

Centralizing MOUD Access: Removing Barriers through a Statewide Telemedicine Hotline

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Disclosure Information

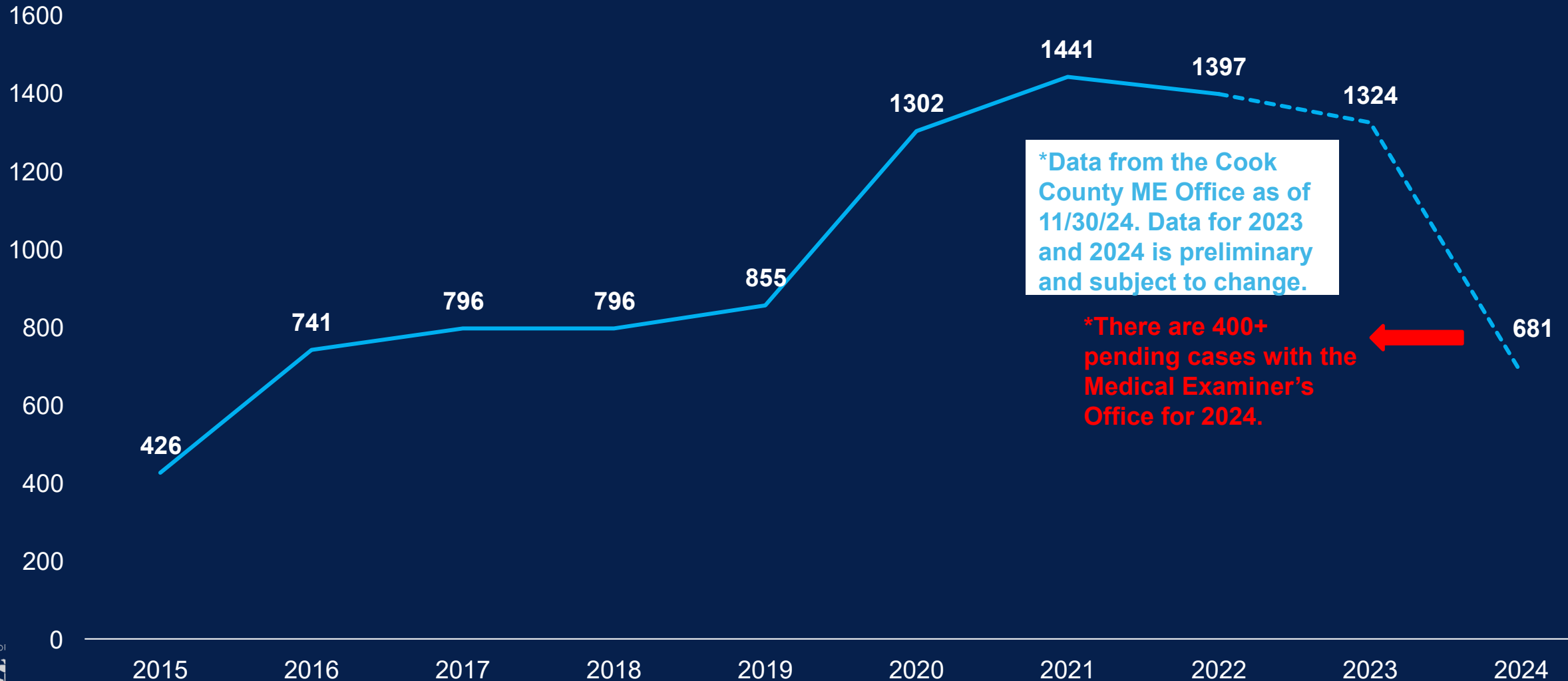
- ☀ Maria Bruni, Ph.D., Chief Program Officer, Family Guidance Centers: No Disclosures
- ☀ Miao J. Hua, M.D., Ph.D, MPH, Medical Director, Chicago Department of Public Health: No Disclosures
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Learning Objectives

- ☀ Increase understanding about the regulatory changes allowing greater flexibility for low barrier access to the medications for the treatment of opioid use disorder (MOUD)
- ☀ Increase knowledge about the key program components for a successful low barrier MOUD program, including telehealth to ensure immediate access to medications for persons with OUD.
- ☀ Increase knowledge about the fiscal, budgetary and stakeholder engagement considerations for establishing and maintaining a low barrier MOUD program.

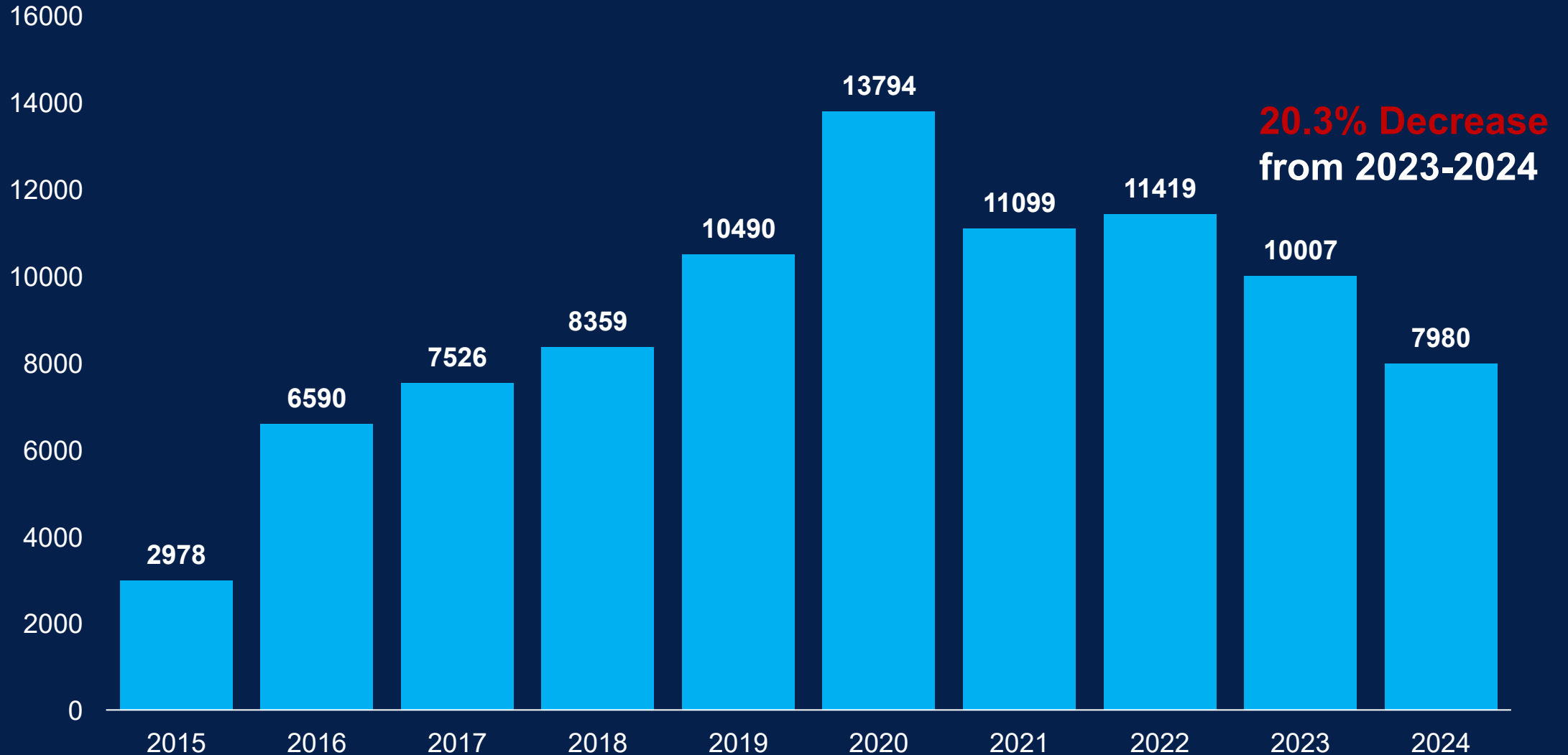
Overdose Data: Chicago and State of Illinois

