WEBVTT

NOTE duration:"00:50:50" NOTE recognizability:0.841

NOTE language:en-us

NOTE Confidence: 0.933055896666667

00:00:00.000 --> 00:00:01.856 Thank you, Doctor O'Malley,

NOTE Confidence: 0.933055896666667

 $00{:}00{:}01.856 \dashrightarrow 00{:}00{:}04.640$ for the kind introduction and all

NOTE Confidence: 0.933055896666667

 $00:00:04.717 \longrightarrow 00:00:06.997$ the mentorship over the years.

NOTE Confidence: 0.933055896666667

 $00:00:07.000 \longrightarrow 00:00:08.660$ It is really a privilege

NOTE Confidence: 0.933055896666667

 $00:00:08.660 \longrightarrow 00:00:10.320$ to be mentored by you.

NOTE Confidence: 0.933055896666667

 $00{:}00{:}10.320 \dashrightarrow 00{:}00{:}12.492$ Today we're going to talk about

NOTE Confidence: 0.933055896666667

 $00{:}00{:}12.492 \dashrightarrow 00{:}00{:}13.940$ integrating integration of addiction

NOTE Confidence: 0.933055896666667

 $00{:}00{:}14.000 \dashrightarrow 00{:}00{:}15.760$ treatments in mental health care.

NOTE Confidence: 0.949242105

 $00:00:18.560 \longrightarrow 00:00:21.470$ We have no conflicts of interest

NOTE Confidence: 0.949242105

 $00:00:21.470 \longrightarrow 00:00:23.469$ to disclose the learning objectives

NOTE Confidence: 0.949242105

 $00{:}00{:}23.469 \dashrightarrow 00{:}00{:}25.184$ for today's talk will identify

NOTE Confidence: 0.949242105

 $00{:}00{:}25.184 \dashrightarrow 00{:}00{:}27.037$ the need to integrate substance

NOTE Confidence: 0.949242105

00:00:27.037 --> 00:00:28.877 use treatment in mental health,

 $00:00:28.880 \longrightarrow 00:00:32.558$ primary care and other medical settings.

NOTE Confidence: 0.949242105

 $00{:}00{:}32.560 \dashrightarrow 00{:}00{:}34.606$ We'll discuss the role of psychiatrists

NOTE Confidence: 0.949242105

 $00:00:34.606 \longrightarrow 00:00:36.690$ and other clinicians in the treatment

NOTE Confidence: 0.949242105

 $00:00:36.690 \longrightarrow 00:00:38.670$ of Co occurring substance use and

NOTE Confidence: 0.949242105

 $00:00:38.670 \longrightarrow 00:00:40.744$ mental health disorders And we'll

NOTE Confidence: 0.949242105

 $00:00:40.744 \longrightarrow 00:00:42.979$ describe the functioning of an addiction

NOTE Confidence: 0.949242105

 $00{:}00{:}42.979 \dashrightarrow 00{:}00{:}44.544$ treatment consultation clinic in a

NOTE Confidence: 0.949242105

00:00:44.544 --> 00:00:46.080 general psychiatry ambulatory setting.

NOTE Confidence: 0.947305326153846

00:00:48.600 --> 00:00:50.880 Before we dive in, let's look

NOTE Confidence: 0.947305326153846

 $00:00:50.880 \longrightarrow 00:00:53.200$ at the big picture of the

NOTE Confidence: 0.947305326153846

 $00{:}00{:}53.200 \dashrightarrow 00{:}00{:}55.516$ addiction epidemic in in America.

NOTE Confidence: 0.775054426666667

 $00:00:57.600 \longrightarrow 00:01:01.956$ Based on 20/20 and SDUH data,

NOTE Confidence: 0.775054426666667

 $00:01:01.960 \longrightarrow 00:01:04.126$ 138.5 million people aged 12 and

NOTE Confidence: 0.775054426666667

 $00:01:04.126 \longrightarrow 00:01:06.639$ older used alcohol in the past month.

NOTE Confidence: 0.920453023333333

 $00:01:08.680 \longrightarrow 00:01:10.435$ 61.6 million people in the

NOTE Confidence: 0.920453023333333

 $00{:}01{:}10.435 \dashrightarrow 00{:}01{:}11.839$ US reported binge shrinking.

 $00:01:11.840 \longrightarrow 00:01:14.760$ In the past month,

NOTE Confidence: 0.920453023333333

 $00:01:14.760 \longrightarrow 00:01:16.188$ 178,000 deaths in the US were

NOTE Confidence: 0.920453023333333

 $00:01:16.188 \longrightarrow 00:01:17.360$ due to excessive alcohol use.

NOTE Confidence: 0.920453023333333

 $00:01:17.360 \longrightarrow 00:01:20.720$ That's 500 deaths per day.

NOTE Confidence: 0.920453023333333

 $00:01:20.720 \longrightarrow 00:01:22.814$ Over 2 million people in the

NOTE Confidence: 0.920453023333333

 $00:01:22.814 \longrightarrow 00:01:24.960$ US have opioid use disorder.

NOTE Confidence: 0.920453023333333

 $00:01:24.960 \longrightarrow 00:01:26.718$ close to 200 people die each

NOTE Confidence: 0.920453023333333

 $00{:}01{:}26.718 \dashrightarrow 00{:}01{:}28.480$ day because of opioid overdose.

NOTE Confidence: 0.936237928

 $00:01:31.440 \longrightarrow 00:01:32.544$ 59.3 million people used

NOTE Confidence: 0.936237928

 $00:01:32.544 \longrightarrow 00:01:34.200$ illicit drugs in the past year.

NOTE Confidence: 0.936237928

 $00:01:34.200 \longrightarrow 00:01:36.798$ That is 21.4% of our population,

NOTE Confidence: 0.957933548

 $00:01:39.320 \longrightarrow 00:01:40.712 40.3$ million people.

NOTE Confidence: 0.957933548

00:01:40.712 --> 00:01:43.520 That is 14.5% of our population met

NOTE Confidence: 0.957933548

 $00:01:43.520 \longrightarrow 00:01:45.400$ criteria for substance use disorders.

NOTE Confidence: 0.957933548

00:01:45.400 --> 00:01:47.674 So these folks individuals are having

00:01:47.674 --> 00:01:50.079 impairments because of the substance use,

NOTE Confidence: 0.894474388571428

 $00:01:52.120 \longrightarrow 00:01:55.168$ but only 2.6 million individuals that

NOTE Confidence: 0.894474388571428

 $00{:}01{:}55.168 \dashrightarrow 00{:}01{:}58.398$ is 6.5% receive any type of treatment

NOTE Confidence: 0.876171859333333

 $00:02:00.640 \longrightarrow 00:02:02.914$ and unfortunately the majority of the

NOTE Confidence: 0.876171859333333

 $00:02:02.914 \longrightarrow 00:02:05.016$ treatment is provided in speciality

NOTE Confidence: 0.876171859333333

 $00{:}02{:}05.016 \dashrightarrow 00{:}02{:}07.116$ substance use treatment centers.

NOTE Confidence: 0.909909604545455

 $00:02:09.760 \longrightarrow 00:02:11.312$ Now think about it.

NOTE Confidence: 0.909909604545455

 $00:02:11.312 \longrightarrow 00:02:14.360$ If this was diabetes or heart disease,

NOTE Confidence: 0.909909604545455

 $00{:}02{:}14.360 \dashrightarrow 00{:}02{:}16.676$ there would be a national outrage

NOTE Confidence: 0.909909604545455

 $00:02:16.680 \longrightarrow 00:02:20.159$ that only only 6.5% are being treated.

NOTE Confidence: 0.762040662

 $00{:}02{:}22.400 \dashrightarrow 00{:}02{:}24.704$ So that's one in 10 People

NOTE Confidence: 0.762040662

00:02:24.704 --> 00:02:26.240 receive any addictions care,

NOTE Confidence: 0.762040662

 $00:02:26.240 \longrightarrow 00:02:28.676$ and for those with any mental

NOTE Confidence: 0.762040662

00:02:28.676 --> 00:02:31.120 illness and substance use disorders,

NOTE Confidence: 0.762040662

 $00:02:31.120 \longrightarrow 00:02:33.400$ it's much less. It's 5.7%.

NOTE Confidence: 0.920985552

 $00:02:36.680 \longrightarrow 00:02:39.874$ This was an old paper from 2000,

 $00:02:39.874 \longrightarrow 00:02:42.159$ but much relevant even now.

NOTE Confidence: 0.920985552

 $00{:}02{:}42.160 \to 00{:}02{:}45.592$ And Doctor Kleber's group has written

NOTE Confidence: 0.920985552

 $00{:}02{:}45.592 \dashrightarrow 00{:}02{:}48.824$ this paper talking about the relapse,

NOTE Confidence: 0.920985552

 $00:02:48.824 \longrightarrow 00:02:51.184$ comparing the relapse rates of

NOTE Confidence: 0.920985552

 $00:02:51.184 \longrightarrow 00:02:52.600$ various chronic conditions.

NOTE Confidence: 0.920985552

 $00:02:52.600 \longrightarrow 00:02:55.977$ And contrary to the popular

NOTE Confidence: 0.920985552

 $00:02:55.977 \longrightarrow 00:02:57.485$ belief that substance use

NOTE Confidence: 0.920985552

 $00:02:57.485 \longrightarrow 00:02:59.428$ disorders can be treated well,

NOTE Confidence: 0.920985552

 $00{:}02{:}59.428 \dashrightarrow 00{:}03{:}01.568$ the relapse rates are similar

NOTE Confidence: 0.920985552

00:03:01.568 --> 00:03:03.280 or better with treatment

NOTE Confidence: 0.86668132875

 $00{:}03{:}05.560 \dashrightarrow 00{:}03{:}07.940$ for drug substance use as compared to

NOTE Confidence: 0.86668132875

 $00:03:07.940 \longrightarrow 00:03:10.800$ diabetes, hypertension, asthma, etcetera.

NOTE Confidence: 0.86668132875

 $00{:}03{:}10.800 \dashrightarrow 00{:}03{:}14.950$ So these conditions can be treated and one

NOTE Confidence: 0.86668132875

 $00:03:14.950 \longrightarrow 00:03:18.078$ of the mistakes that we do as psychiatrists,

NOTE Confidence: 0.86668132875

 $00{:}03{:}18.080 \dashrightarrow 00{:}03{:}20.620$ as providers is we characterize

 $00:03:20.620 \longrightarrow 00:03:22.764$ substance use as acute condition and

NOTE Confidence: 0.86668132875

 $00:03:22.764 \longrightarrow 00:03:25.432$ we see a patient in the Ed and tell

NOTE Confidence: 0.86668132875

 $00:03:25.432 \longrightarrow 00:03:28.600$ them to quit drinking as if that would

NOTE Confidence: 0.86668132875

00:03:28.600 --> 00:03:29.920 that would help the patient, right.

NOTE Confidence: 0.86668132875

 $00:03:29.920 \longrightarrow 00:03:33.404$ So we have to think about it as a chronic

NOTE Confidence: 0.86668132875

 $00:03:33.404 \longrightarrow 00:03:35.280$ medical illness such as diabetes,

NOTE Confidence: 0.86668132875

 $00:03:35.280 \longrightarrow 00:03:36.444$ hypertension and asthma,

NOTE Confidence: 0.86668132875

 $00:03:36.444 \longrightarrow 00:03:39.110$ which would help us work on prevention

NOTE Confidence: 0.86668132875

 $00:03:39.110 \longrightarrow 00:03:40.960$ and treatment of these conditions.

NOTE Confidence: 0.833973838571428

00:03:43.680 --> 00:03:45.360 We've talked about 500 deaths per day.

NOTE Confidence: 0.833973838571428

 $00{:}03{:}45.360 \dashrightarrow 00{:}03{:}48.027$ That's one in five deaths in the

NOTE Confidence: 0.833973838571428

 $00:03:48.027 \longrightarrow 00:03:50.399$ US for population 20 to 49 years.

NOTE Confidence: 0.833973838571428

00:03:50.400 --> 00:03:53.118 Despite this magnitude of the problem,

NOTE Confidence: 0.833973838571428

 $00:03:53.120 \longrightarrow 00:03:55.724$ what we see really in addiction treatment

NOTE Confidence: 0.833973838571428

 $00:03:55.724 \longrightarrow 00:03:58.399$ programs is really the tip of the triangle.

NOTE Confidence: 0.833973838571428

 $00:03:58.400 \longrightarrow 00:04:01.640$ We really are focused on treating

 $00:04:01.640 \longrightarrow 00:04:03.920$ the tip of patients with severe

NOTE Confidence: 0.833973838571428

 $00:04:03.920 \longrightarrow 00:04:06.050$ alcohol use disorders and by the

NOTE Confidence: 0.833973838571428

 $00:04:06.050 \longrightarrow 00:04:07.918$ time we see them, it's quite late.

NOTE Confidence: 0.80083974

 $00:04:10.200 \longrightarrow 00:04:12.630$ Unhealthy alcohol use is defined as

NOTE Confidence: 0.80083974

 $00:04:12.630 \longrightarrow 00:04:15.240$ those with at risk use as well as

NOTE Confidence: 0.80083974

 $00{:}04{:}15.240 \dashrightarrow 00{:}04{:}17.327$ those with alcohol use disorder and

NOTE Confidence: 0.80083974

00:04:17.327 --> 00:04:19.336 NA AAA definition of at risk use

NOTE Confidence: 0.80083974

 $00:04:19.336 \longrightarrow 00:04:21.767$ is when men drink greater than 4

NOTE Confidence: 0.80083974

 $00{:}04{:}21.767 \longrightarrow 00{:}04{:}23.964$ drinks per occasion or greater than

NOTE Confidence: 0.80083974

 $00:04:23.964 \longrightarrow 00:04:26.288$ 14 drinks per week or women drink

NOTE Confidence: 0.80083974

00:04:26.288 --> 00:04:28.216 greater than 3 drinks per occasion

NOTE Confidence: 0.80083974

 $00{:}04{:}28.216 \dashrightarrow 00{:}04{:}30.480$ or greater than 7 drinks per week.

NOTE Confidence: 0.80083974

 $00{:}04{:}30.480 \dashrightarrow 00{:}04{:}33.288$ And we know that if we can screen

NOTE Confidence: 0.80083974

 $00:04:33.288 \longrightarrow 00:04:35.600$ these patients and do interventions,

NOTE Confidence: 0.80083974

 $00:04:35.600 \longrightarrow 00:04:37.375$ we could prevent the development

 $00:04:37.375 \longrightarrow 00:04:38.795$ of alcohol use disorder.

NOTE Confidence: 0.80083974

 $00{:}04{:}38.800 \dashrightarrow 00{:}04{:}42.440$ We could also treat mild to moderate

NOTE Confidence: 0.80083974

 $00:04:42.440 \longrightarrow 00:04:45.327$ alcohol disease much more effectively

NOTE Confidence: 0.80083974

 $00:04:45.327 \longrightarrow 00:04:47.757$ in general psychiatry and primary

NOTE Confidence: 0.80083974

 $00:04:47.757 \longrightarrow 00:04:49.752$ care treatment programs before they

NOTE Confidence: 0.80083974

 $00:04:49.752 \longrightarrow 00:04:52.162$ come with a much severe disease

NOTE Confidence: 0.80083974

 $00{:}04{:}52.162 \dashrightarrow 00{:}04{:}53.714$ to addiction treatment clinics.

NOTE Confidence: 0.950155256666667

 $00:04:55.800 \longrightarrow 00:04:58.056$ This was a study that was done looking

NOTE Confidence: 0.950155256666667

 $00{:}04{:}58.056 \dashrightarrow 00{:}05{:}00.048$ at brief interventions in primary

NOTE Confidence: 0.950155256666667

 $00:05:00.048 \longrightarrow 00:05:02.148$ care settings and even screening.

NOTE Confidence: 0.950155256666667

 $00{:}05{:}02.148 \dashrightarrow 00{:}05{:}03.732$ Brief interventions and referral

NOTE Confidence: 0.950155256666667

 $00:05:03.732 \longrightarrow 00:05:05.731$ to treatments are quite effective

NOTE Confidence: 0.950155256666667

 $00:05:05.731 \longrightarrow 00:05:07.239$ in reducing alcohol use.

NOTE Confidence: 0.845632786

 $00{:}05{:}10.280 \dashrightarrow 00{:}05{:}13.948$ I'm going to focus a lot on

NOTE Confidence: 0.845632786

 $00:05:13.948 \longrightarrow 00:05:15.920$ opioids and buprenorphine in

NOTE Confidence: 0.845632786

 $00:05:15.920 \longrightarrow 00:05:18.320$ this talk to make my point.

 $00:05:18.320 \longrightarrow 00:05:19.705$ Although we've seen that alcohol

NOTE Confidence: 0.845632786

00:05:19.705 --> 00:05:21.560 use is a much bigger problem,

NOTE Confidence: 0.683383055555555

 $00{:}05{:}23.960 \dashrightarrow 00{:}05{:}25.488$ but considering that there's

NOTE Confidence: 0.683383055555555

 $00:05:25.488 \longrightarrow 00:05:27.398$ the OPR epidemic going on,

NOTE Confidence: 0.683383055555555

 $00:05:27.400 \longrightarrow 00:05:29.720$ I'll focus on specifically

NOTE Confidence: 0.683383055555555

 $00{:}05{:}29.720 \dashrightarrow 00{:}05{:}31.460$ entrepreneur and prescribing

NOTE Confidence: 0.683383055555555

 $00:05:31.460 \longrightarrow 00:05:36.800$ an OPR dues to discuss today.

NOTE Confidence: 0.683383055555555

 $00:05:36.800 \longrightarrow 00:05:40.240$ So you might have seen this graph.

NOTE Confidence: 0.683383055555555

 $00:05:40.240 \longrightarrow 00:05:41.412$ These are the different

NOTE Confidence: 0.68338305555555

 $00{:}05{:}41.412 \dashrightarrow 00{:}05{:}42.877$ phases of the OPR epidemic.

NOTE Confidence: 0.683383055555555

 $00:05:42.880 \longrightarrow 00:05:45.876$ In the late 90s and early 2000s,

NOTE Confidence: 0.683383055555555

 $00:05:45.880 \longrightarrow 00:05:47.680$ there was this prescription OPR epidemic.

NOTE Confidence: 0.68338305555555

 $00{:}05{:}47.680 \dashrightarrow 00{:}05{:}49.654$ Pain was considered the 5th vital

NOTE Confidence: 0.683383055555555

 $00{:}05{:}49.654 \dashrightarrow 00{:}05{:}52.251$ sign and there was this push to

NOTE Confidence: 0.68338305555555

 $00:05:52.251 \longrightarrow 00:05:53.875$ push prescribe pain medications.

 $00:05:53.880 \longrightarrow 00:05:57.660$ It was the quality metrics for many

NOTE Confidence: 0.683383055555555

 $00{:}05{:}57.660 \dashrightarrow 00{:}06{:}00.155$ hospitals to evaluate pain and and

NOTE Confidence: 0.683383055555555

 $00{:}06{:}00.155 \dashrightarrow 00{:}06{:}02.110$ provide pain medications that led

NOTE Confidence: 0.68338305555555

 $00:06:02.185 \longrightarrow 00:06:04.524$ to a pretty significant prescription

NOTE Confidence: 0.68338305555555

 $00:06:04.524 \longrightarrow 00:06:07.574$ opioid epidemic at that time followed

NOTE Confidence: 0.68338305555555

 $00:06:07.574 \longrightarrow 00:06:09.926$ by which by the time we realized and

NOTE Confidence: 0.68338305555555

 $00:06:09.926 \longrightarrow 00:06:12.002$ we started correcting that there's

NOTE Confidence: 0.683383055555555

00:06:12.002 --> 00:06:14.147 this huge heroin epidemic and

NOTE Confidence: 0.68338305555555

 $00:06:14.147 \longrightarrow 00:06:16.357$ overdose death rates because of that.

