



**Camden Coalition**  
of Healthcare Providers

# Translating local innovation into statewide policy: Lessons from a medications for addiction treatment (MAT) prior authorization pilot in Camden, New Jersey

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## Overview

This brief describes the Camden Coalition of Healthcare Providers' role in developing a medications for addiction treatment (MAT) pilot with local partners in Camden and using the pilot data to advocate for statewide policy change. It describes lessons from the pilot, and, in particular, highlights the value of a local health information exchange (HIE) in rapid cycle health services redesign processes.

## Introduction

The Camden Coalition of Healthcare Providers (Camden Coalition) works to advance the field of complex care by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and well-being. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our efforts are focused on delivering better care to the most vulnerable individuals in the Camden region and supporting others doing similar work in communities across the country.

As part of our local work, we regularly engage with Camden Coalition health and social sector partners to identify barriers to care and develop solutions. In 2017, an interdisciplinary team comprised of a local managed care organization (UnitedHealthcare), healthcare providers, pharmacists from the Camden community, and clinical and operations leads from the Camden Coalition came together to address the issue of medication adherence among Medicaid patients. The group identified an administrative protocol — i.e., prior authorization for buprenorphine, an FDA-approved medication that treats opioid use disorder (OUD) — as a major barrier to care for Medicaid beneficiaries in the region. After designing a pilot program to eliminate prior authorization in certain circumstances, the Camden Coalition used lessons from the pilot to successfully advocate for the statewide removal of prior authorization for medications for addiction treatment (MAT), also known as medication-assisted treatment,<sup>1</sup> for Medicaid beneficiaries in New Jersey.

## New Jersey's opioid crisis

Despite the state's commitment to combating the opioid crisis, opioid overdose deaths have claimed the lives of thousands of individuals in New Jersey. An average of nine New Jerseyans died each day in 2017 from opioid overdose, up from an average of three per day in 2012.<sup>2</sup> And while preliminary data shows a decline in overdose deaths in New Jersey in 2019,<sup>3</sup> according to the Centers for Disease Control, New Jersey had the second highest increase in overdose deaths in the country between 2016 and 2017 — up 29 percent in just one year.<sup>4</sup> While there are several factors that contribute to opioid overdose deaths, lack of access to timely, evidence-based treatment for OUD is a chief concern.

## Treatment for opioid use disorder

MAT is the gold standard for treating OUD. These medications — including buprenorphine, methadone, and naltrexone — work differently, but are all critical tools in combating the opioid epidemic. However, despite the proven success of these medications, administrative and regulatory barriers make them difficult to access.<sup>5</sup>

Buprenorphine, in particular, is an especially promising treatment for OUD. It prevents the symptoms of withdrawal and provides relief from addiction. Unlike its sister drugs methadone and naltrexone, it requires neither a daily trip to a clinic nor a full detox from opioids in order to initiate. Buprenorphine is available as a pill or a film that patients can receive a prescription for and once stable, requires seeing their doctor once a week or less. The injectable form of buprenorphine, now covered by New Jersey Medicaid, allows patients to receive a month's dose at a time.

Because individuals can start buprenorphine without first needing to detox, it is a critical tool in preventing overdose, which makes timely access to the medication especially important. Administrative processes that cause unnecessary delays in access to buprenorphine put more lives at risk.

## Camden's prior authorization pilot for buprenorphine

Despite the promise that buprenorphine offers, prior authorization requirements presented a significant barrier for providers in Camden who were trying to get MAT for their Medicaid patients. Prior authorization is an administrative process that prescribing providers must complete in order for their patients to receive coverage for procedures and/or medications. Providers must submit paperwork to the payer (i.e., insurance provider) to justify the provider's decision to prescribe the medication, along with documentation of certain procedures they have completed. In addition, it requires a peer-to-peer review with insurer-employed physicians who may not have training in addiction medicine and who may not be well-versed in best practices for treating OUD.

Local providers shared that, even with dedicated staff who were working only on securing prior authorizations, navigating the process could take the office days or even up to a week to complete. During this delay, individuals who had been motivated enough to connect with outpatient treatment, potentially after a catalytic moment such as an overdose, discharge from jail, or following a medical complication from injection drug use, were forced to wait for the medication. This delay systematically set people up to continue their drug use at the exact moment that they were attempting to break the cycle.

