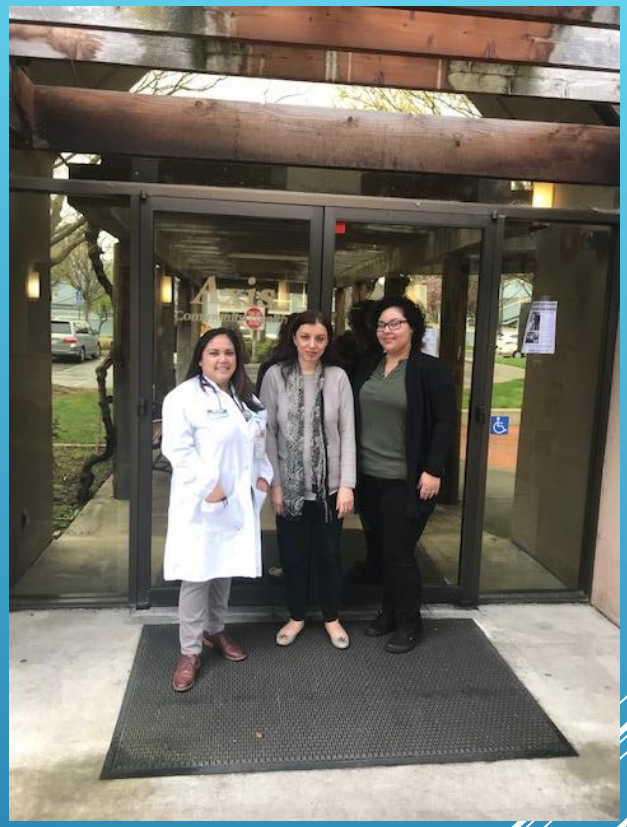
axis community health



Hacienda & Pacific Clinics
In East Alameda County
California

OUR ATSH TEAM

- Our Core Interdisciplinary MAT Team:

  Michelle Surdilla-Cortes, MD
  - X-Waivered Physician, Heads MAT Program

  Ghazala Khan, LMFT
  - Staff Therapist, Integrated Behavioral Health for MAT

  Evony Avelar
  - BH Liaison, Care Coordination for MAT

  Dawnell Moody, DO
  - Chief Medical Officer, Medical Clinic Administrative Oversight

  Priscilla Mathews, LCSW
  - Administrative Director of Integrated Behavioral Health

  Jennifer Penney, PsyD
  - Chief of Behavioral Health

- Our Site's MAT Providers (FTE):
  - MAT Prescribers: Dr. Cortes (1.0), Dr. Chadawada (.8), Dr. Garg (.9)

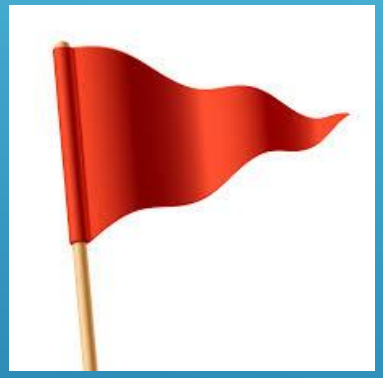
CURRENT STATE OF OUR MAT PROGRAM

- **Location & Community: East Alameda County**
  - We are located in Pleasanton & Livermore, suburban towns within Alameda County.

  - Within our area of the county, there are limited resources and most forms of treatment exist 30+ minutes away.
  - As an organization, we are well connected to county resources available (i.e. substance abuse hotline, various levels of care for SUD treatment).
  - There is a lack of identifying of OUD and other addictions within our community.
  - Stigma is a problem we face within the area of this county.
  - While this part of East County is generally considered to be affluent, there is also a significant amount of poverty and homelessness.

Current State of Program Continued:

- **MAT Program**:
  - **Program overview:**
    - Physician identifies a red flag such as over utilization of opiates
    - Physician consults with MAT participating physician & orders necessary labs if patient is deemed to be a candidate.
    - BH liaison meets with the patient to perform screenings
    - 30 minute consult occurs between the patient and the MAT physician.
    - Determine location of induction, start immediately (if U tox is complete)
    - Follow up within 1 week, 2 weeks later, and monthly once stabilized.



  - Currently, 3 X-Waivered Physicians participate in our MAT program.
  - They are located between 2 different clinic locations
  - We have prescribed to between 10-20 patients over the past 6 months.
  - Patients might complete induction in the office, at home or at the county hospital depending upon the physician's availability and level of comfort.

1. Increase MAT Capacity by increasing number of X-Waivered Physicians and MAT panel sizes.
2. Develop more consistent procedures (referral, screening, treatment), and ensure consistency between providers.
3. Increase utilization of our IBH MAT therapist and better screen for co-occurring diagnoses.
4. Increase community collaboration – i.e. Valley Care ER starting inductions.
5. Provide education to all staff regarding MAT, why to refer, what is involved, how it can save a life, etc.

