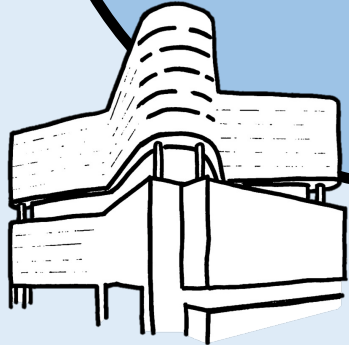



NENIC 2019
Fighting the
Opioid Crisis:
A Universal Screening
Program and Outpatient
Clinic for Substance
Misuse



Kristin Hill, MA
Practice Administrator
Population Behavioral Health
Dept. of Psychiatry
Rush University Medical Center
Chicago, IL

Disclosures



The speaker of
this accredited CE
activity has **no
relevant financial
relationships to
disclose.**



Fighting the Opioid Crisis

Outline

- Opioid Epidemic in Chicago
- Rush's Plan and Expected Benefits
- Implementation Stages
- Program Workflows
- Outcomes

Opioid Epidemic in Chicago

**Opioid
Overdose
Death Rate
(per 100K)**

0

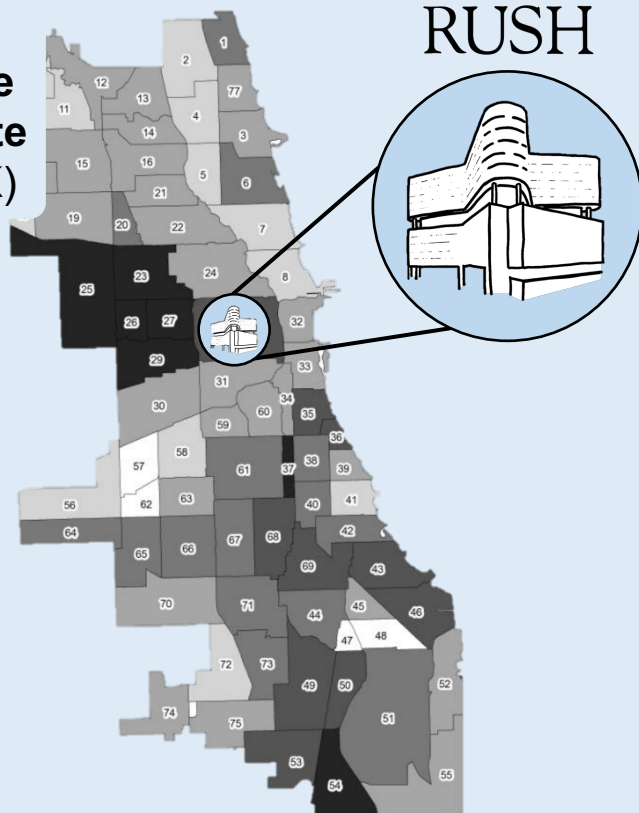
<10

10-20

20-33

33-51

51-93



Total # of overdose
deaths involving
opioids in 2017*

796

**Opioid overdose
deaths per 100K**

Chicago: 17.2*

National: 14.7**

**17%
higher**

Percentage of
overdose deaths
involving **heroin
and fentanyl***

90%

*<https://www.chicago.gov/content/dam/city/depts/cdph/CDPH/Healthy%20Chicago/ChicagoOpioidReport2018.pdf>

**<https://www.cdc.gov/drugoverdose/data/statedeaths.html>

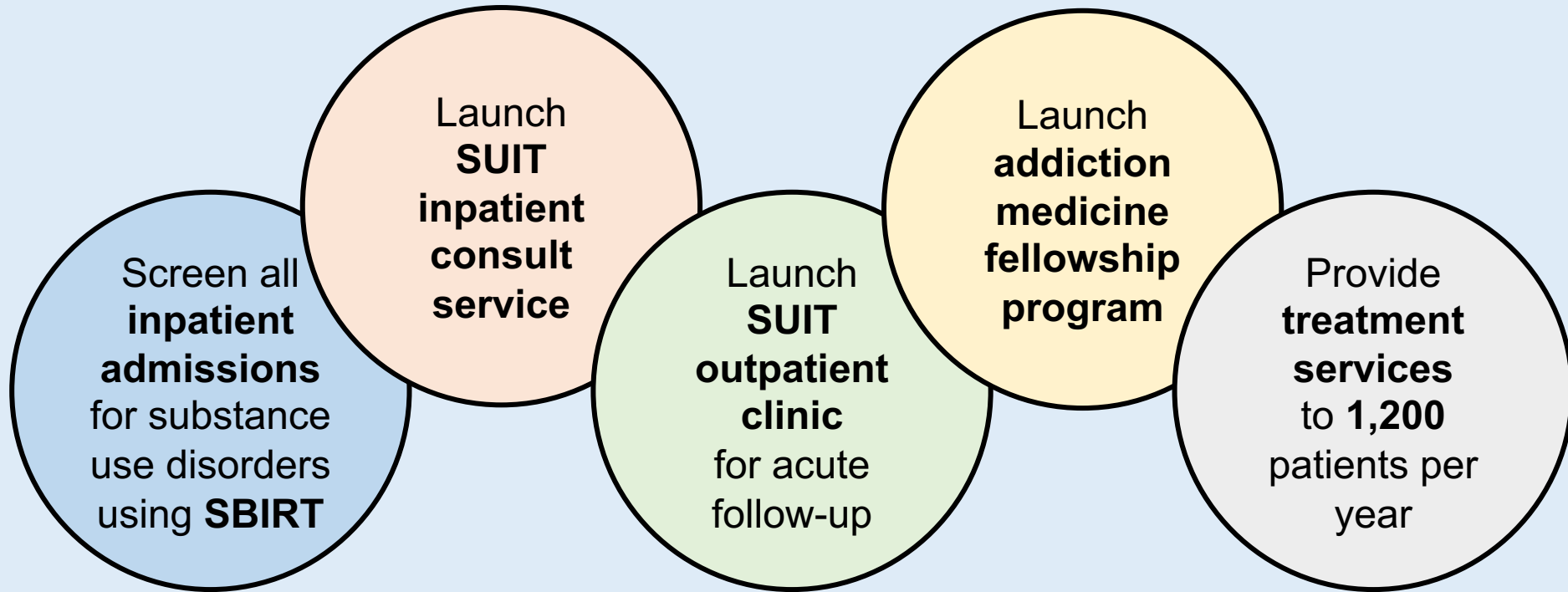


Fighting the Opioid Crisis

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Rush's Plan to Address Epidemic



