



Medication Assisted Recovery NOW (MAR NOW) Telehealth Hotline

Immediate Consultation

Timely Medication Assisted Recovery Treatment

Referral to Definitive Care

Milestones in Rural Health

Opioid Visits to 87 Small and Rural Member Hospitals

| | 2020 | | | | 2021 | | | | 2022 | | | | Grand Total |
|--------------------|-------------------|-----------------|-------------------|-------|-------------------|-----------------|-------------------|-------|-------------------|-----------------|-------------------|-------|---------------|
| | Opioid Dependence | Opioid Overdose | Opioid Withdrawal | Total | Opioid Dependence | Opioid Overdose | Opioid Withdrawal | Total | Opioid Dependence | Opioid Overdose | Opioid Withdrawal | Total | |
| Inpatient | 559 | 754 | 208 | 1,466 | 507 | 691 | 260 | 1,403 | 440 | 631 | 172 | 1,200 | 4,069 |
| Outpatient | 664 | 1,350 | 368 | 2,317 | 617 | 1,288 | 411 | 2,270 | 567 | 1,188 | 364 | 2,089 | 6,676 |
| Grand Total | 1,223 | 2,104 | 576 | 3,783 | 1,124 | 1,979 | 671 | 3,673 | 1,007 | 1,819 | 536 | 3,289 | 10,745 |



Lowering Barriers to MOUD: Illinois Medication Assisted Recovery Now (MAR NOW) Telehealth Hotline



Milestones in Rural Health

Agenda

- Background
- Program Overview
- Initial Data & Early Learnings
- Questions & Discussion

2021 Provisional Illinois Opioid Fatality Rate per 100,000 Capita

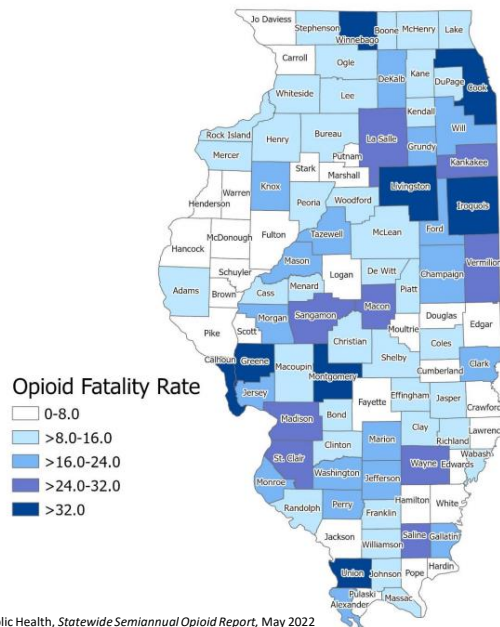


Figure 3. 2021 provisional Illinois opioid fatality rate per 100,000 capita by county as reported by the Illinois Vital Records System, IDPH. County-level fatality rates are calculated by the number of county residents who died due to opioid overdose per year divided by the population of the county and multiplied by 100,000. Counties with smaller populations could have rates higher than counties with larger populations, even though there are fewer opioid fatalities.

Table 2. Substance involvement in opioid-related fatalities for 2021* as reported by the Illinois Vital Records System, IDPH

| | |
|--|--------------|
| Total Opioid-Involved Fatalities* | 3,013 |
| Opioid Only | 1,224 |
| Opioid + Another Substance | 1,789 |
| Cocaine | 660 |
| Multiple substances | 445 |
| Alcohol | 235 |
| Benzodiazepine | 227 |
| Psychostimulant | 222 |

*2021 opioid fatalities are provisional and may change as cases are reviewed.

