

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

February 15, 2018

Meeting Topic: Substance Use Disorder Treatment & Recovery Support Services

Questions & Answers

Q1. What are the successes and barriers faced by MAT practices?

A1. Successes: Some of the successes mentioned: integrating behavioral health clinicians, LADCs etc. to be part of MAT team. A variety of practices indicated that they schedule appointments on the same day as the counselor, or the alternate week. Places like Goodwin has weekly meetings with MAT team to review use patterns, drug testing, labs, ASAM criteria. A mental health liaison or care coordinator in the clinic has been essential in coordinating both the MAT services and behavioral health. High retention rates are being seen across many sites.

Barriers: Some of the barrier mentioned: Too many behavioral health counselors to coordinate with, lack of timely information between provider and counselor, chart documentation has been problematic, continuing regular treatment when patient is doing great, vetting process of behavioral health counselors (who's good vs. who isn't). Care coordination burnout was frequently cited by many of the providers in the meeting as it is time-consuming and difficult to coordinate between behavioral health and primary care.

Q2. Have MAT programs been successful or encountered barriers with engaging patients in counseling?

A2. Mothers in Recovery Program is currently partnering with drug court to support engagement. There are no LADCs in the program but utilizing the 1115 waiver to cover costs. There has been a lot of concern due to medicine management. Lakes Region General Hospital has mentioned it is important to establish a whole team of support with MLADCs who attend the visit with the doctor. The challenges experienced have been the programmatic piece and the siloed mentality that each organization should work on its own forgoing collaboration process. It has been increasingly difficult to try to integrate primary care and behavioral health. It will be essential for all clinicians, and counselors to change the mindset to understand the importance of collaborating with each other.

Q3. Have there been difficulties with enrolling specific populations into MAT programs?

A3. Lower-income individuals are covered well and funded by Medicaid. However, the middle class population is facing innumerable difficulties since private insurance requires huge copays for the program and some insurance companies are not supportive of the MAT program.

Q4. Are any programs collaborating with Recovery Community Organizations or Opioid Treatment Programs (Methadone) or other services?

A4. Alice Peck Day Memorial Hospital is working with Headrest, and currently contracting with them to see patients on the same day as when they see the prescriber. Cheshire is collaborating with Serenity. Goodwin Community Health has two recovery coaches on site separate from SOS Recovery Center.