VERMONT
AGENCY OF HUMAN SERVICES

January 2012

Integrated Treatment Continuum for Substance Use Dependence
"Hub/Spoke" Initiative—Phase 1: Opiate Dependence

Current State of Prescription Drug Abuse and Treatment in Vermont

Prescription drug abuse is the nation's fastest-growing drug problem. While Vermont is consistently ranked the "healthiest state" by many measures, it ranked 34th worst of all the states in the non-medical use of pain relievers. Other opiates overtook heroin in 2006 as the primary source of opiate addiction. In addition, drug diversion continues to be a problem for many reasons, including illegal sale and distribution, "doctor shopping," forged prescriptions, employee theft, pharmacy theft, and obtaining prescriptions over the internet.

The Agency of Human Services (AHS) is collaborating with community providers to create a coordinated, systemic response to the complex issues of opiate and other addictions in Vermont. Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful.

Although this initiative initially focuses on medication assisted treatment for individuals with opiate addictions, it creates a framework for integrating treatment services for other substance abuse issues and co-occurring mental health disorders into the medical home through a managed approach to care. In addition, this treatment approach will help reduce recidivism in corrections and enhance outcomes for families where addiction is an identified problem for child welfare.

Each year, more Vermonters seek treatment for opiate addiction. (Figure 1) The majority of MAT patients receive buprenorphine as prescribed by a physician in a medical office setting. Methadone, unlike buprenorphine, is a highly regulated treatment provided in specialty clinics.

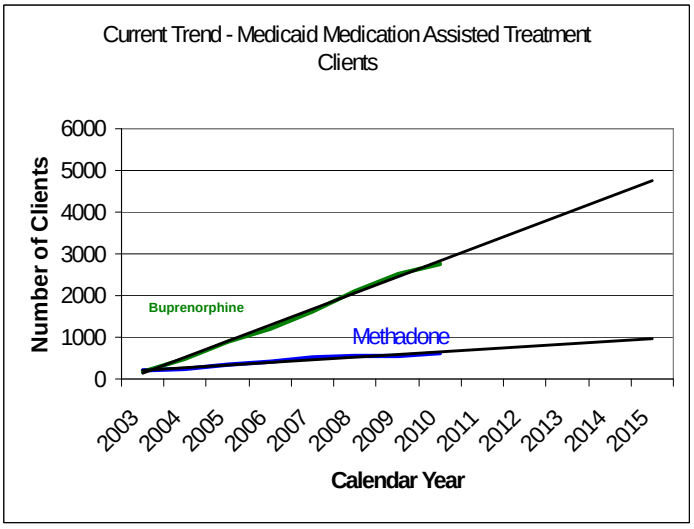

Figure 1

Waiting lists for methadone indicate insufficient treatment capacity and fewer providers are willing to prescribe buprenorphine for new patients.

Overall health care costs are approximately three times higher among MAT patients than within the general Medicaid population. In addition to the costs directly associated with medication assisted therapy, these individuals have high rates of co-occurring mental health and other health issues and are high users of emergency rooms, pharmacy benefits, and other health care services.

	Medicaid Population*	Buprenorphine Clients	Methadone Clients
Total People Served	146,030	2801	614
Annual Per Capita Cost	$4,553	$12,985	$13,523
Total Expenditures	$561,221,169	$36,372,106	$8,303,369

*less top 5% high cost, maternity and neonate

Opiate Addiction Treatment

Medication assisted therapy (MAT), such as methadone and buprenorphine in combination with counseling, has long been recognized as the most effective treatment for opiate addiction. These medications suppress the craving for opiates, thereby reducing relapse. Effective MAT programs also provide services such as mental and physical healthcare, case management, life skills training, employment, and self-help. The length of the course of treatment is individually determined according to patient need and criteria. MAT services are cost effective over time because they help stabilize the health of patients, increase their rate of employment and decrease involvement in the criminal justice system.

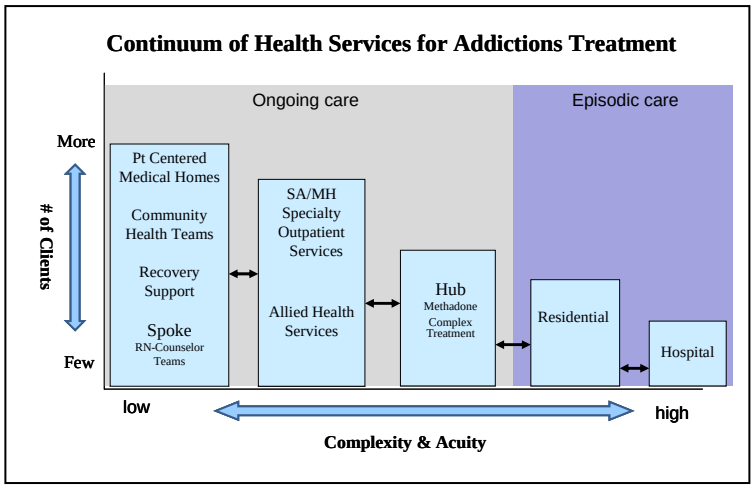

Figure 2

Figure 2 illustrates how opiate addiction treatment is integrated into the current health and substance abuse treatment continuum of care.

