



Mass General Brigham

# Integrating Recovery Coaches into General Medical Settings

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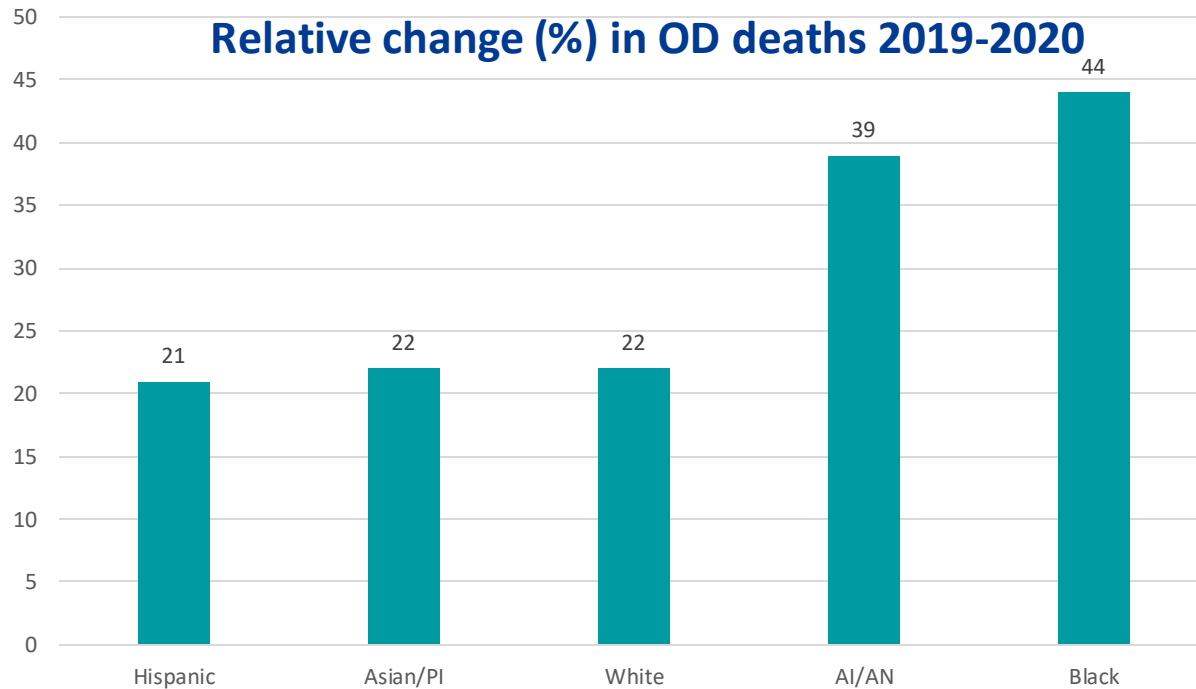
# Objectives

1. Review SUD care integration within general medical settings
2. Describe the MGH SUD Initiative
3. Discuss the evidence related to recovery coaches within our program
4. Describe the growth of our recovery coaching program
5. Detail important factors for recovery coaching success in general medical settings



# Nationally, overdose deaths are rising & disparities worsening

In just one year, overdose death rates increased **44%** for Black people and **39%** for American Indian and Alaska Native (AI/AN) people



**2X**

Overdose death rates are **2 times** higher for Black people in counties with high income inequality

**7X**

Overdose death rates in older Black men are nearly **7 times** higher than in older White men



# Despite Scientific Advances, Huge Gaps in Care

“[The] profound gap between the science of addiction and current practice... is a result of decades of marginalizing addiction as a social problem rather than treating it as a medical condition. Much of what passes for “treatment” of addiction bears little resemblance to the treatment of other health conditions.”

Addiction Medicine: Closing the Gap between Science and Practice  
[www.casacolumbia.org](http://www.casacolumbia.org)



**The good thing  
about science  
is that it's true  
whether or not  
you believe it.**

**- Neil deGrasse Tyson**

# Essential components of care are just like those for other medical conditions

Identify
Discuss the diagnosis and treatments
Treat
Refer (for specialized care and for services)

- Why aren't all providers doing this?
- Barriers often cited (time, resources, multi-morbidity) exist for other conditions too
- Need a team
- We don't talk enough about joy & satisfaction of this work!

