

GROWING YOUR OUD TREATMENT PANEL

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GENERAL DISCLOSURES

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GENERAL DISCLOSURES

UW PACC is also supported by Coordinated Care of Washington



SPEAKER DISCLOSURES

✓ No conflicts of interest



SPEAKER DISCLOSURES

✓ No conflicts of interest

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OBJECTIVES

- 1. Identify strategies to engage new OUD patients
- 2. Identify strategies to retain patients in care



BARRIERS TO TREATING OUD

- Physician/NP/ARNP uptake has been historically slow
 - 28% of physicians with DATA 2000 waiver prescribing
 - 92 interviewed
 - Lack of psychosocial support most common barrier
- Barriers identified
 - 156 waivered physicians in MA
 - Lack of nursing support 20%
 - Lack of office support 19%
 - Lack of institutional support 16%

Hutchinson, E. (2014) et al; Walley et al. J Gen Internal Med. 2008 28(9) 1393-1398



GROWING YOUR PANEL

- Recruit new patients
- Retain the patients you have

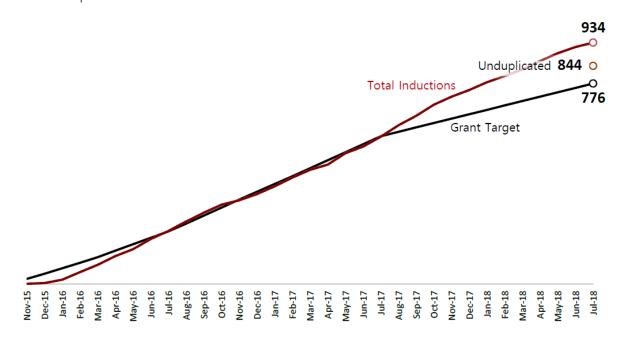


FINDING NEW PATIENTS

Patient Engagement and Induction

MAT-PDOA Monthly Summary Report

Total Engaged:	917	Grant Compliance =	109%	
Total Inductions:	934			
Grant Target:	776			
Unduplicated:	844			





FINDING PATIENTS INSIDE HEALTHCARE

- Emergency departments
- Community mental health clinic
- Community substance use disorder program
- Your clinic
- Your existing panel
- Your patients "friends and family referral"



FINDING PATIENTS OUTSIDE HEALTHCARE

- Criminal-legal system
- Local syringe exchange
- Community center
- Community organizations



AVAILABILITY

- Make the time between first contact and medication as short as possible
- Consider walk-in or same day appointments for new patients
- Be easy to contact dedicated phone line, staff familiar with the process



NEW PATIENT CRITERIA

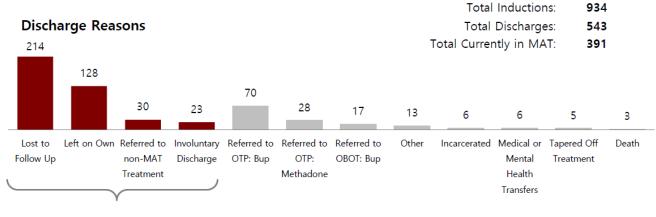
- More criteria to start = fewer starts
- Consider low threshold to start medicine
- Use a "screen in" method
 - Identify what supports a patient may need
 - Identify supports patient already has



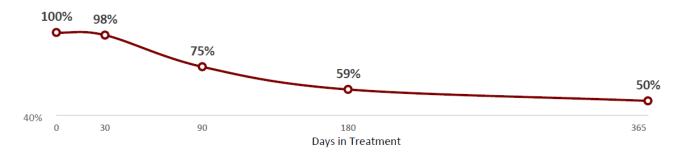
RETAINING PATIENTS

MAT-PDOA Program Retention

MAT-PDOA Monthly Summary Report



Retention





SET EXPECTATIONS

- When medication will be maintained
- When medication will be stopped
- Early in treatment: expect relapse help patient prepare

"We really want to see you, no matter what happens."



FOLLOW UP EARLY AND OFTEN

- Close follow up early in treatment
 - Phone call after planned medication start
 - Short prescriptions, last until next appointment
- Look for progress in treatment
 - What else is going well
 - What else is still challenging
 - Whole person care
- Builds trust & rapport



ACTIVE OUTREACH TO PATIENTS

- Collect a lot of contact information
 - Phone number (text?)
 - Emergency contact, 2nd emergency contact
 - EHR portal
- Get in touch with patients if they miss



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