

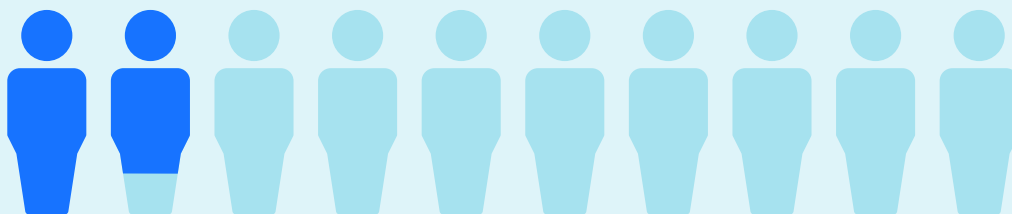
Access to Treatment for Opioid Use Disorder

Highlights from Recent Grantee Publications

Over the past five years, FORE-funded researchers have documented the administrative, financial, and logistical barriers patients face in obtaining medications for opioid use disorder (MOUD), such as buprenorphine and methadone, and highlighted opportunities to broaden access through pharmacies, emergency departments, primary care offices, and other health care settings. This data brief highlights findings from their recent publications, which suggest new pathways for enhancing access to lifesaving medications.

Their research has helped elucidate why fewer than one in five people with opioid use disorder (OUD) in 2023 were treated with MOUD, which have been shown to **significantly reduce** overdose-related mortality. A **larger percentage** (30%) received treatment without medications, suggesting increased access to MOUD and new strategies for communicating the effectiveness of these medications are needed to decrease OUD and address the opioid and overdose crisis.

A 2023 survey found that of 5.7 million people aged 12 or older with an opioid use disorder, only 1 million (18%) received medication as treatment in the past year.



Only One Third of Publicly Funded Mental Health Clinics Offer MOUD

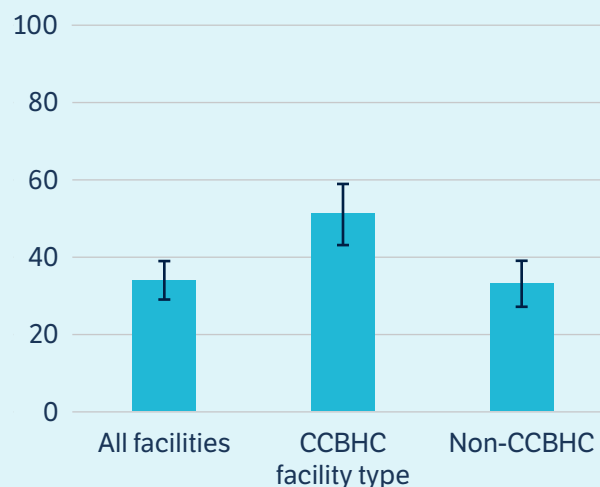
A phone survey of facilities in states with high overdose rates found MOUD was not widely accessible, even in clinics required to provide substance use disorder (SUD) treatment.

In “[Availability of Medications for Opioid Use Disorder in Community Mental Health Facilities](#),” Jonathan Cantor, Allison J. Ober, Sarah B. Hunter, and colleagues from the RAND Corporation assessed the availability of MOUD in outpatient mental health treatment facilities (MHTFs). While OUD is prevalent among patients seeking care from MHTFs, these publicly funded clinics are understudied as a potential MOUD access point. A phone survey, conducted between April and July 2023 with a representative sample of 450 MHTFs in 20 states with high overdose rates, found just one third (34%) of MHTFs offered MOUD on site. As the figure below shows, Certified Community Behavioral Health Clinics, a subset of MHTFs that are required to provide treatment for substance use and mental health disorders, were more likely than non-CCBHCs to offer MOUD on site (51% vs. 33%). In facilities offering MOUD, buprenorphine (84%) and naltrexone (70%) were most frequently offered. The team found methadone was offered in fewer clinics (14%), which is not surprising as methadone is highly regulated and restricted to facilities classified as opioid treatment programs.

Certified Community Behavioral Health Centers (CCBHCs) — a subset of mental health treatment facilities — are more likely to offer medications for opioid use disorder (MOUD) to patients.

