SB19-001 Lessons Learned: Improving MOUD delivery and reducing disparities in Rural Colorado

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Center for Prescription Drug Abuse Prevention
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Disclosures

Aimee Techau: None
Jennifer Place: None
Acknowledgements

Tanya R. Sorrell, PhD
Rosario Medina, PhD
Claudia Amura, PhD
Laurra Aagaard, MA, MS,
Paul Cook, PhD,
Mary Weber, PhD
José Esquibel
Gina Olberding, MBA
Objectives

• Review Colorado’s Medications for Opioid Use Disorder Treatment Expansion program, University of Colorado College of Nursing involvement and the foundational work of the Consortium’s Treatment Work Group, policy efforts, and partnerships.
• Demonstrate an understanding of clinical support, resources, and innovative practices.
• Review rural/frontier challenges and reducing disparities: broadband, transportation, access, and stigma.
• Outline emergent themes in improving health care delivery of MOUD in rural areas.
• Highlight Innovative efforts: Low barrier approaches, medication first, contingency management, recovery-oriented models of care, peer support, co-occurring and poly-substance treatment.
Intentions & Background

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Intentions

• Provide background of Colorado’s unique Collective Impact Model
• Provide an overview of Colorado’s Medication for Opioid Use Disorder Expansion Program
• Share implementation experience, innovative practices and recommendations
• Identify rural/frontier challenges and disparities
• Outline emergent themes in improving health care delivery of MOUD in rural areas
Collective Impact Model

Figure 3 | Five Collective Impact Conditions

COMMON AGENDA → SHARED MEASUREMENT → MUTUALLY REINFORCING ACTIVITIES → CONTINUOUS COMMUNICATION → BACKBONE SUPPORT
Collective Impact Model

**Figure 4 | Eight Principles of Practice**

- Design and implement the initiative with priority on equity.
- Include community members in the collaborative.
- Recruit and co-create with cross-sector partners.
- Use data to continuously learn, adapt, and improve.
- Cultivate leaders with unique system leadership skills.
- Focus on program and system strategies.
- Build a culture that fosters relationships, trust, and respect across participants.
- Customize for local context.
Study of Collective Impact Approach

- Studied 25 initiatives in U.S., 8 site visits (we were one)
- Theory of Systems Change model was applied
- Key findings:
  - Backbone and Common Agenda are key first steps
  - Long term process (takes time)
  - Evolving process (iterative, intentional, but flexible)
  - Focus on key priorities
  - Lay foundation for sustainment

Spark Policy Institute and ORS Impact, 2018
Colorado’s Collective Impact

• Formalized with funding in 2013
• Agenda: Reduce Rx misuse and related overdose deaths
• Community Engagement Arm of the Center for Prescription Drug Abuse Prevention
Boots on the Ground

1. Jamie Feld
2. Judy Solano
3. Jessica Eaddy
4. Lindsey Simbeye
Background

* Rates are per 100,000 people and are age-adjusted; 2017 numbers are provisional

Source: Colorado Dept. of Health and Environment • Get the data • Created with Datawrapper
Age-adjusted rates of any opioid overdose 2006-2016

Source: Colorado Department of Public Health and Environment
SB17-074

$1,000,000 to spend in two counties of high need, over 2 years

Goal One: Increase the number of MOUD-trained APRNs/PAs

Goal Two: Increase access to MOUD and behavioral therapies
ADDITIONAL INFORMATION

Advisory Board
Attorney General
Substance Abuse Trend & Response Task Force
Legislature

Center for Prescription Drug Abuse Prevention/Consortium
University of Colorado College of Nursing
School of Medicine

University of Colorado
Anschutz Medical Campus
Patients Served

# MAT Patients Seen (Cumulative for Year)

- Site 1 (Pueblo):
  - 2017: 89
  - 2018: 298
  - 2019 (Q1-Q2): 219

- Site 2 (Pueblo):
  - 2017: 10
  - 2018: 284
  - 2019 (Q1-Q2): 98

- Site 3 (Routt):
  - 2017: 60
  - 2018: 46
Increased to $5,000,000 to spend over 2 years, in up to 12 counties with high need

Goal One: Increase the number of MOUD-trained NPs/PAs

Goal Two: Increase access to MOUD and behavioral therapies
Increased to $3,000,000
to continue the work

Goal One: Increase the number of providers

Goal Two: Increase access to MOUD and behavioral therapies

Goal Three: Increase retention in MOUD services
Program Implementation

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Themes from the Customer Discovery Process

1. Increasing provider and community education around SUD to lower stigma
2. Coordination of care and connection to resources for patients and providers
3. Simpler, more efficient electronic data reporting system
4. Support to overcome practice barriers
Implementation Strategies

