



Nurse First: Utilization of the Nurse Care Manager Model for Addiction Treatment

Tuesday, September 17, 2024



Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.


Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.



Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

September 2024



National Hispanic, Latino & Latinx Heritage Month 2024

PIONEERS OF CHANGE

SHAPING THE FUTURE TOGETHER



Utilizing the Nurse Care Manager Model to expand treatment access for SUD

Colleen LaBelle MSN, RN-BC, CARN

Director Boston Medical Center Grayken Center for
Addiction TTA

Director of STATE and BMC OBAT



Grayken Center for Addiction
Training & Technical Assistance
Boston Medical Center





Disclosures

FACULTY DISCLOSURE

None of the presenters, planners, or others in control of content for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients, except:

<i>Katya Adachi Serrano</i>	<i>CEO of Serrano Natural Health</i>
---------------------------------	--------------------------------------

All other relevant financial relationships have been mitigated by conducting a peer review of the content used for this session.

Funders



Grayken Center for Addiction
Training & Technical Assistance
Boston Medical Center



**Opioid
Response
Network**

Funding for this initiative was made possible (in part) by grant no. 1H79TI085588-02 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Disclosure and Disclaimer

The faculty and planning committee have no relevant financial relationships to disclose.

This content and the content presented by Grayken Center for Addiction TTA (Grayken TTA) is intended solely to inform and educate qualified healthcare professionals, shall not be used for medical advice, and is not a substitute for the advice or treatment of a qualified medical professional. Boston Medical Center, Grayken TTA, and contributors are not acting as healthcare providers or professional consultants on behalf of any specific patient and disclaim establishing a provider-patient relationship with any specific patient.



Objectives

- Recall characteristics of the NCM that are central in providing comprehensive care
- Explain how the NCM increases access to care by acting as the hub of the treatment team
- Name ways in which the NCM can decrease barriers to care

The way forward...

Most trusted profession

At every entry point in
health care



>4.5 million nurses
in the United States

Can nurses be a secret weapon against opioid
addiction?

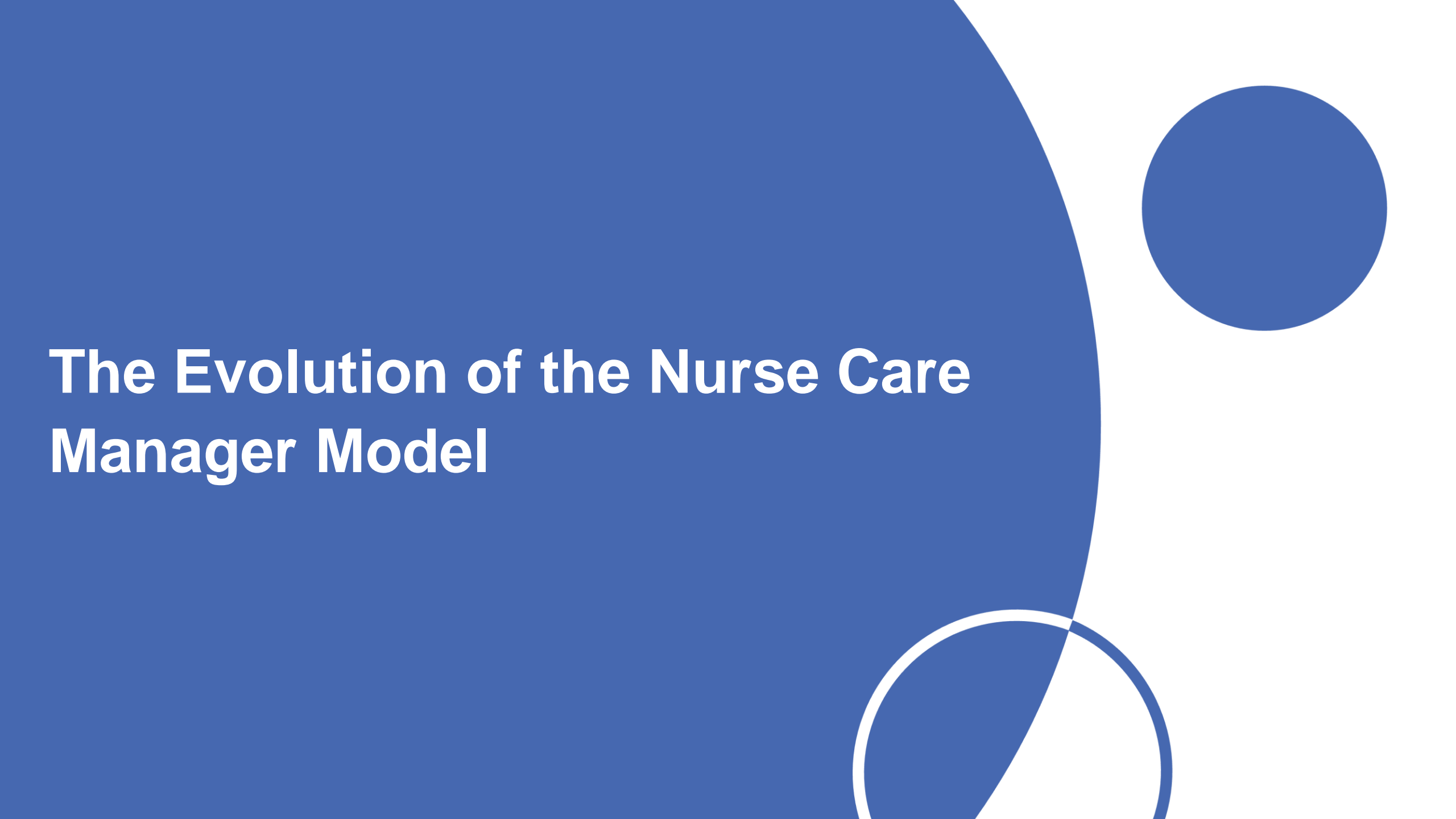
by Christine Vestal at the Pew Charitable Trusts


THE ASPEN INSTITUTE

FIVE BEST IDEAS *of the*
DAY

Published each weekday, at noon.

