Building a Culture of Evidence-based, Integrated Care for Opioid Use Disorder *(Responding to 2018 AIMS Funding)*

Although it is a commonly-encountered issue in healthcare settings, many clinical systems are unable to address the needs for patients struggling with substance use disorders (SUD). The consequences can be unmanaged, mismanaged, or undetected cases of SUD resulting in poor outcomes related to overall health, healthcare costs, clinician frustration and turnover. Only through addressing these issues in an integrated and evidence-based way can a system improve their ability to address the needs of the whole patient.

And now, through HRSA via the 2018 AIMS funding, community health care organizations have an opportunity to execute a plan for improvement - starting with discovery and visioning all the way through to sustainment.

These workshops, trainings and optional consultation services walk through each element of care within existing systems, focusing on areas of clinical and administrative need to remove obstacles to implementation of effective practices. Utilizing industry-leading curriculum and evidence-based practices related to MAT for treatment of opioid use disorder (OUD), our team is able to work with yours to develop an integrated, trauma-informed, evidence-based system of care for the treatment of OUD and all of the co-occurring medical and mental health issues that are common among these populations. Walking through the prevention of iatrogenic issues related to poor prescribing practices, through screening and identification of SUDs, and into referral and treatment of the SUD in a person-centered and integrated manner, our trainings are able to provide improvement in outcomes related to staff and patients.

Intended audience:

- Agency leadership including C-suite and directors
- Health care providers including doctors and nurse practitioners
- Care coordinators and those who work directly with patients
- Behavioral health leaders and staff
- Individuals from organizations that you refer to for opioid addiction

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Blended Training and Consultation Package

$50,000 plus travel and lodging

DISCOVERY: One-day, on-site organizational overview

One senior-level clinical consultant will meet with leadership and deliver recommendations and work to develop a roadmap for evidence-based implementation utilizing the principles of implementation science. This includes trainings related to the DATA Waiver, trauma-responsive care models, utilizing medications like buprenorphine, bup/naloxone, methadone, ER naltrexone, in a recovery-oriented system of care, specific theoretical orientations and therapies supportive of MAT, and any needs related to integration of primary care services, intensive case management, or issues related to cultural competency.

On the day of the on-site assessment, our senior-level clinical consultant would like an hour for individual meetings with your:

- Clinical Director
- Medical Director
- C-Suite

And group meetings with:

- Clinical leadership team
- Case management team
- Nursing team

Here's a sample agenda for the day:

8:30	Introduction and overview with leadership team
9:00	Visioning discussion with C-Suite
10:30	Break
10:45	Meeting with medical director – discuss current state
12:00	Lunch with board chair
1:00	Meet with clinical/nursing directors
2:00	Meet with clinical/nursing team
3:00	Break
3:15	Meet with integrated leadership team
4:30	Adjourn for day

IMPLEMENTATION: Leadership and Clinical Trainings

1-day Leadership Training:

This one-day leadership training is specific to MAT for treatment of OUD and is informed by findings from the one-day on-site organizational overview day. It covers all aspects of evidence-based best practices therapy for OUD, including medications, case management, and psychosocial supports. Together, we will work on plans for internal and external communications, workforce and workflow, implementation, markers for success, and building a culture of evidence-based care with a heart.

Sample agenda for the day:

8:30	Introduction to integrated care for opioid-use disorder
9:00	Visioning activity with leadership team
10:30	Break
10:45	Overview of medical practices
12:00	Lunch
1:00	Overview of clinical practices
2:00	Communications planning
3:00	Break
3:15	Work plan development activity
4:30	Adjourn for day

2-day Clinical Training:

Medical and clinical staff will participate in a training on best practices for treatment of opioid-use disorder, and will gain the skills necessary to utilize a person-centered and trauma-informed approach working with clients utilizing medication-assisted therapy in a recovery-oriented system of care.

Sample agenda for the first day:

8:30	Introduction to integrated care for OUD
9:00	What is addiction?
9:30	Specifics of opioid-use disorder
10:30	Break
10:45	Integrated best practices
12:00	Lunch
1:00	Medical practice overview/activity
2:00	Integrating behavioral health
3:00	Break
3:15	Case study activity
4:30	Adjourn for day

Sample agenda for the second day:

8:30	Day one overview
9:00	Integration activity
9:30	Connection with 12-step / peer support groups
10:30	Break
10:45	Using an evidence-based practice in a group setting
12:00	Lunch
12:30	Case study – returning to use
2:00	Using an evidence-based practice in individual plans
3:00	Break
3:15	Clinical work plan / fidelity checklist development
4:30	Adjourn for the day

SUPPORT: Professional Learning Communities

The goal of the Professional Learning Communities for providers is to form a community that will help one another build knowledge, share and apply best practices in their work with patients with opioid use disorder, and strengthen the local community to use its own resources.

PLCs include:

- Teleconference-based learning specific to integrated treatment of opioid use disorder (OUD) and other substance use disorders (SUD)
- Psychoeducation around common issues related to treatment of OUD and SUD from Hazelden Betty Ford Foundation clinical professionals
- Case-based discussion with other participants
- Real-time case support from a virtual interdisciplinary team
- One-hour session per month delivered via teleconference
- Case presentations based on the COR-12 interdisciplinary model

The following is a sample topic rotation for a Professional Learning Community for multidisciplinary teams

Session 1: Medication Assisted Treatment: In Support of Recovery
Session 2: Medical Management of Opioid Use Disorders Psychosocial Therapies
Session 3: Psychoeducation Therapies and Support Groups for Opioid Use
Session 4: Managing Relapse
Session 5: Engaging the Family Unit

ABOUT HAZELDEN BETTY FORD FOUNDATION

Our mission is to be a force of healing and hope for individuals, families, and communities affected by addiction to alcohol and other drugs.

