Addiction Treatment Starts Here: Primary Care Learning Collaborative

Request for Application Informational Webinar

December 9, 2020

Webinar Reminders
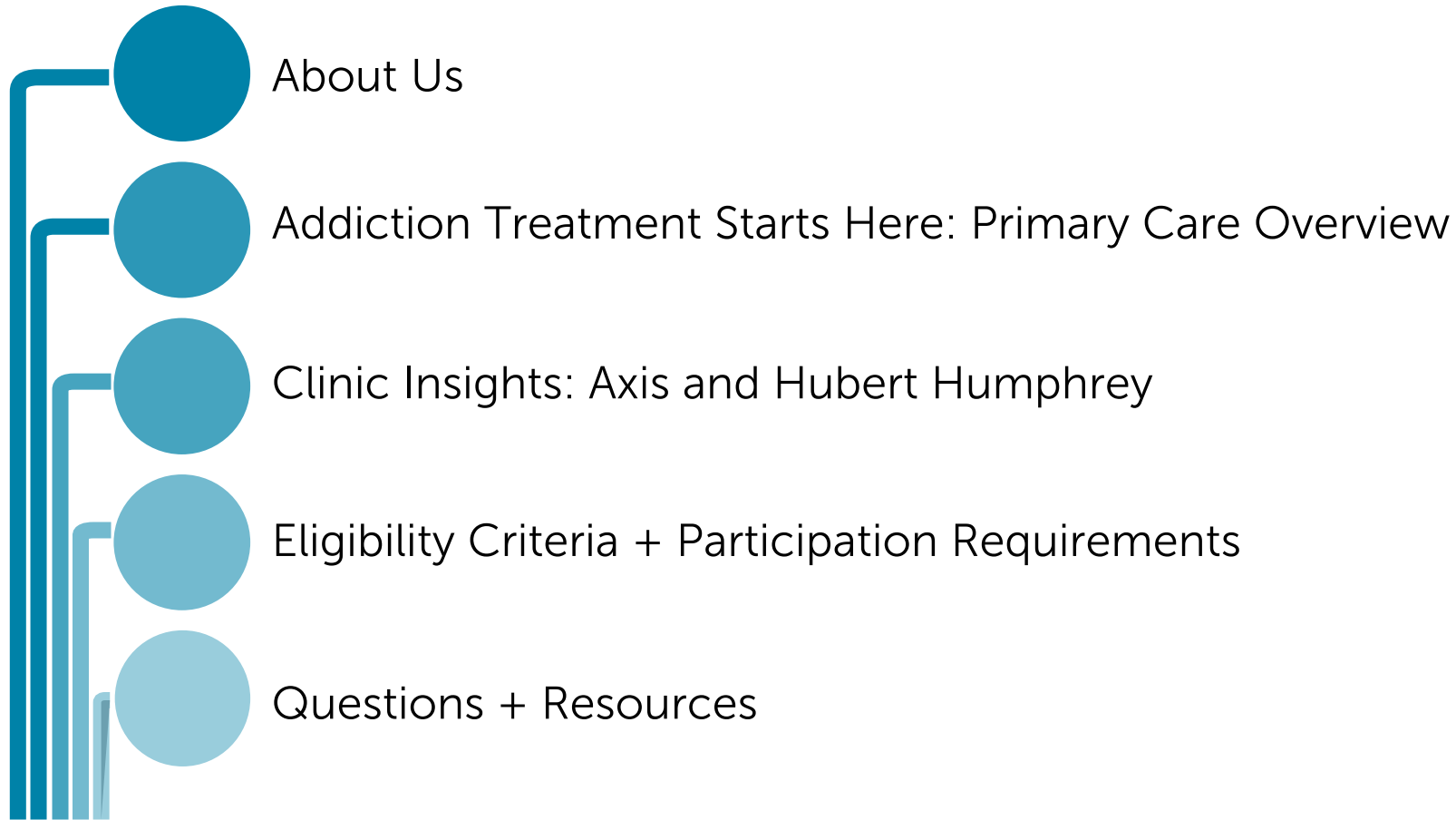
1. Everyone is muted. If using your phone for audio:

   🔊 *6 to unmute

   🔇 *6 to re-mute

2. Use the chat box to introduce yourself and ask questions.

3. This webinar is being recorded. The slides and webinar recording will be sent to registrants. It will also be posted to the CCI resource center: https://www.careinnovations.org/resources/

- About Us

- Addiction Treatment Starts Here: Primary Care Overview

- Clinic Insights: Axis and Hubert Humphrey

- Eligibility Criteria + Participation Requirements

- Questions + Resources

About Us

About The Center for Care Innovations (CCI)

At the Center for Care Innovations we ...

- Inspire innovation mindsets
- Cultivate & share best practices
- Build networks
- Enrich skills

So that our participants ...

- Boost their energy & confidence to work differently
- Embrace solutions that work
- Collaborate & learn from peers, experts & coaches
- Accelerate the pace of change

Who then transform their organizations by ...

- Creating a culture of innovation
- Improving systems of care and health
- Cultivating the workforce, turning doers into leaders
- Listening & engaging people in their community
- Adapting to the ever-changing health care environment

Strengthening the health and health care of underserved communities

Addiction Treatment Starts Here: Core Team

Meaghan Copeland
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Tammy Fisher
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Briana Harris-Mills
Senior Program Coordinator
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Brian Hurley, MD
Addiction Physician and
General Psychiatrist, L.A.
County Dept. of Mental Health

Sandy Newman
Program Consultant
sandy@lsnhealthstrategy.com

Addiction Treatment Starts Here:
Meet the Coaches!

Brian Hurley, MD
Addiction Physician and General Psychiatrist, L.A. County Dept. of Mental Health

Dominique McDowell, BA RLPS SUDCII
Director of Addiction & Homeless Services
Marin City Health and Wellness

Katie Bell, MSN, RN-BC, CARN, PHN

Joe Sepulveda, MD
Assistant Medical Director
Family Health Centers of San Diego

Ginny Eck
Program Manager
JWCH Institute

ATSH:PC Overview

ATSH: PC Goal

Increase access to addiction treatment for opioid use disorder and stimulant use disorder by working with up to 30 community health center sites to establish MAT programs in primary care.

Why Primary Care

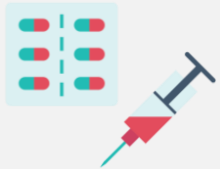|	
First Point of Contact	Primary care is usually the first point of contact for identification and treatment of behavioral health conditions, including substance use disorder.
Primary Source of Care	One-third of low-income Californians rely on a health center as their primary source of care.
Demand for Care	Health centers have increased access to buprenorphine, but this access is not sufficient to meet demand.
Patients Need Access	Six in 10 health centers that provide MAT report not having the capacity to treat all patients who seek these services.

ATSH is Designed Around What Works

- Over the last 5 years, CCI worked with nearly 70 primary care health centers in California to design new or expand existing programs to provide medications for addiction treatment (MAT).

- Recent ATSH participants (59 clinics that completed work in September 2020) increased the number of active prescribers by nearly 50%, from 177 to 257
- The ATSH pre-cursor, Treating Addiction in the Primary Care Safety Net, had a nearly three-fold increase in active prescribers (an increase of 70 active prescribers).

- ATSH clinics increased patients receiving MAT by 66% (equivalent to more than 1,000 new patients receiving MAT)
- TAPC nearly tripled the number of MAT patients, the equivalent of more than 1,000 patients.

- ATSH clinics made improvements across 7 dimensions of MAT programs - e.g., patient identification, initiating care, treatment response, etc. This translates to developing policies and procedures, conducting clinic-wide trainings on stigma, partnering with criminal justice, and more.

