

Did Medication First Practices Extend Outside of STR?

Medication Utilization and Treatment Retention Across Programs at STR-funded Agencies

Question 1: Overall, was treatment for opioid use disorder (OUD) in 2018 different than it was in 2017 for uninsured clients at STR-funded agencies? Answer: Yes.

Across all uninsured clients with OUD at STR-funded agencies, medication utilization (specifically of buprenorphine) was higher in 2018, the first year of STR implementation, than in 2017. Treatment retention at 1, 3, 6, and 9 months was also higher in 2018 than 2017.

Question 2: At sites with STR funding, did clients who wanted medication just get funneled into STR instead of general CSTAR (Non-STR), making CSTAR medication utilization numbers go down? Answer: No.

Although medication utilization was higher for clients in STR than Pre-STR (2017), medication utilization rates remained the same as for general CSTAR (Non-STR) clients as Pre-STR clients. This suggests STR clients were not simply the subset of clients with OUD who wanted medication. If this was true, we would likely have seen the use of medication for CSTAR clients at these sites go down, while use went up for STR clients (i.e., meaning the medication rates “balanced each other out”) – but we did not see this. Overall utilization went up (see Question #1 above).

Question 3: Did STR/Medication First practices “spill over” into the general CSTAR (Non-STR) population at agencies participating in STR during its first year? Answer: No and Yes.

Medication utilization rates were higher for clients enrolled in STR than in CSTAR at STR-funded agencies in 2018. In fact, for Non-STR clients with OUD in 2018, medication was used at nearly identical rates as it was the year before STR started (Pre-STR) (see Question #2 above). However, for clients in CSTAR who *did* receive medication in 2018 – specifically, for those who received buprenorphine – their treatment retention was just as good as it was for STR clients on buprenorphine. This suggests the use of longer-term medical maintenance buprenorphine protocols (i.e., chronic care management), which were encouraged through STR, may have “spilled over” into the general CSTAR population receiving buprenorphine at these agencies.

Two possible interpretations of many (please reach out to the SOR evaluation team to share your thoughts)

- Staff who first screen and assign programs to potential clients may have viewed STR and general CSTAR tracks very differently, thinking STR clients almost certainly need medication with general CSTAR OUD clients being viewed as not necessarily needing medication.
- Prescribers affiliated with CSTARs increasingly prescribed buprenorphine as a maintenance medication across patients, suggesting that if a Non-STR client *did* get to a prescriber and receive buprenorphine, they were likely to receive the same length of buprenorphine treatment as an STR client (i.e., prescribers do not treat people differently based on their assigned program).

Agencies Included in Analysis (STR Year 1 only)

ARCA	Ozark Center
BASIC Inc.	Phoenix
Burrell	Preferred Family Healthcare
Center for Life Solutions (OTP)	Queen of Peace
COMTREA	SEMO
Family Counseling Center	Tri-County
Gateway	Truman Medical Center
Gibson Recovery Center	Turning Point
Heartland Center	West End Clinic (OTP)
New Beginnings	

Key Comparison Groups:

- **FY17 Pre-STR** = EOCs in fiscal year 2017, the year prior to STR, at agencies that went on to receive STR funding in fiscal year 2018
- **FY18 All** = all uninsured OUD EOCs at STR-funded agencies in fiscal year 2018 (i.e. the sum of FY18 Non-STR EOCs [i.e., general CSTAR] + FY18 STR EOCs)

All EOCs in this data are from clients who are:

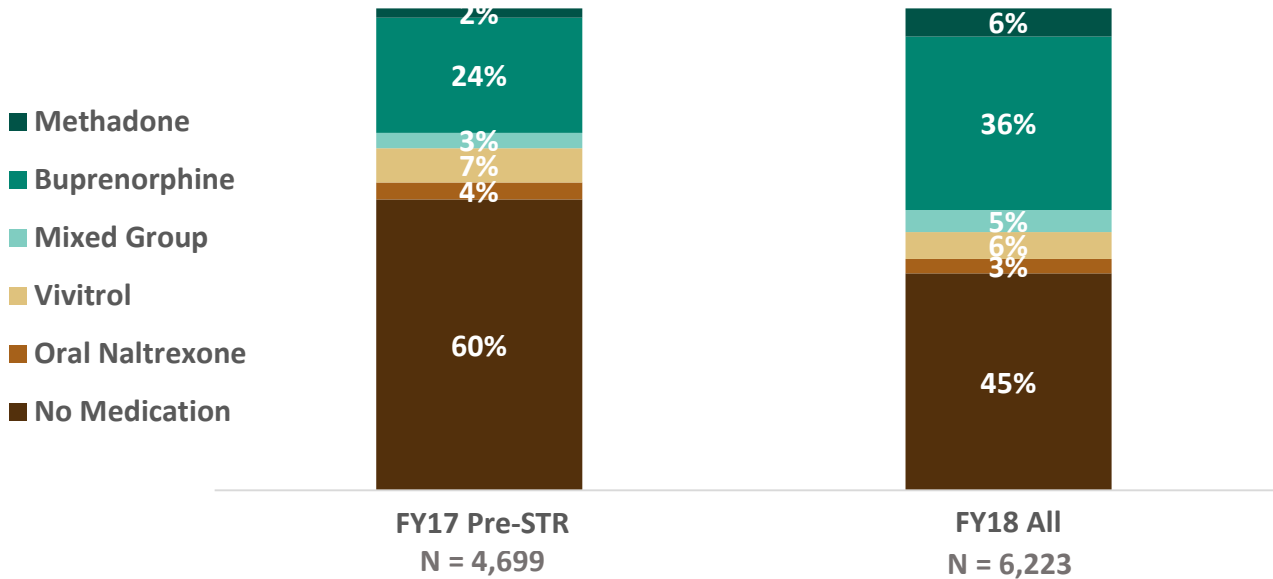
- Uninsured
- Have an Opioid Use Disorder
- Treated at an STR-funded treatment agency during the first year of STR (see list to the left)

