



RHIP Substance Use & Chronic Pain Workgroup
Deschutes County Health Services (Stan Owen Room)
2577 NE Courtney Drive, Bend

Agenda: January 17, 2017 from 4pm-5:00pm

Goals

Clinical Goal(s): Create a bi-directional integration approach for people with severe substance use disorders.

Prevention Goal(s): Implement a community standard for appropriate and responsible prescribing of Opioids and Benzodiazepines.

Health Indicators by 2019

1. Reduce the 3-year rate of overdose hospitalizations due to any drug in Central Oregon to 35 per 100,000 population (2012-2014 rate: 40.27 per 100,000 population)
2. Identify costs saved in Central Oregon due to properly assessing, treating, and referring individuals with moderate-to-severe SUDs.
3. Reduce the percentage of adults who had 4 (women) 5 (men) drinks of alcohol on one occasion in the past 30 days from 15.3% to 13% (non-age adjusted 2012-2015 Central Oregon rate from BRFSS data).
4. Reduce the percentage of 8th and 11th graders who binge drank alcohol one or more time in the past 30 days from 7.9% and 24.6% to 5% and 20% respectively. (2014 Central Oregon rate from Student Wellness Survey)
5. Reduce the percentage of 8th and 11th graders who have used any marijuana in the past 30 days from 10.2% and 25.1% to 7% and 20% respectively. (2014 Central Oregon rate from Student Wellness Survey)
6. Decrease the percent of patients on prescription opioid doses ≥ 90 mg MED/day for more than 30 consecutive days or more from 15.2% to 5%. (Baseline: 2014 data)
7. Increase the number of completed referrals and feedback loop from medical settings to alternative pain management programs from 0 to 100 referrals yearly. (2014: Zero pain management programs in Central Oregon. Zero is baseline.)

1. **4:00-4:05** **Introductions—All**
2. **4:05-4:25** **Results/Next Steps of Hospital SUD Survey—Nikki Lemmon & Rebeckah Berry**
3. **4:25-5:00** **Begin Box 5 of A3: Solution Approach—All**
 Aim: All Central Oregonians with an SUD that enter the hospital setting, including the ED, will receive engagement, treatment, or harm reduction services.
4. **5:00** **Updates & Action Items—All**
 - **RHIP Monthly Updates—Rebeckah Berry**

Next Meeting: February 21, 2018 from 4-5pm (Deschutes County Health Services)



BH Substance Use & Chronic Pain (22)	Organization
Steve Baker, LPC, MAC	Mosaic Medical
McKenzie Dean, MD	St. Charles Health System
Mike Franz, MD	PacificSource
Erica Fuller, MA, LPC, CADCI	Rimrock Trails Adolescent Treatment Services
Laurie Hubbard, RN, BA, SANE	Deschutes County Health Services
Larry Kogovsek	CAC Consumer Representative
Leslie Neugebauer, OTR/L, MPH	PacificSource
Matt Owen, JD	Bend Treatment Center
Laura Pennavaria, MD	St. Charles Health System
Sally Pfeifer, BA, CADCI	Pfeifer & Associates
Christine Pierson, MD	Mosaic Medical
Elizabeth Schmitt, MS	CAC Consumer Representative
Scott Safford, PhD	St. Charles Family Care
Bob Snyder, BA, CADCI II, NCAC I	BestCare Treatment Services
Julie Spackman, CPS	Deschutes County Health Services
Barbara Stoefen	LifeRAFT Family Support
Ralph Summers, MSW	PacificSource
Kim Swanson, PhD	Mosaic Medical
Karen Tamminga, LCSW	Deschutes County Behavioral Health
Rick Treleaven, LCSW	BestCare Treatment Services
Bill Ward, CADCI	Serenity Lane
Molly Wells Darling, LCSW	St. Charles Health System

SUD Hospital Survey

BH:SUCP Workgroup

Using the data from all respondents regardless of survey completion, it should be noted that too few responses were given overall for this data to be statistically significant. **Of 21 individuals who began the survey, 11 completed it.**

