



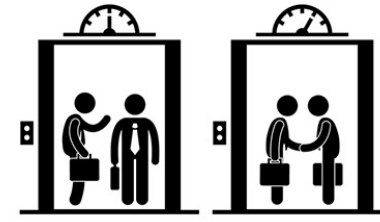
The Development of the Quadruple Threat Addiction Scholar to Engage in Large Health System Change

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Disclosures

- Dr. Gordon has no fiduciary conflicts of interest
- Some of the material presented herein has been previously published from work at the University of Pittsburgh, University of Utah, and the Veterans Health Administration
- The views expressed in this presentation are Dr. Gordon's and do not necessarily reflect the position or policy any institution, agency, or government
- Language is important
 - Buprenorphine (BUP) = buprenorphine + naloxone unless otherwise stated

Elevator Speech



- I am an implementation scientist, health services investigator, and clinical scientist. I am the Elbert F. and Marie Christensen Endowed Research Professor, tenured Professor of Medicine and Psychiatry, at the University of Utah School of Medicine and the Section Chief of Addiction Medicine at the Salt Lake City VA Health Care System. I have been a full time VA Health Services Investigator since 1998. I am a board certified internal medicine and addiction medicine physician and I am a Fellow in the American College of Physicians and a Distinguished Fellow in the American Society of Addiction Medicine. I am a Director of the Program for Addiction Research, Clinical Care, Knowledge, and Advocacy (PARCKA) and the Greater Intermountain Node (GIN), a Node of the NIH NIDA Clinical Trials Network. I am a Core Faculty member of the VA Salt Lake City Informatics, Decision-Enhancement and Analytic Sciences (IDEAS) Center, a Department of Veterans Affairs Health Services Research and Development HSRD Centers of Innovation (COIN).
- My professional mission is to improve the health of vulnerable patient populations.
- A major theme of my research include examining the efficacy, effectiveness, and implementation of evidence-based identification, assessment, and treatments for patients with addiction. I have a 20-year track record of conducting research on the quality, equity, and efficiency of health care for vulnerable populations. I have received efforts on grants (>70) from VA HSR&D and QUERI, the NIH, AHRQ, PCORI, SAMHSA and Foundations of over \$100 million. I have authored over 220 peer reviewed articles and presented/authored hundreds of other scholarly products. I am the Editor-in-Chief of the journal *Substance Abuse*. I have mentored undergraduate, graduate, MD, and PhD trainees, VA and K- Career Development Awardees, and junior through tenured faculty and am the national co-Director of the national coordinating center for the Interprofessional Addiction Fellowships in Addiction Treatment.

Adam's PATHWAY for the Quadruple Threat

FIRST STEPS

EMERGENCE

MATURATION

GROWTH

FUTURE

Professional maturation of a career in the following domains:

- 1. Research**
- 2. Clinical Care** [Local and National]
- 3. Education** [for others]
- 4. Administration/Advocacy** [organizational leadership]

Distinction between the four domains have blurred over time....

Crosses University and Veteran Administration (VA) settings....

Each of the step in the pathway is about 5 years

Adam's PATHWAY for the Quadruple Threat

FIRST STEPS		EMERGENCE	MATURATION	GROWTH	FUTURE
DOMAINS	FIRST STEPS (University of Pittsburgh – VA Pittsburgh Health Care System)				
Research	MAJOR THEME: Access and Quality of Homeless Health Care METHODS: 1) Community Based Participatory Research & 2) Health Systems Research MAJOR AWARD: VA Career Development Award Collaborative Research (e.g., VACS) + Multiple "pilot" grant awards + Mentor Expansion				
Clinical Care	Director of the Program for Health Care to Underserved Populations Medical Director of a "Detox" Facility and a "Rehabilitation" Program in the community Certification in Addiction Medicine (ASAM) One of first DATA2000 primary care clinicians				
Education	Assistant Professor of Medicine Taught Classes + Precepted in Service Learning Model (homeless/addiction community) Trainer for DATA 2000/buprenorphine care (to date thousands trained)				
Administration/ Advocacy	Service to Professional Organizations (ASAM, AMERSA, SGIM, others)- Update in Addiction Medicine at SGIM Interaction with other organizations (RSA, CPPD) Trustee of the Pennsylvania Medical Society Member of VA/DoD Guidelines Panel Awards for Service to the community + Awards for Young Investigator of Year (AMERSA and others)				

Adam's PATHWAY for the Quadruple Threat

FIRST STEPS	EMERGENCE	MATURATION	GROWTH	FUTURE
DOMAINS	EMERGENCE (University of Pittsburgh – VA Pittsburgh Health Care System)			
Research	MAJOR THEME: Access and Quality of Addiction Care METHODS: 1) Big Data/Database & 2) Qualitative Methods MAJOR AWARD: Investigations involving facilitators and barriers of MOUD/buprenorphine Collaborative Research (e.g., SAMHSA) + Multiple grant awards + Mentor Expansion			
Clinical Care	Director of a Homeless Primary Care Patient Aligned Care Team (HPACT) in the VA Leadership in Primary Care			
Education	Associate Professor of Medicine Developed Mentees (first CDA/K awardees!) Developed the VA's national Buprenorphine in the VA (BIV) Initiative Founded/Directed VA Pittsburgh's Interdisciplinary Program of Education and Research (VIPER) Fellowship Founded/Directed VA's Interprofessional Advanced Fellowship in Addiction Treatment Coordinating Center			
Administration/ Advocacy	Became President of the Allegheny County Medical Society Leadership in the VA nationally – SUD and MOUD expertise Organizational leadership expansion			

Adam's PATHWAY for the Quadruple Threat

FIRST STEPS	EMERGENCE	MATURATION	GROWTH	FUTURE
DOMAINS	MATURATION (University of Pittsburgh – VA Pittsburgh Health Care System)			
Research	MAJOR THEME: Health System Change METHODS: Implementation Science MAJOR AWARD: IIR Facilitating MOUD in underperforming VA facilities Collaborative Research (e.g., PA Medicaid work) + Multiple grant awards + Mentor Expansion			
Clinical Care	Developed a Section of Addiction Medicine at the University Developed Homeless medical homes models nationally Developed inpatient consult services for addiction care Certified in Addiction Medicine (ABAM)			
Education	Professor of Medicine and Clinical and Translational Sciences Lead Interdisciplinary and interprofessional initiatives in the VA Developed Mentees (first R01/IIRs) within and outside institution (national reach)			
Administration/ Advocacy	Became Editor of <i>Substance Abuse</i> journal (Saj) Awards for Mentoring Ability Lead organizational activities (e.g., ASAM Continuing Medical Education Committee) Heavily involved in Social Media to promote change			

Adam's PATHWAY for the Quadruple Threat

FIRST STEPS	EMERGENCE	MATURATION	GROWTH	FUTURE
DOMAINS	GROWTH (University of Utah + Salt Lake City VA Healthcare System)			
Research	MAJOR THEME: Program Building and Thought Leader METHODS: Clinical Trial methodology MAJOR AWARD: Greater Intermountain Node (GIN) of the NIDA Clinical Trials Network (CTN) Research (e.g., MOUD in the VA) + Multiple grant awards + Mentor Expansion			
Clinical Care	Founded/Directed first Section of Addiction Medicine in the VA Founded/Developed the Vulnerable Veteran Innovative PACT (VIP) Initiative (clinical/evaluation) Developed SCOUTT Initiative (clinical/research) Major VA system mentoring of addiction/homeless care			
Education	Endowed Professor of Medicine/Psychiatry with Tenure Developed Mentees (some now with Tenure) Associate Director of University Addiction Medicine Fellowship Boarded in Addiction Medicine (ABPM) Hosted national Addictions Health Services Research (AHSR) conference			
Administration/ Advocacy	Government and Community Relationship Building Elected ASAM Board of Directors Improving Substance Abuse journal metrics (IF ~3)			

Adam's PATHWAY for the Quadruple Threat

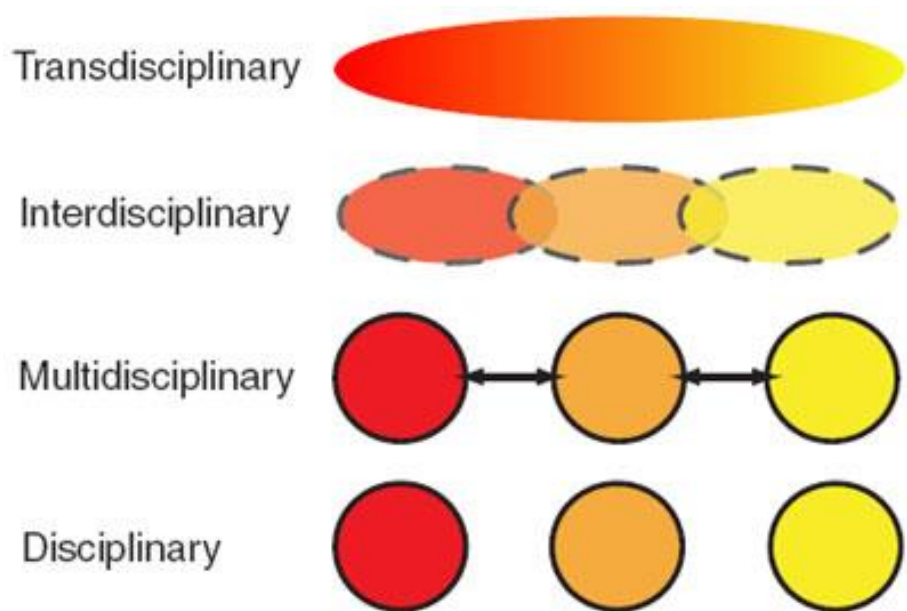
FIRST STEPS	EMERGENCE	MATURATION	GROWTH	FUTURE
DOMAINS	FUTURE (5 Years Who Knows Where 😊)			
Research	MAJOR THEME: System Change, Goal Setter, Thought Provoker METHODS: System Interventions MAJOR GRANTS: Community and Educational/Mentoring Pipeline Awards			
Clinical Care	Direct patient care diminishing Improving addiction and homeless treatment in primary care nationally in the VA			
Education	Mentoring Major VA system mentoring and system change of addiction/homeless care			
Administration/ Advocacy	Change agent in Government and Policy Circles Move from “research” to “operations” Academic Leadership (Division, Department, Dean)			

Adam's PATHWAY for the Quadruple Threat

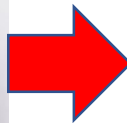
FIRST STEPS	EMERGENCE	MATURATION	GROWTH	FUTURE
House Remodeling	Married	Family Bonding	Relocation	?
First Dog	Child	More Children (twins)	A Crazy Dog	
Handyman	Parenting	Gardening	Winter Sports	



Major Theme: Interdisciplinary clinical and research collaboration



Contested
space







"Sometimes I think the collaborative process would work better without you."









