



Performance Improvement for MAT Treatment Programs

Tuesday, September 15th, 2020

Beth Rutkowski, MPH

UCLA ISAP

brutkowski@mednet.ucla.edu

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**.



Original 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., 3rd 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

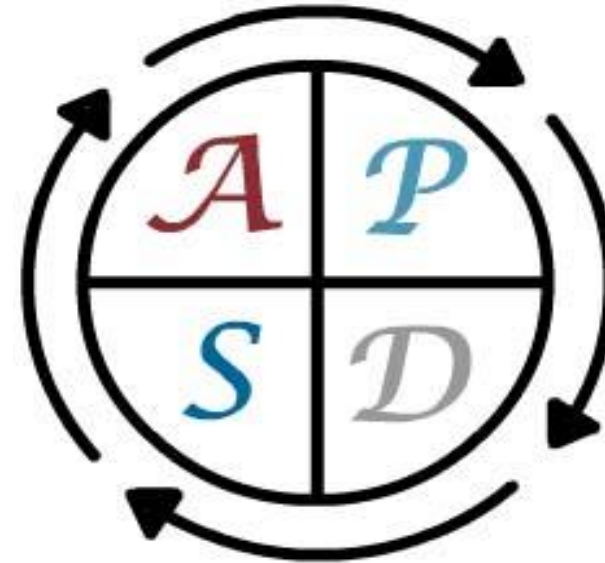


Understand & Involve the Customer

- ▶ **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

