

Addiction Treatment Starts Here: Primary Care



Virtual Learning Series

Webinar 1

May 26, 2020

Welcome to our ATSH:PC Virtual Learning Session!

1

If you are connecting to the audio by cellphone or landline (e.g., not your computer), your audio connection and visual connection need to be joined for the warm-up. To join them:

- ✓ **First:** Find your participant ID; if you are using your phone for your audio, your **Zoom Meeting Participant ID** should be at the top of your Zoom window
- ✓ **Then:** Once you find your participant ID, press: #number# (e.g., #24321#)
- ✓ The following message should briefly pop-up: “You are now using your audio for your meeting”

2

Please also rename yourself so we know what organization you’re from. This will help facilitate discussion and follow-up. To rename yourself:

- ✓ **Find the participant list:** Go to the bottom of your Zoom window and click on the word **Participants**
- ✓ **Hover/click:** Once the participant list pops up, hover over your name on the participant list; you may be able to click **rename** or you may have to click the **more** button and then click **rename**
- ✓ **Enter your new name:** Enter your first name and your clinic’s name (e.g., Briana – CCI, or Shelly – ATSH coach)

Webinar Reminders

1. Everyone is muted.



*6 to **unmute**



*6 to **re-mute**

2. Use the chat box for questions and to share what you're working on.

3. **This webinar is being recorded in the main room.** The slides and webinar recording will be posted to the ATSH program page.

Today's Agenda

- Introductions
- ATSH Cohort Discussion: Behavioral Health Support in the Age of COVID-19
- Panel Discussion: The Impact of COVID-19 on Behavioral Health Support in MAT Programs
- Coming Attractions



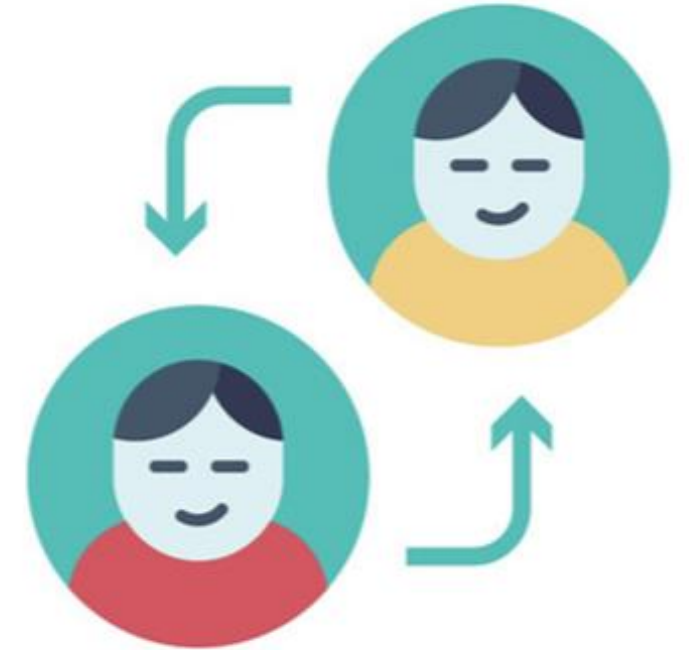
Cohort Discussion/Virtual Warm-Up

8 Minutes in Breakout:

- Name, name of clinic, role in clinic
- What changes have you made as a result of COVID-19 to identify and support patients' behavioral health needs?



Once we're back in the large group, share your breakout discussion using the chat box!



Note: If you couldn't join your audio and video, your audio connection will be assigned to one breakout and your video will be assigned to another breakout. Please participate in the breakout room via audio connection (e.g., respond to what you hear, not what you see!).

