

California's MAT Expansion Hub and Spoke System: Introduction to the Learning Collaborative

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Agenda

- ▶ Introductions
 - ▶ Who are you, where do you work, what's your role and experience with MAT?
- ▶ Overview of H&SS
- ▶ Learning collaboratives
 - ▶ Purpose, format, content
- ▶ Other resources
- ▶ Discussion

Introductions

CA H&SS Hubs and Spokes



Network # & Hub location	Spokes
1	Lake County (1) Mendocino County (2)
2	Nevada County (1) Siskiyou County (2) Trinity County (1) Del Norte County (1)
3	El Dorado County (1) Placer County (1) Nevada County (1)
4	Butte County (2) Lassen County (1) Tehama County (1) Plumas County (1)
5	Humboldt County (6)
6	San Joaquin County (1) Stanislaus County (1)
7	Contra Costa County (TBD)
8	San Francisco County (TBD)
9	Sonoma County (1) Lake County (1) Yolo County (1) Colusa County (1) Napa County (1)
10	Los Angeles County (10)
11	Marin County (8)
12	Yolo County (2) Sacramento County (1)
13	Santa Cruz - N County (6)
14	Santa Cruz - S County (4) San Benito County (1) Monterey County (1)
15	Fresno County (TBD)
16	Solano County (TBD)
17	San Diego County (7)
18	Los Angeles County (10)
19	San Bernadino County (1) Riverside County (6) San Diego County (2)

California Opioid Hub and Spoke Project



DHCS

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

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

UCLA

Program Director
Valerie Antonini

Advisory Group

Implementation & Evaluation experts, H&SS participants, community members, DHCS representatives, CSAM, CHCF

Evaluation Team

UCLA

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

Advisors

Betsy Hall
Yih-Ing Hser
Lynn Brecht

CSAM

Kerry Parker, Jean Marsters, MD,
Steve Eickelberg, MD

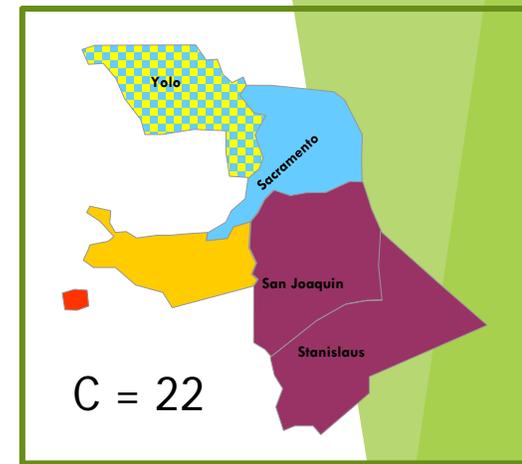
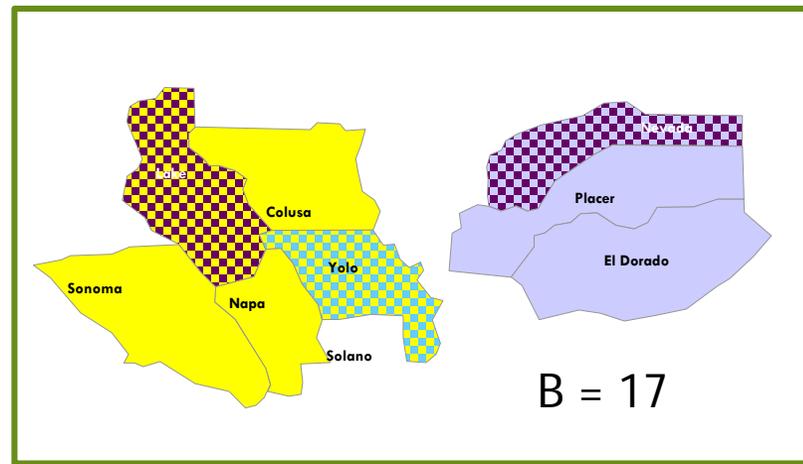
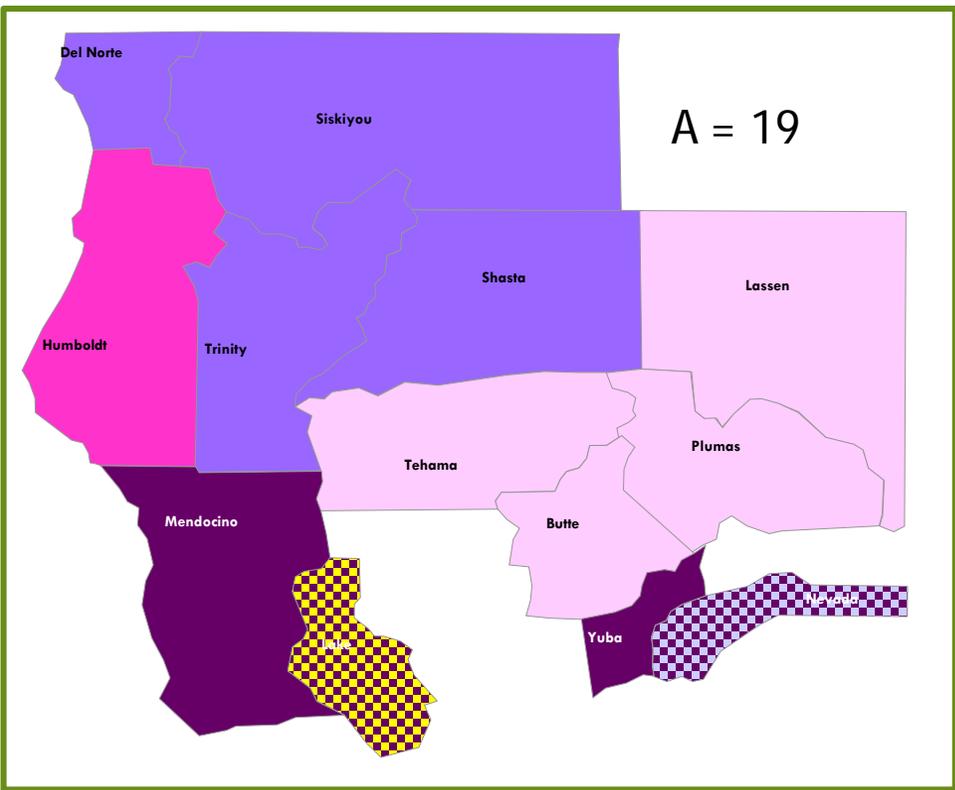
CHCF

