Enhancing Access to Medication-Assisted Treatment

BlueCross BlueShield Association

An association of independent Blue Cross and Blue Shield companies

NATIONAL QUALITY FORUM

DISCLAIMER

THIS PRODUCT IS INTENDED FOR PERSONAL, NONCOMMERCIAL USE ONLY. DISTRIBUTION, POSTING, COPYING, MODIFYING, TRANSLATING, OR CREATING A DERIVATIVE WORK OF ALL OR PART OF THIS PRODUCT IS STRONGLY PROHIBITED WITHOUT PRIOR WRITTEN PERMISSION OF THE NATIONAL QUALITY FORUM.

This product contains links to information on other websites, applications, or similar technology. NQF does not have any ownership or control over these other websites, applications, or similar technology, including any content or materials provided on those websites, nor has NQF participated in the development, monitoring, or use of such content and materials. The other websites, applications, or similar technology are not governed by NQF policies and NQF will not be responsible for the protection and privacy of any information that you provide while visiting those sites. NQF disclaims any liability relating to any linked materials or content provided in this NQP Playbook.

ABOUT NATIONAL QUALITY FORUM

The National Quality Forum (NQF) is the nation's resource driving measurable health improvement. NQF is an independent, not-for-profit, membership-based organization that brings healthcare stakeholders together to recommend quality measures and improvement strategies that reduce costs and help patients get better care. Driven by science, collaboration, and proven outcomes, NQF helps move multiple perspectives into action. Our mission improves our nation's healthcare quality, safety, and effectiveness by providing a forum where everyone has an equal voice advancing healthcare improvements that provide the greatest value to patients, caregivers, employers, payers, providers, and policymakers alike.

CONTENTS

ACKNOWLEDGEMENTS

NQF would like to thank the many individuals who contributed their technical expertise to inform this Guide. They are listed in **Appendix A**. NQF gratefully acknowledges support from Blue Cross Blue Shield Association (BCBSA) toward this initiative on medication-assisted treatment.

The conclusions, findings, and opinions expressed by individuals who contributed to this publication do not necessarily reflect the official position of any contributor's affiliated organization.

THE NATIONAL IMPACT OF SUBSTANCE USE DISORDER

What are Substance Use Disorder and Opioid Use Disorder?

Addiction, or substance use disorder (SUD), is a disease that does not discriminate. Its unsparing reach affects everyone in some way. Like other diseases, addiction changes the way an organ functions on a physiological level—in this case the brain—rewiring its circuits in ways that change how it operates.[1] Currently, approximately 18.7 million Americans age 12 and older experience a form of SUD.[2]

Substance use disorder is defined as a pattern of use of a substance, prescribed or illicit, that leads to clinically significant impairment or distress.[3] Substance use disorder is considered a chronic disease, and if not treated, SUD can lead to risky behaviors, overdose, or even death.[4] Clinical diagnosis of SUD involves evaluation against established criteria in *The Diagnostic and Statistical Manual of Mental Disorders (*DSM-5).[5] Depending on the number of specific criteria met, an individual's SUD can be classified as mild, moderate, or severe. DSM-5 criteria for SUD include, but are not limited to, the presence of cravings, withdrawal, tolerance build-up, and problems caused or exacerbated by substance use. When SUD is diagnosed based on the use of substances belonging to the opioid class (e.g., prescription opioids such as oxycodone, synthetic opioids such as fentanyl, and illegal opioids such as heroin), the SUD is classified as opioid use disorder (OUD).

Since the turn of the century, the United States has witnessed an exponential rise in opioid-related overdoses and overdose deaths.[6,7] As of 2017, approximately 1.7 million Americans suffer from OUD.[8] More than 46,000 people died from a opioid overdose in 2017—one person died every 11.4 minutes.[9] In addition to the lives lost, the opioid epidemic has cost the United States more than a trillion dollars since 2001, and current trends see the costs rising even higher.[10] Individuals, families, communities, the private sector, and the government all share these costs in the form of lost wages, lost productivity, healthcare costs, lost tax revenue, and supplemental spending on healthcare and social services.[11] To stop the rising rates of overdose-associated deaths in the United States, a diverse set of stakeholders must come together to take bold, coordinated, evidence-based action to prevent further morbidity and mortality.

The Science Behind Addiction

According to the National Institute of Drug Abuse (NIDA), addiction is a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use despite harmful consequences the individual may encounter.[12] No single factor can determine whether a person will become addicted to substances; addiction may be fostered by

genetics, the environment, and brain development. Exposure to risk factors, such as stress or access to an addictive substance, increase the likelihood of someone misusing substances.[13]

As a disease, addiction changes the way the brain functions. Over time, the brain's ability to make judgements, make decisions, retain information, learn, and even control behaviors can be altered drastically. When substances, like opioids, are consumed in excess, the brain's "reward circuit" experiences a surge in **dopamine**, which creates a linkage in the brain connecting drug consumption with a feeling of pleasure.[14] The body compensates for this increased exposure to dopamine by reducing its natural dopamine production levels, which often results in individuals no longer looking to substances to feel good, but rather to feel normal.[15] With addiction, an individual's ability to exert self-control becomes severely impaired, resulting in an inability to stop using the substance despite harmful consequences. Fear of withdrawal is a common reason why individuals are not ready to stop using substances; moreover, opioid withdrawal is one of the most powerful factors driving opioid dependence and addiction.[16]

It is important to understand the distinction between physical dependence and addiction as individuals may develop a physical dependence on opioids without being addicted. With physical dependence, the body builds up a tolerance to the substance and becomes dependent on it. The brain adapts to the effects of the drug, and if people stop using the substance, they can experience pain or withdrawal. Individuals with a physical dependence on opioids are still able to manage impulses and maintain control over their substance use, but those with an addiction cannot. Individuals with a physical dependence on opioids may later develop an addiction.

Though complex, addiction is a treatable disease. Evidence-based treatment options, such as medication-assisted treatment (MAT), exist for individuals with SUD and OUD. The pathway to recovery is highly individualized and personal, as individuals may respond differently to different treatments. Food and Drug Administration (FDA)-approved medications exist to help treat and overcome addiction by providing pathways to recovery.[17] Although underused, these safe and effective medications can help alleviate addiction symptoms and facilitate recovery from some forms of SUD, including OUD.[18,19]

What is Medication-Assisted Treatment?

A whole-patient approach to treating addiction can help manage this brain disease and aid individuals on their personal path to recovery. Medication-assisted treatment (MAT) is an evidence-based treatment that uses medications approved by the FDA in combination with counseling and behavioral therapies to help individuals facing certain types of SUD achieve recovery.[20] This Guide focuses on the use of MAT for OUD, as MAT is primarily used for the treatment of OUD. More information on the three types of FDA-approved medications used in MAT for OUD (e.g., methadone, buprenorphine, and naltrexone) is available in Table 1 and **Appendix C**. All three types of medications block the euphoric effects of opioids. Methadone and buprenorphine also normalize the brain chemistry and body functioning, suppressing withdrawal, reducing opioid cravings, and ultimately reducing the desire of an individual to use the substance again.[21,22]

Evidence demonstrates that MAT is successful in treating OUD.[23] Individuals with OUD who receive buprenorphine or methadone are less likely to die from an overdose, and they have higher treatment retention rates, improved social functioning, and better long-term treatment outcomes.[24] Additionally, MAT is considered more cost-effective than OUD treatments without medication, as it can reduce general healthcare expenditures and unnecessary healthcare use.[25]

MAT programs should be tailored to a patient's specific needs, as the most appropriate medication and dosage varies based on the individual and may change over time.[26] It is important for

healthcare organizations and practitioners to understand the different medications for opioid use disorder (MOUD) in order to recognize the role of pharmacotherapy and to identify which approach is best for a specific patient. The medication chosen should be part of a comprehensive treatment plan for an individual with OUD.[27]

TABLE 1. BUPRENORPHINE, METHADONE, AND NALTREXONE (FDA-APPROVED MEDICATIONS USED IN MAT)[28,29]

	Buprenorphine	Methadone	Naltrexone
Pharmacology	A long-acting partial opioid agonist that blocks the euphoric effects of illicit opioids and reduces opioid cravings. Increasing the dosage will not increase the effects once the maximum effect, or "ceiling effect," is reached.	A long-acting opioid agonist that blocks the euphoric effects of illicit opioids and reduces opioid cravings. Increasing the dosage will increase the effects.	A long-acting opioid antagonist that prevents opioid relapse for patients who are no longer dependent on opioids. It blocks the euphoric effects of illicit opioids, reduces opioid cravings, and causes no opioid effects itself.
Impact on Withdrawal Symptoms	Reduces opioid withdrawal.	Reduces opioid withdrawal.	Patients must abstain from opioid use for 7-14 days before initiation of treatment to avoid precipitated withdrawal.
Formulations and Administration Frequency	• Buccal or sublingual tablet or film (daily) • Subcutaneous injections of extended-release formulation (monthly) • Subdermal implants (6 months)	• Pill (daily) • Liquid concentrate (daily) • Water-dissolvable diskette (daily)	• Pill (daily) • Extended-release injection (monthly)
Prescribing and Use Restrictions	Physicians, nurse practitioners, and physician assistants with the DATA 2000 waiver can prescribe it. Opioid treatment programs (OTPs) can administer and dispense it by OTP physician order without a waiver. Extended-release buprenorphine cannot be self-administered and can only be administered by a practitioner with a DATA 2000 waiver.	Federally certified and accredited OTPs can administer it on site or provide take-home doses for self-administration for patients who have had demonstrated treatment progress and who are at low-risk for diversion.	Any prescriber who is licensed to prescribe medications can prescribe it, as no special requirements or waivers are needed. Extended-release naltrexone cannot be self-administered and must be administered by a practitioner.

Availability of MAT

Although an evidence-based treatment with demonstrated success, the uptake of MAT by healthcare organizations, practitioners, and patients remains low. Many addiction treatment facilities do not offer MAT, and practitioners who prescribe MAT are not always readily available to individuals seeking treatment. While naltrexone can be prescribed by any licensed prescriber, only federally certified and accredited OTPs can prescribe methadone. Additionally, only physicians, nurse practitioners, and physicians assistants with the **DATA 2000 waiver** can prescribe buprenorphine. More information about the prescribing requirements for MOUD, including information on and requirements for the DATA 2000 waiver to prescribe buprenorphine, can be found in **Appendix C**.

As of 2018, fewer than 25 percent of publicly funded treatment programs reported offering any FDA-approved medications to treat SUD, and fewer than 50 percent of privately funded treatment programs reported having practitioners who prescribe medication to treat SUD.[30] Moreover, healthcare delivery organizations, treatment centers, and practitioners need to enhance their capacity to treat individuals with OUD using MAT. Opportunities exist for stakeholders to come together to overcome the barriers that prevent the use of these safe and effective medications to save the lives of millions of Americans struggling with OUD. Many of these barriers are related to the presence of stigma, limited resources, clinical knowledge, and lack of clinician experience and training on MAT. Healthcare organizations, including health systems, opioid treatment programs (OTP), emergency departments, hospitals, outpatient settings, and practitioners, payers, and community organizations must come together to ensure MAT is an accessible treatment option for individuals with OUD.

With increased national attention on addressing the opioid epidemic and diverse stakeholders advocating to improve access to MAT, a variety of terms have been used to refer to the use of medications in the treatment of addiction. In this Guide, we refer to MAT. Other terms, such as medication-based treatment and medication-assisted recovery, are also commonly used by stakeholders to refer to treatment approaches that include the use of MOUD. MAT refers to an approach that includes MOUD in combination with behavioral therapies. Given the personalized nature of treatment, a lack of behavioral interventions should not prohibit individuals in need from being offered or receiving MOUD.[31] Practitioners and patients should use shared decision making to make informed, patient-centered decisions about the best treatment plan and path to recovery for each individual.

USING THE GUIDE

This Guide provides concrete strategies and implementation examples for healthcare delivery organizations (including treatment facilities, hospitals, emergency departments (ED), outpatient settings, and others), practitioners, payers, and community organizations to help implement, strengthen, and/or expand their ability to provide MAT to individuals with OUD.

Although this Guide focuses on treatment for OUD and does not detail best practices for opioid prescribing and multimodal pain management, more information on these topics appears in the **National Quality Partners Playbook™: Opioid Stewardship**.

This Guide is not a list of "must-do's", but instead offers a variety of options and best practices from which to choose, depending on stakeholder type, organizational context, resources, and needs. This Guide will inform the actions of diverse healthcare organizations to help overcome barriers that currently impede their ability to provide MAT, thus supporting them to provide high-quality, evidence-based treatment for individuals with OUD. Specific strategies for community organizations, such as public health authorities, community-based service organizations, employers and employer groups, and the criminal justice system are included in a section detailing the **role of community partners** in advancing the use of MAT.

The Guide is organized into six **fundamental action areas** in which healthcare delivery organizations, practitioners, and payers can take action to support the use of MAT. Each fundamental action area includes:

- A brief overview, implementation strategies, potential barriers and suggested solutions, and sample tools and resources (**Appendix B** includes hyperlinks to all tools and resources)
- Overarching implementation strategies that are applicable to a wide range of stakeholder groups, and stakeholder-specific implementation strategies for healthcare delivery organizations, practitioners, and payers
- Implementation strategies that require various levels of resources and organizational effort, offering flexibility for stakeholders to identify which implementation strategies and approaches best suit them based on available resources and context

The Guide uses multistakeholder input from experts including patients, front-line practitioners, healthcare administrators, addiction treatment center staff, payers, pharmacists, community partners, and representatives from the criminal justice system, employer groups, and federal agencies to provide practical strategies to build or strengthen an approach to OUD treatment that encompasses MAT. This Guide does not replace the guidance that professional societies, associations, and other agencies have produced. Rather, it builds on current efforts to provide practical, action-oriented strategies. Although the Guide is intended primarily for healthcare delivery organizations, practitioners, payers, and community organizations, a wide range of stakeholders—including patients and caregivers—may find the Guide informative and useful. From this Guide, diverse stakeholders can gain insights on lessons learned, innovative and promising practices, and solutions to common barriers in order to support the use of evidence-based treatment for individuals with OUD.

