

CSAT Launches MAT Financing and Policy Initiative

Chaired by Mady Chalk, Ph.D., November 3 Meeting Addresses Economic and Policy Impediments to Medication Assisted Treatment for Substance Use Disorders

Development of Action Strategies through Functional Workgroups, and Specific Focus on MAT in Criminal Justice, are Next Steps Recommended by Meeting Participants

November 2008: The federal government should lead the nation toward better use of medication assisted treatment strategies for substance use disorders, according to experts who participated in a November 3, 2008 meeting convened by the Center for Substance Abuse Treatment. The meeting, chaired by TRI's Mady Chalk, Ph.D., was convened to examine financial and policy issues that may be deterring adoption of the evidence-based MAT approach.

The approximately 50 public and private health care experts who attended the meeting, including researchers, policy makers, and other experts, produced a list of issues that must be addressed, and recommended a working structure for the next round of discussion and action planning. Separate and specific focus on MAT issues in the criminal justice sector was another recommendation of the group.

While cautioning that the meeting was only the first of several steps, Dr. Chalk applauded the CSAT effort which she and TRI will remain intensively involved with. "There are several medications shown in research studies to be efficacious and cost-effective, yet access is limited and not universal across the nation," she said. "Plus, more medications are nearing development and, without a government plan of action, could face the same implementation barriers as their precursors. With parity legislation now in place and for other good reasons, now is the time for the federal government to help stakeholders clear away barriers so more patients can take advantage of these treatments that can help achieve and sustain recovery," she concluded.

Participants at the November 3 meeting recommended that action planning around MAT be carried out in four functional workgroups representing the broad array of financing and policy impediments that may be blocking patient access to MAT:

- Coverage, Benefits, Parity in Public and Private Insurances
- Maximizing Relationships Between Addiction Treatment Programs, FQHCs, and CMHCs
- Professional Education
- Common Messaging: Information for Patients and Providers

The many issues identified at the meeting, which led to the workgroup recommendation as a next-step structure, included:

Coverage and Benefits: payers involved in adjudicating claims and utilization management need more training; patient appeals processes should be improved; and more comparative information provided to patients on coverage for medications, services, etc.

Standards of Care and Performance: with the National Quality Forum having developed standards of care and evidence-based practices related to MAT that are accepted across private systems and government entities (*e.g.* Office of Management and Budget), for several reasons this is a uniquely opportune time to normalize measurement of MAT performance: parity legislation is being implemented; MAT is at an early phase of adoption and implementation; and the reimbursement and financing of SBIRT opens new opportunities for greater use of MAT.

Purchasing: purchasers need direction for how to “buy” medication assisted treatment and would profit from principles of effective purchasing as well as purchaser-specific models that are endorsed and demonstrate efficacy and cost-effectiveness.

Professional Education: a number of clinical treatments and medications can be used as patients move toward recovery; patients need to be given choices and clinicians need to “stick with” patients until they identify a combination of treatments, medications (if appropriate) and recovery supports that are best matched to an individual patient’s needs. Requiring MAT didactic content for CEU/CMEs in psychiatry; a practicum experience for addiction specialty licensure along with better standards of care; and screening and assessment tools for use of medications, are examples of science-based supports needed by clinicians.

Primary/Specialty Care Linkages: Implementation of the concept of a “medical home” - if appropriately defined to include identification, screening, brief interventions, and medication-assisted treatment for addictions - is a priority not only for primary care but for specialty care. Teaching primary care physicians what to do, educating consumers, employers and payers what to demand, and measuring and reporting MAT results, possibly through report cards, are essential to leveraging the primary/specialty care linkage.

Access to Information for Patients and Providers: Improve current information being provided to consumers and providers about use of medications as part of comprehensive addiction treatment. The information currently provided is not only inadequate but, in many cases, uninformed.

MAT is the use of medications, in combination with counseling and behavioral therapies, to treat substance use disorders. While MAT has been widely justified by research and embraced by addiction experts, widespread adoption has been stymied across the nation by a number of factors, not the least of which are financing barriers. Examples include reimbursement issues, coverage and benefits, insurance issues (“fail first” and “pre-authorization”), purchasing, costs of training, and access to correct information by patients and providers.

The Treatment Research Institute is a non-profit research and development organization specializing in science-driven reform of practice and policy in addiction and substance use. For more information contact Bonnie Catone, Director of Communications, at bcatone@tresearch.org or visit the TRI website at www.tresearch.org.