

*Exploring Resources and Different Treatment Models
for Hepatitis C Virus and Opioid Use Disorder*

**Part 4: Expanding Medication-Assisted Therapy in
Philadelphia, PA**

Christine Simon, Public Health Project Manager
Kevin Leacock, Public Health Project Coordinator

December 3, 2019 @ 2:00 pm ET



National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services



Question & Answer

During the presentation, you may ask questions. Click **Q&A** and type your questions into the open field.

The Moderator will either send a typed response or answer your questions live at the end of the presentations.

Today's Presenters



Lauren Tavolaro-Ryley, RN,
MSN, CNS



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LCSW, BCD

Community
College
of Philadelphia

*Department
of Nursing*



**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate

Partnership: Community College of Philadelphia –
History of Community Nursing

Date: 12/3/19

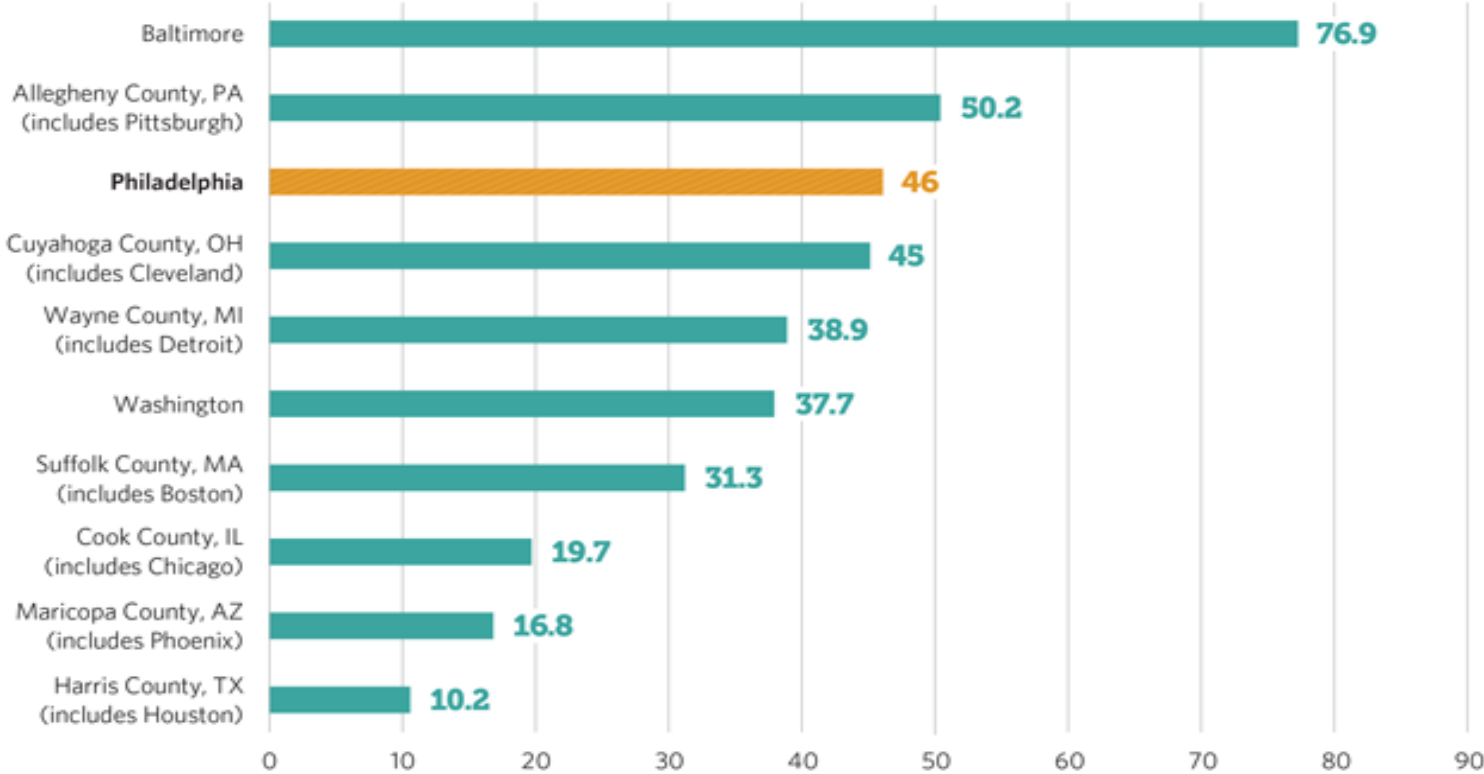


19130 Zip Code Project

- Community College of Philadelphia Department of Nursing
- Funded by the Independence Foundation
- Partnerships with Schools, senior centers, head start programs, health fairs
- Health Promotion & Disease Prevention activities to vulnerable populations in Philadelphia

Substance Use in Philadelphia

Drug Overdose Deaths Per 100,000 Residents, 2016
Age-adjusted rates for Philadelphia and other major jurisdictions



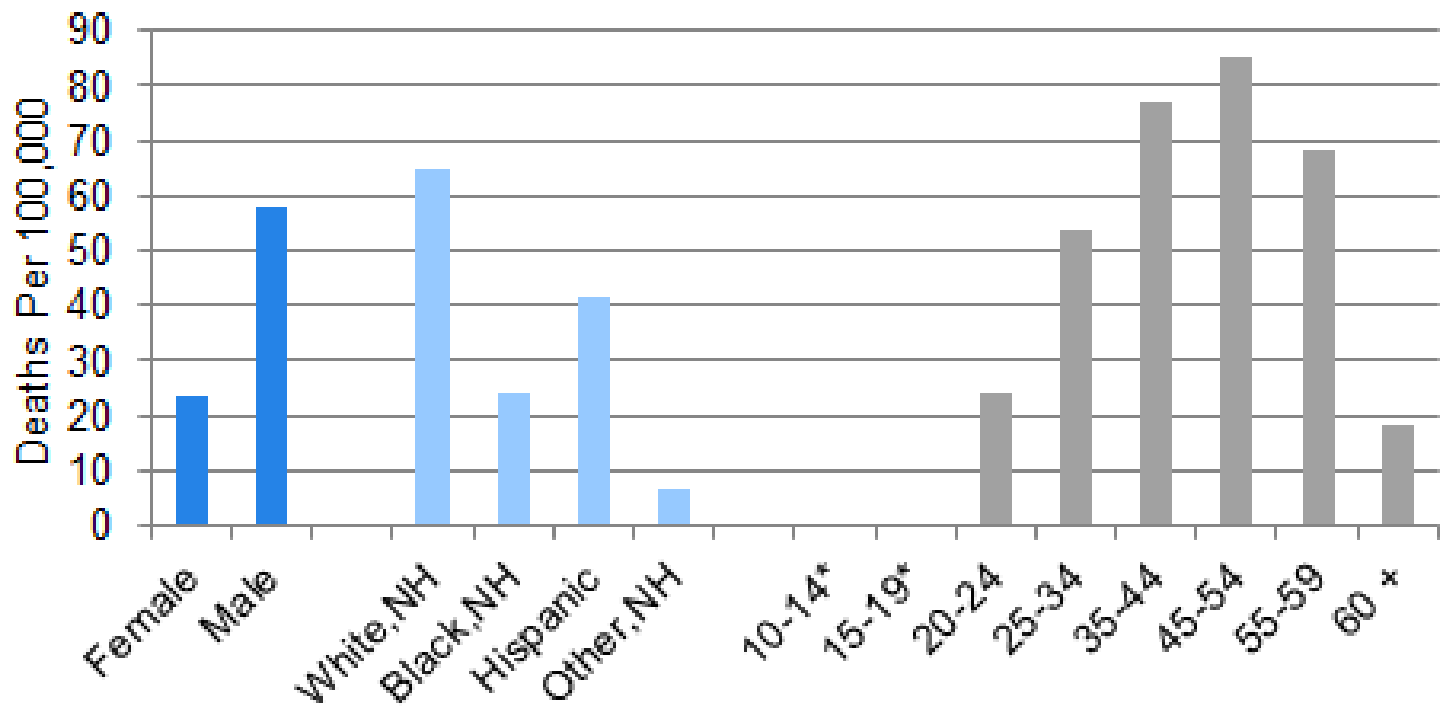
Note: Data were collected at the county level, except for Washington, which is the only non-county city for which numbers were available. Baltimore and Philadelphia are both cities and counties. The Centers for Disease Control and Prevention adjusts rates by age so that comparisons among jurisdictions are not skewed by one county having a significantly younger or older population than another; drug overdoses ruled homicides or suicides are not included.

