National Academies of Sciences, Engineering, and Medicine's Forum on Mental Health and Substance Use Disorders

Medication Assisted Therapy (MAT) and Substance Use Disorder (SUD) Treatment in Primary Care Settings: Focus on Community Health Centers

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Disclosures

I have no disclosures related to this presentation.

Where health care is a right, not a privilege, since 1972.

Community Health Center, Inc.

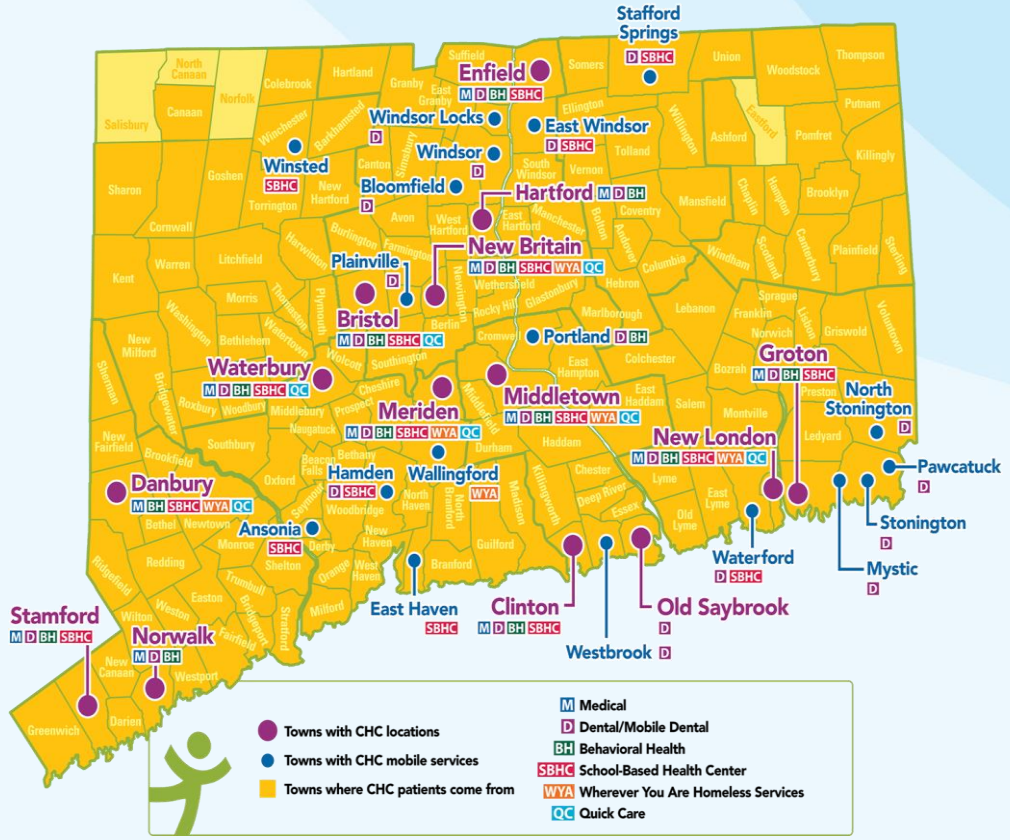
CHCI Profile:

- Founding year: 1972
- Locations: 15
- Patients/year: 100,000

THREE FOUNDATIONAL PILLARS

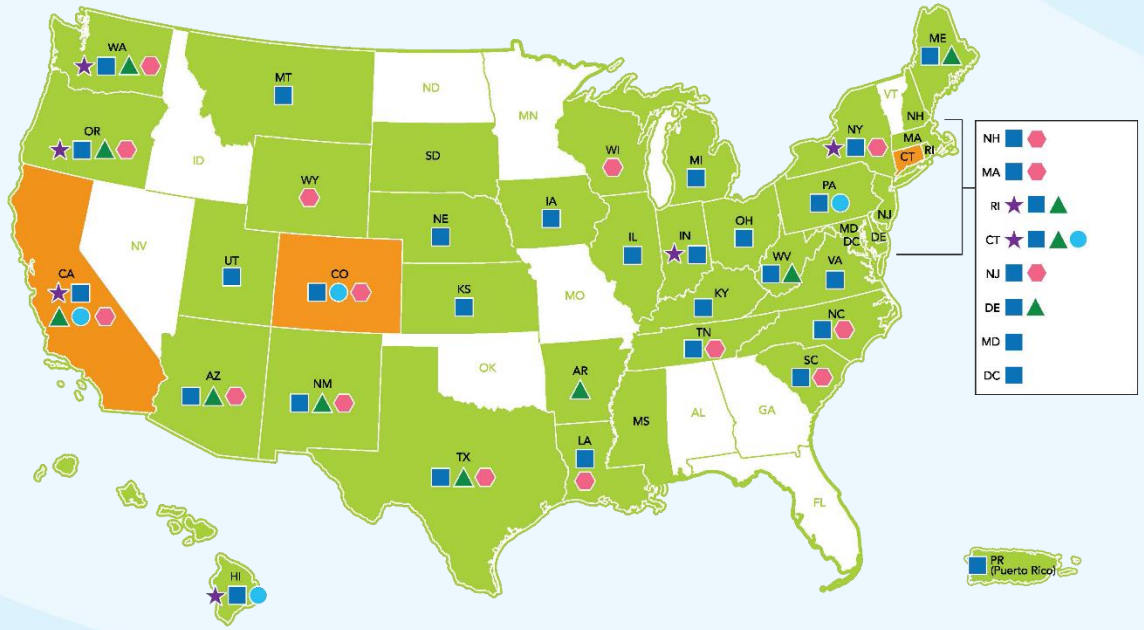
1	2	3
Clinical Excellence	Research and Development	Training the Next Generation

CHC Locations in Connecticut



Weitzman Institute

The Weitzman Institute works to improve primary care
and its delivery to medically underserved and special populations through
research, **innovation**, and the **education** and **training** of health professionals.



The Center for Key Populations is the first center of its kind that focuses on key groups who experience health disparities secondary to stigma and discrimination and who belong to communities that have suffered many barriers to healthcare.

The Center brings together healthcare, training, research, and advocacy for: **People who use drugs, the LGB and Transgender populations, the homeless and those experiencing housing instability, the recently incarcerated, and sex workers.**

HIV Primary Care & Testing

Hepatitis C Screening and Treatment

Medication Assisted Treatment for Substance Use Disorders

Health Care for the Homeless

LGBTQ-focused Health Care

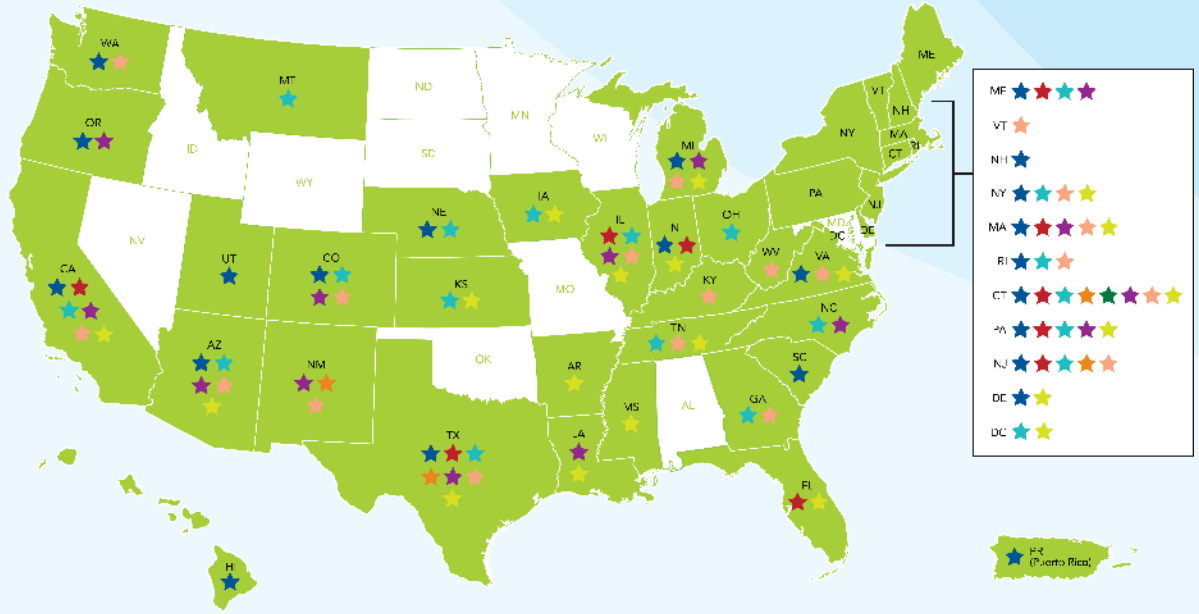
Community Drop-In Center

HIV PrEP (Pre-Exposure Prophylaxis and PEP Post-Exposure Prophylaxis)

