



The 'Medication-First' Model & Barriers in Accessing Treatment

Bureau of Justice Assistance (BJA)

Residential Substance Abuse Treatment (RSAT)
Program for State Prisoners

Training and Technical Assistance Resource

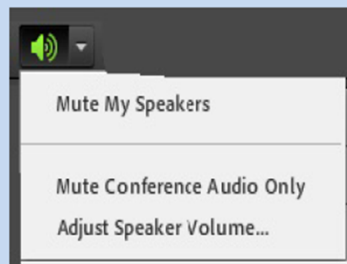
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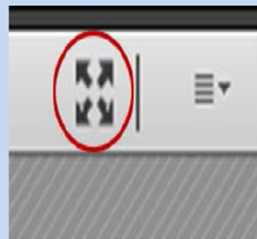
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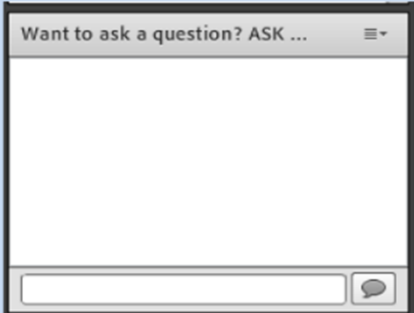
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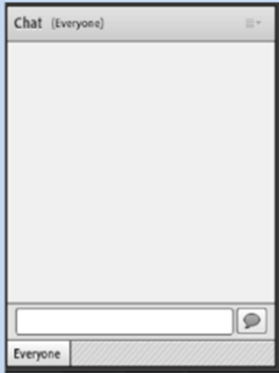
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Chat with us!

If you have general comments, please post them in the participant chat box.



The 'Medication-First' Model & Barriers in Accessing Treatment

David Lucas, MSW, Center for Court Innovation

Tamara Beetham, Yale University

Dawn Patrick, Affinia Healthcare

Rachel Winograd, Ph.D, Missouri Institute of Mental Health

Learning Objectives

- Identify and describe the range of barriers individuals face in accessing opioid agonist therapies
- Explain how these barriers reproduce existing racial disparities in healthcare and treatment access
- Recognize how the Medication-First model of care is responsive to these challenges

Some additional questions:

- What are some of the less visible MOUD treatment barriers we see in our own field or practice?
- How does 'medical mistrust' impact MOUD access?
- Why is promoting equal access to MOUD treatment so critical?
- Why do patients divert MOUD?

What we already know about MOUD:

- Increases treatment retention
- Extends period of non-use, less risky use
- Reduces overall use of unpredictable, street-acquired drugs
- Reduces overdose risk, especially post-release from jail, prison, treatment or hospital
- Associated with reductions in illegal income-generating activity, recidivism

...yet stigma and barriers persist

Selected readings on MOUD effectiveness (CDC, 2018)

World Health Organization. WHO/UNODC/UNAIDS Position Paper: Substitution Maintenance Therapy in the Management of Opioid Dependence and HIV/AIDS Prevention. 2004. http://apps.who.int/iris/bitstream/10665/42848/1/9241591153_eng.pdf?ua=1.

Ayanga D, Shorter D, Kosten TR. Update on pharmacotherapy for treatment of opioid use disorder. *Expert Opin Pharmacother*. 2016;17(17):2307-2318. doi:10.1080/14656566.2016.1244529.

Connery HS. Medication-assisted treatment of opioid use disorder: review of the evidence and future directions. *Harv Rev Psychiatry*. 2015;23(2):63-75. doi:10.1097/HRP.0000000000000075

Dole VP, Nyswander ME. The use of methadone for narcotic blockade. *Br J Addict Alcohol Other Drugs*. 1968;63(1):55-57.

Jarvis BP, Holtyn AF, Subramaniam S, et al. Extended-release injectable naltrexone for opioid use disorder: a systematic review. *Addiction*. 2018;113(7):1188-1209. doi:10.1111/add.14180

Joseph H, Appel P. Historical perspectives and public health issues. In: Parrino MW, chair. *State Methadone Treatment Guidelines. Treatment Improvement Protocol (TIP) Series 1*. Rockville, MD: U.S. Department of Health and Human Services; Center for Substance Abuse Treatment;1993:11-24 DHHS Pub# (SMA) 93-1991.

