



RHIP Substance Use & Chronic Pain Workgroup
PacificSource – Suite 210 (2nd Floor)
2965 NE Conners Ave, Bend

Agenda: June 15, 2016 from 4:00pm-5:00pm

Call-In Number: 866-740-1260
7-Digit Access Code: 3063523

1. **4:00-4:05** Introductions—All

2. **4:05-4:35** Substance Use Treatment Algorithm for Primary Care—Rick Treleaven & Mike Franz

5. **4:35-4:55** Discussion of Substance Use & Chronic Pain Indicators 2 & 3—All
 - First year develop a baseline on the pharmacy, hospital, acute psychiatric, and emergency department expense related to people with moderate-to-severe SUDs. Second year set performance improvement benchmarks.
 - First year develop a baseline for number of people receiving greater than 120mg MED for more than three months

6. **4:55-5:00** Action Items—All
 - Next steps

Next Meeting: July 20 from 4-5pm



BH Substance Use & Chronic Pain (19)	Organization
Steve Baker	Mosaic Medical
Mike Franz	PacificSource
Erica Fuller	Rimrock Trails Adolescent Treatment Services
Nicole Lemmon	Wellness & Education Board of Central Oregon (WEBCO)
Alison Litte	PacificSource
Leslie Neugebauer	PacificSource
Matt Owen	Bend Treatment Center
Laura Pennavaria	La Pine Community Healthy Center
Sally Pfeifer	Pfeifer & Associates
Christine Pierson	Mosaic Medical
Kristin Powers	St. Charles Health System
Beth Quinn	Cascade Peer & Self-Help Center & Intentional Peer Support
Elizabeth Schmitt	CAC Consumer Representative
Julie Spackman	Deschutes County Health Services
Ralph Summers	PacificSource
Kim Swanson	St. Charles Medical Group
Karen Tamminga	Deschutes County Behavioral Health
Rick Treleaven	BestCare Treatment Services
Scott Willard	Lutheran Community Services Northwest



Alcohol Screen (AUDIT)



Light Beer 425ml 2.9% Alcohol	Full Strength Beer 285ml 4.9% Alcohol	Wine 100ml 12% Alcohol	Fortified Wine 60ml 20% Alcohol	Spirits 30ml 40% Alcohol	Full Strength Can or Stubbie 375ml 4.9% Alcohol

The guide above contains examples of **one standard drink**.

A full strength can or stubbie contains **one and a half standard drinks**.

Introduction

Because alcohol use can affect health and interfere with certain medications and treatments, it is important that we ask you some questions about your use of alcohol. Your answers will remain confidential, so please be as accurate as possible. Try to answer the questions in terms of **'standard drinks'**. Please ask for clarification if required.

AUDIT Questions

Please tick the response that best fits your drinking.

	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week	Score	Sub totals
1. How often do you have a drink containing alcohol?	<input type="checkbox"/> Go to Qs 9 & 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
2. How many standard drinks do you have on a typical day when you are drinking?	<input type="checkbox"/> 1 or 2	<input type="checkbox"/> 3 or 4	<input type="checkbox"/> 5 or 6	<input type="checkbox"/> 7 to 9	<input type="checkbox"/> 10 or more	<input type="text"/>	
3. How often do you have six or more standard drinks on one occasion?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily	<input type="text"/>	<input type="text"/>
4. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
9. Have you or someone else been injured because of your drinking?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, but not in the last year	<input type="checkbox"/> Yes, during the last year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
						TOTAL	<input type="text"/>

Supplementary Questions

	No	Probably Not	Unsure	Possibly	Definitely
Do you think you presently have a problem with drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very easy	Fairly easy	Neither difficult nor easy	Fairly difficult	Very difficult
In the next 3 months, how difficult would you find it to cut down or stop drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How to score and interpret the AUDIT

The World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) is a very reliable and simple screening tool which is sensitive to early detection of risky and high risk (or hazardous and harmful) drinking. It has three questions on alcohol consumption (**1 to 3**), three questions on drinking behaviour and dependence (**4 to 6**) and four questions on the consequences or problems related to drinking (**7 to 10**).