NOTE Confidence: 0.683383055555555

 $00:06:16.360 \longrightarrow 00:06:18.649$ And then we've had very good treatments

NOTE Confidence: 0.683383055555555

 $00:06:18.649 \longrightarrow 00:06:20.132$ come in methadone buprenorphine

NOTE Confidence: 0.683383055555555

 $00:06:20.132 \longrightarrow 00:06:22.394$ that have been effective and public

NOTE Confidence: 0.68338305555555

 $00:06:22.394 \longrightarrow 00:06:23.679$ health campaigns have been effective.

NOTE Confidence: 0.683383055555555

 $00:06:23.680 \longrightarrow 00:06:26.800$ But then we start having these

NOTE Confidence: 0.683383055555555

 $00:06:26.800 \longrightarrow 00:06:29.604$ synthetic opioids like fentanyl and

NOTE Confidence: 0.68338305555555

 $00:06:29.604 \longrightarrow 00:06:32.733$ and fentanyl logs which resulted in

 $00:06:32.733 \longrightarrow 00:06:35.559$ exponential increase in in death rates.

NOTE Confidence: 0.683383055555555

 $00:06:35.560 \longrightarrow 00:06:39.459$ And now there's probably a fourth wave

NOTE Confidence: 0.683383055555555

 $00:06:39.459 \longrightarrow 00:06:43.319$ of Poly substance associated mortality.

NOTE Confidence: 0.683383055555555

00:06:43.320 --> 00:06:46.088 This was an old Swedish study and

NOTE Confidence: 0.683383055555555

 $00:06:46.088 \longrightarrow 00:06:48.664$ this is one of the initial studies

NOTE Confidence: 0.68338305555555

 $00:06:48.664 \longrightarrow 00:06:52.085$ with buprenorphine where they

NOTE Confidence: 0.683383055555555

 $00:06:52.085 \longrightarrow 00:06:53.900$ randomized 40 patients,

NOTE Confidence: 0.683383055555555

 $00{:}06{:}53.900 \dashrightarrow 00{:}06{:}57.958$ 20 to receive you know detoxification

NOTE Confidence: 0.683383055555555

 $00:06:57.958 \longrightarrow 00:07:00.986$ from bookanorphine within 45 to

NOTE Confidence: 0.68338305555555

 $00:07:00.986 \longrightarrow 00:07:03.646$ 60 days and then 20 patients to

NOTE Confidence: 0.683383055555555

 $00:07:03.646 \longrightarrow 00:07:05.456$ to be continued on bookanorphine

NOTE Confidence: 0.683383055555555

00:07:05.456 --> 00:07:07.199 treatment for the entire year.

NOTE Confidence: 0.9731226

 $00{:}07{:}09.480 --> 00{:}07{:}13.930$ And all the 20 patients in the

NOTE Confidence: 0.9731226

 $00:07:13.930 \longrightarrow 00:07:15.856$ detoxification arm dropped out of

NOTE Confidence: 0.9731226

 $00:07:15.856 \longrightarrow 00:07:17.960$ treatment within 60 days and majority

 $00:07:17.960 \longrightarrow 00:07:21.320$ of the patients about 80 to 85% of those

NOTE Confidence: 0.9731226

 $00{:}07{:}21.320 \dashrightarrow 00{:}07{:}24.998$ in the maintenance stayed in treatment.

NOTE Confidence: 0.9731226

 $00:07:25.000 \longrightarrow 00:07:27.088$ After a year of of this you you

NOTE Confidence: 0.9731226

 $00:07:27.088 \longrightarrow 00:07:28.670$ don't need complicated statistics

NOTE Confidence: 0.9731226

 $00:07:28.670 \longrightarrow 00:07:31.155$ to prove that bup renorphine works

NOTE Confidence: 0.9731226

 $00:07:31.160 \longrightarrow 00:07:34.320$ and there's many clinical trials,

NOTE Confidence: 0.9731226

 $00:07:34.320 \longrightarrow 00:07:37.160$ randomized clinical trials meta analysis

NOTE Confidence: 0.9731226

 $00:07:37.160 \longrightarrow 00:07:38.760$ that showed that bup renorphine is

NOTE Confidence: 0.9731226

 $00{:}07{:}38.760 \dashrightarrow 00{:}07{:}40.596$ effective in fact for opioid reduction,

NOTE Confidence: 0.9731226

 $00:07:40.596 \longrightarrow 00:07:42.640$ the number needed to treat is 2.

NOTE Confidence: 0.9731226

 $00{:}07{:}42.640 \dashrightarrow 00{:}07{:}44.720$ We don't hear those numbers in in a

NOTE Confidence: 0.9731226

00:07:44.720 --> 00:07:49.293 lot of medications in in practice yet

NOTE Confidence: 0.9731226

 $00:07:49.293 \longrightarrow 00:07:52.464$ this was a quote from Doctor Walter

NOTE Confidence: 0.9731226

 $00:07:52.464 \longrightarrow 00:07:56.720$ Ling from UCLAI replaced the word

NOTE Confidence: 0.9731226

 $00:07:56.720 \longrightarrow 00:07:59.720$ addict with people who use substances.

NOTE Confidence: 0.9731226

 $00:07:59.720 \longrightarrow 00:08:00.880$ So we as a society,

00:08:00.880 --> 00:08:03.155 society basically don't like people

NOTE Confidence: 0.9731226

 $00:08:03.155 \longrightarrow 00:08:05.258$ who use substance to have something

NOTE Confidence: 0.9731226

 $00:08:05.258 \longrightarrow 00:08:07.280$ that gets them even a little bit high.

NOTE Confidence: 0.9731226

 $00:08:07.280 \longrightarrow 00:08:09.320$ We think people with substance use

NOTE Confidence: 0.9731226

 $00:08:09.320 \longrightarrow 00:08:11.442$ disorder should get off drugs by

NOTE Confidence: 0.9731226

00:08:11.442 --> 00:08:13.452 strenuously hauling upon their bootstraps

NOTE Confidence: 0.9731226

 $00:08:13.452 \longrightarrow 00:08:16.640$ so that they should stay off no matter what.

NOTE Confidence: 0.9731226

 $00:08:16.640 \longrightarrow 00:08:19.526$ Policy makers and some clinicians continue

NOTE Confidence: 0.9731226

 $00:08:19.526 \longrightarrow 00:08:22.356$ to promote detoxification as treatment,

NOTE Confidence: 0.9731226

 $00:08:22.360 \longrightarrow 00:08:24.155$ even though detoxification does nothing

NOTE Confidence: 0.9731226

 $00:08:24.155 \longrightarrow 00:08:26.519$ to help people stay off of drugs.

NOTE Confidence: 0.963928027777778

 $00:08:29.320 \longrightarrow 00:08:30.784$ This was a study that was

NOTE Confidence: 0.963928027777778

 $00{:}08{:}30.784 --> 00{:}08{:}31.516$ done in Massachusetts.

NOTE Confidence: 0.963928027777778

00:08:31.520 --> 00:08:33.595 This was a retrospective cohort

NOTE Confidence: 0.963928027777778

 $00:08:33.595 \longrightarrow 00:08:37.222$ study where they've looked at opioid

 $00:08:37.222 \longrightarrow 00:08:40.532$ overdose survivors being admitted to

NOTE Confidence: 0.96392802777778

00:08:40.532 --> 00:08:43.025 hospitals have been brought to the

NOTE Confidence: 0.96392802777778

00:08:43.025 --> 00:08:45.070 emergency rooms and unfortunately

NOTE Confidence: 0.96392802777778

 $00:08:45.070 \longrightarrow 00:08:49.655$ when even when they looked at the

NOTE Confidence: 0.96392802777778

 $00:08:49.655 \longrightarrow 00:08:52.595$ charts after year of those who've

NOTE Confidence: 0.96392802777778

 $00:08:52.595 \longrightarrow 00:08:54.665$ had a prior overdose and these

NOTE Confidence: 0.96392802777778

00:08:54.665 --> 00:08:57.164 are high risk patients who came

NOTE Confidence: 0.96392802777778

 $00:08:57.164 \longrightarrow 00:08:59.239$ to our facilities for treatment,

NOTE Confidence: 0.963928027777778

 $00:08:59.240 \longrightarrow 00:09:01.904$ only three out of them out of 10

NOTE Confidence: 0.963928027777778

 $00:09:01.904 \longrightarrow 00:09:03.576$ received medications for opioid use

NOTE Confidence: 0.963928027777778

 $00:09:03.576 \longrightarrow 00:09:06.280$ disorder when we know in this study itself,

NOTE Confidence: 0.96392802777778

 $00:09:06.280 \longrightarrow 00:09:08.260$ it showed that methodone would reduce

NOTE Confidence: 0.963928027777778

 $00:09:08.260 \longrightarrow 00:09:11.040$ mortality by 53% and buprenorphine by 37%.

NOTE Confidence: 0.95118306

 $00:09:13.200 \longrightarrow 00:09:14.400$ So why is this happening?

NOTE Confidence: 0.95118306

 $00:09:14.400 \longrightarrow 00:09:15.600$ There's many factors.

NOTE Confidence: 0.897978426666667

 $00:09:17.680 \longrightarrow 00:09:19.354$ We're not going to go into all of them,

 $00:09:19.360 \longrightarrow 00:09:22.210$ but all of them boil down

NOTE Confidence: 0.897978426666667

 $00:09:22.210 \longrightarrow 00:09:26.520$ to two major, major factors,

NOTE Confidence: 0.897978426666667

 $00:09:26.520 \longrightarrow 00:09:29.238$ stigma and lack of provider education.

NOTE Confidence: 0.784165334444444

 $00:09:33.240 \longrightarrow 00:09:34.704$ This was this was from a

NOTE Confidence: 0.784165334444444

 $00{:}09{:}34.704 \dashrightarrow 00{:}09{:}35.931$ Surgeon General's report, Vivek.

NOTE Confidence: 0.784165334444444

00:09:35.931 --> 00:09:37.895 Dr. Vivek Muthi prioritized

NOTE Confidence: 0.784165334444444

 $00:09:37.895 \longrightarrow 00:09:39.859$ integration of addiction treatment

NOTE Confidence: 0.784165334444444

 $00:09:39.859 \longrightarrow 00:09:42.079$ into mainstream mental health,

NOTE Confidence: 0.784165334444444

 $00:09:42.080 \longrightarrow 00:09:44.040$ and he released this report

NOTE Confidence: 0.784165334444444

 $00:09:44.040 \longrightarrow 00:09:46.000$ a couple of years ago.

NOTE Confidence: 0.784165334444444

 $00:09:46.000 \longrightarrow 00:09:47.865$ What he said was traditional

NOTE Confidence: 0.784165334444444

00:09:47.865 --> 00:09:49.357 separation of substance use

NOTE Confidence: 0.784165334444444

 $00{:}09{:}49.357 \dashrightarrow 00{:}09{:}52.510$ without treatment from Main St.

NOTE Confidence: 0.784165334444444

 $00:09:52.510 \longrightarrow 00:09:55.430$ Mainstream healthcare has created

NOTE Confidence: 0.784165334444444

 $00{:}09{:}55.430 \dashrightarrow 00{:}09{:}58.148$ obstacles in the individual seek

00:09:58.148 --> 00:10:00.136 healthcare for other reasons

NOTE Confidence: 0.784165334444444

 $00{:}10{:}00.136 \dashrightarrow 00{:}10{:}01.986$ than substance use evidence

NOTE Confidence: 0.784165334444444

00:10:01.986 --> 00:10:03.624 supports integrated treatments,

NOTE Confidence: 0.784165334444444

 $00:10:03.624 \longrightarrow 00:10:04.716$ improves outcomes,

NOTE Confidence: 0.784165334444444

 $00:10:04.720 \longrightarrow 00:10:06.264$ reduces health disparities and

NOTE Confidence: 0.784165334444444

 $00:10:06.264 \longrightarrow 00:10:07.808$ reduces healthcare costs for

NOTE Confidence: 0.784165334444444

 $00:10:07.808 \longrightarrow 00:10:09.319$ both patients and families.

NOTE Confidence: 0.904884954117647

00:10:12.480 --> 00:10:14.455 Our current addiction workforce does

NOTE Confidence: 0.904884954117647

 $00:10:14.455 \longrightarrow 00:10:17.410$ not have the capacity to meet the

NOTE Confidence: 0.904884954117647

 $00:10:17.410 \longrightarrow 00:10:19.680$ existing need for integrated healthcare.

NOTE Confidence: 0.904884954117647

 $00{:}10{:}19.680 \dashrightarrow 00{:}10{:}21.522$ The General Healthcare workforce on the

NOTE Confidence: 0.904884954117647

00:10:21.522 --> 00:10:23.776 other hand is under trained to deal

NOTE Confidence: 0.904884954117647

 $00:10:23.776 \longrightarrow 00:10:25.720$ with the substance use related problems.

NOTE Confidence: 0.904884954117647

 $00:10:25.720 \longrightarrow 00:10:27.960$ So we need urgently need a larger,

NOTE Confidence: 0.904884954117647

00:10:27.960 --> 00:10:31.690 more diverse workforce to provide a much

NOTE Confidence: 0.904884954117647

 $00:10:31.690 \longrightarrow 00:10:33.315$ more personalized and integrated care.

 $00:10:36.040 \longrightarrow 00:10:37.975$ Now how do we integrate

NOTE Confidence: 0.890101627692308

 $00{:}10{:}37.975 \dashrightarrow 00{:}10{:}39.910$ substance use treatment into into

NOTE Confidence: 0.890101627692308

00:10:39.979 --> 00:10:41.878 various healthcare settings?

NOTE Confidence: 0.890101627692308

00:10:41.880 --> 00:10:43.518 We could do it at hospital settings,

NOTE Confidence: 0.890101627692308

 $00:10:43.520 \longrightarrow 00:10:45.200$ in patient settings,

NOTE Confidence: 0.890101627692308

00:10:45.200 --> 00:10:46.880 emergency room settings,

NOTE Confidence: 0.890101627692308

 $00:10:46.880 \longrightarrow 00:10:48.660$ speciality care settings and

NOTE Confidence: 0.890101627692308

00:10:48.660 --> 00:10:49.995 outpatient ambulatory settings.

NOTE Confidence: 0.890101627692308

00:10:50.000 --> 00:10:51.260 I'm going to talk about

NOTE Confidence: 0.890101627692308

 $00:10:51.260 \longrightarrow 00:10:52.520$ some work that we did.

NOTE Confidence: 0.81081837375

 $00{:}10{:}57.560 \dashrightarrow 00{:}10{:}59.140$ Hospital based addiction consultation

NOTE Confidence: 0.81081837375

 $00:10:59.140 \longrightarrow 00:11:03.600$ centers have come across the country, right.

NOTE Confidence: 0.81081837375

 $00{:}11{:}03.600 \dashrightarrow 00{:}11{:}05.240$ They've been shown to improve

NOTE Confidence: 0.81081837375

 $00{:}11{:}05.240 \dashrightarrow 00{:}11{:}06.552$ patient engagement and treatment,

NOTE Confidence: 0.81081837375

 $00:11:06.560 \longrightarrow 00:11:08.288$ decreased hospital readmissions,

 $00:11:08.288 \longrightarrow 00:11:11.168$ reduce service utilization costs and

NOTE Confidence: 0.81081837375

 $00{:}11{:}11.168 \dashrightarrow 00{:}11{:}13.519$ improve addiction related outcomes.

NOTE Confidence: 0.81081837375

00:11:13.520 --> 00:11:15.248 They engage with patients while on

NOTE Confidence: 0.81081837375

00:11:15.248 --> 00:11:16.493 the inpatient service, providing

NOTE Confidence: 0.81081837375

00:11:16.493 --> 00:11:18.358 addiction treatment in the hospital,

NOTE Confidence: 0.81081837375

 $00:11:18.360 \longrightarrow 00:11:20.280$ then connecting them to outpatient care.

NOTE Confidence: 0.81081837375

 $00{:}11{:}20.280 \dashrightarrow 00{:}11{:}22.877$ There's also bridge clinics that have started

NOTE Confidence: 0.81081837375

 $00:11:22.877 \longrightarrow 00:11:25.636$ and and there's evidence for them as well.

NOTE Confidence: 0.81081837375

 $00{:}11{:}25.640 {\:\dashrightarrow\:} 00{:}11{:}26.936$ Although these traditional

NOTE Confidence: 0.81081837375

 $00:11:26.936 \longrightarrow 00:11:29.276$ traditional clinics are ideal for

NOTE Confidence: 0.81081837375

 $00{:}11{:}29.276 \dashrightarrow 00{:}11{:}31.599$ patients admitted to the hospital,

NOTE Confidence: 0.81081837375

 $00{:}11{:}31.600 \longrightarrow 00{:}11{:}34.864$ it does not engage people with who use

NOTE Confidence: 0.81081837375

 $00:11:34.864 \longrightarrow 00:11:37.716$ drugs in the communities where they live.

NOTE Confidence: 0.81081837375

 $00{:}11{:}37.720 \dashrightarrow 00{:}11{:}39.904$ So raising a concern about individuals who

NOTE Confidence: 0.81081837375

 $00:11:39.904 \longrightarrow 00:11:42.159$ may never interface with the hospital system,

NOTE Confidence: 0.77839789125

 $00{:}11{:}46.680 \dashrightarrow 00{:}11{:}48.960$ emergency room settings again are great

 $00:11:48.960 \longrightarrow 00:11:51.460$ place to to start initiate treatment.

NOTE Confidence: 0.77839789125

00:11:51.460 --> 00:11:53.635 If we talk about Glenorphine,

NOTE Confidence: 0.77839789125

 $00{:}11{:}53.640 \dashrightarrow 00{:}11{:}55.782$ this was a study that was done

NOTE Confidence: 0.77839789125

 $00:11:55.782 \longrightarrow 00:11:59.666$ at Yale and it was done by Doctor

NOTE Confidence: 0.77839789125

 $00:11:59.666 \longrightarrow 00:12:02.796$ Tanofrio and Doctor Filene's group.

NOTE Confidence: 0.77839789125

00:12:02.800 --> 00:12:05.040 And they've looked at starting

NOTE Confidence: 0.77839789125

 $00:12:05.040 \longrightarrow 00:12:07.514$ Glenorphine in the Ed versus referring

NOTE Confidence: 0.77839789125

00:12:07.514 --> 00:12:10.030 a patient to outpatient care, right.

NOTE Confidence: 0.77839789125

 $00:12:10.030 \longrightarrow 00:12:14.400$ And patients are 78%.

NOTE Confidence: 0.77839789125

00:12:14.400 --> 00:12:16.848 There's a 78% chance of patients

NOTE Confidence: 0.77839789125

00:12:16.848 --> 00:12:18.867 connecting to outpatient treatment if

NOTE Confidence: 0.77839789125

 $00{:}12{:}18.867 \dashrightarrow 00{:}12{:}20.799$ bup renorphine is started in the Ed

NOTE Confidence: 0.77839789125

 $00:12:20.800 \longrightarrow 00:12:25.314$ when they come in versus only 37% if

NOTE Confidence: 0.77839789125

 $00:12:25.314 \longrightarrow 00:12:26.799$ they're just referred to treatment.

