Clinic Models to Better Engage People with OUD and SUD

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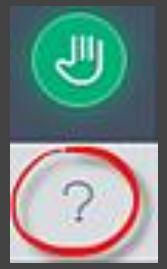
Hannah Stanfield
Facilitator

WELCOME

Malika Lamont, BA, MPA

Featured Presenter

HOUSEKEEPING



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CLINIC MODELS TO BETTER ENGAGE PEOPLE WITH OUD AND SUD

Malika Lamont BA, MPA
Contact: lamontm888@gmail.com

Goals and Objectives

- To share tools that will improve engagement and retention of hard to reach populations in MAT
- To share tools to adapt your clinical settings to better meet the needs of your patients on MAT

Models for Consideration

- Walk In Clinic
- Integrative Approach to Chronic Pain and Opioid Use Disorder
- Low Barrier or “Low-Threshold” Clinic

Walk-In Clinics

- A broad category of medical facilities loosely defined as those that accept patients on a walk-in basis and with no appointment required
- Increases access to MAT and other forms of treatment
- Increases capacity to see patients
- Opportunity to incorporate peers into clinic in a meaningful way
- Opportunity to incorporate group care

Walk-In Hours

- A method to incorporate the walk-in concept into an appointment based setting
- Concrete Tool to increase access to MAT and other forms of care without compromising appointment based treatment
- Compliments appointment based setting
- Opportunity to incorporate peers into the clinic setting
- Opportunity to incorporate group care

Sample Policy Rationale for Walk In Clinic

- This policy applies to walk-in intake hours for Medically Assisted Treatment. Walk-in hours are on Monday, Tuesday, and Wednesday 7:45AM-1 PM of every week, if there is census capacity to fulfill demand. People that use drugs may experience chaotic motivation to seek treatment and circumstances in their lives that interfere with their ability to make it to scheduled intake appointments. This policy change is in response to that need.

Sample Protocol Walk In Clinical Hours

- **Title: MANAGING PATIENT FLOW FOR WALK IN ADMISSIONS CLINIC INTAKE DEPARTMENT**

Action by:	Action:
Intake Admin Assistant	1. 7: 15AM prepare and set up classroom or other designated space for Walk-in Admissions Group.
Reception Staff	I. Between 7:45 AM and 8AM greets patient and inquires specifically if the patient wants Walk-In Admission Services. If Yes: record patient name and time of arrival on list for Intake Admin Assistant 2. 8AM gives the list of patients to intake staff when they come to collect patients
Intake Admin Assistant	1. Approximately7:45AM go to front desk at 8 AM lead patients to the classroom, hand out plastic coated copies of admission forms to patients and promptly begin orientation of forms.

Walk-In Sample Protocol Continued

Action By:	Action
Intake Worker	1. 8:30 AM Come to classroom or other designated space for Walk In Admissions Group and retrieve first patient for their assessment
Intake Worker	1. Perform Psycho-social Assessment and ASAM summary, if they have funding issue contact … to get funding, 2. Schedule medical intake, explain what it means and why they need to be in withdrawl when they have their medical intake and what will happen if they are not, and answer questions. 3. Escort Client out and retrieve the next patient for assessment.