MOUD Availability by CCBHC Status

MOUD availability, %



- Up to 10 percent of individuals seeking care from mental health treatment facilities have an opioid use disorder (OUD).
- Expanding access to MOUD in these settings could substantially improve MOUD access for people with co-occurring mental illness and OUD, the authors say.

Source: J. Cantor et al., “[Availability of Medications for Opioid Use Disorder in Community Mental Health Facilities](#),” *JAMA Network Open* 7, no. 6 (June 18, 2024):e2417545.

Changes in Medicaid Policy Increased MOUD Prescribing in New Jersey

Removing prior authorization requirements and enhancing payment to clinicians increased prescribing of MOUD in outpatient settings, but patient retention rates remained the same.

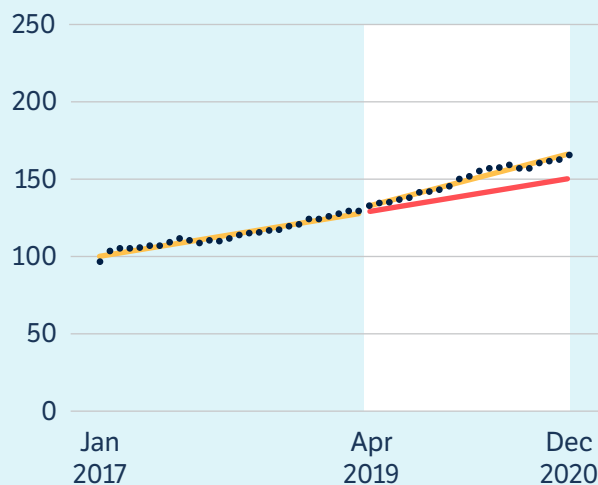
In “Buprenorphine Utilization and Prescribing Among New Jersey Medicaid Beneficiaries After Adoption of Initiatives Designed to Improvement Treatment Access,” Peter Treitler, Stephen Crystal, and two colleagues from Rutgers University examined buprenorphine prescribing patterns before and after a series of 2019 Medicaid policy changes, which were designed to enhance beneficiaries’ access to MOUD. The state’s MATrx Model prohibited Medicaid managed care plans from instituting prior authorization requirements for MOUD. It also increased payments to office-based providers prescribing MOUD, enabling them to earn up to \$438 for medical intake appointments and bill for peer support and patient navigation services that might help keep patients in treatment. New Jersey also established regional Medication for Addiction Treatment Centers of Excellence, which offered training and technical assistance to clinicians around the state.

The team’s analysis of New Jersey Medicaid claims data from 2017 to 2020 found implementation of the MATrx Model increased the number of buprenorphine prescribers and prescriptions written, but the percentage of patients who remained in treatment for at least 180 days remained stable, suggesting retention remains a challenge. Rutgers’ findings validate the importance of initiatives like those implemented in New Jersey for expanding access to treatment while also emphasizing the need for efforts to support long-term retention.

Trends in Buprenorphine Receipt and Retention Before and After Implementation of New Jersey Medicaid Initiatives

