

Addiction Treatment Starts Here: Primary Care



November 27, 2018

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 two health centers
4. Questions
5. Closing

Introductions

CCI Program Team



Tammy Fisher

Senior Director

tammy@careinnovations.org



Sandy Newman

Principal, LSN Health Strategy

sandy@lsnhealthstrategy.com



Brian Hurley, MD

Director of Addiction Medicine,
L.A. County Dept. of Human
Services



Susannah Brouwer

Senior Manager, Operations

susannah@careinnovations.org



Meaghan Copeland

Program Consultant

meaghan@careinnovations.org

Addiction Treatment Starts Here: Primary Care Overview

Program Goal

Increase access to MAT in primary care by working with up to 40 community health center sites to advance the learning and sharing of best practices in integrating MAT into primary care services through a 18-month learning collaborative.

Why Focus on Primary Care

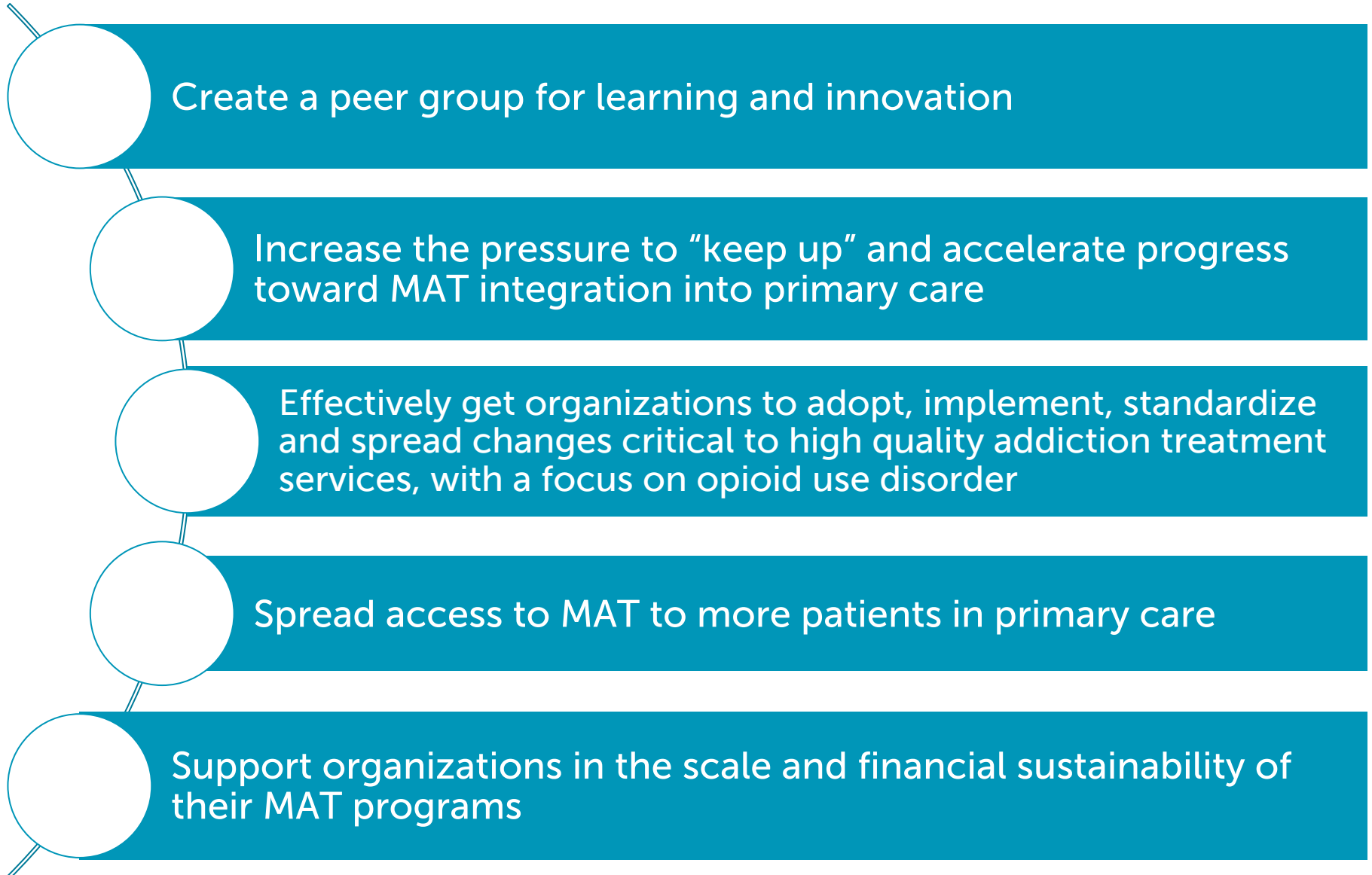
- One-third of low-income Californians rely on a **health center as their primary source of care.**
- Primary care is usually the **first point of contact** for identification and treatment of behavioral health conditions, including substance use disorders.
- Health centers have increased access to buprenorphine, 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

