Maine Opioid Collaborative

Treatment Team - Final Team Recommendations

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Contents:

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Statement of Purpose

Prepared by:
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The state of Maine is experiencing a crisis of opioid use, reflected in an unprecedented 272 overdose rated fatalities during 2015. Although the need for treatment is clear, resources are inconsistent in their therapeutic strategy, and in many communities, simply unavailable. The goal of this task force was to create recommendations for standards of care based on existing evidence, working collaboratively with other organizations and listening to the needs and innovations throughout Maine communities. This task force was comprised of recovery professionals representing all regions of Maine. The scope included physicians in primary care, addiction medicine, psychiatry and quality improvement, as well as leadership of inpatient, residential, outpatient and detox treatment facilities.

Current barriers to realizing improved public health with Maine's opioid epidemic are as follows: There is strong stigma against people who use drugs, and also against medication-assisted treatment (MAT); medical providers are reluctant to get involved, because of this stigma and also because of a perceived lack of training and expertise; too many affected individuals have inadequate insurance to afford treatment; and there has not been a comprehensive plan to expand treatment services, including MAT in the state funded system, leading to extreme geographical disparities. These disparities contribute directly to the frequency of fatal overdoses. Contrasting this, the Bath/Brunswick area, where a full array of treatment services-integrated with MAT, is available without a wait list, there were no reported overdose deaths in 2015. However, other areas of the state where these services are not readily accessible have experienced a rampant increase in the frequency of fatalities from overdose. We also identified specific populations (pregnant women, adolescents, those involved in the legal system) with special needs that are inadequately addressed.

To address these issues we confidently make the following recommendations for increasing MAT in primary care; rationalizing prescribing for opioids; immediately expanding addiction treatment services-prioritizing the integration of MAT across the state; enhancing availability of insurance, and addressing the needs of special populations.

Expanding Access to Evidence Based Treatment for Opioid Dependence in Maine's Publically Funded SUD Treatment System: Methodology, Measurement and Monitoring

Sub Committee Lead: Eric Haram,LADC

Director- OPBH, Addiction Resource Center at Mid Coast Hospital

Treatment Task Force Co-Chair

Goal #1: **Increase access and availability of evidenced based Medication Assisted Treatment (MAT) for Opioid Disorders, uniformly across the <u>publicly funded SUD treatment system</u> in Maine for priority pt. populations 1,2 and 3. Reducing 2015 mortality rates by 50% per year.**			
Objective 1: **Quantify existing demand and capacity for MAT of opioid dependence by region or district**.			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
Through the use of existing treatment provider wait time measures, express MAT wait times by region for SFY's 11-15, then quarterly thereafter.	Current wait times for accessing MAT for opioid disorders varies greatly by region; the full extent of disparity is unknown, ***1'st Q., SFY 2016 average wait for methadone maintenance in central Maine was 70 days;*** Federal Statute CFR 45 Federal Block Grant		WITS and TDS data run as expressed in the tactics below
Tactics:	***Existing Resources***	***Status***	***Partners***
1. Median wait time for the following SUD Treatment services: outpatient, intensive outpatient, short-term residential, and detoxification services. 2. Median wait time for medication-assisted treatment induction (BUP and methadone maint., separately)	TDS, WITS provider data, Contracting report cards, Incentive and disincentive payment pursuant to contracts		DHHS, SAMHS, Appropriations Committee

Objective 2: **Using the above wait time (demand) and percent purchased (capacity) data, develop, purchase and mobilize treatment prioritizing integrated MAT services in a plan-full manner across all regions/districts.**			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
Through the use of existing contracting data, express the percent of MAT purchased in the publicly funded SUD treatment system in Maine. SFY's 11-15, then quarterly thereafter.	To mitigate public health and safety consequences, It is essential that the full variety of evidence based treatment for Opioid Disorders be available on a regional basis.		Data report to express this strategy as detailed in the tactics below
Tactics:	***Existing Resources***	***Status***	***Partners***
1. Percent of purchased MAT by contracted level of care (#MAT Contracts/Total # SA OP contracts; /IOP contracts; /Short-term residential tx contracts; /Detox contracts. (%Contract MAT in system by district and state) 2. # of half-way houses and extended care residential programs, and the # of those also with MAT contracts. 3. # of methadone maintenance programs 4. Total dollar amount spent on transportation to methadone maintenance for patients who do not have a program in their own district. Break down by district and statewide.	Reconcilable contracting data through SAMHS, Purchased Services, Audit, and Appropriations		DHHS, SAMHS, Appropriations

