Building a More Inclusive Inpatient Behavioral Health Program

Allowing Inpatient SUD Clients to Receive MAT

COD & Treatment WA State Conference

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Washington State Department of Health

Washington State Health Care Authority

Presenters

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Learning Objectives

- Understand why MAT facilitation will be required in all SUD inpatient and residential treatment environments
- Understand the timeframe for implementation
- Understand options for MAT facilitation and implementation
- Understand technical assistance available to you through DOH and HCA

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What is Medication Assisted Treatment?

"Medication-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a 'whole-patient' approach to the treatment of substance use disorders."

As per Substance Abuse and Mental Health Services Administration (SAMHSA)

What is MAT?

- FDA-approved medications for the treatment for opioid use disorders:
  - Methadone
    - Schedule 2 only available in OTP
  - Buprenorphine
    - Schedule 3 available in any setting that has a DATA 2000 Waived prescriber or is licensed as an OTP
  - Naltrexone
    - Not considered a scheduled drug

Discussion

- What do you think are the most common concerns providers have about providing MAT to patients?

CHALLENGING THE MYTHS ABOUT MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER (OUD)

MAT JUST TRADES ONE ADDICTION FOR ANOTHER: MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery. (10)

MAT IS ONLY FOR THE SHORT TERM: Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT. (11)

MY PATIENT'S CONDITION IS NOT SEVERE ENOUGH TO REQUIRE MAT: MAT utilizes a multitude of different medication options (agonists, partial agonists and antagonists) that can be tailored to fit the unique needs of the patient (2).

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CHALLENGING THE MYTHS ABOUT MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER (OUD)

MAT INCREASES THE RISK FOR OVERDOSE IN PATIENTS: MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression. (14)

PROVIDING MAT WILL ONLY DISRUPT AND HINDER A PATIENT'S RECOVERY PROCESS:

MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress. Above all, MAT helps reduce mortality while patients begin recovery.

$$l \leq \frac{1,2}{k};\ k = \sqrt[4]{\frac{a_0 b}{4EJ}};$$

THERE ISN'T ANY PROOF THAT MAT IS BETTER THAN ABSTINENCE: MAT is evidence-based and is the recommended course of treatment for opioid addiction. American Academy of Addiction Psychiatry, American Medical Association, The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first
line treatment. (8)

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What is MAT?

- MAT is Evidence-Based Recovery
- MAT does not replace other treatment
- Patient Choice
- Healthcare Integration
- Trauma/Addiction= Chronic Brain Disease Model
  - https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface
- Non-discrimination

Why Require MAT?

- MAT will soon be required to be facilitated or provided by all licensed behavioral health agencies certified to provide inpatient SUD services.
  - Americans with Disabilities ACT (ADA)
  - Medicaid Transformation Project
    - Section 1115 Waiver
    - Innovative Projects, Activities, and Services
    - Cost-Effectiveness

Medicaid Transformation & Healthier Washington

- 1115 SUD IMD Waiver
  - In 2016, CMS provided states with the option of pursuing a waiver to allow individuals to receive treatment and keep their Medicaid coverage while in SUD IMD facilities.
    - Ex. In SUD IMD facilities, when a person received treatment for more than 15 days per calendar month, they lost all Medicaid eligibility for the month.
  - WA State applied for the waiver; awarded July 2017
    - Expectations from CMS in order to keep federal funding

https://www.thenationalcouncil.org/wp-content/uploads/2017/11/smd-17-003.pdf

Milestones

CMS requires states to meet six milestones

1. Provide full range of SUD services: outpatient, inpatient, MAT, and medically supervised withdrawal management
2. Use of evidence based patient placement criteria
3. **Requirement that Residential Treatment Facilities (RTFs) offer MAT on-site or facilitate access off-site**
4. Assessment of availability of Medicaid providers and critical levels of care provided
5. Opioid prescribing guidelines and expanded coverage of naloxone
6. Improve coordination between levels of care

1115 Waiver—Timeline

- Milestone 3: Requirement that SUD Residential Treatment Facilities offer MAT on-site or facilitate access off-site
  - Timeline for implementation:
    - State policies to utilize MAT in SUD residential facilities must be developed by July 1, 2019
    - Implementation of MAT in SUD residential facilities must take place on or before January 1, 2020

Who does this affect?