Integrative Approach to Chronic Pain and Opioid Use Disorder

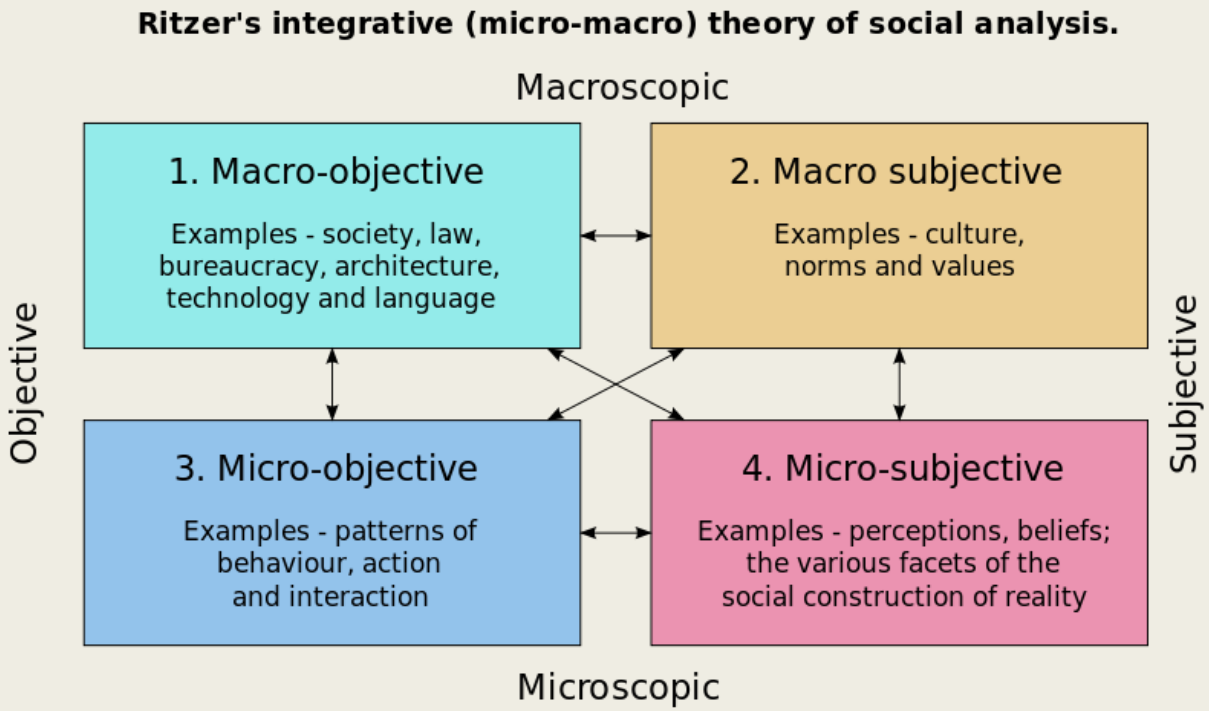
- The inclusion of Traditional Healing Practices into the Clinical Setting as part of a comprehensive treatment plan and care environment
- Is an opportunity to introduce cultural practice into the clinical healing process
- Elicits patient buy in to treatment
- Can be incorporated into group therapy to build community/communal healing

Integrative Approach to Chronic Pain and Opioid Use Disorder

- Not to object to the current approach to chronic pain, opioid addiction and behavioral health management.
- But to suggest a redesign of our approach from one that focuses exclusively on treatment to one that incorporates a recognition of the individual, their cultural influences and strengthens resilience.
- Re-focus the algorithm of care from a single intervention to a multifaceted staged approach that facilitates a change in patient perception and behavior, allowing the patient to start their own healing process.

Fujio McPherson

Answer to Why is Not Isolated to Just One Cause



Often Cited Cause of Native American Health Disparity

- **Micro-Objective**:
- law, society, bureaucracy
- Impact of Boarding Schools.
- Trauma, Rape, Forced indoctrination (ptsd)
- “kill the Indian and save the man”
- Poverty
- Lack of education

- **Macro-Subjective**: culture , norm, values.
- Being Separated from and not taught the spiritual ways.
- Loss of language and oral traditions.
- Adaptation of social habits that perpetuate the influence from micro-objective use.
- (e.g. alcohol, drugs, poverty).

What's Missing?