Four Pillar Approach

1. Leveled Education
2. Holistic Patient Approaches and Elimination of Barriers
3. Streamlined Reporting
4. Clinical and Technical Support
<table>
<thead>
<tr>
<th>Education</th>
<th>Patient Care</th>
<th>Reporting</th>
<th>Support</th>
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<tbody>
<tr>
<td>Education/training on clinical topics for MAT providers</td>
<td>Clinic staff member to facilitate intake, coordinate MAT and integrate with primary and mental health care</td>
<td>Intake specialist and use of EHR by patients</td>
<td>Grant Administration</td>
</tr>
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<td>Education/training on psychosocial modalities (i.e., integrated cognitive behavioral therapy, motivational interviewing, SBIRT)</td>
<td>NP/PA performs initial assessment, induction, and follow-up appointments (lab. tests, urine testing, monitoring), patient education and support</td>
<td>Streamlined reporting system</td>
<td>Remote consultation for local program management</td>
</tr>
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<td>Training &amp; outreach to increase the number of waived physicians</td>
<td>Behavioral Health/ psychological services integrated on-site or nearby</td>
<td>Data collection aligns with clinical and other reporting needs</td>
<td>Telehealth consultation to manage clinically complex cases or prescriptions</td>
</tr>
<tr>
<td>Education focused on decreasing stigma</td>
<td>Patient-centered approach with peer connector for holistic coordination of care</td>
<td>Training on data collection and reporting</td>
<td>Technical support for data management and reporting</td>
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**PRACTICE MAT IMPLEMENTATION TOOLKIT (MAT_IT)**
- Resources for successful MAT implementation
- Workflow templates for integrated model of care
- EBP for managing OUD patient
- Case studies with lessons learned and how to overcome barriers
- Low barrier approach / harm reduction

**ENHANCED DATA SYSTEM**
- Tracking system
- Data collection
- Dashboards
- Reports
Provider Education

- Continuous waiver training online and in the communities to build capacity
- Site-specific training tailored to unique needs both clinical and psychosocial
- Exposure to innovative practices: low barrier/medication first, micro-dosing, dual diagnosis, poly-substance, CAM, SDoH, ACEs, PACEs
- Weekly newsletter to enhance communication
- Online clinical toolkit - updated monthly
- MAT collaborative and discussion boards
- COVID-specific T-MOUD, resiliency training, practice-specific changes
Administrator/Practice Education

- Practice implementation and billing/coding
- Agency wide OUD training to decrease stigma.
- Motivational Interviewing
- Online MOUD toolkit - updated monthly with administrator content and videos
- Peer training
Community Education

Community Town Halls

- Promote agency success
- Basic overview of MOUD
- Myth Busting
- Invited community feedback
Focus on Holistic Patient Care

- Practice flow tailored to each agency
- Hub and spoke facilitation
- NP/PA utilization as front line and outreach
- High barrier to low barrier
- Acute care to recovery model

- Lived experience and connection to resources through peer connector
- Support integrating SUD and mental health treatment
- Addressing poly-substance
- Contingency management
Elimination of Barriers

- Phones provided to patients
- COVID supplies – PPE
- LAI support and satellite pharmacy instruction
- Reimbursement advocacy
- Support with grant funding opportunities for future sustainability
- Tablets provided to each agency
Clinical Support

• Access to MOUD expert during weekdays and a warmline on weekends

• Toolkit offer clinical support after hours

• Monthly agency meetings to discuss complex cases and to learn from peers

• Tailored to agency model

• Attendance at hospital/practice meetings or journal clubs
Technical Support

- SWOT analysis
- Monthly agency administrative meeting
- Marketing material and business plan assistance
- Weekday support for reporting
- Funding support
Lessons Learned

- Broadband issues
- Medicaid barriers remain
- Each community unique, no one size fits all approach
- Polysubstance and rise of the Meth crisis
- Lack of detox services and mental health resources
- Public health nurses connectors
Next Steps

• GBOT
• Nurse Case Manager Models
• Greater emphasis on jail-based programs
• Further work on hub/spoke and low barrier approaches such as Pop-ups
• FNP representation and increased site visits
• Micro-learning strategies for toolkit
• Bridge gaps in detox service and mental health
• Greater focus on sustainability
• Continued state advocacy
References


Thank You!

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PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medications for opioid use disorder (MOUD).
  - 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
  - No cost.

For more information visit: https://pcssNOW.org/mentoring/
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

http://pcss.invisionzone.com/register
**PCSS** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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Funding for this initiative was made possible (in part) by grant no. 1H79TI081968 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.