

ATTENTION

Attendance is taken automatically via WebEx.

You no longer need to add your name to the chat to be counted for attendance.

Please continue to use the chat to say hello!



Care Coordination Monthly Webinar

May 19th, 2021



Agenda

1. Welcome
2. Medications for Addiction Treatment 101 & Panel Discussion- CCH (2:00-2:45)
3. CountyCare Updates & Announcements (2:45-2:50)
4. Resources & Reminders (2:50-2:55)
5. Open Forum (2:55-3:00)



Medications for Addiction Treatment (MAT) 101

Sarah Elder, LCSW CADAC

Juleigh Nowinski Konchak, MD MPH



Objectives

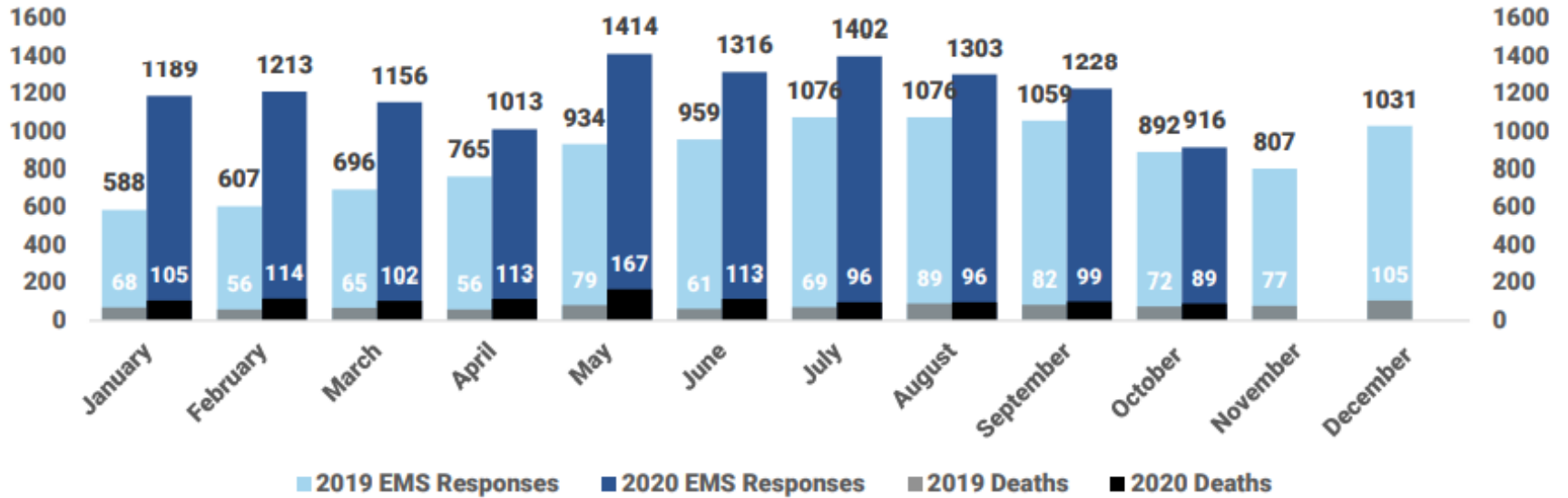
After completing this session, Care Coordinators will:

- Understand local data related to the opioid crisis
- Be able to describe Medications for Addiction Treatment (MAT) and identify it as the gold standard of care for opioid use disorder.
- Have increased knowledge to counter myths and misunderstandings related to MAT
- Have increased knowledge and resources for coordinating care for individuals receiving MAT



Local Data

Chicago opioid-related EMS responses and opioid-related deaths by month, 2019 and 2020

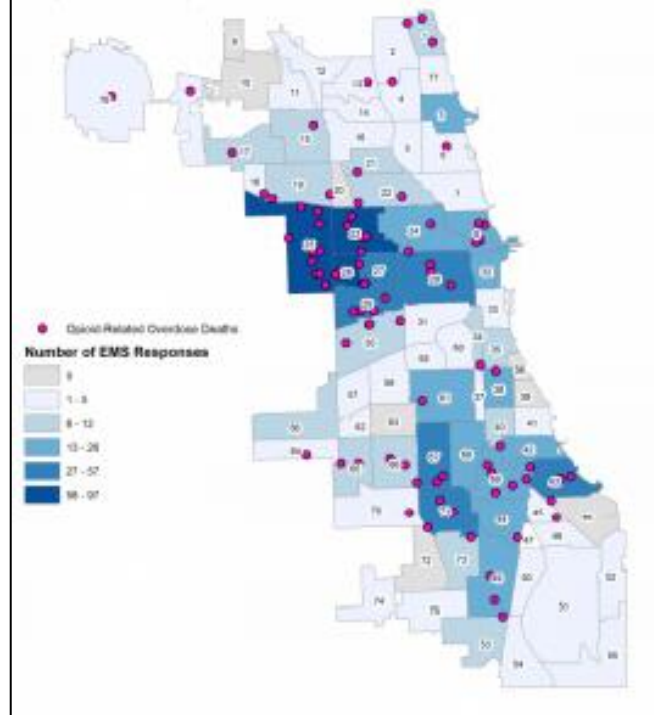


Source: Chicago Health Action Network, Chicago, 4/2/21 update, Department of Public Health

