Dartmouth Health

Project ECHO®

POPULATION HEALTH
DEPARTMENT OF PSYCHIATRY

Six Years of SUMHI

Substance Use & Mental Health Initiative

Transforming Care of Patients with Substance Use and Mental Health Disorders at Dartmouth Health

Wednesday, May 25, 2022

Program

- Welcome and Reflections –*Ed Merrens, Sally Kraft, Will Torrey*
- Celebrations - *Presenters, Seddon Savage facilitating*

Collaborative Care Model
Moms in Recovery
Center for Addiction Recovery in Pregnancy & Parenting
Project Launch
Peer Recovery Support Workers
Community Engagement
Suicide Prevention Project
The Doorway at Dartmouth Hitchcock
Therapeutic Cannabis Guidance
Opioid Addiction Treatment Collaborative
SUMHI Education, Culture Change & Communications Team

- Visions for the future, discussion – *Kraft, Torrey, All*

Dartmouth Health

Session Requests & Info

- Please chat message us now with your name, department or organization & email
- Mute, unmute to speak
- Submit questions/comments by chat anytime
- Slides, other materials will be posted at SUMHI website, will send link

Dartmouth Health

CME Information

RSS: Substance Use & Mental Health Initiative

Session Date: 5/25/22 Topic: Celebrating Six Years of SUMHI

Session Speaker(s): Luke Archibald, Charles Brackett, Matthew Duncan, Barbara Farnsworth, Julia Frew, Holly Gaspar, Daisy Goodman, Seddon Savage, William Torrey, Carol Townsend

Activity Code For This Session Only: WYfK

Use This Number to Text Requests For Credit: 603-346-4334

(Must login at http://www.d-h.org/clpd-account to setup account and register mobile phone number)

Dartmouth-Hitchcock is accredited by the Accreditation Council for CME to provide continuing medical education for physicians. Dartmouth-Hitchcock designates this live activity for a maximum of **1.5 AMA PRA Category 1 Credit(s)™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Outcome Statement:

Participants will be able to identify and implement clinical strategies to better evaluate and address substance use and mental health disorders throughout the health system.

Conflict of Interest

The RSS Physician Director(s), planning committee member(s), speaker(s), author(s) or anyone in a position to control the content for Substance Use & Mental Health Initiative have reported NO financial There were no individuals in a position to control the content that refused to disclose. interest or relationship* which could be perceived as a real or apparent conflict of interest. In accordance with the disclosure policy of Dartmouth-Hitchcock/Geisel School of Medicine at Dartmouth as well as standards set forth by the Accreditation Council on Continuing Medical Education and the Nursing Continuing Education Council standards set forth by the American Nurses Credentialing Center Commission on Accreditation, continuing medical education and nursing education activity director(s), planning committee member(s), speaker(s), author(s) or anyone in a position to control the content have been asked to disclose any financial relationship* they have to a commercial interest (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients). Such disclosure is not intended to suggest or condone bias in any presentation, but is elicited to provide participants with information that might be of potential importance to their evaluation of a given activity. * A “financial interest or relationship" refers to an equity position, receipt of royalties, consultantship, funding by a research grant, receiving honoraria for educational services elsewhere, or to any other relationship to a company that provides sufficient reason for disclosure, in keeping with the spirit of the stated policy.

SUMHI Vision

A health care system in which substance use and mental health disorders are treated with the same urgency, respect and seriousness of purpose as other illnesses and where discrimination does not occur

SUMHI Projects and Programs - Celebrations

Matthew S. Duncan
Department of Psychiatry

Collaborative Care Model (CoCM)

May 25, 2022

Program Overview

The Collaborative Care Model extends the capability of primary care teams to identify and treat patients with behavioral health conditions such as depression, anxiety, substance and alcohol use disorders.

The Collaborative Care Model (CoCM) Overview

The need

More than

half

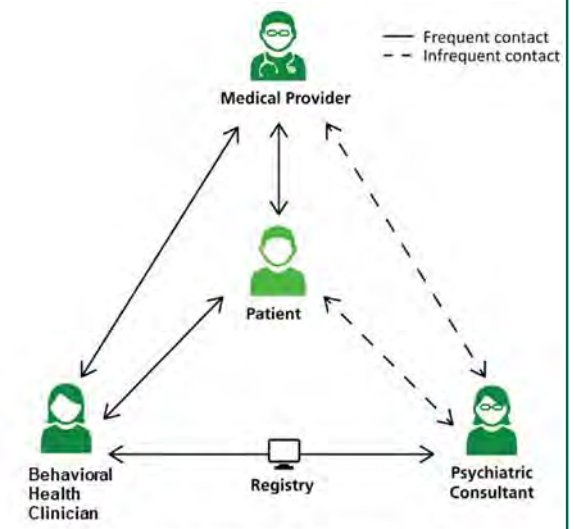
of patients with a psychiatric diagnosis do not receive any form of treatment, and over **half** of those who do will get their care in a general medical setting

The evidence

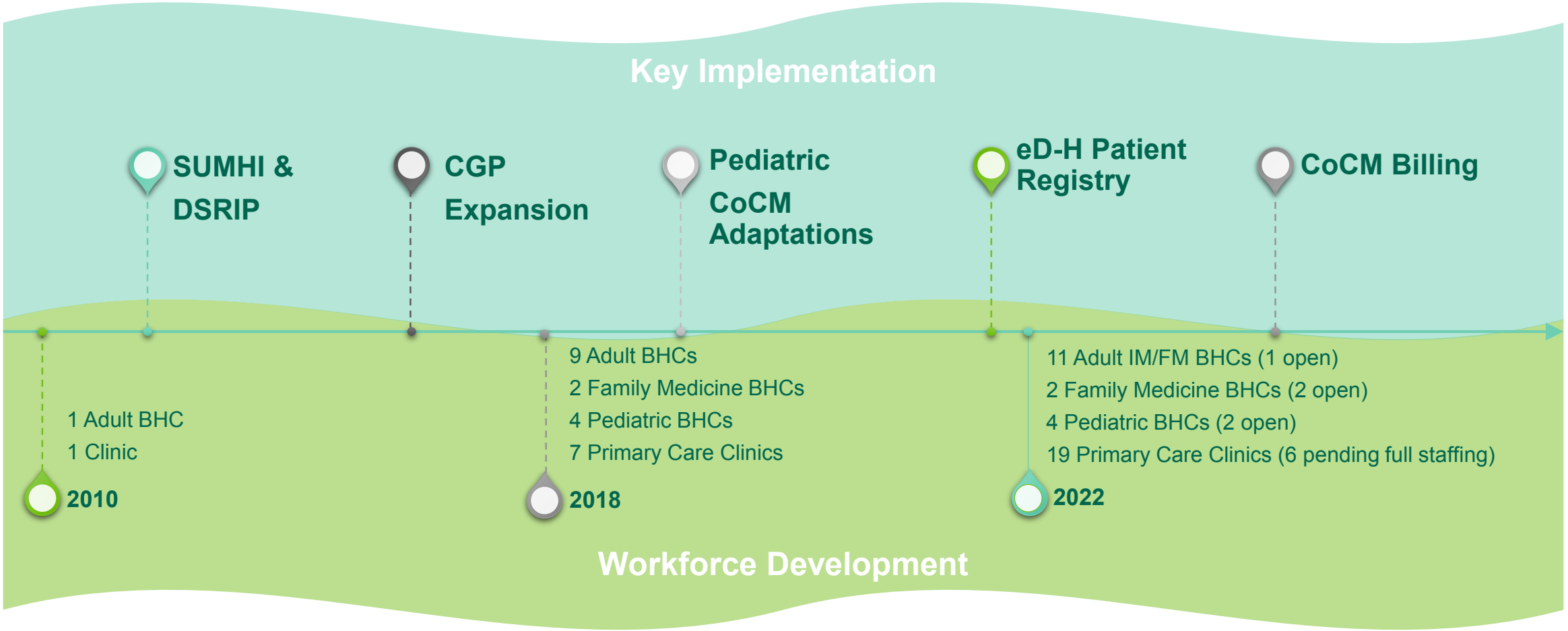
More than **80**

randomized clinical trials in the past two decades have validated the efficacy of **CoCM** across diverse settings, diagnoses, and populations