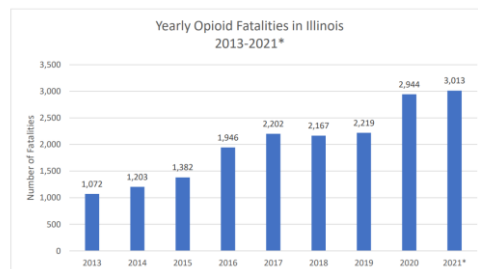


Figure 1. Yearly opioid fatalities in Illinois from 2013-2021 as reported by the Illinois Vital Records System, IDPH. *2021 opioid fatalities are provisional and may change as cases are reviewed.



ILLINOIS HELPLINE
for Opioids & Other Substances

1-833-234-6343

(2FINDHELP)

Or text "HELP" to 833234

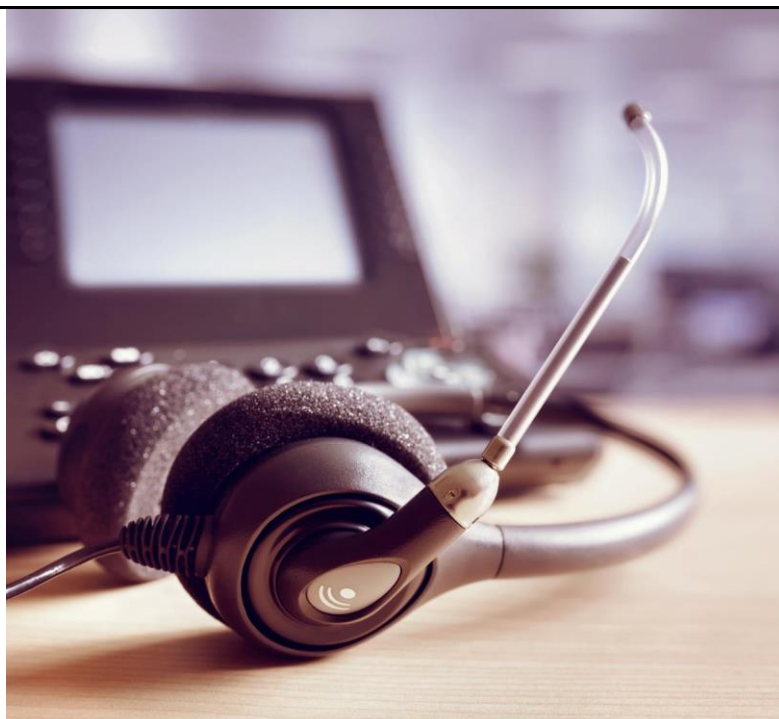


Helpline services

- Assess consumers' needs through conversational interaction
- Provide referrals to treatment and recovery services
- Provide guidance about the care system



ILLINOIS HELPLINE
for Opioids & Other Substances



Helpline services

- Answer any questions about addiction, treatment, & recovery
- Provide follow-up services by a clinician with caller's consent



Helpline approach

Reduce barriers to accessing treatment and recovery services

- Guide users to appropriate services based on simple assessment questions
- Help users understand the treatment system





Background on MAR

Milestones in Rural Health

Evidence clearly indicates MAR is an effective treatment and harm reduction intervention

| Treatment type | Retention in treatment at 12 months with reduced illicit drug use |
|---------------------------------------|---|
| Behavioral therapy without medication | 6% |
| XR Naltrexone*# | 10–31% |
| Buprenorphine* | 60–90% |
| Methadone* | 74–80% |

Based on meta-analysis of research studies; rates of success lower in real-world settings.
 #Most XR Naltrexone studies were only 3–6 months; 12-month registry study only had % discontinued due to meeting goals; numbers presented here are different than report referenced because they were updated based on Jarvis study.
 Permission for Use by Dr. Elizabeth Salisbury-Afshar, Elitzer, 2017, Jarvis, Holtyn, et al., 2018
 Elitzer, J. (2017). Why health plans should go to the "MAT" in the fight against opioid addiction. California Health Care Foundation.
<https://www.chcf.org/wp-content/uploads/2017/12/PDF-Why-Health-Plans-Should-Go-to-the-MAT.pdf>

Discussing medications that can treat OUD with patients who have this disorder is the clinical standard of care.

