

# Access to Medication-Assisted Treatment for Opioid-related Disorders in Allegheny County: 2013

*Allegheny HealthChoices, Inc. (AHCI) is an innovative non-profit agency dedicated to supporting the provision of high-quality mental health and substance use disorder treatment.*

*Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency.*



Allegheny  
HealthChoices, Inc.  
444 Liberty Ave.  
Ste. 240  
Pittsburgh, PA 15222

Phone: 412-325-1100  
Fax: 412-325-1111  
Email: [ehulse@ahci.org](mailto:ehulse@ahci.org)

*AHCI is a contract agency of the Allegheny County Department of Human Services' Office of Behavioral Health.*

## Introduction

As part of its role to build system capacity and encourage data-driven decision making, Allegheny HealthChoices, Inc. (AHCI) is updating its 2012 report that provided an overview of medication-assisted treatment (MAT) and its utilization among people with opioid-related disorders in the County.<sup>1</sup> This update includes data from 2013.

Evidence-based treatment for people who enter substance use disorder (SUD) treatment with opioid-related disorders includes medication in addition to counseling. In the report on 2012 service utilization data, AHCI found that less than half of people who accessed SUD treatment paid for by Allegheny County Base funds and HealthChoices behavioral health (Medicaid) funds also accessed a medication that could assist their recovery process. While there were some improvements, this overall rate of access to MAT was similar in 2013.

## Background

The Substance Abuse and Mental Health Service Administration (SAMHSA) defines medication-assisted treatment as the use of medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of substance use disorders.<sup>2</sup> Scientific research has established that MAT increases retention in treatment and decreases drug use, infectious disease transmission, and criminal activity.<sup>3</sup>

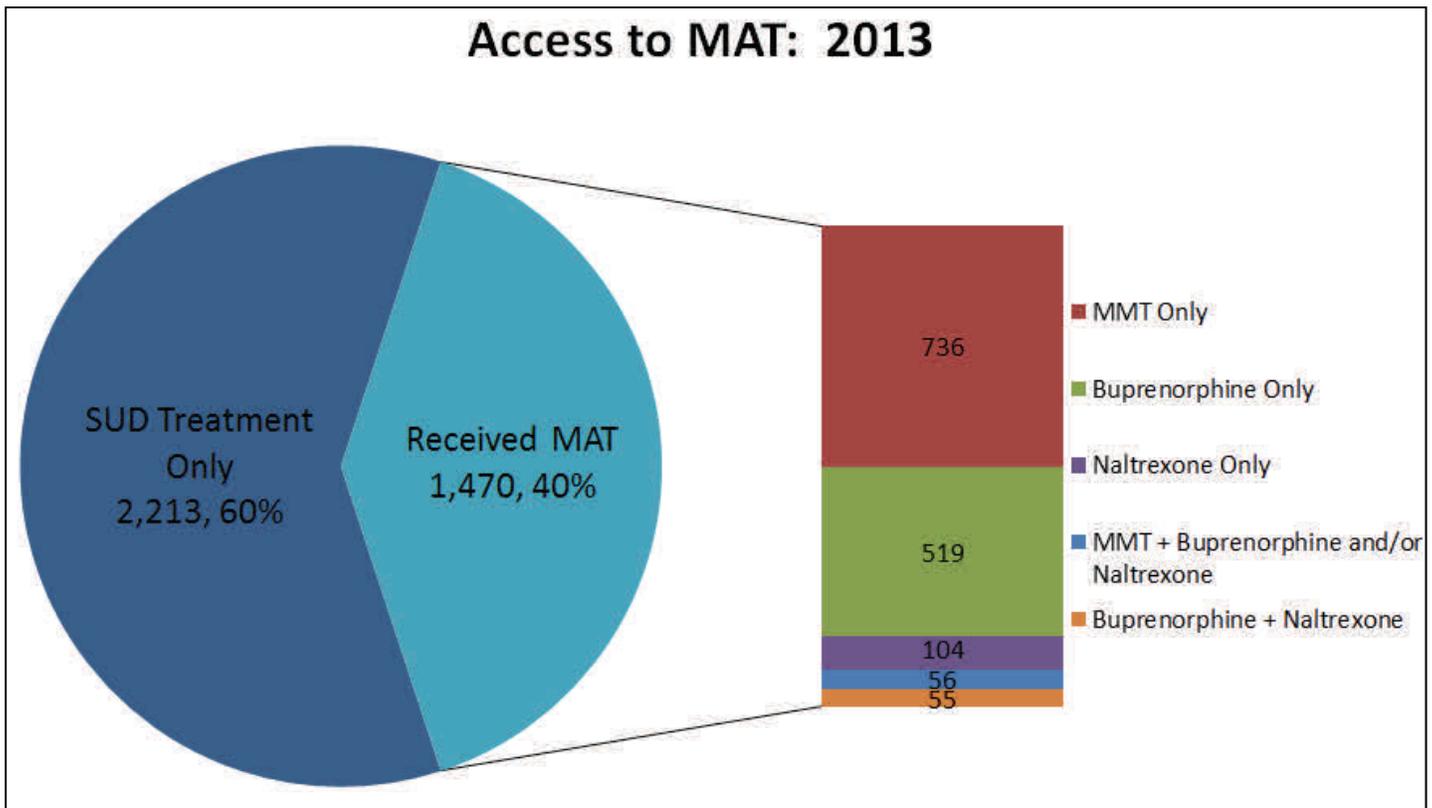
As such, AHCI was interested in assessing the number of people who accessed MAT who were either first engaging the treatment system or re-engaging the treatment system after a period of no treatment. This group of people is different from the group that may have successfully remained in long-term methadone maintenance treatment (MMT) prior to and throughout 2013.

