

2020

## York Hospital Recovery Center's Medication-Assisted Treatment Program. MeHAF Addiction Care Grant Year 3

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# ***York Hospital Recovery Center's Medication-Assisted Treatment Program***

**Overview of Data Collected in Years 1-3 of  
MeHAF's *Addiction Care Program***

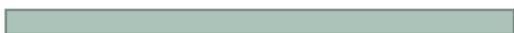
**Compiled by**

**The Cutler Institute of Health and Social Policy**

**September 2020**

# Presentation Overview and Introduction

- 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 data, and focus groups.
- This presentation compiles data collected from the aforementioned sources, with the addition of survey data collected by York Hospital (*MAT Efficacy and Capacity Survey*).
- Over the course of the MeHAF grant period, the Cutler Institute worked with York Hospital to set up a system to collect data via a data dashboard, deploy surveys, and conduct focus groups.
- The methodology for the surveys is at the end of this presentation (appendix).



# Background Information

- In 2017, York Hospital was awarded a three-year grant from MeHAF to create a hub-and-spoke system for Integrated Medication-Assisted Treatment (IMAT) – utilizing the already existing Cottage Program addiction services as the hub and primary care practices as the spokes. The first portion of funds was utilized for planning and subsequent funding was utilized for implementation of the MAT program.

*In the hub-and-spoke model, hubs serve as a center of addiction expertise where assessments, care coordination, and referrals take place, while the spokes are providers (primary care practice sites).<sup>1</sup>*

- The current IMAT program consists of two phases:<sup>2</sup>
  - **Phase I: Intensive Outpatient Treatment:** consecutive sessions of intense treatment and education
  - **Phase II: Outpatient & Continuing Therapy Groups:** groups meet weekly for 90 minutes to offer continued treatment and support
- At the start of the project (April 2017), there were no providers at York Hospital or within the immediate area who provided MAT. At the end of the three year grant (March 2020), **six** providers were providing MAT with a patient panel of **44**.

1. Brooklyn, J. R., & Sigmon, S. C. (2017). Vermont Hub-and-Spoke Model of Care for Opioid Use Disorder: Development, Implementation, and Impact. *Journal of addiction medicine, 11*(4), 286–292. <https://doi.org/10.1097/ADM.0000000000000310>

2. <https://www.yorkhospital.com/recovery-center/>

# Overview of Program Objectives: Planning Phase

**Overall Aim: York Hospital will incorporate substance abuse treatment specialty service (hub) and 9 primary care practices (spokes) to develop referral relationships and wrap-around services to support access to MAT in primary care settings and provide treatment capacity**

## Year 1

- Develop capacity of York Hospital's primary care practice and treatment staff to pilot culturally appropriate and inclusive comprehensive MAT services
- Develop an organizational structure and approach to build capacity and leadership in addiction therapy among its staff and partners
- Integrate evidence-based approaches with specialists in substance use and addiction care into practice work flow
- Increase collaborative agreements and improve telemedicine infrastructure and other approaches to provide services to the under- and uninsured

# Overview of Program Objectives: Implementation Phase

**Overall Aim: York Hospital will incorporate substance abuse treatment specialty service (hub) and 9 primary care practices (spokes) to develop referral relationships and wrap-around services to support access to MAT in primary care settings and provide treatment capacity**

## Year 2

- Build capacity of York Hospital to support MAT and implement a 30-patient pilot at hub
- Evaluate capacity and improvement of services for the under- and uninsured
- Improve recovery readiness and capital in York
- Increase collaboration with and incorporation of multidisciplinary departments (ED, OR, OB/GYN, Psych), specialty populations (pregnant/parenting/custodial, co-occurring psychiatric), and community partners into MAT model for patient-centric addiction care

## Year 3

- Develop capacity of York Hospital's ED, OB/GYN and Hospitalist staff to provide culturally appropriate and inclusive comprehensive MAT services
- Develop/improve a system of referral and relationships between the OB/GYN, EDs, and Hospitalists providing substance use and addiction care services
- Expand capacity of primary care practices to screen for SUD/ODU and provide culturally appropriate and inclusive comprehensive MAT services
- Improve collaboration among community partners to provide improved services to the un- and underinsured
- Implement recovery ready strategies internally and in the community to improve recovery readiness and capital
- Develop a sustainability plan for the Recovery Center

# Data and Methodology

## Quantitative Data

### Health Systems Leadership, Change Team, and Provider\* Surveys

- Baseline Survey: 2017 (n=10)
- Interim Survey: 2018 (n=4)

### MAT Efficacy and Capacity Surveys

- 2017 (n varies)
- 2019 (n=43)
- Data collected and analyzed by York Hospital

### Continuous Quality Improvement (CQI) Data\*

- Collected over the course of the grant period to assess the adoption, implementation, and maintenance of MAT. See appendix for measure definitions.

## Qualitative Data

### Patient Focus Group

- Conducted in Year 2 (Feb 2019)

### Change Team Focus Group

- Conducted in Year 2 (Dec 2018)

### Provider Focus Group

- Conducted in Year 1 (Dec 2017)

### LIMITATIONS

Evaluation and data collection activities for the *Addiction Care Program* focused on the program as whole. Therefore sample sizes were small for the surveys and focus groups were limited.

# Years 1-3: The Main Takeaways

## York Hospital Recovery Center's MAT program

Throughout the three-year grant period, York Hospital was able to successfully make use of the Maine Health Access Foundation's funding to support addiction care. Qualitative and quantitative analysis of data collected over the course of the grant reveals several themes that contributed to York Hospital's success:

**Building Capacity**

**Increasing Access**

**Expanding Outreach and Education**

**Providing Quality Treatment**

*These themes are discussed in the following slides.*

# Building Capacity



# Building Capacity

**“Three, four years ago I'd be at meetings and I'd have police, school, parents saying, '*When is York Hospital going to do this [treatment]? We need this.*' Now I'm going to these meetings and I'm bringing Recovery Center flyers and the stress level of all these people I'm meeting — it's just they're so happy.”**

**-Change Team Member, Year 2**

From the beginning of the project, **survey and focus group participants were very supportive of expanding access to MAT services.** Respondents saw the need to fill a gap in the community and were ready for the change.

