

The first five years of Missouri's Medication First approach to Opioid Use Disorder treatment: Plateaus, regressions, and underbellies of progress

Rachel Winograd, PhD., Zach Budesza, PhD., Brittany Blanchard, MPH, Paul Thater, Schyler Newman, Kortney Gertner & Christine Smith



UMSL | Addiction Science Team
University of Missouri–St. Louis

Missouri's State Targeted Response/State Opioid Response (STR/SOR) Grants

- BIG federal grants – went to every state & territory
- Began in 2017, ongoing in 2-year increments
- Led by Missouri Department of Mental Health
- Covers prevention, **treatment**, recovery support, and harm reduction services





HOUSING FIRST



Prior Approach to OUD Treatment

- Detox
 - Residential and inpatient therapy
 - Acute care rather than long-term care
 - Buprenorphine and Methadone as last resort (& low doses, short-term)
- 

Missouri's Medication First Approach

1) People with OUD **receive medical treatment as quickly as possible**, prior to lengthy assessments or treatment planning sessions;

2) Maint
arb

Low-barrier MOUD


3) Individualized psychosocial services are **offered but not required** as a condition of pharmacotherapy;

4) **Do not discontinue medical treatment** unless it is clearly worsening the patient's condition.

Take-aways from Year 1

Individuals
enrolled in
MedFirst
were more
likely to...





*But what
about 5 years
later...?*

*And were
these benefits
felt by all
groups?*

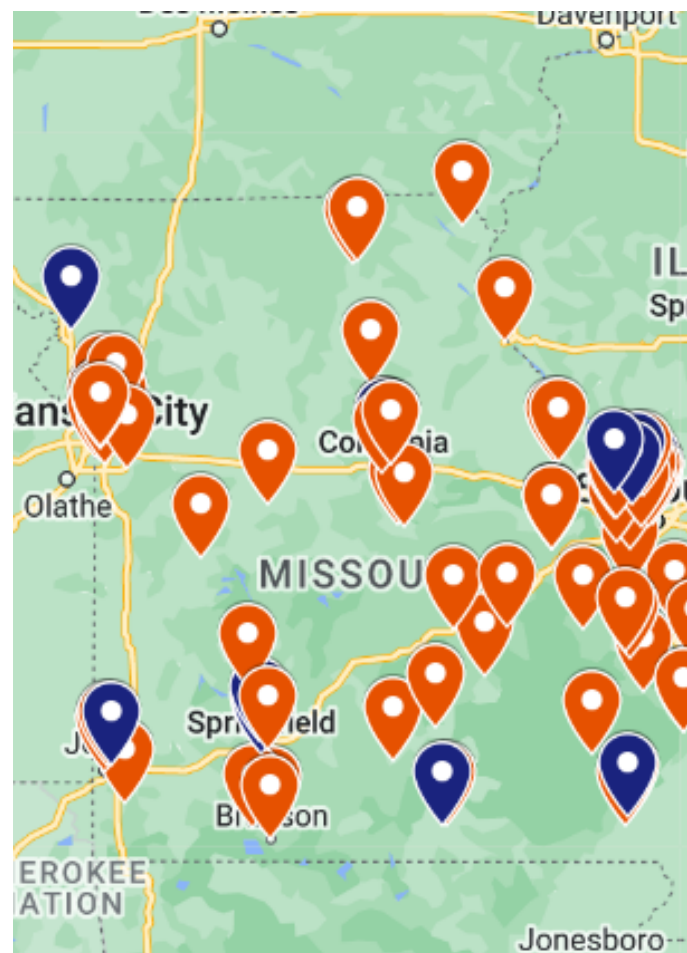


Comparison Groups & Outcomes of Interest

- Within MedFirst (STR/SOR)
- MedFirst (STR/SOR) to non-MedFirst
- Full Population over time
- By Race
- **Outcomes of interest: same as the first time around!**
 - **MOUD** (Yes/No) utilization rates
 - **Time-to-medication** (days to first Rx)
 - **Volume of psychosocial services** (controlling for length of treatment episode)
 - **Retention** (days in treatment)

