[Tribal MAT] A unified response to the opioid crisis in California Indian Country

Project ECHO
University of California Los Angeles
Integrated Substance Abuse Programs

Disparities In MAT In American Indian / Alaska Native Communities

Tuesday, July 18, 2023

Tribal MAT

A unified response to the opioid crisis in California Indian Country

Project ECHO

University of California Los Angeles
Integrated Substance Abuse Programs

Speaker: Darren Urada, PhD

MAT ECHO™ Staff: Gloria Miele, PhD, Thomas E. Freese, PhD, Beth Rutkowski, MPH, Daniel Dickerson, DO, MPH, and Katie Bell, MSN, RN-BC

Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.

Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at https://native-land.ca

Option 3: Access Native Land website via QR Code:

Pacific Southwest (HHS Region 9)

ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.

National Minority Mental Health Awareness Month

Better Health Through Better Understanding

U.S. Department of Health and Human Services
Office of Minority Health

https://minorityhealth.hhs.gov/minority-mental-health/

Tribal MAT
A unified response to the opioid crisis in California Indian Country

Project ECHO
University of California Los Angeles
Integrated Substance Abuse Programs

Tribal MAT Data Analytics: Disparities in American Indian / Alaska Native Treatment

Work supported by the California Department of Health Care Services

Based on a report by

Darren Urada, Ph.D., Vandana Joshi, Ph.D., David Huang, Ph.D.,
Dhruv Khurana, Ph.D., and Diane Hilderbrand, B.A.

Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

[Tribal MAT] A unified response to the opioid crisis in California Indian Country

Project ECHO
University of California Los Angeles
Integrated Substance Abuse Programs

Acknowledgments

As UCLA researchers, we acknowledge the Gabrielino/Tongva peoples as the traditional land caretakers of Tovaangar (Los Angeles basin, So. Channel Islands) and are grateful to have the opportunity to work for the indigenous peoples in this place.

We thank the CA Rural Indian Health Board, CA Consortium for Urban Indian Health, USC, the CA Department of Health Care Services, and County Behavioral Health Directors Association for their input, and Celine Tsoi for technical assistance.

Measuring Disparities on a Broad Scale

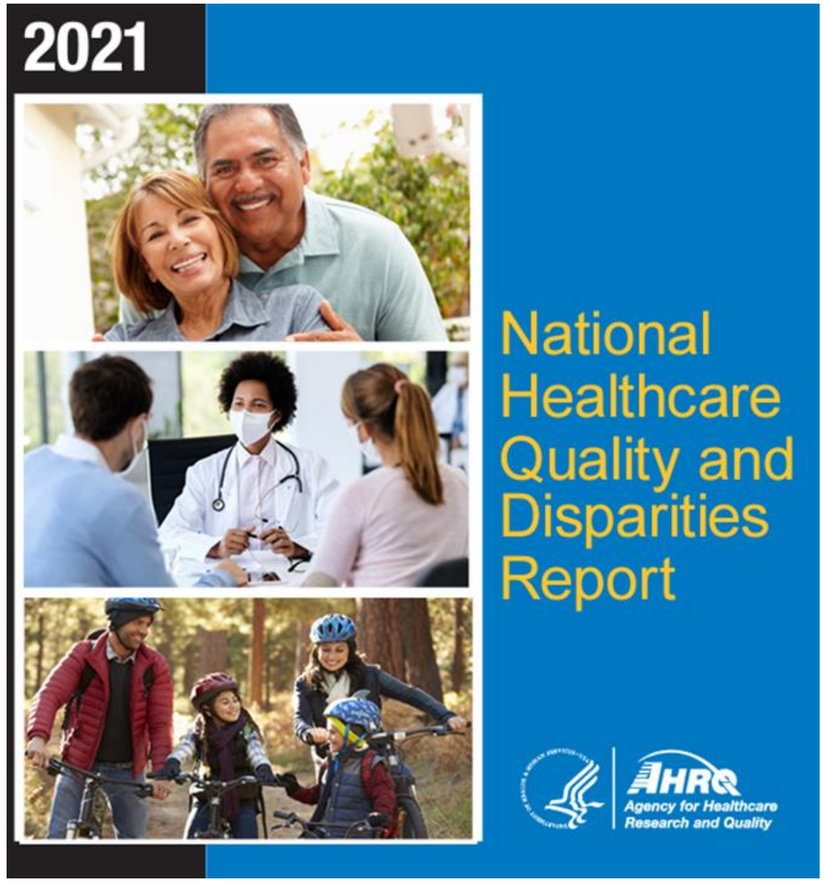


Table ES-1. Number and percentage of quality measures for which selected racial or ethnic groups experienced better, same, or worse quality of care compared with White groups

Race or Ethnic Group	Better	Same	Worse
American Indian and Alaska Native	12 (11%)	53 (49%)	43 (40%)
Asian	50 (29%)	75 (43%)	48 (28%)
Black	21 (11%)	90 (46%)	84 (43%)
Hispanic	34 (20%)	76 (44%)	62 (36%)
Native Hawaiian/Pacific Islander	15 (19%)	43 (53%)	23 (28%)

- ***Disparities are not universal or inevitable*.**
- Important first step.
- Report provides no interpretations or recommendations.

Where do we go from here?

- Look at individual measures
- Interpret. Why are these disparities occurring?
- Take action to address them.

A Cautionary Tale: Taking Action and Unintended Consequences

- During French colonial rule, Hanoi had a rat problem.
- The French introduced a bounty for every rat tail people brought in.
- Soon there were a lot of rats running around without tails.
- People were cutting tails off rats and setting them free to procreate rather than killing them, leading to more rats, and even *rat farming*.
- We must fully understand how people can “game the system” before attaching consequences to these measures

Preliminary Performance Measures Developed for the Tribal Medication Assisted Treatment Project (AKA TMAT Analytics)

- Goal: improve quality of Medi-Cal service, identify and address AIAN disparities.
- Drawn from existing performance measures (NQF, CMS, HEDIS, NCQA)
- Data presented here are from Calendar Year 2020 (2019 was very similar).
- Drug Medi-Cal claims (specialty SUD treatment) was combined with Medi-Cal Managed Care/fee-for-service data to build these measures.
- Race/ethnicity differences are conservatively $p<.01$ unless otherwise stated.
- Groups are non-Hispanic unless otherwise stated (e.g., White is Non-Hispanic White)
- UCLA is collaborating with stakeholders to refine and interpret these measures. County Behavioral Health Directors Assn, CA Rural Indian Health Board, CA Consortium for Urban Indian Health to refine, interpret these performance measures.