Panel Discussion: Integrated Behavioral Health



Today's Speakers

Brian Hurley, MD

Clinical Director

CCI ATSH
Programs



Parinda Khatri, PhD

Chief Clinical Officer

Cherokee Health
Systems



Rheena Pineda, PhD

Behavioral Health
Director

Livingston
Community
Health



Wendy Vierra

Director of Operations
– Behavioral Health

Neighborhood
Healthcare



Behavioral Health and MAT Services in Primary Care

- Organizational Mission & Vision
 - BH and medical (including MAT)
- Workforce
 - Staffing, location
- Clinical Practice
 - Models, roles, responsibilities
- Administrative
 - Billing, legal, documentation
- Community
 - Partnership and promotion

Example Model Types:

Collaborative Care

Co-Located Care

One Stop Shop

B-HIV

Health Home

Care Manager

Echo



Behavioral Health and MAT Services During COVID-19

- Virtual clinical care
 - Medical and psychosocial visits
- Virtual team collaboration
 - Virtual meetings / huddles / handoffs
 - eConsult
 - ECHO sessions

Virtual Care:

telephone / telehealth visits,
individual and group services

Virtual Team Collaboration:

Virtual warm handoffs /
huddles



Cherokee Health Systems





Parinda Khatri, PhD
Chief Clinical Officer
Cherokee Health Systems

ATSH – PC
Center for Care Innovations
May 26, 2020

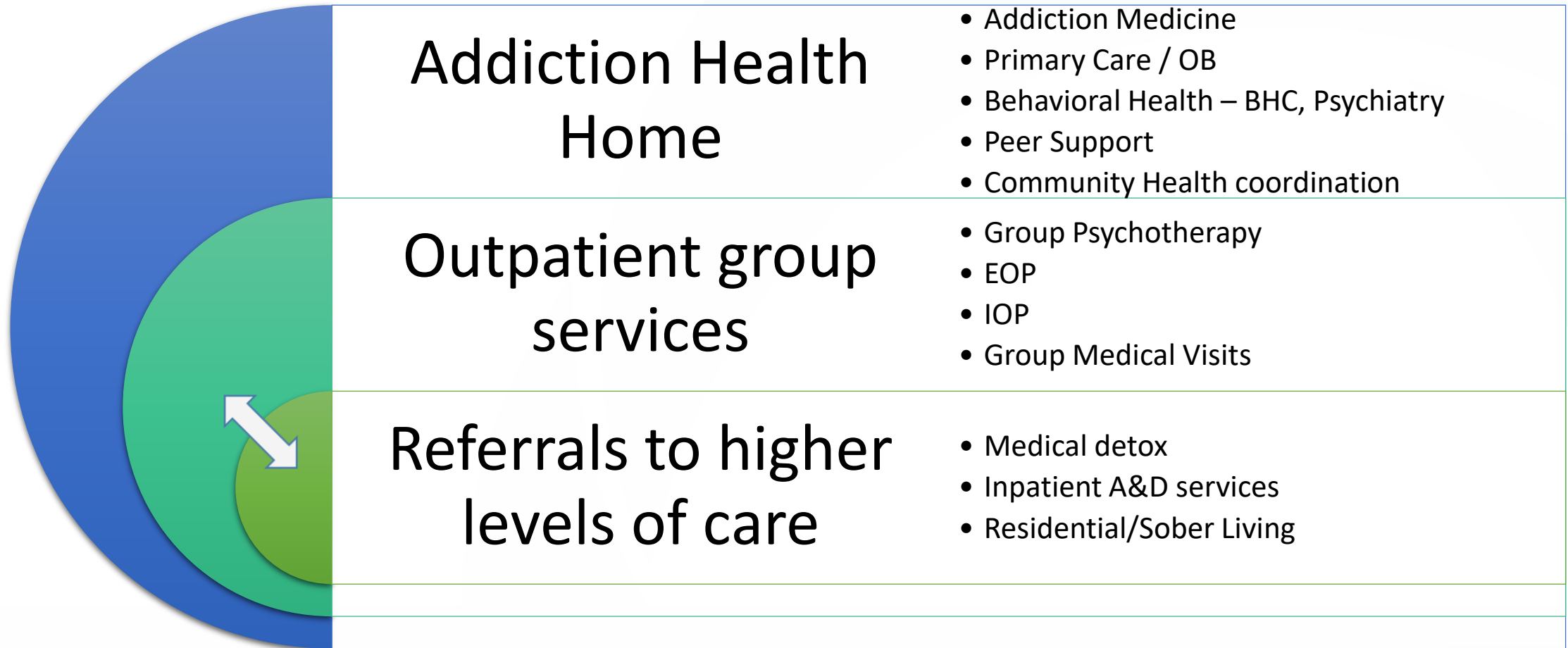
Swimming in a Storm

Supporting Integrated Healthcare for SUD during COVID-19

CHS Snapshot

- Patients in calendar year 2019: 71,274
 - Location: urban and rural
 - Number of sites: 22
 - Total number of employees: 725
 - # Patients on MAT: 240
- Staff by type:
 - Primary care providers: 72
 - Psychiatrists: 7/ Psych NPs - 9
 - Psychologists: 49
 - Licensed Social Workers: 55
 - Pharmacists: 6
 - Community Health Workers: 26
 - Peer support: 4

