NURSES RESPONSE TO THE OPIOID EPIDEMIC

MARYLAND ACTION COALITION SUMMIT

MAY 20, 2019

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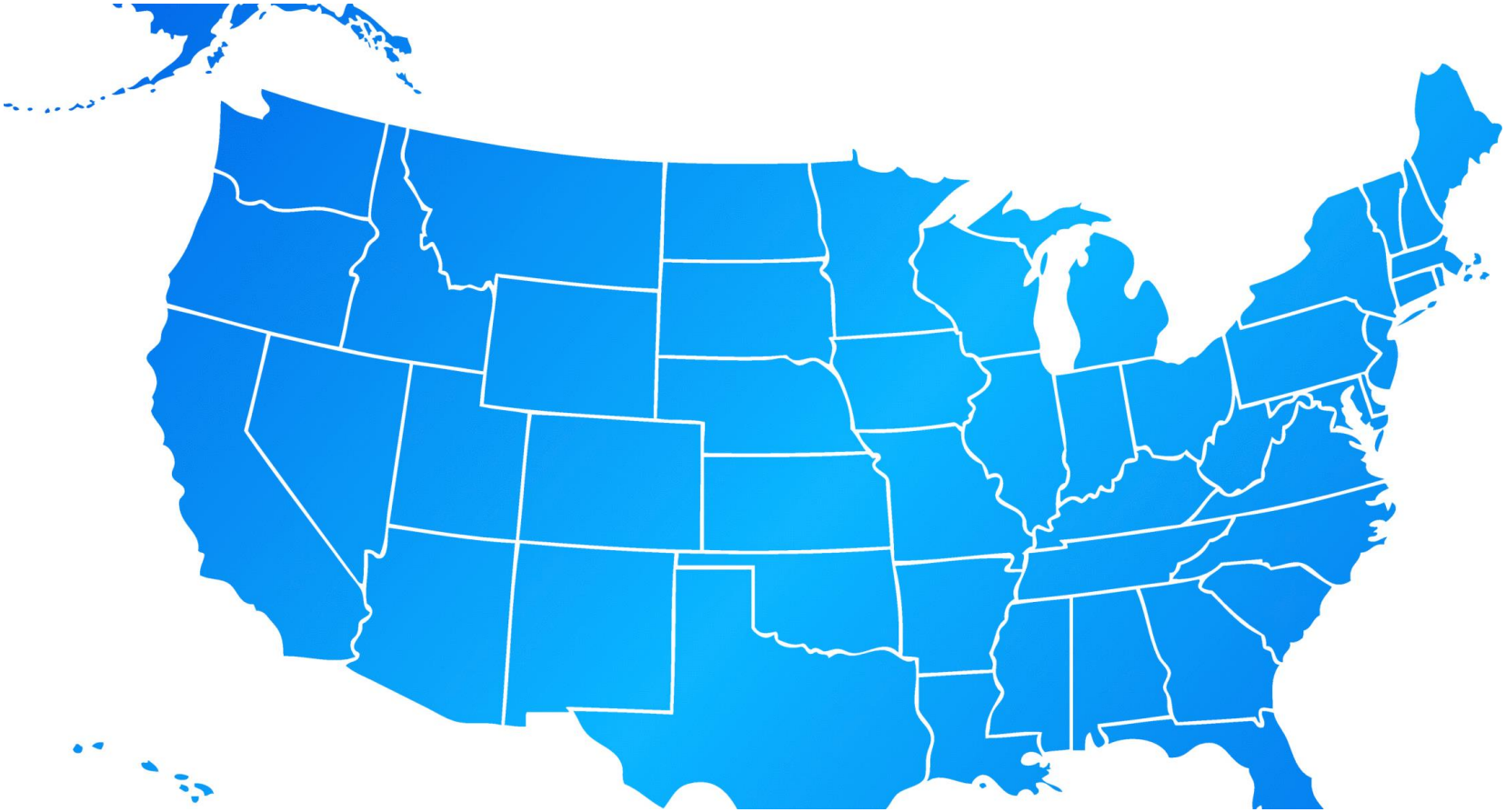
mosaic GROUP

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?



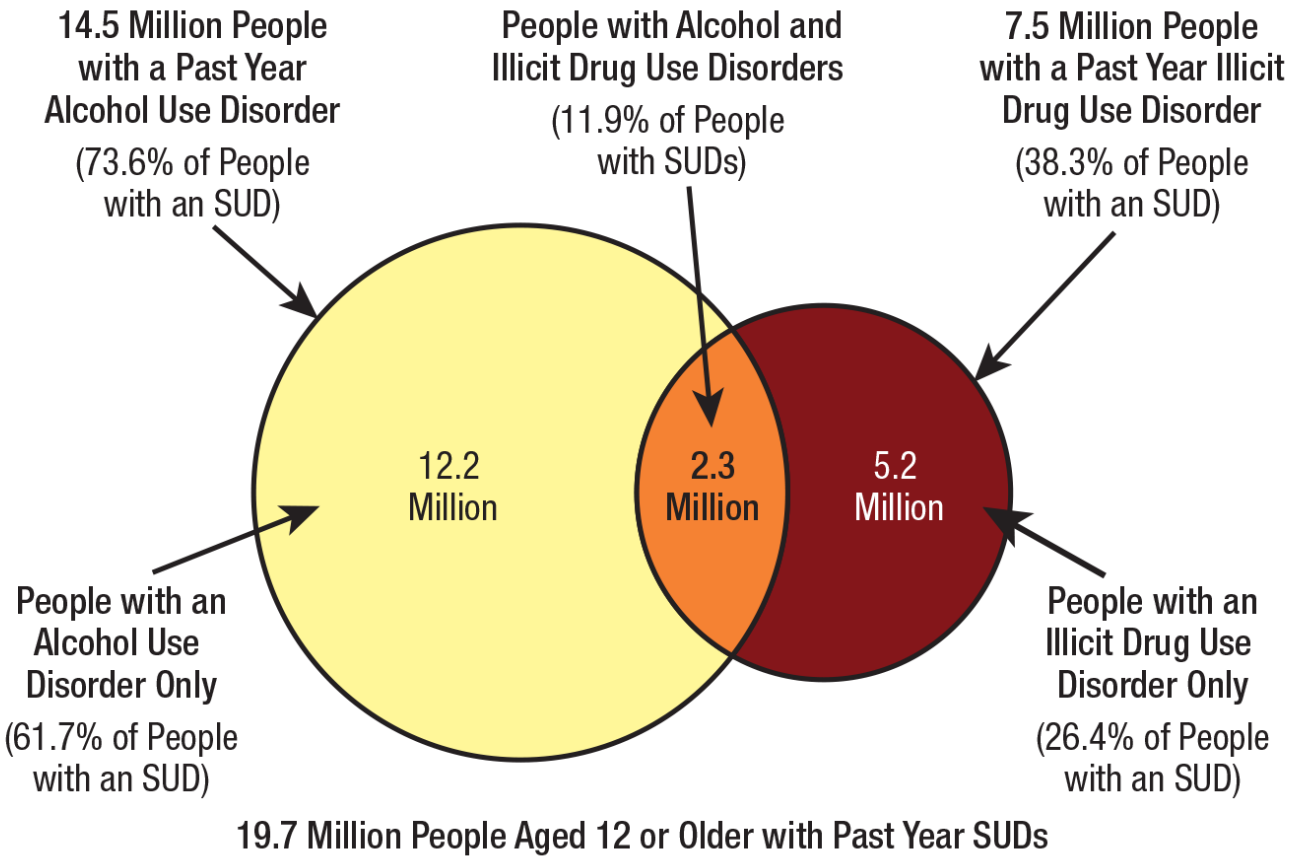
The Current Environment

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.