Source: Centers for Disease Control and Prevention, CDC WONDER Database, Multiple Cause of Death Data, 2016

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Demographics
of Opioid
Related Deaths

Rates of Opioid-related Overdose Deaths, 2016,
Philadelphia Residents Only

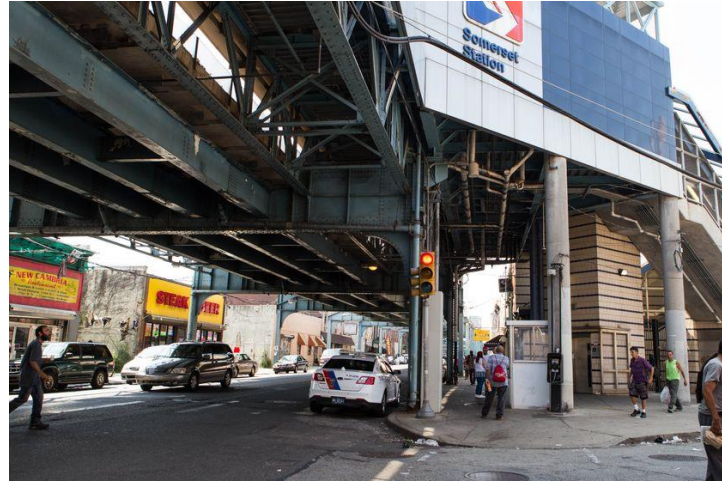




How to address the Opioid Crisis?



Kensington



Kensington Storefront Project



Porch Light Hub space in Kensington, serves as a workshop for artists, a site for learning, and a safe space for neighbors seeking refuge and recovery.

Stigma

Stigma disproportionately influences health outcomes and mental well-being. Fear of being judged and/or discriminated against can prevent people with substance use disorders, from getting the help they need.

Health care providers treat patients who have substance use disorders differently. Clinicians have lower expectations for health outcomes for patients with substance use disorders

People with a substance use disorder who expect or experience stigma have poorer outcomes.

People who experience stigma are less likely to seek out treatment services and access those services. When they do, people who experience stigma are more likely to drop out of treatment

Train the Trainer

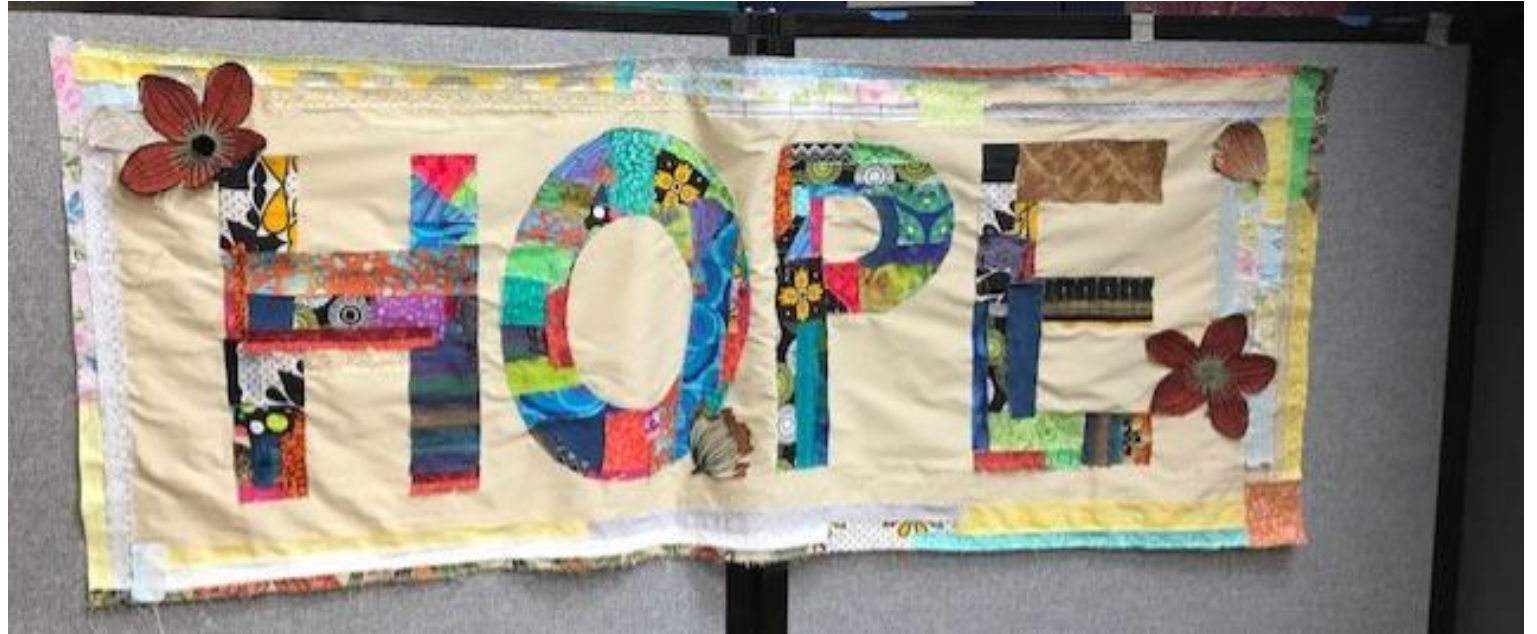
- Through our collaboration with NNCC and Philadelphia Public Health Department, students participated in an intensive training about Medication Assisted Treatment for SUD