Program of Addiction Research
Clinical Care ■ Knowledge ■ Advocacy

*To promote and provide addiction related research/ evaluation,
clinical care services and training, knowledge, and advocacy to the
University of Utah, the local community, the state, and the nation*

PARCKA Scope

CLINICAL CARE	RESEARCH	KNOWLEDGE	ADVOCACY
 <ul style="list-style-type: none"> Veterans Administration, the Vulnerable Veteran Innovative Patient (VIP) Aligned Care Team Initiative National Initiatives SCOUTT 	 <ul style="list-style-type: none"> Individual Grant Awards (UofU and VA) NIH National Institute on Drug Abuse Clinical Trials Network (CTN) Greater Intermountain Node (GIN) 	 <ul style="list-style-type: none"> Half & Half Waiver Training Addiction Medicine Fellowship Prgm. Conference Presentations AHSR2019 host Address opioid use disorders using medication addiction treatments VA Interprofessional Addiction Fellowship 	 <ul style="list-style-type: none"> PARCKA PARLEYS Community Engagement & Networking Addiction 101 in Family Practice Community Addiction Roundtables

PARCKA Scope (examples)

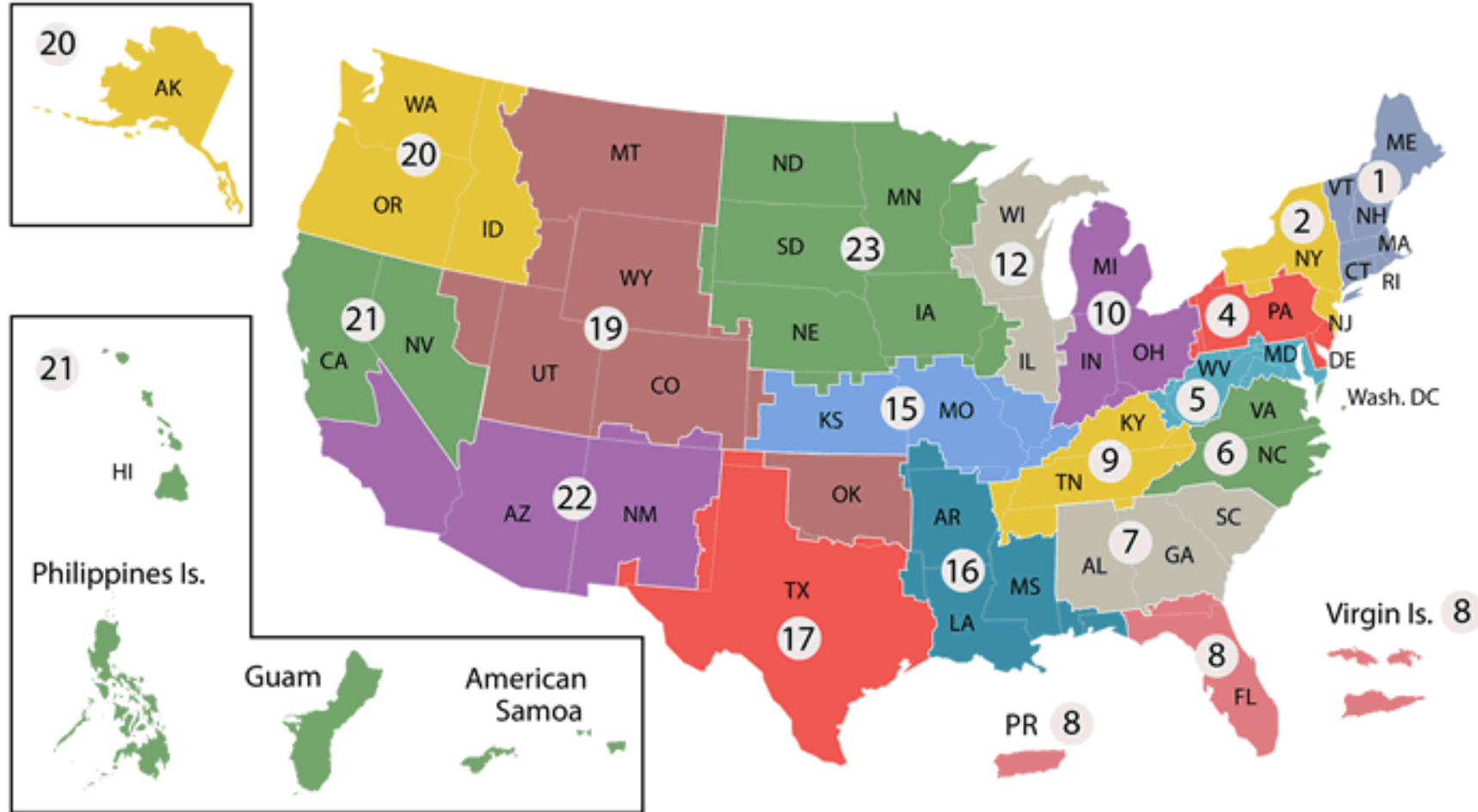
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Vulnerable Veteran Innovative PACT Initiative

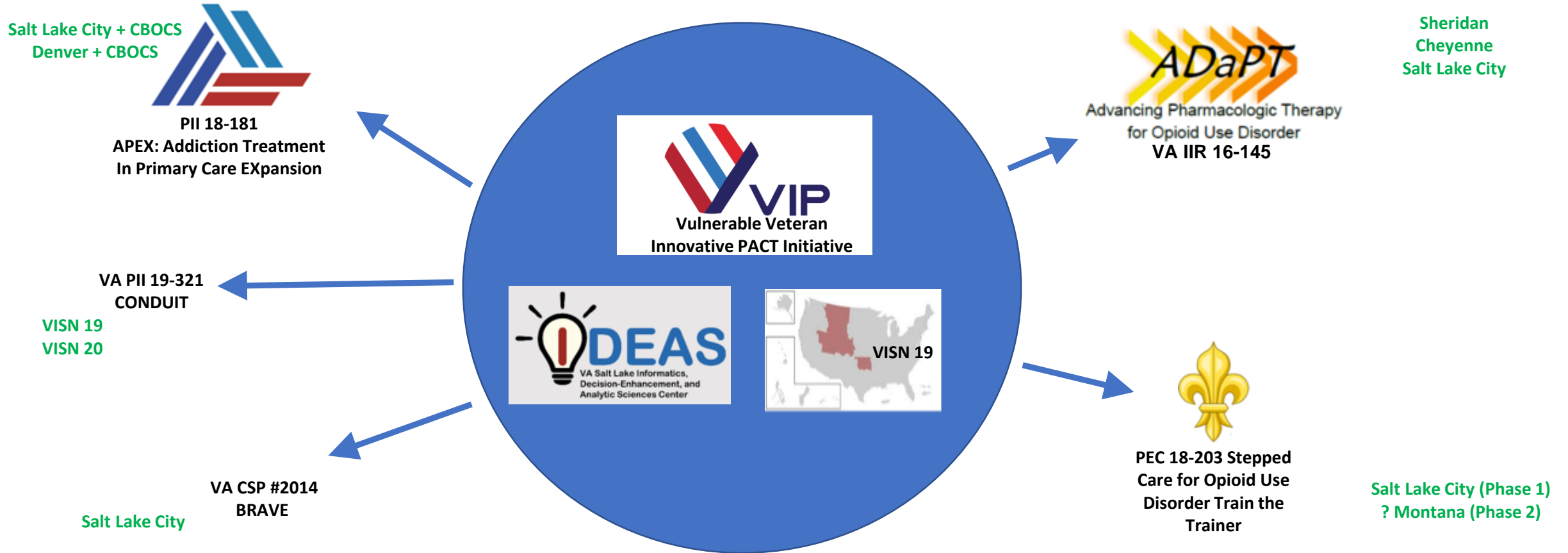
- The overarching goal of the VIP Initiative is to **improve the health of Veterans who are particularly vulnerable** due to medical disease and/or their social determinants through a unique longitudinal, *primary care service delivery model*
 1. **Empanel** eligible patients **to primary care** at SLCVAHCS and integrate/collaborate in their care among inpatient, urgent care, and specialty care services
 2. **Provide** direct, remote **clinical services, e-consultation, mentoring, and education** to Veterans and Veteran Providers across the VISN
 3. **Evaluate, describe, & intervene** the population of “high utilizers” SLC
- Leverage VIP resources to improve direct care of Veterans and improve innovation (be a learning laboratory)
- ~\$13 million over 5 years

Veteran Integrated Service Networks (VISNs)



