



Stanford
M E D I C I N E

Department of Psychiatry
and Behavioral Sciences

Implementation Facilitation as a Strategy for Expanding Medications for Addiction Treatment (MAT) in California's Hub and Spoke System

OCTOBER 17TH, 2019

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California Opioid Landscape

5.4 %

opioid-related overdose deaths /
100,000 residents (2018)²

Many counties with highest overdose rates have
no access to MAT through Opioid Treatment
Programs (OTPs)¹

Opioid overdose death rates continue to ↑
in CA every year²

Map of California counties with and without Opioid Treatment Programs (OTP) Data source: Department of Health Care Services (2019)

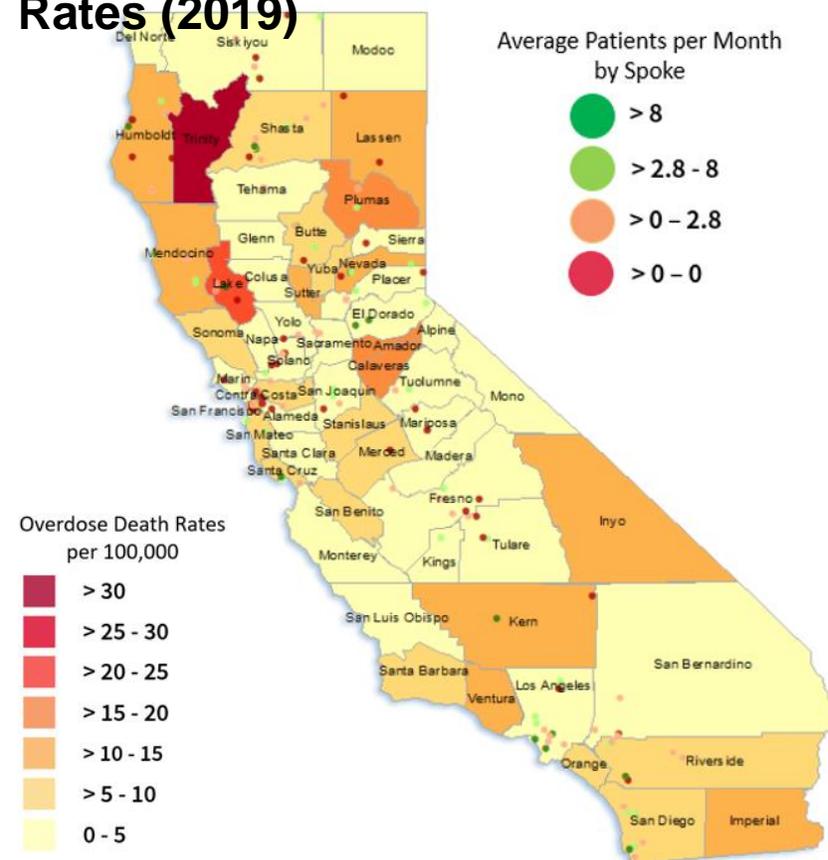


1) Darfler et al (2019) 2) CDPH (2019)

California Hub & Spoke Model

- 18 “Hub” or OTPs (Opioid Treatment Programs)
- 178 “Spoke” or OBOTs (Office-based Opioid Treatment)
 - Federally Qualified Health Center (FQHCs)
 - SUD Treatment
 - Health Center
 - Hospital
 - Private Practice
- OBOTs with **few or no patients** are in high overdose death rate counties¹:
 - **Few patients** - Lassen, Siskiyou, Humboldt
 - **No OBOTs** - Modoc, Del Norte and Yuba

Availability of Productive Spokes in Counties with High Overdose Death Rates (2019)



1) Darfler et al (2019)

Implementation Facilitation as a Strategy

- Pairing experienced local practitioners (DATA 2000 of “X-Waivered” Prescribers) with prescribers newly implementing a given procedure
- Uses **interpersonal relationships** to address adoption challenges through **tailored** problem solving and support¹
 - Mental health integration in primary care settings²
 - Research utilization among nurse practitioners⁴
- Significant ↑ in uptake of **evidence-based practice** in clinical settings facing challenges to implementation^{2,3}



