

Welcome to the Opioid Settlement Technical Assistance Learning Series

Field Experiences in Increasing MAT Access in the Northwest Region of Michigan's Lower Peninsula

May 15, 2024 | 11:00 a.m. – 12:30 p.m.



Welcome & Introduction of Presenter

Kipling Bohnert, Ph.D.

Associate Professor of Epidemiology and
Biostatistics

Department of Epidemiology and Biostatistics
Michigan State University



HOUSEKEEPING ITEMS

- This Zoom event will be recorded
- Participants will be on mute when presenters are speaking
- To ask a question, please use the chat
- Any follow-up questions or requests for the Technical Assistance Collaborative (TAC), please email:

MDHHS-opioidsettlementhelp@michigan.gov

- Following this event, please complete the brief evaluation survey, a poll will be provided at the end



Field Experiences in Increasing MAT Access in the Northwest Region of Michigan's Lower Peninsula

Jean Kerver, PhD, MS, RD

Associate Professor Department of Epidemiology and Biostatistics
Michigan State University, College of Human Medicine

Susan Kramer, LMSW, CCS, CAADC

Behavioral Health Practice Administrator
Munson Healthcare, Traverse City, MI



Field experiences in increasing MAT access in the northwest region of Michigan's Lower Peninsula

TAC Learning Series

May 15, 2024

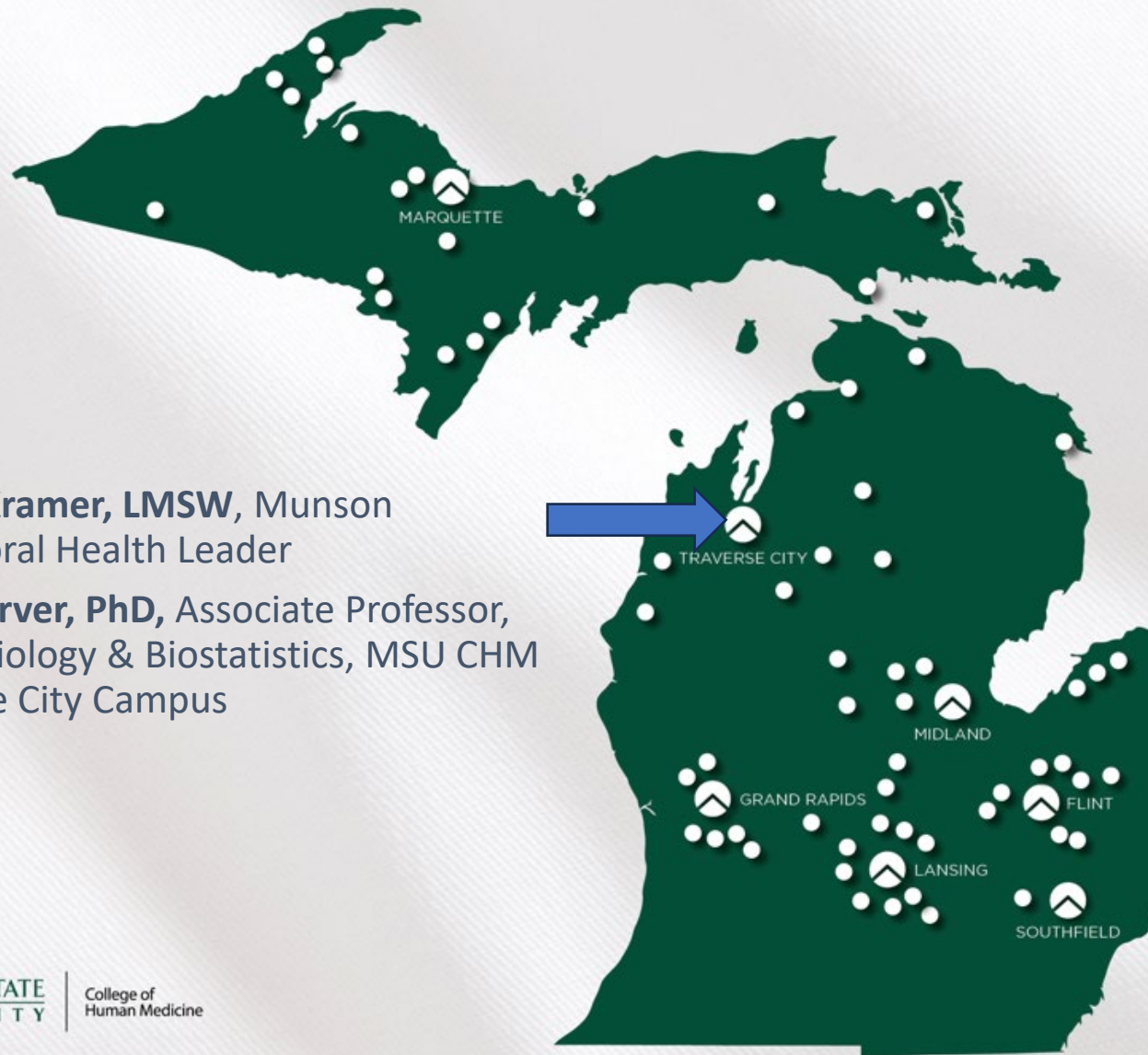
Susan Kramer, LMSW, Munson Behavioral Health Leader

