



Welcome to HRSA-BHTA Offering: Integrated Care Challenges & Solutions Virtual TA Series

Vision: Healthy Communities, Healthy People





Integrating Psychiatry into Primary Care Treatment of Patients with Substance Use Disorder: Application of the Chronic Care Model

Dr. Lyle Cooper, Ph.D., MSSW – Presenter 1

Dr. David Marcovitz, M.D. – Presenter 1

Amber Murray, BSN, MA – Virtual TA/Office Hours Task Lead & Moderator

Tuesday March 1st, 2022

Vision: Healthy Communities, Healthy People

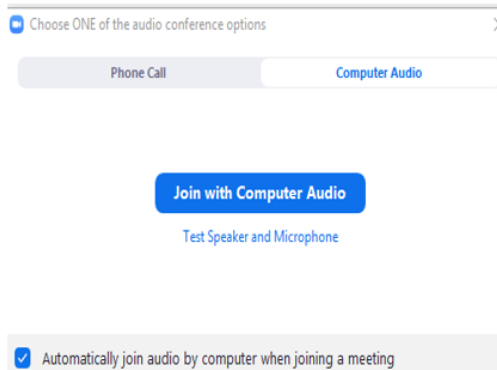


Housekeeping

To establish an audio connection:

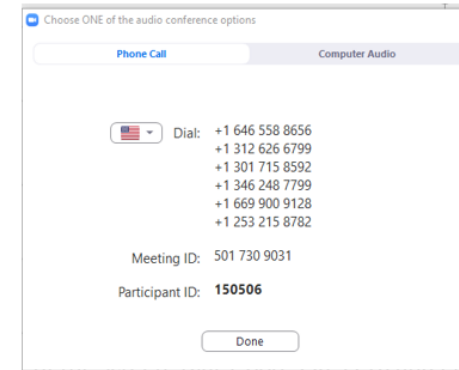
By computer:

- Click **Join with Computer Audio**.

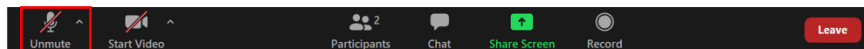


By phone:

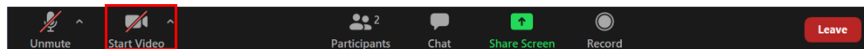
- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.



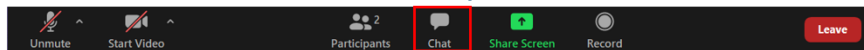
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



Notes:

- Please participate and, if possible, be on camera.
- Please mute your phone line if dialed in for audio and remain on mute until you would like to speak.
- This CoP is being recorded.

Virtual TA: Presenters & Facilitators



Presenter:
Dr. David Marcovitz, MD
Vanderbilt University
Medical Center



Presenter:
Dr. Lyle Cooper, Ph.D.,
MSSW
Meharry Medical
College



Facilitator:
Amber Murray, BSN, MA
Technical Expert & Task Lead
JBS International, Inc.

Today's Agenda

- Welcome & Introductions
- Presenter Presentation
 - Integrating Psychiatry into Primary Care Treatment of Patients with Substance Use Disorder: Application of the Chronic Care Model
- Facilitated Discussion
- Announcements
 - Office hours for this event
 - Future TA events
 - Satisfaction assessment form



Source: iStock



Integrating Psychiatry into Primary Care Treatment of Patients with Substance Use Disorder: Application of the Chronic Care Model

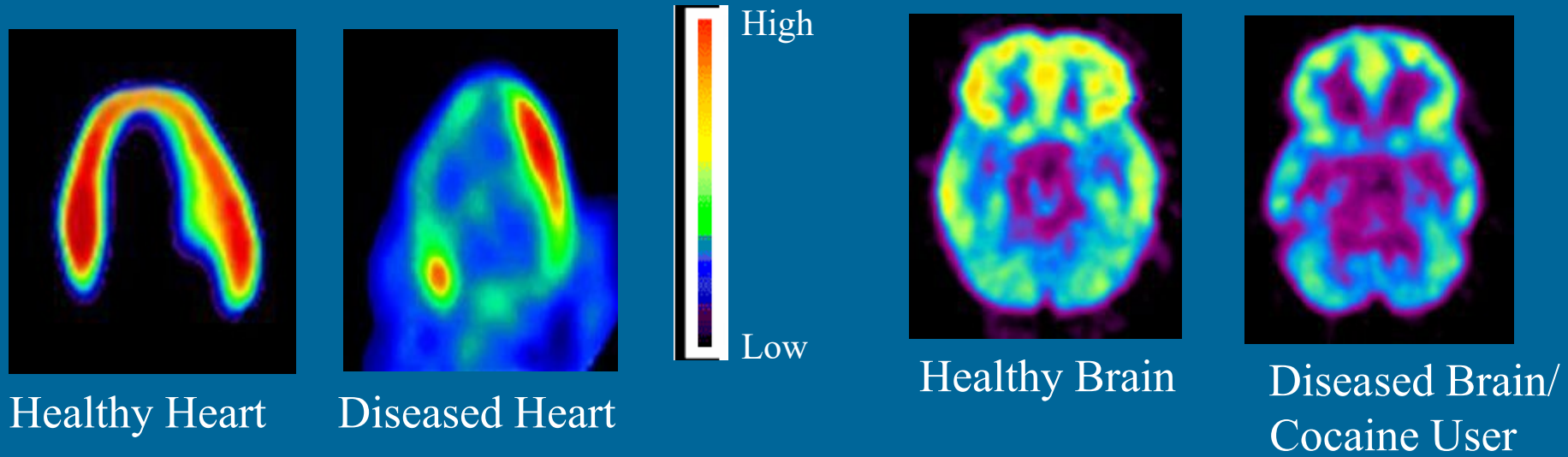
Vision: Healthy Communities, Healthy People



