

PROVEN SOLUTIONS TO ACCELERATE YOUR MAT PROGRAM

CUTTING EDGE STRATEGIES IN OPIOID CARE

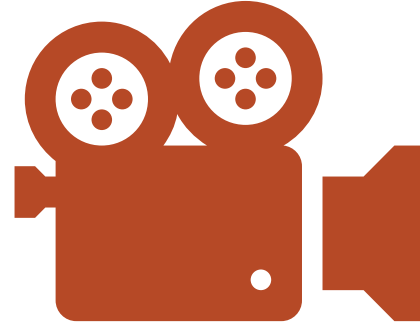
September 10, 2020

10:00am-11:00pm Pacific Time

Using Adobe Webinar Platform



CHAT in your
questions/comments



Webinar is being
RECORDED



Please MUTE your
line



DOWNLOAD resources

Countdown!

To apply for the Opioid Care Honor Roll submit your Opioid Management Hospital Self-Assessment between

June 22, 2020 - October 9, 2020

30
Days left



In partnership with California Health & Human Services, will recognize honor roll awardees & participants by Dec 2020.

Opioid Care Honor Roll 2020 Webinar Series Roadmap

Access webinar recordings & slides [here](#)

1

How to capture &
keep attention on the
CA Opioid Epidemic

2

Harm reduction
strategies

3

Leveraging
community partners

4

Cutting edge
strategies

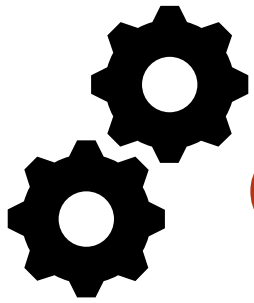
5

Drop in office hours

Mapping it back to the Self-Assessment

Measure	Level 1 <i>Basic Mgmt.</i> (1 pt)	Level 2 <i>Hospital Wide Standards</i> (2 pts)	Level 3 <i>Integration & Innovation</i> (3 pts)	Level 4 <i>Practice Improvement</i> (4 pts)
Safe & Effective Opioid Use <ul style="list-style-type: none"> • Appropriate opioid discharge prescribing guidelines • Alternatives to opioids for pain management 		Overdose Prevention <ul style="list-style-type: none"> • Naloxone education & distribution program 		
Identification & Treatment <ul style="list-style-type: none"> • Medication Assisted Treatment (MAT) • Timely follow up care 		Cross-cutting Opioid Management Best Practices <ul style="list-style-type: none"> • Organizational infrastructure • Address stigma with physicians & staff • Patient & family engagement 		

Source: [Opioid Management Hospital Self-Assessment](#)



Group Activity

1. **Download** the 2020 Opioid Management Hospital Self-Assessment
2. **Schedule** 1 to 2 hours on your calendar to review, complete, & submit the Opioid Management Hospital Self-Assessment (consider a team approach)