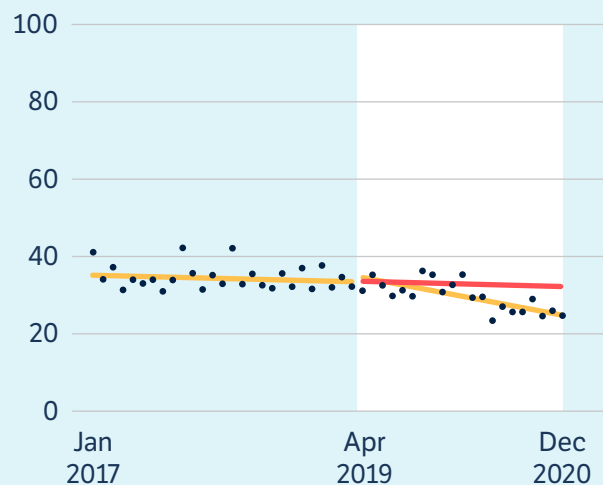
Buprenorphine receipt

Rate per 1,000 beneficiaries



180 day retention

Proportion retained <180 days, %

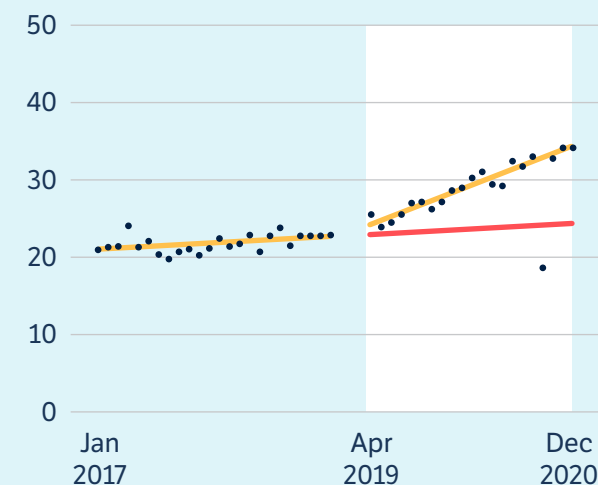


Postimplementation period
 Monthly observations

Observed trends
 Counterfactual (ie, projected postinitiative trends without implementation)

Trends in Buprenorphine Prescribing Rates per 1,000 Total Medicaid Prescribers Before and After Implementation of New Jersey Medicaid Initiatives

Rate per 1,000 prescribers



Source: P. Treitler et al., "Buprenorphine Utilization and Prescribing Among New Jersey Medicaid Beneficiaries After Adoption of Initiatives Designed to Improve Treatment Access," *JAMA Network Open* 6, no. 5 (May 5, 2023): e2312030.

Interviews of New Jersey Providers Highlighted That Eliminating Prior Authorization Requirements for MOUD Allowed Them to Focus on Delivering High-Quality Care

But physicians and advanced practice providers continued to face other prescribing barriers, including difficulties gaining approval for some forms of MOUD.

In “[Opioid Use Disorder Treatment and the Role of New Jersey Medicaid Policy Changes: Perspectives of Office-Based Buprenorphine Providers](#),” Anais Mahone, Peter Treitler, Stephen Crystal, and colleagues from Rutgers University summarized findings from qualitative interviews with 22 New Jersey providers who prescribed MOUD to Medicaid beneficiaries. The interviews assessed the impact of Medicaid policy changes on buprenorphine prescribing in outpatient settings. All clinicians interviewed said eliminating prior authorization requirements for generic formulations of MOUD reduced the burden of prescribing medication and eased patients’ access to it. But some continued to experience barriers in prescribing particular formulations or brands and pointed to other impediments to engaging patients in care, including difficulty meeting patients’ basic needs (e.g. for transportation or food). They also called attention to pharmacy supply issues and stigma against patients with OUD. Among other strategies for increasing access to MOUD, providers recommended increasing supports for patients’ psychosocial challenges and ensuring pharmacies have buprenorphine in stock.

Providers Unanimously Agreed That Removing Prior Authorization Requirements Simplified MOUD Prescribing

“

In the beginning, forget it, [prescribing MOUD] was a headache. You try to get the prior authorization and they’re going to cover the strips and not the tablets, and then the tablets and not the strips, and then the generic and not the generic. But then when the full restriction was removed, then it was just great.”

“

When we had prior auth[orizations] for almost everything, we had almost like a full-time nurse [who] was just doing that all the time. So now that nurse is able to spend time with patients and be a nurse instead of managing [prior authorizations] all day.”

