

COMPA Suggestions / Managed Care Contracts

Statement of Principles

Opioid dependency is a chronic relapsing medical brain disorder characterized by predictable signs and symptoms involving a cluster of cognitive, behavioral and physiological symptoms and there is a strong correlation between untreated opioid dependency and criminal activities, social dysfunction, joblessness. Research has indicated that untreated opioid dependent individuals often engage in high risk behaviors which increase their risk of infectious disease, result in high rates of accidental overdose and a death rate three times higher than those in treatment. Opioid dependent individuals also routinely do not avail themselves of ongoing medical care, particularly when pregnant, instead opting for emergency services which greatly increase healthcare delivery costs.

However, according to the National Institute of Health Consensus Statement issued in 1997, opioid dependency can be successfully treated, with significant benefits for both patients and society, utilizing full or partial opioid agonist medications along with non-pharmacological supportive services. The Consensus Statement went on to say that such treatment should not be encumbered by unnecessary regulation and oversight. Towards this end treatment should not have restrictions on either the medication or dosage prescribed and should not be time-limited. In line with SAMHSA's Recovery-Oriented System of Care, treatment should also be readily accessible, voluntary, and patient-directed, with a full range of services and supports including the ability to both slowly taper and re-enter treatment if the attempt is unsuccessful.

The provision of medication-assisted treatment for opioid dependency must be based on diagnostic criteria and medical necessity and provided in accordance with Federal regulations. As such, buprenorphine may be prescribed in a variety of office-based and treatment settings by physicians with a DATA2000 waiver as well as in the OTP setting. Methadone may be prescribed only in an OTP setting. OTP programs can also coordinate care with a variety of settings, providing induction and ancillary withdrawal services and offer patients the advantage of complete confidentiality in accordance with 42 CFR Part2 protections.

Utilization Review / Continued Care Criteria

1. Initial establishment of medical necessity
2. Compliance with / progress towards treatment goals established through a patient-directed approach, as assessed during periodic reviews mandated by regulation.
3. Compliance with behavioral standards and patient responsibilities as established by the treatment program.
4. Patient desire for ongoing maintenance consistent with best practices for opioid treatment.

Outcome measures

1. Reduction/elimination of opioid use and problematic use of alcohol and other licit and illicit substances.*
2. Reduction / elimination of high risk behaviors which expose individuals to HIV and other infectious disease.
3. Address identified deficits / improve quality of life in areas of physical health, mental health, and functionality. **

**Note: Problematic use of alcohol and other licit and illicit substances is determine in consultation with patient and may indicate need for referral to alternate level of care.*

***Note: A specific method / tool to measure item 3 should be specified by OASAS after a joint OASAS/COMPA effort to better define the desired outcomes and identify appropriate data elements and methodology to capture.*

