

MAT/Outpatient Clinic Retention-BTH

Week 6

Opioid Treatment Program Satellites / Medication Units

CFR 42 Part 8 – Medication Assisted Treatment For Opioid use Disorders

- 8.2 Definitions
 - **Medication unit** means a facility established as part of, but geographically separate from, an opioid treatment program from which licensed private practitioners or community pharmacists dispense or administer an opioid agonist treatment medication or collect samples for drug testing or analysis.

Operation PAR’s Medication Assisted Patient Services (MAPS) Program consists of 6 Opioid Treatment Programs (OTP) and 3 Satellite Clinics (aka Medication Units), providing Medication Assisted Treatment (MAT) in Florida:

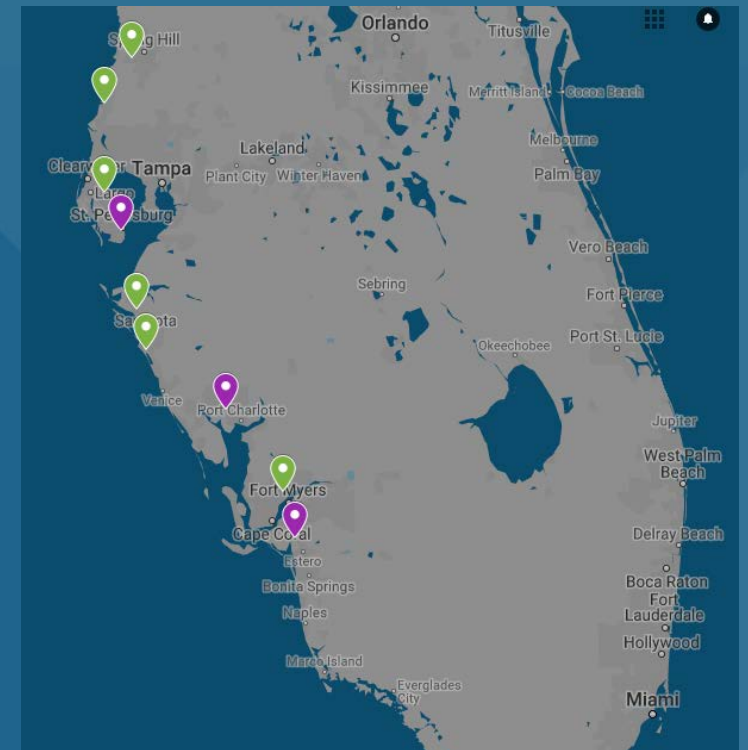
Spring Hill (primary OTP)	Port Richey (primary OTP)
Clearwater (primary OTP)	St. Petersburg (satellite)
Bradenton (primary OTP)	Sarasota (primary OTP)
Pt. Charlotte (satellite)	N. Ft. Myers (primary OTP)
Ft. Myers (satellite)	

Satellite clinics serve two primary functions:

1. Reduce lines/wait times due to overcrowding at the primary OTP (where constructing additional dosing windows may be limited by physical office space).
2. Accommodate patients who have to drive long distances to get to the main program.

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Opioid Treatment Program

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Satellite Clinics

The Substance Abuse & Mental Health Services Administration (SAMHSA) / Center for Substance Abuse Treatment (CSAT) placed restrictions on what services may be provided at Satellite clinics (presumably to differentiate them from main programs):

- Satellite clinics are limited to the administration/dispensing of opioid agonist treatment medication (e.g., methadone, buprenorphine), drug screening, and behavioral telehealth provided by a counselor who must be physically located at the primary OTP.
- Counseling may not be provided at or by staff *onsite*. Furthermore, patient admissions and any other medical appointments with the physician or nurse practitioner may **only** occur at the primary OTP.



Opioid Treatment Program Satellites / Medication Units

In order to accommodate the counseling requirements for patients who are unable or unwilling to routinely drive long distances to reach the primary OTP, we utilize behavioral telehealth.



N. Ft. Myers (Primary OTP)



Port Charlotte (Satellite)

Satellite/Medication Units

- Each satellite facility has designated offices setup for behavioral telehealth with a computer, phone, high definition webcam + mic, and speakers or headset.
- Patients coordinate their counseling schedule with their assigned Primary Counselor at the primary OTP.
- When the patients check-in at the satellite on the day of their scheduled counseling session, the satellite staff contacts the patient's counselor and sets up the secure video conferencing session with the counselor in one of the designated telehealth offices.
- The Zoom.us software allows the counselor to share their screen to be able to show the patient any relevant documents or educational materials.
- If the patient has to sign any treatment documents (e.g., treatment plans, releases of information, or consent forms), the counselor coordinates with the satellite staff so they can either print documents for the patient to physically sign (which are then scanned & emailed back to the counselor) or set them up to electronically sign a document on an electronic signature pad.
- Zoom software has a group-chat feature that can be used to quickly and easily communicate with multiple staff across facilities (rather than having to rely on phone/email).

Challenges/Things to plan for:

- *Accommodating unscheduled counseling sessions (which occur frequently).*
- *Deescalating agitated patients.*
- *Potential for loss of connection mid-session (or spotty connection).*
- *Limited ability to detect signs/symptoms of impairment*

Next Steps for OTP

- Currently counseling occurs during dosing hours 5:30 am-11:00 am only. Seeking to add evening counseling hours via B-TH.
- Next steps to have follow up with doctor via B-TH. Challenges: Further examine the law and language used.

Step down and Retention with B-TH

“1 in 5 patients leave treatment before they have reached an acceptable level of recovery, against the recommendation of their therapist”

- **Advantages:** No travel, access for rural areas, possibly more flexible scheduling, possibly less no show rates, utilize text/e-mail or voice mail reminders, continued services within the same agency (continuum of care), reduce waiting times, what else?
- **Challenges:** Connectivity (band width), Interruptions, Obtaining Drug Screens and results, client doesn't have a smart phone, tablet or computer, what else?



Residential to Outpatient B-TH

- Only successful discharges accepted.
- Outpatient therapist attempts to meet client in person prior to discharge. Sometimes meeting can be coordinated for day client is discharging residential.
- Plan for on going signatures-Treatment Plans, etc.
- Plan for drug screens.
- Plan for payment collection. Funding changes outside of region here in FL. Know your funding limitations.
- Remember to check Medicaid/Medicare requirements regarding B-TH billing.
- What is the plan if the person needs more or increased services?
- Utilize the checklist each and every time you meet.

Steps to Retain Clients

- Communicate via technology- interactive texts in between sessions. Proper releases needed.
- Session reminders via technology. Proper releases needed.
- Provide education “what to expect” during therapy especially utilizing B-TH. Set realistic expectations regarding the process.
- Therapist who have trained and developed skills regarding practicing via B-TH.