Flex Monitoring Team

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Opioid and Substance Use Strategies for Critical Access Hospitals

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Learning Objectives

- Brief introduction to rural opioid/substance use (O/SU)
- Socioeconomic drivers of rural O/SU
- Why should rural hospitals engage in O/SU initiatives?
- O/SU Framework for rural hospitals
  - Foundational Strategies: Needs assessments, community engagement, and screening
  - Key strategies: Prevention, treatment, recovery
- Examples of hospital strategies

Rural O/SU in the United States

- Rates of O/SUDs, which often co-occur with mental health (MH) conditions, differ by rural-urban residence
  - Many rural populations suffer disproportionately higher use of opioids, heroin, and prescription medications – adolescents and young adults, pregnant women, and rural people in poor health, with limited education, and no health insurance
  - Meth use has been rising since 2013 and is at an all-time high
  - Alcohol is the most commonly used substance
  - Rural 12-20 year olds use alcohol at higher rates than their urban peers and are more likely to engage in risky behaviors such as binge drinking or driving under the influence

Shortages of Rural O/SU Services

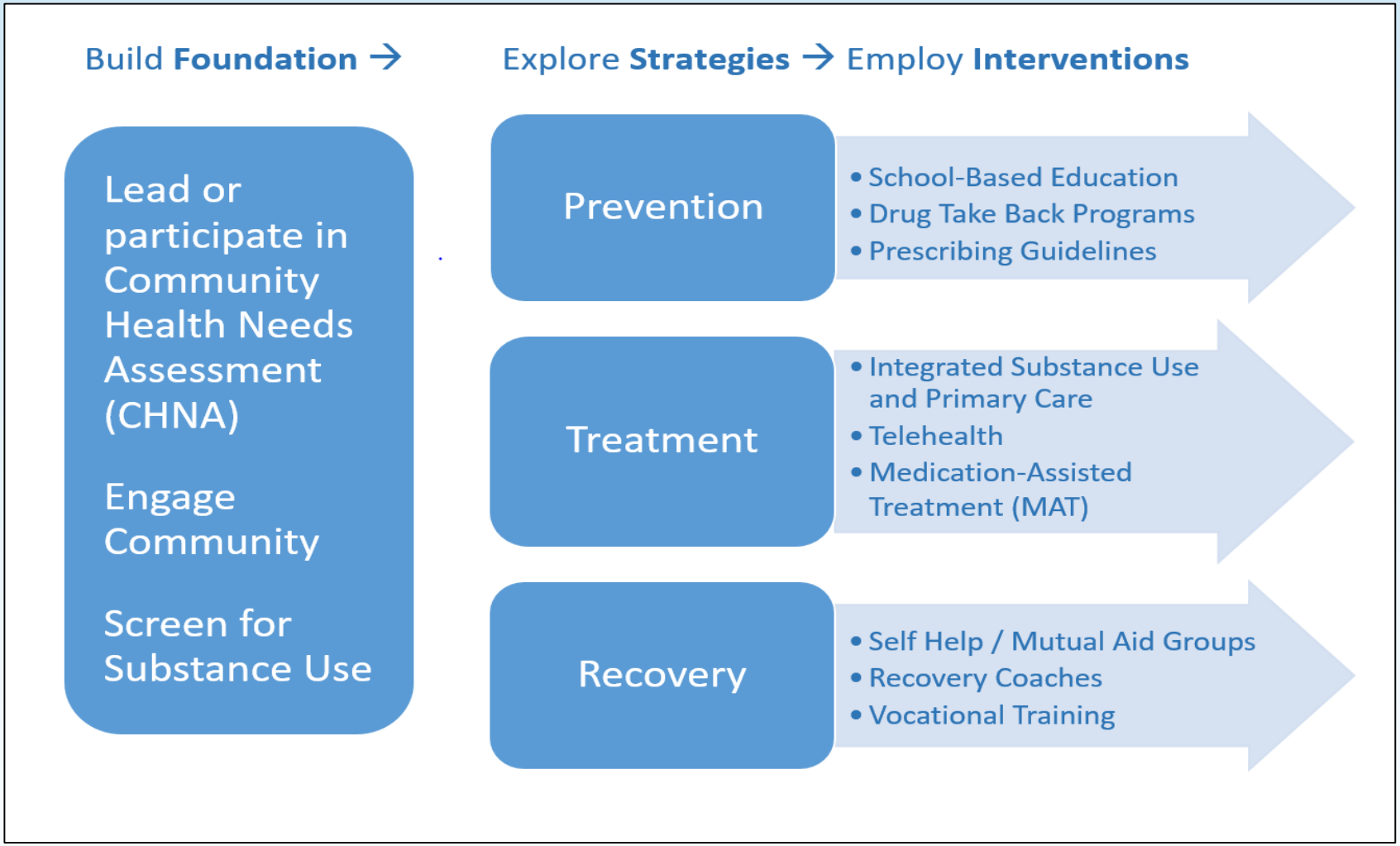
- Rural areas report chronic shortages of O/SU services
  - 20% of O/SU facilities are located in rural areas
  - Fewer inpatient/residential treatment beds
  - Lower access to MAT (buprenorphine and methadone
- Limited access, greater travel distances and less choice
- AHA Task Force on Ensuring Access in Vulnerable Communities identified psychiatric and SU treatment as essential services
- AHA Task Force on Behavioral Health
  - "every hospital treats patients with SU and MH issues regardless of whether it offers organized SU or MH services"

