

Adult QAP

Best Practices in the Treatment of SUD:

Recent and current efforts by the CTBHP to promote use of Medications for Opioid Use Disorder (MOUD) and/or Alcohol Use Disorder (MAUD)

Agenda

1 Background

2 Leveraging Data

3 Changing Pathways

4 Education, Training and
Collaboration

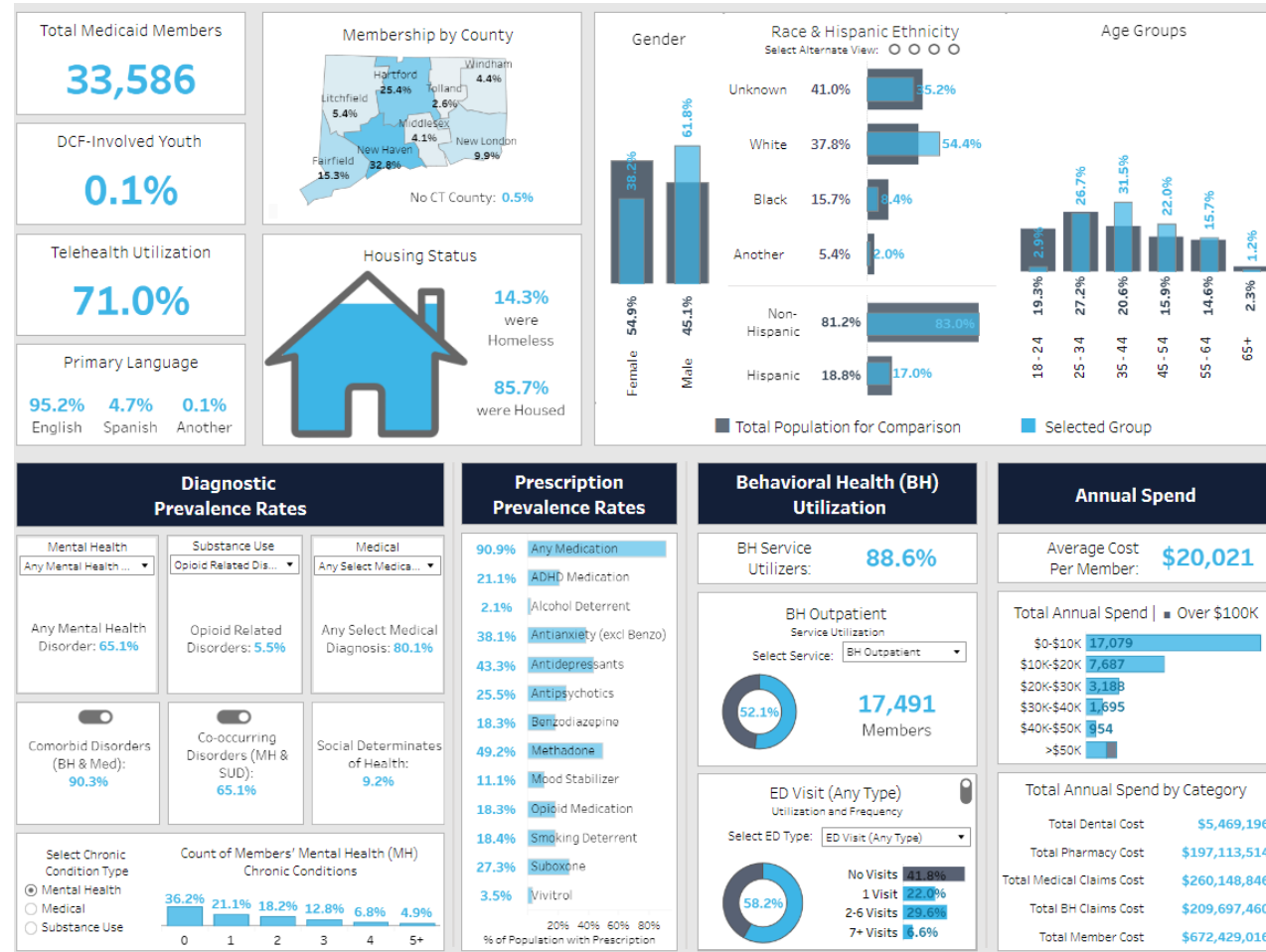
5 Resources

Chapter

01

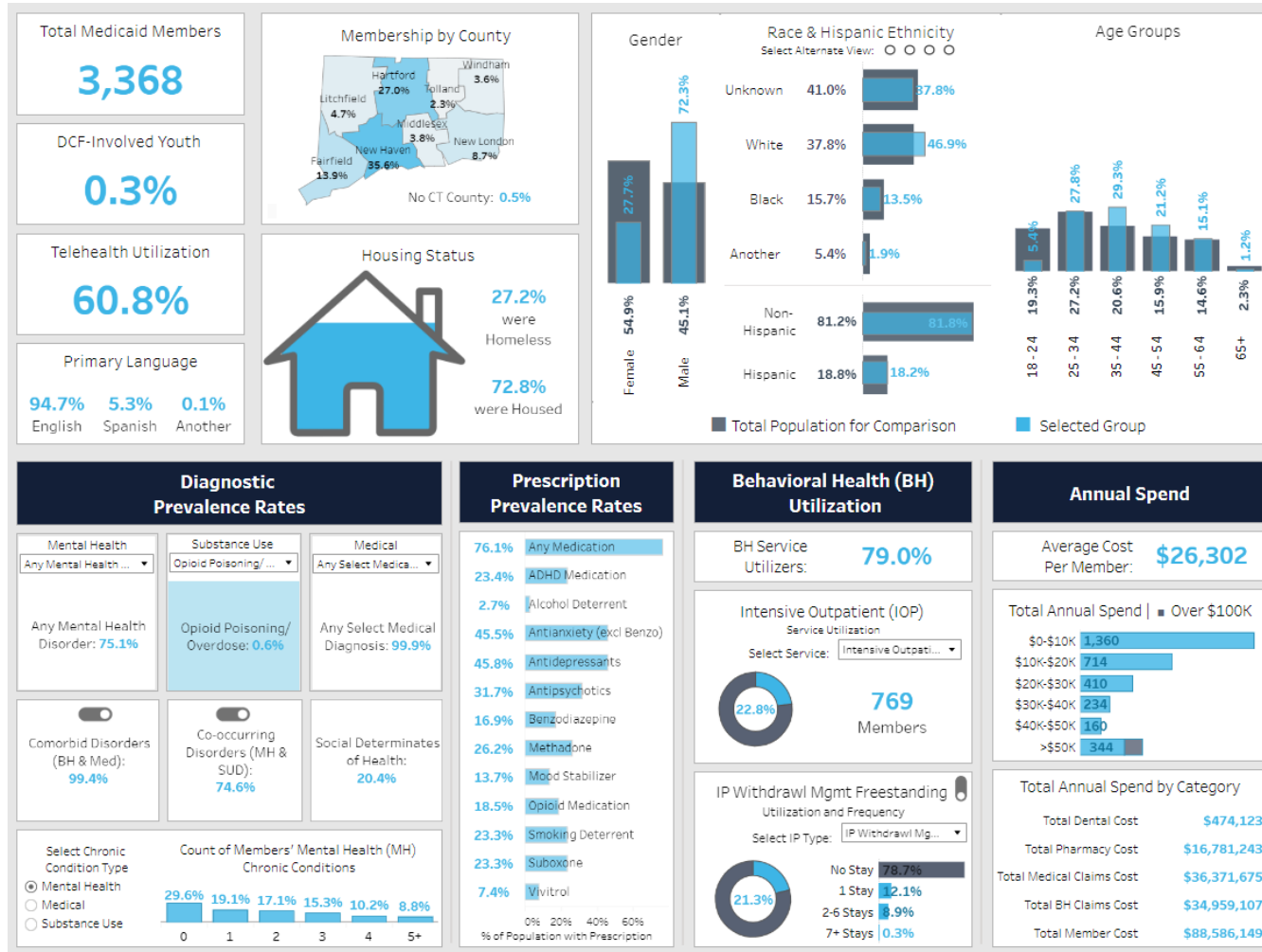
Background

CY 2021 Population Profile Demographic Data CT Medicaid: Opioid Related Disorders