Example – Regional Operational Partnership

Medication Treatment for Opioid Use Disorder



PEC 19-001. Facilitation of the Stepped Care Model and Medication Treatment for Opioid Use Disorder (PI: Gordon) [SCOUTT]

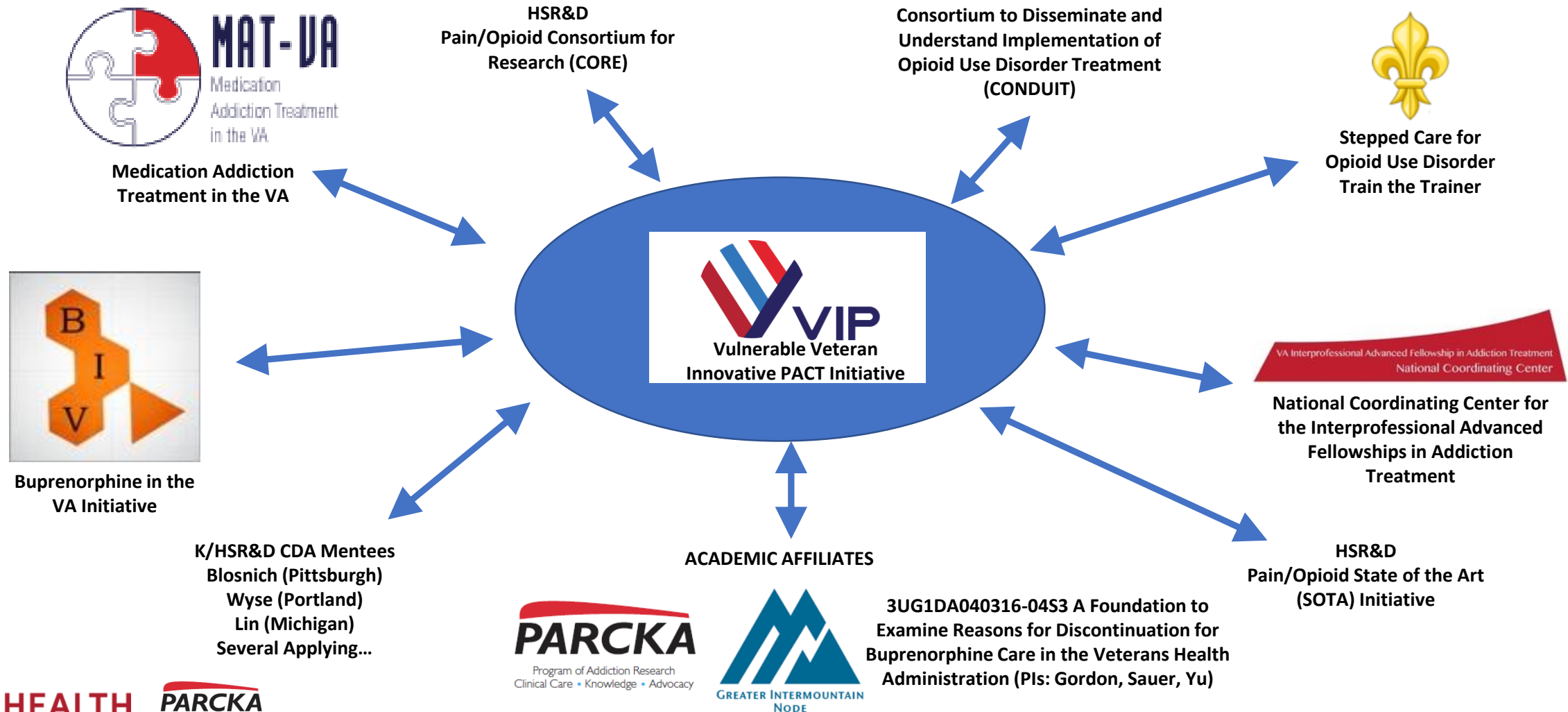
PII 18-181 Implementation and Evaluation of a Multifaceted Provider Support Initiative to Improve Access to Opioid Use Disorder Treatment in Primary Care Settings (PIs: Gordon/Frank) [APEX]

VA PII 19-321. Consortium to Disseminate and Understand Implementation of Opioid Use Disorder Treatment (CONDUIT) (PIs: Becker, Gordon, et.al.) [CONDUIT]

VA CSP #2014 Comparative Effectiveness of Two Formulations of Buprenorphine for Treating Opioid Use Disorder in Veterans [VA-BRAVE] (Gordon on Exec Committee, co-LSI)

Example – National Operational Partnerships

Medication Treatment for Opioid Use Disorder



THE STEPPED CARE FOR OPIOID USE DISORDERS TRAIN THE TRAINER (SCOUTT) INITIATIVE

Adam J. Gordon, MD MPH with
Karen Drexler, MD
Hildi Hagedorn, PhD
Amanda Midboe, PhD
Eric Hawkins, PhD
Jennifer Burden, PhD



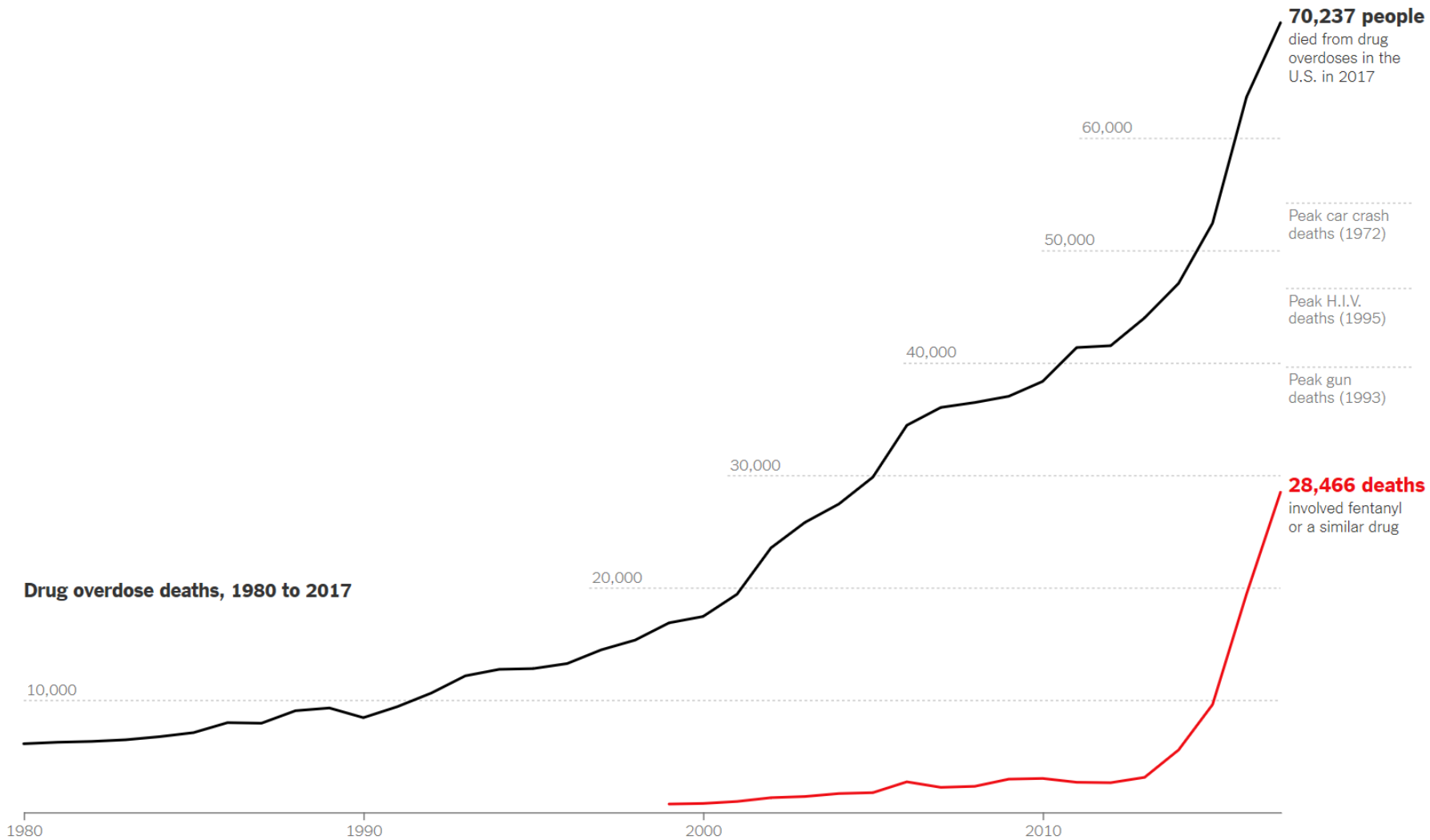
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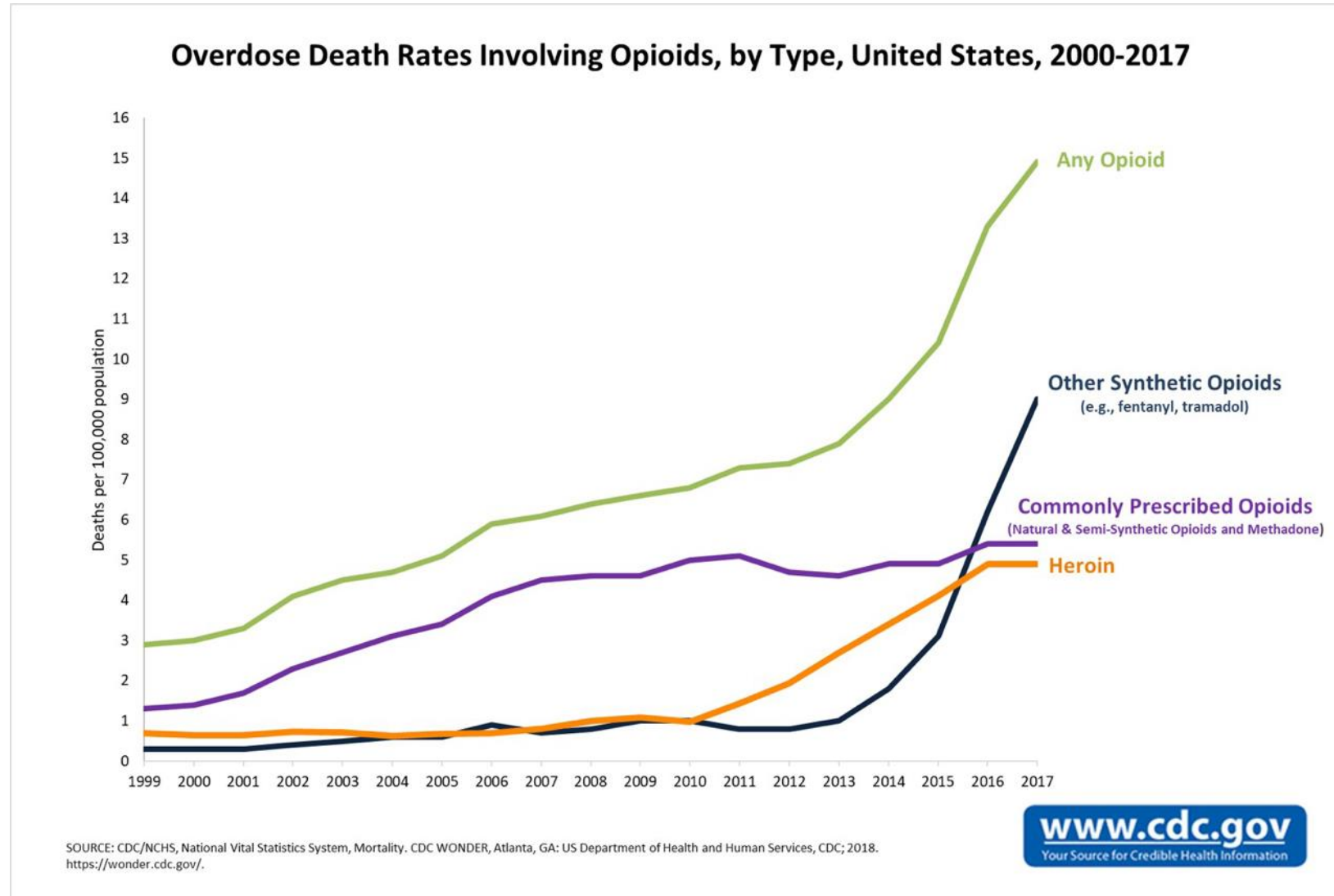


