

# SUMHI Action Update

Optimizing care of patients with substance use within  
the Dartmouth Hitchcock Health System

*Adapting care during COVID 19*

3-30-20

The D-HH Substance Use & Mental Health Initiative envisions:

***A healthcare 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.***

# Welcome

*Sally Kraft MD, MPH; V.P. for Population Health D-HH*

*Will Torrey, MD; Vice Chair for Clinical Services, D-HH Dept of Psychiatry*

Leaders, D-HH Substance Use & Mental Health Initiative (SUMHI)

# SUMHI Action Update - Goals

- Update D-H staff and others on advances within the D-HH system to improve care of persons with SUDs
- Identify opportunities to expand engagement & collaboration with D-HH and between D-HH and other systems and communities
- Be sure the people with SUDs whom we serve have adequate care and support during the COVID pandemic

# Session Requests & Info

- Please chat message us now with your name, department or organization & email
- Mute, unmute to speak
- Submit questions/comments by chat
- Slides will be posted at SUMHI website, will send link
- Presentations will be max 8 minutes. Chime at 2 minutes. Gong at end.

# CME

Activity Code For This Session Only

## 9Kw8

Use This Number to Text Requests For Credit

603-346-4334

Need help?

[clpd.support@hitchcock.org](mailto:clpd.support@hitchcock.org)

Signing in on-line?

<http://www.d-h.org/clpd-account>

**Session Date:** March 30, 2020

**Topic:** DH SUMHI Opioid/SUD Action Update

**Session Speakers:** Will Torrey, Sally Kraft, Seddon Savage, Charlie Brackett, Matt Duncan, Luke Archibald, Daisy Goodman, Julie Frew, David DeGijzel, Aurora Drew

Dartmouth-Hitchcock is accredited by the Accreditation Council for Continuing Medical Education 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)*<sup>™</sup>. 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**

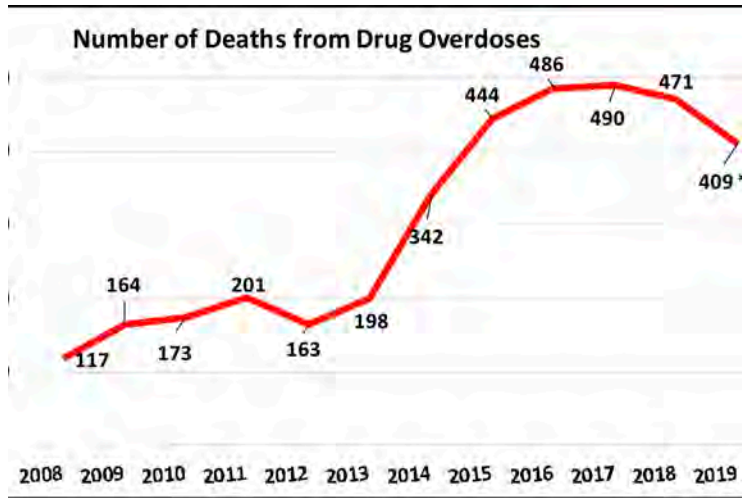
The RSS Physician Director(s), planning committee member(s), speaker(s), author(s) or anyone in a position to control the content for **Substance Use & Mental Health Initiative** have reported NO financial interest or relationship\* which could be perceived as a real or apparent conflict of interest. There were no individuals in a position to control the content that refused to disclose.

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.

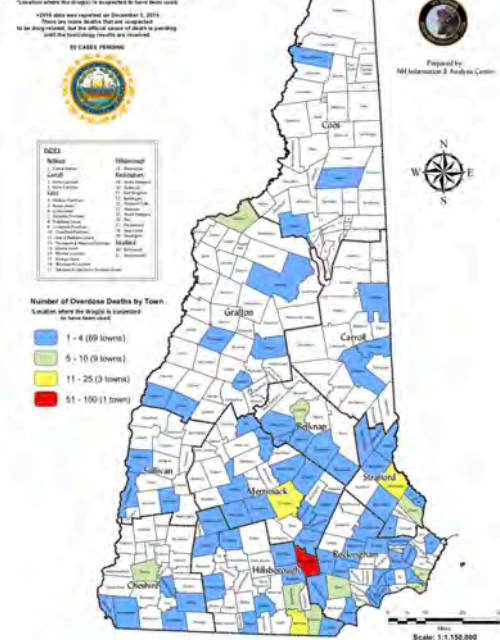
\* A "financial interest or relationship" refers to an equity position, receipt of royalties, consultantship, funding by a research grant, receiving honoraria for educational services elsewhere, or to any other relationship to a company that provides sufficient reason for disclosure, in keeping with the spirit of the stated policy.

# Current Regional Context

# NH Med Examiner 2-20-20



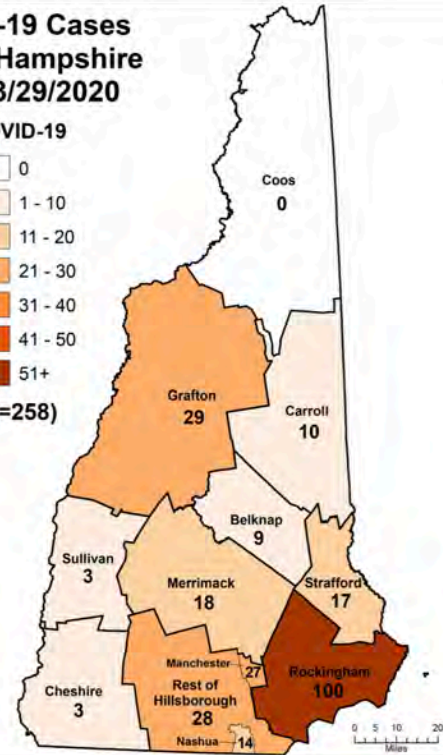
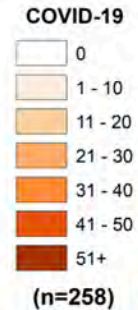
Overdose Deaths by Town\* - 2019\*  
(Data Source: NH Medical Examiner's Office)



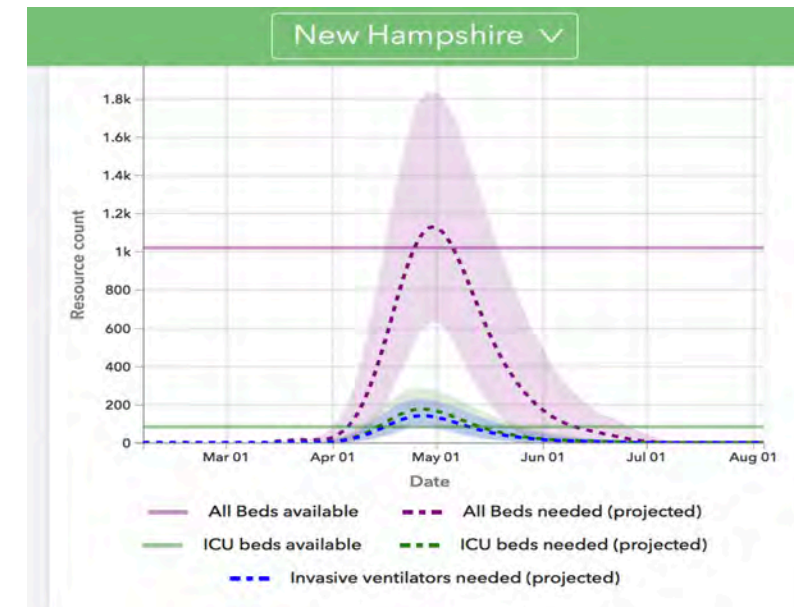
# NH DHHS 3-29-20

# Persons with COVID-19	<b>258</b>
Deaths attributed to COVID-19	3 (1%)
Hospitalizations	39 (15%)
#Persons being monitored	1050

COVID-19 Cases in New Hampshire as of 3/29/2020



IHME, U Washington  
(Note: fluid & changing)



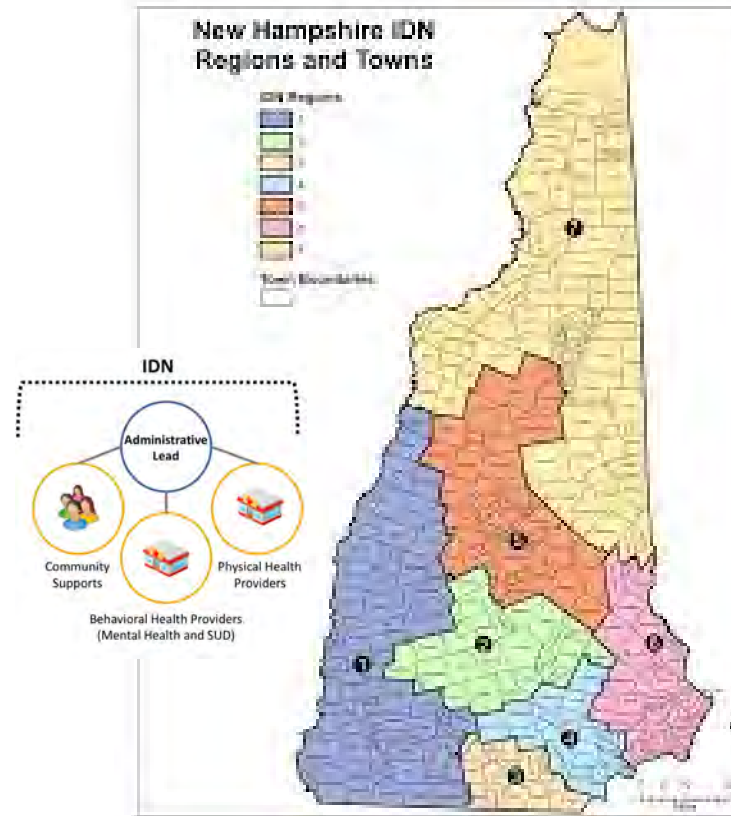


# New Hampshire Public Health Network



- 13 regional sites
- Bring together diverse sectors
- Address SUD Prevention & Care
- Respond to public health emergencies

# NH Integrated Delivery Networks

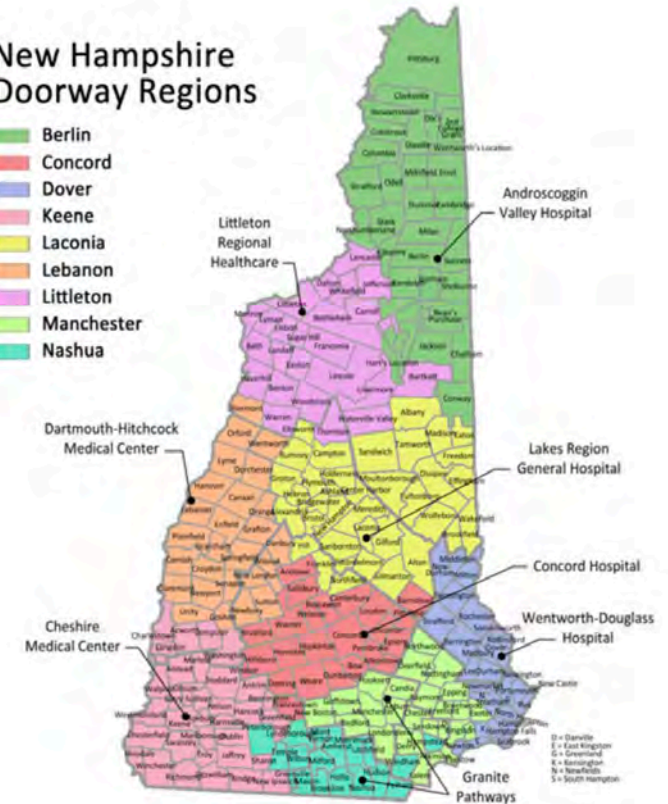


- 7 regional IDNs
- Integrate physical & mental health care
- Address social determinants of health

# New Hampshire Doorways

## New Hampshire Doorway Regions

- Berlin
- Concord
- Dover
- Keene
- Laconia
- Lebanon
- Littleton
- Manchester
- Nashua



- 9 regional Doorways
- Bring together diverse sectors
- Address SUD Prevention & Care
- Respond to public health emergencies



# New Hampshire Drug & Mental Health Courts



- 10 Drug Courts, 10 MH Courts
- Divert to treatment
- Incentives & sanctions
- Reduce recidivism

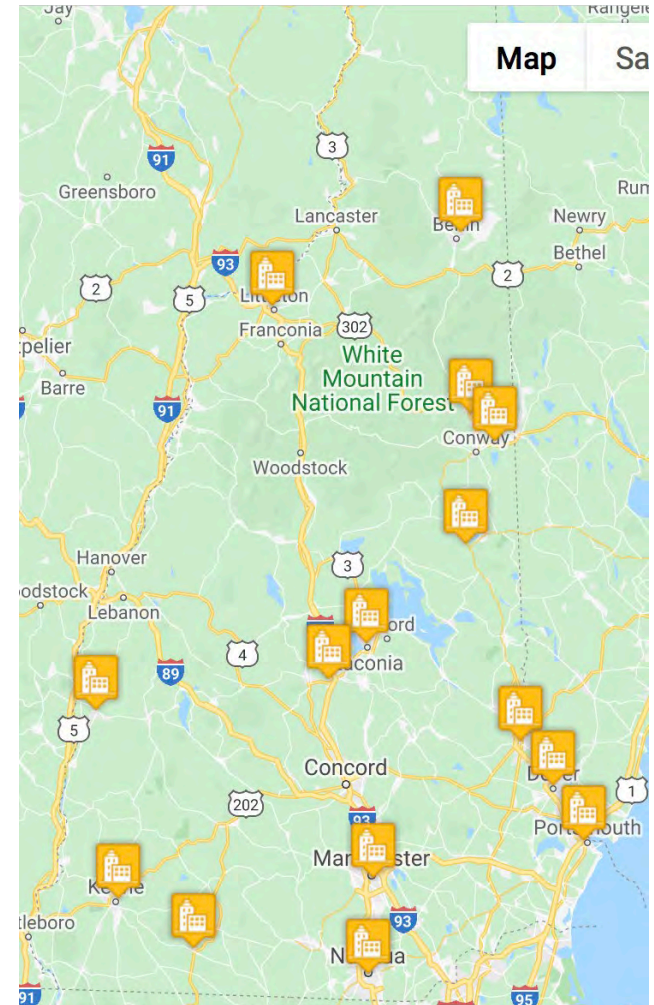
# New Hampshire First Responders EMS and Law Enforcement



# NH Recovery Community Orgs

- Network of 15 independent, state-funded sites
- Facilitating org - Harbor Homes
- Recovery coaching
- Support groups
- Wellness activities
- Connections to treatment
- All have transitioned to online during COVID

<http://nhrecoveryhub.org>



# NH SUD Related Networks

- NH DHHS Bureau of Drug & Alcohol Services
  - Coordinates and provides expert input into all these networks
- Relevance
  - Rich partnerships for collaboration
  - Facilitate regional implementation of work
  - Replication and dissemination of work products
  - Reduce duplication of efforts



# SUMHI COVID-19 Page

<https://med.dartmouth-hitchcock.org/sumhi.html>



## SUBSTANCE USE AND MENTAL HEALTH INITIATIVE (SUMHI)

### COVID-19 and SUD Resources

[Current News and Events](#)

[Past News and Events](#)

[About SUMHI](#)

[SUMHI Projects](#)

[Treatment and Recovery Services](#)

[Patient Education, Support & Self-Care Resources](#)

[Clinical Practice Guidance and Tools](#)

[Professional Development and Education](#)

[Advocacy and Policy Change](#)

[Contact Us](#)

## COVID-19 and SUD Resources

Policies, resources, and practices to support care of people with substance use disorders (SUDs) during the current COVID pandemic are changing rapidly.

Below are some links that may be helpful to keep up with the issues as they evolve and some resources to share with others. We will make every effort to update as new information and resources become available.

