MEDICATION-ASSISTED TREATMENT
CENTERS OF EXCELLENCE

June 17, 2022 **BIWEEKLY NEWSLETTER** Vol. 51



## AVAILABILITY OF BUPRENORPHINE/NALOXONE FILMS AND NALOXONE NASAL SPRAY IN COMMUNITY PHARMACIES IN 11 U.S. STATES

In response to a previous study examining availability of buprenorphine/naloxone films and naloxone nasal spray in Texas community pharmacies, the Centers of Excellence reached out to the Texas colleagues to expand the study in more states, including New Jersey. This was a cross-sectional secret shopper telephone audit of 5,734 actively licensed pharmacies in 11 U.S. states from May 2020–April 2021. Much like the data in Texas, patients are able to obtain both the film and spray in less than half of pharmacies (41.2%). In NJ, only 38.5% of pharmacies sampled carried both. Chain pharmacies were significantly more likely than independent pharmacies to have both medications available. Pharmacies in metropolitan counties were more likely to have BUP/NX available than those in non-metropolitan counties, pharmacies in Medicaid expansion states were more likely to have both medications available and to have NNS available than those in non-expansion states, and pharmacies in states with high drug overdose death rates were more likely to have NNS available than those in states with low drug overdose death rates. Efforts to ensure access to these life-saving therapies in pharmacies are critical.

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**7/8:** ECHO: Best Practices for Documenting the SUD Encounter

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Critical Race Theory Study & Unequal Access to Treatment for Opioid Addiction

Most States Eased Access to OUD Treatment During Pandemic

*RESOURCES*

NJ Opioid Medical Education Program

# UPCOMING EVENTS




## MAT LUNCH HOUR: ATLAS TREATMENT LOCATOR IN NJ

**WEDNESDAY, JUNE 22ND FROM 12:00-1:00 PM**

Co-hosted with the Camden Coalition, the MAT Lunch Hours are hour-long virtual meetings to hear from experts and discuss the latest in clinical and non-clinical issues affecting the MAT patient population. In this session, Chad Williams and Ashley Riley of Shatterproof will discuss the launch of the ATLAS treatment locator in NJ.

## OBAT NAVIGATOR MONTHLY RESOURCE CALLS & SKILLS LAB

**THURSDAY, JULY 21ST FROM 12:00-1:00 PM**

The Camden Coalition is offering monthly resources calls & skills labs to provide ongoing opportunity for OBAT navigators & other SUD navigators/case managers to continue learning through:

- Hour-long deep dive of particular content areas
- Discussion of (de-identified) patient cases & support thinking through patient engagement strategies, potential resources, & how to practice self-care while doing this work
- Presentations & sharing updated resources about relevant topics

These events take place every 3rd Thursday of the month from 12pm - 1pm

## UPCOMING PROJECT ECHOS

**PROJECT ECHO IS STRAIGHT-FORWARD, SPECIFIC AND APPLICABLE. AT EVERY LIVE SESSION WE EXPLORE ACTIVE PATIENT CHALLENGES FROM MULTIPLE PERSPECTIVES. WE EACH HOLD A PIECE OF THE PUZZLE AND EVERYONE IS WELCOME TO SHARE EXPERIENCES. YOU'LL MEET PRACTITIONERS FROM ACROSS THE STATE THROUGH A SIMPLE VIDEO INTERFACE AND BECOME PART OF A COLLEGIAL COMMUNITY. YOU'LL HAVE A COMFORTABLE PLACE TO RETURN AND WILL BUILD ON WHAT YOU'RE LEARNING, MONTH TO MONTH.**

## SUD CQI PROJECT ECHO: DRUG TEST INTERPRETATION

**FRIDAY, JULY 1ST FROM 12:00-1:00 PM**

This SUD session's topic will discuss how to analyze and use drug tests as a clinical tool.