FUNDAMENTAL ACTION AREAS

The National Quality Forum (NQF) identified six fundamental action areas to support healthcare delivery organizations (including treatment facilities, hospitals, EDs, outpatient settings, and others), practitioners, and payers to help implement, strengthen, and/or expand their ability to provide MAT to individuals suffering from OUD:

1. Leadership, culture, and buy-in
2. Public awareness and reduction of stigma
3. Clinical knowledge and training
4. Patient, family, and caregiver engagement
5. Community partnerships and care transitions
6. Measuring progress

Action Area 1: Leadership, Culture, and Buy-In

Strong leadership, both formal and informal, is critical in fostering a culture that supports the use of MAT to treat OUD. Clinical and administrative leadership should support a collaborative, shared vision for the use of evidence-based treatment approaches for OUD, including MAT, across hospitals, health systems, practitioners, opioid treatment programs (OTPs), clinics, community organizations, payers, employers, and more. To ensure buy-in, leaders should be knowledgeable of the science of addiction and evidence behind MAT. Leaders must share this knowledge using nonstigmatizing language with patients, families, healthcare workers, and the public to help normalize MAT. As organizations and practitioners shift to a model that welcomes the use of MAT, leadership must also anticipate and address possible implementation challenges that may arise as practitioners use MAT. Lastly, leadership must lead by example to promote a stigma-free environment and dispel common misperceptions related to OUD and MAT.

Implementation Strategies

OVERARCHING STRATEGIES

- Use a **chronic disease management model** when describing OUD, reinforcing that addiction should be treated as a medical condition and not a moral failing
- Create a culture in which patients receiving MAT are viewed as individuals receiving an effective, evidence-based treatment for a chronic condition
- Lead by example by using nonstigmatizing, patient-centered language when describing OUD and MAT (e.g., referring to *individuals with OUD* and not *addicts, junkies or users,* and avoiding the terms *"clean"* and *"dirty"*)
- Create and use organizational policies to formalize processes related to the use of MAT
- Develop and support programs and policies that recognize the importance of early intervention and timely access to the initiation of MAT (e.g., buprenorphine initiation in the ED or same-day medication services at OTPs/community providers)
- Seek out and pursue sustainable funding mechanisms to support MAT programs

PRACTITIONER STRATEGIES

- Champion the use of MAT and lead by example by treating individuals with MAT and by educating fellow practitioners and the public
- Offer a full spectrum of services to support individuals with OUD, and integrate treatment for co-occurring mental health conditions into addiction treatment
- Reach out to local hospitals and addiction treatment centers to proactively establish oneself as a referral source and a local leader in MAT
- Speak up against the stigma of MAT and addiction treatment by sharing success stories and sharing information about the role of counseling and behavioral therapy in MAT
- Participate in the development and review of organizational policies, and provide feedback on how policies impact a practitioner's ability to provide MAT

- Share stories with professional associations about the challenges practitioners encounter when treating patients with MAT and about positive outcomes of MAT to raise awareness and to link stories to positive change (e.g., through the AMA's **Share Your Story** campaign and SAMHSA's **Share Your Story** resource webpage)
- Engage with local, state, and national professional societies and groups to share knowledge and become a national voice for MAT

HEALTHCARE DELIVERY ORGANIZATION STRATEGIES

- Create a sense of organizational pride about offering evidence-based treatment
- Be transparent to the public, patients, and staff regarding the treatment approaches used at the facility
- Create a culture that allows for innovative service expansion to meet the current needs of the population served by the organization (e.g., creating a new MAT program or using telehealth)
- Solicit input from community partners, patients, practitioners, and payers when developing policies on OUD treatment and access
- Assess organizational readiness to begin providing MAT through focus groups and surveys, and based on results, connect individually with staff members to address stigma, misconceptions, and worries that limit their ability to provide MAT
- Develop and enforce organizational policies that encourage practitioners' ability and efficiency to treat OUD with MAT (e.g., develop policies to support practitioners in getting the buprenorphine waiver), and elicit feedback from all levels of staff to understand how policies support or impede the organization's ability to provide MAT
- Identify opportunities for practitioners with the buprenorphine waiver to treat to the maximum capacity of their waiver, when appropriate
- Support collaboration across clinicians and staff to build a sense of shared responsibility and accountability for using evidence-based treatment approaches to treat OUD (e.g., models of care that use nurse care managers to co-manage individuals with OUD alongside of a prescribing physician)[32]

PAYER STRATEGIES

- Ensure behavioral health/substance use portfolio leaders have clinical knowledge or experience in addiction medicine
- Support payment, authorization, and benefit parity across physical healthcare, behavioral healthcare, and SUD treatment
- Offer a broad network of benefits to support access to MAT by removing financial barriers, which may include reducing prior authorization and co-pays
- Remove treatment duration limits that are defined by a number of days and provide coverage for long-term treatment, recognizing that recovery is individualized and takes time
- Create payer notification pathways, when appropriate, to trigger care management or other targeted programs for individuals with OUD who may benefit from MAT and other health plan benefits
- Invest resources to reduce treatment fraud and prevent payment for fraudulent treatment to ensure only high-quality, evidenced-based treatment facilities receive payment
- Offer incentives for organizations providing high-quality treatment services
- Explore offering bundled rates for MAT that include medication, counseling, case management, lab testing, and/or addiction recovery medical homes

Potential Barriers and Suggested Solutions

Concerns from leadership about liability and risk to the organization if MAT is offered

Suggested Solutions

- Refer to national clinical guidelines and evidence-based resources that support the use of MAT to treat OUD
- Identify individuals responsible for overseeing adherence with evidence-based treatment (e.g., withdrawal management, medication use and storage, and counseling procedures)
- Educate leaders and staff on the various models of care that support MAT initiation, including ED-initiated buprenorphine, office-based opioid treatment (OBOT), nurse care manager models, and others
- Use data to dispel concerns about the likelihood of diversion of medication (e.g., current rates of diversion of MOUD are lower than rates of diversion for other prescribed medications)[33]

Misunderstanding of MAT and the science behind it at the leadership level

Suggested Solutions

- Educate leaders about MAT to help create advocates to champion MAT at the leadership level and throughout the organization
- Disseminate nationally accepted data (e.g., from CDC, NIDA, and WHO) and visuals (e.g., graphs) on the science behind MAT
- Remove stigmatizing language from policies and resources (e.g., refer to *individuals with OUD* rather than *substance abusers*)
- Engage individuals in recovery who received MAT to share their stories within organizations and publicly

Lack of infrastructure to implement MAT

Suggested Solutions

- Create a culture that is conductive to change by providing incentives for implementation of new practices that support the use of MAT
- Identify a designated leader for MAT initiatives and programs
- Invest in improved infrastructure for practitioners to provide care (e.g., appropriate support staff, intake materials, etc.)
- Establish mechanisms to facilitate warm hand-offs from the ED and primary care to community providers who can provide MAT
- Create a process to make all FDA-approved pharmacotherapy options available and paid for
- Support digital solutions, such as the use of telehealth services, to increase access to treatment and connect patients to MAT while adhering to the **Ryan Haight Online Pharmacy Consumer Protection Act of 2008** and state-level legislation

Lack of funding to support implementation of MAT

Suggested Solutions

- Advocate for sustainable funding mechanisms and policies to support evidence-based services for individuals with OUD
- Promote reimbursement mechanisms for practitioner time, medication, and care services
- Designate specific individuals within the organization responsible for finding funding opportunities
- Seek out grants or new forms of funding (e.g., state block grants, federal dollars disbursed for opioid-related needs) to support a sustainable MAT program[34]
- Seek out "recovery-philanthropy" efforts, which include sustainable streams of funding and donations focused on recovery initiatives

Suggested Tools and Resources

Certification and Accreditation Resources

- Medication Assisted Treatment for Opioid Use Disorders, Code of Federal Regulations (42 CFR Part 8)
- Medications for Opioid Use Disorder: Treatment Improvement Protocol (TIP) 63 – Substance Abuse and Mental Health Services Administration (SAMHSA)
- Oversight and steps for certification of opioid treatment programs – SAMHSA website

Examples of Innovative Leadership and Approaches to Support MAT Implementation

- Best Practices: Key Components for Delivering Community-Based Medication Assisted Treatment Services for Opioid Use Disorder in New Hampshire
- Business Plan for Medication-Assisted Treatment – Providers Clinical Support System (PCSS)
- Patient-Centered Opioid Addiction Treatment (P-Coat): Alternative Payment Model – American Society of Addiction Medicine (ASAM) report
- Shatterproof National Principles of Care: concepts for quality addiction treatment
- State and Local Policy Levers for Increasing Treatment and Recovery Capacity to Address the Opioid Epidemic – Office of the Assistant Secretary for Planning and Evaluation (ASPE) final report

Federal and Professional Association Guidelines and Reports

- A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders – SAMHSA report
- Federal Guidelines for Opioid Treatment Programs (2015) – SAMHSA
- Medications for Opioid Use Disorder Saves Lives – The National Academies of Science, Engineering, and Medicine report
- National Practice Guideline for Use of Medications in the Treatment of Addiction Involving Opioid Use – ASAM
- Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition) – National Institute on Drug Abuse (NIDA)

Implementation of ED-Initiated Buprenorphine

- ED BRIDGE Emergency Buprenorphine Treatment – website
- Emergency Department Initiated Buprenorphine & Referral to Treatment: A Brief Guide for ED Practitioners – Yale New Haven
- Initiating Buprenorphine Treatment in the Emergency Department – National Institute of Health (NIH) website
- Reducing Opioid-Associated Harm – American College of Emergency Physicians (ACEP) website

Implementation of MAT in the Office-Based or Primary Care Setting

- Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office – Federation of State Medical Boards
- Primary Care-Based Models for the Treatment of Opioid Use Disorder: A Scoping Review – Annals of Internal Medicine
- Webinar Series: Implementing Medication-Assisted Treatment in Primary Care – California Health Care Foundation

Use of Telehealth in MAT

- How is Telemedicine Being Used in Opioid and Other Substance Use Disorder Treatment? – Health Affairs
- Telemedicine and Prescribing Buprenorphine for Treatment of Opioid Use Disorder – Health and Human Services (HHS)
- Use of Telemedicine While Providing Medication Assisted Treatment – Drug Enforcement Administration (DEA)
- Using Telehealth to Support Opioid Use Disorder Treatment – ASPE issue brief

Action Area 2:
Public Awareness and Reduction of Stigma

Public perception and awareness of treatment options play a vital role in an individual's treatment and recovery journey. Stigma within a community can often influence whether an individual pursues treatment with MAT. Families, caregivers, and friends are in a unique position to encourage and support an individual with OUD to seek treatment.

The healthcare system must engage the public and raise awareness on the importance of using evidence-based treatment for individuals with OUD. It is imperative that stakeholders collaborate to ensure that the public understands the value and evidence behind MAT. Public buy-in can be gained by establishing safe avenues for discussion, developing strong communication channels, and implementing widespread educational campaigns. Education initiatives must first focus on the nature of OUD as a chronic brain disease, the prevalence of addiction within the local community, and the value and accessibility of evidence-based treatment, including MAT. Awareness campaigns, outreach efforts, and policy initiatives must also be sensitive to the social determinants of health that impact patients, families, and caregivers every day to help overcome stigma and barriers that may prevent access to treatment.

Implementation Strategies

OVERARCHING STRATEGIES

- Use storytelling to highlight patient success stories, without compromising patient privacy, to raise awareness of MAT and to change perceptions of the "typical" person with OUD
- Share data and statistics to show how MAT is greatly underused despite the evidence supporting it
- Perform, or participate in, a community needs assessment to identify needs and perceptions of the local community related to OUD treatment and MAT
- Collaborate with local media to share culturally sensitive success stories of recovery through MAT that resonate with the local community

PRACTITIONER STRATEGIES

- Use nonstigmatizing language in all encounters (e.g., refer to *persons in recovery* instead of *individuals who are "clean")*
- Identify individuals with diverse backgrounds in recovery to share their stories to highlight how SUD affects people from all walks of life
- Participate in research focused on overcoming stigma and stigmatizing attitudes
- Share success stories about the use of MAT with the clinical community to help overcome stigma within the medical profession
- Participate in educational activities and share information on the science of OUD and MAT, including by educating local students, community partners, patients, caregivers, and families

HEALTHCARE DELIVERY ORGANIZATION STRATEGIES

- Advertise the services and treatment options offered within the facility to help spread awareness of MAT and to educate the public about the local availability of MAT
- Work with civic and advocacy groups, neighborhood associations, and community-based organizations to disseminate information and facts on OUD and evidence-based treatment
- Conduct workshops for local primary care physicians to raise awareness of MAT and to improve referrals
- Leverage opportunities to engage patient and family advisory councils (PFAC) and peer support specialists to raise awareness of MAT and its value in helping individuals with OUD achieve recovery
- Recognize that having patients wait in line for MAT could contribute to stigma, and explore opportunities to redesign workflows to eliminate lines

PAYER STRATEGIES

- Participate in health fairs to help bring attention to OUD and the importance of evidence-based treatment
- Identify and employ a peer-support staff member who has personal experience with MAT to work with members and practitioners
- Use mandated community events as an opportunity to share information on OUD and evidence-based treatment options
- Raise awareness of MAT among the health plan's community, pharmacists, and providers to encourage its use
- Inform patients and plan members about MAT as a treatment option and about available treatment facilities near them[35]

Potential Barriers and Suggested Solutions

Lack of support for MAT from key public stakeholders

Suggested Solutions

- Ask leaders of healthcare organizations providing MAT to make a public commitment to overcome the nation's OUD crisis through evidence-based treatment, such as MAT
- Align well-respected community brands with OUD treatment to raise awareness through public campaigns and outreach efforts
- Educate those who frequently interact with youth (e.g., parents, teachers, coaches, clergy members, and other community members) to discuss and support early identification of individuals with OUD
- Educate employer organizations on the value of MAT to promote inclusion in covered benefits packages

Reluctance of community treatment services to allow MOUD in treatment

Suggested Solutions

- Create an environment in which MAT providers are seen as adding value to the community by focusing on the science behind MAT
- Reiterate that medication and treatment are not equivalent to recovery, but that they are a mechanism to achieve recovery
- Collect and share personal stories from diverse individuals with lived experience to highlight that there are pathways to recovery in addition to abstinence-only approaches
- Hold regional, county, or local level forums, town-hall meetings, and/or education days to foster public discourse and create avenues for sharing accurate information about MAT
- Create partnerships with addiction treatment providers and community-based service providers to facilitate an open dialogue about treatment options and pathways to recovery

Misperception that MAT simply substitutes one drug for other

Suggested Solutions

- Educate practitioners and the public on the mechanisms for how MAT works (e.g., the medications used in treatment restore balance to brain circuits that addiction impairs)
- Refer to MAT as *treatment or medication* instead of *substitution or replacement therapy* to change perceptions
- Distinguish between the behaviors of individuals engaged in MAT (e.g., patients receiving medication prescribed by a practitioner to treat OUD) and individuals using other substances or drugs (e.g., drugs obtained via illicit activity)
- Reiterate the role that counseling and behavioral therapy can play in a MAT program, and share that individuals receiving MAT often also receive medical, counseling, vocational, educational, or other treatment services[36]

Lack of understanding of the impact of OUD on the local community

Suggested Solutions

- Obtain and share local statistics to illustrate the burden of OUD within the community
- Create a community task force to assess local community needs and provide training to the community
- Use public awareness campaigns (e.g., advertisements) to highlight community members who have achieved recovery through MAT

Suggested Tools and Resources

Education to Support Stigma Reduction

- The Science of Addiction – NIDA Report
- Types of Substance Use Disorder – Addiction Policy Forum webpage
- Understanding Drug Use and Addiction – NIDA webpage
- Why opioid maintenance does not replace one addiction with another – NIH webpage
- Words Matter – Grayken Center for Addiction

Sample Media Campaigns and Outreach Materials

- BUPE WORKS – a Philadelphia initiative
- Challenging the Myths About Medication Assisted Treatment for OUD – The National Council
- Easy-to-Read Drug Facts – NIH website

SUD and OUD Data to Raise Awareness

- National Survey on Drug Use and Health – SAMHSA
- Opioid Overdose, including data and prevention resources – Centers for Disease Control and Prevention (CDC)
- Trends and Statistics on Substance Abuse – NIDA website
- Trends in Substance Use Disorder Among Adults Aged 18 or Older – SAMHSA
- What is the U.S. Opioid Epidemic? – HHS website

Action Area 3:
Clinical Knowledge and Training

Practitioners must have adequate knowledge, skills, and training to safely provide evidence-based treatment, including MAT, to individuals with OUD. Clinical knowledge and training should span across the healthcare delivery system and should include all levels of staff. Whenever possible, training should encourage physicians, nurse practitioners (NP), and physician assistants (PA) to obtain the buprenorphine waiver.

