

Opioid Addiction Treatment Health Home – “Hub & Spoke”

Introduction

In the face of increased rates of opioid overdose deaths, increasing rates of addiction, escalating health care expenditures, and tremendous social costs of opioid addiction, Vermont has developed a systemic treatment response to what is often described as “the opioid epidemic”. Called the “Hub & Spoke” Health Home, the initiative focuses on enhancing the provision of Medication Assisted Therapy (MAT) for individuals with opioid addiction. Medication Assisted Treatment (MAT), the use of medications, in combination with counseling and behavioral therapies, is a successful treatment approach and is well supported in the addictions treatment literature. MAT is considered a long-term treatment, meaning individuals may remain on medication and in behavioral health treatment indefinitely, akin to management of other chronic conditions.

Federal Regulations Create Two Provider Settings for MAT

Methadone and buprenorphine are the primary pharmacological treatments for opioid addiction¹. Although they have similar effects, two different federal regulations govern their use, resulting in distinct provider types. In Vermont, typical of many states, this has resulted in separate programs for methadone and buprenorphine. Methadone treatment for opioid addiction is highly regulated and can only be provided through specialty Opioid Treatment Programs (OTP). The *Drug Addiction Treatment Act of 2000* (DATA 2000), under section 3502 of the Children’s Health Act of 2000 (HR 4365), allows physicians to prescribe buprenorphine for MAT in a general medical office, referred to as Office-Based Opioid Treatment (OBOT). The recent Comprehensive Addiction and Recovery Act (CARA 2016) allows Advanced Practice Registered Nurses (APRN) and Physicians Assistants (PA) prescribing authority for buprenorphine under similar waiver requirements as physicians in OBOT settings.

Hub & Spoke Health Home

Vermont successfully negotiated a State Plan Amendment (SPA) under Section 2703 of the Affordable Care Act to create a “*Health Home*” for Medicaid beneficiaries with opioid addiction. Consistent with federal regulation Health Homes for Vermonters with opioid addiction have two related service provider configurations: “designated providers (OTP)” called *Hubs*, and “teams of health care professionals (OBOT)” called *Spokes*. The SPA made Medicaid beneficiaries with opioid addiction eligible for enhanced services including care coordination, health promotion, transitions of care, and referral to community support.

¹ A third medication, Vivitrol, is also approved by the FDA to treat opioid addiction. Unlike Buprenorphine or Methadone, Vivitrol can be prescribed by an MD, PA, or APRN in any medical setting without a waiver.

The Hub and Spoke initiative:

- *Expands access to Methadone treatment* by opening new methadone programs in underserved regions and supports providers to serve all clinically appropriate patients who are currently on wait lists
- *Enhances Methadone treatment programs (Hubs)* by augmenting the programming to include Health Home Services to link with the primary care and community services, provide buprenorphine for clinically complex patients, offer Vivitrol, and provide consultation support to primary care and specialists prescribing buprenorphine
- *Embeds new clinical staff (a nurse and a Master's prepared, licensed clinician) in physician practices that prescribe buprenorphine or Vivitrol (Spokes)* through the Blueprint Community Health Teams to provide Health Home services, including clinical and care coordination supports to individuals receiving buprenorphine

The “Hub & Spoke” is characterized by a limited number of specialized, regional addictions treatment centers working in meaningful clinical collaboration with general medical practices. Specializing in the treatment of complex addiction, the regional centers (Hubs) provide intensive treatment to patients and consultation support to medical providers (Spokes) treating patients in the general practice community. This framework efficiently deploys addictions expertise and helps expand access to care for Vermonters.

Under the Hub & Spoke approach, each patient undergoing MAT has an established medical home, a single MAT prescriber, a pharmacy home, access to existing Blueprint Community Health Teams, and access to Hub or Spoke nurses and clinicians.

Integrating Behavioral Health in Primary Care

The Hub and Spoke program was built on the framework of Vermont’s primary care practice reform initiative called the *Blueprint for Health* (Blueprint). The Blueprint is state-led reform and defined in Vermont Statute as a “*program for integrating a system of health care for patients, improving the health of the overall population, and improving control over health care costs by promoting health maintenance, prevention, and care coordination and management.*” The Blueprint is part of Vermont’s Medicaid program at the Department of Vermont Health Access.

