

HEALTH CENTER STORYBOARDS

BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM

NACHC's recognition of accomplishments in the 2019-20 Innovative Approaches for Prescription Drug Abuse Management and Prevention Learning Community



BOSTON, MASSACHUSETTS

INTERVENTION

- Increase from 209 to 290 the number of patients receiving integrated Office Based Addiction Treatment (OBAT) services, which incorporates cognitive behavioral therapy (CBT) delivered through telehealth with primary care-based treatment of patients with opioid use disorder (OUD). Data shows that this integration with behavioral health will improve patient outcomes, engagement in care, and recovery time.
- Incorporate CBT through telehealth on mobile van dedicated to engaging patients with OUD.
- Launch a new evening clinic devoted to engaging unstably housed patients in integrated OBAT services.
- Incorporate OBAT services in new shelter-based locations to reduce access barriers.

COVID-19 IMPACT ON INTERVENTION

- In response to social distancing guidelines, Boston shelters were decongested and many of our patients were required to quarantine or placed in temporary shelters that resulted in fewer patients accessing shelter-based clinic sites.
- Staffing demands and infection control protocols required us to temporarily pause evening clinics and the mobile van outreach sessions.

INNOVATIONS

- Incorporated telehealth into OBAT and added behavioral health (BH) treatment options to expand the number of patients receiving care by OBAT
- Added access to BH on the CareZONE van so patients could engage in therapy that otherwise would have been inaccessible to them
- Provided low barrier access to BH via telehealth to allow more patients to consistently engage in BH therapy while having to socially isolate or quarantine due to COVID-19
- Set up an outdoor tent at CareZONE van sites so patients could have privacy during tele-behavioral health visits
- Created ID tags of the OBAT team to help patients feel connected to their new provider if the first visit had to occur over the phone due to limited tablets available (we put the provider's photo over the phone in the exam room so the patient could "see" who they were talking to)

KEY PARTNERS

INTERNAL:

- Chief Financial Officer
- Chief Medical Officer
- Clinical Operations Manager OBAT
- Consumer Advisory Board
- Director of Quality
- Medical Director of Substance Use Services
- OBAT treatment providers

EXTERNAL:

- Bureau of Primary Health Care
- Pine Street Inn (community-based services for the homeless)

IMPACT/METRICS/RESULTS

- Total number of patients engaged in OBAT services increased by **124** patients in the last year for a total of **331** patients, exceeding our goal of **290** patients. This increase in patients integrated into the OBAT care model is due to telehealth and its ability to increase access for patients throughout our program.
- The amount of OBAT prescriptions significantly decreased during COVID-19 due to longer prescriptions being written by OBAT providers.
- Telehealth treatment services to the unstably housed population reduced no show rates and increased engagement in BH.

AHA MOMENT

- More patients who live in shelters, on the street, or in congregate living settings had access to telehealth visits than we initially thought. With those who had access to space and technology for telehealth visits, telehealth reduced many barriers to patients accessing OBAT services.

VOICE OF THE PROVIDER

"Having a behavioral health clinician available was very helpful due to the high prevalence of trauma and mental health conditions among the patients we serve. Patients benefited from having this option. It was additionally comforting for me as a provider to have a behavioral health clinician available for consult regarding patients with difficult psychosocial concerns including intimate partner violence."

—Dr. Dinah Applewhite, Staff Doctor

VOICE OF LEADERSHIP

"We were able to offer telehealth behavioral health support on a mobile van to people who never would have come to clinic. But the better part was when COVID-19 arrived. We had the knowledge and infrastructure to quickly scale up telehealth for behavioral health. Behavioral health access and visit volume then actually increased compared to before COVID-19—for the whole health center."

—Dr. Joe Wright, Medical Director of OBAT

RECOMMENDATIONS

1. Incorporate adequate training and drop-in consultation support for providers from telehealth champions.
2. Build in flexibility for appointment scheduling for patients.
3. Anticipate and plan for internal and external technology interruptions.
4. Learn from other health centers that have already started this work.

Figure 1: Patients Integrated into OBAT

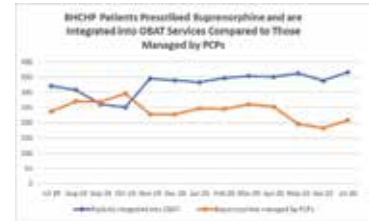


Figure 2: Prescriptions

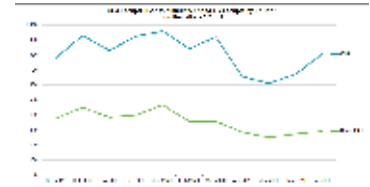
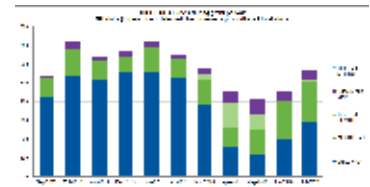


Figure 3: OBAT Visits



HEALTH CENTER STORYBOARDS

COMMUNITY HEALTH CENTER, INC.