Socioeconomic Drivers of Rural O/SU

Why Should CAHs Address O/SU issues?

- Problems are not limited to O/SUDs but include many other health and safety problems
- Many patients treated for medical issues also have O/SUDs that complicate their treatment
- O/SU has serious economic consequences
- Tax-exempt and publically owned hospitals have an obligation to address unmet community needs
- Rural hospitals can play an effective role
- It provides an opportunity for collaborative action by hospitals and community stakeholders
- It is the right thing to do!

CAH O/SU Framework



Foundational Activities

- To develop a coordinated O/SU response, CAHs must:
  - Identify and prioritize local needs (CHNAs)
  - Mobilize local resources and partnerships (community engagement)
  - Build local capacity (collaboration)
  - Screen for SU among their patients
- These activities provide a foundation to address local O/SU issues by:
  - Minimizing the onset of O/SU and related harms (prevention)
  - Treating SUDs
  - Helping individuals reclaim their lives (recovery)

Community Health Needs Assessments

- 501(c)(3) hospitals must conduct triennial CHNAs and develop strategy plans to address identified needs
- Publicly-owned hospitals are not subject to these requirements although many conduct CHNAs
- Collaborative assessments are critical as no one entity can address O/SU on their own
- Partners: public health, local government, faith-based groups, business, schools, community stakeholders
- O/SU is commonly identified in hospital CHNAs
- Fewer choose to address this issue in their strategy plans

Mount Ascutney Hospital and Health Center

- In its 2018 CHNA, Mt. Ascutney identified the prevention of O/SU and addiction and access to O/SU treatment and recovery services as priority issues
- Issues:
  - Individuals in need of O/SU treatment were not being appropriately served by local health services
  - Strong or very strong support for town policies to protect youth from substance misuse related to “adult only” products such as alcohol, tobacco, e-cigarettes, and marijuana
  - Alcohol use is a key local health concern with 16% of adults and 15% of youth reporting binge drinking

Mount Ascutney (cont'd)

- From its 2019 Community Health Improvement Plan:
  - Create community protocols to connect opioid users with treatment, support, and harm reduction services
  - Promote legislative and policy solutions to address OUDs
  - Work with towns/RPC to reduce access to adult only products
  - Place recovery coaches in the ED
  - Connect MAT patients with local recovery centers
  - Implement O/SU and MH screening in their clinic and ED
  - Support school-based programs
  - Utilize Vermont's prescription drug monitoring program
  - Facilitate the Regional Prevention Partnership to implement programs in two local counties
  - Participate in a drug take back program