- **Micro-subjective**: perceptions and belief
- **Micro-objective**: behavior

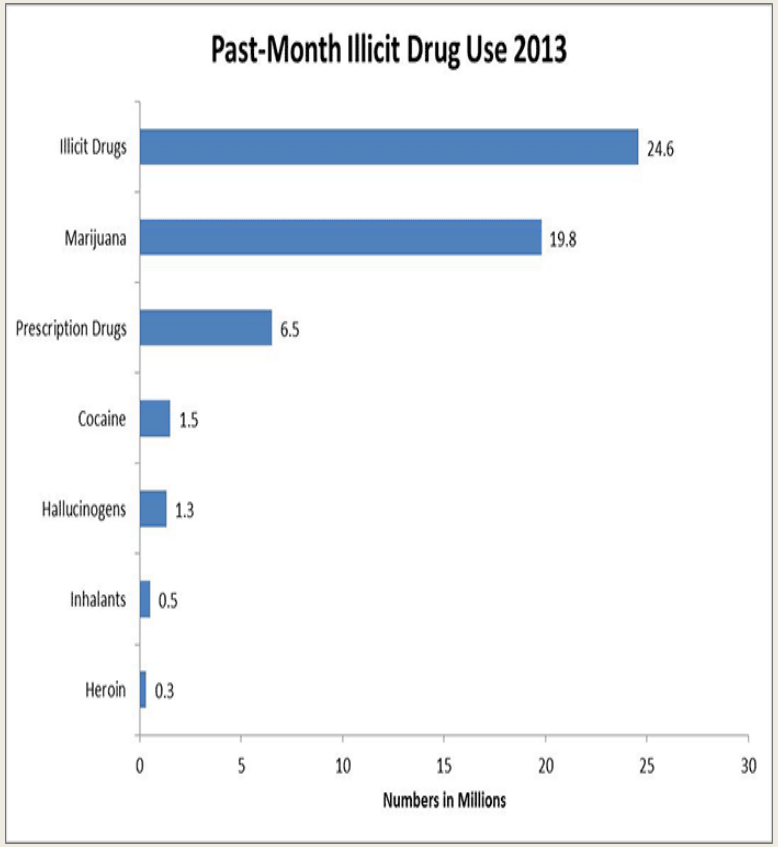
- And how do we influence change?

The Conditions of Life, Perception and Behavior are the keys to health and quality of life…

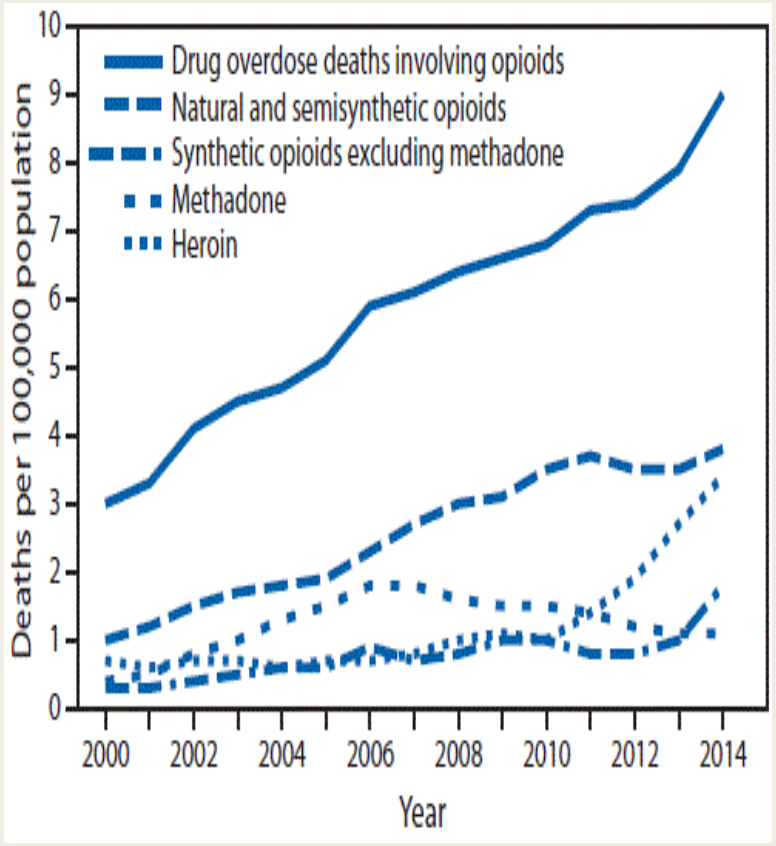
- Living in Harmony cited:
- Open the mind
- Re-engage with nature and spiritual connection through prayer, ceremony, traditions, song, drums.
- Acknowledge free will.
- Assist change.

Our approach although rationale is not guaranteed, until behavior is self-directed and observed.