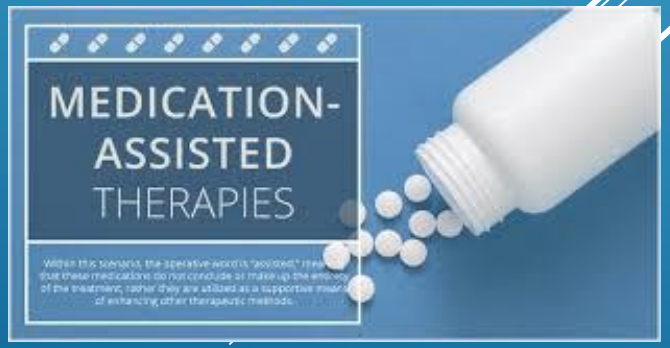
CAPABILITY ASSESSMENT: WHAT WE LEARNED

- In completing the assessment, we were surprised that we have a lot of work still to do!

- Our team's areas of strength: We have started a basic MAT program, but we are also **passionate and motivated ☺**
- Areas for development:
  - Better screen for BH and co-occurring disorder, possibly utilize group tx
  - Lack of use of ASAM criteria and considering other LOC.
  - Increase outreach attempts and better use our care coordinator
  - We have a lot of streamlining within out program that needs to be completed.

CURRENT STATE ASSESSMENT

- What everyone had to say about our MAT program:
  - Staff (BH, MAT providers, medical providers):
    - Some staff said "MAT? What is that . . . "
    - There is a lack of knowledge within our team and throughout the organization regarding MAT, why it is beneficial, why to refer, etc.
    - There is a stigma that exists and assumptions around MAT being appropriate for street drug users, and lots of misinformation in general.
    - We still haven't dialed in the needs of the MAT providers and are not providing the support they need to do their best work.
    - There was a lack of clarity around whether a pt would need to withdrawal first, whether there is a contract, utilization of BH, etc.
  - Patients:
    - Several have dropped out of the program and there was no follow up as to why.
    - Patients have experienced other levels of care, provided really positive feedback about their MAT experience at Axis. They didn't have much feedback about what could be changed.

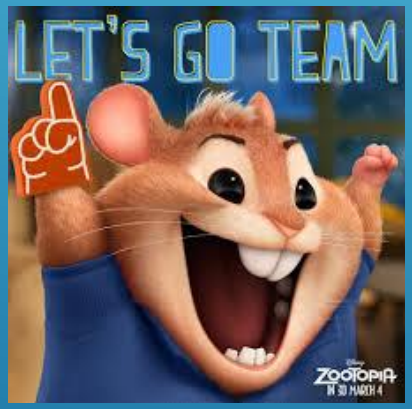


CURRENT STATE ASSESSMENT CONT.

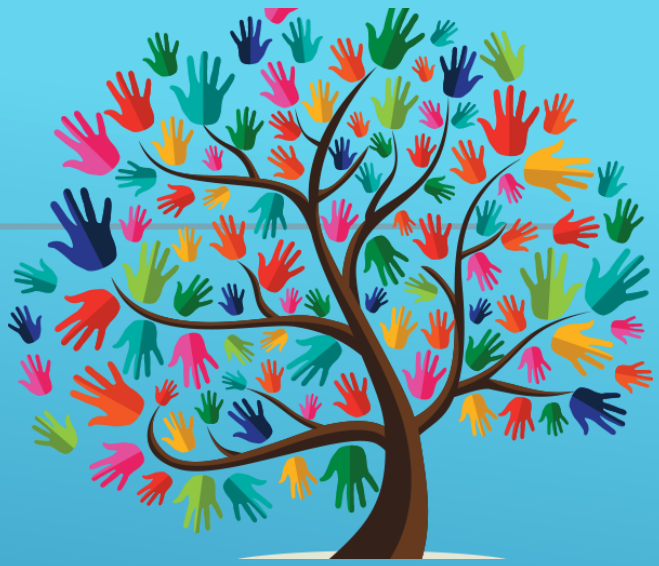
- Other insights we gathered from current state activities:
  - We may be able to utilize our pain management contract at year 2 as a trigger for potential MAT, and in general need to take a more proactive approach.
- We received the following feedback on the appropriateness and acceptability of using MAT in our clinic:
  - Most of our staff didn't know how to refer or get the process started, some ran into dead ends due to physician misinformation or stigma.

OUR TEAM HAS BEEN WONDERING!

- Our questions to other teams:
  - Examples of workflows for running an efficient and smooth MAT program.
  - What screening measures/methods have been found to be most effective?
- Our questions for faculty:
  - Any recommended training materials we can provide to all staff? And how to increase staff knowledge overall?
  - Ideas for utilizing our primary prevention staff to educate the community
- We need support to accomplish:
  - Pretty much everything ☺



ADVICE/GUIDANCE/TOOLS FOR OTHER TEAMS



- Do you have policies, protocols, tools to share with others?
  - We do have a basic policy and procedure for MAT and could provide feedback about what helped us get started.
- 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?
  - Not yet. We just want to focus on educating our own staff internally.