The Application of Medication Assisted Treatment (The Policy/Capacity Perspective)

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Primary drug for persons entering treatment in KS, 1992-2012

Primary drug for persons entering treatment in MO, 1992-2012

Primary opioid use as reason for entering treatment in MO and KS, by CBSA 2012

Primary alcohol or opioid use as reason for entering treatment in MO and KS, by CBSA 2012

Proportion of persons with primary opioid use disorder who received MAT, MO 1992-2012

Number of persons entering treatment with primary opioid use disorder by MAT status, MO 1993-2012

Number of persons with primary opioid use disorder who received MAT, MO 1992-2012

Individuals Enrolled in Opioid Treatment Programs (OTPs) in Missouri Receiving Methadone, Single-Day Counts (2009–2013)

The number of individuals in Missouri who received methadone in OTPs as part of their substance use treatment decreased from 2009 to 2013.
The number of individuals in Missouri who received buprenorphine as part of their substance use treatment increased from 2009 to 2012.

In a single-day count in 2012, 1,000 individuals in Missouri were entering treatment as part of their substance use treatment, and 700 were receiving buprenorphine.

Number of persons entering treatment with primary opioid use disorder, MO 2009-2012

Number of persons entering treatment with primary opioid use disorder by MAT status, MO 2009-2012

Number of persons with primary IV heroin use entering treatment by MAT status, MO 2009-2012

Number of persons entering treatment with primary opioid use disorder by MAT status, KS 1992-2012

The number of individuals in Kansas who received methadone in OTPs as part of their substance use treatment increased from 2009 to 2013.

In a single-day count in 2013, 100 individuals in Kansas were entering treatment as part of their substance use treatment, and 20 were receiving methadone.

Individuals Enrolled in Opioid Treatment Programs (OTPs) in Kansas Receiving Methadone: Single-Day Counts (2009-2012)

What can we do to build capacity for MAT?
1. Make the economic case
2. Create structures to support physician integration into addiction treatment

Days in inpatient detox per 1000 lives following index claim for opioid dependence

Total 6 month cost per patient (inpatient + outpatient + pharmacy)

(Am J Manag Care. 2011;17:S235-S248)
$n = 19,143$