- All SUD residential and inpatient treatment facilities, including:
  - Residential treatment facilities providing residential/inpatient level SUD services
  - Hospitals with a behavioral health agency license certified for residential/inpatient SUD services

Americans with Disabilities ACT (ADA)

- Failing to provide MAT access is in violation of the ADA
  - Title II of the ADA prohibits discrimination based on disability. OUD and all substance use disorders are generally considered a disability
  - A person's rights are violated when 1) the person has a disability and 2) the person is denied a public entity's services/programs activities, 3)because of their disability.

Americans with Disabilities ACT (ADA)

- Theories of discrimination
  - *Disparate Treatment* – Intentional discrimination because of disability.
  - *Reasonable Accommodation*- Refusal to accommodate a disability so that a person has meaningful access to the relevant service/program/activity.
  - *Disparate Impact*- When a facially neutral policy has a disproportionate impact on members of a protected group.

Americans with Disabilities ACT (ADA)

- ADA arguments
  - Individuals diagnosed with substance use disorders (SUD) who are in active recovery qualify as having a disability under ADA
  - A defendant discriminates against individuals with OUD if one withholds a treatment that is considered the standard of care
  - By providing medications for only some clients, like pregnant women clients only, defendants are discriminating against non-pregnant individuals and refusing to make reasonable accommodations.
  - Defendants would be discriminating against individuals with OUD by refusing to provide appropriate treatment, as they would for other illnesses/disabilities.
  - Defendants discriminate against individuals with OUD because they often have policies that allow for the administration of other controlled substances.

Where is MAT provided?

OBOT
Office Based Opioid Treatment Setting

OTP
Opioid Treatment Program Setting

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Where is MAT provided?

- OBOT
  - Provided in a medical setting or behavioral health agency (no additional facility license required)
  - Buprenorphine and naltrexone only
  - Prescribed by DATA 2000 Waiver prescriber
  - Self-administered by patient
- OTP
  - Behavioral health agency license required
  - Methadone, buprenorphine, and naltrexone
  - Nurse administered or sometimes self-administered if “take-home” doses approved

How will this work?

- There is **flexibility** for agencies to implement this requirement in the way that works best for their program
- Agencies may choose to be an OBOT and offer MAT services “in-house”
  - **Does not** require additional DOH facility licensure
  - **Does** require an appropriately credentialed prescriber
- Agencies may choose to facilitate a referral to another entity that provides MAT services (OBOT or OTP)

Scenario 1: Resident arrives with medications

Option 1

- RTF requires patient to bring their filled prescription with them (patient-owned medication)
- RTF allows patient to self-administer medication
- RTF has location to securely store the medication

Option 2

- RTF requires patient to bring their filled prescription with them (patient-owned medication)
- RTF has a nurse administer the medication to the resident
- RTF has location to securely store the medication

Scenario 2: Resident arrives without Methadone

Option 1

- RTF facilitates transportation to an OTP for dosing

Option 2

- RTF contacts the OTP and requests that the OTP contact State Opioid Treatment Authority for an exception to allow “take-home” doses of methadone
- Considered patient owned medication
- RTF has location to securely store the medication

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Scenario 3: Resident requests to initiate medication

Option 1

- RTF facilitates referral and transportation to an OBOT or OTP

Option 2

- RTF provides MAT services “in-house” via an employed or contracted DATA 2000 Waiver holding prescriber

How will this work?

