Welcome

Addiction Treatment Starts Here: Primary Care Learning Collaborative
Virtual Learning Session 1 – Part 1
June 15, 2021

While we’re waiting, please:

*Rename yourself*

1. Click the Participants icon
2. Hover over your name & click “Rename”
3. Add your name, pronouns and organization name
4. Click OK

If you connected to the audio using your phone

- Find your participant ID; it should be at the top of your Zoom window
- Once you find your participant ID, on your phone press: #number# (e.g., #24321#)
- The following message should briefly pop-up: “You are now using your audio for your meeting”
Addiction Treatment Starts Here

Virtual Learning Session 1 – Part 1

June 15, 2021
Housekeeping Reminders

- **Mute**: Please mute when not speaking. Please don’t put the call on hold!
- **Chat Box**: Use the chat box to introduce yourself and ask questions.
- **Slides + Recording**: Slides and recording will be posted to the ATSH Online Home.
- **Tech Issues**: Chat for assistance.
Introductions to ATSH Teams
Addiction Treatment Starts Here

ATSH Core Team

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Executive Director
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Extended Team

Brian Hurley, MD
ATSH Clinical Director
Addiction Physician and General Psychiatrist, L.A. County Dept. of Mental Health

Mark McGovern, PhD
ATSH Evaluator
Medical Director, Integrated Behavioral Health, Stanford University School of Medicine

Briana Harris-Mills
Senior Program Coordinator
briana@careinnovations.org

Out on leave until December 2021
Addiction Treatment Starts Here: Coaches!

Brian Hurley, MD
Addiction Physician and General Psychiatrist, L.A. County Dept. of Mental Health

Dominique McDowell, BA RLPS SUDCII
Director of Addiction & Homeless Services
Marin City Health and Wellness

Katie Bell, MSN, RN-BC, CARN, PHN

Joe Sepulveda, MD
Assistant Medical Director
Family Health Centers of San Diego

Ginny Eck
Program Manager
JWCH Institute
ATSH:PC Wave 3 Cohort

- Adventist Health
- Bartz Altadonna Community Health Center
- County of Santa Cruz Health Services Agency
- Family Health Centers of San Diego
- Glendale Community Health Center
- Los Angeles Department of Health Services
- Moreno Valley Community Health Center
- San Francisco Health Network
- Santa Barbara Neighborhood Clinics
- Southland Health Center
- Via Care Community Health Center

- Feather River
- Lemoore

- City Heights Family Health Center
- Grossmont Spring Valley Health Center
- Edward R. Roybal Comprehensive Health Center
- H. Claude Hudson Comprehensive Health Center
- High Desert Regional Health Center
- Rancho Los Amigos National Rehabilitation Center
- Castro Mission Health Center
- Family Health Center
- Richard Fine Peoples Clinic
Values & Agreements

• Speak your truth and think about impact
• Value and acknowledge vulnerability
• Ground in curiosity and openness
• Celebrate joy and share in accomplishments
• Query silence for meaning
• Attend to power dynamics
Virtual Learning Session 1 – Two Parts

• Part 1: Today  |  Part 2: June 23rd, 12-2pm

• Objectives – By the end of the two-part learning session, participants will have:
  
  • Learned about the goals of treatment and creating a culture of support for patients with addiction
  
  • Understood the key components of strong MAT programs that support treatment of OUD in primary care
  
  • Gained knowledge in topics including MAT prescribing, identifying patients for MAT, behavioral health resources that support treatment
  
  • Begun to apply quality improvement approaches and structure to bolster their efforts to implement MAT programs
Today’s Agenda

11:00  Welcome and Introduction

11:10  Guiding Principles for Creating a Culture of Compassion and Support for Patients with Addiction
   Brian Hurley, ATSH Clinical Director

11:25  Breakouts
   • Breakout A: Prescribing MAT (Facilitator: Brian Hurley)
   • Breakout B: Patient Identification and Outreach (Facilitators: Dominique McDowell & Ginny Eck)
   • Breakout C: Whole Person Care for our MAT Patients: Behavioral Health Support, Recovery Support and Case Management. (Facilitator: Katie Bell)
   (Includes a break)

12:20  MAT Programs in Primary Care
   Moderator: Brian Hurley
   Panelists:
   • Amy Kennedy & Eric Medina, Martin Luther King, Jr. Outpatient Center
   • Joey Crottogini & Jasmine Marozick, Santa Cruz County Health Services Agency

12:55  Next Steps and Closing
Chat it in!