Opioid-related overdose death characteristics, Chicago October 2020

	October 2020		
	n	%	Rate ⁱⁱ
Chicago	89	100.0%	3.2
Drug Typeⁱ			
Heroin-involved	38	42.7%	1.4
Fentanyl-involved	74	83.1%	2.7
Fentanyl - Only Opioid	37	43.0%	1.3
Opioid pain reliever-involved ⁱⁱⁱ	8	9.0%	0.3 ^A
Methadone-involved	6	6.7%	0.2 ^A
Gender			
Male	73	82.0%	5.6
Female	16	18.0%	1.1 ^A
Race-Ethnicity^{iv}			
Black, Non-Latinx	55	61.8%	5.7
White, Non-Latinx	18	20.2%	1.8 ^A
Latinx	14	15.7%	1.8 ^A
Asian or Pacific Islander, Non-Latinx	1	1.1%	0.4 ^A
Age (years)^v			
0-14	0	0.0%	0
15-24	5	5.6%	1.2 ^A
25-34	11	12.4%	2.1 ^A
35-44	12	13.5%	3.2 ^A
45-54	23	25.8%	6.8
55-64	29	32.6%	11
65-74	9	10.1%	6.0 ^A
75+	0	0.0%	0

EMS Responses for opioid-related overdose and opioid-related overdose deaths by community area of incident - Chicago, October 2020



Source: Chicago Health Action Network, Chicago, 4/2/21 update, Department of Public Health



MAT 101

What is MAT?

MEDICATION

+

PSYCHOSOCIAL SUPPORT

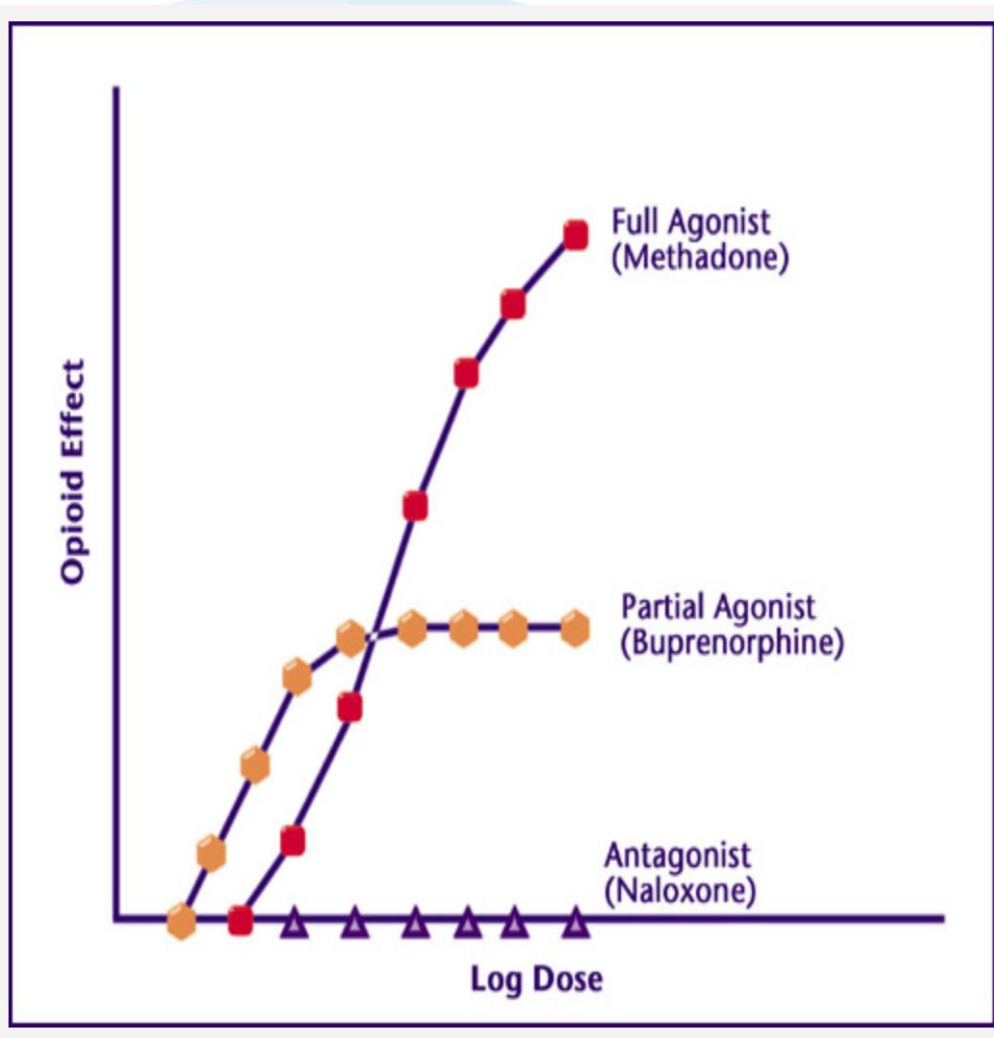
Methadone
Buprenorphine
Naltrexone

Social supports and medication management →
residential treatment**

How Medications work:

- Address withdrawal
- Address cravings
- “Blocker”
- Stabilizing Brain Function

**psychosocial
engagement to be patient-
centered, NOT mandatory.



Methadone and Buprenorphine as 1st tier medications.

Source: https://www.naabt.org/education/technical_explanation_buprenorphine.cfm

Reichert J, Gleicher L, Salisbury-Afshar E. (2017) An overview of medication-assisted treatment for opioid use disorders for criminal justice-involved individuals. Illinois Criminal Justice Information Authority.

Retrieved from: <http://www.icjia.state.il.us/articles/an-overview-of-medication-assisted-treatment-for-opioid-use-disorders-for-criminal-justice-involved-individuals>

Methadone

Fully binds to the opioid receptor and mimics an opioid

Long-acting (v. short acting agent such as heroin)-prevents withdrawal and does not result in a high

Reduces cravings and treats withdrawal symptoms of opioid use

Blunts or blocks euphoric effect of self-administered opioids through opioid receptor occupancy

For OUD treatment, must be administered in Federally-licensed facility referred to as Opioid Treatment program (OTP)

Requires daily (6-7 days/week) visits for the first 90 days

Often requires ID and insurance coverage

Frequently have Behavioral Health support on-site (IOP, individual counseling, etc)

Safe in pregnancy

Buprenorphine (Suboxone™)

Attaches to opioid receptors, but only activates enough to suppress withdrawal and cravings

Once all opioid receptors are occupied, no additional effect occurs if individuals take more – “ceiling effect”

Expels, replaces, and blocks other opioids from opioid receptor sites

Must be initiated when a patient is in withdrawal or has had brief period of abstinence

Monthly injectable or sublingual film.

Can be prescribed by any MD, NP, PA, DO with a DATA waiver (XDEA license)

Can be integrated into primary care with direct behavioral health services or access to referrals for SUD care

Visits are generally weekly for a couple of months, with graduated schedule of bi-weekly to monthly

Buprenorphine is initiated when a patient is in active withdrawal or had some abstinence.

Safe in pregnancy

Naltrexone (Vivitrol™)

Completely binds to opioid receptors and blocks opioids from activating them

Patients must be abstinent for 7-10 days (longer for methadone/long acting opioids) prior to initiation

Monthly injectable or tablet.

Mixed to little evidence that it reduces cravings

Patients should be cautioned on risk of overdose if return to use after blockade

Second line agent for OUD, first line agent for Alcohol use disorder

Can be prescribed by any provider-no special waiver or license required (though not every PCP is comfortable)

Available at many Methadone clinics and in select primary care settings.

Sometimes the only MAT available in criminal justice settings, residential treatment facilities, controlled environments

NOT Safe in pregnancy

Naloxone (Narcan) for Overdose Reversal

- Blocks the effects of opioids and reverses an overdose
- Not a form of Medication Assisted Treatment (MAT)
- Legal for all Illinois residents to carry it
- Can be obtained at pharmacy, prescribed from a doctor, at a community agency



Who should be offered MAT?

- Anyone with OUD
- Elicit patient's prior experience and preference
- Consider programming demands and treatment availability
- MAT can be combined with higher levels of Behavioral Health support (range of 12-step meetings to residential), if desired
- Contraindications:
 - Active suicidality, allergy to medication
- Strongest evidence for methadone and buprenorphine, but choice should be dictated by patient preference