Community Engagement and Collaboration

- Mount Ascutney
  - Highlights the value of collaborative community engagement and collaboration
  - Mount Ascutney conducts primary prevention through the Mount Ascutney Prevention Partnership (MAPP)
    - Partners: healthcare providers, social service agencies, local governments, community partnerships, regional planning commissions, law enforcement, school departments
    - Mt. Ascutney provides leadership, staffing, and resource support
    - Participates in the Windsor Health Service Area Coordinated Care Committee, Windsor Area Community Partnerships, PATCH Team and Blueprint for Health, Windsor Area Drug Task Force, and Windsor Connection Resource Center

Screening for O/SUDs

- U.S. Preventive Services Task Force recommends screening adults for unhealthy alcohol and illicit drug use with brief counseling interventions
- Screening, brief intervention, and referral to treatment
  - SBIRT- evidence-based public health model to identify and deliver services to individuals at risk for SUDs, depression, and other MH conditions in primary care and ED settings
  - https://www.samhsa.gov/sbirt
- Information on opioid screening tools:
  - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6699803/
  - https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools

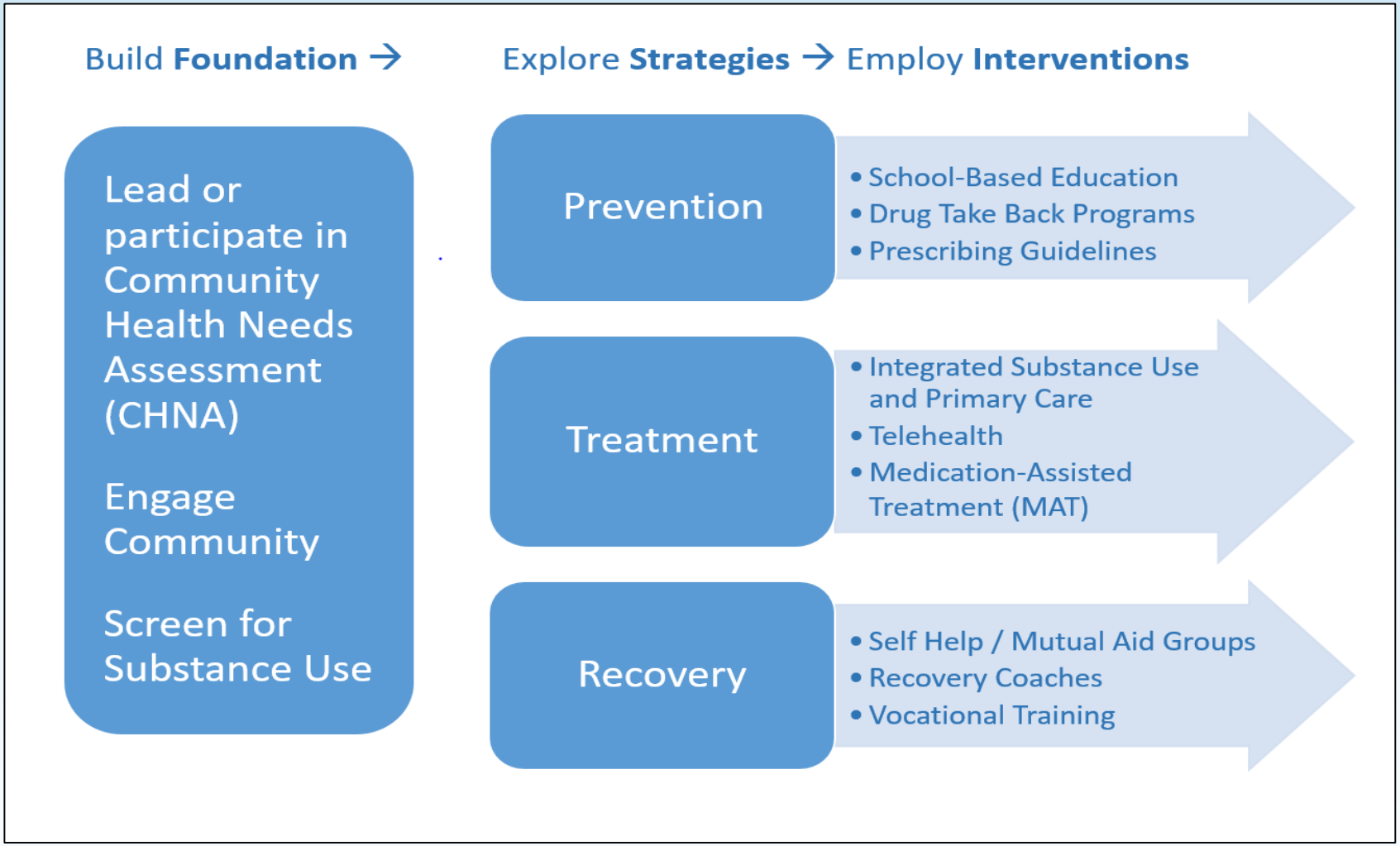
O/SUD Screening Examples

- Pullman Regional Hospital Emergency Department
  - A CAH in rural Whitman County in Washington State
  - Active participant in a 5 year grant to implement SBIRT in urban and rural Washington settings
  - 10.3% brief intervention, 1.2% brief treatment, 0.8% referral to treatment, 14.4% had an unknown status
  - Facilities were generally successful at incorporating screening protocols into their workflows

O/SUD Screening Examples (cont'd)

- Moab Regional Hospital
  - Implemented the Child Health and Development Interactive System (CHADIS), a web-based pre-screening behavioral health tool, to identify children at risk for future O/SU and MH issues
  - CHADIS is being used by family practice providers in the Moab Regional Health Center
- Weeks Medical Center