- **33,586** HUSKY Health members (5.5%) had an **Opioid Related Disorder**
- Nearly **50%** utilized **Methadone**
- Over **25%** utilized **Suboxone/Buprenorphine**
- Over **17,000** utilized **BH Outpatient**
- **58.2%** had **1 or more ED Visits**

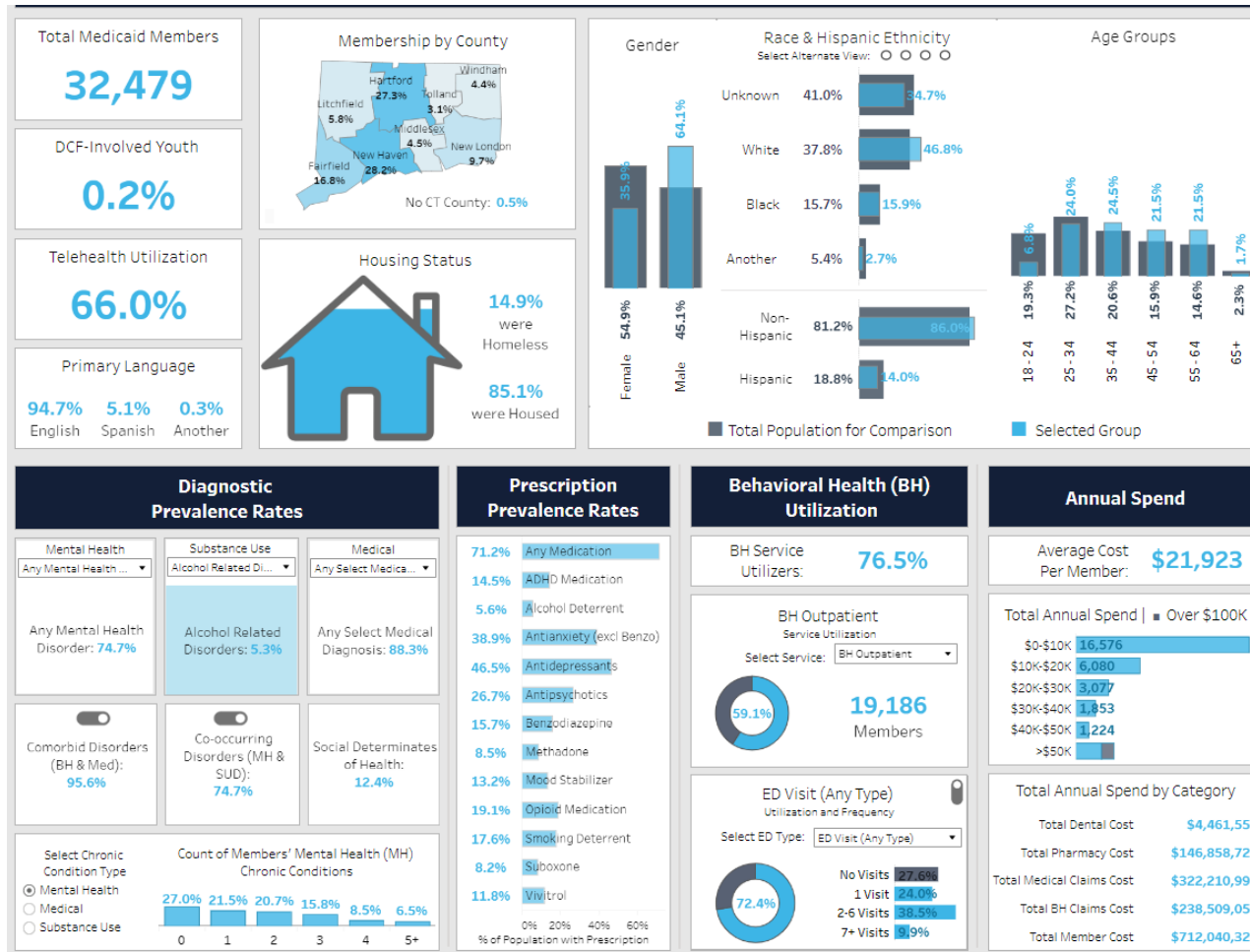
CY 2021 Population Profile Adult Demographic Data CT Medicaid: Opioid Poisoning/Overdose



- 3,368 Adult HUSKY Health members had an **Opioid Poisoning/Overdose**
- 22.8% utilized **Intensive Outpatient**
- 21.3% utilized **Free Standing Withdrawal Management**
- 98.5% had 1 or more ED Visits

CY 2021 Population Profile Demographic Data CT Medicaid:

Alcohol Related Disorders



- **32,479** HUSKY Health members (5.5%) had an **Alcohol Related dx**
- **5.6%** had a prescription for an **alcohol deterrent**
- Over **19,000** utilized **BH Outpatient**
- **72.4%** had **1 or more ED Visits**

Chapter

02

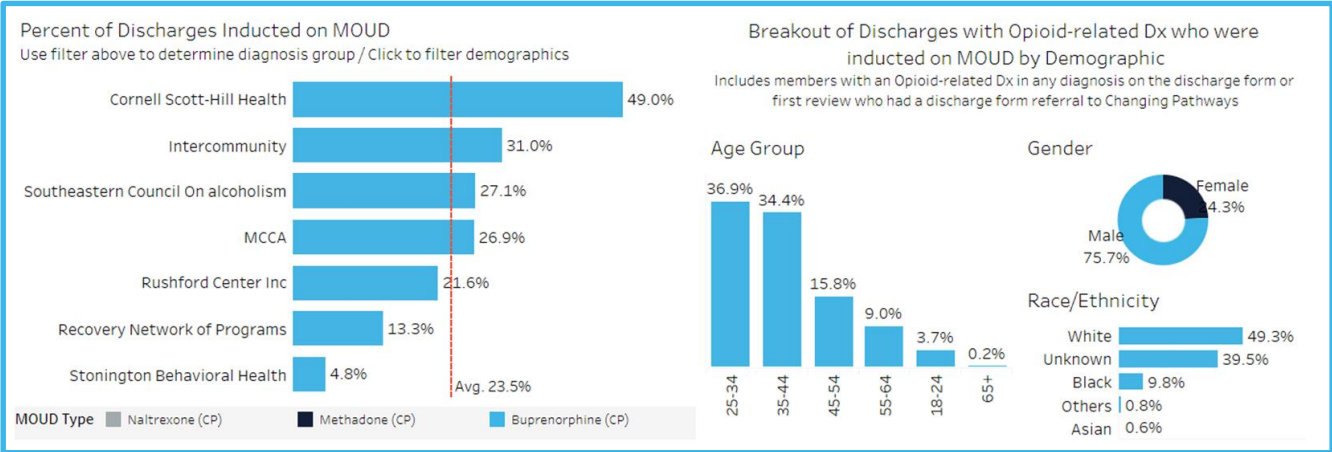
Leveraging Data Across the CMAP System

Leveraging Data Across the Continuum

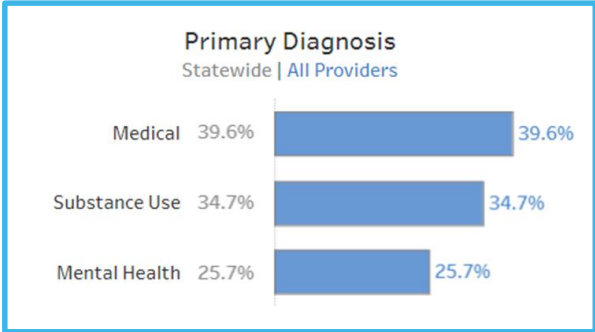
	<i>Emergency Department</i>	<i>Free Standing Withdrawal Management</i>	<i>Adult Inpatient Psychiatry</i>	<i>Methadone Maintenance</i>	<i>Intensive Outpatient</i>
<i>SUD</i>					
<i>OD</i>					
<i>AUD</i>					
<i>OD</i>					

Leveraging Data: FWM/Emergency Dept.

