



# California Primary Care Residency Program Collaborative

Education | Outreach | Treatment  
 Improving Care for Patients with Substance Use Disorder Disease

Sponsored by California Academy of Family Physicians and CAFP Foundation

## California Primary Care Residency Program Collaborative Cohort One Project Summary

The first cohort of the CA-PCRPC project included 28 family medicine, internal medicine and OB-Gyn residency programs. We are pleased to offer this list of programs and approved projects; a full results report will be produced and disseminated at the end of the grant cycle.

Residency Program	Grant Project Overview
<b>KP Orange FMRP</b>	The Pain Management Enhancement project will be designed to target initially the Kaiser Permanente Orange County Family Medicine Residency Program. The program offers comprehensive training to 24 residents - 8 PGY-1, 8 PGY-2, 8 PGY-3, and one community medicine fellow per year. Currently the residents participate in a Pain Management Curriculum that combines didactic lectures, knowledge assessments, and case presentations with discussion. Both the Program Director, a national expert on opioid prescribing, and the Associate Program Director have lectured at national conferences, the AAFPNC and AAFP FMX, on the topic of safe and responsible prescribing of opioids. The grant will help the program move on to the next step in opioid management. We will create a two-year pilot program, which if successful will then be funded by the Kaiser Permanente Family Medicine Residency Program.
<b>Loma Linda FMRP</b>	The project overview includes an in-person didactic session for the Family Medicine Residency and the Pediatric Residency plus a video recorded didactic on pain management, adjunctive pain management strategies

	(including behavioral health, physical therapy, osteopathic manipulation, acupuncture, and tai-chi), the evidence for their use, naloxone counseling education, pain management EHR documentation and related pain management legislation. The project also includes expansion for MAT clinic services by an additional 2 half days per month in the FQHC.
<b>PIH Health FMRP</b>	Our current Family Medicine residency curriculum does not include a clinical experience focused on substance use and misuse. As a result of this project, we will develop a partnership with L.A. CADA, one of the largest substance use disorder (SUD) treatment facilities in the area. With L.A. CADA, we will develop an integrated Addiction Medicine Residency Curriculum. PIH Health Family Medicine residents, in their PGY-I and PGY-II years, will receive one-on-one interdisciplinary training with addiction medicine specialists through an annual four week clinical rotation in the L.A. CADA addiction medicine clinic. The focus of the first year training will be an overview and understanding of the psychosocial and dynamics of addiction. The second year training focus will be on treatment options and developing a plan of care for substance use disorders. Residents will provide supervised care for patients with SUDs at L.A. CADA.
<b>San Joaquin-SJGH FMRP</b>	The proposed grant will allow us to develop an educational model to train the FM residents, faculty, and medical students with integrated advanced substance use disorder management and skill set that will enable them to address a significant number of patients who have substance use disorder. Moreover, with a majority of graduates practicing in underserved areas and FQHCs, the expanded model will enhance substance use care for underserved populations served by the graduates in their future practices.
<b>Ventura FMRP</b>	We aim to increase awareness of the need to screen all pregnant patients for substance abuse via the Parents, Partners, Past & Pregnancy Screening (4Ps) model with education of obstetrical providers on the unique needs of these patients and expectations for care. It is recommended that the 4Ps screen be performed in each trimester of pregnancy. The barriers we encounter are the lack of a Comprehensive Perinatal Services Program coordinator and the lack of knowledge about the recommendations for screening every trimester. There is limited recognition and knowledge about substance abuse if not substance use disorder in pregnancy amongst Obstetrics physicians and advanced practitioners and we will attempt to bridge the knowledge gap. During pregnancy, SUD is prevalent: 9% using alcohol, 9-15% using marijuana, 1-10% using opioids (Heron, 2015). There exists a dearth of physicians providing medication assisted treatment. The Chronic Care Model (CCM) proposes the first stage for SUD is early identification and intervention (Miller, 2019). A team plans to speak directly to obstetrics providers in the community to employ SBIRT to identify women with PWUS. This will be performed by Family Medicine Residents and Public Health Nurse supervised by Addiction Medicine Faculty & Fellows. We will develop a pregnancy specific Addiction Medicine clinic housed within the family medicine residency clinic, AFMC, to provide comprehensive care for these women as well as expanding knowledge of care for attending and resident physicians.

