

#ASAM2021

Advancing Racial Justice and Structural Competency in Addiction Medicine: "Overcoming Barriers to Care"

Edwin C. Chapman, MD, DABIM, FASAM



#ASAM2021

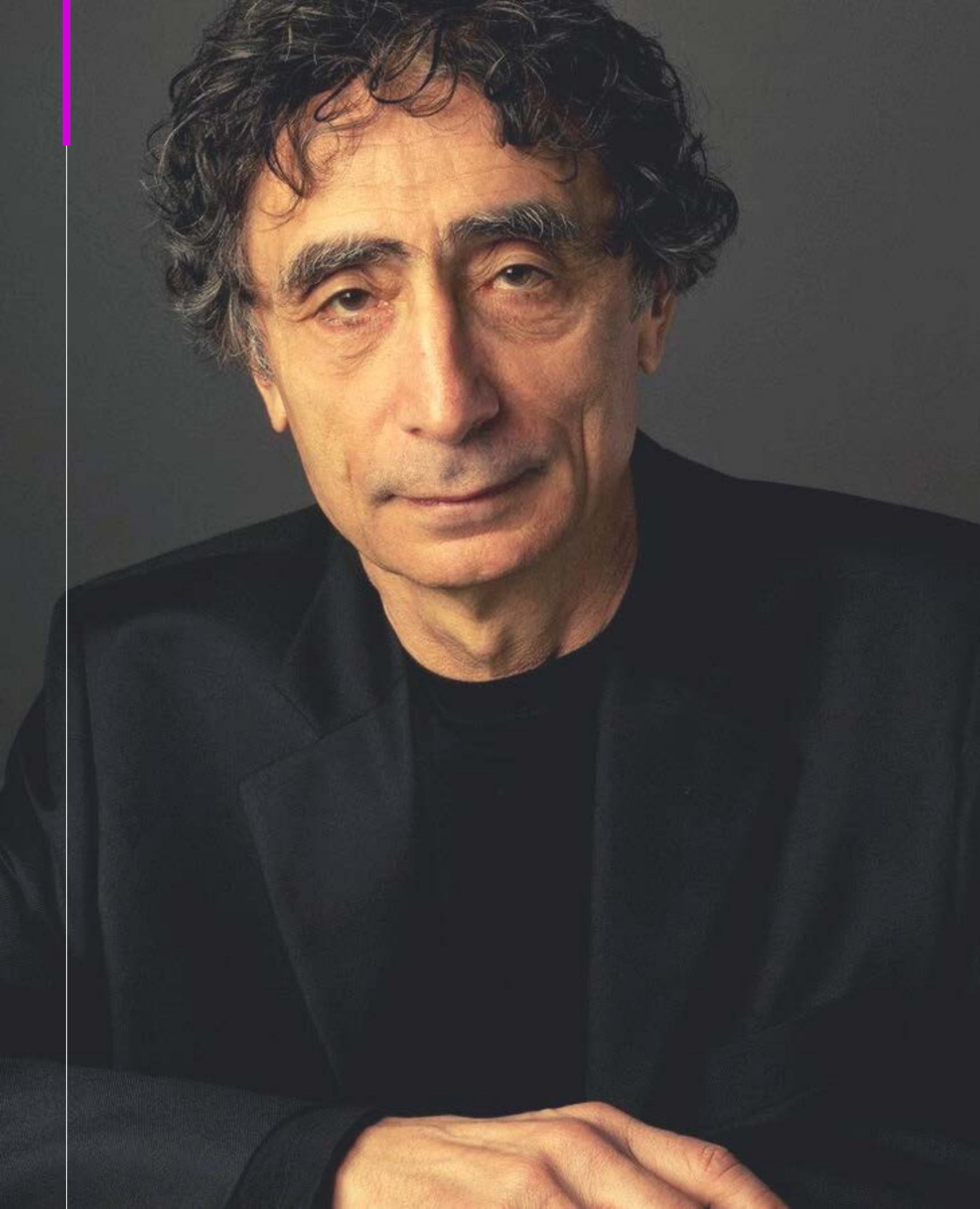
Edwin C. Chapman, MD, DABIM, FASAM

Disclosure

No relevant financial disclosures.

OBJECTIVES

- Understanding “**Toxic Stress**” and the 401 Year African American “**Cycle of Despair**”: Self Medication with associated Stigma, Racism, Classism, and Media Bias;
- Structural Imbalance: **African American Medical Provider Desert**;
- Structural Imbalance: **Inequitable African American Access to Buprenorphine as M-OD**;
- Structural Imbalance: **Concierge vs. Medicare / Medicaid Value Based Payment** (complex, high risk, high needs populations) for Buprenorphine;
- Structural Imbalance: **Buprenorphine Dosing Lacks National Standard of Care**;
- “**The Cycle of Repair**” & Overcoming Structural Imbalances and Barriers to M-OD Treatment: (1) Prior Authorization, (2) Failure to Pay for Multiple Same-day Visits, et al (NASEM January 23, 2020 – “Investigating Programs Integrating Opioid and Infectious Disease Treatment)”



"Toxic Stress"

WRITINGS AND VIEWS

"A recurring theme in Maté's books is the impact of a person's childhood on their mental and physical health through neurological and psychological mechanisms, which he connects with the need for social change. In the book *In the Realm of Hungry Ghosts*, he proposes new approaches to treating addiction (e.g. safe injection sites) based on an understanding of the biological and socio-economic roots of addiction. He describes the significant role of "early adversity", i.e. stress, mistreatment, and particularly childhood abuse, in increasing susceptibility to addiction."