Selected readings on MOUD effectiveness (CDC, 2018), continued...

Lee JD, Friedmann PD, Kinlock TW, et al. Extended-Release Naltrexone to Prevent Opioid Relapse in Criminal Justice Offenders. *N Engl J Med*. 2016;374(13):1232-1242. doi:10.1056/NEJMoa1505409

Leukefeld CG, Tims FM. Compulsory treatment: a review of findings. *NIDA Res Monogr*. 1988;86:236-251.

Mannelli P, Swartz M, Wu L-T. Withdrawal severity and early response to treatment in the outpatient transition from opioid use to extended release naltrexone. *Am J Addict*. 2018;27(6):471-476. doi:10.1111/ajad.12763

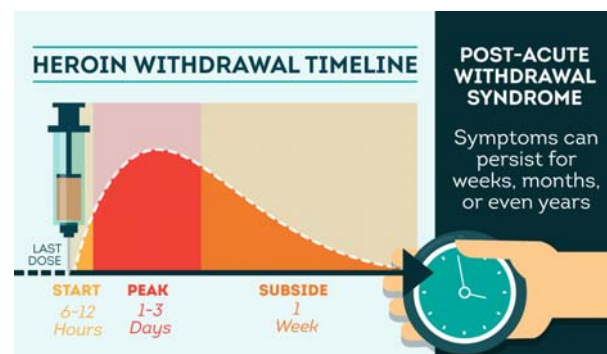
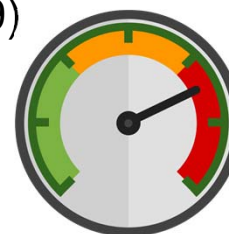
Mattick RP, Breen C, Kimber J, Davoli M. Methadone Maintenance Therapy Versus No Opioid Replacement Therapy for Opioid Dependence. In: *Cochrane Database of Systematic Reviews*. John Wiley & Sons, Ltd; 2009. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002209.pub2/abstract>. Accessed January 30, 2014.

Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database Syst Rev*. 2014;(2):CD002207. doi:10.1002/14651858.CD002207.pub4

Wolfe D, Carrieri MP, Shepard D. Treatment and care for injecting drug users with HIV infection: a review of barriers and ways forward. *The Lancet*. 2010;376(9738):355-366. doi:10.1016/S0140-6736(10)60832-X

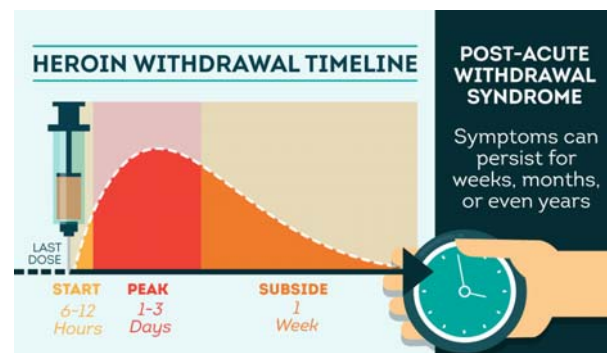
When are people at highest risk of overdose?

- Using alone, unpredictable supply
- Forced withdrawal or 'dopesick'
- Re-entry / release from jail/prison (Binswanger, 2007; Joudrey, 2019)
- Release from hospital (Brady, 2015)
- Release from abstinence-based tx (Strang, 2003)
- After a housing eviction (BCSSU, 2019)
- After a destabilizing or traumatic life event
- Disrupted use of street supply
- Disrupted use of methadone/bupe
- Post-acute withdrawal syndrome
- Naltrexone (Vivitrol) treatment completion
- Notable change in street supply
- Notable change in MOUD prescription
- Restricted access to Naloxone, sterile supplies
- Experiencing intimate partner violence (Collins, 2020)



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Overdose Prevention: Sanctioned Practices (US)

- Naloxone distribution
- Good Samaritan Laws
- Drug testing strips
- Medications for Opioid Use Disorder
- 'Medication-First' model of care
- Community-based outreach programs (SSPs)
- Police or prosecutor-led diversion programs (LEAD, PAARI)
- Problem-solving courts (drug, opioid, mental health)