Solution: Implement a "Hub and Spoke" System to Provide Appropriate Care

"HUB"

A *Hub* is a specialty treatment center responsible for coordinating the care of individuals with complex addictions and co-occurring substance abuse and mental health conditions across the health and substance abuse treatment systems of care. A *Hub* is designed to do the following:

- Provide comprehensive assessments and treatment protocols.
- Provide methadone treatment and supports.
- For clinically complex clients, initiate buprenorphine treatment and provide care for initial stabilization period.
- Coordinate referral to ongoing care.
- Provide specialty addictions consultation and support to ongoing care.
- Provide ongoing coordination of care for clinically complex clients.

"SPOKE"

A *Spoke* is the ongoing care system comprised of a prescribing physician and collaborating health and addictions professionals who monitor adherence to treatment, coordinate access to recovery supports, and provide counseling, contingency management, and case management services. *Spokes* can be:

- Blueprint Advanced Practice Medical Homes
- Outpatient substance abuse treatment providers
- Primary care providers
- Federally Qualified Health Centers
- Independent psychiatrists

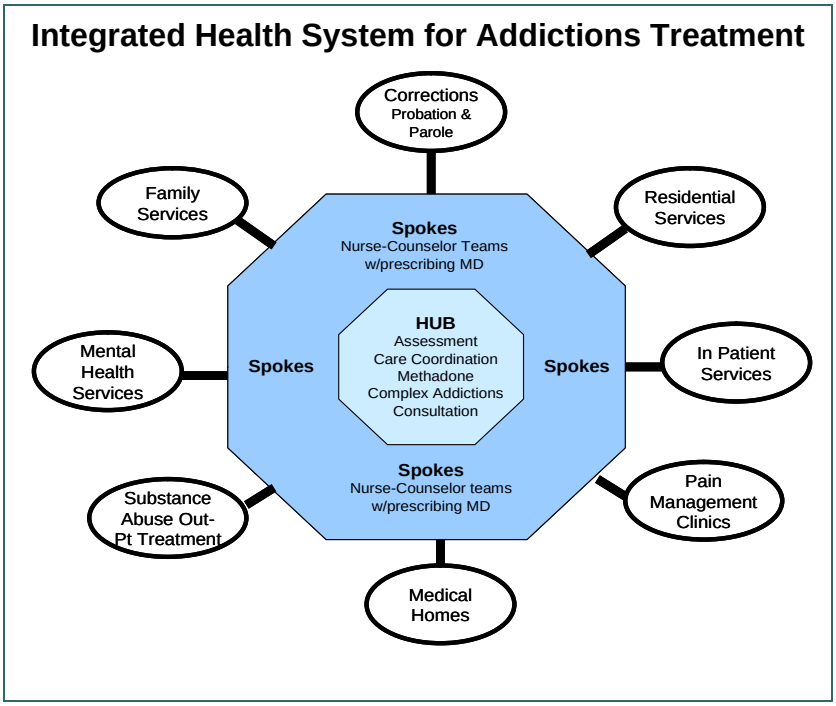

Figure 3

Figure 3 outlines the components of the system.

Caseload and Cost Model, Phase 1: Opiate Dependence - SFY 2013 & 2014

Projected Caseloads. To help determine the growing demand for treatment, caseload projections for SFY 2013 and SFY 2014 were based on actual buprenorphine growth trends from 2003-2010. Using risk stratification, 65% of cases are apportioned to the "spokes" and 35% to the "hubs." Estimated caseloads are:

- SFY 2013: 4,753
- SFY 2014: 5,323

This represent significant growth over the SFY2011 case load of 3,415 Vermonters receiving medication assisted treatment.

Cost Modeling.

(1) Statewide system investments:

- Expand methadone treatment capacity statewide.
- Support five geographically distributed specialty addiction treatment centers.
- Support buprenorphine prescribers by augmenting Community Health Teams with nurses and substance abuse/mental health counselors.

(2) Staffing and operating expenses determined with provider and other stakeholder involvement:

- HUB: 21.7 FTE (clinical, lab, support staff, facility, security, etc.) per 400 patients served.
- SPOKE: Two FTE licensed clinicians (1 RN and 1 licensed mental health/substance abuse clinician) per 100 patients.

(3) Initial system offsets and sustainability:

- New system costs are offset by ADAP's existing appropriation and DVHA's current spending on the MAT population.
- DVHA will reinvest savings from improved care coordination and an enhanced federal match to sustain the new system.
  - ACA 2703 enhanced federal match: 90/10 for eight quarters where new initiative is implemented.
- Estimated reductions in health care savings in select high cost / high use categories such as pharmacy, inpatient, emergency room, lab, and residential treatment.
- Additional societal impacts and savings anticipated in areas such as corrections, employment, and children in custody (will be identified as part of evaluation design).

