



Assessment of Medications for Opioid Use Disorder (MOUD) Treatment and Related Services in Marion County, Indiana

Commissioned by the Richard M. Fairbanks Foundation

FINAL REPORT: JANUARY 2020

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MAKING RESEARCH RELEVANT

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AMERICAN INSTITUTES FOR RESEARCH®

1000 Thomas Jefferson Street, NW
Washington, DC 20007-3835
202.403.5000

www.air.org

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Executive Summary

Introduction

Opioid use disorder (OUD) is a serious concern both nationally and in Marion County, Indiana. In 2017, 365 Marion County residents experienced fatal drug overdoses, with an age-adjusted rate of 38.9 per 100,000 people, as compared with a state rate of 29.4 per 100,000 people.¹ A recent report found that 81% of all overdose deaths in Marion County involved opioids and that opioid-related overdose deaths were often undercounted because many death certificates in Indiana did not identify the specific drugs responsible for drug overdoses.² Literature suggests that people with OUD are not able to access timely, appropriate, evidence-based treatment for OUD when they need it.³

Specifically, individuals with OUD who receive one of three Food and Drug Administration (FDA)-approved medications long term (methadone, buprenorphine, and extended-release naltrexone) have better treatment outcomes than do individuals who receive only counseling. When used long term, each of the three medications has been shown to increase retention in treatment and reduce illicit drug use. Long-term use of methadone and buprenorphine has been shown to reduce risk of overdose death and reduce HIV-risk behaviors.^{4,5}

Historically, use of these medications was often referred to as “Medication Assisted Treatment,” or MAT, because each of the medications is recommended for use in conjunction with counseling. However, *Medication for Opioid Use Disorder* (MOUD) has emerged as the preferred terminology because evidence supports that the medications are effective even when used without counseling, or in other words, the medications themselves are treatment.⁵ Current guidelines suggest that counseling should be recommended when individuals are using MOUD, but medications should not be withheld if an individual is not willing or able to engage in counseling services.^{4,5}

Each medication has a different pharmacology, route of administration, cost, and regulation around prescribing and dispensing. When used for treatment of OUD, methadone can only be dispensed by licensed opioid treatment programs. During the early weeks and months of treatment, individuals go to the opioid treatment program daily for observed dosing (meaning they take the medication on-site). Buprenorphine (trade names are Suboxone, Subutex, Bunavail, Zubsolv, Probuphine implant, and Sublocade injection) can be prescribed from an office-based setting by a provider who has completed additional education and has obtained a waiver from the Drug Enforcement Agency. In most cases, buprenorphine is prescribed in an office setting and picked up at a pharmacy. Extended-release naltrexone (trade name Vivitrol) is an injectable formulation and is also administered by a medical provider, although no additional training or licensing is required to prescribe and administer extended-release

naltrexone. Throughout this document, we will refer to the generic names when describing each medication.⁵

Although methadone and buprenorphine can also be used as part of medically managed withdrawal (sometimes referred to as “detox”), this practice has been associated with relapse rates as high as 65% to 91% and has been associated with high risk of overdose following detox because of reduced tolerance.⁵ Therefore, it is the long-term use of MOUD that is considered first-line treatment, and that is what we will focus on throughout this report.

Report Purpose, Methods, and Limitations

Understanding the current MOUD treatment capacity and ease of accessing MOUD services in Marion County is critical to ensuring adequate access to treatment, which will in turn lead to reductions in opioid-related morbidity and mortality. The goal of the work was to explore Marion County’s MOUD treatment capacity, as well as the ease of navigating the treatment system. This report provides an in-depth analysis of treatment capacity and access and barriers to treatment for people with OUD. Areas of inquiry, by data collection method, are shown in Exhibit ES-1, below.

Exhibit ES-1. Areas of Research Inquiry, by Data Collection Method

Area of inquiry	Data collection method
1. Availability of medications for opioid use disorder (MOUD) treatment services in licensed substance use disorder treatment providers	1a. Administrative interviews with licensed addiction treatment providers (<i>n</i> = 8) 1b. “Mystery shopper” calls to licensed addiction treatment providers (<i>n</i> = 12)
2. Access to medications, including buprenorphine and extended-release naltrexone, in primary care settings	2. Phone survey of primary care practices (<i>n</i> = 33)
3. Barriers and facilitators to accessing MOUD treatment services	3. Interviews with service providers that assist with treatment referrals (<i>n</i> = 15 interviews with 23 individuals)

Data collection methods included interviews with providers, phone surveys with primary care practices, and mystery shopper calls. Mystery shopper calls are a widely used technique to gain insight into the experience of people attempting to access services. Mystery shoppers have been used in health care for decades,⁶ including by the Centers for Medicare and Medicaid Services.⁷ We have included mystery shopping here as one method of data collection because of the discrepancy between the findings of a prior report⁸ that was commissioned by the Richard M. Fairbanks Foundation (the Foundation) and what we heard from the Foundation and its stakeholders in terms of people’s experiences when trying to access treatment.

