



ALAMEDA
HEALTH SYSTEM

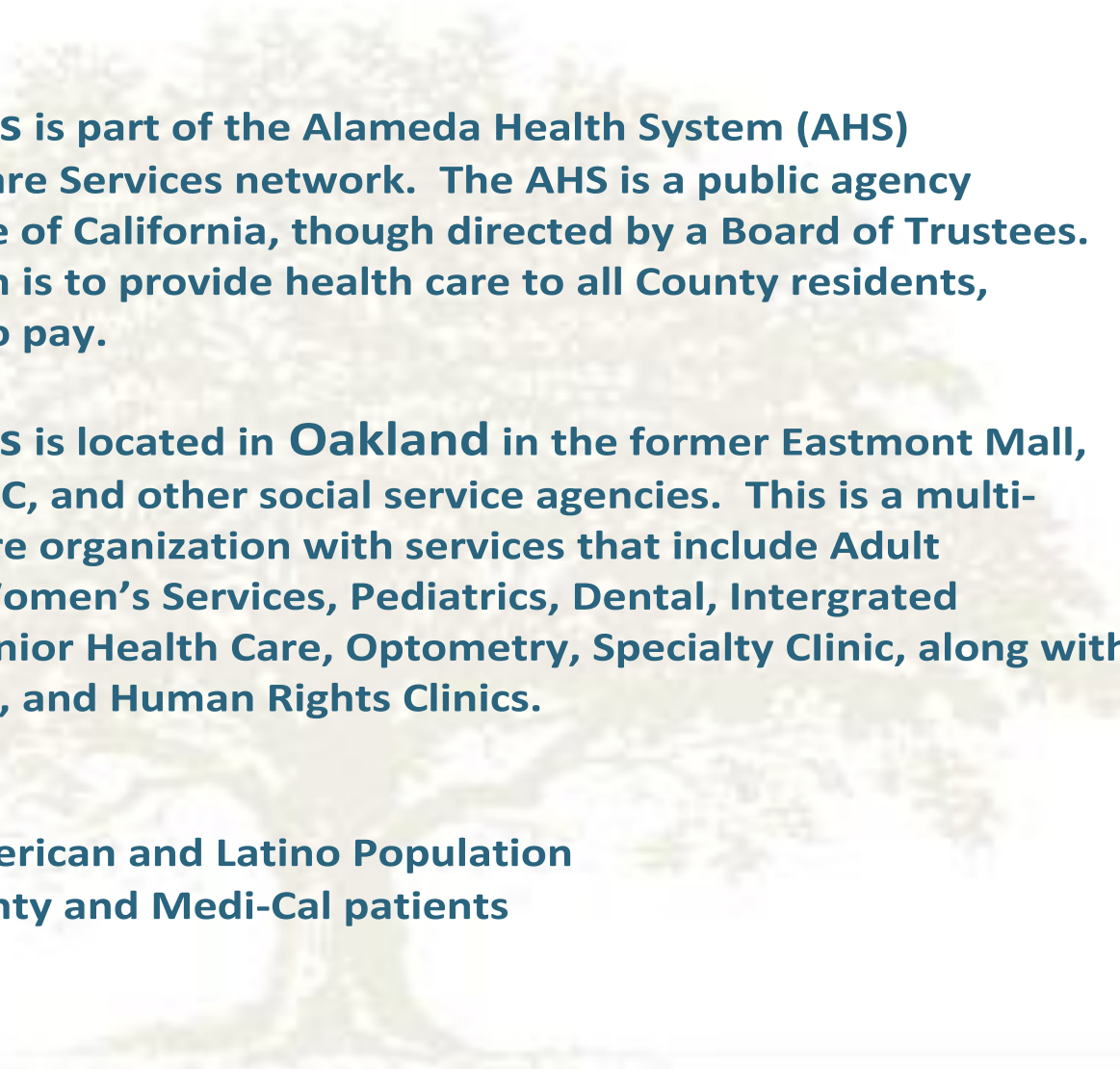
Eastmont Wellness

Caring, Healing, Teaching, Serving All

Our ATSH Team

Alameda Health System - Eastmont Wellness





Eastmont Wellness is part of the Alameda Health System (AHS) Ambulatory Health Care Services network. The AHS is a public agency regulated by the State of California, though directed by a Board of Trustees. AHS's primary mission is to provide health care to all County residents, regardless of ability to pay.

