Developing, Implementing, & Integrating MAT into Primary Care Clinics

County of Santa Cruz
Health Services Agency
Watsonville Health Center
Santa Cruz Health Center
Homeless Person Health Project

Joey Crottoqini HPHP – Health Center Manager
Danny Contreras, SUDCC III – MAT Program Manager
Webinar Reminders

1. Everyone is muted.
   - Press *7 to **unmute and** *6 to **re-mute** yourself.

2. Remember to chat in questions!

3. This webinar is being recorded and will be sent out via email.

4. Please fill out our evaluation at the end!
Agenda

- Welcome & Introductions
- Presentation by Joey Crottogini and Danny Contreras
- Questions & Answers
- Wrap Up and Evaluation
Santa Cruz County
Health Services Agency
Primary Care Clinics
MAT Team

Homeless Person Health Project (HPHP)
- Joey Crotogini, Health Clinic Manager of HPHP
- Jasmine Marozick, MAT Nurse,
- Angelica Torres, CADC- CAS, Bilingual SUD CM
- 5 prescribers

Santa Cruz Health Center (EMELINE)
- Marion Brodkey, MAT Nurse
- Greg Goldfield, CADC- CAS, SUD CM
- Marissa Torres, CADC II, Bilingual SUD CM
- Adam Echols, RADT, SUD CM
- 8 prescribers

Watsonville Health Center (WHC)
- Alejandro Monroy, CADC-CAS, Bilingual SUD CM
- This could be you, Bilingual SUD CM
- This could be you, Bilingual MAT Nurse
- 6 prescribers

Danny Contreras, SUDCC III – MAT Health Services Manager
Building Policies & Procedures: That fit your clinic and can be sustained

- Boston Medical Clinic - Procedures
- SAMHSA TIP 43 & 63
- TAPC – Treating Addiction in the Primary Care safety net (https://www.careinnovations.org/programs/tapc/)
- Trainings
- Vanessa De La Cruz – Chief of Psychiatry Santa Cruz County
- Dominique McDowell – Marin City Clinics
- Katie Bell – Chapa de/ Indian Health
- Cheryl Ho – Santa Clara Valley Medical Center / Homeless Clinic
- Get a Coach – Natasha Pinto, Katie Bell, Shelly Verna
- Don’t recreate the Wheel
MAT has transformed our clinics

Models and EBP used:
• Harm Reduction
• Motivational Interviewing
• Integrated Behavioral Health

How has MAT changed our clinic:
• MAT has helped us grow as a clinic in dealing with difficult patients
• Helped us improve all our Case Management services
• Helping us develop our EMR to better serve all our patients not just MAT
• Helped us better educate and train our staff so we can provide better patient centered care
• Staff have changed their heart and mind towards patients in regards to Stigma
What Staff Do I need?

- SUD counselors
- Nurses
- X-Waivered Providers

What skills and Qualities am I Looking for in Staff?

- These positions are ones of Leadership in the clinic and the community: We need people who are not afraid to advocate for the patients. This position can shift and change culture amongst your clinic.
- You need people that can connect with people, people with lived experience and the education are a great asset, but people can be trained to provide these services.
- Non-Judgemental
- Not a 12 step demagogue; able to practice harm reduction
- The ability to work with anybody no matter what population they come from
- Able to be flexible
- Able to do outreach (streets, bridges, shelters, home visits, hospitals, etc.)
- Can facilitate group regularly and well versed in delivery of different curriculums
What about prescribers or staff that don’t want to see these populations?

• Train all staff in dealing with people as humans (registration, security, admin, volunteers, everyone)

• Not every provider is going to want to deal with MAT that’s ok

• Find your Champions and build around them

• Have your MAT staff continually educate and inform staff about services and needs of MAT patients to the community and at all staff meetings

• Advocate for more MAT Providers –
  • ask about X waiver and MAT in interviews, ask about their thoughts about harm reduction
  • block new providers’ schedule when they first start so they can complete their training and get their X waiver
  • Build a sustainability plan – x number of new patients + x number of visits * no show rate * visit rate = revenue$

• Schedule accordingly – 40 minute NEW MAT, 20 minute follow ups, hold appt slots