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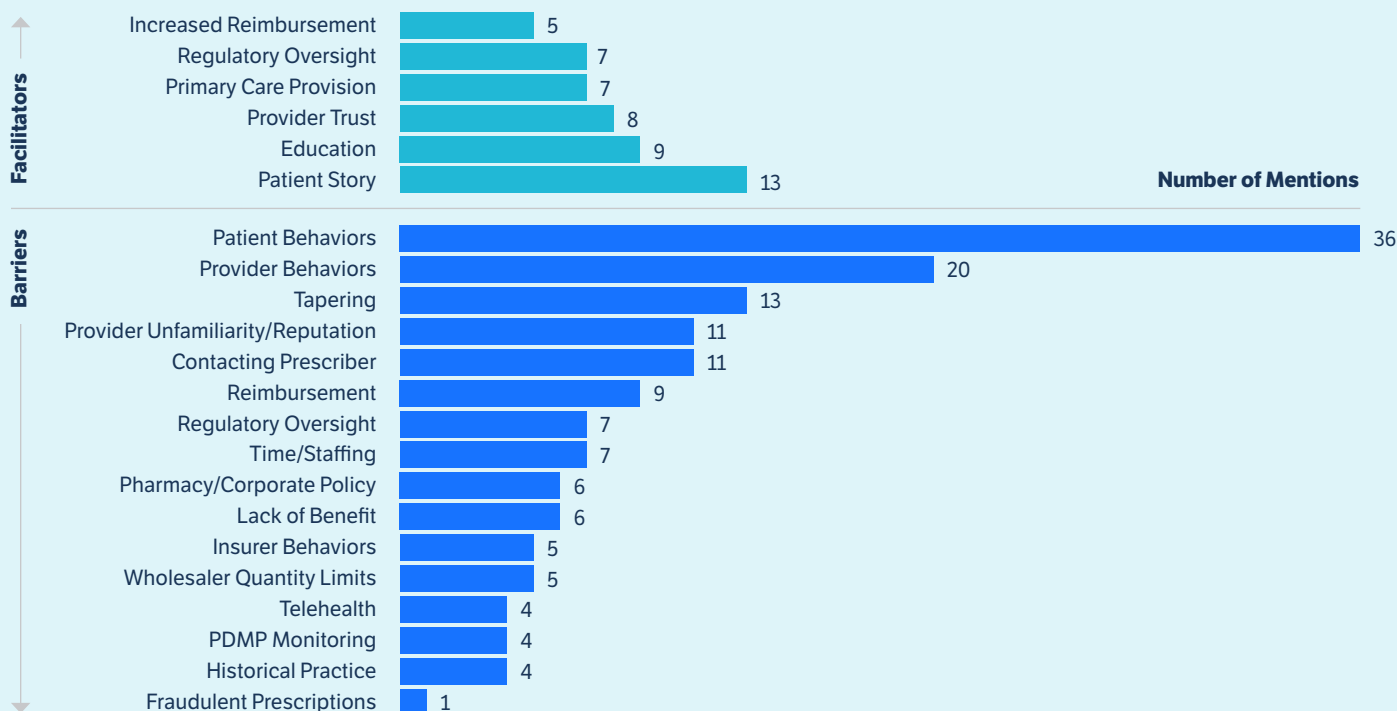
I feel grateful to be practicing in New Jersey... [the state] has so many resources and policies that strongly support MOUD.”

Focus Groups with Pharmacy Staff in Rural Kentucky Suggest MOUD Dispensing is Influenced by Interactions with Patients and Providers

In focus groups, pharmacists and pharmacy technicians said having trusting relationships with prescribers and exposure to patients who benefited from MOUD eased their concerns about dispensing MOUD.

In “Barriers to and Facilitators of Buprenorphine Dispensing for Opioid Use Disorder: Evidence from Focus Groups in Appalachian Kentucky,” Douglas R. Oyler, Patricia R. Freeman, and colleagues from the University of Kentucky highlighted findings from focus groups with pharmacists and pharmacy technicians in Appalachian counties. Across counties with high and low rates of buprenorphine prescribing, they found dispensing decisions were influenced by staff perceptions of prescribers, patients, and MOUD effectiveness. Hearing patient testimonials and working with trusted providers in the community increased openness to MOUD dispensing. Lack of trust in prescribers; stigma against people with OUD; concerns about being subject to an audit or wholesaler limit; and limited time were cited as deterrents. The information gleaned from the focus groups was used to develop key messages for an educational intervention that was delivered by peer pharmacists during pharmacy outreach visits.