Community

- Our Workforce of students know the community because they are from the community



Listening to the Voice of
the Client



The Workforce of Community College of Philadelphia Interns

- Train the trainer model
- Builds on the department of nursing's mission to serve the community
- Recognition of the role of nurses as leaders in keeping the community healthy

Student Intern Reflections

- “I had the opportunity to offer medication assisted treatment to a community where I saw devastation from the opioid crisis, and it felt so good to be able to offer something to the community”
- “I saw people I loved die from an overdose- the ability to help other people in the community to have options for their substance abuse made me feel like I was helping the community heal”
- “I was nervous about doing the presentation, but once I started to talk I felt comfortable with the group and when I finished I felt like I made a contribution”

Supporting Interns

- Giving students the resources to succeed
- Focusing on their self confidence
- Working in Pairs
- Integration of work into their resumes



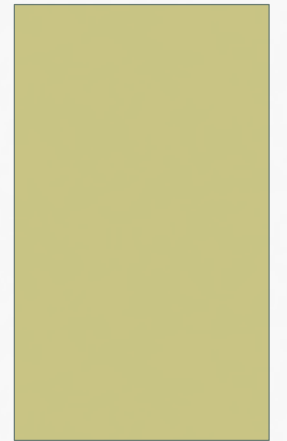
Addressing Barriers



- Legal Concerns
- Scheduling
- Time Management

RECOVERY ORIENTED CARE MODELS

DATE: DECEMBER 3, 2019



OVERVIEW

Population Health
Management:
Opioid Use
Disorder (OUD)

OUD Treatment
Information

Flow of MAT
treatment visits

Team: Roles and
Function

Systems Talk:
Levels of Care

Insurance

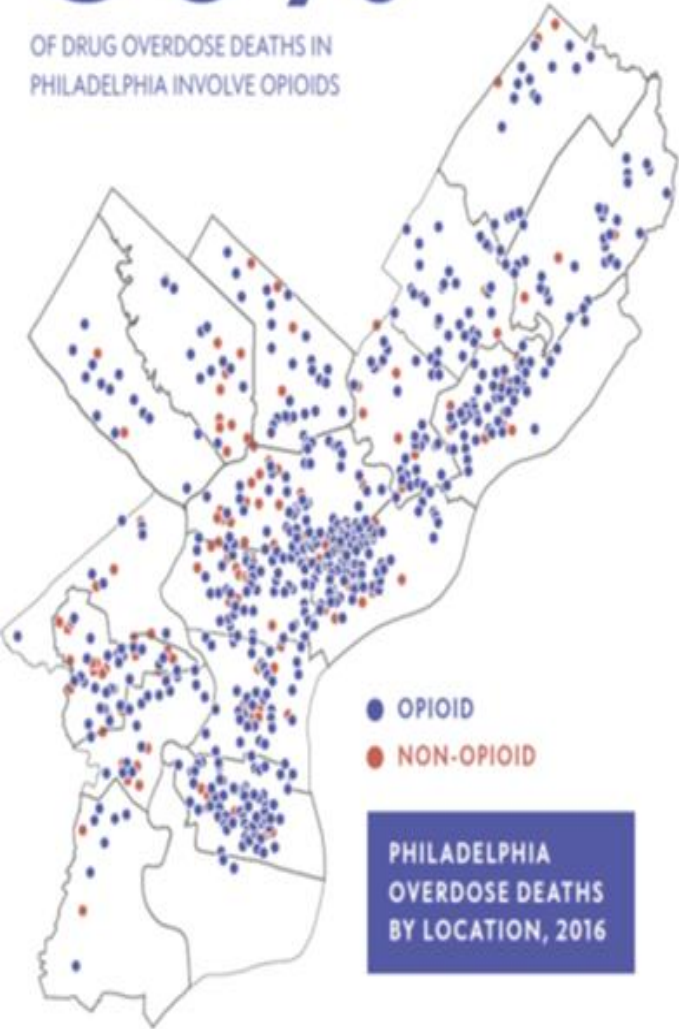
Local Recovery
Resources

WHY MAT @ AN FQHC PRIMARY CARE?

