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## Expanding Access to MAT through Primary Care Practices

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# Expanding Access to Medication-Assisted Treatment (MAT) through Primary Care Practices

Findings from the Maine Health Access Foundation's  
*Addiction Care Program (Years One and Two)*

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# *Addiction Care Program* Overview

# High-Level Overview of Program

In April of 2017, the Maine Health Access Foundation (MeHAF) provided funds to ten grantee sites to expand access to patient-centered addiction care for people with opioid use disorder (OUD) through their *Addiction Care Program*.

## Grantee Strategies

Grantee programs increase the availability of medication-assisted treatment (MAT) in primary care settings.

## Outcome

More people with opioid use disorder (OUD) are in treatment and recovery.

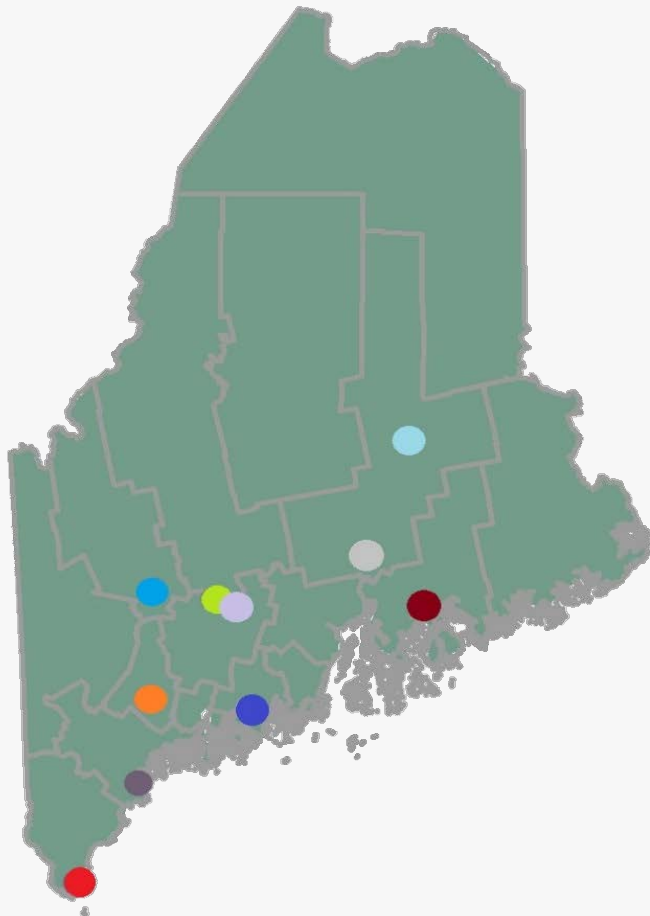
## System Change

Maine has an expanded treatment infrastructure for OUDs.

# Addiction Care Program Grantees

There are 10 *Addiction Care Program* grantees located throughout Maine. Each grantee is engaging in comprehensive planning and implementation activities designed to build capacity to provide medication-assisted treatment (MAT) in primary care settings.

**Addiction Care Program Grantee Locations**



**Key:**

- York Hospital
- Amistad
- Tri-County Mental Health Services
- LincolnHealth
- MaineGeneral
- Kennebec Behavioral Health
- Healthy Community Coalition
- Healthy Acadia
- Penobscot Community Health Care
- Health Access Network

# Program Components: Technical Assistance

## Qualidigm:

Training, education, and technical assistance to support grantee organizations, both individually and as a cohort.

## Haram Consulting, Eric Haram, LADC:

Technical assistance to sites around integrated treatment models for OUDs.

## Maine Behavioral Healthcare, Mary Jean Mork, LCSW:

Technical assistance related to billing / coding for MAT services.

## Maine Medical Association:

Technical assistance related to public policy.

# Program Components: Evaluation

The *Addiction Care Program* evaluation is being led by the Muskie School. Evaluation data is collected from a variety of sources including surveys, administrative data, continuous quality improvement measures, interviews, and focus groups. This mixed methods approach:

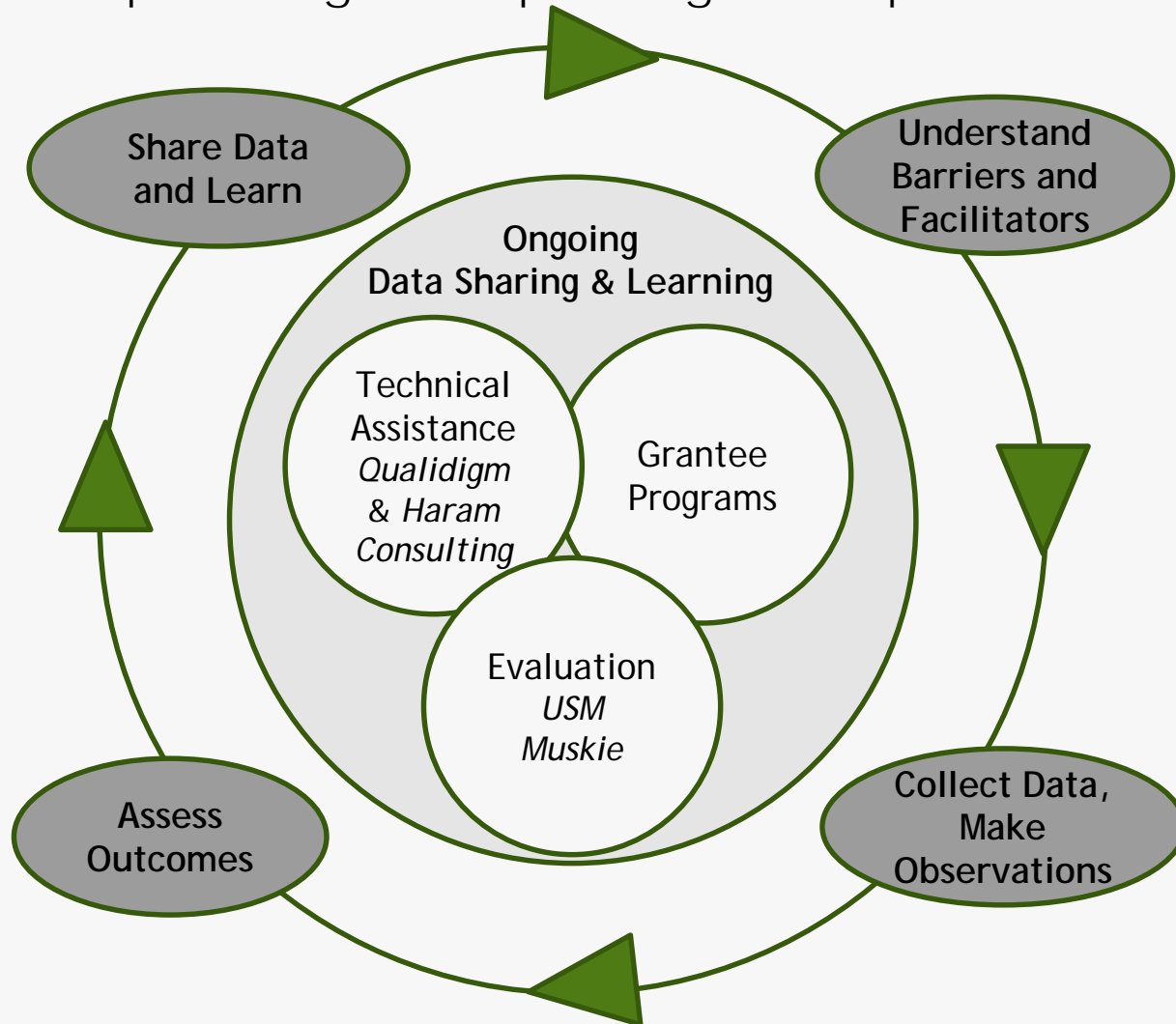
- informs current and future planning activities;
- guides the implementation and refinement of the intervention strategies;
- provides ongoing feedback to grantee organizations on improvements to access and delivery of MAT in their region; and
- offers a summative assessment of the implementation experience and documents grantee organization milestones and successes.

# Evaluation Methods



# Evaluation Framework

The program evaluation utilized traditional evaluation techniques in tandem with quality improvement strategies to provide rapid cycle feedback to help inform grantee planning and implementation activities.



# Data Sources: Quantitative

## Surveys

- Health Systems, Practice, and Provider Survey:
  - Fall 2017: 150 respondents
- Interim Planning Site Survey:
  - Summer 2018: 27 respondents
- Provider Survey:
  - Spring 2019: 31 respondents

## Data Dashboards

- Custom data collection dashboards created for all 10 grantees
- Dashboards were submitted quarterly in both years and included the following:
  - Continuous quality improvement metrics
  - Site-specific metrics
  - Community engagement logs
  - Training/ education log

# Data Sources: Qualitative

## Patient Focus Groups

- Year One: questions around patient perspectives on opioid use in the state, personal experiences with addiction and treatment, personal experiences with MAT, engagement in the *Addiction Care Program*, and patient-centered care
- Year Two: questions around personal experiences seeking treatment, experiences with MAT, treatment engagement, recovery coaches, and patient-centered care
- 37 patients participated in focus groups at grantee organizations

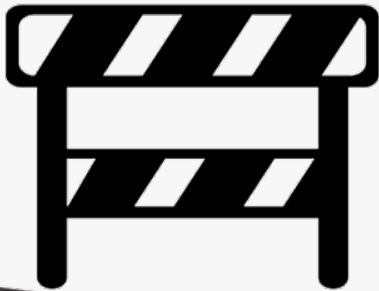
## Provider Interviews

- Year One: provider experiences, opinions on MAT, challenges, strategies, and organizational needs
- Year Two: change team feedback on barriers and facilitators to collaboration, planning and implementation, lessons learned, and next steps
- 102 providers participated in interviews at grantee organizations

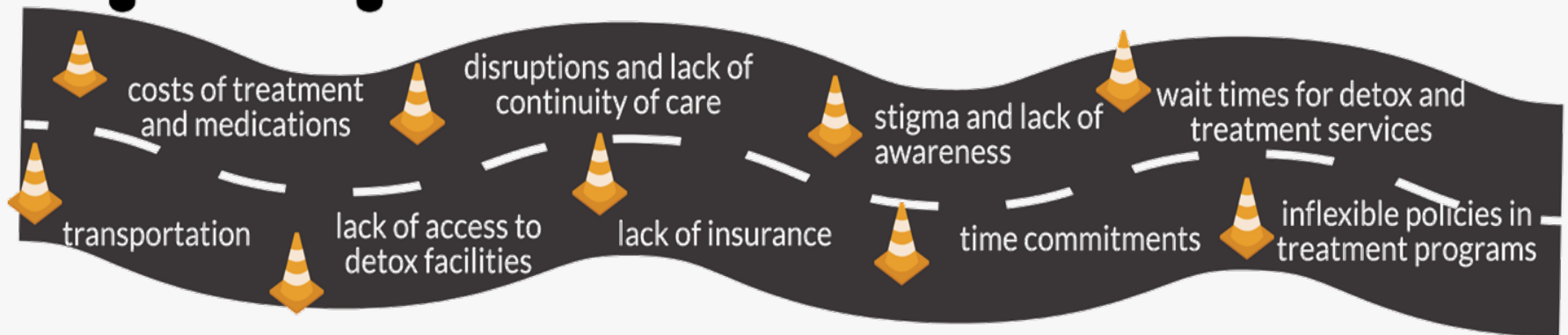
# Patient Perspectives

# What did we hear from patients?

- Patients cite a number of reasons for why initiating and engaging in treatment can be difficult, even when they are ready to seek help. The majority indicated that there is often no clear path for individuals seeking treatment for OUDs.
- The majority of patients indicated that lack of insurance and the cost associated with treatment are the greatest barriers to accessing and engaging in MAT.