There are several limitations to this work. Namely, we did not speak with all MOUD treatment providers (Area of Inquiry 1), primary care practices that offer buprenorphine (Area of

Inquiry 2), or service providers who see clients with OUD (Area of Inquiry 3). However, in each case AIR worked closely with the Foundation and the project advisors to identify providers that serve larger patient populations with MOUD. Also, we did not speak directly with individuals or family members who had tried to access MOUD in Marion County. The mystery shopper calls were used to emulate what an individual or family member might experience, although they might not be representative of an individual's experience in accessing services. For further limitations please see the full report.

Key Findings

Overall, this study found that, while MOUD treatment and associated services were available in Marion County, accessing them could be confusing and complicated. For example, identifying a treatment provider could be challenging, as online information about services offered often conflicted with the treatment that organizations shared on the phone when a potential client or family member called. In addition, the process for accessing services once a provider had been identified could be a challenge, with restrictive availability, locations, and intake procedures. Further, barriers to maintaining treatment were identified, including lack of transportation, lack of stable recovery housing, and conflicts between treatment hours and work schedules. Finally, lack of insurance repeatedly came up as an initial barrier that could delay care, particularly for individuals without ability to pay. In short, identifying a provider, and accessing and maintaining treatment services, could be difficult to navigate and was not client-centered.

- **The systems for MOUD treatment are difficult to navigate.** People trying to find MOUD are subject to conflicting and difficult-to-find information. For instance, there were many discrepancies between administrative interviews and mystery shopper calls conducted at the same organizations, ranging from differences in wait times for intake appointments to discrepancies in which MOUD treatments were available. Similarly, while some organizations' administrators reported offering MOUD, some of the mystery shopper calls found that the medications were only offered as part of medically managed withdrawal, or detox, as opposed to long-term use, which is the current evidence-based recommendation. In-depth interviews with service providers who help people navigate the treatment system found that they often rely on their personal and institutional relationships, rather than more formal processes, in linking their clients to services, indicating that the system might be hard for individuals without knowledge or established relationships to navigate on their own.
- **MOUD treatment is generally available within a few days of request, but it is not consistently available when someone is ready for it.** Findings related to several of the activities that we undertook indicated various ways in which treatment was difficult for people to access. During in-depth interviews, several service providers discussed the need

to “strike while the iron is hot.” That is, there was a desire to link clients to treatment as soon as they voiced interest in such services, but the providers were not always able to get people into treatment in a timely fashion. During the administrative interviews, mystery shopper calls, and primary care calls, it became clear that intake for initiating treatment was available during limited hours at many organizations. In addition, some organizations had specific and potentially difficult intake procedures. For example, three of the 12 organizations we called as a mystery shopper said that clients would need to call at 5 a.m. (one organization) or 6 a.m. (two organizations) to get appointments. Finally, multiple organizations reported a multistep process before a client could initiate MOUD. Restricted hours and difficult intake procedures may limit treatment initiation.

- **Cost remains a barrier for individuals who have never been enrolled in Medicaid/Healthy Indiana Plan (HIP) or those who are waiting for Medicaid/HIP to be reinstated.** All administrators we interviewed or organizations that received mystery shopper calls reported that they accepted Medicaid/HIP. Similarly, in-depth interviewees reported that MOUD services were generally available to individuals with Medicaid/HIP. However, if someone was Medicaid-eligible without being enrolled, organizations differed in their ability to provide care before enrollment was complete. Many organizations reported fee structures for individuals without insurance, and these fees were cost-prohibitive for many individuals. Finally, in-depth interviews found that private insurance was highly variable in terms of coverage of various services and co-pay structures, which could serve as barriers to receiving services.
- **There is limited MOUD access in primary care settings.** Buprenorphine and extended-release naltrexone can be prescribed in primary care settings, and people may prefer primary care settings for receiving such services. This may be for a variety of reasons, including a more holistic treatment model (ability to receive primary care services in the same setting) and because of the lack of stigma in visiting a primary care office. We identified and called 33 clinics listed as offering buprenorphine treatment through the Substance Abuse and Mental Health Administration (SAMHSA) Substance Use Treatment Locator, although we found that most of the sites were not able to answer our questions and/or calls were directed and redirected with no resolution. In the end, only seven of the 33 (21%) primary care practices we attempted to reach reported offering buprenorphine, with three of the seven also offering extended-release naltrexone.
- **Treatment and recovery support services need strengthening.** During in-depth interviews, service providers described barriers to treatment initiation and sustained recovery, including lack of sober housing/recovery homes, clients’ difficulty obtaining or maintaining employment because of treatment requirements, and lack of transportation to and from the treatment providers. One interviewee felt that clients engaging in intensive outpatient

treatment several days a week might have difficulty finding and keeping a job that allowed them to attend treatment at that frequency.

