

Vermont Hub & Spoke Treatment System

Opioid: Care Coordination, Transitions, &
Engagement
February 22, 2018

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Vermontblueprintforhealth.gov

The Opioid Epidemic

US Overdose Deaths

- Drug overdoses killed 64,000 people in 2016
- More than 22% increase over 2015
- Leading cause of death for Americans under age 50
- Opioids (prescription, heroin, fentanyl) comprise 2/3 of total overdose deaths

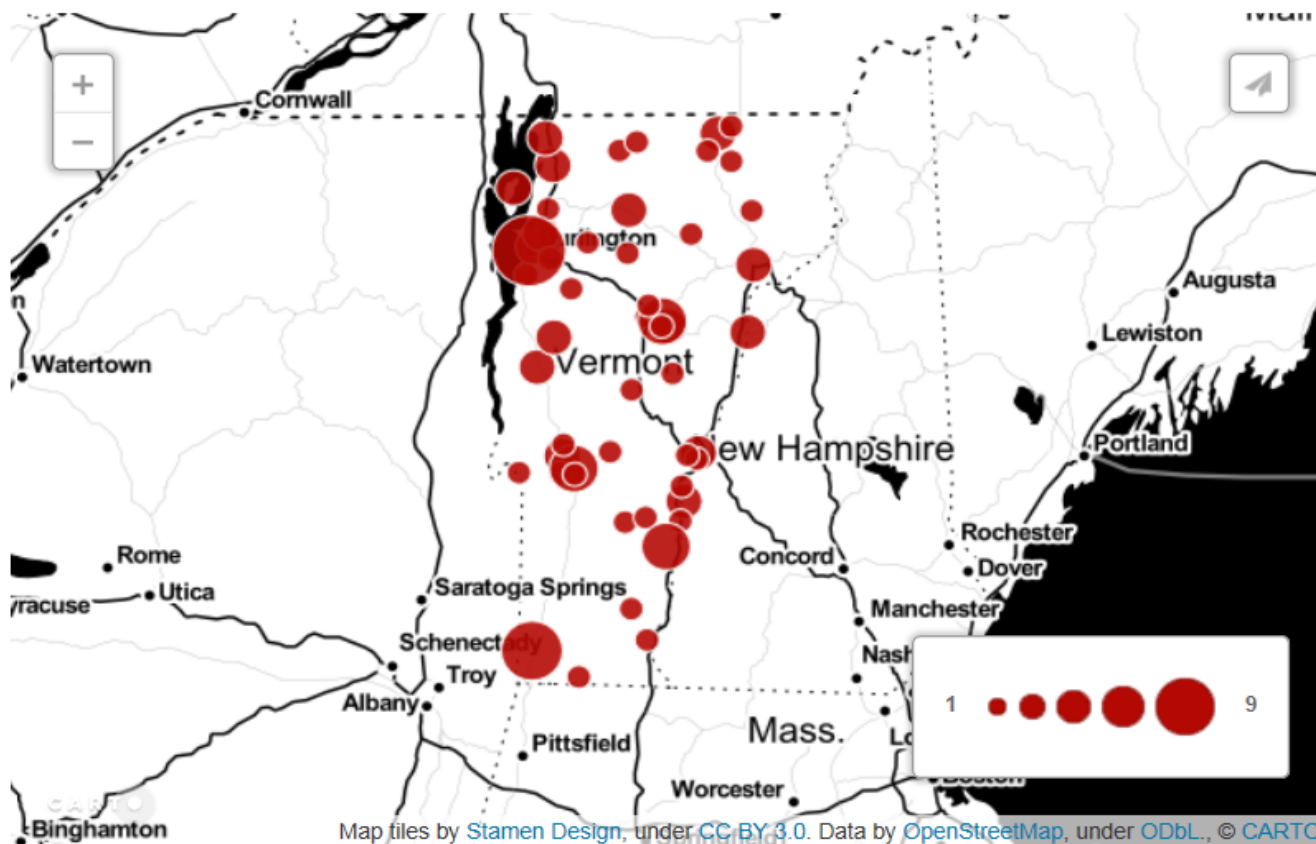
NY Times, Josh Katz September 3, 2017

Health & Science

A group of middle-aged whites in the U.S. is dying at a startling rate

By Lenny Bernstein and Joel Achenbach November 2, 2015

The Hometowns of 2016 Vermont Opiate Overdose Victims



Map files by [Stamen Design](#), under [CC BY 3.0](#). Data by [OpenStreetMap](#), under [ODbL](#), © [CARTO](#)

Map created by  [sevendaysvt](#)



