SAMHSA-HRSA
Center for Integrated Health Solutions

Integrated MAT, Primary Care and Mental Health Services

BAART Programs,
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BAART Programs History

- BAART Programs is a network of clinics that provide health care services to indigent populations. BAART's mission is to provide people with cost-effective, comprehensive medical care and other health care services at its clinics or through community linkages and to make such services available to as many people as possible that seek them. By doing so, BAART Programs can foster the health, happiness and longevity of those individuals and can help them benefit our communities.

BAART Programs History, continued

- Bay Area Addiction Research and Treatment, or "BAART," was incorporated in 1977 to provide methadone treatment to the opiate addicted population in San Francisco. Our scope of service included providing primary care services to our patients. Since our inception, BAART has grown in number of clinics and types of services it provides. We now operate 20 clinics in 5 states, providing a range of MAT, primary care and mental health services.

BAART programming is co-located in it's clinics OR is coordinated through formal arrangements with other providers. We have the knowledge and resources to treat our patients from an integrative standpoint, combining primary care, mental health and substance abuse treatment services. This "one-stop-shop" approach to care decreases the likelihood of patients "falling through the cracks" when shuffled between providers.

BAART clinics have become the medical home to many of the residents of our communities, decreasing unnecessary emergency room use and hospitalizations and decreasing disjointed care through our integrated care model.

Start-up and Development of Partnerships

The most effective relationships have been developed based on need and necessity.

To address the needs of patients, service contracts require private and public partners to establish relationships. Since these providers are providing a necessary service, relationships have flourished.

Background of Integration at BAART's Southeast Clinic

Since 2000, BAART Southeast Clinic has successfully integrated primary care and MAT.

As part of HWLA Program (LA County health care program), LA County DHS provides mental healthcare as part of essential benefit package to HWLA matched patients. All DHS contracted partners were asked to partner with DMH contracted partners to provide these services.

Since July 2011, BAART has established a formal partnership, through a signed MOU, with Kedren Mental Health Center. Kedren provides mental health services to our HWLA (primary care) patients. Both programs are reimbursed for their respective services by DHS and DMH.

Since then our relationship has expanded in several ways:

1. BAART refers any of our methadone patients that need care or need to be assessed for care to Kedren.
2. Kedren refers any mental health patient that needs opiate treatment care or need to be assessed for care to BAART.
3. Kedren has been willing to place staff/practitioner at BAART on days there are adequate number of appointments made to justify staff time.

We have used our relationship to leverage funding and form better relationships:

1. Kedren has included BAART as a partner for a new contract they have acquired in September 2011 from DMH on ISM Model for the African and African-American Populations. Integrated Service Management model is a system of care to the South Los Angeles community, with particular attention to those within the community that have been even more historically underserved due to cultural and language barriers.

2. Kedren has also included BAART as a partner in an SAMHSA grant proposal application for Primary Care and Behavioral Care Integration. The purpose of this program is providing for the provision of coordinated and integrated services by co-locating primary and specialty care medical services in community based mental health settings. The goal is to improve the physical health of adults with serious mental illnesses who have or are at risk of co-occurring primary care conditions and chronic diseases. The objective of this program is to improve the health of those with SMI, enhance the consumer's experience of care and reduce and control the per capita cost of care.

Describe the process

All patients accessing BAART programs are assessed for their opiate addiction treatment needs or their primary care needs.

-BAART uses Addiction Severity Index to assess patient's needs treatment needs.

The primary care provider reviews their physical health, mental health and addiction history and needs.

- The physical exam form has questions regarding patient's past and present medical conditions, mental health conditions, medications and drug use.

If the patient reports history of mental health issues or request referral to mental health care:

- Screening forms (PHQ-4 and PHQ-9 for anxiety and depression) are completed and forwarded to Kedren for further evaluation and care.

Describe the process (cont'd)

If all types of care are required, services are coordinated between the two facilities.

- If Kedren staff feel patient needs addiction treatment they will refer the patient to BAART.
- If opioid treatment is the appropriate care, the patient can be admitted to BAART.
- If patient needs other type of addiction treatment such as inpatient care or need for treatment for other drugs, patient will be referred to other agencies.
- When Kedren provides assessment and care for patients referred to them by BAART. They send BAART a fax with an update with the assessment results and level of care being provided by them to the patient. This exchange of information is allowed through formal signed partnership agreements between the agencies, DHS, and DMH in Los Angeles County. BAART's medical director has access to review all patients specialty care records with County of Los Angeles through mutual confidentiality agreements.