Implementation Facilitation Program Goals:



Provide Prescriber Coaching



Expand Patient MAT Access



Increase Waivered Prescriber Network in CA

Implementation Facilitation within CA Hub & Spoke

14 active facilitators across the **18** hub “OTPs”

- 6 had prior relationship or work w/ hub
- 8 were matched from the community

Barriers Addressed

- Attitudes & Stigma
- Low provider self-efficacy
- Workflow and resources
- Leadership support
- Lack of expertise for complex cases
- Support for newer prescribers



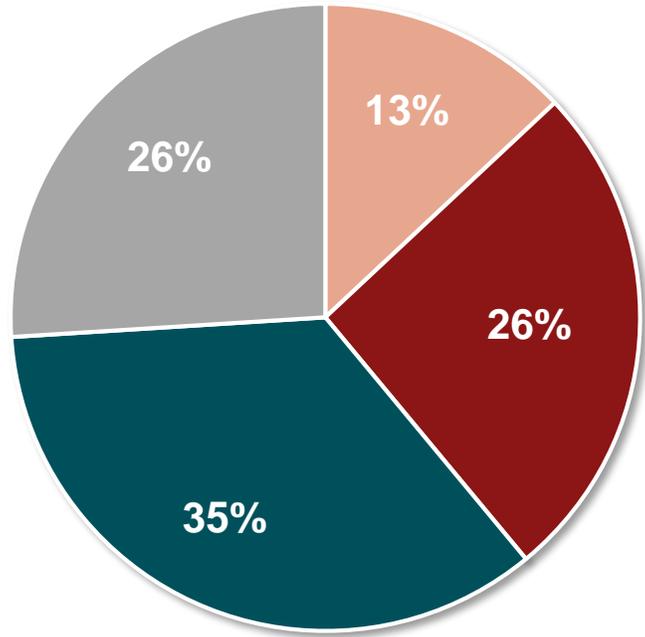
JCF enters into 'Hub and Spoke' contract



Data Collection: Quarterly Implementation Facilitation Tracking Forms

Clinics Engaged through the IF Program (n=34)