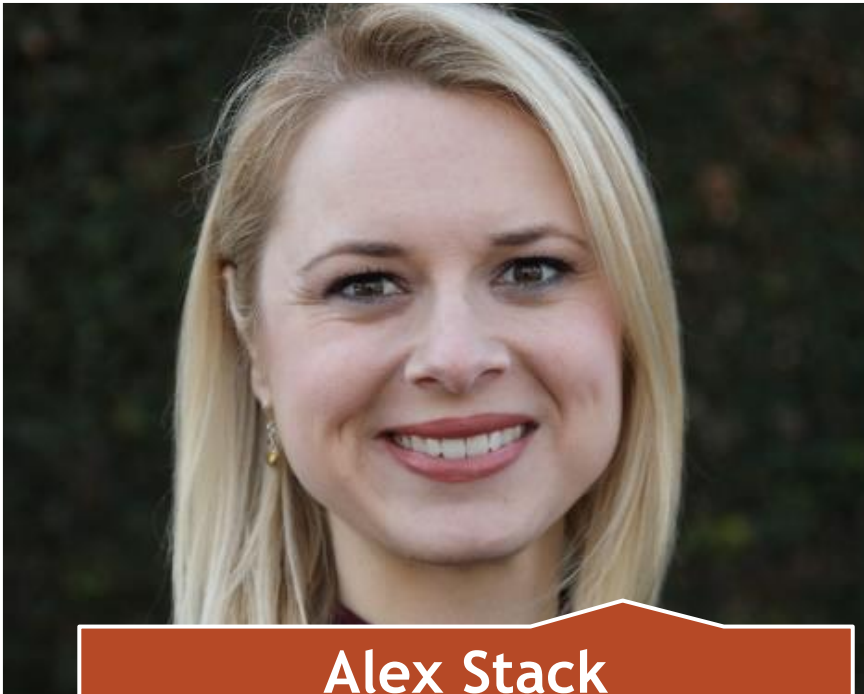


Meeting Objectives

- **Examined** the role of the Substance Use Navigator (or equivalent), how to design this role in a way that makes sense for your hospital, how to measure and communicate the impact of your MAT program for buy-in, and other sustainable solutions.
- **Determined** what strategies to transfer into your own work.
- **Scheduled** time to complete and submit the Opioid Management Hospital Self-Assessment for the 2020 Opioid Care Honor Roll.



Facilitators



Alex Stack

Director, Programs &
Strategic Initiatives, CHC



Aimee Moulin

Co-Director
CA Bridge



Guest Speakers



Tommie Trevino
Substance Use Navigator
UC Davis Medical Center



Rebecca Trotzky-Sirr
Medical Director - LAC+USC Jail
Co-Director, CA Bridge



POLL:

What is critical to the success of your opioid stewardship program?



CHAT:
What questions do you have?

Proven Solutions

What to Do & How to Do It

(Re)capturing attention

- Innovate!
- Leverage technology/telehealth
- Communicate impact
- Address the elephant in the room e.g. stigma

Addressing Stigma

- Words matter
- Engage patient & families
- Education & training
- Feedback loop
- Hire dedicated staff; ideally people with lived experience e.g. Substance Use Navigator, Behavioral Evaluation and Addiction Management Team, etc.

Engaging Communities of Color

- Honor impact of generational trauma
- Change care at the bedside to promote safety, inclusiveness, etc.
- Celebrate diversity as an organization!
- Provide robust translation services
- Cultural competency training
- Hire a diverse workforce
- Review patient facing materials for cultural relevance

SUN Solutions

Aimee Moulin, MD, ED Behavioral Health Director, UC Davis Medical Center, Co-Director, CA Bridge

Tommie Trevino, Substance Use Navigator, UC Davis Medical Center

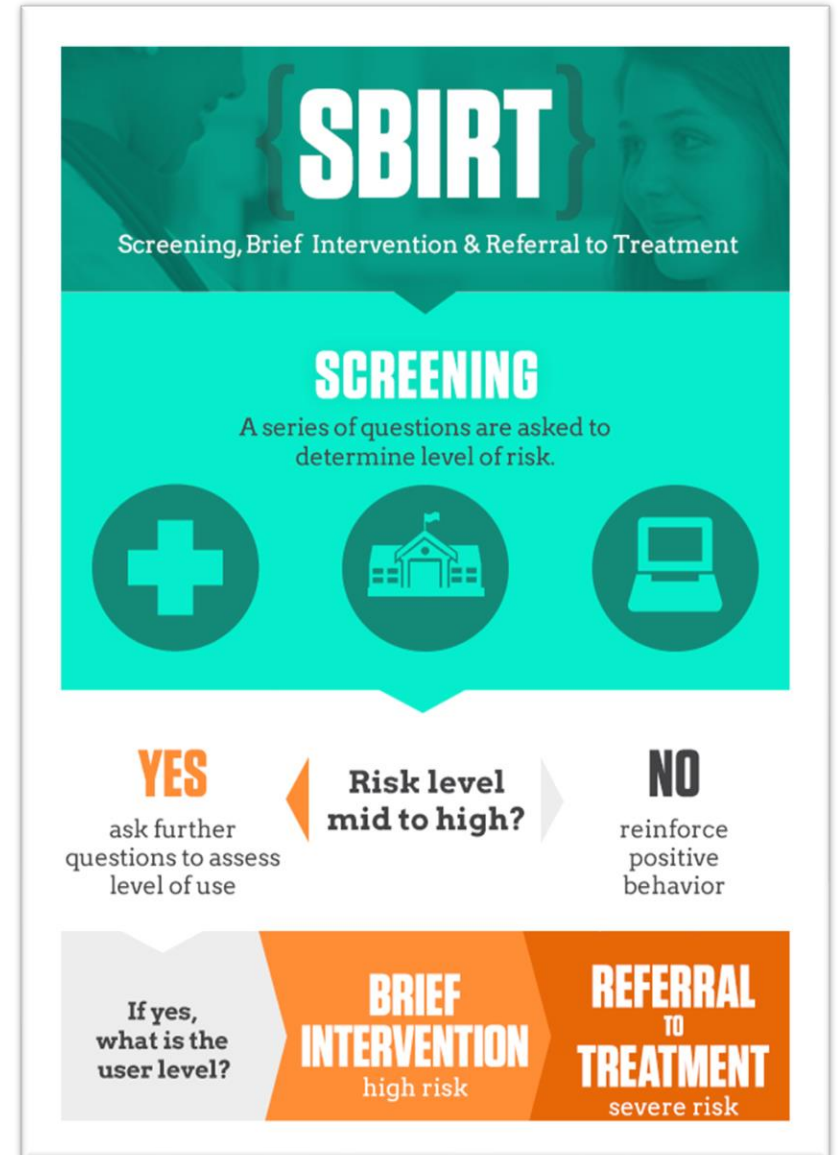
What is a Substance Use Navigator?

