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Health Access Network: MeHAF Addiction Care Program

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Health Access Network



MeHAF Addiction Care Program

Overview

- The Maine Health Access Foundation (MeHAF) contracted with the Cutler Institute at the University of Southern Maine to provide evaluation services for the Addiction Care Program for three years. Evaluation data was collected from a variety of sources, including surveys, continuous quality improvement (CQI) data, and focus groups.
- Over the course of the MeHAF grant period, the Cutler Institute worked with Health Access Network (HAN) to set up a system to collect data via a data dashboard, deploy surveys, and conduct focus groups.

Background Information

- In 2017, HAN was awarded a three-year grant from MeHAF to create a hub-and-spoke system for Integrated Medication-Assisted Treatment (IMAT).
- HAN engaged a regional network of partner organizations to implement treatment programs, building on the traditional hub-and-spoke model to emphasize a “no wrong door approach” for patients accessing treatment services.

Year 1

April 2017 – March 2018

Year 2

April 2018 – March 2019

Year 3

April 2019 – March 2020

Overview of Program Objectives

Year 1

- Increase the number of HAN providers trained and certified to prescribe Suboxone
- Recruit and hire RN Care Manager to assume responsibility for MAT patient population
- Continue to expand the number of patients being treated with MAT
- Continue to maintain professional development, training and supervision for MAT clinical providers
- Identify/Develop resources that help MAT patients improve their social determinants of health

Year 2

- Complete necessary training to ready system for pilot implementation and expansion of integrated, patient-centered addiction care and MAT
- Provide ongoing training and supervision to improve patient care outcomes
- Identify/Develop resources that help MAT patients improve their social determinants of health
- Provide SBIRT and MAT (Suboxone) visit trainings with all clinical staff

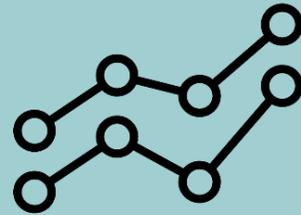
Year 3

- Complete the development of a standard of care based substance use disorder treatment program to expand patient-centered addiction care and MAT in conjunction with community partners
- Provide ongoing training and supervision to improve patient care outcomes
- Provide formal education to front line staff (Reception/MA) regarding proper and respectful practices for scheduling, rooming, managing, and following up with MAT patients

Data and Methodology

CQI Data

- Measures designed to assess the adoption, implementation, and maintenance of MAT across all grantee organizations
- Continuous monthly collection for years 1, 2, and 3



Focus Group

- Change Team focus group
- Conducted in year 3
- Questions focused on partner collaboration, challenges and successes of MAT implementation, and sustainability



Summary of Data

Throughout the three-year grant period, Health Access Network was able to successfully make use of MeHAF's funding to support and improve Opioid Use Disorder (OUD) care. Qualitative and quantitative analysis of data collected over the course of the grant reveals several components that contributed to HAN's program development and success.

- Meeting the Needs of the Community
- Treatment Capacity
- Stakeholder Engagement and Training
- Organizational Capacity to Identify OUD
- Treatment Access

