Expand Access to Opioid Addiction Treatment

UCare: Minneapolis, MN

UCare and Hennepin County team up to act on opioid crisis

UCare is working with community providers to expand access to treatment for opioid use disorder across the region. The health plan recently piloted an emergency department (ED) intervention and expanded services for a community withdrawal management program to take a more comprehensive, holistic approach to addiction treatment.

Opioid crisis and Hennepin County

In 2017, Hennepin County, the most populated county in Minnesota, recorded 162 deaths from opioid overdose, a twofold increase since 2015. UCare has more than 150,000 members living in Hennepin County (38 percent of its membership). Additionally, in Hennepin County, 40 percent of the incarcerated population is affected by opioid dependency and 72 percent of child protection cases result from drug abuse. Every year, more than 470 unique individuals visit the Hennepin County Medical Center Emergency Department with opioid-related problems.

UCare has programs in place to monitor opioid use, including:

- Medicare Advantage Part D plan reporting of high-risk use
- Restricted recipient program for Medicaid members - restricting them to one primary care provider and one pharmacy
- Care management services
- Quantity limits and refill-too-soon rules on drug formularies
- Support for Medication Assisted Treatment (MAT)

But with deaths from opioid overdose on the rise in Hennepin County and risk to UCare members growing, quick action was needed.

Local collaboration to respond to the crisis

UCare and Hennepin Healthcare came together to innovate new responses to the crisis. Hennepin Healthcare is an integrated system with locations in Minneapolis and surrounding communities, including a hospital that offers inpatient care, emergency and urgent care, Clinic, Specialty Center and more.

An Innovative Approach in the Emergency Department

A Yale Study which showed promising long-term treatment results for patients who were given buprenorphine in the ED was the catalyst for UCare and Hennepin Healthcare's ED intervention. In the Yale Study, 78 percent of patients with opioid-use disorder treated with withdrawal medication in

the ED with facilitated linkage to ongoing community care were engaged in treatment 30 days later compared with a control group of 37 percent of patients engaged in treatment 30 days later.

With this in mind, UCare and Hennepin Healthcare launched two new, innovative pilot programs. The programs implement a holistic approach to treatment services that includes health assessments, physician visits, care plan development and coordination, peer recovery support, and discharge/transfer planning.

One program embeds licensed drug and alcohol counselors in the Hennepin County Medical Center (HCMC) ED Embedding counselors helps initiate medication for opioid-use disorder in the ED for immediate relief of withdrawal and craving. The ED visit is a reachable moment when patients can begin treatment and be connected to community resources. Frontloading interventions during initial contact in the ED builds to longer term treatment and recovery and improves the transition from ED to the community.

UCare is funding an additional three Licensed Alcohol and Drug Counselors to be embedded in the ED to provide addiction medicine consultation services. The counselors help evaluate patients for whom it may be appropriate to initiate medication for opioid-use disorder, while facilitating linkage to community treatment providers for ongoing medication. Patients who opt out of medication will receive facilitated referral to a community treatment provider. The counselors will create a formal presence in the ED and serve as key liaisons to Hennepin Healthcare and other community-based treatment programs. In addition, three ED doctors are being trained to become buprenorphine prescribers. Further staff training will ensure there is always one prescribing provider in the ED to team up with an embedded counselor.

A second program expands withdrawal management services to build a public health/health care worker support system centered on holistic care. This program has three goals:

1. Enhance medical staffing, including a Registered Nurse on every shift to complete health assessments and ongoing physician visits.
2. Provide treatment coordination and peer support services (not currently reimbursable through Medicaid or state funding) and discharge/transfer planning to assist UCare members in transitioning to less intensive, more personalized levels of care/support
3. Reduce demand on emergency department services and other crisis services through enhanced staffing, care coordination and peer support services, ongoing support for members that assists them in better managing symptoms and medication assisted treatment programs.

Making an impact

By offering an enhanced system of care at a fraction of ED costs, while improving health outcomes for members, the ED program could produce $197,000 of savings from 2018 to 2019.

By the end of 2018, the expanded withdrawal management services have been provided to 1,505 people.

NT is a 40-yr. old woman with a history of anxiety, depression, domestic abuse and severe opioid use disorder. At the time she visited the HCMC Emergency Department, she had lost custody of her children but had found a stable home and job. She was in heroin withdrawal and interested in treatment, so her emergency physician started her on buprenorphine and made a follow-up appointment. She continued to visit her addiction medicine clinic and remained in treatment 3 weeks later without evidence of relapse.

John is a 53-yr. old Native American with severe alcohol use disorder who had been homeless most of his life. He had been admitted to the detoxification center more than 300 times and to emergency departments about 25 times. With the new person-centered care approach at Hennepin County, John received housing at an "intentional community" prioritizing Native Americans who are homeless and living with addiction. He receives ongoing support for recovery from a case manager and certified peer specialist, and is working with his care team on a discharge plan. John has not been admitted for detoxification or emergency department services since.