

Providing Medication-Assisted Treatment in Integrated Settings: Coordinating Care with a MAT Team

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Disclosures

The speakers do not have relevant financial relationships with commercial interests.

Agenda

- ▶ Welcome, introductions
- ▶ Benefits of integrated care
- ▶ MAT team models
- ▶ Funding issues
- ▶ MAT team panel discussion
- ▶ Questions and further discussion

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Benefits of Integrated Care



Why Is Integration Important?

- ▶ Adults with **SUD die 26 years earlier**, again due to physical health problems related to their long-term substance use (LA County, 2015)
- ▶ Adults with **serious mental illness die 25 years earlier**, largely as a result of treatable medical conditions (NAMI, 2013)
- ▶ **Serious mental illness costs America \$192.2 Billion** per year in lost earnings. (NAMI, 2013)
- ▶ **27 physical illnesses occur more often in consumers with alcohol addiction** including the liver, pancreas, airways, gastrointestinal tract, and nervous system. (Medical News Today, 2015)

Medical Conditions that commonly co-occur with mental health and substance use

- ▶ Pain
- ▶ Diabetes
- ▶ Hypertension
- ▶ Obesity

By treating physical, mental and substance-related health issues together we ensure that
the
**the right care to the right patient
at the right time - every time."**

Community Partnerships

By providing integrated care with active community partners, we actualize the continuum of services

- ▶ **Prevention** to help avoid these disorders.
- ▶ **Intervention and treatment** to address symptoms as they arise and treat disorders as early as possible.
- ▶ **Medical services** to provide necessary medicines and treat underlying medical issues and complications.
- ▶ **Recovery support services** peer support and additional service to aid with reintegration, continue positive change, and identify symptom exacerbation

What is a MAT Team?

MAT Team

A nurse, behavioral health provider, peer counselor and other staff who support buprenorphine prescribers and their patients to provide comprehensive, coordinated care

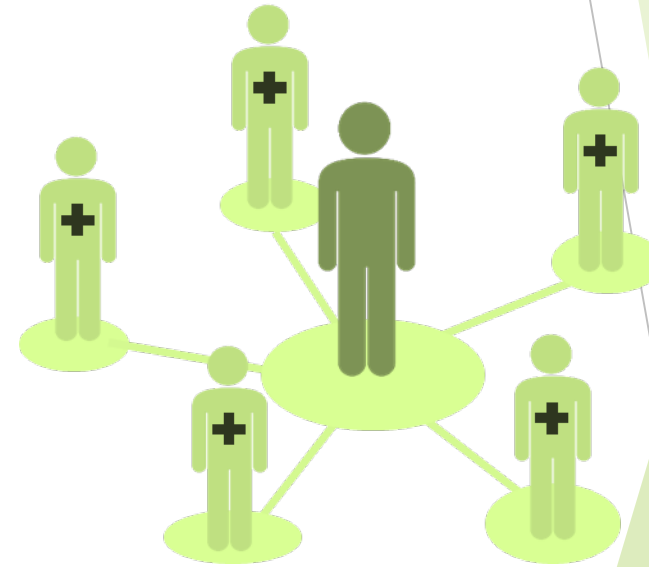
Benefits of Coordinated Care in OBOT

- ▶ Allows efficient use of physician time to focus on patient management (e.g., dose adjustments, maintenance vs. taper)
- ▶ Allows physicians to manage more patients
- ▶ Improved access to OBOT and daily management of complex psychosocial needs (e.g., housing, employment, health insurance)

(Alford DP, LaBelle CT, KretschN, et al. Arch Int Med. 2011;171:425-431.)

MAT Teams Increase Access to Treatment

- Frequent follow-ups
- Case management
- Able to address
 - positive urines
 - insurance issues
 - prescription/pharmacy issues
- Pregnancy, acute pain, surgery, injury
- Concrete service support
 - Intensive treatment, legal/social issues, safety, housing
- Brief counseling, social support, patient navigation
- Support providers with large case loads



Hub and Spoke MAT Team

Educator/Panel Manager (typically a nurse)

- **Responsible for:**
 - Prescription Management
 - Call back procedure, counting films, calling pharmacies
 - Management of drug testing
 - Coordination of medical services with buprenorphine prescriber
 - Help the physician manage the panel of patients and educate

Case Manager (typically a licensed clinical social worker)

- **Responsible for:**
 - Brief counseling or referral to more intensive services
 - Group counseling
 - Some clinical case management
 - Intake of stable patients from Hub to Spoke
 - Referrals to Hub for unstable patients
 - Coaching to prescribers in managing patients' clinical stability

MAT Team Models

- ▶ Hub/OTP

- ▶ Hires and deploys staff - One MAT team per 100 patients served

- ▶ FQHC/Behavioral Health

- ▶ Staff dedicated entirely to MAT services
 - ▶ Percentage of time allocated to program

MAT Groups

- ▶ Weekly group sessions for patients on MAT
- ▶ Check-in and psychoeducation
- ▶ Run by nursing or behavioral health staff
- ▶ Opportunity to evaluate if patients need visit with doctor, urinalysis, follow-up, or other services

MAT Team Funding



Payment & Funding CA Hub and Spoke



Payment for Services

- Opioid STR Grant Funding (“grant funds”) **must be utilized as funding of last resort**. Medi-Cal must be used to pay for covered services provided for Medi-Cal patients.
- Grant funds **cannot** be used to pay for services for individuals who qualify for Medi-Cal, but do not apply
- Contractors are **required to assist individuals with health insurance applications and enrollment**, and consider whether individuals may be eligible for other benefits (e.g., veterans, seniors)
- All other sources of revenue available **must** be used to provide services under the CA H&SS before grant funds are used



Payment for Services

- All Hubs and Spokes **must be Medi-Cal certified** so that Medi-Cal-covered services can be billed to Medi-Cal
- Any services that are provided under California's State Plan (e.g., methadone, counseling) **must be billed to Medi-Cal**
- Any services covered by the Drug Medi-Cal Organized Delivery System (DMC-ODS) **must be billed to DMC-ODS** if the county has opted into the program



Payment for Services

- Grant funds may only be utilized for **services** to individuals:
 - **Who are not covered** by public or commercial health insurance plans (including Medi-Cal),
 - **Whose coverage has been formally determined to be unaffordable**, or
 - For **services that are not sufficiently covered** by an individual's health insurance plan

MAT Team Panel Discussion

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On Our Panel

Jessica Webster MA, LADC

Licensed Alcohol and Drug Counselor, UVMMC

Anna Letendre, RN

MAT Nurse, Community Health Improvement, UVMMC

Questions and Discussion



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CME EVALUATION

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