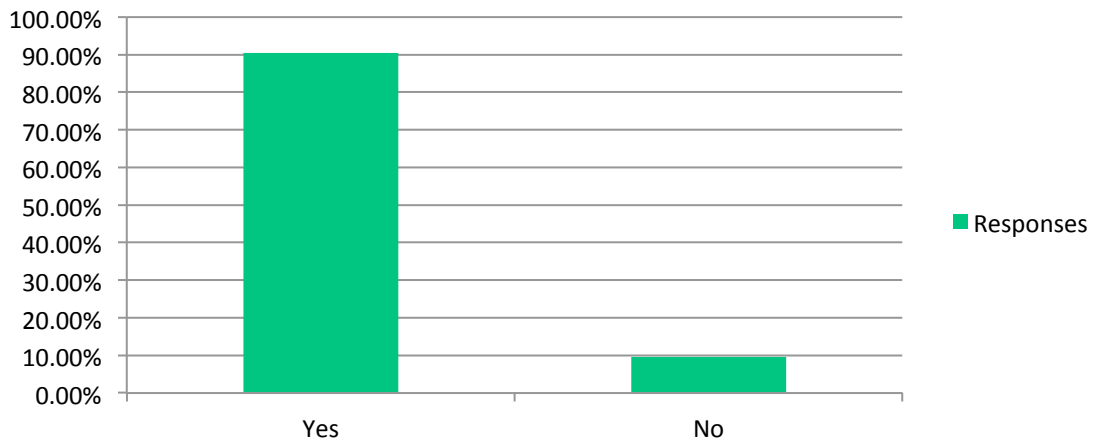
Data summary

- 19 out of 21 respondents confirmed using screening tools with patients
- All respondents confirmed they do not use the CUDIT-R screening
- 6 out of 13 respondents confirmed that they address 100% of positive SUD screens. 4 out of the remaining 7 respondents listed “time” as their barrier to addressing 100% of positive screens.
- 11 out of 13 respondents confirmed they use onsite social workers following a positive screen, and 9 out of 13 said they provide their patients with harm reduction strategies
- Harm reduction strategies included: onsite care, referrals to onsite BHC or inpatient rehab, discussion, involving friends and family, education, talking about the risks of continuing and benefits of stopping, and appropriate use and weaning.
- 11 out of 13 respondents confirmed they refer patients out who need a higher level of care.
- Referral methods included: printed information, onsite resources, making an appointment with the patient present, and having a social worker or behavioral health consultant schedule an appointment.
- 4 out of 11 respondents stated that they do not follow up after a referral has been made, and their reasons are: no mechanism for follow-up, HIPPA / policies, and resources. All of these said they would be open to receiving support for referral follow-ups.

Hospital Provider Survey for Substance Use Disorder Screening
Are you currently using any screening tools to detect substance use disorders with your patients?

Answer Choices	Responses	
Yes	90.48%	19
No	9.52%	2
Answered		21

Are you currently using any screening tools to detect substance use disorders with your patients?



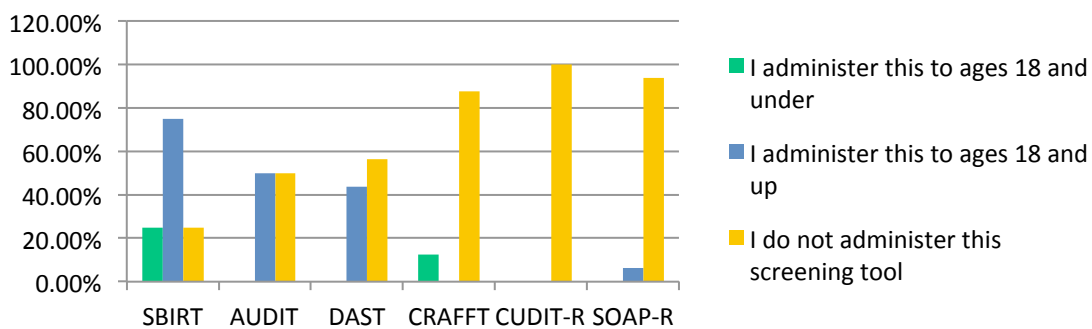
Hospital Provider Survey for Substance Use Disorder Screening

Please select the screening tool(s) that you currently use and the age range(s) to which you administer them (select all that apply). If you do not administer a particular screening tool, please check "I do not administer this screening tool".

	I administer this to ages 18 and under		I administer this to ages 18 and up		I do not administer this screening tool		Total
	%	Count	%	Count	%	Count	
SBIRT	25.00%	4	75.00%	12	25.00%	4	16
AUDIT	0.00%	0	50.00%	8	50.00%	8	16
DAST	0.00%	0	43.75%	7	56.25%	9	16
CRAFFT	12.50%	2	0.00%	0	87.50%	14	16
CUDIT-R	0.00%	0	0.00%	0	100.00%	16	16
SOAP-R	0.00%	0	6.25%	1	93.75%	15	16

Answered 16

Please select the screening tool(s) that you currently use and the age range(s) to which you administer them (select all that apply). If you do not administer a particular screening tool, please check "I