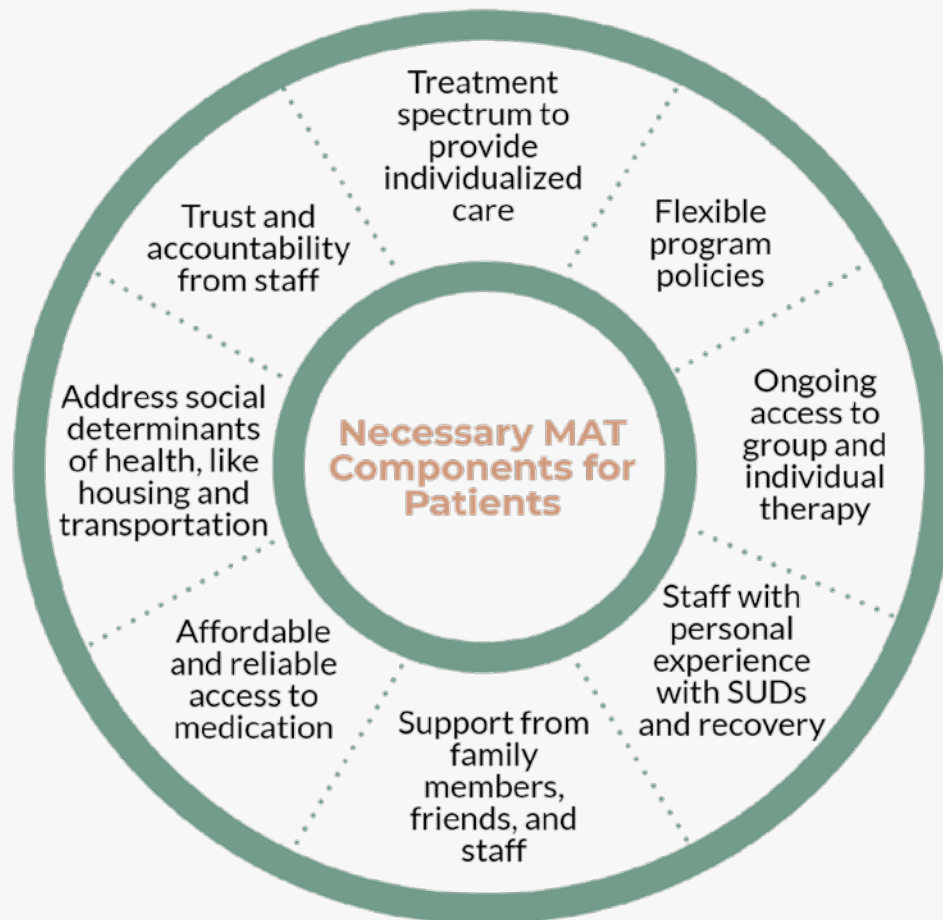


## Patient Feedback: Barriers to Treatment Initiation



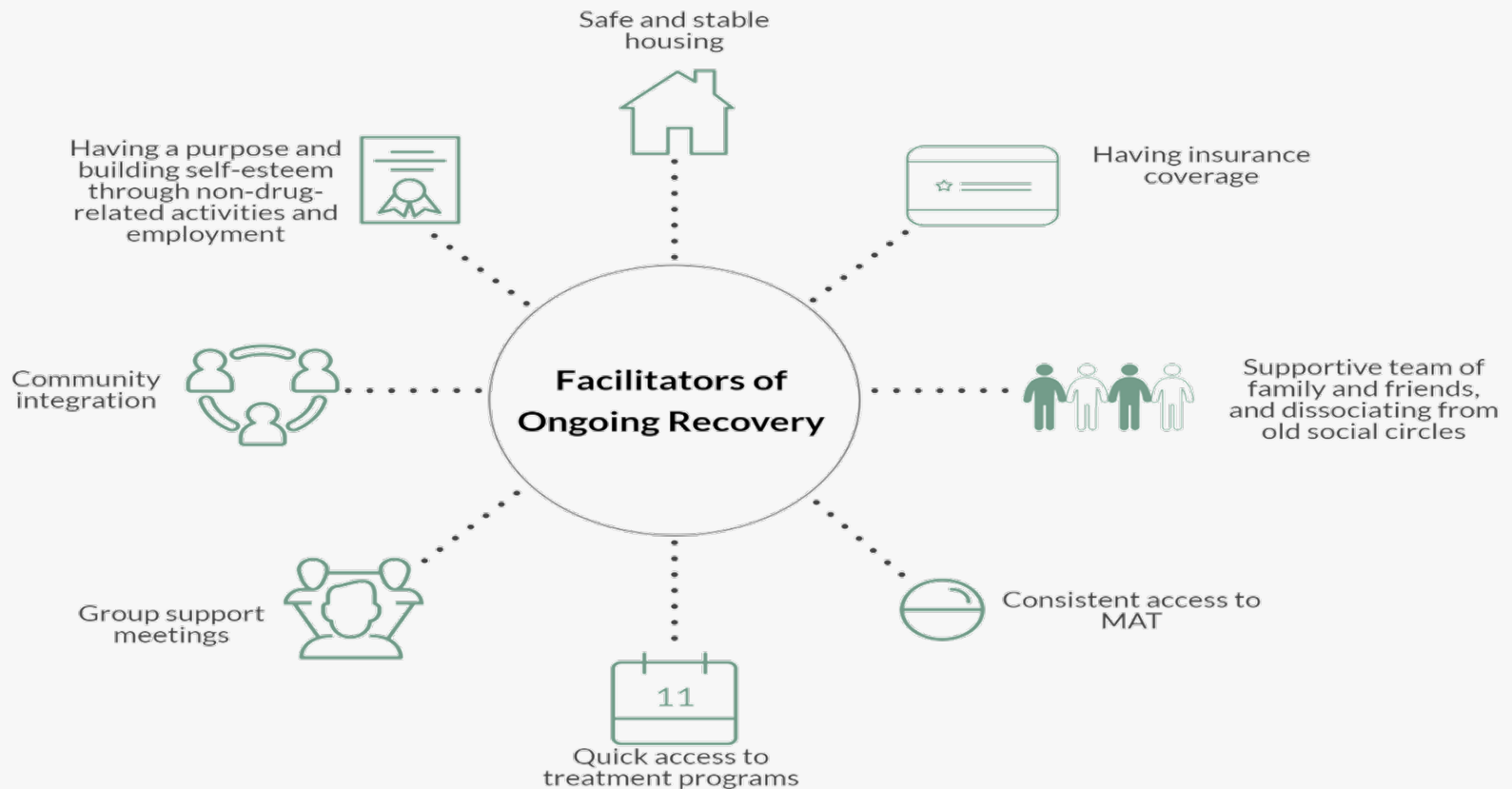
# What did we hear from patients? Key Program Components

Patients identified a number of factors that they feel are important components of a successful MAT program. Creating treatment protocols and policies that include interventions specific to the tasks and challenges faced by patients at each stage of the treatment, maintenance and recovery; supportive staff and family; and addressing social determinants were frequently cited as important elements of MAT.