No MO HealthNet data is included here – all CIMOR EOC data represents uninsured individuals only

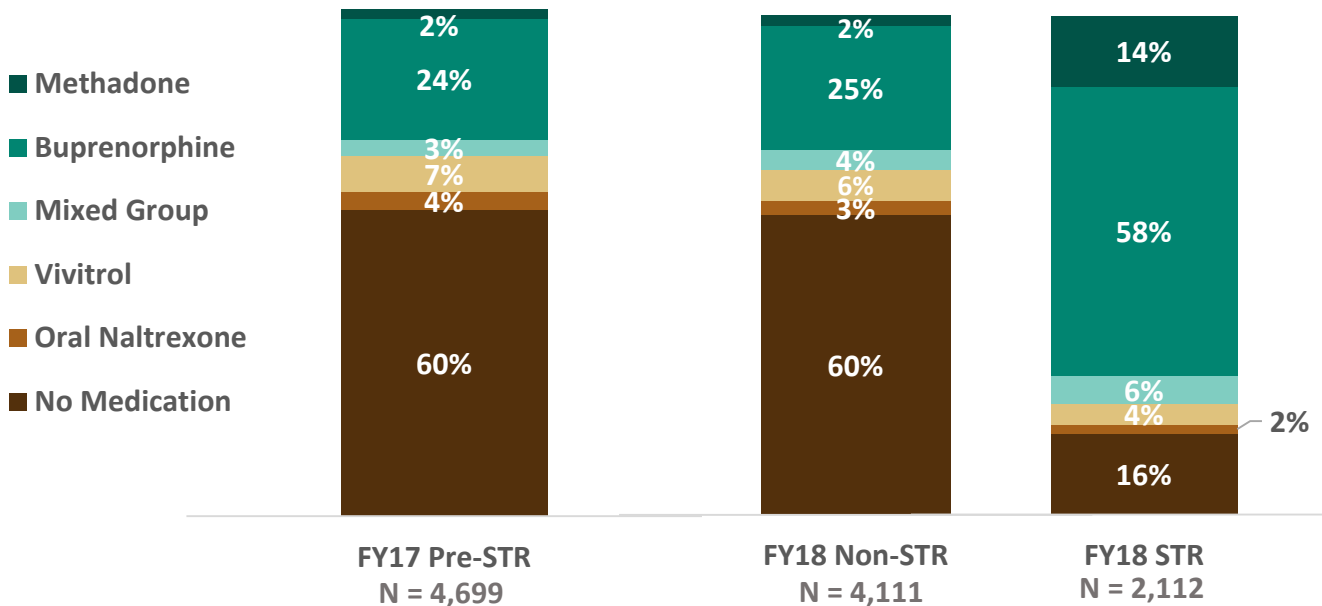
Medication Utilization Across Comparison Groups

Overall medication utilization (the proportion of EOCs that involved medication) was **significantly higher** (by 15%) among all FY18 EOCs (including both STR and Non-STR EOCs treated at STR-funded agencies) relative to FY17 EOCs (Pre-STR) (**top bars**). Medication utilization among FY18 STR EOCs was **significantly higher** (by 44%) relative to FY17 EOCs (Pre-STR); however, medication utilization among FY18 Non-STR EOCs **was not significantly different** from medication utilization among Pre-STR EOCs. (**bottom bars**). This demonstrates that overall gains in medication utilization for FY18 EOCs were driven by STR EOCs.

