

# Changing Pathways:

## Adult Quality, Access, & Policy Committee Meeting

November 2024

# Agenda

**1** Background

**2** Changing Pathways

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**3** Outcomes

**4** Sustainability

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**5** Resources

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Chapter

# 1

# Background

# Initiating treatment and recovery for opioid use disorder

- Use of opioids (heroin, fentanyl, morphine, oxycodone, hydrocodone, etc.) leads to physical dependence.
- Decrease or interruption in use of opioids results in a withdrawal syndrome.

| Symptoms of opioid withdrawal may include any of the following: |                    |
|---|--------------------|
| Muscle aches  | Insomnia           |
| Increased tearing   | Sweating           |
| Runny nose  | Yawning            |
| Dilated pupils  | Abdominal cramping |
| Piloerection  | Nausea             |
| Agitation   | Vomiting           |
| Anxiety   | Diarrhea           |

2020 Focused Update Guideline Committee. "The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder- 2020 Focused Update." (2019). American Society of Addiction Medicine.

# Initiating treatment and recovery for opioid use disorder

- “**Methadone** and **buprenorphine** are the **primary** opioid agonists for the **treatment of opioid use disorder**, and their importance in **overdose prevention** cannot be overstated. They promote retention in treatment, reduce the use of illicit drugs, and consistently **decrease mortality** in patients with opioid use disorder.”
- “When patients discontinue opioid use (e.g., **detoxification** with so-called drug-free protocols or during incarceration), the **risk of death rises abruptly** owing to loss of tolerance if they resume drug use.”
- “[...] the **initiation of medications for opioid use disorder** and subsequent efforts to maintain engagement with treatment are **essential to overdose prevention**.”

Babu, Kavita M et al. “Prevention of Opioid Overdose.” The New England Journal of Medicine vol. 380,23 (2019): 2246-2255.  
doi:10.1056/NEJMra1807054

# Medications to Treat Individuals with Opioid Use Disorder

**Table 3. Medications for Treatment of OUD**

| Agent  | Dose   | Dosing   |
|--|--|--|
| Buprenorphine sublingual film, tablets (generic) | PO: 2 mg, 8 mg film and tablets              | Initial: 2–4 mg (Increase by 2–4 mg)<br>Daily: ≥8 mg<br>Max: 24 mg/day                     |
| Methadone tablets/liquid (generic)               | PO: 5 mg, 10 mg, tablets;<br>10 mg/mL liquid | Initial: 10-30 mg (Reassess in 3–4 hours; add ≤10 mg PRN)<br>Daily: 60-120 mg <sup>a</sup> |
| Naltrexone XR injection ( <i>Vivitrol</i> ®)     | IV/IM: 380 mg in 4 cc                        | Every 4 weeks  |
| Naltrexone tablets (generic)                     | PO: 50 mg                                    | Daily: 50 mg (May give 2–3 daily doses at once on M–W–F.)                                  |
| Buprenorphine Combination Product (See Table 5)  |  |  |

<sup>a</sup> The dose should be individualized and may be higher or lower than this usual dosage.