NOTE Confidence: 0.711541556363636

 $00:12:29.880 \longrightarrow 00:12:31.763$ So emergency room setting is a focus

 $00:12:31.763 \longrightarrow 00:12:33.120$ for starting addiction treatments.

NOTE Confidence: 0.711541556363636

 $00{:}12{:}33.120 \dashrightarrow 00{:}12{:}35.830$ As many individuals interface with

NOTE Confidence: 0.711541556363636

00:12:35.830 --> 00:12:38.768 medical care in this setting,

NOTE Confidence: 0.711541556363636

00:12:38.768 --> 00:12:41.335 it provides a unique opportunity

NOTE Confidence: 0.711541556363636

 $00:12:41.335 \longrightarrow 00:12:43.560$ to start evidence based treatment

NOTE Confidence: 0.711541556363636

 $00:12:43.560 \longrightarrow 00:12:45.640$ and connecting to the community.

NOTE Confidence: 0.711541556363636

 $00{:}12{:}45.640 \dashrightarrow 00{:}12{:}47.901$ Studies have shown that Ed initiated as

NOTE Confidence: 0.711541556363636

 $00:12:47.901 \longrightarrow 00:12:50.279$ we discussed Ed initiated buprenorphine

NOTE Confidence: 0.711541556363636

 $00:12:50.280 \longrightarrow 00:12:53.960$ improves healthcare outcomes.

NOTE Confidence: 0.711541556363636

 $00:12:53.960 \longrightarrow 00:12:55.890$ But the initiation of buprenorphine

NOTE Confidence: 0.711541556363636

 $00:12:55.890 \longrightarrow 00:12:58.239$ or any addiction treatment in the Ed

NOTE Confidence: 0.711541556363636

 $00{:}12{:}58.240 {\: --> \:} 00{:}12{:}59.940$ requires addressing many challenges and

NOTE Confidence: 0.711541556363636

00:12:59.940 --> 00:13:02.810 one of the big thing is capacity building

NOTE Confidence: 0.711541556363636

 $00{:}13{:}02.810 \dashrightarrow 00{:}13{:}05.036$ and connecting with our patient teams.

NOTE Confidence: 0.711541556363636

00:13:05.040 --> 00:13:08.034 It it involves educating the ER providers

NOTE Confidence: 0.711541556363636

 $00:13:08.034 \longrightarrow 00:13:10.398$ as well as the community providers

 $00:13:10.400 \longrightarrow 00:13:12.944$ and partnering with programs so that

NOTE Confidence: 0.711541556363636

 $00{:}13{:}12.944 \dashrightarrow 00{:}13{:}15.366$ they could be referred to because they

NOTE Confidence: 0.711541556363636

00:13:15.366 --> 00:13:16.818 can't just start buprenorphine and and

NOTE Confidence: 0.711541556363636

 $00:13:16.818 \longrightarrow 00:13:18.475$ not have a facility to refer them to.

NOTE Confidence: 0.9551251

 $00:13:21.440 \longrightarrow 00:13:24.664$ This was another study that was

NOTE Confidence: 0.9551251

 $00:13:24.664 \longrightarrow 00:13:27.256$ done in that looked at primary

NOTE Confidence: 0.9551251

 $00:13:27.256 \longrightarrow 00:13:29.160$ care buprenorphine initiation and

NOTE Confidence: 0.9551251

 $00:13:29.160 \longrightarrow 00:13:31.080$ taper versus maintenance treatment

NOTE Confidence: 0.9551251

 $00:13:31.080 \longrightarrow 00:13:34.280$ and what it showed is that with

NOTE Confidence: 0.9551251

 $00:13:34.280 \longrightarrow 00:13:36.480$ with some medication management

NOTE Confidence: 0.864052523125

 $00:13:38.640 \longrightarrow 00:13:40.395$ buprenorphine treatment can be provided

NOTE Confidence: 0.864052523125

00:13:40.395 --> 00:13:42.150 in primary care settings without

NOTE Confidence: 0.864052523125

 $00{:}13{:}42.200 \dashrightarrow 00{:}13{:}44.198$ elaborate counseling and stuff like that.

NOTE Confidence: 0.8891970125

 $00:13:48.240 \longrightarrow 00:13:52.390$ I was involved with doctor Jennifer

NOTE Confidence: 0.8891970125

 $00:13:52.390 \longrightarrow 00:13:55.995$ Edelman and Doctor Filene's group in in

 $00:13:55.995 \longrightarrow 00:13:59.600$ doing a randomized in doing a clinical

NOTE Confidence: 0.8891970125

 $00{:}13{:}59.600 \dashrightarrow 00{:}14{:}02.376$ trial on implementation facilitation

NOTE Confidence: 0.8891970125

00:14:02.376 --> 00:14:04.924 involving four large HIV clinics

NOTE Confidence: 0.8891970125

00:14:04.924 --> 00:14:07.190 in the Northeast US, one at Brown,

NOTE Confidence: 0.8891970125

 $00:14:07.190 \longrightarrow 00:14:10.359$ one in New York and two in Connecticut.

NOTE Confidence: 0.8891970125

00:14:10.360 --> 00:14:15.760 And what we have seen is that by a practice

NOTE Confidence: 0.8891970125

 $00:14:15.760 \longrightarrow 00:14:18.040$ facilitation implementation facilitation,

NOTE Confidence: 0.8891970125

 $00:14:18.040 \longrightarrow 00:14:22.240$ we can change the preferences of

NOTE Confidence: 0.8891970125

 $00:14:22.240 \longrightarrow 00:14:25.440$ people in prescribing buprenorphine.

NOTE Confidence: 0.8891970125

 $00:14:25.440 \longrightarrow 00:14:28.608$ He initially folks wanted to prefer

NOTE Confidence: 0.8891970125

 $00{:}14{:}28.608 \operatorname{--}{>} 00{:}14{:}30.720$ patients outside for treatment,

NOTE Confidence: 0.8891970125

 $00:14:30.720 \longrightarrow 00:14:32.928$ but as the study went on

NOTE Confidence: 0.8891970125

 $00:14:32.928 \longrightarrow 00:14:34.400$ by the maintenance phase,

NOTE Confidence: 0.8891970125

 $00:14:34.400 \longrightarrow 00:14:36.899$ they were willing to actually prefer to

NOTE Confidence: 0.8891970125

 $00:14:36.899 \longrightarrow 00:14:39.239$ provide treatment with within their centers.

NOTE Confidence: 0.773406542

00:14:43.640 --> 00:14:46.280 Looking at Co occurring disorders,

00:14:46.280 --> 00:14:48.640 psychiatric and substance use disorders,

NOTE Confidence: 0.773406542

 $00:14:48.640 \longrightarrow 00:14:51.232$ we know we see this all the time.

NOTE Confidence: 0.773406542

 $00:14:51.240 \longrightarrow 00:14:53.180$ We know that the relationship

NOTE Confidence: 0.773406542

 $00:14:53.180 \longrightarrow 00:14:54.732$ between psychiatric and substance

NOTE Confidence: 0.773406542

00:14:54.732 --> 00:14:56.400 use disorders is complex.

NOTE Confidence: 0.773406542

00:14:56.400 --> 00:14:58.182 There's bidirectional causality,

NOTE Confidence: 0.773406542

00:14:58.182 --> 00:15:00.558 shared genetic risk factors,

NOTE Confidence: 0.773406542

 $00:15:00.560 \longrightarrow 00:15:04.234$ they share vulnerabilities and you

NOTE Confidence: 0.773406542

 $00:15:04.234 \longrightarrow 00:15:06.204$ know clinical course and treatment

NOTE Confidence: 0.773406542

00:15:06.204 --> 00:15:08.679 challenges are very similar.

NOTE Confidence: 0.773406542

 $00{:}15{:}08.680 \dashrightarrow 00{:}15{:}10.910$ Patients may be self medicating

NOTE Confidence: 0.773406542

 $00{:}15{:}10.910 \dashrightarrow 00{:}15{:}12.780$ themselves to deal with the adverse

NOTE Confidence: 0.773406542

 $00{:}15{:}12.780 \dashrightarrow 00{:}15{:}13.916$ effects of psychotropic medications.

NOTE Confidence: 0.773406542

 $00:15:13.920 \longrightarrow 00:15:16.398$ We know our patients with schizophrenia,

NOTE Confidence: 0.773406542

 $00:15:16.400 \longrightarrow 00:15:18.480$ we smoke more cigarettes

 $00:15:18.480 \longrightarrow 00:15:20.040$ than general population

NOTE Confidence: 0.609667175454546

 $00{:}15{:}22.680 {\:{\mbox{--}}}{>}\ 00{:}15{:}25.650$ and it could be a a way for of of

NOTE Confidence: 0.609667175454546

 $00:15:25.740 \longrightarrow 00:15:28.055$ social acceptance for for those with

NOTE Confidence: 0.609667175454546

 $00:15:28.055 \longrightarrow 00:15:30.400$ mental illness who are more isolated

NOTE Confidence: 0.609667175454546

 $00:15:30.400 \longrightarrow 00:15:31.674$ to belong to a group of people,

NOTE Confidence: 0.609667175454546

00:15:31.680 --> 00:15:34.326 Let's say some people who are using

NOTE Confidence: 0.609667175454546

 $00:15:34.326 \longrightarrow 00:15:36.199$ cannabis or something like that.

NOTE Confidence: 0.609667175454546

00:15:36.200 --> 00:15:40.358 Looking at the National Comorbidity Survey,

NOTE Confidence: 0.609667175454546

 $00:15:40.360 \longrightarrow 00:15:44.092$ over 50% of those with psychiatric

NOTE Confidence: 0.609667175454546

 $00:15:44.092 \longrightarrow 00:15:46.320$ conditions have substance use disorders

NOTE Confidence: 0.609667175454546

 $00{:}15{:}46.320 \to 00{:}15{:}49.375$ and over 50% of those with substance use

NOTE Confidence: 0.609667175454546

 $00:15:49.375 \longrightarrow 00:15:51.640$ disorders have psychiatric diagnosis.

NOTE Confidence: 0.911372372

 $00{:}15{:}56.000 \dashrightarrow 00{:}15{:}59.314$ This was based on the NSDUH data.

NOTE Confidence: 0.911372372

 $00:15:59.314 \longrightarrow 00:16:01.336$ There's about 17 million people with

NOTE Confidence: 0.911372372

 $00:16:01.336 \longrightarrow 00:16:03.781$ any mental illness and substance use

NOTE Confidence: 0.911372372

00:16:03.781 --> 00:16:05.795 disorders together, and about 5.7

00:16:05.795 --> 00:16:07.720 million people with substance use,

NOTE Confidence: 0.911372372

 $00{:}16{:}07.720 \dashrightarrow 00{:}16{:}09.560$ desires and serious mental illness.

NOTE Confidence: 0.897921725

00:16:12.200 --> 00:16:13.080 Despite this,

NOTE Confidence: 0.96522

 $00:16:15.560 \longrightarrow 00:16:19.094$ only 5.7%, as we discussed with any

NOTE Confidence: 0.96522

 $00{:}16{:}19.094 \dashrightarrow 00{:}16{:}21.340$ mental illness and substance use Disorder

NOTE Confidence: 0.96522

 $00:16:21.340 \longrightarrow 00:16:23.548$ received treatment for both and 9.3%.

NOTE Confidence: 0.96522

 $00:16:23.548 \longrightarrow 00:16:26.662$ So close to one in 10 people with serious

NOTE Confidence: 0.96522

 $00{:}16{:}26.662 {\:{\circ}{\circ}{\circ}}>00{:}16{:}29.818$ mental illness and substance use disorder

NOTE Confidence: 0.96522

 $00:16:29.818 \longrightarrow 00:16:32.639$ received treatment for both conditions.

NOTE Confidence: 0.792004048

 $00{:}16{:}36.200 \dashrightarrow 00{:}16{:}38.576$ Those with comorbid substance use disorders

NOTE Confidence: 0.792004048

 $00{:}16{:}38.576 \dashrightarrow 00{:}16{:}40.673$ and psychiatric conditions have severe,

NOTE Confidence: 0.792004048

 $00:16:40.673 \longrightarrow 00:16:43.238$ more severe symptoms, poor outcomes.

NOTE Confidence: 0.792004048

 $00{:}16{:}43.240 \dashrightarrow 00{:}16{:}45.520$ There's greater risk of homelessness.

NOTE Confidence: 0.792004048

00:16:45.520 --> 00:16:47.040 There's greater involvement with law,

NOTE Confidence: 0.792004048

 $00:16:47.040 \longrightarrow 00:16:51.396$ law enforcement and this higher utilization,

00:16:51.400 --> 00:16:52.615 healthcare utilization costs,

NOTE Confidence: 0.792004048

 $00:16:52.615 \longrightarrow 00:16:54.235$ higher mortality and morbidity.

NOTE Confidence: 0.907086462857143

 $00:16:56.520 \longrightarrow 00:16:59.284$ And the treatments have

NOTE Confidence: 0.907086462857143

00:16:59.284 --> 00:17:01.357 been traditionally siloed,

NOTE Confidence: 0.907086462857143

 $00:17:01.360 \longrightarrow 00:17:04.090$ which have been the biggest

NOTE Confidence: 0.907086462857143

 $00:17:04.090 \longrightarrow 00:17:07.400$ barrier for integrating care.

NOTE Confidence: 0.907086462857143

 $00:17:07.400 \longrightarrow 00:17:09.085$ We've published an op-ed with

NOTE Confidence: 0.907086462857143

00:17:09.085 --> 00:17:12.720 Doctor Petrarchus and Dr. Edens.

NOTE Confidence: 0.907086462857143

 $00:17:12.720 \longrightarrow 00:17:15.480$ This was in 2018 and we talked about

NOTE Confidence: 0.907086462857143

00:17:15.480 --> 00:17:17.670 what role should psychiatrists have

NOTE Confidence: 0.907086462857143

 $00{:}17{:}17.670 \dashrightarrow 00{:}17{:}20.560$ in responding to the opioid epidemic.

NOTE Confidence: 0.907086462857143

 $00:17:20.560 \longrightarrow 00:17:22.023$ In summary, we call triple AP and

NOTE Confidence: 0.907086462857143

 $00:17:22.023 \longrightarrow 00:17:23.546$ ask this about how many addiction

NOTE Confidence: 0.907086462857143

 $00{:}17{:}23.546 \to 00{:}17{:}25.232$ psychiatrists are there in the country.

NOTE Confidence: 0.907086462857143

 $00:17:25.240 \longrightarrow 00:17:28.640$ They said around 1100,

NOTE Confidence: 0.907086462857143

 $00:17:28.640 \longrightarrow 00:17:32.056$ we're talking about 25% of our

 $00:17:32.056 \longrightarrow 00:17:33.960$ population using drugs and we have 1100

NOTE Confidence: 0.907086462857143

 $00:17:34.020 \longrightarrow 00:17:36.200$ addiction psychiatrists in this country.

NOTE Confidence: 0.907086462857143

 $00:17:36.200 \longrightarrow 00:17:37.556$ And as a field,

NOTE Confidence: 0.907086462857143

 $00:17:37.556 \longrightarrow 00:17:39.590$ we are looking to the addiction

NOTE Confidence: 0.907086462857143

 $00:17:39.665 \longrightarrow 00:17:42.117$ psychiatrist to provide treatment.

NOTE Confidence: 0.907086462857143

 $00:17:42.120 \longrightarrow 00:17:46.320$ If this was CHF or or or

NOTE Confidence: 0.907086462857143

 $00:17:46.320 \longrightarrow 00:17:48.720$ some other medical condition,

NOTE Confidence: 0.907086462857143

 $00{:}17{:}48.720 \dashrightarrow 00{:}17{:}50.120$ that would be totally unacceptable.

NOTE Confidence: 0.749407891428571

 $00:17:52.520 \longrightarrow 00:17:53.820$ The significant comorbidity as

NOTE Confidence: 0.749407891428571

 $00:17:53.820 \longrightarrow 00:17:55.672$ we discussed anxiety, depression,

NOTE Confidence: 0.749407891428571

00:17:55.672 --> 00:17:59.160 ADHD, psychosis and suicide.

NOTE Confidence: 0.749407891428571

 $00:17:59.160 \longrightarrow 00:18:01.540$ A national survey of psychiatrist

NOTE Confidence: 0.749407891428571

 $00{:}18{:}01.540 \dashrightarrow 00{:}18{:}04.550$ indicates that more than 80% were

NOTE Confidence: 0.749407891428571

 $00:18:04.550 \longrightarrow 00:18:07.070$ uncomfortable with providing office

NOTE Confidence: 0.749407891428571

00:18:07.070 --> 00:18:08.960 based burpanorphine treatment.

 $00:18:08.960 \longrightarrow 00:18:11.400$ There was shift of burpanorphine

NOTE Confidence: 0.749407891428571

00:18:11.400 --> 00:18:13.953 prescribing to primary care psychiatrist.

NOTE Confidence: 0.749407891428571

00:18:13.953 --> 00:18:17.896 We're prescribing 90 moreover 90\% of Open

NOTE Confidence: 0.749407891428571

 $00:18:17.896 \longrightarrow 00:18:25.318$ North in 2003 that fell to 32.8% in 2013.

NOTE Confidence: 0.749407891428571

 $00:18:25.320 \longrightarrow 00:18:27.120$ We are skilled, we are knowledgeable,

NOTE Confidence: 0.749407891428571

 $00:18:27.120 \longrightarrow 00:18:30.740$ we've and we are prepared

NOTE Confidence: 0.749407891428571

 $00:18:30.740 \longrightarrow 00:18:32.480$ to treat the condition.

NOTE Confidence: 0.749407891428571

 $00:18:32.480 \longrightarrow 00:18:34.320$ So we have to embrace,

NOTE Confidence: 0.749407891428571

 $00:18:34.320 \longrightarrow 00:18:36.872$ we have to take a leap forward to

NOTE Confidence: 0.749407891428571

 $00:18:36.872 \longrightarrow 00:18:38.450$ embrace addiction treatments and

NOTE Confidence: 0.749407891428571

 $00{:}18{:}38.450 \dashrightarrow 00{:}18{:}40.640$ integrate them into our practices.

NOTE Confidence: 0.749407891428571

 $00:18:40.640 \longrightarrow 00:18:44.320$ This was a recent publication

NOTE Confidence: 0.749407891428571

 $00:18:44.320 \longrightarrow 00:18:46.640$ that looked at bup renorphine

NOTE Confidence: 0.749407891428571

 $00:18:46.640 \longrightarrow 00:18:48.960$ fills by prescribing clinicians.

NOTE Confidence: 0.749407891428571

00:18:48.960 --> 00:18:53.840 And if you look at psychiatry as a field,

NOTE Confidence: 0.749407891428571

 $00:18:53.840 \longrightarrow 00:18:57.272$ we have plateau and our buprenorphine

00:18:57.272 --> 00:18:58.988 prescribing hasn't increased

NOTE Confidence: 0.749407891428571

 $00:18:58.988 \longrightarrow 00:19:01.264$ from 2003 to 2021,

NOTE Confidence: 0.749407891428571

 $00:19:01.264 \longrightarrow 00:19:03.536$ whereas other medical specialities

NOTE Confidence: 0.749407891428571

 $00:19:03.536 \longrightarrow 00:19:05.914$ have embraced it and they've

NOTE Confidence: 0.749407891428571

 $00:19:05.914 \longrightarrow 00:19:07.936$ owned it and then they've started

NOTE Confidence: 0.749407891428571

 $00:19:07.936 \longrightarrow 00:19:09.040$ treating addiction better.

