

# Treatment Gaps in Opioid-Agonist Medication Assisted Therapy (OA-MAT) in California Counties: How Many Additional Prescribers Are Needed?

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# Introduction and Purpose

- Is access to OA-MAT in CA counties adequate to meet the need for treatment?
- What is the gap between treatment need and capacity?
- Given the share of people in need of treatment who are likely to seek care at any given time, how many prescribers are needed?
- We produced county-level estimates of opioid use disorder and opioid-agonist MAT treatment capacity to identify OUD treatment gaps at the county level to inform policy and decisions at the county level.
- We found substantial gaps between treatment need and capacity at the county and state levels

# Background and Context

- A few studies have examined the supply of certain providers such as buprenorphine-waivered prescribers, summarizing findings across counties but without providing county estimates.
- Fewer studies have examined supply relative to demand.
- Jones et al (2015) estimated national and state trends in opioid agonist medication-assisted treatment (OA-MAT) need and capacity to identify gaps and inform policy decisions. Estimates of OUD were based on a broad measure of need, past-year opioid abuse or dependence.
  - Results showed significant gaps between treatment need and treatment capacity, with California's gap similar to the national average.

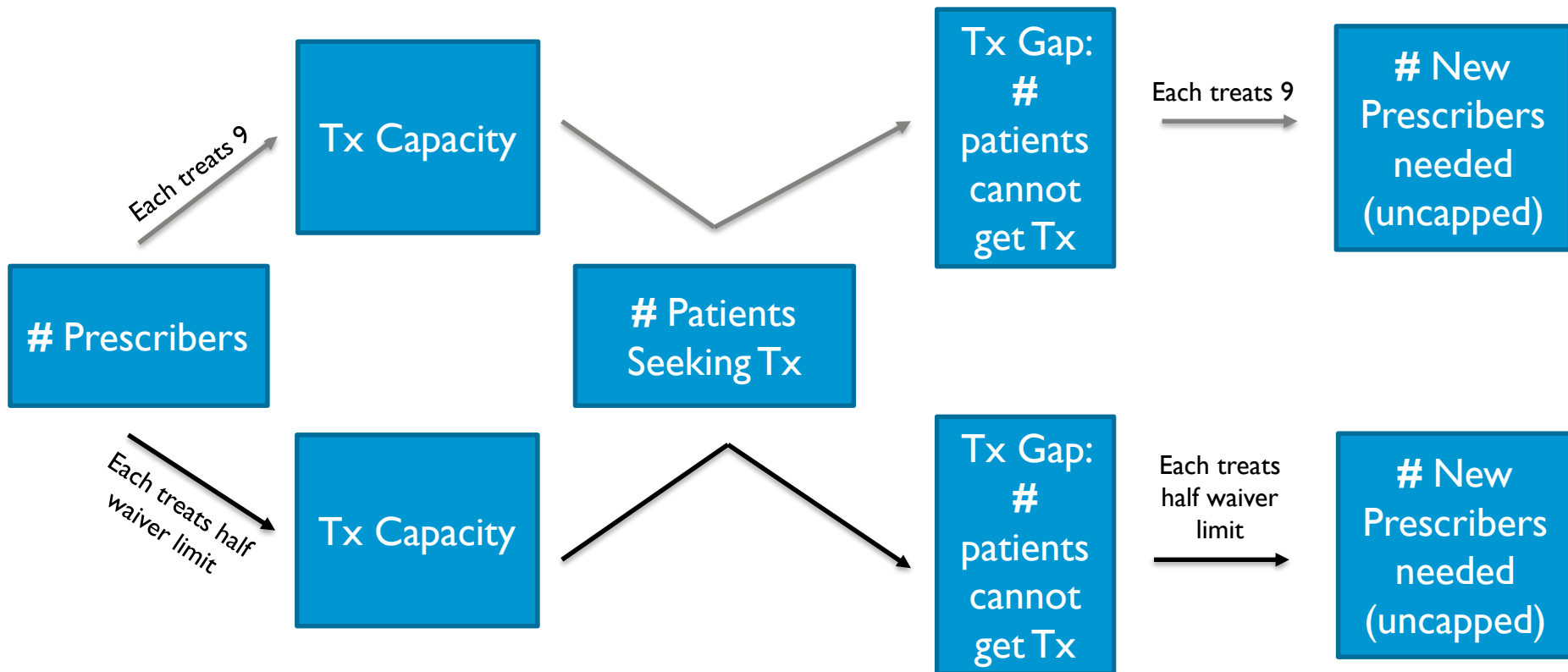
# Key Data

- CA's Opioid Overdose Surveillance Dashboard's opioid-related county-level indicators
- CA's Controlled Substance Utilization Review and Evaluation System (CURES)
- Drug Enforcement Administration (DEA) Active Controlled Substances Act (CSA) Registrants database
  - All prescribers, and DATA-waived providers with a 30-, 100-, or 275-patient limit by ZIP (geocoded to county)
- SAMHSA's past-year estimates of nonmedical use of prescription pain relievers for 26 substate regions in CA; additional OUD-related prevalence measures from NSDUH survey.
- SAMHSA Opioid Treatment Program (OTP) Directory
- Geocoding

