

## The Rural Access to Medication-Assisted Treatment (MAT) in Pennsylvania (RAMP) Project

### The Problem

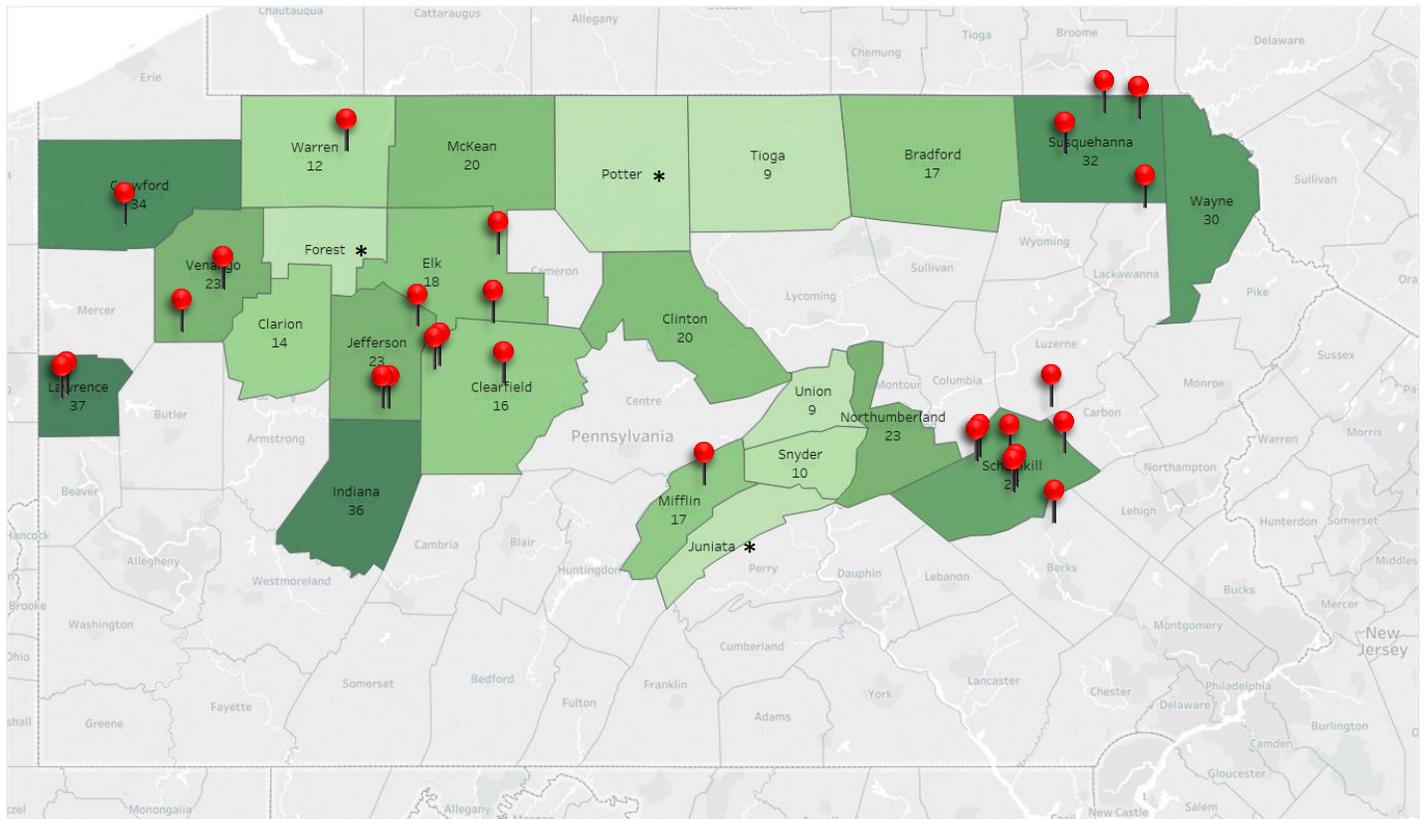
It is estimated that up to **26%** of primary care patients prescribed opioid therapy for chronic pain have opioid use disorder (OUD).<sup>1</sup> These patients may have developed this disorder as a result of pain management therapy and/or from obtaining opioids illicitly. Patients with OUD are at an increased risk for overdose and for developing other chronic medical conditions, such as HIV and hepatitis.<sup>2-3</sup>

There are an estimated **89,665** individuals living with a substance use disorder (SUD) in RAMP counties.<sup>4-5</sup> National estimates indicate that fewer than **one in five** individuals who needed substance use treatment within the past year actually received any type of substance use treatment.<sup>6</sup> Based on this estimate, roughly **71,700** individuals within RAMP counties have an untreated SUD. Each individual living with an SUD is subject to an array of detrimental physical, mental, economic, and social effects, which is why it is imperative to close the substantial gap between treatment need and treatment access.

