ASAM American Society of Addiction Medicine | PATIENT-CENTERED OPIOID ADDICTION TREATMENT (P-COAT)

BACKGROUND

Since 1999, there has been a growing epidemic across the United States of deaths due to opioid and heroin overdoses. This epidemic is widespread, growing rapidly, and has overtaken many other leading causes of death. Opioid addiction is a primary, chronic disease of the brain that leads to characteristic biological, psychological, and social manifestations. The treatment model of this complex and often devastating disease requires interventions that address these components - including medication-assisted treatment (MAT).

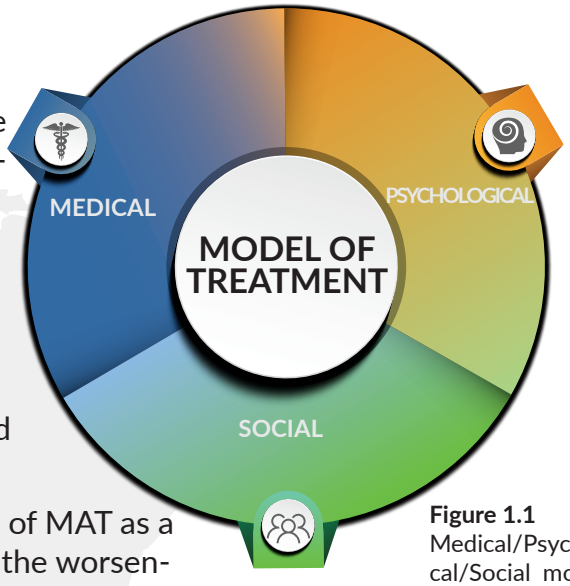

Figure 1.1 Medical/Psychological/Social model of treatment

Substantial literature documents the clinical effectiveness of MAT as a treatment for opioid addiction. Despite this evidence and the worsening epidemic, MAT is significantly underutilized. Of the estimated 2.5 million patients who need treatment for opioid use disorder, only a small fraction of the population can access it. According to a recent report by the Blue Cross Blue Shield Association (BCBSA), the number of BCBS members with an opioid use disorder diagnosis surged 493 percent, while the number of individuals using medication-assisted therapy to treat their diagnoses only rose by 65 percent. This means the rate of diagnoses grew nearly eight times as quickly as the rate of medication-assisted therapy use.

Reasons for underutilization:

- Insufficient or limited insurance coverage for services related to treating substance use disorder (SUD)
- Shortage of physicians qualified to prescribe MAT
- Lack of access to addiction specialists

Some Problems with Current Payment Systems:

- Payments (E&M) for physicians and clinicians are generally insufficient to identify, diagnose and treat OUD
- Prior authorization requirements make it difficult to deliver timely, effective treatment
- Limited reimbursement for telemedicine
- Separate billing for medical and behavioral services related to OUD
- Limited payment for transportation and other non-medical social services needed to effectively treat patients

Patient-Centered Opioid Addiction Treatment (P-COAT)

GOALS

- Provide appropriate financial support to physicians/clinicians to successfully treat OUD with MAT
- Encourage more PCPs to provide treatment with MAT
- Broaden coordinated delivery of medical/psychological/social model of treatment
- Reduce/eliminate spending on outpatient treatments that are ineffective/unnecessarily expensive
- Improve access to evidence-based outpatient care for patients being discharged from intensive levels of care
- Reduce spending on potentially avoidable emergency department visits and hospitalizations
- Increase the proportion of individuals with opioid addiction who are successfully treated
- Reduce deaths caused by opioid overdose and complications of opioid use
- Improve adherence to medications to treat opioid addiction

