

**LOS ANGELES COUNTY EVALUATION SYSTEM:
AN OUTCOMES REPORTING PROGRAM (LACES)**

***Medication-Assisted Treatment (MAT) Hub
Referral Process Report***

Prepared for the

**DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC)**

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Medication-Assisted Treatment (MAT) Referral Process Report

Introduction

This document details the findings from group interviews held at three agency sites from October 2015 - December 2015. The purpose of the interviews was to gather additional information concerning the process used to implement extended release naltrexone (XR-NTX or Vivitrol®) in Los Angeles County and to learn about other medications in use at the agencies.

Information from this report may be used to help inform Los Angeles County in its decisions around medication-assisted treatment (MAT) expansion efforts.

If there are questions concerning the content of this report, please feel free to contact Desirée Crèvecoeur-MacPhail, PhD at desireec@ucla.edu.

Information Collection Protocol

To gather the information summarized in this report, staff from the Department of Public Health Substance Abuse Prevention and Control and UCLA Integrated Substance Abuse Programs met with representatives from three agencies: Behavioral Health Services (Long Beach), Prototypes (Pomona), and Tarzana Treatment Centers (Tarzana). Each of these agencies acts as medication distribution centers (or “hubs”) for the County’s extended-release naltrexone (XR-NTX) pilot projects and this was selected for the interviews.

SAPC staff coordinated the semi-structured group interviews. The XR-NTX project coordinator, medical staff (nurse, medical doctor, physician assistant), clinical program managers (clinical directors) and other treatment staff from the provider sites attended the meetings. The information gathered from the three group interviews is summarized below in three sections:

1. Experiences with Medication-Assisted Treatment (MAT)
2. Experience with Extended Release Naltrexone (XR-NTX)
3. Barriers and Lessons Learned

Experiences with Medication-Assisted Treatment (MAT)

All sites interviewed provide at least one medication – XR-NTX. However, one site (Tarzana Treatment Center – main campus in Tarzana, California) also provides buprenorphine and methadone. In addition, the Tarzana Treatment Center sites in Long Beach and in the Antelope Valley are beginning to provide buprenorphine. Behavioral Health Services also provides Suboxone, but only as part of the detoxification process.

Of the referrals received for MAT, the vast majority are internal referrals. And of all of the clients being treated at the three agencies, participants at the group interviews estimated that only a small percentage receives MAT.

The referral process differs slightly depending on if the referral is an internal or external referral. For clients who are receiving psychosocial treatment at the site where they are also receiving the medication (an “internal” referral) the process involves screening the client for appropriateness - such as the administration of a screening tool (for XR-NTX, the Urge to Drink or Urge to Use survey is used) and educating the client about the available medication options. If the client agrees to the medication, he or she is seen by a medical professional to complete laboratory tests and/or physical health examinations. For programs where the medical

professional is on site, there is little delay and an appointment can be made within 24-48 hours. However, for cases where a private provider completes medical exams or laboratory tests, there can be delays due to consent procedures and other communication issues. Upon review of the examination and/or laboratory results, the medical professional at the hub prescribes the medication, which can then be administered to the client. The MAT process for internal clients is more streamlined as compared to the process for external clients.

For clients who receive psychosocial treatment at an agency other than the MAT site (an “external” referral), the referral process requires interagency coordination. Typically, the MAT site receives a call from another treatment provider or through the Community Assessment Service Centers (CASC) and an appointment is scheduled for the physical exam and/or laboratory tests. This appointment typically occurs within seven (7) days. After receiving clearance from the medical staff, an appointment is made with the client (and his or her treatment program) so that the client may be transported in order to receive the medication. In some cases, the referring treatment program provides transportation to the client for both the medical appointment and the medication dosing.

The estimated proportion of clients receiving MAT who are internal or external referrals varied by provider site. In cases where sites reported significant relationships with other large treatment agencies, external referrals were higher.

