Addiction Treatment Starts Here: Primary Care

February 13, 2019

Kick-Off Webinar

CCI
CENTER FOR CARE INNOVATIONS

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 and posted to the program page!

Agenda

1. Welcome & Introductions
2. Addiction Treatment Starts Here: Primary Care
3. Implementing Change
4. Program Expectations
5. Calendar + Resource Center
6. Questions + Answers

Welcome + Introductions

Addiction Treatment Starts Here: Program Team

Primary Care Collaborative

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

Susannah Brouwer
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Meaghan Copeland
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Community Partnerships

Jennifer Wright
Improvement Advisor
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Diana Nguyen
Program Coordinator
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ATSH Project Partners

- Addiction Treatment Starts Here Coaches
  - Katie Bell
  - Shelly Virva
  - Brian Hurley (coach and ATSH Clinical Director)
- Mark McGovern, Stanford University School of Medicine (evaluation)
- Bridget Cole and Chris Hunt, Institute for High Quality Care (quality improvement methods)

Addiction Treatment Starts Here: Primary Care

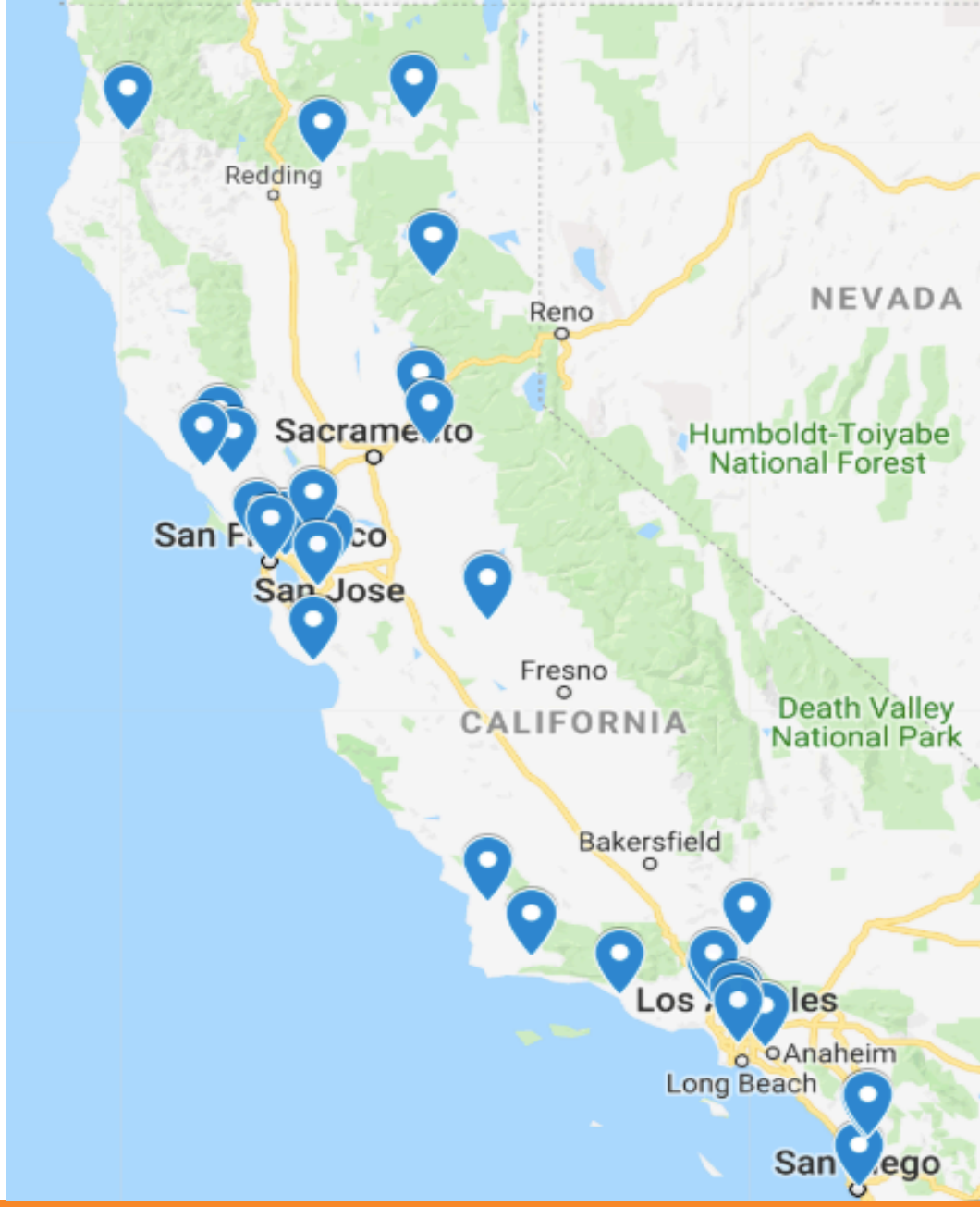
ATSH:PC Cohort At a Glance

Program Cohort

- 40 teams
- 34 organizations represented
- 23 teams in Track 1
- 17 teams in Track 2

