



Provider Alert #7

May 2, 2018

Contracts:

Allegheny
Berks
Blair
Carbon/Monroe/Pike
Chester
Erie
Lycoming/Clinton
North Central
Northeast
York/Adams

New Requirements for Drug and Alcohol (D&A) Treatment Providers

Scope: This Provider Alert applies to all D&A treatment providers in all HealthChoices contracts.

Purpose: To ensure that people experiencing Opioid Use Disorders (OUD) receive optimal care, including, but not limited to, education and access related to Medication Assisted Treatment (MAT).

Effective July 1, 2018, Community Care and our county partners are requiring all D&A treatment providers that treat individuals with an OUD to do the following:

1. Within 48 to 72 hours of an individual entering residential treatment, or within the third appointment in an outpatient setting, implement the following educational protocol as part of the initial treatment planning process:
 - a. Provide thorough education on the benefits & risks of all FDA-approved medications (currently, methadone, buprenorphine, and naltrexone).
 - b. Provide thorough education on the overdose risks associated with abstinence-based treatment.
 - c. Include an overview of naloxone (Narcan®), including how members can access this medication during treatment, and why the medication is needed before members leave treatment. It is essential that members acquire naloxone early in the treatment process in case they disengage against medical or clinical advice.
 - d. Highlight the exceptionally rapid relapse rate for those with an OUD after treatment, even for those who complete the requirements of treatment. Examples of educational materials can be accessed [here](#). Example of a decision tree protocol can be accessed [here](#). SAMHSA also published an extensive overview of MAT for OUD in 2017, which can be downloaded [here](#).
2. Document in the member's clinical record that the member received a thorough overview of three medications within the timeframe noted. Additionally, documentation will include the member's stated choice for medications or non-medication treatments.



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- a. Confirmation of the educational sessions as well as the members' choice for medications can be documented through a signature on a contract outlining the benefits of MAT ([such as this document](#)), a written treatment plan that provides instructions for assisting the person in accessing medications within days of the assessment, or a signed contract that the member is voluntarily declining access to medications. While it is within the purview of the provider to determine the method of documenting the education and decision of the client, the provider must ensure that the form of documentation is consistent across all client records.
- b. Initiation of MAT will also be tracked; however, it is important to still document the member's choice and understanding of MAT, even if the person initiates one of the FDA-approved medications.
3. Establish protocols to assist individuals in accessing all forms of MAT, based on their need and choice, even if the agency does not provide these medications.
 - a. Protocols can include providing medications on the unit, in the outpatient setting, coordinating with an agency that provides MAT while the person is in your treatment setting, or ensuring immediate enrollment to a MAT provider upon discharge from a detoxification or residential treatment program. The overdose risk can be reduced if individuals initiate MAT while in a detoxification or residential program.
 - b. Protocols will also need to include continuity of care for individuals who are on a MAT and seeking residential or OP services for another substance use disorder (SUD); in other words, individuals on MAT should be allowed to maintain their medications at the levels prescribed by the provider of record while seeking treatment for other co-occurring SUDs; protocols can include guest dosing, warm handoffs to facilities that can maintain MAT, or coordinated care with a MAT provider to maintain medications while the person receives residential or outpatient treatment.
 - c. Please [contact David Loveland, PhD](#) for assistance in developing a protocol that works for your agency and members.



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4. Develop a protocol for assisting members in acquiring naloxone (Narcan) early in treatment, either by providing the prescription and access to a pharmacy to acquire the medication, or by providing instructions to members and their families on how to acquire the medication.
 - a. Treatment providers will need to identify local pharmacies that are willing to stock naloxone, as the medication is not commonly stored in most pharmacies.

Increasing Education on Evidence-Based Treatment of Opioid Use Disorders

Community Care and our county partners are now requiring providers across all levels of drug and alcohol (D&A) treatment to educate individuals on all evidence-based treatments for OUD, including medication-assisted treatment (MAT), and to help them access these treatments in any level of care. MAT, which combines FDA-approved medications (methadone, buprenorphine, and naltrexone) with the entire spectrum of D&A services, is often indicated for OUD and is essential to reduce the growing risk of overdose in Pennsylvania. Individuals with an OUD seeking treatment need access to the full array of evidence-based treatment, which includes both medication-assisted and psychosocial treatments. Furthermore, individuals seeking treatment and their family members need to understand the benefits of these medications as well as the increased risk of overdose for those who select abstinence-based treatment without any medications.

Elevated Overdose Risk

Individuals with an OUD are at elevated risk of experiencing an overdose due to two overlapping factors:

1. Easy access to extremely potent opioids, such as heroin, fentanyl, and prescription medications
2. A rapid reduction in tolerance to opioids within five days of abstaining from all opioids.

People with an OUD are less likely to complete any level of abstinence-based treatment, compared to individuals with another substance use disorder (SUD). Individuals with an OUD are also at elevated risk of an overdose within days of leaving detoxification, residential, or outpatient treatments, either abstinence-based treatment or MAT, due to the substantial drop in tolerance combined with a high rate of relapse. Detailed information on research on overdose rates can be accessed [here](#).



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Medication-Assisted Treatment

Medication-assisted treatment - in particular, treatment with methadone or buprenorphine - leads to significantly higher rates of retention in treatment and lower rates of overdose, compared to non-medication-assisted treatments for people with an OUD. Individuals should be educated that their risk of overdose is substantially lower if they combine psychosocial treatment with one of these medications. While individual choice is a primary driver of care, it is important to inform individuals of the clinical recommendations based on a completed assessment. It is also important to inform individuals that methadone and buprenorphine tend to be more effective for those with extensive OUD history, consuming large quantities of IV heroin daily, or have received multiple treatments in the past without demonstrating a capacity to abstain upon discharge from treatment. Extended-release (XR) naltrexone (Vivitrol®), is also an evidence-based medication; however, it is better suited for those who are considered highly motivated for treatment, can stay actively engaged in an outpatient program, and have less history with an OUD or minimal treatment history. Individuals on XR naltrexone tend to have the lowest retention in MAT, with an average of 1 to 3 months, while those on methadone tend to have the highest retention at 8 to 12 months (buprenorphine is between the other two medications).

Community Care will provide education, ongoing consultation, and materials to meet these enhancements to treatment.

The timeline for implementing includes the following:

- A plan of implementation will be submitted to Community Care by July 1, 2018
 - Please submit your plan to: [Heather Weston-Confer](#), Quality Manager
 - Please contact [David Loveland](#) if you would like assistance in developing a protocol that works for your agency
- The aforementioned protocols will be incorporated in quality reviews beginning on October 1, 2018

Our regional teams, including our medical directors, are available to assist your organization in implementing the aforementioned criteria. We know that you are a key part of the solution to the opioid epidemic and we look forward to collaborating with you to enhance our system of care to meet the challenging needs of individuals with an OUD.