NOTE Confidence: 0.838970452857143

 $00:19:13.920 \longrightarrow 00:19:16.776$ So there's many challenges

NOTE Confidence: 0.838970452857143

 $00:19:16.776 \longrightarrow 00:19:18.918$ and facilitators to.

NOTE Confidence: 0.838970452857143

 $00:19:18.920 \longrightarrow 00:19:21.448$ So this was a study that I was

NOTE Confidence: 0.838970452857143

00:19:21.448 --> 00:19:23.353 looking at national database.

NOTE Confidence: 0.838970452857143

 $00:19:23.353 \longrightarrow 00:19:25.918$ This was actually done by

NOTE Confidence: 0.838970452857143

00:19:25.920 --> 00:19:27.632 Health and Human Secretary

NOTE Confidence: 0.838970452857143

 $00{:}19{:}27.632 \dashrightarrow 00{:}19{:}28.916$ Assistance Secretary's office.

NOTE Confidence: 0.838970452857143

 $00{:}19{:}28.920 \longrightarrow 00{:}19{:}31.016$ So this was the study by the government

NOTE Confidence: 0.838970452857143

00:19:31.016 --> 00:19:32.298 looking at insurance databases

 $00:19:32.298 \longrightarrow 00:19:34.755$ and and looking at booking off in

NOTE Confidence: 0.838970452857143

 $00{:}19{:}34.755 \dashrightarrow 00{:}19{:}36.159$ prescriptions based on the field.

NOTE Confidence: 0.758406034545455

00:19:41.640 --> 00:19:43.272 You know our our patients see

NOTE Confidence: 0.758406034545455

 $00:19:43.272 \longrightarrow 00:19:45.040$ us as primary care physicians.

NOTE Confidence: 0.758406034545455

 $00:19:45.040 \longrightarrow 00:19:46.080$ They don't go anywhere else,

NOTE Confidence: 0.758406034545455

00:19:46.080 --> 00:19:47.720 they don't go to see primary care physicians.

NOTE Confidence: 0.758406034545455

 $00:19:47.720 \longrightarrow 00:19:50.422$ We we are the primary providers for

NOTE Confidence: 0.758406034545455

 $00:19:50.422 \longrightarrow 00:19:53.072$ our patients and they come to us and

NOTE Confidence: 0.758406034545455

 $00{:}19{:}53.072 \dashrightarrow 00{:}19{:}55.359$ they don't talk about substance use.

NOTE Confidence: 0.758406034545455

 $00:19:55.360 \longrightarrow 00:19:57.222$ For us to integrate this treatment into

NOTE Confidence: 0.758406034545455

 $00{:}19{:}57.222 \dashrightarrow 00{:}19{:}59.680$ our practices, it's cost effective

NOTE Confidence: 0.758406034545455

 $00:19:59.680 \longrightarrow 00:20:02.240$ and improves treatment outcomes.

NOTE Confidence: 0.758406034545455

 $00:20:02.240 \longrightarrow 00:20:04.382$ Our mental health providers are under

NOTE Confidence: 0.758406034545455

 $00:20:04.382 \longrightarrow 00:20:06.640$ prepared to treat substance use disorders.

NOTE Confidence: 0.758406034545455

 $00:20:06.640 \longrightarrow 00:20:07.888$ We have limited resources.

NOTE Confidence: 0.758406034545455

 $00:20:07.888 \longrightarrow 00:20:09.556$ I, I, yeah, again, I'm,

00:20:09.556 --> 00:20:11.840 I'm so stick to what psychiatrists do.

NOTE Confidence: 0.758406034545455

00:20:11.840 --> 00:20:13.838 They're very busy.

NOTE Confidence: 0.758406034545455

 $00:20:13.840 \longrightarrow 00:20:14.920$ They're under resource

NOTE Confidence: 0.56390342

 $00:20:17.400 \longrightarrow 00:20:18.760$ what patients tell us.

NOTE Confidence: 0.56390342

 $00:20:18.760 \longrightarrow 00:20:21.499$ We want you to treat for both conditions.

NOTE Confidence: 0.56390342

00:20:21.499 --> 00:20:23.308 We want you you you are our

NOTE Confidence: 0.56390342

 $00:20:23.308 \longrightarrow 00:20:23.959$ primary care physicians.

NOTE Confidence: 0.56390342

 $00:20:23.960 \longrightarrow 00:20:25.598$ We want you to treat us.

NOTE Confidence: 0.56390342

 $00:20:25.600 \longrightarrow 00:20:27.648$ But there's a lot of stigma and the

NOTE Confidence: 0.56390342

 $00:20:27.648 \longrightarrow 00:20:29.565$ stigma is just not with our psychiatry

NOTE Confidence: 0.56390342

 $00:20:29.565 \longrightarrow 00:20:31.227$ providers but also patients have a

NOTE Confidence: 0.56390342

 $00:20:31.227 \longrightarrow 00:20:32.676$ lot of stigma and asking for help.

NOTE Confidence: 0.93414441625

 $00:20:35.280 \longrightarrow 00:20:37.350$ And there's so many things we

NOTE Confidence: 0.93414441625

 $00{:}20{:}37.350 \dashrightarrow 00{:}20{:}39.435$ could do from prevention services

NOTE Confidence: 0.93414441625

00:20:39.435 --> 00:20:41.295 to screening and interventions

00:20:41.295 --> 00:20:43.719 to medications to harm reduction.

NOTE Confidence: 0.93414441625

00:20:43.720 --> 00:20:46.005 We could take up a

NOTE Confidence: 0.93414441625

00:20:46.005 --> 00:20:46.919 multidisciplinary approach,

NOTE Confidence: 0.93414441625

 $00:20:46.920 \longrightarrow 00:20:50.570$ involve pharmacists and clinic social

NOTE Confidence: 0.93414441625

 $00:20:50.570 \longrightarrow 00:20:52.695$ workers and other clinicians into

NOTE Confidence: 0.93414441625

00:20:52.695 --> 00:20:54.968 this focus on preventing infections,

NOTE Confidence: 0.93414441625

 $00:20:54.968 \longrightarrow 00:20:57.278$ focus on long term care,

NOTE Confidence: 0.93414441625

 $00:20:57.280 \longrightarrow 00:20:59.376$ recovery supports and cognitive

NOTE Confidence: 0.93414441625

 $00{:}20{:}59.376 \dashrightarrow 00{:}21{:}02.520$ care with other agencies as well.

NOTE Confidence: 0.93414441625

 $00:21:02.520 \longrightarrow 00:21:04.688$ This is how we are looking at the

NOTE Confidence: 0.93414441625

 $00{:}21{:}04.688 \dashrightarrow 00{:}21{:}07.516$ problem is keeping the onus on the

NOTE Confidence: 0.93414441625

 $00:21:07.516 \longrightarrow 00:21:10.160$ patient and asking them to change.

NOTE Confidence: 0.93414441625

 $00{:}21{:}10.160 \dashrightarrow 00{:}21{:}12.626$ That has to change and we have to take

NOTE Confidence: 0.93414441625

 $00{:}21{:}12.626 {\:{\mbox{--}}}{\:{\mbox{--}}} 00{:}21{:}15.301$ a much more interfered approach into

NOTE Confidence: 0.93414441625

00:21:15.301 --> 00:21:18.065 professional approach and we have to

NOTE Confidence: 0.93414441625

 $00:21:18.065 \longrightarrow 00:21:20.237$ have a much more diverse workforce

 $00:21:20.240 \longrightarrow 00:21:23.240$ to represent who we are treating

NOTE Confidence: 0.93414441625

 $00:21:23.240 \longrightarrow 00:21:28.000$ and be able to treat our patients.

NOTE Confidence: 0.93414441625

 $00:21:28.000 \longrightarrow 00:21:30.712$ So what we know is that if we

NOTE Confidence: 0.93414441625

 $00:21:30.712 \longrightarrow 00:21:32.552$ provide education early on at

NOTE Confidence: 0.93414441625

 $00:21:32.552 \longrightarrow 00:21:34.357$ the to the medical students,

NOTE Confidence: 0.93414441625

 $00:21:34.360 \longrightarrow 00:21:35.584$ to the residents,

NOTE Confidence: 0.93414441625

 $00:21:35.584 \longrightarrow 00:21:37.624$ they're more likely to change

NOTE Confidence: 0.93414441625

 $00{:}21{:}37.624 \dashrightarrow 00{:}21{:}40.457$ and it is much more difficult

NOTE Confidence: 0.93414441625

 $00{:}21{:}40.457 \dashrightarrow 00{:}21{:}42.393$ to train established physicians

NOTE Confidence: 0.93414441625

 $00{:}21{:}42.393 \dashrightarrow 00{:}21{:}44.931$ and other clinicians who've been

NOTE Confidence: 0.93414441625

00:21:44.931 --> 00:21:46.919 practicing for a while.

NOTE Confidence: 0.93414441625

 $00{:}21{:}46.920 \dashrightarrow 00{:}21{:}48.792$ But we have to provide education

NOTE Confidence: 0.93414441625

 $00:21:48.792 \longrightarrow 00:21:51.009$ at every level at the medical

NOTE Confidence: 0.93414441625

 $00{:}21{:}51.009 --> 00{:}21{:}52.359 \ \mathrm{student \ education \ level},$

NOTE Confidence: 0.93414441625

 $00:21:52.360 \longrightarrow 00:21:54.040$ the graduated medical education

 $00:21:54.040 \longrightarrow 00:21:56.140$ level and at the healthcare

NOTE Confidence: 0.93414441625

 $00{:}21{:}56.140 \dashrightarrow 00{:}21{:}57.559$ professional education level.

NOTE Confidence: 0.929168373636364

 $00:22:04.400 \longrightarrow 00:22:06.560$ I'm going to talk about some of the

NOTE Confidence: 0.929168373636364

 $00:22:06.560 \longrightarrow 00:22:10.120$ work I did with with many others

NOTE Confidence: 0.929168373636364

00:22:10.120 --> 00:22:13.348 in in in providing and improving

NOTE Confidence: 0.929168373636364

 $00:22:13.348 \longrightarrow 00:22:16.764$ education in this in this area as

NOTE Confidence: 0.929168373636364

 $00:22:16.764 \longrightarrow 00:22:18.716$ a result of the gap and the issues

NOTE Confidence: 0.929168373636364

 $00:22:18.716 \longrightarrow 00:22:20.055$ surrounding the prescription opioid

NOTE Confidence: 0.929168373636364

 $00{:}22{:}20.055 \dashrightarrow 00{:}22{:}21.795$ use and provider or prescribing.

NOTE Confidence: 0.929168373636364

 $00:22:21.800 \longrightarrow 00:22:24.572$ In 2016, there was a call from

NOTE Confidence: 0.929168373636364

 $00{:}22{:}24.572 \dashrightarrow 00{:}22{:}26.822$ Office of National Drug Counts

NOTE Confidence: 0.929168373636364

00:22:26.822 --> 00:22:29.828 Control and Policy asking US medical

NOTE Confidence: 0.929168373636364

 $00:22:29.828 \longrightarrow 00:22:33.440$ schools to take a pledge to improve

NOTE Confidence: 0.929168373636364

 $00:22:33.440 \longrightarrow 00:22:35.665$ education in chronic pain management

NOTE Confidence: 0.929168373636364

 $00:22:35.665 \longrightarrow 00:22:37.000$ and opioid prescribing

NOTE Confidence: 0.63487035

 $00:22:39.160 \longrightarrow 00:22:43.592$ yields. One of the 61 schools who did not

 $00:22:43.592 \longrightarrow 00:22:47.878$ sign the pledge and in fact they took over.

NOTE Confidence: 0.63487035

 $00{:}22{:}47.880 \dashrightarrow 00{:}22{:}49.968$ So that we we're just not going to

NOTE Confidence: 0.63487035

 $00{:}22{:}49.968 \dashrightarrow 00{:}22{:}52.445$ sign a mere pledge but we we are going

NOTE Confidence: 0.63487035

 $00:22:52.445 \longrightarrow 00:22:54.565$ to improve how we provide medical

NOTE Confidence: 0.63487035

 $00:22:54.565 \longrightarrow 00:22:56.975$ education in in opioid prescribing

NOTE Confidence: 0.63487035

 $00{:}22{:}56.975 \dashrightarrow 00{:}22{:}59.915$ and addiction treatment to our students.

NOTE Confidence: 0.713521694285714

 $00:23:01.960 \longrightarrow 00:23:05.873$ So we got a doctor Prakas and Dr.

NOTE Confidence: 0.713521694285714

 $00{:}23{:}05.873 \longrightarrow 00{:}23{:}09.718$ O'Connor got a call from Doctor Schwartz

NOTE Confidence: 0.713521694285714

00:23:09.718 --> 00:23:13.230 in the office of education and I am

NOTE Confidence: 0.713521694285714

 $00{:}23{:}13.325 \dashrightarrow 00{:}23{:}15.866$ Doctor Tetra from addiction medicine.

NOTE Confidence: 0.713521694285714

 $00:23:15.866 \longrightarrow 00:23:18.878$ We Co chaired the committee that

NOTE Confidence: 0.713521694285714

 $00:23:18.878 \longrightarrow 00:23:22.245$ overhauled the along with providers

NOTE Confidence: 0.713521694285714

 $00{:}23{:}22.245 \dashrightarrow 00{:}23{:}25.665$ from Pediatrics emergency medicine

NOTE Confidence: 0.713521694285714

 $00:23:25.665 \longrightarrow 00:23:28.392$ students that overhaul the addiction

NOTE Confidence: 0.713521694285714

 $00:23:28.392 \longrightarrow 00:23:31.510$ education in the medical school and

 $00:23:31.510 \longrightarrow 00:23:33.680$ we were able to establish an addiction

NOTE Confidence: 0.713521694285714

 $00{:}23{:}33.680 \dashrightarrow 00{:}23{:}35.721$ thread that runs through all four

NOTE Confidence: 0.713521694285714

 $00:23:35.721 \longrightarrow 00:23:37.755$ years of the medical school training.

NOTE Confidence: 0.849847278666667

 $00:23:44.000 \longrightarrow 00:23:47.195$ I'm I'm privileged to be a part of the

NOTE Confidence: 0.849847278666667

 $00:23:47.195 \longrightarrow 00:23:49.408$ department which prioritizes addiction

NOTE Confidence: 0.849847278666667

 $00:23:49.408 \longrightarrow 00:23:52.520$ education and and the division of

NOTE Confidence: 0.849847278666667

 $00:23:52.520 \longrightarrow 00:23:54.388$ addiction which has great teachers

NOTE Confidence: 0.849847278666667

 $00:23:54.388 \longrightarrow 00:23:56.470$ and we were able to incorporate

NOTE Confidence: 0.849847278666667

 $00{:}23{:}56.540 \dashrightarrow 00{:}23{:}59.512$ addiction education into every year of

NOTE Confidence: 0.849847278666667

 $00:23:59.512 \longrightarrow 00:24:01.752$ of the psychiatry residency training.

NOTE Confidence: 0.849847278666667

 $00{:}24{:}01.760 \dashrightarrow 00{:}24{:}03.835$ Starting with a preliminary course

NOTE Confidence: 0.849847278666667

 $00:24:03.835 \longrightarrow 00:24:06.437$ to introduce folks to substance use

NOTE Confidence: 0.849847278666667

 $00{:}24{:}06.437 \dashrightarrow 00{:}24{:}09.508$ disorder treatment to a six weeks

NOTE Confidence: 0.849847278666667

 $00:24:09.508 \longrightarrow 00:24:11.119$ addiction psychiatry rotation,

NOTE Confidence: 0.849847278666667

 $00:24:11.120 \longrightarrow 00:24:13.598$ to a core addiction seminar in

NOTE Confidence: 0.849847278666667

00:24:13.598 --> 00:24:16.684 the third year and providing A

00:24:16.684 --> 00:24:18.905 longitudinal experience by offering

NOTE Confidence: 0.849847278666667

 $00:24:18.905 \longrightarrow 00:24:21.995$ electives in in PG by 4.

NOTE Confidence: 0.849847278666667

00:24:22.000 --> 00:24:24.184 Mind you, the requirement,

NOTE Confidence: 0.849847278666667

00:24:24.184 --> 00:24:25.880 still a CGME requirement,

NOTE Confidence: 0.849847278666667

 $00:24:25.880 \longrightarrow 00:24:28.280$ is just a one month of inpatient addiction

NOTE Confidence: 0.849847278666667

 $00:24:28.339 \longrightarrow 00:24:30.172$ experience for residency training which

NOTE Confidence: 0.849847278666667

 $00:24:30.172 \longrightarrow 00:24:32.518$ which is not going to help at all.

NOTE Confidence: 0.97792494

00:24:34.640 --> 00:24:38.756 And just to mention about the fellowship,

NOTE Confidence: 0.97792494

 $00:24:38.760 \longrightarrow 00:24:45.706$ we train 10 fellows each year and you know

NOTE Confidence: 0.97792494

00:24:45.706 --> 00:24:47.875 we've we have different tracks at the VA,

NOTE Confidence: 0.97792494

 $00{:}24{:}47.880 \dashrightarrow 00{:}24{:}51.800$ at the APP Foundation and a track,

NOTE Confidence: 0.97792494

 $00{:}24{:}51.800 \dashrightarrow 00{:}24{:}55.040$ a new community track at CMSC.

NOTE Confidence: 0.97792494

00:24:55.040 --> 00:24:59.396 And we've been able to train

NOTE Confidence: 0.97792494

 $00:24:59.400 \longrightarrow 00:25:01.204$ hundreds of addiction psychiatrists.

NOTE Confidence: 0.97792494

 $00:25:01.204 \longrightarrow 00:25:03.459$ And and looking at the

 $00:25:03.459 \longrightarrow 00:25:05.400$ mission of of the fellowship,

NOTE Confidence: 0.97792494

 $00:25:05.400 \longrightarrow 00:25:06.891$ it is just not to train another

NOTE Confidence: 0.97792494

 $00:25:06.891 \longrightarrow 00:25:08.428$ addiction like a psychiatrist is going

NOTE Confidence: 0.97792494

00:25:08.428 --> 00:25:10.120 to see patients which is important,

NOTE Confidence: 0.97792494

 $00:25:10.120 \longrightarrow 00:25:14.026$ but also those who will develop

NOTE Confidence: 0.97792494

 $00:25:14.026 \longrightarrow 00:25:16.120$ programs and they've done that

NOTE Confidence: 0.97792494

 $00:25:16.120 \longrightarrow 00:25:17.200$ nationally and internationally.

NOTE Confidence: 0.97792494

00:25:17.200 --> 00:25:18.320 After they left the fellowship,

NOTE Confidence: 0.75174314

 $00:25:20.400 \longrightarrow 00:25:23.280$ I'll focus on the HERSA track.

NOTE Confidence: 0.75174314

 $00:25:23.280 \longrightarrow 00:25:25.040$ We received funding Dr.

NOTE Confidence: 0.75174314

00:25:25.040 --> 00:25:26.360 Petrarchus and Dr.

NOTE Confidence: 0.75174314

00:25:26.360 --> 00:25:32.171 Tetra or PIS for that through through HERSA,

NOTE Confidence: 0.75174314

 $00{:}25{:}32.171 \dashrightarrow 00{:}25{:}35.056$ which is Health Resources service

NOTE Confidence: 0.75174314

 $00:25:35.056 \longrightarrow 00:25:36.256$ Administration to increase

NOTE Confidence: 0.75174314

 $00:25:36.256 \longrightarrow 00:25:37.796$ our numbers in the fellowship.

