

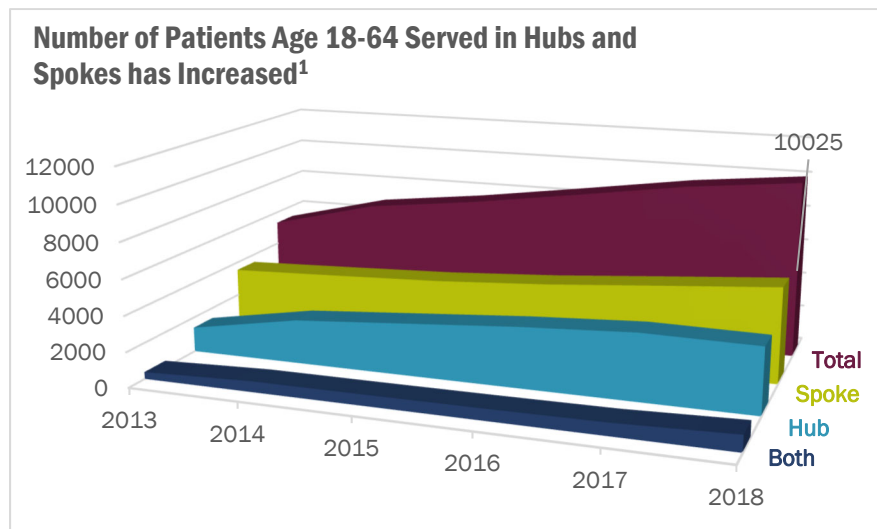
Beginning in 2013, Vermont has invested significant resources to develop and expand the hub and spoke system of care to address demand for medication assisted treatment (MAT) to treat opioid use disorder (OUD). Hubs are specialty substance use disorder treatment facilities that use methadone or buprenorphine, along with counseling and support services, to treat OUD; spokes are medical practices with prescribers who prescribe buprenorphine and are supported by nurses and licensed behavioral health clinicians to manage patients with OUD. Patients on buprenorphine can move between hubs and spokes; those on methadone must remain in a hub.

KEY POINTS

- There have been significant increases in people receiving MAT
- 2.6% of Vermonters age 18-64 received MAT in 2018
- There is near immediate access to MAT in hubs
- Counties differ in starting and keeping people in treatment for OUD

More Vermonters Are Receiving MAT

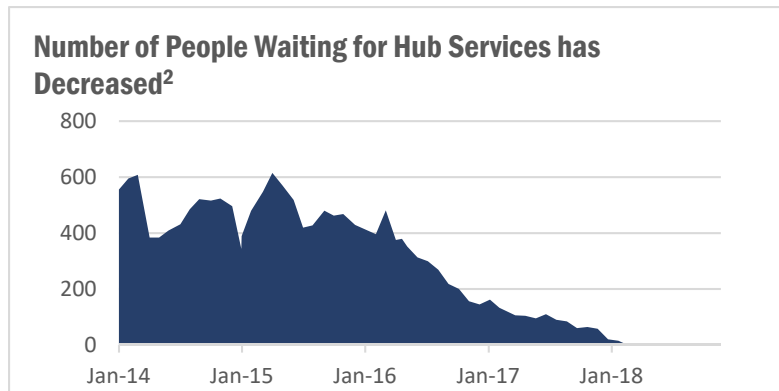
The **total number** of people receiving MAT in hubs and spokes has increased each year since the hub and spoke system began in 2013.



More people receive MAT in spokes than in hubs. Most system growth between 2013 and 2016 occurred in **hubs** while **spokes** have steadily added capacity. A smaller portion of people receive care in **both hubs and spokes** in the same year as the result of transfers between the two or due to leaving and re-entering care.

Hub Capacity Now Meets Demand

When the hub and spoke system began, there were long waits for services. Hub capacity increased through the addition of new sites and by increasing the number of people served in existing sites. In 2018, hub capacity met demand.