Christopher Hobbs



David Billings



Jodi Lynn Adams



Blake Schoenbeck

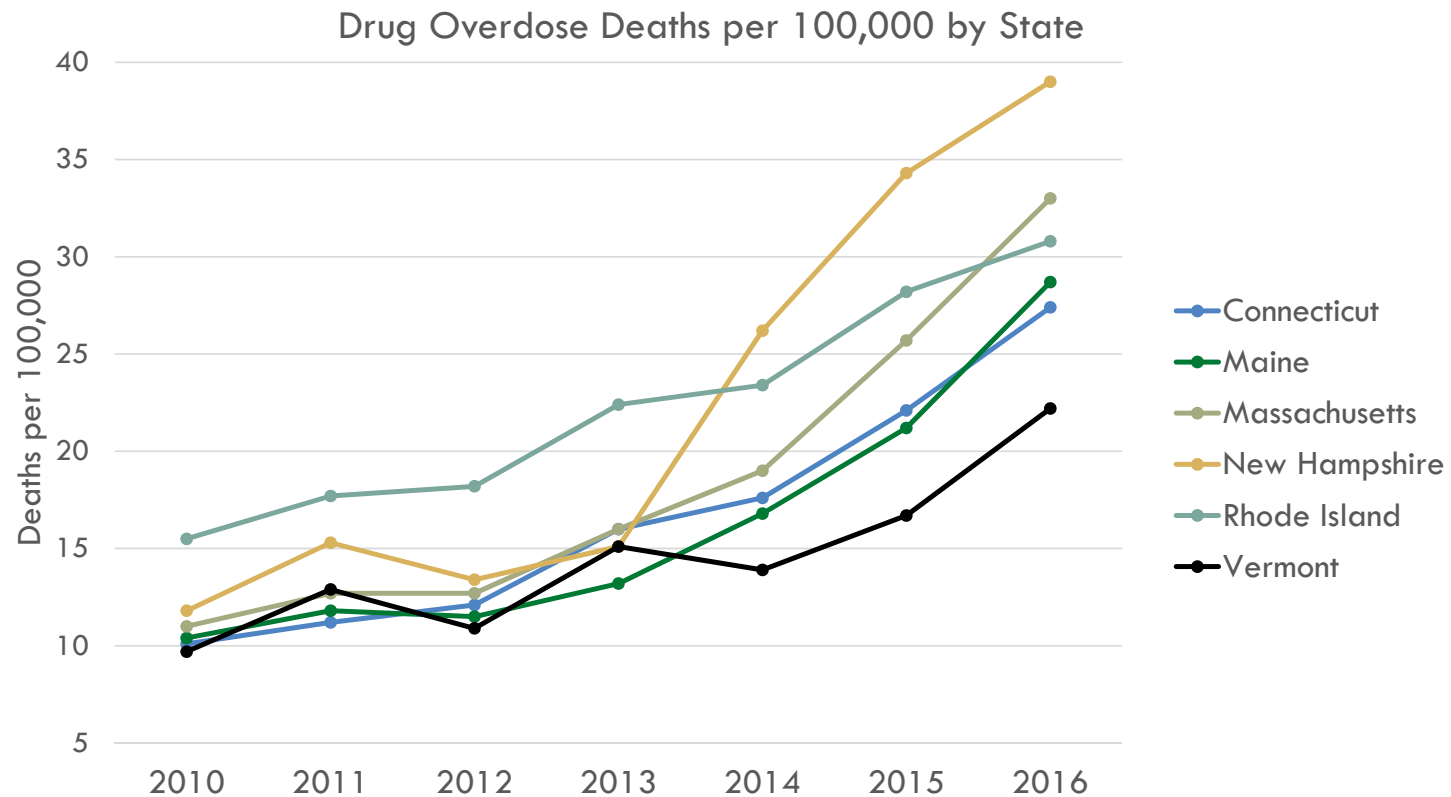


Jesse Lee Maxham



Penny Marie Bean

New England - Any Drug Overdose Deaths



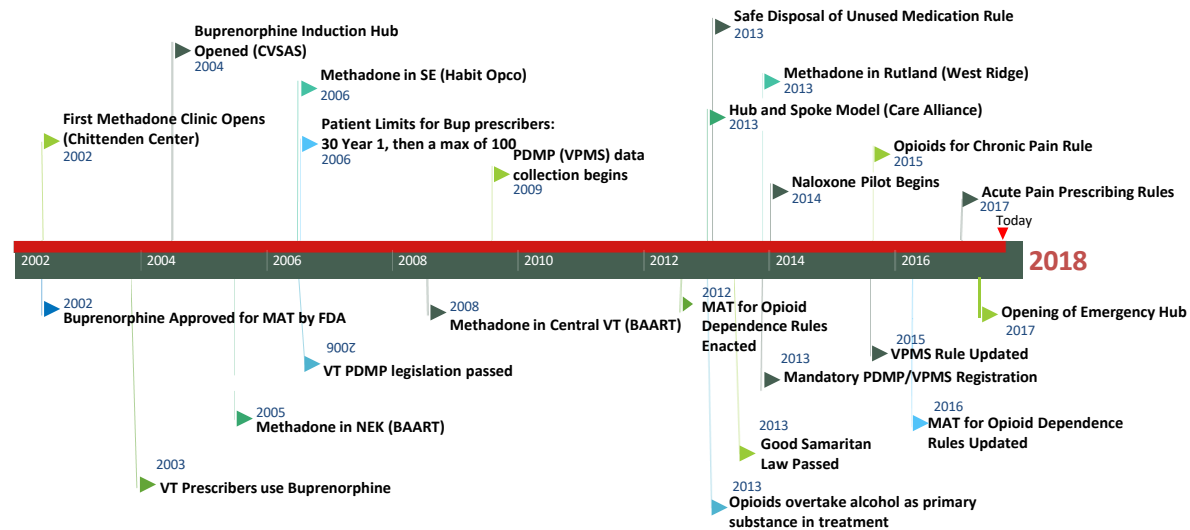
In Annual Speech, Vermont Governor Shifts Focus to Drug Abuse