Substance Use Disorder (SUD) Prevalence



Destigmatizing Substance Use Disorders



- **Prevention:** Routine assessment and early intervention when risk factors present
- **Treatment:** Medical therapies, management of co-occurring diseases, lifestyle modification, and social support

Polling Question #1

- Do you think of addiction disorders as similar to chronic conditions such as diabetes or heart disease?
 - Yes
 - Maybe
 - No
 - I'm not sure



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Polling Question #2

- Do staff at your organization or partner organizations think of addiction disorders as similar to chronic conditions such as diabetes or heart disease?
 - Yes
 - Maybe
 - No
 - I'm not sure



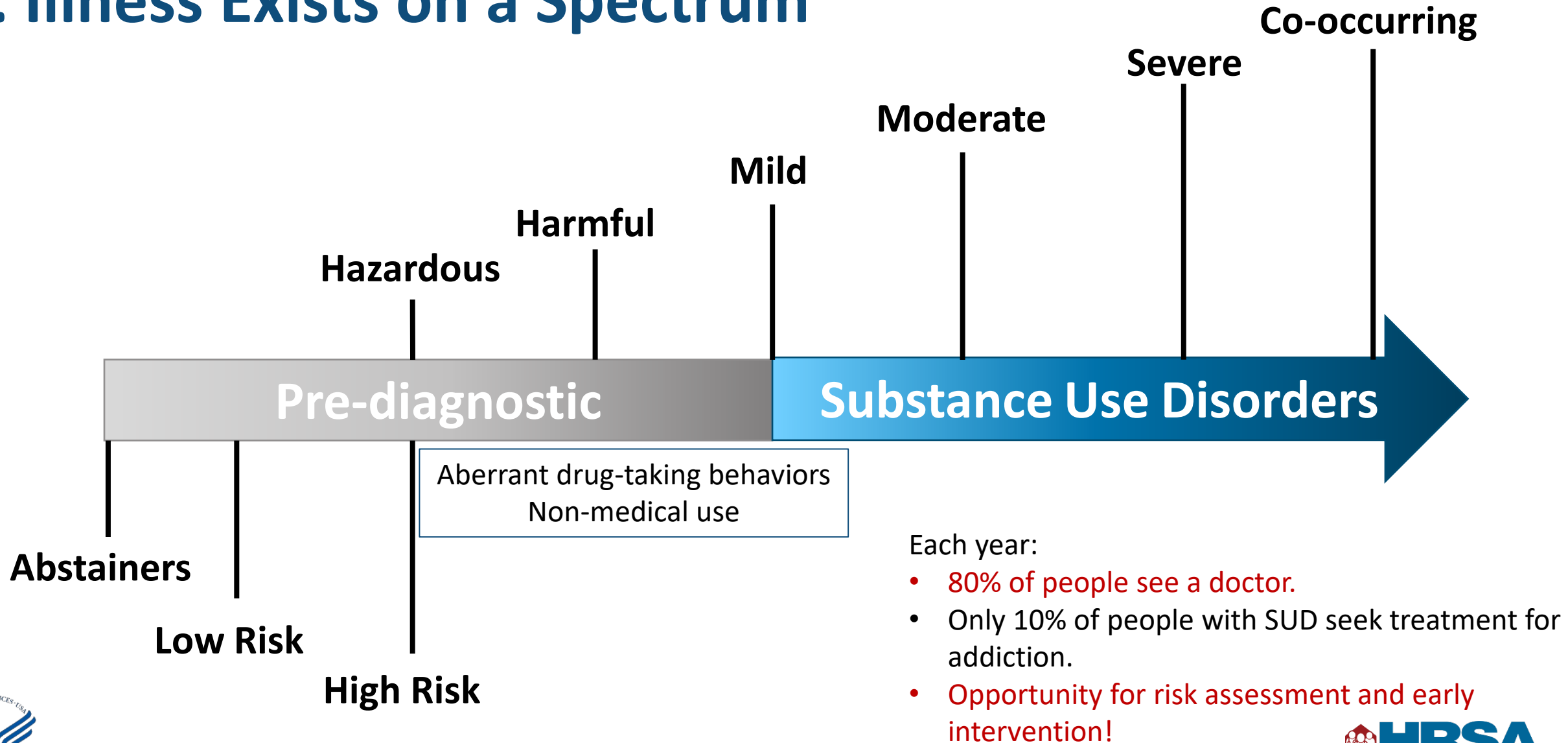
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5 Key Points of Addiction Care within the Chronic Disease Model

1. Illness exists on a severity spectrum – treatment individualized
2. Medication is “appropriate pharmacotherapy” (part of routine management), not unique “medication assisted treatment”
3. Motivation is assessed and not assumed
4. “Detox” is not a helpful construct
5. Illness co-occurs with other med-psych illnesses



1. Illness Exists on a Spectrum



Polling Question #3

- In your practice setting, where would you say most of your patients fall on this spectrum?
 - Abstainers
 - Low risk substance use
 - High risk/hazardous substance use
 - Harmful substance use
 - Mild substance use disorder
 - Moderate substance use disorder
 - Severe substance use disorder
 - Co-occurring substance use disorder



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2. Medication as appropriate pharmacotherapy...

