Referral to Treatment: Overcoming Common Barriers

Richard L. Brown, MD, MPH



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- Practiced family medicine for 25 years with emphasis on substance use disorders and behavioral health
- Retired full professor with tenure, University of Wisconsin School of Medicine and Public Health
- Published dozens of articles on substance use disorders in peer-reviewed research journals
- Gave hundreds of talks and workshops on SBIRT and motivational interviewing
- Directed a \$12.6 million, five-year, SAMHSA-funded project to help 33 diverse primary care clinics deliver SBIRT with newly hired and trained health coaches
 - >100,000 patients screened

- High patient satisfaction
- Substantial healthcare cost savings
- > 20,000 brief interventions delivered Reductions in substance use
- Past president and Harris Award winner for excellence in medical education, Association for Medical Education Research in Substance Abuse (AMERSA)
- Retired Senior Director of Population Health Management, Concerto Health
- Current trainer and consultant



Working with Communities. **Contact the Opioid Response Network**

- The SAMHSA-funded Opioid Response Network (ORN) assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

- The *ORN* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ORN accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.
- To ask questions or submit a request for technical assistance:
 - Visit www.OpioidResponseNetwork.org







Thanks to ...







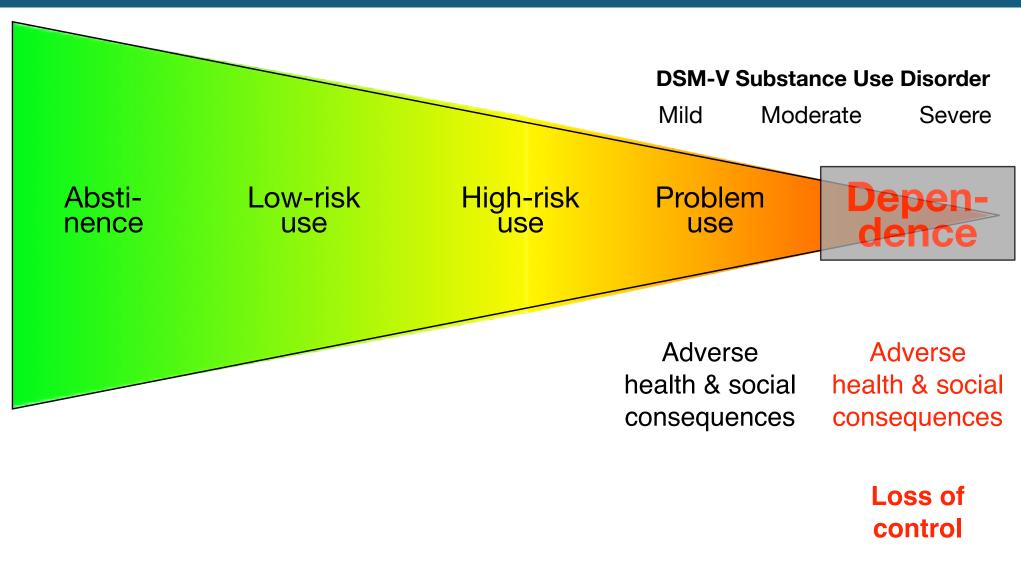


Outline

- Continuum of substance use
- The challenge of Referral to Treatment (RT)
- Common barriers to effective RT
- Overcoming those barriers