-SAMHSA Tip 63

As compared to behavioral therapy alone, MOUD:

1) decreases illicit opioid use, 2) retains patients in treatment, and 3) reduces mortality

MOUD and Mortality

- Number Needed to Treat to Prevent 1 Death in 1 Year
- Statins 415
- Mammogram 2970
- Buprenorphine after an overdose 33
- Methadone after an overdose 31

MAR restrictions have been waived under COVID to allow for low-barrier prescription

- Buprenorphine may be prescribed via audio-only telemedicine
- Initial in-person examination with provider before first Buprenorphine prescription is waived
- Buprenorphine providers may use non-HIPAA-compliant platforms to reach patients
- In June 2022, the Office of National Drug Control Policy issued [recommendations](#) that the DEA and HHS make these changes permanent.

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MAR NOW Program Overview

Milestones in Rural Health

MAR NOW launched May 9, 2022 as a Chicago Pilot, expanded Sept. 1 statewide

- Funded by Chicago Department of Public Health (CDPH) and Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR)
- Operated by Family Guidance Centers, Inc. (FGC). FGC provides methadone, Buprenorphine, and naltrexone at their Chicago and statewide clinics.
- Operates through the existing 24/7 IL Helpline for Opioids and Other Substances: 833-234-6343
- Provides low-barrier, rapid access to Buprenorphine, methadone, and naltrexone to all callers regardless of insurance status, income, ability to pay, or documentation status.

Program provides access to medication within 48 hours of first call

Individual calls 24/7 IL Helpline for OUD treatment, withdrawal support

IL Helpline directly transfers caller to MAR NOW care manager

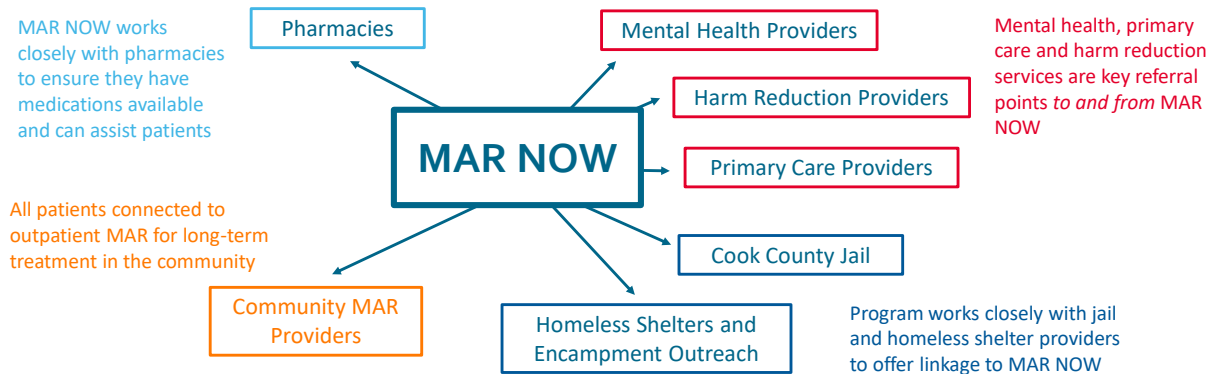
24/7 Access
Connected to Care Manager & Provider

Patient Options:

1. Buprenorphine home induction
2. Same or next-day MAR appointment at FGC (methadone, Buprenorphine, naltrexone)
3. Connection to other SUD care in the community (withdrawal management, residential treatment)

Care Managers provide **free transportation**, insurance enrollment, assistance with pharmacy access, and follow up to ensure patient is connected to long-term care

Hub and spoke model to ensures connection to ongoing community care



Patients that leave treatment can come back to MAR NOW and be connected again to treatment in the community. MAR NOW can also serve as a bridge clinic for patients waiting for care.

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Where to initiate MAR treatment via MAR NOW? Everywhere!

