



Integrated Health Care Approach

Models of Tribal Promising Practices:
**Tribal Opioid Overdose Prevention
Care Coordination and Data Systems**



SEVEN DIRECTIONS
A CENTER FOR INDIGENOUS PUBLIC HEALTH

Integrated Approach

Indigenous Centered Praxis

- Integrate tribe's language into signs and resources in the facility, and train staff on the basics of local language.
- Incorporate pictures of the traditional tribal lands in the facility to connect patients and staff to the history of the site.
- Incorporate tribal elders or other valued community members into the facility, such as in the lobby to greet patients, in order to ensure comfort for anyone entering the facility.
- Include spirituality, holistic healing, and community and family traditional practices alongside MAT and other Western medicine approaches.



Relationships

- Create a “clinical team” for each patient - a team that consists of all of the staff and providers that are supporting the patient. Ensure this team meets regularly (ex. two times a week) to coordinate and support the patient's recovery plan.
- Establish a partnership with another SUD treatment center to provide care to each other's patients in the event of an emergency.
- Educate community members on the Integrated health care approach, and foster relationships with community groups to increase acceptance of this effort in the community.

Capacity Development

- Provide all services in one facility building. Eliminate referrals to other locations.
- Ensure services provide both the clinical support - psychiatrists, therapists, social workers, and SUD counselors - and the social support - support with insurance, housing, food, and community building.
- Bring together people with diverse community perspectives or training (ex. medical staff, mental health staff, and prosecutors) into a task force that collaborates on their approach to provide seamless integrated care to patients.
- Incorporate all programs into the same EHR system to provide a centralized data system to review patient and facility-wide progress.
- Provide extensive and consistent training, and provide these training to all staff, even if the training subject is not directly related to their role.
- Coordinate or provide transportation to and from the facility, and child care while the patient is at the facility.

Integrated Health Care Overview

- ▶ **What it is.** The World Health Organization defines “integrated care” as a health care system that is “designed according to the multidimensional needs of the population and the individual, and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care (World Health Organization, 2016).

Integrated care is person-focused and does not focus solely on the condition of the individual (a condition-centric approach) (Mann et al., 2020). The approach supports the variety and complexity of the patient’s needs and aligns care towards “community-based, comprehensive, and preventive care” (Mann et al., 2020). An integrated approach allows for both generalist and specialist care to be in the same location, also known as vertical integration, which improves the quality of care accessible to patients and the capacity to meet the volume and diversity of needs in a community. This approach has been used internationally for various needs, such as oral care, geriatrics, and behavioral and mental health.

- ▶ **Effectiveness.** The Integrated approach in the context of OUD helps to potentially improve clinical care and decrease cost (Fanucchi et al., 2019). A review of health care quality discovered that “significant disparities in the quality of healthcare for AI/ANs exist in all dimensions of quality, including the structure, process, and outcomes of care. Existing systems are not designed to reduce health disparities (Lewis & Myhra, 2018), making the Integrated approach attractive to AI/AN communities as it has been demonstrated to reduce health disparities. A meta-analysis on outcomes of integrated care in AI/AN communities has demonstrated positive results, including improved physical and mental health symptoms, reduced substance use, improvements in education and employment status, decreased involvement with the criminal justice system, and improved access to comprehensive care and quality of care. (Lewis &

Myhra, 2017; Lewis & Myhra, 2018). For behavioral health in particular, outcomes include improved “patient health outcomes, provider satisfaction, and cost-offset” (Lewis & Myhra, 2017).

- ▶ **Why it’s important.** An Integrated approach helps address key barriers to supporting patients with OUD in the AI/AN population.

Culturally Appropriate Treatment. For AI/AN communities, an Integrated approach has the potential to support the implementation of practices that align with a community’s values towards health and well-being.

An Integrated community-based approach has the potential of bridging and integrating the current separation of treatment delivery and culturally appropriate care (Lewis & Myhra, 2017). The lack of inclusion of cultural adaptation, spirituality, or holistic healing has made MAT implementation and use less attractive to tribal programs (Venner et al., 2018). A study by Rieckmann et al. (2017) found that treatment culture and organizational fit is key to uptake of MAT implementation. Specifically, “alignment between culturally relevant interventions...and organizational perspectives... that support specific services” facilitate MAT use (Rieckmann et al., 2017).