# Key Measures

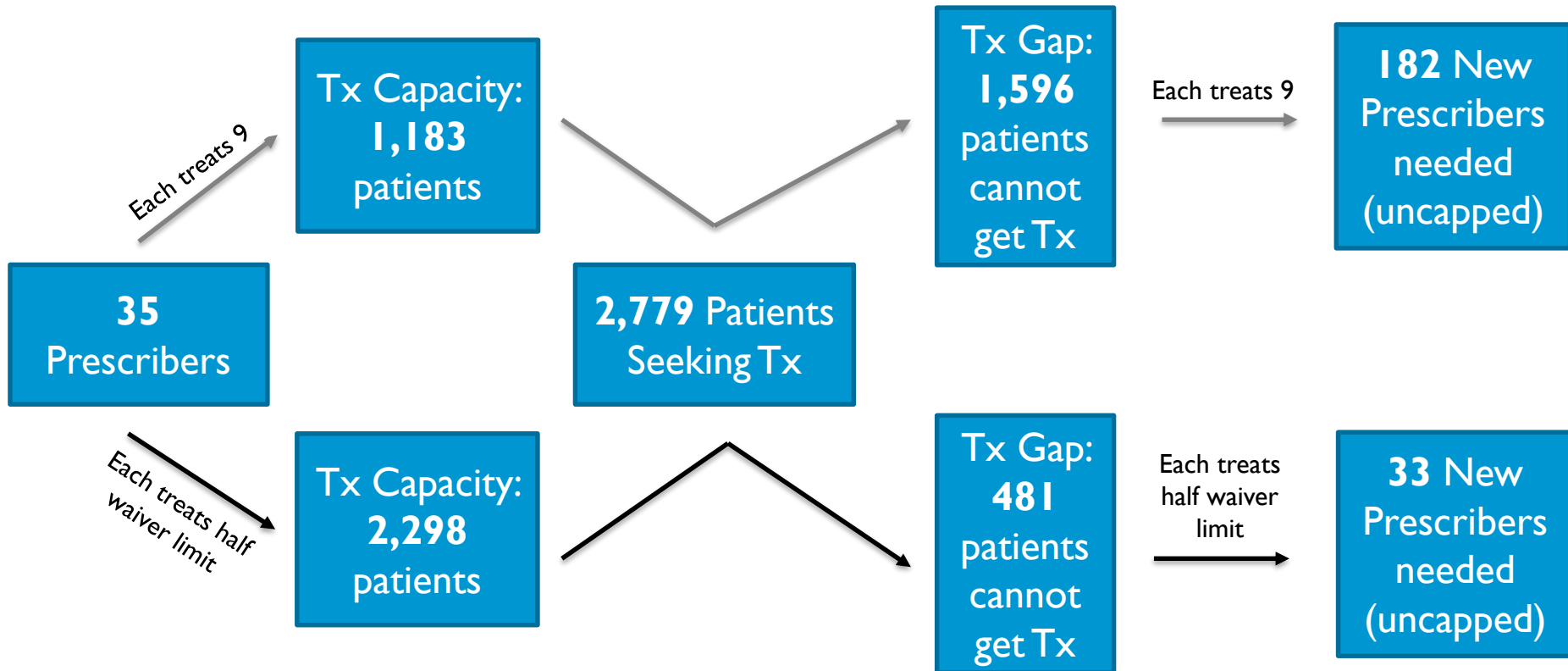
- Prevalence of proxy for OUD by County, defining OUD broadly as past-year misuse of prescription opioids or heroin
  - Sensitivity estimates around a more narrow definition, restricting to only those flagged as opioid use disorder.
- Estimated OA-MAT Treatment Capacity by County (buprenorphine-waivered prescribers and OTPs)
- Estimated Buprenorphine MAT Treatment Gap, Assuming 20% of Individuals with OUD Seek Opioid Agonist Medication-Assisted Treatment (OA-MAT)
- Estimated Additional Buprenorphine Prescribers Needed to Fill the Treatment Gap, Assuming 20% of Individuals with OUD Seek OA-MAT Treatment