Opioid-Related Overdose Fatalities **citywide**

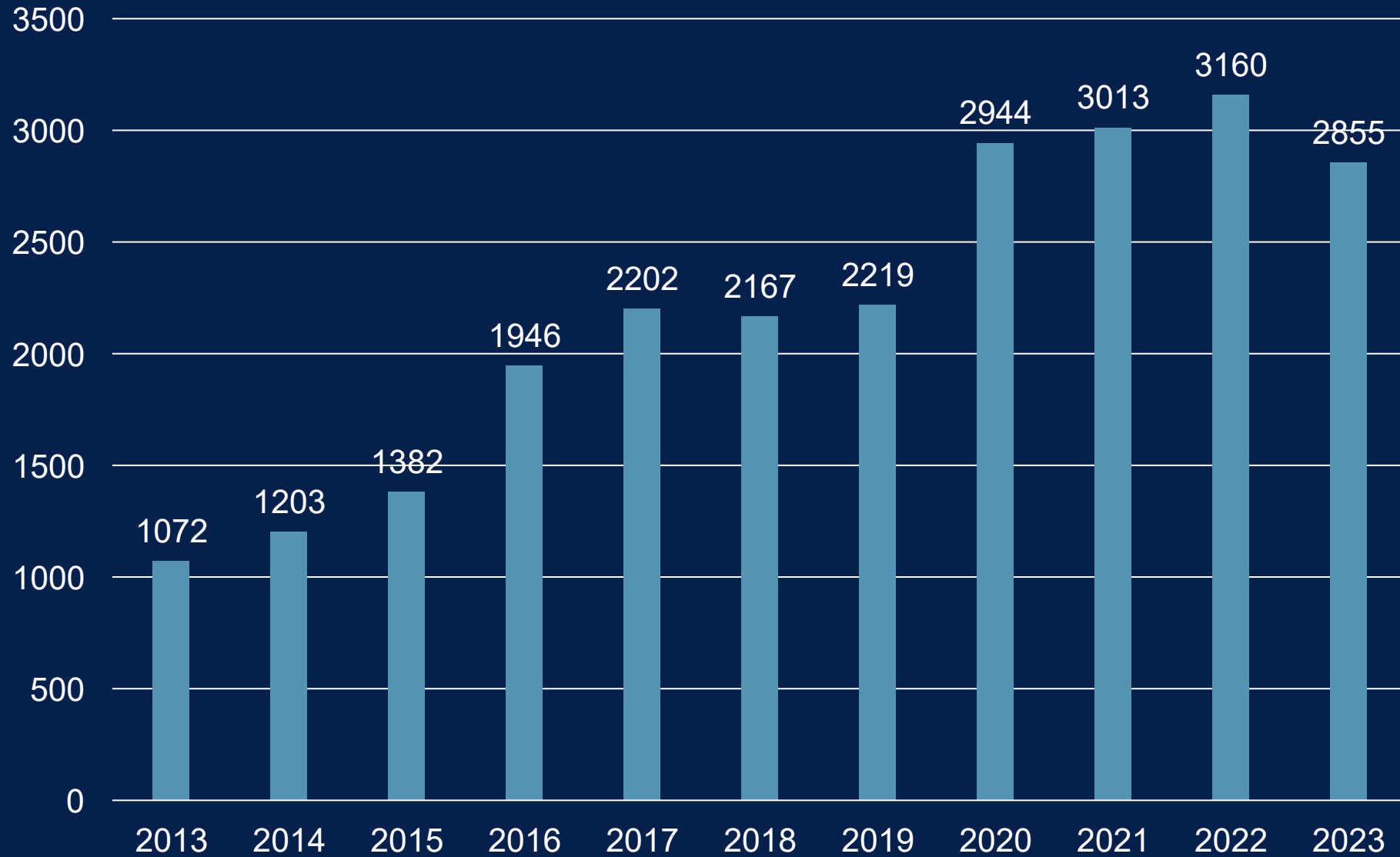


Data from Cook County Medical Examiner Open Data Portal as of November 30, 2024. This data, particularly data from 2024, is provisional and subject to change.
Cook County Medical Examiner Data is available here: <https://datacatalog.cookcountyil.gov/Public-Safety/Medical-Examiner-Case-Archive/cjeq-bs86/data>

Opioid-related Overdose EMS Responses Citywide: 2015-2024



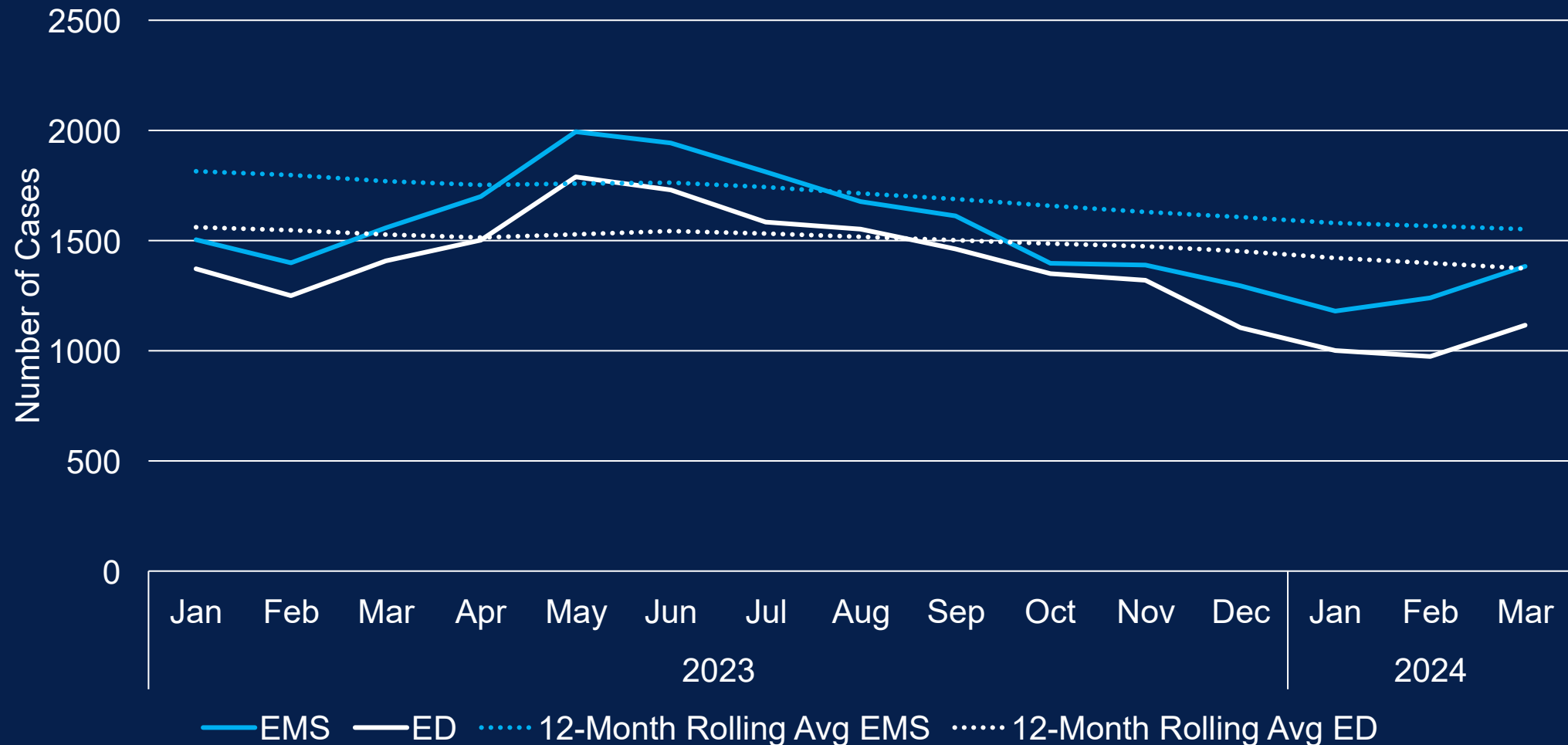
Yearly Opioid Fatalities in Illinois: 2013-2023



