Improving Mental Health and Addiction Care in Vermont

August 12, 2024 –- By Aaron Kelly

Thank you for the opportunity to comment on the effort to reform healthcare delivery in Vermont. The following system-level suggestions are based on my family's experience with a family member with mental health and substance use issues, extensive research, and data obtained through a Vermont public records request.

Access to Mental Health Care: Wait times for serious mental health care treatment in Vermont are unacceptably long. It can be six months or longer for a new patient to see a psychiatrist at one of Vermont's Dedicated Agencies (DAs). The inability to receive timely mental health care can severely impact patients, who suffer while waiting for care and may experience permanent cognitive decline and treatment resistance because of the delay. Families and communities are impacted, as is the state budget due to lost productivity, an increased need for social supports, and higher costs for emergency care and hospitalizations.

- **Suggestions to reduce wait times:**
    - **Prevent crises** before they arise to reduce burden on the healthcare system. Ways to do this include implementation of evidence-based practices like early detection and intervention and the use of long-acting medications discussed below.

    - **Integrate the system of care -** step patients who have been treated successfully down from outpatient psychiatry to primary care to free up psychiatrists to treat new patients.

    - **Allocate psychiatric capacity based on need rather than ability to pay -** It is quite possible to get an appointment with a psychiatrist within short order if you are willing to pay out of pocket for it. Meanwhile, others who have more need but do not have the same ability to pay must wait months for care. This two-tier system is unfair and fails to serve the patients most in need.

    - **Build a more robust healthcare professional pipeline –** This can be done by expanding existing incentives for mental health care professional education. The existing program can be found here.

    - **Encourage in-migration of mental healthcare professionals** – Increase compensation for and recruitment of health professionals. The impacts for patients

and society of inadequate access to mental healthcare are much greater than the costs of ensuring timely care.

Best Practices: There are evidence-based best practices for mental healthcare that have not been implemented in Vermont. These include early-intervention and measures to ensure that patients are stabilized for the long term to avoid recurrence of mental health crises.

Vermont lacks a strategic plan for addressing early psychosis and does not have any Coordinated Specialty Care (CSC) clinics. Long-Acting Medications (LAMs) are rarely prescribed by providers even though they have been shown to dramatically improve treatment adherence, increase patient self-esteem, and reduce medication-taking burden.

Suggestions for adoption of evidence-based best practices:

- **Early intervention - Open one or more Coordinated Specialty Care (CSC) clinics.** CSC clinics provide treatment with wraparound services such as employment or education support, family engagement, and other beneficial services. In addition to providing a full complement of necessary services, CSC clinics can enable intervention before the worst mental health impacts manifest themselves and before costly emergency room visits and hospitalization. Insurance should be required to fully cover the costs of care at these clinics as is the case in the state of Illinois.

- **Provide stable long-term care – e.g. Long-Acting Medications (LAMs)** LAMs, sometimes known as LAIs, are a substitute for daily oral anti-psychotic medications. In contrast to the need to remember to take a pill daily, LAMs offer protection for up to six months at a time. This dramatically improves treatment adherence, increases patient self-esteem, and reduces medication-taking burden.

  LAMs should not be reserved solely for patients with demonstrated treatment adherence challenges but should instead be considered a first-line of treatment option for schizophrenia, schizoaffective, and bipolar disorders, according to the National Council for Mental Wellbeing. Despite this, LAMs are under-prescribed nationally and in Vermont.

  Nationally, it is estimated that only 15-28% of schizophrenia patients received LAMs. In Vermont, a recent public records request revealed that less than 2.5% of Medicaid patients who were prescribed an antipsychotic medication received a long-acting form of their medication.

Oral/Injectable	# Claims	% Claims
Oral	43,632	97.41%
Injectable	1,161	2.59%
Total	44,793	100.00%

Oral/Injectable	# Members*	% Members*
Oral	6,304	99.17%
Injectable	143	2.25%
Total	6,357	100.00%

*Some Members may have had both Oral and Injectable products

Figure 1 - Vermont oral vs. LAM antipsychotic prescription rates 7/1/2023-6/30/2024 (source: DVHA)

To address this, at least three things are needed:

1. Education appropriate for providers, patients, and families is needed. This can be done in the form of written or professional guidance.
2. Mechanisms to address financial barriers and insurance hurdles need to be implemented. E.g. many LAMs appear as "Tier 3 – Non-preferred" on insurance prescription drug lists in Vermont.
3. Barriers to administration need to be overcome. It is difficult to access LAM administration in general in Vermont. In other places where LAM use is more common, LAMs are administered at pharmacies, primary care clinics, and in patient homes. I have not found there to be any pharmacists, primary care practices, or home-based LAM administration occurring in Vermont. Patients should have more choice and ability to have LAMs administered in a location convenient for them.