## Ready for Change



Source: Baseline Survey (n=9)

## Committed to the Community

The most common reason stated for participating in the *Addiction Care Program* was a commitment to meet the community's unmet needs, specifically to address the lack of local treatment for OUDs and provide better treatment options.

Source: Baseline Survey (n=10)

In the first year, survey respondents felt that **MAT was a successful treatment option, believed it was supported by clinical experience, and that it would improve patient outcomes.**

Baseline Survey (n=10)

***Many respondents discussed the characteristics of MAT that make it a successful treatment option:***

It is an **evidence-based approach** that can improve outcomes and is **patient-centric**.

Support for MAT expansion also exists because it provides **supportive services** and **wrap-around care** to the patient.

**100%** of respondents **Agreed** or **Strongly Agreed** expanding access to MAT through the *Addiction Care Program*:

- Will improve outcomes for patients with Opioid Use Disorders
- Is supported by clinical experience with patients in other health care systems

# Program and Organizational Structure

At the beginning of the project, survey respondents felt as though the group had both **strong collaboration and communication.**

Baseline Survey (n=10)

**100%** of respondents **Agreed** or **Strongly Agreed** that:

**Collaboration** has historically been successful

I have **respect** for the other people involved in this project

People involved in our project **know and understand our goals**

The organizations and individuals involved in our project represent a **cross section** of those who have a stake in what we are trying to accomplish

I have a **clear understanding** of what our project is trying to accomplish

People involved in this project **communicate openly** with one another

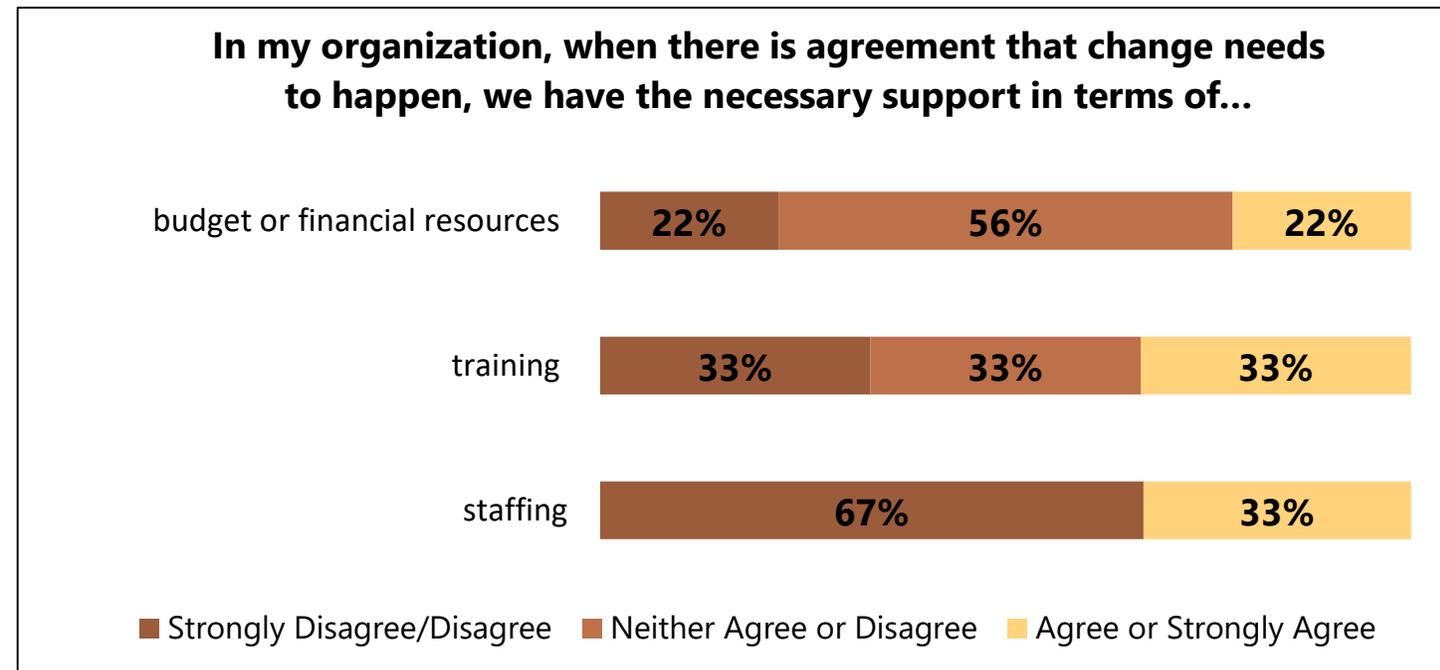
The level of **commitment** among the participating organizations and individuals is high

**“It feels more like we are York Hospital as a whole community and not just us and them, that it is a ‘we.’”** -Change Team Member, Year 2

Though participants supported the program and were ready to grow, focus group and survey respondents reported **a need for more resources in order to adequately expand.**

Focus group attendees reported that **on-boarding** and **training** was a lot of work and that finding **staff** with the right skill set and personality took time. Providers spoke of a need for more **administrative support**, and a desire for a **state resource** to consult on best practices.

Even though staffing was identified as a barrier, baseline survey respondents all believed that staff members were **committed to patient care** and outcomes (n=10).



Source: Baseline Survey (n=9)

***“There [are] ideas brewing but all that takes resources, space, time, and energy. So the fuel behind it, we need more.”***

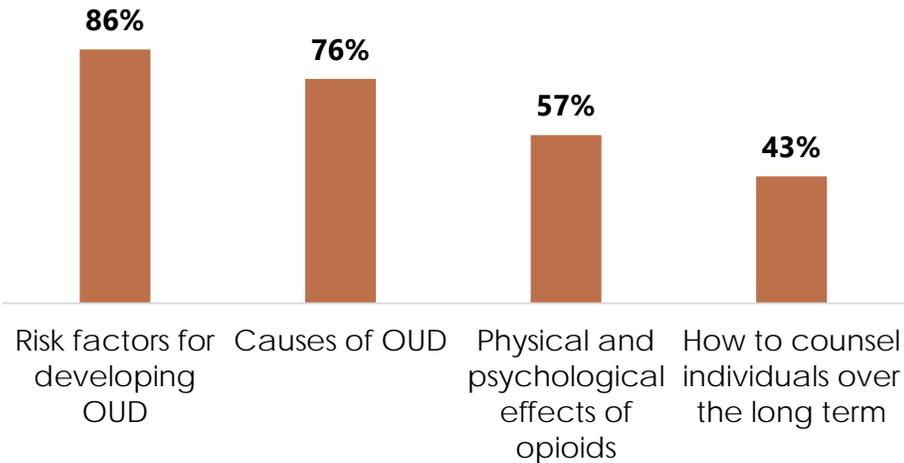
-Provider, Year 1

# Provider Attitudes

At the beginning of the project, providers reported varying degrees of knowledge about different aspects of Opioid Use Disorder. They showed a **high level of interest in working with individuals with OUDs and were highly convinced that offering MAT was important.**