ATSH: PC Objectives

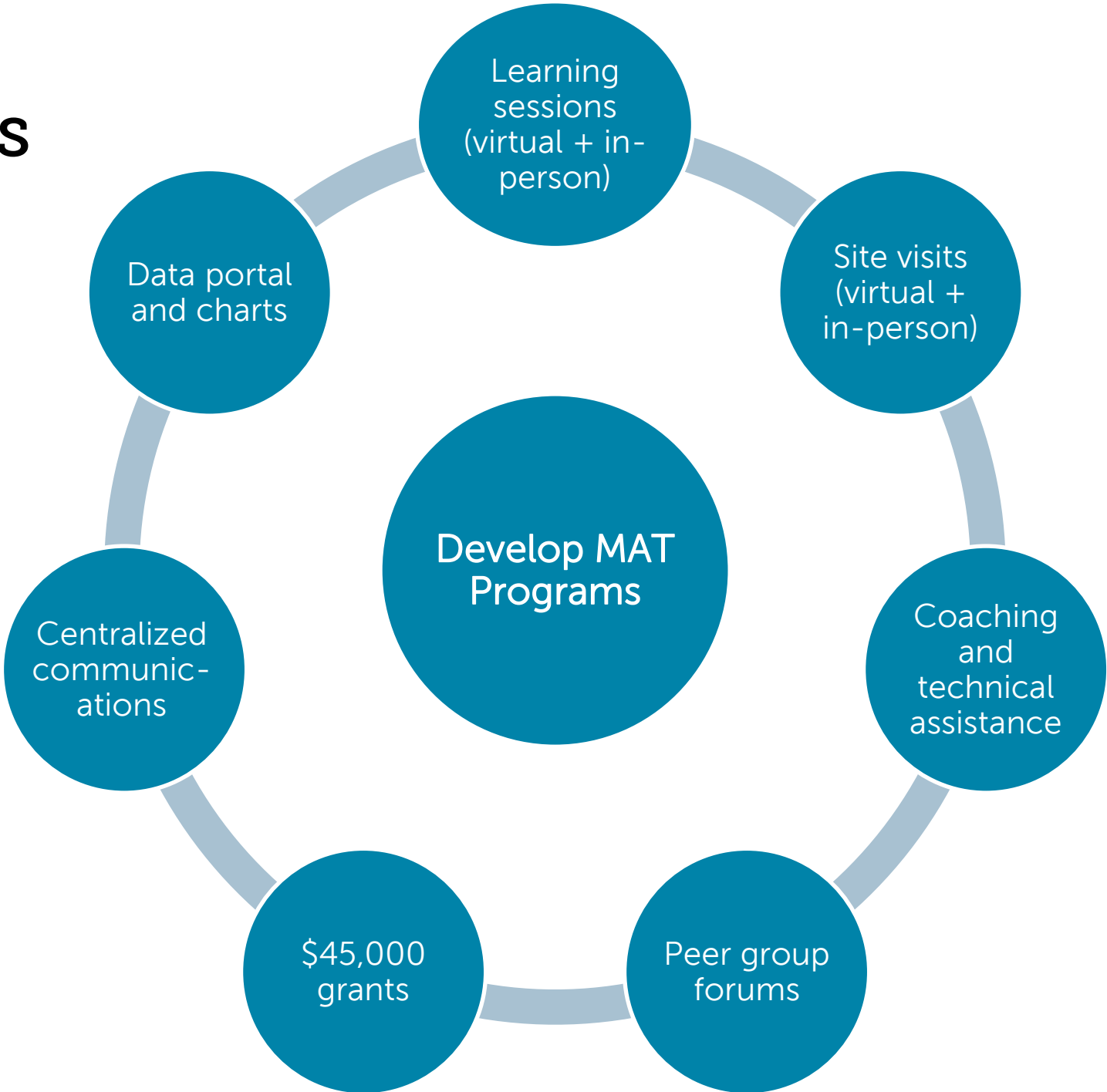|		
Learn from Peers	**1**	Create a peer group for learning, innovation and to enhance resilience
Design a Program	**2**	Support health center teams in designing and implementing MAT programs for OUD and stimulant use disorder in primary care
Facilitate Adoption	**3**	Enable participants to adopt, implement, and standardize changes critical to high quality addiction treatment, with a focus on OUD
Create Access	**4**	Spread access to MAT to more patients in primary care
Support Scope and Scale	**5**	Support organizations in the scale and financial sustainability of MAT programs