Healthcare delivery organizations and payers must recognize the role that nonclinical staff, including administrators and support staff, play in an individual's treatment and recovery journey. These organizations should identify ways to empower other members of the care team, such as care coordinators or patient navigators, to support practitioners as they provide evidence-based treatment to patients. Training should occur early and often. It should include connecting practitioners with resources and peer mentorship opportunities to help them become more experienced with MAT. Advancing knowledge of MAT throughout the healthcare community creates opportunities to overcome stigma, share information, improve quality of care, and enhance the availability of evidence-based treatment.

Implementation Strategies

OVERARCHING STRATEGIES

- Support ongoing and continuous clinical education and knowledge
- Educate on the use of nonstigmatizing language and incorporate this language throughout education and training materials
- Encourage individuals to attend conferences, join associations, and participate in educational opportunities to learn more about the evidence behind MAT
- Educate practitioners, administrators, and nonclinical staff on the science of addiction, epidemiology of SUD and OUD, and options for evidence-based treatment
- Use electronic health records (EHR) and other technology tools to support early identification through screening to promote timely initiation of treatment and/or referral to a treatment provider

PRACTITIONER STRATEGIES

- Make treatment decisions based on science and evidence, and not on personal philosophy
- Seek out training opportunities on co-occurring conditions, behavioral health, trauma-informed care, and crisis management to facilitate a whole-person approach to care
- Use validated screening tools to identify individuals with OUD and support effective referrals to treatment (e.g., warm hand-offs)
- Participate in training opportunities on motivational interviewing to help encourage patients to accept referrals to treatment
- Engage in practitioner-to-practitioner feedback and knowledge sharing of success stories, especially for practitioners in the ED who may never see a patient experience full recovery through initiation of MAT

- Obtain the buprenorphine waiver and encourage fellow physicians, NPs, and PAs to obtain the waiver
- Role play processes and scenarios to inform clinical decision making and to gain experience with a multitude of situations that require different levels of medication and treatment

HEALTHCARE DELIVERY ORGANIZATION STRATEGIES

- Include education on addiction as part of the organization's orientation process and develop opportunities for ongoing training and education (e.g., lunch and learns, online training modules, lectures)
- Train staff at all levels about evidence-based SUD and OUD treatment to address stigma and increase awareness of MAT, including administrators and staff who are not directly involved in patient care
- Create policies that support buprenorphine waiver attainment and use among qualified practitioners
- Require qualified practitioners to obtain buprenorphine waivers and/or offer incentives for practitioners who obtain the waiver
- Use EHR pathway integration to support staff in identifying clinical risk factors and to support practitioners with clinical care pathways and treatment decisions
- Establish protocols for effective referrals to treatment and leverage peer support specialists in these processes to support referrals
- Identify the optimal place for screening within an EHR to ensure that an individual who screens positive for OUD is identified early and that this information is shared with the practitioner who is caring for the individual in a timely manner
- Engage with professional societies to share information on innovative approaches to treatment access, and to learn from other organizations about how they have expanded access to MAT

PAYER STRATEGIES

- Include addiction specialists on staff and train other members of the payer team on addiction treatment and medicine
- Create opportunities for leaders of the behavioral health/substance use portfolio to share their clinical knowledge with other staff within the payer organization, including individuals in the community benefits, legislation, and regulatory affairs departments
- Recognize and reward staff for completing trainings that support the use of evidence-based treatment for OUD
- Raise practitioner awareness of fraud activities and treatment centers that are not evidence-based
- Incentivize providers to continue offering evidence-based treatment by paying for MAT
- Facilitate integrated systems between treatment programs, pharmacies, and payers by expanding in-network options and identifying opportunities to integrate electronic systems

Potential Barriers and Suggested Solutions

Practitioner inexperience with MAT and/or discomfort providing MAT

Suggested Solutions

- Provide education to all healthcare providers to equip them to provide treatment or referrals to treatment
- Identify clinical champions to share information about their experiences treating individuals with OUD through MAT
- Collaborate with local chapters of professional associations and societies to identify practitioners who are comfortable providing MAT and/or who can serve as resources for existing practitioners
- Link practitioners to more experienced practitioners and/or health systems, and use technology to support practitioner mentoring and education (e.g., Project ECHO, hub-and-spoke models)[37]

- Engage in peer-to-peer support for practitioners and participate in mentoring programs (e.g., through professional networks, such as PCSS-MAT)
- Ensure a clinical supervisory structure that supports practitioners in providing MAT, and explore using models of care that balance more experienced practitioners being responsible for medication initiation and early management, with less experienced practitioners caring for more stable patients
- Provide feedback to practitioners on how patients do in treatment to help demonstrate the success of individuals who were connected to MAT

Workforce challenges, such as burnout and turnover, prevent practitioners from engaging in education and training opportunities

Suggested Solutions

- Identify opportunities to engage nonclinical staff and empower staff to delegate tasks across the team, when appropriate, to create opportunities for providers to practice at the highest level of their license to help reduce burnout
- Share responsibilities across the care team by identifying team members who can screen patients before starting MAT to reduce burden
- Raise awareness of special programs that support practitioners building careers in addiction medicine (e.g., NHSC Substance Use Disorder Workforce Loan Repayment Program)
- Recruit and retain those who work in addiction medicine by facilitating parity in pay and advocating for increased reimbursement and payment for behavioral healthcare and addiction medicine

Time and resources required for education and training

Suggested Solutions

- Incorporate education and training initiatives into existing behavioral health and/or addiction medicine training programs
- Support practitioners to complete training (e.g., online, onsite, or external) through dedicated time off, professional development funds, and other benefits
- Incentivize practitioners to obtain the buprenorphine waiver
- Engage state medical societies and local medical schools to help support practitioner training and provide buprenorphine waiver training in medical school[38]
- Demonstrate the return-on-investment (ROI) of education initiatives through improved outcomes and reduced unnecessary utilization

Practitioner attitudes and misperceptions about MAT

Suggested Solutions

- Use professional societies to support education, training, and buy-in
- Begin education early in professional school and embed ongoing education about SUD, OUD, and evidence-based treatment throughout clinical learning
- Provide positive experiential trainings
- Overcome practitioner fears of patients diverting medication by using data (e.g., diversion rates decline as buprenorphine availability increases) and science (e.g., buprenorphine and naloxone have deterrent properties that block the reward effects of opioids)[39]

Misunderstanding of the buprenorphine waiver process

Suggested Solutions

- Educate healthcare workers on the laws that permit MAT to be provided in a variety of settings, including EDs, correctional facilities, offices, and remote clinics[40]
- Link leaders and staff to clinical exemplars—organizations that use innovative models of care that support MAT initiation, including ED-initiated buprenorphine, OBOT, nurse care manager models, and others—to facilitate shared learning
- Provide training to ED staff to overcome the misperception that only OTPs can provide buprenorphine
- Create time-limited training periods and offer incentives for staff who complete the training within the specified time

Suggested Tools and Resources

DATA 2000 Waiver and Resources

- Buprenorphine Waiver Management – SAMHSA website
- Qualify for Nurse Practitioners and Physician Assistants Waiver – SAMHSA website
- Understanding the Final Rule for a Patient Limit of 275 – Providers Clinical Support System (PCSS) blog post

Information to Support Prescribing MAT

- Buprenorphine—A Primer for Prescribers and Pharmacists – Centers for Medicare and Medicaid Services (CMS) report
- Dear Colleague Letters for MAT Providers (stay up to date on policy changes) – SAMHSA
- ED-Initiated Buprenorphine (decision tree and algorithm) – ACEP
- MATx (free mobile app for health care practitioners) – SAMHSA
- Naltrexone: A Step-by-Step Guide – PCSS
- National Practice Guideline for Use of Medications in the Treatment of Addiction Involving Opioid Use – ASAM
- Opioid Overdose Prevention Toolkit – SAMHSA
- Pocket Guide: Medication-Assisted Treatment of Opioid Use Disorder – SAMHSA
- What Does it Really Mean to be Providing MAT for Opioid Addiction? – Hazelden Betty Ford Foundation

The Science of Addiction

- Drugs, Brains, and Behavior: The Science of Addiction – NIDA report
- Types of Substance Use Disorder – Addiction Policy Forum webpage
- Understanding Drug Use and Addiction – NIDA webpage

Training Opportunities

- Continuing education courses on SUD – American Association of Nurse Practitioners (AANP)
- Educational Resources – ASAM
- Fundamentals of Addiction Medicine program – ASAM
- Identification, Counseling, and Treatment of OUD (online course) – Harvard Medical School
- MAT Webinars, Workshops, and Summits – SAMHSA
- Training resources – PCSS

Action Area 4:
Patient, Family, and Caregiver Engagement

To improve patient outcomes, engaging patients, families, and caregivers in discussions about the science of addiction, the role of evidence-based treatment, and the use of MAT to provide whole-person care is critical. Shared decision making with patients, families, and caregivers ensures that a treatment plan reflects the values, preferences, and goals of each individual. The practice of shared decision making can encourage caregivers and family members to be part of the recovery journey.

Shared decision making is a mechanism to support continued engagement in care, including a shared understanding of the treatment plan, cost of services, accessibility of behavioral therapy and counseling services, treatment program guidelines, and expectations for treatment. Practitioners, care coordinators, patient navigators, and/or peer support specialists can also help maintain an individual's engagement in care by connecting patients to peers, counselors, and/or behavioral therapy services. Education and engagement can reduce the potential stigma and misperceptions of MAT that the patient and caregiver might hold, which, if not addressed, can hinder a patient's ability to receive, or continue with, needed treatment.

Implementation Strategies

OVERARCHING STRATEGIES

- Create opportunities for patients, families, and caregivers with personal experience with MAT to serve in leadership roles within healthcare organizations and the broader community
- Use care coordinators, patient navigators, and/or peer support specialists to assist patients, families, and caregivers in understanding the complex care continuum and to help engage them in treatment opportunities
- Empower individuals in recovery to share their own success stories with MAT
- Create mindfulness of fraudulent treatment programs, and ensure patients, families, and caregivers are aware of ways to learn about and assess the quality of a treatment program
- Explore and invest in innovative modalities of care to engage patients in MAT (e.g., telehealth opportunities, hub-and-spoke models, etc.)

PRACTITIONER STRATEGIES

- Embody a patient-centered approach to care and use shared decision making to align the treatment plan with an individual's values, preferences, and goals
- Identify the types of treatment, medication, and treatment settings in which the individual will most likely succeed, understanding that different individuals benefit from different MOUD
- Use data-driven care to identify when MOUD are working well and when additional counseling could help improve patient outcomes
- Create a dialogue with patients to make sure they are adhering to the treatment plan, and partner with them to overcome any setbacks or lapses in adherence

- Identify strategies that motivate patients to remain engaged in treatment and share effective strategies with other practitioners
- Recognize that engaged and empowered patients can be a resource for practitioners and can help reduce stigma
- Educate families and caregivers on their role in recovery, how to address and prevent overdoses, and how to support individuals with OUD

HEALTHCARE DELIVERY ORGANIZATION STRATEGIES

- Be transparent about the services offered at the facility, so that individuals can easily identify facilities that provide MAT
- Create a patient-centered care delivery environment, prioritizing a patient's individual values, preferences, and goals in achieving recovery
- Support data-driven, evidence-based care, providing practitioners with the tools needed to evaluate if treatment is effective for a specific individual
- Engage PFACs in policy development, review, and evaluation
- Create education materials that list local community resources that complement MOUD to support holistic treatment
- Employ a certified peer specialist to assist with outreach and engagement initiatives
- Eliminate policies that discharge patients from care for nonadherence to treatment plans and continue engaging them in treatment discussions using shared decision making
- Expand use of telehealth services, when appropriate, to reach patients in rural or underserved areas

PAYER STRATEGIES

- Use existing data to identify plan members who may have OUD, and link them to local, in-network MAT providers
- Use care coordinators and/or patient navigators to follow health plan members through the continuum of care, creating opportunities to encourage engagement in care and to follow up with patients who disengage from treatment
- Collaborate with employers to create benefit packages that include referrals to treatment and coverage of treatment in employee benefits to support patient engagement in care
- Help patients, families, and caregivers understand out-of-pocket costs of treatment (e.g., provide easily accessible price transparency tools)
- Remove financial barriers that prevent individuals from accessing treatment (e.g., reduce prior authorization and co-pays)
- Offer reimbursement for the use of peer specialists to support patient and family engagement
- Promote treatment retention through reimbursement initiatives, and pay for continued retention in treatment over time

Potential Barriers and Suggested Solutions

No local MAT providers are accessible to the patient

Suggested Solutions

- Engage in Project ECHO or similar programs to increase treatment capacity by supporting qualified practitioners to obtain the buprenorphine waiver and by providing ongoing opportunities for mentoring and education[41]
- Use a hub-and-spoke model to connect local, OBOT providers to regional or state hubs when treatment services are limited in rural areas[42]
- Create partnerships with transportation companies to facilitate transportation to treatment
- Use videoconferencing to prescribe buprenorphine and for virtual group-based medication management to supplement in-person group therapy to reach individuals in rural areas, while ensuring compliance with the **Ryan Haight Online Pharmacy Consumer Protection Act of 2008** and state legislation[43]

