

**ADDICTION TREATMENT STARTS HERE:
LEARNING SESSION I:
PHASES OF MAT CARE**

November 7th, 2019: 12:30-1:30pm
DoubleTree by Hilton Berkeley Marina

Panelists:

**Jeffrey DeVido, MD, MTS: Marin County HHS, Partnership
HealthPlan of CA (moderator)**

**Dominique McDowell, RLPS, SUDCC II, Marin City Health and
Wellness Center**

Katie Bell, MSN, RN-BC, CARN, PHN, ATSH Coach and Consultant

David Tian, MD, MPP, Alameda Health System

CONCEPT OF DEVELOPMENTAL PHASES IS NOT NEW

- Basic human development
- Prochaska and Di Clemente's "Stages of change" model (Transtheoretical Model)
 - Readiness of change
- Early, Middle, or Late Recovery (TIP 41—Group Therapy)
 - Stage of Recovery

QUESTION: SHOULD TREATMENT BE
PHASED, TOO?




- Phased treatment is A model, but not necessarily THE model
- Patient-centered
- How do you define the phases?
- How do you assess the level of intensity needed?
- How do you structure the workflow in order to accommodate these phases?

MODAL PATIENTS

- **Does well and responds well, progresses easily**
 - Who is this? Any consistent features of these individuals?
- **Harder: does well at first, then declines (relapses, etc.), then gets back on track**
 - How is the relapse handled?
- **Hardest: doesn't do well, lots of comorbidities, doesn't relate to group members?**
 - What did/do you do?

Highland Primary Care Addiction Treatment Team (PCAT)

Our Team: Addressing addiction as a chronic bio-psycho-social condition

Biological David Tian, MD	Psychological Monica Rowden, LCSW	Social Catherline Carter, CHOW
 <p>Medications to prevent symptoms of withdrawal and craving</p>	 <p>Behavioral interventions for substance use disorders, co-occurring conditions</p>	 <p>Social determinants of health, linkage to community resources</p>

- Starts and maintains patients with buprenorphine (sublingual, subcutaneous)
- Weekly team schedule:
 - Tuesday morning: Team meeting and huddle for 1 hour
 - Wednesday afternoon: Refill group visit and individual visits with full team present
 - Friday morning: Individual appointments with LCSW
- Currently treating 50 to 60 patients

Phases of Treatment

	Phase One	Phase Two	Phase Three	Phase Four
Description	Intake, Starting Medications, and Early Stabilization	Continued Stabilization	Early Maintenance	Maintenance
Frequency of Visit	Twice weekly to Every week	Every 2 weeks	Every 4 weeks	Every 4 weeks (or less frequently)
Criteria for Advancing Phases	Attendance, Medication adherence, Meeting self-identified goals			
	Right dose of medication	Linkage to Primary Care	Intake in Primary Care	Transfer to Primary Care
Site of Care	Bridging Clinic or Primary Care	Bridging Clinic or Primary Care	Bridging Clinic and/or Primary Care	Primary Care

PHASES OF CARE

PHASE I

- **Harm Reduction and Abstinence-Directed**
- **Weekly MAT group (also known as refill/stabilization groups)**
- **7 day Bup/nlx Rx (with refills, if appropriate and for clinic convenience**
- **Weekly Point of Care Urine Drug Screens**
- **Behavioral Health Biopsychosocial assessment with appropriate referrals for therapy and psychiatry *within 30 days. Patients with immediate needs for continued medications and referral to psychiatry will be identified in Nursing Assessment And Medical Admission appointment.***

PHASES OF CARE

PHASE 2

- **Patient-centered decision made by the MAT Team**
- **Patient has adhered to all requirements of their Phase 1 Treatment Plan**
- **Meet with patient to update Treatment Agreement and Phase 2 expectations**
- **14 day Buprenorphine/naloxone Rx**
- **14 day Urine Drug Screen**
- **Bi-weekly attendance at MAT Refill/Stabilization Group**

PHASES OF CARE

PHASE 3

- **30 day Rx (or 28 day to keep pick-up days consistent throughout Phases)**
- **One required Counseling visit – individual or group**
- **Monthly UDS**
- **MD visit every 90 days minimally, some patients prefer monthly visits**
- **If relapse then increase care, patient returns to Phase 1 or Phase 2 per MAT team decision for more care and stabilization.**

PHASE I: MINIMUM OF 12 WEEKS

- Weekly in-person appointments with provider for assessment and Suboxone prescriptions
- Weekly urine drug screens – *must have a minimum of 12 consecutive favorable drug screens to move to phase 2*
- Weekly attendance at group counseling sessions
- Completion of behavioral health assessment with psychologist
- Adherence to MAT Program Treatment Agreement and Individual Treatment Plan for other identified health and recovery needs.

MAT Team will assess on an individual basis any patient requests to be moved into Phase II prior to completion of the 12 weeks.



PHASE II: MINIMUM OF 8 WEEKS

- Bi-weekly prescriptions, refill/stabilization group attendance and urine drug screens
- Ongoing adherence to individual treatment plan

Patient can request for MAT Team to assess for advancement to Phase III after 2 months.



PHASE III

- Monthly appointment with your MD/FNP
- Monthly urine drug screens
- Monthly prescription refills

Patient can return to Phase I for added support and monitoring at any time at patient request and/or recommendation from MD/FNP and MAT Team.

*Favorable urine drug screen must be positive for buprenorphine, favorable for all other substances prescribed by primary care provider. THC is assessed by provider on an individual basis.

