



Harbor-UCLA
MEDICAL CENTER

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Harbor-UCLA Medical Center: Adult Medicine & Family Medicine Primary Care Clinics

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Who We Are

- Harbor-UCLA Medical Center:
 - Adult Medicine (Torrance)
 - Family Medicine (Harbor City)
- Southeast Los Angeles County. MediCal and Uninsured
- 2 Clinic Sites
- Cerner EHR, outpatient and inpatient



Share your work

- Since learning session 1, what changes have you made or did you try out?
 - Bimonthly meetings with HUMC Emergency Room and Whole Person Care: Goal is increasing ED BUP Bridge inductions and referrals to IM or FM
 - Weekly review of SUD Patient Registry between site medical directors and SAC
 - Begin to develop a “MAT in Primary Care Visit” Protocol
 - Create pamphlet of MAT services in our clinics for distribution
- Describe HOW you made the change, including:
 - Who was involved in planning the change: MD, RN, SAC, SW
 - Who was involved in testing the change: MD, RN, SAC, SW
 - What workflows were impacted: ED triage and bup inductions, IM and FM “walk ins” for BUP
 - What tools did you use: CCI resources – Other MAT Clinic examples, Monthly ED Bup Bridge data

Key Learnings

- What have you learned so far?
 - Our biggest surprise was
 - Patient engagement: Patients ability to come to clinic appointments is DIFFICULT
 - Social barriers to our SUD patients (housing, transportation)
 - UDS not consistent with patient history...
- If you could go back and do one thing different, it would be...
 - Confirmatory UDT
 - Earlier involvement of other team members (Social Work, Case Work)
- What are some early wins or successes from the change?
 - Pts on MAT >1 year
 - Despite UDS issues patients appear to have improved function in their lives
 - Same day visits/ER follow ups
- Challenges
 - What got in your way? Pt registration, change of insurance
 - Where did things not go well? SUD EHR (SAGE) access/use
 - What are doing to mitigate the challenges? Additional SAGE training and PRW Training

Q&A and Discussion Questions

List 2 questions or challenges you want to discuss after your presentation with folks in the room (to promote cross sharing with peers).

1. What are reasonable “boundaries” for long term MAT patients? For example, your patient admits to tampering with his UDS and “saving” buprenorphine for a future trip.
2. How do you help other providers initiate MAT in a primary care visit?

