Lessons Learned: Expanding Access to Medications for Addiction Treatment in Primary Care Settings

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The National Center for Complex Health & Social Needs
An Initiative of the Camden Coalition

Not all people with complex health and social needs have substance use disorders, and **not all people with substance use disorders have co-occurring complex health and social needs.** However, because **addiction can take over so many areas** of an individual's life, many patients with substance use disorders **benefit from a complex care approach**.

Objectives:

- Necessary Operational Infrastructure
- Hiring the Right Team
- Necessary Clinical Infrastructure

Why Primary Care?

- Addiction is a chronic disease
- Access to services does not meet need
- Primary Care has proven experience with chronic disease management and risk stratification
- Opportunity to decrease stigma and push forward evidence-based care

It's All About Dopamine

Addiction is a Chronic Disease

Responses to Dopamine:

- Motivation and Drive
- Pleasure
- Food, Water, Chocolate

Medications for Addiction Treatment

Opiates:

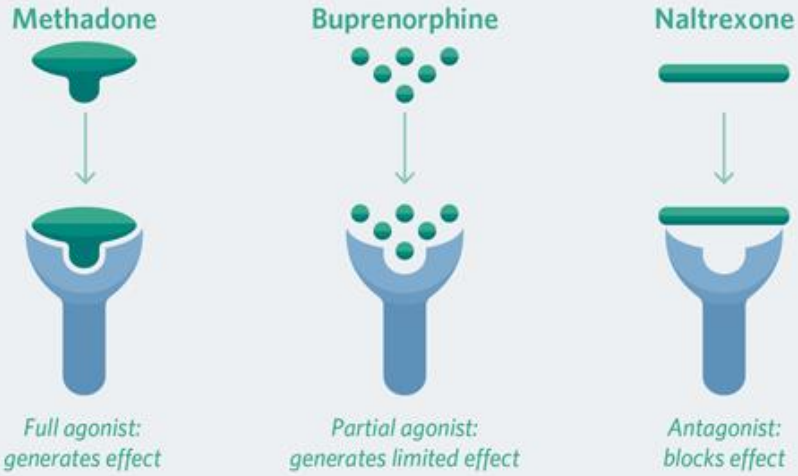
- Methadone
- Buprenorphine
- Naltrexone (PO & IM)

Alcohol:

