

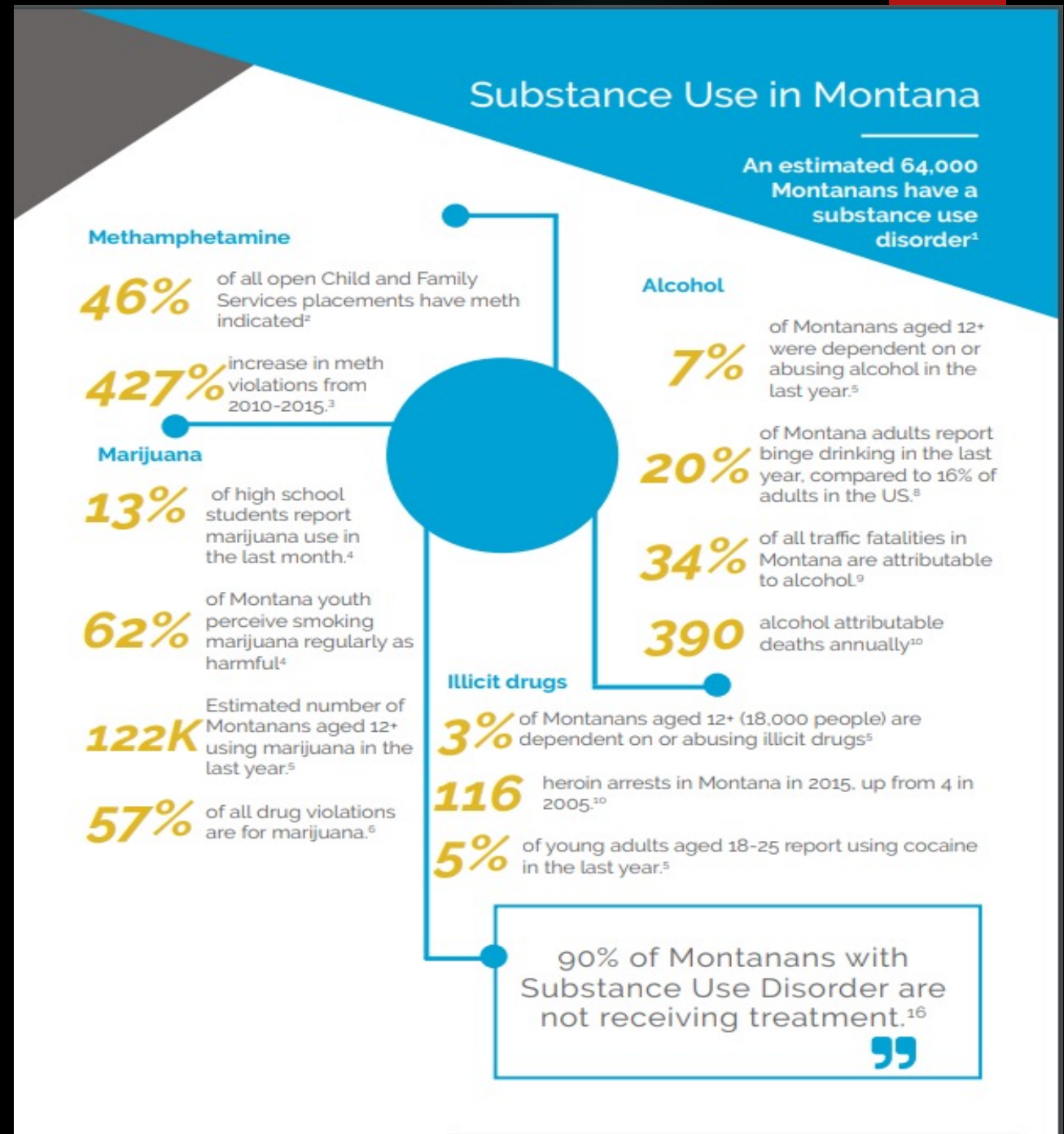
The background features a complex network diagram with various nodes (circles) and connecting lines. The nodes are in shades of blue, black, and grey, and are connected by thin grey lines. Some nodes are larger and more prominent, while others are smaller. The overall aesthetic is clean and modern, suggesting a digital or interconnected environment.

# Medication Assisted Treatment

FROM HUB AND SPOKE TO INTEGRATION IN PRIMARY CARE

# Why MAT? Why now?

- ▶ The 2017-2019 Montana Substance Use Disorders Task Force Strategic Plan identified a significant need for increased access to evidence-based treatment of SUD in Montana.