# Flow Chart: New Prescribers Needed



# Flow Chart: New Prescribers Needed

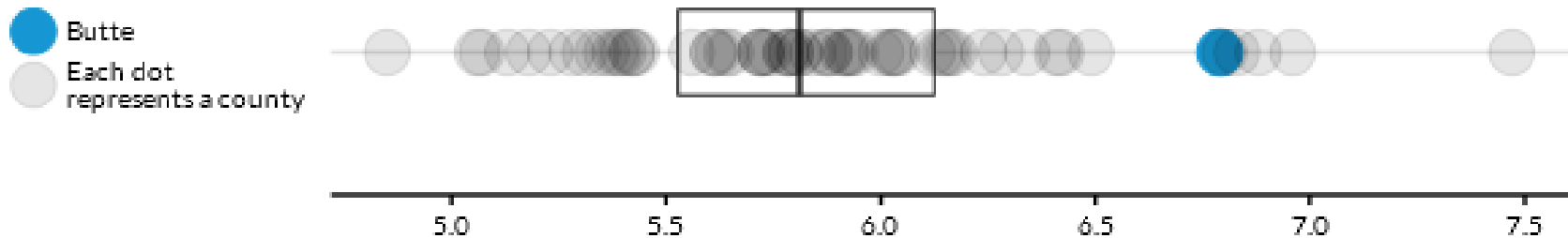
## Example County: Butte



# Boxplot Example

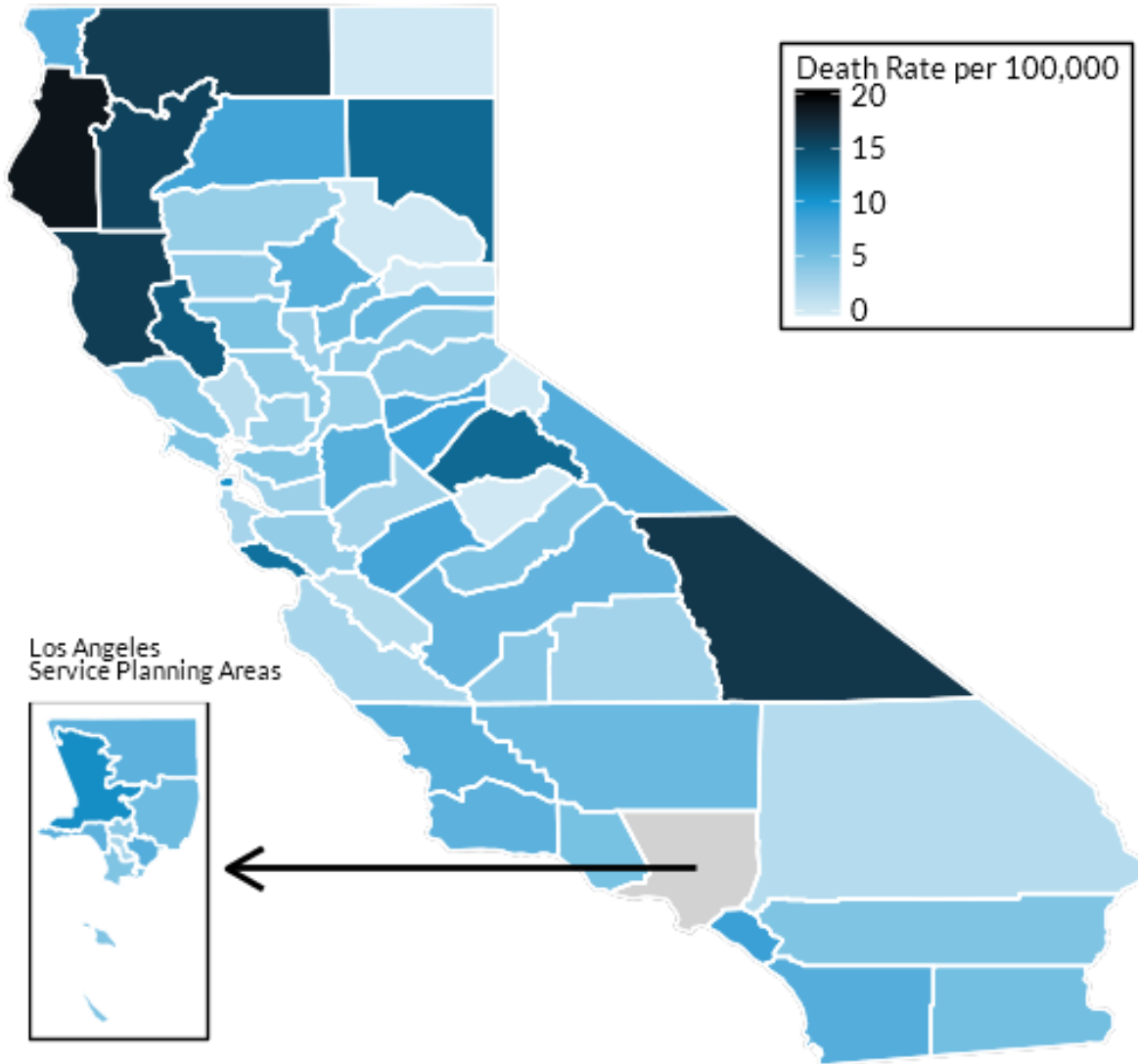
- Each dot in this chart shows the estimated rate of our proxy for OUD (past-year opioid abuse or dependence) among those 12 years and older in each county. The featured county's rate is shown as a blue dot; other California county rates are shown as dots.

