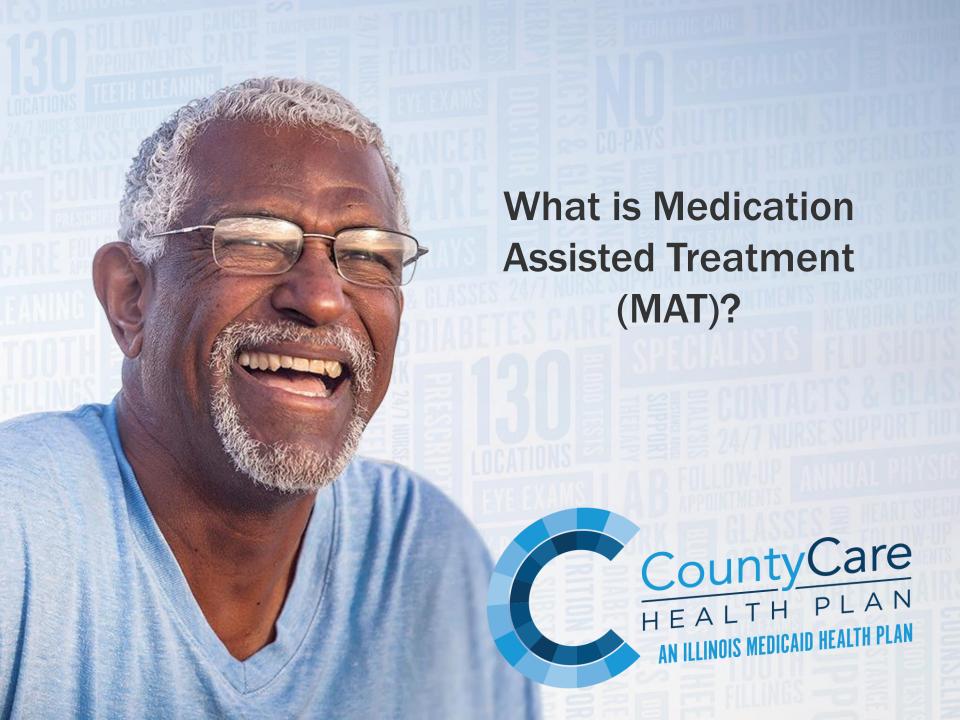


Objectives for today:

- Care Coordinators know what Medication Assisted Treatment (MAT) is in general terms and can inform members with Opioid Use Disorder (OUD) of this option
- Care Coordinators know where to find contact information for making appropriate appointments
- Care Coordinators will be more motivated to learn more and provide more resources for members with substance use disorders





What is Medication Assisted Treatment (MAT)?

- MAT refers to medication that is approved by the FDA to treat substance use disorders including nicotine, alcohol, and opioid/heroin use disorders.
- For Nicotine Use Disorders: Nicotine Replacement gums, patches, lozenges, Wellbutrin, Chantix.
- <u>For Alcohol Use Disorders:</u> Treat acute w/d with Benzodiazepines. Relapse prevention: Antabuse, Campral, Naltrexone



MAT for Opioid Use Disorder (OUD)

- For Opioid Use Disorders:
- Three FDA-approved medications
 - Methadone- for OUD can only be prescribed from federally licensed
 OTP
 - Buprenorphine (Suboxone) can be prescribed by any MD, PA, DO, NP with a DATA waiver
 - Naltrexone (Vivitrol) can be prescribed by any MD or NP, no waiver required



What is an Opioid?

- Class of drugs
 - Opium, semi-synthetic, and synthetic
- Medical use: relief of pain, cough suppression
 - Psychological effect: euphoria

Examples:

Morphine Hydromorphone

Oxymorphone Fentanyl

Methadone Buprenorphine

Codeine Hydrocodone

Oxycodone

Common trade names:

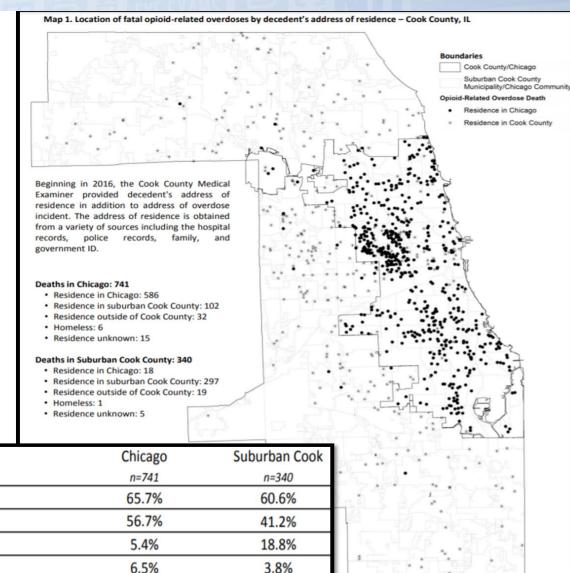
- Norco (acetaminophen/hydrocodone)
- Vicodin (acetaminophen/hydrocodone)
- Percocet (acetaminophen/oxycodone)
- Oxycontin (oxycodone)
- ⁶ Dilaudid (hydromorphone)



Opioids and the Brain

- Safe when taken for a short period of time
- Bind to opioid receptors in the brain, blocking pain, releasing dopamine, creating automatic reinforcement to take more
- Using for extended periods of time, even as prescribed causes physical dependence marked by withdrawal symptoms
- Increased tolerance and physical dependence can lead to addiction-a chronic disease characterized by compulsive, or uncontrollable drug seeking and use despite known consequences and long-lasting changes in the brain
- Consuming too much opioids can cause respiratory depression and death

Opioid Epidemic-Chicago



Opioid Overdose

Deaths:

Drug Typei

2015: 647

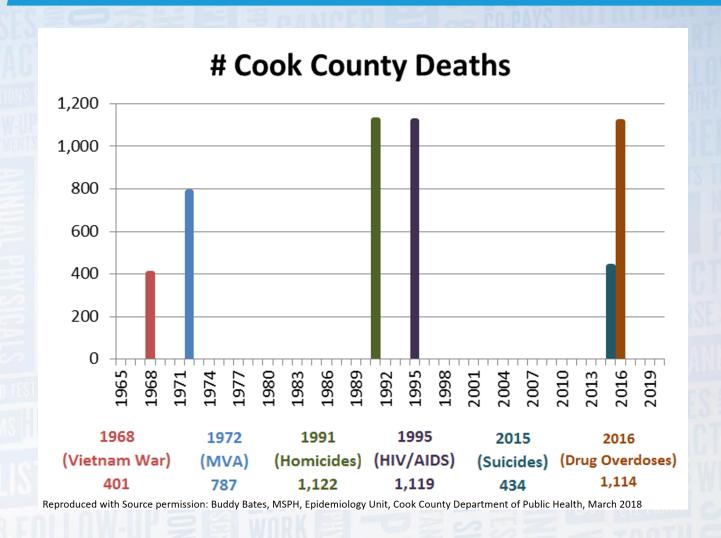
2016: 1081

Methadone-involvediii

Heroin-involved Fentanyl-involved Opioid pain reliever-involvedii

Source: Opioid-Related Overdose Deaths in Cook County, IL, 2016. Available at: http://www.cookcountyhhs.org/wp-content/uploads/2017/06/2016-Joint-Cook-County-Chicago-Opioid-Brief.pdf