• People will have a change of mind and heart just need to be patient and have those educational conversations
How to Set up Your Phases/ Tiers of Treatment for MAT in Primary Care

<table>
<thead>
<tr>
<th>Tier</th>
<th>Prescription</th>
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<tbody>
<tr>
<td>Tier 1</td>
<td>1-3 days, up to 1 week.</td>
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<tr>
<td>Induction</td>
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<tr>
<td>Tier 2</td>
<td>Once a month</td>
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<tr>
<td>Stabilization</td>
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<tr>
<td>Tier 3</td>
<td>Once a month</td>
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<tr>
<td>Maintenance</td>
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Program Requirements:

Complete Intake and Labs

Attend groups and individual meetings determined by tier and treatment team.

Patients graduate from each tier by providing negative urine drug screens and adhering to your group and/or scheduled appointments with IBH.

Relapse: If during treatment there is a relapse, patient will return to Tier 2 level of care and more support will be provided.

Appointments: It is very important that appointments are not missed. If you must miss, please call to reschedule ahead of time.

Drug test: Patients will be drug tested at every visit.

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<thead>
<tr>
<th>Tier 1</th>
<th>Prescription</th>
<th>Group/IBH</th>
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<tbody>
<tr>
<td>Induction (2 weeks)</td>
<td>Weekly</td>
<td>Weekly</td>
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<table>
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<tr>
<th>Tier 2</th>
<th>Prescription</th>
<th>Group/IBH</th>
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<tbody>
<tr>
<td>Early Treatment (12 weeks)</td>
<td>Weekly</td>
<td>Weekly</td>
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<table>
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<tr>
<th>Tier 3</th>
<th>Prescription</th>
<th>Group/IBH</th>
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<tbody>
<tr>
<td>Stabilization (12 weeks)</td>
<td>Every other week</td>
<td>Every other week</td>
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<tr>
<th>Tier 4</th>
<th>Prescription</th>
<th>Group/IBH</th>
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<tbody>
<tr>
<td>Maintenance (6 months to 1 year)</td>
<td>Once a month</td>
<td>Once a month</td>
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<tr>
<th>Tier 5</th>
<th>Prescription</th>
<th>Group/IBH</th>
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<tbody>
<tr>
<td>Maintenance</td>
<td>Once a month</td>
<td>Once a month</td>
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## Outreach/ In-reach

<table>
<thead>
<tr>
<th>Outreach Opportunities:</th>
<th>What we do:</th>
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<tbody>
<tr>
<td>Syringe Service Program</td>
<td>Our MAT staff and Peer Mentors work shifts in the Syringe Service Program to build rapport and be there to talk to patients about Treatment and getting connected to other needed services. Every patient gets all the MAT staff work cell number when they leave.</td>
</tr>
<tr>
<td>Presentations / Trainings</td>
<td>Our Staff do presentations to educate the community about MAT services, To educate about Addiction, Stigma, Our staff also are doing presentations for our own county staff at the clinics at all Staff meetings and other departments.</td>
</tr>
<tr>
<td>Outreach to Homeless Encampments</td>
<td>SUD counselors and Public Health Nurses go out and do outreach together to check on people, teach them how to use Narcan, give them vacancies, refer them back to clinic, provide services right there in the field, we bring back packs with supplies, tents, water, granola bars, sleeping bags, socks, hygiene kits, etc.</td>
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Consents, ROI’s, Treatment Agreements

• We will email these over
## Making A Transformation groups

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>Monday MAT group</td>
<td>2-3 pm</td>
<td>WHC (atrium) Building A</td>
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<tr>
<td>Monday MAT group</td>
<td>10-11 am</td>
<td>Emeline (SMA room #109)</td>
</tr>
<tr>
<td>Tuesday MAT group</td>
<td>2-3 pm</td>
<td>HPHP (SMA)</td>
</tr>
<tr>
<td>Tuesday MAT group</td>
<td>4-5 pm</td>
<td>Emeline (SMA) (room#109)</td>
</tr>
<tr>
<td>Wednesday MAT group</td>
<td>6-7 pm</td>
<td>Emeline (room#109)</td>
</tr>
<tr>
<td>Wednesday Seeking Safety</td>
<td>5-6 pm</td>
<td>WHC (atrium) Building A</td>
</tr>
<tr>
<td>Thursday Seeking Safety in Spanish</td>
<td>5-6 pm</td>
<td>WHC (atrium) Building A</td>
</tr>
<tr>
<td>Friday MAT group</td>
<td>11-12 pm</td>
<td>HPHP</td>
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</table>
MAT Groups: Curriculums Used

