MEDICATION ASSISTED TREATMENT (MAT) IN A HEALTH HOME

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COPE Community Services, Inc.

- CARF Accredited Health Home
- Provide integrated mental health, primary care, and substance abuse services
- Serving Tucson and surrounding communities since 1974
- 14 licensed sites (health homes, outpatient clinics, residential sites)
- Serve 12,000+ persons a year
MORE AMERICANS DIE EVERY DAY FROM DRUG OVERDOSES THAN FROM CAR CRASHES.

The majority of those deaths involve legal prescription drugs.

GO.WH.GOV/OPIOIDS
National Epidemic

- Leading cause of death among Americans under 50
  - 91 Americans die every day from an Opioid overdose (prescription pain relievers, heroin)
- 19% increase 2015 vs. 2016
- Economic burden of 78.5B a year (healthcare, lost productivity, addiction treatment and criminal justice involvement)
- Dramatic Increases in Neonatal Abstinence Syndrome
  - LOS 2.01 vs. 16.9
  - Cost 3,500 vs. 66,700
Arizona Epidemic

• 2016 more than 2 Arizonans die each day due to opioid related causes
• June 2017 - AZ Public Health Emergency to mandate increased surveillance (June 22 - August 24)
  • 280 suspected opioid deaths
  • 2361 suspected opioid overdoses
  • 103,765 - 116,505 prescriptions written per week
  • 41% 10 or more providers in 1 year
Pain=Vital Sign

- No Pain: 0
- Mild: 1-3
- Moderate: 4-6
- Severe: 7-9
- Very Severe: 10
- Worst Pain Possible: 10
How On Earth

- 1990’s pharmaceutical companies
- Medical personnel Pain=VS
- Prescriptions increased
- Wide-spread diversion, misuse
- Present day crisis
Methadone: Full agonist; generates effect
Buprenorphine: Partial agonist; generates limited effect
Naltrexone: Antagonist; blocks effect
### Methadone vs. Buprenorphine

#### Methadone
- 1937
- Tablet, diskette, liquid
- Schedule II- SAMSHA certified clinic with own DEA
- Gold standard for pregnancy
- 2010 30% of all “pain med” deaths due to methadone
- Works better in tx of chronic pain

#### Buprenorphine
- 2002
- Uncombined, or with naltrexone
- Schedule III-script or call it in to pharmacy, i.e. office-based
- 6x safer than methadone
- Weaker euphoric effects
- Higher affinity for mu-receptor than other opioids
- Kappa opioid receptor antagonist
- Lower risk of overdose
- Abuse potential-oral, intranasal, intravenous
Why Medication Assisted Treatment?

Taking MAT medications cannot be viewed as substituting one addictive drug for another, because:

- MAT increases employment rates
- MAT decreases involvement in crime and violence
- MAT decreases risky sexual behaviors
- MAT decreases neonatal risks
- MAT decreases risk for HIV
- MAT reduces risk of death after OD

-NIDA
Outcome Data for MAT PDOA Clients
January 2017 through February 2018

**Employment**
The following data represent a matched sample of 45 MAT PDOA participants who completed an Intake interview and a 6-month follow-up interview during the reporting period.

Percent of Individuals Employed at Intake Compared to 6-month Follow-up
(N = 45)

- Intake: 24% Employed, 71% Unemployed
- 6 - Month: 47% Employed, 53% Unemployed

25% Reduction in Unemployment
96% Increase in Employment

**Housing**
The following data represent a matched sample of 45 MAT PDOA participants who completed an Intake interview and a 6-month follow-up interview during the reporting period.

Percent of Individuals Housed at Intake Compared to 6-month Follow-up
(N = 45)

- Intake: 64%
- 6 - Month: 78%

22% Increase in Permanent Housing
Setting Up An OBOT Program Vs. OTP

- Difference between an OTP and OBOT
  - **OBOT**: Office Based Opioid Treatment - mental health, substance abuse, primary care services
  - **OTP**: Opioid Treatment Program
    - Integrated Health Home has all of these services available
- Goal: start at a small scale, move into a more aggressive model, create processes to make suboxone available at all of our clinics.
Accessibility of Suboxone Services at COPE’s La Cholla Clinic

- Southwest Side of Tucson and surrounding areas
  - Travel time
  - Normal business hours
  - Point of contact
  - Yearly MD appointment
  - IOP group run by LISAC
Identifying members

• Identified members currently assigned to our MAT clinic which provides Methadone, Vivitrol, and Suboxone treatment.
• 6 months stability on Suboxone.
• Live closer to La Cholla clinic.
• Offered transfer, if accepted they were transferred.
Flow of Typical Appointment

- 28 day check-in
- CSPMP
- UDS
- Peer support
- Diversion process of suspected misuse of meds
Staff Training

• Integrated Care management
• Substance abuse and co-occurring disorders
• Trauma-informed care
• Motivational Interviewing
• Naloxone training with kits provided to staff
• Medical Assistant training with RN

• MA is key role in this model: MA Externships
• Focus on integrated care
Member participation and feedback

• Narcan training and kits offered to all members
• Pros and Cons of Suboxone at Induction
• Resource handouts
• Feedback from members
• Engagement in other services
How do we get paid?

• Induction: E&M codes 99201-99205 (new), 99212 - 99215 (established patient)
  • Prolonged Physician Service Codes:
    • 99354, 99355, 99358, 99359
  • Medication: J0571-J0575 Buprenorphine/naloxone
  • IOP: H0004 HQ, 90853
• Assessment:
  • H0001 (Alcohol and/or Drug Assessment)
  • H0031 (Mental Health Assessment)