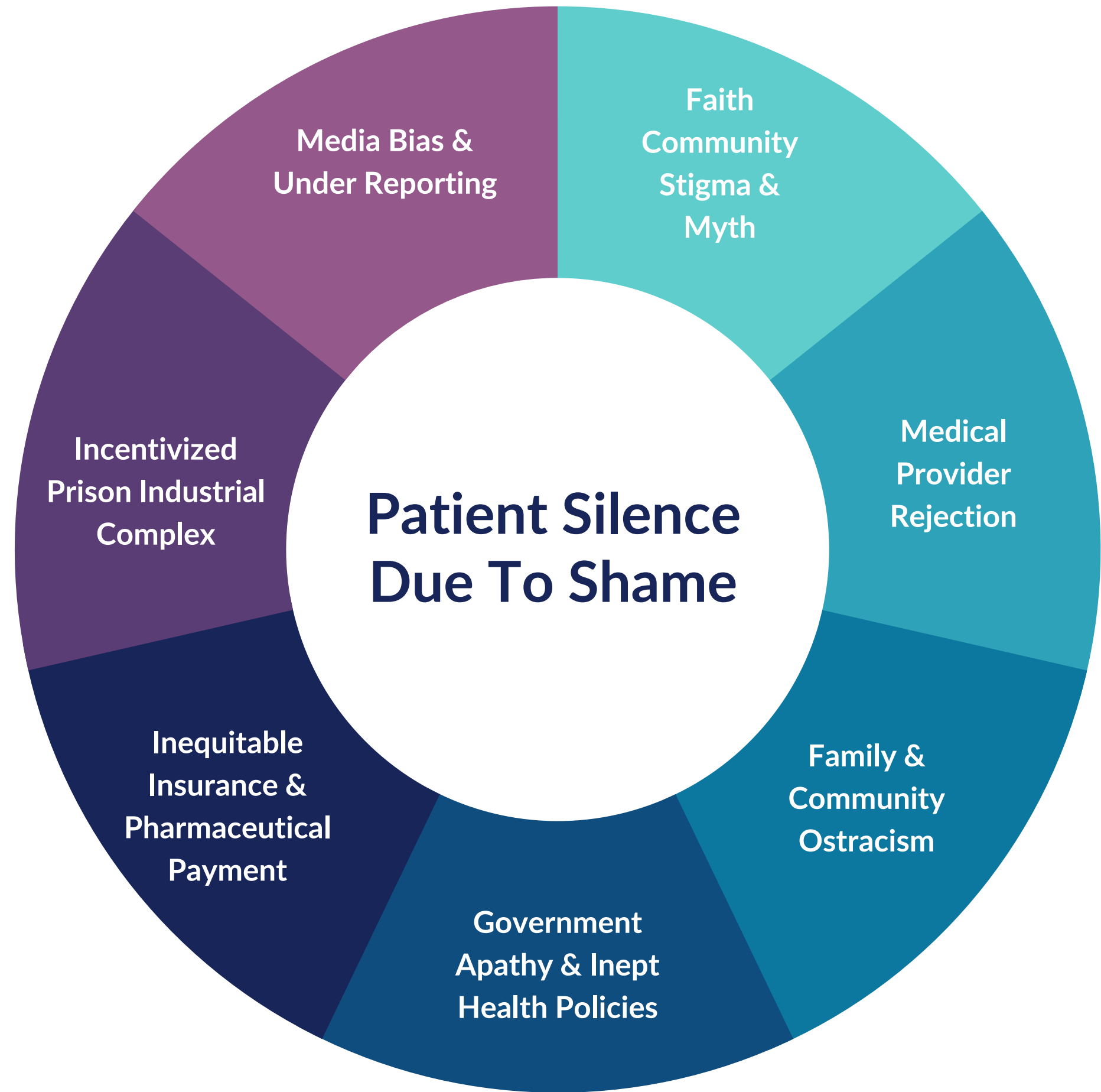
https://en.wikipedia.org/wiki/Gabor_Mate

Joe lost both parents at the age of 10, 6 months apart, and was left to the streets of DC. Iris was raped by an after-school sitter at age 11, while Erica saw her mother fall prey to depression and drugs at the age of 13.



