L10 Scaling Up:
Expanding Access to Medication Assisted Treatment of Substance Use Disorders With Team-Based Care

Joan Fleishman, PsyD, Behavioral Health Clinical & Research Director, Oregon Health and Science University Family Medicine fleishma@ohsu.edu

Nick Gideonse, MD, Assistant Professor of Family Medicine Medical Director, MAT Program OHSU Family Medicine at Richmond gideonse@ohsu.edu
(Non) disclosure
Acknowledgments

• Health Resources and Services Administration (HRSA)
  – Funding Opportunity Number: HRSA16074
  – Grant Number: 6 H80CS241610404
• University of Massachusetts Medical School, Family Health Center of Worcester, Phil Bolduc, MD
• Addiction Technology Transfer Center Northwest (ATTCNW)
• MAT Program team members/providers/Dr. Risser
• Oregon Health & Science University Department of Family Medicine (c.f.L50, Drs. Rugge et al, 12/3/16 2:15 PM - 3:15 PM)
• CareOregon
• PCSSAT
Learning objectives

• #1: Participants will understand how a flexible model of team-based care was designed specifically to expand the capacity of a Family Health Center to provide quality Medication Assisted Treatment of Substance Use Disorders, with a focus on buprenorphine for the treatment of opioid dependence.

• #2: Participants will understand how team-based behavioral health integration, segmenting patients by risk and stability, and non-provider visits, can support this effort.

• #3: Participants will understand how residency-based clinics can increase access for patients with the limitations of resident physician qualifications, supervision requirements, and availability.
Audience Assessment

- Learning objectives… others?
- Who in room (work: MD/DO, BH, Admin/Management),
- What level of MAT provision now?
- Area: details of care (testing, visits), program/grant development, educational, (Res/Student), Provider training, $$, Others?
Principles

• Services embedded in primary care (PCP-patient relationship)
• Behavioral Health Integration
• Harm Reduction model
• Education (in and out)
• PCMH and team-based care
• Adaptability to our partner clinics; generalizability
Background

- FMR* (descriptive and hx, residency, DFM), incl PCMH and (big) BHI
- UMass, AHSR (BU), Yale
- MAT hx, incl residents
- HRSA RFP, CCO RFP
- Pressures to next step: capacity/need, stigma, training imperative (always new providers/pts)

- *OHSU Family Medicine at Richmond (FMR) is a 65,000 visit per year Level III Patient-Centered Primary Care Home, an FQHC, a residency training site Family Health Center since 1995, comprising four care delivery multi-disciplinary teams (pods), Walk-In, SBHC...
What: the document

• Primary care/PCP primacy
• DFM standards across clinics
• Team-based: who does what, quantifying access/capacity
• Quality
• Codify the Harm Reduction model
Document: Table of Contents

• Policy
• Program Goals
• MAT Process Overview
• Patient Selection and Evaluation
• Program Requirements
• Nursing Intake
• Induction
• Stabilization and Risk Tiering
• Maintenance
• Discontinuation
• Groups
• DEA Visits
Program Manual: Appendices/Tools

- Diagnosis of Opioid Use Disorder
- Random Call-In Policy
- Acute and Chronic Pain Treatment Guidelines
- MAT Program Informed Consent for Buprenorphine Treatment
- MAT Program Treatment Agreement
- Clinical Opiate Withdrawal Scale (COWS)
- Risk Tier Table
- MAT Nurse Progress Note
- MAT BH Progress Note
- MAT Introduction Form
- Prescriber Requirements
- Clinic Registry Procedure
- MAT Program Referral Smartphrases for EPIC
- Roles and Responsibilities
FMR Specifics

- **Who**: the roles, the numbers. Fac. Res., RN, TC, Pharm 340 b (formulations, new products, labs, )
- **BHI**: why x 2 positions, Team BHCs, other inputs,
- **Common**: personality, underserved, SUD experience (but not too much, risk of too rigid)
- **Team building**: attributes, activities, time together
- **The work**: schedules (hours, evenings, group visits (SMA), non-PCP care)
# Segmentation/Risk Stratification

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
<th>Tier 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indications</strong></td>
<td>Induction, relapse</td>
<td>Recent Instability, Short term harm reduction (ongoing opiate use failing stepped care), other drugs of abuse, psychiatric instability, pain complications. Routine advancement from Tier 1</td>
<td>Chronic, “stable” Instability, Long term harm reduction (ongoing opiate use failing stepped care), other drugs of abuse, psychiatric instability, pain complications. Routine advancement from Tier 2</td>
<td>Routine advancement from Tier 3. Doing well in recovery.</td>
</tr>
<tr>
<td>Rx Total Duration</td>
<td>1 week</td>
<td>2 weeks</td>
<td>4 weeks</td>
<td>12 weeks</td>
</tr>
<tr>
<td>RF Duration</td>
<td>0</td>
<td>2 weeks</td>
<td>1-4 weeks</td>
<td>4 week</td>
</tr>
<tr>
<td>Scheduled UDS¹</td>
<td>Weekly</td>
<td>Every 2 weeks</td>
<td>Every 4 weeks</td>
<td>Every 12 weeks</td>
</tr>
<tr>
<td>Random Call-In¹</td>
<td>Every 2 weeks</td>
<td>Every 4 weeks</td>
<td>Every 8 weeks</td>
<td>Every 12 weeks</td>
</tr>
<tr>
<td>MAT Prescriber Visits</td>
<td>Every 2 weeks</td>
<td>Every 4 weeks</td>
<td>Every 8 weeks</td>
<td>Every 12 weeks</td>
</tr>
<tr>
<td>Nurse Visits</td>
<td>Weekly, alternating with MAT provider</td>
<td>Every 2 weeks, alternating with MAT provider</td>
<td>Every 4 weeks, alternating with MAT provider</td>
<td>Every 6 weeks alternating with MAT provider</td>
</tr>
<tr>
<td>Behavioral Health Touch</td>
<td>Twice Weekly</td>
<td>Every 2 weeks</td>
<td>Every 12 weeks</td>
<td>Every 24 weeks</td>
</tr>
<tr>
<td>Behavioral Health Plan Review</td>
<td>Every 4 weeks</td>
<td>Every 4 weeks</td>
<td>Every 12 weeks</td>
<td>Every 24 weeks</td>
</tr>
<tr>
<td>Minimum Time to Next Tier</td>
<td>2 weeks</td>
<td>4 weeks</td>
<td>8 weeks</td>
<td>16 weeks</td>
</tr>
</tbody>
</table>