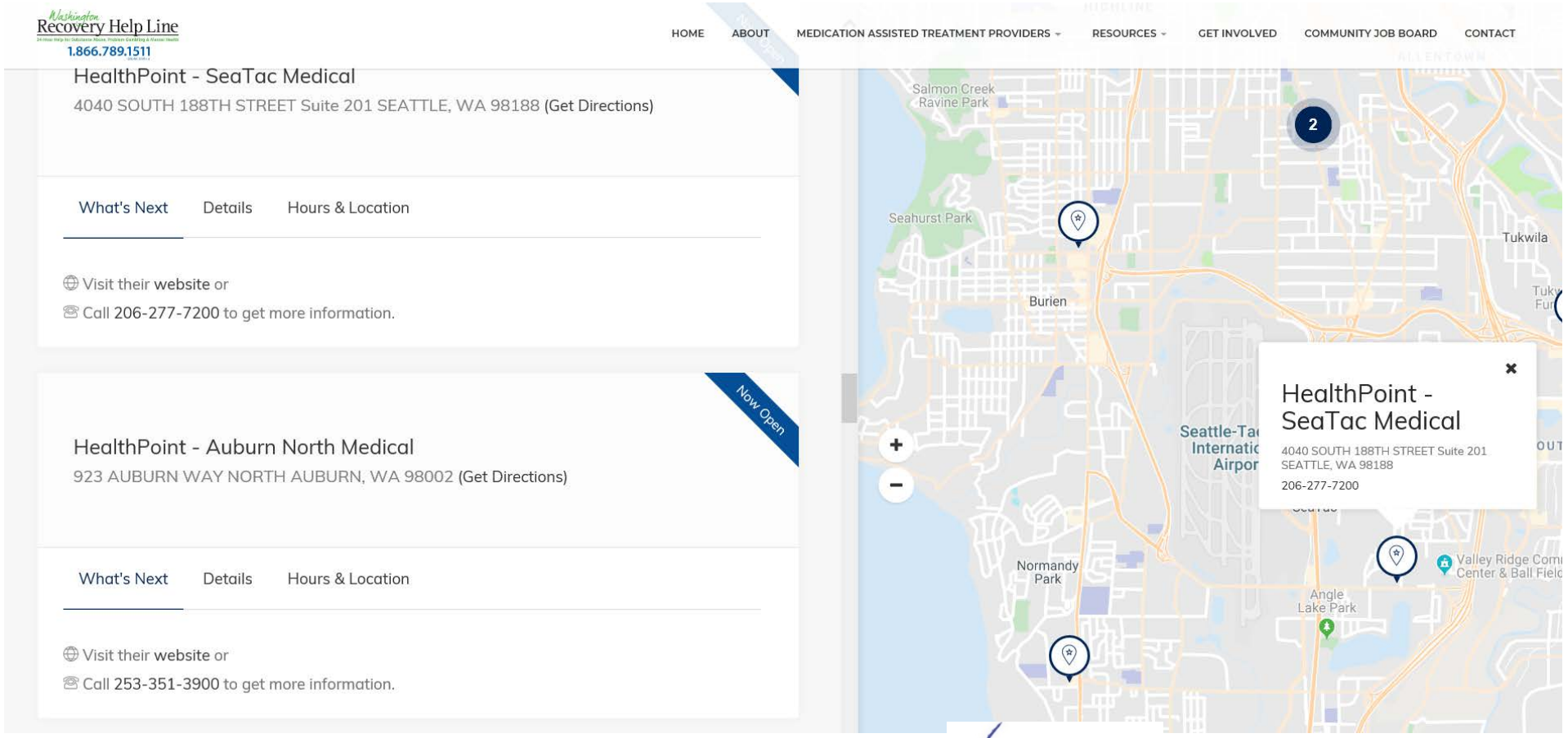
- **Discussion:**
- How might this work in your agency and community?

How will this work?

- Treatment Networks
- Coordination of care:
  - Warm Hand-Off

WA Recovery Helpline

http://www.warecoveryhelpline.org/mat-locator/



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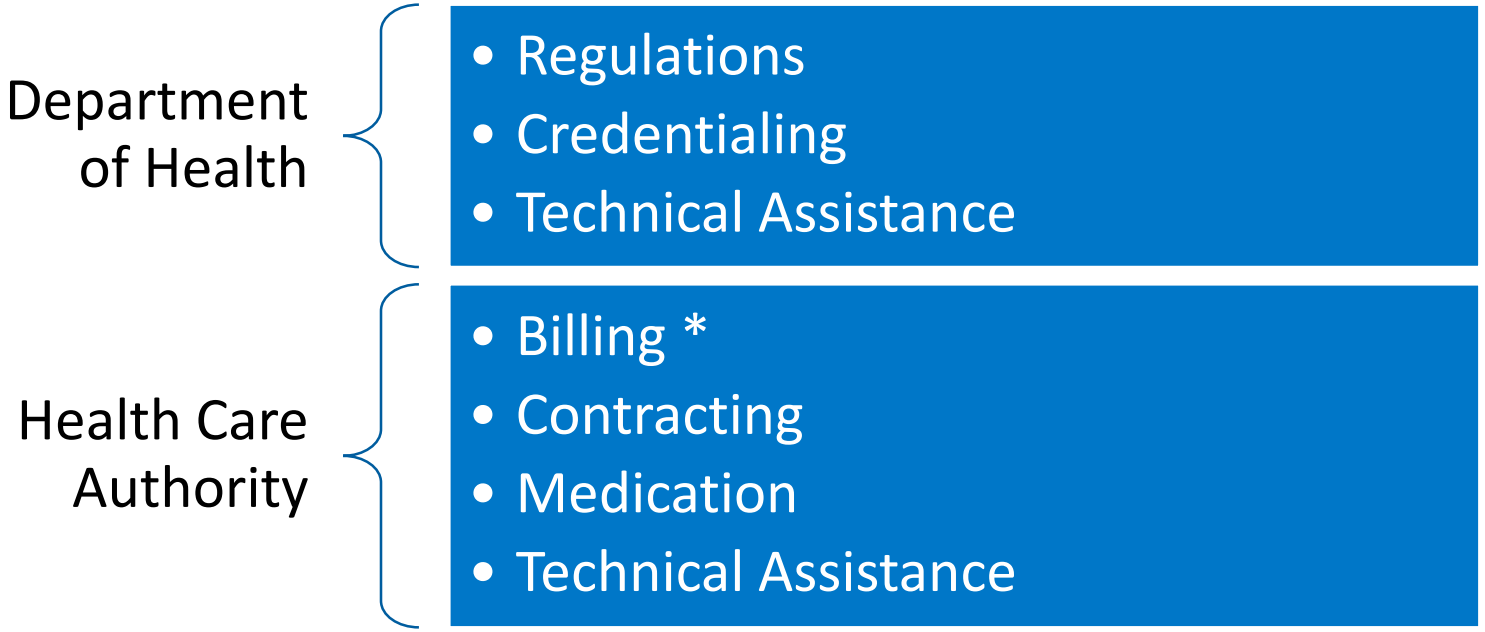
How do we start?