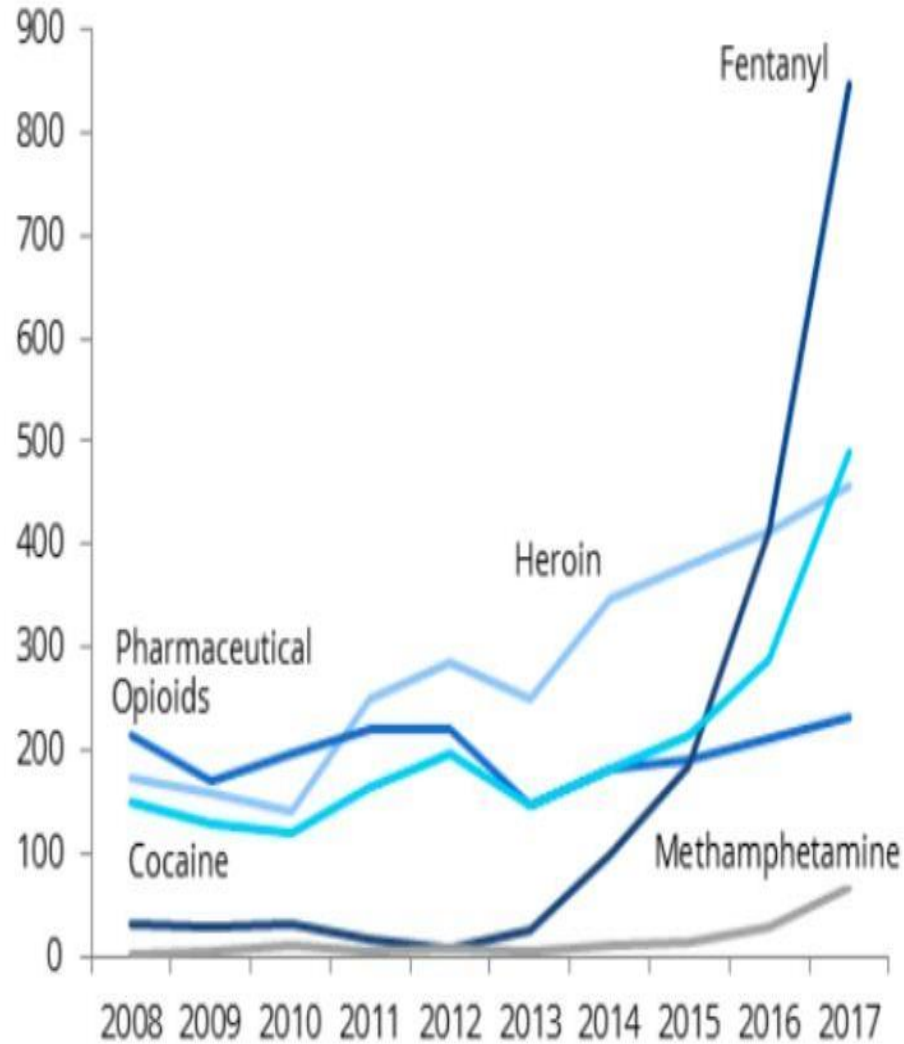


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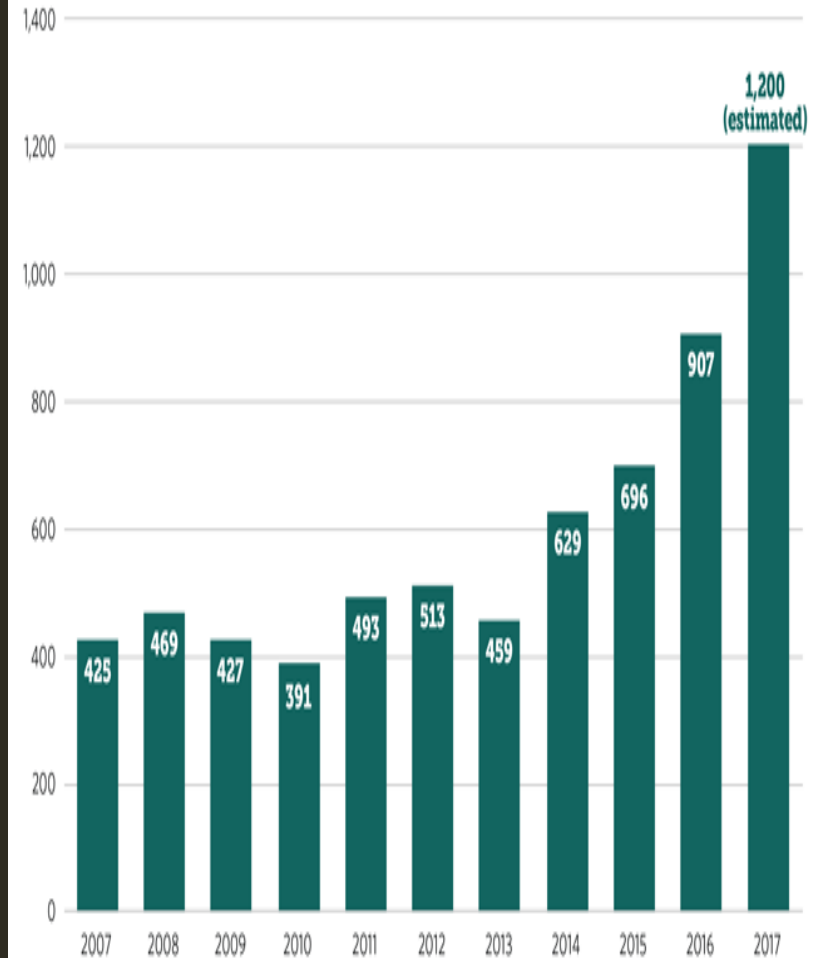
OF DRUG OVERDOSE DEATHS IN PHILADELPHIA INVOLVE OPIOIDS



Opioid-related deaths by drug-type, 2008 - 2017, Philadelphia



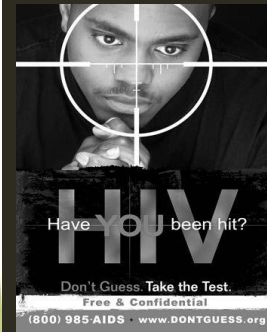
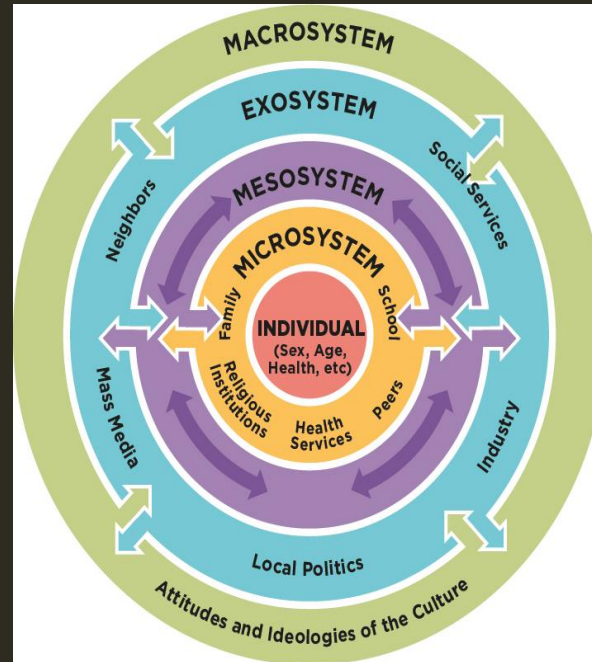
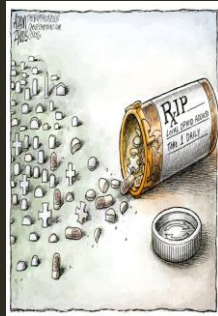
Unintentional Drug Overdose Deaths in Philadelphia, 2007-17



Source: Philadelphia Department of Public Health

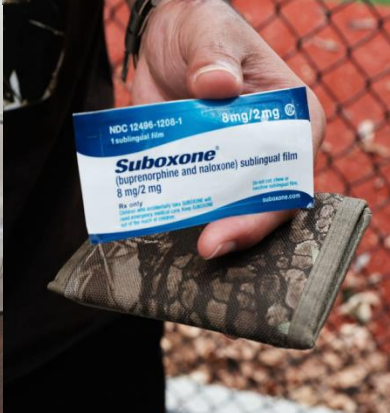
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PROFESSIONAL CONTEXT: SHAME, STIGMA, SUBJUGATION, TRAUMA

