Methadone – Special Considerations in Older Adults

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Outline

- 2 Patient Cases
  - Co-occurring conditions & side effects
  - Physical limitations & treatment access challenges
- Medicare & reimbursements
- Methadone policy suggestions for older adults

Co-occurring Conditions & Side Effects

Patient 1

- 60-year-old man, chronic severe pain from prior injuries
- Previously on methadone for chronic pain from PCP, clinic closed
- Started using heroin → Severe opioid use disorder
- Seen for intake at opioid treatment program (OTP)
- Requesting to restart methadone
- Does not want to exceed 60 mg every morning due to sedation
- Plans to continue using heroin in the evening for pain

Problem: Co-Occurring Conditions

- Musculoskeletal pain (previous trauma, injuries)
- Limited or reduced mobility
- Cognitive impairment & dementia
- Medical co-morbidities
  - Diabetes
  - Heart disease
  - Pulmonary disease
  - Liver disease

Problem: COVID-19 Related Risks at OTPs

↑ mortality persons ≥ 65 years old

↑ mortality in persons with pre-existing conditions

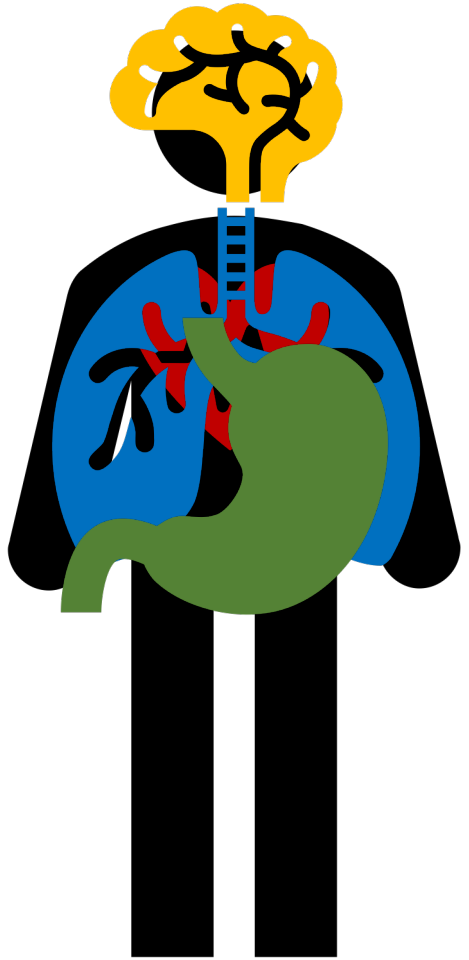
"…I mean, [it's] not just COVID, you can still get the flu from people. For somebody like me, getting the common cold can be-- that's what I went to the hospital for, my grandson gave me the rhinovirus which is the common cold.

So, it's not just COVID."[1]

1. Levander et al Add Sci Cli Practice, 2021

Problem: Drug Interactions & Side Effects[2-4]

- Metabolism changes with age
- Polypharmacy & ↑ med interactions
- Side effects
  - ↑ heart arrhythmias
  - ↑ respiratory depression
  - Constipation
  - Urinary retention
  - Sedation
  - Falls



2. Chau et al Clinical Interventions in Aging, 2008
3. SAMHSA TIP 26, 2020
4. Lehn et al Elder Care, 2017

System Gaps & Solutions – Patient 1

Current system gaps:

- Limit flexibility to adjust daily dosing schedule
- Daily dosing regardless of co-occurring medical & psychiatric conditions
- Coordinating between primary care & opioid treatment programs (OTPs)

Policy Solutions:

- Reconsider federally-determined stability criteria
- Create a separate track or program tailored for older adults
- Primary care-based (office-based) methadone treatment

Physical Limitations & Access Challenges

Patient 2

- 58 year old woman, frail, multiple medical conditions
- Severe opioid use disorder on methadone 80mg daily
- Hospitalized: endocarditis, spinal infarct → bilateral paralysis
- Recommendation: discharge to skilled nursing facility (SNF)
- Wants to continue methadone
- No system to support SNF dispensing methadone
- Attempted buprenorphine transition, unable to tolerate
- Transitioned to comfort care and died in hospital on methadone

Problem: Serious Illness and Care Facilities[4-6]

- Older adults: ↑ risk for serious illness and hospitalization

- Serious illness makes daily dosing at methadone clinic an ordeal
  - Physical access limitations
  - Transportation difficulties
  - Waiting in line to receive dose