Escape from macro is a human response to stress



National Institute on Drug Abuse



cdc.gov

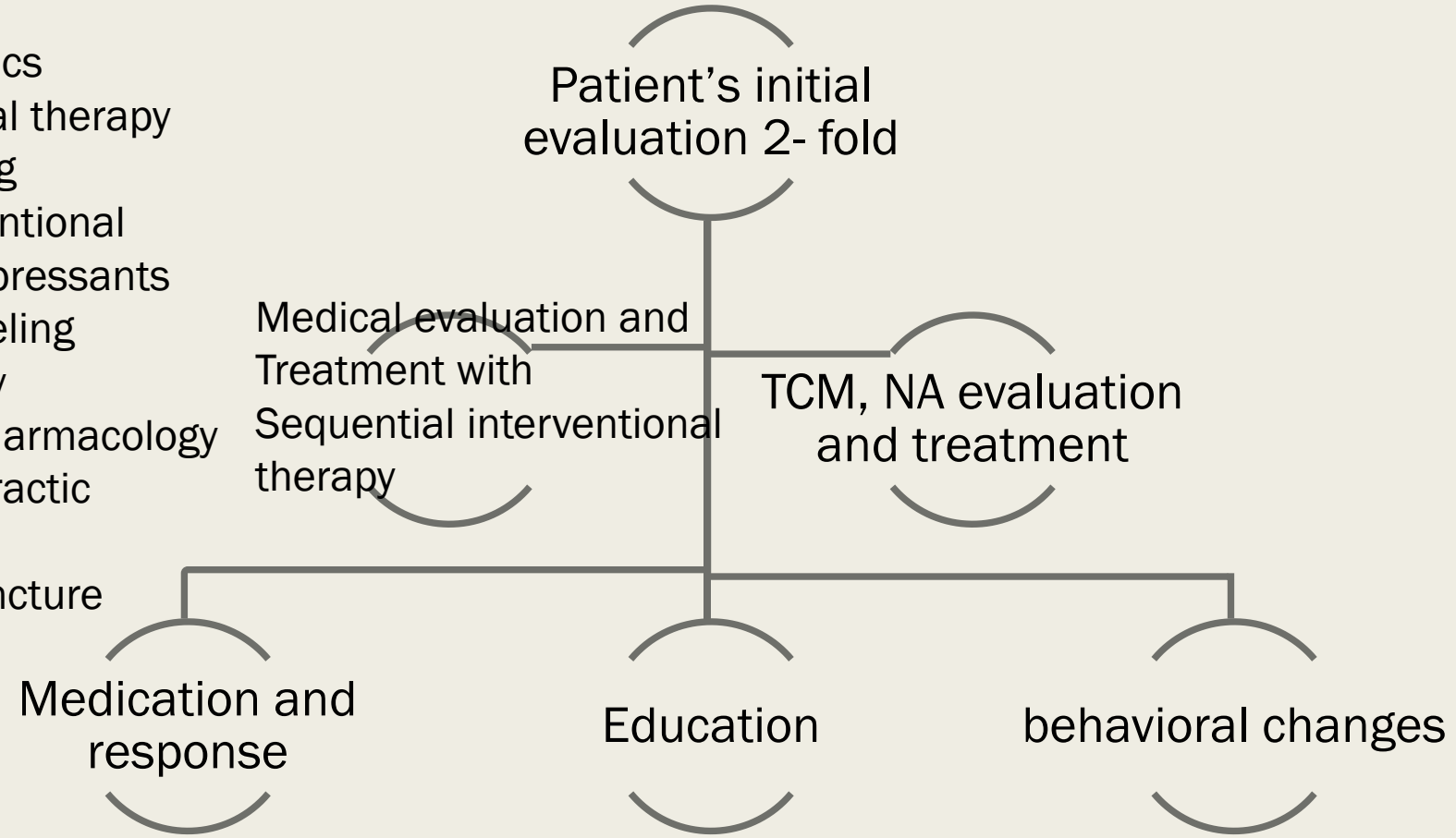
Recommended first response

- Recognize the individual and their unique life.

- Medical examination
- Mental health evaluation
- Use the theories of Traditional Medicine to apply a non-judgmental assessment to share with the patient.

Assess and Direct Care to Support and Treat

Medication
Nsaids
Topical
Narcotics
Physical therapy
Imaging
Interventional
Antidepressants
Counseling
surgery
Non-pharmacology
Chiropractic
Yoga
acupuncture



Educate and Support When the Patient Asks or is Ready.

