Introductory Interview

- Manuel Campa, MD
  Primary Care Director, LAC+USC Medical Center

- Teresa Ejanda-Sano, MSW, LCSW
  Primary Care Clinical Social Work Supervisor, LAC+USC Medical Center
LAC+USC Medical Center is the cornerstone safety-net institution in LA County Dept of Health Services

~45,000 total patients empaneled in Adult Primary Care

PC East Clinic is the outpatient continuity site for all USC IM residents

PC West Clinic is the first PCMH established on LAC+USC campus

Team-based MAT model

Collaborative efforts across both clinics
Developing MAT Clinic Operations
2 Clinics 1 MAT Model

- Attendings + Resident Trainee Clinics have both engaged on a parallel MAT Program development journey.

- Two different provider workforces under the same PCMH model and delivering integrated behavioral health and SUD services.

- Both clinics on a similar trajectory for improved MAT integration following participation in ATSH Wave 2 and now the ATSH Learning Network.

- Maintenance of partnership between the clinics for human-centered design improvements for MAT delivery.
Referral & Communication Triad

Nurse Care Managers

Primary Care Physician

Integrated Behavioral Health Team (SUD Counselor, LCSW, MCW)
Nursing Roles in MAT Program

- Identify and refer to SUD Counselor/Social Work and internally to PCP for MAT
- CMAs coordinate and arrange close follow-up appointments for patients both for PCP and SW
- Nurse care managers (RNs) provide counseling and support, assist with medication adherence, communicate with other team members
- RNs and LVNs administer IM naltrexone during nursing or provider visits
PCP Roles in MAT Program

- Partner with patients to develop therapeutic longitudinal relationships
- Identify and refer to SUD Counselor/Social Work
- Formulate treatment plans and prescribe MAT
- Foster regular and clear communication among team members
- Oversee comprehensive patient health needs
Co-design Across Clinics

- East and West Clinics both provide MAT in similar settings, share learning to improve processes in both
  - Ex: ordering troubleshooting for IM naltrexone

- Miniature "learning network" included observation, journey mapping, and joint prototyping sessions to develop a uniform model.

- Shared SUD Counselor & integrated psychiatrists support care teams and patients in both clinics.
Future Directions

- Enhance substance use screening at intake to better identify people with SUDs who may benefit from services
- Roll out of contingency management led by SUD counselor for stimulant use disorder
- Provide additional language and stigma training to staff as part of work to shift culture in clinics
- Improve relationship with other points of entry/SUD treatment within LAC+USC system - i.e. urgent care MAT and contingency management
Integrated Behavioral Health & MAT

Manuel Campa, Brenda Ponce, and Teresa Ejanda-Sano
Transforming an Integrated SUD-Counselor within Primary Care

➢ 2018 - Co-located SUD counselor assigned to Adult Primary Care Clinics

➢ 2019
  ➢ LA County Dept of Health Services formally adopts the Integrated Behavioral Health Model
  ➢ Participation in Addiction Treatment Starts Here Wave 2

➢ June 2020 - Social Work Supervisor with MAT experience joins the PC Team
  ➢ Patients referred by doctors and CMAs in Primary Care
  ➢ Conducted outreach using list of patients receiving MAT
  ➢ In-person visits for psychoeducation and support
Transforming an Integrated SUD-Counselor within Primary Care

Present Day

- Outreach list provided by Department of Health Services
- SUD counselor has built relationships with Care Managers and other clinic staff through the past two years leading to an increase in referrals from the Care Managers and Behavioral Integration Team
- Phone visits provide more accessibility/options for SUDC to connect with patients
- Attempting to bridge services with inpatient SUDC
- Explored use of Whole Person Care SUD report
- Exploring how to bridge services from ED and Urgent Care to Primary Care
- Collaborations with interdisciplinary teams, case conferencing, and DHS wide SUD Collaboration
Volume of Patients

Actual and Attempted Engagements

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- Total
- Linear (Total)
Conferencing

Collaborative care and case conferencing for BH + SUD

Enhanced Care Management (ECM) case conferencing and presenting SUD patients
Integrating Partnerships

- Whole Person Care Collaboration
- The Wellness Center
- LAC+USC Inpatient-based addiction services
- Working towards building and rebuilding relationships with treatment centers post pandemic
Future Opportunities

- Working towards building and rebuilding relationships with treatment centers post pandemic
- Organize and set-up in-person support groups for patients receiving MAT
- Promoting MAT service by posting information throughout hospital campus
- Increased SUDC participation in BHI Case Conferencing