HRHCare MAT Program: QAC Presentation



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MAT Program Summary



- . Model for the HRHCare MAT Program: multidisciplinary team at 7 sites (Poughkeepsie, Beacon, Peekskill, Yonkers VL, Brentwood, Wyandanch, Shirley) consisting of a MAT medical provider (MD or DO or NP or PA), social worker (LCSW or LMSW, preferably with CASAC), care manager (preferably with CASAC), LPN (assigned to provider), and MAT Program Managers (LCSW, ideally with CASAC) for each region (HV and LI); RN/CM pilot model at 1 site (Riverhead); RN/CM hybrid pilot model at 1 site (Monticello); myself as Medical Director of SUD; low threshold for entry into the MAT program; harm reduction focus; MAT providers co-trained in provision of HCV treatment; recent merger with Brightpoint Health (5 boroughs): different MAT model, "integrated" into primary care, RN-led model, care management referred out, done in both Article 28 and Article 31 settings, no historical tracking of QI data
- <u>Case Conferences</u>: weekly multidisciplinary case conferences for 1 hour are held with each team at each MAT site; I participate via Skype Business with distant sites
- . <u>Individual Supervision</u>: I hold one on one supervision for 30 minutes with each MAT provider on a weekly basis to do teaching, problem solve cases, allow venting, and provide emotional support
- <u>Templates</u>: there are buprenorphine, long acting naltrexone, prenatal outcomes, overdose documentation, and MAT telemedicine templates, etc. in the EMR to capture data for QI and research purposes
- COGNOS Reports and Spotfire: in conjunction with our Informatics department, we have created MAT Spotfire dashboards looking at geocoding, demographics, retention in care, UDS results, QOL measures, etc. to assess the efficacy of the MAT program and compare with benchmarks culled from the MAT literature; can drill down to the individual patient and provider level
- MAT Provider Chart Audits: I audit the MAT providers' charts, as well as the MAT providers auditing each other, quarterly to give feedback and improve both EMR documentation and overall quality of care
- Ongoing Education: resources available to all MAT team members in a shared drive; MAT email blasts sent out regularly to MAT team members regarding topics related to PWUD and SUD
- MAT telemedicine: at 5 sites (Monticello, Poughkeepsie, Peekskill, Riverhead, Brentwood) to increase MAT access

MAT Program: Recent Expansion



+ Monticello

- RCORP Grant: HRHCare is the countywide lead for this Sullivan County grant to decrease opioid overdoses and increase linkage to MAT
- HRSA Grant: pilot RN/CM hybrid model, utilizing in person and telemedicine visits for MAT

+ Eastern Dutchess

 Rural OD Disparities Grant: collaboration with DC DOH and NEXT Distro to provide harm reduction education and linkage to MAT for Eastern Dutchess County residents

+ Riverhead

 HRSA Grant: pilot RN/CM model, utilizing in person and telemedicine visits for MAT

+ Poughkeepsie

 OASAS/FQHC Grant: expansion of an already robust MAT team with a FT MAT MD, additional CM's, and MAT peers; utilizing telemedicine for linkage with our inhouse OASAS Pathways program in Peekskill for interested patients

+ Brentwood

 OASAS/FQHC Grant: expansion of an already robust MAT team with a FT MD, additional CM's, and a MAT peer; utilizing telemedicine both for MAT program expansion and for linkage with a community-based OASAS program for interested patients

+ Hudson

MAT in primary care w/o a multidisciplinary team; pilot project

MAT Program: Challenges



- Hiring MAT providers
- + Maintaining staff (not a big problem, turnover is low, but training is intensive)
- Educating HRHCare providers and staff on SUD, OUD, MAT, and opioid overdose prevention
- Interfacing with organizations (detox, rehab, IOP, private providers, mental health providers) without a low threshold model
- Keeping MAT providers up to date (I am up to this challenge, but it is potentially daunting)
- Sustainability: for the multidisciplinary, wraparound model (without grants); I think it is feasible
- + STIGMA
- Mental health linkage (in a timely fashion)
- Integration of HRHCare and Brightpoint Health MAT programs

