

After lengthy deliberation, the AATOD Board of Directors approved our Associations new Five-Year Plan (2007-2011) on March 16, 2007. It provides a strategic blueprint for AATODs leading initiatives, building upon the success of the original Five-Year Plan (2001-2006).

The Plan details AATODs initiatives in improving treatment quality, supporting patient advocacy, working with the criminal justice system, enhancing workforce development and organizing OTPs within the United States and abroad.

In our collective judgment, this Five-Year Plan focuses AATODs activities and projects in a way that will provide continued guidance to our treatment system during extremely challenging times.

# **AATODs Five-Year Plan**

## ***2007-2011***

### **Introduction**

AATODs Board of Directors approved a strategic organizational five-year plan during October 2001. AATOD implemented this plan in conjunction with Board Members, federal and state agencies, partnering policy organizations, corporations, patient advocacy groups and foundation support during the course of the past five years.

This strategic plan led to the implementation of the Criminal Justice Project, the development of a longitudinal study involving 75 OTPs, the creation of a cutting edge website, the expansion of a rapid and national communication network, the expansion of the AATOD Membership Brochure, the development of new state association chapters and the launching of an international initiative with our EUROPAD colleagues.

The Board felt that it was critical to go beyond the boundaries, which restrict planning at the individual program and state level. It was understood that bold and long-range initiatives were critically important to guide the future of our treatment system, requiring a focused effort in selecting the most critical initiatives, which would have the most substantive impact in shaping national drug policy, treatment programs and patient care. It was also understood that time and money was finite and needed to be judiciously utilized in managing our resources to the best possible advantage.

## **I. Supporting the Treatment System**

The Board has anticipated the need to support the treatment system in the United States through existing AATOD State Member chapters, developing new statewide chapters and supporting individual treatment programs whenever possible.

We have used our conferences as the most significant and public means of training treatment providers throughout the United States concerning new clinical practice initiatives in addition to sharing the most current research findings to improve patient care. We have also been training managers, medical staff and other clinical personnel in understanding the most current issues affecting patient care.

We have continued to work with SAMHSA and the Center for Substance Abuse Treatment in developing Treatment Improvement Protocols (TIPs) to enhance such clinical treatment decision making at the program level in addition to supporting accreditation regulations, continually moving OTPs to higher levels of quality care within the treatment system. We will continue to support such improvements in program planning over the next five years in working with all federal and state agencies, in addition to approved accrediting organizations.

### ***A. AATOD National Conferences***

We have been using the AATOD conferences to showcase leading AATOD initiatives through the Five Year Plan. The conference program has also been evolving into a major training opportunity as we promote evidence-based practices and patient-centered care. All of the components in this section have been featured in these conferences.

### ***B. Prescription Opioid Study***

AATOD implemented a major and long-term research project (Opioid Use Study) beginning in 2004 through an initial grant from Purdue Pharma and subsequent and continued funding through the Denver Department of Health. We have been working with our research partner (NDRI) in developing this study and have already learned valuable information about changing trends in patient characteristics.

### ***C. Training OTP Personnel About HCV***

AATOD also initiated a training component for OTP personnel during 2002-2006. This HCV training has been supported by the Center for Substance Abuse Treatment and we have worked with a series of partners in moving this forward. The Hepatitis-C Association has been the leading partner in training and providing effective consultants to work with OTPs in accessing the most current information about treating patients with Hepatitis-C. AATOD has also used its national conferences as a means of expanding the initiative so that the greatest

number of people would be able to access this information through this training initiative. The key concept was using federal support and working with the best and most informed training partners in order to take the information directly to the program to reach the greatest number of staff possible, minimizing disruption to the treatment programs

**D. *Opioid Maintenance Pharmacotherapy: A Course for Clinicians***

AATOD initiated a physician training program, which later expanded to training all treatment providers, in 1994. We have been receiving financial support from the National Institute on Drug Abuse (NIDA) to continue these training programs through our national conferences. We have also been able to provide regional and statewide training programs, using the same format with different funding vehicles. We will look to expand this initiative in the coming five years, drawing upon support from other corporate/pharmaceutical entities in addition to working with NIDA. We will also continue to partner with national professional medical organizations as a means of expanding training opportunities for medication-assisted treatment as well.

**E. *Training Management and Clinical Personnel to Communicate with the Media***

AATOD identified a new and critical area of training so that OTP management and personnel would be able to communicate effectively with media representatives. This became an increasingly important issue as more mortalities were reported in media outlets related to methadone prescribing through physician practice settings. The initiative began in 2003 through financial support from VistaPharm and has continued through 2006. We will work with AATODs Public Relations committee in addition to media training specialists from Executive Communications through continued support from VistaPharm in refining these media messages through a series of regional training events leading to a special session to convene during the National Conference in 2007.

We also anticipate continuing and refining this message over the course of the next five years. It is critically important that we use this vehicle in educating the media and, therefore, educating the United States and other nations about the value of this treatment experience. Only through such media training mechanisms will we be able to effectively influence public opinion, which continues to provide qualified support for Medication Assisted Treatment.

