

# Public Meeting Notice

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Anything said during this meeting may be part of the public record



# Medications for Addiction Treatment



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Department of Health Care  
Policy & Financing



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# Learning Objectives

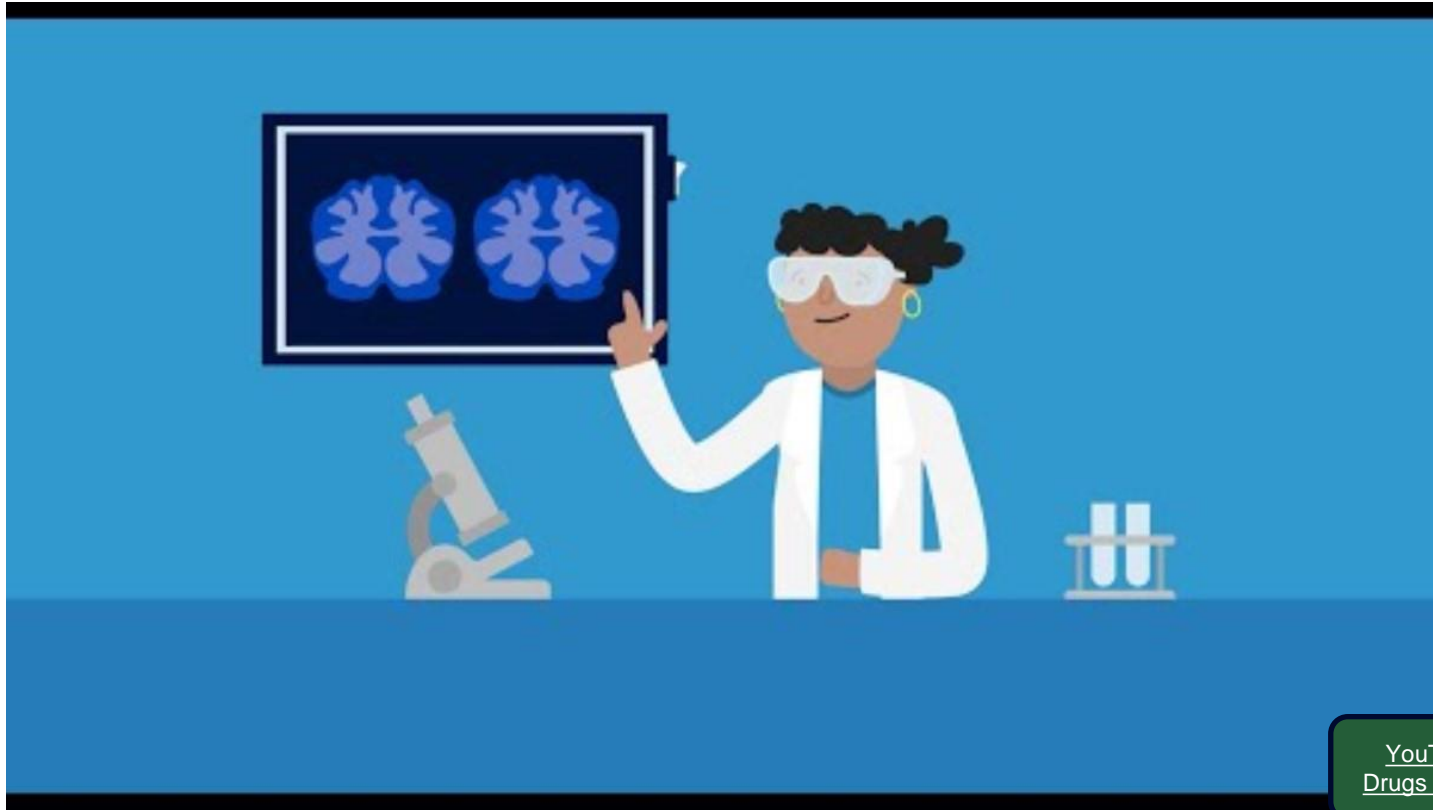
1. By the end of the session, attendees will be able to define agonist and antagonist medications.
2. By the end of the session, attendees will be able to describe the biological reasons medications are necessary to treat addiction.
3. By the end of the session, attendees will be able to compare and contrast each of the three FDA-approved medications for addiction treatment.
4. By the end of the session, attendees will identify one method their organization can utilize to ensure access to medications for addiction treatment for the persons they serve.