It should be recognized that long-term treatment of serious mental health conditions with oral medications is a dramatically inferior approach. Treatment adherence rates with daily oral medications are estimated at less than 60% for schizophrenia patients.

By contrast, LAMs reduce the rehospitalization rate by more than a factor of four. With significant benefits for patients, the healthcare system, and society in general, the apparent underutilization of these important medications needs to be addressed.

Addiction Care: In addition to mental healthcare, there is significant need to improve addiction care in Vermont. Mortalities from substance use disorder have set record highs year after year, an indication that Vermont's healthcare system is not adequately addressing the challenge before it.

- **Suggestions for improving addiction care:**
  - **Enhance efforts to reach people where they are.** Providers of addiction care should not wait for patients to come knocking at the clinic door, but instead make efforts to identify and reach out to those who may need help.

- **Reduce barriers to accessing care.** Clinics should welcome walk-ins. Financial impediments should be reduced - medication for substance use disorder should be inexpensive or free. Patients should be welcomed with acceptance, not judgement or stigma.

- **Improve Integration – Implement a collaborative care approach state-wide**
  Primary care physicians should receive training in addiction and mental health, so they can more effectively treat the whole patient. There should be a high degree of coordination between primary care and specialists. Medical and non-medical professionals can also work together to free up resources: e.g. A designated care manager can handle the routine monitoring of patients while primary care physicians check in periodically and handle more serious issues.

- **Adopt Long-Acting Medications for substance use disorder**
  Like long-acting medications for mental health conditions, long-acting medications for addiction improve treatment adherence. They can eliminate cravings for long periods of time and are preferred by most patients who have switched to them. Patients using long-acting medications report greater satisfaction and have greater treatment retention. Compared to oral alternatives, these medications make communities safer, reduce costly incarceration, and most importantly save lives.

  Yet, like their mental health counterparts, they are widely underutilized in the United States and in Vermont. In 2021, only 44 Vermont Medicaid members were prescribed the long-acting addiction medication Sublocade, representing less than 1% of all Medication Assisted Treatment (MAT) prescriptions.

  To address this, at least three things are needed:
  1. Education appropriate for providers, patients, and families is needed. This can be done in the form of written or professional guidance.
  2. Mechanisms to address financial barriers and insurance hurdles need to be implemented.
     There is currently a prior-authorization double standard that reduces access for Medicaid patients to more effective long-acting addiction medications like Sublocade and Brixadi.

     In Vermont, insurance companies are prohibited from requiring prior authorization for MAT, however Medicaid has prior authorization requirements for long-acting forms of addiction medications.

Even with private insurance, the cost of life-saving medications to address addiction can be high.

Lowering prescription drug prices for these life-saving medications can reduce the burden on insurance providers and taxpayers and enhance accessibility to those in need. An effort to negotiate volume purchase agreements based on state-wide or regional need could serve to substantially lower prices. In Canada, where long-acting medications for addiction are more widely used, the cost is about a third of that charged by pharmaceutical companies in the United States.

3. Barriers to administration need to be overcome. As with mental health LAMs, there is a great need for a system to administer addiction LAMs at or near the homes of the people who need the care.

- **Encourage family and community supports** – The environment around a person can have a powerful role in deterring substance use. Engaging with family and friends, staying active or employed, engaging in hobbies and recreation have all been shown to be effective in deterring substance use. The medical system should be thinking wholistically about the environment around a patient for substance use disorder and encouraging beneficial activities.

- **Use positive reinforcement – e.g. Vouchers**
  Incentives can help make people healthier. In a 2003 study conducted in Vermont, providing shopping vouchers as an incentive for good performance on drug tests was shown to improve treatment retention and abstinence. Similar programs should be funded and implemented today as part of the healthcare system.

I very much appreciate your careful consideration of the thoughts and suggestions enclosed here. Please let me know if clarification or additional detail is needed or if I might be of assistance in any way.

Thank you,

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