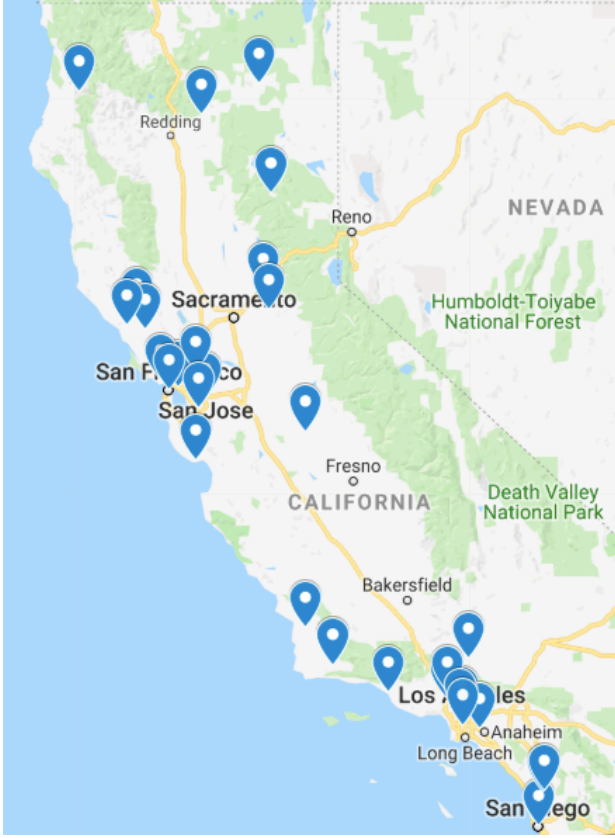
Organization Characteristics

- 19 counties
- 9 teams serving <10,000 patients
- 13 teams serving 10,000 – 15,000 patients
- 9 teams serving 50,000 – 100,000 patients
- 8 teams serving >100,000 patients



ATSH:PC Cohort At a Glance*

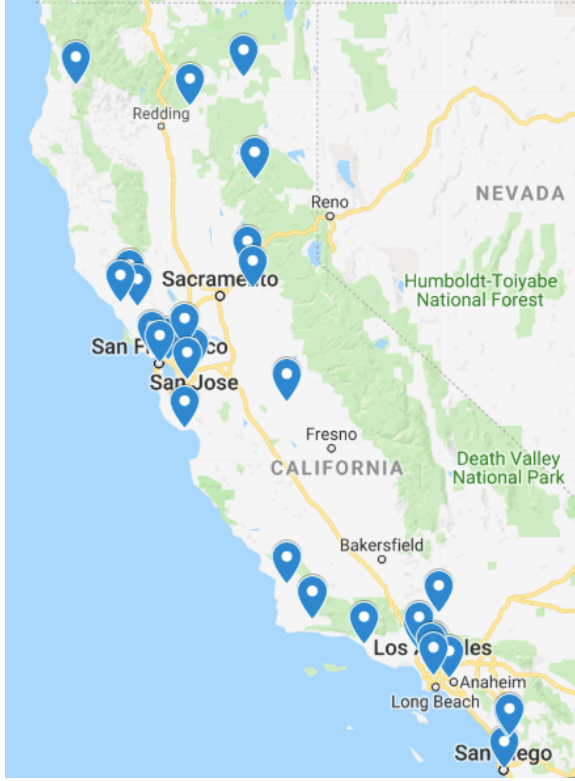
- Alameda Health System - Eastmont Wellness Center
- Alameda Health System - Highland Wellness Center
- Alliance Medical Center
- AltaMed - Huntington Beach site
- Axis Community Health, Inc.
- Bartz-Altadonna Community Health Center
- Central Neighborhood Health Foundation
- Chapa-De Indian Health Program, Inc.
- Community Health Centers of the Central Coast - Paso Robles site
- Contra Costa Health Services
- Ventura County Health Care Agency - Health Care for the Homeless
- El Dorado Community Health Centers
- Family Health Centers of San Diego - Hillcrest Family Health Center
- Family Health Centers of San Diego - Downtown Family Health Center
- Golden Valley Health Centers - Senior Health and Wellness Center
- Hill Country Health and Wellness Center - Round Mountain site
- K'ima:w Medical Center
- Kheir Center
- KCS Health Center
- La Clinica de La Raza, Inc.



*This list is based on CCI's recommendation. The grant award is not final until approved by the Tides Center CEO and Board of Directors.