Treatment Modalities:

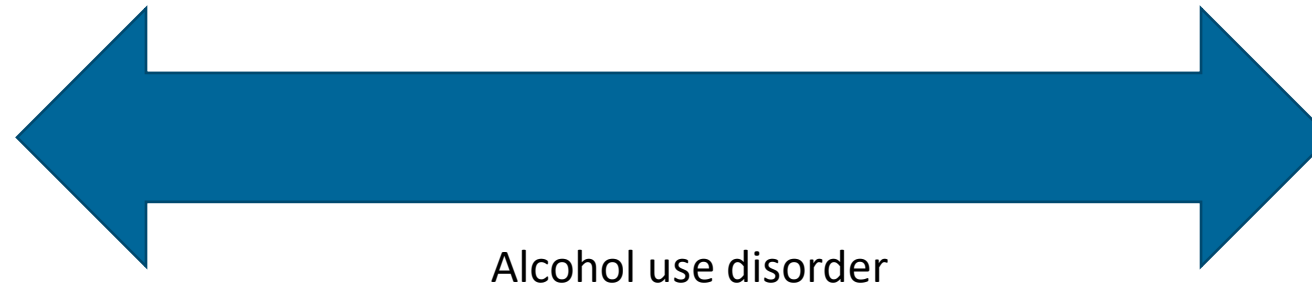
- Psychosocial Treatments
- Medication for Addiction treatment (MAT)

Stimulant use disorder
Cannabis use disorder

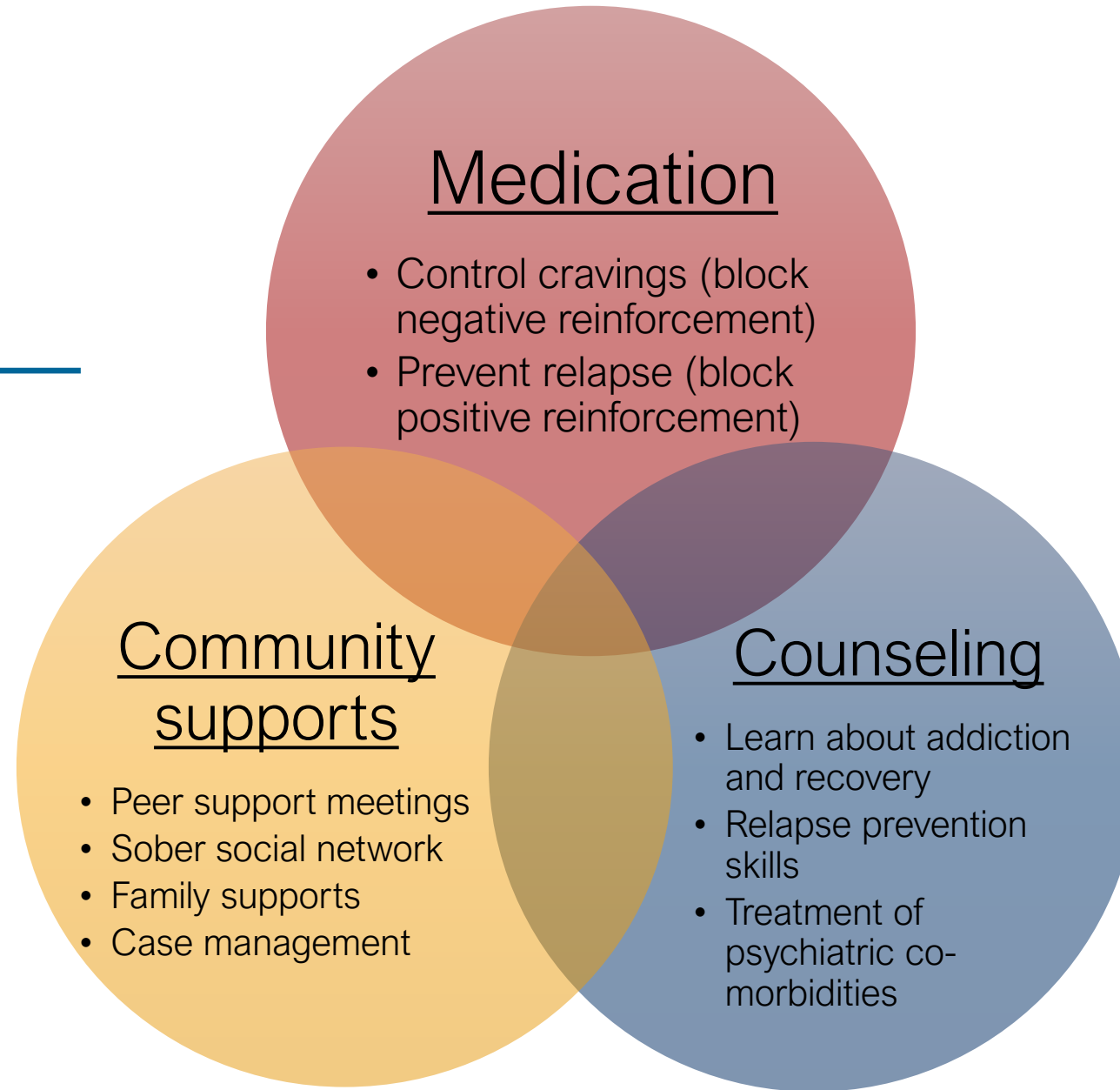
Opioid use disorder
Nicotine use disorder

Treatment Modalities:

- Medication for Addiction treatment (MAT)
- Psychosocial Treatments



Therapeutic Modality Benefits:



Polling Question #4

- Which of the 3 types of addiction support (i.e., medication, counseling, access to community supports) do you offer in your practice setting? Select all that apply.
 - Medication
 - Counseling
 - Access to community support



