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*
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
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)

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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.

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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
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

**SUMHI & DSRIP**
- 1 Adult BHC
- 1 Clinic
- 2010

**CGP Expansion**
- 9 Adult BHCs
- 2 Family Medicine BHCs
- 4 Pediatric BHCs
- 7 Primary Care Clinics
- 2018

**Pediatric CoCM Adaptations**
- 11 Adult IM/FM BHCs (1 open)
- 2 Family Medicine BHCs (2 open)
- 4 Pediatric BHCs (2 open)
- 19 Primary Care Clinics (6 pending full staffing)
- 2022

**eD-H Patient Registry**

**CoCM Billing**

**Workforce Development**
CoCM Process Measures for 2021

**Behavioral Health Questionnaires**
January 1st, 2021 – December 31st, 2021

- Screenings: 104,696
- Monitor: 53,926

**CoCM Patients**
January 1st, 2021 – December 31st, 2021

- Referrals: 3,926
- Caseload: 2,266
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

- Fiscal Sustainability
- Clinical Outcomes
- System Expansion
Thank you.

For questions or more information please contact Matthew.S.Duncan@hitchcock.org or Casey.T.Bukowski@hitchcock.org
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
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
<table>
<thead>
<tr>
<th>Perinatal outcomes</th>
<th>Entire Sample (n=225)</th>
<th>Integrated Cohort (n=92)</th>
<th>Non-Integrated Cohort (n=133)</th>
<th>p-value¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm birth³, n (%)</td>
<td>43 (20.6%)</td>
<td>10 (11.8%)</td>
<td>33 (26.6%)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Gestational age at delivery in weeks, m (sd)</td>
<td>37.8 (3.3)</td>
<td>38.5 (2.5)</td>
<td>37.2 (3.7)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Median, range</td>
<td>39 (24-42)</td>
<td>39 (24-41)</td>
<td>38 (24-41)</td>
<td></td>
</tr>
<tr>
<td>Infant days in hospital, m (sd)²</td>
<td>9.5 (13.6)</td>
<td>6.5 (4.8)</td>
<td>10.7 (16.2)</td>
<td>&lt;0.03</td>
</tr>
</tbody>
</table>

Center for Addiction Recovery in Pregnancy and Parenting (CARPP)

May 25, 2022
Center for Addiction Recovery in Pregnancy and Parenting Q&A line

N= 357 queries (2018-2021)

Proportion of Queries Received by CARPP Staff Role

- Psychiatrist: 37%
- Pediatrics/Neonatology: 26%
- Perinatal OB/GYN: 25%
- Behavioral Health Specialist: 4%
- Other: 8%

Query Content by Category

- Addiction: 24%
- OB Mgmt of SUD-Exposed Pregnancy: 10%
- MAT: 14%
- NAS Treatment: 7%
- Psychiatric: 6%
- Eating Sleeping Consoling (ESC): 6%
- Integrated Program Implementation: 4%
- Behavioral: 2%
- Difficult or Complex Patient: 2%
- Referral to Community Resources: 1%
- Pediatric Follow-Up: 1%
- Breastfeeding: 1%
- Plan of Safe Care (POSC): 1%
- Advocacy/Policy: 1%
- Other: 15%

Mode of Communication

- Phone: 74%
- Email: 23%
- eDH: 4%
- Other: 1%

Repeat vs. New Requesting Provider

- Repeat provider: 44%
- New provider: 56%
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 (Vivitol®)
- 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 Vivitol® 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 Vivitol® 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
Strong Families Strong Starts
Project Launch

Partnerships for healthy young children, families & communities

May 25th, 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**
Peer Recovery Support Workers

