

Addiction Treatment Starts Here: Primary Care



July 12, 2019

Application Webinar

Webinar Reminders

1. Everyone is muted.

- Press *7 to **unmute** and *6 to **re-mute** yourself.

2. Remember to chat in questions!

3. Webinar is being recorded and will be sent out via email.

Agenda

1. Overview of *Addiction Treatment Starts Here: Primary Care*
2. Eligibility & program requirements
3. Perspective from a participating health center
4. Questions
5. Closing

Introductions

Addiction Treatment Starts Here: Core Program Team



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*Addiction Treatment Starts
Here: Primary Care*
Overview

Program Goal

Increase access to **MAT in primary care** by **working with up to 60 community health center sites** to advance the learning and sharing of best practices in integrating MAT into primary care services through 12 and 18-month learning collaboratives.

Wave 1: 40 sites participating

Wave 2: Accepting up to 20 sites

Why Focus on Primary Care

One-third of low-income Californians rely on a **health center as their primary source of care.**

Primary care is usually the **first point of contact** for identification and treatment of behavioral health conditions, including substance use disorders.

Health centers have increased access to buprenorphine, but this access **is not sufficient to meet demand.**

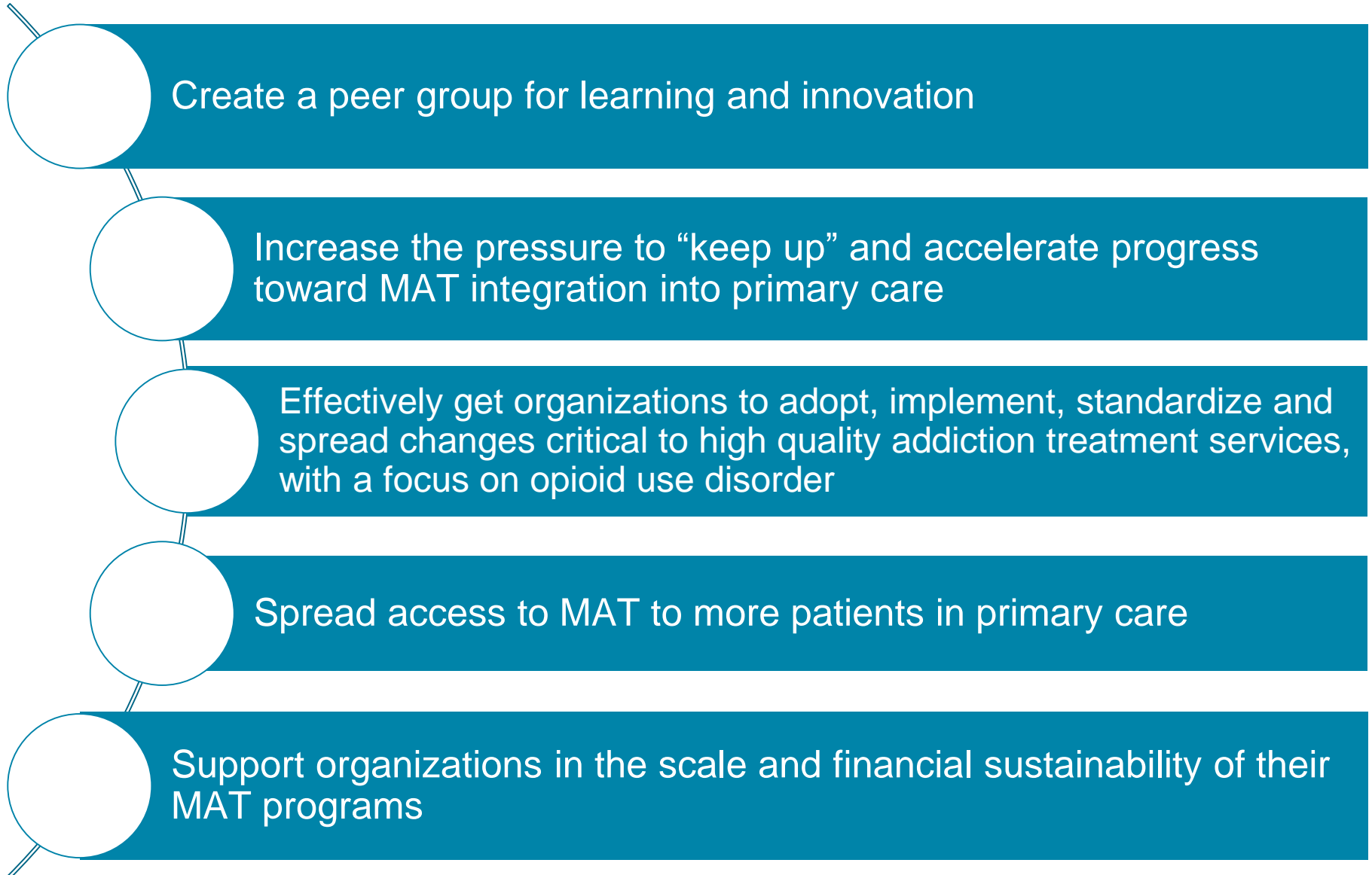
Six in 10 health centers that provide MAT report **not having the capacity** to treat all patients who seek these services.

