NURSES RESPONSE TO THE OPIOID EPIDEMIC

MARYLAND ACTION COALITION SUMMIT
MAY 20, 2019
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Objectives

• Understand the current substance use environment
• Why is it critical to integrate SBIRT and other interventions in 2019?
• How can nurses change the conversation around substance use?
• What is Mosaic Group doing across Maryland to change the conversation?
The Current Environment
Substance Abuse: A National Public Health Crisis

• There were approximately 20.1 million Americans who needed substance use treatment in 2017
  • Only 1 in 8 of those Americans received treatment.
• In 2017, 30.5 million Americans aged 12 or older were current (within past month) illicit drug users.
• Drug overdose is the number one cause of injury related deaths in the U.S.

Source: NSDUH, 2017; CDC, vital signs, 2013
Alcohol Use Disorder and Illicit Drug Use Disorder in the Past Year among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD): 2017

19.7 Million People Aged 12 or Older with Past Year SUDs

- 14.5 Million People with a Past Year Alcohol Use Disorder (73.6% of People with an SUD)
- People with Alcohol and Illicit Drug Use Disorders (11.9% of People with SUDs)
- 7.5 Million People with a Past Year Illicit Drug Use Disorder (38.3% of People with an SUD)

2017 NSDUH Annual National Report, SAMHSA
Adolescent Substance Use (NIAAA)

![Graph showing percentage of past-month use of alcohol, cigarettes, and marijuana by grade level. The graph indicates that alcohol use increases from 7.3% in 8th grade to 19.9% in 10th grade and 33.2% in 12th grade. Cigarette use is minimal and increases slightly from 2.6% to 4.9% to 10.5%. Marijuana use starts at 5.4% in 8th grade, increases to 14.0% in 10th grade, and peaks at 22.5% in 12th grade.](pubs.niaaa.nih.gov)
Why now?
A Public Health Crisis

• Overall life expectancy in our country has declined for two years in a row. (first time since 1960’s)

• Drug overdoses are now the #1 cause of accidental death in our country. Overdoses kill more Americans than car crashes, gun violence, and even breast cancer.

16% of state budgets are spent on addiction and substance use.

Nearly 1/3 of all hospital visits are linked to addiction and almost half of emergency room visits for trauma or injury are linked to alcohol.

Shatterproof.com
# 10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2017

<table>
<thead>
<tr>
<th>Rank</th>
<th>1</th>
<th>2</th>
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<th>4</th>
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<tr>
<td></td>
<td>&lt;1</td>
<td>1-4</td>
<td>5-9</td>
<td>10-14</td>
<td>15-24</td>
<td>25-34</td>
<td>35-44</td>
<td>45-54</td>
<td>55-64</td>
<td>65+</td>
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**Data Source:** National Center for Health Statistics (NCHS), National Vital Statistics System. Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.
National Rate Of Opioid-related Inpatient Stays And Emergency Department Visits, 2005-2014 (H-CUP; Dec. 2016)

![Graph showing the rate of inpatient stays and emergency department visits per 100,000 population from 2005 to 2014. The graph indicates a 64.1% cumulative increase with a 5.7% average annual growth rate for inpatient stays, and a 99.4% cumulative increase with an 8.0% average annual growth rate for emergency department visits.]

MOSAIC GROUP
Rate Of Opioid-related Emergency Department Visits By State, 2014 (H-CUP; Dec. 2016)
Need for Substance Use Treatment in the Past Year among People Aged 12 or Older, by Age Group: 2017

Number of People (in Millions) and Percent

- **26 or Older**: 14.5 (6.8%)
- **18 to 25**: 5.2 (15.1%)
- **12 to 17**: 1.0 (4.1%)
- **12 or Older**: 20.7 (7.6%)

2017 NSDUH Annual National Report, SAMHSA
Received Any Substance Use Treatment in the Past Year among People Aged 12 or Older, by Age Group: 2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of People (in Thousands)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 or Older</td>
<td>4,010</td>
<td>1.5</td>
</tr>
<tr>
<td>12 to 17</td>
<td>184</td>
<td>0.7</td>
</tr>
<tr>
<td>18 to 25</td>
<td>641</td>
<td>1.9</td>
</tr>
<tr>
<td>26 or Older</td>
<td>3,185</td>
<td>1.5</td>
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</tbody>
</table>