Kelly Pfeifer, MD

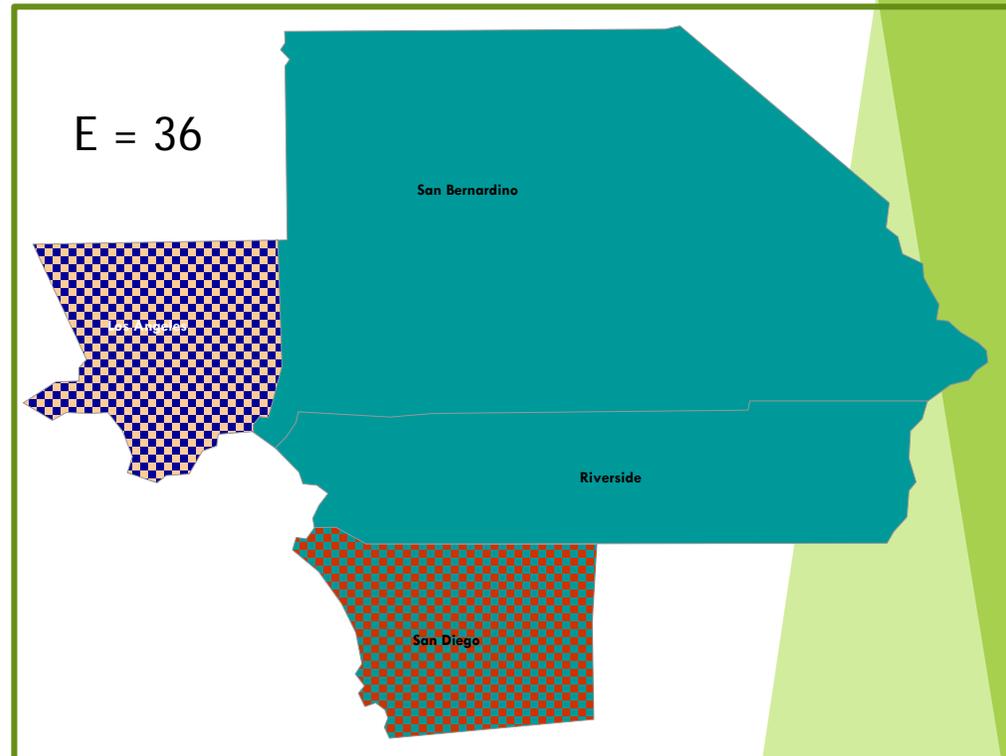
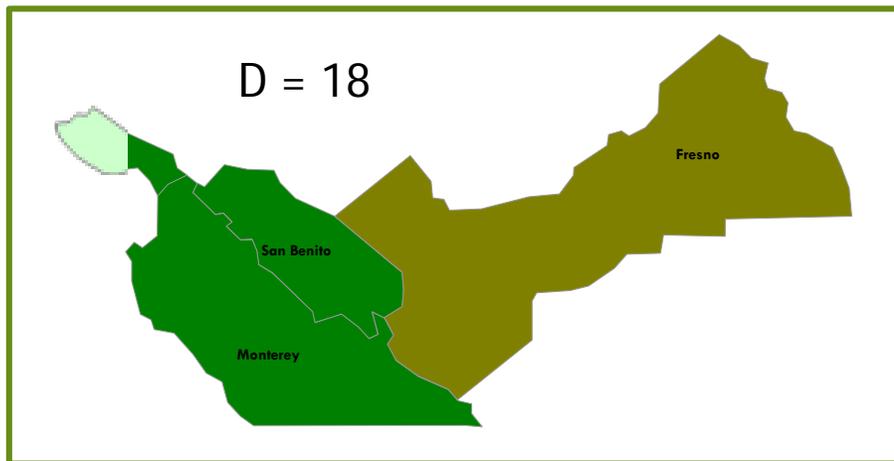
Learning Collaboratives in the Hub and Spoke System