For both reports, new episodes were defined as a person having SUD treatment with an opioid-related disorder diagnosis and not having had a SUD treatment service with an opioid-related disorder diagnosis in the previous 60 days. Those who received MAT were defined as people who received methadone maintenance treatment or HealthChoices members who filled a prescription used to treat opioid addiction within 60 days of a SUD counseling service.<sup>4</sup> A full discussion of the methodology used for both reports is contained in the 2012 report.<sup>1</sup>

## Results and Discussion

There were 3,683 people with an opioid-related diagnosis who started a new episode of SUD treatment in 2013. Of that number:

- 1,470 (40%) successfully accessed MAT, compared to 39% in 2012.
  - ▶ Of the 40%, half accessed one of the newer medications (buprenorphine or naltrexone) and half accessed methadone maintenance treatment.



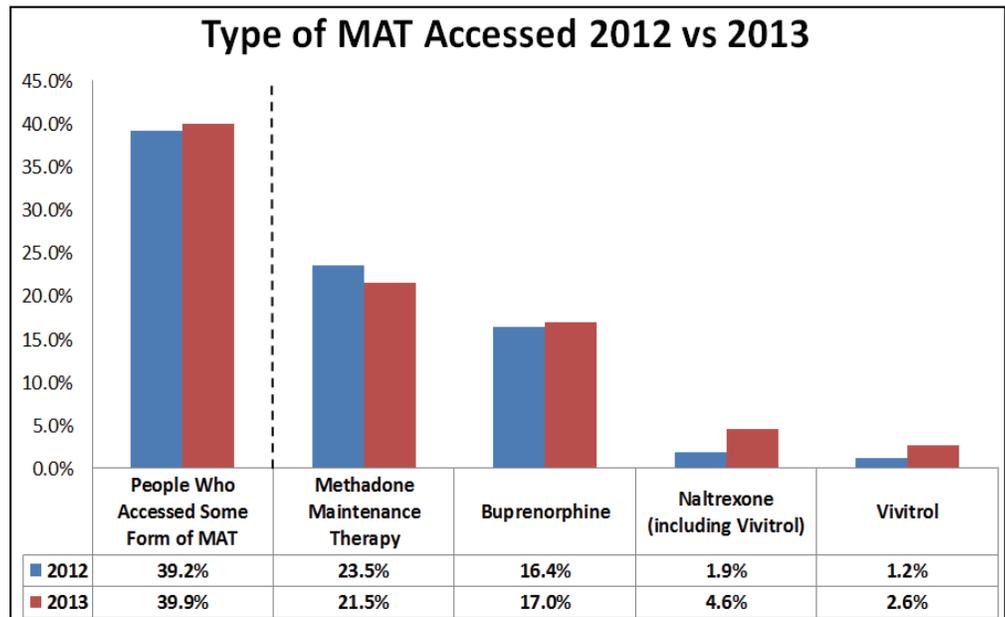
Methadone and buprenorphine (primarily Suboxone and its generic equivalent) remain the most commonly used medications. However, a number of people accessed either one or both of these medications, along with naltrexone, during 2013. This finding is consistent with literature and clinical opinion that suggests that it may take more than one attempt to determine which medication/s might work for a person, and that a person's needs, and the treatment approach, may change over time.

