

## Michigan Opioid Partnership Meeting Notes

April 12, 2019

**Present:** Brittany Leek (MDHHS), Angela Smith-Butterwick (MDHHS), Kelsey Schell (MDHHS), Lynda Zeller (MHEF), Huda Fadel (BCBSM), Kim Kratz (BCBSM), Pam Yager (BCBSM), Margo Pernick (TJF), Sarah Wedepohl (CFSEM)

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### UPDATES:

The MOP submitted three proposals in February to MDHHS in response to their anticipated SOR grant's supplemental funds. The timeframe to utilize the funds is 17 months and begins when they receive notice of award, which is anticipated on May 1<sup>st</sup>. MDHHS expects that all three of MOP's proposals will all be funded at their full requested amount. (More information is toward the end of these notes on those proposals.)

### APPLICATION REVIEWS:

The MOP received four applications for the expansion of MAT in hospitals project and discussed each proposal in detail. The group also considered comments from those who sent them ahead of time because they couldn't attend the meeting. All the MOP partners either submitted in writing that they gave permission to those present to make the decisions or they submitted written notes and determinations prior to the meeting.

Funding all proposals at the levels requested means MOP will spend \$2,294,052 of the \$2.6 million we have for total grants. It is suggested that MOP add \$75k to each proposal (or whatever is appropriate for each hospital) for help with the outpatient treatment side of the program.

**Beaumont Hospital** – Requested Year 1 - \$534,734 and Year 2 - \$421,408 = \$956,142

**Determination:** FUND, *but with conditions around outpatient partner selection and capacity.*

### Points raised and discussed:

The biggest concern raised is around the outpatient partners including how many there are and what is each provider's capacity.

- CARE is listed as a partner; however, the hospital needs a lead MAT provider with capacity. CARE doesn't satisfy the partner role since they are a prevention-focused provider, not a clinical one.
- The allocated \$55,000 for CARE is more than state pays recovery coaches which sets up an unequitable system. Also, recovery coaches can be reimbursed under Medicaid if trained in state curriculum and may be covered through block grants and the SOR grant.
- There is no MOU with Covenant or their capacity for the number of patients needing treatment, even though they are mentioned as a partner.
- This is a new program and needs development time. But the state funding is limited, so there is not much time to develop this program. The MOP will need to hold Beaumont to the expectation of our timeline.

TO ASK BEAUMONT:

- (1) Please describe how you will be engaging with outpatient providers for this project including:
  - a. List each outpatient partner you will be engaging in this work through an MOU and include:
  - b. List the number of patients that each outpatient provider is able/licensed to serve
  - c. List which outpatient provider can take commercial insurance and Medicaid.
  - d. Can Sterling Family Medicine serve patients currently or do they need to wait for a license?
- (2) How involved is Beaumont with treatment courts?

Note: If it is determined that you don't have sufficient outpatient providers to handle this project, we will be connecting you to possible partners.

#### FOR MOP FOLLOW-UP

Ask Randy O'Brien, Director, Office of Substance Abuse and Nicole Gabriel, Quality Assurance Coordinator in Macomb County to let us know which OBOTs and OPTs might be a better partner for Beaumont.

Ascension - Requested \$400,000 over two years

**Determination:** *FUND, but with condition that they need to commit to moving all patients into MAT treatment*

#### Points raised and discussed:

- This is a hub and spoke model. Is the hub team going to be 24/7 responsive to every one of the 13 hospitals? This is a reasonable model for one or two hospitals, but as expanded, it needs an addiction team for all training, policy development and support for all 13 hospitals.
- We need to know how the spoke hospital team is developing internal expertise within the partner hospitals and how is the model sustainable.
- Referral patterns are unclear, this needs to be clarified.
- MOU but agreement with own OBOTS to tell what the capacity is (unlimited)?
- They mention they are abstinence only, how is that handled with the OTP/OBOT? They need to have a written agreement with an OPT and OBOT.
- They mention that the affiliate (Deckerville) provides live support services, however AA/NA meetings are not considered treatment in our definition, so this should not be in lieu of MAT.
- If they can't provide MAT, then they aren't fundable. They need to commit to getting all the people into MAT. Concerning that they aren't using inpatient treatment as a basis for referral.

