

California Health Improvement Project (CHIP) Integrating an Opioid Treatment Program with Primary Care

Natasha Pinto, MD, MPH, ABAM

Humanistic Alternatives to Addiction, Research and Treatment (HAART), Oakland, CA

Problem Statement and Underlying Causes

22 million Americans have some kinds of substance use disorder (SUD)—1.9 million are addicted to prescription opiates and 586,000 to heroin. There have been 7,400 overdose deaths from prescription opiates in California in the last 5 years.

Even though medication-assisted treatment (MAT) for opioid use disorder exists such as buprenorphine and methadone, only a fraction of those with opioid use disorder in CA are receiving treatment. Of those receiving treatment at HAART and OTP (opioid treatment program or methadone clinic), 70% patients are not getting their primary care needs met. Because treatment settings are siloed and care is not coordinated, patients with opioid use disorder are not receiving “whole person care.”

Project Description

Create “whole system support” for “whole person care” of patients with opioid use disorder by designing an integrated system of care BETWEEN the OTP and FQHC setting and enabling providers to match level of care with level of patient need. Patients will be able to relapse and recover without losing their medical home. With buprenorphine in particular, patients can move between levels of care without changing medications.



Goal and Objectives

Goal: Increase care coordination and the number of doors for a patient with SUD to access “whole person care” by creating and integrated system of care between and OTP and PC setting. Increased access will improve utilization and treatment and decrease death and disability from opioid use disorder.

Output-oriented Objective: Create a business plan and get primary care partner and financial resources for project start-up costs by November 2016.

Outcome-oriented Objectives:

1. Phase 1: 75% of OTP enrolled patients have at least one primary care visit in the newly designed OTP-based integrated primary care satellite within 6 months of program initiation.
2. Phase 2: Measure increase in whole system utilization by the number of patients who have “stepped down” and “stepped up” between OTP and PC systems within one year of program initiation.

Outputs & Outcomes

Outputs Achieved:

- ✓ Get idea consensus with HAART ED and staff
- ✓ Meet with potential primary care partner Lifelong
- ✓ Facilitate site visit for Lifelong executive staff
- ✓ HAART site visit of Lifelong integration satellite
- ✓ Meet with potential funding partner CHCF to request start up costs
- ✓ Meet with Lifelong grant writers to apply for HRSA grant
- ✓ Facilitate site visit at HAART for CHCF and Lifelong

Outcomes Not Achieved Yet:

Program initiation planned for Spring 2017.

External support for program is evident. Both PC partner and funding partner are aligned. However, HAART needs a sustainable model supported by regulations and reimbursement before requesting start up costs and initiating program. A meeting with all partners and DHCS planned for September 2016.



Lessons Learned

- ➔ In addition to buy-in, regular assess staff organization and leadership capacity to adhere to project timeline.
- ➔ Capacity is a result of internal and external forces. The lack of behavioral health workforce in CA is a widespread external barrier to integration efforts.
- ➔ Without being able to hire licensed staff, re-training existing staff to take on integration efforts shifts energy of organization towards internal growth and requires change management skills tailored to a different type of resistance.
- ➔ Advocacy at state or county level is still needed to create a strong business case for OTPs to integrate primary care and step up/down patients.

H.A.A.R.T. *Oakland*

About My Organization

Humanistic Alternative to Addiction, Research and Treatment (HAART) is a non-profit opioid treatment program (OTP) based in East Oakland. OTPs traditionally provide methadone and counseling to patients with opioid use disorder and are accredited and regulated by a division of the federal government.

HAART strives to create a safe, structured environment that offers a trustworthy, reliable path toward recovery and health for individuals struggling with heroin addiction or opiate abuse.

HAART has been serving patients in East Oakland for 30 years. HAART non-profit status sets it apart from for-profit OTPs in California. HAART employs 20 staff and their patient census is approximately 500 at any one time.

Contact Me

For more information, contact me:
Natasha Pinto, MD, MPH, ABAM
Program Physician, HAART Oakland
npinto@haartoakland.org

CHCF HEALTH CARE LEADERSHIP PROGRAM