

SOR Treatment Outcomes Summary

Fiscal Year 2019-2020

Summary:

- The data in this summary is available on the SOR Dashboard (<http://opioidstr.mimh.edu/>). There are currently 163 registered dashboard users. The dashboard and this report use CIMOR data of clients with OUD who are uninsured. For more variable definitions, see <https://opioidstr.mimh.edu/Documents/VariableDefinitions.pdf>
- Medication utilization, and buprenorphine utilization in particular, was higher among SOR episodes of care (EOCs) in both FY19 and FY20. Medication was received more quickly among SOR EOCs than among non-SOR EOCs in both years.
- Treatment Retention was higher in SOR than Non-SOR in FY19 (as it was in the first ~1-2 years of STR/SOR), but this trend reversed in FY20. In FY20, retention was higher in Non-SOR programs.
- Retention rates were lower among Black clients in SOR relative to White clients, despite equal or higher rates of medication utilization among Black clients. Across FY19 and FY20, Black and White, SOR and Non-SOR, retention was notably the lowest among SOR episodes in FY20 for Black clients.
- Overall, EOCs involving telehealth increased from FY19 to FY20 under both Non-SOR and SOR programs. The overall increase in EOCs involving telehealth was driven by increases in both medical and non-medical telehealth visits, the latter of which were not common prior to COVID-19 and thus evidenced the steepest increases.

Note: FY2020 includes data from July 2019 – June 2020 (3.5 months of COVID-19), so it is possible that COVID-19-related practice changes are not largely reflected in the FY2020 data and will be more evident in FY2021 data.

Enrollment Demographics:

	SOR FY19	Non-SOR FY19	SOR FY20	Non-SOR FY20
Overall EOCs (N)	2,083	2,393	1,360	2,356
American Indian/Alaska Native	0%	0%	0%	0%
Asian	0%	0%	0%	0%
Black or African American	19%	14%	25%	14%
Multiracial	3%	3%	3%	4%
Native Hawaiian or Pacific Islander	0%	0%	0%	0%
Other	1%	1%	1%	1%
White	77%	82%	70%	80%
Female	29%	32%	32%	33%
Male	71%	68%	68%	67%