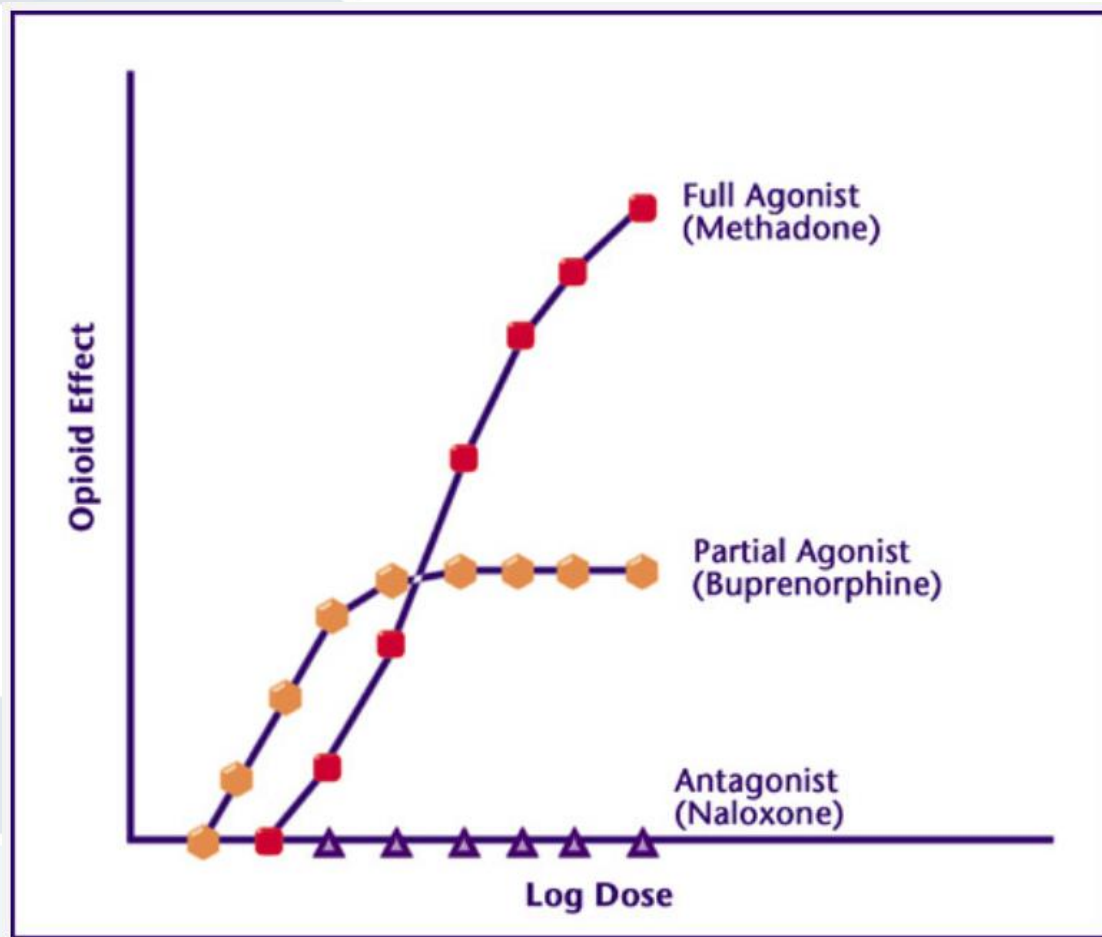


MAT Myths

Myth #1: Aren't you just trading one drug for another?

- Addiction is defined by uncontrollable urge to seek and use substances despite know consequences.
- Addiction is a chronic, relapsing brain condition that changes how the brain works and affects behavior.
- Taking a medication to treat a chronic disease does not meet that definition.
- Strong evidence to support improvements in social, legal, financial functioning.

Myth #2: Don't people just get high on [methadone/buprenorphine]?



https://www.naabt.org/education/technical_explanation_buprenorphine.cfm

Myth #3: Isn't Methadone/Suboxone just a crutch?

- Treatment for most chronic conditions include a medication.
- Opioid use disorder is a chronic condition, and most patients do best with medication.
- Do you know anyone with diabetes? Is their insulin just a crutch?

Myth #4: Medications should not be used long-term

- Early cessation of MAT treatment can have catastrophic effects, including death
- American Society of Addiction Medicine recommends maintaining buprenorphine for at least a year, and as long as it benefits the patient.
- Over 90% of patient stop because of involuntary discharge, logistic conflicts, or pressures from staff
- TIP 63- “Patients should continue to take MAT as long as they benefit from it and wish to continue”.
- Lifelong treatment is acceptable for hypertension, HIV, diabetes, depression.....OUD is a chronic condition that should be treated as one.

Myth #5: Opioid addiction is not treatable, and relapse is inevitable

- Addiction is a chronic condition. Episodes of return to use are the norm, not the exception (though not the rule either).
- Think about your health goals: Did you ever eat a cookie when dieting?
- MAT has similar effectiveness to other chronic conditions where remission requires behavior change, such as COPD and diabetes.

