

DDAP Technical Assistance Series

Medications for Opioid Use Disorder (MOUD) Bridge Services

Reminders

- Questions should be submitted 7 days in advance of the call to RA-DAASAM@pa.gov. Please feel free to submit questions in the chat.
- This call is being recorded. Please exit now if you do not want to be recorded. You will be able to review the video in its entirety on the DDAP webpage following this event.
- Suggestions for future call topics should be submitted to RA-DAASAM@pa.gov.

Today's Presenters

- Dianne Schrode, DDAP Division Director Program Support and Quality Improvement
- Jordan Lewis, PhD, DDAP Policy Director
- Michael Lynch, MD, UPMC Telemedicine Bridge Program
- Jeanmarie Perrone, MD, FACMT, Care Connect Warmline Telehealth Program, Penn Medicine

Learning Objectives

- Understanding Bridge Clinics
- Learn how SCAs can contract with Bridge Clinics
- Available Programs offering bridge services
- Resources Available

Evidence-based Treatment

- Medication treatment for OUD (MOUD) is associated with:
 - More than double the abstinence rate from nonmedical opioid use compared to abstinence-based therapy²
 - Reduced incidence of HIV and Hepatitis C^{1,3,4}
 - **Mortality reduction of ~50%**⁴
 - Reduction in crime and improved social functioning⁴
 - Correction of neurobiological dysfunction that leads to relapse¹
 - Overall annual reduction in healthcare costs⁵

Medication Treatment for OUD Should not be Delayed

- Initiation of medication treatment should not be delayed while completing initial assessment and intake¹
- Medication therapy should not be contingent upon participation in behavioral therapy^{1,2}
- Both office-based and home buprenorphine induction are safe and effective¹
- Patients seeking addiction treatment are 7 times more likely to be engaged if they are seen on the same day compared to waiting 2+ days³

1. American Society of Addiction Medicine (ASAM) National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. *J Addict Med.* 14(2S Suppl 1):1-91
2. National Academies of Sciences, Engineering, and Medicine 2019. Medications for Opioid Use Disorder Save Lives. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25310>.
3. Roy PJ, Choi S, Bernstein E, Walley AY. Appointment wait-times and arrival for patients at a low-barrier access addiction clinic. *J Subst Abuse Treat.* 2020 Jul;114:108011. doi: 10.1016/j.jsat.2020.108011. Epub 2020 Apr 22. PMID: 32527508.

Barriers to Accessing Evidence-based Treatment

- Gaps in knowing where to go for treatment^{1,2}
- Difficulty accessing care^{1,2}
- Long wait times^{1,2}
- Geographical distance from treatment providers^{1,2}
- PA patients wait up to 3 weeks for MOUD treatment³

1. Substance Abuse and Mental Health Services Administration (SAMHSA). 2020. *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.
2. Hall NY, Le L, Majmudar I, Mihalopoulos C. Barriers to accessing opioid substitution treatment for opioid use disorder: A systematic review from the client perspective. *Drug Alcohol Depend.* 2021 Apr 1;221:108651. doi: 10.1016/j.drugalcdep.2021.108651. Epub 2021 Feb 26. PMID: 33667783.
3. Kawasaki S, Francis E, Mills S, Buchberger G, Hogentogler R, Kraschnewski J. Multi-model implementation of evidence-based care in the treatment of opioid use disorder in Pennsylvania. *J Subst Abuse Treat.* 2019 Nov;106:58-64. doi: 10.1016/j.jsat.2019.08.016. Epub 2019 Aug 28. PMID: 31540612; PMCID: PMC7194237.

Telehealth as a Solution To MOUD Barriers

- Utilization of telemedicine expanded 63-fold during the Covid-19 public health emergency¹
- Telemedicine MOUD treatment outcomes are similar to traditional care^{2,3,4}
- Programs to provide rapid access to buprenorphine treatment were successfully implemented in several states during the public health emergency with good outcomes⁵
- Retention in treatment and rate of opioid overdose were improved among Medicare patients who accessed telemedicine OUD treatment⁶

References for Slide 8

1. Samson, L., Tarazi, W., Turrini, G., Sheingold, S., Medicare Beneficiaries' Use of Telehealth Services in 2020 – Trends by Beneficiary Characteristics and Location (Issue Brief No. HP-2021- 27). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. December, 2021.
2. Weintraub E, et al. Expanding access to buprenorphine treatment in rural areas with the use of telemedicine. *The American Journal on Addictions*. 2018; 27: 612-617
3. Zheng W, et al. Treatment outcome comparison between telepsychiatry and face-to-face buprenorphine medication-assisted treatment (MAT) for opioid use disorder: A 2-Year retrospective data analysis. *J Addict Med*. 2017; 11(2): 138-144
4. Hailu R, Mehrotra A, Huskamp HA, Busch AB, Barnett ML. Telemedicine Use and Quality of Opioid Use Disorder Treatment in the US During the COVID-19 Pandemic. *JAMA Netw Open*. 2023 Jan 3;6(1):e2252381. doi: 10.1001/jamanetworkopen.2022.52381. PMID: 36692880..
5. Samuels EA, Khatri UG, Snyder H, Wightman RS, Tofighi B, Krawczyk N. Buprenorphine Telehealth Treatment Initiation and Follow-Up During COVID-19. *J Gen Intern Med*. 2022 Jan 3:1–3. doi: 10.1007/s11606-021-07249-8. Epub ahead of print. PMID: 34981357; PMCID: PMC8722662.
6. Jones CM, Shoff C, Hodges K, Blanco C, Losby JL, Ling SM, Compton WM. Receipt of Telehealth Services, Receipt and Retention of Medications for Opioid Use Disorder, and Medically Treated Overdose Among Medicare Beneficiaries Before and During the COVID-19 Pandemic. *JAMA Psychiatry*. 2022 Oct 1;79(10):981-992. doi: 10.1001/jamapsychiatry.2022.2284. Erratum in: *JAMA Psychiatry*. 2022 Oct 1;79(10):1048. PMID: 36044198; PMCID: PMC9434479.