NACHC's recognition of accomplishments in the 2019-20 Innovative Approaches for Prescription Drug Abuse Management and Prevention Learning Community



MIDDLETOWN, CONNECTICUT (ADMINISTRATIVE HEADQUARTERS)

✓ INTERVENTION

- › Incorporate two screening questionnaires—Adverse Childhood Experiences (ACEs) and Pain Catastrophizing Scale (PCS)—and identify chronic pain patients who could benefit from our agency's behavioral health services in order to better address the complex needs of vulnerable patients living with chronic pain and thus reduce reliance on opioid therapy.

🌐 COVID-19 IMPACT ON INTERVENTION

We were ready to launch a new workflow in March 2020—where chronic pain patients would be screened for biopsychosocial pain contributors (childhood traumatic events, current pain catastrophizing) and referred to behavioral health services—but the COVID-19 pandemic negated our in-person workflow and made us pivot to patient portal questionnaires.

🔗 KEY PARTNERS

INTERNAL:

- Business Intelligence Team
- Information Technology Department
- Institutional Review Board
- Medical Assistant Staff
- Medical Quality Improvement Committee
- Nursing Staff
- Patient Experience Team
- Weitzman Institute

EXTERNAL:

- Mapi Research Trust

🔧 INNOVATIONS

- › Negotiated workflow elements needed to identify and refer chronic pain patients who should be seen by behavioral health clinicians
- › Completed multiple cycles of planning our new workflow, doing it with several patients, studying the results, and acting on what was learned (PDSA cycles)
- › Researched validated screening tools and obtained copyright permission for use (English and Spanish)
- › Created a workflow 'playbook' and designed a lunch-and-learn session for agency-wide launch of innovation
- › Created an online simulation tool/learning lab for other health centers to experiment with similar workflow innovations

📊 IMPACT/METRICS/RESULTS

- › Our innovation test site currently has **1,094** chronic pain patients (patients who within the last **6 months** reported pain 'Every day'/'Most days')
- › Sent an invitation to complete the Pain Catastrophizing Scale via the patient portal to **47%** of test site patients
- › Our online learning lab allows for policy experimentation

💡 AHA MOMENT

While the COVID-19 pandemic has dominated news headlines since the declaration of a national emergency, everything communities have done to fight the pandemic—physical distancing, limiting gatherings—is likely contributing to opioid overdoses, which are hidden among the waves of COVID cases. Chronic pain is a major variable in the use and misuse of opioids, thus our innovation is needed now more than ever to more appropriately treat these patients.

💬 VOICE OF THE PROVIDER

"I am a busy physician, and my Medical Assistant has 50 items to complete on the planned care dashboard. Trying to find a way to identify chronic pain patients who might benefit from behavioral health services has been challenging during the pandemic. I and other providers will benefit from having an efficient means for identifying pain patients who would benefit from a behavioral health assessment."

— Dr. Dolly

Figure 1: Online Simulation Tool



💬 VOICE OF LEADERSHIP

"The COVID-19 pandemic has forced us to shift priorities in primary care. But while we've been in survival mode, pivoting to telehealth and adjusting to a new workplace environment, problems like the opioid epidemic have not gone away. In fact, there is emerging evidence that it has gotten worse. We need to find a way to use the disruption of COVID-19 as an opportunity to change the way we provide care, while not losing focus on the critical issues like pain and opioid misuse. This project has helped us to develop and test an innovation in how we assess and manage patients with chronic pain."

—Dr. Daren Anderson, Chief Quality Officer

★ RECOMMENDATIONS

1. Build your innovation in short, repeated cycles. It is likely that your first attempt will not work.
2. Health centers are filled with talented employees, so engage them as partners in testing your innovation, including administrative, IT, nursing, and medical assistant professionals.
3. Seek out an innovation that is not only impactful but sustainable without ongoing funding from external grants.

Figure 2: Quality Improvement Approach



HEALTH CENTER STORYBOARDS

CORNELL SCOTT-HILL HEALTH CENTER

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NEW HAVEN, CONNECTICUT

INTERVENTION

- Improve screening rates for substance use disorder (SUD).
- Increase referrals to behavioral health (BH) for SUD.
- Provide training to providers on dangers of over-prescribing of opioids.
- Reduce prescribing of opioids.
- Increase number of providers with DATA 2000 waivers to prescribe medication-assisted treatment.

COVID-19 IMPACT ON INTERVENTION

In late March, Cornell Scott-Hill Health Center converted to a virtual care delivery model to maintain care continuity with established patients and ensure new patient access. We saw increased visit volumes and screening rates during this period due to a decreased no-show rate and a re-imagined "virtual" rooming process.