- Seeking Safety
- Best Life
- Matrix
- Acupuncture
- Yoga
- Psycho – Educational
- Peer Mentors
- Various Curriculums
Questions & Answers:
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<tr>
<td>1 X-waivered Prescriber who inherited MAT patients, no set program or support</td>
<td>2016 SUD MH grant hired 1&lt;sup&gt;st&lt;/sup&gt; Drug &amp; Alcohol counselor</td>
<td>Only HPHP and Emeline clinic providing MAT. No openings at Emeline to see our 1 prescriber. That prescriber was at HPHP once a week and had 2 openings a week. Building Procedures and Implementing MAT at all clinics</td>
<td>Watsonville Health Center 5 prescribers get waivered but not offering services yet.</td>
<td>Started MAT group at WHC. WHC starts offering MAT</td>
<td>Hired 3 more Drug and Alcohol Counselors HRSA SUD MH Grant - $ for Contingency Management $ Acupuncture</td>
<td>21 Waivered Providers and other prescribers using Vivitrol.</td>
</tr>
<tr>
<td></td>
<td>Started MAT group at HPHP SSP shifts Outreach TAPC Marin City Clinics Natasha Pinto</td>
<td></td>
<td></td>
<td>Started MAT group at WHC. WHC starts offering MAT Hired 2&lt;sup&gt;nd&lt;/sup&gt; Drug and Alcohol Counselor for WHC. Hub and Spoke to hire 3 nurses and 3 SUD counselors Katie Bell train all our nurses Start SMA</td>
<td>Hired 2&lt;sup&gt;nd&lt;/sup&gt; Drug and Alcohol Counselor for WHC.</td>
<td>6 SUD counselors 3 Nurses Contingency Management Pilot at HPHP</td>
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<td>2016 SUD MH grant hired 1&lt;sup&gt;st&lt;/sup&gt; Drug &amp; Alcohol counselor</td>
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MAT Services

- IBH (Therapy & Psychiatry)
- Syringe Service Program
- Contingency Management
- Acupuncture
- Yoga
- Groups/SMA 1x1
- Peer Mentors
- Outreach in the streets
MAT Workflow

- **SUDCM MAT intake**
  - Labs Pre-Induction visit with Nurse

- **Initial appointment with MAT provider (MD, Psych, PA, NP)**
  - Group/ 1x1

- **Post- Initial visit with Nurse**
  - Follow up on induction with Nurse

- **Continue Treatment determined by Tier**
  - Follow up Provider Visit
Contingency Management

- "Simply stated, it involves providing tangible and concrete reinforcers or incentives to patients for evidence of objective behavior change." (Petry, 2012)


- We already use CM in our daily lives (children, employees, pets, etc.)
SHARED MEDICAL APPOINTMENTS (SMA) MODELS

HELPS CLINIC BE ABLE TO PROVIDE MORE MAT SERVICES TO MORE PEOPLE
Shared Medical Appointments for Diabetes

Identify diabetic patient confirm coverage; if private pay confirm on sliding scale; inform these patients that will need to pay copay

Refer to the Diabetes Health Center Make appointments for 4 Group Visit Appointments consecutive Mondays

Televox and Diabetes Health Center Reminder Calls for each group visit

Question and Answer session 5 – 5:30 Provider and Educator

Diabetes education 90 minutes 3:30 – 5 (trailer)

Patients report to Trailer for Group Visit Sign in Sheet Sign in sheet to Front desk to arrive patients

Medical Assistant obtains and documents vitals; chief complaint; A1C if due

Epic Charting Provider LOS 99213 Using group charting

Each patient has a brief visit with provider between 3 and 5 (Directed by MA to clinic)
Shared Medical Appointments for Medication Assisted Treatment