Review of Telehealth for MOUD

- Incorporation of telehealth technology for medication treatment of OUD is associated with:
 - Higher patient satisfaction
 - Comparable retention rates
 - Overall reduction in healthcare costs
 - Increased access to and utilization of buprenorphine

What are Bridge Services?

Bridge Clinic = rapidly accessible, short-term service where practitioners can prescribe buprenorphine as “bridge” MOUD treatment

Telemedicine Bridge Clinic = services are provided without initial in-person exam

Low-barrier MAT = any service that assists individuals in receiving same-day access to MOUD

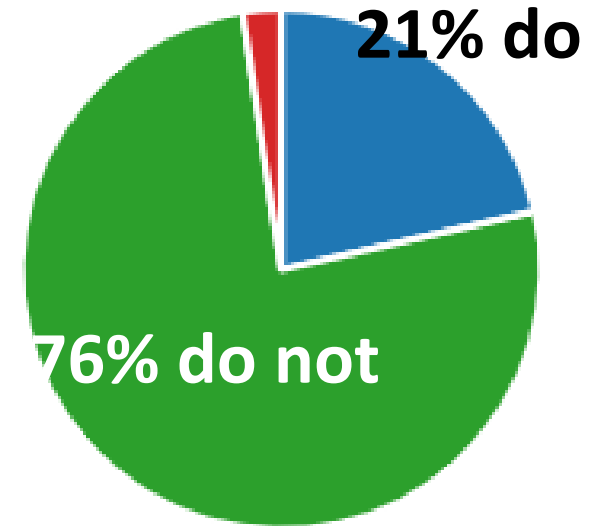
March 2023 DDAP Survey to SCAs

Purpose of survey: To understand how SCAs are currently engaging with bridge clinics and other low-barrier MAT services in terms of **contracting, referring clients,** and **paying** for services.

42 of 47 SCAs responded (89%)

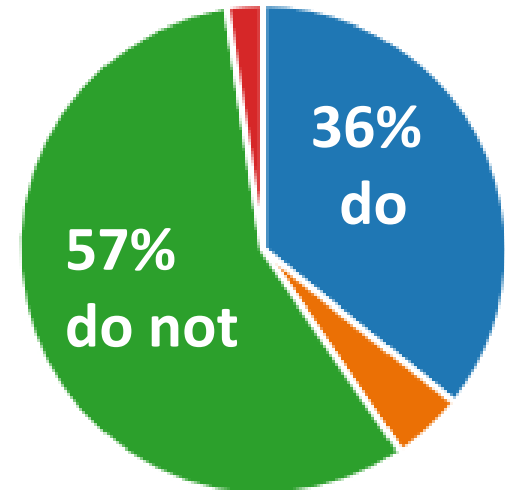
Does your SCA contract with bridge clinic services?

● Yes, currently	9
● Yes, in the past	0
● No	32
● Unsure	1



Does your SCA refer clients to bridge clinic services?

● Yes, currently	15
● Yes, in the past	2
● No	24
● Unsure	1

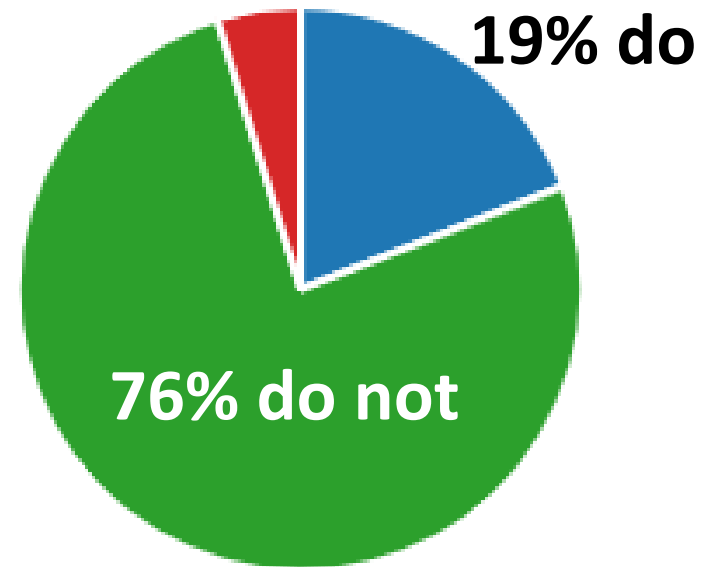


To which clinics do you refer clients?






