

Vermont Hub and Spoke Model

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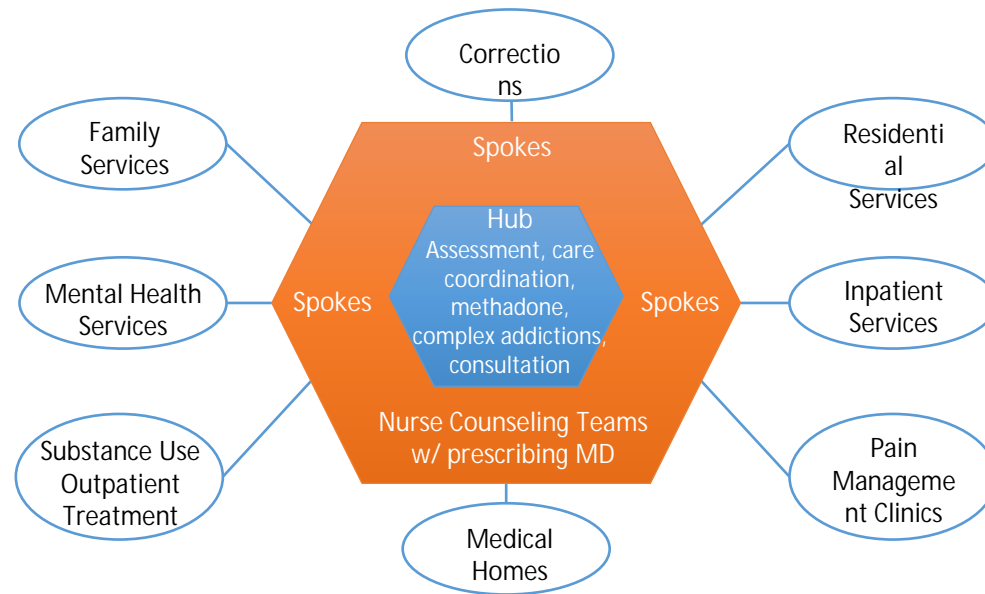
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Impetus for Developing Hub & Spoke: Policy Goals

- For beneficiaries with opioid addiction at risk of developing another SUD and with co-occurring mental health issues in opioid treatment program (OTP) & office-based opioid treatment (OBOT) settings
 - Improve access to addictions treatment
 - Integrate health & addictions care for Health Home beneficiaries
 - Better use of specialty addictions programs & general medical settings
 - Improve health outcomes, promote stable recovery

Hub & Spoke Model: Integrated Health Systems for Addictions Treatment



Spokes: Overview & Practice Setting

Spoke: The ongoing care system comprised of a prescribing physician & collaborating health & addictions professionals who monitor adherence to treatment, coordinate access to recovery supports, & provide counseling, contingency management, & case management services

Spokes can be any of the following practice settings:

Primary Care
Providers

Blueprint
Advanced
Practice Medical
Homes

Outpatient
Substance Use
Treatment
Providers

Federally
Qualified Health
Centers

Independent
Psychiatrists

Spokes: Staffing & Payment Model

- All existing buprenorphine providers are eligible to become Spokes
 - Initially ~120 physicians were designated as Spoke providers
- Spokes provide 1 full-time equivalent (FTE) case manager and nurse per 100 buprenorphine or naltrexone patients
- Services can be provided in-house or via outside consultations through regional contracts with hospitals or mental health service providers
- Payment Model:
 - \$163.75 Per member per month
 - Payment through Blueprint Community Health Team

Determining Intensity of Care

- Treatment Needs Questionnaire
 - 21 item checklist
 - Based on Addiction Severity Index topics
 - Legal, work, social, drugs use, psychological, medical
- Required use for Hub providers, encouraged use for Spoke providers to develop consistent triage screening process

Scoring

- Scores up to 26 with lower scores predicting good Spoke outcomes
- 0-5: Excellent candidate for office-based treatment
- 6-10: Good candidate for office-based treatment
- 11-15: Candidate for office based treatment by board certified addiction physician in a tightly structured program with supervised dosing & on-site counseling or HUB
- 16-26: Hub program

Office-Based Opioid Treatment (OBOT) Stability Index

- Developed by Dartmouth College to quickly assess stability of patients in OBOT settings
- Provides a common understanding of stability for physician practices & their teams
- Recommendations for frequency of visits are based upon patient stability
 - Weekly or monthly visits

