RI Centers of Excellence for the Treatment of Opioid Use Disorder “COE”

CODAC Behavioral Healthcare
Linda Hurley President/CEO
9-18-17
for the Warren Alpert Medical School of Brown University
RI’s Strategic Plan on Addiction and Overdose

• 8-4-15 Governor Raimondo issued Executive Order 15-14 to establish a task force to create the strategic plan

• Goal: to reduce overdose deaths by 1/3 within 3 years
Four core strategies

• 1. Treatment: Focus on access: statewide capacity expansion by increasing buprenorphine providers and addressing barriers such as MAT stigma, coverage, etc
• 2. Rescue: Naloxone as a standard of care
• 3. Prevention: Safer prescribing and dispensing
• 4. Recovery: Expansion of recovery supports
Center of Excellence (COE)

- Developed by the sub-committee on treatment strategy led by Director Boss
- Broad range of stakeholders provided input: patients, physicians, OTP’s, 3rd party payers, all providers of care for SUD and more
The COE model of care

• “A COE is a specialty center that utilizes evidence-based practices and provides treatment to, and coordination of care for, individuals with moderate to severe opioid use disorder.”
Goal

Enhance statewide capacity for the provision of buprenorphine in MAT by providing a hub and spoke model of referral with PCPs to incentivise community physicians to begin or expand a DATA waived practice.

This model provides a center for stabilization of OUD condition with comprehensive referral systems for “step down” into the community.

This model provides a consultative network to support physicians/providers in the provision of care for this complex disease.
Certification Standards

Requires the utilization of:

1. An opioid SUD specialty, multi-disciplinary team.
2. At least 2 of the 3 FDA approved medications for the treatment of opioid use disorders.
3. A broad range of treatment options.
4. A full range of ancillary recovery support service.
5. Referral capacity: ongoing coordination and follow-up.
6. timely access - 24 to no more than 48 hours
7. Individualized patient – centered care
8. Effective and timely referrals for patients to their community providers once stabilized
9. Effective and timely readmission when indicated
Required Services

- Complete biopsychosocial assessment and physical exam
- Observed Medication Induction
- Individualized Treatment planning
- Individual and group counseling
- Randomized toxicology
- Coordination of care with other treatment providers
Required Services

• Referrals for services not provided at the COE or for higher levels of care
• Case management
• Wellness promotion activities
• Continued outpatient and recovery support services to individuals successfully transferred to the community
Required Services

- Consultation and support to community physicians prescribing buprenorphine
- Discharge planning
- Readmission and re-stabilization of individuals who have relapsed or are experiencing crisis
Patient or Referral source contact to establish Clinical Intake Assessment

Bio-Psycho-Social Intake Assessment Completed (within 24 hrs)

Medical Intake Assessment (within 24 hrs)

Referral to a higher level of care

MAT not indicated. Recommend general outpatient treatment (GOP) (no medication)

Admitted to SUD treatment utilizing Methadone Maintenance, STD, or LTD

Admitted to COE utilizing Buprenorphine

COE, Buprenorphine induction services until patient can be transferred to office based treatment. Patient can continue to receive GOP counseling through CODAC

After (or within) 6 months of COE services

If patient de-stabilizes, refer back to COE to re-stabilize

Patient may opt to remain in COE services

Referred to treatment utilizing Vivitrol

Referral to office based provider in the community Patient may continue to receive GOP counseling through CODAC
The CODAC COE

• Full range of required COE SUD/OUD (health home) services plus:

• All three FDA approved medications for opioid use disorders: buprenorphine products, methadone and naltrexone products

• Psychiatric and mental health services

• Tobacco cessation

• Nutrition

• Gender specific services

• Acupuncture
Third party payers

Commercial:
• Blue Cross: 7-16 approved COE as a service

Public:
• Medicaid: 10-16 confirmed rates and codes
• MCO Neighborhood: confirmed rates and codes
• MCO United: confirmed rates and codes
• PLEASE REFER WITHOUT CONCERN FOR INSURANCES. CODAC’S CASE MANAGERS WILL ASSIST YOUR PATIENT IN ACCESSING FUNDING FOR TREATMENT.
CODAC LOCATIONS

- North Main
- Providence
- Cranston
- East Bay
- Newport
- Wakefield
Our goals

• Continue to grow reciprocating relationships with community DATA waived providers
• Continue to grow relationships with ED’s
• Provide community education about the utilization of MAT in OUD treatment
• Engage our provider communities in addressing stigma, the primary barrier to intervention and care.
What as a referring physician you can expect

- Admission of your patient within 24 hours of referral
- If medication is indicated, it will be introduced within 48 hours of referral
- Regular status reports in a manner that best meets the needs of your office
- CODAC assumes all responsibility for third party payor identification
• If you are prescribing buprenorphine products, CODAC will stabilize your patient on their medication and refer back to your practice.
• CODAC will continue to offer toxicology and behavioral health and case management services to that patient.
• CODACs ASAM physicians are happy to provide consultation and educational opportunities.
Please contact us for support, consultation and referral

- Linda Hurley, CEO, CODAC
  lhurley@codacinc.org  401-275-5037

- Dustin Alvanas, Vice President for Administrative Operations; Coordinator of COE Services
dalvanas@codacinc.org  401-275-5039 or 401-447-2646
Referral

• CODAC’s 24/7 Medical Hotline: 401-490-0716
• CODAC’s COE specific line: 401-447-2646
  7 a.m. to 7p.m.  7 days a week