

# Performance Improvement for MAT Treatment Programs

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Beth Rutkowski  
Gloria Miele  
UCLA ISAP



University of California Los Angeles  
Integrated Substance Abuse Programs

# Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.



# Part I – A Brief Introduction to a Rapid Cycle Change Model



# Why Process Improvement?

- ▶ Customers are served by ***processes***
- ▶ 85 percent of customer-related ***problems*** are caused by processes
- ▶ You must ***improve your processes*** to better serve *customers*

**CUSTOMERS =  
CONSUMERS, CLIENTS, PATIENTS**

# Why Organizational Change?

- ▶ Small changes *do* increase ***client satisfaction***.
- ▶ Satisfied clients are more likely to show up and ***continue their treatment***.
- ▶ More clients in treatment make your work ***more rewarding***.
- ▶ More admissions and fewer drop-outs ***improve the bottom line***.

# Four NIATx Project Aims



Reduce Waiting Times



Reduce No-Shows



Increase Admissions



Increase Continuation Rates

# Adaptations to the Original NIATx Aims

- ▶ Buprenorphine implementation / MAT Services
- ▶ HIV testing and service referral
- ▶ Connecting child welfare and behavioral health agencies
- ▶ Development of supportive services to improve recovery and quality of life
- ▶ Improving quality of services in drug courts and offender re-entry programs
- ▶ Health Care Reform (e.g., 3<sup>rd</sup> party billing, integration of SUD services in FQHCs, etc.)

# Five Key Principles

- ▶ Understand and involve the customer
- ▶ Fix key problems
- ▶ Pick a powerful Change Leader
- ▶ Get ideas from outside the organization
- ▶ Use rapid-cycle testing

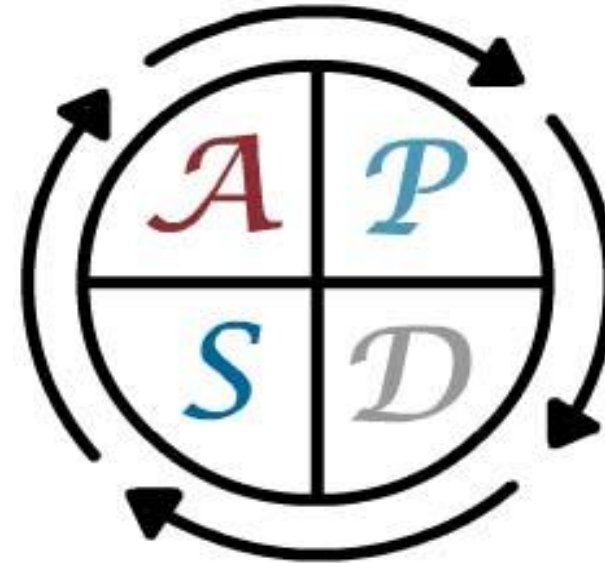


# Understand & Involve the Customer

- ▶ **Most important** of the Five Principles
- ▶ What is it like to be a customer?
- ▶ Your staff can be considered customers, too
- ▶ Conduct walk-throughs
- ▶ Hold focus groups and do surveys

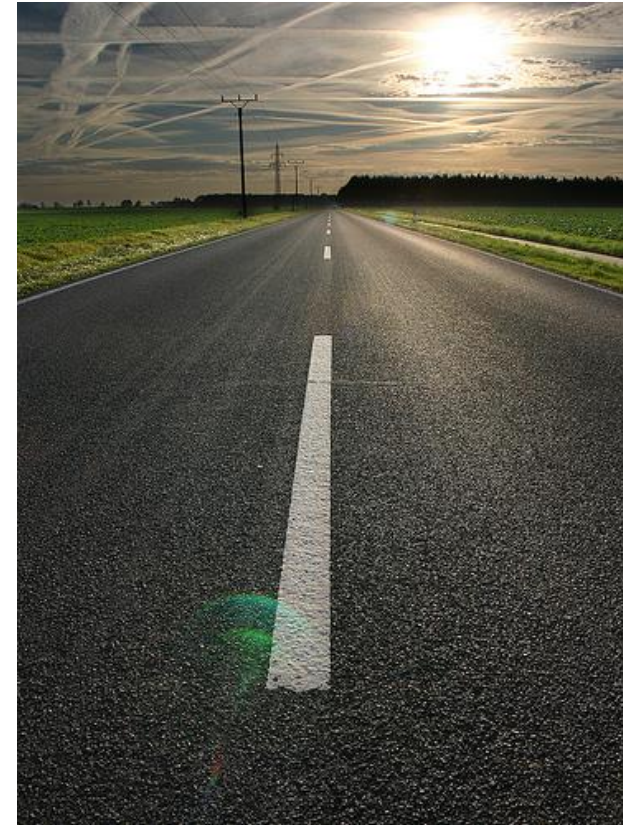
# Making Rapid Cycle Changes

- ▶ **PDSA Cycles**
  - ▶ **P**lan the change
  - ▶ **D**o the plan
  - ▶ **S**tudy the results
  - ▶ **A**ct on the new knowledge
    - ▶ Adapt
    - ▶ Adopt
    - ▶ Abandon