Ambiguity on how to engage patients, families, and caregivers

Suggested Solutions

- Engage PFACs to provide insight on the best ways to offer care services and overcome barriers to care
- Educate staff on best practices for shared decision making
- Use peer support specialists to connect with patients and to provide an avenue for reflection and adjustment of treatment plans
- Learn from exemplars in the field who have created models of care that engage patients, families, and caregivers with demonstrated success
- Treat patients who are already engaged in primary care through OBOT to build on existing engagement and trusting relationships[44]

Families and/or caregivers misperceive the value of MAT and are unwilling to support treatment that includes the use of medication

Suggested Solutions

- Find common ground between the practitioner and the family member or caregiver to develop shared goals (e.g., both want the patient in a safe, effective treatment)
- Acknowledge that different treatment programs work for different people, and at different times, during an individual's recoveryShare the science behind MAT to dispel the perception that MAT is one drug replacing another
- Share data on how MAT reduces the likelihood of overdose[45]
- Share stories of similar patients who have had success and achieved recovery through the use of MAT
- Link family members to peer specialists who have had direct experience with family members with OUD who achieved recovery through MAT

Inadequate settings to provide patient education

Suggested Solutions

- Recognize the limitations of specific care settings for providing patient education (e.g., ED), and focus education on the most critical messages (e.g., OUD is a chronic, relapsing disease; treatment is available and works; linkages to treatment can be provided)
- Engage peer support specialists to provide education in settings that are comfortable to the individual
- Leverage existing relationships with community leaders to support education
- Offer to meet patients in settings that are familiar to them within their community to provide education
- Explore the use of telehealth to provide education in a setting that is both more conducive to the activity and more comfortable for the patient

Suggested Tools and Resources

Information about SUD, OUD, and MAT

- Challenging the Myths About Medication Assisted Treatment for OUD – The National Council
- Drugs, Brains, and Behavior: The Science of Addiction – NIDA report
- Opioid Addiction Treatment: A Guide for Patients, Families, and Friends – ASAM
- Share Your Story – SAMHSA website
- The Facts about Buprenorphine for Treatment of Opioid Addiction – SAMHSA brochure
- Understanding Drug Use and Addiction – NIDA webpage

Raising Awareness of SUD and OUD in Patients, Families, and Caregivers

- Information for Patients on Opioid Overdose – CDC webpage
- National Survey on Drug Use and Health – SAMHSA
- Trends and Statistics – NIDA website
- Trends in Substance Use Disorder Among Adults Aged 18 or Older – SAMHSA
- Types of Substance Use Disorder – Addiction Policy Forum website
- What is the U.S. Opioid Epidemic? – HHS webpage

Resources to Facilitate Patient Engagement

- Motivational Interviewing: Talking with Someone Struggling with Opioid Addiction – PCSS
- Partnering with Patients and Families to Strengthen Approaches to the Opioid Epidemic – Institute for Patient- and-Family Centered Care (IFPCC) report
- Person- and Family-Centered Care and Peer Support – SAMHSA website

Resources to Support Treatment Initiation

- Buprenorphine Practitioner Locator – SAMHSA
- Treatment Options (patient resource series) – NIDA Medical and Health Professionals (NIDAMED)

Reducing Stigma in Patients, Families, and Caregivers

- Anti-Stigma Toolkit: Guide to Reducing Addiction-Related Stigma – Addiction Technology Transfer Center (ATTC)
- Treatment Works (success stories in treating OUD) – PCSS webpage

Action Area 5:
Community Partnerships and Care Transitions

Partnerships and collaboration across healthcare delivery organizations, practitioners, payers, and community organizations facilitate a holistic, multidisciplinary approach to treatment and recovery—and promote smooth care transitions. Partnerships must be formed across a wide array of organizations and stakeholders, including, but not limited to, EDs, OTPs, community services organizations, correctional facilities, homeless facilities, practitioners, counselors, and first responders. Community partnerships early in the care continuum can ease the initiation of MAT when a patient first enters the healthcare system, while warm hand-offs are pivotal in encouraging continuation of treatment across settings over time.

In forming these partnerships, practitioners treating individuals with OUD through MAT gain greater opportunities to connect their patients to other professionals that offer complementary services, such as counseling, social services, vocational services, education, and peer support. Forming strong community partnerships also helps facilitate the use of MAT in underserved or rural areas, thus making it a more readily accessible treatment. Ultimately, these community partnerships and care transitions play a vital role in ensuring that individuals with OUD can access, maintain, and remain engaged in an evidence-based treatment program.

Implementation Strategies

OVERARCHING STRATEGIES

- Create opportunities to engage a variety of community stakeholders—including healthcare delivery organizations, practitioners, patients, payers, and community organizations—to create a shared vision of success to build trust among partners
- Foster collaboration with public health authorities, community-based service providers, employers and employer groups, and the criminal justice system, and recognize the **role of community partners** in supporting MAT
- Publicly acknowledge the role of community partners in supporting MAT and meeting the care needs of patients in treatment
- Create recovery-ready communities by building relationships across the community and having a robust treatment infrastructure in place for when individuals are ready to seek treatment
- Facilitate care transitions through warm hand-offs to support a holistic approach to care that includes MAT, counseling, and other supportive services
- Educate nonmedical community organizations whose services complement MAT so that they understand the value in MAT and can support individuals beginning, and continuing with, treatment

PRACTITIONER STRATEGIES

- Facilitate warm hand-offs between EDs, hospitals, OTPs, OBOTs, and other community-based service providers
- Participate in community-wide initiatives to share information and build relationships with community organizations and treatment centers
- Assist local practitioners by sharing knowledge and expertise, and engaging in models of care that support relationship building across communities (e.g., hub-and-spoke models, Project ECHO, etc.)
- Join learning collaboratives with other practitioners to facilitate shared learning about providing MAT and overcoming barriers to providing holistic, evidence-based treatment
- Learn about the community resources available to support local patients being treated with MAT and to link patients to other complementary services (e.g., counseling, education, and vocational services)
- Connect individuals and families interested in treatment, or currently receiving treatment, to community organizations and peers with lived experience who can share information and lessons learned on their experiences with MAT and recovery
- Partner with the criminal justice system to provide MAT to individuals who are incarcerated and to maintain continuity of care when individuals with OUD leave the criminal justice system[46]

HEALTHCARE DELIVERY ORGANIZATION STRATEGIES

- Develop relationships with community organizations and involve them in organizational policy development
- Allocate resources, including personnel and funding, to support collaboration with pharmacies, local practitioners, the criminal justice system, and other healthcare delivery organizations
- Create clear guidelines to support care teams screening individuals for OUD and referring them to treatment, if indicated
- Designate staff to follow up with patients and the facilities to which they are referred for treatment or other care services
- Hold staff accountable for facilitating warm hand-offs and care transitions
- Address the high prevalence of OUD in the state and community by integrating primary care, psychosocial services, and MAT through Medicaid home health models[47]

PAYER STRATEGIES

- Broker a partnership between in-network EDs, hospitals, treatment facilities, and other MAT providers to facilitate care linkages for individuals in need of different **levels of care**
- Engage primary care physicians (PCPs) to ensure they have a behavioral health partner, or link them to a designated MAT provider with whom they can partner, if needed
- Partner with foundations to support prevention efforts for OUD
- Identify practitioners who do not provide counseling and connect them to other in-network counseling services (e.g., via telehealth) so they can make referrals if it will benefit the patient
- Support payment models for recovery housing
- Collaborate with the criminal justice system when individuals with OUD are incarcerated to ensure that coverage is suspended, rather than terminated, to help prevent gaps in MAT once individuals are released

Potential Barriers and Suggested Solutions

Lack of care coordination and integrated systems between treatment programs, pharmacies, and payers

Suggested Solutions

- Designate individuals at the organization level who are responsible for creating processes to support collaboration, such as creating and maintaining a centralized list of preferred state Medicaid plan medication formulations
- Engage community health teams (e.g., community health workers) to facilitate care linkages
- Create an infrastructure and reimbursement approach that supports coordination and integration led by the facility in which the patient receives care on an ongoing basis (e.g., an OTP, if the patient engages with the center on a regular basis)
- Follow a collaborative model in which OTPs perform an initial intake, initiate buprenorphine, stabilize the patient, and transfer the patient to an OBOT for further management, when clinically appropriate[48]

Concerns about how to maintain confidentiality while collaborating on care plans

Suggested Solutions

- Educate practitioners, patients, and caregivers on privacy laws, including on interpretation of **Title 42 of the Code of Federal Regulations Part 2: Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2)** and how it relates to the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**
- Obtain consents for data sharing to promote continuity of care between different healthcare practitioners and services
- Collaborate with diverse organizations and stakeholders to create standardized consents that meet the requirements of 42 CFR Part 2

Healthcare providers are not aware of local community resources

Suggested Solutions

- Create opportunities for community organizations to share information about their services with healthcare organization staff
- Establish a local directory of referral resources to support OUD treatment
- Create and maintain a list of pharmacies that carry FDA-approved medications

Lack of integration and infrastructure make it hard to partner with the criminal justice system to support individuals who need OUD treatment

Suggested Solutions

- Build relationships and encourage law enforcement officers to refer individuals who have overdosed to a nearby crisis-care center or ED to receive treatment
- Provide feedback to close the loop with first responders who bring patients who have overdosed to healthcare facilities to share information on patient outcomes, when appropriate, to raise awareness of successful treatment and recovery programs
- Engage with leaders in the criminal justice system to support the implementation of in-house MAT programs in correctional facilities, either by providing treatment services directly or by connecting the criminal justice system to community providers of MAT

Suggested Tools and Resources

Innovative Partnerships

- Addressing the Opioid Crisis: Medication-Assisted Treatment at Health Care for the Homeless Programs – Henry J Kaiser Family Foundation
- Ending the Opioid Epidemic: Leading-Edge Responses and Next Steps (a case study of North Carolina) – Manatt Health
- Innovative Approaches Can Help Improve Availability of Opioid Use Disorder Treatment – Pew Charitable Trust
- Michigan Opioid Partnership – Community Foundation for Southeast Michigan website
- Project ECHO: A New Model for Educating Primary Care Providers about Treatment of Substance Use Disorders – Substance Abuse article
- Spotlight: Care Alliance for Opioid Addiction—the Hub and Spoke Model – Addiction Policy Forum
- State and Local Policy Levers for Increasing Treatment and Recovery Capacity to Address the Opioid Epidemic: Final Report – ASPE

Community Health Center Partnerships

- Community Health Centers Are Fighting on the Front Lines of the Opioid Crisis – HHS article
- Community Health Centers Use Innovation to Address Opioid Addiction Crisis – Modern Healthcare article
- How Community Health Centers Can Boost Patients Access to MAT – Patient Engagement HIT article
- Implementing an Integrated Medication-Assisted Treatment Program at Community Health Centers – Urban Institute report
- Rising to the Challenge: Community Health Centers Are Making Substance Use Disorder Treatment More Accessible Than Ever – National Association of Community Health Centers (NACHC) report

Using MAT in the Criminal Justice System

- MAT Advocacy Toolkit – Legal Action Center
- MAT in Drug Courts: Recommended Strategies – Legal Action Center
- MAT in the Criminal Justice System: Brief Guidance to the States – SAMHSA
- Responding to Opioid Use Disorder in Correctional Settings – Office of National Drug Control Policy (ONDCP)

Action Area 6: Measuring Progress

Healthcare delivery organizations, practitioners, and payers can all take steps to assess progress and measure change to ensure their efforts have a positive impact on the lives of individuals with OUD. Data and measurement are powerful tools for understanding patient and system needs, strengths, and opportunities to support and expand the use of MAT. Assessing the availability of MAT, whether patients who need it are receiving it, and barriers to providing MAT are the first steps towards measuring overall improvement in health outcomes of patients with OUD. Through data collection and measurement, healthcare delivery organizations, practitioners, and payers can assess progress within their organization.

Measurement and data can also support regional, state, and national efforts to address the opioid epidemic. Measurement efforts should focus on identifying any unintended consequences of strategies implemented to increase the use of MAT. Efforts should also support identifying new areas for action and improvement. Measurement may start with structural measures to identify whether MAT is available and/or process measures to identify whether patients are receiving MAT. Ultimately, organizations should advance to focus on patient-centered outcome measures to ensure that patients are not only receiving high-quality treatment, but that treatment has a positive impact on their overall health and quality of life.

Implementation Strategies

OVERARCHING STRATEGIES

- Identify measures that are meaningful to patients, practitioners, and administrators; improvable; feasible to deploy; broadly useable; and aligned with the overall goals of the organization
- Prioritize measures to reduce data collection and measurement burden while identifying actionable opportunities for improvement
- Understand available data sources, and their limitations, when identifying measures
- Implement systems and processes to support the use of measurement to understand and improve patient outcomes
- Leverage technology and existing IT infrastructure (e.g., EHRs, patient portals, and mobile applications) to assist with and/or automate data collection, measurement, and reporting

PRACTITIONER STRATEGIES

- Use measures and data to inform clinical decision making and to support data-driven care
- Measure patient engagement in treatment and identify opportunities to re-engage patients who have disengaged from treatment
- Monitor for unintended consequences of measurement and escalate concerns to leadership

- Share data on patient outcomes—while adhering to privacy laws—with other practitioners who have interacted with the patient so practitioners can recognize their own impact (e.g., maintain privacy while sharing outcomes of care with the ED practitioner who initiated buprenorphine for the patient)

HEALTHCARE DELIVERY ORGANIZATION STRATEGIES

- Incorporate measures related to MAT in broader organizational quality dashboards and quality improvement processes
- Identify key performance metrics related to MAT use, share outcomes with senior leadership and across the organization on a routine basis, and identify actionable strategies for improvement when necessary
- Measure capacity needs to support resource allocation within the organization (e.g., measure utilization of MAT; the number of practitioners with the buprenorphine waiver; the number of practitioners treating to the top of their waiver)
- Eliminate organizational silos to support data sharing across practitioners and departments (e.g., behavioral healthcare departments, emergency departments, and others)
- Collaborate with payers to identify meaningful and representative quality measures and collect data and measures to share with payers
- Audit compliance with treatment plans to ensure practitioners are following evidence-based practices, and follow up if care plans are not being implemented appropriately to understand, address, and overcome potential barriers
- Incorporate patient experience measures when identifying opportunities to improve care

PAYER STRATEGIES

- Use quality measures to create an internal performance dashboard to understand trends in opioid prescribing and use of FDA-approved medications to treat OUD
- Include consensus-based, scientifically acceptable, useable, feasible quality measures into contracts and reimbursement agreements
- Incentivize in-network practitioners and facilities to track quality measures
- Set performance expectations for measures included into contracts, and require practitioners to report on them measures on an ongoing basis
- Collaborate with other public and commercial payer groups to create alignment in quality measures
- Use quality measures to evaluate in-network MAT providers continually to ensure high-quality, integrated care is being provided (e.g., percentage of patients screened for co-occurring mental health conditions)