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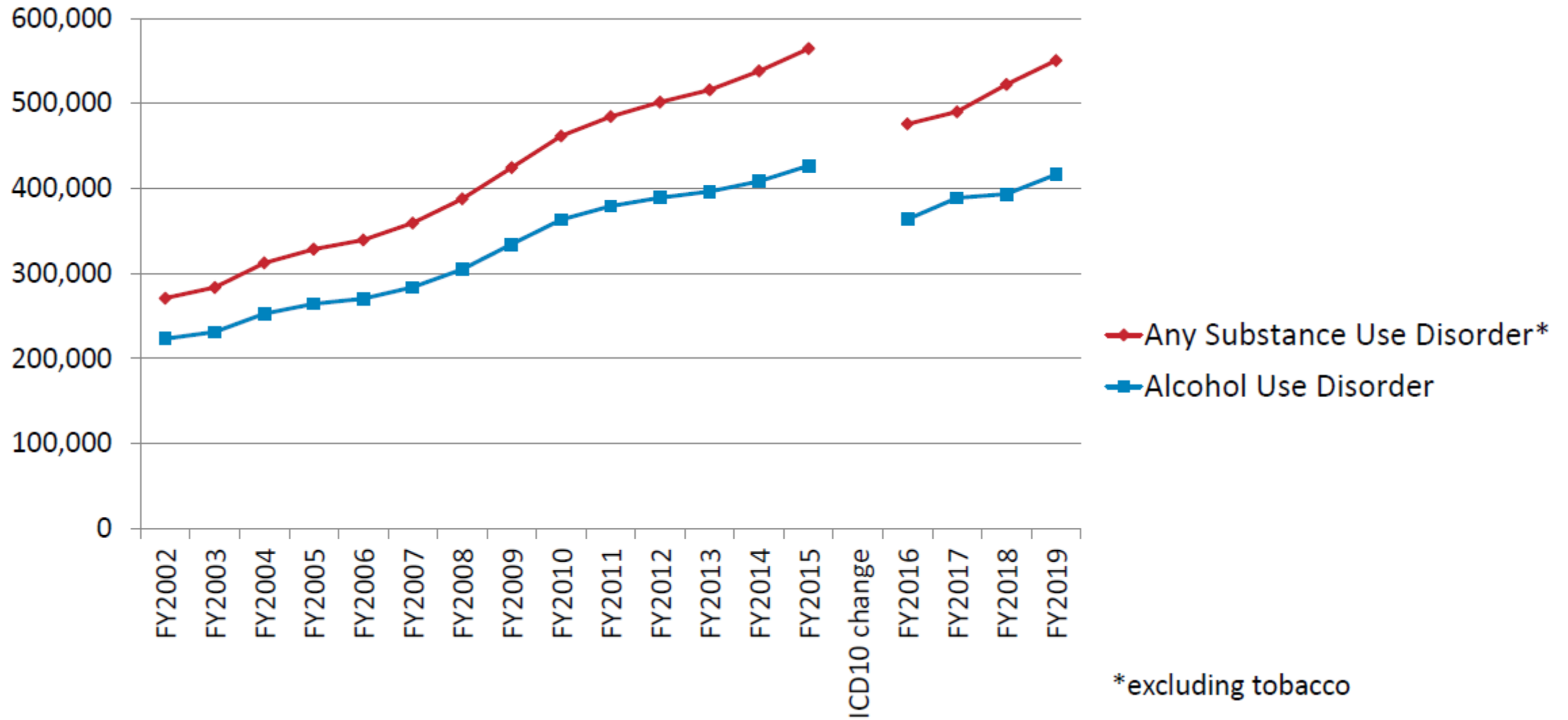
OverDose Deaths in the US



OverDose Deaths in the US



VA TRENDS IN ALCOHOL & SUBSTANCE USE DISORDERS



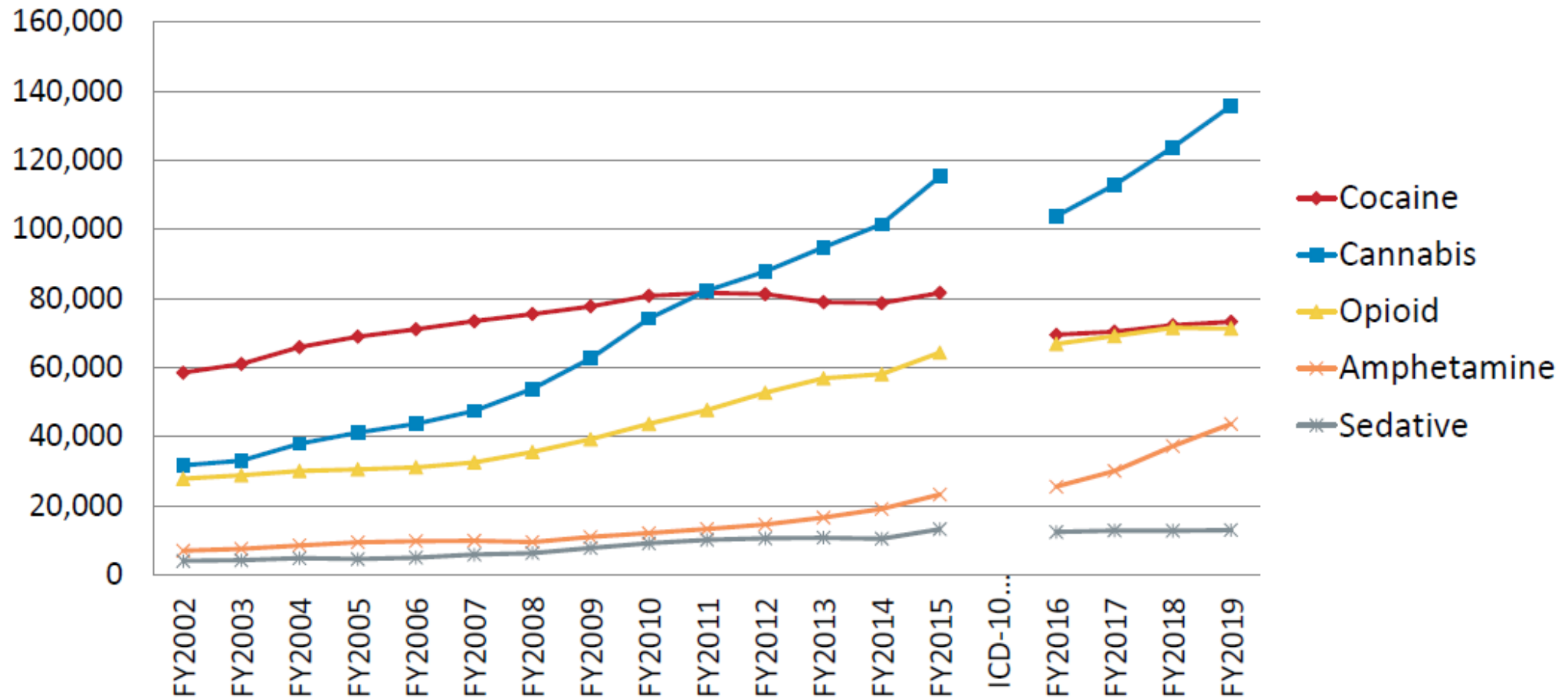
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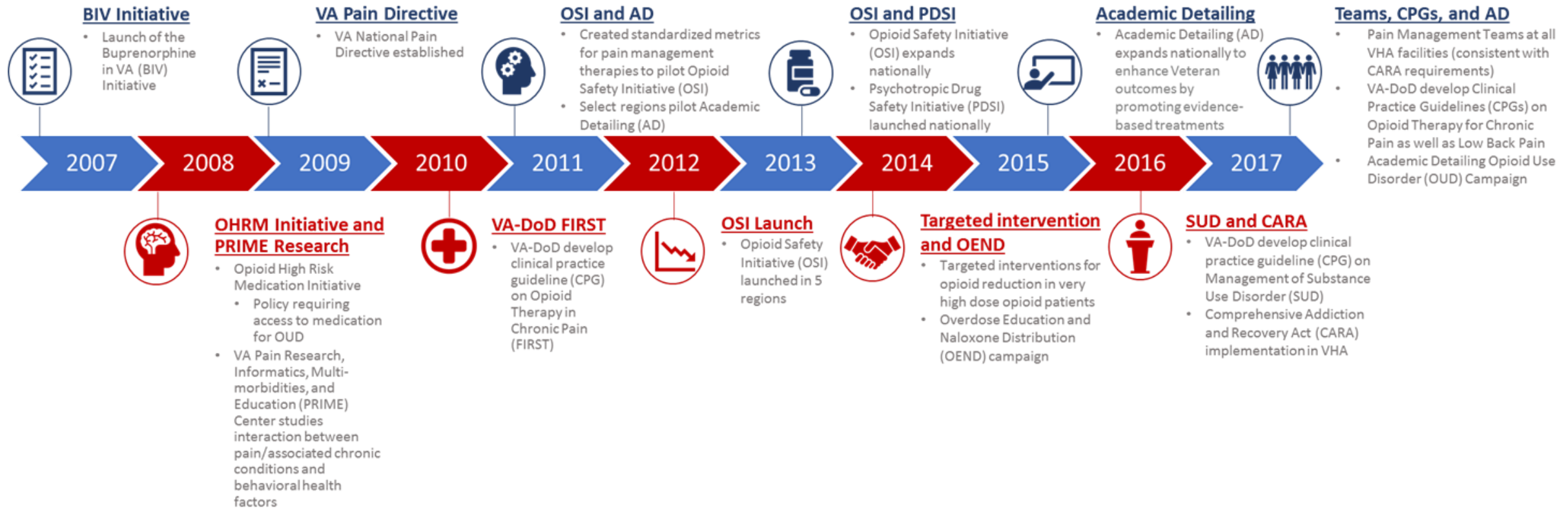