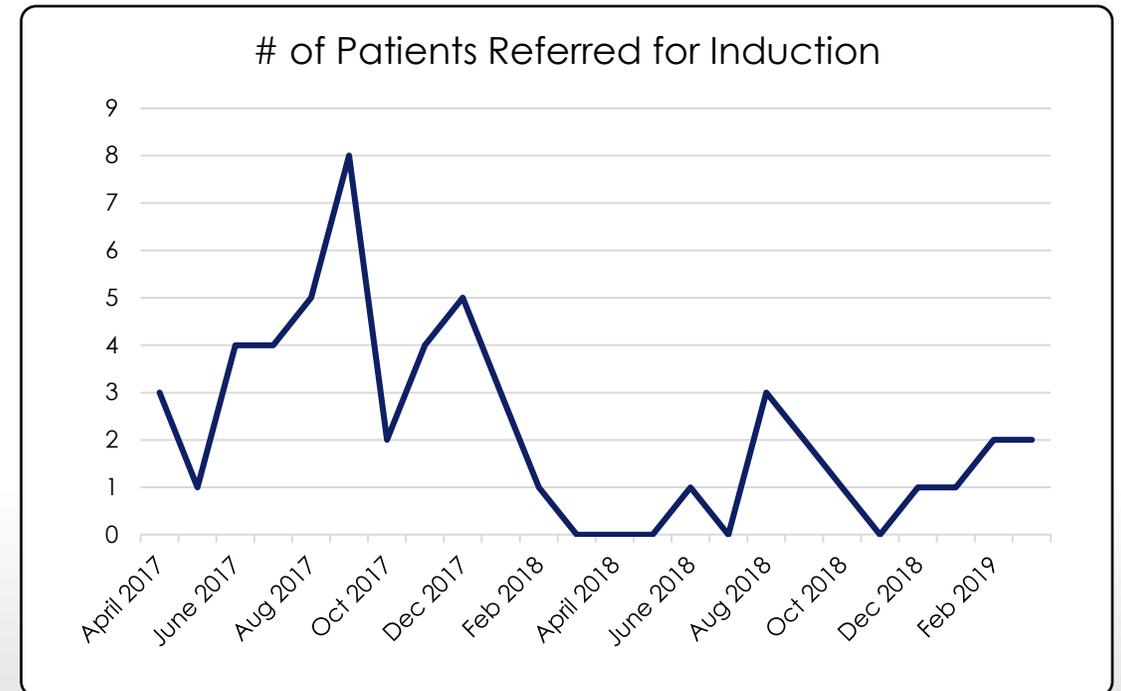
Meeting the Needs of the Community

Despite initial staff uncertainty and unfamiliarity with treating OUD patients, the HAN MAT Addiction Care Program received an average of over 2 referrals a month.

"The effect really has been to start in changing the culture here. There's still a lot more work to do but...two-and-a-half years ago, Suboxone was something that oh, they did that in the Medway office and that was it. It wasn't really widespread in the organization.

...[Staff] didn't know what was going to happen. That's really just blossomed and it's really been a beautiful transition. That's what I'm most proud of. We still have a lot more work to do but the progress we've made in just that has been huge."

**all quotes are from the year 3 Change Team focus group*



Treatment Capacity

Challenges to Expansion

Engaging Providers to Prescribe

- Expansion of treatment capacity relies on the program's ability to engage new providers to match an increase of patient intake

"[This project] has given us the opportunity to help and to see a lot of our gap in providers—to have them join the program so that we're able to have better access."

Changing Workflows

- The treatment process must be adaptable to the increase in providers
- Workflow inefficiencies associated with prescriber expansion hinder treatment quality and timeliness

"For me one of the bigger challenges has been the process and from start to finish how we get patients in the door. We had this process that worked when we only had two prescribers providing. Now that it's turned into five prescribers prescribing across different sites and locations, the process we're using isn't working anymore."

Stigma

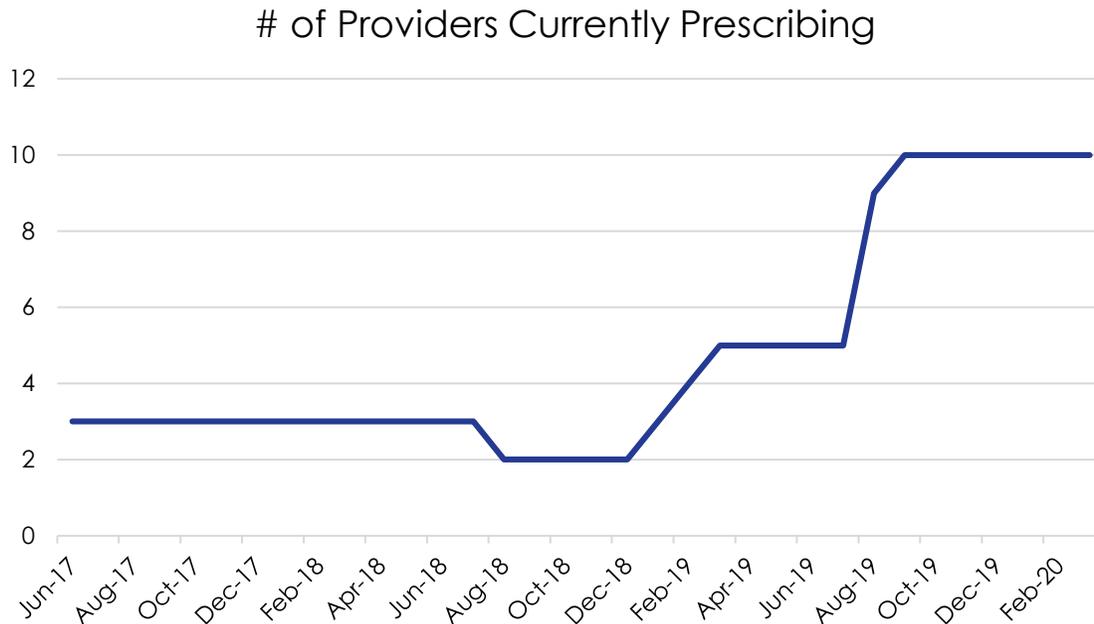
- Stigma influenced staff attitudes and caused misunderstandings of basic workflows among MA's
- Providers had limited understanding of OUD prevalence and willingness to treat patients with OUD

