RECADEMY™

The Academy for Improving Substance Use Disorder Treatment: Making Recovery a Reality™

What Works In Rural OUD Care: A Best Practice Case Study With St. Matthews Pharmacy & Spero Health

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Dr. Buttlaire 0:00

Welcome, everybody. I'm Dr. Stuart Butler from OPEN MINDS. I'm the clinical leader for OPEN MINDS, and this is the Academy: What Works in Rural OUD or SUD Care, a best practice case study with St. Matthews Pharmacy and Spiro Health. The challenges of treating opioid use disorder are not distributed evenly. Rural communities often face the same clinical challenges as other communities, but with fewer resources and much less room for something to go wrong. A missed appointment in an urban area may be rescheduled relatively quickly. In a rural community, that missed appointment may reflect the loss of a ride, a provider who is only available one day a week, a pharmacy that does not stock the medication, or the absence of reliable telephone or internet service. The opportunity for care may be days or even weeks away, there are also less visible barriers in a small community. Privacy can be difficult to maintain. Patients may encounter people they know when entering a treatment program or picking up medication. Stigma surrounding opioid use disorder and sometimes medication its treatment itself can remain very strong. Recovery supports counseling. Alternative treatment options may be limited or located at a considerable distance away. Yet many of our treatment systems continue to be designed around the assumption that patients have dependable transportation, predictable schedules, reliable communities, and the ability to navigate multiple organizations. We sometimes describe this as a meeting patients where they are, while still expecting patients to accommodate the requirements of our systems. Medication is an essential part of treating opioid use disorder, but prescribing the right medication is only one part of making treatment accessible. The medication must be authorized, obtained, delivered to the right location, and available when the patient is able to get there. Clinical care, pharmacy operations, scheduling, counseling, case management, and community supports all have to work together. Long-acting medications can offer important advantages, particularly when frequent visits and consistent access to oral medications are difficult. But medication alone does not resolve the underlying fragmentation. It takes a care model and partnerships designed around the realities of people being served, today we're going to examine one such partnership and a patient case that illustrates both the challenges of providing OUD treatment in a rural community and the practical steps organizations can take to improve access and continuity of cares. With that, let me introduce our speakers: Kim Caudle, senior clinical pharmacist, director of quality and accreditations at St. Matthews Specialty Pharmacy, and David Hayden, senior vice president of clinical services at Sparrow Health. And with that, I'll turn it over to both of you.

Kim Caudill 3:22

Thank you, Stuart. So today, I'll just go over a few things about what you're going to learn here as David and I kind of go through this presentation. You're going to learn the key differences between treating patients in a rural versus urban setting. How Sparrow Health and St. Matthews Pharmacy increase patient retention through a partnership serving patients in rural areas. We're going to talk about a real-life example of how one individual in rural Kentucky benefited from a care pathway designed specifically for his life, and we're going to talk about some best practices for how your organization can apply substance use disorder and opiate use disorder treatment access in rural areas. Why this matters? Only about 6% of rural residents with substance use disorder received treatment in the past year. Rural residents are nine times less likely to have access to buprenorphine, and rural residents are 4.5 times more likely to enter inpatient substance use disorder treatment through a court order or law enforcement agency. So, just to give you a little bit of background information about St. Matthew's Pharmacy, we are a specialty pharmacy with a long-standing focus on substance use disorder treatment. We started our substance use disorder treatment basically from a community service project because we had some staff members who previously had had personal experience in the way of family members who were deeply impacted by substance use disorder, and eventually. That became our focus and not just our passion. So we expanded into long-acting injectables as they became the standard of care. We gained access to those products and have figured out ways to, you know, remove barriers and get the medications in the hands of patients that needed them, we then built Stream, which is our provider portal. It's basically a communication platform that's web-based, and we have insight into what's going on with a patient's prescription. The provider has insight into what's going on with a patient's prescription in real time, so it gives transparency to the complex process of getting a prescription for these types of medications filled. We also train the clinic staff directly, manage and provide support, and help secure prior authorizations for these medications.

