

## MAINE OFFICE OF SUBSTANCE ABUSE

The [Maine Office of Substance Abuse](#) (OSA) is the single state administrative authority responsible for the planning, development, implementation, and evaluation of substance abuse services. OSA provides leadership in prevention, intervention and treatment. Its goal is to enhance the health and safety of Maine citizens through the reduction of the overall impact of substance use, abuse, and dependency.

**DIRECTOR:** Kimberly Johnson

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**EXECUTIVE SPONSOR:** Linda Frazier

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**CHANGE LEADER:** Linda Frazier

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**PROJECT AIM:** The project aim was to increase medication-assisted treatment (MAT) in participating agencies by 15 percent in order to increase treatment retention and improve outcomes.

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**STATEWIDE AIM:** The state aim was to document the need for medication and the improvement of outcomes in order to request additional funding.

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## GOALS AND MEASURES

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With 30 percent of substance abuse treatment patients covered by Medicaid, the first goal was to ensure that Medicaid covered medications for those patients. The second goal was to provide grant funding to cover the cost of the medication for the uninsured. Three agencies were given \$5000 to experiment with methods of providing medication to their clients. Each agency used different methods to provide the medication, including an indigent care program to pay for medication, a hospital pharmacy to dispense medication, and a voucher program with a local pharmacy.

- Funding to pay for medications was included in the governor's budget for 2008 and 2009.
- Providers support a rapid cycle change approach.
- State is working closely with providers to identify barriers to MAT implementation.
- State will address licensure issues that might be a barrier to the use of MAT.

## PROVIDER CHANGE PROJECTS

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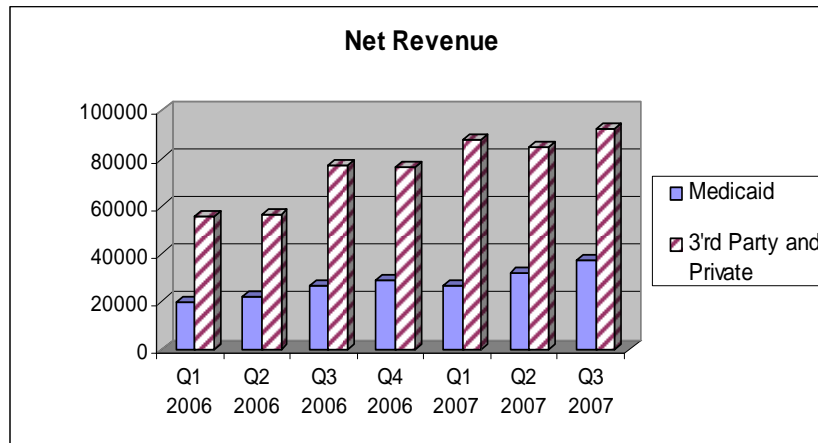
### Addiction Resource Center

The Addiction Resource Center (ARC) was struggling with strained financial resources and how best to treat the ever growing opiate-addicted population in the state of Maine. In November of 2005, ARC received a performance improvement grant from the Maine OSA to decrease client waiting times and to increase client retention in treatment.

In January 2007, ARC formed a team to work on needs, barriers, and models related to implementation of medication-assisted treatment for opiate addiction. The program was designed to integrate the suboxone services within the continuum of care by bringing physicians on site, providing a single standard of care, improving communication, and decreasing staff

workload. The program continues to work with the recovery community to change attitudes as well as with Maine's formulary committee to ensure access to buprenorphine products. Finally they were able to maximize billing as the result of state/payer Change Projects.

In November 2005, the changes made under performance improvement grant decreased wait time by 77 percent. The number of service units provided in intensive outpatient increased by 150 percent. Medicaid and private revenue has increased by more than 50 percent.



The 2007 MAT grant received from the state was used to work on needs, barriers, and a staffing model for MAT. Additionally, the agency drafted a business case to present to the hospital administration. The anticipated expense and revenue for implementing MAT is noted in the tables below.

### MAT Community Response Business Case (Expense)

Item	Total Cost
1.75 FTE's	\$115,317
MD Contracts	\$49,546
Equipment	\$4,868
<b>Total Cost</b>	<b>\$169,731</b>

### MAT Community Response Business Case (Revenue)

	Gross	Net	Net Profit
<b>Total</b>	<b>\$521,065</b>	<b>\$234,479</b>	<b>\$64,748</b>

## OVERALL IMPACT

Prior to these changes, agencies used state grant funding to cover basic costs and medication was not covered except for residential treatment. The state focused on using FDA-approved medication for alcohol and opiate abuse. Based on sample data, fewer than 10 percent of people admitted for alcohol abuse have been prescribed medication. Medication-assisted treatment (MAT) is considered an evidence-based practice.

Through the use of a rapid-cycle change process, the state was able to document the need for medication. The governor's proposed budget includes \$100,000 for the 2008 fiscal year and \$500,000 for the 2009 fiscal year to pay for medication. The state is looking at two ways of

distributing these funds; through provider agencies or through one of the state’s pharmacy programs.

### LESSONS LEARNED

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- There is a stigma associated with the use of medications to treat addiction.
- We need to educate clients, the recovering community, family, providers, the state government, and the general public that the use of medication is an evidence-based practice.