Transcript for Margret Chang Podcast – to publish on March 27., 2024.

A new Voices of UMass Chan podcast episode explores the work Margaret Chang, MD, assistant professor of medicine and pediatrics and director of resident addiction curriculum in the Internal Medicine Residency Program, is doing to help people with substance abuse disorder and teach medical students how to treat people who are struggling

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Voice over artist
Thank you for listening to the Voices of UMass Chan, featuring the people, ideas and advances of UMass Chan Medical School.

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JENNIFER BERRYMAN
From UMass chan medical school, this is the voices of UMass Chan. I'm your host Jennifer Berryman. Today we are focusing on an aspect of the opioid epidemic that remains a huge challenge, namely connecting people with the treatment that they need. The gap remains almost astonishingly wide. In 2019, it was estimated that more than 21 million people with opioid use disorder needed treatment, but fewer than three million actually received it. And our guest today is working to bridge that gap in care. Dr. Margret Chang is an assistant professor of medicine, a primary care physician and the medical director of the Office Based Addiction Treatment Program at Tri River Family Health Center. Dr. Chang also directs the addiction curriculum for Internal Medicine residents here at UMass Chan and has an appointment in pediatrics, a very busy woman, we are appreciative that you've made time to speak with us. Welcome Dr. Chang.

MARGRET CHANG
Thank you so much. It is a pleasure to be here.

JENNIFER BERRYMAN
Of course, everyone's heard of the opioid epidemic and probably know somebody who's struggling with

substance use disorder. But what are you seeing in your practice right now, what is sort of the current state of affairs?

MARGRET CHANG

It's interesting for me to reflect. So just to take, I think, myself and us back, I graduated residency in 2014. This was a time where, you know, I think people knew that there were there was a societal issue with opioids. People like me who are fresh out of residency, were starting to get really interested in actually pursuing what's called the X Waiver, or something, basically a certification that would allow us to be able to prescribe buprenorphine, which is one of the medications, the primary one that we have in our arsenal to combat opioid use disorder. From 2014, when I got trained, and actually got this waiver that allowed me to prescribe, it seemed like things started to escalate fairly dramatically. You know, I was in practice, kind of in a family medicine setting, which we'll talk about a little bit for a few years. And I started to see a lot of people even just kind of walking into me a primary care provider, but then would disclose kind of in the contents of the visit, like, hey, you know, this is something I think I may be struggling with, or, you know, I know someone kind of who has gotten on heroin, and they can't get off and not sure why just because, you know, I know their addiction treatment centers and things like that, but I don't think they really want to go there. Certainly, give it to the patient themselves. I don't want to go to addiction treatment center, can you help me? And so I was very struck by all of that. And you know, I think during that time, when I first started out as a newly minted physician, was really involved in engaging, just trying to get myself to be able to help these people. I think, kind of over the past five years, I'll say, including the pandemic, a lot of this has shifted in that I actually think people talk about substance use disorder more. We as a society talk about the opioid epidemic. So it's called, we talk about issues with alcohol, we talk about issues with now marijuana. But what's striking to me is just the overdose fatalities. And I think over the course of the past two to three years, we've just seen this dramatic skyrocketing of that. I think it's an interesting thing, because even though I think there's a little bit more openness, I think, in clinical culture, about talking about these things, people are still overdosing, and they're still dying at a very, very high rate. And I think what I'm interested in is in why, and can I close that gap? Because unfortunately, not everyone who kind of seeks primary care provider can actually get those resources in primary care in terms of, managing their addiction, managing opioid use disorder, things like that.

JENNIFER BERRYMAN

So I'm hearing you say the awareness maybe has helped in terms of bringing the issue to the forefront,

but it hasn't been effective. Awareness alone cannot bring down the overdose rate and the fatality rate. So you began your clinical practice at the Family Health Center in Worcester, right?

MARGRET CHANG

That's right.

JENNIFER BERRYMAN

And so is it true that that is sort of you know, you talked about being a newly minted physician and graduating from residency. Is that sort of when you were first exposed to this outpatient addiction program?