Share one change to your Medications for Addiction Treatment program so far that you are proud of.
Guiding Principles for Creating a Culture of Compassion and Support for Patients with Addiction

Brian Hurley, MD, ATSH Clinical Director
Creating a Culture Of Compassion and Support For Patients With Addiction

Brian Hurley, M.D., M.B.A., DFASAM
Director of Addiction Medicine
Los Angeles County Department of Health Services
Assistant Professor of Addiction Medicine
UCLA Department of Family Medicine
Brian Hurley, M.D., M.B.A., DFASAM

No disclosures
The substance use disorder treatment gap

Substance use leads to more death and disability than any other preventable condition.

In 2014,
- 21.5 million people w/ SUD
- 8.5 million received treatment
Surgeon General’s Report

https://addiction.surgeongeneral.gov/
Surgeon General’s Report

Integrating substance use services into mental health and general medical settings results in better outcomes

https://addiction.surgeongeneral.gov/
Evidence-Based Practices (EBPs) and Personal Beliefs

• We are ethically bound to provide the services that give the patient the best chance of success.
• This means using EBPs whenever they exist
• This is another place where personal belief and practice may come into conflict. (E.g., “I don’t believe in using medicines for addiction treatment.”)
• Engaging patients with empirically-based choices is essential

Slide Credit: UCLA ISAP (Freese, Hasson, Hovik, Kurtz, Peck, Rutkowski)
Remember: MAT is the Gold Standard

Methadone
Buprenorphine
Naltrexone

Slide Credit: UCLA ISAP (Freese, Hasson, Hovik, Kurtz, Peck, Rutkowski)
Core Components of Addiction Treatment

*Medications

*Counseling

*Support

*When appropriate

Source: https://www.samhsa.gov/treatment
What is Stigma?

• A mark of shame: Stain
• An identifying mark or characteristic; especially: a specific sign that indicates the presence of a disease

Merriam-Webster

Slide Credit: UCLA ISAP (Freese, Hasson, Hovik, Kurtz, Peck, Rutkowski)
Language and Perception of Treatment Need

- Participants felt the “substance abuser” was
  - Less likely to benefit from treatment
  - More likely to benefit from punishment
  - More likely to be socially threatening
  - More likely to be blamed for their substance related difficulties
  - More able to control substance use without any help


Slide Credit: UCLA ISAP (Freese, Hasson, Hovik, Kurtz, Peck, Rutkowski)
Stigma, Trauma and Empathy

• Address common causes of stigma:
  ~ It is not unusual to find the strongest stigma expressed towards persons with addictions within the walls of care, within our clinic cultures. Most of us have been directly touched by alcoholism and addictions – there are often feelings of frustration, anger, grief and loss which can color an individual’s attitudes towards our patients who suffer with the diseases of addiction. ~
  • Stigmatizing language
  • Body language
  • Key elements of a trauma-informed clinic and MAT program
  • Empathy
The Stigma Injury

• Begin with acknowledgement of the injury caused by stigma
  • Symptoms can be fear of Emergency Departments, distrust of medical providers; feelings of shame and dishonesty.
  • If not treated, the person internalizes the shame and low-self worth caused by stigma

• OFFER HIGH DOSES OF:
  • The language of dignity
  • Empathy/Compassion
  • Kindness
  • Respect
  • Listening

Slide Credit: Bell 2019
Findings

**Negative**
- Substance Abuser
- Relapse
- Medication-Assisted Treatment
- Overdose
- Addict
- Alcoholic
- Opioid Addict

**Positive**
- Person who uses substances
- Recurrence of use
- Pharmacotherapy
- Accidental drug poisoning
- Person with a substance use disorder.