*"Our reception was concerned that these people would be in the waiting room. ...We're really just trying to normalize it, and even providers feeling like 'We don't do that here. We don't have those patients here,' not actually recognizing that **they are our patients.**"*

Treatment Capacity

Provider Treatment Capacity

Despite the challenges, HAN increased the number of providers prescribing MAT from 3 in the beginning of Year 1 to 10 at the end of Year 2.



Stigma reduction and provider-to-provider education helped to increase the number of providers willing to prescribe MAT to patients.

*“So seeing [providers] do [MAT], more providers are like ‘I can do that. **It makes sense.**’”*

Stakeholder Engagement and Training

The Change Team emphasized the success of the following training strategies to combat organizational stigma and increase provider capacity:

- 1. Simultaneously training providers to prescribe and educating peripheral staff -**
“A big win was you have increased capacity on the prescriber side and also in that time educated staff and providers on what it is you're doing.”
- 2. Regular inclusion of OUD education in both informal and formal meetings -**
“Most of the work or progress we had made has just been constant conversations, education within monthly staff meetings, provider meetings, that sort of thing. Just keeping it constantly talked about.”

Stakeholder Engagement and Training, cont.

In years 1 and 2, HAN hosted **19 public meetings** engaging community partners in discussions on recovery supports and social determinants of health.

“we are engaged with Save A Life and they do a phenomenal job in terms of pulling vested partners in the community together.”

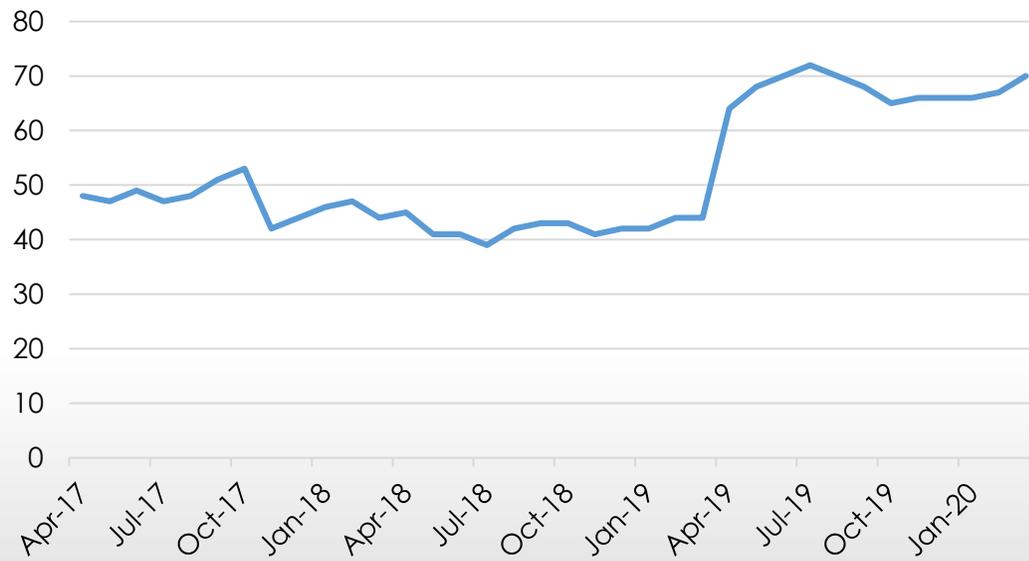
In years 1 and 2, HAN participated in **34 trainings and educational events**. This included **13 virtual ECHO sessions** where providers shared their experiences treating patients with OUD. These sessions fostered peer support and increased provider competence and confidence in prescribing MAT and treating their patients' co-occurring disorders.