**F. *Risk Management Initiatives***

An increasing number of liability claims against OTPs caused the AATOD Board of Directors to conduct a professional liability insurance survey through AATODs leading insurance policy consultant (David Szerlip & Associates) in better understanding the impact that such claims were having on treatment programs in addition to professional liability insurance underwriters.

The most recent survey was conducted in 2004 and led to the development of specialized risk management training initiatives, which premiered during the 2004 AATOD conference in Orlando and continued during the April 2006 conference in Atlanta.

We are working with David Szerlip & Associates, the Center for Substance Abuse Treatment and the Legal Action Center in developing the next training opportunity for the October 2007 conference in San Diego. We have been steadily reaching a larger group of treatment providers in preparing our field for methods of reducing risk to the patient population and OTPs wherever possible.

#### ***G. Website Development and Communication***

AATOD launched an expanded and highly navigable website in 2005, which provided support to the OTPs in addition to the public. We will continue to upgrade the organizational resource to respond to the changing interests in the treatment system and as we expand our work with our international partners.

AATOD has also significantly improved our ability to communicate rapidly with the field through an expanded e-mail communication system. We have also significantly improved all printed materials under the AATOD branding.

We plan to implement an electronic newsletter in 2007, providing quarterly updates to the field about our initiatives and policy related matters.

### **III. Improving Financial Support for OTPs in Addition to Improving Treatment Quality**

The AATOD Board has been consistent in working to improve the quality of care in OTPs through several national initiatives, which have already been cited in this five-year plan. Accreditation became one of the leading mechanisms in supporting improved treatment decision-making in addition to the development of federal Treatment Improvement Protocols (TIPs).

- A. AATOD has also identified the need to enhance Medicaid reimbursement for opioid treatment within the OTP setting over the course of the next five years. This represents a broad multi-year initiative to increase the number of existing states, which provide Medicaid reimbursement to OTPs.

We will work with all appropriate federal and state agencies in this initiative and will develop reimbursement models for OTPs to use within each state and developing working relationships with the designated State Alcohol & drug

Abuse Agencies and Medicaid funding entities to meet such objectives. It is critical that patients continue to access needed medical treatment for their opioid addiction through such treatment programs with public funding support. In this way, access to care will increase and the ability of the patient to remain in treatment will increase as sustained funding can be provided wherever needed.

It is also understood that Medicare needs to provide reimbursement for the use of opioid treatment in the OTP setting, especially as our patient population ages over the course of the next five years. AATOD already initiated such dialogue with the appropriate federal agencies during the AATOD National Conference of 2003 in Washington, DC and in subsequent meetings with such representatives during quarterly Board meetings. We will continue this initiative over the course of the next five years.

- B. AATODs Board of Directors has also supported the value of adding buprenorphine to the list of federally approved medications in OTP settings. There have been a number of impediments in using this newly approved medication in the OTP setting, such as federal regulation, which limited the ability of the OTP to dispense take-home medication. Critical work in the past two (2) years (2005-2006) has led to anticipated changes in this restriction, which should be published through the federal government in 2007.

We will also be working with the current sole U.S. manufacturer of buprenorphine (Reckitt-Benckiser) in developing reimbursement models through the states so that the medication can be purchased at the most efficient pricing levels with support from state authorities.

We will also be working with the appropriate federal agencies to change rules/regulations with regard to the prescribing of buprenorphine products in the OTP setting.

#### **IV. Supporting Patient Advocacy**

AATOD has identified the critical value of working with patient advocacy groups throughout the United States by providing such advocates an opportunity to train individuals through our national conferences, which has been managed through the National Alliance of Methadone Advocates (NAMA) since the premiere of this training opportunity during the National Conference of 2003 in Washington, DC. Each subsequent conference has offered such a training opportunity and we will continue to do so during 2007 and into the future.

We have encouraged federal agencies to support funding such patient advocacy initiatives in addition to giving patient advocacy organizations a greater opportunity to

shape the content of our national conferences and to nominate a leading patient advocate to receive the Richard Lane Patient Advocacy Award.

We will continue to support more intensive patient education at the individual program level, so that patients have a better understanding of what Medication Assisted Treatment can offer in the OTP setting. Ultimately, the patients will better understand the value of their treatment and other therapeutic options.

We will also work with the Legal Action Center and its policy partners in expanding a national patient advocacy initiative in breaking through the social perceptions and stigmas that limit how our programs operate and how patients are perceived in treatment.

AATOD has historically supported this kind of initiative when we produced *The Joy of Being Normal* in 2000 with Danya International. The video has been extremely effective in educating local community groups and other organizations and constituencies throughout the United States.

AATOD will continue to work with patient advocacy organizations as a means of educating the public about the value of this treatment system and, particularly, the value of having patients access and remain in treatment as long as it is needed.