Slide adapted from Dr. Rich Saitz, NASEM Presentation



# Patient-centered care

Relationship-based health care with an orientation toward the whole person

Respects each patient's unique needs, culture, values, and preferences

Supports patients in learning to manage and organize their own care at the level the patient chooses



# Myth: Tough love helps people get better **Reality: Kindness helps people get better**

*“I’m not sure if you remember me but you were a light in my darkest times when I was in [the hospital]. I just wanted to thank you for the times you came in to talk and listen while i was there. It meant more than you could ever know.”*

In a meta-analysis of therapy outcomes, clients’ report of therapist empathy best predict eventual treatment outcome





# Any positive change



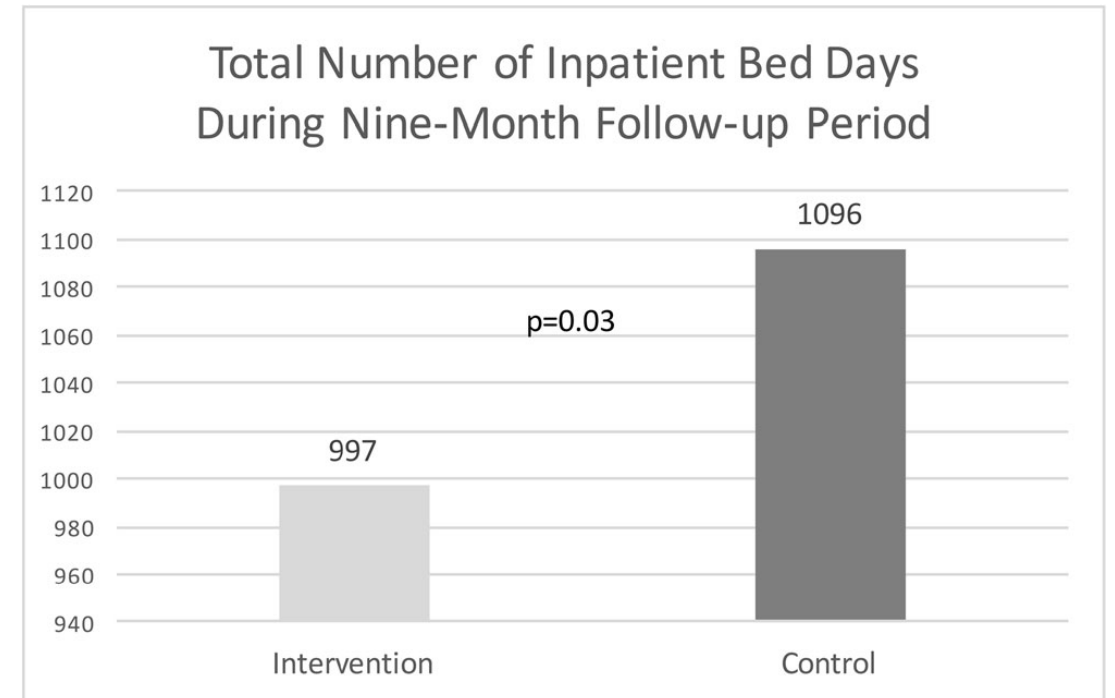
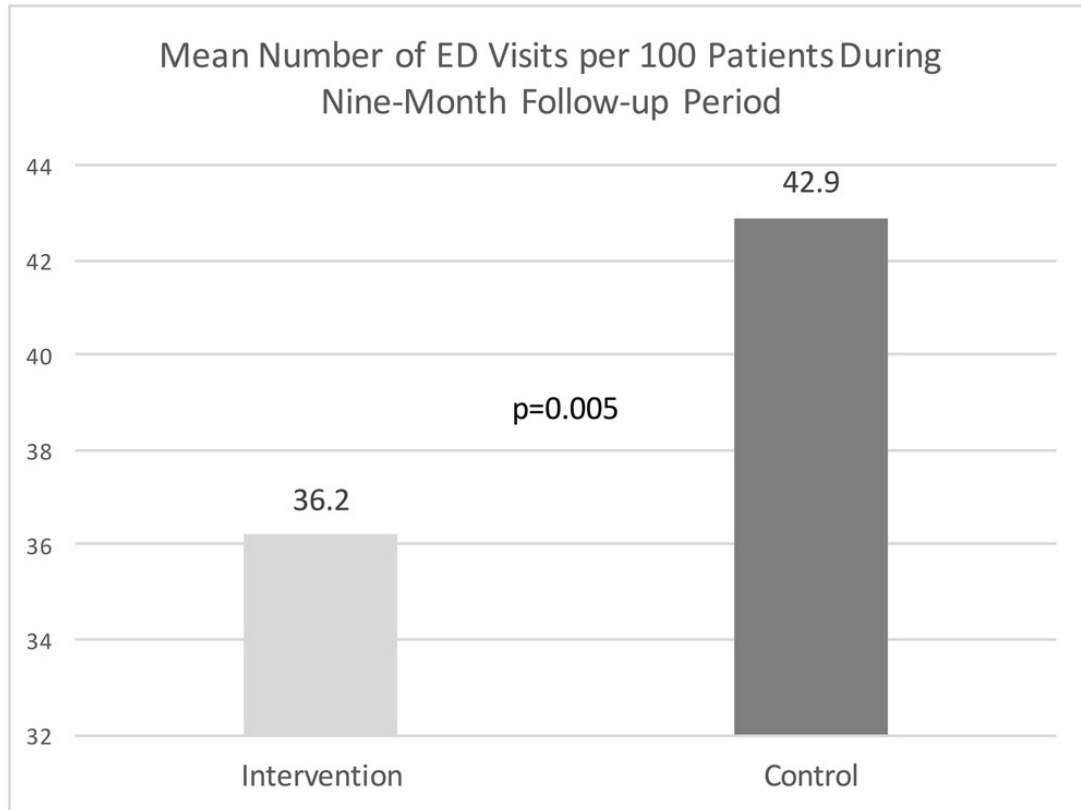
“If our goal is to promote health, then we must understand the sometimes circuitous paths through which individuals achieve and sustain such health. We must meet each individual with fresh eyes in every encounter with a belief that **each encounter is an opportunity for movement, no matter how small, towards health and wholeness.**”



