Pathways to *real recovery*:

A DIMENSIONAL APPROACH TO CARING FOR PEOPLE WITH OPIOID USE DISORDER (OUD).

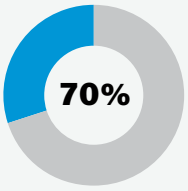
This paper provides an overview of the latest care model for treating OUD, addressing its foundational constructs, operational structure and value proposition as it relates to patient outcomes and clinical efficiencies.

BHG
Behavioral Health Group℠

The opioid epidemic: our nation's call to arms.

The human and economic toll of the opioid epidemic is staggering. Opioids are to blame for nearly 500,000 overdose deaths from 1999 to 2019.[1]

The causational loss and disability linked to OUD can be seen in both public and private economies, as well as in our collective society. The Centers for Disease Control and Prevention estimates that the total economic burden of prescription opioid misuse alone in the U.S. is $78.5 billion a year.[2] We are seeing this reflected in astronomically inflated managed care costs, lost productivity in the labor market, and strained resources within the criminal justice system.[3] We can also see the impact of the opioid epidemic at home. Within our communities, skyrocketing addiction rates are diverging to claim victims across socioeconomic boundaries, from parents and teachers to professional athletes and medical professionals.



Over 70% of the nearly 71,000 drug overdose deaths in 2019 involved an opioid.[4]

As the 2020 pandemic exacerbated what was already a mounting crisis, many healthcare leaders and policymakers have called for new evidence-based approaches to treatment. This paper provides insight into the development of one methodology that is based on a convergence of mental and physical health, and structured to embrace the individualized realities of each patient. The integrated dynamic care model (IDCM) outlined in the following pages of this document is in use today and proving to help patients remain connected to the care and support they need as their journey toward recovery ebbs and flows based on their own motivations. It is the hope of Behavioral Health Group (BHG) that this new model of care will help provide context for decision-makers to align on a better path to real recovery from OUD.

LIKE OTHER CHRONIC DISEASES, ADDICTION IS DIMENSIONAL.

According to the American Society of Addiction Medicine (ASAM), addiction is a chronic disease of brain reward, motivation, memory and related circuitry. It's often compared to other diseases like diabetes or cancer since it's caused by a combination of behavioral, environmental and biological factors. Further, like these conditions, addiction is characterized by exacerbations and remissions that occur throughout a person's life.

This perspective is key because it can help us see that a person diagnosed with OUD is an individual who is experiencing their disease on a spectrum. Just as a heart disease patient receives treatment that is appropriate for the intensity of their particular symptoms and progress toward recovery, each patient with OUD needs to receive treatment that addresses their symptoms, which may wax and wane over time. Thus, addiction varies in severity both between affected individuals and within an individual when viewed longitudinally.

This understanding is fundamental when it comes to relapse. Even when a person with OUD is in remission and no longer using, a relapse is always a possibility. Just as it is with every patient struggling with a chronic medical issue, the goal during an exacerbation is to restore the patient to stability and keep them motivated and connected to treatment. And we can structure the treatment to change with the needs of the patient, providing the appropriate level of medical services and support depending on where they are on the spectrum of severity of OUD. In short, since OUD is dimensional, treatment should be too.

THE DIFFERENCE A DIMENSIONAL CARE MODEL CAN MAKE.

Most addiction treatment services offer discrete episodes of care through intensive outpatient or 28-day residential programs. When we see addiction as a chronic brain disease that occurs on a spectrum, inherent limits of that methodology become apparent.

The problem with these models is that they expect the patient will respond to their programmatically defined "dose" of treatment and reenter life without a clear plan for continuing support. The condition is chronic and life-long, but the treatment approach is designed as if it were acute and transient. They don't incorporate what's known about the dimensional aspect of the disease and how individuals experience addiction. These models treat a condition that is chronic and relapsing with a care model that is discrete and episodic, which foregoes the ability to provide treatment based on a patient's unique experiences or provide support services for the duration of their disease. Moreover, when patients are treated in a vacuum, such as the setting of a traditional, 28-day residential program, they are not learning how to apply new, healthy coping skills to real life, day-to-day interactions and various stressors encountered in their realities. This creates a significant gap in an individual's readiness to maintain sobriety and stay connected to post-treatment support after discharge.

