

Creating a Culture Of Compassion and Support For Patients With Addiction

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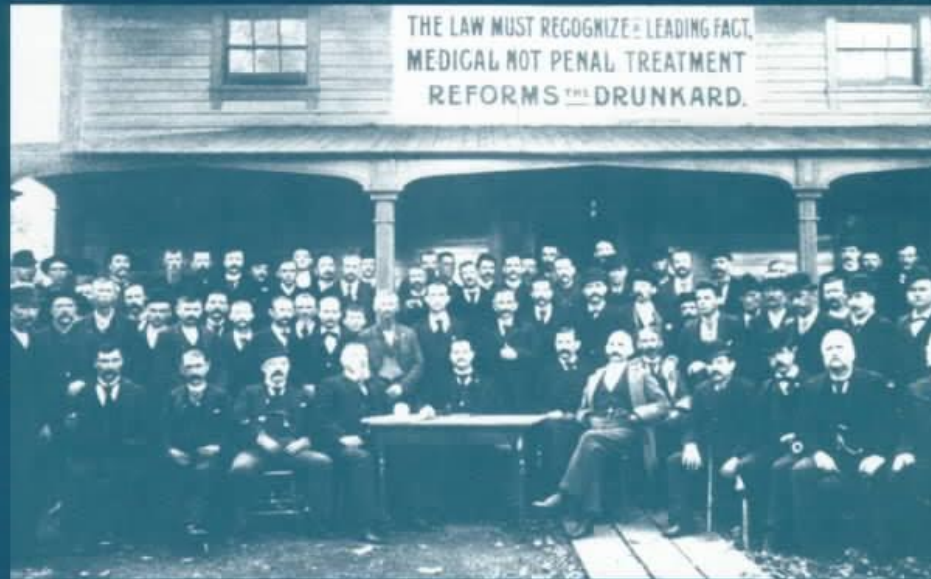


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No disclosures

SLAYING THE DRAGON

The History of Addiction Treatment
and Recovery in America



William L. White

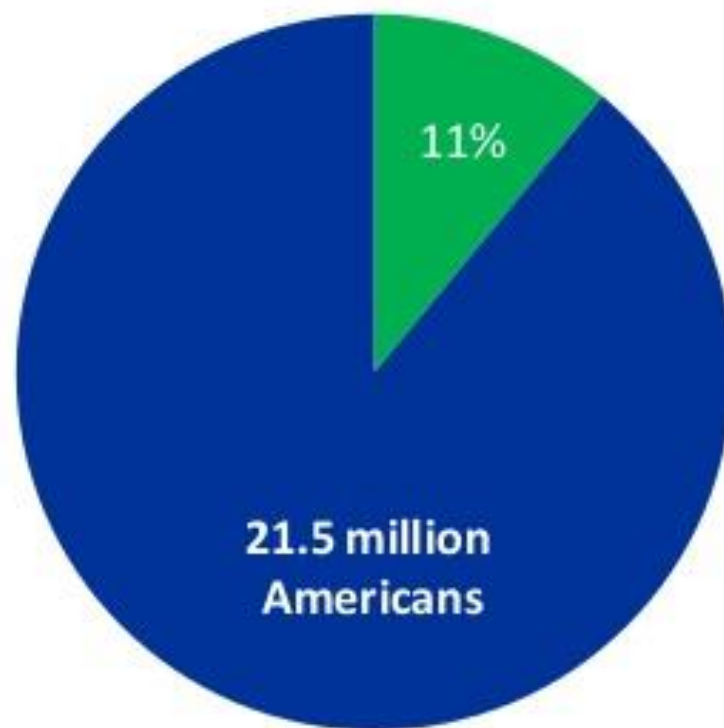
White, William L. *Slaying the dragon: The history of addiction treatment and recovery in America*. Bloomington, IL: Chestnut Health Systems/Lighthouse Institute, 1998.

