Reimagining Patient-Centered Care in Opioid Treatment Programs

February 12, 2025

Session Reminders

📷 Turn your camera on (if you can!)

🤫 Mute yourself when you are not speaking

☑️ **Complete your evaluation!**

    Our team will share a link in the last few minutes of the session.
    Your feedback is important as we continue to develop the TTA Center.
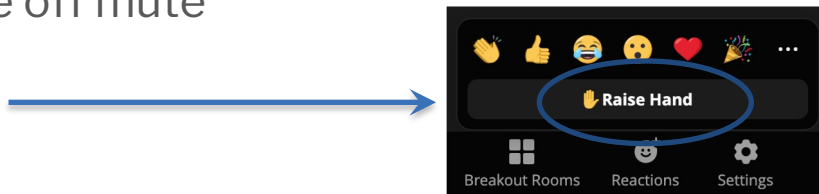
Stay Informed!

Join our contact list to stay informed about the MA OTP TTA events and updates.
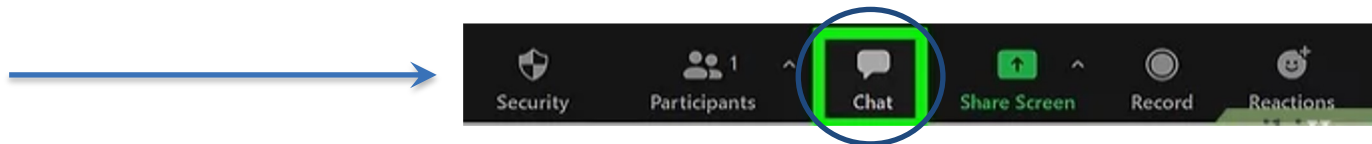
Housekeeping

- Lines will be muted. Use the raise hand feature if you would like to come off mute

- Use the chat to submit questions for BHN panelists

- We are recording today's session

Agenda

1. **TTA Center Updates**

2. **A perspective from a person with lived experience**
   Kaitlyn Small
   Recovery Coach and Person with Lived Expertise

3. **MA OTP Spotlight with Q&A**
   Christina Rossi and Megan Tillinghast
   Spectrum Health Services

4. **Wrap up and Evaluation**

Today we are joined by representatives from MA DPH Bureau of Substance Addiction Services (BSAS)

TTA Center Updates

Peer Discussion, Drop-In Sessions

Wednesday

February 19 - March 19 - April 16

1:00 – 2:00 pm

Caring for Pregnant and Parenting People

Wednesday

April 9

1:00 – 2:00 pm

2-Day Statewide Virtual Convening

Tuesday

May 6 & May 13

12:00 – 4:30 pm

TTA CENTER WEBSITE

Coming Soon!

Featuring:

Resources & Upcoming Events

Advisory Committees

Staff Advisory Committee	Patient Advisory Committee
Staff Advisory Committee 14 Members Representative 9 OTP Organizations Staff gather to inform the identification, design and development of TTA topics and opportunities Members provide a voice in the design and delivery of TTA provided to OTPs	**Patient Advisory Committee** 14 Members Representative of all BSAS Regions; Western, Central, Metrowest, Central, Northeast and Boston Patients gather to share their experiences in receiving methadone or buprenorphine (Suboxone) and related services at an OTP Members provide information about patients' gaps and challenges to help improve experiences at OTPs across the state

At the conclusion of this webinar, participants will be able to...

1. Explain the importance of providing individuals with information and options to make decisions about their care

2. Identify important aspects of an individual's life to incorporate into their care plan

3. Analyze real-life scenarios and identify opportunities to apply person-centered care principles

Getting to Know You!

1. Got to www.menti.com   Code: 6107 0060

2. Snap the QR code →

3. Or, click link in the chat!

KAITLYN SMALL BA

Person in long term recovery
-Who uses substances

Mother, Partner

Methadone patient/Advocate

Recovery Coach, Clinician

CADC/LADC eligible

When I started Methadone/Recovery

❖ **Impossible regulations**

 (starting, no transportation, counseling, groups, LATE=NO DOSE)

❖ **Expectations**

(Shelter, DCF, Probation, while working recovery)

❖ **Not allowed take home medication**

(homeless, partner in recovery, cannabis)

❖ **Holidays**

(Christmas story)

❖ **Covid 19**

(still no take homes, outside in line during pandemic for hours a day)

Daily Dosing Made Me Feel

-Not Trusted

-Unable to advance (STUCK)

-Lost countless jobs

-DCF case wouldn't close

-stuck in shelter

-Unable to obtain a better quality of life

"poster child for person in recovery"