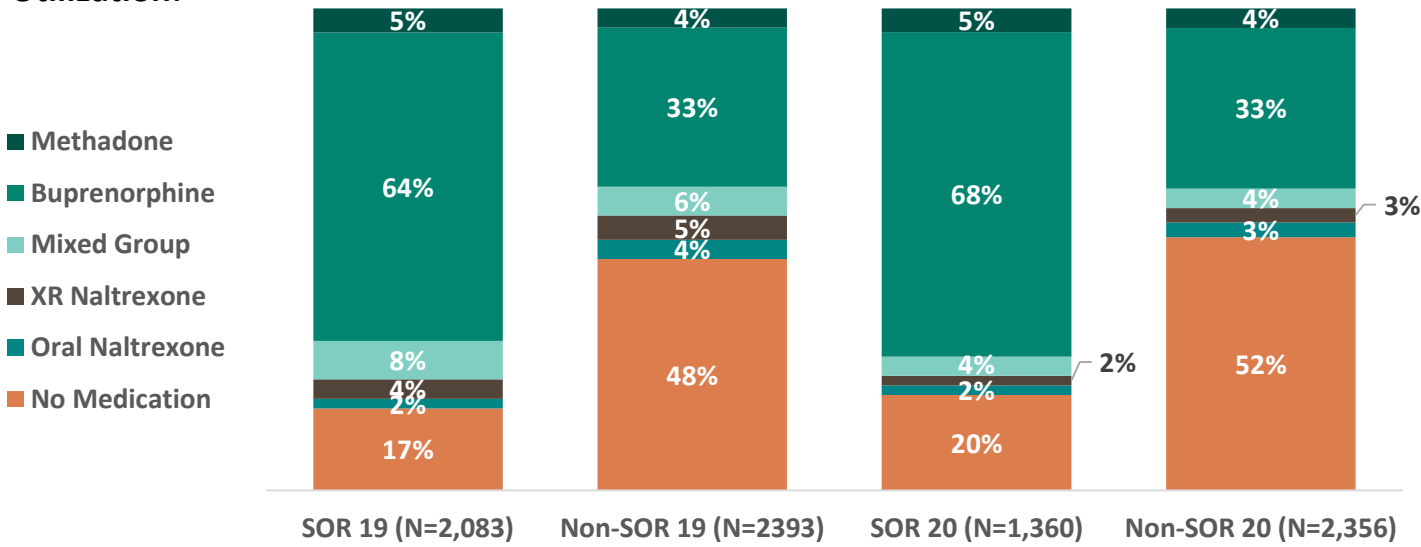
Days to Receive Medication

	SOR FY19	Non-SOR FY19	SOR FY20	Non-SOR FY20
Overall	0	7	0	6
Oral Naltrexone	15	20	0	7
XR Naltrexone	6	17	1	20
Buprenorphine	0	6	0	5
Methadone	3	0	1	1

Note: Zero denotes access on the same day as the first billable service. Only EOCs that did NOT involve detoxification encounters were included in the table. Additionally, this data does not depict the extent to which there is lag time between when an individual calls or physically presents to request treatment and when they are officially admitted to treatment.

Medication Utilization:

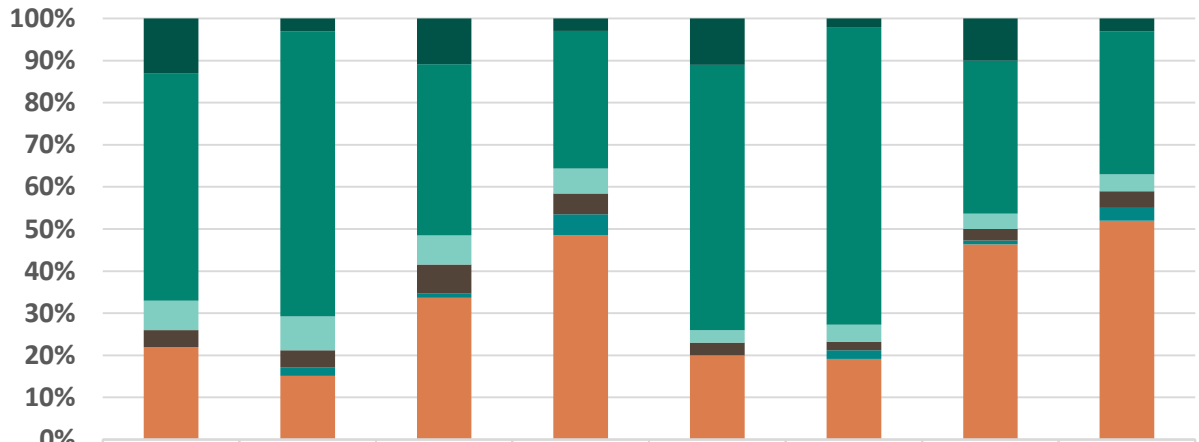
Medication Utilization by Program and Fiscal Year



Medication utilization, and buprenorphine utilization in particular, was higher in SOR than Non-SOR in both FY19 and FY20.

Note: The 'Mixed Group' is composed of EOCs in which both an antagonist and agonist were prescribed. This group is highly heterogeneous and administrative data does not provide an indication of the intended treatment path. This group was created to ensure the exclusive buprenorphine and XR naltrexone groups were limited to these medications only.