- In the emergency department
 - Ask patient if they are interested in starting medication, re-started on medication or connected to services for opioid use disorder
 - If yes, have a team member give the patient a phone and call 833-234-6343
 - The MAR team will take it from there including case management
- Following hospital admission
 - Ask patient if they are interested in starting medication, re-started on medication or connected to services for opioid use disorder
 - If yes, have a team member give the patient a phone and call 833-234-6343
 - The MAR team will take it from there including case management
 - Inpatient Team can start MAR if medically appropriate and MAR NOW case management team will coordinate follow-up and continuation
- In the urgent care or outpatient setting
 - Ask patient if they are interested in starting medication, re-started on medication or connected to services for opioid use disorder
 - If yes, have a team member give the patient a phone and call 833-234-6343
 - The MAR team will take it from there including case management

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Why initiate MAR treatment via MAR NOW?

- Positively impact the opioid epidemic in your communities
- Ease of use can decrease burden for staff
- Improve connection to services without increasing clinical staff
- The Joint Commission requires hospitals under the chronic pain management standards to have a mechanism for referral for patients with OUD

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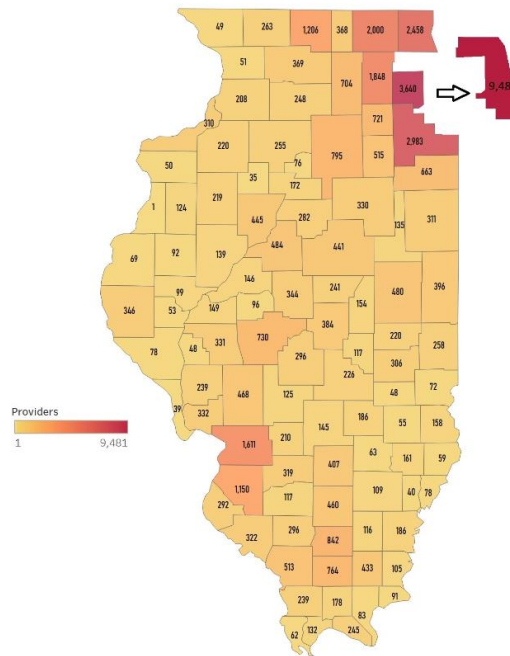
Milestones in Rural Health