## Poll #1: Let's Hear From You

I believe using medication for addiction treatment (pick as many as apply):

- Is replacing one drug for another
- Is helpful for a period of time
- Necessary to treat a chronic medical condition
- Helps, but people are not in recovery until they get off

# What is Addiction?



[YouTube: Why are Drugs so Hard to Quit?](#)



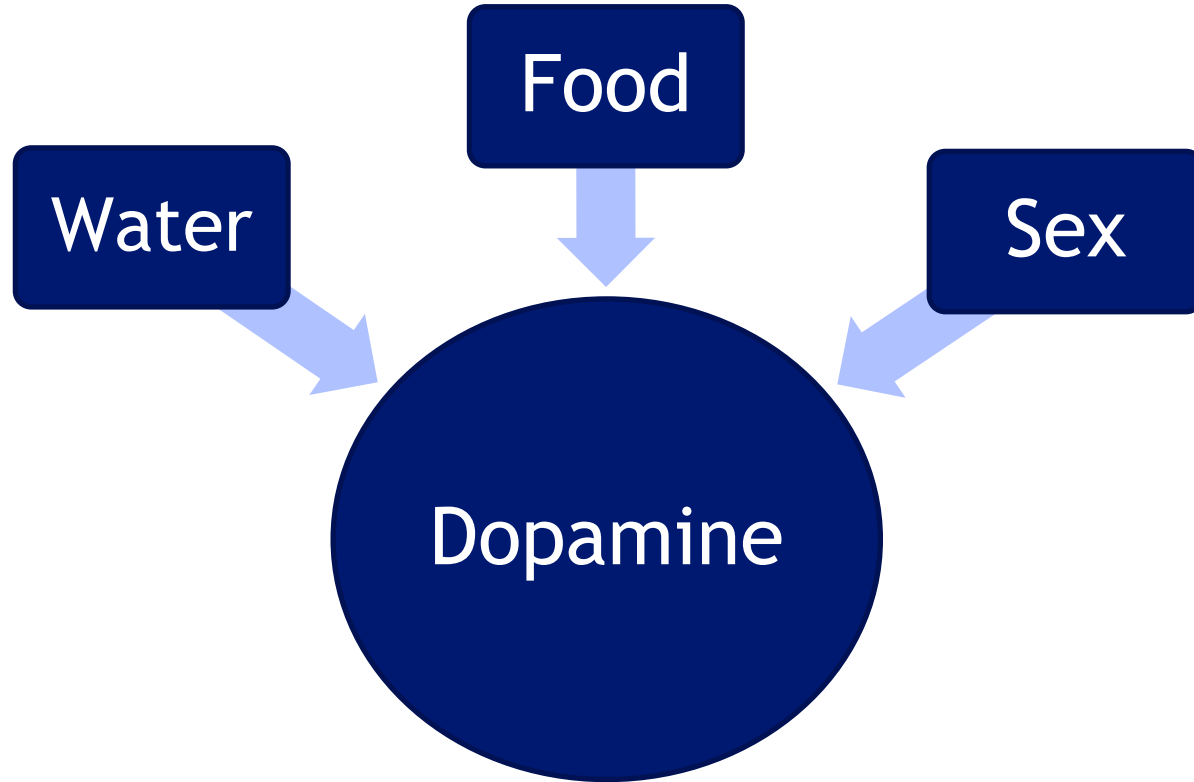
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# Natural Rewards Release Dopamine

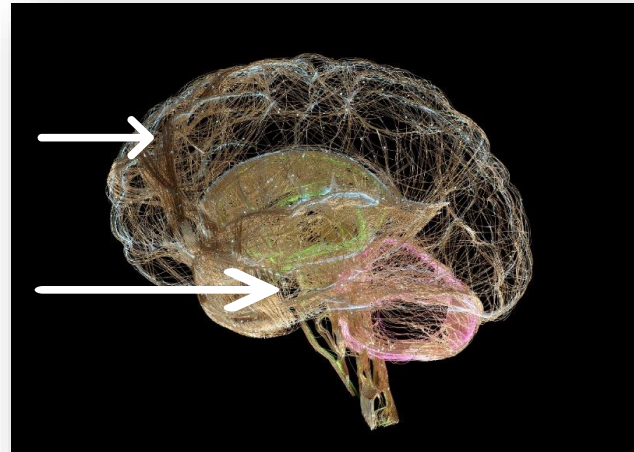


# How Substances Affect the Brain

- All addictive substances result in the activation of the reward pathway
- The same pathway activated by naturally rewarding substances and events

