

Study Reveals Wide-Ranging Approaches in Opioid Addiction Treatment

According to the Centers for Disease Control and Prevention (CDC), 91 people die in this country each day from an opioid overdose. Clearly the opioid epidemic is a national crisis, yet there is no agreed-upon national approach to treatment. That begs the question: might the battle against the country's opioid tragedy be more effective if there were a unified method of combatting it?

Fair Health is an independent not-for-profit organization that studies healthcare claims data. The company took on the enormous task of sifting through 26 billion claims submitted to private insurance companies and released its findings earlier this month. Despite some commonly used approaches, the "pattern" Fair Health ultimately found was that opioid addiction treatment varied substantially from state to state or region to region, especially regarding the cost of treatment and the rate of specific treatment usage.

Medication-assisted therapy not always easily accessible by the patient

For instance, although methadone appeared on the ten most common treatment approaches by utilization in every region, it was on only one region's list for top ten by cost (the Northeast). Methadone is the main staple in medication-assisted therapy (MAT) for opioid use disorder, and it's been in use for nearly five decades. However, MAT still faces pre-authorization requirements that can serve as obstacles to care for patients, thereby preventing its more widespread use.

"MAT and each of its variations need to be used more," Dr. Joseph Garbely, vice president of medical services and medical director at Caron Treatment Centers, told Modern Healthcare.

Regarding how state Medicaid programs view methadone, it is covered in three dozen states only, and this despite the fact that studies show it to be one of the most effective treatments of opioid addiction.

Group psychotherapy more widely used than individual counseling

In every region save for the South, group psychotherapy appeared on the ten most commonly used treatments for opioid use disorder. Additional information of note is that the country is experiencing a shortage of clinicians in the behavioral health field; this shortage may explain why group sessions are more frequently utilized than one-on-one sessions with a mental health practitioner.

There were only five states (Delaware, Nebraska, the Dakotas, and Wisconsin) where a 45-minute, individual psychotherapy session was one of the five most utilized treatment approaches.

And California was the lone state where the top five list for utilization included intensive outpatient treatment.

Regionally, the West came out on top for the highest number of therapeutic procedures (six) on the top ten list by cost.

Drug testing commands high costs

Drug tests aren't a treatment approach per se, but Fair Health found that testing for substances in the patient's system was both one of the most commonly used healthcare tools when addressing opioid use disorder, as well as one of the top ten by cost overall. Addiction treatment experts warn that urine screening is still mostly unregulated and yet can be big business for labs . . . a combination that can at times spell trouble, in the cases of unscrupulous actors in the field.

"I was concerned about the utilization of drug testing because drug testing is not a treatment," Garbely said. "I wonder about the abuses of that. I hear too often that they are charging people for daily urine drug screens—they're bilking insurance companies. Those kinds of abuses have to end."

States can learn from each other

"The data could be helpful in trying to bring out actionable responses as we think about ways to expand provider infrastructure or physician training," Fair Health President Robin Gelburd told Modern Healthcare. She said that another benefit of categorizing and comparing treatment patterns from state to state is the opportunity it gives states to learn what's likely to be most effective, and then adopt those approaches.

Gelburd added that Fair Health plans to conduct follow-up studies that will address questions about how provider capacity, Medicaid programs and financial incentives may impact treatments and referrals.

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