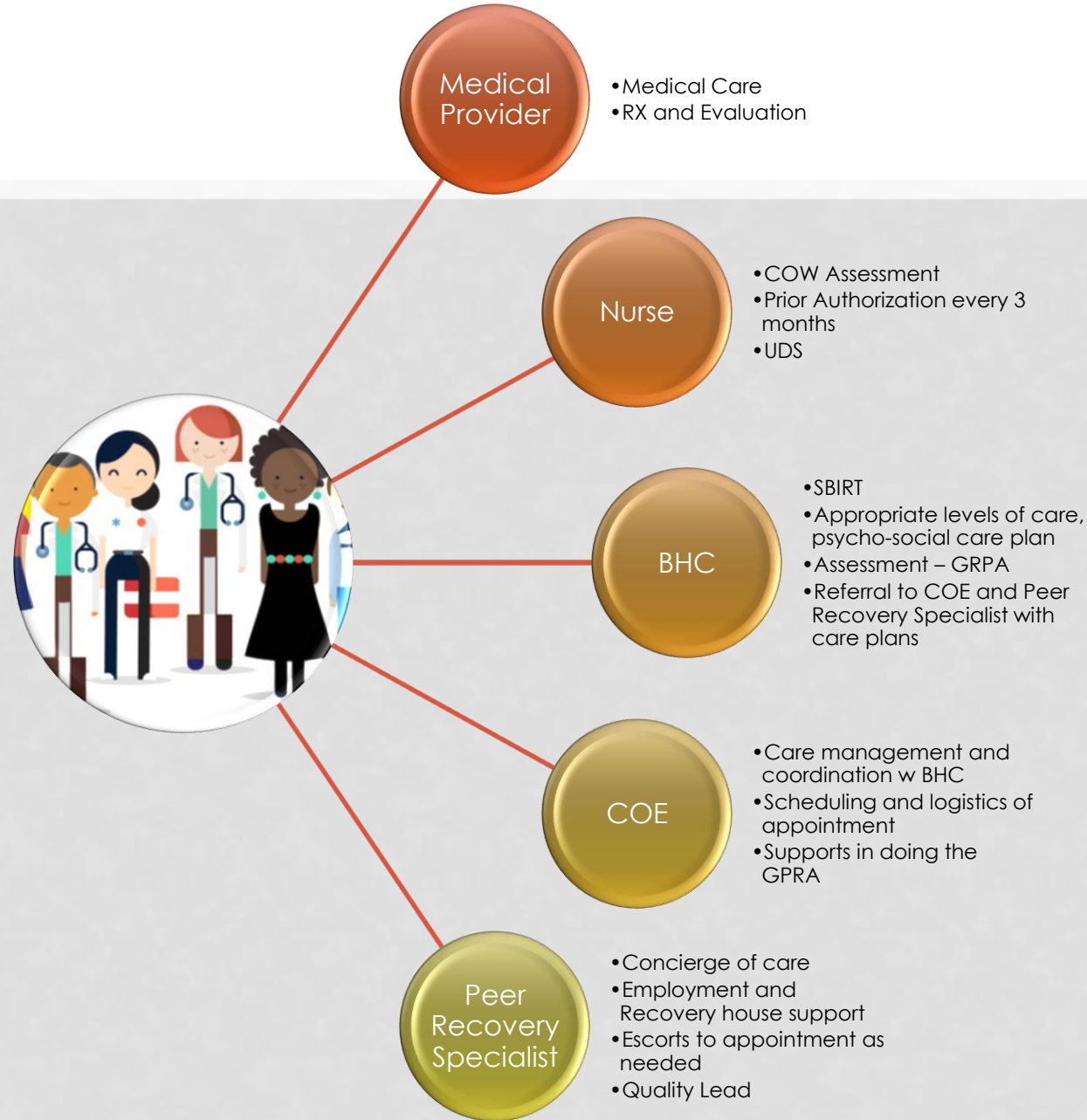


OUD TREATMENT

Medication	Mechanism of action	Route of administration	Dosing frequency	Available through
Methadone	Full agonist	Available in pill, liquid, and wafer forms	Daily	Opioid treatment program
Buprenorphine	Partial agonist	Pill or film (placed inside the cheek or under the tongue)	Daily	Any prescriber with the appropriate waiver
		Implant (inserted beneath the skin)	Every six months	
Naltrexone	Antagonist	Oral formulations	Daily	Any health care provider with prescribing authority
		Extended-release injectable formulation	Monthly	