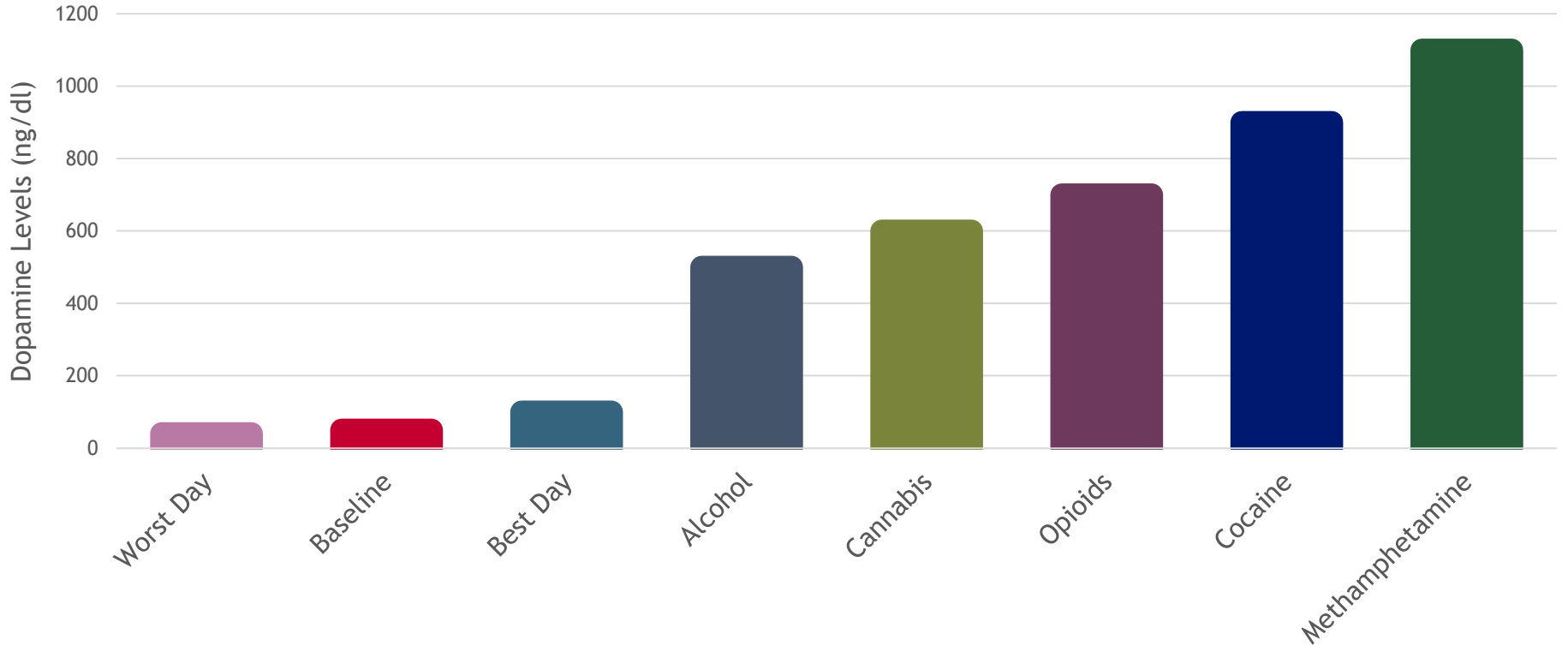
**Thinking part of brain**

**Primitive parts of brain**



*Photo Source: Stock  
Photos*

# Dopamine Response



