What topics do you discuss in your group?
Kamunde@edhec.org

How do you integrate MAT into busy primary care?
Katie Wracknall@edhec.org 619-870-2463
Discuss tiers - groups - contingency mgmt.

More about pilot with contingency plan
KcasKane@edhec.org

Alameda Health System - Eastmont Wellness
EHR - Epic?
Debra Montoya

Would love to learn more about your team and how you bring in patients.
Sandra Kibert-Humphrey

How did you start the MAT service like yoga?

How many employees do you have?
County of Santa Cruz

Medication Assisted Treatment

Health Services Agency
HPHP, Emeline, WHC
Santa Cruz County as Whole

Population
Zip Code: 95076
86,532 Persons

County: Santa Cruz
278,224 Persons

State: California
39,964,848 Persons
### Watsonville

<table>
<thead>
<tr>
<th>Population of Ethnicity</th>
<th>Zip Code: 95076</th>
<th>County of Santa Cruz</th>
<th>State of California</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persons</td>
<td>% of population</td>
<td>Persons</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>63,494</td>
<td>73.38 %</td>
<td>95,074</td>
</tr>
<tr>
<td>Non-Hispanic/Latino</td>
<td>23,038</td>
<td>26.62%</td>
<td>183,150</td>
</tr>
</tbody>
</table>
Geography of Opioid Overdose Mortality in California

Opioid Deaths (2016)

Crude Rate (per 100,000 population)

Data unavailable for: Alpine County, CA, Amador County, CA...
Santa Cruz County Clinics

We used the Boston Model and many other best practices and adapted it to our clinics needs, we do mostly home inductions, with the exception of some office based inductions as needed.

**19** waivered providers and the capacity to see **640 +** patients and growing

**135** patients receiving MAT in the previous 6 months, **305** patients served in last 3 years

Part of the Hub and Spoke model

Working in collaboration with many agencies to develop bridges from the ER, hospitals, jails, etc

We have given out 1,600 nasal doses to agencies, patients, and individuals during outreach. SSP gives out about 2,000 doses of the nasal naloxone yearly.

**Goals for ATSH participation:**

- To learn from everybody's different approaches to providing MAT services
- To continue to grow our MAT program and provide the best patient care possible
Santa Cruz County Health Services Agency
Primary Care Clinics
MAT Team

**Homeless Person Health Project (HPHP)**
- Joey Crottogini, Health Clinic Manager of HPHP
- Jasmine Marozick, MAT Nurse,
- Angelica Torres, CADC- CAS, Bilingual SUD CM
- 5 prescribers

**Santa Cruz Health Center (EMELINE)**
- Marion Brodkey, MAT Nurse
- Greg Goldfield, CADC- CAS, SUD CM
- Marissa Torres, CADC II, Bilingual SUD CM
- Adam Echols, RADT, SUD CM
- 8 prescribers

**Watsonville Health Center (WHC)**
- Alejandro Monroy, CADC-CAS, Bilingual SUD CM
- This could be you, Bilingual SUD CM
- This could be you, Bilingual MAT Nurse
- 6 prescribers

Danny Contreras, SUDCC III – MAT Health Services Manager

Eugene Santillano, MD – MAT Champion Provider
How does someone get started?

**Step 1:** Set up an intake appointment with one of our SUD counselors. We will go over program requirements at this meeting. Patient will be asked to submit specimens for drug screen/blood tests.

**Step 2:** Patient will be required to start attending a MAT group weekly. An appointment with a medical provider will be scheduled after the patient has completed group and lab test results are reviewed.
SUD CM
MAT intake

Labs Pre-Induction
visit with Nurse

Group/ 1x1

Initial
appointment with
MAT provider

Post- Initial visit
with Nurse

Follow up on
induction with
Nurse

Follow up Provider
Visit

Continue Treatment
determined by Tier

MAT
Workflow
Electronic Health Record

**Tagging**
- **Tiers** - MAT patients are assigned a tag in the EHR according to the tier of treatment that they are on, which is managed by the SUD Case Manager.
- **Care Team** - Patients are assigned a SUD Case Manager, MAT Prescriber, PCP, Psychiatrist, Therapist, as needed.

**Documenting**
- **Templates** – Custom templates written by program manager are used by all MAT staff to standardize documentation (intake, follow up, group, nurse visit, etc) and guide care.
- **Questionnaires** - SBIRT, Audit, Dast and PHQ2/9 are administered and documented in EHR.
- **Prescriptions** - ePrescribing of Controlled Substances
- **Narcan** – Documented as a stock medication

**Reporting**
- **SUD Case Managers** - Report tracks the number of patients each SUD Case Manager has and when they were last seen.
- **General** - Reports track all patients, their care team and their Buprenorphine, Vivitrol, and Naltrexone Rx.
Health Service Manager worked with all staff and with the help of EMR site specialist created individualized note templates and cheat sheets for every position and visit.