Objective 3: **Purchasing of MAT treatment services, guided by data collected in objectives 1 and 2 above will be reviewed by the Substance Abuse Services Commission as well as quarterly thereafter**			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
Review above data to guide the process of deploying expanded MAT resources, by region in Maine's publicly funded SUD treatment system. **Review purchased system performance data as noted in Tactics below to guide purchasing and or technical assistance deployment to improves system performance to perform within the below stated thresholds.**	The disparity of access to evidenced based MAT services in Maine's publicly funded SUD treatment system correlates with the current mortality rates for opioid dependent people in Maine. ***(The longer the wait time, the higher the risk for crime, safety and death). Bath/Brunswick's average wait time to MAT is 2-5 days, 2015. No Overdose deaths reported by Bath PD or Mid Coast Hospital ED in 2015***		Data as noted in Goal 1, objectives 1-3. commitment from DHHS, SAMHS and the Sub. Abuse Services Commission
Tactics:	***Existing Resources***	***Status***	***Partners***
A. All block grant priority 1, 2 and 3 patient populations will access the medically necessary level of care *(As per ASAM PPC 2R*) within the contracted performance wait time measure thresholds, as stated in (SFY 2015 SAMHS) Incentivized Contract Riders as measured, per pt./ per agency within the WITS and former TDS systems. a. Median wait times outside of these thresholds (3-5 days from first call for help) would signify a need for increased district-	CFR 45 Federal Block Grant Priority Pt. Populations Data from current contracting, audit and compliance systems within SAMHS exists and is readily extractable. Substance Abuse Services Commission(SSC) is currently convening.		DHHS, SAMHS, CSAT,SSC, HHS and AFA Committees

specific capacity within the level of care or integrated service needs. b. For residential treatment services, SFY 2015 occupancy rates, wait times, and # of indigent on the waitlist will evidence the level of capacity and demand for these patient populations. B. All priority 1, 2 and 3 patients must access appropriately integrated and medically necessary medication assisted treatment or methadone maintenance services as evidenced per pt./ per agency within the WITS and former TDS systems. a. Median wait times outside of these thresholds would signify a need for increased district-specific capacity within the level of care. Time frames should not exceed__7_____days from referral to MAT or Methadone Maintenance assessment.			

Objective 4: **It is recommended that all service line allocations, awards, contracts, amendments or sole source recipients of SUD treatment dollars pursuant to SP 599 LD 1537 be deployed following all above stated guidelines in Goal 1, Objectives 1-4 above.**			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
Immediately expand MAT services based upon the above expressed capacity, demand and system performance data (objectives 1-3). Immediately expand Recovery Support services in least MAT accessible regions/districts as per previously stated measures. Provide competency based training to Recovery Support workers on Medication Assisted Recovery, as per http://www.marsproject.org/what-we-offer/	All data itemized to express current capacity and demand, as well as current publically funded SUD Treatment system performance are readily available, making analysis and deployment an expeditious possibility. The allocation of new SUD Treatment dollars pursuant to SP 599 and LD 1537 provide an adequate pool of financial resources to rapidly move forward expanding appropriate MAT services for Maine's population suffering from opioid dependence.	July 1, 2016	Currently all resources exist for this objective, strategy and its corresponding tactics.
Tactics:	***Existing Resources***	***Status***	***Partners***
A. SUD Treatment fund recipients, pursuant to LD 1537 will evidence currently integrated, sustainable MAT services, or credible plans to integrate them as a result of the allocation. B. SUD Treatment Funds deployed pursuant to SP 599 LD 1537 are prioritized to support or enhance Medication Assisted Treatment capacity, currently integrated, with sustained performance as per existing performance measures.	Line items from SP 599 LD 1537 Contracting performance data Existing RFP process		DHHS, SAMHS, Drug Courts, Judiciary, Primary Care, Methadone Maint. Programs, existing MAT providers with BUP. MPCA, MMA, MHA, MASAP

Specialty Populations:

Corrections, Drug Courts, Adolescents, and Women and Children

Sub Committee Leads:

Pat Kimball, Co-Chair; Patty Hamilton; Bob Fowler; Day One

Maine Opiate Collaborative
Treatment Taskforce Draft Recommendations for Action:

Goal #1: **To increase expand and improve access to evidence based programs that serve the special populations of woman and children.**			
Objective 1: **To develop practice protocols for guiding screening for substance use disorders for practicing physician in obstetric and Pediatric services.**			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
• Promote access for obstetric and pediatric clinicians and office staff for no-cost flexible models for conducting education on substance use disorder and evidence base practice. • Promote training to assist all staff working with pregnant women and newborns exposed/affected by substance abuse in understanding substance use disorders and best practices. • Promote training and education on breast feeding for professions and mothers on MAT and recovery			
Tactics:	***Existing Resources***	***Status***	***Partners***
	As a promising practice we recommend the Snuggle ME (PDF-webinar) https://www.mainequalitycounts.org/page/2-934/snuggle-me-webinar-series.		Maine Quality Counts, SAMHS, Public Health Nurses, AdCare

Objective 1: To Develop a method to quantify demand and capacity for substance abuse treatment and specifically with the special populations of women and infants born drug exposed.			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
• Work together to develop a data tool that will assist the state in keeping accurate data about screening for SUD in women seeking obstetric care. The data include: o How many people screened positive o How many people were referred to treatment o Of those referred how many were admitted to treatment • Develop a data system to accurately collect data on drug exposed/affected infants which separates infants born drug exposed whose mothers are engaged in MAT programs from those mothers who are using illicit drugs.			
Tactics:	***Existing Resources***	***Status***	***Partners***
			Maine Quality Counts, SAMHS, Public Health Nursing
Objective 1: **To expand access to all level of care for the priority population of women who are pregnant and/or the primary caregiver of a child under the age of six.**			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
• Expand residential programs to include more regionalized programs			

for women and children to be in treatment together. • Expand MAT particularly for the number one priority patient which is pregnant women and/or mothers who have children under the age of 6. • Develop best practice care and treatment (including the use of MAT when medically indicated) of women who are in prison or jail who are pregnant. • Expand outpatient clinics to support families and infants born substance exposed or with neonatal abstinent syndrome (NAS) who need medication treatment to safely wean babies off medications and to improve parent infant bonding.			
Tactics:	***Existing Resources***	***Status***	***Partners***
	A Maine Promising Practice would be the Mid Coast Hospital Program (See attached: Substance Abuse Treatment in Maine for Opioid Dependence and Mid Coast Hospital Impact on NAS ALOS and Medicaid Expenditures-2015) A Maine Promising Practice is the PCHC and EMMC collaborative model Collaborative Home Alternative Medication Program (CHAMP) as a promising practice.		Maine Public Nursing, Maine Hospitals, SAMHS/DHHS, Pediatrics, Obstetric Physicians. Maine Quality Counts.

Objective 1: **To develop a social marketing/public and provider education around substance use disorders (SUD)/opiate use disorder around the number one priority population of women who are pregnant and who are the primary caregiver for a child under the age of 6.**			
Strategy:	***Attachment***	***Start Date***	***Needed Resources***
• Develop a statewide social marketing campaign to reduce the stigma, shame and cultural barriers associated with addiction and MAT services; "normalize" treatment for SUD/opiate use disorder (this statement is from the MAT primary Care subgroup and it is recommended that this be part of our overall statement) • Develop a statewide social marketing campaign about the use of tobacco, alcohol and other drugs, including marijuana and other medications used for nonmedical reasons. (see the American College of Obstetricians and Gynecologists recommendations that are attached.)	**The American College of Obstetricians and Gynecologists recommendations.** .		
Tactics:	***Existing Resources***	***Status***	***Partners***
			Maine Quality Counts, SAMHS, Healthy Maine Partnerships, Public Health Nursing
Goal 2: **To increase access and capacity availability of evidence base practice for adolescent and young adults**			
Objective 1: **Improve Access to the full continuum of substance abuse treatment for adolescents in all counties in Maine.**			

Strategy:	***Rationale***	***Start Date***	***Needed Resources***
• Adolescent and their families should be able to access all ASAM Levels of Care including outpatient, intensive outpatient and residential services. Programs should be located regionally to ensure families are able to be an integrated part of treatment and recovery. • Adolescent treatment should follow the criteria of ASAM Level of Care including length of stay. • Increase the capacity to treat girls up to the age of 18 who meet the ASAM Level of care of residential care by opening another residential program. • Expand services by opening a residential program that serves the 18 to 24 year old population. • Expand programs that specialize in evidence base practice for adolescence particularly in regards to Intensive Outpatient Programing. • Expand Family Treatment in all levels of care. •	Maine should follow the Guidelines and principles that were developed by the National Institute on Drug Abuse (NIDA) for Adolescent Substance Use Disorder Treatment		
Tactics:	***Existing Resources***	***Status***	***Partners***
			DHHS-OCFS, SAMHS,

