



NATIONAL ASSOCIATION - OF ------

ADDICTION TREATMENT PROVIDERS

Voice. Vision. Leadership.



Critical Juncture: Healthcare and Addiction Treatment Converge



Erin Booker

Chief Biopsychosocial Officer ChristianaCare



Critical Juncture

Where healthcare and addiction treatment converge.

Erin Booker, LPC Chief BioPsychoSocial Officer, ChrisianaCare



No relationships to disclose.

(Unless you count a personal relationship with the topic.)



Current Location.

ATTOMAN

HEOL SS

Glenwood Springs

WHIT

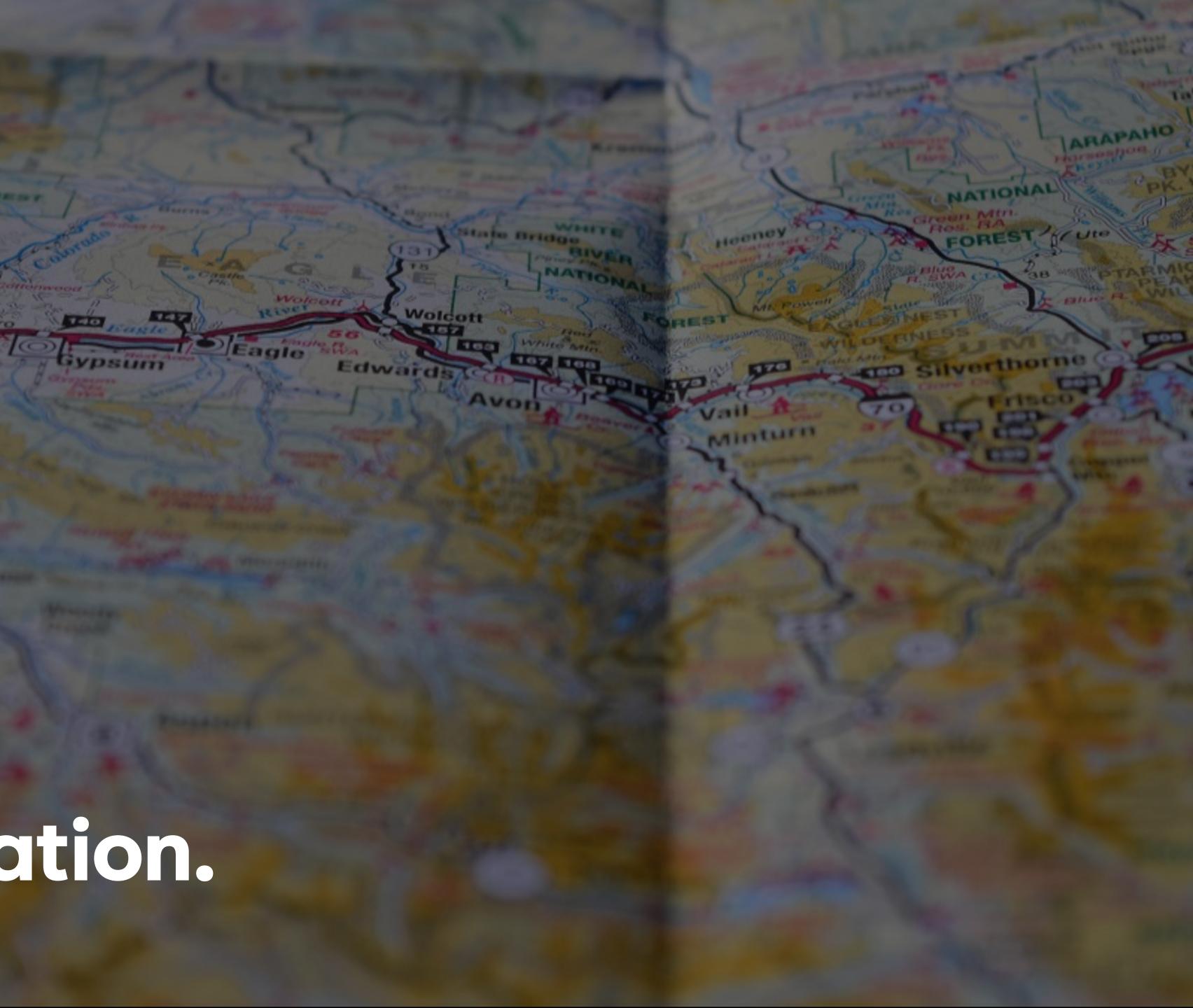
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FAU

CONTRACTOR OF

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The places I've been.