Program Components

Develop MAT Programs

- Learning sessions (virtual + in-person)
- Site visits (virtual + in-person)
- Coaching and technical assistance
- Peer group forums
- $45,000 grants
- Centralized communications
- Data portal and charts

Program Components Described

Learning Sessions	Enable peer sharing and best practice exchange. Faculty will include national and peer experts. We expect the first two convenings to be virtual and the third convening to be in-person.
Site Visits	Visit an exemplar and a peer health center to see MAT programs in action. Both virtual and in-person options are likely.
Webinars	Foster networking and deeper knowledge on specific topics that emerge as challenges and priorities from the Learning Collaborative.
Coaching	Identify needs, trouble-shoot/overcome challenges, map and test workflows, support clinical and operational changes, and develop actionable plans for design and implementation.
Peer Group Forums	Virtual forum for peer groups to learn from one another. We expect to support peer groups for nurses (e.g., medical assistants, LVNs, RNs), prescribers, and substance use disorder counselors.
Centralized Communications	Repository of tools and resources and a forum to post questions and share resources across peers.

Program Basics

- Neuroscience of addiction
- Understanding MAT medications
- Models for design and implementation
- Screening protocols
- Patient retention

Levels of Care

- Matching patients to needed care
- Care coordination
- Referral relationships
- Partnerships with community providers
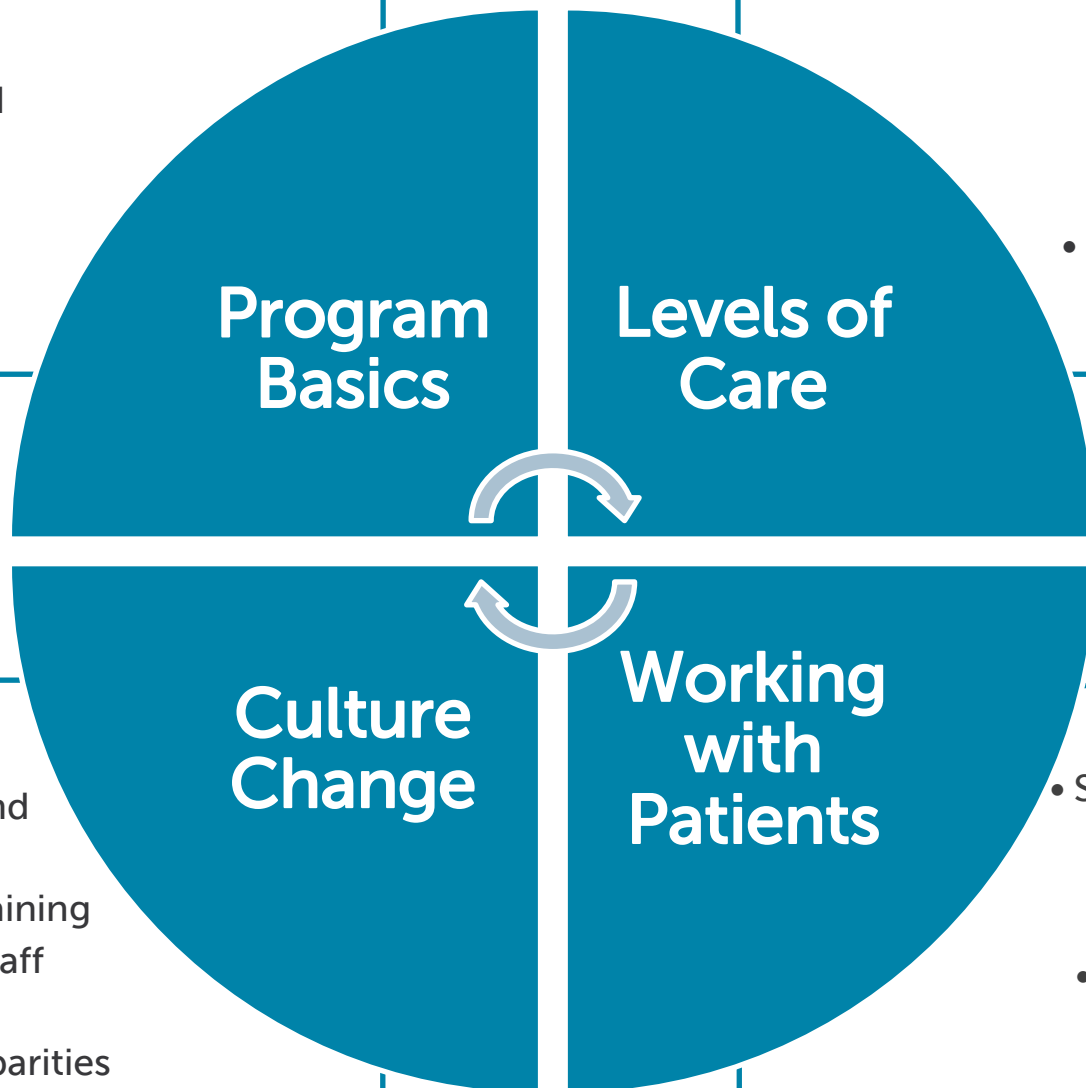- Connecting patients with resources