MARGRET CHANG

I was, you know, where I trained which is the Brown residency program, we didn't really have that model per se. And you know, now I can say this, because now, of course, a lot of our residents have this training. And you know, there's a lot of ---- addiction for primary care. But when I trained, that wasn't the case yet. And so when I was what I was able to see, a Family Health Center was actually like a team based approach where there was a dedicated nurse, a dedicated medical assistant, whose job was to kind of really help coordinate care, or individuals where I'll say this phrase, like, you know, kind of high touch, and I don't mean to do in a derogatory manner, but it's just that like, I think individuals who struggle with substance use disorders, particularly opioid use disorders, just have a lot going on. And so, you know, it's very helpful in a primary care setting. Of course, if you actually have a team, we can kind of count on to sort of help out with housing situation, if that's an issue to help kind of, you know, navigate maybe a challenging social situation in the community, where they may be at risk of relapsing, you know, with a peer recovery coach and things like that. Things that are kind of linked, for example, to someone suffering from substance use disorder and opioid use disorder, but are not kind of not directly, in my realm. So, you know, I'm a physician, you know, kind of I was trained to prescribe medications and actually have conversations about medications and treat kind of in that perspective. And even though I might be mindful of these other things, it's too much for one person to do. And I think that really opened my eyes because, you know, I think oftentimes in medicine, we're very much limited by those silos that we kind of have, you know, and I think things are changing kind of gradually in that direction. But for me, being able to see that team-based approach was huge.

JENNIFER BERRYMAN

I'm just curious how that highly attentive, multidisciplinary team-based approach that you just were

talking about shaped the work that you're doing now, and can you shed a little bit of light on what you are doing now?

MARGRET CHANG

I think it absolutely shapes it. One hundred percent. When I first arrived at Tri River, there was kind of the roots of this, there were people who were interested, particularly in prescribing buprenorphine, which is known as Suboxone. And again, that's kind of one of the medications we use for the treatment of opioid use disorder. And there, you know, there was just no kind of teamwork, per se, you know, and I think part of it was there was just too much going on just in the act of prescribing and the seeing of patients to really knit things together. And initially, kind of when I first started, Tri River, you know, it was hard to navigate. But I think I was fortunate enough that I feel like Tri River as a clinic was fortunate enough to have a base of people who were really willing and wanting to do more about this public health issue that was really affecting the health of a lot of patients. But we really never were kind of able to do much about it in the past. And so this, you know, kind of the cohort of us, kind of with me, because I had very recent experiences at Family Health Center, and kind of had that model in mind, we started to meet fairly regularly and just talk about patient care. And even though we didn't have like a nurse or like a medical assistant, there was enough kind of momentum with this team so that we eventually developed a protocol, eventually, we were able to hire a nurse who was just dedicated for addiction care. And that has been a game changer for us. Because you know, what kind of that point person, you know, we now have kind of someone who would be able to serve as a point of care for patients that needed this high touch level of engagement. And so, you know, actually having that nurse and having this framework, I think it absolutely has made people just in our clinic, a lot more comfortable. Not even just prescribing buprenorphine and Suboxone, which I, you know, I think are very important things. But even just in having the conversation, because the thought in primary care doctors had because we're all so busy, we have to turn through like a ton of patients. It's always like, okay, is this issue, something I can actually help with? Or because it's not, I'm just going to, I'm not going to deal with it right now. And so having this team has turned that kind of dialogue into like, Yeah, I'm going to have this discussion about substance use disorder with this patient, because you know what, I can do something about it.

JENNIFER BERRYMAN

And that's kind of what I want to ask you, you know, for other practices or clinics that might be

interested in doing something similar, given the realities of healthcare today, and reimbursements and all of that, how were you able to sort of garner the resources and the wherewithal to make this feasible?

