MEDICATION ASSISTED TREATMENT
COMMUNITY OF PRACTICE

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

December 13, 2018

NH DEPT. OF HEALTH AND HUMAN SERVICES
NHBDAS
BUREAU OF DRUG AND ALCOHOL SERVICES
Promoting Prevention and Recovery

CENTER FOR EXCELLENCE | Addressing Alcohol & Drug Misuse in NH

Foundation *for* Healthy Communities

Disclosures

No individuals in a position to control content for this activity has any relevant financial relationships to declare.

WELCOME

New Center for Excellence Staff

Melissa Schoemmell

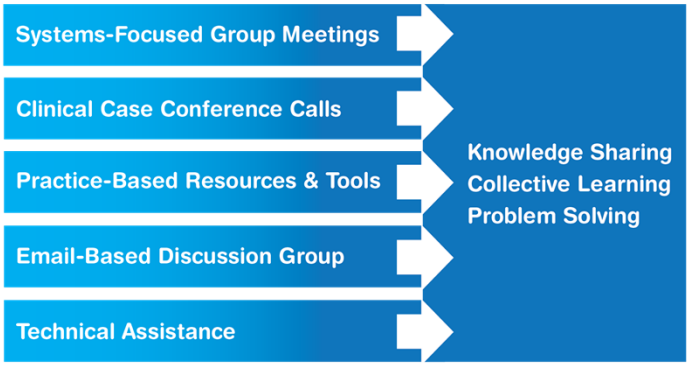
Adelaide Murray

Hannah Lessels

INTRODUCTIONS

Purpose of MAT CoP

To promote and support the successful implementation of an integrated MAT approach in healthcare settings.



MAT CoP Resources

- **MAT Google Group**

To join discussions about MAT program development, email Adelaide Murray at Adelaide_murray@jsi.com or Rebecca Sky at rsky@healthynh.com.

- **Resources & Tools**

Resources to support implementation of MAT programs can be accessed on the Center for Excellence website:
http://nhcenterforexcellence.org/resources/community-of-practice-resources/

- **MAT Technical Assistance**

Submit requests to the Center for Excellence:
http://nhcenterforexcellence.org/center-services/request-ta/

Objectives

1. Describe academic detailing as a strategy for encouraging physicians to become waivered.
2. Describe training curriculum related to addiction and recovery for the health care setting.
3. Identify solutions to overcome staff stigma in the health care setting.
4. Explain the model of care coordination using a behavioral health clinician.

ACADEMIC DETAILING IN MANCHESTER

Carol Furlong
Director of Substance Use Disorder Services
Elliot Hospital

DESIGNING AND IMPLEMENTING ADDICTION AND RECOVERY TRAINING IN A HOSPITAL SETTING

Daisy Pierce, PhD, Navigating recovery of the lakes region
Corey Gately, MLADC, LRGHealthcare Recovery Clinic

How we designed the training

- Grant from Foundations for Health Communities to provide Recovery Coaches to the Emergency Department.
- We realized that staff may have been lacking in their understanding of how to utilize the Recovery Coaches.
- This also led to figuring out that our hospital staff was in need of education around appropriate language and how reducing stigma can increase a person's chance of connecting to services.
- At the same time, we also knew that we needed to educate our staff about Medication Assisted Treatment and why induction in the Emergency Department setting is particularly important.

How we implemented the training

- We built a 1 hour education that could be co-taught and included a PowerPoint presentation.
- We allowed for about 10 minutes at the conclusion for questions.
- We covered the topics of stigma reduction (specific to hospital settings), MAT, and Recovery Community Organizations. In addition, we taught staff about the pathways for connecting patients to treatment services.
- We conducted a post survey at each event.
- We provided numerous opportunities for staff to attend, including providing classes on different shifts.
- We also brought in food whenever possible.

How we were received… mostly positively

- It's nice to have an Education Department to help set things us, do the invites, track attendance.
- Want to make it mandatory for certain people? Ask! We were pleasantly surprised at how easily some departments made this mandatory for their staff.
- If you say it will be an hour, keep it to an hour. We were strict about our time frames and people appreciated that.
- We learned that staff would like this kind of opportunity more often. Many people talked about how much it helped with compassion fatigue. They appreciated the opportunity to have their struggles acknowledged and to hear about tools they can use.