SBIRT = Screening, Brief Intervention
and Referral to Treatment

SUIT = Substance Use
Intervention Team

SUIT Program Components

EMR Analytics



Inpatient Analyst



Ambulatory Analyst

Universal Screening



Inpatient Nurses

SBIRT/MI Intervention



Inpatient Social Workers

Inpatient SUIT Consult Service



Attending Physician



Social Worker



Adv. Practice Practitioner



Pharmacist

Outpatient SUIT Clinic



Medical Toxicologist



Licensed Clin. Social Worker



Certified Med. Assistant



Pharmacist



Psychiatric Nurse Pract.

SUIT Program Reduces Barriers to Treatment

Access to Care



Universal screener
via EMR admission
processes

Outpatient SUIT Clinic
staffed with two
suboxone providers

Affordability



Primary providers on
SUIT are emergency
medicine physicians
trained in medical
toxicology

Education



Naloxone distribution
and counseling for
patients and family
members

Universal Screening Using the EMR

**Ease of
Documentation
and Reporting**



**Flexibility to
change and adopt
new screeners**



**Decreases
Bias and Stigma**



**Continuity
of Care
Encouraged**



**Multidisciplinary
Communication
Encouraged**



Intended Outcomes of SUIT Program



Early Intervention

To improve upon early intervention to provide the best medical care

Identification

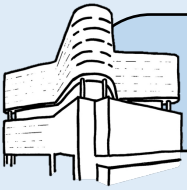
To identify a population of patients in need of treatment for substance misuse

Treatment

To provide comprehensive treatment for patients according to their need

Length of Stay

To decrease the length of stay and readmissions for this population



Why was Universal Screening used?

Decreases Bias

Include all patients in screening to remove exclusion bias

No specific race, socioeconomic status, and diagnosis prevents one from substance misuse



Decreases Stigma

Normalize questions about substance use

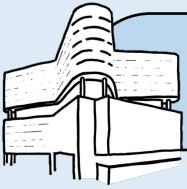
Makes substance use questions similar to those about blood pressure, age, body mass index, etc.



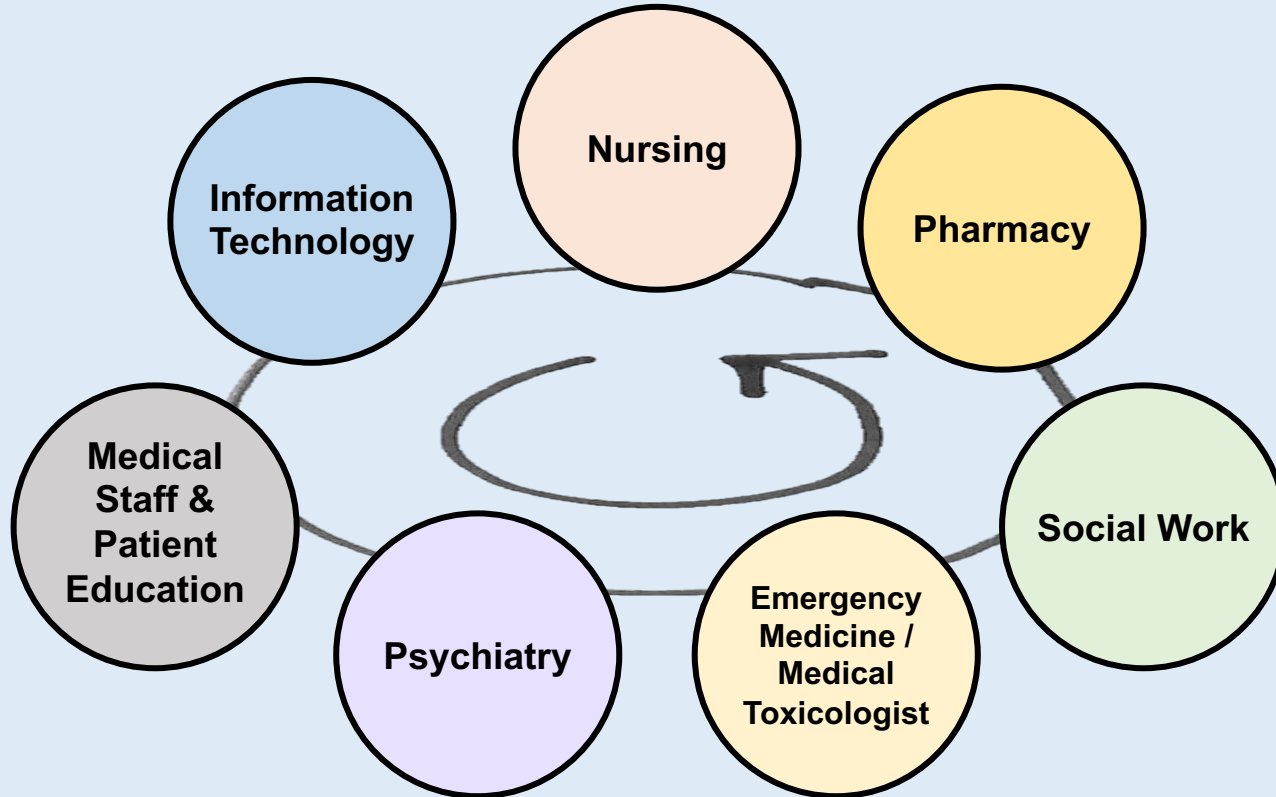
Fighting the Opioid Crisis

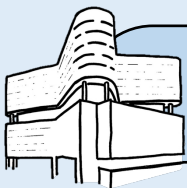
Outline

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Building an Interdisciplinary Team





