

Integrating Addiction Treatment and Medical Care in a Commercial Health Plan

Lay Language Summary

Twelve addiction treatment centers and Aetna Behavioral Health collaborate using the Advancing Recovery systems change model to increase the proportion of patients with medication-assisted treatment for alcohol or opioid dependence. The addiction treatment centers participate in a 22-month test of the system change strategy to enhance access to medication for patients dependent on opioids or alcohol. The proposal has three specific aims: 1) facilitate adoption of medications, 2) assess impacts on healthcare utilization and expenditures, and 3) conduct qualitative interviews and document implementation barriers and change strategies. Analyses of Aetna's databases track use of health and behavioral health services to assess medication impacts on the utilization and cost of care.

Specific Aim 1: Use the Advancing Recovery model of system change to accelerate the implementation of medication-assisted treatment and integration with medical care; assign 10 addiction treatment centers to Advancing Recovery and compare to 10 matched comparison sites.

- H1A: The proportion of opioid and alcohol admissions with prescriptions for addiction medications is greater in centers using the Advancing Recovery system change model.
- H1B: Advancing Recovery sites form linkages with more prescribers and have more physicians writing prescriptions for patients.

Specific Aim 2: Assess impacts on the utilization of and expenditures for inpatient, emergency and residential care using Aetna's utilization and expenditures data.

- H2A: Utilization of and expenditures for inpatient medical care, emergency services, and residential addiction treatment will be lower among patients treated in sites participating in Advancing Recovery.
- H2B: Utilization of and expenditures for inpatient medical care, emergency services, and residential addiction treatment will be lower among patients treated with addiction medications.
- H2C: Utilization of and expenditures for inpatient medical care, emergency services, and residential addiction treatment will be lower among patients with more consecutive months of medication prescriptions.

Specific Aim 3: Conduct qualitative interviews to document implementation barriers and effective implementation strategies for medication assisted treatment.

- H3A: Provider training and attitudes are more problematic barriers to adoption than payment and reimbursement issues.
- H3B: Centers with no experience with buprenorphine will be more likely to use extended release naltrexone for treatment of opioid dependence.