Jean Kerver, PhD, Associate Professor, Epidemiology & Biostatistics, MSU CHM Traverse City Campus

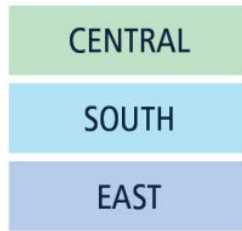


MICHIGAN STATE
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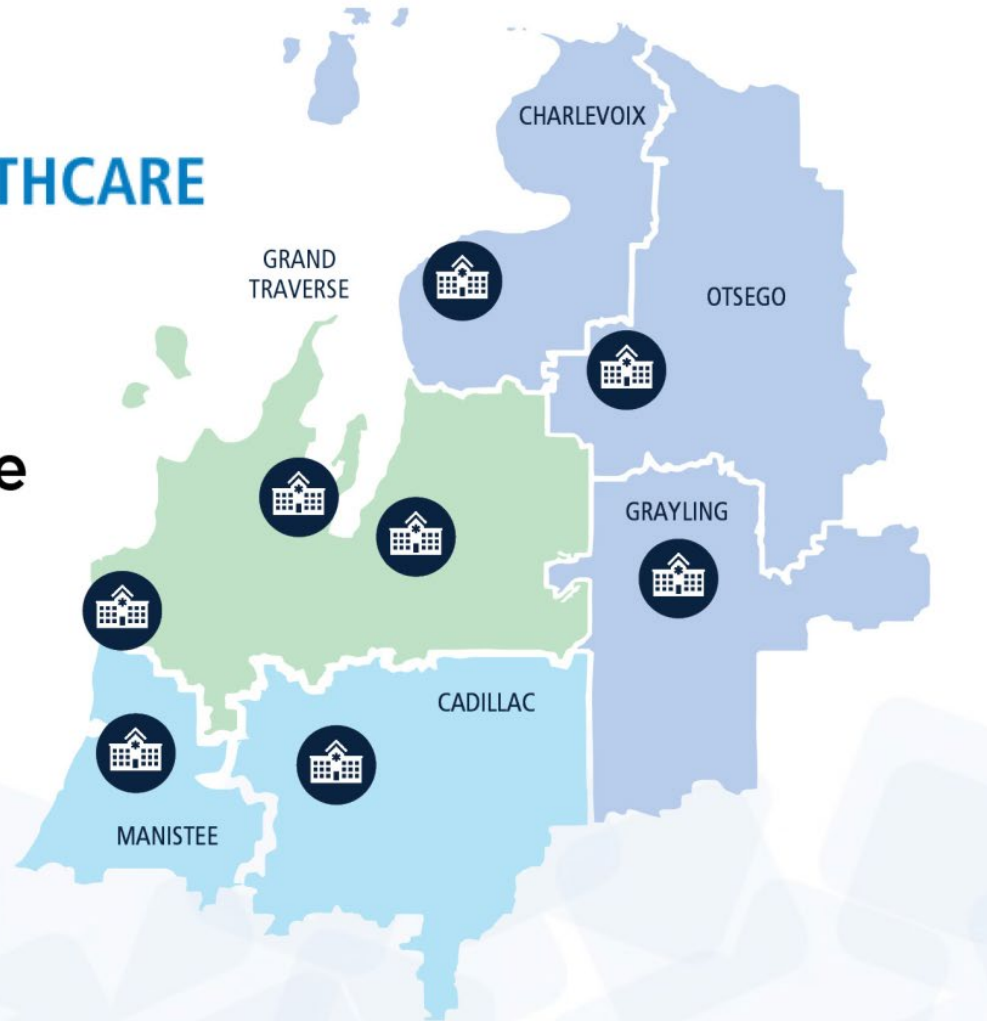
College of
Human Medicine



