



Foundation *for*  
Opioid Response Efforts

5/7/20

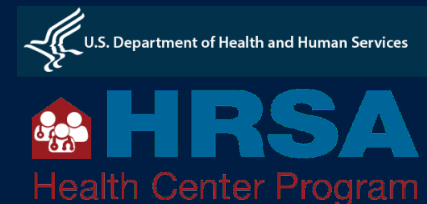
# MOUD Treatment Within the Primary Care Safety Net During the COVID-19 Pandemic

Foundation for Opioid Response Efforts (FORE)

Mountain Area Health Education Center (MAHEC)

Housing Works Community Healthcare

Health Resources and Services Administration (HRSA)



# Introduction



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**Ken Shatzkes, Ph.D.**

Senior Program Officer  
Foundation for Opioid Response Efforts



Follow ongoing updates on our website:  
<https://www.ForeFdn.org>

# Agenda

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1. Welcome and Webinar Logistics
2. Foundation for Opioid Response Efforts (FORE)  
Ken Shatzkes, PhD
3. Rural Safety Net OBOT During the COVID-19 Pandemic  
Shuchin Shukla, MD, MPH and Blake Fagan, MD
4. An Urban FQHC Response to MOUD and COVID-19  
Vaty Poitevien, MD
5. Federal Lens: Primary Care Safety Net During the COVID-19 Pandemic  
Sue Lin, PhD, MS
6. Question and Answer Session with: Shuchin Shukla, MD, MPH  
Blake Fagan, MD  
Vaty Poitevien, MD  
Sue Lin, PhD, MS

# Webinar Logistics

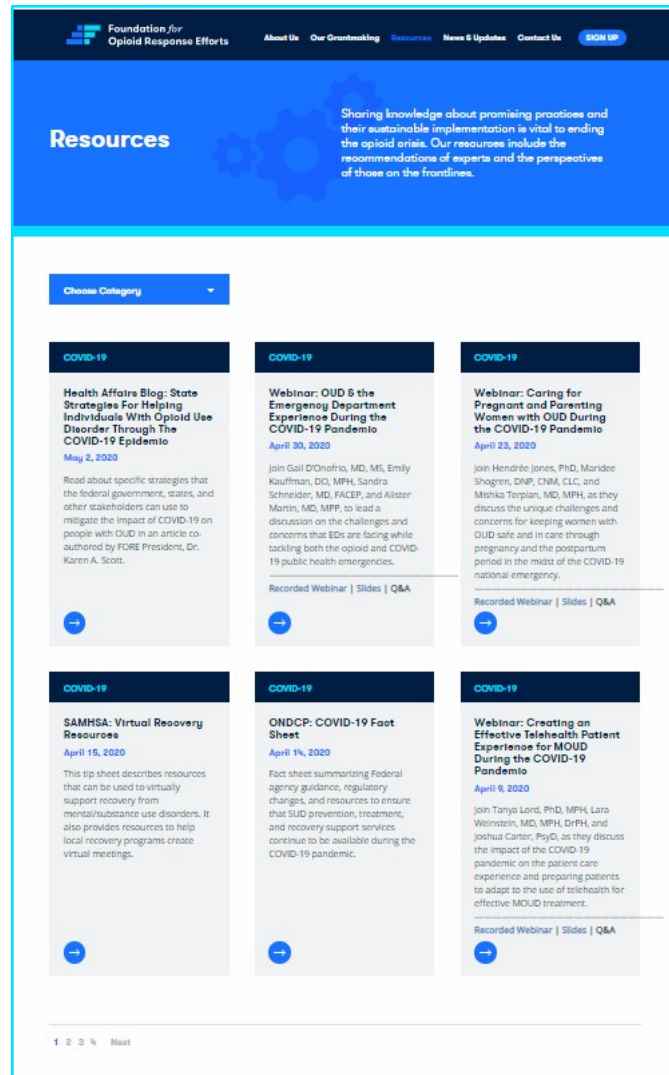
1. Webinar is being recorded and will be on [www.ForeFdn.org](http://www.ForeFdn.org) shortly after the session ends.
2. Presentation slides will be made available for download on our website.
3. Please use the “Q&A” found at the bottom of your Zoom screen.
  - If you have a similar question, please upvote using the thumbs up button on the question.
  - We will read as many questions live as time permits.
4. An FAQ will be provided on our website based on the questions submitted during the Q&A session.
5. Any resources you would like to share with everyone please send to [info@ForeFdn.org](mailto:info@ForeFdn.org)
6. There will be a brief survey immediately following the webinar. Please provide us with feedback!