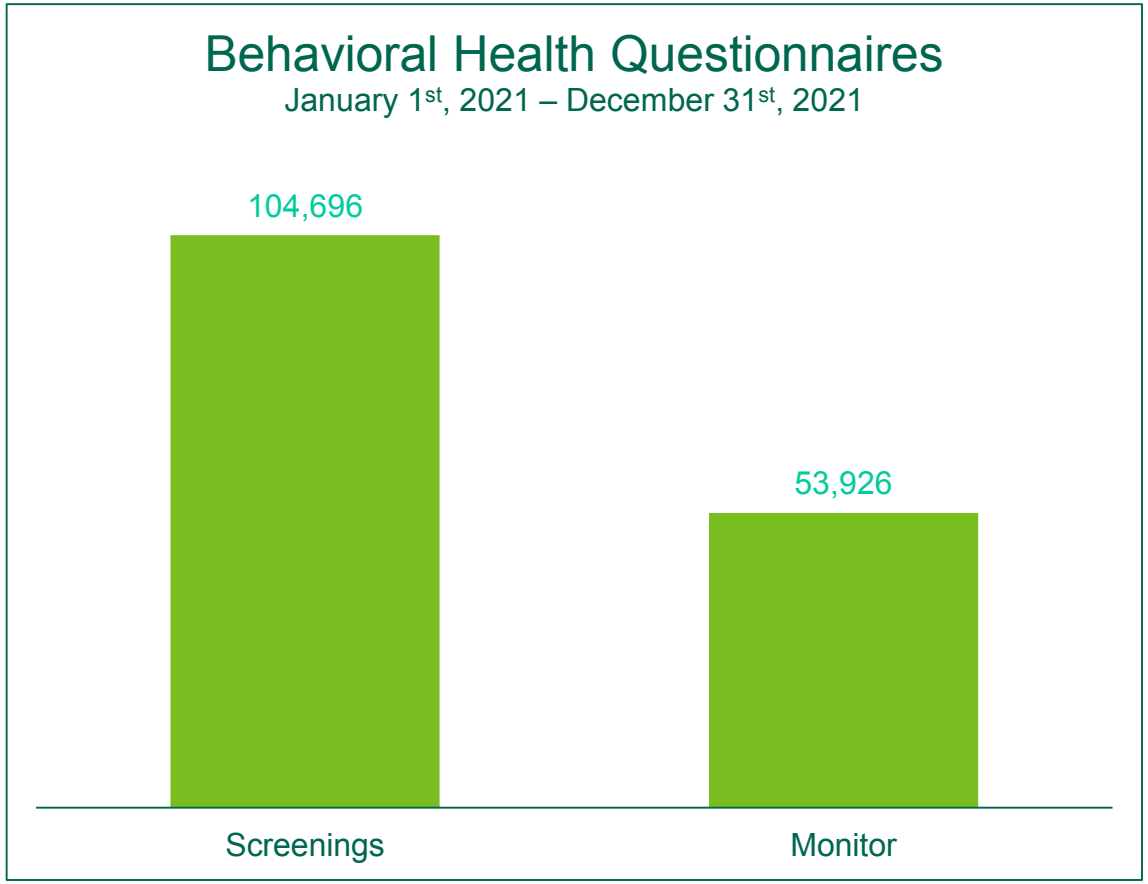
The model

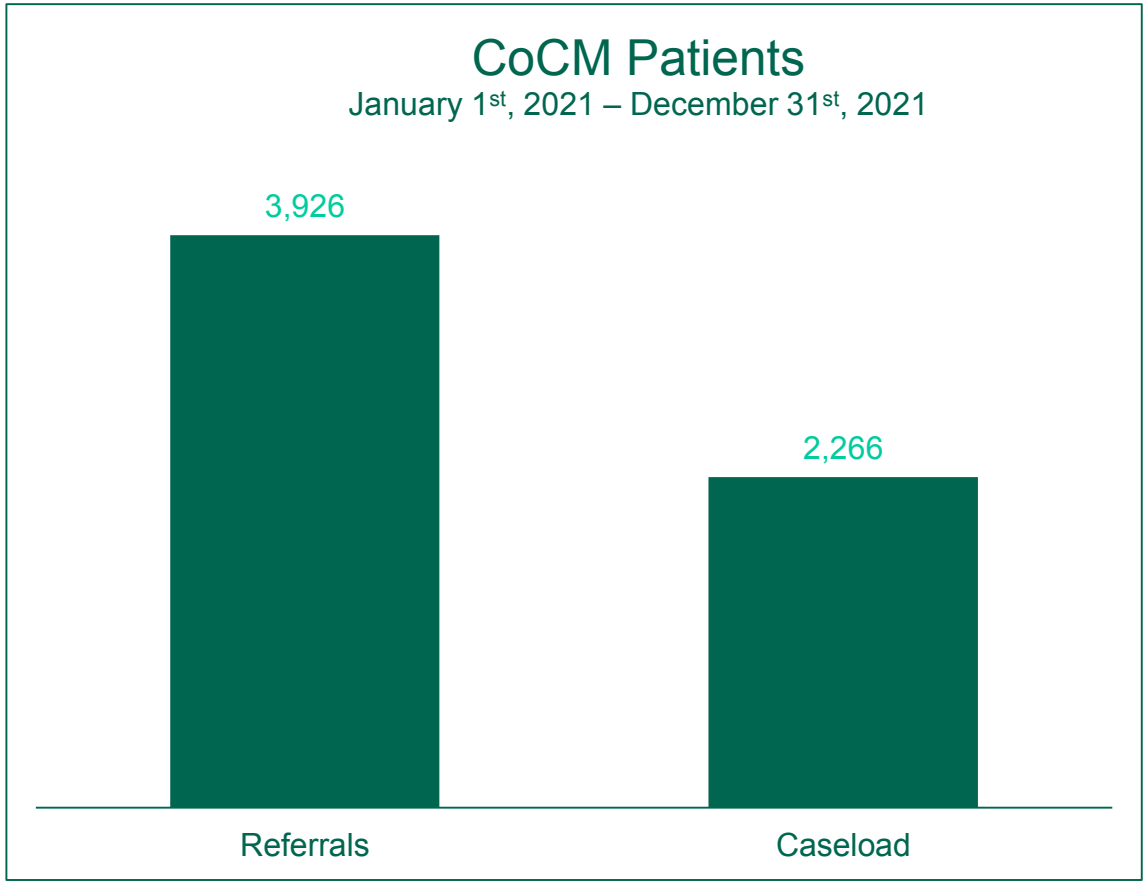


CoCM Timeline



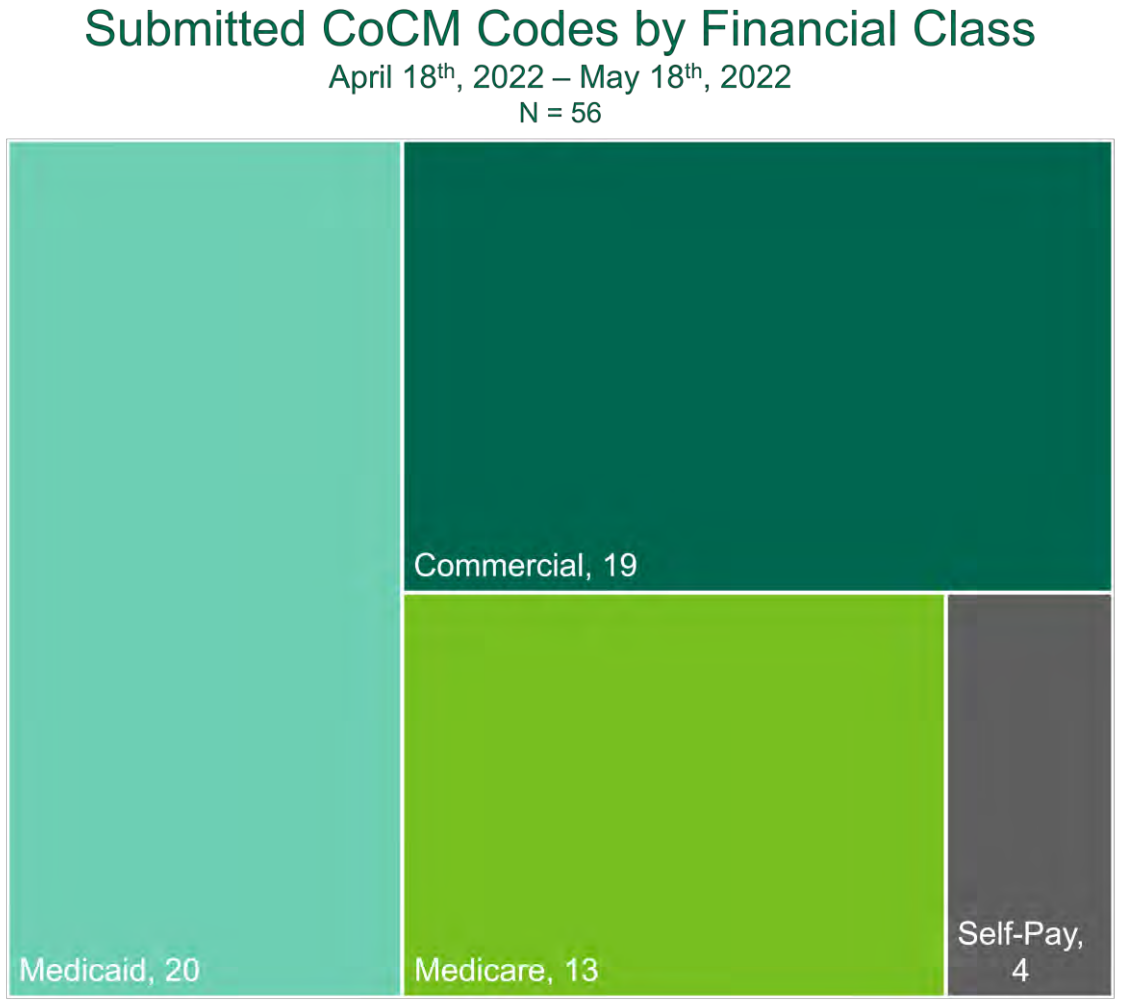
CoCM Process Measures for 2021



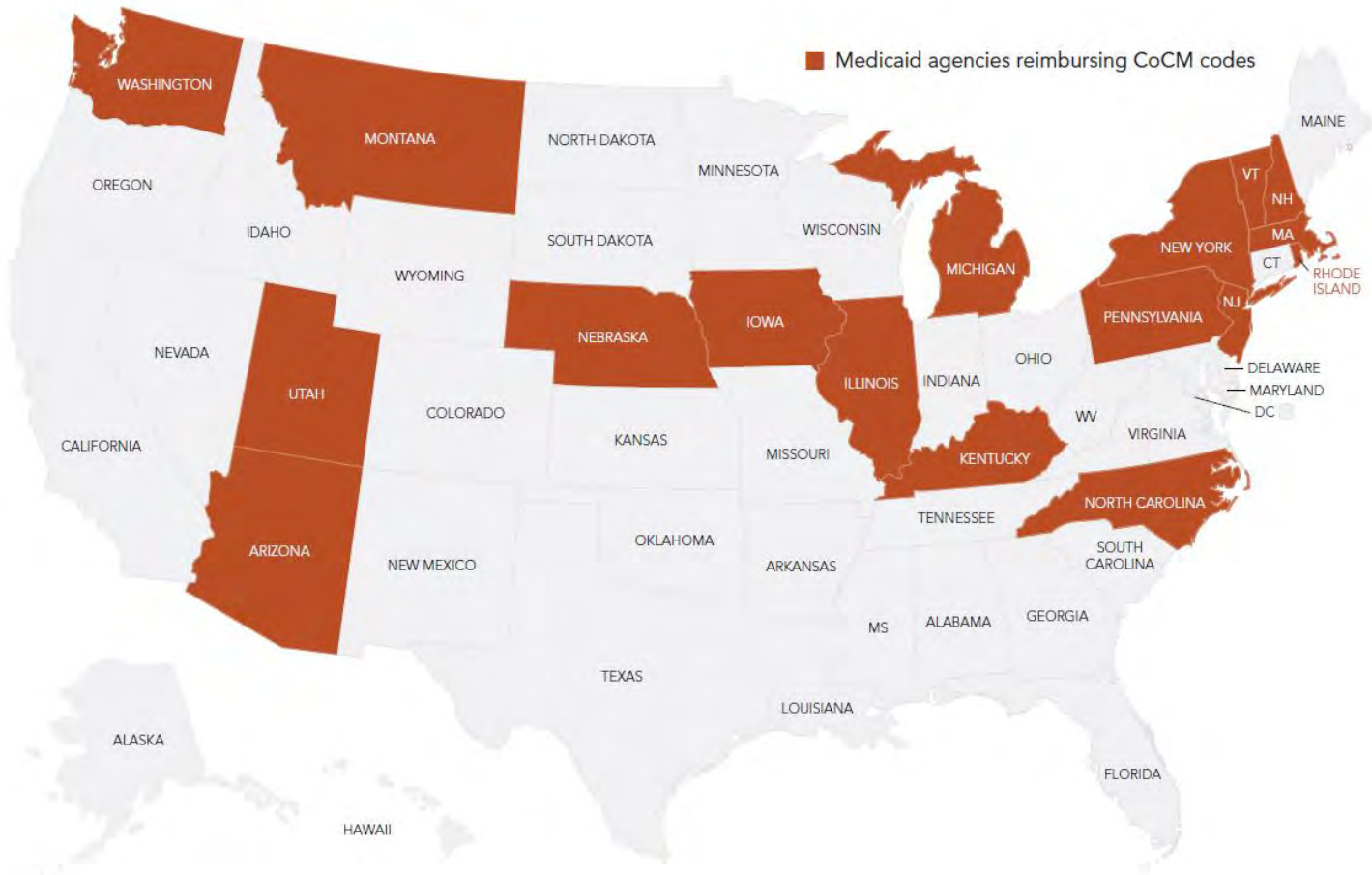


CoCM Billing

New CoCM codes reimburse the time and activities the Behavioral Health Clinician, psychiatric consultant, and PCP spend each month collaborating on a patients' care.

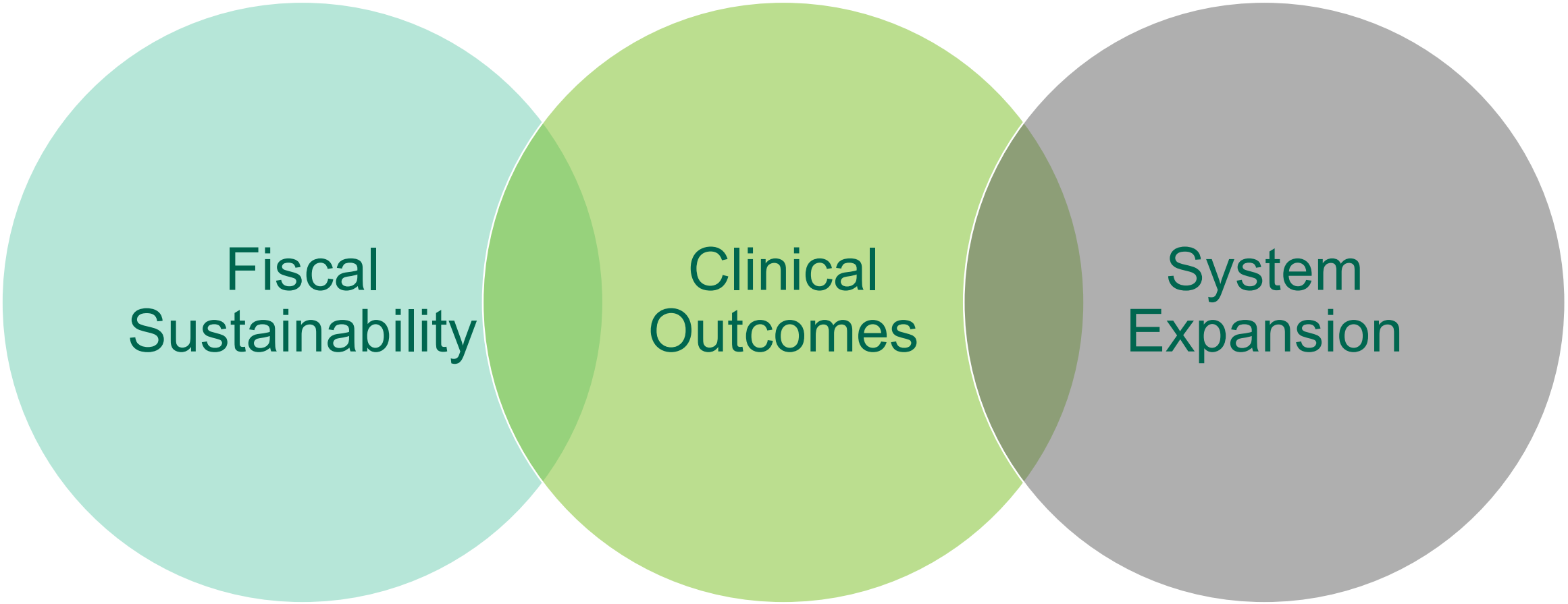


State Medicaid Programs Reimbursing CoCM*



*Map is current thru August of 2020, as of 2022 CT & TX are now reimbursing for CoCM

Moving forward with CoCM



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Department of Psychiatry
DARTMOUTH HEALTH

Thank you.

