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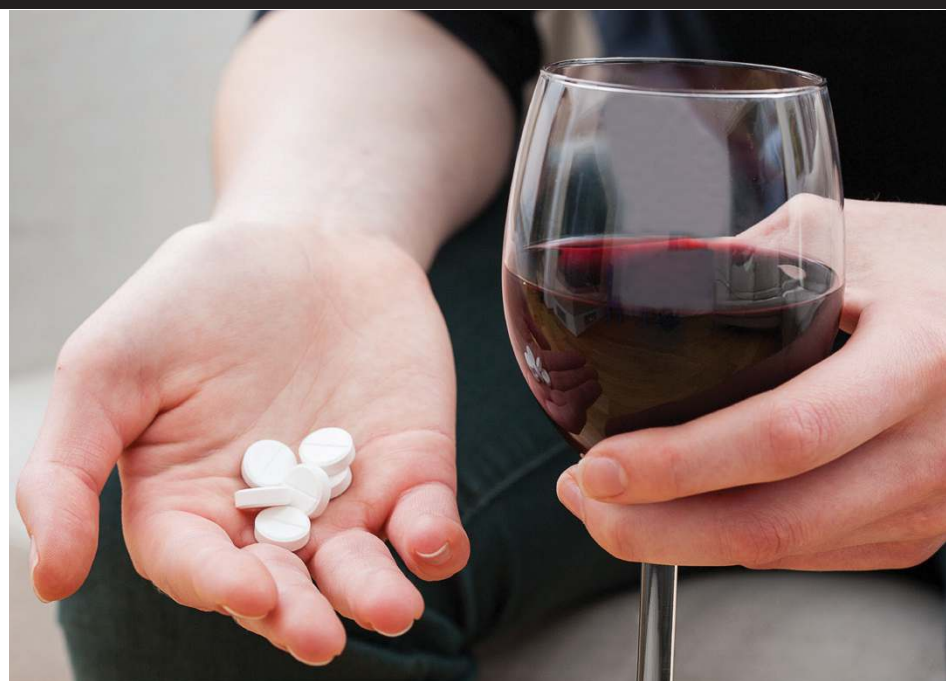
MAT – It's Time



By COLETTA DORADO

The last few months, I have received quite an education on medication-assisted treatment (MAT) and why it is considered a best practice in addiction treatment. In the editorials that I have written for the *Orlando Medical News,* I have shared the education that I have received attending national addiction treatment conferences and learning from experts and advocates about why medication and counseling in recovery treatment is considered a best practice. MAT combines the prescription of withdrawal-curbing medicines (usually buprenorphine, methadone, or naltrexone) *with therapy* to treat Opioid Use Disorder (OUD).

Evidence suggests that treatment programs with medication have higher rates of retention and lower rates of relapse than treatment programs *without* medication. This engages more of the licensed physicians with waivers within each community to now be involved in treating more individuals in need. Only 23 percent of treatment programs report using an FDA-approved medication, and only 47 percent of U.S. counties even have a physician who is waived to prescribe buprenorphine.

Today, many physicians will turn away or fire a patient that may be using an approved medication in recovery instead of treating the whole person. Many in recovery have other health needs that should not be neglected. Many have co-occurring diagnoses that require long term care. MAT in the recovery plan, improves patient and clinical outcomes, and has the support of CMS and the medical payer community that wants to see better outcomes.

SO WHY AREN'T PHYSICIANS PROVIDING MAT?

Fear of tarnishing their brand, for one. Native American advocate David A. Patterson Silver Wolf wrote in March, "Physicians whose practices focus on patients with opioid use disorder don't have to worry about their 'brand' being harmed because it is tied to this treatment and this patient population. But a typical primary care physician in Manhattan or suburban Atlanta or rural Nevada might worry about the potential trouble that patients with addictions might cause in their waiting rooms. With primary care's business model relying on patient satisfaction, a small issue like patients getting upset and protesting which TV channel is playing in the waiting room could significantly affect a physician's bottom line." Bickering over the TV channel pales in comparison to the thought of a patient with an OUD overdosing in the bathroom, as some Boston treatment centers have experienced.

This stigma toward addiction treatment is, of course, largely misguided. Since 2003, one of the defining characteristics of office-based opioid treatment (OBOT) is that medication can be prescribed *in the primary care setting*. This alone sets the use of buprenorphine in MAT a world apart from the "back alley" methadone clinics many people picture when thinking of MAT. With more various and safer MAT medications (less likely to become addictive or cause overdose), as well as safeguards such as the requirement to provide counseling services in order to prescribe MAT, the validity of MAT has since been widely affirmed and supported in the addiction treatment community.

To those physicians considering entering addiction treatment, it remains a promising and under-tapped business opportunity. For one, MAT – like addiction treatment broadly – is highly fragmented. The industry consists mostly of several thousand small clinics and solo providers. This means barrier to entry is rather low for new organizations, or existing organizations just starting MAT. Additionally, most communities are underserved. With more than 25 million people suffering from substance use disorders in the United States, only about 10 percent receive the treatment they need, and most U.S. counties do not even have a physician with the waiver necessary to provide buprenorphine.

It also shouldn't be overlooked that there's a large sum of money in medication-assisted treatment. Major private payers, Medicaid, and Medicare, all cover MAT. Moreover, just in 2019, *billions* of dollars are pouring into addiction treatment in the United States. This includes the following:

- **$1.4 billion** in State Opioid Response (SOR) grant programs from Health and Human Services
- Billions in settlements, such as the **$572 million** sum that one household-name drug manufacturer was ordered to pay to the state of Oklahoma
- **$50 billion**, the approximate settlement that major distributors will pay out.

In short, there is a large amount of funding devoted toward addiction treatment, as well as to MAT specifically.

Addiction is a long-term disease that requires a strong medical component. This highlights another important aspect of MAT: in addition to improving your organization's outcomes, it improves your patients' outcomes. Reducing withdrawal symptoms as part of the recovery process produces statistically higher rates of retention in patients. In controlled studies, as many of 75 percent of patients receiving buprenorphine tested negative after a year, compared to 0 percent of those receiving placebos.

The final reason physicians should consider entering MAT is that specialty specific EHRs exist to simplify the clinical and medical documentation for reimbursement required. Treatment plans are unique, scheduling for induction, stabilization and maintenance can easily be supported with the right technology. As others have experienced, I too have lost a loved one to addiction. That is why we have dedicated ourselves to support the healthcare community with a software solution, AZZLY Rize™ that can be the foundation for small, medium or large organizations. A clinic set up to serve MAT for a specific demographic or for a general population requires a specialty electronic health system that supports the detailed documentation and follow up required. The AZZLY® Rize™ solution is an all-in-one electronic health record (EHR) and revenue cycle management (RCM) software designed to drive efficiency, support growth, and eliminate the complexity around addiction treatment and behavioral healthcare needs.

I encourage you to explore this opportunity to serve more in need in your community wherever that may be. The addiction and behavioral healthcare industry needs more primary care and internal medicine physician involvement to treat the whole person, which is what you do best.

Coletta Dorado is the Founder and CEO of AZZLY®, Inc. With more than 30 years business process experience, Dorado and her team are passionate about delivering a powerful EHR and Billing Solution for addiction treatment and behavioral healthcare providers. Based in the GuideWell Innovation Core, in Lake Nona Medical City, email hello@azzly.com or visit azzly.com to learn more.