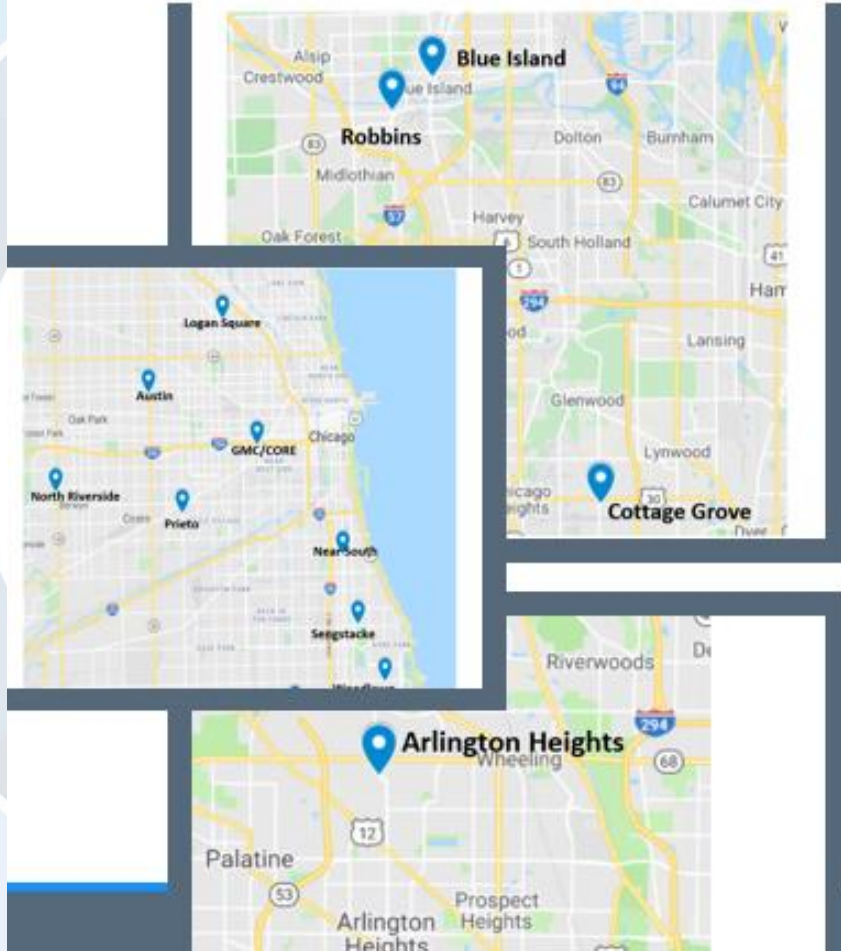
Myth #6: Real change happens only after someone hits rock-bottom, sometimes including incarceration.

- This is a dangerous myth with potentially lethal consequences.
- It is inconsistent with scientific understanding of addiction.
- Incarceration has lasting negative consequences for many individuals, including loss of housing and economic opportunity.
- Incarceration, particularly without access to methadone or buprenorphine, is a risk factor for overdose.

Myths Section reference:

<https://www.chcf.org/wp-content/uploads/2019/06/MATOpioidOvercomingObjections.pdf>

CCH primary care-based MAT services: 12 Cook County locations



Additional Resources



📞 Call 833-234-6343 or text "HELP" to 833234

Español

GET HELP

HELP SOMEONE

STAY SAFE

STOP OVERDOSE

ABOUT

 PROVIDERS

Help is here.

If you or a loved one is
struggling with substance use,
we're here for you.

Call

Text

Chat

<https://helplineil.org>



Chat Discussion

Use the chat box to answer the following:

1. Have you ever provided care coordination services to an individual with OUD?
2. If they used MAT, what worked and what didn't?
3. If they did not use MAT, what would be your first step to open up the topic of MAT as a treatment option?

Panel Discussion

Juleigh Nowinski-Konchak, MD, MPH
Physician Co-Lead, Addiction Medicine

Sarah Elder, LCSW, CADC
Manager, Behavioral Health

Keyuana Dorden, CADC
Recovery Coach

Monica Puente, MSW, CADC
Community Health Worker



MAT Covered by CountyCare

Preferred on Formulary	PA Required/Non-Preferred	Discontinued
<ul style="list-style-type: none">• Buprenorphine-naloxone• Buprenorphine ext release• Naloxone• Naltrexone ext release• Vivitrol• Suboxone• Bunavail• Zubsolv• Sublocade	<ul style="list-style-type: none">• Methadone	<ul style="list-style-type: none">• Evzio

Current as of 4/2021; refer to

https://countycare.com/wp-content/uploads/Formulary_April-2021.pdf



HEDIS Measure Spotlight

- How can we measure if members with opioid use disorder (OUD) are getting the Medications for Addiction Treatment (MAT) they need?
- How can we measure if members are adhering to their MAT regimen?