Our guest speakers:

- **Tamara Beetham** is conducting her doctoral studies at Yale University. She is earning her PhD in Health Policy and is a Teaching Fellow in Health Economics. She received her Master of Public Health from Harvard University, and has cared for patients in the inpatient psychiatric unit of her community hospital for 8 years. Her research is on mental health policy with a focus on barriers and disparities in accessing opioid agonist therapy for opioid use disorder.
- **Dawn Patrick** currently works at Affinia Healthcare in St. Louis Missouri. She obtained her Associates of Nursing from Jewish Hospital College and went on to obtain her Bachelor of Science and Masters of Science in Nursing from the University of Missouri – St. Louis. Dawn is a board certified Family Nurse Practitioner and licensed to practice in Missouri and Illinois. Dawn currently provides primary care to adult and pediatric patients; as well as provide outpatient Medication Assisted Treatment (MAT) services to patients suffering with addictions.
- **Rachel Winograd**, PhD, is an Associate Research Professor at University of Missouri St. Louis – Missouri Institute of Mental Health. She received her doctorate in clinical psychology from the University of Missouri, Columbia, and completed her doctoral internship with the VA St. Louis Healthcare System. Her clinical, research, and program development interests revolve around interventions designed to save and improve the lives of people who use drugs.

Tamara Beetham

Yale University
Health Policy and Management



Yale SCHOOL OF PUBLIC HEALTH

Admission Practices, Cost, and Therapies Offered at Residential Treatment Programs