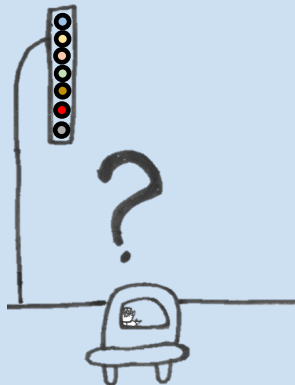
Assembling an Addiction Medicine Taskforce

Assembled
key players in
systematic
change

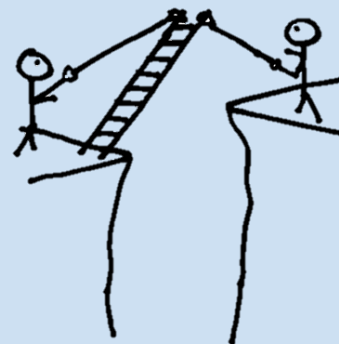


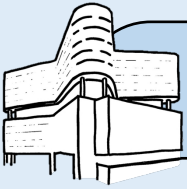
Nursing
Physicians
Psychiatry
Social Work
Pharmacy

Changed
withdrawal
protocol for
alcohol and
opioids

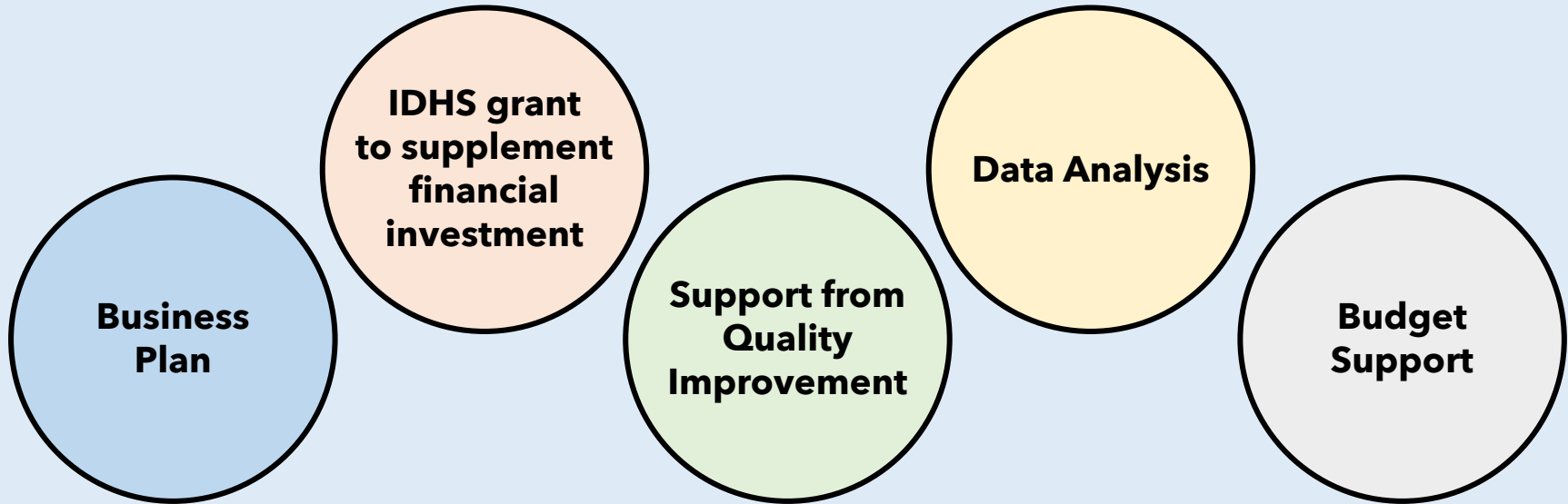


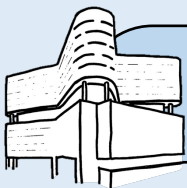
Identified
gaps in services
and unique
needs of patients
with secondary
diagnosis.





Getting Buy-In from Hospital Leadership





Rolling Out Education and Training



**Nursing
Staff**



**Social
Workers**



Pharmacists



**Hospital
Staff**

Meetings with Leadership

Introducing
SUIT
intervention
and obtaining
buy-in

LEAP Modules

Online education
(1) Implementing
two-question
screener
(2) How to consult
to addiction
medicine

Narcan Training

Treating
narcotic
overdose in an
emergency
situation.

Motivational Interviewing

In-person
training for this
counseling
method



Teaching Medication-Assisted Treatment (MAT)

Buprenorphine
X-Waiver
Training for Rush
Physicians

Addiction
Medicine
Fellowship

Opioid Use
Disorder
Treatment
Fellowship
Program



Buprenorphine X-Waiver Training for Rush Physicians

MAT Waiver Training Course

February 25th, 2019

AAC 994a

COURSE AGENDA

7:45 - 8:45 am	Overview: Opioid Use Disorder Treatment with Buprenorphine & Pharmacology: Henry or Jenna
8:45 - 9:00 am	Break
9:00 - 10:00 am	Patient Evaluation & Specialty Topics (Dual diagnosis-Pregnancy-Adolescent) - Gail
10:00 - 10:15 am	Break
10:15 - 11:15 am	Special Topics (Pain - and perioperative - HIV - Seizure - CKD - Liver disease) Medication Assisted Treatment Clinical Application & Urine Drug Testing. Henry or Jenna
11:15 - 11:25 am	Break
11:25 - 11:30 pm	Completing the Waiver Form & Overview of Clinical Tools - Henry
11:30 - 12:00 pm	Case Studies
12:00	Adjourn

Provider-led training
for 4 CME credits
provided free of charge
to aid physicians and
nurse practitioners in
receiving their waiver



Addiction Medicine Fellowship

 RUSH UNIVERSITY

 Find Faculty

 Search

For Current Students
For Residents and Fellows
For Faculty and Staff
For Alumni

EDUCATION AND TRAININGADMISSIONSTHE RUSH EXPERIENCERESEARCHNEWS AND EVENTSABOUTSUPPORT RUSH

Home > Rush Medical College > Departments > Psychiatry > Section of Addiction Medicine > Addiction Medicine Fellowship Program