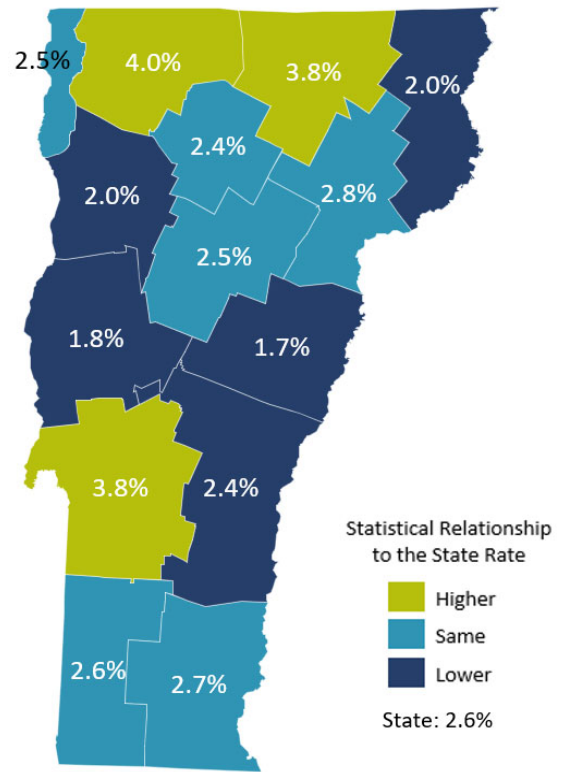


Treatment Varies by County

There are statistically significant differences in the percentage of people age 18-64 receiving MAT for OUD by county. There are several contributors to these variations – rates of opioid misuse and associated need for treatment may vary by region. There are confounding factors that may lead to a patient not being able to, or choosing not to, accept the care that is available. In addition, there are limitations associated with the data sets used that may impact calculated treatment rates.

Some community hospitals are leading the way by starting MAT in their emergency department to expand treatment entry points

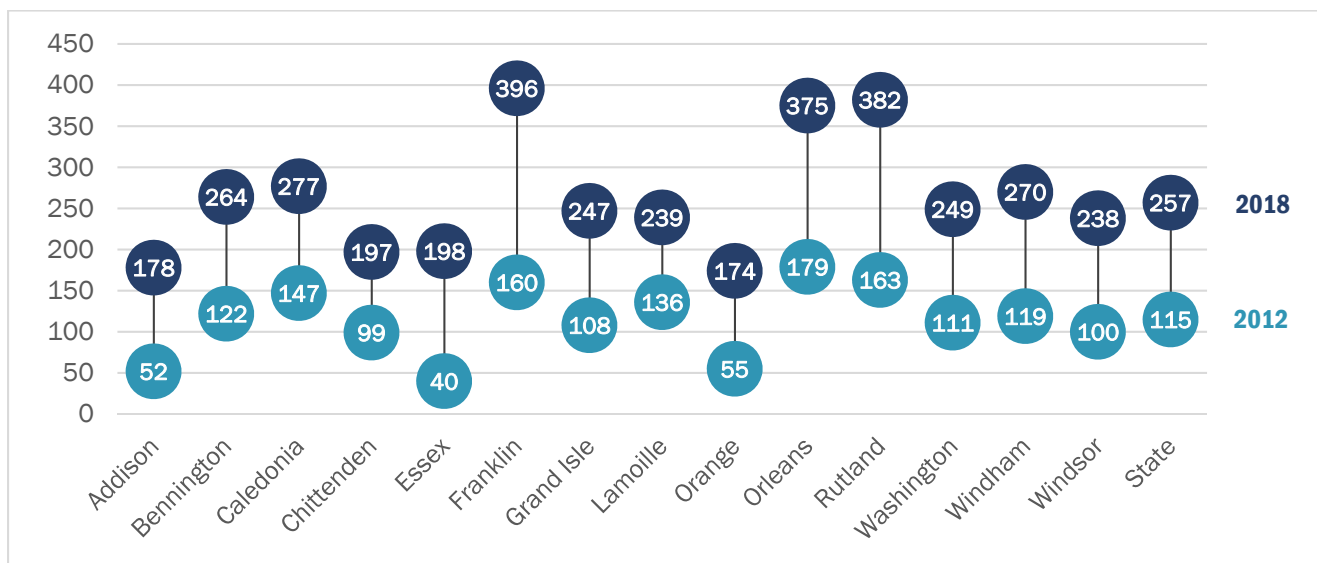
Estimated Percent of Vermonters Age 18-64 Receiving MAT for OUD (2018)¹



MAT Rates have Increased in All Counties

Vermont more than doubled the rate per 10,000 people age 18-64 receiving MAT for OUD between 2012 and 2018, but growth varied by county. Counties with the highest rates in 2012 continued to have the highest rates in 2018.