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September 30, 2020

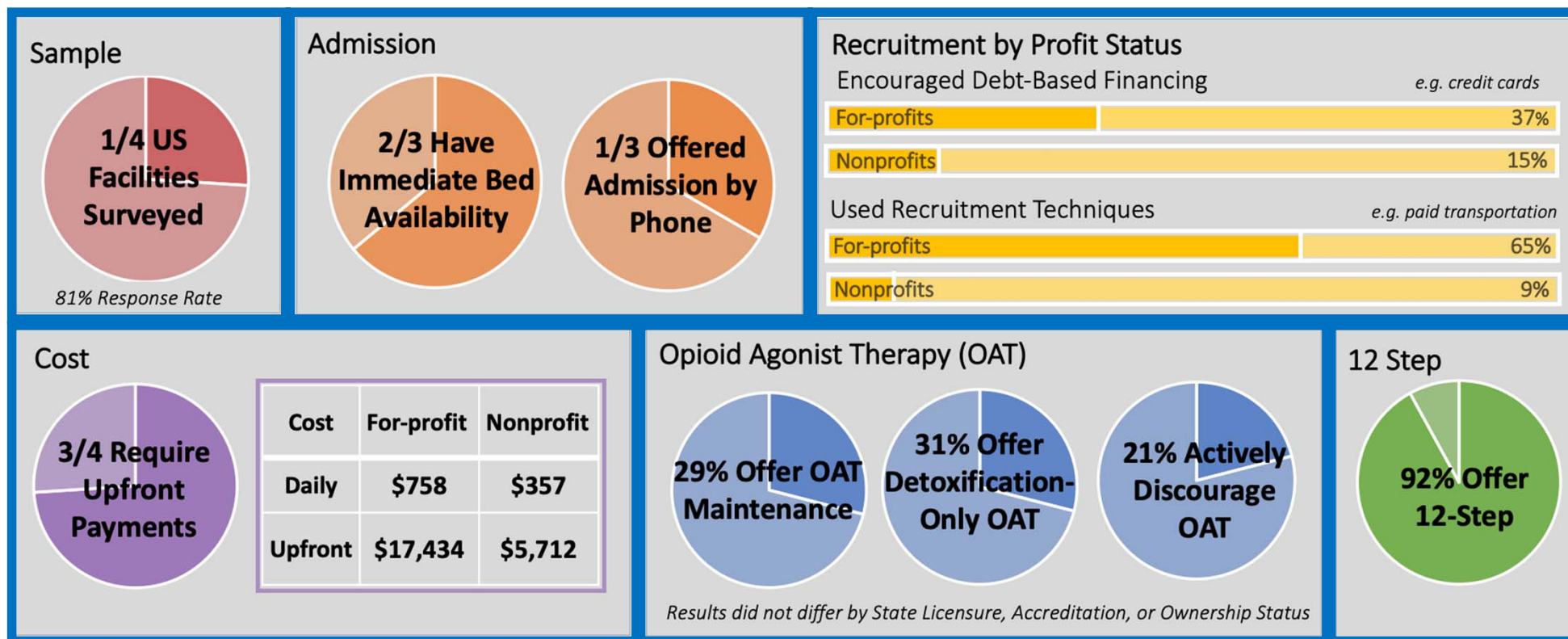
Background

- ❖ Residential treatment programs are frequently highlighted in policy proposals to improve access
- ❖ Clinical effectiveness compared to outpatient care is uncertain
- ❖ Concerns have been raised about high costs, substandard quality and patient exploitation
- ❖ Further assessment is needed, but little data is available
- ❖ We assess admission practices, costs, and treatments offered by residential programs nationally

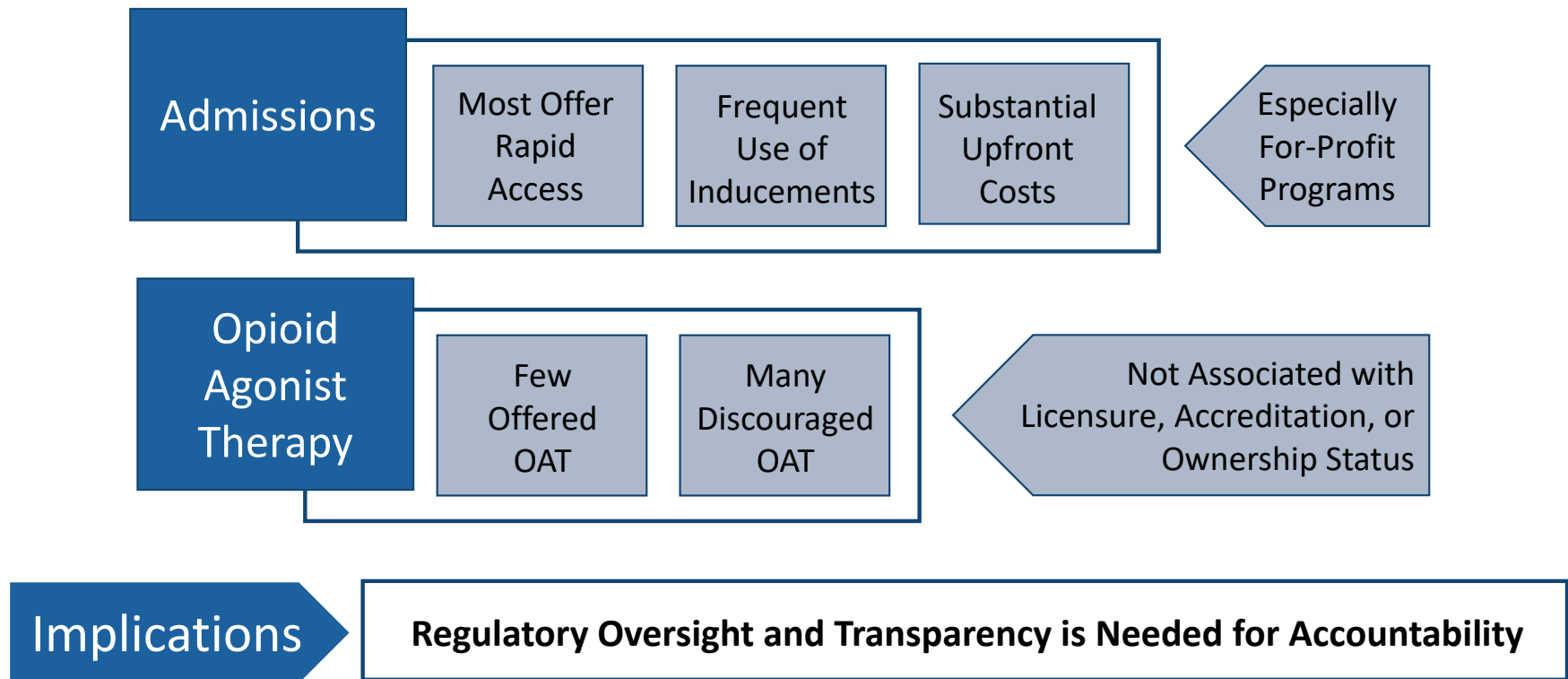
Study Design: “Secret Shopper”