Based on Lessons Learned in Supporting Health Centers

- CCI ran an 18-month program (Treating Addiction in Primary Care, or TAPC) from Sept 2016 – Feb 2018
- 25 FHQCs participated, all HRSA grantees
- Participants **nearly doubled** the number of providers prescribing MAT and **nearly tripled** the number of patients receiving MAT
- Improvements in reducing stigma, defining clear roles and responsibilities for *sharing the care*, developing and standardizing policies/procedures to operationalize MAT programs

*“Providers perceive those with substance use disorders as ‘difficult patients.’ This is what drives the stigma. **What’s remarkable is that once providers got their feet wet, they realized they had a total misconception of these patients.** They are actually rewarding and not difficult. In fact, this work increases provider job satisfaction. **Quite frankly, it is one of the easiest patient populations.** It went from a ‘OMG — we’re going to open our doors to heroin addicts’ to being very grateful.”*

Key Objectives

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- 1. Create a peer group for learning and innovation
 - 2. Increase the pressure to “keep up” and accelerate progress toward MAT integration into primary care
 - 3. Effectively get organizations to adopt, implement, standardize and spread changes critical to high quality addiction treatment services, with a focus on opioid use disorder
 - 4. Spread access to MAT to more patients in primary care
 - 5. Support organizations in the scale and financial sustainability of their MAT programs

Program Components



Program Components Described

3 in-person convenings	Enable peer sharing and best practice exchange. Faculty will include national experts and peer experts from California and nationally. Each convening will last 1.5 days.
Site visits	Provide opportunities to visit an exemplar and a peer health center to see MAT programs in action.
Webinars	Foster networking and deeper knowledge transfer on specific topics that emerge as challenges and priorities from the Learning Collaborative.
Coaching	Help identify needs, trouble-shoot/overcome challenges, map and test workflows, support clinical and operational changes, and develop actionable plans for spread.
Expert consultations	Provide in-depth and on-site consultations on specific topics or challenges with services such as interviews, assessments, and/or direct observation of people and processes.
Online resource hub and List Serv	Provide a repository of tools and resources and an online forum to post questions and share resources across peers.
Capability-building trainings	Support skills development in a range of areas (e.g., QI, MI, x-waiver, reducing stigma, neuroscience of addiction, and other topics that emerge).