Objective 2: To develop a plan to ensure the basic needs of adolescents are met (shelter, food and healthcare) which will lead to decrease substance use and increase safety and recovery.			
Strategy:	***Attachment***	***Start Date***	***Needed Resources***
• Expand the capacity to increase access for Maine Homeless Youth to have access to safety shelter and healthcare. • Navigators should be locate at youth homeless shelters to assist in helping youth engage in treatment and/or reunification with their families.			
Tactics:	***Existing Resources***	***Status***	***Partners***
			SAMHS, DHHS-OCFS
Objective 3: **To develop and implement a program to decrease recidivism in our youth being released from the Development Center.**			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
• Implement a program of Navigators within the Development Centers to work with families to ensure compliance to aftercare for 30 days per and post release.	Current studies by SAMHSA state to reduce the human and fiscal cost and consequences of repeated arrests and incarceration for people with behavioral health issues, improved access to behavioral health and other support services must be made available to individuals involved in the criminal and juvenile justice systems. With its justice and law enforcement partners.		

Tactics:	*Existing Resources*	*Status*	*Partners*
			Depart. Of Correction, SAMHS, DHHS-OCFS, Probation and Parole
Objective 4: To Develop and implement a program to increase the rate of high school graduation for youth with a substance use disorder and to increase recovery for adolescents.			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
• Opening a Recovery High School based on an evidence based model that will ensure our youth in recovery have a safe learning environment that promotes learning and recovery. • Include in High School Alternative Programs a program for adolescents who are identified as at risk for substance use disorders. • All Maine Schools should have a strategic plan based on evidence based programs that support prevention, treatment and recovery. • Implement a peer mentoring programing in all Middle and Secondary Schools.	"Recovery schools are a unique intervention that can help students sustain their abstinence, which in many cases can save their lives," says Kevin Jennings, Assistant Deputy Secretary for Safe and Drug-Free Schools at the U.S. Department of Education. "Throwing kids in recovery back into their old high schools is setting them up to fail, so we need to look for alternatives for them. We do a lot of primary prevention in this country, but the further you go down the spectrum of prevention, treatment and recovery, the less help there is."		
Tactics:	***Existing Resources***	***Status***	***Partners***
	A promising practice would be the State of Massachusetts and there use of sober high schools.		Department of Education, SAMHS
Goal 3: **To increase the availability to access substance use disorder treatment for those involved with the criminal justice system and to reduce recidivism rates.**			

***Objective 1:* To develop and implement a plan that will decrease recidivism in our criminal justice system.**			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
• Explore the expansion of Drug Treatment Courts. • Expand Drug Treatment Courts to include special populations such as veterans, adolescents, co-occurring and family programs. We realize that these courts currently exist in some areas of Maine but we recommend doing a study to expand to other regions.	The National Association of Drug Court Professions (NADCP) states that Drug Courts are the most effective justice intervention for treating drug-addicted people. Drug Courts **reduce drug use**. Drug Courts **reduce crime.** Drug Courts **save money.** Drug Courts **restore lives.** Drug Courts **save children and reunite families.**		
Tactics:	***Existing Resources***	***Status***	***Partners***
	Maine has 4 adult treatment courts, two family treatment courts, a co-occurring court and veteran's court.		Department of Justice, Department of Corrections, SAMHS
Objective 2: To develop and implement a plan that will decrease the barriers of expanding drug treatment courts in Maine.			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
• Develop an education plan to ensure that judges, district attorney offices, and lawyers have the knowledge of best practice for treatment of substance use disorders including the use of Medication Assisted Treatment.			Funds need to be available to assist those clients entering treatment courts that are uninsured have access to care (care to include treatment and cost of medications) despite no income or financial support or lack of insurance.
Tactics:	***Existing Resources***	***Status***	***Partners***

			Department of Justice, Office of the Attorney General, SAMHS, and Department of Correction.
Objective 3: Treatment for substance use disorders available to individuals in treatment specialty courts are evidence based and/or promising practice programs which are defined by SAMHS.			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
• Substance abuse treatment available to individuals in all treatment courts will include access to all levels of care including medication assisted treatment.	• Drug Treatment Courts programs should follow federal law and allow for FDA approved medications as prescribed according to best practices and as medically indicated.		Funds to help the uninsured pay for MAT
Tactics:	***Existing Resources***	***Status***	***Partners***
			SAMHS, Department of Justice
Objective 4: To ensure that all law enforcement, problem solving courts team members and members of the judicial branch are provided education in the areas of substance use disorders, co-occurring disorders and evidence base treatment practices.			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
• Staff or volunteers who interact with clients engaging in law enforcement opiate intervention programs will receive appropriate supervision and training in the following areas:			

