



Community Behavioral Health

Implementing the Philadelphia Mayor's Opioid Taskforce Recommendations: Background Re: Bulletins 18-06--18-08 June 1, 2018

Purpose

Community Behavioral Health Provider Bulletins 18-06, 18-07, and 18-08 have been issued to align with the 2017 Mayor's Taskforce to Combat the Opioid Epidemic in Philadelphia¹; this document serves as an overview to accompany the bulletins. The Taskforce was charged with developing a comprehensive and coordinated plan to reduce opioid abuse, dependence, and overdose in Philadelphia and included 18 recommendations in 4 domains: 1) prevention and education 2) treatment 3) overdose prevention and 4) involvement of the criminal justice system.

Bulletins 18-06, 18-07, and 18-08 are aligned with Taskforce recommendations #5, 6, 7, and 8:

- 5) Establish insurance policies that support safer opioid prescribing and appropriate treatment.
- 6) Increase the provision of medication-assisted treatment (MAT).
- 7) Expand treatment access and capacity.
- 8) Embed withdrawal management into all levels of care, with an emphasis on recovery initiation.

Scope of Problem

In 2017, according to the Philadelphia Department of Public Health, Philadelphia had 1,217 deaths due to drug overdoses, an increase from 907 deaths the year before, and 3 times the number of homicides. Drug overdoses have become a leading cause of death in Philadelphia.

Use of drug and alcohol treatment services has increased significantly within the Medicaid system in Philadelphia. In 2017, 26,845 individuals utilized drug and alcohol services, and 51% were treated for an opioid use disorder (OUD). Despite the increase in utilization, data indicates that within our system, only 64% of drug and alcohol programs offer some form of evidence-based MAT, while deaths from drug overdoses continue to rise.

Evidence for MAT

The benefits of MAT have been convincingly demonstrated and recommended as essential in the treatment of OUD by numerous governing and research bodies. For a comprehensive review see <https://www.samhsa.gov/medication-assisted-treatment>.

A large Medicaid study published in the Journal of Substance Abuse Treatment tracked 56,278 individuals comparing methadone, buprenorphine, and treatment as usual. The treatment as usual group experienced higher Medicaid expenditures during treatment, twice as many relapses, and 4-5 times more relapses per 100 months of treatment.²

MAT not only helps people stop using opioids, it keeps people alive. In a study just published in JAMA Psychiatry, when Rhode Island started prescribing MAT to incarcerated individuals with OUD, the number of fatal overdoses among this population

¹ City of Philadelphia Mayor's Task Force, Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia, May 17, 2017, http://dbhids.org/wp-content/uploads/2017/05/OTF_Report.pdf

² Clark, R. E., Baxter, J. D., Aweh, G., O'Connell, E., Fisher, W. H., & Barton, B. A. (2015). Risk Factors for Relapse and Higher Costs among Medicaid Members with Opioid Dependence or Abuse: Opioid Agonists, Comorbidities, and Treatment History. *Journal of Substance Abuse Treatment*, 57, 75–80.

dropped 60% in one year.³ The changes described in Bulletins 18-06—18-08 have the potential to increase the provision of MAT, expedite access to evidence-based treatment, embed withdrawal management into more levels of care, and reduce administrative burdens.

Summary of Bulletin Requirements and Timeframes

Level of Care	Provider Bulletin Requirements	Submit to	Due Date(s)	See Bulletin
<ul style="list-style-type: none"> ALL drug and alcohol levels of care CRCs 	Evidence-Based Treatment Linkage Policy	Provider Relations Representative	7/1/18	18-07
<ul style="list-style-type: none"> ALL drug and alcohol levels of care 	Track and aggregate number of individuals with OUD receiving MAT	Michele Kidwell-Kane Michele.kane@phila.gov	10/1/18	18-07
<ul style="list-style-type: none"> Drug and alcohol OUTPATIENT levels of care 	Track report time from a member's 1 st appointment to time of MAT induction	Michele Kidwell-Kane Michele.kane@phila.gov	10/1/18	18-07
<ul style="list-style-type: none"> Drug and alcohol RESIDENTIAL levels of care (including detox) 	Track admissions across shifts (to include nights and weekends)	Michele Kidwell-Kane Michele.kane@phila.gov	10/1/18	18-07
<ul style="list-style-type: none"> CRCs 	Submission of transition activities on members being referred to community drug and alcohol providers	Michele Kidwell-Kane Michele.kane@phila.gov	10/1/18	18-07
<ul style="list-style-type: none"> Drug and alcohol RESIDENTIAL levels of care (excluding detox) 	Providers must qualify for Evidence-based MAT Designation	Kimberly Doyle Kimberly.doyle@phila.gov	Prior to January 1, 2020	18-06

Other Important Dates:

- Effective July 1, 2018, 3B will no longer require prior authorization. *This is referenced in Bulletin # 18-08.*
- Effective August 1, 2018, 4A, 3A, and CRCs can elect to provide Buprenorphine Stabilization to quality for an enhanced rate. *This is referenced in Bulletin # 18-06.*
- Effective August 1, 2018, drug and alcohol residential providers (excluding detox) who qualify for the Evidence-based MAT Designation are eligible for an enhanced rate. *This is referenced in Bulletin # 18-06.*

Questions regarding all bulletins can be directed to your assigned Provider Representative.

³ Green TC, Clarke J, Brinkley-Rubinstein L, Marshall BDL, Alexander-Scott N, Boss R, Rich JD. Post incarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. *JAMA Psychiatry*. Published online February 14, 2018.