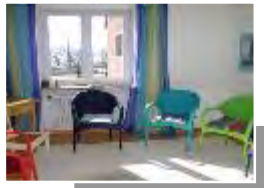
For questions or more information please contact Matthew.S.Duncan@hitchcock.org or Casey.T.Bukowski@hitchcock.org

Julia R. Frew
Department of Psychiatry

Moms in Recovery

May 25, 2022

Moms in Recovery Program



Behavioral Health Services

- MAT for SUD
- Perinatal psychiatry
- Group therapy
- Individual therapy
- Child-parent psychotherapy
- Trauma-informed care
- IOP and OP

Medical Services

- Prenatal care
- Women's primary health care
- Contraception
- Hepatitis C treatment
- Pediatric care
- Dental collaboration

Supportive Services

- Peer support
- Case management
- Parenting classes
- Diaper bank
- Food shelf
- Playtime
- Health education
- Medical-Legal Partnership

How to Contact Us

If you have questions or would like more information about our services, contact us at (603) 653-1860 or ask your health care provider for a referral. You may also visit us at: **dartmouth-hitchcock.org /psychiatry/perinatal-addiction-treatment.html**

Our Address
Dartmouth-Hitchcock
Addiction Treatment Program
Rivermill Complex
85 Mechanic Street, Suite 3-B1
Lebanon, NH 03766

Recommended Resources

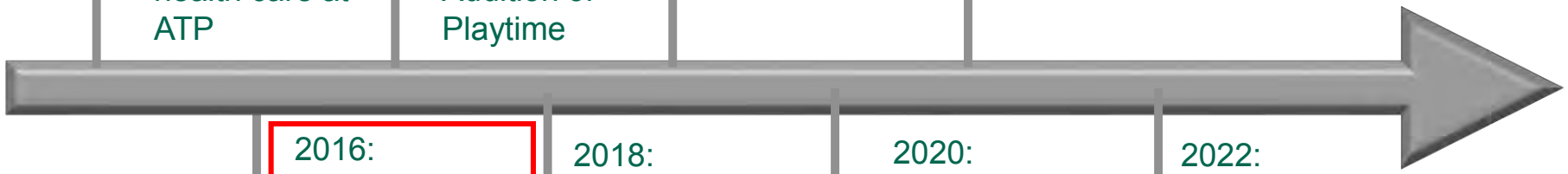
NH Treatment Locator
www.nhtreatment.org/

Vermont Department of Health
www.healthvermont.gov/alcohol-drugs/help

U.S. Office on Women's Health
www.womenshealth.gov

MGH Center for Women's Mental Health
www.womensmentalhealth.org

Moms in Recovery Timeline



2013:
- Integrated "PATP" program combines SUD treatment and women's health care at ATP

2016:
- SUMHI funding for program expansion and enhancement

2017:
- Haven on-site food shelf
- Case management pilot
- Recovery coach pilot
- Addition of Playtime

2018:
- Moms in Recovery IOP launched with IDN/DSRIP funding
- Additional staff hired
- iMAT contract awarded

2019:
- On-site WIC clinics
- Naloxone training and distribution
- Dental collaboration

2020:
- COVID-19: rapid conversion to telehealth services

2021:
- Pilot of on-site primary care
- Playtime collaboration with Colby-Sawyer

2022:
- Medical Legal Partnership

- Over 280 families served since 2013
- 72 families currently active
- 70% have received primary care or women's health services on-site

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American Journal of Obstetrics & Gynecology MFM

Volume 4, Issue 1, January 2022, 100489

Original Research

Integrated vs nonintegrated treatment for perinatal opioid use disorder: retrospective cohort study

Perinatal outcomes	Entire Sample (n=225)	Integrated Cohort (n=92)	Non-Integrated Cohort (n=133)	p-value[1]
Preterm birth[3], n (%)	43 (20.6%)	10 (11.8%)	33 (26.6%)	<0.01
Gestational age at delivery in weeks, m (sd) **Median, range**	37.8 (3.3) 39 (24-42)	38.5 (2.5) 39 (24-41)	37.2 (3.7) 38 (24-42)	<0.01
Infant days in hospital, m (sd)[2]	9.5 (13.6)	6.5 (4.8)	10.7 (16.2)	<0.03

Goodman DJ, Saunders EC, Frew JR, Arsan C, Xie H, Bonasia KL, Flanagan VA, Lord SE, Brunette MF. Integrated vs nonintegrated treatment for perinatal opioid use disorder: retrospective cohort study. Am J Obstet Gynecol MFM. 2022 Jan;4(1):100489. doi: 10.1016/j.ajogmf.2021.100489. Epub 2021 Sep 17. PMID: 34543754.

Daisy J. Goodman
Department of OB-GYN

Center for Addiction Recovery in Pregnancy and Parenting (CARPP)

May 25, 2022

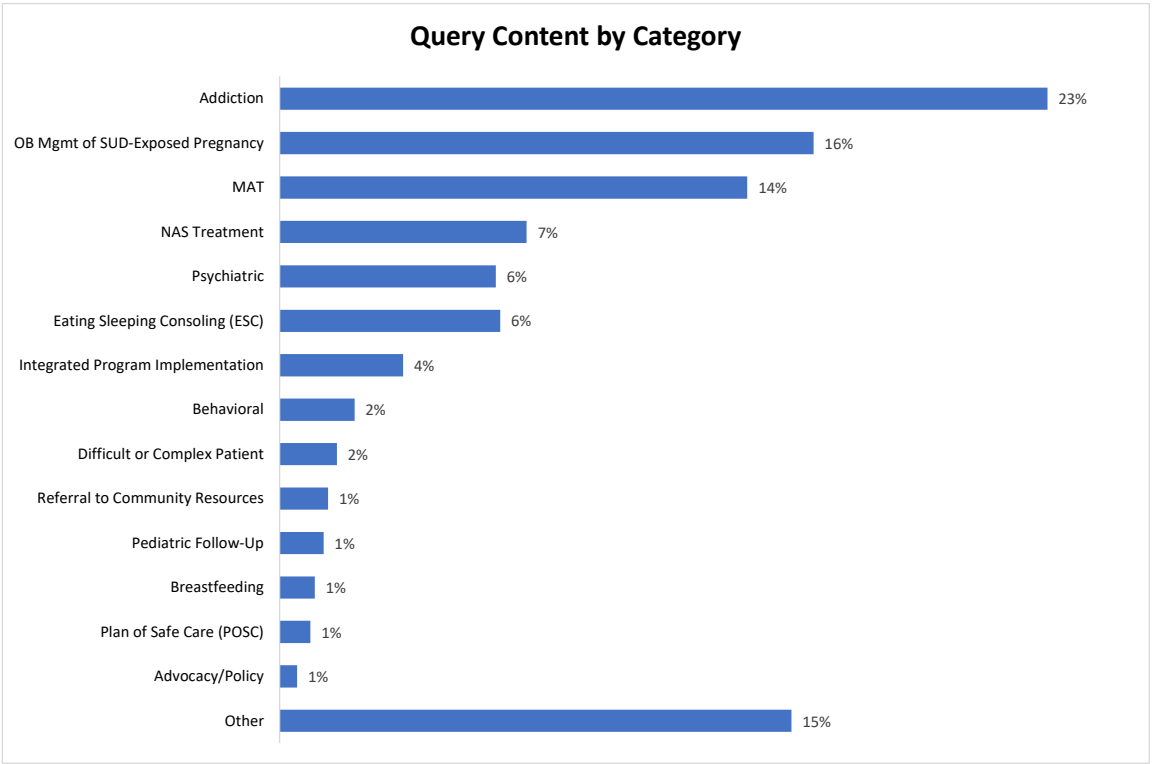
Dartmouth Health

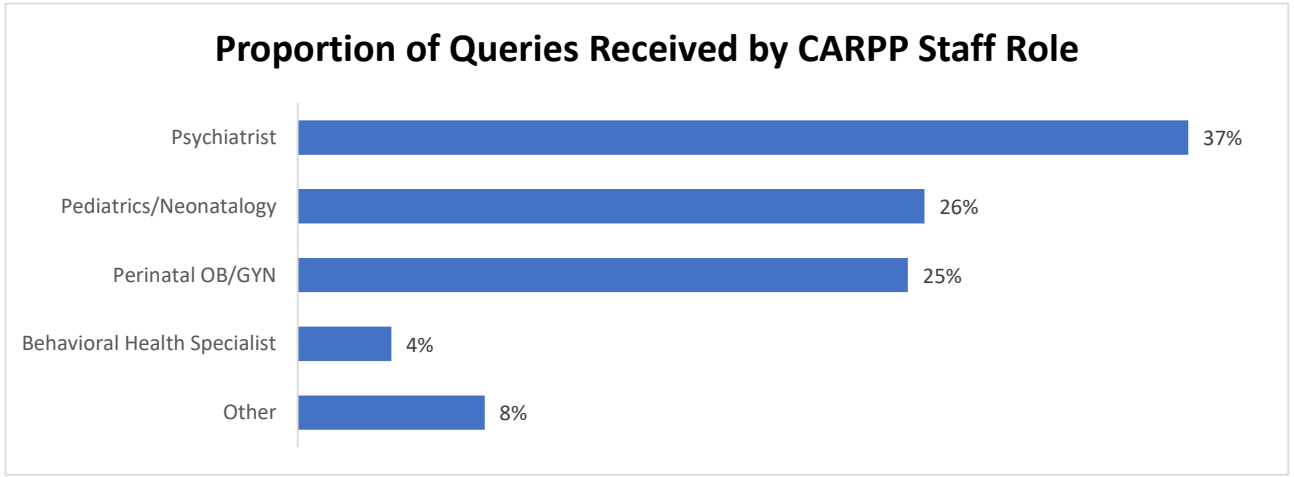
Center for Addiction Recovery in Pregnancy + Parenting

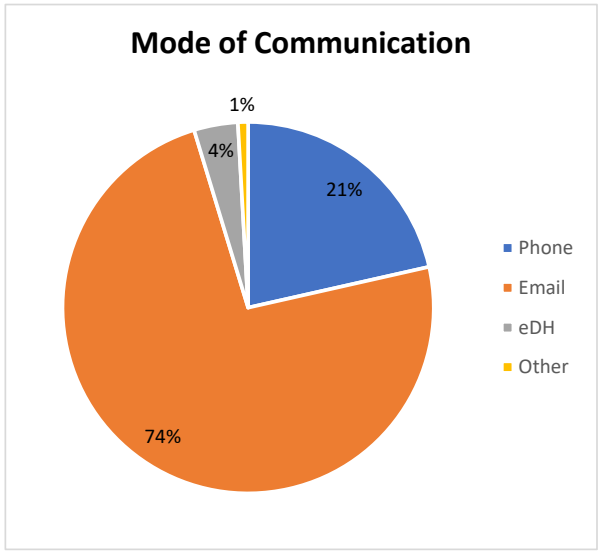
Dartmouth-Hitchcock

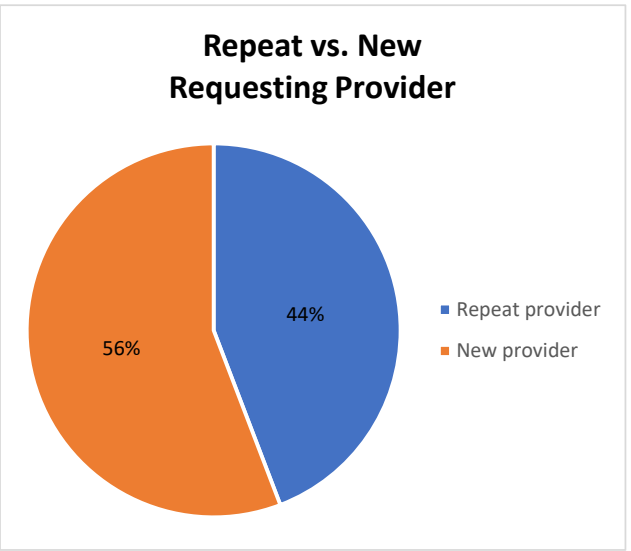
Center for Addiction Recovery in Pregnancy and Parenting Q&A line