- UPMC Telemedicine Bridge Program
- Lehigh Valley Health Network
- St. Luke's Health Network
- Penn Medicine Lancaster General Hospital
- University of Pennsylvania Hospital
- CASA Trinity
- DON Recovery

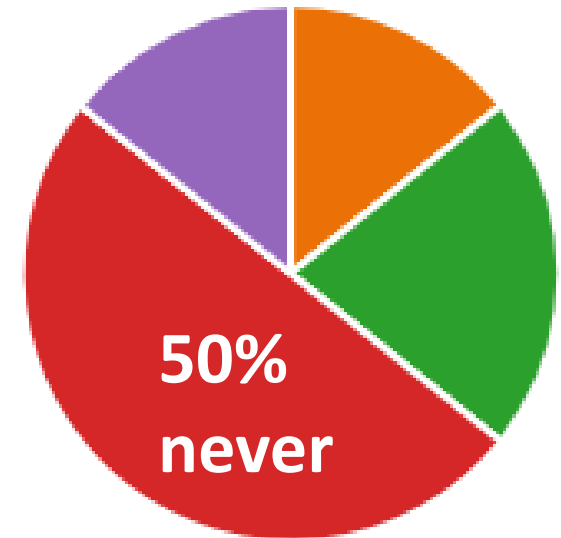
Does your SCA pay for bridge clinic services for un/underinsured clients?

● Yes, currently	8
● Yes, in the past	0
● No or N/A	32
● Unsure	2



Does your SCA receive referrals from bridge clinic services?

 Frequently	0
 Sometimes	6
 Rarely	9
 Never	21
 Unsure	6



Future of Buprenorphine Tele-prescribing

- In May, DEA [released a temporary rule](#) to extend COVID-19 telemedicine flexibilities for controlled substance prescriptions until November 11, 2023.
 - The PA Department of State's regulation at [49 Pa. Code § 16.92\(b\)\(1\)](#) will remain suspended accordingly.
- For any practitioner-patient relationship established on or before November 11, 2023, **a one-year grace period will continue through November 11, 2024.**
- DEA is continuing to carefully evaluate >38,000 comments received on its proposed rulemaking to make a form of this flexibility permanent.
 - Proposed rule would allow for an initial 30-day buprenorphine supply, but would require an in-person medical evaluation thereafter
 - [Public listening sessions](#) tomorrow and Wednesday (9/12 – 9/13, 9am – 5:30pm)

UPMC Medical Toxicology Telemedicine Bridge Program

UPMC Medical Toxicology is providing addiction medicine bridge clinic services via telemedicine throughout Pennsylvania in collaboration with the PA Department of Drug and Alcohol Programs and local Single County Authorities (SCAs).

Patient Engagement

- Patient with substance use disorder seeks care anywhere in Pennsylvania
- If patient is unable to be seen by a local provider that day, he/she can be referred to the UPMC Medical Toxicology Bridge Clinic
 - Referrals received from COEs, non-COE treatment providers, jails/probation, EDs, SCAs, word of mouth, residential rehabilitation facilities, primary care, prehospital providers, and others
- Bridge clinic appointment is scheduled ASAP, often within 2 hours on the same day, with a physician who is actively practicing in emergency medicine, medical toxicology, and addiction medicine
 - Patients can select video or audio-only telemedicine appointments based upon capabilities and preference
- Appointments can be scheduled 24/7 via an online scheduling platform
- Bridge clinic appointment times: Monday-Friday 9a-5p (currently)
- Patient is connected with long-term treatment via County SCA, local treatment provider, or contracted outpatient care coordinators

Overview of First 6210 Patient Encounters



April 27, 2020 to July 31, 2023

3327 Patients



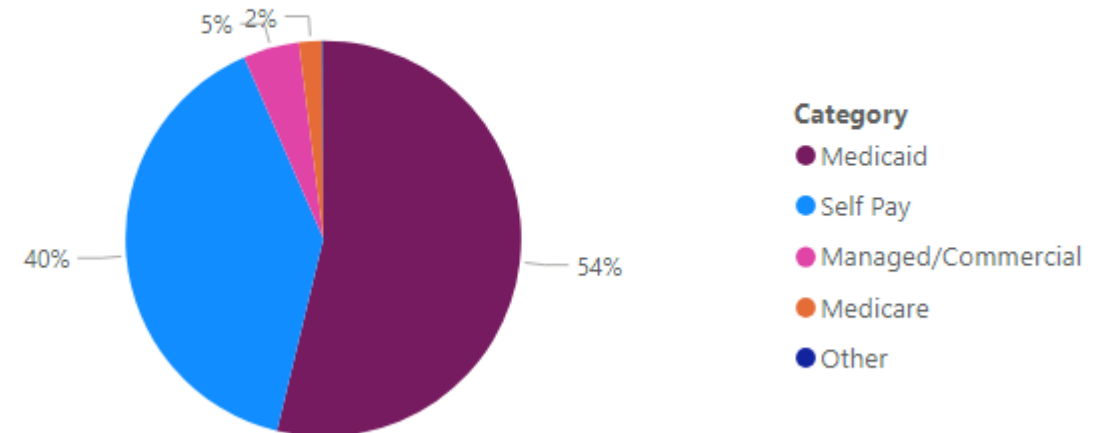
- Age Range: 17-79
- ~57% Male
- ~43% Female