Medication utilization (FY17 Pre-STR versus FY18 All)



Medication Utilization (FY17 Pre-STR Versus FY18 split by Non-STR & STR)

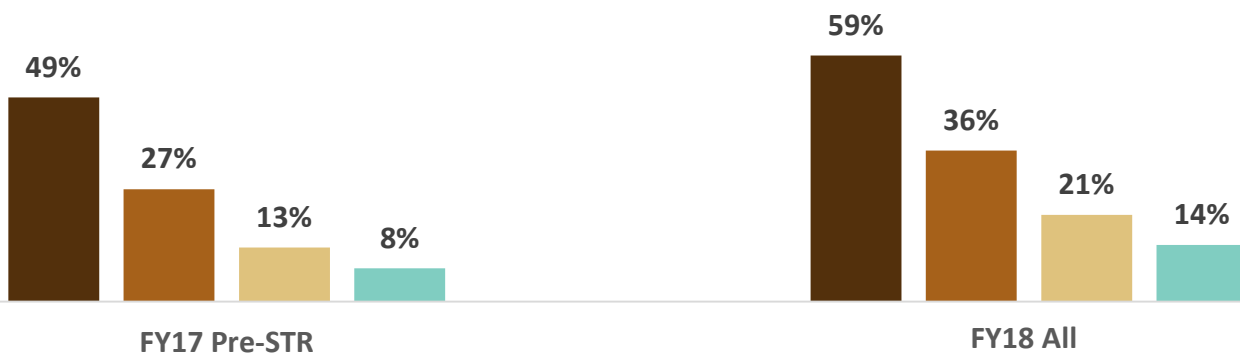


Overall Treatment Retention Across Comparison Groups

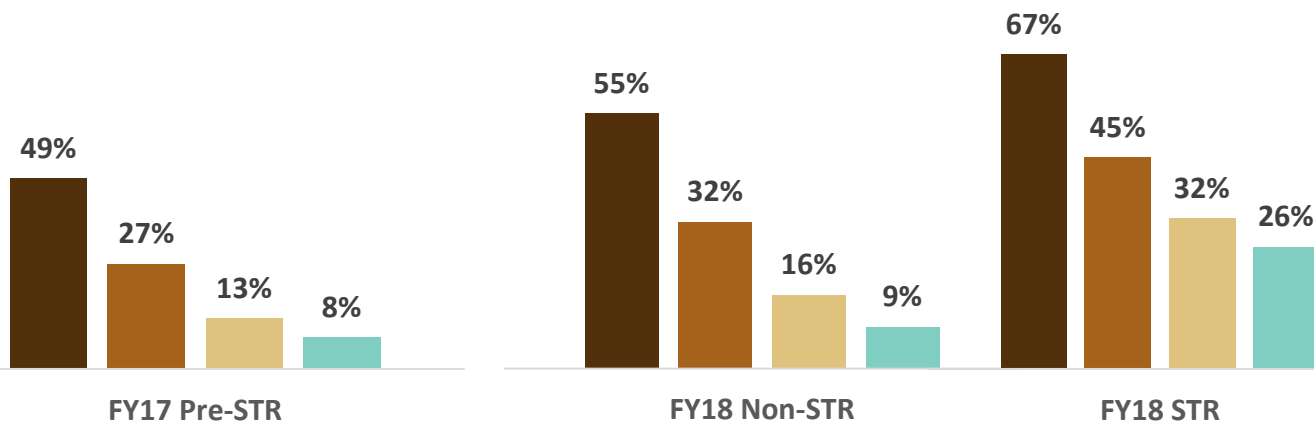
The overall treatment retention rate was **significantly higher** at 1, 3, 6, and 9 months among FY18 All EOCs (including both STR and Non-STR EOCs treated at STR-funded agencies) than the retention rate among FY17 Pre-STR EOCs (**top graphs**). This overall difference was largely driven by the higher retention rate among FY18 STR EOCs. FY18 STR EOCs had the highest retention at all time points compared to FY18 Non-STR EOCs and FY17 Pre-STR EOCs, with retention rates **significantly higher** than both groups at 1, 3, 6, and 9 months. Additionally, the retention rate among FY18 Non-STR EOCs was **significantly higher** at 1, 3, and 6 months relative to FY17 Pre-STR EOCs, but not at 9 months (**bottom graphs**).

Overall Retention (FY17 Pre-STR versus FY18 All)

■ 1 Month ■ 3 Months ■ 6 Months ■ 9 Months



Overall Retention (FY17 Pre-STR versus FY18 All split out by Non-STR & STR)



Buprenorphine Treatment Retention Across Comparison Groups

The buprenorphine treatment retention rate was **significantly higher** at 1, 3, 6, and 9 months among FY18 All EOCs (including both STR and Non-STR EOCs treated at STR-funded agencies) than the retention rate among FY17 Pre-STR EOCs (**top graphs**). The retention rate of FY18 Non-STR EOCs that involved buprenorphine (bupe) was **significantly higher** than the retention rate of FY17 Pre-STR EOCs that involved bupe and was **not significantly different** from the retention rate of FY18 STR EOCs that involved bupe (**bottom graphs**). This could suggest buprenorphine-related clinical protocol changes as a result of STR grant implementation, specifically in the use of bupe as a maintenance medication rather than a short-term medication.

Buprenorphine Retention (FY17 Pre-STR versus FY18 All)

■ 1 Month ■ 3 Months ■ 6 Months ■ 9 Months



Buprenorphine Retention (FY17 Pre-STR versus FY18 split by Non-STR & STR)