← September 1, 2016 →

The background is a solid blue color. On the right side, there are three circular shapes: a large solid blue circle at the top, a smaller solid blue circle in the middle, and a white outline of a circle at the bottom. The text is positioned on the left side of the slide.

The Evolution of the Nurse Care Manager Model

Precursor to Boston Medical Center's Office Based Addiction (OBAT) Program

- Started in 1990 addressing the HIV crisis
- Utilized a nurse care manager model to provide HIV care outside of Infectious Disease clinic
- Increases patient engagement and retention in treatment
- Utilizes low-barrier, patient-centered, and harm reduction principles and approaches to engagement & care

A Model Clinic for the Initial Evaluation and Establishment of Primary Care for Persons Infected With Human Immunodeficiency Virus

Jeffrey H. Samet, MD, MA, MPH; Howard Libman, MD; Colleen LaBelle, RN; Kathleen Steger, RN, MPH; Rachel Lewis; Donald E. Craven, MD; Kenneth A. Freedberg, MD, MSc

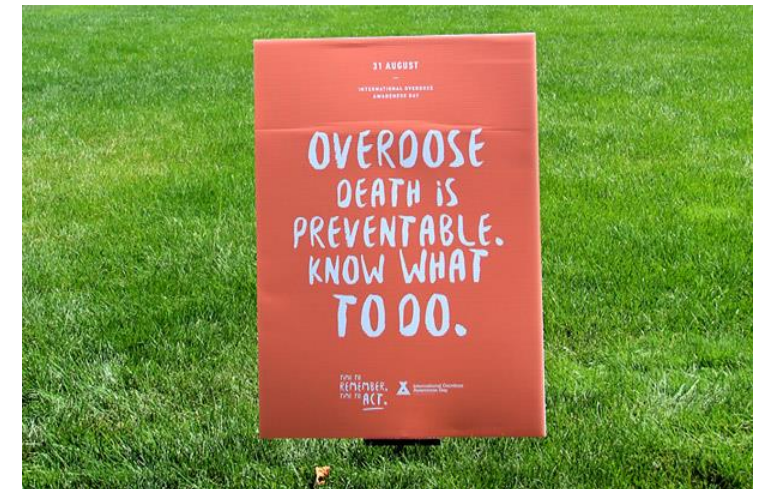


HIV NCM Model Applied to SUD

- People who use drugs were dying from overdose, although different from the HIV/AIDS crisis there were similar themes
- In 2002 buprenorphine was FDA-approved for treatment of OUD
 - Treatment was complex: Strict regulations, mandatory training, DEA requirements, documentation
- Treating SUD required resources and innovations
- The HIV NCM model seemed like a natural fit



shutterstock.com · 2175774013



Massachusetts Nurse Care Manager Model

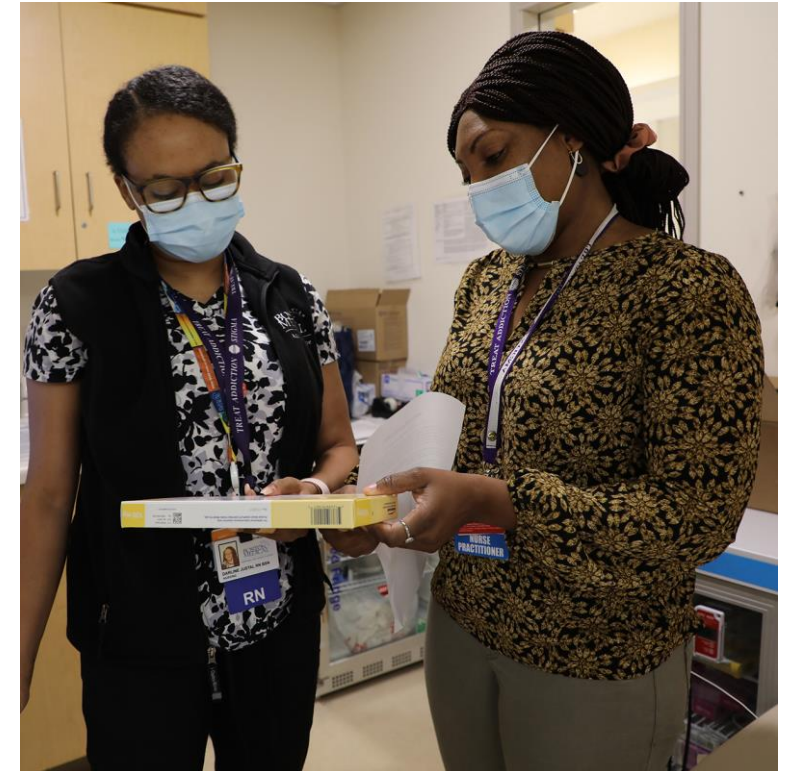
- Created at Boston Medical Center in 2003 integrating SUD treatment within primary care
- NCMs work at the full scope of their license to deliver outpatient addiction treatment with buprenorphine and naltrexone in collaboration with the healthcare team.
- NCM is the primary point of contact for the patient providing comprehensive care throughout all phases of treatment
- Dubbed by SAMHSA as the “Massachusetts Model”



Addictions Nursing

- Defines addiction as a chronic, relapsing brain condition that can be effectively managed with evidence-based treatment
- Values the promotion of health outside of clinical settings and in the community
- Teaches coping skills through meeting patients' emotional and recreational needs
- Empowers and promotes patients' self-efficacy
- Recognizes the patient is part of a family and a community
- Advocates for change and political activism to improve health care systems

The Nightingale in All of Us





The NCM: The Hub of the Team



Nurse Care Managers (NCM)

- 1 day training and ongoing training/support
- Provide patient education, clinical care following protocols
- Ensure adherence to state and federal laws/regulations
- Coordinated care with addiction providers
- Collaborated care with pharmacists, specialty pharmacies
- Collaborate with behavioral health
- Drop-in for urgent care, return to care
- Manage insurance, pharmacy, legal, acute medical liaison
- Facilitate Treatment on Demand
- Provide Clinical guidelines, resources, website
- Set up booster trainings, network meetings, ECHOs and liaison support



What's in a Day?

