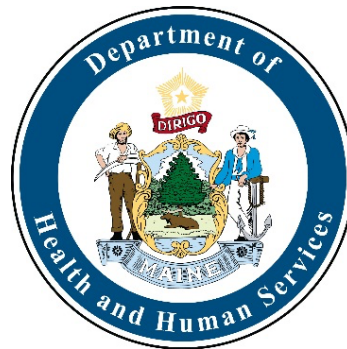


# Challenges of Addressing OUD in Rural Settings

## **A State Perspective**

Lisa M. Letourneau MD, MPH  
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# Disclosure Statement

I have no relevant financial relationships  
with the manufacturers(s) of any  
commercial products(s) and/or provider of  
commercial services discussed  
in this CME activity

# Objectives

- Describe context of SUD/ODD population & treatment services in Maine
- Identify current barriers to increasing SUD/ODD treatment & recovery support
- Explore opportunities for addressing barriers to SUD/ODD treatment in rural communities

# SUD Treatment: What We Know

- Approx'ly 7-10% US population have SUD
- Specific SUD substances evolve over time:
  - Alcohol (still greatest challenge!)
  - Opioids (OD deaths rising again)
  - Stimulants, meth (increasing contributor to OD deaths)
- As few as 10% get evid-based treatments
- Those at highest risk for OD death often least able to access treatment
- SUD/OD treatment less available, faces more challenges in rural communities

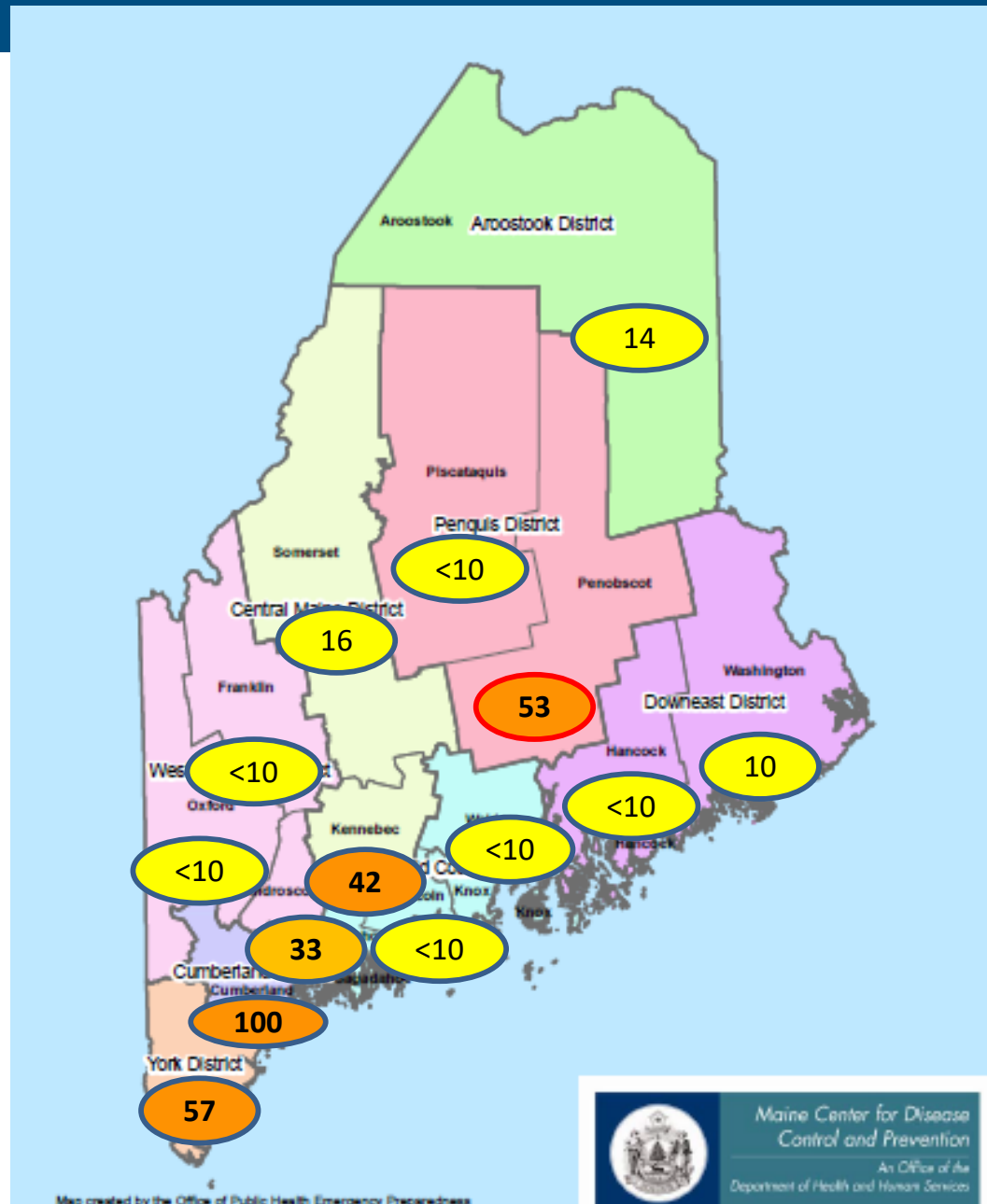
# Musings... from Maine & Beyond



# 2019 Overdose Deaths by County

308 Deaths in 2019  
= 7% increase

36% ME OD  
deaths in rural  
counties



Deaths higher than  
proportion to  
population  
size

Deaths  
proportional  
to population  
size

[2019 Drug  
Deaths Report](#)  
ME Attorney  
Genl's Office

# Where SUD/ODD Treatment Happens

- Medically-supervised detox (ME: 2)
- Inpatient SUD treatment programs (ME: 0)
- Residential SUD treatment programs (ME: ~3-5)  
(Most “30D programs” still without MAT!)
- **Opioid Treatment Programs (OTPs/methadone)**
- **Office-based SUD treatment**
- Treatment programs for high-risk populations