By Katharine Q. Seelye
January 8, 2014 New York Times



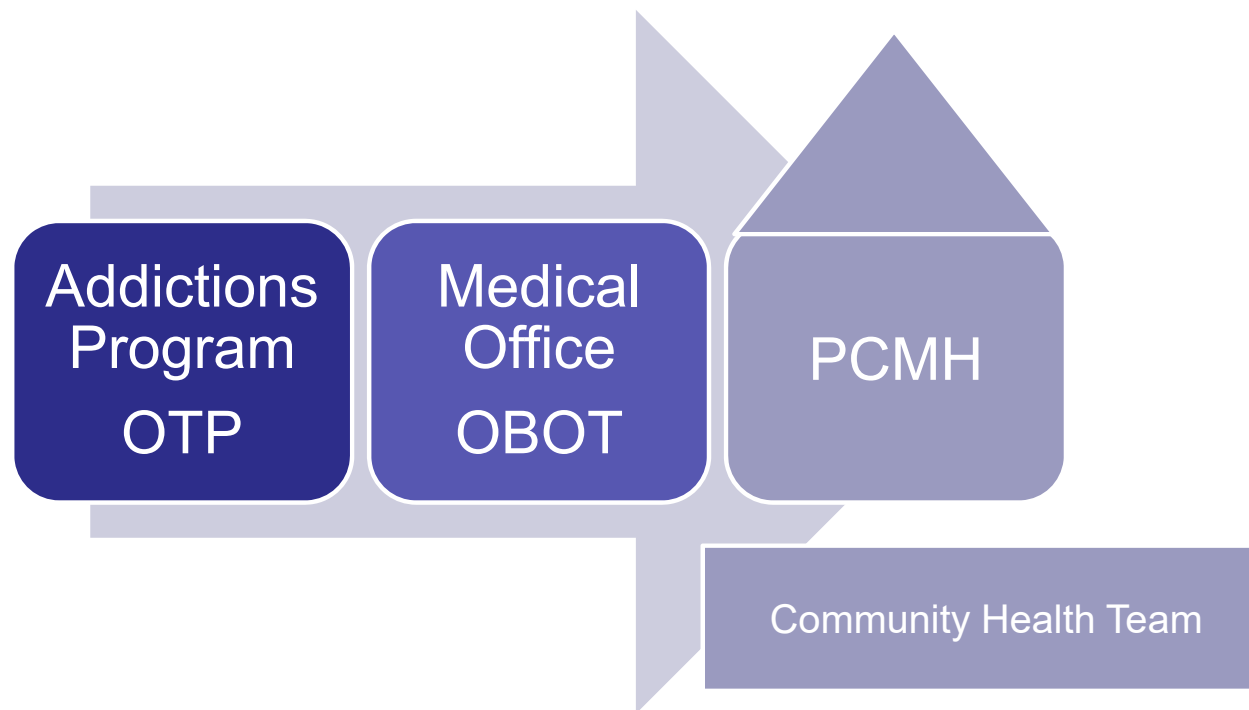
Rolling Stone

Timeline: Addressing Opioid Misuse and Addiction in Vermont



Vermont Department of Health

Health Home for Opioid Addiction



Care for Complex Addictions – the “Hub”

“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 or antagonist 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.