- **People with co-occurring mental health conditions and OUD lack recovery support options.** Some service providers explained during the in-depth interviews that having a co-occurring mental health diagnosis often prevented clients from entering recovery housing. Specifically, some recovery homes did not accept individuals with specific mental health diagnoses such as schizophrenia.
- **Stigma against MOUD exists among many treatment and recovery service providers.** In-depth interviews found that some treatment providers did not offer MOUD or did not allow people using MOUD to receive counseling or other services in their agencies. These organizations are often referred to as “abstinence-based.” Service providers described stigma against MOUD as having improved somewhat in recent years, although this stigma was still present in some places. These providers reported that this stigma could have a negative impact on the clients trying to obtain services while taking MOUD.

Recommendations

On the basis of the findings described above, we developed the following recommendations for next steps in improving MOUD access and continued treatment in Marion County, Indiana:

- **Develop a centralized substance use disorder intake and assessment process for Marion County.** While this report focuses on MOUD access, a centralized substance use disorder intake and assessment process will need to include information about treatment options for all substance use disorders, as many people with OUD also use other substances, and many treatment providers offer multiple levels of care and treatment services. This service could provide a basic assessment over the phone or on the Internet to help identify appropriate level of care, provide information on all types of medication and treatment services, and maintain a central repository of all treatment programs and related information (insurances accepted, days of operation, intake processes). Such a service could also receive daily updates on availability at each treatment program and be able to link individuals to the desired service and geographic location with the shortest possible wait time. A service like this would also allow Marion County stakeholders to understand which services are in highest demand and provide a real-time picture of access and wait times.
- **Provide more flexible treatment access.** This could include expanded hours and days of operation for both intake assessments and ongoing clinical services. Expanded hours would reduce barriers to initiating treatment and allow people to remain engaged in treatment while still meeting work and family demands. Similarly, treatment access could be improved through increased outreach efforts and provision of MOUD in settings where people with OUD may be found (e.g., homeless shelters, harm reduction agencies, syringe service

programs, emergency departments, inpatient hospital units, correctional facilities, and post-incarceration re-entry programs).

- **Reduce barriers to initiating MOUD.** It is important for individuals seeking methadone or buprenorphine to be able to start medication as soon as possible to reduce risk of loss to care and opioid-related overdose. Ideally, clients should be able to receive methadone or buprenorphine on the first visit. (Use of extended-release naltrexone does require a client to first go through medically managed withdrawal and have a 7-day wait period before medication can be initiated.) When discussed in the context of buprenorphine, this approach is sometimes referred to as a “medication first” model of care.^{9,10} Clients interested in MOUD should be offered counseling, but counseling engagement should not be a requirement to start or maintain MOUD.⁴
- **Increase capacity for MOUD in primary care settings.** Settings such as Federally Qualified Health Centers, which accept Medicaid and are able to provide low-cost services to uninsured individuals, are well positioned to fill this gap in care. A variety of training models—ranging from in-person trainings and technical assistance to web-based educational training and mentoring—have been implemented nationally to support treatment expansion.^{11,12,13} As capacity for MOUD in primary care settings increases, it will be critical to ensure that publicly available treatment lists (such as the Indiana treatment finder, INconnect) include information about how to identify primary care providers offering these services.
- **Train call-center, front-desk, and other front-line staff in services for MOUD.** It is critical for individuals answering calls to be knowledgeable about what services are offered and available, and the process for initiating care. This particularly relates to larger health systems that use centralized call centers.
- **Identify solutions to address transportation challenges.** Models to address transportation barriers to getting to and from treatment could include increasing transportation funds that support ride sharing (e.g., Uber or Lyft) or other transit.
- **Increase capacity of recovery home/sober living services, specifically for people on MOUD and with co-occurring mental illness.** Recovery home services are not considered treatment and therefore are not reimbursable through Medicaid. Individuals using MOUD can face additional challenges because many recovery homes do not allow individuals on MOUD to stay there. Similarly, individuals with certain mental health diagnoses (e.g., schizophrenia) may not be accepted into recovery homes. Access to low-cost (or no-cost) recovery housing is a critical component, especially early in recovery, for many individuals with unstable housing situations. Further, recovery housing needs to be accessible to individuals with co-occurring mental illness. A lack of access to affordable long-term

housing, while likely a larger systemic issue, was repeatedly identified as a barrier to long-term recovery.

- **Address stigma against MOUD among abstinence-based treatment providers and the recovery community more broadly.** Since MOUD is recognized as first-line treatment that reduces morbidity and mortality, it is crucial that all treatment providers understand the evidence base and work with clients who choose to use medication as part of their recovery path. If providers are not able to offer MOUD because of staffing, licensing, or other financial challenges, they should, at a minimum, counsel patients on available MOUD and the evidence behind this treatment while supporting linkage to programs that offer it. Education and tailored technical assistance could be provided to treatment agencies, ideally including individuals who use MOUD and are in recovery to share their personal experiences with medication.
- **Convene a multisectoral meeting of service providers, mental health providers, local government, employers, and funders to problem-solve and identify funds to support specific gaps in services.** Many service providers reported relying on their relationships with others to link their clients to services, while potential barriers and solutions were systemic and multisectoral in nature. These relationships and Marion County's size represent an opportunity to bring together many key players for a focused discussion on systemic barriers including transportation, employment opportunities, and recovery home access.