Medicaid Innovation Accelerator Program

Medication-Assisted Treatment: Identifying the Need for Youth and Young Adult-Specific Strategies and Current Initiatives

National Webinar
March 4, 2019
3:30pm – 5:00pm EST
Logistics

• All lines will be muted.
• Use the chat box on your screen to ask a question or leave a comment
  – Note that the chat box will not be seen if you are in “full screen” mode
  – Please also exit out of full screen mode to participate in polling questions
• Moderated Q&A will be held periodically throughout the webinar
  – Please submit your questions via the chat box
• Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience
Welcome & Overview

Katherine Vedete
Senior Advisor, Medicaid Innovation Accelerator Program
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
Purpose and Learning Objectives

- This webinar will highlight the gaps in and need for medication-assisted treatment (MAT) for youths and young adults with opioid use disorder (OUD)
- Participants will learn about strategies to increase the provision of MAT for adolescents
  - Workforce initiatives focused on pediatricians and family practitioners
  - A technical support approach to help prescribers in the outpatient management of substance use disorders (SUDs) in adolescents
• Introductions and overview
• **Background:** National need for developmentally appropriate strategies for treating SUDs in youths and young adults
• **Presentation:** Massachusetts Bureau of Substance Addiction Services adolescent MAT model
• **Presentation:** Initiative to elevate the role of pediatricians in addressing the opioid crisis in adolescents, also in Massachusetts
Facilitator

- Suzanne Fields
- IAP Consultant
- Senior Advisor for Health Care Policy & Financing, University of Maryland
Speaker

Scott Hadland, MD, MPH, MS
Assistant Professor of Pediatrics
Boston Medical Center/
Boston University School of Medicine
Rebecca D. Butler, MSW, LCSW
Assistant Director
Office of Youth & Young Adult Services
Speaker

Sharon Levy, MD, MPH
Associate Professor of Pediatrics, Harvard Medical School
Director, Adolescent Substance Use and Addiction Program
Boston Children’s Hospital
Access to Treatment for Medicaid-Enrolled Youth With Opioid Use Disorder

Scott Hadland, MD, MPH, MS
Assistant Professor of Pediatrics
Boston Medical Center/Boston University School of Medicine
Disclosures and Funding Sources

• **Conflict of Interest Statement**
  - I have no commercial relationships to disclose
  - I will not be discussing any unapproved uses of pharmaceuticals or devices

• **Funding Sources**
  - National Institute on Drug Abuse K23 DA045085
  - Thrasher Research Fund Early Career Award
  - Academic Pediatric Association Young Investigator Award
One Patient’s Story

• A 17-year-old female presents to our substance use treatment clinic with her mother. She currently is in a residential treatment program where she has been for 3 weeks for management of severe OUD.

• She comes to today’s visit because she is experiencing strong daily cravings for opioids. She has a 2-year history of opioid use, including use of prescription pills and intranasal and injection heroin. She last used 3 weeks ago.

• This is her seventh admission to residential treatment. Her typical treatment includes group therapy and one-on-one counseling.

• Because of her cravings, she and her mother are worried that she will use opioids again shortly after discharge from her program. She has never been offered pharmacotherapy before.
Youth and the Opioid Crisis

• Treating OUD among youth and young adults is critical to addressing the opioid crisis

• Between 1999 and 2016, overdose deaths rose among 15- to 19-year-olds:
  – 95% for prescription opioids
  – 405% for heroin
  – 2925% for synthetic opioids (i.e., fentanyl)

• 2 in 3 individuals in opioid treatment report first opioid use before age 25 years; 1 in 3 reports first use before age 18 years

Pharmacotherapy for OUD

• In August 2016, the American Academy of Pediatrics released a policy statement calling for expanded access to pharmacotherapy for youth with OUD
  – Including **buprenorphine** and **naltrexone**, which can be given in primary care, as well as **methadone**

• Experience suggests that many youth never receive pharmacotherapy, and yet clinical trials suggest that it may enhance retention in care