<b>KP Napa Solano FMRP</b>	To combat the opioid epidemic in Solano County, California, the Committee on Opioid Prescribing (C.O.P.E.), which is comprised of Kaiser Permanente (KP) Vallejo family medicine faculty, residents, researchers, addiction medicine specialists and patients with history of OUD, strives to effectively integrate training on medication-assisted treatment with buprenorphine (Suboxone) for opioid use disorder into the Napa-Solano KP Family Medicine Residency Program. During the Phase I of this initiative, C.O.P.E, in collaboration with other community organizations, will develop and implement comprehensive training sessions and workshops.
<b>John Muir Health FMRP</b>	Given our emphasis on interdisciplinary, team-based care, focus on marginalized communities, and work with a variety of public sector and non-profit partners who serve vulnerable populations, we are eager to improve our capacity and educational opportunities in the treatment of patients with OUD. We will ensure that all residents and most faculty are able to take DEA-X Waiver training. We have recently received verbal confirmation that we have secured funding to train 12 residents/faculty. This grant would triple the number of clinicians receiving this training within the residency including creation of an in-house Harm Reduction Advocate—ideally, an intern working toward their licensure as a LCSW. Integrated behavioral health is an essential part of medication-assisted therapy. Last year through funding from the Hearst Foundations, the FMRP was able to obtain fellows on the path toward full licensure as Marriage and Family Therapists (MFTs) to support patients who do not have ready access to mental health services. This opportunity provided interprofessional team-training to young professionals at crucial points in their careers and expanded the program’s capacity to effectively treat the patient holistically. We envision a similar model would work for the FMRP’s work with patients with OUD.
<b>Family Health Center FMRP</b>	We will bring together a project team to adapt the existing 4-week elective rotation curriculum described above into a more concise 2-week rotation within FHCS’s Residency Training Program. Facilitated by the Project Lead and Core Faculty (Stephanie Constantino, MD) and a Resident Champion (to be selected through an application process that includes evaluation of the Resident’s intent to develop a research project featuring these activities) – the team will also include 2 internal consultants (Drs. Sepulveda as mentioned above, and Sarah Rojas, MD, a primary care clinician- 1Project ECHO: A Revolution in Medical Education and Care Delivery. University of New Mexico School of Medicine. <a href="https://echo.unm.edu">https://echo.unm.edu</a> . 5 investigator and Residency Mentor with strong multidisciplinary experience), the Family Medicine Residency Training Program Director (Thao Tran, MD, FAAFP), and management leads and team members from FHCS’s Substance Use Disorder Services department. This team will meet in person on a quarterly basis throughout the project year, and will also utilize a modified Delphi process via email to review and comment on the new curriculum and other aspects of the project as they are developed. While a 2-week-long curriculum will not be as extensive as the 4-week program (which will still be available for 2 3rd-year Residents with a strong