Pharmacotherapy for Opioid Use Disorder (POD)

- Pharmacotherapy = Medications for Addiction Treatment (MAT)
- Measures the percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for **180 or more days** among members age 16 and older with a diagnosis of OUD.
 - Adherence for the POD measure is determined by the member remaining on their prescribed opioid use disorder treatment medication for at least 180 days after their medication was prescribed.
 - Measurement period is for diagnosis of OUD between 07/01/2020 through 06/30/2021.
- Medication adherence measure

Pharmacotherapy for Opioid Use Disorder (POD)

- Opioid Use Disorder Treatment Medications:

Description	Prescription	OUD Pharmacotherapy Identified Using:	
		Pharmacy Claims (Medication Lists)	Medical Claims (Value Sets and Days Supply)
Antagonist	Naltrexone (oral)	<u>Naltrexone Oral Medications List</u>	NA
Antagonist	Naltrexone (injectable)	<u>Naltrexone Injection Medications List</u>	<u>Naltrexone Injection Value Set</u> (31 days supply)
Partial agonist	Buprenorphine (sublingual tablet)	<u>Buprenorphine Oral Medications List</u>	<u>Buprenorphine Oral Value Set</u> (1 day supply) <u>Buprenorphine Oral Weekly Value Set</u> (7 days supply)
Partial agonist	Buprenorphine (injection)	<u>Buprenorphine Injection Medications List</u>	<u>Buprenorphine Injection Value Set</u> (31 days supply)
Partial agonist	Buprenorphine (implant)	<u>Buprenorphine Implant Medications List</u>	<u>Buprenorphine Implant Value Set</u> (180 days supply)
Partial agonist	Buprenorphine/ naloxone (sublingual tablet, buccal film, sublingual film)	<u>Buprenorphine Naloxone Medications List</u>	<u>Buprenorphine Naloxone Value Set</u> (1 day supply)
Agonist	Methadone (oral)	NA (pharm claim = prescribed for pain)	<u>Methadone Oral Value Set</u> (1 day supply) <u>Methadone Oral Weekly Value Set</u> (7 days supply)



Thank You!



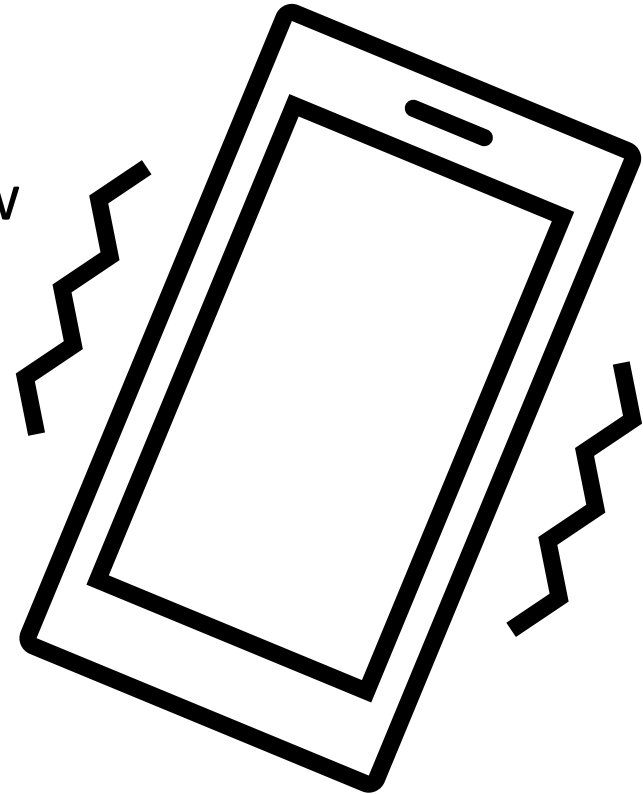
CountyCare Announcements



Announcements

New Text Campaigns

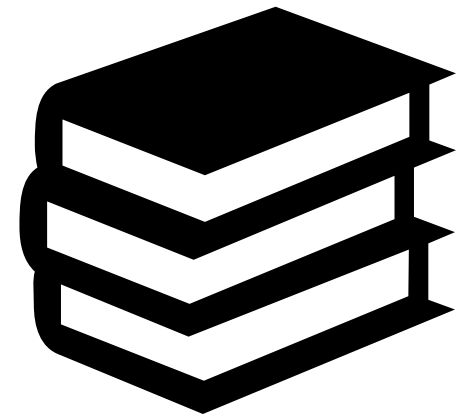
- Reminder about telehealth appointments and 24/7 Nurse Advice Line sent 5/19/21 to new members
 - Languages: English, Spanish



Announcements

CCH Academic Center Library

- Houses journals, textbooks and reference materials, as well as special collections that include medical, nursing, physician assistant and patient education/consumer health materials
- <https://cookcountyhealth.org/education-research/research/academic-center-library/>



Announcements

MoreCare Permission-to-Contact (PTC) Quick Reference Guide

- Due to Medicare Marketing Regulations, MoreCare Benefits Consultants cannot cold call patients
- The PTC form enables MoreCare teams to **proactively reach out** to patients with more information on benefits and coverage
- Completing this form does **NOT** commit/enroll the patient into MoreCare



COVID-19 Updates



COVID-19 Updates

COVID-19 Case Overview (5/18/21)		Vaccination Overview (5/14/21)**	
# Cases	23,700 (10.6% increase)	# first dose*	27,512 (11.17%)
# Deaths	225 (5.1% increase)	# fully vaccinated	40,851 (16.59%)

