

## Initiation of Medication-Assisted Treatment at a Resident Clinic Site Transitioning to a Federally Qualified Health Center

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# Initiation of Medication Assisted Treatment (MAT) at a resident clinic site transitioning to a Federally Qualified Health Center

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## Background

- Opioid use disorder (OUD) is a national epidemic
  - Increasing hospitalizations and mortality<sup>1</sup>.
- In the COVID19 pandemic, access for patients on medication assisted treatment (MAT) has decreased while the demand has increased<sup>3</sup>  
*(Should I include numbers?) Yes. I tried to create space*
- OUD can be treated in primary care setting with appropriate resources<sup>4,5</sup>
- In partnership with the Pennsylvania Coordinated Medication Assisted Treatment Program (PacMAT), one resident clinic undergoing a transition to a federally qualified health center (FQHC) initiated a program for MAT
- As a FQHC, the practice is required to provide MAT services

## Objectives

- Understand the importance of educating residents about MAT
- Identify one process to initiate MAT at a resident clinic site
- Recognize important factors that are necessary for a successful Family Medicine (FM) MAT program

## Methods

- Resident worked with several key players to discuss plans and course of action
- Resident also used PDSA cycles to improve workflow for an Initial MAT visit guide for clinicians



## Methods

- X-waiver training
  - First half of MAT training mandatory during PGY1 year
  - Second half of MAT training optional
- Gain experience in MAT in clinical setting
  - Resident shadowed FM attendings at clinic site w/ MAT established
- Establish protocol
  - Protocols for MAT induction, maintenance, etc. established by adapting protocol developed by the University of Pittsburgh (PERxU)
- Educate staff and clinicians
  - Toxicology specialist provided education for residents and clinicians
  - Resident educated staff members
  - Education about stopping stigma and appropriate use of language
- Establish referral pattern
  - Pts referred by ED, MARS and Street Med to establish care at FQHC
  - Initially started with MAT maintenance; MAT inductions started after
  - Injectables not yet started
- Determine separate clinic vs open schedule
  - MAT pts scheduled during regular office hours to increase access
- Determine capacity
  - # of attending with x-waivers, # of staff able to help with MAT
- Determine what patients are appropriate for outpatient services vs inpatient services/higher level of care
  - American Society of Addiction Medicine Level of Care Assessment
- Bi-monthly meetings with support team
  - Clinicians able to discuss their patients on MAT and receive advice

## Results

- Number of MAT patients
  - Baseline: 0
  - March 2021: *(want to use graphs, but can't seem to make it look pretty within this space)*
- Number of X-waivered Clinicians
  - Baseline: 5 (4 attendings, 1 resident)
  - March 2021: 10 (7 attendings, 3 residents, 1 PA)

## Discussion

- The most critical factor in the success of initiating MAT in this clinic was the robust experienced interdisciplinary team that continuously provided support throughout the entire process
- Flexibility of clinicians and staff played an important role in allowing multiple changes in workflow to occur
- Challenges included multiple "no-show" visits

## Future Directions

- Establishing protocols for MAT induction and injectable medications
- Provide more education and training for clinicians and staff
- Optimize coordination of care between social work, behavioral health services and clinicians

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