Preliminary Performance Measures Developed for the Tribal Medication Assisted Treatment Project (AKA TMAT Analytics)

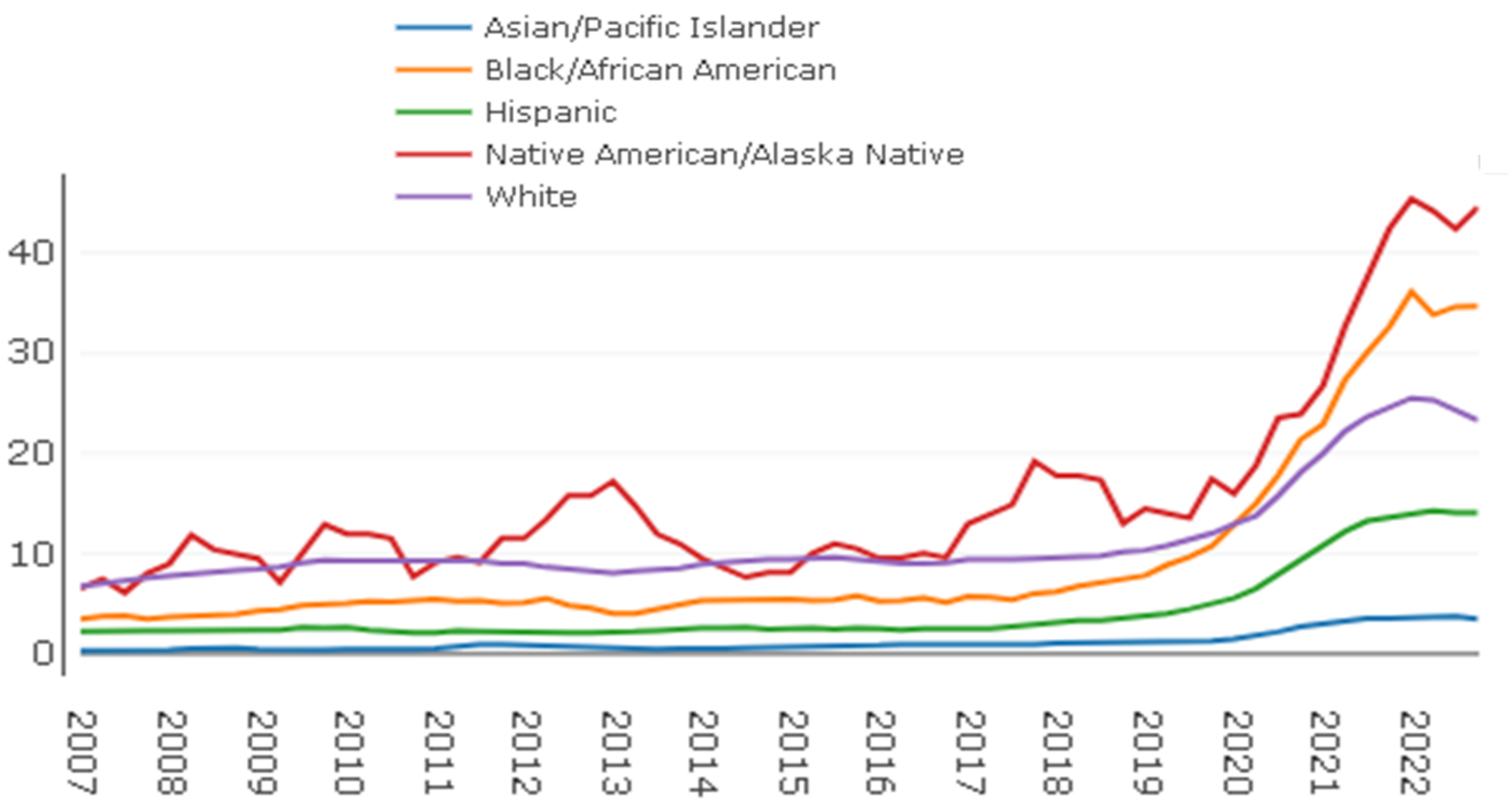
- Based on discussions with stakeholders, we purposely avoided measures that involved absolute counts of the number of AIAN. These would understate AIAN challenges due to common misclassification of AIAN individuals. (e.g. number of AIAN deaths)
- Instead we focus on rates among people who have been positively identified as AIAN vs rates among people who have not. The latter group may include some AIAN, so differences between AIAN and other groups are slightly conservative.

Stakeholder Feedback

- 2020 numbers are new (3 year data lag)
- Stakeholder feedback is incredibly important.
- I wonder how prescribers interpret these numbers. If you as a prescriber wonder about the bigger statewide picture, this is our chance to discuss!

Why the focus on AIAN MAT?

Any Opioid-Related Overdose Deaths by Race/Ethnicity, Crude Rate per 100,000 Residents



Project ECHO
University of California Los Angeles
Integrated Substance Abuse Programs

Medications for Addiction Treatment

- AKA Medication Assisted Treatment (MAT), Medications for Opioid Use Disorder (MOUD), Pharmacotherapy

- Two most common medications for treatment:
  - Methadone: Provided only at specialty opioid treatment programs (not in primary care) typically in combination with other services.
  - Buprenorphine/Naloxone (e.g., suboxone): Available through primary care.