MAT Program: Opportunities



- Telemedicine
- Mobile van
- + Constant innovation!
- Direct linkage after ED buprenorphine induction: meetings with ED Chairpersons in Suffolk, Sullivan, and Dutchess Counties
- + Direct linkage from correctional facilities: involvement with planning for implementation of MAT in the jails in Suffolk, Ulster, and Dutchess Counties; bupe waiver training of DOCCS Medical Director to implement MAT in the NYS prison system
- + Direct linkage after inpatient buprenorphine induction: meetings and Grand Rounds in several counties
- Increased engagement with community-based organizations (CM, IOP, MH, stabilization centers, SEP, etc.)
- Increasing role on a state level (I sit on the NYS OASAS/Shatterproof Advisory Board and on the NIDA NYS HEALing Communities Community Advisory Board)
- Key presenter in the Suffolk County DOH MAT Learning Collaborative, hosted by Leslie Marino, MD
- NIDA HEALing Communities Grant: goal: to decrease opioid overdoses by 40% in 4 years; funding to local DOH in 16 counties in NYS (including Sullivan and Suffolk Counties)
- Community outreach events

MAT Program: Areas of Focus



- + Expansion: everywhere; telemedicine expansion
- Resident Training: FP residents in Suffolk County and NP residents in the Hudson Valley; FP residents in Ulster/Dutchess Counties
- + Expansion of MAT into the Suffolk County Residency Sites (Brentwood, Wyandanch, Southampton) in a hub and spoke model (the MAT program as the hub and the residency program as the spoke); focused training with the residents on SUD/OUD/MAT/opioid overdose prevention/pain management; training of attending preceptor champions for the residency program sites; ongoing (yearly) buprenorphine waiver trainings with the residents
- HRHCare NP residents all rotate with the MAT program in the Hudson Valley
- + Direct linkage from the ED and correctional facilities to the MAT program in the counties where we operate

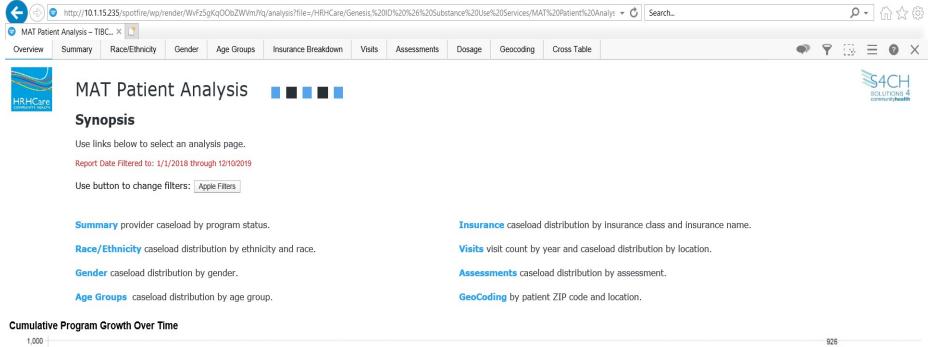
MAT Program: Goals for Improvement

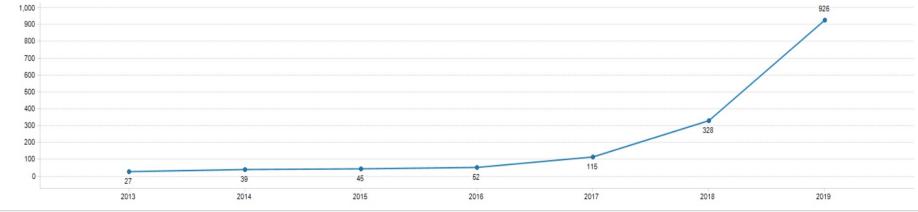


- + Strengthening ties with our community partners (events, collaborations, conferences, task forces)
- MAT peer certification
- Bolstering MAT peer groups
- Adding a family support component to the MAT program
- + Expanding open access for MAT: on demand walk-in buprenorphine start-ups: this is already occurring at the Monticello and Peekskill sites, but we would like to expand to all our sites; will be starting at the Brentwood site imminently