David Hayden 6:05

Thanks, Kim. Thanks, Stuart. Really, really happy to be here and tell you a little bit about Spiro Health and these patients that we serve. Spiro Health is a multi-state. We have offices in six different states treating individuals with substance use disorder, opioid use disorder. We believe in a team-based model where providers, counselors, case managers work together on each patient's treatment plan. We believe that that provides the best holistic care for people that are entering treatment, and we provide on-site care and also supplement that with telehealth services to reach patients regardless of of where they are, what transportation issues they may have, the distance they get to the clinic, all those other barriers that they have. Just trying to, like Stewart said at the beginning, meet them where they are.

Kim Caudill 6:52

So the problem that St. Matthews and Sparrows has observed throughout the medication process is that rural pharmacies often don't stock LAI medications, and they may only be open one or two days a week. There were also a lot of operational complexities. Every clinic tracked its LAIs in their own way. They had spreadsheets. They would have to call the pharmacy. They would. There were too many manual handoffs and too little visibility, and so it was difficult for clinics to keep up with when the medications were due, when to send the prescriptions, when to request refills, and so it just

became really complex for them to handle. There's also a lot of rule barriers involved. There's limited pharmacy access, clinics that aren't open five days a week in the outlying areas, particularly in the state we're in, which is Kentucky, patients if they can't get to the clinic on one day, it could delay their therapy. They're they're having to travel longer distances, and oftentimes these patients have unreliable or Medicaid dependent transportation. So the result of that is it's difficult to get patients to stay in treatment. Delays and manual friction that a patient in a rural community can't easily root around causes them to just kind of give up, and a lot of times that leads to treatment failures. Now we're going to kind of look at each one of those three things a little more in depth. So medication access for these patients is really difficult. Previously, we'd mentioned that many rural pharmacies don't routinely stock substance use disorder LEIs. It's because they're expensive. There's complexity in getting reimbursed for the cost of the medication, and a lot of times in rural and outlying areas, there's relatively low volume of these medications that they would need to dispense. So, for a pharmacy to have these just sitting on their shelf, waiting for the patient to come in, is just really not practical. We also discussed that rural clinics may only be open one or two days a week. The reason for this is because oftentimes these clinics are a single location of a much larger entity that is purposefully moving clinics from urban settings out into the rural area to service these patients, but they may not have providers that are able to staff those locations every single day. So what happens is there may be a clinic at a Sparrow Health, for example, in an outlying area that's only open to see patients one day a week. So that makes it really difficult for these patients who already have these other barriers happening, such as transportation issues, to be able to get to the clinic on a particular day of the week every week. So, also requiring patients to obtain medication from a separate pharmacy can add even another trip to someone who already struggles with transportation. All of these places are where things can break down that'll ultimately. Create difficulty for the patient in getting their medication. There's also a lot of stigma that's involved a lot of times when patients are having to go to multiple pharmacies, and that just becomes an additional barrier. So in an urban setting, there's often more alternatives if something goes wrong, but in rural communities, there may not be another pharmacy or treatment resource nearby, so that makes it really difficult for patients to get medication access. There's also a lot of operational complexity. So we had mentioned previously that every clinic kind of built its own workaround for tracking substance use disorder (LAIs) . Staff would have to stop and call the pharmacy just to check a basic status on a medication to find out, hey, is this medication coming today? Is it due? All of the things that go into coordinating getting medication to the patient's appointment. Manual handoffs often mean low visibility. When something broke down, no one can easily identify or resolve the problem. Medication coordination then begins to compete with counseling, case management, and all of the other things that the care team at the clinic are already trying to manage. So it just really becomes a burden. And what we found is the operational burden falls on the care team, but the consequence of the breakdown often falls on the patient.

