



CAMC Opioid Team Report Foundational Year

Developing the framework of a comprehensive
program to address substance use disorder

Lillian Morris, Opioid Team Facilitator

Shelda Martin, Opioid Team Physician Champion

CAMC Opioid Collaboratives and Partnerships 2018-2019

WVHA Collaborative

- Gap Analysis
- Leadership
- Measurement
- Regulation and payment
- Stigma/hospital culture
- Standardized screening
- COWS
- Standardized order sets for patient in withdrawal
- Access to treatment
- Expanding access to MAT
- Harm reduction
- Interventions with hospitalized endocarditis/SUD patients
- Pain management
- Safe prescribing of opioids
- ALTO
- Drug diversion

Great Rivers System of Addiction Care

- Reduce overdoses and OD deaths
- Increase # of individuals entering and staying in treatment
- Prevent new viral hepatitis and HIV infections and reduce deaths
- Reduce health disparities related to service utilization among individuals with substance use disorders, opioid OD, hepatitis and HIV
- Increase availability of educational opportunities and resources to enhance awareness and understanding of substance abuse and addiction
- Conduct formal process and outcome evaluation

- PROACT**

 - Addiction/recovery svcs
 - Primary care
 - Social svcs

WVU-COATS

- SUD treatment
 - Behavioral health

Partners

- Care for SUD
 - MAT
 - Primary care

Premier Collaborative

- Colectomy
 - Ortho
 - Gen, Mem, WCH data

Drug Free Mother Baby Program

- Counseling
 - Peer recovery coach
 - Treatment
 - OB/BYB WHAP

Ryan White Program

- Primary Care- HIV, HepB&C
 - SBIRT screening – referral
 - MAT development

Recovery Point

- Peer Recovery Coaches

Cardinal Collaborative (Fdn grant)