JOE IRIS ERICA

THE CYCLE OF DESPAIR



PRISON – INDUSTRIAL COMPLEX
"THE NEW JIM CROW"
Michelle Alexander

OPIOID USE
DISORDER



DISCHARGED
UN or UNDERTREATED

■ Infectious Diseases ■ Social Costs
■ Other Medical Costs ■ Drug Crimes

COMMUNITY

REVERSE ENGINEERING 401 YEARS of OPPRESSION

MASS INCARCERATION

20%

**OF U.S.
PSYCHIATRISTS
ARE BLACK**

Source: American Psychiatric Association

INEQUALITY IN AMERICA

BLACK AMERICANS FACE MENTAL HEALTH CARE CRISIS

NIGHTLY NEWS

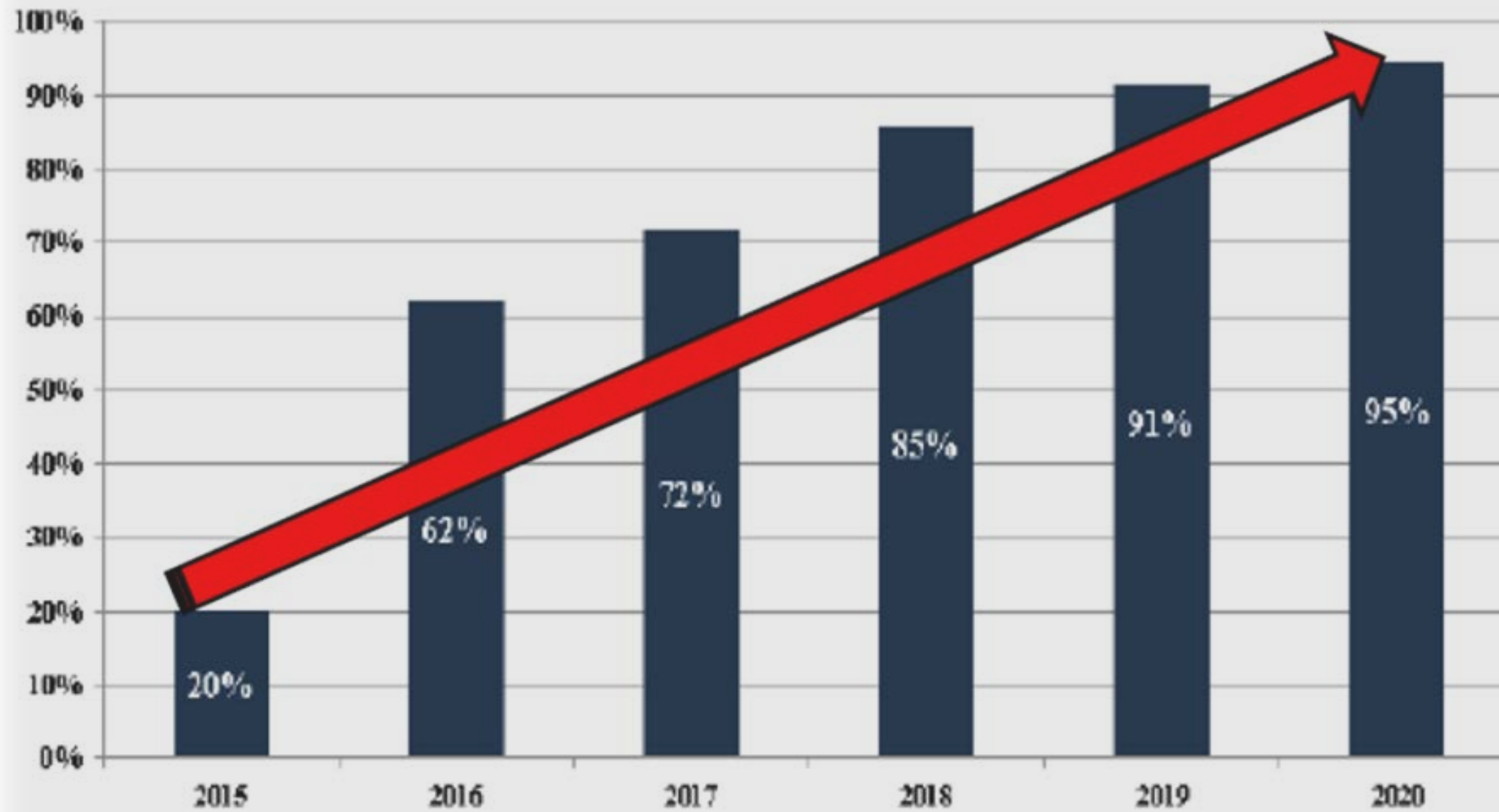
There's room enough in NoMa for all



POTENTIAL URBAN MEDICARE or MEDICAID
BUPRENORPHINE COMPLEX PATIENT

WASHINGTON, DC as a Generic Exemplar

Figure 3: Percent of Overdose Deaths Involving Fentanyl
2015-2020



Prescription Opioid Addiction Treatment Study

The NIDA CTN Clinical Trial

R. Weiss, MD

Principal Investigator

Harvard Medical School, McLean Hospital

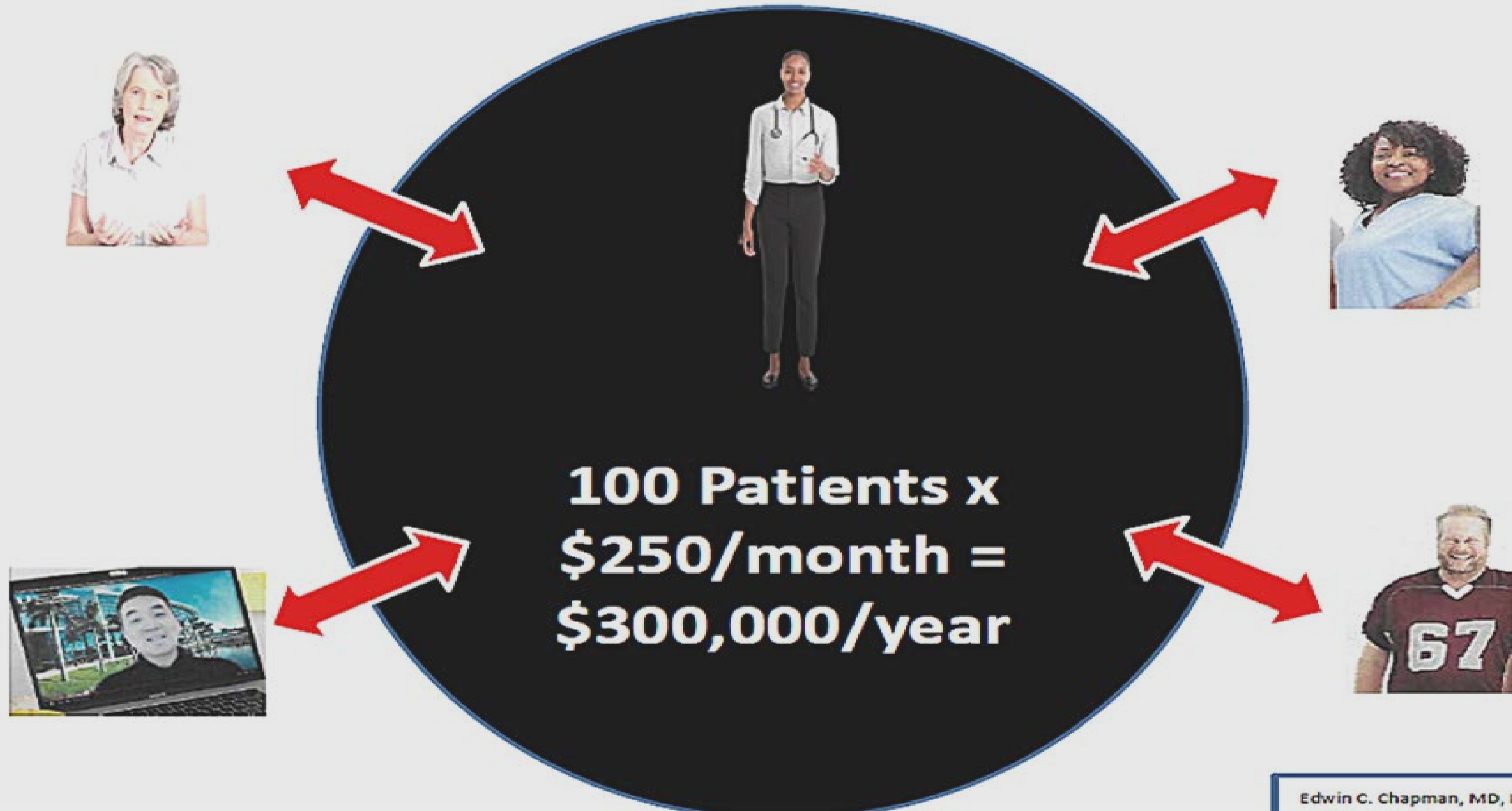
REFERENCES:

Weiss, et al. (2011). Adjunctive counseling during brief and extended buprenorphine-naloxone treatment for prescription opioid dependence: A 2-phase randomized controlled trial. *Archives of General Psychiatry*, 68(12), 1238-46.

Weiss, et al. (2010). A multi-site, two-phase, Prescription Opioid Addiction Treatment Study (POATS): Rationale, design, and methodology. *Contemporary Clinical Trials*, 31(2), 189-99.