	interest in addiction medicine), a shortened training period will have multiple benefits.
<b>KP Santa Rosa FMRP</b>	we will develop and implement a SUDS collaborative in which all three Kaiser Permanente Northern California Family Medicine Residencies will participate to share learning across Kaiser Permanente sites who receive CAFR grant funding. We will hold 2 in-person meetings with approximately 12 attendees to share information and build system and institutional support for family medicine physicians to participate in SUDS at Kaiser Permanente. The knowledge gleaned from our patient advisory council and the patient centered training will be shared with and used by the other two residency programs. Our program will learn from the experience of Kaiser Permanente Napa Solano's curriculum development as well as Kaiser Permanente San Jose's quality improvement project.
<b>UC Davis FMRP</b>	Through the support of the CPC Residency Program Collaborative Grant we seek to boldly chart a course over a 12 month period of time that will design and implement a comprehensive learning and change strategy. This multi-pronged initiative will address resident education and patient care and management, with specific concentration on meeting current unmet residency training and community health needs.
<b>UC Davis OBRP</b>	This grant proposal seeks to develop a program for OB/GYN resident education in the antepartum, labor and delivery and post-partum care and management of women with OUD that will also 1) expand OB/GYN faculty knowledge about OUD and capacity for prescribing MAT to our patients, 2) improve obstetrics care at UC Davis Health for opioid dependent dyads, and 3) collaborate with quality improvement (QI) initiatives related to substance use disorder (SUD) at UC Davis Health and in the Greater Northern California Area. This proposal is complementary to the two other proposals from UC Davis primary care training programs: Family and Community Medicine (FM) and Internal Medicine (IM). We aim to share resources across our joint and individual program goals.
<b>Adventist Health FMRP</b>	The primary goal of this project is to strengthen the infrastructure of AHGL FMRP's chemical dependency program, such that it provides residents, faculty, and AHGL's community clinicians with best practices to better identify, treat and refer patients with an OUD. It will strengthen the FMRP's relationship with GAADS and enhance the SUD rotation; provide resources for the new buprenorphine treatment protocol; Enhance Collaborative Efforts with AHGL's Outpatient Retail Pharmacy; Provide Additional Resources for AHGL's Addiction Medicine Committee
<b>Emanate Health FRPM</b>	We are a relatively new program and our first class started in 2017. We are now requiring that our licensed residents take the 8-hour online buprenorphine course. The first resident completed the course recently as part of the psychiatry/addiction medicine rotation. Currently, only 1 out of 4 of our core faculty has the exemption. Three new faculty members will join the program in September and all 7 will be included in the proposed training. We realize the importance and impact of exposing our residents to faculty that are well-versed and skilled in MAT and can then supervise that

	<p>practice among residents. Patients in our community and in the future practice communities of our resident graduates need physicians with skills in addiction medicine. We will build faculty and resident training programs, provide addiction treatment with consultation and support; and engage in community efforts to address OUD/SUD.</p>
<b>UC Davis IMRP</b>	<p>UC Davis seeks to establish the Academic Primary Care Opioid Use Disorder Training (APCOT) project. APCOT will expand access to OUD treatment, including with Medication-Assisted Treatment (MAT), by expanding MAT training for UC Davis medical residents and faculty and by expanding opportunities for clinical instruction and experience in OUD and SUD treatment. APCOT will train nearly 200 current and future Primary Care (PC) providers to manage patients with opioid use disorders (OUD) and other Substance Use Disorders (SUD), and to practice Medication-Assisted treatment (MAT). APCOT will leverage its cadre of dedicated PC faculty and dual-certified clinician educators in Internal Medicine/Psychiatry to provide in-person MAT training, online learning modules, seminars, and longitudinal clinical experience. Home to California’s first Medicaid Accountable Care Organization, UC Davis will provide interprofessional clinical experiences in the treatment of OUD at the Sacramento County Health Center.</p>
<b>Natividad FMRP</b>	<p>The Natividad Family Medicine Residency Training Program, with 30 Residents in training at any given time, and its partner network will design and implement a comprehensive learning and change strategy for an educational initiative that addresses resident education and patient care and management, with a concentration on meeting residency trainee and community needs. The patient population includes adults who are disproportionately affected by opioid-related deaths in Monterey County. The goals of the MAT project are: a. To increase resident exposure to MAT induction; and b. To improve patient care (quality and satisfaction) by removing barriers to treatment.</p>
<b>Valley-Stanislaus FMRP</b>	<p>VFM Residency Program seeks to develop a program curriculum to improve access to care and treatment in the community for patients with SUD. Our curriculum would center on group visits that encompass medical treatment, mental health treatment and peer support at two hour once weekly visits using the Centering Healthcare model. Centering Healthcare and Recovery (CHR) visits will provide time for patients to explore and discuss important topics related to recovery, have one-on-one time with their physician and a mental health provider, and most importantly engage in peer support activities with other participants. A resident, faculty member and a mental health professional would structure the program and orient each session. In addition to education on important topics, this weekly visit would provide vital access to screening and treatment for comorbidities and infectious diseases, preventative care screenings and appropriate vaccines, and longitudinal assessments of psychosocial needs and barriers to care. Funding will support use of facilities, initial training of faculty and residents in MAT and Centering Healthcare, and supplies and refreshments for weekly CHR visits. A portion of the funding will be used to</p>