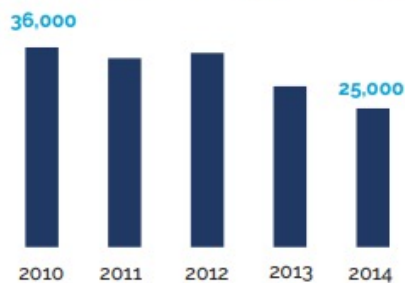
## Opioid Use in Montana

Opioid use is the primary driver of drug overdose deaths in the state of Montana. Forty-four percent of all drug overdose deaths are attributable to opioids.<sup>11</sup> Montana has made progress in recent years addressing prescription opioid misuse and abuse and reducing overdose deaths, though much more can be done to ensure that opioids are prescribed, taken and disposed of safely and that patients being transitioned off of high dose prescription opiates do not transition to illicit narcotics such as heroin.

Montana has 70 opioid prescriptions for every 100 residents.<sup>12</sup>



The number of Montana adults reporting non-medical use of pain relievers in the last year is decreasing<sup>3</sup>



The rate of opioid overdose deaths in Montana peaked in 2008-2009 and has decreased significantly since then, bucking national trends. Montana opioid overdose rate was 5.4 per 100,000 residents in 2013-2014.<sup>13</sup>



One in seven high school students has taken prescription drugs without a doctor's prescription.<sup>14</sup>

Since the year 2000, more than 700 Montanans have died from opioid overdose.<sup>15</sup>

Key Area for Action #2

Increase number of primary care practices that offer SUD and co-occurring services in an integrated setting

Strategies & Leads

- Support healthcare providers to integrate primary care, substance use and mental health services in one clinical location to best assess and serve patients with SUD and co-occurring mental health concerns.  
**Lead | Montana Healthcare Foundation**
- Increase the number of providers implementing SBIRT (Screening, Brief Intervention and Referral to Treatment)  
**Lead | Montana Healthcare Foundation and Montana Primary Care Association**