Boxplot of OUD Rate by County or LA Service Planning Area



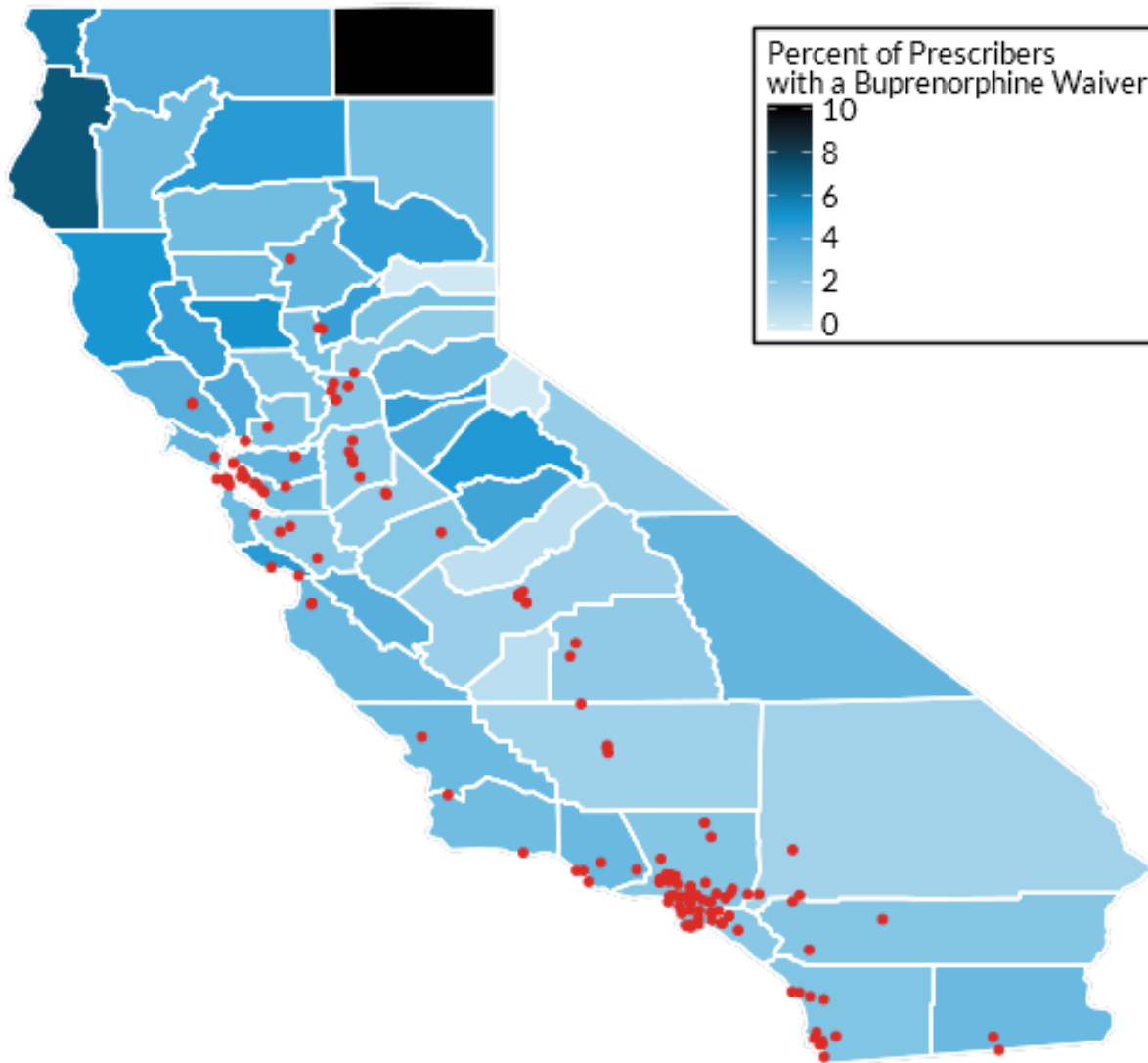


# Deaths Due to Opioid Overdose per 100,000 Residents



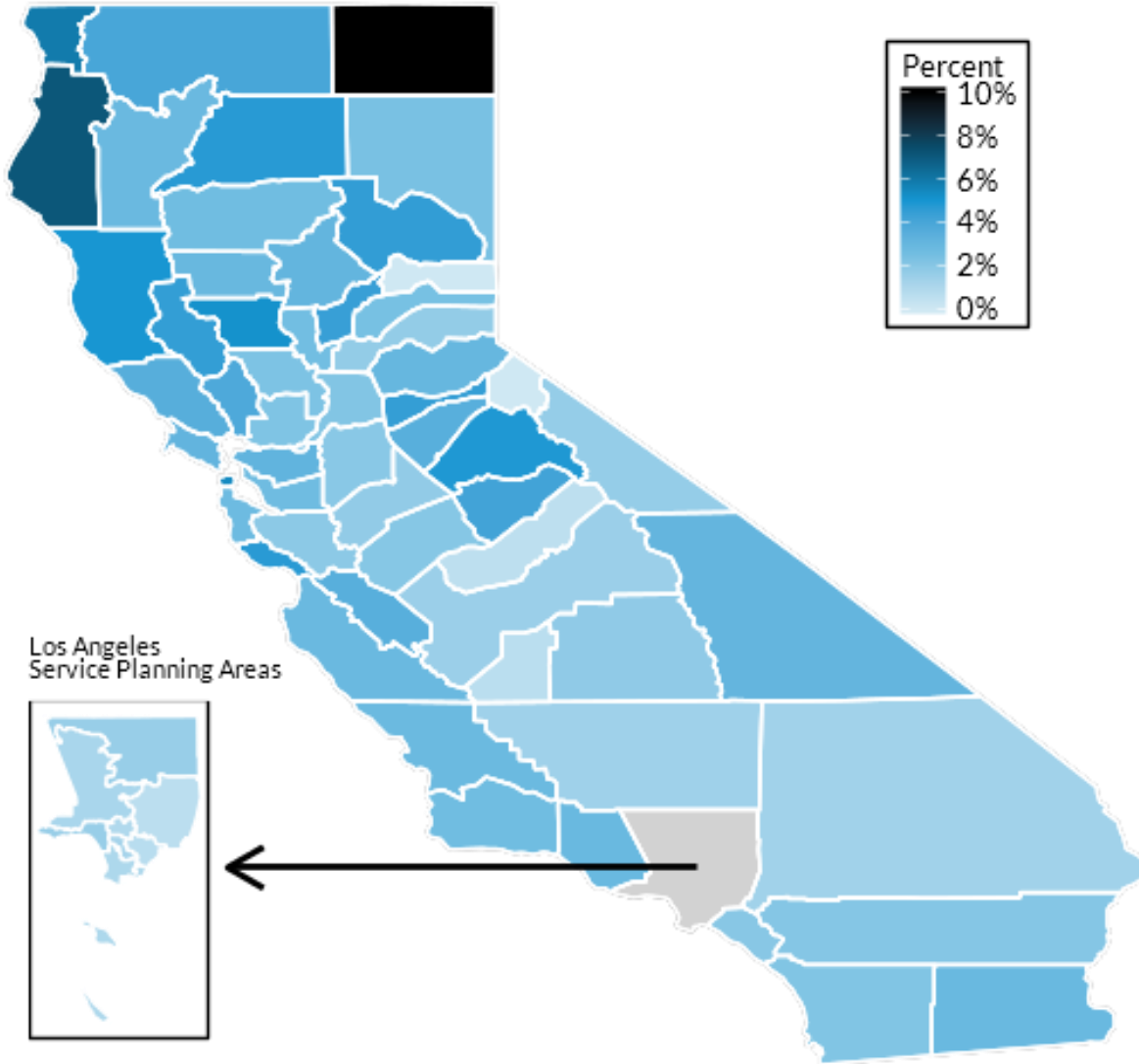
- Median death rate: 4.7 / 100,000
- Minimum death rate: Alpine, Mariposa, Modoc, Plumas, and Sierra – 0 / 100,000
- Maximum death rate: Humboldt – 19.0 / 100,000

## Percent of Prescribers With a Buprenorphine Waiver and Opioid Treatment Programs (OTPs) by Location



- There were 152 OTPs in CA in 2016 with an estimated 46,430 methadone patients
- 35 areas (i.e. counties and LA SPAs) have OTPs
- 29 counties have no OTPs