• Many drug treatment programs *deny entry* to youth on medications or *discontinue medications* at admission

Aims of Study

1. Identify the percentage of youth who receive timely addiction treatment with or without an OUD medication (buprenorphine, naltrexone, or methadone) within 3 months of initiating care

2. Determine whether retention in addiction care is greater among youth who receive OUD medication than among those who do not
Data Source

- IBM MarketScan® Multistate Medicaid Database
  - Data from 11 deidentified states
  - From January 1, 2014, to December 31, 2015
  - 2.5 million publicly insured 13- to 22-year-olds
  - Includes all inpatient, outpatient, emergency department, and pharmacy claims
  - Also includes—
    - Behavioral health claims (all levels of care)
    - Procedure codes for medications commonly administered in clinical settings (e.g., naltrexone, methadone)
Sample

• Identified youth initiating a new episode of care for OUD:
  – Diagnosis of OUD in ≥2 outpatient or ≥1 inpatient or emergency department encounters
  – Preceding 60-day period without an OUD diagnosis or receipt of OUD medication

• Using this approach, identified sample of 4,837 youth

## Medicaid-Enrolled Youth with OUD

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age (IQR)</td>
<td>20 years (19-21)</td>
</tr>
<tr>
<td>Female sex</td>
<td>57</td>
</tr>
<tr>
<td>Race / ethnicity</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>78</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
</tr>
<tr>
<td>Pregnant</td>
<td>16</td>
</tr>
<tr>
<td>Depression</td>
<td>33</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>29</td>
</tr>
<tr>
<td>ADHD</td>
<td>12</td>
</tr>
<tr>
<td>Alcohol use disorder</td>
<td>14</td>
</tr>
<tr>
<td>Other substance use disorder</td>
<td>52</td>
</tr>
<tr>
<td>Acute pain condition</td>
<td>32</td>
</tr>
<tr>
<td>Chronic pain condition</td>
<td>33</td>
</tr>
</tbody>
</table>

Abbreviations: ADHD, attention-deficit/hyperactivity disorder; IQR, interquartile range.

Addiction Treatment by Age

Retention in Addiction Care

## Retention in Addiction Care

<table>
<thead>
<tr>
<th>Treatment Received</th>
<th>Median Retention in Care, Days</th>
<th>% Reduction in Attrition From Treatment (95% CI)&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral health only</td>
<td>67</td>
<td>Reference</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>123</td>
<td>42 (36–48)</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>150</td>
<td>46 (31–57)</td>
</tr>
<tr>
<td>Methadone</td>
<td>324</td>
<td>68 (53–78)</td>
</tr>
</tbody>
</table>

Abbreviation: CI, confidence interval.

<sup>a</sup> Adjusted for age, sex, race/ethnicity, disability, pregnancy, comorbid mental health diagnoses, other substance use disorders, acute and chronic pain conditions, and receipt of higher levels of care.

Black youth 42% less likely to receive medication
Hispanic youth 17% less likely to receive medication

What Barriers Exist?

• **Insufficient youth-focused addiction providers**
  – Of the 3,363 addiction medicine specialists in the United States in 2015, **only 1 percent** were pediatricians

• **Limited availability of programs that prescribe**
  – Of 1,765 addiction treatment programs for adolescents and young adults, **only 37 percent** prescribe medications

• **Antimeditcation policies**
  – Of the remaining programs, **43 percent** deny admission to youth receiving medication elsewhere

• **Restrictions on methadone for adolescents <18 years**

• **Historical disparities**
  – Disparities based on race, language, insurance status, socioeconomic status, geography (rural vs. urban)

Conclusions and Implications

Conclusions

1. Only one-quarter of Medicaid-enrolled youth with OUD receive pharmacotherapy (true percentage likely even lower)
2. Whereas 1 in 4 young adults ≥18 years with OUD received a medication, only 1 in 20 adolescents <18 years received one
3. Youth receiving OUD medication are more likely to be retained in care in real-world settings

Implications

• In light of recent recommendations (e.g., American Academy of Pediatrics), there is substantial room for improvement in medication treatment among youth
• Findings suggest that withholding OUD medications from youth may compromise retention in care
Thank You!