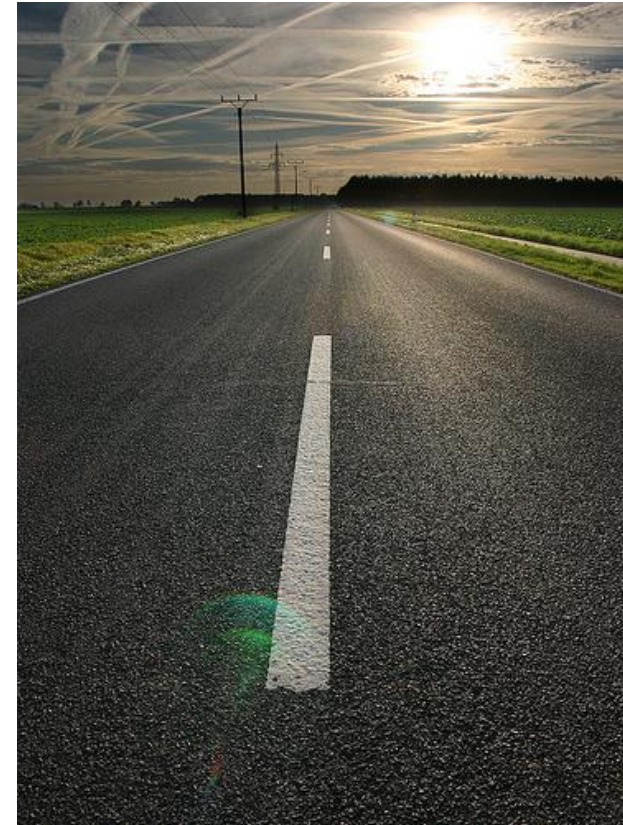
Making Rapid Cycle Changes

- ▶ **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





Part II – NIATx in Action

Two Case Studies



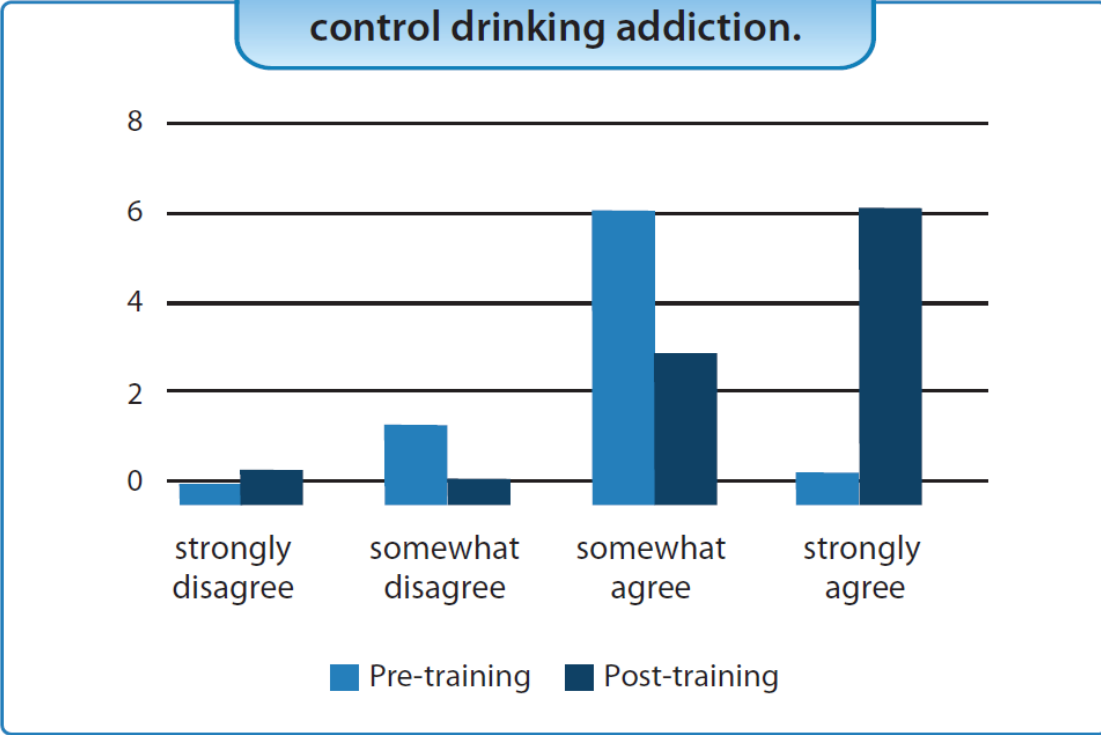
Changing Staff Beliefs through Education – Advancing Recovery Maine

- ▶ 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

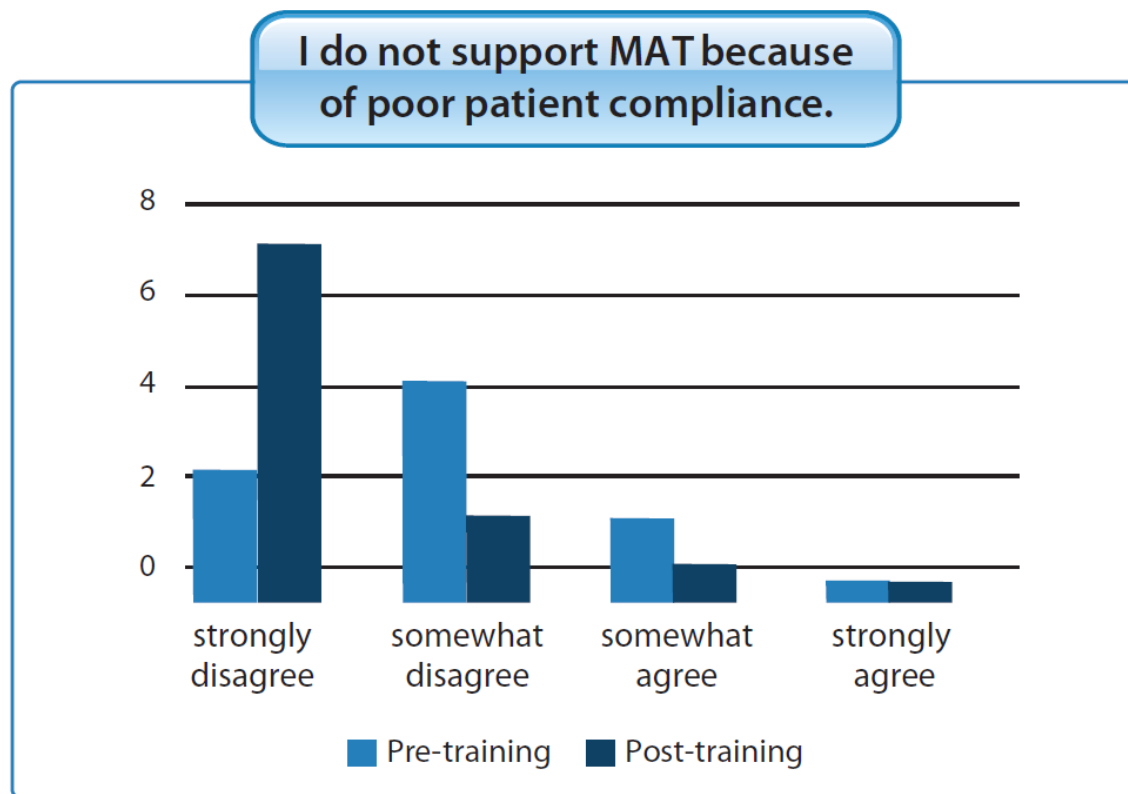
MAT allows patients to better control drinking addiction.