Culture Change

- Getting buy-in
- Understanding bias and stigma
- Organization-wide training
- Engaging clinicians/staff
- Redefining roles
- Health equity and disparities reduction

Working with Patients

- Treatment readiness
- Strong behavioral support
- Managing co-occurring disorders, including stimulants
- Addressing psychosocial stability
- Managing pain and pain behaviors

Clinic Insights

Axis Community Health

MAT program goals:

1. Increase MAT capacity by increasing number of X-waivered physicians and MAT panel sizes.

2. Develop more consistent procedures (referral, screening, treatment), and ensure consistency between providers.

3. Increase utilization of our IBH MAT therapist and better screen for co-occurring diagnoses.

4. Increase community collaboration – i.e., Valley Care ER starting inductions.

5. Provide education to all staff regarding MAT, why to refer, what is involved, how it can save a life, etc.

Over the course of ATSH, Axis:

- Increased the number of patients receiving MAT (from 26 to 36)

- Added 1 active prescriber

Evony Avelar
Behavioral Health Liaison/
Medication-Assisted Treatment
Coordinator

Priscilla Mathews
Director of Integrated Behavioral
Health

Hubert Humphrey

Gina Rossetti, MD
Associate Medical Director

MAT Program Goals:

- Start a brand new MAT program!

- Focus on patient recruitment, multi-departmental engagement, initial prescribing, and testing work flows.

Over the course of ATSH, Humbert Humphrey:

- Increased active prescribers from 0 to 2, and x-waivered prescribers from 1 to 13

- Increased patients from 0 to 28

Eligibility Criteria + Participation Requirements

Eligibility Criteria

Organization Type

- Safety net health care organizations in CA that provide comprehensive primary care services to underserved populations.

- Must be non-profit and tax-exempt under 501(c)(3) of the Internal Revenue Service Code or a governmental, tribal, or public entity:

  - FQHCs, FQHC look-alikes.

  - Community clinics, rural health clinics, free clinics.

