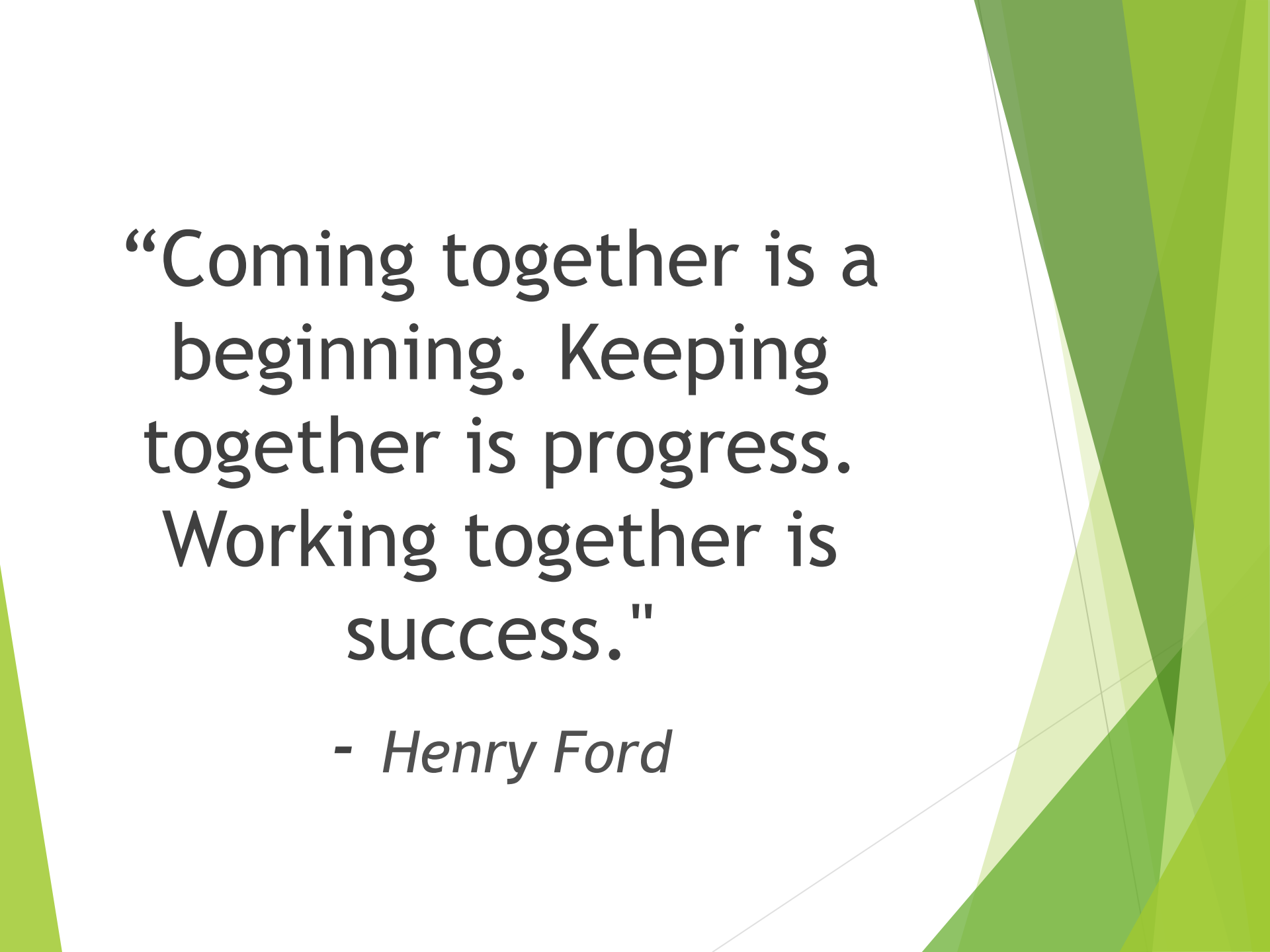


Working Together

The Essentials of Collaborative Care for Medication Assisted Treatment Programs in Primary Care

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The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.

“Coming together is a
beginning. Keeping
together is progress.
Working together is
success.”

- *Henry Ford*

Intros and Learning for the Day

- ▶ Brief guided breath exercise for balance and energizing
- ▶ Introduce yourself - name and clinic - to your table mates

Brainstorm Exercise

- ▶ What are the 3 biggest concerns and/or challenges related to MAT in your clinic?
 - ▶ 3 minutes: silent brainstorm
 - ▶ Write down one challenge per sticky
- ▶ 5 minutes: Share at your table and select the top 2 to share with the large group.