# Big Horn Valley CHC begins MAT



MONTANA STATE DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
ADDICTIVE & MENTAL DISORDERS DIVISION

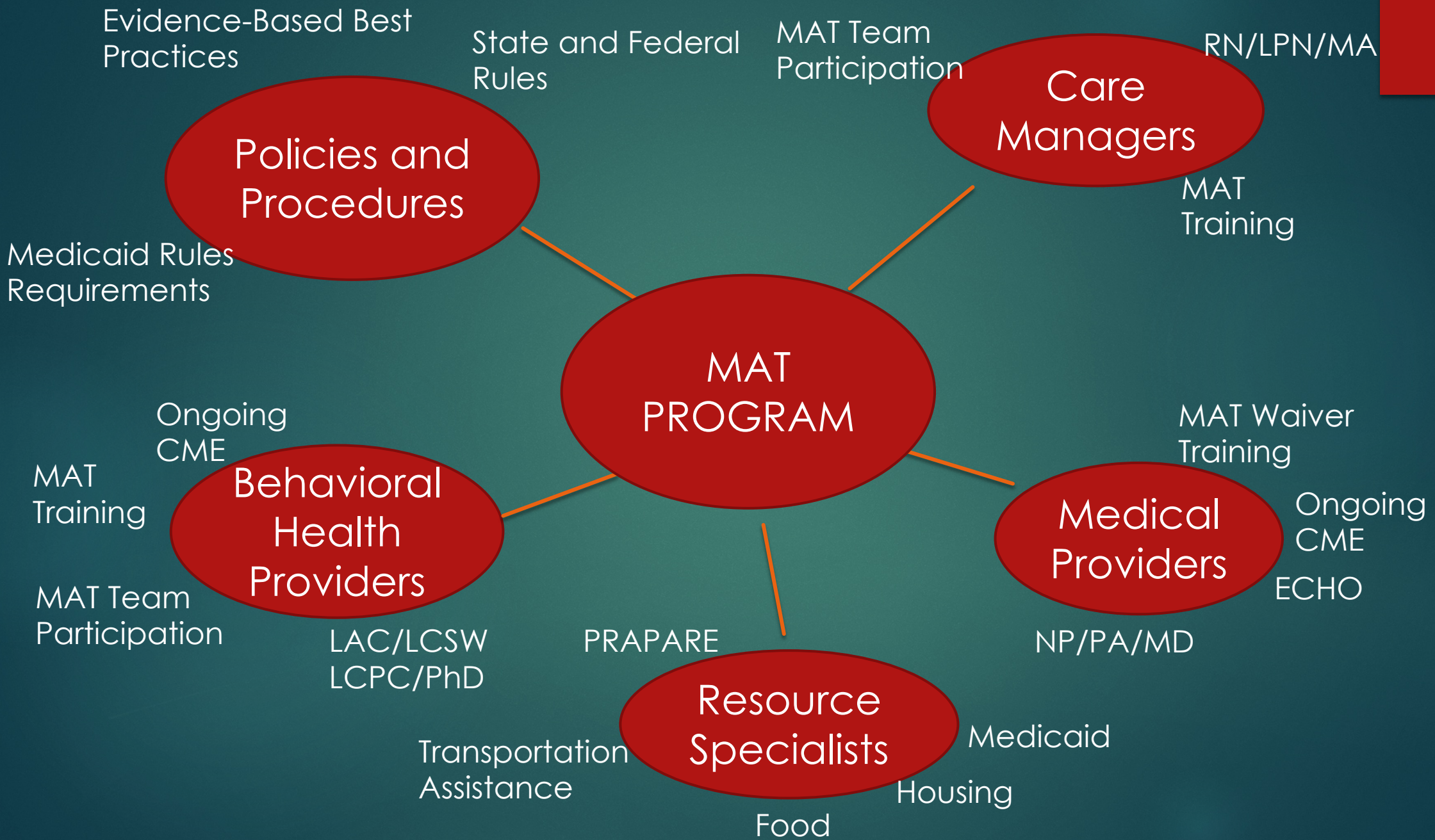
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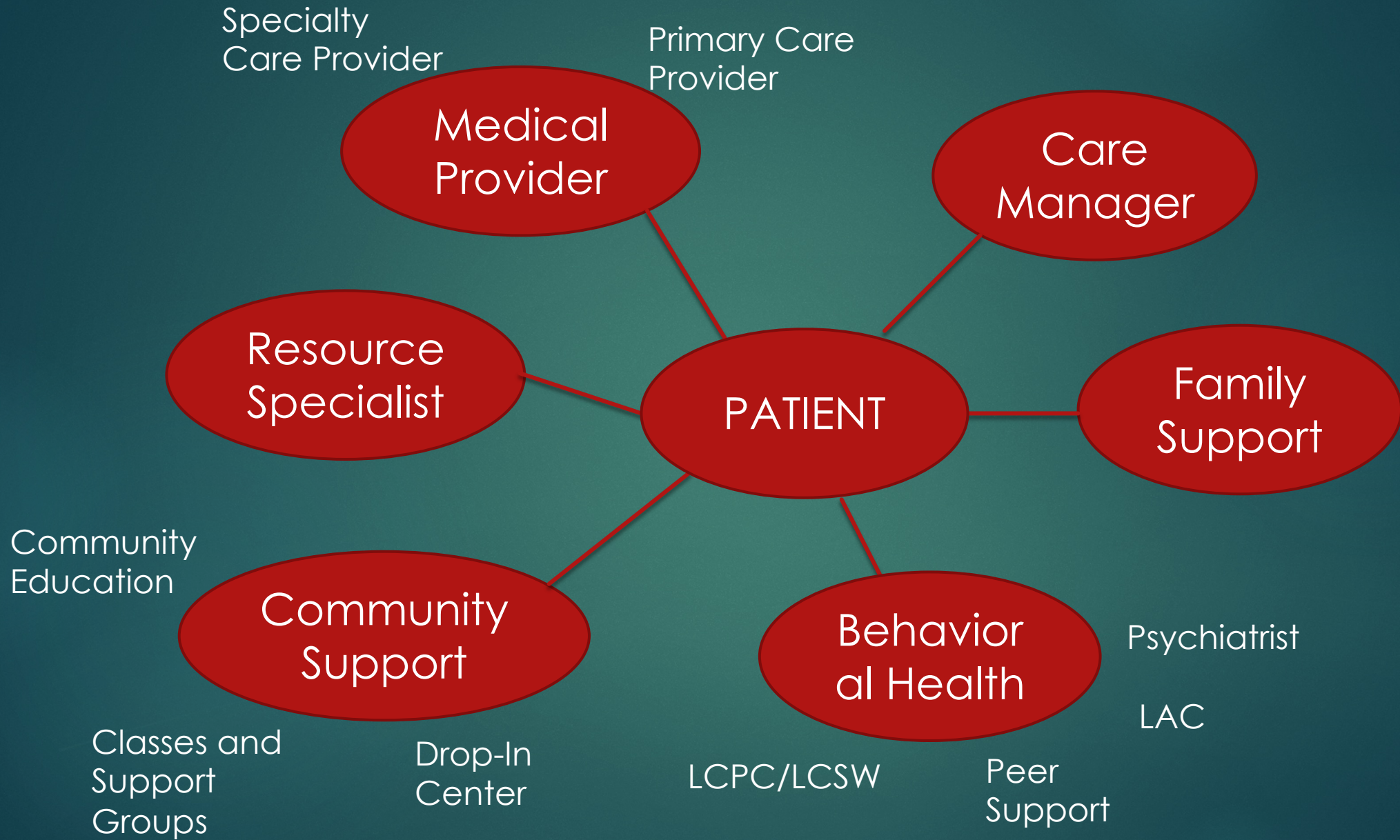
BIGHORN VALLEY HEALTH CENTER, INC.