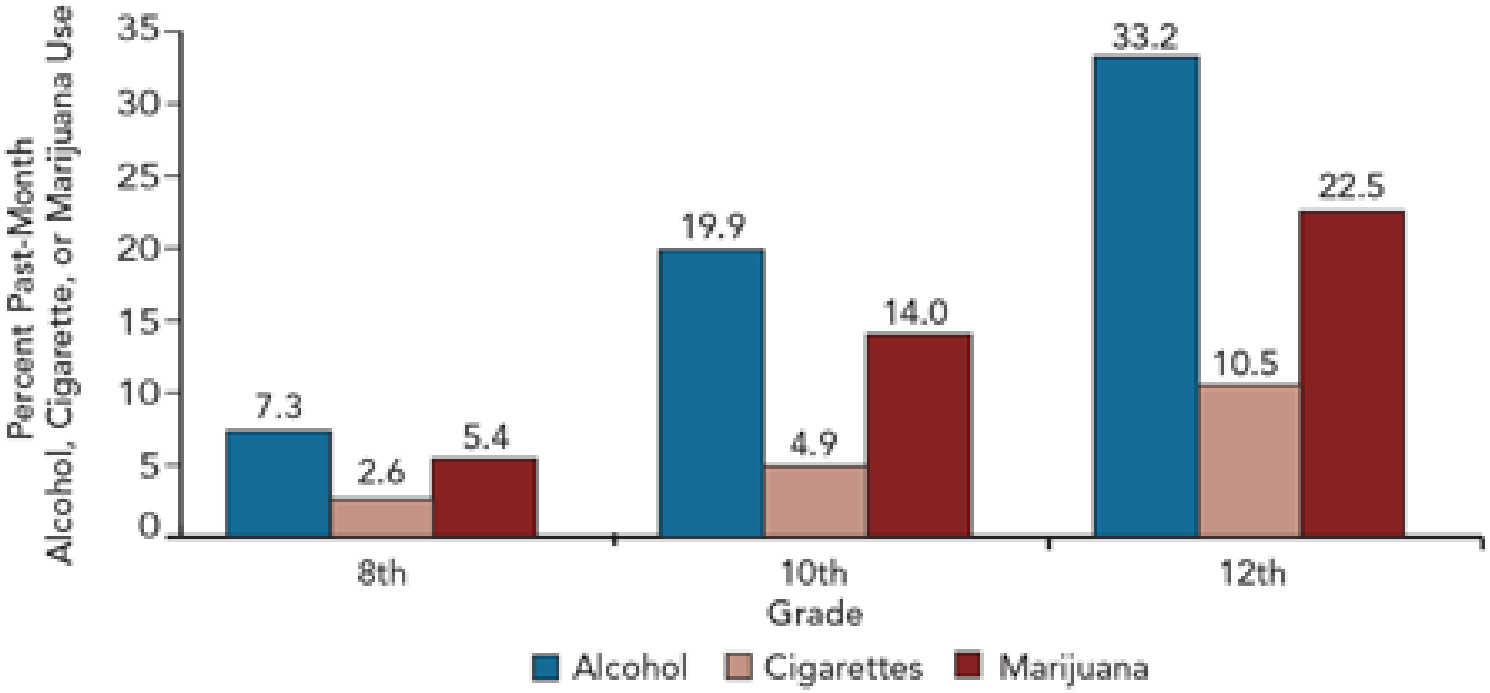
Source: NSDUH, 2017;
CDC, vital signs, 2013

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



2017 NSDUH Annual National Report, SAMHSA

Adolescent Substance Use (NIAAA)

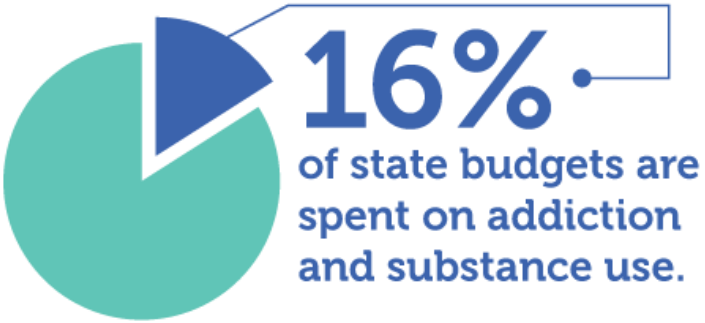


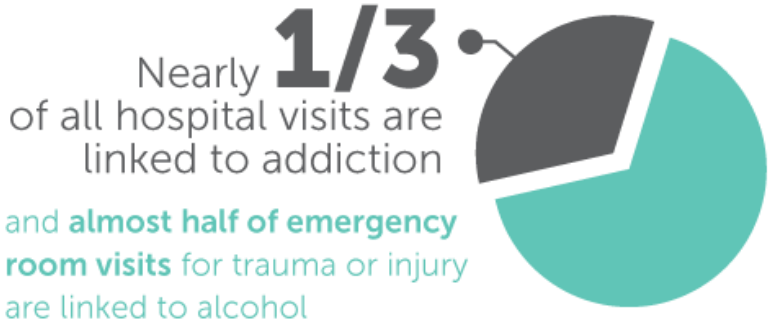
pubs.niaaa.nih.gov

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.





Shatterproof.com

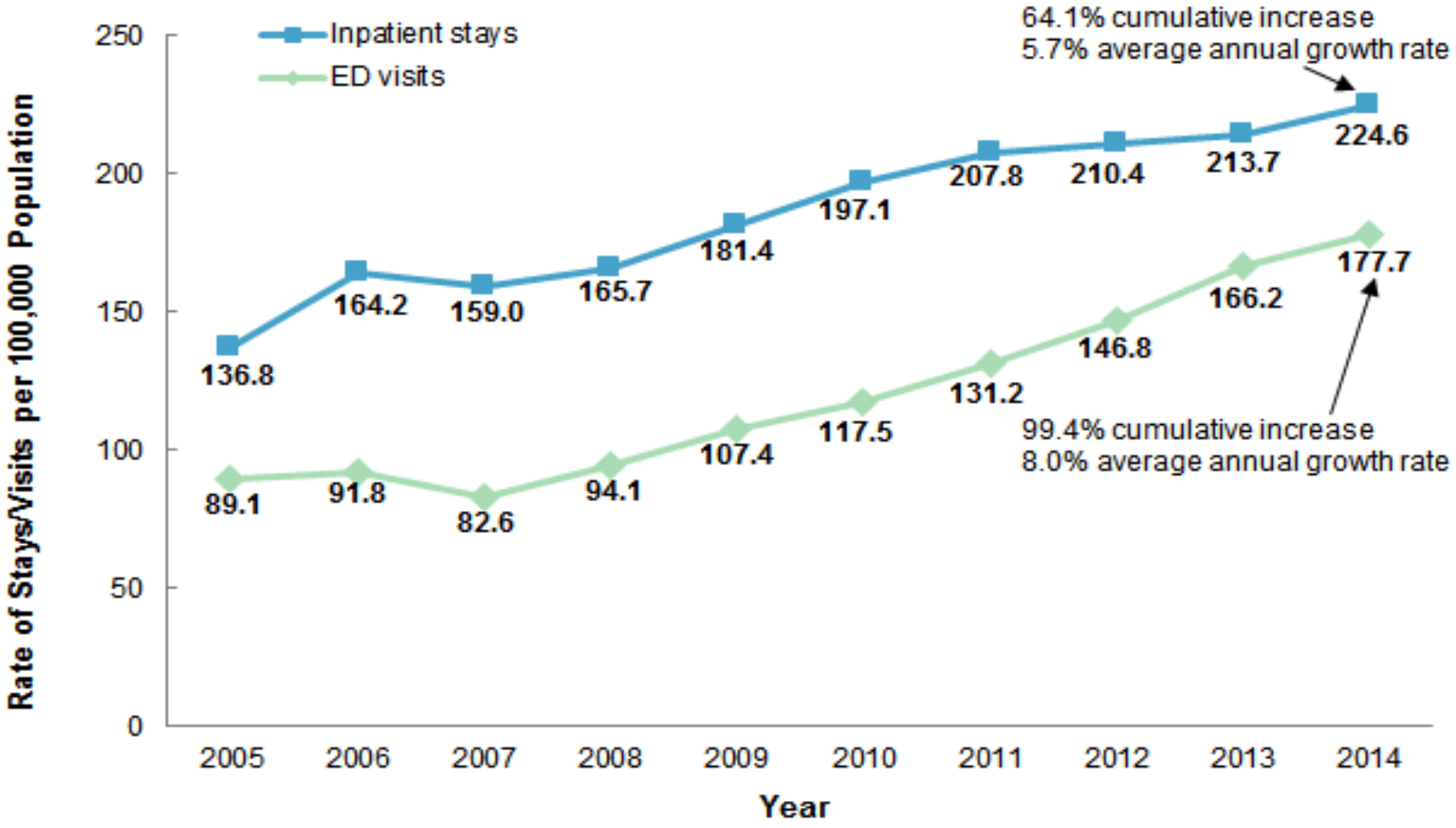
10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2017