The Challenges

- ▶ Communication
- ▶ Persistent time constraints
- ▶ Multiple clinics - in different counties
- ▶ Staff turnover
- ▶ Staff burn-out
- ▶ Clinic system structures
- ▶ Difference in care and treatment philosophies
- ▶ Patient case/care management needs in the reality of limited services

The Benefits and the Joys

A strong collaborative MAT team brings multiple disciplines to the care of each of our patients with Opioid Use Disorder. Whole person care improves early stabilization, patient retention and positive long-term outcomes.



Why a MAT Program?

- ▶ Offering multidisciplinary, whole person care offers stabilization and better outcomes
- ▶ Does not rely entirely on provider for care for patients with multiple medical, behavioral health and social needs
- ▶ A well-developed MAT program can expand to meet capacity needs for MAT care
- ▶ A strong program will be useful when applying for grant monies for MAT programs

What is a MAT Champion?



- ▶ A Medication Assisted Treatment Champion is often a precursor to the development of a MAT program in a clinic.
- ▶ Brings passion and persistence. Is willing to persevere and educate through early resistance and stigma.
- ▶ Usually becomes part of the MAT team.
- ▶ Leads in changing clinic culture and attitudes about treating Substance Use Disorders.

Our MAT Teams

Multi-disciplinary, integrated care

- ▶ Medical
 - ▶ Waivered providers
 - ▶ RN Case Managers
 - ▶ Medical Assistants
- ▶ Substance Use Counseling
 - ▶ CATC
 - ▶ CAADC I, II
 - ▶ LADC
- ▶ Behavioral Health
 - ▶ LMFT
 - ▶ LCSW
 - ▶ BH Liaison/Case Managers



MAT in Primary Care is Adaptive and Must Be Sustainable

- ▶ Developing a Medication Assisted Treatment Program frequently requires utilization of staff already available
- ▶ Use Capability and Needs Assessment tools
- ▶ Billing considerations must be part of the assignment of care duties



Multi-Disciplinary Collaboration - Who Does What on the MAT Team?

- ▶ Define procedures for each discipline in MAT policies and procedures
- ▶ Understand disciplines: licensing, certification, special training and scope of practice
- ▶ Make best use of team talents and respect each role
- ▶ Communication is essential, especially as MAT caseload increases

The team must have a collaborative climate



Program Manager/Coordinator

- ▶ Keeps the program moving smoothly - chief problem solver
- ▶ Executes the great ideas coming from the MAT team
- ▶ Keeps all MAT team members in the loop of new projects, changes in procedures, community outreach
- ▶ Works with MAT team and Administration - clear communication
- ▶ Develops Policies and Procedures with the team
- ▶ Manages MAT grants



Models of Care

A model of care is often defined by available staff and provider preferences. Determining the best model of care then gives shape and direction to how the program is built.

A model of care clarifies roles and areas of care. Model of care is a core element of MAT Policies and Procedures.

Models of Care



- ▶ Nurse Care Manager - manages buprenorphine starts, dose changes, and medical needs. Makes referrals based on Psychiatry/ Behavioral health diagnosis and recovery/ treatment needs based on assessed Level of Care.
- ▶ Provider/ Medical Assistant - “Private practice” style- sometimes with blocked hours for MAT patient refill visits: a MAT Clinic.
- ▶ Substance Use Counselor - once medically stable, manages recovery/treatment needs.

RN Case Management Model



- ▶ Complete Nursing Assessment, schedule with MD for Medical admission + labs and buprenorphine start planning. Protects and makes best use of provider time.
- ▶ Keeps provider in loop as patient moves through induction phase and stabilization phase. Notifies provider of changes in cravings, side effects schedules appointments for provider.
- ▶ Manages refill orders with provider. Manages refill rosters.
- ▶ Follows up on other needs - poor sleep, anxiety, depression, side effects
- ▶ Makes referrals and works closely with BH and SUD
- ▶ Weekly case reviews

Provider/Medical Assistant Model

- ▶ Medication Assisted Treatment patients scheduled for weekly or bi-weekly or monthly individual provider visits. For example, Monday morning 9 am -12 for a MAT clinic.
- ▶ Medical Assistant manages flow of patients, UDS and scheduling follow-ups.
- ▶ Treatment needs are referred to outside recovery service providers or internal providers.
- ▶ Provider manages most of the care.



