

How to Integrate Substance Use Disorder (SUD) Treatment into Primary Care

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FACULTY



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Agenda



1. Identify care team barriers to integrating SUD treatment into primary care.
2. Distinguish between 3 integration strategies and impactful change interventions.
3. Hear improvement stories from 2 peer organizations.
4. Access the CIN Toolkit.



Think about your reasons for joining this session today.

What motivated you to take this time out of your busy day?

Someone I know has been impacted personally by addiction

This is an important issue at my organization

Care for patients with SUDs significantly impacts my daily work.

Interested in learning about quality improvement efforts

Curious about what other organizations are doing

CIN TOOLKIT

Three Strategies to Help Primary Care Teams Treat Substance Use Disorders

CALIFORNIA IMPROVEMENT NETWORK:
BETTER IDEAS *for* CARE DELIVERY
ISSUE 1



Acknowledgements

ADVISORY GROUP

CIN Behavioral Health Integration Action Group

CIN's behavioral health integration action group convened in May 2018 to identify a common area of improvement across care delivery organizations with diverse geographies and patient populations. After examining challenges across participating organizations, the action group prioritized SUD treatment and primary care integration as a key issue for health care leaders in California. In particular, the group seeks to better understand why primary care teams feel ill-prepared to treat SUD patients and how organizations and leaders can advance integration efforts by expanding the capability of primary care teams to confidently and willingly provide high-quality, evidence-based SUD treatment services.

MEMBERS:

<u>California Quality Collaborative</u>	Crystal Eubanks
<u>Community Health Center Network</u>	Samira Pingali
<u>Golden Valley Health Centers</u>	Ellen Piernot
<u>HealthCare Partners Medical Group</u>	Christine Castano
<u>Health Quality Partners</u>	Marty Adelman, Jennifer Covin, Nicole Howard
<u>L.A. Care</u>	Michael Brodsky
<u>Partnership HealthPlan of California</u>	Margaret Kisliuk
<u>Redwood Community Health Coalition</u>	Rebecca Munger
<u>San Francisco Health Network</u>	Judy Martin

KEY INFORMANT ORGANIZATIONS



[David Tian, MD, MPP](#)
Medical Director,
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[David Kan, MD](#)
Medical Director



[Ako Jacintho, MD](#)
Director of Addiction Medicine



[Jorge Fernandez, LCSW](#)
Director of Behavioral Health



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Primary Care Addiction Medicine
Fellowship Director

Barriers Impacting Care Team Capability to Provide SUD Treatment Services

Ancillary Staff (receptionists, medical assistants, nurses, community health workers)

- Misperception about impact within a clinician's patient population
- Misunderstanding of addiction and risk factors
- Stigma of addiction
- Personal triggers
- Misperception about who is impacted by SUD
- Fear of disruptive behavior by patients using substances
- Feeling unsafe interacting with patients with SUD
- Concern about maintaining patient privacy

Clinicians

- Fear of being overwhelmed with SUD patients and/or the complexity of need
- Fear of identifying a patient's need but not being able to connect the patient to treatment
- Uncertainty about treatment option availability given a patient's insurance coverage
- Insufficient time with patients to effectively address substance use and treatment
- Causing harm from lack of experience
- Misunderstanding of MAT and how it works
- Misperception that patients must have access to counseling services with MAT
- Unprepared for patient interaction beyond prescribing
- Feeling alone

Leaders (executives and managers)

- Misperception that it cannot be reimbursed or be financially sustainable
- Uncertainty about service billing and patient privacy regulations (Title 42 CFR)
- Insufficient resources for care team education and training
- Fear of burdening care teams with more responsibility
- Ambiguous direction and short-term planning

Systems

- Ineffective care coordination due to inability to share or access patient information regarding substance use
- Burden of collecting and documenting patient-reported outcomes
- Customization of health information technology tools for data collection and efficient workflows

OBJECTIVE	Expand the capability of primary care teams to confidently and willing provide SUD services							
STRATEGIES	Shift attitudes		Increase awareness			Accelerate access		
TACTICS	Connect to the mission	Learn from others	Give clear direction	Provide support	Raise awareness	Build skills	Clarify the process	Measure impact



Increase Awareness

STRATEGY

Give Clear Direction

ACTIONS

- Select standardized SUD screening tool.
- Consider whether to use internal staff and capacity to provide the brief interventions or contract out the brief interventions through telehealth organizations.

