

THE PEW CHARITABLE TRUSTS

# Expanding office-based opioid use disorder treatment to save lives

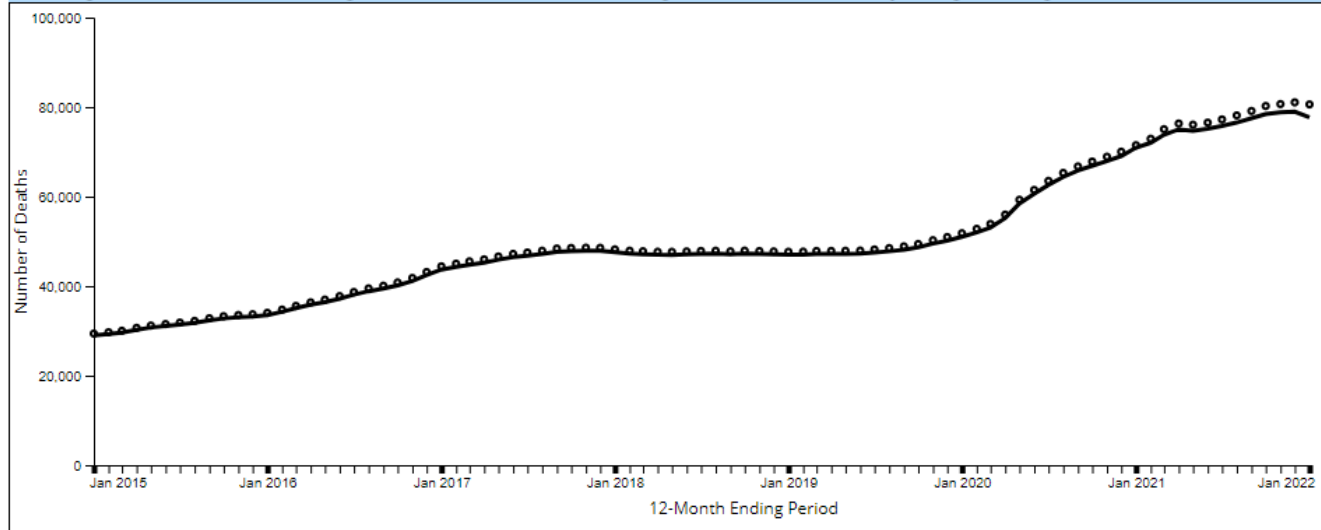
---

Frances McGaffey, associate manager, The Pew Charitable Trusts  
CSG West | July 20, 2022

[pewtrusts.org](https://pewtrusts.org)

# The state of the crisis

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Legend for Drug or Drug Class

Opioids (T40.0-T40.4, T40.6)

--- Reported Value

○ Predicted Value

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

# Medication saves lives

- Three medications for OUD:  
buprenorphine, methadone, naltrexone
- They can:
  - Reduce opioid cravings and use
  - Reduce risk of opioid overdose  
(buprenorphine and methadone in particular)

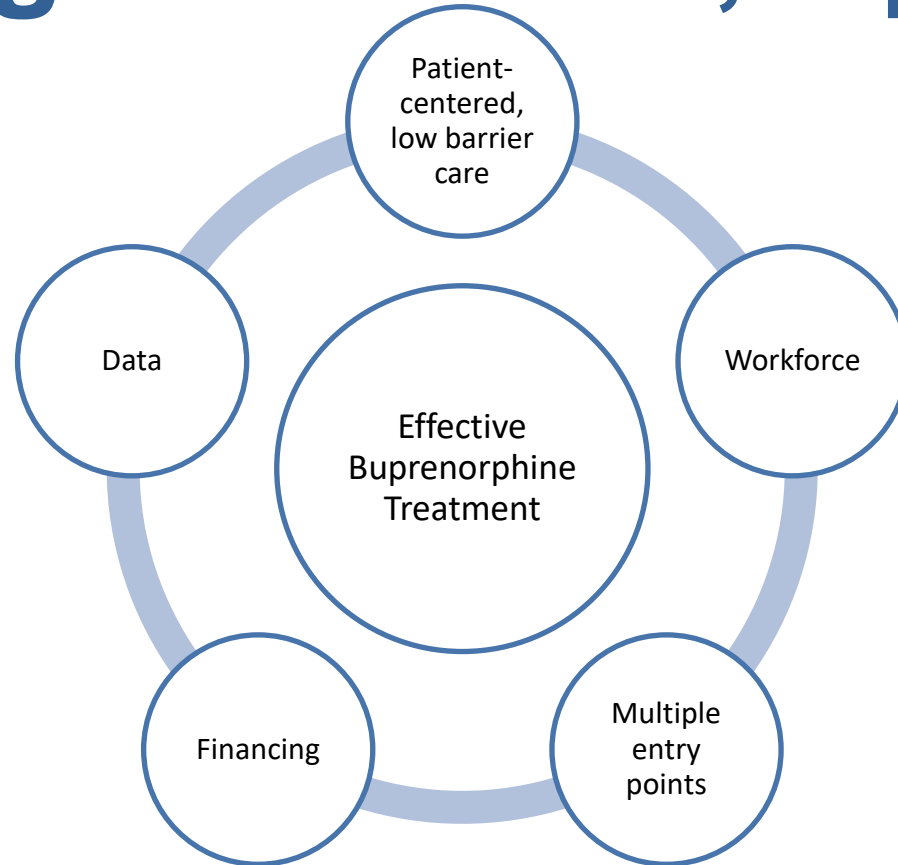
# ...but many don't receive it

- In 2020, just 11 percent of people with OUD received medication.
- People of color, especially Black people, are less likely to receive MOUD or stay on it long-term.

