Welcome to our Celebrate & Learn Webinar!

1. ONLY if you are connecting to the audio by cellphone or landline (e.g., not your computer), your audio connection and visual connection need to be joined for the breakouts. To join them:
   - ✔ First: Find your participant ID; if you are using your phone for your audio, your Zoom Meeting Participant ID should be at the top of your Zoom window
   - ✔ Then: Once you find your participant ID, press: #number# (e.g., #24321#)
   - ✔ The following message should briefly pop-up: “You are now using your audio for your meeting”

2. Please rename yourself so we know what team you’re from. This will help facilitate discussion and follow-up. To rename yourself:
   - ✔ Find the participant list: Go to the bottom of your Zoom window and click on Participants
   - ✔ Hover/click: Once the participant list pops up, hover over your name on the participant list; you may be able to click rename or you may have to click the more button and then click rename
   - ✔ Enter your new name: Enter your first name and your clinic’s name (e.g., Briana – CCI, or Shelly – ATSH coach)
Addiction Treatment Starts Here

Celebrate & Learn Webinar

September 29, 2020
Webinar Reminders

1. Everyone is muted.
   - *6 to unmute
   - *6 to re-mute

2. Use the chat box for questions and to share what you’re working on.

3. This webinar is being recorded in the main room. The slides and webinar recording will be posted to the ATSH program page.
Introductions + Housekeeping + Virtual Warm-Up

Guess Your Progress: ATSH By the Numbers

Team Reflections

Coaching Insights

Resilience & Team Wellness

Closing & What’s Next
Today’s session

- We’re excited to be with you today!
- Please turn your video on, if possible
- Same breakout groups throughout, so get to know one another
- We know it can be hard not to multi-task during your endless days of Zoom meetings. Try to stay with us, please, especially during the breakouts.

Breakout prompts: We’ll put all the prompts in the chat box before you go to your breakout

Timer: Timer in the breakouts gives a 2-minute warning. It appears in the top right-hand corner of the screen so be on the lookout (or someone can volunteer to monitor time).
Virtual Warm-Up

Instructions:

• You will be assigned to a breakout room with at least 5 other ATSH participants.

• You will have 10 minutes in the breakout to answer these two questions (we will put the questions in the chat box):

  ▶ If you could only eat one food for the rest of your life, what would you choose?

  • What was your first job?

• After the 10 minutes is up, breakouts will close and you’ll be transferred back to the main room.
Guess Your Progress
Represents 66 sites from Primary Care (Wave 1 & 2) + Behavioral Health
Access Measures

Adoption:
- # of x-waivered prescribers
- # of active prescribers

Reach:
- # of patients prescribed buprenorphine
- # of patients prescribed naltrexone long-acting injection

Retention:
- # of new patients retained for 6 months

You also tracked quality measures around screening, treatment initiation, engagement and toxicology monitoring!
We Want to Celebrate Your Data Successes!

Collectively, there were improvements across all the access measures!

Can you guess which data match the measures?
This measure increased from 295 (baseline) to 395 (endpoint). What is your guess?

A. waivered prescribers
B. active prescribers
C. patients prescribed buprenorphine
D. patients retained over 6 months

The number of waivered prescribers increased by 34% from baseline to June 2020. There are 100 new prescribers who can actively prescribe MAT medications.
This measure increased 67% from baseline. What is your guess?

A. Active prescribers
B. Patients prescribed buprenorphine
C. Patients prescribed naltrexone
D. Patients retained over 6 months

The number of patients prescribed buprenorphine was 1,447 at baseline and increased to 2,413 as of June 2020. There were 966 more patients prescribed buprenorphine by the end of the program.
This measure increased from 180 (baseline) to 265 (endpoint).

What is your guess?

A. Waivered providers
B. New patients retained over 6 months
C. Patients prescribed naltrexone
D. Active prescribers

The number of active prescribers increased by 47% from baseline to June 2020. That means there are 85 more active prescribers.
This measure increased from 205 (baseline) to 281 (endpoint).

What is your guess?

A. Patients prescribed naltrexone
B. New patients retained for 6 months
C. X-waivered prescribers
D. Patients prescribed buprenorphine

The number of new patients retained for 6 months grew by 37%.