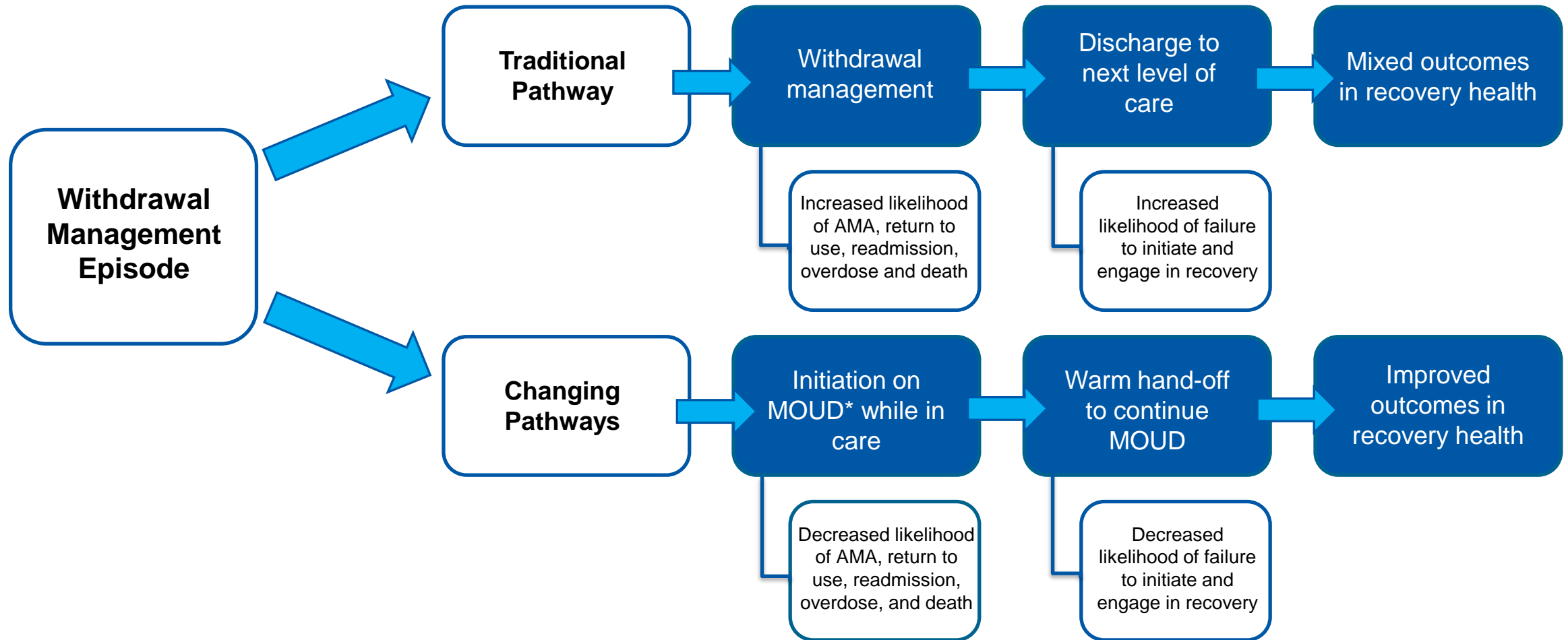
Cunningham, C; Fishman, M. “The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.”. American Society of Addiction Medicine. <https://www.samhsa.gov/sites/default/files/sites/default/files/opioid-addiction-asam-use-of-medications-in-treatment.pdf>

Chapter

# 2

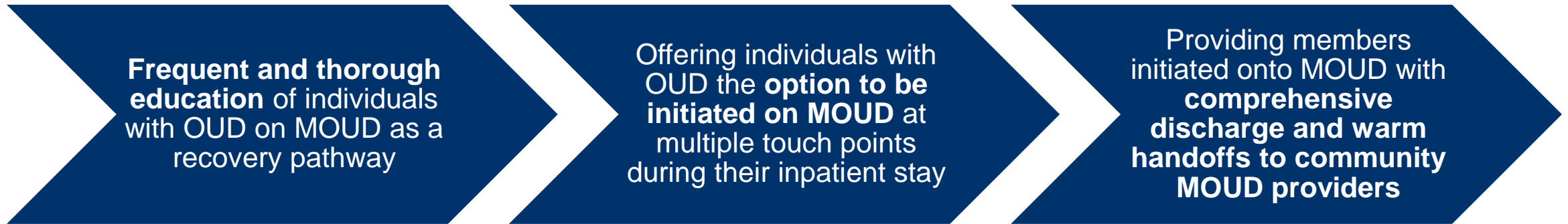
# Changing Pathways

# Traditional vs. Changing Pathways





# Three Essential Components of Changing Pathways



The Changing Pathways model uses a multidisciplinary approach across all staffing groups which may include nursing, physicians, clinicians, and recovery peer specialists to incorporate MOUD initiation into the 3.7 withdrawal management and IPF levels of care.