>90% audio/telephone only visits

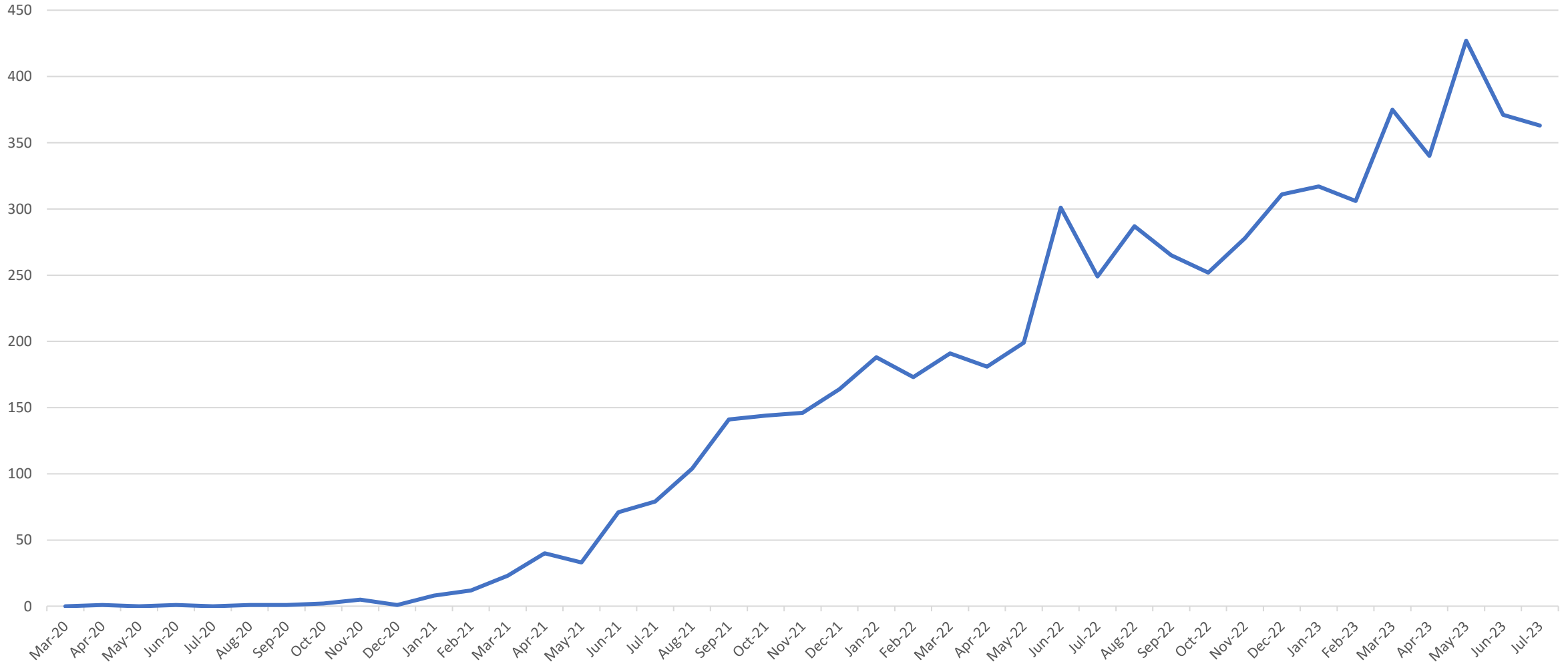
Primary Payor Type (94% Medicaid or Uninsured)