Focus Groups with Staff in Rural Pharmacies Suggest Positive Patient Testimonials May Offset Stigma and Bias Against MOUD

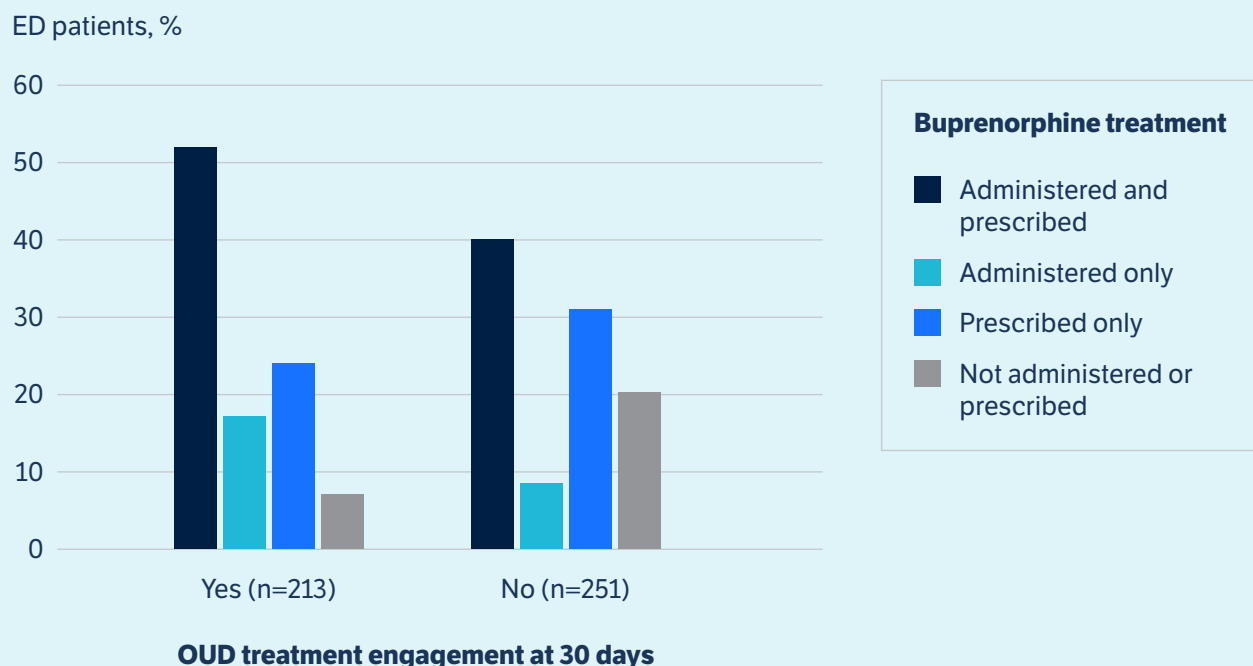


Initiating MOUD in the Emergency Department (ED) Increases Treatment Engagement

People with OUD who were administered or prescribed buprenorphine in the ED were twice as likely to be engaged in treatment at 30 days compared with people who weren't prescribed the medication.

In “[Emergency Department Access to Buprenorphine for Opioid Use Disorder](#),” Andrew A. Herring, Arianna Campbell, Aimee K. Moulin, and colleagues affiliated with the Bridge Center at the Public Health Institute assessed whether prescribing and/or administering buprenorphine in the ED increased engagement in treatment among people diagnosed with OUD. Seven hospitals participating in the CA Bridge implementation program advertised the availability of OUD treatment in ED triage and waiting room areas. The vast majority of patients with OUD (85.8%) accepted the offer. Of those receiving treatment, almost half (49.7%) remained in treatment at 30 days, compared with 22.7 percent of patients with OUD who declined the offer. The CA Bridge model utilized by implementation sites participating in this study has been extended nationwide by the Bridge Center’s National Expansion Project.

Opioid Use Disorder Treatment Engagement at 30 Days By Emergency Department (ED) Buprenorphine Treatment Status





FORE is a national grantmaking foundation focused on inspiring and accelerating action to end the opioid crisis.

We are committed to convening and supporting partners advancing patient-centered, innovative, evidence-based solutions addressing this public health challenge.

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