### COVID-SUD state and federal policies

#### Prescribing and telehealth changes relevant to treatment of SUD including MAT

- [NH Governor's statement on temporary expansion of telehealth, 3-18-20 \(PDF\)](#)
- [Guidance on Telehealth during COVID from the NH Office of Professional Licensing, 3-20-20 \(PDF\)](#)
- [DEA statement on controlled substance prescribing exceptions engendered by formal declaration of COVID 19 pandemic](#)
- [DEA exemptions for delivery of medications from licensed OTPs \(PDF\)](#)

#### Privacy and confidentiality changes relevant to telehealth and treatment of SUD

- [SAMHSA COVID 42 CFR guidance \(PDF\)](#)
- [HIPAA enforcement discretion](#)

#### More information/resources on policies related to COVID, SUD and telehealth

- [The National Institute on Drug Abuse \(NIDA\) statement on COVID impact on persons with SUD](#)
- SAMHSA's COVID 19 guidance for opioid treatment programs and providers:
  - [Medication-Assisted Treatment \(MAT\)](#)
  - [SAMHSA \(Substance Abuse and Mental Health Services Administration homepage\)](#)
- [American Society of Addiction Medicine \(ASAM\) Coronavirus page with diverse links and resources](#)

### Clinical and patient support materials for SUD care during COVID

#### General COVID and SUD related information

- [SAMHSA Tips for social distancing, quarantining and isolation during an infectious disease epidemic: Taking care of your behavioral health \(PDF\)](#)
- [Clear and informative webinar March 12th on key issues of COVID 19 and SUD by David deGijzel, MD MPH, Dartmouth Infectious Disease physician and SUD harm reduction activist.](#)

**Substance Use and Mental Health Initiative (SUMHI)  
Action Update Program- SUD/OD & COVID**

5:00-5:06	Welcome	<i>Sally Kraft &amp; Will Torrey</i>
5:06-5:12	Regional context of DH initiatives	<i>Seddon Savage, facilitator</i>
5:12-5:20	<b>Integrating BH &amp; PCP care: collaborative care model</b>	<i>Matt Duncan</i>
5:20-5:28	<b>Opioid/MAT treatment at the point of need (OATC)</b>	<i>Charlie Brackett</i>
5:28-5:36	<b>The DH &amp; NH Doorway to substance use disorder care</b>	<i>Luke Archibald</i>
5:36-5:44	<b>Moms in Recovery &amp; CARPP</b>	<i>Daisy Goodman, Julie Frew</i>
5:44-5:52	<b>DH Project ECHO: tele-engagement in learning</b>	<i>Sally Kraft</i>
5:52-6:00	<b>Harm reduction: the DISCERNNE Project</b>	<i>David DeGijssel, Aurora Drew</i>
6:00-6:30	Discussion and final thoughts	<i>All</i>

*A selection of updates among many projects.*

# Discussion

*Questions ?*

*Comments?*

*What more is needed?*

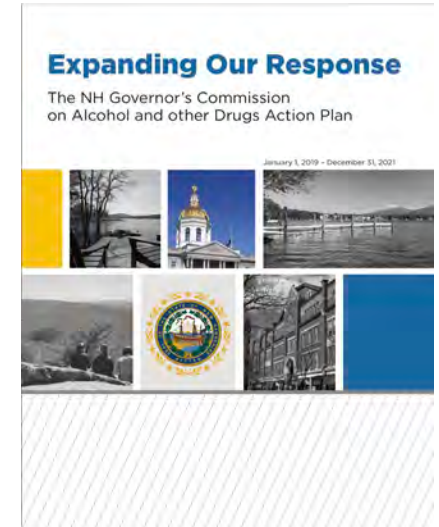
# Next SUMHI Action Update


Monday, September ?



# NH Governors Commission AOD

- 26 Commissioners from diverse agencies and organizations
  - Develop & revise State AOD Plan
  - 8 Task Forces
  - Foster collaboration across silos
  - Distribute funds from the Alcohol Fund  
(In theory 5% of NH liquor profits)
- Developed by & reports to the legislature





# Collaborative Care SUMHI Update: 3.30.2020

Matthew S. Duncan, MD  
Assistant Professor of Psychiatry  
Clinical Director of Integrated Care  
Dartmouth Hitchcock Medical Center



# Conflict of Interest Disclosure:

- I have no conflicts to disclose.

# Team of Behavioral Health Clinicians- Adult

## Nashua

- Amanda Totte, LICSW
- Sara Baker, LICSW

## Manchester

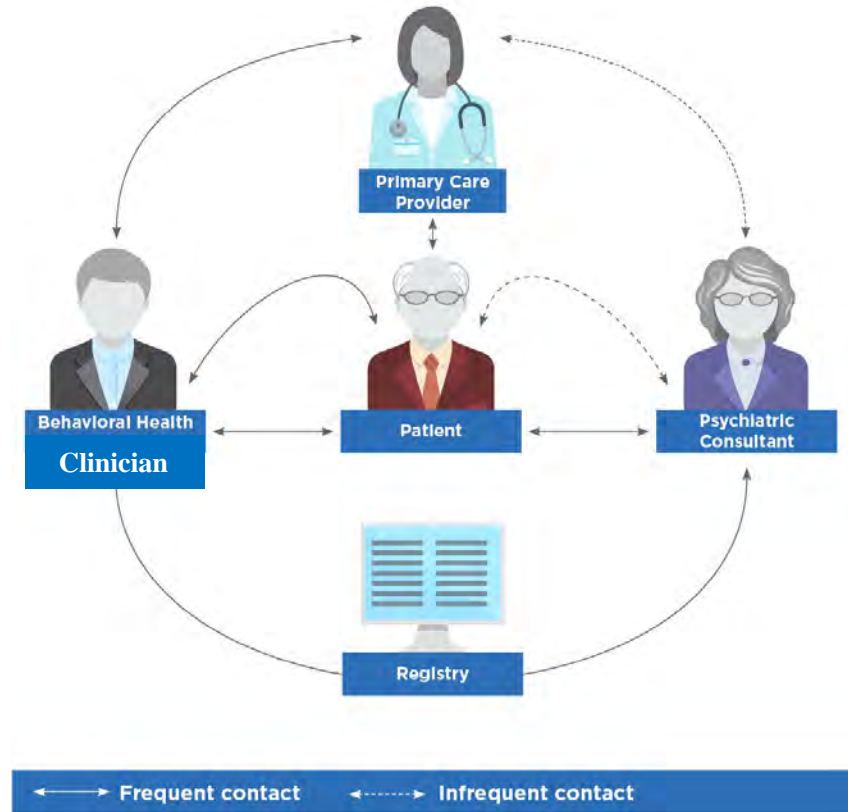
- Alyson Lewis, LICSW
- Jacob Champney, LCMHC

## Concord

- Ann Pitts, LICSW
- Eric Stanley, LICSW

## Lebanon

- Laura Blodgett, LICSW
- Sophie Tell, LCMHC
- Lisa Chartier, LICSW
- Nancy Trottier, LICSW (transitioned to DH-ATP 10/2019)



## Pediatrics

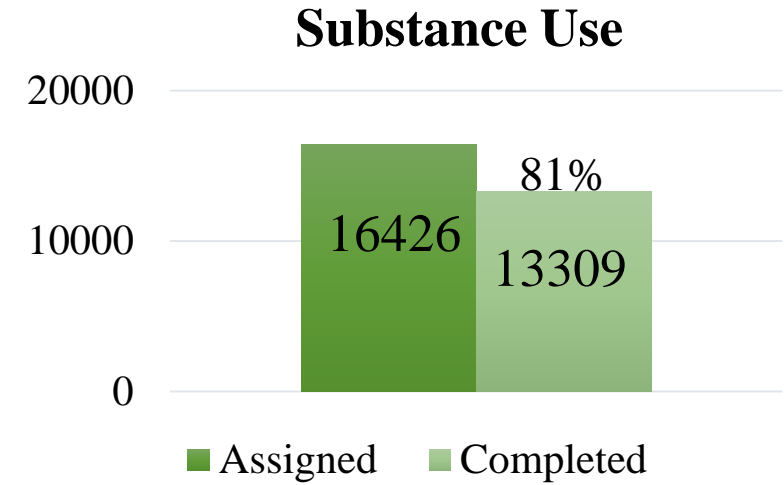
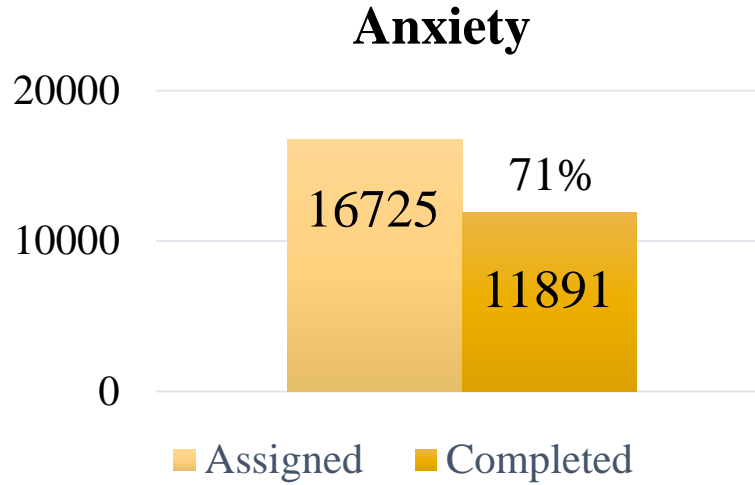
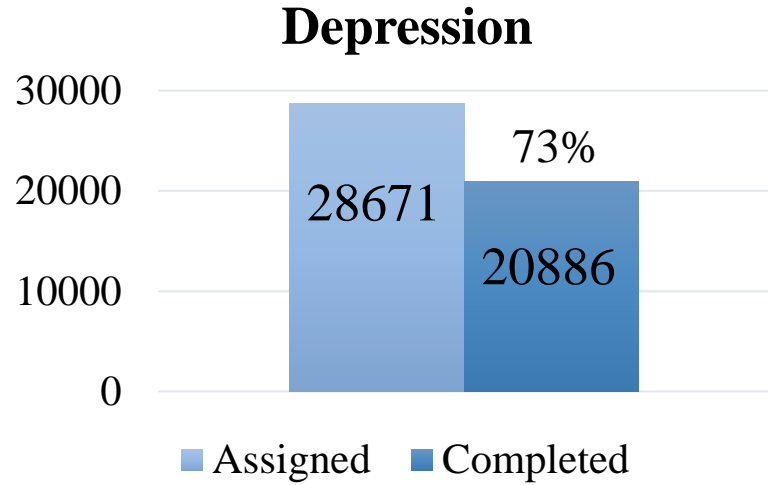
- Lebanon: Susan Pullen, LICSW
- Manchester-Bedford: Debra Hansen, LICSW
- Concord: Shanna Griffin, LICSW

# D-H Behavioral Health Clinician Team

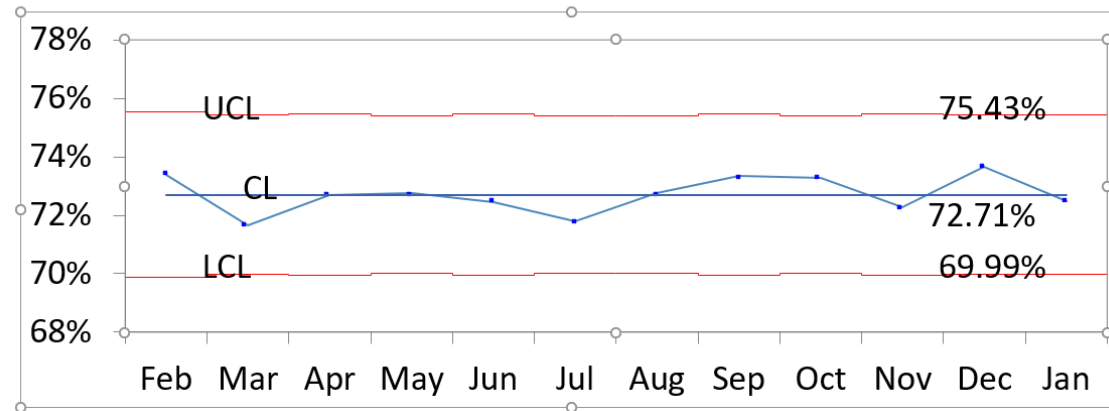


Back row from left: Jacob Champney, Laura Blodgett, Eric Stanley, Ann Pitts, Alyson Lewis.  
Front row from left: Nancy Trottier, Joanne Fadale-Wagner, Amanda Totte.  
Not present: Susan Pullen, Deb Hansen, Sara Baker, Shanna Griffin, Sophie Tell

# Rates of Successful Screening in D-HH Primary Care (Feb, 2019 – Jan, 2020)

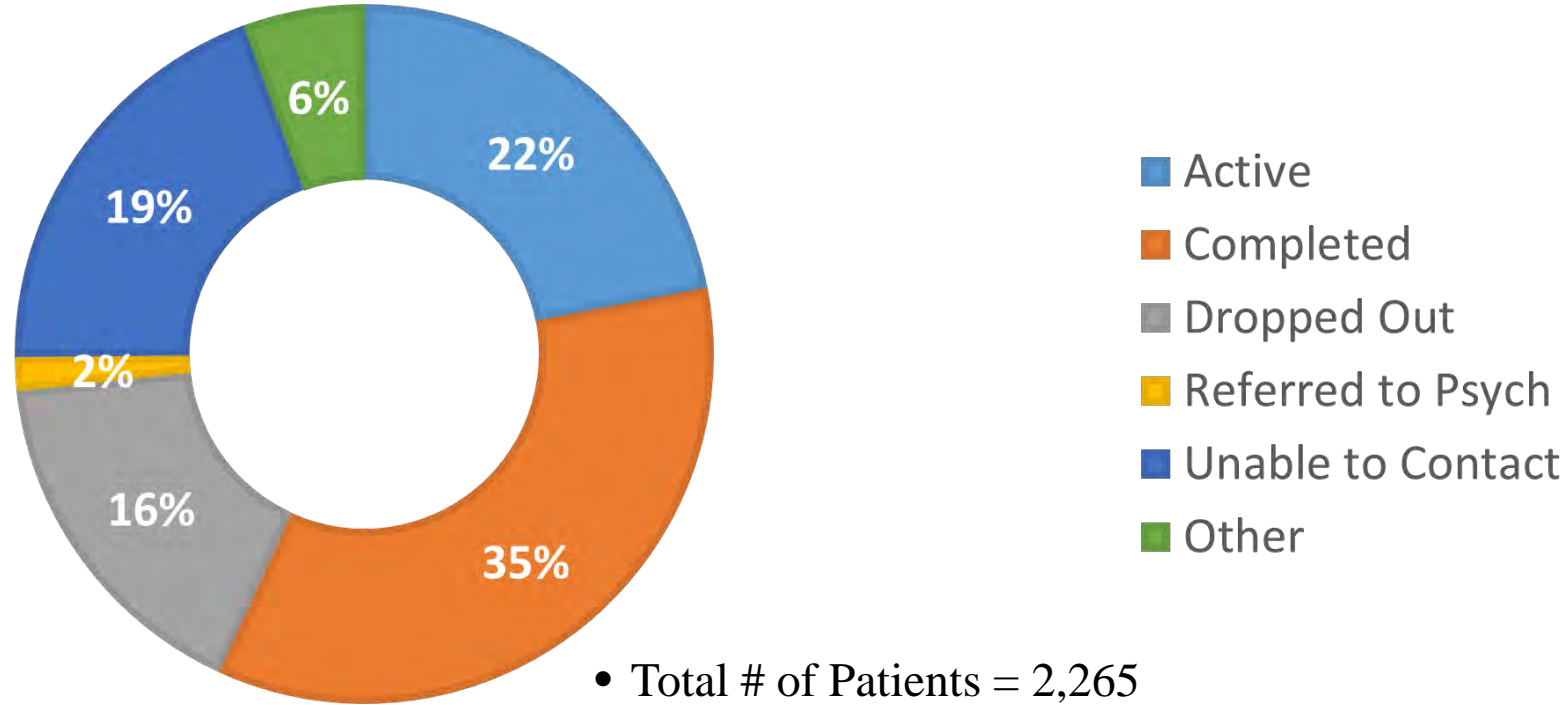


**Figure 3: P Chart of Screening Rates for Depression (Year 1)**



- \*Adult Clinics:
- Nashua FM/IM
  - Concord
  - Lebanon GIM
  - Heater Road

# Makeup of Enrolled Patients (as of January 2020)



57% of patients completed or are active in an episode of Collaborative Care (average 12 weeks)



# Collaborative Care Model Outcomes

Table 1. Collaborative Care Outcomes for Depression in Concord*			
	Average PHQ Score Referral†	Average PHQ Score Completion‡	Average Δ PHQ
BHC1	14.62	9.77	-4.85
BHC2	9.35	3.84	-5.51
Total	10.72	5.38	-5.34

\* Patients chosen from those in registry marked "complete" who were in collaborative care for at least 6 weeks. Total of 50 patients included.

† PHQ2 or PHQ9 score from encounter with date closest to the date patient enrolled in collaborative care.

‡ PHQ2 or PHQ9 score from encounter with date closest to the date patient was marked as "complete" in patient registry

Table 2. Collaborative Care Outcomes for Anxiety in Concord*			
	Average GAD Score Referral†	Average GAD Score Completion‡	Average Δ GAD
BHC1	10.83	7.92	-2.92
BHC2	10.37	4.31	-6.06
Total	10.49	5.23	-5.26

\* Patients chosen from those in registry marked "complete" who were in collaborative care for at least 6 weeks. Total of 47 patients included.

† GAD2 or GAD7 score from encounter with date closest to the date patient enrolled in collaborative care.