- Allow for patient-directed care
- Embrace culture shift
- Organizational change
- Address Stigma/Discrimination

How to get assistance



- *Webinar developed in 2018 for billing concerns in primary care settings https://www.hca.wa.gov/assets/billers-and-providers/presentation-billing-sud-setting-mat-services-20180925.pdf
- Follow-up webinar: https://www.hca.wa.gov/assets/billers-and-providers/faqs-billing-medical-care-sud-setting.pdf

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How to get assistance

Contact information for technical assistance on Washington State Pharmacy Commission (WSPQAC) WACs:

DOH WSPQAC email: WSPQAC@doh.wa.gov

DOH WSPQAC phone number: Phone: 360-236-4700

DOH Customer Service: hsqa.csc@doh.wa.gov

How to get assistance

Drug Enforcement Agency (DEA) may be contacted:

- Website for DEA resources: https://www.deadiversion.usdoj.gov/Resources.html

- DEA Seattle Division telephone number for regional assistance and guidance on DEA regulations: **206-553-5443**

How to get assistance-OTP

Jessica K. Blose, CDP, LMHC, NCC, MAC, CCMHC

Washington State Opioid Treatment Authority, HCA

Email: jessica.blose@hca.wa.gov

office: 360-725-1088

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Resources

Look for information on the following topics:

- Best Practices for prescribing
- Enhanced payment options
- Transportation
- Telemedicine options
- Chain of custody requirements
- RTFs currently offering these services

Questions? Email: HCASUD@hca.wa.gov

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https://store.samhsa.gov/product/Medication-Assisted-Treatment-of-Opioid-Use-Disorder-Pocket-Guide/SMA16-4892PG

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What's next?

Connect to medication options near you:

Washington Recovery Help Line
1.866.789.1511
www.warecoveryhelpline.org

Find naloxone and overdose info:
www.stopoverdose.org

Learn more about medication:
www.samhsa.gov/medication-assisted-treatment

ADAI | ALCOHOL & DRUG ABUSE INSTITUTE
UNIVERSITY of WASHINGTON

This brochure provides basic information for educational purposes. Speak with a health care professional to make an informed decision that best fits your needs including learning the risks and benefits of all treatment options.

January 2019

Your preferences

Setting:_____

Dosing frequency:_____

Clinic visit frequency:_____

Counseling:_____

Support group:_____

Medication options:_____

_____

Other:_____

_____

_____

_____

_____

Call the **Washington Recovery Help Line** to talk about your options and connect to care.

Washington Recovery Help Line
1.866.789.1511
www.warecoveryhelpline.org

About OUD

What is Opioid Use Disorder?

Opioid Use Disorder (OUD) is a long term medical condition. People with the condition are physically dependent on opioids and have brain changes that affect their thinking and relationships.

OUD can come back if not treated properly. You may need to try more than one type of treatment to find what works best for you.

What can medications do for me?