May 25, 2022
Peer Support

Introduction of recovery coaches to the inpatient psychiatry consultation services.
<table>
<thead>
<tr>
<th></th>
<th>Typical</th>
<th>Proactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who decides?</td>
<td>Primary team</td>
<td>Psychiatry team</td>
</tr>
<tr>
<td>When?</td>
<td>After an incident</td>
<td>Prior to incident</td>
</tr>
<tr>
<td>How?</td>
<td>Reactive</td>
<td>Proactive</td>
</tr>
<tr>
<td>Who does?</td>
<td>MD expert</td>
<td>Interdisciplinary</td>
</tr>
<tr>
<td>What?</td>
<td>Typical comprehensive consult by MD</td>
<td>Variable based on patient needs</td>
</tr>
<tr>
<td>Reimbursement</td>
<td>Based on documentation/billing</td>
<td>Hospital support in part</td>
</tr>
</tbody>
</table>
## Behavior Intervention Team (BIT) Service Evolution

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

Individualized plan for each patient with opportunity to transition to outpatient ID & addiction care with home IV antibiotics

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
## Initial Outcomes

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

DH RECOVERY COACH ENCOUNTERS BY SERVICE FY 2021

- Total Encounters: 3342
- ED: 345
- ATP: 145
- MOMs: 320
- Inpatient: 2532

Growth in Inpatient Recovery Coach Encounters
First six months FY21 versus FY 22
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
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

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 2020 – June 2022:
- 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.
- 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.
- 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

July 2022 – December 2022:
- 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

Jan 2021 – June 2021:
- We received the approval from NAMI NH to begin providing Connect trainings virtually.
- Began recruiting additional committee members.

Jan 2021 – December 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

January 2023 – June 2023
- Seek meaningful endorsement and mandate for Zero Suicide Framework from appropriate governing body following organizational self-study

Jan 2022 – June 2022:
- 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
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
Opioid Addiction Treatment Collaborative (OATC)

May 25, 2022
Treating SUD in General Medical Settings at Dartmouth-Hitchcock

May 25, 2022
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.

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

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.
MEDICATIONS FOR OPIOID USE DISORDER SAVE LIVES
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
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
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
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.
• 72.2% in the linkage group vs 11.9% in the detox group entered into outpatient treatment
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
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
• 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
SUMHI Education, Culture Change & Communications

May 25, 2022
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

Dartmouth Entities with current SUD relevant work

DHMC CE Office
https://ce.dartmouth-hitchcock.org/materials.aspx

D-H Community Health
http://www.dartmouth-hitchcock.org/about_dh/community_health.htm

D-H SUMHI Clinical Innovation & Education
http://med.dartmouth-hitchcock.org/sumhi.html

Internal Medicine SUD/OUD Treatment

Psychiatry Clinical Care & Trainee Education & Research
http://www.dartmouth-hitchcock.org/psychiatry.html

Oncology Screening & Treatment

Pediatrics Recovery Friendly Practice SBIRT/Screening

All Together Community Action Education & Advocacy
www.uvaltogether.org

C4TBH Research & Education
www.c4tbeh.org

NE Node NIDA CTN Research & Education
www.ctnnortheastnode.org

OBGyn PADTx System

Family Medicine OUD Tx, CA Pain

C4TBH Research & Education
www.c4tbeh.org

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

Major NH substance-related initiatives with DH engagement

National SUD educational initiatives

PCSS NIDA Med SAMHSA NIH HEAL Universities Prof Organizations

D-H SUMHI

Emergency Medicine Recovery Coaches Pharm Tx

NH DSRIP BH Systems Integration Practice Transformation
https://www.dbhs.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

DH Departments with SUD initiatives

Dartmouth Entities with current SUD relevant work

Major NH substance-related initiatives with DH engagement

National SUD educational initiatives
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
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.
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.
Thank you!

Vision for the Future…
After listening to the series of presentations and work that has been accomplished, what single word that sums up this work?
Celebrating SUMHI

Inspired
Hopeful
Grateful

Healing
Inspiring
Inspired
Freedom
Persistence
Encouraged
Hopfull
Community
Wow
Humbling
Collaboration
Gratitude
Promise
Impressive
Recovery

Collaborative!