Care for Complex Addictions – the “Spoke”

“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

Addictions Medicine: Just Part of the Job



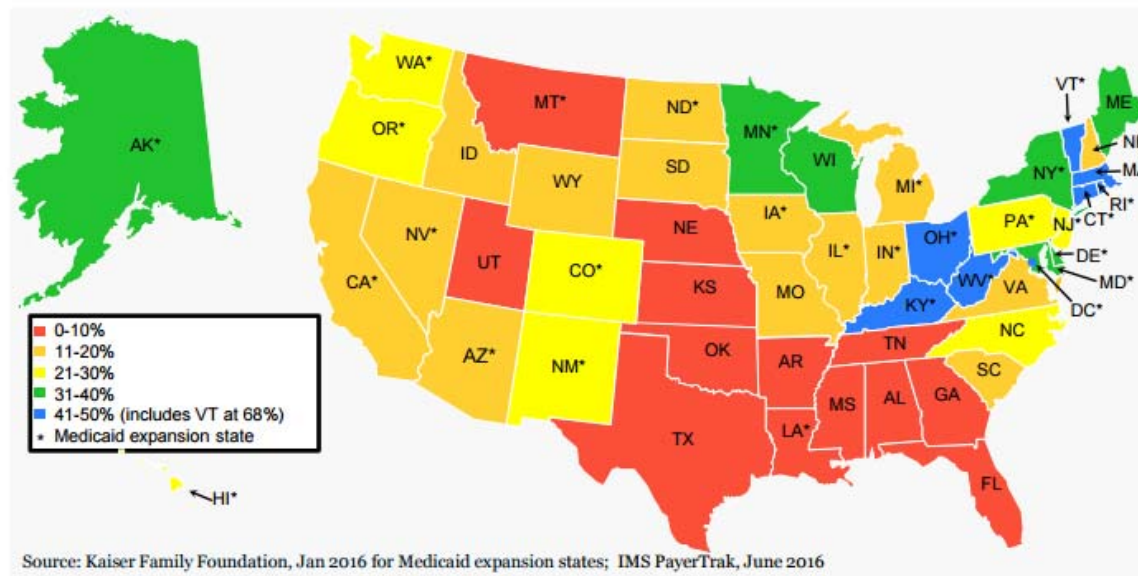
Katie Marvin, MD, is a family medicine physician at Stowe Family Practice, CHSLV.

- You are trusted and local
- The MAT Team helps you
- Other mentors will help you
- You can control who you see
- Treating addiction reduces stigma
- Patients with opioid addiction are already in your waiting room
- Embrace risk reduction
- Addiction is a common condition, build MAT into routine care

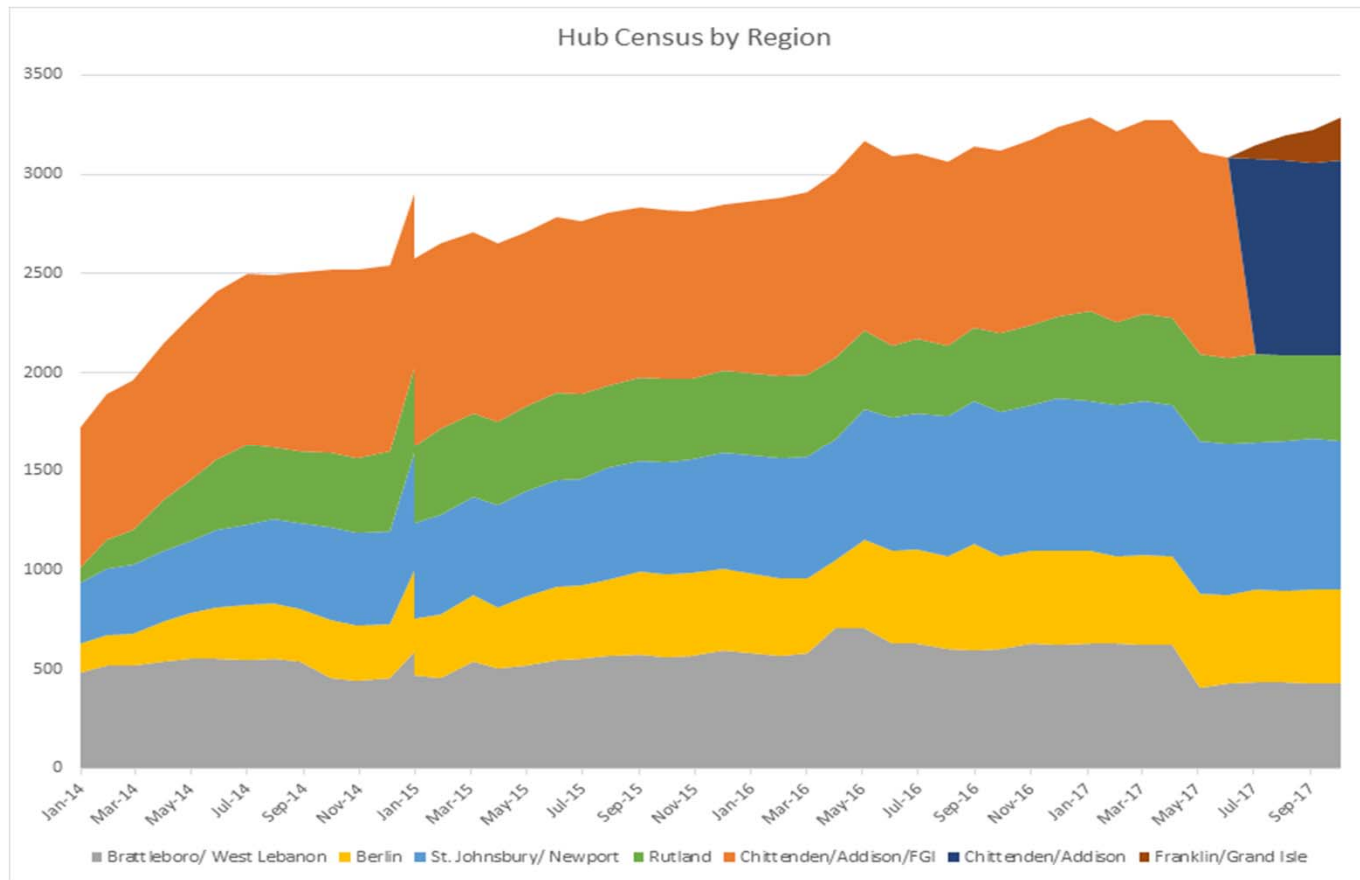
“I believe most doctors would find this practice surprisingly enjoyable. To watch a patient transition from using to working and parenting over a matter of months is uplifting.”