Illinois Vital Records System, Illinois Department of Public Health

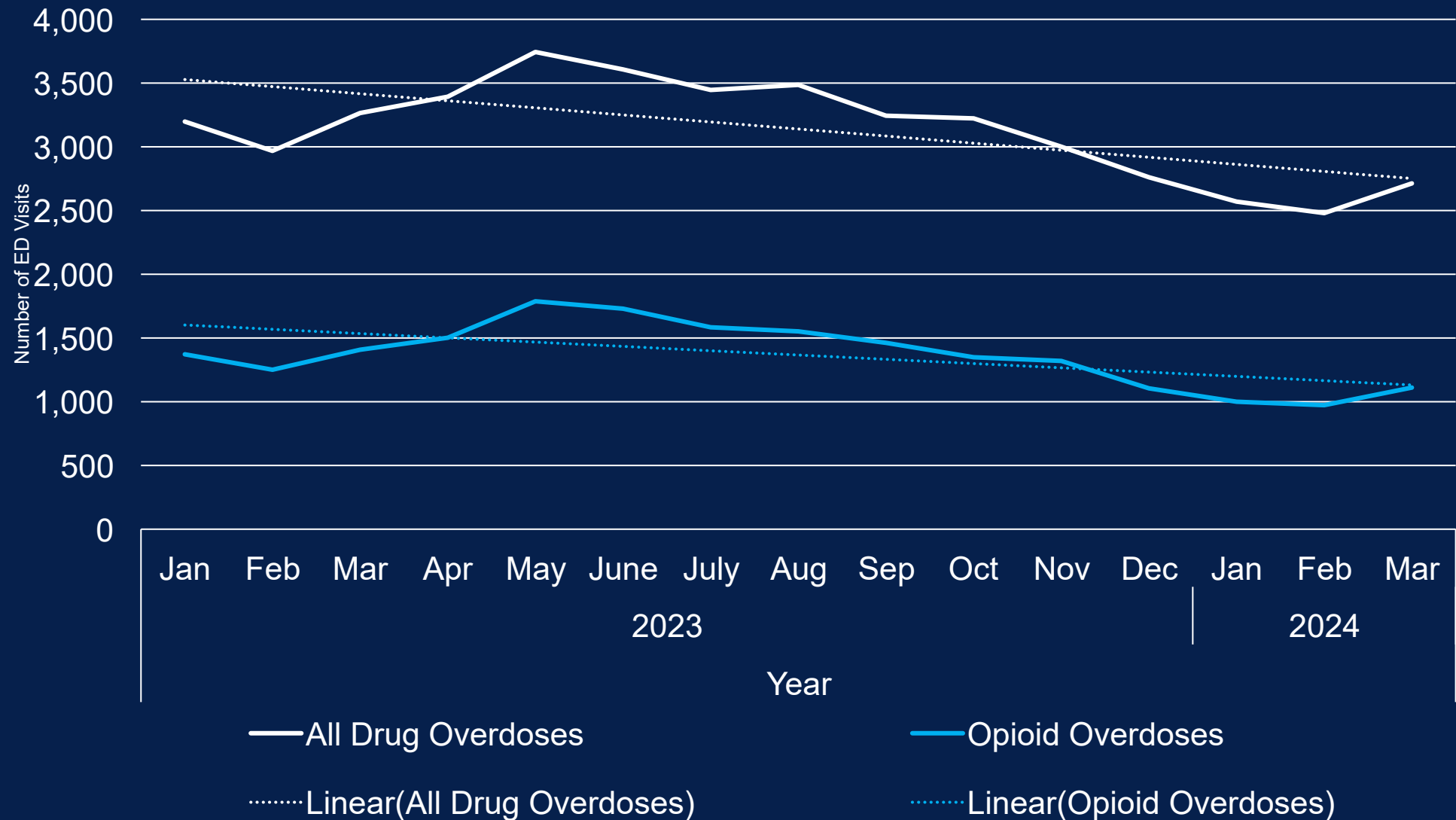


Monthly Opioid-Overdose Related ED and EMS Cases in Illinois 2023-March 2024



Source: IDPH Syndromic Surveillance; EMS Encounters Report by IDPH Prehospital Emergency Medical Services

Illinois All Drug and Opioid Overdose-Related ED Visits January 2023-March 2024



Source: IDPH Syndromic Surveillance
Data

Medications for the Treatment of Opioid Use Disorder

OUD Treatment

Behavioral health support - individual counseling, formal treatment programs

Medications for Opioid Use Disorder (MOUD)

- 1) Methadone
- 2) Buprenorphine (+/- naloxone)
- 3) Extended-release naltrexone

Retention in Treatment at 12 Months With Reduced Illicit Drug Use

Treatment type	Retention in treatment at 12 months with reduced illicit drug use
Behavioral therapy without medication	6%
XR Naltrexone*#	10–31%
Buprenorphine*	60–90%
Methadone*	74–80%

<https://www.chcf.org/wp-content/uploads/2017/12/PDF-Why-Health-Plans-Should-Go-to-the-MAT.pdf>

Medication-Assisted Recovery

☀ Compared to behavioral therapy alone, MAR:

1. Decreases illicit opioid use
2. Retains patients in treatment
3. Reduces mortality: *patients on buprenorphine have a 40-80% lowered risk of fatal overdose compared to those not receiving buprenorphine treatment*

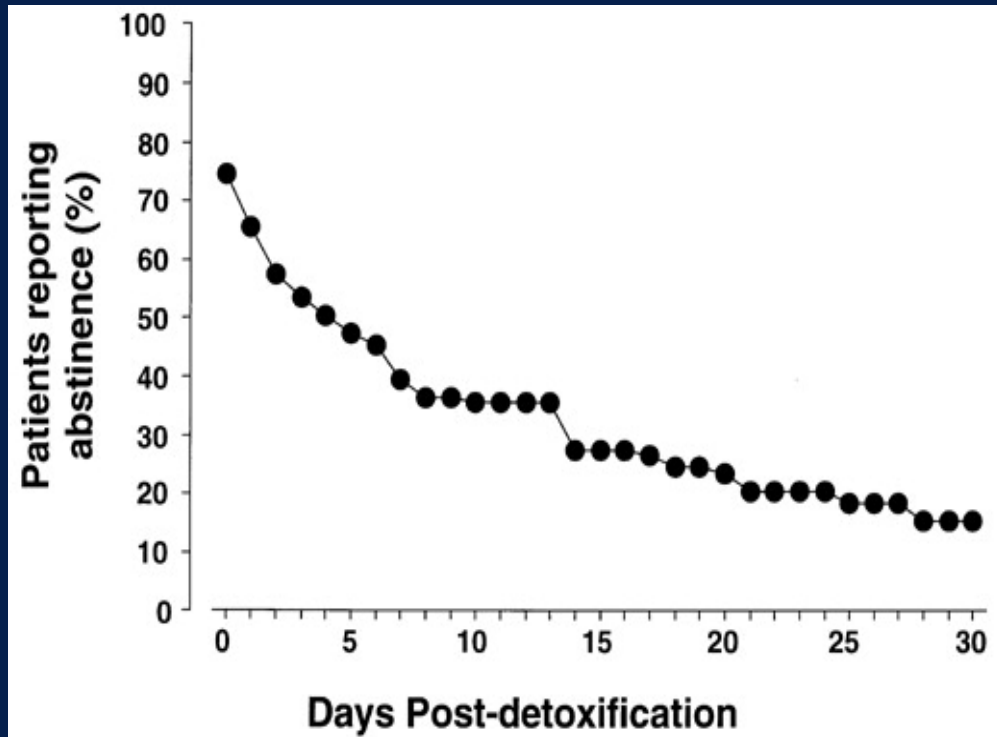
☀ **NOTE:** "detox" or supervised withdrawal is NOT an effective treatment and **INCREASES** the risk of overdose if no linkage to next level of care

MOUD and Mortality

Number Needed to Treat to Prevent 1 Death in 1 Year

- Statins: **415**
- Mammogram: **2,970**
- Buprenorphine after an overdose: **33**
- Methadone after an overdose: **31**

What about detox or medically supervised withdrawal for OUD?