# FORE's COVID-19 National Emergency Response

- FORE is looking for ways to provide broad assistance during this time of uncertainty
- Up-to-date Resources
- Webinars:
  - Weekly series
  - Thursdays @3pm ET
- Facilitating connections with experts and technical assistance
- Submit your ideas

Follow updates on our website:

[www.ForeFdn.org](http://www.ForeFdn.org)



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# Webinar Presenters



**Shuchin Shukla, MD, MPH**

Family Physician and Opioid Crisis Educator  
Mountain Area Health Education Center (MAHEC)



**Blake Fagan, MD**

Family Physician and Chief Education Officer  
Mountain Area Health Education Center (MAHEC)



**Vaty Poitevien, MD**

Chief Medical Officer  
Housing Works Community Healthcare



**Sue Lin, PhD, MS**

Director, Quality Division, Office of Quality Improvement  
Bureau of Primary Health Care (BPHC)  
Health Resources and Services Administration (HRSA)



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# Rural Safety Net OBOT During the COVID-19 Pandemic



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## Shuchin Shukla, MD, MPH

Family Physician and Opioid Crisis Educator  
Mountain Area Health Education Center (MAHEC)



## Blake Fagan, MD

Family Physician and Chief Education Officer  
Mountain Area Health Education Center (MAHEC)



Follow ongoing updates:  
<https://mahec.net/>







# What's Different?

## FOR PATIENTS:

- **Financial:** income loss, loss of employer insurance coverage
- **Housing:** living with triggers, less community support
- **Drugs:** disrupted supply, contamination, withdrawal, using alone
- **Healthcare access:** worse in some ways, better in others! WIFI/broadband...

## FOR PROVIDERS:

- **Telehealth:** less drug screening, less collaborative care, better show rates
- **Staffing:** childcare issues, quarantine, IT competency, difficult to collaborate

## FOR HEALTH CENTERS:

- Revenue concerns, more phone triage volume, less clinical care volume
- Restructuring roles, space, priorities

## WHEN RURAL:

- Everything is harder!

# CASE: Patient with OUD

## Transitioning from Detox Facility



# CASE: Patient Challenges for OUD Stability



# CASE: Challenges for Assessing Clinical Status of OUD Patients





# Particular Issues for the Rural Safety Net System



# How this effects the 'Hub and Spokes' model

## HUBS

- Priority = COVID-19 surge
- More telehealth improves access, but the quality of care may be affected?
- “Tele-mentoring” and “Tele-training”

## SPOKES

- Priority = COVID-19 and financial viability
- More challenging to develop new OUD service line
- Transportation maybe is less of a barrier?
- But now telehealth technology is...?

# An Urban FQHC Response to MOUD and COVID-19



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**Vaty Poitevien, MD**

Chief Medical Officer  
Housing Works Community Healthcare



Follow ongoing updates:  
[healthcare.housingworks.org](https://healthcare.housingworks.org)



# About Housing Works

Housing Works Community Healthcare fosters good health and positive social change through empowerment, innovation, and collaboration. We provide high-quality integrated medical care and other essential services that improve individual and overall community well-being.

## SERVICE SITES

- 1 **Park Avenue Behavioral Health Center**  
1751 Park Avenue  
Care Coordination, Behavioral Health Clinic, Substance Use Treatment, Supportive Services

4 5 6 to 125th Street

- 2 **West 37th Street Community Health Center**  
301 West 37th Street  
Care Coordination, Harm Reduction Services, Primary Care, Psychotherapy, Re-Entry Services

A C E 1 2 3 to  
34th Street-Penn Station

- 3 **Keith D. Cylar Community Health Center**  
743-749 East 9th Street  
Adult Day Health Care, Behavioral Health Clinic, Coordination, Housing, Primary Care, Psychotherapy

4 5 6 to Union Square  
then the 14D Bus to 10th Street  
and Avenue D

- 4 **Downtown Brooklyn Community Health Center**  
57 Willoughby Street,  
Lower Level  
Adult Day Health Care, Care Coordination, Vocational Training, Primary Care, Psychotherapy

A C E to Jay Street-Borough Hall  
to Lawrence Street

- 5 **East New York Community Health Center**  
2640 Pitkin Avenue  
Care Coordination, Housing, Primary Care, Psychotherapy, Substance Use Treatment, Youth and Prevention Services



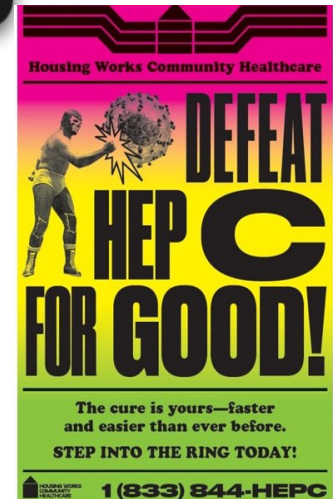
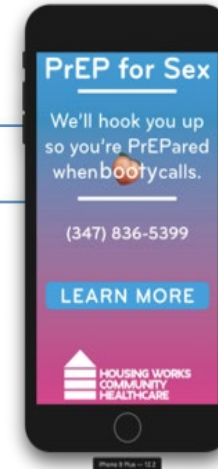
# Our Services

## Required

- Primary care
- HIV testing/care
- Family medicine
- Psychiatric care and behavioral therapy
- Substance Use Treatment (OASAS)
- Pediatrics by agreement

## Enabling

- Case management
- Community outreach
- Viral suppression program
- Youth Services
- Community Partnerships
- Housing
- Vocational Training
- Translation
- Specialty Care: Hep C treatment, Saboxone treatment
- Pharmacy
- Harm reduction services



# About Housing Works cont.

## Our clients face higher rates of chronic disease and multiple barriers to good health:

- Higher rates of Hepatitis C, tuberculosis, diabetes, HIV/AIDS
- 63% of clients have income 100% below the poverty level
- 8% of clients have unknown income
- 41% of clients are homeless or unstably housed (doubled up, etc.)
- 16% uninsured
- 53% African American
- 24% LGB
- 4% Transgender or gender non-conforming
- 67% Male

