

# A Typology of Policies Affecting Treatment for Opioid Use Disorder: The Devil is in the Details

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# Overview

- What is a policy typology?
- Why do we need one for opioid treatment policies?
- How does using a typology calibrate (or help recalibrate?) our research efforts?

# Policies and opioid use disorder treatment

- Treatment for opioid use disorder (OUD) is essential to the national response to opioid crisis
- Medication treatment is the gold standard, but
  - only 10%-20% of individuals who need it receive it
  - quality of treatment uncertain
- We need to better understand more precisely how policies affect access to and quality of OUD treatment

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**When I say “state and federal policies” affecting OUD treatment what policies do you think of? What exactly are we studying?**

# Some policies are likely to increase OUD treatment utilization—e.g.

- Raising buprenorphine patient limits and expanding to PA/NP
- Increasing coverage and reimbursement
- Efforts to support buprenorphine prescribing (hub & spoke)
- Some non opioid-specific policies
  - Medicaid expansion
  - NP Scope of practice regulations
- Policies targeting specific populations—e.g.
  - pregnant women
  - incarcerated individuals

# Some policies may (unintentionally) decrease treatment utilization—e.g.

- Prior authorization
- Limits on treatment duration and lifetime episodes
- Counseling requirements for buprenorphine prescribing
- Low reimbursement rates
- Medicaid work requirements

# Why use a typology for OUD treatment policies?

- Typology: classification based on categories with different attributes
- Typology of treatment policies: a framework for understanding *specifically* what policies are intended to do, and how
  - Just listing policies subject to heuristic biases- recall, anchoring, conceptualization of the crisis
  - Typology makes systematic omissions less likely
  - Increases recognition of complexity, importance of policy components, role of concurrent policies
  - Facilitates more precise consideration of likely effects and unintended consequences



# OPTIC working to develop typologies for range of opioid-related policies

- Rosanna Smart leading OPTIC work in multiple opioid policy areas: harm reduction/naloxone, OUD treatment, opioid analgesic prescribing
- Policies can target different activities to reach the same goal (example of reducing opioid analgesic misuse)
  - Policies could involve reducing opioid analgesic prescribing, preventing doctor/pharmacy shopping, reformulating oxycontin
- For any given goal, policies can use different approaches
  - Reducing opioid analgesic prescribing: prescription duration limits, required education, EHR modifications, PDMP

# Building an OUD treatment policy typology: *What is being targeted?*

- **Type (area) of treatment** most influenced by the policy?
  - All types of OUD treatment
  - Non–pharmacologic treatment
  - Medication treatment
    - Buprenorphine
    - Methadone
    - Naltrexone
- **Setting/comprehensiveness** of treatment?
  - Specialty substance abuse
  - Primary care
  - Health homes/ACOs

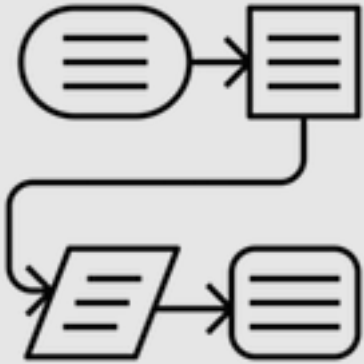
# Building an OUD treatment policy typology: *Who is being targeted?*

- Entire community – policies that influence community treatment capacity such as waiver trainings, hub and spoke, scope of practice laws?
- Medicaid enrollees?
  - Expanding population who can receive services (ACA, presumptive eligibility)
  - Coverage for medication or services
- Specific high-risk or underserved populations?
  - Incarcerated/formerly incarcerated individuals
  - Pregnant women
  - Adolescents

# Building an OUD treatment policy typology: *What is the approach to changing behavior?*

- Provider behavior with patients?
  - reimbursement rates
  - prior authorization
  - counseling requirements
  - patient monitoring
  - infectious disease screening
- Patient behavior?
  - copayments/coinsurance
  - take home/mobile methadone
  - urine drug screens
- Community/contextual changes?
  - scope of practice laws
  - Medicaid eligibility
  - zoning restrictions for OTP

# Typologies help address some of the methodologic challenges facing opioid policy researchers



**Defining and  
categorizing  
policies**



**Accounting for  
the dynamic  
crisis & policy  
environment**



**Modeling policy  
effects**

## Next steps

- Continue to develop typology/ taxonomy for opioid policies
- Apply these frameworks analytically
  - Use in empirical studies to help identify and address most likely potential confounding policies
  - Ensure our research is thoughtful about range of policies and policy components/mechanisms we need to examine.
  - Track how state policies focused on the opioid crisis are evolving
  - Identify which areas are receiving greater – or less – attention

# THANK YOU!

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