Baseline Survey (n=7)

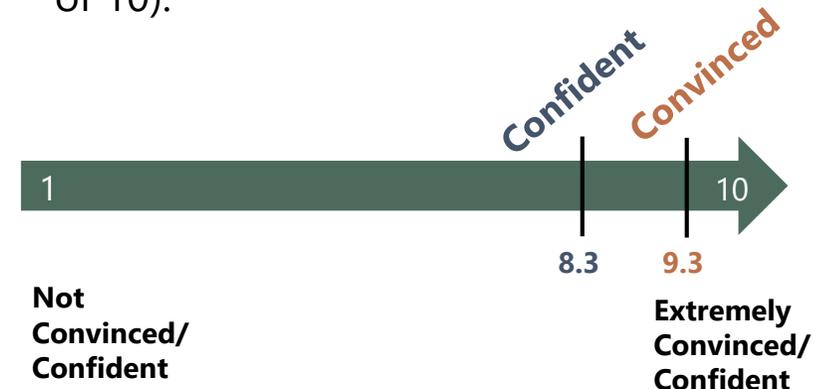
I know enough about \_\_\_ to carry out my role when working with individuals with OUD



**86%** wanted to work with individuals with OUD

**100%** thought they could help individuals with OUD

Providers were **convinced** that it was important to integrate MAT into clinical work with patients (rated 9.3 out of 10), though they were slightly less **confident** that their practice would be able to do so (rated 8.3 out of 10).



Despite a high level of support from survey respondents for integrating MAT, providers initially spoke **of varying levels of comfort and indicated a need for more support.**

Baseline Survey (n=7)

**43%**

Felt as though they had ongoing support from colleagues

**43%**

Felt as though they had adequate supervision from a more experienced person

**29%**

Were not satisfied with the way they work with individuals with OUDs

**“There is definitely a full spectrum of comfort among the providers.”**

## Increasing Provider Comfort

Focus group participants shared that a lack of resources and support limited initial provider comfort and involvement in prescribing MAT. Therefore, **champion providers aimed to create strong resources and workflows.**

**“Nobody wanted an X waiver until there was some type of backbone support.”** -Provider, Year 1

Provider focus group attendees reported the initial difficulty of substance misuse, stating that “it stops the office in its tracks.” Champion providers therefore believed it was important to **provide a workflow, a framework, and a method for the work.** They wanted to get norms established and resources up and running so that providers could offer the care, know where to go with questions, and begin to feel more comfortable.

**“We get a uniform message from [providers] saying that they are more comfortable the more they know about resources and the more resources they have.”** -Provider, Year 1

# Successes with Program and Organizational Structure

Change Team focus group participants and survey respondents spoke of a **positive team culture and program structure** — both important aspects of successful capacity building.

## Team Culture Successes

- Strong, committed team
- Efficient processes with people that “get things done”
- Team mentality
- Culture that promotes learning

## Program Structure Successes

- Regular Communication
  - Weekly meetings
  - Secure e-mails
- Designated Program Coordinator

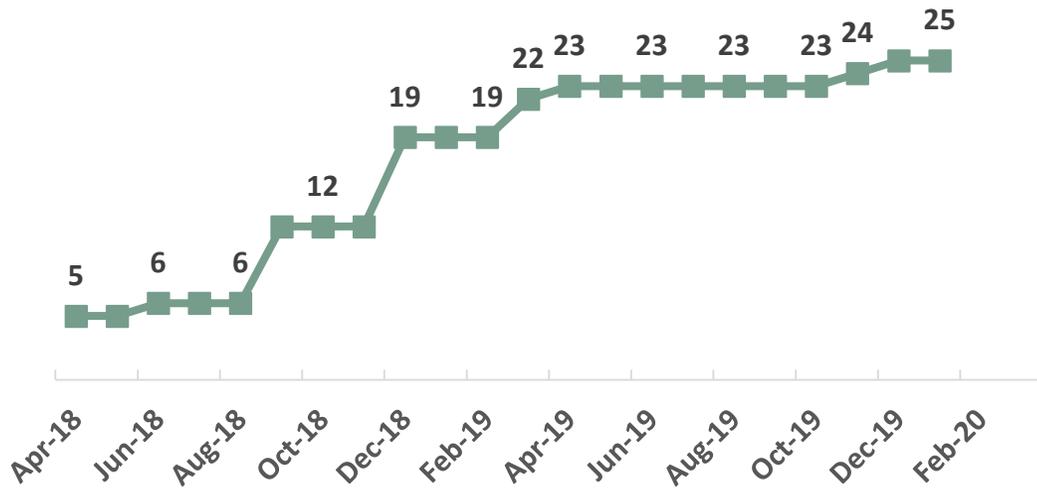


Nearly **2 out of 3** baseline survey respondents  
**Agreed** or **Strongly Agreed** that senior leadership/clinical  
management promote team building to solve clinical care problems.  
(n=9)

