

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

*Allegheny HealthChoices, Inc. (AHCI) is an innovative non-profit agency dedicated to supporting the provision of high-quality mental health and substance abuse 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: [ehulsey@ahci.org](mailto:ehulsey@ahci.org)

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

## Overview

As part of its role to build system capacity and encourage data-driven decision making, Allegheny HealthChoices, Inc. (AHCI) developed this report to help system stakeholders understand medication-assisted treatment (MAT) and its availability for people with opioid-related disorders in the County.

Evidence-based treatment for people who enter substance use disorder treatment with opioid-related disorders includes offering medications in addition to counseling. AHCI found that less than half of people who accessed substance use disorder (SUD) treatment paid for by Allegheny County Base funds and HealthChoices funds in 2012 also accessed a medication that could assist their recovery process.

## Background

The Substance Abuse and Mental Health Service Administration (SAMHSA) defines medication-assisted treatment (MAT) 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 (SUD).<sup>1</sup>

Scientific research has established that MAT increases retention in treatment and decreases drug use, infectious disease transmission, and criminal activity.<sup>2</sup> Yet, a recent national survey of SUD treatment providers found that about half (53%) offered no MAT whatsoever:

- ▶ About a third (34.7%) indicated this was due to the agency's treatment philosophy;
- ▶ Another 54.9% indicated lack of staff training or cost as the primary cause.<sup>3</sup>

A person with an opioid addiction receiving only counseling and participating in 12-step programs, such as Narcotics Anonymous, might be missing an important tool that can help to increase the chances of staying longer in treatment, getting well and remaining in long-term recovery.

## Methodology

To analyze access to MAT, AHCI looked at SUD treatment services that were paid for using County Base funds and HealthChoices funds — both behavioral health services and physical health pharmacy services funds.

*New episodes.* For this report, 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. Focusing on new episodes for this report allows us to assess the number of people who access MAT who are either first engaging the treatment system or re-engaging the treatment system after a period of no treatment. This group of people would be different from the group that may have successfully remained in long-term methadone maintenance treatment prior to and throughout 2012.

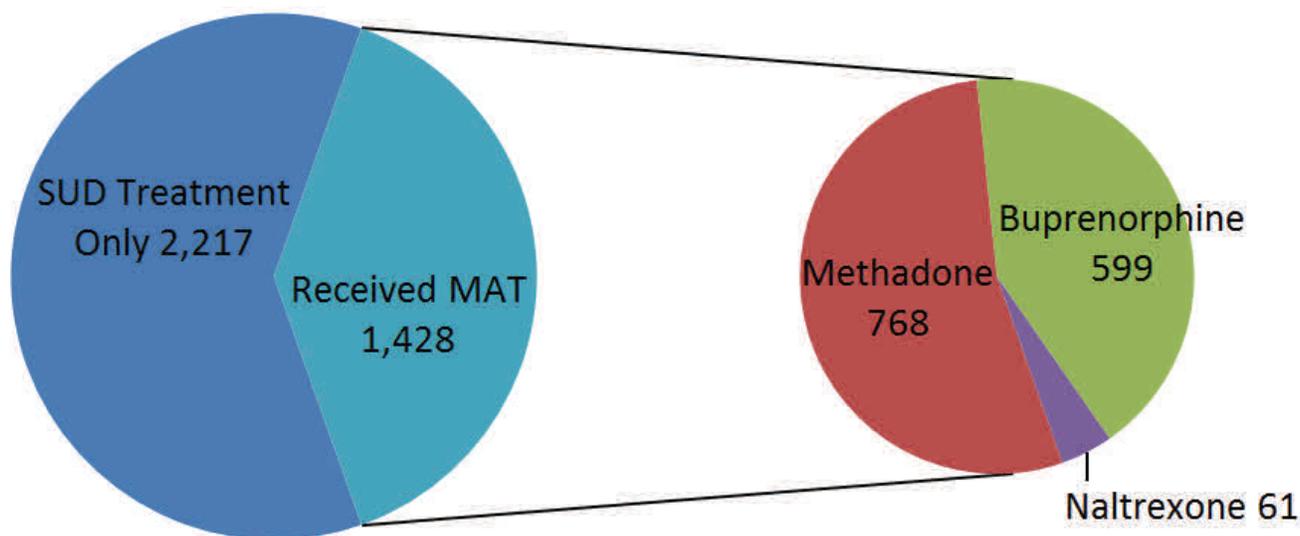
*Continued on page 2*

*Medications.* Those who received MAT are defined as people who received methadone maintenance treatment or HealthChoices members who filled a prescription for one of the medications used to treat opioid addiction<sup>4</sup> within 60 days of a SUD counseling service.<sup>5</sup> These medications include:

- ▶ Buprenorphine (e.g. Subutex, Suboxone) is a more recently approved medication for treating opioid addiction. Compared with methadone, buprenorphine produces less risk for overdose and withdrawal effects as well as a lower level of dependence. Buprenorphine may be delivered in a doctor’s office.
- ▶ Methadone (e.g. Methadose, Dolophine) has been used for more than 40 years to treat heroin addiction. When taken orally, it reduces the desire for other opioid drugs while preventing withdrawal symptoms. Methadone maintenance treatment is usually conducted in specialized opiate treatment programs which dispense the medication and, in Pennsylvania, includes at least 2.5 hours of counseling per month.
- ▶ Naltrexone (e.g. Depade, ReVia, Vivitrol) can be taken orally daily or by monthly injection and prevents a person from feeling the effects of a drug or alcohol.

## Results and Discussion

The graphic below displays the results of the data analysis.



There were 3,645 people with an opioid-related diagnosis who started a new episode of SUD treatment in 2012 . Of that number:

- 1,428 (39%) successfully accessed MAT.<sup>6</sup>
  - ▶ About half of those (46%) accessed one of the newer medications (buprenorphine or naltrexone) and about half (54%) accessed methadone maintenance treatment.

While almost half of the people who accessed SUD treatment also accessed a medication that could assist their recovery process, these results suggest that there are opportunities to increase access to these effective treatments.

There may be several reasons for these utilization rates. Despite the advances in the understanding about brain physiology and the effectiveness of medications, particularly the newer medications, traditional ‘drug-free’ treatment and recovery philosophies may limit the use of or interest in these medications. The extent to which the lack of staff training or costs shape whether or not a provider agency offers MAT in Allegheny County is also not known.

---

Additionally, while claims information is an extremely accurate source of information regarding the services that have been delivered, there are other details that are not included related to accessing MAT, such as:

- ▶ It was not possible to assess the severity of a diagnosis or which medication would be appropriate for any one individual and his/her unique circumstance using claims information during this period.
- ▶ SUD treatment providers may be offering medication options as part of a treatment plan; however, it was not possible to determine who was offered MAT, how it was offered, whether the person was provided assistance in locating a physician or prescriber, or the number of people who were offered but refused MAT.
- ▶ People may be accessing medications paid for by a source other than HealthChoices during their SUD treatment and this information was not available.

---

## Next Steps and Recommendations

While it is not an exact science to determine which medications will work for a person, a person-centered and recovery-oriented approach is to offer a range of treatment options for people, including educating people in treatment about medications that might assist their recovery process.

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, both in Allegheny County and the country, presenting to care for problems with opioids, a focus on access to MAT might be timely.

AHCI intends to work with its partners to continually improve care for this target population. Specific 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 D&A Providers' meeting and engage providers in discussion about this topic.
- ▶ Assess the provider network regarding its currently 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.
- ▶ Ongoing monitoring of access to MAT for people receiving SUD treatment.

*“At this point, the use of MAT for individuals who have a history with a severe substance use disorder or have a chronic relapsing disease is really an ethical issue. Individuals need access to the treatments to help them recover. It is the right and ethical thing to do.”*

— Elinore McCance-Katz, MD, PhD, Chief Medical Officer, SAMHSA<sup>7</sup>

## **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. SAMHSA Division of Pharmacological Therapies <http://www.dpt.samhsa.gov>
2. National Institute of Drug Abuse (2012). <http://www.drugabuse.gov/publications/topics-in-brief/medication-assisted-treatment-opioid-addiction>
3. State Associations of Addiction Services and and Advocates for Human Potential, Inc. (2012). *SAAS Provider Readiness and Capabilities Assessment Results: What Does the Data Tell Us?* Available online: [http://www.saasnet.org/PDF/RCA\\_National\\_Summary\\_Report.pdf](http://www.saasnet.org/PDF/RCA_National_Summary_Report.pdf)
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.
5. While Base funds are used extensively to pay for methadone maintenance treatment, there is a limited use of those funds to pay for other medication-assisted treatment approaches.
6. People who received both MMT and a prescription plus SUD treatment were counted only once. Therefore, 1,428 is the unique count of individuals who received methadone maintenance therapy or a prescription for a medication along with substance use disorder counseling treatment, both of which are considered MAT.
7. "Medication Assisted Treatment: A Standard of Care". SAMHSA-HRSA Center for Integrated Healthcare Solutions, e-Solutions February 2014 newsletter. Available online at <http://www.integration.samhsa.gov/>