SBIRT and the Substance Use Continuum



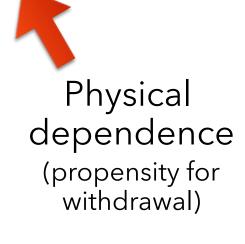


Dependence Symptoms

Loss of Control over Substance Use

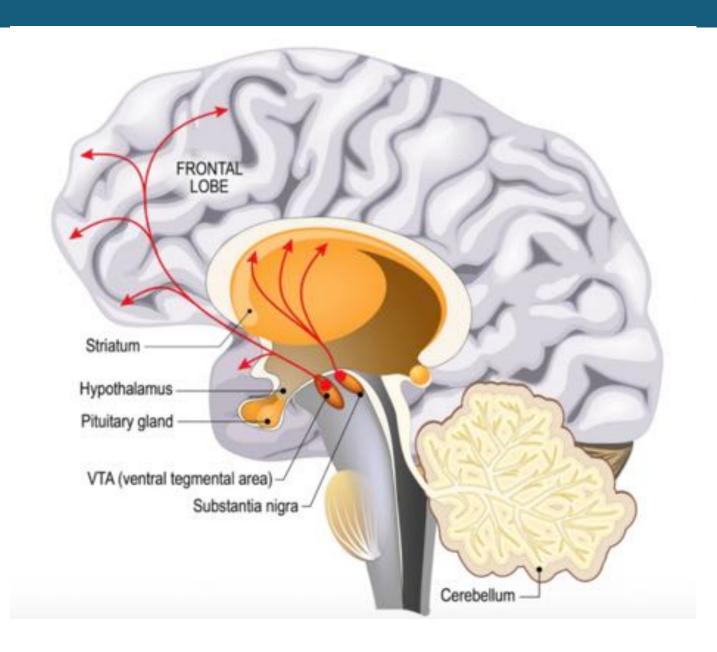
Preoccupation with using or obtaining Urges and substances cravings to use







Loss of Control





Treatment is Effective!



Less substance use



Healthier relationships



Better physical health



Better work function



Better mental health

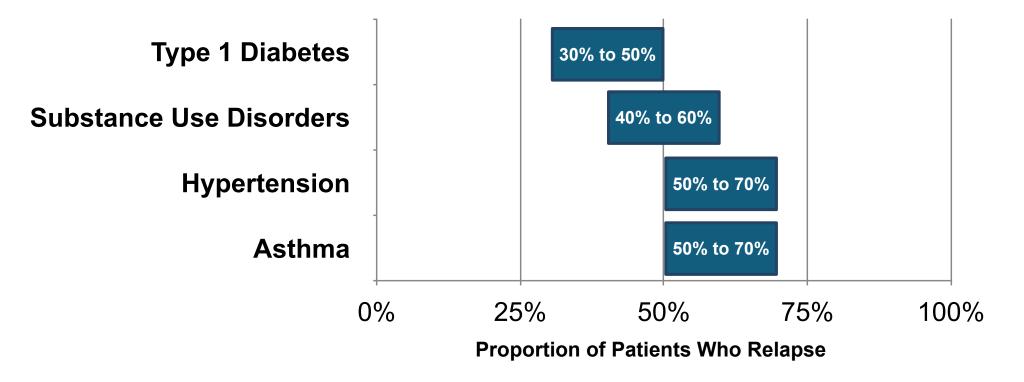


Lower criminal recidivism



Treatment is Effective!

With treatment, relapse rates for substance use disorders are similar to relapse rates for other common chronic illnesses.





The Challenge





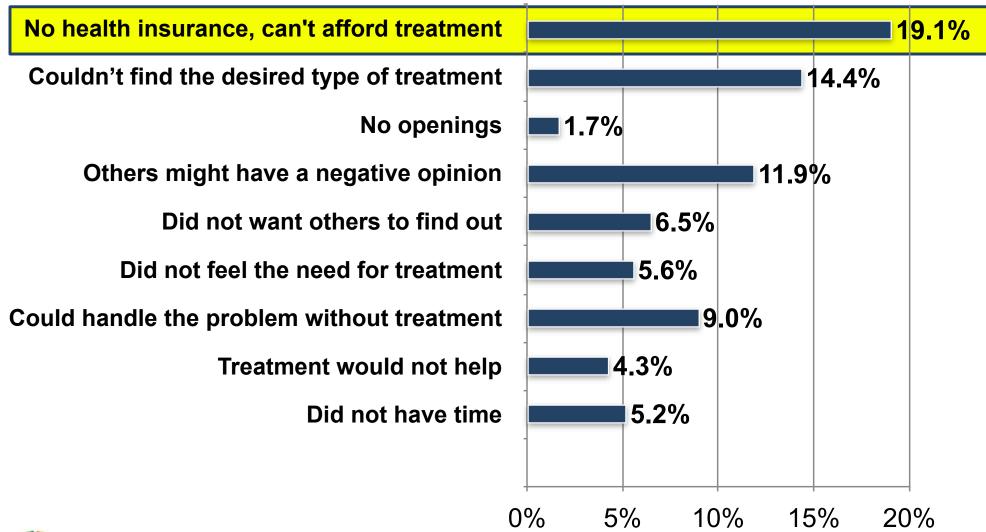
National Survey on Drug Use and Health – 2020