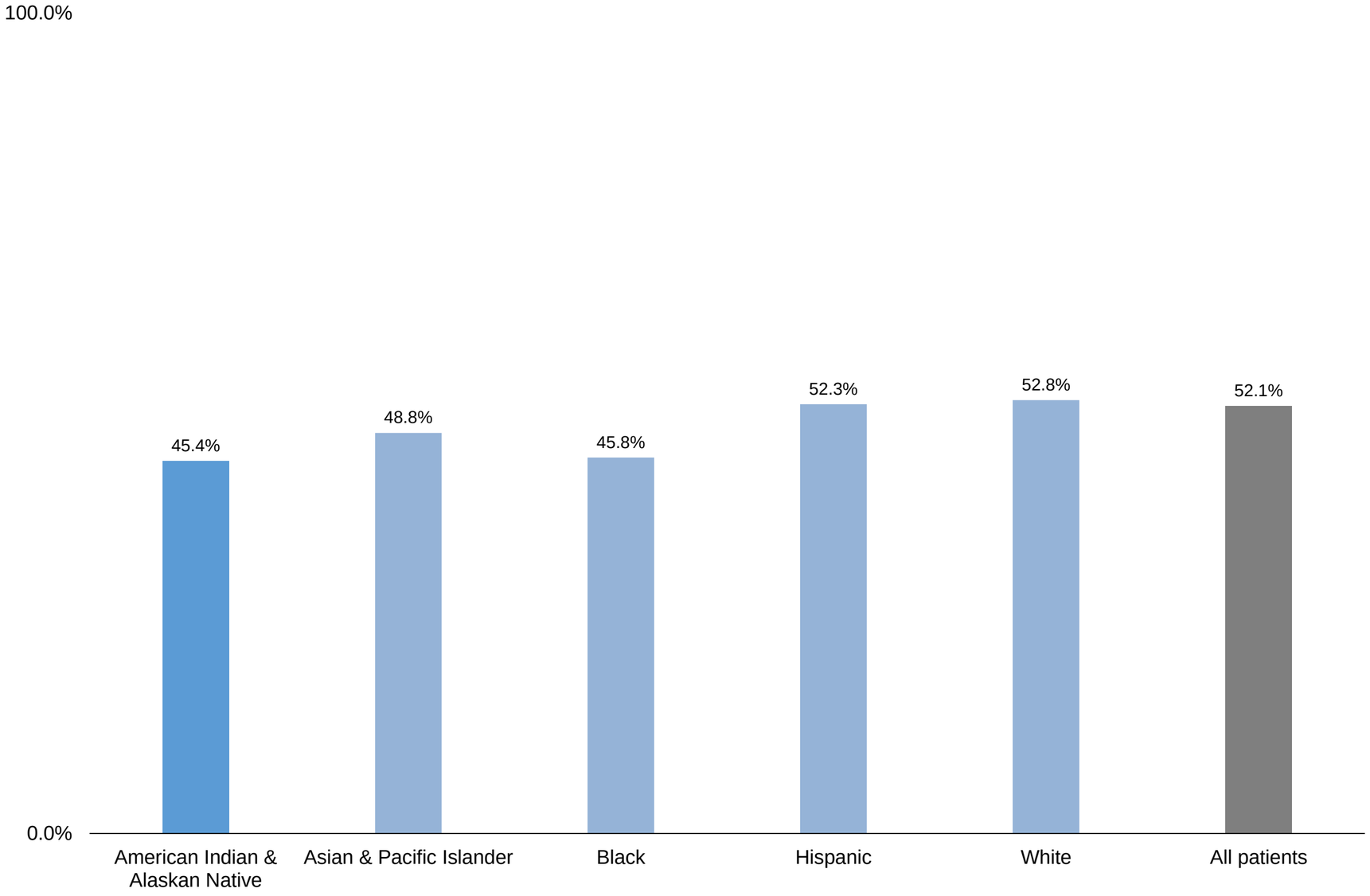
A great deal of evidence supports use of these medications for OUD.

e.g.

https://www.cochrane.org/CD002207/ADDICTN_buprenorphine-maintenance-versus-placebo-or-methadone-maintenance-for-opioid-dependence

https://www.samhsa.gov/medications-substance-use-disorders

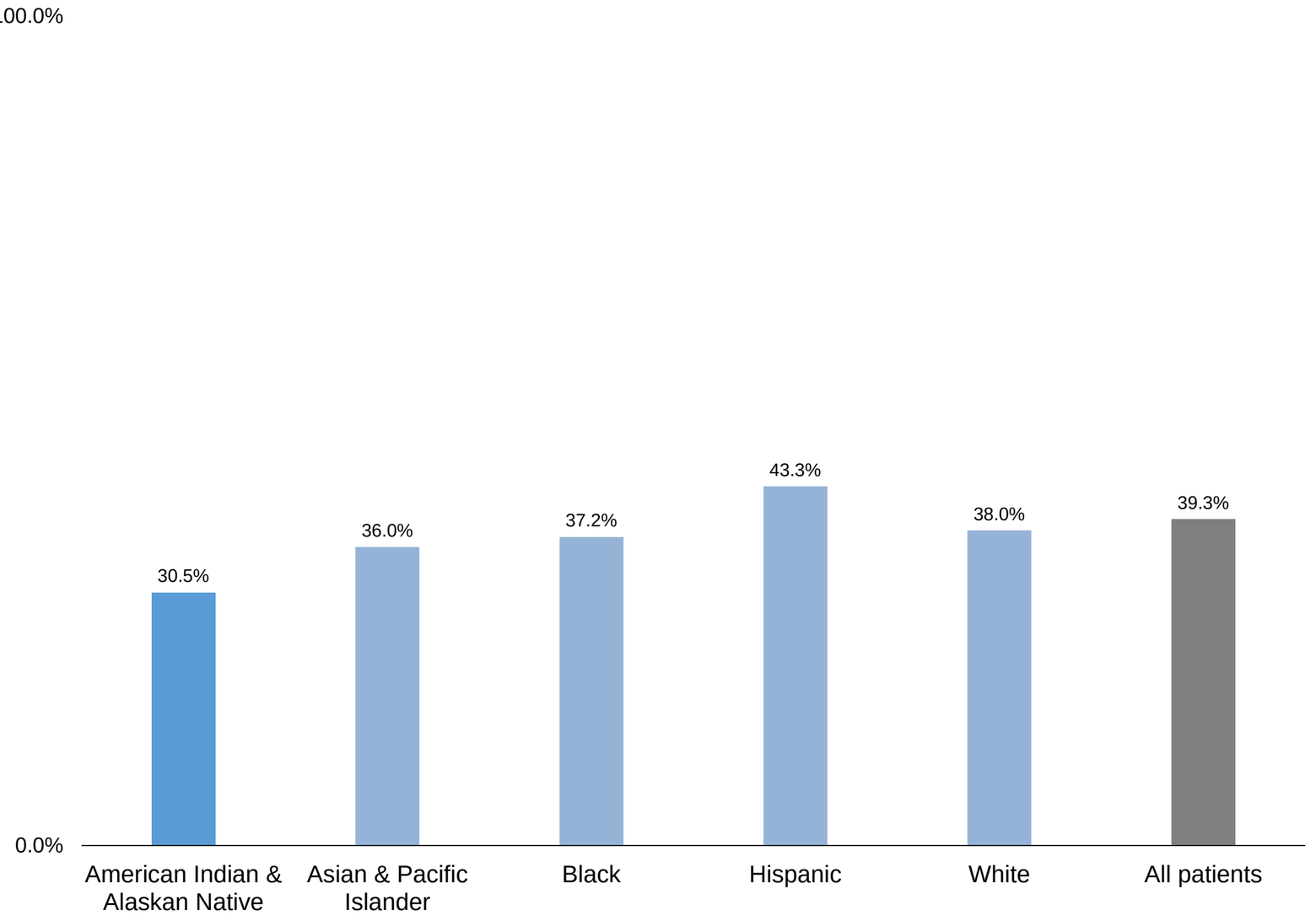
Use of Pharmacotherapy for OUD - All Pharmacotherapy



AIAN beneficiaries with Opioid Use Disorder (OUD) received pharmacotherapy at a significantly lower rate than White and Hispanic beneficiaries but all groups were significantly higher than in 2019.

