Barriers to Effectively Treating People with Substance Use Disorder



Q&A WITH LAUREN GRAWERT, MD

Q. What does a typical path to treatment look like for patients with substance use disorder?

It is often the patient's family who initiates contact and schedules the patient's first appointment, which is different than most fields. I describe addiction as 'continued behavior or use of a substance despite negative consequences.' Usually, patients who struggle with this disease are not experiencing or viewing the consequences in the same light or severity as the people around them. Once the initial diagnosis is made, we can move onto developing a treatment plan for recovery.

Q. What are the barriers to patients receiving evidence-based treatment?

The greatest barrier is insurance coverage of treatments, especially for people with Medicaid. There is a great deal of insurance practices that prevent patients from receiving the medication I prescribe for them. This is exacerbated when I need to adjust my patients' treatment plan or increase their level of care. Medicaid has the most paperwork—yet some of the lowest reimbursement rates for clinicians—which is why many practices don't accept it, creating another barrier for patients to receive care.

Q. How do insurance policies such as prior authorization and step therapy affect the ability to begin and sustain treatment?

Prior authorization requires excessive amounts of paperwork to prove medical necessity, undermining clinical expertise and possibly denying patients of crucial treatment. Step therapy impacts my prescriptions for long-acting injectables because insurance will first require my patients to try and fail an oral medication that is not even a medical equivalent. In addition to these practices, mandated urine drug screenings can negatively impact patients who are struggling with adherence and need alternative treatment options.

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Q. What are the gaps in the addiction treatment workforce, and which communities are impacted most?

There is a trend of commercial insurances closing their networks and ultimately shrinking the addiction treatment workforce. This is creating a significant decrease in mental health clinicians across the country. People in rural and underserved communities are affected the most because they already have fewer specialists in their areas, so these network shortages put them at a significant disadvantage. And even though there are some laws against this, rarely are they enforced.



Q. How can primary care or emergency departments work with addiction specialists to connect patients to treatment sooner?

There is some legislative progress that has made it easier to connect patients with treatment, especially in the instance of an overdose. After patients are discharged from the emergency room, there are laws that allow ERs to send patients home with a limited supply of medication to help with substance use disorder as they await an appointment with their clinician. Additionally, there is a program in Virginia that helps connect patients who have overdosed to clinicians much sooner.

Q. If you could change one federal or state policy to improve access to treatment, what would it be?

The Modernizing Treatment and Opioid Act would allow patients on methadone to receive treatment from an outpatient clinician, rather than from limited clinics that typically don't take insurance. The issue is that many patients are not on that medication, so it doesn't make a huge impact unless the scope is widened. I would also increase transparency laws with medication pricing, ultimately regulating the power that pharmacy benefit managers have on determining medication value.

ABOUT THE AUTHOR

Lauren Grawert, MD, is a board-certified addiction psychiatrist based in Arlington, VA.

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