# Maine's MAT Landscape

Opioid Treatment  
Programs (AKA:  
Methadone Clinics)

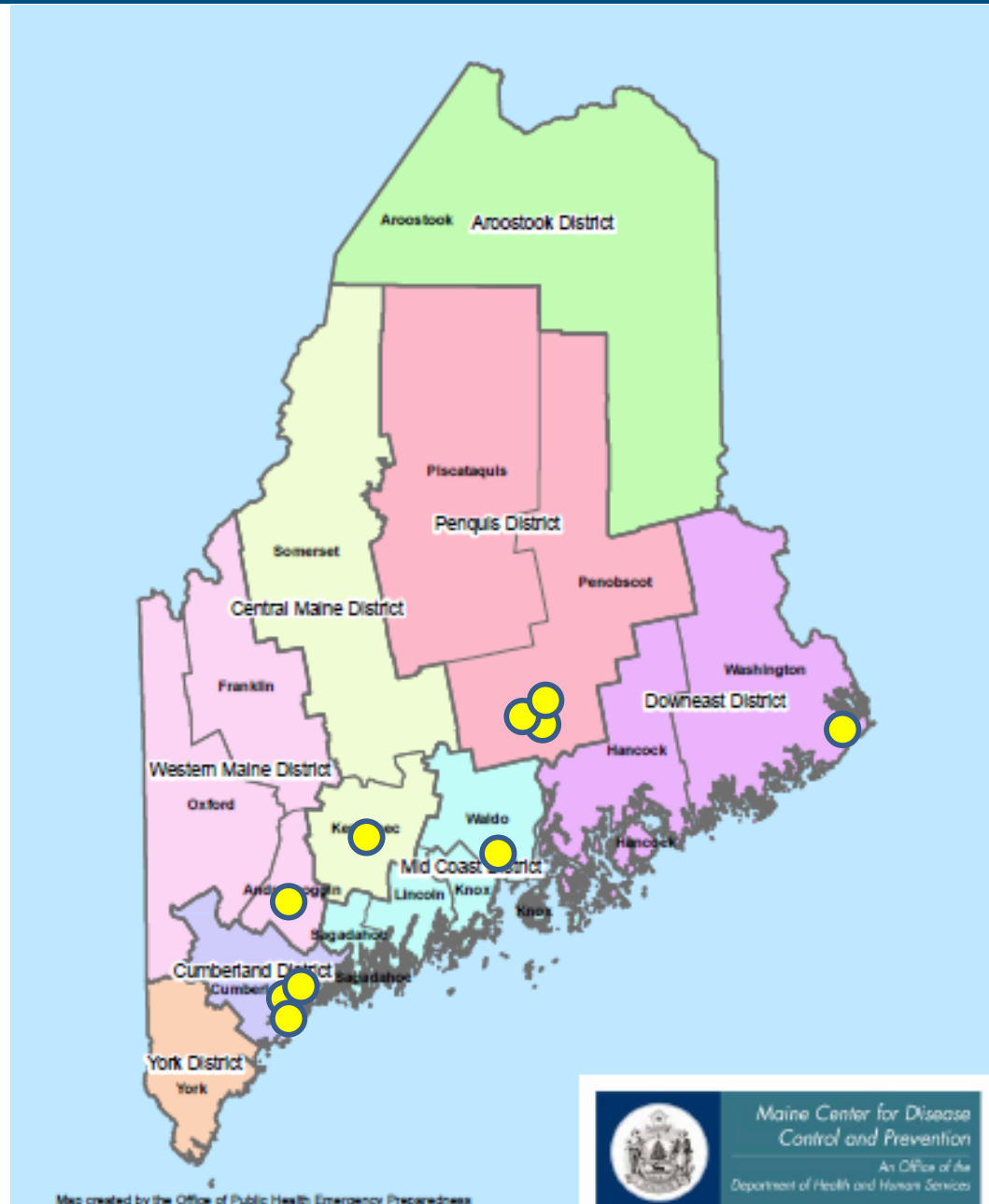
Office-Based Opioid  
Treatment/MAT providers



# Who's Treating OUD Pts?

	OTPs	SUD Tx Clinics	FQHCs	Hosp Pract's	Cash Practices
Post-incarceration	X	X	+/-		
Severe SUD, IV drug use, +/- homeless	X	X	+/-	+/-	
Uninsured	X	X	X	X	
Medicaid	X	X	X	X	
Pregnant	X	+/-	+/-	+/-	
Commercially insured / working	X	X	X	X	X