○ Availability of area social services resources (treatment, housing, basic services, etc.) ○ Treatment levels of care ○ Professional boundaries ○ Health insurance/ MaineCare ○ Accessing comprehensive assessment resources Crisis intervention ○ Legal issues as appropriate • Training for police officers in addictions-related issues • Establishment of "assessment centers" throughout state (or by televideo) where law enforcement agencies could direct clients for level of care assessments.			
Tactics:	***Existing Resources***	***Status***	***Partners***
			Police Academy, NAMI, Department of Justice, SAMHS, AdCare
Goal			
Objective 1: To increase			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
• Integrate training on Substance Use Disorders into standard CIT curriculum for police officers • Clarifying role for District Attorney's offices as pertains to			

decisions regarding prosecution in instances of individuals presenting to police agencies in which illicit opiate possession or sale is involved? • Could direct clients for level of care assessments.			
Tactics:	***Existing Resources***	***Status***	***Partners***
Goal 4: **To ensure that evidence based law enforcement intervention programs are available in the state to decrease overdose deaths, decrease criminalization and increase access to care.**			
Objective 1: To increase intervention programs in Maine that ensure immediate access to substance use disorder treatment in local communities through local police departments.			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
• Evaluate law enforcement opiate intervention programs in Maine and nationally. A study should be conducted to assess effectiveness and replication potential of these programs	Maine is currently developing programs that will assist citizens in seeking treatment for substance abuse disorders by contacting the local police departments.		Funds to conduct research to ensure that programs are following best practice/evidence based program. Expanding treatment programs to ensure immediate access to assessment and levels of care.
Tactics:	***Existing Resources***	***Status***	***Partners***
	Scarborough Maine, Project Hope		Sheriff Association, Police Departments Statewide, SAMHS/DHHS, Maine Attorney Generals Office.

Goal 5: Increase number of Licensed Alcohol and Drug Abuse Counselors (LADC's) in Maine, by reducing barriers to testing and continuing education. (OPFR systems and rule changes)			
Objective 1:			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
• Modernize and remove barriers to both continuing education and testing access for Licensed Alcohol and Drug Abuse Counselors. (LADC's)			
Tactics:	***Existing Resources***	***Status***	***Partners***
Increase web-based CEU's for LADC's from 10 per year to unlimited. Increase number of allowable CEU's for LADC's from employer in-service from 12 per year to unlimited. Increase number of testing centers for LADC testing from 2, to one per DHHS District. Increase number of LADC testing administrations annually from 2 to 8.			

Expanding Medication Assisted Treatment in Primary Care

Sub-Committee Lead: Lisa Letourneau, MD

Maine Opiate Collaborative
Treatment Taskforce Recommendations for Action:
Medication Assisted Therapy (MAT) in Primary Care Practice

Goal #1: **Provide expanded access to safe, effective, and high-quality MAT services in primary care practices throughout Maine**			
Objective 1: **Provide expanded access to MAT services in primary care practices throughout Maine**			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
I. Promote culture change and public attitudes to reframe the opioid/ heroin epidemic and promote awareness and conversations through social marketing and public and provider education	Current negative attitudes, stigma, and bias in both public and clinical settings present significant barriers to offering and accessing MAT services in primary care settings	ASAP	• Funding to support costs of developing and launching social marketing campaign • Partnership with organization experienced in reframing social issues and conducting social marketing campaigns
Tactics:	***Existing Resources***	***Status***	***Potential Partners***
A. Develop a statewide social marketing campaign to reframe epidemic & reduce the stigma, shame, and cultural barriers associated with addiction and MAT services; "normalize" treatment for Substance Use Disorder (SUD)/Opiate Use Disorder (OUD).			• Maine CDC • Municipalities • Schools, colleges, universities • Employers • Retailers

B. Engage Maine professional associations, clinicians, and provider groups in a statewide awareness and education campaign to raise awareness of the opioid crisis and the urgent need for clinicians to take an active role to reduce opiate use.	e.g. New Jersey's "Do No Harm" campaign for health care providers		• Professional associations (e.g. MMA, MOA, MDA) • Licensing boards for prescribing providers • Maine Quality Counts • Provider organizations • Hospitals & health systems • MPCA & FQHCs • MHA
C. Secure commitment from Maine clinician practice owners – i.e. health systems/Accountable Care Organizations (ACOs), hospitals, Federally Qualified Health Centers (FQHCs) - to address the opioid crisis and support the delivery of MAT services in their primary care community.			• Provider organizations • Hospitals & health systems • FQHCs
D. Set expectations for a minimum level of MAT service capacity in each community, including the development of support & monitoring systems.			• Provider organizations • Hospitals & health systems • FQHCs
E. Strongly encourage primary care residency programs to provide MAT training to clinicians in training.			• CMMC, EMMC, MMC, Maine-Dartmouth primary care residency programs