CY 2021 Free Standing Withdrawal Management



CY 2021 Emergency Department

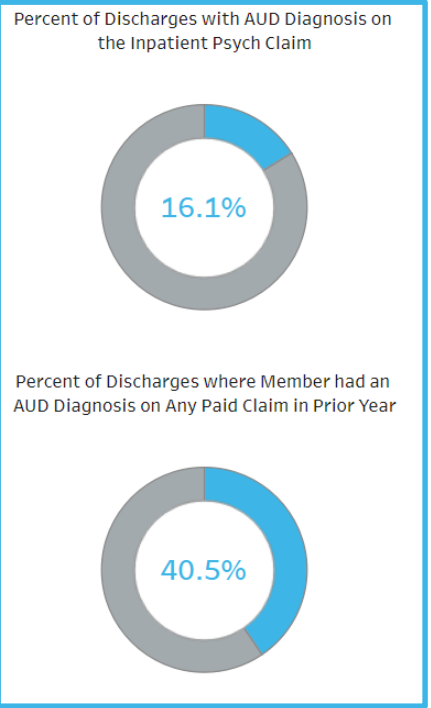
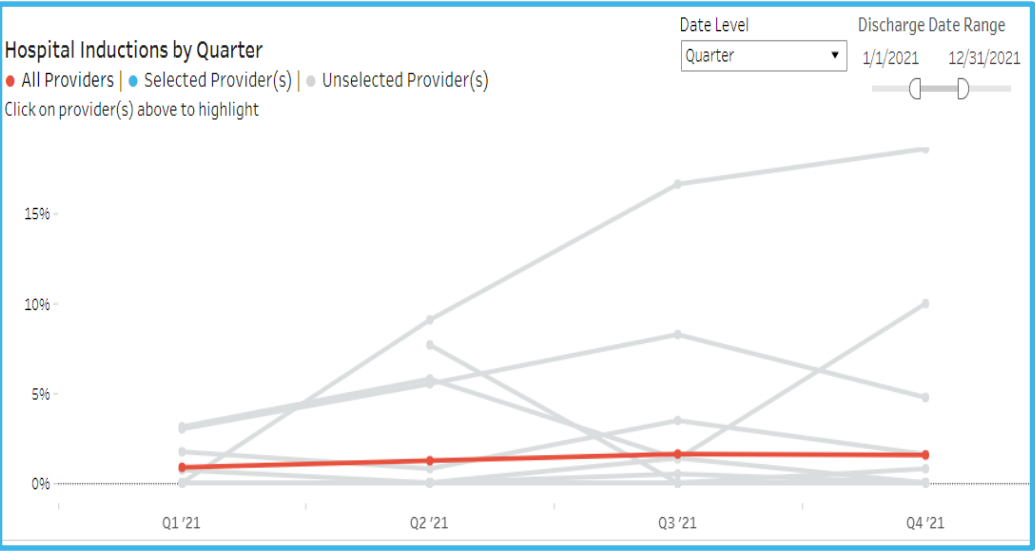
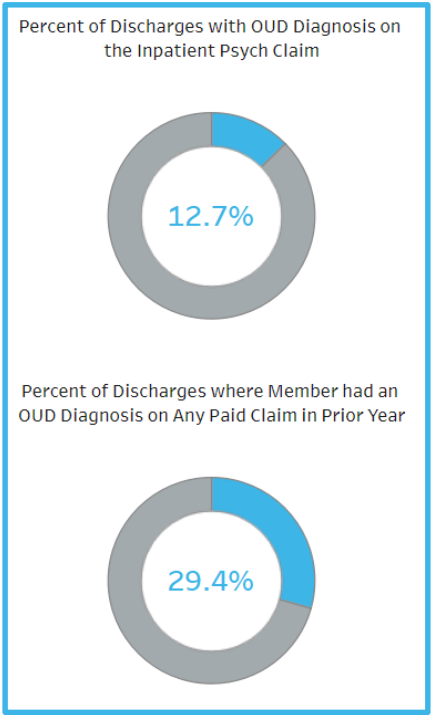


Member BH ED Visit Frequency by Primary Diagnosis

	Medical	Mental Health	Substance Use
1 Visit	21,713	11,634	10,152
2-5 Visits	6,423	3,990	4,906
6-10 Visits	306	330	680
11-15 Visits	50	74	176
16-20 Visits	12	29	72
>20 Visits	7	26	103