## SUD MAT PROJECT ECHO: BEST PRACTICES FOR DOCUMENTING THE SUD ENCOUNTER

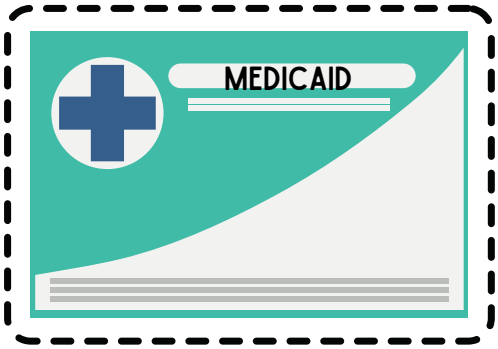
**FRIDAY, JULY 8TH FROM 12:00-1:00 PM**

This SUD continuous quality improvement session will discuss appropriate documentation for the SUD encounter.

# RECENT LITERATURE

## MEDICAID MANAGED CARE: ACCESS TO PRIMARY CARE PROVIDERS WHO PRESCRIBE BUPRENORPHINE

Using provider directory and prescription claims data, this study examined variations in access to Medicaid in-network buprenorphine-prescribing primary care providers among Medicaid managed care enrollees. Less than 1/3 of enrollees had fewer than one in-network buprenorphine prescriber per 100,000 county residents. On average, there were a greater number of in-network buprenorphine-prescribing primary care providers in states with higher overdose death rates, but most enrollees lived in areas with a shortage of these providers. A 25% higher network participation rate by prescribers compared with non-prescribers could improve the probability that enrollees see a prescriber by approximately 25%. As the study states, policies to improve access within Medicaid managed care include using PCP assignment algorithms to match patients with buprenorphine prescribers and requiring that networks include a minimum number of buprenorphine prescribers.




## ASSOCIATION BETWEEN CLINICALLY RECOGNIZED SUICIDALITY AND SUBSEQUENT INITIATION OR CONTINUATION OF MEDICATIONS FOR OPIOID USE DISORDER

Patients with OUD have a higher risk for suicide than those without. Since MOUD reduces suicide risk, it is important that individuals have access to MOUD. This study examined associations between clinically recognized suicidality and subsequent initiation or continuation of MOUD among patients with OUD in the national VA. Among over 20k patients with no prior year use of MOUD, 12% had suicidality and 12% received MOUD in the following year. Suicidality was positively associated with MOUD *initiation*. Among 10k patients with prior-year MOUD, 9% had suicidality and 84% received MOUD in the following year. Suicidality was negatively associated with MOUD *continuation*. Among VA patients with OUD, clinically recognized suicidality may increase likelihood of MOUD initiation but decrease likelihood of continuation. Therefore, a focus on those with clinically recognized suicidality is needed to ensure not only initiation of MOUD, but also continuation.

# RECENT LITERATURE (CONT.)



## IMPACT OF REDUCED RESTRICTIONS ON BUPRENORPHINE PRESCRIBING DURING COVID-19 AMONG PATIENTS IN A COMMUNITY-BASED TREATMENT PROGRAM

This retrospective cohort study examined whether less restrictive buprenorphine prescribing practices during the COVID-19 pandemic impacted retention in and adherence to buprenorphine among patients accessing treatment from 2018-2020 at a community-based syringe services program. It found that the risk of discontinuation was 71% lower in those accessing remote telemedicine during COVID-19 and 51% lower in those accessing their remote provider onsite during COVID-19, compared to receiving treatment as usual pre-pandemic. Less restrictive buprenorphine prescribing guidelines during COVID-19 led to improved retention in care over 6-months.

## CRITICAL RACE THEORY AT CENTER OF UW STUDY OF UNEQUAL ACCESS TO TREATMENT FOR OPIOID ADDICTION

Researchers at the University of Washington will explore one of the most important questions related to this emergency policy change, with the support of a 2.5 million National Institutes of Health grant: whether the relaxed regulations for treatment with buprenorphine positively affected the unequal access experienced by Black and Latinx patients to buprenorphine. Specifically, the goal is to determine if this inequity remained, improved or potentially got worse under the new policies since telemedicine itself can be a barrier to access.