# Percent of Prescribers with a Buprenorphine Waiver

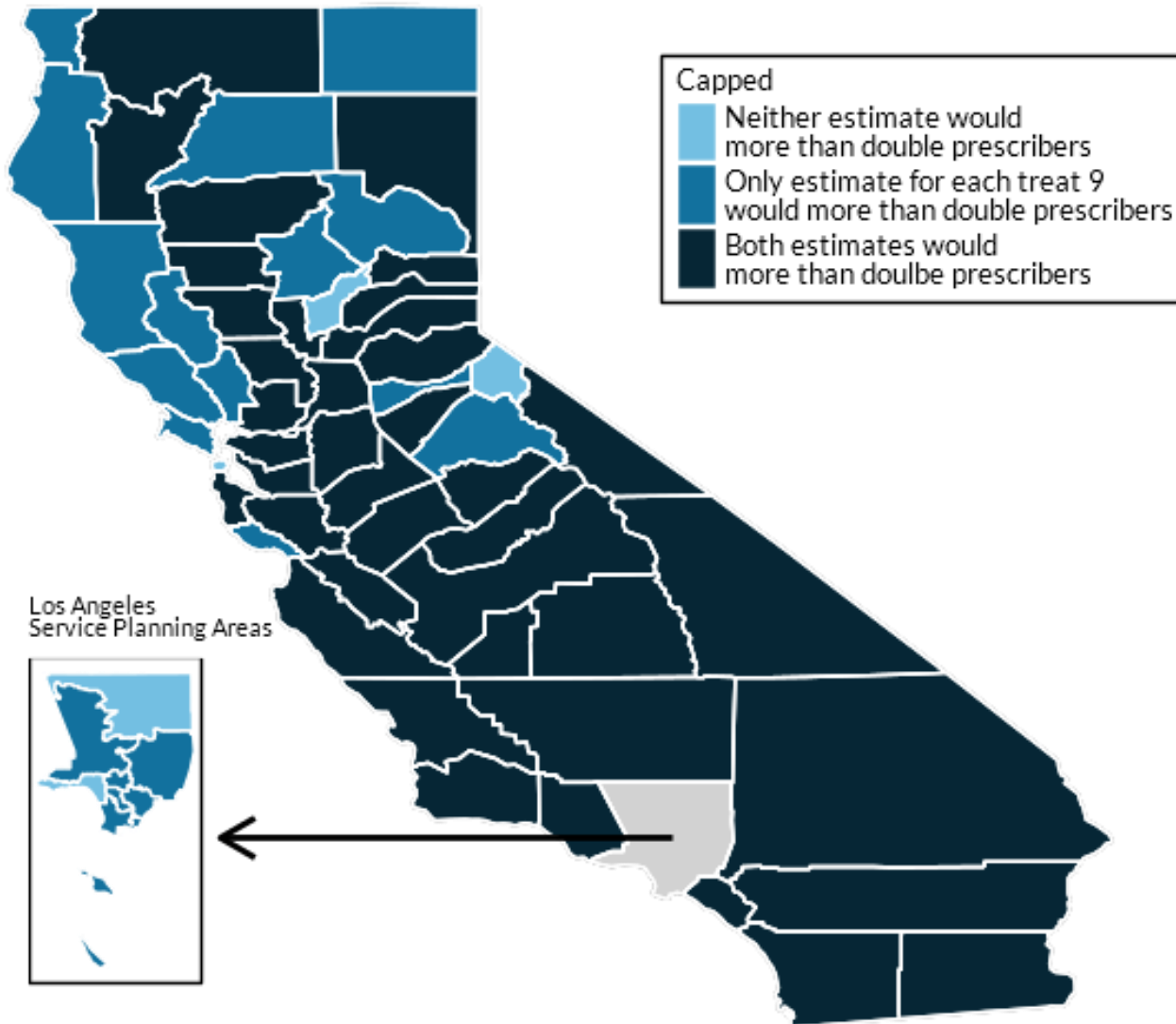


- 2.4% of prescribers in all of California have a buprenorphine waiver
- Median percent of prescribers with a buprenorphine waiver: 2.7%
- Alpine and Sierra have no buprenorphine-waivered prescribers
- Maximum percent of prescribers with a buprenorphine waiver: Modoc – 10.0%

# Overall Estimates: California State

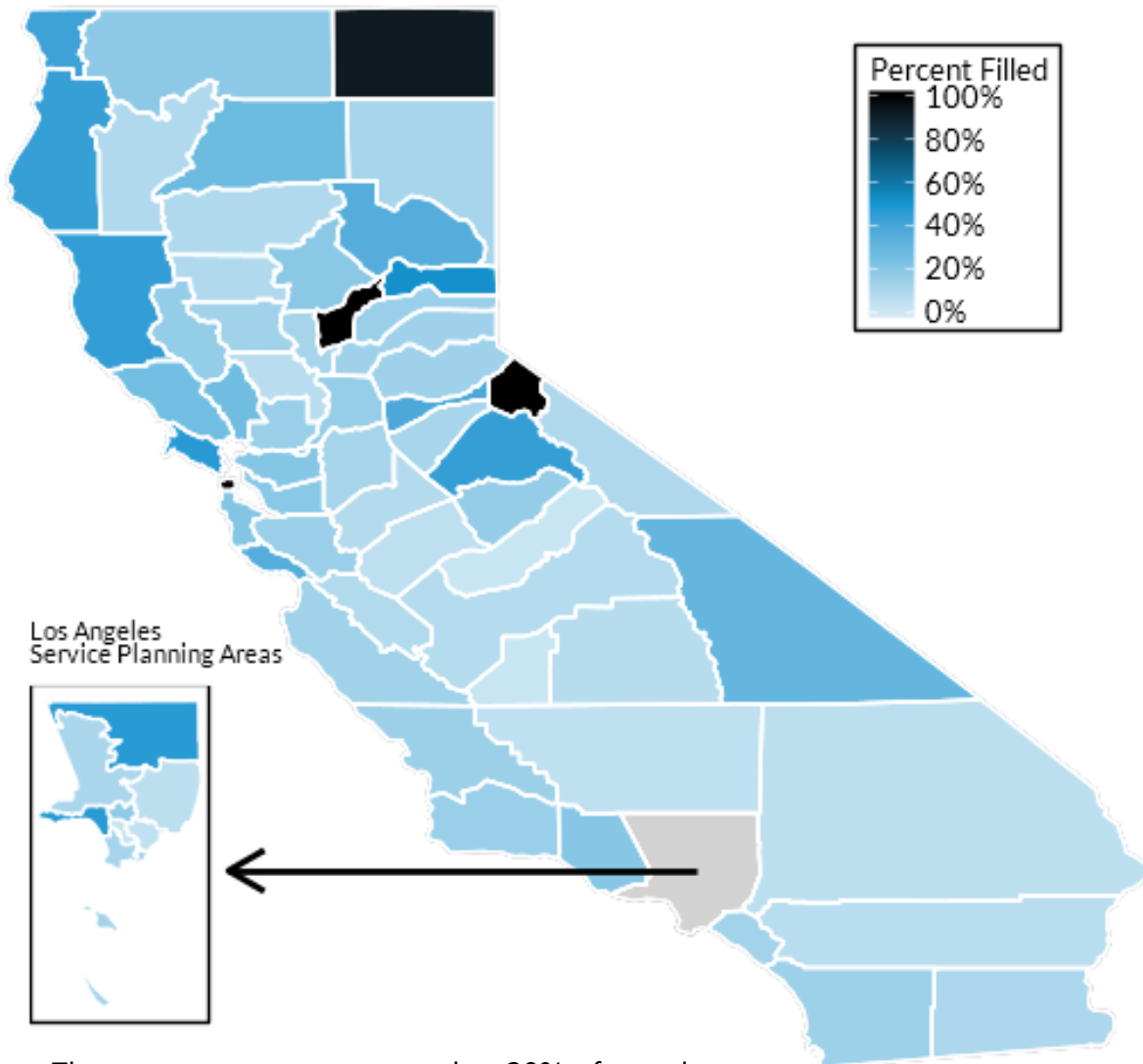
	If each prescriber treats 9 patients	If each prescriber treats half of their waiver limit
Estimated number with OUD likely to seek treatment (20% of those with OUD)	386,875	386,875
Prescribers with a buprenorphine waiver	4,749	4,749
Estimated treatment capacity	103,505	191,142
Estimated treatment gap, assuming 20% of people with OUD seek treatment	283,589	202,489
Estimated new prescribers needed (uncapped)	32,251	13,528
Estimated new prescribers needed (capped)	4,292	3,662
Percent of treatment gap filled by capped prescribers	13.3%	27.1%