- Research, QI study
 - Focus on c-sctn



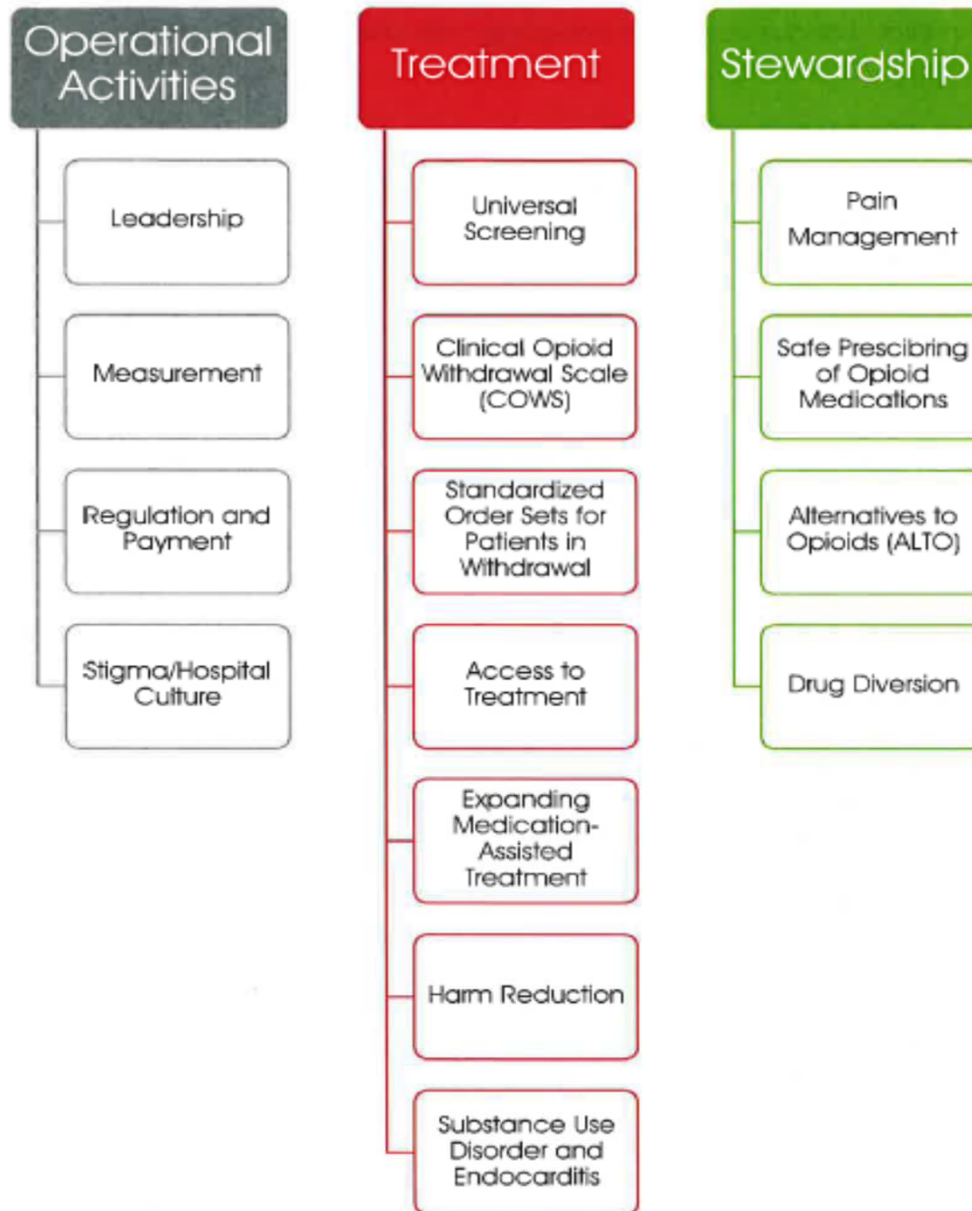
Opioid Addiction

The national rate in 2016 was 19.8 deaths/100,000 people. WV has the highest rate of drug overdose deaths in the nation with a rate of 52.0 per 100,000, which is 21% higher than in 2015.

June 2018- WVHA Opioid Collaborative

- Leadership commitment
- Multi-disciplinary team development
- Defined goals and measurement
- Staff education related to stigma
- Standardized screening in ambulatory, ED, and inpatient settings for pain assessment and substance use
- Standardized pain management and opioid stewardship care plans
- Identified network for treatment referrals
- Prescribing practices for opioids

WHA Opioid Collaborative Topic Framework



**CAMC Opioid Project Scope of Activities
and Leadership
2018-2019**
L. Morris – Initiative Facilitator
S. Martin – Physician Champion

Data
Management
Measurement
and Research

Process
Standardization
MAT

Education

Performance
Improvement

Pain
Management
and ALTO

Drug
Diversion

Handoffs to
treatment

Recovery
Coaches

M. Emmett

E. Shouldis
J. Edwards
S. Martin
D. Seidler

R. Rector
M. Eickbush

H. Long
K. Miller

J. Edwards
K. Bird
E. Shouldis
B. Hodges

B. Hodges
M. Eickbush
B. Mitchell

S. Martin
B. McKee

K. Gill
M. Richardson
M. Eickbush

- Data Collection
- WVHA submission
- Analysis

- Power Plans
- Policy

- MAT
- Stigma
- Conference

- DMAIC
- Operational implementation

- Review of practice patterns
- Implementing new processes
- standardization

- Review internal processes
- Minimizing potential for diversion through ordering practices

- Defining options for treatment facilities
- Process for establishing timely referrals

- DFM
- ED-C
- Expansion of co



Education


- MAT: an Essential Tool for Managing the Opioid Epidemic (2 hour course)
 - 1/11/2019
 - 1/18/2019
 - 50 Attendees
- MAT Waiver Training (8 hour course)
 - 1/11/2019
 - 1/18/2019
 - 16 Providers trained