MAT Spotfire Data: Program Growth

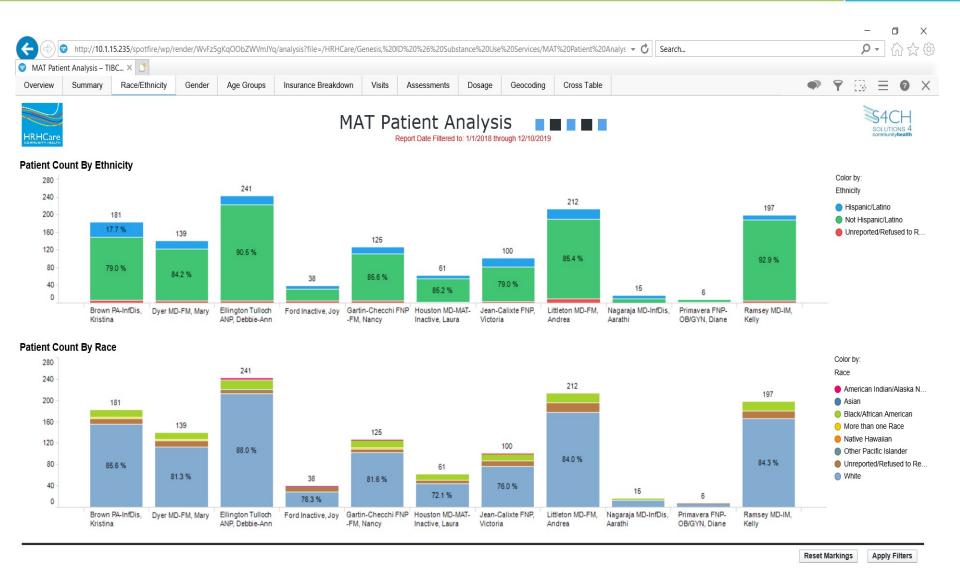






MAT Spotfire Data: Race/Ethnicity



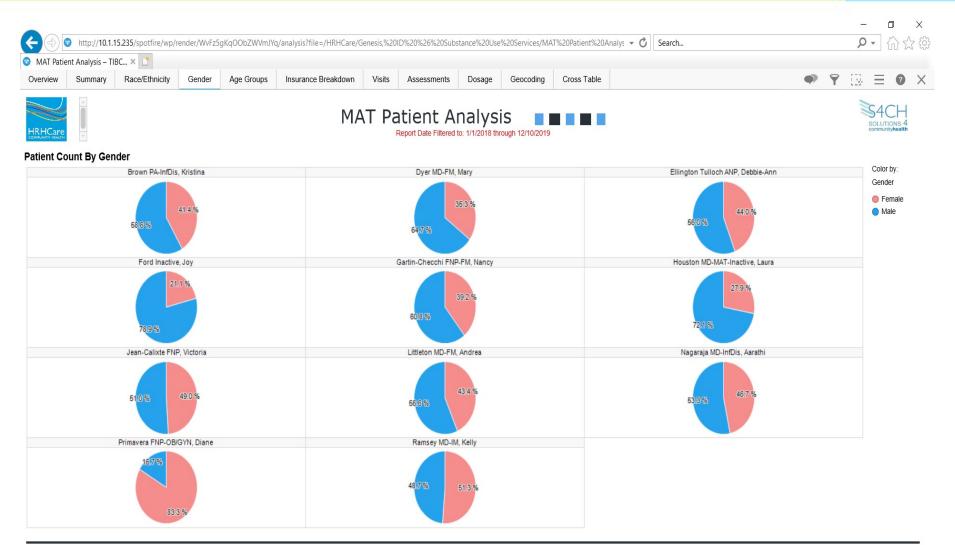


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MAT Spotfire Data: Gender