2017 NSDUH Annual National Report, SAMHSA
Perceived Need for Substance Use Treatment among People Aged 12 or Older Who Needed but Did Not Receive Specialty Substance Use Treatment in the Past Year: 2017

18.2 Million People Needed but Did Not Receive Specialty Substance Use Treatment

17.1 Million Did Not Feel They Needed Treatment (94.3%)

1.0 Million Felt They Needed Treatment (5.7%)

2017 NSDUH Annual National Report, SAMHSA
Reasons for Not Receiving Substance Use Treatment in the Past Year among People Aged 12 or Older Who Felt They Needed Treatment in the Past Year: Percentages, 2017

- Not Ready to Stop Using: 139.7%
- No Health Care Coverage and Could Not Afford Cost: 130.3%
- Might Have Negative Effect on Job: 20.5%
- Might Cause Neighbors or Community to Have Negative Opinion: 117.2%
- Did Not Know Where to Go for Treatment: 10.9%
- Did Not Find Program That Offered Type of Treatment That Was Wanted: 19.0%

2017 NSDUH Annual National Report, SAMHSA
Maryland Drug Intoxication Deaths

88% of the intoxications deaths in Maryland during 2017 were opioid related.

Source: Maryland Department of Health, Behavioral Health Administration, 2017
Maryland Drug Deaths by Substance

• Drug and alcohol related deaths in Maryland: 2007-2017

• 2016-2017 saw a significant increase in overdose deaths due to Fentanyl

Source: Maryland Department of Health, Behavioral Health Administration, 2017
The Economic Burden

- Medical care
- Treatment of infants born with opioid-related medical conditions
- Counseling and rehabilitation services
- Social services
- Social services for children whose parents suffer from opioid-related disability or incapacitation
- Law enforcement and public safety efforts
- Lost productivity of their citizens.

Estimated costs to all levels of government are $78.5 billion annually at least, and this does not include the financial impact on individuals and families. The human toll is enormous.
Changing the Conversation
What is SBIRT?

- Screening: The application of a simple test to determine if a patient is at risk for or may have an alcohol or substance use disorder.
- Brief Intervention: The explanation of screening results, information on safe use, assessment of readiness to change and advice on change.
- Referral to Treatment: Patients with positive results on screening are referred for in depth assessment and/or treatment.
SBIRT Overview

SBIRT is an evidence-based cost effective model for helping individuals to reduce or stop alcohol and other drug use.

SBIRT is an effective tool for identifying and treating at-risk and dependent substance users.
SBIRT Effectiveness Studies

- Reduced health care costs:
  - For each $1 spent on SBIRT we save $3.81-$5.60.
  - Reduced ED visits 20%.
  - Reduced hospitalizations 37%.
  - Reduced non-fatal injuries 33%.
  - Reduced car crashes 50%.
- Reduced severity of drug & alcohol use.
- Reduced employer costs - $771 per staff.
- Reduced arrests 46%.

For references: See SAMHSA-HRSA Center for Integrated Health Solutions SBIRT Fact Sheet
Rationale for SBIRT

Identify persons with substance use disorders: Target Hospital Setting, Detention Centers, Mother-Baby and OB/GYN

Identify persons with a high risk for developing a substance use disorder: Target Primary Care, Schools, OB-GYN

Motivate persons to reduce or eliminate alcohol or other drug

Motivate persons to accept referrals for specialized assessment and treatment services
Screening
### AUDIT-C (18+)

<table>
<thead>
<tr>
<th>AUDIT-C</th>
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</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>Two to four times a month</td>
<td>Two to three times per week</td>
<td>Four or more times a week</td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>1 or 2</td>
<td>3 or 4</td>
<td>5 or 6</td>
<td>7 or 9</td>
<td>10 or more</td>
</tr>
<tr>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Two to three times per week</td>
<td>Four or more times a week</td>
</tr>
</tbody>
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- **AUDIT-C: Alcohol Use Disorders Identification Test - Consumption**
  - Brief three question alcohol screen that identifies persons who are hazardous drinkers or have active alcohol use disorders
  - Scored on a scale of 0-12
    - Each question has 5 answer choices; score between 0 and 4 points
    - Generally the higher the score, the more likely that the patient’s drinking is affecting their safety
  - Score 4-7 – Moderate Risk
  - Score 8-12 – High Risk
The CRAFFT Interview (version 2.0)

Begin: “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.”