The Hazelden Betty Ford Foundation is the largest nonprofit provider of addiction treatment in the nation, with 17 sites across the country. Our main offices are in Center City with other Minnesota programs in St. Paul, Maple Grove, Chaska, and Plymouth.

Although we are well-known for our residential and outpatient programs, there are three other Hazelden Betty Ford divisions that have been active in responding to the opioid epidemic:

- Hazelden Publishing has created materials and resources in direct response to the opioid epidemic, and has been working nationally to provide training and consultation for communities and organizations in the areas most affected.
- The Butler Center for Research has been instrumental in evaluating and helping to revise our approach to treating patients with opioid use disorder, and in widely disseminating what we are learning about effective practice guidelines.
- The Institute for Recovery Advocacy has been working closely with Minnesota leaders to address the opioid epidemic through public advocacy and public education.

The Hazelden Betty Ford Foundation has provided treatment for opioid use disorder for decades, along with providing treatment for other mental health and substance use disorders. However, by 2011, the percentage of and types of admissions to HBFF had taken a dramatic turn that paralleled national trends. Adult admissions for opioid use disorder had risen from 19% in 2001 to 30% in 2011, and adolescent admissions had almost tripled, from 15% in 2001 to 41% in 2011. Premature discharge—people leaving treatment early—increased; some patients continued to use opioids even while in treatment; for some, the withdrawal was just too difficult and they left early on their own. And some who successfully abstained and did well while in treatment returned to their community, used opioids just as frequently as they had before treatment, overdosed, and died. In short, the opioid epidemic—with its high rate of premature discharges, return to use, and, in some cases, mortality—created a professional and moral imperative. The Hazelden Betty Ford Foundation had to act on its mission to help an underserved group of patients—those with opioid use disorders—find freedom from addiction.

The Comprehensive Opioid Response with the Twelve Steps (COR-12™) model was created to address the dramatic rise of opioid use disorders

In 2012, under the leadership of chief medical officer Marvin D. Seppala, MD, the Hazelden Betty Ford Foundation undertook a "fearless moral inventory," evaluating every aspect of how treatment for opioid use disorder was provided. The result was the creation of a new treatment protocol that integrates the use of medication-assisted treatment (MAT) with our evidence-based Twelve Step facilitation model to provide long-term, wraparound services individualized to an opioid-dependent patient's needs and those of his or her family. This groundbreaking approach delineates a framework that is now being adopted and replicated in communities across America, through the provision of trainings to providers in health care, mental health treatment, and substance use disorder treatment. This approach came to be known as the Comprehensive Opioid Response with the Twelve Steps (COR-12™).

The Butler Center for Research is evaluating the Comprehensive Opioid Response with the Twelve Steps (COR-12™) Program

The Butler Center for Research at the Hazelden Betty Ford Foundation (HBFF) has been studying the impact of our COR-12 program on opioid use disorder (OUD) patients attending adult residential treatment. COR-12 outcomes fall into two categories: more proximal outcomes that measure engagement and retention in treatment, and more distal outcomes that represent functioning in a number of life domains after leaving treatment.

Because HBFF captures a variety of treatment episode–related information in our electronic health record (EHR), the research team is able to continuously analyze and report on patient engagement with treatment. Recent analyses of engagement data revealed that OUD patients attending COR-12 programming while in residential treatment were:

- significantly less likely to leave treatment prematurely than OUD patients not receiving COR-12 programming: The attrition rates were 6% and 22% respectively ($p < 05$)
- engaged in care longer: COR-12 patients also stayed in residential treatment for a significantly longer period of time, with an average length of stay of 37.54 days, compared to 28.47 days for non-COR-12 patients ($p < .05$)

These outcomes are especially encouraging because it is very challenging to retain OUD patients in treatment services, particularly in the long-term.

Additional findings have emerged from a research study that the Butler Center for Research is currently conducting. Thus far, 159 patients from our Center City adult residential program who participated in COR-12 programming have been recruited into the study. By comparing findings from this group to a comparison group of patients who attended the same treatment program prior to COR-12 being implemented, we can better understand how COR-12 is impacting patient outcomes. Study findings have replicated the results from the EHR data (reported above), with COR-12 patients:

- significantly less likely to drop out of treatment (5%) than non-COR-12 patients (13%; $p < .05$) and
- staying in residential treatment longer than non-COR-12 patients (mean length of stay 49.06 days vs. 25.82 days, $p < .001$). In addition, 87% of COR-12 patients stepped directly into another level of care at HBFF (such as intensive outpatient or day treatment) after residential, compared to only 59% of non-COR-12 patients ($p < .001$)

The Butler Center for Research also analyzed patient outcomes data that are collected by phone by data collection specialists roughly one and six months after discharge from residential treatment. COR-12 patients had significantly better outcomes than non-COR-12 patients in a number of areas. For example, among patients who were successfully contacted for an outcomes survey six months after discharge:

- 71% of COR-12 patients reported being completely abstinent from alcohol and other drugs since treatment, compared to 52% of controls ($p > .05$).
- A higher percentage (74%) of COR-12 patients reported their overall quality of life as excellent or very good, compared to 61% of control group participants ($p < .05$).
- 82% of COR-12 patients reported complying with most or all of their continuing care plan recommendations, compared to 63% of non-COR-12 patients ($p < .05$).
- Among patients who were prescribed mental health medications as part of their continuing care, 95% of COR-12 patients reported total compliance with medications, compared to 77% of non-COR-12 patients.
- These data as a whole suggest that COR-12 programming, which includes the use of medications and evidence-based psychosocial therapies, holds a great deal of promise in treating OUD.