Total Costs. New system is cost neutral for first two years (SFY 2013-2014).*

** Assumes approved State Plan Amendment under ACA Section 2703 for Health Homes and SFY 2013 ADAP appropriation request.*

	2013	**2014**
HUB & SPOKE TOTAL:	$11,411,052	$ 18,364,691
ADAP net of appropriation:	$ 2,886,749	$ 6,368,371
DVHA Investment net of new costs:	$ 1,249,311	$ 1,704,907
***TOTAL NEW SYSTEM COSTS*:**	**$ 4,136,059**	**$ 8,073,278**
State Share:	$ 35,411	$ 13,239
Federal Share:	$ 4,100,649	$ 8,060,039

Caseload and Cost Model, Phase 1: Opiate Dependence - SFY 2013 & 2014

Blueprint Health Care Reform Integration: New system approach aligns with Blueprint Advanced Primary Care Practices and Community Health Teams (Figure 4).

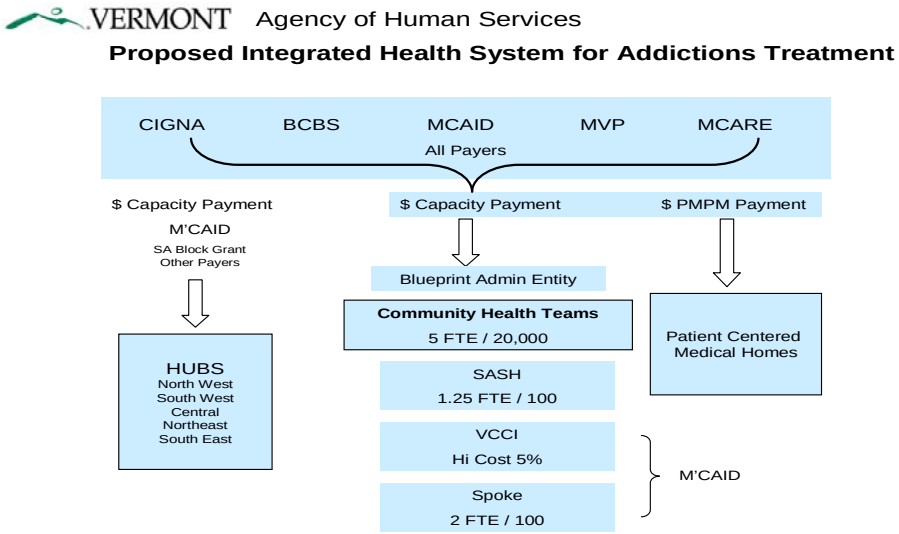

Figure 4

Evaluation.

- Design evaluation before implementation begins.
- Flag participants of "Hub and Spoke" services in VHCURES all payer data base.
- Create an addictions measure set in DocSite for care and evaluation.
- Include AHS partners and subject matter experts in building evaluation model.
- Include required ACA 2703 evaluation components (utilization, savings, outcomes, ROI, etc.).

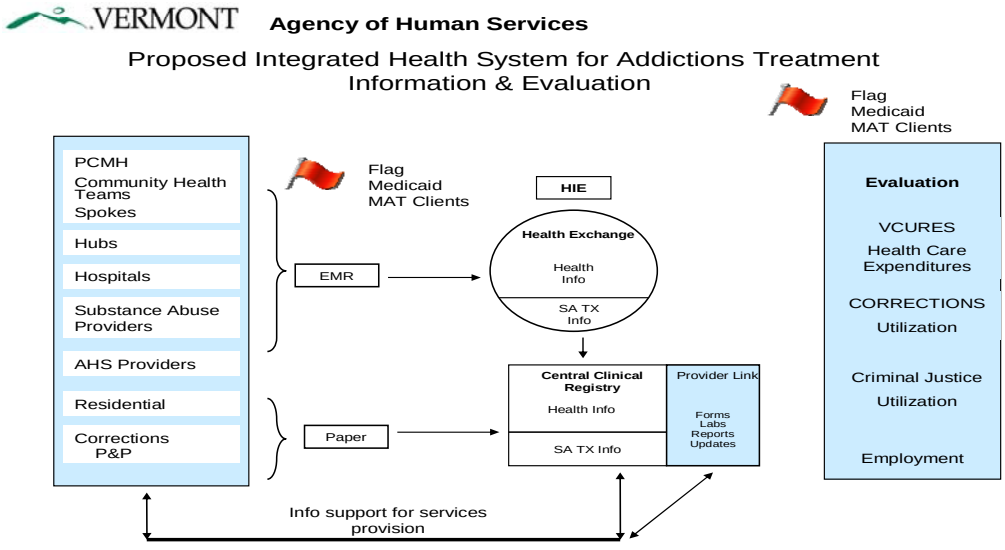

Figure 5