P
O
A
T
S

BOUTIQUE (CASH ONLY) BUPRENORPHINE PROVIDER



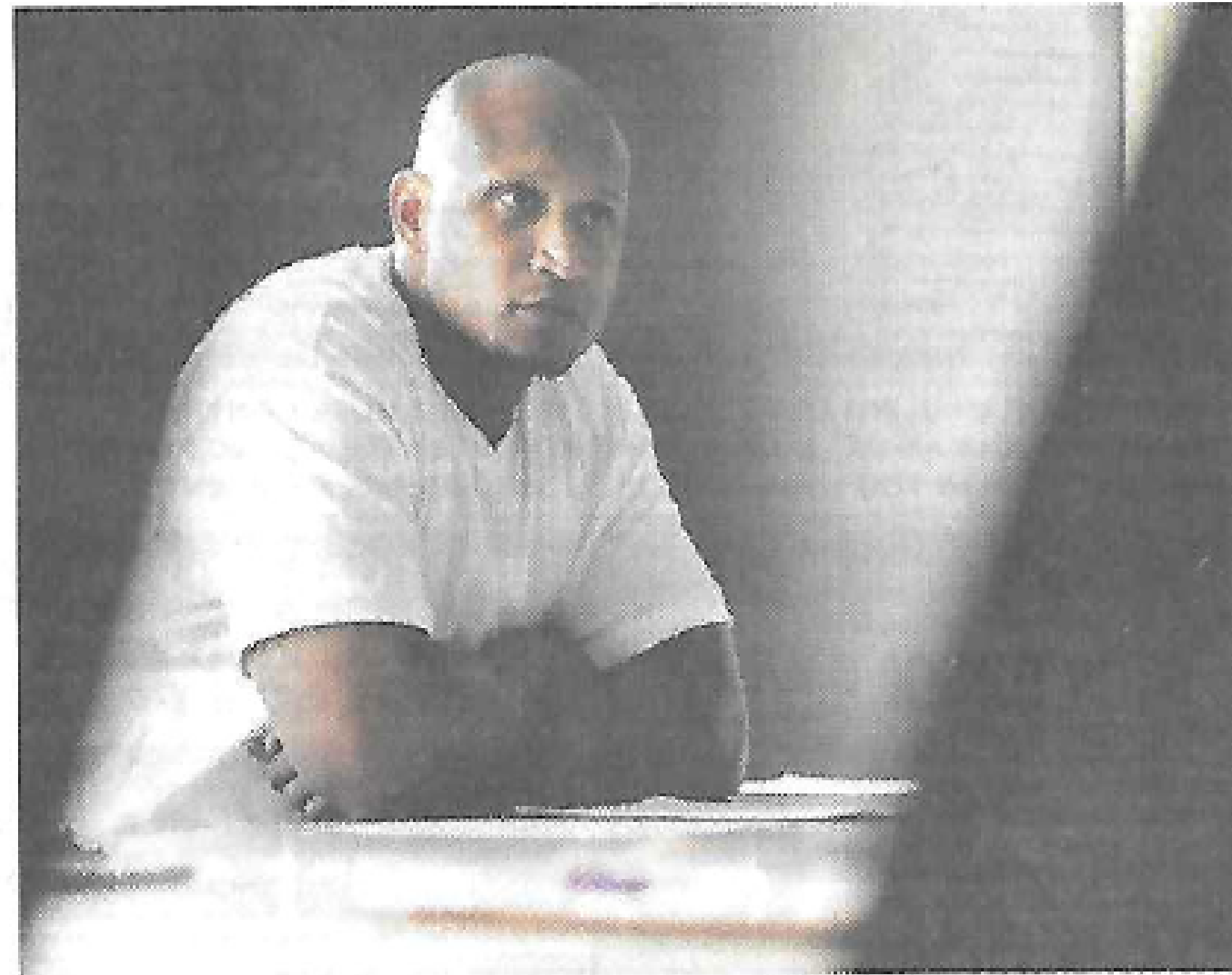
After prison, more punishment

Legal hurdles can make it impossible for the formerly incarcerated to obtain the jobs they've trained for

BY TRACY JAN

PROVIDENCE, R.I. — He had spent 17 of his 46 years behind bars, locked in a pattern of addiction and crime that led to 16 prison terms. Now, Meko Lincoln pushed a cart of cleaning supplies at the reentry house to which he had been paroled in December, determined to provide for his grandchildren in a way he failed to do as a father.

"Keep on movin', don't stop," Lincoln sang, grooving to the British R&B group Soul II Soul on his headphones as he emptied trash cans and scrubbed toilets at Amos House. He passed a bulletin board plastered with hiring notices — a line cook, a warehouse worker, a landscaper — all good jobs for someone with a felony



TONI L. SANDYS/THE WASHINGTON POST

Meko Lincoln, 46, wants to be a licensed chemical dependency clinician, but his years in prison could work against him.

record, but not enough for him.

Lincoln, who is training to be a drug and alcohol counselor, wants those lost years to count for something more.

