Welcoming Recovery: How Locally Based Treatment Programs Bring Positive Change

September 2023

Objectives

- Discuss opioid use disorder as a chronic illness
- Recognize the prevalence of opioid use disorder in local communities
- Identify the barriers to treatment access and their
- Describe the concept of an auxiliary medication unit
- Understand the benefits of the Rural Opioid and Direct Support Services (ROADSS) model for rural patients and community partners

Melissa's Story

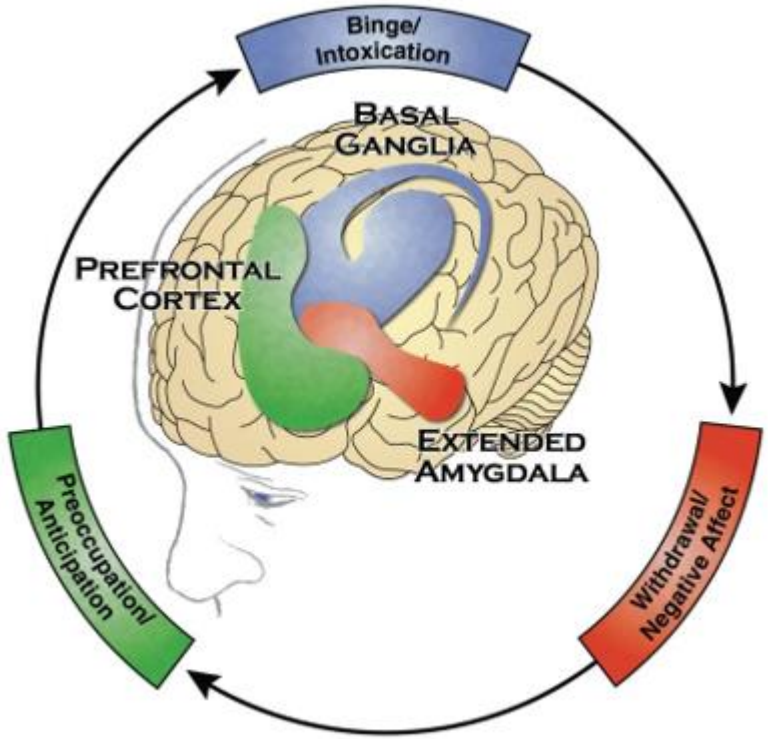
- Experienced trauma from age 5 to 13
- Married at 16 to a drug dealer
- Started using to numb and to forget the pain of the trauma
- Engaged with treatment
- Art helped her recovery

Opioid Use Disorder: A Chronic Disease[1]

- Opioid use disorder (OUD) is a chronic medical condition associated with high rates of elevated mortality
- Patients with OUD have mortality rates 6 to 50 times that of the general population
- On average OUD results in the loss of 18 years of potential life

The Addiction Cycle[2]

- **Binge/Intoxication**, the stage at which an individual consumes an intoxicating substance and experiences its rewarding or pleasurable effects
- **Withdrawal/Negative Affect**, the stage at which an individual experiences a negative emotional state in the absence of the substance
- **Preoccupation/Anticipation**, the stage at which one seeks substances again after a period of abstinence