# Progression of Changing Pathways

**October 2018**

**Rushford &  
InterCommunity**  
Launched start of Pilot

**March 2020**

**Saint Francis  
Hospital**  
Joined Pilot

**September 2022**

**Middlesex Health**  
Joined pilot with focus  
on expansion to other  
SUDs

**2024**

**Charlotte Hungerford**  
Expansion to the ED

**January 2020**

**Southeastern Council on  
Alcoholism and Drug  
Dependence, Inc (SCADD)**  
Officially started pilot

**July 2021**

**Hartford Hospital/IOL**  
Joined Pilot

**2022-2024**

**Nuvance Health**  
Expansion across hospital  
system

**The Changing Pathways Model** has been  
adopted by **all 3.7WM providers** and continues  
to be promoted across **all levels of care**

Chapter

# 3

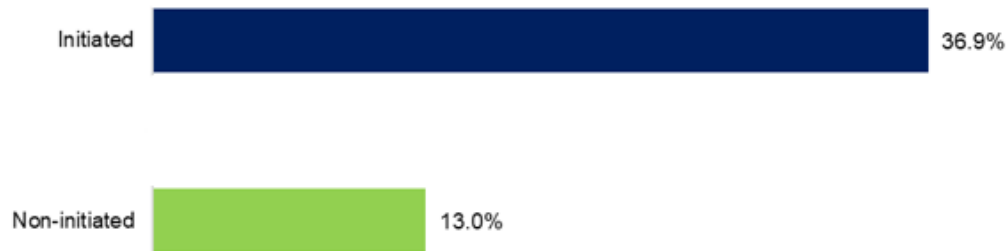
# Outcomes

# Changing Pathways Outcomes

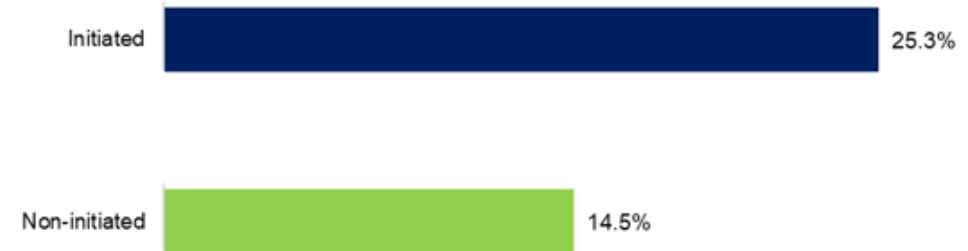
Members initiated on MOUD during a **3.7 WM episode** were nearly three times more likely to be adherent to MOUD post-discharge (36.9%) compared to members who were not initiated during a 3.7 WM episode of care (13.0%).

Members initiated on MOUD during an **inpatient psychiatric (IPF) episode** were nearly twice as likely to be adherent to MOUD (25.3%) than members who were not initiated (14.5%).

MOUD Adherence Rate of Members Initiated vs. Non-Initiated  
During 3.7 WM Episode in Q1 2023



MOUD Adherence Rate of Members Initiated vs. Non-Initiated  
During an Inpatient Psychiatric Episode in Q1 2023



**\*Adherence means using MOUD at least 80% of days for the 90 days following discharge**

# Changing Pathways Outcomes

In 2023, there were seven in-state, community-based medically monitored intensive inpatient withdrawal management (ASAM 3.7 WM) alcohol and drug treatment center (ADTC) providers, who have all adopted the Changing Pathways model.

Members who met the **MOUD adherence** threshold saw a **reduction in the following:**