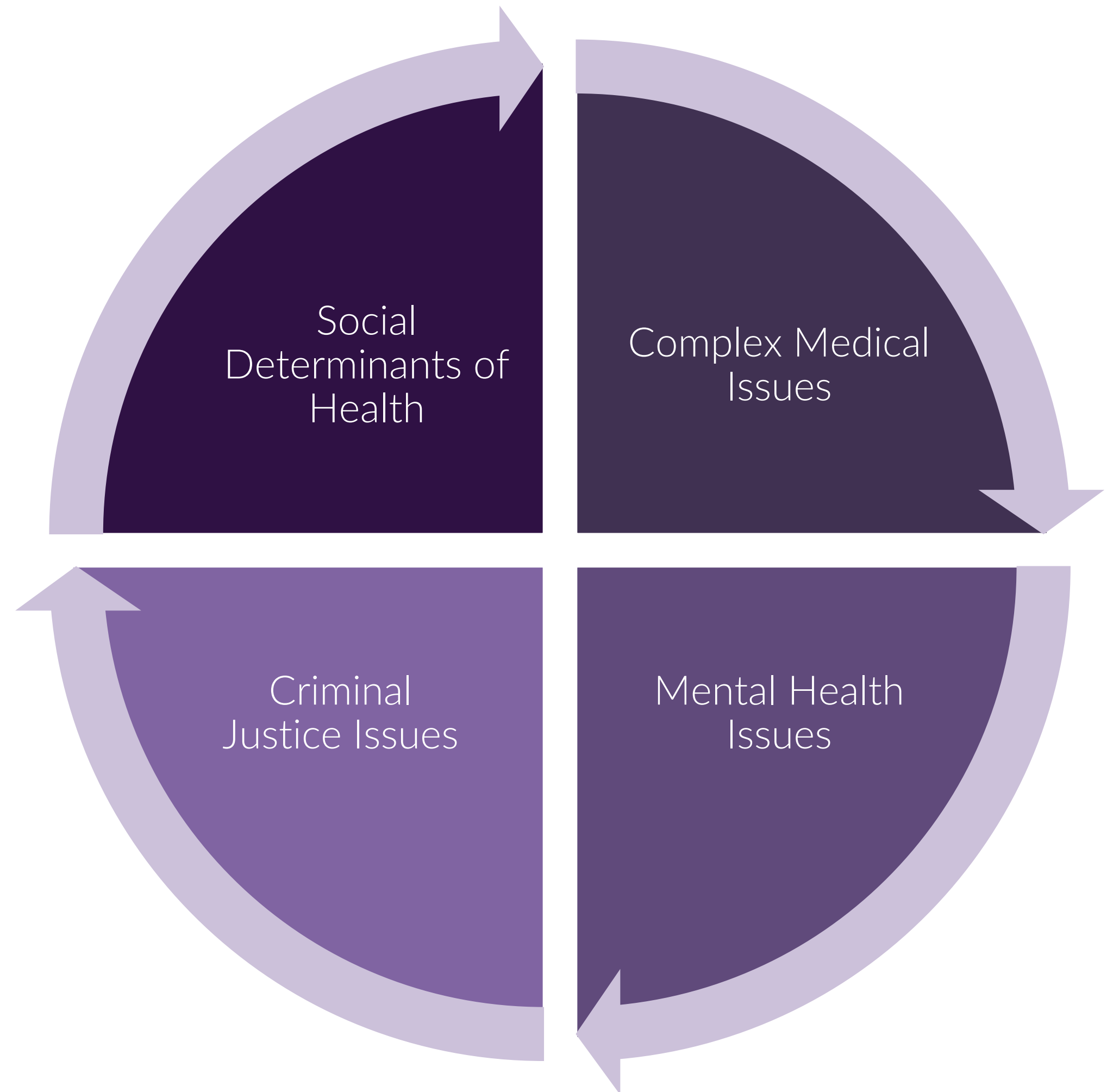
"I lived it," he said. "I understand it. My past is not a liability. It's an asset. I can help another person save their life."

Yet because regulations in Rhode Island and most other states exclude people with criminal backgrounds from many jobs, Lincoln's record, which includes sentences for robbery and assault, may well be held against him.

Across the country, more than 10,000 regulations restrict people with criminal

SEE RECORDS ON A10

**MEDICARE OR
MEDICAID
BUPRENORPHINE
OFFICE-BASED
COMPLEX
PROVIDER USES**



Opportunities to Improve Opioid Use Disorder and Infectious Disease Services

INTEGRATING RESPONSES
TO A DUAL EPIDEMIC

COMMITTEE ON THE
EXAMINATION OF THE
INTEGRATION OF OPIOID
AND INFECTIOUS DISEASE
PREVENTION EFFORTS IN
SELECT PROGRAMS

Opportunities to Improve Opioid Use Disorder and Infectious Disease Services

INTEGRATING RESPONSES
TO A DUAL EPIDEMIC

BOX S-2

Barriers to Integration of Opioid Use Disorder and Infectious Disease Services

Prior Authorization Policies: State-level policies often require providers to obtain permission from insurers to prescribe buprenorphine (a Food and Drug Administration [FDA]-approved medication for opioid use disorder). Prior authorization prevents the timely, effective delivery of evidence-based care for opioid use disorder, thereby increasing the risk of infectious disease through continued drug use.

Drug Addiction Treatment Act (DATA) Waiver Requirement: Providers are required to apply for the ability to prescribe buprenorphine under the Drug Addiction Treatment Act (DATA) of 2000 (which amended the Controlled Substances Act) and also undergo mandatory training on prescribing practices. Once the DATA waiver is received, providers are limited to a certain number of patients they can treat with buprenorphine. This requirement decreases access to effective medications for opioid use disorder and increases the risk for infectious disease.

Lack of Data Integration and Sharing: Due to infrastructural difficulties and federal policies, medical care providers—including infectious disease providers—may not be able to access patients' information surrounding substance use and treatment, thereby inhibiting comprehensive care plans.

Inadequate Workforce and Training: There are several barriers to integration from a workforce perspective, including the geographic distribution and inadequate training of providers who can treat patients with opioid use disorder and infectious disease and restrictions about which providers can deliver certain kinds of care in certain settings.

Stigma: Self-stigma and societal stigma surrounding both opioid use disorder and infectious disease may prevent patients from seeking or accessing care, and provider stigma may inhibit a productive patient–provider relationship.