# Indicators of Success in Expanding Capacity

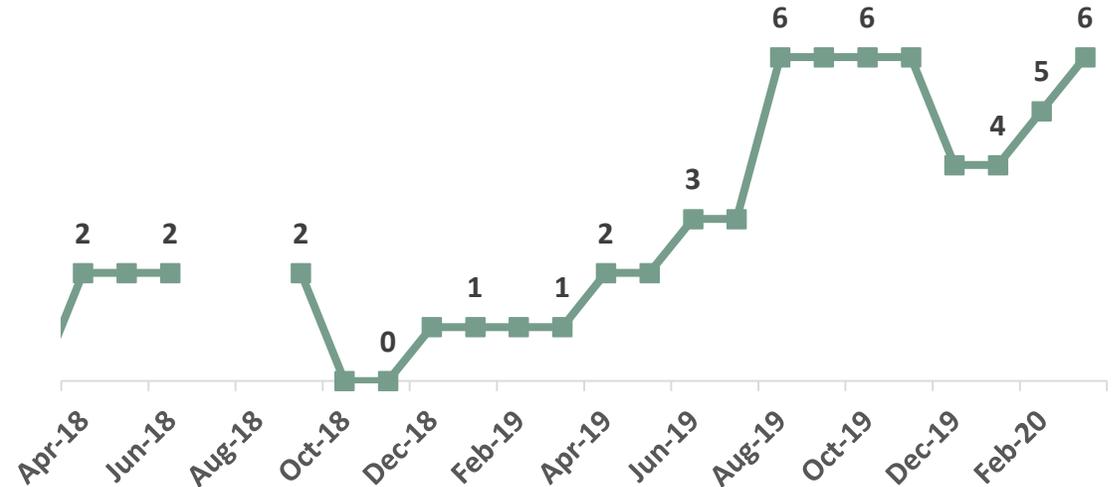
After the planning phase and through implementation, **the number of waived providers increased, creating a substantial improvement in capacity.** The number of providers currently prescribing has also steadily increased.

Total Number of Waivered Providers



**25** total waived providers

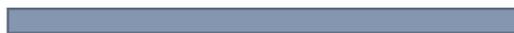
Number of Providers Currently Prescribing\*



**6** providers currently prescribing

\*missing data for July, Aug 2018

# Increasing Access



# Increasing Access

“There is a [treatment] formula, but it needs to be able to **move and bend a bit** to increase access.”

–Change Team Member, Year 2

## Patient-Centered Care

Patients, Providers, and Change Team members all spoke to the **flexibility of the program and the importance of providing integrated, patient-centered care.**

**Facilitators to success: “No wrong door and a prompt catch.”**

-Provider, Year 1

Stakeholders reflected on how the Recovery Center created a level of **integrated services** that was not previously possible, the importance of a **multi-team approach**, the **flexibility** in serving patients, and a program that felt **personal**, tailored, and individualized.



One Year of Increased Access:

**18,344** total rides given  
**519** total rides to the Recovery Center  
January to December 2018

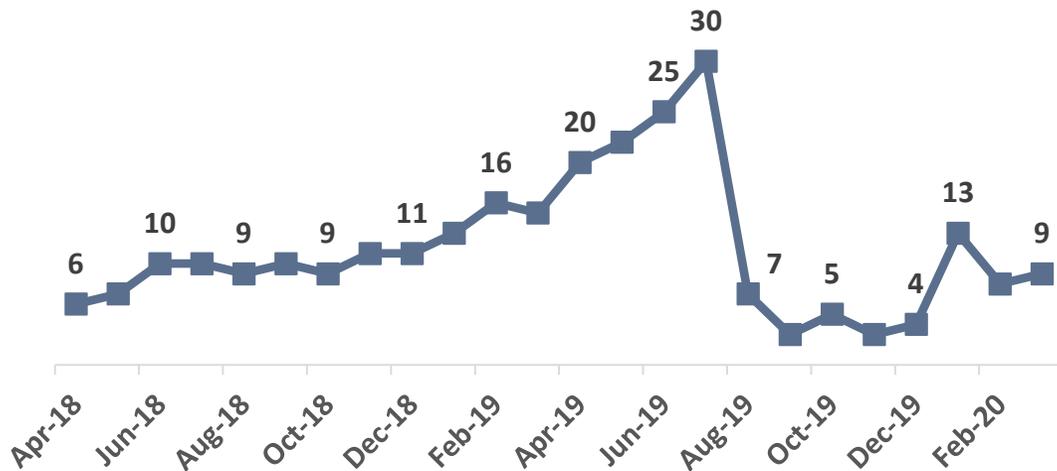


Increasing  
Access

# Patient Screening and Enrollment

Through increased screening, including as part of annual wellness visits, York Hospital **diagnosed hundreds of new patients and steadily increased enrollment in the MAT program over time.**

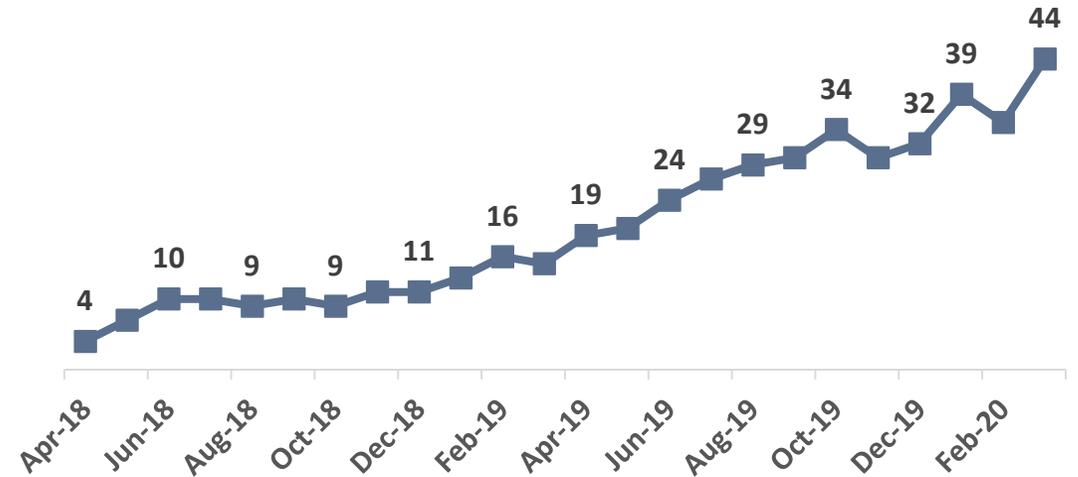
Number of Patients Diagnosed with OUD at York Hospital\*