- No system for methadone delivery to facility-dwelling patients

4. Pytell et al JAMA Int Med 2019
5. Wakeman & Rich JGIM 2017
6. Kimmel et al JAM, 2021

System Gaps & Solutions – Patient 2

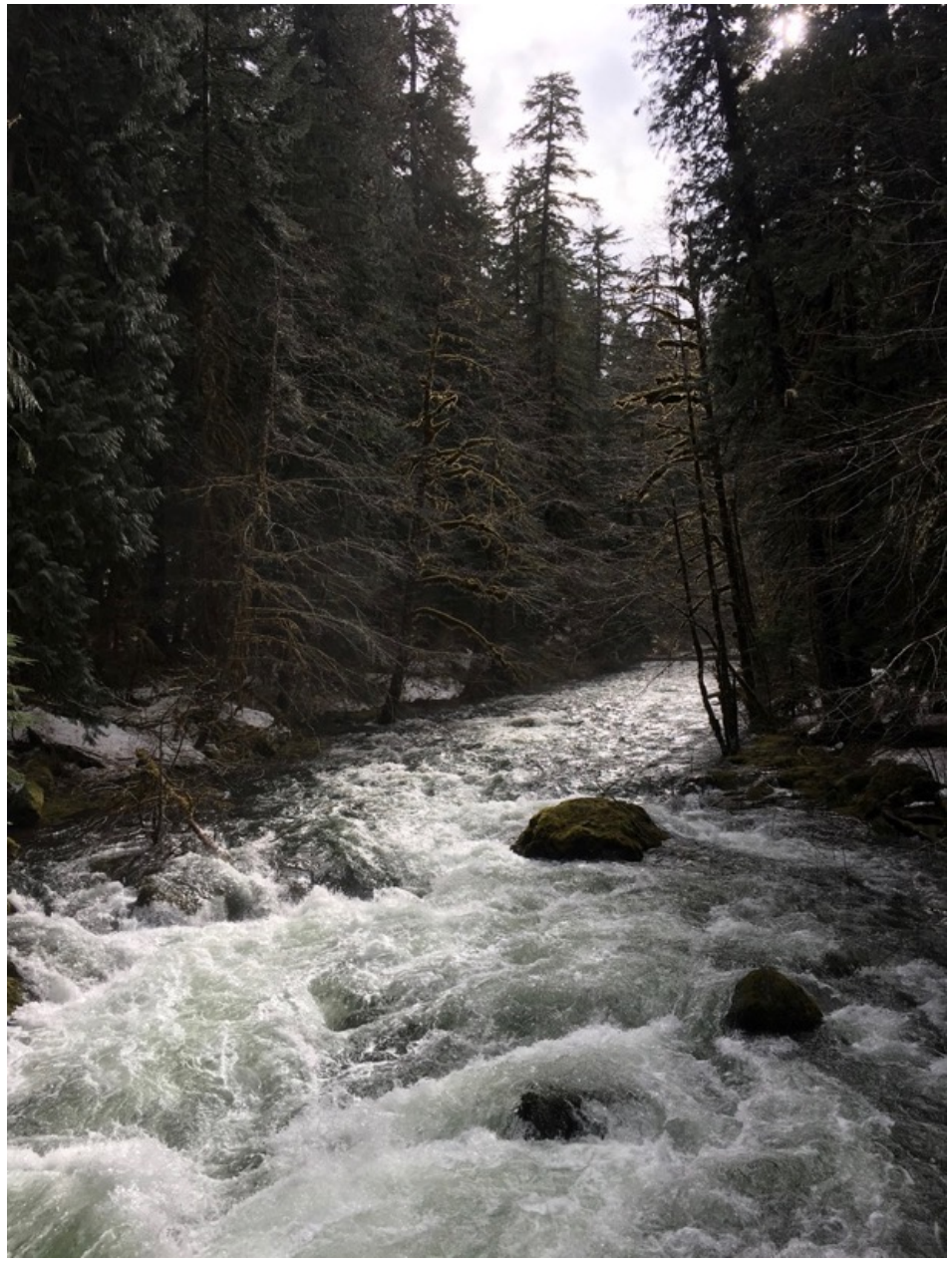
Current system gaps:

- Daily dosing requirement regardless of current living situation
- Need for in-person evaluation to start methadone
- Transportation challenges

Policy Solutions:

- Enforcing requirement that facilities to provide methadone
- Ability to initiate methadone via telemedicine
- Mobile medication units (van) delivery
- Pharmacy-dispensed methadone

Medicare
&
Reimbursements



Insurance Limitations and Payments[7-8]

- Medicare historically did not cover treatment at OTPs
- SUPPORT Act expanded Medicare and Medicaid coverage
  - Signed into law 2018, took effect January 2020
  - Coverage of methadone at OTPs (Medicare bundled payment)
  - Medicaid Managed Care Plans, Medicare Advantage Plans & private insurance may limit coverage (cost-sharing, prior authorizations)
- If reforms allow methadone outside OTPs, Medicare Part D Coverage
- Reimbursed upon service delivery (supervised methadone dosing visits)

7. Joseph et al JSAT 2021
8. Felix, Sharfstein & Olsen J Am Ger Soc 2020

Conclusion

Policy Recommendations for Older Adults

Current Problem/System Gaps	Proposed Solution(s)
Limited flexibility to adjust dosing schedule & timeline despite co-occurring conditions	Reconsider stability criteria; Tailored program to older adults; Primary care-based
Coordination challenges, medication interactions	Tailored program to older adults; Primary care-based
Daily dosing regardless of living situation	Require facilities to provide methadone; Mobile medication unit delivery
In-person evaluation to start methadone	Allow methadone initiation via telemedicine
Mobility and transportation issues accessing OTP; high-risk medical co-morbidities	Mobile medication unit delivery Pharmacy-dispensed methadone
Reimbursement structure incentivizes in-person methadone dispensing	Value-based payment model

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Questions & Comments