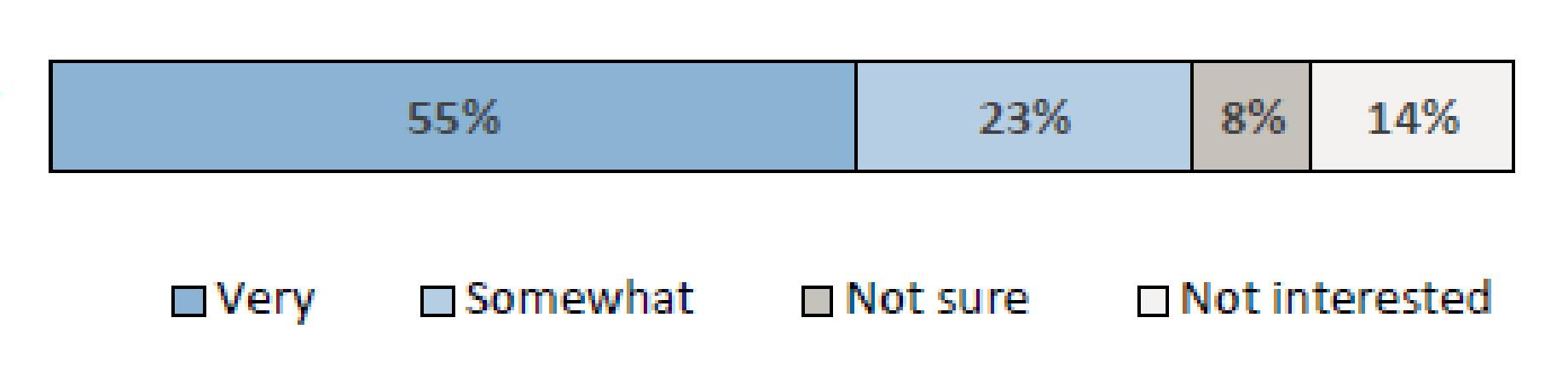
- Medical and mental health screening
- Initial therapy simplified to TCM and/or NA healing therapies
- Education to change paradigm of disease and health.
- Expansion of therapy as patient awakens to self.
- Support after conclusion of therapy
- Primary outcome: change in perception and behavior.

~Healing doesn't mean the damage never existed. It means the damage no longer controls our lives.

Low Barrier “Low Threshold” Clinics

- Harm Reduction based health care centers targeted towards people who use drugs
- Meet people where they are
- Occur in a setting and at times that work for the patient

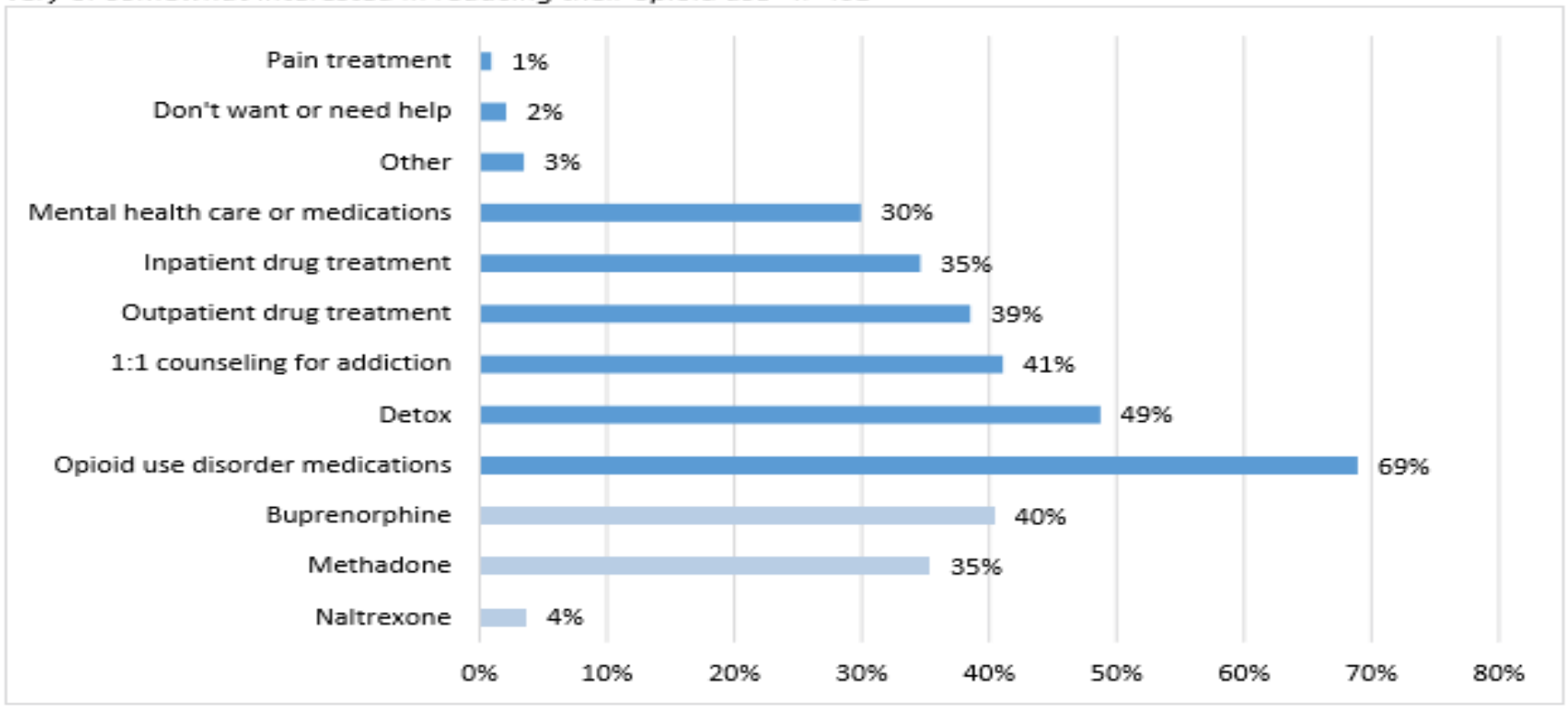
78% of heroin users are interested in reducing or quitting use.