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Unintentional Suffocation 1,106	Unintentional Drowning 424	Unintentional MV Traffic 327	Unintentional MV Traffic 428	Unintentional MV Traffic 6,697	Unintentional Poisoning 16,478	Unintentional Poisoning 15,032	Unintentional Poisoning 14,707	Unintentional Poisoning 10,581	Unintentional Fall 31,190	Unintentional Poisoning 64,795
2	Homicide Unspecified 139	Unintentional MV Traffic 362	Unintentional Drowning 125	Suicide Suffocation 280	Unintentional Poisoning 5,030	Unintentional MV Traffic 6,871	Unintentional MV Traffic 5,162	Unintentional MV Traffic 5,471	Unintentional MV Traffic 5,584	Unintentional MV Traffic 7,667	Unintentional MV Traffic 38,659
3	Unintentional MV Traffic 90	Homicide Unspecified 129	Unintentional Fire/Burn 94	Suicide Firearm 185	Homicide Firearm 4,391	Homicide Firearm 4,594	Suicide Firearm 3,098	Suicide Firearm 3,937	Suicide Firearm 4,219	Suicide Firearm 5,996	Unintentional Fall 36,338
4	Homicide Other Spec., Classifiable 76	Unintentional Suffocation 110	Homicide Firearm 78	Homicide Firearm 126	Suicide Firearm 2,959	Suicide Firearm 3,458	Suicide Suffocation 2,562	Suicide Suffocation 2,294	Unintentional Fall 2,760	Unintentional Unspecified 5,125	Suicide Firearm 23,854
5	Undetermined Suffocation 56	Unintentional Fire/Burn 95	Unintentional Suffocation 36	Unintentional Drowning 110	Suicide Suffocation 2,321	Suicide Suffocation 3,063	Homicide Firearm 2,561	Suicide Poisoning 1,604	Suicide Suffocation 1,631	Unintentional Suffocation 3,920	Homicide Firearm 14,542
6	Unintentional Drowning 43	Unintentional Pedestrian, Other 88	Unintentional Other Land Transport 25	Unintentional Other Land Transport 66	Unintentional Drowning 469	Undetermined Poisoning 887	Suicide Poisoning 1,089	Homicide Firearm 1,447	Suicide Poisoning 1,459	Adverse Effects 2,902	Suicide Suffocation 13,075
7	Undetermined Unspecified 37	Homicide Other Spec., Classifiable 49	Homicide Suffocation 15	Unintentional Fire/Burn 56	Suicide Poisoning 463	Suicide Poisoning 788	Undetermined Poisoning 792	Unintentional Fall 1,248	Homicide Firearm 824	Unintentional Poisoning 2,871	Unintentional Suffocation 6,946
8	Homicide Suffocation 26	Homicide Firearm 44	Homicide Cut/pierce 14	Suicide Poisoning 39	Undetermined Poisoning 280	Unintentional Drowning 479	Unintentional Fall 522	Undetermined Poisoning 887	Unintentional Suffocation 811	Unintentional Fire/Burn 1,278	Unintentional Unspecified 6,606
9	Unintentional Natural/ Environment 18	Unintentional Natural/ Environment 34	Unintentional Firearm 14	Unintentional Poisoning 39	Homicide Cut/pierce 266	Homicide Cut/Pierce 404	Unintentional Drowning 397	Unintentional Drowning 451	Adverse Effects 773	Suicide Poisoning 1,111	Suicide Poisoning 6,554
10	Three Tied 16	Unintentional Firearm 31	Two Tied 13	Unintentional Suffocation 35	Unintentional Fall 212	Unintentional Fall 351	Homicide Cut/Pierce 337	Unintentional Suffocation 441	Undetermined Poisoning 732	Suicide Suffocation 919	Adverse Effects 4,459

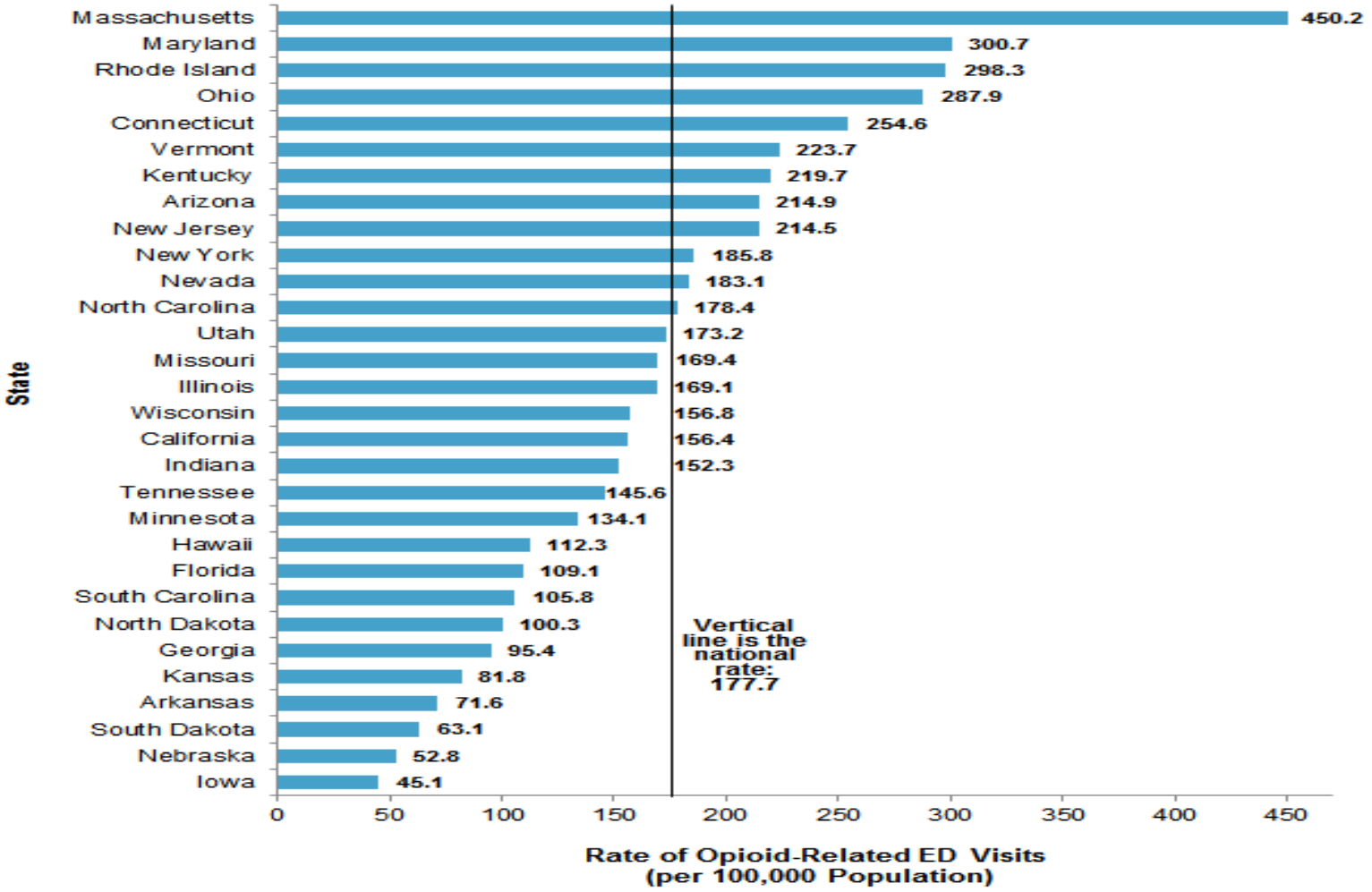
Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