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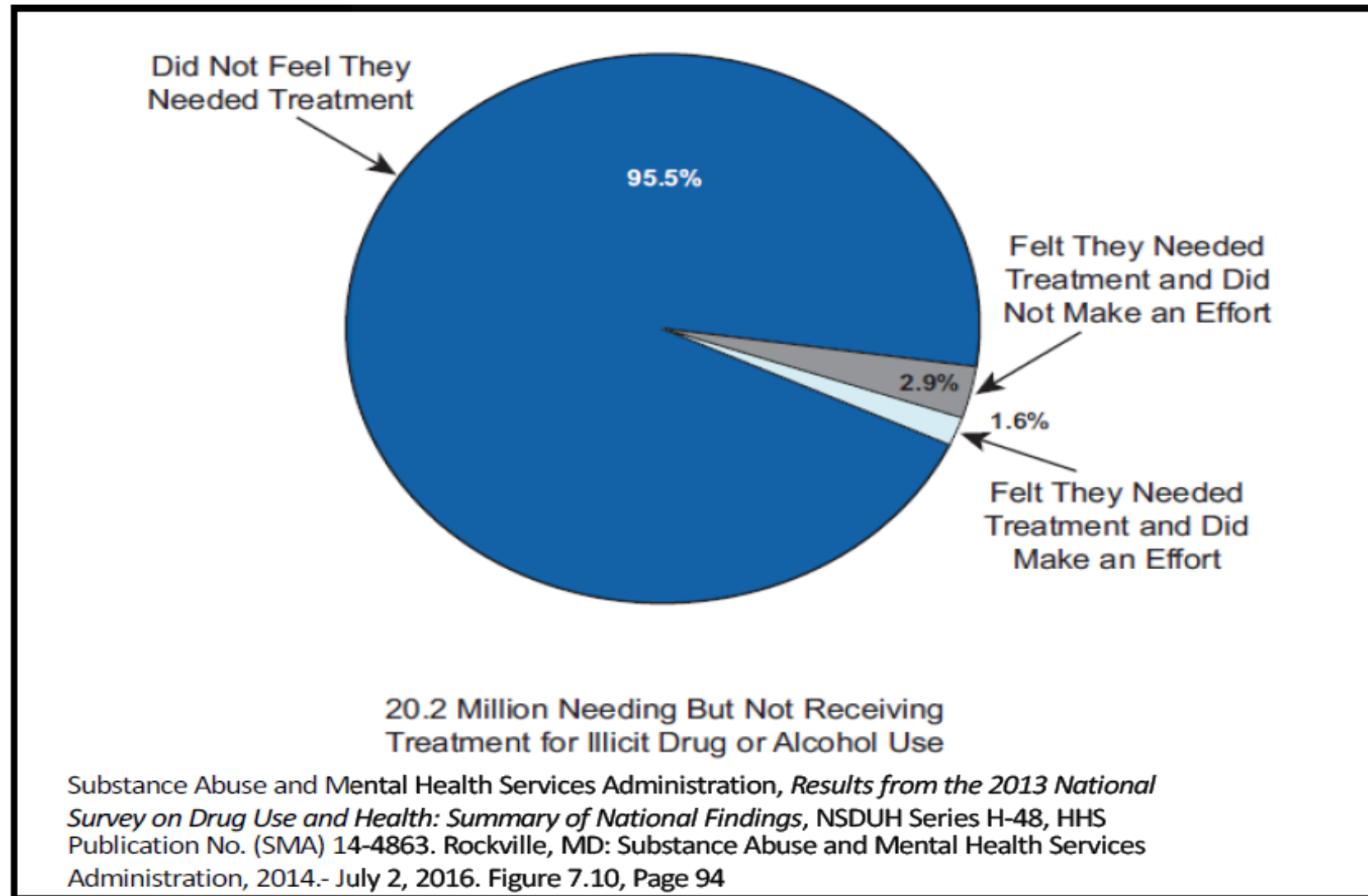
Discussion Questions

- Which types of addiction support are the most challenging to provide in your practice setting?
- What are the main barriers to being able to provide all 3 types of addiction support (i.e., medication, counseling, access to community supports) in your practice setting?



Source: iStock

3. Motivation is Assessed not Assumed



Polling Question #5

- Compared to the data presented above, how would you describe patient motivation in your practice setting?
 - Like the data, most of our patients feel they do not need treatment
 - Our setting has more patients who feel they need treatment, but don't make an effort to get treatment
 - Our setting has more patients who feel they need treatment and also make an effort to get treatment



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“People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others.” —Blaise Pascal



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Motivational Interviewing (MI) to Address Engagement in Treatment

MI is an evidence-based **client-centered**, directive method for **enhancing intrinsic motivation** to change by **exploring and resolving ambivalence.**”

Polling Question #6

- To what extent are staff in your setting trained in and use MI skills and tools?
 - Most of our providers and staff have been trained in, and use, MI
 - Most of our providers and staff have been trained in, but they do not use, MI
 - About half of our providers and staff have been trained in, and use, MI skills
 - About half of our providers and staff have been trained in, but they do not use, MI skills
 - None of our providers and staff have been trained in MI