- Patient visits
 - 20, 30, or 60 minute 1:1 visits with NCM and patient
- Intake, follow-up, crisis management
- Lab/toxicology screen orders and interpretation
- Low-barrier, low-threshold management of late appts or no shows
- Prescription tracking & management (e.g. lost/stolen medication resolution)
- Collaborating with interdisciplinary team
- Comprehensive health care needs – hospital discharge follow up, scheduling with PCP, or other specialty
- Assistance with social determinants of health – housing, food insecurity, transportation
- Criminal/legal – letters or advocacy for Child Protective Services, probation, Registry of Motor Vehicles



- Managing polysubstance use: other drug use
- Change in mental status
- Overamping
- Mental health acuity
- Treatment on demand
- Acute medical: STI, wound, AMA, recurrence
- ER medications: specialty pharmacy, Prior Authorizations, tracking, billing, administering, follow up
- Advocacy

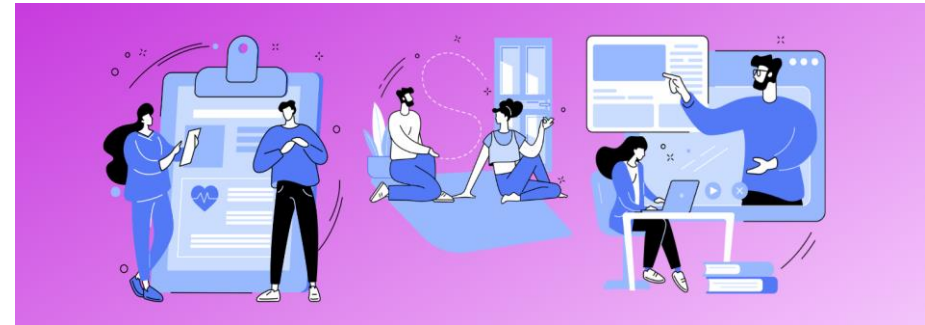
NCM as Central to The Healthcare Team



- NCMs keep the patient's multidisciplinary care team connected
- Allows the NCM to bridge information between team and providers to improve quality of care
- Improves engagement in care by extending access that may otherwise be limited by provider availability
- Provides reassurance to the patient that their care needs are being coordinated by the nurse

Leveraging Nurses to Expand Treatment

- RN and LPN/LVNs duties depends on Scope of Practice in each state
 - Leverage LPNs: train, support, mentor
 - Train up MA's
 - Allow outpatient RNs work at the top of their license
- Advanced Practice Registered Nurse (APRN)
 - Residency programs and fellowships
 - Can include independent practice
 - Prescribe all medications
- Psychiatric NPs
 - 162% ↑ 2011-2019 Psychiatrist billing to CMS 6% ↓



(Nursing Workforce Fact Sheet, 2023)

Trends In Mental Health Care Delivery By Psychiatrists And Nurse Practitioners In M2011–19. Arno Cai; Ateev Mehrotra; M.Hayley D. Germack; Alisa B. Busch; Haiden A. Huskamp; Michael L. Barnett

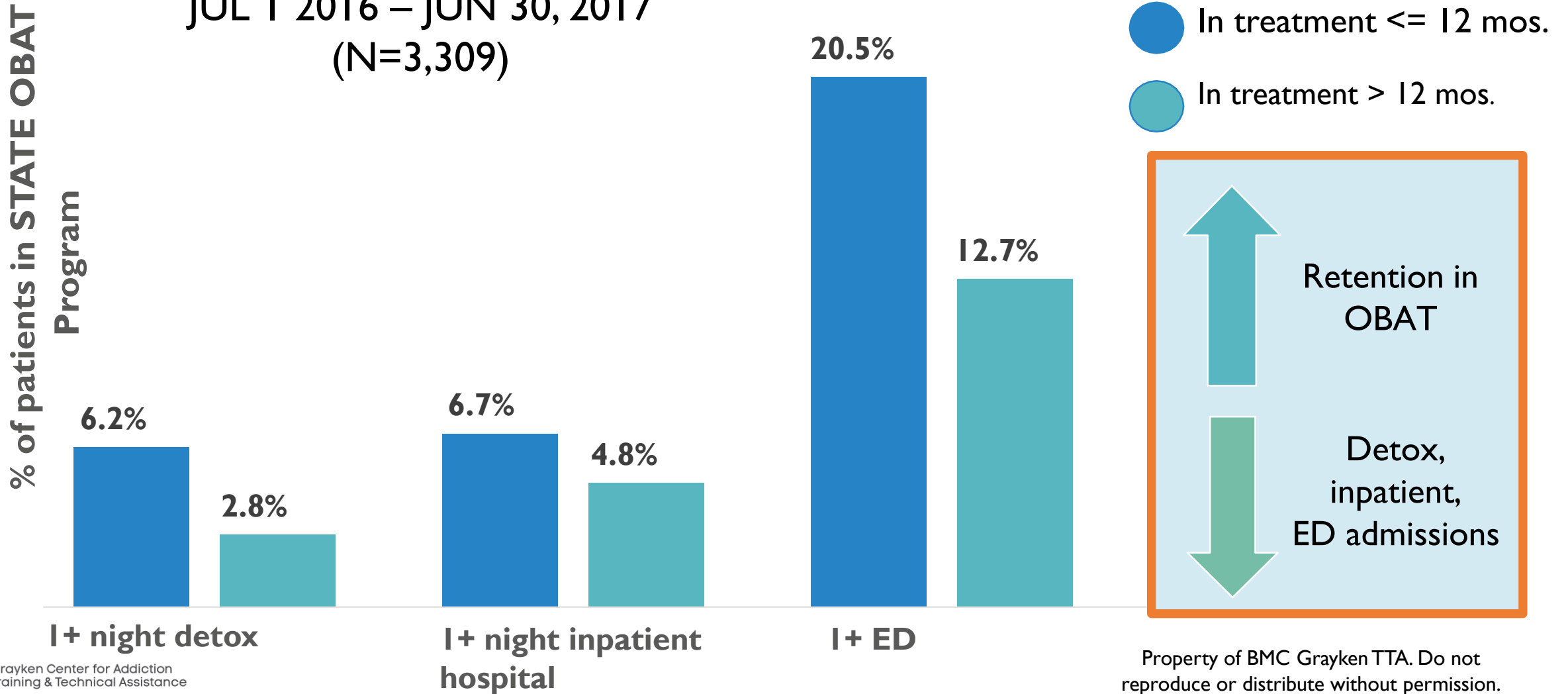
Addressing Structural Barriers: Pharmacy