KEY PARTNERS

INTERNAL:

- Chief Executive Officer
- Chief of Behavioral Health
- Director of Business Intelligence
- Director of Grant Programs and Research
- Director of Patient Accounts
- Medical Director of Quality and Operations
- Quality Improvement Project Manager

EXTERNAL:

- City of New Haven
- Connecticut Department of Mental Health and Addiction Services
- Kalal Center for Health, Justice and Equity
- Yale-New Haven Health

INNOVATIONS

- Integrated a 2-question SUD screening tool into the rooming screens in our electronic medical record (EMR)
 - trained our medical assistants
 - worked with our internal and external partners to automate the appropriate coding (both diagnostic and charge-related)

- A behavioral health provider trained the Internal Medicine (IM) team on opioid overdose and reversal as part of our educational initiatives towards opioid prescription reduction
- Developed a Rooming Activity report to monitor screening activities, including SBIRT
- Added a quick referral to our preference list for Methadone Maintenance Treatment Program

IMPACT/METRICS/RESULTS

For the IM department across all sites

- Increased the percentage of patients who received SBIRT screening from 27% to 45% during the grant year
- Added 3 new IM providers who prescribe suboxone

AHA MOMENT

➤ "I don't want my mom to get COVID, and I know my drug dealer isn't washing his hands or wearing a mask." The pandemic has shifted a lot of behavior in the community, perhaps permanently. While there may be some salutary effects for some, on July 25 there were 21 overdoses in New Haven County, and our Behavioral Health team is reporting a death-rate increase among their substance use disorder patients.

VOICE OF THE PROVIDER

"Having the screening tool available has been helpful, though we haven't yet identified many patients screened. What has made a bigger impact is the work on systems to monitor our screening rates and the increased clarity on how to refer patients for treatment. I really value the team approach, in particular the work done to make it easier to do in a clinical encounter."

—Dr. Catherine Lawlor, Provider

VOICE OF LEADERSHIP

"Putting the tools in place to screen our patients for opioid use disorder, and to closely monitor screening and give feedback to teams, will help us expand our ability to treat this epidemic better. Perhaps as important, the approach will be a model for how we approach future QI projects."

—Dr. Mark Silvestri, Chief of Medical Services

RECOMMENDATIONS

1. Involve IT early. You will need data – current status, affect after change, and ongoing performance.
2. Involve front line staff early. An intervention no one can find or too complex to use will fail.
3. Aim for budget neutral interventions. If your intervention increases the work for a particular staff or team, look for something to take off their plate(s).

Figure 1: SBIRT Screenings in Internal Medicine Across All Sites

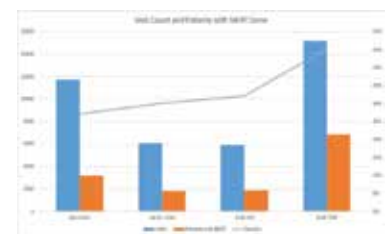


Figure 2: Virtual Rooming Process



HEALTH CENTER STORYBOARDS

HARMONY HEALTH MEDICAL CLINIC AND FAMILY RESOURCE CENTER

NACHC's recognition of accomplishments in the 2019-20 Innovative Approaches for Prescription Drug Abuse Management and Prevention Learning Community



MARYSVILLE, CALIFORNIA

INTERVENTION

- Deliver community trainings and workshops on the treatment of substance use disorder (SUD) and mental illness in order to build a committed and compassionate workforce, eliminate biases, increase awareness and understanding, and foster support and empowerment to persons struggling with addictions and mental illness.

COVID-19 IMPACT ON INTERVENTION

Due to COVID-19, we could not continue to host educational events for our community. We pivoted to focusing on staff wellness and creating a supportive work environment. The goal of the Employee Wellness Program is to increase morale, build resilience, and support the substance use disorder (SUD) care team during the COVID-19 pandemic. The program recognizes the hard work of our care team and buffers the adversities of dealing with uncertain times.

KEY PARTNERS

INTERNAL:

- Chief Executive Officer
- Director of Behavioral Health
- Physician Assistant (our new Wellness Coach)

EXTERNAL:

- Rideout-Adventist Hospital

INNOVATIONS

- Partnered with our local hospital to deliver two community trainings on the topics of trauma informed care and unconscious bias to improve patient care; offered continuing education credits
- Created an Employee Wellness Program aimed at supporting the health and wellbeing of the SUD care team
 - Individual and group sessions with employees during their workday
 - Goal setting sessions and follow-up with wellness coach
 - Fitness classes and group walks
 - Creating food diaries and journaling
 - Meal planning and preparation
 - Mindfulness and meditation sessions
 - Speakers on the topics of narrative health and moral injury

IMPACT/METRICS/RESULTS

- A total of **131** people attended two community trainings, representing **83** percent of people who registered for these events
- Based on a midpoint assessment to gauge response to the Employee Wellness Program, employees reported that they would strongly recommend this program to their fellow staff

AHA MOMENT

- After providing employees with the Professional Quality of Life Scale (ProQOL) survey to establish a baseline regarding their overall experiences with burnout, secondary trauma, and compassion satisfaction, we realized that our staff is more resilient than we gave them credit for. Scores were low for burnout and secondary trauma and high for compassion satisfaction.

VOICE OF THE PROVIDER

"On a personal level, I was filled with such gratitude and inspiration when I was asked to direct an employee wellness program at Harmony Health. This opportunity has allowed for deeper connections with staff and for a greater understanding of their individual goals related to physical health, spiritual growth, and healthy relationships."

—Wellness Coach

VOICE OF LEADERSHIP

"The opportunity to introduce an Employee Wellness Program has been transformational. Each participant has set a goal and our coach is guiding us in its implementation. A seed has been planted, both individually and systemically. Someone approaches me each day, literally, to thank me for supporting this initiative."

