Medications for Addiction Treatment in Public Sector Programs

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No disclosures
The substance use disorder treatment gap

Substance use leads to more death and disability than any other preventable condition

In 2014,

- 21.5 million people w/ SUD
- 2.3 million received treatment

Robert Wood Johnson Foundation, 2010
Mokdad et al., JAMA 2004
National Survey on Drug Use and Health, 2014
20.2 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

Increase in Opioid Adverse Outcomes Not Driven by New Users

HEROIN USE (FLAT OVER 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>2016</th>
<th>2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Year New Users</td>
<td>170K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past Year Users</td>
<td>948k</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past Year Disorder</td>
<td>626k</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RX PAIN RELIEVER MISUSE (FLAT OVER 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>2016</th>
<th>2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Year New Misusers</td>
<td>2.1M</td>
<td></td>
<td>Lower than 2015</td>
</tr>
<tr>
<td>Past Year Misusers</td>
<td>11.5M*</td>
<td>4.3%</td>
<td></td>
</tr>
<tr>
<td>Past Year Disorder</td>
<td>1.8M</td>
<td>0.7%</td>
<td></td>
</tr>
</tbody>
</table>

2.1 MILLION with OUD

- 21.1% of People with Heroin Use Disorders received treatment
- 37.5% of People with Opioid Use Disorders received treatment
- 17.5% of People with RX Pain Reliever Use Disorders received treatment

1 in 5 individuals with Opioid Use Disorders (OUD) received specialty treatment for illicit drugs

Heroin Deaths Have Skyrocketed

The number of heroin users increased 2.35 fold (135%)
Source: SAMHSA

The number of heroin deaths increased 6.33 fold (533%)
Source: CDC National Vital Statistics System (NCHS)

Surgeon General’s Report

http://addiction.surgeongeneral.gov
Medications for Addiction Treatment (MAT)
- **Opioids**
  - Methadone
  - Buprenorphine
  - Naltrexone
  - *Naloxone*

- **Alcohol**
  - Disulfiram
  - Naltrexone
  - Acamprosate

- **Tobacco**
  - Nicotine
  - Bupropion
  - Varenicline

- **Others**
  - No FDA-approved medications (yet)
• Opioids
  • Methadone
  • Buprenorphine
  • Naltrexone
  • Naloxone*

• Alcohol
  • Disulfiram
  • Naltrexone
  • Acamprosate

• Tobacco
  • Nicotine
  • Bupropion
  • Varenicline

• Others
  • No FDA-approved medications (yet)
Intrinsic Activity: Full Agonist, Partial Agonist and Antagonist

Intrinsic Activity

Log Dose of Opioid

Full Agonist (Methadone)

Partial Agonist (Buprenorphine)

Antagonist (Naloxone)

Reynard Pierce. Opioids: Basics of Addiction; Treatment with Agonists, Partial Agonists, and Antagonists
Treatment Training Volume C: Module 2 – Updated. Source: http://slideplayer.com/slide/7062916/
Methadone treatment efficacy
n=727, Hubbard et al. 1997

- Heroin use (weekly): 89% (Pretreatment), 28% (Posttreatment)
- Cocaine use (weekly): 42% (Pretreatment), 22% (Posttreatment)
Crime among 491 patients before and during MMT at 6 programs

Adapted from Ball & Ross - The Effectiveness of Methadone Maintenance Treatment, 1991

Opioid Agonist Treatment of Addiction - Payte - 1998
Mortality Rates in Treatment and 12 Months after Discharge

Zanis and Woody, 1998

% Died

1.0% 8.2%

In Treatment (n=397) Discharged (n=110)
Effectiveness: Buprenorphine

• Buprenorphine increases treatment retention:
  • At low doses (2 - 6 mg), 5 studies, 1131 participants, risk ratio (RR) 1.50
  • At medium doses (7 - 15 mg), 4 studies, 887 participants, RR 1.74
  • At high doses (≥ 16 mg), 5 studies, 1001 participants, RR 1.82

Kaplan–Meier Curves for Relapse-free Survival.

No. at Risk
Extended-release naltrexone: 153 144 139 129 121 117 112 110 104 100 92 87 87
Usual treatment: 155 116 104 96 84 76 72 67 65 61 59 56 56

Week
Probability of Relapse-free Survival
1.0 0.8 0.6 0.4 0.2 0.0
Extended-release naltrexone
Usual treatment

Comparative effectiveness of extended-release naltrexone versus buprenorphine-naloxone for opioid relapse prevention (X:BOT): a multicentre, open-label, randomised controlled trial

Ease of induction is a well known limitation of naltrexone and an advantage of buprenorphine.

