



**Foundation *for*
Opioid Response Efforts**



RUTGERS
BIOMEDICAL AND
HEALTH SCIENCES

04/28/21

Integrating MOUD into Primary Care: Medicaid Strategies for Improving Treatment Engagement and Outcomes and Reducing Disparities

Rutgers, The State University of New Jersey

New Jersey Division of Medical Assistance and Health Services

Virginia Department of Medical Assistance Services

Centers for Medicare and Medicaid Services (CMS)

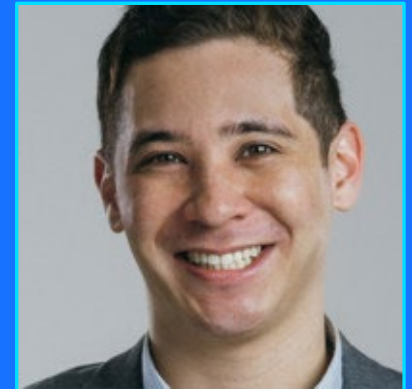
Introduction



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Ken Shatzkes, Ph.D.

Senior Program Officer
Foundation for Opioid Response Efforts



Follow ongoing updates on our website:
<https://www.ForeFdn.org>

Webinar Logistics

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1. Webinar is being recorded and will be on www.ForeFdn.org shortly after the session ends.
2. Presentation slides will be made available for download on our website.
3. Please use the “Q&A” found at the bottom of your Zoom screen.
 - If you have a similar question, please upvote using the thumbs up button on the question.
 - We will read as many questions live as time permits.
4. An FAQ and other resources will be provided on our website based on the questions submitted during the Q&A session.
5. Any resources you would like to share with everyone please send to info@ForeFdn.org
6. There will be a brief survey immediately following the webinar. Please provide us with feedback!

About FORE

Founded in 2018, the **Foundation for Opioid Response Efforts (FORE)** is a 501(c)(3) private, national, grantmaking foundation focused on one urgent public health emergency – **the opioid crisis**.

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Vision

To inspire and accelerate action to end the opioid crisis

Mission

To convene and support partners advancing patient-centered, **evidence-based solutions** addressing the opioid crisis



Focus

With **patients at the center**, our focus includes:



Professional
education



Payer & Provider
strategies



Policy initiatives

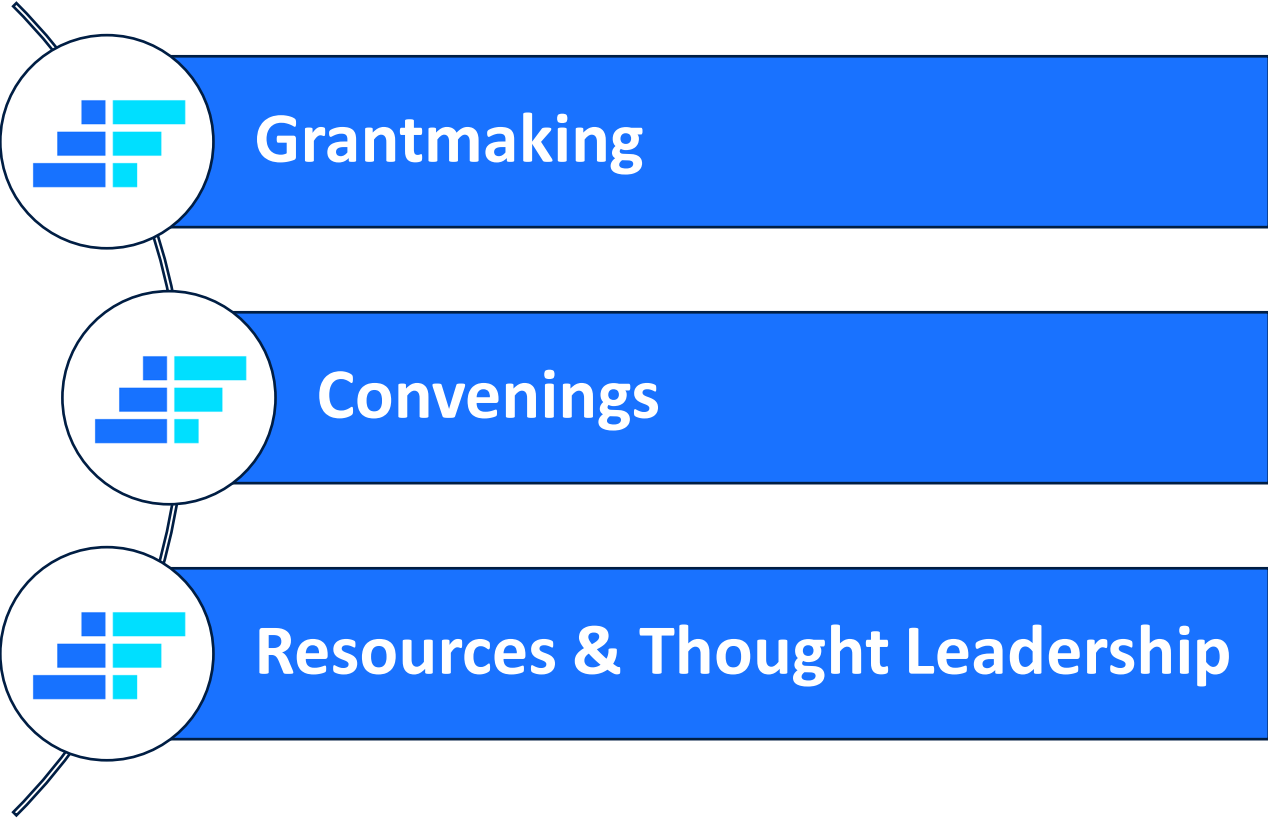


Public awareness



FORE

National Work Across Three Complimentary Activities



Agenda

- 1. Welcome and Webinar Logistics**
Ken Shatzkes, PhD (FORE)
- 2. Background and Trends in the Opioid Crisis in NJ & Overview of Medicaid Policies Enacted to Address it**
Jim Lloyd, JD, MPP (Rutgers University)
- 3. Overview of Medicaid MOUD Chartbook Findings**
Peter Treitler, MSW (Rutgers University)
- 4. Commentary from the View of State and Federal Levels**
Steve Tunney, RN, MSN (NJ Medicaid)
Ashley Harrell, LCSW (VA Medicaid)
Douglas Olson, MD (CMS)
- 5. Question and Answer Session:**
Jim Lloyd, JD, MPP
Peter Treitler, MSW
Steve Tunney, RN, MSN
Ashley Harrell, LCSW
Douglas Olson, MD

