



# Growing Office Based Addiction Treatment In rural Michigan

## An effective Interdisciplinary team is like a well-oiled machine

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### ABSTRACT

**TITLE:**  
Office Based Addiction Treatment (OBAT)

**BACKGROUND:**  
Sterling Area Health Center initiated OBAT as an integrated approach to treat addiction in Primary Care

**OBJECTIVE:**  
Provide services for patients who will benefit from reduction of substance use.

**METHODS:**  
Boston Medical Center Nurse Care Manager Model of Office Based Addiction Treatment: A Collaborative Care Approach

**OUTCOMES:**  
Team is built, patients are served

**CONCLUSIONS:**  
Use of the Boston Medical Model reduces stigma, supports providers, and is in the best interest of this patient population.

### BACKGROUND

Recognizing a need to address substance use disorder within the Primary Care Setting, Sterling Area Health Center used their success with Collaborative Care to initiate Office Based Addiction Treatment. The program was designed by Boston Medical to use Collaborative Care in their treatment model. Sterling Area Health Center had previously had a positive experience with University of Michigan's Implementation and Support Team.

While still in it's infancy, Sterling has had early success and learned from mistakes during the implementation process.

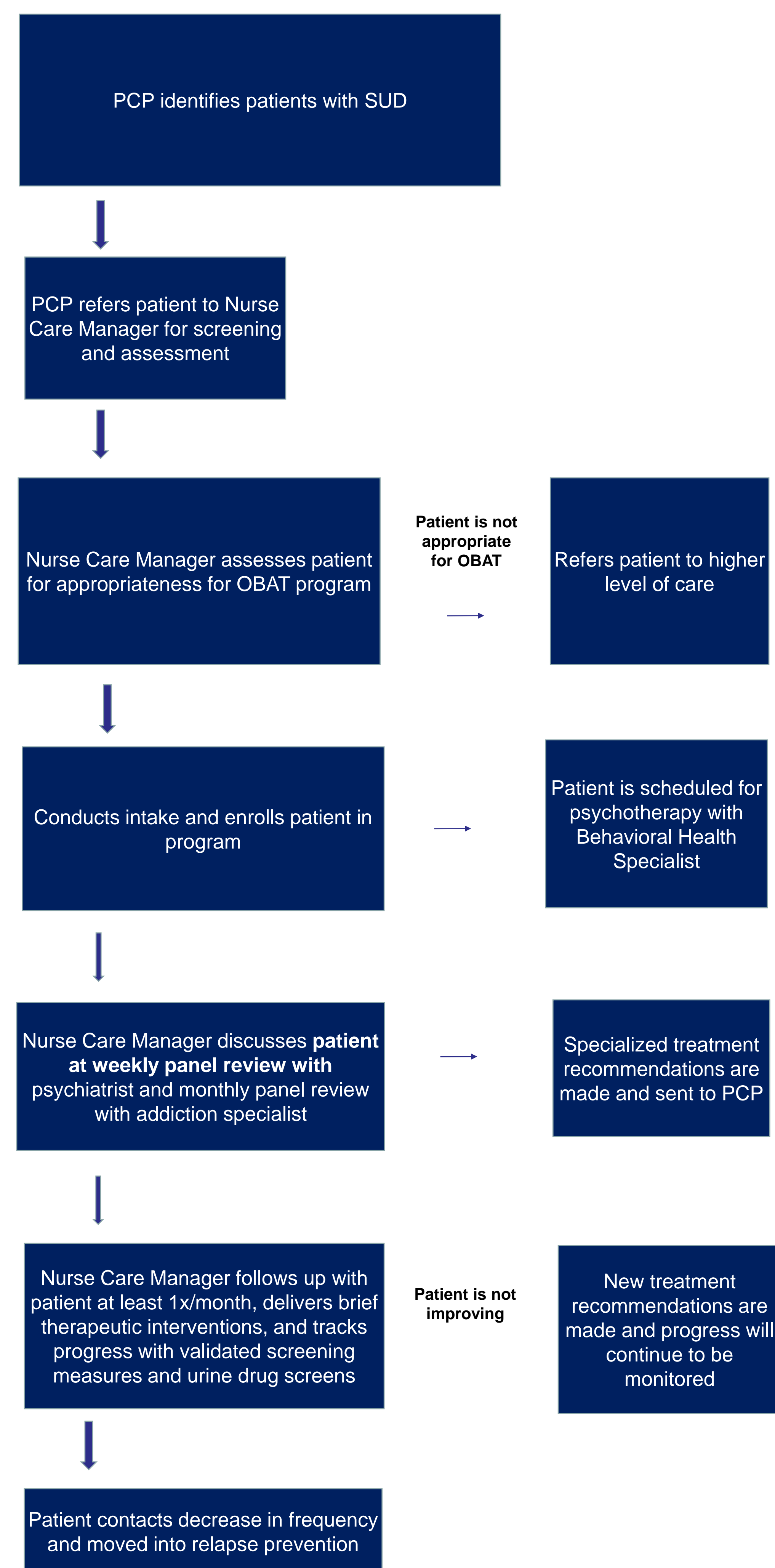
### OBJECTIVE

Sterling Area Health Centers objective in offering this OBAT program is to provide services for medical patients who will benefit from reduction of substance use.