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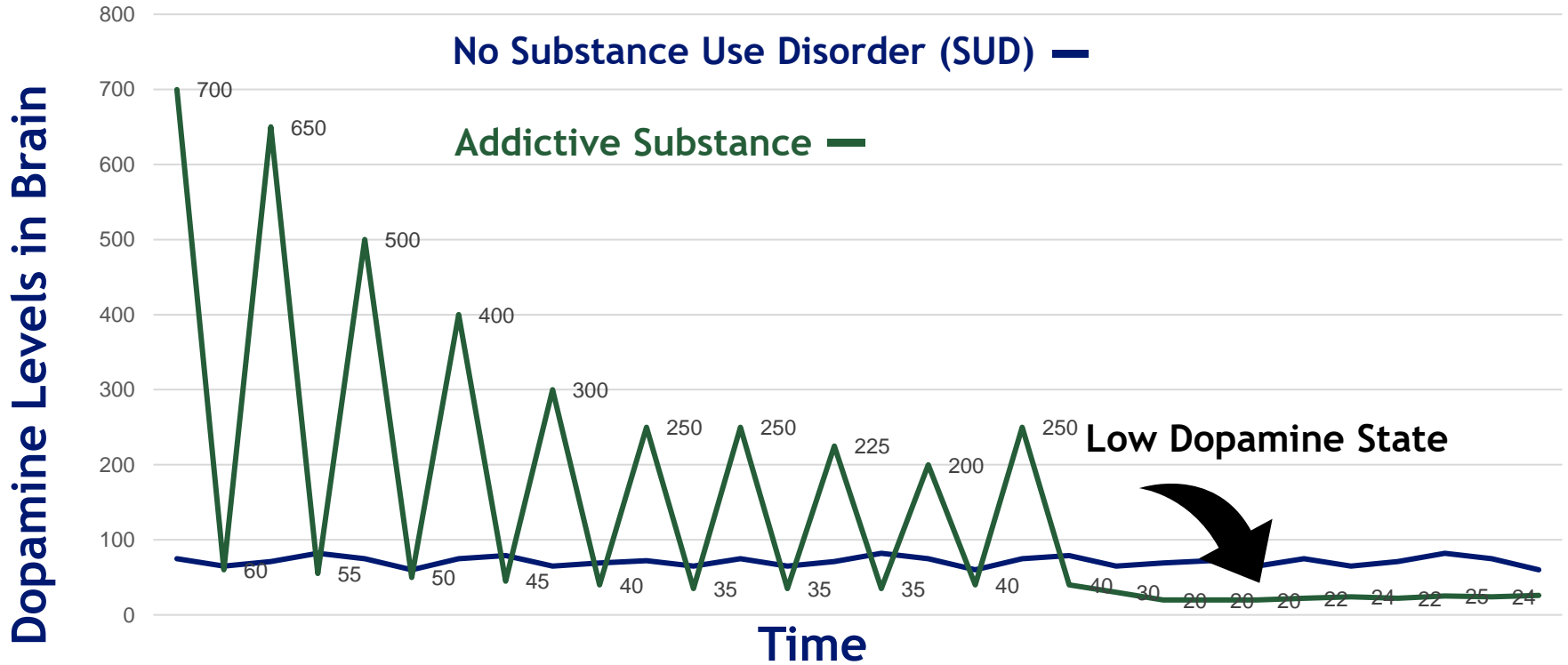


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# Chronic Substance Use Downregulates the Dopamine Pathway