#### TO ASK ASCENSION:

- (1) Expand on how Ascension Brighton plans provide support to the 13 hospitals listed in your southeast Michigan network, including how that support will be provided around the clock (24/7).
- (2) Describe how MAT services are provided at Ascension Brighton, including how much MAT is provided and your capacity to increase MAT.

- (3) State and describe your linkage with an OPT including how the referral process works.
- (4) What is your sustainability plan for this work, including how the partner hospitals plan to sustain this model after the project period is complete?

Munson – Requested \$400,000 over two years

**Determination:** FUND, *but with condition that they need MOUs with outpatient provider(s).*

**Points raised and discussed:**

- There are no MOUs with outpatient providers and the number of patients that each provider can accept.
- Little sense of how they are going to change the culture of the hospitals.
- They don't address barriers or challenges.
- If goal is to decrease stigma, are doctors and nurses exempt?
- Need a flow chart that ends with how a patient gets a referral and once they leave the hospital, how patients will be followed.
- They may need extra money or rethink supporting OBOTs to help with reporting.
- Would like to know if Munson is currently working with GPRA. Regardless, will need to have someone connected to satisfy the data role and possibly additional funds to let hospital personnel or outpatient provider to do this work.
- Need to know the number of waived providers they have, the percent they are providing and the capacity they could have.
- Sustainability program wasn't strong.
- May need a commitment for additional FTEs with the grant.

**TO ASK MUNSON:**

- (1) Please describe how you will be engaging with outpatient providers for this project including:
  - a. List each outpatient partner you will be engaging in this work through an MOU and include:
  - b. List the number of patients that each outpatient provider is able/licensed to serve
  - c. List which outpatient provider can take commercial insurance and Medicaid.
- (2) Describe more about how this is a culture change for your hospital.
- (3) What barriers or challenges do you anticipate facing and how will you address them/what might you need?
- (4) Provide a step by step process of what happens from the time a patient is seen in your ED to how they are followed after being discharged.
- (5) How will the reporting of data be handled both by your hospital and by the outpatient provider(s)? Does your hospital work or have experience with GPRA? What staff will be in place to handle the data managing/reporting? What might your outpatient providers need to support the data reporting piece?
- (6) Currently, how many OBOT waived prescribers do you have? What percent of those are prescribing today? What do you think the capacity could be?
- (7) What is your sustainability plan for this work, including how your hospital plans to sustain this change after the project period is complete? How will they support the FTE after this grant?

OSF St. Francis – Requested \$537,910 over two years

Determination: FUND, *but with conditions*.

**Points raised and discussed:**

- What do they need to fully implement this into the ED?
- How does Catholic Social Services interact with hospital? What other partners are in place since CSS won't be able to take everyone? Could link in other outpatient providers.
- No measurable objectives or metrics about how many patients they will provide MAT.
- Will want to require that the hospital and the outpatient providers participate with what the Michigan Opioid Collaborative offers to help with culture change.
- May need to support training from somewhere like Altarum on rural physicians getting waived.
- Michigan Center for Rural Health could also help with culture change (RCORP Grant)

**TO ASK OSF ST. FRANCIS:**

- (1) Please describe how you will be engaging with outpatient providers for this project including:
  - a. List each outpatient partner you will be engaging in this work through an MOU and include:
  - b. List the number of patients that each outpatient provider is able/licensed to serve
  - c. List which outpatient provider can take commercial insurance and Medicaid.
- (2) What would you need to implement this fully in your ED?
- (3) Please list the measurable objectives or metrics that show how many patients are provided MAT.
- (4) What is your sustainability plan for this work, including how your hospital plans to sustain this change after the project period is complete?

