An effective tool in addressing the nation’s substance use disorder epidemic

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A national epidemic

1 in 7 in the USA will face substance addiction


Dr. Vivek Murthy, U.S. Surgeon General
Opioid use disorder (OUD) – a record-setting trend

Drug overdose is the leading cause of accidental death in the U.S.¹

Every 16 minutes there is a death from opioid overdose²

259 million opioid prescriptions

Enough to give every American adult their own bottle of pills³

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¹ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, released December 2016.
Substance use disorders (SUDs) are difficult to treat

Only one in 10 individuals get treatment.¹

Stigma stops people from exploring treatment options

Treatment facilities have been biased against using any medications

Inconsistency in provider expertise

SUD/OUD is a chronic disease and must be treated like one

Standard treatment protocols fall short

Traditional therapies like detox-to-abstinence treatment does not address cravings — a major cause of relapse.

- There is a greater risk for overdose due to lower tolerances.
- SUDs treatment requires multiple streams of care.
- Detox does not align with a chronic disease model.
- Success is dependent on personalized care.

Traditional treatment

- Takes an acute, one-size-fits-all approach
- Greater risk of overdose due to lower tolerances
- Does not address comorbid conditions

MAT treatment

Takes a chronic condition approach by understanding there are multiple streams of care needed to address multiple conditions

Studies have shown that individuals who receive MAT are 50% more likely to remain free of opioid misuse, compared to those who receive detoxification or psychosocial treatment alone.¹

MAT plays a critical role for those with OUD

It’s the most effective intervention to treat OUD and is more effective than either behavioral interventions or medication alone.¹

What is MAT exactly?

MAT pairs therapies, such as counseling or cognitive behavioral therapy, with an FDA-approved medication to treat substance use disorders and prevent opioid overdose.²

MAT need significantly exceeds capacity

Physicians are not prescribing

Only 3.5% of 900,000 U.S. physicians who can write prescriptions for opioid painkillers have obtained a DATA 2000 waiver to prescribe buprenorphine — and only a fraction of those licensed actually prescribe it.2

Only 23% of public and less than 50% of private-sector treatment programs offer any FDA-approved medications to treat SUD/OUD.3

Many consumers don’t understand evidence-based treatment options.

1. Joe’s 22-year-old son, Jack, is addicted to heroin. He’s had five failed treatment attempts in the past seven months.

2. Jack’s treatment provider and psychiatrist never fully explained various treatment options, so Joe assumed inpatient treatment worked best.

3. When Jack relapsed for the sixth time, he was denied inpatient detoxification treatment. So Joe called his health plan to find out why.

4. Joe’s health plan provider explained the differences between treatment options — including medication-assisted treatment.

5. Joe was given a referral for the MAT program and was able to get his son Jack in for an appointment the very next day.

The more consumers know about their treatment options, the better equipped they’ll be to choose an option that works best for them.
What our experience and the research demonstrates

Utilizing medication-assisted treatment reduces overdose deaths, overall costs and retaining a patient in treatment.²

Cost of care decreased in 90 days after MAT service for members with opioid dependence ($4412 savings).¹

When people engage in MAT and a moderate level of psychosocial counseling, they have better outcomes than individuals who only receive MAT or MAT with minimal counseling, as one study of methadone patients shows.³

3. Casa.
Member’s journey

1. Connect
   - SUD 24/7 helpline
   - Licensed clinicians are standing by 24/7 to listen, evaluate and arrange for an assessment and a unique, member-centered care strategy — usually within 24 hours.

2. Finding the right treatment
   - Clinical care advocate
   - Optum clinical care advocates review the clinical assessment and talk to the member to understand individual SUD issues and guide them to MAT when it is appropriate.

3. Medication-assisted treatment
   - Optum provider network online
   - The member is then able to search Optum’s proprietary, MAT-certified provider networks online at liveandworkwell.com.

4. Recovery and support
   - Educational resources
   - Members are further supported through educational materials that help them understand their condition and treatment options at liveandworkwell.com/recovery.
We are meeting MAT network demand

1744 MAT providers and 3747 locations nationally and growing!

- Utilizing our Optum data, we are working closely with providers to identify in what neighborhoods and communities treatment facilities are needed.
- Proprietary quality requirements set by Optum are required to become a MAT provider.
Making the health care system work better for everyone.

Behavioral Health