Hospital Provider Survey for Substance Use Disorder Screening
Please list the names of any other substance use disorder screening tool(s) you use in your practice below:

Answered

4

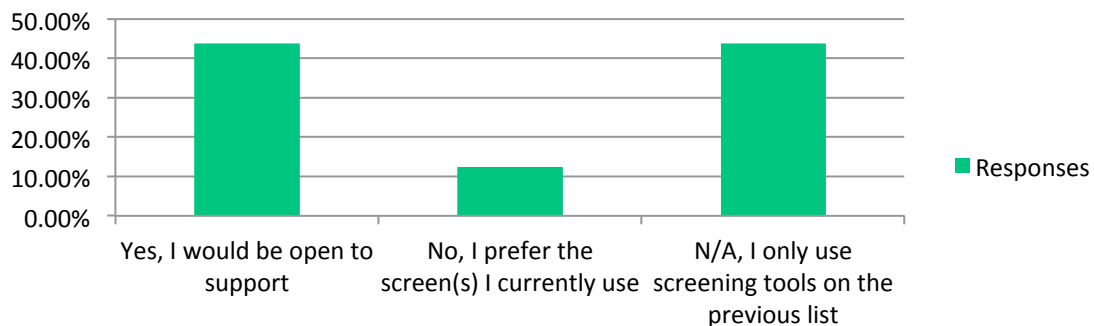
Respondents	Responses
1	NA
2	I speak directly about it
3	UDS, cord stat drug screen
4	general psychosocials

Hospital Provider Survey for Substance Use Disorder Screening

If a screening tool you use is not on the previous list, would you be willing to receive support for implementing one of the recommended screening tool(s) listed in this survey?

Answer Choices	Responses	
Yes, I would be open to support	43.75%	7
No, I prefer the screen(s) I currently use	12.50%	2
N/A, I only use screening tools on the previous list	43.75%	7
Answered		16

If a screening tool you use is not on the previous list, would you be willing to receive support for implementing one of the recommended screening tool(s) listed in this survey?



Hospital Provider Survey for Substance Use Disorder Screening

Please share with us why you are not interested in receiving support to implement the recommended screening tool(s) mentioned in this survey.(In order for us to assist in overcoming barriers, we are asking for specific examples):

Answered

1

Respondents	Responses
1	More boxes to check versus actually taking time to speak with the patient. Another layer to separate the relationship.

Hospital Provider Survey for Substance Use Disorder Screening

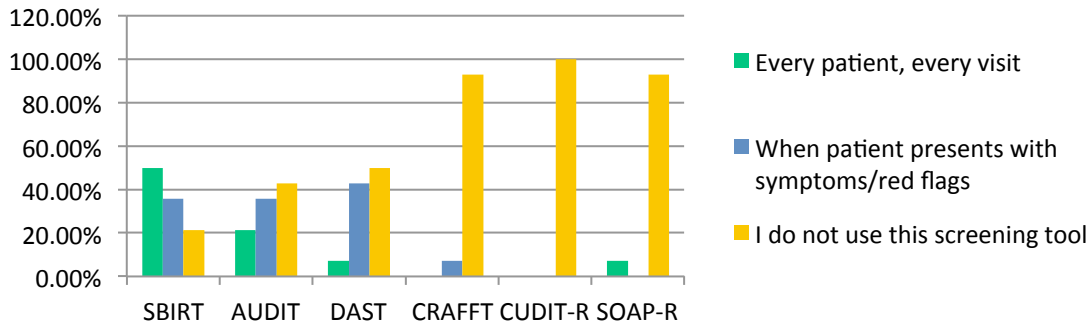
Please select the circumstances that would prompt you to administer the screening tools below. If you do not use a particular screening tool, please check "I do not use this screening tool".

	Every patient, every visit		When patient presents with symptoms/red flags		I do not use this screening tool		Total
SBIRT	50.00%	7	35.71%	5	21.43%	3	14
AUDIT	21.43%	3	35.71%	5	42.86%	6	14
DAST	7.14%	1	42.86%	6	50.00%	7	14
CRAFFT	0.00%	0	7.14%	1	92.86%	13	14
CUDIT-R	0.00%	0	0.00%	0	100.00%	14	14
SOAP-R	7.14%	1	0.00%	0	92.86%	13	14
Other circumstances that would prompt you to administer these screening tools:							0

Answered

14

Please select the circumstances that would prompt you to administer the screening tools below. If you do not use a particular screening tool, please check "I do not use this screening



Hospital Provider Survey for Substance Use Disorder Screening
Please list the circumstances that would prompt you to administer the other screening tools you previously shared in this survey (if any).

