



KORE Project

A TRANSFORMATIONAL COLLABORATION EFFORT FOR THE KENTUCKY OPIOID CRISIS

MAY 17, 2019

Opioid Crisis

- ▶ Kentucky is one of the top ten states with the highest opioid-related overdose deaths.
 - ▶ In 2016, there were 989 opioid-related overdose deaths in Kentucky—a rate of 23.6 deaths per 100,000 persons and nearly double the national rate.
 - ▶ In 2015, Kentucky providers wrote 97.0 opioid prescriptions per 100 persons (4.47 million prescriptions). In the same year, the average U.S. rate was 70 opioid prescriptions per 100 persons (IMS Health, 2016).

Kentucky Response

- ▶ The **Kentucky Opioid Response Effort (KORE) is a grant initiative to provide a comprehensive targeted response to Kentucky's opioid crisis.**
- ▶ The effort is focusing on the expansion of access to a full continuum of high quality, evidence-based opioid prevention, treatment, recovery and harm reduction services and community supports in high risk regions of the state.
- ▶ The effort will focus on the primary care delivery model in the state

Goals of the KORE Project

- ▶ Build an infrastructure in primary care for access to substance abuse services and behavioral health services through the community health centers and participating rural health clinics.
- ▶ This structure will evolve into a sustainable, cost effective, integrated approach to service patients with Opioid Use Disorder (OUD)
- ▶ Initial implementation stage: 4/2019 through 9/2019

Primary Focus Populations

1. Opioid overdose survivors
2. Pregnant and parenting women with Opioid Use Disorder
3. Justice-involved patients with OUD
4. Children, transition-age youth, and families impacted by OUD

Grant Partnership

- ▶ Identified KPCA clinics
 - ▶ First Training Cohort group: comprised of clinics who provide co-located, comprehensive services including OB
 - ▶ Secondary Cohort clinics will be supported in efforts to enhance MAT and telehealth offerings for their patients
 - ▶ For clinics who do not have access to these services efforts will focus on establishment of relationship building with other providers offering these services in their community
- ▶ Hazelden Betty Ford Foundation (HBFF)
- ▶ Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)

New Services Available through KORE

- ▶ Transportation funds for patients who need assistance with appointments etc. \$500/month/clinic (voucher system)
- ▶ Peer Support Specialists
 - ▶ There are funds available for 19 FTEs along with funds designated for travel for these staff members to outreach patients

Scope of Work

- ▶ Establish the KPCA Implementation Team
 - ▶ Assess clinic abilities to provide behavioral health or contract with another clinic in their community for that treatment, but provide navigation and oversight of the patient
 - ▶ Hire necessary staff for project support
- ▶ Conduct leadership meetings to discuss project implementation status
- ▶ Conduct a two-day intensive conference (**June 27th and 28th**) with HBFF to review:
 - ▶ Current aspects of the community based care model
 - ▶ Medication Assisted Treatment Training
 - ▶ Best Practice Models for integration

Scope of Work continues

- ▶ Facilitate coordination of training and support between participating clinics and the Hazelden Betty Ford Foundation (HBFF)
- ▶ Purchase access to a data enterprise platform, **Aunt Bertha**, and customize a product that will support clinic and patient access to community based resources to aid in management and support of identified needs.
- ▶ Integrate current clinic projects into the new KORE project as not to overburden clinic operations
- ▶ Increase the use of telehealth access for rural clinics to qualified psychiatric services

Suggested Clinics

- ▶ Primary Care Centers of Eastern Kentucky, Hazard
- ▶ Lewis County Primary Care Center, Vanceburg
- ▶ Grace Community Health Center, Corbin
- ▶ Mountain Comprehensive Health Corporation, Whitesburg
- ▶ HealthPoint Family Care, Covington
- ▶ Primary Plus, Maysville
- ▶ Sterling Health Solutions, Mount Sterling
- ▶ HealthFirst Bluegrass, Lexington

Hazelden Betty Ford Foundation Training Process

Two-day Roundtable kick-off session

- ▶ Provide overview of the proposed model for care delivery

Organizational Assessments (seven dimensions)

- ▶ Clinic structure
- ▶ Clinic Milieu (culture)
- ▶ Identification and triage practices
- ▶ Care delivery (plan of care procedures)]
- ▶ Monitoring and coordination
- ▶ Workforce overview
- ▶ Training capabilities