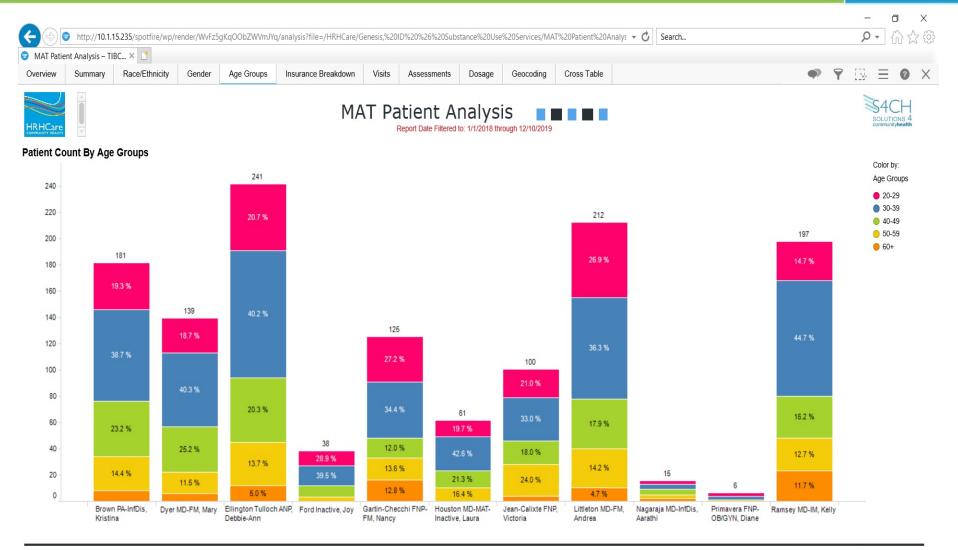




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MAT Spotfire Data: Age Groups

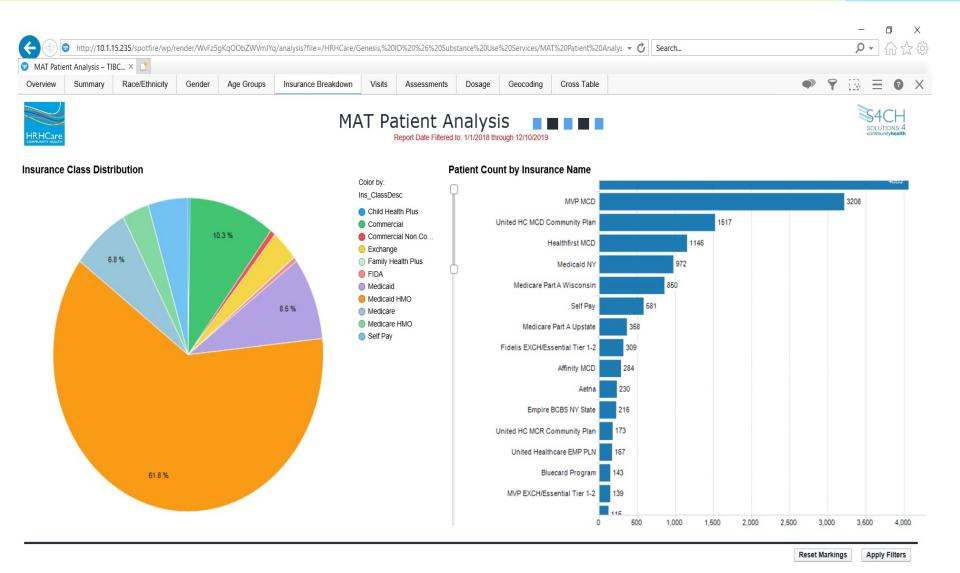




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MAT Spotfire Data: Insurance Breakdown



