Creating a Culture Of Compassion and Support For Patients With Addiction

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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
- 2.3 million received treatment

Robert Wood Johnson Foundation, 2010
Mokdad et al., JAMA 2004
National Survey on Drug Use and Health, 2014
392,000 Felt They Needed Treatment and Made an Effort to Get Treatment (2.1%)

573,000 Felt They Needed Treatment and Did Not Make an Effort to Get Treatment (3.0%)

17.9 Million Did Not Feel They Needed Treatment (94.9%)

18.9 Million People Needed but Did Not Receive Specialty Substance Use 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

Slide Credit: Bell 2019
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

https://www.youtube.com/watch?v=KZBTYViDPIQ
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

Slide Credit: Bell 2019
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

Slide Credit: Bell 2019
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
Clinic Culture
Training all departments and all-staff meetings

<table>
<thead>
<tr>
<th>Arrange</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss</td>
<td>Discuss how the MAT program will impact their workflow.</td>
</tr>
<tr>
<td>Answer</td>
<td>Answer questions about addiction and MAT care approaches.</td>
</tr>
<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</td>
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<td></td>
<td>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

A Seat at the Table

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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_sbir
• 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

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Staff Training recommendations

• 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

Slide Credit: Bell 2019
The use of affirming language inspires hope and advances recovery.

Language Matters.

Words have power.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

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

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Interested in more? Come to:

• ASAM Annual Meeting • CSAM Annual Meeting • AAAP Annual Meeting
(Florida in April 2022!) (Aug or Sept 2021!) (Virtual! Dec 2021)