CHS Continuum of Services for SUD



Staff Roles and Responsibilities

- Addiction Specialist: overall responsibility, review referrals, conduct intake evaluations, treatment planning, DEA X-number
- Primary Care Provider/OB Provider: routine preventive and chronic health care, prenatal care; care coordination, medication safety
- Behavioral Health Consultant: review referrals, conduct IOP, directs behavioral needs, provides routine BHC care
- Psychiatrist: psychotropic medication management, consultation
- Pharmacist: TN CSMD report, medication safety and review
- Nursing: screen routine preventive and primary care health needs, lab test monitoring, clinic management, care coordination
- Community Health Coordinator: recovery environment review and action, care coordination, referral assistance
- Peer Support Specialist: intakes and follow-ups, outreach, ER liaison, group visits

Data Tracking

	B	C	D	E	F	G	H	I	J	K	L	M
1	MRN	Address	Provider Name	Date	Medication	NDC ID	ilm	Quant	Dose	Refills	Start Date	Stop Date
30	237812	418 N	McGrail MD, Mark	12/11/2017	Suboxone 4 mg-1 mg	12496120401	Film	6	4 mg-1 mg	0	12/11/2017	12/27/2017
31	217270	447 N	Whedbee APRN,	10/12/2017	Suboxone 8 mg-2 mg	12496120801	Film	1	8 mg-2 mg	3	10/12/2017	11/10/2017
32	600414	1612 Grainer	McGrail MD, Mark	02/20/2019	buprenorphine 8 mg-naloxone 2 mg sublingual	54018913	Tablet	7	8 mg-2 mg	0	02/20/2019	02/27/2019
33	266203	628 HALE	McGrail MD, Mark	03/08/2018	Suboxone 8 mg-2 mg	12496120801	Film	42	8 mg-2 mg	0	03/08/2018	04/02/2018
34	662437	226	McGrail MD, Mark	01/06/2017	buprenorphine HCl 8 mg	54017713	Tablet	32	8 mg	0	01/06/2017	01/27/2017
35	662437	226	McGrail MD, Mark	01/25/2018	buprenorphine HCl 8 mg	54017713	Tablet	56	8 mg	0	01/25/2018	02/22/2018
36	662437	226	McGrail MD, Mark	01/27/2017	buprenorphine HCl 8 mg	54017713	Tablet	42	8 mg	0	01/27/2017	02/17/2017
37	662437	226	McGrail MD, Mark	02/17/2017	buprenorphine HCl 8 mg	54017713	Tablet	38	8 mg	0	02/17/2017	03/08/2017
38	662437	226	McGrail MD, Mark	12/11/2018	buprenorphine HCl 8 mg	54017713	Tablet	56	8 mg	0	12/11/2018	01/08/2019
39	614734	1205	McGrail MD, Mark	03/21/2017	Suboxone 8 mg-2 mg	12496120801	Film	10	8 mg-2 mg	0	03/21/2017	03/31/2017

Unique Client Number	C Group Name	Plan Na	Primary Substance	Secondary Substance	Tertiary Substan	Primary Diagnosis	Second ary	Case Status	Intake Date
BL108016890	B Continuum of Care	BLO CK GRA	Other Opiates and Synthetics	None	None	Opioid dependence, uncomplicated		Open Active	7/22/2016
WB057016173	W Continuum of Care	BLO CK GRA	Alcohol	Marijuana	None	Alcohol dependence, in remission		Open Active	8/22/2016
WB057016173	W Medication Assisted Treatment	MAT BUP REN	Alcohol	Marijuana	None	Alcohol dependence, in remission		Open Active	8/22/2016
WB057016173	W Vivitrol	VIVITROL OPIOI	Alcohol	Marijuana	None	Alcohol dependence, in remission		Open Active	8/22/2016
AD088013872	A ARP	ARP	Other Opiates and	Marijuana	Alcohol	Opioid		Open Active	12/1/2016