Munson Healthcare Service Region



**Our
Service
Area**



Plans for Today

- Recovery story
- Brief overview of MOUD expansion project
- Learning lessons
- Discussion/dialogue/questions

In the spirit of **Nothing About Us, Without Us**

- Let's begin with a RECOVERY STORY
- Paula Lipiniski, CEO of Addiction Treatment Services
- Grand Traverse Opioid Task Force Member
- Person in Long-Term Recovery



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R.E.A.C.H.- Recovery Expansion for Access to Care and Health

MHC Behavioral Health

HRSA MAT-ACCESS II=REACH

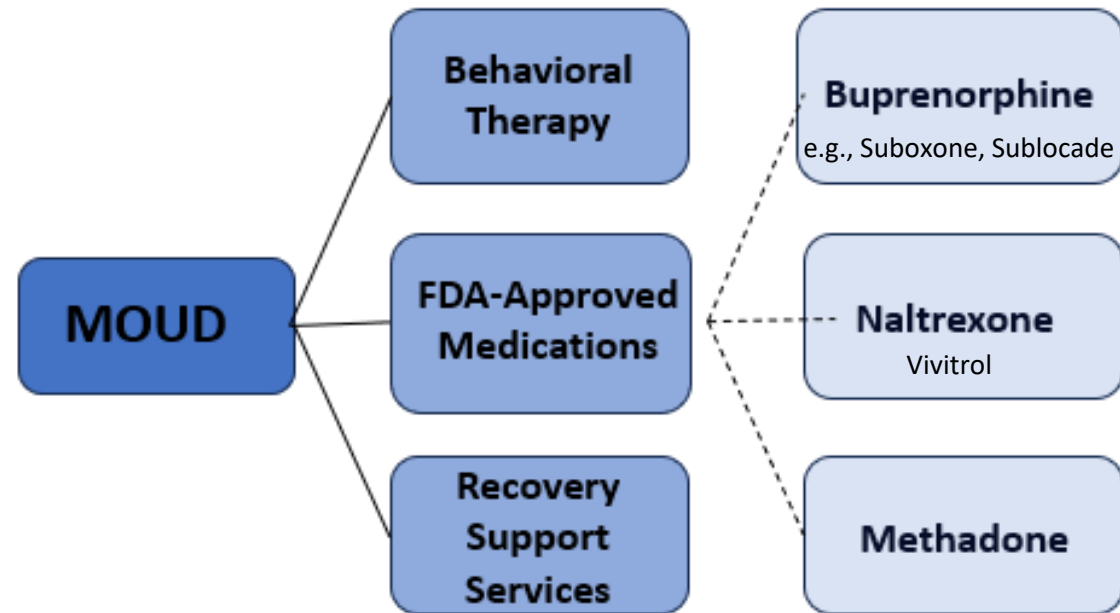
- Health Resources and Services Administration
 - Programs support highest need communities in US (persons with HIV, pregnancy, rural, low-income, children and parents) and health work force
- 3 years (2024-2026)
- \$2.4M

