

# Illinois State Opioid Crisis Response Advisory Council

## MAT Committee

March 2, 2017

### MEETING MINUTES

**Chair:** Ron Vlasaty

**Committee Members on the Call:** Mai Tuyet Pho, Ed Stellon, Seth Eisenberg, Chris Hoff, Elizabeth Salisbury Afshar, Sam Gillespie, Richard Weisskopf, Eric Foster, Marvin Lindsey, Juleigh Nowinski Konchak,

**DASA & AHP Representatives:** Kim Fornero, Sue Pickett

**Welcome, Introductions, Committee Purpose:** Ron welcomed the group and thanked them for their willingness to serve on the committee. Committee members briefly introduced themselves. Kim gave an overview of the goals of the Illinois State Opioid Crisis Response Advisory Council, emphasizing that this is a statewide effort to address the opiate crisis, identify and understand the array of initiatives taking place across the state, identify gaps and create a comprehensive strategic plan that will move Illinois forward in resolving this crisis. Sue briefly described the strategic planning process and the committee's role in that process.

#### **Discussion – Developing Preliminary Goals/Key Priorities:**

- Ron started the discussion by acknowledging that committee members represent a diverse group. For the purposes of this committee, medication assisted treatment (MAT) includes the three medications recognized by the FDA for opioid dependency: methadone, suboxone and vivitrol. This committee is looking at MAT services in Illinois. The group discussed the following topics.
- ***What are the important goals related to MAT in Illinois?***
  - Prior authorization, utilization review requirements effect delivery of care.
  - Educating communities, patients and providers on MAT is needed – both patients and providers need to know what MAT is, what it does, and that it is a Medicaid-covered benefit.
  - Data show a large percentage of overdose occurring in southern Illinois (particularly among 15-29 year olds) yet there is big MAT service gap – not a lot of doctors are providing MAT in southern Illinois. What can this committee do to incentivize doctors to provide MAT?
  - Need to coordinate MAT with essential services – MAT needs to be provided in conjunction with outpatient, recovery support, residential treatment, prevention, employment, and other ancillary support services.
  - Need to identify the intercept points where people can access MAT and MAT providers.
- ***Increasing access to MAT is emerging as our first goal – we need to add some meat to that!***
  - Capacity is also an issue; inclusion of MAT in Medicaid (through HB1) will hopefully enhance capacity but education is also needed. We need to educate both doctors and consumers about the ability to access MAT via Medicaid.

- Education is needed not just on what MAT is, but also on the following topics: safe prescribing practices, use of naloxone and overdose prevention, and how to access MAT services; patients need education about MAT options, including benefits and barriers.
- Public needs to be educated about MAT to increase community acceptance of MAT. We can connect with the Public Awareness & Education Committee on this.
- Provider education is essential to improving MAT prescribing practices.
- Education is critical in all areas-identifying individuals in non-traditional places, access, capacity, prevention, support services. We need to educate and encourage providers to offer MAT, but also to support coordination and linkage to counseling and social supports. MAT itself is just one leg of a 3-legged stool – we need to educate and encourage linkages to support services related to prevention, treatment and recovery.
- We also need to educate people that MAT is not just replacing one drug for another. There is a lot of public misconception about that both among providers and the general public.
- We need to educate families and users about MAT – families are often the first point of contact and critical to people accessing and agreeing to treatment.
- Limited and/or no access and capacity to MAT in southern Illinois; similar problems downstate with people driving an hour one way to get treatment. We need to document the need (note: this needs assessment will happen as part of the SAMHSA STR) and think about potential models for delivery MAT.
- A list of MAT treatment barriers, impacts on the system, and documenting MAT efforts already underway across the state would be useful in helping us develop our goals.
- MAT training examples shared: MAT training for recovery homes; MAT training with DCFS staff (partnership between DASA and DCFS); upcoming overdose training for providers. Group suggested that identifying trainings and making the schedule available statewide would be useful. This could be a joint effort with the Public Awareness & Education Committee. Kim will share this with that committee.
- Managed care companies are now becoming Medicaid-certified providers and can be a solution to the MAT access problem, but they need to be educated about MAT.
- **Two common themes are emerging: access to MAT and education**
  - Group agreed that access to MAT is a preliminary goal and includes: increasing access to MAT, increasing capacity, identifying the specific populations that need greater access to MAT (criminal justice, overdose survivors), increasing linkages to MAT, better coordination between forms of MAT and understand that different modalities are more effective for some patients than others. A map of Illinois highlighting current MAT access and gaps would help illustrate this goal.
  - MAT is also access to healthcare – this group could recommend that MAT be recognized as part of the overall healthcare system in Illinois.
  - Group agreed that enhancing education about MAT can be folded into the larger goal of improving access. There are opportunities to connect with the other committees on educating prescribers, educating providers and public on the effectiveness and availability of MAT.
  - Group agreed that we should have one larger, overall goal and then break out sub-goals which include education and MAT as part of the healthcare system.

## **Draft Preliminary Goal and Sub-Goals to Share at March 8<sup>th</sup> Council Meeting**

Preliminary Goal: Improve access to MAT throughout Illinois

Improving access to MAT involves the following sub-goals:

- Increasing MAT capacity.
- Increasing education about MAT: Educating providers, managed care organizations, families, users and the public about the benefits of MAT, how to access MAT, MAT treatment options, and the ancillary support services that are needed in addition to MAT to support prevention, treatment and recovery.
- Ensuring that MAT is recognized as part of the overall healthcare system in Illinois.
- Increasing linkages to the recovery support and ancillary services that are needed in addition to MAT to support individuals' treatment and recovery
- Identifying the specific populations that need greater access to MAT, such as criminal justice populations and overdose survivors.

**Next Steps:** Our next meeting will be a 2-hour, in-person meeting the week of March 13<sup>th</sup> or 20<sup>th</sup>. Sue will send out a Doodle poll.