Significant state and regional variation in Medicaid coverage of buprenorphine exists

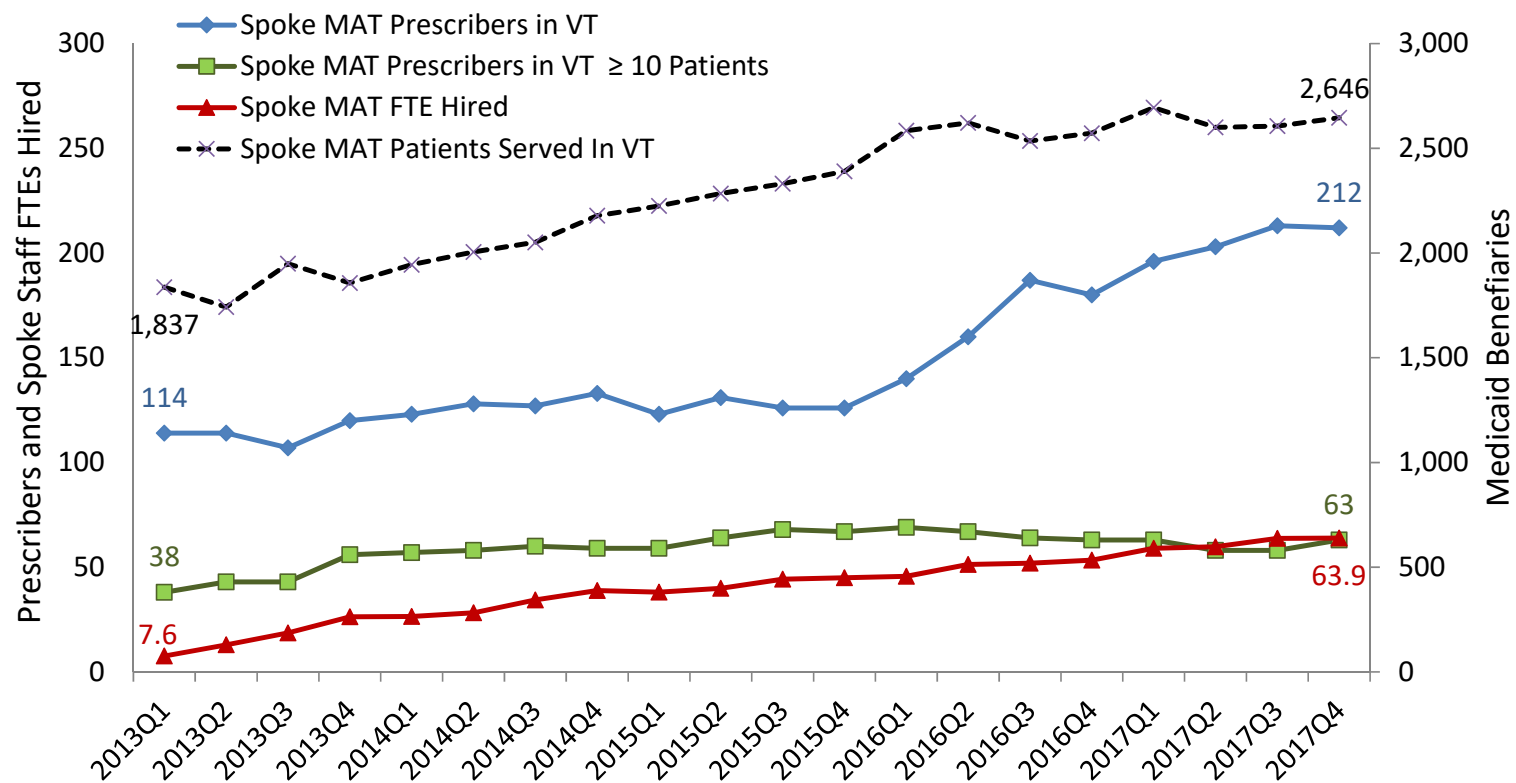
Medicaid Share of Total Prescriptions for Buprenorphine Products by State



IMS Institute for Health Care Informatics. Use of Opioid Recovery Medications: Recent Evidence on State Level Buprenorphine Use and Payment Types. September 2016.