Methods

- **Uninsured** individuals with OUD
- Traditional publicly-funded SUD treatment programs (not primary care, not hospitals)
- Models varied depending on outcome:
 - $outcome = years + MedFirst(yes/no) + race + MedFirst*race + MedFirst*years$
 - Binary logistic regression
 - Zero-inflated negative binomial regression
 - Negative binomial hurdle model



Sample characteristics across years, total population

(Pre-MedFirst, Year 1, Year 5)

	FY2017 (Pre-MedFirst)	FY2018 (MedFirst Year 1)	FY2022 (MedFirst Year 5)
Total enrollment across races (N)	2,728	3,530	2,209
<i>White</i>	2,160 (79%)	2,708 (77%)	1,537 (70%)
<i>Black</i>	470 (17%)	677 (19%)	419 (19%)
<i>Non-White/Non-Black</i>	98 (4%)	145 (4%)	253 (11%)
MedFirst (STR/SOR enrollment) (N, %)	0 (0%)	1,321 (37%)	1,019 (46%)
% receiving MOUD	43%	61%	56%
Time-to-medication (Days)	7	2	1
Days in Treatment	70	117	85
Weekly psychosocial hours	2.3	1.0	0.3

Results:

MedFirst (STR/SOR) 2018 vs. 2022

~ Within MedFrist, Year 1 vs Year 5 ~

	2018 (MedFirst Year 1)	2022 (MedFirst Year 5)	Difference	Direction
MOUD utilization	.82 probability	.77 probability	-.053 (95% CI: -.074, -.032)	2018 higher MOUD
Time-to-medication	median 1 day	median 0 days	-1 (95% CI: -4.16, 2.16)	no difference
Psychosocial Hours	33.3 hours	15.5 hours	-17.8 (95% CI: -25.1, -10)	2018 greater hours
Retention (Days in treatment)	208 days	168 days	-38.2 (95% CI: -50.0, -26.4)	2018 longer retention

Results:

MedFirst (STR/SOR) vs non-MedFirst

~ collapsed across all 5 years ~

	MedFirst (STR/SOR)	non-MedFirst)	Difference	Direction
MOUD utilization	.82 probability	.49 probability	.32 (95% CI: .309, .337)	MedFirst higher MOUD
Time-to-medication	median 0.4 days	median 6.5 days	-6.1 (95% CI - 7.73, -4.47)	MedFirst sooner to medication
Psychosocial Hours	23.5 hours	56.7 hours	-33.1 (95% CI: -52.5, -13.7)	MedFirst fewer hours
Retention (Days in treatment)	198 days	166 days	31.8 (95% CI: 24.3, 39.3)	MedFirst longer retention

Results:

Combined (MedFirst with non-MedFirst)

~ Before STR/SOR started, to most recent year ~

	2017 (Pre-Med First)	2022 (MedFirst Year 5)	Difference	Direction
MOUD utilization	.56 probability	.54 probability	-.02 (95% CI: -.044, .011)	no difference
Time-to-medication	median 5.1 days	median 3.1 days	-2 (95% CI: -4.93, 0.93)	no difference
Psychosocial Hours	59.8 hours	23.8 hours	-36.1 (95% CI: -55.3, -16.9)	2022 fewer hours
Retention (Days in treatment)	137 days	151 days	13.9 (95% CI: 2.29, 24.9)	2022 longer retention