“Medically supervised withdrawal” for OUD is a process in which providers offer methadone or buprenorphine on a short-term basis to reduce physical withdrawal signs and symptoms.”

Formerly called ***detoxification***, this process decreases the dose until the medication is discontinued, typically over a period of days...”

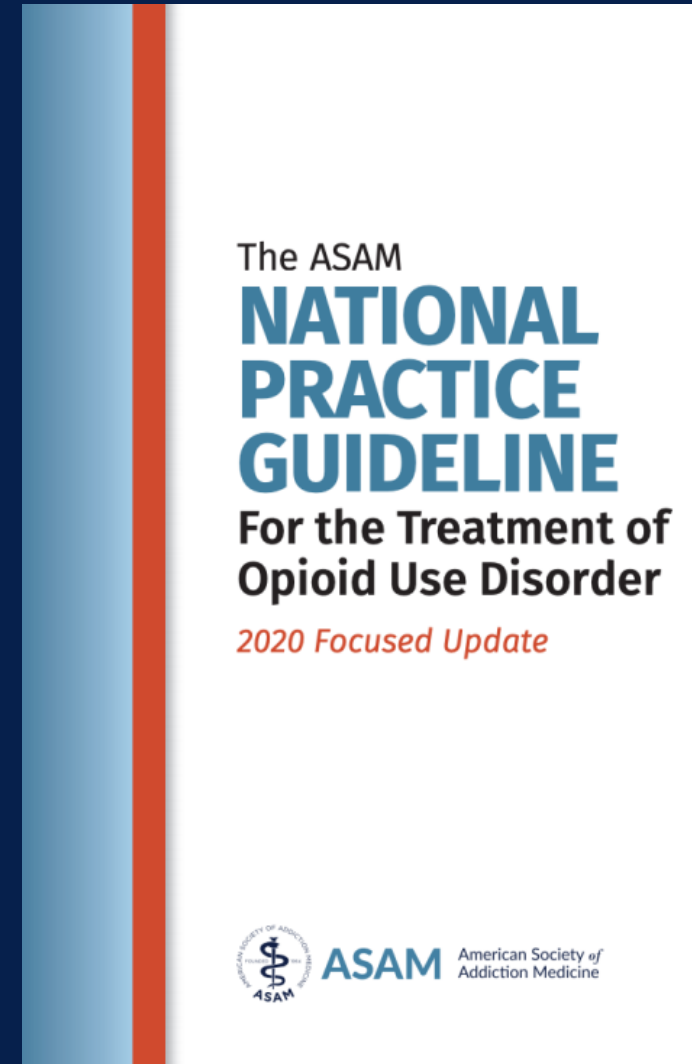
“Studies show that most patients with OUD who undergo medically supervised withdrawal will start using opioids again and won’t continue in recommended care.”

Best Practices

“Opioid withdrawal management (i.e. detoxification) on its own, without ongoing treatment for opioid use disorder, **is not a treatment method for opioid use disorder and is not recommended.”**

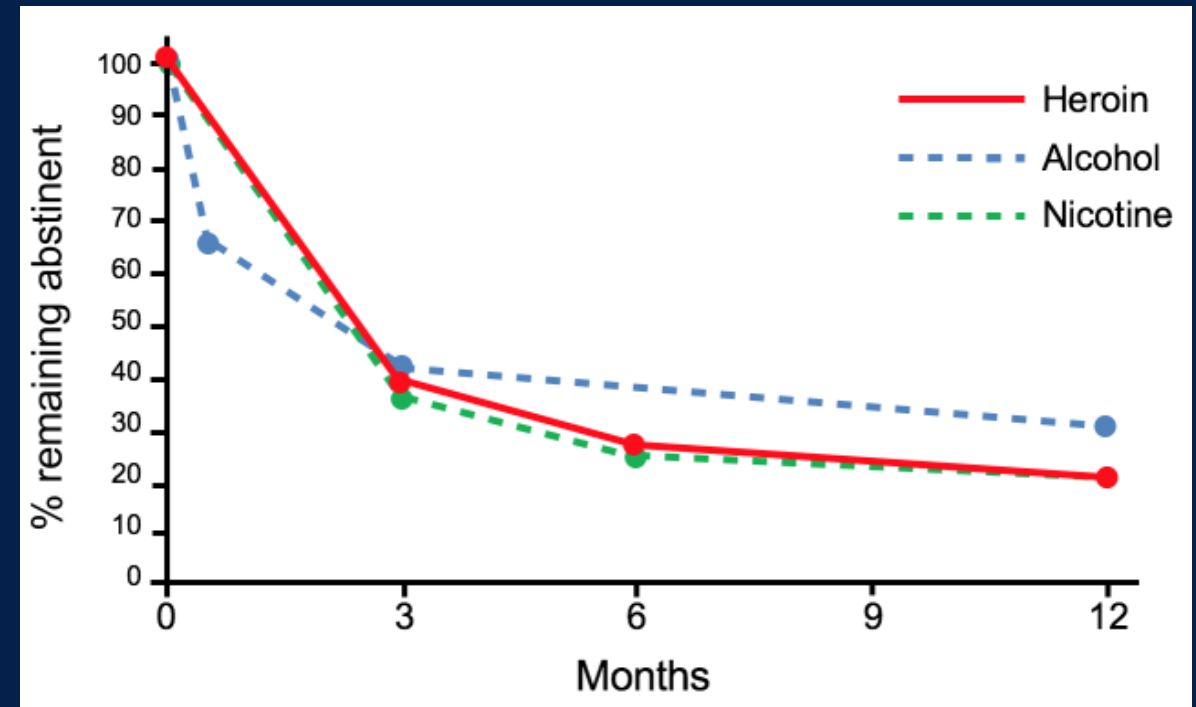
- ☀ Patients should be advised about the risk of relapse and other safety concerns, including increased risk of overdose and overdose death.

“Ongoing maintenance medication, in combination with psychosocial treatment appropriate for the patient’s needs, **is the standard of care for treating opioid use disorder.”**



Duration of Treatment with MAR

- Longer length of treatment associated with better outcomes (methadone and buprenorphine).
- Patients should continue as long as they benefit and have no contraindications.
- Limited data for long-term use of XR-Naltrexone



Low-Barrier Approaches to Improve Access to MOUD

☀ Despite the overwhelming evidence demonstrating the effectiveness of the medications for the treatment of opioid use disorder, researchers found that in 2021, of the estimated 2.5 million people aged 18 and older with an opioid use disorder (OUD), only 1 in 5 of them (22%) received medications to treat it (Jones et al., 2021).



Jones, CM et al. Use of medication for opioid use disorder among adults with past-year opioid use disorder in the US. JAMA Network Open, 2021. DOI: [10.1011/jamanetworkopen.2023.27488](https://doi.org/10.1011/jamanetworkopen.2023.27488)

Telehealth Flexibilities

☀ April, 2020:

- ☀ SAMHSA exempted OTPs from requirement for in-person physical examination for patients treated with buprenorphine, if adequate evaluation of the patient could be accomplished via telehealth (audio only or audio/visual).
- ☀ *This exemption did not include induction of methadone via telehealth technology.*

☀ May, 2023:

- ☀ SAMHSA issued guidance extending buprenorphine telehealth flexibilities for OTPs for one year past the end of COVID PHE or until final changes to 42 CFR Part 8.