Potential Barriers and Suggested Solutions

Measurement burden and competing measurement priorities across stakeholder groups

Suggested Solutions

- Communicate the value and evidence for measurement, building a culture of data-driven, continuous quality improvement
- Leverage technology, including EHRs, electronic tablets, patient portals, and mobile applications to help automate tracking and documentation whenever possible
- Explore the use of nonclinical staff to assist with data collection and entry, when appropriate
- Align internal measurement and reporting requirements with measures used for payment and other incentives

No consensus on the best measures to assess quality of care, patient engagement, and outcomes for individuals in MAT

Suggested Solutions

- Explore measures that look at engagement in a treatment program as a proxy for overall patient engagement, recognizing that individuals do best when they are engaged in treatment
- Test the use of measures validated and/or endorsed for other settings and populations to determine their usefulness and scientific acceptability for individuals with OUD
- Identify funding opportunities to support the development of measures for individuals with OUD

Low volume of individuals receiving MAT makes it hard to assess measures and organizational progress on a national scale

Suggested Solutions

- Use measures for internal quality improvement
- Ensure screening processes identify individuals with SUD, OUD, and who are receiving MAT to facilitate data collection
- Collaborate with EHR vendors to ensure that the EHR has the fields to capture data on individuals with OUD and to ensure treatment patterns are being measured
- Incentivize the reporting of quality measures to increase the amount of data collected on a national scale

Suggested Tools and Resources

Screening and Assessment Resources

- Questions for Identification of OUD Based on DSM-5 – NIDA
- Screening and Assessment Tools Chart – NIDA

SUD and OUD Quality Measures

- Association Between Quality Measures and Perceptions of Care Among Patients with Substance Use Disorders – Psychiatry Online article
- Developing an Opioid Use Disorder Treatment Cascade: A Review of Quality Measures – Journal of Substance Abuse Treatment article
- NQF Behavioral Health and Substance Use Measure Portfolio
- Overview of Substance Use Disorder Measures in the 2019 Adult Core Set – Medicaid/CHIP factsheet
- Review of Medication-Assisted Treatment Guidelines and Measures for Opioid and Alcohol Use—Summary of MAT Quality Measures – ASPE
- SAMHSA Quality Measures

SUD and OUD Measurement Opportunities

- Advancing Performance Measures for Use of Medications In Substance Abuse Treatment – Journal of Substance Abuse Treatment article
- Exploring Value-Based Payment to Encourage Substance Use Disorder Treatment in Primary Care – Center for Health Care Strategies and Technical Assistance Collaborative report
- How to Create Quality Measures for Addiction Treatment that Improve Outcomes – RTI website
- Measurement-Based Care Using DSM-5 for Opioid Use Disorder: Can We Make Opioid Medication Treatment More Effective? – Addiction Journal article
- NQF Opioid and Opioid Use Disorder Technical Expert Panel (TEP)
- Performance Measures for Substance Use Disorders—What Research is Needed? – Addiction Science & Clinical Practice article
- Quality Measures for Mental Health and Substance Use: Gaps, Opportunities, and Challenges – Health Affairs article

THE ROLE OF COMMUNITY PARTNERS

Collaboration and coordination between healthcare delivery organizations, practitioners, payers, and community organizations are essential to increase access and availability of MAT for individuals with OUD. Community organizations and systems, such as public health authorities, community-based services organizations, employers and employer groups, and the criminal justice system play a vital role in expanding access to MAT. The **action areas** detailed in this Guide include concrete strategies to facilitate healthcare delivery organizations, practitioners, and payers partnering together with community organizations. Although more work is needed to create and sustain community partnerships, there are still many steps that individual public health authorities, community-based services organizations, employers and employer groups, and the criminal justice system can take to support the use of MAT.

Public Health Authorities

Local public health authorities have a unique role in facilitating the use of evidence-based treatment for OUD through their access to wide-ranging healthcare organizations. Public health authorities and officials can leverage their assembly powers to bring together stakeholders from various backgrounds, organizations, and disciplines to identify the unique needs of the community and to create a shared vision. To support the use of MAT, public health authorities can:

- Build trust and develop relationships with a wide range of organizations and stakeholders to help ensure the community is recovery-ready, to empower patients who have achieved recovery through MAT to assist in creating recovery-ready communities, and to change public perceptions of MAT
- Participate in task forces focused on OUD and opioid overdoses at the county, state, or regional level
- Collaborate with public health communications experts to identify innovative and effective ways to share information about MAT throughout communities, and develop media campaigns to increase people's understanding and awareness of MAT as an evidence-based treatment (e.g., blogs, op-ed articles, advertisements, and newsletters)
- Identify and engage organizations that may support abstinence-only treatment in community conversations with individuals and practitioners who have had positive experiences with MAT to overcome stigma and misperceptions about the medications used in MAT
- Support appropriate data sharing between states, health systems, and treatment facilities, and incentivize the use of measures through funding opportunities and quality of care designations
- Monitor state and regional outcome data to understand the impact of the current treatment options on the local population (e.g., rate of OUD-related overdose deaths in a given time period)
- Measure trends occurring in the community, such as HIV or hepatitis C outbreaks, to identify if harm-reduction strategies incorporated into MAT are effective at the community level
- Encourage state and local government to provide ongoing funding for addiction treatment services

Community-Based Service Organizations

Community-based services offered to individuals with OUD complement treatment programs by empowering individuals to live meaningful lives in their own community.[49] Community-based service organizations, such as community groups, housing services, and other social services, can support the use of MAT by providing a holistic, multidisciplinary approach to treatment. Healthcare delivery organizations, practitioners, and payers must link patients to the community-based services that will assist individuals on their personal paths to recovery. To support the use of MAT, community-based service organizations can:

- Welcome OTPs and MAT providers into the community, and recognize their value in improving health outcomes
- Offer community-based services that complement the use of MAT to support individuals in treatment, including employment and vocational services
- Create relationships with practitioners and healthcare delivery organizations to facilitate care transitions and warm hand-offs
- Educate healthcare facilities, practitioners, and other community groups to support the elimination of policies that discharge patients for nonadherence to treatment plans
- Engage patients, families, and caregivers to develop education campaigns and materials to raise awareness of local services that support holistic treatment
- Develop safe housing options within the community for individuals with OUD who are receiving MAT and need housing, and eliminate policies that do not permit individuals receiving MAT to live in community and/or supportive housing

Employers and Employer Groups

Employers and employer groups engage the working population and create environments in which individuals are able to work and live healthy lives. Employers and employer groups can provide a safe workplace to support the use of MAT and to support employees with OUD, or employees whose loved ones may suffer from OUD. Healthcare delivery organizations and payers can partner together with employers and employer groups to create policies that promote evidence-based treatment. To support the use of MAT, employers and employer groups can:

- Partner with healthcare delivery organizations and practitioners to learn about the science of addiction and MAT
- Create comprehensive employee benefit packages that include access to evidence-based OUD treatment services, including MAT
- Develop and provide peer and manager trainings to help employees understand their available mental health and OUD treatment options
- Create policies that provide paid time off for employee treatment and caregiver leave to support employees whose family members are experiencing OUD
- Provide employees access to confidential counseling, treatment, and services
- Institute policies that support individuals with OUD in receiving treatment if a performance issue is identified, rather than terminating employment, when appropriate
- Partner with businesses to help raise funds for services not currently covered by payers and to help raise awareness of MAT

The Criminal Justice System

The criminal justice system, including law enforcement, attorneys, courts, and correctional officers, often interact with individuals with OUD, and they are a powerful ally in improving access to treatment and getting patients the care they need.[50] Opportunities exist for the criminal justice system to aid individuals with OUD by initiating medications for the treatment of OUD, when appropriate, and linking individuals to treatment. Healthcare delivery organizations, practitioners, and payers can collaborate with the criminal justice system to identify individuals with OUD to create opportunities to treat them with MAT. To support the use of MAT, the criminal justice system can:

- Educate first responders and law enforcement about the science of addiction and the value of evidence-based treatment
- Share positive patient outcomes about individuals who overdosed but were referred to treatment by first responders and local law enforcement
- Identify opportunities to assist individuals who divert buprenorphine to keep them in treatment, rather than criminalizing them
- Use federal grants to educate judges on MAT to increase the number of drug courts referring individuals with OUD to MAT
- Educate judges, prison medical directors, correctional officers, attorneys, and probation officers on MAT and the value in coordinating OUD treatment for individuals in the criminal justice system who have a history of addiction
- Promote the use of MAT within jails and prisons, either by facilitating in-house MAT or by establishing partnerships with community-based providers[51]
- Facilitate hand-offs and care transitions for individuals with OUD who are leaving incarceration to ensure they have a clear path to begin, or continue with, MAT

DRIVERS OF CHANGE

Multistakeholder collaboration in several key areas can also expand the use of MAT to treat individuals with OUD, including stigma reduction, federal and state policies, privacy, payment, education, and workforce development. Diverse stakeholders may want to support action in these domains to continue expanding the use of evidence-based treatment for OUD.

Stigma Reduction

Despite years of progress and evidence supporting the use of MAT for OUD, stigma remains a critical barrier. Overcoming that barrier to expand the use of MAT requires action from diverse stakeholders. Stigma exists across settings and stakeholder groups with respect to the disease of addiction, the individuals who suffer from addiction, those who use MAT in their journey to recovery, and the practitioners who provide MAT. National action is needed to overcome the stigma that prevents individuals with OUD from seeking treatment and prevents practitioners from incorporating MAT into practice.

To aid those who suffer from OUD, individuals in healthcare organizations and the broader community must better understand addiction and how it affects the brain. On a national level, society must overcome the misperception that addiction is a moral failing. Diverse stakeholders must come together to share the evidence of MAT and continue to provide education at every opportunity. Organizations and individuals must thoughtfully speak about SUD, OUD, and MAT, reinforcing that stigmatizing language will not be tolerated. High-quality MAT programs must be elevated to show that MAT is part of high-value care that improves outcomes.

Federal and State Policies

National, state, and community level policies can help advance the availability and use of all FDA-approved medications to treat individuals with OUD. Strong organizational policies can also help to inform state and federal policies by demonstrating what has worked at an organizational level. As the policy landscape evolves, it is important for stakeholders to review state and national policies to ensure compliance and to monitor for any unintended barriers created by policies that prevent individuals from receiving MAT.

Privacy

Individuals with OUD may be reluctant to share information about their substance use and/or treatment needs with their healthcare providers for fear of stigma or even prosecution.[52] To address this, the federal government implemented **Title 42 of the Code of Federal Regulations Part 2: Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2)** to protect patient privacy and encourage individuals to seek addiction treatment without fear of legal or social consequences. Individuals with SUD fall within the provisions of 42 CFR Part 2, which includes more stringent regulations for the sharing of health information and data than the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**. Under 42 CFR Part 2, a federally assisted SUD program may only release consumer identifying information with the individual's written consent, with few exceptions.

Misinterpretations of 42 CFR Part 2 may unintentionally limit data sharing across practitioners and care settings. Opportunities exist for organizations to align interpretations of this regulation to facilitate appropriate data sharing while ensuring privacy is protected and patients receive high-quality care. Organizations may also consider how 42 CFR Part 2 consent forms fit into the larger process of collecting patient information to identify ways to incorporate the consent form within a more comprehensive document, such as an intake form, while minimizing data collection burden within and across settings.[53] Educating the workforce on 42 CFR Part 2, including its scope, rationale, and required elements, can help promote appropriate data sharing between healthcare delivery organizations, practitioners, and community organizations.

Payment

Payment policies should support individuals in accessing evidence-based treatment and achieving long-term recovery. Payment mechanisms can facilitate the use and availability of all FDA-approved medications for OUD by supporting reimbursement, eliminating barriers that impede access to care, and reducing delays that patients experience before receiving treatment. However, variation exists across Medicaid, Medicare, commercial, and marketplace health plans regarding their reimbursement for and limitations on MAT. For example, although all state Medicaid programs reimburse for some medications used to treat OUD, not all plans cover all medications.[54] Only 42 state Medicaid programs reimburse for methadone as MAT, and less than 70 percent of state Medicaid programs reimburse for implanted or extended-release injectable buprenorphine.[55]

Additionally, even if a health plan reimburses for a specific medication used in MAT, benefit design may constrain how patients can access the medication. Constraints may include quantity or dosing limits, prior authorization, and/or requirements for psychosocial treatment, among others.[56] Although many of these benefit design limits exist to promote safe and appropriate medication use, it is important for health plans to consider how these constraints may impact the individuals trying to access MAT. Opportunities exist to learn from the health plans across the nation that have worked to improve access to MAT by expanding in-network access to it. Innovative and advanced alternative payment models may also be explored to overcome barriers to MAT, support technology-based treatments, and facilitate use of multidisciplinary teams in evidenced-based treatment programs.[57]

In addition to exploring alternative payment models, opportunities exist for stakeholders to come together to support payment parity for physical healthcare, behavioral healthcare, and addiction medicine services. Health plans should consider evaluating their provider fee schedules and reimbursement rates to ensure physical healthcare, behavioral healthcare, and addiction medicine providers are being reimbursed at comparable rates. Addressing differences in provider payment schedules may help encourage new practitioners to enter the addiction medicine field.

Education and Workforce Development

Educating and training practitioners early that addiction is a chronic, relapsing brain disease is key to driving changes in practice. For example, expanding graduate clinical education programs to incorporate addiction medicine and clinical knowledge of evidence-based treatment for addiction will help engage practitioners early in their careers. Learning how to screen individuals for risks of SUD or OUD is important for the healthcare workforce to support early intervention efforts and to create linkages to supplemental treatment and/or services. This can be especially important for professionals who do not pursue careers in addiction medicine. Early education and training on addiction and MAT will not only promote clinical knowledge, but also will help overcome stigma within the medical workforce.

Although training for the buprenorphine waiver has historically not occurred until a practitioner is fully practicing, new programs have incorporated training for the buprenorphine waiver into medical school and residency programs.[58,59] Opportunities also exist to increase the number of practitioners who are able to prescribe buprenorphine. As of June 2019, less than 68,000 practitioners have the DATA 2000 waiver to prescribe buprenorphine.[60] It is important to note that most practitioners are not treating to the maximum capacity of their waiver, for a variety of reasons, such as resources and time.[61,62] It is also estimated that approximately 40 percent of physicians who obtain the DATA 2000 waiver do not write any prescriptions for buprenorphine.[63] The use of multidisciplinary teams can support waivered practitioners by reducing burden on practitioners and enabling them to provide MAT to more patients in need.