Standard treatment for OUD usually focuses on the individual, but Native peoples often approach health and wellness more holistically. This disconnect makes it challenging to incorporate aspects of community and family traditional practices—essential and strengthening elements of Native culture—into mainstream medical treatment . . . We need a more holistic view that goes beyond a person’s biology. We must integrate culture, societal factors, and even spirituality, when appropriate, into mainstream medical institutions and education” (NIH, 2020)

▶ **Uptake of MAT Implementation.** Currently, patient acceptance of traditional residential facilities for MAT is relatively low, with one study noting that only 19% of patients accepted a discharge to a SUD residential treatment (Rieckmann et al., 2017). Distance from home, program restrictions, and previous negative experiences were mentioned as reasons to not accept further care (Fanucchi et al., 2019). These referrals to separate locations for care, and the lack of support provided to patients during that transition, discourage patients from receiving the care they need. An Integrated approach eliminates the referral to care in a different location by centralizing its services.

▶ **Addressing Co-Occurring Issues.** People with OUD often have “one or more co-occurring medical, psychological, social, familial, and spiritual problems that negatively impact their quality of life” (Harfield et al., 2018). An Integrated approach is effective in part because the approach incorporates treatment and management, prevention and health promotion, all while addressing the social determinants of health (Harfield et al., 2018).

▶ **Reducing Prolonged Stays in Hospital.** The ability to go home in-between treatments and adhere to the prescribed dose are effective components of an Integrated approach. The practice of keeping people in a hospital setting for prolonged periods of time is costly and unpleasant for patients; and hospitals sometimes offer limited addiction treatment. “We assert that patients with OUD who are engaged in treatment can participate in and take responsibility for complex aspects of their own medical care” (Lewis & Myhra, 2017).

▶ **Financial Barriers and Insurance Coverage.** Limited coverage for AI/AN treatment services poses a barrier for patients to receive appropriate treatment (Venner et al., 2018). “Indigenous people are three times less likely to have health insurance compared with other Americans, while 57% use [the] Indian Health Service (IHS) . . . The average amount spent for an IHS enrollee per year is \$1,900 compared with \$5,200 for Veterans and \$6,000 for Medicaid recipients” (Lewis & Myhra, 2018). Additionally, “access to physicians is particularly important for MAT use because most insurance companies will not reimburse for services that are not overseen by a licensed physician” (Rieckmann et al., 2017). In this study, 42% of programs providing MAT relied on an outside provider to have prescribing authority. Limited insurance can prevent a patient from being covered with an outside provider, posing a significant barrier to patients needing prescriptions (Rieckmann et al., 2017).



▶ **Access to Care.** “Urban AI/AN may also face difficulties navigating the health care system, based in part on mobility, enculturation, and lack of formal tribal affiliation” (Venner et al., 2018). Integrated care has an opportunity to consider the patient’s specific needs to be able to travel to the health facility and be provided care regardless of tribal affiliation status.

▶ Integrated Health Care Approaches: Key Components in AI/AN Settings

In summary, an Integrated healthcare approach is an effective strategy to improve outcomes for patients with OUD. In AI/AN communities, a few key components can maximize effectiveness:

Include a variety of services

To address the holistic health and comorbidities of patients, an Integrated approach can include a wide variety of health providers and care modalities to serve the unique needs of the patient.

Ensure proximity of services

To address the barriers posed by referrals and limited insurance coverage, it is important for services to be in the same or close physical location with providers covered by the same insurance.

Integrate a Western medicine approach (i.e., MAT) with AI/AN healing

Integration of local Indigenous culture, health beliefs and practices is necessary for an effective Integrated system of care for Indigenous peoples (Lewis & Myhra, 2017; Harfield et al., 2018).

Community participation

It is important to include the community's practices, knowledge, and perceptions of SUD. Integrating traditional practices, such as beading, drum making, and sweat-lodge ceremonies weave in community values, norms, and world views ('To Walk in the Beauty Way,' 2020).

