

NAAATP NATIONAL 2023



NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

Voice. Vision. Leadership.

Critical Juncture: Healthcare and Addiction Treatment Converge



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Critical Juncture

Where healthcare and addiction treatment converge.

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No relationships to disclose.

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



Current Location.

The places I've been.

- Raised in NYC
- Trained clinician
- Joined ChristianaCare in 2015
- Mother of 3 fabulous humans
- Advocate for all-things behavioral health and substance use disorder
- 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 **not** user-friendly



A photograph of a traffic light and a street sign against a blue sky with clouds. The traffic light is on the left, with the green light glowing. To its right is a green rectangular street sign with white text. The sign reads "A1A Beach" in large letters and "BLVD" in smaller letters below it. The traffic light and sign are mounted on a horizontal metal pole.

A1A Beach
BLVD

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 individual's stage of change?
- How can we 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



A busy city street, likely in downtown Toronto, filled with a large crowd of diverse pedestrians. Tall buildings with various signs and advertisements line the street. The scene is hazy, suggesting a bright, sunny day. The text is overlaid on the right side of the image.

We must live in the real world.

- Recognize the value of addressing Social Drivers of Health with interventions
- 80% 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



A nighttime photograph of the U.S. Capitol building in Washington, D.C. The building is illuminated, and its iconic dome is prominent against the dark sky. In the foreground, a street scene is visible with traffic lights, street signs, and some blurred light trails from vehicles, suggesting a long-exposure shot. The overall atmosphere is dark and urban.

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
- Provide support for induction of MAT
- Stock and distribute Narcan and provide education to support its use to patient and support system



An aerial photograph of a city street, likely in New York City, showing a grid of buildings, streets, and traffic. The street is lined with multi-story buildings, some with fire escapes. There are several yellow taxis and other vehicles on the road. The text is overlaid on the right side of the image.

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.

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
- Measuring and Implementing Integrated Substance Use and Mental Health Services
- Tobacco and the SUD Patient

The logo for NAATP National 2023 is located in the bottom right corner. It features the text "NAATP" in a large, bold, dark blue font, with "NATIONAL" in a smaller, dark blue font directly below it. To the right of "NATIONAL" is the year "2023" in a large, bold, dark blue font. The text is overlaid on a graphic of several overlapping, semi-transparent geometric shapes in shades of blue and grey, resembling a stylized house or a series of connected peaks.

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