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# Intensity of Cravings

A direct, or indirect, force pulling someone towards a substance or behavior

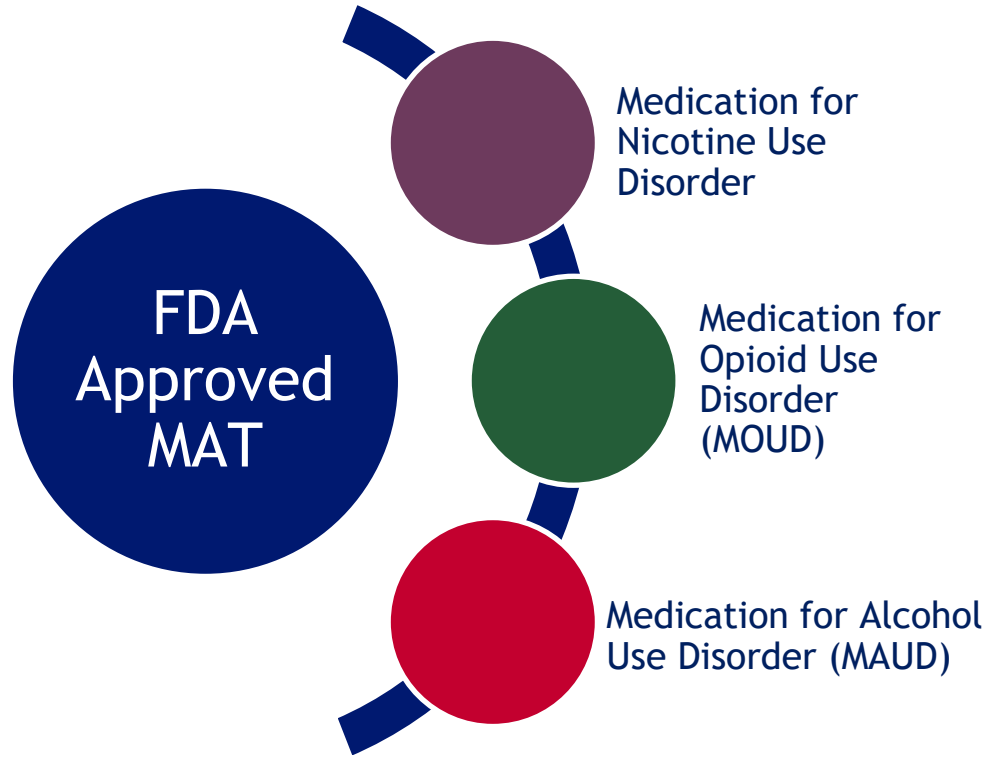


## Poll #2: Let's Hear From You

### Medications for Addiction Treatment (pick all that apply):

- Are available for all substances
- Are only available for opioids
- Are available for opioids, alcohol and tobacco
- Are used to manage withdrawal symptoms and then taper the person off