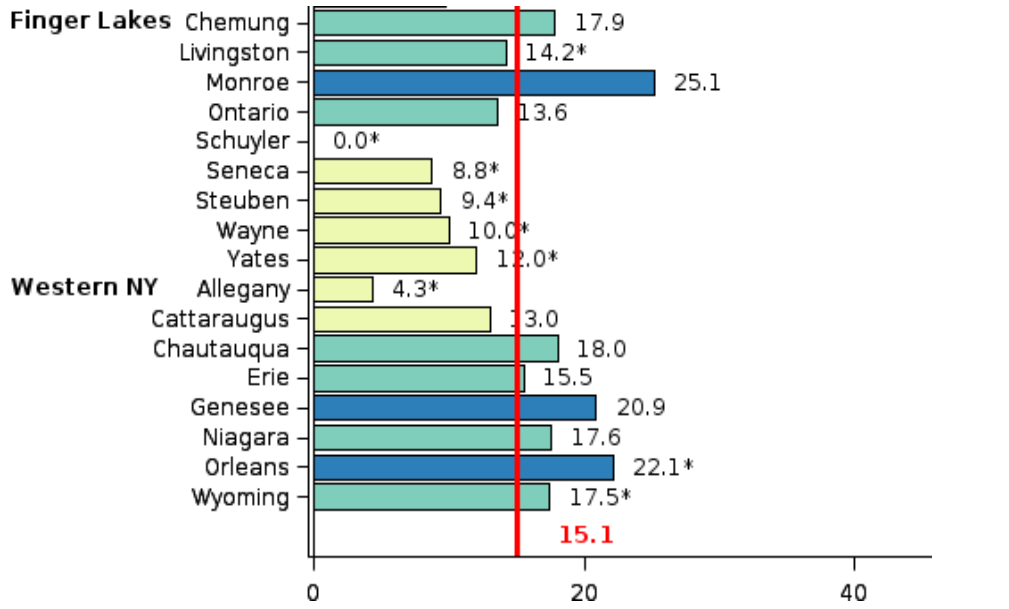
The **need to avoid withdrawal** is the driving force behind the cycle, **not the desire to get high.**

Impact of opioid crisis

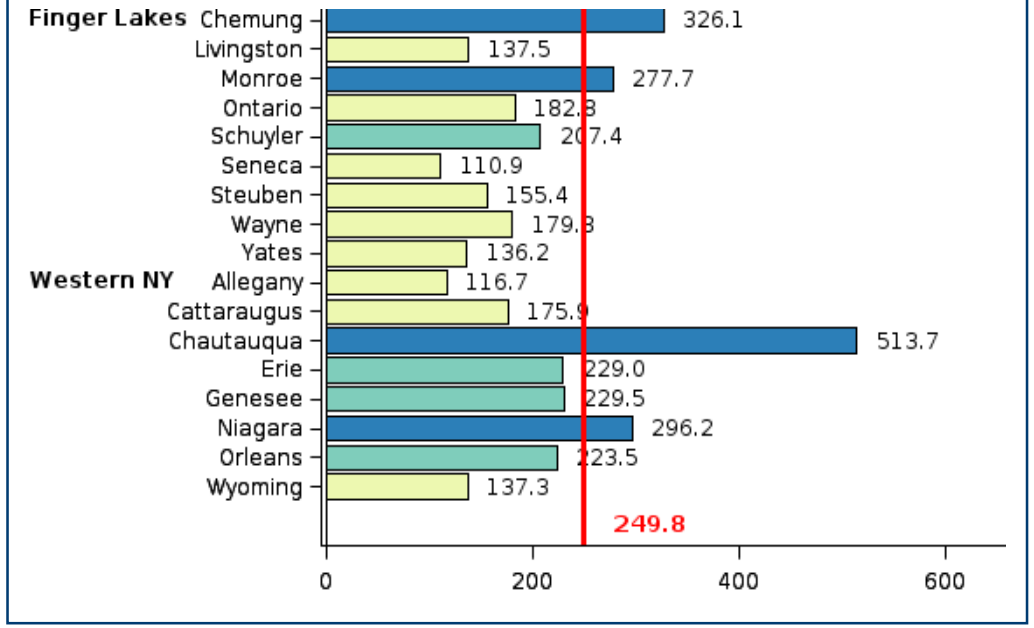
Overdose deaths	Hospital admissions	Improving access to evidenced-based treatment for OUD
• 80,816 Americans died of an opioid overdose in 2021[3]	• 24% of patients admitted and released from the hospital following an overdose were readmitted in 30 days[4]	• Has been associated with the savings of $25,000 to $105,000 in lifetime cost per person[5]