David Hayden 11:25

One of the things that I think is really true, you know, in rural communities, there's isolation that exists, and getting all those things that you talked about becomes much more challenging than it does in an urban area. So not only does the the isolation make it more difficult for them to get care, but other information doesn't get through in those isolated areas. And you talked about stigma earlier, and certainly, I think stigma has come a long way over the last several years. But in isolated communities, stigma is still really prevalent, and it's something that patients have to deal with much more than they

do in urban areas. When you talk about me and the patient where they are, I think sometimes this is a very misunderstood concept. Stuart brought it up at the beginning. It's it's being able to have a a program that is flexible so that we can't always predict when the patient will show up, but care models need to bend around that, and also be able to provide different ways for patients to access care. Kim, you talked about transportation being an issue; it certainly is, and sometimes daily medication requirements when they take oral medications become a challenge, and it's often incompatible with people that live in a rural setting, they run out of medication too early, or they come in and have medication left. And then, if they do have a pharmacy that's open, a lot of times they can't get that filled when they're in town that day because they have medication left. So, access and flexibility are extremely important when you talk about meeting the patient where they are. I'm going to share with you an example of a patient who is in Eastern Kentucky and was visiting one of our clinics, and just kind of set the stage where he lived isolated area, did not have reliable phone service, did have some internet from time to time. I think they had a satellite dish where they got their their internet from, and if anybody's ever had one of those, you know, that they are not the most reliable form of communication. And like many in the region, his family grew up in the coal industry, and that's how they made a living. And when that work disappeared, so did much of the the community stability. And so there was a lot of despair, a lot of lack of of hope that kind of comes with these situations, and it turned a lot of individuals to to using drugs to deal with that as a way to escape, a way to to deal with that loss. And in a an isolated community, that becomes then the the way of coping. So he was very motivated to change. He had a couple people he he'd been using for a long period of time, but he had then had a couple people that died of an overdose that were close to him, and you know had children, young children, and he wanted to be a better parent to them. He wanted to make sure that they had opportunities that he didn't have, so he became very motivated to do something different with with his life, and for him, recovery meant breaking from that culture where you know in that culture of addiction, the life revolves around finding the drug, using the drug, and recovering from the drug, and that becomes the the system and the way they manage their their day, and so being isolated. That's what a lot of those community members did. So that created a different barrier for him. So what we tried to do with our our holistic team, again having providers, counselors, and case managers, is build a plan around him. And not say if you come to Spiro, this is what we expect of you. It's your coming. This is your recovery. How can we support you in that journey and walk alongside you in that in that journey? And so what we had to end up doing was switching the counseling and case management to telehealth because of his lack of transportation issues, and we had more flexibility with that, more flexibility for him to connect with his counselor, his case manager, so that could continue even when he couldn't get into the clinic. The provider explored the long-acting injectables because it allowed for some consistency in his medication.

David Hayden 15:36

So again, if you show up to the clinic, you know days before you get your injection, you can you can take it early. If you show up late, you can take it later. the the The lasting effect of long acting gentlemen worked really well for him and worked well for people that have transportation issues. The other thing that that that also did for him, and we talked about the the culture of addiction a few minutes ago, was part of that that culture was taking pills, and he would get up in the morning and take his oral medication. And what his family started to see was, hey, you're not really doing anything different. You're saying you want something different. You're saying you want to be a better parent to your children. And you had friends that died. You don't want that to happen. Yet you're taking this. So

again, another result of being isolated is the family members and the people in that community didn't know that he was actually taking a medicine that was prescribed by a doctor. They thought he's just taking some some pills that that he got, and so the injectable medication really changed that routine and allowed him to start showing his family that he's doing something different, which is extremely important. So we end up having to to say, you know, your family is your support system. So how can we provide some some education to them and let them know this is what you're doing and and our providers doing it and what the benefits of this are and what the limitations are of the medication. So we did some education with his family. We actually got them to come into the clinic one time, and then other times we would do telehealth sessions with them, so that they could see that he was being treated. This was not a character flaw. All the things he was saying, he really did want, and we were trying to support him in different ways that they could support him as well. So that didn't disappear right away, as you all know. That when someone's in recovery for substance use disorder and they're in treatment, some of those the medication worked really well, but some of the benefits from the counseling and case management take a little more time, and so that's what family members wanted to see is was there starting to be a change in behavior, and so after about nine months of a really a good stretch of time for him of being clean, the family started noticing the difference. Just the way he would interact, his his calmness around his kids, the time he spent with them was much more enhanced. And when they started making note of that and saying that back to him, that just reinforced his motivation that hey I'm doing something doing something different so eventually he was able to move his family to a different location less isolating easier for him to find work his family was really up for that so they had a lot of ties in that community too that was very isolated so getting them to to do something different and support him was really important and helped along his journey. So it's being able to to recognize that addiction is a community condition. So I think it if he hadn't got the the community's family to help support him, that's how that change happens by one person at a time. It really then can spread throughout the community, but I don't think if we hadn't got his family involved in that, and also he probably wouldn't have been as successful. But the long-acting injectable helped with that too, because they saw that he wasn't taking oral medication or wasn't taking oral pills. He wasn't doing that to to change his mood and to change his situation. So I think that was a a huge thing. So the support system. So anytime that you look at someone who's making the the huge changes that they're making in recovery, it's about what kind of supports do they have, what kind of skills do they need, and what is their routine like. And family certainly offers a lot of that.

