Systematizing MAT Delivery and Expanding Capacity for Higher Acuity Patients

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April 11, 2019
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...


The organization needs to have a standard process in place for handling emergency situations...
4 Challenging Clinical Personas

<table>
<thead>
<tr>
<th>1. On buprenorphine, also taking/using benzodiazepines</th>
<th>2. On buprenorphine, also using alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. On buprenorphine, also with ongoing pain issues</td>
<td>4. On buprenorphine, also continuing to use illicit opioids</td>
</tr>
</tbody>
</table>
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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