- Counselors specially trained in the assessment of patients with substance use disorders
- The SUN role encompasses all aspects of SBIRT
- Community outreach allows SUNs to connect patients to care



TEACHABLE MOMENT

- ED Screening, Brief Intervention, and Referral to Treatment (SBIRT) is more effective than outpatient settings in reducing problematic use
- ED SBIRT cost effective 21% reduction in healthcare costs in the following year





Process of referral

- Patient seen by MD or Social Worker
- Patient referred to SUN
 - warm hand off or SUN list in EMR
- SUN performs assessment
- Resources given and Educate patient
- Place in treatment program or coordinate plan of action
 - Warm hand off when possible

Questionnaires

Audit- Alcohol

- How often do You Drink
- How many drinks
- 5 or more
- Last time used
- Failed to do what was expected
- Need a drink in the morning
- Feeling Guilt
- Unable to remember
- People Injured due to your drinking
- Relative, friend, MD, concerned

DAST-Drugs

- Have you used drugs other than those required for medical reasons?
- Do you abuse more than 1 drug at a time?
- Are you always able to stop?
- Have you had blackouts?
- Do you feel bad/Guilty?
- Does Someone complain?
- Neglected family?
- Engaged in illegal activities?
- Have you had withdrawal symptoms?
- Have you had medical problems?

Clinical documentation

- Need to document complete substance use history
 - Include use history and last use
 - Prior treatment
 - Prior experience with treatment centers/styles
 - Audit/DAST
- Document healthcare utilization
 - ED visits in the last 6 months
 - Hospital admissions
 - Need for surgical procedures
- Demographics
 - Best contact information
 - Preferred time of contact
- Referrals placed
 - Inpatient substance use teams/pain service
 - Outpatient referrals

Data collection

Age, gender, reason for consult, # ED visits in prior 6m, insurance status, housing status, SSI, Utox, BAL, AUDIT, DAST, status during interview, substance of choice, duration of use, prior h/o treatment, longest duration of recovery duration of SUD, h/o mental illness, past suicide attempt, current SI/HI, 5150, use of psychiatric medications, prior psychiatric hospitalizations, connected to outpatient psychiatric care, referrals made, discharge diagnosis, final disposition