Spoke Challenges

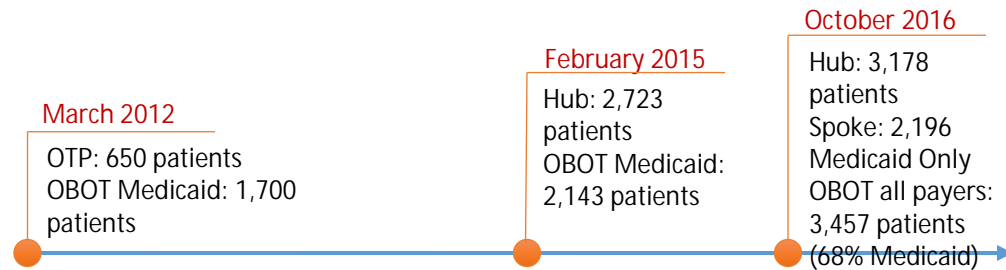
- Polled OBOT physicians regarding most significant expansion concerns
- Consistent feedback:
 - Patients require more time, care coordination than physicians have in their schedules
- Response to feedback:
 - Community Health Team model physicians were offered in-office supports
- Supports:
 - Affordable Care Act Section 2703 Health Home funding for 2 FTE, non-billing responsible staff per 100 patients
 - 90/10 funding split in Spokes
 - 1 FTE licensed behavioral health provider
 - 1 FTE nurse provider
 - Funding lasted 8 quarters, infrastructure supports continue since the 90/10 match ended

Successes:

Increase in Waivered Physicians

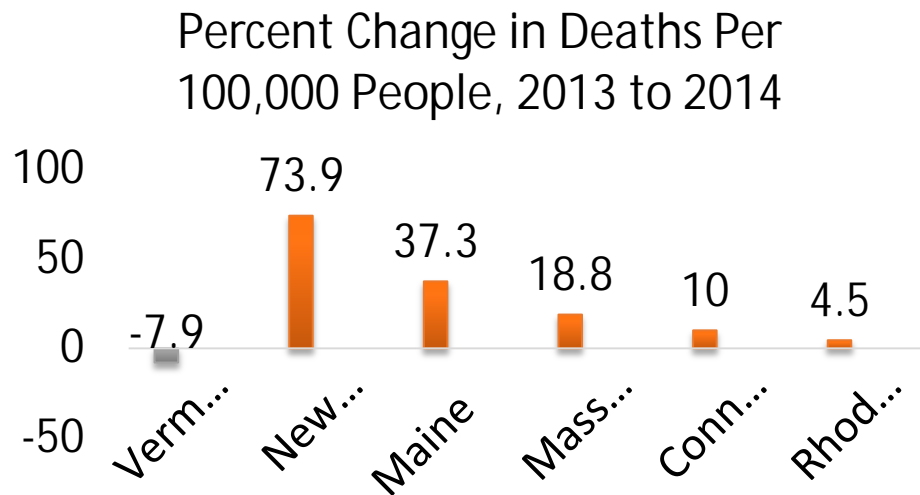
- FTE nurse & licensed behavioral health clinicians deployed to support over 80 settings
- Over 2600 Medicaid patients in OBOT providers
- Increased number of physicians becoming waivered since implementation of infrastructure MAT Team staffing
 - Increased numbers of physicians becoming waivered for 100 patients
 - Physician feedback to infrastructure supports is overwhelmingly positive

Successes: Improvements in Access to Care



- Growth in waived physicians & waived cap between 2003 – 2012
 - 30 patient: 169
 - 100 patient: 37
- Totals as of August 2016
 - 30 patient: 269
 - 100 patient: 73

Successes: Reduction in Overdose Deaths



Source: CDC/NCHS, National Vitality Statistics System, mortality data.

Successes: Medicaid Financial Impacts

- Higher MAT treatment costs offset by lower non-opioid medical costs
- MAT associated with lower utilization of non-opioid medical services
- MAT suggested to be cost-effective service for individuals with opioid-use disorder
- Initial Medicaid savings of \$6.7 million
 - Plans to reinvest in ongoing treatment

Challenges and Opportunities: Buprenorphine in OTPs

- Opportunity
 - Allows for Buprenorphine to be offered in either structure (OTP or OBOT) depending upon patient's assessed needs
- Challenges
 - How to provide buprenorphine in OTPs
 - Reimbursement
 - Costs
 - Defining stabilization/blending cultures
- Solutions
 - Worked with multiple regulatory agencies for reimbursement
 - Learning collaboratives
 - Finding correct balance and triage of patients to OTP/OBOTs