# Opioid Treatment Providers/ Methadone Clinics



# Office-Based Opioid Treatment

- Wide range of office-based SUD/ODU treatment
  - Free-standing SUD treatment clinics
  - Primary care practices
    - FQHCs
    - Hosp-based health system efforts
    - Private practices
  - Behavioral health organizations
  - VA system
  - Specialty practices (psych, addiction med)
  - “Cash only” practices

# Access to MAT Prescribers

- Maine now with ~1100+ X-waivered clinicians, but...
  - >50% prescribed for 0 -1 patient in past year
  - 75% prescribed for <10 patients
  - Significant gaps in many rural communities
- Still need...
  - Increased access for highly vulnerable pts
  - More “bridging” capacity in communities from starting points of treatment – e.g. ED, incarceration
  - More/better treatments for poly-substance use
  - More integration of OUD tx and primary care
  - More adherence to evidenced-based practice & less judgement, variability in approach to OUD tx

# Substantial Variations in MAT Practice

- Wait times, barriers to accessing care
- Willingness to accept “unstable” patients
- Buprenorphine dose, range of dosing, formulations
- Use of naltrexone
- Approach to counseling (or not)
- Diversion monitoring approaches
- Response to other drug use (e.g. alcohol, benzos, marijuana) - “3 strikes/out” common practice
- Approach to tapering (or not)
- Links to/focus on recovery support, recovery community (often lacking)

# Significant Gaps in Treatment for Most High-Risk Populations

- Pregnant moms & drug-affected infants
- IV drug use
- Emergency Dept / overdose patients
- Homeless (9X increased risk OD death)
- Recently released from prisons & jails (up to 12X increased risk OD death)
- All worse in most rural communities!

# Greatest Barriers to Treatment in Rural Communities

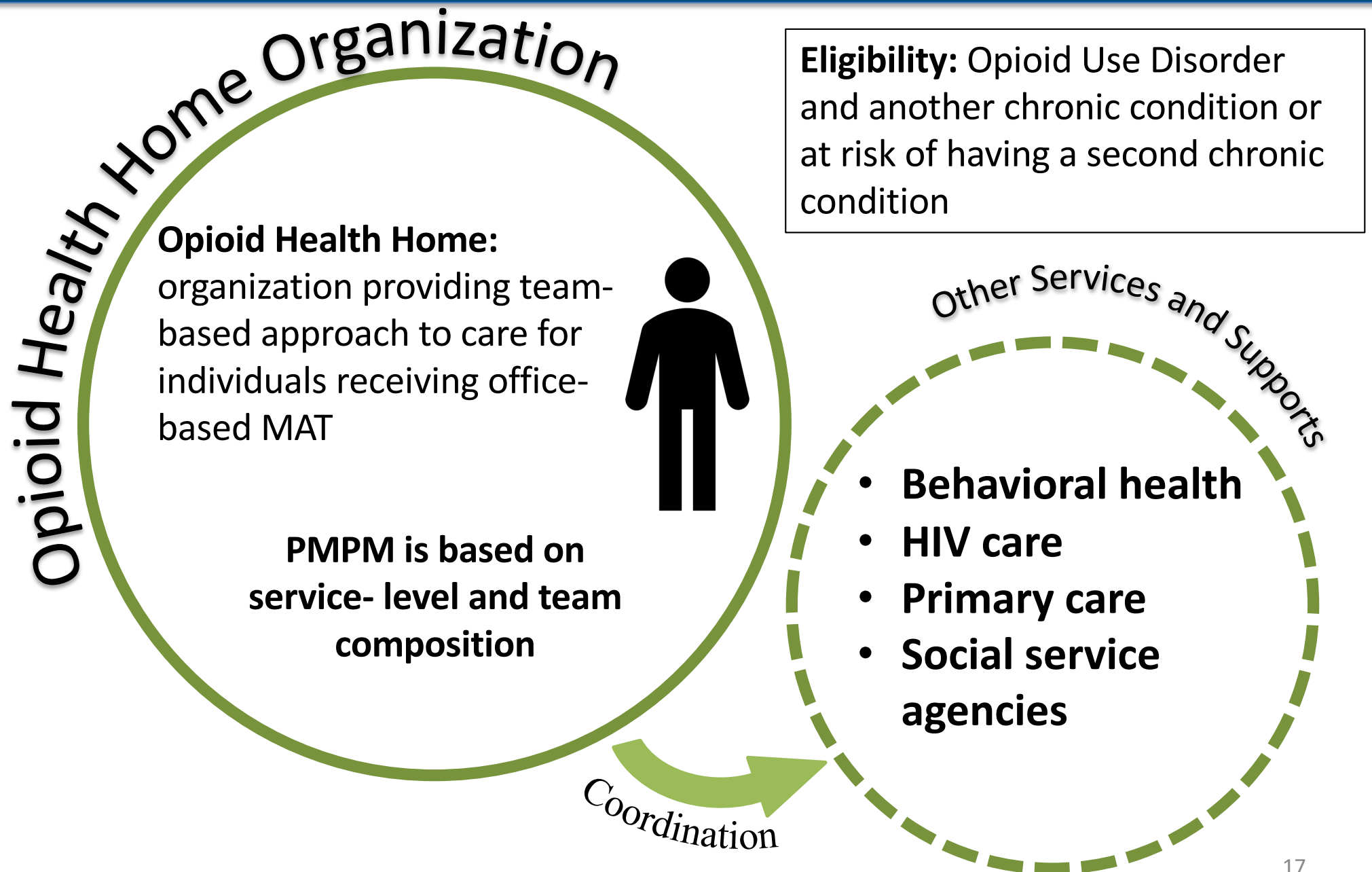
- Stigma (stigma, stigma)
- Access to treatment, limited provider availability
- Transportation
- Provider knowledge, “comfort” gaps
- Lack of addiction specialty support
- Lack of appropriate support staff (SUD counselors)

