Welcome!

Mute
Minimize Interruptions
Please make sure to mute yourself when you aren't speaking.

Chat
Go Ahead, Speak Up!
Use the Zoom chat to ask questions and participate in activities.

Naming
Add Your Organization
Represent your team and add your organization’s name to your name.

Tech Issues
Here to Help
Chat Lydia privately if are having issues and need tech assistance.

While we wait, please rename yourself.
Addiction Treatment Starts Here: Learning Collaborative Setting Up and Scaling Your MAT Clinic

October 7, 2021 | 10am–11am (PST)
I Agenda

1. Welcome & Introductions
2. Creating a Collaborative MAT Team
3. Tiers of Care and Low-Barrier Access to MAT
4. Reflections & Q&A
5. Wrap-Up & Next Steps
Welcome & Introductions
Katie Bell, MSN, RB-BC, CARN PHN
Nurse Consultant, Telewell Indian Health MAT Project

Ginny Eck
Substance Use Disorder Project Director, Wesley Health Centers

Dominique McDowell, BA RLPS SUDCII
Director of Addiction & Homeless Services, Marin City Health and Wellness

Brian Hurley, MD
Medical Director of Substance Abuse Prevention and Control, LA County Department of Public Health

Joe Sepulveda, MD
Chief of Psychiatry & Medical Director for Substance Use Disorder Services, Family Health Centers of San Diego
Today’s Objectives:

1. Identify ways to build a collaborative team.
2. Review an introduction to tiers of care and its application to your MAT program.
3. Learn about ASAM levels of care, contrast these with tiers of care, and recognize how to establish low-barrier access to MAT treatment.
4. Discuss questions and challenges your clinics are facing during this start-up and launching phase.
Grounding Activity

Type in the chat box:

What are you really excited about, now that you're six months into the program?
Creating a Collaborative MAT Team
Working Together
Team Roles in Primary Care
Medications for Addictions Treatment

Katie Bell MSN RN CARN PHN
CCI Wave 3 Addiction Treatment Starts Here Learning Collaborative
"Coordinated team-based care is the foundation that our MAT program is built from at FHCSD. We recognize that a multidisciplinary team is critical in treating addiction, trauma, the various comorbidities associated with this chronic condition and in providing the psychosocial supports patients need to flourish. Building relationships within a therapeutic community where a patient feels safe, supported and welcome is critical. This is best provided by a team where everyone offers their attention, skillset, and area of expertise to the patient. It is also the best way for those providing care to feel supported which allows us to fend off the burnout that can ensue when one feels alone in treating this complex illness."

~ Dr. Joe Sepulveda
Just Do it!

“Start with a backpack and a dream!”

- Ginny Eck, SUD Program Director Wesley Health Centers
Never Underestimate
The Power of a MAT Champion

- A MAT Champion - Carries the vision into execution
- A Mat champion usually emerges in the early days of building a program of care for our patients with Opioid Use Disorder
- Enthusiasm and persistence
- It can be anyone in the clinic system
- Or it can be an assigned role
MAT Care - Start with What You Have

**Medication first** - what does this look like in our clinic?

- How quickly can an OUD patient be seen in your clinic to start Buprenorphine?

- Establishing smooth, responsive access is where the Rubber Hits the Road
  - Designated provider with designated appointment slots
  - Who follows early care?

  *Build the collaborative care around the patients as they stabilize medically*

  “If you build it, they will come.” - Field of Dreams
Who does what?

- **MAT Program Coordinator** - schedules, trainings, oversees care processes and protocols. Works with Admin and Medical leadership as a MAT Point of Contact. Keeps the MAT care running smoothly. The Go-to person.

Patient needs: Medical, Psychiatry, Therapy, Counseling and Care Coordination

Primary Care Disciplines: MD, NP, RN, LVN, MA, PhD, LMFT, LCSW, CAADC, Peer Specialist

Referral processes are essential. Organize the relationships and the warm hand-offs to:

- Bridge to Treatment Programs
- County Services - including Drug Courts and CPS if needed
- Recovery Providers - OP, IOP and Residential
- Community Based organizations
Support the Learning Process of your (entire) Health Center as you build MAT Care

- A welcoming, non-judgmental medical home
  - Address stigma every day
  - Address learning needs
- OUD/SUD is a chronic illness
  - It is what we do in Primary Care!
- Important to support all departments
  - What is MAT care?
  - How does this program impact workflows of each department?
  - Is there a MAT Champion in every department?