Overdose death rates in *Project RAMP* counties have been steadily increasing since 2015, with an average increase of **56%** per county.<sup>3</sup> In 2016, **6.6%** of Medicaid-enrolled adults across the 23 *Project RAMP* counties (see green counties in the map below) were diagnosed with an OUD.<sup>4-5</sup> This indicates that SUD and OUD remain prominent issues in these counties.

The following map shows the adjusted 2017 drug overdose death rates (deaths per 100,000 population) in each *Project RAMP* County, using data from the 2018 DEA Opioid Threat Report for Pennsylvania.<sup>7</sup> Darker shades of green represent a higher overdose death rate. Each red pin marks the location of a *Project RAMP* primary care site.

RAMP County Overdose Death Rates per 100,000 Population: 2018



= Project RAMP Primary Care Practice Site (up to date as of 9/30/19)

\*Data suppressed for privacy concerns



## You Can Be Part of the Solution

Primary care physicians are in a unique position to help patients with an SUD by:

- (1) **Screening** patients regularly to identify who may be in need of MAT services;
- (2) **Referring** these patients to an SUD treatment provider within your area or network for further assessment and linkage to treatment; and
- (3) **Prescribing** and administering pharmacotherapy like buprenorphine and/or naltrexone to eligible patients with OUD.

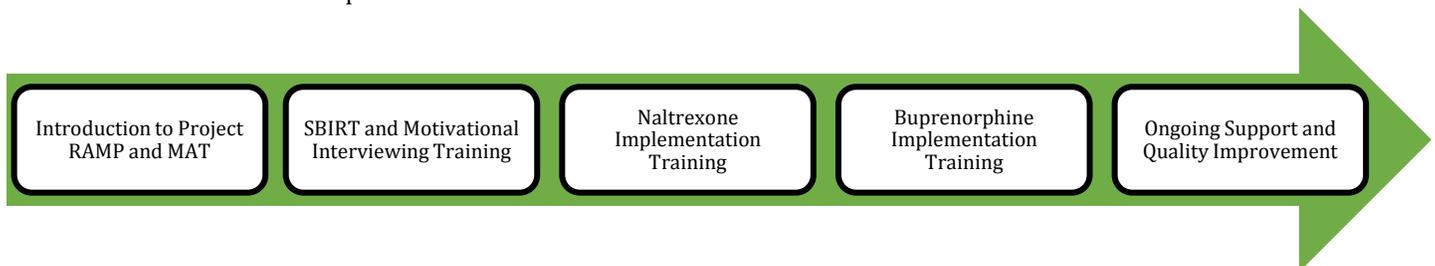
## What Can Project RAMP Do for You?

Healthcare implementation and OUD experts with the *Project RAMP* team can provide the following services:

- (1) **Training** for you and your staff on:
  - Implementing Screening, Brief-Intervention, and Referral-to-Treatment (SBIRT) for substance use disorders;
  - Conducting naltrexone treatment for patients with OUD and AUD;
  - Conducting buprenorphine treatment for patients with OUD;
  - Connecting to a local or web-based DATA 2000 Waiver Training (8-hours for physicians and an additional 16-hours for advanced practice providers);
  - Managing co-occurring medical/psychiatric conditions and improving patient compliance with treatment; and
  - Much more (see the *Project RAMP Training Overview* and *Educational Resources and Activities* documents for more information).
- (2) Ongoing **concierge technical assistance** to aid integration and implementation of buprenorphine and/or naltrexone patient care processes into your clinical workflow;
- (3) Reliable **care management** to increase patient engagement and retention in MAT and SUD treatment;
- (4) Regular **quality improvement reports** on patient treatment type and engagement; and
- (5) **Clinical support and education** via live phone calls, webinars, and “office hours” with national experts.

## General Project RAMP Training and Implementation Sequence

The basic *Project RAMP* training and implementation sequence takes about three months to complete and includes the components below. Training content, timeline, and sequence **will be customized** to fit the selected level of participation and the educational needs of each provider and staff.



## References

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4. Substance Abuse and Mental Health Services Administration. 2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia). In. Rockville, MD: Center for Behavioral Health Statistics and Quality; 2018.
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7. Joint Intelligence Report: The Opioid Threat in Pennsylvania. (2018). DEA Philadelphia Division, University of Pittsburgh School of Pharmacy. URL: <https://www.overdosefreepa.pitt.edu/wp-content/uploads/2018/10/PA-Opioid-Report-Final.pdf>