# What did we hear from patients? Promoting Long-Term Recovery

Consistent and rapid access to MAT, auxiliary recovery supports (housing, employment, transportation), social supports as well as opportunities for community engagement were the most frequently mentioned factors necessary to support ongoing maintenance and recovery.



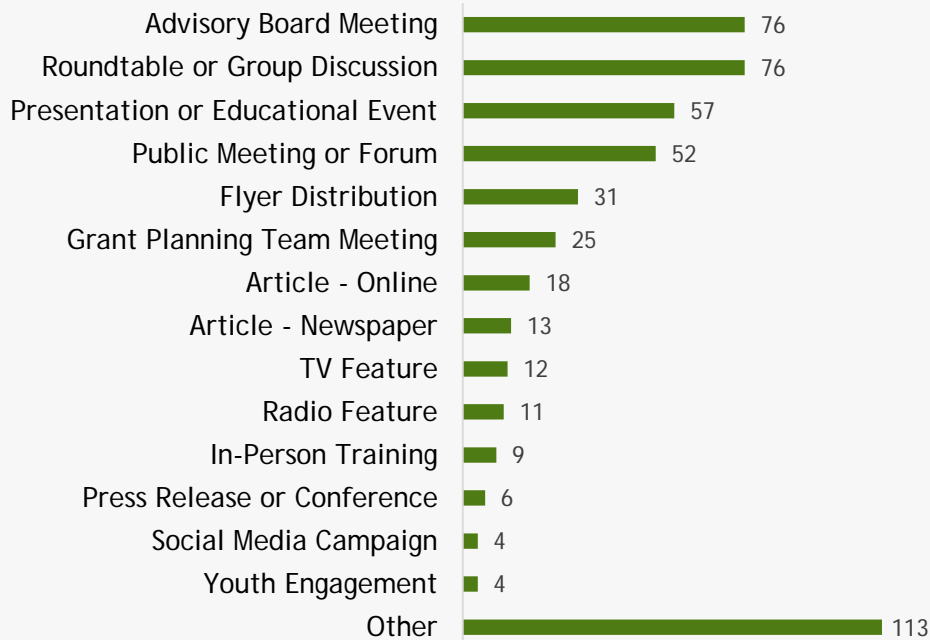
# Capacity Building Milestones



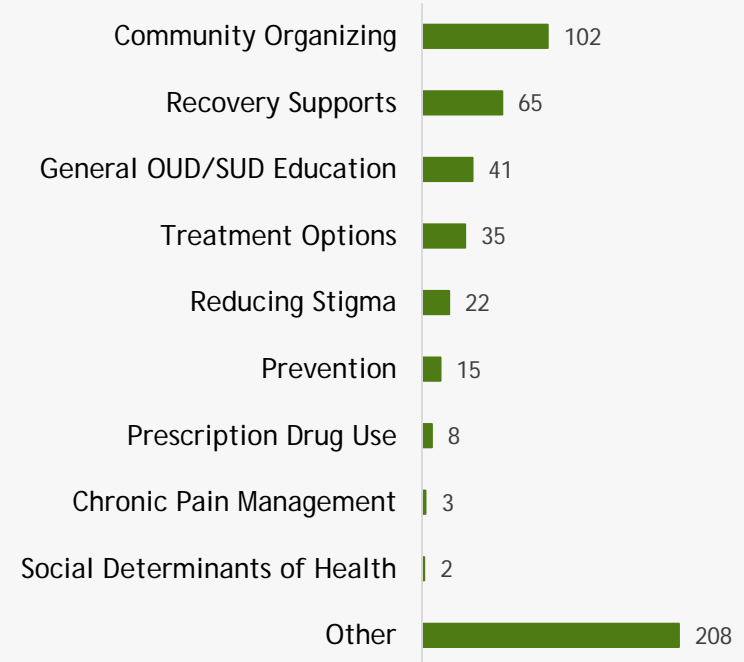
# Capacity Building: Community Engagement

Over the course of two years, grantees engaged with their community through diverse mechanisms and focused on various topics.