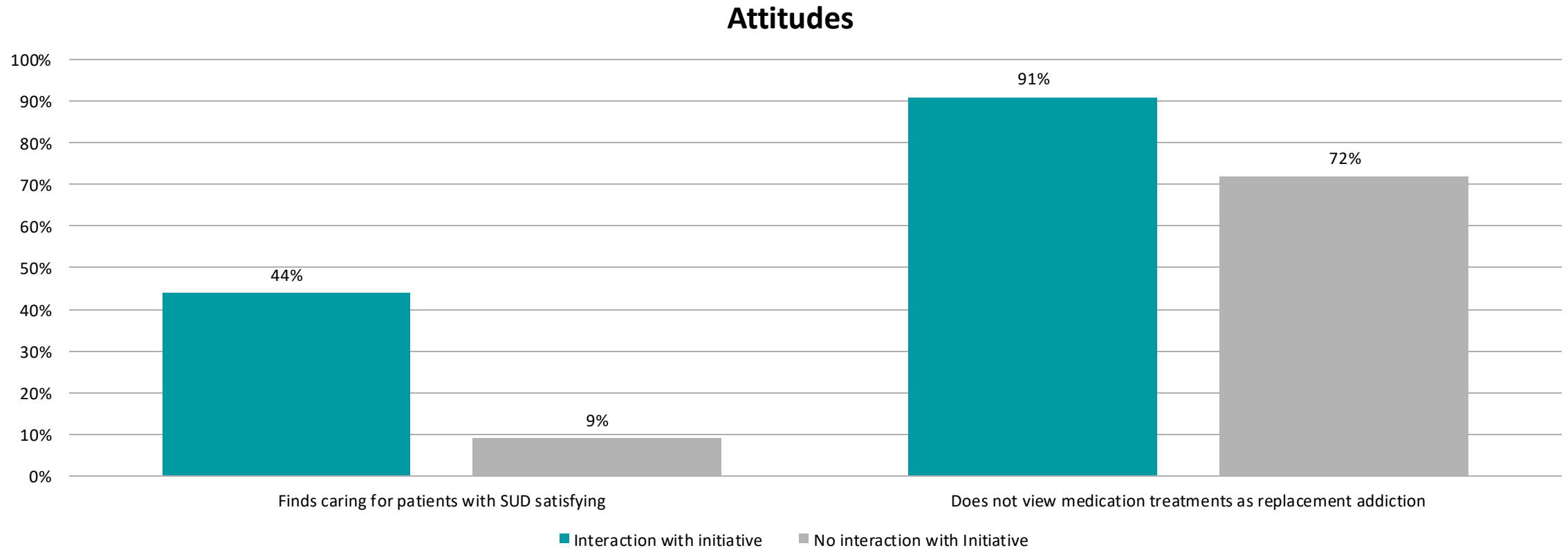
# The MGH Substance Use Disorder Initiative



