

Barriers to Implementing MAT



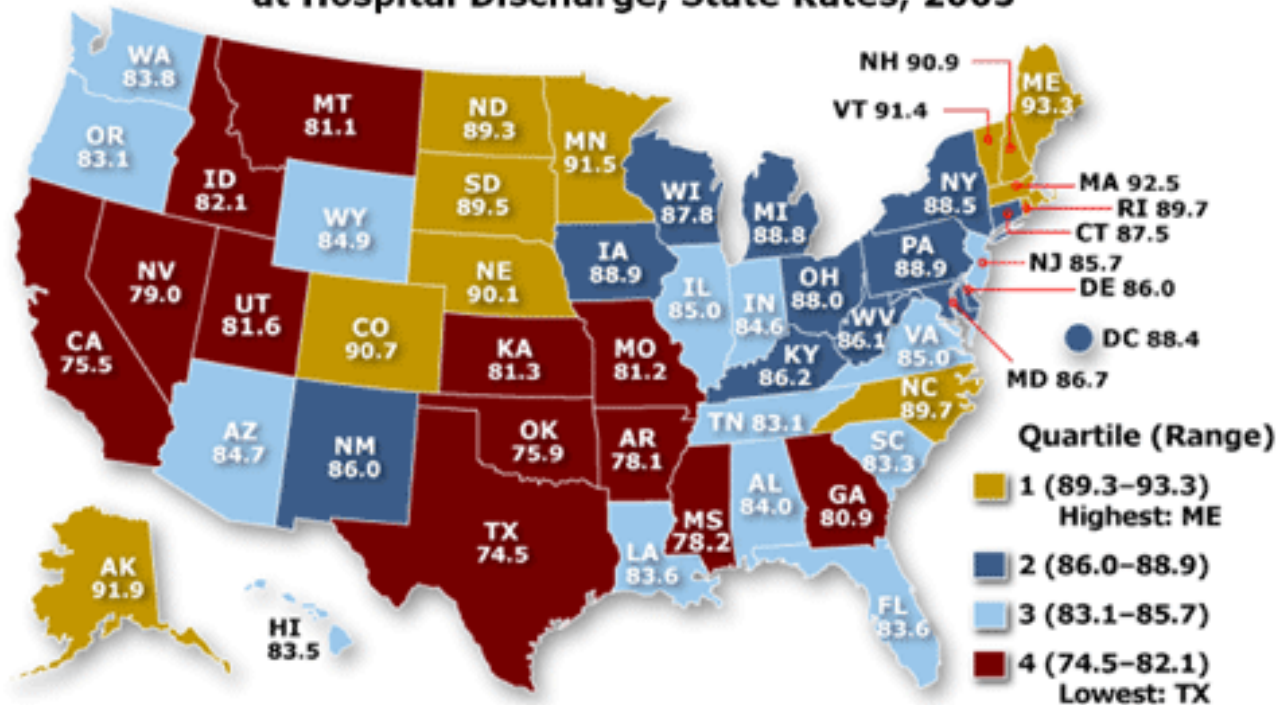
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Medications for MI

Percentage of Medicare Beneficiaries Hospitalized for Heart Attack Who Received a Beta-Blocker Prescription at Hospital Discharge, State Rates, 2003