Payor Category % of Total Charges by Category



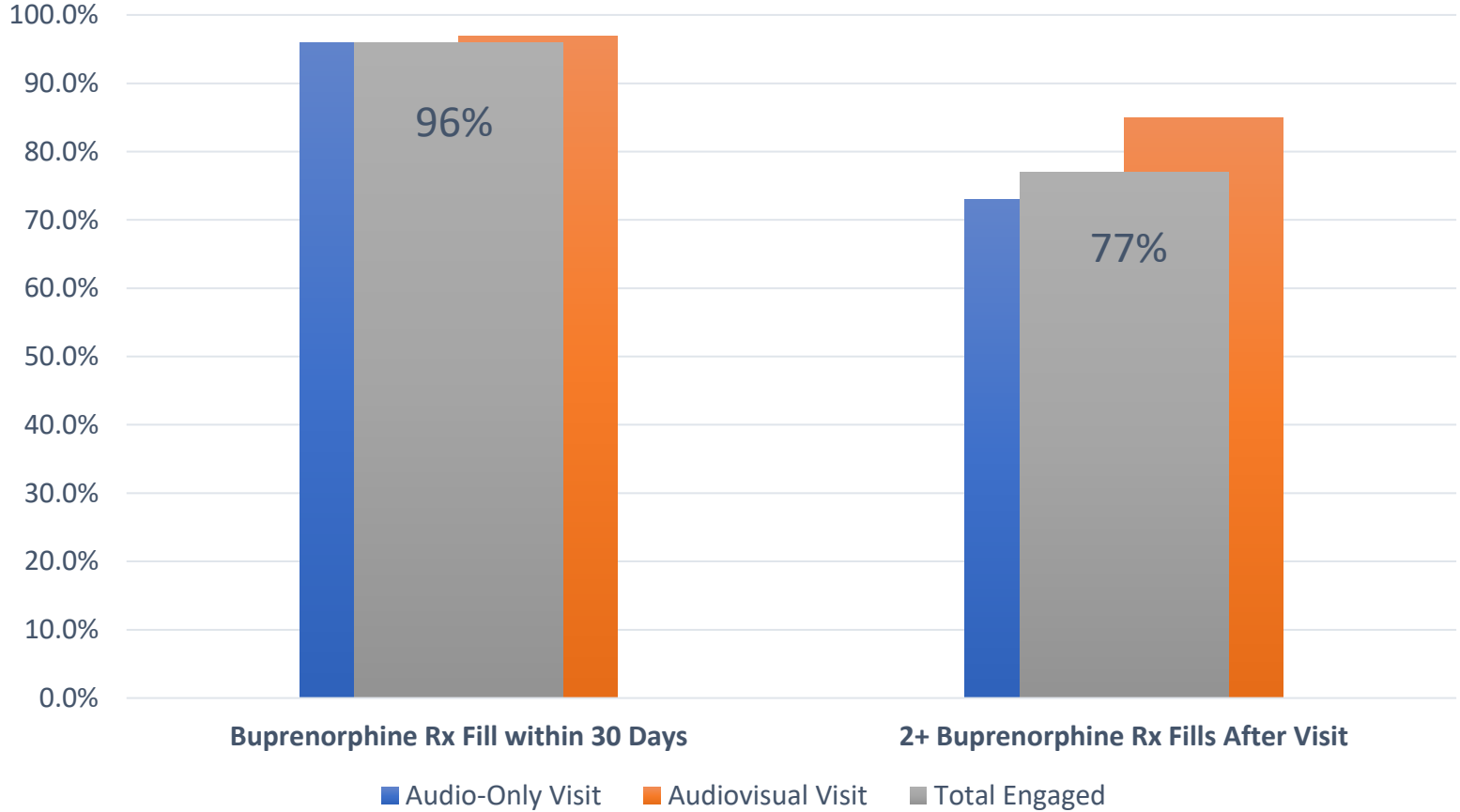
Sustained Growth Over 3 Years

UPMC Telemedicine Bridge Clinic Volume by Month, 4/20-7/23



Excellent Rate of Engagement in Buprenorphine Treatment

Telemedicine Bridge Clinic Patients Engaged in OUD Medication Treatment



Lynch MJ, Houck P, Meyers J, Schuster J, Yealy DM. Use of a Telemedicine Bridge Clinic to Engage Patients in Opioid Use Disorder Treatment. J Addict Med. 2022 Mar 7. doi: 10.1097/ADM.0000000000000967. Epub ahead of print. PMID: 35258040.

6 Month Outcomes

- 150 UPMC For You patients with continuous coverage before and after bridge clinic visit for OUD
- Increased outpatient behavioral health and primary care utilization; decreased ED and inpatient utilization
- Reduction in costs 6 months after first bridge visit compared to month before
 - 62% reduction in unplanned care costs
 - 38% reduction in all care costs *excluding* pharmacy
 - 10% reduction in all care costs *including* pharmacy
- Median days of buprenorphine treatment increased from 0% to 73% with persistent median coverage >50% after 6 months

Proportion of Days Covered-Buprenorphine

Proportion of Days Covered with Buprenorphine (p-value for comparisons to 30 days pre-Bridge)

	Mean	Median	CI 95%
<u>180 days pre-Bridge</u>	24.80%	1.70%	n/a
<u>90 days pre-Bridge</u>	24.30%	0%	n/a
<u>30 days pre-Bridge</u>	20.70%	0%	n/a
<u>30 days post-Bridge</u>	65.10%	73.30% ± 7.1	
<u>90 days post-Bridge</u>	53.60%	54.40% ± 7.9	
<u>180 days post-Bridge</u>	50.80%	50.60% ± 8.0	