# Integrated SUD treatment and recovery coaches in primary care reduces acute care utilization



# Healthcare Providers Attitude Change is Possible



Wakeman et al. J Addict Med. 2017 Jul/Aug;11(4):308-314.



# Patient Perspectives on Care

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“They allow you to heal however you have to.”

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“[This clinic] doesn't make you feel like the other places do. They don't bombard you. Instead, it's just such a relief and a help. They allow you to heal and don't try to bring rules and make things mandatory”.

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“They didn't withhold medication because you had done something that you shouldn't have, or forced you to sit and go to meetings...they didn't make your medication contingent upon you either being successful or some other type of treatment, that oftentimes I have found, personally, to have the opposite effect.”

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“[staff] treat you like you're a person and try to make your life better... they make everybody here feel welcome. So, if you've got somewhere to go where people are happy to see you, you'll probably keep going.”



# Recovery coach role

Activity	Definition
System navigation	Helping the patient access <b>treatment</b> , assisting with applications for <b>social services</b> , and <b>accompanying</b> the patient to court or medical appointments
Behavioral modification	Eliciting and sustaining <b>discussions</b> with patients about changing behaviors in <b>multiple wellness domains</b> , including substance use and diet
Harm reduction	Providing patients with <b>clean needles or naloxone kits</b> and helping homeless patients get clothing and food if they did not want to be housed
Relationship building	Spending time with the patient <b>without a specific agenda</b> , often on the street or over a meal, coffee, or a cigarette



# Strengths of the RC role

Strength	Illustrative quote
Accessibility	“If you think you're going to have a bad day, the best thing is try to get [the coach] first... and then say, ‘Look, I'm having a bad day. Is it possible you could come and sit in with me?’” – Patient
Shared experiences	“I guess she has family who has gone through, who had endocarditis and stuff, so I felt a sense of relation that opened the door that I don't feel with the doctors.” – Patient
Motivating behavior change	“There is a time I wanted to leave AMA from the hospital in the pouring rain because all my friends that hang around the hospital because that's right, help with drinking, and she talked me out of it by reminding me, ‘Oh you'll get drunk, but you know you'll be back here tomorrow.’” – Patient
Links to social services	“[My coach] knows about food stamps, section eight, regular housing, disability housing, just about everything. Just about everything, everything that you don't want to ask the doctor.” – Patient