Medication Utilization by Fiscal Year and Race

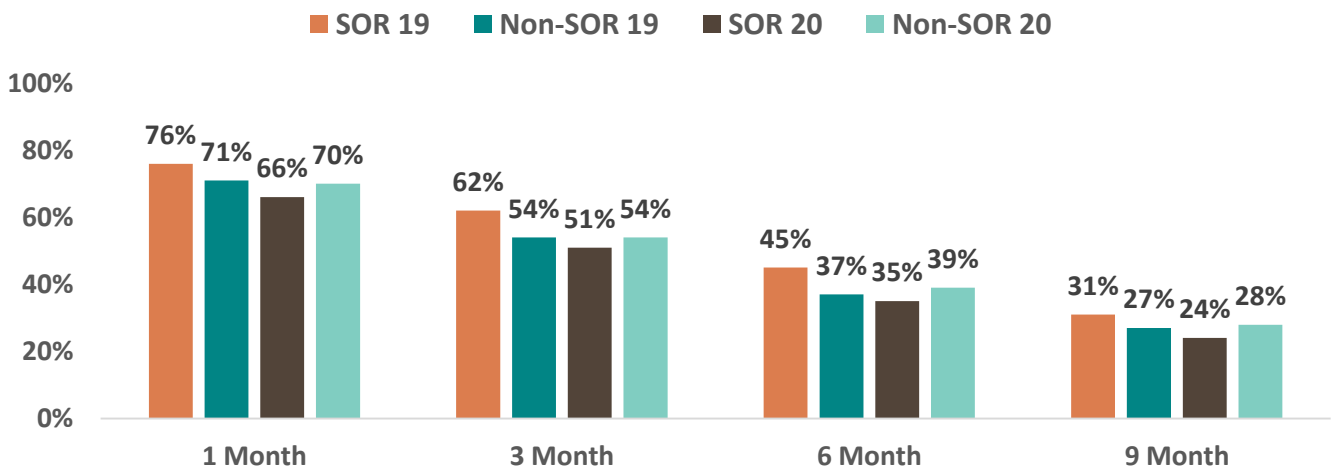


	SOR 19		Non-SOR 19		SOR 20		Non-SOR 20	
	Black	White	Black	White	Black	White	Black	White
Methadone	13%	3%	11%	3%	11%	2%	11%	3%
Buprenorphine	54%	67%	41%	33%	63%	70%	40%	34%
Mixed Group	7%	8%	7%	6%	3%	4%	4%	4%
XR Naltrexone	4%	4%	7%	5%	3%	2%	3%	4%
Oral Naltrexone	0%	2%	1%	5%	0%	2%	1%	3%
No Medication	22%	15%	34%	49%	20%	19%	51%	52%

EOCs among Black individuals were more likely to involve methadone than EOCs among White individuals, a pattern evident across both SOR and Non-SOR treatment episodes and both fiscal years. Buprenorphine utilization remained relatively stable between FY19 and FY20 for White and Black individuals in SOR.