Leveraging Data: Adult Inpatient Psychiatry

CY2021 Inpatient Psychiatry MOUD Initiations



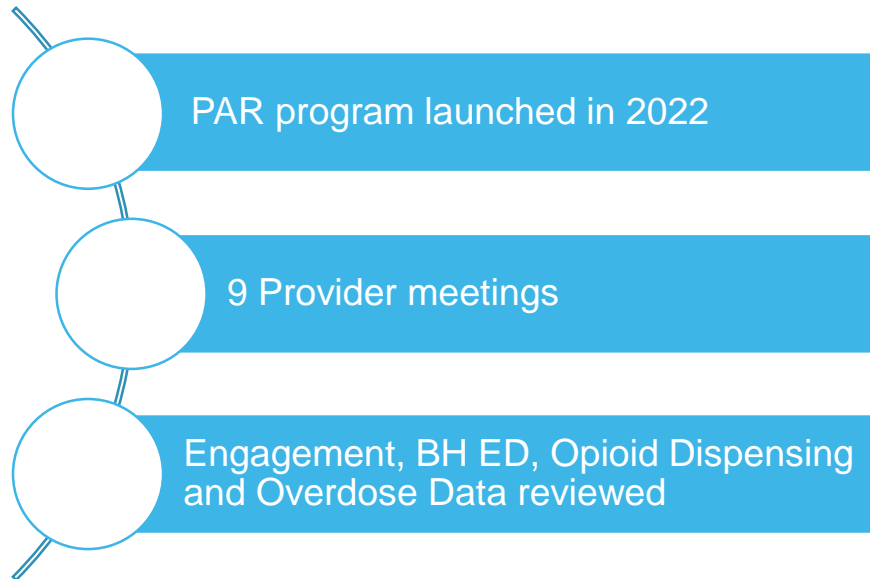
Leveraging Data: Intensive Outpatient

CY 2021 IOP MOUD Utilization

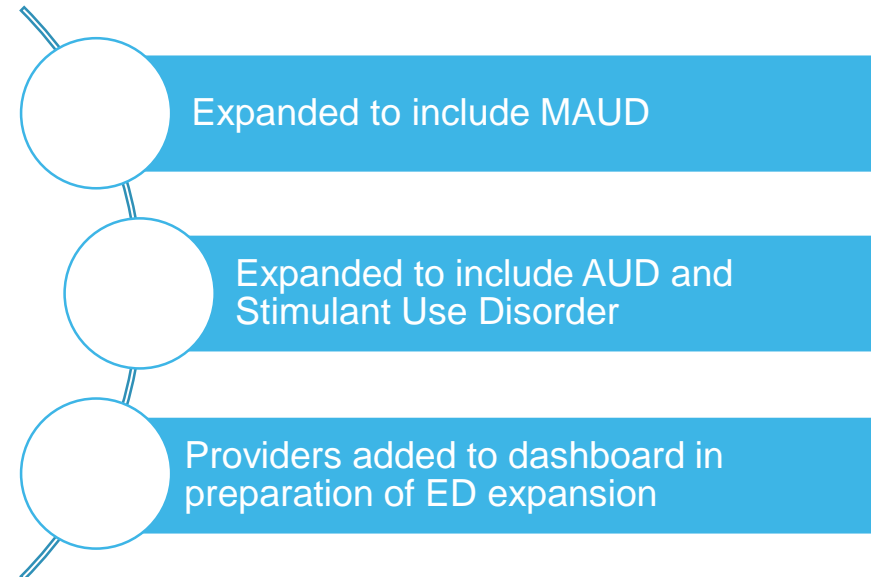


Leveraging Data: Methadone Maintenance/Changing Pathways

Methadone Maintenance

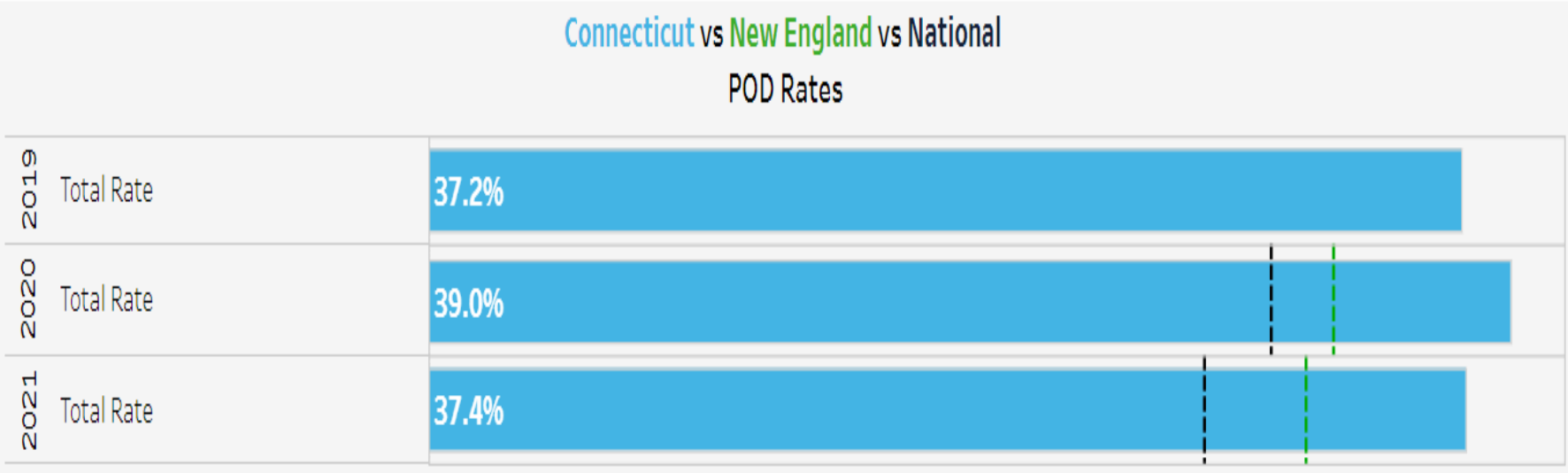


Changing Pathways Data Details



Leveraging Data: HEDIS

Pharmacotherapy for Opioid Use Disorder (POD)*



CT rate falls within 95th-99th national percentile and 70th-90th regional (New England) percentile.

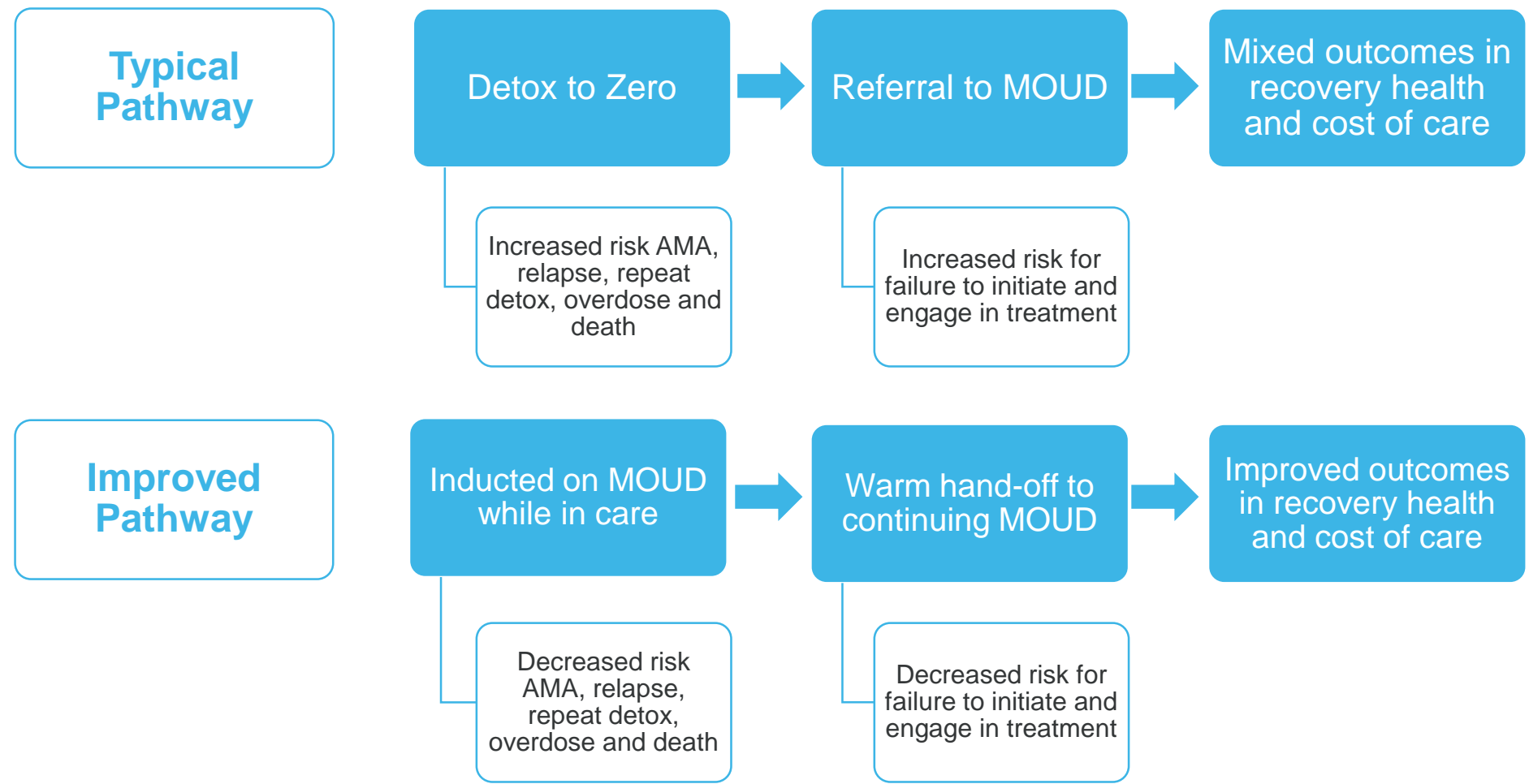
*The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.
**A period of 31 days prior to the OUD dispensing event or OUD medication administration event when the member was not already receiving OUD pharmacotherapy.

Chapter

03

Changing Pathways

The Changing Pathways Model



Three Essential Components:



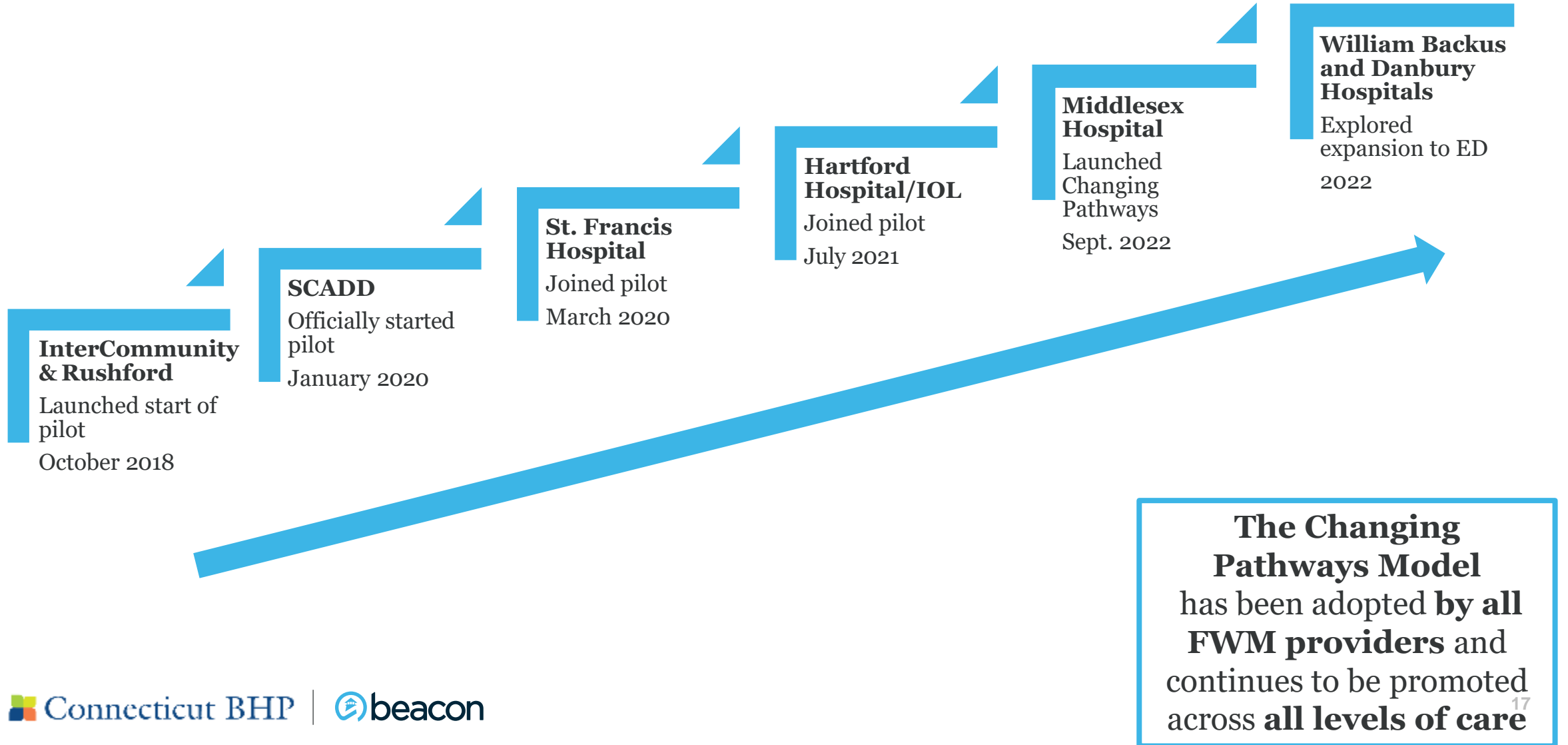
Frequent and thorough education of individuals with OUD on MOUD and how it can support them in their recovery