MARGRET CHANG

That's a really good question. And I think asking that question is actually the heart of being able to empower other primary care doctors and practices to be able to kind of do the same thing. And I would say the number one thing is support. Support staff in particular. I think there's so much and I feel like there has been so much kind of press coverage, even and journal media coverage, just about, like, you know, physicians don't do this. They don't address substance use disorder. They don't address opioid use disorder, they don't prescribe. But the question really hadn't been asked as much as to why. And I really feel because I do a lot of primary care myself, you know, I don't just do kind of Addiction Medicine. The reality is, you know, I think for a lot of patients, to be able to have good care with regard to substance use disorder, you absolutely need a team, you absolutely, you know, and institutions need to be able to invest in that kind of framework. And, you know, I strongly feel like and I feel like a lot of my role right now within UMass Chan is kind of pushing for this, which is, you know, what, if you, if you actually kind of invest a little bit of resource into a team that can actually help primary care physicians do this work, you will get a lot of return of investment, not just in people being able to do these types of visits and do this type of care. But the health care system, you know, I think will actually save a lot of resource kind of in return that, frankly, we're kind of pointing out to other places, you know, kind of like other centers that just treat addiction. And there's a lot lost with that. If I can just share a short anecdote, just because one of my heart wrenching roles right now, because there's not a lot of people doing this, it's actually helping adolescents recover, you know, and particularly adolescents who do have opioid use disorder, just because there's, there's really not a lot of resource kind of in in this area of Massachusetts, frankly, that I know of, there's like myself, Dr. Savfar Medina, who is also at Tri River, he's a pediatrician. But I was seeing the 17-year-old, and it was her first visit, she was just like, super, super nervous. But she came in and she was like, okay, you know, like, I've been using fentanyl. And, you know, we had our visit. And five minutes later, she said to me, Dr. Chang, I was, I was so scared, I almost turned around a left, because I thought you were just going to have me pee in a cup. And that's it. That's kind of what I thought like an addiction center would do. But the fact that you were able to kind of have a discussion to me about like, my primary care, my other issues, and do this, it made me feel like a lot more comfortable. And I would never have sought care at like an outside addiction center. It was just

because this kind of came up, and I knew that you were available in a primary care setting. That's why I'm here.

JENNIFER BERRYMAN

Maybe this is a good place just to provide a little bit of context that was eye opening to me. So according to survey data released by the US Department of Health and Human Services, there are nearly 49 million people in the United States over the age of 12, who are suffering from substance use disorder, that's about one in every seven people. And so before we talk a little bit about what you're doing at UMass Chan, with the residency programs, you've shared that great anecdotal story, but what impacts have you seen in your practice, since you have initiated this team-based approach?

MARGRET CHANG

One of my favorite impacts is that there are other providers that I work with who were initially very, very reticent to even, you know, like I mentioned before, like write a prescription for buprenorphine, or even kind of go there with patients, who now send me patients all the time, and now have actually themselves taken over prescribing. I've been at Tri River for close to six years. And so this did not happen overnight. This took just like, okay, you know, we're going to, we were being like me and other providers that, you know, I think felt more comfortable doing this, we're just going to kind of do this work and kind of do as best as we can. I think the other thing is we actually implemented like a clinical protocol. So it wasn't like, okay, we're not, we're not just prescribing these medications and caring, kind of, like flying by the seat of our pants. There's actually kind of a clinical way that we do this. But really, my favorite thing has been that you know, what, people are way more comfortable with us. With that statistic, like nearly one in seven people in this country suffering, we absolutely need this and I think more and more just like my patient that I described show, you know, like, if we can actually engage these people in primary care, there goes some of the stigma that's associated with like going to kind of like an addiction center or things like that, or that's all they do they just treat substance use disorder. And there's not it's not to say that there's not a place for people or places like that. But you know, I think, one and seven people, that's a lot of people, you know, I would want to, as a primary care doctor, be able to engage some people in that kind of statistic to be able to provide care for them.