Once successfully inducted to either naltrexone LAI or buprenorphine / naloxone similar outcomes:

- relapse-free survival
- overall relapse
- retention in treatment
- negative urine samples
- days of opioid abstinence
- self-reported cravings

A Primary Care Approach to Substance Misuse

<table>
<thead>
<tr>
<th>CLINICAL RECOMMENDATION</th>
<th>EVIDENCE RATING</th>
<th>REFERENCES</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid screening for substance misuse or substance use disorders can be performed in the primary care setting with a validated single-question screening tool.</td>
<td>C</td>
<td>11</td>
<td>The U.S. Preventive Services Task Force concludes that there is insufficient evidence to recommend screening for the use of substances other than alcohol and tobacco.</td>
</tr>
<tr>
<td>Patients with hazardous substance use or substance use disorders may benefit from brief counseling by their primary care physician.</td>
<td>B</td>
<td>16–18</td>
<td>Systematic review for alcohol; randomized controlled trial and before-after study for other substance use.</td>
</tr>
<tr>
<td>Office-based pharmacotherapy for opioid dependence using buprenorphine is safe and effective.</td>
<td>A</td>
<td>26, 27</td>
<td>Cochrane review and multiple randomized controlled trials.</td>
</tr>
<tr>
<td>Patients with substance use disorders may benefit from identification and treatment of comorbid psychiatric disorders.</td>
<td>A</td>
<td>44–47</td>
<td>Systematic reviews and randomized controlled trials.</td>
</tr>
</tbody>
</table>

Barriers to MAT Implementation

• System Level
  – Government and insurance policies, program characteristics (such as treatment philosophy), lack of pharmaceutical industry support, and logistical issues like lack of equipment or access to prescribing clinicians

• Provider Level
  – Informational Deficits / Perceptions and Concerns (Attitudes)

• Patient Level
  – Informational Deficits / Perceptions and Concerns (Attitudes)

Overcoming Barriers

• Training speeds implementation of pharmacotherapy, but is not sufficient in changing provider behavior

• Clinical support systems that provide mentorship, consultation, and educational support improve provider self-efficacy

Strategic Considerations

- SYSTEMIC FACILITATORS
- ORGANIZATIONAL CAPACITY
- PROVIDER READINESS
- PATIENT ACCEPTABILITY


Incorporating Alcohol Pharmacotherapies Into Medical Practice

A Treatment Improvement Protocol

TIP 49

Medication-Assisted Treatment Models of Care for Opioid Use Disorder in Primary Care Settings


Evidence Based Models for MAT in Primary Care

- Hub and Spoke Model
- Collaborative Opioid Prescribing (Co-OP) Model
- Office-Based Opioid Treatment (OBOT) (Yale)
- Massachusetts Nurse Care Manager Model
- Buprenorphine HIV Evaluation and Support (BHIVES) Collaborative Model
- One Stop Shop Model

- Project Extension for Community Healthcare Outcomes (ECHO)
- Medicaid Home Model for Those With OUD
- Southern Oregon Model
- Emergency Department Initiation of OBOT
- Inpatient Initiation of MAT
- Integrated Prenatal Care and MAT

Shared Components of MAT in Primary Care

- Pharmacological therapy
- Psychosocial services/interventions.
- Coordination/integration of substance use disorder treatment and other medical/psychological needs
- Provider and community education and outreach


Chronic Care Management: Negative Trial

Original Investigation
Chronic Care Management for Dependence on Alcohol and Other Drugs
The AHEAD Randomized Trial

CONCLUSIONS AND RELEVANCE  Among persons with alcohol and other drug dependence, CCM compared with a primary care appointment but no CCM did not increase self-reported abstinence over 12 months. Whether more intensive or longer-duration CCM is effective requires further investigation.

AHEAD Trial: Implications

• MAT, even when provided in a chronic care model, is only effective when an individual is motivated and willing.

• Non-treatment factors, especially social control, social support and socioeconomic factors are likely responsible for more change than most treatments.