2019


West Virginia Substance Use Disorder Symposium


A multidisciplinary approach


FRIDAY AUG 2, 2019
Charleston Coliseum & Convention Center
Charleston, WV

 **IN PAIN**
TRAVIS RIEDER

Keynote with bioethicist
Travis Rieder, PhD
Author of "In Pain: A
Bioethicist's Personal
Struggle with Opioids"

 Register online at
camcinstitute.org/conference

 CAMC
Institute

 For updates follow
CAMC Institute on Facebook



Standardized Screening/Treatment

- ED- 3 question substance use screening tool developed
- ED Medication Assisted Therapy (MAT) power plan
- Inpatient MAT power plan
- Opiate navigator hired for CAMC General Division
- Clinical Opioid Withdrawal Scale (COWS) Training
- Electronic Prescribing of Opioids
- Cerner Opioid Toolkit



Baby First

- 2018- Offered to every new Women's OB/GYN Center patient with a positive urine drug screen at initial or subsequent visits
- Intake with Recovery Coach or DFMB Coordinator
- ACE Questionnaire - need meet with addiction therapist
- Classes: Childbirth education
 - Car seat safety
 - CPR
 - Baby care basics
- Delivery- umbilical cord tissue collected
- Follow up throughout pregnancy and post partum at 6 weeks, 6 months, 12 months, 18 months, and 24 months.



Drug Diversion Prevention

- Creation of the Controlled Substance Diversion Committee
 - Multidisciplinary Team
 - Drug Diversion Response Team Subcommittee
 - Provides leadership and direction for developing policies and procedures, as well as oversight, of the controlled substance diversion prevention program (CSDPP).
- The CSDPPs goal is to discourage diversion and strengthen accountability, rapidly identify suspected diversion, respond to known or suspected diversion incidents, and continually seek to improve controls at CAMC.
- Ongoing initiatives:
 - Nurse manager training on initiating an investigation
 - Evaluating/standardizing wasting processes
 - Identify and implement strategies in the outpatient clinic arena
 - Evaluate industry best practices and analyze gaps at CAMC

Addiction Care Program

Total FTE's
Recovery Coaches
Substance Navigators
Project Director
Medical Consultant

Jeff Goode, Vice President, CAMC Ambulatory Services
Shelda Martin, ACMO Ambulatory Services

Rebecca Harless
Associate Administrator, Ambulatory Services

Project Director CAMC Addiction Care Program

Medical Consultant CAMC Addiction Care

Addiction Care Multidisciplinary Steering Committee
Lillian Morris, Facilitator

Recovery Coach Expansion

Memorial-ED, IP
General-ED, IP
TV, Urgent Care, Amb
W&C- Mother/Baby, ED/IP

Substance Use Disorder Navigator

Memorial
General

Emergency Department Project /Policy Development/Collaboration

Edie Reporting
MAT referral process
ALTO Care Pathways

Ambulatory Care

Evaluate prescribing patterns
Standardization of processes
ALTO Care Pathways

Performance Improvement

DMAIC
Operational Implementation

Data Management, Measurement, Research

Data Collection
WVHA submission
Analysis

Drug Diversion

Review Internal Processes to minimize potential for diversion through ordering practices

Perioperative Management

Standardize care of the addicted patient
Develop policies to minimize opiate use

Handoffs to Treatment

Define Network for treatment referrals- Partners in Health, WVUPC, PROACT
Establish process for timely referrals

Community Collaboration

WVHA Collaborative
Great Rivers System of Addiction Care
PROACT
Partners in Health
Premier Collaborative
Drug Free Mother Baby
Recovery Point



Analyze

Actions Implementation to Date

1. CHERI data submission to WVHA Opioid Collaborative
2. Inpatient/ED evidenced based MAT power plans developed and implemented
3. MAT provider education
4. Opioid navigator hired in hospitalist department with focus at CAMC General Division
 - Premier benchmarks for targeted ICD-10 codes for national comparison
 - Developed Cerner daily report for targeted opioid ICD-10 codes for NP use to reach out to providers and staff to offer services
 - Coordination with CHERI for WVHA collaborative data reporting
 - Tracking of NP consults, barriers and outcomes
5. Developed plan for Addiction Care Program