David Hayden 19:19

They needed some education, making sure that they knew that that this was an illness, that it was not something that was a moral character flaw, and then how they could help best support him in this journey of recovery as well, and the impact that it had on them. They saw him sometimes at his worst, so how how can they can learn and we support them as well. Then flexibility matters. Again, routine is extremely important. So how do you be flexible as a treatment provider until that patient does establish a good, healthy routine and structure in their life? And a lot of times, when we're taking oral medications, it doesn't allow that. To be because there's so many other things that can fall apart with transportation and pharmacy issues that that Kim you talked about, and again there's that culture shift. So you move that patient from that culture of addiction to the culture of recovery, and you do that one relationship at a time, and then watch that that grow and flourish under them. It's a it's a really beautiful thing. So I think what really worked in this situation was the centralized pharmacy

experience, their expertise. St. Matthews did a great job with that, being help standardize the workflow there. So again, it took a lot of burden off of our team to not have to worry about that. There's so many other things that when you're treating people with subject disorder that you do have to worry about and balance. This was one thing that we could take off take off the plate, and technology really enabled communication to be at at the forefront and allowed this stuff to to really happen seamlessly. So, Kim, this is part of the things that that that changed as you all actually became an extension of the care team. Talk a little bit about that.

Kim Caudill 21:04

So, yes, we became an extension of the healthcare team. So, by helping to manage the medication process from receiving the prescription all the way through the administration, rather than each clinic handling specialty pharmacy complexity alone. So basically, our stream portal gives insight and visibility into this process, and it houses documentation. It's you know easy to communicate back and forth with the clinic, and it just kind of makes things really simple for the clinic to be able to figure out what's going on with the prescription, since the prescription aspect is only one thing that's occurring during a patient's treatment. So for me, one of the biggest things that I notice when speaking with providers, you know, that are filling prescriptions with St. Matthew's Pharmacy, is that oftentimes the reason the medication doesn't get to the patient's appointment on time is really a failure in communication. We will be speaking with a provider on site at their location. Sometimes we will ask them, you know, how do you know that a that a patient's medication isn't coming? How do you know there's been a breakdown or a problem, and oftentimes they will tell us we don't. The medication just doesn't show up. So to us, this was a huge deal because communication really has to happen, and the stream portal is built to make the communication really easy and simple for the majority of people. Your clinic staff should be able to get in there on a daily basis, look and see exactly what's going on with a prescription at any time. I like to compare it kind of to getting a pizza filled with Domino's, so you can you know your pizza's going in the oven and your your medication's going in the bottle. You can tell it's it's kind of the same thing. You can get a status update in real time without having to pick up the phone and call the pharmacy. So, why our partnership with Sparrow Health Works? So Spiro owns the clinical relationship and the whole person treatment plan. So they're doing all of the medication management, the counseling of the patients, case management, telehealth appointments, family support and engagement. St. Matthews Pharmacy removes medication access and workflow barriers. That's something that we're really good at. We are able to assist with prior authorizations, and although we're not able to submit them on our own, we can help, you know, answer clinical questions, just provide basic support for the people on the other side of the stream portal that are submitting those prior authorizations. Once the prior authorization prior authorization is complete, the provider is able to go in, look at all the information, review it, make changes, and then submit it on to the patient's plan. So it's really helpful for them, because they're not having to handle that entire process on their own while also juggling all these other things that they're doing for the patient's treatment. We also handle the medication coordination, the delivery of the medication to the clinic, real-time status visibility, and flexible flexible communication with clinic teams. So we oftentimes will just ask the clinic, "What's your preferred method of communication?" And we can do that pretty much instantaneously through the stream portal, or we can open direct lines of communication by phone. I mean, there's any any kind of communication works, and it can also just be the preference of the clinic. So basically, what this means is that together, Sparrow Health and St.