Treatment Retention

Overall Treatment Retention by Month and Fiscal Year

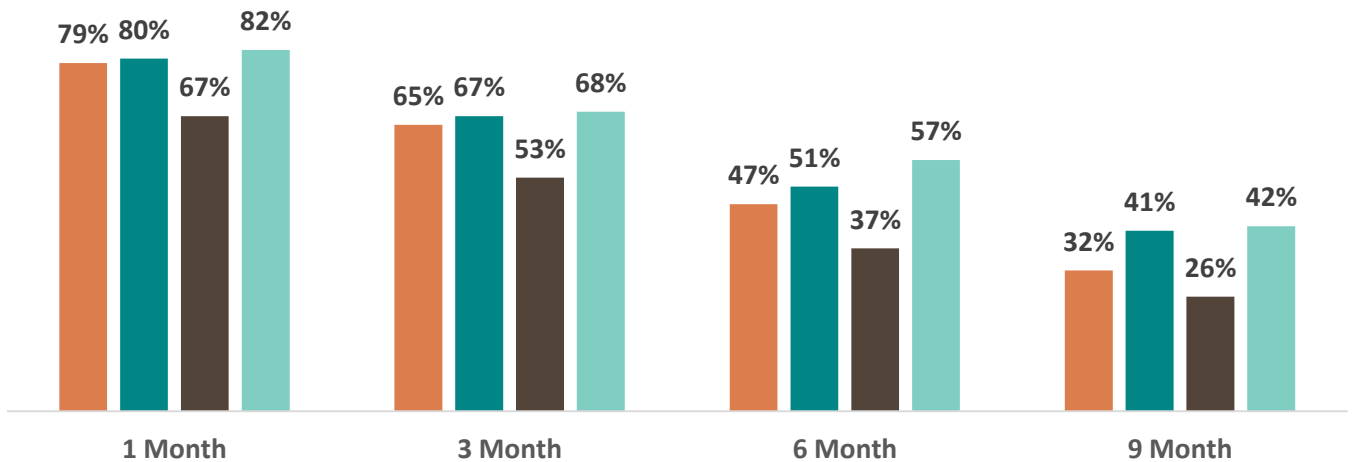


Overall treatment retention was higher in SOR in FY19 (orange bars) than FY20 (brown bars). In FY19, SOR treatment retention (orange bars) was higher than in Non-SOR (dark green bars), but in FY20, the opposite was true; treatment retention was higher in Non-SOR episodes (light blue bars) than in SOR episodes (brown bars).

Note: Treatment retention estimates are a function of people for whom engagement can be determined. Both lags in billing and the start date of an EOC play a role in how long treatment engagement can be assessed.