‡ GAD2 or GAD9 score from encounter with date closest to the date patient was marked as "complete" in patient registry

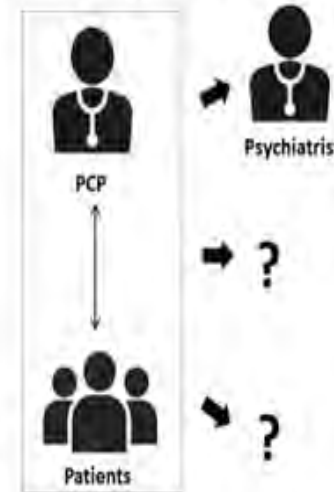
On average, patients who complete an episode of Collaborative Care report ~50% reduction in both PHQ-9 and GAD-7 scores (PHQ-9 or GAD-7 scores < 5 = remission)

## Collaborative Care Codes

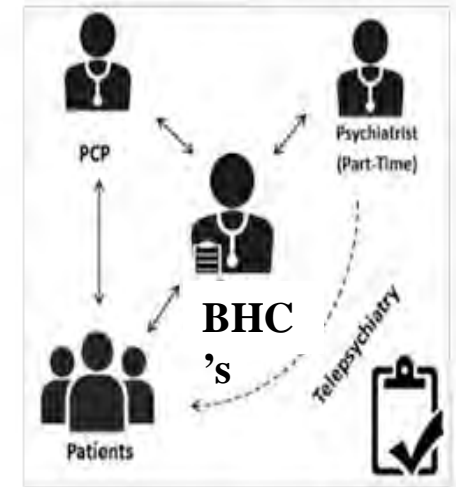
- **Payment** goes to the **PCP** who bills the service
- **Time-based** billing on a per patient basis for those that have met the established time thresholds
- The psychiatrist **does not bill** separately for CoCM. Contracts with the PCP practice
- The patient must provide **general consent** for the service and they will have a **co-pay** (commercial)
- Consent **must** be obtained by the PCP and documented in writing
- Interaction **does not** have to be face-to-face
- **BHC's** and psychiatrists can also bill **additional codes** for traditional services ( therapy etc.) with the proper licensure

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf>

Usual Care/Traditional Model



Collaborative Care Model



Medicare CPT Payment Summary 2018\*

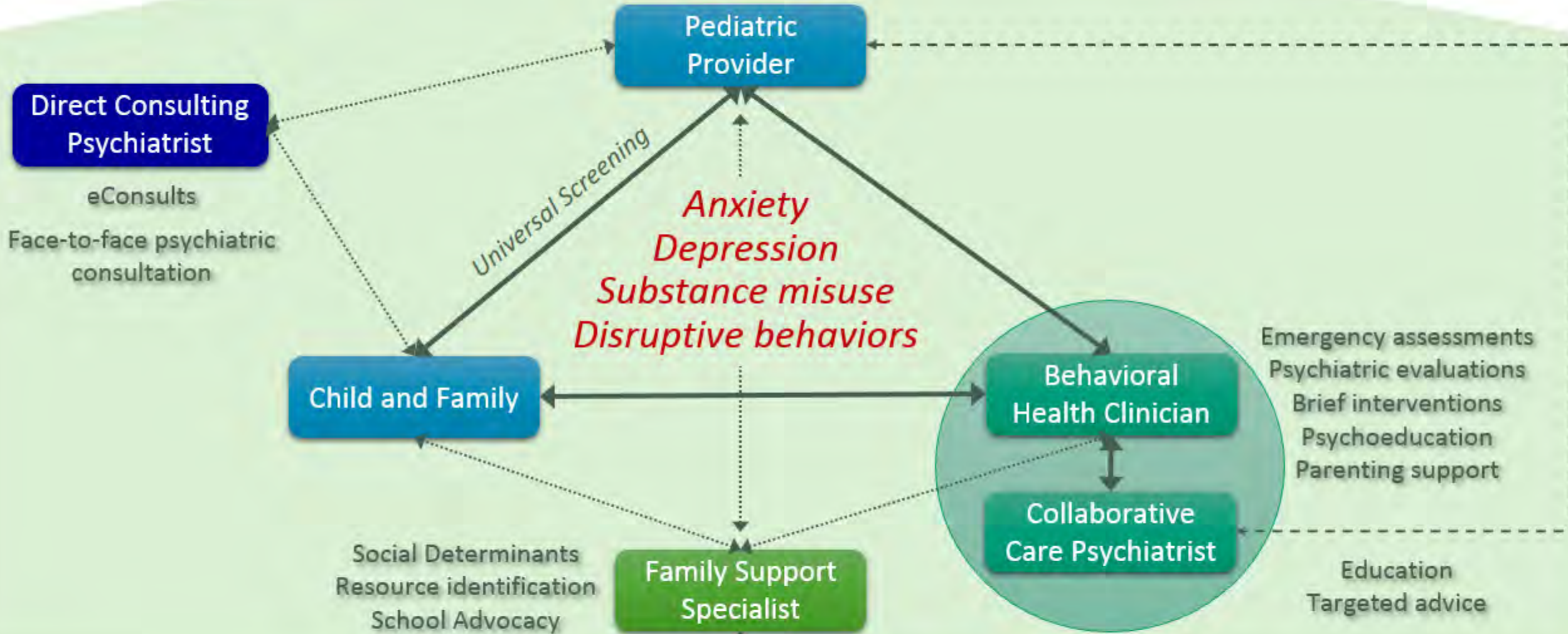
CPT	Description	Payment/Pt (Non-Facilities) Primary Care Settings
99492	Initial psych care mgmt, 70 min/month - CoCM	\$161.28
99493	Subsequent psych care mgmt, 60 min/month - CoCM	\$128.88
99494	Initial/subsequent psych care mgmt, additional 30 min CoCM	\$66.60
99484	Care mgmt. services, min 20 min – General BHI Services	\$48.60

\*Please note actual payment rates may vary. Check with your billing/finance department.

# Pediatric Collaborative Care Model

- Team
  - Matthew Duncan, MD
  - Erik Shessler, MD
  - Katherine Shea, MD
  - Beth Morrill – Project Manager
- Pilot Site: Manchester
  - Joanne Fadale-Wagner, LICSW
  - Kim Danis, RN – Practice Manager
  - Debra Hansen, LICSW- BHC
  - Kristen Cherry, BSW- FSS
  - Pediatric Providers
- Kick-off: Oct 3, 2019
  - Literature Review
  - Charter Draft
  - Screening Inventory
  - Current Process Mapping
  - Referral Process
  - Patient Education Resources
- Meetings 2x/Mo

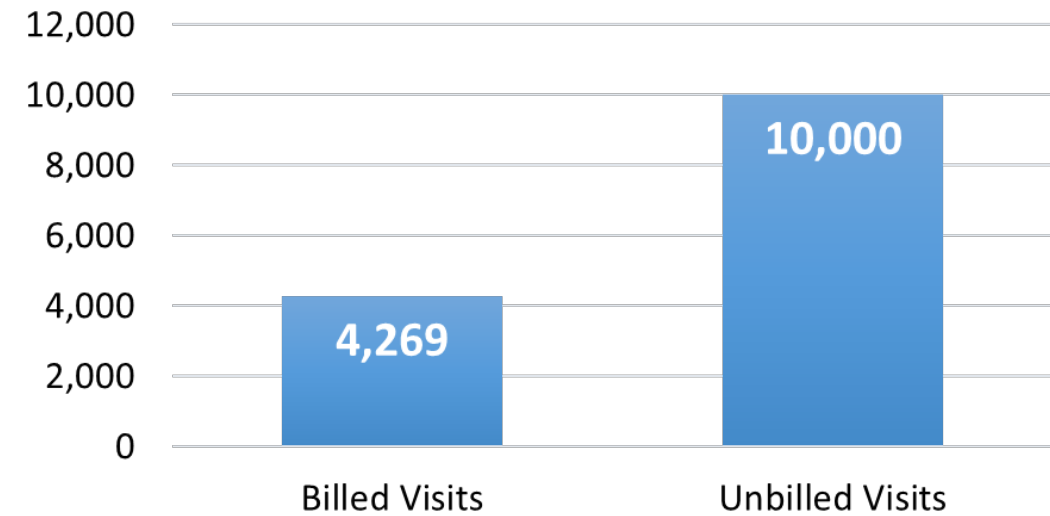




# COVID - 19

- All Staff - Remote work from Home as of 3.30.2020
- Model is well-suited for remote work
  - Telephone outreach most common contact
- Telehealth visits in process
- Supporting Primary Care Teams
- No staff illnesses
- Like everyone else balancing
  - Child care
  - Elder care
  - Self care


**Billed vs Unbilled Contacts**



# THANK YOU

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Comments and Questions



# OATC Update

## SUD/OUN Action Updates

March 30, 2020



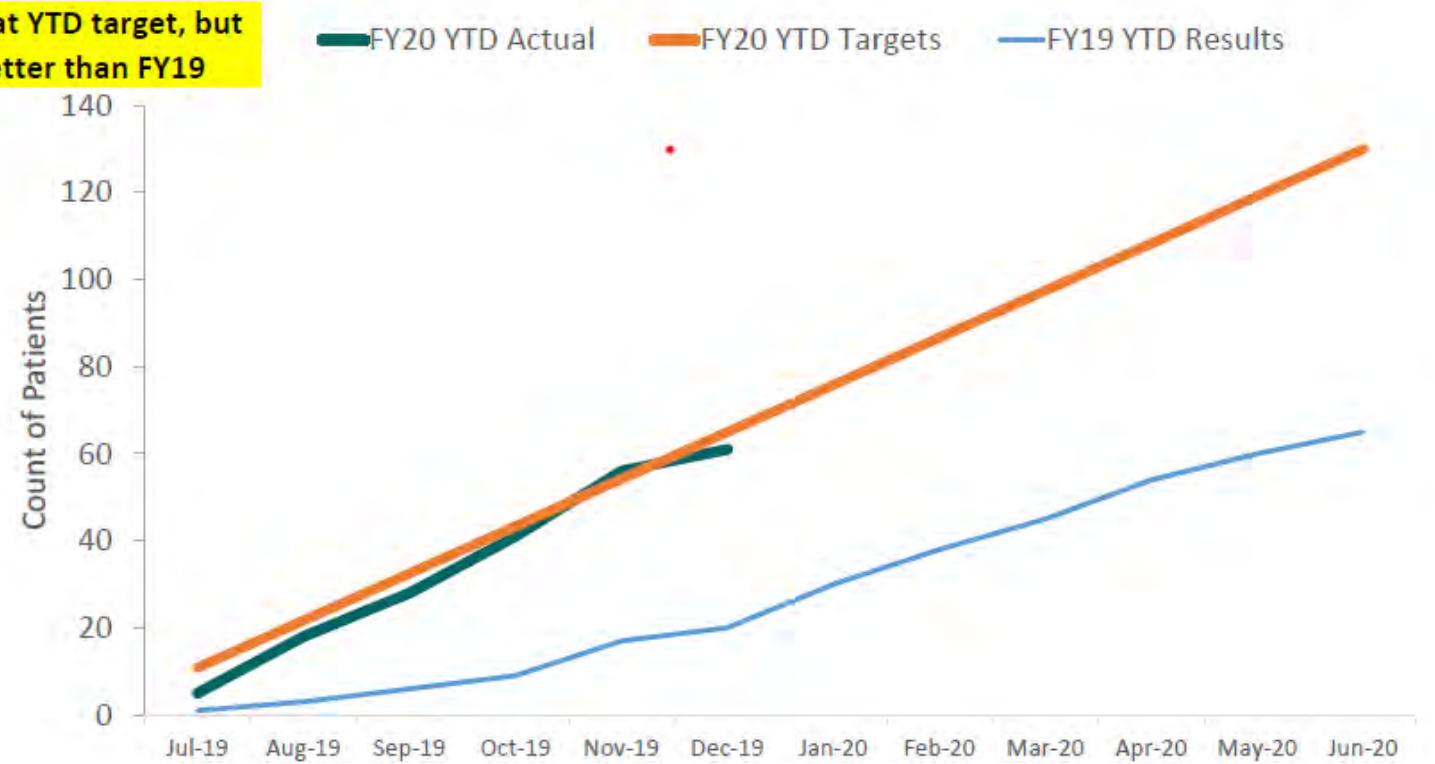
# Identify and encourage treatment of OUD in general medical settings

- Emergency Department
- Inpatient
- Primary Care

## Population Health - Increase # of Buprenorphine Starts in Inpt & E

Double the count of patients with an ED encounter or inpatient stay with a medication order for buprenorphine. Patients with a buprenorphine order within the past year are excluded.

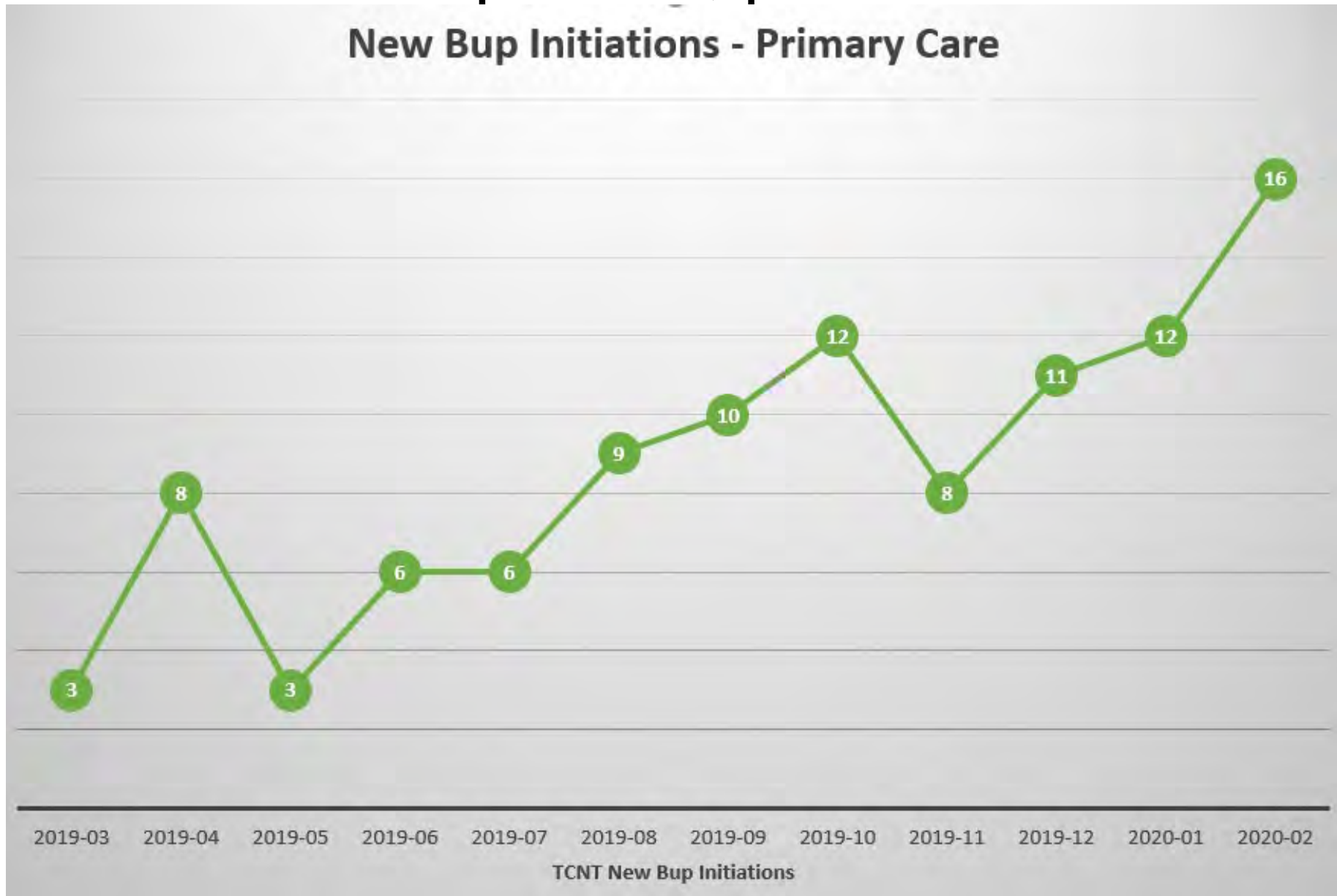
**Not at YTD target, but better than FY19**



# Primary Care

- All Sites are prescribing, using a shared care model
- “Fourth Friday” learning collaborative
- CTN101 Grant: “STOP”- Hong, Manchester
- Coronavirus response
  - Patient visits moved from in-person to phone and telehealth
  - Stress and isolation → increased relapse risk
    - Avoid lapses in buprenorphine
    - Virtual mutual support meetings, apps
    - .BUPCOVIDPTINFO