- Naltrexone (PO & IM)
- Topamax
- Acamprosate
- Disulfiram

Figure 1

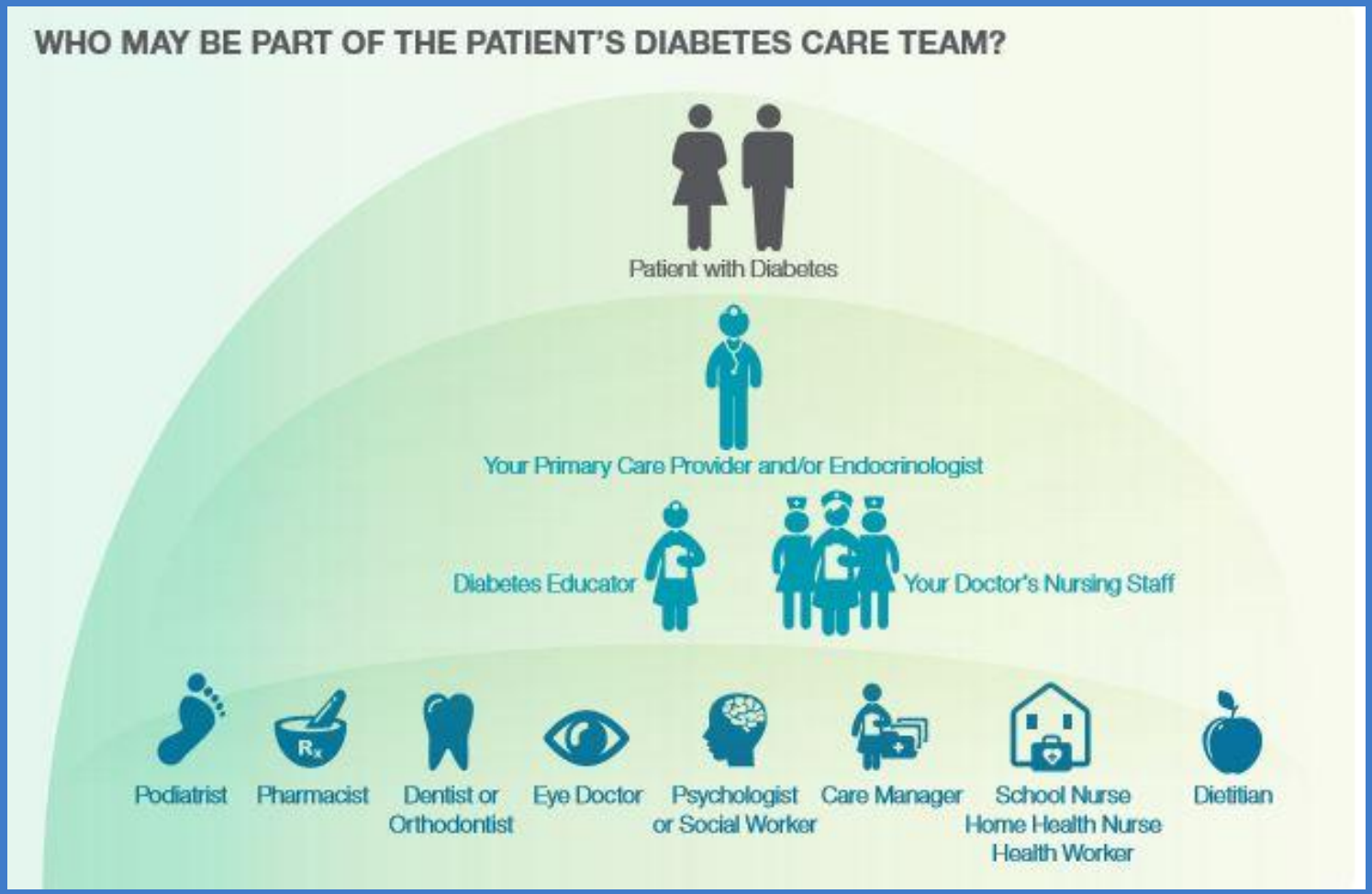
How OUD Medications Work in the Brain



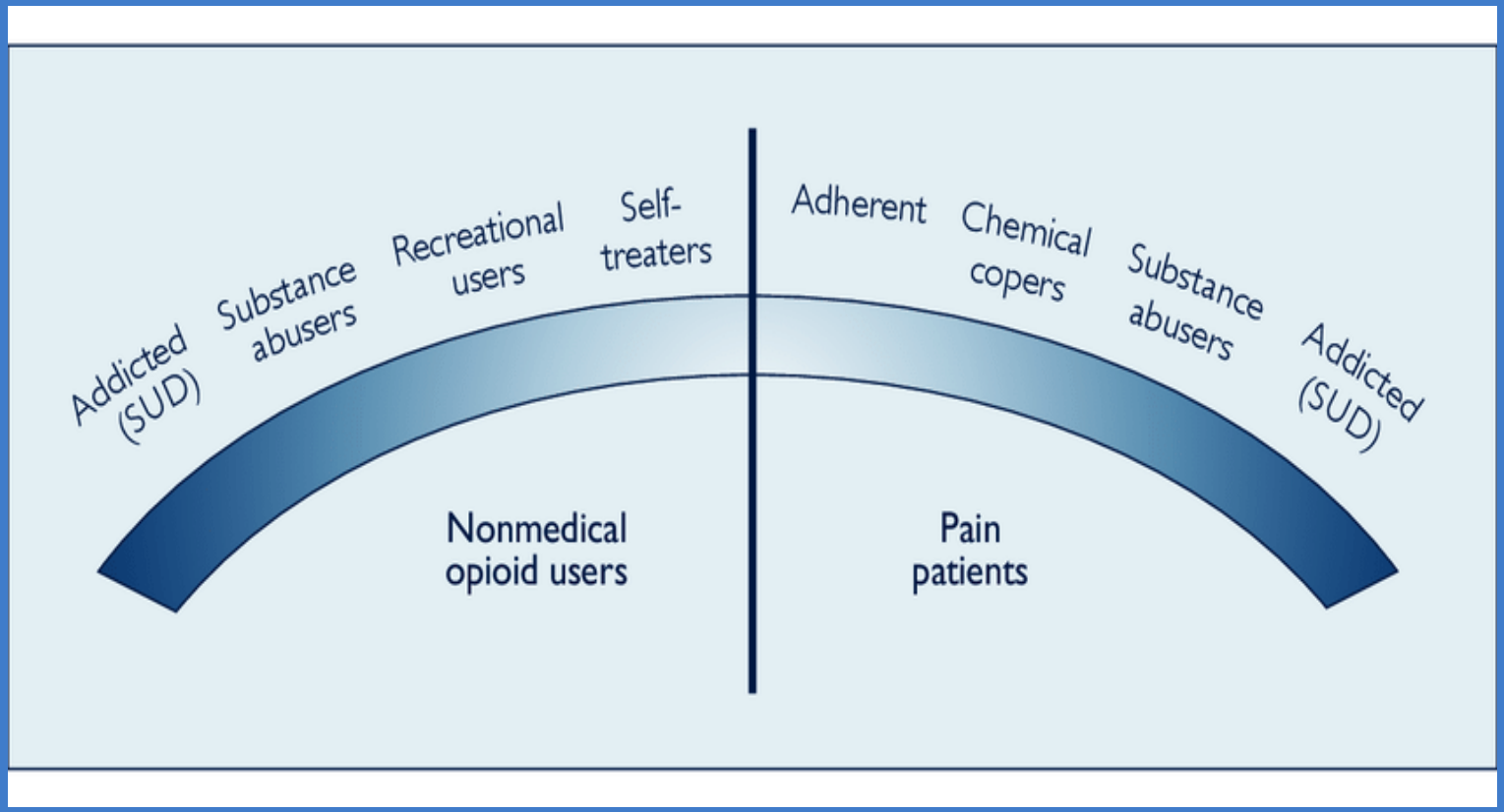
MAT Availability Does Not Match the Need

- In the United States, 53 percent of counties do not have a physician with the special waiver required to prescribe buprenorphine.
- In New Jersey, nearly 1,500 physicians have their waiver, but some are not actively prescribe MAT. There are also certain areas of the state where no physicians are licensed to prescribe MAT. Moreover, many physicians who are prescribing MAT have long wait lists.

Primary care has proven experience with chronic disease management and risk stratification.