TEAM WORK MAKES THE DREAM WORK

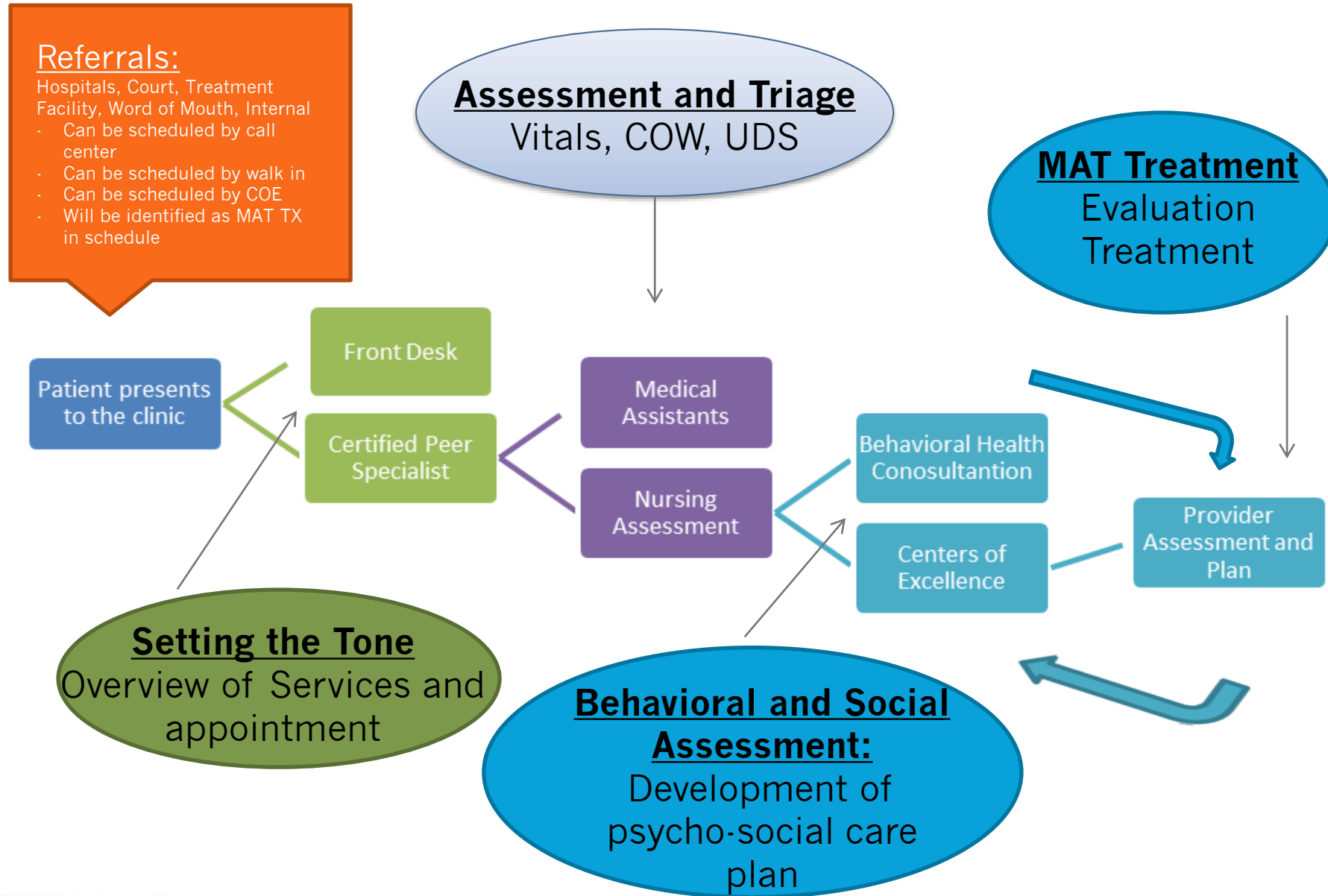


Care Team rounds when someone passes away within the week

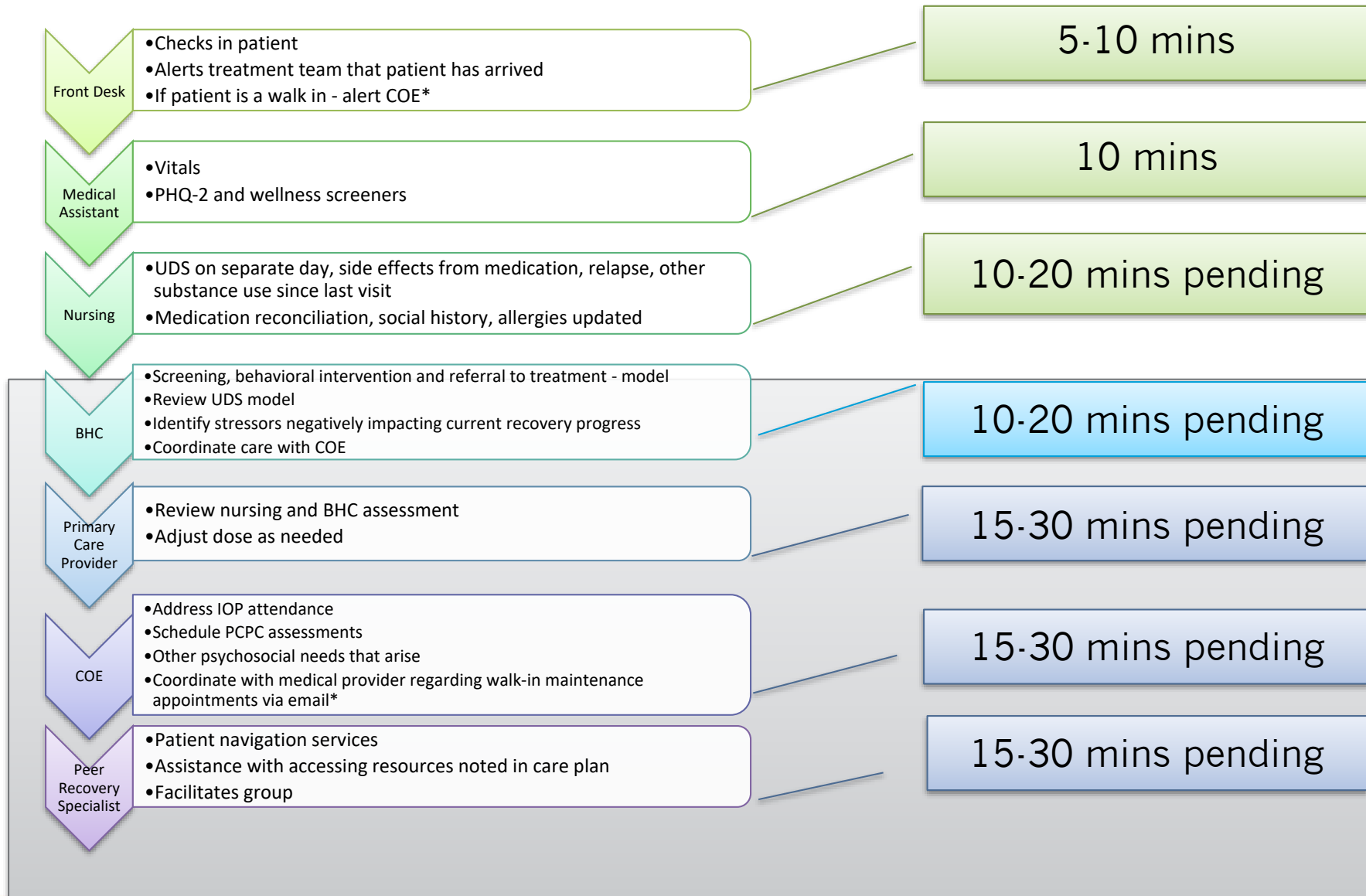
1 x a month process meetings

Prior authorization happens every 3 month – coordination with nursing and COE

What is it going to look like? 1st Visit



What's it going to look like? Maintenance



BHC VISIT

Coordinate with care team

- Avoid replicating unnecessary continuous assessments with other providers
- During the first appointment --- dx and provide information on: tx history, mat history, psych history in the chart so that provider can see

Narcan-psycho-education and Risk Reduction

- Discuss Narcan during the first visit, inform about standing order, recommend rx

Review UDS and note in chart

Is the person in OP treatment

- How is it going? Review progress

Recovery goals

- Enhance self-care strategies, sense of purpose, housing plan

Health Goals

- HCV tx, improved health markers

Explore urges to use and/or stressors impacting recovery process

- SBIRT interventions

Psycho-social assessment

- Anything impacting mood, recovery and health

PCPC DIMENSIONS

1)

- Acute intoxication and withdrawal

2)

- Biomedical conditions and complications

3)

- Emotional/behavioral conditions and complications

4)

