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Initiation of LAI MOUD To Demonstrate Accelerated Onboarding:

A Best Practice Case Study With Kaiser Permanente Napa-Solano

Today's Speakers



Charles C. Whitehill, MD

Chief of Addiction Medicine
& Recovery Services (AMRS)
Napa Solano Kaiser



Stuart Buttlaire, PhD

Vice President of Clinical
Excellence & Leadership
OPEN MINDS

What You'll Learn



Why SUD and OUD treatment shouldn't be managed as a "one size fits all" approach



How Kaiser Napa Solano shifted their treatment process to prioritize patient availability and readiness



A real-world example of how an individual in Napa Solano began –and remained in – treatment after a long no-show pattern



Best practices for how your organization can implement accelerated LAI-MOUD initiation

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Why This Matters

Only 16% of people who need substance-use treatment actually receive it.

SAMHSA, 2026

38.8% of OUD patients discontinued treatment within the first 30 days.

Jama, 2026

Accelerated initiation improves early retention by nearly 12%.

Jama, 2026

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About Kaiser Permanente Napa-Solano

- Serves the Northern California community by providing affordable health care and coverage
- Includes primary care, behavioral medicine, chronic-condition/case management, pharmacy, laboratory, physical therapy, radiology, and other specialty services
- Care is delivered primarily through Vallejo and Vacaville medical centers
- Present in urban, suburban, and rural communities



The Recurring Pattern In Male Adolescents

- Many struggling with SUD or OUD reach out for help in a moment of crisis but then do one of two things:
  - Don't show up for the appointment
  - Show up for the appointment, but don't pick up their medication
- This can happen with anyone of any age, but tends to be most prominent in male adolescents
- Also happens often with individuals that don't have a strong routine, community involvement, or a support system
- Can be met by clinician frustration because of a seemingly never-ending cycle

“How do we reduce the number of steps between the decision to seek treatment and actually beginning the treatment to stop this cycle?”

Start By Looking At Missed Opportunities

- Any missed treatment can lead to the ever-present risk of a fatal overdose
- Most often, though, missed treatments lead to disease progression
  - One missed appointment might seem like a one-off, but it creates a normality that it's normal, and missed appointments often show up as a pattern
- The longer fentanyl use goes on, the more saturation can increase
- The goal is to see patients within the same day or next day – aiming to reach a steady state within the week

"If you normalize missing appointments and always being in crisis, there's a disease progression. You get somebody who becomes harder and harder to treat."

Dr. Charles Whitehill

Philosophy Of Access

- The answer is always "yes". If a patient wants treatment, the provider needs to make it work for the patient, not the other way around
- The treatment system should be built around responding in the moment – SUD and OUD patients are lost when availability is limited
- Tools To Establish Engagement:
    1. Keep medication in stock for immediate access
    2. Assign dedicated staff members for SUD and OUD patients
    3. Create a list of recommended resources

Building A Collaborative Care Team

- You can't get the whole job done with just one person
- Whoever is available in the moment can support – this builds a collaborative team-based care model instead of a patient reliance on one specific team member only
- Care team includes:
  - Intake Specialists
  - Addiction Medicine Doctors
  - Nurses and Nurse Practitioners
  - Physician Assistants
  - Pharmacists

In The Real World

- Patient A has been calling on a regular schedule, but never engaged in treatment.
- Goal: Harm reduction
- How can we problem solve to treat the patient immediately when they're ready?
  - The pharmacist had a personal relationship with Patient A and reached out to introduce LAIs
  - LAIs removed the time barrier (compared to traditional treatment options)
  - When Patient A expressed interest, the pharmacy already had medication in stock and could see them in a same-day appointment

Front-loading treatment delivery when patients may be particularly vulnerable to dropping out of care *reduces intake barriers* and *increases retention*.

The Treatment Buy-In

- Patient A had continued to reach out, but never began treatment
- The patient hadn't previously heard of LAIs
- Created a strategy to use weekly and monthly doses together
- Patient A was able to avoid major withdrawl symptoms with accelerated onboarding:
  - Day 1: Began with lowest dose of weekly formulation
  - Day 2: Gave a second dose of weekly injection
  - Day 3: Higher dose of monthly injection
- After the first dose, patient began to see results and was bought in after months of missed appointments and abandoned prescriptions

The Community Role In Addiction Recovery

- Addiction breeds secrecy and isolation
- Recovery is learning how to reconnect: with your family, your community, your job
- Many recovery programs require a community component, and while impactful, it can be a barrier for some patients on even beginning treatment
- Kaiser saw this as another barrier to the treatment initiation process

Open Access

- After weighing the pros and cons, Kaiser determined to allow "Open Access" for OUD and SUD patients
- They removed the requirement to attend community therapy and classes in order to receive medication
- This reduced a big barrier for treatment initiation and resulted in accelerated onboarding
- However, as expected, therapy and community groups did show an attendance decline, and Kaiser is continuing to test alternatives

Integrated Departments

- One of Kaiser Napa's greatest strengths is their integrated structure – the entire care team works together to support the patient
- In the case of Patient A,
  - The pharmacist had a strong relationship with the patient
  - Intake team was able to book them immediately
  - NP could support in answering questions to minimize MD needed time
  - Follow-ups were managed by the intake team to continue treatment and minimize fall off

Stocking Medication

You need medication on hand to be able to respond same day and next day to opportunities.

Option 1	Option 2
Your organization applies for the REMS certified pharmacy to stock medication. •REMS stands for Risk Evaluation and Mitigation Strategy. •The application is online.	You order LAI through your pharmacy distributor for specific patients. •You will need to know the lead time from order to delivery. •You will eventually have a running inventory assigned doses that allows flexibility to order and use.

You need both weekly doses and monthly doses to start buprenorphine by LAI.

Kaiser uses TEAMS chat to communicate with their pharmacy to order doses of LAI and keep a running list of patients, assigned doses, and stock.

The Difference

Five factors that made a difference for Patient A:

1. Saying yes
2. Working on the patient's timeline
3. The ability to pivot
4. Pharmacist relationship
5. No requirements of the patient to begin treatment

Where To Start

1. Start by looking at missed opportunities. Where does your organization see patterns in patient drop-off?
2. Build a collaborative care team. How can your team work together to support patients – whenever they need care?
3. Set yourself up to say "yes" to patients whenever possible. What's needed to make scheduling and access work on your patients schedule?
4. Be prepared to pivot. The strongest SUD and OUD treatment opportunities stem from flexibility.

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Strategic Discussion With
Stuart Buttlaire, PhD



Why does beginning with the weekly formulation help you initiate treatment more quickly for some patients rather than waiting until they're ready for a monthly dose?



Have you used this approach with other patients since then?
Can you tell us about how the process varied by patient?



Where are organizations most likely to get stuck trying to implement accelerated LAI-MOUD initiation? What did you learn that would help them avoid those problems?



What's the most important operational principle behind this model?



This case clearly depended on more than the medication itself. If an organization wanted to adopt this kind of approach, what needs to be in place operationally – the clinical team, pharmacy relationships, medication availability, and the ability to respond quickly?



If you were speaking directly to a CEO, CMO, or addiction program leader who wants to do a better job of capturing these moments of readiness – what are the two or three things you would tell them to change first?



How do you move from successful initiation to sustained engagement? Once the medication is on board, what helps reconnect someone with treatment, family, work, and the broader recovery process?



Kaiser has a highly integrated clinical and pharmacy infrastructure. For a smaller or less integrated organization, what parts of this model are essential, and what can realistically be adapted without having all of Kaiser's resources?



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