

## Problem Statement

Drug Overdose (primarily opioids) is the leading cause of death in Shasta County. Medication-assisted Therapy (MAT) can save lives, but there are few available prescribers in rural areas.

## Discovery

I initially wanted to develop a program that focused on treatment for pregnant women with Opioid Use Disorder (OUD).

I interviewed 5 patients, 26 individuals who work with both pregnant and non-pregnant patients with OUD, and 7 providers in my first round of interviews. I quickly discovered that patients and treatment programs needed to be able to access MAT when and where patients present. I also learned that local providers were uncomfortable with MAT and unwilling to consider prescribing for pregnant women.

Based on my interviews and research, I pivoted to address training and supporting local providers to prescribe MAT. I interviewed another 19 providers to assess their willingness and concerns around MAT.

Category of Interviewees	Number of Interviews
<b>Medical Providers</b>	
MDs/Dos	20
NPs/PAs	6
<b>Patients</b>	5
<b>Allied Professions</b>	
Working w/ pregnant or postpartum patients	10
Working with all patients	16

### FINAL INTERVIEW DATA

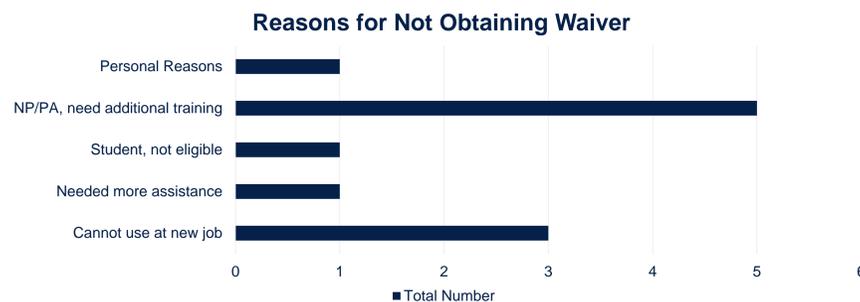
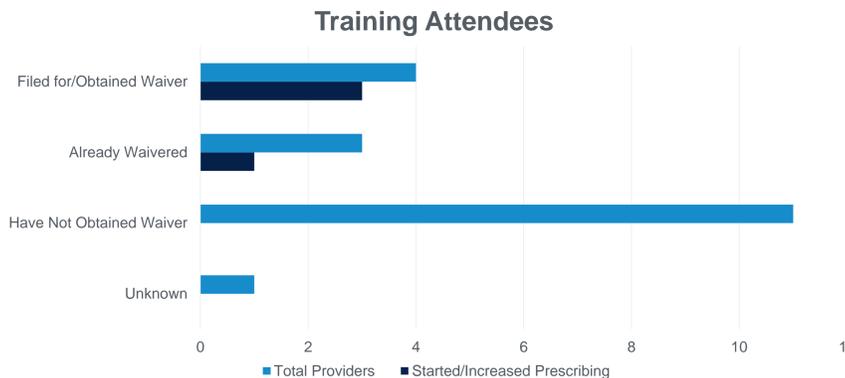
What do you need to begin prescribing?	# (21)	Will these concerns affect your comfort prescribing?			
		No	A Little	A Lot	
Support from an experienced provider/peer mentor	10	Patient non-compliance	1	7	8
		Overwhelming demand	4	7	5
		Setting limits with patients	2	7	7
BH/Psychiatry support	6	Getting in over your head	3	9	4
Case Management	3	Worried about diversion	1	12	3

## Goals and Objectives

**Goal:** To increase access to MAT in Shasta County by increasing the number of providers waived to prescribe buprenorphine.

**Outcome-oriented Objective:** We will increase the number of waived providers who are actively prescribing buprenorphine in Shasta County from 4 to 10 by January 2018.

## Results



## Lessons Learned

### Lessons Learned:

- Our training did not meet the 24 hour requirement for NP/PA's to become waived; those requirements hadn't been finalized. There is more interest among NP/PA's in my community than among MD/DO's. Future programs should include NP/PA's and may even focus on them, particularly in rural/shortage areas.
- Timing is critical. We were not ready to roll out our support group at the time of our training, which led to delay in several of the providers obtaining their waivers.
- All 19 providers at the training declined formal mentoring with an outside expert, but I had 7 contacts from 4 providers over the first 2 months for informal mentoring.

### Next Steps:

- Building a peer network for local MAT prescribers. Key activities include mentoring for new providers, opportunities for ongoing education, and development of local expertise to support providers dealing with difficult cases.
- Follow up interviews with providers at original training who did not complete their waiver to explore reasons and guide future efforts.

## Mission Model Canvas

<b>Key Partners</b> Shasta County HHS   California Health Care Foundation	<b>Key Activities</b> 1. Outreach to providers 2. In-Person Waiver Training 3. Local Peer Mentoring 4. Networking providers to community drug treatment programs 5. On-going support & CME for prescribers	<b>Value Propositions</b> 1. Increased ability for Providers/FQHCs to meet the needs of their patients with OUD. 2. Increased access to MAT for people in Shasta County with OUD (capacity likely 300-500 individuals). 3. Decrease in Overdose Deaths in Shasta County (2016 rates >20/100,000 residents, California average is 11.1/100,000 ) 4. Decrease number of pregnant women with OUD delivering without MAT to 50%, currently more than 80% but exact numbers unknown.)	<b>Buy-in &amp; Support</b> 1. Primary Care & OB Providers-free MAT training and individual support 2. Local DTPs-help build direct connections w/prescribers 3. CHCs-helps fulfil mandate to assess and meet community needs	<b>Beneficiaries</b> Primary Care Providers interested in becoming MAT Prescribers  Drug & Alcohol Counselors in Local Drug Treatment Programs who need to be able to refer clients to MAT Prescribers  Patients with Opioid Use Disorder  Infants born to women with Opioid Use Disorder  Partnership Health Plan (Participation in MAT programs decreases health care costs of people with opioid use disorder)
	<b>Key Resources</b> 1. ASAM Trainers & Community Consult Program 2. Experienced local providers who are willing to serve as mentors 3. Admin time/assistant to coordinate peer support group	<b>Deployment</b> 1. North Valley Medical Association e-mailed invitation to membership list 2. Leadership at FQHCs pushed information to their clinicians 3. Local champions personally invited providers they believed would be interested.	<b>Mission Budget/Cost</b> 1. Training Program (fees, venue, & food): \$11,350 (annually v. every other year?) 2. Administrative time to plan training & coordinate meetings: Initial training 10-15 hours, 2-3 hours per quarter to arrange Peer Group meetings 3. Budget for quarterly CME/support meetings (meals provided): \$2000/year	<b>Mission Achievement/Impact Factors</b> 1. Increased number of providers waived to prescribe buprenorphine in Shasta County (Maintain 10 active prescribers in the county.) 2. Increase in providers who are treating 5 or more patients in Shasta County (Maintain access to MAT for 200-300 patients including access for all pregnant women with OUD.)