Region specific overdose rates

Fatal



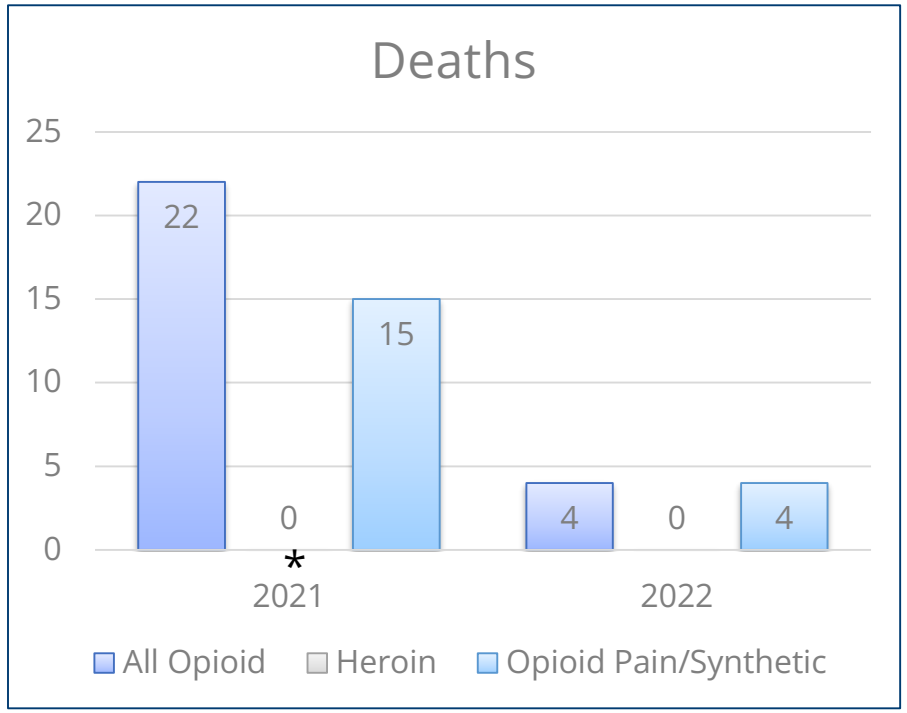
Non-Fatal

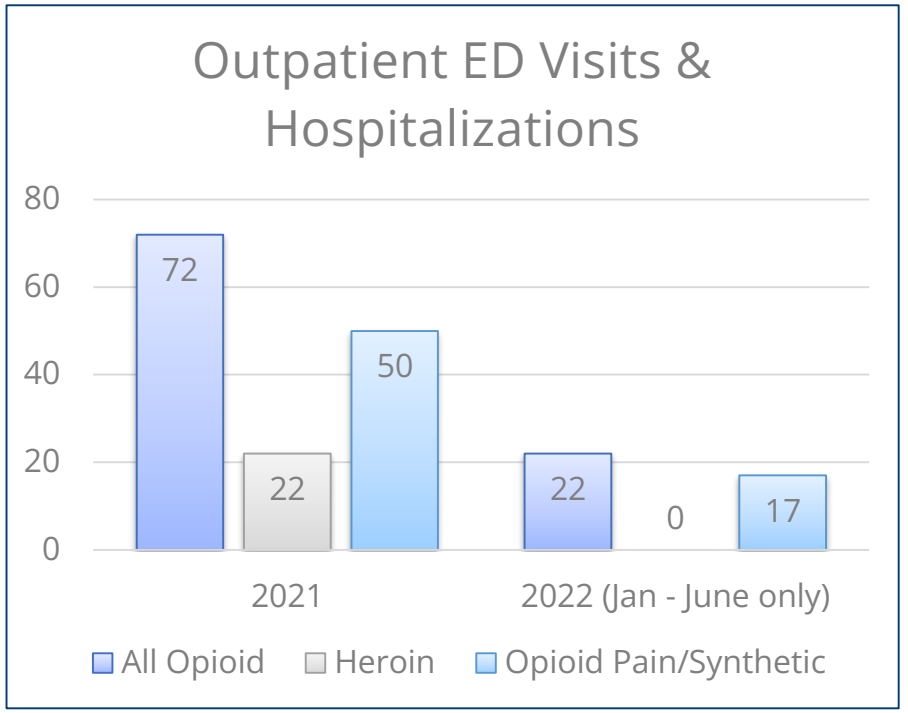


Please contact Program Assistance for further support in adapting to your region-specific data.

Source: New York State Department of Health. (2023). New York State Opioid Data Dashboard. [Website].