The **Supplementary Questions** do not belong to the AUDIT and are **not** scored. They provide useful clinical information associated with the client's perception of whether they have an alcohol problem and their confidence that change is possible in the short-term. They act as an indication of the degree of intervention required and provide a link to counselling or brief intervention following feedback of the AUDIT score to the client.

Scoring the AUDIT

- The columns in the AUDIT are scored from left to right.
- **Questions 1 to 8** are scored on a five-point scale from **0, 1, 2, 3, and 4**.
- **Questions 9 & 10** are scored on a three-point scale from **0, 2 and 4**.
- Record the score for each question in the **"score"** column on the right, including a zero for questions **2 to 8** if 'skipped'.
- Record a total score in the **"TOTAL"** box at the bottom of the column. The maximum score is 40.

Consumption score

Add up **questions 1 to 3** and place this sub-score in the adjacent single box in the far right column (maximum score possible = 12). A score of 6 or 7 may indicate a risk of alcohol-related harm, even if this is also the total score for the AUDIT (e.g. consumption could be over the recommended weekly intake of 28 for men and 14 for females in the absence of scoring on any other questions). Drinking may also take place in dangerous situations (e.g. driving, fishing/boating). Scores of 6 to 7 may also indicate potential harm for those groups more susceptible to the effects of alcohol, such as young people, women, the elderly, people with mental health problems and people on medication. Further inquiry may reveal the necessity for harm reduction advice.

Dependence score

Add up **questions 4 to 6** and place this sub-score in the adjacent single box in the far right column (maximum score possible = 12). In addition to the total AUDIT score, a secondary 'dependence' score of 4 or more as a subtotal of questions 4 to 6, suggests the possibility of alcohol dependence (and therefore the need for more intensive intervention if further assessment confirms dependence).

Alcohol-related problems score

Any scoring on **questions 7 to 10** warrants further investigation to determine whether the problem is of current concern and requires intervention.

<i>AUDIT Total score</i>	<i>Dependence score</i>	<i>Risk level</i>	<i>Possible Interventions</i>
0 - 7	below 4	Low-risk	<ul style="list-style-type: none"> • Use 'Right Mix' materials to reinforce low-risk drinking, particularly for those who previously had alcohol problems or whose circumstances may change. • Harm reduction advice may be appropriate for those in susceptible groups (see 'Consumption Score' above).
8 - 15	below 4	Risky or hazardous level. Moderate risk of harm. May include some clients currently experiencing harm (especially those who have minimised their reported intake and problems).	<ul style="list-style-type: none"> • Brief Intervention <ul style="list-style-type: none"> - feedback of AUDIT and harm reduction advice may be sufficient Ideally also: <ul style="list-style-type: none"> - setting goals and limits - a motivational interview - self-monitoring of drinking - use of "The Right Mix" self-help guide • Counselling may be required.
	4 or more	Assess for dependency	
16 - 19	below 4	High-risk or harmful level. Drinking that will eventually result in harm, if not already doing so. May be dependent.	<ul style="list-style-type: none"> • Brief Intervention (all components) is a minimum requirement. • Assessment for more intensive intervention. • Counselling using CBT principles and motivational interviewing in individual sessions and/or in groups. • Follow-up and referral where necessary.
	4 or more	Assess for dependence	
20 or more	below 4	High-risk Definite harm, also likely to be alcohol dependent. Assess for dependence.	<ul style="list-style-type: none"> • Further assessment preferably including family and significant others. • More intensive counselling and/or group program. • Consider referral to medical or specialist services for withdrawal management. • Pharmacotherapy to manage cravings. • Relapse prevention, longer-term follow-up and support.
	4 or more	Almost certainly dependent. Assess for dependency.	

