MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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ASAM PHARMACY ACCESS SURVEY RESULTS

191 prescribers from 32 states responded to this survey of SUD focusing on medications for treatment of SUD dispensed in the pharmacy setting. Overall, the survey found respondents experience a variety of issues when prescribing MOUD, including *(1) the pharmacy or pharmacist declined to fill the prescription (the most common obstacle), (2) the pharmacy was unable to fill the prescription due to inadequate stock, and (3) the patient's insurance company declined coverage*. When asked the primary reason that the pharmacy/pharmacist declined to fill a Rx, respondents reported it was concern that it was clinically inappropriate or had other misconceptions about the nature of addiction medications. 25% reported being informed that the pharmacy had a policy not to fill prescriptions for buprenorphine, and 14% reported the pharmacist/pharmacy believed that the DEA has instituted a cap on the supply. The most common length of patient delay in getting their buprenorphine prescription was 24-48 hours, and delays could lead to increases in overdose deaths. Addressing these issues are important to ensuring patients with SUD have access to these lifesaving medications.

Read the Foundation for Opioid Response Effort's Program Advisory Meeting Executive Summary here.

WHAT'S INSIDE

UPCOMING EVENTS

11/30: MAT Lunch Hour: Creating Safe Care Toolkit

12/2: ECHO: Terminating MOUD: When is it Appropriate?

12/6: Best Practices in Overdose Prevention

12/15: OBAT Navigator Skills Lab

12/9: ECHO: Supporting Families of Patients with OUD

HEADLINES

Cost of Care for OUD Treatment

Initiation of MOUD Across Health System

Racial & Ethnic Disparities in Bupe Treatment Duration in US

Coverage & Prior Auth Policies for MOUD in Medicaid

National Trends in Bupe Prescribing & COVID-19 Pandemic

RESOURCES

SUD Language Guide for Clinical Teams

NJ Opioid Education Program: Podcast Interview Series

UPCOMING EVENTS



MAT LUNCH HOUR: CREATING A SAFE CARE TOOLKIT

WEDNESDAY, NOVEMBER 30TH FROM 12:00-1:00 PM

The presenter for this session will be Michelle Adyniec of 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.

BEST PRACTICES IN OVERDOSE PREVENTION: LEVERAGING STRATEGIC PARTNERS

TUESDAY, DECEMBER 6TH FROM 8:00 AM-3:30 PM

CAI Global is hosting an in-person conference to discuss the past, present, and future of harm reduction and overdose prevention in NJ. This Project strives to build the trauma lens in agencies that work in public health and public safety across the state to foster a trauma-informed ecosystem that allows for compassionate and non-judgmental service delivery approaches.

SUD MAT PROJECT ECHO: TERMINATING MOUD: WHEN IS IT APPROPRIATE?

FRIDAY, DECEMBER 2ND FROM 12:00-1:00 PM

Every live session explores active patient challenges from multiple perspectives. You'll meet practitioners from across the state through a simple video interface and become part of a collegial community.

SUD MAT PROJECT ECHO: SUPPORTING FAMILIES OF PATIENTS WITH OUD

FRIDAY, DECEMBER 9TH FROM 12:00-1:00 PM

Every live session explores active patient challenges from multiple perspectives. You'll meet practitioners from across the state through a simple video interface and become part of a collegial community.

OBAT NAVIGATOR RESOURCE CALLS & SKILLS LAB

THURSDAY, DECEMBER 15TH FROM 12:00-1:00 PM

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

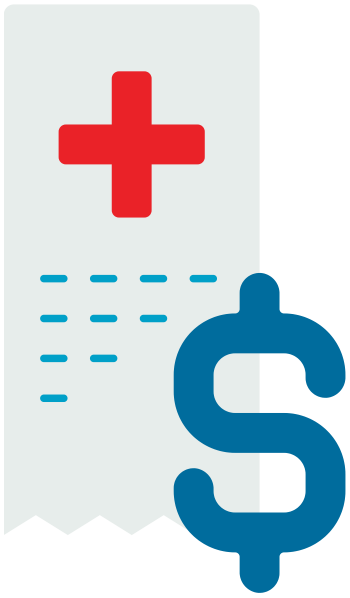
- Hour-long deep dive of particular content areas
- Discussion of (de-identified) patient cases & support thinking through patient engagement strategies, potential resources, & how to practice self-care while doing this work
- Presentations & sharing updated resources about relevant topics

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

RECENT NEWS

TOTAL COST OF CARE ASSOCIATED WITH OPIOID USE DISORDER TREATMENT

This study sought to investigate the association of MOUD treatment initiation and linkage to ongoing care on overall healthcare costs of Medicaid Fee-for-Service patients. Three categories of MOUD status of patients were defined: 1) Diagnosed with OUD but did not receive MOUD; 2) Initiated MOUD but not linked to ongoing treatment and 3) Received MOUD and linked to ongoing treatment. It was found that those who had MOUD initiated but not connected to ongling linkage of care had the greatest healthcare cost, while those who were linked to ongoing MOUD treatment had the lowest healthcare cost. MOUD treatment is not only effective at addressing the significant morbidity and mortality burden of OUD but also associated with decreased financial cost, which is disproportionately incurred by Medicaid. Efforts to improve linkage to ongoing treatment are warranted.