California's Response to the Opioid Epidemic

- ▶ CA H&SS: a model comprised of NTPs or Medication Units that serve as the Hubs and Data 2000 waived prescribers who prescribe buprenorphine in office-based settings who serve as the Spokes.
- ▶ Hub: a Department licensed NTP or Medication Unit.
- ▶ Spoke: either (1) a federally waived prescriber who prescribes and/or administers buprenorphine, or (2) one or more federally waived prescribers and a MAT team. A Spoke may consist of individually waived professionals, FQHCs, or SUD treatment providers.
- ▶ MAT Team: consists of a licensed health practitioner and/or licensed behavioral health professional to perform duties that do not require a prescribing license.



CAH&SS Regions



Learning Collaborative

Online Training
EBPs
Project Echo

Face-to-Face Training
EBP Skills
Community Forums

Technical Assistance
Warm Line
Specific Requests



California Opioid Hub and Spoke Project 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

**Learning
Collaborative**

California H&SS Learning Collaborative

- ▶ Half-day sessions including
 - ▶ CME presentation
 - ▶ Practice presentation
 - ▶ QI measures
- ▶ 8-10 face-to-face meetings 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)



**Learning
Collaborative**

Locations and Dates

- ▶ Quarterly, in person meetings
- ▶ Based on geographic regions
- ▶ Scheduled and located for region convenience and accessibility
- ▶ Doodle poll



**Learning
Collaborative**

Year 1 Topics

SESSION 1	<i>The Hub and Spoke Model: Expanding Access to Care</i>
SESSION 2	<i>The Evidence for Addiction Medication in General and Specialty Health Care</i>
SESSION 3	<i>Team-Based Care Using MAT in General and Specialty Practice</i>
SESSION 4	<i>Treatment Response Monitoring</i>

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 support group

Quality Improvement (QI) measures

- ▶ Data to establish progress
- ▶ Specific, measurable indicators of quality improvement related to H&SS participation
- ▶ Minimize burden by using required data elements
- ▶ Implementation team will provide a spreadsheet to enter data
- ▶ Present findings throughout LC process to see changes in care

Proposed Quality Improvement (QI) measures

- ▶ # of spokes; # of waived providers in each spoke; # of total patients in spoke total and # per prescriber (if possible)
- ▶ # of patients in hubs on buprenorphine; # of patients in hub on naltrexone (Vivitrol)
- ▶ # of patients linked to spoke/# of patients referred to spoke from hub (for each spoke)
- ▶ # of patients linked to hub/# of patients referred to hub by spoke (for each spoke)
- ▶ # of patients in treatment at 6 months from admission/# of patients admitted during eligible period

Leveraging QI Measures

Date:

Plan-Do-Study-Act (PDSA) Worksheet

	Tasks to be completed to run the test of change:	
	Who:	
	Due when:	
	Tools needed:	
	Measures:	
	What are we learning as we do the pilot? What happened when we ran the test? Any problems? Any surprises?	
	As we study what happened, what have we learned? What do the measures show?	
	As we act to hold the gains or abandon the pilot efforts, what needs to be done? Will we modify the change?	
Make a plan for the next cycle of change.		