NP Consults 7/1 – 9/30/19

NP Confirmed Opioid SUD		
Hospital	Patients	Percent
GH	250	70%
MH	60	17%
TH	18	5%
WH	30	8%
CAMC Total	358	
Total NP Consults	90	25%

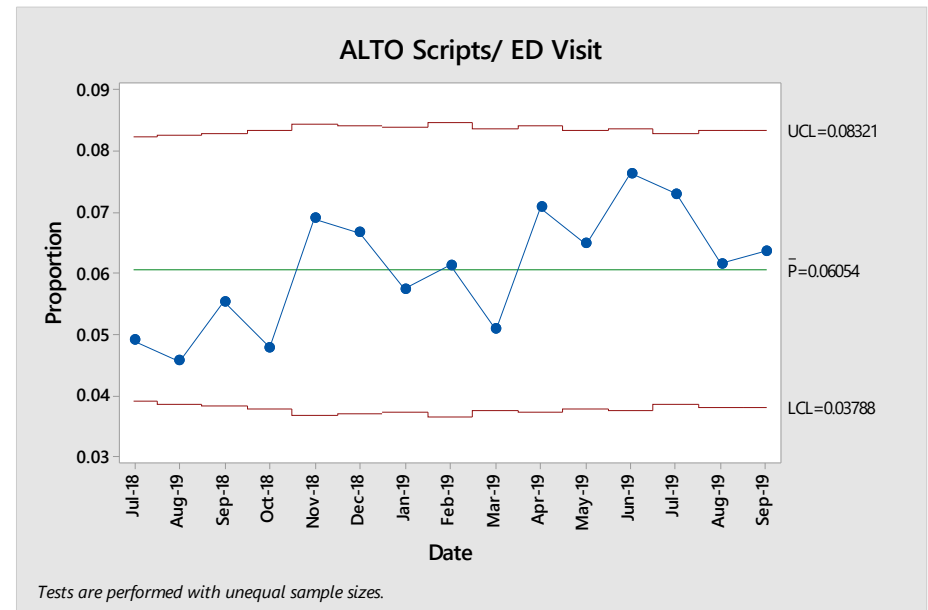
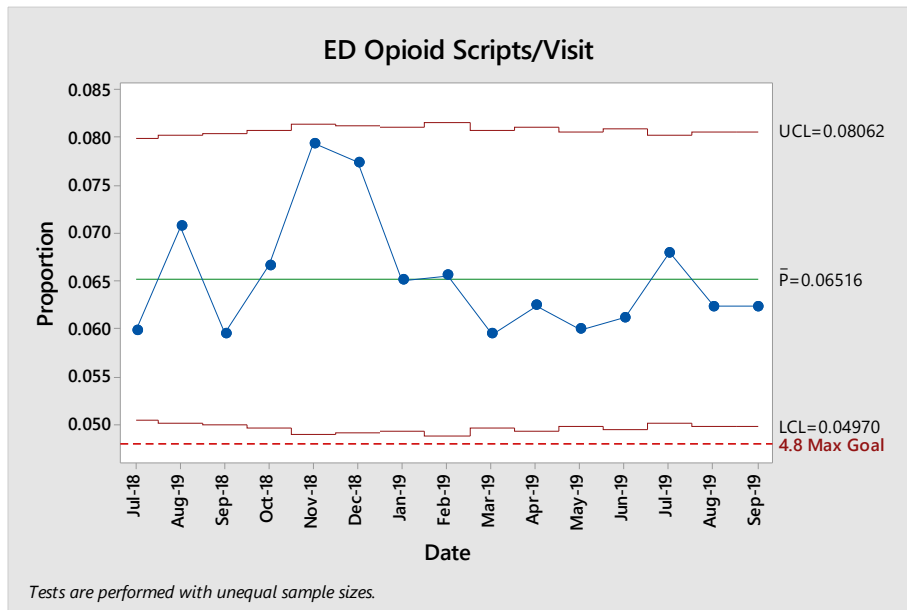
Hospital	Patients
GH	250
NP Consults	73
MAT Initiated	30
OP Referral	32

