Substance Use Disorder ECHO

RUTGERS

Project ECHO®

State of New Jersey
DHS Department of Human Services

MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

Rowan Medicine

RUTGERS New Jersey Medical School

Hub Team Introductions

Mohammad Addar
Master Black Belt,
Operational Excellence
Cooper University Healthcare

James Bailey, DO,
NeuroMusculoskeletal Institute
Rehabilitation Medicine
Rowan University

Clement Chen, PharmD
Clinical Pharmacist/Academic Detailer
Rutgers New Jersey Medical School

Lanvin Taylor II, DO,
NeuroMusculoskeletal Institute
Rehabilitation Medicine
Rowan University

Speaker Spotlight

- Dr Walsh is a general internist with a focus on addiction medicine, medical education, program development, and health equity.

Jared P Walsh, MD, FACP

Assistant Professor of Medicine and Associate Program Director Internal Medicine Residency

Rutgers - NJMS

RUTGERS

Project ECHO

Our Goal

- Combat the substance use crisis through education on best preactices in a safe space for peer-to-peer learning
- Engage healthcare providers in the primary care setting to increase skills to safely and compassionately manage, treat, and support their clients with a substance use disorder
- Recognize the importance of reducing stigma to advance equity and improve access to care for patients with substance use disorders

RUTGERS

Project ECHO

Oct 14, 2022

Role of the Hospital in Substance Use Treatment Across the Continuum of Care

Presented by:
Jared P. Walsh, MD, FACP
Assistant Professor of Medicine
Associate Program Director, Internal Medicine Residency
Rutgers New Jersey Medical School

RUTGERS

Project ECHO

Financial Disclosures

- The following sessions leader(s) have no relevant Financial relationships with ineligible companies to disclose:
  - Jared P Walsh, MD, FACP