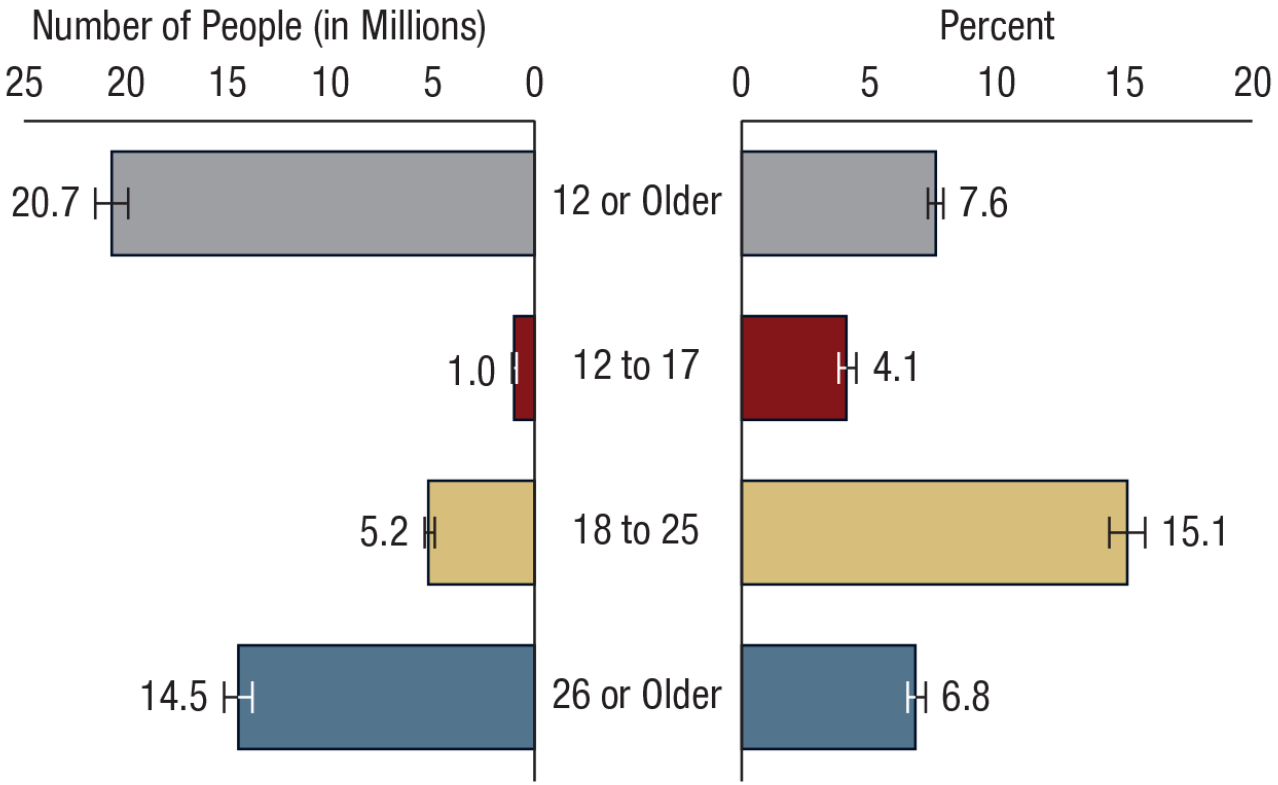
National Rate Of Opioid-related Inpatient Stays And Emergency Department Visits, 2005-2014 (H-CUP; Dec. 2016



Rate Of Opioid-related Emergency Department Visits By State, 2014 (H-CUP; Dec. 2016)

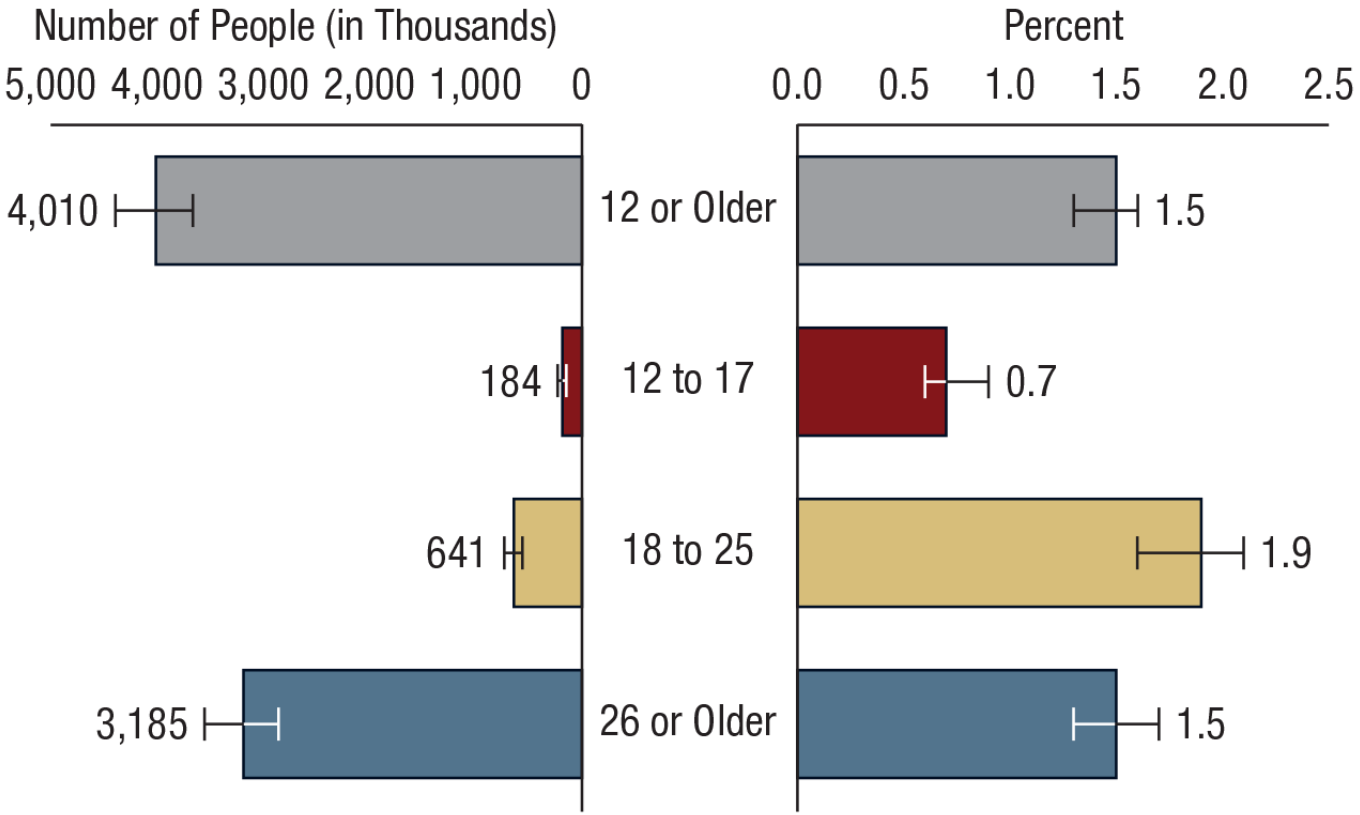


Need for Substance Use Treatment in the Past Year among People Aged 12 or Older, by Age Group: 2017



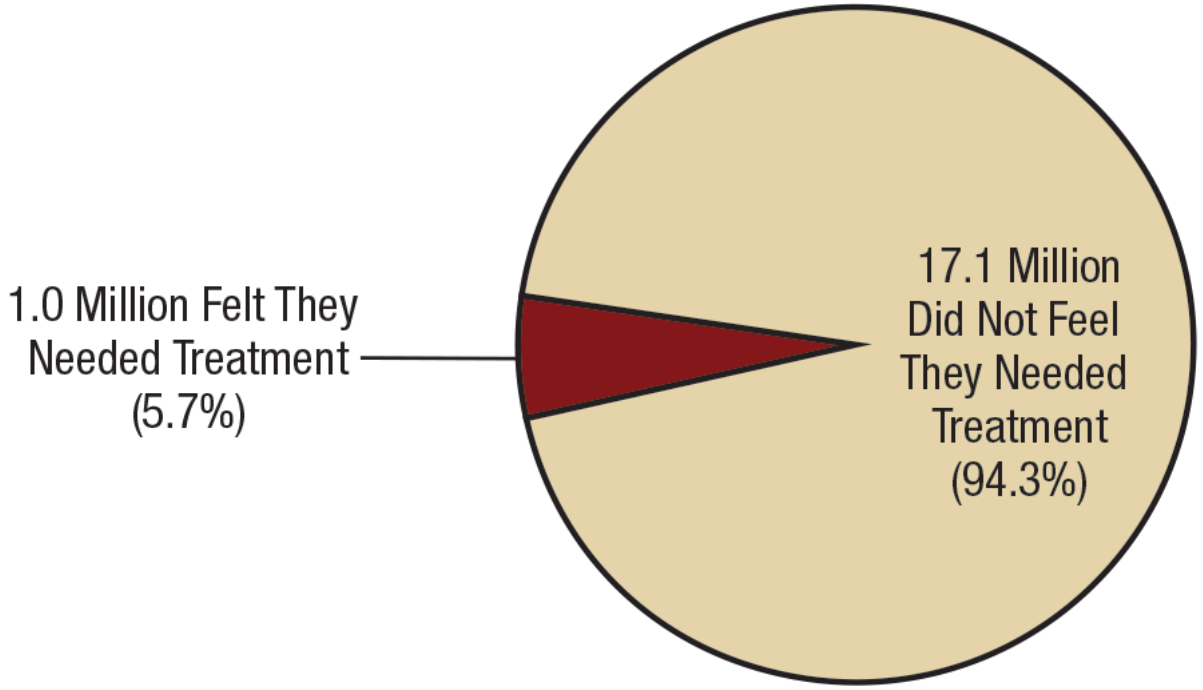
2017 NSDUH Annual National Report, SAMHSA