# Maine Approach to Expanding OUD Treatment in Rural Areas

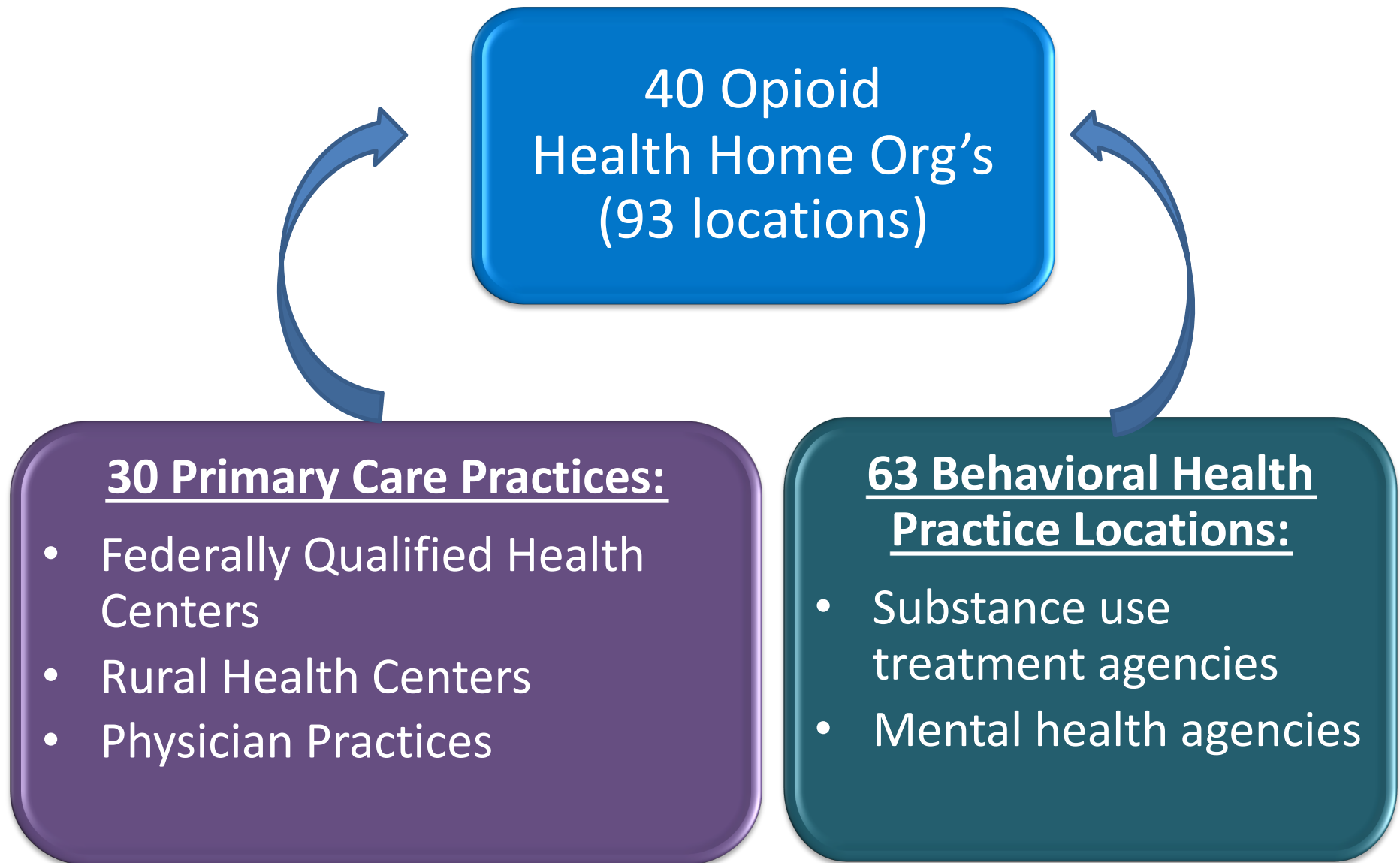
- MaineCare Opioid Health Home program
- Maine SUD Learning Community
- Hospital EDs initiating buprenorphine
- Prisons & jails offering MAT
  - Impact of RI pilot
  - ADA case law establishing expectation from courts
- Telehealth delivery of OUD treatment services
- Improving integrated OUD treatment for pregnant women: Maine MOM
- Co-responder models with law enforcement