Treatment Retention for Buprenorphine by Month and Fiscal Year

■ SOR 19 ■ Non-SOR 19 ■ SOR 20 ■ Non-SOR 20

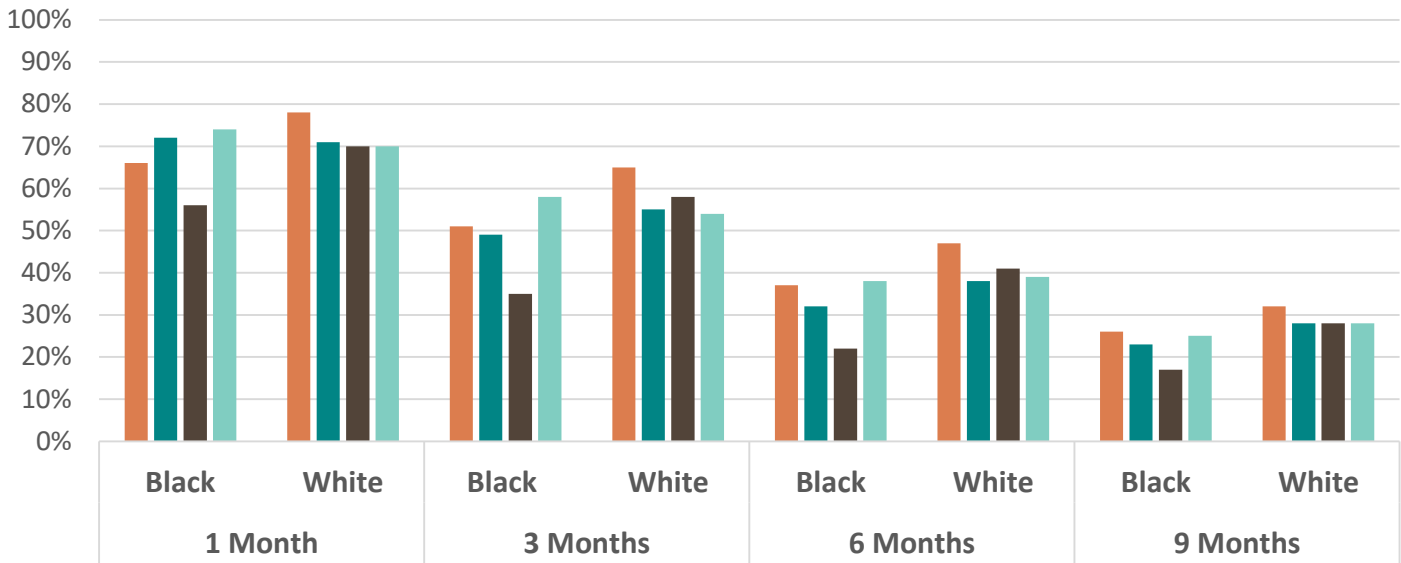


In SOR, buprenorphine treatment retention was higher in FY19 (orange bars) than FY20 (brown bars). In Non-SOR, the opposite was true: buprenorphine treatment was higher in FY20 (light blue bars) than FY19 (dark green bars).

Across SOR and Non-SOR and FY19 and FY20, buprenorphine treatment retention was highest among Non-SOR episodes in FY20, and the lowest in SOR treatment episodes in FY20.

Overall Treatment Retention by Fiscal Year and Race

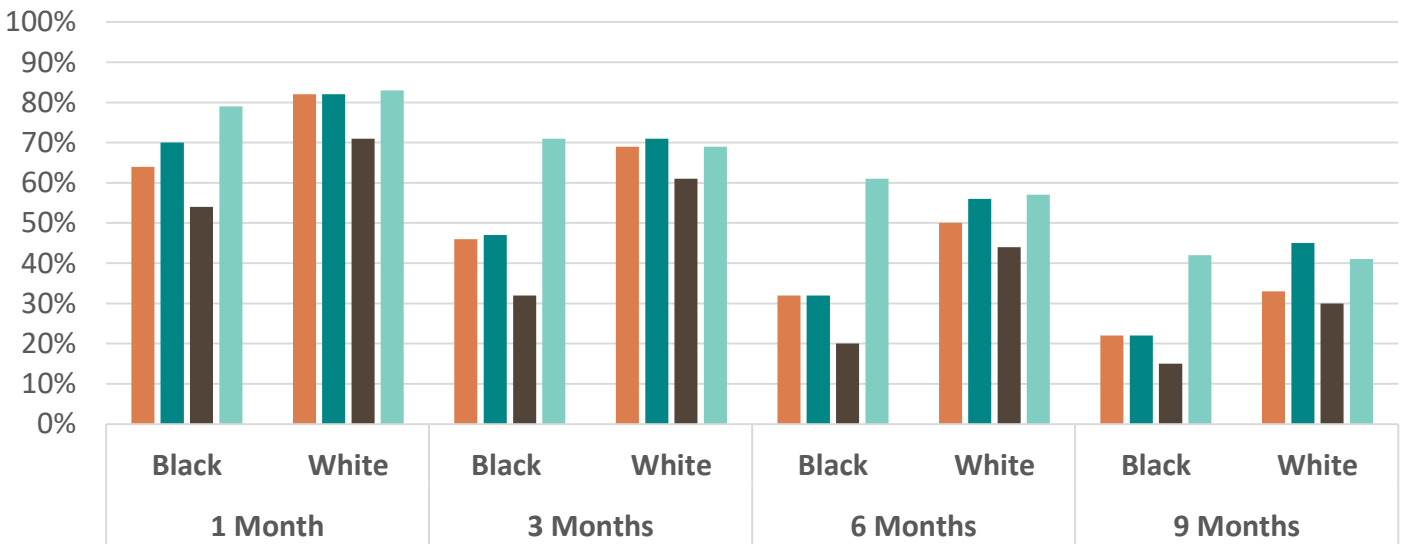
■ SOR 19
 ■ Non-SOR 19
 ■ SOR 20
 ■ Non-SOR 20



- Across fiscal years, race, and programs, overall treatment retention was highest among White clients in SOR in FY19 (orange bars).
- Overall, retention of White clients tends to be higher than retention of Black clients in the same programs across all timepoints.
- Among episodes involving Black individuals, retention was notably the lowest in SOR FY20 (brown bars).