ATSH:PC Cohort At a Glance*

- L.A.C. DHS- Hubert H. Humphrey Comprehensive Health Center
- LAC USC Medical Center Adult Primary Care
- MLK Outpatient Center
- Marin City Health and Wellness Center
- Mission City Community Network, Inc. - South Bay site
- Mission City Community Network, Inc. - San Fernando site
- Mountain Valleys Health Centers - Burney Health Center
- Neighborhood Healthcare - Devonshire site
- Neighborhood Healthcare - El Cajon site
- Northeast Valley Health Corporation
- Plumas District Hospital - Plumas Rural Health Center
- Santa Cruz County Health Services Agency - North County Clinics
- Santa Ynez Tribal Health Clinic
- Sonoma County Indian Health Project, Inc.
- South Central Family Health Center - South Los Angeles site
- St. John's Well Child and Family Center - Traynham site
- St. John's Well Child and Family Center - Compton site
- UCSF Health - Family Medicine at Lakeshore
- Tri-City Health Center
- West County Health Centers - Gravenstein Community Health Center



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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.

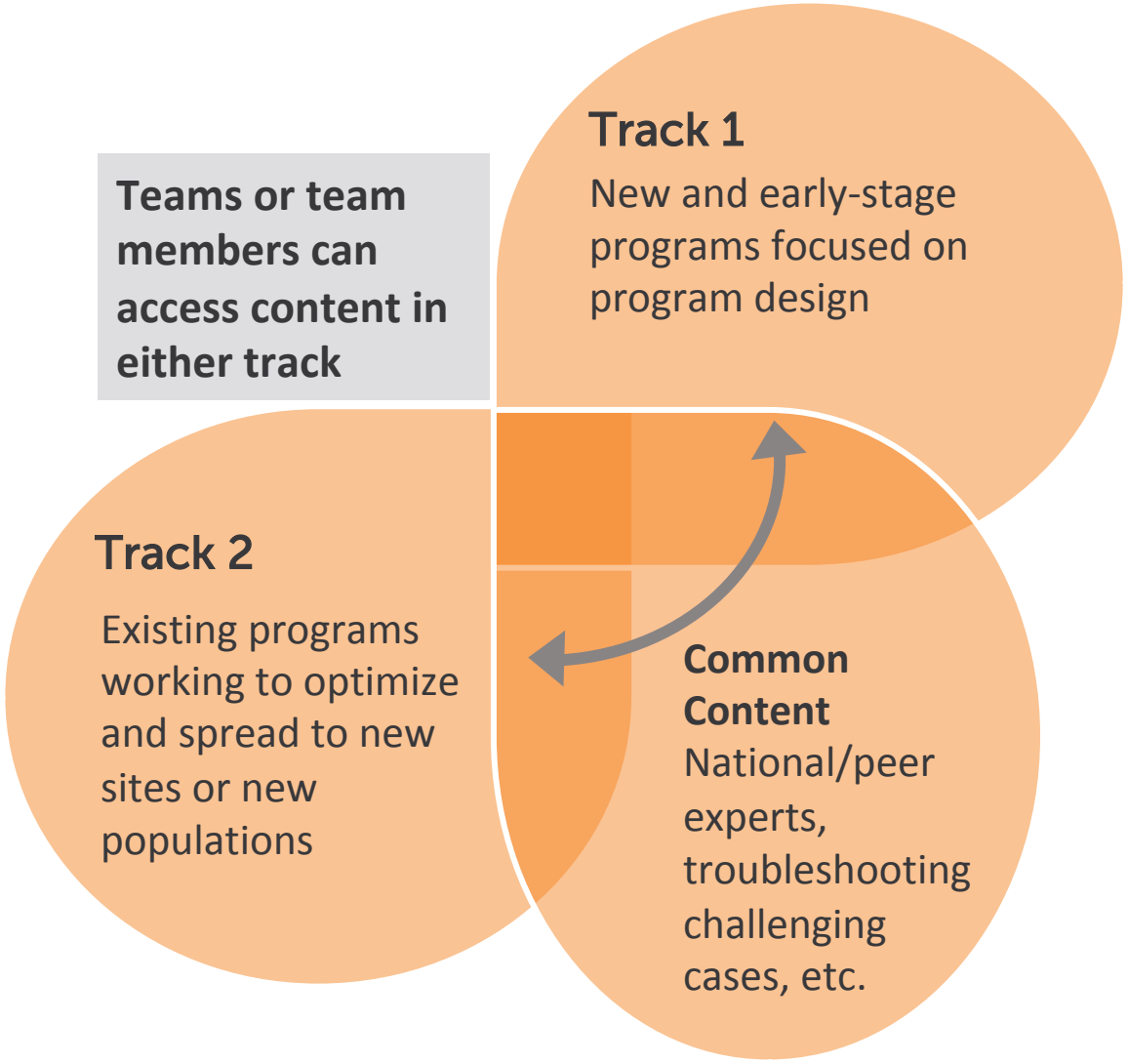
ATSH:PC Program Components

In-person convenings	1.5 day convenings focused on peer sharing and best practice exchange. Faculty include national and peer experts.
Site visits	Visits to exemplar sites 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	Identify needs, trouble-shoot/overcome challenges, map and test workflows, support clinical and operational changes, and develop actionable plans for spread.
Expert consultations	In-depth consultations on topics or challenges with services such as interviews, assessments, and/or direct observation of people and processes.
Online resource center	Repository of tools and resources and an online forum to post questions and share resources across peers.
Capability-building trainings	Skills development in a range of areas (e.g., QI, MI, x-waiver, reducing stigma, neuroscience of addiction).