UC Davis Metrics

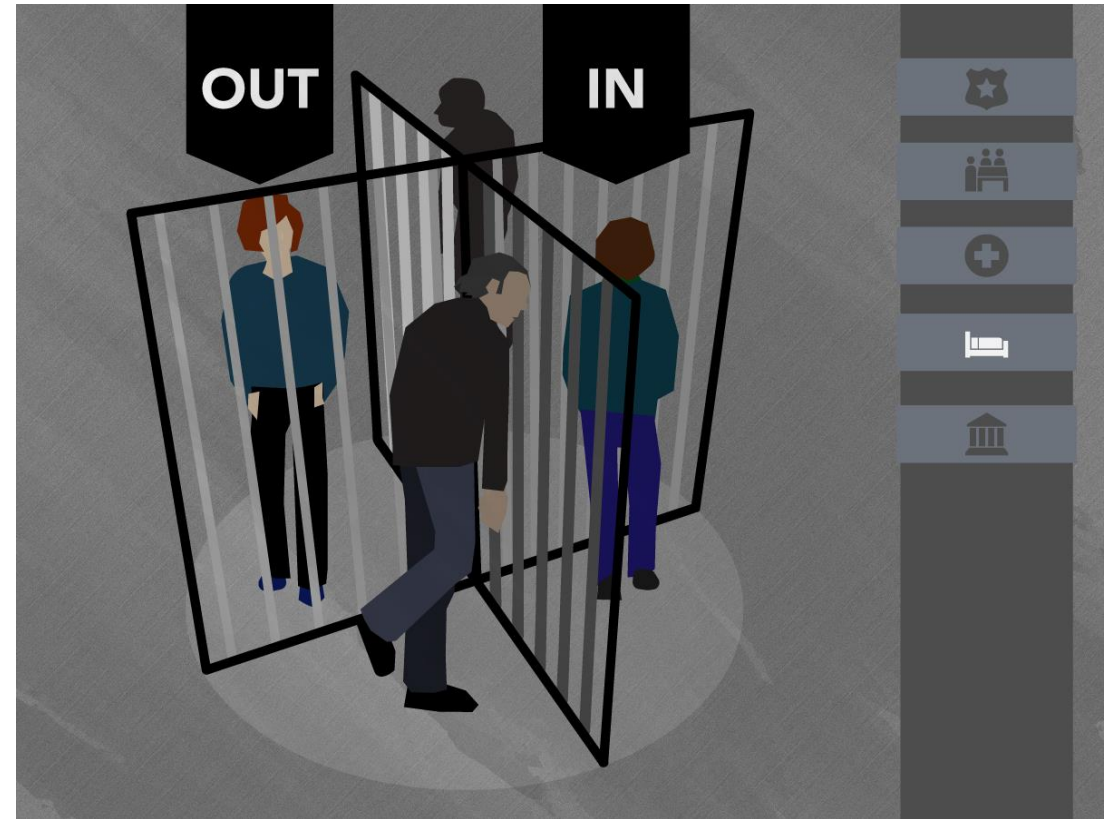
Pre/Post visits 6months before
and follow 6 months after the visit

focus on high utilizers

Counting visits

Dual Diagnosis population with
5150 holds

Follow up and connection to care



# of ED Visits 6 months Prior	ED Visits 6 months after	Insurance	Homeless	Placed in program	5150	Final Disposition
3	1	Medi-Cal	yes	yes	na	home
5	2	Medi-Cal	yes	yes, clean and sober home	yes	Mather VA
0	0	Medi-Cal	no	yes	yes	Sierra Vista
2	1	Medi-Cal	no	yes, County AOD	yes	Sierra Vista
1	1	Medi-Cal	no	Family TIE AOD	no	home
2	1	Medi-Cal	no	none	no	bender court
0	1	Medi-Cal	no	yes,County Aod	no	home
0	1	Medi-Cal	no	na	na	walked out
1	0	Medicare	no	yes	yes	home
1	0	Medicare	yes	AOD county	yes	Sierra Vista
2	1	Medicare	no	yes	no	home
2	2	Medi-Cal	yes	yes	yes	Bendercourt
2	1	Medicare	no	na	no	admitted
3	1	Medi-Cal	no lives with daughter	County AOD	no	Bender Court
1	0	Medicare	no	pt refused	no	home
0	1	Medi-Cal	no Yolo	yes, clean and sober home	no	home
1	0	Medi-Cal	yes	victory outreach	yes	bendercourt
0	0	Private	no	yes	no	home
0	1	Medi-Cal	no	no	no	home
0	0	Medi-Cal	no	yes	yes	Sierra Vista
0	0	Medi-Cal	no	yes, clean and sober home	no	home

EMR Referral Form

Referral Source: ER

Reason for Referral: Community Resources; Education on Drugs and ETOH;

Motivational support; Educate on treatment compliance with medications

HISTORY OF PRESENTING ILLNESS

BIB Self Medication Related (withdrawing from opioids)