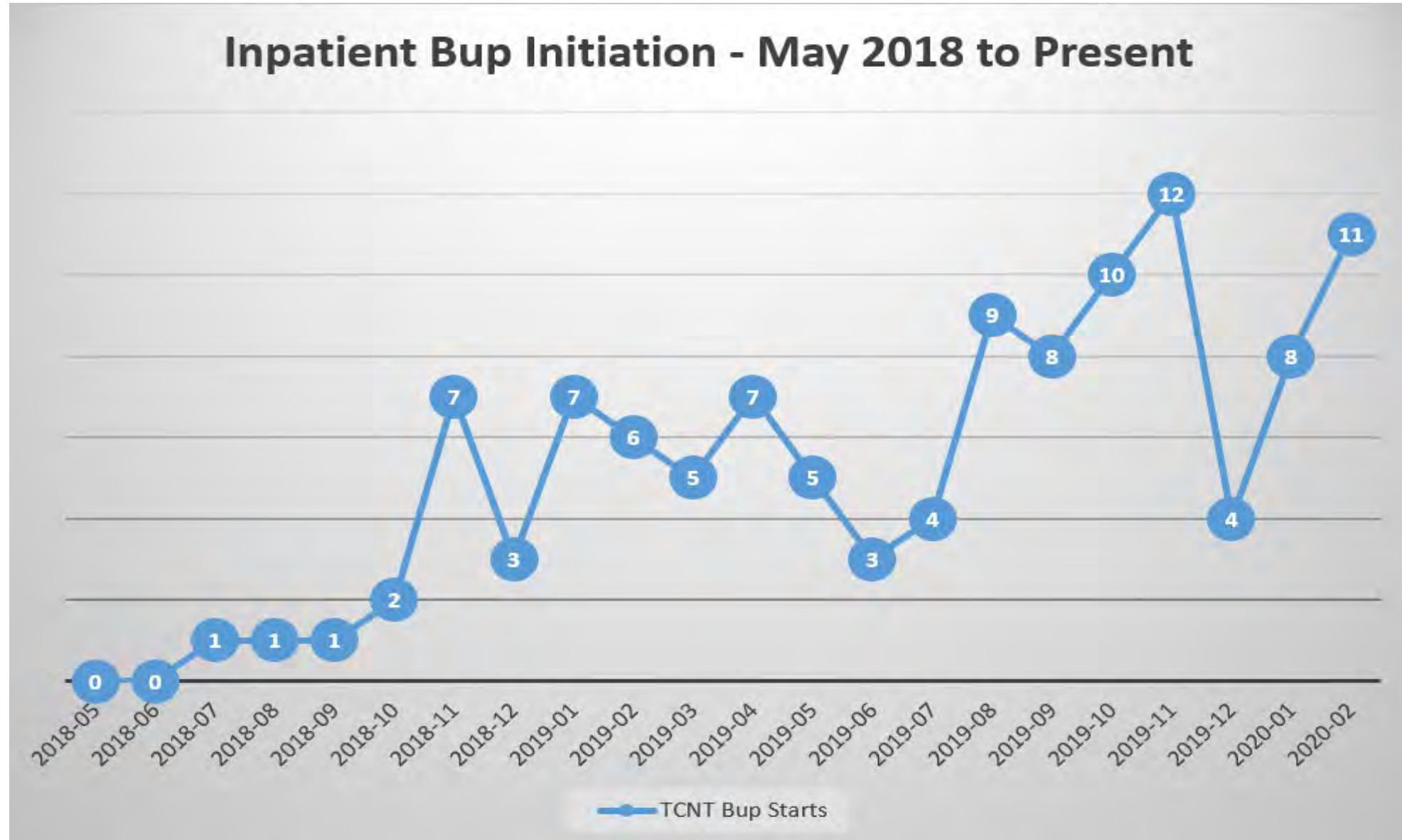
# Patients Initiated on Bup in PC, past 12 mos



# Inpatient

- Inpt screening
- BI Team: evaluation, counseling, arranging FU, bridge scripts
- AmeriCorps staff joined team, follow-up w pts after d/c
- Regular meetings with hospitalists
- Anesthesiology Grand Rounds 9/13
- Surgery Grand Rounds 5/1/20
- TDI Incubator Grant: “Improving Care for Pts w/IDU & Infections”

# Inpatient Results

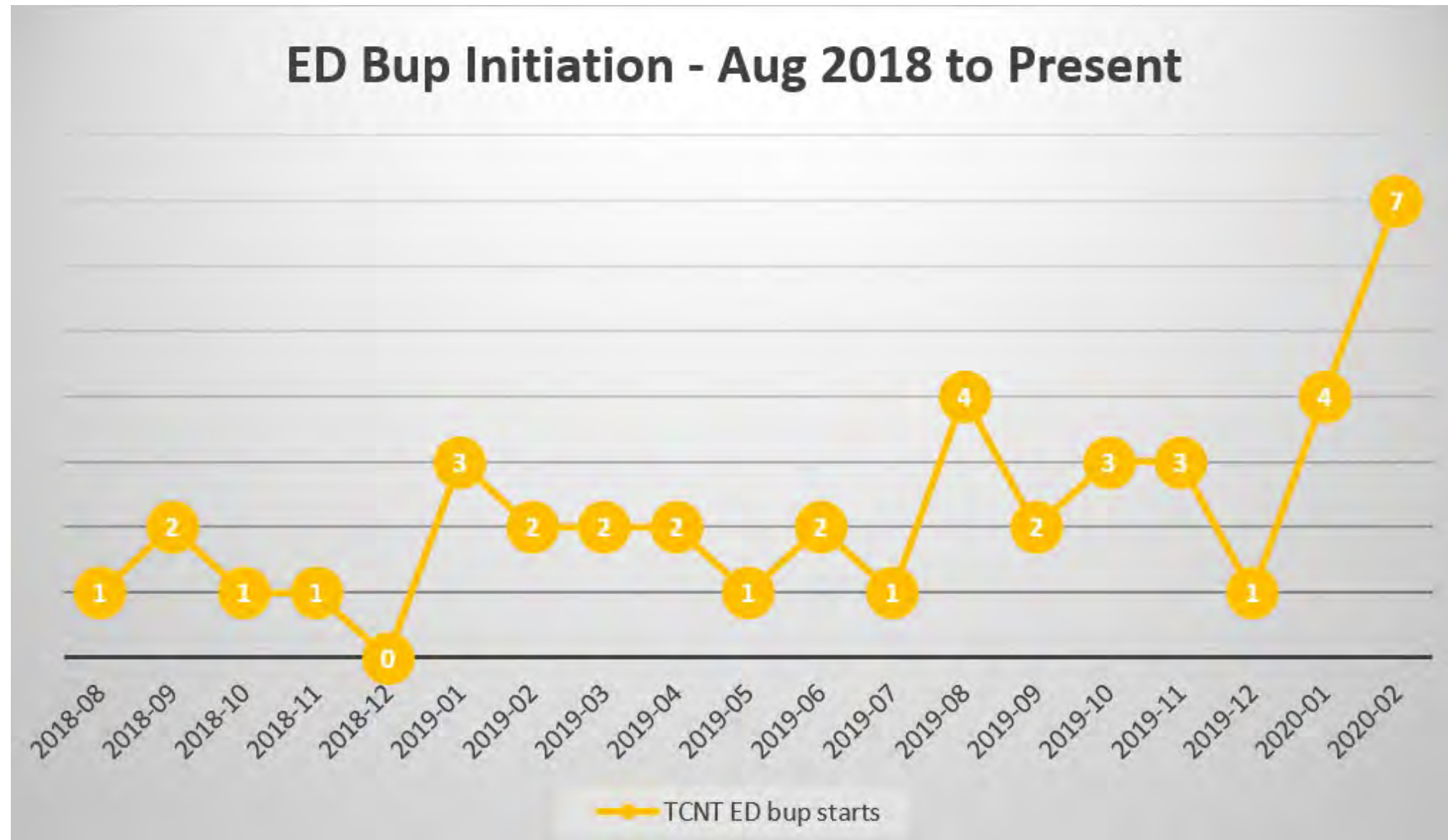


# Emergency Department

- Peer recovery coach is now regular employee, ↑ activation rate
- New Medical Director and ED providers
- APD now mostly staffed by DHMC clinicians
- CHE active in initiating treatment
- Grant CTN99: “EDINNOVATION”: bup inj vs sl

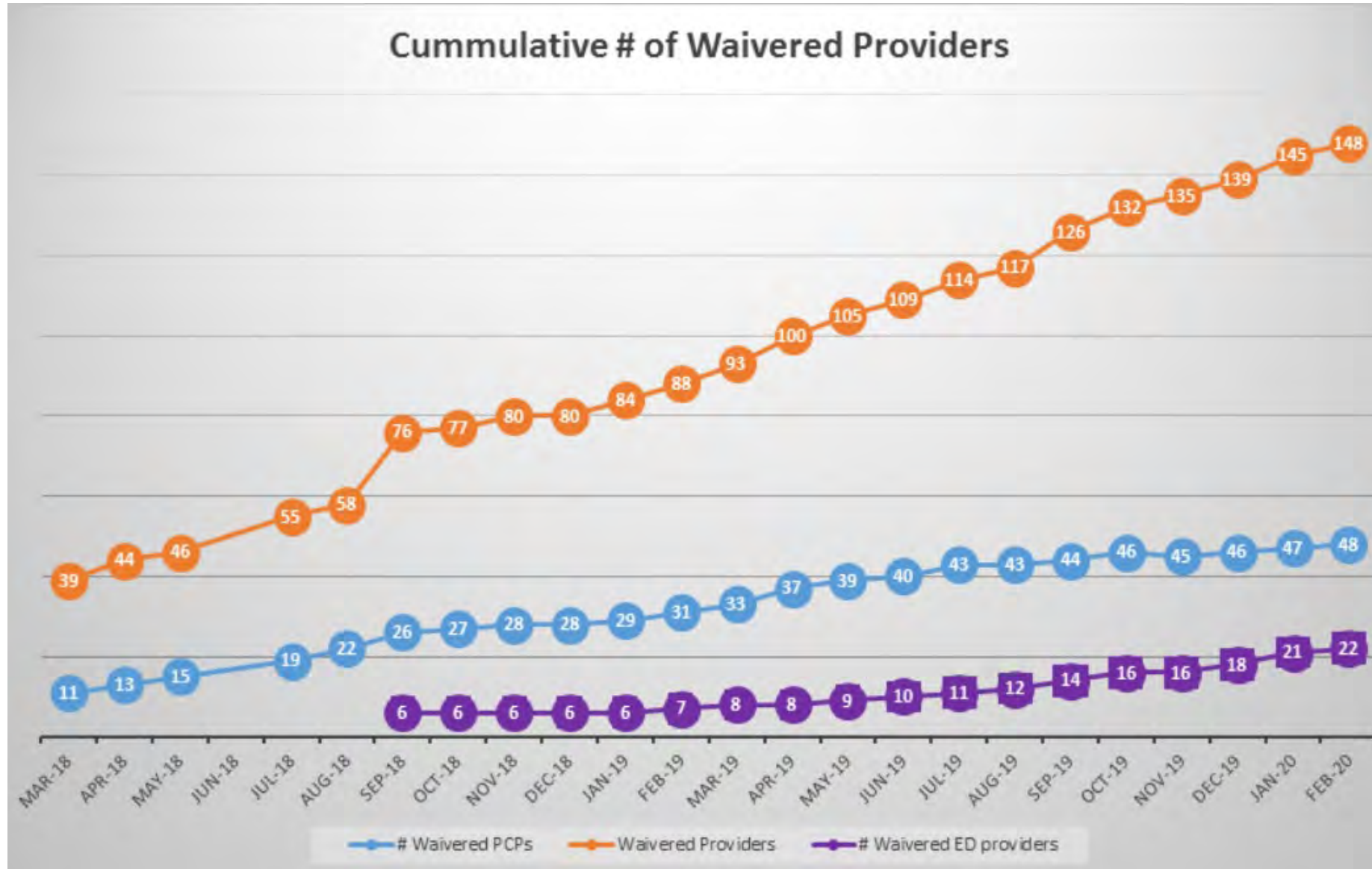


# ED Results





# Waivered Providers



# Addiction Treatment Program and New Hampshire Doorway

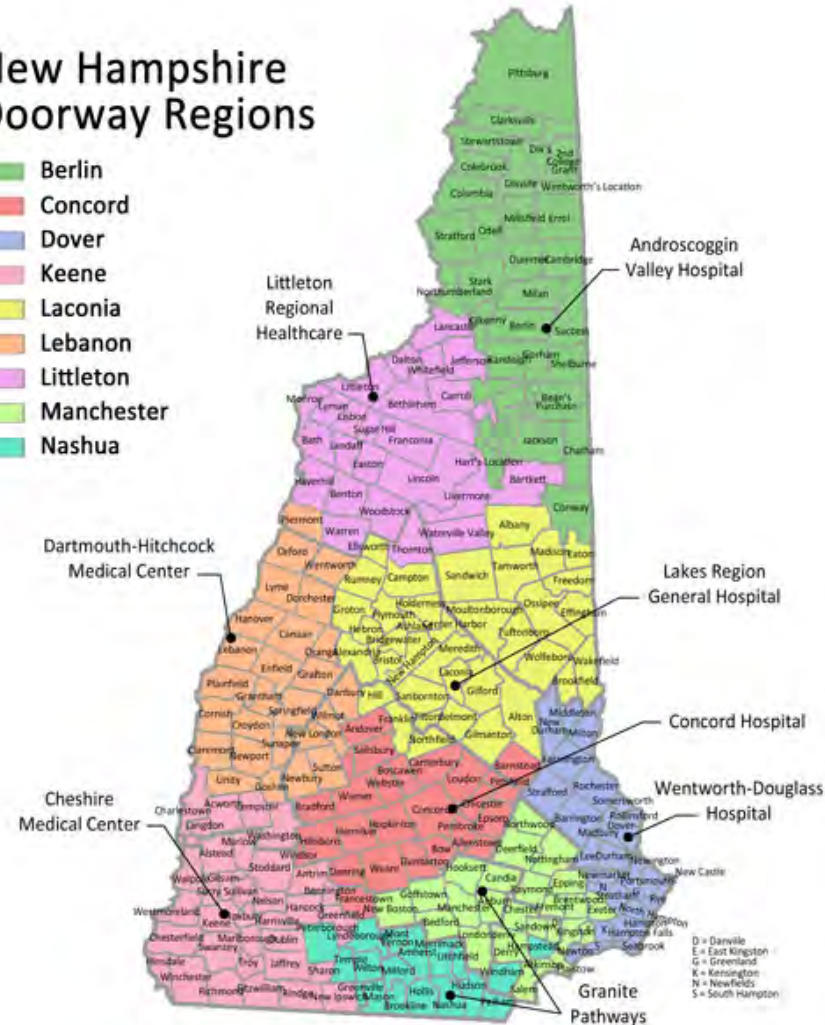
# Addiction Treatment Program (ATP)

- **Intensive Outpatient Program (IOP)**
- **Individual visits**
  - Counseling
  - Medication
- **Moms in Recovery**
- **The Doorway at Dartmouth-Hitchcock in Lebanon**

# State Opioid Response (SOR)

## New Hampshire Doorway Regions

- Berlin
- Concord
- Dover
- Keene
- Laconia
- Lebanon
- Littleton
- Manchester
- Nashua