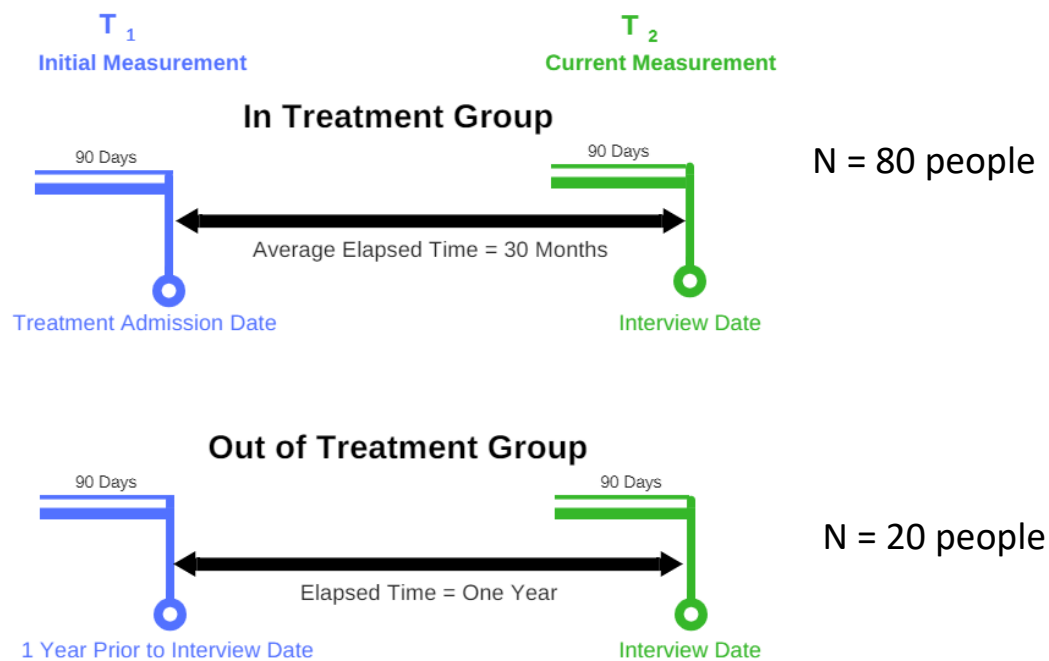


MAT - SPOKE IMPLEMENTATION January 2013 - December 2017

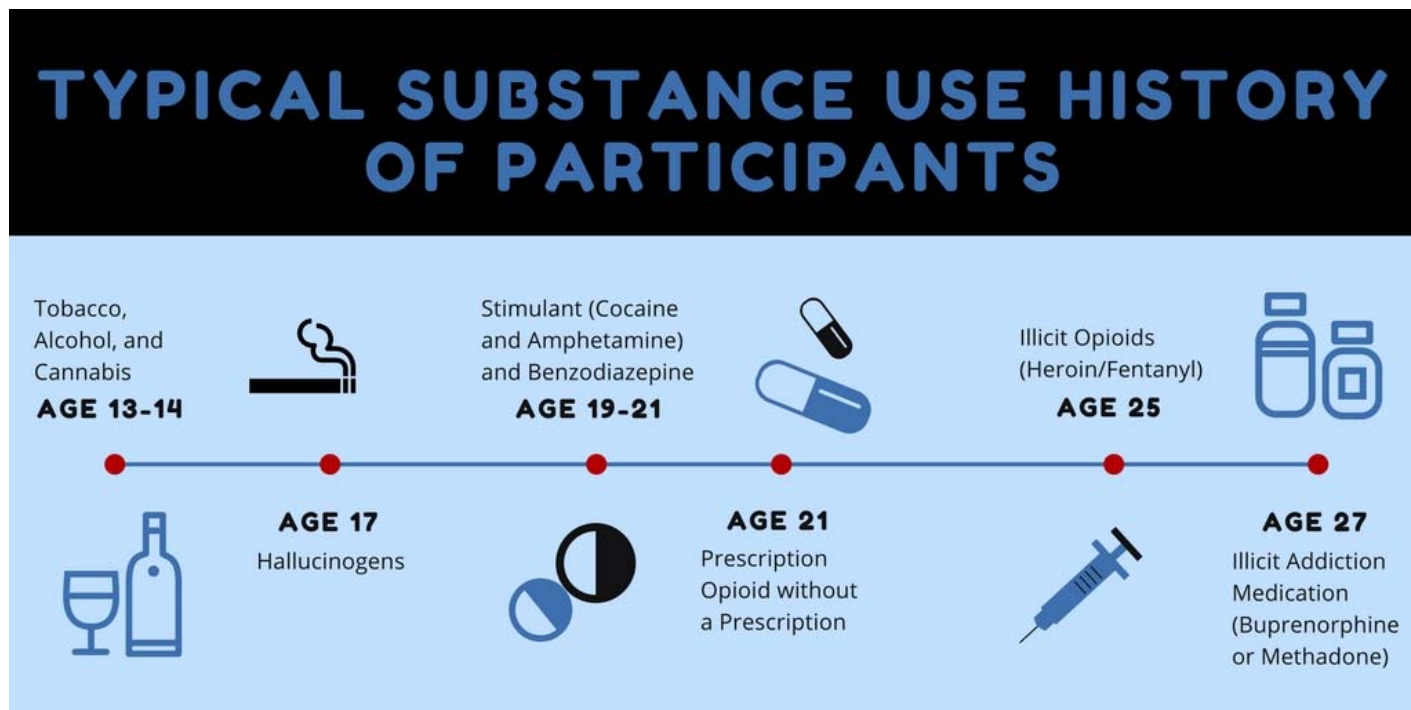


Led by Richard A. Rawson, Ph.D.:

Retrospective Study Measurement Periods



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Self-Reported Changes in Opioid Use: T₁ to T₂

Opioid use decreased substantially for people in both hubs and spokes. Those not in treatment continued to use at high levels.

Measure	In Treatment
	Change in Ave Days Used
Days of Opioid Use	-96% ↓
Days of Opioid Injection	-92% ↓

The out of treatment group is excluded because there were no significant changes

↓ Designates statistically significant change

“The hub was really good in a lot of ways because of the structure, the discipline. It makes you get back on track if you want to get back on track.” – Hub Patient