Under the Blueprint, Vermont’s primary care practices are supported to meet the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Standards. In addition, primary care practices in collaboration with local community partners plan and develop *Community Health Teams* (CHT) that provide multidisciplinary support for PCMHs and their patients. The teams are scaled in size based on the number of patients served by participating practices within a geographic area. CHT members are functionally integrated with the practices in proportion to the number of patients served by each practice. The CHTs are a core resource available to the patients and the practices free of barriers (e.g., co-pays, fees). The CHTs are funded by Vermont’s large health insurance payers as a shared utility;

commercial, Medicaid and Medicare² all participate. The CHTs are typically made up of nurses, social workers and counselors, and health coaches. The CHTs help extend the reach of primary care by providing behavioral health supports, care coordination for patients with complex conditions, and population and panel management.

The same local leadership network that developed the CHTs for primary care was asked to engage the general medical practices that offered buprenorphine for opioid addiction (OBOTs) in the Hub and Spoke Program. They offered each of the OBOT practices additional staff (RN & licensed mental health addictions counselor) to ensure that the counseling, specialized nursing care, and psycho-social supports needed for recovery were in place in each practice. This essentially created the team necessary for the comprehensive provision of medication assisted treatment (MAT) in general medical settings and addressed many of the barriers primary care providers articulate to offering MAT.

Spokes

These general medical settings, or OBOTs became “Spokes” with the addition of the new staff. The new staff were organized as part of the Blueprint for Health Community Health Teams (CHTs). Many Spokes are primary care providers, other practice settings include:

- Obstetrics and gynecology
- Psychiatry
- Specialty outpatient addictions programs
- Practices specializing in the management of chronic pain

One FTE Nurse and one FTE Licensed Counselor are hired for every 100 Medicaid beneficiaries who are prescribed buprenorphine or Vivitrol for opioid addiction. Medicaid supports this Spoke staff through the local Blueprint infrastructure as a capacity-based payment, thus eliminating the need for fee-for-service billing and patient co-pays, which often are barriers to services for patients with addiction and mental health conditions.

Embedding the staff directly in the prescribing practices allows for more direct access to mental health and addiction services, promotes continuity of care, and supports the provision of multidisciplinary team care. Like the Blueprint CHTs, Spoke staff (a nurse and clinician case manager) are provided free of cost to patients receiving MAT, essentially as a “utility” to the practices and patients.

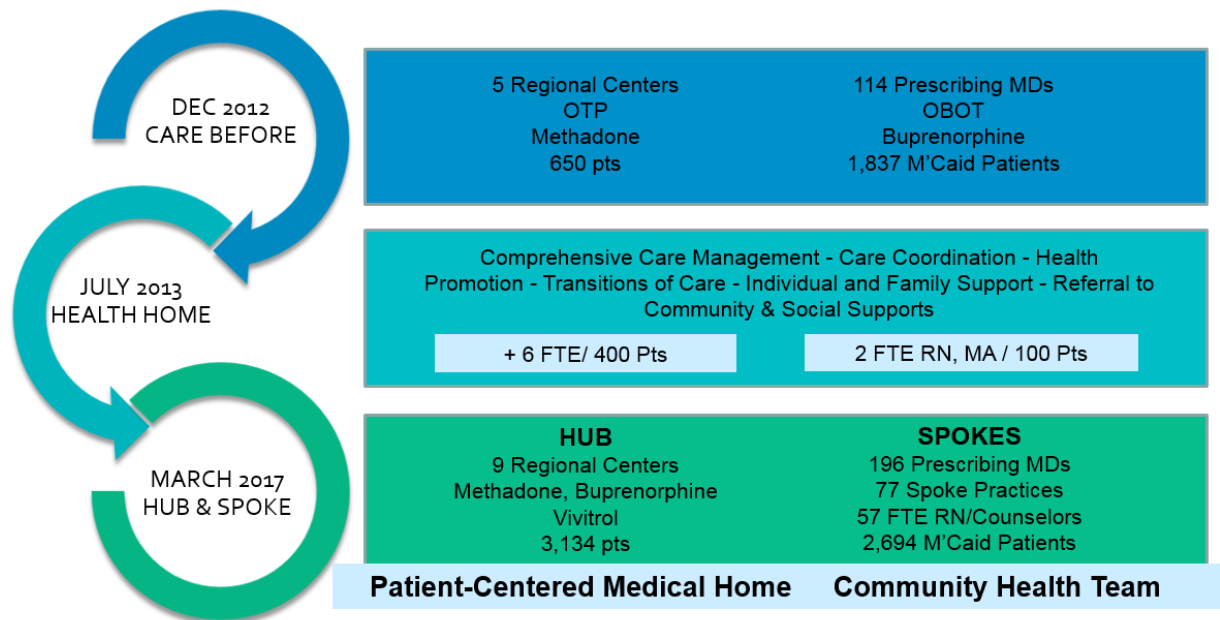
Hubs and the Vermont Division of Alcohol and Substance Abuse Programs