Measures: Program Specific

- Depression (PHQ)
- Suicide Risk (Columbia)
- Addiction Severity Index (ASI)
- Trauma (ACEs, TSQ)
- GPRA (SAMHSA block grant)
- Alcohol and/or Illicit Drug Use (6 mos)
- 30 Day Arrest
- Adverse Consequences – Health, Behavioral, Social (6 mos)
- Social Connectedness (6 mos)
- Permanent Housing (6 mos)
- Employment or School (6 mos)

Outcome Measures

- Access (patients seen – new/established)
- 30 Day Treatment Retention (> 65%)
- Tobacco Use Screening and Counseling (> 90%)
- Residential/inpatient readmission rate (<20% -90 day)
- Contraceptive Use and Counseling (>90%)

COVID-19 – Immediate Impact on Addiction Health Services



Telehealth – 60% of all visits

Frequency of touchpoints – 5x

Access points – Virtual, Walk-In, Phone

Individual contacts

Remote practice

Virtual team collaboration

Need for PPE

Face to Face visits – 40% of all visits

Outreach – 0% ER outreach

Groups- 77% reduction; 0 in-person; 2 virtual

UDS

In-person huddles

Access to PPE

Workflow efficiency

Primary Behavioral Health
INTEGRATED CARE
Training Academy

COVID-19 – A New Normal

- Access Priority – People still need care!
- Triage & Screening
- Re-engineered workflows
- Telehealth – phone/video
- Virtual access points



Livingston Community Health





Rheena Pineda, Ph.D.
Behavioral Health Director

Organizational Overview



- Patients in calendar year 2019: 19,315 Patients
- Location: Rural
- Number of sites: 8 (2 closed due to COVID-19)
- 188 employees
- # of patients on MAT: 35

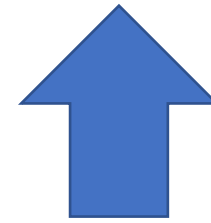
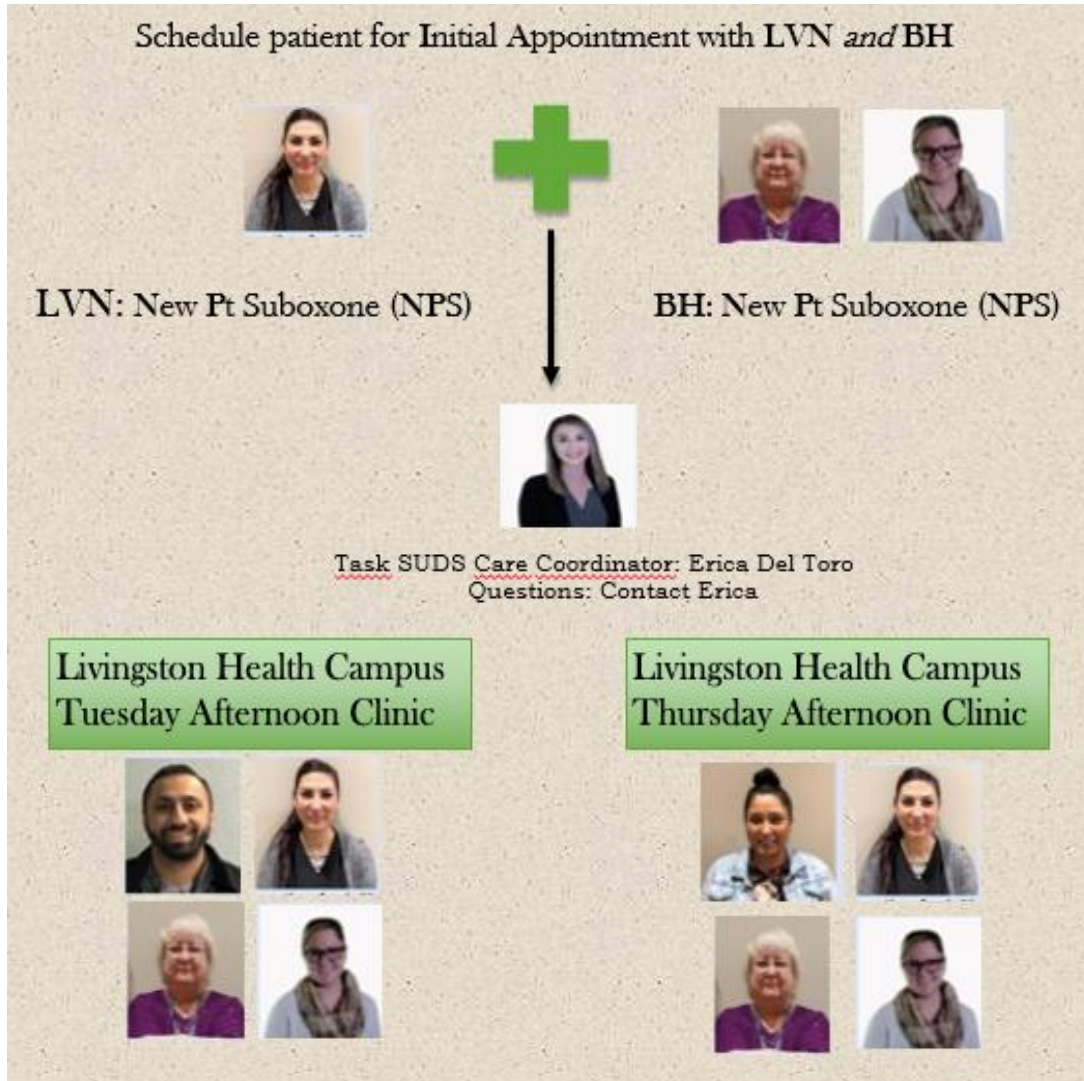


