly substance use
- Drug screening
Environmental Considerations

- Community resources (Community Assessment)
  - Legal system
  - Health Centers
  - Hospitals
- Referral
- Behavioral health Partnerships
- Existing MAT providers
- Recovery Support
- Community Education
  - What do people know about MAT?
Economic Considerations

- Reimbursement for medications
- Reimbursement for services
- Medicaid Formulary
  - Are meds available?
- Health Plan Formularies
  - Are Meds available?
Infrastructure

- Prescriber related concerns
- Behavioral health supports
- Care Coordination
- Physical space
- Board Members (Knowledge)

•
Resources

Providers’ Clinical Support System For Medication Assisted Treatment
http://pcssmat.org/

Faces and Voices of Recovery
http://www.facesandvoicesofrecovery.org/

Addiction Technology Transfer Centers (ATTC)
http://www.attcnetwork.org/index.asp

National institute on Drug Abuse
http://www.drugabuse.gov/

The SAMHSA-HRSA Center for Integrated Health Solutions
http://www.integration.samhsa.gov
Resources

Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs (OTPs)
http://store.samhsa.gov/shin/content/SMA12-4214/SMA12-4214.pdf

Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs (OTPs), TIP 43

Clinical Guidelines For The Use Of Buprenorphine In The Treatment Of Opioid Addiction, TIP 40

Incorporating Alcohol Pharmacotherapies Into Medical Practice, TIP 49
Resources on Opioid Use

- **Centers for Disease Control and Prevention**
  - [Overdose Data](#)
  - [Guidelines for Prescribing Opioids for Chronic Pain](#)

- **Substance Abuse and Mental Health Services Agency**
  - Data on [Prescription Opioid and Heroin Use](#) from the annual National Survey on Drug Use and Health
  - [Medication-Assisted Treatment](#)
    - Information on certification, oversight, DATA-2000 waivers, legislation, regulation, and more

- **Office on National Drug Control Policy** *(archived website)*
  - [National Drug Control Strategy](#)
  - [Data](#) on Methadone, Buprenorphine treatment and drug poisoning deaths

- **National Council for Behavioral Health**
  - [https://www.thenationalcouncil.org/mat/](https://www.thenationalcouncil.org/mat/)

- **National Institutes on Drug Abuse**
  - [Opioid Epidemic Strategies & Resources](#)
Questions
PCSS-MAT Listserv

Have a clinical question? Please click the box below!

Ask a Colleague

A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now
PCSS-MAT Mentoring Program

- PCSS-MAT Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.

- PCSS-MAT Mentors comprise a national network of trained providers with expertise in medication-assisted treatment, addictions and clinical education.

- Our 3-tiered mentoring approach allows every mentor/mentee relationship to be unique and catered to the specific needs of both parties.

- The mentoring program is available, at no cost to providers.

For more information on requesting or becoming a mentor visit: [pcssmat.org/mentoring](pcssmat.org/mentoring)
PCSS-MAT is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with the: Addiction Technology Transfer Center (ATTC); American Academy of Family Physicians (AAFP); American Academy of Pain Medicine (AAPM); American Academy of Pediatrics (AAP); American College of Emergency Physicians (ACEP); American College of Physicians (ACP); American Dental Association (ADA); American Medical Association (AMA); American Osteopathic Academy of Addiction Medicine (AOAAM); American Psychiatric Association (APA); American Psychiatric Nurses Association (APNA); American Society of Addiction Medicine (ASAM); American Society for Pain Management Nursing (ASPMN); Association for Medical Education and Research in Substance Abuse (AMERSA); International Nurses Society on Addictions (IntNSA); National Association of Community Health Centers (NACHC); and the National Association of Drug Court Professionals (NADCP).

For more information: www.pcssmat.org

Twitter: @PCSSProjects

Funding for this initiative was made possible (in part) by Providers’ Clinical Support System for Medication Assisted Treatment (1U79TI026556) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.