## Capping of Provider Estimates to No More Than Double the Countys' Number of Buprenorphine Prescribers



- In 3 counties neither estimate is capped.
- In 15 counties the "all treat 9" estimate is capped, and the "all treat half of their waiver limit" estimate is reported.
- In 46 counties both estimates are capped, and we recommend that the county double the number of prescribers.

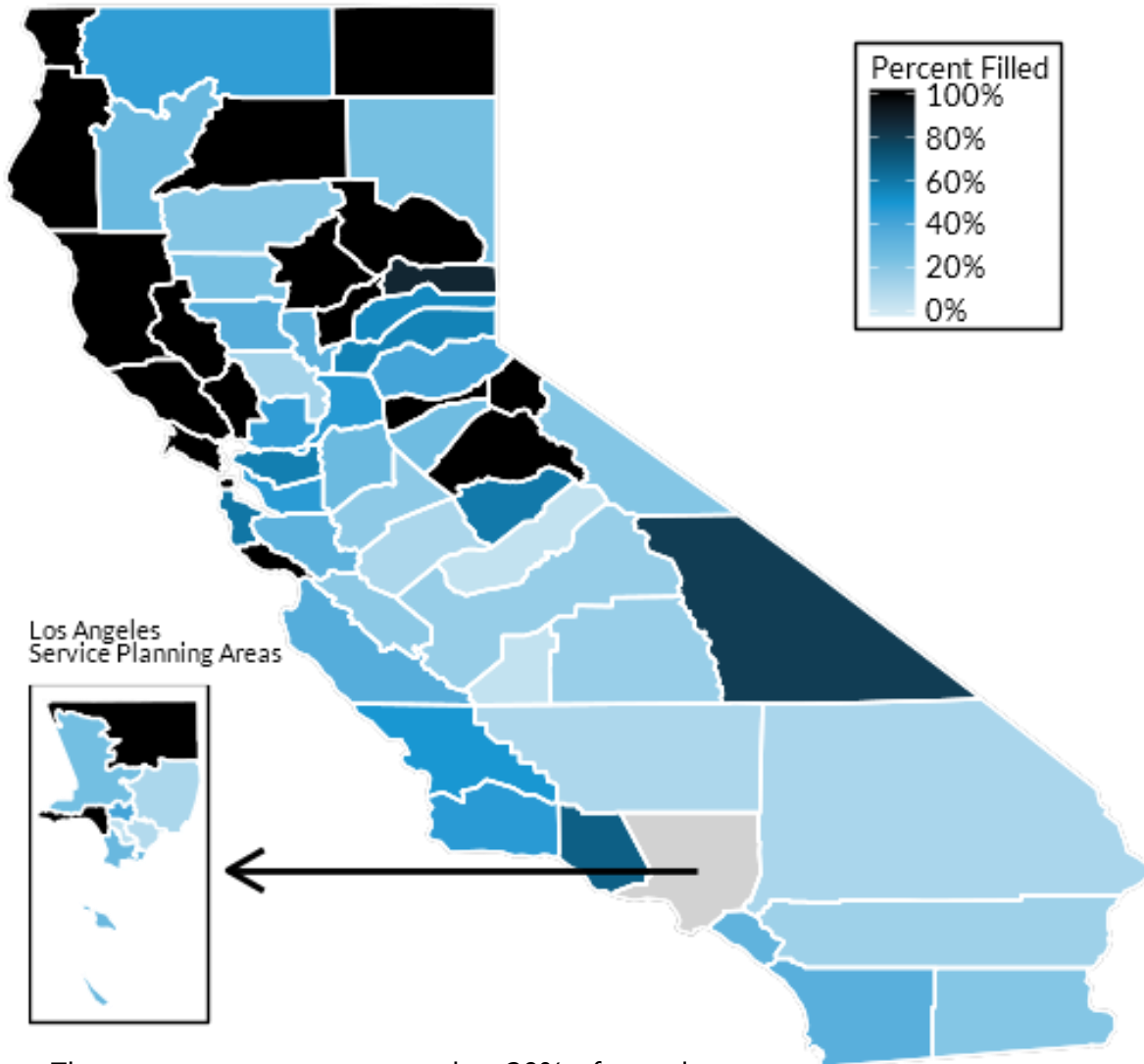
## Percent of the Treatment Gap Filled by the Capped Number of New Prescribers, If Each Prescriber Treats 9 Patients



