



**Low Barrier Opioid Treatment
Response Program
Project ECHO Learning Collaborative
Press Packet
November 10, 2021**



Contacts: Bryan Wyatt, MPCA
207-650-6935 (m)
bwyatt@mepca.org

Kate Carlisle, PCHC
703-589-8605 (m)
kate.carlisle@pchc.com

Maine Primary Care Association and Penobscot Community Health Care Launch Pilot Program to Combat Opioid Epidemic in Maine

BANGOR, Maine, Nov. 10—An innovative program expanding low-barrier treatment for opiate use disorder—potentially serving thousands of people across Maine—launches this month at six of the state’s community health centers. This pilot project—training community-based providers to build and maintain medically assisted treatment clinics—will increase access to this critically needed treatment in areas most affected by the opiate crisis, including the hard-hit rural areas of Maine.

Project ECHO, led by [Penobscot Community Health Care](#) (PCHC) and the [Maine Primary Care Association](#) (MPCA), will train [six community health centers](#) (representing nearly 65% of Maine community health center’s total patient population) to build programs modeled after PCHC’s Bridge Clinic in Bangor. Through the 12-month [ECHO model](#), teams from each health center will learn to build, evaluate and improve their own programs.

“Low-barrier treatment for opioid use disorder means that people can access life-saving, evidence-based care more easily and more quickly, at a time when they are most motivated to get that care,” said Noah Nesen, M.D., the Chief Medical Officer at PCHC and an original planner of the Bridge Clinic. “That care is delivered in a manner that addresses the practical realities of their life, including issues like transportation, food, housing and social supports. This is the way we treat all other chronic diseases in primary care; by working first to engage with people on their terms, doing all that we can to initially stabilize their disease and then to collaborate in progressing toward a more comprehensive treatment plan.”

The successful launch of the project is the result of more than three years of work by health centers, legislative leaders, and the Mills Administration to develop strategies to address OUD. PCHC providers and operations experts will act as faculty, coaching and supporting the participating health centers as they create their own programs.

Dr. Christopher Pezzullo, Clinical Director at Maine Primary Care Association, said, “This low barrier model, coupled with the access afforded by community health centers in the most rural of states has the potential to be a game-changer. As we work to make MAT available to all patients at all stages of their disease, community health centers will provide evidence that this low barrier model is the key to addressing disparities in access to care for opiate use disorder.”

- More -

What is low-barrier Medication Assisted Treatment (MAT)?

- MAT is a proven effective method of addressing substance use/opioid use disorder. Low-barrier treatment puts as few hurdles as possible in front of people seeking treatment and recovery. Unlike other modes of treatment, low-barrier means greater access with fewer requirements.
- Low-barrier MAT connects with people who are not currently able to access treatment as well as provide access to other supports in the community.
- Community health centers are integral parts of their communities and thus uniquely positioned to support long-term healthcare relationships, especially with people who may not have had success with other treatment models.

The six participating health centers in this program include:

- [Bucksport Regional Health Center](#)
- [Community Clinical Services](#)
- [DFD Russell Medical Centers](#)
- [Health Access Network](#)
- [HealthReach Community Health Centers](#)
- [Hometown Health Center](#)

In addition to the health centers participating in this pilot, 100% of Maine's community health centers have signed an [opioid pledge](#), committing to continuous action as a network to address this epidemic. For more information on this program, participants, and pledge, click [here](#).

About Penobscot Community Health Care

Penobscot Community Health Care (PCHC) is a non-profit, Federally Qualified Health Center (FQHC) founded in 1997 to ensure access to comprehensive, integrated primary health care services for all to improve the health and wellbeing of patients and the Maine communities served. Seventeen practices and program service sites in the Bangor area, and in Belfast and Jackman, offer a wide range of services, including family medicine, dental, pediatrics, geriatrics, mental health, medication assisted treatment and substance use disorder services, urgent/walk-in care services, as well as specialty services such as speech, audiology and chiropractic services, retail and primary care pharmacy, and healthcare for the homeless. Online at www.pchc.com.

