



# Applying the OBAT MATrx to Your Practice- CQI

Presenter:  
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# Financial Disclosures

The following session leader has no relevant Financial relationships with ineligible companies to disclose:

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# Learning Objectives

- Describing Office-Based Addiction Treatment (OBAT)
- Understanding the components of OBAT
- Describing how to apply OBAT to your practice

# Candidates for OBAT<sup>1</sup>

- Have DSM-5 diagnosis of SUD
- Ability to attend visits during office's hours of operation
- Cannot be taking full  $\mu$ -agonist opioids
  - If seeking treatment with buprenorphine or naltrexone
  - If taking for chronic pain, alternative/adjunctive methods can help.
- Must present without harm to self or others

# Goals for OBAT

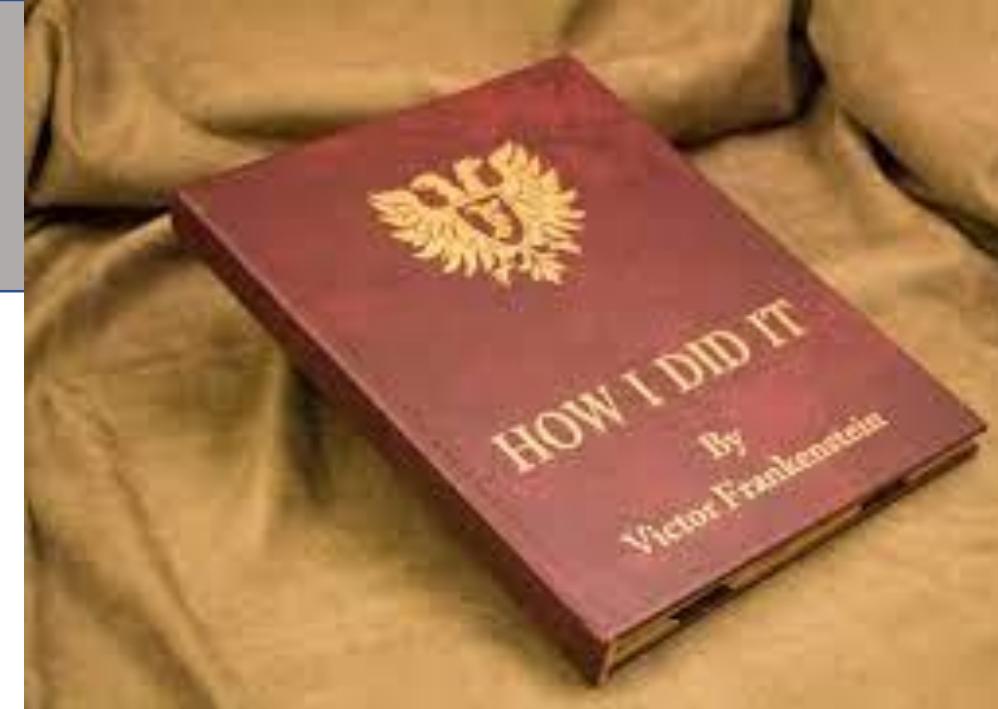
- Reduce symptoms of SUD
  - Reduce illicit substance use
  - Reduce cravings for illicit substances
  - Reduce withdrawal symptoms
- Reduce risk of overdose and associated negative outcomes
- Restore normal physiology
- Improve community connection and to inspire hope for recovery

# Staff Education

- Understanding the patient with SUD
- Reducing stigma of SUD diagnosis
  - Chronic disease with relapses
- Eliminating words like "detox" or "dirty" urine
- Constant reinforcing with all staff
- Providing structure to treatment plan for patients

# How We Did It

- This takes time!
- Providers with DATA 2000 waiver
- Nurse or CMA as Patient Navigator
  - First point of contact for intake
  - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  - Ease of contact
  - Facilitate scheduling appointments and reminders in a semi-private setting



<https://geekifyinc.com/wp-content/uploads/2018/05/Young-Frankenstein-How-I-Did-It-Book-Cover-eReader-Kindle-iPad-Tablet-5.jpg>

# Staff

- Peer Coaches
  - Assist with counseling
  - Meet with patient before or after each visit
  - Assist patient navigator in checking on patients between visits
- Mental health providers (not necessarily in office)
  - Community partner
  - Require increased frequency of visits during relapses
  - Individual, group, or telehealth

# Office Necessities

- Contract
  - Expectations of patient including medication safety
  - Hours of operation
  - After-hours contact and expectations
  - Threshold for discharge?
  - Escalation of care?
- Ability to administer rapid urine drug screens prior to office visit and send out samples for confirmation

# Office Necessities

- Appointments for frequent follow ups
- Weekly for 4 weeks
- Bi-monthly for 1 month
- Monthly for stable patients
- Relapse?
  - Start back at weekly appointments with increased counseling services

# Barriers to OBAT MATrx

- What your office's barriers to implementing OBAT?

