

# IMPROVING ACCESS TO CARE

RESPONSE TO AN EPIDEMIC

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31 October 2016

THE PROBLEM:

OPIOID USE DISORDER REMAINS A  
LETHAL EPIDEMIC IN MASSACHUSETTS

AND

ADDICTION TREATMENT WORKS

IN A CHRONIC RELAPSING DISEASE

SUBSTANCE ABUSE IS ABOUT  
THE PERSON

**NOT THE SUBSTANCE**

# ADDICTION TREATMENT WORKS (IN A CHRONIC RELAPSING DISEASE)

- Dead people don't recover
- Recovery is not linear
- Relapse can happen at any time
- Some people need medicine for productive life times
  - Elder
  - Methadone lawyer
  - Chronic pain

# RECOVERY DESERVES BETTER TOOLS

- Abstinence
  - -----→ Joy
- One of most satisfying of all medical encounters
- Demands all of Emmanuel's' treatment styles
  - Paternalistic
  - Informative
  - Interpretive
- Requires continuum of care with meaningful evaluation at each stage
- Requires engagement through and across communities
  - Prevention
  - Social justice agenda
  - Accountability

# EPIDEMICS HIGHLIGHT SYSTEM FAILURES

- Physician supply
  - 50% estimated not to use waiver to prescribe at all (Clark, SAMHSA)
- Barriers
  - Electronic Health Records without significant end user input
  - Insurer created obstacles (including prior authorization and limited formulary)
  - Regulatory resolution without evaluation
  - Time and efficiency (corporate) demands
  - Poorly integrated services for complex patients with co-morbid disease
  - No support for difficult patients including continuum of care

# NEED NOVEL RESPONSES

- Defeat silos
- Patient/consumer centered experience
  - Motivational interviewing
  - Trauma informed care
- Provider centered experience
  - Acknowledge real difficulties from disease
- Utilize alternative ways of creating programs: Design centered thinking
- Augment new ideas with alternative technologies