Integrating Physical and Behavioral Health Care

CASE STUDY

Small Rural Hospital Helps Build 'Bridge' to Addiction Services with New Mobile Clinic

Fueled by $1M HRSA grant, Baystate Franklin Medical Center works to stem the tide of the opioid epidemic

Overview

A small rural Massachusetts hospital is breaking down barriers to Opioid Use Disorder (OUD) treatment with an innovative new behavioral health program.

Alongside several key community partners, Greenfield-based Baystate Franklin Medical Center recently established its mobile, home-based treatment service for its rural community, located about 100 miles northwest of Boston. Fueled by a $1 million grant from the Health Resources and Services Administration's Rural Communities Opioid Response Program, the Franklin County and North Quabbin Bridge Clinic aims to help meet patients where they are — be it a recovery center, library, a home or the Salvation Army.

Baystate Health

"When people come to the hospital, it's typically an emergency, and any idea about planning what's going to happen next is very challenging when you're working in a place where it's all about that crisis," says Cheryl Pascucci, program director of Population Health & Integration at Baystate. "So, meeting with people in a space where they're living their day, they're most comfortable and feel most safe, they're able to have a conversation with a health care professional who they trust. It can be and it is very impactful."

Barriers

Franklin County, Massachusetts, like many other areas, has been hit hard by the opioid crisis. In 2021, the area saw 44 suspected unintentional overdose fatalities for a rate of roughly 45 deaths per 100,000. That's well above the state average of 30.2 deaths per 100,000, the Opioid Task Force of Franklin County and the North Quabbin Region estimates.

Barriers to reducing the use of and overdoses from opioids, including fentanyl, are myriad and multifaceted. Often patients lack access to medical insurance or the funds to cover needed treatments. Transportation to and from a hospital or clinic may be a barrier that impedes treatment. Many rural areas have limited or no providers or substance use disorder treatment clinics. Research reports that nearly 90% of rural communities do not have enough opioid treatment programs to meet community demands. And 30% of Americans live in areas without a buprenorphine provider (compared to 2% in urban communities, according to the PEW Research Center).

Following a surge in overdose deaths, the Massachusetts Hospital Association in 2019 released new guidelines to assist emergency department providers in treating patients with OUD. The guidelines were a natural outgrowth from the legislation the Massachusetts state legislature passed in 2018 requiring acute care hospitals to provide such emergency care.

In response to these developments, Baystate Franklin Medical Center sought input from others

on how best to provide these pivotal, lifesaving services.

"We've had issues in the past where we've moved forward on programs without people who have lived experience weighing in on the right next step," Pascucci says. "So we wanted to make sure that the partners who were involved in the project were coming from places where our patients feel comfortable and safe already."

Baystate Franklin Medical Center had a head start on addressing the opioid crisis, given they were an active participant in the local Opioid Task Force. Perhaps most importantly, Baystate president and CEO served on the Executive Council of the task force. Established in 2013, the Opioid Task Force's mission is to ensure the region works collectively to reduce opioid and heroin addiction, prevent overdose deaths and improve quality of life. After the state association released its guidelines, members of the task force's Healthcare Solutions Committee worked closely with Baystate Franklin to implement the guidelines, with BFMC ultimately serving as the "backbone organization of this work," Pascucci says. Other community organizations involved included outpatient behavioral health and family support services provider Clinical & Support Options Inc., the Recover Project community-based support center, harm reduction expert Tapestry Health and the Greenfield Police Department.

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Cheryl Pascucci, program director of Population Health & Integration at Baystate Franklin Medical Center

All these organizations worked together to apply for the $1 million, three-year grant from the Health Resources and Services Administration's Rural Communities Opioid Response Program. After receiving funding, the partners have worked to create a "bridge" between the disparate local prevention, treatment and recovery services. Establishing this new "Bridge Team" has required support from multiple champions across the health system to create the new outpatient service, Pascucci says.

Funding has gone toward a part-time nurse care manager and community health worker at Clinical & Support Options, a harm reductionist at Tapestry Health and a nurse practitioner project director at Baystate Franklin. A $6,000 per month stipend also covers an addiction consult service, while $10,000 more goes to the Opioid Task Force for data gathering, analysis and reporting.

Typically, bridge programs like this one are attached to an outpatient delivery component, referred to as an office-based addiction treatment program. But Baystate and its partners decided to buck this trend.

"That is not what people in our rural county desired; they wanted access to whatever level of service was most appropriate for them at the time, including home-based treatment, which meant preparing lots of information about whatever was possible. That included prevention, treatment and recovery services," Pascucci says. "So this consortium included the whole spectrum of what was possible, and the grant allowed us to secure staff time from each of the consortium partner sites so they could work full time on this project."

Lessons Learned

Baystate Franklin ensured that people who had experienced OUD were involved in the program's design. This helped the team reach the most people

and help them most effectively, Pascucci says. Collaborating with community partners and seeking existing expertise instead of duplicating services was crucial to the program's success, Pascucci says.

For example: Because fentanyl use is so rampant, Pascucci and her team sought ways to expand access to methadone — a medication that helps people reduce or quit their use of opiates. With a shortage of providers in the area, Pascucci and her team found they could be most useful by supporting a local primary care provider with expertise in prescribing methadone, to support Physicians and Advanced Practice Providers in the emergency department and inpatient. Pascucci and her team delegated some funding to support the work of this physician. Additionally, the Bridge team "picks up the ball and supports patients long-term in in their treatment" after they begin medication assisted treatment, Pascucci says. "We have learned that we must be efficient and effective in a low-barrier way to help the most," Pascucci says.

Impact

The consortium team has worked together to be available, regardless of when or where patients express need, even in their home. Since the team's inception, it has provided prevention, treatment and recovery services to more than 1,000 people.

In addition, the program has reduced stigma around OUD.

"The existence alone of this program has elevated the conversation about OUD in spaces where people otherwise would have avoided such a discussion," Pascucci says. "Without this program, talking about opioid use disorders never would have been on the agenda."

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