Identified Drug of Choice: Heroin

Last Alcohol and Other Drug Use: 2/15/19

Length of time using drugs/ETOH: Na

Longest time being clean/sober: Na

History of Mental Illness: no

Intravenous drug use current and past: Na

BAC

No results found for: ETOH

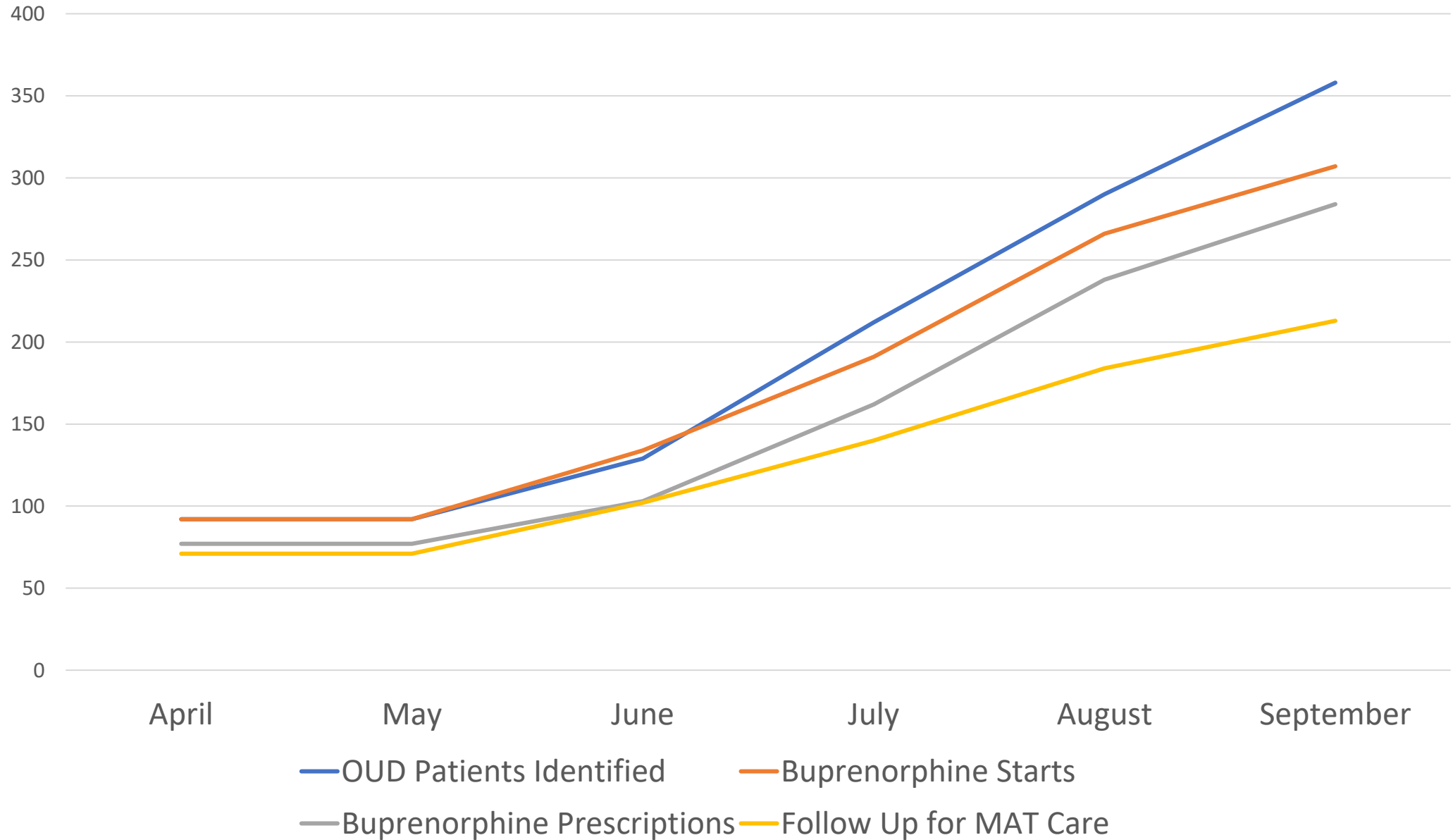
POC Alcohol, Breath: (not recorded)

UTOX

Lab Results

Component	Value	Date
BARBSSCRNU	NEGATIVE	02/18/2019
BENZOSSCRNU	POSITIVE (Abnl)	02/18/2019
COCAINESCRNU	NEGATIVE	02/18/2019

UC Davis Medical Center



Where are we now...