Population	<ul style="list-style-type: none">➤ 613 randomly sampled residential treatment programs➤ Identified from federal listings and search engine advertisements	
Profile	<ul style="list-style-type: none">➤ Actively using heroin➤ 27 years old	<ul style="list-style-type: none">➤ Uninsured➤ Seeking care
Main Outcomes	<ul style="list-style-type: none">➤ Admission acceptance & wait➤ Recruitment techniques	<ul style="list-style-type: none">➤ Treatment cost➤ OAT availability and messaging
Outcome Stratification	<ul style="list-style-type: none">➤ Ownership (nonprofit vs for-profit)➤ Presence of accreditation (state licensure, CARF, JCAHO)	

Findings



Conclusions



Authors

Brendan Saloner PhD, Johns Hopkins Bloomberg School of Public Health

Marema Gaye BS, Harvard T. H. Chan School of Public Health

Sarah E. Wakeman MD, Massachusetts General Hospital

Richard G. Frank PhD, Harvard Medical School

Michael L. Barnett MD MS, Harvard T. H. Chan School of Public Health

For more on Therapies

August 25, 2020

Therapies Offered at Residential Addiction Treatment Programs in the United States

Tamara Beetham, MPH¹; Brendan Saloner, PhD²; Marema Gaye, BS³; Sarah E. Wakeman, MD⁴; Richard G. Frank, PhD⁵; Michael L. Barnett, MD, MS³

» [Author Affiliations](#)

JAMA. 2020;324(8):804-806. doi:10.1001/jama.2020.8969

For more on on Admissions Practices and Costs

Admission Practices and Cost of Care for Opioid Use Disorder at Residential Addiction Treatment Programs in the US

Forthcoming in Health Affairs

Thank You!

Tamara Beetham, MPH

Yale University, Health Policy and Management

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Dawn Patrick

Affinia Healthcare



INVISIBLE/VISIBLE BARRIERS

- Continued shortage of Physicians, NP's and PA's with Buprenorphine Waivers
- Limited inpatient and outpatient treatment facilities
 - Low treatment availability & affordability
 - Lack of direct links to care for providers
- Cost of Treatment
 - Inconsistent – treatment and medication expenses
 - Dependent on Treatment Facilities
- Lack of Recovery Housing

INVISIBLE/VISIBLE BARRIERS

- Lack of mental health services
- Privatized distribution of federal, state and local funding to private treatment facilities
 - lack of oversight of spending of funds
 - little funding provided to FQHC's & Methadone Clinics to help alleviate treatment gaps.

Rachel Winograd

Missouri Institute of Mental Health



The Medication First Approach

Rachel Winograd, PhD
Associate Research Professor, UMSL-MIMH
Project Director, Missouri's State Opioid Response
www.noMOdeaths.org



Prior Approach to OUD Treatment

- Detox
- Residential and group therapy
- Acute care rather than chronic care
- Buprenorphine and Methadone as last resort