- Efforts against high-risk prescribing impact pharmacists willingness to stock and dispense buprenorphine
 - Less likely to be dispensed from geographically remote areas
 - New York City
 - Only 43.8% reported stocking buprenorphine
 - Areas with increased poverty and uninsured residents less likely to stock
- Frequent, ongoing interactions with pharmacy often required
- Bias
 - Lack of knowledge
 - Bureaucratic procedures
 - Beliefs about long-term protocols for buprenorphine management
 - Pharmacist fears about federal oversight and regulation



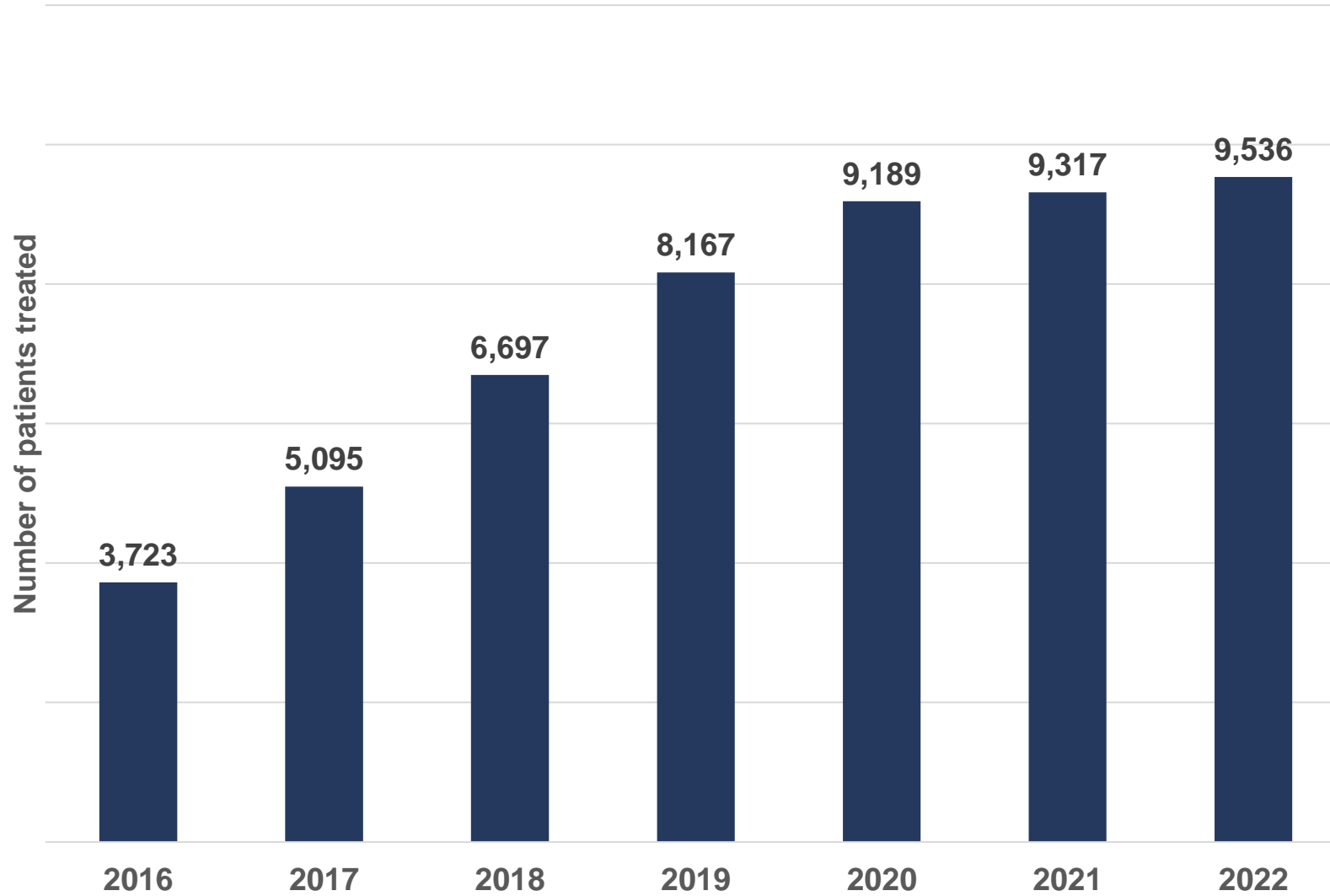
Health Care Utilization Outcomes at MA OBAT Sites

JUL 1 2016 – JUN 30, 2017
(N=3,309)



Property of BMC Grayken TTA. Do not reproduce or distribute without permission.