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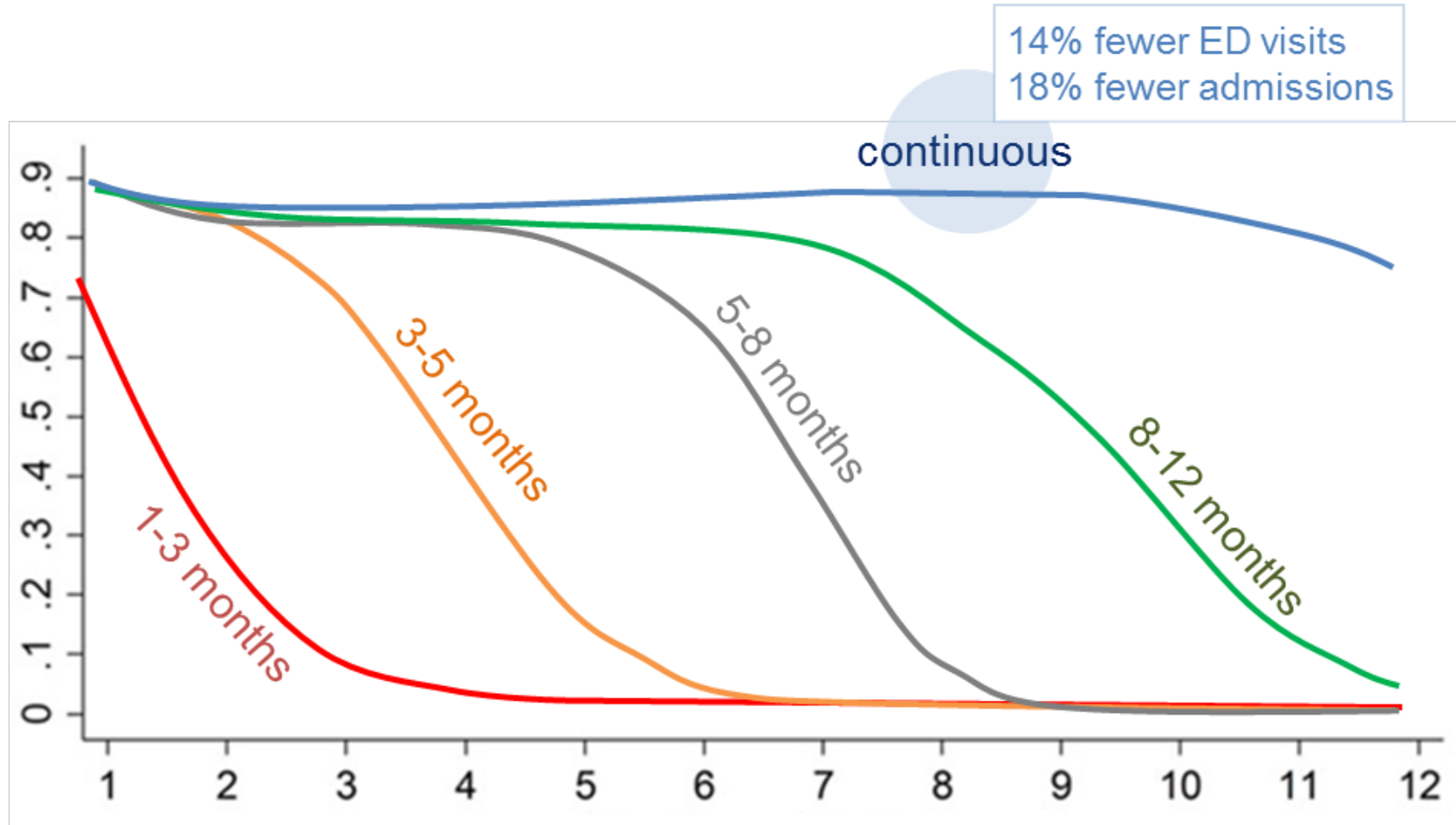
4. “Detox” is Not a Useful Construct...



- Chronic disease models shift care approach away from “one and done – you’re fixed”.
- “Withdrawal management” is a more helpful and appropriate term.
- How long should maintenance medications be used?

Optimal Duration of MAT

proportion
of days when
buprenorphine
was taken



14% fewer ED visits
18% fewer admissions

continuous

months since starting treatment