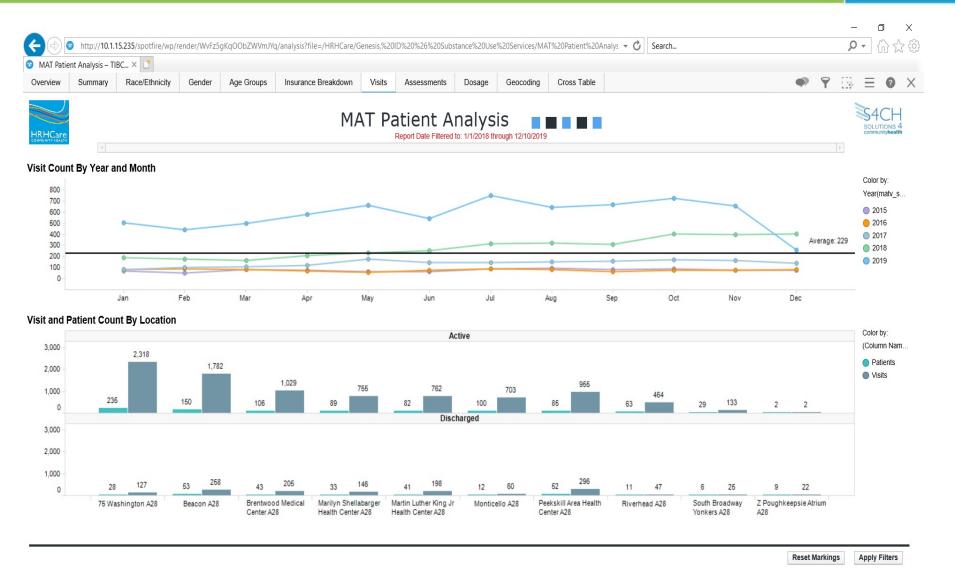


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MAT Spotfire Data: Visit and Patient Counts



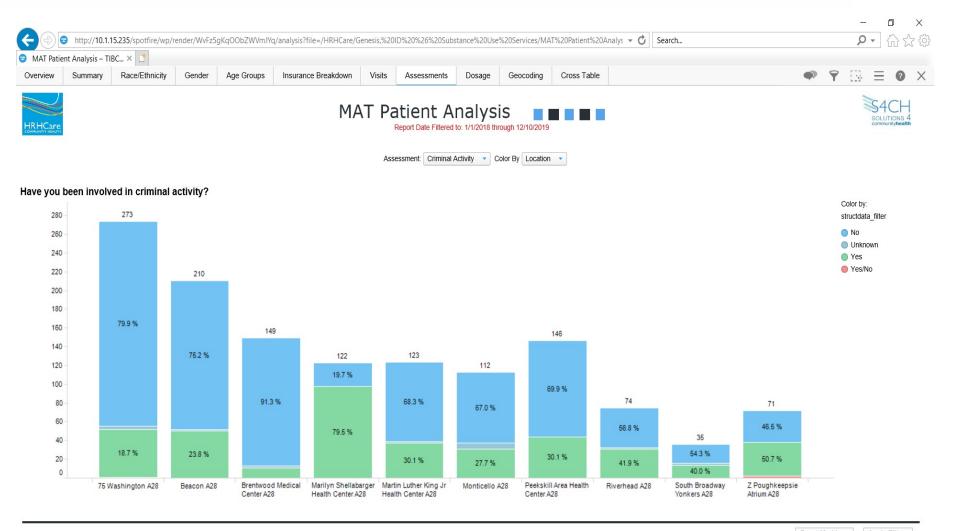
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MAT Spotfire Data: Criminal Activity