Program Focus Areas

- **Leadership:** specific actions leaders can take to support the team in trying out changes, and spreading those that work; creating a culture of treating addictions.
- **Team-Based Care:** identifying MAT program model; delivering patient-centered care through defining clear roles, including standing orders.
- **Reducing Stigma:** appreciating that addiction is a disease; creating a culture of non judgement and treating patients with addictions compassionately.
- **Planned Care and Outreach:** gauging patients' needs and delivering timely services and support, including assessing for SUD; tracking health status, providing evidence-based care, managing treatment, and leveraging tools and technology.
- **MAT Operations:** policies and procedures addressing MAT program operations, including patient confidentiality, eligibility, referrals, screening, and urine drug screens; clinical protocols for safe prescribing and levels of care; behavioral health interventions including harm reduction, diversion; controlled substance review committees.
- **Managing Buprenorphine Inductions, Stabilization & Maintenance:** identifying high risk patients; defining interventions for patients based on strata; building community partnerships; managing hospital transitions.
- **Addiction 101:** neuroscience of addiction; buprenorphine, naltrexone, and naloxone 101 in primary care and mental health.

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Eligibility Criteria and
Participation Requirements

Eligibility Criteria

- Safety net health care organizations in California that provide comprehensive primary care services to underserved populations are eligible to apply. Organizations must be non-profit and tax-exempt under 501(c)(3) of the Internal Revenue Service Code (IRC) or a governmental, tribal, or public entity. This includes:
 - Federally Qualified Health Centers (FQHCs) and FQHC look-alikes.
 - Community clinics, rural health clinics, and free clinics.
 - Ambulatory care clinics owned and operated by public hospitals.
 - Indian Health Services clinics.



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 \$50,000.
- Up to **three clinic sites per organization** can apply.

Addiction Treatment Starts Here: Primary Care, Wave 2 – Application Submission Form

A program of the Center for Care Innovations and funded by California Department of Health Care Services.

Applications must be submitted by 5 pm PT on Wednesday, July 24, 2019. Please refer to the *Addiction Treatment Starts Here: Primary Care, Wave 2 [Request for Applications \(RFA\)](#)* for details about the program and application requirements.

Organizations may apply in one of two ways:

- **Option 1:** your organization could submit a single application for one \$50,000 grant if you are:
 - a single-site organization; or
 - a multi-site organization applying for just one site to participate; or
 - a multi-site organization that intends to have a single MAT team that works across multiple sites
- **Option 2:** your organization could submit multiple applications for different clinic sites (up to 3) if you are a multi-site organization that plans to have separate MAT programs and distinct MAT teams at each clinic site working with different patient populations. There can be some cross-over of team members, but each site must have their own prescriber and front-line team member. If you select this option, please complete a separate application form for each applying site and submit separate application materials.

Your Organization Information

Applicant Organization Name *

Organization Type *

EIN *



Participation Requirements

Engaged Leadership

Reporting Data on Measures

Peer Sharing

Continuity & Dedicated Team

Active Participation

Willingness to Experiment

The Give & The Get

Give

- Commitment to start, improve and/or expand MAT in your site
- Establish a core team, with a minimum of an x-waivered clinician, project manager, and senior leader
 - Core team attends all in-person learning sessions
 - Core team meets regularly
- Share your experiences and tools with others
- Submit data on small measure set (quarterly)

Get

- Access to technical assistance and experts to help you design, standardize or spread your program
- Coaching
- Site visits to learn from peers
- \$50,000 per site to offset travel expenses to in-person sessions
- Participate in a learning community that optimizes peer sharing
- Online resource center



How to Apply

Applications due by July 24, 2019

<https://www.careinnovations.org/addiction-primary-care-2019-wave-2/application/>