Group discussion

- What are your organization's challenges related to stigma, staff engagement, and providing support?
- What about what you've heard so far could meet needs in your organization?
- What do you think would work, or would not work in your organization?
- What do you want to know more about?

PRACTICE PERSPECTIVE
LAKES REGION GENERAL HOSPITAL

Corey Gately, MLADC
LRGHealthcare Director of Substance Use Services

LRGHealthcare Recovery Clinic Staffing

- 4 providers who each work different portions of time in the clinic.
- MLADC is also our Clinical Program Coordinator
- BSW counselor – sees patients at each appt and provides care coordination
- New position to be filled soon! Patient Navigator. She is currently our medical secretary and she is a Recovery Coach. She will provide additional time with new patients to complete paperwork, review insurance, help with care coordination, sign releases and help the patient have a full understanding of how we operate.
- Secretary – handles a zillion calls a day about everything. Prior Authorizations. Pharmacies. Other providers. Emergency Dept. Family members. Some care coordination. The list goes on….
- MA – Our MA does all of our drug screening (every patient, every appt), vital signs, rooming. She also completes Prior Authorizations and is trained to handle phone calls. She does some of our care coordination as well.

LRGHealthcare Recovery Clinic

- Referrals received through many avenues – community providers, Emergency Department inductions, hospital inpatient referrals, Drug Court, PCP offices.
- When we started – we were fairly strict about referrals coming from a clinician in the community – with a full evaluation done. We would refer people to community providers when they called and then get them set up for admission to clinic when referral had been received.
- How we have changed… We realize that we are often making people jump through too many hoops! We have worked hard to break down barriers. Results: we are getting people connected faster to MAT and we find that their willingness to go to treatment in order to stay connected is good.

How do we refer?

- If the patient is not in treatment upon admission, we begin working with the patient to connect them to a counselor that can determine level of care and begin treatment or refer.
- We are often referring people to Navigating Recovery of the Lakes Region – a Recovery Community Organization. We are finding that many of our folks need help with many areas of their life. This has been a great way to get people connected to other services. It's also been very beneficial for connecting people to Recovery Coaches – especially in cases where someone may be resistant to seeing a counselor.
- We do use a printed list of counselors and agencies from our local area. And we try to match the patient to counselors that may be a good fit for them.

Care Coordination

- MLADC and BSW complete most of our care coordination.
- Done through a variety of avenues – electronic communication is very important. We also use the good old fashioned telephone. And we have some in person meetings that we arrange with community agencies and counselors.
- Looking forward – We have a new position that has been created. Our Patient Navigator (ours is a Recovery Coach) will spend more time working with patients upon admission to coordinate care with outside agencies. She will be responsible for maintaining all of our releases of information. She will also take on a portion of our case management.
- What has worked - We have a spreadsheet that we use for updates to clients which has become an valuable tool for quick reference.

What works! ☺ What doesn't! ☹

- We face a lot of challenges with some of the larger agencies. It can be hard to get to the right person and there is often a lot of turnover which makes it hard to know who the right person is!
- Team meetings work! Sometimes these are quick, but they help a lot. And having our staff stay in touch via email helps a lot too. We send a lot of emails! We all know who has called, who has missed appts, who needs to make contact with their counselor before they can have an appt, etc. It lowers staff splitting.
- Time is a problem. We have many tasks to complete behind the scenes that are time consuming. Querying the PDMP, checking labs, care coordination. And we have very little time that isn't consumed with seeing patients.
- Training staff in harm reduction has helped a lot. We are more open to meeting the patient where they are at. But…it means we need to have more team meetings because decisions are never black and white.

QUESTIONS?

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CoP Meeting Schedule

Location: NH Hospital Association
From: 2:30pm – 4:30pm

February 14
April 11
June 13
August 8
October 10
December 12

Final Thoughts

- Reminder to utilize Google Group
- 2 CEUs and CNEs available
- Please hand in your evaluation!

Thank you for coming!

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