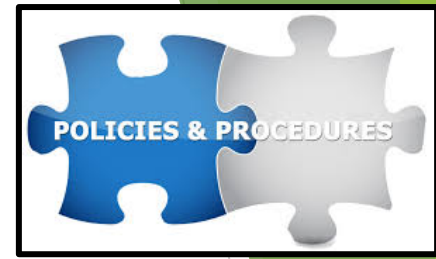
SUD Counselor Case Manager Model

- ▶ If no RN case manager, a SUD counselor can manage appropriate pathway of care - after initial screening, hands off to provider and MA for medical stabilization
- ▶ Manages Treatment Agreement/treatment planning
- ▶ Individual SUD counseling and referrals to appropriate level of care
- ▶ Manages and teaches MAT Refill/Stabilization Group
- ▶ Manages Hub & Spoke recordkeeping

Behavioral Health Case Manager Model (because BH staff are billable - this is not best option)

- ▶ Oversees management of patient care for smooth hand off of new patients to medical care and medical stabilization
- ▶ Develops treatment plan with MAT and patient
- ▶ Provides referrals and interventions for changes in level of care as appropriate
- ▶ Leads MAT refill/stabilization group and other MAT groups
- ▶ Identify patient readiness for therapy or skills building program

Policies and Procedures are Essential



- ▶ Defines the values and purpose of the Mat program, connects to the Mission Statement of the agency.
- ▶ States clear procedures for patient flow and hand-off through each discipline from medical stabilization to Level of Care case management to Behavioral health to SUD treatment/recovery needs.
- ▶ If we bend the rules in the spirit of flexibility and patient-centered care then we need to have solid rules.
- ▶ Required by regulating agencies such as Accreditation Association for Ambulatory Health Care (AAAHC) for audits and inspections.

Patient Pathway of Care

- ▶ Screening and referral
- ▶ Importance of assessment
- ▶ Starting Buprenorphine (induction)
- ▶ Right dose of medication
- ▶ Treatment Agreement with Treatment Plan
- ▶ Education and Support



Patient Pathway of Care (continued)

- ▶ Level of Care per ASAM criteria
- ▶ Case Management - refers based on LOC
- ▶ Clear expectations
- ▶ Phases of Care
- ▶ Refill/Stabilization Groups
- ▶ Ongoing case/care management



Clinic Support and Clinic Culture

- ▶ Administration
- ▶ Medical Reception
- ▶ Call Center
- ▶ Medical Records
- ▶ Billing and Fiscal
- ▶ Dental

Take the time to educate the ancillary departments, answer questions, give support to those who might be dealing with disclosed Substance Use in their families. Encourage learning about the MAT program. Give clear information on how MAT impacts their day to-day work.

Nuts & Bolts of Systems of Care

- ▶ Provider schedules
- ▶ Patient flow
- ▶ Billing
- ▶ Data Management - what to measure, how to measure
- ▶ Patient Tracking - every team needs a good roster
- ▶ MAT Grant management



MAT Medical Admission



- ▶ Provider visit
- ▶ If new patient, then new patient visit
- ▶ If already a patient with clinic then medical clearance
- ▶ Routine labs plus HCV and HIV
- ▶ Induction can be started at this visit or Home Induction planning with Provider

MAT Assessment/Intake Nursing Assessment/SUD Counselor Prior to Induction and MAT Program Admission



- ▶ Current Opioid and other Substance use
- ▶ History of substance use and periods of abstinence
- ▶ Medical hx
- ▶ Psych hx including Adverse Childhood
- ▶ Release of Information
- ▶ Experiences (ACEs) screen and adult trauma hx
- ▶ Social history and current support
- ▶ Legal - hx and current
- ▶ Alcohol and Drug Treatment x
 - ▶ Patient preferences explored
- ▶ ASAM criteria
- ▶ CURES

Behavioral Health Care

- ▶ Biopsychosocial intake using routine screening tools for BH intake
 - PHQ -9 Depression, GAD -7 Anxiety, Social Development History
- ▶ BH Treatment planning
- ▶ Biofeedback. CBT. DBT. ACT. Seeking Safety.
- ▶ Referral to psychiatry or PCP for evaluation for psych medication



Essential Other Team Members

- ▶ Medical Assistants
 - ▶ Collect and record UDS; send out for confirmation as needed
 - ▶ Collect and record patient check-in sheets
 - ▶ Direct patients to group as needed
- ▶ Behavioral Health Case Managers or Liaisons - invaluable support for case management



Weekly Case Reviews Are Invaluable

- ▶ Challenge is finding the time - build into provider's schedule or lunch break
- ▶ Case Review each Provider's Case Load - alternate weeks, if time limits.
- ▶ MAT Team meets to review patient current needs.
- ▶ MAT decision making - such as progressing to higher Phase



Collaborative Care is
MAT Gold

Other Issues

- ▶ Social determinants
- ▶ Trauma informed care
- ▶ Cultural traditions
- ▶ Behavioral health
- ▶ Other substance use
- ▶ Pregnancy
- ▶ Tapering
- ▶ Discharge





"It'll never work. You're a dog person and I'm a cat person."

Participation Exercise

- ▶ Instructions: Find a partner of another discipline/MAT role from another clinic to do this exercise with you.
- ▶ You will be interviewing your partner

Questions/Feedback

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