1. Identify patient that meets criteria for suboxone refill group visit Tier 2, 3 and 4
2. MA makes appointment for Suboxone Refill Group (multiple appts made for each patient?)
3. Patient checks in 30 minutes before group session MA does intake, collects results urine 1 cup documents
4. Provider charts with group charting Educator charts educational session Follow up appointment given to patient
5. Each patient is pulled individually by MA for brief check in with provider Receives prescription for Suboxone
6. Educational Session with Counselor and Peer Educator 90 minutes
<table>
<thead>
<tr>
<th>Pros</th>
<th>vs</th>
<th>Cons</th>
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<tr>
<td>• Provider sees each patient on an individual basis</td>
<td>• Take care of two visits in one long visit</td>
<td>• Patient is pulled out of group</td>
</tr>
<tr>
<td>• Take care of two visits in one long visit</td>
<td></td>
<td>• Disrupts all patients in Psycho-Educational group</td>
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<td>• Patients are worried or anxious about what place they are in to see the provider</td>
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<td></td>
<td></td>
<td>• Patients not focused in group</td>
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<td>• Length of group (90 min group)</td>
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Patients Check in 30 min before Group. MAT TEAM: Nurse, MA, SUDCM collects and results UDS, BUP/NTX check in sheet

MAT team huddles before group to go over patients

SUDCM starts Psychoeducational 60 minute group

Provider and Nurse come to group

Provider provides medication refill.

Patients that need more time with provider will be seen after group on an individual basis with Provider and Team or Nurse and Team

Patient will return for next scheduled SMA visit

HPHP’s Shared Medical Appointments for MAT
<table>
<thead>
<tr>
<th>Pros</th>
<th>vs</th>
<th>Cons</th>
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<tbody>
<tr>
<td>• Take care of 2 visits in 1 visit</td>
<td></td>
<td>• No guaranteed time for individualized provider and patient interaction (if no indication)</td>
</tr>
<tr>
<td>• Provider can see more patients</td>
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<tr>
<td>• Good patient centered care</td>
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<tr>
<td>• Team approach, Team on same page</td>
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<tr>
<td>• 60 minutes</td>
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<tr>
<td>• Realizing you’re not alone</td>
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<td>• Expressing your feelings</td>
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<tr>
<td>• Learning helpful information</td>
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<tr>
<td>• Improved social skills</td>
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<tr>
<td>• Gaining HOPE</td>
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<tr>
<td>• Increased self-understanding</td>
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<tr>
<td>• Helping others</td>
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<tr>
<td>• Learn and practice Coping skills</td>
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Questions & Answers:
Upcoming ATSH:PC Events

- **Webinar** – August 6th from 12-1pm. This webinar will be lead by Jasmine Marozick, MAT Nurse, and Danny Contreras, MAT Program Manager, from Santa Cruz. They will present on Implementing Contingency Management. Click here to register: https://zoom.us/meeting/register/2a8b49fb42e623b14ac87b605f06faf5

- We are launching our ATSH google group listserv! ATSH:PC participants will receive an email with instructions for subscribing to the group. You can post questions, share resources and make connections with experts and peers in the cohort.

- **Leading Profound Change: PDSA Webinar** – July 9th from 12-1pm. This webinar will be led by CCI’s own, Tammy Fisher. Tammy will share real-world approaches and stories to rev up your PDSA Cycles for greatest impact. Click here to register: https://zoom.us/meeting/register/db1cfc8e17805958cde7dc3c8da9331e
Addiction Treatment Starts Here: Primary Care, Wave 2

- The Center for Care Innovations (CCI) is launching the second wave of our *Addiction Treatment Starts Here: Primary Care* learning collaborative. The second wave of this program aims to increase access to medication-assisted treatment (MAT) in primary care for patients with opioid use disorder (OUD).

- *Addiction Treatment Starts Here: Primary Care, Wave 2* seeks 20 primary care health center sites in California to participate in this 15-month learning collaborative, launching in August 2019 and concluding in October 2020. The program will provide methods and tools to guide grantees through designing new or expanding existing MAT programs in the primary care setting with a primary focus on OUD.

- Interested organizations are encouraged to participate in an informational webinar on Friday, July 12, 2019, 12-1 pm to hear a program overview and ask questions. Registration information will be posted to CCI’s website in the upcoming weeks.