Expanded to three SUNS
Covering inpatient services
Hospital dashboard
Empathy training



Resources

- [SUN Job Description Template](#)
- [Guide: Hiring a Substance Use Navigator](#)
- [SUN FAQs \(PDF\)](#)
- [SUN & Clinician Champion Collaboration](#) Strong collaboration between a clinical champion and a substance use navigator (SUN) is essential to the development and sustainability of a successful and effective MAT program.
- [SUN Outreach Kit](#) Download a folder of community outreach materials
- [Listen to this episode](#) of the ED Pulse podcast describing a how a SUN supports buprenorphine intervention. Produced by UC Davis Health featuring Bridge Program Assistant Director of ED Services Dr. Aimee Moulin.



CHAT:
What questions do you have?

Spreading & Scaling Solutions

Hospital Based MAT

Rebecca Trotzky-Sirr

Assistant Professor of Clinical Emergency Medicine

Medical Director - LAC+USC Jail

Agenda

- ▶ Making the case
- ▶ Creating the infrastructure
- ▶ Structuring the Substance Use Navigator role
- ▶ Spreading & scaling solutions

Making the case

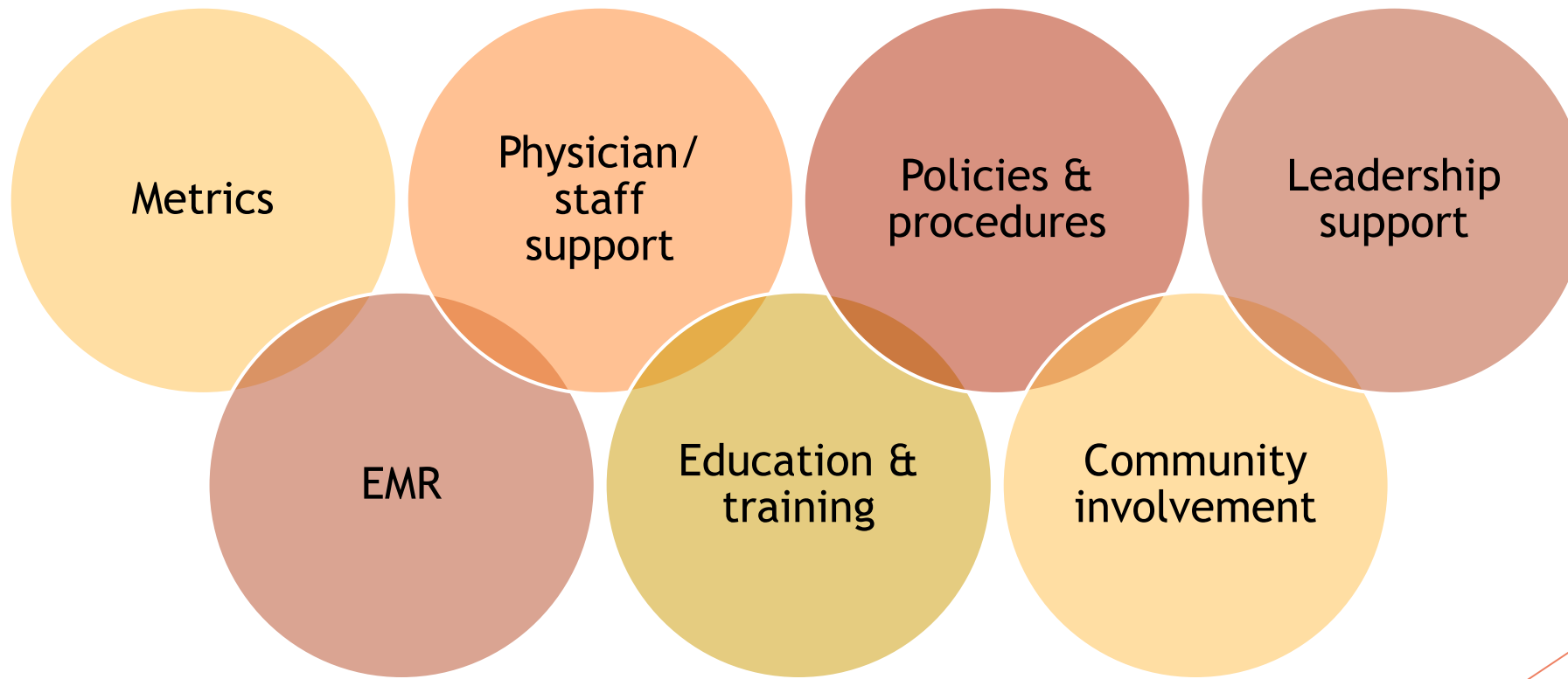
Accelerating your MAT program

- ▶ Key questions for consideration:
 - ▶ What do we do well? What are our operational challenges?
 - ▶ Pro tip: Focus on what you do well!!
 - ▶ What do we need to accelerate our MAT program?
 - ▶ Dedicated resource, provider support, leadership buy in, etc.
- ▶ The pitch
 - ▶ Data
 - ▶ # of patients with SUD, county overdose rate, impact of SUD related care on patient flow & provider/staff time, patient satisfaction, etc.
 - ▶ Storytelling for change
 - ▶ Highly compelling