- Staff by type (FTE):
 - Primary care providers: 27 (2 pediatricians)
 - X-waivered prescribers: 5
 - Psychiatrists: 0 (Telehealth)
 - Psychologists: 1
 - Licensed Social Workers: 3 (+ 1LMFT, 1 ASW)
 - Pharmacists: 0 (in the works)
 - Community Health Workers: 6
 - Peer support: 0

MAT Program: Pre-COVID Staff Roles and Responsibilities

Biological	Psychological	Social
<p>Sunny Bassi, FNP</p>  <p>Medications to prevent symptoms of withdrawal and craving</p>	<p>Edie Stone, LCSW</p>  <p>Behavioral interventions for substance use, disorders, co-occurring conditions</p>	<p>Angelica Carranza, ASW</p>  <p>Social determinant of health, linkage to community resources</p>
<p>Viviana Vera, PA</p>  <p>Medications to prevent symptoms of withdrawal and craving</p>	<p>Angelica Carranza, ASW</p>  <p>Behavioral interventions for substance use, disorders, co-occurring conditions*</p>	<p>Erica Del Toro, Care Coordinator</p>  <p>Coordinate MAT clinics, Track patient panel</p>
<p>Arielle Gonzalez, LVN</p>  <p>Medical information for initial intake and progress, Buprenorphine Induction</p>	<p>Rheena Pineda, PhD</p>  <p>Psychological consult, administration</p>	 <p>Care for all. Salud para todos.</p>

MAT: Pre-COVID Program Summary



- X-waivered providers (2 to 5 providers)



- Integration of group refill/visit



- Substance Use Navigators (SUNs) of local area ED

Current State – Impact of COVID-19



- 30% - 40% visits in-person
 - No disruption for in-clinic visits for injectable, Telehealth for refills
- WebEx/Phone visits, Remote BH and in-clinic intake/screening
- Individual BH: Remote Telehealth, in-person during MAT clinics
- Urine drug screens: Increasing
- Medication initiation
- Increased phone contact, calling authorized contacts
- Reduction of staff and reassignment of roles

Future State MAT Program



- Staff and reassignment of roles
- Can we offer Tele-Warm Handoffs to local EDs?
- Continuation of Telehealth options for refills
 - MAT clinics to continue with in-clinic visits for injectable
 - Re-tool intake process and explore Telehealth intakes (increase in providers)
- Continuation of a safe hybrid of services
 - BH Remote and in-clinic for Telehealth and in-person for individual counseling
- Virtual group visits, when to consider in-person group visits?