The substance use disorder treatment gap

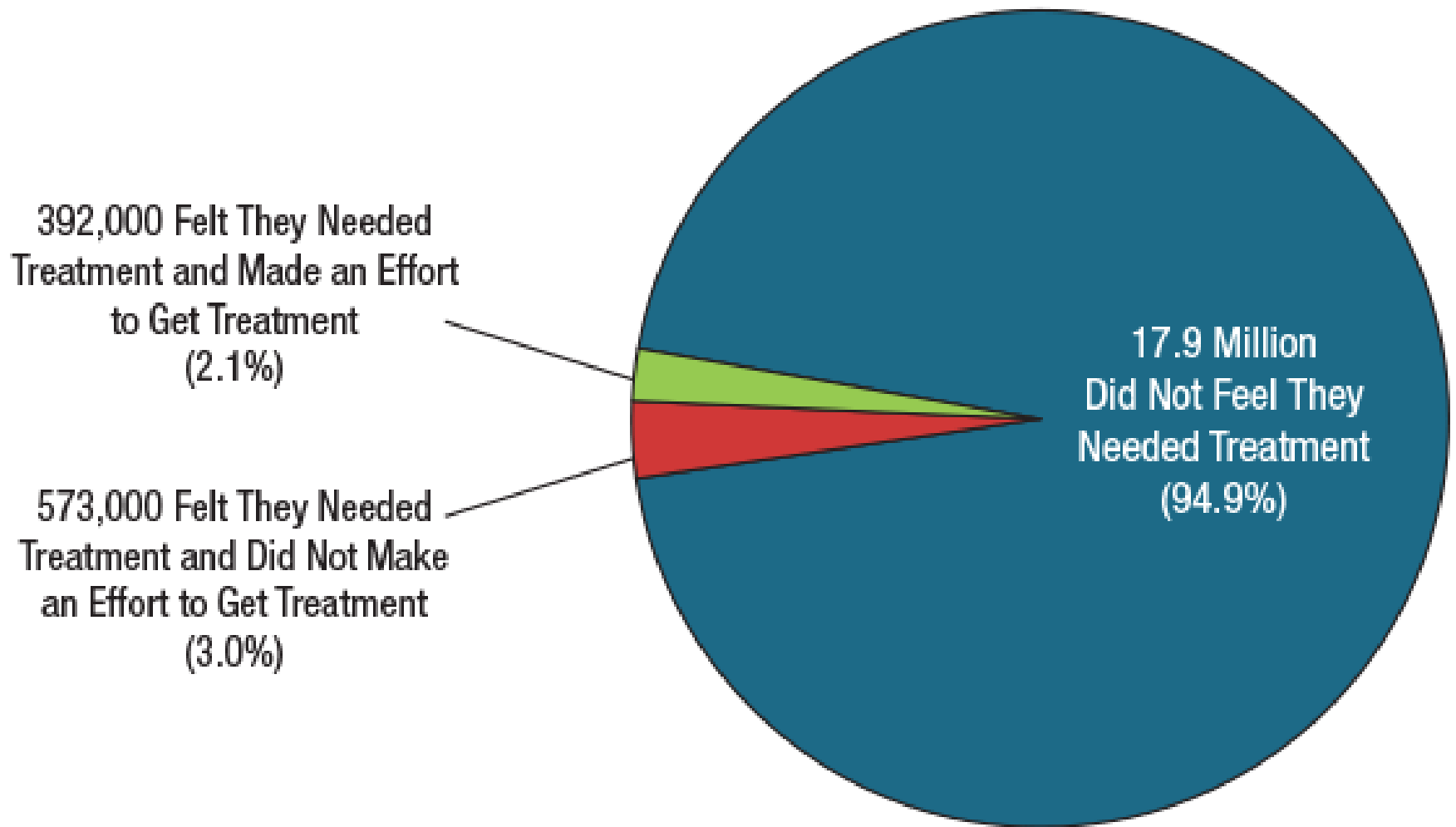
Substance use leads to more death and disability than any other preventable condition

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



18.9 Million People Needed but Did Not Receive Specialty Substance Use Treatment

Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data>

Surgeon General's Report



FACING ADDICTION IN AMERICA

*The Surgeon General's Report on
Alcohol, Drugs, and Health*

U.S. Department of Health & Human Services

<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

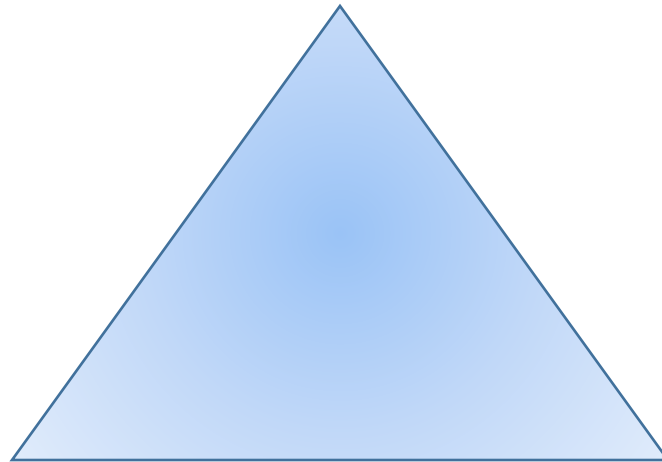
Buprenorphine

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

Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010). Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms. *Journal of Drug Issues*, 40(4), 805-818.

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

em • pa • thy
noun

The ability to step into the shoes of another person, aiming to understand their feelings and perspectives, and to use that understanding to guide our actions.

STARECAT.COM

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)

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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



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

Arrange	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.
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Discuss	Discuss how the MAT program will impact their workflow.
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Answer	Answer questions about addiction and MAT care approaches.	Educate about Harm Reduction
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Address	Address stigma and language with support rather than judgement and being corrective.
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Develop	FAQs about MAT Handouts on Non-stigmatizing language (borrow from CCI resources!)
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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



Slide Credit: Bell 2019

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>

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

Language Matters

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.

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)
<http://www.asam.org> <http://csam-asam.org> <http://www.aaap.org>