MAT 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 (e.g., 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; and, scale, spread and sustainability.
- Managing Buprenorphine Inductions, Stabilization & Maintenance: Identifying high-risk patients; defining interventions for patients based on strata; building community partnerships; care coordination; managing hospital transitions; managing patients on polypharmacy.
- Addiction 101: Neuroscience of addiction; buprenorphine, naltrexone, and naloxone 101 in primary care and mental health.

ATSH Tracks


Teams or team members can access content in either track
Track 1
New and early-stage programs focused on program design
Track 2
Existing programs working to optimize and spread to new sites or new populations
Common Content
National/peer experts, troubleshooting challenging cases, etc.

Implementing Change

IMPLEMENTING CHANGE

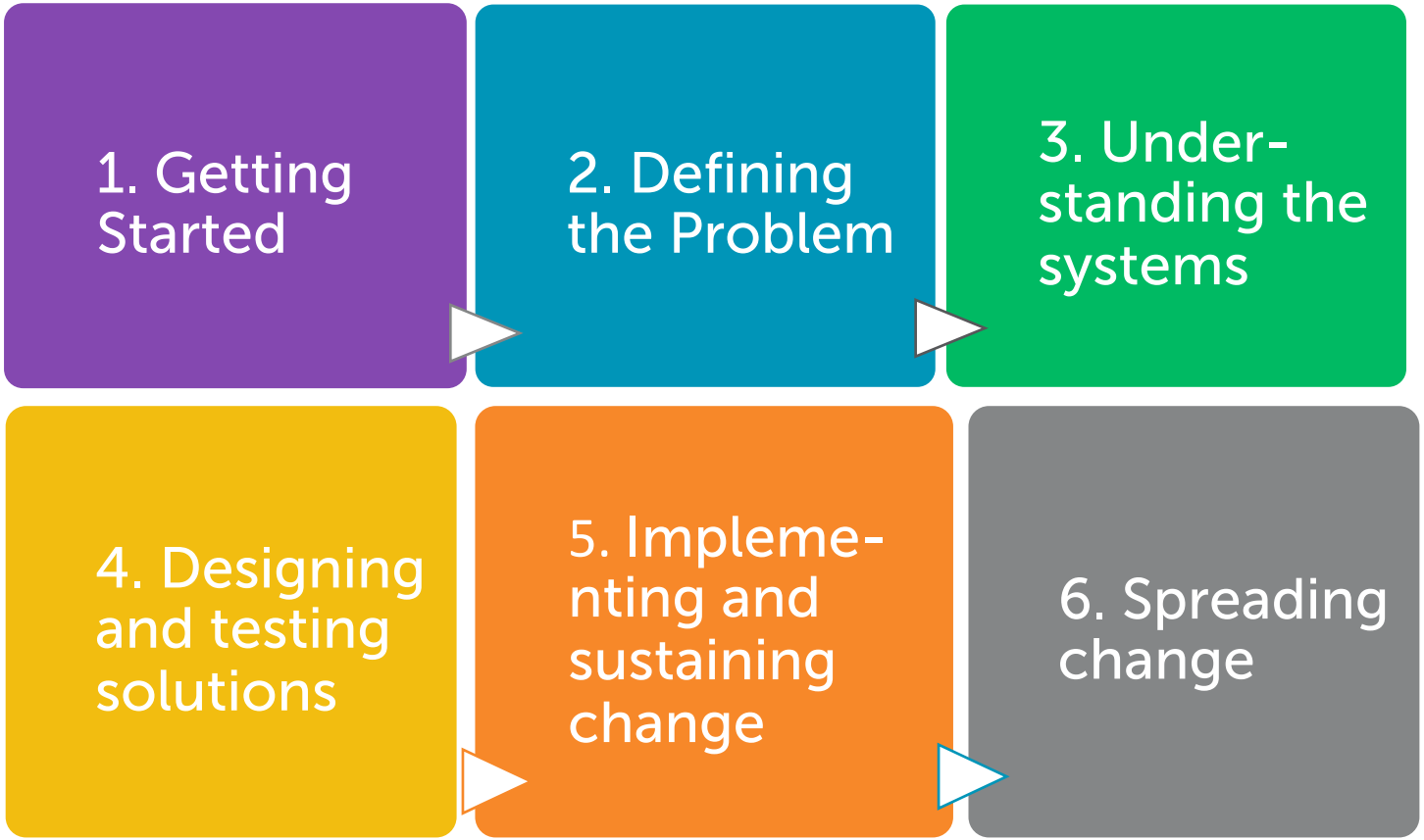
THE PESSIMIST COMPLAINS ABOUT THE WIND;

THE OPTIMIST EXPECTS IT TO CHANGE;

THE REALIST ADJUSTS THE SAILS.