• Funding support from the National Institute on Drug Abuse (K23 DA045085 and L40 DA042434), Thrasher Research Fund, and Academic Pediatric Association

• Division of General Pediatrics at Boston University School of Medicine, Grayken Center for Addiction, and Department of Pediatrics at Boston Medical Center

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Twitter: @DrScottHadland
Commonwealth of Massachusetts
Department of Public Health

Rebecca D. Butler, MSW, LCSW
Assistant Director
Office of Youth and Young Adult Services
Bureau of Substance Addiction Services
Acknowledgement

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

State Youth Treatment – Implementation (SYT-I) Grant
### Why Do Youth Matter?

#### Age of Initial Alcohol and Marijuana Use Associated With Current Prescription Drug Use

<table>
<thead>
<tr>
<th></th>
<th>Age of First Alcohol Use</th>
<th>Age of First Marijuana Use</th>
<th>Odds Ratio*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;13 Years</td>
<td>13+ Years</td>
<td>Odds Ratio</td>
</tr>
<tr>
<td>Current use of prescription drugs not your own</td>
<td>13.6</td>
<td>4.8</td>
<td>3.1</td>
</tr>
<tr>
<td>Current use of prescription narcotics not your own</td>
<td>8.5</td>
<td>1.7</td>
<td>5.52</td>
</tr>
</tbody>
</table>

*Unadjusted odds ratios.

In the past 30 days, which of the following prescription drugs have you taken that weren’t your own?

a. Narcotics (such as methadone, opium, morphine, codeine, OxyContin, Percodan, Demerol, Percocet, Ultram, and Vicodin)
b. Ritalin or Adderall
c. Steroids (body building hormones in form of pills or shots)
d. Other prescription drugs
Massachusetts SYT-I Client Profile

Government Performance and Results Act and Implications for Care Models:

• Nine out of 10 enrollees had prior mental health treatment
• 55 percent had experienced trauma in their lifetime
• 29 percent reported sharing needles
• 34 percent were parents (7 percent were pregnant)
• 77 percent were unemployed (54 percent had completed high school)
Massachusetts Adolescent MAT Model: SYT-I Lessons Learned

• Workforce Challenge
  – Prescribers
  – Nonprescribing behavioral health providers

• Cross-Agency Involvement
  – Department of Child & Family Services
  – Department of Youth Services

• Family Role
  – “Not under my roof”
Massachusetts Adolescent MAT Model: Workforce

- Prescriber Toolkit
  - Consent; Massachusetts General Laws
  - Confidentiality
  - Reproductive health/Hepatitis C/HIV onsite
  - Dosage, maintenance, taper
  - When to offer MAT; not upholding “rock bottom”
  - Family engagement
  - Recovery supports

- Practice Guidance Document
  - Behavioral Health expectation
  - Engagement & Retention
  - Contingency Management
  - Adolescent Community Reinforcement Approach (A-CRA)
Massachusetts Adolescent MAT Model: Infrastructure

- MAT 101 for nonprescribing behavioral health, state agency workforce
- Massachusetts Substance Use Helpline Provider List
- Quarterly Learning Collaborative
- Prescriber-to-Prescriber Helpline
- Family role/parent and caregiver education
### Massachusetts Adolescent MAT Model: Policy