—Rachel Farrell (CEO)

RECOMMENDATIONS

- We would absolutely recommend that all organizations provide some type of opportunity to motivate their staff in a way that is meaningful for the staff.
- We recommend surveying the staff before beginning any program.
- We recommend checking in with staff along the way.

Figure 1: Baseline Results, Burnout Scale

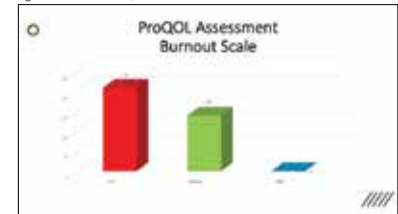


Figure 2: Baseline Results, Secondary Traumatic Stress

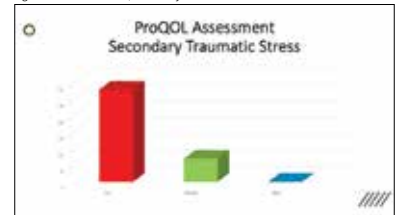
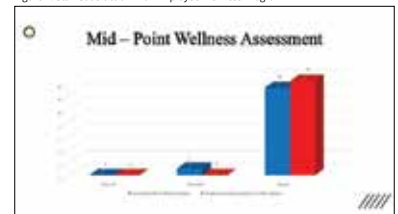


Figure 3: Baseline Results, Compassion Satisfaction



Figure 4: Staff Satisfaction with Employee Wellness Program



HEALTH CENTER STORYBOARDS

LA MAESTRA COMMUNITY HEALTH CENTERS

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SAN DIEGO, CALIFORNIA

INTERVENTION

- Increase access to naturopathic services for low-income, uninsured, and underinsured patients in San Diego County seeking or receiving substance use disorder (SUD) treatment through our Wellness Supportive Services (WSS) outpatient program, which provides personalized, evidence based, and compassionate approaches to helping people with substance use problems, and related emotional, anxiety, and stress problems. This holistic treatment approach individualizes therapies, healing patients and empowering them with greater opportunities to find real-life solutions to everyday challenges.

COVID-19 IMPACT ON INTERVENTION

- Due to social distancing measures set in place by the pandemic, La Maestra has pivoted its innovation to support the integration of telehealth services into SUD treatment plans through the use of OTTO, a telehealth communication platform. The virtual platform creates a safe space for providers and case managers to virtually connect with patients and for patients to decompress and decrease the effects of social isolation heightened by the pandemic.

INNOVATIONS

- Hired a Naturopathic Doctor to provide therapeutic services to SUD patients using alternative treatments
- Increased telehealth infrastructure and access to telehealth services by purchasing additional OTTO licenses for WSS program staff to conduct intakes and one-on-one counseling sessions (including non-clinical licenses for case management)
- Trained staff on how to handle telehealth visits, including how to maintain medication adherence critical for substance abuse patients
- Reintroduced modified group therapy through WELL, a HIPAA compliant teleconferencing tool

KEY PARTNERS

INTERNAL:

- Addiction Psychiatrist
- Chief Development Officer
- Chief Information Officer
- Chief Quality Improvement Officer
- Chiropractor
- Naturopathic Doctor

IMPACT/METRICS/RESULTS

- Approximately **70%** of recent visits conducted through telehealth
- **1,408** visits completed by the WSS care team using OTTO telehealth software and telephonic appointments; of these visits, **214** were initial SUD evaluations (intakes, orientations, treatment plans) performed by our Provider Dolly
- The percentage of kept appointments for SUD services increased from **61%** in March to **68%** in July through incorporating OTTO and telephonic services

AHA MOMENT

- Since the start of the pandemic, project staff have drawn inspiration from the resilient individuals they serve. One patient in particular expressed growing concern about becoming homeless upon filing for unemployment. Through telephonic appointments, La Maestra's dedicated care team provided stress management services to help the patient cope with the potentially triggering experience. In addition, staff connected the patient to additional resources to help secure employment and stable housing.

VOICE OF THE PROVIDER

"Many patients have stated gratitude for the WSS program to be available seamlessly through telemedicine during these challenging times that come with increased isolation, a core driver in substance abuse; several patients have stated they feel the WSS program is a family that is there for them during crisis."

— Dr. Mario Salguero, Addiction Psychiatrist (Provider Dolly)

VOICE OF LEADERSHIP

"Acknowledging the difficulties of conquering substance abuse disorders, La Maestra strives to improve the wellbeing of the whole patient, treating the roots of the problems and not just the symptoms. During these challenging times, the implementation of telehealth for the WSS department has allowed our organization to continue serving the SUD population while maintaining respect for the dignity of the patients."

— Sonia Tucker, Chief Quality Improvement Officer

RECOMMENDATIONS

1. Provide staff with the tools needed to make the program successful, whether it's through equipment or education.
2. Keep communication channels open between staff and patients and adapt to situations if necessary.
3. Create contingency plans to account for ways that the program may be interrupted. Although many obstacles and challenges are unforeseen, having backup plans is crucial to keeping programs afloat.