Offering individuals with OUD the **option to be inducted on MOUD** during their inpatient stay (instead of being detoxed to zero)

Providing clients initiated onto MOUD with **comprehensive discharge and warm handoffs**



Changing Pathways: System Progress



Changing Pathways: Connect to Care

- **Community Provider Meetings**
 - Streamline referral process
 - Identify key contact
 - Share program requirements
- **CTBHP MAT Map**
 - Providers/Members/Family Members
 - Multiple search functions
 - Began updating to include Mobile MAT and community health centers with BH

MEDICATIONS FOR ADDICTION TREATMENT (MAT) PROVIDER NETWORK

Search for a Behavioral Health Medicaid provider offering MAT services by name, city, or medication.

Search for other treatment services that support substance use recovery by provider name.

Search for a MEDICAL Medicaid provider offering MAT services.

Printable table of behavioral health and medical providers.

Select to Highlight (dots may be overlaid)

- Methadone Clinic
- Partial Hospital/IOP with Housing
- Intensive Outpatient (IOP)
- Behavioral Health Outpatient
- Behavioral Health Outpatient/Intensiv...

Which medication do you need?
(All)

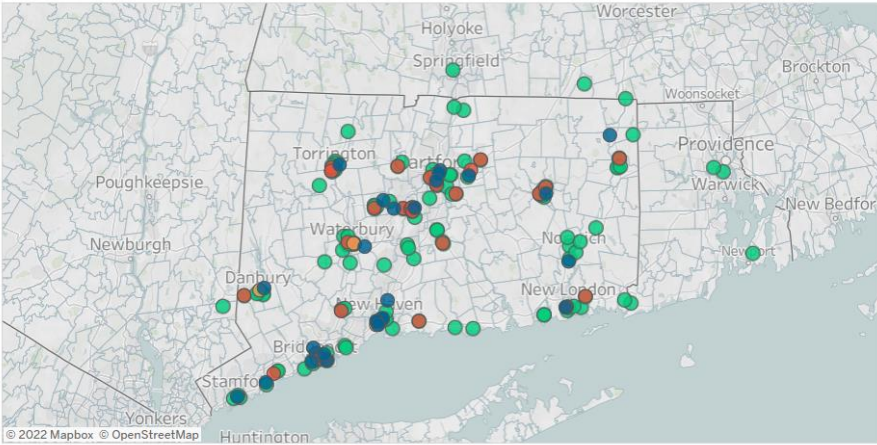
How old are you?
(None Specified)

Search by Typing a Provider/Clinic Name



Search by Typing a Town/City

State
(All)

The providers listed below are actively enrolled CT Medicaid behavioral health providers that have requested to be listed on this page. If you would like to be added to the map or update your existing information on the map, please complete the [MAT Provider Locator Map Listing Form](#) by clicking here.



For more resources,
please click the link below
or call 877-552-8247 (Options 1, 2, 7)
<http://www.ctbhp.com/medication-assisted-treatment.html>

**Connecticut BHP**
Supporting Health and Recovery
For additional questions, email the Provider Relations Department by clicking the envelope below:

Data Last Updated 6/30/2022 // Jay Palica

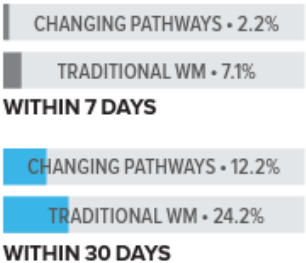
Changing Pathways Outcomes

In the program's first 18 months, inducted participants experienced a number of positive outcomes:



Connection to MOUD
The number of members discharged from withdrawal management who successfully connected to an MOUD provider in the community **increased 32%**.

Reduction in readmissions
A significantly lower percentage of engaged participants re-admitted to an inpatient facility within 7 and 30 days of discharge than individuals in traditional withdrawal management (WM).



Reduction in other behavioral health (BH) episodes
In 2020, over **41% of engaged participants** adhered* to MOUD for the three-month period following discharge. That is nearly a **162%** increase over the percentage of individuals who remained adherent after traditional withdrawal management. These individuals experienced the following positive outcomes when comparing the three months prior to, and following, discharge:



reduction in the average number of BH ED visits per member



reduction in the average number of inpatient days per member



reduction in the average number of detoxes per member

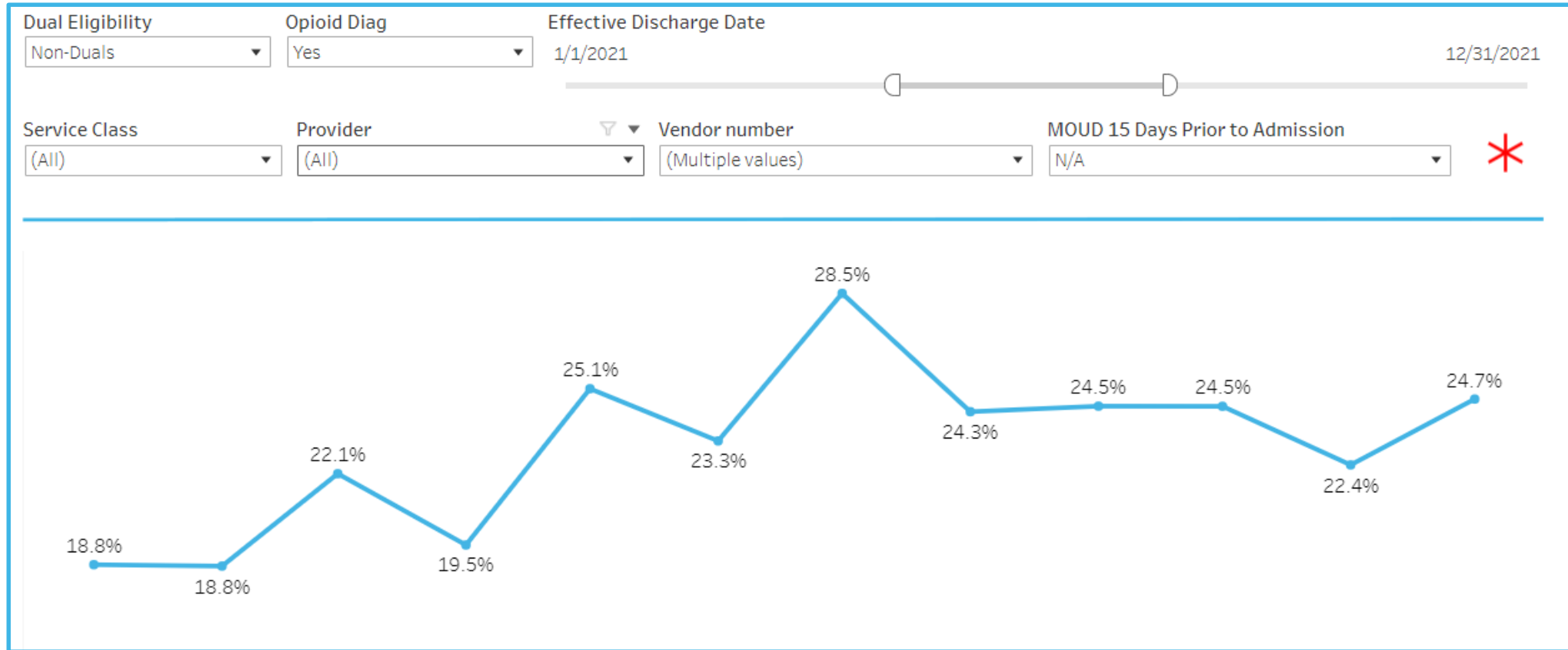


Reduction in overdoses
Individuals who engaged in Changing Pathways in 2020 and remained MOUD adherent* for 90 days following discharge, experienced a 74% reduction in rate of overdose, from 8.2% to 2.1% of members.