# MOUD at Housing Works

## Clinical work with a Harm Reduction lens

- All psychiatric and primary care staff are waived
- All staff trained on Harm Reduction, MOUD services

## Ending the Epidemic MOUD Subcommittee

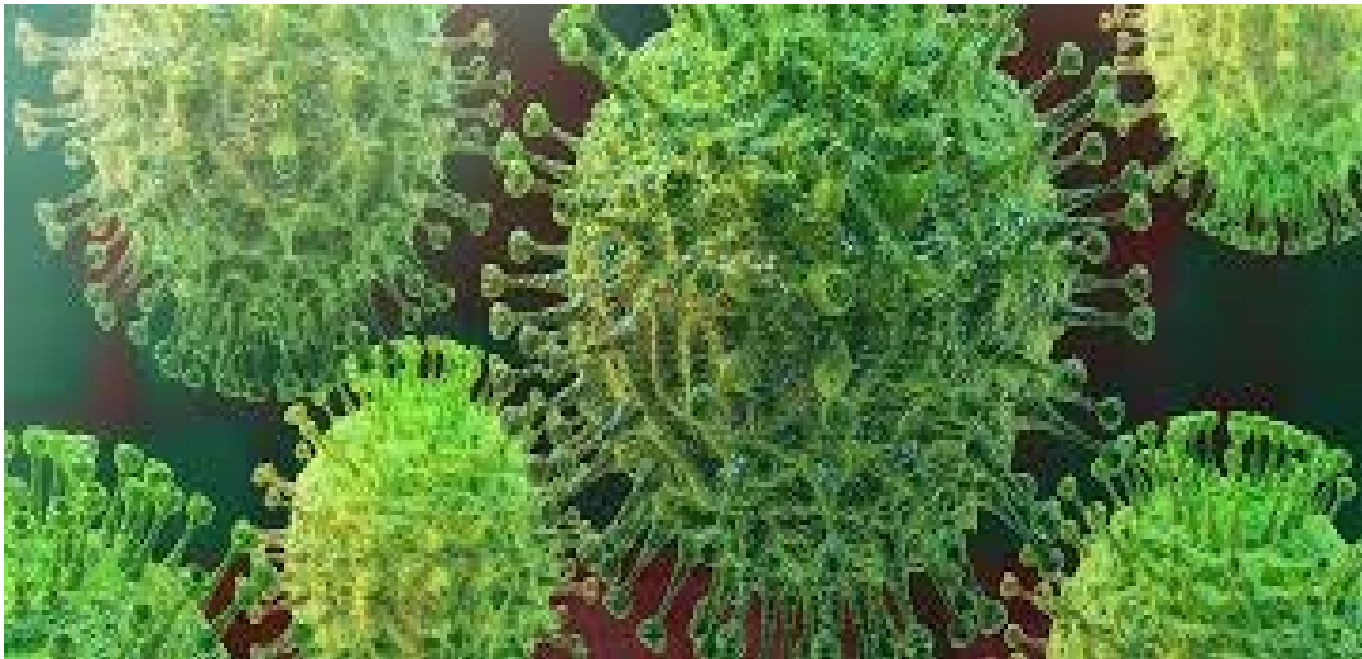
- Horizontal work group tasked with expanding and supporting MOUD initiatives across the agency
- Projects include MAT Champions, drop-in groups, data driven initiatives

## LMATT (Linking Medication Assisted Treatment with Therapy)

- Based off IMPACT model
- linkage between client, MOUD provider and psychotherapist
- Low threshold care coordination
- Peer outreach worker

# And then this happened!

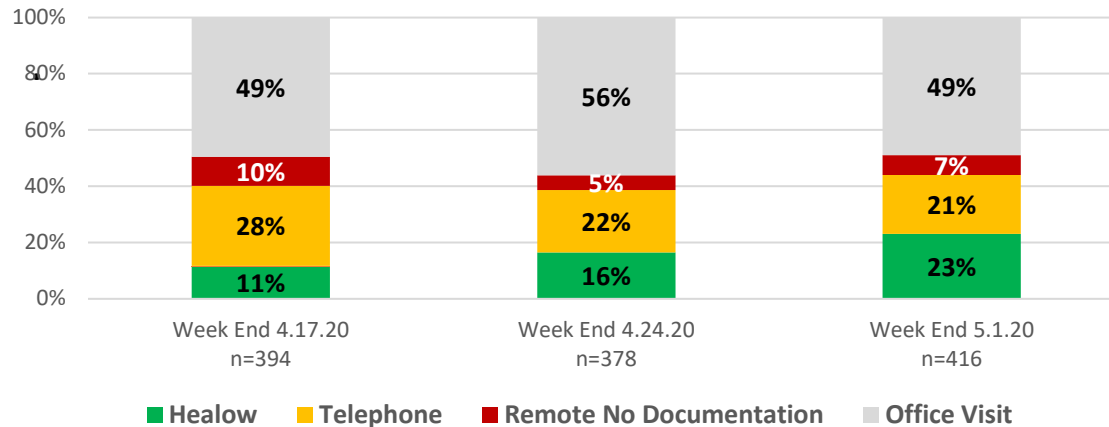
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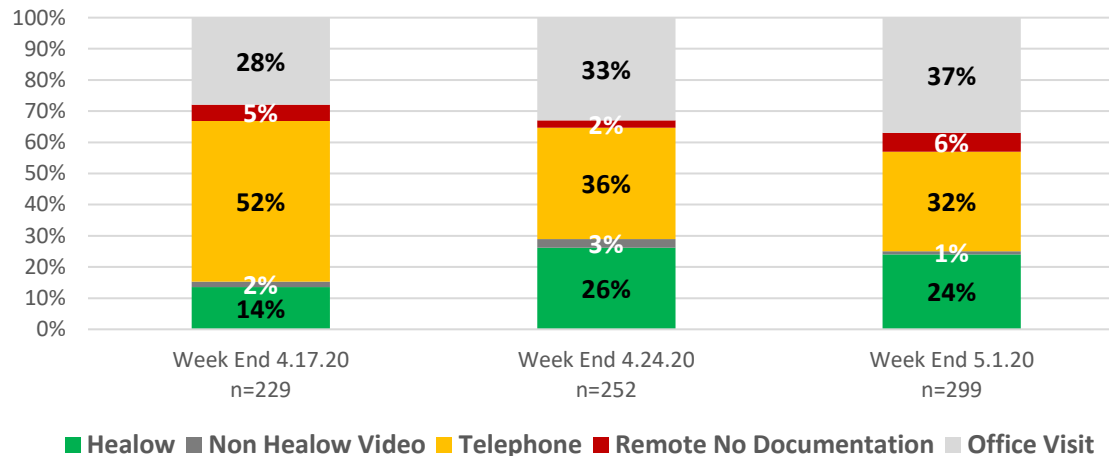
# Housing Works Response