SUMMIT Study

Collaborative Care for Opioid and Alcohol Use Disorders in Primary Care
The SUMMIT Randomized Clinical Trial


SUMMIT Study

• Applied organizational capacity and readiness principles to IHI Chronic Illness Integrated Collaborative Care Model for Alcohol and Opioid Use Disorders

• 400 participants randomized to integrated collaborative care vs. treatment as usual

Treatment protocols adapted to fit the clinic guided provider decision-making
The outcome of our work was collaborative care for OAUD

- Redesigned delivery system; new care coordinator position
- Supportive and knowledgeable leadership, staff
- Experts available for consultation; treatment protocols
- A system designed to encourage the delivery of evidence-based treatments
- Linkage to community resources
- Patient registry for population-based management
- Patient Self-Mgmt. Materials

Slide courtesy of Watkins, et al.
CC patients were more likely to be abstinent from opioids and alcohol at 6 months.

Usual care CC

% of patients

Usual care

33%

CC

22%

*p =0.03

Effect estimate 0.12 (0.01-0.23)

Slide courtesy of Watkins, et al.
<table>
<thead>
<tr>
<th>Take-away 1</th>
<th>A strategy consisting of BOTH organizational readiness and collaborative care can facilitate implementation of OAUD treatment in primary care and lead to improved patient outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take-away 2</td>
<td>Collaborative Care leads to increased OAUD treatment access in primary care</td>
</tr>
<tr>
<td>Take-away 3</td>
<td>Patients who receive any treatment (with CC) do better than those who do not, regardless of type of treatment</td>
</tr>
<tr>
<td>Take-away 4</td>
<td>Despite perceived barriers, treatment can be successfully integrated</td>
</tr>
</tbody>
</table>
“Scaling up the use of MAT will require engaging clinicians who prescribe in all areas of the health sector”

-Dr. Gary Tsai

Medical Director and Science Office, Los Angeles County Department of Public Health Division of Substance Abuse Prevention and Control
Health Center Program
Substance Abuse Service Expansion
Quarterly Progress Report (SAQPR)
June 29, 2017

Heather Lee and Maria Peña
Public Health Analysts, OPPD
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)
CHCF Treating Addiction in the Primary Care Safety Net
CHCF Treating Addiction in the Primary Care Safety Net

• Project ECHO for Buprenorphine
• Coaching by experts
• Monthly CSAM webinars
• In-Person Learning Sessions
• Bup Waiver Trainings
• Site Visits

http://www.tapcprogram.com
California Hub and Spoke System Services

$40 million a year for two years
Join the CA Hub & Spoke Program

BECOME PART OF THE SOLUTION.

DO YOU HAVE PATIENTS STRUGGLING WITH OPIOIDS?
DO YOU KNOW ABOUT THE HUB AND SPOKE PROGRAM

WHAT IS THE CA Hub & Spoke PROGRAM?

The California Hub and Spoke System (CA H&SS), otherwise known as the Medication Assisted Treatment (MAT) Expansion Project, is being implemented throughout California as a way to improve, expand and increase access to MAT services across the state. Through a two-year SAMHSA-funded State Targeted Response (STR) Opioid Grant Program, CA’s Department of Health Care Services (DHCS) has awarded 19 Hubs across the state of CA to partner with community health providers to expand access to care.

The goals of the MAT Expansion Project are to serve over 20,000 individuals with Opioid Use Disorders (OUD), prevent overdose and treat OUD as a chronic disease.

WHAT IS A HUB?

A Hub is a Narcotics Treatment Program (NTP) that specializes in treating patients with OUD. They have flexibility, within the state guidelines, to choose clinical service providers (“spokes”) to build a treatment network that meets community needs.

The program will improve access to MAT services, especially in counties with the highest overdose rates. The implementation of the CA H&SS will increase the total number of physicians, physician assistants and nurse practitioners prescribing buprenorphine, thereby increasing the availability of MAT for patients with opioid use disorders.

WHAT IS A SPOKE?

Spokes (your practice) can be an FQHC, mental health center, private practice or community clinic where a buprenorphine prescriber or potential prescriber is available. Spokes receive a variety of support services from the Hubs, including the ability to refer complex patients for stabilization and access to MAT Team, consisting of a nurse and behavioral health specialist to coordinate care.

WHAT’S IN IT FOR YOU?