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



2017 NSDUH Annual National Report, SAMHSA

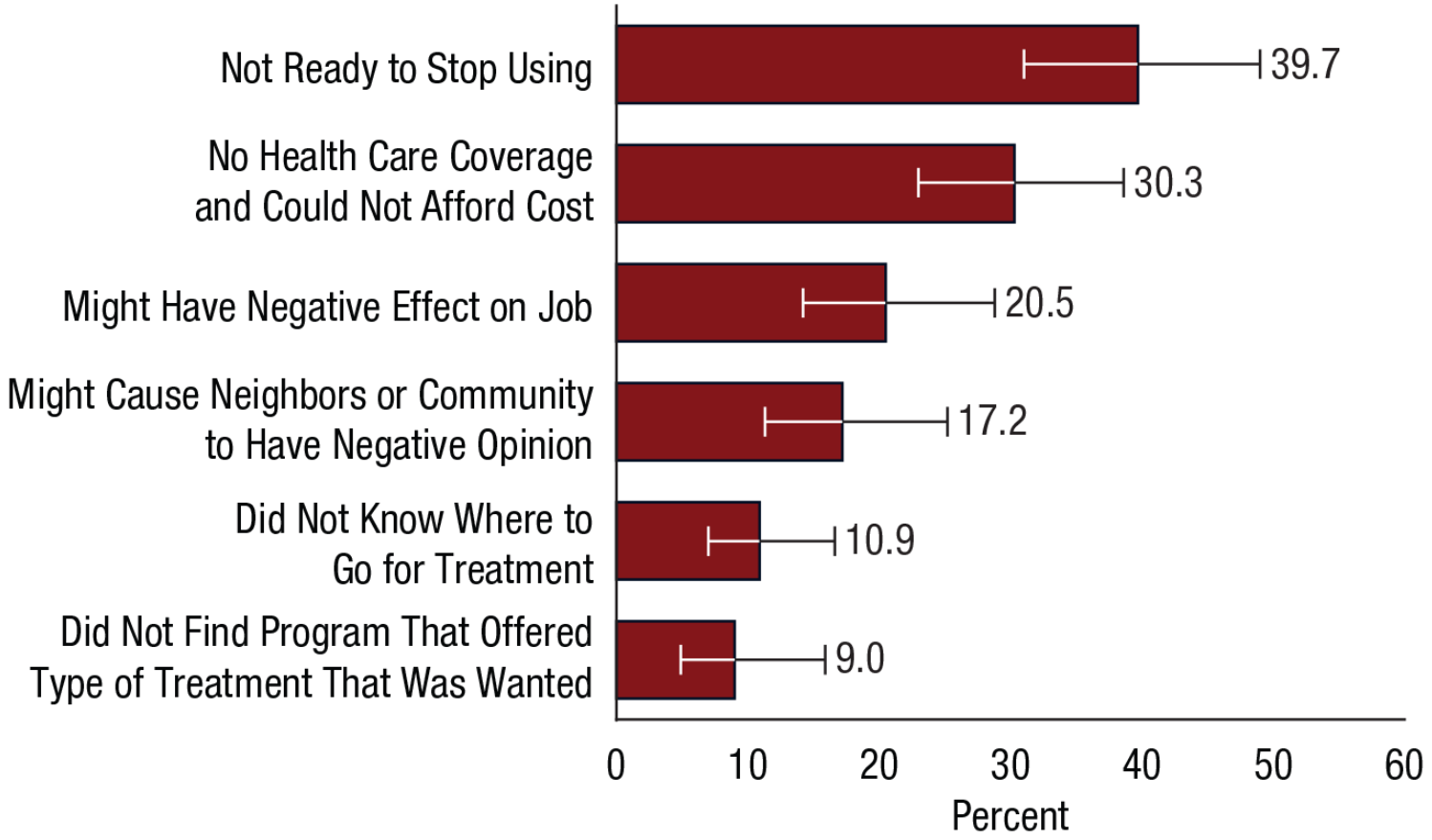
Perceived Need for Substance Use Treatment among People Aged 12 or Older Who Needed but Did Not Receive Specialty Substance Use Treatment in the Past Year: 2017



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

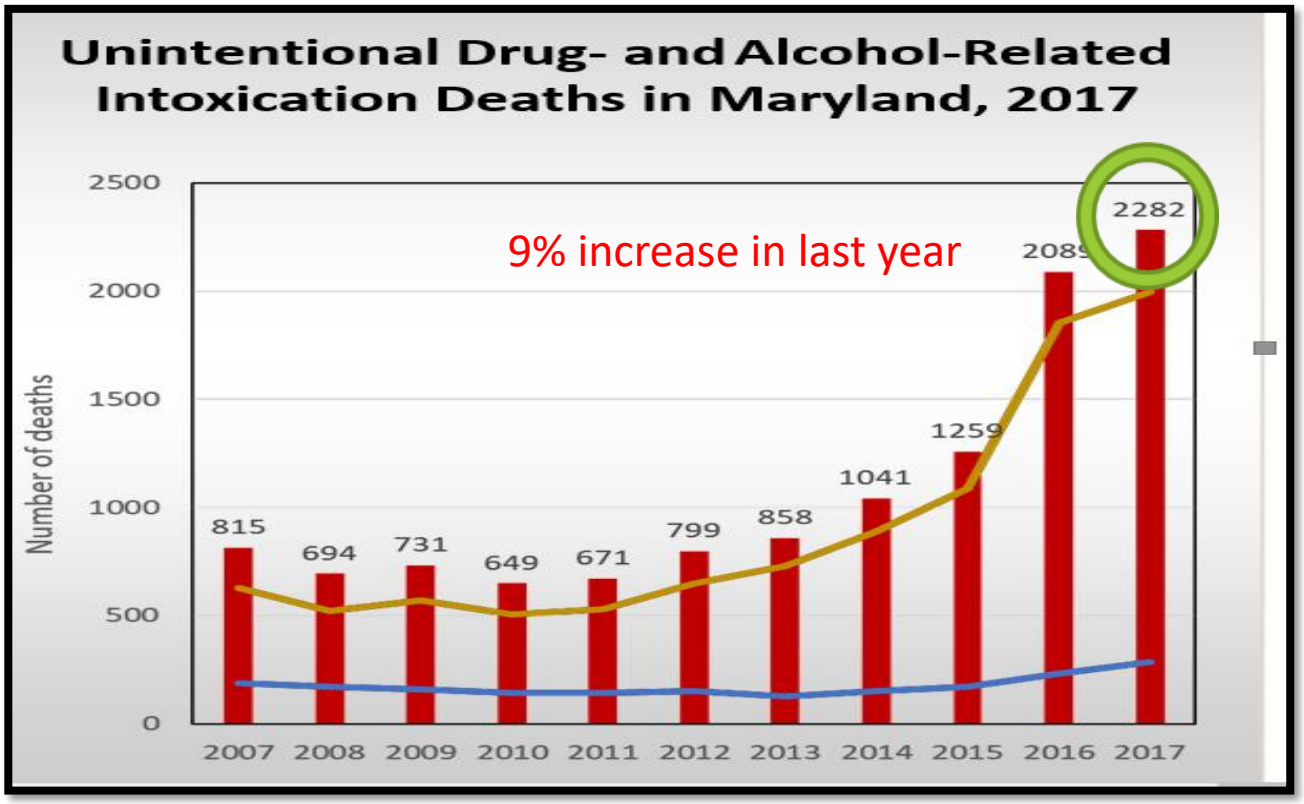
2017 NSDUH Annual National Report, SAMHSA