This is an increase of 76 patients retained over 6 months.
This measure increased 54% from baseline.

What is your guess?

A. Patients prescribed naltrexone
B. Patients prescribed buprenorphine
C. X-waivered prescribers
D. Active prescribers

The number of patients prescribed naltrexone long-acting injection was 301 at baseline and grew to 465 by June 2020. That means there were 164 more patients prescribed this medication as of June 2020.
In Summary:

- 100 more x-waivered prescribers
- 85 more active prescribers
- 966 more patients prescribed buprenorphine
- 164 more patients prescribed naltrexone long-acting injection
- 76 more patients retained over 6 months
Huge congratulations to everyone! These data demonstrate growth in expanding access and treatment to patients so that they can get the care they need and live healthier lives.
Team Reflections
Breakout Discussions

- Before the Breakout – 1 minute to individually reflect:
  - **What is one impactful change that your organization made to advance access to MAT for your patients?**

- In the Breakout:
  - You will have **10 minutes** to discuss your impactful changes and write them on the [ATSH Celebration: Reflection Wall](#).
    (In the chat box, we will add a link to the Reflection Wall and also repeat these instructions.)
    - To add your impactful change to the Reflection Wall, double click on the page and it will open a text box. **First**, type your name and organization. **Then**, type your impactful change in the text box.
    - We will revisit the Reflection Wall later in the webinar to see what you shared.
Welcome Back!

Your Breakout – What Did You Hear?

- New ideas?
- What resonated with you?
Stretch Break
Welcome back from the break!

We’ll get started shortly.
Coaching Insights
Coaching Insights

Mark McGovern, PhD
ATSH Evaluator
Primary Care Wave 1 & 2

Brian Hurley, MD
ATSH Clinical Director and Coach
Primary Care Wave 1 & 2

Katie Bell, MSN RN-BC CARN PHN
ATSH Coach
Primary Care Wave 1 & 2

Shelly Virva, LMSW CSW
ATSH Coach
Primary Care Wave 1 & BH

Joe Sepulveda, MD
ATSH Coach
Primary Care Wave 2

Dominique McDowell, BA RLPS SUDCII
ATSH Assistant Coach
Primary Care Wave 2

Danny Contreras, SUDCC III-CS
ATSH Assistant Coach
Primary Care Wave 2
Resilience & Team Wellness
Resilience in our teams and in our clinic

Cultivating and Tending Team Wellness

Katie Bell MSN
RN-BC CARN PHN
The pressures on clinic life can be extraordinary

- **Burn-out** – how mild to moderate to severe is your burn-out right now?
  - The workload and productivity demands with complex high need patients and limited resources
- **Medical and Administrative hierarchy** prevails – how we get the job done but built-in inequality
- **Work Cliques** – our co-workers become like family, but cliques can exclude as well as include
- **Silos** – isolated disciplines and teams can cause communication challenges
- **Increased relapse and overdose among our patients.**

**COVID -19!!!!!**

“Resilience is the capacity of a system, enterprise, or a person to maintain its core purpose & integrity in the face of dramatically changed circumstances.” –Andrew Zolli
What we are doing today?

- Exploring ways to cultivate and tend resilience in our clinic culture to support Team Wellness
- Our resources for this session:
  - Forming virtual circle
  - Curiosity
  - Reflecting and sharing our cultures within cultures
  - Our social intelligence
  - Our personal understanding of group centered resilience
  - Collective wisdom and collaboration
“Once upon the time, when women were birds there was a simple understanding to sing at dawn and to sing at dusk was to heal the world through joy. The birds still remember what we have forgotten, that the world is meant to be celebrated.”