Medication for Opioid Use Disorder (MOUD)

An evidence-based approach to treat individuals with OUD

Our Approach

- Patient-centered
- Medication, Resources, Therapy, Recovery Coaching & Financial Navigation



R.E.A.C.H.- Recovery Expansion for Access to Care and Health

Goal 1 - Establish new MOUD/AUD access points for all patients with SUD

- Access to medication
- Community support services
- Recovery services
- Behavioral healthcare
- “No Wrong Door”

Goal 2 - Enhance the MOUD workforce peer mentorship networks

- Established workforce & peer mentor ongoing network
- Clinical training and support for integrated care
- Provide education/stigma reduction to medical staff and community partners

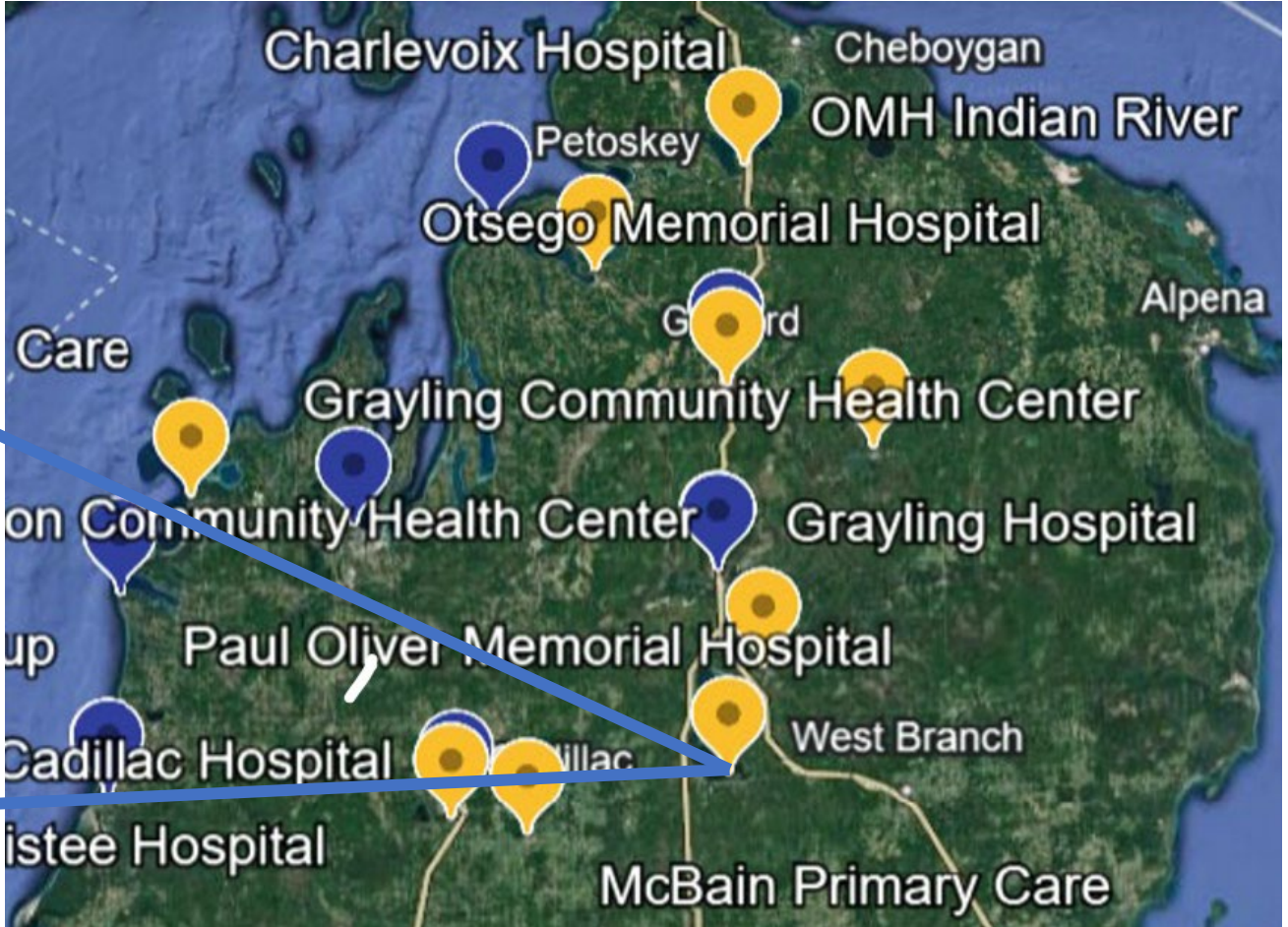
R.E.A.C.H.- Recovery Expansion for Access to Care and Health

