



Providers  
Clinical Support  
System

# PCSS-MOUD Implementation

Program Overview and Lessons Learned

# PCSS-MOUD

## Implementation Rationale

- Despite the known effectiveness of medications to treat opioid use disorder (MOUD), only about 18% of individuals with OUD receive medication treatment (SAMHSA, 2023).
- FDA-approved buprenorphine can be prescribed in office-based settings, but local healthcare teams are often unsure how to initiate use and manage delivery.
- In an effort to increase healthcare programs' capacity to deliver effective OUD care, PCSSMOUD-I supports OUD/SUD treatment implementation technical assistance.
- PCSS-MOUD facilitators are clinical and implementation experts who collaborate with program staff to support preparation activities and assist in identifying and overcoming barriers to the delivery of SUD services.

# PCSSMOUD-I: Goals

- Provide intensive OUD/SUD treatment implementation technical assistance to healthcare organizations to:
  - Increase acceptability and feasibility of delivery of medications for OUD treatment;
  - Increase readiness to deliver MOUD treatment and other SUD services; and
  - Increase the number of individuals receiving MOUD and other SUD services.

# Program Structure and Resources

- **Centralized implementation facilitation**
  - Minimum 6 months
  - Monthly video conference calls
  - Team
    - Site Champion + Implementation Team
    - PCSS-MOUD External Facilitators (2-3)
  - Systematic, staged strategies (via the manualized protocol)
  - Flexible and individually paced
- **Resources**
  - Education: SUD 101 webinars; MOUD Training
  - Guidance/Templates/Resources: Online Library
  - PCSS-MOUD Clinical Mentorship Program

# Clinical Site: Roles & Tasks

## Organizational Leadership

- Leads implementation effort; appoints champion
- Acts as a mentor to maintain enthusiasm
- Problem-solver, assists Champion & team

## Champion

- Enthusiastic leader; resides within site
- Supervisory position with responsibility and authority to implement policy, program change
- Recognized, respected for leadership, team building, problem-solving

## Implementation Team

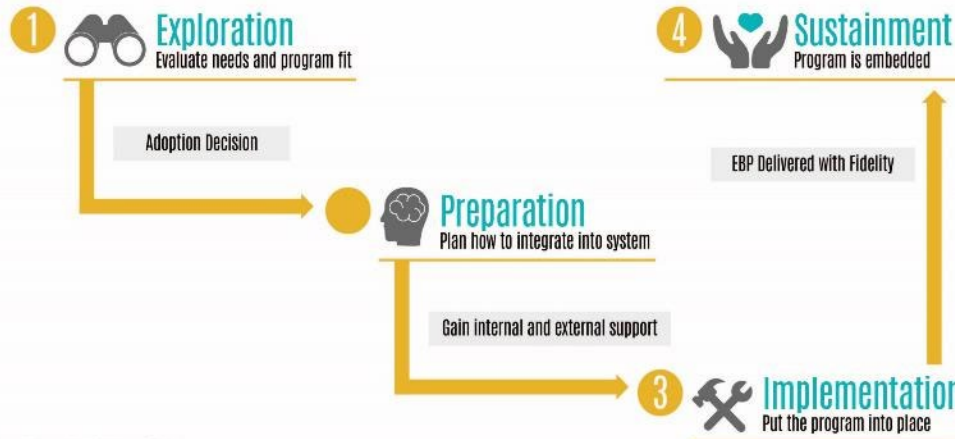
- Comprised of staff from all levels and roles
- Meets regularly; pursues assigned tasks
- Reviews implementation planning

# Process and Strategies

## Exploration:

- Form implementation team
- Conduct a program landscape assessment
- Determine program fit
- Identify key stakeholders
- Ensure leadership buy-in

## EPIS Exploration, preparation, implementation and sustainment



Source: Aarons, Hurlburt and Horowitz, 2011

## Preparation:

- Develop an implementation plan with strategies
- Work with stakeholders
- Identify funding/reimbursement
- Develop timetables/strategic plan
- Work flows & patient flows

## Implementation:

- Ensure priority
- Manage expectations
- Monitor fidelity
- Collect and evaluate outcomes; modify as needed
- Develop a sustainability plan