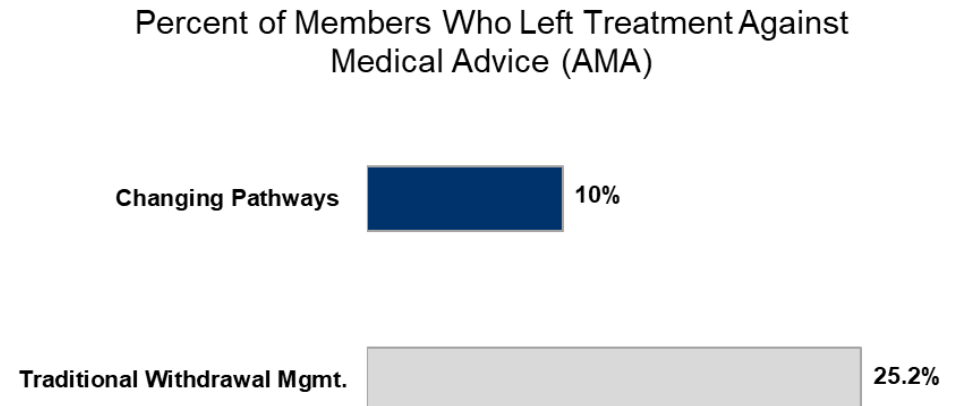
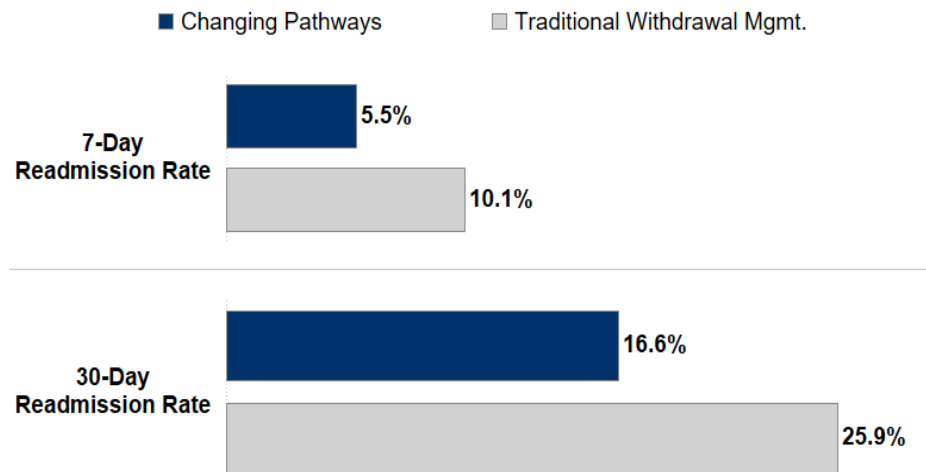
- **48%** reduction in the average number of **withdrawal management episodes**
- **58%** reduction in the average number of **BH ED visits**
- **25%** reduction in the average number of **inpatient days**
- **79%** reduction in the **rate of overdose**

**\*This data compares member data 90-days prior to MOUD initiation to 90-days post MOUD initiation**

# Changing Pathways Outcomes

Members initiated on MOUD (or Changing Pathways) during a **medically monitored intensive inpatient withdrawal management (ASAM 3.7 WM)** episode in CY 2023 demonstrated:

- **Lower readmissions** to an inpatient LOC 7 and 30-days post discharge
- **Lower AMA rates** for individuals who have been initiated on MOUD during a 3.7 WM episode