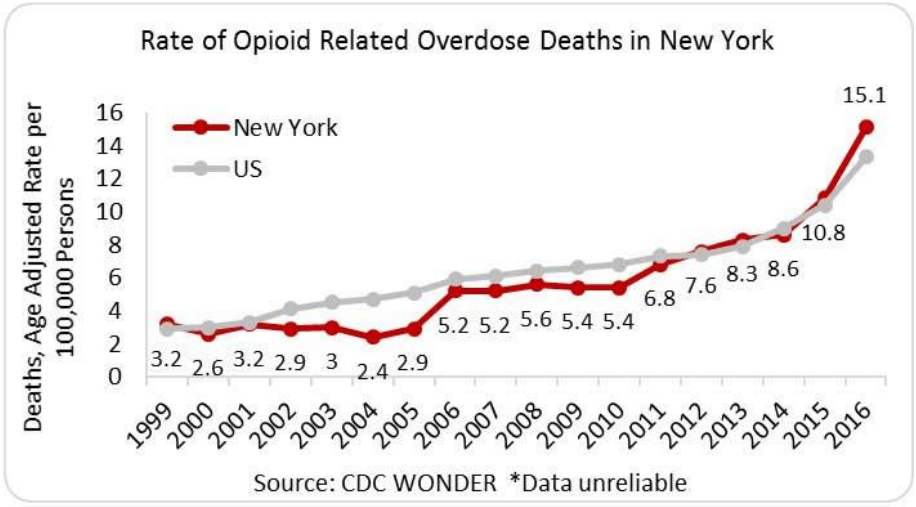
Learning Objectives

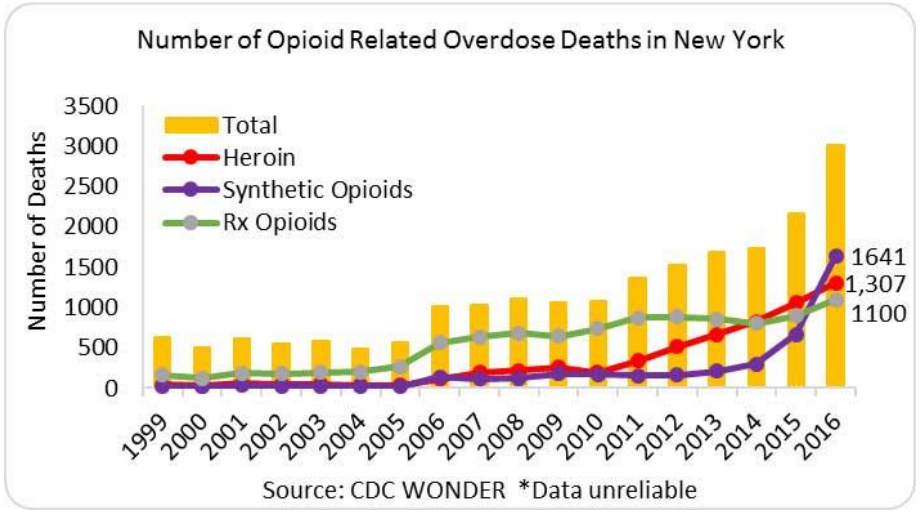
- Describe the role of the hospital as a leader in bringing key stakeholders together
- Describe a system-based approach to addressing a community health problem

Welcome to Rochester

Image credit: City of Rochester

Overdose Deaths in New York State





Monroe County Exceeds State Rates

- Heroine overdose hospitalizations are increasing
- **61%** of UR Medicine OUD patients originate from Monroe County*
- Behavioral Health patients with OUD were **2.4x** more likely to be hospitalized*
- SMH inpatients with OUD LOS averaged **4.5 days longer**

*Common Ground Health

Monroe County: Opioid overdoses and crude rates per 100,000 population
(Preliminary data as of May, 2019 - subject to change)

		2017 Total		Jan-Mar, 2018		Apr-Jun, 2018		Jul-Sep, 2018		Oct-Dec, 2018		2018 Total	
Indicator	Location	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Deaths[1]													
All opioid overdoses	Monroe	212	28.4	49	6.6	44	5.9	45	6.0	43	5.8	181	24.2
	NYS excl. NYC	2,170	19.4	464	4.1	464	4.1	438	3.9	340	3.0	1,706	15.2
Heroin overdoses	Monroe	67	9.0	16	2.1	10	1.3	8	1.1	4	0.5	38	5.1
	NYS excl. NYC	793	7.1	163	1.5	172	1.5	144	1.3	121	1.1	600	5.4
Overdoses involving opioid pain relievers (incl. illicitly produced opioids such as fentanyl)	Monroe	196	26.2	48	6.4	44	5.9	44	5.9	43	5.8	179	23.9
	NYS excl. NYC	1,903	17.0	424	3.8	432	3.9	398	3.6	309	2.8	1,563	13.9
Outpatient emergency department visits													
All opioid overdoses	Monroe	719	96.2	131	17.5	141	18.9	169	22.6	137	18.3	578	77.3
	NYS excl. NYC	7,222	64.4	1,334	11.9	1,536	13.7	1,562	13.9	1,195	10.7	5,627	50.2
Heroin overdoses	Monroe	552	73.8	98	13.1	115	15.4	122	16.3	92	12.3	427	57.1
	NYS excl. NYC	5,199	46.4	956	8.5	1,125	10.0	1,111	9.9	843	7.5	4,035	36.0
Opioid overdoses excluding heroin (incl. illicitly produced opioids such as fentanyl)	Monroe	167	22.3	33	4.4	26	3.5	47	6.3	45	6.0	151	20.2
	NYS excl. NYC	2,023	18.1	378	3.4	411	3.7	451	4.0	352	3.1	1,592	14.2
Hospitalizations													
All opioid overdoses	Monroe	191	25.5	44	5.9	46	6.2	45	6.0	49	6.6	184	24.6
	NYS excl. NYC	1,950	17.4	415	3.7	425	3.8	413	3.7	415	3.7	1,668	14.9
Heroin overdoses	Monroe	93	12.4	24	3.2	26	3.5	28	3.7	21	2.8	99	13.2
	NYS excl. NYC	777	6.9	165	1.5	157	1.4	171	1.5	169	1.5	662	5.9
Opioid overdoses excluding heroin (incl. illicitly produced opioids such as fentanyl)	Monroe	98	13.1	20	2.7	20	2.7	17	2.3	28	3.7	85	11.4
	NYS excl. NYC	1,173	10.5	250	2.2	268	2.4	242	2.2	246	2.2	1,006	9.0