Section of Addiction Medicine

Addiction Medicine Fellowship Program

Core Faculty

SBIRT: Screening Brief Intervention & Referral to Treatment

SUIT I Substance Use Intervention Team

Admissions Contact

Caitlin H Faraci, MA, LCPC
Practice Administrator

Fellowship Director

Gail Basch, MD, FASAM
Director, Rush Addiction Medicine Program
2150 W. Harrison St., #229
Chicago, IL 60612

Addiction Medicine Fellowship Program

The Addiction Medicine Fellowship at Rush University Medical Center is a multispecialty training program that focuses on the provision of care for persons with unhealthy substance use, substance use disorders and other addictive disorders. Addiction medicine physicians work in diverse settings, including clinical medicine, public health, education, and research. Addiction medicine physicians treat patients across the lifespan who have different degrees of disease severity; from those at risk to those with advanced and complicated disease to those in recovery. Our addiction medicine fellowship provides fellows with experience in the prevention, clinical evaluation, treatment and long-term monitoring of substance related disorders. The training emphasizes the management of medical, psychiatric, and social sequelae in the comprehensive care of these patients and is informed by a wide range of evidence-based interventions.

Upon successful completion of the program (pending ACGME approval), graduates will be eligible to test for the ABMS subspecialty board certification in addiction medicine. This fellowship is open to all clinical specialties that have primary certification (internal medicine, family medicine, pediatrics, psychiatry, general surgery, neurology, and others).

To apply, please submit the following materials:

- Personal Statement
- Medical school transcript
- Program Director letter of recommendation with the attestation form that includes status of your clinical skills verification examinations
- U.S. Medical Licensing Examination (USMLE) or COMLEX I, II, and III results
- Curriculum Vitae
- Three letters of reference
- Licensure verification

- Inpatient consult services
- Outpatient services
- Community Addiction Treatment at Heartland Health Alliance
- Didactics/Lectures



Opioid Use Disorder **Treatment Fellowship Program**



An **online course**
for MAT waiver
completion

- ☐ Individual basic preparation
- ☐ Completed before immersion
- ☐ Passive learning (didactics)



An in-person weekend
**intensive immersion
course**

- ☐ Deep dive into practicalities
- ☐ Taught by addiction experts
- ☐ Active learning
(didactics and case studies)
- ☐ Development of a cohort



Bi-monthly
**webinars and
case discussions**

- ☐ Learner focused and driven
- ☐ Your cases
- ☐ Your choice of didactics

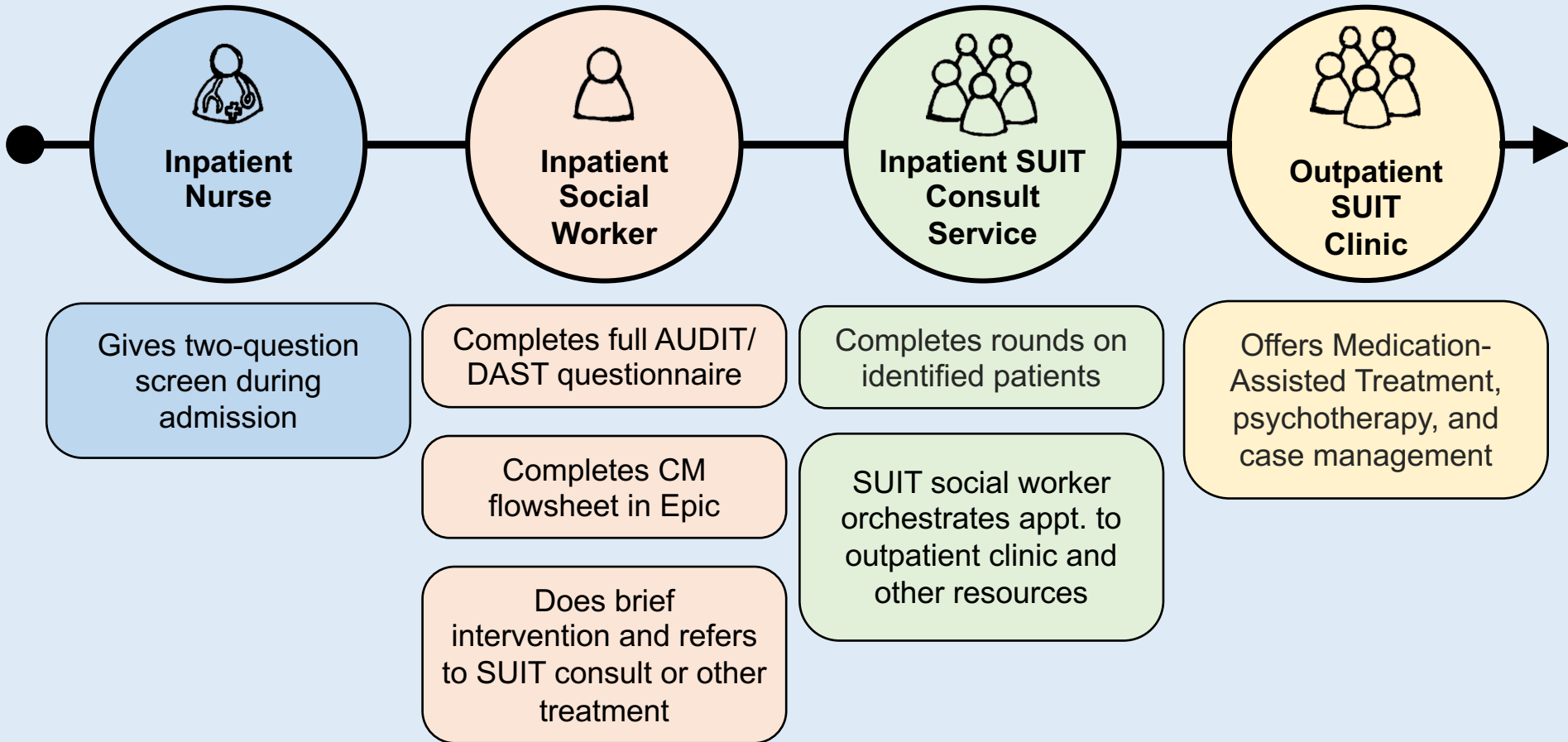


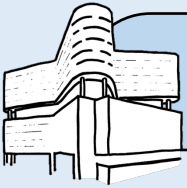
Fighting the Opioid Crisis

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SUIT Program Workflow





Initial Two-Question Substance Use Screen in Epic



**Inpatient
Nurse**

Gives two-question
screen during admission

▼ RN Substance Use Screen

[[WOMEN]] How many times in the past year have you had 4 or more drinks in a day?