County specific – [County Name]





* Indicates data suppressed for confidentiality (< 6 persons)
County population XX,XXX (per 2020 census data)

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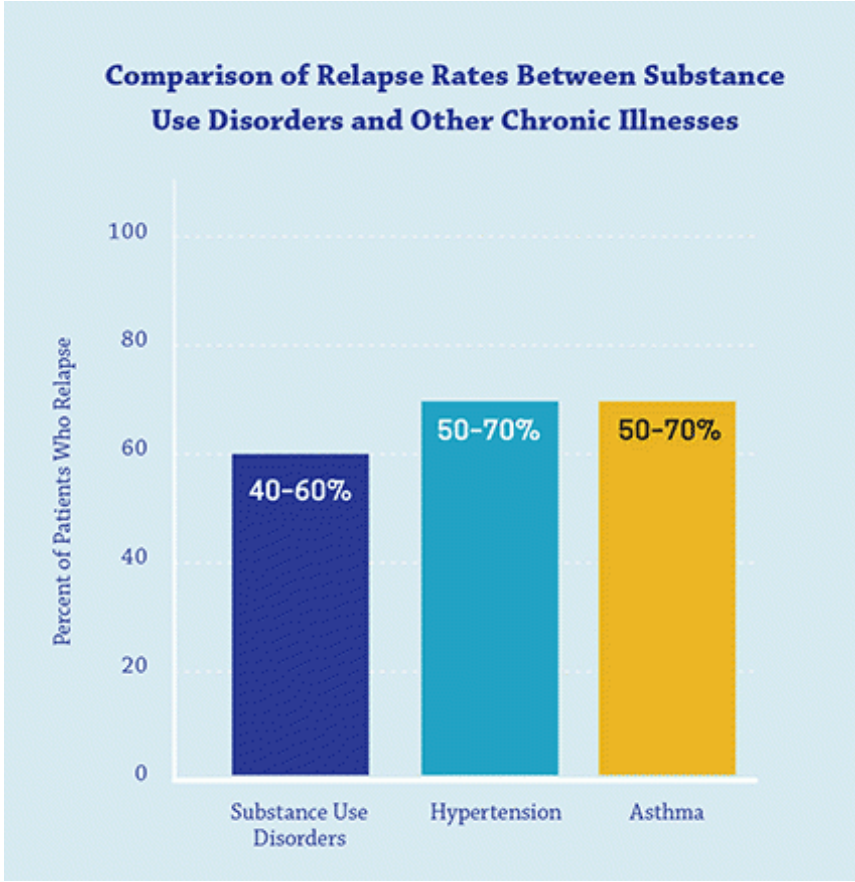
What can be done?

Principles of treatment

- Treatment of chronic diseases involves changing deeply embedded behaviors
- Reoccurrence of use is common and similar across chronic diseases
- Reoccurrence of use (relapse) indicates that alternative methods of treatment should be tried, **not** that the person has a moral or will-power failure



Graph source: JAMA, 284:1689-1695, 2000

Pathways to recovery

Medications for opioid use disorder (MOUD)

Methadone

- Active in system for 24 – 36 hours
- Blocking dose concept
- Highly regulated

Buprenorphine

- Active in system for 36 – 48 hours
- Ceiling effect limits overdose risk
- Less misuse potential

Naltrexone

- Once a month injection
- No misuse potential
- Costly

Cost to treat

Methadone[6]	Buprenorphine[6]	Naltrexone[6]

• Includes:
  • Medication (daily visits)
  • Integrated psychosocial services
  • Medical support services
• $126/week
• $6,552/year
	• Stable patient not needing psychosocial or medical support
	• Medication 2 times per week
	• $115/week
	• $5,980/year
		• Stable patient not needing psychosocial or medical support
		• Medication 1 time per month
		• $1,177/month
		• $14,112/year

Cost difference of $11 per week between **methadone** and **buprenorphine** or $572/year

Economic benefits of recovery

- For every $1 invested in substance use disorder (SUD) treatment[7]
  - There is a return of $4 in healthcare costs
  - There is a return of $7 in drug related crime and criminal justice costs
- When savings to healthcare are included in economic benefits, the total savings can exceed costs by a ratio of 12 to 1.[7]