NOTE Confidence: 0.75174314

 $00:25:37.800 \longrightarrow 00:25:40.440$ So we've gotten 2 addiction psychiatry

 $00:25:40.440 \longrightarrow 00:25:42.669$ fellows each year and that was

NOTE Confidence: 0.75174314

 $00{:}25{:}42.669 \dashrightarrow 00{:}25{:}44.184$ very instrumental in what Doctor

NOTE Confidence: 0.75174314

 $00:25:44.184 \longrightarrow 00:25:45.959$ Jagged is going to talk about.

NOTE Confidence: 0.75174314

00:25:45.960 --> 00:25:47.200 In establishing the Medication

NOTE Confidence: 0.75174314

00:25:47.200 --> 00:25:48.440 for Addiction Treatment clinic,

NOTE Confidence: 0.912092968333333

 $00:25:50.520 \longrightarrow 00:25:52.158$ we've done some global health work.

NOTE Confidence: 0.912092968333333

 $00:25:52.160 \longrightarrow 00:25:54.688$ This was a collaboration

NOTE Confidence: 0.912092968333333

 $00{:}25{:}54.688 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}25{:}56.872$ between Yale School of Medicine,

NOTE Confidence: 0.912092968333333

00:25:56.872 --> 00:25:58.812 Yale School of Public Health

NOTE Confidence: 0.912092968333333

 $00:25:58.812 \longrightarrow 00:26:00.700$ and University of Jordan.

NOTE Confidence: 0.912092968333333

 $00:26:00.700 \longrightarrow 00:26:04.200$ And we have been able to collaborate

NOTE Confidence: 0.912092968333333

 $00{:}26{:}04.295 \dashrightarrow 00{:}26{:}06.115$ with the School of Pharmacy and

NOTE Confidence: 0.912092968333333

 $00{:}26{:}06.115 \dashrightarrow 00{:}26{:}07.590$ and medical school there in

NOTE Confidence: 0.912092968333333

00:26:07.649 --> 00:26:09.341 establishing a giant training

NOTE Confidence: 0.912092968333333

 $00:26:09.341 \longrightarrow 00:26:11.033$ program for addiction education.

 $00:26:13.480 \longrightarrow 00:26:15.447$ I'll talk a little bit about my

NOTE Confidence: 0.932320800666667

 $00:26:15.447 \longrightarrow 00:26:17.640$ work that we were able to do with

NOTE Confidence: 0.932320800666667

 $00:26:17.640 \longrightarrow 00:26:20.525$ Connecticut Department of Mental Health

NOTE Confidence: 0.932320800666667

 $00:26:20.525 \longrightarrow 00:26:23.410$ and Addiction Services in improving

NOTE Confidence: 0.932320800666667

 $00:26:23.495 \longrightarrow 00:26:25.960$ addiction care across the state.

NOTE Confidence: 0.932320800666667

 $00:26:25.960 \longrightarrow 00:26:28.256$ This started off in 2016 with Doctor

NOTE Confidence: 0.932320800666667

 $00:26:28.256 \longrightarrow 00:26:30.519$ Schadenfeld who was here and we started

NOTE Confidence: 0.932320800666667

00:26:30.519 --> 00:26:32.879 off doing this work right before he left.

NOTE Confidence: 0.66742170375

 $00:26:35.200 \longrightarrow 00:26:37.420$ And Dimas received the

NOTE Confidence: 0.66742170375

 $00:26:37.420 \longrightarrow 00:26:39.640$ Samsung grant to improve

NOTE Confidence: 0.66269276777778

 $00{:}26{:}42.000 \dashrightarrow 00{:}26{:}44.160$ opioid prescribe, bu
prenorphine

NOTE Confidence: 0.66269276777778

 $00:26:44.160 \longrightarrow 00:26:46.320$ prescribing in outpatient

NOTE Confidence: 0.66269276777778

 $00:26:46.320 \longrightarrow 00:26:48.480$ treatment programs particularly.

NOTE Confidence: 0.66269276777778

 $00:26:48.480 \longrightarrow 00:26:50.573$ And we focused on 4 high risk

NOTE Confidence: 0.66269276777778

 $00:26:50.573 \longrightarrow 00:26:52.300$ areas which had the highest

NOTE Confidence: 0.66269276777778

 $00:26:52.300 \longrightarrow 00:26:54.200$ overdose rates at that time.

00:26:56.640 --> 00:26:58.880 This one is the Wheeler Clinic in New

NOTE Confidence: 0.74175845625

 $00:26:58.880 \longrightarrow 00:27:02.876$ in Plainville, CMHA in New Britain,

NOTE Confidence: 0.74175845625

00:27:02.880 --> 00:27:05.484 May Call Center in Torrington and

NOTE Confidence: 0.74175845625

 $00:27:05.484 \longrightarrow 00:27:07.840$ Community Health Resources in Wyndham.

NOTE Confidence: 0.74175845625

 $00:27:07.840 \longrightarrow 00:27:10.381$ And this later expanded to involve all

NOTE Confidence: 0.74175845625

00:27:10.381 --> 00:27:13.039 local mental health agencies in Connecticut.

NOTE Confidence: 0.956809745

00:27:15.280 --> 00:27:18.800 And I've been doing this work since 2016.

NOTE Confidence: 0.956809745

 $00:27:18.800 \longrightarrow 00:27:21.765$ It's been 80 years now and it

NOTE Confidence: 0.956809745

00:27:21.765 --> 00:27:25.155 was well received and it involves

NOTE Confidence: 0.956809745

 $00:27:25.160 \longrightarrow 00:27:27.320$ consultation and practice facilitation.

NOTE Confidence: 0.8837758

00:27:30.280 --> 00:27:33.556 Initially we went to treatment programs,

NOTE Confidence: 0.8837758

 $00:27:33.560 \longrightarrow 00:27:36.320$ did evaluation and needs assessments.

NOTE Confidence: 0.8837758

 $00:27:36.320 \longrightarrow 00:27:39.110$ We met with stakeholders including providers

NOTE Confidence: 0.8837758

 $00{:}27{:}39.110 \dashrightarrow 00{:}27{:}41.800$ and leadership at these facilities.

NOTE Confidence: 0.8837758

 $00:27:41.800 \longrightarrow 00:27:45.545$ We did practice facilitation which is a

 $00:27:45.545 \longrightarrow 00:27:47.840$ multi competent implementation strategy

NOTE Confidence: 0.8837758

 $00:27:47.840 \longrightarrow 00:27:50.157$ used to improve the capacity for practices.

NOTE Confidence: 0.811006362

 $00:27:52.800 \longrightarrow 00:27:54.080$ Well, we did academic detailing.

NOTE Confidence: 0.811006362

 $00:27:54.080 \longrightarrow 00:27:56.480$ You see these medical representatives

NOTE Confidence: 0.811006362

00:27:56.480 --> 00:27:59.680 coming in with brochures and pamphlets,

NOTE Confidence: 0.811006362

 $00:27:59.680 \longrightarrow 00:28:02.520$ but if we do that with evidence based

NOTE Confidence: 0.811006362

 $00:28:02.520 \longrightarrow 00:28:04.836$ practices and to educate the providers

NOTE Confidence: 0.811006362

 $00:28:04.836 \longrightarrow 00:28:07.738$ in these facilities of of improving their

NOTE Confidence: 0.811006362

 $00{:}28{:}07.738 \dashrightarrow 00{:}28{:}10.318$ capacity to provide opioid use disorder

NOTE Confidence: 0.811006362

 $00:28:10.318 \longrightarrow 00:28:12.719$ treatment and other addiction treatment,

NOTE Confidence: 0.811006362

 $00:28:12.720 \longrightarrow 00:28:13.902$ we've started learning

NOTE Confidence: 0.811006362

 $00:28:13.902 \longrightarrow 00:28:15.478$ collaborators across the state.

NOTE Confidence: 0.811006362

 $00:28:15.480 \longrightarrow 00:28:18.530$ These are group learning sessions

NOTE Confidence: 0.811006362

 $00{:}28{:}18.530 \dashrightarrow 00{:}28{:}21.288$ primarily aimed at sharing best

NOTE Confidence: 0.811006362

00:28:21.288 --> 00:28:23.608 practices amongst latest local mental

NOTE Confidence: 0.811006362

 $00{:}28{:}23.608 \dashrightarrow 00{:}28{:}25.880$ health agencies in Connecticut.

 $00:28:25.880 \longrightarrow 00:28:27.428$ There's many educational sessions

NOTE Confidence: 0.811006362

 $00:28:27.428 \longrightarrow 00:28:28.976$ that we organized including

NOTE Confidence: 0.811006362

 $00:28:28.976 \longrightarrow 00:28:30.954$ lectures and case conferences and

NOTE Confidence: 0.811006362

00:28:30.954 --> 00:28:32.838 I also along with Doctor Jaggeday,

NOTE Confidence: 0.811006362

 $00:28:32.840 \longrightarrow 00:28:35.690$ we do many curbside consultations and

NOTE Confidence: 0.811006362

 $00{:}28{:}35.690 \to 00{:}28{:}38.359$ mentoring for providers across the state.

NOTE Confidence: 0.811006362

 $00:28:38.360 \longrightarrow 00:28:42.456$ Well, this led to this situation

NOTE Confidence: 0.811006362

 $00{:}28{:}42.456 \dashrightarrow 00{:}28{:}45.624$ now where all local mental health

NOTE Confidence: 0.811006362

 $00{:}28{:}45.624 \dashrightarrow 00{:}28{:}47.546$ agencies provide integrated addiction

NOTE Confidence: 0.811006362

 $00:28:47.546 \longrightarrow 00:28:50.318$ treatment and all of them prescribe

NOTE Confidence: 0.811006362

 $00{:}28{:}50.318 \dashrightarrow 00{:}28{:}52.600$ open morphine across the state,

NOTE Confidence: 0.811006362

 $00:28:52.600 \longrightarrow 00:28:54.400$ some more than the other.

NOTE Confidence: 0.811006362

 $00{:}28{:}54.400 \dashrightarrow 00{:}28{:}58.408$ And I really want to thank Dimas leadership,

NOTE Confidence: 0.811006362

 $00:28:58.408 \longrightarrow 00:29:00.040$ the Commissioner and Dr.

NOTE Confidence: 0.811006362

 $00:29:00.040 \longrightarrow 00:29:01.890$ DK and others for providing

 $00:29:01.890 \longrightarrow 00:29:03.740$ opening the doors and providing

NOTE Confidence: 0.811006362

 $00:29:03.804 \longrightarrow 00:29:05.556$ us the opportunity to do so.

NOTE Confidence: 0.811006362

 $00:29:05.560 \longrightarrow 00:29:09.150$ This is an example of a Co occurring desires

NOTE Confidence: 0.811006362

 $00:29:09.150 \longrightarrow 00:29:12.195$ conference that we do every two weeks.

NOTE Confidence: 0.811006362

 $00:29:12.200 \longrightarrow 00:29:14.576$ So any local mental health agency

NOTE Confidence: 0.811006362

00:29:14.576 --> 00:29:17.315 can submit this form to us and

NOTE Confidence: 0.811006362

 $00:29:17.315 \longrightarrow 00:29:19.240$ we meet with the leadership,

NOTE Confidence: 0.811006362

 $00:29:19.240 \longrightarrow 00:29:23.720$ the the staff and the providers and

NOTE Confidence: 0.811006362

 $00{:}29{:}23.720 \dashrightarrow 00{:}29{:}25.718$ sometimes even the patient to do

NOTE Confidence: 0.811006362

 $00{:}29{:}25.718 \dashrightarrow 00{:}29{:}27.152$ a consult where we discuss what's

NOTE Confidence: 0.811006362

 $00:29:27.152 \longrightarrow 00:29:29.508$ going on with the patient and how to

NOTE Confidence: 0.811006362

 $00:29:29.508 \longrightarrow 00:29:31.110$ integrate substance use treatment with

NOTE Confidence: 0.811006362

 $00:29:31.110 \longrightarrow 00:29:33.114$ their psychiatric care and their practice.

NOTE Confidence: 0.878902582222222

 $00:29:36.280 \longrightarrow 00:29:38.728$ This is a sample agenda for

NOTE Confidence: 0.878902582222222

 $00:29:38.728 \longrightarrow 00:29:39.952$ a learning collaborative.

NOTE Confidence: 0.878902582222222

 $00:29:39.960 \longrightarrow 00:29:43.204$ We start off with any updates

 $00:29:43.204 \longrightarrow 00:29:46.158$ on all those data in the state,

NOTE Confidence: 0.878902582222222

00:29:46.160 --> 00:29:48.320 any new campaigns in the state.

NOTE Confidence: 0.878902582222222

 $00{:}29{:}48.320 \dashrightarrow 00{:}29{:}50.695$ We have best practices that

NOTE Confidence: 0.878902582222222

 $00:29:50.695 \longrightarrow 00:29:52.120$ each clinic discusses.

NOTE Confidence: 0.878902582222222

 $00:29:52.120 \longrightarrow 00:29:53.700$ We talked about any new

NOTE Confidence: 0.878902582222222

 $00:29:53.700 \longrightarrow 00:29:55.280$ guidelines that came came through.

NOTE Confidence: 0.878902582222222

 $00:29:55.280 \longrightarrow 00:29:56.939$ But also we have people who are

NOTE Confidence: 0.878902582222222

00:29:56.939 --> 00:29:58.731 experts in the field come and talk

NOTE Confidence: 0.878902582222222

 $00:29:58.731 \longrightarrow 00:30:00.273$ to the providers in the state.

NOTE Confidence: 0.878902582222222

 $00:30:00.280 \longrightarrow 00:30:01.688$ And in this case it was Doctor Regan

NOTE Confidence: 0.878902582222222

00:30:01.688 --> 00:30:03.184 who was talking about pain management

NOTE Confidence: 0.878902582222222

 $00:30:03.184 \longrightarrow 00:30:04.840$ for individuals with opioid use desire.

NOTE Confidence: 0.84430369

 $00:30:10.040 \dashrightarrow 00:30:12.216$ So we've, I've talked about the work we've

NOTE Confidence: 0.84430369

 $00:30:12.216 \longrightarrow 00:30:13.921$ done across the state of Connecticut

NOTE Confidence: 0.84430369

 $00:30:13.921 \dashrightarrow 00:30:15.860$ and Doctor Jaggedy is going to come

 $00:30:15.860 \longrightarrow 00:30:19.400$ and talk about what we did at CMFC.

NOTE Confidence: 0.84430369

 $00{:}30{:}19.400 \dashrightarrow 00{:}30{:}22.024$ It's basically incorporating all

NOTE Confidence: 0.84430369

 $00{:}30{:}22.024 \dashrightarrow 00{:}30{:}24.504$ those principles that we have used in

NOTE Confidence: 0.84430369

 $00:30:24.504 \longrightarrow 00:30:27.311$ state to start a new program and even

NOTE Confidence: 0.84430369

 $00:30:27.311 \longrightarrow 00:30:29.591$ innovative new unique program at CMXCI.

NOTE Confidence: 0.84430369

 $00:30:29.600 \longrightarrow 00:30:30.860$ Do want to give a shout out

NOTE Confidence: 0.84430369

 $00:30:30.860 \longrightarrow 00:30:31.720$ to Doctor Rihanna Jordan,

NOTE Confidence: 0.84430369

 $00:30:31.720 \longrightarrow 00:30:33.240$ who was the first psychiatrist

NOTE Confidence: 0.84430369

 $00{:}30{:}33.240 \dashrightarrow 00{:}30{:}34.760$ and who initiated this program,

NOTE Confidence: 0.84430369

00:30:34.760 --> 00:30:37.470 which Doctor Jaggedy was able

NOTE Confidence: 0.84430369

 $00:30:37.470 \longrightarrow 00:30:39.016$ to expand much more.

NOTE Confidence: 0.84430369

 $00:30:39.016 \longrightarrow 00:30:40.840$ And he's going to come and talk about,

NOTE Confidence: 0.819108635

 $00:30:50.040 \longrightarrow 00:30:53.365$ thank you so much, Doctor Muvala for

NOTE Confidence: 0.819108635

 $00:30:53.365 \longrightarrow 00:30:57.920$ being my own consultant and my mentor.

NOTE Confidence: 0.819108635

00:30:57.920 --> 00:31:00.104 So today I'm going to be talking about

NOTE Confidence: 0.819108635

 $00:31:00.104 \longrightarrow 00:31:02.223$ how we've operationalized some of what

 $00:31:02.223 \longrightarrow 00:31:04.566$ Doctor Muvala was talking about at

NOTE Confidence: 0.819108635

 $00:31:04.566 \longrightarrow 00:31:06.796$ our Connecticut Mental Health Center.

NOTE Confidence: 0.819108635

00:31:06.800 --> 00:31:08.515 Over the next 20 minutes or so,

NOTE Confidence: 0.819108635

00:31:08.520 --> 00:31:10.760 I talked about the conceptualization,

NOTE Confidence: 0.819108635

00:31:10.760 --> 00:31:11.962 formation, composition,

NOTE Confidence: 0.819108635

 $00:31:11.962 \longrightarrow 00:31:16.169$ function and structure of the Medication for

NOTE Confidence: 0.819108635

00:31:16.169 --> 00:31:19.632 Addition addiction treatment clinic at CMAC.

NOTE Confidence: 0.819108635

 $00:31:19.632 \longrightarrow 00:31:22.264$ And I also talked about a preliminary

NOTE Confidence: 0.819108635

00:31:22.264 --> 00:31:24.720 data that is what's part of

NOTE Confidence: 0.819108635

 $00:31:24.720 \longrightarrow 00:31:27.640$ our work that is still ongoing.

NOTE Confidence: 0.819108635

 $00:31:27.640 \longrightarrow 00:31:30.998$ In last year 2023,

NOTE Confidence: 0.819108635

 $00:31:31.000 \longrightarrow 00:31:34.152$ everyone in the field got very excited when

NOTE Confidence: 0.819108635

 $00:31:34.152 \dashrightarrow 00:31:38.158$ the X waiver was really abolished by the DEA.

NOTE Confidence: 0.819108635

 $00:31:38.160 \longrightarrow 00:31:39.318$ But to be honest with you,

NOTE Confidence: 0.819108635

 $00:31:39.320 \longrightarrow 00:31:43.760$ this was just a beginning of

 $00:31:43.760 \longrightarrow 00:31:45.716$ of of the this is more,

NOTE Confidence: 0.819108635

 $00:31:45.720 \longrightarrow 00:31:47.465$ there's there's so much more

NOTE Confidence: 0.819108635

 $00:31:47.465 \longrightarrow 00:31:49.760$ to just removing the X waiver.

NOTE Confidence: 0.819108635

 $00:31:49.760 \longrightarrow 00:31:52.784$ So I was wondering what were the barriers

NOTE Confidence: 0.819108635

 $00:31:52.784 \longrightarrow 00:31:54.915$ to prescribing Grouponorphine before

NOTE Confidence: 0.819108635

 $00:31:54.915 \dashrightarrow 00:31:57.400$ the X waiver was removed and after?