Figure 1: WSS Visits Using OTTO Telehealth Software and Telephonic Appointments

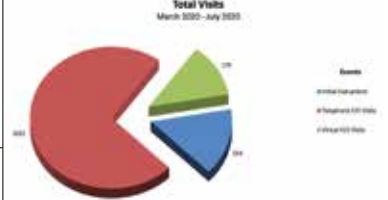


Figure 2: Kept Appointments for SUD Services



Figure 3: WSS Care Team



HEALTH CENTER STORYBOARDS

MHC HEALTHCARE

NACHC's recognition of accomplishments in the 2019-20 Innovative Approaches for Prescription Drug Abuse Management and Prevention Learning Community



MARANA, ARIZONA

INTERVENTION DESCRIPTION

- Increase access and engagement in care for patients with substance use disorder (SUD) by:
 - Providing additional support services including case management, transportation, pre-employment and employment support; and
 - Utilizing virtual technology to improve care delivery, increase client support, and enhance rapport building.

COVID-19 IMPACT ON INTERVENTION

- Increased use of telehealth and video on the Cisco WebEx virtual meeting platform for the delivery of behavioral health and SUD services
- Increased coaching and educating patients with SUD on use of virtual mindfulness and wellness apps to support and sustain recovery

KEY PARTNERS

INTERNAL:

- Behavioral Health Consultants
- Behavioral Health Medical Professionals
- Chief of Clinical Behavioral Health
- Chief Executive Officer
- Chief Financial Officer
- Chief Information Officer
- Chief Operating Officer
- Court Liaison
- Hospital Liaison
- IT Department
- Operations and Membership Departments
- Primary Care Providers
- Pharmacy
- Recovery Coaches
- SUD Supervisor
- Therapists
- Training Department

EXTERNAL:

- Arizona Department of Child Safety
- Arizona Families First
- Family Drug Court
- Local Media
- Marana Police Department
- North West Fire Department
- Probation/Parole/Criminal Justice System

INNOVATIONS

- Built medication-assisted treatment (MAT) policies and procedures and clarified referral process
- Built internal telehealth and Cisco WebEx policies
- Trained all staff on implementation of telehealth, workflow, and (n)etiquette
- Created appointment reminders and sent Cisco WebEx access via text/email based on client preference
- Developed post-service survey and gathered customer feedback about the quality of the innovation as well as likelihood they would recommend telehealth service

IMPACT/METRICS/RESULTS

- Telehealth works. Prior to the pandemic we were ramping up our tele-behavioral health visits under this grant initiative and had as few as **7** per day. When the pandemic hit, we quickly increased to **1436** visits in March and to **5288** in July, which accounted for two thirds of our total behavioral health visits.
- Patient feedback has been overwhelmingly positive and survey results show that they feel engaged and cared for with increased telehealth service delivery: **80%** of patients are very satisfied, **87%** would recommend it to a friend or family member, and **91%** would use it again.

AHA MOMENT

- Patient survey responses of whether they would recommend care actually rose after COVID-19 and the increased use of telehealth service delivery.

VOICE OF THE PATIENT

"I am so glad you have a way to stay in contact with me during COVID-19 even though I still struggle to ask for help." Our patient Dolly stated that having a team that reached out to her made her feel that others cared, and during a time she had difficulty, she could always reach someone on the SUD team. Patient Dolly was able to get her children back from the Department of Child Safety, address underlying depression, make positive changes in her relationship, and continue maintaining her recovery.

VOICE OF LEADERSHIP

"This targeted innovation laid the groundwork and provided the necessary learning opportunities needed for our successful transformation in the delivery of healthcare during the current pandemic. Largely because of this component of our innovation, and the intradepartmental collaboration required, our agency made a nearly seamless transition to telehealth allowing us to effectively provide the needed services to our clients timely across lines of business."

—Jon Reardon, MBA, MSW, LCSW
Chief of Clinical Behavioral Health

RECOMMENDATIONS

- Ensure extensive training about MAT with a SUD team and how MAT is just a piece of helping the person with addiction. The other pieces are addressing the disease in all these areas: bio, psycho, social and spiritual. When all areas are not addressed clients have a difficult time sustaining a healthy substance free lifestyle.
- Understand the impact of trauma and how addiction plays a part of how people cope with trauma.
- Provide therapy that can address the trauma at the same time client is receiving MAT services and treatment for addiction.
- Embrace innovation and the use of technology in the delivery of whole-person healthcare.

Figure 1: Telebehavioral Health Visits March and July Comparison

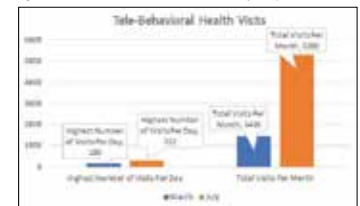


Figure 2: Patient Survey Results: Satisfaction with Telehealth Services

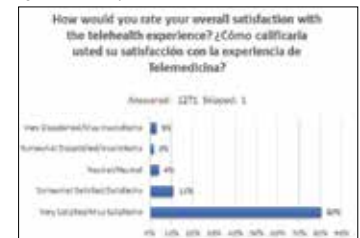
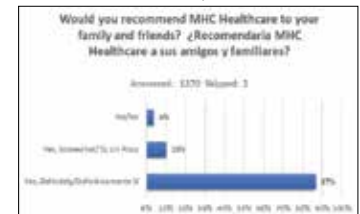