**Adherence" means using MOUD at least 80% of days for the three months following discharge.

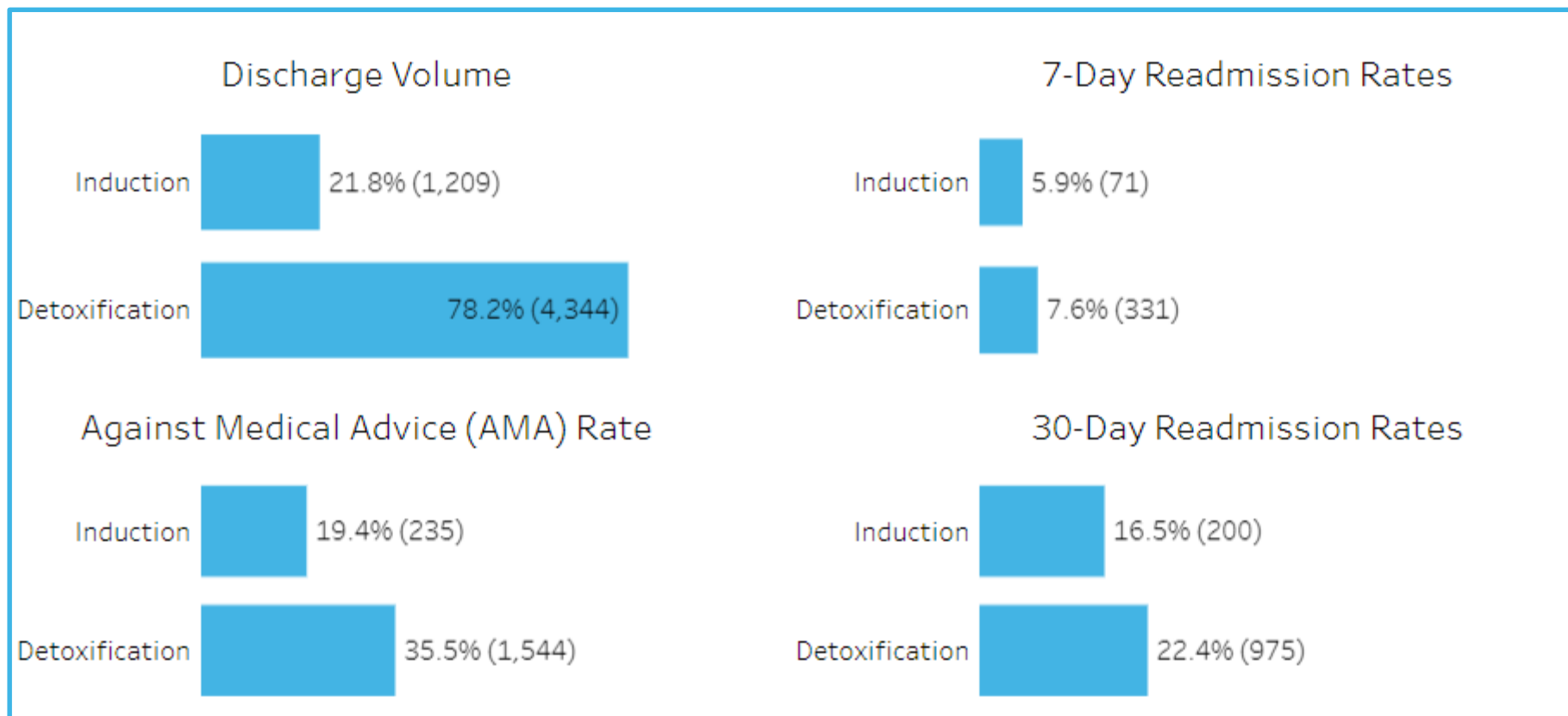
Changing Pathways Outcomes

CY 2021 FWM MOUD Induction Rates



Changing Pathways Outcomes

CY 2021 FWM Induction vs Detoxification

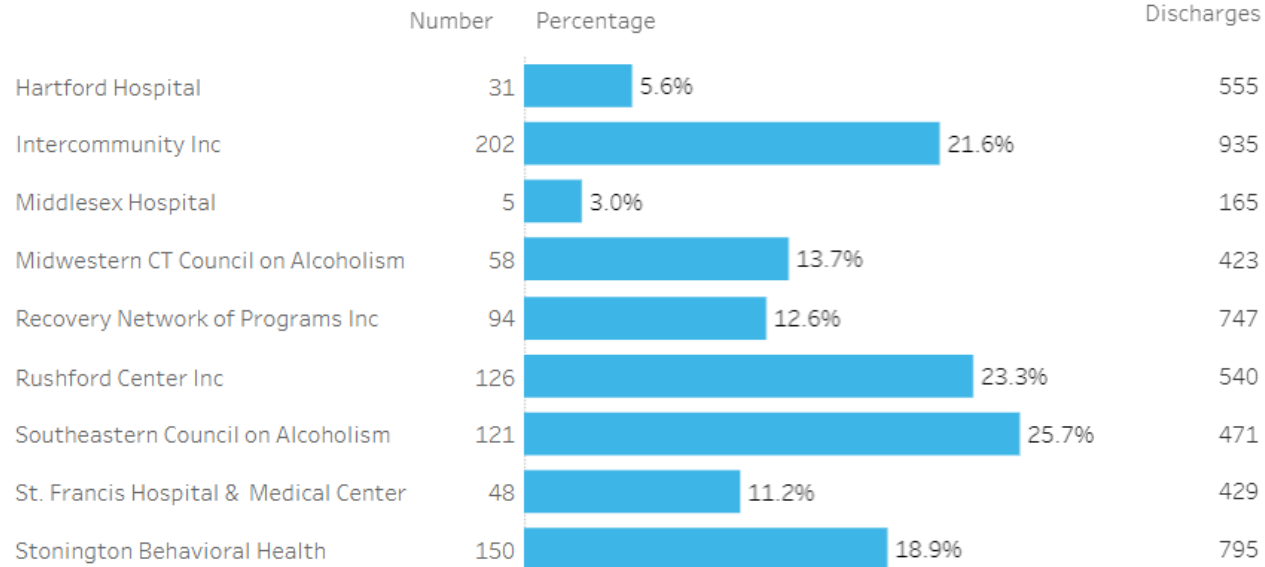


Rate of Connection to MOUD

CY 2021 Rate of Connection to MOUD: By Provider

Rate of Connection to Medication for Opioid Use Disorder

Discharges where members were connected to Medication for Opioid Use Disorder.