Initial Program Data & Learnings

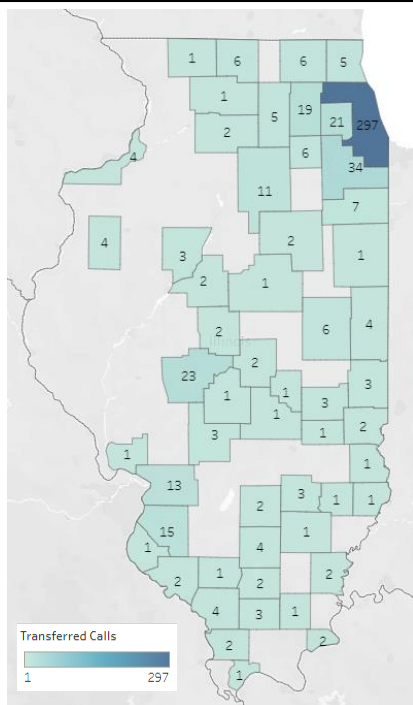
Milestones in Rural Health

Illinois Medication Assisted Recovery Provider Map

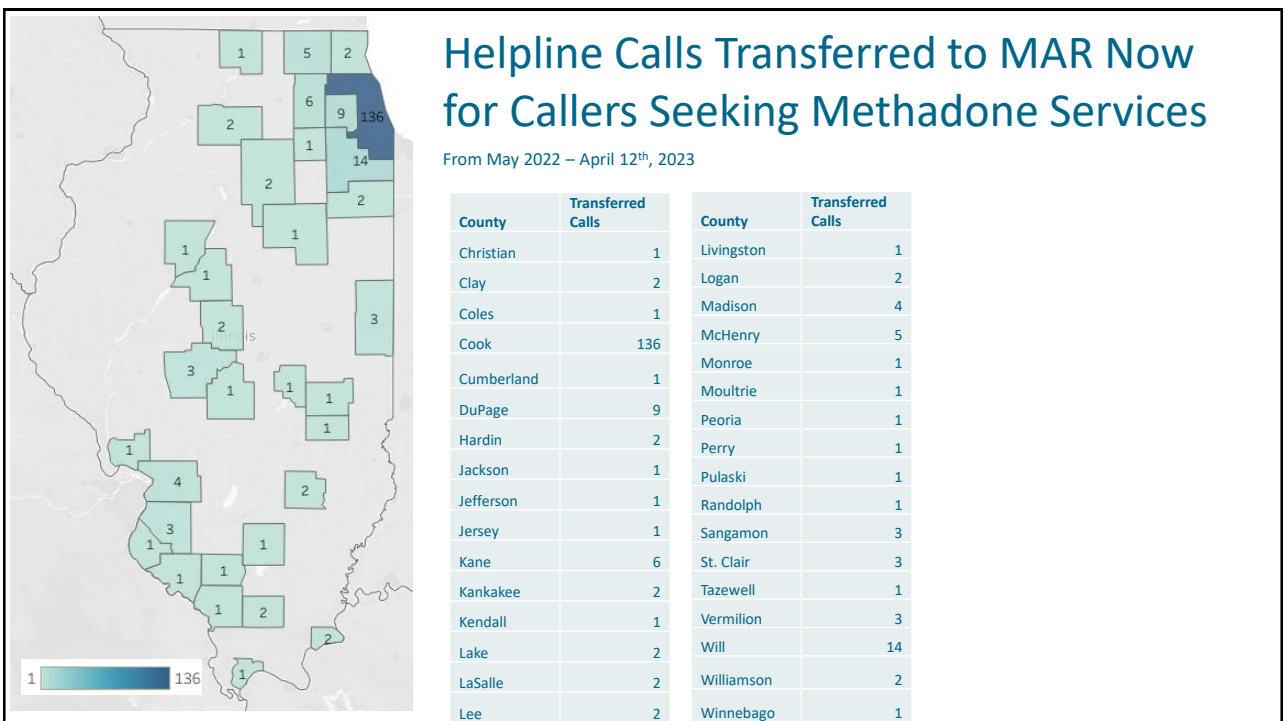
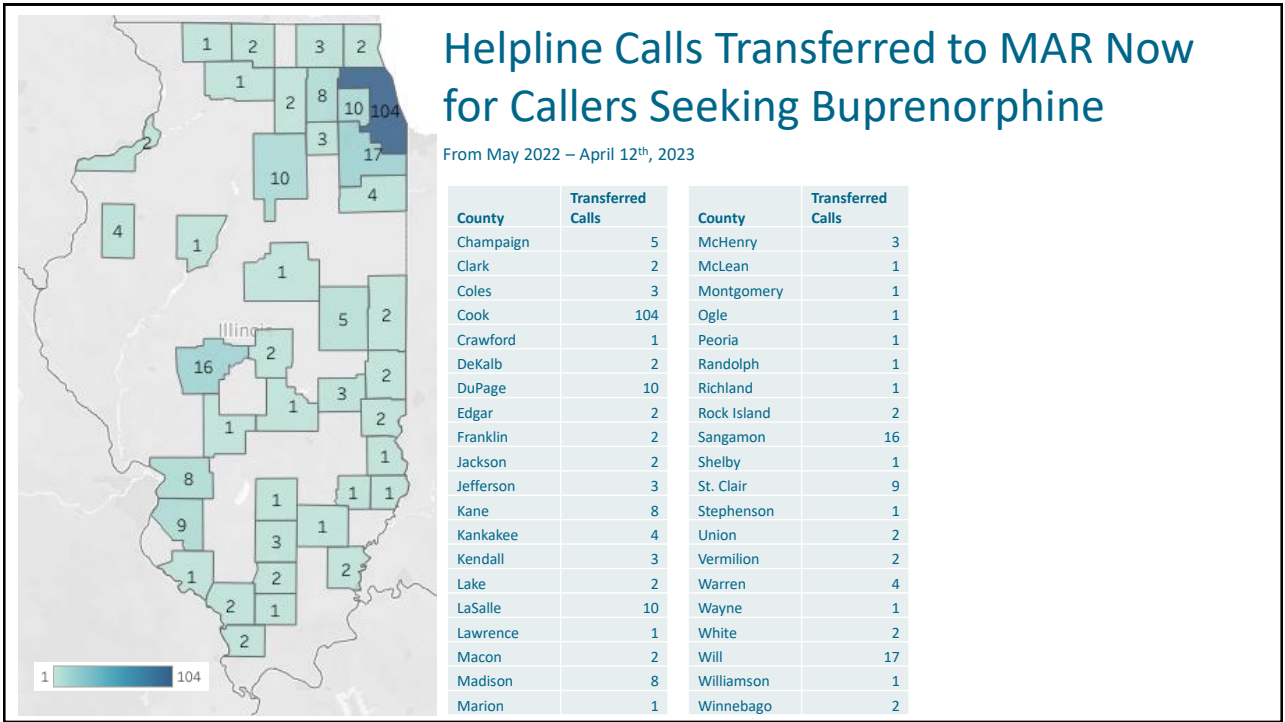