- Treatment acceptance/readiness/ discordance

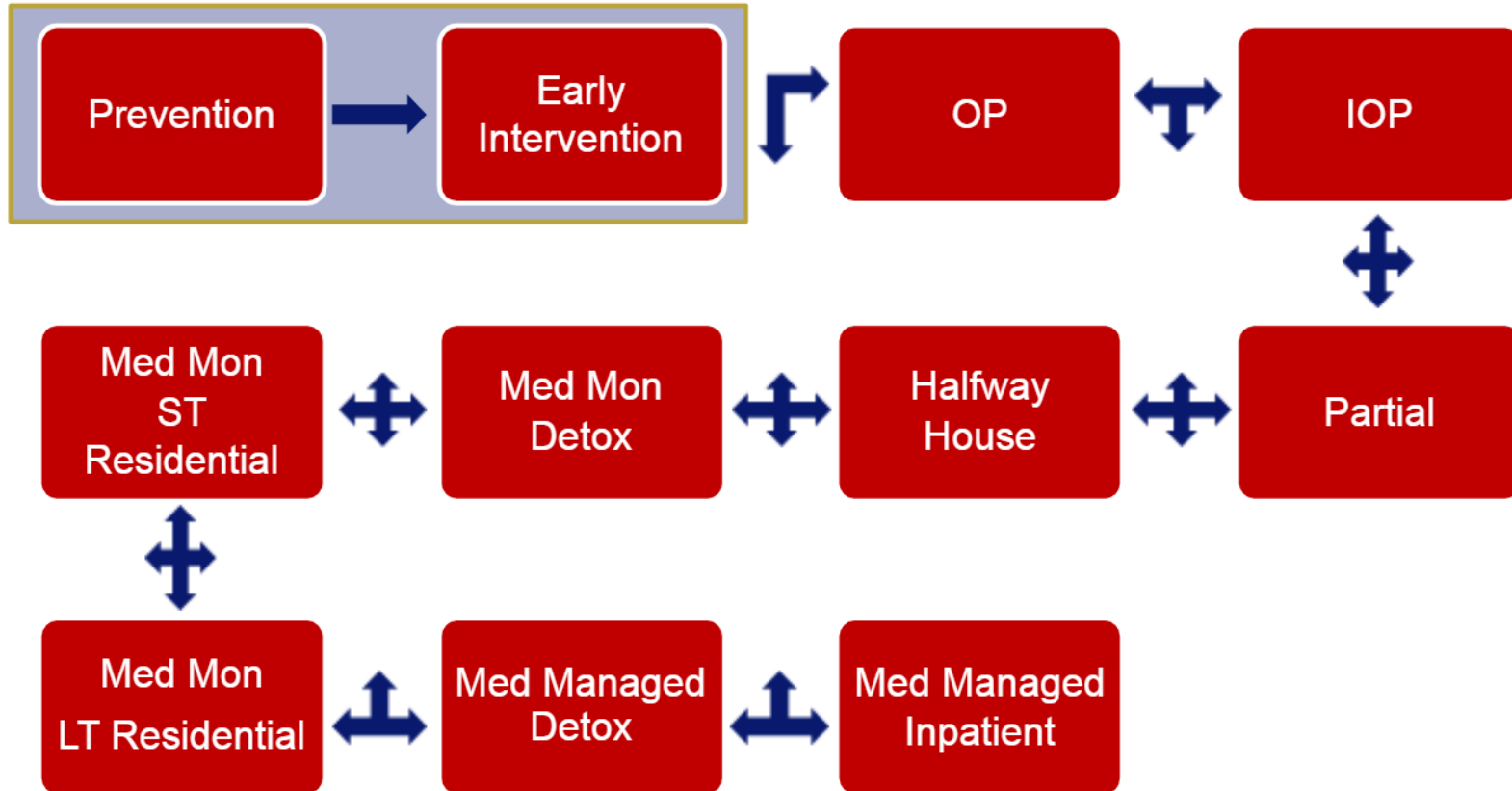
5)

- Relapse Potential

6)

- Recovery environment

Continuum of Care



LEVELS OF CARE

PCPC Levels of Care

*based on service descriptions

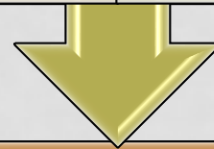
	Types of Service	Tx Contact/ Staff Ratio	Structure*	Medical*	Setting
Level .5	Early Intervention	None	Low	None	Community
Level I	Outpatient 1A	Low (<5hr/35:1)	Low	None	Community
	Intensive Outpatient 1B	Medium (5-10 hr./15:1)	Low	None	Community
Level II	Partial Hospitalization 2A	Medium (10+ hr./10:1)	Medium	None	Community
	Halfway House 2B	Low (<5 hr./8:1)	High (24 hr.)	Low (phys. exam)	Community/ Residential
Level III	Med Monitored Detox 3A	High (7:1)	High (24 hr.)	Medium (exam in 24h)	Residential
	Short Term Residential 3B	High (8:1)	High (24 hr.)	Medium (physical exam)	Residential
	Long Term Residential 3C	High (8:1)	High (24 hr.) (Longertx)	Medium(phys. exam 48h)	Residential
Level IV	Med Managed Detox 4A	Very High (5:1)	High (24 hr.)	Very High (24h Doc)	Hospital
	Med Managed Tx 4B	High (7:1)	High (24 hr.)	High (24h Nurs.)	Hospital

QUESTIONS TO ASK REGARDING PLACEMENT

Question 1: Is the patient's life/health in danger because of the drugs or type of drugs they have taken? (dimension 1-2)

If yes 4A (medical), 3A (detox from specific substances – benzos/alcohol)

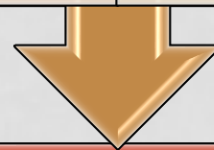
If no – move on (no need for detox/inpatient)



Question 2: Does the individual's medical or mental condition need frequent care or 25 hour nursing? (Dimension 2-3)

Is yes, 4B

If NO, move on no need for level 4



Question 3: How much structure and contact does the person need (dimension 3)

A lot (level 3 – residential)

A little (level 1 – outpatient)

In between (level 2: partial/half-way house)

TO DETOX OR NOT TO DETOX: 3A

Dimension Scoring	Description
Acute intoxication or withdrawal	<p>Persistence of withdrawal symptomatology and/or withdrawal protocols – requires continued medical and/or nursing monitoring on a 24 hr basis</p> <p>Post withdrawal – inhibits cognitive functions and individuals ability to effectively achieve treatment objectives</p> <p><u>Drugs: Alcohol, Benzos – Sometimes PCP</u></p>
Bio-medical conditions	Continuation of any bio-medical problem which prohibits transfer to another LOC
Emotional Behavioral	<p>Making progress toward resolution of an emotional or behavioral problem, but has not resolved problem – needs higher level of care</p> <p>Individual is being held pending transfer to a more intensive inpatient service (3B/3C)</p>
Treatment acceptance	Recognizes severity
Recovery Environment	Continued danger.

3B VS 3C

3B

- Professional directed
- Individuals in acute distress
- Moderate impairment of social, occupational, or school functioning
- Rehabilitation is goal

3C

- Professionally directed
- Individuals in chronic distress
- Severe impairment of social, occupational, or school functioning
- Habilitation is the goal

PLACEMENT CONSIDERATIONS

MAT or MMT or Vivitrol

- Kirkbride
- 8th and Girard
- Eagleville
- Bowling Green
- Valley Forge

Medicare

- Some OP tx sites get funny with this

Access Point

Probation

PCP Use

CRCs

Practice Case: Ronald H.



- **Patient:** Ronald H.
- **Role Function:** Behavioral Health Consultant at an FQHC
- **Case information:** Recently d/c from inpatient detox for heroin (4 day detox with methadone). Using crystal meth amphetamines and heroin. He notes high levels of anxiety and continues active use. He is presenting to your clinic to be prescribed suboxone for withdrawal management. During month 2, UDS is positive for cocaine, meth-amphetamines and heroin. He is not in mental health/D&A care. There are no immediate physical health concerns. His main support is his mother, who reports concerns regarding his current use.
- **Setting:** Federally Qualified Health Center

PRACTICE CASE: JANE

- 33 y.o. cis woman, on MAT and using cocaine episodically. She is not currently engaged in any level of care.
 - What level of care does she need?
- 40 y.o. cis man, on MAT, using benzos illicitly. UDS has been positive for benzos for 3 months, and presents as sedated during consultation. He is on probation and lives in a home where folks are using. He has never done inpatient before and has mental health concerns.
 - What level of care do you think he needs?

SYSTEM TALK: INSURANCE

- PA Medicaid covers Suboxone, buprenorphine/naloxone tables under the fee for service (FFS) and MC plans
 - In order to approve Suboxone for tx of opioid use disorder, patients must be enrolled in, or have documented proof of SUD counseling
 - BHC does not count!
 - Can be 1A, 1B, 2A, 2B
 - Prior auths are done every 3 months
- Medicare does not need prior authorization – no documentation of mental health treatment
- Commercial Insurance – no prior authorization – no documentation of mental health treatment.