## Weekly Visit Breakdown Primary Care



- Telehealth transition
- Redeployment of staff
- Intensified Outreach
- Cell phone distribution
- Adapting to policy changes

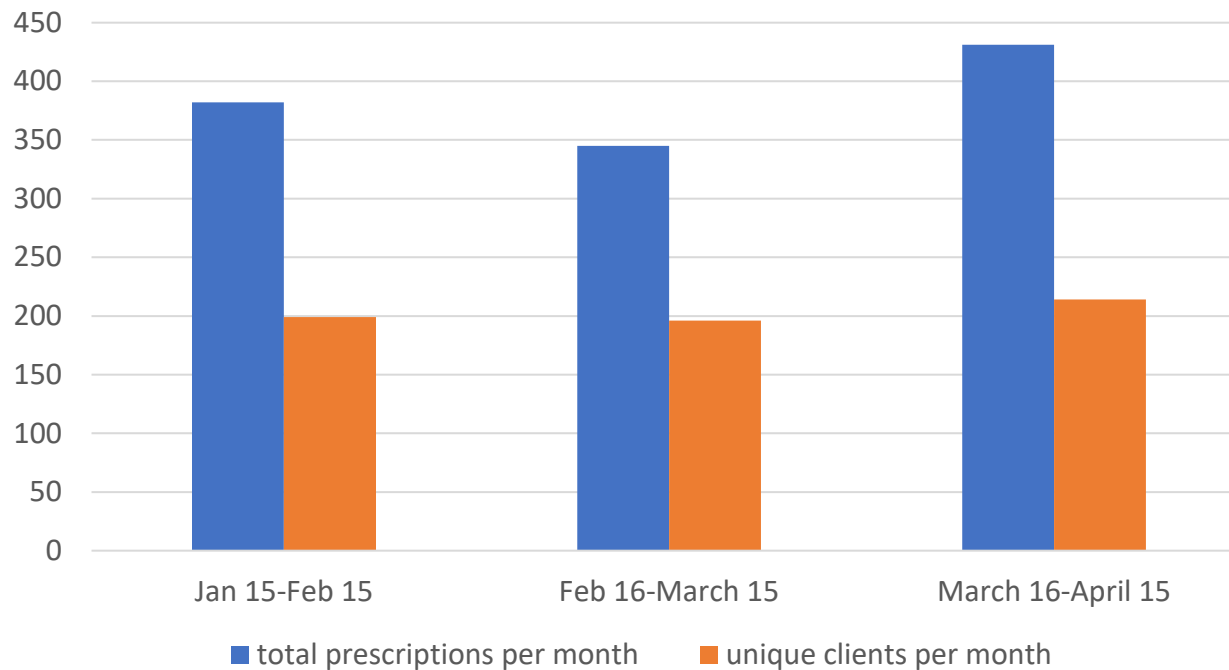
## Weekly Visit Breakdown Psychiatry





# Impact of COVID-19 on MOUD Treatment at Housing Works

Changes in Suboxone prescriptions from January through April 2020



# Lessons Learned

- Building out telemedicine
- Drilling down on MOUD population
- Need for targeted and persistent outreach
- Tele-Case Conferencing

# Looking Forward

- Commitment to harm reduction and continuity of care
- Expanding telehealth for MOUD population
- Incentivizing Buprenorphine
- Targeted outreach
- Building MOUD toolkit for retention and adherence
- Linkages between care coordination staff and providers



# Federal Lens: Primary Care Safety Net During the COVID-19 Pandemic



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**Sue Lin, PhD, MS**

Director, Quality Division  
Office of Quality Improvement  
Bureau of Primary Health Care (BPHC)  
Health Resources and Services Administration (HRSA)