Lo-Ciganic et al., 2016

Polling Question #7

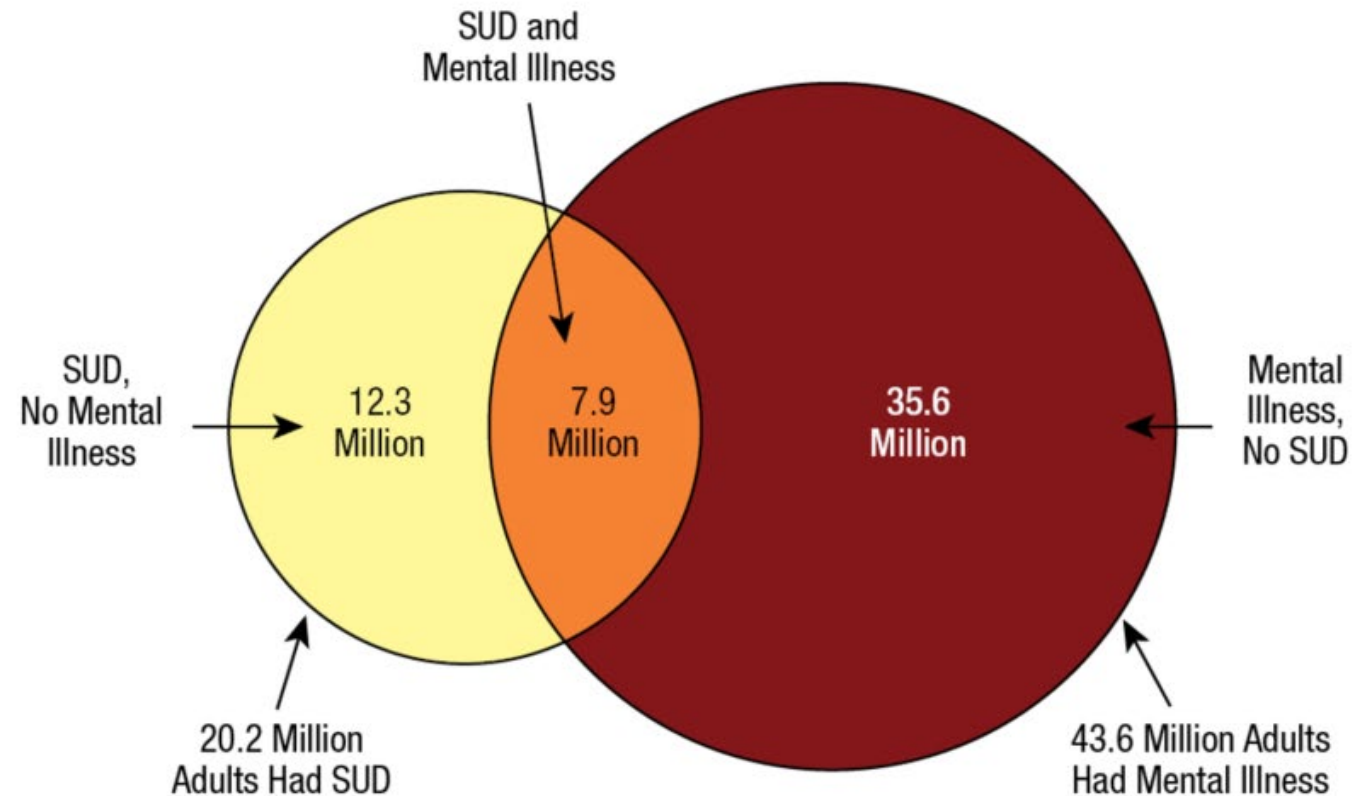
- To what extent do you agree with data regarding optimal duration of MAT?
 - I agree that continued MAT use results in better health outcomes and lower health care costs.
 - I believe MAT should be tapered off after about a year.
 - I believe MAT should be tapered off after about 6 months.
 - I believe MAT should be tapered off after about 3 months.
 - I do not believe MAT should be used as a form of treatment.