LOCAL RECOVERY RESOURCES

Pro-act

- Recovery social support programming

BHSI Case Management

OAS

- Recover Housing

Mutual Support Groups

- SMART Recovery
- 12 Step Fellowship

Al-Anon for families

Local MAT and MMT Treatment

RESOURCES

ADDICTION MEDICINE AND HEALTH ADVOCATES (AMHA) MMT induction IOP/ OP
928 MARKET ST, 19107 215-923-4204 English/ Spanish; child care on site

BELMONT BEHAVIORAL HOSPITAL Buprenorphine maintenance IOP/ OP
4200 MONUMENT ROAD, 19131 877-418-7923 Vivitrol English/ Spanish

CHANCES- PHILA HEALTH MGMT CORP (PHMC) Buprenorphine induction IOP/ OP
1200 CALLOWHILL ST, SUITE 102, 19123 215-825-8220 Vivitrol English; females only, child care on site

COMHAR Buprenorphine induction OP
2055 E. ALLEGHENY AVE, 19134 215-427-5800 English/ Spanish

THE CONSORTIUM MMT induction IOP/ OP
451 S. UNIVERSITY AVE, 19104 215-596-8000 Vivitrol English/ Spanish; child care on site

DREXEL MEDICINE CARING TOGETHER CLINIC Buprenorphine/Vivitrol OP
4700 WISSAHICKON AVE, 19144 215-967-2130 maintenance English; females only, child care on site

GAUDENZIA OUTREACH I Vivitrol IOP/ OP
1306 SPRING GARDEN ST, 19123 215-238-2150 English/ Spanish

GAUDENZIA-DRC Vivitrol IOP/ OP
3200 HENRY AVE, 19129 215-991-9700 English

INTERIM HOUSE, INC. - PHMC Buprenorphine induction IOP/ OP
333 W. UPSAL ST, 19139 215-849-4606 Vivitrol English/ Spanish

JEVS HUMAN SERVICES - ACT I MMT induction IOP/ OP
5820 OLD YORK ROAD, 19141 English

JEVS HUMAN SERVICES - ACT II MMT induction IOP/ OP
1745 N. 4TH ST, 19122 215-236-0100 English/ Spanish
JOHN F. KENNEDY BEHAVIORAL HEALTH CENTER (JFK) MMT induction OP
907 N. BROAD ST, 19123 215-567-2469 English

KENSINGTON HOSPITAL MMT induction OP
136 DIAMOND ST, 19122 215-426-8100 English

MERAKEY BEHAVIORAL HEALTH Buprenorphine induction IOP/ OP
5000 PARKSIDE AVE, 19131 215-879-6116 MMT induction & Vivitrol English

MERAKEY BEHAVIORAL HEALTH Buprenorphine induction IOP/ OP
5429 GERMANTOWN AVE, 19144 215-754-0240 MMT induction & Vivitrol English

MERAKEY BEHAVIORAL HEALTH Buprenorphine induction IOP/ OP
4806 FRANKFORD AVE, 2ND FL, 19124 215-533-6204 Vivitrol English

MERAKEY BEHAVIORAL HEALTH Buprenorphine induction IOP/ OP
11082 KNIGHTS ROAD, 19154 Vivitrol English

NORTH PHILA HEALTH SYSTEM - GOLDMAN CLINIC MMT induction IOP/ OP
801 W. GIRARD AVE, 19122 215-787-2000 Vivitrol English/ Spanish

NORTHEAST COMMUNITY CNTR FOR BEHAVIORAL HEALTH Vivitrol OP

NORTHEAST TREATMENT CENTERS (NET) Buprenorphine induction IOP/ OP
2205 BRIDGE ST, 19137 215-286-5490 MMT induction & Vivitrol English

NORTHEAST TREATMENT CENTERS (NET) Buprenorphine induction IOP/ OP
7520 STATE ROAD, 19136 215-831-6024 MMT induction & Vivitrol English

PATHWAYS TO HOUSING Buprenorphine induction *Center of Excellence
5201 OLD YORK ROAD, SUITE 108, 19141 215-390-6187 Vivitrol English/ Spanish; Housing Assistance

PATHWAYS TO RECOVERY (PHMC) Vivitrol & Buprenorphine Partial Hospital Program
2301 EAST ALLEGHENY AVE, 19134 215-731-2402 MMT clinic coordination English/ Spanish

PENN MEDICINE PRESBYTERIAN MEDICAL CENTER Buprenorphine induction *Center of Excellence; IOP/ OP
3910 POWELTON AVE, 5TH FL, 19104 215-662-8742 English/ Spanish

PENN MEDICINE MOTHERS MATTER PROGRAM Buprenorphine induction *Center of Excellence; Pregnant Women
3400 SPRUCE ST, 1 WEST GATES, 19104 215-573-8882 English

PHMC CARE CLINIC MAT PROGRAM Buprenorphine induction *Center of Excellence; Health Care Center
1200 CALLOWHILL ST, 1st Floor, 19123 267-398-0247 Vivitrol English/ Spanish; PCP

PREVENTION POINT Buprenorphine induction *Center of Excellence; Harm Reduction Svcs
2913-2915 KENSINGTON AVE, 19134 Vivitrol English/ Spanish

PROJECT HOME Buprenorphine induction *Center of Excellence; Housing Assistance
1515 FAIRMOUNT AVE, 19104 215-320-6187 x5756 Vivitrol English

SOAR CORP MMT induction OP
9150 MARSHALL ST, SUITE 2, 19114 215-464-4450 English

THOMAS JEFFERSON UNIVERSITY FAMILY CENTER MMT induction *Center of Excellence (MATER); IOP/ OP
1233 LOCUST ST, SUITE 201, 19107 215-955-8577 Females only, pregnancy, child care on site; English

THOMAS JEFFERSON UNIVERSITY (NARP) MMT induction *Center of Excellence; IOP/ OP
21ST & WASHINGTON AVE, 19147 215-735-5979 English/Spanish

TEMPLE TWO Program Buprenorphine induction *Center of Excellence, partners with the Wedge MC
3401 N BROAD ST, 19140 215-707-3008 OB- GYN Svcs

WEDGE MEDICAL CENTER Buprenorphine induction *Center of Excellence, partners with Temple TWO
3609 N. BROAD ST, 19140 215-223-1100 Vivitrol English/ Spanish; IOP/ OP

WEDGE MEDICAL CENTER Buprenorphine induction *Center of Excellence, partners with Temple TWO
2009 S. BROAD ST, 19148 215-271-2200 Vivitrol English; IOP/

Questions



To receive credit...

We will send an email with a link from Clinical Directors Network within 1-2 days after the webinar.

You must complete to receive credit and the certificate will arrive within 1 week of completing the survey.



Thank you!

NNCC Contact Information

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