  - Ambulatory care clinics owned and operated by public hospitals.

  - Indian Health Services clinics.

New Access Points

- **Applicants must be creating a new access point for MAT.**

- Applying sites should provide MAT for OUD to 5 or fewer patients.

- Applying sites should not have formal MAT policies and procedures in place.

- Sites that are adding a new service line (e.g., mobile MAT) may be eligible – contact CCI!

Participation Requirements

Program Expectations

Contribute	Receive

▪ Commitment from clinic leadership and program leads to start MAT at your site
 	
▪ Establish a core team, including a project lead, x-waivered clinician, front line staff, and senior leader
 	
   - Core team attends all learning sessions
 	
   - Core team meets regularly
 	
   - Senior leader joins kick-off and closing webinars
 	
▪ Share your experiences and tools with others
 	
▪ Submit data on small measure set (quarterly)
	▪ Access to technical assistance and experts to help you design, standardize or spread your program
	
	▪ Coaching
	
	▪ Site visits to learn from peers
	
	▪ $45,000 per site to offset costs associated with getting MAT programs up and running
	
	▪ Participate in a learning community that optimizes peer sharing
	
	▪ Online resource center

Applications

- CCI will accept applications from multiple clinic sites within the same organization.

- Each prospective site must have its own project team and submit a separate application.

- Each site selected will be eligible for a grant of up to $45,000.

- Up to three clinic sites per organization can apply.

Addiction Treatment Starts Here (ATSH) Learning Collaborative - Application Submission Form

☐ Save my progress and resume later | Resume a previously saved form

Background

ATSH is a program of the Center for Care Innovations and funded by the California Department of Health Care Services. **Applications must be submitted by 5 pm PT on January 8, 2021.** Please refer to the ATSH Learning Collaborative Request for Applications (RFA) for details about the program, participation requirements, and narrative questions.

Organizations may submit a single application or multiple applications. The following describes the two options:

- **Option 1: Single Site:** Consider submitting a single application for a $45,000 grant if:

  - Your organization has a single site that provides patient care; OR
  - Your organization has multiple sites, but you are only applying for a single site to start a MAT program; OR
  - Your organization has multiple sites but your MAT program model will consist of a single MAT team that works across multiple sites

- **Option 2: Multi-Site:** Consider submitting multiple applications for different clinic sites (up to 3), with each site eligible for a $45,000 grant, if:

  - Your organization has multiple sites; AND
  - You intend to start a distinct MAT program at each site for which you are applying for a grant and that MAT program is designed to target that site's patient population and has goals that are specific to that site; AND
  - The site has a MAT team that is largely unique to that site (e.g., some crossover between sites is allowed but some team members, such as front-line staff, should be site-specific); AND
  - You intend to submit data on the ATSH program measure set separately for each accepted site

Is your organization applying for a single grant or multiple grants at different clinic sites? *

☐ A single grant - we are applying for one $45,000 grant. We will submit only this application.

☐ Multiple grants - we are applying for multiple grants at the site level and will submit multiple applications.

