ACCESS TO SUBSTANCE USE DISORDER TREATMENT

BRIEFING TO THE HEALTH POLICY COMMISSION

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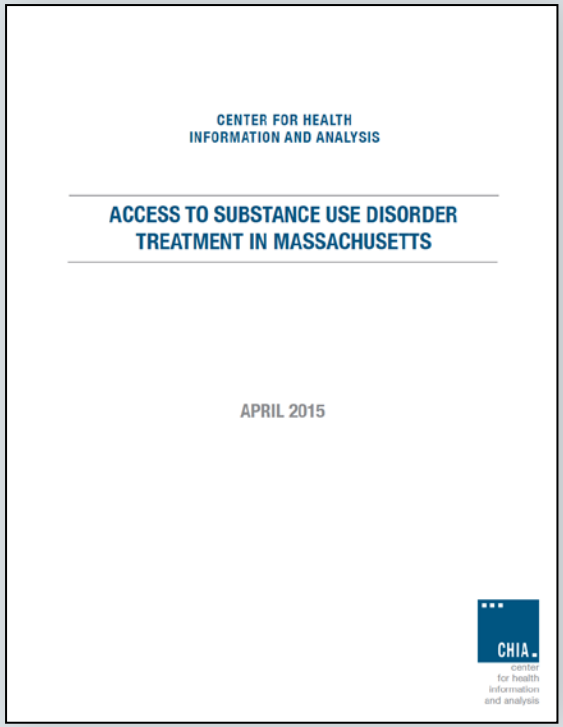
CHIA.

center
for health
information
and analysis

"Access to Substance Use Disorder Treatment in Massachusetts"

Chapter 258 of the Acts of 2014, "An Act to Increase Opportunities for Long-term Substance Abuse Recovery," Section 30



Required contents:

- Continuum of care for SUD treatment
- Access to care for commercial and public payer members
- Barriers to treatment access

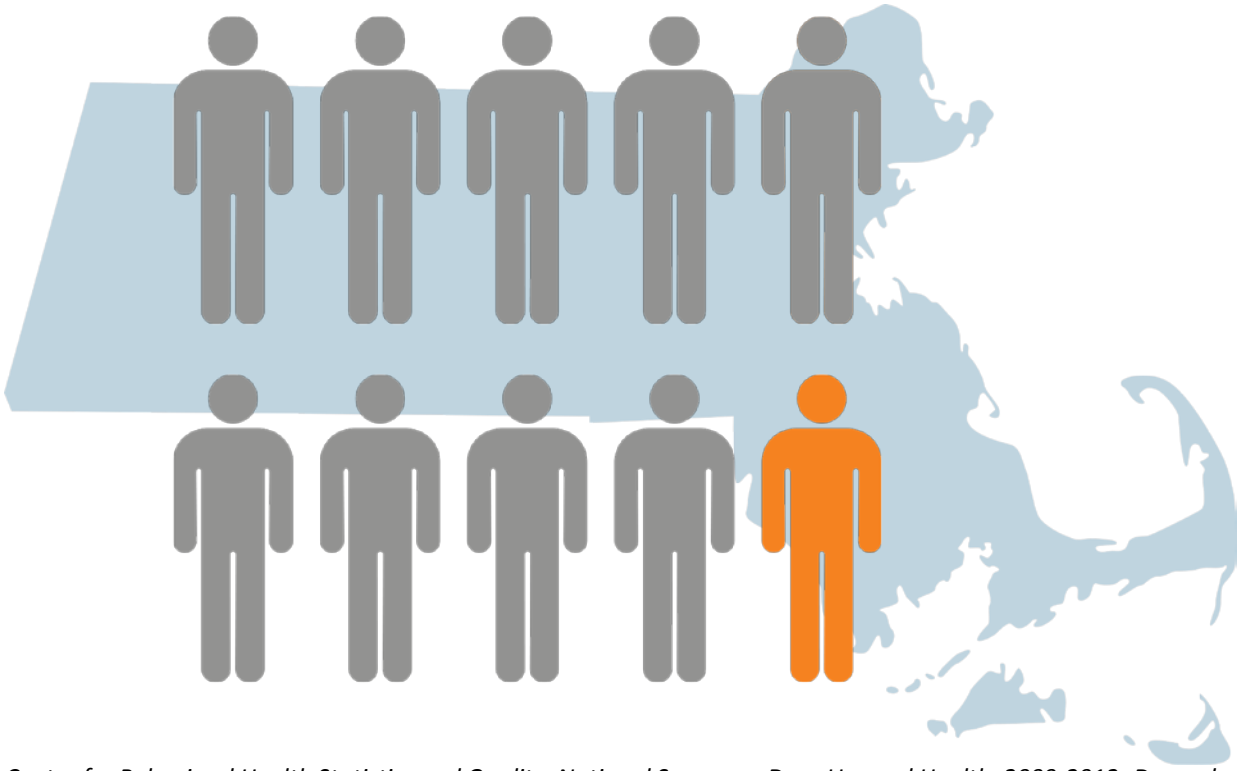
Next:

- HPC to hold hearings and issue policy recommendations
- CHIA to develop continuing study

CHIA.