Webinar Presenters



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Jim Lloyd, JD, MPP

Research Specialist
Center for Health Services Research
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Peter Treitler, MSW

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Background and Trends in the Opioid Crisis in New Jersey & Overview of Medicaid Policies Enacted to Address it



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Jim Lloyd, JD, MPP

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The Opioid Crisis in New Jersey

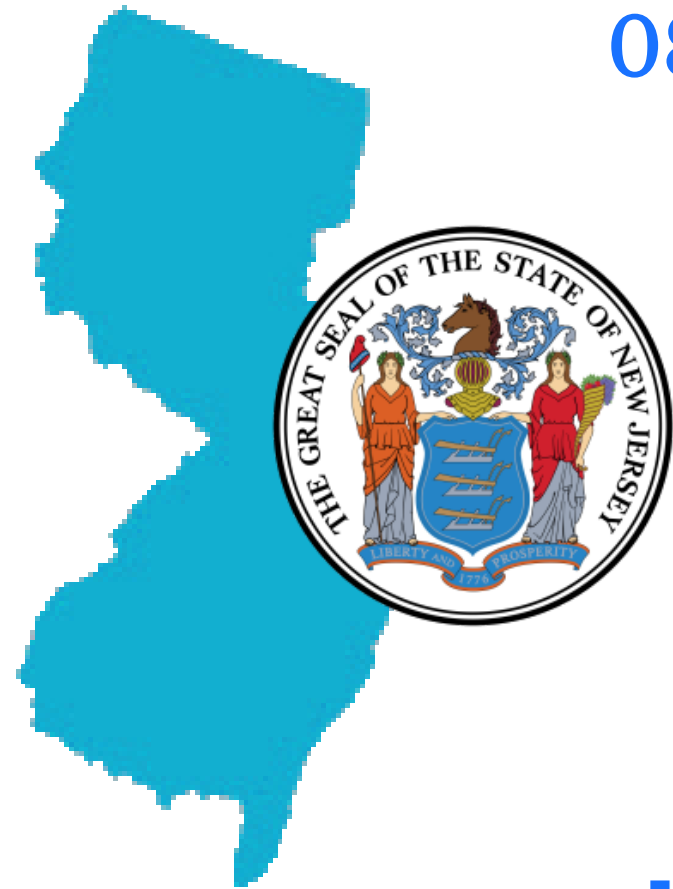


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New Jersey ranks 8th in the nation in opioid overdose deaths.

0.7% of the population meets the diagnostic criteria for opioid use disorder (OUD).

Heroin supply is becoming increasingly contaminated with fentanyl and other, more dangerous, synthetic opioids.



The Opioid Crisis in New Jersey



Among NJ Medicaid beneficiaries, from 2014 - 2019:

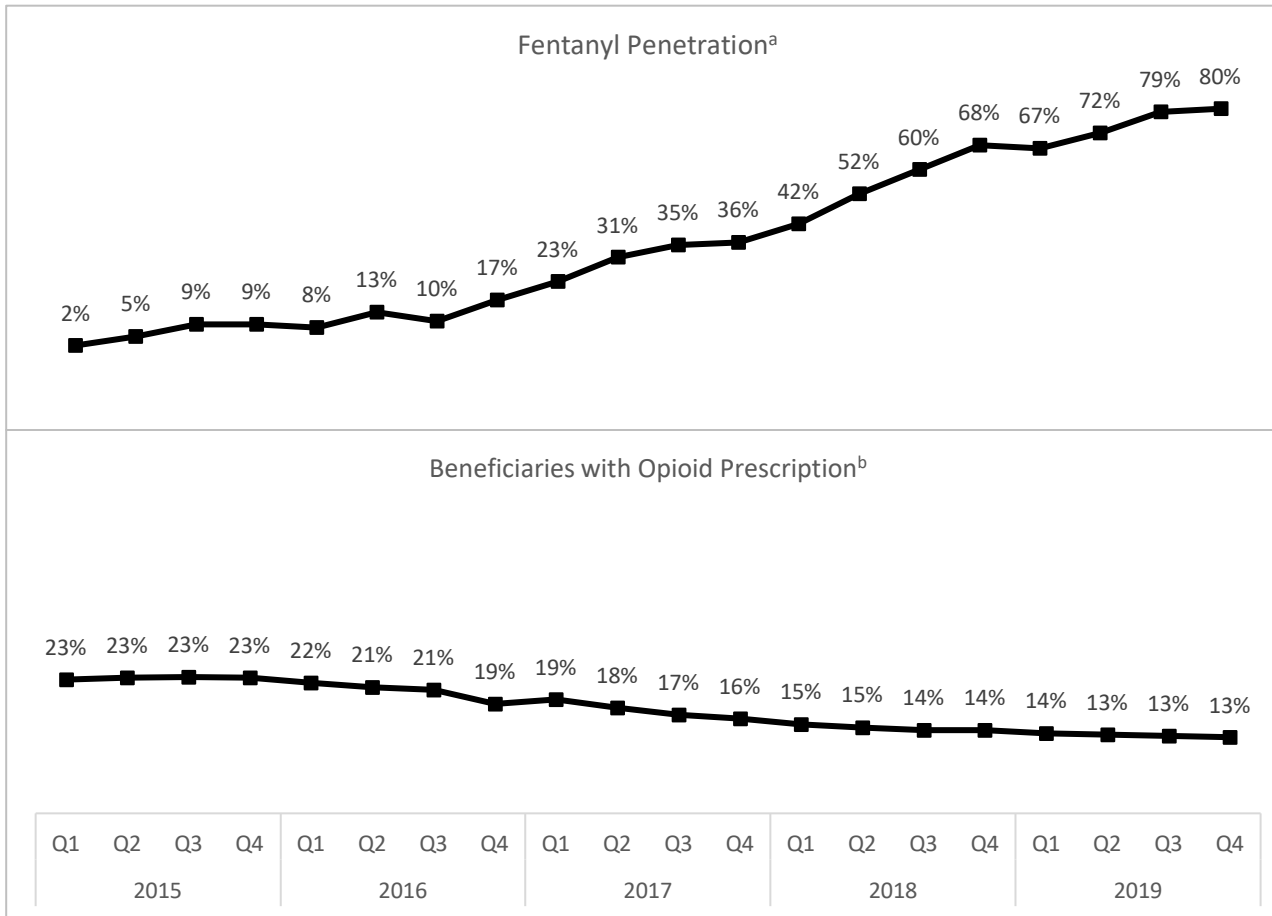
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- Overdose risk more than tripled, from 120.5 to 426.8 per 100,000 person-years.
- Increases primarily involved heroin and synthetic opioids.
- Heroin and synthetic opioid overdose rates increased faster among Black (Rate Ratio = 7.7) beneficiaries compared to White (RR = 3.9) and Hispanic (RR = 3.7) beneficiaries.
- Overdose risk was increasingly associated with co-occurring alcohol and other non-opioid drug disorders, major depressive disorder, and hepatitis C.