☀ April, 2024

- ☀ Final changes to 42 CFR Part 8 made buprenorphine telehealth flexibilities permanent and *allows for the use of audio-visual telehealth for any new patient who will be treated by the OTP with methadone*

Key Outcomes of Regulation Flexibilities

- ☀ Buprenorphine may be prescribed via **audio-only telemedicine**
- ☀ Initial **in-person examination** with provider before first buprenorphine prescription is waived
- ☀ Buprenorphine providers may use **non-HIPAA-compliant platforms** to reach patients

MAR NOW Program Model

Medication-Assisted Recovery (MAR)

NOW

- ★ Funded by Chicago Department of Public Health (CDPH) and Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR)
- ★ Operated by Family Guidance Centers, Inc. (FGC). FGC provides methadone, buprenorphine, and naltrexone at their Chicago and statewide clinics.
- ★ Operates through the existing 24/7 IL Helpline for Opioids and Other Substances: **833-234-6343**
- ★ Provides low-barrier, rapid access to buprenorphine, methadone, and naltrexone to all callers regardless of insurance status, income, ability to pay, or documentation status.



ILLINOIS HELPLINE
for Opioids & Other Substances

1-833-234-6343 (2FINDHELP)
Or text "HELP" to 833234





- ☀ Federal and state licensed opioid treatment program
- ☀ Serving over 8,000 patients annually
- ☀ 10 FGC Locations:
 - Chicago North – 310 W. Chicago Ave. (Outpatient)
 - Chicago South – 2630 S. Wabash Ave. (Outpatient)
 - Chicago West – UI Health (Outpatient)
 - Aurora (Outpatient)
 - Des Plaines (Outpatient)
 - Harvey (Outpatient)
 - Joliet (Outpatient)
 - Manteno (Outpatient and Residential)
 - Springfield (Outpatient and Residential)
 - Quincy (Outpatient)

Program provides access to medication within 48 hours of first call

Individual calls 24/7
Helpline for OUD
treatment, withdrawal
support

IL Helpline directly
transfers caller to
MAR NOW Care
Manager

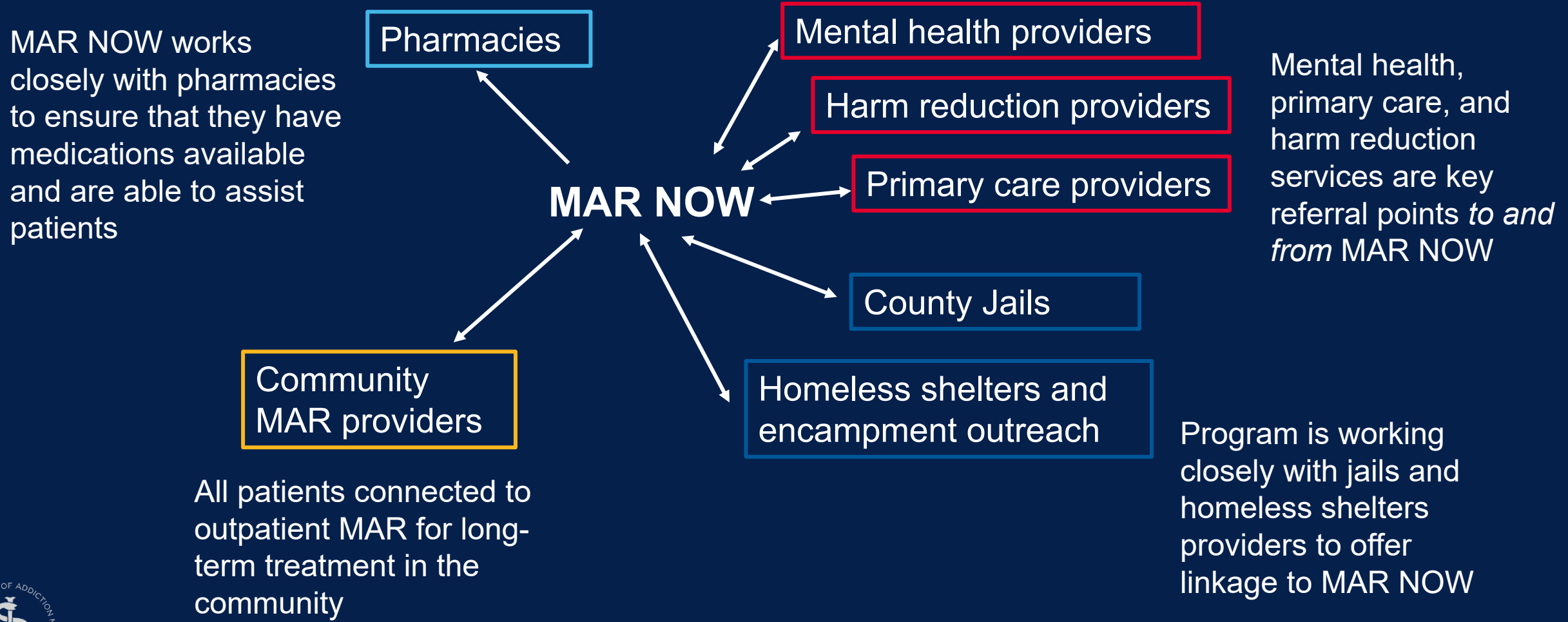
24/7 Access
Connected to
Care Manager &
Provider

Patient Options:

1. Buprenorphine home induction
2. Same or next-day MAR appointment at FGC (methadone, buprenorphine, naltrexone)
3. Connection to other SUD care in the community (withdrawal management, residential treatment)

Care Managers provide **free transportation**, insurance enrollment, assistance with pharmacy access, and follow up to ensure patient is connected to long-term care

Hub and spoke model to ensures connection to ongoing community care



Financial Support/Reimbursement

- ✦ MAR NOW utilizes a combination of grant support and fee-for service reimbursement
 - ✦ IDHS/SUPR and CDPH grants cover some personnel (Care Managers and Medical Providers) and patient travel costs
 - ✦ Care Managers not MAR-NOW grant supported bill services as “Community Intervention” under FGC’s Community Services contract with DHS-SUPR (SAPT-BG and GRF funds)
 - ✦ FGC Medical Providers (1099) directly bill Medicaid/Medicaid MCO's for MAR NOW services delivered to Medicaid beneficiaries. Providers directly bill FGC for callers with no insurance (reimbursed through DHS-SUPR MAR NOW grant).

