American Association for the Treatment of Opioid Dependence, Inc.

Five - Year Plan
2022 - 2026

Released: May 2, 2022

Prologue

Our treatment system is entering a major period of transition in 2022. There have been legislative and regulatory recommendations that seek to make medication the singular treatment, rather than a comprehensive array of clinical services to provide care to patients with a complex medical disorder. In our judgment, this is risky if it is widely applied to newly admitted patients. We are also in an era of shifting opioid use with fentanyl as the dominant opioid being used by untreated individuals in combination with powerful stimulants. We have found that it is more difficult to stabilize such patients and a number of Opioid Treatment Programs (OTPs) are accelerating induction schedules and increasing doses to achieve clinical stability.

In addition, we are in an era of expanded opportunities to increase access to care, especially with the recent Drug Enforcement Administration (DEA) approved policy to open more mobile van systems in the country and with the updated Substance Abuse Mental Health Service Administration (SAMHSA) policy of increasing access to bricks-and-mortar medication units, which can act as spokes to the OTP hub sites. The point here is that we are in a shifting regulatory framework and are waiting for recommendations, which will come from the National Academies of Sciences, Engineering, and Medicine (NASEM). We anticipate that NASEM may make helpful recommendations to

move the system forward, but we remain concerned about the direction that some of the policies might take. We are opposed to providing clinicians with prescriptive authority where such clinicians could write a prescription for methadone for a 30-day supply and have that prescription filled by pharmacies without much tracking or accountability. As a reminder, this is exactly what happened over 20 years ago, as doctors were writing prescriptions for methadone to treat pain. This resulted in significantly increased methadone related mortality as detailed in the five nationally published reports at that time, beginning in 2003 and extending through 2010. The findings of these five reports reached consensus in determining that the cause of increased methadone mortality was directly connected to the prescribing of methadone to treat pain and having the medication distributed through pharmacy channels. As new policy recommendations are made, we want to be careful that we are not creating a different problem, which could also result in compromising the integrity of the treatment system. We are also waiting to read the recommendations from SAMHSA with regard to proposed changes in regulatory oversight for OTPs.

Introduction

AATOD's Board of Directors initially approved a strategic organizational Five-Year Plan during 2001, and subsequently updated the plan in 2007, 2012 and 2017. AATOD implemented these plans in conjunction with Board members, treatment providers, federal and state agencies, partnering policy organizations, corporations and patient advocacy groups.

We have achieved a great number of policy victories in moving our system of care forward in implementing elements of these strategic plans, including the development of the first ever Medicare reimbursement for Medicare eligible patients participating in OTPs in addition to working with our policy partners like the Legal Action Center (LAC), Justice Community Opioid Innovation Network (JCOIN) and the Opioid Response Network (ORN) under the aegis of the American Academy of Addiction Psychiatry (AAAP) to increase access to medication-assisted treatment for inmates with opioid use disorder in correctional facilities.

We have also continued our work with the World Federation for the Treatment of Opioid Dependence (WFTOD), the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO).

On the domestic policy side, we have also been working with National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) to get an accurate patient census of the individuals participating in OTPs.

The Board of Directors believed that it was critically important to go beyond the boundaries that restrict planning at the individual program and state level. It is understood that long-range strategic initiatives have been important to guide the future of our treatment system, requiring a focused effort in selecting the most critical initiatives, which will have the most substantive impact in shaping national substance abuse policy and organizational planning, resulting in improved patient care. It is also understood that time and funding are finite and need to be judiciously utilized in managing our resources to the best possible advantage.

The following initiatives create a foundation for forward leaning policy to expand access to OTPs wherever they are needed in the United States and abroad.

Increasing the Number of OTPs and Patients in the United States

As we cross into 2022, there are approximately 1,900 operating OTPs in 49 states, the District of Columbia, Puerto Rico and the Virgin Islands. At the beginning of our last five-year plan in 2017, there were about 1,500 operating OTPs.