2.1.1



# Doorway: Core Services

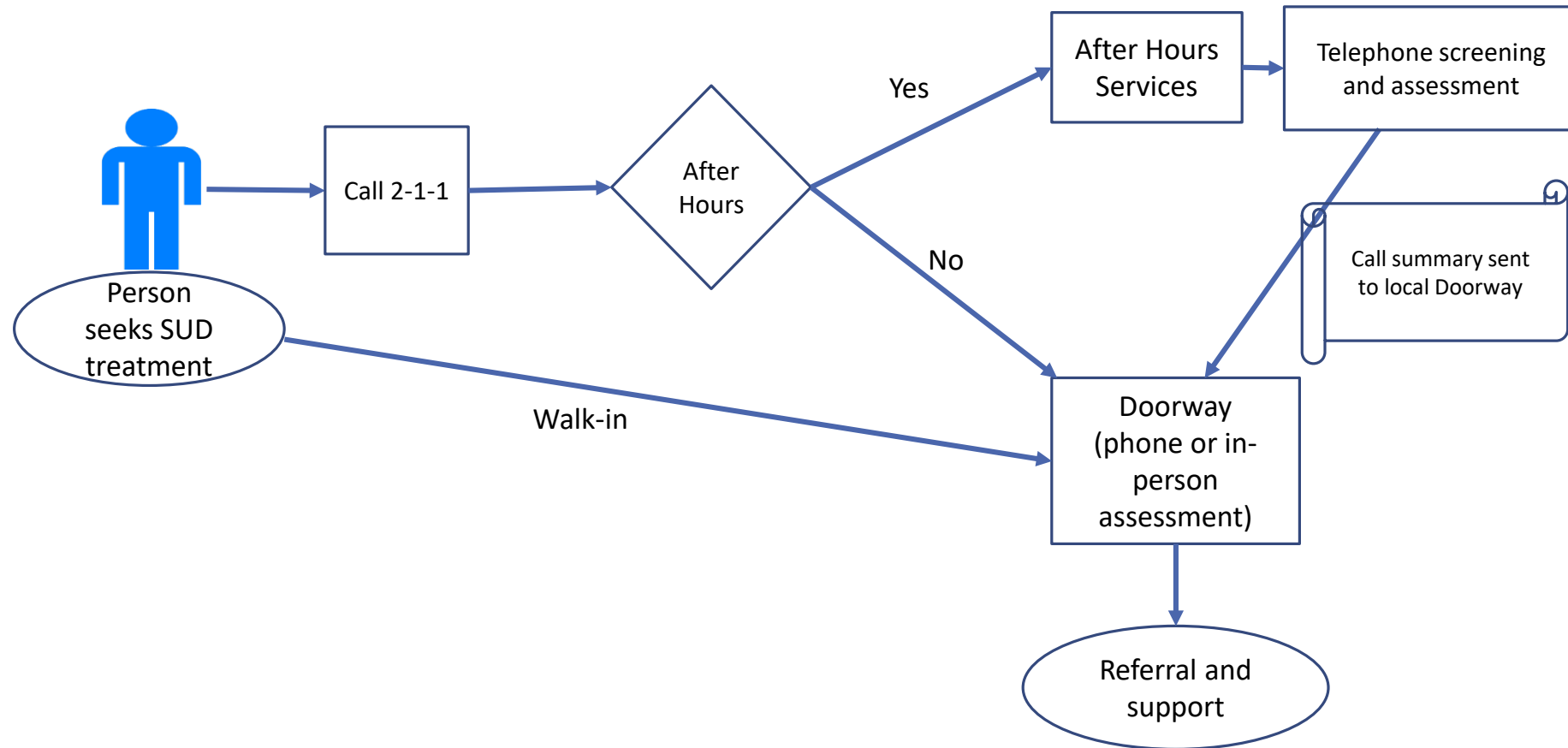
Screening and evaluation

Facilitated referrals

Recovery support

Naloxone Distributions

# Doorway Patient Flow





# Summary of Doorway Activity 2019: State-Wide

Month to Month Totals Summary													
	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sept '19	Oct '19	Nov '19	Dec '19	Totals to Date
All new client calls	199	182	211	247	206	396	387	372	369	444	471	471	3,955
Individuals Seen	362	301	348	429	381	423	429	390	342	321	320	372	4,418
Naloxone Kits Distributed	72	71	71	643	714	501	1185	980	984	1507	1306	1228	9,262
Clinical Evaluations	180	189	262	303	285	318	312	285	276	237	315	285	3,247
Treatment Referrals	187	265	324	408	456	579	595	453	431	393	502	477	5,070
Individuals Served**	472	444	493	593	527	710	705	677	625	664	724	733	7,367
<p>**The total number of individuals served represents the de-duplicated count of individuals seen in person or assisted by telephone. Individuals who were assisted by 211 and also seen by a Doorway are <u>not</u> counted twice. Individuals served includes individuals seeking services, and friends or family seeking information on how to help a loved one.</p>													

<https://www.dhhs.nh.gov/dcbcs/bdas/documents/doorway-activity-dec-2019.pdf>

# The Doorway at Dartmouth-Hitchcock 2019 Update

**243** New Doorway Evaluations

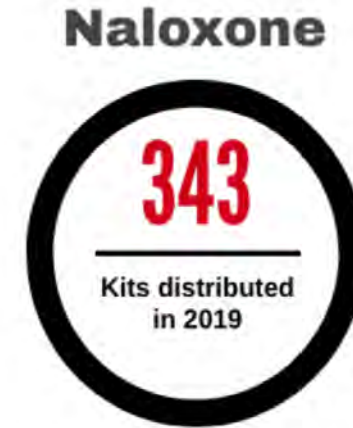
55% Opioid Use Disorder

30% Alcohol Use Disorder

15% Other Substance

# Naloxone Distribution 2019

- 66 kits given to clients at the DH Doorway
- 277 kits given to community partners for distribution



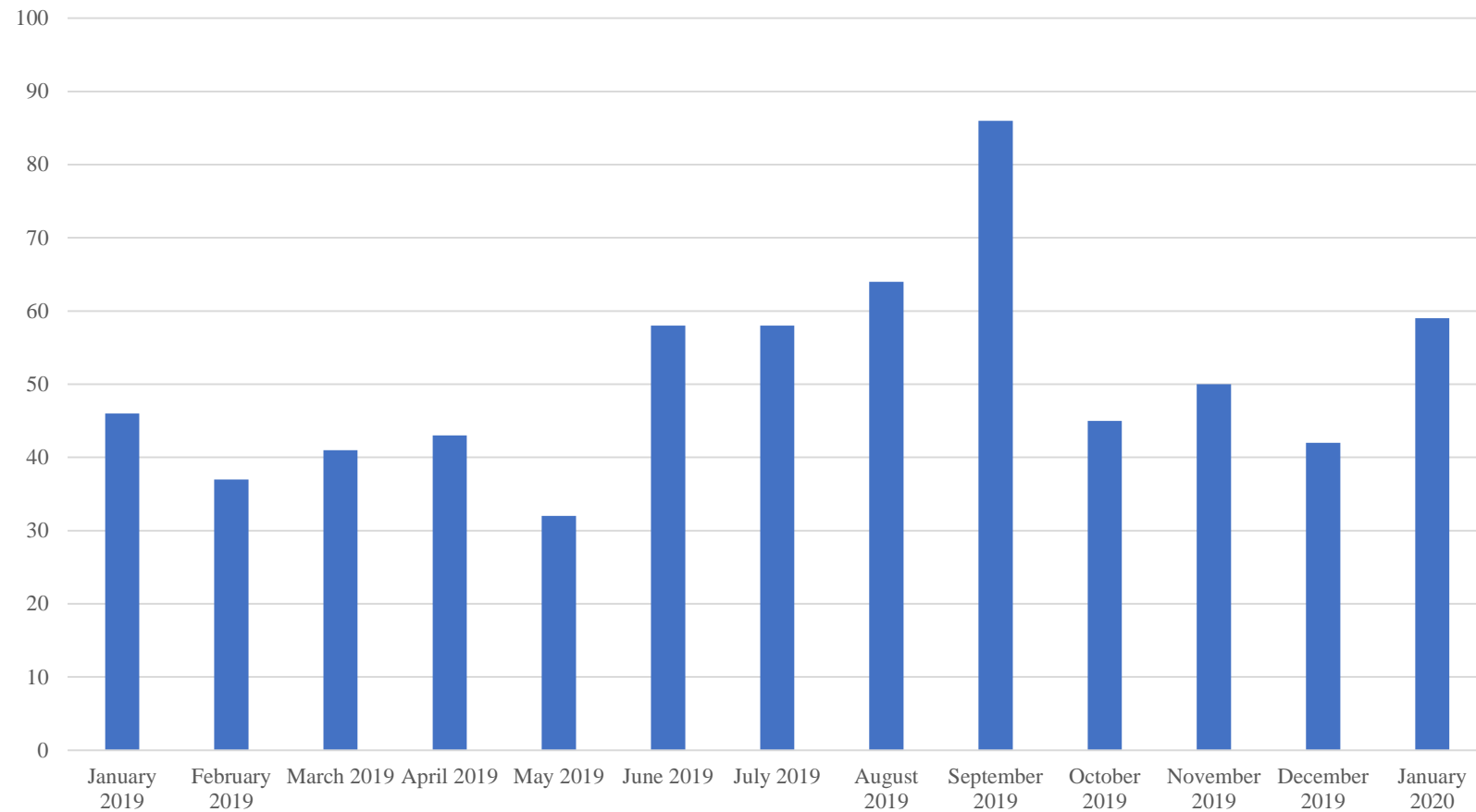


# Naloxone Demographic Info – First Obtained Opioids





# Calls to After Hours / Month

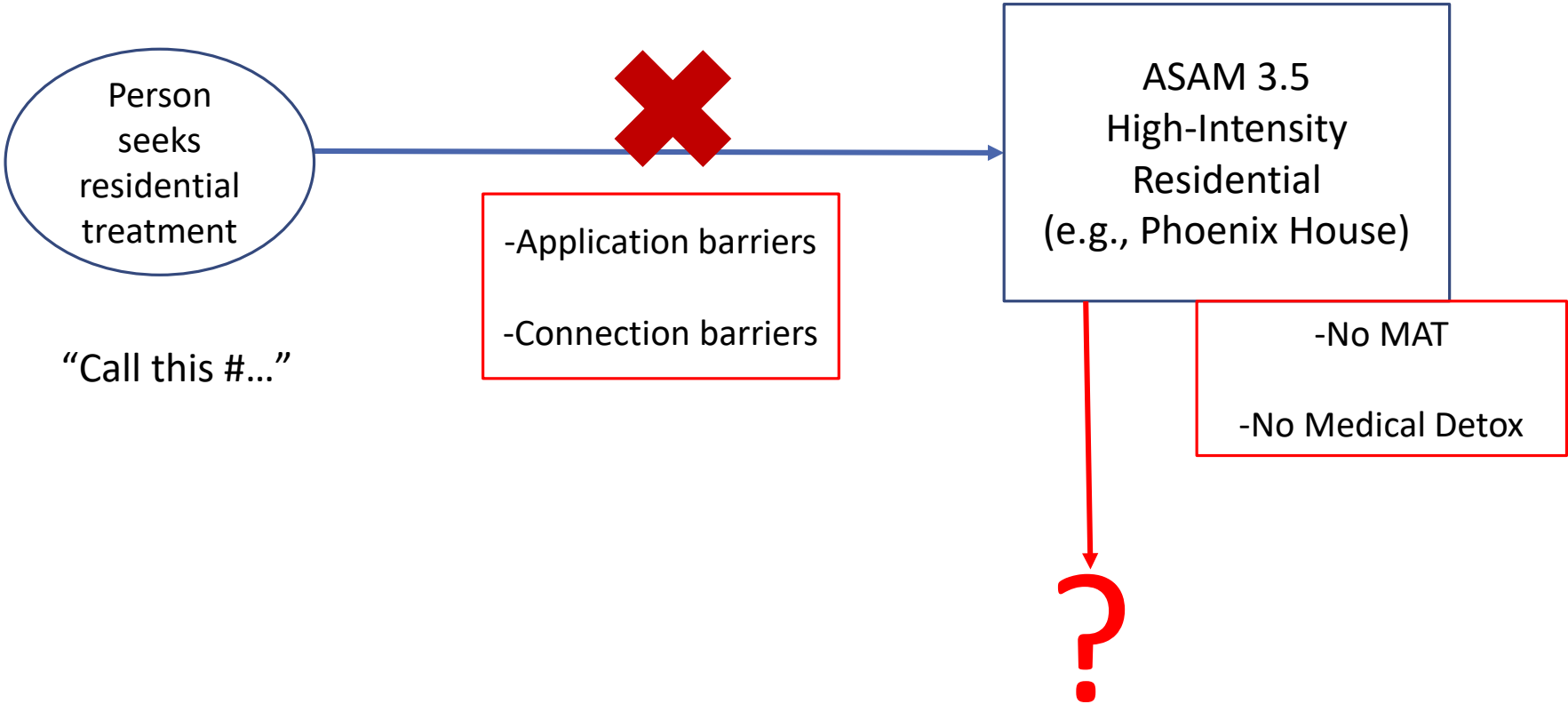




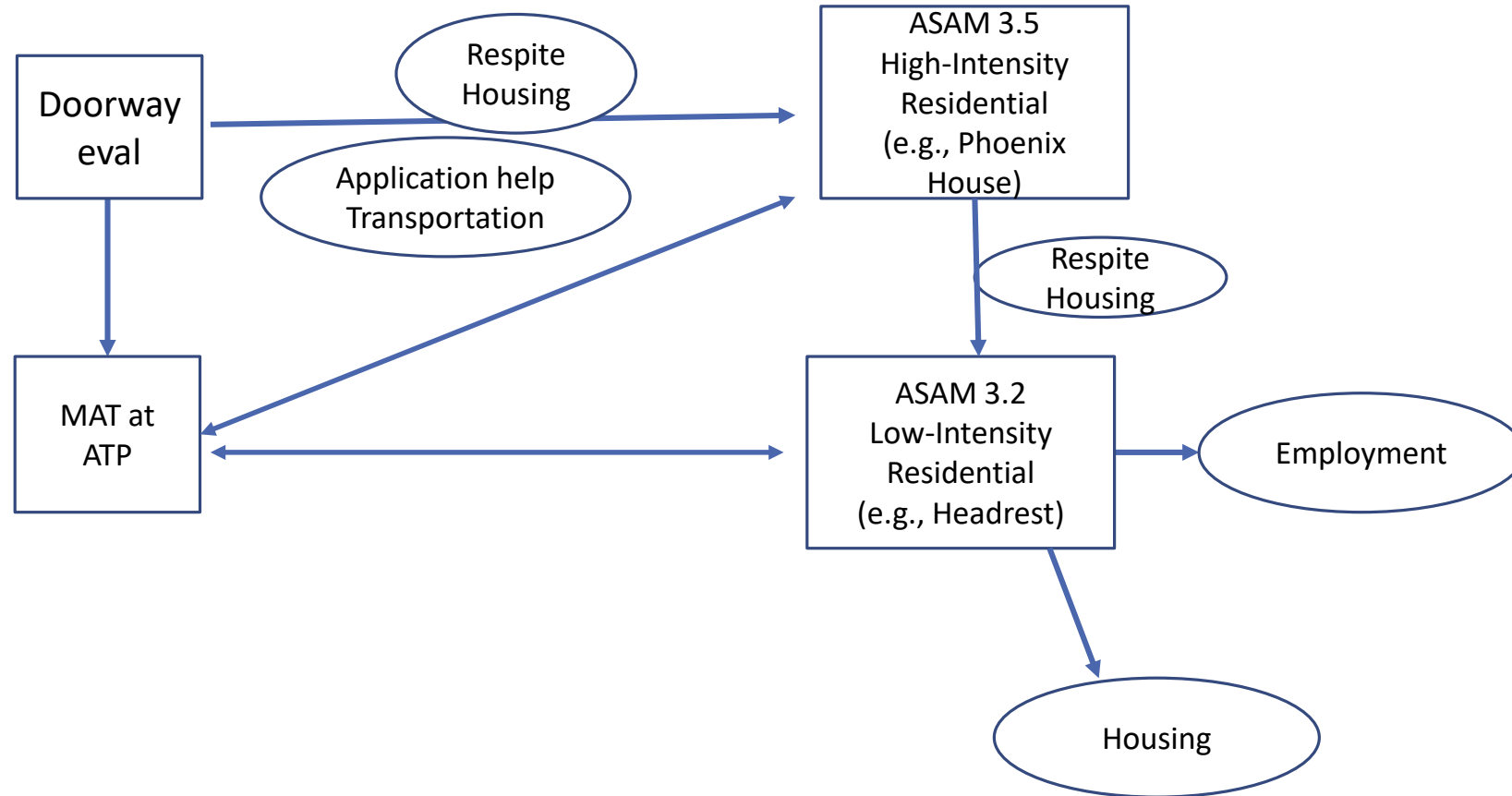
## Identified Substance (Primary or Secondary)

	Q1		Q2		Q3		Q4		Total	
A. Alcohol	46	46%	49	42%	80	46%	60	50%	235	46%
B. Opioid	52	53%	66	56%	73	42%	58	48%	249	49%
C. Stimulants	24	24%	17	14%	30	17%	23	19%	94	18%
Methamphetamine	11		9		23		12		55	
Cocaine	8		4		4		10		26	
Other (multiple stimulants; synthetic cathinone "bath salts"; prescription stimulants)	5		4		3		1		13	
D. Benzodiazepines	3	3%	4	3%	6	3%	3	3%	16	3%
E. Cannabis	0	0%	5	4%	7	4%	5	4%	17	3%