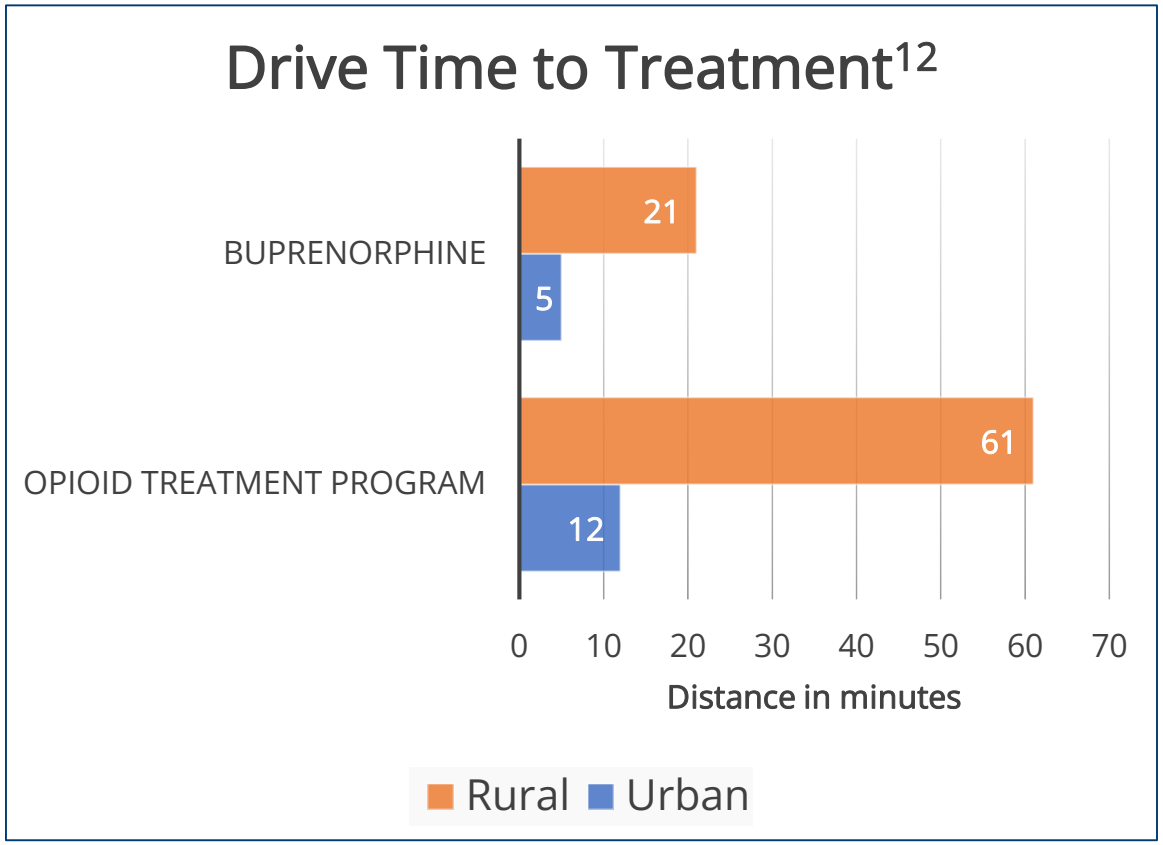
Economic benefits of recovery

- Workplace Supported Recovery (WSR) Programs[8]:
  - Prevent workplace factors that could cause or prolong SUD
  - Lower barriers to accessing treatment and maintaining recovery
  - Reduce stigma
  - Create a supportive, well-informed workplace that encourages healthy working conditions
  - Allow people in treatment to continue working

Importance of immediate access to treatment

- Opioid treatment medications (e.g. methadone) control cravings
- Improve treatment retention[9]
- They have demonstrated a decrease in:
  - Opioid use[9]
  - Criminal activity[9]
  - HIV and hepatitis infections[9]
  - Deaths among people with OUD by 50%[10]