Vermont’s Opioid Treatment Programs (OTPs) are operated by the Division of Alcohol and Substance Abuse Programs (ADAP) in the Department of Health. The OTP programs were enhanced under the Health Home State Plan Amendment to provide more care coordination, consulting psychiatry, to dispense buprenorphine, and to provide consultation to the Spoke (OBOT) practices. Vermont developed a monthly bundled rate for the Hubs and added new Hub programs to help address demand for treatment.

² Medicare participates in the Blueprint via Vermont’s “All Payer Waiver” 2017 – 2022. Previously Medicare participated under the authority of the eight state Medicare Advanced Primary Care Practice Demonstration.

Renamed Hubs with these service enhancements, they operate as regional specialty addictions programs where medications for opioid addiction are *dispensed*, patients are as frequently as daily, and comprehensive addictions services are provided. The Hubs serve patients with more complex needs, serve as sites to preform inductions and to help re-establish treatment after relapse, and back-up the Spoke settings by providing a higher level of care.

“HUB & SPOKE” Health Home for Opioid Addiction



Implementation

The Hub & Spoke program was implemented statewide in 2013 and 2014. Staff were recruited for each OBOT practice through the Blueprint Community Health Teams. Currently 57 FTE nurses and counselors work across seventy-seven (77) Spoke practices. There are now nine (9) regional Hub programs and collectively they serve over 3,000 patients. Each Hub dispenses Methadone, Buprenorphine and Vivitrol to patients with complex needs. Both Hub and Spoke staff provide the Health Home Services to assure coordination of care for individuals, address gaps in the system of care, and promote health and recovery.

Outcomes

Vermont is evaluating the impact of Hub & Spoke initiative with both quantitative and qualitative methods. Under contract with the Division of Alcohol and Drug Abuse Programs of the Health Department a leading national researcher, Richard Rawson, PhD is conducting a series of interviews, focus groups, and surveys with patients receiving care in a Hub or Spoke, family members of patients who are in care and individuals who have left treatment. The study is not expected to be completed prior to 2018.

The Blueprint for Health and an analytics contractor, Onpoint HealthData, have published a baseline study examining the impact of MAT prior to the Hub and Spoke service system enhancements on

Vermont Medicaid beneficiaries³. The findings on total cost of care indicated that Medicaid beneficiaries with opioid addiction who did not receive MAT had higher health care costs than those who did, primarily in acute care use.

Blueprint and Onpoint are currently conducting an evaluation using health care claims data from 2008 – 2016 to assess the impact of the Hub and Spoke services enhancements on health care utilization and quality metrics. A calendar year view (2015) of these metrics has been produced for Hubs, Spokes, and the program as a whole and can be found at the following link:

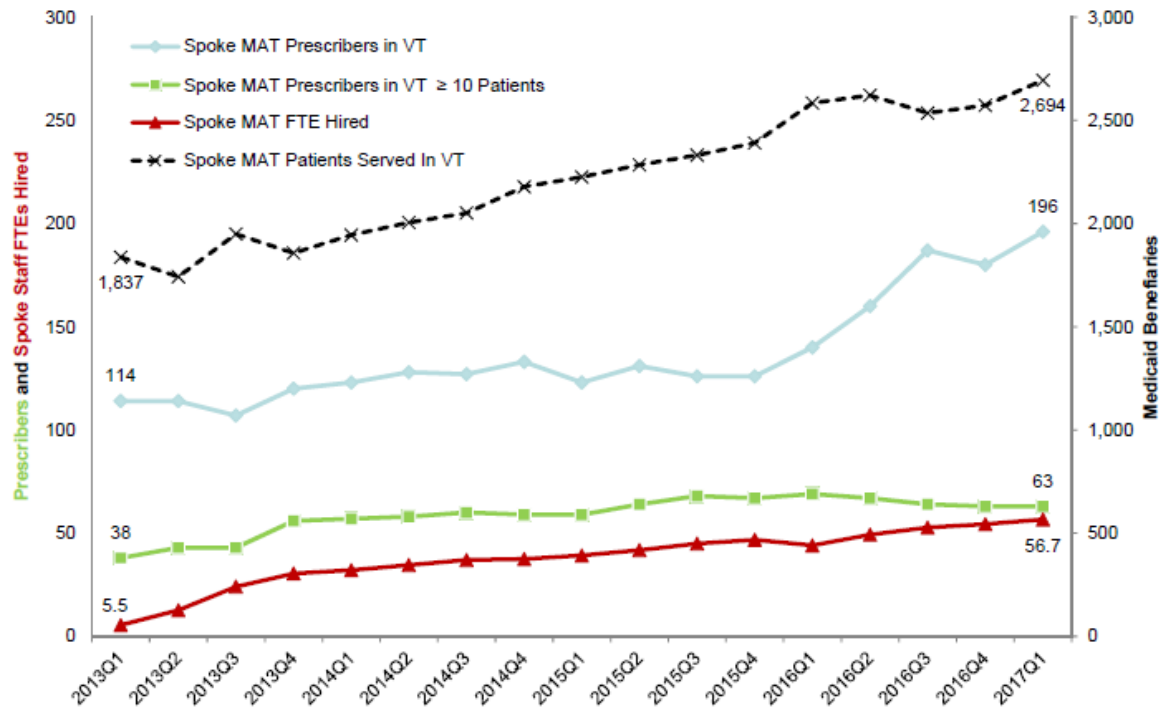
http://blueprintforhealth.vermont.gov/reports_and_analytics/hub_and_spoke_data_profiles.

In addition, these profiles track a comparison group of Medicaid beneficiaries with opioid addiction who are not receiving MAT at a Hub or Spoke. Like the published study, we find higher acute care and pharmacy costs among beneficiaries with opioid addiction in treatment as usual than those who are in MAT.

We also consider access to care as an outcome metric. Since beginning the Hub and Spoke initiative Vermont has doubled the number of people in MAT treatment and almost doubled the number of providers prescribing MAT in OBOT settings.

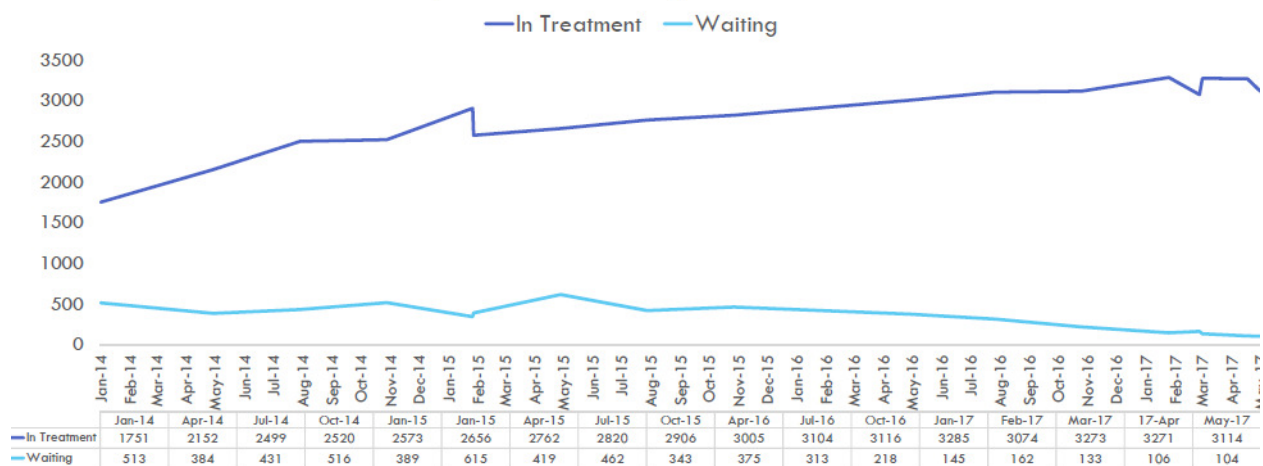
³ MK Mohlman, B Tanzman, M Pinnete et.al. Analysis of the Cost Effectiveness of Medication-Assisted Treatment for Opioid Addiction and Its Role in Expanding Opioid Treatment in a Rural State. *Journal of Substance Abuse Treatment*, 2016.

MAT - SPOKE IMPLEMENTATION January 2013 - March 2017



Hub Caseload Trends

Number of People in Hubs and Waiting for Hub Services Over Time



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