NOTE Confidence: 0.819108635

 $00:31:57.400 \longrightarrow 00:32:00.960$ And a common thread I found was that

NOTE Confidence: 0.819108635

 $00:32:00.960 \longrightarrow 00:32:02.276$ before the removal of the X waiver,

NOTE Confidence: 0.819108635

 $00{:}32{:}02.280 \dashrightarrow 00{:}32{:}04.611$ this is a study by Holly Lanham

NOTE Confidence: 0.819108635

 $00:32:04.611 \longrightarrow 00:32:05.277$ and colleagues,

NOTE Confidence: 0.819108635

 $00:32:05.280 \longrightarrow 00:32:08.000$ they found that prescribers

NOTE Confidence: 0.829738833333333

 $00:32:10.200 \longrightarrow 00:32:13.236$ wanted support, prescribers want to support,

NOTE Confidence: 0.829738833333333

 $00:32:13.240 \longrightarrow 00:32:16.653$ prescribers wanted mentorship

NOTE Confidence: 0.829738833333333

 $00:32:16.653 \longrightarrow 00:32:19.692$ by addiction professionals,

NOTE Confidence: 0.829738833333333

 $00:32:19.692 \longrightarrow 00:32:22.056$ addiction trained specialists.

NOTE Confidence: 0.829738833333333

 $00:32:22.056 \longrightarrow 00:32:25.080$ And this is one of the main barriers that

 $00:32:25.145 \longrightarrow 00:32:27.753$ was also reported after the X was removed.

NOTE Confidence: 0.829738833333333

00:32:27.760 --> 00:32:30.819 This is a study by Christopher Jones

NOTE Confidence: 0.829738833333333

 $00:32:30.819 \longrightarrow 00:32:33.607$ and colleagues and they also had the

NOTE Confidence: 0.829738833333333

 $00:32:33.607 \longrightarrow 00:32:35.924$ same situation where prescribers talked

NOTE Confidence: 0.829738833333333

00:32:35.924 --> 00:32:39.480 about how although they were X waiver,

NOTE Confidence: 0.829738833333333

00:32:39.480 --> 00:32:41.839 although they didn't need X waivers anymore,

NOTE Confidence: 0.829738833333333

00:32:41.840 --> 00:32:44.148 they still needed prescriber,

NOTE Confidence: 0.829738833333333

 $00:32:44.148 \longrightarrow 00:32:47.033$ They still needed addiction professionals,

NOTE Confidence: 0.829738833333333

00:32:47.040 --> 00:32:50.904 addiction trained people,

NOTE Confidence: 0.82973883333333

 $00:32:50.904 \longrightarrow 00:32:53.240$ consultants to consult with.

NOTE Confidence: 0.915479522666667

00:32:55.840 --> 00:32:57.739 So like I said, I'm going to talk about

NOTE Confidence: 0.915479522666667

00:32:57.739 --> 00:32:59.716 how we've tried to operationalize this,

NOTE Confidence: 0.915479522666667

 $00{:}32{:}59.720 \dashrightarrow 00{:}33{:}01.952$ how we try to do this at the CMAC.

NOTE Confidence: 0.915479522666667

 $00{:}33{:}01.960 \dashrightarrow 00{:}33{:}04.714$ You may know that the CMAC is the oldest,

NOTE Confidence: 0.915479522666667

 $00:33:04.720 \longrightarrow 00:33:06.346$ one of the oldest community mental

00:33:06.346 --> 00:33:08.160 health centers in the United States,

NOTE Confidence: 0.915479522666667

00:33:08.160 --> 00:33:10.812 founded in 1966 with an enduring

NOTE Confidence: 0.915479522666667

 $00:33:10.812 \longrightarrow 00:33:13.174$ collaboration with the Connecticut State

NOTE Confidence: 0.915479522666667

 $00:33:13.174 \longrightarrow 00:33:15.809$ Developmental Health and Addiction Services

NOTE Confidence: 0.915479522666667

 $00:33:15.809 \longrightarrow 00:33:18.520$ and the development psychiatry at Yale.

NOTE Confidence: 0.915479522666667

 $00:33:18.520 \longrightarrow 00:33:20.148$ One of those areas,

NOTE Confidence: 0.915479522666667

 $00:33:20.148 \longrightarrow 00:33:23.119$ the unique areas of collaboration is the

NOTE Confidence: 0.915479522666667

 $00:33:23.119 \longrightarrow 00:33:25.374$ provision of physician staffing through

NOTE Confidence: 0.915479522666667

 $00:33:25.374 \longrightarrow 00:33:28.999$ Yale and other CMS employees through Dimas.

NOTE Confidence: 0.915479522666667

00:33:29.000 --> 00:33:31.290 We provide a recovery oriented

NOTE Confidence: 0.915479522666667

00:33:31.290 --> 00:33:34.038 mental health care for over 4000

NOTE Confidence: 0.915479522666667

00:33:34.038 --> 00:33:36.635 patients every year and we cite as

NOTE Confidence: 0.915479522666667

00:33:36.635 --> 00:33:39.600 the hub for trainees in psychiatry,

NOTE Confidence: 0.915479522666667

00:33:39.600 --> 00:33:41.440 primary care psychology, nursing,

NOTE Confidence: 0.915479522666667

 $00:33:41.440 \longrightarrow 00:33:43.280$ social work and chaplaincy.

NOTE Confidence: 0.915479522666667

 $00:33:43.280 \longrightarrow 00:33:45.280$ Now having said all that,

 $00:33:45.280 \longrightarrow 00:33:47.836$ we also have a satellite clinic

NOTE Confidence: 0.915479522666667

 $00:33:47.836 \longrightarrow 00:33:50.012$ that's the substance use treatment

NOTE Confidence: 0.915479522666667

 $00{:}33{:}50.012 \longrightarrow 00{:}33{:}52.688$ unit or otherwise well before called

NOTE Confidence: 0.915479522666667

 $00:33:52.688 \longrightarrow 00:33:54.811$ substance abuse training unit where

NOTE Confidence: 0.915479522666667

00:33:54.811 --> 00:33:56.888 Doctor Muvala is the director.

NOTE Confidence: 0.915479522666667

 $00:33:56.888 \longrightarrow 00:33:59.000$ So patients with addiction,

NOTE Confidence: 0.915479522666667

 $00:33:59.000 \longrightarrow 00:34:00.758$ with addiction and substance use disorders,

NOTE Confidence: 0.915479522666667

 $00:34:00.760 \longrightarrow 00:34:05.422$ that is CMHC you know referred to SATU.

NOTE Confidence: 0.915479522666667

00:34:05.422 --> 00:34:08.823 You know SATU like I said is a part

NOTE Confidence: 0.915479522666667

 $00:34:08.823 \longrightarrow 00:34:10.938$ of CMHC providing addiction care

NOTE Confidence: 0.915479522666667

 $00:34:10.938 \longrightarrow 00:34:13.438$ for the greater New Haven area,

NOTE Confidence: 0.915479522666667

 $00:34:13.440 \longrightarrow 00:34:14.162$ state-of-the-art services,

NOTE Confidence: 0.915479522666667

 $00{:}34{:}14.162 \dashrightarrow 00{:}34{:}15.967$ evaluation and treatment of our

NOTE Confidence: 0.915479522666667

00:34:15.967 --> 00:34:17.560 common substance use disorders,

NOTE Confidence: 0.915479522666667

00:34:17.560 --> 00:34:18.568 comprehensive addiction,

00:34:18.568 --> 00:34:19.576 psychiatric care,

NOTE Confidence: 0.915479522666667

 $00{:}34{:}19.576 \dashrightarrow 00{:}34{:}22.096$ multitudes in your approach to

NOTE Confidence: 0.915479522666667

 $00:34:22.096 \longrightarrow 00:34:23.761$ addictions education and really

NOTE Confidence: 0.915479522666667

 $00:34:23.761 \longrightarrow 00:34:25.596$ state of the earth research.

NOTE Confidence: 0.915479522666667

00:34:25.600 --> 00:34:27.760 However, just thinking about this,

NOTE Confidence: 0.915479522666667

 $00:34:27.760 \longrightarrow 00:34:29.895$ I've talked about two barriers

NOTE Confidence: 0.915479522666667

 $00:34:29.895 \longrightarrow 00:34:32.030$ that have found the foundation

NOTE Confidence: 0.915479522666667

 $00:34:32.100 \longrightarrow 00:34:33.920$ of what we did in at CMHC.

NOTE Confidence: 0.915479522666667

 $00:34:33.920 \longrightarrow 00:34:36.360$ One is I said earlier,

NOTE Confidence: 0.915479522666667

 $00:34:36.360 \longrightarrow 00:34:37.976$ professionals people were ex

NOTE Confidence: 0.915479522666667

00:34:37.976 --> 00:34:40.400 wavered who were poised to prescribe

NOTE Confidence: 0.915479522666667

00:34:40.469 --> 00:34:42.959 butenorphine but don't have the support,

NOTE Confidence: 0.915479522666667

 $00:34:42.960 \longrightarrow 00:34:46.266 \# 2$ is just the the distance

NOTE Confidence: 0.915479522666667

 $00:34:46.266 \longrightarrow 00:34:48.576$ from the CMAC to Sachin.

NOTE Confidence: 0.915479522666667

 $00:34:48.576 \longrightarrow 00:34:49.888$ It's another barrier that

NOTE Confidence: 0.915479522666667

 $00:34:49.888 \longrightarrow 00:34:51.200$ we needed to overcome.

 $00:34:51.200 \longrightarrow 00:34:55.736$ So what we then did was not only Co locate

NOTE Confidence: 0.915479522666667

 $00:34:55.736 \longrightarrow 00:34:58.880$ an addiction treatment at 34 Park St.

NOTE Confidence: 0.915479522666667

 $00:34:58.880 \longrightarrow 00:35:00.626$ where CMAC is,

NOTE Confidence: 0.915479522666667

 $00:35:00.626 \longrightarrow 00:35:02.954$ but actually integrated treatment

NOTE Confidence: 0.915479522666667

 $00:35:02.960 \longrightarrow 00:35:05.235$ like a patient is sitting across you.

NOTE Confidence: 0.915479522666667

 $00:35:05.240 \dashrightarrow 00:35:07.280$ You're not just going to refer the patient.

NOTE Confidence: 0.915479522666667

 $00:35:07.280 \longrightarrow 00:35:09.751$ The goal we have is that you

NOTE Confidence: 0.915479522666667

 $00:35:09.751 \longrightarrow 00:35:12.278$ actually begin to treat the patient.

NOTE Confidence: 0.915479522666667

 $00:35:12.280 \longrightarrow 00:35:13.596$ So like I said,

NOTE Confidence: 0.915479522666667

 $00{:}35{:}13.596 \dashrightarrow 00{:}35{:}15.241$ before the initiation of the

NOTE Confidence: 0.915479522666667

00:35:15.241 --> 00:35:17.080 MET consultation service,

NOTE Confidence: 0.915479522666667

 $00:35:17.080 \longrightarrow 00:35:18.760$ patient had to be referred to Satchu.

NOTE Confidence: 0.915479522666667

 $00{:}35{:}18.760 \dashrightarrow 00{:}35{:}21.070$ This was suboptimal and given the

NOTE Confidence: 0.915479522666667

 $00:35:21.070 \longrightarrow 00:35:23.567$ additional barriers that many of our

NOTE Confidence: 0.915479522666667

 $00:35:23.567 \longrightarrow 00:35:25.359$ patients have social vulnerabilities,

 $00:35:25.360 \longrightarrow 00:35:27.558$ it was just better for us to

NOTE Confidence: 0.915479522666667

 $00:35:27.558 \longrightarrow 00:35:29.225$ eliminate those barriers and bring

NOTE Confidence: 0.915479522666667

 $00:35:29.225 \longrightarrow 00:35:30.875$ the treatment to the patient.

NOTE Confidence: 0.670539435

 $00:35:33.160 \longrightarrow 00:35:35.485$ And Doctor Mughala mentioned this

NOTE Confidence: 0.670539435

 $00:35:35.485 \longrightarrow 00:35:38.426$ earlier is the MAT Consultation

NOTE Confidence: 0.670539435

 $00:35:38.426 \longrightarrow 00:35:42.291$ service actually was mirrored after

NOTE Confidence: 0.670539435

 $00:35:42.291 \longrightarrow 00:35:45.520$ the known well researched Inpatient

NOTE Confidence: 0.670539435

 $00:35:45.520 \longrightarrow 00:35:47.200$ addiction Consultation service.

NOTE Confidence: 0.670539435

 $00:35:47.200 \longrightarrow 00:35:49.546$ This is ambulatory based and will

NOTE Confidence: 0.670539435

 $00:35:49.546 \longrightarrow 00:35:52.618$ begin to fill the gap of addiction

NOTE Confidence: 0.670539435

 $00{:}35{:}52.618 {\:\dashrightarrow\:} 00{:}35{:}55.480$ services within the very highly evolved

NOTE Confidence: 0.670539435

00:35:55.480 --> 00:35:57.360 mental health system like CMAC.

NOTE Confidence: 0.928757693333333

00:35:59.040 --> 00:36:00.360 Just to give you an idea

NOTE Confidence: 0.863711146

 $00:36:00.360 \longrightarrow 00:36:02.760$ of what we're talking about,

NOTE Confidence: 0.863711146

 $00:36:02.760 \longrightarrow 00:36:04.878$ this is by no means official,

NOTE Confidence: 0.863711146

 $00:36:04.880 \longrightarrow 00:36:07.544$ but it gives you an idea of how the

00:36:07.544 --> 00:36:10.317 CMH is set up and how we're fitting

NOTE Confidence: 0.863711146

 $00:36:10.317 \longrightarrow 00:36:12.639$ to an already existing system.

NOTE Confidence: 0.863711146

00:36:12.640 --> 00:36:15.167 Like I said, the Department of Psychiatry

NOTE Confidence: 0.863711146

00:36:15.167 --> 00:36:17.977 at Yale and the DMS came together to

NOTE Confidence: 0.863711146

 $00{:}36{:}17.977 \dashrightarrow 00{:}36{:}20.585$ fund CMHC with the grant the House

NOTE Confidence: 0.863711146

 $00:36:20.585 \longrightarrow 00:36:22.530$ of Grants Supported supporting the

NOTE Confidence: 0.863711146

 $00:36:22.596 \longrightarrow 00:36:24.571$ Addiction Fellowship and the MET

NOTE Confidence: 0.863711146

 $00{:}36{:}24.571 \dashrightarrow 00{:}36{:}27.067$ service well located in the Clinical

NOTE Confidence: 0.863711146

00:36:27.067 --> 00:36:29.317 Intervention Clinic of the CMAC.

NOTE Confidence: 0.863711146

 $00:36:29.320 \longrightarrow 00:36:32.104$ One of the challenges we had was how

NOTE Confidence: 0.863711146

00:36:32.104 --> 00:36:34.890 to bring in the system, you know,

NOTE Confidence: 0.863711146

 $00:36:34.890 \longrightarrow 00:36:36.750$ a service without disrupting

NOTE Confidence: 0.863711146

 $00{:}36{:}36.750 \dashrightarrow 00{:}36{:}39.240$ an already well oiled system.

NOTE Confidence: 0.863711146

 $00:36:39.240 \longrightarrow 00:36:42.756$ Now as you can see here,

NOTE Confidence: 0.863711146

 $00:36:42.760 \longrightarrow 00:36:45.200$ the Clinical Intervention Clinic

 $00:36:45.200 \longrightarrow 00:36:47.640$ was already providing some

NOTE Confidence: 0.863711146

 $00{:}36{:}47.640 \dashrightarrow 00{:}36{:}49.840$ consultation services within CMAC.

NOTE Confidence: 0.863711146

 $00{:}36{:}49.840 \dashrightarrow 00{:}36{:}52.992$ So it made sense for us to locate

NOTE Confidence: 0.863711146

 $00:36:52.992 \longrightarrow 00:36:56.277$ the new service within an already

NOTE Confidence: 0.863711146

 $00:36:56.280 \longrightarrow 00:36:58.200$ consultation based service and

NOTE Confidence: 0.863711146

 $00:36:58.200 \longrightarrow 00:37:00.600$ you know leveraging the staff,

NOTE Confidence: 0.863711146

 $00:37:00.600 \longrightarrow 00:37:02.238$ leveraging the resources.

NOTE Confidence: 0.913130609

 $00:37:04.640 \longrightarrow 00:37:06.272$ Now where do we get most

NOTE Confidence: 0.913130609

 $00:37:06.272 \longrightarrow 00:37:07.360$ of our consultations from?

NOTE Confidence: 0.913130609

 $00:37:07.360 \longrightarrow 00:37:09.220$ They're outpatient teams and

NOTE Confidence: 0.913130609

 $00:37:09.220 \longrightarrow 00:37:11.080$ outpatient programs within CMEC.

NOTE Confidence: 0.913130609

 $00:37:11.080 \longrightarrow 00:37:14.160$ We get most of our consultations from

NOTE Confidence: 0.913130609

 $00:37:14.160 \longrightarrow 00:37:17.560$ the outpatient service from inpatient

NOTE Confidence: 0.913130609

 $00:37:17.560 \longrightarrow 00:37:21.348$ and even acute services or MCI with

NOTE Confidence: 0.913130609

 $00:37:21.348 \dashrightarrow 00:37:23.118$ the Mobile Crisis Intervention Unit.

NOTE Confidence: 0.7789001625

 $00:37:25.440 \longrightarrow 00:37:28.080$ How about a clinical structure And our teams,

 $00:37:28.080 \longrightarrow 00:37:30.645$ the core staff of the MET clinic was drawn

NOTE Confidence: 0.7789001625

 $00:37:30.645 \longrightarrow 00:37:32.996$ from the MCI because we're leveraging.

NOTE Confidence: 0.7789001625

00:37:33.000 --> 00:37:34.840 Again, we're leveraging the fact

NOTE Confidence: 0.7789001625

 $00:37:34.840 \longrightarrow 00:37:37.842$ that staff of the MCI are already

NOTE Confidence: 0.7789001625

00:37:37.842 --> 00:37:39.477 providing some consultation,

NOTE Confidence: 0.7789001625

 $00:37:39.480 \longrightarrow 00:37:43.104$ one addiction psychiatrist 0.2 FTE or

NOTE Confidence: 0.7789001625

00:37:43.104 --> 00:37:46.522 two addiction psychiatrist 0.1 FTE each.

NOTE Confidence: 0.7789001625

00:37:46.522 --> 00:37:48.658 What certification is addiction

NOTE Confidence: 0.7789001625

 $00:37:48.658 \longrightarrow 00:37:51.040$ psychiatry or addiction medicine?

NOTE Confidence: 0.7789001625

 $00:37:51.040 \dashrightarrow 00:37:54.212$ One stop nurse which is a 0.2 FT Now I

NOTE Confidence: 0.7789001625

 $00{:}37{:}54.212 \dashrightarrow 00{:}37{:}56.831$ want to give a shout out to Demas here

NOTE Confidence: 0.7789001625

 $00:37:56.831 \dashrightarrow 00:37:58.960$ because this is actually Demas nurse.

NOTE Confidence: 0.7789001625

 $00{:}37{:}58.960 \dashrightarrow 00{:}38{:}02.112$ It's like she works at the MCI and

NOTE Confidence: 0.7789001625

 $00:38:02.112 \dashrightarrow 00:38:06.064$ Double S as also the MET clinic nurse.

NOTE Confidence: 0.7789001625

 $00:38:06.064 \longrightarrow 00:38:10.398$ Talk about, you know, doing more with less.

 $00:38:10.400 \longrightarrow 00:38:13.170$ We now have through the Hassa Grant

NOTE Confidence: 0.7789001625

00:38:13.170 --> 00:38:15.600 and the Department of Psychiatry one

NOTE Confidence: 0.7789001625

 $00:38:15.600 \longrightarrow 00:38:17.963$ to two addiction psychiatry fellows

NOTE Confidence: 0.7789001625

 $00:38:17.963 \longrightarrow 00:38:21.320$ who give us 0.1 FTE of their time.