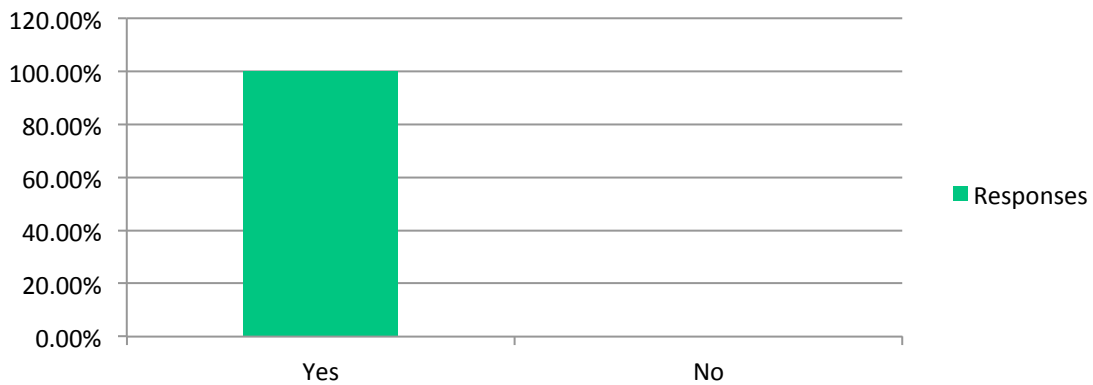
Answered 2

Respondents	Responses
1	NA
2	patient needs a mental health evaluation

Hospital Provider Survey for Substance Use Disorder Screening
implementing recommended screening tool(s) for detecting
substance use disorders?

Answer Choices	Responses	
Yes	100.00%	1
No	0.00%	0
Answered		1

Would you be willing to receive support
for implementing recommended
screening tool(s) for detecting substance
use disorders?



Hospital Provider Survey for Substance Use Disorder Screening

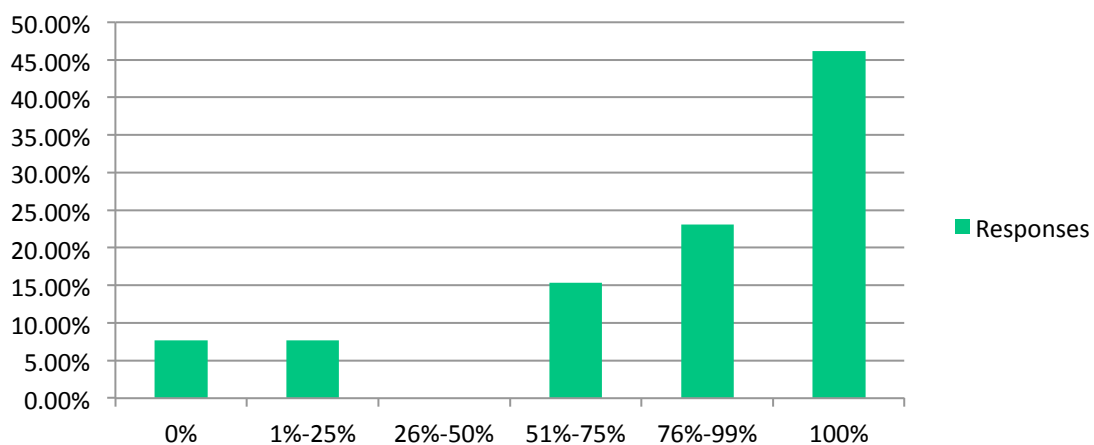
How often do you address positive screening tool results of substance use disorders with your patients?

Answer Choices	Responses	
0%	7.69%	1
1%-25%	7.69%	1
26%-50%	0.00%	0
51%-75%	15.38%	2
76%-99%	23.08%	3
100%	46.15%	6

Answered

13

How often do you address positive screening tool results of substance use disorders with your patients?



Hospital Provider Survey for Substance Use Disorder Screening
What are the barriers preventing you from addressing 100% of positive results from substance use disorder screening tools?

