Louisiana State Opioid Response (LaSOR) Project

LSU Health Sciences Center—New Orleans

Department of Psychiatry

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• Dr. Lee Michals, Addiction Psychiatry Faculty
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• Bryan Franks, MS, Project Coordinator
• Gynell Nelson, RN, Lead Nurse
• Spoke Care Teams (SCT)—10 RNs and 10 LMHPs statewide
LSUHSC’s Role in LaSOR

- Enhance and expand the capacity of OUD treatment
  - Recruit 50 office-based opioid treatment (OBOT) providers to deliver MAT utilizing a hub-and-spoke model
  - Distribute Narcan to LaSOR patients and staff for emergency use
  - Provide case consultations to OBOTs by LSUHSC Addiction Psychiatry faculty
- Target populations include the under and uninsured and pregnant females with OUD
Hub & Spoke Model

- **Hubs**: Opioid treatment programs (OTPs)
  - Methadone clinics in each LGE
- **Spokes**: Office-based opioid treatment (OBOTs) providers
  - FQHCs, hospitals, private practices, outpatient providers, psychiatrists, etc.
- **Spoke Care Teams** (SCT)
  - RN and LMHP provided by LSUHSC
LaSOR Benefits to OBOTs

• SCT Team works directly with OBOT staff to support treatment
  • Screening, brief intervention, and referral to treatment (SBIRT) services, clinical assessment, case coordination, recovery support

• Financial compensation for case consultations between prescriber and SCT
  • $300 for initial visit and $150 for monthly visits thereafter

• Able to bill Medicaid for reimbursement for services

• LSUHSC Addiction Psychiatry staff available for professional consults
Case Consultations

• LSUHSC—NO Addiction Psychiatry Faculty
  • Dr. Maeghan Davis
  • Dr. Lee Michals

• Offer professional case consultation to OBOT prescribers
• Act as subject-matter experts for the LSUHSC LaSOR team
• Conduct trainings for prescribers to obtain X-waiver—39 prescribers trained to date
Project ECHO & Academic Detailing (Tulane)

• Project ECHO
  • Increase knowledge of and access to evidence-based practices for OUD
  • Utilizes technology to provide lectures and case presentations for prescribers

• Academic Detailing
  • Involves an initial needs assessment followed by tailored recommendations for improving a clinic’s practices
LaSOR Project Updates

• LaSOR fully staffed since November 2019
• To date, have 31 active OBOTS—each region has 2 or more
  • Currently in various stages of recruiting/contracting with an additional 14
• 241 patients seen to date—average 46 monthly new client intakes in Year 2
• Plans to conduct an additional X-waiver training
Project Successes

- OBOT Diversity: FQHCs, LGEs, Hospitals, Addiction Treatment Programs, Private Practices, and Urgent Care Centers
- Have active OBOTs throughout the state
- Recruiting an entire SCT team with experience in treating SUDs
- Providing two X-waiver trainings to 39 providers statewide
- Motivated prescribers who did have their X-waiver to use it
- Utilization of Telehealth
- Encouraged use of multiple medications for treating OUD
Project Barriers

• Shortage of qualified staff in the state, especially rural areas
• Lack of X-waivered prescribers in the state and physician reluctance
• Stigma about MAT and resistance to switching to a treatment model from an abstinence model
• OBOT and prescriber turnover
• Onboarding requirements at OBOTs can delay start treatment
• Lengthy contracting and hiring processes
Building Capacity

- LaSOR Project has expanded statewide capacity in the following ways:
  - Encouraged more prescribers to obtain or use their X-waiver
  - Provided X-waiver trainings to prescribers
  - Recruited multiple types of prescribers: Nurse Practitioners and Physician’s Assistants are also eligible to apply for an X-waiver not just physicians
  - Ensured that multiple OBOTs are available in each region throughout the state
  - Emphasis on underinsured and pregnant females as patients expanded care for those who often cannot find or afford OUD treatment
Sustainability

• LaSOR Project has tried to ensure sustainability in many ways:
  • Recruiting a variety of organizations to offer MAT—makes treatment available in more types of setting and more locations throughout the state
  • Prioritizing potential OBOTs that have wraparound services such as Federally Qualified Health Centers (FQHCs)
  • Giving preference to organizations that are Medicaid providers and encouraging them to apply if they are not one already
Recommendations

- Educate prescribers and general public about MAT—stigma reduction
- Incentivize prescribers: financial, clinic set-up and improvement, service reimbursement
- Implement and expand the use of telehealth to support MAT
- Link providers with resources such as Project ECHO and SAMHSA’s Providers Clinical Support System (PCSS) [https://www.samhsa.gov/providers-clinical-support-system-medication-assisted-treatment](https://www.samhsa.gov/providers-clinical-support-system-medication-assisted-treatment)
- Encourage organizations with wraparound services (e.g. FQHCs) to offer MAT
Thank You

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Questions?

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• **List of LaSOR OBOTs:**
  • [http://ldh.la.gov/index.cfm/page/3579](http://ldh.la.gov/index.cfm/page/3579)