## Types of Community Engagement



## Topics of Community Engagement



Note: The “other” category is comprised of site-specific types and topics of community engagement that were not rolled into a specific category.

# Capacity Building: Training and Education

Over the course of two years, grantees held a variety of training and education opportunities. They utilized diverse mechanisms and focused on various topics.

**585** Training/Education Sessions Recorded

**6,322** Attendees Recorded\*

\*This is not individual attendees (i.e. attendees may be at more than one session and counted multiple times)

## Primary Training Topics



## Training/Education Duration

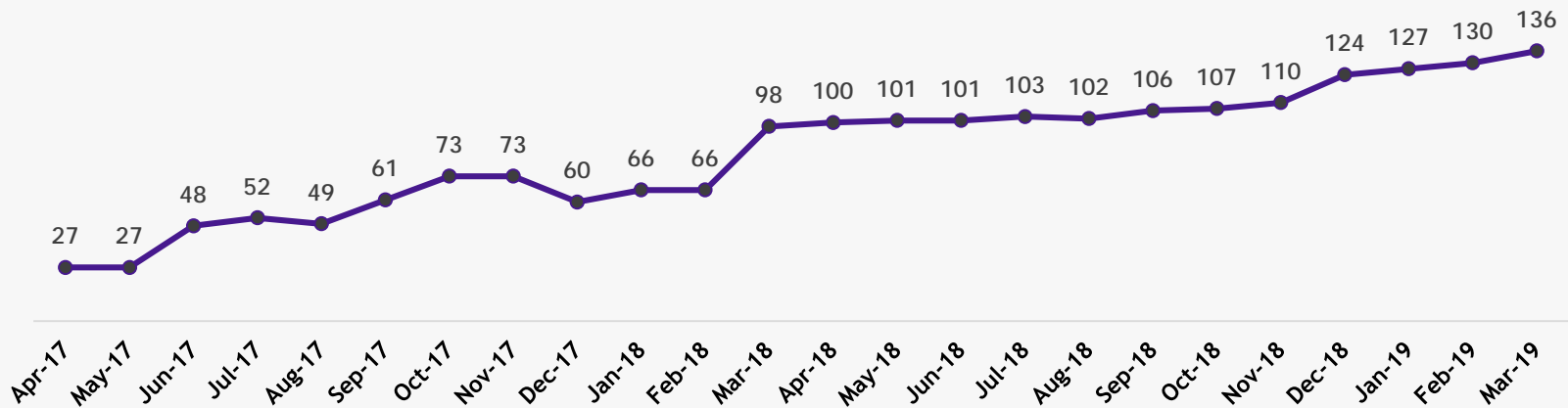


# Capacity Building: Providers

The number of waived providers is increasing

Since the inception of the program the number of providers delivering MAT increased five times — from **27** providers to **136**

Total Number of Providers Delivering MAT



*"I feel some of our greatest success has been the continuous addition of providers to our team" (Provider, Year Two)*

# Capacity Building: Providers

By the end of Year Two, providers were also more **confident** in their organization's ability to integrate MAT into their clinical work and more **convinced** that it is important to do so.

By Year Two, providers:

- Felt more knowledgeable about their work related to OUD
- Had increased satisfaction with the way they work with individuals with OUD
- Felt they had increased support from colleagues
- Were more motivated to work with individuals with OUD

*“There’s always more to learn but as I have continued to work with people I have certainly gained confidence that I am providing competent and quality care to meet patients’ needs.”*

