

**State Readiness for
Implementation of
Medication-Assisted
Treatment (MAT)**

Other Services:

Treatment of Offenders
with Substance-Use
Disorders

Performance Contracting:
Design, Implementation
& Evaluation

Integration of Substance
Use in Medical Care

Financing & Purchasing
Coordinated,
Efficient Care

**Planning for State Implementation of
Medication-Assisted Treatment**

A. Assess the Economic Environment

- What are the cost implications of implementing medication-assisted treatment?
- How will the State and providers pay for both the medications and their use in treatment programs?
- Are naltrexone, buprenorphine, injectable naltrexone, etc. on the Medicaid formulary in your State?
 - If not, who specifically will provide the leadership to get these medications on the Medicaid formulary?
 - Who specifically will talk with health plans and pharmacy benefit managers to get these medications on their formularies?
 - What do you need to do to assist patients in becoming eligible and/or completing the necessary steps to receive Medicaid or other public insurance benefits?
- Are these medications available through the 340B program administered through Federal Health Resources and Services Administration (HRSA) and the Federally-Qualified Health Centers (FQHCs) in your State? This is particularly important for individuals without insurance.
- Are these medications used in the private sector in your state? Check with State psychiatric associations, with State American Society of Addiction Medicine (ASAM), and with associations of family practice and internal medicine.
- Are you prepared to use some of your State funds to purchase medications? Will the State be the only purchaser? Are providers prepared to use some of their funds to implement the use of medications in treatment?

Contact Mady Chalk, Ph.D.
Director, TRI Center for
Policy Research & Analysis
600 Public Ledger Building
150 S. Independence Mall

In Philadelphia: 215-399-0980
In D.C.: 202-362-0021
mchalk@tresearch.org

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B. Assess the Treatment Environment

- Which treatment programs in your State currently use medications in the treatment of addictions? Where are they located specifically?
 - If none, what is your plan for working with treatment programs to implement medication-assisted treatment? Is the problem attitudinal? Medication costs? Implementation costs? State regulations and policies? Who will provide the leadership to begin to work on these issues? How do you plan to assess which treatment programs are most likely to work with you to adopt medication-assisted treatment?
- How do treatment programs that use medications access physicians to induct patients? Full or part-time staff members? Contracted? Affiliated with a primary care clinic? Affiliated with or embedded in an FQHC?
- Are any treatment programs co-located with primary care clinics? If so, where are the programs located, specifically?
 - If there are none, what do you need to do to create this kind of arrangement in your treatment system?
- What are the things you can do to support the development of networks of treatment providers that include both primary care providers and addiction treatment programs so that medication-assisted treatment can be implemented efficiently?
- Are there any comprehensive treatment programs in your state that include primary care within an addictions treatment program? How can such programs serve as a model for other addictions treatment programs?
- How will you work with medical and non-medical clinicians to assure that counseling services accompany use of medications in addictions treatment?
- What will you do to prepare physicians in the primary care sector to medically manage and provide medications to patients with addictions AND ensure that they continue to receive specialty treatment as necessary?

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C. Assess Workforce Issues

Are there adequate numbers of trained physicians and nurses to work with treatment programs on medication-assisted treatment? If not, what is your plan for assuring that physicians are trained?

- What is the level of acceptance of medical models of addiction by treatment programs and clinicians in your State? How do clinicians view the use of medications to assist patients in treatment? How will you work with clinicians working in treatment programs toward the goal of making medication-assisted treatments available?

D. Assess Regulatory Issues

- What is the strength of regulatory efforts at the State level related to distribution and use of medications in addiction treatment?
- Is the State legislature educated about the use of medications in addiction treatment?
- Are there licensing issues involved in treatment programs providing medication-assisted treatment?

E. Assess Attitudes toward Medication-Assisted Treatment

- What are the attitudes of State legislators about increased spending on addiction treatment related to the introduction of medications? How will you inform legislators about advances in addictions treatment? How will you work with legislators to improve the financing and regulatory environment for implementation of medication-assisted treatments?
- How will you identify the specific groups outside of the addictions treatment field in your State that may oppose the use of medications in treatment? How will you develop a plan for working with these groups so they do not present a major barrier to implementation?
- How will you work with consumer groups and advocates to increase demand for medication-assisted treatment as a component of comprehensive treatment services?
- What materials need to be developed for consumers and providers in your state (and who will develop them) to inform them about medications, their appropriate use, and how to access medication-assisted treatments if they are interested?

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F. Long-Term Planning

- What plans are you making to assure that financing will be available for continued use of medications in the comprehensive treatment of addictions on an outpatient basis in specialty and primary care?
- What organizational arrangements will be necessary to assure that insurance benefits for patients, purchasing arrangements for providers and the State, and linkages between specialty and primary care providers are sustained in the long-term?
- What regulations need to be put in place to support continued, sustained use of medications in treatment, including use of new medications as they become available for addictions not currently able to be treated with medications?

The Treatment Research Institute (TRI) is an independent, non-profit research and development organization specializing in science-driven reform of policy and practice in addiction and substance use. TRI was founded in 1992 by A. Thomas McLellan, Ph.D. and colleagues from the University of Pennsylvania's Center for the Studies of Addiction. To learn more, visit the TRI website at www.tresearch.org or contact Bonnie Catone, Director of Communications, at bcatone@tresearch.org.