The Opioid Crisis in New Jersey



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^a Values are the percentages of suspected heroin seizures containing fentanyl. Data are from the NJSP-DMI.

^b Values are the percentages of NJ Medicaid beneficiaries prescribed an opioid (excluding MOUD).

From Crystal S et al. Medically-Treated Opioid Overdoses among New Jersey Medicaid Beneficiaries: Rapid Growth and Complex Comorbidity in a Setting of Growing Fentanyl Penetration. *Journal of Substance Abuse Treatment*. In press.





New Jersey Medicaid's Policy Response



MATrx Model

- Centers of Excellence
- Premier Providers
- Office-Based Addiction Treatment Program

Elimination of MAT Prior Authorization

- Implemented April 2019
- Updated April 2020

Coverage and Reimbursement Changes

- Reimbursement across continuum of care
- Peer support services
- Enhanced reimbursement for residential facilities providing MAT

Other

- OORP/Recovery
- Trainings
- Waiver Incentive

Office-Based Addiction Treatment (OBAT) Program



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Designed to enhance access and improve utilization of non-methadone MOUD services for Medicaid beneficiaries by establishing additional supports and reducing administrative barriers for primary care providers delivering these addiction services.

Provides enhanced reimbursement for MOUD prescribers, reimbursement for patient navigation.

Addresses common challenges: lack of reimbursement, lack of experience/knowledge in treating OUD, and perceived barriers to providing treatment.

Provider requirements:

- DATA-waivered
- Promote integrated care
- Affiliate with MATrx
- Offer patient navigation**

Service Enhancements:

- OBAT Medical intake: \$438
- OBAT Medical follow-up: 100% Medicare
- OBAT Navigator intake: \$152
- OBAT Navigator follow-up: \$76

Elimination of MOUD Prior Authorizations



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April 2019

- No prior authorization allowed for medications for treatment of opioid or alcohol use disorders; safety edits and formulary preferences may be utilized

April 2020

- Updated so only NJFC-defined safety edits can be applied; requires MCOs to provide coverage for all generic MAT medications, regardless of dosage form, for up to 32mg/day for oral buprenorphine



Research Aims

1. Use NJ Medicaid claims data to identify and analyze the evolving patterns of MOUD initiation, retention, outcomes and disparities as changes take place over time in state policies, the epidemiology of the opioid epidemic, and other developments such as the COVID-19 pandemic;
2. Complement data analyses with feedback on program experience from stakeholders including primary medical care providers participating in OBAT, medical directors of Medicaid managed care plans responsible for translating policy changes into action, and other key stakeholders;
3. Implement an active, stakeholder-engaged dissemination program engaging health plans, states, federal policymakers, primary care clinicians, and others nationally in learning from NJ's experience and considering the adoption and adaptation of successful program components in their own systems.

Overview of NJ Medicaid MOUD Chartbook Findings



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Peter Treitler, MSW

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Preliminary Results: MOUD Utilization and Retention in NJ Medicaid