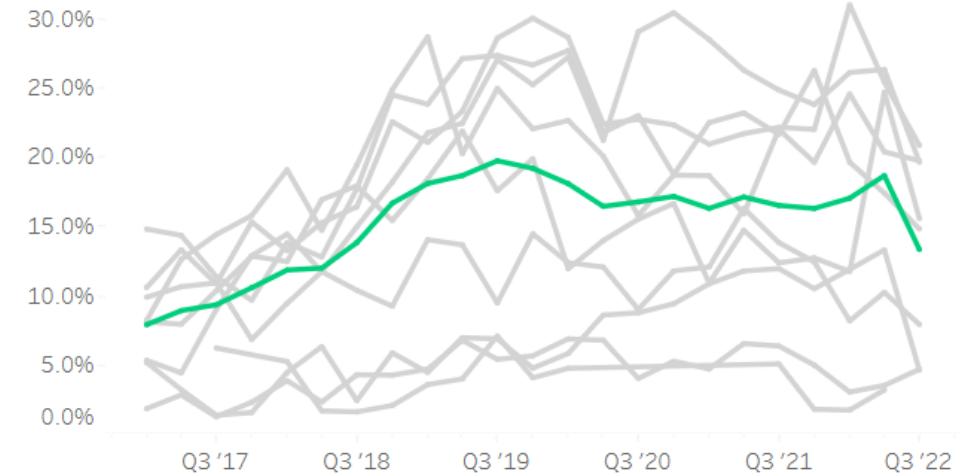


Discharges with a Connection to Medication for Opioid Use Disorder Over Time

Highlight

None Selected

Statewide Average



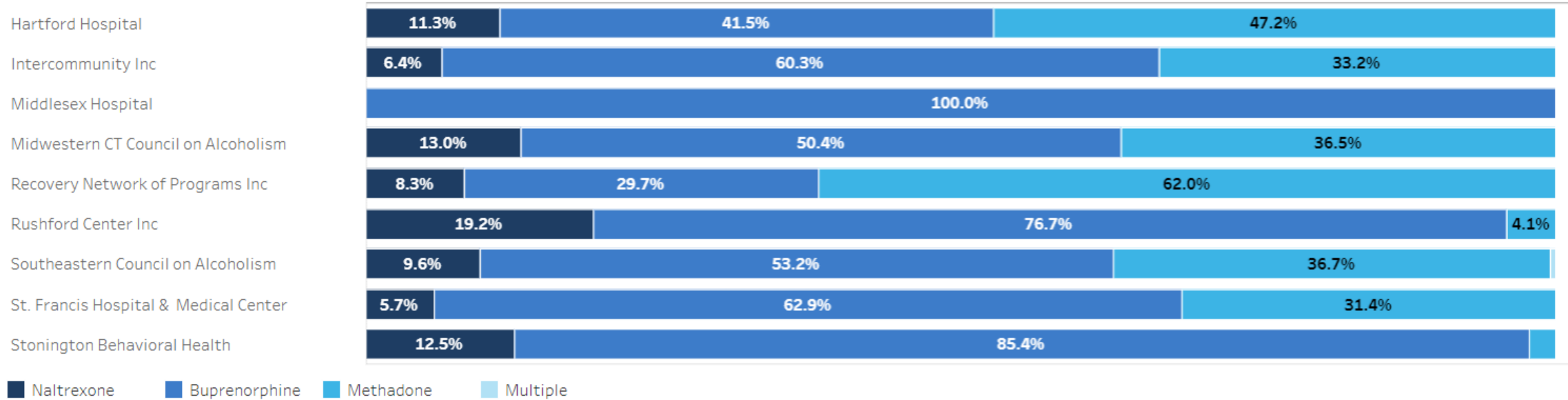
Percent of members who had a claim for methadone within 1 day of discharge, a claim or prescription filled for buprenorphine within 7 days of discharge, or a claim or prescription filled for vivitrol within 45 days of discharge.

Rate of Connection to MOUD

CY 2021 Rate of Connection to MOUD: By Medication

Rate of Connection by Type of Medication for Opioid Use Disorder

The graphs below display the rates by the type of Opioid Use Disorder medication received within the designated time. Members who did not connect to pharmaceutical treatment within the appropriate timeframe post-discharge are excluded.



Rate of Connection to MAUD

CY 2021 Rate of Connection to MAUD: By Provider

Rate of Connection to Medication for Alcohol Use Disorder

Discharges where members were connected to Medication for Alcohol Use Disorder.

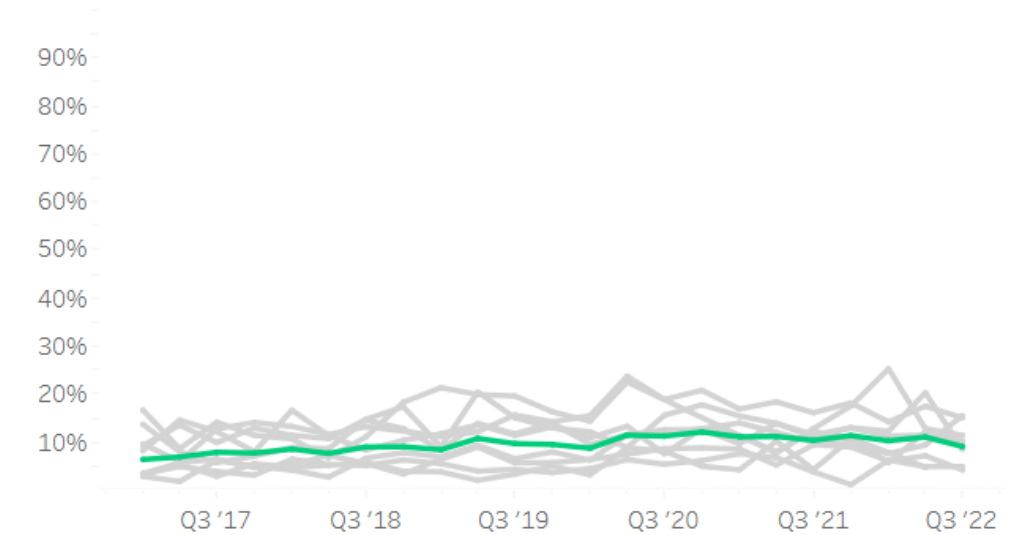
	Number	Percentage	Total Discharges
Hartford Hospital	26	4.7%	555
Intercommunity Inc	72	7.7%	935
Middlesex Hospital	22	13.3%	165
Midwestern CT Council on Alcoholism	43	10.2%	423
Recovery Network of Programs Inc	87	11.6%	747
Rushford Center Inc	72	13.3%	540
Southeastern Council on Alcoholism	52	11.0%	471
St. Francis Hospital & Medical Center	31	7.2%	429
Stonington Behavioral Health	136	17.1%	795

Discharges with a Connection to Medication for Alcohol Use Disorder Over Time

Highlight

None Selected

Statewide Average



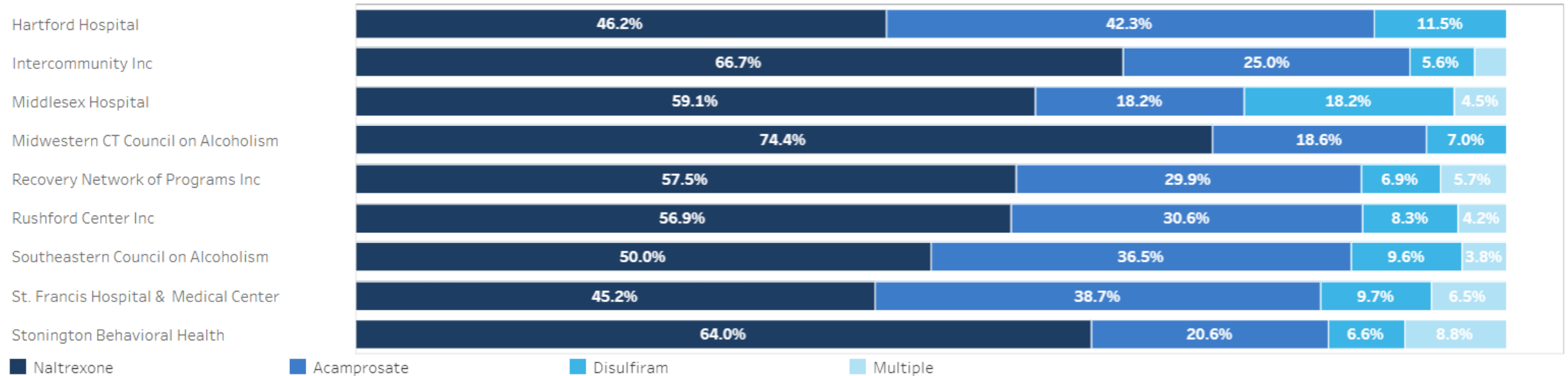
Percent of members who had prescription filled for naltrexone, acamprosate, and/or disulfiram within 45 days of discharge.

Rate of Connection to MAUD

CY 2021 Rate of Connection to MAUD: By Medication

Rate of Connection by Type of Medication for Alcohol Use Disorder

The graphs below display the rates by the type of Alcohol Use Disorder medication received within the designated time. Members who did not connect to pharmaceutical treatment within the appropriate timeframe post-discharge are excluded.



