

# The BBI Model: Key Success Factors for Partnership and Network Development

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# Baltimore's Challenges

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- Heroin addiction remains high
  - Treatment capacity falls short of demand despite expansion in treatment system
  - Budget cuts have reduced available slots for uninsured patients
  - ~4,000 methadone treatment slots
  - > 10,000 admissions for heroin treatment in FY 2006
- High rate of violent crime
- High rate of hospital and ER admissions



# Baltimore's Opportunities

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- Large medical system
  - Opportunity to expand treatment to physician offices and clinics
- Support from local leadership
- High crime rate & drugs are major local concerns
- New Primary Adult Care insurance program



# The Baltimore Buprenorphine Initiative (BBI)

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- BBI started in October 2006
- Initially 6 treatment providers
  - In FY 2012 moved to 10 providers
- Initiative changed buprenorphine delivery model:
  - Short term detoxification → maintenance therapy



# Goals of the BBI

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- Expand treatment for heroin addiction
- Access funding from larger medical care system
- Increase retention in treatment
- Link patients with ongoing medical care



# Three Agency Collaboration

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- Baltimore Substance Abuse Systems
  - Funds and oversees treatment programs
- Health Care Access Maryland
  - Provides case management, support to physicians, and tracks patients
- Baltimore City Health Department
  - Supports system of care

# The Baltimore Buprenorphine Initiative



**Step 1:** Patient starts buprenorphine in substance abuse treatment program

*Baltimore Substance Abuse Systems, Inc:* Oversees contracts with treatment programs

**Step 2:** Patient transitions to medical system

*Baltimore Healthcare Access, Inc:* Social workers arrange insurance and transfer

*Baltimore City Health Department:* Supports training for doctors in medical system

**Step 3:** Patient continues to receive buprenorphine from own doctor

Buprenorphine treatment in substance abuse treatment program now available for someone else



# The BBI Model

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- Step 1: Patient starts buprenorphine in a substance abuse treatment program
  - Patient inducted and stabilized on buprenorphine
  - Counseling and other therapeutic services provided
  - Receives services from HCAM treatment advocate
- Step 2: Patient transitions to medical system
  - Receives assistance with obtaining health insurance and other resources
- Step 3: Patient continues to receive buprenorphine from his or her own doctor
  - Ongoing counseling offered
  - Slot now open in substance abuse treatment program





# BBI Challenges

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- Demand for treatment greater than capacity
- Treatment variation among providers
- Populations with special needs that cannot be addressed by treatment provider alone
- Fragmentation of services between medical and counseling
- Limited continuing care capacity
- Lack of physicians willing to accept patients transferring from treatment

# Challenge: Treatment Demand Greater Than Capacity

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- Solution: Expand treatment capacity
- BSAS funds 10 providers to treat about 455 patients at any given time -1,450 per year
  1. Family Health Centers of Baltimore- 2 sites
  2. Next Passage
  3. Partners in Recovery
  4. Lane Treatment Center
  5. Maryland Treatment Centers
  6. Total Health Care – two sites
  7. Universal Counseling
  8. University of Maryland Alcohol & Drug Program



# Challenge: Treatment Demand Greater Than Capacity

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- Solution: Expand treatment capacity
- BSAS provides intensive training and orientation to all new providers
- Training customized for nurses, physicians, counselors and administrators



# Challenge: Treatment Variation among Providers

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- Solution: Implement standardized protocols and forms- BBI Clinical Guidelines
  - Lab testing
  - Informed consent
  - Induction form
  - Transfer disposition meetings
  - Transfer process
  - Medication management
  - Counseling
  - Admission and discharge procedures



# Challenge: Treatment Variation among Providers

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- Solution: Implement quality improvement plan with the following indicators:
  - Retention in treatment
  - Length of stay prior to transfer
  - HIV testing and referrals
  - Screening and referral for co-occurring disorders
  - Time from first face-to-face contact to induction
  - Referral to case management
  - Access to health insurance



# Challenge: Treatment Variation among Providers

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- Solution: Implement contractual requirements for quality indicators and quality monitoring:
  - Achievement of indicators included in BSAS contractual agreements
  - Quarterly site visits for chart review
  - Standardized audit process
  - Written feedback and team meeting
  - Technical assistance based on results



# Challenge: Population with Special Needs

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- Solution: Partner with agencies to address specialized needs of target populations
  - Commercial sex workers- Partner with community organization
  - HIV infected clients – Partner with HIV clinics
  - Clients with co-occurring disorders – Recruit mental health continuing care doctors



# Challenge: Population with Special Needs

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- Solution: Partner with agencies to address specialized needs of target populations
  - Poly-addicted clients –Recruit continuing care doctors to care for patients
  - Court-ordered clients –Presentations to judges
  - Needle exchange clients – Partnership with NEP





# Challenge: Fragmentation of services between medical and counseling

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- Solution: Develop systems to support and sustain team work:
  - Meetings with programs to discuss ideas
  - Institute patient staffing ratios and caps for doctor and nurse to allow time for team care
  - Development of team plans
  - Monitor implementation in quality audits
  - Support continuing education to promote team work