Limitation – Does not include non-methadone pharmacotherapy in Drug Medi-Cal claims

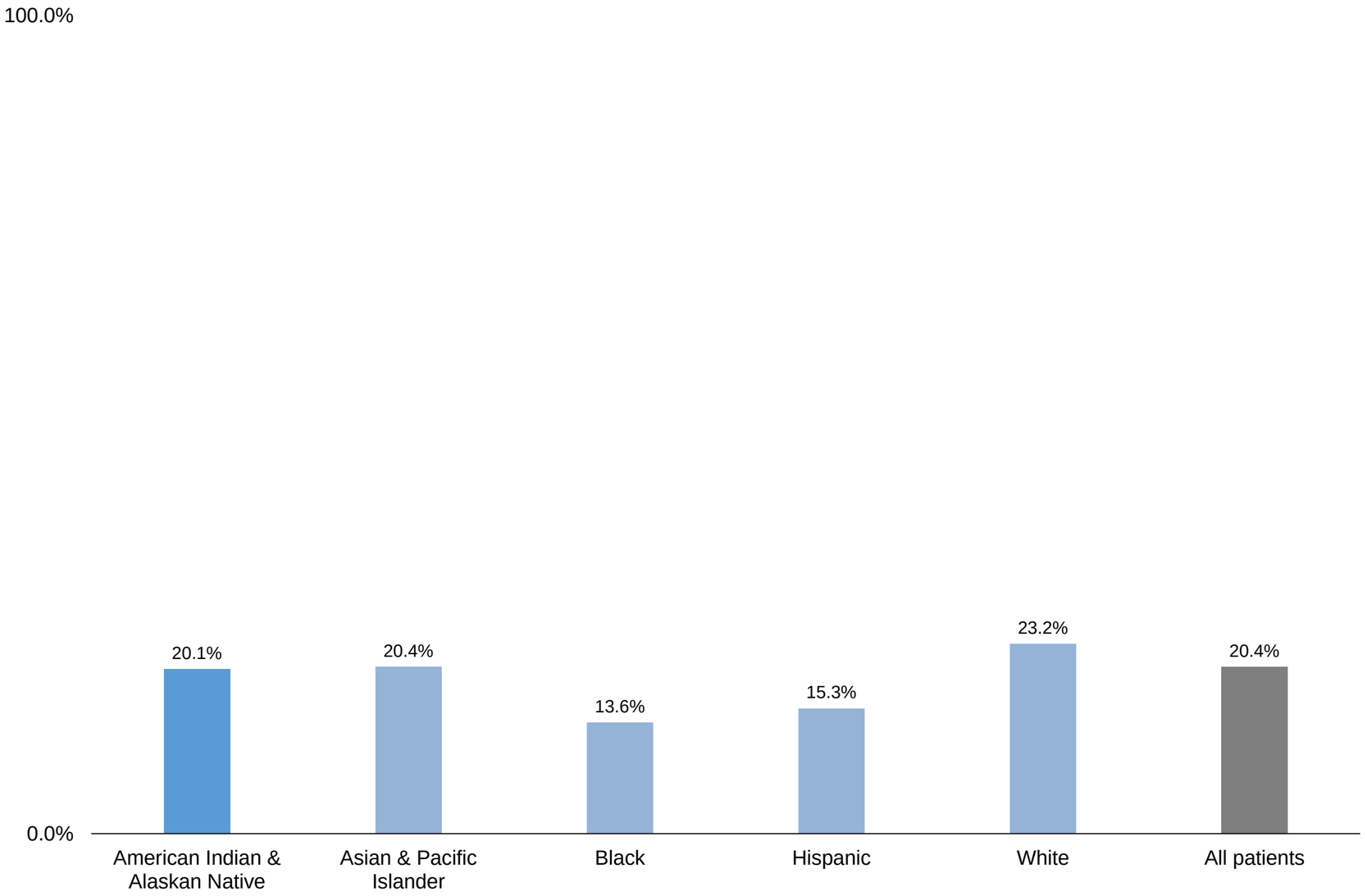
Use of Pharmacotherapy for OUD - Methadone



Same pattern.

AIAN beneficiaries with OUD were significantly *less* likely to receive methadone than all other groups.

Use of Pharmacotherapy for OUD - Buprenorphine



White and AIAN beneficiaries did not differ from each other but were significantly *more* likely to receive buprenorphine than Black and Hispanic beneficiaries.

Limitation – Does not include non-methadone pharmacotherapy in Drug Medi-Cal claims (only managed care/fee-for-service)

Stakeholder Feedback

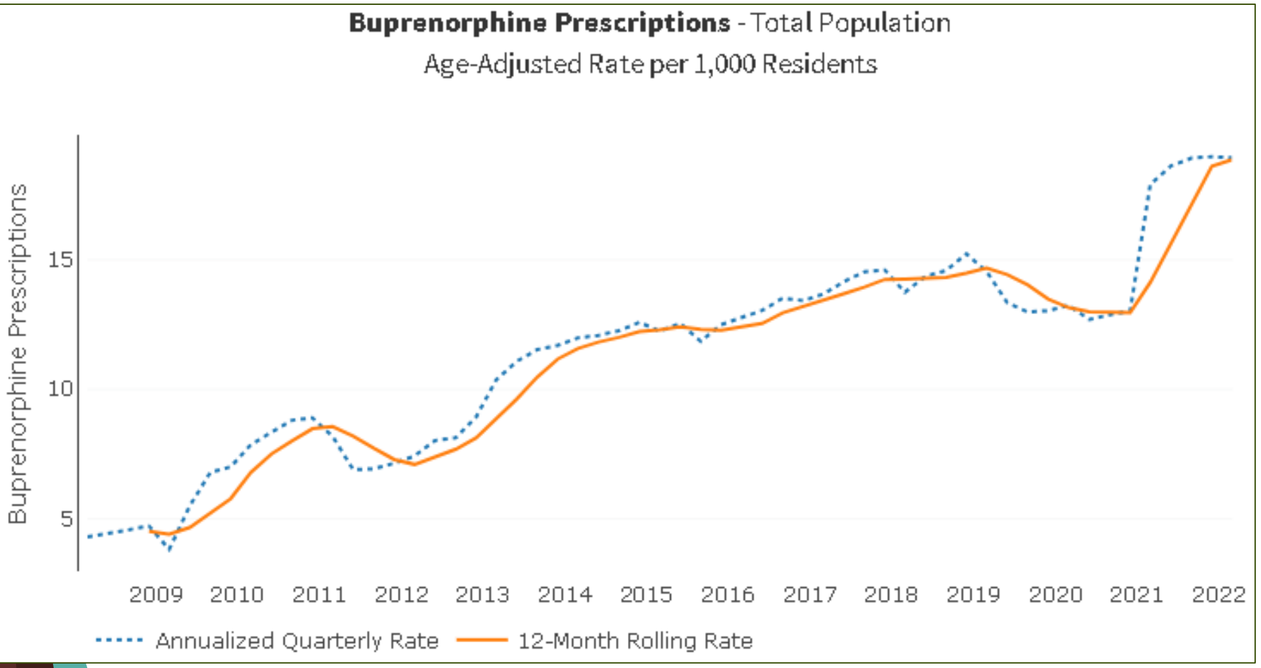
- Relationships are very important. AIAN patients often want to stay connected to an Indian Health Program clinic rather than leave for a non-Native methadone clinic.
- Practical issues. “A client needs to show up daily to the methadone clinic until a trust is established . . . This has a real impact where transportation, childcare, job demands, and finances of gas/bus fare, etc. come to bear.”
- Recommendation
  - Facilitate buprenorphine access in Indian Health Program clinics