About Maine Primary Care Association

Founded in 1981, Maine Primary Care Association (MPCA) is a membership organization that represents the collective voices of Maine's Community Health Centers, which provide high quality, primary and preventive medical, behavioral health and dental services to over 210,000 individuals (1 in 6 Mainers) each year. With 70 service locations throughout the state, Maine's Community Health Centers provide high quality care to our underserved and rural populations. Often referred to as Maine's healthcare safety net, our community health centers provide more than \$16,000,000 in uncompensated care and \$7.5 million in free and reduced cost prescriptions annually while being ranked in the top five nationally per capita in assisting the uninsured and underinsured gain health insurance. For more information, please visit us on the web at mepca.org or call (207) 621-0677.

PROGRAM OVERVIEW

On November 18, 2021, Penobscot Community Health Care (PCHC) — Maine’s largest community health center (CHC) — and the Maine Primary Care Association — the state’s membership organization for all of Maine’s CHCs — will launch a joint 12-month Project ECHO on implementation of a low barrier treatment model for Opiate Use Disorder (OUD).

Together, the six participating CHCs, along with PCHC, represent roughly 65% of the total patients served by Maine’s CHC network (nearly 210,000 patients each year, or 1 in 6 Maine people) and encompass a significant geographic footprint, especially in rural areas. As a result, this pilot will support increased access to vital treatment services in areas most hard-hit by the opiate crisis, and aligns with priorities outlined in the treatment and recovery sections of the Governor’s [Maine Opioid Response Strategic Action Plan](#).

This project is a culmination of over three years of work to develop strategies to address OUD. Using the ECHO learning collaborative model, PCHC will share its years-long journey relative to implementation and ongoing maintenance of the state’s first primary-care focused low barrier treatment program. Together, the participating health centers will begin to test effectiveness and impact (via formal evaluation) across multiple rural and urban CHCs in Maine. Through the [ECHO model](#), teams from each of the CHCs will learn through case study, clinical review, and operations-focused meetings that help to address questions in as close to real time as possible. In addition, experts from PCHC’s clinical and operations teams will act as faculty and will provide coaching and support to the learning sites throughout the duration of the collaborative.

Health Center Training Lead:

- [Penobscot Community Health Care](#)

Participating Health Centers:

- [Bucksport Regional Health Center](#)
- [Community Clinical Services](#)
- [DFD Russell Medical Centers](#)
- [Health Access Network](#)
- [HealthReach Community Health Centers](#)
- [Hometown Health Center](#)

What makes a low-barrier model unique?

- Medication Assisted Therapy (MAT) is a proven, [effective method](#) of addressing SUD/OUD for those individuals who can access those services. In fact, low-barrier MAT is the only evidenced-based model we have to work with.
- A low-barrier treatment model seeks to create access by meeting the patient where they are and supporting recovery in a timely manner and with as few hurdles as possible. The goals of the pilot are to connect with people not currently being served by, or not able to access, more typical treatment modalities, as well as to provide key points of access within the community. Investments in low barrier treatment are meant to augment, not supplant, current treatment programs, because we know that not all patients access services the same way.
- CHCs are well positioned to support a long-term and multifaceted healthcare relationship with people who may have not succeeded with other treatment models. CHC sites are embedded in the community, where it has been suggested there is a “break down” of access and continuity of care and are committed to short and long-term solutions to this crisis. As such, they present a natural countermeasure to this breakdown.

COMMUNITY HEALTH CENTER PARTICIPANT PROFILES

The Learning Collaborative is comprised of six participant sites and one training lead. The snapshot of each health center below provides information on the number of patients each serves and services they provide.¹

TRAINING LEAD:



Providing care to 57,300+ people through service sites in Bangor, Brewer, Old Town, Jackman, Belfast, and Winterport.
Services¹: 86.16% Medical, 15.76% Dental, 7.35% Mental Health, 2.19% Substance Use Disorders, 1.74% Enabling Services²
 CEO: Lori Dwyer
Participating Staff Credentials: MD, FAAFP (2); MD, FAPA; LCPC; PharmD; FNP-C*
**2 are Board Certified in Addiction Medicine*
pchc.com

PARTICIPANT SITES:



Providing care to 6,300+ people in and around Bucksport through service sites in Bucksport and Ellsworth.
Services¹: 82.05% Medical, 25.11% Dental, 9.32% Mental Health, 3.90% Substance Use Disorders, 13.39% Enabling Services²
 CEO: Carol Carew
Participating Staff Credentials: MD, FNP, MA, LCSW (2)
www.bucksportrhcc.com



Providing care to 13,000+ people in Lewiston and Auburn at three service sites throughout Lewiston and Auburn.
Services¹: 46% Medical, 14.64% Dental, 50.36% Mental Health
 CEO: Coleen Elias
Participating Staff Credentials: DO, FNP (2), CMA (2)
communityclinicalservices.org



Providing care to 7,000+ people with service sites in Bridgton, Leeds, Monmouth, and Turner.
Services¹: 99.66% Medical, 0.43% Dental, 8.18% Mental Health, 16.90% Enabling Services²
 CEO: Laurie Kane-Lewis
Participating Staff Credentials: MD, PA-C
dfdrussell.org



Providing care to 10,300+ people through service sites in Lee, Lincoln, Medway, Millinocket, and West Enfield.
Services¹: 92.55% Medical, 12.26% Dental, 5.70% Mental Health, 4.68% Substance Use Disorders
 CEO: Nicole Morrison
Participating Staff Credentials: MD, PhD, RN-CARN, LCSW
hanfhcc.org



Providing care to 25,400+ people through service sites in Albion, Belgrade, Bethel, Bingham, Coopers Mills, Kingfield, Livermore Falls, Madison, Rangeley, Richmond, and Strong.
Services¹: 92.20% Medical, 12.88% Dental, 0.52% Mental Health, 1.21% Substance Use Disorders, 1.38% Enabling Services²
 President/CEO: Constance Coggins
Participating Staff Credentials: FNP (2), PA, LCSW
healthreachchc.org

