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**Advanced Practice Integrated Care
for Opiate Use Disorders**

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For Opiate Use Disorders

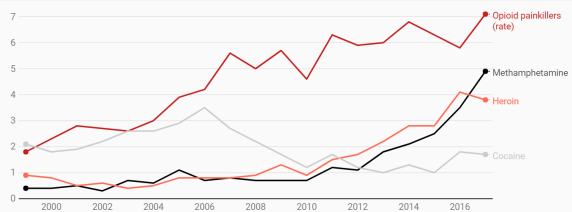
Objectives

- Review program planning needs for Medication Assisted Treatment programs with Advanced Practice Providers in Integrated Care Settings
- Discuss methods in program development, implementation, and best practices in MAT programs at an urban under-served Federally Qualified Health Care Center
- Outline facilitator and barriers to successful program development
- Understand program and participant methods for data collection at an FQHC



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Colorado Opioid Epidemic
- 2017 opioid deaths were 7.1 per 100,000 people



*Rates are per 100,000 people and are age-adjusted. 2017 numbers are provisional
Source: Colorado Dept. of Health and Environment - [Get the data](#) - Created with [Datawrapper](#)


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Sheridan Health Services

- Integrated Care FQHC- medical, behavioral, dental, school-based
- FQHCs
 - Serve underserved areas and/or populations
 - Serve all regardless of ability to pay- sliding scale
 - Comprehensive services, ongoing quality assurance
 - Community Based- Patient Centered Services



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Sheridan Health Services

- CON Nurse Managed Integrated Care Center
- Located in southwest Denver- serves metropolitan area
- Over 70% of providers bilingual- Spanish
- Cultural Congruent Care at every level of provider



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Sheridan Health Services

- State Innovative Model (SIM)- Recently highlighted by Gov. Hickenlooper- Care for 2017

Total patients receiving care: 3,007						
Age	Under 18 years: 34%		18+ years: 66%			
Gender	Female: 53%		Male: 47%			
Race & Ethnicity	American Indian/ Alaska Native: < 1%	Asian/Pacific Islander: < 1%	Black/ African American: 3%	Latino/ Hispanic: 63%	White: 29%	Multiracial: > 1%
Language	English: 60%		Other than English: 40%; majority Spanish			
Income (% of poverty level)	100% and below: 62%	101-150%: 15%	151-200%: 8%	Over 200%: 4%		
Insurance	Medicaid: 46%	Medicare: 3%	CHIP+: <1%	Private: 9%	None: 39%	



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Program Planning Needs Assessment

- Adding MAT for Opiate Use Disorder to a Integrated Care Center
- Sheridan had initial grant for Alcohol Use Disorder MAT- 2015
 - MAT for AUD, Psychotherapy for AUD, Health Maintenance
- Previous grants in SBIRT training for Primary/Integrated Care
- Psychiatric Medication management as part of Integrated Care



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Program Planning- Needs Assessment

Assessing models for the FQHC

- Review and Direct Observation of similar community models
 - Office Based Outpatient Treatment (OBOT), Hub-Spoke
- Review ASAM Guidelines in keeping with current practices at FQHC
- Reviewed similar Massachusetts Model, other nursing based models



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Program Planning- Needs Assessment

Adding Buprenorphine/Naltrexone to a FQHC

- Specific training in MAT- provider education
 - Facilitated by Provider training opportunities
- MAT protocol development
- Screening/Marketing current and new clients within system
- Marketing for community and referral sources/collaboration



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Program Planning – Implementation of Protocol

Identification and Initiation of Referral through Primary Care/Psych

- Medical Health Screening and assessment- clearance
- SBIRT implementation in Primary Care ➡ Behavioral Health
- Psychiatric Evaluation and assessment
- MAT on-site inductions by Psychiatric NP or FNP
- Ongoing provider, RN, and Behavioral Therapy follow-up
- Random Screening for sobriety and ongoing assistance



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Program Implementation- Protocol Evaluation

- Ongoing Integrated care meetings for treatment monitoring
- Psychiatric/Behavioral health meetings
 - Review and update protocol as needed
 - Assess strengths and identify concerns
 - Establish standardization of protocol to allow for data collection



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Adding Buprenorphine to a Community Mental Health center

- Successes
 - Initiate MAT inductions from internal and external referrals
 - Referrals- Probation, Latino Community Outreach
 - Ongoing treatment established with initial cases
- Barriers Overcome
 - Pharmacy issues
 - Labwork
 - Reimbursement issues
 - Growing pains



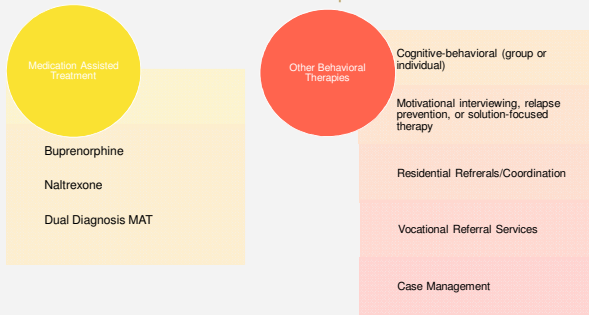
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- State MAT Waiver training (medication management)
- Ongoing Psych APRN and FNP training and webinar participation
- Group Collaboration with other practices for education and protocol development
- "It Matters" training from CU School of Pharmacy opioid collaborative
- SAMHSA webinars and support on substance use disorders
- National certified addiction counselor (CAC) training
- Conferences on addictive disorders, behavioral health, & mental health
- FNP development of pain management and research opportunities
- Person-centered treatment services training
- Culturally competent bilingual provider base

Themes: MAT and opioids, substance use more broadly, behavioral health treatments, pain management, primary care



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Adding Buprenorphine to Community Mental Health Center

- Increase NP service provision
- Expand service to courts, probation
- Expand services to Colorado Crisis Services and other first response referral mechanisms



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Current Clinical Research

Observational Data Collection

Provide systemized treatment protocols, observational assessments based on identified needs

Collaborative Clinical Management and Technical Support

Collaboration for Pain Management Clinical Research

Barriers to MAT program planning, implementation, outcomes

Provide baseline data for potential expansion projects



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• **Successes**

Overall Program Comments

Overall Improvements in MAT service provision

- Smooth transition from Physical Assessment/Psych/MAT

Medicaid funding for reimbursement

4 Days/week access to Suboxone Induction Services

• **Barriers to Overcome**

Time delays from physical assessment to induction

- RN/CAC contact through process for engagement

Pharmacy issues with Controlled Substances

- Methods to address pharmacy dispensing/reimbursing

Perceived lack of access to MAT in Denver Metro area

- Community education, Health Fairs, Engagement Outreach

- increased Awareness, Education, Insurance coverage info



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Next Directions in Clinical Research

Participant perception of MAT services

Social Determinants of Health as a factor in Substance use, treatment outcomes

Pain Management issues and additional support needs for pain patients in MAT treatment

Genetic factors in substance use, treatment outcomes, and predictors

Provide sufficient data for continued statewide funding of similar projects



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Future Goals- Current Success

- Extending APRN prescription privileges for CNS, midwives
- Increasing APRN prescribing numbers, currently capped at 100
- Increasing Naloxone kit availability and education to Metro Community
- Increasing Collaboration with Harm Reduction and other agencies in Denver Metro area-
 - Denver Leadership Committee for the Collective Impact





Questions?