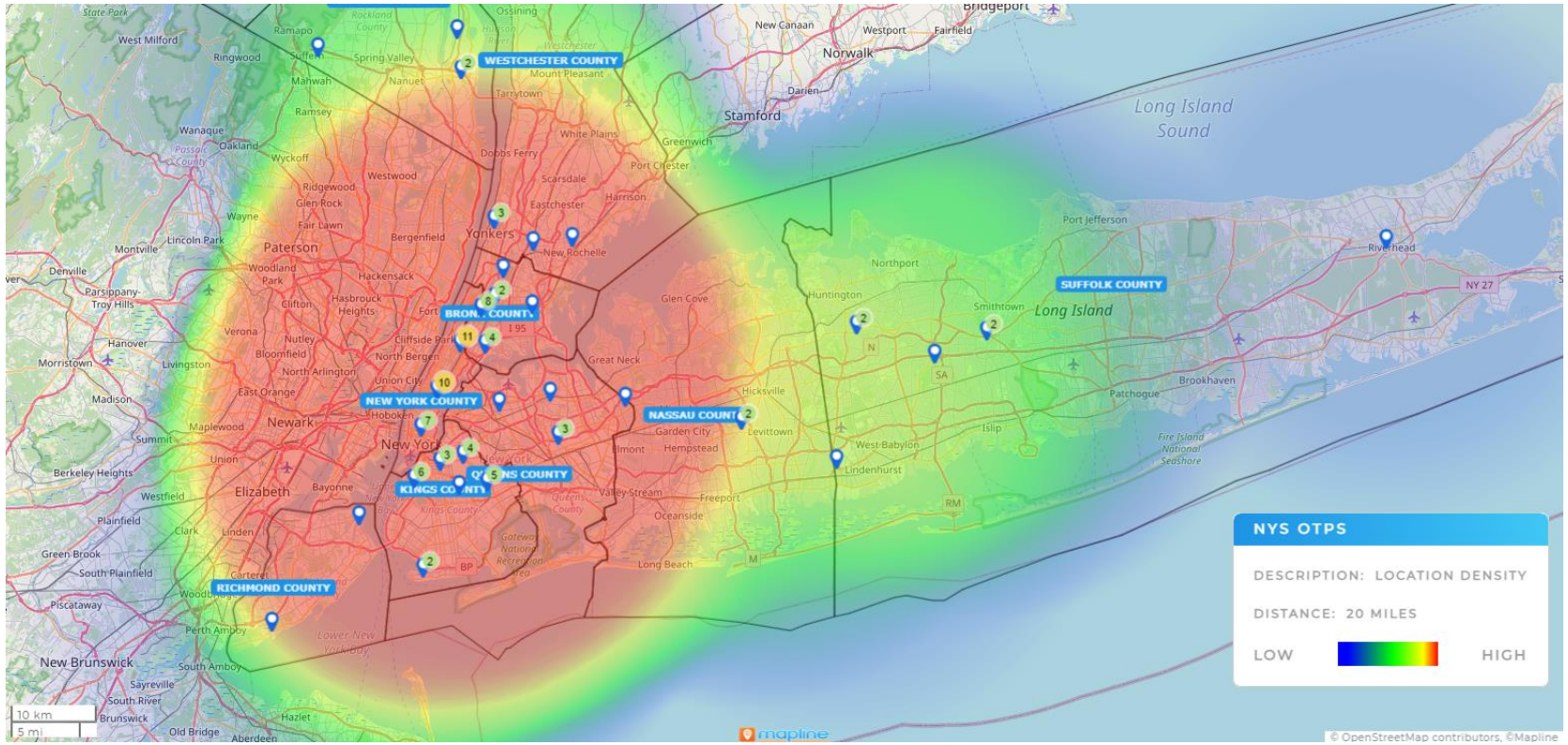
Rural barriers to accessing treatment



- **Lack of treatment**[11]
  - 82% of rural areas have no detox services
  - 80% of SUD treatment facilities are located in urban areas
- **Transportation/distance**
  - Access to buprenorphine treatment 21 minutes (rural) vs. 5 minutes (urban)
  - Access to opioid treatment program 61 minutes (rural) vs. 12 minutes (urban)