- ♦ Surveyed 352 to 2,152 people in every state
- Ages 12 and up
- To maximize participation and accuracy:
 - Confidential, names not collected
 - Computer-administered
 - English and Spanish
 - Private setting in people's homes
 - \$30 cash incentive
- Questions
 - Substance use, consequences, and dependence symptoms
 - Receipt of treatment
 - Reasons for not obtaining treatment

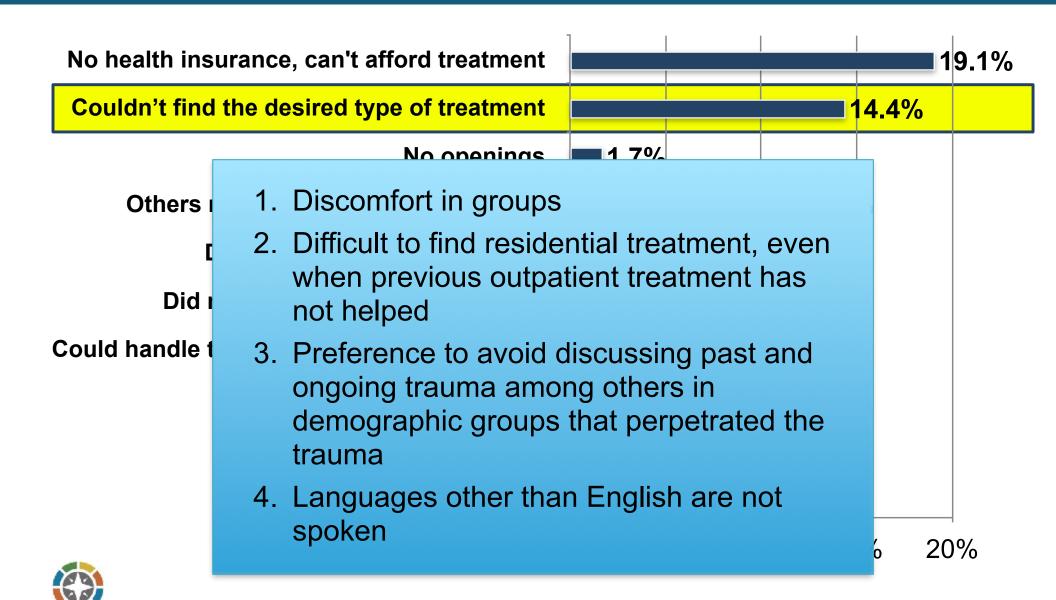


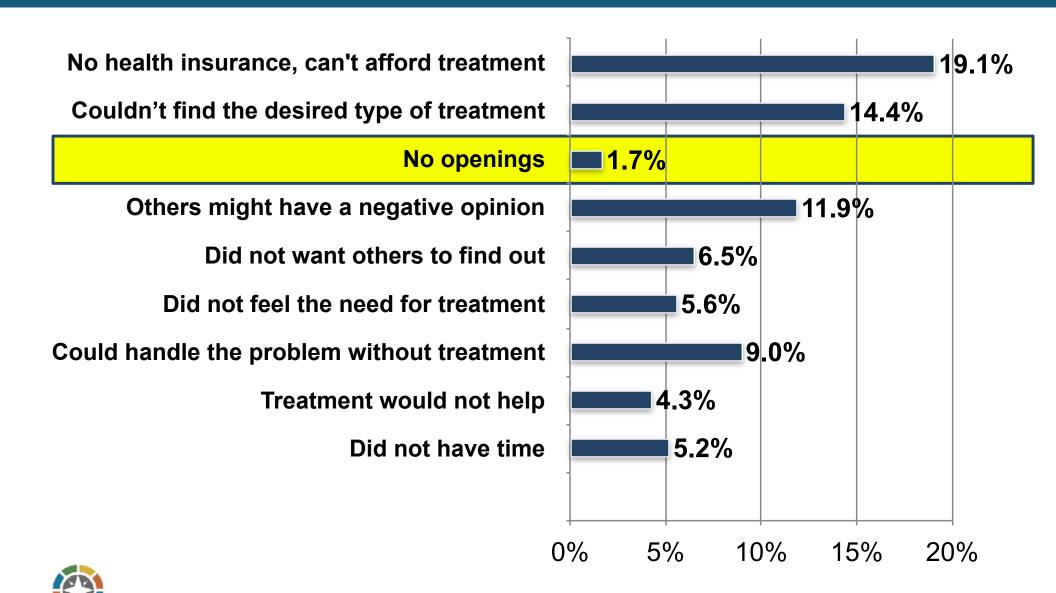
No health insurance, can't afford treatment 19.1% Couldn't find the desired type of treatment 14.4% No openings **■1.7%** Others might have a negative opinion 11.9% Did not want others to find out 6.5% 5.6% Did not feel the need for treatment 9.0% Could handle the problem without treatment 4.3% Treatment would not help 5.2% Did not have time 0% 5% 10% 15% 20%