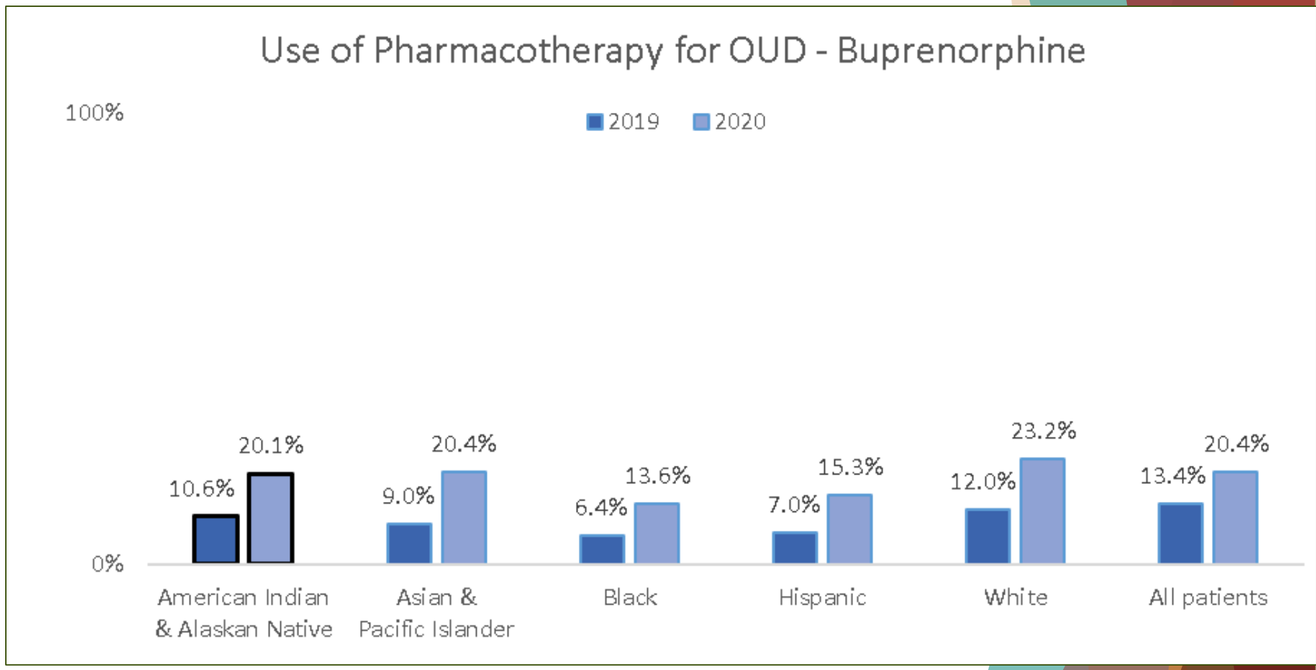
Stakeholder Feedback

- What is your perception of what happened to buprenorphine prescriptions when COVID-19 hit?

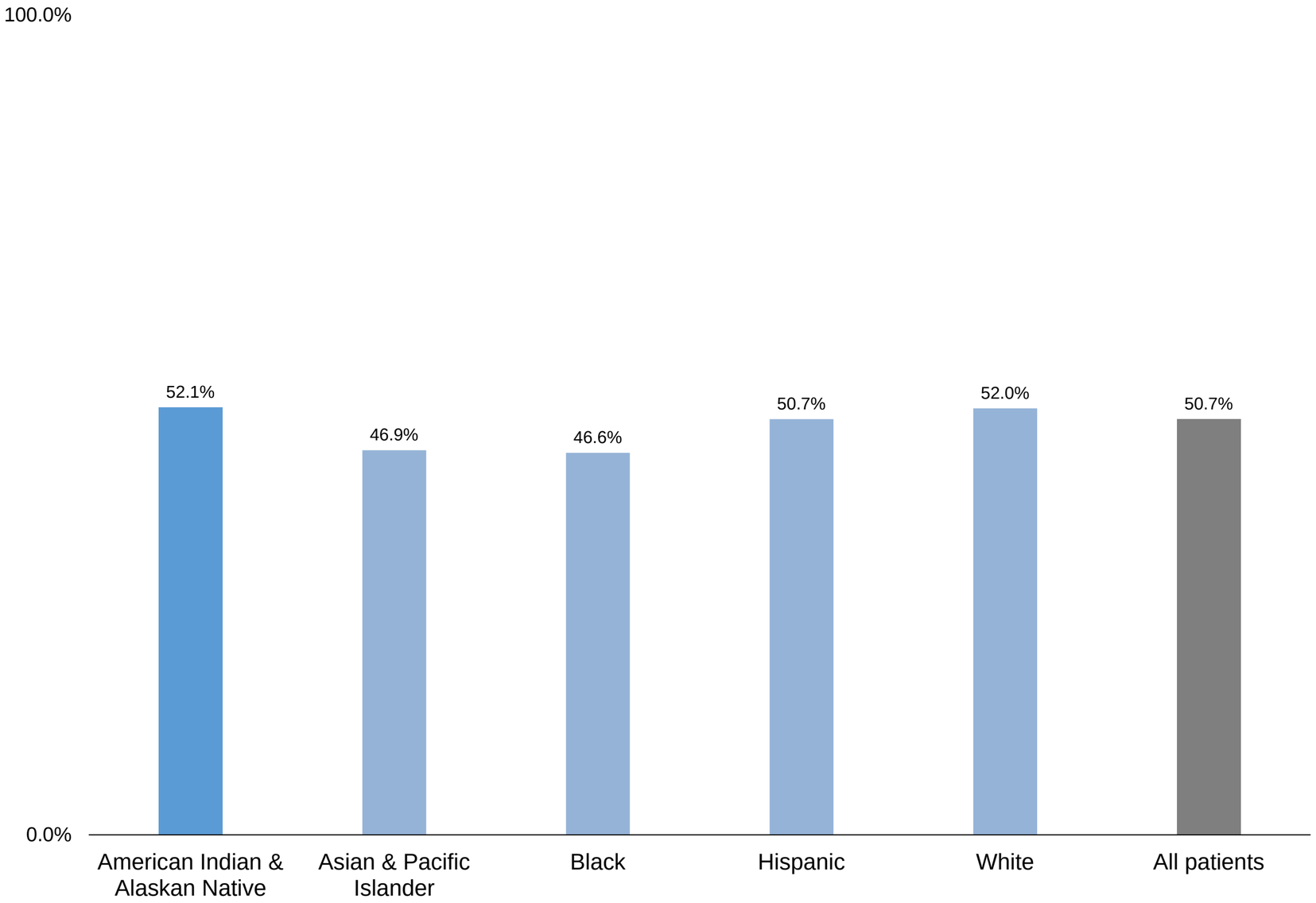
CA Overdose dashboard says it dipped in 2020

Claims data say it jumped





Treatment Initiation



After being identified with any substance use disorder, White and AIAN beneficiaries initiated treatment at rates that were similar but significantly higher than rates for Black and Asian/Pacific Islander patients.