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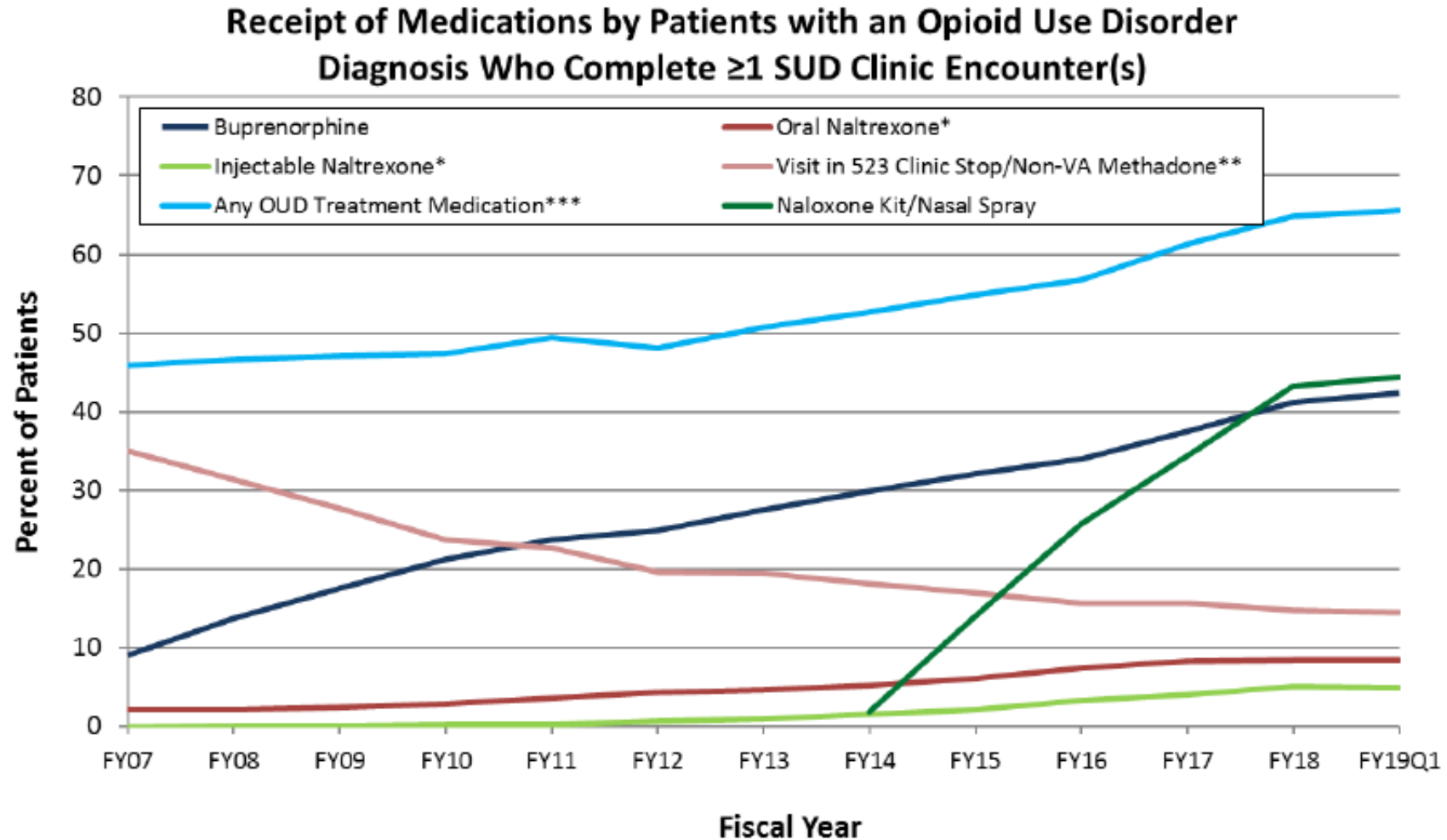
VA TRENDS IN DRUG USE DISORDERS



OPIOID SAFETY IN THE VA



MEDICATIONS FOR OUD



*Approximately 35 to 40% per FY also received an alcohol use disorder

**Excludes patients with visits in Clinic Stop 523 who received buprenorphine

***Includes visits in Clinic Stop 523.



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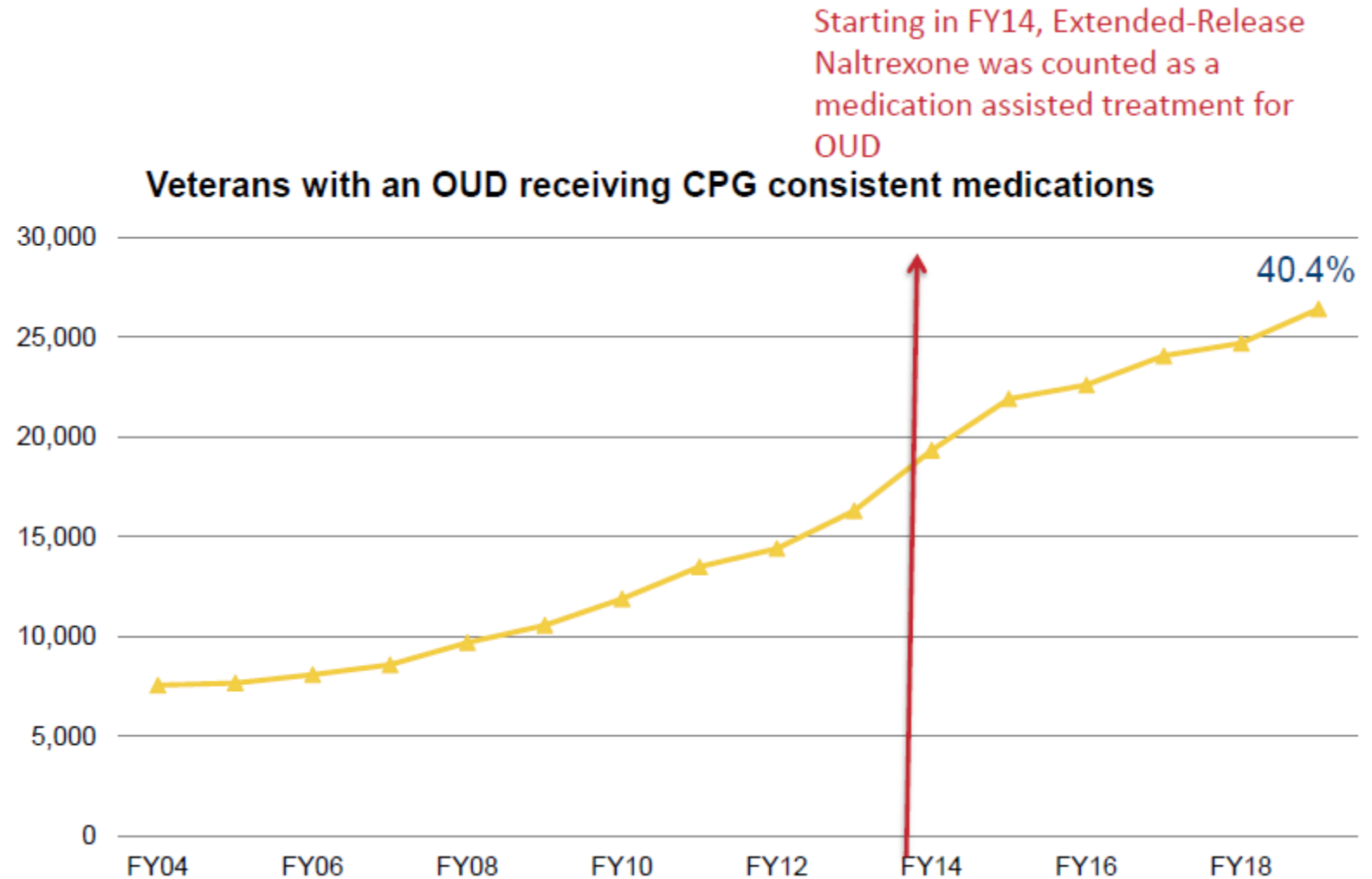
ACCESS TO M-LOUD for those with OUD