# Buprenorphine prescribing

- Anyone with a DEA license and operating within their scope of practice
- Requires additional training for over 30 patients
  - 8-hour training for MDs, DOs
  - 24-hour training for NPs and PAs
- But this could change if Congress passes the [MAT Act](#)

# Building an effective, equitable system



# Patient-centered, low-barrier care

- Promote quick access to treatment
- Do not encourage tapering
- Remove counseling requirements

Ex: [Medication First](#) in Missouri

# Patient-centered, low-barrier care (cont'd)

- Remove prior-authorization requirements
  - Ex: Montana [2019 HB 555](#), Colorado [2019 HB 1269](#)



# Workforce – Increasing providers

- Incorporate training into med school curriculums
  - Ex: [University of California](#); [State-university collaboration in Massachusetts](#)

# Workforce – Leveraging telehealth

- Mandating coverage
- Covered on-par with in-person treatment

Example: Arizona [2021 HB 2454](#)

# Workforce – Cultural competence

- Understand the needs and experiences of specific communities and make targeted improvement plans
  - Ex: [California](#)

# Multiple entry points

- Non-traditional settings (mobile, syringe service programs, and more)
  - Ex: [Mobile clinics](#) in Colorado

# Financing

- Coverage without prior authorization or utilization limits
  - Ex: Missouri [2019 SB 514](#)
- Innovative payment models
  - Ex: Oregon [Coordinated Care Organizations](#)
- Braiding/blending [funding streams](#)

# Data

- Understand the treatment progression across the cascade of care
  - Ex: [Denver, CO](#)
- Disaggregate data to identify and address disparities
  - Ex: Missouri
- Give local authorities data to inform their policy and programming
  - Ex: [Washington](#)

# WA state-local data sharing



## Opioid Use Disorder (OUD) Treatment for Medicaid Population

Version No: 7.0; Published On:07-20-2021



Opioid Use Disorder(OUD) Indicators and Summary Report:

Providers: Buprenorphine waived providers per 1,000 Medicaid enrollees diagnosed with OUD

Accountable Community Of Health (ACH):

All ACH

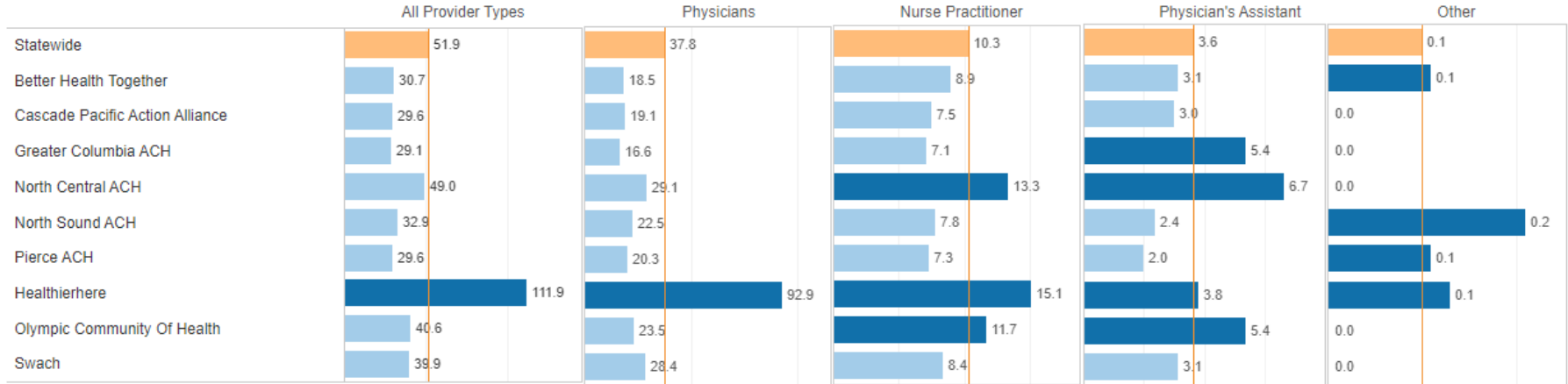
Provider Capacity:

Capacity All

Providers: Buprenorphine waived providers per 1,000 Medicaid enrollees diagnosed with OUD for All ACH

Spec.

Most Recent Quarter (2020-Q4) Result: state average | below average | above average



# Discussion

- What's working well in your state?
- What are your biggest challenges?



# Additional resources

- Questions? [fmcgaffey@pewtrusts.org](mailto:fmcgaffey@pewtrusts.org)
- [Medications for Opioid Use Disorder Improve Patient Outcomes](#) – A review of the medications
- [Policies Should Promote Access to Buprenorphine for Opioid Use Disorder](#) – A discussion of policy options for low-barrier treatment
- [State Policy Changes Could Increase Access to Opioid Treatment via Telehealth](#)