☐ None

☒ 1 or more

☐ Deferred - Needs Follow-up

✓ RN Substance Use Screen
1 or more taken today

Alcohol: One drink =  12 oz. Beer,  5 oz. wine, or  1.5 oz. liquor (one shot)

How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?

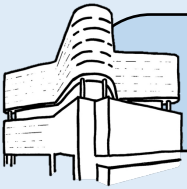
☐ None

☒ 1 or more

☐ Deferred - Needs Follow-up

✓ RN Substance Use Screen
1 or more taken today

Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium, LSD, mushrooms), or narcotics (heroin, oxycodone, methadone, etc.).



Utilizing Epic for Inpatient Status Reporting

	Substance Use
Unscreened patients	
Negative screen	
Positive screen	
CM intervention completed	
Consult to SUIT needed	
Screening deferred	

Icons within
Unit Patient
List in Epic

Nurse Screen Navigator

Admission

ADULT ADMISSION

Interpreter

Allergies

Vitals

Dosing Weight

Med Hx & Pharm...

Controlled Med Hx

PROTOCOLS

OB/Gyn Status

Pregnancy Tests

Pregnancy Protocol

Immunization Rep...

Last Vaccine

Historical Vaccines

Imm/Injections

Protocol Orders

Orders

NURSING ASSESSMENTS

LDA Removal

General Assess

Fall Risk Assess

Safety Assessment

Braden Scale

Adult Assessment

Needs Assessment

Valuables/Belongi...

Patient Education

Best Practice

Care Plan Link

Signed & Held Or...

SUPPORTING INFORMATION

Demographics

History

Gender & Sexuality

Problem List

Problems

Order Reconciliation

▼ Psychosocial/Spiritual

Resources for Emotional Support

☐ Spouse☐ Family☐ None☐ Other (Comment)

Psychosocial/Spiritual Needs Assessment: 5/28/18 0956 - 4/9/19 2057

Would You Like Them to Participate in Your Care

☐ Yes☐ No☐ Unable to assess

Psychosocial/Spiritual Needs Assessment: 5/28/18 0956 - 4/9/19 2057

Managing and Coping with Health

☐ Yes☐ No☐ Unable to assess

Psychosocial/Spiritual Needs Assessment: 5/28/18 0956 - 4/9/19 2057

Spiritual Requests

☐ Yes (Comment)☐ No☐ Unable to assess

Psychosocial/Spiritual Needs Assessment: 5/28/18 0956 - 4/9/19 2057

Traditions/Cultural Practices that Help

☐ Yes (Comment)☐ No☐ Unable to assess

Psychosocial/Spiritual Needs Assessment: 5/28/18 0956 - 4/9/19 2057

Are There Other Things We Should Know

☐ Yes (Comment)☐ No☐ Unable to assess




Psychosocial/Spiritual Needs Assessment: 5/28/18 0956 - 4/9/19 2057

▼ RN Substance Use Screen

[[WOMEN]] How many times in the past year have you had 4 or more drinks in a day?

☒ None☐ 1 or more☐ Deferred - Needs Follow-up

RN Substance Use Screen: 5/28/18 0956 - 4/9/19 2057

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How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?

☐ None☒ 1 or more☐ Deferred - Needs Follow-up

RN Substance Use Screen: 5/28/18 0956 - 4/9/19 2057

Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin, oxycodone, methadone, etc.).

▼ Discharge Planning

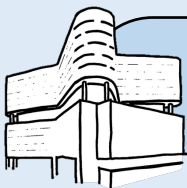
Current Living Situation

☐ Lives alone☐ Spouse☐ Significant other☐ Relative☐ Friend☐ Nursing home

☐ Assisted living☐ Other (Comment)

Discharge Planning Assessment: 5/28/18 0956 - 4/9/19 2057

Integrate with nurse's current workflow



Alcohol and Drug Abuse Screens in Epic



Inpatient Social Worker

Completes full AUDIT/
DAST questionnaire

Completes CM
flowsheet in Epic

Does brief intervention

Refers to SUIT consult or
other treatment

Navigator

- Summary
- Chart Review
- Synopsis
- Results Rev...
- Demographics
- Face Sheet
- Manage Orders
- Flowsheets
- Education
- Care Plan
- Notes
- Letters
- Print Home H...
- Print External ...
- Navigator
- Utilization Re...

CM FACESHEET REPORT

- Facesheet
- Care Team
- SCREENING / ASSESSMENT
- CM Initial Screening
- CM Assessment
- Expected Discharge
- MDR TOOL
- MDR Tool
- Expected Discharge
- DISCHARGE
- Discharge Status
- CM Discharge
- Expected Discharge
- Comm Mgt
- Transitions in Care
- Follow-Up
- Plt. Authorization
- Summary of Care
- PAYOR COMM
- Payor Comm
- Auth/Cert
- Bed Days
- Event Mgmt
- COMPLEX CARE TEAM
- Complex Care
- Substance Use**

> RN Substance Use Screen

Alcohol Use Disorders Identification Test

Frequency of Drinks Containing Alcohol ☐ 0=Never ☐ 1=less than monthly/monthly ☐ 2=2-4 times/month ☐ 3=2-3 times/week ☐ 4=4 or more times/week

How Often Do You Have a Drink Containing Alcohol?