-Terry Tempest Williams
The Power of the Circle

- Balances clinic hierarchies
- Circles assign value to every member in the team
- Sitting in a circle can bring the felt experience of safety and comfort – belonging
- Settles the nervous system and settles the group
- Circles allow us to learn from each other
- Where do we already circle up?
  - Morning huddles
    - Listening happens.
This is what a virtual circle looks like
Resilience is expressed

Resilience prompts for breakouts:
- Storytelling
- Humor and laughter
- Music
- Dancing
- Food
- Visual Art/Adornment
- Gift giving (acknowledgement)
- Ceremonies and Festivals
- Games, Sports and Play
- Wisdom Sayings
- Group Values – belonging and inclusion
- Connection with nature
Instructions for Breakout Group Process

- Before your breakout, individually take one minute to look at the Resilience prompts. Select a prompt that resonates with you and think about how you can, or could, use that concept to cultivate resilience in your clinic.

- In your circle, share your prompt and 1 or 2 simple ways that the prompt can be used to cultivate resilience and team wellness in your clinic. Example, “We can use storytelling in our weekly Patient Care Reviews”.

- You will have 10 minutes in your breakout for everyone to share.

- Jot down a few of your favorite resilience ideas to bring back to the main room when the breakout returns.

Resilience prompts:
- Storytelling
- Humor and laughter
- Music
- Dancing
- Food
- Visual Art/Adornment
- Gift giving (acknowledgement)
- Ceremonies and Festivals
- Games, Sports and Play
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- Group Values – belonging and inclusion
- Connection with nature
Coming back to the main group

The waterfall technique:

**DO NOT HIT “SEND” UNTIL I TELL YOU SO**

- In the chat box, share your idea (or an idea you heard) on one way you can build resilience in your clinic.

***DO NOT HIT “SEND” UNTIL I TELL YOU SO***
Final thoughts

- The work of tending our culture of the clinic belongs to everyone – looking to admin and leadership to do the work reinforces hierarchy. Small things tend our culture.
- Social Intelligence
- Listening
- Importance of trust
- Serving each other – “Do you need anything from me today?”
- Intentional new groupings – be inclusive
- Welcome aboard potlucks rather than just good-bye potlucks
Kintsugi

Kintsugi is the Japanese art of putting broken pottery pieces back together with gold — built on the idea that in embracing flaws and imperfections, you can create an even stronger, more beautiful piece of art.
ATSH Celebration: Reflection Wall
Reflections Wall . . . What We’re Reading

Inspiration = Motivation

Compassion
## Poll

1. On a scale of 1 – 5, please select the number that best represents your experience with today’s session

   - 5 - Excellent
   - 4 - Very Good
   - 3 - Good
   - 2 - Fair
   - 1 - Poor

2. Please select the number that best represents your response to the statement: *Today’s session was a valuable use of my time.*

   - 5 - Strongly Agree
   - 4 - Agree
   - 3 - Neutral
   - 2 - Disagree
   - 1 - Strongly Disagree

3. By selecting **yes** or **no**, please indicate whether it was helpful being in the same breakout group throughout the course of the webinar.

   - **Yes** – I enjoyed staying with the same group
   - **No** – I would have preferred to switch groups
   - **Unsure/No opinion**
Our sincere gratitude for your partnership on the ATSH collaborative. It has been an honor to work with you and learn from you. We appreciate your incredible work and dedication to your patients in expanding access to MAT.

Thank you for making this collaborative a success!
What’s Next for ATSH?
# Next Steps for ATSH! New Opportunities!

<table>
<thead>
<tr>
<th></th>
<th>ATSH Collaborative (Wave 3)</th>
<th>ATSH Learning Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview</strong></td>
<td>18-month learning collaborative with a target of 25 – 30 primary care sites.</td>
<td>18-month learning network with a target of up to 15 primary care sites.</td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Sites that are <em>new</em> to MAT or creating new access points (no formal MAT program in place.)</td>
<td>Sites with mature MAT programs in place</td>
</tr>
</tbody>
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| **Technical Assistance** | • Virtual and In-Person Learning Sessions  
• Topical Webinars  
• Monthly Coaching  
• Virtual Peer Groups  
• Site Visits  
• Online Resource Center  
• Tracking & Benchmark Performance | • Quarterly Webinars  
• Coaching  
• Virtual Peer Groups  
• Site Visits  
• Online Resource Center |
| **Timeline**         | November 2020: RFA Released  
January 2021: Proposals Due  
March 2021: Program launch | TBD (likely similar timeline to collaborative)                                         |
Thank you!