"This situation provides an excellent opportunity to begin applying critical race theory and the practice of 'centering the margins' into a research design that focuses on the lived experiences of marginalized populations," Williams said. "A lot of research focuses on what is happening for minoritized groups relative to white people and then figuring out those mechanisms. But when we center the margins, we're caring specifically about what's happening to these minoritized groups that are not getting what they need." They intend to study beyond the health care environment and into patients' communities to learn more about the policies that directly affect them. The researchers hope their findings will show who benefited from easier access to buprenorphine and if these relaxed regulations to access should be made permanent. Importantly, they hope this research will spur a greater movement to review and change the social policies impacting individual outcomes.

# RECENT NEWS

## MOST STATES EASED ACCESS TO OPIOID USE DISORDER TREATMENT DURING THE PANDEMIC

This is a summary and commentary from Pew, detailing what the federal government must do to maintain the flexibilities in access to MOUD post-COVID. To understand how states adjusted OUD treatment during the pandemic and how they plan to provide care in the future, The Pew Charitable Trusts contacted OTP authorities nationwide and the results highlight the critical importance of federal action to ensure that new flexibilities can continue once the pandemic has receded. The source of the pie charts below is Pew Charitable Trusts.

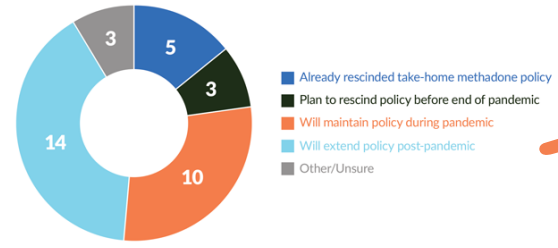
The data shows that:

- Most states allowed patients take-home methadone during the pandemic
- Many of those states plan to continue allowing take-home methadone through the public health emergency and beyond
- Many states changed payment policies to cover telehealth
- Many states will continue to cover telehealth-delivered treatment services
- Many of these programs will continue to allow providers to bill the same rate for telehealth as in-person care
- Federal policymakers must act to support continued access to lifesaving treatment

Figure 1

**Many States Will Maintain Take-Home Methadone Policies Post-Pandemic**

24 states plan to continue easing access during or after the public health emergency ends




Note: The numbers reflect responses as of mid-2021. The corresponding question for this figure was applicable to a total of 35 states. A more detailed breakdown of all questions and response options can be found in the methods/topline document.

Source: The Pew Charitable Trusts

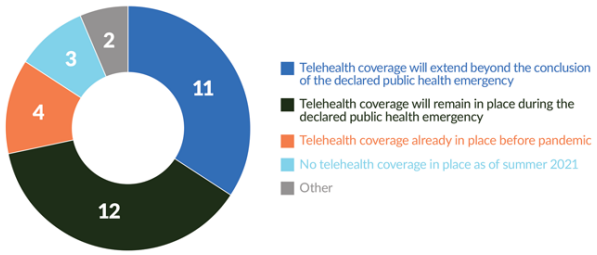
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Figure 2

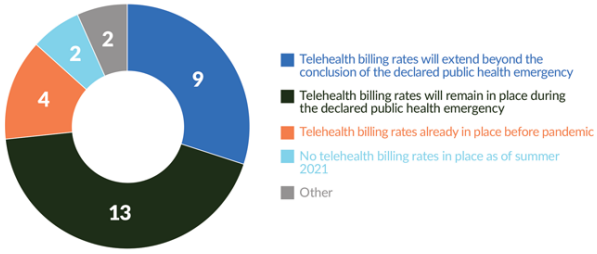
**Most States' Medicaid Agencies Will Continue to Cover Telehealth-Based OUD Services During or Post-Pandemic**

Providers also will be able to bill such services at rates comparable to in-person care