Sexually Transmitted Infections

Weitzman Institute
National ECHO Learning Network

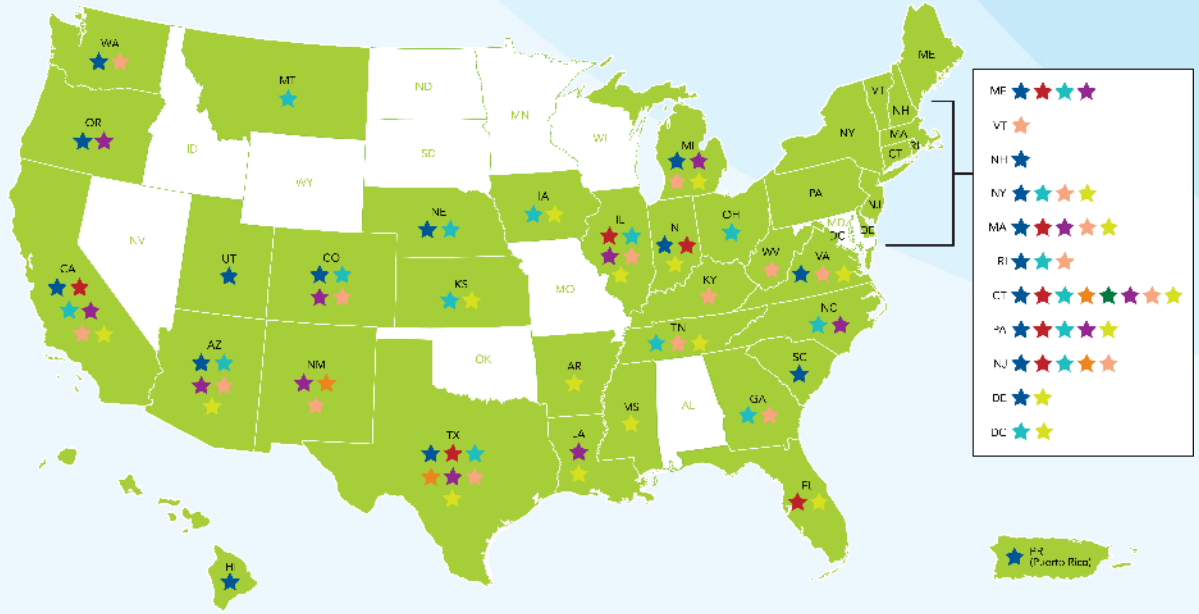
- **385** practices
- **948** ECHO sessions
- **3,076** case presentations
- Primary care providers from **38** states, PR, and DC
  - 991 Medical Providers
  - 334 Behavioral Health Providers
  - 569 Care Team Members



- Weitzman ECHO Pain
- Weitzman ECHO Hepatitis-C/HIV
- Weitzman ECHO MAT
- Weitzman ECHO Pediatric and Adolescent Behavioral Health
- Weitzman ECHO Complex Care Management
- Weitzman ECHO LGBT Health
- Weitzman ECHO Complex Integrated Pediatrics
- Weitzman ECHO Community Health Workers

Weitzman ECHO MAT Since February 2013

- **126** practice sites
- **72** organizations
- **122** ECHO sessions
- Primary care providers from **21** states and DC
  - 251 Medical Providers
  - 136 Behavioral Health Providers
  - 165 Care Team Members



Weitzman Learning Academy

Weitzman Learning Academy provides evidence-based strategies to support practice transformation and culture change through dynamic coaching & learning opportunities to address needs or goals in specific focus areas.