**NEXT STEPS**

1. Sarah will be scheduling calls with each applicant for the next two weeks and all who can join are able. Questions will be sent to each hospital prior to the calls and after talking with the hospitals, we will require that they provide written answers back to us for each question.
2. Adding another hospital because of the supplemental dollars will take some thought. Huda is going to contact MHA and Pam is going to contact Dr. Cunningham to see who would be ready to take this work on very quickly. Whatever hospital is recommended needs to have the infrastructure in place.
3. We are will have more money allocated to this work and some possible extra funds so will need to determine what the extra funds would go toward (perhaps to increase sustainability).
4. Cross reference these hospitals with the Michigan Opioid Collaborative program at U of M to also address data waivers. Michigan Opioid Collaborative can cross reference these hospitals to see if there is overlap with the hospitals that they have hosted data waived training. They have a list of those they have helped and a list of FAQs of tackling barriers. If any of these four are not on this list, they can get this support from MOC through the U of M grant and this would be a condition of the grant.

5. Make sure that all grant conditions require: An MOU with an OTP, and MOU with every OBOT they need and within that MOU, the maximum capacity that the OTP can accept, and an understanding that the OTP is going to be responsible for reporting monthly per GPRA guidelines. Also, each hospital must have a person (e.g. case manager) assigned to the follow-up of patients to ensure that the GPRA is being followed-up on.
6. If they go to an OBOT that is a private insurer and doesn't receive funds from the state/gov, they won't be aware of GPRA nor will they be in the system to input GPRA. (Must be an 80% compliance for the entire grant.) That person will need provider training mid-May and beginning of June. It's a 3-4-hour training to do the GPRA work. GPRA collection is best done within an existing relationship and in-person (some questions are sensitive).

## SUPPLEMENTAL FUNDS

If all goes as expected, MDHHS will be receiving supplemental funds from their SOR grant beginning May 1<sup>st</sup>. The concept papers that the MOP proposed to the state in anticipation of receiving those funds were discussed. MDHHS would like to fund all three concepts that the MOP proposed at their full amount (\$2,340,000). This will include:

- \$1.5 million for proposing to expand access to medication assisted treatment through a new "entry point" --first responders and jails. The discussion revolved around how this project will be implemented and funded. The Community Foundation plans to make a grant to Wayne State University for Dr. Kubiak's work (about \$300,000) and make separate grants to the partners (e.g., jails in each community) for up to about \$400,000 each. The Community Foundation will work out the details and then talk with the group.
  - Over half the money will most likely go toward TA and the sites will need to be determined in the same high-need areas, if possible. Note that Kent and Monroe counties are already being funded through the state's STR grant to Kubiak as part of MIREP at those locations.
  - Goal is to get the jails to utilize all three forms of treatment.
  - Wayne State will be asked to make a detailed workplan through September 2020 in their application to the Community Foundation.
- \$510,000 to increase the grantmaking portion of the Supporting Hospital and Outpatient Partnerships to Treat Patients with Opioid Use Disorder project by granting to one to two additional hospitals. In addition, a portion of the funds will be used to increase the capabilities and level of care coordination between hospitals and outpatient providers.
  - The MOP will be working to locate a hospital that is "shovel ready" and able to start this work quickly. Huda is contacting MHA for support and looking into locating potential hospitals.
  - Some of the additional funds will be allocated to hospitals for money to the OBOTS to help with reporting as well (\$75,000 per site was suggested).
- \$330,000 to expand naloxone through pharmacies. The state noted that there are already funds going to this work, so they recommend that we use the full amount to add to the expansion of the hospital pilot project. It was agreed that the \$330,000 could be added to bring the total for the project to \$840,000.
- Other projects funded under SOR2 include:
  - Older adult prevention services

- PIHPs working with jails program
- Botvin Life Skills program
- GPRA collection for everyone
- Recovery housing
- Opioid Health Home adjacent