PAYER–PROVIDER CHANGE BULLETIN

MISSOURI DIVISION OF ALCOHOL AND DRUG ABUSE

The Department of Mental Health, Division of Alcohol and Drug Abuse is a state agency that provides funding for prevention, outpatient, residential, and detoxification services to community-based programs that work with communities to develop and implement comprehensive coordinated plans. The Division provides technical assistance to these agencies and operates a certification program that sets standards for treatment programs, qualified professionals, and alcohol and drug related educational programs.

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PARTNERS: Comprehensive Mental Health Services
Family Counseling Center
Family Counseling Center of Missouri
Family Guidance Center
Gibson Center
Ozark Center
Preferred Family Healthcare
Queen of Peace
ReDiscover
St. Patrick Center
Missouri Institute of Mental Health

PROJECT AIM: Improve consumer engagement and treatment outcomes through the adoption of medication-assisted treatment (MAT) and by increasing clinically appropriate utilization of intensive outpatient rehabilitation and supported recovery levels of care.

STATEWIDE AIM: Increase utilization of medication-assisted treatment (MAT) for alcohol problems to include naltrexone and acamprosate, increase treatment length in less intensive (expensive) treatment modalities, and decrease the severity and frequency of relapse episodes.

GOALS AND MEASURES

The Division had previously attempted to promote medication-assisted treatment (MAT) but it was a small and short-lived effort with no success. No providers were using it at the time of the rapid-cycle change and medication was not paid for by the state. State staff, program staff, clients, families, and prescribers had received no education about the benefits of medication complimenting substance abuse treatment.

The state's premise for this Change Project was that the increased use of less intensive (expensive) treatments will free up dollars that could then be used to fund medication-assisted treatment. There is anecdotal evidence that individuals who have been in and out of intensive treatments are able to stay in treatment longer and enter less expensive modalities when medication-assisted treatment is used. The state described the outcomes and process of this

pilot to all substance abuse providers of primary treatment with residential support. Ten providers volunteered to participate in the project.

OVERALL IMPACT

Due to the efforts that the Change Team made to promote medication-assisted treatment and to increase the length of stay, better outcomes for the clients are anticipated.

The state made several system changes during this change cycle. State and provider contracts were changed so medication could be paid for by the state. A state pharmacy started providing medications which increased the availability and decreased prices. Services were expanded and longer services were authorized for individuals receiving medication-assisted treatment. Providers created client and family education groups to provide mutual support and to allow for targeted assistance. The state developed a learning community that included conference calls and a web-based system to provide information to providers, clients, and families regarding medication. This evidence-based practice was supported by drug courts, physicians, nurse practitioners, and clients. Educating staff, clients, families, and prescribers subsequently turned medication-assisted treatment into a viable treatment option.

LESSONS LEARNED

- The current model is a zero sum gain as regular treatment dollars are being diverted to provide medication-assisted treatment services.
- Prescribers and clients gravitate towards different medications from site to site.
- Providers have difficulty understanding the new state data system.
- The processes for entering and retrieving accurate data are difficult.
- Client enthusiasm is related to staff enthusiasm, which varies from location to location.
- Providers with less intensive services do not offer medication-assisted treatment, which limits referrals to these agencies. This is especially a problem in rural areas.
- Initially, the state thought that medication-assisted treatment would be introduced at admission, but found that by waiting a couple of weeks it improved the client's ability to hear and understand how it is used in the treatment process.

PLANNED CHANGES

- Expand target groups to include those in less intensive treatment modalities.
- Expand the education of clients, their families, counseling staff, and prescribers.
- Share a provider-created medication ID card with clients to carry in case of emergencies.
- Expand consumer participation at both the provider and state levels.
- Work with new prescribers who are more interested in learning about and using medication-assisted treatment.
- Capture improvement and compliance data from direct client interviews.
- Begin to plan for the implementation of the second evidence-based practice to increase Cognitive Behavioral Therapy used within the Seeking Safety Model to treat trauma.
- Seek additional funding in order to treat more individuals and to stop the diversion of regular treatment dollars for medication-assisted treatment services.