Matthews Pharmacy have put together a plan so that the patient doesn't have to navigate a disconnected system to stay in treatment.

David Hayden 24:55

Thanks, Kim. So, what can can you all learn from this? It's really important to be be. Flexible, so having multiple clinical and service pathways. So again, it's I think Stuart said at the beginning, it's not forcing every patient into the options that's easiest to deliver. It's not about us; it's about the the patient. Having real good communication with the the other supporting partners that are helping that that patient. So listening to that patient needs, maintaining communications with with clinic teams and the pharmacies is extremely important. Having someone that wants to be a partner to those local local clinics, and I think the the last thing that that I really want to stress is be curious. Is start with the problem, not the solution. So, what actually is the problem for that patient staying in care and listening to that patient, having them feel heard and understood, and then you can start looking at different ways to to engage with them and solve that one step at a time.

Kim Caudill 25:54

So, how to get started with doing this on your own? It's important to identify what's actually keeping patients from entering or staying in care, is it transportation issues? Is it varying clinical hours? Is it access to their medication, connectivity, stigma, or some other barrier? Once you have that identified, then you can build in flexibility through combining in-person and telehealth and designing appointment models that tolerate real-world unpredictability. Choose a pharmacy partner with rural SUD expertise, one that communicates proactively and not just fills prescription. I mean, I find that proactive communication is one of the biggest things you can do to prevent a patient going through all of the trouble of showing up to their appointment, organizing a ride, getting through all of those things, only to find their medication is not there. There are so many things that we we can look at proactively that can prevent that very situation. Give your team visibility into medication status to help remove major time sink and stress points, and then treat family and community supports as part of the care team, not just an afterthought.

Dr. Buttlaire 27:07

So I had the benefit, you guys, great, great presentation of seeing your slides before before this session, and I came up with some questions for you both. So, so one of the challenges in treating opioid use disorder is that a patient's readiness can change very quickly. When a patient says, "I'm ready to do something different," what has to happen from the moment that moment through receiving the first injection, so the system doesn't lose that opportunity? I'm going to start with you, David.

David Hayden 27:39

Yeah, that's a great question. I think one of the first things you have to have is you have to have a team that wants to listen to the patient and really understand what that means when they're when they say they're ready, and also what are the opportunities or the challenges that that patient has that

what might cause them to drop out of care. And then I think the other thing that you have to have is you have to have an infrastructure. You have to have a community partners and a a system that is set up to help meet those challenges that that patient may have for whatever whatever they are, so that we can best best support that.

Dr. Buttlaire 28:18

And do you have any comments about how your support helps in this area?

Kim Caudill 28:22

Yes. So we believe you got to strike while the iron's hot. If the patient's ready to go, then we need to get everything done that we can do to get the medication there on time for the patient's appointment. Again, it's just it's one aspect of what this patient is going through outside of treatment. Just things that happen in regular life, on top of you know all the things that they have to get right to get into treatment, and then that one little piece of medication getting there on time can can really derail things. And so, our staff at St. Matthew's Pharmacy recognizes that on the end of our process, there's an actual real life person that's there, depending on us, and so we've tried to put a lot of fail safes into our process that allow us to get the medication there for the patient's appointment before they're no longer motivated.

Dr. Buttlaire 29:15

You know what I love with what you both said is, on the one hand, it's important to be flexible, but you got to be timely. You've got to be right there, or things don't work. So flexibility can't mean sloppiness. It really has to mean exactness. Do I have that right?

