

# Office Based Addiction Treatment (OBAT) at Lowell Community Health Center

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# Lowell CHC OBAT Program Snapshot

- Number of current active patients: 225
- Number of OBAT Nurse visits monthly: 260
- Number of SBIRT's done in 2017: over 2,000
- 5 Grants managed by Director and Program Manager
- Buprenorphine Waived Providers: 9
- 4 OBAT Nurses
- Substance Used Disorder Counselor (three additional clinicians with shared time in Behavioral Health Department)
- Psychiatrist (one day per week)
- Recovery Coach
- Medical Assistants
- Community Health Worker

# Lowell CHC OBAT Directive

## ***Increase access to comprehensive substance use treatment by:***

- ❖ Expansion and integration of OBAT into primary care and BHS.
- ❖ Deconstruct barriers within the health center that prohibit patients from getting into treatment.
- ❖ Increase Suboxone-waived providers.
- ❖ Introduce SBIRT to primary care.

# Directive Cont...

- ❖ Develop sustaining and cooperative relationships with Local Hospitals, Behavioral Health Services, Correctional facilities and other Substance Abuse Treatment Facilities.
- ❖ Educate all employees and normalize how we treat patients with SUD
- ❖ Decrease stigma of substance use in the communities of Middlesex County.

# Deconstruction of Barriers to Treatment

- Staff have been educated regarding:
  - OBAT Services (SBIRT, back line)
  - Scheduling appointment with OBAT Nurse and with a buprenorphine waived provider
  - Telephone Triaging
  - Initial steps of evaluation, such as obtaining pain management panel
- Open Access for a suboxone provider
  - Afternoon session was open 24 hours prior for appointments
- Recovery Coach- keep patient engaged in care
- Eliminate Wait List- immediate access for evaluation

# Breaking Silos - Increasing Buprenorphine Waived Providers

- Informing non-waived providers of upcoming Buprenorphine Waiver Training Opportunities.
- Encouragement Emails
  - Including information about the opioid crisis in your community
    - Warning of increase Overdoses
    - ER admissions
    - Closing of a buprenorphine clinic
  - Education on how OBAT service works.
  - Upcoming BMC courses or online courses.
- Importance of Provider Champion (Not CMO)
  - Visiting other departments or floors



# Decreasing Stigma

- Chronic Disease Model (Compare SUD to Diabetes Mellitus)
- Incorporate SUD screening as part of medical history
- Office-Based Opioid Treatment (OBOT) vs Office-Based Addiction Treatment (OBAT)
  - Expanding services of SUD Treatment team to include Alcohol Dependence
- Lectures
  - Stigma Lunch and Learn
  - Vivitrol Grand Rounds
- International Overdose Awareness Day (August)
- Substance Use Disorder Month (September)

# SUCCESSSES

- Increase in active patients to the program by **38%** since **July 2017**
- Medication assisted treatment is initiated often within **1-3 day** and at **max 1 week**.
- Multi-Disciplinary Team approach
  - Monthly OBAT Risk Rounds
  - Primary Care
  - Behavioral Health
  - OBAT team
- **BMC OBAT ECHO**
  - Enhance care coordination
  - Support OBAT Staff
- Integration into primary care
- Buprenorphine Waived Providers (**5 to 9**)
- Harm Reduction
  - Developed Narcan standing order and trained nurses from the primary care and specialty care department.
  - Encourage more HIV testing and developed closer relationship with Carino (HIV team).
- **SBIRT**
  - Established an “on call” phone
  - Converted SBIRT tools into Smart Forms on EMR
  - Translated SUD Screening questions into 3 languages



# COLLABORATIONS

## Internal:

- HIV program
- Outreach/Health Promotions department
- OBGYN
- Specialties (Acupuncture)

## External:

- Middlesex County Sheriff's office- MATADOR Program- Newly released inmates, linked to our services for Vivitrol
- Local SUD treatment services:
  - The Lowell House
  - Tewksbury State Hospital/Detox
  - First responders- EMS services
  - Shelters
- City wide task forces and committees



**QUESTIONS?**

**THANK YOU!**