INITIATION OF MEDICATION FOR OPIOID USE DISORDER ACROSS A HEALTH SYSTEM: A RETROSPECTIVE ANALYSIS OF PATIENT CHARACTERISTICS AND INPATIENT OUTCOMES

The purpose of this study was to characterize MOUD initiations for buprenorphine and extended release (ER) naltrexone across all care sites at a major health system in the Midwest and determine whether MOUD initiation was associated with improved inpatient outcomes. Amongst the 3,831 patients receiving MOUD, most received buprenorphine over ER naltrexone. 65.5% of most recent initiations occurred in an inpatient setting. Compared to those not prescribed MOUD, inpatient encounters where patients received MOUD on or before the admission date were significantly less likely to be unplanned readmissions. Furthermore, there was a significant reduction in the readmission rate after initiation compared to before. This study is the first to examine MOUD initiations for thousands of patients across multiple care sites in a health system, finding that receiving MOUD is associated with clinically meaningful reductions in readmission rates.

RECENT NEWS

RACIAL AND ETHNIC DISPARITIES IN BUPRENORPHINE TREATMENT DURATION IN THE US

Racial and ethnic minority patients are more likely to discontinue buprenorphine treatment earlier. The results of this study showed that racial and ethnic disparities in buprenorphine treatment duration increased between 2006 and 2020, particularly during more recent years. Racial and ethnic inequities in social determinants of health, such as access to education, employment, and medical care, could affect SUD treatment initiation, engagement, and outcomes. In addition, drug overdose mortality has recently increased, especially among these populations. Closing the racial and ethnic gaps in treatment duration is a crucial approach to reducing opioid overdoses.

COVERAGE & PRIOR AUTHORIZATION POLICIES FOR MOUD IN MEDICAID MANAGED CARE

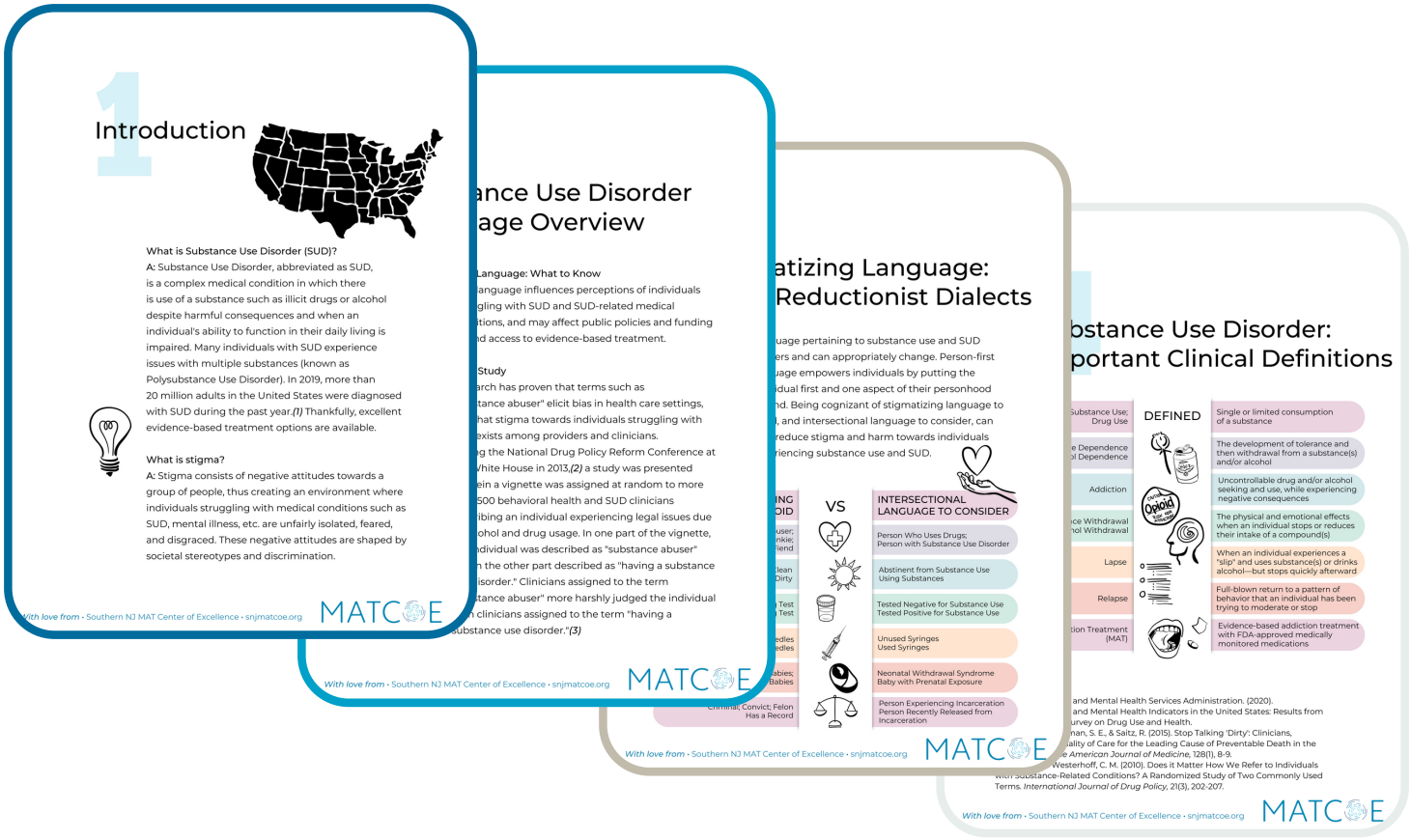
Although 70% of Medicaid beneficiaries are enrolled in comprehensive managed care organization (MCO) plans, little is known about coverage and prior authorization (PA) policies for MOUD in these plans. This cross-sectional study compared coverage and PA policies for buprenorphine, methadone, and injectable naltrexone across Medicaid MCO plans and fee-for-service (FFS) programs. Coverage and PA policies were compared for MOUD in 266 MCO plans and 39 FFS programs, representing approximately 70 million Medicaid beneficiaries. Overall, FFS programs had more generous MOUD coverage than MCO plans. However, a higher percentage of FFS programs had PAs for the 3 medications than did MCOs. Furthermore, although most Medicaid beneficiaries were enrolled in a plan that covered MOUD, 53.2% of all MCO- and FFS-enrolled beneficiaries were subject to PA. Medicaid beneficiaries' access to MOUD may be heavily influenced by their state of residency and the Medicaid plan in which they are enrolled.