Other Implementation Resources



California Opioid Hub and Spoke Project Implementation Activities Project ECHO

- Case-based learning
- CE presentation, case presentation, expert feedback and discussion
- Topics will vary and evolve as needs arise
- Monthly web-based sessions



California Opioid Hub and Spoke Project Implementation Activities CSAM & Consultants

CSAM

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

Consultants

Additional technical assistance (John Brooklyn, Tony Folland, Mark McGovern, Barbara Cimaglio, Kelly Pfeifer/CHCF, California Addiction and Primary Care MDs)

Welcome to the California Hub and Spoke Monthly Newsletter

MAT Expansion Project

The California Hub and Spoke System (CA H&SS), otherwise known as Medication Assisted Treatment (MAT) Expansion Project, is being implemented throughout California as a way to improve, expand and increase access to MAT services across the state.

Within a two year grant period, the MAT Expansion Program is projected to serve over 20,000 individuals with Opioid Use Disorders (OUD) to address the opioid crisis in California. The main goals are to prevent overdose and treat OUD as a chronic disease. Visit our [website](#) for more information.

CA H&SS IMPLEMENTATION

Each region has a specialized addiction center of expertise, known as the Hub, that is an opioid treatment program (OTP). There are currently 10 funded Hubs in the state of California. Each Hub is connected to a Spoke, which is any office or clinic with a buprenorphine prescriber. The project will begin with approximately 119 spokes across the state.



Spokes will have access to a dedicated MAT team, consisting of one registered nurse and one licensed clinical social worker for every one hundred patients on buprenorphine under Medicaid. Spokes have the ability to refer complex patients to the Hub in their region for stabilization. MAT teams are essential to the success and effectiveness of Spokes.

This program will improve access to MAT services, especially in counties with the highest overdose rates. The implementation of the CA H&SS will increase the total number of physicians and nurse practitioners prescribing buprenorphine, thereby increasing the availability of MAT for patients with opioid use disorders.

The California Hub and Spoke System aims to deal with the opioid crisis in California through a collaborative effort of relevant stakeholders. These programs stem from the idea that opioid use disorders should be treated as a chronic disease. The MAT Expansion Project aims to reduce stigma and pave the way towards a progressive solution for the opioid epidemic.

Resources

[UCLA ISAP H&SS WEBSITE](#)

[Drug Deaths in America Are Rising Faster Than Ever](#)—by Josh Katz

[A Long And Winding Road: Kicking Heroin in An Opioid Treatment Desert](#)—by Brian Riniker

[California's Answer To The Opioid Crisis](#)—by Jeremy D. Martinez, MD

[Vermont Hub-and-Spoke Model of Care For Opioid Use Disorder: Development, Implementation, and Impact](#)—by John R. Brooklyn, MD, and Stacey C. Sigmon, PhD

[Using a Learning Collaborative Strategy With Office-based Practices to Increase Access and Improve Quality of Care for Patients With Opioid Use Disorders](#)—by Benjamin R. Nordstrom, MD, PhD

[Motivational Interviewing Training](#) (Self-paced)

[PSATTC Resources](#)

[California Opioid Surveillance Dashboard](#)

Upcoming Events

[Learning Collaborative Session 1](#)
Choose one session on [September 25](#) or [September 28](#)

[California Primary Care Association Annual Conference](#)
October 12 — October 13
Anaheim, CA

[Integrating Substance Use, Mental Health, and Primary Care Services](#)
October 25 — October 26
Universal City, CA

[California Opioid Policy Summit](#)
November 8 — November 9

Newsletter

Other Communication

- ▶ CAHSS ListServ
 - ▶ Coordinated communication channel for project news and activities
 - ▶ CAHSS ListServ
 - ▶ Look for email from CAHSS with invite to join
 - ▶ Email Patrick (pflippenweston@mednet.ucla.edu) with any problems connecting
- ▶ Implementation web site
 - ▶ <http://uclaisap.org/ca-hubandspoke>

CALIFORNIA H&SS

UNPRECEDENTED OPPORTUNITY

- ▶ To save lives and to foster recovery
- ▶ To destroy stigma and discrimination for persons who suffer from opioid use disorders
- ▶ To bring care of addiction into the “big house” of health care
- ▶ To develop practices, processes and relationships that last---

SUSTAINMENT

Discussion

Contact information

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www.uclaisap.org/ca-hubandspoke