Slide Credit: UCLA ISAP (Freese, Hasson, Hovik, Kurtz, Peck, Rutkowski)

Affirming Language

What are the alternatives?

“My friend is a drug addict”
“She can’t seem to get clean”
“Our community has a serious drug abuse problem”
“He can’t seem to avoid relapse”
“The patient had a dirty urine.”

Slide Credit: UCLA ISAP (Freese, Hasson, Hovik, Kurtz, Peck, Rutkowski)
Video: Empathy is important
Essentials to Creating a MAT-Informed Primary Care Clinic

1. Buy-in from administration, board of directors and medical leadership
2. Identify staff training needs
   - MAT Disciplines
   - All departments
   - All-staff
3. Teach non-stigmatizing language. Teach the language of dignity.
4. Stay updated with new employee orientation and all-staff training.
5. Normalize care for substance use disorders – another chronic illness that we treat
Buy-In and Support from the “C Suite” and Medical Leadership

• Request a meeting
• Emphasize response to epidemic MAT
  • Validate administration and leadership concerns about MAT
  • Use data and statistics
  • CDC and ASAM information
  • http://www.cdc.gov/drugoverdose/epidemic/index.html
  • SBIRT and billing opportunities which come with SBIRT

• Teach about best practices MAT program
  • Multi-disciplinary, whole person care
  • Sustainability through group visit billing
  • Discuss the MAT grant opportunities

Slide Credit: Bell 2019
MAT Team

- Waivered and non-waivered providers
- Nursing staff
- Medical Assistants
- Behavioral Health clinicians
- Substance Use Counselors
- Weekly case reviews – not only improves patient care, provides an ongoing setting for team learning
Training the MAT team

- Behavioral Health Therapists – need additional training in care for patients with substance use disorders.
- Medical Assistants – provide clear work flows, especially around group visits, charting for MAT and UDS protocols.
- MAT Care Coordinators or Navigators – MAT Fundamentals and SBIRT and MI training. Additional training in case management.
- Recovery Coaches – must be trained as Peer Support Specialists.
- SBIRT for all MAT team.
- MI for all MAT team.
- Policies & Procedures are essential for teamwork.

Slide Credit: Bell 2019
**Train Culture: All departments and all-staff meetings**

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td>Arrange</td>
<td>Arrange to send MAT team members to department meetings to educate about MAT and stigma. Best time is prior to launching of MAT but at any point in MAT program roll-out.</td>
</tr>
<tr>
<td>Discuss</td>
<td>Discuss how the MAT program will impact their workflow.</td>
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<tr>
<td>Answer</td>
<td>Answer questions about addiction and MAT care approaches.</td>
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<tr>
<td>Address</td>
<td>Address stigma and language with support rather than judgement and being corrective.</td>
</tr>
<tr>
<td>Develop</td>
<td>FAQs about MAT Handouts on Non-stigmatizing language (borrow from CCI resources!)</td>
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</tbody>
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*Slide Credit: Bell 2019*
Clinic Training – Where and When

• MAT team needs a “seat at the table”
  • Ask to join Provider and Behavioral Health meetings at least once a month
  • Give a brief report on MAT program
  • Answer questions
  • Check-in on a regular basis on department managers
Staff Training
Recommendations and Links

• Addiction 101 – with Dr. Corey Waller
  http://www.youtube.com/watch?v=bwZcPwlRRcc

• SBIRT Training
  http://psattcelearn.org/courses/4hr_sbirt

• Invite SBIRT trainers to provide SBIRT training in the community.

• Motivational Interviewing:
  http://berg-smithtraining.com/mi.htm

• Core Competencies for Behavioral Health Clinicians
  https://www.nationalcomplex.care/research-policy/resources/toolkits/coach

Slide Credit: Bell 2019
Staff Training Recommendations Continued

• MAT-S – SUD Counselors can now receive additional certification
  https://ccappcredentialing.org/index.php/career-ladder/speciality-certifications/mats

• Project Echo: Hub & Spoke meets 4th Monday of every month 12-1. Offers didactic and virtual case reviews.
  https://echo.unm.edu/about-echo/model/

• Videos from our Experts- Boston Medical Center OBAT
  https://www.bmcobat.org/resources/?category=8

• Narcan training in-services for all clinic staff
  https://www.dhcs.ca.gov/individuals/Documents/NDP_Flyer_v2.pdf
Language Matters

Words have power.