The Number of Patients Treated in NCM OBAT Models is Increasing



Barriers to Treatment and How the STATE OBAT Program Addressed Them

Barriers	NCM OBAT Model Approach
Physician competing activities	<ul style="list-style-type: none"> • NCMs meet with patients on a more regular basis and share clinical responsibilities not required to be physician delivered • NCMs routinely confer with physicians regarding patient issues as needed
Lack of support staff	<ul style="list-style-type: none"> • State supported start-up funding and integration of NCMs • Integration of Medical Assistants to work with NCMs • Education and engagement of non-medical staff
Inadequate addiction expertise	<ul style="list-style-type: none"> • Staff education through a day-long Buprenorphine-101 training. • Ongoing quarterly trainings for NCMs and Medical Assistants
Payment issues	<ul style="list-style-type: none"> • FQHCs able to bill for nursing visits at a comparable rate as they would for other licensed clinical providers • Program revenue provides funding for administrative costs
Administrative obstacles	<ul style="list-style-type: none"> • Education on disease and stigma • Assisted with systems for: tracking, reporting and visits

Implementing Low Barrier Care

- Access as a barrier – NCM model facilitates low-barrier treatment on demand
- Telehealth
 - Videoconferencing, phone consult, text-based
 - Data showing patients do not prefer in person to video conference
 - Individuals with severe SUD were open to text only
 - Consider access to phone, internet, private safe space
- Underutilized in SUD compared to other health management
- Data suggesting telehealth was convenient and saved time
- Probability of missing appointments may be lower in stably housed patients
- Benefits
 - Convenience for providers and patients
 - Increased reach, attracting and retaining patients

NCM Model is Evidence-Based

Effectiveness

- High rates of patient satisfaction with the NCM model of care
 - Nurse spends more time with patients
 - Nurses give patients more information and advice
- Reduction in the use of substances when NCM services are offered to people who use drugs

Efficiency

- Reduction in health care utilization
- Lower risk of complications between hospitalizations, ED visits, and readmissions
 - Leads to reduction in health care costs

Thank GOD for
OBOT saved my life.
everyday is a gift
If it wasn't for OBOT!
this program my son wouldn't
have a mom. we both thank you
for all you have done! God Bless
♥-Kristen

THANK YOU
OBOT!!!
NICO.
HALENY
02/14/18

every means a life
endless opportunities.
BMC staff
Free ♥ KC

uPo

"This place here, it is my oxygen tank."
- Former OBOT patient

 TREAT ADDICTION  STIGMA

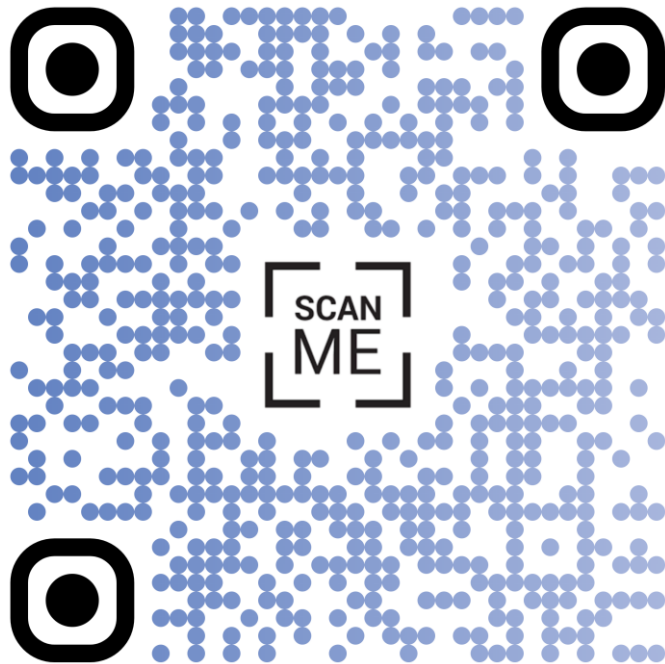
Resources



Clinical Resources, Forms, Tools



Grayken Center for Addiction
Training & Technical Assistance
Boston Medical Center



Resources

Select a category

- [Addiction Education and Training Resources](#)
- [CARN & CARN-AP Exam Resources](#)
- [Harm Reduction](#)
- [Injectable Buprenorphine Resources](#)
- [Nursing Competencies](#)
- [OBAT Clinical Guidelines](#)
- [OBAT Clinical Tools and Forms](#)
- [Patient and Family Resources](#)
- [Peer Recovery Specialists](#)
- [Provider Resources](#)
- [Stimulants](#) NEW
- [Videos](#)

Buprenorphine Trainings

TOPIC: BUPRENORPHINE

Initiation of Buprenorphine in Outpatient Settings

This training will cover a range of evidence-based strategies for initiating buprenorphine treatment within ambulatory care practices. Special attention will be directed towards effective measures that support the transition of patients using illicitly manufactured fentanyl onto prescribed buprenorphine.