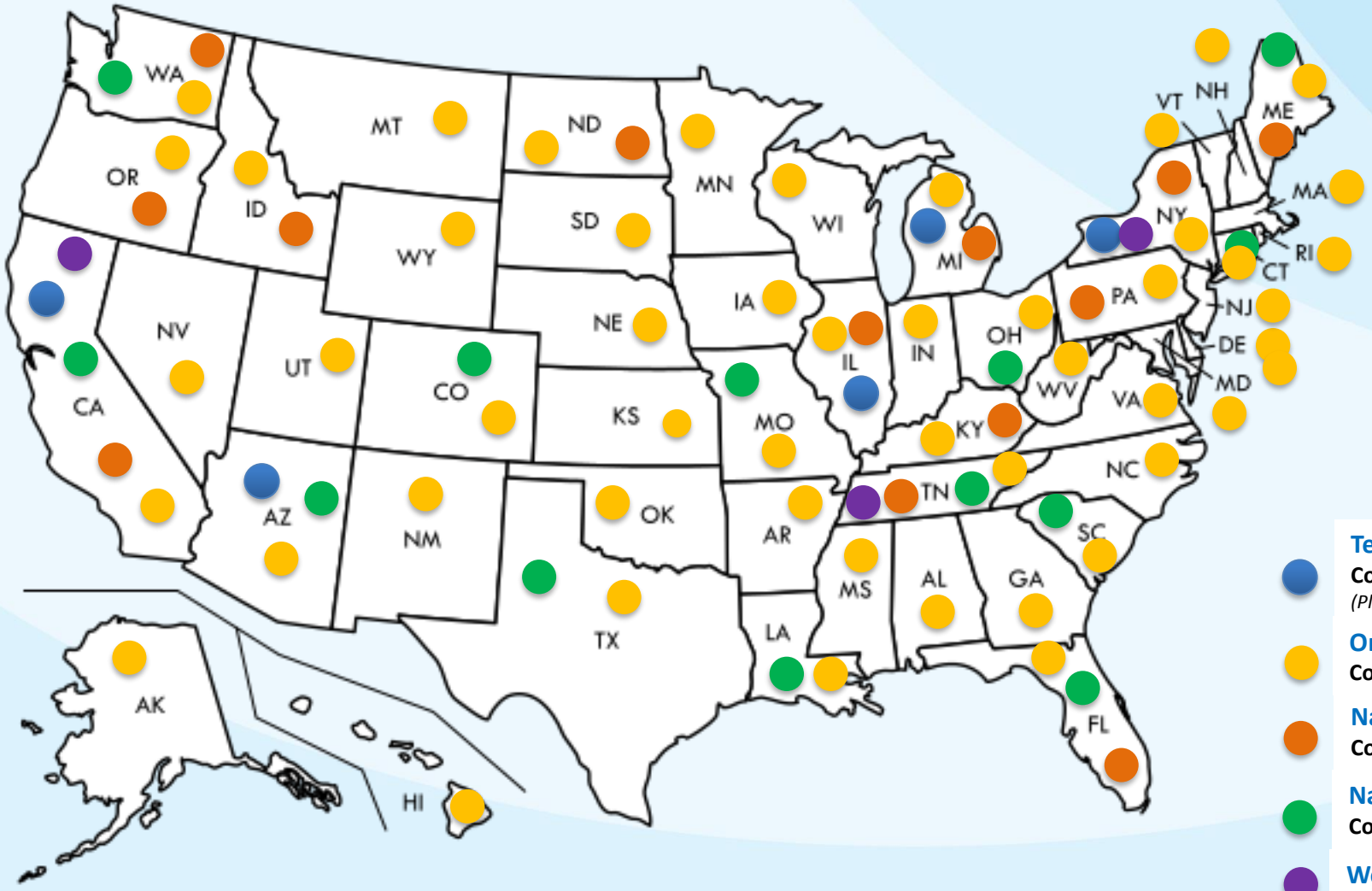
(Examples of focus areas include; Implementing or expanding a Medication Assisted Treatment program, Integration of Behavioral Health Services, Quality Improvement Training, Practice Transformation Coaching)

Learning Methods:

- Customized coaching and consultation
- Collaborative site visits
- In-person formal training events
- Interactive virtual training sessions
- Dynamic webinars
- Interactive Learning Series (Virtual or In-Person)

WeitzmanLearning@chc1.com

Technical Assistance for MAT/SUD



Technical Assistance Contracts
Content: CKP / MAT
(Planning and/or Enhancement/Implementation)

On-Line Registration / Interest
Content: CKP / MAT / Consultation

National Educational Webinars
Content: CKP / MAT Program Implementation

National Educational Webinars
Content: CKP / Addiction 101

Weitzman ECHO Connection
Content: Weitzman ECHO MAT Clinic Contracts

MAT Program Models at Community Health Centers

- Integrated Primary Care Model (CHCI's model)
  - *Induction, stabilization and maintenance done onsite.*
  - *MAT patients booked as any other patient in primary care.*
- Integrated MAT Clinic Model
  - *Induction, stabilization and maintenance done onsite.*
  - *Prescribers have set times/days only for MAT patients.*
- Co-located MAT Clinic Model
  - *MAT prescribed in clinic separate from primary care..*
  - *Prescribers in MAT clinic could be primary care providers.*
- Hub and Spoke Model
  - *Induction/stabilization at expert hub; maintenance at health center.*
  - *If relapse/complications, back to expert hub.*
- Telemedicine Models