RESOURCES

- [SBIRT Opportunities for Implementation and Points for Consideration \(PDF\)](#)
- [Systems-Level Implementation of SBIRT \(PDF\)](#)

STRATEGY

Raise Awareness

ACTIONS

Educate care teams about:

- Spectrum of unhealthy substance use
- Community prevalence
- Reasons for screening
- Referral options by insurance coverage

RESOURCES

- [Substance Use in California: A Look at Addiction and Treatment \(PDF\)](#)
- [California Opioid Overdose Surveillance Dashboard](#)

STRATEGY

Build Skills

ACTIONS

Provide clinicians standardized training on:

- Review screening scores
- Assess patient's needs and severity of addiction for appropriate referral

Provide ancillary staff standardized training on:

- Screen patients with a standardized SUD tool
- Engage patients and families through motivational interviewing, shared decisionmaking, and patient activation

RESOURCES

- [SBIRT Implementation and Process Change Manual for Practitioners \(PDF\)](#)
- [SBIRT: Clinician's Toolkit \(PDF\)](#)

Improvement Strategies and Tactics

Shift Attitudes



The initial work focuses on eliminating stigma by changing the hearts and minds of care teams.

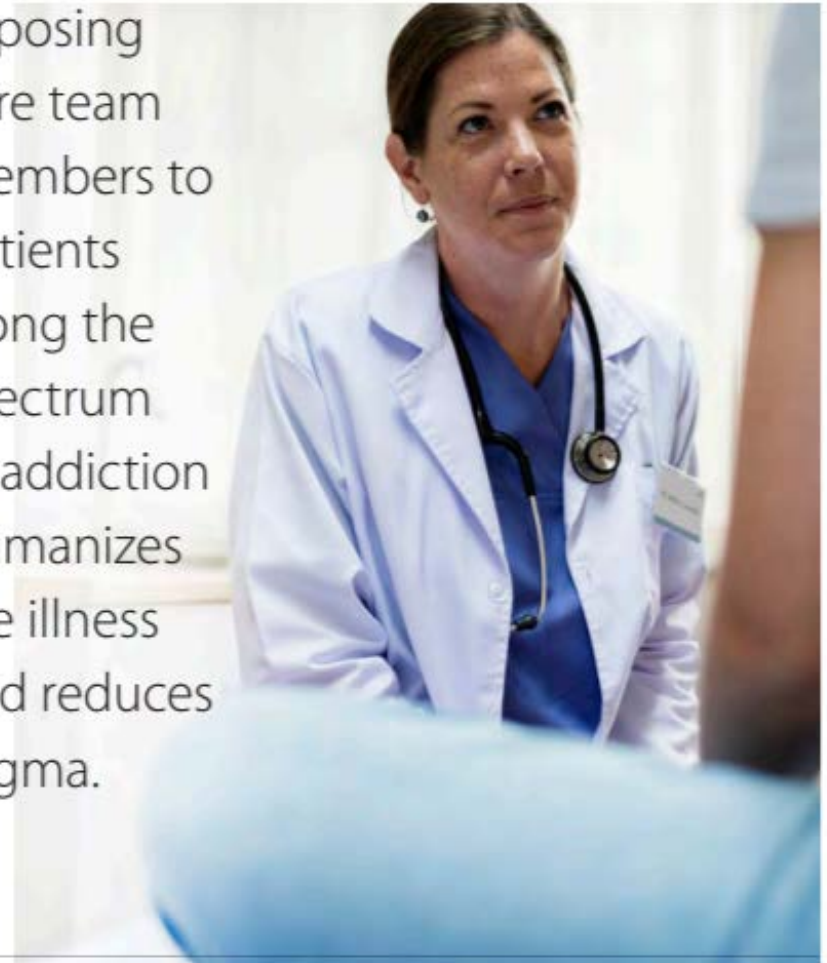


Improvement
Strategies
and Tactics

Increase Awareness



Exposing care team members to patients along the spectrum of addiction humanizes the illness and reduces stigma.



Improvement
Strategies
and Tactics

**Accelerate
Access**



PHASE 1

Establish a MAT
care team



PHASE 2

Engage other primary
care physicians (PCPs)
in maintenance



PHASE 3

Transition to internal
SUD specialty team





Which SUD integration strategy is top priority for your organization right now?

Considering
Integration

Improvement
Strategies
and Tactics

Shift Attitudes

1

Improvement
Strategies
and Tactics

**Increase
Awareness**

2

Improvement
Strategies
and Tactics

**Accelerate
Access**

3

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VENTURA COUNTY
MEDICAL CENTER

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FUTURE OPPORTUNITIES



PROVIDE SUPPORT

Adjust PCP panel sizes.

Tailor support for providers who care for the privately insured.

Provide funding for scaling.



BUILD SKILLS

Train physician residents.

Increase CDA Counselors.

Leverage economies of scale across organizational systems.



CLARIFY THE PROCESS

Improved EHR functionalities and interoperability.

Align benefits with evidence.

Expand reimbursement for MAT-related services.



MEASURE IMPACT

Increase resources for QI and data analytics support.

Report quality among community specialist providers.

All primary care organizations can take action now to equip care teams to integrate SUD treatment services.



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Upcoming Events

- **CIN Webinar: Understanding Risk-Based Payment Models**
 - Thursday February 28th from noon-1pm
- **Social Needs Screening and Referral Case Studies Project**
 - Available at the end of March

Registration and more information on the CIN website:

www.chcf.org/cin

Thank You.