“The main support is always they focus on your health and your wellbeing. They always try to make sure you’re safe. That’s the number one thing, and then your substance abuse, to not using.” – Spoke Patient

Vermont Department of Health

Self-Reported Changes in Functioning: T₁ to T₂

There were significant decreases in the reported number of ED visits, arrests, and days of illegal activity. No study participants reported overdosing in the 90 days prior to the interview. Days of school or training increased but there was not a significant change in days of work.

Measure	In Treatment Group (n=80)
Number of ED Visits	-89% ↓
OD in the previous 90 days	-100% ↓
Number of police stops or arrests	-90% ↓
Days of illegal activity	-90% ↓

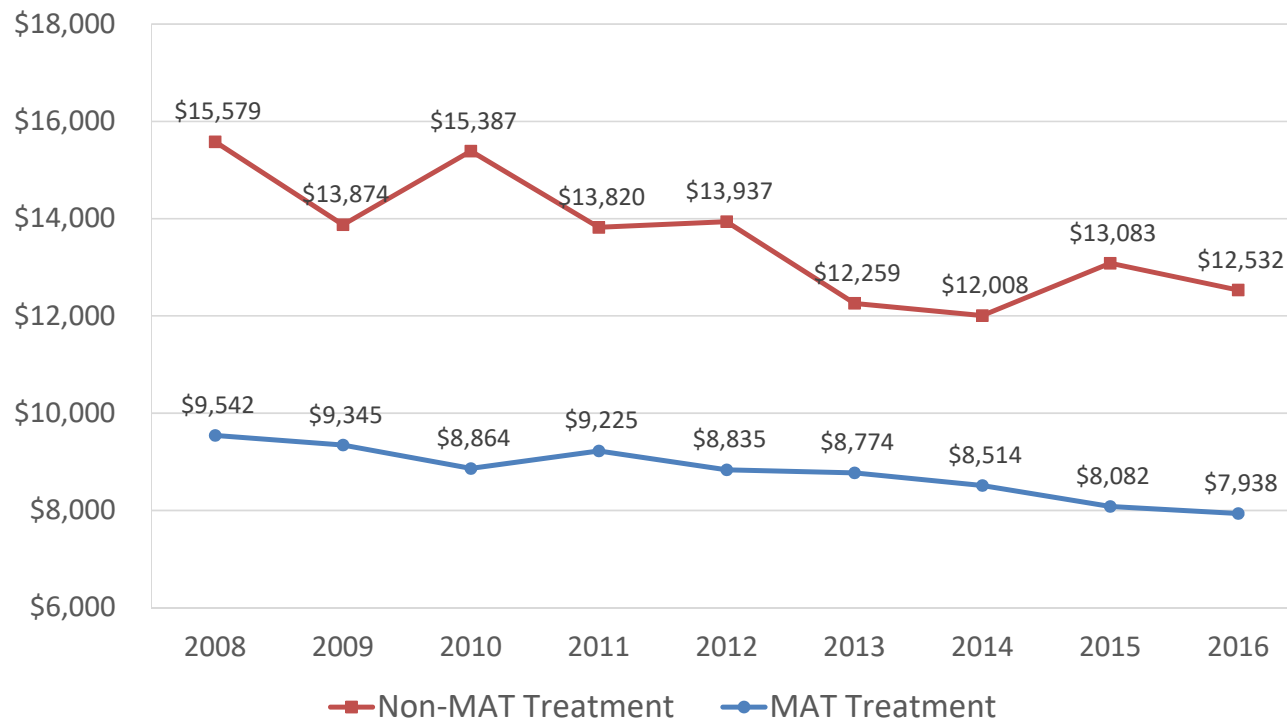
↓ Designates statistically significant change