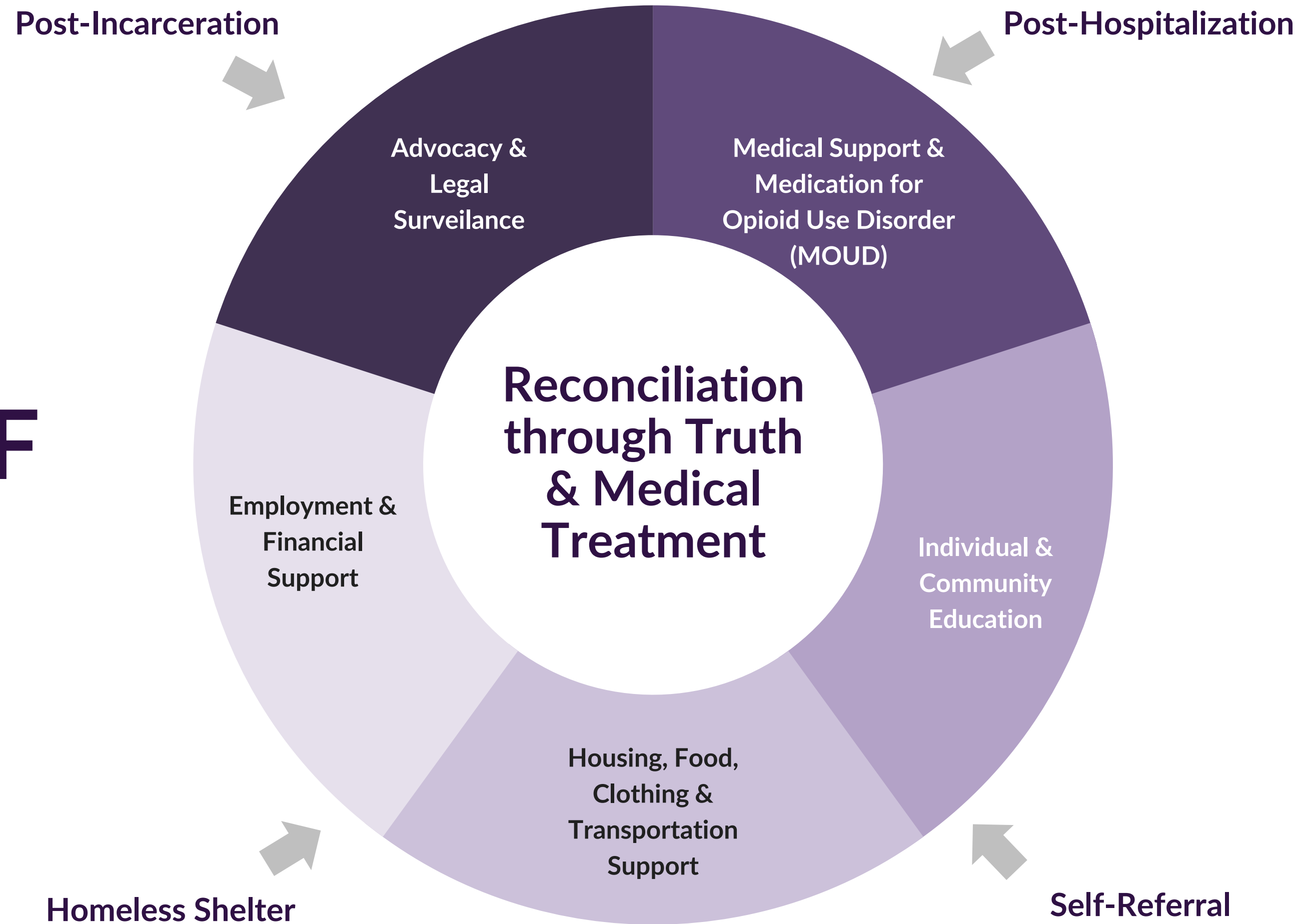
Payment and Financing Limitations: Services that are helpful to patients seeking integrated care for opioid use disorder and infectious disease (e.g., harm-reduction services, case management, telemedicine, and peer-recovery counselors) are difficult to obtain or sustain financially.

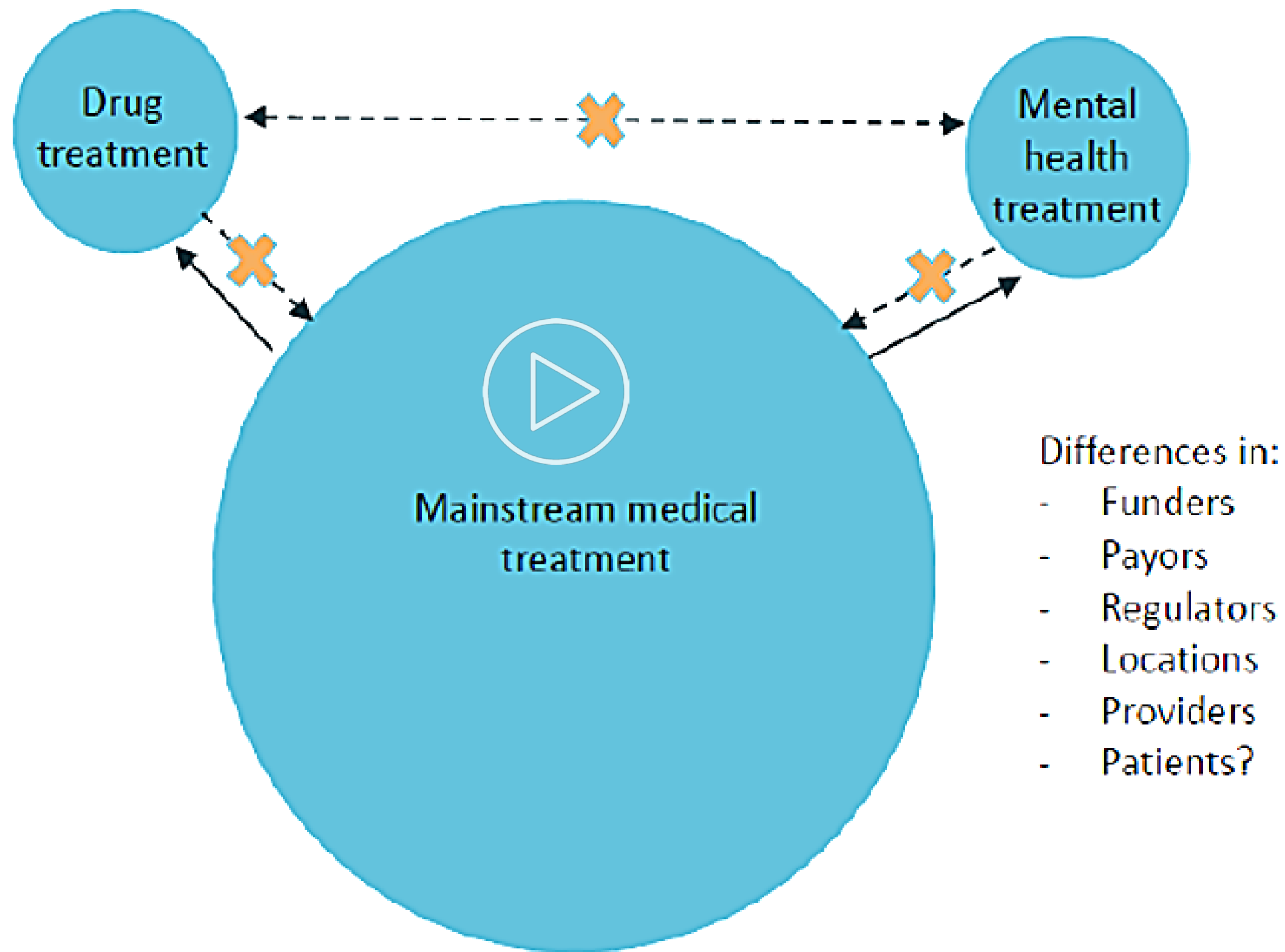
Same-Day Billing Restrictions: Some states do not allow providers to bill for a physical and a behavioral health visit in the same day, thereby requiring patients to return for care another day or forcing programs to provide care without the opportunity for reimbursement.