## Pilot design

The pilot began in October 2017 and grew out of a robust partnership that was already in place between the Camden Coalition and two clinics — Cooper Addiction Medicine and Project HOPE, the two largest providers of buprenorphine in the city of Camden — along with UnitedHealthcare's New Jersey Community and State Plan (UHC), with whom the Camden Coalition had a contract to deliver complex care pilot work. With all four partners at the table, we co-designed a pilot that would allow the providers to waive the prior authorization process, while still giving UHC a window into how those providers were managing dosage, adherence, and utilization concerns.

Ensuring that UHC was comfortable during this process was critical to success. At the beginning of the pilot, the clinics' medical directors provided up front information about the policies and procedures they would follow for all patients in their practice who were receiving buprenorphine. Submitting this one time,

along with the Camden Coalition's willingness to testify to the high quality of care being delivered in these clinics, allowed UHC to feel comfortable waiving the process of submitting this data with each new buprenorphine prescription.

The pilot also included monthly meetings where UHC and the clinics reviewed a list of all active patients and the number of office visits that the patient attended. To facilitate collaboration, the Camden Coalition leveraged its [Health Information Exchange \(HIE\)](#), a data-sharing platform that aggregates real-time regional hospital data such as inpatient admissions and emergency room visits. Camden Coalition HIE reports showed pilot participants' utilization patterns each month, which meant that UHC did not have to wait for access to claims data in order to review that information. The clinics also provided critical data on patients' attendance at clinic visits, adherence to treatment, and events such as positive urine screens and resulting action by the providers. Finally, and perhaps most importantly, providers shared details on care plans that included ongoing efforts to connect patients to behavioral health resources, transportation support, childcare resources, and other services related to the social determinants of health.

### Lessons

Throughout the pilot, we leveraged the Camden Coalition HIE and collected data manually to facilitate patient-specific planning and outcome monitoring. The HIE provided us with real time data on opioid overdoses, emergency department, and inpatient use, and also enabled us to show those patients' baseline utilization patterns before the start of the pilot. After eight months of implementation, we had a compelling data set to demonstrate the success of removing prior authorization. The pilot generated four key takeaways:

*Treatment for OUD with buprenorphine resulted in other costs-avoided.* Using a pre-buprenorphine and post-buprenorphine analysis, we found that for the 112 patients involved in the pilot, there were approximately \$115,000 in avoided-costs—approximately \$59,000 was the result of avoided emergency department visits, and approximately \$56,000 was the result of avoided inpatient hospital stays. The average cost-avoidance per patient per month was approximately \$134.

*Providers involved in the pilot followed all rules for safely prescribing buprenorphine and adhered to evidence-based practices for treating OUD.* At the onset of the pilot, UHC reviewed providers' history in prescribing buprenorphine as well as their adherence to other evidence-based practices, such as offering or referring to behavioral health. The prior authorization process requires providers to submit standard information for each new prescription based on office-wide protocol. By having the sites attest to these protocols up front, trusting providers to follow established protocol, and monitoring prescription data on a regular basis, the pilot effectively reduced the duplicative burden of prior authorization, allowing providers to care for more patients more quickly. As a result of the pilot and having observed that all patients were receiving high quality, holistic care, UHC permanently waived prior authorization for all providers within the two practices and eliminated the monthly oversight process.

*Access to data through the Camden Coalition HIE was critical to the success of the pilot.* Having access to real-time utilization data for patients participating in the pilot was a key element of the project. Because UHC was most interested in monitoring opioid-related hospital use, the ability to provide monthly metrics that demonstrated that patients were decreasing hospital and emergency department use was critical. Without the Camden Coalition HIE, the pilot would have relied on lagged claims data. Instead, in monthly meetings, the clinics and the Camden Coalition could collaboratively provide a powerful view that

combined clinical data from charts, provider testimony rooted in relationships with patients, and real-time evidence that patients were not experiencing an increase in expensive hospital encounters. This rapid feedback loop allowed the team to make a decision about the success of the pilot in just eight months—gaining access to claims data can take up to six months alone.

*Anecdotally, providers believe the pilot saved many lives.* While it is nearly impossible to quantify how many opioid overdose deaths have been avoided as a result of the program, providers engaged in the pilot credit the timely access to buprenorphine with saving the lives of many of their patients.