# Starting Snapshot of the Sustained Clinical Sites

Site A	Site B
<ul style="list-style-type: none"><li>• Primary care clinic within larger health systems; urban setting</li><li>• 1 location, starting MOUD</li><li>• 1 Buprenorphine provider</li><li>• Prescribing Buprenorphine to 47 patients</li></ul>	<ul style="list-style-type: none"><li>• Primary care clinic within larger health systems; suburban setting</li><li>• 1 location, starting MOUD</li><li>• 2 Buprenorphine providers</li><li>• Prescribing Buprenorphine to 22 patients</li></ul>
Site C	Site D
<ul style="list-style-type: none"><li>• Primary care clinic within a larger healthcare system; rural and Native communities</li><li>• 1 location, starting MOUD</li><li>• 2 Buprenorphine providers</li><li>• Prescribing Buprenorphine to 3 patients</li></ul>	<ul style="list-style-type: none"><li>• Community Mental Health Program; rural setting</li><li>• 1 location, starting MOUD</li><li>• 1 Buprenorphine provider</li><li>• No patients being prescribed Buprenorphine</li></ul>
Site E	Site F
<ul style="list-style-type: none"><li>• Stand-alone community-based healthcare program; urban setting</li><li>• 1 location, starting MOUD</li><li>• 1 Buprenorphine provider</li><li>• No patients being prescribed Buprenorphine</li></ul>	<ul style="list-style-type: none"><li>• Community-based healthcare program within larger health system; suburban setting</li><li>• 1 location, starting MOUD</li><li>• 1 Buprenorphine providers</li><li>• Prescribing Buprenorphine to 50 patients</li></ul>

# Site Results

*(After 6 months of working with PCSSMOUD-I)*

Site A	Site B
<ul style="list-style-type: none"><li>• 1 location integrating Buprenorphine</li><li>• 29 Buprenorphine providers</li><li>• 72 patients being prescribed Buprenorphine</li></ul>	<ul style="list-style-type: none"><li>• 10 locations integrating Buprenorphine</li><li>• 12 Buprenorphine providers</li><li>• 300 patients being prescribed Buprenorphine</li></ul>
Site C	Site D
<ul style="list-style-type: none"><li>• 2 locations integrating Buprenorphine</li><li>• 3 Buprenorphine providers</li><li>• 2 patients receiving Naltrexone for AUD</li></ul>	<ul style="list-style-type: none"><li>• 1 location is integrating Buprenorphine</li><li>• 2 Buprenorphine providers</li><li>• 6 patients receiving Naltrexone for AUD</li></ul>
Site E	Site F
<ul style="list-style-type: none"><li>• 1 location integrating Buprenorphine</li><li>• 1 Buprenorphine provider</li><li>• 1 patient being prescribed Buprenorphine</li></ul>	<ul style="list-style-type: none"><li>• 1 location integrating Buprenorphine</li><li>• 1 Buprenorphine prescriber</li><li>• 60 patient being prescribed Buprenorphine</li></ul>



# Strengths and Resources

## Individual

- Patient need
- Motivated site champion
- Staff supports initiating and expanding MOUD
- Providers have taken DEA required training (*note: prior to change in DEA requirements for prescribing buprenorphine*)

# Strengths and Resources

## Organizational

- Strong buy-in from leadership – MOUD is a priority
- EHR supports documentation of SUD and mental health screening, diagnosis, MOUD, medications
- SUD screening already implemented
- Diverse, invested implementation team (nursing, clinic admin, med techs, front desk staff, physicians)
- Co-located Behavioral Health, Lab Testing or Pharmacy

# Strengths and Resources

## External

- Community and commercial pharmacies will fill prescriptions for MOUD
- Medicaid expansion state - *Suboxone* is covered
- Site is affiliated with Community based SUD treatment programs and other MOUD (i.e., comprehensive referral)
- Site has access to additional resources (e.g., state funding to support SUD integration)

# Needs and Barriers

## Individual

- Staff experience, training, education on MOUD/SUD limited
- Buprenorphine trained providers are hesitant to prescribe
- Stigma
- Varying beliefs about MOUD

# Needs and Barriers

## Organizational

- Co-located BH staff and clinical staff and BH lack cohesion
- EMR lacks additional detail in particular sections
- Incorrect billing codes
- Difficulty finding appropriate UDS for practice
- Lack of formal procedures, policy or workflow

# Site Needs and Barriers

## External

- Medication shortages at pharmacy and cost of medication
- Patient transportation to clinic
- State regulations on who can prescribe / training and supervision requirements
- Lack of procedure for transferring patients to higher level of care
- Lack of community support

# 2020-2023 Program Outcomes

- 10 clinical sites (6 have integrated health/SUD services)
- Increase in prescribing providers: from 12 to 48
- Increase in patients receiving MOUD: from 122 to 441

# Take-Aways: Challenges

- Varying program goals among staff/leadership
- Unresolved organizational issues
- Staffing shortages and employee turnover
- External factors may come up that impede the ability to do the work – e.g. COVID-19; state specific regulations



# Take-Aways: Lessons Learned

## **MOUD implementation is feasible and supported by:**

- Leadership and staff buy-in (including state-level expectations)
  - Having a medical champion in a leadership role
  - Engaging multidisciplinary staff
- Financial support (state funding; training time)
- Integrated behavioral/health services (nearby)
  - Active pharmacy support
  - Behavioral health consult
- Increasing awareness and processing of stigma
  - Personal stories
  - Space for staff to process expectations
- Access to clinical support/debrief during implementation
- Tailored tools and resources (modify, don't reinvent)

# Cumulative Program Outcomes 2017-2023

18 clinical sites

66 prescribing providers

12 integrated clinical sites



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## Educate. Train. Mentor



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