David Hayden 29:31

Yeah,

Kim Caudill 29:32

that's exactly right.

David Hayden 29:33

Yeah, I think that's true. Yeah.

Dr. Buttlaire 29:34

So my next question is: the patient in this case brought considerable motivation to his recovery, for someone who's you know more ambivalent, what what kind of long acting medication and more

flexible workflow solve, and what still depends upon counseling, trust, family or community support, and continued engagement? Yeah, that's a great

David Hayden 29:57

question too. And and you know the example I gave where. Very fortunate that was a very motivated patient, but we do get patients that have considerably less motivation than than he had. But I think they're all motivated for something. That's why they show up. There's some level of motivation for them to even reach out and say, "Hey, I'm thinking about changing," or "Give me some information." The benefit of that is again, if you're if you're curious and listening to the patients, you can hear some of that ambivalence that they may have. And the long-acting injectables, the benefit that that gives is it provides continuous coverage. So if their motivation, you know, goes up and down, they still have that life-saving medication. And once they are going about their life and they have that medication in them, then they start to see other challenges that they may have, and that may allow them to to want to engage more in in counseling, or they want family members to to learn more about what's going on and how they can get support. So it just it it allows them to to have more coverage of the medication than it does just an oral medication.

Kim Caudill 31:04

Yeah,

Dr. Buttlaire 31:05

good comments, Kim. Anything to ask?

Kim Caudill 31:07

Yeah, thank you, Stuart. Clinically, the important thing to know about the long-acting injectable medications is that they really lead to consistent blood levels of medication over long periods of time, you don't get those peaks and troughs in blood levels of concentration, which number one keeps patients from having the dose-dependent side effects with the peaks, and it also keeps patients from feeling cravings or withdrawal symptoms during the troughs, and so what that does is it buys you time. It buys time for the patient to not, you know, have to deal with those two issues that you sometimes have with oral medications until they can get, you know, things worked out, start getting their counseling, start getting all of their other things together. And I think that's an important part of long-acting medications to recognize and how they can be even more successful for these patients.

David Hayden 32:07

Yeah,

Dr. Buttlaire 32:07

I'm going to stick with you for just a second. How do you how do you overcome the some patients' fear of an injection and and needles? Right, there's some people who just are really scared of needles.

Kim Caudill 32:21

That's a very good point, and you know, there's something about patients too. Like I've seen, because we have an injection clinic as well on site at St. Matthews where we actually administer some of these products, and you'll have patients come in that have, you know, full body tattoos, but they're scared to death to get an injection, and it's, you know sometimes that is really difficult to overcome, but it's basically just you know talking through things with the patient, explaining to them the advantages, just like what I just explained to you guys now. And and sometimes they think it's worth it, and and so it's just you know supporting the patient through that, but also recognizing that it's not the best option for every single patient.

Dr. Buttlaire 33:05

David, do you have something to chime in here too?

David Hayden 33:07

I I think she said it really well. I think it's educating the patient on the whole process, what that's like, and the difference between you know a long acting injectable being injected versus the drugs that they were injecting, there is a difference, and being able to educate them about that, I think, is important.

Dr. Buttlaire 33:26

Exactly, I think that's a really important point. So, long-acting buprenorphine can be very valuable, particularly in a rural setting, but it isn't the right treatment for every patient. How do you keep geography and convenience from determining the clinical choice. What happens when another treatment, including methadone, may be more appropriate but is much harder for the patient to access?

David Hayden 33:53

Yeah, I can I can start with that, but I think that's a that's a great question. And I think it again it goes back to being flexible, and are you meeting the patient where they are? And sometimes that means that the patient doesn't get care with you, but it gets care with another community partner, someone else that's another provider in some different way, because that's going to be a better option for that patient. So again, it's it's being flexible and and knowing that the the patient does want something, they're showing up. So how do we help them meet that? And it's not it's not about us doing it for them. It's about helping the patient get what they want.