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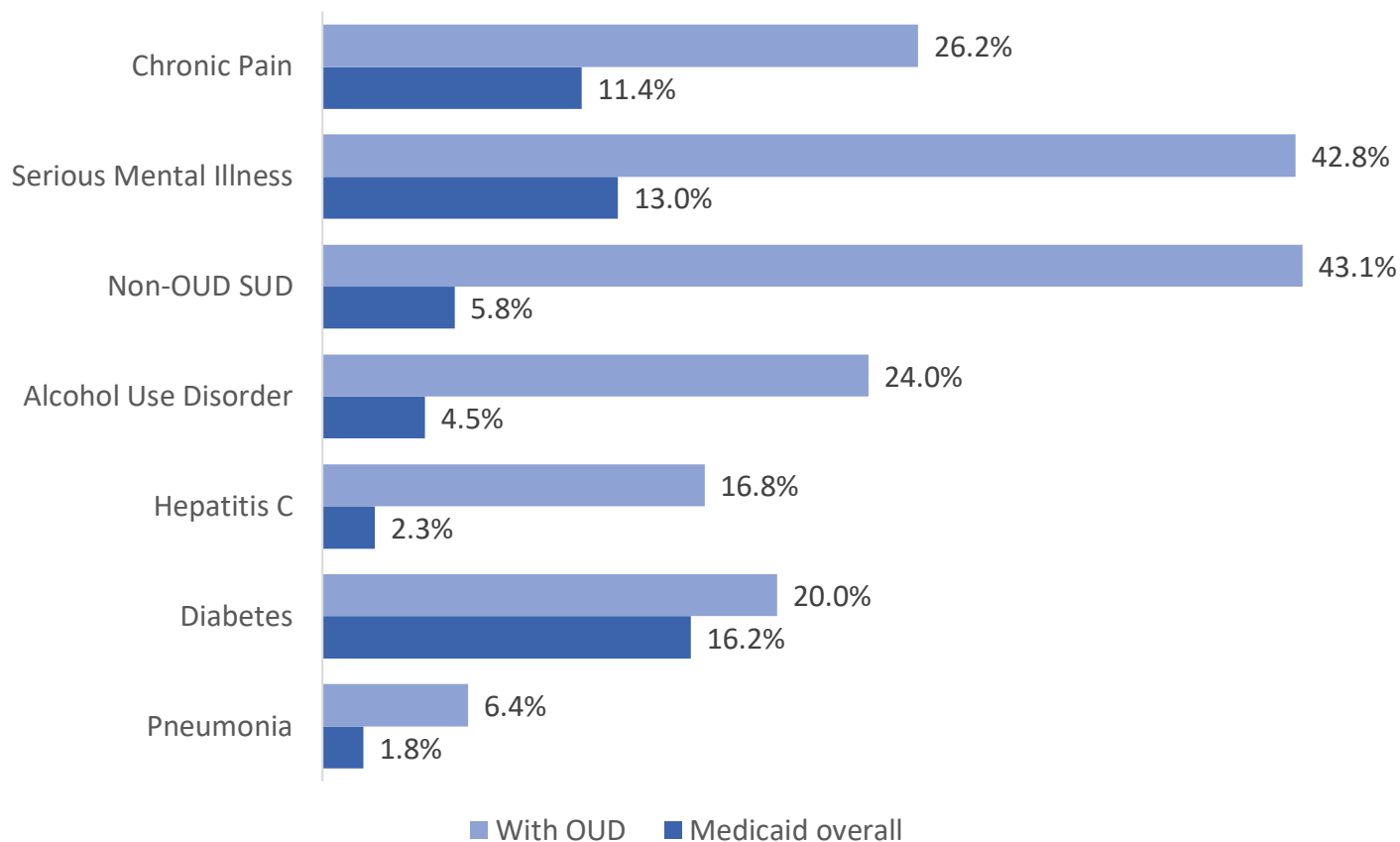
- Development of a chartbook describing trends in MOUD utilization among NJ Medicaid beneficiaries from 2016 - 2019, during a period of active Medicaid policy development related to opioid use disorder
- Utilizes Medicaid claims data from New Jersey, including outpatient and inpatient services, filled prescriptions, diagnoses associated with each claim, and demographic characteristics
- Analyses are limited to individuals aged 18-64, and those dually eligible or Medicare and Medicaid are excluded



Comorbid Diagnoses in Overall Medicaid Population and Beneficiaries Diagnosed with Opioid Use Disorder



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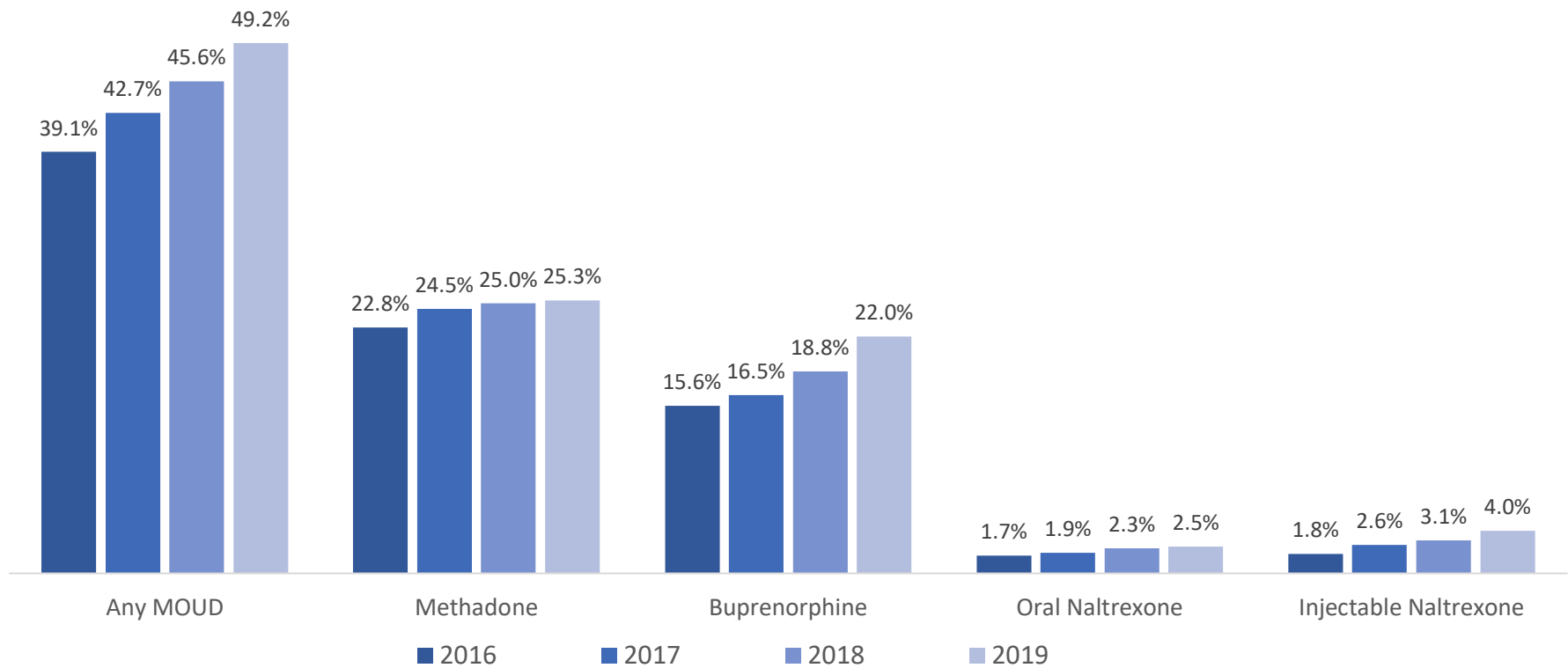