Number of Alcoholic Drinks on a Typical Day Drinking ☐ 0=1 or 2 ☐ 1=3 or 4 ☐ 2=5 or 6 ☐ 3=7 or 9 ☐ 4=10 or ...

How Many Standard Drinks Containing Alcohol Do You Have on a Typical Day Drinking?

Six or More Drinks on One Occasion ☐ 0=Never ☐ 1=Less than monthly ☐ 2=Monthly ☐ 3=Weekly ☐ 4=Daily or almost daily

How Often Do You Have Six or More Drinks on One Occasion?

Unable to Stop Drinking ☐ 0=Never ☐ 1=Less than monthly ☐ 2=Monthly ☐ 3=Weekly ☐ 4=Daily or almost daily

How Often During the Last Year Have You Found That You Were Not Able to Stop Drinking Once You Had Started?

Fail to Perform Normal Expectations ☐ 0=Never ☐ 1=Less than monthly ☐ 2=Monthly ☐ 3=Weekly ☐ 4=Daily or almost daily

How Often During the Last Year Have You Failed to Do What Was Normally Expected From You Because of Drinking?

Alcoholic Drink in the Morning After a Heavy Drinking Session ☐ 0=Never ☐ 1=Less than monthly ☐ 2=Monthly ☐ 3=Weekly ☐ 4=Daily or almost daily

How Often During the Last Year Have You Needed a Drink in the Morning to Get Yourself Going After a Heavy Drinking Session?

Guilt or Remorse After Drinking ☐ 0=Never ☐ 1=Less than monthly ☐ 2=Monthly ☐ 3=Weekly ☐ 4=Daily or almost daily

How Often During the Last Year Have You Had a Feeling of Guilt or Remorse After Drinking?

Unable to Remember What Happened the Night Before Drinking ☐ 0=Never ☐ 1=Less than monthly ☐ 2=Monthly ☐ 3=Weekly ☐ 4=Daily or almost daily

How Often During the Last Year Have You Been Unable to Remember What Happened the Night Before Because You Had Been Drinking?

Injury as a Result of Your Drinking ☐ 0=No ☐ 2=Yes, but not in the last year ☐ 4=Yes, during the last year

Have You or Someone Else Been Injured as a Result of Your Drinking?

Others Concerned About Your Drinking ☐ 0=No ☐ 2=Yes, not in the last year ☐ 4=Yes, during the last year

Has a Relative, Friend, Doctor or Health Worker Been Concerned About Your Drinking or Suggested You Cut Down?

Alcohol Use Disorders Identification Test **Auto-calculated**

> Drug Abuse Screen Test

Buprenorphine Started

Buprenorphine started? ☐ Yes

Restore Close Cancel

Previous Next

Case Manager Screen Navigator

CM FACESHEET REPORT

Facesheet

Care Team

SCREENING / ASSESSMENT

CM Initial Screening

CM Assessment

Expected Discharge

MDR TOOL

MDR Tool

Expected Discharge

DISCHARGE

Discharge Status

Priority Status

CM Discharge

Expected Discharge

Communications

Transitions in Care

Care Progression

Follow-Up

Pt. Authorization

Summary of Care

Auth Sent

Destination

Home Care

Instructions

PAYOR COMM

Payor Comm

Auth/Cert

Bed Days

Event Mgmt

COMPLEX CARE TEAM

Complex Care

Substance Use

Substance Use Screen - Substance Use Screen

Time taken: 2239 4/9/2019

Show: ☒ Row Info ☒ Last Filed ☒ All Choices

Values By

▼ RN Substance Use Screen


[[WOMEN]] How many times in the past year have you had 4 or more drinks in a day?


☐ None


☒ 1 or more

☐ Deferred - Needs Follow-up

1 or more taken today

 12 oz. Beer,

 5 oz. wine, or

 1.5 oz. liquor (one shot)

Alcohol: One drink = 12 oz. Beer, 5 oz. wine, or 1.5 oz. liquor (one shot)

How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?

☐ None

☒ 1 or more

☐ Deferred - Needs Follow-up

Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin, oxycodone, methadone, etc.).

> Alcohol Use Disorders Identification Test

> Drug Abuse Screen Test

▼ Floor SW Intervention

SW Intervention Completed?

☐ Yes

☐ No

☐ Patient Declined

☐ Deferred - Needs Follow-up

Recommended to SUIT Team

☐ Yes

☐ No

☐ Patient Declined

Other Referrals

☐ Direct Transfer to Specialty SUD Treatment

☒ Referred to Rush Addiction Medicine Clinic

☐ Referred to RAMP

☐ Referred to SUD Treatment Program

☐ Referred to Licensed MAT Provider

▼ SUIT Intervention

Treatment

☒ Buprenorphine (induction)

☐ Buprenorphine (withdrawal)

☐ Naltrexone opioid

☐ Vivitrol opioid

☐ Naltrexone for alcohol

☐ Vivitrol alcohol

☐ Acamprosate

☐ Other

SUIT Consult Complete

☐ Yes

☐ No

☐ Patient Declined

Restore

Close

Cancel

Previous

Next

Scroll Back to Top

Case Manager Screen Navigator

▼ Alcohol Use Disorders Identification Test

Frequency of Drinks
Containing Alcohol

☐ 0=Never ☐ 1=less than monthly/monthly ☒ 2=2-4 times/month ☐ 3=2-3 times/week ☐ 4=4 or more times/week

How Often Do You Have a Drink Containing Alcohol?

Number of Alcoholic
Drinks on a Typical
Day Drinking

☐ 0=0 ~ 2 ☒ 1=3 or 4 ☐ 2=5 or 6 ☐ 3=7 or 9 ☐ 4=10 or more

How Many Standard Drinks Containing Alcohol Do You Have on a Typical Day Drinking?

Six or More Drinks
on One Occasion

☐ 0=Never ☐ 1=Less than monthly ☒ 2=Monthly ☐ 3=Weekly ☐ 4=Daily or almost daily

How Often Do You Have Six or More Drinks on One Occasion?