# Maine Medicaid Opioid Health Homes (OHH)

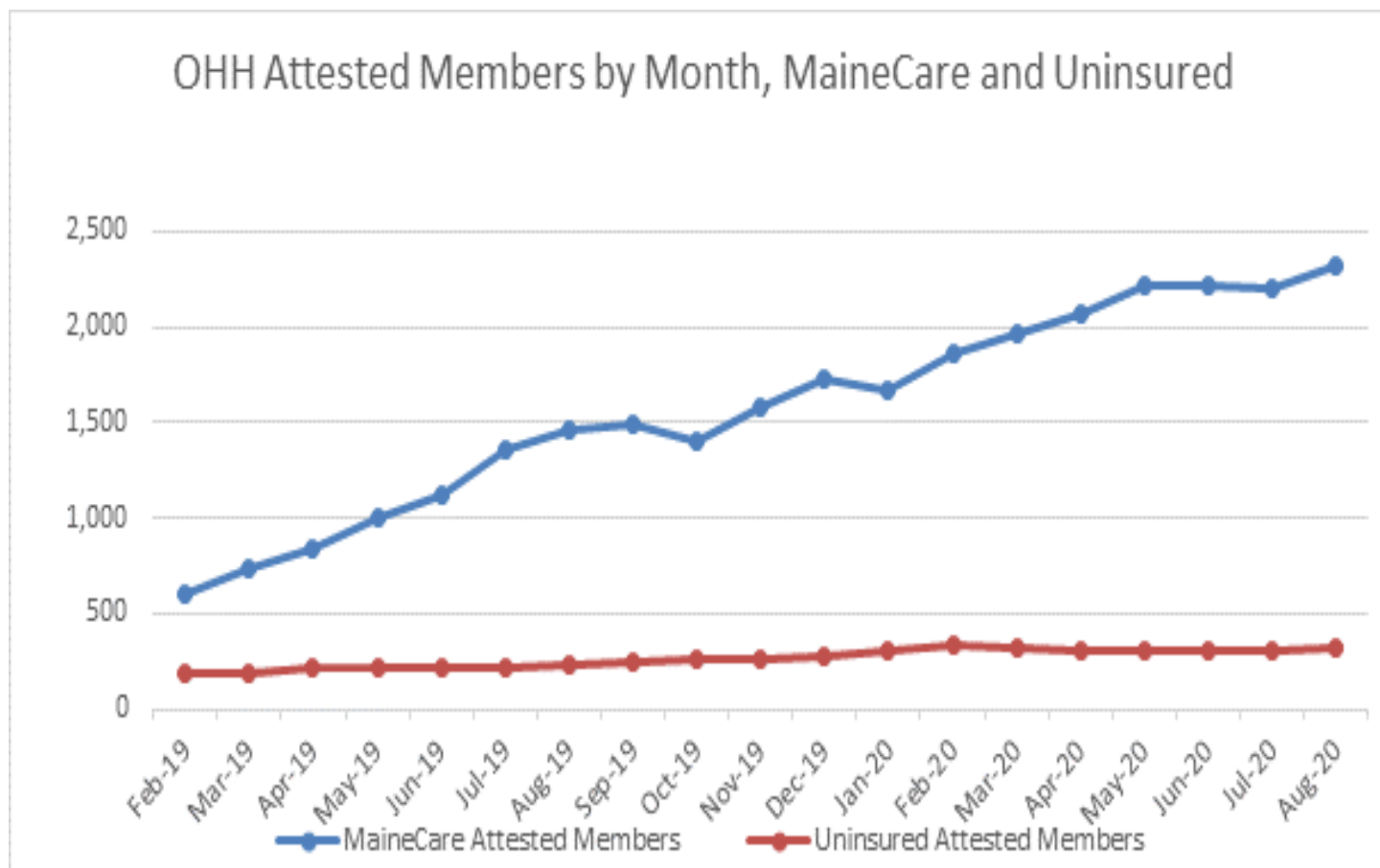


# Maine OHH Providers

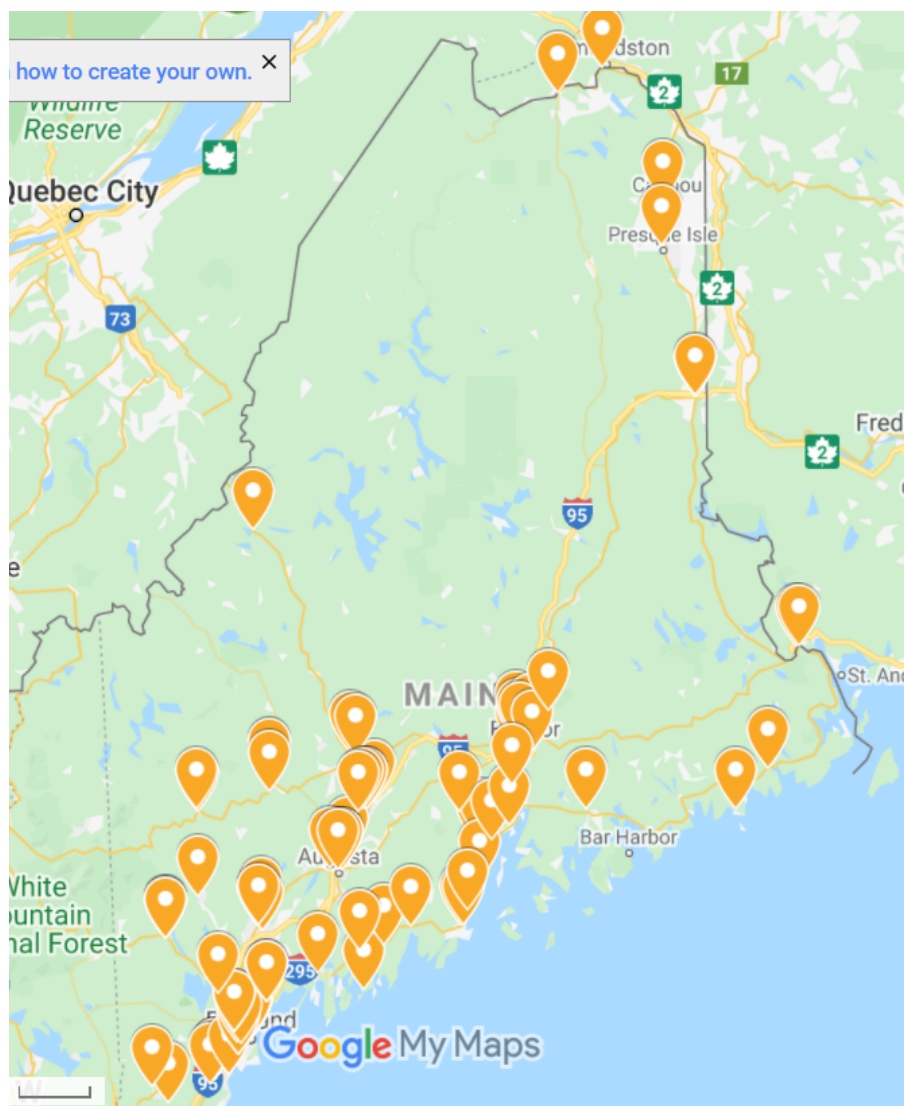


# Maine OHH Member Enrollment

Continuous growth since program began, particularly with  
MaineCare expansion



# Distribution of OHHs



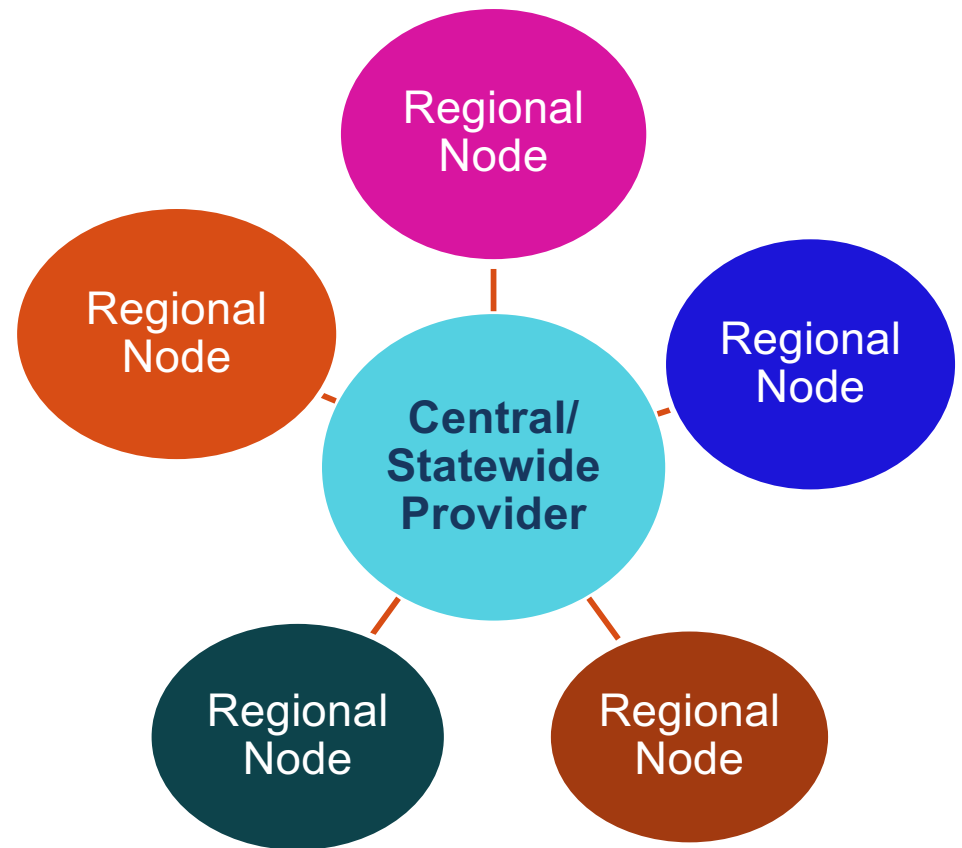
Maine Department of Health and Human Services

# SUD Learning Community

- Goal: provide education training, & tech assistance to OUD treatment providers to improve access to & quality of OUD treatment
- Offer both distance-based & in-person educational programs & services
  - Distance-based – e.g. ECHO programs, webinars, 1:1 expert consultation
  - In-person –e.g. learning sessions; mtgs with system, practice leaders; practice-level TA (workflow, clinical issues, billing/reimb); HIT support for EMR modifications, reporting
- Leverage available national & regional supports