Table 1: Substance Use Disorder Agency Provision of Medication-Assisted Treatment

Agency Provision of MAT	Agency		
	<i>Behavioral Health Services</i>	<i>Prototypes</i>	<i>Tarzana Treatment Center</i>
Provides Buprenorphine / Suboxone	Yes: Long Beach and Pomona but for detoxification only	No, but MD has applied for waiver	Yes: Tarzana, Long Beach & Antelope Valley Sites
Provides Methadone	No	No	Yes: Tarzana
Provides XR-NTX	Yes: Long Beach & Pomona	Yes: Pomona	Yes: Tarzana
Proportion of Client Population that Receives MAT*	5%	10-15%	<5%
Proportion of MAT Clients that are External Referrals*	50%	30%	25%

* These numbers represent the data estimated by the focus group attendees and not necessarily from data that has been tracked and monitored by the SUD treatment agency.

Extended Release Naltrexone (XR-NTX)

Typically, clients whose dose of XR-NTX is paid for by the County may receive between 3 – 6 doses. However, clients whose XR-NTX is paid for by Medi-Cal may receive monthly medication doses that span a year or more.

As of December 2015, only Tarzana Treatment Center received reimbursement through Medi-Cal for XR-NTX. Reimbursement for this medication requires a Treatment Authorization

Request (TAR) form. Historically, processing the TAR took several weeks. The lengthy time frame for processing and approval may have been a barrier that prevented other treatment programs from seeking reimbursement through Medi-Cal. *BHS is not yet a medical provider at their Long Beach or Pomona sites. At the time of the group interview, Tarzana Treatment Center reported that they were able to get the TAR processing time reduced to 24-36 hours. This was accomplished through a combination of trial and error and other advocacy efforts. However, even when the TAR is approved, there may be delays if the pharmacy must order the medication that then must be shipped to the provider. To avoid such delays, Tarzana Treatment Center maintains an inventory of XR-NTX on-site. This does result in a certain upfront costs that Tarzana Treatment Center is able to bear, however, other treatment agencies may not have such capabilities.

Regarding reimbursement for XR-NTX for the other MAT providers, Prototypes and BHS provide XR-NTX through specialty pharmacies that processed the TARs and are available to the criminal justice population. Behavioral Health Services primarily submits requests for XR-NTX to SAPC, and thus these medications are funded through block grant and other funds.

Table 2: Administration of Naltrexone and Extended Release Naltrexone

Naltrexone and XR-NTX Practices	Agency		
	<i>Behavioral Health Services</i>	<i>Prototypes</i>	<i>Tarzana Treatment Center</i>
Total Monthly Doses*	12-20*	10-20*	80-90*
Approximate Time from Referral to Dose*	7 days*	7 days*	7 days*
Paid by Medi-Cal	No – not a Medi-Cal Provider	No	Yes
Naltrexone (oral form) Provided	No	Initially provided to test tolerability to XR-NTX	No
Laboratory Tests Required	Yes	Yes	Varies
Physical Exam Required	Yes	Yes	Yes
Targeted Outreach?	No, everyone is screened	No, everyone is screened	High Risk, High Recidivism
Point of Contact	Cynthia McRoberts cmcroberts@bhs-inc.org 562-599-8444	Dr. Heather Kurera HKurera@prototypes.org 909-398-4383	Allison Gillespie agillespie@Tarzanatc.org 888-777-8565

* These numbers represent the data estimated by the focus group attendees and not necessarily from data that has been tracked and monitored by the SUD treatment agency.

Barriers and Lessons Learned

This final section summarizes some of the lessons learned as reported by the three agencies visited. The comments are organized by themes in order to best convey the information learned as part of the group interviews.

Need for Education and Training

Education concerning the uses, benefits and drawbacks of MAT is helpful. Repeated trainings every 4-6 months are needed for new staff and to keep the current staff informed and engaged.

