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

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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

Empty opioid receptor

Methadone: Full agonist: generates effect
Buprenorphine: Partial agonist: generates limited effect
Naltrexone: Antagonist: blocks effect

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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.

Percentage of Patients Who Relapse

- **Type I Diabetes**: 30 to 50%
- **Drug Addiction**: 40 to 60%
- **Hypertension**: 50 to 70%
- **Asthma**: 50 to 70%
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 accommodate 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
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 you 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
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

Phone call

- Conversation
  - How are they referred?
  - Program requirements
  - Urine screens
  - Packaging counts
  - Behavioral health is required.

Schedule patient

- Possible same days

Patient check in for enrollment.
- ASI
- URICA
- ASAM
- Possible TB?
- Walk patient to lab
- Conclude appt

Patient not appropriate

- Refer to appropriate level of care

Patient appropriate

Schedule induction

- 2 days after
- Patient is scheduled for 2 appts same day. 1 w/ Nurse 1 with Provider. Schedule BH appt.

Review of labs

Not appropriate

- Refer patient to appropriate level of care

Appropriate

The Magic Happens

Not appropriate: Refer patient to appropriate level of care

Next day Follow up phone call and reminder of requirements and next steps. Behavioral Health appt and expectations
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)

Pregnant

Refill until next available appointment, stress need for follow up

Not Pregnant

Review chart. Frequent after hours requests?

If no previous after hours requests in past 3 months consider circumstances, clinical impact of not refilling

Refill until next available appointment

Previous after hours requests

Offer medications for withdrawal

Non-controlled substance

Generally refilled until next available appointment

Decide to not refill; offer withdrawal medications

Generally refilled until next available appointment

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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
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
How to Get Involved in the Camden Coalition

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Join our mailing lists
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Attend our Open House
- October 10, 2019, Register Online

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