



# OPENING ARIZONA'S FIRST MEDICATION UNIT



# Objectives

- Gain an understanding of Medication Units and regulations and how they increase access to Medication-Assisted Treatment
- Learn the importance of community collaboration and partnership in opening in rural communities
- Understanding of benefits and challenges to offering services through a Medication Unit in rural areas of Arizona



# What is a Medication Unit?

- According to 42 CFR § 8.11(i)(1), a certified OTP may establish a medication unit or units to administer or dispense medication therapy.
- Med Units are facilities that are part of, but geographically separate from, an opioid treatment program from which licensed private practitioners or community pharmacists dispense or administer opioid antagonist treatment medication or collect samples for drug testing or analysis.
- Such a unit is intended to facilitate access to medication-assisted treatment for patients who would otherwise have to travel great distances. Other required services must still be provided at the certified OTP.



# How did this all get started?

- Cenpatico Integrated Care received request for help from Safford justice partner
- Cenpatico compiled data to justify need for services in Safford
- State Targeted Response (STR) Grant published, seeking agencies interested in increasing access to care for individuals with Opioid Use Disorder
- CMS responded to grant, proposing services in Safford and Casa Grande
- Due to small population, proposed idea of Medication Unit

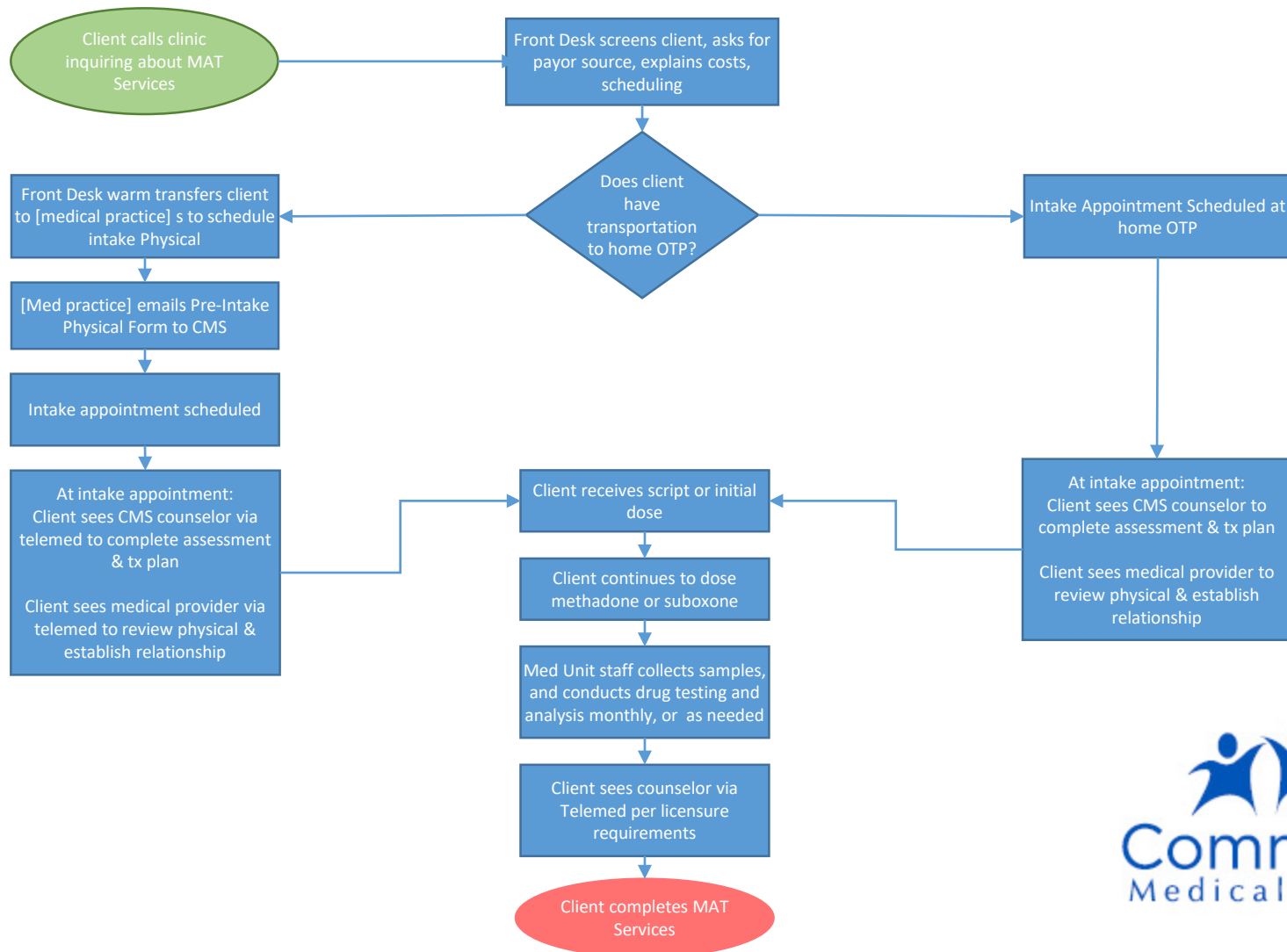


# Who were our collaborators?

- Cenpatico Integrated Care
- Graham County Superior Court
- Adult Probation
- Drug Court
- Local Police Department
- Mayors
- Substance Use Coalition
- Regional Medical Centers (hospital)
- Gila Valley Facing Addiction
- Local Behavioral Health Providers
- Local Peer-Run agency
- Community members
- Local churches



# Flow of Med Unit services



# What challenges have we faced?

- Getting to Tucson for intakes is challenging for many individuals
- Functionality limitations of current EHR make charting difficult
- Coordination of care between 2 clinics can be challenging
- Finding a nurse was tough!
- Not all rural areas are thrilled about the idea of MAT in their community