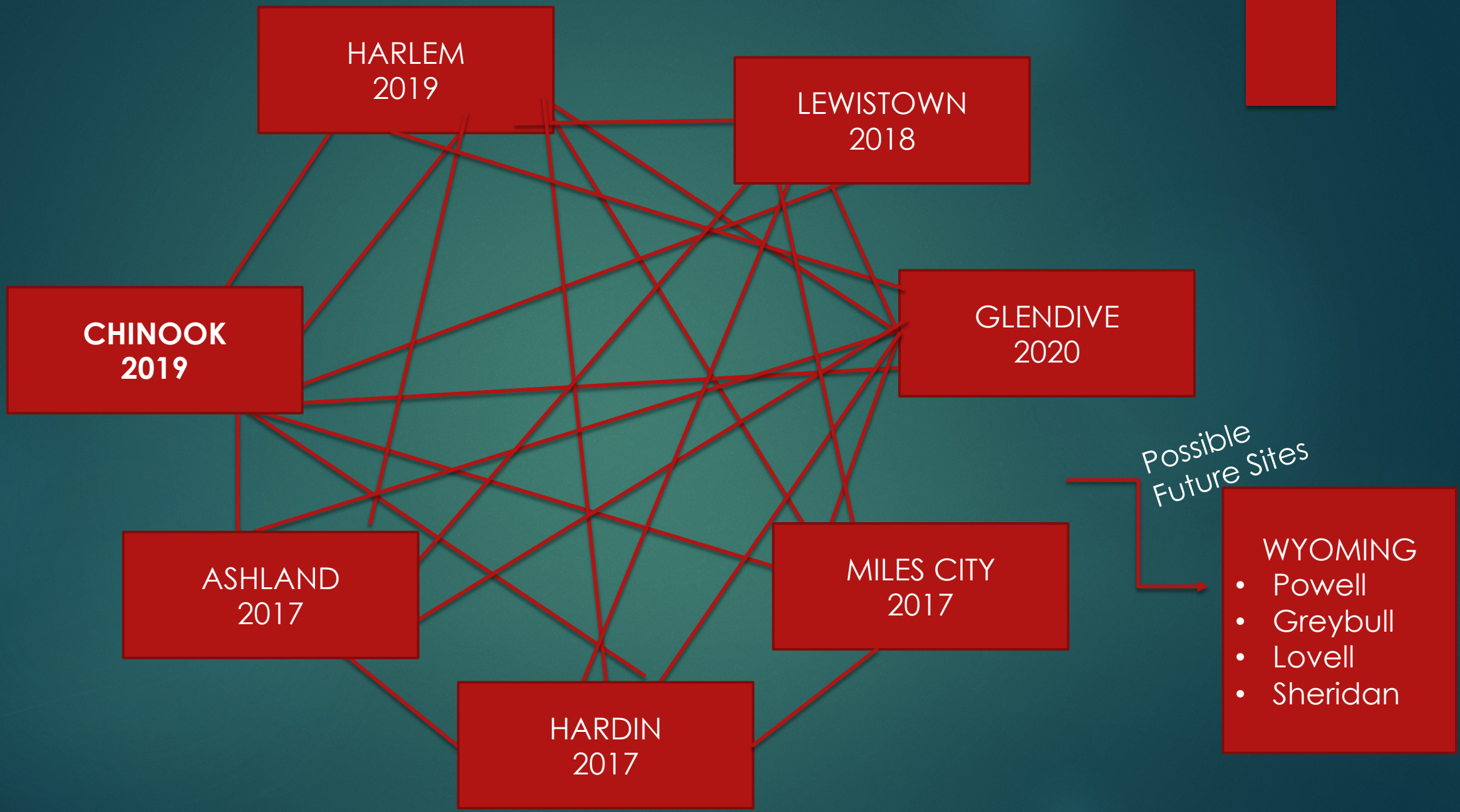
FOR

Hub and Spoke  
Evidence Based Medication Assisted Treatment of Addiction Involving Opioid Use