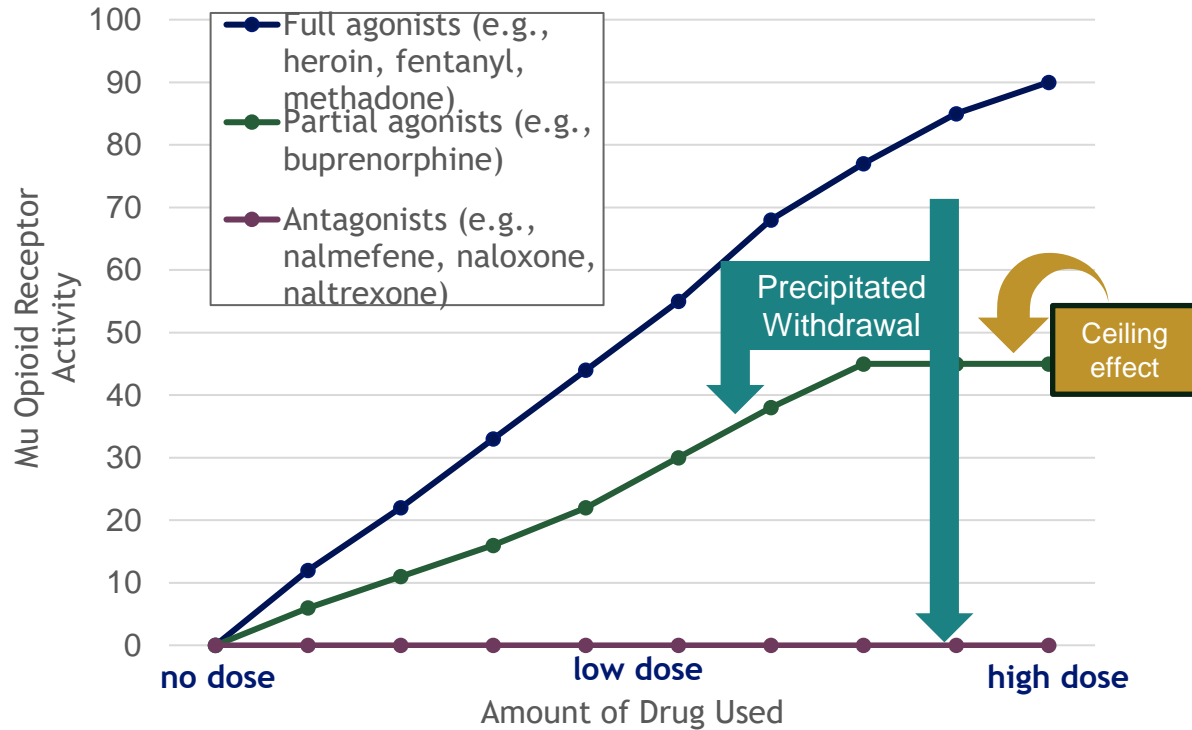
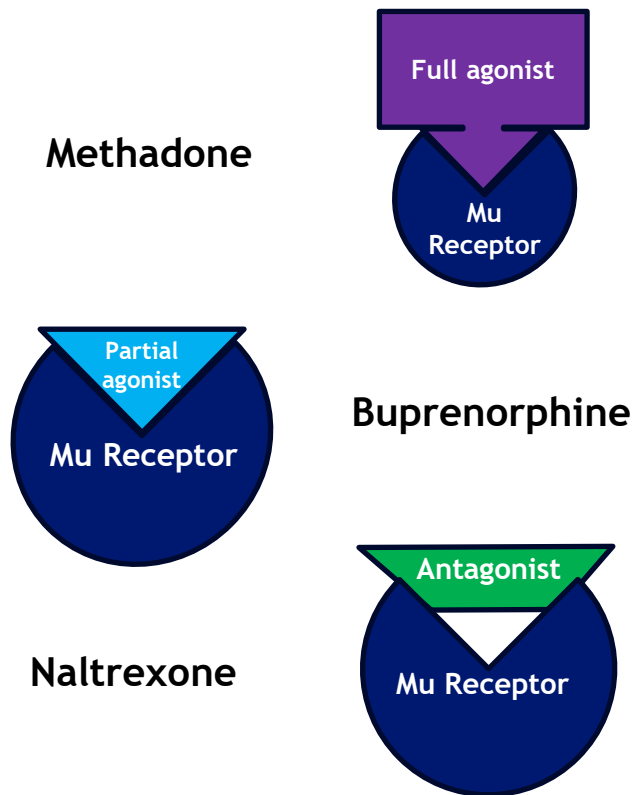
# FDA-Approved Medications For Addiction Treatment (MAT)



## Benefits of MAT

- Control withdrawal symptoms
- Control cravings
- Block the effects of other substances
- Reduced substance use
- Increased treatment attendance
- Decreased transmission of infectious diseases
- Reduction in criminal activity
- Increased employment
- Save lives
  - Decreased morbidity and mortality
- Decreased costs for patient, medical practice and community

# FDA-approved medications for opioid use disorder (MOUD)



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# FDA-Approved Medications for Opioid Use Disorder(MOUD)

	Methadone	Buprenorphine	Naltrexone
Mechanism of Action	Full opioid agonist	Partial opioid agonist	Opioid antagonist
DEA Schedule	Schedule II	Schedule III	Unscheduled
Treatment Location	SAMHSA-approved Opioid Treatment Programs (OTPs)	OTPs or Any setting	Any setting
Available at Retail Pharmacy for Addiction?	No	Yes (except for injectable form)	Yes
Precautions	Benzodiazepines or other sedative-hypnotics should be used with extreme caution but <u>should not prohibit initiation of treatment.</u>	Patients with physical dependence should be in withdrawal at initiation.	Requires 7 -10 days of abstinence before initiation



# Benefits of MOUD Beyond Change in Substance Use

Benefit	Methadone	Buprenorphine	Naltrexone
Improved withdrawal symptoms	+	+	-
Improved treatment retention	+	+	+
Decreased cravings	+	+	+
Decreased infectious disease transmission (HIV, Hepatitis C)	+	+	
Increased employment	+	+	+
Decreased criminal activity	+	+	+
Improved birth outcomes	+	+	
Decreased risk of death	+	+	-