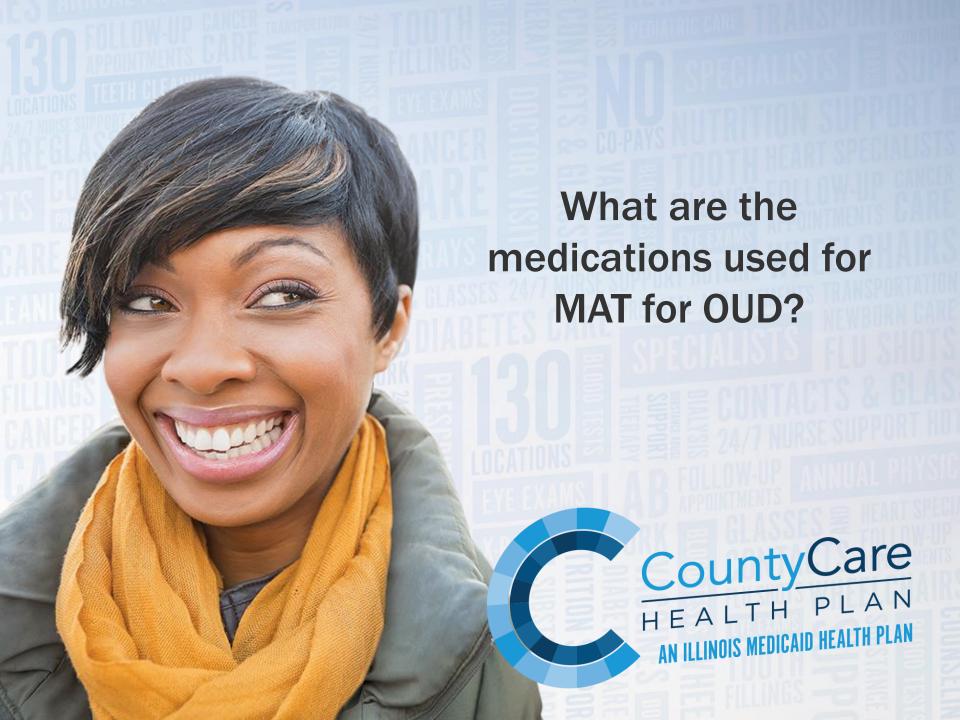
Opioid Epidemic-Locally



What is Medication Assisted Treatment (MAT)?

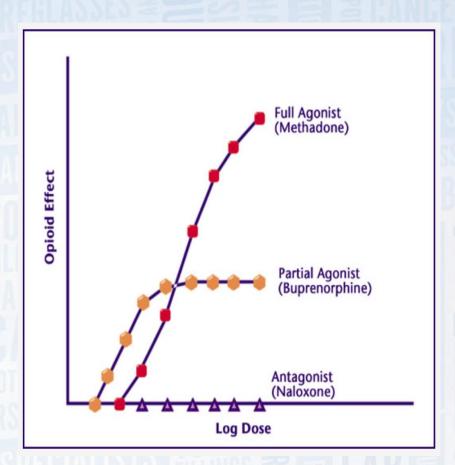
- Medication Assisted Treatment (MAT) along with <u>behavioral</u> <u>health support</u> is the gold standard of substance use disorder treatment.
- Research indicates MAT can:
 - Decrease mortality/overdose related to opioid use
 - Improve treatment retention
 - Decrease criminal activity and incarceration
 - Improve birth outcomes for pregnant women with Opioid Use Disorder (OUD)
 - Decrease risk for contracting HIV or Hepatitis B, C
 - Enhance social functioning
 - Improve employment outcomes
 - Reduce likelihood of relapse





Methadone

Full Agonist



- Fully binds to the opioid receptor and mimics an opioid
- Long acting v. short acting agent such as heroin-prevents withdrawal and does not result in a high
- Reduces cravings and treats withdrawal symptoms of opioid use
- Dose starts low and is gradually increased
- Blunts or blocks euphoric effect of self administered opioids through opioid receptor occupancy

Forms: Liquid, wafers, tablets



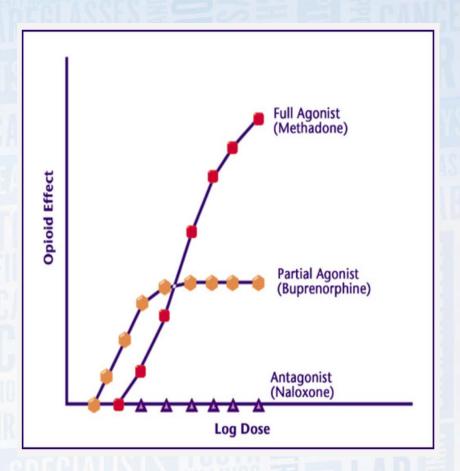
Methadone

What Care Coordinators should know:

- For OUD treatment, must be administered in Federally-licensed facility referred to as Opioid Treatment Program (OTP)
- Requires daily (6-7 days/week) visits for the first 90 days
- Frequently have Behavioral Health support on-site (IOP, individual counseling, etc)
- Usually require ID and insurance coverage-there are exceptions
- Methadone for maintenance vs. detox
- Most commonly used MAT modality in women who are pregnant
- Used for treatment of pain in low doses in outpatient medical clinics