MOVING FORWARD

Despite the evidence-base supporting the use of MAT for OUD, it remains greatly underused by patients, practitioners, and healthcare organizations. With nearly 2 million Americans suffering from OUD, it is imperative for diverse organizations and stakeholders to come together to expand the use of MAT across the United States.[64] Facilitating addiction treatment with MAT will reduce overdose-associated deaths, improve patient engagement, and contribute to better long-term health outcomes. Using the strategies and tactics outlined in this Guide, healthcare delivery organizations, practitioners, payers, and community organizations can implement, strengthen, and expand their ability to provide MAT to individuals suffering from OUD. Through these coordinated efforts, the healthcare community will continue in its aim to ensure any individual with OUD has the chance to achieve recovery through evidence-based treatment.

ENDNOTES

1 National Institute on Drug Abuse (NIDA). *Drugs, Brains, and Behavior: The Science of Addiction*. Bethesda, MD: NIDA; 2018. https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface. Last accessed February 2019

2 NIDA. Opioid overdose crisis website. https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis. Last accessed May 2019.

3 NIDA. *Drugs, Brains, And Behavior: The Science of Addiction*. Bethesda, MD: NIDA; 2018. https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface. Last accessed February 2019

4 Dennis M, Scott CK. Managing addiction as a chronic condition. *Addict Sci Clin Pract*. 2007;4(1):45-55.

5 American Psychiatric Association (AMA). *Diagnostic and Statistical Manual of Mental Disorders (5th Edition).* Washington, DC: AMA; 2013. https://www.asam.org/docs/default-source/education-docs/dsm-5-dx-oud-8-28-2017.pdf?sfvrsn=70540c2_2. Last accessed June 2019.

6 Centers for Disease Control and Prevention (CDC). *Enhanced State Opioid Overdose Surveillance (ESSOS).* Atlanta, GA: CDC. https://www.cdc.gov/drugoverdose/pdf/CDC-NCIPC-ESOOSReport-508.pdf. Last accessed April 2019.

7 CDC. Drug overdose deaths website. https://www.cdc.gov/drugoverdose/data/statedeaths.html. Last accessed April 2019.

8 NIDA. Opioid overdose crisis website. https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis. Last accessed May 2019.

9 National Institute for Health Care Management (NIHCM) Foundation. Sources and burden of opioid deaths website. https://www.nihcm.org/categories/sources-and-burden-of-opioid-deaths. Last accessed May 2019.

10 Altarum. Economic toll of opioid crisis in U.S. exceeded $1 trillion since 2001. https://altarum.org/news/economic-toll-opioid-crisis-us-exceeded-1-trillion-2001. Last accessed February 2019.

11 Altarum. Economic Toll of Opioid Crisis in U.S. exceeded $1 trillion since 2001. https://altarum.org/news/economic-toll-opioid-crisis-us-exceeded-1-trillion-2001. Last accessed February 2019.

12 National Institutes of Health (NIH). *The National Institute on Drug Abuse Media Guide: How to Find What You Need to Know About Drug Use And Addiction.* Bethesda, MD: NIDA; 2018. https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/media_guide.pdf. Last accessed April 2019.

13 NIDA. *Drugs, Brains, and Behavior: The Science of Addiction.* Bethesda, MD: NIDA; 2018. https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface. Last accessed February 2019.

14 NIDA. *Drugs, Brains, and Behavior: The Science of Addiction.* Bethesda, MD: NIDA; 2018. https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface. Last accessed February 2019.

15 Shatterproof. Science of Addiction. https://www.shatterproof.org/about-addiction/science-of-addiction. Last accessed April 2019.

16 Bose J, Hedden SL, Lipari RN, Park-Lee E. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health*. Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA); 2018.

17 National Academies of Sciences, Engineering, and Medicine. *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press; 2019.

18 National Academies of Sciences, Engineering, and Medicine. *Medications for Opioid Use Disorder Save Lives.* Washington, DC: The National Academies Press; 2019.

19 National Academies of Sciences, Engineering, and Medicine. *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press; 2019.

20 CDC. Medication-assisted treatment for opioid use disorder study (MAT study) website. https://www.cdc.gov/opioids/Medication-Assisted-Treatment-Opioid-Use-Disorder-Study.html.

21 SAMHSA. *Treatment Improvement Protocol 63.* Rockville, MD: SAMHSA; 2018. https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf. Last accessed February 2019.

22 Shatterproof. Medications for Addiction Treatment (MAT). https://www.shatterproof.org/treatment/importance-of-medication-assisted-treatment. Last accessed June 2019.

23 National Academies of Sciences, Engineering, and Medicine. *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press; 2019.

24 National Academies of Sciences, Engineering, and Medicine. *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press; 2019.

25 Mohlman MK, Tanzman B, Finison K, et al. Impact of medication-assisted treatment for opioid addiction on Medicaid expenditures and health services utilization rates in Vermont. *J Subst Abuse Treat.* 2015;(67):9-14.

26 National Academies of Sciences, Engineering, and Medicine. *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press; 2019.

27 SAMHSA. Methadone website. https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone. Last accessed June 2019.

28 SAMHSA. *Treatment Improvement Protocol 63.* Rockville, MD: SAMHSA; 2018. https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf. Last accessed February 2019.

29 American Society of Addition Medicine (ASAM). Medication to Treat Addiction Involving Opioid Use. Factsheet. Rockville, MD: ASAM; 2018. https://www.asam.org/docs/default-source/advocacy/mat-factsheet.pdf?sfvrsn=e0b743c2_2.

30 American Medical Association (AMA). *The AMA Urges Removing All Barriers to Treatment for Substance Use Disorder.* Chicago, IL: AMA; 2018. https://www.end-opioid-epidemic.org/wp-content/uploads/2018/02/180221-AMA-MAT-One-Pager_National-FINAL3.pdf. Last accessed February 2019.

31 National Academies of Sciences, Engineering, and Medicine. *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press; 2019.

32 Korthuis PT, McCarty D, Weimer M, et al. Primary care-based models for the treatment of opioid use disorder: a scoping review. *Ann Intern Med*. 2017;166(4):268-278.

33 National Academies of Sciences, Engineering, and Medicine. *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press; 2019.

34 SAMHSA. Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States. https://store.samhsa.gov/system/files/pep19-matbriefcjs.pdf. Last accessed April 2019.

35 American Medical Association (AMA). Key to opioid progress: make insurers comply on treatment access website. https://www.ama-assn.org/delivering-care/opioids/key-opioid-progress-make-insurers-comply-treatment-access. Last accessed April 2019.

36 SAMHSA. Medication and counseling treatment website. https://www.samhsa.gov/medication-assisted-treatment/treatment. Last accessed April 2019.

37 Korthuis PT, McCarty D, Weimer M, et al. *Primary Care-Based Models for the Treatment of Opioid Use Disorder: A Scoping Review. Annals of Internal Medicine*. 2017;166(4):268-278. doi:10.7326/M16-2149

38 Brown University. Unique medical school program trains students to qualify to treat addiction website. https://news.brown.edu/articles/2017/07/opioid-waiver. Last accessed February 2019.

39 National Academies of Sciences, Engineering, and Medicine. Medications for Opioid Use Disorder Save Lives. Washington, DC: The National Academies Press; 2019. doi:10.17226/25310

40 SAMHSA. Medication and counseling treatment website. https://www.samhsa.gov/medication-assisted-treatment/treatment. Last accessed April 2019.

41 Pew Charitable Trust. Opioid use disorder: challenges and opportunities in rural communities website. https://www.pewtrusts.org/research-and-analysis/fact-sheets/2019/02/opioid-use-disorder-challenges-and-opportunities-in-rural-communities. Last accessed April 2019.

42 Korthuis PT, McCarty D, Weimer M, et al. Primary care-based models for the treatment of opioid use disorder: a scoping review. *Ann Intern Med*. 2017;166(4):268-278.

43 Pew Charitable Trust. Opioid use disorder: challenges and opportunities in rural communities website. https://www.pewtrusts.org/research-and-analysis/fact-sheets/2019/02/opioid-use-disorder-challenges-and-opportunities-in-rural-communities. Last accessed April 2019.

44 Korthuis PT, McCarty D, Weimer M, et al. Primary care-based models for the treatment of opioid use disorder: a scoping review. *Ann Intern Med*. 2017;166(4):268-278.

45 Pew Charitable Trust. Medication-assisted treatment improves outcomes for patients with opioid use disorder website. https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder. Last accessed April 2019.

46 SAMHSA. Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States. https://store.samhsa.gov/system/files/pep19-matbriefcjs.pdf. Last accessed April 2019.

47 Korthuis PT, McCarty D, Weimer M, et al. Primary care-based models for the treatment of opioid use disorder: a scoping review. *Ann Intern Med*. 2017;166(4):268-278.

48 Korthuis PT, McCarty D, Weimer M, et al. Primary care-based models for the treatment of opioid use disorder: a scoping review. *Ann Intern Med*. 2017;166(4):268-278.

49 National Quality Forum (NQF). *Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement*. Washington, DC: NQF; 2016. http://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living__Addressing_Gaps_in_Performance_Measurement.aspx. Last accessed November 2016.

50 SAMHSA. Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States. https://store.samhsa.gov/system/files/pep19-matbriefcjs.pdf. Last accessed April 2019.

51 SAMHSA. Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States. https://store.samhsa.gov/system/files/pep19-matbriefcjs.pdf. Last accessed April 2019.

52 American Society of Addiction medicine (ASAM). Confidentiality (42 CFR part 2) website. https://www.asam.org/advocacy/advocacy-principles/standardize-it/confidentiality-(42-cfr-part-2)-new. Last accessed April 2019.

53 California Health Care Foundation (CHCF). *Overcoming Data-Sharing Challenges in the Opioid Epidemic: integrating Substance Use Disorder Treatment in Primary Care*. Oakland, CA: CHCF; 2018. https://www.chcf.org/wp-content/uploads/2018/07/OvercomingDataSharingChallengesOpioid.pdf. Last accessed April 2019.

54 SAMHSA. *Medicaid Coverage of Medication-Assisted Treatment for Alcohol and Opioid Use Disorders and of Medication for the Reversal of Opioid Overdose*. HHS Publication No. SMA-18-5093. Rockville, MD: SAMHSA; 2018.

55 SAMHSA. *Medicaid Coverage of Medication-Assisted Treatment for Alcohol and Opioid Use Disorders and of Medication for the Reversal of Opioid Overdose*. HHS Publication No. SMA-18-5093. Rockville, MD: SAMHSA; 2018.

56 SAMHSA. *Medicaid Coverage of Medication-Assisted Treatment for Alcohol and Opioid Use Disorders and of Medication for the Reversal of Opioid Overdose*. HHS Publication No. SMA-18-5093. Rockville, MD: SAMHSA; 2018.

57 American Society of Addiction Medicine (ASAM). *Patient-Centered Opioid Addiction Treatment (P-COAT): Alternative Payment Model*. Chevy Chase, MD: ASAM; 2018. https://www.asam.org/docs/default-source/advocacy/asam-ama-p-coat-final.pdf?sfvrsn=447041c2_2. Last accessed April 2019.

58 McCance-Katz EF, George P, Scott NA, et al. Access to treatment for opioid use disorders: medical student preparation. The Am J Addict. 2017;26(4):316-318.

59 University of Massachusetts Medical School. UMMS developing training program on medication-assisted opioid addiction treatment website. https://www.umassmed.edu/news/news-archives/2018/11/umms-developing-training-program-on-medication-assisted-opioid-addiction-treatment/. Last accessed April 2019.

60 SAMHSA. Practitioner and program data website. https://www.samhsa.gov/medication-assisted-treatment/training-materials-resources/practitioner-program-data. Last accessed June 2019.

61 Huhn AS, Dunn KE. Why aren't physicians prescribing more buprenorphine? *J Subst Abuse Treat*. 2017;78:1-7.

62 Hinde J, Hayes J, Mark T, et al. *State and Local Policy Levers for Increasing Treatment and Recovery Capacity to Address the Opioid Epidemic: Final Report*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation (ASPE); 2017. https://aspe.hhs.gov/system/files/pdf/259511/SLlevers.pdf. Last accessed April 2019.

63 American Society of Addiction Medicine (ASAM). *Patient-Centered Opioid Addiction Treatment (P-COAT): Alternative Payment Model.* Chevy Chase, MD: ASAM; 2018. https://www.asam.org/docs/default-source/advocacy/asam-ama-p-coat-final.pdf?sfvrsn=447041c2_2. Last accessed April 2019.

64 Bose J, Hedden SL, Lipari RN, Park-Lee E. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health*. Rockville, MD: SAMHSA; 2018.

APPENDIX A:
Subject Matter Experts Who Contributed to This Guide

American Society of Addiction Medicine
Maureen Boyle, Chief Quality and Science Officer

Anthem, Inc.
Lisa Hadley, Medical Director, Behavioral Health

Blue Cross Blue Shield of Tennessee
Judith Overton, Medical Director, Behavioral Health

Blue Cross Blue Shield of Rhode Island
Matthew Collins, Vice President of Clinical Integration

Blue Cross Blue Shield of Massachusetts
Ken Duckworth, Medical Director, Behavioral Health

Blue Cross Blue Shield Association
Jennifer Atkins, Vice President, Network Solutions

Boston Medical Center's OBAT; STATE OBAT
Colleen Labelle, Director

Cigna Healthcare
William Lopez, Senior Medical Director, Behavioral Health

Ernest Mario School of Pharmacy, Rutgers University
Patrick Bridgeman, Clinical Assistant Professor

Horizon Blue Cross Blue Shield of New Jersey
JoAnn Karcic, Director, Behavioral Health Program Management

Health Resources and Services Administration (HRSA), Office of Planning, Analysis and Evaluation
John Snyder, Chief Medical Officer

Institute for Behavior Resources/REACH Health Services
Yngvild Olsen, Medical Director

Johns Hopkins Broadway Center for Addiction
Kenneth Stoller, Director

Medical University of South Carolina
Carolyn Bogan, Director, Emergency Department MAT

MedMark Treatment Centers Chatsworth
Zac Talbott, Treatment Center Director

National Business Group of Health
Dylan Landers-Nelson, Senior Manager, Health Care Cost and Delivery

Perelman School of Medicine, University of Pennsylvania
Jeanmarie Perrone, Director, Division of Medical Toxicology

State of Florida, Eleventh Judicial Circuit
Jeri Cohen, Honorable Circuit Judge

Substance Abuse and Mental Health Services Administration (SAMHSA)
Anthony Campbell, Medical Officer, Division of Pharmacologic Therapies

UCS Healthcare
Frank Filippelli, Medical Director for MAT

University of Maryland Medical Center (UMMC)
Eric Weintraub, Division Head, Alcohol & Drug Abuse; Acting Division Head, Adult Psychiatry

Vermont Blueprint for Health
Beth Tanzman, Executive Director

Veterans Health Administration
Karen Drexler, National Mental Health Program Director, Substance Use Disorder