Slide Credit: UCLA ISAP (Freese, Hasson, Hovik, Kurtz, Peck, Rutkowski)
Questions?

bhurley@ucla.edu

Interested in more? Come to:

ASAM Annual Meeting
(Florida in April 2022!)
http://www.asam.org

CSAM Annual Meeting
(Aug or Sept 2021!)
http://csam-asam.org

AAAP Annual Meeting
(Virtual! Dec 2021)
http://www.aaap.org
Breakouts

(Includes a break @ 11:50-11:55am)
Breakout A: Prescribing MAT
• Facilitated by Brian Hurley

Breakout B: Patient Identification and Outreach
• Facilitated by Ginny Eck and Dominique McDowell

Breakout C: Whole Person Care for our MAT Patients: Behavioral Health Support, Recovery Support and Case Management
• Facilitated by Katie Bell

20 minutes Presentation | 5 minute Break | 20 minutes Q&A / Discussion

45 min
Waterfall Chat

Type in the chat your response, but DO NOT PRESS “SEND / ENTER” until we prompt you to do so:

Share 1-2 takeaways or “ah-ha” moments from your breakout
MAT Programs in Primary Care

Panelists:
• Amy Kennedy & Eric Medina, Martin Luther King, Jr. Outpatient Center
• Joey Crottogini & Jasmine Marozick, Santa Cruz County Health Services Agency

Moderated by Brian Hurley
Martin Luther King Jr. Outpatient Center

Amy Kennedy, MD, MS, AAHIVS
Eric Medina, CCAPP II
South Los Angeles
- 1 million residents
- 70% Latinx
- 30% African American
- 33.6% in poverty (highest in USA)
- 42% < high school education
- 31% report poor health
- 32% food insecure
Starting a Clinic

• Administrative support is key
• Identify your team/find your allies
• Create protocols but be flexible
• Make staff education easy/practical
Clinic Structure

• 2 Providers, 2 dedicated half-days of clinic

• Referrals go to SUD counselor

• All patients receive level of care assessment

• Patients interested in medication are referred to provider

• Provide bup-nx or naltrexone (PO or IM), offer treatment for tobacco, alcohol, stimulants if indicated
Who We Are

Lelalee Vicedo, LCSW
Social Work Supervisor

Eric Medina, CCAPP II
Substance Use Disorder Counselor

Amy Kennedy, MD, MS, AAHIVS
Addiction Medicine Specialist

Shelly Lawson
Community Health Worker

Ashley McIlhenny, CRNP
X-waivered Clinician
Who We Are

Amanda Lopez, MA
Medical Assistant

Kimberly Boyd, LVN
Licensed Vocational Nurse

Jacqueline Williams, LVN
Licensed Vocational Nurse

Richard Duong, PharmD
Clinical Pharmacist
What Works Well?

Teamwork and Communication

- Team huddle every clinic
- Discuss patients and treatment plans
- Address concerns re: high risk patients
- New pt sign out from SUD counselor
- Counselor follows up with patients after visits
- Provide DHS cell phone for patient to call/text
What Works Well?

Wrap Around Services
- Group Therapy Sessions offered at MLK, run by SUD Counselor
- Referral to higher acuity mental health services on site
- Outreach Worker and SUD Counselor help with insurance applications, food/housing insecurity, financial assistance, job applications

Support from pharmacy colleagues
- Clinical pharmacist with addiction training
- Assists with medication approval, prior authorizations
- Protocol for IM naltrexone patients, working on SQ bup as well
Questions?