Buprenorphine (Suboxone)

Partial Agonist



- Attaches to opioid receptors, but only activates enough to suppress withdrawal and cravings
- Once all opioid receptors are occupied, no additional effect occurs if individuals take more -"ceiling effect"
- Expels, replaces, and blocks other opioids from opioid receptor sites
- Must be initiated when a patient is in withdrawal or has had brief period of abstinence

Forms: Film, tablet, implant



Buprenorphine (Suboxone)

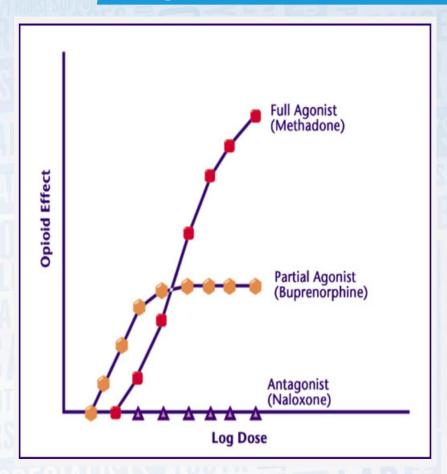
What Care Coordinators should know

- Can be prescribed by any MD, NP, PA, DO with a DATA waiver (XDEA license)
- Can be integrated into primary care settings with on-site behavioral health services or access to referrals for SUD care
- Visits are generally weekly for the first couple months, with graduated schedule of bi-weekly to monthly
- Buprenorphine is initiated when a patient is in active withdrawal or had some abstinence.
- Safe in pregnancy



Naltrexone (Vivitrol)

Antagonist



- Completely binds to opioid receptors and blocks opioids from activating them
- Can also treat alcohol use disorder
- Patients must be abstinent for 7-10 days prior to initiation
- Monthly injectable or tablet
- Mixed to little evidence that it reduces cravings
- Patients should be cautioned on risk of overdose in attempts to "override"

Forms: monthly injectable, tablet



involved-individuals

Naltrexone (Vivitrol)

What Care Coordinators should know

- Can be prescribed by any provider-no special waiver or license required.
- Available at many Methadone clinics and in select primary care settings.
- Must be completely abstinent from short acting opioids (heroin) for 7-10 days, long acting opioids (Methadone) for 10-12 days
- Preferred settings for initiation include jails, residential treatment facilities, controlled environments
- Low-maintenance of monthly injectable



Naloxone (Narcan) for Overdose Reversal

Life saving medication

- Blocks the effects of opioids and reverses an overdose
- Not a form of Medication Assisted Treatment (MAT)
- Legal for all Illinois residents to carry it

Can be obtained at pharmacy, prescribed from a doctor, at a

community agency









Who should be offered MAT?

- Anyone with OUD
 - No need to be a "good candidate"
 - Harm reduction, meet people where they are at
 - Program goal of overdose prevention
- MAT can be combined with higher levels of Behavioral Health support (range of 12-step meetings to residential), if desired
- Contraindications:
 - Active suicidality, allergy to medication



Choosing an OUD Medication

- Currently, no empirical data to indicate which patient will respond better to which MAT medications
- Provide education about risk, benefit, effectiveness of each medication and importance of behavioral health support
- Elicit patient's prior experience and preference
- Consider programming demands and treatment availability
- Consider use of other substances (i.e. alcohol, benzodiazepines)



Special Considerations–Pregnancy

- Methadone or buprenorphine is recommended for OUD treatment during pregnancy
- Initiation of Naltrexone (Vivitrol) is not recommended in pregnancy due to risk of precipitated withdrawal

- PCC Wellness-prenatal Substance Abuse Treatment
 - Combines prenatal care and SUD treatment
 - Buprenorphine treatment and counseling
 - o (708) 406-3929





What forms of MAT does CountyCare cover?