Benefits

The most significant benefit of this partnership is for the patients since they do not need to navigate the very difficult maze of accessing care. Care is provided based on appropriate professional evaluation and easy and direct access of referral.

The second significant outcome is care is provided at the local community center level at the most cost effective way rather than the more expensive emergency room care model.

Questions, Comments?

Thank you!

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Medication Assisted Treatment for Clients with Addictive Disorders

Les Sperling
Central Kansas Foundation

September 27, 2012

CKF STRATEGY

1) Become integral part of Medical/Health Home

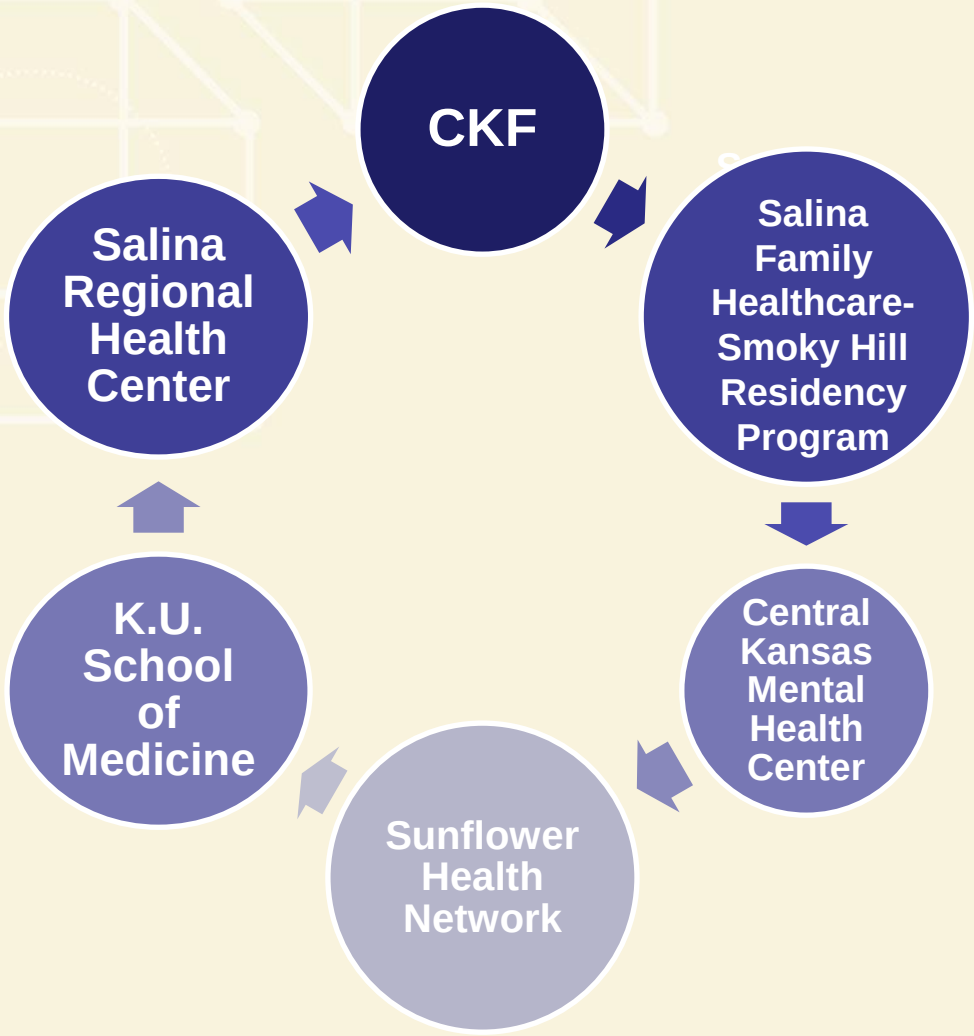
2) Implement SBIRT in Primary and Acute Care Settings

3) Reduce recidivism to High Cost Care Settings

4) Demonstrate impact of SUD on general health

5) Increase capacity for SUD patients to access primary health and oral health care

6) Improve access to MAT for all patients


CKF
Salina Family Healthcare-Smoky Hill Residency Program
Central Kansas Mental Health Center
Sunflower Health Network
K.U. School of Medicine
Salina Regional Health Center