MY RECOVERY WAS NOT MINE

❖ Based off what clinician wanted/expected

❖ Chaotic use manifests in the dark/hidden in secrecy

❖ "Identity crisis"

❖ Split dosing

-Guilt
-Shame
-Remorse

Important Changes:

❖ Psychoeducational- leads to treatment discussion

❖ Other important parts of recovery other than a tox. screen

❖ Gives back some power to clients/ In charge of MY recovery

❖ NOT ALL SUBSTANCE USE IS CHAOTIC (not abstinence only)

WHERE I AM NOW

✔️ **I am in charge of my recovery**

✔️ **No more guilt, shame, remorse, fear**

✔️ **Substance use is not chaotic**

✔️ **Haven't used a needle in 8 years**
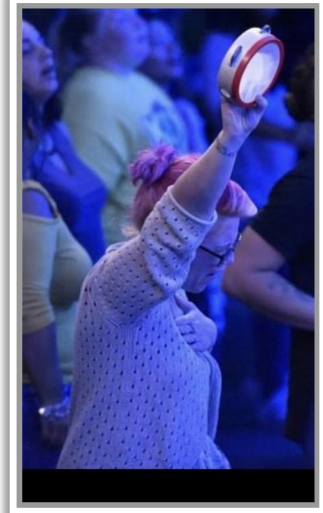
Currently work 3 jobs to help others in recovery and mental health

Advocate for Change

Have worked in detox, inpatient, residential, outpatient, and outreach

Host sober in the park

Back in school for RN

Speak at conferences/ meetings
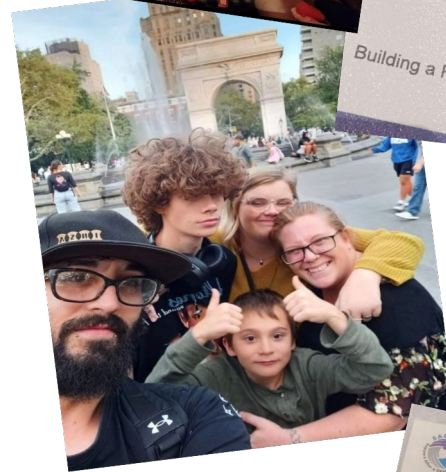
Get to spend holidays with my kids

Go on vacations without disruption

Have a home / car for my family

MY QUALITY OF LIFE HAS INPROVED TEN-FOLD

Infinite Pathways
of Recovery & Wellness

Kaitlyn Small
Liberating Methadone:
Building a Roadmap & Community for

Finding Connections in Grief

Kaitlyn
Small

Bereaved by: Kevin, Cassandra, Rob, Sarah, Dan, Andrea,
Chris, Alyssa, and many more peers and clients

Why Change Systems and Clinical Approach?

- Improve outcomes in care

- Increase accountability among staff

- Meet patients where they are

"Every current system is perfectly designed to produce the results it is currently producing."
W. Edwards Deming

Instead of asking patients
_____ ➔

Meet us where we are...

Ask ourselves

➔

How do we change service delivery to reach patients differently?

A Harm Reduction Approach

- Provide **immediate** access to care

- <u>Do not</u> minimize or ignore substance use risks

- Continue medication, even if motivation is low

- Center treatment plans around *patient* goals

- Champion the mantra "abstinence NOT required"

- Embrace supportive structures over mandates

"Better off with us than without us"

"Meet people where they are at but don't leave them there"

Meeting Patient Needs

Patients needs have changed

- Increased acuity
- Higher risk levels
- Shifting patterns of use

Shifting the focus of treatment to:

- Prioritize retention in care
- Review the clinical plan regularly
- Consider impacts of:
  - social determinants of health & stage of change
- Utilize patient-directed approaches, such as shared-decision making

Transitioning Treatment

The problem
The traditional outpatient scheduled sessions lead to more missed sessions and missed opportunities for support.

Previous Practice	New Practice
Linear phase progression	Non-linear phase determination
Time based phase progression	Patient Status/Goal Completion Phase Progression
Structured approach by program (one size fits all)	Individualized structure by patient
Monitoring relies on adherence to program structure	Increased structure for monitoring progress and risk

"Whole Person"