N= 357 queries (2018-2021)







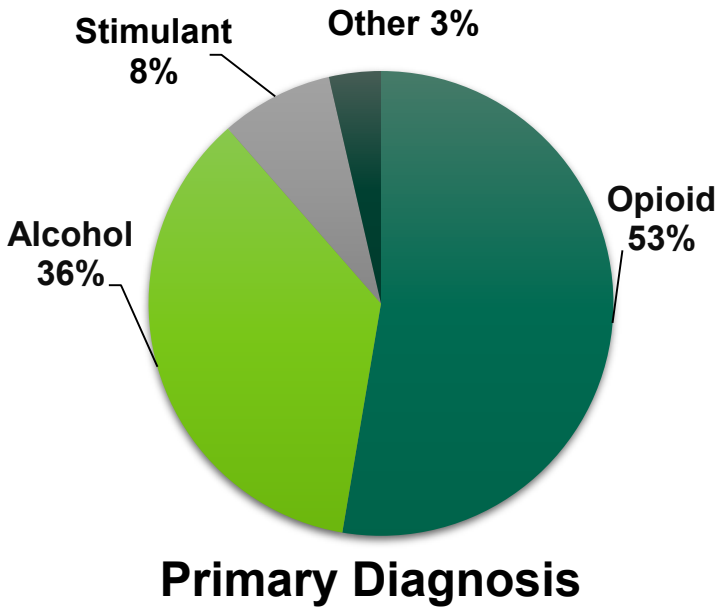


Luke J. Archibald
Addiction Treatment Program

Addiction Treatment Program (ATP) & The Doorway at Dartmouth Hitchcock

Addiction Treatment Program: 1/2019 – 12/31/2021

- 638 Doorway evaluations
- 323 individuals initiated on buprenorphine
- Unique individuals served
  - FY20: 673
  - FY21: 711



Overdose Prevention

2,784 total naloxone kits distributed

- 222 directly to Doorway patients
- 2,562 to community partners

Community Partners

- Alice Peck Day
- Claremont Shelter
- Colby-Sawyer
- DHMC: Emergency Department, Infectious Disease, OB/GYN, Outpatient Pharmacy
- Habit OPCO
- Headrest
- HIV/HCV Resource Center: The Claremont Exchange
- Mascoma Valley Regional School District
- Newport Health Center
- Newport Police Department
- Planned Parenthood of Northern New England

211 and Doorway After Hours

- On-call services to all New Hampshire Doorways
- 3,652 total calls fielded since inception
- 632 individuals referred to respite

CTN-0100: Optimizing Retention, Duration, and Discontinuation Strategies for Opioid Use Disorder Pharmacotherapy (RDD Study)

Retention Phase

Eligibility: Adults age ≥ 18 seeking OUD treatment

Design:

- Participants with OUD choose treatment with buprenorphine or injectable naltrexone (Vivitrol®)
- Those choosing buprenorphine are randomized to 1 of 2 target doses of Suboxone® or to treatment with extended-release buprenorphine (CAM2038; FDA-approved for investigational use).
- All participants receive medical management and free study medication for 74 weeks. They also participate in the usual treatment at the study site.
- Half of all participants also receive access to a mobile health app-based behavioral treatment called Pdear-002a.

Discontinuation Phase

Eligibility: Adults age ≥ 18 who are stable on sublingual buprenorphine or Vivitrol® and want to discontinue MOUD

Design:

- Participants who enter on sublingual buprenorphine are randomized to 1 of 2 taper regimens: a standard gradual Suboxone® taper or extended-release buprenorphine (CAM2038), which may self-taper.
- Participants who enter on Vivitrol® will be monitored as medication is discontinued (no taper required).
- All participants receive medical management and free study medication and can continue in psychosocial treatment if they have been receiving it.
- Half of all participants also receive access to a mobile health app-based behavioral treatment called Connections.

Study contact: RDDstudy@hitchcock.org or 603-727-8891

Holly A. Gaspar
Community Health

Project Launch

May 25, 2022

Dartmouth Health

Strong Families Strong Starts Project Launch

Partnerships for healthy young children, families & communities

May 25h, 2022

Focus areas

- Young children, families & communities
  - Clinical teams, family resource centers/parent child centers, community coalitions
- Resilience & protective factors
- System Improvements (how we work together and how individuals are able to access supports and services)
- Use of evidence-based education/curriculum
  - Families/caregivers
  - Workforce development
- Public awareness
- Screening

Cumulative Totals

Cumulative totals compared to annual goals, shown as black horizontal reference lines

Maternal Depression Screening

FRC & DH Referrals

Collaborating Partners

Workforce Development

Q1= October to December, Q2=January to March, Q3= April to June, Q4= July to September

Where are we headed

- Screening early
- Sustainable partnerships/collaboration
- Child/family engagement
- Public awareness

Medical Legal Partnership

- **Education:**
  - Community Education: Project ECHO (9 sessions)
  - Clinical staff education
  - Patient group education
- **Patient Engagement**: 15% of patients at pilot site #1 have received legal intervention/supports
  - >11 household members under age 18 years also benefit from this support
  - Demographics: Patient poverty level between 0-258%, patients span 3 counties, patient age 25-44 years, recovery parent population
  - I-HELP categories supported: income/insurance, personal/family
- **Policy change/advocacy**

Christine T. Finn
Department of Psychiatry

Peer Recovery Support Workers

May 25, 2022

Peer Support

Introduction of recovery coaches to the inpatient psychiatry consultation services.

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Proactive vs. Typical Consultation

	Typical	Proactive
Who decides?	Primary team	Psychiatry team
When?	After an incident	Prior to incident
How?	Reactive	Proactive
Who does?	MD expert	Interdisciplinary
What?	Typical comprehensive consult by MD	Variable based on patient needs
Reimbursement	Based on documentation/billing	Hospital support in part

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Behavior Intervention Team (BIT) Service Evolution

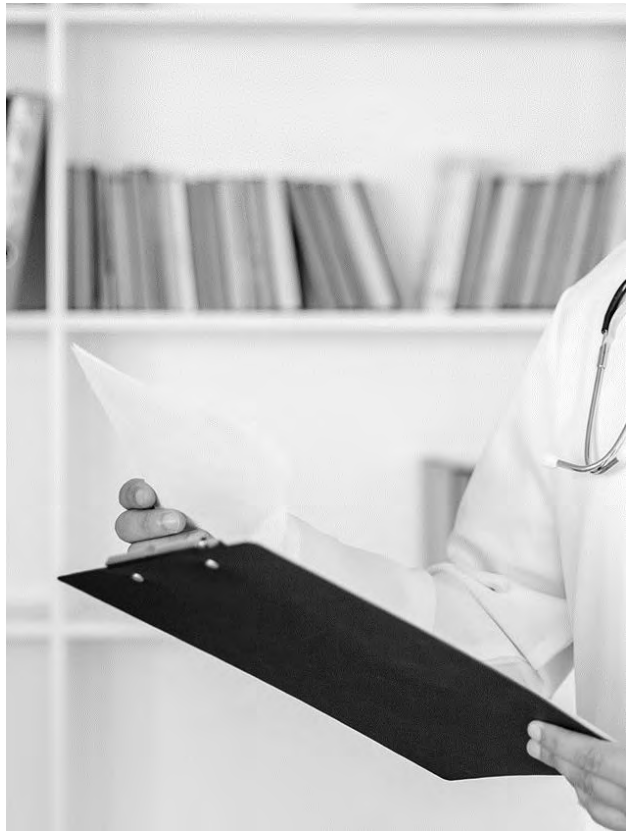
	RC	RN	APRN	Social work	MD
Pilot-2 medical units 5/14-11/14		1.0	0	0.5	0.3
Expansion to full hospital screening/randomization (1/15-1/17)		1.0	1.0	1.0	0.3
Expanded focus on substance abuse treatment, limited hospital SW/CM (7/17-7/19)		1.0	1.0	2.0	0.3
Added recovery coach (7/19)	0.8				
Current	2.0		1.7	2.0	0.3

Infectious Disease Collaboration

The Problem

Patients who inject drugs (PWID) are typically not considered for home IV antibiotics and often receive **suboptimal treatment** for both infection and addiction, characterized by **poor outcomes, against medical advice** discharges or **long hospital stays,** and **frequent readmissions**.

Hospitalizations often **miss opportunities** to address substance use and patients feel **mistrust** and **stigma** in hospital settings.



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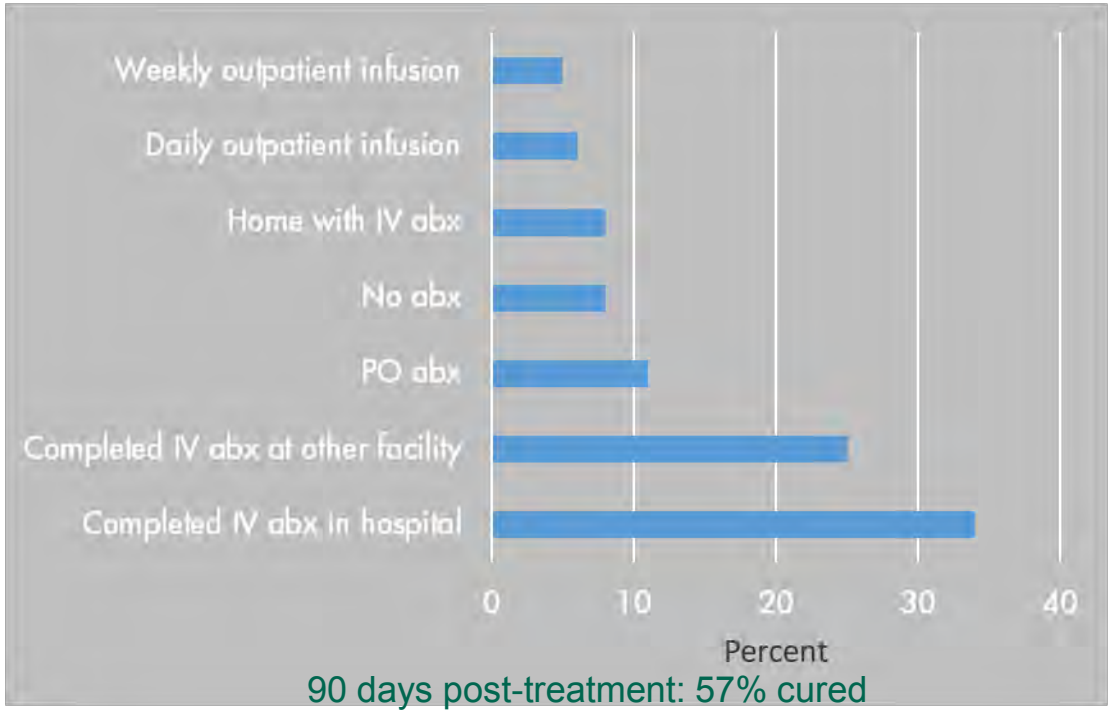
Needs Assessment: Baseline cohort February 2019-February 2020

- 64 admissions for serious infections requiring long-term antibiotics among 57 patients who inject drugs
- Average LOS 21 days (vs 6 days general Med-Surg)
  - Removing AMA, ALOS 24 days
- Addiction addressed in 77%
- 20% left AMA
- 8% readmitted within 30 days