*- (Provider, Year Two)*

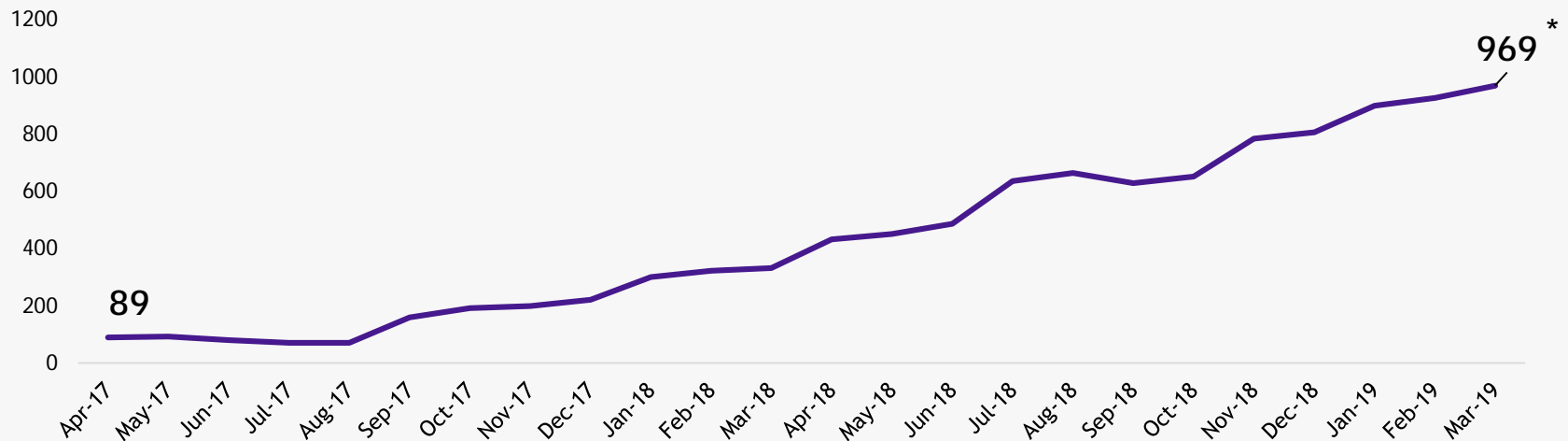
# Programmatic Milestones

# Capacity Building: Patient Panels

## More patients are receiving MAT

As of March 2019, grantees served nearly **11 times** the patients as they did in October of 2018.

**Number of Patients on MAT by Month**

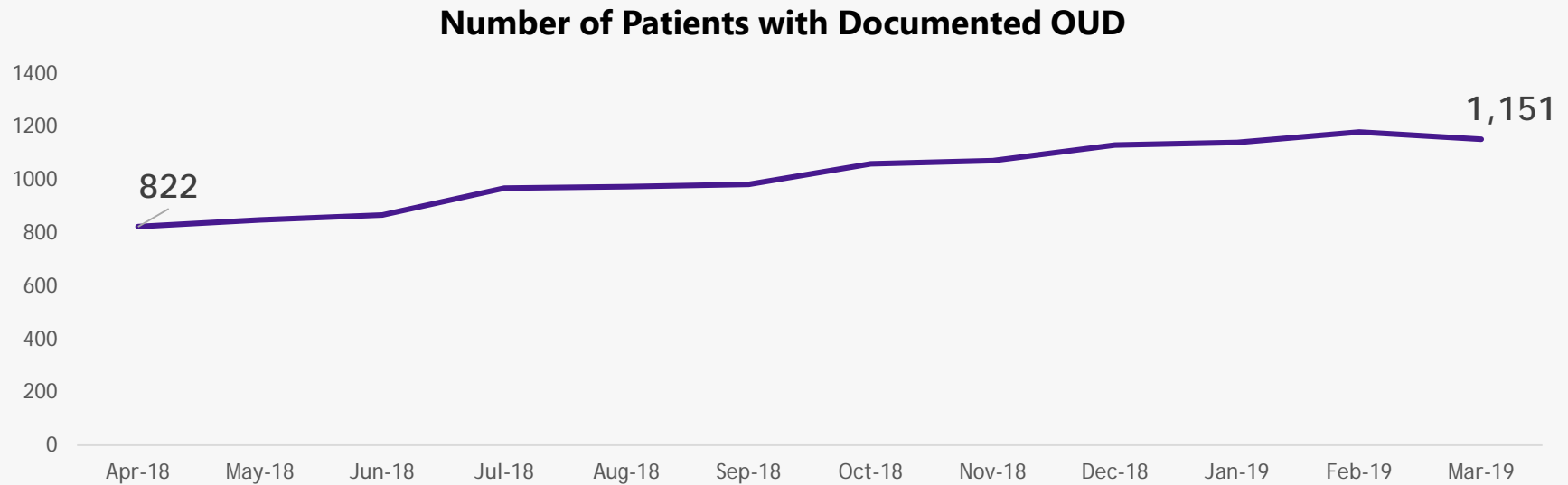


\*Note: more grantees reported on this metric in 2019.

# Capacity Building: Screening

## More patients have OUD documented in their records

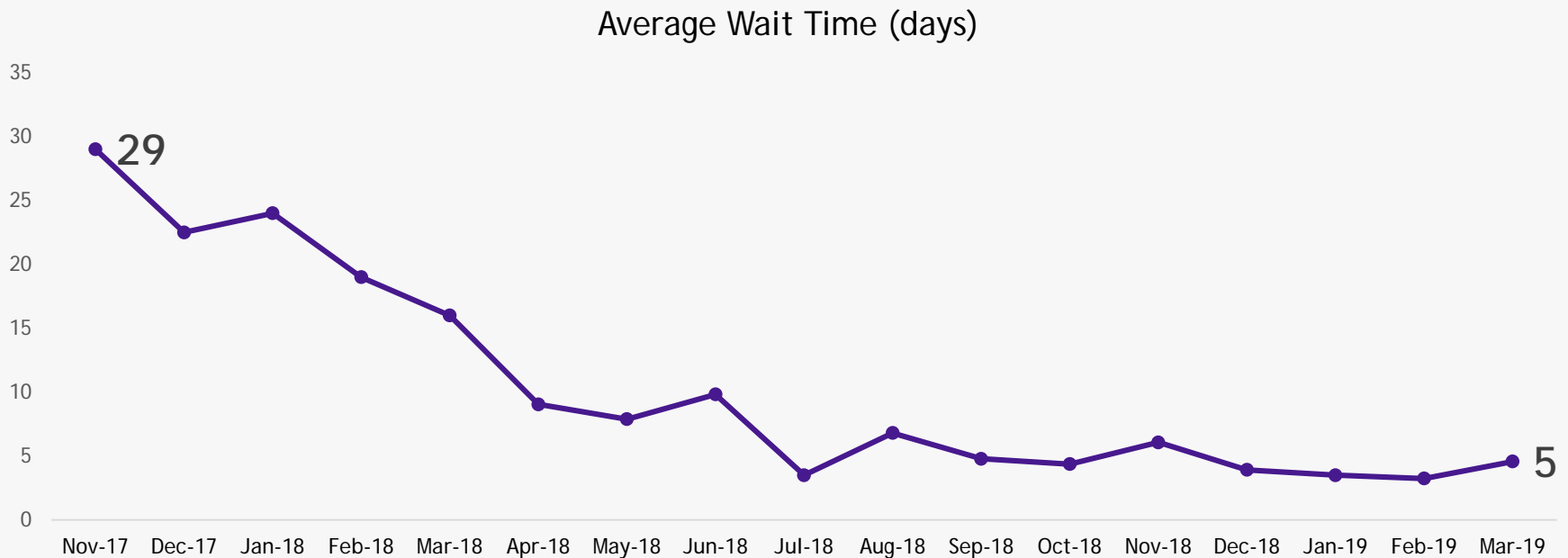
The number of patients with documented OUD was **1.4 times higher** in March of 2019 compared to the previous year.