MAT allows patients to better control problem drinking



Results, Part II



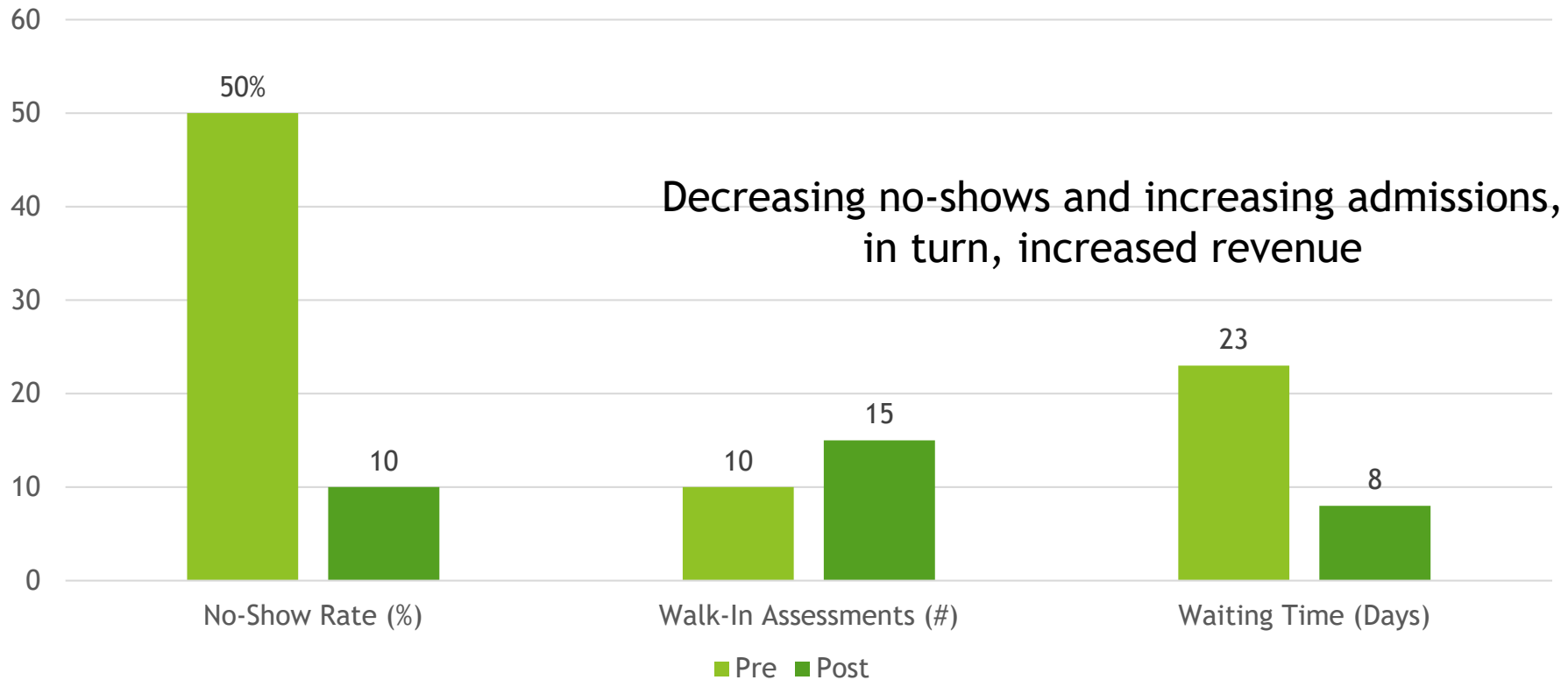


Puyallup Tribal Treatment Center Tacoma, Washington

- ▶ Aim: Increase admissions (by focusing on decreasing no-shows and waiting times)
- ▶ Changes Implemented:
 - ▶ Reminder Calls
 - ▶ Daily Orientation Group
 - ▶ Walk-in Assessments
 - ▶ Waived requirement for criminal history at assessment
 - ▶ Admitted clients at assessment (eliminating second admission appointment)



Results and Lessons Learned



- Successful changes create staff interest in process improvement and staff buy-in for the changes themselves.
- It's important to create a culture of performance improvement.
- Improved processes increase client satisfaction.