Yale University
Kathryn Hawk, Assistant Professor of Emergency Medicine

Young People in Recovery
Justin Luke Riley, President & Chief Executive Officer

APPENDIX B:
URL Links to Resources

Action Area 1: Leadership, Culture, and Buy-In

Resource	Address
Medication Assisted Treatment for Opioid Use Disorders, Code of Federal Regulations (42 CFR Part 8)	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=3&SID=7282616ac574225f795d5849935efc45&ty=HTML&h=L&n=pt42.1.8&r=PART
Medications for Opioid Use Disorder: Treatment Improvement Protocol (TIP) 63 – Substance Abuse and Mental Health Services Administration (SAMHSA)	https://store.samhsa.gov/system/files/tip63_fulldoc_052919_508.pdf
Oversight and steps for certification of opioid treatment programs – SAMHSA website	https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs
Best Practices: Key Components for Delivering Community-Based Medication Assisted Treatment Services for Opioid Use Disorder in New Hampshire	https://www.dhhs.nh.gov/dcbcs/bdas/documents/matguidancedoc.pdf
Business Plan for Medication-Assisted Treatment – Providers Clinical Support System (PCSS)	https://30qkon2g8eif8wrj03zeh041-wpengine.netdna-ssl.com/wp-content/uploads/2019/01/MAT-Business-Plan-1.31.19.pdf
Patient-Centered Opioid Addiction Treatment (P-Coat): Alternative Payment Model – American Society of Addiction Medicine (ASAM) report	https://www.asam.org/docs/default-source/advocacy/asam-ama-p-coat-final.pdf?sfvrsn=447041c2_2
Shatterproof National Principles of Care: concepts for quality addiction treatment	https://www.shatterproof.org/shatterproof-national-principles-care
State and Local Policy Levers for Increasing Treatment and Recovery Capacity to Address the Opioid Epidemic – Office of the Assistant Secretary for Planning and Evaluation (ASPE) final report	https://aspe.hhs.gov/basic-report/state-and-local-policy-levers-increasing-treatment-and-recovery-capacity-address-opioid-epidemic-final-report
A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders – SAMHSA report	https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf
Federal Guidelines for Opioid Treatment Programs (2015) – SAMHSA	https://store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/PEP15-FEDGUIDEOTP
Medications for Opioid Use Disorder Saves Lives – The National Academies of Science, Engineering, and Medicine report	http://www.nationalacademies.org/hmd/Reports/2019/medications-for-opioid-use-disorder-save-lives.aspx
National Practice Guideline for Use of Medications in the Treatment of Addiction Involving Opioid Use – ASAM	https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf
Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition) – National Institute on Drug Abuse (NIDA)	https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/675-principles-of-drug-addiction-treatment-a-research-based-guide-third-edition.pdf
ED BRIDGE Emergency Buprenorphine Treatment – website	https://ed-bridge.org/

Resource	Address
Emergency Department Initiated Buprenorphine & Referral to Treatment: A Brief Guide for ED Practitioners – Yale New Haven	https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/edbuprenorphinehandout.pdf
Initiating Buprenorphine Treatment in the Emergency Department – National Institute of Health (NIH) website	https://www.drugabuse.gov/nidamed-medical-health-professionals/discipline-specific-resources/initiating-buprenorphine-treatment-in-emergency-department
Reducing Opioid-Associated Harm – American College of Emergency Physicians (ACEP) website	https://www.acep.org/administration/quality/equal/e-qual-opioid-initiative/
Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office – Federation of State Medical Boards	https://www.fsmb.org/siteassets/advocacy/policies/model-policy-on-data-2000-and-treatment-of-opioid-addiction-in-the-medical-office.pdf
Primary Care-Based Models for the Treatment of Opioid Use Disorder: A Scoping Review – Annals of Internal Medicine	https://annals.org/aim/fullarticle/2589794/primary-care-based-models-treatment-opioid-use-disorder-scoping-review
Webinar Series: Implementing Medication-Assisted Treatment in Primary Care – California Health Care Foundation	https://www.chcf.org/project/webinar-series-implementing-medication-assisted-treatment-primary-care/
How is Telemedicine Being Used in Opioid and Other Substance Use Disorder Treatment? – Health Affairs	https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05134
Telemedicine and Prescribing Buprenorphine for Treatment of Opioid Use Disorder – Health and Human Services (HHS)	https://www.hhs.gov/opioids/sites/default/files/2018-09/hhs-telemedicine-hhs-statement-final-508compliant.pdf
Use of Telemedicine While Providing Medication Assisted Treatment – Drug Enforcement Administration (DEA)	https://www.hhs.gov/opioids/sites/default/files/2018-09/hhs-telemedicine-dea-final-508compliant.pdf
Using Telehealth to Support Opioid Use Disorder Treatment – ASPE issue brief	https://aspe.hhs.gov/system/files/pdf/260276/OUDTeleIB.pdf

Action Area 2: Public Awareness and Reduction of Stigma

Resource	Address
The Science of Addiction – NIDA Report	https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface
Types of Substance Use Disorder – Addiction Policy Forum webpage	https://www.addictionpolicy.org/types-of-substance-use-disorder
Understanding Drug Use and Addiction – NIDA webpage	https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction
Why opioid maintenance does not replace one addiction with another – NIH webpage	https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/use-medications-methadone-buprenorphine
Words Matter – Grayken Center for Addiction	https://www.bmc.org/sites/default/files/Patient_Care/Specialty_Care/Addiction-Medicine/LANDING/files/Words-Matter-Pledge.pdf
National Survey on Drug Use and Health – SAMHSA	https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health

Resource	Address
Opioid Overdose, including data and prevention resources – Centers for Disease Control and Prevention (CDC)	https://www.cdc.gov/drugoverdose/index.html
Trends and Statistics on Substance Abuse – NIDA website	https://www.drugabuse.gov/related-topics/trends-statistics
Trends in Substance Use Disorder Among Adults Aged 18 or Older – SAMHSA	https://www.samhsa.gov/data/sites/default/files/report_2790/ShortReport-2790.html
What is the U.S. Opioid Epidemic? – HHS website	https://www.hhs.gov/opioids/about-the-epidemic/index.html
BUPE WORKS – a Philadelphia initiative	https://dbhids.org/addiction-services/bupe-works
Challenging the Myths About Medication Assisted Treatment for OUD – The National Council	https://www.thenationalcouncil.org/wp-content/uploads/2016/10/MF_1_30.pdf
Easy-to-Read Drug Facts – NIH website	http://easyread.drugabuse.gov/

Action Area 3: Clinical Knowledge and Training

Resource	Address
Buprenorphine Waiver Management – SAMHSA website	https://www.samhsa.gov/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver
Qualify for Nurse Practitioners and Physician Assistants Waiver – SAMHSA website	https://www.samhsa.gov/medication-assisted-treatment/training-materials-resources/qualify-np-pa-waivers
Understanding the Final Rule for a Patient Limit of 275 – Providers Clinical Support System (PCSS) blog post	https://pcssnow.org/resource/understanding-final-rule-patient-limit-275/
Buprenorphine—A Primer for Prescribers and Pharmacists – Centers for Medicare and Medicaid Services (CMS) report	https://www.homestatehealth.com/content/dam/centene/home-state-health/pdfs/drugdiversion-buprenorphine-booklet.pdf
Dear Colleague Letters for MAT Providers (stay up to date on policy changes) – SAMHSA	https://www.samhsa.gov/medication-assisted-treatment/legislation-regulations-guidelines/dear-colleague-letters
ED-Initiated Buprenorphine (decision tree and algorithm) – ACEP	https://www.acep.org/globalassets/sites/acep/blocks/equal/algorithm_yalenida_edinitiatedbuprenorphine.pdf
MATx (free mobile app for health care practitioners) – SAMHSA	https://store.samhsa.gov/apps/matx
Naltrexone: A Step-by-Step Guide – PCSS	https://pcssnow.org/resource/naltrexone-step-step-guide/
National Practice Guideline for Use of Medications in the Treatment of Addiction Involving Opioid Use – ASAM	https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf
Opioid Overdose Prevention Toolkit – SAMHSA	https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742
Pocket Guide: Medication-Assisted Treatment of Opioid Use Disorder – SAMHSA	http://www.massleague.org/Programs/ClinicalQualityInitiatives/SAMHSAMATPocketGuide.pdf
What Does it Really Mean to be Providing MAT for Opioid Addiction? – Hazelden Betty Ford Foundation	https://www.hazeldenbettyford.org/education/bcr/addiction-research/medication-assisted-treatment-opioid-addiction-wp-1017

Resource	Address
Drugs, Brains, and Behavior: The Science of Addiction – NIDA report	https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface
Types of Substance Use Disorder – Addiction Policy Forum webpage	https://www.addictionpolicy.org/types-of-substance-use-disorder
Understanding Drug Use and Addiction – NIDA webpage	https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction
Continuing education courses on SUD – American Association of Nurse Practitioners (AANP)	https://www.aanp.org/practice/clinical-resources-for-nps/clinical-resources-by-therapeutic-area/substance-use-disorder
Educational Resources – ASAM	https://www.asam.org/education/resources
Fundamentals of Addiction Medicine program – ASAM	https://www.asam.org/education/live-online-cme/fundamentals-program
Identification, Counseling, and Treatment of OUD (online course) – Harvard Medical School	https://cmeonline.hms.harvard.edu/courses/course-v1:HarvardMedGlobalAcademy+OUDEP2+2T2017/about
MAT Webinars, Workshops, and Summits – SAMHSA	https://www.samhsa.gov/medication-assisted-treatment/training-materials-resources/webinars-workshops-summits
Training resources – PCSS	https://www.asam.org/education/resources/pcss-mat

Action Area 4: Patient, Family, and Caregiver Engagement

Resource	Address
Challenging the Myths About Medication Assisted Treatment for OUD – The National Council	https://www.thenationalcouncil.org/wp-content/uploads/2016/10/MF_1_30.pdf
Drugs, Brains, and Behavior: The Science of Addiction – NIDA report	https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface
Opioid Addiction Treatment: A Guide for Patients, Families, and Friends – ASAM	http://eguideline.guidelinecentral.com/i/706017-asam-opioid-patient-piece/0?
Share Your Story – SAMHSA website	https://www.samhsa.gov/brss-tacs/recovery-support-tools/share-your-story
The Facts about Buprenorphine for Treatment of Opioid Addiction – SAMHSA brochure	https://store.samhsa.gov/product/The-Facts-about-Buprenorphine-for-Treatment-of-Opioid-Addiction/SMA15-4442
Understanding Drug Use and Addiction – NIDA webpage	https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction
Information for Patients on Opioid Overdose – CDC webpage	https://www.cdc.gov/drugoverdose/patients/index.html
National Survey on Drug Use and Health – SAMHSA	https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health
Trends and Statistics – NIDA website	https://www.drugabuse.gov/related-topics/trends-statistics
Trends in Substance Use Disorder Among Adults Aged 18 or Older – SAMHSA	https://www.samhsa.gov/data/sites/default/files/report_2790/ShortReport-2790.html
Types of Substance Use Disorder – Addiction Policy Forum website	https://www.addictionpolicy.org/types-of-substance-use-disorder

Resource	Address
What is the U.S. Opioid Epidemic? – HHS webpage	https://www.hhs.gov/opioids/about-the-epidemic/index.html
Motivational Interviewing: Talking with Someone Struggling with Opioid Addiction – PCSS	https://pcssnow.org/resource/motivational-interviewing-talking-with-someone-struggling-with-opioid-addiction/
Partnering with Patients and Families to Strengthen Approaches to the Opioid Epidemic – Institute for Patient- and-Family Centered Care (IFPCC) report	http://www.ipfcc.org/bestpractices/opioid-epidemic/IPFCC_Opioid_White_Paper.pdf
Person- and Family-Centered Care and Peer Support – SAMHSA website	https://www.samhsa.gov/section-223/care-coordination/person-family-centered
Buprenorphine Practitioner Locator – SAMHSA	https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator?field_bup_physician_us_state_value=MT
Treatment Options (patient resource series) – NIDA Medical and Health Professionals (NIDAMED)	https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/pdf/treatment_options_download_nidamed.pdf
Anti-Stigma Toolkit: Guide to Reducing Addiction-Related Stigma – Addiction Technology Transfer Center (ATTC)	https://attcnetwork.org/centers/central-east-attc/anti-stigma-toolkit-guide-reducing-addiction-related-stigma
Treatment Works (success stories in treating OUD) – PCSS webpage	https://pcssnow.org/real-stories/

Action Area 5: Community Partnerships and Care Transitions

Resource	Address
Addressing the Opioid Crisis: Medication-Assisted Treatment at Health Care for the Homeless Programs – Henry J Kaiser Family Foundation	https://www.kff.org/medicaid/issue-brief/addressing-the-opioid-crisis-medication-assisted-treatment-at-health-care-for-the-homeless-programs/
Ending the Opioid Epidemic: Leading-Edge Responses and Next Steps (a case study of North Carolina) – Manatt Health	https://www.jdsupra.com/legalnews/ending-the-opioid-epidemic-leading-edge-64742/
Innovative Approaches Can Help Improve Availability of Opioid Use Disorder Treatment – Pew Charitable Trust	https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/11/innovative-approaches-can-help--improve-availability-of-opioid-use--disorder-treatment
Michigan Opioid Partnership – Community Foundation for Southeast Michigan website	https://cfsem.org/initiative/opioid/
Project ECHO: A New Model for Educating Primary Care Providers about Treatment of Substance Use Disorders – Substance Abuse article	https://www.ncbi.nlm.nih.gov/pubmed/26848803
Spotlight: Care Alliance for Opioid Addiction—the Hub and Spoke Model – Addiction Policy Forum	https://www.addictionpolicy.org/hubfs/Hub and Spoke.pdf
State and Local Policy Levers for Increasing Treatment and Recovery Capacity to Address the Opioid Epidemic: Final Report – ASPE	https://aspe.hhs.gov/basic-report/state-and-local-policy-levers-increasing-treatment-and-recovery-capacity-address-opioid-epidemic-final-report
Community Health Centers Are Fighting on the Front Lines of the Opioid Crisis – HHS article	https://www.hhs.gov/blog/2018/09/21/community-health-centers-are-fighting-on-the-front-lines-of-the-opioid-crisis.html