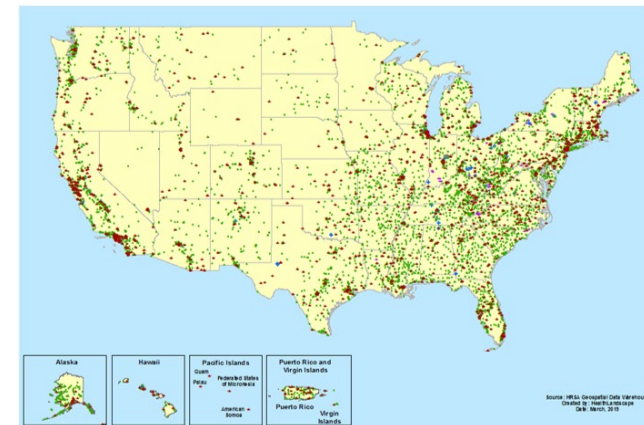
Contact Information:  
[slin@hrsa.gov](mailto:slin@hrsa.gov)

# Increasing Access to Primary Health Care Nationwide

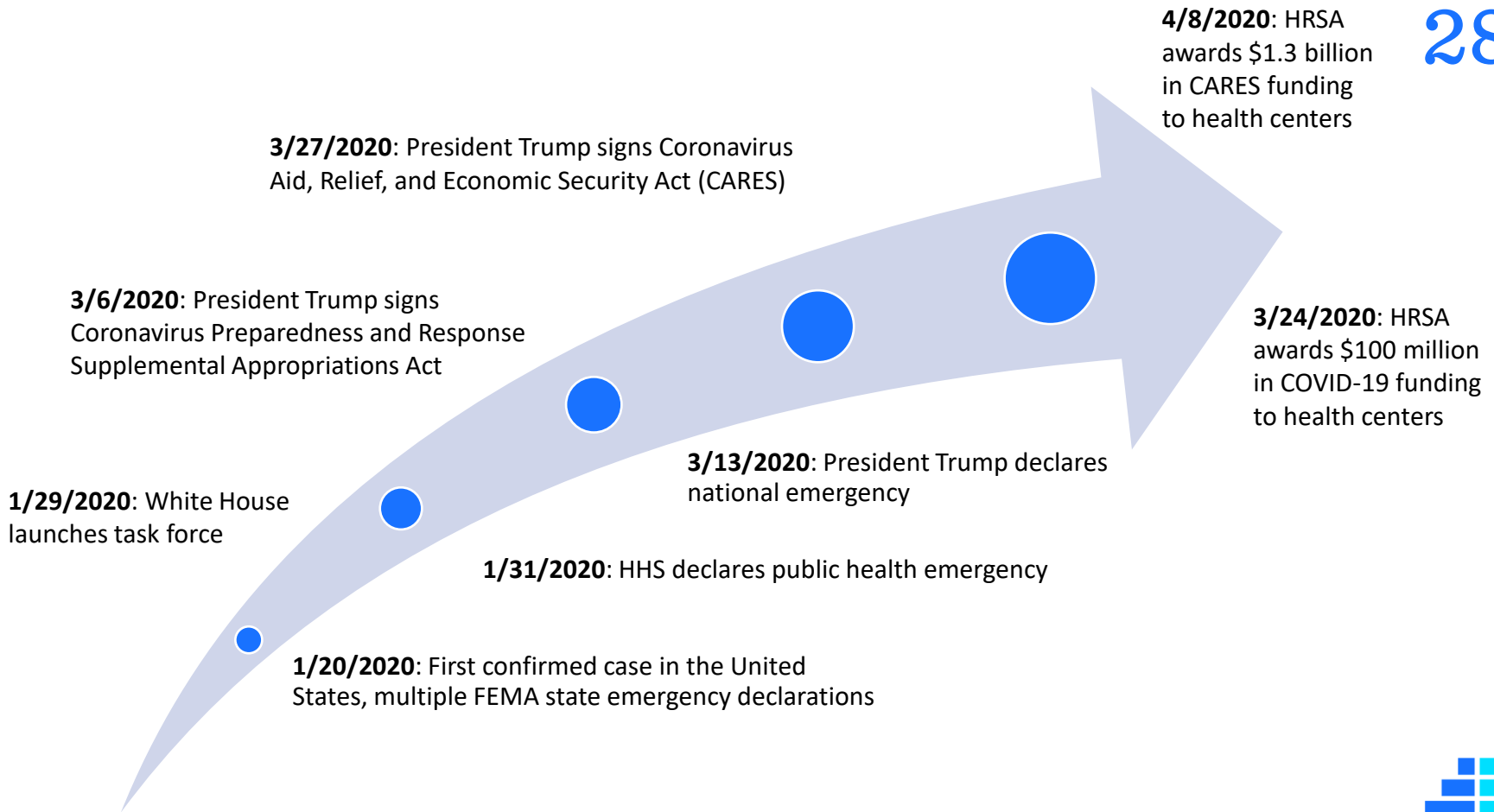


Through 1,400 grantees providing a comprehensive range of services at ~12,000 sites nationwide

- 1 in 12 nationally
- 1 in 3 people living in poverty
- 1 in 9 children
- More than 1.2 million homeless
- 1 in 5 rural residents
- More than 385,000 veterans
- 1 in 5 Medicaid beneficiaries
- More than 800,000 at schools
- 1 in 5 uninsured
- Nearly 1 million agricultural workers