Prior Approach to OUD Treatment

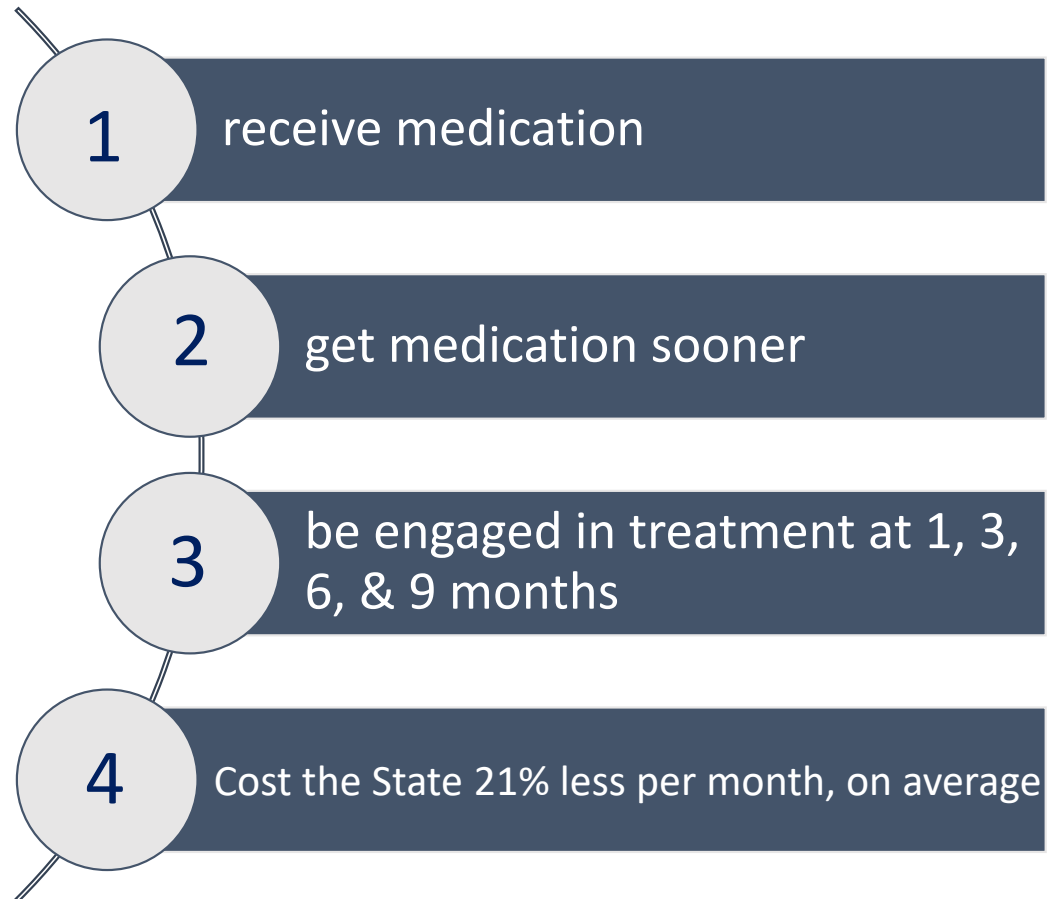
- Detox
 - Residential and therapy
 - Acute rather than chronic care
 - Buprenorphine and Methadone as last resort
- 

Missouri's Medication First Approach

- 1) People with OUD **receive medical treatment as quickly as possible**, prior to lengthy assessments or treatment planning sessions;
- 2) Maintenance pharmacotherapy is delivered **without arbitrary tapering or time limits**;
- 3) Individualized psychosocial services are **offered but not required** as a condition of pharmacotherapy;
- 4) **Do not discontinue medical treatment** unless it is clearly worsening the patient's condition.