Buprenorphine Treatment Retention by Fiscal Year and Race

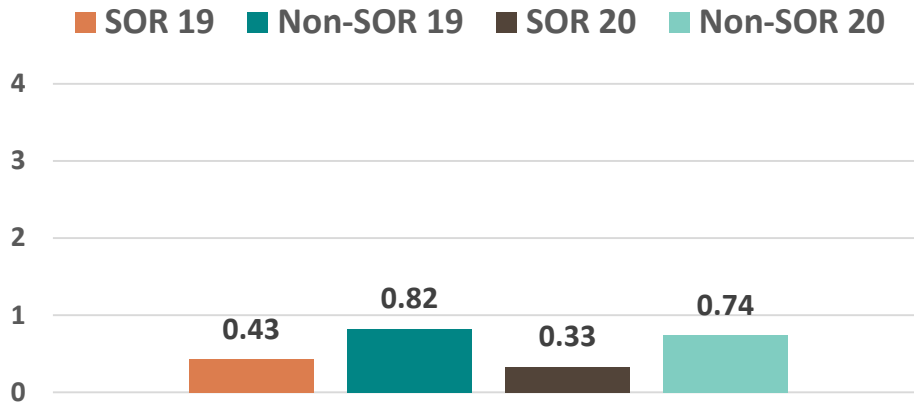
■ SOR 19
 ■ Non-SOR 19
 ■ SOR 20
 ■ Non-SOR 20



- Overall, SOR EOCs in FY20 had the lowest buprenorphine retention across all groups (brown bars), with retention of Black clients being lower than White clients.
- In FY2020, across both Black and White clients, retention in Non-SOR programs (light blue bars) was much higher than retention in SOR (brown bars) across timepoints.

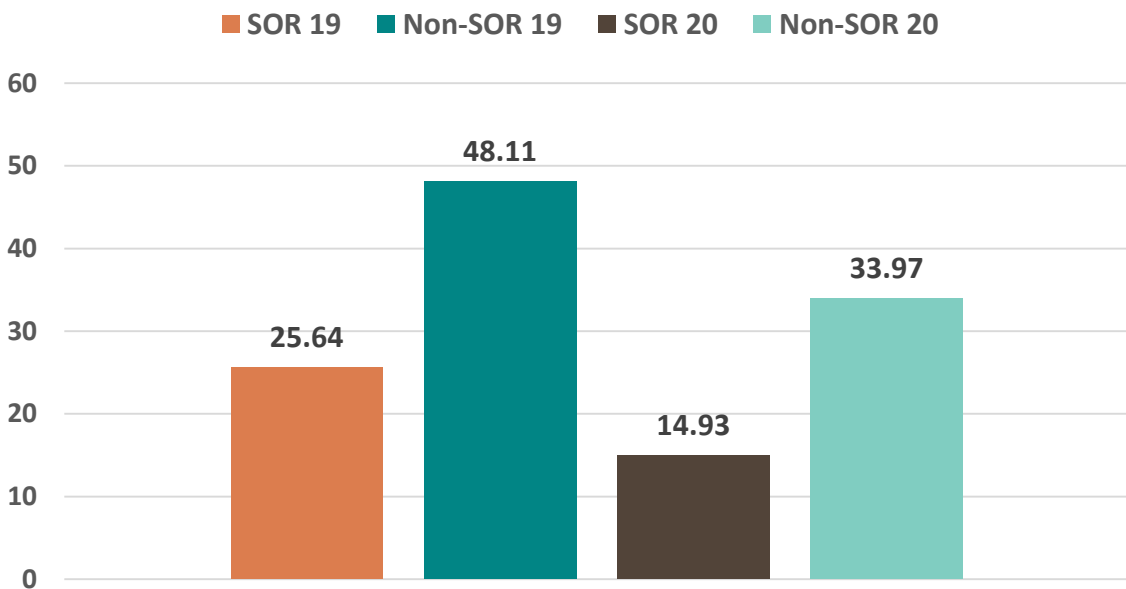
Psychosocial Services

Mean Hours of Psychosocial Services Per Day During First 30 Days of Treatment



On average, non-SOR EOCs involved more hours of psychosocial services per day during the first 30 days of treatment than SOR EOCs in both FY19 and FY20. Across all groups, the first 30 days of treatment involved <1 hr/day of psychosocial services.