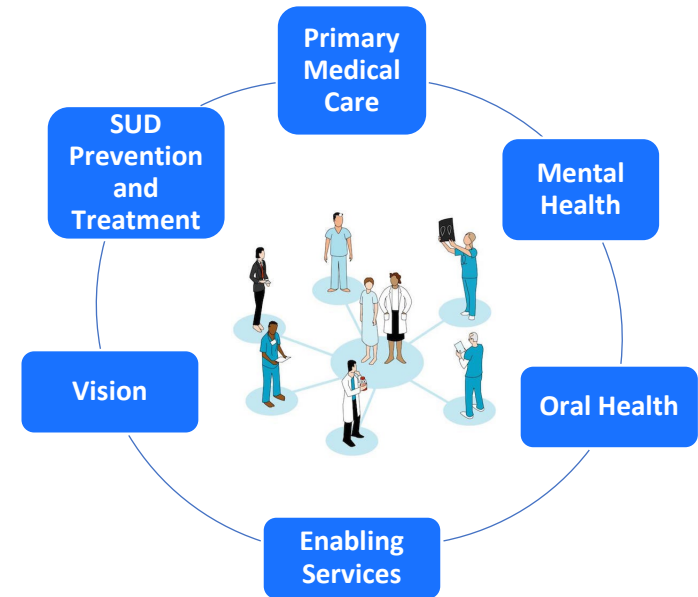
# COVID-19 Update



# Health Center Care Model of Primary Care

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Category	2016	2017	2018	Δ 2016- 2018
<b>Total Health Center Patients</b>	25,860,296	27,174,372	28,379,680	^ 10%
Medical	21,880,295	22,866,468	23,827,122	^ 9%
Dental	5,656,190	6,116,732	6,406,667	^ 13%
Mental Health	1,788,577	2,049,194	2,249,876	^ 26%
Substance Use Disorder	141,569	168,508	223,390	^ 58%
Vision	599,314	670,973	746,087	^ 24%
Enabling*	2,482,751	2,549,897	2,593,393	^ 4%



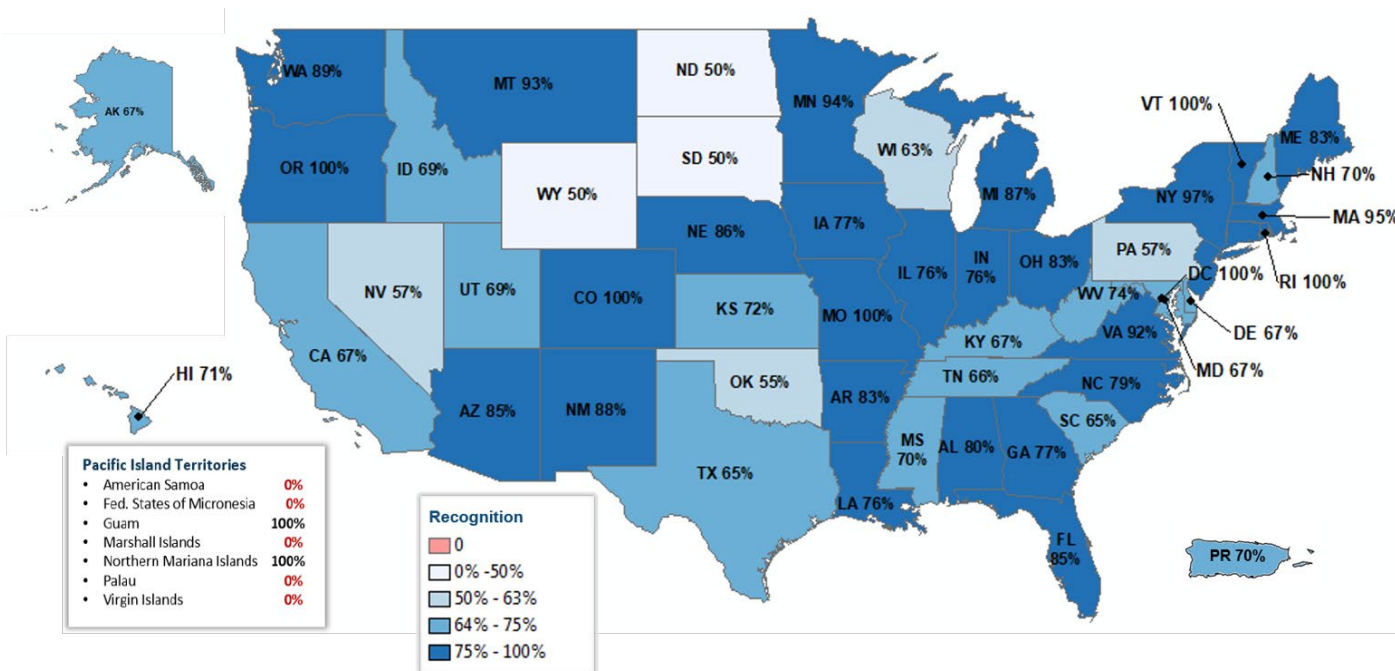
\*Enabling services including case management, outreach, eligibility assistance, patient education, translation/interpretation, transportation, etc.



# Value-Based Care and Patient-Centered Medical Home

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(77% as of July 1, 2019, 1,045/1,357 Health Centers)



PCMH transformation is a critical strategy to advance **value-based** care.

