

Opioid Addiction Treatment Health Home – “Hub & Spoke”

Background

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 help address 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.

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 had 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 APRN and PA prescribing authority under similar waiver requirements as physicians in OBOT settings.

Hub & Spoke Health Home

Vermont successfully negotiated a Medicaid 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 make Medicaid beneficiaries with opioid addiction eligible for enhanced services, including care coordination, health promotion, transitions of care, and community support. The Health Home staffs at the Hubs and the Spokes work to provide integrated and holistic care across the health, human services, and long term, recovery, and community support systems of care.

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.

These enhanced services are organized out of the regional specialty addictions treatment providers and the Blueprint for Health² primary care community health teams. The two key innovations of the approach are:

- coordinated, reciprocal clinical relations between the specialty addictions centers and the general medical practices; and
- integration of addictions treatment staff (RN and licensed addictions / mental health counselor) in general medical settings, including primary care.

The framework facilitates the development of a treatment continuum that spans the federal regulatory framework for medication assisted treatment and supports the dissemination of addictions treatment capacity in the larger health system. Success in this framework depends on the capacity at both the Hubs and Spokes to make and receive referrals. It also required a funding mechanism, such as *Health Homes*, to support the clinical care management activities that comprehensive and coordinated care for chronic conditions require.

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.

Outcomes

Since implementing the program, in July 2013:

- Medicaid enrollment in MAT has more than doubled (to over 6,000)
- The number of physicians offering MAT in general treatment settings has significantly increased
- 2015 claims data shows that beneficiaries receiving MAT have lower inpatient, emergency department, and general pharmacy expenditures than to Medicaid beneficiaries with opioid addiction who are not receiving MAT.

² The Blueprint for Health is a state-wide, multi-payer delivery reform program initially focused on primary care. It supports primary care practices to meet the NCQA Patient-Centered Medical Home standards, provides additional payments for quality & performance, and payments to support community health teams providing multi-disciplinary support for patients. Most Vermont primary care practices participate in the Blueprint.