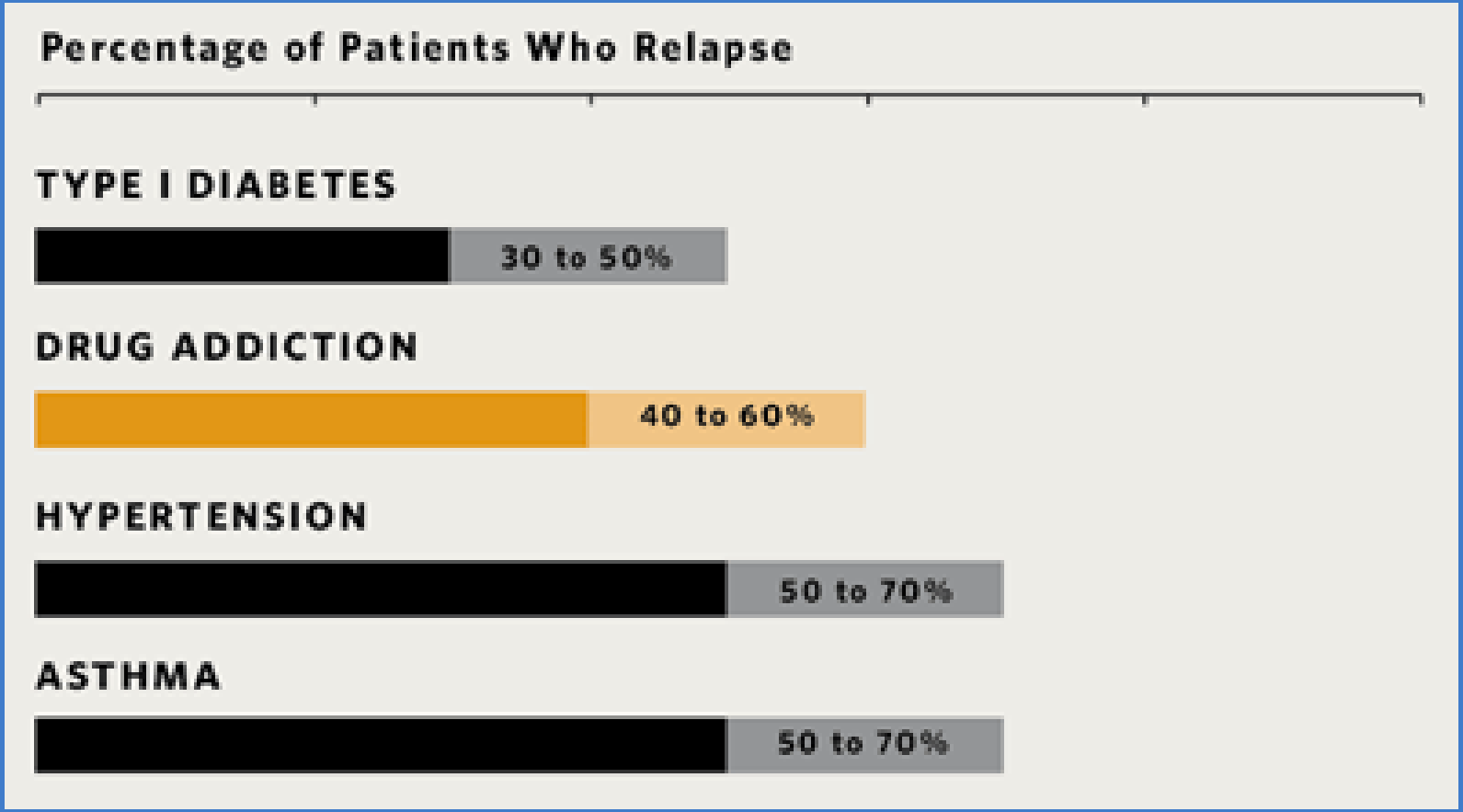


MAT programs in primary care target a subset of opioid use disorder.



* Note the stigma in the language

Chronic disease management is usually chronic.



Does MAT belong in primary care?

YES, but…

To successfully integrate a MAT service line, primary care must embrace some operational changes.

- Requires intentionality around administrative and clinical operations to accommodates the various stages of addiction treatment
- Complex patient population
- Interdisciplinary connections are crucial for long-term success
- Societal stigma impacts patients, clinical staff, and systems

Integrating MAT into primary care, provides an opportunity to decrease stigma and push forward evidence-based care.

"Like many other chronic medical conditions, opioid use disorder is both treatable, and in many cases, preventable. It is also a disease that must be addressed with compassion. Unfortunately, stigma has prevented many sufferers and their families from speaking about their struggles and from seeking help. The way we as a society view and address opioid use disorder must change—individual lives and the health of our nation depend on it."

- Jerome M. Adams, Surgeon General

Operational Infrastructure: Executive Support

Executive leadership is needed to change a variety of systems and potentially office culture for the MAT service line to be successful.