Goal 3 - Build community capacity and infrastructure to support more effective and efficient MOUD service provision

- Working within each county to assess the recovery landscape
- Collaborating with existing services in the area
- Strengthening the recovery landscape

Goal 4 - Ensure sustainability of the new MOUD access points through improved billing and coding, as well as enrollment of eligible individuals into health insurance

- Develop standard work for PCP/MOUD/AUD care
- Provide financial navigation services to clients
- Receive technical assistance on billing/coding process



Learning Lessons

1. Build relationships—lived recovery voices, allies, experts
2. Identify your lane of influence and impact
3. Get to know your community
4. Acknowledge stigma, shame, controversy, and complexity
5. The way forward—integrated care
6. Celebrate successes—this is hard work

Build relationships—lived recovery voices, allies, experts

- Dr. Julia Riddle, SUD Medical Director and Perinatal MOUD provider
- Hannah Popa, NP, Mark Passow, NP
- Bethany Leslie, Practice Manager in Prudenville
- NMORC (Northern Michigan Opioid Response Consortium)
- SUD County Coalitions
- County/Regional Health Departments
- Recovery Coaches
- Individuals with lived recovery experiences

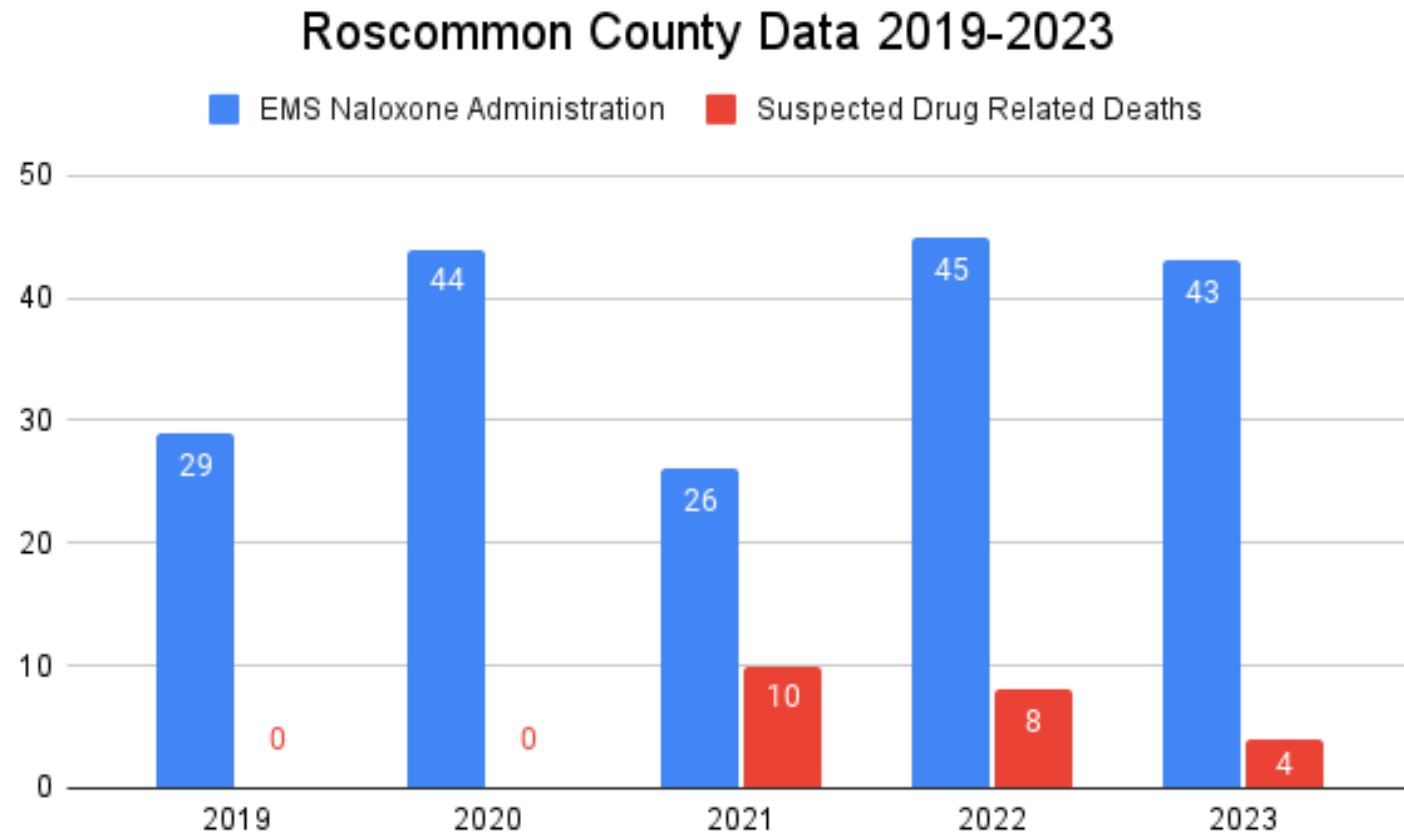
Identify your lane of influence

- Focus is important—addiction/SUD is complex
 - What can you influence?
 - Goal-setting/Vision are key to defining impact
 - E.g., Munson Healthcare – utilizing Munson Rural Health Clinics in the region to create additional treatment access points
 - Dr. Dave McGreaham – Physician/Medical Director for NMORC – Engages in Provider-to-Provider Engagement/Education
- You can't impact everything

Get to know your community

- Effective Needs Assessments provide insight about local problems
- Gathering local data about health outcomes shed light on the severity and impact in your community
- Example of the value in using data to create local awareness
 - Denton Township
 - 26 Naloxone Administrations
 - 10 Fatalities

East Region County Data- Roscommon County



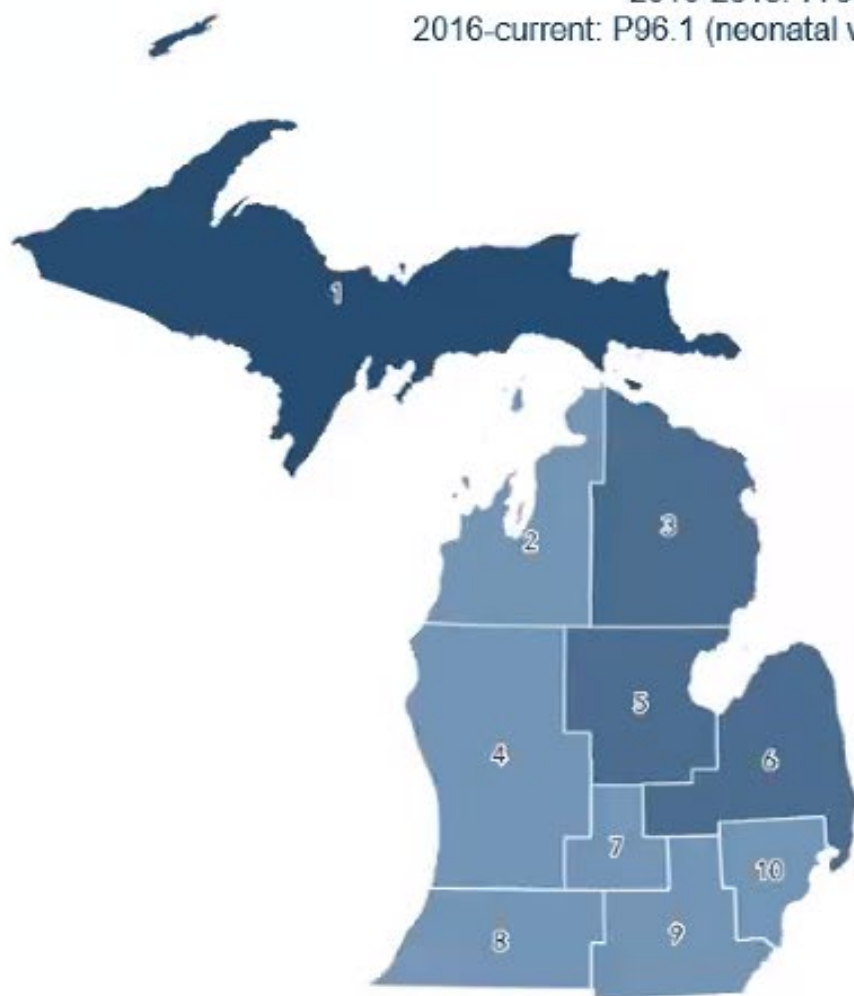
East Region SUD Statistics (2021 CHNA)