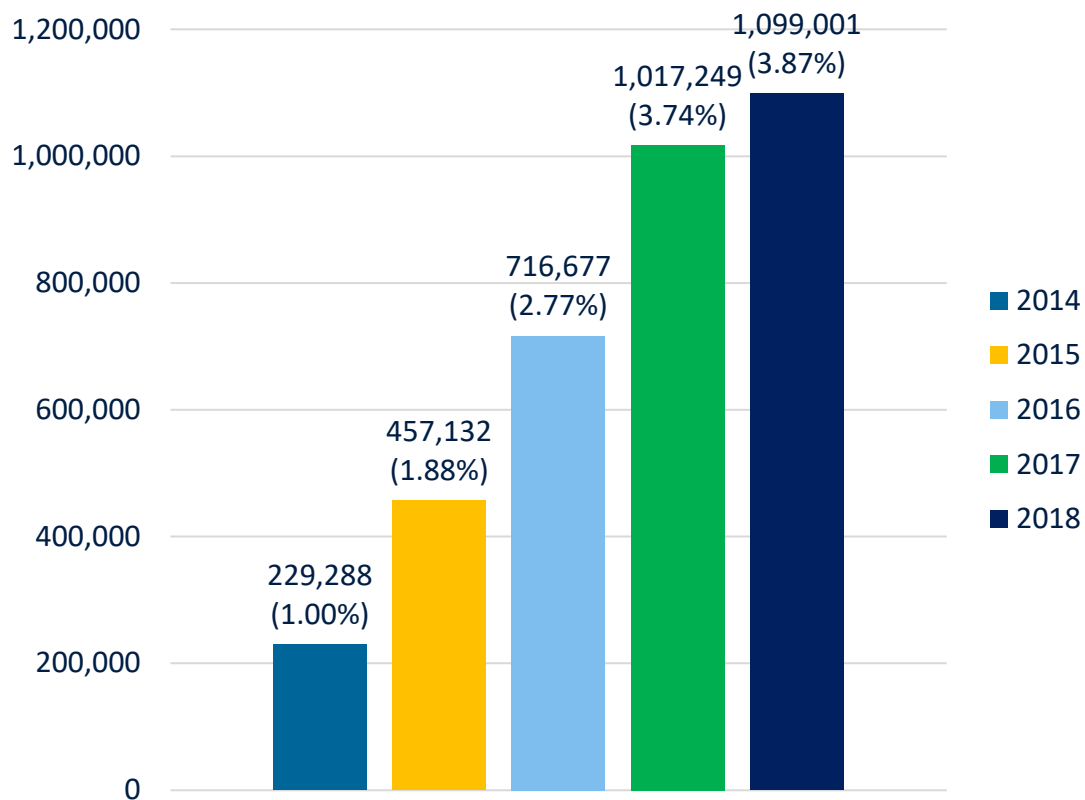


Source: American Academy of Family Physicians

Source: HRSA Accreditation and Patient-Centered Medical Home Report, 2019

# Screening, Brief Intervention, and Referral to Treatment (SBIRT)

HRSA Health Center Program Patients who received SBIRT



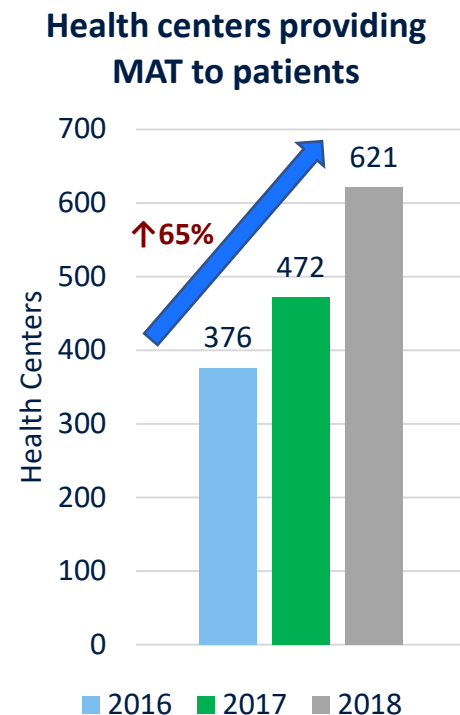
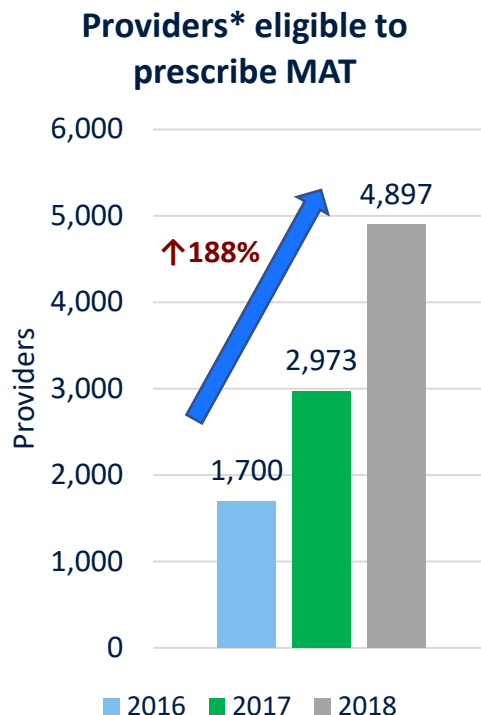
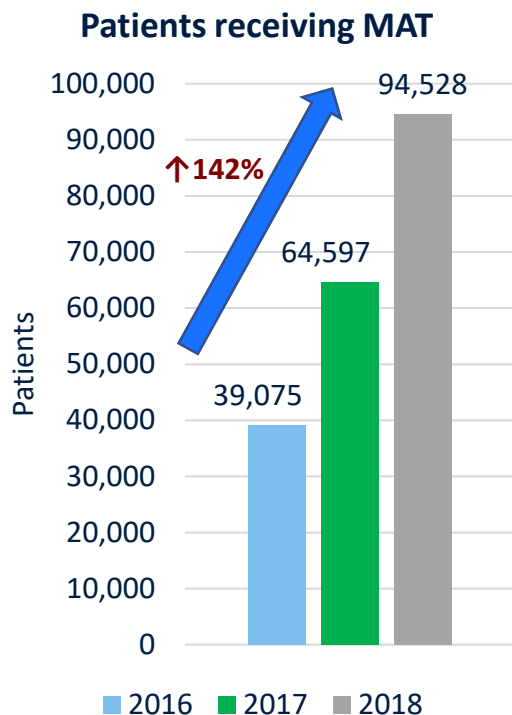
**Screening, Brief Intervention, and Referral to Treatment (SBIRT)** is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