- Scheduling flexibility
- Team based care
- Changes in EMR
- Billing and coding
- Longer appointment slots for MAT patients
- Agency culture shift

Operational Infrastructure: Administrative Systems

Before seeing patients, administrative systems, documentation, and tracking must be set up.

- Referral Process
  - Who are your serving?
  - How do people access services?
- Customized schedules
- Documenting Scripts
  - Buprenorphine Roster
- Data collection for QI/Process Improvement
- Outcome Metrics

Operational Infrastructure: Administrative Systems

Operational Infrastructure: Administrative Systems

Before seeing patients, these bigger operational structures should be developed to establish how your team operates within the office.

- Policies vs Protocols vs Guidelines
    - E.g. addressing late patients and no-shows
- Ongoing education for both the team and agency
- Team Role Clarification
    - Who does what?
    - Protect the time of care coordinators

Operational Infrastructure: Hiring & Onboarding

Hiring and onboarding the right team is critical to success.

Hiring:

- Mission vs. Skills
- Team Player
- Want's to work with patient population (this includes prescriber)

Onboarding:

- Level – setting
- Role definition
- Team and supervisor support
- Authentic Healing Relationship

Operational Infrastructure: External Partnerships

Building relationships with external partnerships is an essential part of implementing a MAT service line.

- Pharmacy
- Community resources to support social determinants of health barriers
- Behavioral health partners (for OBAT prescribers)
- Centers of Excellence
- Data-sharing support

Clinical Infrastructure: Key Workflows & Considerations

Creating and implementing clinical workflows and processes that make patient care smoother is especially important.

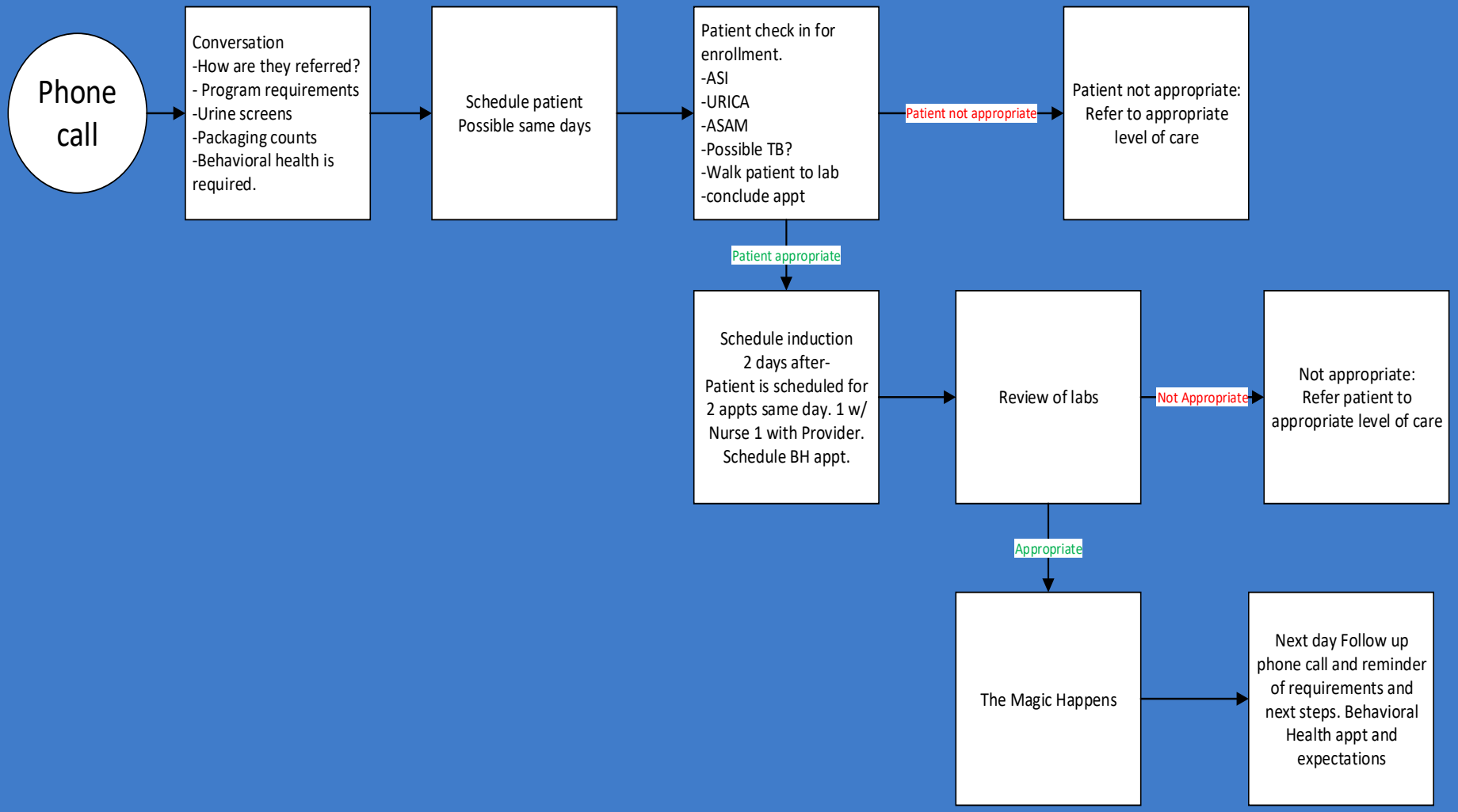
Workflows:

- Intake
- Induction
- Referrals
- Patient visit
- Prior Authorizations
- Refill requests
- Afterhours processes

Considerations:

- Not having workflows in place can create confusion and chaos
- Start somewhere and modify as needed.
- Build on QI opportunities to make patient experience smoother

Sample Program Introduction Process




Refill request after hours
Requested appropriately (Provider forgot to refill, fax wasn't received,etc)
Check with pharmacy to confirm it was not received
Call in refill, either as prescribed in EMR or until next business day
New refill request
Controlled substance (opioid)
Non-controlled substance
Pregnant
Not Pregnant
Generally refilled until next available appointment
Refill until next available appointment, stress need for follow up
Review chart. Frequent after hours requests?
If no previous after hours requests in past 3 months consider circumstances, clinical impact of not refilling
Previous after hours requests
Refill until next availabe appointment
Offer medications for withdrawal
Decide to not refill; offier withdrawal medications

Clinical Infrastructure: Tiers & Visit Types

Treatment Tier Structure:

- Tiers 1, 2, 3

Visit Types:

- Refill groups vs. 1:1 visits
- Behavioral health services
- Care coordination and navigation

Take-Aways: Expanding MAT in Primary Care

- Clarify team roles
- Provide for flexibility-use guidelines vs policies.
- Expect Aberrant Behavior – Behavior is a symptom of the disease of addiction.
- Remember Recovery is not linear. Relapse happens.

- Use stigmatizing language
- Fire patients for relapse
- Force a square peg into a round hole
- Give up on your patients

MAT Resources

Centers of Excellence Contact Information

- Northern: COE@njms.rutgers.edu
- Southern: SouthernNJCOE@rowan.edu

MAT Provider Hotline

- 866-221-2611 (Monday - Friday, 8am - 8pm)

OBAT Navigator Training

- October 8, 2019, 8:30am-5pm, DMHAS, Hamilton, NJ
- Register online: form.jotform.com/CAMDENHEALTH/OBAT-navigator-training
- Regional follow up trainings in North and South Jersey, details forthcoming

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- **LinkedIn:** Camden Coalition of Healthcare Providers

Join our mailing lists

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- National Center

Attend our Open House

- October 10, 2019, Register Online

Attend our Conference

- Putting Care at the Center, Nov. 13-15, Memphis, TN