# Challenges of the RC role

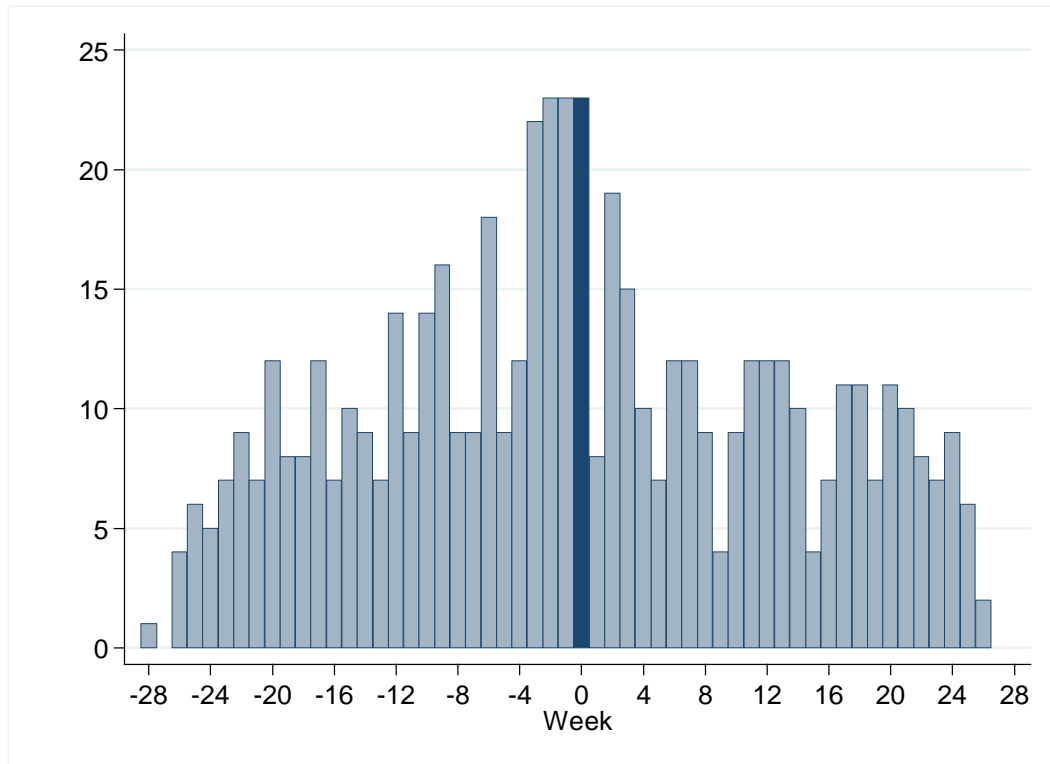
Challenge	Illustrative quotes
Patient discomfort with asking for help	“It's hard for me to ask for help. It is. I just—I don't know—maybe feel weak or something.” – Patient
Lack of clarity in coach role	“He was suicidal. I didn't know what to do with that. He would call and he was sobbing, I mean crying hysterically, and it would break my heart every time he called. But at the same time, I was like, ‘I don't know what to do with this. I'm not trained for this.’” – Coach
Tension between coach and care team	“What happens is the medical degrees kind of overshadow practical experience.” – Coach  “[The medical team] don't know what to do. They looked at me like, ‘Well, that's why we hired you. Like, figure it out.’” – Coach