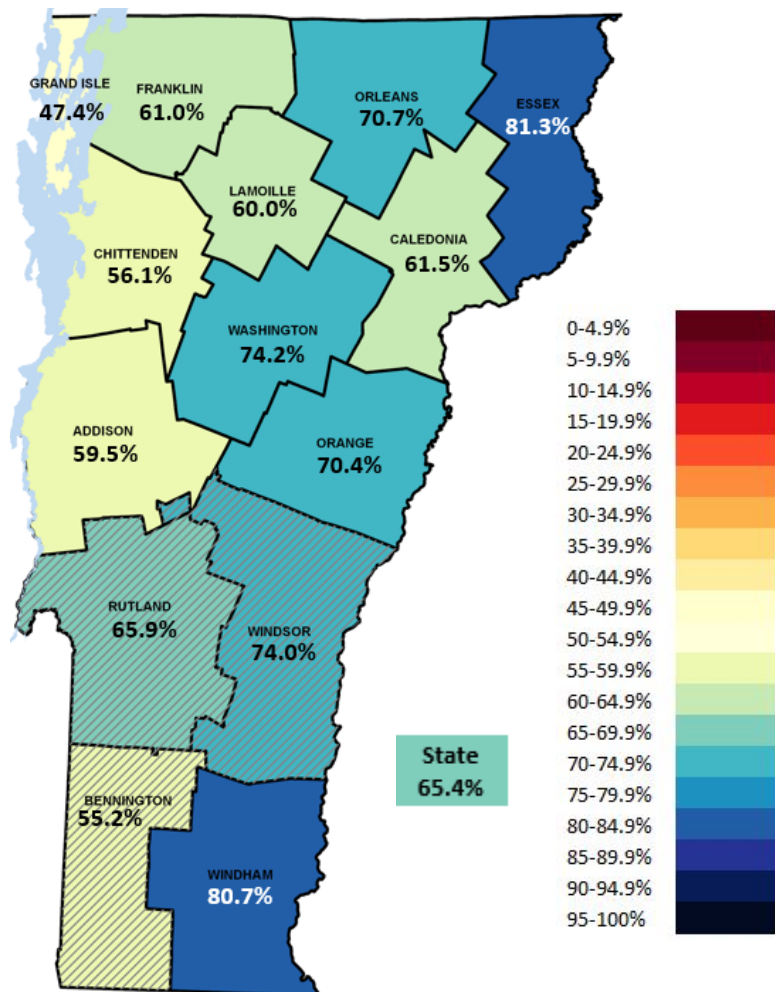
The Rate of People Receiving MAT per 10,000 Residents Age 18-64 has Increased from 2012-2018¹



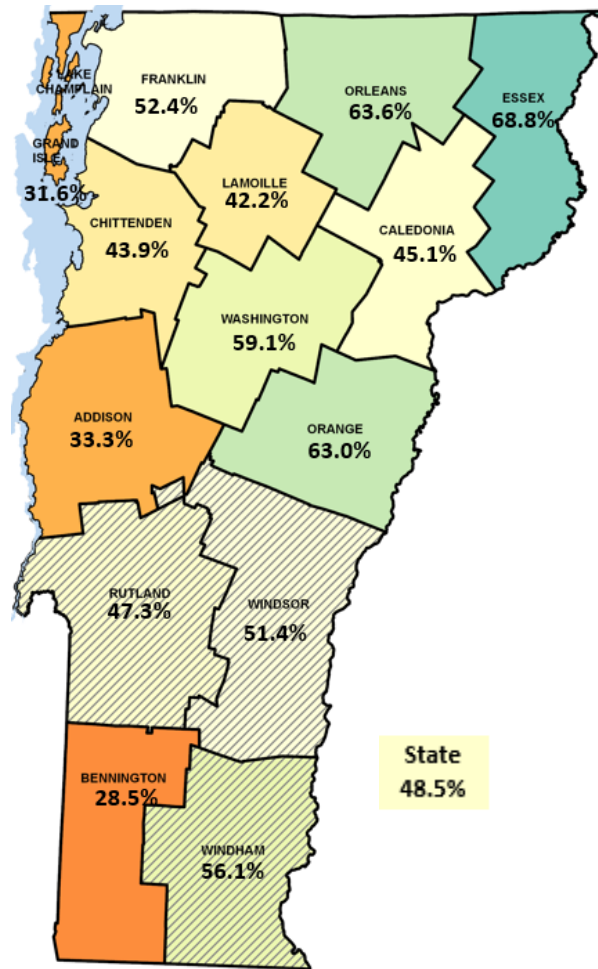
Treatment Uptake and Engagement is High for Opioids