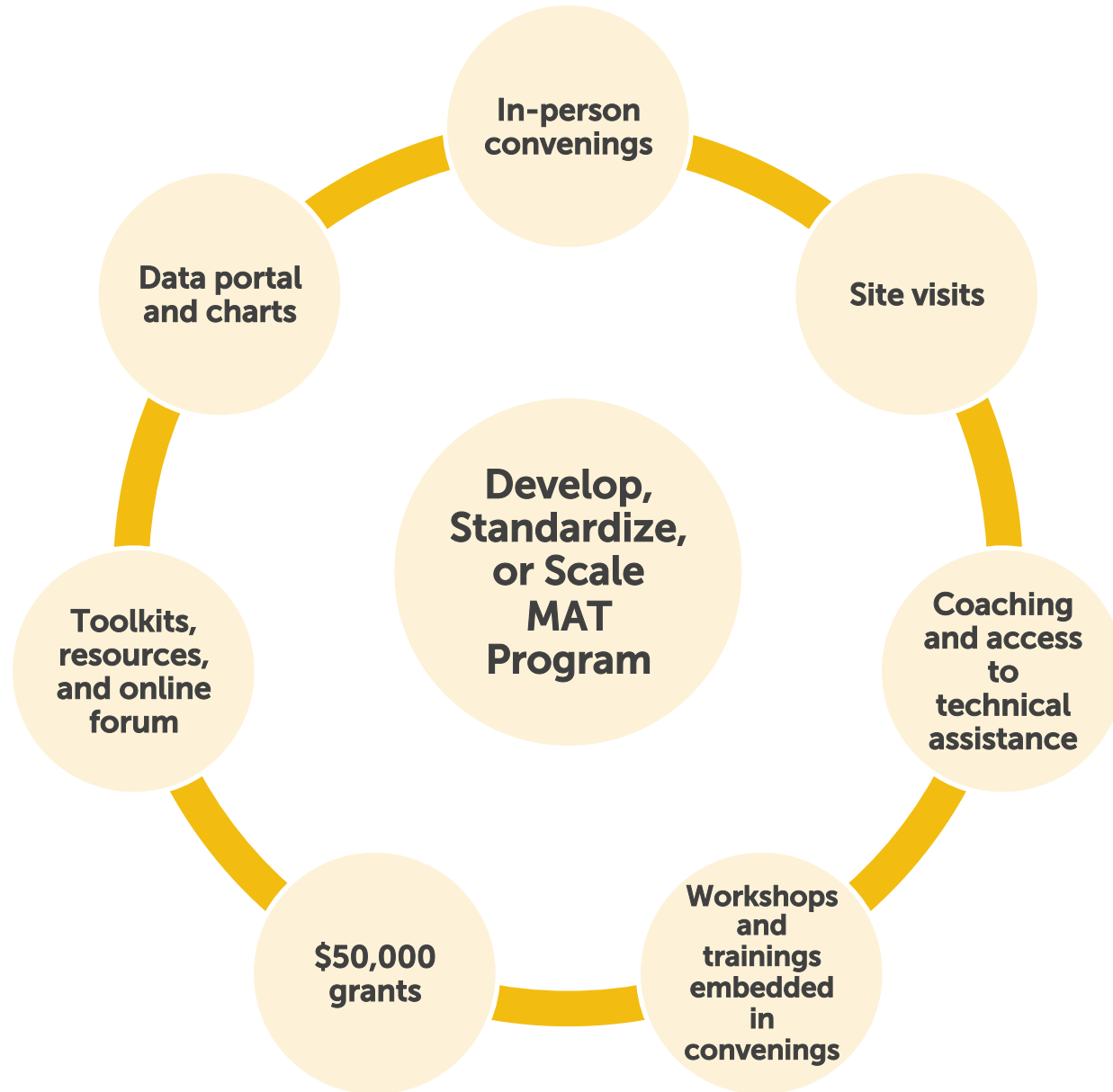
- CCI previously ran a 18-month program (Treating Addiction in Primary Care, or TAPC) from Sept 2016 – Feb 2018
- 25 FHQCs participated, all HRSA grantees
- Participants nearly doubled the number of providers prescribing MAT and nearly tripled the number of patients receiving MAT
- Improvements in reducing 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



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 center and discussion forum	Provide a repository of tools and resources and an online forum to post questions and share resources across peers.
Capability-building workshops and 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.