Dr. Buttlaire 34:27

How do you help them then get connected? If you don't have the right treatment and you're in a rural area, what what do you do to help them get connected to the right treatment?

David Hayden 34:37

It's it's again about having partners in the community. So, this particular one, we're talking about our partnership with St. Matthews, but you have to know who else is in the community that does different things than we do. So is again, I think our model is a great model, and and I'm very fortunate to be a part of it. But like Kim said, it doesn't meet everyone's needs. So you have to have other options in your community to help. Those patients meet those needs. It's not, it's not about us. It's about that patient and what is it that they that they need. And that's again being a partner with with with the community.

Dr. Buttlaire 35:11

Kim, anything to add?

Kim Caudill 35:12

Yes, I think that there's there's a lot of things that go into determining what is the best treatment plan for a patient, and one of those things that's really important, in my view, that outcomes for the patient are dependent upon is: is the treatment practical for the patient? And in a rural setting, if you're talking about someone who lives 20 miles from the treatment center and doesn't have transportation, then prescribing a medication for them that requires you to to go somewhere daily for dosing has to be considered when developing the treatment plan to determine is that practical for the patient because if it's not then the outcomes aren't going to be great anyway and so I think that's the advantage of of the flexibility that David points out, and having lots of different options, and it's basically looking at each individualized patient and their situation when you determine the treatment plan.

Dr. Buttlaire 36:10

You know, you you both sort of hit on something that I think is so important, both in rural and and central areas as well, which has to do with SDOH, the people supports what what what's really driving their lifestyle. What's really driving what they need in life? So I'm just so curious whether or not you take all of those into consideration when you're when you're talking about a patient's treatment.

David Hayden 36:35

I think I think you have to again. You know, I used the phrase earlier about being curious. Is you know, what what is going on with that patient. And when we see a patient, we we make the assumption that oh, we know what they need just because they walked in the door and they say they're from this part of the the state. Then we've made a mistake, and and and patients feel that, and they don't feel like

they're listened to and heard. So I think you you have to be flexible and you have to be curious with that patient to develop the best plan for them, and not how do we make them fit into our system.

Dr. Buttlaire 37:09

The social determinants of health are so important, I think, in in determining, and you know, particularly for for people who have struggle with mental health and as well as substance use disorders. Getting the medication to the clinic on time is essential, but it is an intermediate outcome. How do you know the overall model is working? How do we know that the patient is getting better? I think is the bottom line here. Kim, I'm going to start with you.

Kim Caudill 37:33

Sure. So, is the patient getting better? Would probably be a better question for David. But what I can tell you is that at St. Matthews we are a dual accredited pharmacy, and we have an IT team that's amazing. We track a ton of data, and so as part of our continuous improvement, what we do, what we've done, is look at a lot of the data to determine, based on the model that we have, are these patients staying in treatment? What is our what are retention rates with the providers that we're seeing? What are adherence rates among the different drug categories? We sort that by medications, and we report out on that quarterly to our staff. And it's amazing to see the success that we've had in keeping patients in treatment. And so, from our perspective, that's how we look at if we're being successful: is are the patients adherent and are they staying in treatment for treatment outcomes? David may be able to to speak better to that.

Dr. Buttlaire 38:41

So, from your point of view, it's really engagement that's so critical.

Kim Caudill 38:47

Yes,

Dr. Buttlaire 38:48

David.

David Hayden 38:51

Well, that's the first measure: is are they staying in care? Because they can't achieve any other goals that they want to achieve if they drop out of treatment. And so, certainly, long-acting injectables help with that, especially in a rural community. But it's you notice things. So, in the example I gave, the patient said he wanted to be a better father. He's starting able to give examples of how that's coming true for him, and they look better. They're managing their time better. They are more predictable in the times they show up to the clinic for those in clinic appointments. So you know that some of the

chaos in their life is is dissipating. So they have more structure, more routine, and then they report community connections that they have. So transportation becomes less of an issue, those social determinants of of care that you brought up, of health that you brought up, become less of an issue. Their physical health starts to get better. You just see a lot of markers in that that over time really do get better. But like Kim said, the the the main one is retention. Are they staying in care? Because none of that stuff can happen if they.