NOTE Confidence: 0.7789001625

 $00:38:21.320 \longrightarrow 00:38:24.590$ And then as soon as we rolled

NOTE Confidence: 0.7789001625

00:38:24.590 --> 00:38:26.200 out our service became very,

NOTE Confidence: 0.7789001625

 $00{:}38{:}26.200 \dashrightarrow 00{:}38{:}28.440$ very much attractive to trainees.

NOTE Confidence: 0.7789001625

 $00:38:28.440 \longrightarrow 00:38:32.800$ And now we have trainees or medical students,

NOTE Confidence: 0.7789001625

00:38:32.800 --> 00:38:34.480 addiction Psychiatric fellows,

NOTE Confidence: 0.7789001625

00:38:34.480 --> 00:38:36.720 even APR and students.

NOTE Confidence: 0.805390236363636

 $00:38:39.640 \longrightarrow 00:38:42.528$ What are some of the objectives of our

NOTE Confidence: 0.805390236363636

 $00{:}38{:}42.528 \to 00{:}38{:}44.731$ MAT consultation clinic to bridge the

NOTE Confidence: 0.805390236363636

 $00:38:44.731 \longrightarrow 00:38:46.753$ gap in the treatment of individuals,

NOTE Confidence: 0.805390236363636

 $00:38:46.760 \longrightarrow 00:38:47.968$ severe mental illness and

NOTE Confidence: 0.805390236363636

 $00:38:47.968 \longrightarrow 00:38:48.874$ substance use disorders?

NOTE Confidence: 0.805390236363636

 $00:38:48.880 \longrightarrow 00:38:50.820$ We are like a bridge clinic but not in the

 $00:38:50.873 \longrightarrow 00:38:52.679$ traditional sense of the bridge clinic.

NOTE Confidence: 0.805390236363636

 $00:38:52.680 \longrightarrow 00:38:54.640$ We're bridging between the

NOTE Confidence: 0.805390236363636

 $00:38:54.640 \longrightarrow 00:38:56.600$ provider and the patient.

NOTE Confidence: 0.805390236363636

 $00:38:56.600 \longrightarrow 00:38:58.488$ And I want to tell you more about

NOTE Confidence: 0.805390236363636

 $00:38:58.488 \longrightarrow 00:39:00.475$ this in a minute is we we take

NOTE Confidence: 0.805390236363636

 $00:39:00.475 \longrightarrow 00:39:02.113$ care of the patient up until

NOTE Confidence: 0.805390236363636

 $00:39:02.113 \longrightarrow 00:39:03.943$ they're stable and then we refer

NOTE Confidence: 0.805390236363636

 $00{:}39{:}03.943 \dashrightarrow 00{:}39{:}05.568$ the patient back to the provider.

NOTE Confidence: 0.805390236363636

 $00:39:05.568 \longrightarrow 00:39:07.080$ So we can take more and

NOTE Confidence: 0.857287569090909

 $00:39:09.760 \longrightarrow 00:39:11.450$ to provide support for physicians

NOTE Confidence: 0.857287569090909

 $00:39:11.450 \longrightarrow 00:39:13.518$ and clinician who may not be

NOTE Confidence: 0.857287569090909

 $00{:}39{:}13.518 \dashrightarrow 00{:}39{:}15.093$ comfortable with or who lacks

NOTE Confidence: 0.857287569090909

00:39:15.093 --> 00:39:16.760 the expertise to treat SU DS.

NOTE Confidence: 0.857287569090909

00:39:16.760 --> 00:39:18.254 However, our main point like I

NOTE Confidence: 0.857287569090909

 $00:39:18.254 \longrightarrow 00:39:20.000$ said is not just to Co locate.

 $00:39:20.000 \longrightarrow 00:39:23.057$ The program is actually to integrate

NOTE Confidence: 0.857287569090909

 $00:39:23.057 \dashrightarrow 00:39:25.319$ the system to integrated treatment so

NOTE Confidence: 0.857287569090909

 $00:39:25.319 \longrightarrow 00:39:27.655$ that the physicians and the clinicians

NOTE Confidence: 0.857287569090909

 $00:39:27.655 \longrightarrow 00:39:29.555$ are actually treating the patients.

NOTE Confidence: 0.80440744

 $00:39:31.440 \longrightarrow 00:39:32.358$ And then we want to create

NOTE Confidence: 0.702969615454546

 $00:39:32.360 \longrightarrow 00:39:34.718$ a low barrier system for addiction

NOTE Confidence: 0.702969615454546

 $00:39:34.718 \longrightarrow 00:39:36.720$ treatment using harm reduction model.

NOTE Confidence: 0.702969615454546

 $00:39:36.720 \longrightarrow 00:39:38.640$ We want to foster an Ave.

NOTE Confidence: 0.702969615454546

 $00:39:38.640 \longrightarrow 00:39:41.196$ for patients who may be pre

NOTE Confidence: 0.702969615454546

 $00:39:41.196 \longrightarrow 00:39:42.900$ contemplative about seeking treatment

NOTE Confidence: 0.702969615454546

00:39:42.972 --> 00:39:45.093 or who may want information on how

NOTE Confidence: 0.702969615454546

00:39:45.093 --> 00:39:48.160 to optimize safety during drug use.

NOTE Confidence: 0.702969615454546

 $00:39:48.160 \longrightarrow 00:39:49.558$ When you come into the clinic,

NOTE Confidence: 0.702969615454546

00:39:49.560 --> 00:39:51.840 it doesn't matter what time of the day it is,

NOTE Confidence: 0.702969615454546

00:39:51.840 --> 00:39:52.976 There's an addiction psychiatrist

NOTE Confidence: 0.702969615454546

 $00:39:52.976 \longrightarrow 00:39:54.895$ who's willing to talk to you and

 $00:39:54.895 \longrightarrow 00:39:56.400$ that is the point we're making here.

NOTE Confidence: 0.702969615454546

 $00:39:56.400 \longrightarrow 00:39:58.836$ Low barrier system, no door is closed.

NOTE Confidence: 0.702969615454546

00:39:58.840 --> 00:40:01.558 Whether we start to or through HCM and C,

NOTE Confidence: 0.702969615454546

 $00:40:01.560 \longrightarrow 00:40:02.640$ we're seeing the patients.

NOTE Confidence: 0.87275977375

 $00:40:05.440 \longrightarrow 00:40:07.465$ So some of our activities

NOTE Confidence: 0.87275977375

 $00:40:07.465 \longrightarrow 00:40:08.680$ include academic detailing.

NOTE Confidence: 0.87275977375

 $00:40:08.680 \longrightarrow 00:40:11.998$ We don't wait for consultations to happen.

NOTE Confidence: 0.87275977375

 $00:40:12.000 \longrightarrow 00:40:14.317$ We take the consultation to the providers.

NOTE Confidence: 0.87275977375

00:40:14.320 --> 00:40:16.480 You know how you know farmer.

NOTE Confidence: 0.87275977375

 $00{:}40{:}16.480 \dashrightarrow 00{:}40{:}17.818$ People with farmer come to you

NOTE Confidence: 0.87275977375

 $00{:}40{:}17.818 \dashrightarrow 00{:}40{:}19.320$ to tell you about medications.

NOTE Confidence: 0.87275977375

 $00:40:19.320 \longrightarrow 00:40:21.480$ We also go to our colleagues and tell them

NOTE Confidence: 0.87275977375

 $00{:}40{:}21.480 \dashrightarrow 00{:}40{:}23.678$ about what is doing addictions and xylazine,

NOTE Confidence: 0.87275977375

 $00:40:23.680 \longrightarrow 00:40:24.560$ what is it, you know,

NOTE Confidence: 0.87275977375

 $00:40:24.560 \longrightarrow 00:40:27.728$ local data and how to properly

 $00:40:27.728 \longrightarrow 00:40:29.312$ treat the patients.

NOTE Confidence: 0.87275977375

 $00{:}40{:}29.320 \dashrightarrow 00{:}40{:}31.368$ We provide addiction specific

NOTE Confidence: 0.87275977375

00:40:31.368 --> 00:40:34.360 assessments and evaluation and

NOTE Confidence: 0.87275977375

 $00:40:34.360 \longrightarrow 00:40:35.920$ comprehensive addiction treatments.

NOTE Confidence: 0.87275977375

00:40:35.920 --> 00:40:37.480 Not only MHC,

NOTE Confidence: 0.87275977375

 $00:40:37.480 \longrightarrow 00:40:40.360$ we have harm reduction,

NOTE Confidence: 0.87275977375

 $00:40:40.360 \longrightarrow 00:40:43.240$ motivational interviewing and contingency

NOTE Confidence: 0.87275977375

 $00:40:43.240 \longrightarrow 00:40:45.436$ management and also education

NOTE Confidence: 0.87275977375

00:40:45.436 --> 00:40:47.896 and training monthly center wide

NOTE Confidence: 0.87275977375

 $00:40:47.896 \longrightarrow 00:40:49.862$ addiction service addiction seminars,

NOTE Confidence: 0.87275977375

 $00{:}40{:}49.862 \dashrightarrow 00{:}40{:}52.808$ Yale medical student rotation and physician

NOTE Confidence: 0.87275977375

 $00{:}40{:}52.808 \dashrightarrow 00{:}40{:}55.119$ and psychiatry residence education.

NOTE Confidence: 0.949693271666667

 $00:40:58.720 \longrightarrow 00:41:01.036$ So how does the consultation work?

NOTE Confidence: 0.949693271666667

00:41:01.040 --> 00:41:03.120 Just very briefly,

NOTE Confidence: 0.949693271666667

 $00:41:03.120 \longrightarrow 00:41:05.280$ the referring clinic evaluates

NOTE Confidence: 0.949693271666667

 $00:41:05.280 \longrightarrow 00:41:08.520$ the patient and then we determine

 $00:41:08.520 \longrightarrow 00:41:10.408$ are they able to take care of the

NOTE Confidence: 0.949693271666667

00:41:10.408 --> 00:41:11.959 patient or would they want me,

NOTE Confidence: 0.949693271666667

00:41:11.960 --> 00:41:14.996 the physician to consult with them.

NOTE Confidence: 0.949693271666667

 $00{:}41{:}15.000 \dashrightarrow 00{:}41{:}16.320$ And based on

NOTE Confidence: 0.5781726

00:41:18.480 --> 00:41:20.450 based on this four quadrants model,

NOTE Confidence: 0.5781726

 $00:41:20.450 \longrightarrow 00:41:23.600$ we're able to determine who is it,

NOTE Confidence: 0.5781726

00:41:23.600 --> 00:41:27.760 you know that we want to come to the clinic,

NOTE Confidence: 0.5781726

 $00:41:27.760 \longrightarrow 00:41:30.544$ the MET clinic in person or who would

NOTE Confidence: 0.5781726

 $00:41:30.544 \longrightarrow 00:41:33.172$ be more beneficial for us to just

NOTE Confidence: 0.5781726

 $00:41:33.172 \longrightarrow 00:41:35.880$ have a curbside with a physician.

NOTE Confidence: 0.5781726

 $00{:}41{:}35.880 \dashrightarrow 00{:}41{:}38.976$ And this is based really on a level

NOTE Confidence: 0.5781726

 $00:41:38.976 \longrightarrow 00:41:41.820$ of severity and not necessarily the

NOTE Confidence: 0.5781726

00:41:41.820 --> 00:41:44.080 diagnosis of the patient to book.

NOTE Confidence: 0.5781726

 $00:41:44.080 \longrightarrow 00:41:45.302$ Go back to my previous slide.

NOTE Confidence: 0.5781726

 $00:41:45.302 \longrightarrow 00:41:47.114$ So if we determine that a

00:41:47.114 --> 00:41:48.919 patient would come to the clinic,

NOTE Confidence: 0.5781726

 $00:41:48.920 \longrightarrow 00:41:50.316$ we evaluate the patient,

NOTE Confidence: 0.5781726

 $00:41:50.316 \longrightarrow 00:41:52.410$ we institute treatment and we continue

NOTE Confidence: 0.5781726

00:41:52.467 --> 00:41:54.364 to stabilize the patient and at the

NOTE Confidence: 0.5781726

 $00:41:54.364 \longrightarrow 00:41:56.318$ same time the patients that continues

NOTE Confidence: 0.5781726

00:41:56.318 --> 00:41:58.118 to follow the primary physician

NOTE Confidence: 0.5781726

 $00:41:58.118 \longrightarrow 00:42:01.240$ for their mental health needs.

NOTE Confidence: 0.5781726

00:42:01.240 --> 00:42:04.966 After a while just in concordance

NOTE Confidence: 0.5781726

 $00:42:04.966 \longrightarrow 00:42:08.596$ with the model of consultation,

NOTE Confidence: 0.5781726

 $00:42:08.600 \longrightarrow 00:42:11.198$ the patient's referred back to the

NOTE Confidence: 0.5781726

 $00{:}42{:}11.198 \dashrightarrow 00{:}42{:}12.930$ clinician to continue addiction

NOTE Confidence: 0.5781726

 $00:42:12.999 \longrightarrow 00:42:14.639$ treatments at some point.

NOTE Confidence: 0.5781726

00:42:14.640 --> 00:42:16.184 In addition to that,

NOTE Confidence: 0.5781726

 $00:42:16.184 \longrightarrow 00:42:17.728$ we continue ongoing collaboration

NOTE Confidence: 0.5781726

 $00:42:17.728 \longrightarrow 00:42:19.960$ and cause curbside consultations.

NOTE Confidence: 0.83337692

 $00:42:23.160 \longrightarrow 00:42:24.840$ We developed a very simple

 $00:42:24.840 \longrightarrow 00:42:25.560$ referral form.

NOTE Confidence: 0.882267133333333

 $00:42:25.560 \longrightarrow 00:42:28.080$ This can be filled in 30 seconds.

NOTE Confidence: 0.882267133333333

 $00:42:28.080 \longrightarrow 00:42:29.944$ You know if we decide that the person

NOTE Confidence: 0.882267133333333

 $00:42:29.944 \longrightarrow 00:42:31.556$ was going to come to the clinic,

NOTE Confidence: 0.882267133333333

 $00:42:31.560 \longrightarrow 00:42:32.640$ you just give us the name,

NOTE Confidence: 0.882267133333333

 $00:42:32.640 \longrightarrow 00:42:34.956$ the reason for referral or the

NOTE Confidence: 0.882267133333333

 $00:42:34.956 \longrightarrow 00:42:36.114$ information referring team,

NOTE Confidence: 0.882267133333333

 $00:42:36.120 \longrightarrow 00:42:37.020$ the referring Dr.

NOTE Confidence: 0.882267133333333

 $00:42:37.020 \longrightarrow 00:42:37.920$ and the clinician.

NOTE Confidence: 0.882267133333333

 $00:42:37.920 \longrightarrow 00:42:40.314$ And we empowered the clinician to

NOTE Confidence: 0.8822671333333333

 $00:42:40.314 \longrightarrow 00:42:42.612$ make the referral in consultation

NOTE Confidence: 0.882267133333333

 $00:42:42.612 \longrightarrow 00:42:45.238$ with the primary doctor.

NOTE Confidence: 0.953700719090909

 $00{:}42{:}47.720 \dashrightarrow 00{:}42{:}50.328$ Education is part of one of the strongest

NOTE Confidence: 0.953700719090909

 $00:42:50.328 \longrightarrow 00:42:52.707$ things that we do and I'm happy to

NOTE Confidence: 0.953700719090909

 $00:42:52.707 \longrightarrow 00:42:54.799$ announce that even the local colleges,

00:42:54.800 --> 00:42:57.008 Southern Connecticut College,

NOTE Confidence: 0.953700719090909

00:42:57.008 --> 00:42:58.936 Gateway College, Yale,

NOTE Confidence: 0.953700719090909

 $00:42:58.936 \longrightarrow 00:43:02.128$ New Haven Hospital staff have attended some

NOTE Confidence: 0.953700719090909

 $00:43:02.128 \longrightarrow 00:43:05.408$ of these our monthly center wide seminars.

NOTE Confidence: 0.953700719090909

 $00:43:05.408 \longrightarrow 00:43:07.968$ We have topics ranging from

NOTE Confidence: 0.953700719090909

 $00:43:07.968 \longrightarrow 00:43:09.821$ strengthening systems of care for

NOTE Confidence: 0.953700719090909

00:43:09.821 --> 00:43:12.520 people with SU DS in the community,

NOTE Confidence: 0.953700719090909

 $00:43:12.520 \longrightarrow 00:43:14.020$ opioid overdose deaths,

NOTE Confidence: 0.953700719090909

00:43:14.020 --> 00:43:16.770 cocaine use disorder, harm reduction,

NOTE Confidence: 0.953700719090909

00:43:16.770 --> 00:43:18.020 terminological preferences

NOTE Confidence: 0.953700719090909

 $00:43:18.020 \longrightarrow 00:43:20.520$ and language using addictions,

NOTE Confidence: 0.953700719090909

00:43:20.520 --> 00:43:22.600 medical complication of SU DS,

NOTE Confidence: 0.953700719090909

00:43:22.600 --> 00:43:23.702 cannabis, alcohol,

NOTE Confidence: 0.953700719090909

 $00{:}43{:}23.702 \dashrightarrow 00{:}43{:}26.457$ health inequities and even emergent

NOTE Confidence: 0.953700719090909

00:43:26.457 --> 00:43:29.279 medical drugs in the community.

NOTE Confidence: 0.8463946675

 $00:43:32.440 \longrightarrow 00:43:36.430$ One of our fellows did this for just what

00:43:36.430 --> 00:43:38.140 part of our community responsiveness

NOTE Confidence: 0.8463946675

 $00:43:38.206 \longrightarrow 00:43:39.946$ during the Fentanyl epidemic which

NOTE Confidence: 0.8463946675

 $00:43:39.946 \longrightarrow 00:43:42.569$ still ongoing and this is one of the

NOTE Confidence: 0.8463946675

 $00:43:42.569 \longrightarrow 00:43:44.480$ fires that was developed and we give

NOTE Confidence: 0.8463946675

 $00:43:44.480 \longrightarrow 00:43:45.998$ this to patients in the community.

NOTE Confidence: 0.831424320909091

 $00:43:48.600 \longrightarrow 00:43:51.408$ Part of what some of what we do a

NOTE Confidence: 0.831424320909091

 $00:43:51.408 \longrightarrow 00:43:53.535$ couple of just a couple of days

NOTE Confidence: 0.831424320909091

 $00{:}43{:}53.535 \dashrightarrow 00{:}43{:}55.616$ ago we had a community fair where

NOTE Confidence: 0.831424320909091

00:43:55.616 --> 00:43:57.880 I went with some of the fellows.

NOTE Confidence: 0.831424320909091

00:43:57.880 --> 00:44:01.608 These are Doctor Kelly Park, Dr.

NOTE Confidence: 0.831424320909091

00:44:01.608 --> 00:44:03.251 Crystal Lo Biozo, Dr.

NOTE Confidence: 0.831424320909091

 $00:44:03.251 \longrightarrow 00:44:04.724$ Terrence to mentor.

NOTE Confidence: 0.831424320909091

 $00{:}44{:}04.724 \dashrightarrow 00{:}44{:}07.204$ We attended this community fair

NOTE Confidence: 0.831424320909091

 $00:44:07.204 \longrightarrow 00:44:09.212$ where we discussed addictions

NOTE Confidence: 0.831424320909091

 $00:44:09.212 \longrightarrow 00:44:11.480$ and we discussed harm reduction.