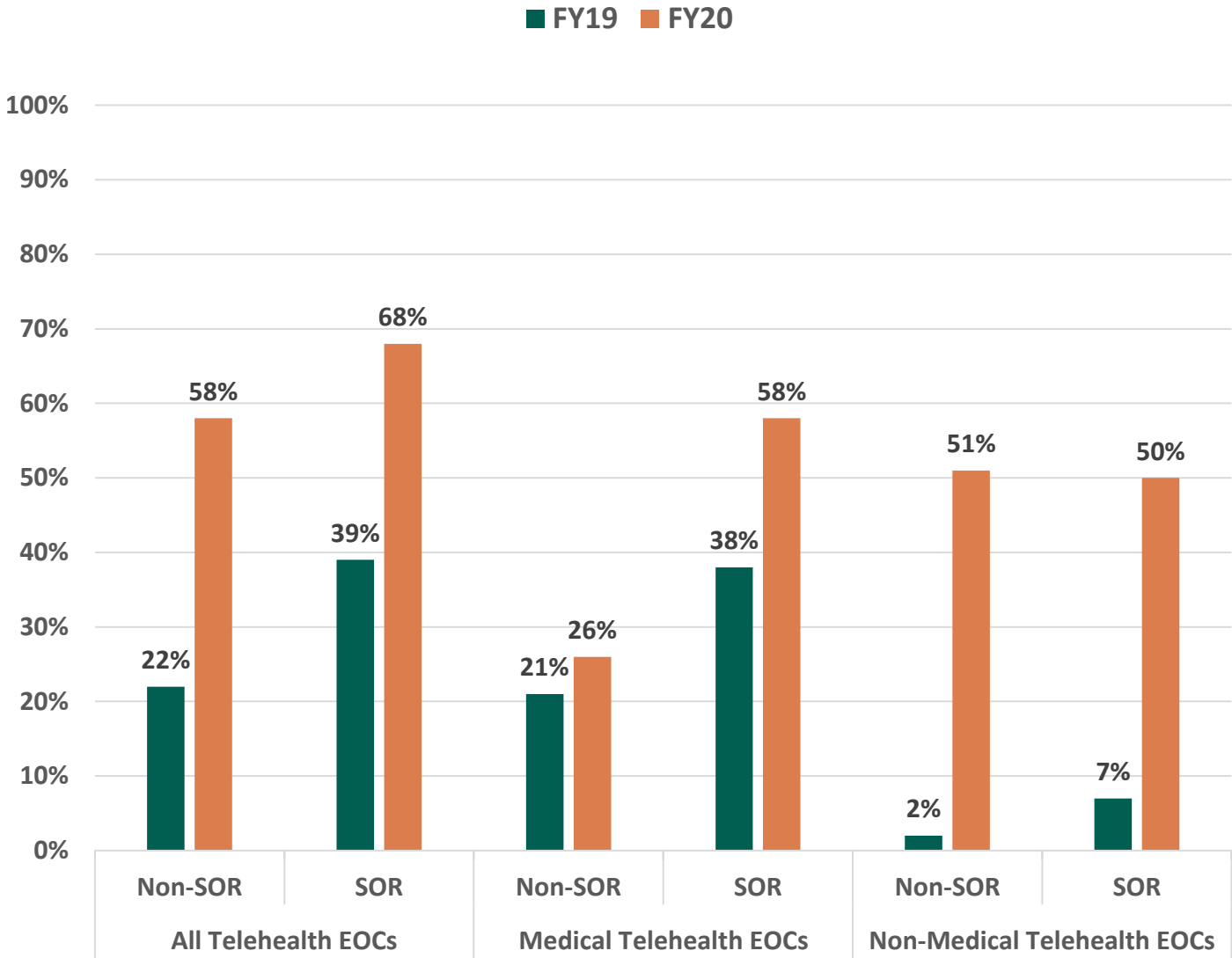
Total Mean Hours of Psychosocial Services Across Episode of Care



