

Introductory Interview



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Primary Care Clinical Social Work
Supervisor, LAC+USC Medical Center

LAC+USC Adult Primary Care



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Substance Use Disorder
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Josie Salinas, RN
Adult Primary Care Nurse
Manager



Anne Hoffman, RN
Nurse Care Manager, Adult
Primary Care East Clinic



Manuel Campa, MD
Director, LAC+USC Primary Care



Ryan Graddy, MD
Medical Director, Adult Primary
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Teresa Ejanda-Sano, MSW, LCSW
Clinical Social Work Supervisor,
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LAC+USC Adult Primary Care East + West Clinics

- ▶ 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



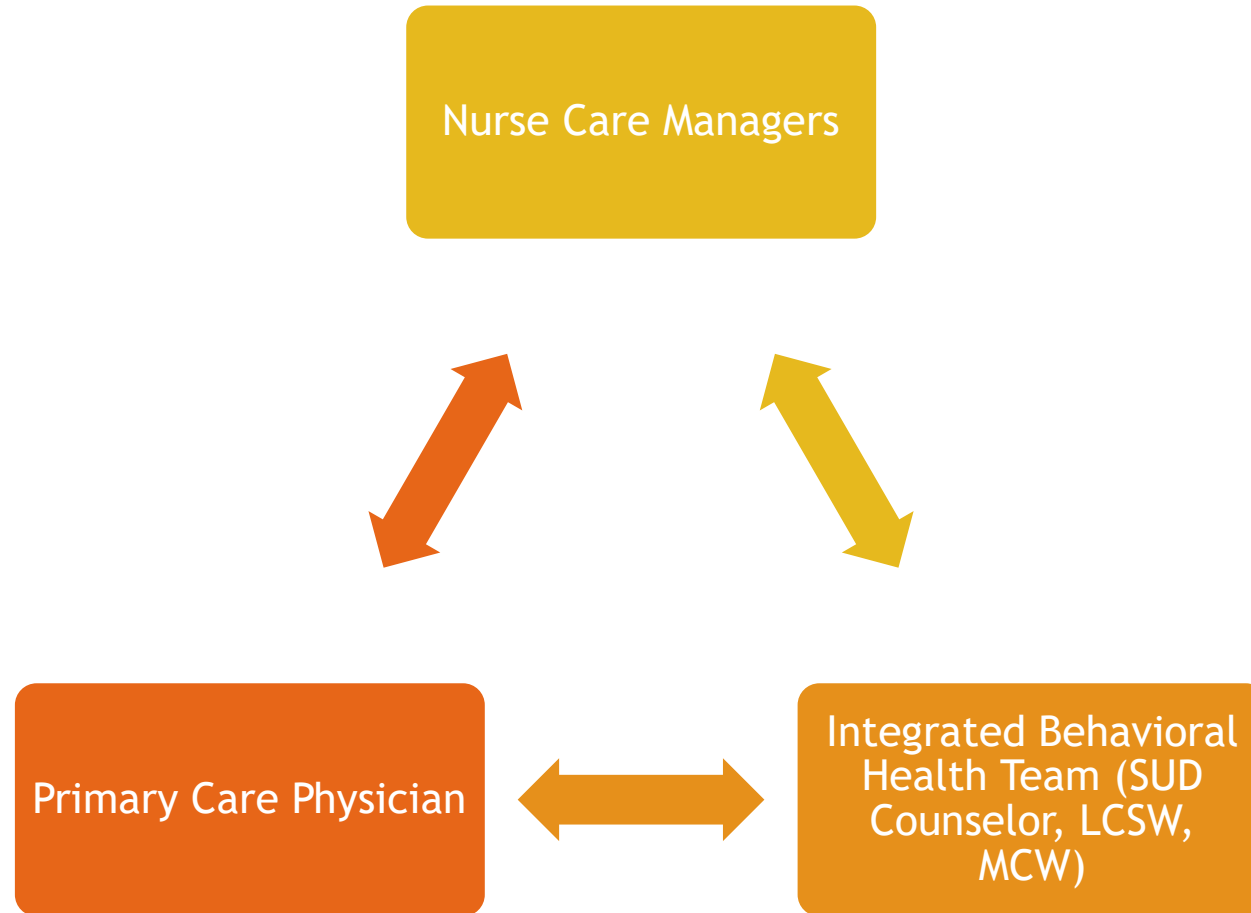
Developing MAT Clinic Operations

Ryan Graddy and Manuel
Campa

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



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

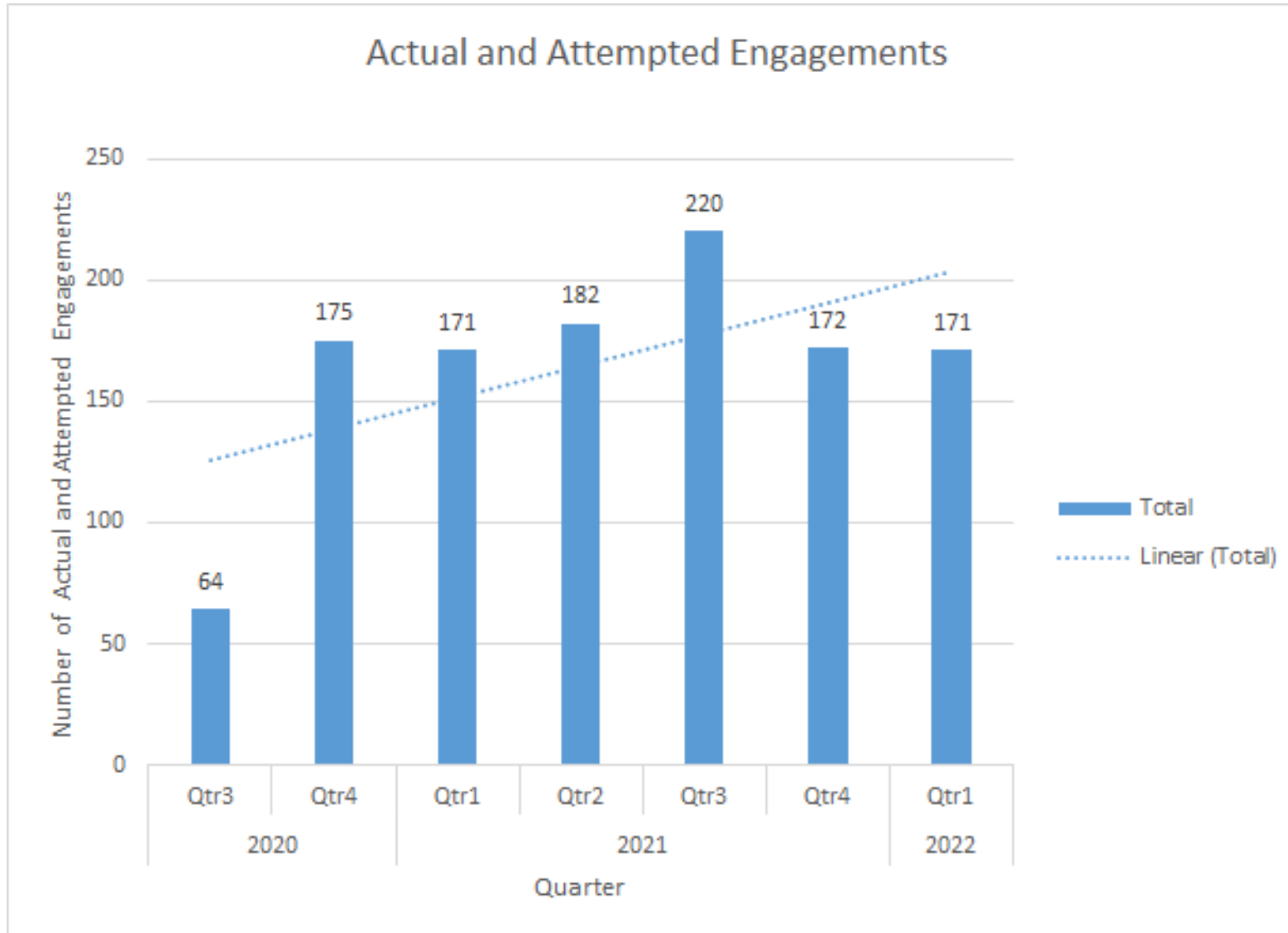
- 2018 - Co-located SUD counselor assigned to Adult Primary Care Clinics
- 2019
 - LA County Dept of Health Services formally adopts the Integrated Behavioral Health Model
 - Participation in Addiction Treatment Starts Here Wave 2
- June 2020 - Social Work Supervisor with MAT experience joins the PC 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 year leading to an increase 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



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