~ WILLIAM ARTHUR WARD

Project Timeline for New Improvement/System/ Process/Change



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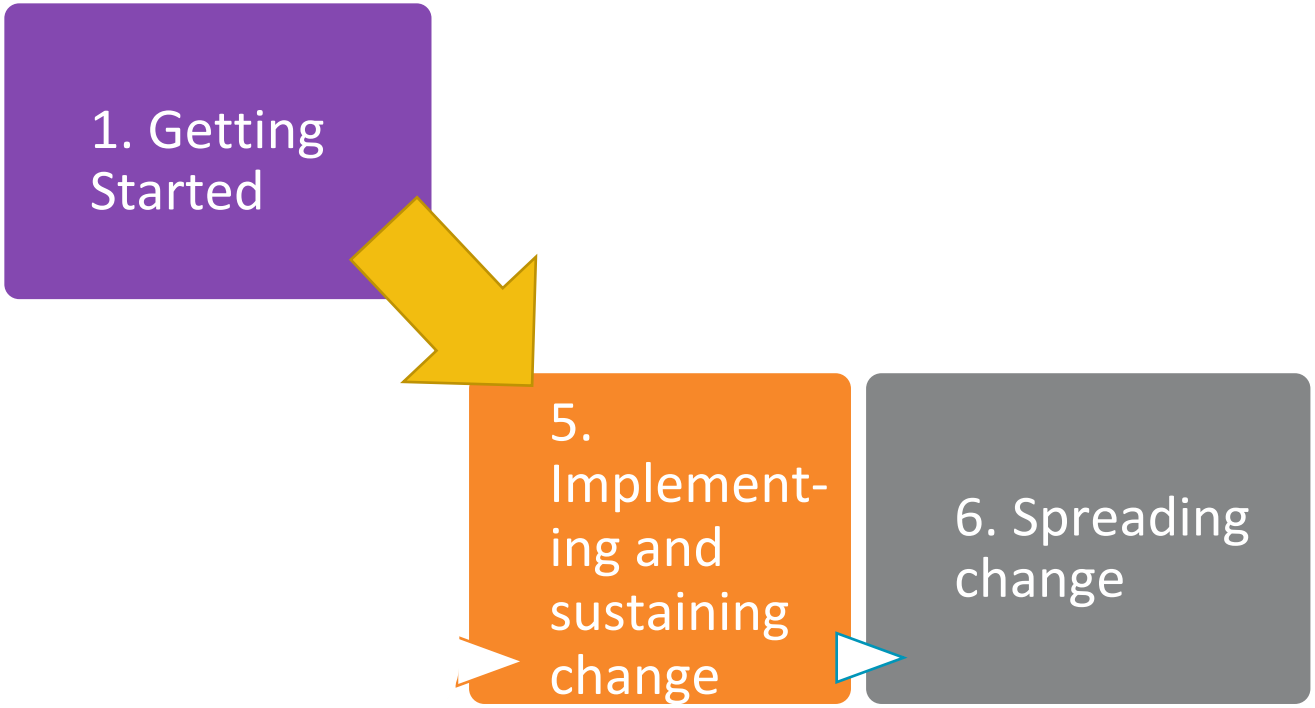
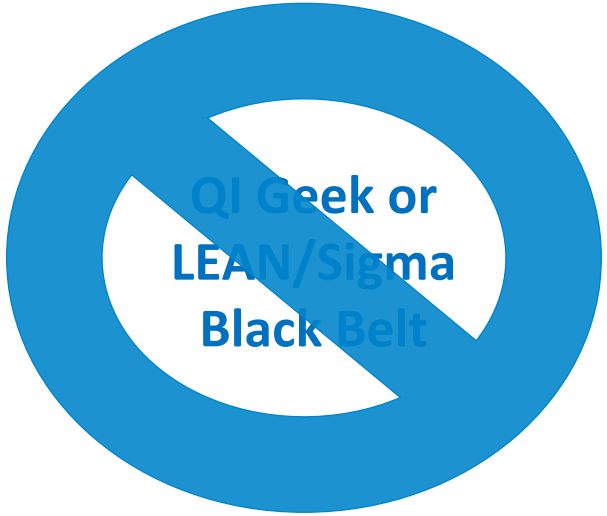
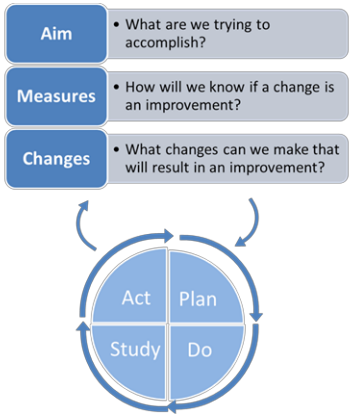
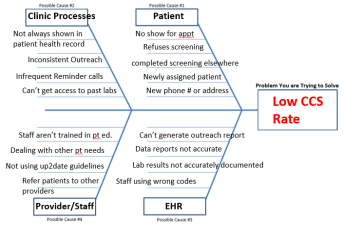