Syringe Exchange Health Survey 2017, UW ADAI

What kind of help do they want?

Figure 10. "What types of help would you want if they were easy to get?" among people whose main drug was heroin who were very or somewhat interested in reducing their opioid use n=431



Syringe Exchange Health Survey 2017, UW ADAI

Why don’t they seek help?

Don’t trust/like doctors	33%
Don’t want to be lectured/judged about drug use	26%

Syringe Exchange Health Survey 2017, UW ADAI

Olympia Bupe Clinic:
Low Barrier, High Capacity

Capital Recovery Center

Target Population:
Low Access, High Risk

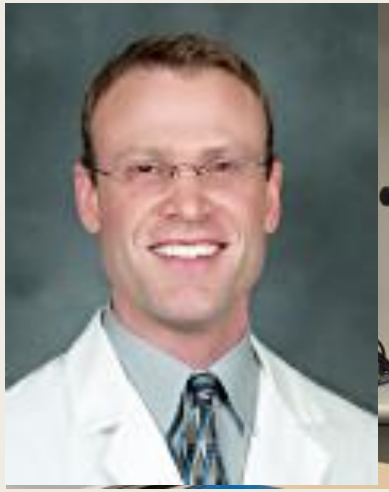
Evidence-Based Treatments

- *Harm Reduction*
- *Medication*
- *Recovery support*

Clinic Features

Peer Recovery Care Navigators

On-Site Drug Dispensing



Video Access with Pharmacist

Clinic Features

- Co-located with syringe exchange
- Same-day treatment
- On-site dispensing
- No appointments
- No cost
- **No commitment to recovery**
- No required counseling – **Peer recovery coaches on-site**
- Urine tests only for buprenorphine

Clinic Features

- 27 rotating prescribers
- Nurse Care Manager
- Up to 7 days supply

Clinical Team Works in Partnership

- Prescriber is a team member not team leader
- Partnership with:
- Front Desk
- Peers
- Nurse Care Manager
- Pharmacist