# Working to overcome challenges...

- Getting to Tucson for intakes is challenging for many individuals
  - Potential solutions:
    - Work with agency receiving STR grant for outreach
    - Utilize Health Homes to provide transportation to enrolled members
    - CMS adding transportation to contract to provide transportation services
    - Local medical provider completes in-person physical exams





# Working to overcome challenges...

- Functionality limitations of current EHR make charting difficult
  - Potential solutions:
    - Explore ability to expand current EHR functionality
    - Explore charting in only one EHR and inventory medication through external format
- Finding a nurse/recruiting for vacant positions
  - Potential solutions:
    - Expand advertising of positions
    - Work with local nursing colleges
    - Explore referral bonuses or sign on bonuses
    - Increase work hours per week



# Working to overcome challenges...

- Coordination of care between 2 clinics can be challenging
  - Potential solutions:
    - Assigning all Medication Unit clients to one counselor
    - Transitioned operational oversight of Med Unit to home OTP Clinic Manager
    - Frequent chart audits to ensure separate EHR charts are correct
    - Established email distribution lists to include dedicated home OTP staff and Med Unit staff to facilitate information



# Working to overcome challenges...

- Not all rural areas are thrilled about the idea of MAT in their community
  - Potential solutions:
    - Educate, educate, educate!
    - Meet with local stakeholders & public figures
    - Partner with local physical health providers
    - Meet with local businesses
    - Join local prevention coalitions/groups
    - Meet with church groups



# So how effective is a “Med Unit”?

- Opened May 29<sup>th</sup>
- Increased access to care
- Growth per month:
  - 5 anticipated/29 actual
- New to MAT services:
  - 25 individuals
- Naloxone provided to:
  - 29 individuals
- Desired Outcome Measures:
  - Retention above 90% at 90 days in treatment
    - Retention 97% after 1 month
  - Drug screens free of illicit opioids
  - Counseling compliance at 100% (1x per month)
  - Medical provider visits at 100% (1x every 90 days)



# Questions?



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