Non-SOR EOCs engaged in more psychosocial services throughout the course of the EOC than SOR EOCs in both FY19 and FY20. Non-SOR EOCs in FY19 received more almost double the amount of psychosocial services compared to non-SOR EOCs in FY20.

Telehealth

% of EOCs Involving Telehealth in FY19 & FY20 By Type of Telehealth Visit

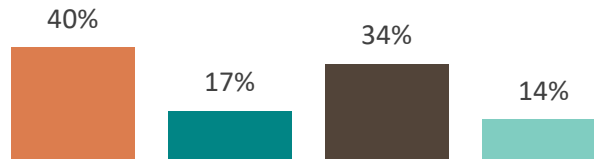


Summary: Overall, EOCs involving telehealth increased from FY19 to FY20 under both Non-SOR and SOR programs. The overall increase in EOCs involving telehealth was driven by increases in both medical and non-medical telehealth visits, the latter of which were not common prior to COVID-19 and thus evidenced the steepest increases. Medical telehealth visits were more common prior to COVID-19; therefore, although there were increases in the percentage of EOCs involving a medical telehealth appointment, the changes were not as drastic compared to non-medical telehealth visits. Note: All telehealth in 2020 includes both GT and CR modifiers, the latter of which encompass COVID-related services using either established telehealth or informal audio equipment.

Peer Support

Percent of Episodes of Care with Peer Support

■ SOR 19 ■ Non-SOR 19 ■ SOR 20 ■ Non-SOR 20



EOCs involving peer support were more common among SOR than non-SOR in both FY19 and FY20

Housing



Percent of EOCs
with Housing
Support

	SOR 19	Non-SOR 19	SOR 20	Non-SOR 20
Percent of EOCs with Housing Support	9%	5%	11%	4%
Median Nights Per EOC	33	20	40	21
Mean Nights Per EOC	77	39	58	33

Median Nights Per
EOC

Mean Nights Per
EOC

Across fiscal years, SOR EOCs included more housing support and with longer lengths of stay than in non-SOR EOCs. About 10% of SOR episodes involve housing compared to about 5% on non-SOR episodes.

Transportation

Percent of EOCs with Transportation Support

SOR 19	20%
Non-SOR 19	2%
SOR 20	7%
Non-SOR 20	0%

Transportation support more likely to be billed in SOR than non-SOR. SOR EOCs involving transportation support decreased from FY19 to FY20

Questions for provider discussion and insights:

1. Treatment Retention
 - a) Why was “days receive to medication” longer in non-SOR programs in FY19 and FY20 than SOR programs?
 - b) Overall SOR treatment retention was higher in FY19 than FY20, while retention in Non-SOR programs across these two years was about the same.
 - a) Why was retention in SOR in FY20 particularly low? What inherent differences might there be between SOR and Non-SOR populations?
 - c) Why are the racial differences in treatment retention starker in FY20 SOR relative to Non-SOR EOCs? Specifically, retention of Black clients on buprenorphine in SOR is notably lower than the comparison groups.
2. Telehealth
 - a) Why do we not see a larger proportion of medical EOCs involving in telehealth in FY20, even though this timeframe includes the first few months of COVID when telehealth use reportedly increased significantly?
 - b) How did the ability to use informal audio services as “telehealth” impact your ability to connect with clients during COVID?
3. Transportation
 1. Is the decrease in SOR EOCs involving transportation support in FY20 due to COVID? (20% in SOR in FY19 compared to 7% in FY20)