[1] Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving opioid pain relievers will not add up to the overdoses involving all opioids.

s: Data for indicators related to hospitalizations and emergency departments are suppressed for confidentiality purposes if there are fewer than 6 discharges.

https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jul19.pdf

Call to Action – Opioid Task Force

- Multidisciplinary Team 80+ members
- Survey of all efforts
- Formation of 3 teams:
  - Prevention
  - Identification
  - Treatment

Prevention

- Reduce overall exposure to opioids and opioid availability in the community
- Develop best practices for the treatment of acute pain
- Develop best practices for the treatment of chronic pain
- Reduce variation in opioid prescribing practices across service lines
- Improve education
- Increase naloxone prescribing/dispensing

Identification

- All patients capable of answering questions are screened for risk of OUD upon initial patient contact for the current encounter
- Patients with a positive screen for high risk of developing an OUD or positive for a current OUD, will be provided education on OUD and receive treatment resources
- Patients with a positive screen for current OUD or at moderate-high risk for development, will be documented appropriately in the eRecord Problem List

Treatment

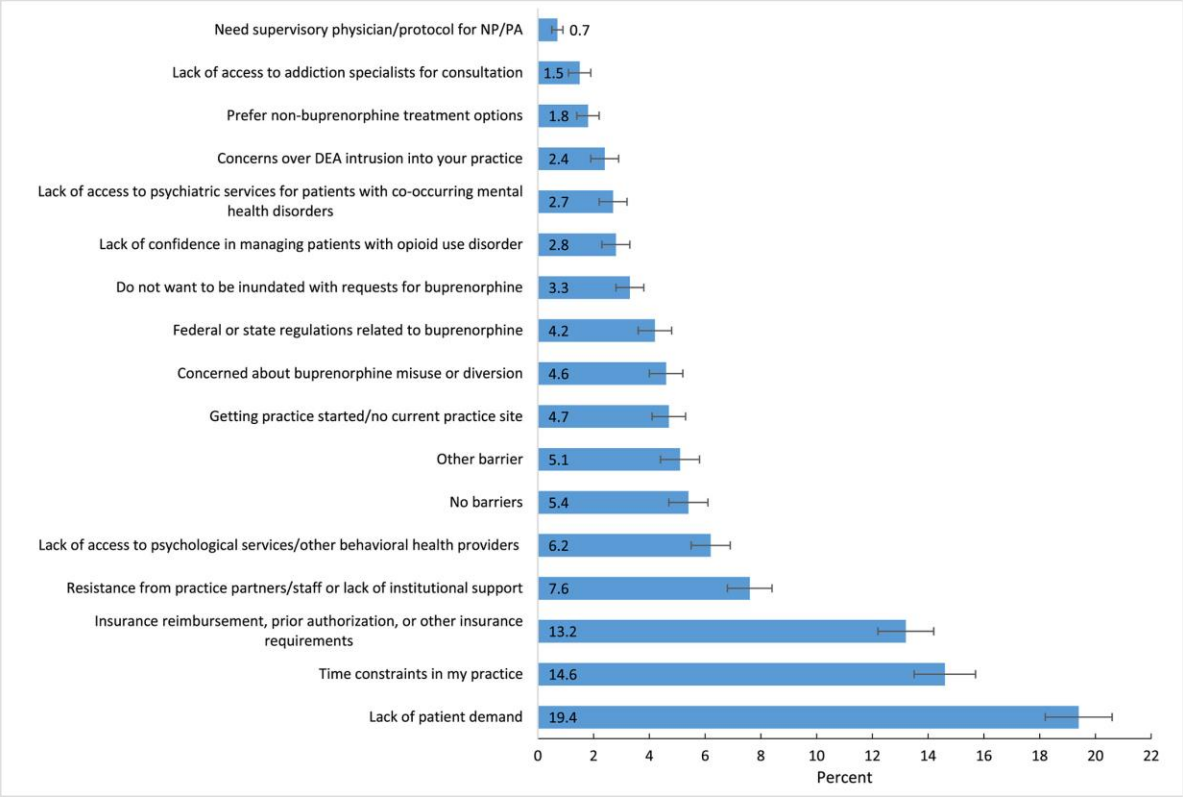
- Every patient with opioid use disorder will be linked to treatment.
- Every patient who presents with an opioid overdose will be linked to treatment.
- Every patient experiencing opioid withdrawal will receive appropriate care at the appropriate facility.
- Every patient receiving MOUD will continue to receive the medication without interruption at all levels of care
- Every patient receiving MOUD will continue to receive it when transferring services or levels of care.