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5. Illness Co-occurs with other Med-Psych Illnesses

Co-occurring Psychiatric Disorders



OUD and Infectious Diseases: Serious Infections

National estimates of hospitalizations related to OUD and associated infections
2002 and 2012

	2002 (N = 36,523,831)	2012 (N = 36,484,846)
	Number	Number
Opioid abuse/dependence	301,707	520,275 ^{**}
Opioid abuse/dependence with infection [#]	3,421	6,535 ^{**}
Endocarditis	2,077	3,035 [*]
Osteomyelitis	458	985 ^{**}
Septic arthritis	729	1,940 ^{**}
Epidural abscess	411	1,085 ^{**}

SOURCE Authors' analysis of data from the National Inpatient Sample, 2002 and 2012.

[#]Infection: endocarditis, osteomyelitis, septic arthritis, or epidural abscess

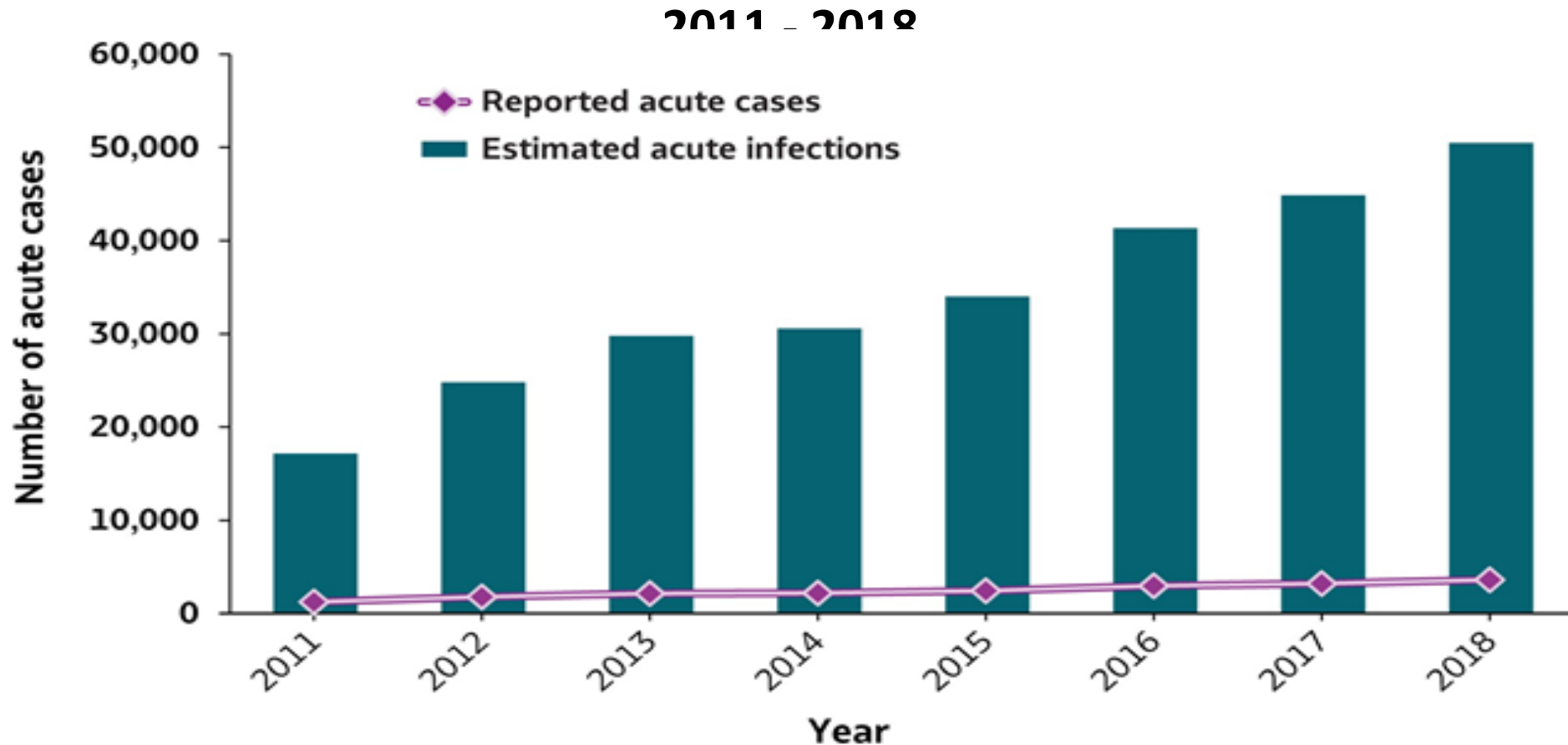
*p < 0.01

**p < 0.001

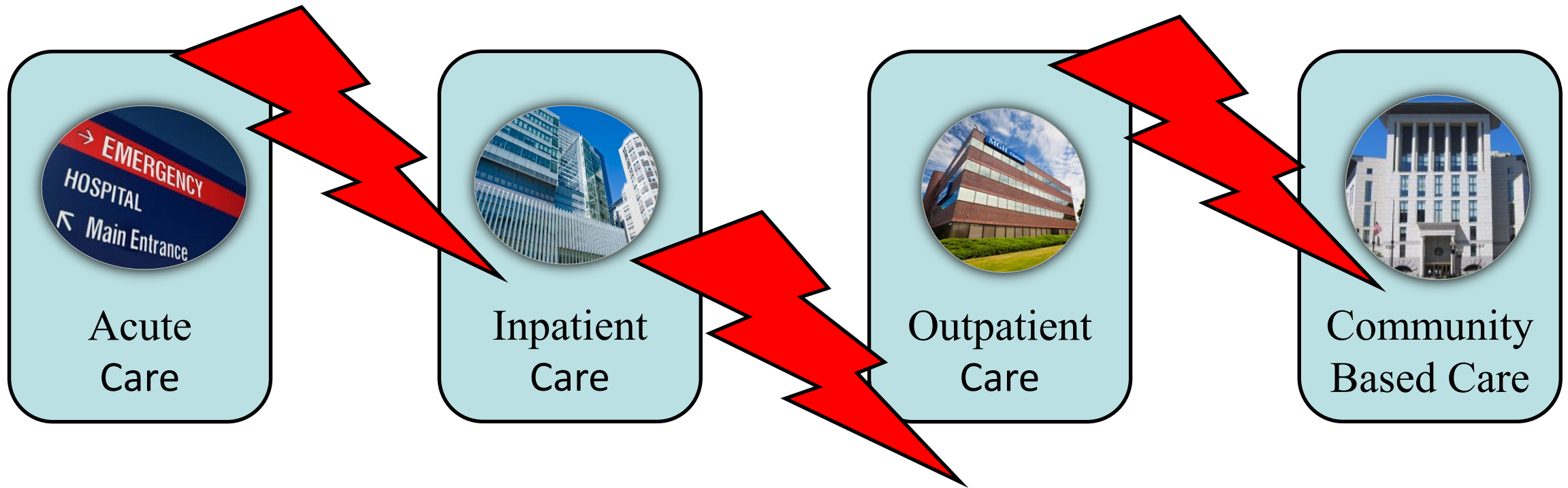


OUD and Infectious Diseases: Hepatitis C Virus

Number of reported acute hepatitis C cases and estimated infections in the United States