- o Raised in NYC
- Trained clinician
- Joined ChristianaCare in 2015
- Mother of 3 fabulous humans
- Advocate for all-things behavioral health and substance use disorder
- O 22 years in long-term recovery



The places we've been.

- We still create programs and interventions for addiction treatment in silos
- Outreach and transition to programs can be inconsistent
- Healthcare system staff and people working in addiction treatment don't always speak the same language



The places we've been.

- Barriers between organizations/provider types make care coordination and data sharing complicated due to 42CFR Part 2
- We are still shaming people into recovery – enough with the punitive programming
- Let's be real: the healthcare system is complicated and <u>not</u> user-friendly



Where we need to go.







We must change how we assess + treat.

- How do we accurately assess an individual for substance use disorder?
- How do we partner with other clinicians to identify an appropriate level of treatment and the individuals stage of change?
- How can ensure this individual is receiving support through the process?



We must be forward-thinking and inspire a cultural shift.



- Change in healthcare culture from siloed, to holistic and inclusive across disciplines
 - ✓ Stress the importance of PCP engaging in SUD treatment
- Engagement with community partners at all levels; and be vocal about this and share openly successes and opportunities





We must live in the real world.

- Recognize the value of addressing Social Drivers of Health with interventions
- 080% of what impacts an individual's health happens outside the hospital walls
- Address SDOH with individuals regardless of whether they are ready for treatment
- Make peers a part of the patient care team.



We must be kinder, and wiser.

- Change from a punitive judgmental system to one driven by empathy with a trauma-informed approach
- Change in education to incorporate harm reduction across the lifespan
- Support people who aren't ready or able to receive treatment



We must leverage governmental resources.

- Collaborate with government affairs departments, lobbyists, advocates
- Work responsibly to use power, influence, and resources to make change a reality
- Change approach to policy reform from reactive to proactive
- Removal of X Waver and encourage MAT support



How we will get there.





We must ensure our Emergency Departments are ready.

- ED staff should be able to offer harm reduction education to patients
- O Provide support for induction of MAT
- Stock and distribute Narcan and provide education to support its use to patient and support system





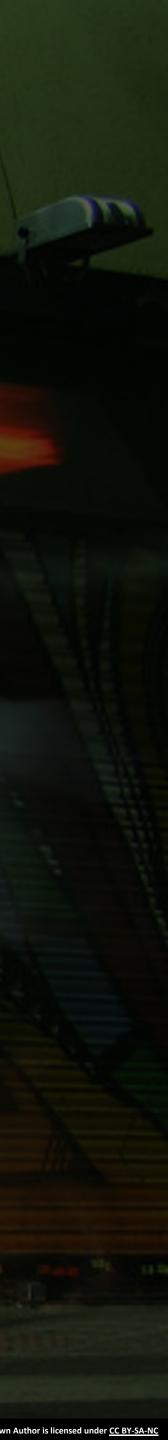
We must partner in ambulatory spaces.

- Screening for SUD & Opioid
 withdrawal screening in office
 - Screening currently in acute (opioid withdrawal)
- Individuals with positive screens need to be appropriately engaged and connected to care if willing
- Office-based opioid treatment offered with connection to other services



We must find co-conspirators.

Make friends with the finance department – they will help you make the business case
Make friends with population health team
Identify how risk-based contracts can provide the foundation for partnership and sustainability between health systems and community providers



The road ahead.

and the state of the



Thank you for attending

Upcoming Events:

2:45-3:15 Coffee & Networking Break in Exhibit Hall

3:15 – 4:15 Workshops

- 1st Annual Member to Member Forum: Workforce Reports from the Field
- •
- Tobacco and the SUD Patient

Measuring and Implementing Integrated Substance Use and Mental Health Services



