Challenges of Addressing OUD in Rural Settings

A State Perspective

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

• Describe context of SUD/OUD population & treatment services in Maine
• Identify current barriers to increasing SUD/OUD treatment & recovery support
• Explore opportunities for addressing barriers to SUD/OUD treatment in rural communities
• 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/OUD treatment less available, faces more challenges in rural communities
308 Deaths in 2019
= 7% increase

36% ME OD deaths in rural counties

2019 Drug Deaths Report
ME Attorney Genl’s Office
Where SUD/OUD 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?

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<th>OTPs</th>
<th>SUD Tx Clinics</th>
<th>FQHCs</th>
<th>Hosp Pract’s</th>
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Opioid Treatment Providers/
Methadone Clinics
• Wide range of office-based SUD/OUD 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
Eligibility: Opioid Use Disorder and another chronic condition or at risk of having a second chronic condition

Opioid Health Home: organization providing team-based approach to care for individuals receiving office-based MAT

PMPM is based on service-level and team composition

- Behavioral health
- HIV care
- Primary care
- Social service agencies
Maine OHH Providers

40 Opioid Health Home Org’s (93 locations)

30 Primary Care Practices:
• Federally Qualified Health Centers
• Rural Health Centers
• Physician Practices

63 Behavioral Health Practice Locations:
• Substance use treatment agencies
• Mental health agencies
Continuous growth since program began, particularly with MaineCare expansion
Distribution of OHHs
• 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
• 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 Genl program)
Initiating Bup in EDs: Participating Maine Hospitals
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
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

- Group OUD counseling and peer support services
- Maternity care
- Access to evidence-based MAT
- Connections to a pediatric provider, WIC, and home visiting staff in prenatal period
- Early contraceptive counseling
- Child-friendly sessions
- Screening for health-related social needs

Initiate Plans of Safe Care

- Same benefits as prenatal period
- Focus on infant and mother well-being and preventive care milestones

Ongoing referrals to...

- Public Health Nursing to provide parenting education and monitor infant development
- Maine Families home visiting program, providing guidance and support to families through early childhood
- WIC program services, including nutrition support, breastfeeding supports, and child growth checks

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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