- Opioid Related Hospitalizations: 21.6%
- Drug-Induced Mortality: 18%
- Motor vehicle crashes involving alcohol mortality: 42%
- Alcohol-Induced Mortality: 18.9%

34% (39/115) of providers surveyed identified SUD as the most impactful issue for their patients.

Neonatal Abstinence Syndrome by Prosperity Region, 2021

2010-2015: 779.5 (drug withdrawal syndrome in newborn) and
2016-current: P96.1 (neonatal withdrawal symptoms from maternal use of drugs of addiction)

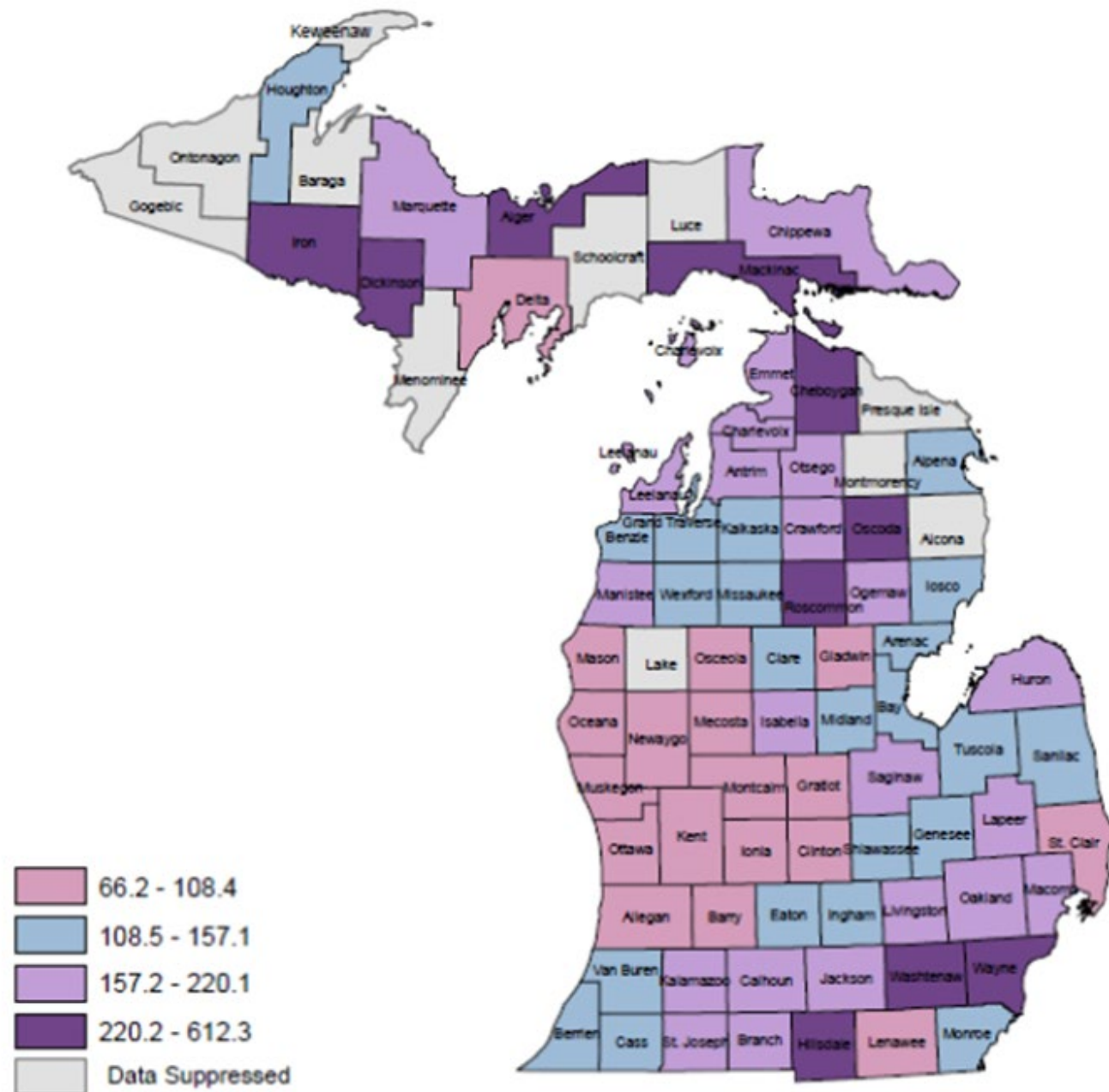


Region	# Cases	# Births	Rate per 1,000 Live Births
Michigan	685	105,022	6.5
Region 1	70	2,585	27.1
Region 2	22	2,776	7.9
Region 3	18	1,714	10.5
Region 4	60	18,253	3.3
Region 5	64	5,459	11.7
Region 6	96	8,527	11.3
Region 7	28	4,651	6.0
Region 8	46	8,364	5.5
Region 9	45	9,663	4.7
Region 10	236	43,025	5.5

Severe Maternal Morbidity by Residence County, 2015-2019

Severe Maternal Morbidity Rate per 10,000 Delivery Hospitalizations,
Michigan 2015-2019

This map displays SMM rate for 2015-2019 combined by residence county.
Counties with the highest rates of SMM are found in [State of Michigan Prosperity Regions 1, 3, 9 and 10](#).



Data note: Observations less than 6 are suppressed

Acknowledge stigma, shame, controversy, and complexity

- Stigma and Shame
- Controversy—what is recovery?
 - Abstinence only—12-step programs
 - MOUD, Co-occurring Disorders
 - “Multiple Pathways” each person’s recovery is unique and all tools should be accessible
- Complexity—separate billing systems within Medicaid/Commercial insurance
 - Lack of treatment providers/access to SUD treatment with often long wait times

The way forward—integrated care

- Whole person care = primary care health centers can treat behavioral health and physical health together
- Public health advocacy to treat SUD (substance use disorder) as chronic illness management the way other chronic conditions are treated (e.g., hypertension, diabetes)
- Recognizing the impact of SDOH (social determinants of health) and trauma
- Prevention and Harm Reduction in communities

Celebrate Successes

- We're in it for the long haul—public health transformation
- Many changes have happened over time
 - COVID increased telehealth access
- Successes
 - Active MOUD Provider Mentorship meetings to expand/improve patient care
 - Increase in MOUD Access points in the East Region
 - Connecting with rural areas to identify resources and partnerships
 - Developing alternative payment models to increase sustainability of all services
- Call to action—what will your impact be?



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Questions?

Thank You!

For questions and to make requests to the Technical Assistance Collaborative,
please email:

MDHHS-opioidsettlementhelp@michigan.gov

<https://www.michigan.gov/opioids/opioidsettlements>