Figure 3: Patient Survey Results: Recommend Telehealth Services to Family and Friends



HEALTH CENTER STORYBOARDS

PUBLIC HEALTH MANAGEMENT CORPORATION HEALTH NETWORK

NACHC's recognition of accomplishments in the 2019–20 Innovative Approaches for Prescription Drug Abuse Management and Prevention Learning Community



PHILADELPHIA, PENNSYLVANIA

✓ INTERVENTION DESCRIPTION

› Pilot a “MAT-Mentoring Team” anchored by an experienced medication-assisted treatment (MAT) provider and including a newly waived medical provider, a medical assistant, a nurse, a peer recovery specialist, and a behavioral health consultant. This team-led approach is designed to create a safe and collaborative environment that improves the cultural competency of employees while increasing confidence and improving clinical decision making for existing and newly waived MAT providers.

🌐 COVID-19 IMPACT ON INTERVENTION

› Public Health Management Corporation (PHMC) Health Network remained open for new MAT inductions. Telehealth was utilized to serve existing MAT patients.

👥 KEY PARTNERS

- INTERNAL:**
- Behavioral Health Providers
 - Patient Advisory Council
 - PHMC Health Network Leadership
 - Primary Care Providers
- EXTERNAL:**
- City-wide MAT providers

🔧 INNOVATIONS

- › Improved communication across the PHMC Health Network about MAT resources and support
- › Newly waived MAT providers are identified and supported with resources and team support
- › MAT workflow and protocols have been developed and reviewed across the network
- › Behavioral Health Consultants (BHCs) have been retrained on how to assess and support patients on MAT
- › Peer Recovery Specialists are involved in huddles and positively impact patient engagement and retention

📊 IMPACT/METRICS/RESULTS

- › Mentoring providers have consistently referred MAT patients to BHCs
- › Reduced the time it takes for newly waived providers to start seeing patients from **3–6 months to 2–4 months** across the PHMC Health Network

💡 AHA MOMENT

› Patients expressed appreciation and gratitude for outreach efforts especially once the pandemic hit. They felt supported in their recovery.

💬 VOICE OF THE PROVIDER

Provider Dolly, Nurse Practitioner Elizabeth McKey, mentioned that once patients start MAT they are often motivated to begin addressing other physical and mental health challenges. She has found it rewarding to see patients making progress toward their overall health goals.

💬 VOICE OF LEADERSHIP

“The MAT mentoring team is a great example of how integrated care can improve outcomes for patients. Our staff was able to work together on MAT workflow, protocols, and care coordination, which led to better provider confidence and improved patient engagement.”

—Dinetta Armstrong, Managing Director

★ RECOMMENDATIONS

1. Consistent planned communication is key to a successful MAT program.
2. Spend time up front developing protocols and then train staff appropriately.
3. Allow time for providers to meet and discuss patient care for MAT patients.

Figure 1: MAT Mentoring Team



HEALTH CENTER STORYBOARDS

ROCKING HORSE COMMUNITY HEALTH CENTER

NACHC's recognition of accomplishments in the 2019-20 Innovative Approaches for Prescription Drug Abuse Management and Prevention Learning Community



SPRINGFIELD, OHIO

INTERVENTION

> The first half of our intervention featured the integration of a Massage Therapist (MT) into our team to treat patients for 30-60 minute intervals. Our aim was to focus on opioid dependent patients to help with their chronic pain and stress in a conservative treatment approach.

COVID-19 IMPACT ON INTERVENTION

Massage Therapy paused completely during the initial months of the pandemic. When the Governor allowed Massage Therapy to come back, there were so many restrictions that there was really no way to meet in the middle and complete our innovation as planned. We all mutually agreed that it was best to make a pivot. We decided to switch our attention to Luma Health, a web-based platform that would enable us to communicate with our substance use disorder (SUD) patients in a variety of ways.

KEY PARTNERS

INTERNAL:

- Behavioral Health Director
- Chief Medical Officer
- Chief Financial Officer
- Chiropractor
- Massage Therapist
- Patients
- Primary Care Physicians
- Scheduling Coordinators
- SUD Care Team

EXTERNAL:

- Community Board Members
- Springfield Regional Hospital

INNOVATIONS

- > Created a charting system in the electronic health record (EHR) for the MT to document her treatments with patients; this allowed the Primary Care Provider and Chiropractor to see immediately in the record which region the MT treated, the patient's response to treatment, and the patient's pain scale.
- > Created a scheduling system for new and returning patients scheduled by the MT
- > Adjusted the no show policy because there were some patients who repeatedly did not come for their scheduled MT appointments, forcing an unused hour of the MT's time
- > Implemented appointment reminders through Luma Health
- > Trained the SUD care team to securely text with their patients through Luma Health and maintain a record of all conversations

IMPACT/METRICS/RESULTS

- > The MT treated **47** patients (15-78 years old)
- > **20%** of patients treated by the MT had chronic opioid use
- > Reduced overall no-show rates from **20%** to **15%** in the first month of sending appointment reminders through Luma Health
- > When a patient responded to a Luma Health appointment reminder that they were having difficulty securing food, we connected the patient with our patient advocates who helped this patient secure an emergency food box

AHA MOMENT

Our aha moment came with the pivot shift in our innovation. We were going through strenuous amounts of telehealth due to COVID-19 in all our departments, and we thought what better time to roll out Luma Health scheduling than now, a time where digital appointments are imperative.