<table>
<thead>
<tr>
<th>Current BSAS Regulation</th>
<th>Considerations for Adolescent MAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authority of Operate an OBOT</td>
<td>* Medical Director credentials</td>
</tr>
<tr>
<td>Counseling Requirement (onsite)</td>
<td>* Developmentally appropriate</td>
</tr>
<tr>
<td></td>
<td>* Evidence based</td>
</tr>
<tr>
<td>Consent (under 18 years of age)</td>
<td>* MADPH Reg 18 vs. MGL ch12 sec12E (12+)</td>
</tr>
<tr>
<td>Special Populations</td>
<td>* BSAS Certification Adolescent Provider</td>
</tr>
<tr>
<td></td>
<td>* Senior clinician supervising services</td>
</tr>
<tr>
<td></td>
<td>* Staff have 5 college credit hours</td>
</tr>
<tr>
<td></td>
<td>* Family services</td>
</tr>
</tbody>
</table>

Abbreviations: BSAS, Bureau of Substance Abuse Services; MADPH, Massachusetts Department of Public Health; MGL, Massachusetts General Laws; OBOT, office-based opioid treatment.
MassHealth and Department of Public Health (DPH)/Bureau of Substance Abuse Services (BSAS) Collaboration

MassHealth
- Reimburses medical, pharmacy, and behavioral health
- Disseminates BSAS best practices
  - Prescriber toolkit
  - Practice guidance
- Adopts DPH/BSAS specifications
  - Recovery coaching and navigation
  - Co-occurring enhanced
- Promote MAT access for target population

DPH/BSAS
- Specialized technical assistance
  - Clinical content experts
  - Provider system relationships
  - System development/American Society for Addiction Medicine
- Fund pilot projects/innovation
  - Case management staff
  - Emergency department recovery coaching
- Link MAT providers
  - MAT 16–24-year-old providers
Summary

Developmentally appropriate MAT models of care:
- Workforce Development and training
- Stigma
- Disparities by sex, race, sexual minorities
- On demand access and re-engagement strategies
- Holistic model
- Group-oriented/ peer recovery supports
Massachusetts Adolescent MAT Model

Bureau of Substance Addiction Services
Office of Youth and Young Adult Services
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Treating Substance Use Disorder in Pediatric Primary Care

Sharon Levy, MD, MPH
Associate Professor of Pediatrics
Harvard Medical School
Director, Adolescent Substance Use and Addiction Program Boston Children’s Hospital
Pediatricians must be part of the solution to the opioid crisis

Medication-Assisted Treatment of Adolescents With Opioid Use Disorders

Committee on Substance Use and Prevention
Pediatric Physicians' Organization at Children's

Adolescent Substance use and Addiction Program
Pediatricians are treating opioid addicts, and it’s working

From left to right, Dr. Steven Mendes, substance abuse counselor Shannon Mountain-Ray, and Dr. Jason Reynolds have welcomed young patients with substance use problems to Wareham Pediatrics.
Support by Addiction Specialty Program

Didactic training

Confidentiality | Model of care | Neurobiology and the developing brain
Support by Addiction Specialty Program

Medication for Addiction Treatment Waiver Training

PCSS: Providers Clinical Support System
Support by Addiction Specialty Program

Consultation line
Support by Addiction Specialty Program
Practice Changes

CFR (Code of Federal Regulations) 42, Part II
Practice Changes

New Clinical Workflow

Presenting Complaint

Referral to Substance Abuse Service

Initial Evaluation

First Follow-Up/Treatment Plan

Patient Screened Using S2BI

Positive Screen

Positive Reinforcement

Negative Screen

Rescreen – Yearly/next visit

Referral to HLOC

Outpatient Services Wareham Peds.

Additional Community Resources

Caregiver Guidance

Medication-Assisted Treatment

Outpatient Services Wareham Peds.

Individual Substance Abuse Counseling

Additional Community Resources

Caregiver Guidance

Medication-Assisted Treatment

Abbreviations: HLOC, Higher Level of Care
Practice Changes

Emergencies
Practice Changes

Emergencies
Is the youth at risk for withdrawal and/or in need of inpatient detox or stabilization?