Rather than measuring success against a 28-day benchmark of sobriety, real recovery should leverage the full continuum of evidence-based opioid treatment to tailor a comprehensive approach to the unique needs of each patient at every touch point in that patient's journey.

An inside look at an IDCM: the operational approach and patient journey.

Dimensional treatment and care programs that overcome the challenges linked to fluctuations in individuals are available today.

Structured programs with full wraparound services have been developed to address patients' holistic needs. These programs integrate evidence-based, Medication-Assisted Recovery℠ (MAR) with behavioral health therapy and counseling. Most importantly, they meet each patient where they are as a unique individual, providing dynamic, flexible treatment and ongoing care as the needs of their disease and motivations change on their personal path toward recovery.

CHARACTERISTICS OF IDCM

An IDCM integrates evidence-based treatment and full wraparound services such as medication management, group and individual counseling, and case management. Additional aspects include:

- An integrated platform of services that allow a patient to seamlessly move to clinical pathways offering greater or lesser treatment intensity based on each patient's disease severity over time.
- Screening and assessments beyond OUD with referrals to preferred providers to reduce ER visits and hospital admissions.
- Individualized treatment and care plans tailored to a patient's acuity and needs during all stages of treatment, including co-occurring health conditions.
- A focus on the patient experience and the treating environment to reduce addiction recovery stigma and respectfully engage patients.

BREAKING DOWN THE STRUCTURE FOR PROVIDING REAL RECOVERY SERVICES.

A treatment program leveraging IDCM has a clear goal: to provide patient-centered, holistic services that help each individual stay connected to care over the long term. The desired outcome is real recovery — where a person is capable of living as a changed individual, not only sober but capable of maintaining sobriety through healthy coping mechanisms. To do it, a program based on IDCM differentiates in several structural aspects:

1. By establishing a clinical standard of care.

Many traditional residential facilities and outpatient clinics lack a standardized treatment of care designed to ensure OUD patients receive holistic support. In addition to treating the physical addiction, evidence-based treatments, such as cognitive behavioral interventions for substance abuse, are the therapeutic backbone of the IDCM. In this model, patients adhere to a plan that includes motivational therapeutic contact, information and skills learning, and referrals to additional services, if needed. Continuous measurement and adjustment of each element within the care plan ensures patients are getting what they need to progress at a thoughtful pace.

2. By focusing on the patient's motivations.

OUD patients have often internalized the social stigma of addiction; they may be caught in a self-fulfilling prophesy. These programs seek to embrace the individual's self-efficacy and focus on their resilience, resourcefulness and capabilities. A strengths-based philosophy undergirds our approach, allows us to focus on building motivational relationships with patients where they are respected as the experts in their own lives, and allows us to help them identify the assets they have within them that will facilitate meaningful change.

3. By providing access to medication, if needed.

In these programs, treatment is how people work toward recovery; it teaches people about their addiction, how to identify triggers for relapse, to avoid high-risk situations, and distress-tolerance skills. Medication, such as methadone and buprenorphine, is offered to help a patient safely break the cycle of illicit opioid use and better engage in treatment. These medications are a stabilizing factor and go hand-in-hand with the other aspects of the treatment program.

WHAT IS MEDICATION-ASSISTED RECOVERY℠ (MAR)?

MAR-based programs use medication as a stabilizing factor while administering comprehensive treatment services, including individual and family counseling. Medication such as methadone and buprenorphine has been shown in controlled trials to be superior to counseling alone, helping patients with OUD abstain from opioid use and stay in treatment. MAR also reduces the likelihood of an overdose in the case of a relapse.

It's important to note that these medications are not shortcuts to recovery. They allow the opportunity for recovery. Equally important, this is not substituting "one addiction for another." OUD patients using maintenance medications. Addiction is the compulsive use of a substance in the face of negative consequences of that use. There is no compulsivity or euphoria associated with MAR, and data have repeatedly shown that the consequences of program participation are positive, not negative..

There is significant data showing that MAR, in combination with support services and counseling, can deliver the desired outcome for patients: real recovery and the ability to lead a full, self-directed life.

4. By providing variations in clinical pathways.

An IDCM allows for different clinical pathways a patient may follow depending on their needs, the acuity and stability of their disease, and their level of motivation. The operative factor is that care is dynamic, meaning that people may move from one pathway to another over time. In an IDCM, patients may receive care through opioid treatment programs (OTPs) and office-based opioid treatment (OBOTs), enabling the model to define the relationship between services provided by those OTPs and OBOTs. The model is integrated as the services within clinical pathways and even between OTPs and OBOTs are operated by one entity, allowing "warm handoffs" and obviating the need for referrals and gaps in care. A patient will advance as they complete their pathway's defined structure and support criteria. It's also important to note that medical services within an IDCM are covered by Medicare, Medicaid and a growing number of health plans.

