

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

BARRIERS TO IMPLEMENTATION, PART 2:

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LEARNING OBJECTIVES

- Describe **three strategies to overcoming common internal program barriers** to implementing an effective MAT program
- Identify **three types of community partnerships** that can improve outcomes for those engaged in MAT
- List **three policy issues** related to MAT that impact both providers and patients



POLICY BRIEF FINDINGS

- Significant increases in both prescribers and patients at all health centers, as well as HCHs
- Patient need and care model likely drive focus on this service
- Many strategies exist to overcome common challenges

April 2019 | Issue Brief

Addressing the Opioid Crisis: Medication-Assisted Treatment at Health Care for the Homeless Programs

Barbara DiPietro, Julia Zur, and Jennifer Tolbert

Executive Summary

Health Care for the Homeless (HCH) programs, a subset of community health centers that receive special populations funding to address the specific needs of vulnerable and medically complex patients, play a significant role in addressing the opioid epidemic by providing medication-assisted treatment (MAT). MAT, which combines one of three medications (methadone, buprenorphine, or naltrexone) with behavioral therapies, is the standard of care for opioid use disorder (OUD). This brief presents findings from an analysis of health center data on the provision of buprenorphine-based MAT, as well as interviews with providers and administrators from 12 HCH programs about strategies they adopted to implement MAT programs. Key findings include:

- Among health centers, HCH programs provide a disproportionately large share of buprenorphine-based MAT, although there was wide variation across states. HCH programs accounted for over one-third of both providers who can prescribe buprenorphine and of all patients receiving buprenorphine in 2017, despite serving only 4% of all health center patients. Additionally, the number of providers able to prescribe buprenorphine and the number of patients receiving the medications both more than doubled at HCH programs from 2016 to 2017.
- Building support with leadership and clinical staff was a key strategy to implementing MAT at HCH programs. Some approaches to achieving this goal included identifying "champions" within HCH programs to advocate for establishing MAT services, consulting with more experienced HCH programs, and addressing concerns about medication diversion.
- HCH programs also reported the need to invest in staff training and support. Providing training to primary care providers who lacked expertise in treating opioid use disorder (OUD), fostering coordination between primary care and behavioral health staff, dedicating administrative staff for MAT programs, and recruiting waived providers can help build MAT programs.
- Another important strategy respondents discussed was the need to create more flexible systems and programs. For example, adjusting schedules to block out dedicated time for MAT patients and adopting a more flexible approach to the therapy component of MAT services improved access to treatment.
- Fostering community partnerships and accessing available resources helped build MAT programs. HCH programs were able to establish and grow MAT programs by working with

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Filing the need for trusted information on national health issues, the Kaiser Family Foundation is a nonprofit organization based in San Francisco, California.

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Check out
this
awesome
resource!



SUCCESSFUL STRATEGY #1

- **Building organizational support and buy-in**

- Identify **champions** within the program who will advocate for MAT and obtain support from leadership and staff
- Consult with more experienced programs to share **lessons learned** and address concerns
- Acknowledge concerns about **diversion** but also acknowledge harm reduction aspect



SUCCESSFUL STRATEGY #2

- **Providing staff training and support**
 - Provide **training** to clinicians who lack expertise in treating OUD
 - Engage staff throughout the organization and foster **coordination** between primary care and behavioral health
 - Dedicate **administrative staff** to alleviate burden and allow for more patient care
 - Set **expectations** for MAT and recruit already-waivered providers



SUCCESSFUL STRATEGY #3

- **Considering program flexibility**
 - Modify internal systems to increase capacity and facilitate patient engagement
 - Adopt a more flexible approach to the therapy component



SUCCESSFUL STRATEGY #4

- **Building community partnerships and resources**

- Work with community partners to reduce barriers to treatment (*this includes policymakers!*)
- Maximize funding and training resources to initiate and expand MAT programs



DISCUSSION

- What is your biggest barrier to moving forward right now?
- How are you engaging your policymakers?
- What's working well for you?
- Describe a strategy that you tried that did NOT work. What did you learn from that experience?



COUNCIL RESOURCES

- Numerous policy briefs, webinars, clinical guidelines, and fact sheets available
 - Medication-Assisted Treatment: Buprenorphine in the HCH Community
 - Medication-Assisted Treatment: Changes in Federal Law & Regulation
 - The SPOT: Boston's New Harm Reduction Program for Opioid Users Forges New Ground (webinar)
 - Addressing the Opioid Crisis: Medication-Assisted Treatment at Health Care for the Homeless Programs (with Kaiser Family Foundation)
 - Addressing the Opioid Epidemic: How the Opioid Crisis Affects Homeless Populations (fact sheet)
 - Adapted Clinical Guidelines: Recommendations for the Care of Homeless Patients with Opioid Use Disorders



**Resources
& Links**