The take-aways

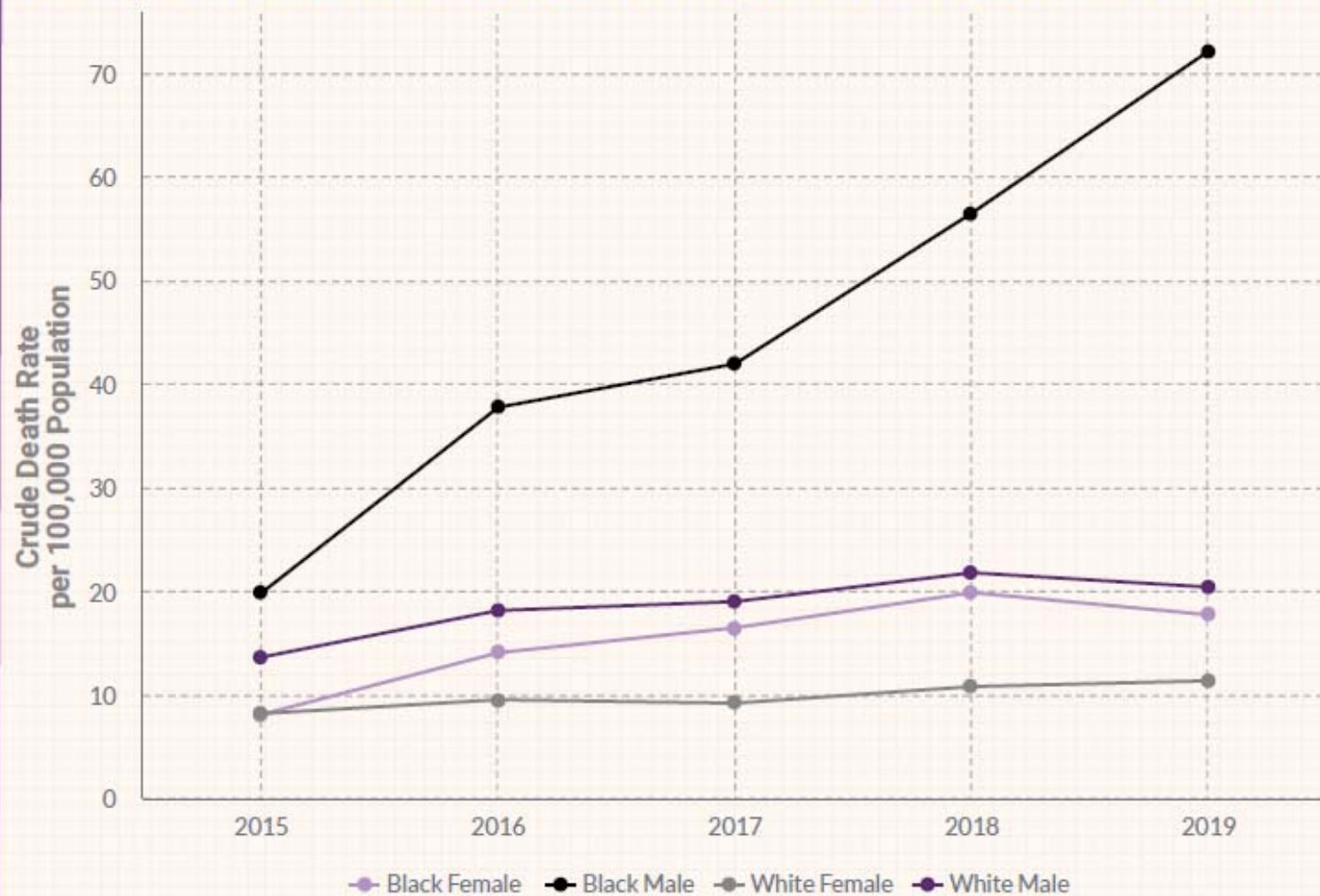
Individuals enrolled in STR were more likely to...



Obstacles Remain

- Financial feasibility and sustainability in specialty addiction treatment settings
- Adjusting to a “sicker” client base... which comes with burnout, compassion fatigue, vicarious trauma
- Continued struggles to address all clients' needs
- Lack of reliable, fast, and long-term access to care throughout the state
- Racial disparities in overdose deaths keep growing...

OPIOID OVERDOSE DEATHS BY GENDER AND RACE



Source: Bureau of Health Care Analysis and Data Dissemination, Missouri Department of Health and Senior Services

Questions and Discussion



CARRY NALOXONE.



**Treatment
options
exist.**



DON'T GIVE UP.

**Visit www.noM0deaths.org to learn more
and sign up for our statewide email
listserv**

Discussion Panelists



Tamara Beetham
Yale University



Dawn Patrick
Affinia Healthcare



Rachel Winograd
Missouri Institute of Mental Health

Question #1

For structurally marginalized populations – what changes are needed at the provider-level to better engage and retain patients? (e.g. more wraparound services; housing; legal advocacy; culturally-responsive/safe treatment options)

Question #2

Thinking about the harrowing overdose numbers, particularly since March, and in relation to recovery month – what system level changes are needed to ensure that opioid users survive this crisis and have a chance at recovery?

QUESTIONS

▶ Type your questions in the Q&A box on your screen.



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1 Continuing Education Hour (CEH) approved by NAADAC, the Association of Addiction Professionals



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SEPTEMBER 30, 2020 RSAT webinar CEH quiz link:

<https://www.surveymizmo.com/s3/5912884/Sept-30-2020-RSAT-Webinar-CEH>

CONTACT



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Stephen Keller

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