SAMHSA funding provides resources* for activities such as:
1) Referral and co-management of complex patients with opioid use disorders to the Hub
2) Prescribe buprenorphine waiver trainings
3) On-site MAT team to assist waivered providers
4) Care for patients who are un- or under-insured
5) Project ECHO trainings with CME/CE credit

Collaborate and Learn from colleagues via Learning Collaboratives to:
1) Connect with mentors for support, academic detailing, and technical assistance
2) Tap into regional expertise and experience
3) Develop useful connections with other H&SS health providers
4) Examine and discuss practice polices related to complex treatment issues
5) Receive quality improvement feedback to improve your practices

*Specifics for your spoke would be negotiated with your regional hub

TO FIND A HUB OR LEARN MORE: http://www.uclaisap.org/ca-hubandspoke

Contact: vpearce@mednet.ucla.edu & gmiele@mednet.ucla.edu
Los Angeles County

• 10.2 million people reside in Los Angeles County
• Population prevalence of SUD is estimated to be 8% (= 816K)
• 10 to 12% of Medi-Cal beneficiaries have a SUD
• 13.6% new Medi-Cal beneficiaries (since expansion) have a SUD.

⇒~300,000 Medi-Cal beneficiaries in Los Angeles County with SUD


Los Angeles County

• ~43,000 annually receive publicly funded specialty SUD treatment:
  • ~17,000 with heroin use disorder
  • ~10,000 with methamphetamine use disorder
  • ~6,000 alcohol use disorder
  • ~3,000 with Rx opioid use disorder (up from 1,000 in 2006)

http://www.publichealth.lacounty.gov/sapc/MDU/mdr.htm
OPIOID OVERDOSE PROGRAM / U-C.A.N. (Conquer Addiction Now)

According to the Centers for Disease Control (CDC), drug overdose continues to be on the rise in the United States. Since 1999, drug overdose deaths related to illegal opioids, prescription opioids, and heroin have quadrupled. Each day in the United States, 91 Americans die from overdose of opioid related drugs like oxycodone, hydrocodone, and methadone.

According to the Department of Public Health, drug overdose was the fourth leading cause of premature death in Los Angeles County in 2013. There were nearly as many drug overdoses as there were motor vehicle crashes. A coroner-based surveillance system used to monitor drug-related deaths reported that between 2000 and 2009 there were 8,265 drug related deaths in Los Angeles County. In addition, there were over 14 million prescriptions issued for opioids between 2007 and 2012.

While many may often associate drug abuse and drug overdose with younger individuals, a recent bulletin from the American Association of Retired Persons (AARP) reported that 2.7 million Americans over the age of 50 abused pain killers, and in 2015 one-third of all Medicare patients, nearly 12 million older adults, were prescribed opioid pain killers. Additionally, the AARP report indicates that nearly 14,000 people age 45-plus died from an opioid overdose in that same year.
HEART
Help for Addiction Recovery & Treatment
Naloxone kits in the hands of first responders
### Secondary Drivers

**Demand**
- Education
- Economic development
- Community values/community purpose & meaning
- Access to integrative pain management
- Resilience to ACEs

**Supply**
- Prescription monitoring
- Drug disposal systems
- Integrative pain management
- Disruption of illicit drug distribution

**Recovery**
- Drug court
- Treatment of addiction as a chronic disease
- MAT
- Access to addiction treatment

**Rescue**
- Naloxone distribution
- Needle exchange programs
- Housing
- Child welfare interventions

**Outcome Measures**
- High school graduation rate
- Employment rate
- Drug overdoses
- ER visits for drug & alcohol issues
- Community well-being
- Quality of life

**Process Measures**
- Enrollment in recovery programs
- Use of Rx monitoring systems
- Use of drug court
- Job creation measures

**Balancing Measures**
- Law enforcement workload
- Community non-profit buy-in
- Cost of Naloxone & needle exchanges
- ER visits for drug & alcohol issues

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**Community Wellness**

*Is a way of life directed at achieving sustainable health, well-being, and socio-economic potential of the community and its members.*

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**Psychological**

**Physical**

**Social**

**Economical**

**Environmental**

**Cultural**

Resilience is the foundation of community wellness.