# Traditional Barriers



# Removing Barriers



# Addiction Treatment Program: Active Patients Prescribed Buprenorphine

- **January 2019: ~270**
- **March 30, 2020: 350**

# Addiction Treatment Program: Prescribed Buprenorphine-ER

**19 at least 1 injection**

**(4 of these in March 2020)**

**13/15 received 2<sup>nd</sup> injection**

**1 who did not reported positive effects, will restart**

**1 transitioned to methadone**

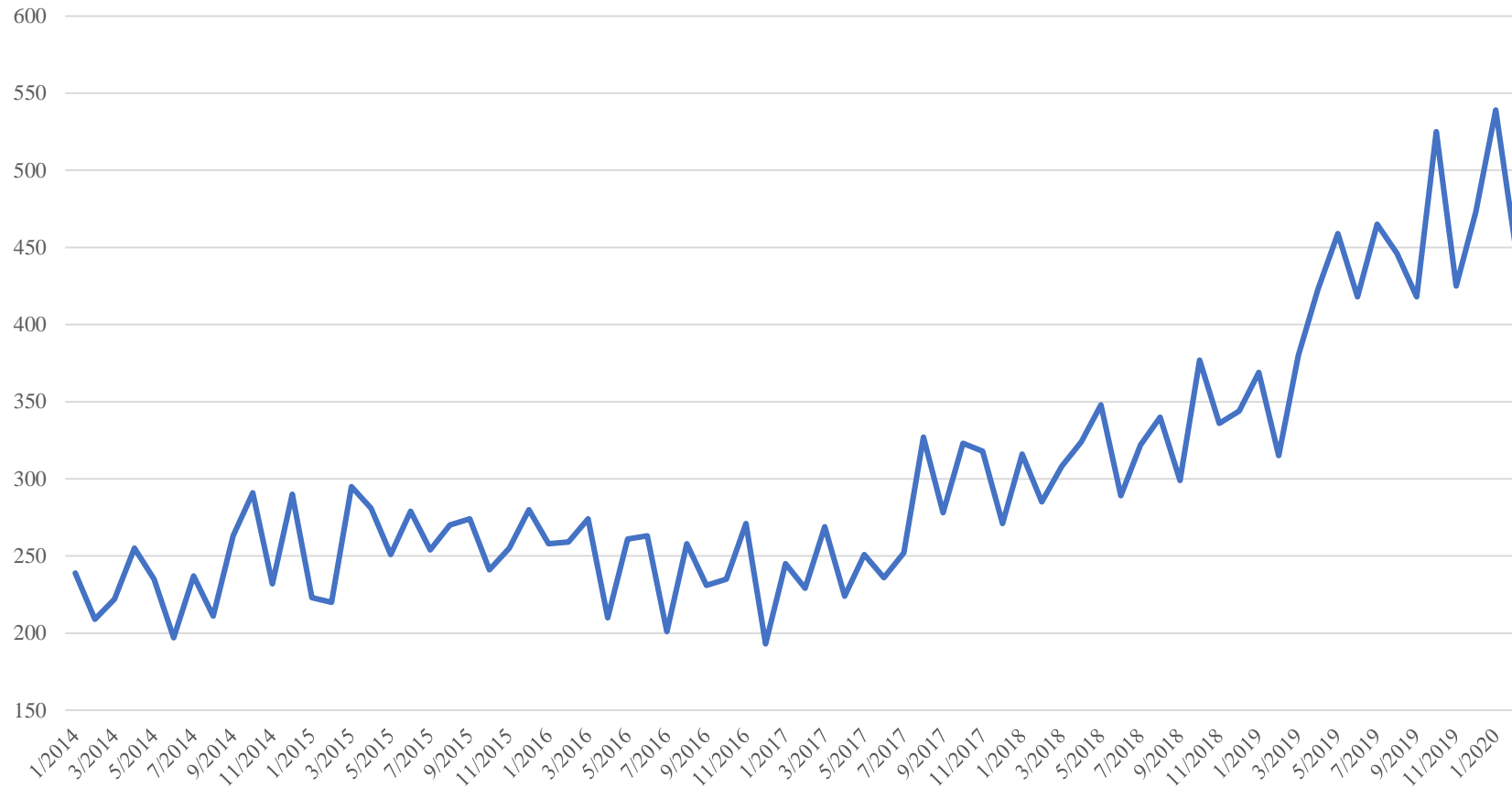
**10/13 received 3<sup>rd</sup>**

**1 insurance barriers to continue; restart tomorrow**

**1 successfully discontinued medication to date**

**1 lost to follow-up**

# ATP: Monthly Physician Visits





# ATP Physicians

	<b>Clinical FTE</b>
Don West, MD	0.4
Luke Archibald, MD	0.3
Julie Frew, MD	~0.3
John Hammel, MD	0.2
David Bae, MD	0.2
Wilder Doucette, MD	0.1
<b>Total</b>	<b>1.5</b>

# ATP Physicians: COVID-19

	Clinical FTE	
Don West, MD	0.4	Telehealth only
Luke Archibald, MD	0.3	
Julie Frew, MD	~0.3	
John Hammel, MD	0.2	
David Bae, MD	0.2	
Wilder Doucette, MD	0.1	
<b>Total</b>	<b>1.5</b>	

# **COVID-19 Challenges**

**Doorway: Residential Closures**


**Pessimism over Doorway Funding**

**ATP: all groups including IOP suspended**

**Efficiency for Buprenorphine visits**

**Toxicology versus COVID-19 exposure**

# Questions



# Moms in Recovery Center for Addiction Recovery in Pregnancy and Parenting

Julie Frew

Daisy Goodman

# Moms in Recovery-- COVID19

- Eliminated group therapy sessions
- Converted most office visits to telehealth or telephone
- Developed patient packet with important contact info, coping skills, and online recovery resources
- Scheduling clinic visits for individuals with severe or unstable SUD for whom entirely remote care would not be safe
- Working closely with OB to collaborate on care of pregnant patients (UDS can be gathered at prenatal visit)
- New evals being seen in person due to need for 42 CFR part 2 consents
- Possibility of family members to assist with home UDS
- Continuing frequent team meetings via WebEx

# Moms in Recovery IOP-- COVID19

- Sample patient weekly schedule (to replace 9 hours per week of IOP group therapy)
  - 1 in person visit with MD or clinician to include UDS
  - 1 phone or tele visit with clinician
  - 1 phone or tele visit with MD
  - At least 1 phone or text check-in with recovery coach
  - At least 1 phone or text check-in with resource specialist
  - Recommend online recovery supports



# CARPP– COVID19

- Fielding queries from outside providers regarding managing perinatal SUD without usual range of resources (lack of access to IOP or residential programs)
- Need to determine whether June 15-16 conference (Trauma-Informed Care for Families affected by SUD with Stephanie Covington) can take place as scheduled vs postponed vs held remotely



# Collaborating to Expand Residential Treatment Capacity in the Upper Valley

- Families Flourish Northeast registered as NH non-profit corporation providing residential treatment services for women with co-residing children
- Three-way collaboration between FFNE, Twin Pines Housing, program development guided by D-H clinical experience
- Board of Directors draws on expertise of regional public health, Geisel, D-H, and community members
- Working on response to recently released NH RGA

# Perinatal SUD Research Projects

- PCORI MORE

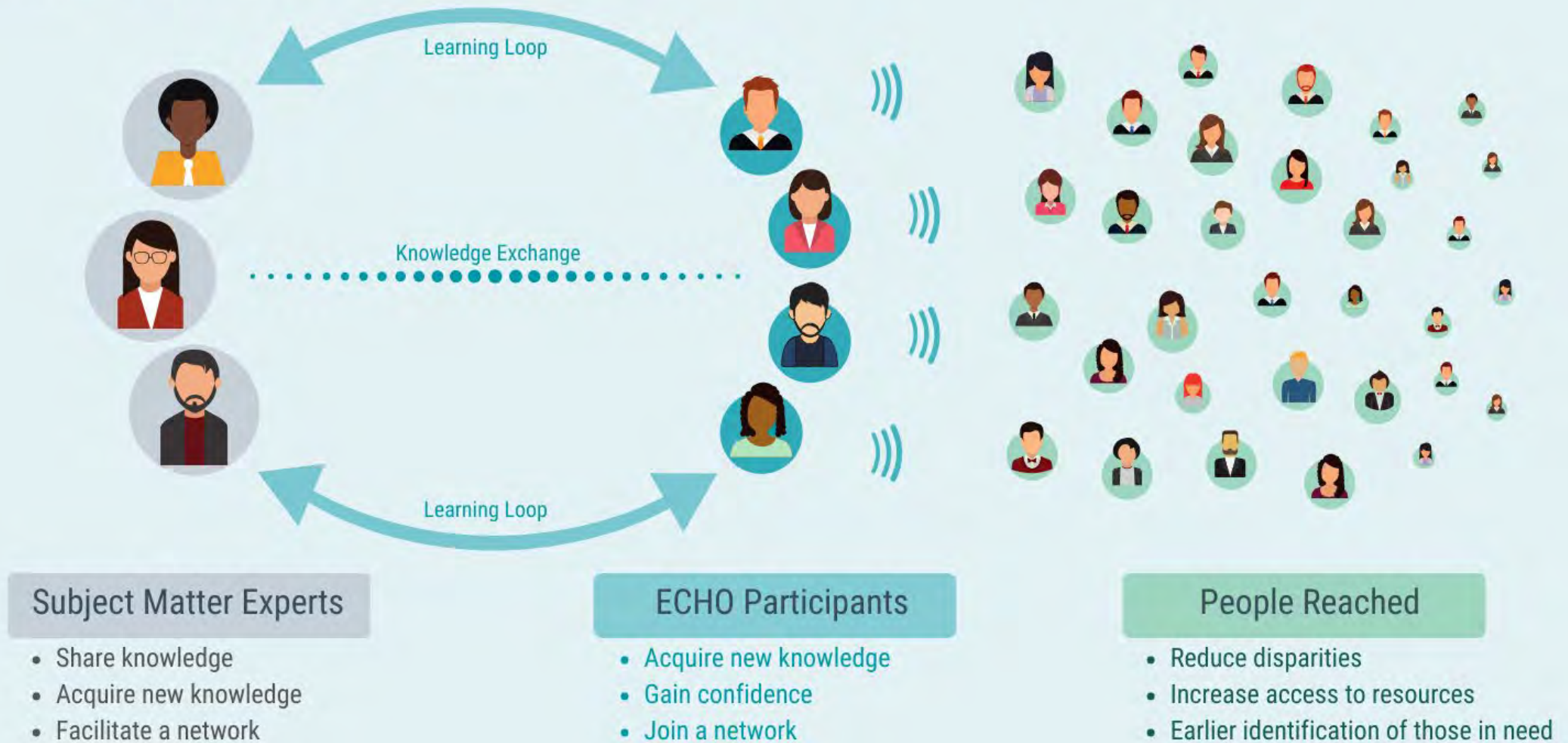
- Heavily impacted by restrictions on travel and limitations on external visitors at regional medical facilities
  - Intensifying use of social media and word of mouth for recruitment
  - Possibility of incorporating Covid-19 related topics into qualitative data collection
  - Clinical record abstraction continues for records available electronically
- 
- Currently submitting IRB for case series of perinatal exposure to alpha-PHP (a synthetic cathinone found in “bath salts”)
  - Poster accepted for upcoming ASAM conference (now virtual)
  - Recent BMC Pregnancy & Childbirth publication re: factors contributing to resilience for perinatal women with OUD
  - Seeking funding source for perinatal SBIRT validation study



# D-H Project ECHO

<https://med.dartmouth-hitchcock.org/project-echo.html>

# MOVING KNOWLEDGE, NOT PEOPLE





# Mental Health and Substance Use

Course 1	Course 2
Introduction: Mental Health & Substance Use in Primary Care	Chronic disease model of addiction, Epidemiology
Recognition of Mental Health Disorders in Primary Care	Screening, assessment and diagnosis
Depression	Brief intervention, med management, counseling and relapse prevention
Anxiety	Psychosocial interventions
Trauma Informed Care	Pharmacotherapy for AUD
Suicidality	Pharmacotherapy of OUD
ADHD	Use & misuse of cannabis



Planning Committee: Matt Duncan (D-H), Seddon Savage (D-H), Charlie Brackett (D-H), Carolyn Kerrigan (D-H), Megan Colgan (D-H)



# D-H ECHO Courses

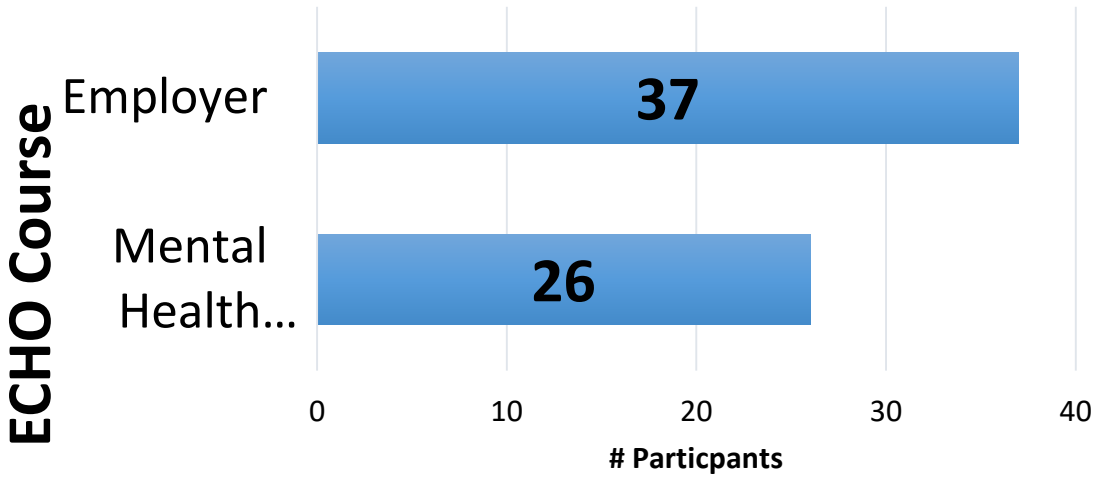
FY20												FY21						
Q1 (2019)			Q2 (2019)			Q3 (2020)			Q4 (2020)			Q1 (2020)			Q2 (2020)			
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
	Mental Health and Substance Use Part 1					Mental Health and Substance Use Part 2												
						Supporting Our Students: Strengthening School Staff Response to the Mental Health Needs of Students												
			Win-Win Strategies...						Win-Win Strategies to Address Employee Substance Use And Mental Health									
					Heme-Onc Topics for the Geographically Challenged: HIV Related Malignancies													
									Living Well After Cancer: Exercise and Oncology Survivorship									
									COVID 19									
									Community Health Worker									
													Improving Care of Patients with Chronic Pain					
													Rural Care for Heart Failure					



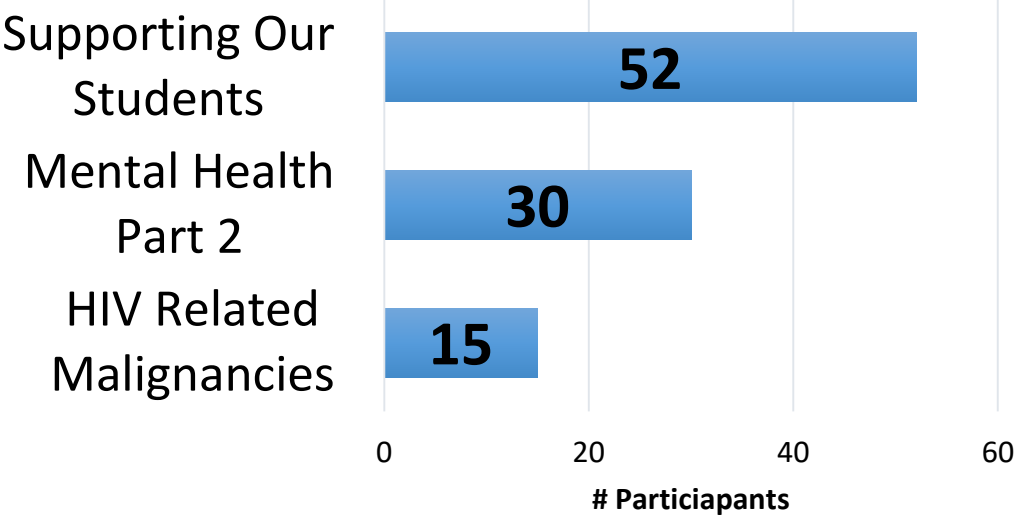


# Participants

### Total # of Participants in D-H ECHO courses



### Total # of Registered Participants in D-H ECHO active courses



# Results from Pre/Post Course Evaluations



- 84% confident/highly confident in ability to address substance use disorders in employees compared to 28% pre-course

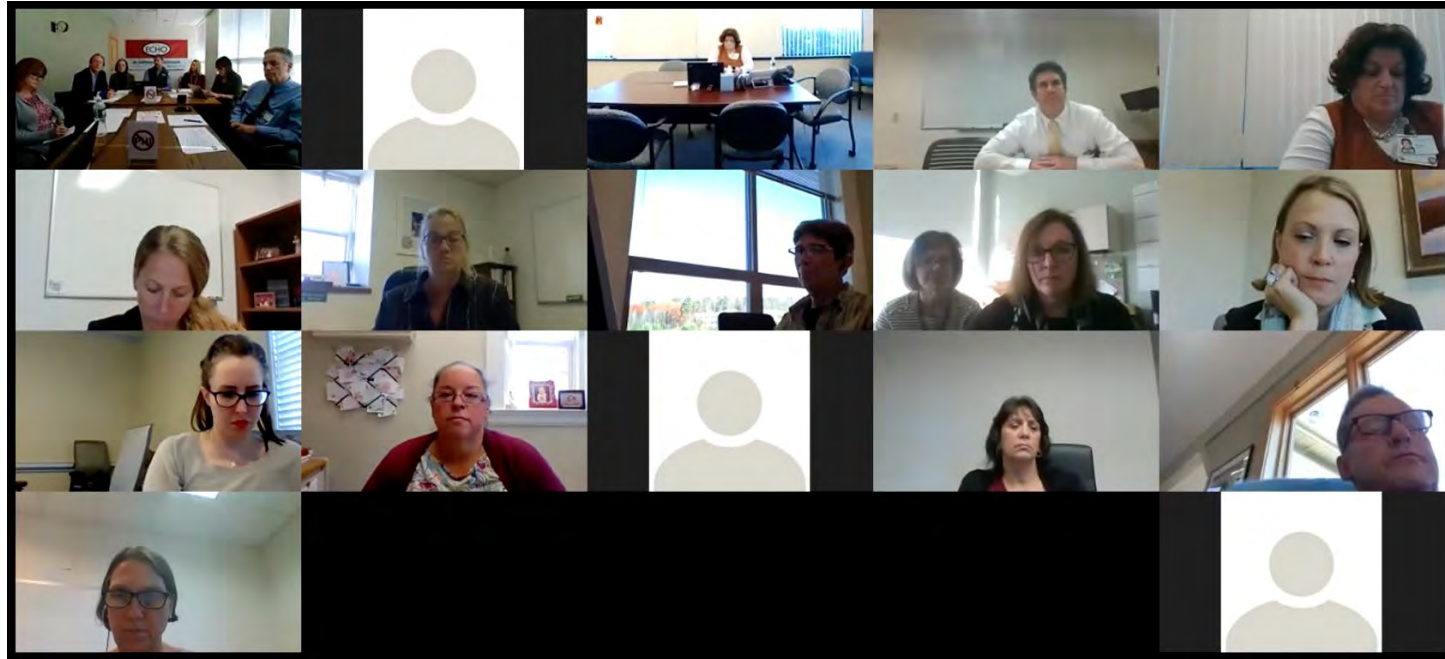


- 100% felt a decreased sense of professional isolation as a result of their participation