	<p>help meet the identified needs of each patient by providing Uber transportation to and from visits when needed and a nutritious meal for participants. Ongoing development would include formal Centering Healthcare training for two residents per year with longitudinal involvement in CHR as well as built in MAT training for all residents.</p>
<b>Scripps Chula Vista FMRP</b>	<p>The core of this initiative will be the opening of an Addiction Medicine-Substance Use Disorder <sup>®</sup>SUD<sup>©</sup> clinic at the residency continuity clinic site Chula Vista Medical Plaza <sup>®</sup>CVMP<sup>©</sup>. Currently in SYH, the only SUD clinic is based out of King Chavez Health Center in National City and run by a board-certified Addiction Medicine physician, Dr. Aleka Delafield. It is an excellent resource for patients and has been a valuable educational opportunity for residents, however, because it is off-site and limited to once per week, it does not provide enough longitudinal experience for residents to develop confidence treating SUD. The SUD clinic we are proposing would be structured similarly to the current successful model used by the residency to provide integrated Behavioral Health in which a resident-staffed clinic is supervised by a specialist. Dr. Delafield would supervise residents in the SUD clinic on a weekly basis. The Addiction Medicine Clinic would create opportunities for residents to practice. Focused care for patients with SUD, including identification and diagnosis, MAT inductions, and outpatient withdrawal management. It will provide the space, time and supervision to develop skills in counseling and motivational interviewing. PGY-1 residents will have an introductory experience during the Behavioral Medicine rotation. PGY2 and PGY3 residents will be scheduled for 6-8 clinic days per year during designated blocks.</p>
<b>Sutter-Santa Rosa FMRP</b>	<p>We propose that with the implementation of a PGY-1 curriculum including these components that the residents will enter their PGY-2 year with improved competence and skill. This builds on several years of effort to improve our addiction medicine curriculum culminating in the 2019 award of a newly established rotation. As a grantee, Sutter Santa Rosa Family Medicine Residency will be able to augment resident learning with increased time with faculty for individualized didactic training and coaching in addition to improved support for existent rotational components. Additionally, this grant will help fund faculty time needed to collaborate with community partners to better integrate provision of MAT to stable patients into resident continuity clinics from its current siloed position within specialty clinics in our health center. Our budget will also allow for interested faculty and residents to attend subject-specific conferences. Finally, as a grantee we will be able to implement efficacy measurements surveys for rotation participants as well as residents pre-dating the PGY-1 rotation. With adequate support, we will be able to disseminate our lessons-learned and best-practices to other programs.</p>
<b>KP San Diego FMRP</b>	<p>We plan to train all residents and faculty on the fundamentals of Addiction Medicine, with an emphasis on opioid use disorder. We will train interested residents on a higher level and, with this increase in human resources, educate our 200 primary care physician colleagues as well as our community partners. Funding will also be used to create literature for</p>