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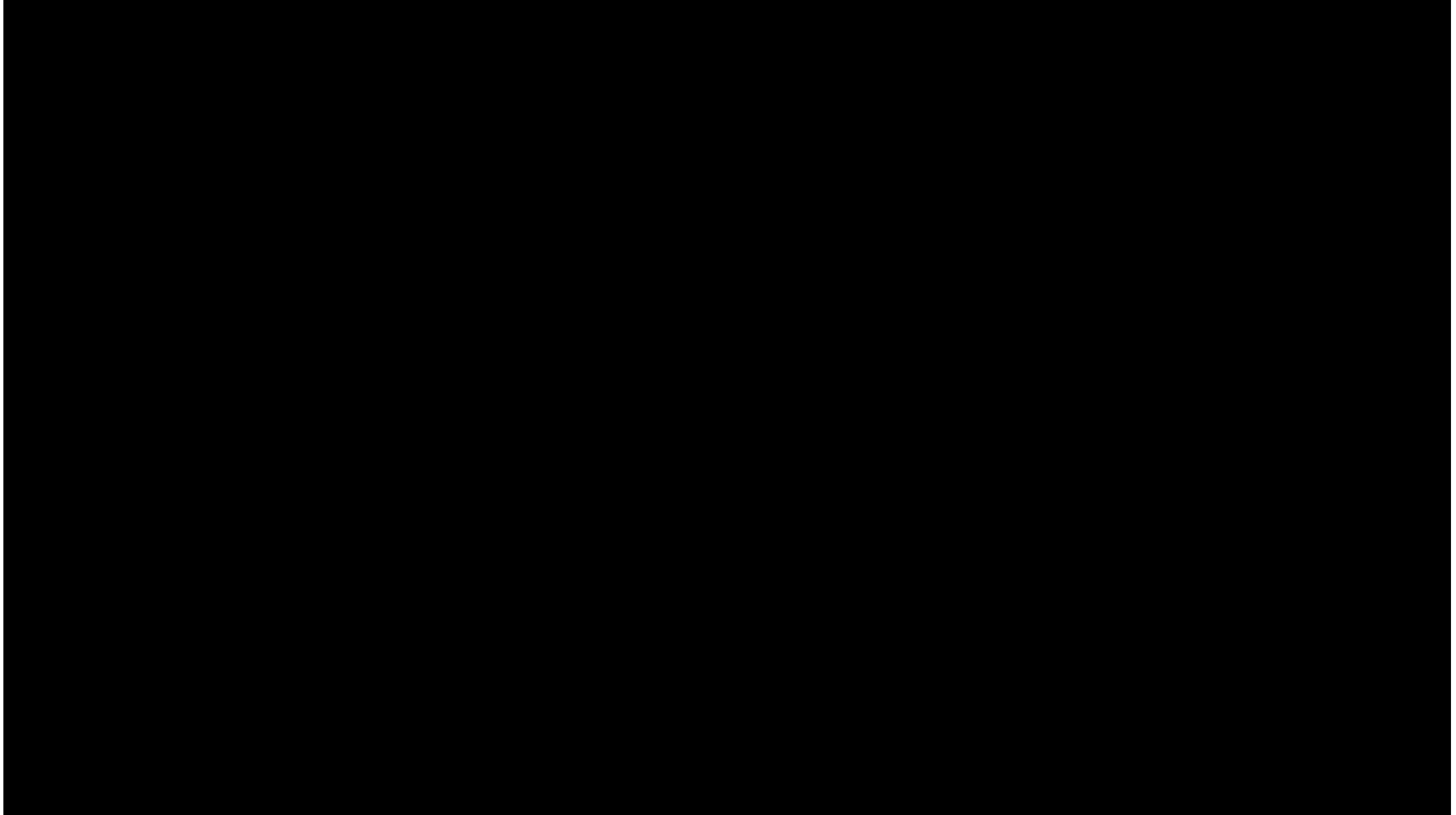
Organization Type * EIN *

Please select... [XXXXXXXXXX]

KEY DATES

- **Informational Webinar:** TODAY!
- **Application Deadline:** July 24, 2019
- **Cohort Announced & Program Start:** August 23, 2019
- **Kick-Off Webinar:** September 4, 2019 (12-1pm PT)
- **In-Person Learning Session 1:** November 6, 2019– November 7, 2019
- **In-Person Learning Session 2:** April 15, 2020 – April 16, 2020
- **In-Person Learning Session 3:** August 6, 2020
- **Program End:** September 2020

Addiction Treatment Starts Here Video



Questions?

Closing

Resources



- Application Overview, RFA, and Application Form:
<https://www.careinnovations.org/addiction-primary-care-2019-wave-2/>
- Six-minute video to learn more about 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/>



Thank you!

For questions contact:

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