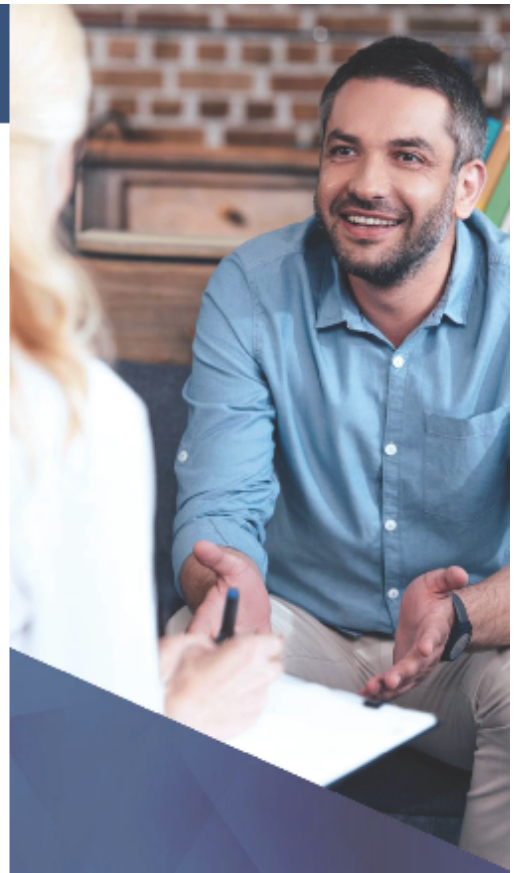
Medications are proven to work the best at treating opioid use disorder.

They help:

- Manage craving and withdrawal.
- Reduce illicit opioid use.
- Cut the risk of dying by overdose in half.

Medications can provide stability, allowing people to address other things in their lives.

You can be in recovery and be on medications at the same time.



Medications for Opioid Use Disorder

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Treatment options

There are **three** places where you can get medications for Opioid Use Disorder:

1. Opioid treatment program (OTP)

- **Methadone**, **buprenorphine, and/or naltrexone** available.
- Highly structured—counseling and supervised dosing required.

2. Medical office

- **Buprenorphine** and/or **naltrexone** available.
- Familiar medical office setting.
- Less structure (often weekly or monthly visits, some don't require counseling).

3. Community service provider

- **Buprenorphine** and/or **naltrexone** available.
- Other services offered (syringe exchange, housing supports, etc.).

Methadone

Methadone:

- A full opioid medication. The more you take the more you will feel the opioid effect.
- Manages cravings and withdrawal by binding to opioid receptors.
- Lasts about 24 hours and is taken by mouth.
- Provided only at opioid treatment programs. At the beginning of treatment most days you will be observed while taking your dose.
- Requires regular urine drug testing and counseling.

Buprenorphine

Buprenorphine:

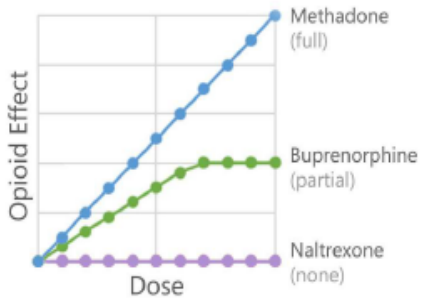
- A partial opioid medication. Above a certain dose you stop feeling more opioid effect.
- Manages cravings and withdrawal by binding to opioid receptors.
- Lasts about 24 hours, usually taken by mouth (implant or injection possible).
- Can be prescribed by a medical provider and picked up at a pharmacy.
- Can also be dispensed at some opioid treatment programs that offer more structure and counseling.

Naltrexone

Extended-release Naltrexone:

- An opioid blocker. It is not an opioid.
- Can prevent cravings for some people because: 1) they know opioids will not have an effect and/or 2) changes in brain chemistry.
- An injection that lasts for 28 days. You should not use any opioids for 7-10 days before taking naltrexone.
- Prescribed and given by a medical provider. Providers may require urine drug testing and counseling.

Opioid Effect of Treatment Medications



	Methadone	Buprenorphine	Naltrexone
Opioid effect	Full	Partial	None
Typical form	Daily oral medication	Daily oral medication	Monthly injection
Setting	Opioid treatment program (OTP)	Medical office, OTP, or community service provider	Medical office
Visit frequency	6 days a week to start, can decrease over time	Varies from daily to monthly	Varies from weekly to monthly
Counseling	Required	Requirements vary	Requirements vary

Thank you!

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