\*Percentages represent the percent of total UDS patients

Source: Uniform Data System, 2014-2018 - Table 6A

# Medication-Assisted Treatment (MAT)

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\*Definition of MAT providers expanded to include physician assistants & certified nurse practitioners, in 2017.

Source: Uniform Data System - Table Other Data Elements 2017 and 2018, and HIT Information 2016

# Questions?



**Shuchin Shukla, MD, MPH**

Family Physician and Opioid Crisis Educator  
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**Take Care of Yourself!**  
**Thank You For Your Work!**

# Additional Resources



**SAMHSA COVID-19 guidance and resources**  
<https://www.samhsa.gov/coronavirus>



**Centers for Medicare & Medicaid Services** guidance, including a compilation of state 1135 waivers  
<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>



**American Society of Addiction Medicine** compilation of guidance and resources, including links to state-level policy actions and waiver requests  
<https://www.asam.org/Quality-Science/covid-19-coronavirus>



**State Health & Value Strategies** resources on state policy options and responses  
<https://www.shvs.org/>



**Manatt Health** resources on federal and state strategies to respond to COVID-19  
<https://www.manatt.com/COVID-19> and <https://healthinsights.manatt.com/>



**National Academy for State Health Policy** resources on state activity <https://nashp.org/>



### About the Foundation for Opioid Response Efforts

The Foundation for Opioid Response Efforts (FORE) was founded in 2018 as a private 501(c)(3) national, grant-making foundation focused on addressing the nation's opioid crisis. FORE is committed to funding a diversity of projects contributing solutions to the crisis at national, state, and community levels. FORE's mission is to convene and support partners advancing patient-centered, innovative, evidence-based solutions impacting people experiencing opioid use disorder, their families, and their communities.

For more information on FORE, please visit [www.ForeFdn.org](http://www.ForeFdn.org).

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### About the Mountain Area Health Education Center (MAHEC)

Mountain Area Health Education Center (MAHEC) was established in 1974 to improve training and retention of healthcare professionals across Western North Carolina (WNC). They are dedicated to excellence in clinical care, health professions education, and innovative practices that can be replicated nationally. Located in Asheville, MAHEC serves North Carolina's 16 westernmost counties. They are the largest of the nine state AHECs that address national and state concerns with the supply, retention, and quality of health professionals especially in rural areas of the state.

MAHEC is also home to UNC Health Sciences at MAHEC, a vibrant academic health center that includes branch campuses of the UNC School of Medicine and UNC Gillings School of Global Public Health, an inter-professional medical research department, and research faculty from the UNC Eshelman School of Pharmacy.

For more information, please visit <https://mahec.net/>.





### About Housing Works Community Healthcare

For over 25 years, Housing Works has addressed the needs of over 30,000 individuals that other organizations deem “too challenging” to serve. Based on a harm reduction framework, programs are both holistic and empowering. Housing Works Community Healthcare has built a network of providers committed to making sure healing happens close to home. They strive to meet patients where they already are, serve the neighborhoods they already live in, and support their access to routine care – so that great health is always a benefit and never a burden.

For more information, please visit <https://healthcare.housingworks.org/>.



### About the Bureau of Primary Care (BPHC) and Health Center Program

The Bureau of Primary Health Care (BPHC) funds health centers in underserved communities, providing access to high quality, family oriented, comprehensive primary and preventive health care for people who are low-income, uninsured or face other obstacles to getting health care.

For over 50 years, health centers have provided high quality preventive and primary health care to patients regardless of their ability to pay. One in 12 people in the U.S. relies on a HRSA-funded health center for medical care. For millions of Americans, including some of the most vulnerable individuals and families, health centers are the essential medical home where they find services that promote health, diagnose and treat disease and disability, and help them cope with environmental challenges that put them at risk.

For more information, please visit <https://bphc.hrsa.gov/>.



General inquiries: [info@ForeFdn.org](mailto:info@ForeFdn.org)



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