Medications for Addiction Treatment – Los Angeles County

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Outline

• Framing the Issue

• Strategies to Expand Medications for Addiction Treatment (MAT) Across Los Angeles County
  – MAT Learning Collaboratives
  – MAT Resource Library
  – Engaging health providers

• Summary
Opioid Use on a Global Scale

Other Reasons Why MAT is Important

• Substance use disorders (SUD) are complex, difficult to treat, and we need to leverage all the tools at our disposal to maximize outcomes.

• Personal stories.

• It is evidence-based – it works!

• MAT can help even when it doesn’t “help.”
  – Studies have consistently demonstrated ~30% placebo effect whenever people use medications for a variety of purposes.
Strategies to Expand MAT Across Los Angeles County
Where We Are Starting From

- Very few primary care or mental health prescribers of MAT

- **MAT Hub & Spoke Approach**
  - 3 primary MAT hubs in LA County specialty SUD system
    - Vivitrol (long-acting naltrexone)
    - Buprenorphine
MAT Expansion

3 Core Strategies

1. Culture Change / Training
   - MAT training for SUD counselors & clinicians
   - Engaging SUD counselor certifying organizations (CCAPP, CAADE, CADTP) to ensure adequate focus on MAT in their curriculums
   - Learning collaboratives
   - Health policy → MAT coverage on Medi-Cal formularies

2. Expanding # of MAT prescribers
   - Buprenorphine trainings → primary care, mental health, and SUD providers
   - Utilizing physicians & other prescribers (NP’s / PA’s) to the full extent of their expertise and scope of practice

3. Expanding # of MAT hubs
   - Build up MAT capabilities & staffing → learning collaboratives
   - Recent SAMHSA Opioid State Targeted Response
     - Opioid Treatment Programs as hubs
     - FQHC’s and SUD providers as spokes

*Unifying theme across all strategies → WORKFORCE DEVELOPMENT*
MAT – Supply and Demand

**Phase 1:** Education for providers

**Phase 2:**
Educated providers and community aware of MAT as an SUD treatment option

**Phase 3:**
Demand from both providers and community will drive supply of MAT prescribers
Safe Med LA: MAT Action Team

• Leveraging learning collaborative model to expand MAT access
  – Established 2 learning collaboratives
    ▪ Primary care providers
      ▪ Focused on expanding MAT within FQHC’s and primary care clinics by building foundational knowledge and infrastructure necessary for MAT programs
    ▪ Specialty SUD providers
      ▪ Focused on expanding the # of MAT hubs in LAC beyond the 3 currently, including both OTP and non-OTP providers as hubs

Helpful topics identified through learning collaboratives:
• Sharing policies and procedures
• Developing MOUs between referring and accepting providers to formalize processes
Safe Med LA: MAT Action Team (cont’d)

• Conducting buprenorphine waiver trainings for eligible prescribers (MDs/DOs/NPs/PAs)

  • Results of MAT Action Team efforts
    ▪ Trained > 150 buprenorphine prescribers since the establishment of the Safe Med LA coalition
    ▪ Increasing # of MAT hubs within the specialty SUD system by at least 10 provider agencies
Web-based MAT Resource Library

• Outline
  – Overview
    • What, how, who
    • Anticipated barriers and challenges
    • Why MAT should be a core component of the health care system
  – Personal Story
  – MAT Protocols
    • Actual, anonymous MAT protocols organized by provider & medication type
  – Billing for MAT
    • Fee-for-service Medi-Cal TAR process
  – Integrating MAT into workflow – organized by provider type
  – Checklist
Engaging Health Providers & Other Stakeholders

• **Upstream targets**
  – Health care providers in training
    • SUD counselors*, medical/nursing students, physician assistants, social work & MFT trainees, psychologist trainees, etc.
  – Other stakeholders (e.g., criminal justice system)

• **Clinical leadership**
  – Medical Directors and clinical supervisors

• **Frontline counselors and clinicians**
Summary

• Cultural change is essential
  – Training alone will be insufficient to increase access to MAT
  – Personal stories of success with MAT will help drive this culture change
  – MAT expansion is an uphill, but necessary climb to more appropriately address substance use disorders in the health care system

• Scaling up the use of MAT will require engaging prescribers (MDs/DOs/NPs/PAs) in all areas of the health sector, including physical and mental health, as well as the specialty SUD community

• Learning collaboratives have been an effective way to facilitate the culture change and knowledge transfer necessary to expand the number of MAT prescribers

• Health providers need to be educated about MAT so they can in turn educate the community
Resources for Medication-Assisted Treatment

• **Case Consultation Support**
  – UCSF Clinician Consultation Center for Substance Use
    • Substance use warmline: 855-300-3595
    • [http://nccc.ucsf.edu/clinical-resources/substance-use-resources/](http://nccc.ucsf.edu/clinical-resources/substance-use-resources/)
  – Providers’ Clinical Support System
    • National training and mentorship project to give prescribers the tools to be able to prescribe MAT ([http://pcssmat.org/](http://pcssmat.org/))

• **Buprenorphine Training Resources**

• **MAT Guidelines / Protocols**
  – SUMMIT: Procedures for Medication-Assisted Treatment of Alcohol and Opioid Dependence in Primary Care (RAND)
Resources for Medication-Assisted Treatment (cont’d)

• MAT Guidelines / Protocols (cont’d)
  – The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use
  – Medication for the Treatment of Alcohol Use Disorder: A Brief Guide (SAMHSA)
    • http://store.samhsa.gov/shin/content/SMA15-4907/SMA15-4907.pdf
  – Recovery Within Reach: Medication-Assisted Treatment of Opioid Addiction Comes to Primary Care (CHCF)
    • http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20R/PDF%20RecoveryReachMAT.pdf