BVHC was one of 6 sites set up as “Hubs” in the Hub and Spoke model, partnering with DPHHS to increase access to evidence-based MAT in Montana





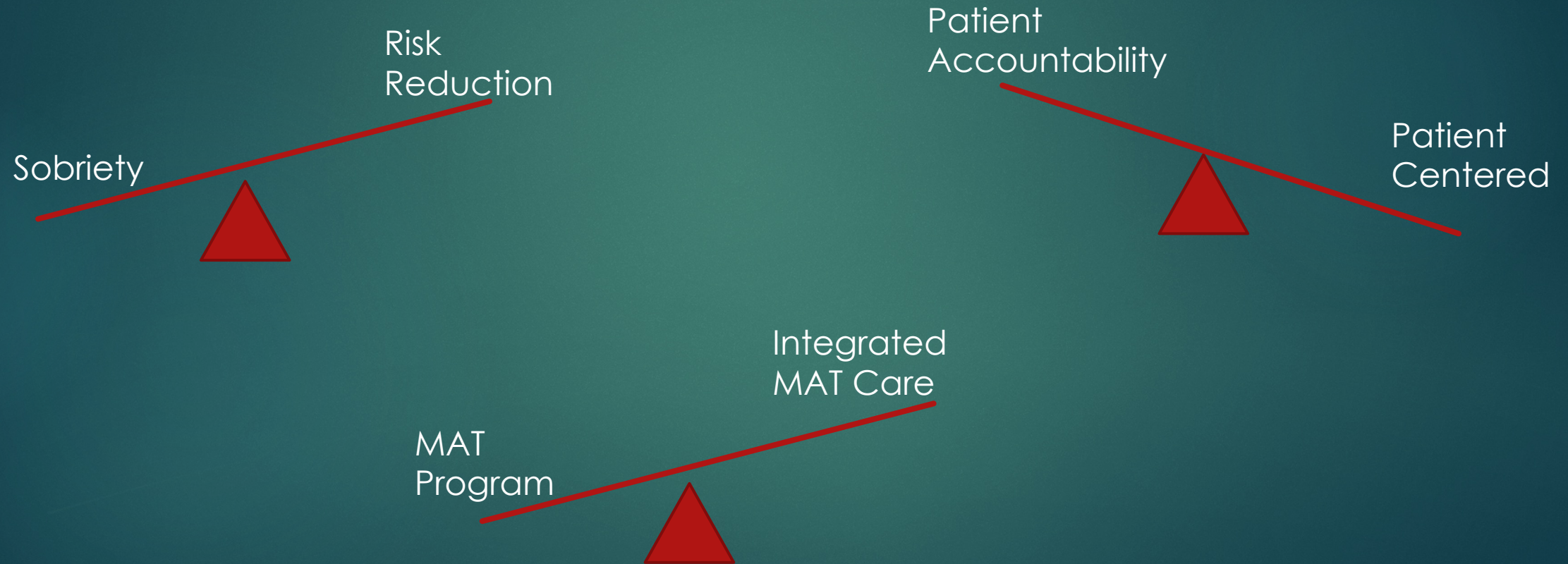


# Some Numbers

Location	2018	2019	2020	2021	2022
Ashland	2	8	6	3	8
Hardin	42	35	53	41	85
Glendive	0	0	1	1	1
Lewistown	0	0	8	3	12
Miles City	18	47	42	14	33
Chinook	0	12	40	35	74
Harlem	0	4	7	7	7
<b>Total</b>	<b>93</b>	<b>136</b>	<b>157</b>	<b>103</b>	<b>221</b>



# Ongoing Challenges in Balance



# Other Continued Efforts

- ▶ Working to normalize MAT in primary care
  - ▶ Culture: SUD is a medical condition not a moral failing
  - ▶ Pragmatics: SUD can be integrated into primary care with the right supports and doesn't require a separate office or separate program
- ▶ Working to normalize MAT in the community
  - ▶ Still need increased education and acceptance in ERs, Hospitals, EMS, and Correctional Facilities
- ▶ Working to increase access for pregnant patients with OUD
  - ▶ Increased education around safety in pregnancy
  - ▶ Increased education around pain management during L&D