

Update on Medication Assisted Treatment (MAT) in a County Health and Behavioral Health System

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MAT across the board

- Pilot with both Primary Care Providers and Behavioral Health Care Providers on using medication guidelines for Medication Assisted Treatment
- Consultation available from a psychiatrist with addiction medicine background
- Pilot reviewed by system wide Pharmacy and Therapeutic Committee
- Medical Student and Psychiatric Resident support to update clinical guidelines

Impact so far (I)

- Wide interest in primary care providers learning about and using the guidelines
- Trainings specific to use of Suboxone and pain management
- Grand Rounds on Pain Management strategies for both Primary Care and Behavioral Health
- New Health System level task force on managing long-term opiate use

Impact so far (II)

- Psychiatrists and psychiatric nurse practitioners now trained on MAT and becoming more comfortable
- With new Drug Medi-Cal (California Medicaid) benefits including substance abuse treatment, detoxification, and medication management, more requests for MAT
- A version of SBIRT also now required and leading to more awareness and MAT interest

Working with a Health Plan

- In California, all counties have a County Health Plan that regulates local Medi-Cal (and some Medicare in cases); some counties have multiple Plans
- New co-operation as Medi-Cal expanded and new Medi-Medi project ahead
- Agreeing on screening tool(s)—a work in progress: likely to decide on Audit-C

Long Acting Naltrexone (Vivitrol) Pilot

- Pilot expanded by convincing local Health Plan to pay for the medication for clients with Medi-Cal--\$750/month (340B pricing: \$525/mo; retail pricing: \$1100/mo)
- Data on saved ER visits did the convincing: clients went from an average of 5.8 ER or PES visit in six months to 0.2 ER or PES visits
- The “payer” sees the savings and willing to cover a very expensive medication

Vivitrol and clinical outcomes

- Besides dramatically reduced RE and PES visits, dramatically reduced drinking days
- Some clients able to be employed
- All in stable living arrangements
- Many able to switch to less expensive oral dosing
- Some able to stop the meds but remain sober through traditional substance abuse treatment services (including 12 step)

MAT and Vivitrol future

- Become mainstream treatment, not a pilot
- Train more providers (especially nurses) on the use of the medication
- Being considered as a way to help some clients who remain in higher levels of care because they cannot handle community placements due to alcohol abuse
- Health Services and Behavioral Health Services truly recognizing need to treat substance abuse