Reason No MAT	Patients
Declined Tx	13
On Suboxone/Subutex	7
Denies SUD	6
AMA	4
Discharged	4
Medical Contraindication	4
Facility Placement	2
Non-Opioid SUD	2
Active OP Detox	1
Grand Total	43



ED Opioid & ALTO Scripts/Visit

In-Process Metrics (Cerner)	Indicator	Jul-Dec	Target (10% from 2018)	Max (30% from 2018)	Sep
		2018			2019
Opioid Prescribed	Scripts/ED Visits	6.8%	6.2%	4.8%	6.2%
Opioid Alternatives Prescribed	Scripts/ED Visits	5.5%	6.0%	7.1%	6.4%

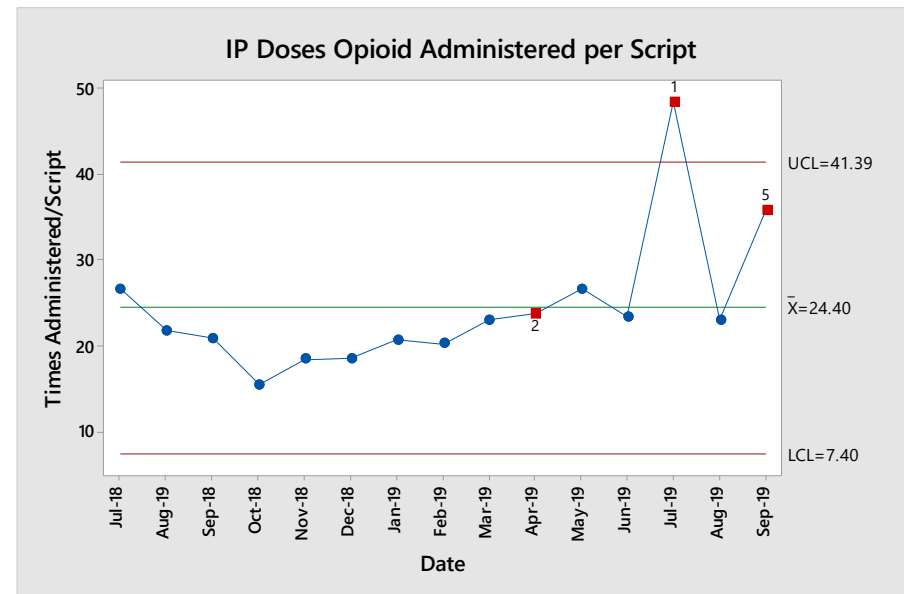
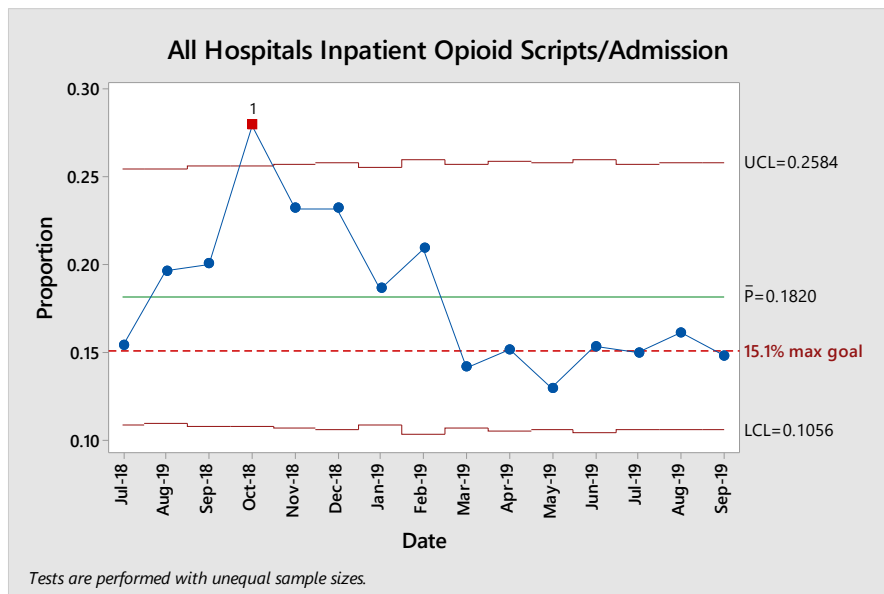