\*documented to meet DSM-5 criteria for OUD moderate or severe

**259** total patients diagnosed with OUD

Number of Patients Currently Enrolled in MAT Program

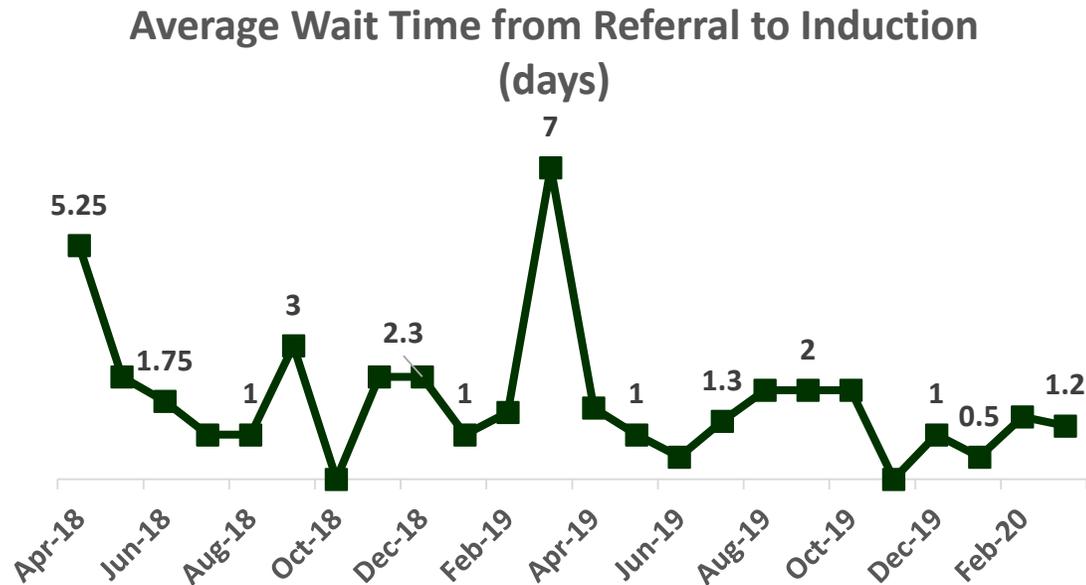


Enrollment increased by an average of **1-2 patients** per month

Increasing  
Access

# Patient Screening and Enrollment

York Hospital **increased access through reduced wait times**. Patients noticed and appreciated this faster intake and Change Team members highlighted the importance of flexibility in getting patients into the program.



**1.8** days

Total average wait time from referral to induction

***“The best change I've seen so far is the faster intake now in the MAT program.”***

-Patient, Year 2

# Barriers to Access

Qualitative research identified several barriers to accessing MAT and York Hospital's responses to these barriers.

## Barriers



Treatment and medication are expensive, especially without insurance



Social determinants of health such as transportation and child care can limit access



Privacy concerns and regulations can limit outreach

## Responses



York Hospital offers financial support and assistance

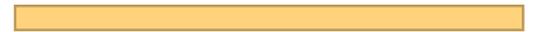
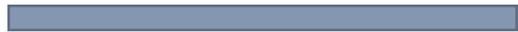


The Help Center offers patient navigators and social workers



The ride program offers patients transportation

# Expanding Education and Outreach



## Expanding Education and Outreach

**“MAT is a significant disrupter in the behavioral health industry. It really has a way of challenging philosophical beliefs that are not necessarily evidence-based. Changing beliefs is different than learning new stuff. To me a lot of what we’re doing is changing beliefs.”**

**–Change Team Member, Year 2**

## Education and Outreach Efforts

York Hospital engaged in significant education and outreach activities. Providers and Change Team members spoke of the importance of increasing awareness of services, building “recovery advocates” in the neighborhoods, and educating themselves and the community. Through education, providers gained more confidence.

**26** different organizations engaged, in addition to internal staff and individuals

**53** different community engagement efforts conducted (media outreach, trainings, community meetings)

**76** change team meetings and retreats attended

**100** training and education sessions conducted

**“There’s always more to learn but as I have continued to work with people I have certainly gained confidence that I am providing competent and quality care to meet patients’ needs.”**

-Provider, Year 1

# Reducing Stigma

Stigma was reported as a significant barrier to expanding recovery services. Through education and outreach, York Hospital aimed to tackle and reduce stigma.

## RECOGNIZING STIGMA

**“One of the most challenging things I’ve learned about is the strength of stigma. I don’t even mean on the streets or neighborhood, I mean here.”**

–Change Team Member, Year 2

## CHALLENGING STIGMA

**“We’re ambassadors so it’s our job to toe the heavier line on that [stigma] dynamic, not to be dissuaded, pushed away, baited.”**

