



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Integrating Primary Care into Substance Use Treatment Provider Services Innovation Community

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Setting the Stage: Today's Moderator



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and presentation evaluation

Setting the Stage: Today's Facilitator



Aaron Williams

Director of Training and Technical Assistance for Substance Use
SAMHSA-HRSA Center for Integrated Health Solutions

Setting the Stage: Today's Presenter



Michelle Kletter

Primary Care Program Director at BAART Programs

The Case for Integration of Primary Care into MAT

Michelle Kletter, VP, Primary Care and Behavioral
Health

BAART Programs 5/31/16



Background

- The prevalence of medical disorders is high among the substance abusing population. While medical care integration into substance abuse treatment programs is increasing, it is still rare to find this arrangement. This “reverse integration” is key to achieving a number of health improvement and cost-effectiveness goals, as well as may help normalize treatment modalities and reduce the stigma of medication assisted treatment.
- Primary care integration is a key component in retention of patients in NTP treatment. Integrating primary care and NTP services leads to a reduced severity of addiction. One study showed that substance abuse patients receiving integrated care (rather than individual programs) were twice as likely to achieve abstinence.⁵ Moreover, receipt of primary care by substance abusing patients was predictive of substance abuse remission at five years.⁶
- Integrating primary care into a NTP will increase primary care utilization and decrease inpatient and ER utilization.¹ People who suffer from substance abuse disorders are much more likely to have a wide variety of concurrent medical diseases such as diabetes, kidney disease, COPD, lung disease. When patients take care of their physical health they are more likely to succeed at their recovery efforts. Both physical and behavioral health improve. Total cost of care is reduced, making this a cost effective arrangement. Further, social determinants of health are improved as well.
- Integrating primary care into NTP is effective in prevention of new infectious disease cases. Depending on the research, more than 90% of patients in methadone treatment programs have HCV. Integrating care can allow programs to provide necessary vaccines and treatments for infectious diseases thus reducing the number of new cases and successfully treating and even curing those infected.

BAART History

Founded 1977

Provides Methadone and Buprenorphine as well as substance use treatment counseling

Provides Primary Medical Care (some locations)

Provides Mental Health (some locations)



BAART Programs

- BAART Programs is a system of twenty-three opioid treatment program clinics in five states.
- We have seventeen clinics in California, twelve of which are also licensed as community clinics.



BAART Programs

- At these sites, we integrate care that includes primary care, mental health care (select locations), and addiction treatment.
- Our clinics are also often the ‘medical home’ for some patients’ primary care needs.
- Our interdisciplinary team is in a good position to find emerging health problems and changes in medical treatment such as new medications after hospitalization.

Patients

- Our patients are opioid-dependent and in treatment with methadone maintenance. These patients have high rates of co-occurring medical and psychiatric problems.
- About 31% of our primary care patients also access MAT services in our clinics.

How we do it, why it works

- Separate licensing. OTP have their own entity and license. Primary Care is a different entity with a different license.
- We co-locate services, and we use as much of the same staff as possible, for all service modalities.
- Share resources: facility, medical supplies, etc.
- We use the same clinical and administrative systems.
- Importantly, patients prioritize getting their methadone dose, so patients come to the clinic daily, thereby giving opportunity to follow-up with physical health issues. Many patients also have co-occurring psychiatric disorders and we have mental health program on-site, in some clinics.

What we've accomplished

BAART has implemented several programs whose results have proven that integration of primary care into our MAT programs are effective in improving patients physical health, increased retention in MAT and reduced overall cost of care of the patient. Our efforts have been focused around replacing episodic care based on illnesses and patient complaints, with coordinated care and a long-term healing relationship.



Retention in Treatment (vulnerable elders)

- BAART's internal study of medically vulnerable patients showed improvements in days dosed in the clinic over time.
- Retention in treatment has many significant outcomes including reducing criminal activity, reduced drug use, increase in socially productive behaviors, as well as increase in physical health improvement.

Measure	2010	2011	2010-2011	Percent change
Clinic doses (DD)	7,376	7,586	210 more treatment days	2.85% more days of treatment
Jail/ Hospital days (J/HD)	383	186	197 fewer days in jail or hospital	51.44% fewer days in jail or hospital

Results for Vulnerable Elders

We have improved retention of patients in MMT via increased days dosed in our clinic and a reduction in hospital or jail admissions. We compiled results for 22 patients (medically vulnerable, over 60 years) who had been in jail or hospital in 2010 and who were still enrolled in our methadone treatment program December 2011. By integrating primary care we are able to retain patients in MAT, reduce the severity of their addiction and decrease their hospital stays and incarcerations.



Decrease of Public Health Concerns (Hepatitis Vaccine Program)

- Beginning in 2009, BAART partnered with GSK's Adult Hepatitis Vaccination Program.
- This program gave the Twinrix vaccine to providers for free.
- Throughout our California clinics, we used an accelerated vaccine protocol (day 0, day 7, day 28) to vaccinate.
- After the AHVP ended, we continue to vaccinate patients through other federal or state program subsidies.
- We used nursing students to administer the vaccine.
- We held our vaccines clinics in the lobby areas of our clinics so as to vaccinate as many patients as possible.



Results for Hepatitis Vaccine Program

Over the course of two years we vaccinated over 1000 patients in California. As a result we have been able to decrease the incidence of HAV and HBV, while drawing significant attention to prevention of HCV.

HCV Treatment



- Since 2012, our Turk St clinic in San Francisco has treated our MMTP HCV-positive patients.
- Our HCV program begins with our weekly HCV education and support group. This group feeds directly to our treatment programs. During our group, we are able to identify treatment readiness in our patients.
- We have used medications that are available, and have continued to use new med's as they have become available.
- Initially, our treatment programs were 24 weeks in duration, but now with newer medications, treatment duration is limited to eight weeks.

Results for HCV Treatment

We have treated 13 patients at one clinic.

All 13 patients have achieved SVR.

In addition to curing HCV from these patients, we are potentially preventing the spread of new infections.

There are also numerous positive psycho-social responses, including patients getting housed, getting jobs and becoming more engaged in productive lives.

Challenges

- **HCV Program:** The primary challenges of this program is the cost of and access to medication. Prior authorizations and PAP's are essential. Secondary are the adverse side effects , specifically in older treatment medications (80% of patients would have these.)

Since HCV treatments are quickly changing, keeping up with new med's and protocols is a continual task.

- **Twinrix Vaccine Project:** The primary challenges are the cost of the vaccine and the shortage of programs offering the vaccine for low/no cost to clinics and patients.
- **Vulnerable Elders:**The primary challenge for this program is very limited incentive support for this type of program despite it's clear cost-effective qualities (San Francisco Health Plan helped incentivize this work, initially). Our quality markers don't fit with the typical primary care. HbA1c and pap tracking are great for a typical primary care clinic population, but our patients need to focus on getting their medication daily so they can take care of their physical health. Further, we have very high acuity patients.

Patient Testimonials

- "BAART clinic is best at ensuring medical care is delivered in a prompt and respectful manner."
- "I feel they (BAART) serve their clients and community very well. Minor improvements are hard to pin point, great job!"

- "You don't judge. You're considerate and make each person feel important."

"I am very great full to be able to receive the medical attention that I need, also being for low income patients. I couldn't be happier with the services I've received here. I like the fact that the clinic is clean, organized and has been remodeled, you all do a great job as to taking care of us patients. Thank you for all your help."

References

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Questions

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Questions?



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