Building Relationships

- MAT progress was a result of larger effort to achieve full behavioral health integration with primary and acute care
- Cost savings generated from ED diversions paved the way for service contracts
- SBIRT data opened the door to primary care co-location and ultimately full integration
- Currently have substantial contracts with acute and primary care settings

Access to MAT in Primary Care

- All primary care patients screened annually for substance and tobacco use (10,000 patients)
  - ✓ 26% screen positive for unhealthy substance use
- Pre-Screens are completed during regular rooming activity prior to appointment with practitioner.
- Positive screens are noted in EMR and a warm hand off to Licensed Addiction Counselor trained in SBIRT and Motivational Interviewing is accomplished

Access to MAT in Primary Care

- Need for medication is assessed and practitioner/LAC choose appropriate medication
- Additional clinical interventions/supports/programs are recommended
- Follow-up appointments are set and follow-up contact is managed by health coach/peer mentor
- Most medications are not included in FQHC discount program. Patients apply for assistance from Medication Assistance Program

Medication Assisted Withdrawal

- Serax, Ativan, and Suboxone are available to patients with a history of withdrawal symptoms
- Medications are prescribed while patients are engaged in ASAM 4.0, 3.7 or 3.2 detox modality
- Outpatient Suboxone withdrawal is available

Barriers to Address

- Access to psychiatric time limits options for efficient utilization of psychiatric medications
- Costs of Vivatrol, Campral, and Suboxone limit availability to low income patients
- 340b formulary is limited and it takes strong advocacy to include these medications
- Reimbursement streams are distinctly different for FQHC, Community Mental Health Centers, and SUD

Salina Regional Health Center

- 393 Bed Acute Care Regional Health Center
- 27,000 ED presentations per year
- Alcohol/Drug admission was 2nd most frequent admission DRG

Objectives

- ✓ Universal Screening and Brief Intervention-MAT
- ✓Reduce ED recidivism
- ✓Medical and Surgical Floor consultations
- ✓Reduce Length of Stay for those admitted

Salina Family Healthcare-Smoky Hill Residency Program

- 9,200 unique patients per year
- 10 dental chairs
- 13 Family Medicine Residents

Objectives

- ✓Improve access to primary medical and dental care for SUD patients
- ✓Provide ASAM Level I and II outpatient services on site
- ✓Universal Screening and Brief Intervention- MAT
- ✓Assist Residents with SUD information
- ✓Secure Medical Director Services

Personnel

- Licensed Addiction Counselors
- Person Centered Case Managers
- Recovery Coaches and Peer Mentors (Recovery Health Coaches)
- LCMFT and LCMSW

Services Provided

- Universal Screening
- Motivational Counseling and Brief Intervention
- Recovery Coaching
- Warm hand-off to all services
- Full Bio-Psycho-Social Assessment
- ASAM Level I, II, and 3.2 Social Detox
- 24/7 coverage of ED
- MAT provided

CKF Lessons Learned

CKF began a strategic effort to integrate substance use screening and disorder services into primary healthcare settings shortly after attending a SAMHSA event in Washington, D.C. in 2009. This event provided clear direction and urged attendees to prepare for health care reform and begin building relationships with medical practitioners and primary health care delivery systems.

1)Research and understand the external and internal constraints experienced by safety net clinics and acute care hospitals.

2)Understand reimbursement and funding challenges for clinics and hospitals.

3)Set the bar high, i.e. full integration, but begin the conversation with smaller goals.

4)Develop a champion within the clinic staff. Ultimately has to be MD or CEO, but tell your story to low and mid-level practitioners.

CKF Lessons Learned

5) Request data and use it.
6) Be prepared to do the administrative work and be the “go to” person for all problem solving.
7) Be persistent, but lean instead of push. Double the time you think it will take to operationalize.

CKF Lessons Learned

9) Don't waste Dr.'s time. Be prepared for meetings. Keep e-mail and other communications focused and brief. Always respond to their requests immediately
10) Accept that you are a key player in the health home, not the house manager. It takes time to educate and produce results.
11) Design services to take care of the most chronic cases first. If you can buy Dr.'s time by getting a difficult patient out of their office and doing better at next appointment, then you purchase good will and they'll listen more later.

CKF Lessons Learned

12) Have a good plan to increase income over the long term with specific billing codes, grants, etc. to shoot for.
13) Increase your capacity to effectively treat and manage co-occurring and chronic illness.
14) Build mental health services capacity via contract or staff.

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