Assessment Follow-up: results are shared with the clinic with next steps identified

Implementation, Consulting and final training

Project Deliverables

- ▶ Identify and hire KPCA Implementation team
- ▶ Identify KPCA Clinics that will participated in the MAT/Implementation/Integration project
- ▶ Identify the subset of clinics that will partner with HBFF for targeted training, consultation and implementation support
- ▶ Periodic collaboration status meetings
- ▶ Facilitate trainings
- ▶ Other project requirements

Aunt Bertha Implementation

- ▶ Project Kick off: April 9, 2019
 - ▶ Identify clinics who would like to participate in the tool development
- ▶ Two branded domains:
 - ▶ Internal staff
 - ▶ Patient site
 - ▶ Homepage development
 - ▶ Build Search parameters
 - ▶ Internal Training for staff
 - ▶ Community rollout strategy
 - ▶ Usage monitoring (reporting)

Reporting Requirements

- ▶ Monthly Reports:
 - ▶ Patient demographics
 - ▶ MAT treatment provided
 - ▶ Patient services provided
 - ▶ Cost data
 - ▶ Survey collection during the study period

Key Challenges of the project

- ▶ The provision of behavioral health services in the primary care setting requires an entirely different mindset.
- ▶ Utilization of the Hazelden Betty Ford Foundation staff assessment process provides the individual clinic the opportunity to develop an intervention model that fits their setting
- ▶ Payor engagement in the expansion of services at the primary care level

Addressing Sustainability of KORE project

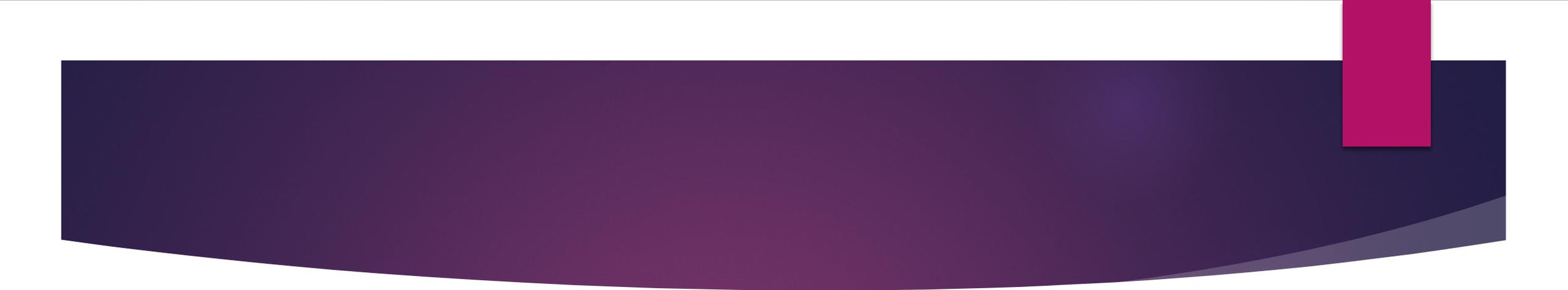
- ▶ Due to the changes this project will have on the scope of care provided by the clinics an adjustment to the current PPS rate is necessary.
- ▶ To request a change in scope clinics will need to submit a number of documents required in 907 KAR 1:055 Section 10 8(A) within 6 months of the effective date of a clinic change in scope
- ▶ The incorporation of behavioral health services from this project meet the definition of “Comprehensive Community Support Services” 908 KAR 2:250 Section 1 (3) a-g
 - ▶ Skills training, cueing, or supervision as identified in the client’s individualized treatment plan
 - ▶ Medication adherence and recognizing symptoms and side effects

Sustainability continued

- ▶ Non-clinical but therapeutic behavioral intervention, support, and skills training
- ▶ Assistance in accessing and utilizing community resources
- ▶ Emotional regulation skills
- ▶ Crisis coping skills; and developing and enhancing interpersonal skills

This review will take into consideration the current FTE structure at the clinic and incorporate the additional FTE for a peer support specialist. This may allow for a redistribution of responsibilities to support the behavioral health additions.

Current office work flows that may be impacted by the KORE project could impact long term capital investments strategies for the clinics and should be addressed at this time, i.e. office renovation, equipment or staffing needs.



QUESTIONS