Cost of Care Compared to 30 Days pre-Bridge Clinic

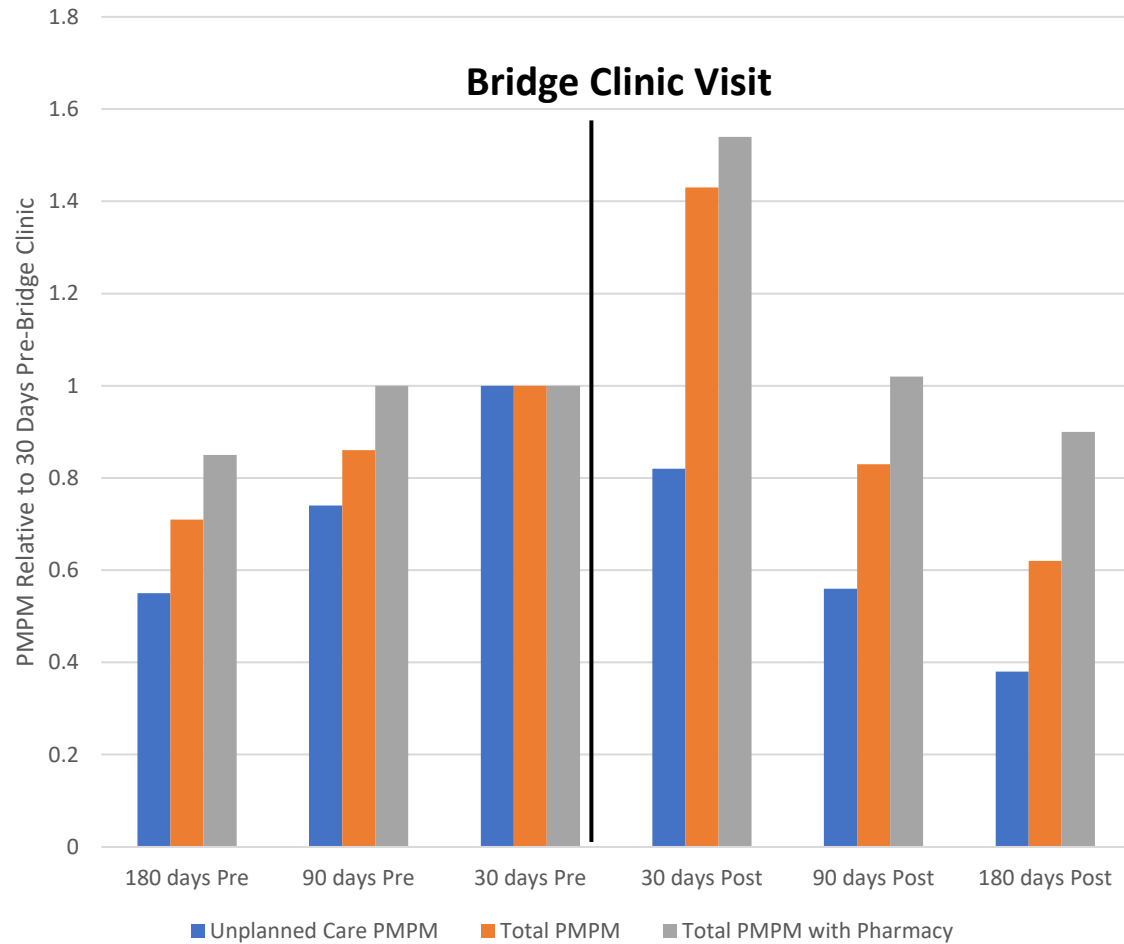


Figure 1a. Costs of care (PMPM) relative to 30 days Pre-Bridge Clinic Engagement

Changes in SUD-Specific PMPM Compared To Pre-Bridge Clinic By Service Category

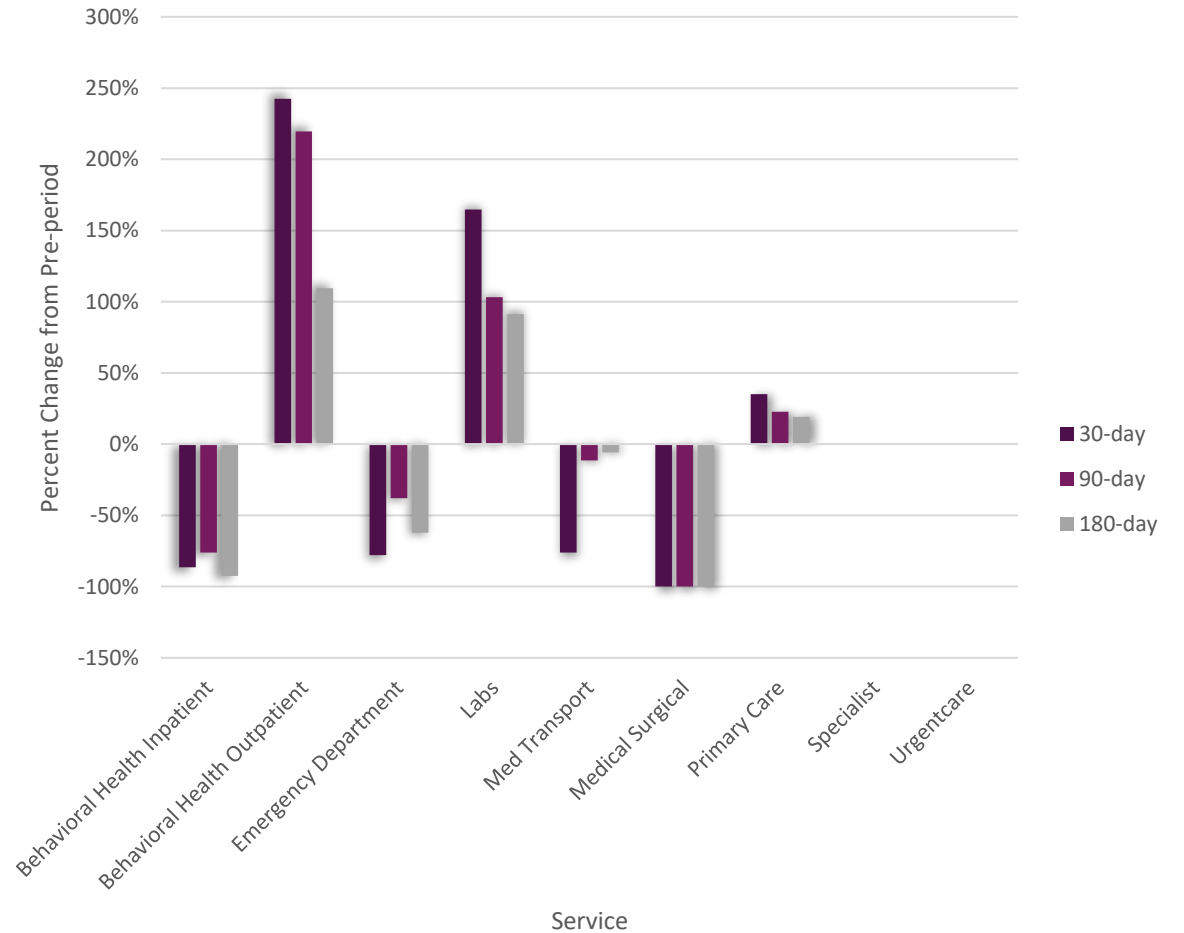


Figure 1b. Percent change in SUD-specific care costs before and after Bridge Clinic engagement by service category

Dr. Jeanmarie Perrone, MD FACMT

- Professor, Emergency Medicine
- Director, Medical Toxicology and Addiction Medicine Initiatives
- Department of Emergency Medicine
- Center for Addiction Medicine and Policy
- Perelman School of Medicine at the University of Pennsylvania

Care Connect Warmline in Philadelphia, PA

- ~78% Medicaid patients
- 89% filled first buprenorphine prescription
- 69% filled >1 buprenorphine prescriptions
- 55% had an active buprenorphine prescription at 30 days



Care Connect Warmline

Our team of Substance Use Navigators (SUN) and Certified Recovery Specialist can partner with your patients to follow up post-discharge and connect them with care!