Common Challenges for MAT Programs in Primary Care

Buy-In

Financial Cost

Training and Expertise

Time and Support

Information Technology

Polysubstance Use

Diversion

Buy-In

- Administrative
  - Leadership
    - *E.g. CEO, Chief Medical Officer, Chief Behavioral Health Officer, Chief Nursing Officer, Site Directors*
- Clinical
  - Medical providers, Nursing, Medial Assistants, Behavioral Health providers, Frontline staff
  - Medical or Behavioral health lead
- Tension (potential) between the two

Financial Cost

- Reimbursement structure
  - Fee for Service
  - Billable Visits
    - Nursing
    - Behavioral health (group, individual)
    - Same day multidisciplinary visits
  - Patient Coverage Breakdown
  - Non clinical staff (e.g. Coordinators, Case managers, CHW)
  - Telemedicine

- Grants
  - Limited usually
  - Sustainability issues

Training and Expertise

- Lack of education and training in addiction
- Philosophy and approach to addiction treatment
  - Harm reduction approach
  - Chronic disease model

Time and Support

- Competing priorities
  - Clinical staff stretched
- No extra time provided
  - For patient visits
  - For training of providers and clinical teams
- Ongoing support minimal
- Minimal or no non-clinical staff available for program
- Incomplete or inadequate behavioral health integration

Information Technology

- IT capabilities limited
- No uniform data input and collection
- Population management limited
- Lack of quality measures identified

Polysubstance Use

- Lack of understanding of addiction
- Fear of doing harm
- Fear of getting into trouble
- Discomfort with drug use
- Personal biases

Diversion

- Fear of being duped
- Taking it personally
- Fear of getting into trouble
- Confusion of roles
  - Healthcare vs. Law & Order

Approaches to Challenges

- Buy-In
  - Appeal to organizational and personal mission and vision
  - Present statistics
    - National, State, and Local
  - Find and lead with champions (clinical and non-clinical)
- Financial Cost
  - Assess patient coverage breakdown
  - Determine whether billing for nursing visits allowed
    - RN vs. LPN
  - Determine whether billing for behavioral health visits allowed
    - Group, individual
    - Qualifications of BH provider
  - Determine what visits can be billed on same day
  - Assess capacity and maximize reimbursement

Approaches to Challenges

- Training and Expertise
  - Support waiver training and costs.
  - Promote ways to continue ongoing training (on-line or in-person).
    - Project ECHO- monthly sessions for 1 ½ hours each
    - eConsultations
    - Mentorships (internal and/or external)
  - Recruit and hire addiction-trained providers and staff.
  - Encourage current providers to manage addiction including MAT.
  - Establish organizational protocol, policies, guidance, resource list.
  - Conduct agency-wide and discipline specific trainings.

Approaches to Challenges

- Time and Support
  - Team-based approach with prescriber at the center
    - Behavioral health/Nursing heavily involved in care
    - Care coordinator (or equivalent)
    - Voucher system for patient contingency management, team empowerment, and cross coverage
    - Home inductions
  - Team meetings to review/revise treatment plans
  - Peer-led BH support meetings
  - ECHO sessions

Interdisciplinary Pods Promote Team-Based Care

Approaches to Challenges

- Information Technology
  - Electronic health records
    - Clinical data input routinized and structured
  - Buprenorphine dashboard
  - Some basic data pulls– visits, buprenorphine prescriptions, ICD10 codes, toxicology screening

Approaches to Challenges

- Polysubstance Use
  - Training around approaches (harm reduction, chronic disease)
    - Include entire clinical team
    - ECHO
  - Behavioral health resistance
    - Increased training and support
  - Cocaine, Benzo, and Alcohol
    - Harm in continuing treatment vs. harm in discontinuing
    - Naloxone and overdose prevention
  - Higher levels of care
    - Pushing out of care vs. engagement in care
    - Benefit vs. risk

Approaches to Challenges

- Diversion
  - Put in place strategies to limit diversion and tampering
    - Medication counts, random/announced.
    - Toxicology screening, random/announced.
      - Urine and/or saliva vs. observed
      - No jacket, bag, children during collection
    - Urine cups with temperature gauges
    - Tox screens include specimen validity
    - Buprenorphine and metabolite levels
    - Designate a pharmacy