Results

~ Collapsed across all 5 years ~

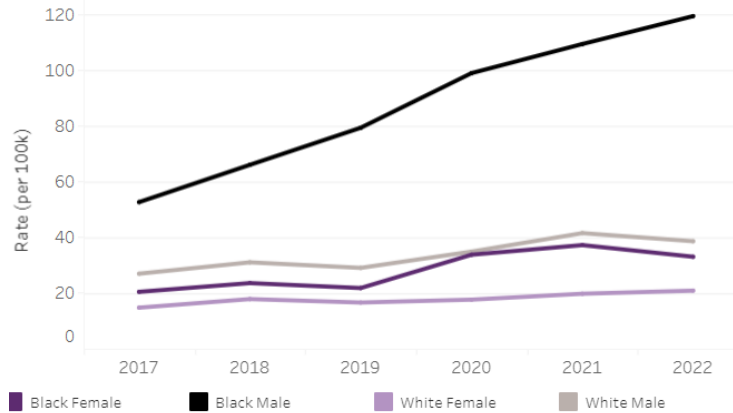
Differences by Race, by Program

	MedFirst (STR/SOR)				non-MedFirst			
	Black (N = 1,523)	White (N = 5,048)	Difference	Direction	Black (N = 2,039)	White (N = 9,853)	Difference	Direction
MOUD utilization	.82 prob.	.82 prob.	-.005 (95% CI - .017, .028)	no difference	.62 prob.	.46 prob.	-.164 (95% CI: .188, - .141)	Black higher MOUD
Time-to-medication	mdn. 0 days	mdn. 0 days	0 (95% CI: -.77, .77)	no difference	3 days	7 days	-4 (95% CI: 2.67, 5.33)	Black sooner to medication
Psychosocial Hours	25.3 hours	24.8 hours	-.48 (95% CI: -2.89, -1.93)	no difference	45.1 hours	56.5 hours	11.3 (95% CI: 1.23, 21.43)	White more hours
Retention (Days in treatment)	153.1 days	216.6 days	62.75 (95% CI: 50.6, 74.9)	White longer retention	159.7 days	163.7 days	3.74 (95% CI: -5.64- 13.1)	White longer retention

Overview of Findings

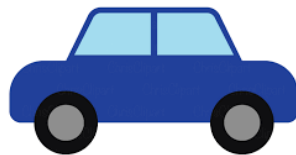
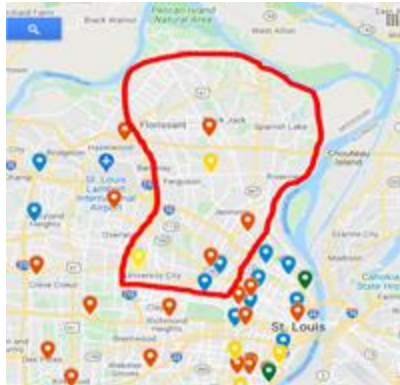
- Overall, things are better than they were before MedFirst
 - More and faster MOUD & longer retention
- BUT! MedFirst program outcomes regressed toward baseline since original launch
- Black people have equal or better MOUD access, but are not in treatment as long as White people

All Drug Overdose Mortality Rates by Gender and Race



Racial Disparities

- Widening inequities in overdose deaths in MO, especially among Black men
- Resource deserts in predominantly poor, Black areas
 - & minimal access to housing & transportation
- Complex views toward medicalization in Black communities



What's going on with MedFirst??

- MedFirst fidelity “drift” over time, a la Housing First “drift”
 - Growing resentment toward belief of ‘medication only’
- Fiscal challenges, perverse reimbursement incentives
 - Traditional SUD programs not set up for longterm medical care
- Sicker client base → challenging for staff to adjust
 - The lower your threshold, the poorer the health of the sickest person you treat



Take Aways

- Overall, we're better than where we started...

~ BUT ~

- Radical changes in clinical approach require changes in reimbursement structures
- “MedFirst” for Black people & in Black communities requires deeper, culturally responsive work & framing
- Must prioritize client SURVIVAL and meeting basic needs (transportation, income, physical health, **HOUSING!!!**)

Thank you!

- Brandon Park
- SOR data team
- UMSL Addiction Science
- MO Department of Mental Health
- SAMHSA



Critical feedback on Med First



Medication First = Medication
“Only”

... what about root causes?



Adjusting to “sicker” client base
because more people retained



Medically-focused treatment
isn't fiscally sustainable in
traditional treatment programs

What happened in 2022?

- Medicaid expansion changed the makeup of 2022 population