Percent of People Reporting Overdose: In-Treatment Group

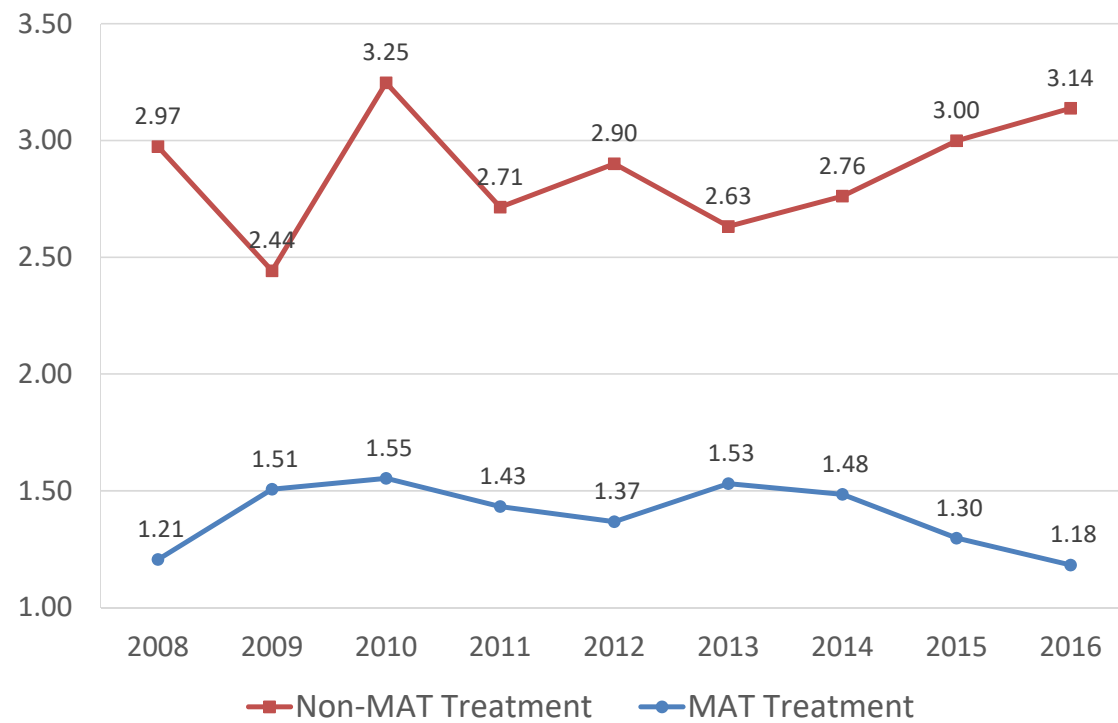


The out of treatment group is excluded because there were no significant changes

MAT and Non-MAT per Capita Rate of Health Care Expenditures, Excluding Opioid Use Disorder Treatment Costs



MAT and Non-MAT per Capita Rate of Total Inpatient Days



Demographics & Health Status, Medicaid Beneficiaries with Opioid Use Disorder			
2016 Vermont Medicaid Claims	MAT Treatment Group	Non-Mat Opioid Use Disorder	General Medicaid
Members	5,091	1,578	71,001
Average Age	33.8	34.7	37.3
% Female	54.1	46.7	56.6
% Maternity	14.6	7.6	9.1
% Chronic Conditions	47.6	52.9	33.5
% CRG Significant Chronic	50.4	44.4	23.6
% Depression	32.5	38.3	16.0
% Hepatitis C	15.9	12.3	2.2
% ADD	15.5	14.1	5.0
% Asthma	18.4	17.8	11.5
% Tobacco Dependence	47.6	48.3	15.2
% Other SU	42.3	48.7	8.3
% Mental Health	62.0	67.1	33.7