New Clinical Design

- Whole Person approach
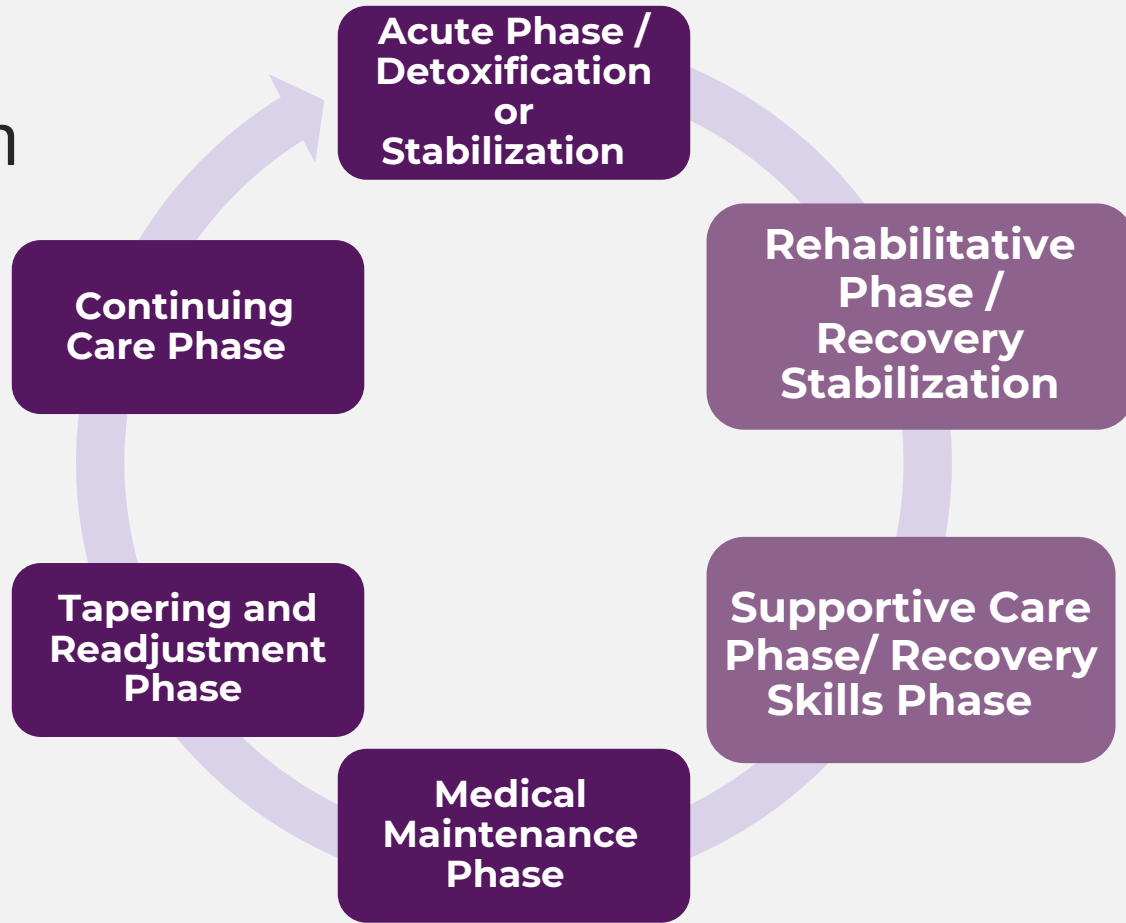- Multiple ways to connect to care
- Wraparound support

Care Team

Care Coordinator
Community Partner
Recovery Support Navigator
Recovery Coach
Sponsor
Psychiatry team
Family/Support Person(s)
Housing Specialist
Spirituality/religion
Wholistic Care providers

Considerations

- Housing
- Food Insecurity
- Hospitalizations
- ED Utilization
- Medical needs
- Mental health/
- Psychiatry

Phases of Clinical Plan

Acute Phase / Detoxification or Stabilization

Rehabilitative Phase / Recovery Stabilization

Supportive Care Phase/ Recovery Skills Phase

Medical Maintenance Phase

Tapering and Readjustment Phase

Continuing Care Phase

New Tracks within Phased System

Stability Track

Rehabilitation Phase
Recovery Stabilization Phase

- Supports stability of substance use disorder symptoms or concurrent psychiatric and/or medical conditions

Engagement Track

Supportive Care Phase

- Supports engagement in clinical services

Ongoing Reviews

- for clinical enhancement and engagement strategies
- outlined in the monitoring section of the clinical plan

Creative Engagement Strategies

Office Hours Location	Engagement with Leadership
Group Flexibility	Telehealth
Orientation	Access to Clinical Staff
Contingency Management	RSN Engagement
Community Events	Recovery Coaches

Creative Engagement Strategies

Office Hours Location	**Access is key** ● Schedule 'Office Hours' in an easily accessible location ● Ensure staff are easy to reach and/or in an accessible location
Group Flexibility	**Patient's Decision** ● Decline groups ● Attend drop-in groups, as needed ● Specialty groups (depression, alcohol, grief, parenting, pregnancy, skilled nursing)
Orientation	**Less is more** ● Only one session offered (down from five) ● Option to complete during office hours ● Has positively impacted staff time required

Creative Engagement Strategies Cont.

