Meeting Minutes of the Stakeholder Advisory Committee (SAC) For Ohio’s SUD 1115 Waiver

Provider Capacity Assessment

- ODM facilitated a discussion about the provider capacity assessment. The data shows access to all levels of care for substance use disorders (SUD) and Medication-Assisted Treatment (MAT) in areas of Ohio.
- The SAC reviewed the data maps to identify areas of the state where there might be potential access issues for SUD treatment and specifically MAT.
- SAC Question: How fresh /current is this data?
  - This is intended to create a baseline for the SUD 1115 waiver. The primary data is from state fiscal year (SFY) 2019 when the SUD 1115 waiver started. The data reflects the time period of June 2018 through July 2019. Given this historical view, there may have been changes in provider capacity between then and today.
- ODM views this data analysis as an interactive process. We seek SAC review and input to inform future research questions. ODM staff will be refreshing this data as it changes and new providers come online.
- SAC Question: Is the percentage against the entire county’s population?
  - No. This percent is against the Medicaid recipients. All data is limited to Medicaid data.
- ODM Question: Do you think there could be a lack of access in the four areas circled on page 11 (the uppermost northeast county, southernmost tip, southeast of Cincinnati, and around Akron).

[The group discussed geographic regions of Ohio]

- Uppermost northeast county, SAC comments:
  - There are two longstanding community health providers in Ashtabula. Recently, Brightview and a residential center called Square 1 have opened. There may be some additional capacity coming online in that area. Watch for the data coming in 2020.
  - The county is very rural south of Route 90. This imbalance in population density may influence the data and impact provider capacity.
  - The judicial system in Ashtabula is averse to suboxone. Courts almost entirely order the use of vivitrol. Many patients never return after 1 vivitrol injection.
- Southernmost tip of Ohio, SAC comments:
  - There is a provider in this area that is interested in starting a MAT intensive outpatient program.
  - There is activity along the river, however there are difficulties finding psychiatrists. Patients use their primary care physicians. The proximity to West Virginia causes Ohio patients to seek care across the river.
  - There are 30-40 new providers that have moved into Southeast Ohio.
- Northwest Ohio
  - SAC Comment: In Northwest Ohio, the light blue shading indicates a lower relative percentage of Medicaid recipients with an OUD. However, there is very little provider capacity in that area. Access to MAT is another challenge in that area as seen in the data.
• ODM Comment: ODM has reviewed research on how long patients remain on MAT. One study showed vivitrol has lower retention rate compared to other medications used to treat SUD.

• SAC Comment: The pie charts effectively show MAT numbers. Suggest adding an overlay for comprehensive SUD treatment beyond just MAT. That way, the data maps are not portraying MAT as the only solution for SUD.

• SAC Question: Distance to care is an important measurement. We need to understand how far a person travels from where they live to receive services. Do the maps show where the member lives or where they receive service?
  o ODM Response: The blue shading is based on the individual’s address and shows Medicaid recipients. The dots show the provider service location from the provider master file in the ODM system. If a provider has multiple addresses in the claims data, ODM does not know exactly where the member is going to receive services. The new provider system which will be implemented Spring 2021 will capture more detail on where people are traveling to receive treatment.

• SAC Question: The maps show where higher concentrations of people are seeking treatment. It would be interesting to see the pie charts for individuals getting care and answer to questions like: What percentage of people with OUD are receiving care? How do we know if the provider supply in an area meets the need?

• SAC Question: The map on slide 12 says that standalone vivitrol is not included in the data. Is this the case for all maps? Have you captured the many providers (for profit and not-for-profit) coming in from out of state? The Boards are getting an influx of new providers certified regularly.
  o ODM Response: The data on slide 12 is specific to buprenorphine and methadone. The data may be missing providers that are not submitting claims to Medicaid.
    ▪ OTPs are regulated by MHAS. These clinics may administer buprenorphine only, methadone only, or both buprenorphine and methadone.
    ▪ Office Based Opioid Treatment (OBOT) providers follow prescribing practices that are regulated by the Board of Pharmacy. This board authorizes the distribution of buprenorphine. There is no authorized body for regulating vivitrol.
    ▪ For the maps other than slide 12, the data shows all MAT medications for OUD including vivitrol. If Medicaid is receiving a claim for a medication, then ODM captures the information, including vivitrol.

• SAC Question: Can you overlay data on the map to show relationships between providers who don’t have onsite MAT but have a partnership with an agency that is giving MAT?
  o ODM Response: ODM does not currently know those relationships. This suggestion could inform future models in iterations to come.

• ODM Comment: The data finds that the portion of Medicaid paid claims billed as telehealth is higher for behavioral health services compared to non-behavioral health services since COVID started.
  o It seems that BH providers are more open to using telehealth to deliver services. Telehealth could help with access. However, some services including MAT must be given face to face.
The long-term workforce issues are important to understand. Are providers able to serve more patients with telehealth? We assume that telehealth allows this using the current workforce.

- SAC Comment: Looking at the type of medication for MAT may be helpful in terms of telehealth and type of service. This information would give the full picture of all the medications being used to treat addiction and which providers are providing different types of MAT. ODM could get this information from claims to see the types of medications that are being billed.

Arnold Project Update

- Technical Assistance Collaborative (TAC) provided an overview of the Arnold Project. For the detailed briefing information, refer to slides 27 to slides 49 in the meeting document.
- SAC Comment: The amount of time that it takes to collect uniform data is higher than expected. Suggest planning for extra time and complexity to get the data into a usable form.
- SAC Question: How are we accounting for the prior authorization challenges that providers have when making clinical decisions using claims data?
- TAC Response: We will take this question back to the team. It will be instructive to take this offline and learn more about prior authorization issues.
- SAC Comment: The criminal justice system overlay is important to consider as the framework comes together from a quality and clinical perspective. Several courts consider vivitrol as the only option which may not work for everyone.

Update/Progress Report on Targeted Work Group Meetings

- The Targeted Work Groups are moving along well and will be reporting back to the larger committee with the drafted recommendations on the November 20th meeting.

Other Updates

- Next SAC meeting will be on November 20, 2020