90 days post-treatment: 57% cured

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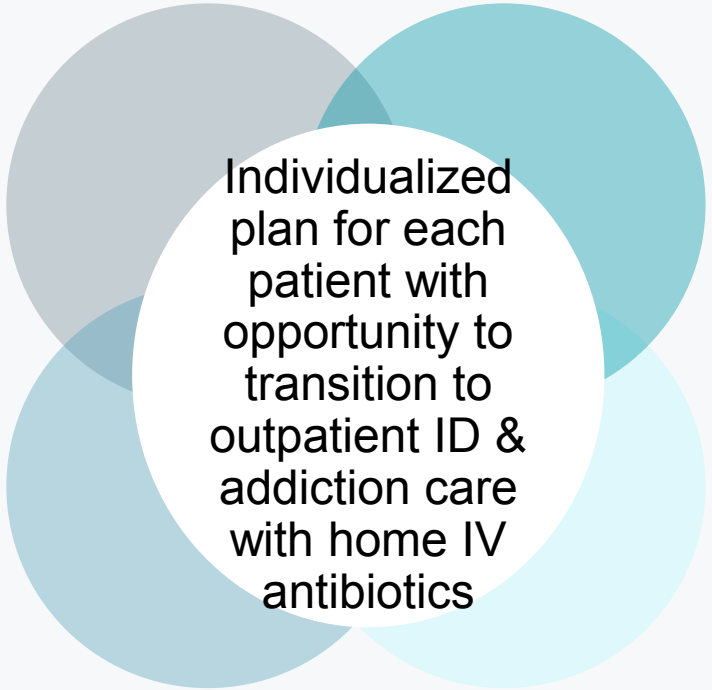
Pilot Program Structure

Clinical Care Pathway

New process for early identification, effective collaborative clinical decision-making, and post-discharge planning through multidisciplinary care conference

Recovery Coach/Care Coordinator

Dedicated staff member helps patients engage w/care, secure treatment and coaches patients throughout the OPAT course to support completion of treatment



Multidisciplinary Team

Cross-functional group including ID, BIT, primary team, CM/SW, home care agencies consistently involved and communicates to review treatment plan

Home Care & Outpatient Addiction Treatment

New partnerships and improved communication with home care agencies and addiction treatment providers allow for better tracking of patient status during treatment

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Initial Outcomes

	Before Intervention 2/19-2/20	After Intervention 10/20-7/21
Total admissions	64	80
Total patients	57	64
Addiction addressed during admission	77% (49/64)	99% (79/80)
AMA discharges	20%	20% (16/80 admissions, 14 patients)
Discharge home on IV antibiotics	7% (4/57 patients)	19% (12/64 patients)
In-hospital for duration of IV course	34% (22/64 admissions)	8% (6/80 admissions)
Average Length of stay -Overall -AMA discharges removed	 21 days 24 days	 12 days 14 days
Readmission within 30d	8%; 2% if AMA discharges removed	16%; 7% if AMA removed

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At Discharge and Post-Discharge

- OPAT RN meets with patient to perform teaching and coordinates with VNA
- Naloxone is provided
- Recovery Coach facilitates SUD resources on follow-up
- Bridge prescription for Suboxone provided if needed
- Recovery Coach and OPAT RN call patient at least weekly
- Regular check-ins by outpatient team with VNA and addiction treatment provider
- SUD follow up visits per SUD provider recommendations
- ID follow up routine, 1-2 times prior to anticipated end of therapy

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Even greater potential possible

- OPAT Program
  - We believe the estimation of OPAT patient is conservative
  - Increased beds at DHMC with completion of new building
  - Extending increased recovery coach contact has the potential to influence a far greater number of medical conditions than was studied in our pilot
  - Model that could be rolled out on a systems level with additional supports
- Trauma Program
  - Requirement for SBIRT intervention
  - Developed mechanism for recovery coach follow-up admission screening post discharge

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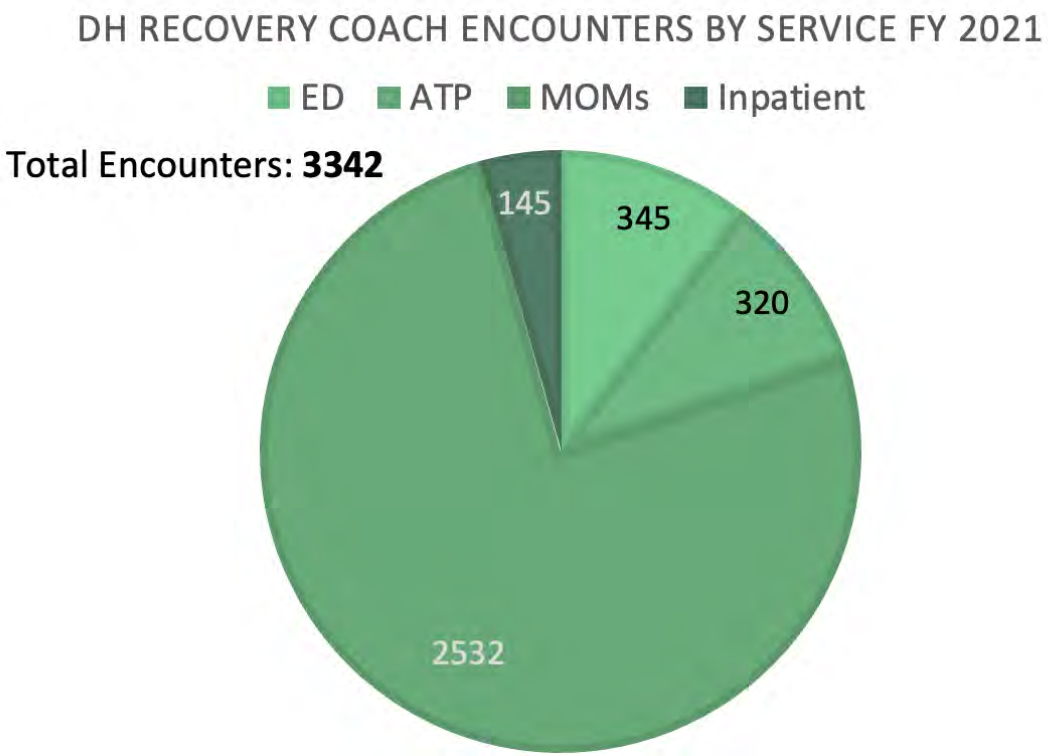
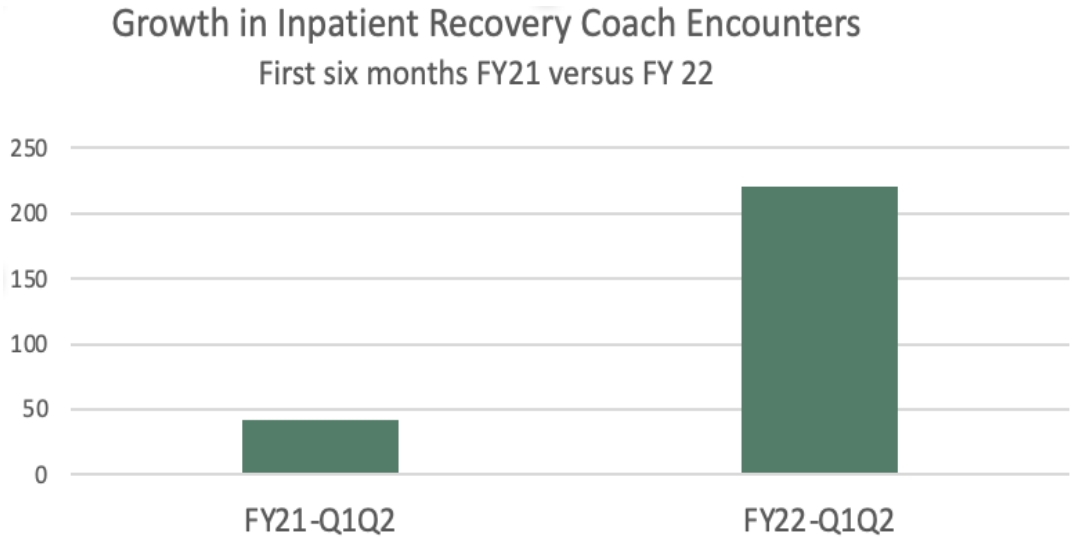
Inpatient Recovery Coaches Growth





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Barbara G. Farnsworth
Community Health

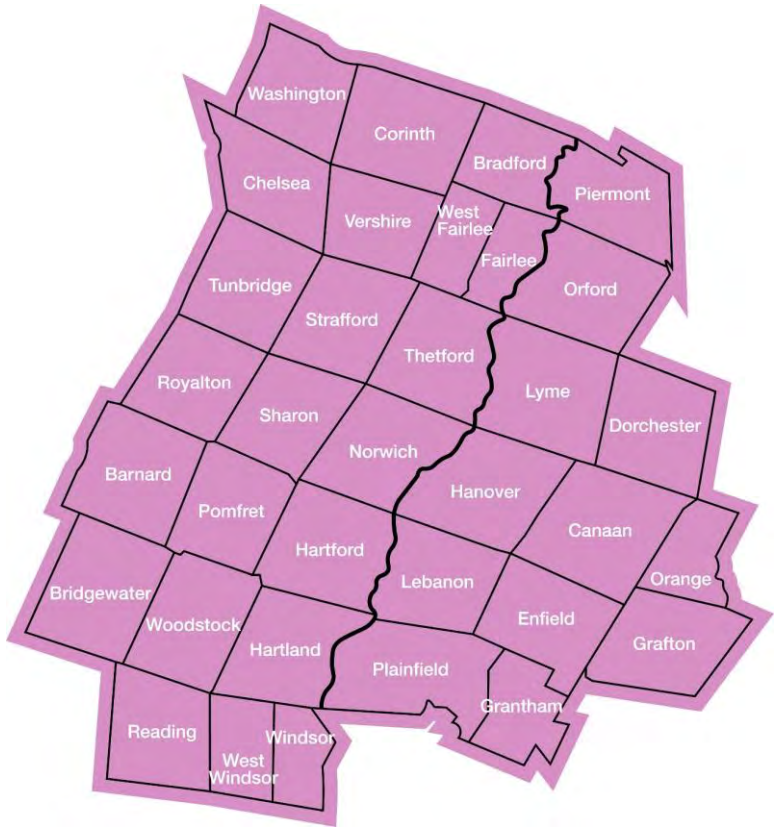
Community Engagement

May 25, 2022

Celebrating SUD Prevention, Treatment and Recovery with our Community Partners

Community and Population Health at DHMC

Regional Public Health Network SUD Prevention & Continuum of Care 3.0 FTE



Community Support for Harm Reduction

- Facilitated new safe syringe exchange site in Claremont, NH with HIV/HCV Resource Center, City of Claremont and Geisel School of Medicine Students
- Partner with 11 police stations to collect used syringes; 1,259 pounds to date
- Hosted 3 Harm Reduction Trainings with HIV/HCV Resource Center to decrease stigma and improve adoption of harm reduction strategies in the community
- 1,629 Narcan kits distributed to community members at 65 community trainings

Community Infrastructure Support

- Families Flourish Northeast, residential treatment for moms and children

- Headrest, Lebanon, NH Low-Intensity Residential Treatment renovation 2021
- Startup funding for the Recovery Center, Claremont, NH Summer 2018
- Startup funding for mobile mental health crisis response at WCBH 2021, 2022
- Funding support for Manchester Sober Shelter at Families in Transition

$50,000 donation to Sullivan House transitional housing in Sullivan County, NH

Grant Writing & Administrative Support for Community Initiatives

- HRSA Early Lasting Connections
- Families Flourish Northeast
- HRS Rural Behavioral Health Workforce Development Center
- CDC Drug Free Communities-Sullivan County

Recovery Navigator in the Emergency Department

1168 Patient encounters with a Recovery Coach in the Emergency Department June 2019- May 2022

216 Narcan kits distributed from ED Recovery Coach

First Annual Recovery Ally Pledge implemented across DHMC in Recovery Month, September 2021