Answered

7

Respondents	Responses
1	Not knowing there is a substance use issue
2	Time
3	time
4	Time
5	the responsibility is shared among different departments and not all patients are appropriate for this screening.
6	I do not personally administer screens or address results in the ED. This is done by nursing and social work
7	time

Hospital Provider Survey for Substance Use Disorder Screening

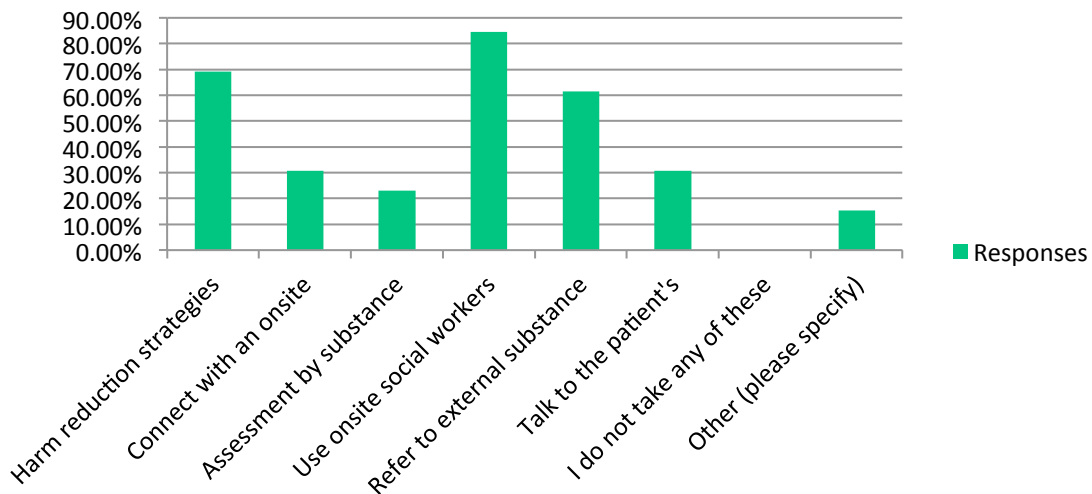
Please select the action(s) you take with your patients following a positive screen:

Answer Choices	Responses	
Harm reduction strategies	69.23%	9
Connect with an onsite recovery mentor	30.77%	4
Assessment by substance use disorder provider onsite at the time of the positive screen	23.08%	3
Use onsite social workers	84.62%	11
Refer to external substance use treatment provider	61.54%	8
Talk to the patient's primary care provider	30.77%	4
I do not take any of these actions with my patients following a positive screen	0.00%	0
Other (please specify)	15.38%	2

Answered

13

Please select the action(s) you take with your patients following a positive screen:



Respondents	Other (please specify)
1	Education
2	n/a

Hospital Provider Survey for Substance Use Disorder Screening

Please specify what harm reduction strategies you use with your patients following a positive screen:

Answered

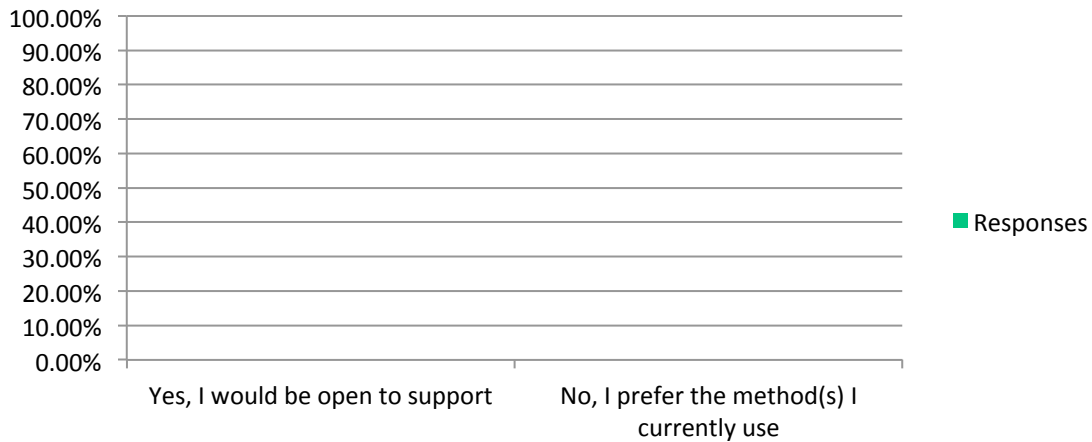
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Respondents	Responses
1	In site care
2	Provider discussion, appropriate referrals
3	Involving family/friends in abstinence measures
4	Education
5	Talk about risks, resources and benefits of eliminating substances
6	clinics,
7	offer referral to inhouse Behavior health or to inpatient rehab
8	appropriate use and wean

Hospital Provider Survey for Substance Use Disorder Screening
Would you be willing to receive additional support to address positive screens with your patients?