The OTPs have expanded over the course of the past five years, but the expansion has not been significant enough to meet the increasing needs of people with opioid use disorders (OUDs), requiring access to comprehensive treatment services, which are provided through OTPs. This is the result of restrictive zoning ordinances, which prevent OTPs from opening in addition to limitations of third-party reimbursement. It is also important to point out that Wyoming does not have any operating OTPs and West Virginia has not opened a new OTP in over ten years. Accordingly, AATOD will devote its resources to work with federal and state governments to increase access to OTPs wherever they are needed. We will work with all treatment provider entities, including non-profit and proprietary entities to expand access to care in underserved areas of the United States.

Additionally, there has been an increasing number of patients being admitted to OTPs. AATOD began to collect patient census data during 2021 under a grant through the Opioid Response Network (ORN) in partnership with the National Association of State Alcohol and Drug Abuse Directors (NASADAD). NASADAD has collected data from 1,547 OTPs through State Opioid Treatment Authorities (SOTAs) and preliminary findings indicate that approximately 513,000 patients are in treatment as of January 1, 2021. It is important to keep in mind that the universe of OTPs as of January 1, 2021 include 1,826 operating centers. Clearly there are a greater number of people in treatment and we will plan to release the extrapolated patient numbers during the second quarter of 2022 with a comprehensive narrative.

AATOD will continue to work with SAMHSA and all relevant policy partners to accomplish the following goals. The first will be to identify existing treatment resources for opioid dependent individuals. The second will be to identify where care is needed in underserved areas of the country. The third will be to identify what financial resources are needed to provide support for such patient delivery. The fourth will be to work with all relevant parties in the criminal justice system and other parts of the behavioral and primary medical care system to ensure that patients receive comprehensive and well-coordinated care. It is understood that

this is a multi-year effort and will require continued and ongoing coordination with policy partners, as indicated above.

The Combined COVID-19 Pandemic and Opioid Use Epidemic

The opioid epidemic began with prescription opioid misuse, which morphed into heroin use and, at present, to increased fentanyl use. Our country has also entered an era of increased stimulant use, particularly with methamphetamine. It is also fair to indicate that the COVID-19 pandemic lasted for far longer than any of us could have anticipated. Both situations have had tragic results and have ushered in an era of policy considerations about how we should increase access for the treatment of opioid use disorder and how we should evaluate existing regulatory oversight in an era that has been reshaped by these combined public health challenges.

AATOD has been getting reports from treatment programs throughout the United States, indicating that patients, who are using fentanyl are more difficult to stabilize during the early induction period of treatment. Accordingly, we will be working with our associates in the American Academy of Addiction Psychiatry (AAAP) and the Providers Clinical Support System (PCSS) Mentoring Program to develop clinical practice guidelines so that OTPs and

DATA 2000 practices will be able to implement interventions to more effectively treat such patients.

Expanding the Footprint of OTPs in United States

What follows are a number of AATOD policy initiatives with regard to OTP development and oversight. We believe it is important to expand the footprint of OTPs throughout the United States, especially in suburban and rural areas. In considering such matters, it is important to point out that to have a positive impact on how OTPs function in the current and future COVID-19 environment, changes in state oversight need to be aligned with changes in federal oversight.

Funding

SAMHSA grants are appropriated by Congress and go to Single State Alcohol and Drug Abuse Authorities. However, current "language" does not allow these funds to be awarded to or used by for-profit proprietary OTPs. This policy needs to be changed since approximately 60% of the OTPs are operated by for-profit entities. State Alcohol and Drug Abuse Authorities are currently able to contract with such entities with specific operating requirements and deliverables. However, this procedure needs to be more transparent so that OTPs, regardless

of ownership status, will benefit from opportunities to expand. Fortunately, SAMHSA has already begun to move in this policy arena. In a communication dated August 4, 2021, Dr. Miriam E. Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use, provided guidance to State Alcohol and Drug Abuse Directors to use SAMHSA funds for both non-profit and for-profit OTPs through appropriate mechanisms and to use such funds to purchase mobile vans. The use of mobile vans is particularly vital to serving patients in rural areas as well as prisons and jails where research shows a large majority of the patients with OUDs are placed. AATOD recommends that SAMHSA continue to support the expansion of mobile vans connected to OTPs wherever they are needed and to monitor how states will use such funds to treat opioid use disorder.