<table>
<thead>
<tr>
<th>MAT Intake Note</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECK INSURANCE (can check yourself or call registration to check for you)</td>
<td></td>
</tr>
<tr>
<td>Assist patient if there are issues</td>
<td></td>
</tr>
<tr>
<td>EXPLAIN MAT PROGRAM (TIERS I, II, III, IV, V Refills, Relapse, IBH, MAT GROUP, Etc)</td>
<td></td>
</tr>
<tr>
<td>Educate on Dangers of mixing Sub, Benzo, Alcohol, depressants</td>
<td></td>
</tr>
<tr>
<td>Review and sign Tx agreement</td>
<td></td>
</tr>
<tr>
<td>Review and sign MAT consent form. Click on registration/ADT, click on New, click on documents, click on type of document SA11 E-Sig Consent for the Exchange of Medical and Substance Use Disorder - English, click on E-sign, Click on accept, click on Status (signed), Click on location put which clinic it was signed at, , click on finish.</td>
<td></td>
</tr>
<tr>
<td>Click on Encounter. Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on Encounter or check patient list for right info) Make sure right Date, Interim notes,</td>
<td></td>
</tr>
</tbody>
</table>
MAT Check List, Smart Phrases, & Handouts for RN

Click on any of the following:

- Intake/ Pre-Initial Visit (if no SUD CM available this would include Pre-Initial visit note to)
- Pre-Initial Visit
- Post-Initial Visit
- Office Based Induction
- Follow up on Induction (telephone or encounter)
- MAT Refill
- Vivitrol ordered
- Vivitrol Received
- Vivitrol Injection (1st injection & every injection)
- Vivitrol F/u (telephone or encounter)
- ***
**Program Requirements:**

Complete Intake and Labs

Attend groups and individual meetings determined by tier and treatment team.

Patients graduate from each tier by providing negative urine drug screens and adhering to your group and/or scheduled appointments with IBH.

**Relapse:** If during treatment there is a relapse, patient will return to Tier 2 level of care and more support will be provided.

**Appointments:** It is very important that appointments are not missed. If you must miss, please call to reschedule ahead of time.

**Drug test:** Patients will be drug tested at every visit.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Prescription</th>
<th>Group/IBH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Induction</td>
<td>Weekly</td>
<td>Weekly</td>
</tr>
<tr>
<td>(2 weeks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tier 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Treatment</td>
<td>Weekly</td>
<td>Weekly</td>
</tr>
<tr>
<td>(12 weeks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tier 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stabilization</td>
<td>Every other week</td>
<td>Every other week</td>
</tr>
<tr>
<td>(12 weeks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tier 4</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>Once a month</td>
<td>Once a month</td>
</tr>
<tr>
<td>(6 months to 1 year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tier 5</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>Once a month</td>
<td>Once a month</td>
</tr>
</tbody>
</table>
### Making A Transformation groups

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday MAT group</td>
<td>2-3 pm</td>
<td>WHC (atrium) Building A</td>
</tr>
<tr>
<td>Monday MAT group</td>
<td>10-11 am</td>
<td>Emeline (room #109)</td>
</tr>
<tr>
<td>Tuesday MAT group</td>
<td>2-3 pm</td>
<td>HPHP (SMA)</td>
</tr>
<tr>
<td>Tuesday MAT group</td>
<td>4-5 pm</td>
<td>Emeline (SMA) (room #109)</td>
</tr>
<tr>
<td>Wednesday MAT group</td>
<td>6-7 pm</td>
<td>Emeline (room #109)</td>
</tr>
<tr>
<td>Wednesday Seeking Safety</td>
<td>5-6 pm</td>
<td>WHC (atrium) Building A</td>
</tr>
<tr>
<td>Thursday Seeking Safety in Spanish</td>
<td>5-6 pm</td>
<td>WHC (atrium) Building A</td>
</tr>
</tbody>
</table>
MAT Case Management Visits by Year

- 2015: Low visits
- 2016: Moderate increase in visits
- 2017: Significant increase in visits
- 2018: Highest number of visits
Capability Assessment: What We Learned

In completing the assessment, we were surprised by:

**Our team’s areas of strength:**

- Continuous, fluid communication in person and through EMR
- Flexibility in scheduling appointments with all team members
- Case conferencing weekly

**Areas for development:**

- Contingency management (in pilot)
- Stigma in our clinics, patients, and community
- Collaboration between hub/spokes and county jail, ED
We used the following methods to learn more about our current state:

**We spoke to:**

I. **Staff:** Conducted during MAT Steering Committee, Quality Management Committee. Spoke to MAT team.

II. **Patients:** Patient satisfaction survey related to MAT program specifically.

III. **Providers and staff we learned:** Need more staff training on MAT workflow, culture shifting around harm reduction

IV. **From patients we learned:** Need more flexible hours to accommodate patients who work.

V. **We received the following feedback on the appropriateness and acceptability of using MAT in our clinic:** Patients gave us very high marks on accessibility and comprehensiveness of our MAT program.

VI. **Other insights we gathered from current state activities:**
Our questions to other teams:

Group visit experience – Structure, Shared Medical Appointments (SMA) outcomes and pitfalls, What staff is needed?

Do you separate groups or structure for Alcoholic patients, opiate addicted patients, and patients that were taking opiates for pain but have crossed over to addiction?

What are other programs retention rates?

Office hours (are they extended, do they have groups after hours)?

When patients are non-compliant, at what point are we doing them a disservice by keeping them?

How often are nurse visits happening vs provider visits and how does that affect billing?

Our questions for faculty:

What to do about successful suboxone patients that continue to use meth and/or alcohol)?

Outreach strategies for new patients?

We need support to accomplish:

More Agencies, People in the community to be educated on addiction, stigma, harm reduction.
Advice/Guidance/Tools For Other Teams

Do you have policies, protocols, tools to share with others?

- Yes, they were developed over several months and incorporate best practices.
- Need some champions, and staff to make it work

Are there specific content areas or specific sub populations where your team has developed deep expertise and you may serve as faculty or do more formal sharing?

- Working with individuals who are Homeless, Gang members, Re-Entry/probation/parole, Co-Occurring, Disabled, chronic health condition, etc.
- Implementing contingency management, acupuncture services, Yoga, etc.