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/](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/](http://pcssmat.org/))

- Buprenorphine Training Resources
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
  – Medication for the Treatment of Alcohol Use Disorder: A Brief Guide (SAMHSA)
    • http://store.samhsa.gov/shin/content/SMA15-4907/SMA15-4907.pdf
Thank You!

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