California’s MAT Expansion
Hub and Spoke System

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The National Opioid Crisis
Overdose Deaths per 100,000

New York Times: https://nyti.ms/2jVUlKb
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Drug overdose deaths in 2016 most likely exceeded 59,000, the largest annual jump ever recorded in the United States, according to preliminary data compiled by The New York Times.
The number of individuals using heroin at treatment admission has increased in the last five years.

Number of People Treated by Type of Opioid Being Used on Admission to Treatment in Vermont

- Heroin
- Other Opioids/Synthetics
- Non-prescription Methadone

Source: Alcohol and Drug Abuse Treatment Programs
Rate of Past Year Opioid Abuse or Dependence* and Rate of Medication Assisted Treatment Capacity with Methadone or Buprenorphine

*Opioid abuse or dependence includes prescription opioids and/or heroin
Source: AJPH 2015; 105(8):e55-63

Vermont Department of Health
Opioid overdose deaths: Worst Case Scenario

Scenario 1: The opioid deaths forecast for 2027 is 93,613. The forecasted change is 183% since 2015 when it was 33,091. This curve assumes total drug overdoses climb at the same rate they have for decades. It’s also based on the assumption opioid deaths keep making up roughly the same percentage of all drug deaths.
Opioid overdose deaths: 10 projected scenarios.
Learning from the Vermont Experience

What are Hubs and Spokes?
What is the Hub and Spoke?

- Designed to treat opioid use disorder as a chronic disease
- Main goal is to prevent overdose and deal with the opioid crisis in the state
- Each region has a specialized addiction center of expertise known as the HUB that is an opioid treatment program (OTP)
- Each Hub is connected to waivered buprenorphine doctors’ offices known as SPOKES
- All SPOKES have a dedicated MAT (medication assisted treatment) team
- A MAT team is made of 1 registered nurse and 1 licensed clinical social worker for 100 patients on buprenorphine under Medicaid
SPOKES

- Linked to a regional HUB
- Any office/clinic with a buprenorphine prescriber can participate as a SPOKE
- Can be 1 doctor in private practice, group practice with many prescribers, FQHC, other setting
- Can refer complex patients to the HUB for stabilization
- All SPOKES take advantage of the MAT teams in the region
MAT Teams
MAT (Medication Assisted Treatment) Team

- Cornerstone of a spoke’s effectiveness
- Many buprenorphine providers had declined to increase the number of people they treated due to the extra work involved in caring for those with OUD
- Consists of 1 each fulltime equivalent registered nurse and licensed behavioral health provider
- Pays for the services of both people per 100 buprenorphine patients enrolled in Medicaid
Registered Nurse

- Involved in prescription management-PA process, med renewal, checking Prescription Monitoring System
- Manage the call back procedure, counting films, calling pharmacies
- Help with management of drug testing
- Promote coordination of medical services with buprenorphine prescriber
- Help the physician manage the panel of patients and educate
Licensed Clinician

- Master’s level in social work, psychology, drug/alcohol, or counseling
- Provides brief counseling or referral to more intensive services
- Provides group counseling
- Provides some clinical case management
- Provides prescribers with a “reality check” in managing the patient’s clinical stability
- Make referrals to the HUB if unstable
- Coordinate intake of stable patients from the HUB into the SPOKE
Number of People Served in Vermont Opioid Treatment Hubs and the Number of People Waiting Over Time
The CA H&SS Project Implementation
California Opioid Hub and Spoke Project

**Implementation Team**

**UCLA**
- Richard Rawson, Principal Investigator
- Mark McGovern (Stanford), Learning Collaboratives
- Thomas Freese, Training/Technical Assistance
- Gloria Miele, Learning Collaborative Coordinator
- Beth Rutkowski, Training Liaison
- Training Coordinator and assistants

**Consultants**
- John Brooklyn
- Tony Folland
- Barbara Cimaglio
- Regional CA Addiction and Primary Care MDs

**Evaluation Team**

**UCLA**
- Darren Urada, Principal Investigator
- Vandana Joshi, Co-Investigator
- Howard Padwa, Co-Investigator
- Data Collection Coordinator and assistants

**Advisory Group**
- Implementation & Evaluation experts, H&SS participants, community members, DHCS representatives, CSAM, CHCF