Trends in Percentage of NJ Medicaid Beneficiaries with OUD who Utilized MOUD in Same Year



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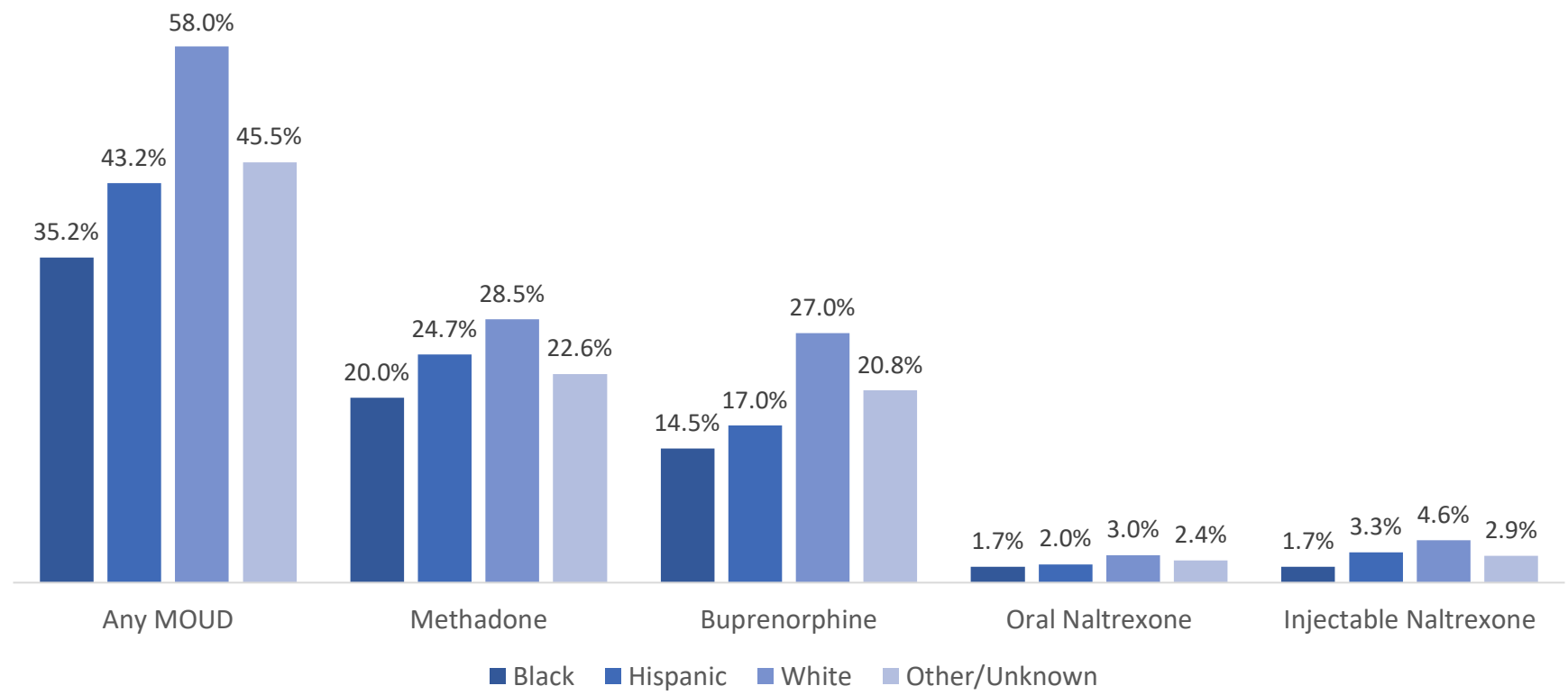




