Engaging Clinicians and Staff

Systematizing mentoring, growth and training programs

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Agenda

• How to Get Provider and Organizational Buy-In
• Overview of FHCSD MAT Program
• Starting or Expanding MAT
• Education and Training at FHCSD
• Identifying Clinical Champions
• Clinical Champion Organizational, Community and Collegial Duties
• Staying Up-to-Date
• Support Staff and Well-Being
Buy-in…. Oh that’s easy…. 
How to get buy-in for MAT

- **Every** treating provider wants to provide best possible care

- **KEY** is for them to understand:
  - MAT is a young field relative to other fields
  - Evidence supporting MAT is **STRONG**
  - MAT is the **gold standard** for treating Opioid Use Disorder

- Clinical and administrative champions are **KEY!!!**
  - In a position to take this information and disseminate to colleagues
How about organizational buy-in?

• Everyone is always afraid of the unknown
  • Can we handle these patients?
  • We have NO experience with this.
  • We don’t know what we are getting into.

• Consider a PILOT of 5-10 patients to start
  • Learn that the things you feared did not happen.
  • If they do occur you NOW know what to do.
  • A good way to get buy-in at the leadership and staff level.
Family Health Centers of San Diego (FHCSD)

1. 23 Primary Care Clinics
2. 7 Dental Health Clinics
3. 7 Behavioral Health Clinics
4. Family Medicine Residency Program
5. ED MAT Bridge Partnership with Scripps Mercy Hospital
6. Solid relationships with 7 community hospitals and other organizations
Where FHCSD started in 2016

- Clinic Staff and Providers...
  - What's MAT????
- X-License Providers w/ Experience...
  - 1.... Your looking at him
- Organizational Experience...
  - ZERO
- Provider Interest...
  - 2.5....... 0.5 was a maybe
- Protocols and Training...
  - ....and you get this where?????
How long did it take to launch

• 1 year of planning
• Reviewed various guidelines/protocols
  • None fit FHCSD like a shoe
• Designed trainings for staff
  • Buy-in
• Worked on optimizing systems to accommodate proposed protocols
FHCSD MAT program

Stand-Alone
Behavioral Health Clinic

Integrated
Medical Clinic
The road to success

- The hard work paid off!!!
- 2017
  - 63 unduplicated patients
  - 198 encounters
- 2018
  - 92 unduplicated patients
  - 207 encounters
Where are we today?

• Currently in 2019...
  • As of 3/20/2019
  • Active patients = 62
    • Suboxone = 47
    • Vivitrol = 11
    • Naltrexone PO = 1
    • Scheduled intake = 3
  • ED referrals = 3
    • Launched 3/2019
FHCSD MAT program expansion

Integrated Medical Clinic

Stand-Alone Behavioral Health Clinic
FHCSD MAT provider team

1. 7 Primary Care Providers (HIV and Hepatitis)

2. 3 Psychiatrist

3. 4 Nurse Practitioners

4. 2 FHCSD Residents trained in 2018 and received DATA 2000 waiver

5. 3 Residents scheduled to rotate and obtain DATA 2000 waiver this year
Starting or expanding MAT?
Thinking of starting/expanding?

**Office Staff (Medical vs. BH)**

**Administrative Leadership**

**Lab (Can Stagger)**

**Partnering Pharmacy (Voucher)**

**SUD Counseling Staff**

**Care Coordinator**

**Provider Champion**
Some differences in MAT clinic sites

• **Integrated Primary Care**
  - Multiple rooms
  - Large support staff
  - Shorter visits
  - More appointments/flexible
    - Walk-in visits
  - Lab on site

• **Stand-Alone Behavioral Health**
  - One room
  - Less support staff
  - Longer visits
  - Less appointments/flexible
    - No walk-in visits
  - No lab on site
Different MAT clinic types

• Integrated Primary Care Clinic
• Integrated Behavioral Health Clinic
• Group MAT Visits
• Dedicated MAT Clinic
• Walk-In Clinic for MAT
MAT expansion models

• Integrated vs. standalone

• OTP hub your site spoke

• Internal hub and spoke

• Each site a hub

• Strategic hubs with surrounding spokes
Education and training at FHCSD
Family medicine training program

• 1 month elective rotation in MAT
• Shadow Addiction Medicine specialist
• Participate in MAT interdisciplinary group case conferences
• Shadow SUD counselor at our outpatient SUD program
• Obtain DATA 2000 Waiver
Family medicine training program

• Developed evidence-based curriculum for residents
  • Textbook
  • Journal articles

• Provide SUD and MAT lectures to all FHCD family medicine residents
Zoom case conferences

- Weekly 1 hour MAT case conference
- Providers (4) participate
  - Rotate for training/onboarding
  - Expansion training
- SUD counselors
- SUD administrative support
  - Associate Director and Manager of SUD services
- Care Coordinator
Zoom case conferences

• Enhances education and ensures treatment delivery
• Communicates clinical recommendations to team
  • We add addendums to the last MAT clinical note
• Prevents patient splitting the clinical care and MAT support team
Current consensus for treating OUD

The Next Stage of Buprenorphine Care for Opioid Use Disorder

Stephen A. Martin, MD, EdM; Lisa M. Chiodo, PhD; Jordon D. Bosse, MS, RN; and Amanda Wilson, MD

Buprenorphine has been used internationally for the treatment of opioid use disorder (OUD) since the 1990s and has been available in the United States for more than a decade. Initial practice recommendations were intentionally conservative, were based on expert opinion, and were influenced by methadone regulations. Since 2003, the American crisis of OUD has dramatically worsened, and much related empirical research has been undertaken. The findings in several important areas conflict with initial clinical practice that is still prevalent. This article reviews research findings in the following 7 areas: location of buprenorphine induction, combining buprenorphine with a benzodiazepine, relapse during buprenorphine treatment, requirements for counseling, uses of drug testing, use of other substances during buprenorphine treatment, and duration of buprenorphine treatment. For each area, evidence for needed updates and modifications in practice is provided. These modifications will facilitate more successful, evidence-based treatment and care for patients with OUD.