OUR MISSION

To provide comprehensive primary and preventive health care services to all patients regardless of their ability to pay.

OUR VALUES

- Our commitment to take care of our patients of all ages, genders, races and income levels in a culturally appropriate manner.
- The trust and support of our community.
- Our commitment to provide quality care for our patients.
- The mutual respect and dignity of patients and staff.
- The dedication of providers and staff and their willingness to overcome barriers to care.

<https://www.visitlch.org/>

rpineda@visitlch.org

Neighborhood Healthcare





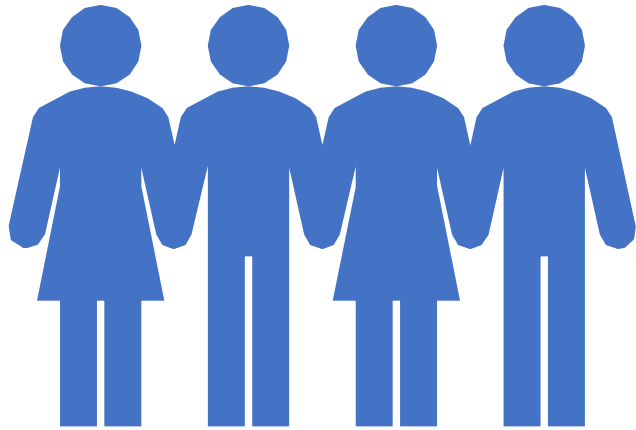
**Impact of Pandemic on Intersection of
Primary Care, BH, & MAT**

May 26, 2020

Wendi Vierra, PhD

Director of Operations Behavioral Health

2019 Clinic Summary



- Patients in calendar year 2019: 76,630
- MAT patients: 110
- Location (urban/rural/other): San Diego & Riverside Counties
- Number of sites: 16
- Total number of employees: 719
- Staff by type (FTE):
 - Primary care providers: 55
 - X-waivered prescribers: 17
 - Psychiatrists/PMHNP/PAC: 13
 - Psychologists: 11
 - Licensed Social Workers: 9
 - Pharmacists: 8

Pre-COVID Staff Roles & Responsibilities with MAT

- PSR: confirm eligibility, appointments, schedule visits
- MA: vitals, med reconciliation, injections, blood draws, labs (UDS), universal screenings, telehealth support between clinics
- PCP: medical services, psychotropics for mild MH, MAT
- BH Prescriber: medication management, MAT, CURES
- BH Consultant (BHC)/Therapist: SBIRT screening, therapy, triage, WHO from PCP
- Social Service Coordinator: SDOH assessment, referral, coordination
- MAT MA Coordinator: assessment, complete forms/consents, coordinate all visits, UDS
- SBIRT Coordinators: screen with GPRA, refer to appropriate services, update tx team

Pre-COVID MAT Program

- [MAT Referral](#) from any Provider or Patient – no wrong door
- [MA MAT Coordinator](#) – Completes in person pre-intake for eligibility, explains programs, and completes forms and consent
- [BHC](#) – Completes in person biopsychosocial intake to assess substance use and treatment history.
- [MAT waived Provider](#) (PCP, Psychiatrist, PA-C, NP) Complete in person MAT Intake, COWS, Urges to Use Scale, CURES, UDS, and Induction
- [Medical Assistant](#) schedules in person FU visits weekly until patient is stable with regard to dose, UDS, and CURES
- [MAT Groups](#) in person weekly groups to draw from the power of group experience, support, and truth

Current State — MAT Program During Pandemic

- Safety protocol: assessment, triage, masking, cleaning/disinfecting, social distancing, testing
- Sick/Well Clinics
- Telephonic/Video Visits – 90% are telephonic
- Patient completes telephonic pre-MAT Intake
- BHC completes telephonic biopsychosocial Intake
- Patient goes to clinic for UDS and vitals prior to home Induction visit with provider
- Provider completes Home Induction telephonically or through Doxy.Me
- If patient doesn't have phone they come to clinic and are roomed for virtual visit
- MAT Group is replaced by individual weekly check-ins
- SDOH Assessment and referrals are telephonic



