

Challenges with Monitoring Substance Use Disorder (SUD) Treatment during a Public Health Crisis

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Rates of substance abuse in the United States have increased significantly in the wake of COVID-19. Social isolation, physical illness, job loss and closed schools have all contributed to the rise in drug and alcohol abuse. This rise in substance abuse rates comes with significant cost. According to the [U.S. Department of Health and Human Services](#), opioid use and opioid use

disorders (OUDs) are among the most problematic substance use trends in the US today. Even before the onset of COVID-19, this trend was concerning. In 2018, there were over [67,000 deaths resulting from drug overdose](#). (US GAO, March 2020) More recently, the Centers for Disease Control (CDC) reported [81,000 drug overdose deaths](#) during the 12 months ending in May 2020, the highest ever recorded in a 12-month period.

Health plans and treatment providers are challenged with providing evidence-based, accessible and cost effective substance use disorder (SUD) treatment to members in response to this serious public health crisis. Research has shown that despite the fact that evidence-based SUD treatments such as Medication-Assisted Treatment (MAT) are effective, the rates of client engagement remain low. In 2015, only 18% of the population with SUDs (3.7 million people) received SUD treatment. Despite the rising percentage of SUDs, this number has not increased significantly since 2002. In addition, less than half (48%) of patients entering SUD treatment successfully complete their course of treatment. HHS has reported that while rates of initiation and engagement have varied significantly among health plans, overall these rates have not shown improvement over time. (Health and Human Services, March 2019)

The [American Society for Addiction Medicine](#) (ASAM) has identified six (6) criteria that should be utilized in the assessment of individuals for SUD treatment and placement in the appropriate level of care. These criteria include:

- Acute intoxication and/or withdrawal potential
- Biomedical conditions and complications
- Emotional, behavioral or cognitive conditions and complications
- Readiness to change



- Relapse, continued use or continued problem potential
- Recovery/living environment.

To be effective, assessment, treatment planning, and service delivery must be sensitive to the social determinants of health (SDOH) that impact the individual's ability to function in each of these areas and successfully engage in treatment.

[SAMHSA defines Medication-Assisted Treatment](#) (MAT) as “the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.” These services, which can include interventions such as daily medication administration, counseling and case management, are intended to provide individuals with the support and community resources necessary to successfully respond to treatment. If, however, counseling and case management services are not provided as intended, or are not individualized based on each client’s unique situation, positive treatment outcomes will not be achieved.

For example, a single mother is admitted to a MAT program that requires daily attendance in the facility’s methadone clinic, as well as participation in weekly group counseling sessions. While motivated to participate in treatment, the client frequently misses scheduled appointments due to unreliable transportation, or is barred from attending group therapy sessions because she is accompanied by her children, due to the lack of child care. The client may be labeled as “non-compliant” with treatment and is likely to discontinue or be discharged from services, with an increased potential for relapse.

Monitoring of SUD services is an essential component of a health plan’s quality assurance process. A review of the provider’s documentation and billing practices can identify potential gaps in services that hinder members’ successful engagement in the treatment process. Programs that are responsive to the medical, behavioral, socioeconomic and cultural needs of their clients, and develop individualized treatment interventions based on these needs, will result in higher rates of treatment completion and better outcomes.



References:

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