–Change Team Member, Year 2

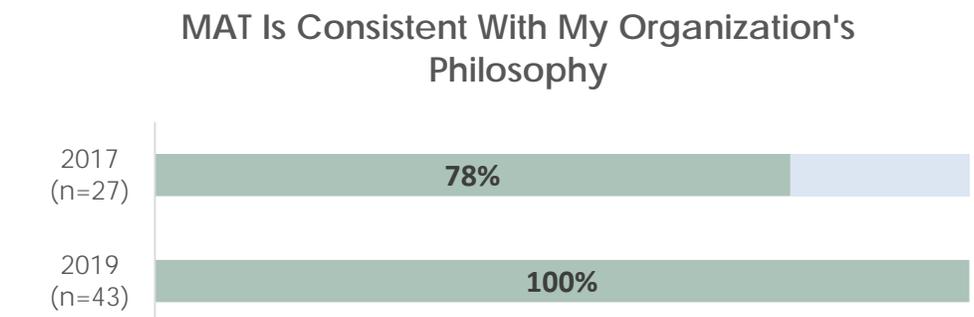
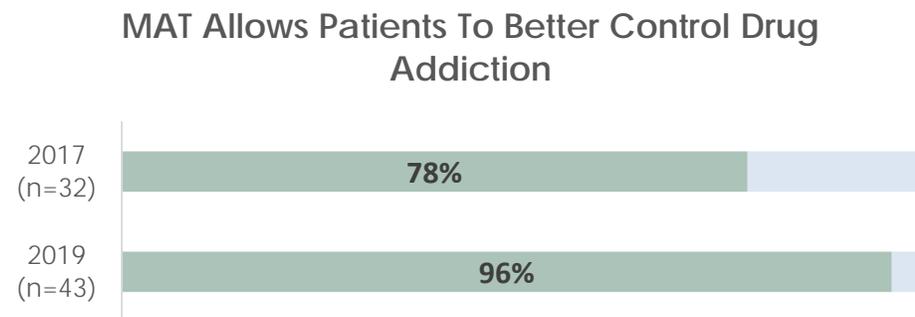
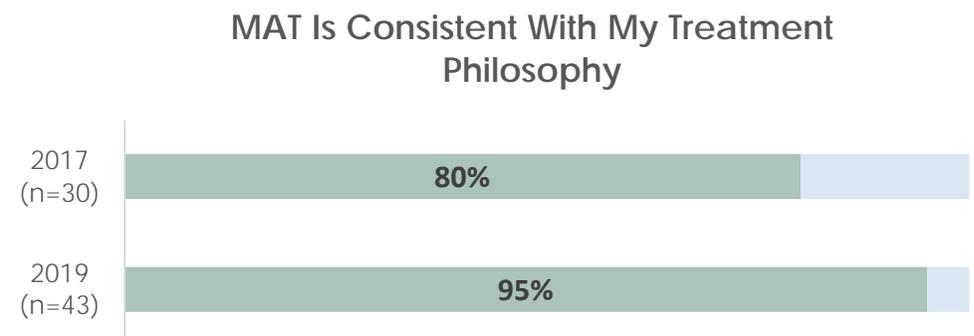
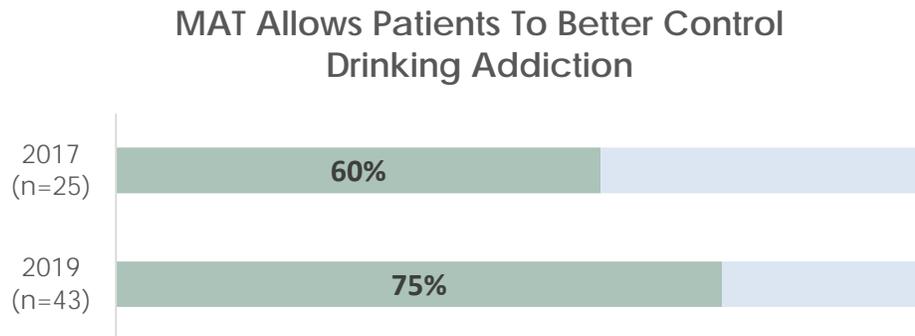
## REDUCING STIGMA

**With all the media attention and the newer programs popping up, “People are starting to realize that this isn’t just some bum on the street with a needle. People are starting to realize this can happen to anybody.”**

–Patient, Year 2

# Increasing Providers' Understanding of MAT

From 2017 to 2019, **Provider understanding of various elements of MAT increased.** Additionally, Providers reported an increase in consistency with both the organization's and their personal treatment philosophy.



■ Strongly Agree/Somewhat Agree  
■ Strongly Disagree/Somewhat Disagree

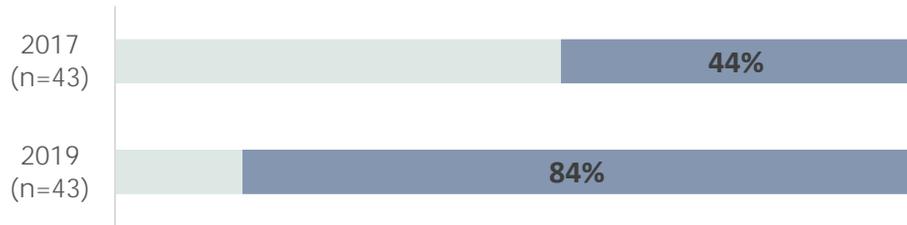
Graph Data Source: MAT Efficacy and Capacity Surveys

# Providers' Barriers to Recommending MAT

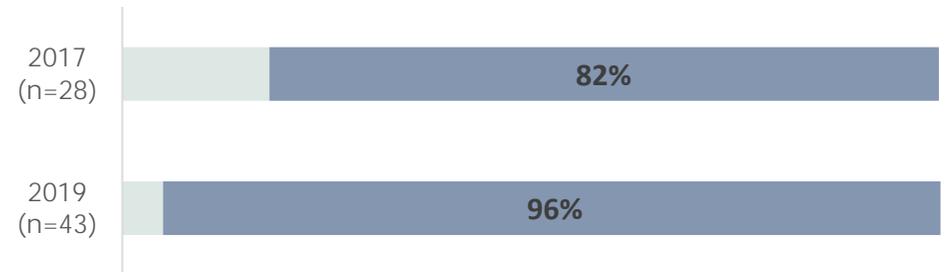
Providers indicated several barriers to recommending MAT at the beginning of the project while **fewer barriers were reported at the end of the project.**

- Strongly Agree/Somewhat Agree
- Strongly Disagree/Somewhat Disagree

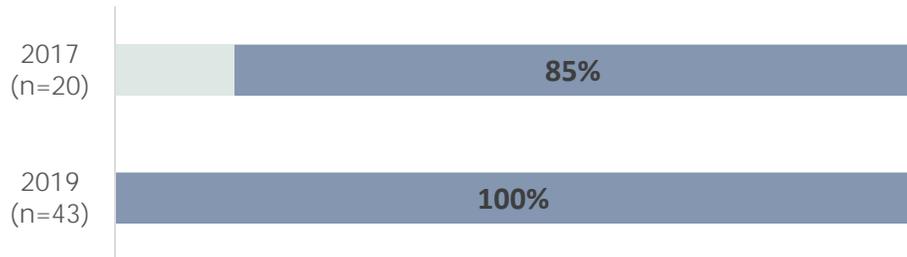
I Do Not Know Enough About MAT To Recommend It



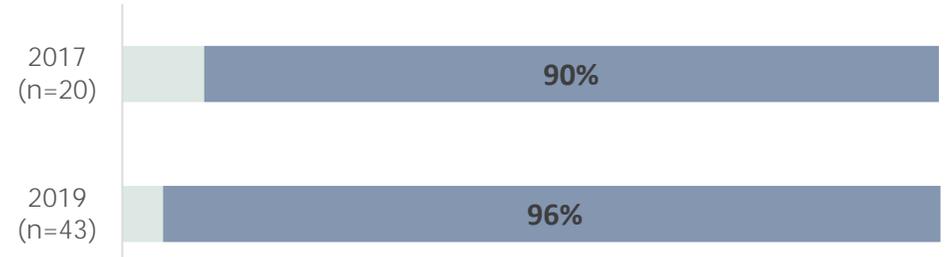
I Do Not Support MAT Because Of Poor Patient Compliance



