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

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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 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

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

In-person convenings

Site visits

Coaching and access to technical assistance

Workshops and trainings embedded in convenings

$50,000 grants

Data portal and charts

Toolkits, resources, and online forum
## Program Components Described

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<th>Description</th>
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<td>3 in-person convenings</td>
<td>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.</td>
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<td>Site visits</td>
<td>Provide opportunities to visit an exemplar and a peer health center to see MAT programs in action.</td>
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<td>Webinars</td>
<td>Foster networking and deeper knowledge transfer on specific topics that emerge as challenges and priorities from the Learning Collaborative.</td>
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<td>Coaching</td>
<td>Help identify needs, trouble-shoot/overcome challenges, map and test workflows, support clinical and operational changes, and develop actionable plans for spread.</td>
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<td>Expert consultations</td>
<td>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.</td>
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<td>Online resource center and discussion forum</td>
<td>Provide a repository of tools and resources and an online forum to post questions and share resources across peers.</td>
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<td>Capability-building workshops and trainings</td>
<td>Support skills development in a range of areas (e.g., QI, MI, x-waiver, reducing stigma, neuroscience of addiction, and other topics that emerge).</td>
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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.
Participation Requirements

- Engaged Leadership
- Reporting Data on Measures
- Peer Sharing
- Continuity & Dedicated Team
- Active Participation
- Willingness to Experiment
## The Give & The Get

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<td>- Commitment to start, improve and/or expand MAT in your site</td>
<td>- Access to technical assistance and experts to help you design, standardize or spread your program</td>
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<td>- Establish a core team, with a minimum of an x-waivered clinician, project manager, and senior leader</td>
<td>- Coaching</td>
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<td>- Core team attends all in-person learning sessions</td>
<td>- Site visits to learn from peers</td>
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<td>- Core team meets regularly</td>
<td>- $50,000 per site to offset travel expenses to in-person sessions</td>
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<td>- Share your experiences and tools with others</td>
<td>- Participate in a learning community that optimizes peer sharing</td>
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<td>- Submit data on small measure set (quarterly)</td>
<td>- Online resource center</td>
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How to Apply

Applications due by December 14, 2018


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

- 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
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 waivered 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/

Thank you!

For questions contact:

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