00:44:15.320 --> 00:44:18.155 And then I also, because we now have like

NOTE Confidence: 0.876520932941177

 $00{:}44{:}18.155 \dashrightarrow 00{:}44{:}21.119$ a real cohort of trainees who want to

NOTE Confidence: 0.876520932941177

00:44:21.120 --> 00:44:23.640 benefit from what we do at the MEC clinic,

NOTE Confidence: 0.876520932941177

 $00:44:23.640 \longrightarrow 00:44:25.704$ we have a curriculum for them

NOTE Confidence: 0.876520932941177

 $00:44:25.704 \longrightarrow 00:44:27.080$ addictions to captive fellows.

NOTE Confidence: 0.876520932941177

 $00:44:27.080 \longrightarrow 00:44:29.492$ We have about 1:00 to 2:00 a year on

NOTE Confidence: 0.876520932941177

 $00:44:29.492 \longrightarrow 00:44:32.147$ a PGY threes and pgy fours the same

NOTE Confidence: 0.876520932941177

 $00{:}44{:}32.147 \dashrightarrow 00{:}44{:}34.760$ number and up to we have a Yale medical

NOTE Confidence: 0.876520932941177

 $00{:}44{:}34.760 \dashrightarrow 00{:}44{:}36.720$ student rotate with us every six weeks.

NOTE Confidence: 0.75976803

 $00:44:40.480 \longrightarrow 00:44:43.996$ But we've had challenges in implementation.

NOTE Confidence: 0.75976803

 $00:44:44.000 \longrightarrow 00:44:46.025$ Our first challenge was actually

NOTE Confidence: 0.75976803

 $00:44:46.025 \longrightarrow 00:44:48.656$ how to create a system that

NOTE Confidence: 0.75976803

 $00:44:48.656 \longrightarrow 00:44:50.776$ integrates seamlessly into an

NOTE Confidence: 0.75976803

 $00{:}44{:}50.776 \dashrightarrow 00{:}44{:}52.896$ existing structure without causing

NOTE Confidence: 0.75976803

00:44:52.896 --> 00:44:56.520 so much disruption, if you will.

NOTE Confidence: 0.75976803

 $00:44:56.520 \longrightarrow 00:44:57.678$ We've been able to do this,

00:44:57.680 --> 00:45:00.716 however, with the support of CMHC,

NOTE Confidence: 0.75976803

 $00{:}45{:}00.720 \dashrightarrow 00{:}45{:}04.640$ the support of the administration.

NOTE Confidence: 0.75976803

00:45:04.640 --> 00:45:06.940 We built capacity over time

NOTE Confidence: 0.75976803

 $00:45:06.940 \longrightarrow 00:45:08.320$ through staff education.

NOTE Confidence: 0.75976803

 $00:45:08.320 \longrightarrow 00:45:10.900$ It took time for buying from

NOTE Confidence: 0.75976803

 $00:45:10.900 \longrightarrow 00:45:11.760$ clinician administration,

NOTE Confidence: 0.75976803

 $00:45:11.760 \longrightarrow 00:45:13.158$ but this was done over time.

NOTE Confidence: 0.88748494

 $00:45:15.240 \longrightarrow 00:45:18.440$ So one of the challenges we've also had

NOTE Confidence: 0.88748494

 $00:45:18.440 \longrightarrow 00:45:21.560$ is infidelity with the consultation model.

NOTE Confidence: 0.88748494

00:45:21.560 --> 00:45:22.964 Many, many patients don't

NOTE Confidence: 0.88748494

 $00:45:22.964 \longrightarrow 00:45:24.719$ want to leave the clinic.

NOTE Confidence: 0.88748494

00:45:24.720 --> 00:45:26.510 They want to stay with us, you know,

NOTE Confidence: 0.88748494

 $00{:}45{:}26.510 \dashrightarrow 00{:}45{:}27.985$ while they continue to follow

NOTE Confidence: 0.88748494

 $00:45:27.985 \longrightarrow 00:45:29.480$ with their primary clinicians.

NOTE Confidence: 0.88748494

00:45:29.480 --> 00:45:31.559 However, if we continue to do this,

 $00:45:31.560 \longrightarrow 00:45:33.317$ we won't have capacity to go on.

NOTE Confidence: 0.88748494

 $00:45:33.320 \longrightarrow 00:45:36.080$ So what we enforce, what we try to

NOTE Confidence: 0.88748494

 $00:45:36.080 \longrightarrow 00:45:39.160$ enforce is we get the patient stabilized,

NOTE Confidence: 0.88748494

 $00:45:39.160 \longrightarrow 00:45:41.136$ we send them back to the clinicians so

NOTE Confidence: 0.88748494

00:45:41.136 --> 00:45:45.400 we can get more room for more patients.

NOTE Confidence: 0.88748494

 $00:45:45.400 \longrightarrow 00:45:47.680$ A good problem that we've had is being

NOTE Confidence: 0.88748494

 $00:45:47.680 \longrightarrow 00:45:49.439$ limited speeds accommodate trainees.

NOTE Confidence: 0.88748494

 $00:45:49.440 \longrightarrow 00:45:51.880$ How many trainees want to rotate with us,

NOTE Confidence: 0.88748494

 $00:45:51.880 \longrightarrow 00:45:54.448$ but we're trying to expand the

NOTE Confidence: 0.88748494

 $00:45:54.448 \longrightarrow 00:45:56.800$ service also with sustainability.

NOTE Confidence: 0.88748494

 $00{:}45{:}56.800 \dashrightarrow 00{:}45{:}59.268$ We need addictions like character

NOTE Confidence: 0.88748494

 $00:45:59.268 \longrightarrow 00:46:02.040$ fellows and we need the harsher funding

NOTE Confidence: 0.88748494

 $00{:}46{:}02.103 \dashrightarrow 00{:}46{:}04.476$ to continue Doctor Petrarchus so we can

NOTE Confidence: 0.88748494

 $00{:}46{:}04.480 \dashrightarrow 00{:}46{:}09.716$ continue to have them serve our community.

NOTE Confidence: 0.88748494

 $00:46:09.720 \longrightarrow 00:46:11.706$ Over the two years of our

NOTE Confidence: 0.88748494

00:46:11.706 --> 00:46:13.600 experience at the MSC clinic,

00:46:13.600 --> 00:46:17.919 we published this paper with Doctor Muvala,

NOTE Confidence: 0.88748494

00:46:17.920 --> 00:46:19.111 Doctor John Cahill,

NOTE Confidence: 0.88748494

 $00:46:19.111 \longrightarrow 00:46:22.464$ Ryan Wade and Doctor Jordan just to describe

NOTE Confidence: 0.88748494

 $00:46:22.464 \longrightarrow 00:46:25.434$ our experience at creating this clinic.

NOTE Confidence: 0.88748494

 $00:46:25.440 \longrightarrow 00:46:26.760$ And this was very well received,

NOTE Confidence: 0.88499541375

 $00:46:29.680 \longrightarrow 00:46:30.850$ just some numbers.

NOTE Confidence: 0.88499541375

 $00:46:30.850 \longrightarrow 00:46:35.140$ Over the last two years we've seen about

NOTE Confidence: 0.88499541375

00:46:35.140 --> 00:46:39.040 over 1000 distinct clinical encounters,

NOTE Confidence: 0.88499541375

 $00{:}46{:}39.040 \dashrightarrow 00{:}46{:}43.180$ thankfully zero reported overdose mortality.

NOTE Confidence: 0.88499541375

 $00:46:43.180 \longrightarrow 00:46:45.400$ Talking about the patients

NOTE Confidence: 0.88499541375

00:46:45.400 --> 00:46:47.344 who come through our clinic,

NOTE Confidence: 0.88499541375

 $00:46:47.344 \longrightarrow 00:46:49.840$ we get about two to three cup

NOTE Confidence: 0.88499541375

 $00{:}46{:}49.840 \dashrightarrow 00{:}46{:}52.160$ sides every week and I was looking

NOTE Confidence: 0.88499541375

 $00:46:52.160 \longrightarrow 00:46:54.080$ at the numbers the other day,

NOTE Confidence: 0.88499541375

 $00:46:54.080 \longrightarrow 00:46:57.706$ 57% of our patients have at least

00:46:57.706 --> 00:46:59.960 three consecutive negative urines,

NOTE Confidence: 0.88499541375

 $00:46:59.960 \longrightarrow 00:47:03.200$ which is I leave you to judge that

NOTE Confidence: 0.764261035

 $00:47:05.640 \longrightarrow 00:47:08.734$ as far as diagnosis, we have quite the

NOTE Confidence: 0.764261035

 $00:47:08.734 \longrightarrow 00:47:11.440$ psychiatric burden in our patients.

NOTE Confidence: 0.93711258

 $00:47:11.440 \longrightarrow 00:47:14.450$ More than 70, maybe 80% of our

NOTE Confidence: 0.93711258

 $00:47:14.450 \longrightarrow 00:47:16.575$ patients have in the schizophrenia

NOTE Confidence: 0.93711258

00:47:16.575 --> 00:47:20.920 spectrum and the same number have

NOTE Confidence: 0.93711258

 $00:47:20.920 \longrightarrow 00:47:25.000$ opioids and stimulants are the primary

NOTE Confidence: 0.93711258

 $00{:}47{:}25.000 \dashrightarrow 00{:}47{:}26.720$ substance use disorder diagnosis.

NOTE Confidence: 0.900149742727273

 $00:47:29.840 \longrightarrow 00:47:32.160$ Part of my academic interest

NOTE Confidence: 0.900149742727273

 $00{:}47{:}32.160 \dashrightarrow 00{:}47{:}34.480$ is really in around expanding

NOTE Confidence: 0.900149742727273

00:47:34.560 --> 00:47:37.652 care disparities, you know,

NOTE Confidence: 0.900149742727273

00:47:37.652 --> 00:47:38.716 social discernment of health,

NOTE Confidence: 0.900149742727273

 $00:47:38.720 \longrightarrow 00:47:39.508$ structural determinations

NOTE Confidence: 0.900149742727273

 $00:47:39.508 \longrightarrow 00:47:41.478$ and things of that sort.

NOTE Confidence: 0.900149742727273

 $00{:}47{:}41.480 \dashrightarrow 00{:}47{:}45.316$ And I find this graph very compelling.

00:47:45.320 --> 00:47:48.158 This is from Puja Lagisetti 2019.

NOTE Confidence: 0.900149742727273

00:47:48.160 --> 00:47:51.078 You would see from here that most

NOTE Confidence: 0.900149742727273

00:47:51.078 --> 00:47:55.600 people who are minoritized and

NOTE Confidence: 0.900149742727273

 $00:47:55.600 \longrightarrow 00:48:00.079$ who have public insurance don't

NOTE Confidence: 0.900149742727273

 $00:48:00.079 \longrightarrow 00:48:02.278$ get prescribed Groupanorphine,

NOTE Confidence: 0.900149742727273

 $00:48:02.280 \longrightarrow 00:48:03.636$ but we're trying to reverse that.

NOTE Confidence: 0.900149742727273

 $00:48:03.640 \longrightarrow 00:48:05.296$ And I'm so pleased to show

NOTE Confidence: 0.900149742727273

 $00:48:05.296 \longrightarrow 00:48:06.400$ you this next chart.

NOTE Confidence: 0.876058884444445

00:48:10.240 --> 00:48:12.879 You can see most of our patients

NOTE Confidence: 0.876058884444445

 $00:48:12.879 \longrightarrow 00:48:16.319$ are minorities, black and Hispanic.

NOTE Confidence: 0.876058884444445

 $00:48:16.320 \longrightarrow 00:48:18.665$ Most of them are on Medicare and

NOTE Confidence: 0.876058884444445

00:48:18.665 --> 00:48:20.958 Medicaid or no insurance at all.

NOTE Confidence: 0.876058884444445

 $00{:}48{:}20.960 \longrightarrow 00{:}48{:}22.520$ So we're trying to reverse this.

NOTE Confidence: 0.876058884444445

 $00{:}48{:}22.520 \dashrightarrow 00{:}48{:}24.375$ We give it to the community and

NOTE Confidence: 0.876058884444445

 $00:48:24.375 \longrightarrow 00:48:26.358$ we're on help us spread the work.

 $00:48:26.360 \longrightarrow 00:48:27.960$ We're open for work.

NOTE Confidence: 0.876058884444445

00:48:27.960 --> 00:48:30.820 If you have anyone, you know, OK,

NOTE Confidence: 0.876058884444445

 $00:48:30.820 \longrightarrow 00:48:32.920$ whatever addictions they may have,

NOTE Confidence: 0.876058884444445

 $00:48:32.920 \longrightarrow 00:48:34.120$ we're here to serve them.

NOTE Confidence: 0.906590662352941

 $00:48:37.880 \longrightarrow 00:48:40.316$ So very briefly, I've told you

NOTE Confidence: 0.906590662352941

 $00:48:40.316 \longrightarrow 00:48:43.026$ that we think we have a model

NOTE Confidence: 0.906590662352941

 $00:48:43.026 \longrightarrow 00:48:45.248$ here that is a consultation model,

NOTE Confidence: 0.906590662352941

 $00:48:45.248 \longrightarrow 00:48:48.356$ not in the hospital but in the

NOTE Confidence: 0.906590662352941

 $00:48:48.356 \longrightarrow 00:48:50.726$ community mental Health Center with

NOTE Confidence: 0.906590662352941

 $00:48:50.726 \longrightarrow 00:48:52.556$ fidelity to the concentration model.

NOTE Confidence: 0.906590662352941

 $00{:}48{:}52.560 \dashrightarrow 00{:}48{:}55.248$ We're trying to integrate our substance

NOTE Confidence: 0.906590662352941

 $00:48:55.248 \longrightarrow 00:48:57.000$ restrictment into general psychiatric

NOTE Confidence: 0.906590662352941

 $00:48:57.000 \longrightarrow 00:48:59.800$ setting and there are no wrong doors.

NOTE Confidence: 0.906590662352941

 $00:48:59.800 \longrightarrow 00:49:01.840$ Whichever way the patient comes in,

NOTE Confidence: 0.906590662352941

 $00:49:01.840 \longrightarrow 00:49:03.840$ they're going to interfere with

NOTE Confidence: 0.906590662352941

 $00:49:03.840 \longrightarrow 00:49:05.385$ an addiction specialist providing

 $00:49:05.385 \longrightarrow 00:49:07.110$ support for our psychiatric providers

NOTE Confidence: 0.906590662352941

 $00:49:07.110 \longrightarrow 00:49:09.620$ who may not be willing or unable

NOTE Confidence: 0.906590662352941

 $00:49:09.620 \longrightarrow 00:49:11.395$ to treat substance use disorders.

NOTE Confidence: 0.906590662352941

 $00:49:11.400 \longrightarrow 00:49:13.563$ And we think that this model is

NOTE Confidence: 0.906590662352941

 $00:49:13.563 \longrightarrow 00:49:15.080$ easily replicable and scalable.

NOTE Confidence: 0.919502624444444

 $00:49:17.200 \longrightarrow 00:49:18.910$ And we do have some

NOTE Confidence: 0.919502624444444

 $00:49:18.910 \longrightarrow 00:49:20.278$ ongoing projects going on.

NOTE Confidence: 0.919502624444444

 $00:49:20.280 \longrightarrow 00:49:21.816$ Doctor Terrence Ambry,

NOTE Confidence: 0.919502624444444

00:49:21.816 --> 00:49:24.888 PGY 3 is looking at providers

NOTE Confidence: 0.919502624444444

 $00:49:24.888 \longrightarrow 00:49:27.918$ perspectives of our MHC consultation clinic.

NOTE Confidence: 0.9195026244444444

00:49:27.920 --> 00:49:29.695 Doctor Terrence Dementia is an

NOTE Confidence: 0.919502624444444

 $00{:}49{:}29.695 \dashrightarrow 00{:}49{:}31.115$ addictions of captive fellow.

NOTE Confidence: 0.919502624444444

00:49:31.120 --> 00:49:33.430 He is currently working on the

NOTE Confidence: 0.919502624444444

00:49:33.430 --> 00:49:35.004 Qi project and Doctor Anthony

NOTE Confidence: 0.919502624444444

 $00:49:35.004 \longrightarrow 00:49:36.880$ Caldwell was one of our our fellows.

00:49:36.880 --> 00:49:40.440 She's now the Gene Spurlock fellow in DC

NOTE Confidence: 0.919502624444444

 $00:49:40.440 \longrightarrow 00:49:43.594$ She was working on education projects

NOTE Confidence: 0.919502624444444

00:49:43.594 --> 00:49:47.230 on CM and I'm working on hopefully

NOTE Confidence: 0.919502624444444

00:49:47.230 --> 00:49:51.400 expanding the clinic in the next few years.

NOTE Confidence: 0.919502624444444

 $00:49:51.400 \longrightarrow 00:49:54.200$ I want to thank Doctor Jordan who.

NOTE Confidence: 0.919502624444444

00:49:54.200 --> 00:49:56.753 This was a pet project this was Fission.

NOTE Confidence: 0.919502624444444

 $00:49:56.753 \longrightarrow 00:50:02.080$ I'm so grateful to her and it's

NOTE Confidence: 0.919502624444444

 $00:50:02.080 \longrightarrow 00:50:04.320$ she has two big shoes to fill.

NOTE Confidence: 0.919502624444444

 $00{:}50{:}04.320 \dashrightarrow 00{:}50{:}06.195$ So anyway that's Doctor Jordan

NOTE Confidence: 0.919502624444444

 $00:50:06.195 \longrightarrow 00:50:07.320$ great with her.

NOTE Confidence: 0.919502624444444

 $00:50:07.320 \longrightarrow 00:50:11.175$ Doctor John Cahill is the director of MCI.

NOTE Confidence: 0.919502624444444

 $00:50:11.175 \longrightarrow 00:50:14.085$ We integrated within his clinic his

NOTE Confidence: 0.919502624444444

 $00:50:14.085 \longrightarrow 00:50:16.999$ program and he's been very supported.

NOTE Confidence: 0.919502624444444

00:50:17.000 --> 00:50:19.880 Dr. Fabiola Cruz and Jeremy Welles,

NOTE Confidence: 0.919502624444444

 $00:50:19.880 \longrightarrow 00:50:22.680$ also addiction psychiatrist who work with me,

NOTE Confidence: 0.919502624444444

 $00:50:22.680 \longrightarrow 00:50:24.800$ the MAP Clinic nurse Jennifer

 $00:50:24.800 \longrightarrow 00:50:26.920$ Mastriano shout out to her.

NOTE Confidence: 0.919502624444444

 $00:50:26.920 \longrightarrow 00:50:28.020$ She makes everything running.

NOTE Confidence: 0.919502624444444

 $00:50:28.020 \longrightarrow 00:50:29.120$ She keeps the records.

NOTE Confidence: 0.919502624444444

 $00:50:29.120 \longrightarrow 00:50:30.808$ She she does everything.

NOTE Confidence: 0.919502624444444

 $00:50:30.808 \longrightarrow 00:50:33.704$ Our past fellows Ryan Wade, Fabiola,

NOTE Confidence: 0.919502624444444

00:50:33.704 --> 00:50:38.012 Abila Cruz, Ebony Caldwell, Connie Chao,

NOTE Confidence: 0.9195026244444444

00:50:38.012 --> 00:50:40.356 current fellows Terence Dementa,

NOTE Confidence: 0.919502624444444

 $00{:}50{:}40.360 \dashrightarrow 00{:}50{:}44.116$ Olivetto, Radu and our other trainees.

NOTE Confidence: 0.919502624444444

 $00:50:44.120 \longrightarrow 00:50:47.120$ I'll invite her to thank you.