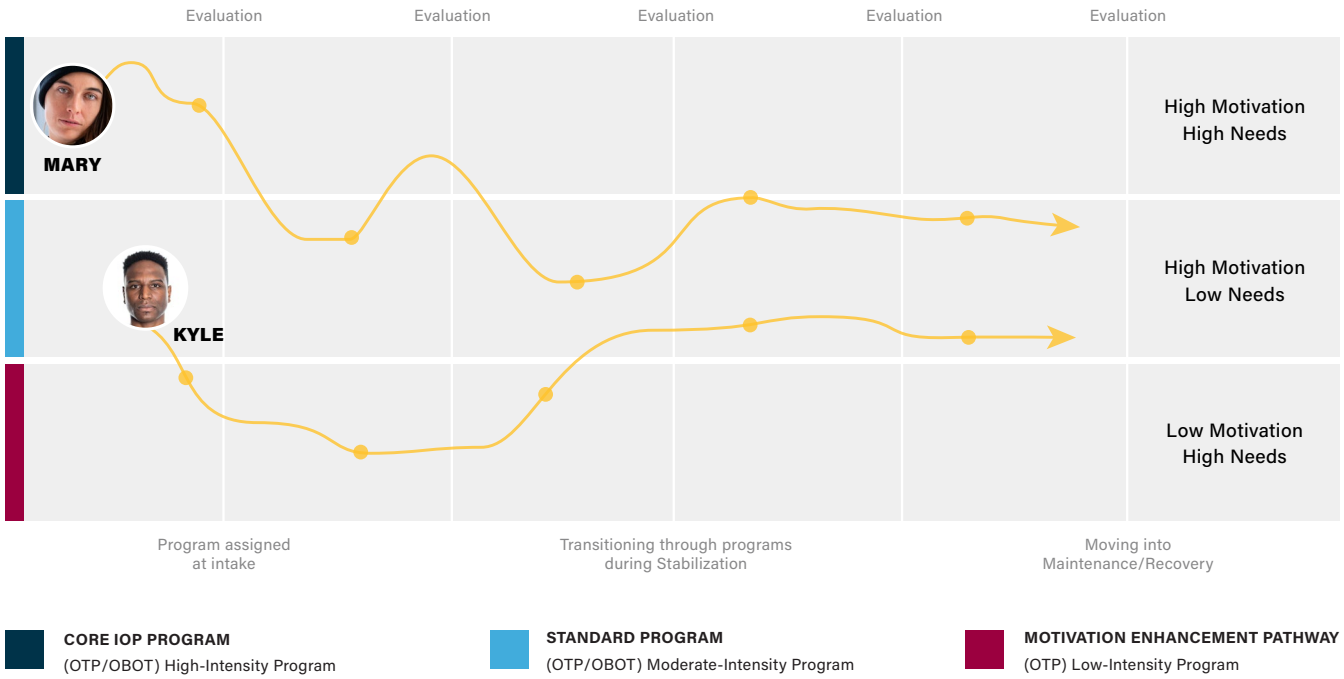
Experience two individualized patient journeys on the path to real recovery within an IDCM.

It's important to note that the IDCM is built on a legacy of best practices in the medical community, including treatment matching as set forth by ASAM (American Society of Addiction Medicine) and standards of care for an intensive outpatient program (IOP) for OUD.

However, an IDCM goes deeper, better defining the traits of the individual patient throughout their journey, managing their risks of relapse and motivations to stay in treatment. The IDCM also works to connect the patient's needs at any given time to treatment methodologies across all types of programming, from general maintenance to standard programming to intensive treatment.

We think the best way to understand the IDCM is to view it from the patient's perspective. The following pages present two patients on different journeys to recovery.

INTEGRATED DYNAMIC CARE MODEL (IDCM)



A patient is clinically assessed for motivation and needs at intake and assigned a pathway. They may move from one pathway to another as they journey through the program toward stabilization, maintenance and long-term recovery.