Answer Choices	Responses	
Yes, I would be open to support	0.00%	0
No, I prefer the method(s) I currently use	0.00%	0
Answered		0

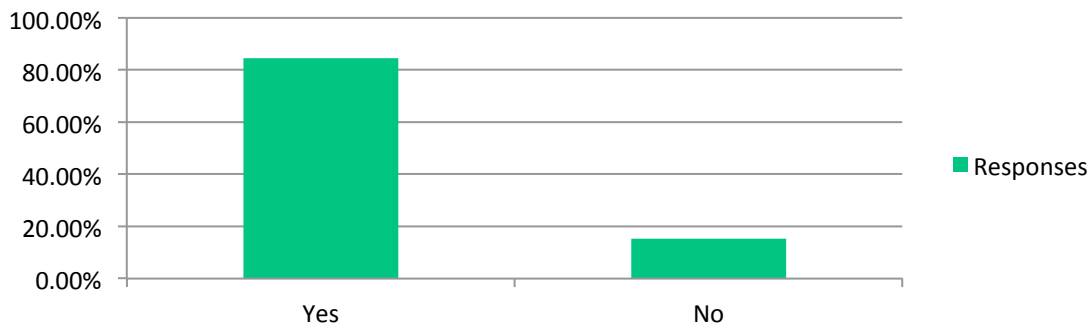
Would you be willing to receive additional support to address positive screens with your patients?



Hospital Provider Survey for Substance Use Disorder Screening
Do you refer patients outside of your site to a substance use disorder provider if/when you determine the patient needs a more specialized level of care than your site can manage?

Answer Choices	Responses	
Yes	84.62%	11
No	15.38%	2
Answered		13

Do you refer patients outside of your site to a substance use disorder provider if/when you determine the patient needs a more specialized level of care than your site can manage?



Hospital Provider Survey for Substance Use Disorder Screening

Please share the method(s) you use to refer patients to substance use disorder care (i.e. schedule appointment with patient present):

Answered

11

Respondents	Responses
1	Printed information card or sheet
2	Va
3	on-site resources
4	Give information for pt to f/u on own, make apt with patient present.
5	Schedule appointment
6	Social work arranges this
7	provide resources, give them a phone to place the call, arrange transportation to facility
8	discharge instructions, written material
9	Use SW to see if there's a best care bed. Recommend BTC
10	set up through behavioral health
11	task/referral

Hospital Provider Survey for Substance Use Disorder Screening

Please share why you do not refer patients to care for substance use disorders:

Answered

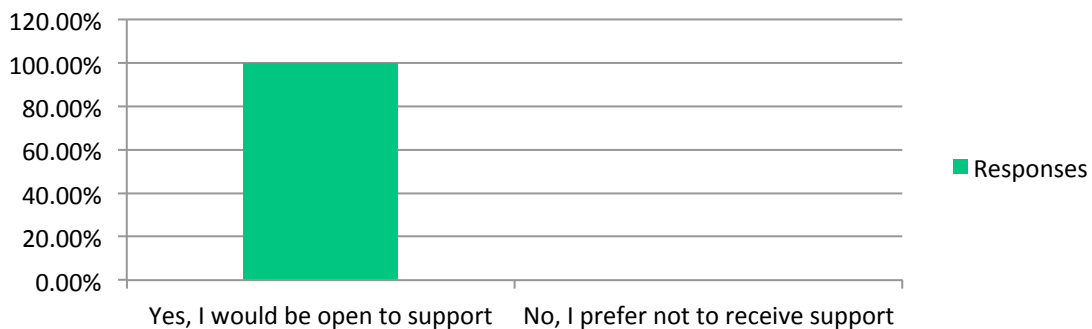
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Respondents	Responses
1	I refer via SW
2	Not sure where to refer

Hospital Provider Survey for Substance Use Disorder Screening
Would you be willing to receive support on recommended methods for referring to specialty substance use disorder treatment? This will include a list of community substance use disorder treatment resources.

Answer Choices	Responses	
Yes, I would be open to support	100.00%	2
No, I prefer not to receive support	0.00%	0
Answered		2

Would you be willing to receive support on recommended methods for referring to specialty substance use disorder treatment? This will include a list of community substance use disorder