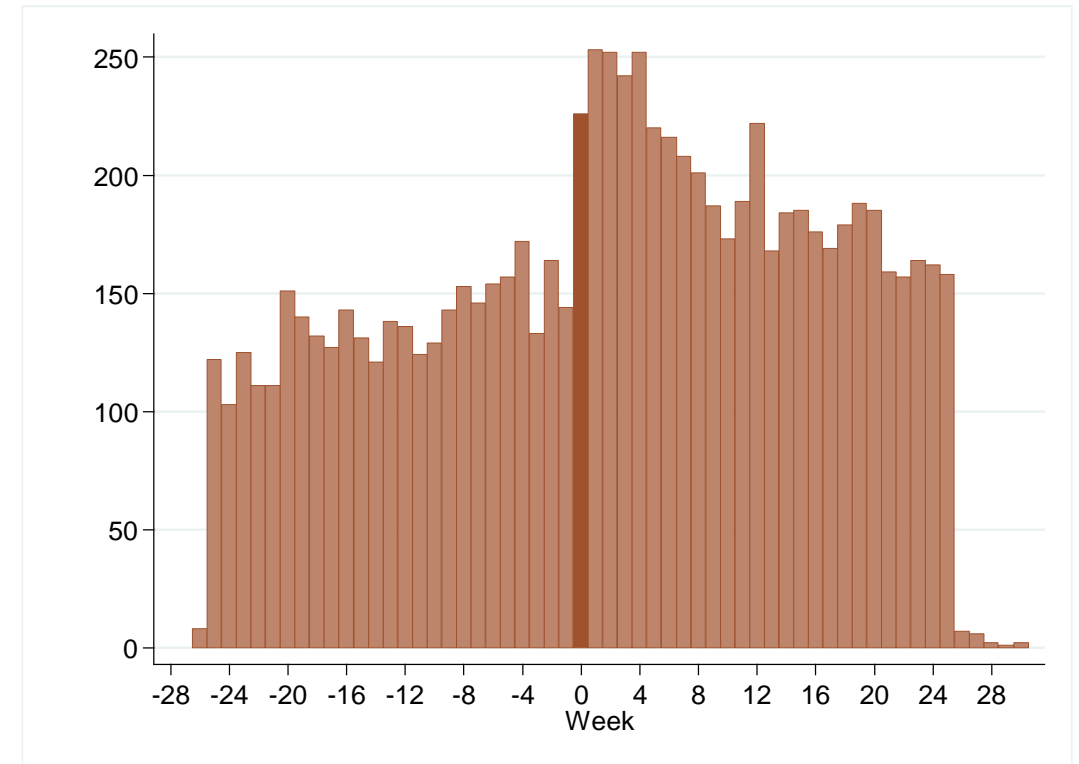


# Inpatient and Outpatient Utilization before and after RC

## Inpatient utilization



## Outpatient utilization



# Expansion Across Mass General Brigham



Between 2017 and 2021, expanded to 23 full time recovery coach positions



6,785 referrals with 5,662 participants enrolled (overall enrollment rate of 83%)