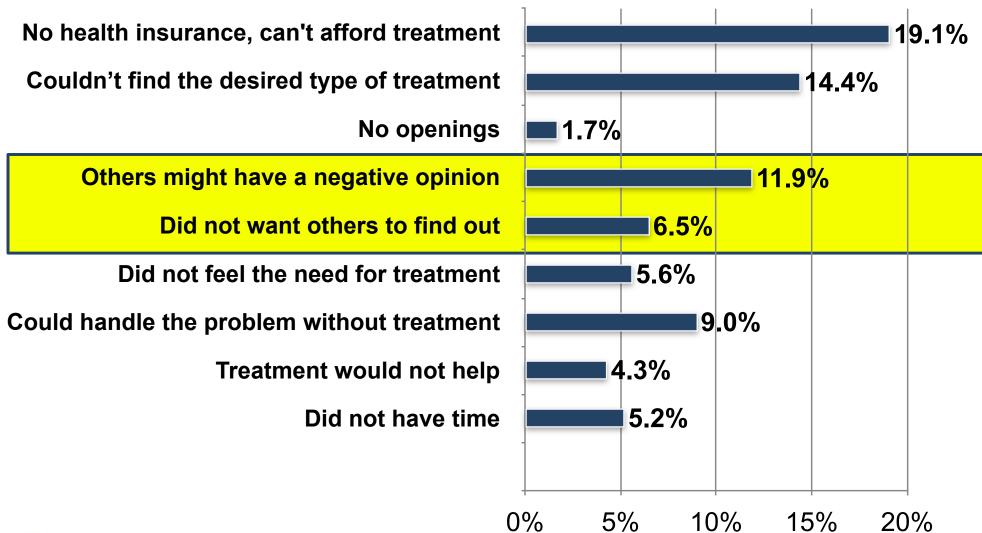




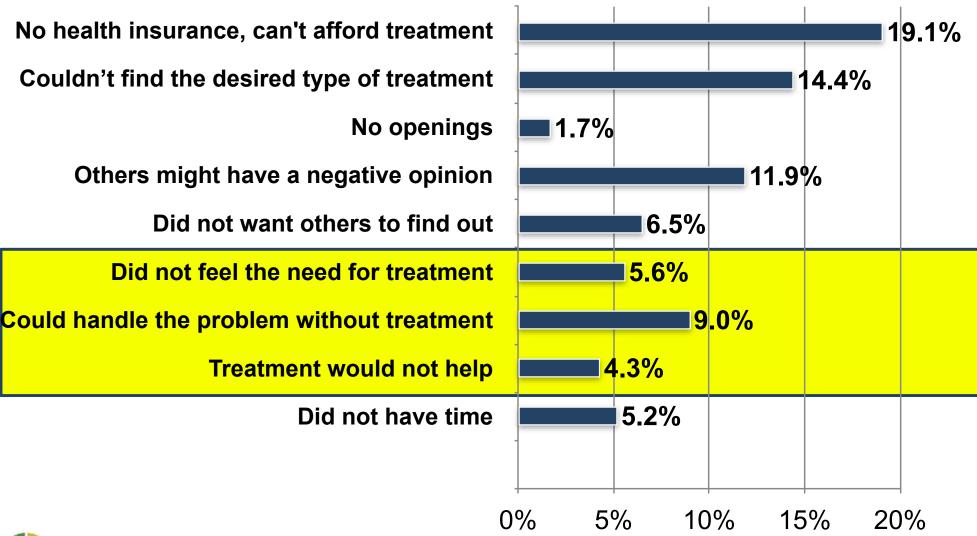




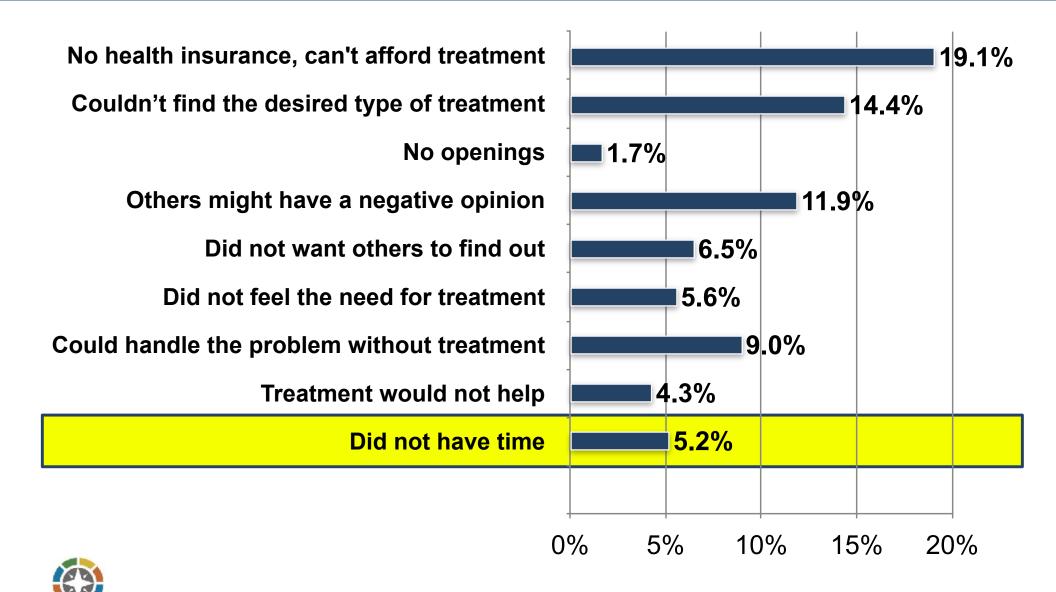












Subjects:

102 teens with drug use disorders 35 "key informant" professionals

Locations:

11 rural communities in Northern Ontario

Methods:

Questionnaires, interviews, and focus groups



Russel et al, PLOS One, Assessing service and treatment needs and barriers of youth who use illicit and non-medical prescription drugs in Northern Ontario, Canada; 2019. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0225548

Results:

- 4 categories of barriers:
- Personal
- Social
- Physical
- Structural



♦ Personal Barriers

- Unaware of treatment resources and how to access them
- Not interested in getting help or quitting drug use
- Difficulty in admitting need for help



♦ Social Barriers

- Lack of confidentiality and privacy
- Potential consequences from parents and legal authorities
- Pressure from peers to decline treatment and continue using
- Stigma, judgment, discrimination, racism