Ensure care is accessible



Transportation. Visiting the health center often requires transportation which may pose a financial or logistical challenge. It's important the program either provides or supports the transportation of patients to the facility (Fanucchi et al., 2019; Venner et al., 2018).



Insurance. Lapses in insurance coverage limit accessibility of care. The program should consider how to support patients in signing up for insurance and financially supporting the care of those who do not qualify for insurance (Fanucchi et al., 2019; Venner et al., 2018).



Childcare. It's important to provide childcare so patients can still come to the facility when needed (Fanucchi et al., 2019).



Telephone assistance. "Research suggests telephone assistance is a key element of integrated programs" (Fannuchi et al., 2019). A program should consider this limitation in their model to ensure patients can be supported remotely and reach the facility for support when needed.

Swinomish Tribal Health Model

The didg^wálič Wellness Center in Anacortes, Washington is an exemplary model of an Integrated health care approach for the treatment of people with a SUD. The Center not only serves the Swinomish Indian Tribal Community, but all AI/AN members and non-tribal members ages 18 to 78. The goal is to provide treatment and view the patient's needs holistically to best address the underlying factors that contribute to wellbeing and the use of substances.

Why the Swinomish Tribe developed the didg^wálič Wellness Center

The didg^wálič integrated treatment model combines MAT with counseling, primary medical care, dental care, outpatient psychiatric care, harm reduction practices, and social support services within the same clinic. The Swinomish Indian Tribal Community developed this model over the course of several years in answer to the mainstream models of OUD treatment that were failing to meet the needs of the Tribal community during the early years of the opioid epidemic. The Tribe recognized that its decades-old counseling program for alcoholism could not adequately meet the challenge of this complex new disease, opioid use disorder, that was devastating the Tribal community.

How the didg^wálič Wellness Center was developed

Dawn Lee, now the Chief Operating Officer (COO) of didg^wálič Wellness Center, observed multiple barriers faced by Tribal members in accessing OUD treatment and was instrumental in developing and advocating for this integrated approach to care. The model evolved by testing new approaches over the course of four years and integrating new

therapies one at a time, starting with MAT. Ms. Lee developed a model for office-based Suboxone treatment that closely tied medication administration with intensive counseling and partnered with a local pharmacy to administer medication. Next, the Tribe developed a practice called a "warm hand-off" to reduce failure rates of patient referrals to other services, such as primary care and psychiatric care. But limitations continued to impede patient access to care, especially the lack of transportation for patients to get to and from treatment; lack of safe childcare during treatment; lack of insurance coverage; and persistent lack of referral fulfillment. In 2016, Ms. Lee went to Swinomish Tribal leadership and proposed to build a new treatment facility.

Ms. Lee and her team provided extensive community education to small and large groups across the community to garner community support. This effort ensured community members knew what to expect and offered opportunities to provide their input.

In response, Tribal leaders invested in the development of a new, under-one-roof health care center that delivers fully integrated OUD treatment services with primary care, dental care, outpatient psychiatric care, harm reduction, and social support services such as free transportation and childcare for patients.

COMPONENTS OF THE

Swinomish Tribe's didg^wálic Wellness Center Model

Cultural Fit	<p>Use of Tribal language on signs and on walls of facility</p> <p>Tribal Elder Coach</p> <p>Talking circles, Pow-wow, Sweat lodge</p>	Innovative Practice	<p>Having all services in one location</p> <p>Offering holistic services</p> <p>Supporting patients to get insurance or financial sponsorship</p>	Knowledge Sharing	<p>Providers and staff meet and collaborate to support patient journey</p>
Cross Sector Collaboration	<p>MOU with another site for emergencies</p> <p>Partner with law enforcement and jails</p>	Meeting Community Needs	<p>Provide transportation and child care</p> <p>Community education and involvement</p>	Community Investment	<p>Received support from community members</p> <p>Support from tribal council, the County commissioners, and the City of Anacortes</p>
Leadership	<p>Swinomish Opiate Task Force</p>	Professional & Cultural Development	<p>Ongoing training that every staff takes, even if not directly related to their role</p> <p>Basic training for staff on tribal language</p>	Sustainability	<p>Medicaid funding supports costs</p>
Data Infrastructure	<p>Individual successes</p> <p>EHR for all services/ departments</p> <p>Client satisfaction survey</p>	<p>The Swinomish Indian Tribal Community practices an Integrated Model that centralizes medical treatment and social support in one physical location, and creates a welcoming and accessible space by including traditional language and practices into the facility.</p>			