  - Implemented SBIRT for adolescents and adults in four RHCs
  - Patients complete the screening using a tablet and the information is uploaded to Weeks' medical record
  - Providers review the score during the visit and refer to a MH provider in one of the RHCs if an intervention is warranted

CAH O/SU Framework



Prevention

- Prevention is effective in preventing O/SU, reducing high-risk behaviors, and inhibiting negative consequences
- Cost effective
  - Savings range from $2.00 to $19.64 in future O/SU-related health, social, criminal costs for every dollar spent
- Addresses modifiable risk/protective factors and should be adapted to the characteristics of rural communities
  - Education/initiatives to address attitudes towards O/SU (stigma)
  - Moderate socio-economic/cultural risk factors underlying O/SU
  - Reduce supply through prescribing guidelines, use of state prescription drug monitoring programs, drug take-back programs
  - O/SU Screening in primary care and ED

Prevention Strategies

- Mt. Ascutney's MAPP
  - MAPP focuses on reducing alcohol, tobacco, marijuana, other drug misuse using a comprehensive primary prevention model
  - Works with a regional planning commission to develop communication plans and ordinances that send positive messages and discourage tobacco use
  - Convened a county-wide summit involving ED directors, police, emergency medical services, town officials, MH agencies, and recovery coaches to promote naloxone use and reduce opioid overdose deaths

Prevention Strategies (cont'd)

- Mt. Ascutney
  - Participates in drug "take back" programs to allow residents to safely dispose of unneeded prescription medications
  - Follows best practices from the Vermont Medical Society regarding opioids and encourages prescribers to use the state's PDMP to monitor opioid prescriptions received by its patients
  - Shares data from the PDMP with its prescribers on a quarterly basis as part of its quality improvement efforts
  - Providers use patient contracts, education, and monitoring to reduce prescription drug misuse with a particular focus on high dose opioid prescriptions

Prevention Strategies (cont'd)