Resource	Address
Community Health Centers Use Innovation to Address Opioid Addiction Crisis – Modern Healthcare article	https://www.modernhealthcare.com/article/20160820/MAGAZINE/308209979/community-health-centers-use-innovation-to-address-opioid-addiction-crisis
How Community Health Centers Can Boost Patients Access to MAT – Patient Engagement HIT article	https://patientengagementhit.com/news/how-community-health-centers-can-boost-patient-access-to-mat
Implementing an Integrated Medication-Assisted Treatment Program at Community Health Centers – Urban Institute report	https://www.urban.org/sites/default/files/publication/99009/2018.09.13_ca_camden_complex_care_mat_eval_final_0.pdf
Rising to the Challenge: Community Health Centers Are Making Substance Use Disorder Treatment More Accessible Than Ever – National Association of Community Health Centers (NACHC) report	http://www.nachc.org/wp-content/uploads/2018/03/NACHC_PI_2018_WEB_v1.pdf
MAT Advocacy Toolkit – Legal Action Center	https://lac.org/MAT-advocacy/
MAT in Drug Courts: Recommended Strategies – Legal Action Center	https://lac.org/resources/substance-use-resources/medication-assisted-treatment-resources/medication-assisted-treatment-in-drug-courts-recommended-strategies/
MAT in the Criminal Justice System: Brief Guidance to the States – SAMHSA	https://store.samhsa.gov/product/Medication-Assisted-Treatment-MAT-in-the-Criminal-Justice-System-Brief-Guidance-to-the-States/PEP19-MATBRIEFCJS
Responding to Opioid Use Disorder in Correctional Settings – Office of National Drug Control Policy (ONDCP)	https://pcssnow.org/resource/ondcp-responding-to-opioid-use-disorder-in-correctional-settings/

Action Area 6: Measuring Progress

Resource	Address
Questions for Identification of OUD Based on DSM-5 – NIDA	https://www.drugabuse.gov/nidamed-medical-health-professionals/discipline-specific-resources/initiating-buprenorphine-treatment-in-emergency-department/questions-identification-opioid-use-disorder-based-dsm-5
Screening and Assessment Tools Chart – NIDA	https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools
Association Between Quality Measures and Perceptions of Care Among Patients with Substance Use Disorders – Psychiatry Online article	https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201600484
Developing an Opioid Use Disorder Treatment Cascade: A Review of Quality Measures – Journal of Substance Abuse Treatment article	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6039975/pdf/nihms975411.pdf
NQF Behavioral Health and Substance Use Measure Portfolio	http://www.qualityforum.org/Projects/a-b/Behavioral_Health_and_Substance_Use/Behavioral_Health_and_Substance_Use.aspx

Resource	Address
Overview of Substance Use Disorder Measures in the 2019 Adult Core Set – Medicaid/CHIP factsheet	https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/factsheet-sud-adult-core-set.pdf
Review of Medication-Assisted Treatment Guidelines and Measures for Opioid and Alcohol Use—Summary of MAT Quality Measures – ASPE	https://aspe.hhs.gov/report/review-medication-assisted-treatment-guidelines-and-measures-opioid-and-alcohol-use/e-summary-medication-assisted-treatment-quality-measures
SAMHSA Quality Measures	https://www.samhsa.gov/section-223/quality-measures
Advancing Performance Measures for Use of Medications In Substance Abuse Treatment – Journal of Substance Abuse Treatment article	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2997925/pdf/nihms233797.pdf
Exploring Value-Based Payment to Encourage Substance Use Disorder Treatment in Primary Care – Center for Health Care Strategies and Technical Assistance Collaborative report	https://www.chcs.org/media/VBP-for-SUD_Final_June-2018.pdf
How to Create Quality Measures for Addiction Treatment that Improve Outcomes – RTI website	https://www.rti.org/insights/how-create-quality-measures-addiction-treatment-improve-outcomes
Measurement-Based Care Using DSM-5 for Opioid Use Disorder: Can We Make Opioid Medication Treatment More Effective? – Addiction Journal article	https://onlinelibrary.wiley.com/doi/full/10.1111/add.14546
NQF Opioid and Opioid Use Disorder Technical Expert Panel (TEP)	https://www.qualityforum.org/ProjectDescription.aspx?projectID=89435
Performance Measures for Substance Use Disorders—What Research is Needed? – Addiction Science & Clinical Practice article	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3564737/
Quality Measures for Mental Health and Substance Use: Gaps, Opportunities, and Challenges – Health Affairs article	https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0027

APPENDIX C:
Information on Methadone, Buprenorphine, and Naltrexone

MAT is an evidence-based treatment that uses FDA-approved medications (i.e., methadone, buprenorphine, or naltrexone) in combination with counseling and behavioral therapies to help individuals with OUD.

Methadone

Methadone is the oldest FDA-approved medication for OUD, and thus has the largest body of evidence to support its use. Methadone targets opioid dependency by acting as a full agonist, reducing withdrawal symptoms and blocking the effects of other opioids. Methadone is offered as a pill, in liquid concentrate, and as a water-dissolvable diskette, and it is administered daily.

Methadone can only be administered by federally certified and accredited Opioid Treatment Programs (OTP).[1,2] Currently, there are approximately 1,500 federally certified OTPs that offer methadone for OUD.[3] Patients participating in methadone treatment receive the daily medication under supervision of a physician. After steady progress and demonstrated compliance, patients may be given take-home doses for self-administration at home between OTP visits. Depending on the individual, treatment with methadone is recommended for a minimum of 12 months, and often continues for as long as the patient receives a benefit from the medication.[4]

Methadone has been shown to reduce illicit opioid use and retain patients in treatment better than individuals who receive no medication.[5] Methadone has also been linked with reducing the risk of overdose, other infections (e.g., HIV, hepatitis C), and criminal behavior.[6] Additionally, methadone has also been found to generate four to five dollars in return on healthcare expenditures for every single dollar invested.[7]

Buprenorphine

Buprenorphine is typically used for individuals with moderate or severe OUD and to reduce withdrawal symptoms. Buprenorphine acts as a partial agonist, blocking the effects of illicit opioids while allowing its own effect to suppress withdrawal symptoms. As a partial agonist, buprenorphine creates a "ceiling effect," meaning its effect will not increase with an increase in dosage, thus leading to a decreased risk of abuse and overdose.[8] Buprenorphine comes in a buccal or sublingual tablet or film, and it is administered daily. Subdermal implants and monthly subcutaneous injections for extended release formulations are also available.[9] Treatment with buprenorphine typically occurs in three phases: (1) an induction phase of abstinence from opioids for 12-24 hours in which a patient may experience mild-to-moderate symptoms of withdrawal; (2) a stabilization phase in which the patient is stabilized and dosing can be adjusted; and (3) a maintenance phase during which a patient is doing well on a steady dose.[10] The length of this final maintenance phase depends on the individual patient.

To prescribe buprenorphine, eligible practitioners must obtain a specific waiver, known as the **Drug Addiction Treatment Act of 2000 (DATA 2000) waiver**. Practitioners who qualify for the training and waiver requirements include physicians, nurse practitioners, and physician assistants. Waiver requirements include a waiver application and completion of eight hours of specialized training. Practitioners who receive the waiver can treat up to 30 patients at any time with buprenorphine; after a year, waivered practitioners can apply to SAMHSA to increase this limit to 100 patients.[11] Practitioners who have treated 100 patients for at least a year can subsequently apply to increase their limit to

275 patients.[12] It is important to note that OTPs can administer and dispense buprenorphine by OTP physician order without a waiver.

The benefits of buprenorphine include increased retention of patients in treatment and decreased HIV risk behaviors, such as a reduction of injecting behavior and increased adherence to antiretroviral medication.[13,14,15] Due to its partial agonist nature, buprenorphine has lower risk of misuse than other drugs.[16] Buprenorphine is more accessible for office-based treatment programs and in turn, accessible to more people.[17] When compared to methadone, buprenorphine has fewer clinically relevant drug interactions.[18]

Naltrexone

Naltrexone is typically used for individuals who have abstained from opioids for 7-14 days at the time of treatment initiation in order to avoid precipitated withdrawal. Unlike methadone and buprenorphine, naltrexone acts as an opioid antagonist. It blocks the euphoric effects of illicit opioids, reduces cravings, and causes no opioid effects itself.

Naltrexone can be used for relapse prevention and continued promotion of abstinence, but it is not recommended for withdrawal management. Naltrexone can be administered as a daily pill or a monthly injection. The pill formulation is not widely used to treat OUD due to limited evidence demonstrating that it is more effective than treatment without medication or placebo because of poor patient compliance.[19,20] Any practitioner with prescribing privileges is able to prescribe naltrexone, and no specific waiver is necessary.

Due to its antagonist nature, naltrexone is effective at reducing the risk of return to opioid use when compared to treatment without medication.[21] In addition to having no misuse or diversion potential, an additional benefit of naltrexone is that practitioners do not need to undergo specific training or receive a certification to administer it. Of note, naltrexone is not widely used for OUD because of the required abstinence period prior to initiation and low acceptance rate among people with OUD.[22]

ENDNOTES

1 Fullerton, CA, Kim M, Thomas CP, et al. Medication-assisted treatment with methadone: assessing the evidence. *Psychiatr Serv.* 2014;65(2):146-157.

2 Mattick RP, Breen C, Kimber J, et al. Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *Cochrane Database Syst Rev.* 2009 Jul 8;(3):CD002209.

3 SAMHSA. *Treatment Improvement Protocol 63*. Rockville, MD: SAMHSA; 2018. https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf. Last accessed February 2019.

4 SAMHSA. Methadone website. https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone. Last accessed June 2019.

5 SAMHSA. Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States. https://store.samhsa.gov/system/files/pep19-matbriefcjs.pdf. Last accessed April 2019.

6 SAMHSA. *Treatment Improvement Protocol 63.* Rockville, MD: SAMHSA; 2018. https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf. Last accessed February 2019.

7 Medicaid. Substance use disorder website. https://www.medicaid.gov/medicaid/benefits/bhs/substance-use-disorders/index.html. Last accessed February 2019.

8 National Alliance of Advocates for Buprenorphine Treatment (NAABT). What exactly is buprenorphine website. https://www.naabt.org/faq_answers.cfm?ID=2. Last accessed April 2019.

9 SAMHSA. *Treatment Improvement Protocol 63*. Rockville, MD: SAMHSA; 2018. https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf. Last accessed February 2019.

10 Ling W. Buprenorphine implant for opioid addiction. *Pain Manag*. 2012;2(4):345-350.

11 Center for a Healthy Maryland. Physicians requirements to prescribe buprenorphine website. http://healthymaryland.org/wp-content/uploads/2011/05/3PhysicianRequirementstoPrescribeBuprenorphine.pdf. Last accessed April 2019.

12 SAMHSA. Apply to increase patient limits website. https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/increase-patient-limits. Last accessed April 2019.

13 SAMHSA. *Treatment Improvement Protocol 63.* Rockville, MD: SAMHSA; 2018. https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf. Last accessed February 2019.

14 Pew Charitable Trust. Medication-assisted treatment improves outcome for patients with opioid use disorder. https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder. Last accessed February 2019.

15 Woody GE, Bruce D, Korthuis PT, et al. HIV risk reduction with buprenorphine-naloxone or methadone: findings from a randomized trial. *J Acquir Immune Defic Syndr*. 2014;66(3):288-293.

16 SAMHSA. *Treatment Improvement Protocol 63*. Rockville, MD: SAMHSA; 2018. https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf. Last accessed February 2019.

17 American Academy of Family Physician (AAFP). Managing opioid addiction with buprenorphine website. https://www.aafp.org/afp/2006/0501/p1573.html. Last accessed April 2019.

18 SAMHSA. *Treatment Improvement Protocol 63*. Rockville, MD: SAMHSA; 2018. https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf. Last accessed February 2019.

19 SAMHSA. *Treatment Improvement Protocol 63*. Rockville, MD: SAMHSA; 2018. https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf. Last accessed February 2019.

20 American Society of Addition Medicine (ASAM). Medication to Treat Addiction Involving Opioid Use. Factsheet. Rockville, MD: ASAM; 2018. https://www.asam.org/docs/default-source/advocacy/mat-factsheet.pdf?sfvrsn=e0b743c2_2.

21 Lee JD, Friedmann PD, Kinlock TW, et. al. Extended-release naltrexone to prevent opioid relapse in criminal justice offenders. *N Engl J Med.* 2016;374(13):1232-1242.

22 SAMHSA. *Treatment Improvement Protocol 63.* Rockville, MD: SAMHSA; 2018. https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf. Last accessed February 2019.

NQF STAFF

Kathleen Giblin, Senior Vice President

Meredith Gerland, Director

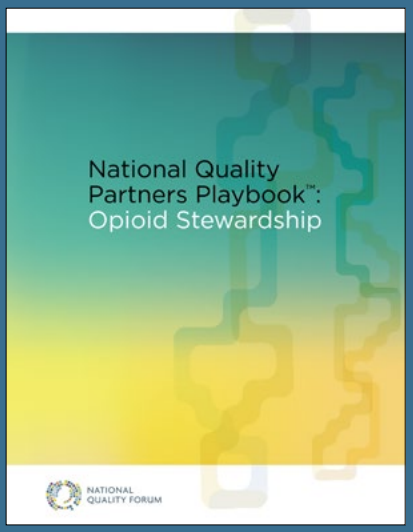
Shannon Berry, Project Manager

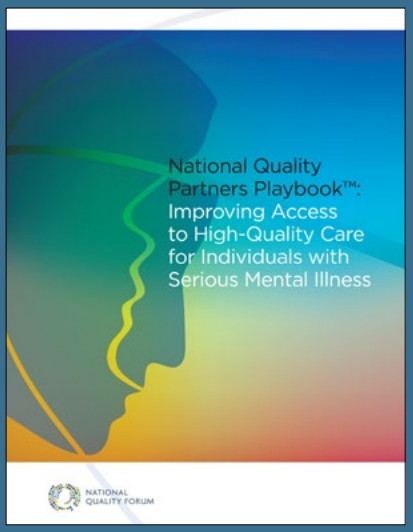
Carolee Lantigua, Project Analyst

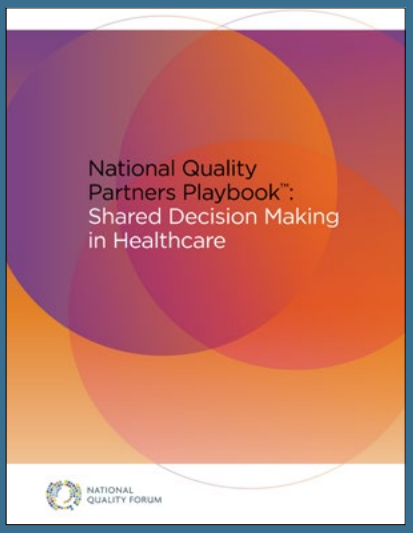
Danitza Valdivia, Senior Administrative Manager

ISBN 978-1-68248-119-6

Other Available NQP Playbooks™







BlueCross BlueShield Association

An association of independent Blue Cross and Blue Shield companies

NATIONAL QUALITY FORUM