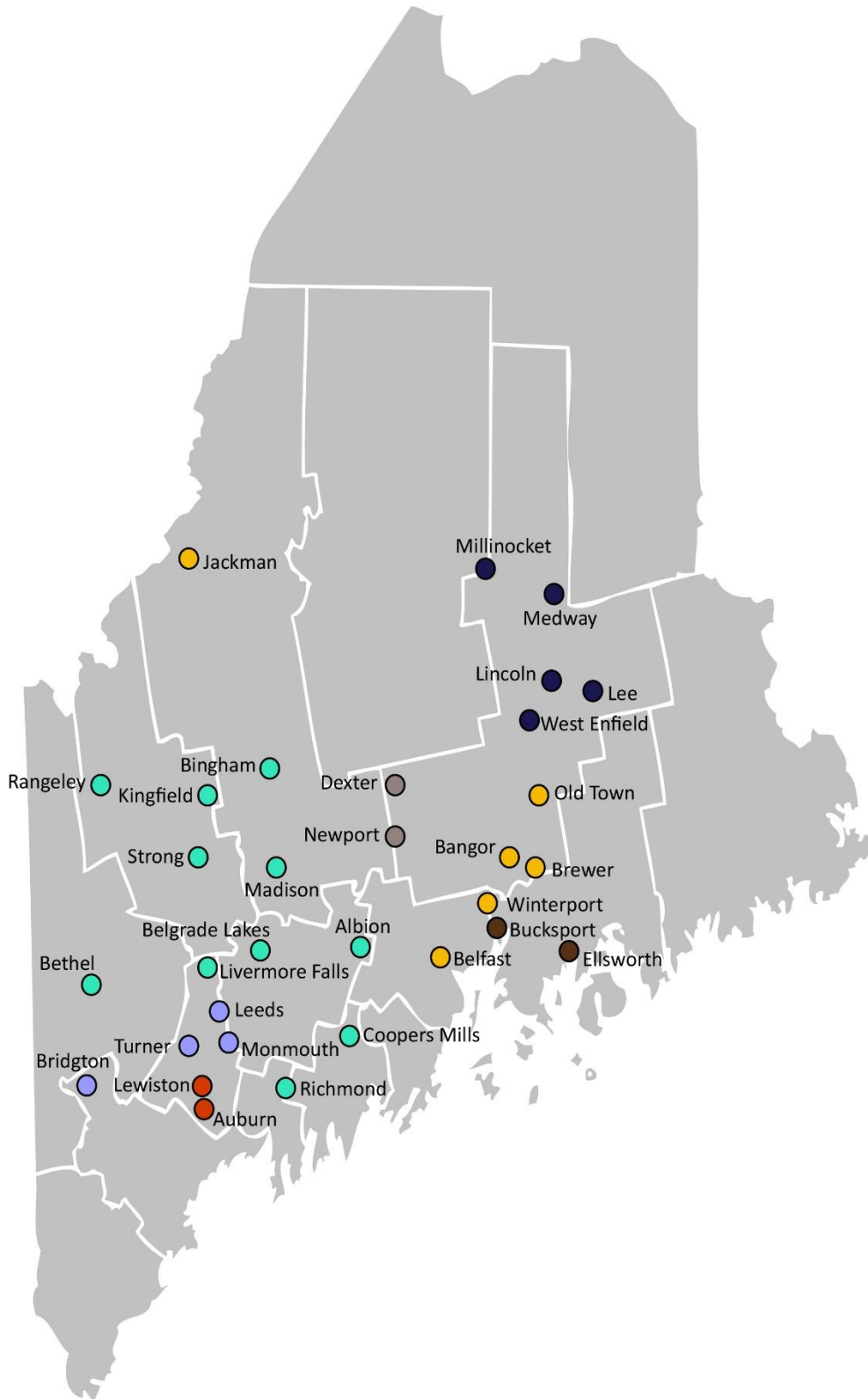


Providing care to 5,600+ people with service sites in Dexter and Newport.
Services¹: 84.36% Medical, 24.62% Dental, 7.04% Mental Health
 CEO: Robin Winslow
Participating Staff Credentials: FNP, BSRN, LCSW
hometownhealthcenter.org

¹<https://data.hrsa.gov/tools/data-reporting/program-data?type=AWARDEE&state=ME>. FQHCs are required to report a core set of information to the HRSA Health Center Program Uniformed Data System (UDS) annually.

²Enabling Services are non-clinical services that aim to increase access to healthcare, and to improve health outcomes. Examples include care coordination; health education; transportation; and assistance with obtaining food, shelter, and benefits.

PROGRAM PARTICIPANT SITE MAP



HEALTH CENTER TRAINING LEAD

- **Penobscot Community Health Care (PCHC)**
 - Brewer Medical Center
 - Capeheart Community Health Center (*Bangor*)
 - Dental Center (*Bangor*)
 - Helen Hunt Center (*Old Town*)
 - Jackman Community Health Center
 - Penobscot Community Health Center (*Bangor*)
 - Seaport Community Health Center (*Belfast*)
 - Winterport Community Health Center

PARTICIPATING HEALTH CENTERS

- **Bucksport Regional Health Center**
 - Bucksport
 - Coastal Health Center (*Ellsworth*)
- **Community Clinical Services**
 - B Street Health Center (*Lewiston*)
 - CCS Family Health Center (*Lewiston*)
 - CCS Second Street Health Center (*Auburn*)
- **DFD Russell Medical Centers**
 - Bridgton
 - Leeds
 - Monmouth
 - Turner
- **Health Access Network**
 - Lee
 - Lincoln
 - Medway
 - Millinocket
 - West Enfield
- **HealthReach Community Health Centers**
 - Belgrade Regional Health Center
 - Bethel Family Health Center
 - Bingham Area Health Center
 - Lovejoy Health Center (*Albion*)
 - Madison Area Health Center
 - Mt. Abram Regional Health Center (*Kingfield*)
 - Rangeley Family Medicine
 - Richmond Area Health Center
 - Sheepscot Valley Health Center (*Coopers Mills*)
 - Strong Area Health Center
 - Western Maine Family Health Center (*Livermore Falls*)
- **Hometown Health Center**
 - Dexter
 - Newport



HealthReach Community Health Centers

STATEMENT OF SUPPORT **LOW BARRIER OPIOID TREATMENT RESPONSE PROGRAM** **- PROJECT ECHO LEARNING COLLABORATIVE -**

HealthReach Community Health Centers and all twelve of our practice locations are proud to be partners in the effort to reduce barriers and improve access to Medication-Assisted Treatment for those living with Substance Use Disorder (SUD). We are committed to supporting patients with SUD, and we look forward to incrementally improving our care model to achieve greater outcomes for patients. We are working hard to raise awareness of SUD as a disease, and to ensure that all our patients can have meaningful conversations with their clinicians that result in concrete steps forward and the identification of practical, available resources. This work was always important, but under the COVID-19 pandemic, it has become an increasing priority to ensure that patients with SUD feel connected, supported, and have the tools necessary to recover.