Bell2021 gracekatiebell@gmail.com
Chat Question

What’s one thing you heard about team roles (or activities) that you’d like to implement in your program?
Tiers of Care and Low-Barrier Access to MAT
ASAM Levels of Care

REFLECTING A CONTINUUM OF CARE

Outpatient Services

Intensive Outpatient/Partial Hospitalization Services

Residential/Inpatient Services

Medically Managed Intensive Inpatient Services

Early Intervention

0.5

0

1

2

2.1

2.5

2.9

3

3.3

3.5

3.7

4

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

### AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acute Intoxication and/or Withdrawal Potential&lt;br&gt;Exploring an individual's past and current experiences of substance use and withdrawal</td>
</tr>
<tr>
<td>2</td>
<td>Biomedical Conditions and Complications&lt;br&gt;Exploring an individual's health history and current physical condition</td>
</tr>
<tr>
<td>3</td>
<td>Emotional, Behavioral, or Cognitive Conditions and Complications&lt;br&gt;Exploring an individual's thoughts, emotions, and mental health issues</td>
</tr>
<tr>
<td>4</td>
<td>Readiness to Change&lt;br&gt;Exploring an individual's readiness and interest in changing</td>
</tr>
<tr>
<td>5</td>
<td>Relapse, Continued Use, or Continued Problem Potential&lt;br&gt;Exploring an individual's unique relationship with relapse or continued use or problems</td>
</tr>
<tr>
<td>6</td>
<td>Recovery/Living Environment&lt;br&gt;Exploring an individual's recovery or living situation, and the surrounding people, places, and things</td>
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</tbody>
</table>

Tiers of care general principles

Benefits it can provide to the clinical team:

• Emphasizes a team approach
• Uniform therapeutic frame of care
• Consistent messaging to patients
  o Providers, therapist and support staff
• Prevents splitting
• Easier to identify when patients need more support
• Can help patients feel a sense of accomplishment
Tiers of care general principles

Tiers need to be:

- Reasonable
- Patient centered
- Foundation for ground rules, but **NOT** inflexible
- Treatment agreements ≠ Law
  - Toxicology screen collection
  - Missed or late appointments
  - Medication bridges without a visit
  - Increasing supportive services for lack of progress
  - 42 CFR Pt. 2 compliant ROI’s to coordinate care with outside providers
  - Etc.
FHCSD tiers of care example

• Treatment Agreement
  • Set expectation for what the goals of treatment are… We are here to help you reach these goals!

• Urine toxicology screens
  • Approach and message matters!

• Unforeseen life events
  • Work with patients within the therapeutic frame
  • Medication bridge w/o visit protocol

• Care received inhouse (Primary Care, Mental health, HIV, HCV, etc.)
  • 42 CFR Pt 2 ROI’s for care coordination

• Progression through tiers
  • 4 weekly urine tox screens negative for opioids and benzo’s
  • 4 bi-weekly urine tox screens negative for opioids and benzo’s
  • 3 monthly urine tox screens negative for opioids and benzo’s
  • Bi-monthly MAT f/u visits

* A positive opioid/benzo screen moves patients back to weekly f/u visits

* Benzo tapers provided while prescribing Buprenorphine. Referral to MH for anxiety Tx
Discussion: Low-Barrier Access to MAT

**Brian Hurley, MD**
Medical Director of Substance Abuse Prevention and Control, LA County Department of Public Health

**Joe Sepulveda, MD**
Chief of Psychiatry, Family Health Centers of San Diego
Reflections and Q&A
## How we’ve changed

<table>
<thead>
<tr>
<th>What we used to do:</th>
<th>What we do now:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“3 strikes” rule on positive urine drug screens</td>
<td>No longer punitive, but warrants discussion about health and structure</td>
</tr>
<tr>
<td>Refer to “higher levels of care” if patient is missing appointments, positive drug screens etc..</td>
<td>Shorter prescription lengths, but unlikely to be kicked out of program</td>
</tr>
<tr>
<td>Full assessment before entry into program</td>
<td>“Med First” model of care</td>
</tr>
<tr>
<td>Wait until 1st available appointment with provider, which could be weeks away</td>
<td>Medication made available same day</td>
</tr>
<tr>
<td>All counseling, little case management</td>
<td>Assist with job placement, resumes, transportation, court cases, etc…</td>
</tr>
<tr>
<td>Mandatory group participation</td>
<td>MARA Group and encourage group participation (not enforce)</td>
</tr>
<tr>
<td>Let patient find pharmacy</td>
<td>Develop friendships with mom-and-pop pharmacies and pharmacies that deliver</td>
</tr>
</tbody>
</table>
Which do you see working well at your clinic? More structured, or low-barrier approach?
How does your clinic foster a collaborative team learning dynamic?
Q&A Discussion

Do you have any questions?
Next Steps and Closing
I Poll

1. On a scale of 1-5, please select the number that best represents your experience with today’s session.

   5 - Strongly Agree
   4 - Agree
   3 - Neutral
   2 - Disagree
   1 - Strongly Disagree

2. Please select the number that best represents your response to the statement: Today’s session was a valuable use of my time.

   5 - Strongly Agree
   4 - Agree
   3 - Neutral
   2 - Disagree
   1 - Strongly Disagree

3. I can apply learnings from today’s webinar to my MAT work.

   5 - Strongly Agree
   4 - Agree
   3 - Neutral
   2 - Disagree
   1 - Strongly Disagree
## Upcoming Activities

1. **October 15**: Data Submission Due

2. **November 10th, 12-4 PM PT**
   Virtual Learning Session 2

3. **Join the role-based Peer Network Forums**
Stay Connected

The ATSH Listserv is a great place to stay connected, ask questions of your peers and share resources that may help other teams’ MAT programs.

Send an email to: addiction-treatment-starts-here@googlegroups.com

Access program activities, reporting requirements, the resource library and more!
Sign in or create an account here: https://academy.careinnovations.org/
Questions?

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Lydia Zemmali
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Thank you!