Part A
During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say “0” if none. # of days
2. Use any marijuana (pot, weed, hash, or in foods) or “synthetic marijuana” (like “K2” or “Spice”)? Say “0” if none. # of days
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or “huff”)? Say “0” if none. # of days

Did the patient answer “0” for all questions in Part A?
Yes ☐ No ☐

Ask CAR question only, then stop
Ask all six CRAFFT* questions below

Part B

C Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using drugs ☐ ☐
R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? ☐ ☐
A Do you ever use alcohol or drugs while you are by yourself, or ALONE? ☐ ☐
F Do you ever FORGET things you did while using alcohol or drugs? ☐ ☐
F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? ☐ ☐
T Have you ever gotten into TROUBLE while you were using alcohol or drugs? ☐ ☐

*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:
The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.
Screening Tools

• NIDA Single –Item Drug Use
  • "How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?"

Why Standardize the Screening?

• The goal of substance abuse screening is to
  • Identify individuals who have or are at risk for developing alcohol- or drug-related problems,
  • Identify patients who need further assessment; and
  • Develop plans to treat them.

• Deciding to screen some patients and not others opens the door for cultural, racial, gender, and age biases that result in missed opportunities to intervene with or prevent the development of alcohol- or drug-related problems.

• Visual examination alone cannot detect subtle signs of alcohol- and drug-affected behavior.

Source: SAMHSA/CSAT Treatment Improvement Protocols, 1997
Advantages to Screening

• Positive screen can be followed up at subsequent visits.

• Take advantage of a trusting relationship.

• Depending on the clinician's experience, training and the resources available within a community, they may either develop a treatment plan or refer the patient for assessment by a skilled substance abuse specialist.

• Normalize the conversation

Source: SAMHSA/CSAT Treatment Improvement Protocols, 1997
Brief Intervention
What is a Brief Intervention?

• A brief intervention consists of one or more time-limited conversations (3-5 minutes) between an at-risk drinker or substance user and a provider

• Brief interventions are motivation enhancing discussions focused on increasing insight and awareness of substance use disorders
Goals of a Brief Intervention

The goals of a brief intervention can vary depending upon the patient:

- Change the way a patient sees, understands, or feels about a particular risk factor or behavior
- Empower the patient to take action
- Reduce the risk of harm from the substance use or other risky behaviors
- Increase awareness of the impact of substance use on medical issues
- Provide an open forum for patient to talk candidly about their tobacco, alcohol and/or drug use without external judgment
- Assist the patient in accessing treatment if appropriate
Why Do People Change?

People change voluntarily only when:

• They become *interested and concerned* about the need for change

• They become *convinced* the change is in their best interest or will benefit them more than cost them

• They organize a *plan of action* that they are *committed* to implementing

• They *take the actions* necessary to make the change and sustain the change
Stages of Change

The Stages of Change Model

Enter

Relapse

Maintenance

Pre-contemplation

Action

Contemplation

Determination

Exit & re-enter at any stage
Develop a Plan
Harm Reduction

Follow-up

Treatment

Plans Vary
Referral to Treatment

- The referral to treatment process consists of
  - assisting a patient with *accessing* specialized treatment,
  - *selecting* treatment facilities, and
  - *navigating* any barriers such as treatment cost or lack of transportation that could hinder treatment in a specialty setting.

- The manner in which RT is provided can have tremendous impact on whether the patient will actually engage in services with the referred provider.
The Mosaic SBIRT Model
Mosaic Group and BHA recognize the need for a more powerful response for hospital patients and introduce: CHSURP

**CHSURP includes:**

The Hospital SBIRT Model

The Opioid Overdose Survivors Outreach Program

MAT Initiation in the ED
The SBIRT Peer Recovery Coach Hospital Model

**PRC Model**
Built from our standard SBIRT Model, it integrates at least 3 peer recovery coaches in the emergency department to deliver BI and RT.