Percentage of VHA-treated Veterans with clinically diagnosed OUD who received indicated medications (i.e. OTP-administered methadone, buprenorphine, or injectable naltrexone) rose from:

- 7,558 during FY 2004
- 26,415 during FY 2019

Most of this medication has been provided in SUD specialty care settings.

About half of VHA-treated Veterans with OUD receive any treatment in SUD specialty care.



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WHY STEPPED CARE?



WHY STEPPED CARE?

- VA/DoD Clinical Practice Guidelines recommend medication treatment for OUD (M-OUD) as primary treatment for OUD and psychosocial interventions alone are not recommended
- Patient resistance to referral to Substance Use Disorder (SUD) specialty care may impact access to treatment
- Provides care in settings where Veterans are most likely to present (less stigmatizing?)
- Medication treatment for OUD saves lives and can be successfully implemented in non-addiction specialty settings



STEPPED CARE FOR OUD

LEVEL 0:

Self-management:

Mutual help groups
Skills application

LEVEL 1:

Addiction-focused medical management:

in Primary Care
in Pain Clinics
in Mental Health

LEVEL 2:

SUD Specialty Care:

Outpatient
Intensive outpatient
Opioid program
Residential

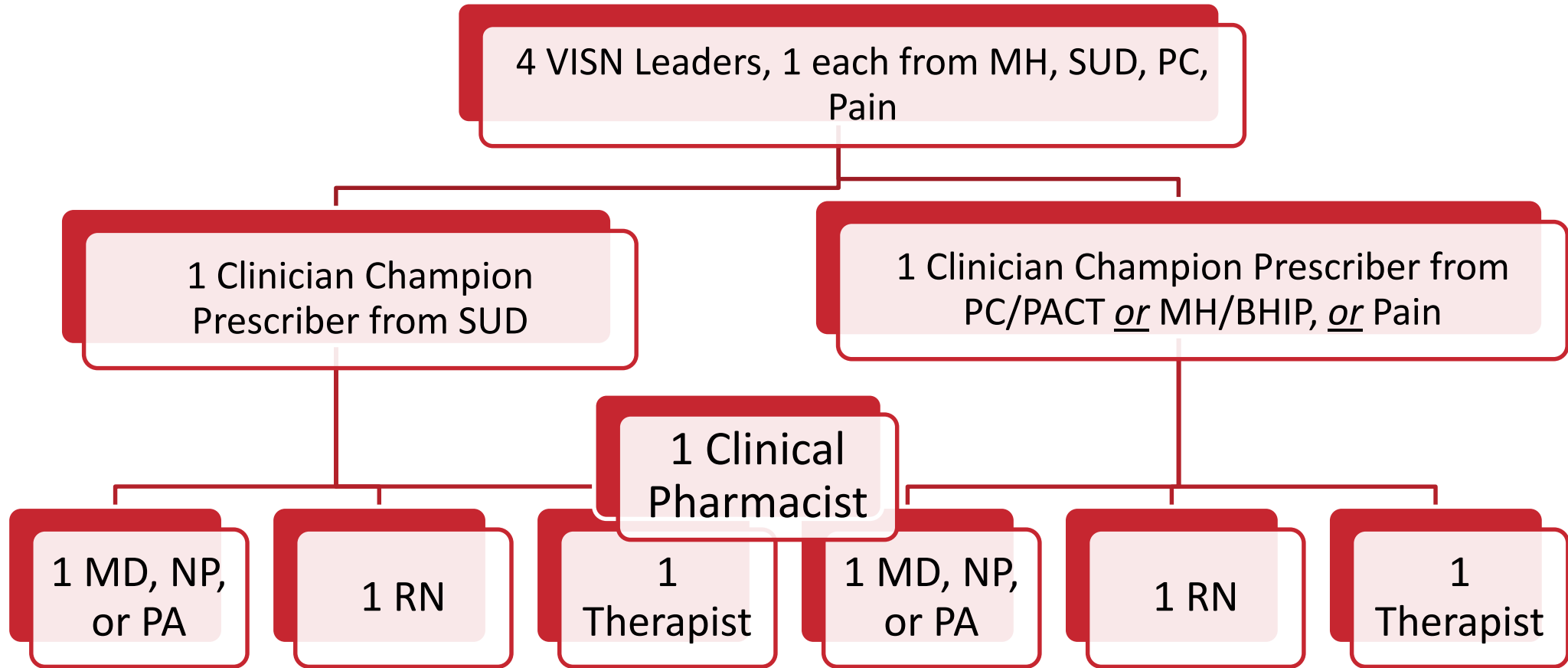


SCOUTT

- Initiated in May 2018
- Each Veterans Integrated Service Network (VISN) tasked to identify a team to include: VISN leads for Mental Health (MH), SUD, Primary Care and Pain; and facility pilot team (General MH, Primary Care, or Pain Management) with representatives from:
 - SUD
 - Level 1 (Primary Care, General MH, or Pain Management)
 - Clinical Pharmacy Specialist



SCOUTT TEAM COMPOSITION



13 team members in total. All members, aside from the VISN leaders, are from 1 facility

SCOUTT

- August, 2018, kick-off conference
- Senior VA Leadership support and engagement
- 246 Participants with teams from all 18 VISNs
- Emphasis on
 - Medical Management (Fiellin et al.)
 - Collaborative Care (Massachusetts Model)
- Didactic instruction from national experts
- Facilitated discussions to support the development of VISN-level action plans

SCOUTT

- TIMELINE: PHASE 1
 - <6 months:
 - Teams participate in community of practice calls and the learning community
 - 6-9 months:
 - Implement the Stepped Care Model at the facility (one level 1 clinic)
 - 9-12 months:
 - Implement at another Level 1 clinic at the facility
- TIMELINE: PHASE 2
 - Implement at another facility in the VISN

.... We are in PHASE 2



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SCOUTT FACILITATION

- Supported by VACO and QUERI (**PEC 19-001** “Facilitation of the Stepped Care Model and Medication Treatment for Opioid Use Disorder”)
- Modeled after the ADAPT-OD trial (**VA IIR 16-145** “Testing a Novel Strategy to Improve Implementation of Medication-Assisted Treatment for Veterans with Opioid Use Disorders in Low Performing Facilities”)
- Teams from:
 - Salt Lake City
 - Minneapolis
 - Palo Alto
- Education and Facilitation Calls (national)
- SCOUTT SharePoint Site
- External Facilitation Teams
 - Each facility assigned a facilitator
 - Facilitators check in with facility team monthly via email/phone for updates/questions
 - As needed consultation and connection to resources
- Site visits upon request
 - 11 to date!



SCOUTT ONGOING EDUCATION

- Monthly Facilitation calls
- Twice monthly calls in FY 2019
 - 1 community of practice call (VISN reports and open discussion)
 - 1 accredited didactic presentation
- SCAN ECHO (Pain and Addiction Focus)
 - Twice a week, all presentations are recorded and archived
- Medication Addiction Treatment in the VA (MAT-VA) Other VISN projects/presentations
 - VISN 1: ECHO
 - VISN 19: VIP
 - Others...