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



2017 NSDUH Annual National Report, SAMHSA

Maryland Drug Intoxication Deaths



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

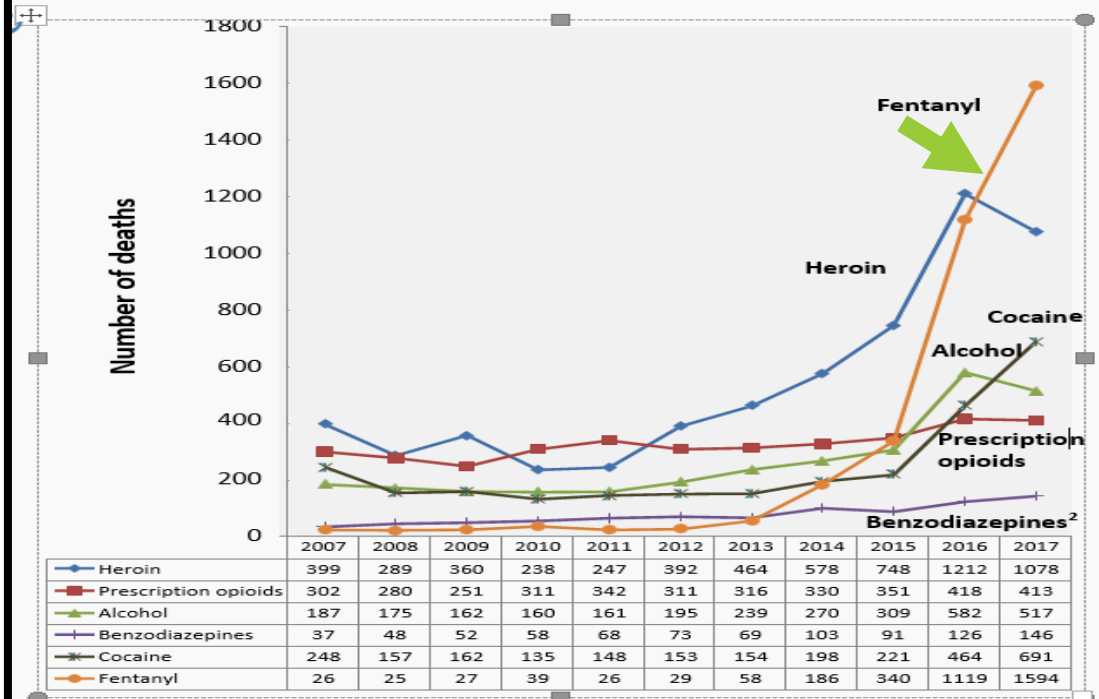
Source: Maryland Department of Health, Behavioral Health Administration, 2017

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

Figure 5. Total Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances[1], Maryland, 2007-2017.



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Heroin	399	289	360	238	247	392	464	578	748	1212	1078
Prescription opioids	302	280	251	311	342	311	316	330	351	418	413
Alcohol	187	175	162	160	161	195	239	270	309	582	517
Benzodiazepines	37	48	52	58	68	73	69	103	91	126	146
Cocaine	248	157	162	135	148	153	154	198	221	464	691
Fentanyl	26	25	27	39	26	29	58	186	340	1119	1594

[1]Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum to the total number of deaths.
[2]Includes deaths caused by benzodiazepines and related drugs with similar sedative effects.

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The Economic Burden

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- 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+)

AUDIT-C					
	0	1	2	3	4
1.	How often do you have a drink containing alcohol?				
	Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times a week
2.	How many drinks containing alcohol do you have on a typical day when you are drinking?				
	1 or 2	3 or 4	5 or 6	7 or 9	10 or more
3.	How often do you have six or more drinks on one occasion?				
	Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week

- 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 ☐ → **Ask CAR question only, then stop**

No ☐ → **Ask all six CRAFFT* questions below**

Part B		**No**	**Yes**
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 →**

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?”

Barclay, Laurie ( )S S Q f (2010). Single Screening Question May Identify Drug Use in Primary Care. Arch Intern Med. 2010;170:1155-1160

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

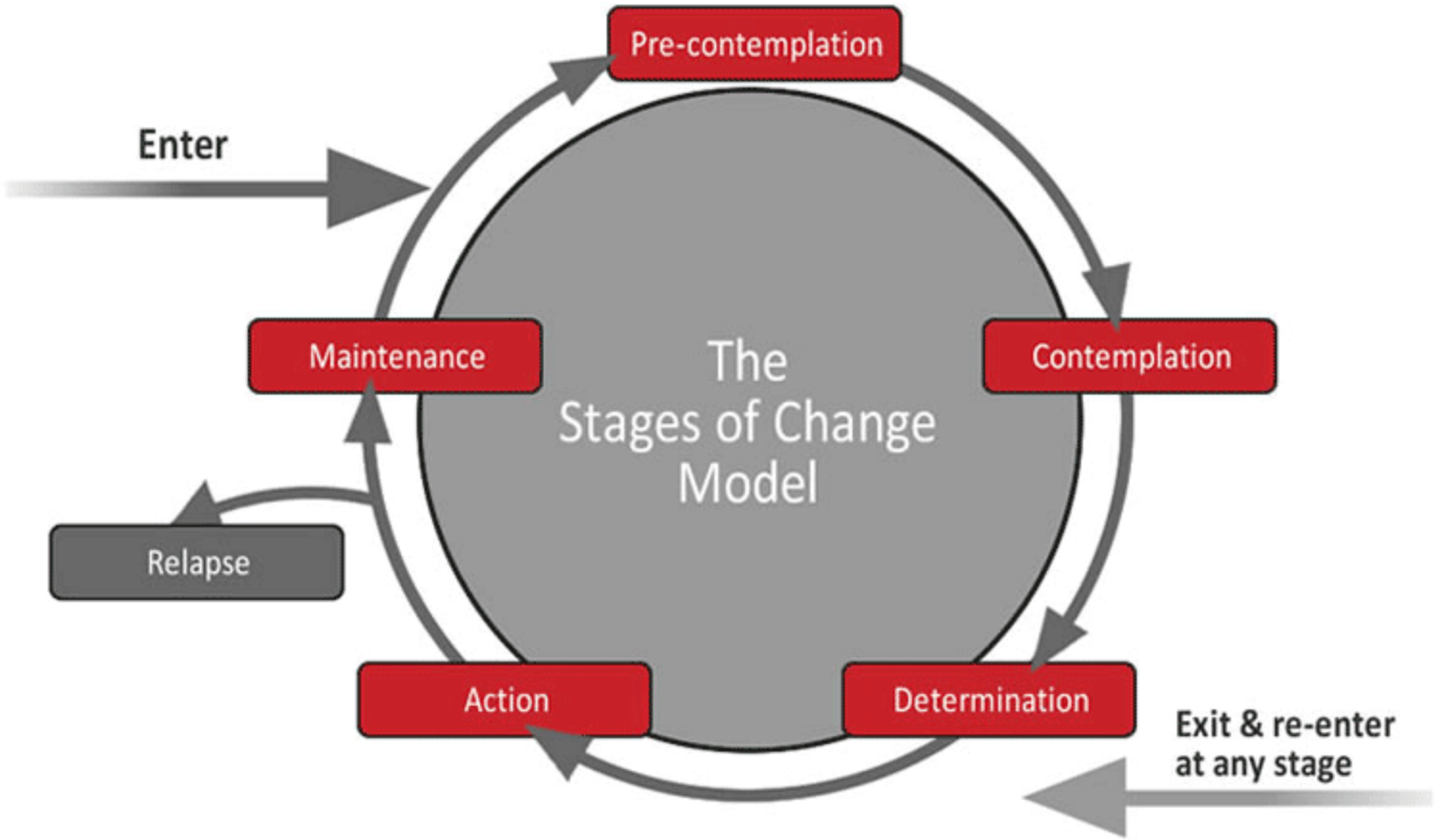
- The goals of a brief intervention can vary depending upon the patient:
  - Change the way a patient sees, understands, or feels about a particular risk factor or behavior
  - Empower the patient to take action
  - Reduce the risk of harm from the substance use or other risky behaviors
  - Increase 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



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

The Comprehensive Hospital Substance Use Response Program (CHSURP)

Mosaic Group and BHA recognize the need for a more powerful response for hospital patients and introduce: CHSURP

CHSURP includes:

The Hospital SBIRT Model

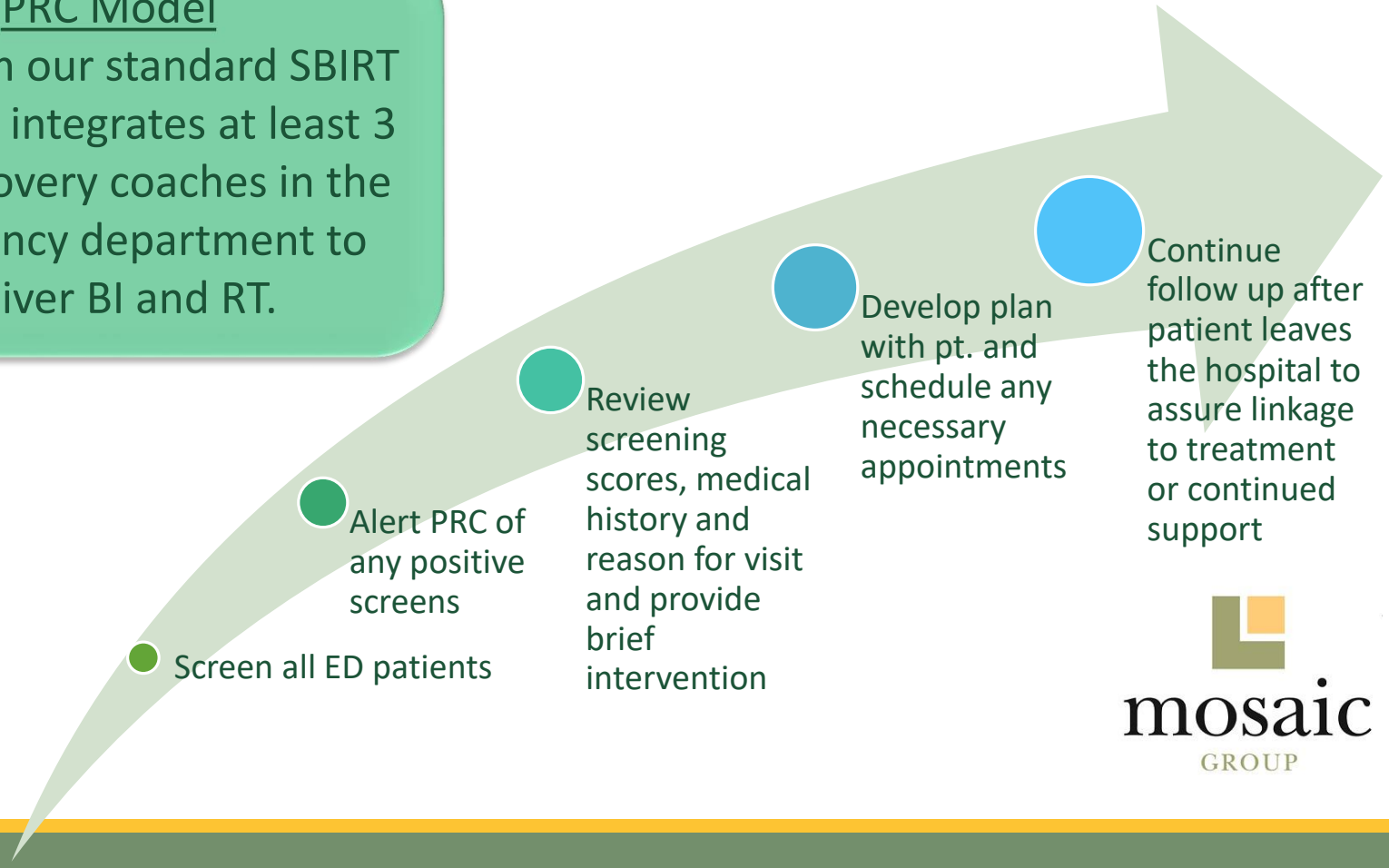
The Opioid Overdose Survivors Outreach Program

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.



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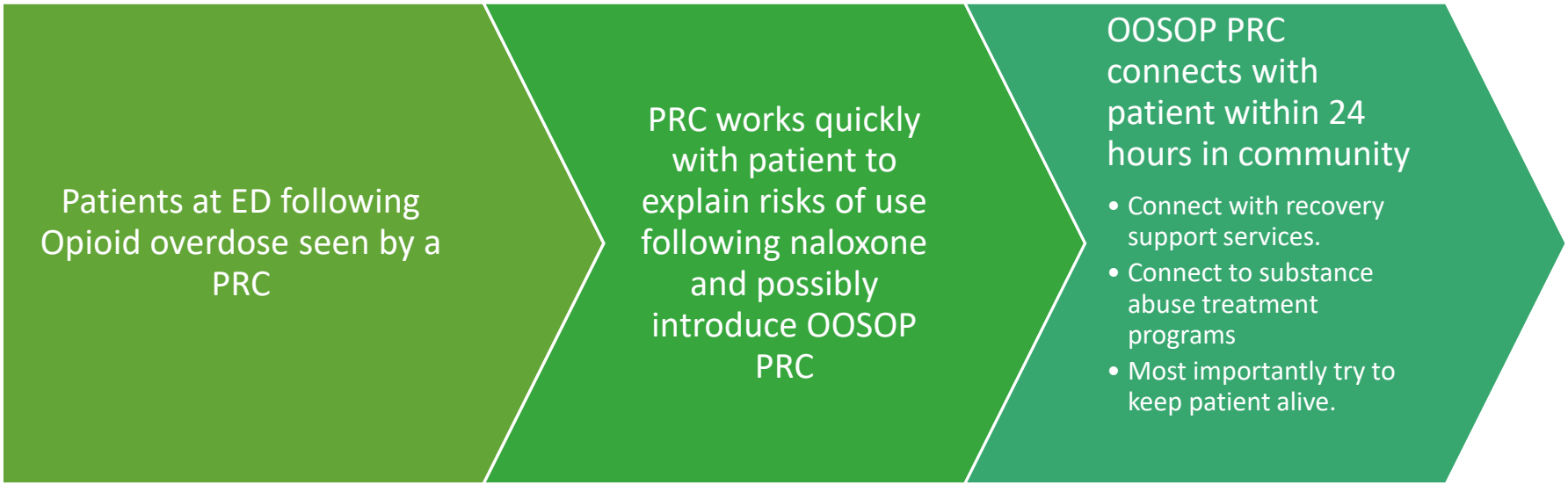
Overdose Survivors Outreach Program (OSOP)