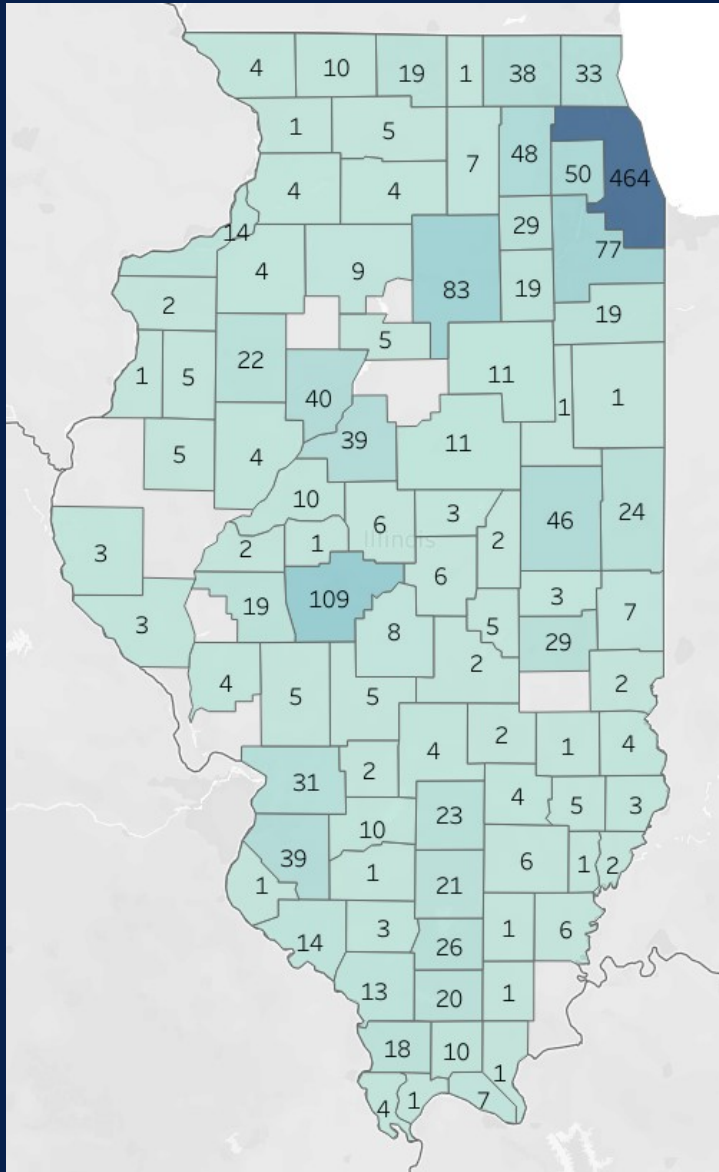
Initial Program Data & Learnings

MAR-NOW Program Data: 5/9/2022 – 2/2/25

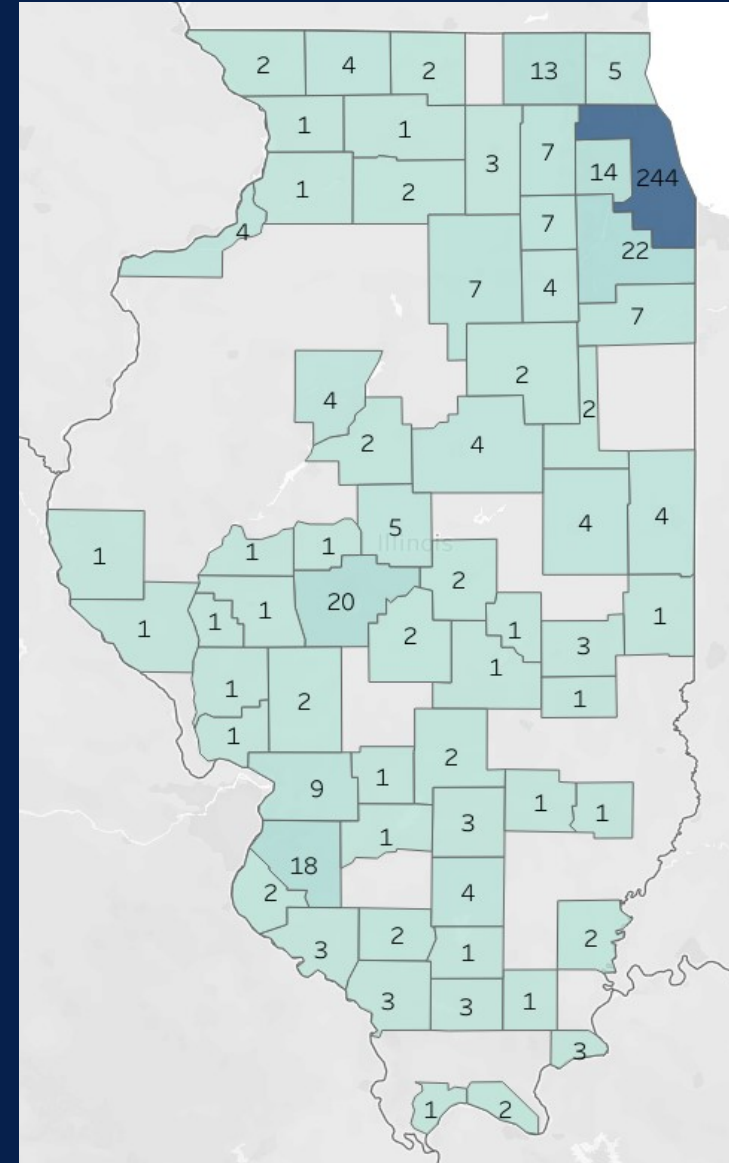
	Number	% of Total
Calls from patients seeking OUD care	3804	
Patients seeking methadone	442	11.6%
Patients seeking buprenorphine	3237	85%
Patients seeking injectable naltrexone	11	.2%
Patients seeking withdrawal management w/ medical stabilization on MAR	67	2%
Patients seeking residential treatment	47	1.2%