Background

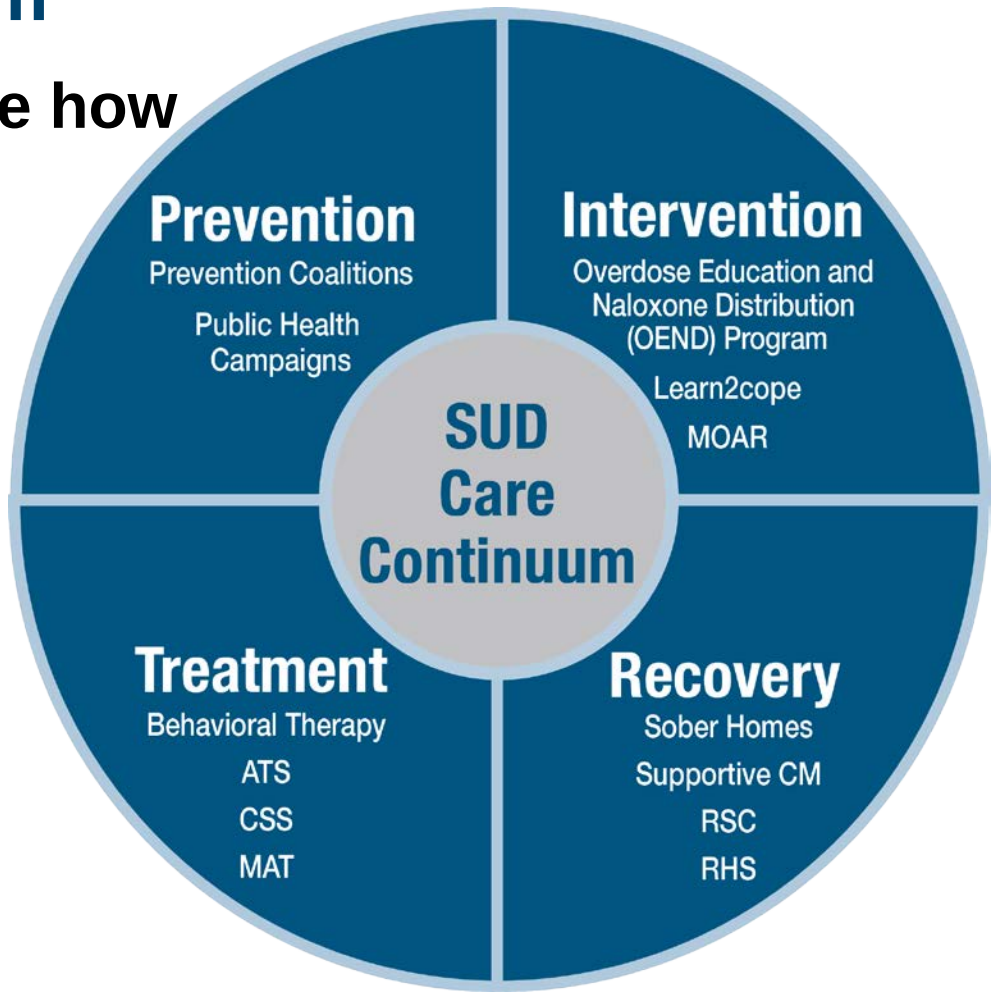
1 in 10 Massachusetts residents suffers from Substance Use Disorder



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009-2012. Dependence or Abuse Past Year Ages 12+.

Mass. offers services across the Substance Use Disorder Continuum

Individual needs shape how patients and families interact with the continuum



Source: Massachusetts Department of Public Health, Findings of the Opioid Task Force, 2014

Approach

The report describes the continuum of care, considers service availability, and identifies barriers to care

Example:

Table 2.1 Acute Treatment Services (ATS) Coverage and Capacity

Coverage	Capacity[80]	Cost Sharing[81]	Expected Additional Capacity[82]
Commercial MassHealth BSAS[83]	Hospital-based: 4 programs with 150 ATS Beds Freestanding: 20 programs with 710 ATS beds[84] (Can service approximately 3500 individuals per month) Section 35: 2 programs with 56 ATS beds[85]	Commercial plans have varying cost-sharing ranging from $69-$500 for 24 hour care, including ATS, depending on plan chosen (level of premium vs. level of deductible/cost-sharing which must first be met from member).	32 ATS beds to be added in Greenfield; several providers seeking licensure for new freestanding beds.

Capacity Source: Special BSAS Report: Licensed Programs as of November 11, 2014; updated as of 2/1/2015
Cost Sharing Source: Health Insurance Carrier Survey, December 2014.

Service Capacity

Bed capacity limitations in one area of the system can impact wait times at multiple levels

Example:

	Total Beds	Assumed Average Length of Stay
ATS	868	1 week
CSS	297	2 weeks
TSS	331	1 month
Residential Rehabilitation	2398	3 months

Source: Special BSAS Report: Licensed Programs as of November 11, 2014; updated as of 2/1/2015

Service Design – Medication Assisted Treatment

Program limitations constrain treatment options

Opioid Treatment Programs

- Methadone only

Provider's Office

- Buprenorphine – waivered providers can treat no more than 100 patients per year
- Naltrexone

Insurance Coverage and Managed Care

Lack of transparency and lack of shared understanding can contribute to frustration

Questions?

Finding #1: The Commonwealth appears to meet the service availability standards put forth by the American Society of Addiction Medicine (ASAM) and SAMHSA.

Finding #2: The care continuum is complicated and multi-faceted, and care is ideally tailored to individual patients. The lack of shared understanding of the continuum of care – and associated best practices – may exacerbate misunderstanding between patients, providers, and insurers about available options.

Finding #3: There appears to be a mismatch in capacity at multiple levels.

- Inpatient detox has extremely high occupancy (between 91-100%)
- Step-down services may have insufficient capacity to handle discharges from higher-intensity settings

Finding #4: There is currently no systematic, cross-payer review or aggregation of data on either outpatient access or wait times.

Finding #5: Access to Medication-Assisted Treatment is hampered by complex, intersecting laws and regulations. Navigating this system is hard for patients, families, and providers.

Finding #6: Managed care rules are not transparent and vary between health plans. Lack of shared understanding creates confusion and frustration for patients and families, but is not by itself evidence that the rules as applied are clinically inappropriate.

Finding #7: Copays for daily treatment may be cost prohibitive.