**a. Plans for Medicaid coverage of telehealth-delivered services, 2021**




**b. Plans for Medicaid payment of telehealth-delivered services at parity with in-person services, 2021**

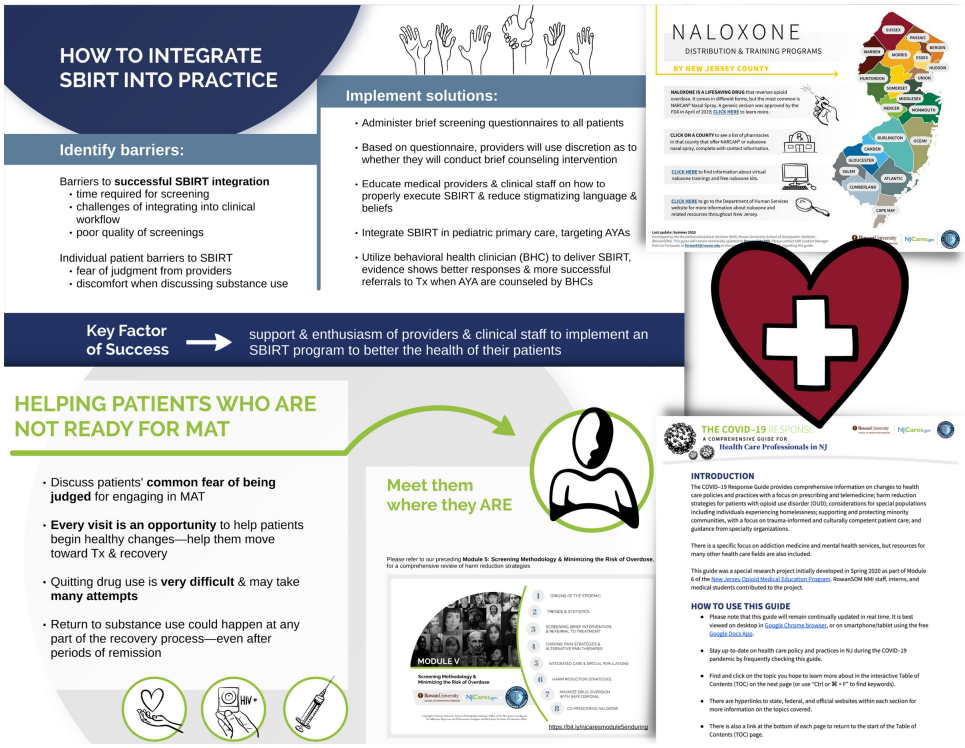



Note: The numbers reflect responses as of mid-2021 and totals differ (32 for Figure 2a; 30 for Figure 2b) because of missing responses. A more detailed breakdown of all questions and response options can be found in the methods/topline document.

Source: The Pew Charitable Trusts

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# RESOURCES




## NEW JERSEY OPIOID MEDICAL EDUCATION PROGRAM

Register for our continuing medical education series, the New Jersey Opioid Medical Education Program, developed in partnership with NJ CARES, the New Jersey Division of Consumer Affairs, and the New Jersey Attorney General, presented by NeuroMusculoskeletal Institute Medical Director and Southern NJ MAT Center of Excellence Co-Director Richard Jermyn, DO, FAAPMR. The courses are designed to educate New Jersey health care professionals with prescribing authority as well as pharmacists, mental health professionals, registered nurses, and athletic trainers. Training curriculum and materials are focused on opioid prescribing guidelines, harm reduction strategies, and MAT in various settings and for special populations. Courses are available in live and enduring formats at a cost of $7. Upon successful completion of a course, physicians will receive CME credits, and other participants will receive certificates of completion to retain in accordance with their relevant licensing board regulations.

MEDICATION-ASSISTED TREATMENT
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24/7 MAT Provider Hotline: 844-HELP OUD (844-435-7683)

Northern NJ MAT COE Website & Email
Southern NJ MAT COE Website & Email