

Whole Person Care in Primary Care MAT Programs

*Breaking down the silo syndrome to bring consistent collaborative
multi-disciplinary care to our patients*



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The Spirit of Our Work

- Harm Reduction
- Understanding Motivation
- Trauma and Resilience – Informed
- Cultural Humility
- Health Equity
 - Commit to racial justice and look for and address institutionalized disparities
- Trusting partnerships with our patients
 - Cultivate health autonomy
- Trusting collaborations with our MAT team



Whole Person Care for SUD patients in Primary Care

Our Medications for Addiction Treatment (MAT) programs in Primary Care include a multi-disciplinary team. These different disciplines are equipped to identify patient-centered care needs and to work collaboratively. A strong MAT Clinical team can build capacity to respond to the growing opioid and stimulant epidemics.

- ▶ Medical – waived Provider and MAT RN care coordinator
- ▶ Behavioral Health - licensed therapists – PhD, PsyD, LCSW, LMFT
- ▶ Recovery Support – SUD Counselors, Certified – CADC I or II
 - ▶ Peer Support Specialists – Recovery Coaches
- ▶ Case Management – coordination of services within clinic and in the community – can be assigned role or shared by MAT Clinical team

It is essential that we understand the scope of practice of each of our MAT team colleagues.

Medical - licensed

- **Waivered provider – FNP, PA-C; D. O. or MD – have met all DEA requirements to prescribed buprenorphine medications for Opioid Use Disorder.**
 - **Medical admission – intake, hx, labs and buprenorphine initiation.**
- **Primary Care Providers without waiver are often part of the team as they tend to medical care needs.**
 - **New! - Non-waivered providers can prescribe Buprenorphine for OUD for up to 30 patients. Use as back-up prescribers or can cover short rx until admission appointments.**
 - **New Patient Primary Care appointments**
 - **Non-waivered providers can prescribe buprenorphine for pain management for patients without OUD diagnosis.**
- **RN – manages buprenorphine initiation and follow-care. Early stabilization. Manages medical, dental and behavioral appointments, including referrals if recommended.**

Behavioral Health – licensed

- ▶ **Every new MAT patient should receive a complete BH assessment (Biopsychosocial) within the first month.**
 - ▶ **Diagnostics**
 - ▶ **Referrals for possible medications, psychiatry or if appropriate, County BH for moderate to severe BH needs.**
 - ▶ **Evaluating patient's interest in supportive therapy, skill-based support or other interventions for early recovery.**

Behavioral Therapist as part of the MAT Clinical Team attends all weekly case review sessions. BH therapist can participate in developing and facilitating MAT group curriculums.

Recovery Support - Certification

- ▶ **Substance Use Counselors – CAADC or LAADC**
 - ▶ What about Peer Support Specialists for Recovery Coaching?
- ▶ **SUD Intake and Treatment plan**
 - ▶ Comprehensive SUD hx
 - ▶ Treatment Agreement
- ▶ **Individual counseling - Recovery Support**
- ▶ **Group counseling**
- ▶ **Lead or share in case management duties.**

Case Management – Network of Care

Best Utilization of all available resources.

Cultivate and collaborate for a Trauma and Resilience-informed Network of Care

- ▶ **In-clinic care – specialty care such as Dental, Diabetes program, Infectious Diseases**

Build strong collaboration with Community Based Organizations (CBO)

County systems and services:

- **BH care**
- **Drug Court, probation, jails**
- **CPS**
- ▶ **Shelters**
- ▶ **Harm Reduction**
- ▶ **Bridge Hospitals and Clinics**
- ▶ **Recovery Providers – Residential, Intensive Outpatient and Outpatient**

Weekly Case Reviews are Essential

- The multi-disciplinary team meets weekly to review each active MAT patient
- Care decisions are made collaboratively. Decreases patients doing “work arounds”.
 - Updates on current social situations.
 - Dosing questions for provider.
 - BH updates.
 - Case management needs identified and assigned.
 - Referrals considered?
- When patients understand this is part of their care, they partner with this process, “Could you ask the team when you meet on Monday morning if I can progress to Phase 3?”
- Weekly Case Reviews offer learning opportunities for every member of the team.

New Admission - Jessie

Jessie M. is 31 yo Latinx cisgender woman. Single mother of 2 children, boy, age 3 and daughter, age 18 months. Currently living in Emergency Housing at local motel. Jessie has been referred by Child Protective Services (CPS) for Opioid Use Disorder and Stimulant Use Disorder Treatment. She reports daily use of injectable heroin and smokes methamphetamine, also daily. Her opioid use started with oxycontin pills around age 15 and quickly progressed to injecting heroin daily. Her children are currently under the care of her mother, supervised by CPS. Jessie says she thinks she is pregnant. Reports extensive childhood trauma and neglect. Her most recent relationship involved calls to the police for Intimate Partner Violence (IPV).

Jessie reports two residential treatment episodes in the past five years of 60 days each. She was not prescribed MOUD while in these settings. She was unable to sustain abstinence after these episodes of treatment. In the first week after most recent treatment episode, April 15, 2021, Jessie experienced overdose and naloxone reversal at local ED. The Bridge program at the ED started Jessie on Suboxone 8/2 mg BID but she reports frequent cravings. These cravings prompts her to take 3 strips (24/6 mg). She then runs out early. She reports sharing suboxone with friends in withdrawal or trades her suboxone film for methamphetamine. Reports that when she runs out of suboxone, she uses more meth. Jessie says that she has been diagnosed with "bi-polar" but never took the medications prescribed. "I am always anxious and depressed." "Because of my kids, I have to change."

MAT Team Questions for Jessie

- **Where are the immediate risks and the priorities of care?**
- **What are the medical needs?**
- **What are the Behavioral Health Needs?**
- **What are the Recovery Support Needs?**
- **What are the Case Management needs?**
- **What screening or assessment tools will we consider using?**

Recommended Links and Handouts

- ▶ ACES Aware
 - ▶ <https://www.acesaware.org/>

- ▶ Comprehensive Case Management for SUD Patients (SAMHSA)
 - ▶ <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4215.pdf>

- ▶ MAT Program One-Page Guide
- ▶ MAT Patient Needs One-page Guide
- ▶ How to Facilitate a MAT Weekly Patient Review