### METHODS

#### OBAT workflow

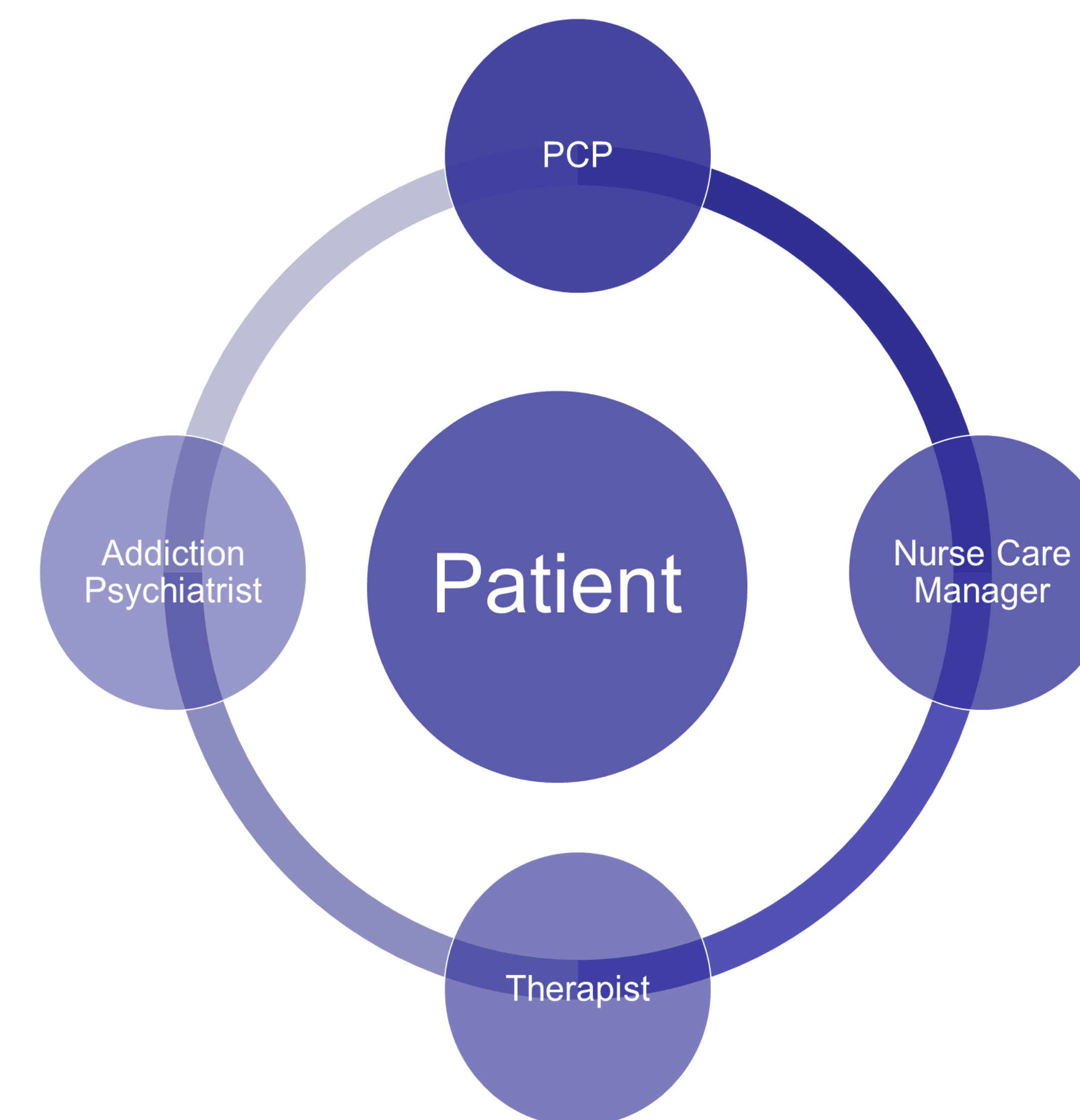


- Patient and Primary Care Provider have the initial conversation about substance use.
- Patient is referred to program and meets with Nurse Care Manager
- Therapy is always involved with treatment.
- Some patients require addition of medicated assisted treatment.
- All patients are discussed during weekly team meetings.

### RESULTS

#### Team is built

- Administration supported program from the beginning
- Contracted with Michigan Medicine Implementation Team
- Hired Nurse Care Manager
- Built program policy and procedures as recommended by Boston Medical Center Model
- Engaged Physician Champion and Psychiatrist
- Educated/engaged Behavioral Health therapists
- Continued contract with Addiction Psychiatrist, Dr. Morrow from U of M



**Teamwork  
makes the  
Dreamwork**

### RESULTS

#### Patients are Served



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#### Lessons learned

- Hesitancy of providers to complete Waiver
  - Polled all eligible providers on their concerns
  - Educated and "proved" success of program with initial patient enrollment.
  - Limit of 5 patients on suboxone for primary care providers
- Skipping steps
  - Patients who do not meet with Nurse Care Manager and start therapy prior to being offered suboxone are less likely to have a positive outcome.
  - Patients are more apt to tell friends that Sterling Area Health Center has a suboxone clinic.
- Quickly being identified as "the suboxone clinic"
  - Support staff had been overlooked for education on how to respond to patient requests for suboxone.
  - Front desk staff struggled with what to say to people who called to request "medical intake for suboxone"
- Insurance Coverage
  - Medicaid is the only insurance that currently pays for injectable form of suboxone.
  - Learning curve on figuring out which payors require prior auth or which forms of treatment they will cover.

### CONCLUSIONS

#### Implementation of OBAT is a process, but well worth the effort.

- Following the Boston Medical Model provides specific information.
- Use of an Implementation Team proved to be crucial in keeping us on track and educated. Available through U of M or MPCA
- Administrative and key player support is critical
- Use supports available such as MPCA, ECHO programs, and Michigan Opioid Coalition

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