IMPROVING ACCESS TO CARE
RESPONSE TO AN EPIDEMIC

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THE PROBLEM:

OPIOID USE DISORDER REMAINS A LETHAL EPIDEMIC IN MASSACHUSETTS

AND

ADDITION 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 Emmanuels’ 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