

# BHS Health Center Network

# Our ATSH Team

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- Our Core MAT Team:
  - Jessica Acosta, MAT Care Coordinator, Project Lead
  - Michael Ballue, Director of Family Health Services, Operations Lead
  - DeAnn Campbell, NP, X-waivered Provider Champion
  - Bruce Kinley, RN, Director of HC Quality, Project Advisor
  - Kerry Deeney, LCSW, Clinical Director, Clinical Leader
  - Candy Cargill-Fuller, Divisional Director, SUD Recovery Advisor
  - Dr. Evelyn Chang, CMO, X-waivered Provider Champion and Clinical Advisor
- Our Site's MAT Team by Function and FTE:
  - MAT Prescribers (11\*): Dr. Patel (1 FTE), Dr. Jahangiri (1 FTE), NP Campbell (1 FTE), NP Rodriguez (1 FTE), PA Pogue (1 FTE), NP Enzler (0.8 FTE), NP Rochefort (0.6 FTE), Dr. Burrows (0.2 FTE), Dr. Casabar (0.2 FTE), NP Melendez (0.2 FTE)
  - Nursing (0)
  - Social Work (0)
  - Behavioral Health: Nima (1 FTE), Efrain (0.2 FTE), Dr. Martinez\* (0.1 FTE)

# Current State

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- **Our community:** We are an FQHC who serves mostly Medi-Cal and uninsured patients in urban/sub-urban areas of Greater Los Angeles. Our agency has large, robust, and full-spectrum SUD recovery services.
- **Current state:**
  - **Short description of our MAT program:** We offer outpatient MAT services, mostly at-home inductions or inductions that start in a recovery facility. Our MAT services are integrated into our medical care. We have a MAT Care Coordinator who links existing patients or incoming patients to MAT services within 24-72 hours. We have been doing MAT on a small scale for a year but recently greatly increased since May 2019.
  - **Capacity: 11** waived providers
  - **Patient population: 96** patients receiving MAT in the previous 6 months
- **Goals for ATSH participation:** Our main goal is to expand our MAT program to serve more patients and to refine our current services. We experienced such a rapid growth that we hope to formalize our processes and develop guidelines for all staff to follow, including how to integrate telehealth. We also want to align our clinical protocols with current evidence. And we hope to further the culture shift to be more supportive and encouraging of our patients taking MAT, especially those in recovery.

# Capability Assessment: What We Learned

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- In completing the assessment, we were surprised by:
  - Lack of screening, promoting, and treating existing medical patients
  - Lack of understanding how MAT impacts existing services
  - Despite a lack of strong protocols, we have experienced fast growth
- Our team's areas of strength: We are connected to robust SUD recovery services, including medical detox, residential treatment, and outpatient support. MAT is a priority and we have had many small victories with patients and staff. Our team is deeply invested in this initiative.
- Areas for development:
  - Provide more cultural competency training and resources in caring for SUD
  - MAT-specific protocols AND revise existing protocols to include how current services interact with MAT
  - More protocols and capacity to screen existing patients
  - More focus on retaining patients (including patient education)

# Current State Assessment

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- We used the following methods to learn more about our current state:
- We spoke to: Providers, health center staff, SUD staff, patients, and leadership.
- From providers and staff we learned:
  - providers want more education and support, beyond what is offered in the waiver trainings,
  - we lack strong clinical protocols,
  - staff and providers need more *real-time* support.
- From patients we learned: having a central contact person is very valuable, and that patient agreements are a barrier for many patients. Patients experience some resistance in the 12-step community while taking MAT.
- Other insights we gathered from current state activities: Within our large agency, people have different operational definitions and ideas about MAT. *The majority of our patients taking buprenorphine stop within the first 4 weeks because attitudes and mis-information in our recovery sites.*
- We received the following feedback on the appropriateness and acceptability of using MAT in our clinic:
  - Some staff are still uncomfortable treating SUD, even though it is our agency's mission.
  - Care for patients with SUD varies greatly between sites and by individual provider.

# Our Team Has Been Wondering . . .

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- Our questions to other teams:
  - How do you coordinate this type of effort across multiple sites?
  - How do you support multiple, part-time and full-time providers?
- Our questions for faculty:
  - How do we address stigma about MAT from SUD providers, patients, and others?
  - How do we balance a patient's choice with providing medical advice?
- We need support to accomplish:
  - Designing clinical and operational protocols
  - Changing attitudes and beliefs about MAT and OUD/SUD
  - Implementing telehealth
  - Connect patients with recovery services that support MAT, i.e. MARA

# Advice/Guidance/Tools For Other Teams

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- Do you have policies, protocols, tools to share with others?
  - Using care coordinators dedicated to MAT ensures that patients don't get lost in the shuffle. Many of our patients with SUD come with a resistance to receiving MAT or medical care, and care coordinators help ensure that the patient at least shows up to the first appointment.
- 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?