From Sept. 2018 to June 2019

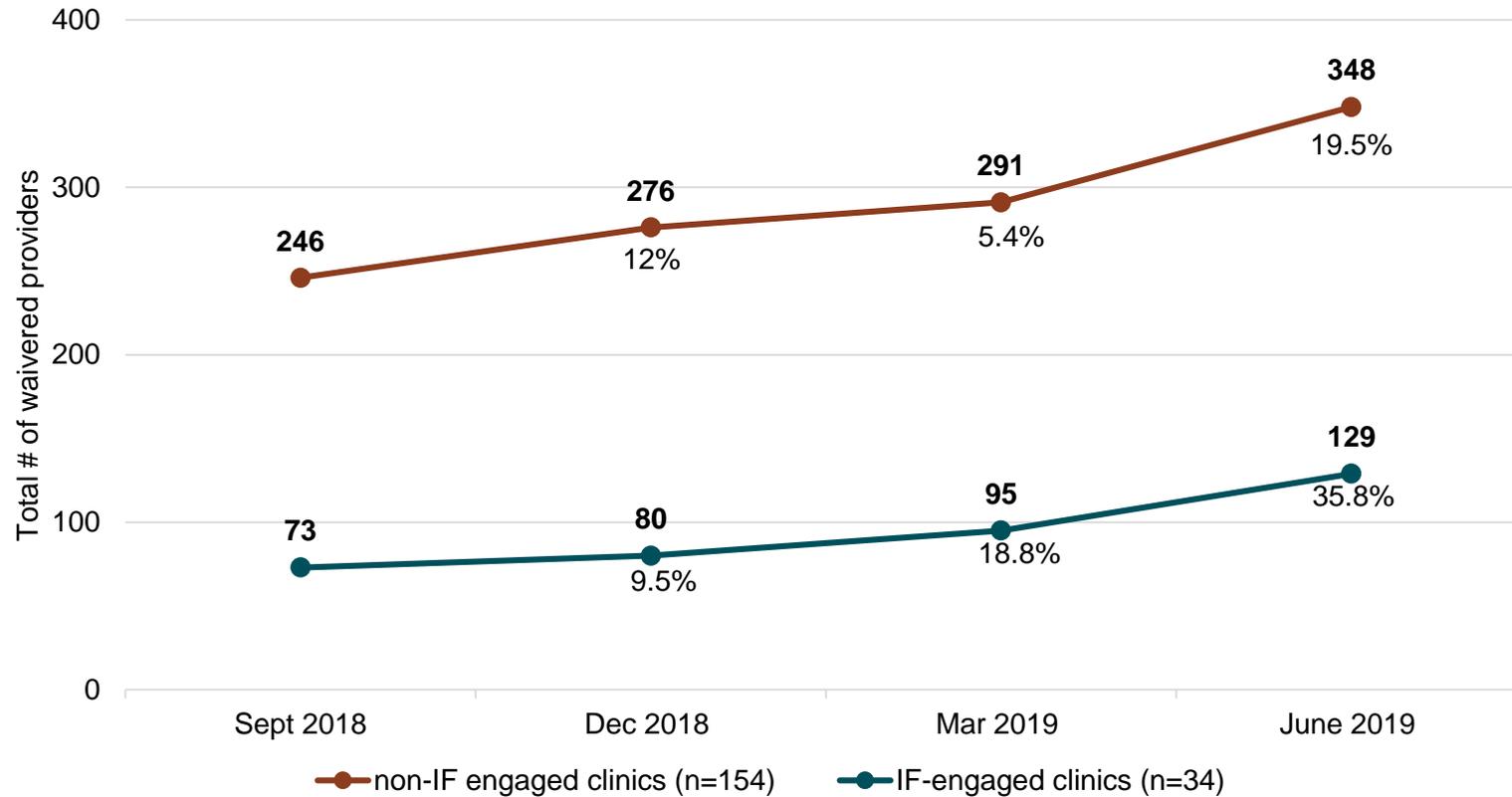


- No Waivered Providers | No Patients
- X-Waivered Providers | No Patients
- X-Waivered Providers | < 4 patients
- X-Waivered Providers | 5+ patients

34 active clinics

Increased waiver prescriber growth among **IF-engaged clinics** compared to **non IF-engaged clinics**