Contingency Management	• Raffles for physicals, paying balance • Turkey dinner, gift cards, winter weather gear, grocery gift cards, etc.
Community Events	• Free testing onsite! • Family-friendly activities
Open Access to Supervisor	• Opportunity for direct engagement has led to increased patient satisfaction *"Donuts with the Director" - "Muffins with Meg" - "Cupcakes with Christina"*

Creative <u>Telehealth</u> Engagement Strategies

When to Use Telehealth	- Patient is engaged in productive activities making in-person appointments challenging to schedule - For a well-attended group - To connect with a high-risk patient
Benefits for staff	- Increased staff satisfaction and retention - Staff more willing to work from home on the weekend or evenings
Benefits for patients	- Increased patient retention - Increased manageability of program requirements

Creative Engagement Strategies

Access to Clinical Staff	• Matching patient needs with services available
RSN Engagement	• Newsletters • Wellness events & activities for self care • Workshops 　　　　housing, finances, employment • Outreach activities and connections to care
Recovery Coaches	• Reduce stigma through shared lived experience • Support during high-risk moments • Help patients more fully engage in treatment and build recovery network

Innovating Patient Care Summary

Walk In Office Hours

- Increased access to care when receiving medication

- Support patients with varying needs

- Time to build trust

Drop-In Groups

- Increased access to drop-in services

- Addressed reduced attendance at weekly groups

- Addressed barrier to commit to attend weekly for extended periods of time

Staff Level Matching

- Patient acuity and needs

- Staff credentials

Clinical Team Approach Summary

- For patients not engaging with an assigned clinician
    - More walk-in services
    - Office hours offered by all clinicians
    - "On-demand" counseling times monthly
    - Clinical enhancement meetings
- For Clinicians
    - Designed to reduce burnout
    - Create a culture of self-care
    - Fluid workflows based on operational needs and identified strengths

QUESTIONS + CONTACT

Christina Rossi
Christina.Rossi@spectrumsys.org

Meg Tillinghast
Megan.Tillinghast@spectrumhealthsystems.org

For treatment:

877-MyRehab (697-3422)

Please share your thoughts with us

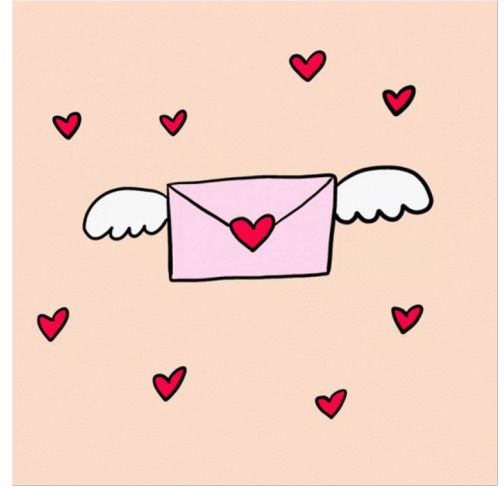Your feedback on this session will help us improve our content based on your needs.

Stay in touch!

Subscribe for regular updates, information, events and resources!

Email us directly:
otptta-ma@jsi.com

MASSACHUSETTS OTP TTA CENTER

We aim to support opioid treatment programs (OTPs) by providing <u>free</u>, <u>responsive</u>, <u>educational opportunities</u> to enhance the delivery of medications for opioid use disorder (MOUD).

Our Purpose

- *Increase access to MOUD*
- *Improve patient care*
- *Provide tools, training, and resources*
- *Promote best practices*
- *Address challenges*

Our Mission

Improve service delivery and outcomes for individuals with opioid use disorder (OUD), with a focus on aligning with updated federal and state-specific regulations for OTPs.

Funded by the MA Bureau of Substance Addiction Services
Staffed and operated by JSI

Our Services

Tailored Technical Assistance
Support on a wide array of topics, including patient-centered care, telehealth, and regulatory changes.

Expert Support and Peer Learning
Access to leading experts in the field, peer-to-peer forums, and collaborative learning opportunities to share best practices and strategies.

Resource Development
Creation and dissemination of tools, guides, and resources to support OTPs in delivering high-quality, effective care.

MASSACHUSETTS
OTP TTA CENTER
Opioid Treatment Program
Training & Technical Assistance Center