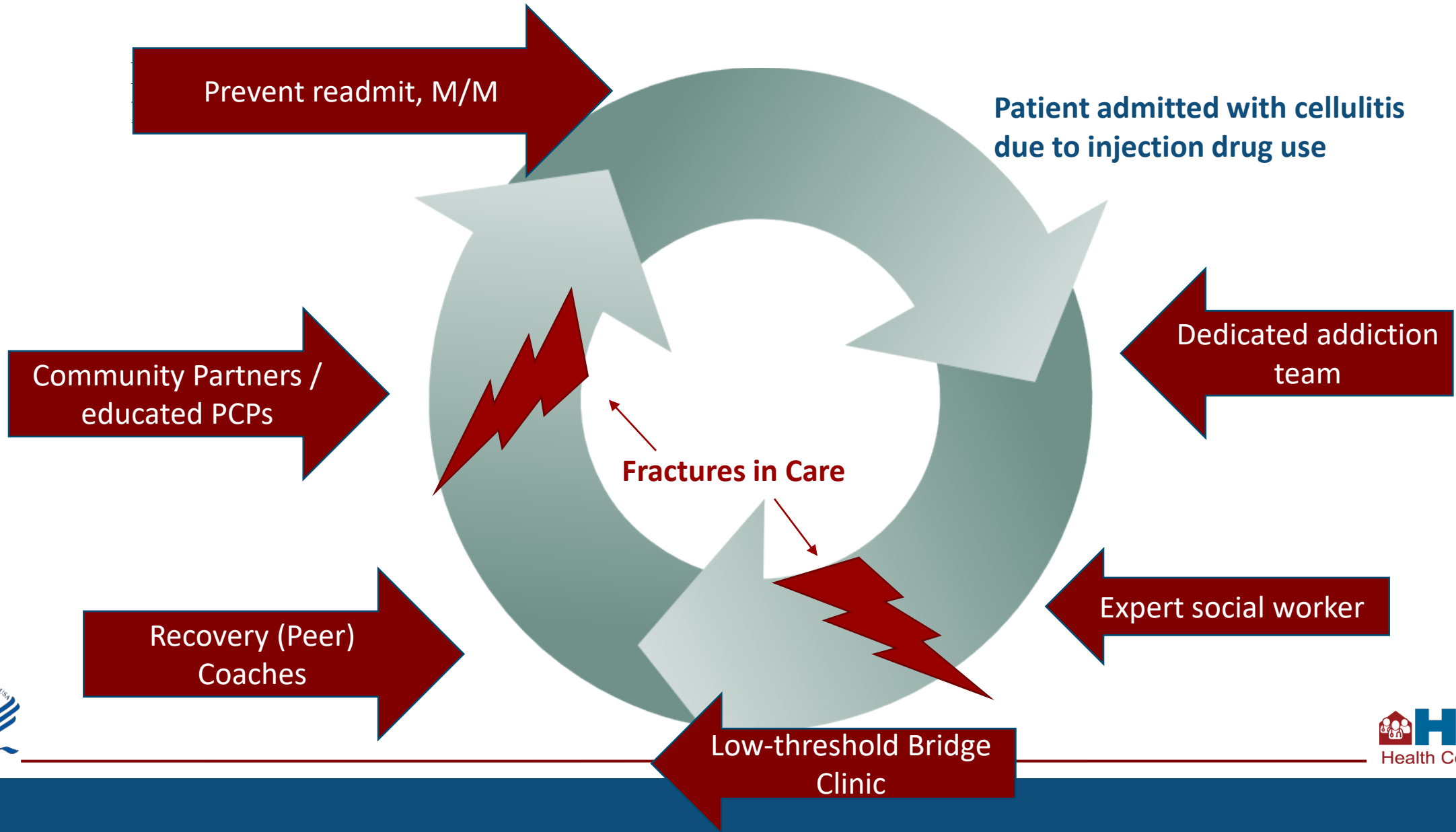


“Traditional” Model of SUD Care



High risk of fractured care at multiple transition points

Preventing Fractures in Care



Today's Discussion Questions

- Where are the biggest fractures you experience in the traditional model of care?
- What do you do in your setting to prevent fractures in care?
- Where is your agency in terms of implementing a less fractured/chronic care model?
 - Where are the barriers and what have been your opportunities?



Polling Question #8

What were the main reasons for your participation in today's event? Select all that apply.

1. To learn more about the topic from the presenter
2. To engage with other health centers
3. To raise questions about this topic as it relates to my health center
4. To learn about the experiences other health centers have related to this topic



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Polling Question #9

What about today's session did you find the most helpful? Select all that apply.

1. The presentation
2. The polling questions
3. The discussion
4. None of it



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BPHC-BH TA Portal

<https://bphc-ta.jbsinternational.com/>

- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options
 - One-on-One Coaching
 - E-learning Webinars
 - Strategies for Community Outreach
 - Virtual Site Visits to Improve Outcomes
 - Join a Community of Practice (CoP)



The screenshot shows the homepage of the BPHC-BH TA Resource Portal. At the top, there is a logo for BPHC-BH TA, which consists of a stylized diamond shape made of smaller diamonds in blue, yellow, and red. To the right of the logo, the text "BPHC-BH TA" is displayed in large, bold, blue letters, with "Bureau of Primary Health Care Behavioral Health Technical Assistance" in smaller text below it. A navigation bar below the header contains links: "Home", "Request Technical Assistance", "Learning Management System", "About Us", and "Contact Us". The main content area features a large heading "Welcome to the BPHC-BH TA Resource Portal!" in bold red text. Below this heading is a table with four columns: "View", "Edit", "Delete", and "Revisions". The "View" column contains a paragraph of text: "The Bureau of Primary Health Care (BPHC) Behavioral Health (BH) Technical Assistance (TA) portal is designed to meet the specific needs of HRSA health centers and shall focus on both mental health and substance use disorders (referred to jointly as 'behavioral health'), with an emphasis on the opioid epidemic." To the right of the main content area, there are two sidebars. The first sidebar is titled "Learn About BH TA Options" and lists five bullet points: "One-on-One Coaching", "E-learning Webinars", "Strategies for Community Outreach", "Virtual Site Visits to Improve Outcomes", and "Join a Community of Practice (CoP)". The second sidebar is titled "Complete the Readiness Assessment" in bold red text.

Upcoming TA Opportunities

Webinars

March 17, 2022, from 1:00-2:00 p.m. ET
Addressing Polysubstance Misuse in the
Primary Care Setting [https://bphc-
ta.jbsinternational.com/e-learning-webinars](https://bphc-ta.jbsinternational.com/e-learning-webinars)

Roundtables

*Building Relationships With Community Partners
to Address SDoH*
Wednesday, May 25, 2022, 1:00–3:30 p.m. ET
Registration Link: Check the BHTA Portal

Virtual Peer Learning: Lessons from the Field

*Billing and Coding Best Practices to Sustain
Integrated Behavioral Health Services*
Wednesday, April 6, 2022, 12:00–1:00 p.m. ET
Registration Link: Check the BHTA Portal





BHTA Satisfaction Assessment

- We'd love your feedback – please complete a satisfaction assessment.
 - <https://survey.alchemer.com/s3/6624870/Health-Center-TA-Satisfaction-Assessment-Office-Hours-General>
- Remember! – if you want to obtain CEUs for your time today, you must complete a satisfaction assessment.
- There are two ways navigate to the assessment:
 1. Follow the link provided in the chat here.
 2. You will be emailed a link from us via Alchemer, our survey platform.



Continuing Education

- We will be offering **1 CE credit** for your attendance at today's event.
- You **must** complete the Health Center Satisfaction Assessment to be eligible for CEs.
- **CE credits will be distributed within 2 weeks of the event.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



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Thank You!

Please submit questions to
Amber Murray: amurray@jbsinternational.com

Vision: Healthy Communities, Healthy People

