OPIOID TASK FORCE TEAM MEMBER CONTACT INFORMATION

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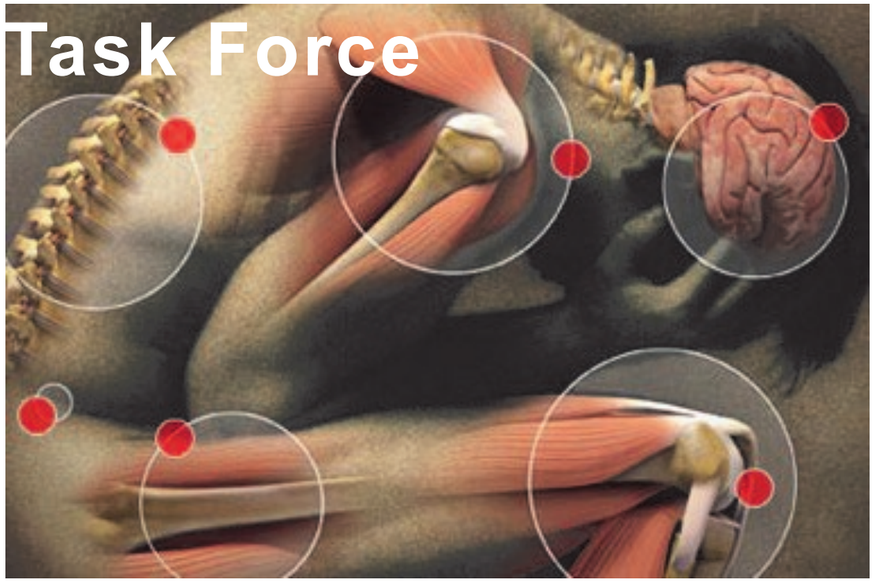
Opioid Action Plan

Report summarized by Jeffords Institute for Quality Jason Minor

October 20, 2015

Opioid Task Force



TASK FORCE AIM

Develop a rapidly implementable plan by October 15, 2015 that identifies the resources, activities, timeline and accountability required to expand treatment access to eliminate the current waiting list in Chittenden County.

TASK FORCE PLANNING OVERVIEW

STEP 1

The task force convened by The University of Vermont Medical Center aimed to address the current waiting list for substance abuse treatment in Chittenden County.

STEP 2

With the newly formed team consisting of multiple community agencies and stakeholders with different perspectives, the team developed shared values, shared purpose, ground rules, and tenets of participation to support effective decision making.

STEP 3

The team brainstormed the key drivers or causes to the current waiting list, with the purpose to ensure strategies selected for implementation would achieve the team's aim.

STEP 4

The team built on, prioritized, and selected the strategies that would have the greatest immediate impact improving system capacity, adding new capacity.

Strategies were categorized into long term (>6 mo) and short term (< 6 mo). And finally barriers were identified.

The task force identified 57 possible strategies and multi-voted those to a top 9. From those top strategies, the team identified the key priorities of focus that are included in this document.

Discussion recognized that short-term strategies must be met with a corresponding long-term plan to address funding gaps and provider shortages.

"When addicts want treatment they want it today. They can't wait ...."

- Patient (who spoke to task force)

Short term & Long term

Strategy 1 / Add Capacity with Additional Prescribers

Place buprenorphine prescribers in every Chittenden County Medical Home. Add to the number of prescribers who apply for a waiver to enable them to treat more patients. UVMMC is deploying a prescriber who is treating Medical Group patients who are moving from Hub to Day One. (UVMMC is currently covering wrap around supports.) UVMMC is currently adding 11 waivers for a total of 24 prescribers to treat established Medical Home patients.)

Goal / Improve Treatment Capacity

Improve access to prescribing providers by increase the number.

Assumptions / Access Strained

1. Adding prescribing providers alone will not necessarily improve access to treatment if providers in medical homes have closed panels and are unable to take new patients due to high demand. Prescribers must have capacity to accept new patients for comprehensive care.
2. Providers who begin to prescribe will need additional supports that are customary in other MAT programs, up to and including wraps supports such as behavioral health, counseling, etc.
3. Patients transitioned to community prescribers operating out of Medical Homes should not require the level of resources provided by the Hub; making placement, transitions of care, critical to successful sustainable placements.

High Level Actions & Timeframe

0-3 Months —Capacity is currently being added as described above.

Short term

Strategy 2 / Triage

Create a cross-organization team to triage waitlist and current patients in treatment including, MAT, CHCB, UVMMC, Chittenden Clinic and determine if all need Hub services/treatment.

Goal / Right Size Resources

By moving patients who do not need the level of services in the Hub to other providers, capacity will be created in Hub. This right sizing of services will ensure patients are treated in the most appropriate level of care, creating capacity in the Hub.