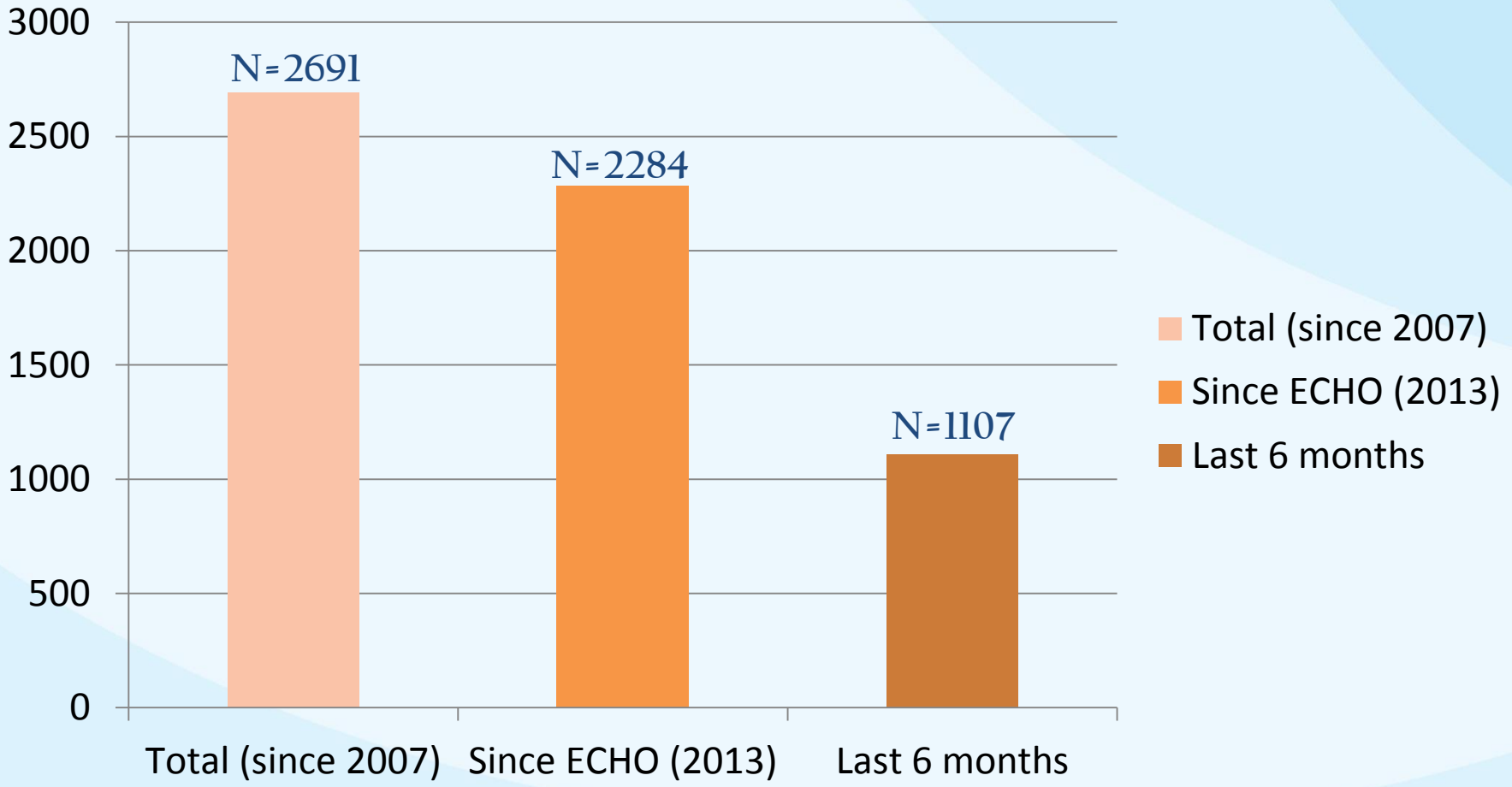
Weitzman ECHO Learning Community

MAT ECHO since February 2013