- ✓ 100 % Virtual Buprenorphine Prescription Access
- ✓ Low-Barrier
- ✓ No Insurance Necessary

Provide resource and care navigation including connections to *Penn Medicine On Demand* to support the bridging of care

Support can include Buprenorphine bridge prescriptions, pharmacy navigation, and partnering to address barriers to care

Helpful Tip: Try putting the Warmline phone number in your patient's phone

 **484-278-1679**

 Jasmine Barnes, SUN

 Nicole O'Donnell, Lead CRS & Project Manager

 Gilly Gehri, SUN

Contact us between 9am and 9pm
Monday - Sunday

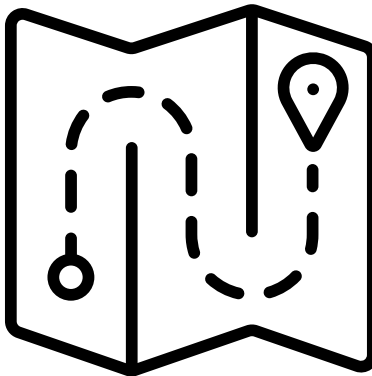
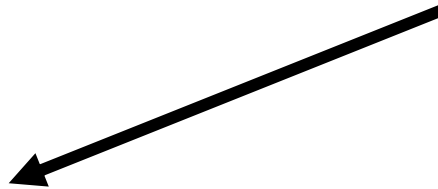
What happens when you call?



Substance use navigator
intake and triage



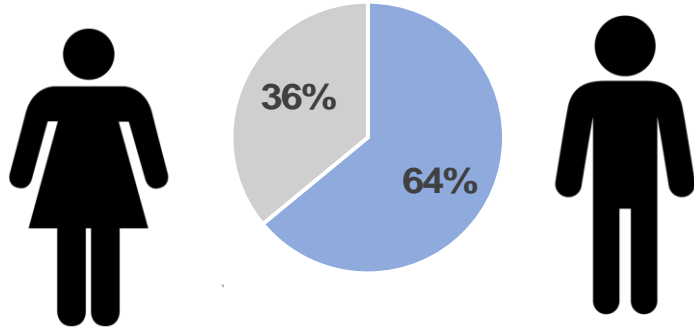
Clinician Telehealth Visit
Audiovisual or
telephone-only



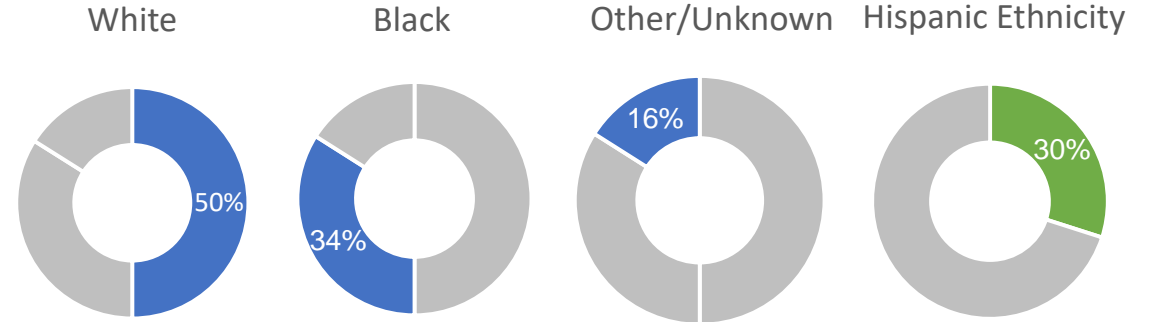
Care Linkage
Care navigation, short-term case
management, linkage to long-term
treatment and resources



