Vermont Care Alliance for Opioid Addiction: The "Hub & Spoke"

Three partnering entities - the Blueprint for Health, the Department of Vermont Health Access (DVHA), and the Vermont Department of Health (VDH) Division of Alcohol and Drug Abuse Programs (ADAP) - in collaboration with local health, addictions, and mental health providers have implemented a statewide treatment program. Grounded in the principles of Medication Assisted Treatment[1], the Blueprint's health care reform framework, and the Health Home concept in the Federal Affordable Care Act, the partners have created the Care Alliance for Opioid Treatment, known as the Hub & Spoke initiative. This initiative:

- *Expands access to Methadone treatment* by opening new methadone programs in underserved regions and supports providers to serve all clinically appropriate patients
- *Enhances Methadone treatment programs (Hubs)* by augmenting the programming to include Health Home Services to link with the primary care and community services, provide buprenorphine for clinically complex patients, offer Vivitrol, and provide consultation support to primary care and specialists prescribing buprenorphine
- *Embeds new clinical staff (a nurse and a Master's prepared, licensed clinician) in physician practices that prescribe buprenorphine or Vivitrol (Spokes)* through the Blueprint Community Health Teams to provide Health Home services, including clinical and care coordination supports to individuals receiving buprenorphine

Under the Hub & Spoke approach, each patient undergoing MAT will have an established medical home, a single MAT prescriber, a pharmacy home, access to existing Blueprint Community Health Teams, and access to Hub or Spoke nurses and clinicians.

Spokes and the Blueprint for Health

The most common Spoke practice settings are:

- Primary care
- Obstetrics and gynecology
- Psychiatry

[1] Medication Assisted Treatment (MAT), the use of medications, in combination with counseling and behavioral therapies, is a successful treatment approach and is well supported in the addictions treatment literature. The two primary medications used in conjunction with counseling and support services to treat opioid dependence are methadone and buprenorphine. MAT is considered a long-term treatment, meaning individuals may remain on medication indefinitely, akin to insulin use among people with diabetes.

- Specialty outpatient addictions programs
- Practices specializing in the management of chronic pain

As part of the Blueprint for Health Community Health Teams (CHTs), a Registered Nurse and a Licensed Counselor are hired for every 100 Medicaid beneficiaries who are prescribed buprenorphine or Vivitrol for opioid addiction. Medicaid supports this Spoke staff through the local Blueprint infrastructure as a capacity-based payment, thus eliminating the need for fee-for-service billing and patient co-pays, which often are barriers to services for patients with addiction and mental health conditions.

Embedding the staff directly in the prescribing practices allows for more direct access to mental health and addiction services, promotes continuity of care, and supports the provision of multidisciplinary team care. Like the Blueprint CHTs, Spoke staff (a nurse and clinician case manager) are provided free of cost to patients receiving MAT, essentially as a "utility" to the practices and patients.

As of March 31, 2018, there were 62 FTE Spoke Staff in 82 different treatment settings.

Payment Process for Spoke Staffing

Spoke payments are based on the average monthly number of unique patients in each Health Service Area (HSA) for whom Medicaid paid a Buprenorphine or Vivitrol pharmacy claim during the most recent three-month period. This is designed to reflect the active caseload for each provider and for the region. The pharmacy claims include information that identifies the provider, the patient, and the medication prescribed. The total number of unique patients served is rounded to next increment of 25 to arrive at a total count in the region for staffing purposes. For example, a count of 167 patients in active treatment is rounded to 175 for the staffing model. This allows staff to be hired and deployed increments of .25% Full Time Equivalent (FTE).

The patient counts for each Health Service Area (HSA) are calculated quarterly and the Blueprint provides Medicaid with that calculation based on the staffing cost model below. Medicaid makes the payments to the lead administrative agent in each Blueprint Health Service Area as part of the Medicaid Blueprint Community Health Team payment every quarter. The Blueprint Program Director in each HSA is responsible for organizing both the Community Health Team staff and the Spoke Staffing on behalf of the practices and programs in the region.

The prescribers bill evaluation and management codes for seeing patients and the pharmacy claims are also billed as usual. Spoke staff do not bill for their services as their salaries are supported by the Community Health Team payments. See below for the staffing cost models.

***Spoke* Staffing Scale Model: (100 patients)**		
Staffing	**Annual FTE cost**	
1 FTE RN Care Manager	$85,000	$85,000
1 FTE Clinician Case Manager	$55,000	$55,000
	Total Annual Salary	**$140,000**
	35% fringe benefits	$49,000
	Total Annual Personnel Costs	**$189,000**
	Operating	**$ 7,500**
	Total Estimated Annual Costs per 100 patients	**$196,500 ($1,965 per patient)** **$163.75 PPPM**

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