Creating the infrastructure: Tale of two hospitals



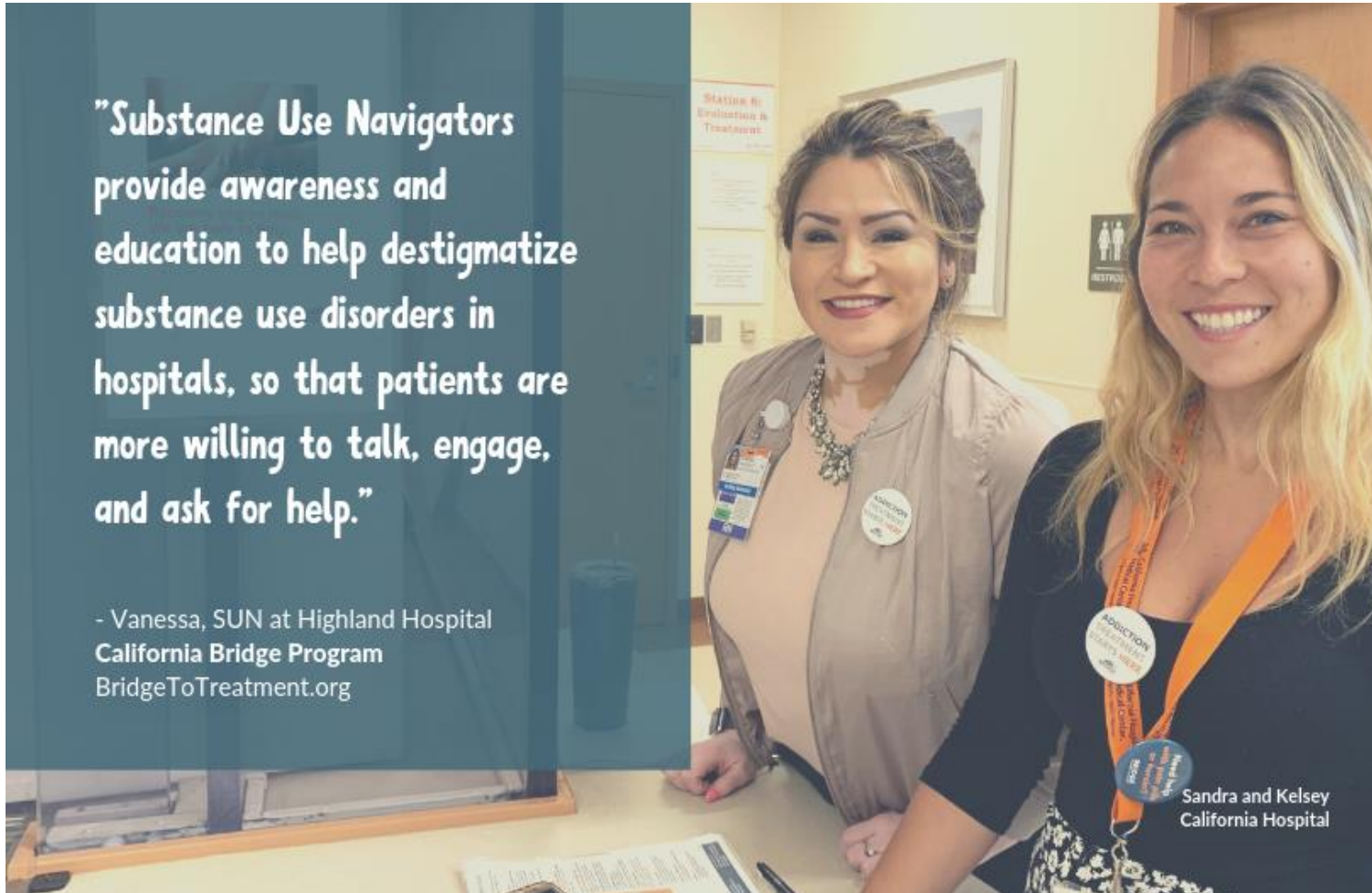
Creating the infrastructure: A practical approach



Structuring the Substance Use Navigator Role (or alternative)

"Substance Use Navigators provide awareness and education to help destigmatize substance use disorders in hospitals, so that patients are more willing to talk, engage, and ask for help."