# SUD Learning Community: Program Structure

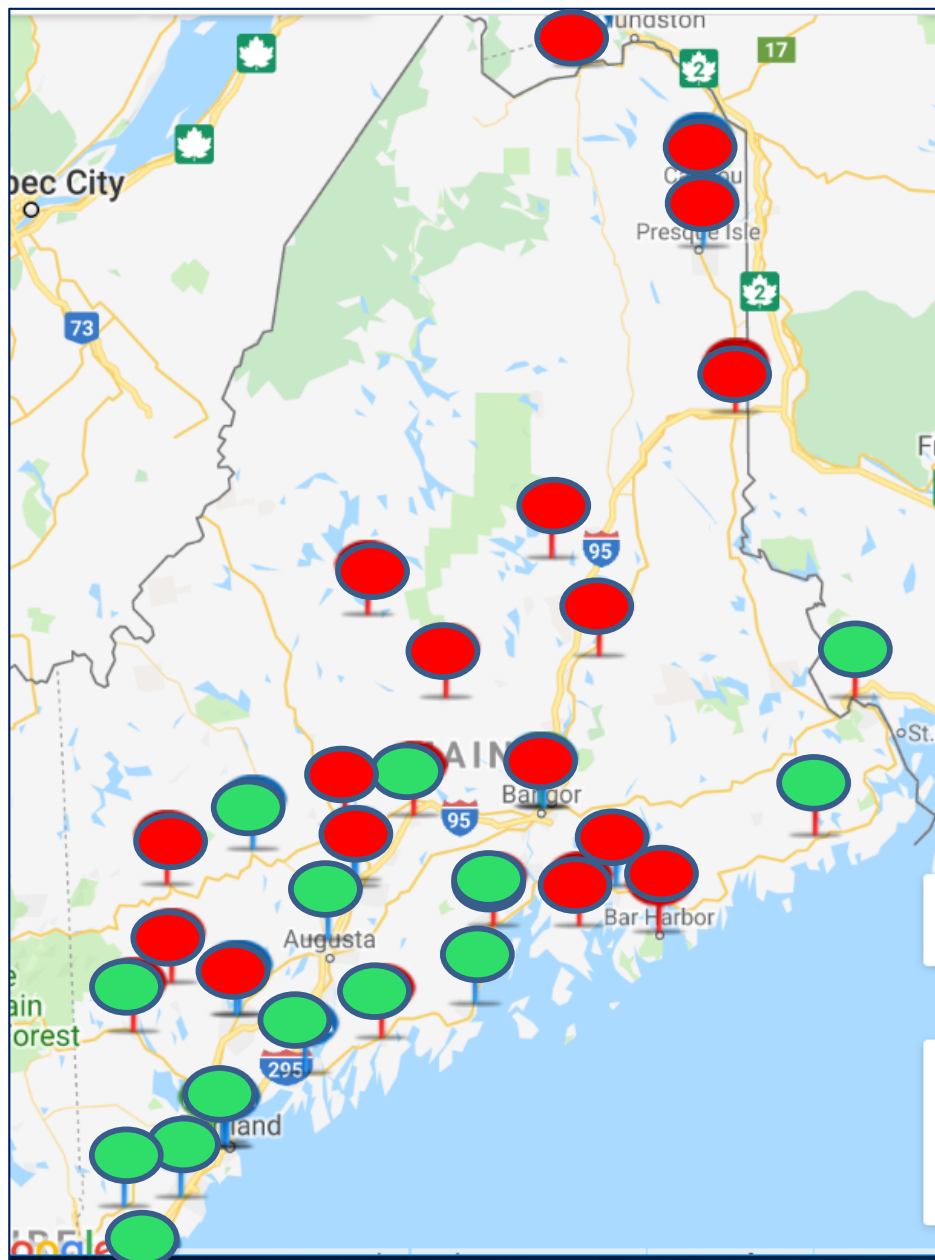
- **Central/Statewide Provider**
  - In partnership w/ state, plans, coordinates statewide efforts
  - Dev's standard curriculum, resources
  - Coordinates "Regional Node Network"
  - Provides direct support in areas w/o Regional Node provider
- **Regional Node Providers**
  - Provide services locally/onsite
  - Work collaboratively with Central/Statewide Provider



# Initiating Buprenorphine in EDs

- Growing interest from hospital EDs
- Use learnings from early work of Yale studies
- Provide state-supported outreach & technical assistance over past 2yrs
- Promote efforts to build connections from EDs to community-based prescribers
- Catalyzed emergence of several “bridge” programs (ala Mass GenI program)

# Initiating Bup in EDs: Participating Maine Hospitals





# Providing MAT in Prisons & Jails

- Prisons: ME Dept Corrections offering OUD treatment for inmates 90D prior to release
- Jails: 9 (of 15) ME county jails currently offering to continuation of MAT for tx'd inmates
- Prisons, jails contracting with SUD tx org's to provide...
  - In-facility counseling, +/- MAT svcs
  - Post-release MAT, or coordinate f/u care
- Contracted org's link with community-based providers on release

