

DPH Initiatives to Improve Barriers to MAT Access

MAT Commission Meeting

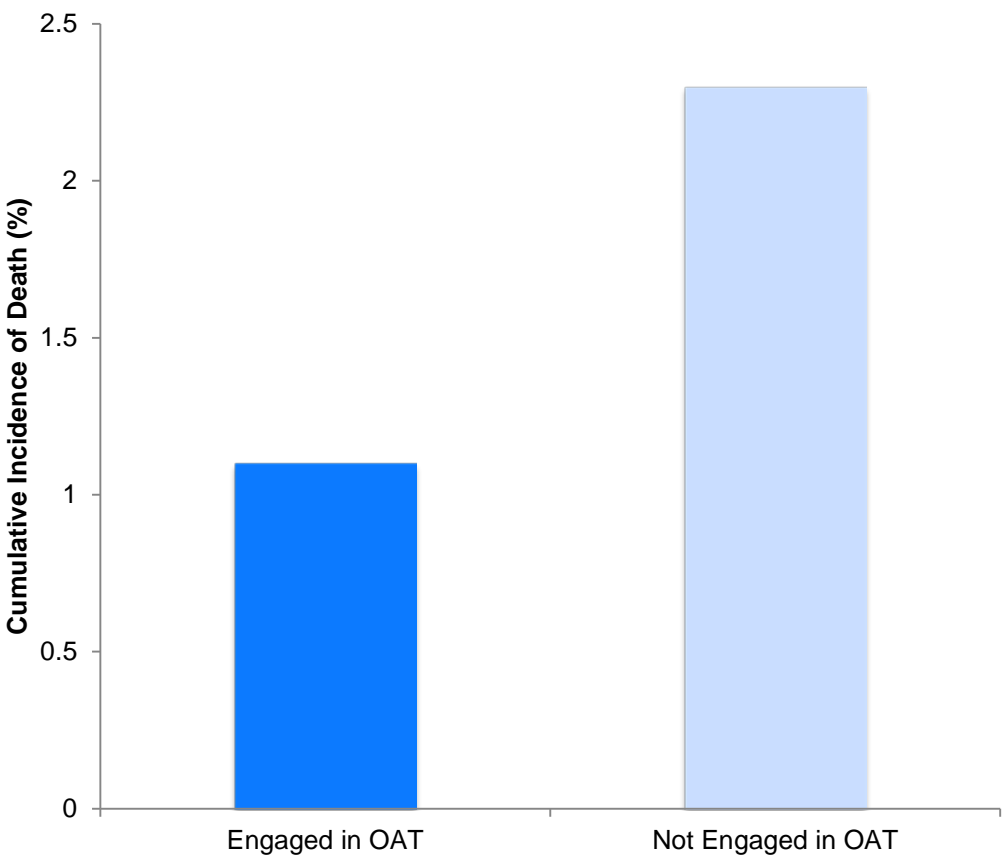
March 19, 2019



- 1. Framing of Problem**
- 2. Specific Barriers to MAT Access and DPH Initiatives**
- 3. Discuss Next Steps**

Chapter 55 Phase 1 Report – Key Finding

Cumulative Incidence of Opioid-Related Death by OAT Status



- Following a non-fatal overdose, patients treated with Opioid Agonist Therapy (OAT) were significantly less likely to die.
- However, very few patients (~5%) were treated with OAT following a non-fatal overdose.

Specific MAT Issues

- **A) MAT Prescriber Education and Buprenorphine Training**
- **B) MAT Access in Correctional System**
- **C) MAT Provision in Treatment Facilities**

Prescriber Education and Buprenorphine Training

Prescriber Education:

- Improper management of pain and inappropriate prescription drug practices have been linked to worsening outcomes in the current epidemic.
- **No prior uniform educational standards in the management of pain and prevention of prescription drug misuse.**

Buprenorphine Waiver

- DATA 2000 law requires 8 additional hours of training for MDs to prescribe Buprenorphine via “X-Waiver.”
- This extra training has led to a low rate of waived providers that has not kept pace with need for treatment during the epidemic.
- **Without federal changes, states must increase upstream supply of Buprenorphine providers.**

Prescriber Education

- DPH in concert with MMS convened the 4 MA medical schools and 3 dental schools in education working group to address gaps in medical education.
- Working group developed 10 Core Competencies for prevention and management of prescription drug misuse in medical education.
- First in the nation to develop these standards in provider education.
- Incorporation of competencies folded into medical and dental curricula with future plans for enfoldng into resident education. and interdisciplinary teams.

Developing Core Competencies for the Prevention and Management of Prescription Drug Misuse: A Medical Education Collaboration in Massachusetts