RHIP Workgroup Updates: May

Behavioral Health: Identification & Awareness

- This group meets the fourth Tuesday of every month from 9-10am and currently has 20 members.
- In May, the group agreed to provide technical assistance for the Mental Health Prevention & Promotion grant for Central Oregon. This grant will work to normalize the public's perception of accessing resources for depression, anxiety, suicidal ideation, and substance use. The group also reviewed the minimum standards required to be able to bill for behavioral health integration in primary care. In June, the group will develop the elements of workflow necessary to screen and properly code for SBIRT/CRAFFT within clinics.

Behavioral Health: Substance Use and Chronic Pain

- This group meets the third Wednesday of every month from 4-5pm and currently has 19 members.
- During the May meeting, the group discussed the differences between a Behavioral Health Consultant with addictions experience and the Peer Support Specialist or Recovery Mentor roles. The group reviewed the SUD resource list for providers. This document will be finalized and placed on the COHC website for reference, with updates provided every six months. In June, the group plans to develop a treatment algorithm to support primary care toward better addressing substance use. This group will also develop strategies to address the second and third health indicators in their section.

Cardiovascular Disease—Clinical

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 9 members.
- During the May meeting the group decided that their year one focus will be on blood pressure standardization along with patient education around proper blood pressure checks. In June, the group will discuss standardization in greater detail and plans to invite other clinics to the table for the discussion (i.e., High Lakes Health Care, BMC, Weeks Family Medicine, La Pine Community Health Center, Dr. Burkett, among others).

Diabetes—Clinical

- This group meets the second Thursday of every month from 9-10am and currently has 12 members.
- This group will meet for the first time on June 9 to focus solely on the clinical goal of improving control of type 2 diabetes.

Cardiovascular Disease & Diabetes—Prevention

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 25 members.
- In May both prevention groups met separately to prepare to combine their efforts moving forward. Both CVD & Diabetes believe that their prevention efforts align very well and the strategies and organizations that need to be at the table are the same in order to meet the prevention goals for these two areas. Diabetes is still developing a resource document that will eventually be shared with providers and throughout the community. Cardiovascular Disease discussed ideas of how to increase physical activity throughout Central Oregon.

RHIP Workgroup Updates: May

Oral Health

- This group meets the third Tuesday of every month from 11-12pm and currently has 19 members.
- The Oral Health workgroup has begun to 'assign' potential projects/actions to their work plan. They continue to scrub their Spectrum document to better refine the services, and projects currently in use in the Tri-county area. Advantage Dental presented on a Public Service Announcement that had been previously sunset. The group may be interested in dusting it off and revitalizing. In June, the group will receive training/education relative to the 'One Key Question' initiative. Mosaic will provide an overview of their model for the new Dental Hygienist they have hired.

Reproductive Health/Maternal Child Health

- This group meets the second Tuesday of every month from 4-5pm and currently has 22 members.
- In May a presentation was given around AFIX (immunization program). A favorable report was given relative to capturing (coding) the 1st trimester visits outside of the global pregnancy benefit. Discussion continues on the Perinatal Care Continuum project, the group felt a bit more finessing of the proposal was necessary. Next month, the group will review data surrounding Adverse Childhood Experiences (ACEs).

Social Determinants of Health

- This group meets the third Friday of every month from 10-11am and currently has 27 members in kindergarten readiness and 26 members in housing.

Education & Health

- The group collectively identified strategic strategies that would increase School Readiness (as identified by the 5 Dimensions of Readiness) discussed in last month's meeting. Current, in use, strategies were shared out with the rest of the team. The June meeting will have an in-depth presentation on our Region's Kindergarten Readiness data. The goal is to collectively prioritize a strategy or strategies the team wants to include in their work plan.

Housing

- In May, the workgroup discussed ways they could add value without duplicating the work of other agencies and groups like the Homeless Leadership Coalition (HCL). The workgroup determined that they could focus their efforts on advocacy, policy, and resource development. The workgroup additionally decided to form a small task force to review the updated 10 Year Plan to End Homelessness (High Desert Home) strategies to identify specific activities they could take on.