Limits on Harm-Reduction Services: Harm-reduction services serve as an entry point for further medical care, reduce the risk of infectious disease outbreaks, and allow for a culture of patient-centered care. Limiting these services, on the other hand, is a barrier to integrating opioid use disorder and infectious disease prevention and treatment.

Disconnect Between the Health and Criminal Justice Systems: Care for infectious diseases and opioid use disorder in criminal justice settings is fragmented and inconsistent; the process of maintaining coordinated care while patients enter and exit the criminal justice system is inadequate.

THE CYCLE OF REPAIR



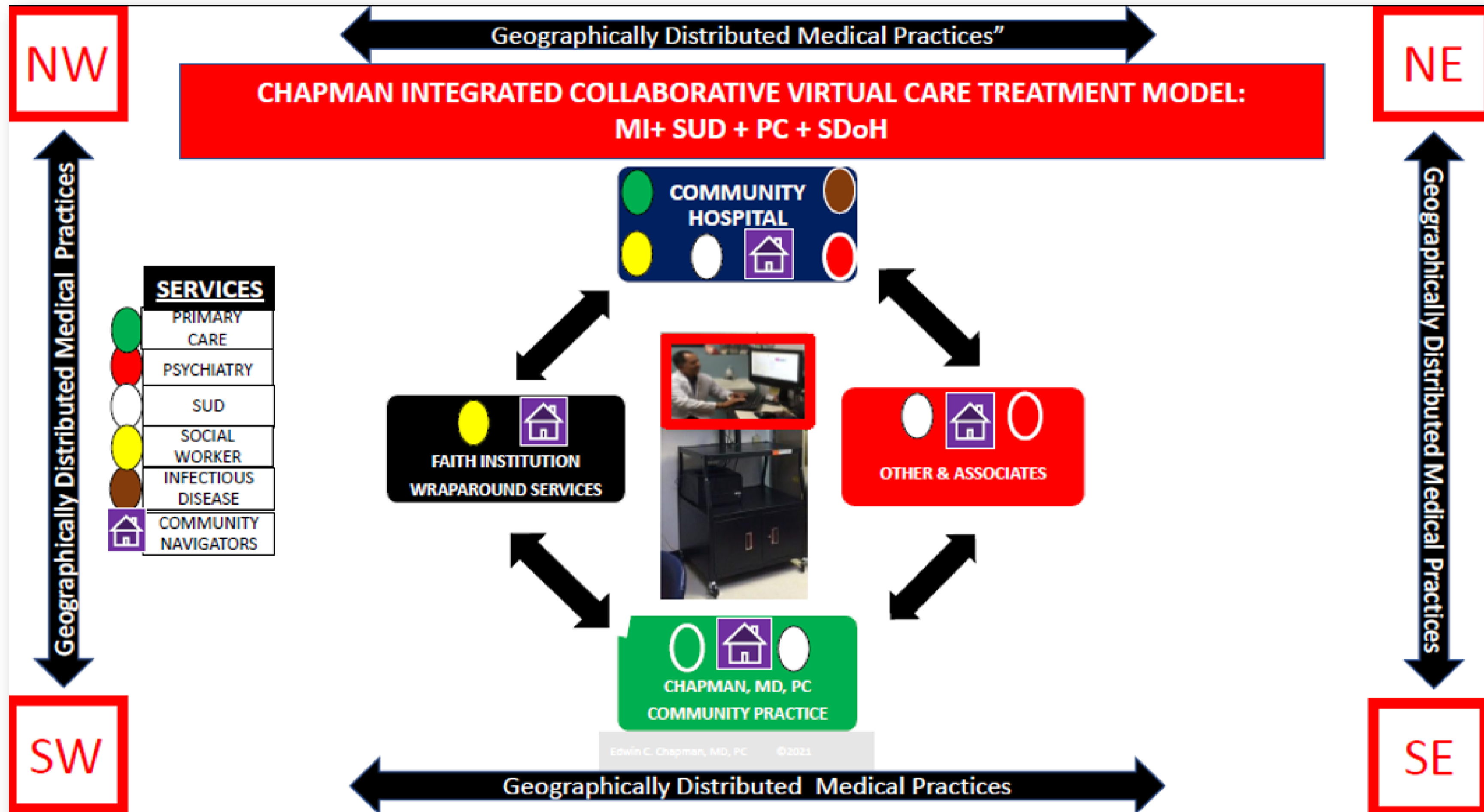


American Health Care System

WRITINGS AND VIEWS

Some states do not allow providers for a physical and a behavioral health visit in the same day, thereby requiring patients to return for care another day or forcing programs to provide care without the opportunity for reimbursement.