Assumptions / Total Community Resources Required

1. This strategy will rely heavily on all primary care providers in the system to take patients. Note that UVMMC serves 68,685 attributed lives in primary care and remaining community providers have 91,455 attributed lives. (September 2015
BluePrint data)
2. The process of triaging and right sizing the level of care required must be built into systems and processes to sustain benefits long term.
3. Long-term funding increase and recruitment incentives will be needed to ensure Medical Home providers are available to deliver services required to adequately support patients with diverse needs.
4. Total Hub patients include 700 +/- patients prescribed Methadone and 300+/- patient prescribed Suboxone. The 300 are targeted for potential community placement in a chronic disease model.

High Level Actions & Timeframe

10 Days—Convene a cross-organization team to review and triage the waiting list and current patients in treatment.
+30 Days—Begin first move of patients into Medical Homes.

Short term & Long term

Strategy 3 / Create Temporary New Capacity— "Pop-Up Clinic"

Create a prescribing site for doctors to treat patients outside of their offices, such as shared space with wrap services.

Goal / Improve Treatment Capacity

Improve access to prescribing providers by adding a site will all existing infrastructure needed.

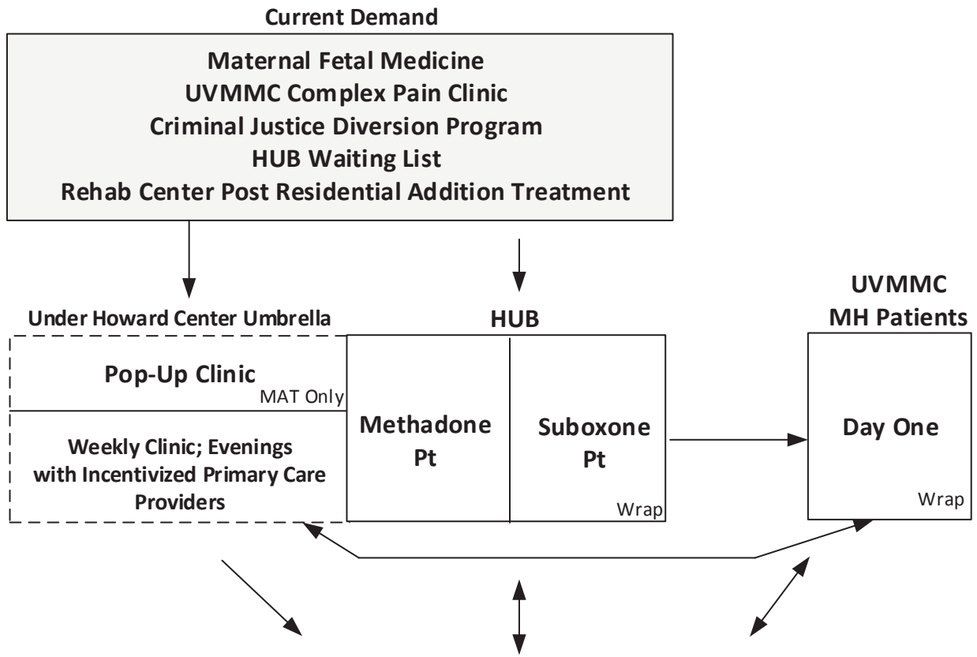
Assumptions / Provider Resources

1. A new prescribing site reduces already existing strain on primary care. It eliminates the barrier of providers accepting patients in a full clinic.
2. A once a week "pop-up clinic" would be staffed by primary care providers who are paid stipends to work extra hours or additional shifts. The clinic would provide MAT services.
3. This is a "bridge and patch" short-term solution for up to one year while awaiting an operational second Hub.
4. Patients transitioned to primary care prescribers operating out of Medical Homes should not require the level of resources provided by the Hub; making placement, transitions of care, critical to successful sustainable placements.
5. The "pop-up clinic needs to be under Howard Center due to Med Record, schedulers, etc. **Funding would be needed.**

High Level Actions & Timeframe

Immediately to Months—Operationalize the "pop-up clinic" and utilizing the resources of primary care providers.

Treatment Illustration



Primary Care (Limited Capacity)			
UVM Medical Group	Community Health Center	Other Community Providers	Additional capacity through recruitment

68,700 UVMMC Attributed Lives
in Primary Care in Chittenden County
92,000 Community Provider Attributed Lives
in Primary Care in Chittenden County
2015 BluePrint Data

INCENTIVES
Stipends (Short-Term Workforce Incentives)
Loan Repayment Program (Primary Care Recruitment Incentive)
Enhanced Payment (System Incentives)
Funding To Fully-Cover Wrap Supports (System Incentives)

> "I can't tell you how many people (clinics & doctors) I called trying to get help."
>
> *- Patient*

> “No one likes being an addict. I hated it. Your whole existence revolves around not being sick. Finding the drug keeps you from feeling like you have the flu all the time.”
>
> *- Patient*

Strategy 7 / Improve Hub Efficiency—Process Improvement Short term

Create a multi-disciplinary team supported by The Jeffords Institute for Quality to partner with Howard Center to analyze and optimize existing treatment workflows from intake to discharge to create capacity through efficiency gains.

Goal / Create Capacity

Improve Hub efficiency to create capacity.

