Medication Assisted Treatment (MAT) Program

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• Founded in 1964
• Our Mission...

“alleviate the effects of poverty, attack its underlying causes, and to promote the dignity and self-sufficiency of the people of York County, Maine”
Area of Coverage

York County, Maine
Median age: 43
Race: White 96.4%
Nasson Health Care

• 5 Sites
  – 2 embedded mental health
  – School-based health center
  – Shelter services
  – Main office
• 6,300 active patients
• 14 providers
  – Medical (6: 1 MD, 5 NPs)
  – Behavioral Health (5)
  – Dental (3)
Medication Assisted Treatment

- Program started October 1, 2017
- Highly-structured office-based treatment program
- Many challenges for patients and the treatment team
  - Availability of prescribing providers
  - Transportation for appointments and to pick up prescriptions
  - Lack of stable housing
  - Lack of social supports
  - Cost of treatment and medication
  - Access to treatment
  - Patients are not ready to commit to structure of program
Increasing Access

- Low Barrier Program started January 1, 2019
- Focus on harm reduction
- Adopted medication first model
  - Suboxone script given same day
  - Naloxone script provided
- Flexible patient-centered individualized treatment plans
  - Meet the patients where they are at
  - Break down barriers
  - Provide out reach and engagement
Care Coordination

• Integrated weekly meetings with Providers, Behavioral Health and Care Management
  – Panel discussion
  – Reach out to patients needing support
• Customizing patient’s experience
  – Script length
  – Time span between visits
Growing Pains

• Losing providers
  – Burn Out
  – Onboarding of new providers
  – Demands due to patient expectations
  – Provider’s resistance to obtaining data waiver

• Lack of experience and cultural awareness in treating substance use disorder
  – Primary care providers
  – Mental health providers
  – Support staff

• Stigmatism about MAT
  – Clinical and admin support staff
  – Cultural shift

• Systematic workflows
  – What works for the system doesn’t work for the provider or the patient
Learning Lessons

• Losing providers
  – Work in progress

• Lack of experience and cultural awareness in treating substance use disorder
  – Primary care providers
    • Providers fear the legalities of prescribing Suboxone
      – New policies
      – Education around safe prescribing from the Governor Janet Mills’ Director of Opioid Response-Gordon Smith Esq.

– Mental Health Providers
  • Provider’s lack of training and skill set to support the patient population
    – Smart Recovery training

– Support Staff
  – Providing language and scripting
  – Continuing education and training
Learning Lessons

• Stigmatism about MAT
  – Clinical and admin support staff
  • Continuous education and training
    ❖ importance of treatment
    ❖ the impact personal views and actions have on patients who are being treated

• Systematic workflows
  – What works for the system doesn’t always work for the provider or the patient
    • Flipping the system to make it work
      – Patient chooses path to treatment and recovery based on where they are at
      – Provider has structure and protocols for clinical decision making based on treatment levels
We Continue to Learn

• Continue to reassess
• Continue to course correct
• Continue to remain patient-centered in decision making
Any questions?