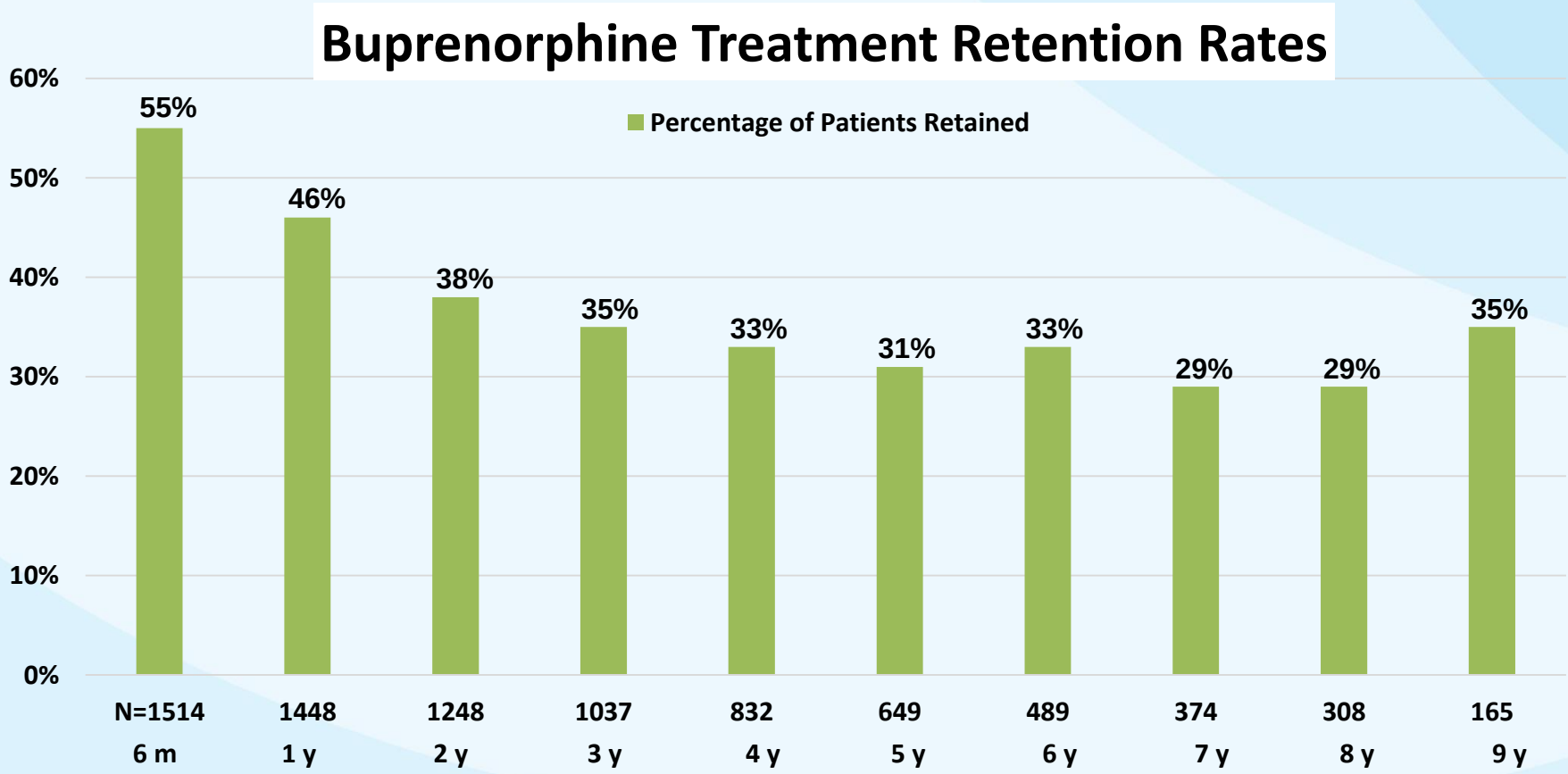
- In 2007, 4-5 DATA-waivered MDs at CHCI.
- In 2019, >50 DATA-waivered MDs/NPs/PAs at CHCI.

