



Rural Hospital-Based Practice Findings

Pilot Objectives

- 1 | Increase the physician's confidence in practicing Medication Assisted Treatment (MAT) as a result of the Platform's automated compliance workflow functionality.
- 2 | Allow Patients to maintain sobriety in a compliant manner benefitting from a more private and less onerous process.
- 3 | Afford patients the ability to maintain employment due by eliminating time spent seeking addiction recovery help as well as the time participating in other types of recovery programs requiring multiple office visits per month.
- 4 | Automate the process of providing compliance protection for physicians practicing MAT.
- 5 | Enable opiate addicted patients an opportunity to take the first best step to sustain sobriety with a simple and cost effective process.
- 6 | Provide the laboratory with patient-specific customized buprenorphine panels.
- 7 | Build goodwill and community support through the practice's participation in the Pilot Project.
- 8 | Generate local market awareness among opiate addicts and their families, social network ,employers and health care providers, that a safe, effective, and confidential alternative exists to the road to recovery from opiate addiction.

Pilot Site MAT Practice Information

- 1 | The rural practice, in operation since 2005, is known for treating the needs of the community by freely prescribing suboxone in an effort to keep OUD patients alive and out of the ED.
- 2 | The practice engaged in numerous non-compliant actions, including (1) ordering labs with an unknown frequency from a lab which provided a wide scope of testing and a toxicology panel for a steep fee; (2) recommending but not necessarily ordering counseling without any monitoring of patients' progress; and (3) monitoring PDMP with an unknown frequency. TRP hoped to aid the practice's transformation into a medically-compliant practice.
- 3 | TRP discovered its product did not seamlessly integrate with the practice's Allscripts EHR. The practice advised it would use TRP to monitor compliance but continue its preferred charting method. As such, TRP achieved the primary goal of practice compliance but was unable to test the charting efficiency accomplished with TRP's chart builder.

Practice MAT Growth:

	December 2017	April 2018
Patients in MAT	180	250
Maximum physician capacity	275	275
Payment methodology	Medicaid	

Pilot Patient Demographics from Enrollment Data:



\$0-\$12,000	53.57%
\$12,001-\$50,000	39.29%
\$50,001-\$75,000	7.14%

37% had experience with heroin



Age when first began using drugs:

Avg. 18

28% had overdosed previously



MALE 29%

FEMALE 71%



Compliance

- 1 | The pilot consisted of 20 of the practice's current patients, which entitled these patients to free counseling and labs during the pilot's three month term.
- 2 | The automated TRP PDMP checker allowed for the monthly monitoring of all 20 patients; therefore, the practice achieved 100% compliance in this area.
 - a. PDMP results demonstrated that on average 15.5% had suspicious PDMP results due to prescriptions from multiple doctors with 5% of those being for opioids.
 - b. Each month consistently demonstrated suspicious results during the pilot term.
- 3 | All pilot participants were directed to attend monthly counseling sessions during the term of the pilot, of which only five fully complied. As for the remaining participants, 16 attended one session while five attended two sessions. Counselors advised most patients did not think monthly attendance was necessary and all appointments were scheduled by patients on-line.
- 4 | Of the 20 patients, the practice ordered labs at least once for only 16 patients. The practice ordered labs for only 12 patients for each month of the pilot's term. Of the total 53 labs performed, lab results for only three patients indicated the presence of unexpected, noncompliant drugs. This translates to a 94.5% pass rate. As SAMHSA requires a MAT patient undergo eight lab tests annually, the practice would benefit from ordering two labs a quarter per patient.



Platform Automation

- 1 | The fully automated process allowed for 100% completion of monitoring the PDMP.
- 2 | Counselor expressed positive feedback for charting tool.
- 3 | The physician's administrative staff expressed positive feedback for the automated PDMP and lab scheduling functionality.



Technology Challenges?

- 1 | Lack of integration with the physician's EHR prevented the physician from using the charting feature and reviewing the compliance dashboard.
- 2 | The physician does not use telemedicine due to reimbursement issues.



Financial Considerations in the Practice of MAT:

Provider scheduled two face-to-face visits per month, in lieu of telemedicine, in an effort to maximize collection opportunity with payers, which did not reduce the monthly time investment for the patient receiving treatment.

Post Pilot Findings

- 1 | The physician did not log into the TRP system prior to his bi-monthly appointments to ascertain patient compliance; thus, he lacked the information necessary to enforce patient compliance.
- 2 | TRP requires integration with all EHRs to force observation of the compliance dashboard while chatting without the need to log into different systems when treating patients.
- 3 | The physician may have enforced compliance had he been unable to ignore the patients' participation in the required compliance measures.
- 4 | The practice billed for E&M visits twice monthly for the purpose of renewing buprenorphine prescriptions; however, he did not prescribe in a SAMHSA-compliant manner.
- 5 | The following parties are negatively affected by the non-compliant practice:
 - a. The practice has increased exposure due to the medical liability of patients potentially being at risk when they are not being screened for drug use.
 - b. The practice is not protecting patients against the addictive inclination to use other contraindicated medications. Moreover, the practice is not treating its patients for any underlying mental health issues, which is necessary to position them for full recovery.
 - c. Payers are funding treatment as it relates to overpayment for drug seeking, treatment expense that doesn't promote recovery from medication treatment, and extended treatment durations due to non-compliant ineffective treatment.
- 6 | If the physician's compensation was not dependent on face-to-face visits with his patients to bill E&M codes, he would explore telemedicine for patients with transportation issues.
- 7 | The physician acknowledged the new LabCorp panel and noted it cost half the price of previously-ordered panels.
- 8 | The physician was encouraged that patients who received counseling self-scheduled without requiring his staff's assistance.
 - c. Regulators have limited insight into the prescribing and treating habits of MAT providers necessary to identify non-compliant providers.
 - d. Indivior (manufacturer of Suboxone) has a public relations problem when doctors do not perform the compliance measures required to actually prescribe

Recommendations

- 1 | Confirmation of the need for integration with MAT provider's current EHR.
- 2 | Deeper understanding of the lack of focus on patient compliance versus patient care.
- 3 | Need for functionality that requires the provider to acknowledge non-compliant items as they chart.
- 4 | Need for dialogue with payers and regulators to assist in developing a strategy for auditing the compliance of providers.
- 5 | Strategy for preventing the perspective that MAT treatment could become a therapy without recovery due to infinite prescribing.
- 6 | Piloting in a practice that seeks to practice compliantly, but faces obstacles with scalability when practicing in a manual fashion.

Conclusion

TRP's goal is to demonstrate the efficiency with which a provider can practice MAT in a compliant fashion. The physician would prefer using TRP if he operated a MAT-exclusive practice. Nevertheless, he expressed interest in TRP for charting purposes but for the lack of integration with his EHR.

Based on TRP's two pilots, if providers are left to practice as they desire, they will either take advantage of the automation the platform offers or engage in non-compliant actions out of a desire to serve everyone.

Recovery Platform

Opioid Addiction is a treatable disease: Our mission is to provide a compliance focused solution to physicians and counselors which improves overall patient care, access and privacy



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