Contact information
Amy Kennedy (akennedy2@dhs.lacounty.gov)
Eric Medina (emedina3@dhs.lacounty.gov)
HAVEN Clinic

CLÍNICA HAVEN
BUILDING POLICIES & PROCEDURES:

- Clinics Administration support
- MAT Advisory Committee - began to meet every week, every two weeks. We are now meeting once a month. Reviews procedures, sets QM goals for implementation
- Consents, ROI’s, Treatment Agreements
BUILDING POLICIES & PROCEDURES

• Boston Medical Clinic - Procedures
• SAMHSA TIP 43 & 63
• ATSH Website
• Trainings
• Clinic & Behavioral Health leadership support
• Dominique McDowell – Marin City Clinics
• Katie Bell – Chapa de/ Indian Health
• Cheryl Ho – Santa Clara Valley Medical Center HCH
• Get a Coach Don’t recreate the Wheel
<table>
<thead>
<tr>
<th>MAT Tx Tiers</th>
<th>BUP Prescription</th>
<th>Group/IBH/1x1 w/ SUDCM</th>
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<tbody>
<tr>
<td><strong>Tier 1</strong></td>
<td>Weekly</td>
<td>Weekly</td>
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<tr>
<td>Induction</td>
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<tr>
<td>(Days and weeks count towards Tier 2)</td>
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<tr>
<td><strong>Tier 2</strong></td>
<td>Weekly</td>
<td>Weekly</td>
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<tr>
<td>Early Treatment</td>
<td>Weekly</td>
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<tr>
<td>(12 weeks)</td>
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<tr>
<td><strong>Tier 3</strong></td>
<td>Every other week</td>
<td>Every other week</td>
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<tr>
<td>Stabilization</td>
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<tr>
<td>(12 weeks)</td>
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<tr>
<td><strong>Tier 4</strong></td>
<td>Once a month</td>
<td>Once a month</td>
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<tr>
<td>Maintenance</td>
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<td>(6 months to 1 year)</td>
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<tr>
<td><strong>Tier 5</strong></td>
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<tr>
<td>On going</td>
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<tr>
<td>Maintenance</td>
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<tr>
<td>1 year or more</td>
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*** Exceptions: Prescriber call during COVID19 for patients that are over 65, chronic health conditions, etc.
MAT WORKFLOW

Referral from anywhere/ Call 454-4808 MA will put on SUDCM schedule

SUDCM MAT intake

Labs and UDS

SMA Group/ 1:1

Initial appointment with MAT provider (MD, Pysch, PA, NP)

Follow up on induction with Nurse/ Provider

Follow up Provider Visit/ SMA

Continue Treatment determined by Tier
Shared Medical Appointments for Medication Assisted Treatment

1. Patient is booked for a non-referral provider.
2. Patient must meet criteria for medication-assisted treatment.
3. Eligibility and application process.
4. Enrollment and participation.
5. Follow-up care and support.
6. Ongoing treatment and evaluation.
7. Referral to the next provider.

For more information, visit the provider's website at [Provider's Website].
STAFFING

• Providers
• Public Health Nurse
• Mental Health Client Specialist (case manager)
• Ideal IBH
• Community partners
MOBILE CLINIC

- Street Medicine Committee
- Street Medicine Policy
- Street Medicine Field Manual
- Low Barrier MAT
- Need staffing
MODELS USED

• Harm Reduction
• Motivational Interviewing
• Integrated Behavioral Health

MAT Benefits

• Reduce Stigma
• Improve Case Management
• Develop EMR
• Staff training improve patient care
• Street credit
Next Steps
Poll Questions

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. I can apply learnings from today’s webinar to my MAT work.

   5 – Strongly Agree
   4 – Agree
   3 – Neutral
   2 – Disagree
   1 – Strongly Disagree
Virtual Learning Session – Part 2

• Part 2: June 23rd, 12-2pm

• Topics:
  • Charting your roadmap using aim statements, data-driven decision-making, and driver diagrams
  • Time with your team in breakouts to identify next steps for your MAT program

• Pre-work:
  • Watch ABCs of QI modules
  • Bring your baseline IMAT assessment

*There is no need to register again for Part 2. But, if you need to re-register to get your unique log-in link, please do so here: [http://bit.ly/ATSHLS1](http://bit.ly/ATSHLS1)
ATSH
Online Home

https://academy.careinnovations.org/
Thank you for joining us today!

For questions contact:

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Center for Care Innovations
Lydia@careinnovations.org