- **NO**
  - Willing to engage in services?
    - **NO**
      - Willing to reduce substance use?
        - **NO**
          - If under 18 years, discuss with parent option of seeking support through the juvenile court and/or Department of Children and Families to obtain supervision from the court system and services by calling local police station
        - **YES**
          - Monitor and follow up with youth
          - Refer family to Youth Central Intake
          - Suggest self-help groups for caregiver and for youth
    - **YES**
      - Refer to local outpatient provider, insurance carrier, or Youth Central Intake
      - If under 18 years, discuss with parent option of seeking support through the juvenile court and/or Department of Children and Families to obtain supervision from the court system and services by calling local police station

- **YES**
  - Willing to engage in services?
    - **NO**
    - **YES**
      - Is youth over 18 years?
        - **NO**
          - Refer family to Youth Central Intake
          - Suggest self-help groups for caregiver and for youth
        - **YES**
          - Is youth at risk for harm to self through ongoing substance use that interferes with capacity to provide self-care? If **YES**, refer to state policies on involuntary civil commitment of youth. If state laws support this, discuss option with parent/caregiver. If **NO**, provide referral info and follow up.

Contact SAMHSA’s National Helpline/Treatment Referral Routing Service at **1-800-662-HELP (4357)** or use SAMHSA’s online treatment locator: [https://findtreatment.samhsa.gov/](https://findtreatment.samhsa.gov/)

Options:
- Contact Department of Public Health for consultation
- Contact SAMHSA’s National Helpline/Treatment Referral Routing Service at **1-800-662-HELP (4357)** or use SAMHSA’s online treatment locator ([https://findtreatment.samhsa.gov/](https://findtreatment.samhsa.gov/)) to find a facility that fits the patient’s needs and is appropriate for adolescents

Source: Massachusetts Child Psychiatry Access Program Toolkit.
Will kids really come?
First 4 months

- Patients aged 12–22 years seen for primary care: 683
- Expected number with a SUD: 50
- Actual number identified: 20
- Number treated for SUD: 13

First 12 months

- Number of referrals: 60
- Number of patients treated for SUD: 40
- Number of teens with OUD identified: 5
- Number of inductions: 3
March 2017

Dear Patients,

We are pleased to share that we now offer Medication-Assisted Treatment (MAT) at Wareham Pediatrics. If you or someone you know has a problem with pain medications and could use some help, please feel free to contact us. For more details regarding MAT, please see the attached fact sheets.

Sincerely,

Wareham Pediatrics Staff
Marijuana/tobacco associated with greater risk of OUD

Marijuana Use

AOR: 3.67 (95% CI 1.02–13.14)

Cigarette Smoking

AOR: 2.2 (95% CI 1.3-3.5)

Abbreviations: AOR, adjusted odds ratio; CI, confidence interval.
Every year delay of nonmedical opioid use initiation is associated with a 5 percent decrease in risk of developing OUD. AOR: 0.95 (CI 0.94–0.97)

Notice of Award

Issue Date: 11/14/2018

SBIRT-18
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Grant Number: 1H79TI081137-01
FAIN: H79TI081137
Program Director: SHARON J LEVY MD

Project Title: Integrating SBIRT into Pediatric Primary Care

Organization Name: BOSTON CHILDREN'S HOSPITAL

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov
Total to date: Eight practices and 17 pediatricians have signed up for buprenorphine waivers
## Outcomes Data Sources

<table>
<thead>
<tr>
<th>Objective</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Rates</td>
<td>Electronic Medical Records</td>
</tr>
<tr>
<td>Internal Referrals</td>
<td>Registry</td>
</tr>
<tr>
<td>Patient Outcomes</td>
<td>Registry and Administrative Data</td>
</tr>
</tbody>
</table>
Policy Prescriptions

• Ensure adequate support for *planning* and *evaluation*

• Provide support for training embedded counselors

• Simplify the ability to embed clinicians

• Enable contracting with specialty hub for SUD training and ongoing consultation

• Enable consultation “extenders” such as telemedicine and peer recovery supports for young adults
Discussion and Questions
Thank You!

Thank you for joining us for this National Dissemination Webinar!

Please complete the evaluation form following this presentation.