Waivered Prescriber Growth by Engagement

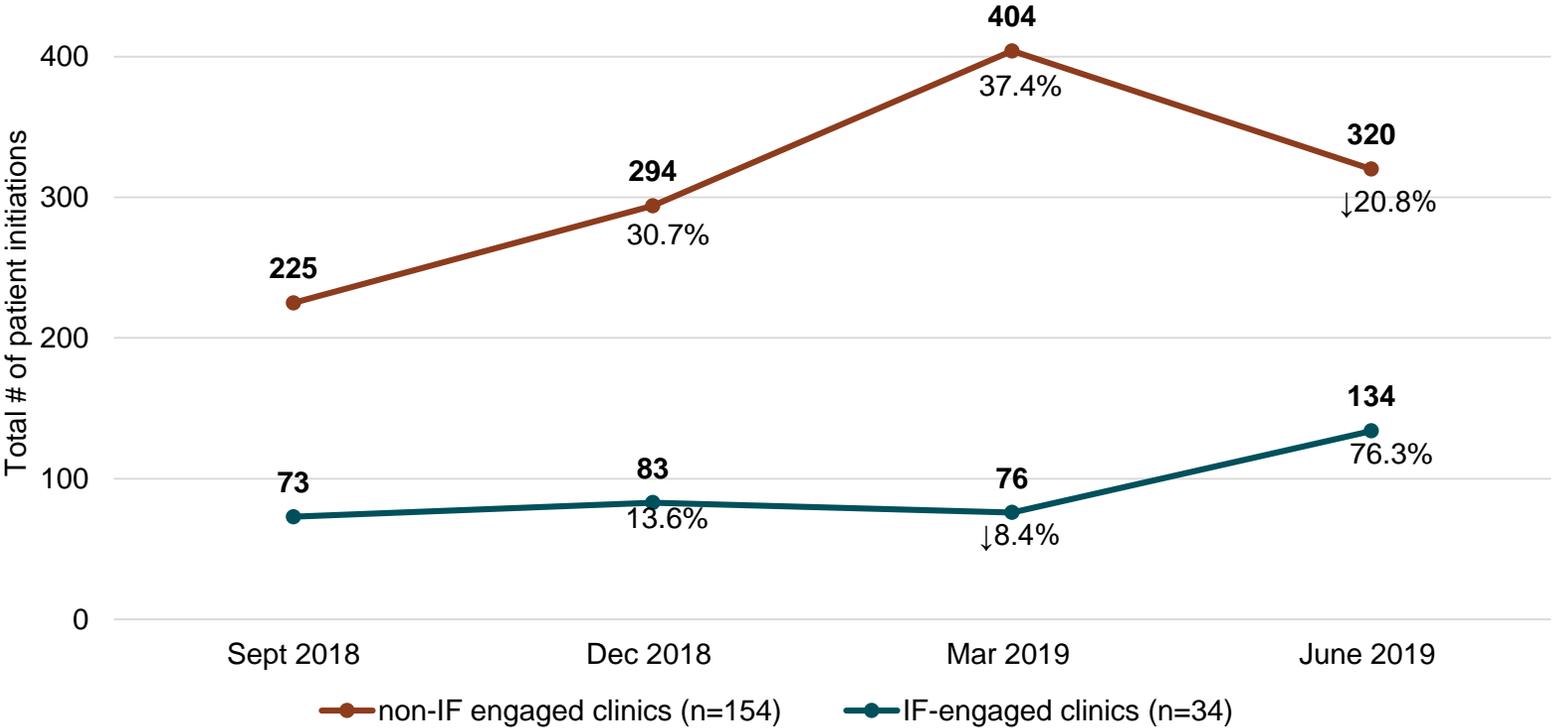


41% growth since program start

77% growth since program start

Increased growth in patients initiating buprenorphine among **IF-engaged clinics** compared to **non IF-engaged clinics**