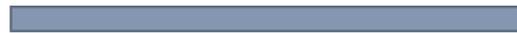
I Do Not Support MAT Because Local AA Does Not Support It



I Do Not Recommend MAT Because It Costs Too Much



# Providing Quality Treatment



# Providing Quality Treatment

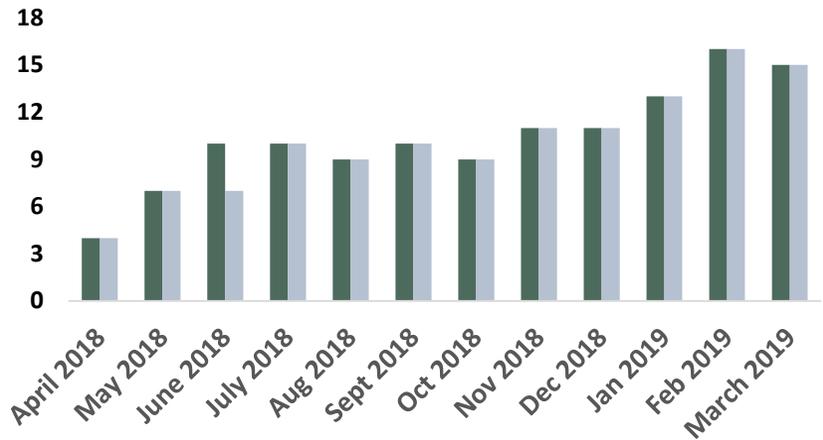
**“This hospital, I’ve never seen a hospital like this before. York Hospital is unbelievable.”**

**–Patient, Year 2**

# Stabilization and Maintenance Phases

York Hospital's MAT program had exceedingly **high levels of patient stabilization and maintenance in their first year of implementation**, indicating quality treatment for all participating patients.

**Stabilization**



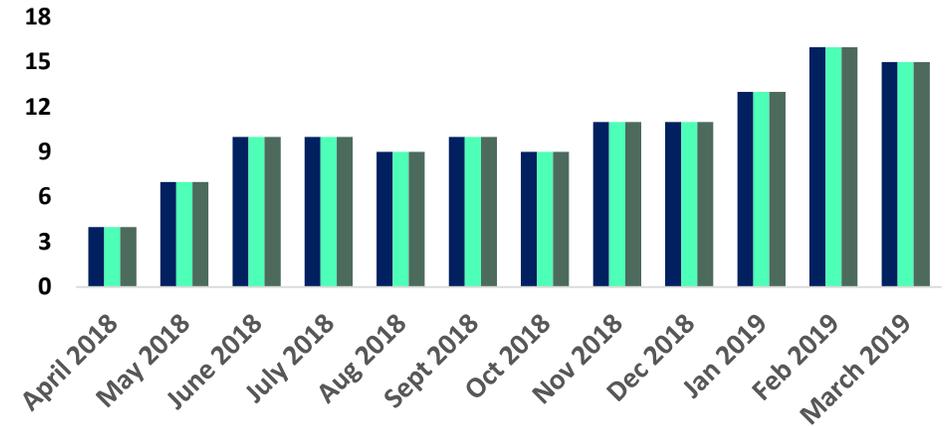
■ # MAT patients referred to Behavioral Health (must be documented)  
 ■ # MAT patients referred to Behavioral Health who attended their first BH Visit

**125** patients referred

**122** patients attended first visit

**98%** of referred patients attended their first visit

**Maintenance**



■ # MAT patients with urine drug screen (UDS) 1x/month (or more)  
 ■ # MAT patients with pill count this month  
 ■ # MAT patients that have an agreement documented in chart

**125** UDS

**125** pill counts

**125** agreements documented

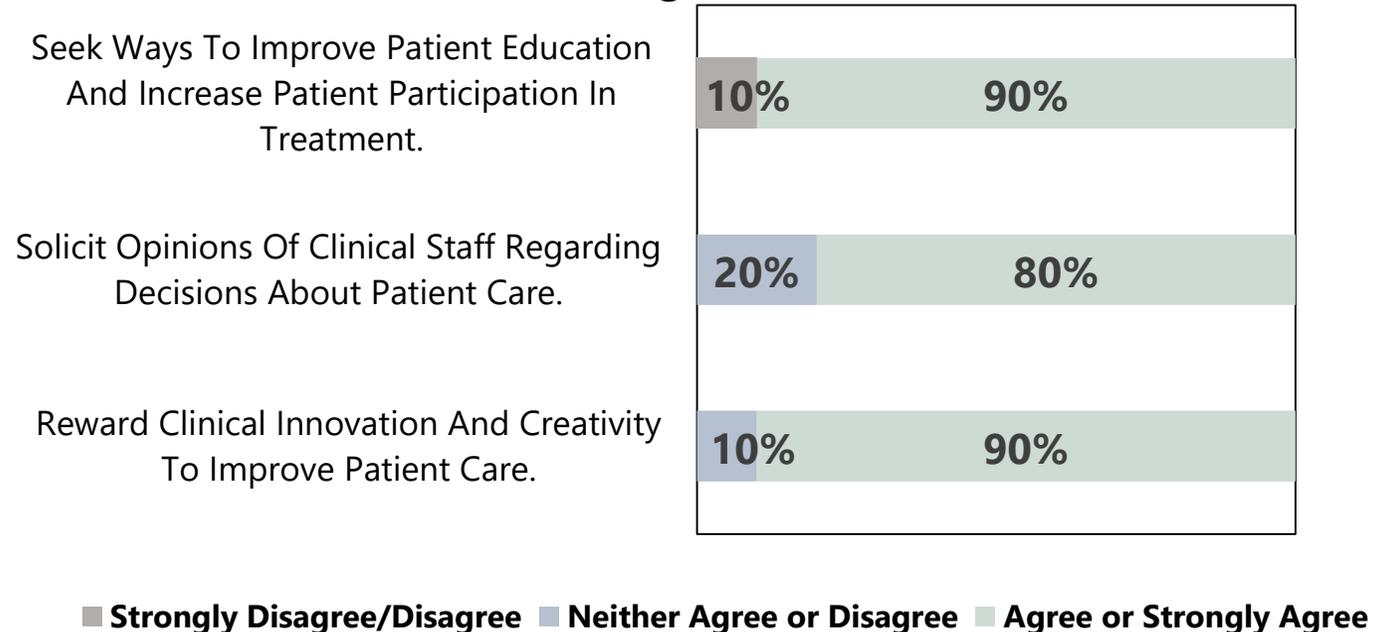
**100%** maintenance for all referred patients

Survey and focus group respondents showed a **high degree of commitment to patient care** in program planning that carried through the implementation of the program.