Future State MAT Program

- [MAT Referral](#) made by PCP, BH, or Patient – no wrong door
- [MA MAT Coordinator](#) – Hybrid virtual/in person pre-intake for eligibility
- [BHC](#) – Hybrid virtual/in person biopsychosocial intake
- [MAT waived Provider](#) (PCP, Psychiatrist, PA-C, NP) – Hybrid home/in person MAT Induction
- [Medical Assistant](#) schedules FU visits weekly at provider/patient discretion (virtual/in person) until patient is stable with regard to dose, UDS, and CURES.
- [MAT Groups](#) individual check in sessions or virtual group visits

Future State Variables



Social Distancing Requirements

- Limit number of patients in lobby
- Limited offices available as PCP's are using BH offices to social distance
- State/Gov Reimbursable Visits
- Ability to monitor patients safely virtually utilizing technology
- DEA requirements with prescription and panel limits



“Community health is about more than just vaccines and checkups. It’s about giving people the resources they need to live their best lives. At

Neighborhood, this is our vision. A community where everyone is healthy and happy.

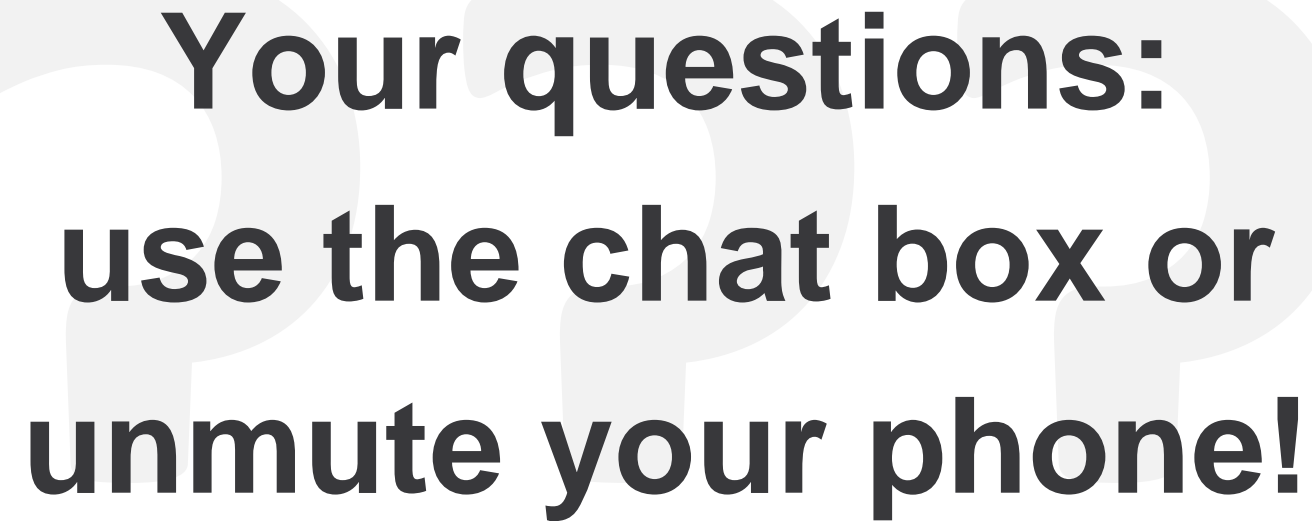
At Neighborhood,
we are Better Together.”

Thank you for your time and attention. Any questions?

www.nhcare.org

Wendi.Vierra@nhcare.org





**Your questions:
use the chat box or
unmute your phone!**

Poll

- On a scale of 1-5, please select the number below that best represents your overall experience with today's session.
- Please select the number below that best represents your response to the statement: Today's session was a valuable use of my time.



ATSH Coming Attractions



June 11: COVID-19 Innovations/Adaptations, Breakouts (MAT in Pregnancy, Stigma, Sublocade, etc.)



June 17: Health Center/ED Collaboration webinar featuring 2 ATSH teams and the emergency department navigators they collaborate with



July 23: Promising Practices, Breakouts (Managing Pain, Patients Without Stable Housing, SBIRT, etc.)



ATSH COVID-19 Resource Hub – federal/state guidance documents, tools and more!

Questions? Contact . . .



ATSH Program Questions:
Briana Harris Mills

briana@careinnovations.org



Thank you!