

ALCOHOLISM DRUG ABUSE WEEKLY

News for policy and program decision-makers

Geisinger seeks to enhance support for MAT patients through technology

The psychosocial support that is critical to the success of medication-assisted treatment (MAT) for opioid dependence frequently poses a management challenge in the MAT clinic setting. Prescribing physicians often lack the infrastructure for, or (in extreme cases) the interest in, delivering this component. With MAT patients doing most of their recovery work in the community, technology is increasingly being seen as a solution to serve as a bridge between the outpatient clinic and the patient.

MAT clinics operated by Geisinger Health in Pennsylvania will seek to enhance patient engagement and provider-patient communication by adding the A-CHESS platform to their services, under an agreement with CHES Health that was announced last month. The evidence-supported A-CHESS, which keeps patients connected to their care providers through a smart-phone app that offers periodic check-ins and motivational content, recovery work in the community, technology is increasingly being seen as a solution to serve as a bridge between the outpatient clinic and the patient.

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Health that was announced last month. The evidence supported A-CHESS, which keeps patients connected to their care providers through a smart-phone app that offers periodic check-ins and motivational content, has been introduced this month at Geisinger clinics in the Pennsylvania communities of Bloomsburg, Wilkes-Barre and Williamsport.

The CEO of CHES Health, the commercial arm of the A-CHESS platform developed and researched out of the Center for Health Enhancement Support Systems at the University of Wisconsin, told ADAW that the A-CHESS app known to consumers as “Connections” combats recovery isolation and can serve as an asset to MAT clinic providers, who often struggle to link their patients to counseling and recovery support resources in the community.

“This can be there for them when they’re feeling strong, this can be there for them when they’re feeling weak and this can be there for them in the times when they’re often feeling somewhere in between,” CHES Health CEO Hans Morefield said in reference to the individual in recovery.

Geisinger infrastructure

Geisinger is employing its version of a hub-and-spoke model of care for opioid dependence treatment, though structured differently from the hub-and-spoke model pioneered in the state of Vermont. The hubs in Geisinger’s model are MAT clinics (primarily buprenorphine) that are staffed by addiction specialist physicians and that conduct patient evaluations, while the spokes are providers of other specialty services, such as care for pregnant and parenting women.

With some patients receiving services at more than one location, it is hoped that several features of the A-CHESS platform will help providers in the MAT clinics stay in closer

Bottom Line...

Geisinger Health will use the A-CHESS technology platform to seek to ease the process of delivering the psychosocial support often missing for patients who receive medication-assisted treatment for opioid dependence in the community.

contact with patients and offer more consistent support.

The smartphone app offers daily and weekly check-ins that patients can pre-program according to when they want to receive them. Reminders of appointments and medication regimen details are built in. Patients also complete periodic surveys that their care providers can use to gain a more complete look at patient progress than what a standard check-in provides.

“Both patients’ use and non-use of the app drives notifications,” Morefield said. “If a patient survey shows that the patient’s urges are increasing, or they’re getting less sleep, every member of the care team can be notified of the trend. They may receive an email with details on what happened in the patient’s day.” Interventions are pushed to the patient in cases where the system recognizes an imminent risk of relapse, such as when the patient visits a high-risk location that could trigger a slip. In addition, the platform can deliver individualized motivational content to enhance the patient’s coping skills and bolster recovery.

In cases where a patient is receiving medical management and counseling at separate locations, both providers can be connected to the patient’s account and can receive notifications on the patient’s progress at the same time, Morefield said.

Use of Connections also can combat isolation by connecting patients to sources of recovery support. In turn, the platform allows the individual in recovery to step up to serve as a source of support for others, Morefield said. It is important to point out that A-CHESS delivers support, but not direct therapy.

A joint news release from CHESS Health and Geisinger states, “A-CHESS will help Geisinger clinicians maintain continuous connections with patients, provide patients with personalized recovery resources, address isolation by enabling peer-to-peer connections, and apply the predictive relapse analytics to intervene when necessary.”

Jordan Barbour, M.P.H., Geisinger’s director of operations for psychiatry and addiction medicine, said in the news release, “According to the Centers for Disease Control, Pennsylvania is one of the worst states for opioid addiction, and lacks addiction treatment support in many of its rural areas.” The platform also can serve as a useful source of support in cases where physicians are struggling to help the patient engage with counseling.

Research has indicated that A-CHESS can reduce problematic substance use, improve self-help meeting attendance and reduce readmissions to higher-intensity levels of care (see ADAW, April 29, 2013).

Geisinger is a physician-led organization serving more than 1.5 million patients in Pennsylvania and New Jersey. The Geisinger system includes 13 hospital campuses and a health plan with nearly 600,000 members. CHESS Health’s other products include CBT4CBT, a computer-based training that delivers cognitive behavioral therapy electronically. expanded Medicaid — as examples. In 2012, about 20 percent of individuals with an OUD who were discharged from a hospital were uninsured. By 2015, those rates had dropped to 2.5 percent in West Virginia and 3.5 percent in Ohio. Allowing Medicaid to cover the overdose-reversal drug naloxone and pay for treatment with medications also are levers states can use. States can also make efforts to ensure private insurance companies comply with parity requirements, can regulate treatment centers, license the workforce so that nurse practitioners can prescribe buprenorphine without physician oversight and more. For the blog post, go to <https://www.healthaffairs.org/doi/10.1377/hblog20180927.51221/full/>.

NIDA looks for new drugs to treat addiction and overdose

The National Institute on Drug Abuse (NIDA) is funding research it hopes will lead to about five New Drug Applications submitted to the Food and Drug Administration for addiction treatment and overdose reversal. While methadone, buprenorphine and naltrexone are already approved for treatment of opioid use disorder, and naloxone is approved for opioid overdose reversal, new formulations may be needed, according to NIDA. So far, six of an expected 15 grants have been awarded for this project. They all were awarded Sept. 6, and are: “Evaluation of Safety and Pharmacokinetics of Naltrexone Implant,” “Phase 1A/1B Clinical Trials of Multivalent Opioid Vaccine Components,” “An Ultra-Long-Acting Oral Treatment for Opioid Use Disorder,” “Nalmefene Implant for the Long-Term Treatment of Opioid Use Disorder,” “Biased MuOpioid Receptor Analgesics to Prevent Overdose and Opioid Use Disorders,” and “PF614 MPAR Abuse Deterrent Opioid Pro-drug with Overdose Protection: Pre-Clinical Development and Phase 1 Clinical Trial.” The list will be up-dated as new grants are announced. For more information, go to <https://www.drugabuse.gov/drugs-abuse/opioids/nih-heal-initiative/focused-opioid-use-disorder-medications-development-research-pr>