VA SCOUTT-EES WEBINARS to DATE

Date	Topic	Presenter (s)	Attendees
10/10/2018	Treatment of Prescription Opioid Dependence and the Role of Counseling with Buprenorphine TX	Roger Weiss	52
11/14/2018	Multidisciplinary Management of Chronic Pain	Dana Cervone, Sara Edmond, Ellen Edens	90
12/12/2018	Introduction to the uses of long-acting injectable naltrexone (XR-NTX)	Maria Sullivan	103
1/9/2019	Office Based Treatment of Buprenorphine: What is Necessary and Sufficient to Prescribe in VA Office	Adam Gordon	170
2/13/2019	Introduction to Injectable Buprenorphine	Adam Gordon	167
3/20/2019	Buprenorphine Dashboards: How to Use Data to Optimize Patient Care	Michael A. Harvey	45
4/10/2019	So what are these VISN Partnered Implementation Initiatives?	Adam Gordon	34
5/8/2019	Mini-Residency: Experiences and lessons learned	Ellen Edens & team	38
6/12/2019	America's Opioid Epidemic: Treating Opioid Addiction in Primary Care	Ilene Robeck & Stephen Mudra	123
7/17/2019	Why should WE take care of YOUR patients?" - what Bedford VA has learned	Dongchan Park	49
8/14/2019	Recommendations for Use: Buprenorphine Formulations for Chronic Pain Management in Patients with OUD or on Long Term Opioid Therapy with Physiologic Tolerance and Dependence	Mitchell Nazario	179
9/18/2019	The Definition Of Addiction To Opioids And How To Code For It	Karen Drexler, Ilene Robeck	168
10/9/2019	The Collaborative Care Model applied to Medication Assisted Treatment for SUD	Andrew Pomerantz	52
11/13/2019	Initiative to improve drug screening in Primary Care to inform treatment	Michael Saenger & Dominic DePhillips	82



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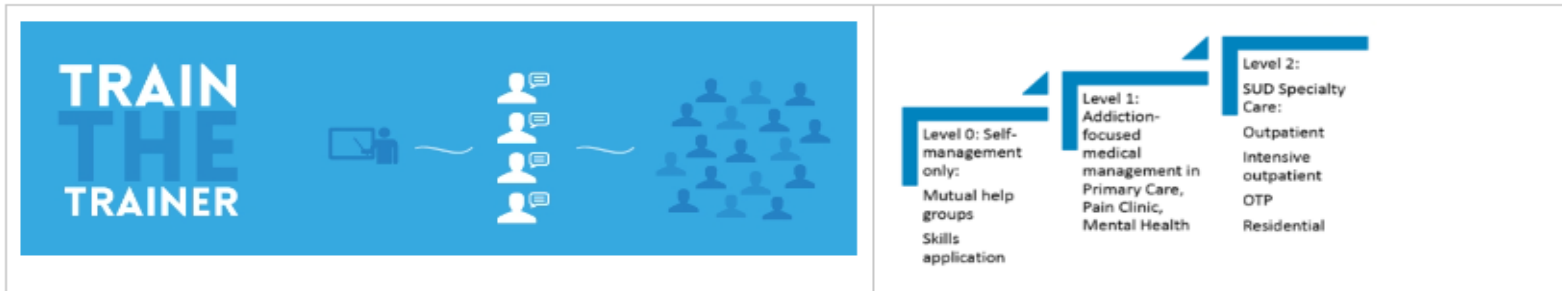


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SCOUTT Site

Stepped Care for Opioid Use Disorder

Welcome to the Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) home page. Please see below and the quick links in the sidebar for SCOUTT resources, contacts and other information.



The goals and objectives of this program is to focus on implementing a comprehensive plan to train interdisciplinary teams in Primary Care, General Mental Health, Pain Clinics and SUD Specialty Care clinics to deliver a stepped care model of medication treatment for OUD in order to provide treatment services around the Veteran at his/her preferred point of care. The intent is to improve Veteran access to medication treatment outside the confines of specialty addiction care and to capitalize on the Stepped Care for Opioid se Train the Trainer (SCOUTT) training that occurred in August of 2018, where VISN teams are learning two models to integrate stepped care into VA facilities, and will be accomplished through a series national and VISN-level face-to-face meetings and regular and ad-hoc community of practice webinars.

<u>Table of Contents</u> 	<u>SCOUTT Calendar</u> 	<u>Webinars</u> 	<u>Pilot Teams Documents</u> 	<u>Available Training</u> 
<u>SCOUTT VISN Pilot Team Rosters</u> 	<u>Planning Committee Members</u> 	<u>Resources</u> 	<u>Discussion</u> 	<u>Questions</u> 

**SCOUTT
SHAREPOINT
SITE:**

www.tinyurl.com/SCOUTT-VA

FACILITATION



**Princess Ackland, PhD, LP
MSPH**
External Facilitator



Adam J. Gordon, MD MPH
External Facilitator



Hildi Hagedorn, PhD LP
External Facilitator



Marie Kenny, BA
External Facilitator



Amanda Midboe, PhD
External Facilitator



Hope Salameh, BA
Research Assistant

VISN	Site Facility Name	Facilitator
VISN 1	Connecticut	Princess Ackland
VISN 2	Hudson Valley	Princess Ackland
VISN 4	CMCVAMC Philadelphia	Hildi Hagedorn
VISN 5	Martinsburg	Marie Kenny
VISN 6	Hampton	Princess Ackland
VISN 7	Atlanta	Hildi Hagedorn
VISN 8	North Florida, South Georgia	Marie Kenny
VISN 9	Tennessee Valley HCS	Princess Ackland
VISN 10	Battle Creek	Hildi Hagedorn
VISN 12	Madison VAH	Princess Ackland
VISN 15	St Louis	Marie Kenny
VISN 16	Houston	Marie Kenny
VISN 17	El Paso	Marie Kenny
VISN 19	Salt Lake City	Adam Gordon
VISN 20	Puget Sound	Hildi Hagedorn
VISN 21	Northern California	Amanda Midboe
VISN 22	Phoenix VAHCS	Marie Kenny
VISN 23	Minneapolis VAHCS	Hildi Hagedorn and Hope Salameh



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SOME BARRIERS IDENTIFIED

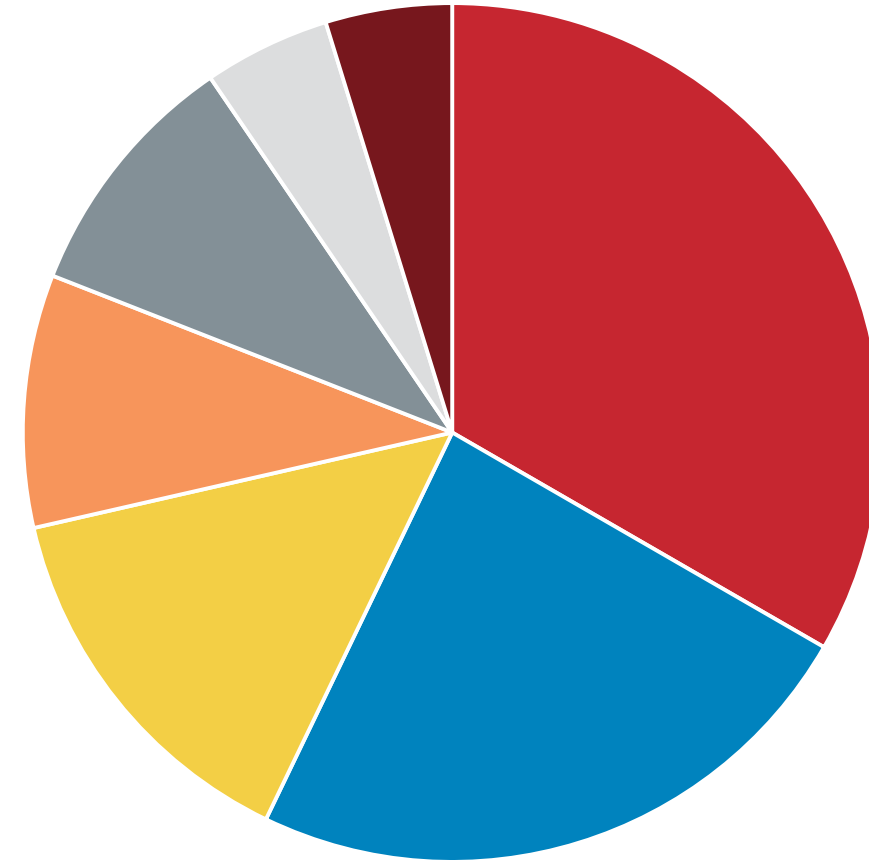
Barriers	Strategies to resolve
Need for education and consultation in managing OUD in Level One	SCOUTT facilitation webinars, consultation, and site visits
Credentialing to prescribe buprenorphine	VHA Notice clarifying policy
Waiver training	Free online training from PCSS and half-and-half training through VISN 1 ECHO and SCOUTT site visits
Leadership support for additional resources (e.g. time to train, reduced panel size, care managers)	VHA Notice, SCOUTT facilitation site visits, others?



MODELS ACROSS SITES to date



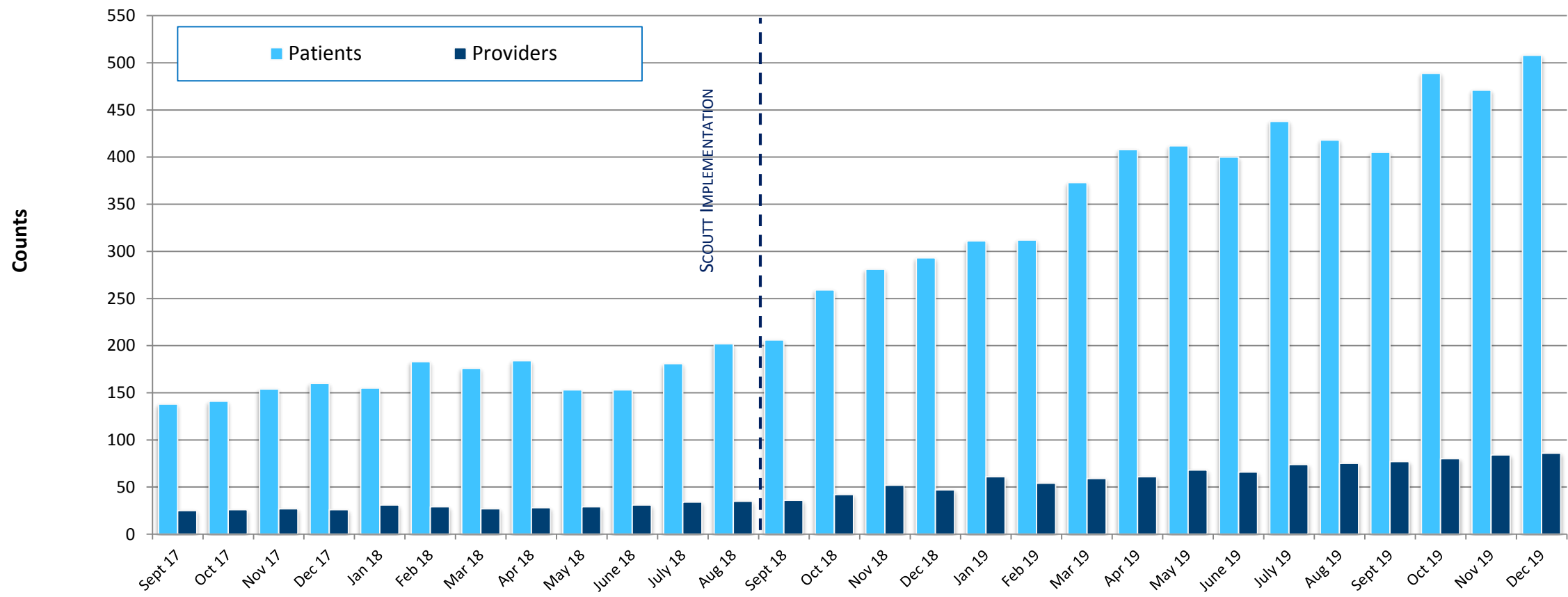
SCOUTT models



- Physician-Directed-Model
- Nurse-Care-Management-Model
- Pharmacy-Model
- Collaborative-care-model
- Co-located-Model
- Referral-Model
- Combination-model

