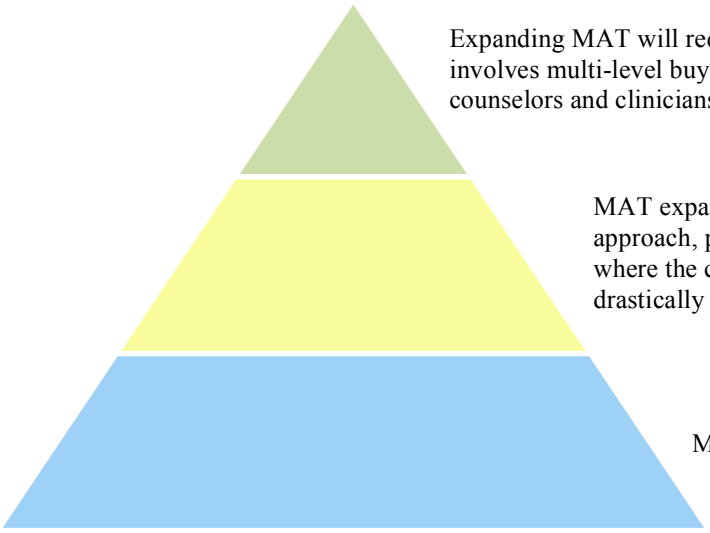
MEDICATION-ASSISTED TREATMENT (MAT): A BLUEPRINT FOR CHANGE IN LOS ANGELES COUNTY

Core Principles



Expanding MAT will require partnership and leadership from both SAPC and providers, and involves multi-level buy-in from administration, to supervisors/managers, to frontline counselors and clinicians

MAT expansion is sufficiently challenging to require a multi-pronged approach, particularly in a provider network as diverse as Los Angeles County where the challenges of expanding MAT in one provider agency can vary drastically from the challenges of another

MAT is a foundational component of comprehensive SUD treatment

Barriers to Expanding MAT

- Education – "I don't believe in it"
- Culture – "I recovered without medications, so you can too"
- Lack of medical staffing and reimbursement for MAT services
- Lack of familiarity with how to refer someone for MAT
- Need for technical assistance focused on developing/expanding MAT program

3 KEY FOCUSES OF EXPANDING MAT
INCREASE DEMAND → Culture Change
Training/education - Infuse more MAT training into SUD counselor training curriculums so it is viewed as a core component of SUD treatment in the same way as counseling, and thus is incorporated into discussions with clients around treatment planning - Expand medical staffing and medical perspective within SUD system of care (investment of bridge funding and higher DMC rates in medical staffing; repurposing Medical Director time [see below]; etc)
Community engagement around MAT as a treatment option - Personal stories and experience with MAT, from clients and counselors, as a medium for changing hearts and minds
INCREASE SUPPLY → Increase Number of and Access to MAT Prescribers
Expand MAT hubs, including having OTPs serve as MAT hubs - Will need to cultivate regional MAT networks so that SUD providers are familiar with the available prescribers and resources in their regions
Repurposing of Medical Director time given that LPHAs can be responsible for prior Medical Director duties - Provide medication-assisted treatment - Provide withdrawal management (if facility is licensed accordingly) - More formal role in clinical supervision - More formal role in trainings (ASAM Criteria, DSM-5, medical necessity, documentation, MAT, appropriate physical and mental health referrals, etc) - Perform physical examinations - Expanded role in Quality Improvement / Risk Management at provider agency level
Expanding MAT prescribers in other health systems (physical & mental health, including DHS & DMH) and working with them to support shared clients with SUDs

- Will require more care coordination/case management between providers in the SUD system and other systems

INNOVATION

Shared Prescriber Model

- Providers without a MAT prescriber may explore funding a part-time (e.g., once weekly) MAT prescriber that is shared across agencies, either via a rotation schedule, telehealth, or by residing at a single agreed upon agency that essentially serves as a MAT hub.
- Leveraging telehealth to connect SUD providers to prescribers → Tele-MAT

Medical Director Model

- Leverage the available prescribers within the SAPC provider network (in particular the DMC Medical Directors) by providing information on available FREE resources (listed below) so they can increase their expertise and comfort with providing MAT
    - Physician Consultation Service
    - UCSF Clinician Consultation Center for Substance Use (http://nccc.ucsf.edu/clinical-resources/substance-use-resources/)
    - Providers' Clinical Support System (PCSS) for MAT (http://pcssmat.org/)

Learning Collaborative Model

- Providers who have implemented MAT programs can meet on a regular basis to learn from one another and benefit from collective experiences of implementing and maintaining MAT programs
    - The MAT Action Team via Safe Med LA is taking this approach to expand MAT in primary care settings
    - SAPC is interested in establishing a learning collaborative specific to SUD providers who are interested in providing this service