Operationalizing MAT in Primary Care

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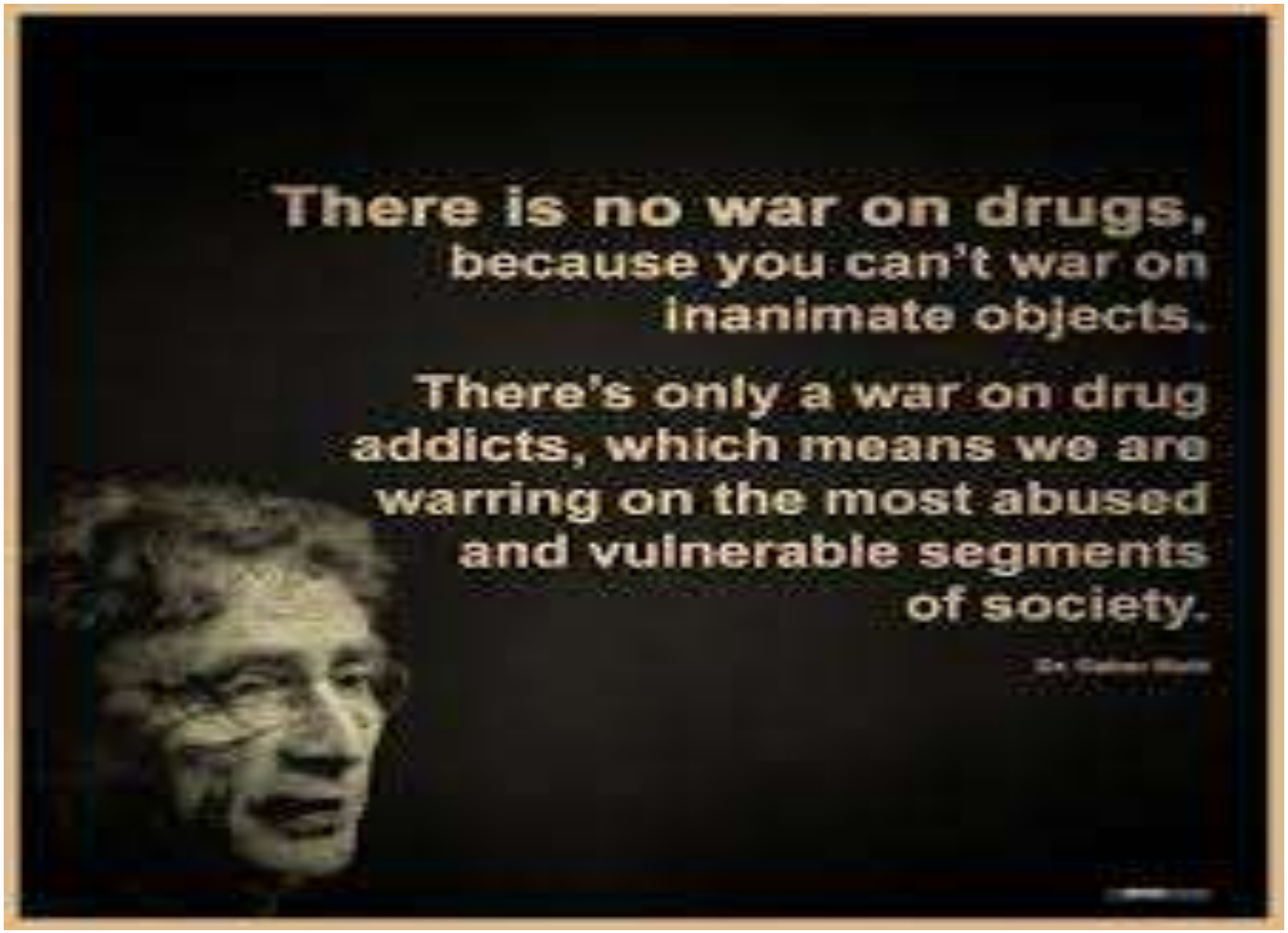
Objective: Develop a frame work for operationalizing MAT in your Primary Care clinic

- Identify a clinical champion team, review components of a needs assessment
- Understand key administrative/programmatic policies and workflows
- Think broadly about team based care for MAT
- Have an understanding of available resources and tools for successful implementation


There is no war on drugs,
because you can't war on
inanimate objects.
There's only a war on drug
addicts, which means we are
warring on the most abused
and vulnerable segments
of society.

Key Components

- Needs assessment- gain awareness of strengths, plan to address barriers
- Administrative policies and workflow- Create, document, and circulate
- Utilize Team Based Care, leverage current staff interest and abilities, upskill as needed
- Utilize EMR tools to assist MAT care team with safe and efficient patient care
  - Labs, ordering RX, Physical and Behavioral health appointments
  - COWS scores
  - Specialty referrals
  - Resources for opioid tapers, anxiety, sleep, social services

Needs Assessment

- ❑ Strengths
- ❑ Areas of opportunity
- ❑ Barriers

Needs Assessment example: Where does my clinic need to focus?

