Exploring the Role of Health Centers in Providing Medication-Assisted Treatment

Key Takeaways/Policy Implications

- Health centers play a major role in providing Medication-Assisted Treatment (MAT) in rural areas
- Despite health centers being a major provider of MAT throughout large parts of the U.S., health centers in southern states are less likely to provide MAT

Two years after overdose death rates fell for the first time in decades, 2020 has seen a record number of deaths related to drug overdose. This increase has been spurred largely by opioid-related deaths involving fentanyl.[1] There is increasing evidence that medication-assisted treatment (MAT) is effective at treating opioid use disorder and reducing mortality, though gaps in treatment still exist.[2] Previous research indicates that health centers funded by the Health Resources and Services Administration (HRSA) play an important role in providing treatment for opioid use disorder, particularly in rural, high-need areas.[3] The objective of this research is to identify geographic areas most dependent on health centers for MAT.

Data & Methods

We used 2018 Uniform Data System (UDS) data from 1,315 Health Center Program awardees (health centers) serving more than 27 million patients.[4] These data include the number of health-center affiliated MAT providers and the number of patients receiving MAT. Providers of MAT must obtain a Drug and Alcohol Treatment Act (DATA) waiver. We obtained ZIP Code level data on DATA-waived providers (DWP) from the Substance Abuse and Mental Health Services Administration (SAMHSA)[5], allowing us to calculate the density of DWP in each health center patient origin service area. We then calculated the percentage of DWP in each health center service area that were health center-affiliated DWP, providing us with an estimate of dependence on health centers for MAT. Results were explored by state and by rural status using Rural-Urban Continuum Codes (RUCC).[6]

Results

About 46% of health centers reported at least one DWP, though this varied considerably by region. Figure 1 shows the percentage of health centers providing MAT to at least one patient by state. In general, larger percentages of health centers in states in the northeastern US, northwestern US, and Alaska are providing MAT and are shaded dark blue. The southern US has the lowest percentage of health centers providing MAT. Figure 1 also displays health centers where at least 10 percent or more of the DWP in their service area are affiliated with that particular health center. With the exception of northern California, health centers with the largest share of MAT providers (of those with at least 10% of DWP in the service area) are mostly located in rural counties.

Table 1 shows that three-quarters of health centers providing MAT are located in metropolitan counties, delivering care to 80% of all health center MAT patients. Based on their service area, health center MAT providers make up more than 10% of DWP in rural areas, compared to less than 3% in urban areas. States with the highest percentages of health center DWP for their service areas include South Dakota, Montana, North Dakota, Iowa, and Alaska, all states with large rural populations.

Figure 1. Health Centers with >10% of all DATA-Waived Providers by Reported Patient Service Areas and Proportion of Health Centers Providing MAT Services by State

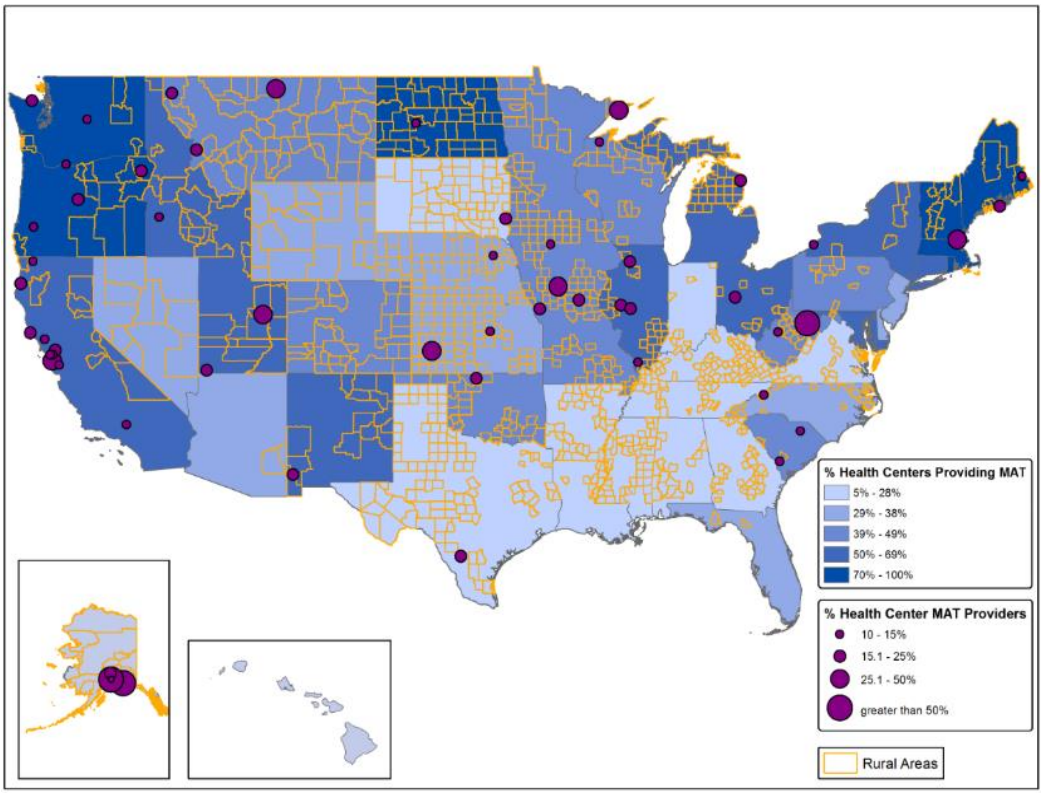

Table 1. Health Centers with at Least One DATA-Waived Provider

	# (% of all)	% of Health Center with DWP	% of Health Center MAT Patients	Health Center with DWP as % of all DWP
Metro[a] Health Centers	452 (75%)	87%	80%	2.8%
Non-Urban, Non-Metro[b] Health Centers	94 (16%)	9%	14%	6.7%
Rural Health Centers	54 (9%)	4%	6%	10.4%
All	600	100%	100%	4.1%

[a]Metro health centers are located in counties with RUCC codes 1-3; [b]Non-Urban, Non-Metro health centers are located in counties with RUCC codes 4-6; [c]Rural health centers are located in counties with RUCC codes 7-9.

Conclusions

In rural areas and states with large rural populations, health center providers make up a larger share of DWP when compared to non-rural health centers, suggesting that in rural areas, health centers might provide more access to MAT than in non-urban areas. However, this analysis is limited by not examining how many patients are seen by DWP in rural versus urban settings. An additional limitation of this study is the inability to account for service area overlap, which likely underestimates the percentage of health centers providing MAT. In addition, rural status was defined using the county in which health centers were located, though many health centers have delivery sites that span urban, suburban, and rural areas. Future research will explore health center MAT dependence in areas of highest need based on drug poisoning mortality.

References

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