# Capacity Building: Wait Times

## Average wait times decreased over time

Despite wait times varying across grantees, the average wait time from MAT referral to induction appointment decreased from nearly a month, to 5 days.

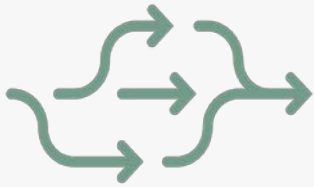




# Lessons Learned

# Lessons Learned: What Factors Facilitated Success?

## Treatment Approaches



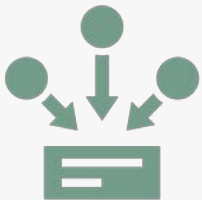
- Flexible Policies
- Patient-centered
- Variety of Tx Options

## Community Partnerships



- Early Engagement
- Cross-sector Collaboration
- Establish Referral Pathways

## Needed Resources



- Staff
- Infrastructure
- Education

## Other Factors to Consider:



Learning from Others

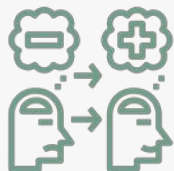


Politics



Time Burdens

## Culture Shift and Change



- Philosophical Alignment
- Importance of MAT
- Peer Support
- Provider Buy-In

# Lessons Learned: What Factors Facilitated Success?

## Successful Grantee Strategies

### Organizational



centralizing care in one location to alleviate transportation burden and increase provider communication

facilitating rapid access to treatment through releases

### Practice-Level



training providers and staff on OUDs, stigma, trauma, & ACES

modeling behavior towards patients for staff

### Treatment



connecting patients with medication subsidies or cost waivers

cataloging resources for how to respond to clinical situations

creating or linking to a robust peer recovery network

### Collaboration & Stakeholder Engagement



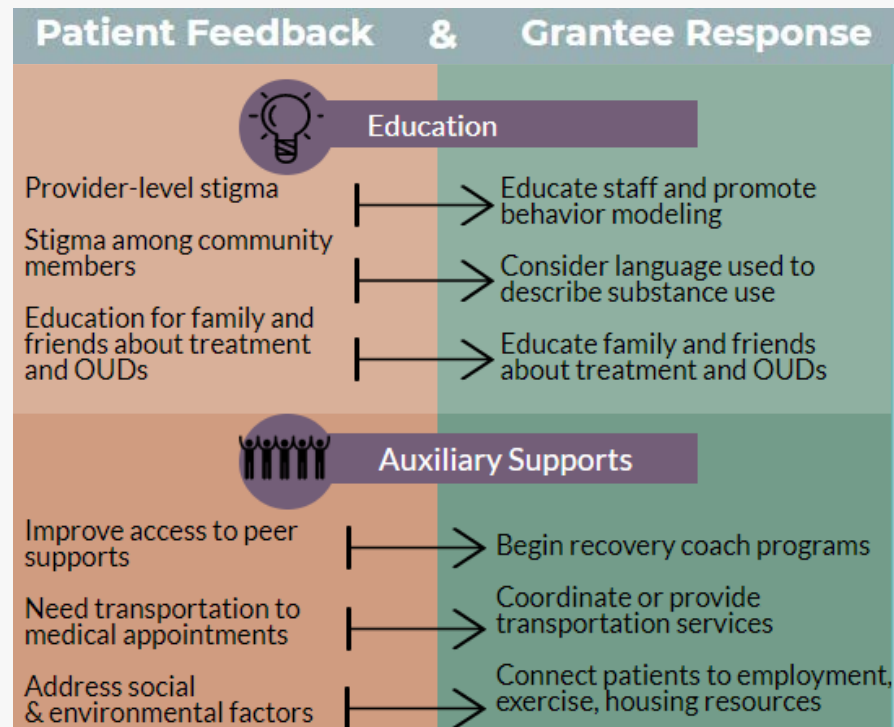
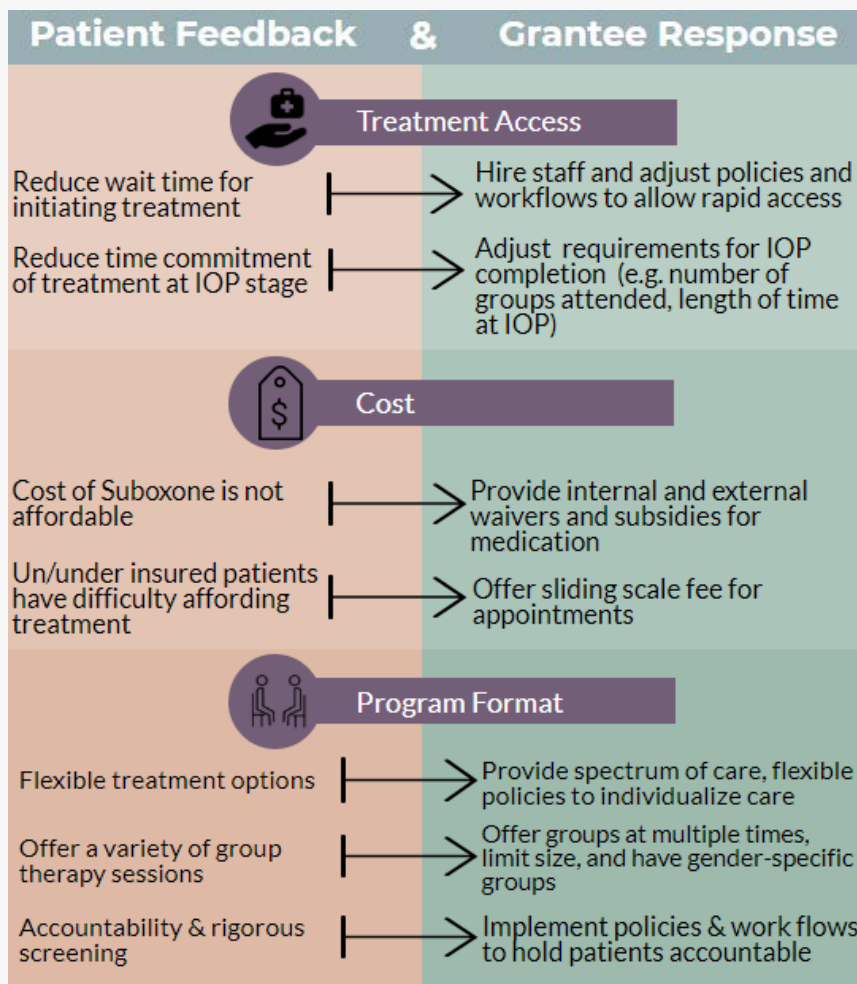
scheduling regular team meetings (planning sites) or case reviews (implementation sites)