# FDA-Approved Medications for Alcohol Use Disorder

	<b>Disulfiram</b>	<b>Acamprosate</b>	<b>Naltrexone</b>
Mechanism of Action	Interferes with alcohol metabolism	Acts on GABA and glutamate receptors; exact mechanism is unclear; thought to act on withdrawal distress and craving	Opioid antagonist; modulates rewarding effects of alcohol
Treatment Location	Any setting	Any setting	Any setting
Available at Retail Pharmacy for Addiction?	Yes	Yes	Yes
Precautions	Need to monitor for liver toxicity; All forms of alcohol may cause a reaction (e.g. mouthwashes, colognes, hand sanitizer)	Requires dose adjustment in persons with advanced kidney disease	Acute hepatitis; can't be used in patients who are taking opioids





# FDA-Approved Medications for Nicotine Use Disorder

	Varenicline	Bupropion	Nicotine Replacement (NRT)
Mechanism of Action	Partial agonist at nicotine receptor; blocks nicotine binding	Blocks dopamine and norepinephrine uptake; antagonist effect on nicotine receptor	Nicotine receptor agonist
Treatment Location	Any setting	Any setting	Any setting
Available at Retail Pharmacy for Addiction?	Yes	Yes	Yes
Precautions	~ 30% of people report nausea; <b>NOTE: <u>no significant increase</u></b> in neuropsychiatric adverse events, such as suicide	Seizure disorder- lowers the seizure threshold	Advanced kidney disease



## Poll #3: Let's Hear From You

### Medications for Addiction Treatment (Pick all that apply):

- Make you feel high
- Are a risk for diversion
- Have serious side effects
- Are an evidence-based treatment

# History of Medications for Addiction Treatment

Medications for addiction treatment are one of the most studied forms of treatment and have been so since the 1970s. Why aren't they more widely used?

## Beliefs and Stigma

- Long-held beliefs in abstinence-based models
- Belief that you are replacing one drug for another

## Reimbursement and Payment

- Until 2018 and SUPPORT Act, Medicaid did not cover everywhere
- Reimbursement rates in some instances still may not reflect a provider's true costs

## Access

- Travel distance
- Payment



# Colorado Intermediaries Support Access to Medications for Addiction Treatment

## Regional Accountable Entities

The Department of Health Care Policy & Financing (HCPF) contracts with **Regional Accountable Entities (RAEs)** to promote and provide physical and BH care services for Health First Colorado, Colorado's Medicaid program

## Behavioral Health Administrative Services Organizations

Behavioral Health Administration (BHA) will contract with **Behavioral Health Administrative Services Organizations (BHASOs)** to administer BH care services for Coloradans, with a focus on the uninsured and underinsured



# Intermediary Functions in Support of Medication for Addiction Treatment



Coordinate care in their regions



Build networks of providers to meet community need



Reimburse providers for MAT services



Assist the state and providers with meeting program level goals



Monitor data and metrics to ensure quality and performance goals are met



Manage value-based payment programs



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## Value Based Payment as a Tool to Improve Access to MAT

- VBP measures outcomes, not volume
- MAT is effective and can reduce the use of higher-cost services
  - ED visits
  - Hospitalizations and inpatient stays



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## MAT & VBP continued

- What does this mean for providers
  - We need to make sure it is available to the people we serve that need MAT
  - We may need to begin providing MAT ourselves or develop capacity through partnerships
    - In a VBP world, we see our services as part of a continuum and partnerships are crucial
  - We need to make MAT as accessible as possible!





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## MAT & VBP

- Aligns with HCPF's Access Goals and Rules!
  - Engagement in Outpatient SUD treatment
    - Decrease risk of more costly care
  - Follow-up within 7 days of Inpatient or ED discharge
    - HCPF encourages initiation *in the hospital*
    - MAT should be initiated as soon as possible following a hospital visit or stay for SUD related condition





# So, What Do We Do?

## Assess your capacity to deliver

- Regulations
- Prescribing staff
- Nursing
- Allied health staff
- Reimbursement options through payers

## Assess your community's capacity

- What medications are available
- Are there waitlists
- Is the travel time to receive services prohibitive