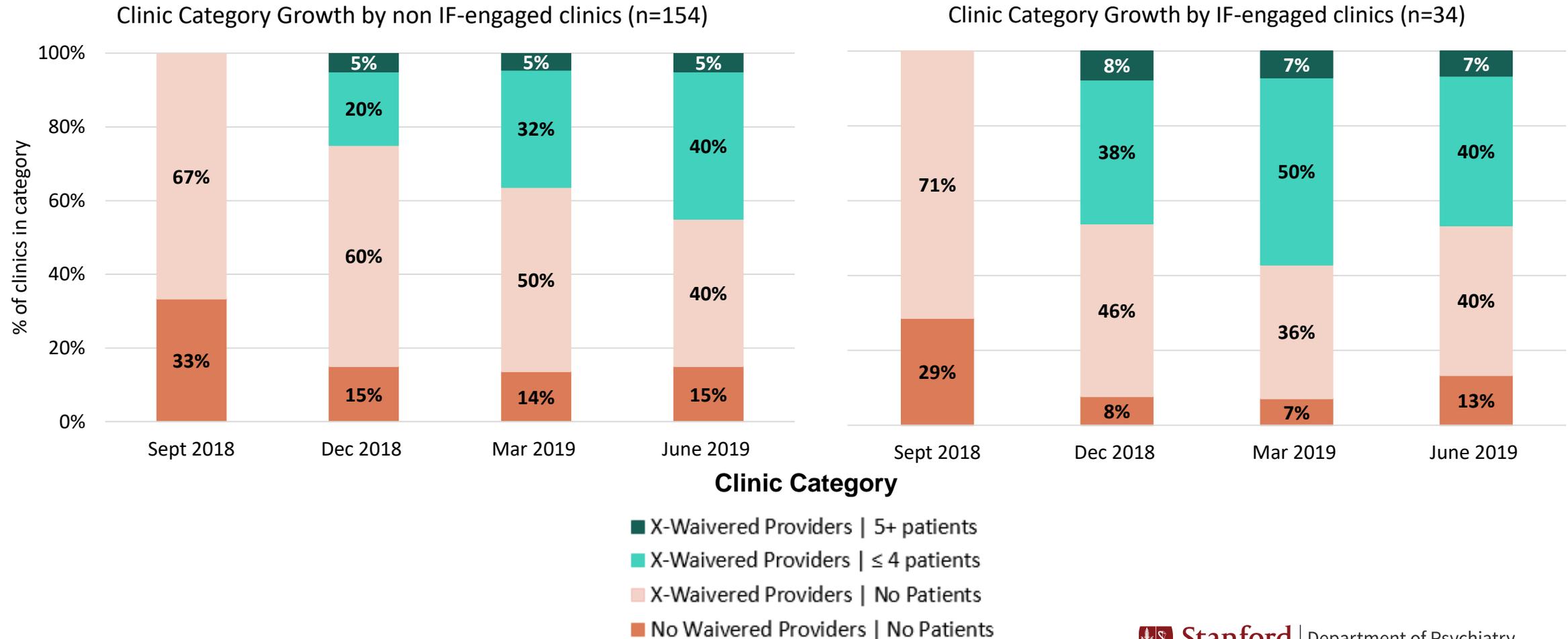
Patients Initiating Buprenorphine by Engagement Type



42% growth since program start

84% growth since program start

Among spokes with **no provider** or **no patients** from onset:
 Faster transition to **higher patient loads** for clinics engaged through the IF
 program



Implications for Addiction Health Services Field



Successes

↑ support for newer providers

↑ in patient loads for clinics with lower numbers

Limitations

Lack of mandated facilitation tracking

Low overall clinic engagement



Next Steps

Investigating strong facilitator components

Increased adoption speed for evidence-based practices

More tailored approach for adapting training needs to context

References

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- Dougherty, E. (2010). Facilitation as a role and process in achieving evidence-based practice in nursing: a focused review of concept and meaning. *Worldviews Evid Based Nurs.* 7(2):76-89.
- Kirchner J., Ritchie M., Pitcock J., Parker A., Curran M., Fortney J. (2014). Outcomes of a partnered facilitation strategy to implement primary care-mental health. *Journal of General Internal Medicine.* 29(54), 904 – 912.
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- Stetler C., Legro W., Rycroft-Malone C., Curran G., Guihan, M. (2006). Role of “external facilitation” in implementation research findings: A qualitative evaluation of facilitation experiences in the Veterans Health Administration. *Implementation Science.* 1(1).

Presentation Contacts

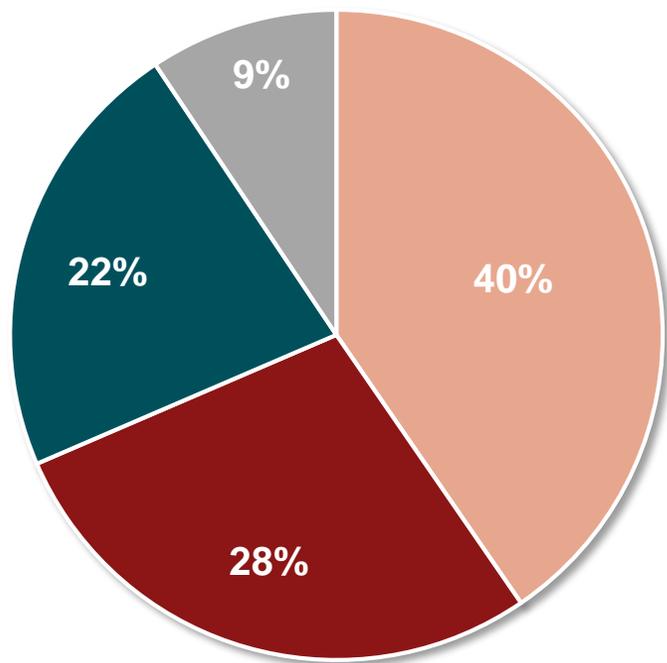
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Questions?