- Vanessa, SUN at Highland Hospital
California Bridge Program
BridgeToTreatment.org



Sandra and Kelsey
California Hospital

Spreading & Scaling Solutions

- ▶ An “insurmountable” challenge will always present itself in the early stages
- ▶ What works for one site may not work for another
- ▶ Multiple ways to structure a successful MAT program based on the unique needs of your hospitals; even within the same system
- ▶ A dedicated resource &/or some other kind of support for providers & staff to initiate MAT is key to program success
- ▶ Champions are helpful!
- ▶ Plan for sustainability up front



CHAT:
What questions do you have?

Key points





POLL:
What do you want to learn more
about in 2021?

Honor Roll Questions? Need Help?

Join our Drop-In Office Hours!

Sept 22

10-10:30am

- Zoom meeting [link](#)
- Meeting ID:
865 1797 1631

Oct 6

10-10:30am

- Zoom meeting [link](#)
- Meeting ID:
890 8282 3056

No registration
required - see
zoom details.



Questions?

Alex Stack

Director, Projects & Strategic
Initiatives

Cal Hospital Compare

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Aimee Moulin

Co-Director

CA BRIDGE

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Resources & Follow Up Materials

Learn more about
the Opioid Care
Honor Roll



Find Hospitals About Programs Choosing Hospitals My Hospitals



Opioid Care Honor Roll

Print Share this

Programs

Maternity Care Honor Roll

Opioid Care Honor Roll

Opioid Resource Library

Patient Safety Honor Roll

Opioid Care Honor Roll

Register for the 2020 Opioid Care Honor Roll Webinar Series!

In 2019, Cal Hospital Compare (CHC) launched the Opioid Care Honor Roll Program to help address the ongoing crisis. According to state data, nearly 2,200 Californians died of an opioid-related overdose in 2017. Patients with opioid use disorder are frequently hospitalized or visit the emergency department due to complications of the condition without also receiving treatment for the underlying disease of opioid addiction. This is a missed opportunity and leaves patients untreated and at high risk of future overdose. In this pilot year of the program, 60 hospitals voluntarily reported their progress on addressing the opioid crisis. While results show that all participating hospitals are making progress, it's

Programs

Maternity Care Honor Roll

Opioid Care Honor Roll

Opioid Resource Library

Patient Safety Honor Roll

Check out our
Opioid Resource
Library

Opioid Resource Library

As part of our work to address California's opioid epidemic and accelerate hospital progress to reduce opioid related deaths we've amassed a collection of practical, evidence-based resources. Many of these resources have been developed by California hospitals and opioid coalitions. In the spirit of peer learning these resources are publicly available here. Embedded within this resource library you will also find tools to actively engage patients, families, and friends in appropriate opioid use. If you have any questions and/or would like to share a resource that has helped your hospital in addressing the opioid crisis please contact Alex Stack, Director at astack@cynosurehealth.org.

1. Foundational resources

Our short list of must-read resources for all hospitals, at any state in their journey, aiming to change the way they provide opioid care in service of reducing opioid use disorder (OUD) related deaths and increasing access to treatment for all.

6. Webinar Series Resources

a. Access slides, recordings, and other related resources here for the 2019 & 2020 Opioid Care Honor Roll Webinar Series

- Addressing California's Opioid Epidemic – Introducing the Opioid Care Honor Roll (May 9, 2019)

Show Resources

- Beyond adopting prescribing guidelines: monitoring and strengthening the prescribing patterns of clinicians (Jun 6, 2019)

Show Resources

- Initiating MAT in the hospital: Unique aspects from the ED and inpatient settings (Jul 10, 2019)

Show Resources

- The nuts and bolts of dispensing naloxone to high-risk patients and their support systems (Aug 27, 2019)

Source: [Cal Hospital Compare Website > Programs](#)

Thank you!

Please give us the gift of feedback and complete the event evaluation

Let us know what you
want to learn more
about as part of this
webinar series?