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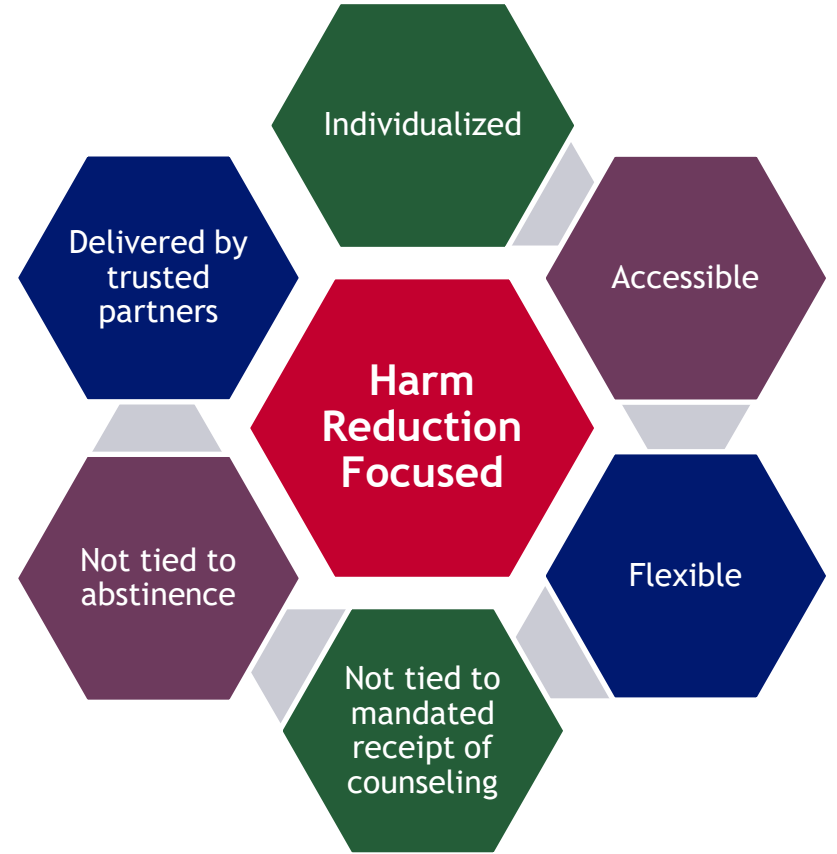
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# Tenets of Low Barrier/Threshold Treatment



# Principles of Low-Threshold/Low-Barrier Treatment

- 1 Same-day admission to treatment and access to medication.
- 2 Access to life-saving medication should not be withheld or discontinued based on participation in other services.  
Counseling and other ancillary support services (care coordination, case management, etc.) should be offered but not required to receive medications for addiction treatment
- 3 Prescription of MOUD is harm reduction.  
Discontinuation of MOUD based on continued opioid use leaves patients at increased risk for overdose.
- 4 Prescription of MOUD should not be denied or discontinued based on use of other substances.  
MOUD should only be expected to treat opioid use disorder.
- 5 Treatment scheduling should be flexible and allow patients to meet other obligations, such as work, school, or childcare.
- 6 Length of time for MOUD treatment is based on the needs of the individual. For many, it may be indefinite.



# Planning and Approach

If you plan to provide medications yourself

Medication

Cost

Staffing

Workplan

Developing  
partnerships in  
the meantime



To better inform our future trainings as well as request topics for office hours, please complete this short survey. Use the QR code or short URL to access it. Your feedback is important. Thank you!



<https://bit.ly/bhprovidertrainingsurvey>



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# Appendix A: Additional Resources

## Office Hours

Last Friday of the month (March-June) @ 12pm MST, [Register Here](#)

## Listserv

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: [Register Here](#)

## HCPF Safety Net Provider Website

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: <https://hcpf.colorado.gov/safetynetproviders>

## TTA Request Form and E-Mail

Request TTA support or share your ideas, questions and concerns about this effort using the [TTA Request Form](#) or e-mail questions and comments to: [info@safetynetproviders.com](mailto:info@safetynetproviders.com)



# Appendix B: References

- Why are Drugs so Hard to Quit? National Institute on Drug Abuse. YouTube [https://www.youtube.com/watch?v=YefKGTu\\_Xf8](https://www.youtube.com/watch?v=YefKGTu_Xf8)
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- NIDA. 2022, March 22. Drugs and the Brain. Retrieved from <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain> on 2024, March 11