However…

Identified Gaps – Treatment

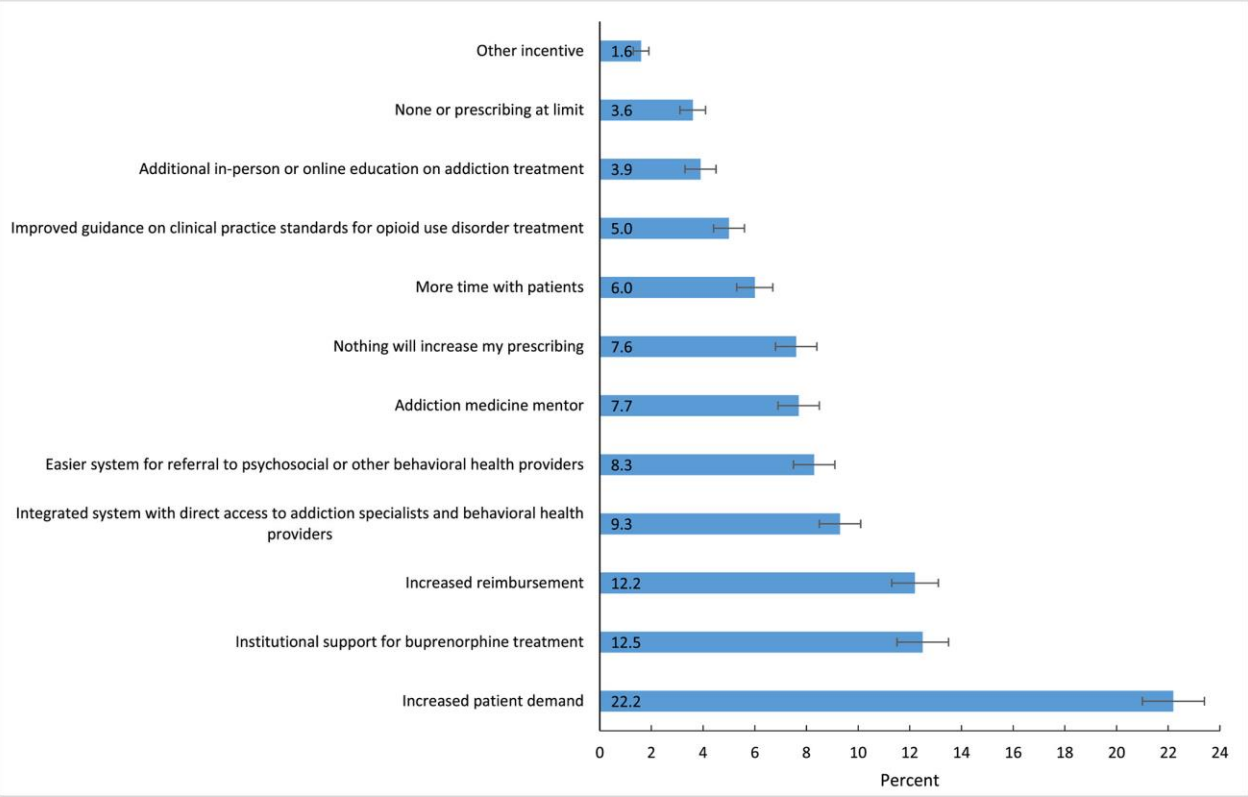
1. Gap between the number of patients who need treatment and our current capacity to provide this care.
2. Increased screening and treatment will increase the number of patients who need treatment.
3. Lack of PCPs able to provide buprenorphine leading to stable patients remaining in specialty care and creating longer wait times for new patients.
4. Current consultation support for ED and inpatient services is operating at maximal capacity.
5. There is a need for ongoing workforce education
6. There is a workforce shortage.