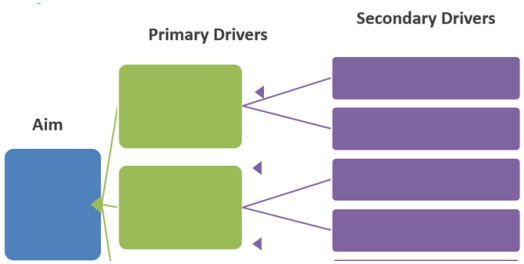
Supportive Resources

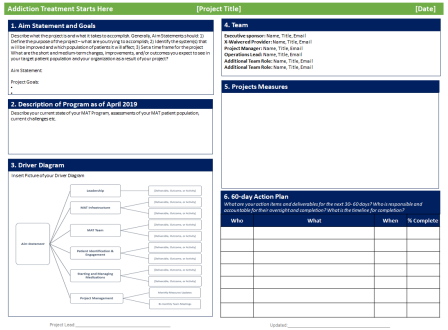
- To get you from “Getting Started” to “Implementation” or “Spreading” – exercises, tools, and techniques
- Leverage and adapt approaches from quality improvement, project management, and change management
- But…don’t worry











Approaches to help you identify the ***current issues***, define your ***aim***, focus your efforts on key ***activities/ drivers***, and ***test and stage*** your implementation and spread

Program Expectations

Participation Requirements

The Give & The Get

Give	Get
▪ Identify a team of 4 – 6 individuals ▪ Participate in the three in-person learning sessions ▪ Share your experiences and tools with others ▪ Submit data on small measure set (quarterly) ▪ Commitment to start, improve and/or expand MAT in your clinic site	▪ 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

Elements of an Effecting Coaching/Clinic Partnership

- Establishing a warm, listening, collaborative relationship with the MAT team and to have a point of contact is essential!
- An effective coach fully understands how primary care systems operate.
- The initial site discussion will allow the coach to get to know the team, hear the concerns, make a complete needs assessments and develop a working plan.
- Availability of the MAT coach for ad hoc questions or a quick case review keeps things moving and builds confidence. A coach must be a good problem solver for systems challenges and for the challenges in patient care.
- Clinics which are in MAT launch phase (Track 1 in ATSH) usually want help with development of program with Treatment Agreements, Phases of Care, billing, clinic culture and policies and procedures.
- Clinics with programs that are operational (Track 2 in ATSH) frequently struggle with challenging patient flow issues, patient care issues and barriers.

Santa Cruz County Health Services Agency

- The Homeless Persons' Health Project (HPHP) is one of three health clinics within the Health Services Agency of the County of Santa Cruz
- HPHP and Santa Cruz Health Center (Emeline Clinic) have 11 waivered clinicians; all three clinics have a combined total of 17 waivered clinicians
- About 90 patients on MAT within the last 6 months
- The County of Santa Cruz Health Services Agency participated in CCI's previous MAT program (Treating Addiction in Primary Care)

Joey Crottogini, MPH

Health Center Manager, County of Santa Cruz

Homeless Persons Health Project

Calendar + Program Page

Activities + Events

- February 27: Pre-Work Webinar
- March 18: Data Portal & Measures Webinar

New!

