# CHOOSING TO START A MAT PROGRAM

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## **AGENDA**

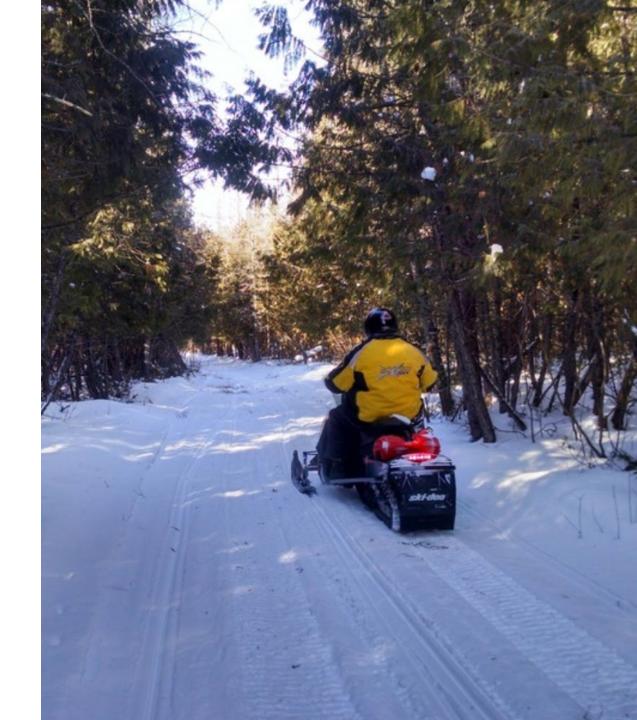
**Defining Moments** 

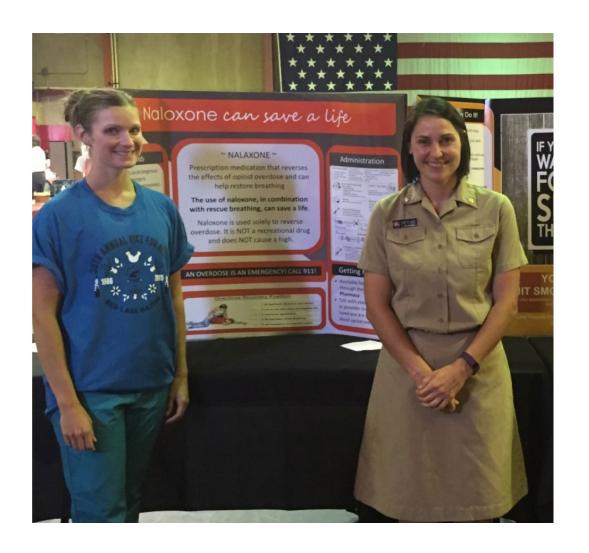
Understanding

Support and Resources

Growing and Evolving

# DEFINING MOMENTS





# DEFINING MOMENTS

- Development of pharmacy led chronic disease management services
- Development and community collaboration of Opioid Overdose Prevention Program -Naloxone
- Health coaching and motivational interviewing



# UNDERSTANDING







Capacity



Resources



Biases

### UNDERSTANDING THE NEED

**Community Overdoses** 

Naloxone

MOUD programs

# UNDERSTANDING CAPACITY/RESOURCES

#### Red Lake Hospital

- Pharmacy
  - Developed multiple pharmacy
     Collaborative Practice Agreements
  - Developed strong and trusting relationships with medical providers
  - Developed robust community naloxone program
  - Fostered community partnerships
- No DEA Data Waived Providers on staff

#### **Red Lake Community**

- No local OBOT or OTP
- Chemical Health treatment
  - Assessment
  - Outpatient group counseling, inpt residential
  - Referral to OBOT or OTP (closest 40 mi)

## UNDERSTANDING BIASES

#### Stigma

- Moral Weakness
- Addiction is a choice
- Treatment won't help
- Relapse is failure

#### Trauma

- Impact of different types of trauma
- Our own trauma can impact how we relate

#### Checking yourself

- Recognizing that you don't know what someone has gone through
- Give your patients an opportunity to build trust by listening



# GROWING AND EVOLVING

- Started with Naloxone CPA
- Developed Pharmacy led MOUD program with naltrexone
- Cross-trained more pharmacists (total of 4 with privileges)
- Medical staff become data-waivered
- Revised CPA to include inductions with buprenorphine
- FT pharmacist providing MOUD induction and management
- Sharing our resources and support to other programs/pharmacists

## THANK YOU

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