These results suggest that there continues to be opportunities to increase utilization of these effective treatments. Almost half of the people who started a new episode of SUD treatment also accessed a medication that could assist their recovery process, but more than half did not. We also know that in 2013, there were a total of 99 different physicians and 44 different organizations that wrote prescriptions for Suboxone or its generic equivalent that were filled by HealthChoices members in Allegheny County.

While prescription fill and claims data provide part of the picture, there are challenges to understanding the utilization of MAT through this analysis alone. For example, claims data does not provide information on people offered MAT who refuse it. Also, 'drug-free' treatment and recovery philosophies may limit the use of or interest in these medications, and/or there may be limited treatment provider ability and/or capacity to offer MAT.

*Comparisons between 2012-2013.* Although there were some improvements between 2012 and 2013, the overall rate of access to MAT remained virtually unchanged. The table below compares the different forms of MAT that people accessed between 2012 and 2013.

- Overall rates of utilization of MAT for people who initiate new treatment episodes remained at 39-40%.
- A similar proportion of people accessed methadone maintenance therapy (23.5% vs 21.5%) and buprenorphine (16.4% vs 17.0%) during 2012 and 2013, respectively.
- An increasing number of people accessed naltrexone in 2013 (1.9% vs 4.6%), and more than half of those were using the long-acting injectable form, Vivitrol. This may be due to a variety of factors, such as an increasing recognition of the effectiveness of this medication and route of delivery, an increasing number of providers able to offer Vivitrol or coordinate with prescribing physicians who do, and/or increased marketing and policy changes achieved by the manufacturer. There are likely other explanations for the increased use of Vivitrol and AHCI will continue to closely monitor changes in utilization over time.



## Next Steps

Universally offering MAT to every person with an opioid-related disorder who may benefit can be an important tool in attracting and retaining people in treatment, increasing access to evidence-based treatments, and, most importantly, improving a person’s chances for wellness and recovery. With increasing numbers of people presenting to care for problems with opioids, both in Allegheny County and the country, a focus on access to MAT is timely.

AHCI intends to continue working with its partners to improve care for this target population. Next steps to explore and support the expansion of access to MAT for people with opioid-related disorders include the following:

- ▶ Present the findings of this report at a future Department of Human Services (DHS), Office of Behavioral Health, Drug and Alcohol Providers’ meeting and engage providers in discussion about this topic.
- ▶ Assess the provider network regarding its current ability and capacity to offer MAT.
- ▶ Provide technical assistance and support to SUD treatment providers seeking to increase availability of MAT in collaboration with Allegheny County DHS and Community Care Behavioral Health.
- ▶ Continue monitoring access to MAT for people receiving SUD treatment.

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## **Additional Resources**

A list of resources about MAT for SUD treatment professionals, physicians, clients/patients and families is provided below:

### **Educational brochures for people and their families about MAT for opioid addiction**

<http://www.attcnetwork.org/explore/priorityareas/wfd/mat/index.asp>

[http://www.samhsa.gov/samhsanewsletter/Volume\\_17\\_Number\\_5/TreatingOpioidAddiction.aspx](http://www.samhsa.gov/samhsanewsletter/Volume_17_Number_5/TreatingOpioidAddiction.aspx)

### **Quick Tips: Five Training Resources on MAT for Providers**

<http://www.integration.samhsa.gov/about-us/esolutions-newsletter/e-solutions-february-2014#quick%20tips>

### **A comprehensive list of resources from the Addiction Treatment Forum**

<http://www.atforum.com/addiction-resources/methadone.php>

### **White House Office of National Drug Control Policy Healthcare Brief on MAT**

[http://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication\\_assisted\\_treatment\\_9-21-20121.pdf](http://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication_assisted_treatment_9-21-20121.pdf)

## **References**

1. AHCI (2013). Access to Medication-Assisted Treatment for Opioid-related Disorders in Allegheny County. Report available online: <http://www.ahci.org/Documents/MAT%20report.pdf>
2. SAMHSA Division of Pharmacological Therapies: <http://www.dpt.samhsa.gov>
3. National Institute of Drug Abuse (2012): <http://www.drugabuse.gov/publications/topics-in-brief/medication-assisted-treatment-opioid-addiction>
4. SAMHSA's descriptions of FDA-approved medications to help overcome addiction to heroin or prescription drugs can be found here: <http://www.attcnetwork.org/explore/priorityareas/wfd/mat/materials.asp>). Every formulation and dosage of these medications that was available in the claims data was used in this analysis.