Courtney D. Vorachak, CRSW, NCPRSS, behavioral health recovery navigator

Dartmouth Health

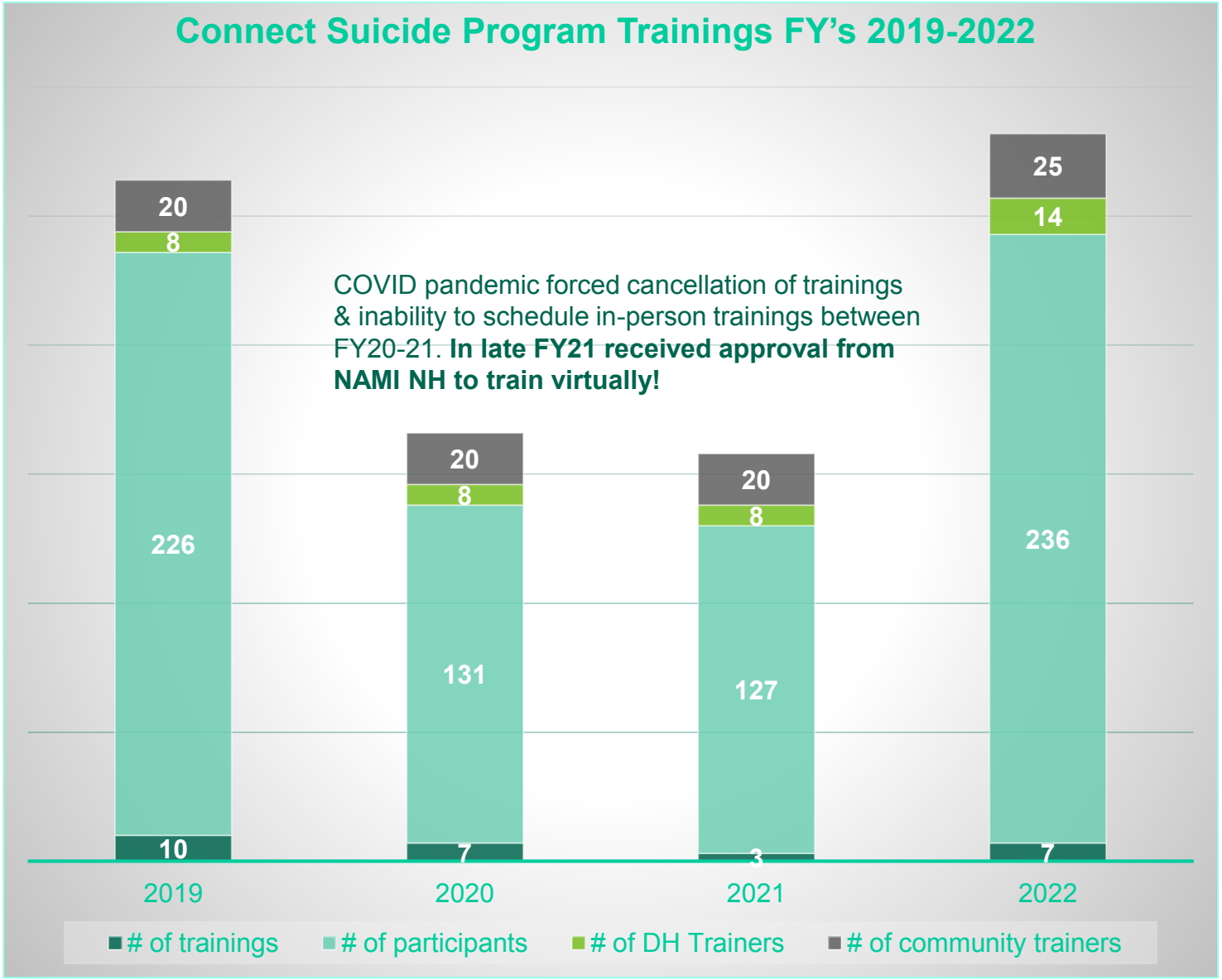
Suicide Prevention Committee

CAROL TOWNSEND

Suicide Prevention

May 25, 2022

Achievements To Date



- Since 2019, **810** members of the Dartmouth Health staff and the greater community have been trained in suicide prevention and intervention through **33** Connect Suicide Prevention trainings.
- To date **14** current Dartmouth Health Staff are Connect Trainers and able to provide free **in-person** and **virtual** Connect Suicide Prevention trainings.
- Zero Suicide Framework identified as model for system-wide implementation.
  - Leadership in Psychiatry, Population Health and Quality Improvement were engaged and have agreed this is important. We were asked to hold off on pushing forward with Organization Self-Study due to the challenges our system is facing due to the pandemic. Currently working toward a plan to move forward on self-study and workforce survey.
- Recruitment for system-wide members and identifying champions is ongoing. Currently **12 DHMC departments and 5 system locations** are represented on the committee as is Dartmouth College, NAMI NH, and the NH Suicide Prevention Council.
- We partnered with NAMI NH on a research study for their online, self-paced Connect Suicide Prevention Healthcare training allowing **117 of our staff** to voluntarily participate and receive free suicide prevention training at their own pace.
- Committee meetings have moved to bi-monthly on the third Thursday of the month at 2pm.
- Contact Angie.M.Leduc@hitchcock.org to learn more or if you'd like to attend.

SUMHI Project: Suicide Prevention

Dartmouth Health

Jan 2019 – Jun 2019:

- At SUMHI meeting it is acknowledged that many DH departments are working on suicide prevention and **the need for awareness and coordination and collaboration.**

July 2019 – Dec 2019:

- **Need for a suicide committee is identified as are co-leads**.
- Other DH department representatives identified and **outreach is conducted** for committee recruitment.
- Held 3 meetings forming committee and building awareness of current/past suicide prevention initiatives through inventory
- Drafted a project charter

Jan – Jun 2020:

- Phase 1 of project
- Developed 2 work groups; Zero Suicide; Education/Training
- Trained committee in 3-hour Connect Suicide Prevention GK Training
- Interviewed of 3 healthcare systems who implemented Zero Suicide
- Planned Connect Training of the Trainer for DH employees (to be 16 trainers) was cancelled due to COVID19
- **15 DH employees reviewed and provided feedback on NAMI NH's Connect Suicide Prevention pre-recorded webinar trainings for mental health and healthcare.**

July 2020 – Dec 2020:

- **Several trainings cancelled** due to pandemic constraints and training limitations.
- Many **committee members transitioned** or were reassigned and needing to step away or reduce their time on the committee.

Jan 2021 – June 2021:

- **We received the approval from NAMI NH to begin providing Connect trainings virtually.**
- Began recruiting additional committee members.

July 2021 Dec 2021:

- **Held Connect Train the Trainer resulting in 8 additional DH trainers.**
- Created quarterly Connect Training meetings for trainer networking, staying up to date on training best practices/information provide feedback to/ask NAMI NH
- **Moved DH suicide prevention committee meetings to bi-monthly** to be responsive to competing demands on member time.

Jan 2022 – June 2022:

- Ongoing Connect Suicide Prevention Trainings
- **Connect Suicide Postvention Train the Trainer**
- Planning strategy and action steps for **Zero Suicide Organizational Study and workforce survey** implementation.
- Ongoing recruitment of key stakeholders within system.
- Review resources for sharing system wide and identify viable platform for sharing.
- **Continue building a culture of readiness** to adopt Zero Suicide Framework

July 2022 – December 2022:

- Collect information about organization needs specific to suicide prevention within the Zero-Suicide Framework
- Increase DH Connect Trainers & training offerings through existing professional development platforms within Dartmouth Health

January 2023 – June 2023

- Seek meaningful endorsement and mandate for Zero Suicide Framework from appropriate governing body following organizational self-study

July 2023 – Dec 2023

- Identify, build and train Zero Suicide implementation team
- Continue to increase awareness and availability of training and educational opportunities for suicide prevention, intervention, treatment and recovery across Dartmouth Health.

William C. Torrey
Department of Psychiatry

Therapeutic Cannabis Guidance

May 25, 2022

Therapeutic Cannabis Guidance

- NH and Vermont have therapeutic cannabis programs
- Qualifying conditions decided through a political process
- Care providers must weigh in on the potential health risks and benefits and certify for specific qualifying conditions.
- Research is very limited and cannabis is not one compound
- Harm is likely to outweigh the benefits in patients who
  - Are pregnant or may become pregnant
  - Have a cannabis use disorder
  - Have or are at risk for bipolar disorder or psychotic illnesses

Dartmouth Health

Charles D. Brackett
General Internal Medicine
Knowledge Map

Opioid Addiction Treatment Collaborative (OATC)

May 25, 2022

Dartmouth Health

Treating SUD in General Medical Settings at Dartmouth-Hitchcock

May 25, 2022

The New York Times

Overdose Deaths Reached Record High as the Pandemic Spread

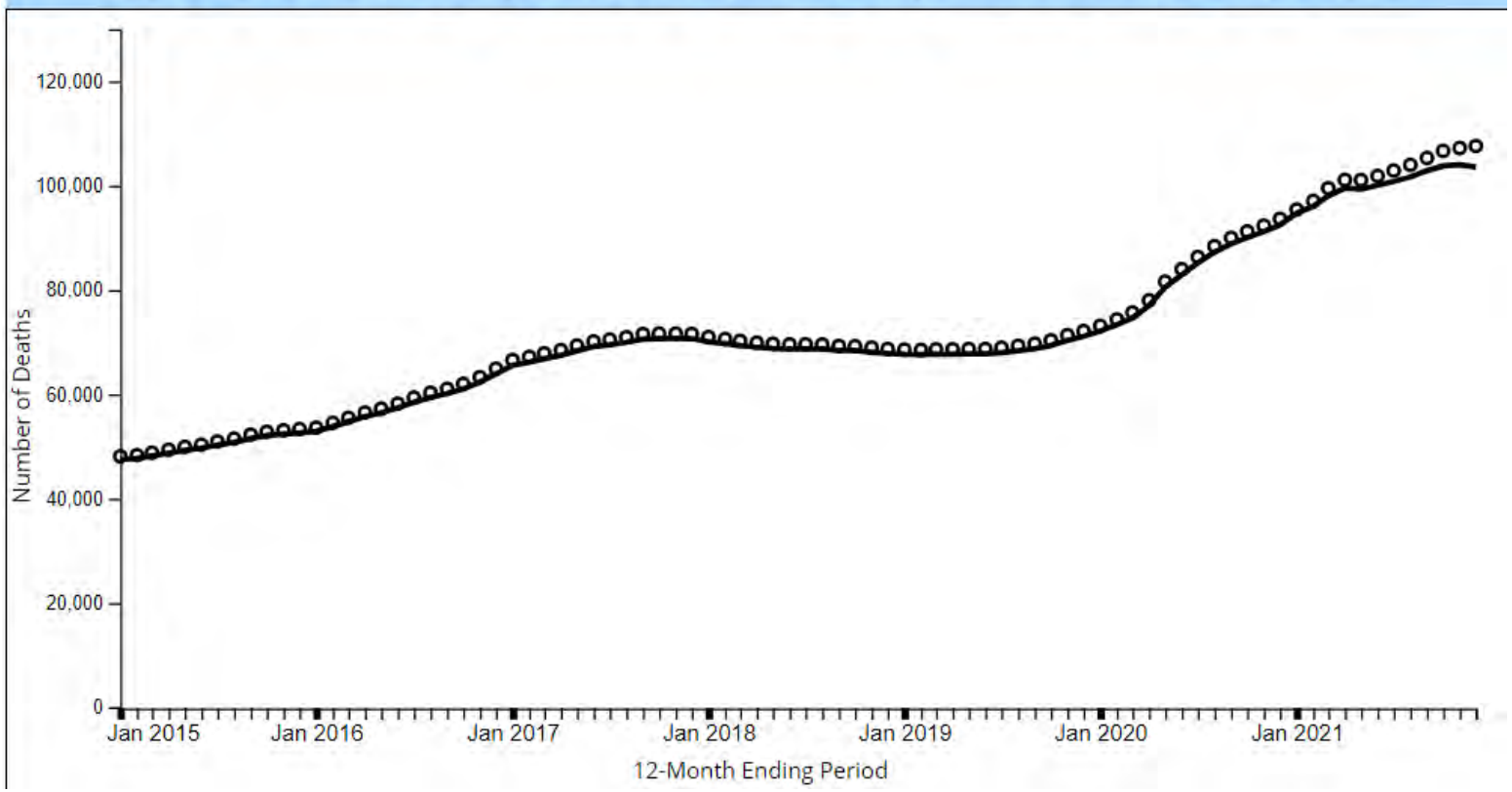
More than 100,000 Americans died from drug overdoses in the yearlong period ending in April, government researchers said.