# 7 Simple Rules of the Road – Data!

- ▶ Define measures
- ▶ Collect baseline data
- ▶ Establish a clear aim
- ▶ Consistent collection
- ▶ Avoid common pitfalls
- ▶ Report and Chart progress
- ▶ Ask questions



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# Part II – NIATx in Action

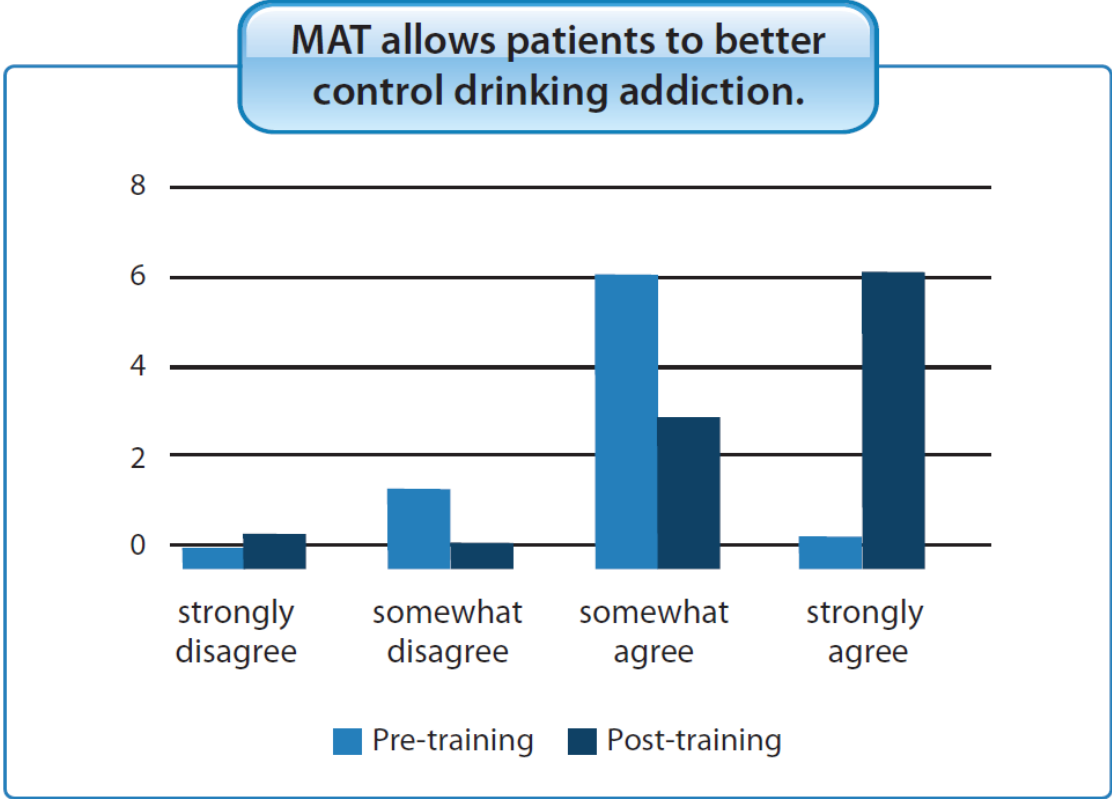
## A MAT Case Study



# Changing Staff Beliefs through Education – Advancing Recovery Maine

- ▶ Aim: To increase access to and retention in MAT services
- ▶ Focus groups were conducted on staff competency and buy-in
- ▶ Results showed that agency supervisors and line staff were uneasy with MAT services
- ▶ Change – provide MAT training to increase competency and ease with working with clients who receive medication