F. Develop statewide system for offering regionally-based education and training to clinicians and practice teams to build their confidence and competence to initiate and deliver MAT services: • Identify and support clinician champions to advocate for participation in MAT (regionally & statewide) • Offer clinicians access to a range of supportive, data-driven collaborative learning models • Offer a range of in-person and distance based training and education options Provide peer support to clinicians and practice teams for addressing OUD and implementing MAT in primary care	• (e.g. Project ECHO Buprenorphine, web-based learning modules)		• Professional associations (e.g. MMA, MOA, MDA) • Licensing boards for prescribing providers • Maine Quality Counts
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
II. Promote clinical recommendations and standards to expand access to MAT in primary care practices	Clinical practice in primary care settings currently varies widely in terms of approach to both screening for addiction and offering MAT services	ASAP	• Funding to support costs of developing and launching education and training services • Commitments from partnering provider organizations
Tactics:	***Existing Resources***	***Status***	***Potential Partners***
A. Set expectation that primary care clinicians and practices consistently implement universal screening for SUD/OUD using standardized tools – e.g. Screening and Brief Intervention and Referral for Treatment (SBIRT).			• Co-Occurring Collaborative Serving Maine • Provider groups • Hospitals & health systems

			• FQHCs • Maine Medicaid
B. Develop, promote, and support a community-based approach to providing MAT services in primary care practices that is built on a "hub & spoke" model in which "hubs" provides addiction specialty services, expertise, and support to primary care "spokes", with formal written agreements between hub and spoke providers for provision and coordination of treatment services.	Vermont Access program		• ME DHHS, ME CDC • Provider groups • Hospitals & health systems • FQHCs
C. Promote access for eligible primary care clinicians to no-cost and flexible models for completing the 8-hour training required by the Drug Addiction Treatment Act of 2000 (DATA-2000) to qualify for the DEA "X-waiver" required to prescribe buprenorphine.	ASAM and AAAP		• TBD • CCSME
D. Develop a model for providing accessible, "on-demand" telephonic expert consultation services from clinicians with expertise in addiction treatment to primary care clinicians and practices that are providing MAT services			• Addiction treatment centers • CSAT Mentor Program

E. Explore potential models for community-based centers to provide support services to primary care MAT providers – i.e. offer centralized services for conducting pill counts and urine drug screens that identify the need to offer those services as a barrier to offering MAT services.			• Addiction treatment centers • Local Pharmacies • CDC
F. Identify potential opportunities for initiating MAT for patients in other acute-care settings (e.g. Emergency Dept. visits, hospitalizations) that can then be referred back to primary care settings	NEJM Recent Study on ED Inductions April 28, 2015 20http://www.pcssmat.org/wp-content/uploads/2015/02/Buprenorphine-Induction-Online-Module.pdf15		• MHA • Maine ACEP
G. Increase prescribing of naloxone rescue kits; encourage providers to consider prescribing naloxone rescue kits when prescribing any opioid or opioid agonist medications.	DHHS CMO Maine Medicaid CDC		• MMA, MOA
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
III. Implement policy changes needed to expand access to MAT in primary care practices	Creating a high-quality and sustainable system for providing MAT services in primary care requires supportive policy approaches		• TBD
Tactics:	***Existing Resources***	***Status***	***Partners***
A. Develop comprehensive statewide plan for offering regional services to provide assessment and referral to treatment services at the appropriate level of care.			• ME DHHS, ME CDC

B. Support federal "Recovery Enhancement for Addition Treatment", or "TREAT Act" to expand the number and types of MAT providers, with amendment to eliminate requirement for physician oversight of Nurse Practitioners (NPs).			• MMA, MOA • ME NP Association
C. Reduce barriers to treatment by expanding access to health care insurance, including: - access to plans available through the federal health exchange and -by expanding Medicaid coverage for uninsured Maine adults who are unable to access other health insurance coverage. -Advocate for changes in health insurance coverage policies to ensure adequate coverage of SUD/OUD treatment coverage (including the Maine State Employees health insurance plan).			• Multiple stakeholders
D. Amend Maine Rule Chapter 21 to remove references to the term "pseudo-addiction".			• ME Board of Osteopathic Licensure • ME Board of Licensure in Medicine • ME Board of Dental Examiners • ME Board of Nursing • ME Board of Podiatric Medicine