*where 2 doses are needed

**only includes those over 16 years old



Vaccination Locations

Who	Entity	Website	Phone Number	Description
Chicago residents	Chicago Dept Public Health	Book COVID-19 (Coronavirus) Vaccine Appointments Online Zocdoc	1-312-746-4835	<p>City recommends first contacting Health Care Provider. Over 350 health care providers have signed up with CDPH to distribute vaccine, then recommends through pharmacy or employer.</p> <p>ZocDoc Appointment finder can be used to locate appointments at participating providers (Rush, Amity, Erie, Innovative Express Care)</p>
Cook County Residents	Cook County Health	https://vaccine.cookcountyil.gov/	1-833-308-1988	<p>Sign up to receive: (1) Updates on the Vaccine and the Community Vaccination Program</p> <p>(2) Notification for when vaccine administration is open to your phase</p> <p>(3) Information on scheduling a vaccine appointment through Cook County Health</p> <p>(4) Information on vaccine distribution locations throughout Cook County</p>
Illinois Residents	Pharmacies (Walgreens, Mariano's, Walmart, Jewel)	Walgreens Mariano's Walmart Jewel CVS	N/A	Limited doses available at pharmacies throughout the state. Use each link to search appointments at each pharmacy.
Illinois Residents	All Providers	State of Illinois Vaccine Locator	1-833-621-1284	Find vaccination locations on the map at the link and get appointment information by following the listed links.
Evanston Residents	Cook County Health OR Evanston Dept Public Health	https://www.surveymonkey.com/r/27LBX7K	N/A	Residents who fill out the registration form will be contacted when they are eligible to receive from the City-wide site(s)
Oak Park Residents	Cook County Health OR Oak Park Dept Public Health	https://web.service.oak-park.us/VaccinePre-registrationForm/	708-358-5499	Residents who fill out the registration form will be contacted when they are eligible to receive from the City-wide site(s)

Mobile Vaccination Program for Homebound Members

Chicago

CDPH and Chicago Fire Department pilot program that aims to vaccinate seniors and people with disabilities who are homebound.

Eligibility

- Be a senior OR person with a disability who requires in-home assistance OR
- Have to use adaptive equipment (ventilator, crutches, walker, wheelchair, etc.) and/or accessible transportation to leave home AND
- Leaving home is not an option because doing so requires considerable and taxing effort
- City of Chicago resident

Complete the City of Chicago In-Home COVID-19 Vaccination Contact Form:

<https://redcap.dph.illinois.gov/surveys/?s=NC9XC3889P>



Mobile Vaccination Program for Homebound Members

Suburban Cook County

Homebound vaccination for suburban Cook County residents occurring through referral to partners including Prime Care, Coklow Consulting, Arlington Heights Health Dept

Eligibility

- Be a senior OR person with a disability who requires in-home assistance OR
- Require in home assistance, leaving home requires considerable and taxing effort AND
- Need adaptive and/or accessible transportation to leave home
- Suburban Cook County resident

Sign up available through call center hotline: 833-308-1988 M-F 7am-10pm and Sat 8am-10pm



CCDPH Alternative Housing Program

Isolation Housing for COVID-19+ patients who cannot isolate from others in their home.

To qualify, the patient must be...

- A resident of Cook County (including Chicago)
- COVID-19+ (lab confirmed or suspected based on symptoms and lack of alternative diagnosis)
- Mildly symptomatic or asymptomatic
- Otherwise generally well and without uncontrolled chronic illness
- Unable to isolate from others in their home

Provided:

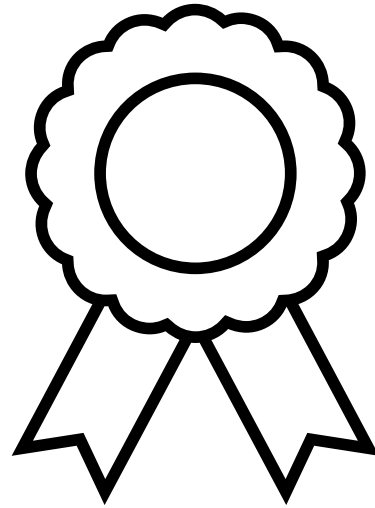
- Private hotel room with private bathroom
- TV, wifi, transportation, laundry, meals 3x/day, personal thermometer, personal pulse oximeter
- 2x/daily wellness checks by email and/or phone
- **Not provided:** on-site clinical staff, medications, toiletries, clothing, or other personal items

To Apply- patient's medical provider, or member of the care team, should fill out the survey:

<https://redcap.link/covid.intake>



Care Coordinator Spotlight



Care Coordinator Spotlight

Anna Whelan, Care Coordinator- Erie Family Health Center



Anna is known as an excellent team player who is the first in line to support her colleagues as well as the members she works with.