Assumptions / Partnership

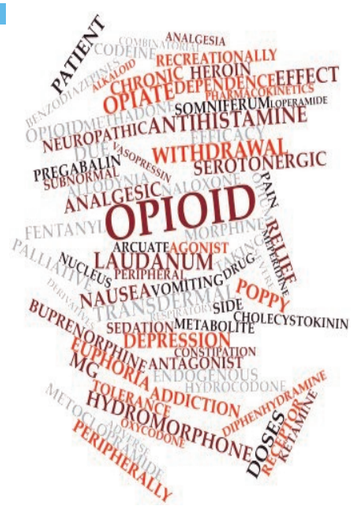
1. Howard Center personnel will be available and actively participate in partnership with Jeffords Institute for Quality.
2. Processes, procedures, and improvements must be redesigned to sustain the benefit, which will require significant resources for the Howard Center to invest resources in training, education and implementation.

High Level Actions & Timeframe

10 Days—Catherine Simonson will identify a Howard Center multi-disciplinary team to participate in a formal improvement project. A quality improvement consultant will be assigned to lead and provide the system analysis and guide QI process.

+10 Days—Participate in a Kaizen Event or similar Rapid Improvement Event

+2-12 Weeks—Implement the identified improvements and reassess to measure improvement



Strategy 8 / Financial Support Short term & Long term

Create additional financial foundation for the health system to care for patients with addiction. .

Goal / Support Capacity Development

Decrease financial barriers to effective treatment options by removing them.

Assumptions / Incentives

1. Provider incentives will be essential to create short and long term capacity to improve treatment access. Incentives could include loan repayment sign on bonuses, compensation. (Howard Center pays a lower comparative rate.)
2. With access very limited access recruitment incentives are essential to attract and retain new providers. Primary care offices and medical group are currently recruiting to meet capacity issues.
3. Financial incentives must bring additional providers online or into the system of care, not rob from one organization to support another.
4. Many essential wrap services are not covered, making providing effective services difficult.

High Level Actions & Timeframe

5 Days—Present strategy to leaders and ask for support..

2 Weeks—Community Health Improvement can provide information about the gap in funding.

Strategy 9 / Prevention Short term & Long term

Create Governor appointed task force.

Goal / Reduce Future Program Demand

Implement strategies that reduce the future demand for addiction services, create new funding for prevention.

Assumptions / Prevention Efforts are Absent

1. The majority of funding goes toward office based treatment and relapse prevention. Without systemic prevention efforts addiction will continue to grow as a state health epidemic.

High Level Actions & Timeframe

<90 days—Gain the approval for a governor appointed and funded task force.

<6 Month—Appropriate prevention funds to begin prevention efforts.

Strategy 4 / Transitions of Care—Day One Expansion Short term & Long term

Implement Day One expansion to accept UVM Medical Group attributed patients from the Hub and transition them to primary care.

Goal / Improve Preparedness to Primary Care

Provide addiction services to prepare patients for transition to primary care to relieve pressure on Hub.

Assumptions / Total Community Resources Required

1. Day One will treat medical group primary care patients who wouldn’t be able to transition from the Hub and are able to transition sooner and provided with services that can prepare them for primary care.
2. Day One expansion is not meant to provide Hub level services.
3. Staffing shortages for addiction treatment is proving challenging to find any applicants.

High Level Actions & Timeframe / Identify, Place, Sustain, Support

90 Days—The timeline for bringing on Day One services has been aggressively moved from July to January.

Strategy 5 / Enhance Current Capacity Short term & Long term

Expand the Chittenden Clinic to 1,100 patients,

Goal / Improve Capacity

Enhance capacity at the Chittenden clinic to increase access to treatment.

Assumptions / Total Community Resources Required

1. Expanding the Clinic alone will not eliminate the waiting list on its own. It is know that patients are going outside of the area for treatment. It is also know through anecdotal data with Howard’s needle program that there are potentially thousands of addicts not in treatment.
2. This effort is closely connected to other strategies aimed at increasing capacity.
3. Staff shortages in addiction treatment will impact if this strategy is possible without significant financial incentives for providers.

High Level Actions & Timeframe

+180 Days—Staff shortages in addiction treatment will impact if this strategy

> “I got Suboxone on the street, that is how I knew it worked.”
>
> *- Patient*

Strategy 6 / Substantially Increase Capacity Short term & Long term

Conduct an analysis regarding the need and feasibility of adding a second Hub, or a satellite an extension of one of the MAT licenses to an additional community location.

Goal / Improve Capacity

Provide efficient and effective addiction treatment to all in need.

Assumptions / Total Community Resources Required

1. The physical and operational limits of the Chittenden Clinic, its providers and other services are operating under expanded capacity, well beyond original plans. A second Hub or satellite location may be needed for capacity expansion to meet the suspected unmet need, and to head off trends in demand for addiction services.
2. UVMMC, Howard Center and Jeffords Institute for Quality will partner first on evaluating the opportunities for efficiency improvements in the current Hub.

High Level Actions & Timeframe / Identify, Place, Sustain, Support

1 Year—Conduct analysis, identify location, gain approvals, if needed.

> “It’s easier to find opiates than a doctor.”
>
> *- Patient*

KEY DRIVER DIAGRAM