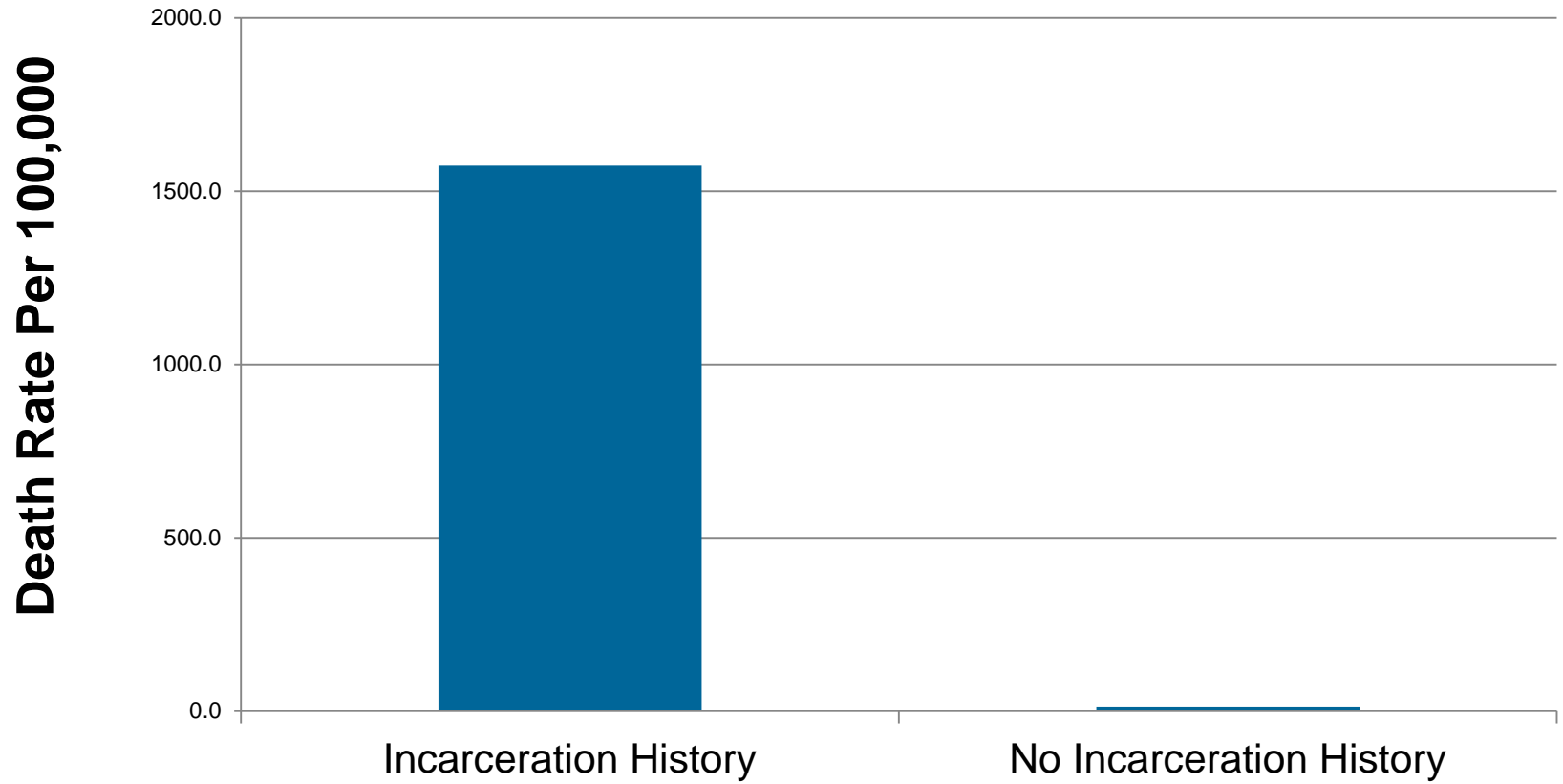
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Buprenorphine Training

- Within DATA law, existing provision states that X-Waiver can be obtained through completion of training deemed appropriate by State Licensing Board
- DPH developed standards that MA medical schools needed to meet based off benchmarks and previous DEA curricula.
- DPH worked with BORIM and medical schools to ensure curriculum met national standards for X-Waiver and received BORIM approval.
- 2019 MA graduating MD classes will be eligible for X-Waiver without additional training when qualified for MA license.

Issue #2: MAT in Incarcerated Population

Opioid Death Rate **120 Times Higher**
for Individuals with Histories of Incarceration



Issue #2: MAT Access in Correctional Facilities/CARE ACT

- Prior to the CARE Act, incarcerated individuals did not receive maintenance MAT or any medical care for OUD.
- The CARE Act required five pilot county Sheriff's Departments to provide MAT using all three medications, approved by the FDA. The 5 counties were: Franklin, Hamden, Hampshire, Middlesex, and Norfolk. Essex and Suffolk were added into FY19.
- **DPH has helped lead the implementation of MAT in HOCs.**
 - Providing technical assistance and education on licensing, drug supply, staffing, and record management.
 - DPH will continue to provide support to Sheriff's Departments in pilot programs and work with MassHealth, Office of Public Safety and Security, and Legislature to assist in pilot.

Issue #3: MAT Access in Treatment Facilities

- DPH licensed treatment facilities (OTPs, ATS, CSS, etc.) play crucial role for both induction and maintenance of MAT for patients with OUD.
- Reports from community, patients, and clinical site visits demonstrate that misinterpretation or non-adherence to prior Bureau of Substance Addiction Services (BSAS) regulations for facilities has led to delays of treatment and/or insufficient treatment for patients.
- **BSAS Regulation review and revision underway for licensed treatment facilities to optimize treatment opportunities.**

MAT Access in Treatment Facilities: DPH Efforts

Treatment Facility Barrier

Proposed BSAS Regulatory Solution

Intake, induction, and treatment delayed due to unnecessary lab testing and rare contraindication assessment.



Simplification of regulations to require laboratory documentation only as clinically indicated and without delay to treatment.

Licensed facilities not providing all three FDA approved medications.



Clinical Advisory issued to inform providers of need to dispense approved medications.

State regulations on OTP take home methadone stricter than Federal regulations.



Revision of regulations to tie State regulations to Federal regulations.

- Continue barriers analysis and provide further details of framework of barriers at June Commission meeting.
- Continue work with MassHealth and other agencies to develop possible solutions and work-plans for continued MAT access issues.
- Continue data analyses of MAT use demographics and disparities to further inform policy and expand access.



Questions?