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For author affiliations, see end of text.
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Current consensus for treating OUD

**Table. Buprenorphine Care: Previous Approaches Compared With New Findings and Recommendations**

<table>
<thead>
<tr>
<th>Previous Approach</th>
<th>New Findings and Recommendations</th>
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<tbody>
<tr>
<td>A medical setting is needed for induction.</td>
<td>Home induction is also safe and effective (6).</td>
</tr>
<tr>
<td>Benzodiazepine and buprenorphine coprescription is toxic.</td>
<td>Buprenorphine should not be withheld from patients taking benzodiazepines (5).</td>
</tr>
<tr>
<td>Relapse indicates that the patient is unfit for buprenorphine-based treatment.</td>
<td>Relapse indicates the need for additional support and resources rather than cessation of buprenorphine treatment (43).</td>
</tr>
<tr>
<td>Counseling or participation in a 12-step program is mandatory.</td>
<td>Behavioral treatments and support are provided as desired by the patient (6).</td>
</tr>
<tr>
<td>Drug testing is a tool to discharge patients from buprenorphine treatment or compel more intensive settings.</td>
<td>Drug testing is a tool to better support recovery and address relapse (56).</td>
</tr>
<tr>
<td>Use of other substances is a sign of treatment failure and grounds for dismissal from buprenorphine treatment.</td>
<td>Buprenorphine treatment does not directly affect other substance use, and such use should be addressed in this context (43).</td>
</tr>
<tr>
<td>Buprenorphine is a short-term treatment, prescribed with tapered dosages or for weeks to months.</td>
<td>Buprenorphine is prescribed as long as it continues to benefit the patient (6).</td>
</tr>
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</table>
The clinical champion
MAT clinical champion

A clinical champion is **KEY**

- Consider having a champion at each expansion site

- Invest in your clinical champion’s education

- Key at communicating between the clinical and administrative team

- Allow them the administrative flexibility to develop and expand a MAT program
Identifying a clinical champion

• Change must be clinician-lead
  • Front-line clinicians are KEY!!!

• Who are the clinical leaders at each site
  • For example, who do staff/colleagues relay on or go to for help?

• Professional will
  • Which clinician(s) show ambition directed to making things better
  • Grit, tenacity and perseverance
Identifying a clinical champion

• Personable

• Well-respected within the organization
  • Key for clinician buy-in

• Capable of building intra-organizational relationships

• Good institutional knowledge
MAT champion provider support

• All MAT providers have my cell phone
• Available for consultation during and after work hours
• I meet with all new MAT providers for orientation
• Newly minted MAT providers have on demand access to experience provider(s) at our Hub site
MAT champion provider support

- Protocols are accessible to all MAT providers and support staff
- Newly minted MAT providers perform in-office inductions then move to home inductions
- All Methadone --> Suboxone and Vivitrol inductions are done in house
MAT champion organizational support

• Present at quarterly provider meetings

• Visit individual sites during lunch to provide education on MAT

• Sit on organizational committees (i.e., pain management, peer review, medical leadership)

• Available to providers throughout organization for as needed consultation
MAT champion community support

• Join local agencies and coalitions in expanding access to MAT
• Become a community leader and educational resource for MAT and opioid stewardship
• Partner with your local hospitals
• Partner with community SUD treatment centers
Education and staying up-to-date

• Join ASAM and CSAM
  • Journal of Addiction Medicine
• Attend CSAM and/or ASAM conferences
• View CSAM webinars (free)
• Sign up to receive ASAM email updates
Education and staying up-to-date

• Sign up to receive CHCF email updates

• Consider obtaining board certification via the American Board of Preventive Medicine (ABPM)
  • Practice Pathway till 2021

• NETWORK!!!
MAT support staff

• LISTEN to your staff
  • Often identify first signs of trouble
• Provide MAT and SUD training from the beginning
• Allow experienced staff to mentor/train new staff
• MAT clinical champion acts as the liaison between support staff and clinical teams
Provider and support staff well-being

- Work as a team and support each other
  - Individual effort alone results in burnout
- Consult and work together when patients are not doing well
- Celebrate patient success as a team
NEXT BIG THING AHEAD
FHCSD is moving toward....

• Continually looking to expand MAT further... internally and with community partnerships

• Building a Contingency Management Program for co-morbid stimulant use disorder (i.e., Methamphetamines)

• Establishing partnerships with emergency room departments (ED-BRIDGE Project)

• Participating in and collaborating in research studies

• FHCSD submitted an RO1 for a research proposal

• What else does the future hold........????
Any Questions?
Questions/Feedback

Email me at:  joes@fhcsd.org