Helpline Calls Transferred to MAR Now

From May 2022 – April 12th 2023, there were a **total of 754 Helpline calls** transferred to MAR Now



| County | Transferred Calls | County | Transferred Calls | County | Transferred Calls |
|------------|-------------------|------------|-------------------|--------------|-------------------|
| Champaign | 6 | Kendall | 6 | Randolph | 2 |
| Christian | 1 | Lake | 5 | Richland | 1 |
| Clark | 2 | LaSalle | 11 | Rock Island | 4 |
| Clay | 3 | Lawrence | 1 | Saline | 1 |
| Coles | 3 | Lee | 2 | Sangamon | 23 |
| Cook | 297 | Livingston | 2 | Shelby | 1 |
| Crawford | 1 | Logan | 2 | St. Clair | 15 |
| Cumberland | 1 | Macon | 2 | Stephenson | 1 |
| DeKalb | 5 | Madison | 13 | Tazewell | 2 |
| DuPage | 21 | Marion | 2 | Union | 2 |
| Edgar | 3 | McHenry | 6 | Vermilion | 4 |
| Franklin | 2 | McLean | 1 | Warren | 4 |
| Hardin | 2 | Monroe | 1 | Wayne | 1 |
| Iroquois | 1 | Montgomery | 3 | White | 2 |
| Jackson | 4 | Moultrie | 1 | Will | 34 |
| Jefferson | 4 | Ogle | 1 | Williamson | 3 |
| Jersey | 1 | Peoria | 3 | Winnebago | 6 |
| Kane | 19 | Perry | 1 | Not Recorded | 201 |
| Kankakee | 7 | Pulaski | 1 | | |



Initial data indicates program successfully connects patients to care

May 9, 2022 – April 23, 2023 MAR NOW Call Data

| | Number | Percent of Total |
|---|--------|------------------|
| Calls from patients seeking OUD care | 474 | |
| Patients seeking methadone | 144 | 30% |
| Patients seeking Buprenorphine | 289 | 61% |
| Patients seeking withdrawal management w/ medical stabilization on MAR | 28 | 6% |
| Patients seeking residential treatment | 13 | 3% |

May 9, 2022 – April 23, 2023: Patient Connection Data

| | Number | Percent of Total |
|---|--------|------------------|
| Methadone patients attended first appointment | 108 | 75% |
| Buprenorphine patients connected to medication | 286 | 99% |
| Withdrawal management & medical stabilization patients who showed at appointment | 27 | 96% |
| Residential treatment patients who showed at appointment | 11 | 85% |

**Note: connection to care pending for recent callers, data current as of April 23*

Connection to care is high across all treatment options.