Unable to Stop
Drinking

☐ 0=Never ☒ 1=Less than monthly ☐ 2=Monthly ☐ 3=Weekly ☐ 4=Daily or almost daily

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Fail to Perform
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How Often During the Last Year Have You Needed a Drink in the Morning to Get Yourself Going After a Heavy Drinking Session?

Guilt or Remorse
After Drinking

☐ 0=Never ☐ 1=Less than monthly ☐ 2=Monthly ☒ 3=Weekly ☐ 4=Daily or almost daily

How Often During the Last Year Have You Had a Feeling of Guilt or Remorse After Drinking?

Unable to
Remember What
Happened the Night
Before Drinking

☐ 0=Never ☐ 1=Less than monthly ☒ 2=Monthly ☐ 3=Weekly ☐ 4=Daily or almost daily

How Often During the Last Year Have You Been Unable to Remember What Happened the Night Before Because You Had Been Drinking?

Injury as a Result of
Your Drinking

☐ 0=No ☒ 2=Yes, but not in the last year ☐ 4=Yes, during the last year

Have You or Someone Else Been Injured as a Result of Your Drinking?

Others Concerned
About Your Drinking

☐ 0=No ☐ 2=Yes, not in the last year ☒ 4=Yes, during the last year

Has a Relative, Friend, Doctor or Health Worker Been Concerned About Your Drinking or Suggested You Cut Down?

Case Manager Screen Navigator

▼ Drug Abuse Screen Test

Drugs used?



☐ methamphetamines (speed, crystal)

☐ cocaine

☒ cannabis (marijuana, pot)

☐ narcotics (heroin, oxycodone, methadone, e...

☐ inhalants (paint thinner, aerosol, glue)

☐ hallucinogens (LSD, mushrooms)

☐ tranquilizers (valium)

☐ other (SPECIFY)

How often have you used these drugs?



Monthly or less

Weekly

Daily or almost daily

Have you used drugs other than those required for medical reasons?



0=No

1=Yes

Do you abuse more than one drug at a time?



0=No

1=Yes

Are you unable to stop using drugs when you want to?



0=No

1=Yes

Have you ever had blackouts or flashbacks as a result of drug use?



0=No

1=Yes

Do you ever feel bad or guilty about your drug use?



0=No

1=Yes

Does your spouse (or parents) ever complain about your involvement with drugs?



0=No

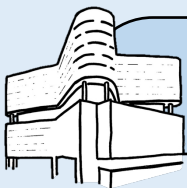
1=Yes

Have you neglected your family because of your use of drugs?



0=No

1=Yes



Perpetual Improvement of Screenings

▼ Floor SW Intervention

SW Intervention Completed? ☒ Yes ☐ No ☐ Patient Declined ☐ Deferred - Needs Follow-up

Recommended to SUIT Team ☒ Yes ☐ No ☐ Patient Declined

Other Referrals ☐ Direct Transfer to Specialty SUD Treatment ☒ Referred to Rush Addiction Medicine Clinic ☐ Referred to RAMP
☐ Referred to SUD Treatment Program ☐ Referred to Licensed MAT Provider

▼ SUIT Intervention

Treatment ☒ Buprenorphine (induction) ☐ Buprenorphine (withdrawal) ☐ Naltrexone opioid ☐ Vivitrol opioid ☐ Naltrexone for alcohol
☐ Vivitrol alcohol ☐ Acamprosate ☐ Other