Mobile Vans

After several years of consideration, the DEA released new mobile van regulations on June 28, 2021. In our judgment, AATOD sees three broad applications in using such vans. The first pertains to the more standard use of such vans, which extends the reach of OTPs in surrounding communities. The DEA has simplified the process of developing such vans, although other issues must be considered, including the purchase price of these mobile components.

Additionally, state Medicaid Authorities need to develop a rate reimbursement package for the services that are offered through these van units.

The second broad application is how such vans could work with the justice system. In this case, the OTPs would work with the SOTAs as well as the Departments of Corrections. The goal would be to have the OTP dispatch such vans to correctional facilities, including jails and prisons, where the OTP van personnel would induct patients onto one of the three federally approved medications to treat opioid use disorder and would maintain inmates on these medications until the time of their release. These patients/inmates would also receive additional clinical services to support the use of these medications during their period of incarceration and transition back into the community. Van personnel or correctional program personnel would work in cooperation with program personnel to coordinate a seamless handoff to a community-based provider so patients can be admitted into the OTP or a DATA 2000 practice upon release in an effort to continue treatment.

Illustratively, the New York State legislature passed a law that will require all New York State correctional facilities to provide medication-assisted treatment to inmates with opioid use disorder. This will take effect in October 2022 and we will work with our New York State associates to bring this to fruition.

The third application would be to use such vans to provide, expand, and enhance access to care for people with opioid use disorder in residential settings. These settings could include recovery homes, which are classified as medication free facilities, skilled nursing facilities and nursing homes, in addition to many other site needs.

AATOD will also use its resources to promulgate the expanded use of mobile vans through training webinars and policy guidance. This will be a concerted effort in collaboration with OTPs, SOTAs, in addition to SAMHSA and the DEA. The next several years within this five-year strategic planning period will mark a major effort in implementing the new regulations and guidance that were provided to the field in 2021.

Non-Mobile Van Units

AATOD recommends that expanded medication units (non-mobile medication units) work in conjunction with licensed OTPs. We also recommend that SAMHSA coordinate this effort with the DEA and SOTAs. We reiterate that the use of telehealth services to assess and induct new methadone patients enhances the ability of such medication units to admit patients. In this case, and unlike

mobile vans, the medication unit is a brick-and-mortar facility, which can be located in the general vicinity of the OTP, or some distance away, depending on the treatment gaps in the county or region of the state.

Telehealth Services Through OTPs

Telehealth services expanded significantly at OTPs, and we learned that many patients did not have the technology for visual/two-way exchange, leaving them with audio-only opportunities. This experience has also compelled a review of how such services can be incorporated into updated OTP policy. AATOD is renewing its recommendation to have SAMHSA change the ability of OTPs to admit new patients to treatment with methadone via telehealth. This will be especially important to the recommendations that follow.

AATOD will also continue to work with the Centers for Medicare & Medicaid Services (CMS) to ensure that proper reimbursement rates will cover telehealth services. CMS Medicare has already provided guidance and we hope that their reimbursement policy approaches will be matched through CMS Medicaid.