Formulary MAT Medications

No Prior Authorization Required

Generic	Brand
buprenorphine-naloxone	Suboxone, Bunavail, Zubsolv
buprenorphine ext. rel.	Sublocade
methadone	Dolophine
naloxone	Narcan, Evzio Autoinjector
naltrexone - ext. rel.	Vivitrol

Nicotine patches are on formulary



CountyCare Formulary

- Formulary: <u>www.countycare.com/pdl</u>
- Any medications or mode of delivery not located on the Preferred Drug List (PDL) can be requested using the prior authorization forms located on the same website





Where can I refer members who want Methadone?



Behavioral Health Consortium: MAT Services

1.844.433.8793

Family Guidance Centers:

Methadone (long term treatment) and Vivitrol

HRDI:

Methadone (long term treatment)

Haymarket:

Suboxone to detox and maintenance, initiation of Vivitrol, will continue
 Methadone if previously engaged

Lutheran Social Services of Illinois:

Buprenorphine (Suboxone) to detox only, no ongoing MAT services



In-Network DASA Providers

Methadone providers –not available through BHAL line

- Healthcare Alternatives Systems, Inc.: 773-252-3100
- New Age Services Corporation: 773-542-1150
- Pilsen-Little Village Community: 773-927-1228
- Nuway Community Services: 773-723-2790
- Renewed Hope Community Services, Inc.: 773-783-3579
- El Rincon Family Services: 773-564-9070
- Specialized Assistance Services, Inc. Assessment: 312-883-7254



Which CountyCare
Medical Homes offer
MAT?



Medical Home Based SUD Treatment

Go to http://www.countycare.com/find-a-provider



CountyCare Medical Home Behavioral Health Services

SUBSTANCE USE DISORDER TREATMENT SERVICES

As of Survey of PCP Organization: March 2017

KEY: Yes No Unknown

*Services open to individuals who do
not receive primary care at site



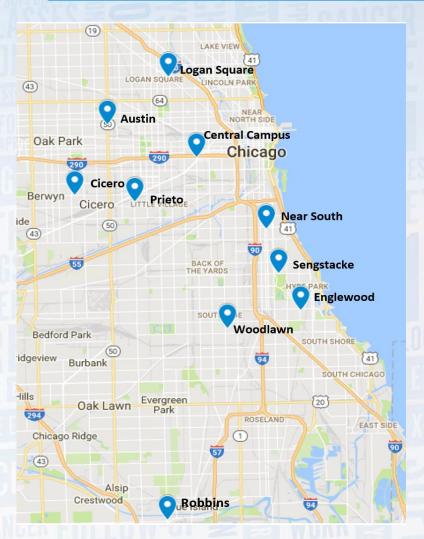


What does CCHHS offer?



CCHHS offers MAT in 11 ACHN sites

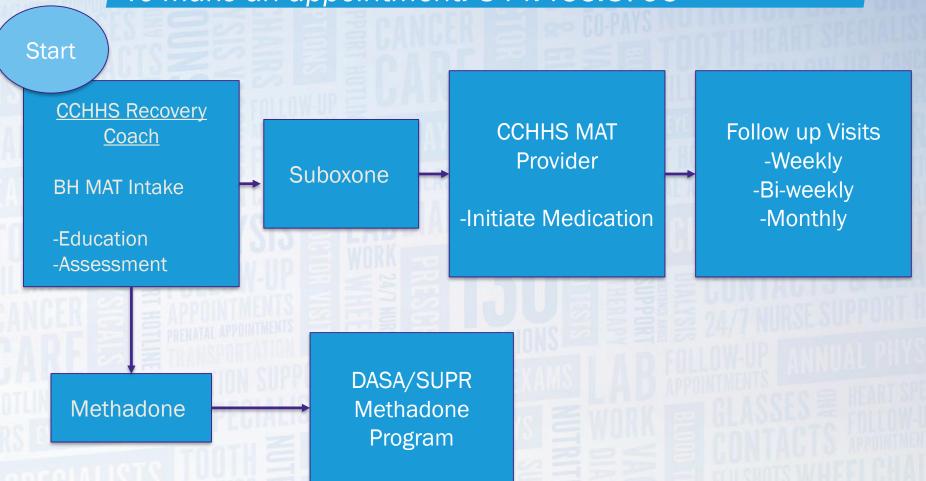
To make an appointment: 844.433.8793



- MAT integrated into Primary Care
 - Buprenorphine at 11 sites
 - Naltrexone at 4 sites (more coming Fall of 2018)
- Team-based Care
 - Provider
 - Recovery Coach
 - LCSW
- Recovery Coach services in Emergency Room and Inpatient
- Linkages from Cermak Health Services at Cook County Jail
- Can serve those without an ID and insurance