- CHI Lakewood Health Center
  - Participates in Lake of the Woods County Prevention Coalition
  - LWCPC focuses on reducing underage alcohol, marijuana, and prescription drug use
  - Conducts beverage server training to restaurants/bars; alcohol compliance checks in coordination with law enforcement; provides certifications to help establishments comply with alcohol selling and serving liability laws
  - Currently, exploring opioid and prescription drug issues
  - "Lakewood HC is an important participant in uniting different sectors of the community including parents, youth, schools, law enforcement, and healthcare"

Prevention Strategies (cont'd)

- Cody Regional Health
  - Employs a prevention specialist to conduct school education programs; works with law enforcement to expand naloxone use to reduce opioid deaths
- McDowell ARH Hospital
  - A Senior Care Therapist conducts educational programs for law enforcement, school staff, and clinic providers and prepare O/SU resource packages for schools, clinics, and the ED
- Hopi Health Care Center
  - Coordinates monthly stakeholder meetings with community organizations supporting an opioid reduction program
  - Hosted the Red Ribbon Run to bring attention to O/SU issues
  - Facilitates drug take-back programs

Prevention Strategies (cont'd)

- LincolnHealth Miles
  - Developed a program to reduce opioid prescribing and increase the use of alternative treatments for ED patients presenting with dental pain
  - The ED team, led by a physician champion, implemented refresher trainings in opioid alternatives, particularly nerve blocks
  - Goal is to stabilize patients' acute pain until they can see a dentist to address the underlying problems
  - Written guidelines on the use of opioids for dental pain were implemented
  - These guidelines, which all staff were expected to follow, also support providers experiencing pushback from patients

Prevention Strategies (cont'd)

- McKenzie Health System's "Oxy-Free ED"
  - In 2013, McKenzie stopped prescribing opioids for chronic pain in its ED
  - 60% reduction in opioid prescription abuse within 12 months; reductions in unnecessary and costly diagnostic work-ups
  - Education was key with patients, providers, and stakeholders
  - Process:
    - Medical exam to rule out medical emergencies and review of patient's internal/external medical records and drug screening tests
    - May receive non-narcotic pain medications and information about O/SU programs and /or pain management specialists
    - If a narcotic pain medication is prescribed after careful review by the physician, it is only for a very limited dosage, until the patient can be seen by his/her physician

Prevention Strategies (cont'd)

- Martha's Vineyard Hospital-Telehealth Pain Management
  - MVH worked with Massachusetts General Hospital's Center for Pain Management to offer a pain service via telehealth
  - MGH providers see patients in a tele-pain clinic 3 days per month and conduct on-site visits twice per month
  - Services include initial consults and follow-up visits
  - Vital signs/patients notes/lab data/imaging studies are recorded in a shared EHR
  - An RN, trained in physical examination of pain and medical management, performs patient exams under physician supervision via live videoconference
  - Physical examinations are repeated by the physician during on-site visits prior to patient intervention

Prevention Strategies (cont'd)

- Salem Township Hospital
  - Salem Township recruited a pain specialist to travel 2-3 times per month from Marion, IL to treat patients
  - Patients are seen in one hour increments
  - Provides trigger-point injections for long-term pain and promotes physical therapy and alternative treatments
  - Patients continuing with opioids must agree to regular drug tests and not ask for early refills
  - Investment was minimal-$25,000 for capital equipment

Rural Treatment Strategies

- Improve access to O/SU services
  - Development of local treatment services
  - Integration of specialty O/SU and primary/general medical care services
  - Participation in hub and spoke models
  - Use of telehealth and other technologies to connect rural patients with specialty providers, or some combination of the above
  - Inpatient, residential outpatient, Rural Health Clinics, and ambulatory services