Primary Barriers to Prescribing Buprenorphine



Addiction, Volume: 114, Issue: 3, Pages: 471-482, First published: 08 September 2018

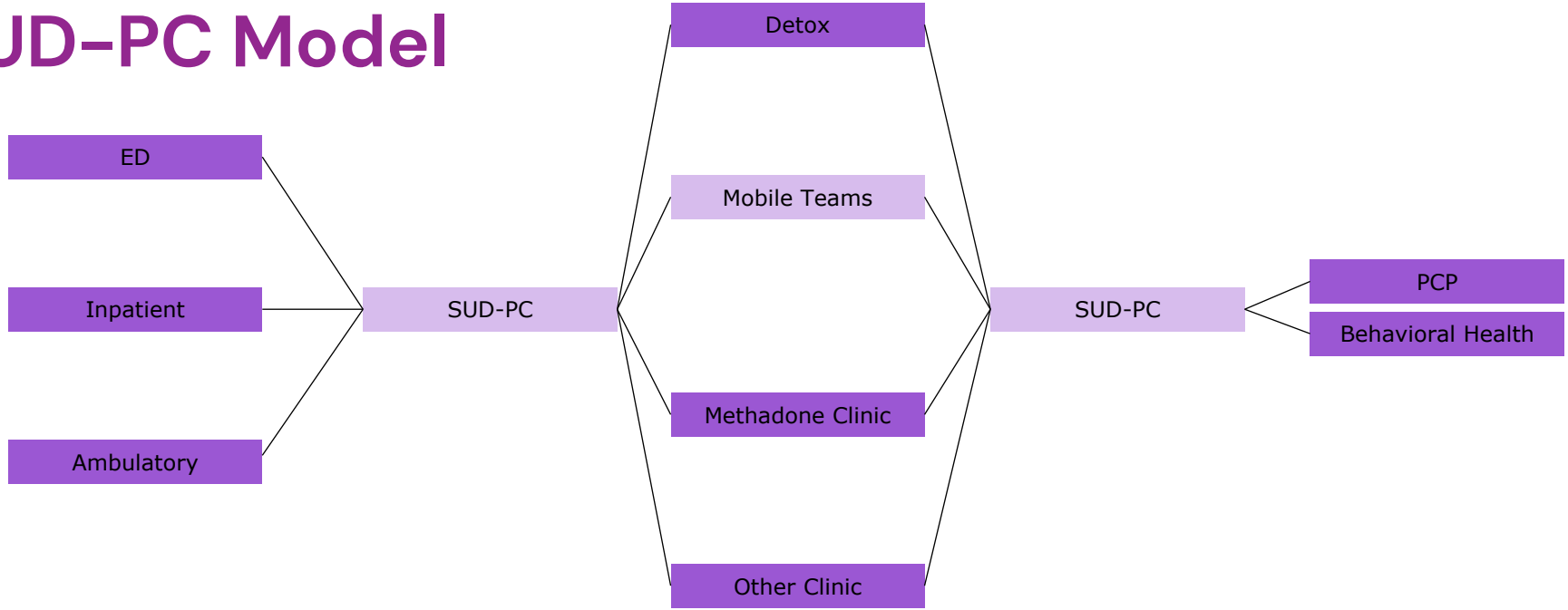
Primary Incentives to Prescribing Buprenorphine



Addiction, Volume: 114, Issue: 3, Pages: 471-482, First published: 08 September 2018

This process led to the development of the SUD-PC model: an innovative, **mobile, system-wide** resource to reduce gaps, delays/barriers to care, and hospital utilization while supporting providers and providing efficient use of limited resources.