Key Takeaway: 1) Opioid prescribing has reached target of 6.2%, 2) Use of ALTO has exceeded the target of 6.4%, 3) MAT PowerPlan was implemented 1 month after IP



Inpatient Opioid Scripts/Administration

In-Process Metrics (Cerner)	Indicator	Jul-Dec	Target (10% from 2018)	Max (30% from 2018)	Sep
		2018			2019
Opioid Prescribed	Scripts/IP	21.5%	19.4%	15.1%	14.8%
Opioid Alternatives Prescribed	Scripts/IP	7.8%	8.6%	10.1%	8.10%
MAT Usage Monthly	MAT/Patients	0%	10%	30%	40%



Key Takeaway: 1) Provider opioid prescribing as decreased, 2) Opioid administration per script increases if providers are prescribing safer reduced dosages, but prescribing more doses every 4-6 hours



7 South Pilot Project

- Multi-disciplinary team project- started 9/3/19
- Pilot: Substance misuse protocols, policies, patient agreement and belongings search
- Partnering with security
- Hospitalist patients admitted from the ED with opioid/substance misuse problems
- **Goal: Improve care and safety for patients and staff**



Safe Workplace

- Visitor Code of Conduct
- Zero tolerance for aggressive behavior
- Threat assessment team to define plans for dealing with non-compliance

IMPORTANT MESSAGE

CAMC strives to provide a safe healing environment.

Aggressive behavior including:

- Physical assault
- Verbal harassment
- Abusive language
- Sexual language directed at others
- Threats
- Failure to respond to staff instructions

will not be tolerated.

Administration will support staff by maintaining a safe environment for patient care.

Incidents may result in search of belongings, removal from this facility and prosecution.





Collaborations

- Premier “Safer Post-operative Pain Management Pilot”
- Hazelden Betty Ford Patient Care Network
- Premier –“Chronic Pain Management Network”
- West Virginia State Opioid Response “Building a Strategy for West Virginia: West Virginia Department of Health and Human Resources Bureau for Behavioral Health and Health Facilities. 7/1/2019-3/31/2020



Harm Reduction

- IV drug user education on safer injection practices
- Naloxone prescriptions to individuals leaving the hospital with identified opioid use disorder (OUD)
- Naloxone prescriptions to caregivers/friends/families of patients with OUD