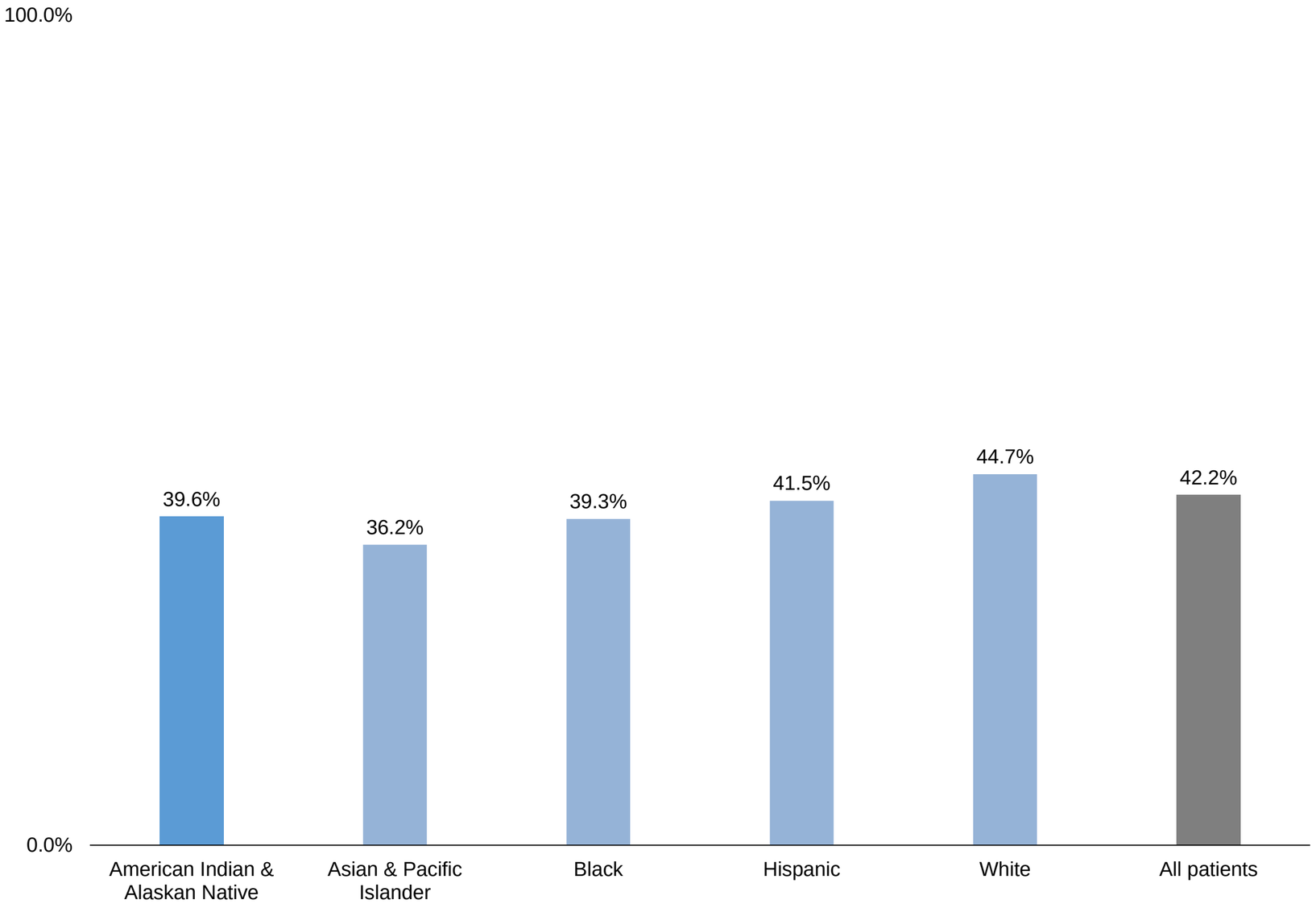
Stakeholder Feedback

Some stakeholders were surprised at the lack of an AIAN disparity, but one noted:

"A lot of effort and attention has been focused on making a seamless path from first identification to treatment; including warm handoffs, looking at ways of reducing wait times, increased prescribing of buprenorphine to help bridge those time gaps, etc."

While AIAN do have particular barriers to initiating treatment, these challenges may have been offset by ongoing efforts to initiate new patients.

