



Building A New Addiction Treatment Strategy For A New Addiction Treatment Market

By Monica E. Oss

The addiction treatment landscape has changed dramatically over the past decade. The key drivers of the changing landscape are the adoption of financial parity as part of the Patient Protection & Affordable Care Act (PPACA), the spike in opioid addiction, and the emergence of new pharmaceutical and technological treatments for addiction. Together, these factors have changed the market demand characteristics for addiction treatment services. This issue of the *OPEN MINDS Management Newsletter* is focused on the addiction treatment market—and how provider organizations are developing new treatment models in the changing landscape.

One driver of change for all organizations providing addiction treatment is the preference of policymakers, payers, health plans, and consumers for medication-assisted treatment (MAT). We review these medications in our articles, [Addiction Treatment Innovation: New Medication Options On The Horizon](#) and [The State Of The Use Of Medications For Opioid Use Disorder](#). The Department of Health and Human Services announced that it will take a new approach to MAT by increasing the share of programs that offer MAT, and expanding the types of MAT it will approve (see [Feds To Focus On Increasing Share Of Medication Assisted Opioid Addiction Treatment](#) and [The Moving Target Of Addiction Treatment: Recent Changes In Policy & Legislation](#)).

And, health plan managers—from Optum to Anthem—are searching for community-based addiction treatment programs that have integrated medication into their treatment model (see [Hazelden Betty Ford Announces In-Network Status With Optum](#) and [Changing The 'How' & The 'Where' In Addiction Treatment](#)). Health plans are looking for provider organizations that offer MAT, and also follow the American Society of Addiction Medicine (ASAM) criteria

(see [Residential Addiction Treatment-The Opportunity In Changing Medicaid Policy](#)). They have adopted new standard principles for addiction treatment—[16 Health Insurers Endorse Standard Principles For Addiction Treatment](#). And health plan concerns about financial abuse have resulted in new restrictions on addiction program advertising (see [Google Unveils New Vetting Process For Addiction Treatment Ads](#)).

There is certainly not unanimous agreement that MAT models are “superior” (see [If MAT For Addictions Is So Good, Why Aren't More Consumers Using It?](#) and [The Stigma Of Addiction Treatment Medication](#)), but the demand is there. And what constitutes best practice for consumers is the subject of emerging research, with so expect more to come (see [Best Practices For Ethical Evidence-Based Prevention Programs](#)). Earlier this year, the U.S. Food and Drug Administration (FDA) announced new draft guidelines intended to help with the development of new MAT medications for opioid treatment (see [FDA Takes New Steps To Advance The Development Of Innovative Products For Treating Opioid Use Disorder](#)).

In addition to more medications, there are also new tech-enabled treatment platforms that have been designed to increase the likelihood of sobriety. I review some of these emerging technologies in the article, [Addiction Treatment Innovation: New Treatment Technologies Coming Down The Pipeline](#). And, we have written about two great examples of how these new technologies are put into action for consumers in our program profile, Our team has profiled two innovative treatment programs, [Rural Technology-Assisted Addiction Treatment: The Chestnut Health System Model](#) and [Addiction Treatment Using Digital Treatment Support: The Hazelden Betty Ford Model](#), using technology to increase the effectiveness of their treatment approaches.

The nature and effects of opioid abuse have also changed the structure of treatment programs. Opioids have affected a wide swath of the U.S. population—rural and urban, wealthy and poor, black and white. “Treatment” that is integrated into new settings are becoming more common. Providing great examples, we have interviewed executives with two innovation program models—with addiction treatment integrated into medical care, [Integrated Care & Addiction Treatment: The Spero Health Model](#), and integrated into a supportive housing program, [Addiction Treatment Embedded in Supportive Housing: The RHD Model](#).

With demand for “new model” addiction treatment programs on the increase—and steady market demand—how do provider organizations approach the challenge of developing a new addiction treatment strategy for the new market? In this issue, we’ve included the OPEN MINDS best practice model for innovative new service line development in [New Service Line Development: The OPEN MINDS Step-By-Step Approach To Developing Innovative Programs](#). This provides a step-by-step approach reinvigorating a dated service line—or developing an entirely new model.

And for even more, check out the OPEN MINDS Market Intelligence Reports focused on the addiction space—[Access To Medication Assisted Treatment For Opioid Addiction](#), [An Update On States With Medicaid 1115 Waivers For Addiction Treatment](#), and [What Are The Privacy Rules For Sharing Addiction Treatment Information & How Are Health Information Exchanges Addressing These Rules?: An OPEN MINDS Market Intelligence Report](#).