



## Enhancing the Access and Quality of MAT for Individuals with Opioid Use Disorder (OUD) in Rural Pennsylvania's Medicaid Primary Care Practices

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### Description

Pennsylvania has been greatly affected by the opioid use epidemic; however, its rural health system lacks the capacity to address the need for treatment. This project seeks to increase access to MAT provided by primary care practices for Medicaid beneficiaries in rural Pennsylvania. It will educate and train primary care providers (PCPs) to deliver high-quality opioid use disorder (OUD) treatment consistent with current American Society of Addiction Medicine guidelines, focus on the details of implementation within primary care, facilitate coordination among the broader health system and community-based resources, provide access to clinical specialists, and link participating practices with hubs that can guide them towards a sustainable MAT program.

### Specific Aims

1. Apply solutions to overcome barriers to implementation of MAT in primary care.
2. Evaluate the effect of the multi-faceted intervention to expand MAT in rural primary care practices on the supply of MAT providers and access to high-quality MAT for Medicaid beneficiaries with OUD.
3. Disseminate findings to state and national stakeholders, and adopt successful program strategies as evidence-based policies in Pennsylvania Medicaid.

### Findings/Implications

- **Provision and Utilization of Services:** All practices are conducting screening, brief intervention, and referral to treatment (SBIRT) and providing buprenorphine,

### Main Objective

Double the number of primary care physicians delivering high-quality MAT in rural Pennsylvania by implementing and testing a state-led, multi-faceted intervention.

### Health Condition Considered

Opioid Use Disorder

### Treatment Service Considered

MAT

### Study Design, Data Sources, and Sample Size

The project recruited 28 physicians, 15 nurse practitioners and 6 physician assistants at 26 participating practices within rural Pennsylvania counties.

The evaluation used a mixed-methods approach including analysis of qualitative data from participating physicians and staff, claims-based measures, and a Medicaid beneficiary patient survey.

### Strategies Used

- Flexible provider recruitment allows PCPs to choose preference for which MAT drugs (buprenorphine or naltrexone) to prescribe and whether to refer to an addiction specialist for



naltrexone, or both, or are currently in training to do so. Among 13 practices reporting during the most recent quarter, over 500 patients are receiving buprenorphine or naltrexone from RAMP clinics. Use of primary care by Medicaid enrollees with OUD Based on Medicaid claims data, there are 4.1 primary care visits per person-year in rural Pennsylvania counties by Medicaid enrollees.

- **Stigma:** Some physicians and staff experience stigma toward treating patients with addiction. Education and training focused on this barrier have helped overcome stigma-related issues.
- **Reimbursement for MAT:** Primary care clinics often have questions about MAT-related reimbursements. The grantee's ability to link clinic staff with Medicaid managed care organizations has helped address this issue.
- **Demands on the Time of Rural PCPs:** Initial participation in educational webinars and calls has been low, likely due to the high-demand on the time of rural PCPs.
- **Communication Breakdown Between Providers:** Poor communication between treatment and service providers has affected patient treatment engagement. The grantee has focused on developing communication plans for participating entities to improve communication.
- **High Staff Turnover:** Participating practice sites have had high rates of staff turnover that has affected MAT implementation. New champions must be identified quickly and booster trainings should be offered as soon as possible to new staff.
- **Continuous Quality Improvement and Performance Measurement:** Having clinics collect their own data on measures related to treatment for OUD; developing reports with suggested areas of improvement, and reviewing that data with them in quasi-real-time may improve implementation; ongoing technical assistance; and sustaining engagement with providers.

induction before participating in the patient's ongoing management.

- Implementation team provides comprehensive technical assistance and support to all project sites both in person and via phone and email, and has site liaisons that engage weekly with sites.
- A modified training approach created an on-demand online curriculum of webinars and resources for participating practices to meet the demands of busy primary care practices.
- Opioid Use Disorder Centers of Excellence provide care management services to connect patients with substance use disorder/mental health treatment and support in other functions associated with managing patients with complex need.