CCHHS Recovery Coaches

To make an appointment: 844.433.8793







Behavioral Health Access Line (BHAL)



Behavioral Health Access Line (BHAL)

1.844.433.8793

- The Behavioral Health Access Line (BHAL) is a service provided by CCHHS as a part of its contract with the Behavioral Health Consortium of Illinois.
- Initial point of contact for CountyCare members and other patients seeking behavioral health services who are low income and underserved.
- The Behavioral Health Consortium of Illinois (BHC) is a group of providers of mental health and substance use disorders services for both adult and youth populations.
- Through the BHC individuals have access to a continuum of outpatient community based and residential settings across a wide geographic area including the city of Chicago, and suburban Cook County.

Behavioral Health Access Line (BHAL)

1.844.433.8793

- BHAL Hours: 8:30am 5pm, Monday-Friday except for national holidays (soon to be expanding to evenings and Saturdays)
- BHAL is staffed by LCSWs who are able to make an appointment for a caller within a week
- You can call with the member or you can have them call us themselves. No referrals without the patient or the responsible party also being on the phone.
- Voicemails are answered usually the same day or next business day.
- Initial screening takes about 15-20 minutes and involves taking demographic information, a brief mental health and substance use history, a risk assessment and information about the presenting problem.



Behavioral Health Access Line (BHAL)

1.844.433.8793

BHC Provider Agencies-those with some form of MAT indicated: **

Bobby E. Wright Comprehensive Behavioral Health Center	**Family Guidance- Methadone and Vivitrol
Community Counseling Centers of Chicago (C4)	**HRDI, a subsidiary of Friends and Family Health Center-Methadone
Metropolitan Family Services	**Heartland Alliance Health-Suboxone, Vivitrol
Pillars Community Health	**Haymarket Center-Suboxone, Vivitrol, and support Methadone linkages
Sinai Health System	Habilitative Systems
Lutheran Social Services of Illinois	The South Suburban Council on Alcoholism and Substance Abuse





Where can I find more resources and information?



Where to find MAT/SUD tx resources for patients

- Behavioral Health Access Line (BHAL)
 - (844) 433-8793
- SAMHSAs Behavioral Health Treatment Services Locator:
 - https://findtreatment.samhsa.gov
- SAMHSAs Buprenorphine Providers:
 - www.samhsa.gov/medication-assisted-treatment/physician-programdata/treatment-physician-locator
- Illinois Helpline for Opioids and Other Substances
 - 1-833-2FINDHELP
- DASA/SUPR SUD treatment Directory
 - http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/OASA/Directories/License_Directory_by_County.pdf



Where to Learn More About MAT:

- Providers Clinical Support System (PCSS): http://pcss.mat.org
 - Tips and FAQs for patients and families:
 - https://pcssnow.org/resource/mat-handouts-for-patients-and-familymembers/
- SAMHSA's MAT website
 - https://www.samhsa.gov/medication-assisted-treatment



Where to learn more about MAT at CCHHS

Sarah Elder, LCSW, CADC
Behavioral Health Lead, MAT Expansion
Cook County Health and Hospitals System
Office (312) 864-4740
selder@cookcountyhhs.org

Claire Purkis, LCSW

Manager of Complex Care Coordination

Cook County Health and Hospitals System

Cell (312) 835-4579

Claire.purkis@cookcountyhhs.org



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- 1. Substance Abuse and Mental Health Services Administration. *Medications To Treat Opioid Use Disorder*. Treatment Improvement Protocol (TIP) Series 63, Full Document. HHS Publication No. (SM) 18-5063FULLDOC. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.
- 3. National Institute of Health-NIDA. *What are prescription Opioids?* Accessed at: https://www.drugabuse.gov/publications/drugfacts/prescription-opioids