Overdose Deaths Continue Rising, With Fentanyl and Meth Key Culprits

New data show a surge in overdose deaths involving fentanyl and methamphetamine; overall, the nation saw a 15 percent increase in deaths from overdoses in 2021.

5/11/22

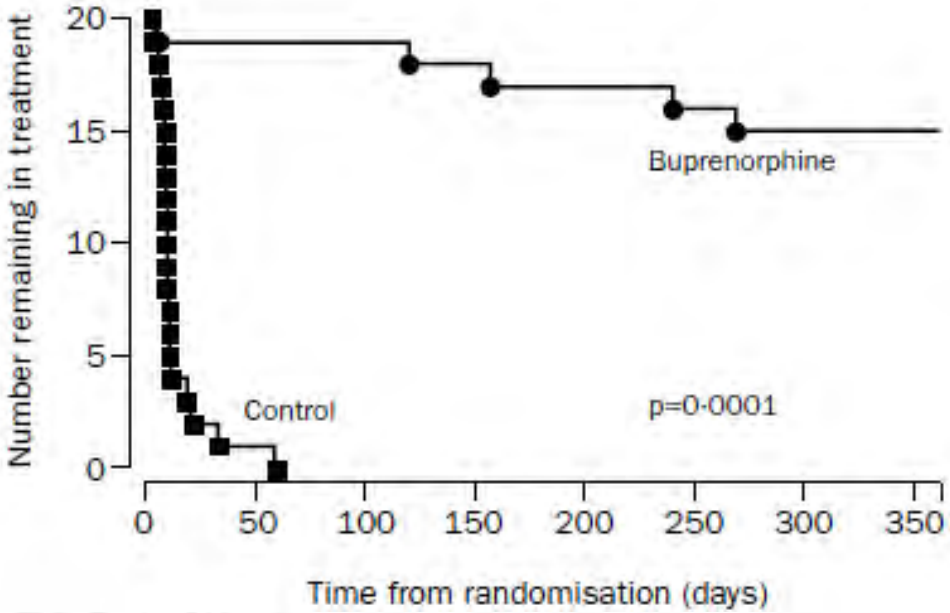
Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States

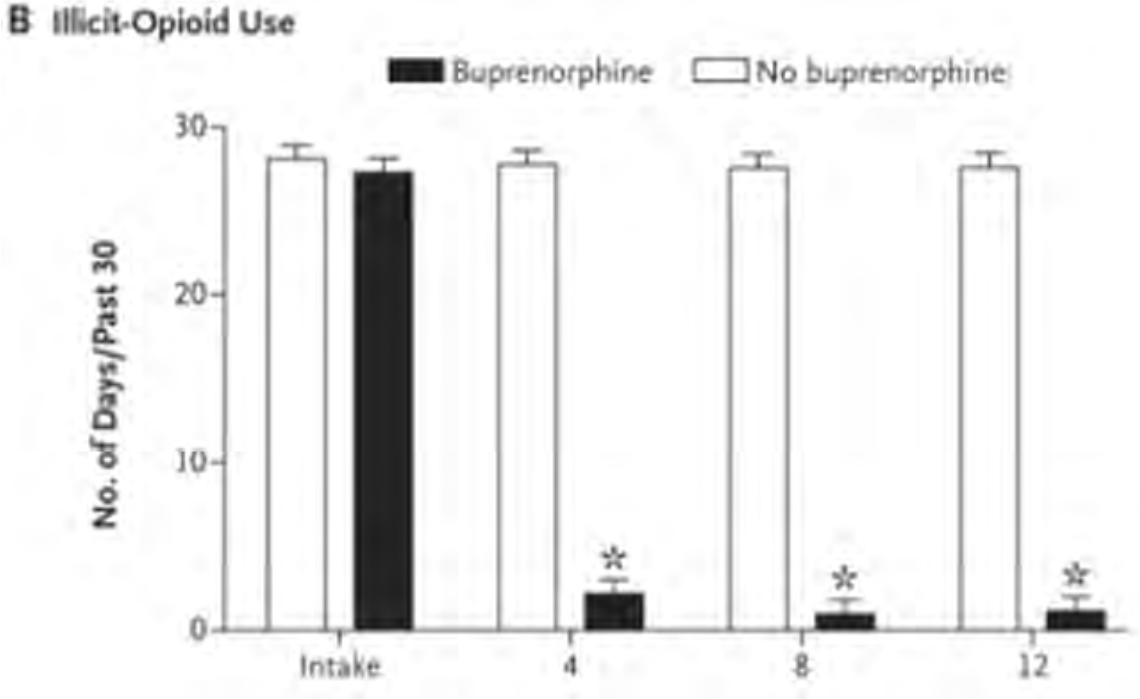


The National Academies of
SCIENCES · ENGINEERING · MEDICINE

CONSENSUS STUDY REPORT

MEDICATIONS FOR OPIOID USE DISORDER SAVE LIVES





Dartmouth Health

Treatment Gap

- Only ~20% of those with severe OUD receive treatment
- Only 30% of those in treatment receive medications (2017)
  - Inadequate recognition
  - Inadequate access
    - Shortage of Addiction Specialists
    - Financial and logistical barriers
  - Challenges navigating complex healthcare systems
  - Stigma/misunderstanding
- Addiction care is often fragmented from other medical and mental health care

Dartmouth Health

DH Primary Care MAT Model

- Collaborative Care- Care shared between prescriber and BHC
- MAT visit type
- MA role: UDT/PDMP/BAM/pending prescriptions (~chronic opioids)
- eDH tools, note templates, guideline, learning collaborative

>200 active patients, 10-15 new patients/month

Dartmouth Health

2 Synergistic Grants

- FHC: Physician and Nurse SUD Champions (through 6/2023)
  - Champions as local SMEs and change agents, liaison to system leaders for BHI
  - Twice monthly meetings and an asynchronous learning curriculum
- HPHC: Improving Management of Alcohol Use Disorder for Our Primary Care Patients: Building a Sustainable Model
  - Clinician training (primary care and ED)
    - Several Primary Care Grand Rounds presentations
    - Full day MI/CBT workshop in September
  - MLADC training and certification for BHCs
  - Recovery workbooks
  - Collaborative care billing

Dartmouth Health

Treating OUD in the ED

Original Investigation

Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence
A Randomized Clinical Trial

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD; Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

CONCLUSIONS AND RELEVANCE Among opioid-dependent patients, ED-initiated buprenorphine treatment vs brief intervention and referral significantly increased engagement in addiction treatment, reduced self-reported illicit opioid use, and decreased use of inpatient addiction treatment services but did not significantly decrease the rates of urine samples that tested positive for opioids or of HIV risk. These findings require replication in other centers before widespread adoption.

Dartmouth Health

Original Investigation

Buprenorphine Treatment for Hospitalized, Opioid-Dependent Patients
A Randomized Clinical Trial

Jane M. Liebschutz, MD, MPH; Denise Crooks, MPH; Debra Herman, PhD; Bradley Anderson, PhD; Judith Tsui, MD, MPH; Lidia Z. Meshesha, BA; Shernaz Dossabhoy, BA; Michael Stein, MD

- 72.2% in the linkage group vs 11.9% in the detox group entered into outpatient treatment

CONCLUSIONS AND RELEVANCE Compared with an inpatient detoxification protocol, initiation of and linkage to buprenorphine treatment is an effective means for engaging medically hospitalized patients who are not seeking addiction treatment and reduces illicit opioid use 6 months after hospitalization. However, maintaining engagement in treatment remains a challenge.

Dartmouth Health

Inpatient and ED initiation of buprenorphine

- Clinician education
  - Hospitalist meetings q 3-4 months, physician detailing
  - Tricia Lanter- ED physician champion
- Development of ordersets
  - Buprenorphine initiation for withdrawal/OUD
  - Bup initiation in patients on opioids for pain (microinduction, rapid transition)
- BITeam role as addiction consult, counseling and linkage to outpatient care
- Screening for SUD on admission
- Working with the Acute Pain Service/Surgical Services

10-15 new inpatient initiations of buprenorphine/month

Dartmouth Health

Pain and Harmful Opioid Use

- People with OUD who have pain
  - Still best to discharge on buprenorphine
  - Co-management by BIT and APS (with primary service)
  - Microinduction
- People with pain who don't recognize/accept that they have OUD
- People with net harm from prescription opioids who do not meet criteria for OUD

Dartmouth Health

JGIM

PERSPECTIVES

Complex Persistent Opioid Dependence with Long-term Opioids: a Gray Area That Needs Definition, Better Understanding, Treatment Guidance, and Policy Changes

Ajay Manhapra, MD[1,2,3,4], Mark D. Sullivan, MD[5], Jane C. Ballantyne, MD[5], R. Ross MacLean, PhD[2,3], and William C. Becker, MD[3]

- Unwilling or unable to taper, despite harms>benefits
  - Poor pain control, declining function (usually blamed on pain)
  - Psychiatric or medical instability, potential aberrant behaviors
- Don't meet criteria for OUD
- "Pseudo-Addiction"
- Negative Affect/Reward deficiency
- Hyperkatefeia- hypersensitivity to emotional distress
- Social isolation

- ☐ Taking substance more or longer than intended
- ☐ Inability to cut down or stop
- ☐ Spending a lot of time getting/using/recovering
- ☐ Cravings and urges
- ☐ Not meeting responsibilities at home, work, school
- ☐ Continued use despite causing problems in relationships
- ☐ Giving up important social, occupational, recreational activities
- ☐ Recurrent use leading to danger
- ☐ Continued use when causing or worsening a physical or psychological problem
- ☐ Tolerance (needing more to get same effect)
- ☐ Withdrawal symptoms relieved by taking more

Dartmouth Health

Seddon R. Savage
Population Health

SUMHI Education, Culture Change & Communications

May 25, 2022

Dartmouth Health

Education, Culture Change and Comms Team

Our charge

To make education, resources and networking available to support optimized care of patients with mental health & substance use disorders with the Dartmouth Health system and its communities.

Integrating SUD/OUD Education, Resources, & Initiatives at DH

Dartmouth Entities with substance use & addiction as a major mission focus

DH Departments with SUD initiatives

- **Emergency Medicine** *Recovery Coaches Pharm Tx*
- **D-H SUMHI** *Clinical Innovation & Education* *http://med.dartmouth-hitchcock.org/sumhi.html*
- **Internal Medicine** *SUD/OUD Treatment*
- **OBGyn** *PADTx System*
- **NE Node NIDA CTN** *Research & Education* *www.ctnnortheastnode.org*
- **Psychiatry** *Clinical Care & Trainee Education & Research* *http://www.dartmouth-hitchcock.org/psychiatry.html*
- **Oncology** *Screening & Treatment*
- **Family Medicine** *OUD Tx, CA Pain*
- **C4TBH** *Research & Education* *www.c4tbh.org*
- **All Together** *Community Action Education & Advocacy* *www.uvalltogether.org*
- **Pediatrics** *Recovery Friendly Practice SBIRT/Screening*

Dartmouth Entities with current SUD relevant work

- **Geisel** *Education* *(Curricular VIG)*
- **TDI** *Health Policy* *http://tdi.dartmouth.edu*
- **CDC HPRCD** *Advocacy & Research & Education* *http://www.hprcd.org*
- **NH AHEC** *Education*
- **CEKoop Institute** *Research & Advocacy* *http://sites.dartmouth.edu/koop/*
- **Knowledge Map** *Guidelines*
- **D-H Community Health** http://www.dartmouth-hitchcock.org/about_dh/community_health.htm
- **DHMC CE Office** *https://ce.dartmouth-hitchcock.org/materials.aspx*

Major NH substance-related initiatives with DH engagement

- **NH DSRIP** *BH Systems Integration Practice Transformation* *https://www.dhhs.nh.gov/section-1115-waiver/index.htm*
- **NNE Project Echo** *Education & Care Delivery* *https://www.citizenshealthinitiative.org/northern-new-england-project-echo-perinatal-addiction*
- **NHMed Soc** MAT Waiver Trainings *www..nhms.org*
- **FHC-BDAS** MAT Projects & Community of Practice

