# Bringing Medication Assisted Therapy into Primary Care

## Medication Assisted Therapy, a Track for Empowering Recovery Success (It MATTERS)

Ilana Hull, MD, MSc
Nicole Antoniadis, MA
Dara Johnson, PharmD, BCPP, BCACP
Providence Health System

CCO Oregon Annual Conference
September 24, 2019

PROVIDENCE
Medical Group

# No disclosures

# Project Nurture

PROVIDENCE Medical Group

- Initial Substance Use Disorder treatment program within our clinics
- Medication Assisted Therapy for substance use during pregnancy
- Concurrent SUD treatment and provision of prenatal care, delivery, and care for mother and baby for 1 year post-partum
- Funded by grant from Healthshare
- Improved outcomes for moms and babies
- Reduced provider fears

# It MATTERS

- Run at both Milwaukie (Feb 2018) and Southeast (Jan 2019)
- Open to patients with an assigned PCP at either clinic struggling with any substance use disorder and want treatment
- Includes initial ASAM assessment
- Two-pronged approach
  - Group visit using a mindfulness-based relapse prevention curriculum
  - Individual appointment with providers to manage medical complications of addiction and prescribe Medication Assisted Therapy
  - Begin with weekly visits and reduce based on stability

# Benefits of providing substance use treatment within primary care

PROVIDENCE Medical Group

- Able to screen large population and identify individuals who may not self-refer to addiction clinic
  - Yearly screening of all adult and adolescent patients
  - Opioid committee
- Patients may feel less stigma receiving tx within their PCP's office
- Visits reimbursed as regular medical visit with various funding sources
- Ability to draw labs within clinic – HIV, Hep B, Hep C
- Ability to provide holistic care – preventative care, immunizations, Hep C treatment, PrEP therapy, individual counseling
- On-site interpreters
- Care coordination with specialists and shared EHR

# Team Members

- Behavioral Health
  - Runs weekly Mindfulness-Based Relapse Prevention group
- MD and PAC
  - Runs IM clinic, meets individually with patients to monitor health, collect UDS, provide prescriptions
- PharmD
  - Clinical Pharmacy agreement with patients, management of withdrawal
- Case Manager
  - Referrals to and from programs/facilities providing higher level of care, assistance with housing and transportation

# Other Requirements

- Clinic space for group and dedicated bathroom for UDS collection
- Support from administration
- Dedicated staff - one medical assistant per half day
- Providers with buprenorphine waivers and comfort prescribing MAT
- Behavioral Health Counselors trained and interested in leading group visits
- Coordination between clinics
- Standard policies and procedures

# Program Participants

- Milwaukie Clinic
  - Current Participants: 21
  - Buprenorphine within clinic: 15
  - Methadone at OTP: 1
  - Group only, no MAT: 3
  - MAT for alcohol use disorder: 2
  - Completed outpatient alcohol detox: 2
- Southeast Clinic
  - Current Participants: 15
  - Buprenorphine within clinic: 10
  - Vivitrol: 1
  - MAT for alcohol use disorder: 2
  - Group only, no MAT: 2
  - Completed outpatient alcohol detox: 4

# Group Curriculum

Mindfulness: *paying attention in a particular way: on purpose, in the present moment, and non-judgmentally; with self-compassion and curiosity.*

- Mindful awareness of body, breath, and mind; self-compassion/loving kindness; interrupting return-to-use cycle
- Group held weekly, attendance frequency based on patient stability
  - 1.5 hours long
  - Guidelines established by group members
  - Check-in
  - Mindfulness practice
  - Response and discussion

# Opioid Use Disorder Clinical Pharmacy Agreement

PROVIDENCE Medical Group

Collaborative management of opioid withdrawal

PharmD role

- 1-3 days post-induction PharmD contacts patient via telephone
  - Assess current dose of buprenorphine
  - Withdrawal management
  - If appropriate, adjust dose in coordination with buprenorphine prescriber
  - Follow-up with patients every 1-2 weeks depending on needs

In the future:

Patients who follow protocols and become more stable in their recovery will transition to monthly appointments with PharmD rather than buprenorphine prescriber

# Reimbursement

- One provider assigned to every clinic day – bill for regular medical visits
- Behavioral health – ASAM assessments and group lead by psychology students at no charge to patients
- Clinical Pharmacist and Case Manager funded by CPC+ (Medicare)

# Workforce Expansion

PROVIDENCE Medical Group

- All residency faculty (18) have completed waiver training
- Waiver training for family residents yearly (8 per year)
- Clinic training for:
  - PharmD residents
  - Psychology residents

# Community Partners

- Inpatient team at Providence Milwaukie Hospital
- Emergency Departments
- Infectious Disease
- Gastroenterology
- Referrals to/from outpatient and inpatient recovery programs
- Referrals to outpatient mental health

# Challenges

- Getting buy-in from clinic administration and staff
- Comfort of our providers to address substance use in regular medical visits
- Requirement of having PCPs at our clinics
- Limitation of visits occurring only one afternoon a week
- Group requirement
- Limitation of # patients that can be treated by each provider at clinic
- Tx of pts with complex needs
- Keeping visits to substance use issues

# Exporting Our Model To Other Primacy Care Clinics

PROVIDENCE Medical Group

- We all serve patients with substance use disorders
- Many clinics already have integrated pharmacy, social work, BHI
- Should not change productivity of medical providers – often actually increases number of visits in the half day clinic
- Many resources available to train and support PCPs doing this work

But...

- Most clinics do not have the same flexibility as residency clinics
- Productivity of behavioral health providers decreases for group visits
- Need dedicated staff