NATIONAL TRENDS IN BUPRENORPHINE PRESCRIBING BEFORE & DURING THE COVID-19 PANDEMIC

This study examines the monthly rate of dispensed buprenorphine prescriptions during the early and later periods of the COVID-19 pandemic. After an initial increase in the number of patients prescribed buprenorphine in the early period of the pandemic, the monthly rate of patients prescribed buprenorphine increased at a lower rate compared to the pre-pandemic period. The study observed a decline in the number of buprenorphine prescriptions dispensed both in levels and growth rate during the pandemic, but an increase occurred in the average day's supply of buprenorphine prescriptions. Medicaid became the primary payer of buprenorphine prescriptions as the pandemic continued, while buprenorphine prescriptions paid for by private insurance declined.



RESOURCES



SUBSTANCE USE DISORDER LANGUAGE GUIDE FOR CLINICAL TEAMS

Download our new substance use disorder language guide for clinical teams. Content is tailored for interdisciplinary teams including physicians, advanced practice providers, behavioral health clinicians, nurses, navigators, and all frontline clinical staff, and includes overview of substance use disorder, stigma, and intersectional language to consider. Special thanks to our Southern NJ MAT Center of Excellence team members, Cooper University Health Care Center for Healing Clinical Operations Manager and Therapist, Iris Jones, LPC, LCADC, CCS, NCC; Cooper University Health Care Division Head of Addiction Medicine and Southern NJ MAT Center of Excellence Co-Director, Kaitlan Baston, MD, DFASAM; and Cooper University Health Care Center for Healing and Southern NJ MAT Center of Excellence Content Manager, Patricia Fortunato.

RESOURCES (CONT.)



NJ OPIOID DIALOGUE EDUCATION PROGRAM: RECORDED PODCAST INTERVIEW SERIES

Register for our continuing medical education series, the NJ Opioid Dialogue 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 series features experts in their respective fields, and provides standardized and evidence-based education, in an easily accessible format, on best practices and current laws regarding opioids for professionals throughout the state.

Topics covered include interacting with mobile units to receive referrals to treatment, featuring NeuroMusculoskeletal Institute and Southern NJ MAT Center of Excellence community partner, Sheriff Eric Scheffler; improving access to medication for opioid use disorder in community pharmacies, featuring CARE Center and Northern NJ MAT Center of Excellence Clinical Pharmacist/Academic Detailer, Clement Chen, PharmD, BCPS; and treating pregnant women with MOUD, featuring Cooper University Health Care Division Head of Addiction Medicine and Southern NJ MAT Center of Excellence Co-Director, Kaitlan Baston, MD, DFASAM.

Podcasts are presented as pre-recorded video interviews, free of cost.