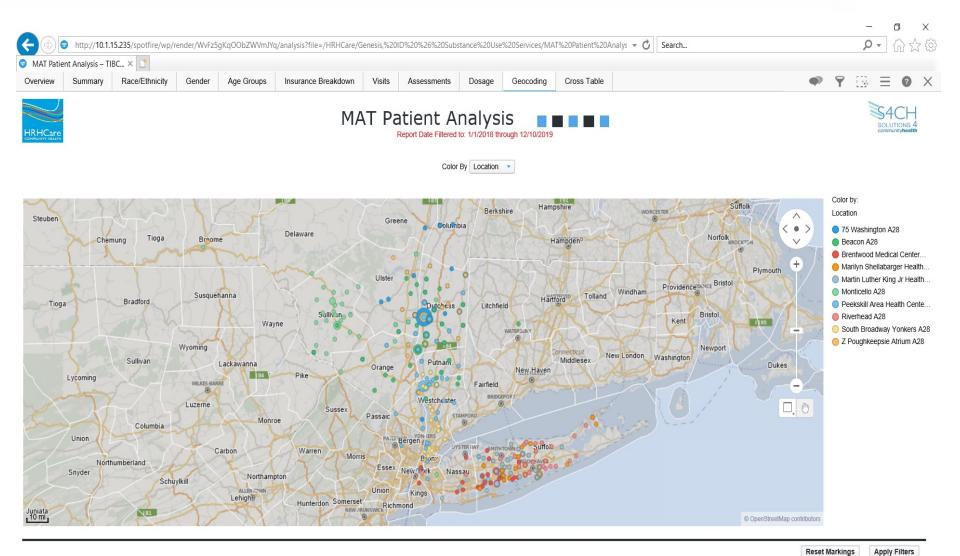




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MAT Spotfire Data: Geocoding



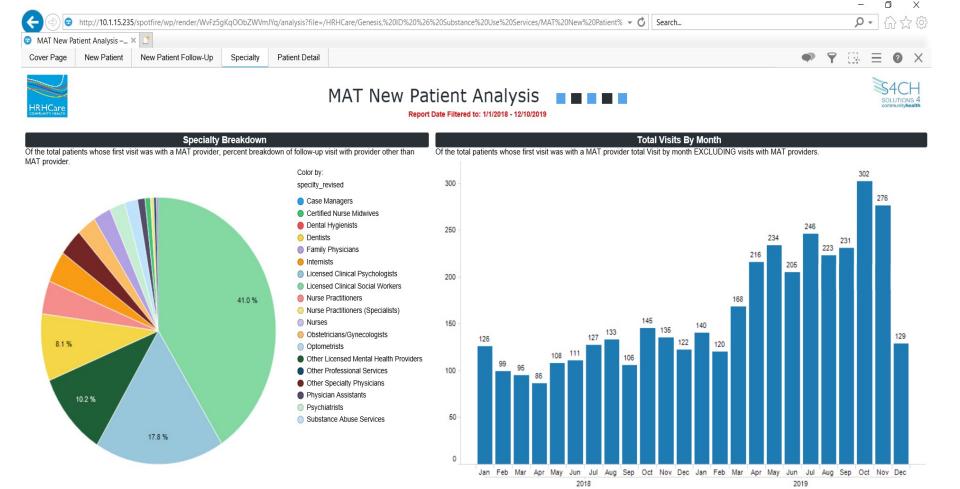


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MAT Spotfire Data: MAT New Patient Downstream Engagement





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MAT Spotfire Data: Opioid Negative UDS by Provider



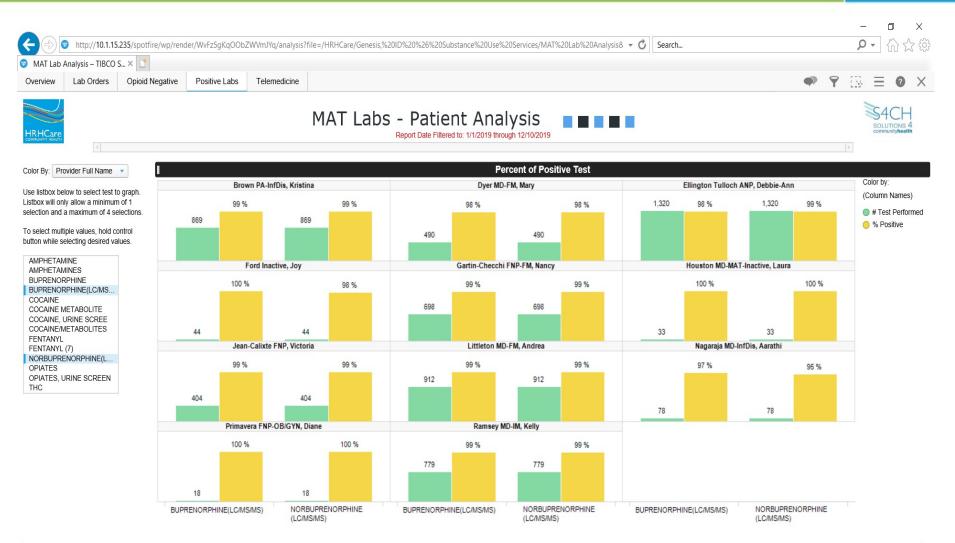




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MAT Spotfire Data: Buprenorphine Positive **UDS Results by Provider**