Inpatient and Residential Services

- Lake Chelan Community Hospital
  - Operates a 14-bed on-site unit serving patients with co-occurring O/SU, MH, and chronic physical health issues
  - Offers inpatient services using an abstinence model; clinicians will prescribe buprenorphine on a limited short-term basis
  - Operates the Cedar Mountain Center, a 6-bed O/SU facility
    - Provides inpatient services including chemical dependency treatment; alcohol education and awareness; medically supervised detox services; aftercare services; family treatment using the 12 step model; reality therapy; and access to medical services
  - Offers a traditional 30-day program for patients with alcohol problems and a 60-day program for patients with opioid and meth use disorders that require a longer program

Ambulatory and Outpatient Services

- RiverView Health
  - Operates the RiverView Recovery Center, which provides outpatient and ambulatory services in four location
  - Provides O/SU assessments; individual counseling; structured outpatient services; relapse prevention; intensive outpatient services; programs for individuals arrested for driving under the influence; and alcohol and drug education classes
- New Ulm Medical Center
  - Provides extensive outpatient services six days per week
    - Outpatient day treatment (partial hospitalization)
    - Intensive outpatient treatment
    - Traditional outpatient services
    - Medication Assisted Treatment

Ambulatory/Outpatient Services (cont'd)

- Weeks Medical Center
  - Provides integrated ambulatory/outpatient services through four RHCs in northern New Hampshire
  - Staff by two licensed clinical MH counselors, licensed alcohol and drug counselors, licensed independent clinical social worker, psychiatric nurse practitioners, and psychiatrists
  - Also provide services at the North Country Serenity Center in Littleton and the Doorway, an O/SU treatment program at Androscoggin Valley Hospital in Berlin
  - Services at Weeks' RHCs include O/SU and MH counseling, medically driven recovery plans, and care coordination
  - MAT services provided at the Lancaster and Whitefield sites

Ambulatory/Outpatient Services (cont'd)

- Moab Regional Hospital
  - Operates an addiction medicine clinic that was developed when the only physician prescribing buprenorphine in their region moved away
  - Services available one day per week with two local physicians who prescribe buprenorphine
  - A part-time addiction social worker was added to the team in 2017 and a medical assistant provides staff support
  - O/SU specialists from the University of Utah neuropsychiatric program consult with Moab providers to develop best practices and enhance patient care

Ambulatory/Outpatient Services (cont'd)

- Mount Ascutney
  - Provides MAT under VT's Blueprint for Health hub/spoke model
  - Community-based providers (spokes) provide care coordination, patient education, and wraparound services for people with OUDs with support from O/SU providers (hubs)
  - Provides MAT in their primary care settings, including a pediatrician-run group for mothers receiving MAT
  - Includes a counseling group for mothers and a therapeutic playgroup for their children
  - As an alternative to opioid use, developed a multifunctional recovery team to serve chronic pain patients

Ambulatory/Outpatient Services (cont'd)

- Bridgton Hospital Buprenorphine Clinic
  - Coordinated effort between Bridgton Hospital, North Bridgton Family Practice, Crooked River Counseling
  - Program has enrolled 200 patients in rural Maine
  - Physicians and nurse practitioners prescribe buprenorphine in their primary care practice
  - Crooked River Counseling provides intensive outpatient counseling and group therapy for the patients
  - Bridgton Hospital provides comprehensive maternity care to women with OUD during their pregnancy
  - Services are interconnected and coordinated across providers
  - Key is the collaborative approach and communication

Recovery Services

- Offers individuals with O/SUDs a “second chance” to live healthy, productive, and fulfilling lives through education, peer support, vocational training, housing, and other services to break the cycles and patterns of behavior that exacerbate their conditions
- Recovery support can also be provided through self-help or mutual aid groups such as Alcoholics or Narcotics Anonymous, peer support/coaching programs, recovery support services, and recovery centers

Recovery Services Examples

- Lake Chelan
  - Strongly oriented to the 12 step model and tied to the local recovery community
  - Patients participate in local Alcoholics and Narcotics Anonymous meetings
- Mt. Ascutney
  - Supports recovery by creating a community protocol to connect opioid users to recovery and harm reduction programs, linking MAT patients with local Turning Point Centers (a statewide system of recovery programs), and incorporating recovery coaches into its ED