Q: What is your number 1 tip for success as a Care Coordinator?

A: Build trust with your patients and their care teams.

Q: What's a fun fact about you?

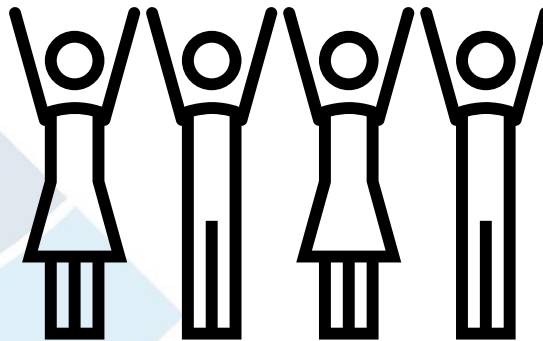
A: I have a dog named Peaches!

ICARE Standard: Excellence

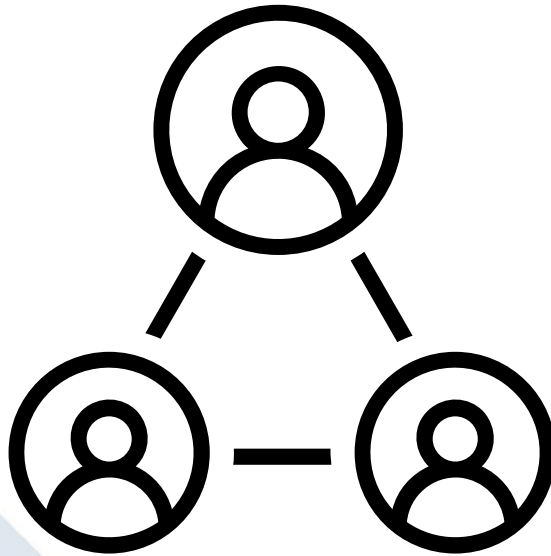


Care Coordinator Spotlight Reminder

- <https://redcap3.cookcountyhhs.org/surveys/?s=77EX8JYL9W>
 - ICARE criteria used to make nominations
 - Nominators can remain anonymous
 - **Separate survey** from CM webinar Feedback form



Resources & Reminders



ACT & CST Services

Envision Unlimited serves people with disabilities across all ages, abilities, and backgrounds.

- Now provides Assertive Community Treatment (ACT) & Community Support Team (CST) services to the northside of Chicago and is accepting new referrals
- **ACT** is an Evidence Based Practice for people with SMI for people with schizophrenia, schizoaffective, delusional, or bi-polar disorders
- **CST** is an intensive outpatient program for people with MI and are struggling with multiple psychiatric hospitalizations, crisis situations, or had limited success with other treatment modalities
- **Both ACT & CST provide personalized services to help each consumer meet their individual recovery goals**

<https://envisionunlimited.org/>

Call the non-emergency intake line: 773-506-3161



2021 IL Rental Payment Program

ILRPP is an emergency rental assistance program designed to support households in IL that are unable to pay rent due to COVID-19.

- Housing providers/landlords may initiate a joint application starting **Monday, May 17 through Monday, June 7**.
 - Tenants will have until **Monday, June 14** to complete their portion of a landlord-initiated application.
- Tenants may initiate their own application starting **Wednesday, June 9 through Monday, June 28**.
 - Landlords will have until **Tuesday, July 6** to complete their portion of the tenant-initiated application.

To apply, please visit the application site at <https://ilrpp.ihda.org>.



2022 Roof &Porch Repair Program

The Roof and Porch Repair Program provides grants to owner-occupants of 1 to 4-unit residential buildings for improvements to their roof or porch.

ONE-DAY REGISTRATION DATE: THURSDAY, MAY 20, 2021

- **One-day lottery registration for the 2022 Roof & Porch Repair Program will take place from 9 am-5pm promptly on Thursday, May 20, 2021 only**
 - Registration does not guarantee automatic participation in the program
 - Lottery drawing will be held virtually in July 2021- registrants will be formally notified of selection by mail
 - Eligibility: households earning 80% or below the area median income may be eligible to participate in the program.

Information on registration and eligibility can be found here:

<https://www.chicago.gov/city/en/depts/doh/provdrs/homeowners/svcs/roof--porch-and-emergency-heating-repair-programs.html>



Reminders

- The next webinar is scheduled for **Wednesday, June 16th**
– **Topic: MoreCare 101**
- Webinar feedback: <https://redcap.link/23k1fzzb>
- Slides will be posted to the CountyCare Care Coordination Webpage:
<http://www.countycare.com/carecoordination>

Webinars for Care Coordinators

2021	^
• Webinar: Care Coordination Addressing COVID-19 Vaccine Hesitancy (1/2021 slides)	
2020	v
2019	v
2018	v





Open Forum

Please share any needs or questions you have by
typing in the chat box





Thank You!

