

# **Increasing Dental & Behavioral Health Interventions for MAT Participants**

## Redwood Community Health Coalition **Promising Practice**

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#### **PROMISING PRACTICE OVERVIEW**

Marin City Health & Wellness Center (MCHWC) has one of the few Medically Assisted Treatment (MAT) programs in Marin County. This program helps patients struggling with substance use disorders by treating them with medication. They currently have a grant from the National Association of Community Health Centers (NACHC) and the CVS Health Foundation (CVS) for the MAT program, which ends June 30, 2019. MCHWC has secured additional funding to continue this work. In October 2018, MCHWC made several changes to their MAT program, by integrating their dental and behavioral health departments. They think of this as bringing primary care into substance use disorder treatment.

#### AIM

To increase the number of MAT program patients who've had a dental and behavioral health intervention.

#### **MEASURES & LESSONS LEARNED**

- 1. Standard measures (prescribed by NACHC / CVS)
  - Measures include several UDS measures, gauging visit summaries and pts in reporting period. For example # pts with substance use disorder.
  - Additional measures include: # of providers that can prescribe needed medications. # pts >18 screened for opioid use disorder. MCHWC uses an opioid screening tool integrated into their EHR (eCW). They also use a Relevant care gap to help identify patients that need to be screened.

### **ACTIONS TAKEN**

- 1. Developed custom measures for the NACHC/CVS grant to screen MAT patients for dental and behavioral health interventions.
- 2. Began integrating dental and behavioral health into MAT program in October 2018 through screenings and bringing dental/behavioral health representatives to Friday MAT group patient meetings.
- 3. Changed workflows allowing patients to book dental health appointments at MAT meetings.
- 4. Improved what was considered an "intervention" for behavioral health. At first an intervention was considered booking an individual appointment with a behavioral health provider. MCHWC realized not all patients need an individual visit, and now do 10 minute non-billable provider assessment to determine what type of intervention is needed.

#### **WORKFLOW**

1. Pts struggling with substance use disorders are enrolled in MAT program by either a. internal MCHWC system or b. external referral from MCHWC outreach staff.

2. RN screens pts to determine services they need.

- 2. Custom measures (created by MCHWC)
  - Number of pts in program with dental health intervention
  - Number of pts in program with behavioral health intervention.

Looking back, they would not change anything they've done so far. Their efforts have been largely successful and they will continue to implement the revised workflows, possibly focusing even more on behavioral health.

4. Patients meet with provider to determine what type of behavioral health intervention is needed.



3. Providers see 35-40 pts in group setting (Friday weekly meetings). Meetings are run by the director of substance abuse and an RN. Dentist and dental coordinator attend and schedule pt appointments.



#### **RESULTS TO DATE**



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| OPIOID Risk Tool (2018 Edition)       |                  |             |             |      |
|---------------------------------------|------------------|-------------|-------------|------|
| Name: Jack Test                       | Date: 07/20/2018 | Sex: female | Transgender |      |
|                                       |                  |             |             |      |
| FAMILY HISTORY OF SUBSTANCE ABUSE     |                  |             |             |      |
| Check only those boxes that apply     |                  |             |             |      |
| Family Hx Alcohol                     |                  |             | Yes         | □ No |
| Family Hx Illegal Drugs               |                  | 5           | Yes         | □ No |
| Family Hx Rx Drugs                    |                  | [           | Yes         | V No |
| PERSONAL HISTORY OF SUBSTANCE ABUSE   |                  |             |             |      |
| Check only those boxes that apply     |                  |             |             |      |
| Personal Hx Alcohol                   |                  |             | Yes         | □ No |
| Personal Hx Illegal Drugs             |                  | 5           | Yes         | □ No |
| Personal Hx Rx Drugs                  |                  | [           | Yes         | □ No |
| Age Between 16-45 years               |                  | [           | Yes         | □ No |
| History of Preadolescent Sexual Abuse |                  | 5           | Yes         | □ No |
| PSYCHOLOGIC DISEASE                   |                  |             |             |      |
| Check only those boxes that apply     |                  |             |             |      |
| ADD, OCD, Bipolar, Schizophrenia      |                  | 5           | Yes         | □ No |
| Depression                            |                  | C           | Yes         | V No |
| TOTAL SCORE                           |                  | 1           | 5           |      |
| Risk Level for OPIOID Use             |                  | h           | igh         |      |
| SCORING (RISK)<br>0-3: low            |                  |             |             |      |

4-7: moderate ≥8:high

Source: Adapted from materials prepared by:Webster LR, Webster R. Predicting aberrant behaviors in Opioid-treated patients: preliminary validation of the Opioid risk tool. Pain Med. 2005;6(6):432
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