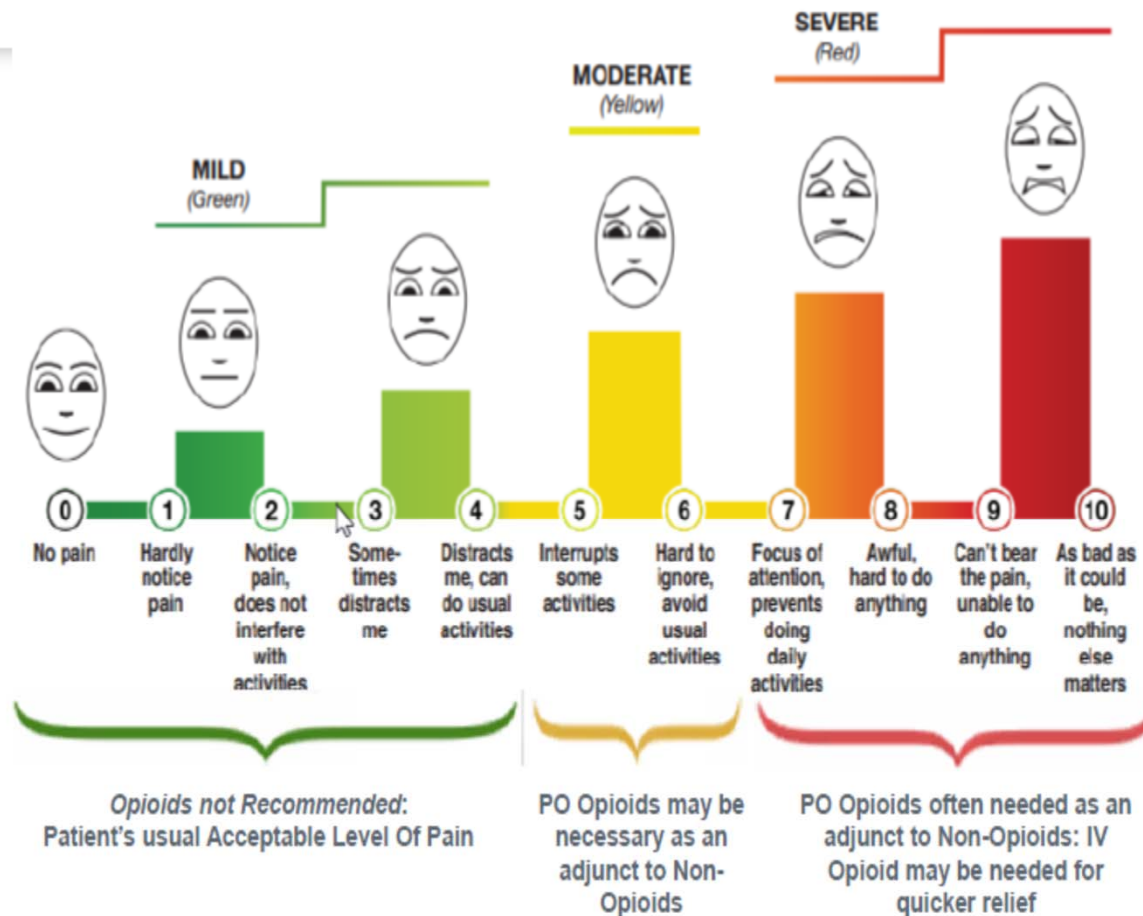
Safer Prescribing of Opioid Medications

Opioid Toolkit

- Provide proactive clinical decision support to providers of patients with opioid treatment of pain
- Monitor prescriber adherence to prescribing guidelines and regulations
- Opioid Use disorder Predictor Patient Safety Dashboard
- Individualized Multi-modal analgesic approach

Assess and Reassess Patient's Pain

Functional Pain Rating Scale



Defense & Veterans Pain Rating Scale (DVPRS)

Wow! Looks like we
have been busy!



Peer Recovery Support Specialist (PRSS)

Benefits of integrating Peer Recovery Support Specialists:

- 1). To facilitate in the development of a recovery oriented system of care.
- 2). To reduce stigma & misinformation regarding Substance Use Disorder (SUD) and behavioral health conditions.

Role of the PRSS


MOTIVATE

- Motivate people struggling with addiction to pursue their wellness.
- Reach out to those who have become disconnected.

ENGAGE

- Support people in identifying areas of potential vulnerability that may lead to relapse.
- Provide guidance and support by removing barriers to treatment.

LINK

- Identify recovery allies who will support the individuals recovery efforts at the individual, family and community level.
 - Assist patients in navigating the behavioral health system to secure placement in a treatment program.
- 

Supervision & Other Considerations:

- The PRSS will participate in trainings focused on Motivational Interviewing, Ethics/Boundaries and the science of addiction.
 - Preparation of staff to understand the role and value of peer support in treatment and improving outcomes for our patients struggling with Substance Use Disorder.
 - Participation in weekly supervision and monthly staff meetings.
 - Support and emphasis placed on protecting their own recovery.
- 