Chapter

04

Education & Training

Educational Forums

Prevention, Early Identification, and Treatment: Substance Use Disorder Services for Youth and Young Adults

581 registrants and 372 attendees

Trends and patterns in adolescent substance use

Best practices in the screening/assessment of SUD in youth and young adults

Prevention methods in the use of tobacco, alcohol, cannabis, and vaping

Risk factors and protective factors for youth substance use disorder

Evidence-based treatment and intervention strategies to improve outcomes for this population

Understanding and Promoting Health Equity in the Treatment of Substance Use Disorder

486 registrants and 336 attendees

Historical inequities in SUD treatment

Definitions of disparity, inequality, inequity and racism

Review of federal and state policies that influence the criminalization of substance use

Strategies for assessing, diagnosing, and treating SUD in racial and ethnic minorities with a focus on marginalized communities

Addressing barriers and promising practices

Provider Workgroups



Methadone Maintenance (MMT) and FWM

- Addressed shared concerns pertaining to the potential risks associated with the use of benzodiazepines (BZDs) during Opioid Agonist Therapy (OAT)

- Topics included:

- Prevalence of BZD use among patients in OAT
- Correlation of BZD use, including reasons for use, types of BZDs, and characteristics of patients using BZDs in OAT
- Risks associated with BZD use in OAT
- Strategies and challenges related to managing BZD use in OAT

Connecticut Emergency Medicine Clinicians and Connecticut Hospital Association (CHA)

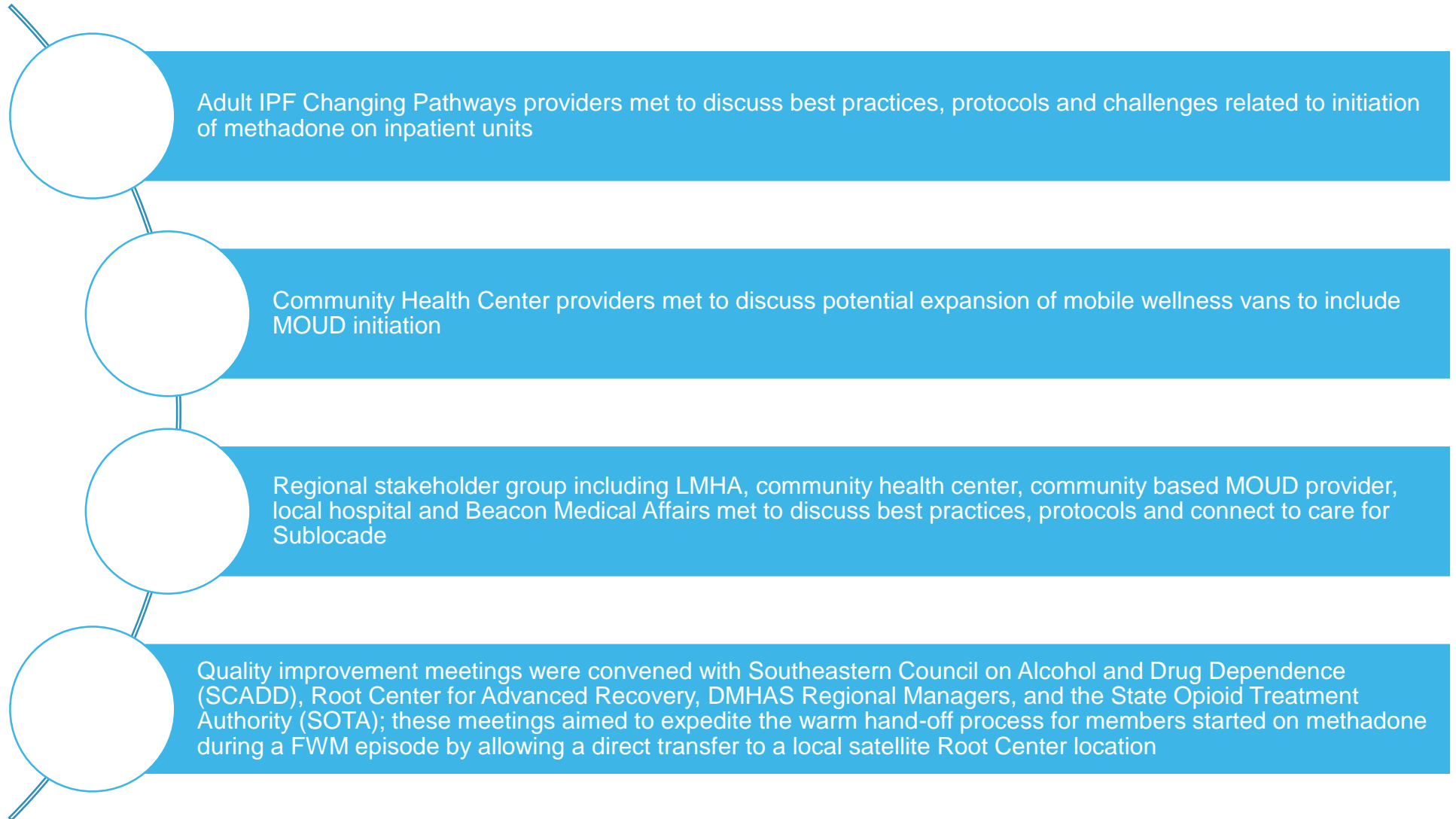
- Emphasized that substance use disorder (SUD) is a treatable medical condition and should be managed with evidence-based treatment such as MOUD.
- Explored how CT EDs can become primary access points for the initiation of MOUD
- Sixteen hospitals, multiple state agencies, and several additional community providers and agencies
- Attendees heard from the leaders of the California Bridge Program, an organization dedicated to making 24/7 access to addiction treatment the standard of care in every CA hospital

Provider Trainings

Beacon’s Medical Director Led System Enhancement Meetings and Trainings

Topics	Audiences
Understanding Addiction	Alcohol and Drug Policy Committee
Medications for Opioid Use Disorder	Middlesex Hospital
Best Practice Considerations: Changing Pathways	Danbury Hospital
Implementation of The Changing Pathways Model	St. Mary’s Hospital
Outcomes of The Changing Pathways Model	William Backus Hospital
Resources: CTBHP MAT Map	

Provider Collaboration



Chapter

05

Resources

Clinical Tools

- PCSS: [Home - Providers Clinical Support System: Resources for PCPs \(pcssnow.org\)](https://pcssnow.org)
- SUD & COVID:
 - [COVID-19 Coronavirus \(asam.org\)](https://asam.org)
- ED Buprenorphine Induction:
 - [ED-Initiated Buprenorphine < ED-Initiated Buprenorphine \(yale.edu\)](https://yale.edu)
 - [BUP Initiation on the App Store \(apple.com\)](https://apple.com)
 - [Buprenorphine Initiation app - Apps on Google Play](https://play.google.com/store/apps/details?id=com.buprenorphine)
 - [Emergency Department Initiated Buprenorphine For Opioid Use Disorder – MDCalc](https://mdcalc.com)
- CA Bridge: [Homepage - CA Bridge](https://ca-bridge.org)

Resources for Finding Treatment Providers

- CTBHP MAT:
https://public.tableau.com/views/CTBHPMedicaidMATProviderMap/TreatmentProviders?:embed=y&:display_count=yes&:showVizHome=no
- DMHAS Programs and Services: <https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/Programs-and-Services>
- NIAAA Alcohol Treatment Navigator: <https://alcoholtreatment.niaaa.nih.gov/>
- ATLAS Treatment Locator: <https://www.treatmentatlas.org/>
- SAMHSA Buprenorphine Treatment Practitioner Locator: <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>
- SAMHSA Behavioral Health Treatment Locator: <https://www.findtreatment.samhsa.gov/>

Provider Resources

- [Medicaid Provider Locator Map for Medications for Addiction Treatment](#)
- [MOUD Medication Table](#)
- [Changing Pathways Implementation Toolkit \(Rev: Dec 2021\)](#)
- [Changing Pathways Program](#)
- [MOUD Member Engagement Guide](#)
- [Narcan – The Opioid Overdose Antidote](#)
- [Medications for Alcohol Use Disorder \(MAUD\)](#)
- [Medications for Opioid Use Disorder \(MOUD\)](#)
- [MOUD Member Brochure](#)
- [MAUD Member Brochure](#)

Thank You

Contact Us



 877-552-8247

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 CTBHP@beaconhealthoptions.com