1. Screen all ED patients
2. Alert PRC of any positive screens
3. Review screening scores, medical history and reason for visit and provide brief intervention
4. Develop plan with pt. and schedule any necessary appointments
5. Continue follow up after patient leaves the hospital to assure linkage to treatment or continued support
Overdose Survivors Outreach Program (OSOP)

Patients at ED following Opioid overdose seen by a PRC

PRC works quickly with patient to explain risks of use following naloxone and possibly introduce OOSOP PRC

OOSOP PRC connects with patient within 24 hours in community

- Connect with recovery support services.
- Connect to substance abuse treatment programs
- Most importantly try to keep patient alive.
Buprenorphine “Fast Track” Program

1. Patient comes to ED with Opioid Use disorder
2. PRC discusses Bup Treatment
3. PRC alerts physicians that patient is a good candidate
4. Physician meets with patients to determine if good candidate
5. Patient receives first dose of bup
6. Patient seen at treatment center within 24 hours
Mosaic Group Track Record of Success

- System Transformation within the ED to fully implement and sustain interventions:
  - Full integration of screening tools and documentation of interventions in the EMR
  - Quality improvement reporting metrics built into EMR
  - Protocols approved and integrated as part of hospital policy and procedures
  - All staff across departments fully trained and supported with electronic onboarding materials
  - Hospital capacity fully developed to incorporate a peer recovery coach workforce including tools for supervision and competency-based evaluation

- Results:
  - Screening rates reach 85-90% of all patients presenting to EDs
  - Overall linkage to treatment averages at 60% across all substances
  - 75-80% of patients receiving first dose of buprenorphine link to first appointment
  - 1 in 3 of overdose patients engaging with the OSOP peer coach are linked to treatment
Maryland Primary Care SBIRT Service Model

- Fully integrated and sustainable
- Universal screening of all patients at all visits
- Primary care team provides brief intervention and referral to treatment
- Integrated in electronic health record
- Builds on PCMH model
- Fully sustainable requires no additional staff
OB/Mother Baby SBIRT

Universal screening of all patients in OB/GYN practices and Labor and Delivery/Mother-Baby Units

Provider team and Peer Recovery Coach deliver brief interventions

Identify and support high risk alcohol and other drug users

Goal is to link to treatment and other recovery supports

Peer Recovery Coach intervention can support the Mother even after discharge from the unit when they are most vulnerable.
12-Month SBIRT Planning Timeline

Months 1-3
Planning
- Organize and engage planning team
- Develop protocols
- EHR modifications
- Hire and train peer recovery coaches
- Train ED staff
- Go Live

Months 4-12
Implementation
- Go Live
- Provide technical assistance
- Report and monitor data for QI
- Adjust protocols as needed
Maryland: Screening, Brief Intervention, Referral to Treatment (SBIRT), OSOP, and MAT Initiation

MAP KEY OF SITES

★ SBIRT Adult Primary Care
♦ SBIRT Adolescent Primary Care
● SBIRT School Based and College Health Center
▲ SBIRT Hospital with Peers
● SBIRT Mental Health Clinic
✦ SBIRT Criminal Justice Pre-Trial
■ Hospital-Based MAT Initiation
✚ Hospital with Overdose Survivors Outreach Program (OSOP)
■ SBIRT Reproductive Clinic
● SBIRT OB/GYN Practice
△ SBIRT Hospital Mother Baby Unit

Symbols reflect individual sites but are not geographically specific.
Detention Center Jurisdictions

- Allegany County
- Anne Arundel County
- Baltimore City
- Dorchester County
- Howard County
- Talbot
- Wicomico
Maryland Primary Care Program

- Part of the Maryland Total Cost of Care initiative to extend beyond hospital global budgeting to an Advanced Primary Care Model
- Behavioral health integration required component
- Outcome measure reporting on substance use treatment
- SBIRT encouraged as an integral component of behavioral health integration
Questions

For additional questions please contact:

The Mosaic Group

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