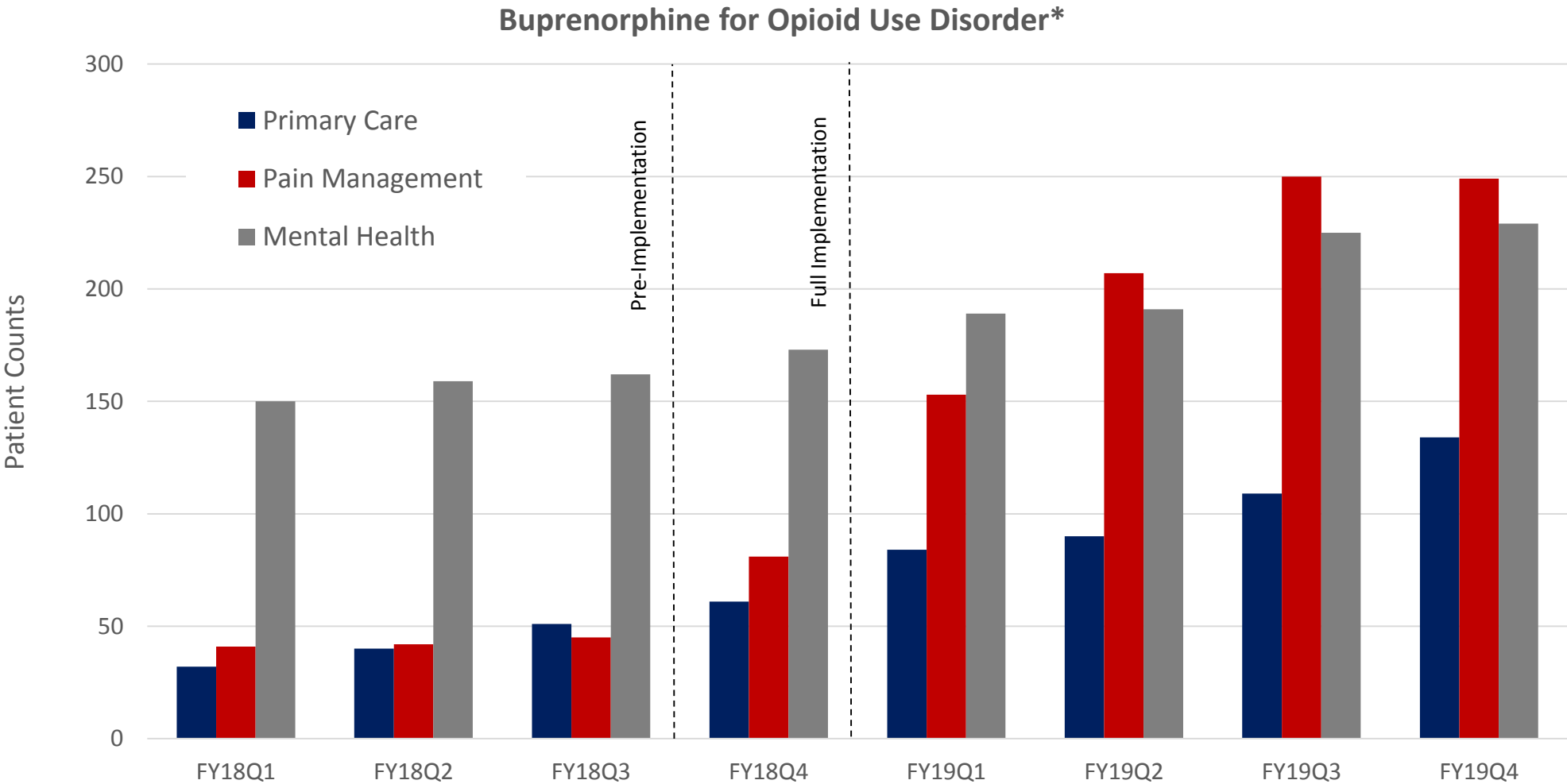
NATIONAL BUPRENORPHINE PRESCRIBING FOR OUD AMONG SCOUTT IMPLEMENTATION CLINICS 12-MONTHS BEFORE AND AFTER SCOUTT LAUNCH

Buprenorphine for Opioid Use Disorder*



*Includes patients with a diagnosis of OUD seen in the implementation clinic.

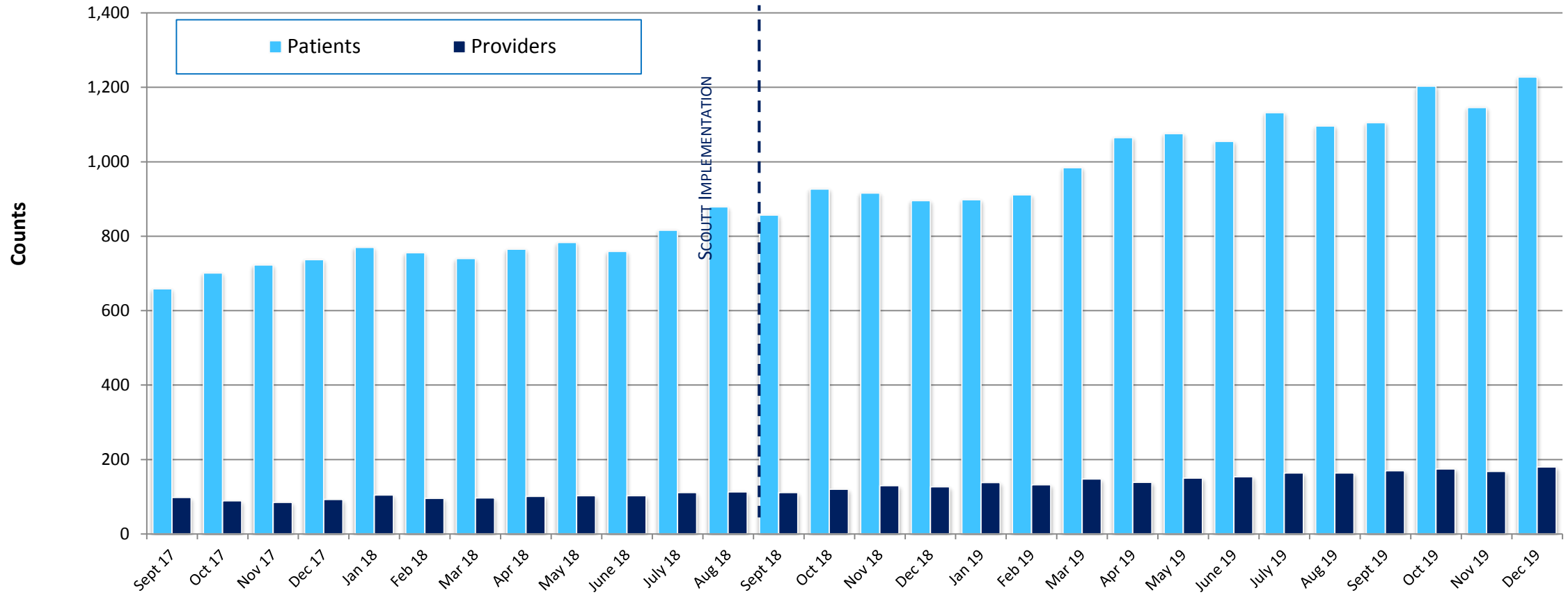
NATIONAL BUPRENORPHINE PRESCRIBING FOR OUD AMONG IMPLEMENTATION CLINICS 12-MONTHS BEFORE AND AFTER SCOUTT LAUNCH BY CLINIC TYPE



*Includes patients with a diagnosis of OUD seen in the implementation clinics.

NATIONAL BUPRENORPHINE PRESCRIBING FOR OUD AMONG SCOUTT FACILITIES 12-MONTHS BEFORE AND AFTER SCOUTT LAUNCH

Buprenorphine for Opioid Use Disorder*



*Includes patients with a diagnosis of OUD seen in the facility



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In Summary

- Don't be afraid to go off the beaten path...
 - There is not one pathway to “success”
 - Be driven by your goals and objectives
- Use mentors and their sage advice
- Model the way
 - find people to emulate in modeling the way
- Research is difficult – embrace the challenge
 - Failure can be success – tenet of implementation science
- Appreciate those around you
- Go forward – don't stagnate



VA Interprofessional Advanced Fellowship in Addiction Treatment
National Coordinating Center