# Challenge: Limited Continuing Care Capacity

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- Solution: Develop infrastructure to support continuing care capacity development
  - Leadership at the highest level
  - State and city level cost-benefit analyses
  - Free physician online training course
  - Understand barriers to increasing capacity
  - Meeting with MCO's to streamline authorization and billing practices
  - Across agency collaboration and coordination
  - Standardized processes for transfer and patient care management
  - Development of data management system



# Challenge: Lack of Physicians Willing to Accept Patients

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- Solution: Recruit and support continuing care providers in various health settings
  - Target community health centers and hospital outpatient clinics
  - Orientation for medical offices
  - Development of structured system for transfer
  - Adherence to transfer criteria
  - Connection to physician support network
  - Assure successful transfer process
  - Contact available if problems arise
  - Prescription co-pay fund for patients
  - Case management services



# Vital Role of Case Management: Organizational Capacity

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- Health care advocacy organization:
  - Familiarity with public benefits, eligibility and enrollment
  - Outreach to enroll difficult to reach populations
  - Relationships with HealthChoice MCO's
  - Capacity for case management services
  - Management information system
  - Cultural competency
  - Knowledge of local drug treatment system
  - Ability to actively collaborate in the development and implementation of the BBI



# Vital Role of Case Management: Staffing Model

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- Management structure
  - Masters prepared social worker
  - Dedicated responsibility to develop case management services, manage staff, and physician support
- Treatment advocates
  - Full time positions with 50% in field and 50% in office
  - High school diploma or equivalent
  - Familiarity with Baltimore City
  - Excellent interpersonal skills
  - Designated treatment program assignments
  - Ability to manage high case load



# Vital Role of Case Management: Pre-Transfer Services

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- Assessment of client needs
- Health benefits
  - Eligibility determination
  - Assistance with citizenship and identity documents
  - Assistance with application process
  - Tracking application approval
- Enrollment in MCO and physician selection
- Assistance with linkage to resources identified in treatment plan



# Vital Role of Case Management: Pre-Transfer Services (continued)

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- Facilitate transfer process
  - Transfer disposition meetings with treatment staff at 60, 90, and 120 days
  - Collection of transfer documents
  - Meet with client to discuss expectations for transfer and assess needs
    - Transportation
    - Prescription co-pay assistance
  - Arrange for linkage to other necessary recovery support services
  - Schedule appointment with continuing care provider
  - Follow-up with client to confirm appointment date and time



# Vital Role of Case Management: Post-Transfer Services

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- Patient tracking
  - Weekly follow-up with physician offices
  - Monthly patient contact
  - Outreach and follow-up
- Provide assistance to patient, physician, and treatment provider
- Complete 30 and 90 day patient questionnaire
- 6 month case management post transfer





# Focus on Data and Outcomes

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- Patient Outcomes:
  - Retention in treatment
  - Opioid use
  - Other substance use
  - Transfer to continuing care
  - HIV testing
  - Mental health screening, assessment and referral for treatment
  - Insurance status
- Performance Measurement:
  - Budget modification approval time
  - Payment processing time
  - Induction of patient processing time
  - Transfer processing time
- BBI guidelines to standardize practice



# Management Information Systems

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- SMART
  - Medication and drug testing modules
- BSAS' Utilization Program
  - Monitor utilization, retention, time to induction
- IRIS
  - Track case management component
    - Insurance status
    - Transfer to continuing care
    - Continuing care provider network
    - Client information
- Quarterly dashboard



# Data Collected

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- Number of active patients – new and from prior period
- Days from admission to bup start date
- Number of discharges
- Length of stay
- Reason for discharge
- Retention in treatment
- Insurance status
- Days prior to transfer
- Number of transfers
- Number of patients in continuing care
- Percentage of transfers within 150 days



# BBI Results

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- Increased slots from 315 to 455
- Increased number of active continuing care MDs from 10 to close to 75
- Treated close to 5,000 patients since start
- Reduced days prior to transfer from over 200 to average 150 - 70% of patients transferred within 150 days



# BBI Results

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- Implemented BBI guidelines with high fidelity to practice standards
- 60% of patients retained in treatment 90 days or more
- 70% of patients retained in continuing care 6 months or more
- 98% patients eligible patients receive health insurance



# Lessons Learned

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- Case management holds system together!!
- Strong, unified message from city leaders
- Demonstrate that system design is based on evidence and clearly thought through
- Involve all stakeholders to gain buy-in
- Take provider concerns seriously and create processes/policies to address them
- Start with the willing few → demonstrate success → recruit more
- Willingness and flexibility to improve system and expand along the way



# Lessons Learned

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- Use data to drive system and quality improvements
- Institute hands on quality improvement systems
- Promote integrated team care
- Be relentless in pursuit of quality improvement through collaboration
- Always be available for support and consultation



# Thank You

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Questions ?????