*Addiction Treatment Starts
Here: Primary Care*
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 – Application Submission Form

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

Applications must be submitted by 5 pm PT on Friday, December 14, 2018. Please refer to the Addiction Treatment Starts Here: Primary Care Request for Applications (RFA) for details about the program and application requirements. *If more than one clinic site from your organization is applying to this program, you must submit a separate application for each clinic site.*

Your Organization Information

Applicant Organization Name *

Organization Type *

Address *

City *

State *

Zip *

Organization Website *

Number of Organization Clinic Sites *

Primary Electronic Health Record (EHR): *

Participation Requirements



The diagram features six circular nodes arranged in two rows of three. The top row contains 'Engaged Leadership' (yellow), 'Reporting Data on Measures' (teal), and 'Peer Sharing' (orange). The bottom row contains 'Continuity & Dedicated Team' (yellow), 'Active Participation' (teal), and 'Willingness to Experiment' (orange). The background is a light gray with faint silhouettes of human heads and interlocking gears, suggesting a process or system.

Engaged Leadership

Reporting Data on Measures

Peer Sharing

**Continuity
&
Dedicated
Team**

**Active
Participation**

**Willingness
to Experiment**

The Give & The Get

Give	Get
<ul style="list-style-type: none">▪ 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<ul style="list-style-type: none">– 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)	<ul style="list-style-type: none">▪ 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 December 14, 2018

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

Addiction Treatment Starts Here: Primary Care – Application Submission Form

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

Applications must be submitted by 5 pm PT on Friday, December 14, 2018. Please refer to the Addiction Treatment Starts Here: Primary Care Request for Applications (RFA) for details about the program and application requirements. If more than one clinic site from your organization is applying to this program, you must submit a separate application for each clinic site.

Your Organization Information

Applicant Organization Name *

Organization Type *

Please select...

Address *

City *

State *

Zip *

Organization Website *

Number of Organization Clinic Sites *

Primary Electronic Health Record (EHR): *

KEY DATES

- Informational Webinar: TODAY!
- **Application Deadline: December 14, 2018**
- Cohort Announced & Program Start: February 1, 2019
- Kick-Off Webinar: February 13, 2019 (12-1pm PT)
- In-Person Learning Session 1: April 10, 2019 – April 11, 2019
- In-Person Learning Session 2: September 18, 2019 – September 19, 2019
- In-Person Learning Session 3: April 15, 2020 – April 16, 2020
- Program End: July 31, 2020

From Your Peers

Family Health Centers of San Diego

- Location: San Diego County
- # of clinic sites: 23
- # of patients seen annually: 190,000
- MAT Stats:
 - 39 patients on Suboxone
 - 12 patients on Vivitrol



Dr. Joe Sepulveda,
Assistant Medical
Director,
Physician champion of
MAT program



FAMILY HEALTH CENTERS
OF SAN DIEGO

Family Health Centers of San Diego

- Goal at the outset of TAPC
- Where FHCSD started
- Major accomplishments
- TAPC activities that most significantly contributed to success
- Current focus
- Recommendations to fellow health centers



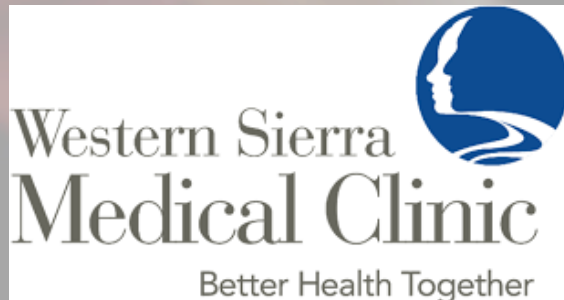
FAMILY HEALTH CENTERS
OF SAN DIEGO

Western Sierra Medical Clinic

- **Location: Grass Valley, CA (Nevada County)**
- **Number of clinic sites: 7**
- **Number of patients served annually: 15,750**
- **Goal for MAT program development: Integrate MAT and SUD treatment into primary care at six different locations**



Dr. Christina Lasich,
Chief Medical Officer,
Pain and Addiction
Medicine Specialist



Western Sierra Medical Clinic

- Starting with no program in 2016
- Currently:
 - MAT waived providers at 5/6 locations (total of seven providers)
 - 217 patients treated
 - SUD counselors at 3/6 locations
- TAPC Network: In-person learning events and coaching
- Future:
 - Drug-MediCal SUD outpatient program for adults and adolescents
 - All providers waived
- Get Started!! Be the Hope!!



Questions?

Closing

Resources



- Application Overview, RFA, and Application Form:
<https://www.careinnovations.org/addiction-primary-care-2019/>
- 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:

Tammy Fisher
Senior Director
Center for Care Innovations
tammy@careinnovations.org

Sandy Newman
Principal
LSN Health Strategy
sandy@lsnhealthstrategy.com