Use the QR code to register for Bupe trainings



Certified Addictions Registered Nurse



Use the QR code to register for CARN and CARN-AP Trainings

Stimulant Trainings

TOPIC: STIMULANTS

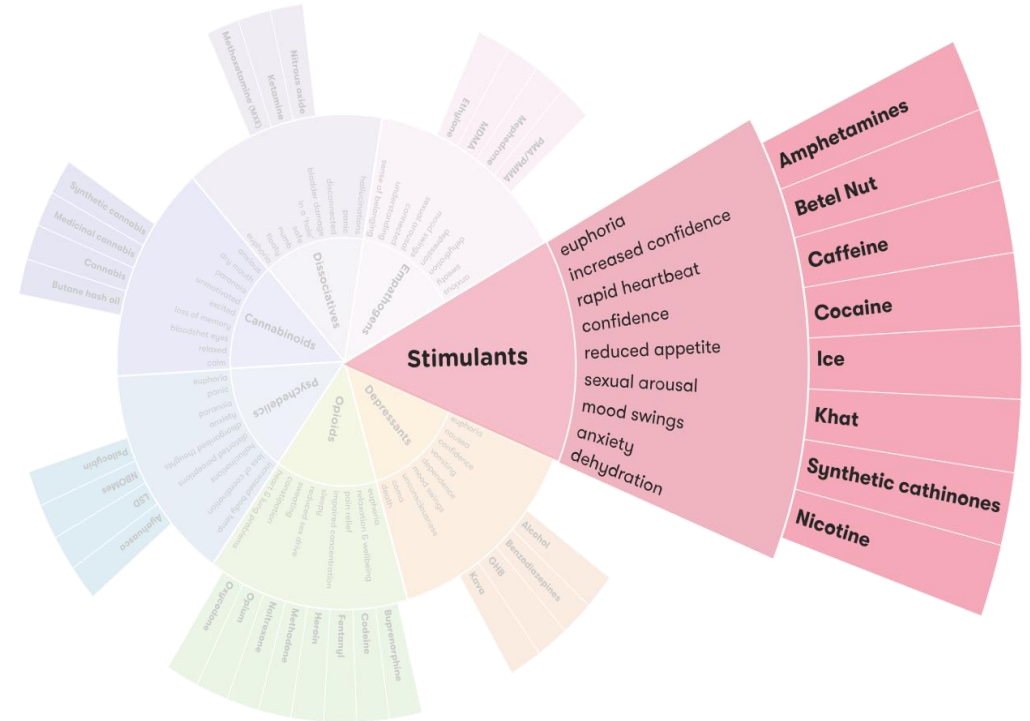
Essentials of Treating Stimulant Use Disorder

This three-hour course is intended to provide foundational knowledge of stimulant use disorders as well as an overview of evidence-based interventions.

TOPIC: STIMULANTS

Stimulants 101

This training is intended to provide foundational knowledge of stimulant use disorders as well as an overview of evidence-based interventions.



Use the QR code to register for Stimulant Trainings

More from Grayken Center for Addiction TTA

A free education, support and capacity building resource on best practices for caring for patients with substance use disorder



[Request free training & technical assistance](#) (TTA) for your organization



Register for free [live](#) and [recorded](#) trainings



Access free [resources](#)



[Join our mailing list](#) to stay in touch and informed about our offerings!

Virtual Drop-in Office Hours

Monthly opportunities to ask your addiction-related questions



To learn more and join an upcoming session, [click here](#) or scan QR code!

General Office Hours:

2nd Thursday of each month from 5 – 6pm EST

Stimulant-Focused Office Hours:

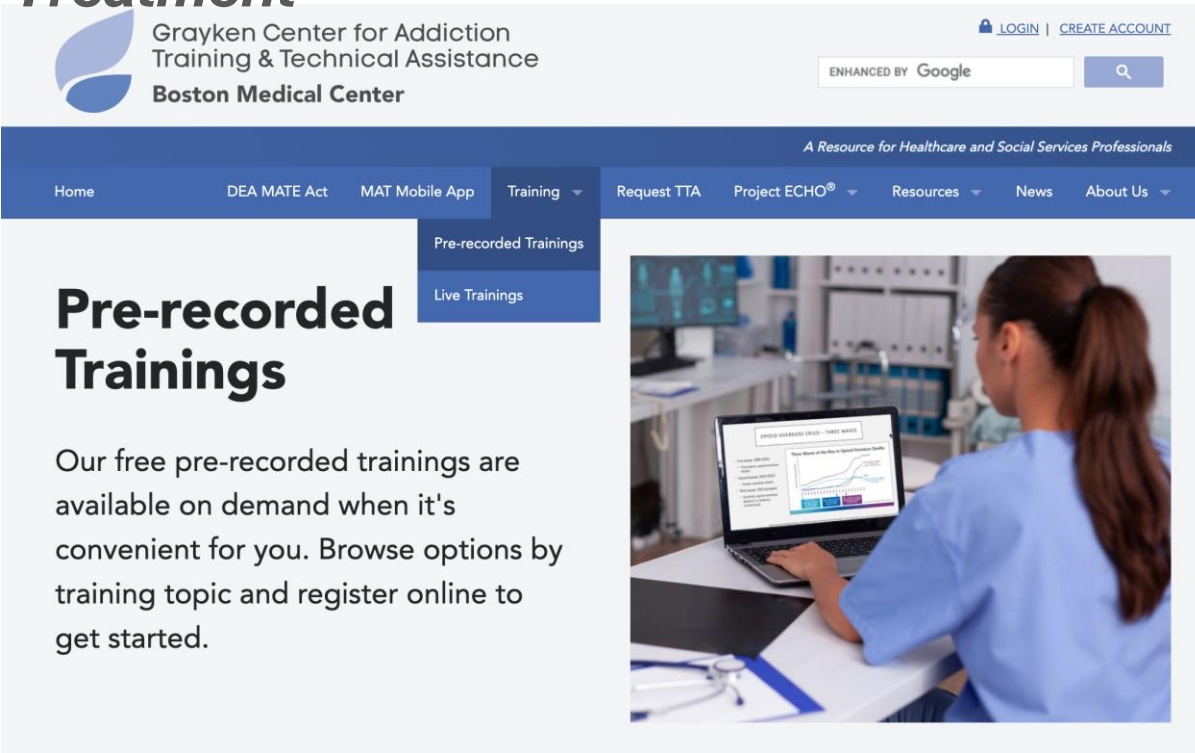
3rd Thursday of each month from 5– 6pm EST