Change Team members reported wanting to promote a vision of **“loving kindness”** while also implementing unique aspects of the program including involving family members in Intensive Outpatient treatment.

Change Team members and Patients also highlighted the program’s **response to feedback**—recovery coaches and dialectical behavior therapy (DBT) were both implemented after patient feedback.

## Senior Leadership/Clinical Management In My Organization...



Source: Baseline Survey (n=10)

# Patient Care

Providers and Change Team members reported that the *Addiction Care Program* allowed them to provide more patient-centered care. They **focused on dignity and creating a welcoming, positive environment when serving patients.**

**Staff wanted the physical space to convey good patient care to help improve outcomes.**

**Providers thought it was necessary to have *“not just a room, but an established space that is respecting this discipline just like any other discipline.”***

-Provider, Year 1



***“A lot of creative thought... went into having a welcoming space, not just a place.”***

-Change Team Member, Year 2

One physical location was also reported as extremely helpful for collaboration.

# Treatment Experience

Patients felt extremely positive about the treatment experience and **spoke of a sense of belonging and community.**

***“From day one I felt so much better.”***

–Patient, Year 2

- Patients felt empathy and sympathy from the staff
- Patients reported an immediate feeling of relief and ease



- Treatment felt customized and personalized
- Patients also shared an improved quality of life due to the program

***“[It] felt like coming home.”***

–Patient, Year 2

# Treatment Experience

Patients felt that the program not only **improved their quality of life**, but they credited the program with **creating a sense of ownership and accountability**.

**"It's intensive here. I'm telling you I don't make excuses and I make sure I'm here, and it feels really good, and I feel amazing when I leave."**

**"They are like a mom because they give you the love and support but you've got to have the boundaries."**

**"They gave me everything I needed. Now that I'm not in the program, I feel I've gotten all the tools from them that I need."**

**"Things have gotten so much better for me since I've been through this program. I enjoy waking up in the morning. I love to work."**

**"It fulfilled my needs way more than I expected."**

# Treatment Components

In addition to the overall treatment experience, **patients showed an appreciation for the treatment components**, both medication and counseling.

Patients spoke highly of weekly group and dialectical behavioral therapy (DBT). They appreciated the behavior modification and thought it was “amazing.” They also reflected on the benefits of the medication:

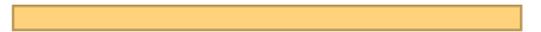
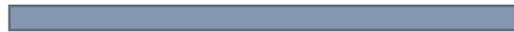
***“So now I look at Suboxone like taking my blood pressure medication every day. I do the same thing and I just feel normal. It makes me operate, function day to day. It’s like I was never on opiates ever before. That’s what it makes me feel like. Without it, I’d still be looking for some kind of relief out there.”***

–Patient, Year 2

***“Once you know that the medication's there it makes you want to better yourself. It gives you drive to come here, drive to go to group, to see your one-on-one, and make it to MAT.”***

–Patient, Year 2

# APPENDIX



# CQI Measures and Stakeholder Definitions

## CQI Measures

- Number of Patients Diagnosed with OUD in Practice
- Number of Patients Currently Enrolled in MAT Program
- Total Number of Waivered Providers
- Number of Providers Currently Prescribing
- Average Wait Time from Referral to Induction

*See CQI handout provided by the Cutler Institute for more information*

## Stakeholder Definitions

**Providers:** Prescribers and anyone with direct interactions with MAT participants/patients. This staff includes but is not limited to: MD/DOs, PAs, RNs, LPNs, CMA/MAs, managers, LCSWs, and other behavioral health staff.

**Change Team Members:** Individuals who are involved in the day-to-day collaborative and operational aspects of project implementation. Providers on change teams are dedicated champions working towards the implementation of MAT within their primary care setting.

# Health Systems Leadership, Change Team, and Provider Surveys Methodology

## Baseline Survey

This survey was deployed by the Cutler Institute to executives, change team members, and providers at the beginning of the program to assess respondents' views of the causes of the opioid crisis, their organizational readiness and collaboration efforts, as well as provider views and attitudes.

**Date Deployed:** September 21 – November 20, 2017

**Response Rate:** 62% (n=10)\*

\*certain questions had a different response rate, which is noted in the text

## Interim Survey

This survey was deployed by the Cutler Institute to change teams at planning sites to assess organizational readiness at the Interim stage.

**Date Deployed:** July 30 – August 20, 2018

**Response Rate:** 57% (n=4)

\*this survey was not a source of data for this presentation, as the n was small

Note: Due to the small sample size, the Interim Survey results are not included in this summary.

# MAT Efficacy and Capacity Surveys Methodology

This survey was deployed by York Hospital to medical providers including doctors, nurses, nurse practitioners, physician assistants, medical assistants, and counselors to assess respondents' capacity and perceptions of MAT. It was deployed in 2017 at the beginning of the program and in 2019 to assess the changes.

**Dates Deployed:** 2017 and 2019

**Responses:** 2017: n varies (see below)

2019: n=43

## Data Analysis

York Hospital provided summary result documents to the Cutler Institute after each survey. The 2019 percentages listed in the slides are taken directly from the 2017/2019 York Hospital Survey Summary document. Note that due to rounding, not all responses add up to 100%.

To accurately compare the 2017 and 2019 results, the Cutler Institute removed "Don't Know" responses from the 2017 results as it was not an optional response in 2019. The 2017 n's and percentages have been adjusted accordingly and are shown in the slides. Note that the 2017 numbers are therefore different from those provided by York Hospital in their summary document.

# Questions?

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