SUIT Consult Complete ☒ Yes ☐ No ☐ Patient Declined

**Updated
Intervention
Screening in
Epic**
Go-Live August
2018

Clear and
consistent
communication
between IS and
SUIT

Efficient use
of technology
to improve
screeners

Timely and
effective
improvement in
patient care
outcomes

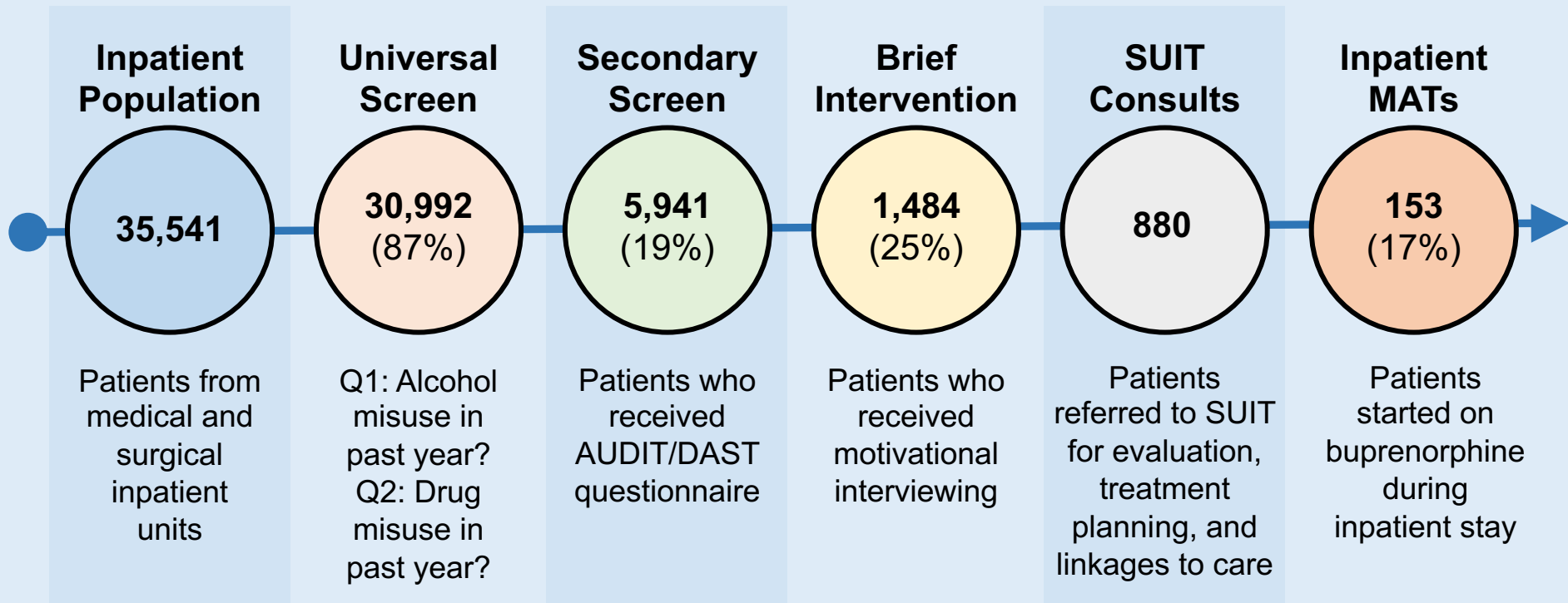


Fighting the Opioid Crisis

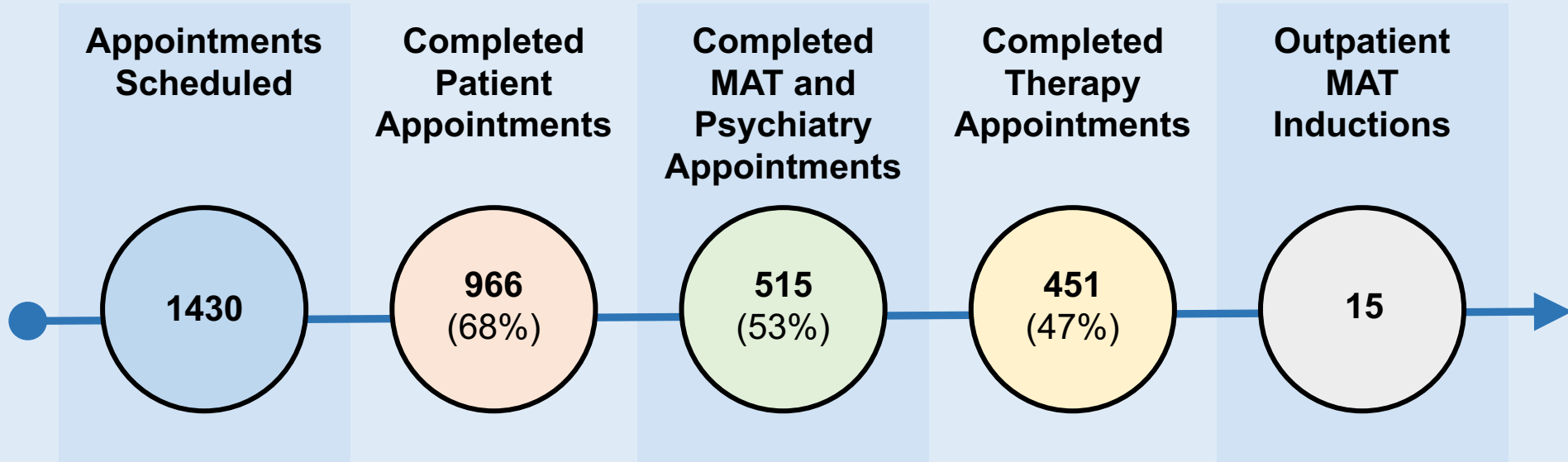
Outline

- Opioid Epidemic in Chicago
- Rush's Plan and Expected Benefits
- Implementation Stages
- Program Workflows
- Outcomes

Actual Outcomes: Inpatient Screening Data (1/2018-12/2018)

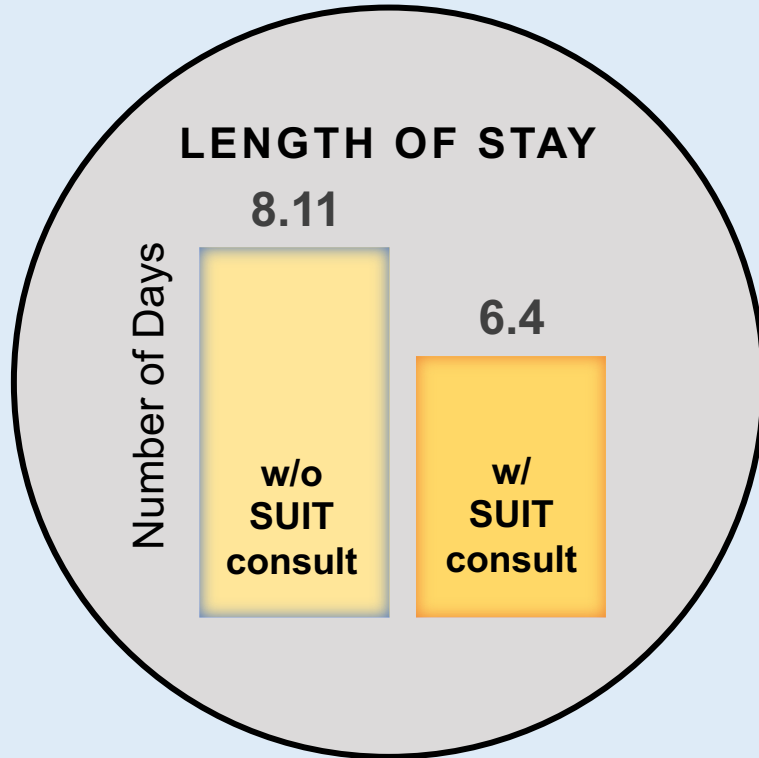


Actual Outcomes: Outpatient Clinic Data (1/2018-12/2018)



Actual Outcomes: Length of Stay

(Patients with SUD secondary diagnosis)



Length of Stay

The mean length of stay was 1.71 days shorter ($p < 0.0001$, one-tail) for patients who received a SUIT Consult versus those who did not.

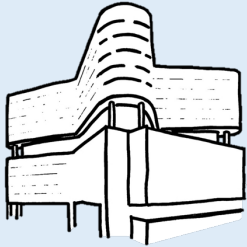
30-Day Readmissions

The 30-day readmission rate decreased among patients who received a SUIT consult (6.5%) versus those who did not (10.3%).

Questions?

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