E. Consider amending Maine's Certificate of Need process to require that requests for developing new health care facilities include a plan for addressing community needs related to the opioid crisis and an agreement to provide and/or expand MAT services in primary care.			• ME DHHS
F. Add requirements to the Maine Boards re-licensure process that require providers to complete questions reflecting their knowledge of the current opioid crisis and the value of providing MAT services			• ME Board of Osteopathic Licensure • ME Board of Licensure in Medicine • ME Board of Dental Examiners • ME Board of Podiatric Medicine • Legislature
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
IV. Conduct studies to assess needs related to expanding access to MAT in primary care practices	Study of current and potential models would be beneficial to developing new models in Maine		• Funding to support studies
Tactics:	***Existing Resources***	***Status***	***Potential Partners***
A. Conduct a comprehensive assessment of the current status of the provision of MAT services in primary care practices in Maine.			• SAMHS • USM Muskie • Maine Quality Counts • CCSME
B. Conduct a study of best practices for providing MAT services in primary care nationally and in Maine	• Vermont hub & spoke model for providing MAT services		• SAMHS • USM Muskie • Maine Quality Counts
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
V. Identify additional funding to support to expanded access to MAT services in primary care practices	Additional funding is needed to expand access to MAT services in primary care settings		• Grant writing support

Tactics:	***Existing Resources***	***Status***	***Partners***
A. Actively seek out and accept all available sources of federal funding to expand and support MAT services in primary care settings –	e.g. SAMHSA Targeted Capacity Expansion (TCE) program, HRSA, AHRQ grants for expanding MAT in primary care.		• SAMHS • USM Muskie • Maine Quality Counts • CCSME
B. Identify state, private foundation, and/or other funding sources to support the development of regionally-based education and training to clinicians and practice teams to deliver MAT services.			• Grant writing services
C. Change State of Maine regulations to reimburse municipalities at 100% of costs incurred for providing MAT to low income individuals who cannot otherwise get access to needed medication.			• TBD
D. Provide primary care practices with access to and education on all available medication assistance programs that can cover costs of MAT for individuals without prescription coverage.	www.goodrx.com Manufacturer Pt. Assistance Programs		• TBD
E. Encourage FQHCs that are contacted to provide 340B pharmacy services to provide MAT services.			• MPCA

Objective 2: **Ensure that a Maine system for providing expanded MAT services in primary care settings is delivering high-quality and safe care**			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
I. Promote policy changes to ensure that expanded MAT services in primary care setting are delivering high quality and safe care	Efforts to expand access to MAT services must ensure that the services being delivered are high-quality		•
Tactics:	***Existing Resources***	***Status***	***Partners***
A. Support an amendment to the federal TREAT Act to clarify/ add appropriate oversight of MAT prescribers.			• MMA, MOA
B. Advocate for changes at the federal level to permit reporting of methadone prescribed in methadone treatment centers in Maine's Prescription Monitoring Program (PMP).			• MMA, MOA • Maine Attorney General's Office • SAMHS
C. Amend current regulations to support high quality and safe prescribing practices – eg. • Require systematic review of provider prescribing patterns for opioids • Develop system for notifying providers when high-risk prescribing is noted			• Maine Board of Licensure in Osteopathic Medicine • Maine Board of Licensure in Medicine • DEA • SAMHS
D. Change MaineCare prescribing rules to allow use of generic suboxone tablets as a preferred form of treatment (in addition to the branded film form of suboxone) to reduce the potential for diversion particularly in jails and prisons, and to allow for the use of bubble packs for more accurate pill			• MaineCare

counts.			
E. ***Strategy:***	***Rationale***	***Start Date***	• ***Needed Resources***
• **II. Support studies to ensure that expanded MAT services in primary care setting are delivering high quality and safe care**	Best practices for delivering high quality & safe MAT services should be identified		• Funding to support study
F. ***Tactics:***	***Existing Resources***	***Status***	• ***Partners***
Conduct study of best practices nationally and in Maine for providing high quality and safe MAT services in primary care.			• SAMHS • USM Muskie Maine Quality Counts
Strategy:	***Rationale***	***Start Date***	• ***Needed Resources***
III. Pursue funding to ensure that expanded MAT services in primary care setting are delivering high quality and safe care	Funding is needed to support ongoing education for providers delivering MAT services		• Funding to support MAT education to providers Grant writing services
A. ***Tactics:***	***Existing Resources***	***Status***	• ***Partners***
Identify funding to support ongoing education and training to primary care clinicians and practices to ensure that primary care MAT prescribers are delivering high quality and safe MAT services.			• SAMHS • USM Muskie Maine Quality Counts