Racial/Ethnic Disparities in MOUD Utilization, 2019



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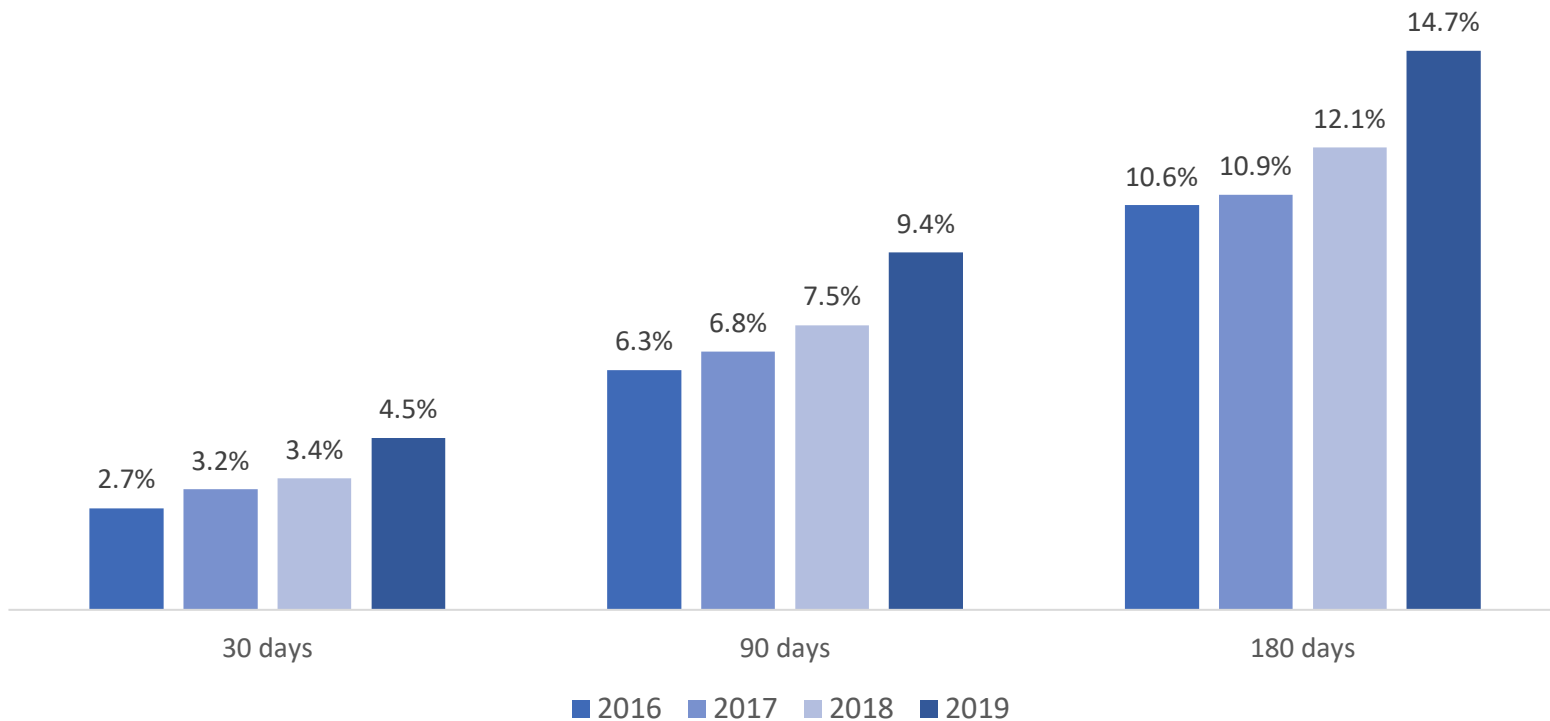




Trends in MOUD Initiation After New OUD Diagnosis



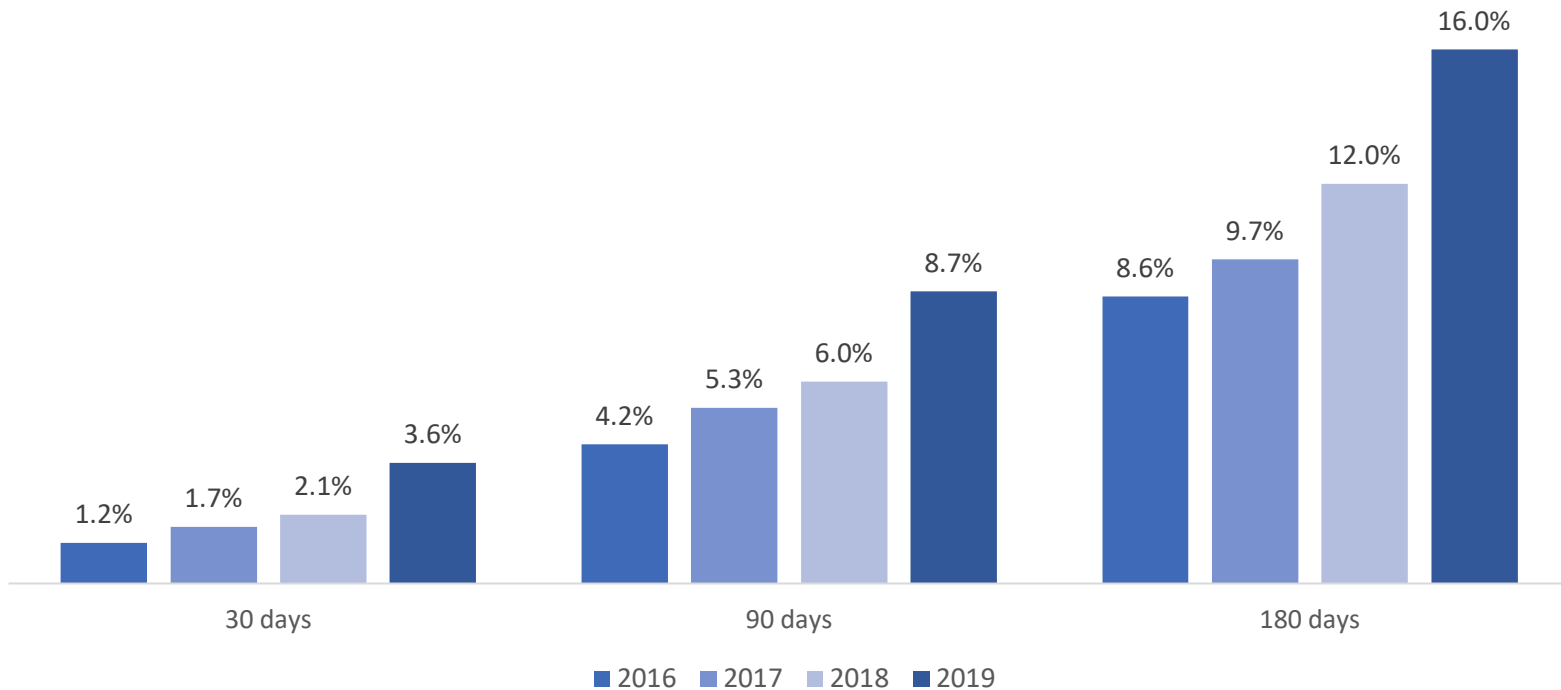
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Trends in MOUD Initiation After Medically Treated Overdose