VOICE OF THE PATIENT

Our patient Dolly was a former chronic opioid and other drug user who is a grandmother and mother. She has struggled very severely with relapse, and she states that between Massage Therapy, Behavioral Health, and Chiropractic treatments, she has now been clean for almost a year now. She states so much more energy and decreased pain.

VOICE OF LEADERSHIP

"Over the 6 months that the Massage Therapist was here, I saw so many positive outcomes and stories from my patients. A lot of good feedback came from the treatments with the MT including physical and emotional improvements. A lot of these patients rely on opioids and pain medication to help their pain and it was refreshing to see Chiropractic and Massage Therapy work hand in hand to help these patients use alternative medicine."
—Jacob Thomas (Chiropractor)

RECOMMENDATIONS

1. One of the big take aways is to make sure everyone co-treating patients is on the same page.
2. Communication is of big importance whether that be in person communication or simply making notes in the chart for providers to see.
3. Do not get discouraged if a patient does not see results right away. Sometimes it takes time, and some results are unseen or felt.

Figure 1: Massage Therapy

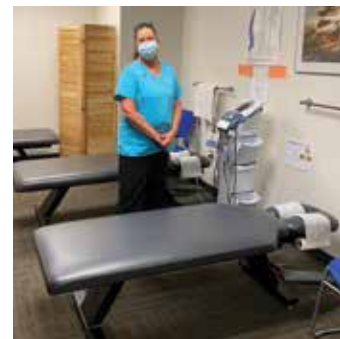


Figure 2: SUD Care Team



HEALTH CENTER STORYBOARDS

SANTA BARBARA NEIGHBORHOOD CLINICS

NACHC's recognition of accomplishments in the 2019-20 Innovative Approaches for Prescription Drug Abuse Management and Prevention Learning Community



SANTA BARBARA, CALIFORNIA

INTERVENTION

- Reduce substance use disorder (SUD) patients in the hospital emergency department by 20% and expand care at our SUD-focused Bridge Clinic by increasing clinic operation hours, hiring additional staff, and moving into a larger clinic space.

COVID-19 IMPACT ON INTERVENTION

- With the unprecedented onset of the COVID-19 pandemic, Santa Barbara Neighborhood Clinics (SBNC) has been able to employ telehealth in our Bridge Clinic to allow our provider Dolly and our other providers to continue treating their substance use patients. The new larger clinic space also allows for more practical accommodations for social distancing needs.

KEY PARTNERS

INTERNAL:

- Behavioral Health Coordinator
- Behavioral Health Providers
- Chief Executive Officer/Medical Officer
- Chief Operating Officer/Financial Officer
- Medication-Assisted Treatment (MAT) Providers
- Psychiatric Nurse Practitioner
- Wellness Navigators

EXTERNAL:

- Cottage Hospital Bridge Emergency Department Program
- Cottage Hospital Chief Executive Officer
- Cottage Hospital Chief Operating Officer
- Cottage Hospital Director of Psychiatry and Addictive Medicine
- Santa Barbara Fighting Back Opioid Safety Task Force

INNOVATIONS

- Increased the Bridge Clinic's care team to better support SUD patients:
 - Full-time Psychiatric Nurse Practitioner who is a MAT Provider and serves as Lead Clinician/Clinic Manager, providing on-site leadership and supervision for program workflow evaluation (Provider Dolly)
 - Pain Management MAT Provider moved to full-time status; uses acupuncture, diet, and exercise in SUD treatment
 - Part-Time physician MAT Provider
 - Another Medical Assistant
 - Wellness Navigator to assist with referrals and attention to the patients' social determinants of health
- Doubled the Bridge Clinic's physical size, adding:
 - 2 examination rooms
 - Enlarged group room
 - Spacious reception area

IMPACT/METRICS/RESULTS

- The ability to serve patients has exponentially increased; our Provider Dolly's billable touchpoints increased from **20** to **260** between the April and June reporting periods and Bridge Clinic encounters increased overall

AHA MOMENT

- Build it and they will come. On April 3, we relocated our Bridge Clinic to a facility twice the size, believing that it would be a slow time with COVID-19. We have been completely booked (or over-booked). We are seeing an increase in young patients who need MAT. Young people have more time on their hands than they know what to do with since schools are using online platforms and extracurricular activities have been cancelled.

VOICE OF THE PROVIDER

"Several weeks have brought sociopolitical unrest to our country; it has been an emotional time. It is important to ensure staff voices are heard and spirits supported. SBNC provided a speaker, first female Hispanic student accepted at Harvard Law. Her triumph in the face of systemic racism proved incredibly inspirational for our staff. I've never been more proud to work with such an empathetic, inspiring, powerful team."