Treatment deserts – Urban

New York City Metro Area



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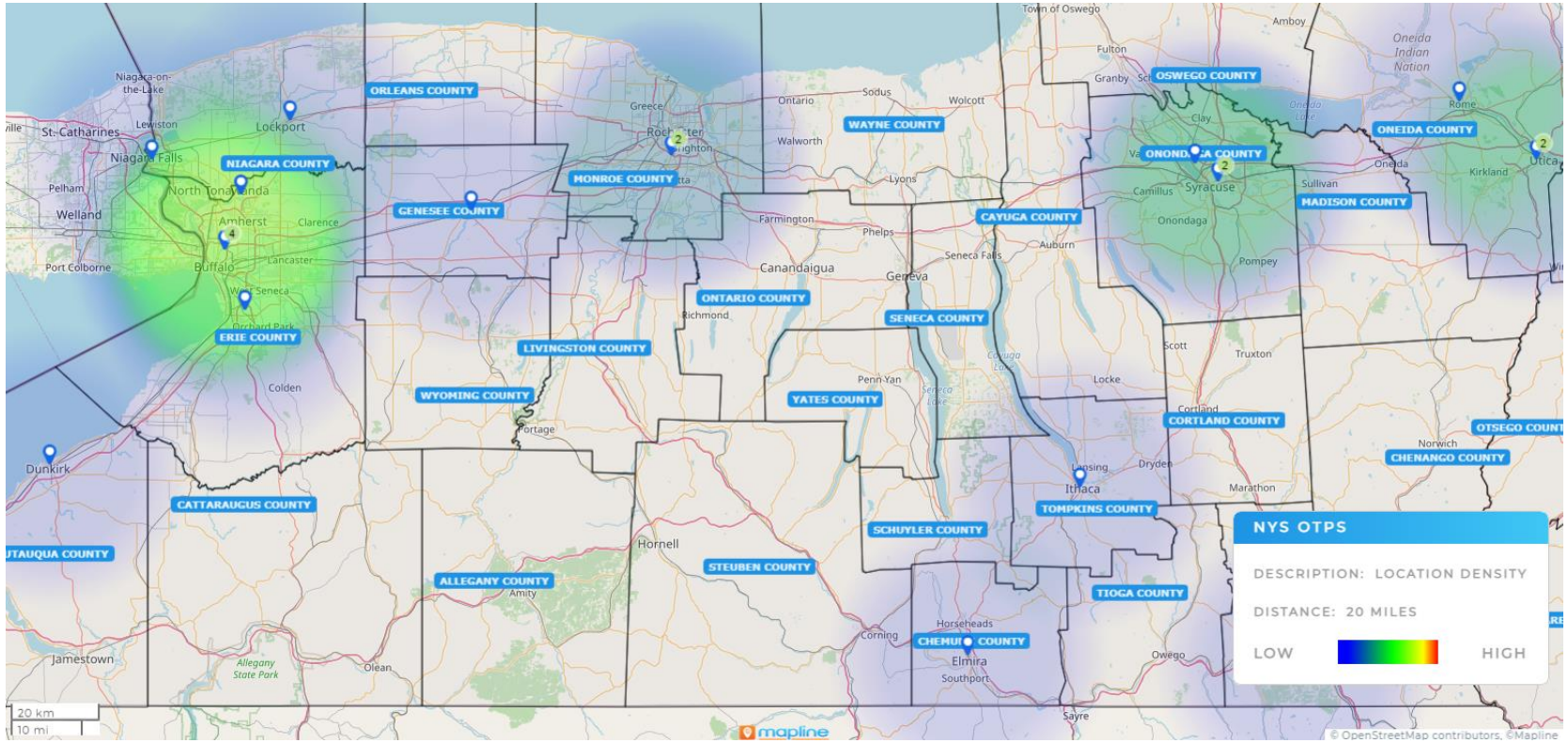
Treatment deserts – Rural

Western NY – Finger Lakes – Southern Tier



Please contact [Program Assistance](#) for further support in adapting to your region-specific data.

Barriers to implementing rural OTPs

Community

- Stigma/bias

Geographic

- Opioid treatment programs (OTPs) require dispensing methadone 6 – 7 days per week
- Distance from OTP can be prohibitive
- Obligations to family, work

Provider

- Regulatory
- Financial
- Staffing hurdles to operate an OTP

ROADSS Model

A supportive model to increase access to MOUD in rural communities

Rural Opioid and Direct Support Services (ROADSS)

UR MEDICINE | Recovery Center of Excellence

Partnerships with:

- Rural SUD treatment programs
- Regional health systems
- Federally Qualified Health Centers
- Primary care providers
- Local hospitals
- Other health and human service locations

Central Clinic/ Opioid Treatment Program (OTP)

- Prescribing
- Dispensing
- Telehealth
- Counseling
- Provider-to-Provider Consultation
- Financial and Operational Support

Auxiliary Medication Unit

- Methadone Dispensing
- Telehealth Visits
- Family and Individual Counseling

Mobile Medication Unit

- Methadone Dispensing
- Telehealth Visits
- Family and Individual Counseling

This HRSA RCORP RCOE program is supported by the Health Resources & Services Administration (HRSA) of the US Department of Health & Human Services (HHS) as part of an award totaling $15.7M with 0% financed with non-governmental sources.

