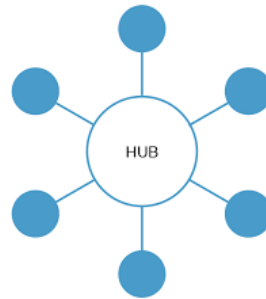


Hub and Spoke Model: Increasing MAT Treatment Access in Los Angeles County



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History

- In L.A. County, some medications (methadone) were widely available.
- In order to increase access to other medications used for opioid use disorder.
- Funding originated out of Block Grant dollars and later additional funding from SAMHSA was obtained

Patient Referral Process

- Referrals to a hub originated at a “spoke”
- Patients were assessed at intake regarding their SUD
- If patients noted an alcohol or opioid use disorder, they were informed of the available medications
- If patients expressed interest in gaining more information, they were referred (transported) to a hub

MAT Expansion: Two Areas of Focus

1. Training / Culture Change

- Engaging SUD counselor certifying organizations (CCAPP, CAADE, CADTP) to ensure adequate focus on MAT in their curriculums
- MAT training for counselors/LPHAs as a part of DMC-ODS preparations



MAT Expansion: Two Areas of Focus

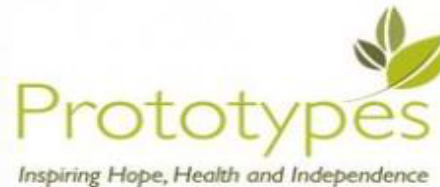
2. Expanding number of MAT prescribers

- Within primary care, mental health, and SUD provider communities → buprenorphine trainings
- Utilizing DMC Medical Directors/physicians to the full extent of their expertise and scope of practice
- Expanding number of MAT hubs

The “Hubs” in the Hub and Spoke Model



- The three medication hubs:
 1. Tarzana Treatment Center (main hub)
 2. Behavioral Health Services
 3. Prototypes



- Selection criteria:
 - Infrastructure (staff, examination room, refrigerated and locked location for medication storage) to administer medications
 - Long-standing histories of providing quality substance abuse treatment to a broad range of clients

Next steps

- New hubs are in development
- The MAT learning collaborative includes several providers who are interested in learning more about MAT
- Expectation further expand hubs after July 2017 when Medi-Cal expansion goes into effect

Barriers and Lessons Learned - 1

- Need for education/training every 4-6 months
- Trainings provided by the manufacturer can be problematic due to biases
- Culture change generally requires administrative support at the executive level → implications for training
- Important to train staff on administering injectable medications or on the induction protocols for buprenorphine or methadone
- Support groups are helpful

Barriers and Lessons Learned - 2

- MAT should be coordinated with the end of withdrawal management to reduce relapse
- Storage and security requirements
- Delays when coordinating with external medical centers the sharing of the results of laboratory tests and other exams
 - Universal consent forms could reduce this lag time

Medication-Assisted Treatment Resources - 1

- Case Consultation Support
 - UCSF Clinician Consultation Center for Substance Use
 - Substance use warm line: 855-300-3595
 - <http://nccc.ucsf.edu/clinical-resources/substance-use-resources/>
 - Providers' Clinical Support System
 - National training and mentorship project to give prescribers the tools to be able to prescribe MAT (<http://pcssmat.org/>)
- Buprenorphine Training Resources
 - <http://www.samhsa.gov/medication-assisted-treatment/training-resources/buprenorphine-physician-training>

Medication-Assisted Treatment Resources - 2

- MAT Guidelines / Protocols (cont'd)
 - The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use
 - <http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=16>
 - http://pcssmat.org/wp-content/uploads/2016/03/PCSS_MAT-Kampman-Guideline-final1.pdf
 - Medication for the Treatment of Alcohol Use Disorder: A Brief Guide (SAMHSA)
 - <http://store.samhsa.gov/shin/content/SMA15-4907/SMA15-4907.pdf>
 - Safe Med LA: LA County's Prescription Drug Abuse Coalition (www.SafeMedLA.org)

Thank You!

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