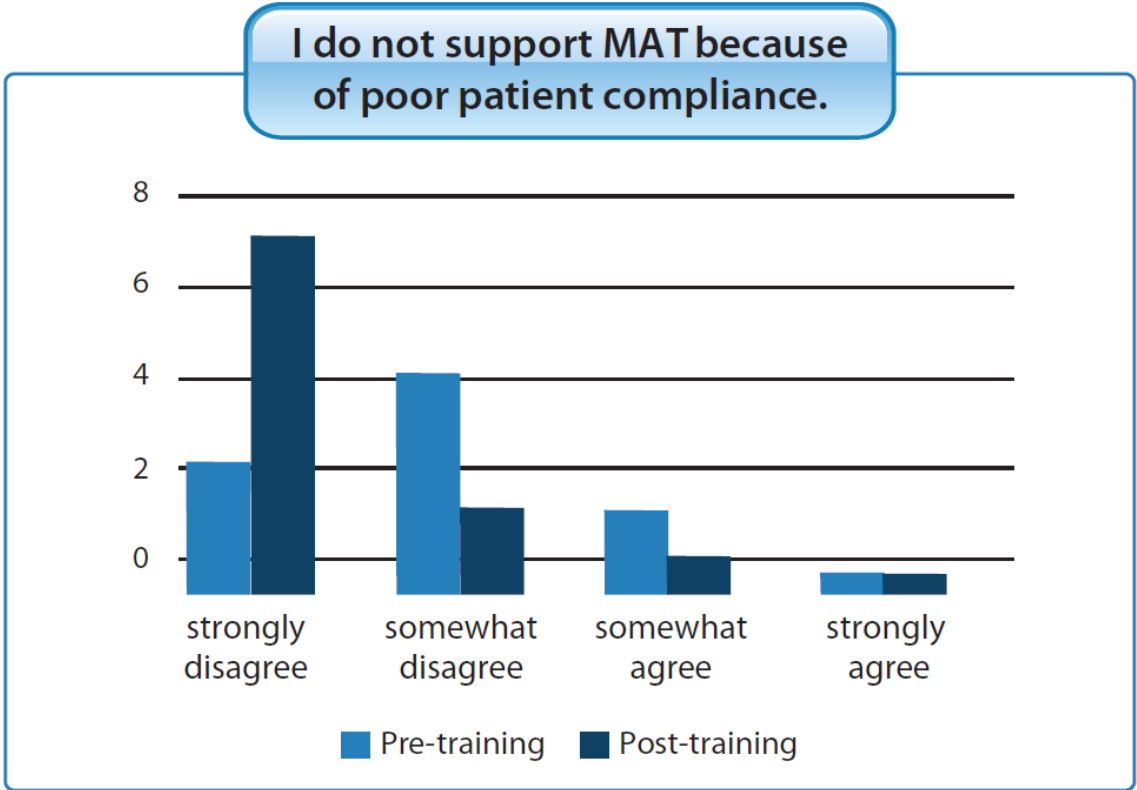
# Results, Part I



**MAT allows patients to better control problem drinking**



# Results, Part II



# Part III – Tools You Can Use – Resources for Continued Learning





# General Resources from the NIATx National Program Office

- ▶ NIATx on a Napkin Video – Two-minute primer
- ▶ NIATx e-Learning Course – PI 101
- ▶ NIATx Provider Toolkit
- ▶ NIATx Third-Party Billing Guide
- ▶ System-Level Toolkit
- ▶ Health Reform Readiness Index

More info available at: [www.niatx.net](http://www.niatx.net)

# MAT-Specific Resources



**Getting Started with  
Medication-assisted Treatment**  
*With lessons from Advancing Recovery*

# MAT-Specific Resources

## Securing Buy-In

Medication-assisted Treatment Fact Sheet #1

Lack of buy-in can interfere with attempts to expand use of medication-assisted treatment (MAT) for substance use disorders (SUDs). Try the following strategies to build support for this evidence-based practice:

### 2 SHARE THE EVIDENCE.

A growing body of research shows that MAT: \*

- Saves lives
- Keeps people in treatment longer
- Reduces drug-related crime



### 4 ADDRESS CONCERNS ABOUT DIVERSION.

Have patients sign informed consent forms, institute random pill or film counts and observed urine drug screens.\*



**7 AFFIRM OTHER ASPECTS OF TREATMENT.** Reassure treatment staff, patients, and family members that counseling will remain a vital component of any MAT treatment plan.

**8 USE A HEALTH ANALOGY.** Having an SUD is similar to having a chronic condition such as diabetes or hypertension.

\*See

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## Reducing Risk of Misuse and Diversion

Medication-assisted Treatment Fact Sheet #2

Oversight and prescribing procedures can help reduce the potential for misuse or diversion of medication for substance use disorder treatment. Effective strategies include:

### The Drug Addiction Treatment Act of 2000 (DATA)

The DATA 2000 waiver requires prescriber training on buprenorphine treatment, tracking of patients' prescription use and regular urine drug screens.