- Overall, the treatment gap would be filled by 13.3% across the state.
- In 3 counties, the capped estimate would fill 100% of the treatment gap: Alpine, San Francisco, and Yuba.
- Minimum percent of treatment gap filled by the capped number of prescribers: Kings – 2.0%

Note: The treatment gap assumes that 20% of people with OUD seek treatment.

## Percent of the Treatment Gap Filled by the Capped Number of New Prescribers, If Each Prescriber Treats Half of Their Waiver Limit



- Overall, the treatment gap would be filled by 27.1% across the state.
- In 18 counties, the capped estimate would fill 100% of the treatment gap.
- Minimum percent of treatment gap filled by the capped number of prescribers: Kings – 3.9%

Note: The treatment gap assumes that 20% of people with OUD seek treatment.

# Limitations

- Assumptions, e.g. 20% likely to seek treatment may be low.
- The data used to estimate rates that we used to proxy need for OA-MAT treatment are based on self-reported information on past-year opioid abuse or dependence, are subject to recall and social-desirability biases and exclude some populations likely to have relatively higher rates of OUD, such as people who are homeless and do not use shelters and people who are in institutional settings such as people in jails.
- Estimates related to the number of patients treated by each waived provider may be high or low.
- The average treatment duration for buprenorphine MAT treatment is less than one year; thus, a prescriber could use each waived slot to treat multiple patients sequentially over a year.
- The treatment gap could be filled under many alternative scenarios, not just the ones presented here.
- Taken together, these limitations related to estimation suggest that the main estimates of additional buprenorphine-waived prescribers needed per county to achieve capacity to treat all people with OUD may be somewhat high.



# Sensitivity re: measures of treatment need

- Main estimates defined OUD broadly as past-year misuse of prescription opioids or heroin, which includes those with abuse, dependence and misuse.
- If OUD is defined more narrowly to include only those with past-year opioid abuse:
  - The number of people needing treatment stills exceed the estimated treatment capacity in almost all counties.
  - But if only 20% of this narrow measure seek treatment, most counties would not have a treatment gap.
- If we define OUD to include those with abuse and half of those with dependence and misuse, and 20% seek treatment, there is still a large treatment gap, requiring a large increase in the number of buprenorphine waived prescribers in most counties.

# Other considerations

- The clinical impact of increasing the number of buprenorphine-waivered prescribers in an area has not yet been documented, although buprenorphine MAT treatment has been shown to be effective treatment.
- Many individuals with OUD need access to more intensive treatment than outpatient MAT treatment, such as residential or inpatient services, and treatment for SUDs that co-occur with OUD, multi-morbidity including mental health conditions.

# Summary

- OA-MAT capacity in CA counties shows a significant gap between treatment need and treatment capacity. The gap is particularly sharp in some of the counties with the greatest treatment needs.
- What can be done to close the substantial gaps between treatment need and capacity at the county and state levels?

Both short and long-term strategies to expand the number of waived buprenorphine providers are needed to address treatment gaps; other strategies will also be needed to expand treatment access for vulnerable populations.

# Future Analysis

- Further sensitivity analysis around the definition of OUD and updates of other parameters as new estimates are available in published literature
- Track trends in the expansion of OA-MAT over time
- Examine access to more intensive treatment than outpatient MAT treatment, such as residential or inpatient services.
- Examine access to treatment for substance use disorders that co-occur with OUD and comorbid mental health conditions