National SUD educational initiatives

PCSS NIDA Med SAMHSA NIH HEAL Universities Prof Organizations

Dartmouth Health

SUMHI Website

- Goal: *Bring together relevant MH & SUD resources in one site*
- Links to relevant resources
  - Clinical
  - Educational
- Postings
  - Upcoming meetings & events
  - Education opportunities
  - New/key resources
- SUMHI Project links & Info

Dartmouth Health

Education & Networking

- Networking to enhance synergy
  - Bi-annual live Updates
  - Bi-annual e Updates
  - Outreach whenever opportunities arise
- Education
  - Site specific education as helpful
  - Technical assistance to other project's education initiatives
  - Collaborate with DH ECHO team for substance-related ECHO
  - Support for addiction medicine fellowship

Culture Change Strategies

Education, Knowledge & Understanding

- Academic lectures
  - Grand rounds (Psych, Surgery, Medicine, other)
  - Section meetings - IM, Hospitalist, others
- NAMI LNA/MA MH stigma awareness trainings
- In-service trainings supporting practice change
  - Trauma, Stigma, Science of Addiction
  - Stigma and language
- Online Opioid & SUD CEU activities, DH Office of CE
- Stigma Think Tanks – Anna Adachi Mejia

Staff Empowerment

(Tools, Resources & Care Transformation)

- Collaborative Care – BH integration
- OATC – DHMC launch, spread to other sites
- MAT implementation & cultural transformation -APD
- CARPP – DHMC launch, now multiple sites
- SBIRT initiatives – DHMC Pedi, BH integration
- Recovery Friendly Pedi Practices
- Integrated Delivery Networks (IDNs)

Familiarity, Recognition, Personalization

- Recovery Coach clinical engagement
  - ED, Inpatient
- Persons with lived experience presenting
- 99 Faces Exhibit & associated-launch April
  - Book readings
  - Film showings
- REACT campaign, John Broderick outreach

Language & Communication

- Word's Matter document & dissemination
- Development & dissemination of SUMHI vision
  - Bookmarks 2019, Pledge 2022
- Opportunities
  - Adoption & communication of DHH vision and non-discrimination policy by system
  - Set person centered, non-discriminatory language expectations, accountability.

Dartmouth Health

Population Health
Department of Psychiatry

SUBSTANCE USE & MENTAL HEALTH INITIATIVE (SUMHI)

Population Health
Department of Psychiatry

Celebrating Six Years of the Dartmouth Health Substance Use & Mental Health Initiative (SUMHI)

We envision a health care system in which substance use & mental health conditions are treated with the same urgency, respect, and seriousness of purpose as other illnesses and where discrimination does not occur.

A Message from the Chairs

The Need & Genesis of SUMHI

Mental health and substance use disorders are extremely common - 29.3% of adults experienced a mental health and/or substance use disorder in 2020. The disorders are painful, often disabling and sometimes deadly. Drug related deaths quadrupled in New Hampshire and across the US in the early 2000s and suicide is the 10th most common cause of death in the country. We have treatments that work but the healthcare system is not yet built to facilitate timely access to quality care at sites where people commonly present for care. In 2015, a community health needs assessment in the Upper Valley identified substance use and mental health issues as priorities for attention.

In response, Dartmouth Hitchcock Medical Center Population Health joined forces with the Department of Psychiatry to launch the Dartmouth Hitchcock Medical Center Substance Use and Mental Health Initiative (SUMHI) in February 2016 to optimize the way our health system addresses these challenges.

Initially conceptualized as a three-year project, we continue the work since we have had tangible success and clear need is still present.

Sally Kraft, VP, Dartmouth Hitchcock Medical Center Population Health

Will Torrey, Interim Chair, Department of Psychiatry, Dartmouth's Geisel School of Medicine and Dartmouth Health

The Opioid Addiction Treatment Collaborative (OATC)

The Need

In 2016 the opioid epidemic was raging, but most clinicians outside of psychiatry or addiction specialties perceived evaluation and treatment of opioid use disorder (OUD) to be outside their scope of expertise and did not routinely screen for or treat OUD. When OUD was identified or suspected in patients presenting to primary care, inpatient units or the emergency room, patients were usually referred to psychiatry or addiction specialists for further evaluation and treatment. Precious time was lost in getting patients into recovery. Stigma was ubiquitous.

Actions

SUMHI leaders partnered with Dartmouth Health Safety and Quality leaders across the system to elevate OUD to the highest priority. In April 2016, the Dartmouth Health systems adopted goals for:

1. Routine screening for OUD.
2. Immediate access to OUD medications, including buprenorphine, at the point of care.
3. Seamless access to OUD psychosocial treatment and/or recovery supports.

The Opioid Addiction Treatment Collaborative (OATC) formed.

- Four work groups were established to transformation care to achieve these goals:
  - Dartmouth Hitchcock Medical Center and Clinics Primary Care
  - Dartmouth Hitchcock Medical Center inpatient units
  - Dartmouth Hitchcock Medical Center ED
  - Community Transitions
- Practice support tools were developed and embedded in the electronic health record including:
  - Clinical guidance on treatment of OUD
  - Buprenorphine order sets
  - Information on clinical & recovery resources
- Hosted training sessions for buprenorphine certification (Federally required until 2021), and provided ongoing support for treatment of OUD.
- Opioid treatment "champions" have been identified across the system to improve OUD care at the clinics where they work. In 2021, a grant was awarded to provide additional support to these clinicians.

Population Health
Department of Psychiatry

Moms in Recovery

Perinatal Care for Families Affected by Substance Use

Population Health
Department of Psychiatry

The Need

Opioid use disorder among pregnant and parenting women has significantly increased over the past two decades. In 2021, 3.5% of babies born at DHMC experienced neonatal opioid withdrawal syndrome (NOWS). In NH there was an almost 10-fold increase from 2004 to 2015. In addition to NOWS, untreated maternal OUD has been linked to increased rates of maternal morbidity and mortality and, for babies, to poor fetal growth, preterm birth, and stillbirth. The effects of prenatal opioid exposure on child development are largely unknown. However, some evidence indicates that children who experience NOWS are more likely than their peers to have developmental delay or speech or language impairment in early childhood. Children raised by parents with active substance use are at higher risk to experience trauma, neglect, and/or developmental and emotional challenges.

Action

To improve care of pregnant women with substance use and their infants, Moms in Recovery, a collaboration between members of the Departments of Ob/Gyn and Psychiatry, launched in 2013. Its members work to meet the need for integrated addiction, behavioral health, and medical care for pregnant and parenting women with substance use disorders, reducing barriers to care and increasing engagement.

In 2015, the Ob/Gyn Department also launched a universal tablet- based screening for drug and alcohol use during pregnancy, using validated screening instruments, to facilitate entry to treatment for pregnant people with substance use disorders.

Achievements

- Has served over 270 families from its Lebanon site.
  - Families receive continuing support for as long as is helpful to them
  - Currently, 65 families are actively involved.
- Has assisted 6 maternity care sites around New Hampshire in developing integrated perinatal OUD treatment programs. These sites:
  - Provide treatment for pregnant women up to 12 weeks post-partum
  - Have served 132 women since 2016.

Population Health
Department of Psychiatry

Enhancements to the Moms in Recovery program in Lebanon over the past 6 years have included:

- Expanding program for care for postpartum and parenting women in addition to pregnant women.
- Implementation of Intensive Outpatient level of care specifically for pregnant or parenting women.
- On-site primary care provider within the Moms in Recovery treatment clinic.
- Addition of a Recovery Coach to program staff.
- On-site food shelf offered in collaboration with community organizations.
- A resource specialist to provide case management.
- Supervision for children while their moms attend treatment appointments through collaboration with Dartmouth Hitchcock Medical Center volunteer services and Colby-Sawyer College.
- Development of a Medical-Legal Partnership to address legal needs of participants.
- Participation in Family Treatment Court programming.
- Collaboration with members of the Department of Pediatrics to provide wrap around care to families in the immediate and later childhood periods.
- Screening for naloxone access, and distribution of naloxone in both the outpatient and inpatient Ob/Gyn settings.
- Recipient of the Alliance for Innovation in Maternal Health's Patient Safety Bundle for the Care of Pregnant and Postpartum People with OUD across the Ob/Gyn department.

Dartmouth Health

Culture Change

The SUMHI vision

We envision a health care system where mental health & substance use disorders are treated with the same urgency, respect and seriousness of purpose as other illnesses and where discrimination does not occur.

Dartmouth Health

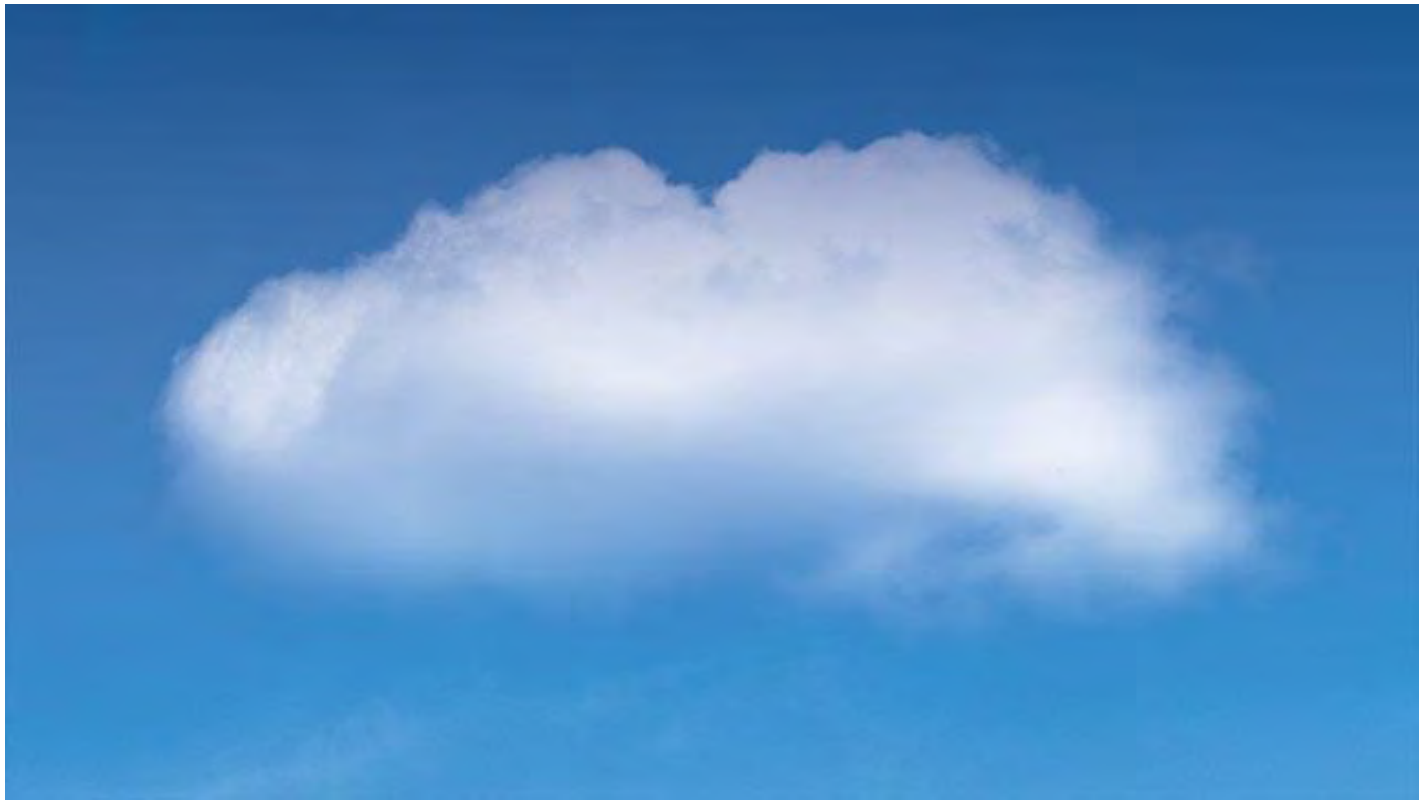
Project ECHO

POPULATION HEALTH
DEPARTMENT OF PSYCHIATRY

Thank you!

Vision for the Future…

Word Cloud



After listening to the series of presentations and work that has been accomplished, what single word that sums up this work?

Celebrating SUMHI