

DIGITAL CONTINGENCY MANAGEMENT

TO PROMOTE HEALTH EQUITY AMONG PEOPLE WITH OPIOID & OTHER SUBSTANCE USE DISORDERS

KEY TAKEAWAYS

WHAT IS CONTINGENCY MANAGEMENT (CM)?

- CM applies principles of behavioral economics and operant conditioning to improve addiction outcomes through incentives contingent on target behaviors (e.g. abstinence, treatment engagement, taking medication).^{1,2}
- Incentives include things like money, gift cards, or vouchers to reinforce recovery-oriented behaviors for a period of time.



HOW CAN CM ENHANCE EQUITY AND EFFECTIVENESS OF OPIOID USE DISORDER (OUD) AND OTHER SUBSTANCE USE DISORDERS (SUD) TREATMENT IN MICHIGAN?

- Michigan is at the forefront of the country, with planning underway for the Recovery Incentives program which will bring in-person CM to Michigan Medicaid beneficiaries starting in October 2024.
- In-person delivery of CM (e.g., at treatment clinics) can only reach those who attend treatment in-person regularly, perpetuating inequity in treatment access.
- Addiction treatment programs typically reach only a minority of those with SUD, and high-priority populations (e.g., rural, socioeconomically, racial, and/or ethnically marginalized) who experience the greatest burden from SUD, including overdose, are vastly underserved by existing in-person SUD services.

90%

OF PEOPLE WITH SUBSTANCE USE DISORDERS DO NOT ACCESS FORMAL ADDICTION TREATMENT SERVICES.

HOW DOES DIGITAL CM WORK?

- Digital CM typically uses a smartphone and smartcard-based app system to offer remote motivational incentives to reinforce abstinence from substances and to incentivize medication for OUD (MOUD). CM uses remote breathalyzers for alcohol and salivary drug tests for opioids and other substances.
- Broadening the reach of CM by using digital delivery to complement the in-person CM planning already underway would promote equity and expand reach.



WHO COULD BENEFIT FROM DIGITAL CM?

- Digital CM can reach broad populations including those historically underserved and those who face barriers to engaging in care, including rural populations, those court-mandated to receive treatment, and those with unstable housing.

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CONTINGENCY MANAGEMENT FOR OPIOID USE DISORDER

Contingency Management (CM) is an evidence-based and research-supported treatment, and works as a stand-alone or as a complement to other treatment approaches and strategies. Because of the clear and consistent evidence in support of CM, Michigan is at the forefront of the country, with planning underway for the Recovery Incentives program which will bring in-person CM to Michigan Medicaid beneficiaries starting in October 2024.

DIGITAL CM CAN ENHANCE EQUITY AND EFFECTIVENESS OF OUD AND OTHER SUD TREATMENT IN MICHIGAN

However, in person delivery of CM (e.g., at treatment clinics) can only reach those who attend treatment in person regularly. We propose broadening the reach of CM by using digital delivery to complement the in-person CM planning already underway. Addiction treatment programs typically reach only a minority of those with OUD, and high-priority populations (e.g., rural, socioeconomically, racial, and/or ethnically marginalized) who experience the greatest burden from OUD, including overdose, are vastly underserved by existing in-person OUD services. Given high regional variation in treatment accessibility, in person CM delivery may not reach those who need it most, and could perpetuate inequity in treatment access.

Investing in and integrating digital CM is a pragmatic next step to the MI Recovery Incentives program, as support continues to grow among payers and other states. Nationally, we are currently in an ideal time to move forward digital CM programs, with digital interventions and CM being included as a key approach in the Biden Administration's National Drug Control Strategy to address untreated addiction.²²

DIGITAL CM AND HOW IT WORKS

As documented by our group and others, digital CM can overcome in person implementation barriers^{13,14} by leveraging ubiquitous smartphone technology and its automated and standardized design. Digital CM typically uses a smartphone and smartcard-based app system to offer remote motivational incentives to reinforce abstinence from substances or incentivize MOUD use through remote breathalyzers and salivary drug tests.

POPULATIONS WHO COULD BENEFIT FROM DIGITAL CM

Digital CM can reach broad populations including those historically underserved and those who face barriers to engaging in care, including rural populations, those court-mandated to receive treatment, and those with unstable housing. It could be paired with services from primary care, opioid health homes, or methadone programs or provided to those not receiving any formal care. Given digital CM is delivered remotely, it can reach anyone with a smartphone, which is increasingly ubiquitous and universally available to Medicaid beneficiaries. In addition to abstinence promotion, digital CM can also incentivize treatment engagement, another key OUD outcome, including MOUD adherence, peer recovery participation, and other recovery-oriented activities. In summary, digital CM is a needed next step in Michigan addiction care, with promise to help Michigan address long-standing addiction care equity concerns and provide tailored services to key subpopulations to enhance treatment engagement and ultimately improve addiction-related outcomes, including overdose prevention.



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