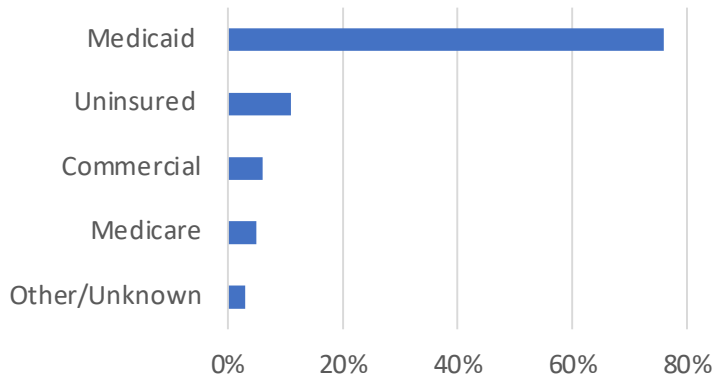
Gender



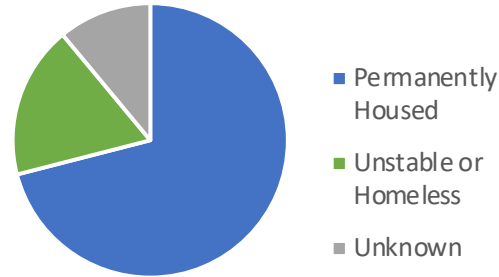
Race and Ethnicity



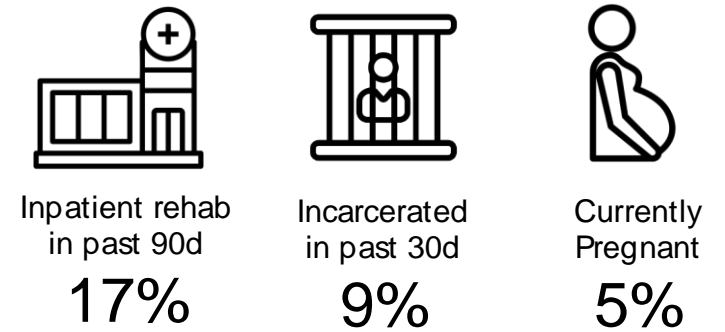
Insurance Type



Housing Status



Special Populations

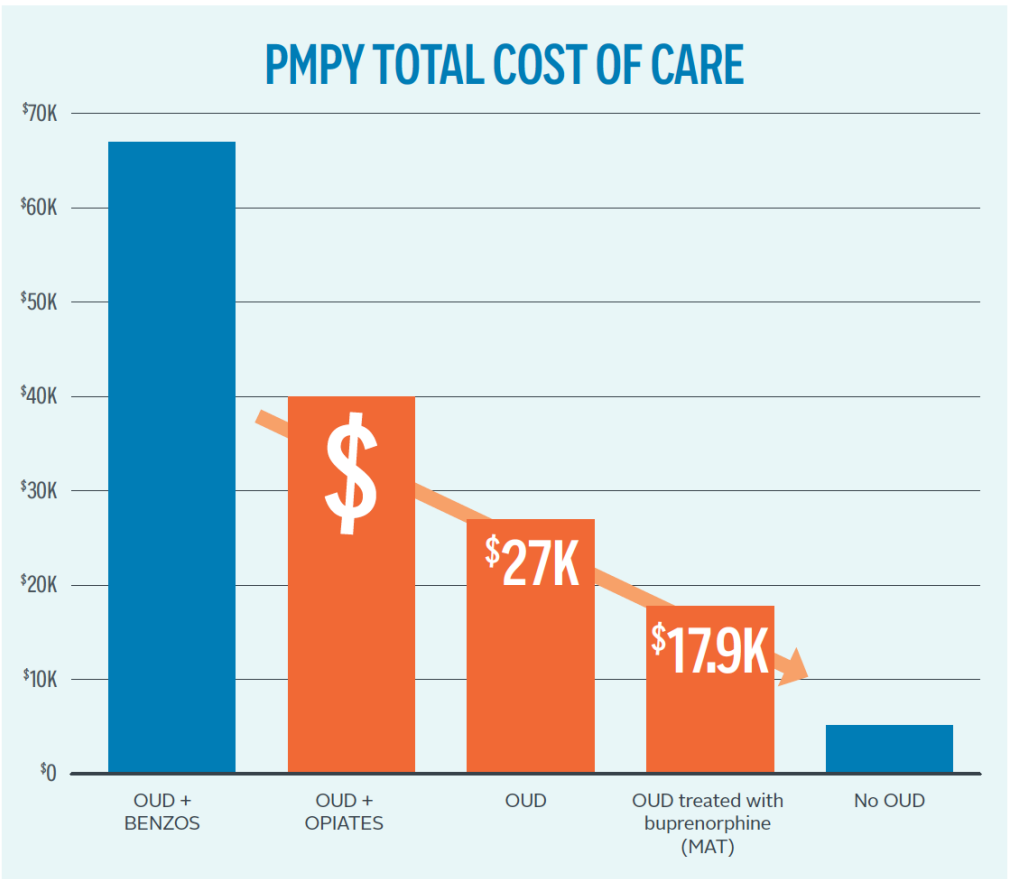


Buprenorphine saves lives and money.

CareConnect Warmline is a bridge to same day treatment

Getting Members the Help They Need

Doing the Math



- Member with Opioid Use Disorder (OUD) costs around \$27K based on claims data
- Member with OUD who is on MAT, costs around \$17.9K based on claims data
- By steering 10 members with an OUD into a MAT program, there is the potential to save **\$100K** in claims costs annually

How can SCAs and Treatment Providers Work with Bridge Programs?

- Reach out to available bridge programs to learn more about the services they offer
- Work with the bridge program to coordinate care and provide clinical and case management services
- Work with DDAP's Program Monitoring Division regarding contracts

Contracting with Bridge Programs

- SCAs may contract with providers who offer bridge programs
 - Bridge programs do not need to be licensed by DDAP
 - Bridge services would be considered Physician & Pharmacy (8900)
- SCAs can work with their project officers

County Program Oversight Contact Information/Resources

Sue Duff, Division Director of Program Monitoring

sduff@pa.gov

Or your SCA assigned Project Officer:

Robert Dilello rodilello@pa.gov

Sundee Klopach sklopach@pa.gov

MOUD Bridge Services

Q & A

Reminder

Next TA Call = October 2, 2023 @ 10:00AM

Topic = SUD Confidentiality and the Impact of Act 33

RA-DAASAM@pa.gov