## **V. Working with the Criminal Justice System**

AATOD began working with organizations and agencies in the Criminal Justice system in 2001 in order to increase access to Medication Assisted Treatment. We developed the *Drug Court Practitioner Fact Sheet on Methadone and Buprenorphine* for the National Drug Court Institute, which was published in 2002. It provided a basis in educating Drug Courts throughout the United States.

We also developed a targeted approach in increasing access to methadone and buprenorphine in jails and in prisons through a Robert Wood Johnson Innovators Award with additional financial support from Mallinckrodt, Inc. We were able to implement a concentrated initiative in educating representatives within jails and prisons about the value of this treatment opportunity and influenced decisions in a number of key states, including Florida, Maryland, New Mexico and Washington and in expanding opportunities for this program in New York and Vermont.

We have been using funding from the aforementioned entities over the course of 2005 and 2006 with anticipated funding to continue through the third quarter of 2007. We have been working to develop other funding opportunities, which will continue to support this initiative over the course of the next five years as well.

We will continue to educate representatives in correctional facilities through new funding sources, which may include federal and other not-for-profit organizations. We have been working with the Robert Wood Johnson Foundation to identify other not-for-profit

organizations to provide such financial support in this area in addition to working with representatives with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT).

We also have been working with Probation Departments as a means of educating their staff about the value of medication assisted treatment for opioid addiction. This initiative commenced during the latter part of 2006 in New York City through the cooperation of the New York State Committee of Methadone Program Administrators, the Legal Action Center and the New York City Department of Probation. We will continue to evaluate the success of this early training initiative for replication with other Probation Departments in the United States.

We will continue the initiative of educating Drug Court Judges in 2007 by updating the *Drug Court Practitioner Fact Sheet*, presenting the most current information about opioid treatment with the support of the National Drug Court Institute. AATODs research partner, National Development and Research Institutes, Inc. (NDRI), will develop the Drug Court Survey, which will accompany the *Drug Court Practitioner Fact Sheet*. AATOD will take responsibility for collecting and analyzing such information with NDRI researchers. It will result in a publication, providing guidance to members of the judiciary in addition to federal and state agency representatives.

We will continue to work with the Legal Action Center (AATODs policy partner) in this initiative and anticipate that the Legal Action Center will craft a comprehensive report during the end of 2007, which will provide guidance to increasing access to opioid treatment through the judiciary, correctional facilities and in Probation Departments throughout the country. This report will include a number of far reaching recommendations, which will be shared with federal/state agencies and criminal justice organizations.

## **VI. Workforce Development**

The AATOD Board of Directors has identified workforce development as one of the most critical issues affecting the future of our treatment system. At present, treatment programs have experienced considerable and increasing difficulty in recruiting and retaining personnel at all levels.

AATOD will work with federal agencies, other national professional societies and policy partners in working to identify the best methods of increasing recruitment of qualified medical and other professionals to work within the OTP environment in addition to having a cadre of the most trained personnel available to treat patients most effectively.

## **VII. Organizing OTPs within the United States and Internationally**

AATOD developed a strategy in 1984 to organize treatment programs in different states. We worked with OTPs in the Northeast Corridor to form the Northeast Regional Methadone Treatment Coalition and to organize treatment programs into statewide chapters. This has been a major organizing initiative, which has led to the 22 current state members of AATOD, representing more than 750 programs. We will continue to work with our treatment associates in different states to increase the development of such statewide professional organizations to eventually become members of AATOD.

We will also continue to work to encourage individual treatment programs and professional working members of those programs to join AATOD through its different membership levels. We will intensify such outreach initiatives during 2007-2011.

We have also been working with our international associates in Europe and in the North American sphere to support collective initiatives in increasing access to this treatment by educating governments and policymakers about the value of this treatment system. Our long-term and closest international partner (EUROPAD) has been working with AATOD through our national conferences and EUROPADs international conferences since 1989. This has led to the most recent initiative in educating representatives of the Russian government and its professional medical societies about the value of introducing this lifesaving treatment to their citizens. It represented the first formal collaboration between AATOD and EUROPAD with funding support from Mallinckrodt and other government entities in the Russian Federation. It is anticipated that we will continue to work with EUROPAD in this initiative and lay the foundation for a worldwide federation of opioid treatment programs over the course of the next five years.

We will also work with our associates in the North American sphere, including Mexico and Canada, to identify and assist in organizing opioid treatment programs into regional and national entities to work in affiliation with AATOD to improve communication between our countries.

### **Summary**

The AATOD Board will continue to work with all of the appropriate partners in refining the strategic objectives of this five-year plan in addition to supporting evidence-based principles and practices within the treatment programs, both in the United States and abroad. AATOD will continue to work with patient advocates in creating patient-centered care and creating linkages to enhance access to care in different regions of the United States. We will continue to expand our organizing initiatives among OTPs and implement a strategic plan of increasing program membership throughout the United States as a means of creating new state chapters. The Criminal Justice Initiatives will continue through new funding sources and our research activities will continue to evolve as well.