¹: UDS - Urine Drug Screen; MAT - Medication Assisted Treatment.
Capacity

N=255

1 Nurse
- 30 minute visits
- 26 appts per week
- Expected number of visits is 34 currently

2 Behavioral Health
- 30 minute visits
- 66 per week
- Expected number of BH visits is 77
Tier Distribution

MAT Patients by Tier: 10/27/16-11/23/16

<table>
<thead>
<tr>
<th></th>
<th>10/27/16</th>
<th>11/3/16</th>
<th>11/10/16</th>
<th>11/23/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>14</td>
<td>19</td>
<td>23</td>
<td>29</td>
</tr>
<tr>
<td>Tier 2</td>
<td>19</td>
<td>18</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Tier 3</td>
<td>47</td>
<td>45</td>
<td>45</td>
<td>43</td>
</tr>
<tr>
<td>Tier 4</td>
<td>97</td>
<td>100</td>
<td>104</td>
<td>101</td>
</tr>
<tr>
<td>Tier 5</td>
<td>35</td>
<td>36</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>Tier X</td>
<td>3</td>
<td>7</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>243</strong></td>
<td><strong>247</strong></td>
<td><strong>251</strong></td>
<td><strong>254</strong></td>
</tr>
</tbody>
</table>
MAT program by the numbers

- Number of pt: 255
- Graph of tier breakdown- Lia is working on
- Number of DATA waivered providers: 12
- Number of touches:
- 9/1/16-10/31/16 (two months)
  - Touched 110 pts
  - BH had 301 touches with 110 pts (average 2.7 touches/pt)
    - 75 WHOs
    - 70 visits
  - RN had 96 touches with 45 pts (average 2 touches/pt)
    - 17 WHOs
    - 57 visits
- Tracking 3rd next available and expect for this to change.
RN Appts to Increase MD Access: 3rd Next Available

### MAT Providers 3rd Next Trends
9/1/16-10/28/16

<table>
<thead>
<tr>
<th>Date</th>
<th>BF</th>
<th>EM</th>
<th>NG</th>
<th>AR</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1</td>
<td>32</td>
<td>54</td>
<td>37</td>
<td>53</td>
</tr>
<tr>
<td>9/21</td>
<td>40</td>
<td>47</td>
<td>48</td>
<td>74</td>
</tr>
<tr>
<td>10/14</td>
<td>46</td>
<td>59</td>
<td>34</td>
<td>58</td>
</tr>
<tr>
<td>10/28</td>
<td>33</td>
<td>52</td>
<td>30</td>
<td>51</td>
</tr>
</tbody>
</table>
Program Evaluation: RE-AIM

Reach - The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative
  - RQ: Does the MAT intervention reach the intended target population?

Effectiveness - The impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes.
  - RQ: Does the MAT intervention impact key outcomes?
    • Primary outcome: PATIENT RETENTION in the program
    • Secondary outcome: REDUCTION OF CLINICAL SUPPORT while on MAT
    • Exploratory outcome: TAPERING of substance abuse and MAT medication over time.
  - RQ: Do patients with greater BH exposure improve more than patients with less exposure to BH?
    • Outcome: READINESS TO CHANGE & QUALITY OF LIFE.

Adoption - Proportion and representativeness of settings and intervention agents willing to initiate a program
  • Outcome: PHYSICIAN ENGAGEMENT

Implementation - At the setting level, implementation refers to the intervention agents’ fidelity to the various elements of an intervention’s protocol. This includes consistency of delivery as intended and the time and cost of the intervention.
  - RQ: What is the fidelity to the intervention protocol? What elements are adapted and why?

Maintenance - The extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies.
  - RQ: Among key stakeholders, how will the MAT intervention will be maintained, and what is needed to maintain it?
Current challenges

• Team evolution
• Change for patients in expectation
• Space
• Integrating the new/smaller providers
• Sharing the patient relationship
Residency Training

• Previous: individual mentoring, 1-2/4 per year
• Change with 4 year residency to universal at FMR (3/3)
• PCSS-MAT Training (4 hours on-line, 4 in-person) with almost all residency focused faculty, MAT/BH teams, 20 enrollees and >10 completions
• Trained; can have patients with “co-PCP” and precept “normally”
• Waivered (licensed, DEA number): can have own panel
Check-in

• Objectives met?
• Audiences questions prior/parking lot?
• Questions?
Thanks, fill out your evaluation!*  

- Joan Fleishman, PsyD  fleishma@ohsu.edu  
- Nick Gideonse, MD  gideonse@ohsu.edu  

*Please evaluate this presentation using the conference mobile app! Simply click on the "clipboard" icon on the presentation page.