Successful treatment for OUD requires that people begin to receive care after they have been diagnosed. The initial OUD diagnosis is most frequently identified in the medical system – primary care physicians, emergency departments, and inpatient hospital care. Once OUD is identified, the goal is to get people to begin treatment (initiation) and stay in treatment (engagement). In 2018, over 65% of people diagnosed with an OUD began treatment within 14 days of diagnosis and 48% of those diagnosed received two or more services within 14 days of beginning treatment. While these rates may seem low, they are much higher than the rates for people diagnosed with alcohol use disorder where only 39% began, and 15% continued, treatment. Several southern counties had statistically significant, meaning unlikely to have occurred purely by chance, improvements in people beginning and receiving additional treatment for OUD between 2017 and 2018; no counties had statistically significant decreases.

Initiation: Percent of Vermonters Beginning Treatment within 14 Days of OUD Diagnosis



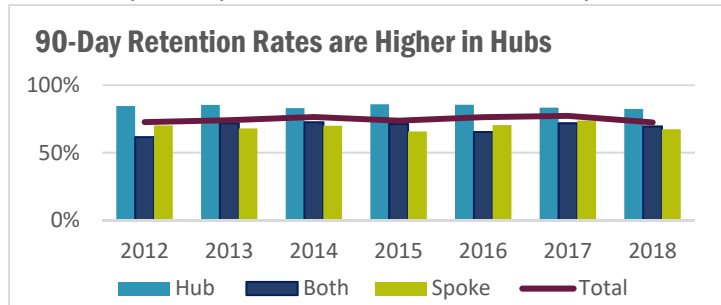
Engagement: Percent of Vermonters Receiving 2+ Treatment Services within 34 Days of Beginning Care



Indicates a Statistically Significant Improvement Between 2017 and 2018

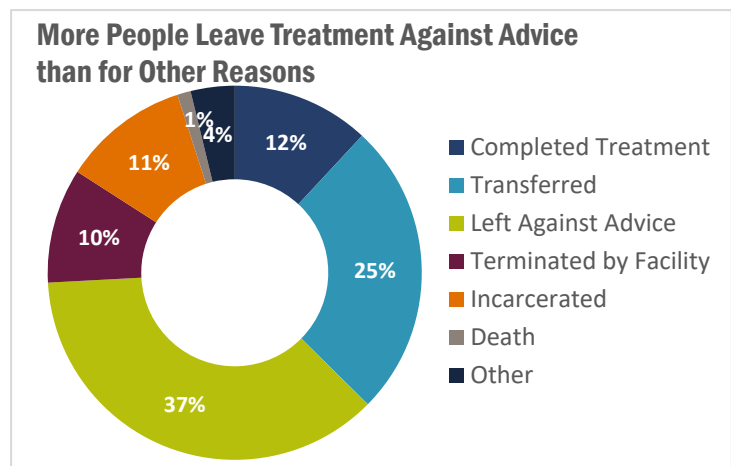
Retention in MAT is Higher in Hubs than Spokes

Once people have begun treatment, it is important that they stay in treatment. There is no limit to how long a person should stay in MAT because it is based on patient and provider shared decision making. At 90-days after beginning treatment with buprenorphine or methadone, most patients are still receiving care. Between 2017 and 2018, retention decreased from 77% to 72%. At the same time, waits for services were eliminated which may have contributed to that change. Retention rates are highest for people served in **hubs**, where people that are new to treatment receive daily services.



More Vermonters on MAT Leave Against Advice than for Any Other Reason

People leave treatment for many reasons. **Completing treatment** or **transferring to another level of care** such as a different hub or to a spoke, are successful discharges. Between 2014 and 2018, more people chose to leave on their own, **against clinical advice**, than for any other reason. **Incarceration** was the reason for 11% of discharges. In 2018, a Department of Corrections policy change made it possible for individuals to continue to receive MAT throughout the full period of incarceration.



Key Takeaways

Vermont’s investment in the development and expansion of the hub and spoke system has led to more people with OUD receiving the care they need. Keeping people in treatment is an ongoing opportunity for system improvement.

Vermont’s investment in MAT services has improved access to OUD treatment.

Data Sources:

1. Vermont Prescription Monitoring System and the Substance Abuse Treatment Information System with overlap estimates based on Medicaid claims
2. Treatment provider reporting
3. Medicaid Claims. Calculated using 2019 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.
4. Medicaid Claims
5. Substance Abuse Treatment Information System

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