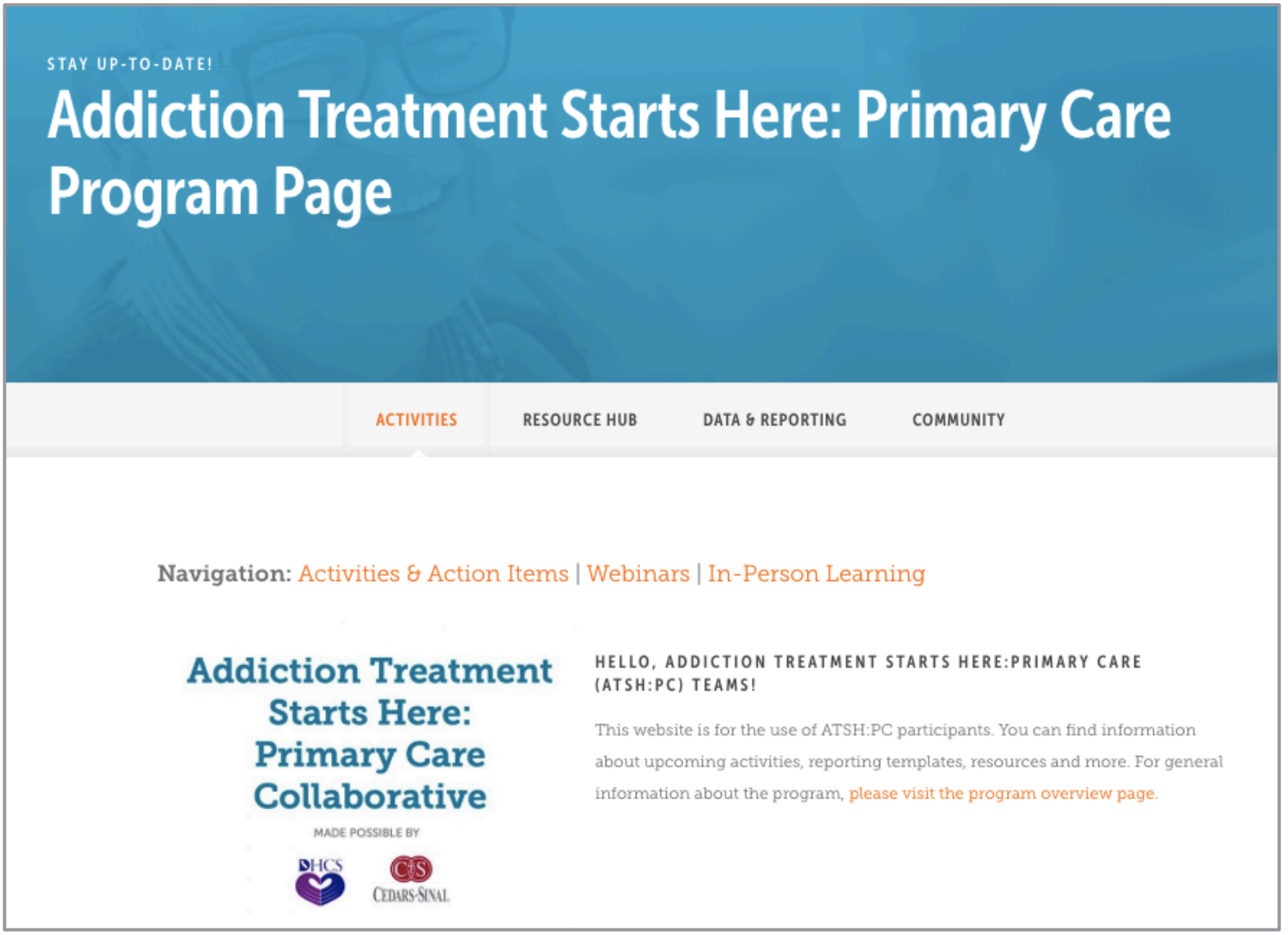
- April 10 – 11: Learning Session 1 (LAX Westin)
- September 18 – 19, 2019 **Learning Session 2:** (Northern California, location tbd)
- April 15 – April 16, 2020 **Learning Session 3:** (Los Angeles, location tbd)

April 10: 9:30 am – 11:30 am: QI Boot Camp (optional!)

April 10: 12:00 pm – 5:00 pm (lunch and registration at 11:00 am; happy hour at 5 pm)

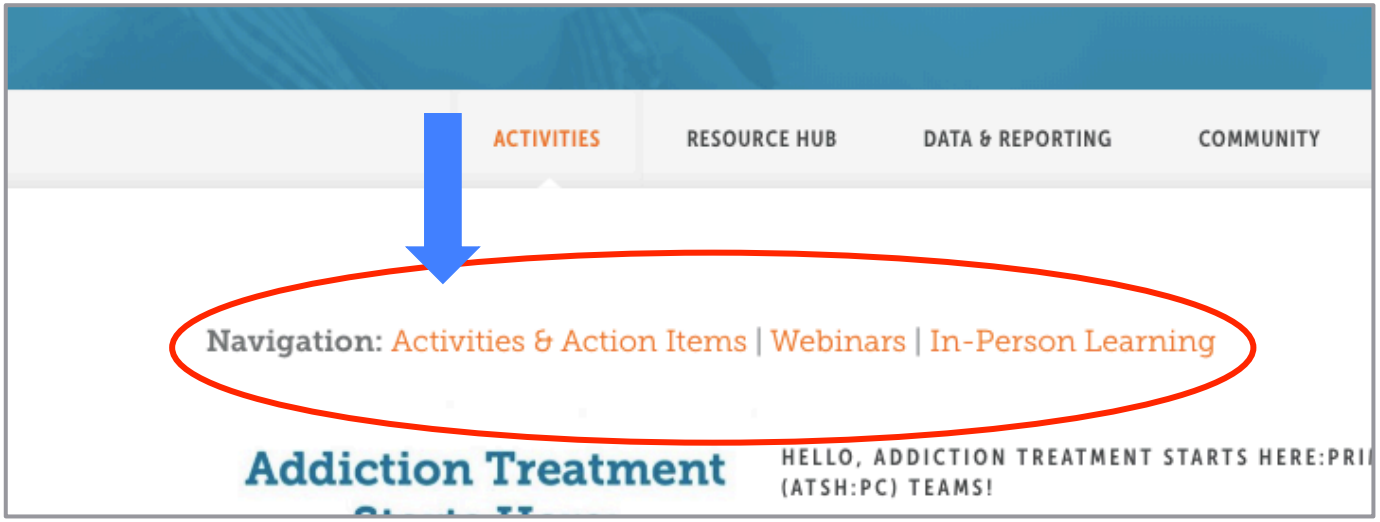
April 11: 8:30 am – 4:00 pm (breakfast and registration starts at 8:00 am)