♦ Structural Barriers

- Waiting lists and evanescent desire for help
- Time limitations of services and lack of linkage to additional services
- Limited hours of operations to address needs that arise during nights and weekends
- Bureaucratic requirements



♦ Physical Barriers

- Geographic isolation
- Limited transportation options traveling to treatment and back home
- Lack of warm clothing for allowing travel in cold weather



Strategies for Overcoming Barriers to Treatment





Strategies for Overcoming Barriers to Treatment

- Education and advocacy regarding health insurance coverage
- Treatment program search
- Deliver treatment in primary care settings
- Motivational interviewing
- Engage parents



Health Plan Education & Advocacy

Commercial insurance

- If plans cover MH/SUDs, benefits must be equivalent to benefits for other medical disorders
- Plans are required to have "network adequacy"
- Deductibles, co-insurance, and co-pays may be prohibitive

Public insurance - Medicare, MaineCare (Medicaid)

- Not subject to the same requirements
- Medicaid coverage varies by state



Treatment Program Search

Online treatment search resources:

- 211.maine.org
- findtreatment.gov
- maineaap.org/families/resources/substance-use

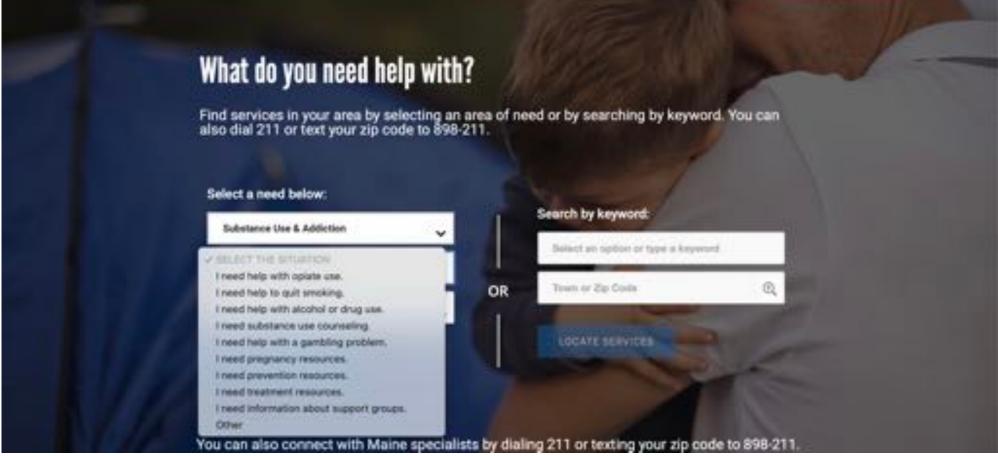


211 maine.org

ENGLISH Y

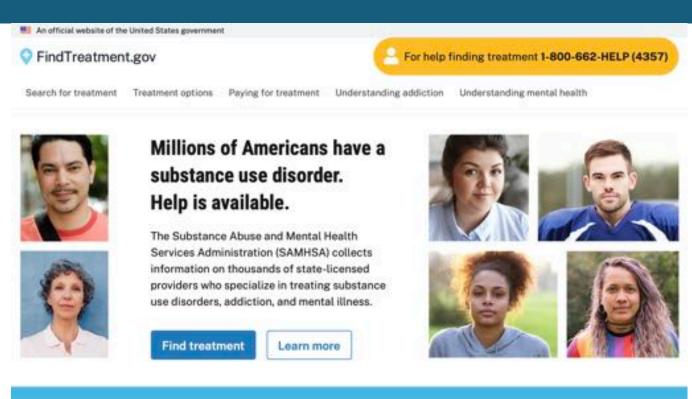
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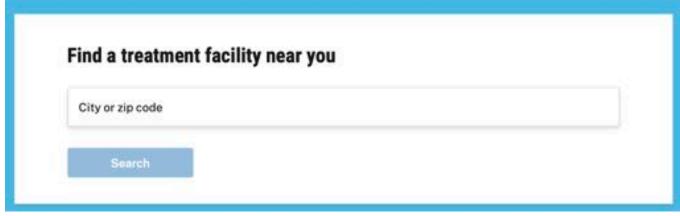






findtreatment.gov







Treatment Program Search

Online search resources:

Search for:

- Acceptance of various health plans and patients who cannot pay
- Detox, outpatient, residential, inpatient, transitional housing, telehealth
- Medications for alcohol and opioid use disorders
- Groups and other resources for teens, women, LGBTQ, veterans, and racial and ethnic minorities
- Spanish, American Sign Language, and other languages



maineaap.org/families/resources/substance-use





Education • For Providers About Us. • Advocacy * Membership For Families .

FOR NAME OF BESCURETS SUBSTRACE USE/OROOD TREATMENT

Substance Use/Opioid Treatment

Youth Peer Support Statewide Network

Youth Peer Support Statewide Network now accepting referrals for youth peer support!

Maine Behavioral Healthcare was awarded a new contract with the State of Maine to develop a Youth Peer Support Statewide Network (YPSSN). This program offers anyone in the state of Maine who is between the ages of 14 and 26 access to a variety of peer support opportunities. The contract officially began in February of this year and we are already offering a number of activities for Maine's youth and young adults who are struggling or have struggled with their mental health, which may include substance use. There is no insurance needed, no diagnosis required, and no cost.

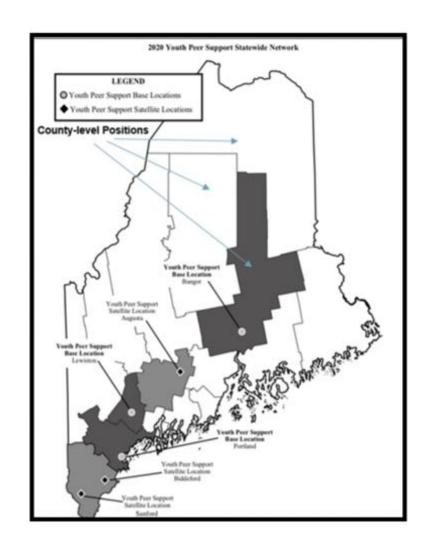
The YPSSN has youth peer support staff in Portland, Lewiston and Bangor primarily. We also will have staff in Piscataguis, Aroostook, and Penobscot Counties offering support to youth and young adults on waitlists for behavioral health services. Again, this is a statewide program, so youth and young adults from across Maine can access virtual and in-person activities.

We are excited to announce that the YPSSN is now accepting referrals for 1-1 youth peer support statewide! And there's more:

- · Providing virtual and in-person one-on-one youth peer support
- o Electronic/online referral form located here: YPSSN Referral Form.

Youth Peer Support Statewide Network







Deliver Treatment in Primary Care

Collaborate with Treatment Program or Specialist

Offer in-house counseling

PCPs or other staff

- Offer medications
- Encourage mutual support programs

Medication	Alcohol Use Disorder	Opioid Use Disorder	Legal to Prescribe in Primary Care
Disulfiram	✓		✓
Acamprosate	✓		✓
Naltrexone	✓	✓	✓
Methadone		✓	*
Buprenorphine		✓	✓

^{*} Methadone may be prescribed in general healthcare settings for pain, not for opioid use disorder



Mutual Support Groups









Deliver Treatment in Primary Care

Collaborate with Treatment Program or Specialist

Offer in-house counseling

PCPs or other staff

- Offer medications
- Encourage mutual support programs
- Work with behavior change plans

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Naltrexone	✓	✓	✓
Methadone		✓	*
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Behavior Change Plans

- Limits in substance use
- Triggers
- Ways to avoid or manage triggers
- Alternate behaviors
- Environmental change

- Social support
- Medications
- Rewards
- Contingency plans
- ♦ Follow-up

Initially: Guide patients in designing a behavior change plan

Subsequently: Guide patients in reviewing the plan's

effectiveness and considering changes



Deliver Treatment in Primary Care

Collaborate with Treatment Program or Specialist

Offer in-house counseling

PCPs or other staff

- Offer medications
- Encourage mutual support programs
- Work with behavior change plans
- Assess for and treat mental health disorders