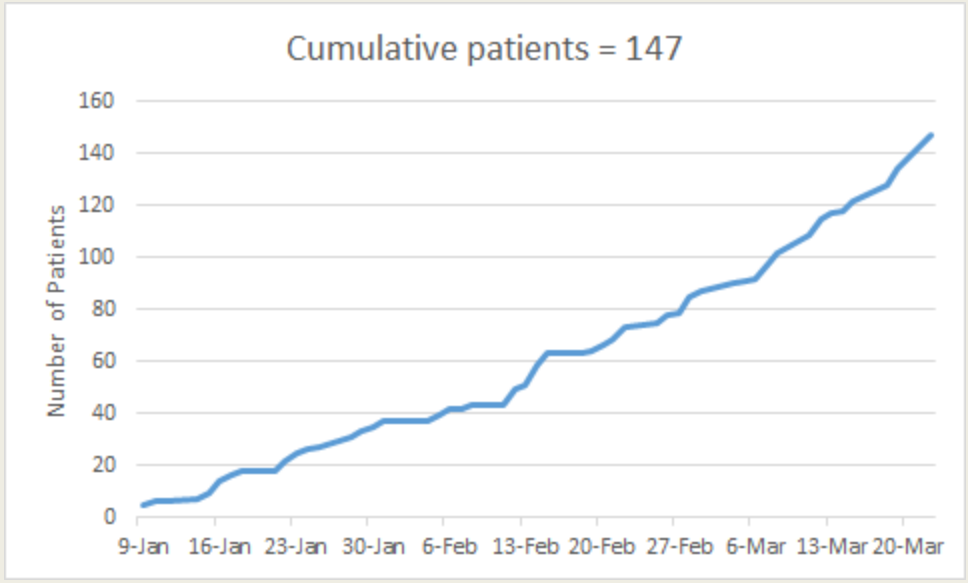
The Prescriber's Role

- Listening
- Curiosity and Respect
- Motivational Interviewing- Driven by the Patient's Goals
- Optimizing medication for the patient
- Finding the best dose and the number of days

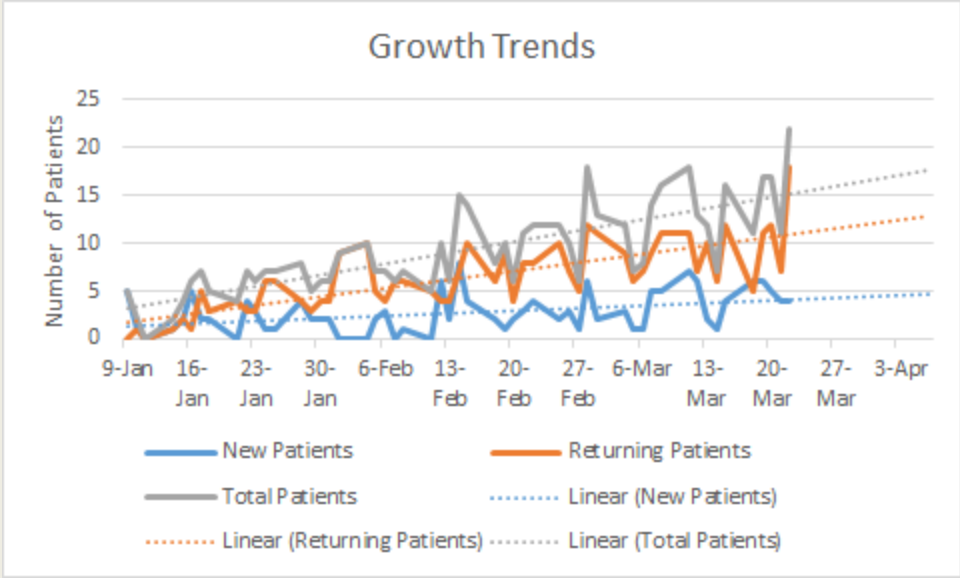
Using Judgement

- Judging the situation not the person
  - What else might be helpful to this person besides MAT?
- MAT is safer than Heroin
- Risk Calculation
  - Benefit to patient vs. risk to clinic
- Meeting Legal Obligations i.e. urine testing
  - DEA- Diversion Risk
  - Medicaid Treatment Guidelines
  - Urine Testing for MAT only

Low Barrier Works



Growth Can Be Explosive



Planning to Accommodate Growth

- Strong Clinical Team
- Associations with providers to meet the need

Questions?

- Acknowledgements: Fujio McPherson, Olympia Bupe Clinic

THANK YOU

Keep the conversation going!

Connect with FQHC peers in our Discussion Forums at
www.wacommunityhealth.org/let-s-discuss

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hstanfield@wacommunityhealth.org