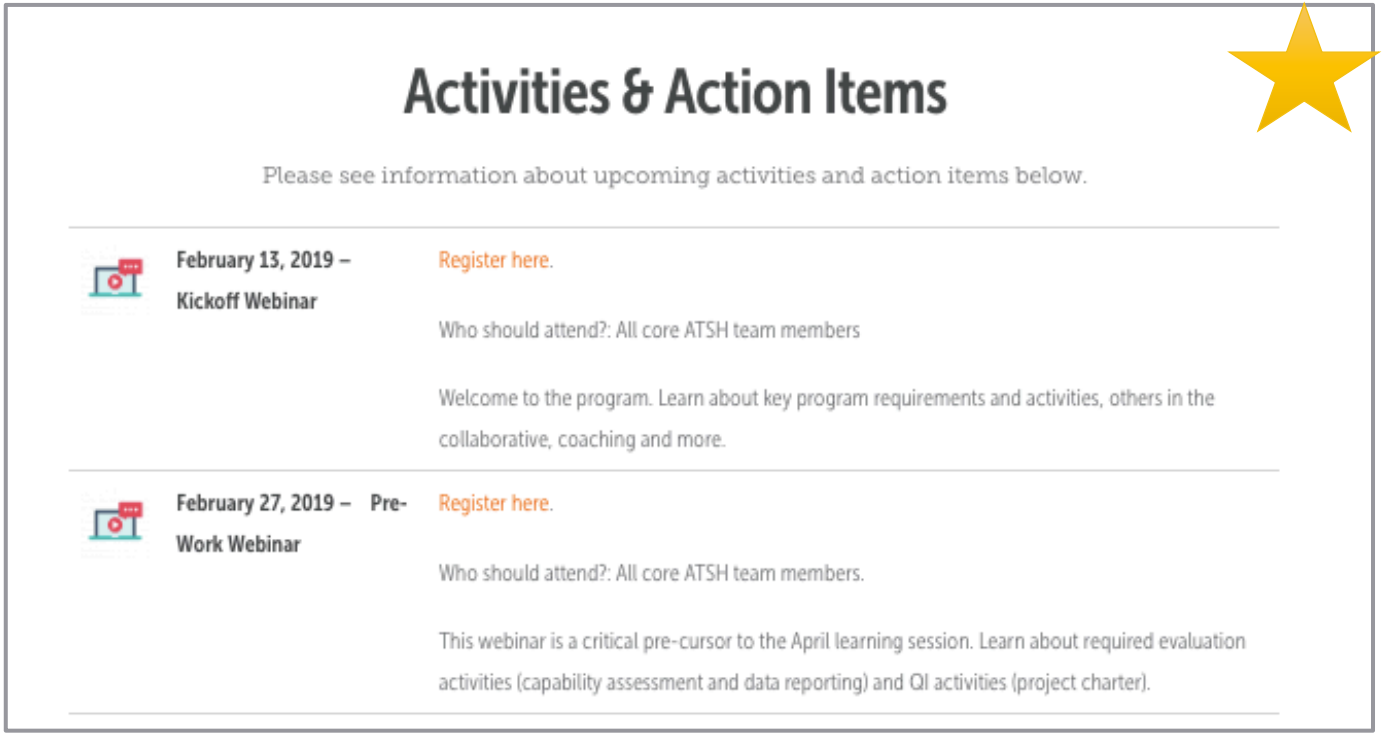
ATSH Program Page



Visit: https://www.careinnovations.org/atshprimarycare-teams/

ATSH Program Page





Check **Activities & Action Items** for updates about upcoming webinars, events, and more. This is where we'll include registration links, pre-work assignments and other "to-dos."

Visit: https://www.careinnovations.org/atshprimarycare-teams/

Questions + Answers

Thank you!

For questions contact:

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Sandy Newman
Principal
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