- ❑ Leadership buy-in and committed implementation team
- ❑ Clinical Champion team- (Clinician, administration, RN, BH, MA)
- ❑ Staffing models to support MAT- Clinical coverage, leveraging team based care to support access
- ❑ Upscaling Medical Providers, integrated Behavioral Health teams, RN, referral coordinators, medical assistants
- ❑ MAT Programmatic policies
- ❑ Procedure and workflow development
- ❑ Population segmentation and risk stratification

Needs Assessment, continued

- Induction – identifying settings for inductions onto medication; managing at-home inductions vs in-clinic inductions
- Experienced MAT provider "mentorship" connection in person on phone
- Overdose education/naloxone access and best practices
- Referrals/patient pathways to more structured programs, if indicated
- Do we understand how to identifying and diagnosing Opiate Use Disorder
- Exchange of Health Information- rules, polices, guidelines
- DEA visit

Identifying Roles: Clinical Champion Team

Who?

Prescriber
Leadership/Administration
RN
Behavioral Health
Front office

Role and scope of the team?

Complete needs assessment and schedule training per needs assessment
Complete and circulate policies
Determine and circulate workflow
Schedule interdisciplinary MAT team meetings
Create and foster partnership with specialty addiction care
Determine standard appointment times for evaluation and prescription
EMR templet building
Maintain patient lists and DEA requirements
Determine risk stratification

Culture Questions for the Champion Team

- ❑ Why is my clinic invested in making MAT services available to patients?
- ❑ What strengths and resources does my clinic have that would support MAT program development or expansion?
- ❑ What issues and concerns does my clinic have about MAT program development or expansion? Do we need to address stigma and bias.

Idnetifying roles:

Leveraging Team Based Care and Current Resources

Prescriber- Write prescription for MAT and Naloxone, physical health exam, OUD diagnosis/confirmation of dx, COWS score, UDS, group visits

RN: RN can be central provider, completes health maintenance and "owns" MAT program, group visits

Behavioral health- Social/Basic Needs Assessment, OUD diagnosis/confirmation, referral to specialty care, brief intervention, motivational support, Urine Drug Screen, completes ROI, Naloxone education, group visits

Administrative support- Confirms ROI's and emergency contact, initiates prior authorization, requests clinical records, maintains patient lists and logistics for DEA visits, ques prescriptions

Key to success: allocating staff time to administrative activities

Cross Coverage- For all Core Treatment Team roles. Particularly for prescriber.

Group visits- Consider to support access for patients

Pharmacist- Patient Education, naloxone, PDMP

Trainings: Setting the tone

Train entire clinic with more focused trainings for core teams

Common Training Needs:

- What is addiction, dependence
- Medication Assisted treatment- barriers, bias and myths
- Harm Reduction
- Trauma Informed Care

More Focused:

- Behavioral Health core competencies around substance use disorder
- Risk stratification
- Upskilling interested RN's, admin staff
- DATA waiver for prescribers

Tools: Programmatic Policies
Set the Tone for Patients Experience

Harm reduction, patient centered program policies and language. State the expectations for the patient and what the patient can expect from the clinic

- Mutual respect, dignity and understanding
- Other substance use, including benzodiazepines (rural or metro)
- What if medication is lost
- What if clinician is out sick
- What if higher level of care is needed
- What if prescribed medication is not in urine

Key Programmatic policies/documents with patient centered language

- Program agreement
- Informed consent
- Induction
- Surgery or emergency room visits
- DEA visit
- Frequency of visits
- Urine drug screen and pill counts
- PDMP
- Missed appointments, rescheduling, call-in prescription requests

Key tools and processes to standardize

- Tools for OUD assessment
- Tools for basic needs/social determinants of health screening
- PDMP
- ROI- sign at initial visit

Workflow: Documented workflow to support safe and efficient practice

What do I need workflows for and how will communication happen?

- **Referrals**- How will referrals be processed, who confirms insurance, scheduling, requests records if indicated, completes PA
- **Scheduling**- Who will schedule evaluation and maintenance appointments
- **PDMP**- Who/when is report pulled and reviewed
- **UDS**- Who/when
- **Clinical review-** how will team communicate outside of team meeting
- **Patient calls-** who will communicate with patients who have MAT calls

Suggestions for EMR Templets and Dot Phrases

- Physical health exam
- Labs
- 42 CFR- at beginning of templet
- OUD screening tool as part of PH exam
- Behavioral health social needs screening
- Imbedded COWS score
- Refills
- Patient lists, last RX, UDS
- Educational handouts- sleep, anxiety, stress
- Build referrals

Behavioral Health Initial Assessment

- 42 CFR
- Treatment tier
- Recovery environment
- Patient goals
- Assessment- contributing factors, dx, what patient would benefit from
- Behavioral Health Care Plan- includes recovery supports
- ROI on file
- MH provider
- Emergency contacts

Key take-aways

- Complete a needs assessment- use it to guide training and areas to focus on
- Core MAT team, clinal champion team with leadership buy-in
- Use Team Based Care approach. Ensure designated administrative/panel coordinator time
- Develop patient focused policies and workflow
- Use EMR to support your work

Where to go for resources?

Best practice guidance:

https://www.dhhs.nh.gov/dcbcs/bdas/documents/matguidancedoc.pdf

New Hampshire Department of Health and Human Services

SAMHSA

https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview

SAMHSA Tip 63- Treatment improvement protocol

https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf

AHRQ- Rural Health settings

https://integrationacademy.ahrq.gov/sites/default/files/mat_for_oud_environmental_scan_volume_2.pdf


THANK YOU!