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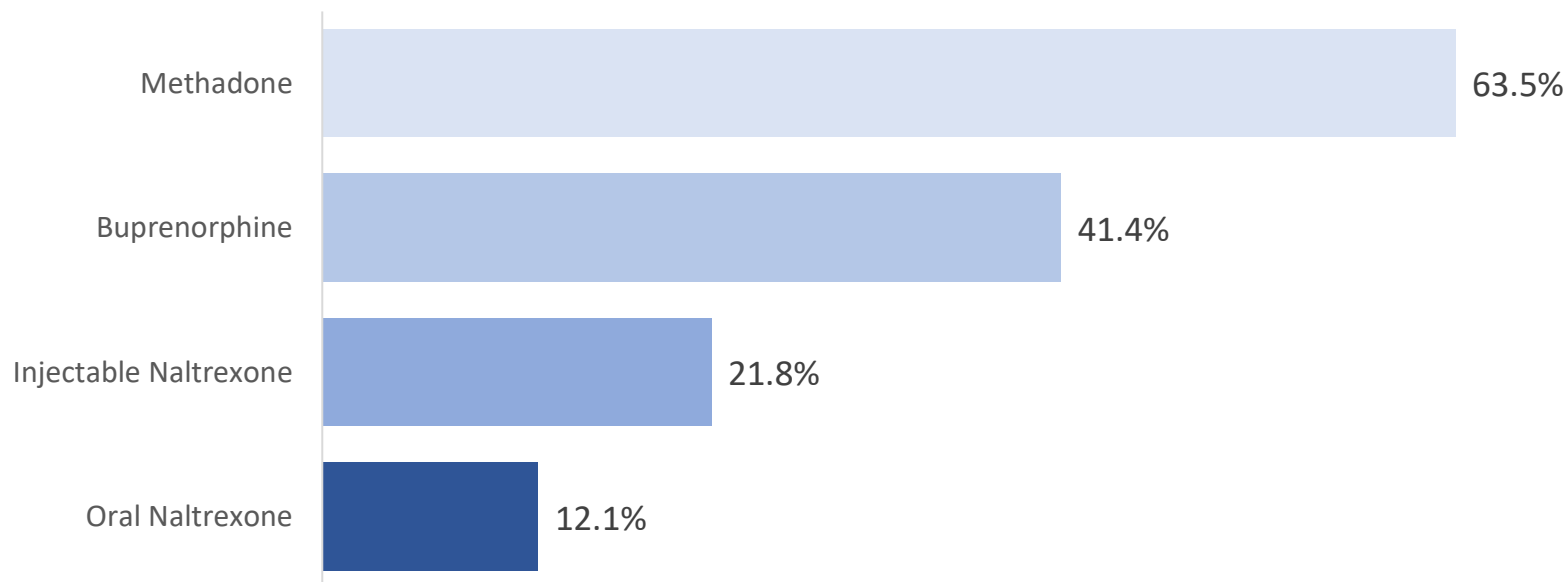




Percentage of Beneficiaries Retained in Treatment for 180+ Days, by MOUD type, 2016-2019



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Percentage of Beneficiaries Retained in Any MOUD for 180+ Days, by Race/Ethnicity, 2016-2019



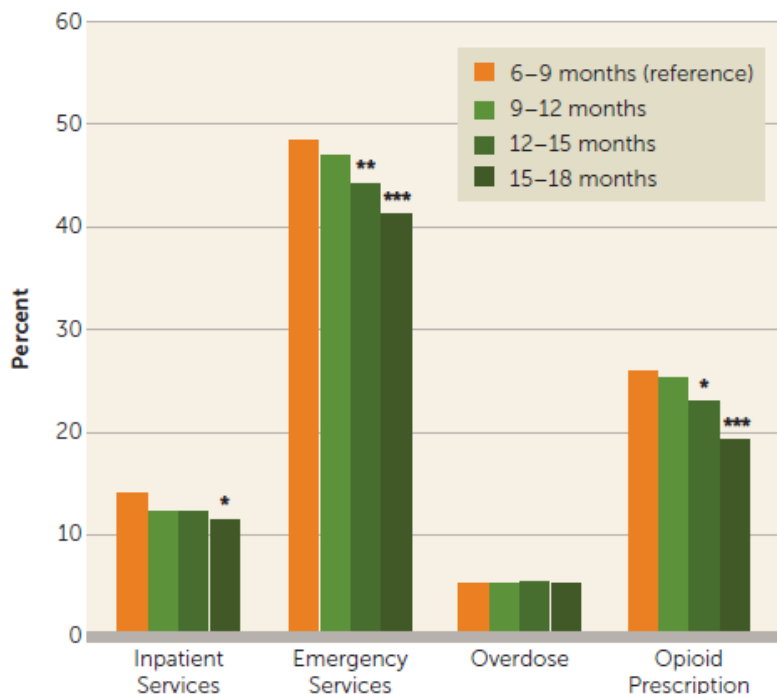
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Longer Treatment Duration is Associated with Superior Outcomes after Discontinuation



FIGURE 3. Unadjusted 6-month outcomes following discontinuation among Medicaid beneficiaries ages 18–64 retained on buprenorphine for ≥ 180 days, by treatment duration cohort (2013–2017)^a