	<p>patients detailing medication assisted therapy and available community resources, as well as literature for distribution to high school students. Leftover grant money will also be used to support resident attendance at the annual California Society of Addiction Medicine conference and the cost of waiver training for interested residents/faculty.</p>
<b>UC San Diego IMRP</b>	<p>We intend to create a robust series of educational activities for faculty and residents. Our initial goal is to offer Half and Half MAT Waiver Training for all primary care faculty during regular division academic time and for all residents during protected residency didactic time. We will also offer additional addiction medicine didactics to address treatment options for substance use disorders other than opioids during monthly primary care division rounds and during internal medicine grand rounds. Physician education materials and quick reference cards will be developed to improve knowledge of diagnostic criteria and treatment options. We hope to show faculty that providing treatment within the primary care setting is achievable and necessary. To keep our faculty up to date on current addiction medicine best practices, we intend to send 2 faculty or chief residents to the American Society of Addiction Medicine (ASAM) Annual Conference and Review Course in 2020.</p>
<b>Contra Costa FMRP+OBRP</b>	<p>We plan: to hold annual, required buprenorphine training for residents, which will help to develop a culture of addressing substance use disorder as part of broad-spectrum family medicine; train faculty-resident pairs at each of the three resident clinic sites to co-manage patients taking buprenorphine; make changes to the residents' schedule to revitalize SUD training in novel ways. For example: prescribing for incarcerated patients, staffing continuity evening groups, joining the van operated by Healthcare for the Homeless, and caring for perinatal patients; Sponsor professional development of Choosing Change MDs and RNs who support this crucial work, to encourage ongoing work with the residency program (for example, via a Quality Improvement project with the Patient Advisory Committee or postpartum patients); and follow the buprenorphine prescribing practices of Contra Costa graduates.</p>
<b>Olive View-UCLA IMRP</b>	<p>Our goal is to ensure that physicians in training at OV - UCLA as well as faculty are able to meet core competencies in the diagnosis and management of SUDs. To achieve this, we propose an initiative to implement a more robust curriculum, both in the inpatient and outpatient settings. The proposed SUD curriculum will focus on standardizing education and knowledge for all levels of trainees, shifting attitudes and behaviors by teaching residents skill sets in motivational interviewing for SUD treatment and the evidence-based treatments for SUDs. Given the momentum of the CA Bridge Program at OV – UCLA Medical Center as well as the LADHS MAT Access Point grants, we plan to focus efforts on the diagnosis and treatment of OUD for trainees and faculty.</p>
<b>USC-Keck IMRP</b>	<p>The overarching goal is to increase the scope of care we provide to our large and vulnerable community. The majority of our interventions will focus on resident education. As a means to this end, we will be training the next generation of front-line providers. As such, we</p>

	are proposing a three-part educational series as well as an optional fourth component for those residents who wish to become certified to prescribe buprenorphine. These components will rely on varied teaching styles that cater to different types of learners. We will incorporate patient panel luncheons, resident lecture series, standardized patient cases, and buprenorphine training.
<b>Stanford-O'Connor FMRP</b>	Given the strengths and skills that we have at our disposal as a faculty and as a program, and the current limitations in scope of our resident education and patient treatment in chronic pain and addiction, we feel that the needs of our residents as well as our patients would be best met by increasing the reach and quality of our existing programs, rather than by proposing a new type of program entirely. We have organized our quality improvement goals around 3 themes: consistency, collaboration, and access. Because it is not clear what the one best solution is for delivering evidence-based chronic pain and opioid dependence or opioid use disorder treatment to our entire patient population, an integral part of our proposal is motivating and engaging our residents and clinic staff to work collaboratively on methods for treatment delivery of 6 core chronic pain and opioid use treatment modules via an innovative team-based mini-grant program.
<b>KP San Jose FMRP</b>	Since MAT did not become available until 2002 and was not a part of primary care residency training, most FM or PCPs do not have the training or DEA waiver to be able to provide MAT to their patients. The ability to prescribe MAT in an outpatient setting makes it an easier option for patients and physicians to treat and manage OUD without needing hospitalization. Currently MAT is not available to patients by their PCPs in the office at KPSJ. We hope to train faculty and residents to be able to provide MAT as part of their overall OUD treatment program and to provide comprehensive care for their patients. As a new FMR, we want to be able to train residents to provide MAT wherever they choose to continue their careers, whether within KP or not. We hope to increase the availability of MAT treatment to patients by their PCPs by providing interdisciplinary training for this important modality during residency and improving the care experience of our patients suffering with OUD.
<b>UC San Diego FMRP</b>	Substance use disorder is a growing public health epidemic. The purpose of this proposal is to accelerate ongoing efforts by the UCSD Family Medicine Residency Program (UCSD FMRP) to develop the capacity to identify those with substance use disorder that are cared for within the UCSD FMRP, train all UCSD FMRP residents and core faculty in medication assisted treatment for opioid use disorder, and develop clinical protocols to provide medication assisted treatment within the UCSD FMRP continuity clinics.
<b>UCSF-Fresno FMRP</b>	Our primary goal is to increase the number of clinicians with MAT waiver training in the UCSF Fresno FMRP, by offering all physicians in our FRMP MAT waiver training; developing a chronic pain management, SUD, and OUD didactic series; designing an OSCE case that simulates an initial evaluation of a patient with OUD; and improving OUD awareness of patients and staff at our continuity clinic sites.