SUD-PC Model



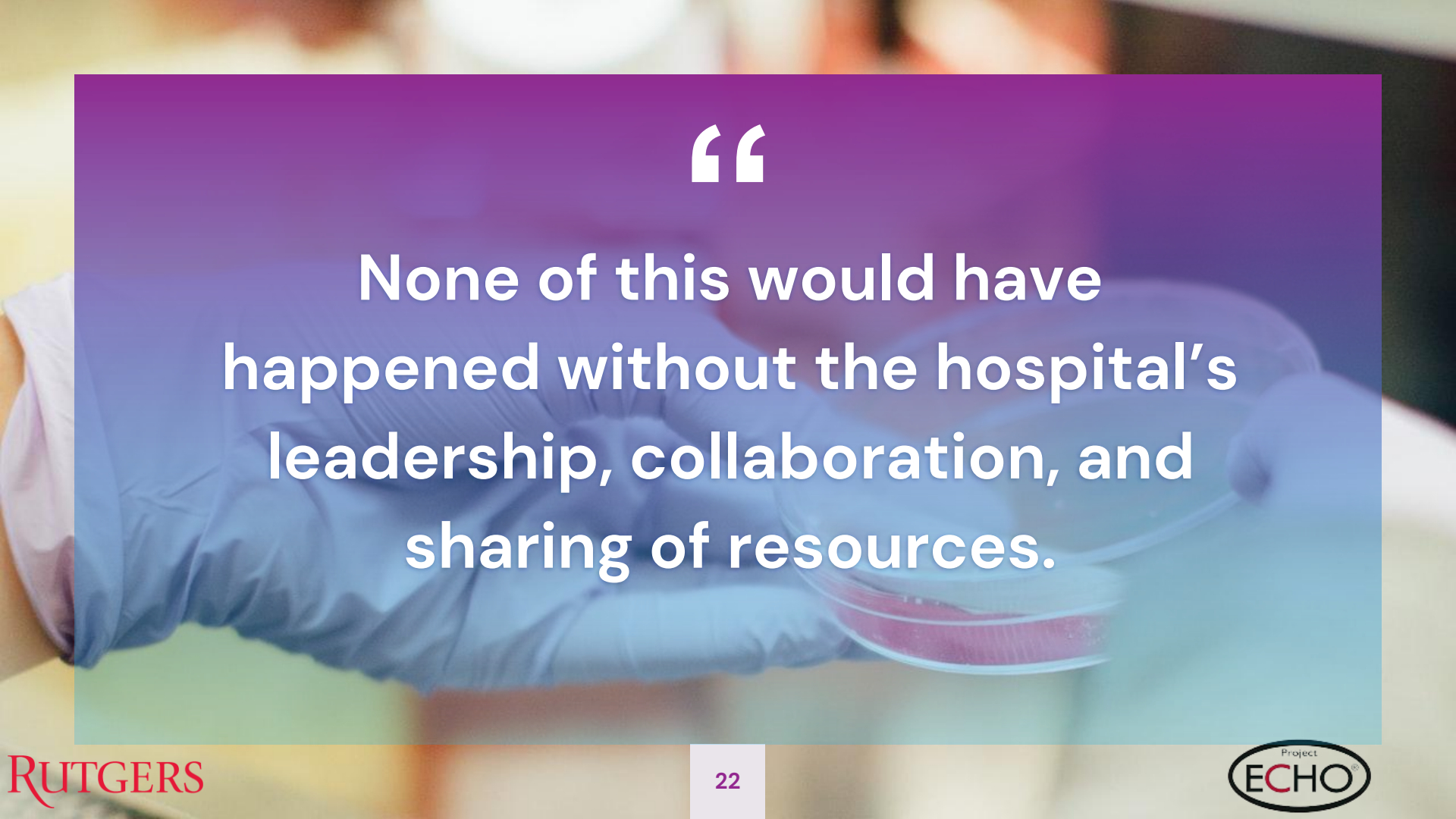
Identification and referral	Triage and link to care	Treat and stabilize	Transition to maintenance	Maintenance

SUD-PC structure innovates on evidence-based successes for system-wide approach

Addresses key barrier: “lack of institutional support”

What impact did this have on access?

Average time from referral to initial intake contact **1.5 days**, down from 1.5 weeks using our traditional treatment model


“
None of this would have happened without the hospital’s leadership, collaboration, and sharing of resources.

Acknowledgements

- Patrick Seche, MS, CASAC
- Members of the UR Opioid Task Force
- Strong Internal Medicine
- Strnog Recovery
- Highland Family Medicine
- Department of Psychiatry Collaborative Care Division
- UR Medicine Primary Care Network
- UR Leadership
- UR Medicine Recovery Center of Excellence

Thank you!

Any questions?