

Treatment for Opioid Use Disorder Guideline Checklist

Health Plans Level 3

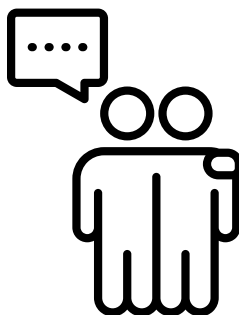


The current state of the issue

Opioid-related deaths continue to be alarmingly high despite the availability of effective medication treatment. Among those under 50 years of age, drug overdose is the second leading cause of death, increasing 12% in 2024 to exceed 71,000 lives.¹ Highly potent synthetic opioids (HPSO), most commonly fentanyl, are now the majority of the drug supply. Washington state death rates due to fentanyl have risen over 750% between 2018-2022, and in 2022 were almost 90% of all opioid-involved deaths.² Opioid use disorder is a chronic condition and must be managed as such. Medications for opioid use disorder (MOUD), including buprenorphine, methadone, and naltrexone, are the most appropriate, evidence-based treatment in addition to harm reduction.³

Access

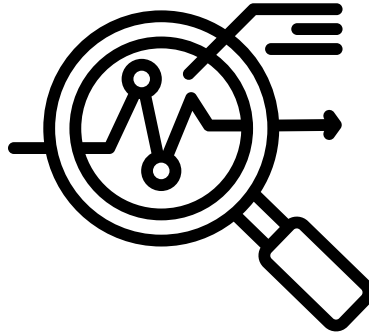
- Consider alternative payment models** for supportive, wrap-around care for patients with opioid use disorder.
- Reimburse for certified peer support specialists**, whether under alternative payment models or, through direct billing (after July 2025).



- Plan to meet network adequacy standards once determined by Washington Office of the Insurance Commissioner
- In areas where network adequacy standards are sufficient**, investigate and provide education or incentives for providers and facilities that refuse to offer or continue buprenorphine or methadone treatment for OUD
 - If still refusing, consider not contracting with them.
- Incentivize long-term care facilities** to screen for and manage opioid use disorder
- Support non-traditional models of care.**
 - Explore partnerships with community organizations to reimburse for outreach models (e.g., street medicine, mobile services, harm reduction services).
 - Explore inclusion of nontraditional models in network adequacy standards and quality measures where appropriate for substance use disorder

Evaluate

- **At least annually analyze claims data** to identify gaps in MOUD coverage for members with diagnosed OUD. Stratify by race, ethnicity, language, disability status, housing status and other relevant variables to identify and address disparities. See Bree Collaborative Evaluation Framework for more details.



Resources

- The Bree Report is meant to supplement these resources.
- Full Bree Report: <https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2024/12/Bree-OUD-Treatment-Report-24-HCA-1203.pdf>
- Washington State Standing Order to Dispense Naloxone HCl: <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-127-StatewideStandingOrderToDispenseNaloxone.pdf>
- StopOverdose.org: <http://www.stopoverdose.org>
- Retention Toolkit: <https://adai.uw.edu/retentiontoolkit/>
- Learn About Treatment learnabouttreatment.org
- Medications for Opioid Use Disorder (MOUD) locator: <https://search.warecoveryhelpline.org>

Read the full Bree Report on Treatment for Opioid Use Disorder online by scanning the QR code:



Connect with the Bree Collaborative at bree@qualityhealth.org

References: 1. Centers for Disease Control and Prevention. (2024). Understanding the opioid overdose epidemic. Retrieved September 16, 2024, from <https://www.cdc.gov/drugoverdose/epidemic/index.html> 2. Alcohol & Drug Abuse Institute. (2024). Heroin versus fentanyl: What does the data say? University of Washington. Retrieved September 16, 2024, from https://adai.washington.edu/WAdata/heroin_versus_fentanyl.htm 3. Learn About Treatment. (n.d.). Medications for opioid use disorder. Retrieved September 16, 2024, from <https://www.learnabouttreatment.org/treatment/medications-for-opioid-use-disorder/>