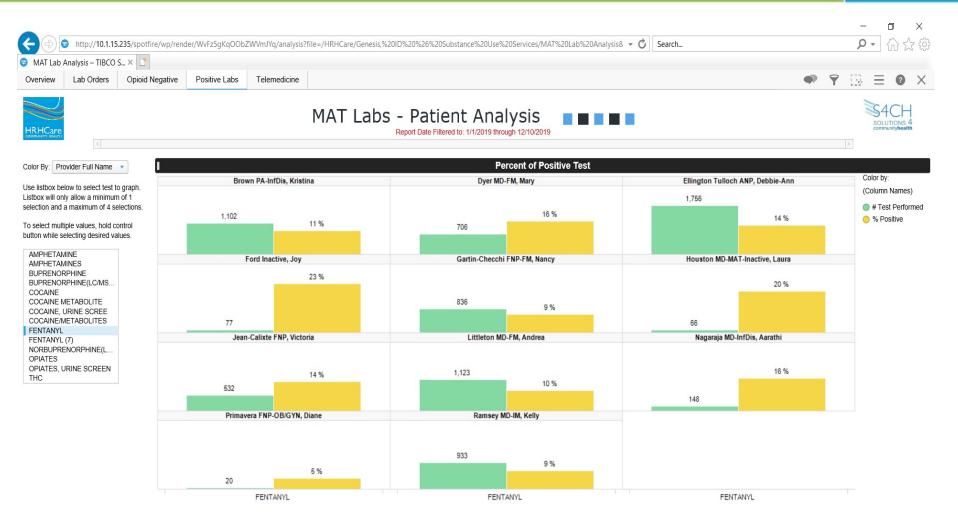
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Apply Filters

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MAT Spotfire Data: Fentanyl Positive UDS **Results by Provider**

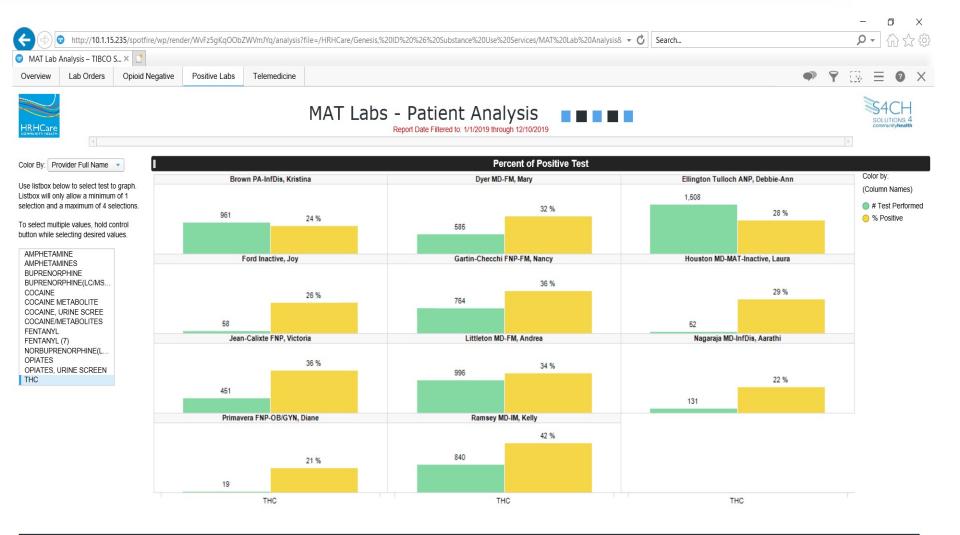




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MAT Spotfire Data: THC Positive UDS Results by Provider