JENNIFER BERRYMAN

That's such a great point that that to the extent that access to primary care can be broadened to include everybody, it really will help to reduce that stigma. So let's talk about the residency program. So at

UMass Chan, the resident physicians know you well, you are the addiction curriculum lead, what are some of your thoughts about teaching this upcoming generation of caregivers, safer opioid prescribing, and how is UMass Chan addressing it?

MARGRET CHANG

I love this part of my job, it's been so rewarding. I'm being able to kind of interact with a group of upcoming physicians who honestly received a ton of training in medical school, that I never received about addiction, about the medications. And I tell them all the time, you know, the residents, that is when I teach them, you know, far more than some of the attendings that are precepting, you. And that's true, you know, because I feel like medical education UMass Chan included, has made big strides, in the past few years, just educating medical students, graduate students just about kind of how to engage with substance use disorder, how to talk about things in the non-stigmatizing manner. How do you even think about the pharmacology of this, I'll take myself back a little bit, I graduated medical school in 2010, we didn't really get any of that, you know, our addiction course was maybe three hours long. And it was it was just didactics. It was just like a lecture, I think it's part because of necessity, like things have gone, you know, I think so far just in terms of addiction and substance use disorder in the public that medical education is catching up. But it's, it's presented this very odd quandary where, you know, when I kind of stepped into the role, as a, as a kind of, like, addiction curriculum educator, I have to kind of be like, alright, like, theoretically, you have so much knowledge. But okay, how can I help you kind of actually use that kind of in practice, because in practice, things are not really as they have been taught, they actually work very differently in the real world, in primary care in hospitals, and wherever your setting is, right? I've come to kind of tell my residents, all right, you are the agent of change, you weren't bringing this knowledge. And I'm just going to tweak these a little bit so you have a little bit more clinical context. And you can help educate your, you know, your attending preceptors, or people kind of in places where you work or, you know, even kind of, you know, the clinical teams if you're in an inpatient setting. And so that's been a very interesting dance to lead. And honestly, just really, really cool to watch.

JENNIFER BERRYMAN

How are you empowering them to take this torch, with this enhanced knowledge that you're talking about, like this greater focus on it in medical school, and really applying that to the future needs of their patients?

MARGRET CHANG

It's because I have such great community partners. Because I really feel like in order to take it, like you were saying, kind of to the next step, and to be able to kind of look at the real world, they have to be in the real world. You know, and this is not something I can't just put them like in any random primary care setting, for example, and have them be able to gain that experience of like, being able to be comfortable with the medications, being able to be comfortable with a conversation to be had for the patient. Let's see you the entire that same patient in their primary care clinic. I have recovery coaches, who take the residents under their wing, and maybe just have them see patients with them for a day. They rotate through Spectrum. So Dr. Phoebe Cushman is an internist who has helped me significantly because you know, she works at Spectrum. She sees patients and treats them with medications. And so she has just been this huge workhorse in terms of being able to help residents understand, okay, this is how you prescribe this stuff. And you can do this in outpatient medicine, you don't have to be at Spectrum. And, you know, my residents also sort of pass through really, I would say, innovative community experiences. So for example, the Milford drug court, where we have a partnership with them that Tri River. The drug court itself is a very rigorous 18-month program where really the focus is on, okay, you're going recover, and you're going to be, you know, a productive citizen. My residents have been able to sit in drug court and be able to kind of see like, wow, there's actually another path for people with this issue. And here's kind of how we can support them and things of that nature, because there are clinicians that work at drug court as well. Obviously, I'm kind of like the conductor. But it's because there are all these supports in place, that I think the residents have been able to get, like a much more real world understanding that they wouldn't have just in a clinical kind of traditional setting that they would just be in.

JENNIFER BERRYMAN

Thank you. That's such an interesting sort of well-rounded approach to helping people get better, which is really the point. Right? Well, Dr. Chang, it's been a pleasure talking to you and learning more about this. Thanks for the work you're doing. And thanks for taking the time to talk with us about it.

MARGRET CHANG

It's absolutely a pleasure. And thank you so much for actually doing this podcast and actually shedding some light on this really, really important issue.

JENNIFER BERRYMAN

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