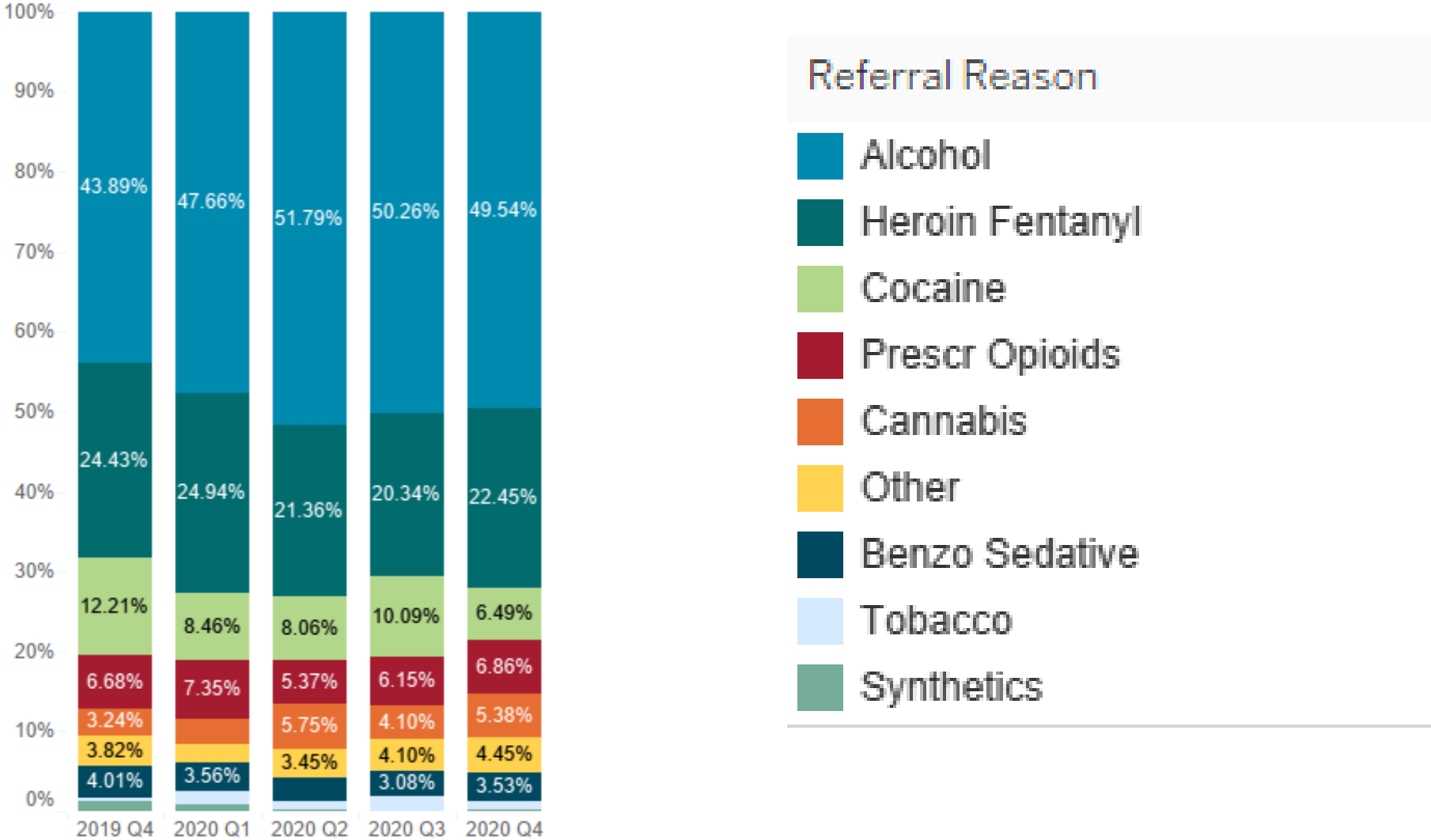
Most common referral sources were social work, emergency department, community outreach, and primary care provider



Type of substance use was similar among participants who were referred and not enrolled and those who were successfully enrolled.



# Expansion Across Mass General Brigham



# Race and ethnicity of participants

	Site A	Site B	Site C	Site D	Site E
Native Hawaiian or Other Pacific Islander	0.44%				
American Indian or Alaska Native	0.44%	0.62%	0.16%		
Declined	0.88%	0.62%	0.33%		2.03%
Asian	2.19%	1.23%	1.48%	1.59%	0.68%
Unknown	5.70%	2.78%	0.90%	4.76%	1.35%
Two or More	0.44%	2.01%	1.64%		0.68%
Other	16.23%	8.95%	4.76%	1.59%	10.14%
Black	23.68%	8.02%	7.31%	3.17%	4.73%
White	50.00%	75.77%	83.42%	88.89%	80.41%

82% identified as non-Hispanic, 13% identified as Hispanic



# Representation Matters

## Black Recovery Coach Patients - Enrollment

Black Patients	Not Enrolled	Enrolled
Concordant	6 (5.08%)	112 (94.92%)
Not concordant	81 (20.72%)	310 (79.28%)

Among Black Recovery Coach patients, the odds of enrollment for patients with patient-coach concordance is 4.88x higher

## Active participant months

	Concordant	Not Concordant	
Black	4.55	3.67	
White	4.07	5.47	*
Hispanic	4.4	3.4	*
NonHispanic	4.49	4.05	



# Engagement & Hope

“Hope and growing aspirations for a better life can be a catalyst to recovery as much as a desire to escape addiction-related pain. Our intent is to affirm [wellness] in every encounter and to provide the support that makes this movement toward health possible—either as a sudden dramatic leap or a process involving incremental steps over time.”



Windia Rodriguez,  
CARC



# Thank you!



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**Mass General Brigham**