—Alexandra Taylor, PMHNP-BC,
Lead Clinician & Clinic Manager, Bridge Clinic
(Provider Dolly)

VOICE OF LEADERSHIP

"In a year our organization has become a known and respected resource for integrated primary healthcare to include treatment of substance use disorders. Our providers treat patients with the highest level of expertise, dignity, and empathy without being judgmental. They understand there is no one size fits all in substance use disorder treatment and meet patients where they are to save their lives."

—Nancy Tillie,
Chief Operating Officer/Chief Financial Officer

RECOMMENDATIONS

1. Be flexible—there is not one treatment program that works for everyone. We are humans after all.
2. Don't go it alone—there are partners everywhere who are willing and have resources you may not.
3. Secure seed money to get the program off the ground—it can be sustainable, but it needs to be built first.

Figure 1: Change Ideas for Expanding MAT Program



Figure 2: Bridge Clinic Encounters 2019 to 2020



HEALTH CENTER STORYBOARDS

UNION COMMUNITY HEALTH CENTER

NACHC's recognition of accomplishments in the 2019-20 Innovative Approaches for Prescription Drug Abuse Management and Prevention Learning Community



BRONX, NEW YORK

INTERVENTION

- Integrate a Behavioral Health Case Manager on UNION's mobile health van, which provides access to integrated clinical services, awareness and education to medically vulnerable patients unable or unwilling to visit Union Community Health Center's physical sites.

COVID-19 IMPACT ON INTERVENTION

UNION transitioned from the mobile health van unit to providing care via our Rapid Care Department. Staff members were reassigned to continue providing medical services including COVID-19 testing. The innovation continued with emphasis on substance use disorder (SUD) and depression screenings during triage conducted in person or via telephone.

KEY PARTNERS

INTERNAL:

- Behavioral Health Department
- Bronx Accountable Healthcare Network Health Home
- Primary Care Physicians

EXTERNAL:

- Bronx Neighborhood Health Action Centers
- New York City Department of Health and Mental Hygiene
- St. Ann's Corner of Harm Reduction
- St. Barnabas Hospital Chemical Dependency Outpatient Services/Inpatient Detox Program

INNOVATIONS

- Hired and integrated a Behavioral Health Case Manager for the mobile medical van to assess and screen primary care patients for substance use and abuse and depression; provide a bridge for chronic opioid users in primary care to behavioral health and treatment programs as needed; and serve as a liaison between the Behavioral Health Department (BH), primary care physicians and community partners
- BH launched a four week Health and Wellness Group focused on Mindfulness-Based Treatment for Substance Abuse; sessions focused on the introduction to mindfulness, mind-body connection, coping skills and self-care in the recovery process
- BH hosted two Naloxone Overdose Prevention sessions for staff
- BH sponsored a Naloxone Overdose Prevention session geared to patients with SUD and their families

IMPACT/METRICS/RESULTS

- At the peak of service delivery prior to the pandemic, our patient Dolly required **220** staff encounters in a single month; the addition of the Behavioral Health Case Manager to the team increased patient engagement and staff coordination/communication in caring for Dolly

AHA MOMENT

- Throughout the COVID-19 pandemic, UNION'S BH staff has shown tremendous resiliency. Despite the unrest of endless traumatic community misfortunes, we managed to maintain full patient capacity. We quickly adapted to a new model of care and incorporated a new workflow including telephonics and telemedicine. The support of patients continues to be endless and overwhelming. This was something we never expected. During each patient contact, the patient was concerned about our health and well-being.

Figure 1: Behavioral Health Screening and Referral

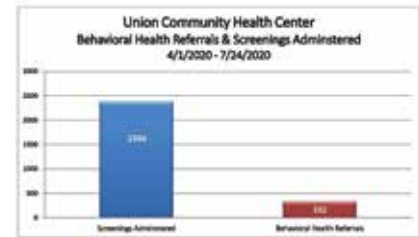


Figure 2: Caring for Patient Dolly

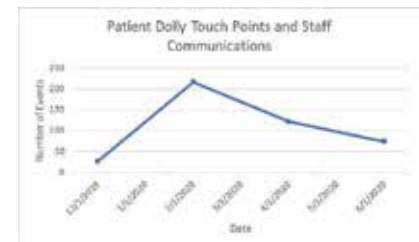


Figure 3: Substance Use Disorder Screening and Referral Workflow



VOICE OF LEADERSHIP

"Working from the mobile van allowed medical services to be delivered in a unique fashion where otherwise it would not have been possible. Having the BH case manager in the van, allowed for screenings and follow-ups with patients as with Dolly. This innovative program has proven that community health care services is necessary to alter the quality of life and overall health for our patients at UNION."

—Charles Ofori-Ampomah, NP

VOICE OF THE PATIENT

"I am a completely new person since meeting you. Everything changed for the better and not even my own family has helped me in this way. I was frustrated, lonely and felt lost. Charles and Mariela care for their patients. While in Florida I did not receive adequate services. I do not know what I would have done without UNION."

Translated from Spanish

RECOMMENDATIONS

- Being flexible is required, as changes and unforeseen circumstances occur through every step.
- Continuous relationship building with primary care providers and specialties is key for success.
- Include staff's ideas and participation as part of goal-setting.
- Recognize cultural and community barriers when delivering services and outreach.
- Provide on-going education to decrease stigma surrounding substance use/abuse.