Overview

Addressing Systemic Barriers to MAT

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Usual Model for Dissemination for Pharmaceutical Industry

- Direct to Consumer Marketing
- Detailing
Why Doesn’t this Work with Addiction Medications?

Sales of addiction medications may not be profitable enough and stigma makes mass marketing difficult.
Why Doesn’t this Work With Addiction Medications?

• There aren’t that many addiction specialists
• Most treatment is not provided by a medical professional
• Tradition of anti-medicine bias
• Licensing and Reimbursement infrastructure
A Model for Change

Advancing Recovery was a four year RWJF sponsored project to address both organizational and systemic barriers to adoption of evidenced based practices including MAT.
Advancing Recovery Model

Organizational Level Change

– Understand the customer
– Use a strong change leader
– Get ideas from outside the field
– Fix key problems
– Use rapid cycle change (PDSA)
Advancing Recovery Model

Systems Level Change Levers

– Financing/reimbursement
– Policy/regulation
– Internal Operations
– Inter-organizational relationships
– Understand the customer
Maine: A Case Study
Maine Problem

• Epidemic growth of prescription drug abuse

• Use of ineffective modalities to treat opiate addiction led to poor outcomes
Maine Plan

• Since over 75% of treatment admissions were for opiate addiction or alcoholism, then the vast majority of addiction treatment program patients were probable candidates for MAT so increase access to MAT so that it is an option for all patients
Levers of Change

- Finance: New funds, efforts to maintain medications on preferred drug list for Medicaid despite significant increase in expense to plan
- Contracting: Within contracts require programs to accept patients who are on or would like to be on addiction treatment medications
Levers of Change

• Inter-organizational Plan: Relationship with Maine Medical Association allowed for training of physicians in opiate addiction issues, use of PMP, and developed ground work for getting more physicians to take Buprenorphine training; Relationship with criminal justice system leadership made them support MAT rather than oppose.
Levers of Change

• Intra-organizational: Providers developed model that allowed them to refer to certified physicians guaranteeing continuity of care

• Regulatory: Rule change requiring providers to take patients on medication, contract revisions that set retention criteria
Levers of Change

• Customers: Because of the issues in the recovery community, Maine engaged the recovery community in a change process of itself to address prejudice against people using medication to aid recovery
Results

Advancing Recovery Maine: MAT Prescriptions as a Percent of all Admissions

- **Baseline (Jan - Jun 06)**
- **Jan - Mar 2007**
- **Apr-Jun 2007**
- **Jul - Sep 2007**
- **Oct - Dec 2007**
- **Jan - Mar 2008**
- **Apr-Jun 2008**
- **Jul-Sep 2008**

**Intervention began**

- **AR Agencies**
- **Non AR Agencies**

Visit www.NIATx.net for more information.
Lessons Learned

Community

Funding/Regulatory System

Organization

Clinician