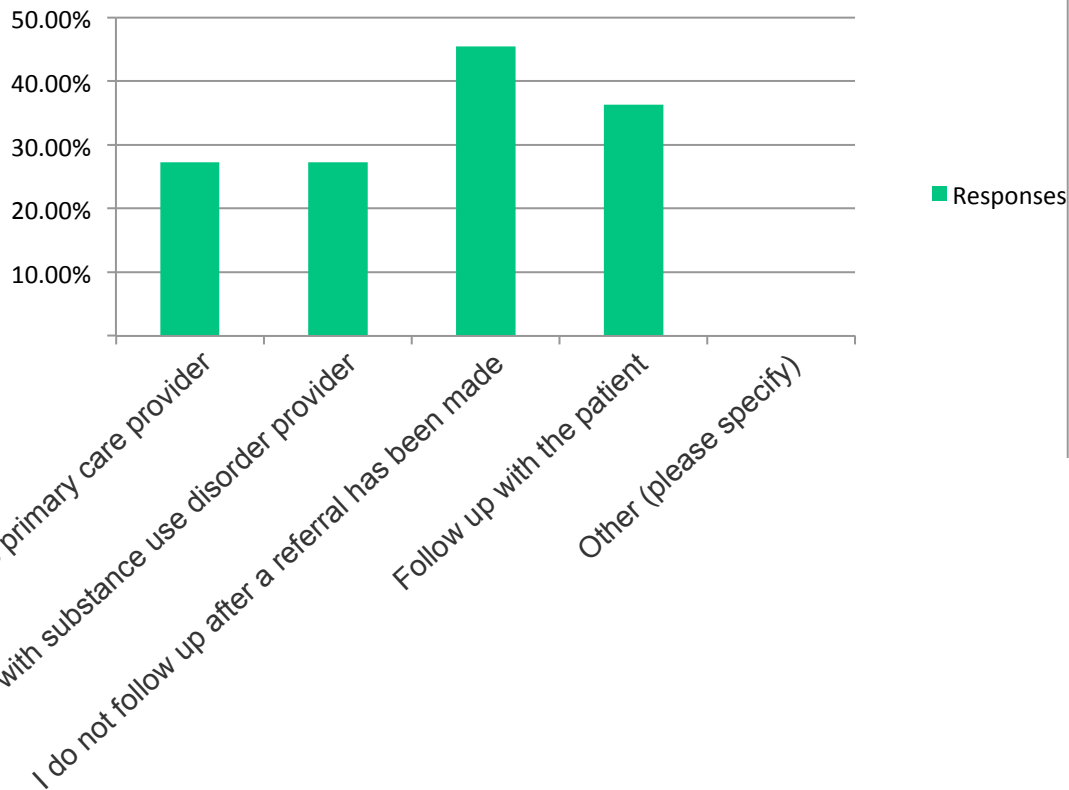


Hospital Provider Survey for Substance Use Disorder Screening

What action(s) do you take to follow-up on referrals made to substance use disorder treatment after the patient is no longer in your care?

Answer Choices	Responses	
Notify patient's primary care provider	27.27%	3
Follow up with substance use disorder provider	27.27%	3
Follow up with the patient	45.45%	5
I do not follow up after a referral has been made	36.36%	4
Other (please specify)	0.00%	0
Answered		11

What action(s) do you take to follow-up on referrals made to substance use disorder treatment after the patient is no longer in your care?



Hospital Provider Survey for Substance Use Disorder Screening
Please share why you do not follow-up on referrals:

Answered

4

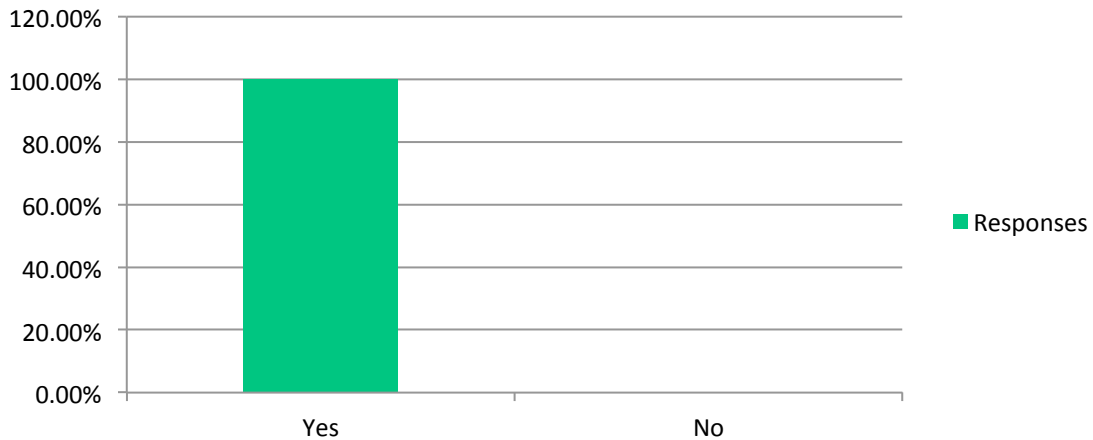
Respondents	Responses
1	No mechanism for doing so.
2	hippa, policies
3	Resources
4	Not primary care

Hospital Provider Survey for Substance Use Disorder Screening

Would you be willing to receive support on recommended methods of following up after a referral has been made?