We wish to thank the Maine Primary Care Association for their leadership and coordination on this front, as well as the many other partners involved in these and related projects for their hard work to “meet patients where they are at” and ultimately to attain positive health outcomes. It is clear that this effort benefits not only the direct patients involved, but also their families, our communities, and in fact our whole state.

COMMUNITY HEALTH CENTER PLEDGE REGARDING RESPONSE TO THE OPIOID CRISIS

Maine Primary Care Association

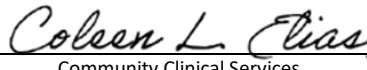
The opioid crisis has devastated our state, our communities and our families. Mainers are dying unnecessarily and the diseases of despair (addiction, depression and suicidality) do not distinguish among people by age, race, gender, or socioeconomic status. As the backbone of primary care in Maine, most especially for the State's most vulnerable populations and in rural Maine, the Federally Qualified Health Centers represented by the MPCA have mobilized to address this epidemic and know that we must continue this work, increase our capacity to respond to this crisis, and maintain our sense of urgency.

We hereby commit to continuous action, and pledge specifically as a network to:

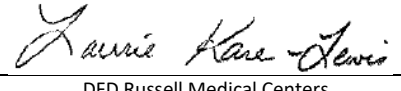
- Practice responsible stewardship in the prescribing of all controlled substances in order to reduce the exposure of our patients and community members to the risks of developing a use disorder.
- Share best practices across the network of Health Centers to standardize prescribing practices and protocols.
- Work across the communities we serve to make naloxone (also referred to as "Narcan") as easily available as possible, targeting the populations most at risk for overdose and death, which includes people getting prescriptions for drugs like opioids and benzodiazepines, as well as people who use drugs.
- Expand access to evidence-based treatment for opioid use disorder by
 - Committing to reliably screening all patients consistently and in a standard way for at-risk use of substances (including alcohol) and for substance use disorder and taking action when a patient is determined to be at risk, and
 - Taking immediate steps to increase the number of providers in our own practices and/or communities who have X Waivers and are actively treating this disease,
 - Collaborating with other health care organizations and urging them to do the same,
 - Lowering barriers to treatment through innovations like bridge clinics and other evidence-based approaches,
 - Targeting high-risk populations, such as people with OUD who are in or about to be released from prison, people with OUD and a co-morbid mental illness, and those who have had overdoses.
- Deepen partnerships with hospitals, community mental health agencies, private practices, local government and other community agencies to deploy and expand as appropriate the services necessary for a comprehensive response system to address the opioid epidemic.
- Address stigma through education for our own employees and board members, our communities and public figures and policy-makers, and through a commitment to the use of patient-centered, affirming language in all discussions of this challenge and in all interactions with patients and colleagues.
- Engage in youth and adult prevention efforts.
- Work within our communities to address the social determinants of health and diseases of despair.



Bucksport Regional Health Center



Community Clinical Services



DFD Russell Medical Centers



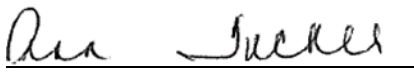
East Grand Health Center



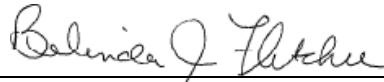
Eastport Health Care, Inc.



Fish River Rural Health



Greater Portland Health



Harrington Family Health Center



Health Access Network



HealthReach Community Health Centers



Hometown Health Center



Islands Community Medical Services, Inc.



Katahdin Valley Health Center



Maine Mobile Health Program



Nasson Health Care/York Cty Cmnty Action Corp



Penobscot Community Health Care



Pines Health Services



Regional Medical Center at Lubec



Sacopee Valley Health Center



St. Croix Regional Family Health Center