- 91% are interested in attending future

Results from Win-Win Strategies to Address Employee Substance Use



Interested in hosting an ECHO course?  
Email: [ECHO@hitchcock.org](mailto:ECHO@hitchcock.org)





# Drug Injection Surveillance and Care Enhancement for Rural Northern New England (DISCERNNE) Study

David de Gijzel, Dartmouth Medical School

Aurora Drew, The Dartmouth Institute

Kerry Nolte, University of New Hampshire

Co-PI: Tom Stopka, Tufts University School of Medicine

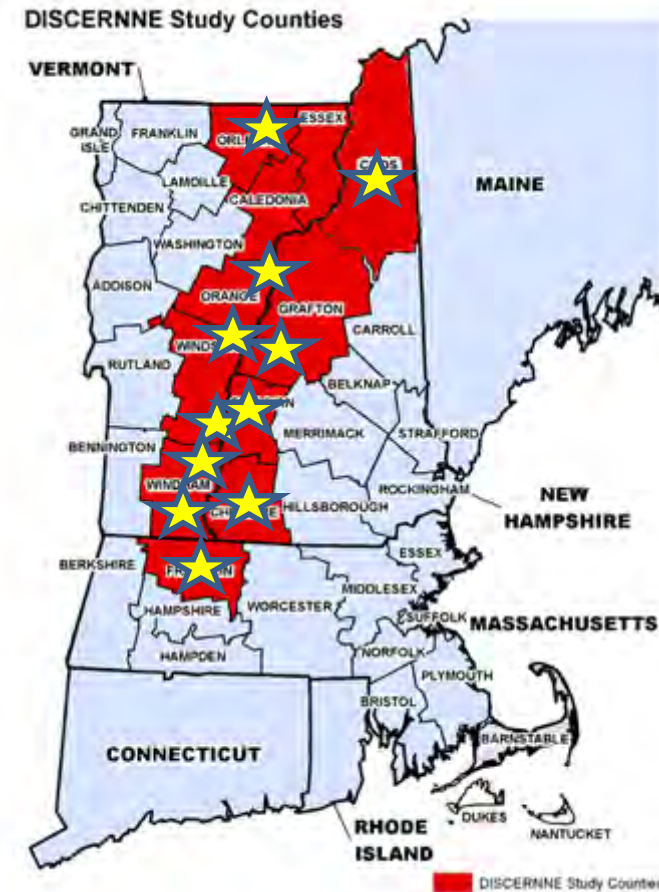
Co-PI: Peter D. Friedmann, UMass Medical/ Baystate

And many more...

Supported by NIDA/ NIH 1UG3DA044830 and 4UH3DA044830

# Thank you, Collaborators

- **Collaborating Organizations**
  - UMass Med School-Baystate
  - Tufts School of Medicine
  - Geisel School of Medicine at Dartmouth
  - U. New Hampshire School of Nursing
  - Vermont Dept. of Health
  - New Hampshire Dept. of Health and Human Services
  - Keene Serenity Center
  - Southern NH HIV/AIDS Task Force
  - NH Harm Reduction Coalition
  - HIV/HCV Resource Center (H2RC)
  - AIDS Project of Southern VT
  - Vermont Cares

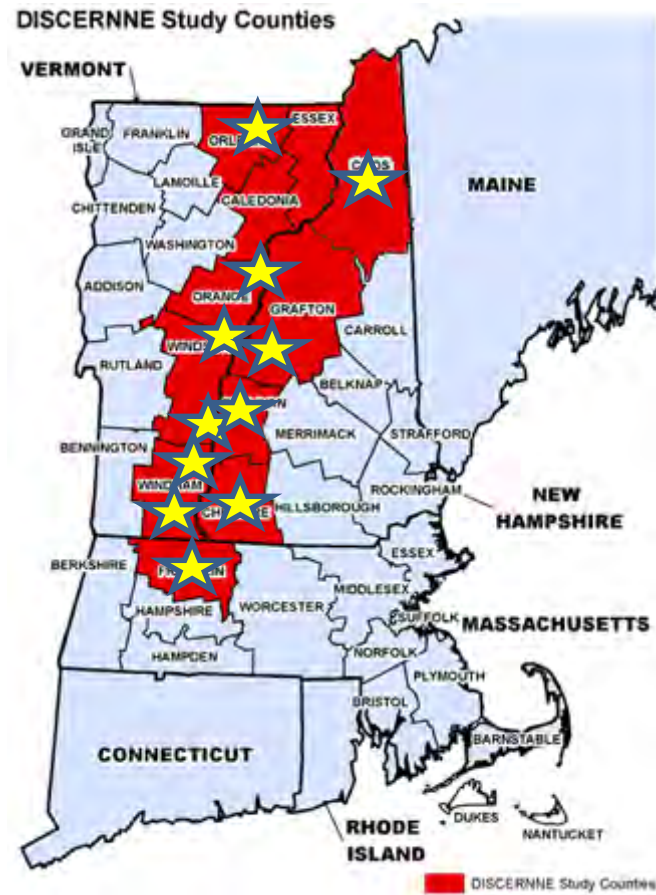




# Phase 1 (UG3) Sites and Participants

## Data Collection May 2018- October 2019

- 589 Survey Participants
  - Vermont: 308
    - Bellow's Falls: 36
    - Brattleboro: 127
    - Newport: 28
    - Springfield: 49
    - St. Johnsbury: 62
    - White River Junction: 6
  - New Hampshire: 199
    - Berlin: 17
    - Canaan: 2
    - Claremont: 35
    - Keene: 145
  - Massachusetts: 82
    - Greenfield: 82
- Respondent driven sampling and social network analyses



### 53 Interview Participants

- Vermont: 11
  - Stakeholder: 18
  - People who use drugs: 11
- New Hampshire: 7
  - Stakeholder: 8
  - People who use drugs: 11
- Massachusetts: 2
  - Stakeholder: 5
  - People who use drugs: 2

+ a policy and legal scan

# Phase 1 Lessons Learned

- Several rural NH counties are at high risk for Scott County-like outbreaks — syringe sharing and HCV are highly prevalent:

Findings	All-Sites	VT	NH	MA
HCV positive rapid test	59%	54%	66%	58%
Shared Injection Equipment	53%	46%	65%	51%

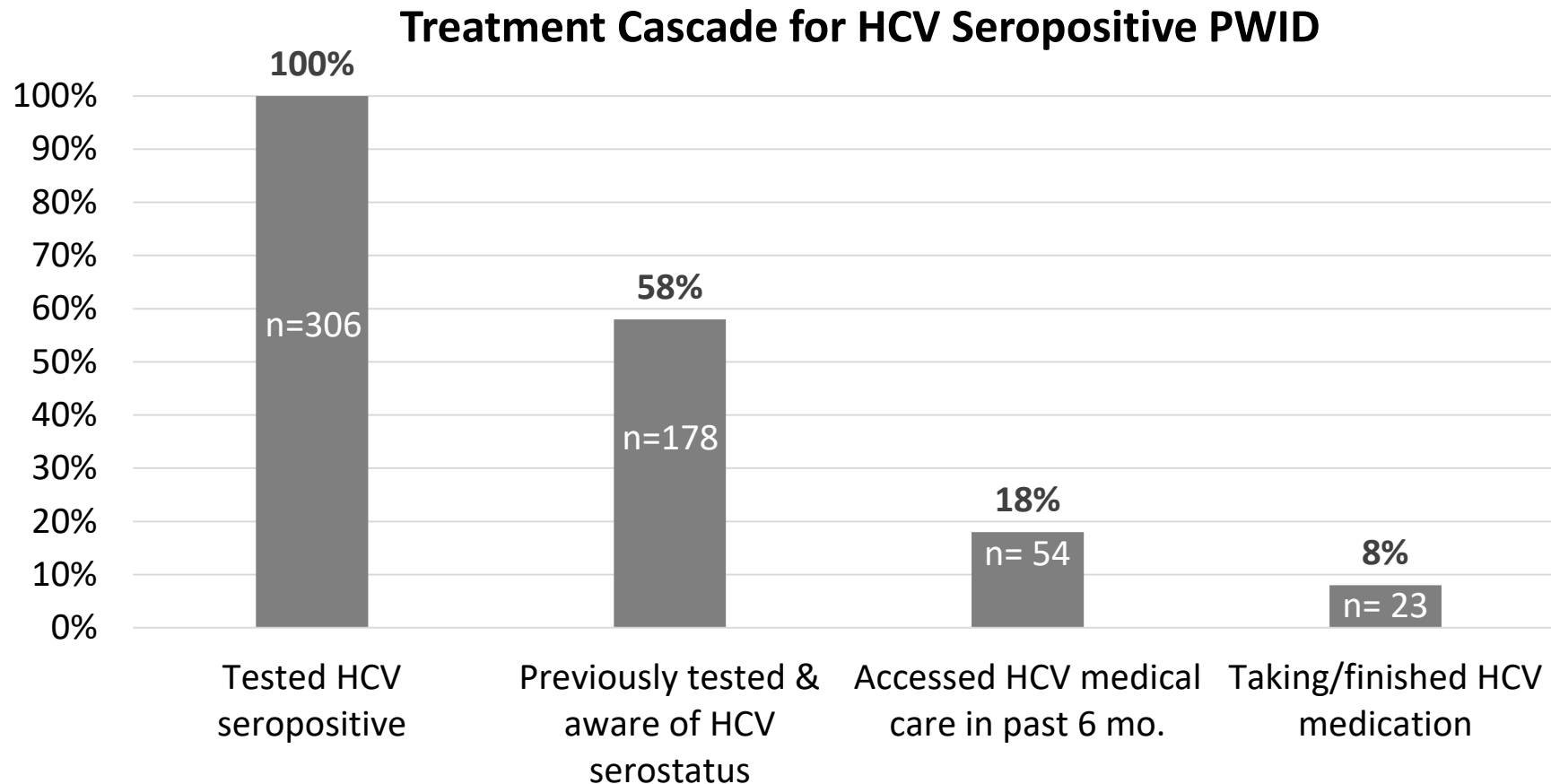
- Important service gaps, particularly those leading to Phase 2
  - Access to clean syringes, phlebotomy services, HCV testing and treatment are limited, especially in NH and VT





# Hepatitis C Prevalence and Treatment

Of the 422 people who use IV drugs, 73% tested positive for HCV antibodies (n = 306)



# Phase 2 (UH3): Goals, 2019-2022

1. Examine the effectiveness of a model of mobile telemedicine treatment for HCV integrated with syringe services programming versus
  - current practice of referral to a local or regional provider
  - enhanced with care navigation.



2. Validate the accuracy of dried blood spot (DBS) testing for HCV viral load as a potential surveillance strategy to address limited access to phlebotomy services in rural areas.



# Phase 2 (UH3): Overall Design

- **Randomized, two-arm parallel group study** of integrated HCV treatment (N=220)
- **Study Conditions**
  - Intervention: Tele-HCV care on mobile van (Mobile Tele-HCV Care) (N=110)
  - Control: Referral to local clinician with care navigation (Enhanced Usual Care) (N=110)
  - All eligible for harm reduction services on mobile van
    - Syringe and equipment distribution to reduce HCV reinfection risk and mortality
    - HCV testing and risk stratification (viral load, genotyping, US elastography)
    - HAV and HBV vaccination
- **Setting**
  - western New Hampshire and eastern Vermont
- **Target population**
  - Recontact untreated HCV+ People who use drugs from Phase 1
  - Referrals from local partners and clients



# Research Team

## **University of Massachusetts Medical School-Baystate:**

Peter D. Friedmann, MD, MPH, DFASAM, FACP (mPI)  
Randall A. Hoskinson, Jr.  
Donna Wilson  
Elyse Bianchet  
Eric Romo  
Lizbeth Del Toro-Mejias  
Patrick Dowd

## **Tufts University School of Medicine:**

Thomas J. Stopka, PhD, MHS (mPI)  
Erin Jacques

## **University of Massachusetts Medical School:**

Adarsha Bajracharya

## **The Dartmouth Institute:**

Aurora L. Drew, PhD (Co-Investigator)  
Linda M. Kinney

## **Dartmouth-Hitchcock Medical Center:**

Bryan J. Marsh, MD (Co-Investigator)  
David de Gijzel, MD, MSc (Co-Investigator)

## **University of New Hampshire:**

Kerry Nolte, PhD, FNP-C

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Patsy Kelso, PhD  
Amanda Jones  
Anne Van Donsel

