

Systematizing MAT Delivery and Expanding Capacity for Higher Acuity Patients

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The purpose of this breakout session...

- Acknowledge: challenging clients are already being seen in your organizations
- Explore how to create more systematic ways of addressing complex clinical scenarios with clients on MAT
- How are we, as an organization, going to support providers and handle complex clients—how are we going to develop a common game plan?
- IN ADDITION to what your organizations are already providing



Think of this like a Joint Commission visit...

Rescue.Alarm.Contain.Extinguish.

The organization needs to have a standard process in place for handling emergency situations...



4 Challenging Clinical Personas

1. On buprenorphine, also taking/using benzodiazepines	2. On buprenorphine, also using alcohol
3. On buprenorphine, also with ongoing pain issues	4. On buprenorphine, also continuing to use illicit opioids





Good for the
patient/harm
reduction



Minimizing
provider and
organizational risk



As a small group:

Your table has been assigned one of the challenging personas.

Goal: HOW might your organization develop a process to handle balancing the complex needs of the patient against the need to minimize risk exposure/ensure safety?



As a small group:

Some ideas to organize your thinking/discussion:

- How would your organization create a process to (**SMAC**):
 - Support Standardized documentation and testing protocols?
 - Make the best sell possible for referral to other services if indicated?
 - Activate a multidisciplinary team to address/discuss this client?
 - Increase the organization's Contact with this client?



As a small group:

Example:

Persona = on buprenorphine, plus taking benzos

- **S:** How to invoke clinic council in drafting/supporting treatment contracts?
- **M:** Be able to describe the residential programs?
- **A:** Organize a multidisciplinary team that can be rapidly mobilized to discuss these clients as they come up
- **C:** Free up clinician time to visit with this client more frequently



Discussion



Some “tactical nuggets” to wrap up:

- 30,000 foot view:
 - Continue MAT
 - Identify and name each disorder
 - Business-as-usual vs. recognizing when business-as-usual won't be effective
 - Involving all aspects of organization in the care of these patients (team approach)—to balance risk mitigation against patient needs/harm reduction
- More down to earth:
 - Relationships with referral partners—have you visited?
 - Benzo specific
 - Pain specific
 - Alcohol specific
 - Continued opioid specific



Questions/Feedback?

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