Prescribing Standards for Chronic, Non-Cancer Pain

Sub-Committee Lead: Noah Nesin, MD

Maine Opiate Collaborative
Treatment Taskforce Draft Recommendations for Action:

Goal #1: Reduce harm from prescription opioids by creating standards for practices			
Objective 1: Reduce over-prescribing of opioids for chronic non-cancer pain			
Strategy;	***Rationale***	***Start Date***	***Needed Resources***
Provide education and peer support for providers and practices by using and expanding upon existing resources	Over-prescribing of opioid pain medications in the treatment of chronic non-cancer pain has contributed to steep increases in rates of opioid overdose and addiction, . High doses of prescription opioids dramatically increase the risk of accidental overdose, may worsen pain, may not help chronic pain, and contribute to the overall number of pills introduced into our communities. Maine is estimated to have over 16,000 people on doses of over 100 MED daily.	June 1, 2016	See attached document. Peer support for providers and practitioners making this transition is helpful in this process.
Tactics:	***Existing Resources***	***Status***	***Partners***
Encourage more and new practices to participate in the Maine Chronic Pain Collaborative, encourage the formation of community and regional standards, support practices in adhering to newly emerging, evidence based standards.	Maine Chronic Pain Collaborative, MMA education efforts, MICIS, CDC guidelines, Johns Hopkins guidelines, AHRQ evidence summary, likely new law creating ceiling doses and monitoring requirements, Choosing Wisely	All currently active and ongoing	MQC,MICIS, MMA, willing peer supports, PainNet, Pain ECHO, Pain e-consults See attached document
Objective 2: Reduce combinations of opioids and benzodiazepines			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
Provide education and peer support for providers and practices by using and expanding upon existing resources	The combination of opioids and benzodiazepines carry a dramatic increase in the risk of overdose	June 1, 2016	See attached document. Peer support for providers and practitioners making this

			transition is helpful in this process. Specific education on indications for and safe use of benzodiazepines
Tactics:	***Existing Resources***	***Status***	***Partners***
Request MICIS to develop module on benzodiazepine prescribing, encourage uptake of Choosing Wisely resources, Recruit critical partner organizations	MICIS, Bangor Area Controlled Substance Work Group standards on benzodiazepine prescribing and informed consent, Choosing Wisely	BACSWG resources currently available. MICIS ma have to develop module.	MQC, PCHC, MICIS, MMA, MAPP?, willing peer support, AARP, Area Agencies on Aging
Objective 3: **Monitor for abuse and diversion of opiods**			
Strategy:	***Rationale***	***Start Date***	***Needed Resources***
Provide education and peer support for providers and practices by using and expanding upon existing resources	Practices tend not to screen for Opioid Use Disorder or other Substance Use Disorders when initiating or maintaining chronic opioid prescriptions Diversion is a source of pills which are abused.	June 1, 2016	See attached document. Peer support for providers and practitioners making this transition is helpful in this process.
Tactics:	***Existing Resources***	***Status***	***Partners***
Implement team based approaches to critical monitoring techniques, including routine use of SUD screening tools, pill counts, drug screens, review of PMP and use of Diversion Alert, share best practices and scripting, partner with pharmacists	PMP, Diversion Alert, Maine Chronic Pain Collaborative Validated tools, peer supports	Currently available	PMP, MQC, Diversion Alert, MDEA, MPA, MAPP

Objective 4: **Improve management of chronic pain**

Strategy:	***Rationale***	***Start Date***	***Needed Resources***
Provide education and peer support for providers and practices by using and expanding upon existing resources	NIH estimates that over 70% of people with chronic pain do not receive proper treatment. Opioids have become substitute for comprehensive, evidence based treatment.	June 1, 2016	See attached document. Peer support for providers and practitioners making this transition is helpful in this process
Tactics:	***Existing Resources***	***Status***	***Partners***
Provider and public education on treatment of chronic pain	Maine Chronic Pain Collaborative, MICIS modules on chronic pain, PainNet, Pain ECHO, Pain e-consults, Pain specialists, providers of alternative treatment modalities, The American Chronic Pain Association	Currently available, limited in some regions	MICIS, MMA, Maine Chronic Pain Collaborative