DCCCA
IMPROVING LIVES

Integrating Primary Medical Care and Substance Use Disorder Treatment: a Collaborative Approach

Disclosures

The presenters have no financial ties or other potential conflict of interest with any product or company that may be referenced in this presentation. Comments and information shared reflect their responsibilities to their identified employer unless otherwise stated.

Objectives

Increase understanding of the impact substance use disorders and related co-morbid factors have on patient health outcomes.

Describe one integration model designed to improve health outcomes and substance use recovery for publicly funded patients.

DCCCA's Programs

BEHAVIORAL HEALTH SERVICES

Substance abuse residential and outpatient treatment and outpatient mental health services are provided by DCCCA across the state of Kansas.

CHILD PLACING AGENCY

DCCCA recruits, trains, and provides 24-hour support for foster families in Kansas and Oklahoma.

TRAFFIC SAFETY

DCCCA provides traffic safety education resources to communities in Kansas.

PREVENTION SERVICES

DCCCA empowers community coalitions to develop a comprehensive approach to prevention through training and technical support.

RESEARCH & ANALYSIS

Using a data-driven approach to measure success and effectiveness of our programs, we determine appropriate and measurable outcomes to improve the quality of the services we provide.

Who We Serve

Numbers

- 2,900 individuals statewide
- 102 children with their mothers
- 50% are uninsured
- 30% are Medicaid funded
- 1,475 started in residential treatment; 910 women
- Methamphetamine

Co-occurring Factors

- Chronic homelessness/poverty
- Mental illness
- Chronic health conditions
- History of abuse/D.V.
- High utilizers
- Criminal justice involved
- Isolation

Why Invest in Primary Care

Individuals with SUD have:

- 9x greater risk of congestive heart failure
- 12x greater risk of liver cirrhosis
- 12x greater risk of developing pneumonia
- Less likely to be medication compliant for chronic diseases
- Less likely to have a primary medical provider

More…

Medical care for individuals with SUD:

- 2 or more primary care visits in a 6 month time improves abstinence by 50%

- Conditions related to substance use are 3x more likely to achieve remission over 5 years
- Hospitalizations decreased by 50%
- Regular screening and services improves overall health and reduces healthcare costs

Why Partner with Health Clinics

Our Partners

Community Health Clinic of Southeast Kansas – embedded therapist in their clinic, collaboration with MAT, shared commitment to innovation and new funding

Healthcore Clinic – primary medical care for all Wichita residential clients, contracted Medical Director, Strengthening Families, MH services for the uninsured in DCCCA facilities

Heartland Community Health Center

Lawrence Collaboration

Nicki M.

28yo WF

Hx of heavy alcohol and methamphetamine abuse x 6 years

Underlying bipolar I disorder and ADHD

Completed residential treatment 3 times followed by subsequent relapses

Presents to treatment center this time 14 weeks pregnant in acute detox.

Carlie B.

34yo WF

Hx of methamphetamine and heroin IVDU

Hx of PTSD and Panic disorder

Previous sex trafficking victim

Children removed from home

New diagnosis of Hepatitis C

Relationships

Where did we start?

Heartland Community Health Center

Level III Patient-Centered Medical Home

Integrated primary care services

MAT

In House physical therapy

In house dental services

In house psychiatry services with 5 LCSWs/BHCs

DCCCA-First Step at Lake View

- Residential, Intensive Outpatient and Outpatient treatment
- Non-medical detox (2 beds)
- Individual, group, and family therapy
- Life skills coaching
- Licensed Child Care Center on site
- Parenting skills training
- Case Management and Peer Support
- Priority populations are pregnant women and IVDU

Building a Relationship

Contracted time for Medical Director

Intake physicals for every patient to ensure patient safety while in treatment and identify medical barriers to success

Acute care visits

Weekly administrative time to address acute concerns and help coordinate medical care and follow up.

Benefits of Collaboration

Direct Access to Primary Care services for acute medical concerns, withdrawal symptoms

Addressing medical barriers to success to reduce risk of relapse

Continuity of Care

Address preventative health care screenings

Additional contact point for clients without the stigma

Initiation and management of MAT

Medical resource for counsellors

Initial Medical Evaluation

DOC, Last use
PMH
Past use of MAT
Psychiatric Hx
PCP/Psych provider
Medications/ treatments(prescribed and otc)
Contraception method
Breast Cancer screening
Cervical cancer screening
STI screening (gonorrhea, chlamydia, syphilis, Hepatitis B, Hepatitis C, HIV, Trichomonas.
Self identified barriers to success.
Tobacco use, interest in quitting, smoking cessation aids offered.

Treatments

Local health clinics have experience in accessing low cost medications for patients

Partnership with local Hospital allows for free lab testing for this population if otherwise uncovered by insurance

Initiation of treatment for Hepatitis C/HIV

HIV Prophylaxis available for high risk IVDU/Sexual activity

Integrated psychiatric services

Coordination between the medical director and the psychiatrist

Contracted visits with psychiatry

Collaboration Numbers

Since January 1, 2015:

- 1,582 women admitted to FSLV residential treatment
- 101 children have accompanied their mothers
- All women received comprehensive health care while in treatment

Challenges

Cost of care, funding sources

Increasing complexity of psychiatric care

Time limitations with contracted work

Limited slots with psychiatric services

Transportation/scheduling of patients and different location

Coordination of care with transfer of patients back to PCPs in other communities

Where Do We Go From Here

Implementation of MAT in more comprehensive way

Fully integrating Psychiatric services and increasing access

Improving access to resources, funding

Replication of processes at other sites

Wrap up

- Integrating primary care services into residential rehabilitation services adds vital resources to both entities
- Clients will have the best chance of success if they have BOTH residential rehabilitation and counseling as well as MAT
- Added benefit of reaching these patients for preventative health care, STI screening will decrease community health burden
- PCP is easiest port of entry for identification and triage of substance abuse
- Connecting clients to a local primary care services will not only decrease relapse rates and complications, but improve overall health and well being of these clients.

Questions?

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