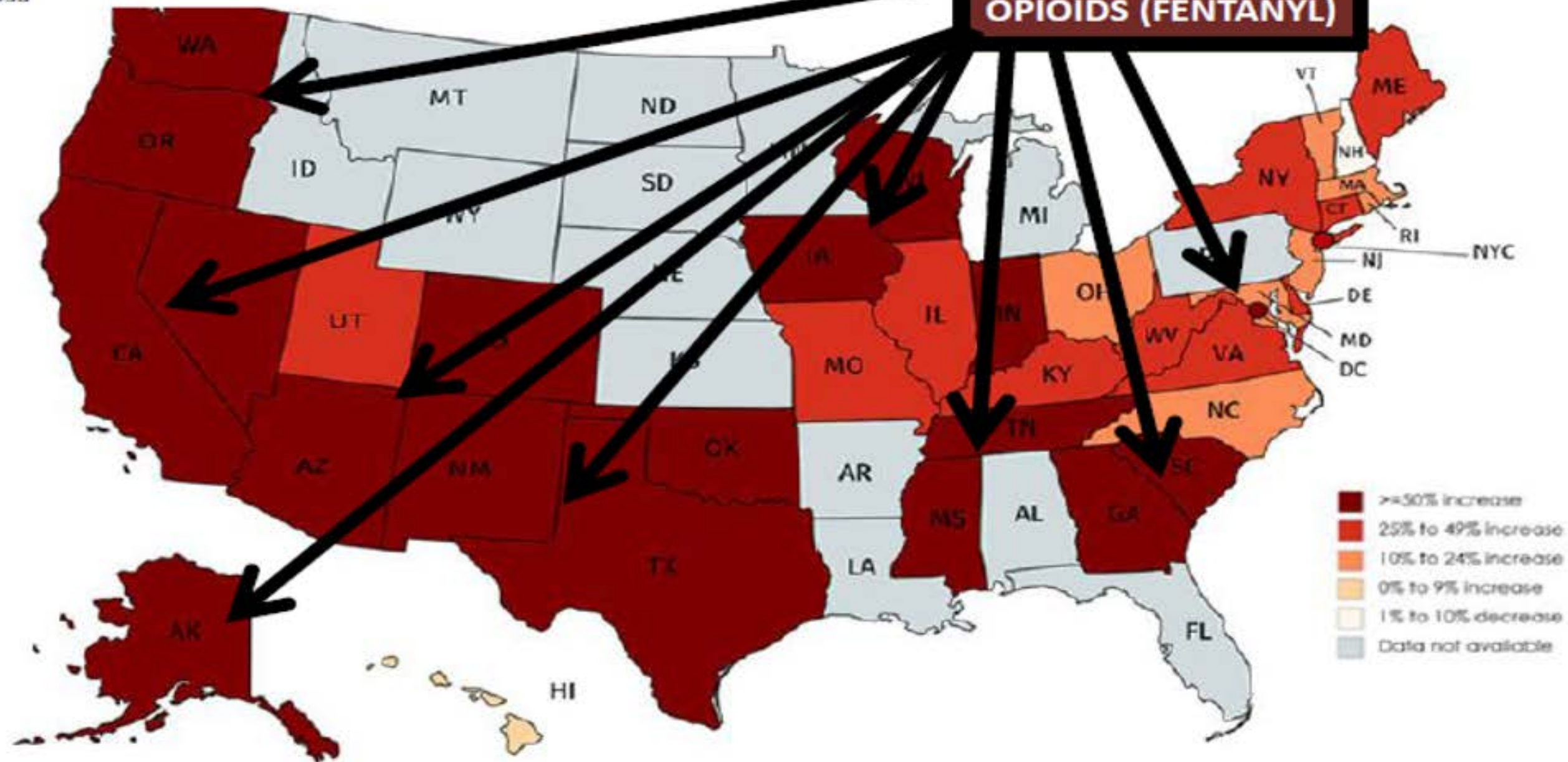
Emergency Preparedness and Response

Increase in Fatal Drug Overdoses Across the United States Driven by Synthetic Opioids Before and During the COVID-19 Pandemic



Distributed via the CDC Health Alert Network
December 17, 2020, 8:00 AM ET
CDCHAN-00438

➤ 50% INCREASE in
OVERDOSE DEATHS
DUE to SYNTHETIC
OPIOIDS (FENTANYL)





“Only 10-20% of what determines how long you live happens in the hospital... 80-90% is determined by the neighborhood where you are born and where you happen to be living.”

Leana Wen, MD, MPH

Former Baltimore Commissioner of Health

Edwin C. Chapman, Sr.,
MD, DABIM, FASAM

301-538-1362
echap1647@aol.com

References

Title	Affiliation	Link
The Cost of Delaying Medical Care During a Pandemic	The Kojo Nnamdi Show	https://thekojonnamdishow.org/shows/2021-02-24/the-cost-of-delaying-medical-care-during-a-pandemic
Association of Formulary Prior Authorization Policies With Buprenorphine-Naloxone Prescriptions and Hospital and Emergency Department Use Among Medicare Beneficiaries Substance Use and Addiction	JAMA Network Open	https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2764598
The Opioid Crisis in Black Communities	Journal of Law, Medicine & Ethics	https://pubmed.ncbi.nlm.nih.gov/30146996/
The Opioid Crisis is Surging In Black, Urban Communities	National Public Radio (NPR)	https://www.npr.org/2018/03/08/579193399/the-opioid-crisis-frightening-jump-to-black-urban-areas
Woman dies in cold D.C. weather after battling homelessness, mental illness	Washington Post	https://thedcline.org/2021/02/19/washington-post-woman-dies-in-cold-d-c-weather-after-battling-homelessness-mental-illness/
Whitewashed: The African American Opioid Epidemic	Chicago Urban League	https://chiul.org/wp-content/uploads/2019/01/Whitewashed-AA-Opioid-Crisis-11-15-17_EMBARGOED_-FINAL.pdf
Implementation of the Substance Use Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018: Dispensing and Administering Controlled Substances for Medication-Assisted Treatment	Federal Register	https://www.federalregister.gov/documents/2020/11/02/2020-23813/implementation-of-the-substance-use-disorder-prevention-that-promotes-opioid-recovery-and-treatment
Increase in Fatal Drug Overdoses Across the United States Driven by Synthetic Opioids Before and During the COVID-19 Pandemic	Centers for Disease Control and Prevention (CDC)	https://stacks.cdc.gov/view/cdc/98848
Pharmacogenomics and OUD: Clinical Decision Support in an African American Cohort	Journal of the National Medical Association	https://pubmed.ncbi.nlm.nih.gov/31676110/
Opioid-related Fatal Overdoses: January 1, 2016 to November 30, 2020	Government of the District of Columbia, Office of the Chief Medical Examiner	https://ocme.dc.gov/sites/default/files/dc/sites/ocme/page_content/Opioid%20related%20Overdoses%20Deaths%202.18.21%20FINAL.pdf
Opportunities to Improve Opioid Use Disorder and Infectious Disease Services	The National Academies of Sciences, Engineering and Medicine	https://www.nap.edu/catalog/25626/opportunities-to-improve-opioid-use-disorder-and-infectious-disease-services
Structural competency: Theorizing a new medical engagement with stigma and inequality	Social Science & Medicine	https://pubmed.ncbi.nlm.nih.gov/24507917/
Applying the Evidence: Legal and Policy Approaches to Address Opioid Use Disorder in the Criminal Justice and Child Welfare Settings	O'Neill Institute for National & Global Health Law, Georgetown Law	https://oneill.law.georgetown.edu/wp-content/uploads/Applying-the-Evidence-Report-1.pdf
Perspective Why should it take a pandemic to make some common sense changes?	Washington Post	https://www.washingtonpost.com/local/why-should-it-take-a-pandemic-to-make-some-common-sense-changes/2021/02/22/7ce77f8e-7549-11eb-9537-496158cc5fd9_story.html
State Variation in Medicaid Prescriptions for Opioid Use Disorder from 2011 to 2018	Urban Institute	https://www.urban.org/research/publication/state-variation-medicaid-prescriptions-opioid-use-disorder-2011-2018
Opinion: Let's give people with opioid use safe places in Maryland	Washington Post	https://www.washingtonpost.com/opinions/local-opinions/lets-give-people-with-opioid-use-disorder-safe-places-in-maryland/2021/02/24/e1e16332-60e0-11eb-afbe-241116741416_story.html