MARY'S STORY

Mary, 29, has struggled with OUD for many years. The cycle of waking each morning to a bedside opioid and working frantically to acquire more (often through illegal means) has taken a heavy toll on her relationships and her ability to hold down a job. Mary has been arrested several times. Losing custody of her two children gave her motivation to recover.

Mary was assessed as having high needs; at the time of intake, her addiction was running her life. The assessment also discovered that she was highly motivated to complete the program in hopes of regaining custody of her children. She entered the Comprehensive Outpatient Experience (COPE) Program and, after orientation, began the COPE intensive outpatient program. Mary's treatment coupled "filled time" (structured check-ins/checkouts and nine hours of motivational therapeutic contact, information and skills learning each week) with OBOT MAR support. After six weeks, she progressed to the next pathway in her recovery journey. (Standard Program).

Nine weeks after enrollment, Mary started returning positive urine drug screens. She and her team determined together that she required more support at this time, so her schedule was adjusted to incorporate additional counseling and education sessions. This necessitated Mary's return to her previous pathway (COPE) to restablize. With her team's encouragement, Mary feels positive and is looking forward to fulfilling the requirements of this pathway so she can continue her progress toward stabilization.

KYLE'S STORY

Kyle, 33, hasn't committed to treatment for his addiction to opioids. He started working with an OBOT doctor who provided him with a monthly prescription for buprenorphine. Although initially appealing to him, the comparatively lesser structure of the OBOT proved difficult for him. Kyle struggled with taking the medication as ordered, and would run out early, necessitating a return to illicit opioids. He transitioned over to an OTP treatment center and continued with his prescribed buprenorphine. He says he wants help, but he is scared. Occasionally, he shows up at the center and smokes a cigarette. When the staff sees Kyle, one of them will usually join him outside and ask if he wants to talk. It took many months, but Kyle has finally agreed to counseling and treatment beyond his monthly prescription.

Many patients start out just like Kyle at intake — with low motivation and high needs — and should be assessed as candidates for the Motivation Enhancement Program. These patients are not ready for the structure of the Standard Program or the COPE Program. They may persistently provide unfavorable urine drug screens. However, these patients should still be provided opioid replacement therapy because it can reduce their likelihood of a fatal overdose, reduce their risk of engaging in high-risk behaviors for illnesses such as HIV or Hepatitis C, reduce their criminal offending, and increase their opportunities for additional services and the chance to stay engaged, however imperfectly, as the staff works to enhance their motivation.

The IDCM looks at the bigger picture for patients like Kyle and allows connection to happen in the way that can be most helpful.

WHAT IS COPE?

BHG's Comprehensive Outpatient Experience, known as COPE, outlines a three-phase treatment plan that's delivered simultaneously with MAR. The structure of COPE incorporates intensive outpatient programming, along with early and late extended outpatient treatment. COPE is designed to gradually decrease treatment intensity over time in order to allow patients to incrementally test out new skills and strategies as they stabilize.

Recovery for *life.*

The opioid epidemic doesn't just affect the economy and our nation. It impacts our communities. It touches the lives of individuals and their employers, friends and families.

OUD programs that offer medically informed treatments integrated into a dynamic and flexible care model offer hope. They meet patients where they are on their recovery journey and move them through different pathways as their needs evolve and change. It's a unique approach to care that ensures patients remain engaged and motivated to live a healthy life.

For our communities, the IDCM represents a better way to achieve sustainable progress over addiction. For patients with OUD and their loved ones, it provides a better means to achieve real recovery. We invite you to learn more about these programs. Consider how they align with your work and how BHG might serve as partner to help your organization meets its goals.

About BHG

Behavioral Health Group (BHG) is the largest network of Joint Commission-accredited outpatient opioid treatment and recovery centers in the U.S., delivering comprehensive, personalized evidence-based medical and behavioral therapies for individuals with opioid use disorder. With 68 locations across 15 states, BHG provides services to thousands of individuals and their communities across the country.

The company's commitment to quality and performance measurement led to the development of the Integrated Dynamic Care Model for the treatment of OUD including the Comprehensive Outpatient Experience (COPE) framework. BHG is a leader in personalized, outpatient treatment for opioid addiction and Medication-Assisted Recovery℠ (MAR).

References

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[2] Addressing Prescription Drug Abuse in the United States, CDC.gov, publish date unknown.
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To learn more about BHG, call **844.535.7291**
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This is **real** recovery℠