

TCC FAMILY HEALTH

CENTURY VILLAGES OF CABRILLO (CVC)
MULTI-SERVICE CENTER (MSC)



The Children's Clinic
"Serving Children & Their Families"

Our ATSH Team

Core MAT Team:

- Dr. Uduak Iluore, **Medical Director, MAT provider**
- Dr. Jack Tsai, **Associate Medical Director, MAT provider**
- Erin Crosbie, **NP, MAT provider**
- Dr. Ali Zandi, **Director of Behavioral Health**
- Lisa Ozaeta, **RN, Director of Nursing**
- Franne Valle (MSC) and Isela Vasquez (CVC), **Clinic**

Managers

Current State

Our community

TCC is a FQHC with fourteen sites and 1 mobile van located mostly in urban Long Beach, California. TCC works with the city (Long Beach Mental Health) and various community partners (Mental Health America) to provide care to the medically underserved in our community.

Current state

- **Short description of our MAT program:** We are targeting non-pregnant adult patients with moderate opioid use disorder/inability to taper off opioids who are motivated for treatment with buprenorphine replacement. Mental health support will be provided by our behavioral health team, who will meet patients on day of induction and arrange for therapy or help connect with services. Patient will be inducted at home with telephone follow up within 2-3 days and a face to face in 1 week.
- **Capacity:** 3 Waivered providers
- **Patient population:** 4 as of 10/14/19

Goals for ATSH participation

- Finalize TCC procedures/policy for MAT flow, streamline process to expand to other sites
- Develop clinical support system for trouble-shooting/patient management questions
- Refine clinical skills and gain confidence to treat higher severity Opioid Use Disorder

TCC MAT Sites

Multi-Service Center (MSC)



Century Villages of Cabrillo (CVC)



Capability Assessment: What we learned

❖ In completing the assessment, we were surprised by:

- Lack of standardized protocol to identify patients with OUD
- Currently largely provider driven without clearly defined support team

❖ Our team's areas of strength:

- Strong support from leadership to implement MAT program at TCC
- Many city/community partners providing different services to community
- Strong culture of trauma informed care at TCC

❖ Areas for development:

- Strengthen community partner linkages for referrals both to TCC and out for higher acuity patients
- Standardize process to identify more patients in need of treatment and better track follow-up
- Treatment team roles to enhance care coordination, facilitate treatment plans, and allow for high panel of patients treated

Current State Assessment

❖ We used the following methods to learn more about our current state:

- Conversations with providers, survey of current services provided

❖ From providers and staff we learned:

- General discomfort in managing patients with chronic pain, dependence on Pain Management
- Lack of mental health training amongst providers
- Lack of knowledge of OUD dx and treatment options

❖ From patients we learned:

- Spectrum of interest (no problem at all, they recognize chronic opioids as problem and want to come off opioids but can't)

❖ Other insights we gathered from current state activities:

- Many community services but lacking coordination to tap into all resources.

❖ We received the following feedback on the appropriateness and acceptability of using MAT in our clinic:

- From patients being treated the response has been very positive, although some requiring a lot of reassurance during induction phase.

Our Team Has Been Wondering . . .

❖ **Our questions to other teams:**

- How do you structure provider schedules to accommodate MAT patients? Special blocked out slots, double slots for first visit, half-sessions blocked just for MAT, etc.?
- Do you utilize a patient navigator to help with arranging follow up, checking pharmacy if med in stock/covered by insurance, fielding questions?
- How do you provide access for patients if questions in between visits?
- Do your providers share patients? How to cover for part-time providers?
- What does your behavioral health support look like?

❖ **Our questions for faculty:**

- If methadone clinic not available/feasible, how best provide MAT to high risk patients (concurrent bdz/heavy alcohol use, high doses of opioids/heroin) if patient desires to try?

❖ **We need support to accomplish:**

- TCC wide implementation to increase access for patients
- Standardization of protocols for diagnosis and treatment initiation.

Advice/Guidance/Tools For Other Teams

❖ Do you have policies, protocols, tools to share with others?

- Work in progress currently, can share current procedure to compare notes

❖ Are there specific content areas or specific sub populations where your team has developed deep expertise and you may serve as faculty or do more formal sharing?

- Our pilot sites target patients who are either homeless or transitioning out of homeless, many with significant mental illness. May have more knowledge to share with this population as we establish our MAT program.