HelpLine Calls Transferred to MAR NOW: 5/22-9/24

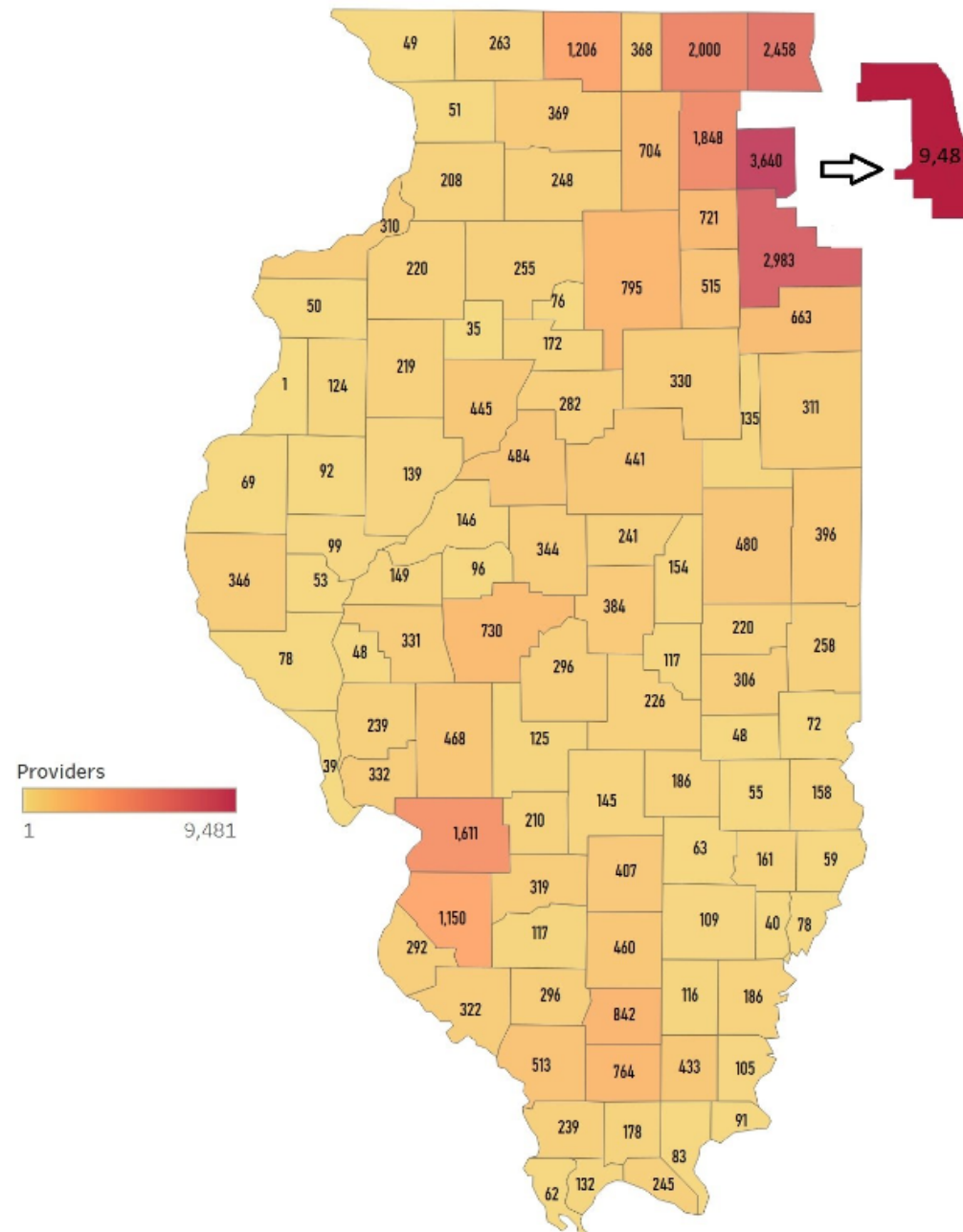
Callers Seeking Buprenorphine



Callers Seeking Methadone



Illinois Medication Assisted Recovery Provider Map



Initial data indicates program model successfully connects patients to care

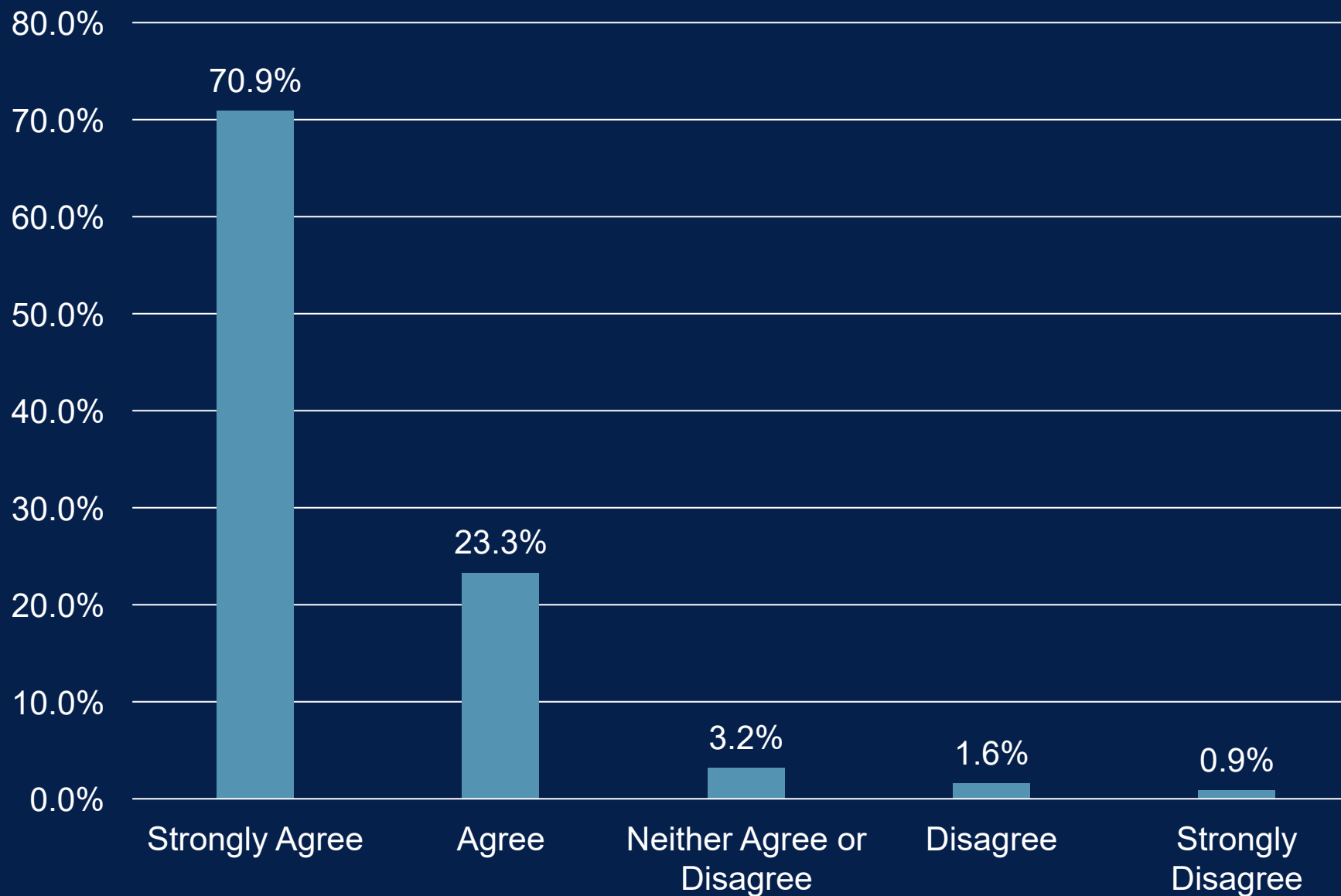
Patient Connection Data	Number	% of Total
Methadone patients attended first appointment	364	82%
Buprenorphine patients connected to medication	2990	92%
Injectable Naltrexone patients attended first appointment	7	64%
Withdrawal management & medical stabilization patients who showed at appointment	65	97%
Residential treatment patients who showed at appointment	43	91%

Initial data demonstrates home induction is safe and effective

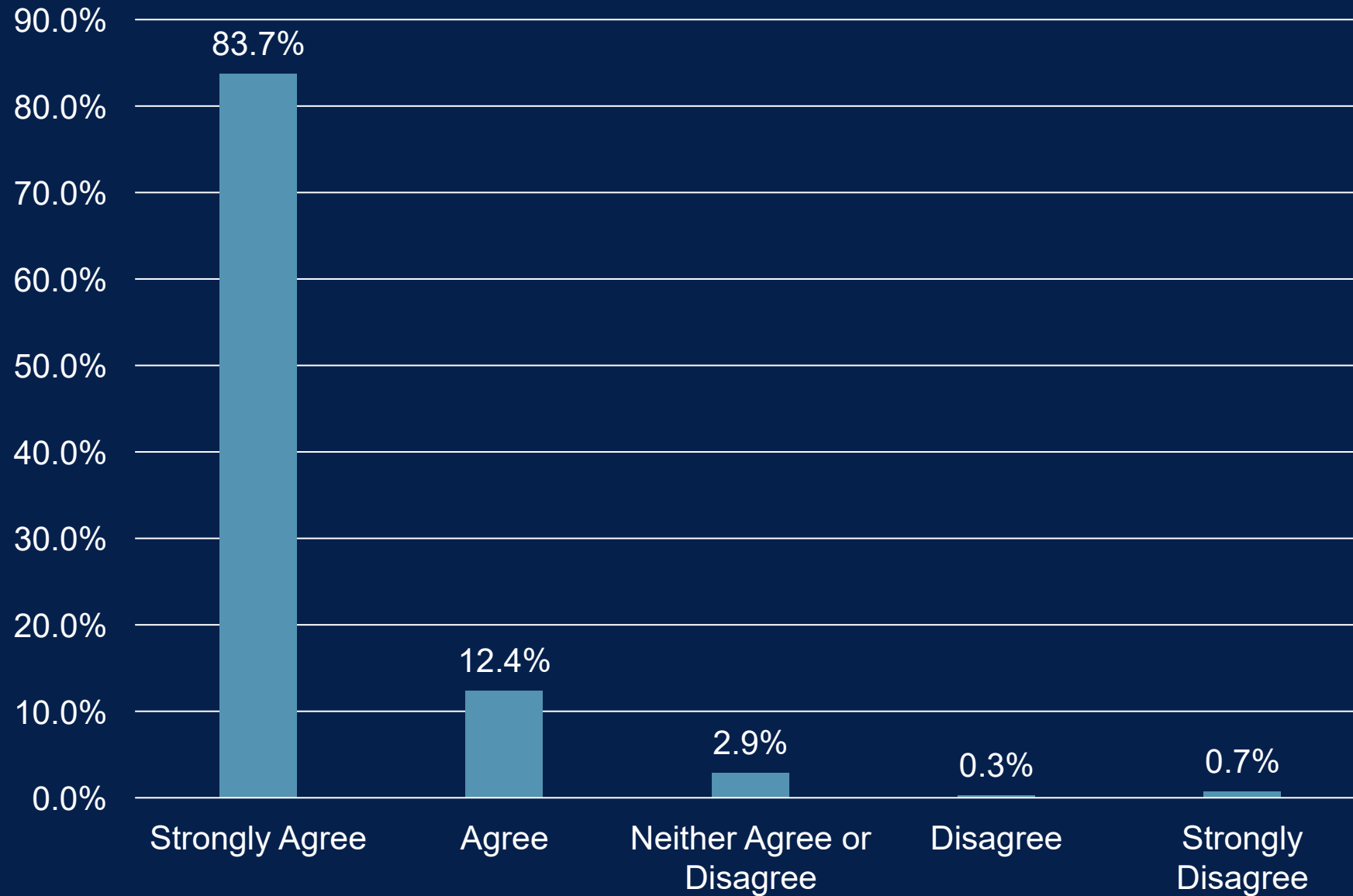
**May 9, 2022 – February 2, 2025:
Buprenorphine Patient Data**

