THE OPIOID EPIDEMIC IN MASSACHUSETTS: FINDINGS ON HOSPITAL IMPACT AND POLICY OPTIONS

KATHERINE RECORD, JD, MPH,1 AARON PERVIN, MS,1 LEON SAWH, MPH,1 NATASHA REESE-MCLAUGHLIN, MMP1
1Massachusetts Health Policy Commission, Boston, MA

INTRODUCTION

- Increases in the rate of overdose deaths from 2010 to 2014 led to a dramatic elevation of the opioid epidemic in Massachusetts.
- Data from the Massachusetts Department of Public Health indicate there were 1,280 confirmed opioid overdose deaths in 2014, an 18% increase over 2013 and a 56% increase over 2010.
- Medication-Assisted Treatment (MAT), the use of FDA-approved medications, including methadone, buprenorphine, and naltrexone in combination with counseling and support, is an evidence-based, whole-patient approach to treating opioid use disorder.
- Consistent and reliable access to MAT reduces rates of addiction, infectious disease transmission and opioid-related hospitalization.

RESEARCH OBJECTIVES

- Provide new research, data and evidence to support alternative legislative actions
- Assess the impact of the opioid epidemic on hospitals, communities and patients
- Identify gaps in the addiction treatment system, with a focus on the availability of MAT.

STUDY DESIGN

- Descriptive analysis of hospital discharge data from the Center for Health Information and Analysis (CHIA) Massachusetts Acute Hospital Case Mix Database and the American Community Survey, 2010-2014.
- Descriptive analysis of data on MAT availability from the Substance Abuse and Mental Health Services Administration’s Treatment Episode Data Set (TEDS), the Massachusetts Behavioral Health Information Exchange, and the Massachusetts Methadone/Buprenorphine Treatment Physician Locator; as well as provider lists retrieved from Alkermes Pharmaceuticals.
- A survey of buprenorphine providers to assess wait times and extend to which providers are responding to the increased demand for MAT services.
- Analysis of patient travel distances, based on patient zip code of residence and location of enrolled provider of MAT.

RESULTS

NATIONAL AND MASSACHUSETTS OPIOID-RELATED DRUG OVERDOSING DEATHS PER 100,000 PERSONS, 1999-2014

- Between 1999 and 2014, the rate of opioid-related drug overdose deaths in Massachusetts wax higher and more迅猛 than the national average.

CONCLUSIONS

- In Massachusetts, mortality of opioid-related substance use disorders is increasing steadily there were 2,023 confirmed opioid-related deaths in 2014, a 56% increase over 2010.
- The impact of the opioid epidemic on the health care system is particularly evident in communities that are common centers to the Commonwealth's drug economy, primarily paid for by public payers.

POLICY IMPLICATIONS

- Policy makers should consider local and regional policies in the intensity of the opioid epidemic as they design and implement programming to address the multifaceted and complex needs of individuals suffering from opioid use disorders.
- Given the geographic variation in access to MAT providers, state agencies should track the availability of MAT providers by provider type and insurance carrier, and relate the data to availability to state in the intensity of the opioid epidemic.

- Alternative Payment Models (APMs) are used to support delivery system reforms necessary to better some systems with opioid-related substance use disorder. Specifically, new payment models are needed to support primary care practices in integrating an addiction treatment into care and provide appropriate wrap-around services and care coordination.
- Payers and policymakers should invest, scale, and implement innovative care models to care for those populations with opioid-related substance use disorder such as the use of care teams, care management, and case management in the emergency department, and best practices for care transitions and referrals with informal assistance systems.

CONTACT

Katherine Record, Deputy Director, MPH
Massachusetts Health Policy Commission
Karen Pervin, Project Manager, Research and Cost Trends
Massachusetts Health Policy Commission

NOTE:

3. Source: Massachusetts Health Policy Commission, Analysis of Travel Distance to MAT Providers, 2016.