- Hosted by BMC Grayken TTA Clinical Educators
- Open to all clinical providers and staff supporting those with substance use



FREE Pre-Recorded Trainings

Advancing Addiction Treatment: Building Knowledge of Substance Use & Specialty Topics; Substance Use Disorders 101; Nuts & Bolts of Buprenorphine Treatment



The screenshot shows the website header for the Grayken Center for Addiction Training & Technical Assistance at Boston Medical Center. It includes a search bar with 'ENHANCED BY Google' and a search button. The navigation menu includes Home, DEA MATE Act, MAT Mobile App, Training (with a dropdown menu), Request TTA, Project ECHO®, Resources, News, and About Us. The dropdown menu for Training is open, showing 'Pre-recorded Trainings' and 'Live Trainings'. The main content area features the heading 'Pre-recorded Trainings' and a sub-heading 'Our free pre-recorded trainings are available on demand when it's convenient for you. Browse options by training topic and register online to get started.' Below this is a photograph of a healthcare professional in blue scrubs sitting at a desk, looking at a laptop displaying a training slide.

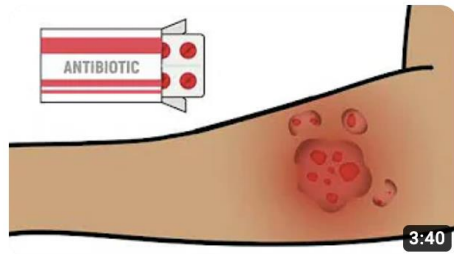
To access our free recorded trainings, [click here](#) or scan the QR code!

- ✓ 20 separate trainings on various **specialty topics**
- ✓ Count towards **DEA MATE Act** requirement
- ✓ **FREE CME/CE & completion certificates**
- ✓ **On-demand 24/7**



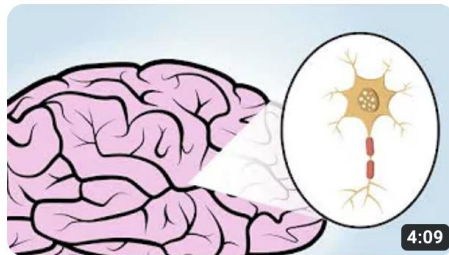
Short Explainer Videos

Expert-authored short videos covering a variety of substance use disorder topics



Xylazine 102: Focus on Wound Care

1.7K views • 2 months ago



Pharmacodynamics of Medications for Opioid Use Disorder

1.8K views • 3 months ago



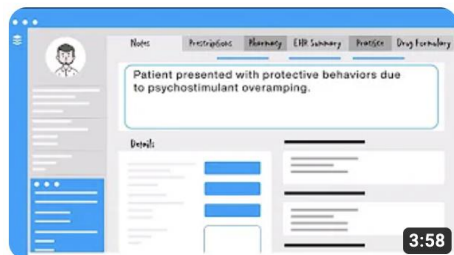
Harm reduction strategies for cannabis use

1.2K views • 4 months ago



Adolescent e-cigarette use: Clinical conversation tools

514 views • 5 months ago



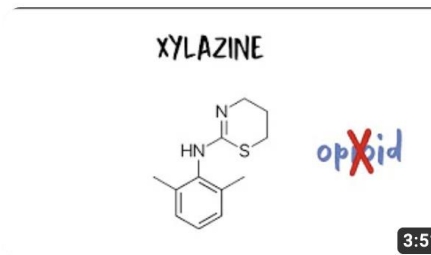
Reframing and responding to protective behaviors associated with stimulant use

1.2K views • 7 months ago



How to use an overdose prevention helpline

1.1K views • 7 months ago



Xylazine 101

9.7K views • 9 months ago



Information impacts action: Debunking myths about the family and recovery

3.8K views • 1 year ago

Available on:

[YouTube](#)