"When the prior authorization requirement was waived for these patients, they were able to access effective, evidence-based MAT at the moment they were ready. The significance of this cannot be overestimated. Any delay in treatment access, as with prior authorization, is a window for an overdose. Patients do not understand the delay, and the frustration that they feel can have a negative impact on the treatment relationship between patient and provider before it has even had a chance to develop, potentially impacting a patient's retention in treatment. A patient who is in the initial stages of seeking treatment has not had any time yet to work with behavioral health professionals to develop coping skills to handle frustration like this, and that frustration may be enough for a patient to disengage before treatment has even started."

*Dr. Lynda Bascelli  
Chief Medical Officer, Project HOPE*

## Translating pilot success into statewide policy

As a learning organization, a key aspect of our work is the translation of our successes into larger system-wide policies and practice. Although New Jersey eliminated prior authorization for MAT under the Christie administration in 2017, the legislation only applied to private insurance plans, leaving a significant barrier in access to MAT for individuals on Medicaid.

### State stakeholder engagement

By early 2018, we had achieved enough demonstrable success with the pilot that we began having conversations with state leaders at both the New Jersey Department of Human Services and the New Jersey State Legislature about removing prior authorization for MAT for Medicaid beneficiaries. Both the new Murphy administration and legislature were receptive to our advocacy efforts and recognized the role that MAT plays in the state's response to the opioid epidemic. It was clear that removing barriers to MAT is an essential component to any comprehensive plan to address and prevent opioid overdose deaths, and this was one of the state's key goals.

### Legislative milestones

In December 2018, legislative leadership introduced Assembly Bill 4744 to eliminate prior authorization for MAT for Medicaid beneficiaries. A companion bill was introduced in the Senate in January 2019. Camden Coalition policy staff provided feedback on the language and provisions of the bill during the drafting process. Alongside other statewide advocates, our organization submitted written testimony in support of the bill, which included details about our pilot program, and organized a sign-on letter with supporting organizations from the Camden region.

While the legislation to remove prior authorization was still pending, administration officials were simultaneously working on a policy to achieve the same aim. In late January, Governor Murphy, alongside Department of Human Services Commissioner Carole Johnson, announced that the state would be removing prior authorization for MAT for Medicaid beneficiaries effective April 1, 2019. After the new

Department of Human Services policy went into effect, we continued to advocate for the passage of the legislation. Recognizing that administrative policies are easier to change, and often do depending on state leadership, we wanted to ensure that the removal of prior authorization for MAT for Medicaid beneficiaries could only be reversed through the passing of a new law. In July 2019, Governor Murphy signed Assembly Bill 4744 into law.

### Protecting our victory

Though prior authorization for MAT for Medicaid beneficiaries has been removed, the work continues. We are currently monitoring the implementation of the law, checking in routinely with our local partners about implementation, and problem-solving obstacles and barriers. Strong partnerships at the local, regional, and state levels are vital to ensuring the use of and availability of MAT.

Alongside our work to break down barriers to MAT, we are also looking into regulations at the federal level that have an impact on access. Federal regulations require physicians to undergo specific training in order to prescribe buprenorphine, register with the Drug Enforcement Administration (DEA), and limit the number of patients a physician can treat at one time.<sup>6</sup> Because of these rules, many physicians who do not already specialize in addiction treatment often choose not to get the appropriate certification to prescribe buprenorphine. On the federal level, there is pending legislation in both the Senate and House that would ease MAT prescribing restrictions and provide greater access to those in need.<sup>7</sup> Supporting this federal legislation is a key component to improving access to MAT in New Jersey.

Read more about the Camden Coalition's efforts to reduce barriers to MAT:

- Blog post: **How opioid policy agenda is informed by consumers and providers**
- Blog post: **Overcoming red tape to address the opioid crisis**

### Conclusion

The Camden Coalition works each day alongside partners to ease barriers for patients that impact their health and wellbeing. The prior authorization buprenorphine pilot is one example of how our organization identified a critical issue, implemented a successful solution, and worked with state-level stakeholders to provide access to this solution across New Jersey. We look forward to continuing our work with local and state partners to address the opioid epidemic in other ways.

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## About the Camden Coalition of Healthcare Providers

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of **complex care** by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and wellbeing. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals **in Camden** and **regionally**.

Through our **National Center for Complex Health and Social Needs** (National Center), the Camden Coalition's local work also informs our goal of building the field of complex care **across the country**. Launched in 2016, the National Center exists to inspire people to join the complex care community, connect complex care practitioners with each other, and support the field with tools and resources that move the field of complex care forward.

For more information about the Camden Coalition, visit [www.camdenhealth.org](http://www.camdenhealth.org).