### Patient Informed Consent and Treatment Agreement

Patients read and sign an informed consent and treatment agreement includes examples of misuse and diversion and outlines patient responsibility to take medication only as prescribed.

### Treatment Show Rates

Failure to show for required therapy sessions may indicate misuse or diversion of medication. Some organizations notify patients that medication will be discontinued after repeated no-shows.



### Supervised Dosing

Patients take their medication in front of the prescriber or other qualified medical professional.

### Pill/Film Counts

Patients bring in their prescriptions for unannounced pill or film counts. Failure to show could indicate medication misuse or diversion.



### Random Urine Tests

Some treatment agencies have all urine tests observed by a same-member to prevent falsified urine collections.

### Prescription Drug Monitoring Programs (PDMPs)

State programs that collect data on all prescribed and dispensed prescriptions. PDMPs can help prescribers identify patients who may be misusing or diverting their medication. As of November 2017, PDMPs are operating in all states except for Missouri.



### Checklist for Detecting Medication Misuse or Diversion

Use the checklist on the reverse side to guide discussions with patients to monitor potential misuse or diversion.

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## Making the Case for Medication

Medication-assisted Treatment Fact Sheet #3

A growing body of research supports the effectiveness of FDA-approved medications as part of a comprehensive treatment plan for people with opioid use disorders. See references, reverse side.

### THE APPROVED MEDICATIONS INCLUDE:

MEDICATION	TYPE OF MEDICATION	WHAT IT DOES
Buprenorphine (Suboxone®, Subutex®)	Partial opioid agonist	Reduces cravings and withdrawal
Methadone	Full opioid agonist	Reduces cravings and withdrawal
Naltrexone (Vivitrol®)	Opioid antagonist	Blocks the effects of opioids

### Medications improve treatment outcomes

- Buprenorphine improves treatment engagement, reduces cravings and mortality, and improves psychosocial outcomes.<sup>1,2</sup>
- Opioid agonist therapy increases one year-treatment retention rates to more than 60%.<sup>3</sup>
- Patients treated with methadone or buprenorphine were less than half as likely to relapse when compared to patients treated without medication.<sup>4</sup>
- Extended-release naltrexone vs. buprenorphine: Both medications can be effective in an opioid use disorder treatment plan.<sup>5,6</sup>

### Medications reduce overdose deaths

- Annual heroin-related overdose deaths in Baltimore decreased by 37% after buprenorphine became available in 2003.<sup>7</sup>
- Opioid-related overdose deaths have declined by 79% since buprenorphine was introduced in France in 1995.<sup>8</sup>
- Long-term use of opioid agonist therapy reduces overdose mortality by half or more.<sup>9</sup>

### Medications reduce health care and criminal justice costs


- Cost of care for opioid-dependent patients was lower if they received treatment with methadone<sup>10</sup> or buprenorphine.<sup>11</sup>
- Methadone and buprenorphine treatment episodes reduced total healthcare costs by \$153 to \$223 per month.<sup>12</sup>
- Expanding medication-assisted treatment in California's publicly-funded opioid treatment programs could produce greater health benefits, with projected cost savings of up to \$3.8 billion.<sup>13</sup>

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# MAT-Specific Resources



The screenshot displays the NIATx website interface. At the top left is the NIATx logo with the tagline "REMOVING BARRIERS to Treatment & Recovery". To the right are links for "Sign up!", "Login", "My NIATx", "Store", and a shopping cart icon. A search bar with a "GO" button is also present. Below the header is a navigation menu with items: Home, About, Resource Center, NIATx Initiatives, Training/Events, Support, Success Stories, and Publications. The breadcrumb trail reads "Resource Center > Buprenorphine Implementation Toolkit". The main heading is "NIATx Buprenorphine Implementation Toolkit". A large image shows a keyboard with a blue key labeled "Toolkit" and a wrench icon. To the right is a table of contents for the toolkit, including sections like "Introduction", "Why buprenorphine?", "Starting or improving a buprenorphine treatment program", "Securing buy-in", "Recruiting physicians", "Paying for buprenorphine", "Addressing concerns about diversion", "Developing and improving processes", "Sample forms", "Fact Sheets", "Searchable database of buprenorphine news and information", and "Videos: Buprenorphine Barriers". The footer contains social media icons for Facebook, Twitter, Blog, YouTube, and E-News, along with a copyright notice: "© Copyright 2018, CHES/NIATx, University of Wisconsin-Madison. All rights reserved."