Answer Choices	Responses	
Yes	100.00%	4
No	0.00%	0
Answered		4

Would you be willing to receive support on recommended methods of following up after a referral has been made?



Hospital Provider Survey for Substance Use Disorder Screening

The name of your position within the hospital setting:

Answered

11

Respondents	Responses
1	Mental Health Practioner
2	Out pt
3	Medical Director Women's Services
4	Behavioral Health Consultant- Family Care Clinic
5	Social work
6	Physician Assistant
7	neonatologist
8	Nurse Practioner
9	CNO
10	doctor
11	outpatient family practice

Hospital Provider Survey for Substance Use Disorder Screening
The name of your department within the hospital setting:

Answered

11

Respondents	Responses
1	PES
2	Na
3	Ob/Gyn
4	Health Integration
5	Sage View
6	Hospital Medicine
7	NICU
8	Women's Center
9	Inpatient, ED, OR
10	outpatient medicine
11	outpatient family practice

Hospital Provider Survey for Substance Use Disorder Screening

The town(s) where you work:

Answered 11

Respondents	Responses
1	Bend
2	Not
3	Redmond
4	Redmond and Sisters
5	Bend
6	Bend
7	Bend
8	Bend
9	Prineville
10	bend
11	bend

RHIP Workgroup Updates: December 2017

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Nikki Lemmon)

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 16 members.
- In December, the group continued their A3 process with the aim of identifying and engaging 100% of individuals in Central Oregon that have a behavioral health need, and ensuring an effective and timely response. The group finalized their baseline survey which has been sent out to primary care and is intended to help prioritize experiments within their A3. The results of this survey will be reviewed at January's meeting.

Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry & Rick Treleaven)

- This group meets the third Wednesday of every month from 4-5pm and currently has 22 members.
- In December, the group continued their A3 process with the aim of all Central Oregonians with a substance use disorder that enter the hospital setting, including the ED, will receive engagement, treatment, or harm reduction services. The group also finalized their baseline survey for the hospital setting which has been sent out. The group will review the results of this survey in January.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry & Shiela Stewart)

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 11 members.
- In December, this group put final edits on their first A3 around asking, engaging, and providing services/support to decrease youth tobacco use in Central Oregon. Their A3 will be presented to Operations Council on January 5, 2018 to accompany their first selected experiment on clinical outreach and engagement to promote youth/family tobacco cessation.

Diabetes—Clinical (Support: Rebeckah Berry & Shiela Stewart)

- This group meets the second Thursday of every month from 9-10:30am and currently has 12 members.
- In December, the group continued the development of their second algorithm that focuses on supporting primary care in the management of patients with A1Cs >9. The group also received word from PacificSource that their Point of Care (POC) A1C proposal was approved, and has defined next steps to on-board and train the first round of clinics in the region on POC testing and follow-up.

CVD & Diabetes: Prevention (Support: MaCayla Arsenault, Sarah Worthington, & Steve Strang)

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 13 members.
- In December, the group developed an RFP to increase active modes of transportation among school-aged children in Central Oregon. They plan to release their RFP in mid-January.

RHIP Workgroup Updates: December 2017

Oral Health (Support: Donna Mills & Mary Ann Wren)

- This group meets the third Tuesday of every month from 11-12pm and currently has 24 members.
- In December, the oral health workgroup heard a presentation given by Abe Moland from Gridworks reviewing the NEMT benefit as provided by CERC (Cascades East Ride Center). Abe fielded a handful of questions. The group then turned to the A3 and new ideas around convening a regional summit for the dental community in early Spring. A smaller subgroup of volunteers will head that up.

Reproductive Health/Maternal Child Health (Support: Donna Mills & Muriel DeLaVergne-Brown)

- This group meets the second Tuesday of every month from 4-5pm and currently has 22 members.
- This workgroup did not meet in December.

Social Determinants of Health

- This group meets the third Friday of every month from 10:30-11:30am and currently has 27 members in Kindergarten Readiness and 24 members in Housing.

Milestones to Health & Education (Support: Donna Mills & Desiree Margo)

- In December, each of the subgroups reported out; Literacy, Social and Emotional Supports, Access/integration, and TRACEs. The team decided to move the main meeting to every other month, leaving the “off month” devoted to A3/Subgroup work sessions.

Housing (Support: Bruce Abernethy, Elaine Knobbs-Seasholtz & MaCayla Arsenault)

- In December, the workgroup discussed a proposal to develop a comprehensive housing plan on the Warm Springs Reservation.