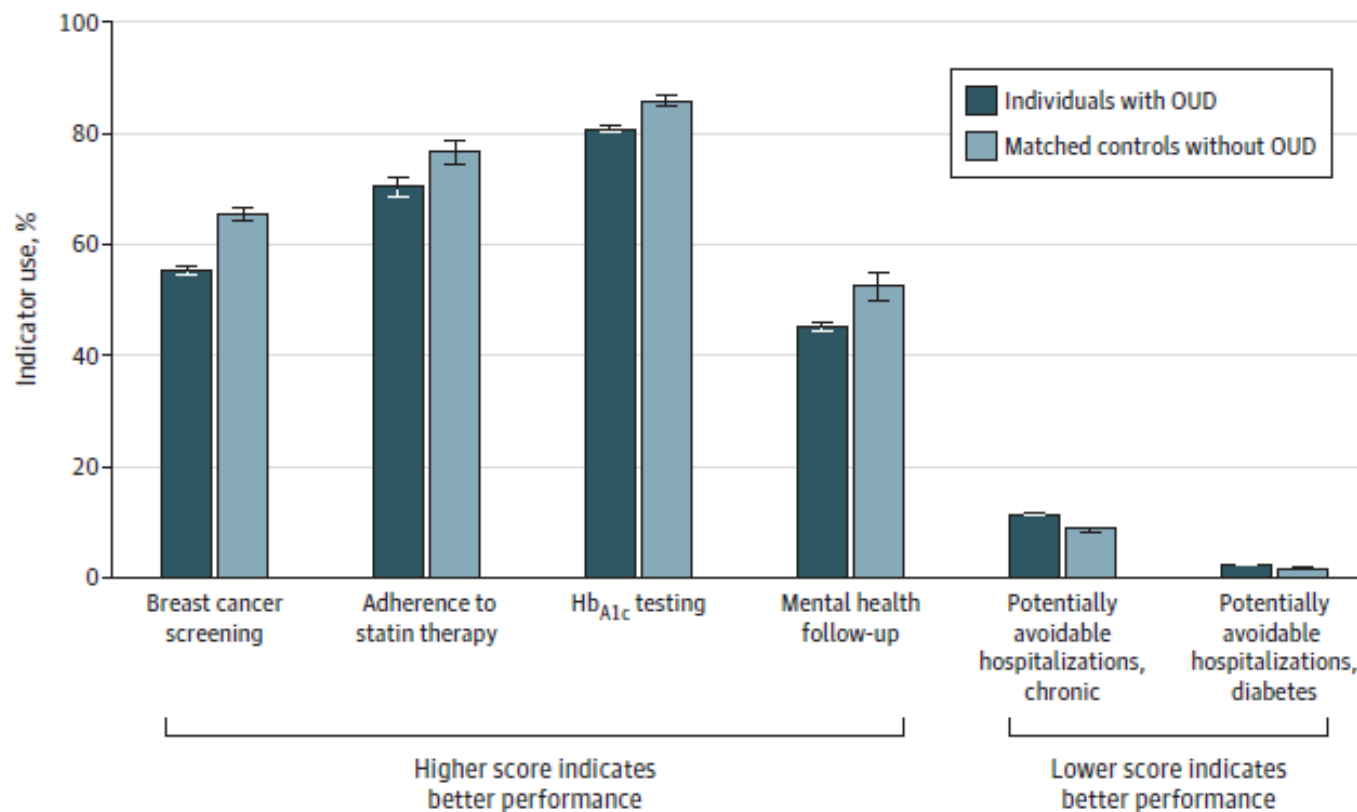
^aAll comparisons are with the reference group (the 6- to 9-month cohort). * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.



Quality of care for preventive and chronic illness care is moderately lower among individuals with OUD

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Figure 1. Comparison of Quality Indicator Performance for Individuals With and Without Opioid Use Disorder (OUD), 2018 to 2019



Anderson KE, Alexander GC, Niles L, Scholle SH, Saloner B, Dy SM. Quality of Preventive and Chronic Illness Care for Insured Adults With Opioid Use Disorder. *JAMA Netw Open*. 2021;4(4):e214925. Published 2021 Apr 1. doi:10.1001/jamanetworkopen.2021.4925



Conclusions

- Comorbid medical, psychiatric, and substance use disorders are common among those with OUD; integrated care initiatives are needed to engage and retain high-risk individuals in MOUD treatment while addressing the substantial burden of co-occurring conditions that complicates their disease course
- MOUD utilization and retention have improved, but there is still far to go
- Among beneficiaries with OUD, racial/ethnic disparities persist in MOUD utilization and retention
- Future work will examine the impact of NJ Medicaid policies on treatment utilization, retention, and related outcomes; with translation of research into actionable evidence for policymakers to further improve state and federal efforts



Discussion Prompts

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- What can Medicaid programs do to increase engagement, improve treatment outcomes, and encourage more primary care providers to offer MOUD?
- How should policies respond to the very high degree of comorbidity that we see in the population with overdoses? What is the role of bundled payment models such as opioid health homes?
- How do we address disparities in MOUD and ensure that future policy efforts do not exacerbate the disparities?
- What policies can be enacted at the federal level to support states' efforts? Conversely, how can states help support federal regulatory and legal efforts?
- How do we improve treatment post-overdose?
- What are remaining barriers to primary care provision of MOUD, and how can Medicaid policies address them?
 - Reimbursement? Availability of navigators? X-waiver? Provider discomfort in caring for this complex population?



Commentary



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Questions?



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Take Care of Yourself!
Thank You For Your Work!



About the Foundation for Opioid Response Efforts

The Foundation for Opioid Response Efforts (FORE) was founded in 2018 as a private 501(c)(3) national, grant-making foundation focused on addressing the nation's opioid crisis. FORE is committed to funding a diversity of projects contributing solutions to the crisis at national, state, and community levels. FORE's mission is to convene and support partners advancing patient-centered, innovative, evidence-based solutions impacting people experiencing opioid use disorder, their families, and their communities.

For more information on FORE, please visit www.ForeFdn.org.

About the Rutgers Institute for Health, Health Care Policy and Aging Research

Since its founding in 1985, the Institute has become nationally renowned for meaningful and impactful work in this essential area of research. The Institute fosters rigorous theory-based research and innovative training and supports collaborative opportunities for investigators across New Jersey and beyond. The Institute is focused on advancing the translation of knowledge to impact policy and practice, with an emphasis on sustainable engagement and reciprocal relationships with community partners in order to better understand the ubiquitous issues that affect health outcomes.

For more information on Rutgers University and the Institute for Health, Health Care Policy and Aging Research, please visit <https://www.rutgers.edu/> and <https://ifh.rutgers.edu/>.



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