Patients connected to withdrawal management and medical stabilization are also connected to Family Guidance Center's mobile van and MAR.

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Milestones in Rural Health

Initial data demonstrates home induction is safe and effective

May 9, 2022 – April 23, 2023: Buprenorphine Patient Data

| | Number | Percent of Total |
|--|--------|------------------|
| Calls from patients seeking Buprenorphine | 289 | |
| Buprenorphine patients connected to medication | 286 | 99% |
| Patients connected to medication that received home induction | 261 | 91% |
| Patients connected to medication that received in-person induction | 25 | 9% |
| Home induction patients connected to a community provider for ongoing care | 247 | 95% |
| Home induction patients that experienced adverse events during induction | 1 | 0.3% |
| Home induction patients terminated from care due to suspicions of misuse or diversion | 0 | 0% |

**Note: connection to care pending for recent callers, data current as of April 23*

FGC physicians provide a 14-day prescription for home induction, after which patients are connected to a community provider.

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Milestones in Rural Health

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FGC physicians provide a 14-day prescription for home induction, after which patients are connected to a community provider.

Case studies demonstrate importance of low-barrier, rapid access to MOUD at hub provider

A 63-year-old individual confined to a wheelchair was transferred to MAR NOW by the Illinois Helpline in mid-June at 11am. This caller was seeking methadone services and reported being a Medicaid (County Care) member.

The caller reported they had previously received outpatient methadone services but had a difficult time maintaining their participation in other programs. The FGC care manager helped the caller arrange to come to an FGC location near their home that same day. The caller arrived shortly after 12:30 pm. and was able to see FGC's physician and receive their first dose of methadone by 2 pm. They have not missed any doses and are actively participating in counseling services at FGC.

Case studies demonstrate importance of low-barrier, rapid access to MOUD at hub provider

A 40 year old female requesting Buprenorphine for OUD treatment was connected to MAR NOW through the Illinois Helpline in mid-January at 1pm. She discussed treatment preferences with the care manager and the caller was immediately connected to an FGC medical provider for further consultation and assessment. Once the phone assessment was completed by the medical provider, the caller was prescribed Buprenorphine (Suboxone) and was able to pick the medication up at the pharmacy requested later that afternoon which was confirmed by the care manager. The next morning the caller and care manager discussed ongoing treatment options near her and decided on Cook County Health for ongoing MAR care. The care manager was able to set up an appointment for the caller. Following the warm-hand-off to the spoke provider, the care manager completed a follow up phone call to confirm the individual was able to continue MAR, uninterrupted. During the 2 week follow up call, the caller informed the Care Manager that she remains engaged in Buprenorphine treatment with Cook County Health.

Case studies demonstrate importance of low-barrier, rapid access to MOUD at hub provider

A 43-year-old male requesting Buprenorphine for OUD treatment was connected to MAR NOW by the Illinois Helpline on 2/7/23 at approximately 3pm. He discussed his treatment preferences with the Care Manager and was connected to an FGC Medical Provider for further consultation and assessment. Once the medical provider completed the phone assessment the caller was prescribed Buprenorphine. The case manager confirmed that evening that he'd picked up the medication at his pharmacy a few hours later. The FGC medical provider and care manager provided ongoing follow up with the client to monitor his health status. The care manager arranged a warm hand-off to Southern Illinois University (SIU) to set up ongoing care with a location close to him. MAR NOW care manager confirmed on 2/10/23 that SIU was working on connecting the caller to ongoing care. After an initial attempt with a potential provider was unsuccessful, SIU connected the caller to Chestnut Health (Granite City MAT Program). Since the appointment for Chestnut Health was going to be after the initial prescription would run out, the caller received a bridge extension through MAR NOW to cover him until his scheduled appointment. On 2/21/23 MAR NOW care manager confirmed through the caller and SIU that he had been accepted into the Granite City MAT Program and would be establishing ongoing care there.