building off of existing partnerships and networks

engaging stakeholders in planning process through workgroups and subcommittees

# Lessons Learned: Providing Patient-Centered Care

## MeHAF Addiction Care Program Year Two: Grantee Responses to Patient Feedback



# Summary of Key Findings

# Key Findings from Grantee Sites



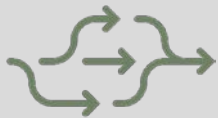
## Engagement

- Recruit providers to participate (and be aware of barriers to recruitment)
- Engage partners early
- Convene a diverse advisory group



## Infrastructure

- Understand the types of providers and support staff that will be needed for the program
- Establish a relationship with a pharmacy/pharmacist
- Plan out the program's infrastructure (e.g. processes for registrations, schedule, finances)
- Have a project coordinator or designate someone who will push the work forward (strong leadership)



## Flexibility

- Individualization for patients
- Flexibility for the program as it grows



## Other

- Don't make assumptions (e.g. about who will want to participate and who won't, who is educated around issues related to substance use disorders)
- Find time to educate yourself about relevant topics (e.g. OUDs, substance use disorders, needle exchanges, etc.)
- Be aware of your environment (e.g. politics)
- Prepare for lots of hard work, but it will pay off with rewarding experiences

# Key Findings

- **Payment / Reimbursement for Services:** Our findings indicate that the costs associated with MAT remains the primary barrier for individuals with OUD to accessing treatment and maintaining recovery. Access to insurance coverage and affordable treatment options are critical components to initiating and engaging patients in MAT.
- **Low Barrier Access to Treatment:** Given the chronic nature of OUDs, creating low barrier access to MAT is a critical component to ensuring treatment initiation and ongoing engagement.
- **Patient-Centered Approach:** There is a need for organizations to focus on creating treatment protocols and policies that include interventions specific to the tasks and challenges faced by patients at each stage of the treatment, maintenance and recovery.
- **Auxiliary Recovery Supports:** Access to wrap-around services (i.e. addressing social determinants of health), are crucial elements of patient care that promote long-term maintenance and recovery for individuals with OUDs.
- **Information for Patients and Families:** Finding and accessing treatment for OUDs is difficult for patients and they often did not know what services were available in their community. Clearer communication about available resources is an important element to facilitating treatment engagement.

# Key Findings

- **Capacity Building:** Education and training opportunities as well as engaging in a thorough program planning process are critical to building primary care practices' capacity to deliver MAT.
- **Stakeholder Engagement:** Creating sustainable, effective linkages between clinical and community settings can improve patients' access to treatment and recovery supports by fostering partnerships between clinical providers, community organizations, and public health agencies.
- **Organizational and Peer Support:** Organizational resources and supports for providers can facilitate the expansion of MAT in primary care settings. Professional mentoring, particularly among new MAT providers is also essential for supporting the expansion efforts.
- **Stigma:** The stigma associated with opioid use remains a major barrier for providers of MAT as well as patients in treatment and recovery. There remains a need to address stigma surrounding opioids and to educate the community about OUDs and MAT.



# Future Directions

# Next Steps

In the upcoming year, grantee organizations will continue to work on addressing the needs identified by patients in an effort to promote treatment engagement and long-term recovery.



Stigma



Financial Models



Auxiliary Support Connections



Accessibility for Most-At-Risk Patients



Primary Care Resistance & Capacity



Harm Reduction Support



Availability of Real-Time Information about Community Supports



*“My dream is someday that the opiate use disorder will be actually the same as COPD, diabetes, hypertension. I think it will come.”*

*Provider, Year One*

# Questions?

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