Treatment Engagement



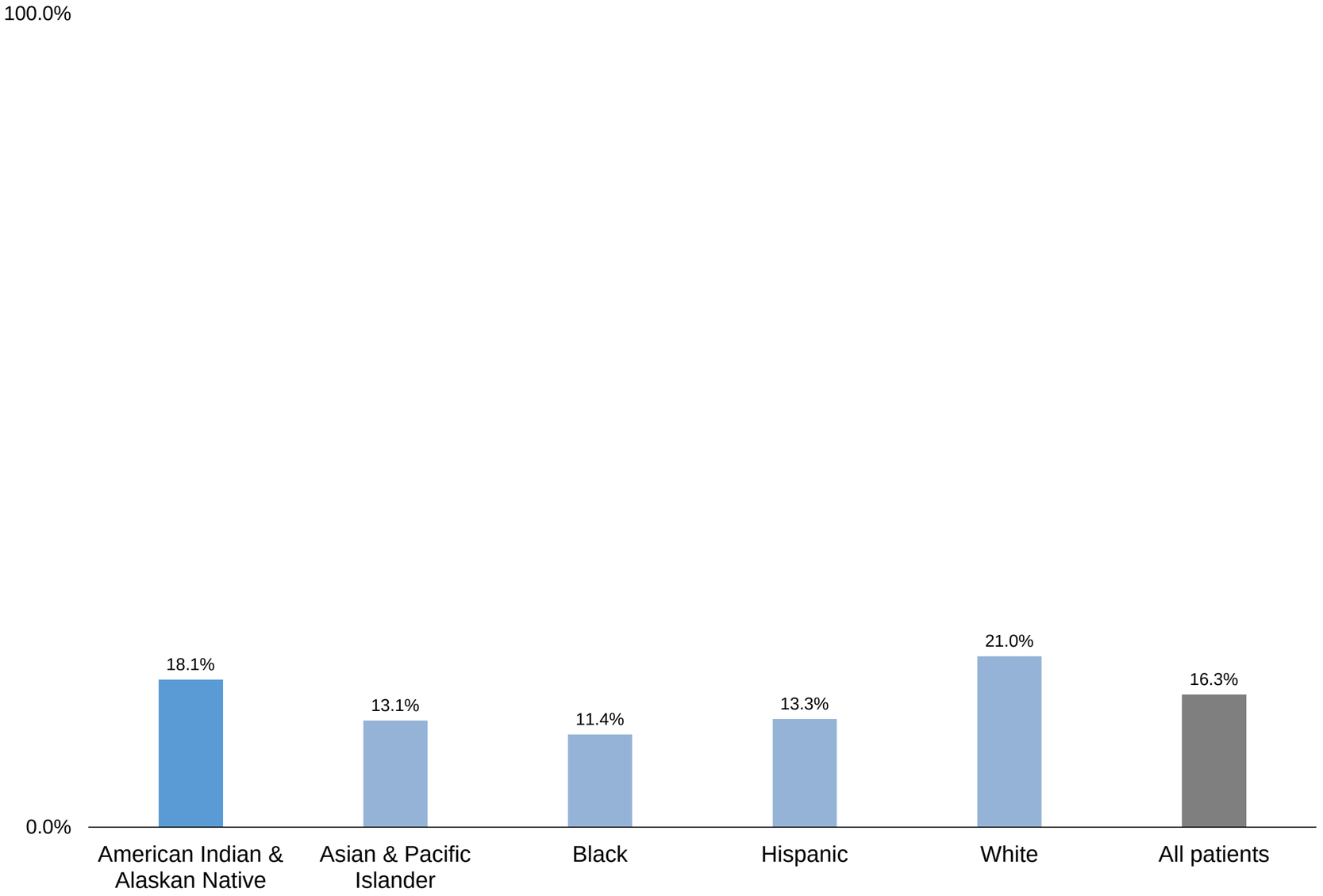
White beneficiaries were significantly more likely to remain engaged in treatment after initiating it than beneficiaries from all other groups.

Notes

- Although a disparity exists on this measure, preliminary analyses suggest AIAN individuals are slightly more likely to engage in treatment at IHPs than at non-Native health (managed care) programs, which may provide a path toward addressing the disparity.
- Do we need more culturally responsive services? Better racial concordance between providers and patients?

Project ECHO
University of California Los Angeles
Integrated Substance Abuse Programs

Follow-Up within 30 days after AOD Emergency Department Visit



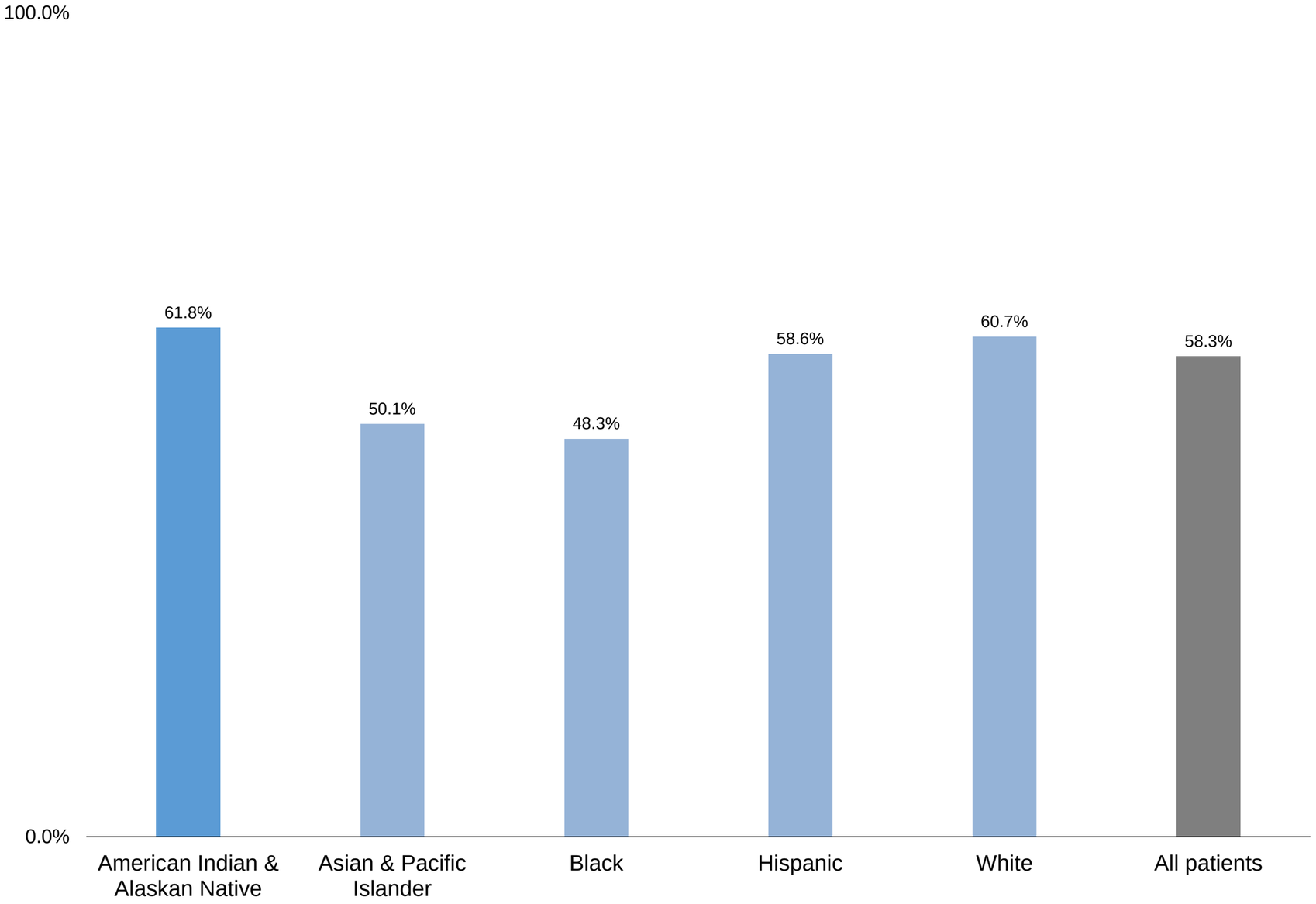
White beneficiaries were significantly more likely to receive follow-up for an alcohol or other drug problem after an emergency room visit than beneficiaries from other groups.