Case studies demonstrate importance of low-barrier, rapid access to MOUD at hub provider

An individual from Streator in LaSalle County contacted the Illinois Helpline at approximately 2pm and was immediately transferred to a MAR NOW care manager. The caller was seeking a new Buprenorphine treatment provider for OUD as his current provider no longer accepted his insurance. The caller had been without medication for three days. The Care Manager connected the caller to a Family Guidance Centers medical provider who conducted a telehealth screening and prescribed 14 days of Buprenorphine (Suboxone). The Buprenorphine prescription was sent to the caller's Kroger pharmacy shortly after the telehealth screening. The care manager provided the caller step-by-step instructions pertaining to his on-going care process and the direct MAR NOW phone number. Two hours after the initial phone call the MAR NOW care manager confirmed the caller had successfully obtained his medication. The next day a care manager called to check in on the caller. The caller informed the care manager that he felt much better after taking Buprenorphine. Ongoing care options were explored with caller. The care manager arranged a warm hand-off to Carle Health to set up ongoing care with one of the few Buprenorphine providers close to him. Carle Health connected him with a provider in his community that will accept his insurance. The caller received a bridge extension through MAR NOW to cover him until his scheduled appointment. MAR NOW care manager and Carle Health confirmed with the caller that the caller attended his ongoing care appointment and was able to continue MAR.

Case studies demonstrate importance of low-barrier, rapid access to MOUD at hub provider

A 45-year-old male in custody at the Grundy County Jail requesting Buprenorphine was connected to MAR NOW at 1:15pm. A MAR NOW care manager connected the caller to a Family Guidance Center medical provider who conducted a telehealth screening and prescribed Buprenorphine. The prescription was called in to a pharmacy within a mile radius of the jail. The medication was picked up by Grundy County Jail staff and administered to the individual that day. This information was verified by a MAR NOW care manager who conducted a follow-up call with the pharmacy. The care manager sent the caller's contact information to Joliet Family Guidance Center staff to coordinate ongoing Buprenorphine care.

Early Learnings

1. Providing **transportation** to clinic appointments and pharmacies lowers barriers to care and increases first appointment attendance rate
2. Concerted **outreach to pharmacies** is required to ensure that Buprenorphine is available and pharmacists will fill prescriptions
3. Patients often need **intensive follow-up** from Care Managers to ensure they can make it to their first appointment.
4. Operating through the **existing IL Helpline for Opioids and Other Substances** provides baseline patient demand, aligns City and State efforts, streamlines expansion of program statewide, and allows for patient data matching to capture more information on demographics
5. Calls for withdrawal management and residential treatment are common, and provide opportunity for **education around Buprenorphine treatment**.

Next Steps

- Spoke Provider Development: FGC is working to build out spoke providers statewide
 - Contact Maria Bruni if interested in participating: mbruni@fgcinc.org
 - Jennifer Cyran, Managing Director, Illinois Helpline, jcyran@hria.org
- Provide Feedback: What's working and what needs improved.
 - Nicole Gastala, Medical Director SUPR/IDHS, Nicole.Gastala@illinois.gov
 - Maria Bruni, mbruni@fgcinc.org
- Evaluation: FGC is working with an external evaluator to understand
 - Patient behavioral, social/health needs and history
 - Patient overdose and treatment history
 - Retention in treatment at 3 months
 - Patient experience and satisfaction with MAR NOW

TeleBuprenorphine Research

- Aronowitz, Shoshana V et al. "Telehealth for opioid use disorder treatment in low-barrier clinic settings: an exploration of clinician and staff perspectives." *Harm reduction journal* vol. 18,1 119. 25 Nov. 2021.
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