PROJECT ECHO®
weitzman institute
inspiring primary care innovation

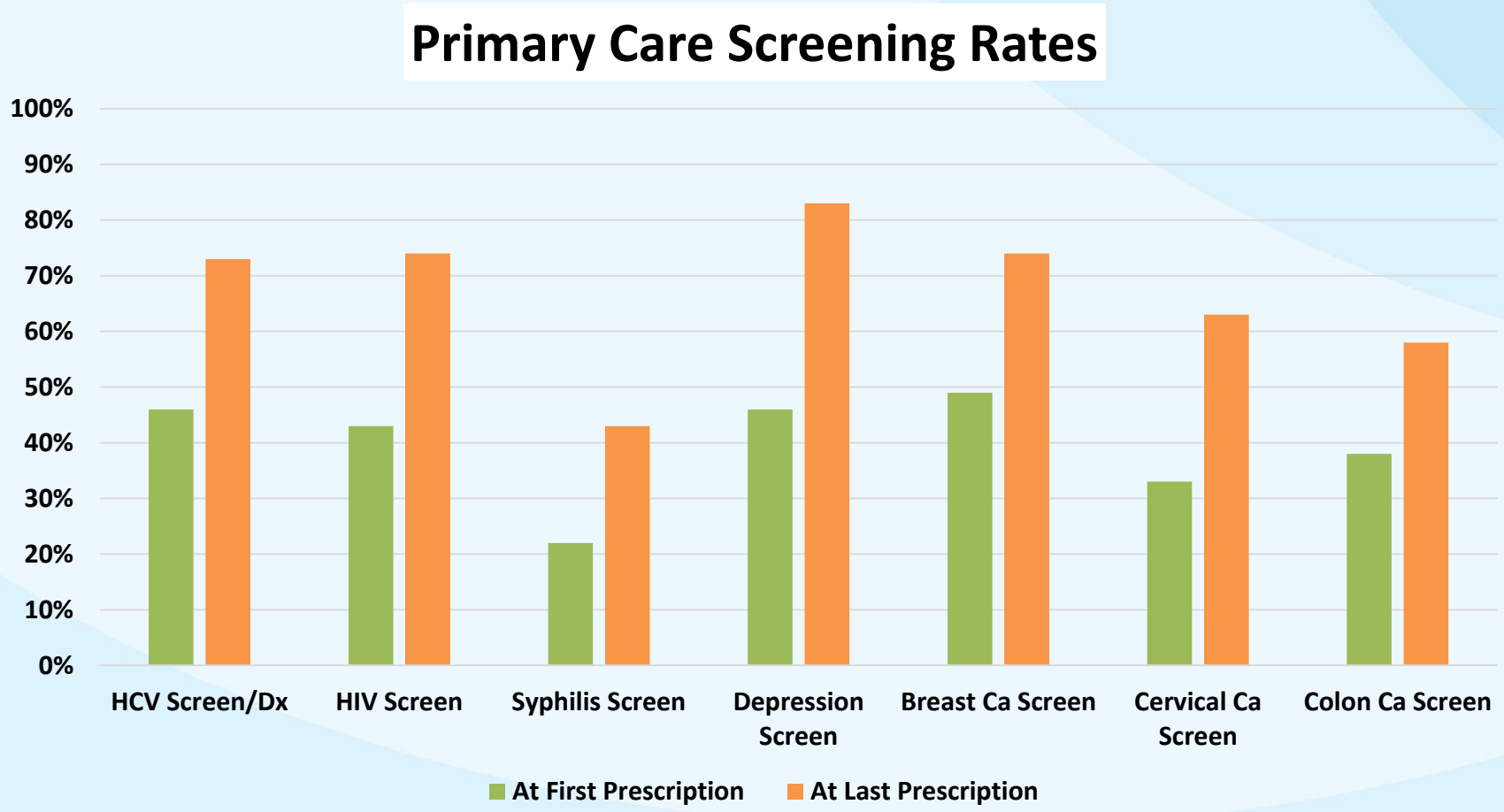
Number of CHCI Patients Prescribed Buprenorphine as of 10/1/2019



CHCI MAT Program: Preliminary Data Analysis



CHCI MAT Program: Preliminary Data Analysis



Larger Structural and Societal Barriers

- Stigma and discrimination and the War on Drugs
- Business of medicine
- Lack of social and political will to effectively address social determinants of health
- Complete absence of addiction training in healthcare
- Requirement of a waiver
    - Differentiation between MD/DO (8hr) and NP/PA (24hr)
- Limits on number of patients on buprenorphine per provider per years of experience
- Strict restrictions around methadone treatment
- Pain Management vs. Opioid Use Disorder
    - Fractured approach to addressing the problem
- Lack of voices of people with lived experience in policy/funding/programs etc.
- Inadequate overdose prevention response–naloxone education and distribution, syringe services programs, safe injection sites

Ideas for Solutions

1. Do away with waivers, limits, restrictions.
2. Make screening, prevention, treatment part of UDS measures for community health centers; tie to funding.
3. Find ways to fully capitalize on allowable reimbursements– nursing, BH, groups.
4. Change reimbursement fee-for-service structure.
5. Allay fears of medical providers, teams, and organizations; not get into trouble if follow standards.
6. Find ways to get to true harm reduction principles.
7. Provide time for training.
8. Educate and expose workforce on addiction early in training.
9. Use team-based care.
10. Be able to hire non clinical staff to support programs.
11. Involve people with lived experience in decision making on all levels.
12. Start campaigns for overdose prevention; make availability easy for SSPs, naloxone.
13. Address social determinants of health (housing, food, employment).

Thank You!

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