Recovery Services Examples (cont'd)

- Cody Regional Health
  - Supports the 12 step model and encourages patients to embrace the framework as part of their recovery
  - While in residence, patients participate in community 12 step meetings three times per week
  - Local residents in recovery are encouraged to volunteer at the Cedar Mountain Center as part of their own recovery
  - Recognizes the importance of employment as a supportive element of recovery and partners with a vocational rehabilitation program to develop a job readiness component for its 60-day program

Recovery Services Examples (cont'd)

- Copley Hospital
  - Partners with the North Central Vermont Recovery Center to provide peer recovery coaches to its ED patients
  - NCVRC staffs the service and has several coaches trained specifically to work in the ED
  - When ED patients present with an overdose or opioid-related concerns, or express interest in recovery support, staff page NCVRC and a peer recovery coach arrives onsite generally within 30 minutes
  - Coaches provide peer support and assistance to connect patients to community support services such as housing, transportation, or food assistance
  - A shared patient record allows Copley to flag high-risk or repeat patients

Recovery Services Examples (cont'd)

- Shenandoah Memorial Hospital
  - Provides peer recovery services in its ED through partnership with the Northwestern Community Services Board (NCSB)
  - Traditionally supported through grant funding, NCSB has begun to bill Medicaid for peer recovery services to provide a revenue stream to sustain the program
  - ED patients presenting with an O/SUD or concern can be referred to an on-call certified peer recovery specialist, who will follow up with the patient by phone or in person
  - The peer support service is driven by the needs of the patient and the specialist acts as a bridge to connect patients to available resources

Key Lessons

- Alignment with Hospital Activities
  - CAHs have a direct role to play in reducing the supply of prescription opioids by implementing opioid prescribing guidelines for common ED (e.g., dental pain) and primary care conditions (e.g., chronic pain)
  - Alternative pain management services reduce opioid prescribing by offering non-opioid pain management options
  - MAT and other O/SUD services can be integrated in primary care and ED settings to increase access
  - Community engagement and collaboration initiatives and the development of peer recovery coaching services align with population health and/or community benefit portfolios

Key Lessons (cont'd)

- Patient and Community Communication
  - Communicate changes to prescribing practices so that patients are aware of how new policies will affect them and referring providers understand the change in prescribing policies
- Staff and Provider Buy-in
  - Buy-in from staff and providers is a critical component in successful program implementation.
  - Important to engage staff and providers in the development of new initiatives and to secure their ongoing support
  - In-house advocates or champions, particularly physicians, play an important role in securing the active engagement of leadership, providers, and staff

Key Lessons (cont'd)

- Collaboration
  - Collaboration with community stakeholders and other partner organizations was a common element of many initiatives
  - Work with existing programs and services to determine best use of scarce resources, save time, and avoid "reinventing the wheel"
  - Good relationships with community partners help identify the need for SUD treatment initiatives and ensure their success
  - Share resources and provide greater reach

Flex Monitoring Team Resources

- Addressing Opioid Use in Rural Communities: Examples from Critical Access Hospitals. Briefing Paper #46, August 2020:
  - https://www.flexmonitoring.org/sites/flexmonitoring.umn.edu/files/media/fmt-bp-46-2020.pdf
- Engaging Critical Access Hospitals in Addressing Rural Substance Use. Briefing Paper #44, June 2020:
  - https://www.flexmonitoring.org/sites/flexmonitoring.umn.edu/files/media/fmt-bp-44-2020_0.pdf
- Critical Access Hospitals' Community Health Needs Assessments and Implementation Plans: How Do They Align? Briefing Paper #39, October 2018:
  - https://www.flexmonitoring.org/sites/flexmonitoring.umn.edu/files/media/cah-community-health-needs-assessments-and-implementation-plans-bp-_39.pdf

Thank you!

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