Eastmont Wellness is located in **Oakland** in the former Eastmont Mall, which houses SSA, WIC, and other social service agencies. This is a multi-disciplinary health care organization with services that include Adult Medicine, OB-GYN, Women's Services, Pediatrics, Dental, Intergrated Behavioral Health, Senior Health Care, Optometry, Specialty Clinic, along with Refugee, Immigration, and Human Rights Clinics.

Demographics:

- Large African American and Latino Population
- Low income, county and Medi-Cal patients

Our Buprenorphine Treatment Program

- **Current state:**

EWC has one provider who prescribes buprenorphine to patients who have been stabilized from our hospital's Buprenorphine Induction Clinic or who self-present. We do home inductions. In the past 6 months, we have had 3 patients on MAT.

- **Goals for ATSH participation:**

- To be able to better identify, reach out to, and serve our patients with OUD
- To increase the number of patients on MAT
- To build support for providers to treat OUD
- To build a clinic culture of empathy, inclusion, and teamwork

Capability Assessment: What We Learned

- In completing the assessment, we were surprised by:
 - amount of standard work and protocolization needed
 - very different responses from team members

- Our team's areas of strength:
 - Committed and multi-disciplinary team
 - Full insurance coverage for patients

- Areas for development:
 - Lack of care coordination and social work
 - Lack of standard work
 - Underdiagnosis of patients with OUD

Current State Assessment

- We surveyed our **staff**, **physicians**, and a few **patients** if we should start a program:

Absolutely, we should have groups, treatment programs, and counseling to support patients in this community.

Yes – would give patients who are interested in being treated for OUD a “one stop” location where they can be treated for OUD in addition to other chronic illnesses.

No. My opinion is that we don't have the adequate staffing to provide this to patients. They need stable &/or organized help.

If it stops them from craving drugs then yes because that's what keeps them using.

I would love to see this for other people...to get the help that they need...this area has a lot of people going to methadone clinic.

- We learned that most individuals want Eastmont to provide MAT, some are worried about resources, and some have misconceptions about addiction.

STAFF SURVEY

	Strongly Disagree	Disagree	Neutral/ Don't Know	Agree	Strongly Agree
Most people with substance use disorders are uneducated and of lower economic status.	XXXXXXXXXX	X	XXX	X	
People who are addicted to opioids are more dangerous than the general population.	XX	XXXXX	XXX	XXX	X
Opioid use disorder is a treatable disease.			XXXX	XXXXXXXXXX	X
Treating opioid use disorder with methadone or buprenorphine is simply a replacement of one drug for another.	XX	XXX	XXXXXXXXX	X	X
There are many patients at Eastmont looking for help to treat their substance use disorder.			XXXXXXXXXX	XXXXX	X
Eastmont provides strong services and support for patients with substance use disorder.	XXX	XXX	XX	XXXXXX	
Someone I care about (yourself, family member, friend) has a substance use disorder.	No: XXXXXXXXXXXX	Yes: XXXX			

PROVIDER SURVEY

	Strongly Disagree	Disagree	Neutral/ Don't Know	Agree	Strongly Agree
Abstinence-based therapies are as effective as medication assisted treatment for OUD.	XXX	XXXX	X		
Treating opioid use disorder with methadone or buprenorphine is simply a replacement of one drug for another.	XX	XXX	XX	X	
Prescribing buprenorphine would be time consuming and burdensome.	X		X	XXXXXX	
Opioid use disorder treatment is more dangerous than other chronic disease management.	X	XXX	XXX	X	
There are many patients at Eastmont looking for help to treat their substance use disorder.	X	XX	XX	XXX	
I know how to diagnose a patient with OUD.			XXX	XXXX	X
I have a good understanding of the different medication assisted treatments for OUD.		XXX	X	XX	XX
I know how to refer a patient with OUD to treatment.		X	XX	XXXX	X

Our Team Has Been Wondering . . .

- How do we engage providers and encourage them to diagnose and refer patients correctly?
- How do other teams find the time to build their program?
- How do teams develop standard work regarding patient scheduling (frequent visits)?
- How do we change the clinic culture to embrace and support this new program?
- We would love to connect with clinics that also have large vulnerable urban populations
- We would love teams to share protocols and materials developed!

Advice/Guidance/Tools For Other Teams

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