	<i>Number</i>	<i>% of Total</i>
Calls from patients seeking buprenorphine	3237	
Buprenorphine patients connected to medication	2990	92%
Patients connected to medication that received home induction	2862	96%
Patients connected to medication that received in-person induction	128	94%
Home induction patients connected to a community provider for ongoing care	2838	99%
Home induction patients that experienced adverse events during induction	2	0.06%
Home induction patients terminated from care due to suspicions of misuse or diversion	0	0%

How satisfied are you with the services you received through the MAR NOW HelpLine? (N=309)



How likely is it that you would recommend the MAR NOW HelpLine to others who might need the same help? (N=307)



CDPH Marketing Materials for MAR NOW



Tagline
Here

For travel information:
transitchicago.com
312-836-7000
TTY: 312-836-4949



HELP IS HERE. NOW.

DIAL 833-234-6343

Ask for **MAR NOW** and get immediate opioid treatment.



Overdose is preventable.



DID YOU KNOW

**YOU CAN GET SAFE AND EFFECTIVE
OPIOID USE DISORDER TREATMENT AT HOME?**

BUPRENORPHINE

is a medication that treats opioid use
and reduces the risk of overdose.

You can receive a prescription over the
phone to start treatment at home, today.

**Call 833-234-6343 and ask
for MAR NOW to start.**



To request fentanyl test strips, email
OSU.CDPH@cityofchicago.org

HELP IS HERE. NOW.



MAR NOW is a new hotline that connects you directly to a provider for opioid use disorder treatment.

Call 833-234-6343 24/7 and ask for MAR NOW. You can receive medication over the phone, or a same-day appointment for treatment.

MAR (Medication assisted recovery) involves the use of medications to treat opioid use disorder. MAR reduces the risk of overdose and can reduce withdrawal symptoms. It is safe, effective, and with MAR NOW it is *available to all Chicagoans*, regardless of ability to pay, insurance status, or documentation.

In 2020, there were **more** opioid-related overdose deaths than homicides and traffic crash fatalities combined in Chicago

MAR treatment can **reduce overdose risk by up to 50%**

1,302 people died of an opioid-related overdose in Chicago in 2020, the highest number ever recorded.

Overdose is preventable.



To request fentanyl test strips, email OSU.CDPH@cityofchicago.org

Stakeholder Communications - Presentations

- ☀ Illinois Association for Behavioral Health
- ☀ Illinois Association for Medicaid Health Plans
- ☀ Illinois Department of Children and Family Services
- ☀ Illinois Department of Corrections – Parole Division
- ☀ Illinois Sheriff's Association/Individual Sheriff's Offices
- ☀ Illinois Primary Health Care Association
 - ☀ Annual Leadership Conference
 - ☀ Monthly Office Hours (5-6 Health Centers)

Stakeholder Communications - Presentations

☀️ Illinois Health and Hospital Association

- ☀️ ER Doctors
- ☀️ CMOs/CNOs
- ☀️ Behavioral Health Advisory Group
- ☀️ Small and Rural Hospitals
- ☀️ Midwest Alliance for Patient Safety/IHA
- ☀️ Individual Hospitals and Health Systems

Case studies demonstrate importance of low-barrier, rapid access to MOUD

A 40 year old female requesting buprenorphine for OUD treatment was connected to MAR NOW through the Illinois Helpline in mid-January. The caller was immediately connected to a FGC Medical Provider and was prescribed buprenorphine. The Care Manager verified they successfully obtained the medication at the pharmacy later that afternoon.

The next morning the Care Manager connected this caller to Cook County Health for ongoing MAR care. Following the warm-hand-off to the spoke provider, the Care Manager received confirmation the individual was able to continue MAR, uninterrupted. During the 2 week follow up call, the caller confirmed that she remains engaged in buprenorphine treatment with Cook County Health.

Case studies demonstrate importance of low-barrier, rapid access to MOUD

A 43-year-old male requesting buprenorphine for OUD treatment was connected to MAR NOW by the Illinois Helpline on February 7th. The caller was immediately connected to a FGC Medical Provider and was prescribed buprenorphine. The Care Manager verified they successfully obtained the medication at the pharmacy a few hours later.

The Care Manager arranged a warm hand-off to Southern Illinois University (SIU) to set up ongoing care with a provider close to him. After an initial attempt with a potential provider was unsuccessful, SIU connected the caller to Chestnut Health. Since the appointment for Chestnut Health was going to be after the initial prescription would run out, the caller received a bridge extension through MAR NOW to cover him until his scheduled appointment.

Case studies demonstrate importance of low-barrier, rapid access to MOUD

A 49-year-old male was transferred to MAR NOW by the Illinois Helpline in February. He was taken into custody by the Greene County Sheriff's Department in Carrollton, IL after a court visit earlier that day. The caller reported experiencing withdrawal symptoms and was immediately connected to a medical provider and was prescribed buprenorphine. Within three hours of the initial call, the MAR NOW Care Manager verified that the medication was picked up at the local pharmacy. A Greene County Sheriff Officer also confirmed that they would send the caller home with the MAR NOW phone number to set up ongoing care upon release.

Thirteen days later the individual contacted the MAR NOW Care Manager stating he had been released and was seeking to establish buprenorphine treatment in his community. The caller was uninsured, so the Care Manager facilitated the hand-off to a provider able to support the caller's treatment and medication with no out-of-pocket cost. The caller also received round-trip Uber Health transportation to the clinic, arranged by the MAR NOW Care Manager.

Case studies demonstrate importance of low-barrier, rapid access to MOUD

A 63-year-old individual, confined to a wheelchair, was transferred to MAR NOW by the Illinois Helpline in mid-June at 11am. This caller was seeking methadone services and reported being a Medicaid (County Care) member.

The FGC Care Manager helped the caller arrange to come to an FGC location near their home that same day. The caller arrived shortly after 12:30 pm. and was able to see FGC's physician and receive their first dose of methadone by 2 pm. They have not missed any doses and are actively participating in counseling services.

Final Takeaways/Summary

1. Providing **transportation** to clinic appointments and pharmacies lowers barriers to care and increases first appointment attendance rate
2. Concerted **outreach to pharmacies** is required to ensure that buprenorphine is available and pharmacists will fill prescriptions
3. Patients often need **intensive follow-up** from Care Managers to ensure they can make it to their first appointment.
4. Operating through the **existing IL Helpline for Opioids and Other Substances** provides baseline patient demand, aligns City and State efforts, streamlines expansion of program statewide, and allows for patient data matching to capture more information on demographics
5. Calls for withdrawal management and residential treatment are common, and provide opportunity for **education around buprenorphine treatment**.

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