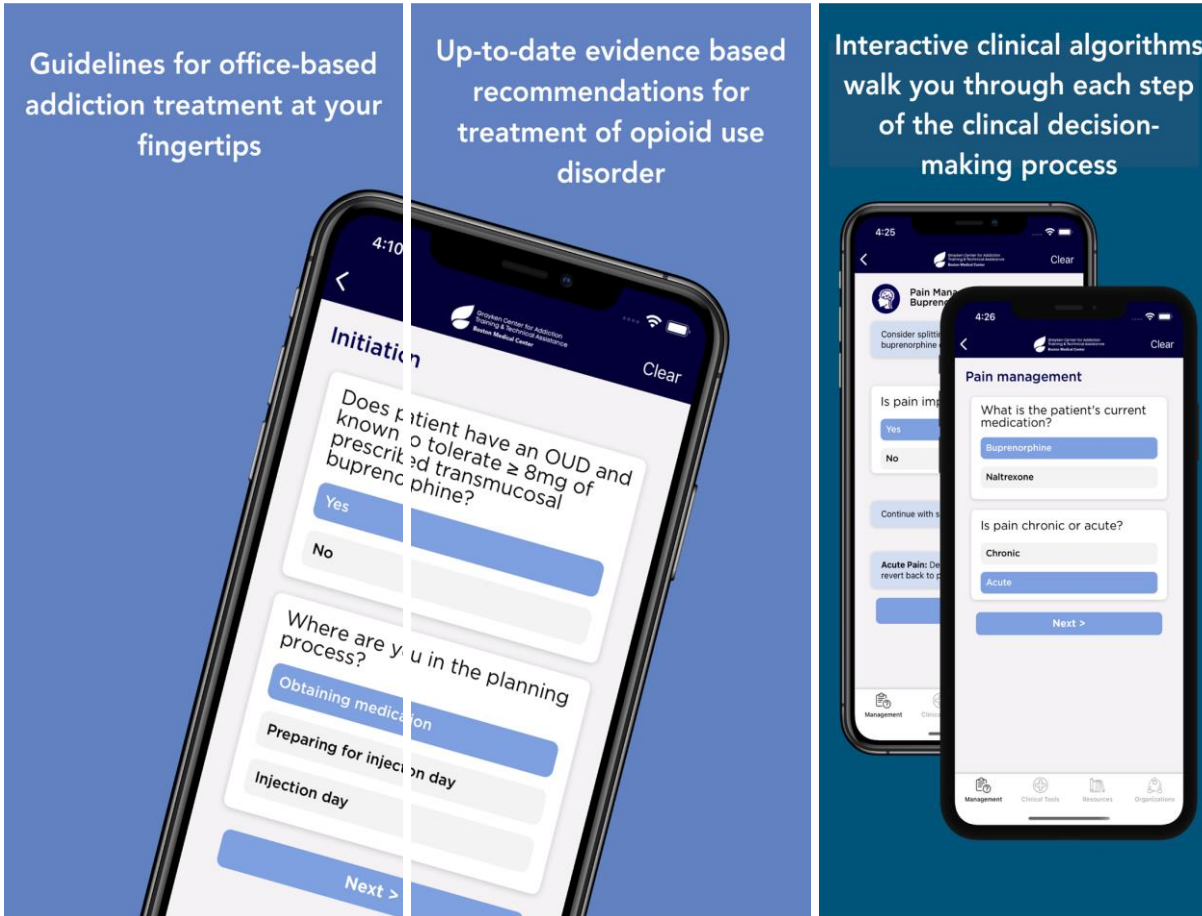


addictiontraining.org



BMC MAT Quick Start App

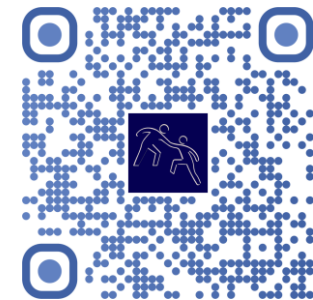
Free interactive tools & resources for medications for addiction treatment



Provides real-time access to:

- Algorithms for initiation of buprenorphine and naltrexone
- Pain management decision-making tools
- Guidelines, handouts and resources

Available for download on [iOS](#) and [Android](#), free of charge! [Web version](#) also available.



Grayken Center for Addiction Training & Technical Assistance Website



OBAT (Office Based Addiction Treatment) Clinical Guidelines, Tools & Templates

Comprehensive Nursing Competencies Toolkit

Live and pre-recorded trainings

Printable materials for patients

Links to external addiction education and training resources

WWW.ADDICTIONTRAINING.ORG

Grayken Center for Addiction Training & Technical Assistance
Boston Medical Center

LOGIN | CREATE ACCOUNT

ENHANCED BY Google

A Resource for Healthcare and Social Services Professionals

Home | DEA MATE Act | MAT Mobile App | Training | Request TTA | Project ECHO® | Resources | News | About Us



Boston Medical Center (BMC) Grayken Center for Addiction Training and Technical Assistance (TTA)

Expanding access to life-saving treatment for substance use disorders through education, support, and capacity building

Register for a FREE Live Training

Complete a FREE

Boston Medical Center (BMC) Grayken Center for Addiction Training and Technical Assistance (TTA)



Grayken Center for Addiction
Training & Technical Assistance
Boston Medical Center

Questions? Email info@addictiontraining.org

Questions and Discussion



Tribal MAT ECHO Clinic
— WELLNESS WHEEL —



TRIMAT-2-11



Date: / / Presenter: / Tribal Affiliation:
FIRST LAST CHECK HERE IF NONE:

Patient Pseudonym: Gender: Age: Tribal Affiliation:
CHECK HERE IF NONE:

ECHO ID: Check if follow-up to a previously presented case

Clinical Question:

<p>COMMUNITY Psychosocial support, family resources, network of care</p> <input type="text"/>	<p>SPIRIT Indigenous, cultural, spiritual, religious practices</p> <input type="text"/>
--	--



<p>BODY Physical health, medications</p> <input type="text"/>	<p>MIND Mental and emotional health, substance use</p> <input type="text"/>
--	--

Care plan:



Self-Paced Learning Opportunities

Stigma

Courses for clinicians interested in addressing stigma related to addiction
Claim up to four (4.0) credit hours of CE/CME

- **Dismantling Stigma: Addiction, Treatment, and Policy** (1.0 credit hour)
- **Stigma in Healthcare** (1.0 credit hour)
- **Social Determinants of Health and Cultural Competency in Substance Use Treatment** (1.0 credit hour)
- **Understanding the Impact of Structural Racism on Clinical Care: Lessons from HIV and COVID-19** (1.0 credit hour)



Scan the code
or visit
<https://bit.ly/StigmaSUD>

<https://psattcelearn.org/>



Accredited
Courses



Individualized
Learning Plan



Qualifies for
MATE Act DEA
Requirement





David Geffen School of Medicine

Integrated Substance Abuse Programs



Follow Us on Social Media