Dr. Buttlaire 40:01

So I think this is our our last question for a leader of a rural provider organization listening today. I'd like each of you to leave them with one practical recommendation.

David Hayden 40:15

I think one thing that I would leave people with is to I guess a couple of points to it is is be flexible. You have to be flexible to meet this patient population where they are, especially in rural settings, and develop community partnerships. There is no way to to do this on your own. So having the community involved and other people that can provide additional care will help create that safety net for that patient to stay in treatment.

Kim Caudill 40:41

Yeah, for me, I think the take-home message again is just about communicating with your pharmacy partner. If you can find a pharmacy that has rural health or substance use disorder treatment experience, that's probably the best thing that can happen. But above all else, just communication is really important because so many of those breakdowns that can happen during the filling process can be prevented just with communication. You know, if if the pharmacy is reaching out to get insurance information and they can't get that from either the clinic or the patient, the medication is not going to make it to the appointment on time. It's important to let the patient know that in advance, so that you know you can prevent them from making a trip in, because that oftentimes is what becomes detrimental to their care. They just think this is too hard. You know, I'm getting all the way to the pharmacy. My medication's not there. I just I can't deal with it, and we see that happen so many times. And so I just think communication in some form is really important.

Dr. Buttlaire 41:49

You know, you you point out Kim the some practical failure points, some some things that could lead to actually not having a successful Organizational approach. So I'm wondering, David, did you guys try something that didn't work that might be helpful for people to know that something that didn't go quite as you had expected, and maybe why?

David Hayden 42:17

Yeah, I mean, we I don't think we have enough time to talk about all the different things we tried that didn't work. That that's how you. We got time.

Dr. Buttlaire 42:26

We got a little time. Yeah, go ahead. That's how

David Hayden 42:27

you learn. Is you try things and and you see what works. And and again, you're not so rigid that that if people want treatment, they're going to do it the way we want. And so again, I think it goes back to one of the things that Kim said when you talk about retention, when you find that people are dropping out of care, you have to look at how do you reduce that, because they're. I hate that when say, oh, they just weren't motivated. They were motivated to show up. We just didn't make that path and that journey for them smooth enough or reveal it enough. And so you have to be able to look at how do we change things to better stay connected with this patient. And retention is one of those. So when you when you lose patients, you got to look at why are you losing them, and and part of that is just being rigid and expecting that the patients are going to do it because they came to us, and if they want to be in care, they're going to do it our way, and that just can't you can't you can't help enough people doing it like that.

Dr. Buttlaire 43:25

Yeah, and and Kim, yeah, did you try something that didn't work so well?

Kim Caudill 43:30

Oh, many things, many things. We we still try things sometimes that don't work well, and we just have to to go back to it. and And one of my favorite things in the world is is attacking a problem with a creative solution, and so we still do that today. We'll several managers or leaders of our organization will get in a room and try to figure out how to circumvent some issue that's that we've recognized that's consistently happening among clinics or patients, and and try to resolve that. So, yes, we have that.

Dr. Buttlaire 44:06

Any last words from from from both of you, David? Let's start with you.

David Hayden 44:12

Yeah, I I think just being open again, being open to what the patient experience is, and you know, again, developing those relationships in the community to see how can we come together and know that you're you're doing it for the good of that community and what that community needs.

Dr. Buttlaire 44:32

And Kim,

Kim Caudill 44:34

I would say just have compassion and patience, and try to try to think of the person on the other end of this process as a friend or family member, because most everyone this day and age knows someone has a has a friend or a family member that has faced these issues, and I think it's important to treat every one of those patients with the same. Respect that you would want your friend, family, or or personal acquaintance with.

Dr. Buttlaire 45:06

So I want to thank you both. This was a really terrific discussion, and I appreciate you answering all the questions that I had for you. And and just for those of you listening today, thank you so much for attending. and And be mindful. This is Reacademy, and we're going to be having upcoming webinars and resources. And you can go to reacademy.org and pick up that information. And we'd love to have you participate in our future webinars as well. With that, thank you all, and goodbye.

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