

Medication Assisted Treatment (MAT) Community of Practice (CoP)

December 13, 2018

Bringing the Team Together: Academic Detailing, Addiction and Recovery Training, and Care Coordination from NH Hospital Practices

Questions and Answers

Academic Detailing

Q1. What is the website that was referenced during the academic detailing presentation?

A1. <https://www.narcad.org/>

Q2. Carol was asked to share the charter referenced during the academic detailing presentation.

A2. This resource is posted on the Center for Excellence MAT Community of Practice Resource Page and is available: http://1viuw040k2mx3a7mwz1lwva5-wpengine.netdna-ssl.com/wp-content/uploads/2019/02/ED_MLADC-Charter.pdf.

Care Coordination

Q3. How do you keep up with case management both for patients and community based counselors?

A3. To maintain contact with counselors in the community, aim to perform weekly check-ins with patients.

Lakes Region General Hospital (LRGH) is implementing a patient navigator position to help with this. For agencies that are more difficult to reach, LRGH uses a 'confirmation of counseling form'. If patient is not going to counseling, LRGH encourages the patient to see the MAT provider twice a week instead.

Harbor Homes is piloting a mobile app "Opioid Recovery System" to check in on patients. The app has the ability to connect with the EMR, to join groups and for providers to connect with patient. This could be a useful tool, but not a case management solution.

Q4. What is being done to assist with hospital staff and first responder burnout?

A4. LRGH is providing first responders with a card that has information about Navigating Recovery. The card has two, 24/7 phone numbers, and a navigating recovery contact. Manchester is doing something similar, and there are several agencies working with first responders. Encourage first responders and hospital staff to hear recovery success

stories and to visit a drug court to hear success stories. Programs can also connect with their local Recovery Community Organization (RCO) as they have individuals who can share their success stories. It has also been helpful to expose as many individuals as possible to training/educational opportunities, for example hospital security staff.

Q5. Who is querying the PDMP in your practice?

A5. It can be helpful to designate multiple users to check for any red flags including nurses, clinicians, MA, etc.

Q6. Do you count films?

A6. Some practices do not count films every time, but others do. Some practices rely on drug court programs in the community as they regularly count films. Other CoP participants felt that counting films can increase stigma and can impact trust with patients.

Q7. Under what circumstance would you remove a patient from the program?

A7. Patients will only be removed from a program if the offense was significant enough to warrant removal, such as selling drugs on property or violent to staff. To avoid removal from the program, practices work as a team and communicate directly with the patient to make sure the patient is part of the solution. They would also engage the counselor regarding level of treatment needed.