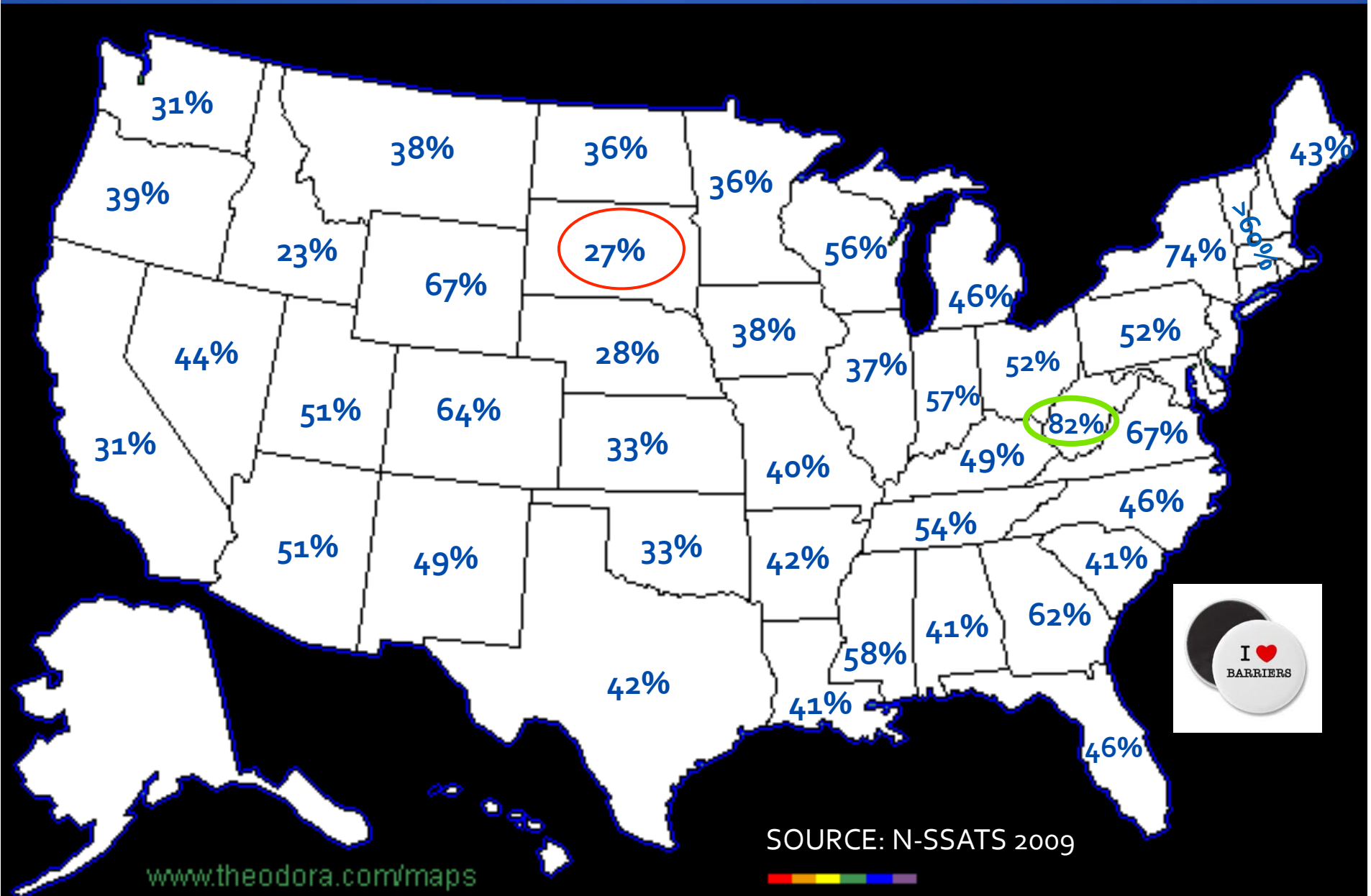
Data: Medicare Quality Improvement Organization Program (Agency for Healthcare Research and Quality 2006). Excludes Medicare Advantage plan enrollees and patients with documented contraindications to the medication.

Source: McCarthy and Leatherman, Performance Snapshots, 2006. www.cmwf.org/snapshots



Safe
Effective
Patient-Centered
Timely
Efficient
Equitable

Percent of AOD Facilities offering Medications



SOURCE: N-SSATS 2009



Barriers to MAT



Environmental Barriers

❖ Regulatory

- Medication not on the Medicaid formulary
- Training requirements & prescribing limitations for buprenorphine
- Methadone facilities

❖ Requires buy-in at the:

- State
- Community-level
- Political
- Police

❖ Geographic distance to treatment facility & pharmacy



Organizational Barriers

- ❖ Organizational size
- ❖ Staffing
- ❖ Hospital affiliation
- ❖ Organizational leadership buy-in
- ❖ Urine drug screening
- ❖ Profit status
- ❖ Modalities offered
- ❖ Cost
- ❖ Participation in NIDA CTN & other pilot studies

- Availability of medical personnel
- Educational level
- Continuing education
- Staff-to-client ratio

Sources: Knudsen et al. (2009) *JSAT*; Ducharme & Roman (2009) *JSAT*

Clinician & Patient Barriers

Clinician

- MAT educational opportunities
- Fear of diversion & liability
- Experience treating patients with SUD

Patient

- Health insurance
- Income



- Knowledge & attitudes about medication
- Experience with medication

Clinician & Patient Barriers

Attitudes + **social norms/expectations** = Intentions to use MAT



Source: Rieckmann et al. (2007) *JSAT*

Philosophical Barriers

“Cultural belief That medications are not effective when interjected into therapy, in spite of the preponderance of evidence-based practice to the contrary”

--Anonymous SSA



- ❖ Drug addiction should not be treated with a drug
- ❖ Abstinence –only approach
- ❖ Inconsistent with 12-Step facilitation

MAT as a Barrier

- ❖ Patient compliance with medication (e.g., antabuse & oral naltrexone)
- ❖ Buprenorphine & Vivitrol induction process
- ❖ Sufficient dose
- ❖ Diversion
- ❖ Drug availability



Overcoming Barriers

Medications at a reduced cost →

- Partner with FQHC or 24B clinicians
- Become an FQHC look-alike
- Add addiction medications to state Medicaid formularies

Access to medical personnel →

- Coordinate with medical providers in your area



Overcoming Barriers

Medication compliance →

- switch medications or formulation (Vivitrol)
- use psychosocial treatment approaches or contingency management to improve compliance

Philosophical differences →

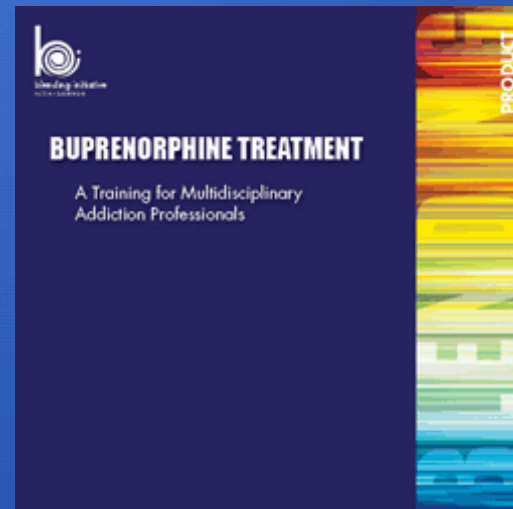
- Medication saves lives
- Provision of MAT as a quality indicator
- Adoption of evidence-based practices for addiction
- Reconcile use of *medication as a treatment* towards the ultimate goal of recovery from ADDICTION



Overcoming Barriers

Education →

- Participate in clinical training on how to use medications
- Educate patients & the community regarding the benefits of medications
- Learn from clinicians & patients with medication experience
- Physicians can use the PCSS-B online course to receive training on buprenorphine
- ATTC provide 6-hour training on buprenorphine for clinicians



Overcoming Barriers

Participate in a medication study →

- Gain experience with a medication as part of a study

Try new modalities →

- Buprenorphine induction centers
- Coordinate services with an inpatient detoxification center

Adopt policies to address diversion →

- Implement urine drug screening



NEED

STRUCTURAL

EDUCATION

Need to improve tx for alcohol, tobacco, or opiate dependent patients



IMPROVING OUTCOMES FOR PATIENTS

Re-invention to improve access



2.6 billion people around the globe do not have access to toilets, which accounts for as many as half of the hospital admissions in some countries

..... If they can re-invent the toilet, we can re-invent the addiction specialty treatment system

Source: NY Times, "Their Mission: To Build a Better Toilet" August 13, 2011