Developing Educational Initiatives for Members of Congress

AATOD will work with relevant policy partners, including the Board of Directors in order to develop a sustained educational initiative to educate Members of Congress. The importance of this initiative was clearly identified during 2018 since so many Members of Congress did not understand how opioid treatment programs function, the characteristics of the patients we treat and the comprehensive services that are provided. There is also a major misunderstanding about how medications are used to treat opioid use disorder, especially methadone maintenance treatment. It is understood that this will require sustained financial resources in order to effectively coordinate how OTP administrators and patient advocates are able to meet with Congressional representatives both in district offices and in Washington DC. It is also understood that this will be an ongoing initiative, which will continue over the course of AATOD's strategic five-year plan. We anticipate that this will be an increasingly important initiative since a number of legislative bills are going to be introduced, which will have a direct impact on treating opioid use disorder.

Conference Development/Training

AATOD will continue to use its conferences as a method of showcasing leading initiatives and training for OTP personnel. These conferences began in 1984 and continue to the present time. We will continue to promote evidence-based

practices and patient centered care through such conferences in addition to supporting patient advocacy training and methods of improving programs' operational capabilities.

Webinar Development, Enhanced Communication

We will continue to use webinar-based training resources as a method of advocating for the goals of this strategic plan. We will use the concept of such webinar development to further promulgate new training opportunities.

We will continue to utilize our website and social media platforms as a method of promoting new training opportunities and ensuring that our policy documents are widely disseminated through all of our communication sources. We will also continuously update our website including mobile friendly features so that interested parties will be able to readily access materials from their mobile devices.

Working with Denver Health and Hospital Authority/RADARS® System

We will continue to work with the Denver Health and Hospital Authority and participating OTPs to anonymously collect patient admission data under the

aegis of the Researched Abuse, Diversion and Addiction-Related Surveillance (RADARS®) System. We began this initiative in January 2005, collecting more than 130,000 patient surveys. This data gathering system is especially important at this time since patients have shifted from using prescription opioids to heroin and currently fentanyl. This work will continue throughout this strategic five-year plan, and we anticipate that we will continue to provide guidance to our field through published studies.

Criminal Justice

AATOD will continue to work with the Legal Action Center and other policy partners to increase integrated care with criminal justice partners, including drug courts and correctional facilities. This will build upon the work of many years and the models, which were promulgated in policy papers published in 2016.

As indicated in the part of this plan to continue webinar training, we will maintain a significant focus on training people who work in the justice system to better understand current trends in treating opioid use disorder including drug courts, probation officers and correctional facility personnel.

International Work

We will continue to work with our partners in the World Federation for the Treatment of Opioid Dependence and EUROPAD in increasing access to treatment wherever it is needed in the world. We will build on our long-standing work with the United Nations Office on Drugs and Crime (UNODC) in addition to working with the U.S State Department as a method of increasing resources for developing programs in different parts of the world.

UNODC and the World Health Organization have published a major Quality Assurance guidance statement during 2021, which will be used by member states in the United Nations to promulgate best practice standards when treating substance use disorder.

Conclusion

There have been many challenges to the opening of new treatment centers. Perhaps the greatest challenge is educating a wary American public in overcoming the stigma of opioid use disorder, especially the use of medications in treating such disorders in community-based settings.

AATOD will continue to utilize its available resources and develop new funding opportunities in order to meet the challenges the system faces and will continue to face.

The AATOD Board of Directors is grateful for the participation of treatment programs and many policy planning partners to achieve long term success on behalf of the patients we treat. The organizing hallmark of AATOD has always been developing collaborative, long-term working relationships with all partners in the treatment of our patients both in the United States and throughout the world. Our focus has always been to improve access to care and when such access is available to be certain that the quality of care is evidence driven and patient centered.

It is anticipated that the next several years will continue to represent major challenges to our system. It is critically important to educate Members of Congress, State Legislatures and the American public about the value of treating opioid addiction with medications based on evidence.

To this end, AATOD is recommending that federal agencies, which have jurisdiction in this policy arena, promulgate educational campaigns to teach the

American public how people get into trouble using opioids and why medication-assisted treatment is so vital in effectively treating this disorder.

We are encouraged by the increasing interest in our work and will utilize the elements of our strategic plan to advance the interest of the patients we treat and to prepare our member programs for the challenges that lie ahead.