# OUD Treatment via Telehealth

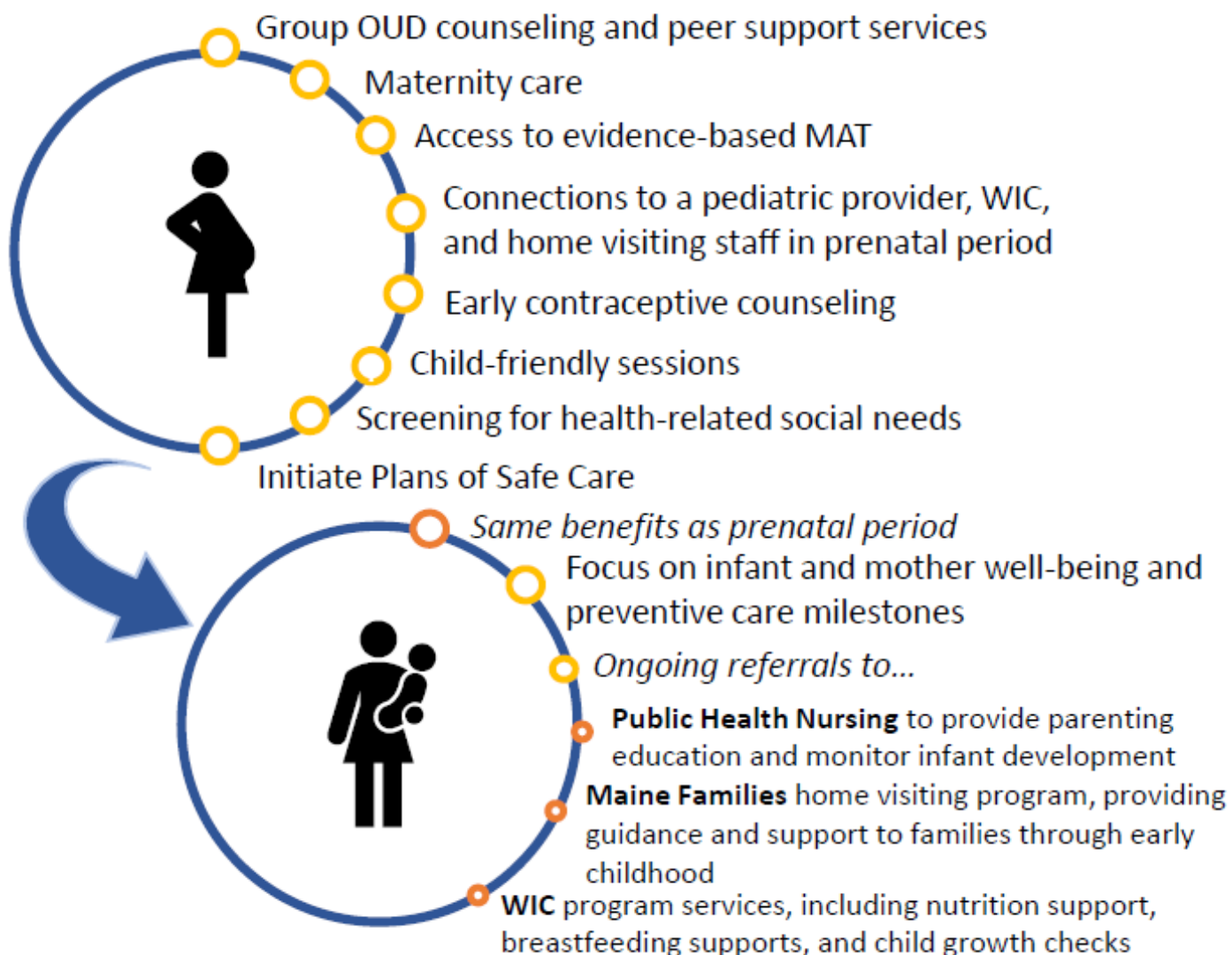
- Transportation, distance often cited as key patient barriers to care in rural areas - telehealth provides useful option
- Previous payment issues (temporarily?) addressed during COVID:
  - Medicare now provides payment for SUD telehealth tx, including with patient in home
  - Maine BOI emergency rule currently requires parity of telehealth payment with in-office visit payments (COVID emergency period)
- Remaining challenges re: UDTs, counseling, peer support

# Maine MOM: Improving Integrated Care for Pregnant Women with OUD

- 5-yr CMMI pilot testing payment and care-delivery innovation
- Goal: improve outcomes and reduce costs for pregnant and post-partum Medicaid beneficiaries with OUD and their infants
- Promotes integrated model for MAT and prenatal services
- Includes 6 Maine health care organizations with 24 maternity care sites

# MaineMOM Overview

## MaineMOM One-Stop Visits



## Labor & Delivery Goals

The **Eat Sleep Console** approach will be used in all hospitals statewide, emphasizing nonpharmacologic methods and increasing family involvement in treatment of their infant.

Hospitals will utilize **evidence-based pain management protocols** sensitive to the unique needs of women with OUD.

**Offering Long Acting Reversible Contraceptive (LARC)** will be the prenatal standard of care and hospitals will develop post partum **LARC protocols**.

# Co-Responder Model

- Supported by federal CARA funds
- Embeds SUD Liaison with first-responders (EMS, law enforcement) for OD's & other SUD-related service calls in rural communities with low levels SUD treatment
- SUD Liaison makes referrals to SUD treatment
- Assists with MaineCare enrollment
- Plan to pilot in Bangor area; ideally others

# Expanding OUD Treatment in Rural Communities : Next Steps

- Cont to support evolution of MaineCare Opioid Health Home program to increase primary care participation, improve integration of care
- Developing statewide SUD Learning Community
- Expand efforts offering MAT to most vulnerable – e.g.
  - Jails & prisons, post-incarceration
  - EDs
  - Pregnant women & moms
  - Homeless
- Identify, address SUD treatment gaps (e.g. OTPs, resid tx)
- Develop BH & SUD Treatment Locator

# Questions?

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