Trainings provided by the medication manufacturer can be problematic due to perceived biases, as their promotion of the medications are at times viewed as a sales pitch, and the overuse of medical jargon. Alternatively, having clients or staff who have experience with MAT discuss their experiences would add to the validity of the training. There is a significant (although decreasing) anti-medication culture that can be addressed in these trainings to expand MAT access and use, as widespread MAT implementation will require its incorporation into the organizational culture of a provider agency. The eventual goal should be that MAT trainings are administered to new staff similar to how other agency practices, such as motivational interviewing, are routine training topics. This culture change generally requires administrative support at the executive level of the provider agency. As such, trainings may need to be targeted for this group. It should also be noted that not everyone is a candidate for MAT, although everyone is provided information about it as another viable option for treatment. Initial discussions with clients may need to include the topic of harm reduction rather than abstinence.

It may be important to train staff on administering injectable medications or on the induction protocols for buprenorphine or methadone. Also, support groups for clients around MAT use (those who are taking, have taken the medication and those who are interested) are helpful tools to increase acceptance of MAT. At the treatment site where the medication is being administered, determining the point of contact to learn more about MAT can be problematic or frustrating for external clients. Under ideal circumstances, MAT should be coordinated as part of the detoxification process (perhaps introduced at the end of the detoxification episode) to reduce the chance of relapse.

Finally, there is minimal training on MAT as part of substance use disorder (SUD) certification process. There is a need to add this to the SUD certification and training curriculum.

Improve Access with Provider Outreach

Outreach to other SUD treatment providers is very important to increase access and knowledge concerning the availability of MAT to all LA County clients. Only a small proportion of clients who are eligible and would benefit from MAT actually agree to its use – additional outreach efforts would be beneficial to increase the number of clients who are educated concerning the availability of medications.

Infrastructure Requirements

Storage requirements and security capabilities of the treatment program must be considered when considering MAT implementation. Both methadone and buprenorphine must be stored in secure locations to discourage theft. Extended release naltrexone (injectable form), although not a high theft risk, requires refrigeration to keep the medication stable.

As noted earlier in this document, there can be delays when coordinating with external medical centers the sharing of the results of laboratory tests and other exams. Providers suggested that the development of a universal consent form may help to reduce the time delays involved in the sharing of lab results and other medical information required for the administration of MAT.

Providers reported that transportation to the medication hubs might be an issue for some clients attempting to access MAT. In addition, better care coordination among the LA County SUD providers to reduce the confusion around the best time to provide MAT to clients (provision at detoxification site, residential or outpatient site) as the client moves between the levels of care would be helpful.

Barriers to Accessing Medication

The costs of the prescriptions may be a barrier to access. Some insurance companies require clients to pay for the medication up-front and be reimbursed later. The additional costs to the treatment program to provide MAT (administration costs, medical tests, personnel costs, providing instructions, education and other follow-up that is not always billable) is another barrier to MAT treatment. And the cost for Vivitrol is a barrier

In addition to the barriers around costs, ensuring that there are sufficient prescribers available for MAT, and buprenorphine in particular, is a barrier in Los Angeles County. To address the growing need for access to MAT, residents in psychiatry and other fields (family medicine, internal medicine) may be trained as prescribers. The providers also suggested that the County work with residency programs to allow students to “moonlight” at clinics at MAT prescribers for additional experience. Furthermore, some medical doctors fear obtaining Drug Enforcement Administration (DEA) X certification and reason that this will result in greater regulatory scrutiny of their prescribing practices. Such anxieties will need to be addressed in order to ensure that MAT is readily available.

It was also noted that there has been a loss of special population funding related to decreases in external referrals (e.g., end of the SAMHSA Drug Court Enhancement project resulted a significant reduction in referrals). For organizations with limited outreach capabilities, there is a need for assistance. Additionally, use of medications with criminal justice population sometimes results in delays, stigma, and lost opportunities.

SAPC can help to decrease stigma around MAT through training and distribution of relevant newsletters, articles and information on MAT, for example on the SAPC website.

Additional Information

Naloxone is not readily available at pharmacies despite recent changes in regulation making the medication available without a prescription.