Medication	Alcohol Use Disorder	Opioid Use Disorder	Legal to Prescribe in Primary Care
Disulfiram	✓		✓
Acamprosate	✓		✓
Naltrexone	✓	✓	✓
Methadone		✓	*
Buprenorphine		✓	✓

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Employ Motivational Interviewing

- An empathic, respectful, patient-centered, strength-based, partnering approach to promote healthier behaviors
- Developed for addiction treatment and effective for a variety of healthrelated behaviors
- Effectiveness demonstrated in hundreds of RCTs
- ♦ Avoids unwanted advice & education → alienation & defensiveness
- Guides patients in considering behavior change in light of their goals, values, preferences, and constraints
- Requires several days of workshops, intensive practice, and feedback from experts
- Training resources: https://attcnetwork.org/centers/new-england-attc/home https://motivationalinterviewing.org

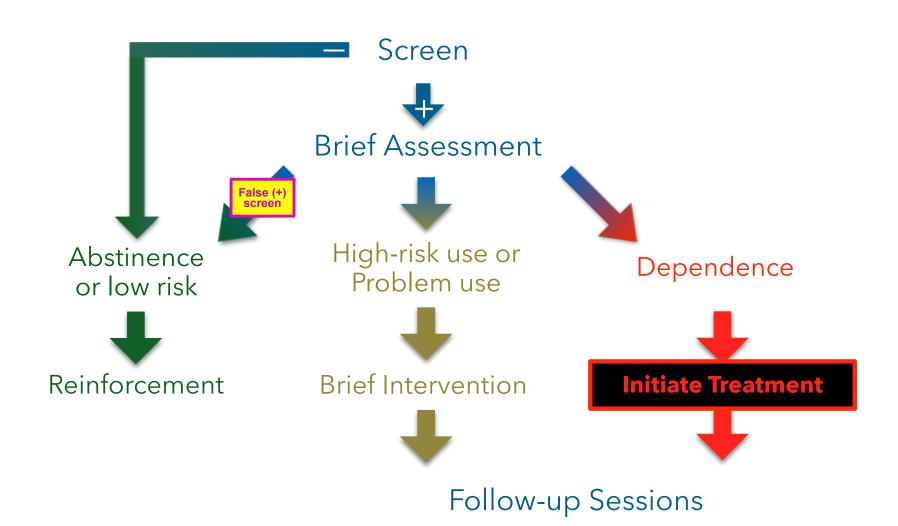


Engage Family Members

- In light of the many barriers to obtaining treatment, staying in treatment, and recovering, patients need help from supportive family members
- ♦ PCPs can:
 - help family members set aside anger and blame and work together for the patient
 - help patients with SUDs overcome reluctance to involve family members
 - facilitate a meeting between parents and teen to
 - design a plan for seeking treatment
 - set interim ground rules that balance respect, autonomy, and safety



SBIRT Patient Flow





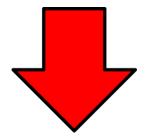
Summary

- Screening and brief assessment sometimes reveal dependence
- ♦ Initial attempts to refer patients to treatment often fail
- Barriers to treatment include:
 - Finances
 Lack of availability of certain type of treatment
 - Waiting listsStigma
 - Time constraints
 Perceived lack of need
- Strategies for overcoming those barriers include:
 - Education and advocacy on insurance coverage requirements
 - Treatment program searches 211maine.org, findtreatment.gov, maineaap.org
 - Deliver treatment in primary care settings
 - Offer in-house counseling
 - Offer medications for alcohol and opioid use disorders
 - Guide patients in designing and refining behavior change plans
 - Assess for and begin treating MHDs
 - Engage family members
 - Employ motivational interviewing



Summary

Referral to Treatment



Initiate Treatment



Thank you!











Referral to Treatment: Overcoming Common Barriers

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Would you please complete our brief evaluation survey?

https://tinyurl.com/TREAT-ME