## **New Hampshire Department of Health and Human Services:**

Benjamin Chan, MD, MPH  
Elizabeth Talbot, MD  
Joseph Harding

## **University of Vermont Medical Center:**

W. Kemper Alston, MD, MPH



# A few results slides



Baystate  
Health



University of  
Massachusetts  
UMASS Medical School



Tufts  
UNIVERSITY

School of  
Medicine



THE  
Dartmouth  
INSTITUTE  
FOR HEALTH POLICY AND PRACTICE  
AN AFFILIATE OF DARTMOUTH COLLEGE



VERMONT  
DEPARTMENT OF HEALTH



NEW HAMPSHIRE  
DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES

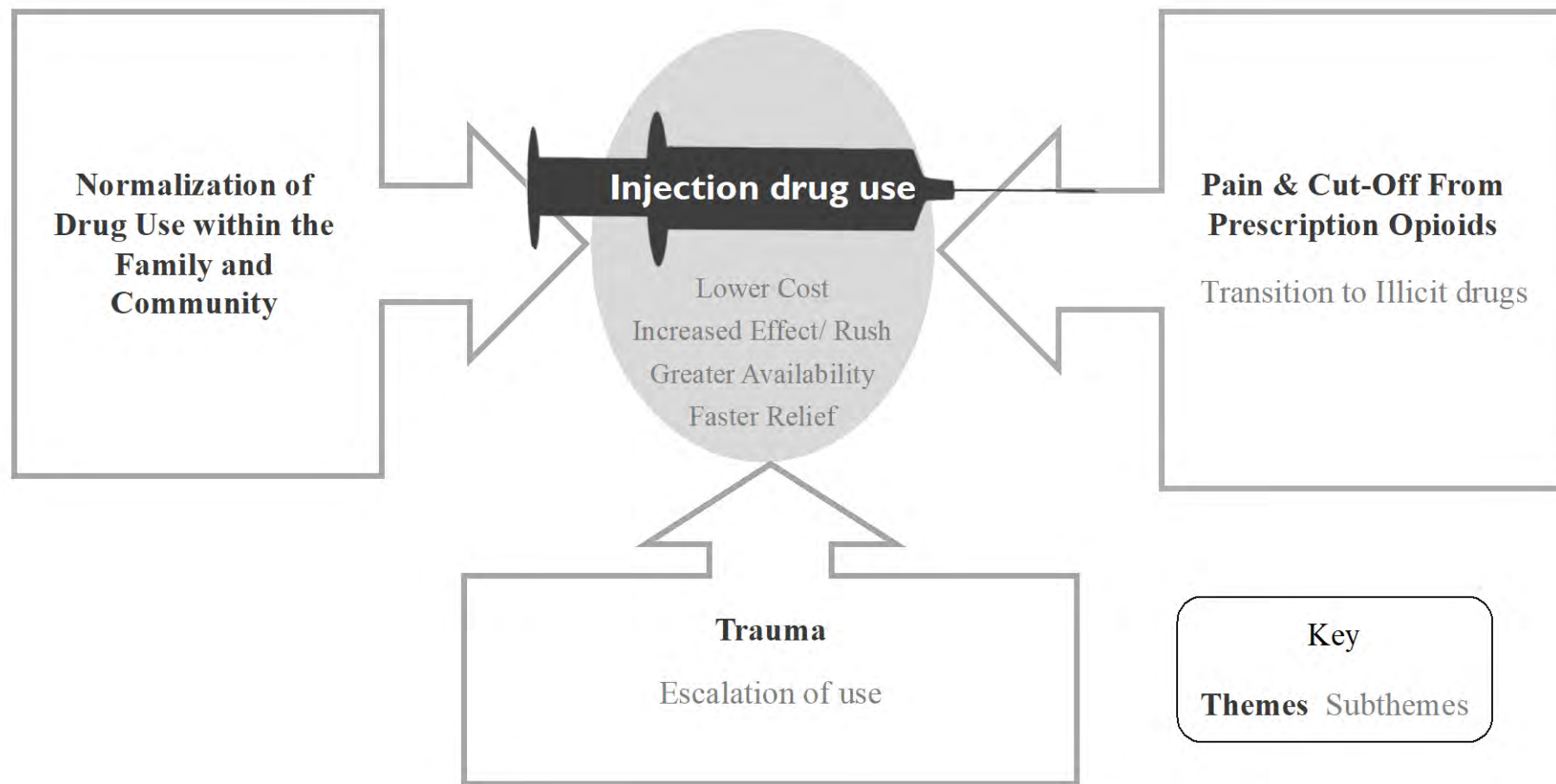


Nursing



The University  
of Vermont  
WARREN COLLEGE OF MEDICINE

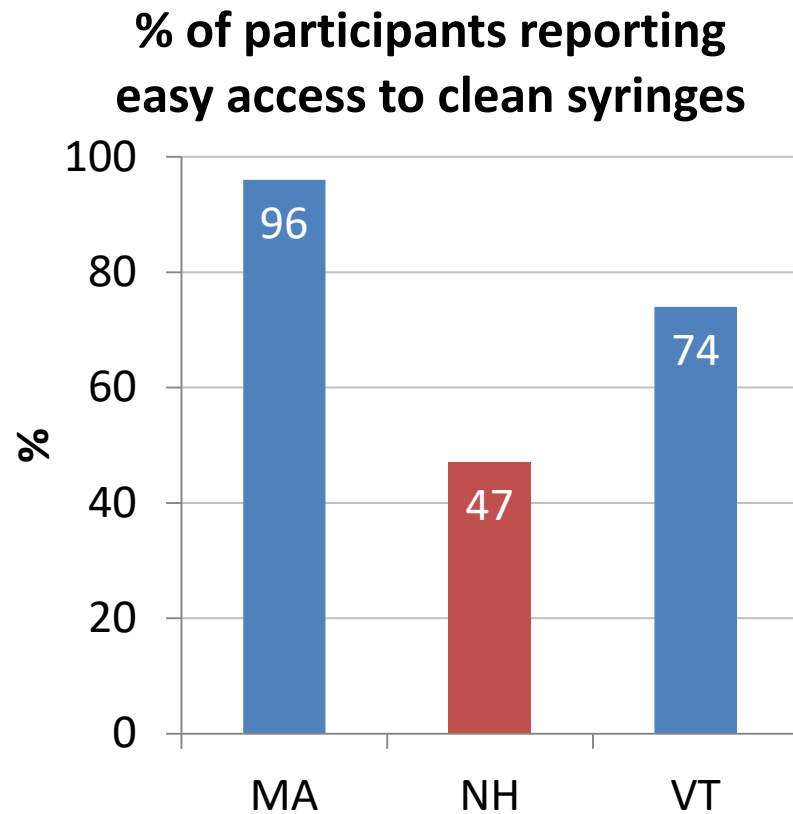
# Thematic Analysis of Opioid Use Initiation and Transition to Injection Drug Use (n = 22)



22 In-depth interviews of people who use opioids or IV drugs across the study region

# Syringe Access

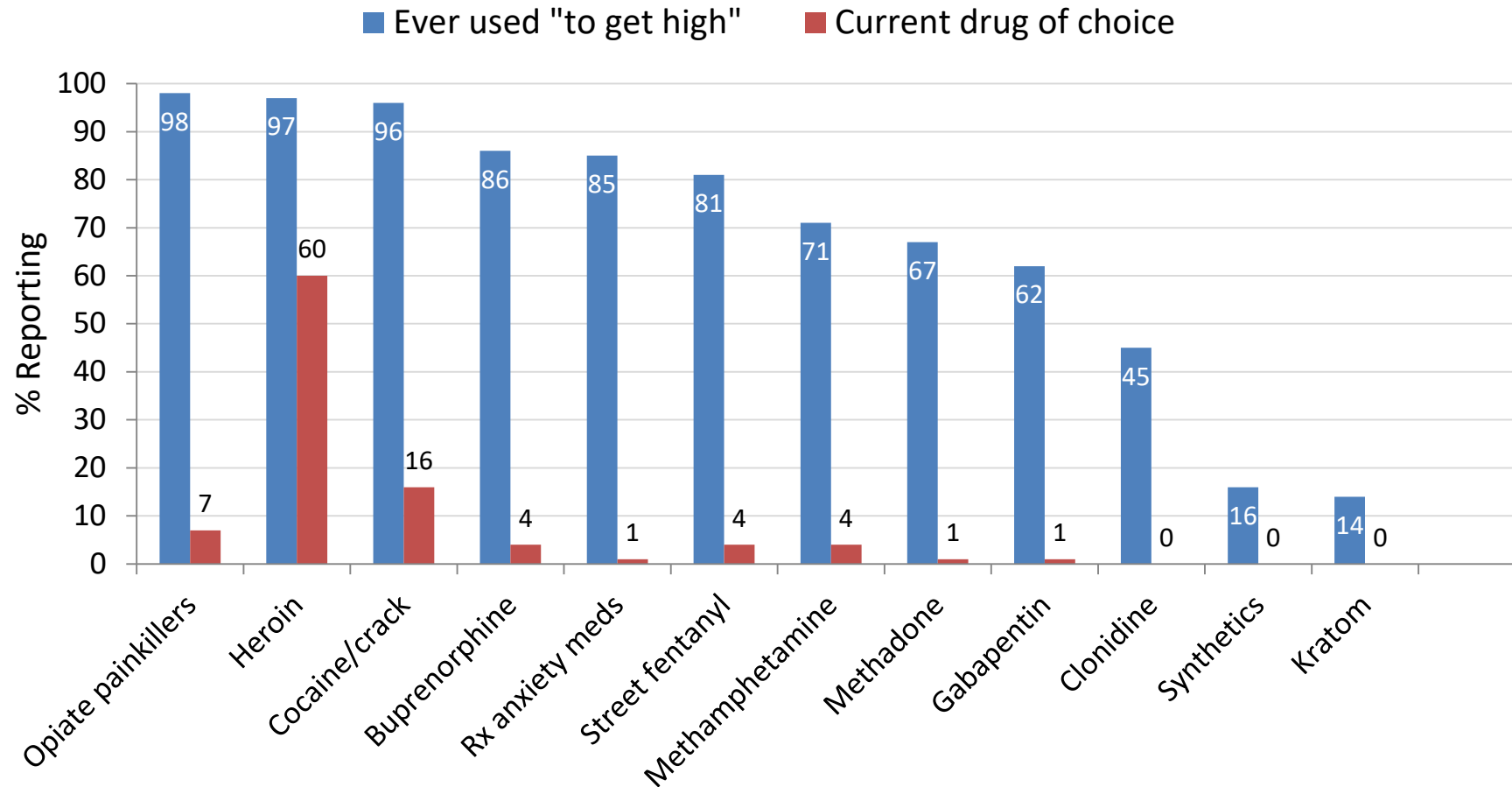
(n=453, those who injected in past 30 days)



	N	%
Pharmacy	113	25
Syringe or needle exchange program, in person	99	22
From someone else who got them from a syringe or needle exchange program	81	18
Friend or acquaintance	76	17
Drug dealer or street syringe seller	32	7
Not answered	27	6
Spouse, partner, girl-or boy-friend, family member, or relative	21	5
I found them	4	1

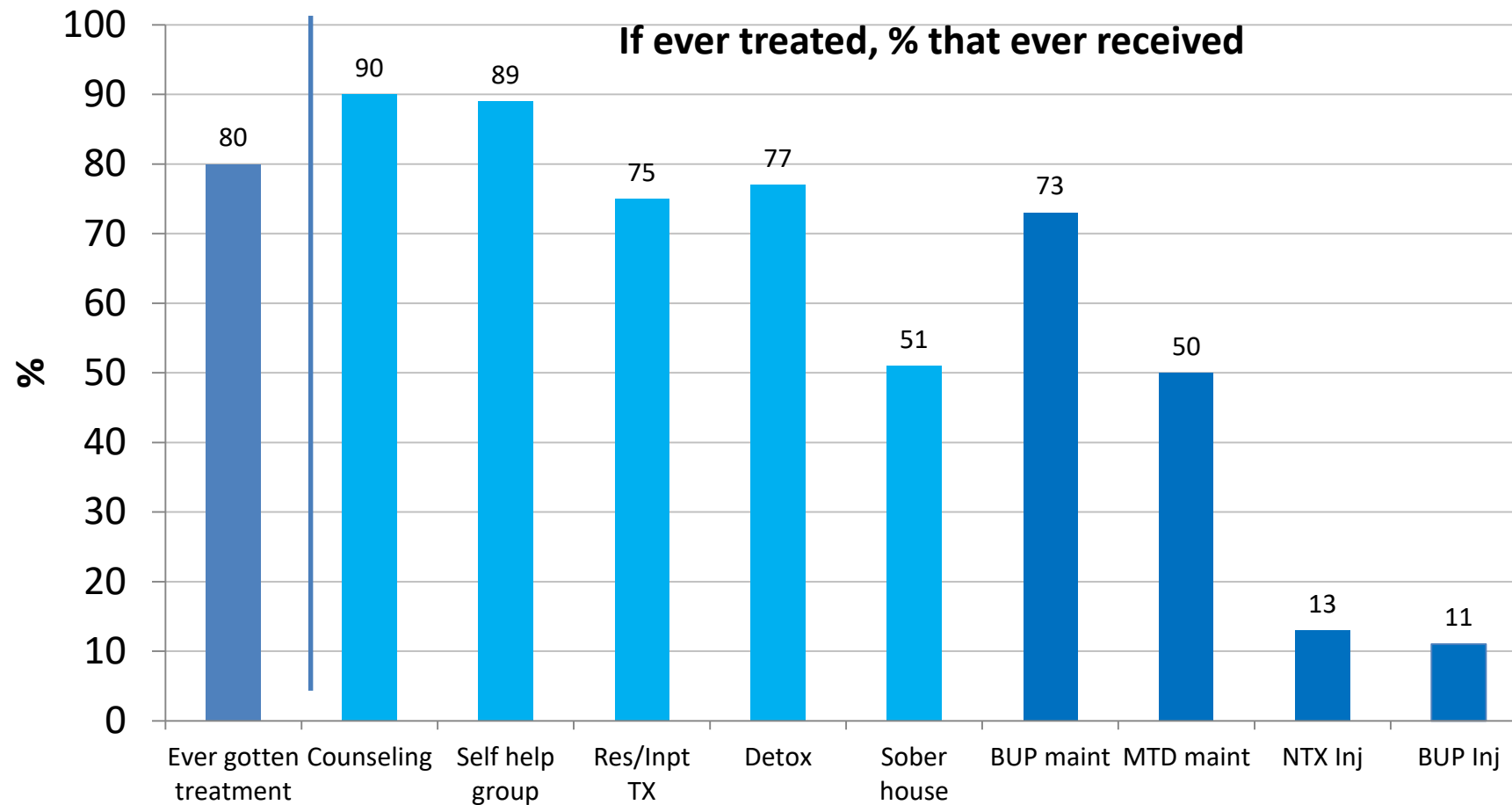


# Drug Use



- 60% Reported Heroin as Drug of Choice
- > 95% had ever used Opioid Painkillers, Heroin, & Cocaine/ Crack

# Addiction Treatment

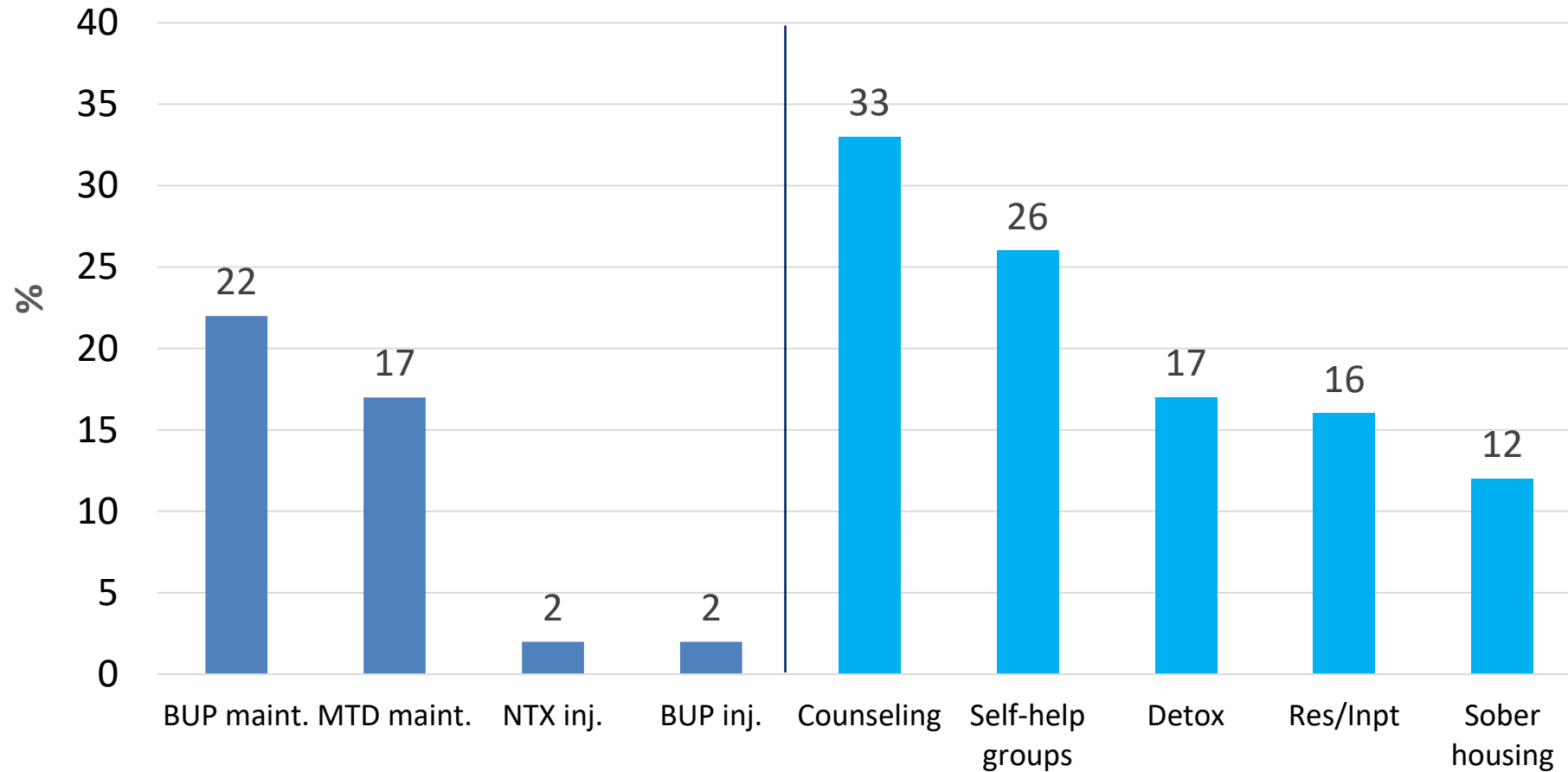


- 80% ever gotten treatment, with counselling the most common



# MOUD Less Common than Other Tx

Addiction Treatment Received in the Past 30 Days



# Epidemiologic, Policy, and Legal Surveillance

Preventive Medicine 128 (2019) 105740



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

## Preventive Medicine

journal homepage: [www.elsevier.com/locate/ypmed](http://www.elsevier.com/locate/ypmed)



## The opioid epidemic in rural northern New England: An approach to epidemiologic, policy, and legal surveillance



Thomas J. Stopka<sup>a,\*</sup>, Erin Jacque<sup>b</sup>, Patsy Kelso<sup>c</sup>, Haley Guhn-Knight<sup>d</sup>, Kerry Nolte<sup>e</sup>,  
Randall Hoskinson Jr<sup>d</sup>, Amanda Jones<sup>c</sup>, Joseph Harding<sup>f</sup>, Aurora Drew<sup>g</sup>, Anne VanDonsel<sup>c</sup>,  
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Baystate  
Health



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UNIVERSITY  
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VERMONT  
DEPARTMENT OF HEALTH



NEW HAMPSHIRE  
DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES



Nursing



Warner College of Medicine  
The University  
of Vermont

# Questions & final thoughts

*A healthcare 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.*