“A lot of the education has been provider to provider, which makes a big difference. Speaking to a colleague is very different than sitting in a meeting.”

Organizational Capacity to Identify OUD

HAN's increase in diagnoses indicates expanded provider awareness to screen for and assess OUD among the HAN patient population.

of Patients Diagnosed with OUD in Practice (documented to meet DSM-5 criteria for OUD moderate or severe)



An increase in diagnoses:

- Expedites the treatment process, improving program efficacy
- Improves organizational planning by creating more accurate estimates of OUD in the community
- Contributes to a reduction in provider stigma

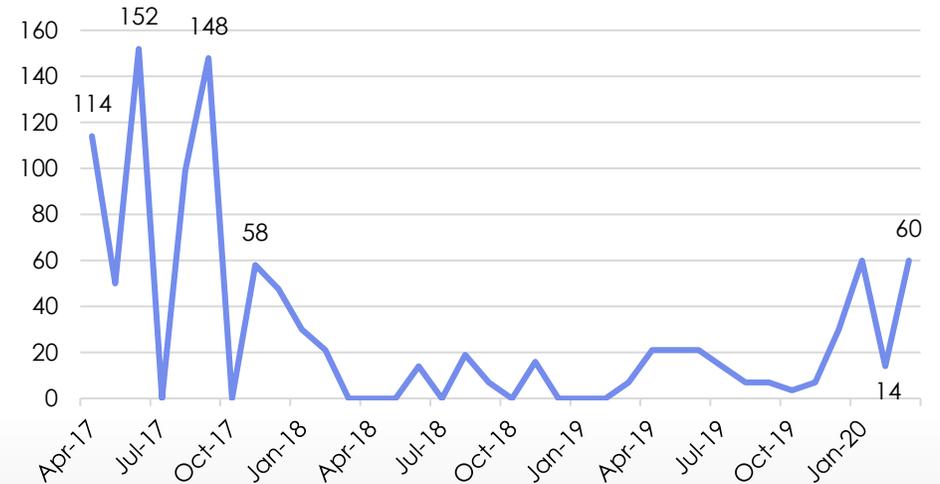
Treatment Access

HAN's improvements in treatment access are evidenced by an increase in MAT program enrollment and a decrease in wait time from referral to induction.

of Patients Currently Enrolled in MAT Program



Average Wait Time from Referral to Induction (days)



HAN reduced the average wait time from referral to induction for new patients from **114 days** in April 2017 to **60 days** in March 2020.

Next Steps

Formalized Advisory Council

“We’re actually just now starting to put a patient advisory council together which will lead patients who are in the program. We’re hoping to start that and put in a more formalized way to gather the information. But until now it’s been an informal process.”

Comprehensive Care

“In a perfect world people could come into our walk-in care, get that immediate access, stabilize and then see a primary care provider.”

“The goal is whether they come in for an abscess or “I need help” that we can get them same-day evaluation, medication, into the program. That would be the goal. We are not there yet.”

Structuring Recovery Groups

“For a while we were getting feedback that initially the groups had been a real strength of ours and then some of our groups had changed, so we started to see our group members drop. People weren't attending. Then we started getting feedback from patients about the reasons why that was. It was unstructured. Things they thought weren't working as well now as in the past. So we're addressing with the new behavioral health providers so that has started to improve and hopefully will continue.”

Questions?

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