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ROADSS

- The ROADSS model will increase access to methadone treatment in rural communities where there is limited or no access through the growth of auxiliary clinics or mobile units that work with a central clinic.

- The model will support and encourage OTPs and other organizations involved in OUD treatment as they take steps to increase access to methadone treatment in rural communities.

Implementation priorities

- ✓ Securing community and organizational support
- ✓ Identifying dispensing sites that are appropriate and well received by the community
- ✓ Securing renovations funding
- ✓ Applying for requisite authorizations
- ✓ Developing policies and workflows to ensure success over time

Benefits to patients

- ✓ Patient with SUD can spend 1 hour or less receiving medication.
- ✓ Patient with SUD can continue to work and be there for their family.
- ✓ Local facilities enable patient to attend individual or family counseling sessions.
- ✓ Studies show that telehealth can be as effective as well as in person visits and patients like it.[11]
- ✓ Individual or family counseling sessions through telehealth address privacy concerns and provides more options for group sessions.
- ✓ Partnering with other SUD treatment agencies to increase access to medication treatment options.

Benefits to provider partners & hospitals

- ✓ Central OTP manages operational and clinical functions.
- ✓ Reduced regulatory burden – help navigating federal and state regulations.
- ✓ Telehealth extends the reach of the comprehensive services located at the central OTP.
- ✓ MOUD delivered via telehealth has outcomes that are equivalent compared to in person.
- ✓ Resources toward gaining community support (e.g. Community Conversations Workshop).
- ✓ Collaboration with SUD experts at central OTP.

Financial implications

- **Key factors that can have positive financial implications**
  - Reimbursement model
  - Gain share contracts/partnerships with insurance companies
  - Reduction of readmission penalties
  - Measuring community return on investment
  - Patient volume per auxiliary medication site

Toolkit available:

Practice *pro forma* to guide financial projections

- Variable and capital expenses, including salaries and equipment
- Revenue projections

Required Federal & State Regulations

Agency	Description of Link	Direct Link to Regulation
SAMHSA (Substance Abuse and Mental Health Services Administration)	The SAMHSA document includes federal regulations that outline how an OTP can register to administer or dispense MOUD.	Federal Guidelines for Opioid Treatment Programs, January 2015
DEA (Drug Enforcement Administration)	Federal regulations that relate to registration for the manufacturers, distributors, and dispensers of controlled substances along with applications and protocols.	Title 21: Code of Federal Regulations
OASAS (Office of Addiction Services and Supports)	OASAS is the New York State regulatory body that oversees OTPs throughout the state.	Part 822: General Service Standards for Substance Use Disorder Outpatient Programs

Additional Federal Resources		
Code of Federal Regulations (CFR)	The CFR link is an up-to-date online tool includes the official legal print publication published by the federal government.	Title 42: Public Health in the CFR
Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs	The guide includes best-practice from the "front-line" to improve substance use treatment.	A Treatment Improvement Protocol TIP 43; developed by SAMHSA
American Society of Addiction Medicine (ASAM)	Guidelines for the treatment of OUD. A robust best practice document for treating OUD including the use of methadone maintenance treatment.	The National Practice Guideline for the treatment of OUD developed by ASAM

Procedures & protocols

The model provides sample **operating procedures** and **protocols for dispensing** such as:

Procedures

- Admission
- Intake, screening, and assessments
- Medical services
- Telepsychiatry

Protocols

- Medication dispensing
- Methadone records and inventory
- Take-home schedule
- Missed methadone dosing

Summary

- Overdose rates are on the rise – especially in rural communities
- Treatment with methadone has been extensively studied
- Importance of immediate access to life-saving medication
- Community Conversations Workshops on Opioid Use Disorder are available to rural communities to reduce stigma

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