

Substance Use Disorder Treatment Community of Practice

March 1, 2018 – 9:30AM-12:00PM

Provider Challenges

- **Time Management**
 - Paperwork
 - Case management/care coordination (treatment plans, client time)
- **Insurance/Reimbursement**
 - Each carrier has different requirements
 - Identifying what programs take what insurance
 - Inaccurate information from insurance carriers – difficulty with customer service
 - Lack of providers – esp. in North Country
 - Involve insurance to reimburse for services that are necessary
 - Contract with Medicaid
 - “Not medically necessary” to insurance
 - Lack of services esp. for Medicaid/public insurance
 - Medicare patients (disability and elderly) → will not pay for SUD services
 - “Local rep” to determine network adequacy
- **Medication Assisted Treatment**
 - Services for new moms (esp. on MAT)
 - How does MAT fit in continuum of recovery? Is it necessary?
 - Stigma of MAT
- **Staffing**
 - Not enough capacity to meet demand
 - Staff retention
 - Attracting new staff
 - Not at capacity because lack of staff, causing waitlist
 - Provider burn out causing revolving door of patients
 - LADC reciprocity
 - District offices lack staff (licensed)
- **Funding**
 - Insecurities and inadequacies (time limited grants)
- **Recovery Support Services**
 - Resources for social determinants e.g. housing, transportation, etc.
 - Re-entry services out in community for SUD
 - Transportation to services (lack of)
- **Communication**
- **Discharge Planning**
- **Other Challenges**
 - Lack of SUD education to providers working in hospital settings
 - Clinical resources (user-friendly)
 - Engaging administration
 - Integrating into community as new program
 - Documentation to validate ASAM from providers
 - Operationalize WITS to meet ASAM (treatment planning, MAT)
 - PCP-lack thereof
 - Young adult engagement in prevention for early intervention
 - Reaching out/engaging with patients