Follow-Up after Emergency Dept (ED) Visit

- California Bridge sites use Navigators who help connect people to services. About 50% of patients with navigators receive follow-up, compared to 15-16% without navigators.
- However, an ED doctor connected to CA Bridge says this is a “terrible metric that means nothing”. Substance Use Disorder diagnosis reporting is inconsistent and can be easily manipulated by only recording it if the doctor thinks the patient will follow-up.
- Recommendations?
  - Add navigators statewide
  - Do NOT attach monetary incentives or penalties to this measure until potential unintended consequences are better understood and addressed.

Project ECHO
University of California Los Angeles
Integrated Substance Abuse Programs

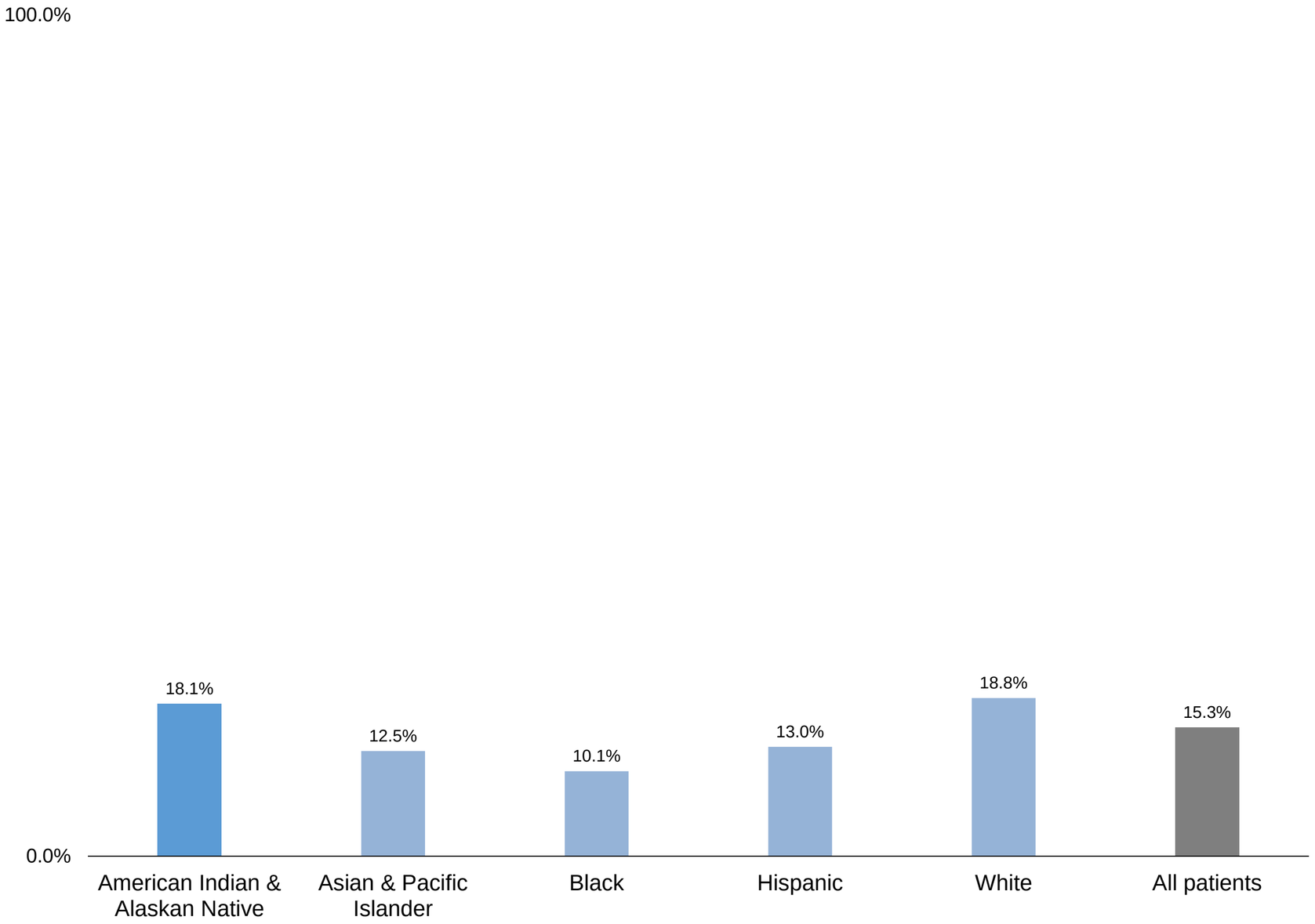
Continuity of Care after Detoxification from SUD (14 days)



In 2020, there was no significant difference between White and AIAN rates, which was a change from 2019. API and Black rates were significantly lower than other groups in both years.

Project ECHO
University of California Los Angeles
Integrated Substance Abuse Programs

Continuity of Care after Inpatient/Residential Treatment for SUD (14 days)



White and AIAN beneficiaries with substance use disorders were significantly more likely to receive continuing care after an inpatient or residential stay than beneficiaries from all other groups.

Notes

- Continuity of care stats (last 2 measures) are based on smaller Ns and are not as stable as other measures. Will have to watch these over time.
- Similar to the Follow-up after Emergency Room Visit measure, involves connecting patients to another service following an initial one
- Solution for disparities might be navigators again. Not currently integrated into detox or residential services but potentially could be.

Limitations and Strengths of Measures

Limitations

- 3-year time lag due to data availability.
- Measures reflect the identified Medi-Cal populations of each group. Therefore, e.g., AIAN who did not identify as AIAN or who received services from sources other than Medi-Cal are not included in these analyses.
- AIAN and API numbers are often not large enough to conduct sub-analyses on measures when the precipitating event is relatively rare, e.g., use of injection naltrexone, or continuity of care after ambulatory withdrawal management. Annual analyses by county or managed care plan are not possible due to small numbers.
- Although non-methadone pharmacology for OUD delivered within Managed Care/FFS are included in these analyses, it is not included for Drug Medi-Cal, as NDC codes were not available in 2019 data.
- Measures involve complex SAS code following specifications that are not always completely clear. Currently reviewing for further refinement and accuracy.

Strengths

- Combining Managed Care/Fee-for-service data with Drug Medi-Cal claims enables an understanding of how services are provided across the traditional “physical health” and “SUD” silos in Medi-Cal.

Health Equity Performance Measures Summary

These numbers cannot be interpreted in a vacuum. They are a first step, but experts in the field need to be brought in to interpret them.

Performance measures like these do not provide answers, they provide valuable questions:

- What is causing each disparity found?
- What can we do about it? (without causing the equivalent of rat farming)

[Tribal MAT] A unified response to the opioid crisis in California Indian Country

Project ECHO
University of California Los Angeles
Integrated Substance Abuse Programs

Questions? Comments?

Darren Urada, Ph.D.

DUrada@mednet.ucla.edu