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

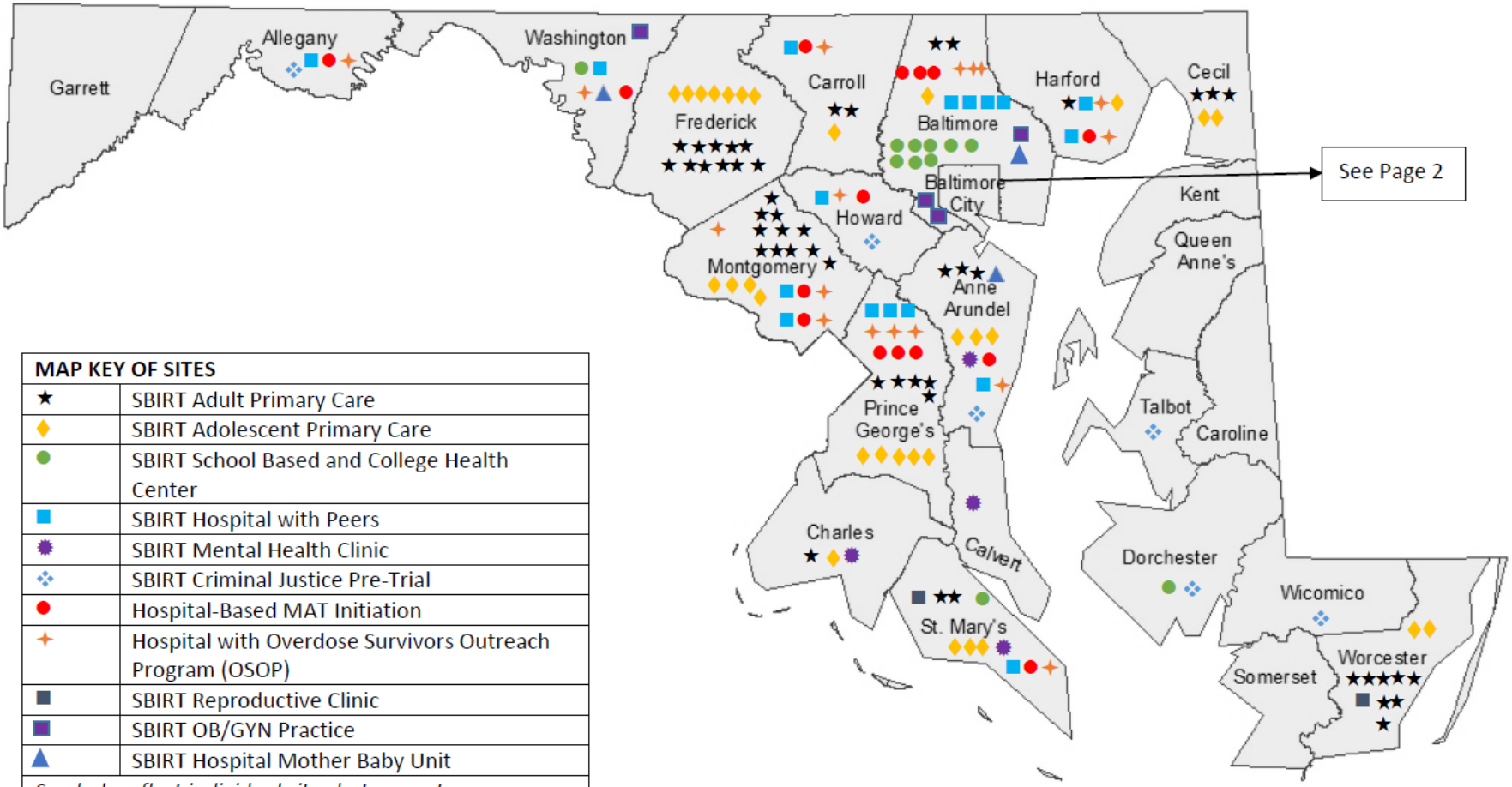
- Organize and engage planning team
- Develop protocols
- EHR modifications
- Hire and train peer recovery coaches
- Train ED staff
- Go Live

Months 4-12

Implementation

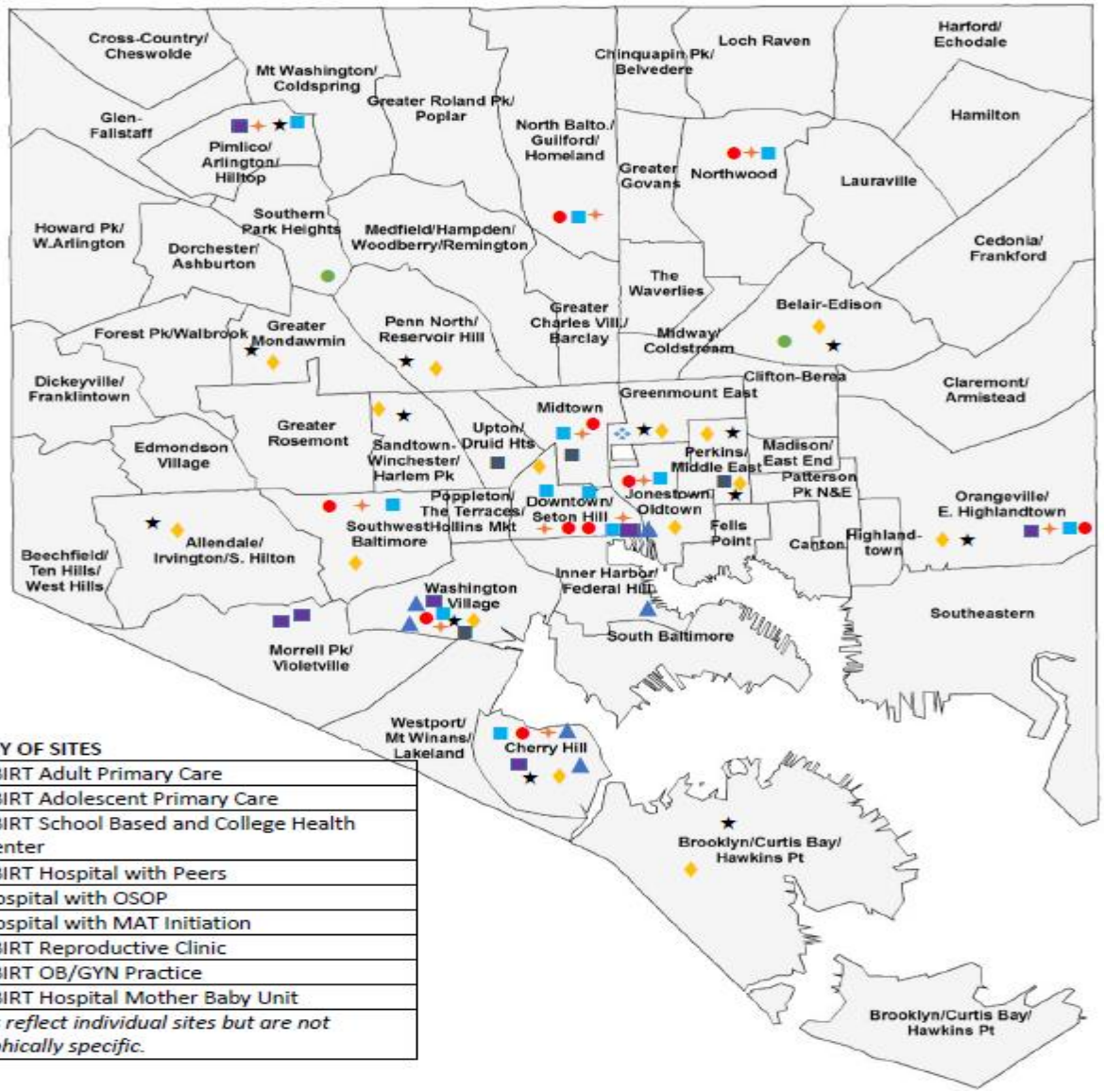
- Go Live
- Provide technical assistance
- Report and monitor data for QI
- Adjust protocols as needed

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.	

Baltimore City: SBIRT, OSOP, and MAT Initiation



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■	SBIRT OB/GYN Practice
▲	SBIRT Hospital Mother Baby Unit

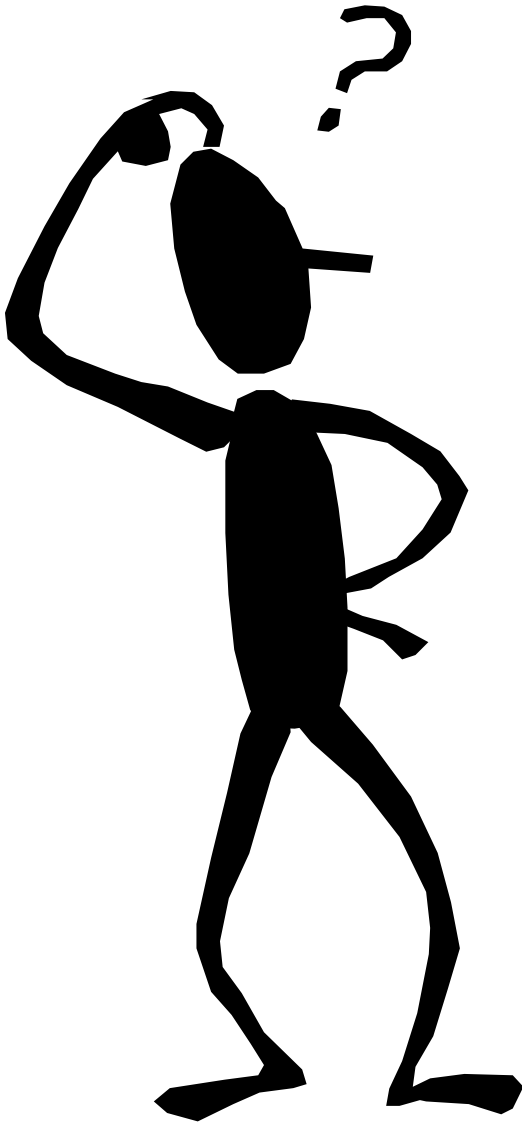
Symbols reflect individual sites but are not geographically specific.

Detention Center Jurisdictions

- Allegany County
- Anne Arundel County
- Baltimore City
- Dorchester County
- Howard CountyTalbot
- 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

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