# References

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3. Tunney, S. NJ MATrx Model. [https://www.nj.gov/humanservices/dmhas/information/provider/Provider\\_Meetings/2019/MAAC%20OBAT.pdf](https://www.nj.gov/humanservices/dmhas/information/provider/Provider_Meetings/2019/MAAC%20OBAT.pdf)



# Continuous Quality Improvement (CQI)

## SUD MAT CQI Session 1

Presenters:

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Nancy Narvell, MS, MBA, PMP, LSSBB, PCMH-CCE

Date February 11, 2022

# Learning Objectives

- Continuous Improvement in Healthcare
- Model for Improvement - PDSA Cycle

# Continuous Improvement in Health Care

## What are we looking to Improve?

### Six Specific Aims of Health Care Quality Improvement (3)

- **Safe:** Avoiding harm to patients from the care that is intended to help them.
- **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

## How do we accomplish improvement?

### Improvement Methodologies

- **Model For Improvement (1,2)**
  - Plan Do Study Act - PDSA
- Lean
- Six Sigma
- Lean Six Sigma - LSS
- Failure Modes Effects Analysis – FMEA
- Root Cause Analysis – RCA
- Business Process Re-Engineering - BPR

# \*Model For Improvement – PDSA Cycle

## Part 1: Three Fundamental Questions

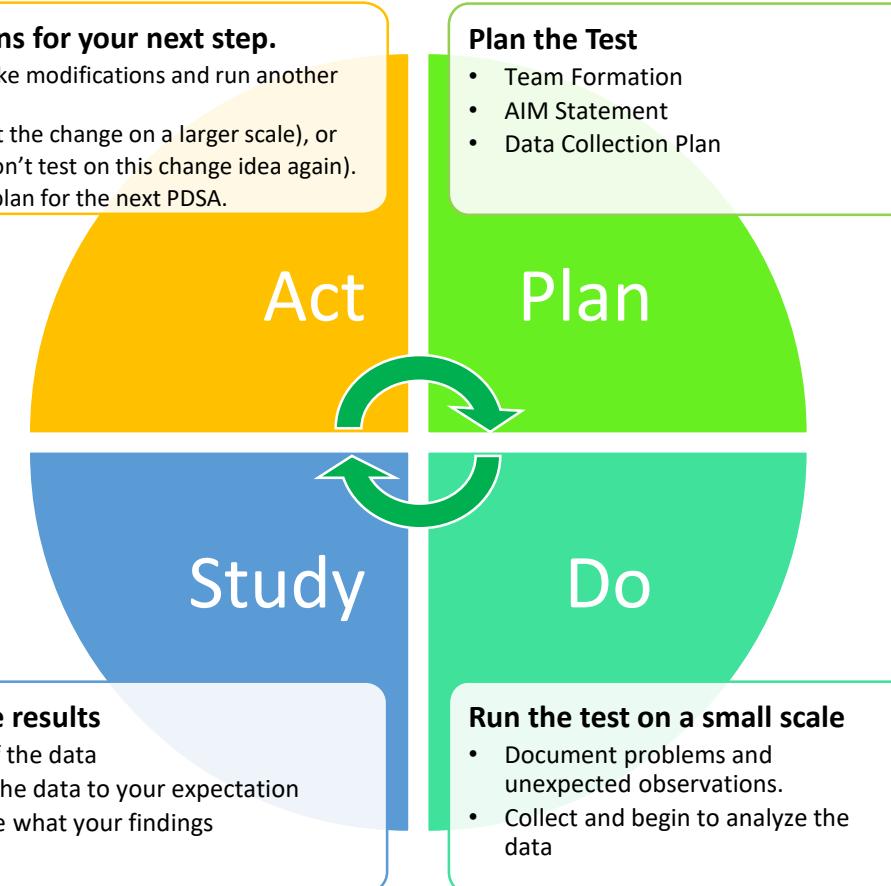
- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?



## Part 2: Test Changes

**Make a plans for your next step.**

- **Adapt** (make modifications and run another test)
- **Adopt** (test the change on a larger scale), or
- **Discard** (don't test on this change idea again).
- Prepare a plan for the next PDSA.



## Part 3: Implement & Spread

### Implementation:

- Permanent change to the way work is done
- Standard Work
  - Policy Creation
  - Competency Creation
  - Staffing Plans
  - Process Control Plans

### Spread:

Taking a successful implementation from initial area and replicating that change or package of changes in other parts of the same organization or other organizations.

The Model for Improvement,\* developed by Associates in Process Improvement

# Questions / Follow Up

- What are the barriers you're commonly faced with when implementing improvements?
- Are there any quality improvement tools you would like for us to cover?

# References

1. Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.
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Thank you!  
Questions & Discussion