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**Aim**

Achieve breakthrough improvement in community wellness to break the cycle of hopelessness, helplessness, despair, and pain and inoculate communities against future threats to well-being.
Safe Med LA

Goal: 20% reduction in prescription drug abuse deaths in LA County by the year 2020

- Community education
- Health care professionals training
- Training and education to the criminal justice community
- Expanded access to Medications for Addiction Treatment
- Expanded access to naloxone for overdose prevention
- Promote increased utilization of the statewide Prescription Drug Monitor Program (PDMP) in California
- Increase data collection and information sharing across agencies
- Support prescription drug disposal
- Collaborate with law enforcement
- Seize opportunities to positively influence policy
Safe Med LA

- LA County Substance Abuse Prevention and Control
- Anthem Blue Cross
- Blue Shield of California
- Care 1st
- Cigna
- Health Net
- Kaiser Permanente
- L.A. CARE
- Molina Healthcare
- SCAN Health Plan
- Commission on Alcohol and Other Drugs
- AltaMed
- American Health Services
- Behavioral Health Services
- Chapcare
- Cri-Help
- El Dorado Community Service Centers
- Exer Urgent Care
- Facey Medical Group
- Harbor UCLA Medical Center
- HealthCare Partners
- Homeless Health Care Los Angeles
- JWCH Institute
- L.A. Community Health Project
- LA LGBT Center
- Matrix Institute
- Prototypes
- Providence Medical Institute
- Southern California Permanente
- Medical Group
- Synovation Medical Group
- Tarzana Treatment Centers
- Venice Family Clinic
- Western Pacific
- American Academy of Pediatrics - Los Angeles Chapter
- American College of Emergency Physicians - California Chapter
- American College of Physicians - Los Angeles Chapter
- California Association of Physician Groups
- California Emergency Nurses Association
- California Pharmacists Association
- Community Clinic Association of Los Angeles County
- Health Services Advisory Group
- Los Angeles Chapter of California Academy of Family Physicians
- Los Angeles County Medical Association
- Los Angeles Dental Society
- City of Long Beach
- City of Pasadena
- Drug Policy Alliance
- National Health Law Program
- University of California Los Angeles Health System
- University of Southern California - School of Pharmacy
- LA County Health Services
- LA County Mental Health
- LA County Public Health
- LA County Public Works
- LA County Sheriff's Department
Safe Med LA

Naloxone Access Action Team
Priority Area II: Treatment and Overdose Prevention
Under California Civil Code § 1714.22, licensed health care providers may prescribe naloxone to individuals at risk for opioid overdose and their family members or friends. This law protects the naloxone prescriber and the lay person who administers naloxone from civil and criminal liability. Additionally, Health and Safety Code § 11376.5 protects lay persons from arrest when seeking medical assistance during a drug overdose.
Assembly Bill No. 1535

CHAPTER 326

An act to add Section 4052.01 to the Business and Professions Code, relating to pharmacists.

[ Approved by Governor  September 15, 2014. Filed with Secretary of State  September 15, 2014. ]

Permits pharmacists to furnish the opiate overdose reversal medicine naloxone hydrochloride upon request

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB1535
•Med-Cal no longer requires a Treatment Authorization Request (TAR) for most buprenorphine products. All that is required is a DEA waiver, a diagnosis of opioid addiction. There is a maximum of 120 units and a 30-day supply.

http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/ph201505r.asp
Naltrexone LAI available as a pharmacy benefit to all Medi-Cal beneficiaries in California

http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_26466.asp
Drug Medi-Cal Organized Delivery System (DMC-ODS)

- Pilot Program to test new paradigm for the organized delivery of health care services for Medicaid eligible individuals
- Not funding, per se, but opportunity to have Medi-Cal pay for increased services
  - Residential, Case Management
Specialty Addiction Treatment

Los Angeles County - SAPC

• Service & Bed Availability Tool (SBAT) and Substance Abuse Services Helpline (SASH)

http://sapccis.ph.lacounty.gov/sbat
• Directly operates > 80 programs
• Contracts with > 700 providers
• >250,000 individuals served / year

Our mission is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and resources that promote not only independence and personal recovery but also connectedness and community reintegration.
• Co-Occurring Disorder Medical Services
  • Availability of all medications for addiction treatment
  • Support individuals with toxicology
LAC DHS Programs

• MAT in ambulatory primary care clinics
• Sobering Center
Addiction Services in Primary Care

- Five pilot ambulatory care sites
- Co-locating LPHAs, SUD Counselors, and MCWs
- Separate medical record system
Los Angeles County Scores An E-Success In Managing Specialist Care

By Anna Gorman  |  March 8, 2017
Tx Capacity in LA County

• Expand addiction treatment capacity in all health sites:

Willing Patients

Ready Clinicians

Org Capacity

Treatment
Questions / Feedback
bhurley@ucla.edu