Supplemental Slides

Clinic Engagements* by Activity Type (n=235)

From Sept. 2018 to June 2019



- Planning
- Leading & Managing Change
- Monitoring progress & ongoing implementation
- Sustaining Change

~70% interactions focused on early-stage activities

*engagements - contact with an active or potential clinic, includes repeated interactions with the same clinic

Breakdown of Spokes by Type

Overall Hub & Spoke System

- Federally Qualified Health Center (FQHCs) **(55%)**
- SUD Treatment **(30%)**
- Health Center **(17%)**
- Hospital **(10%)**
- Private Practice **(6%)**
- Pain Clinic, Behavioral Health, Telemedicine

Engaged through IF program

- Federally Qualified Health Center (FQHCs) **(31%)**
- Health Center **(31%)**
- SUD Treatment **(19%)**
- Behavioral Health **(6%)**
- Telehealth, Private Practice, Pain Clinic, Hospital

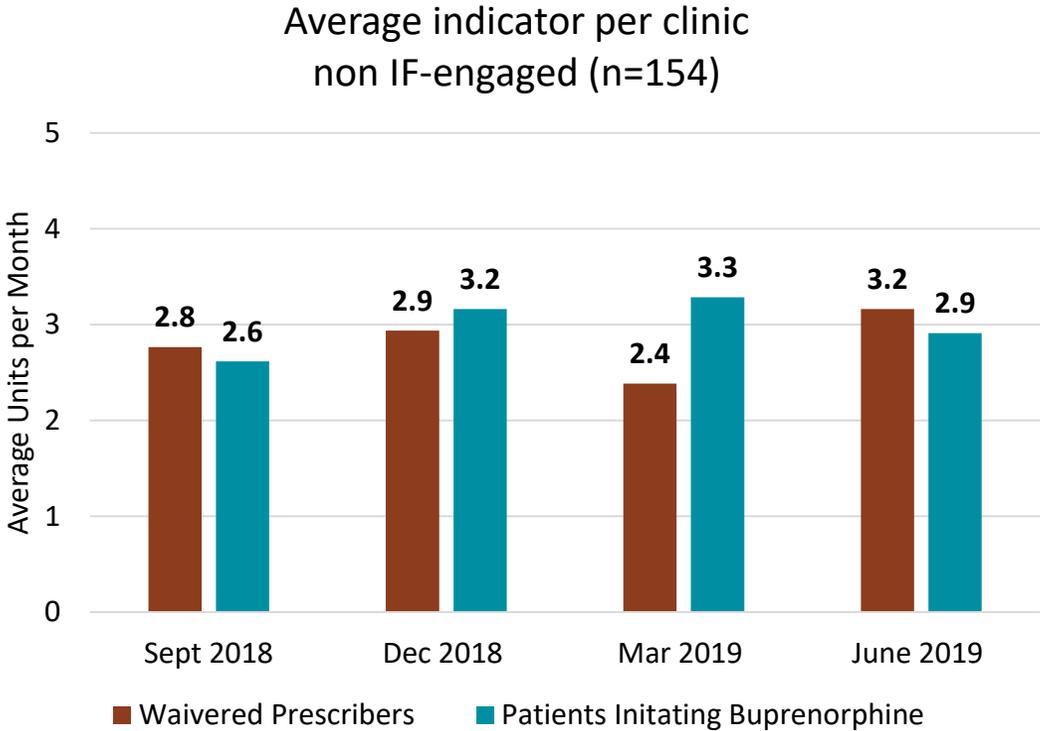
Tracking Form

Expert Facilitator Dyad Tracking Form

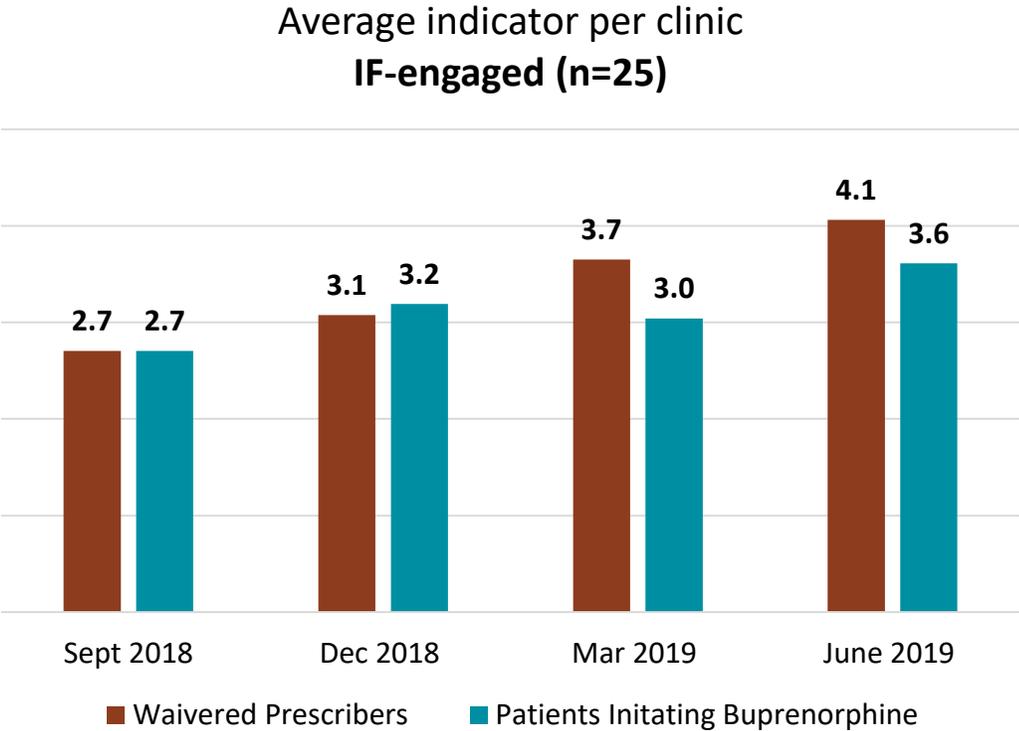
Activity Codes
 Expert Facilitator Name
 Hub Contract Name:

Date of Interaction	Spoke Name	Spoke Type <small>(Leave blank if unsure, but must have spoke name)</small>	Interaction Type	Communication Type	Estimated Meeting Length	Facilitation Activity Codes	Notes (optional)
10/2/2018	XYZ Community Health Center	X-Waivered Providers ≤ 10 patients	One-on-one	Phone	0 - .5 hr	Planning	Goals for prescriber #s
10/15/2018	Bonds Health Clinic	X-Waivered Providers No Patients	Site Visit	In-person	1 - 2 hrs	Planning	
11/21/2018	DiMaggio Medical Center	X-Waivered Providers ≤ 10 patient:	One-on-one	Phone	0 - .5 hr	Planning	
12/13/2018	Dr. Bumgarner - Private Practice	No Waivered Providers No Patients	One-on-one	Phone	0 - .5 hr	Planning	
12/20/2018	Bonds Health Clinic	X-Waivered Providers ≤ 10 patient:	One-on-one	Teleconference	0 - .5 hr	Leading & Managing Change	

Higher average **waivered prescribers** and **patients initiating buprenorphine** per clinic for **IF-engaged** clinics



14% program growth
11% program growth



50% program growth
34% program growth