Elaborating on the didgʷálic Wellness Center Model: Mapping to the Domains of Tribal Care Coordination Promising Practices

The Center provides all substance use services in one building. Patients without insurance can access support to sign up or to request funding to purchase insurance coverage. With all providers co-located, providers and staff meet regularly, gaining a holistic view of the patient. This ensures providers can assess the treatment needs of patients, along with essential supports needed. Mental health, detoxification and rehabilitation, and SUD counselors are available. In addition, patients may be referred to social workers, case workers, and elder coaches. The services provided include counseling, medication provision and support, individual and group sessions, acupuncture, and support with food banks, shelter, and housing from social and case workers.

Indigenous Centered Praxis



The Clinic integrates the Lushootseed language, spoken by the Swinomish Tribe. For example, all signs include information in both Lushootseed and English, the staff has learned basic Lushootseed, and the Lushootseed alphabet is displayed on the wall, ensuring patients see their local language as soon upon entering the Center. The Center has placed historical pictures of traditional tribal lands in prominent locations, connecting patients and staff to the site. Creating a communal, connected, and family feel reflects the values of the Swinomish people. A Tribal Elder Coach spends time in the lobby, greeting patients and families, giving out snacks, and encouraging them on their journey to ensure a welcoming, supportive environment for patients, their families, and community members.

Relationships



The Center has an MOU with another SUD treatment center to provide care to each other's patients in the event this is necessary. The Center established a relationship with the local police department to ensure that when police encounter someone with a mental health or substance use issue they are connected to mental health staff. This evolved into a program in which the department hired an advocate that supports mental health or substance-use related calls. Through a partnership with detention centers, the Center provides methadone daily to the prisoners enrolled in treatment. This facilitates relationships with the Clinic to ensure they seek continued care upon release. The Center engaged in long-term education effort and established communications with detention center staff to facilitate this partnership.

Capacity Development



A 25-member Swinomish opiate task force coordinates community and tribal opioid response. Members include medical, mental health, and court staff, along with prosecutors, and representatives of various SUD programs and casinos. This group also promotes a collaborative approach. The Integrated model incorporates multiple social services, which the task force supports through facilitating discussions to confirm tribal strategies.

The Center celebrates patient success. All progress is celebrated, demonstrating the Center's community connectedness. All departments can access the Swinomish Electronic Health Record (EHR), a centralized data system used to review patient progress, update treatment plans, and extract statistics when needed. Client satisfaction surveys are used to understand a patient's experience at the Center. Important indicators to measure success include: ensuring stability of individual patients' medication response, assessing the program retention rate, and assessing changes in number of take-home doses.



We have a team environment here. *We do a treatment team with the patient where we bring members from all of our different departments together in the same room monthly. We look at what we can do to help the patient, which department needs to do what. And we really wrap our arms around that patient, and we don't give up on them. We talk about some of the challenges, and about the successes of our clients every week. That is what's really helpful because everybody is engaged in that client's process and the client knows it."*

- Dawn Lee, Chief Operating Officer, didg'álic Wellness Center



How the Integrated Care Model Addresses Barriers to Care

Key services are co-located, reducing the number of patients who fail to complete referrals. With everything in one location, patients can easily access an array of services, removing referral follow-up as a barrier. Moreover, co-location eliminates transportation issues. The Center provides transportation to the clinic and child care, ensuring access to care. The Center provides support with insurance which contributes to sustainability and continuity of care. Co-location of services also allows providers to meet and discuss the care of patients in a holistic and coordinated approach.

Summary

Currently, health care services still suffer from a system of care that fails to connect care across sectors. Historical approaches to the provision of care and provider training reinforce these silos. The Integrated health care model requires envisioning a mode of care that addresses the complexities of wellbeing and the many underlying factors that contribute to substance use or pose barriers to accessing or remaining in care. The Integrated health model, as developed and implemented by the Swinomish Tribe, provides patient-centered support, respecting the unique context, life experience, and challenges of each patient who enters the facility.