How to Apply

Applications due January 8, 2021

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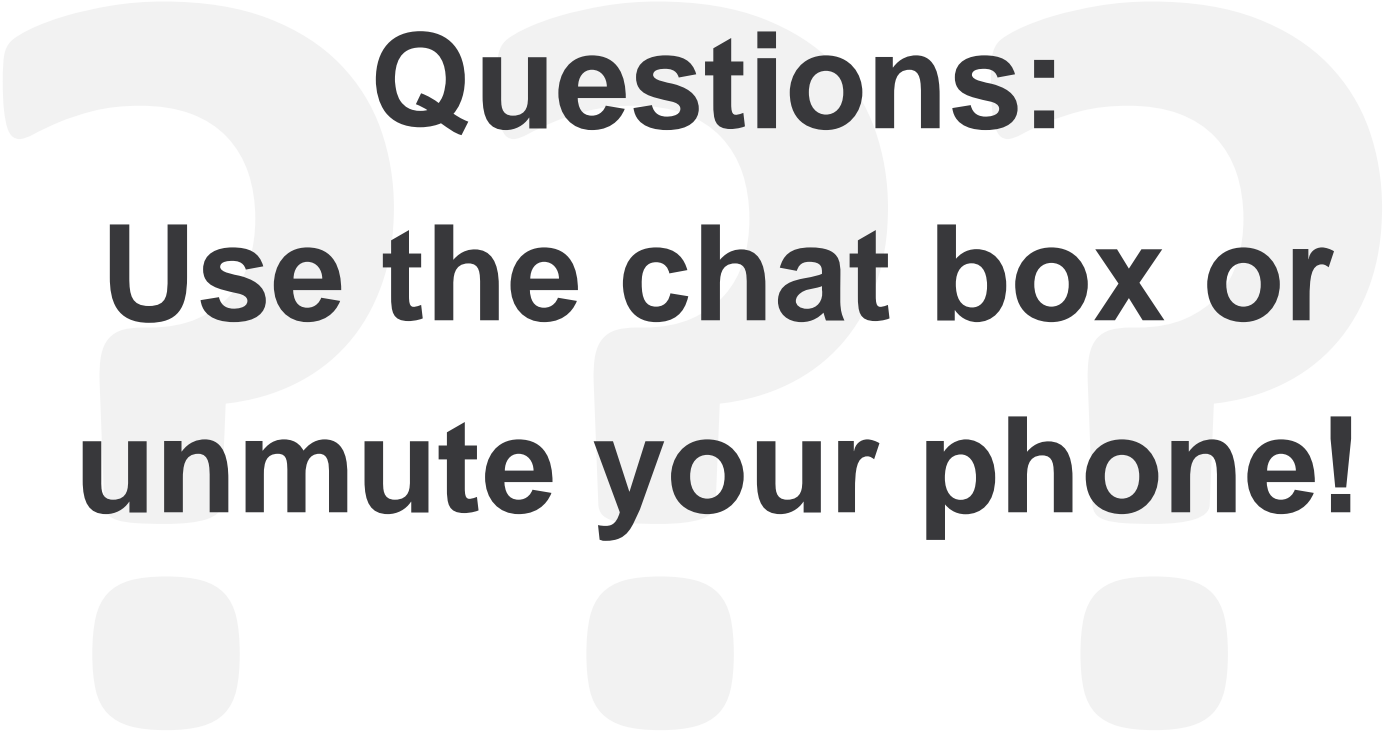
KEY DATES

- Informational Webinar: TODAY!

- Application Deadline: January 8, 2021

- Cohort Announced February 15, 2021

- Program Start + Kick-off webinar: March 3, 2021

- Measure Set and Data Submission Webinar: March 17, 2021

- Baseline NICHQ and IMAT data due: April 30, 2021

- Program End: August 30, 2022

Questions + Resources

Resources

- December 9, 2020 informational webinar slides/recording (to be posted): https://www.careinnovations.org/resources/

- Application Overview, RFA, and Application Form: https://www.careinnovations.org/atsh-2020/

- Outcomes from previous waves of ATSH: https://www.careinnovations.org/resources/infographic-increasing-access-to-mat-in-primary-care-for-patients-with-opioid-use-disorder/

- Six-minute video to learn how Marin City Health and Wellness Center implemented MAT and the impact it has had on patients' lives: https://www.careinnovations.org/resources/treating-addiction-in-primary-care-marin-city-health-and-wellness/

- Treating Addiction in the Primary Care Safety Net: Implementation and Lessons Learned: https://www.careinnovations.org/resources/treating-addiction-in-the-primary-care-safety-net-implementation-and-lessons-learned/

Questions:
Use the chat box or unmute your phone!

Thank you!

For questions contact:

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