**Advisors**
- Betsy Hall
- Yih-Ing Hser
- Lynn Brecht

**DHCS**
- Marlies Perez, State Project Director
- Michael Freeman, Project Manager; Kevin Masuda, Project Analyst

**CSAM**
- Kerry Parker, Jean Marsters, MD, Steve Eickelberg, MD

**CHCF**
- Kelly Pfeifer, MD
California Opioid Hub and Spoke Project
Implementation Activities
Learning Collaboratives

• Engage H&SS participants in process of shared learning and experience to facilitate implementation of services, assist with procedural changes, and provide opportunities for interactive problem solving
California H&SS Learning Collaborative (LC) Approach

- CME presentation, practice presentation, QI measures
- 8-10 face-to-face regional sessions over 2 years
- Attendance: Physician, practice administrator, nurse and BHC
- Practice policies, workflow information and resource exchange
- Partnership between local clinical-scientific leadership team plus content and implementation “experts”
- Access to webinars and trainings (UCLA, CSAM, CHCF)
CALIFORNIA H&SS LC APPROACH
CME TOPICS

- Evidence for addiction medication in general and specialty health care
- Assessing patients for appropriateness
- Addiction medications prescribing practices
- Treatment response monitoring
- Team-based care using MAT in general and specialty practice settings
- The Hub & Spoke Model: Patient Centered Medical Home/Neighborhood
CALIFORNIA H&SS LC APPROACH
PRACTICE PRESENTATIONS

- Tap into regional expertise and experience
- Initiate or deepen connections
- “Our” patients vs. “yours” or “mine”
- Use measures to make transparent and define comfort zone for patient transfer (“OPEN TABLE” concept)
- Expand network through other connections (e.g. Coalitions)
- Discuss and examine practice policies (e.g. cannabis and/or other substance use, diversion, obstreperous behaviors, beliefs about duration of medication course)
- Professional peer recovery support group
California Opioid Hub and Spokes Project
Implementation Activities
Training and Technical Assistance

• Just-in-time training including online self paced courses, in person and online training.

• Bi-annual Best Practices conferences, Bi-annual Clinical Skills trainings, Quarterly community-wide MAT training, and ongoing assistance with additional resources.
Training and Technical Assistance
Online Training

- Online, self-paced training to disseminate information and provide foundational understanding
  - Tour of Motivational Interviewing
  - Cognitive behavioral treatment
  - Buprenorphine Waiver training

- MAT Project ECHO
  - Opportunities for brief didactic presentations
  - Case-based learning and problem solving
    - Open discussion among all participants
    - Input and guidance from experts (medical, behavioral, administrative)
Training and Technical Assistance
Face-to-Face Training

- Skill based trainings
  - Provide guided practice of skills with feedback (e.g., practicing MI skills)
  - Opportunity for learning from the experience of other H&SS networks
  - Demonstrations of evidence-based practices
  - Developing strategies for implementation in clinical settings

- Community Forums on MAT
  - Distance and face-to-face training for the community at large to broaden understanding of MAT, why it’s important, and how the medicines work
  - Opportunity for discussion of hopes and concerns among participants about the planned expansion of MAT services
Training and Technical Assistance
Technical Assistance Services

- Expert consultation warm-line
  - Access to experts who can help with implementation issues in near real time. Call or submit request through website and receive email or phone response ASAP.

- Individualized Technical Assistance
  - H&SS participants can request specific technical assistance to address barriers to services including policies, structure, clinic flow, managing challenging patients, etc. Expert trainers/consultants will respond using distance and face-to-face methods.
California Opioid Hub and Spokes Project
Implementation Activities
CSAM & Consultants

CSAM

• Provide support to providers in spokes to build confidence in prescribing
• Mentored learning experiences at CSAM Annual Conference; updating *Guideline for Physicians Working in CA Opioid Treatment Programs* (2009); two educational webinars

Consultants
Additional technical assistance (John Brooklyn, Tony Folland, Mark McGovern, Barbara Cimaglio, Kelly Pfeifer/CHCF, California Addiction and Primary Care MDs)
CALIFORNIA H&SS
UNPRECEDENTED OPPORTUNITY

- To save lives and to foster recovery
- To succeed or fail as care providers
- To innovate or do more of the same
- To destroy stigma and discrimination for persons who suffer addiction
- To bring care of addiction into the “big house” of health care
- To develop practices, processes and relationships that last---

SUSTAINMENT
Contact information

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