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



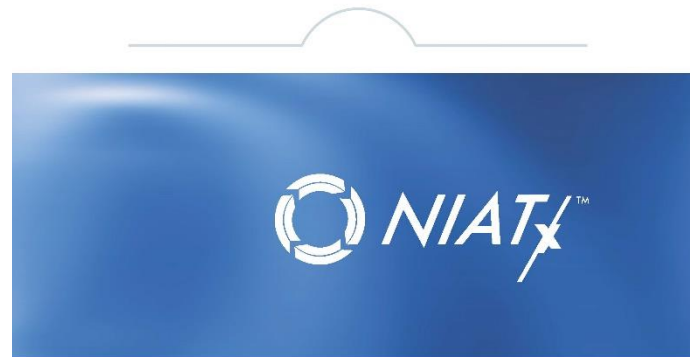
General Resources from the NIATx National Program Office

- ▶ 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



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:

- 1 EDUCATE** treatment staff, patients, family members, and community. Offer information sessions that cover key points:
 - The brain chemistry of addiction
 - The difference between MAT and other treatments
 - MAT is not "replacing" other treatments
 - The FDA-approved medications
- 2 SHARE THE EVIDENCE.** A growing body of research shows that MAT:
 - Saves lives
 - Keeps people in treatment longer
 - Reduces drug-related crime
- 3 USE NON-STIGMATIZING** language. Present MAT as a tool for managing SUD reduction or "not abstinence-based" recovery.
- 4 ADDRESS CONCERNS ABOUT DIVERSION.** Have patients sign informed consent forms, institute random pill or film counts and observed urine drug screens.*
- 5 SHARE SUCCESS** stories. MAT has helped many succeed in recovery, often after repeated failed attempts at other treatments.*
- 6 PROVIDE STRUCTURE** for MAT. Establishing policies that define proper use of MAT.
- 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

January 2018 atcnetwork.org/greatlakes | niatx.net

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 that includes examples of misuse and diversion and outlines patient responsibilities 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-site 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 and monitor potential misuse or diversion.

January 2018 atcnetwork.org/greatlakes | niatx.net

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.^{1,2}
- Opioid agonist therapy increases one year-treatment retention rates to more than 60%.³
- Patients treated with methadone or buprenorphine were less than half as likely to relapse when compared to patients treated without medication.⁴
- Extended-release naltrexone vs. buprenorphine: Both medications can be effective in an opioid use disorder treatment plan.^{5,6}

Medications reduce overdose deaths

- Annual heroin-related overdose deaths in Baltimore decreased by 37% after buprenorphine became available in 2003.⁷
- Opioid-related overdose deaths have declined by 79% since buprenorphine was introduced in France in 1995.⁸
- Long-term use of opioid agonist therapy reduces overdose mortality by half or more.⁹

Medications reduce health care and criminal justice costs

- Cost of care for opioid-dependent patients was lower if they received treatment with methadone¹⁰ or buprenorphine.¹¹
- Methadone and buprenorphine treatment episodes reduced total healthcare costs by \$153 to \$223 per month.¹²
- 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.¹³

January 2018 atcnetwork.org/greatlakes | niatx.net



MAT-Specific Resources



NIATx™ REMOVING BARRIERS to Treatment & Recovery

Sign up! Login My NIATx Store Cart

Search: GO

Home About Resource Center NIATx Initiatives Training/Events Support Success Stories Publications

Resource Center > Buprenorphine Implementation Toolkit Email Print

NIATx Buprenorphine Implementation Toolkit

Buprenorphine Implementation Toolkit

- 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
- Videos: Buprenorphine Barriers

Facebook Twitter Blog YouTube E-News

Home | Partners | Participants | Site Map | Privacy Policy | Contact Us

© Copyright 2018, CHES/NIATx, University of Wisconsin-Madison. All rights reserved.