STRUCTURE

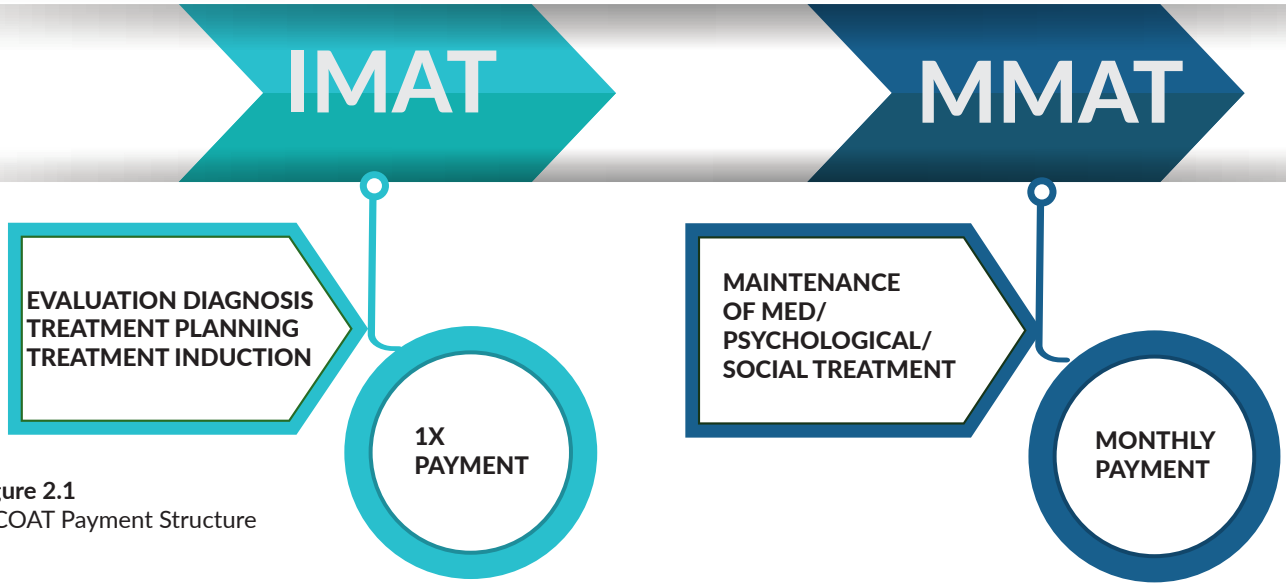

Figure 2.1
P-COAT Payment Structure

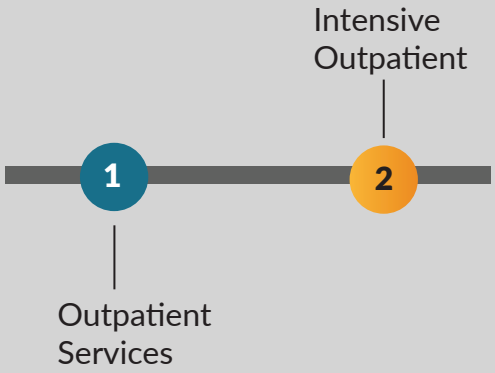

Figure 3.1
ASAM Levels of Care
Addressed by P-COAT

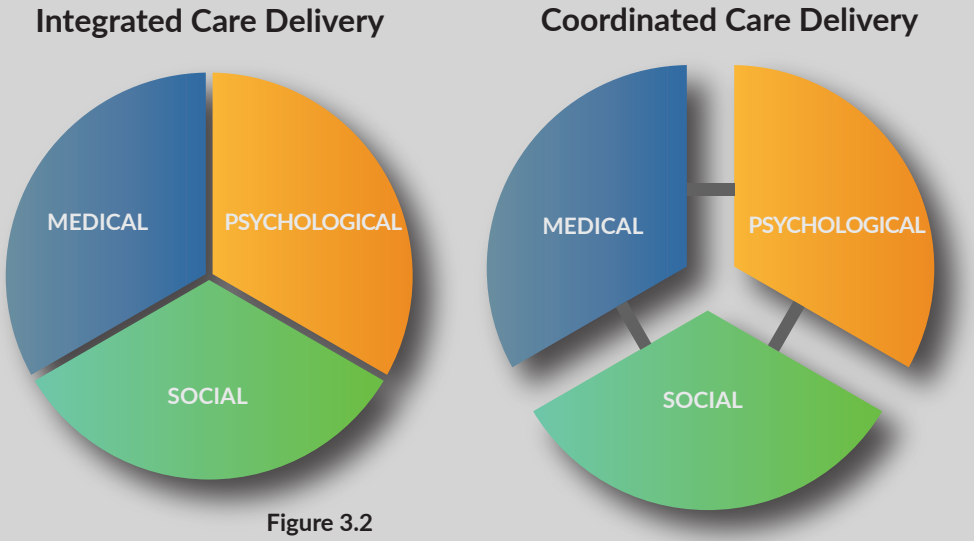

Figure 3.2
Treatment Delivery Structures

PERFORMANCE ON QUALITY, SPENDING, AND OUTCOMES

Payment Structure	Risk Adjustment
IMAT & MMAT	Good performance = Avg. performance on a measure within 2 standard deviations

IMAT & MMAT Risk Adjustment	Performance on Successful Initiation of Treatment		
ED Visit Rate & Utilization of Testing Performance:	Poor	Good	Excellent
Poor on Either	-4%	-2%	0%
Good on Both	-2%	0%	+2%
Excellent on 1, good on other	0%	+2%	+4%