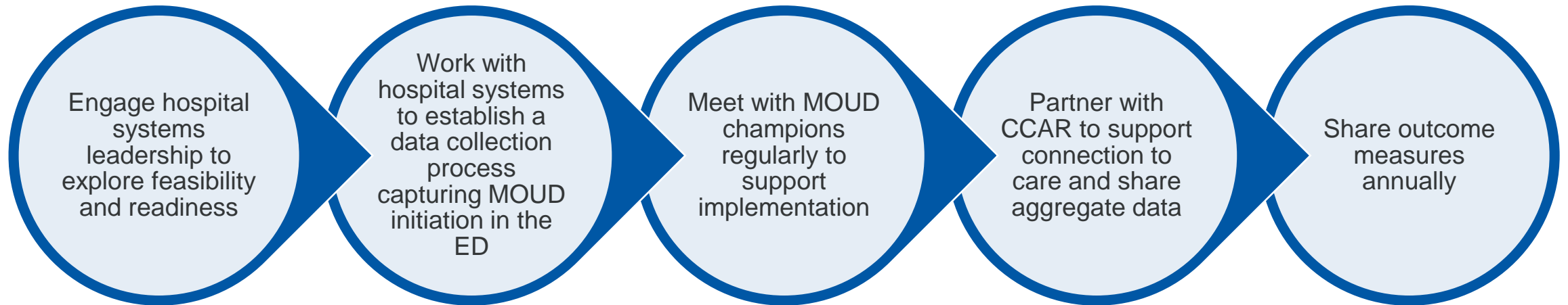


Chapter

# 4

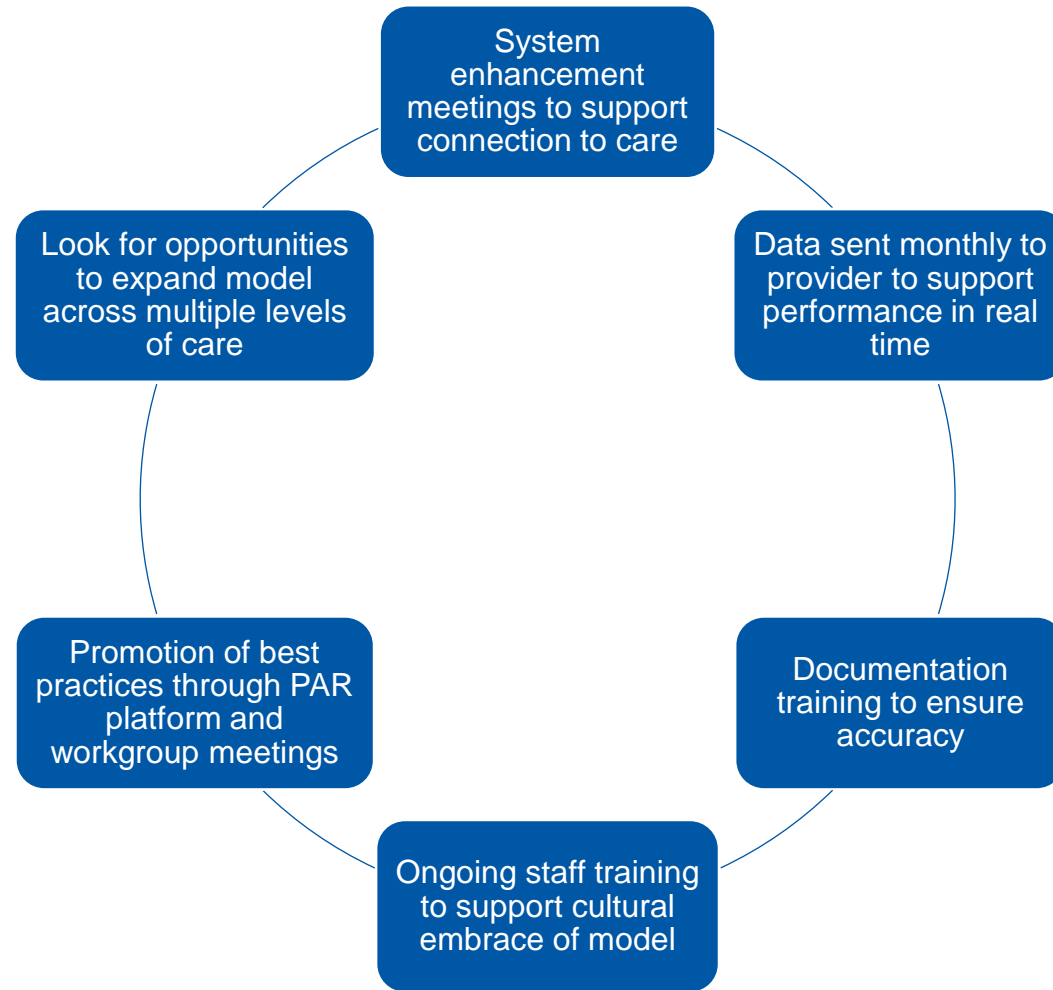
# Sustainability

# Expansion of Changing Pathways to the Emergency Department





# Supporting Sustainability of Changing Pathways



Chapter

# 5

# Resources

# Resources

- [Changing Pathways Implementation Toolkit](#)
- [Medications for Substance Use Disorders Provider Locator Map](#)
- [Associations Between Inpatient Induction on Medications for Opioid Use Disorder and Postdischarge Medications for Opioid Use Disorder Adherence, Overdose, and Service Use](#)
- [Changing Pathways to Opioid Use Disorder Recovery: Induction on Medication Assisted Treatment During Inpatient Care](#)

# Clinical Tools

- PCSS: [Home - Providers Clinical Support System: Resources for PCPs \(pcssnow.org\)](https://pcssnow.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)
  - [Emergency Department Initiated Buprenorphine For Opioid Use Disorder – MDCalc](#)
- CA Bridge: [Homepage - CA Bridge](#)
- Additional Resources:
  - [Changing Pathways on the road to recovery: Managing OUD \(Opioid Use Disorder\)](#)

# Thank You

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## Contact Us



[Daniel.langless@carelon.com](mailto:Daniel.langless@carelon.com)

[Paulo.correa@carelon.com](mailto:Paulo.correa@carelon.com)

[CTBHP@carelon.com](mailto:CTBHP@carelon.com)



877-552-8247



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