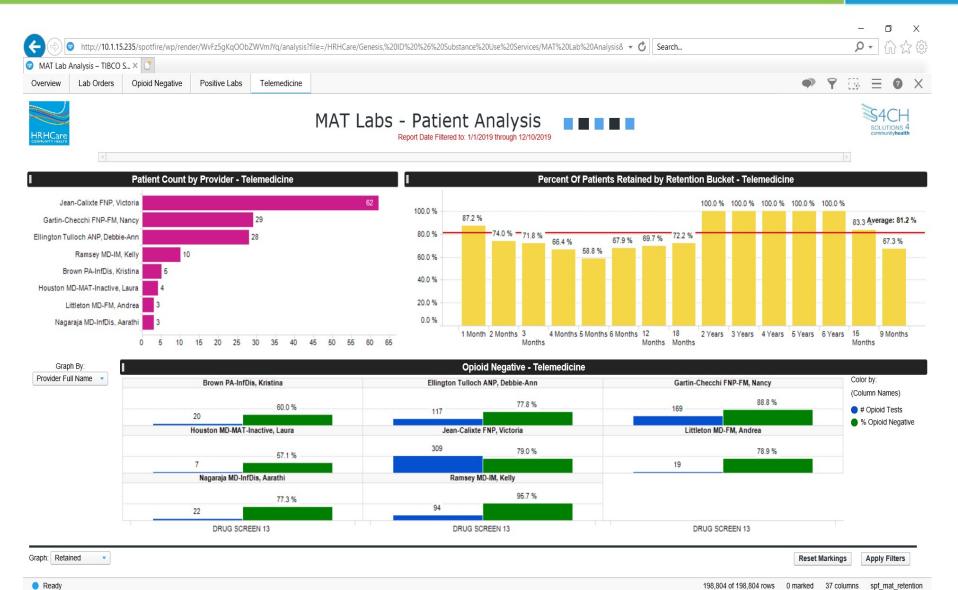




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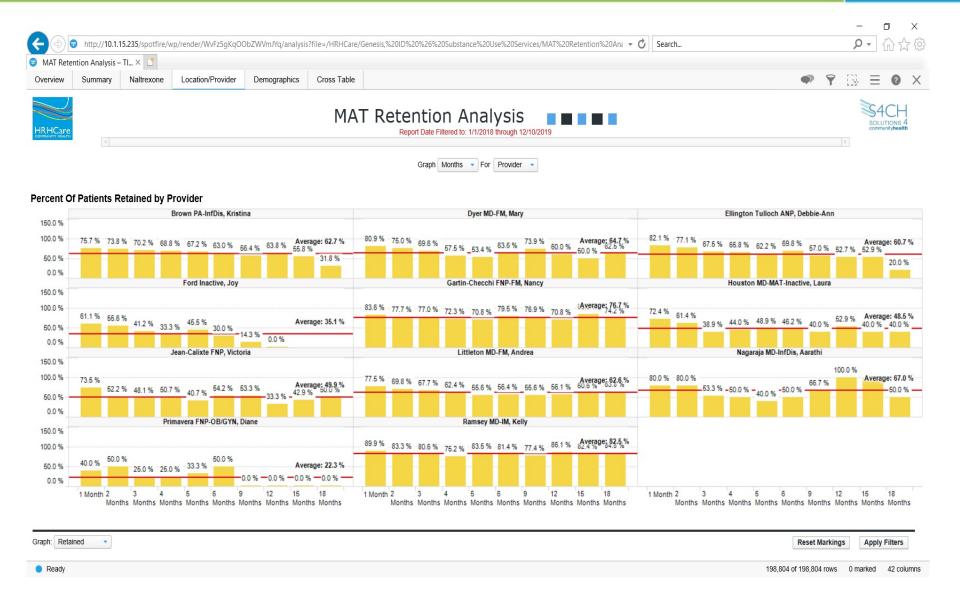
MAT Spotfire Data: Telemedicine Data





MAT Spotfire Data: Retention in Care* *caveat: I will explain...





THANK YOU!

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