

Implementation of a Telephonic-based Model to Address Substance Use as Part of Usual Care



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[!\[\]\(17413706fd4997a1a4bdf85c6864eee1_img.jpg\) @KapoorMedED](https://twitter.com/KapoorMedED)

North Country Telehealth Conference
Adirondack Health Institute Leadership Summit

Addressing Substance Use

@ Northwell
Health

Northwell Health

Emergency Medicine Service Line
Division of General Internal Medicine
Department of Psychiatry & Behavioral Health
Department of Pediatrics
Department of Obstetrics and Gynecology
Opioid Management Steering Committee (OMSC)
Pharmacy Service Line
Center for Addiction Services and Psychotherapy
Interventions Research (**CASPIR**)

Community Relations
Legal
Gov't Affairs
Public Relations
Marketing
CEMS
HR/Talent
EHS/EAP
Wellness



Hofstra/Northwell

Donald and Barbara Zucker School of Medicine
Donald and Barbara Zucker School of Graduate Nursing



Center on Addiction



New York State Office of Alcoholism and Substance Abuse Services (OASAS)

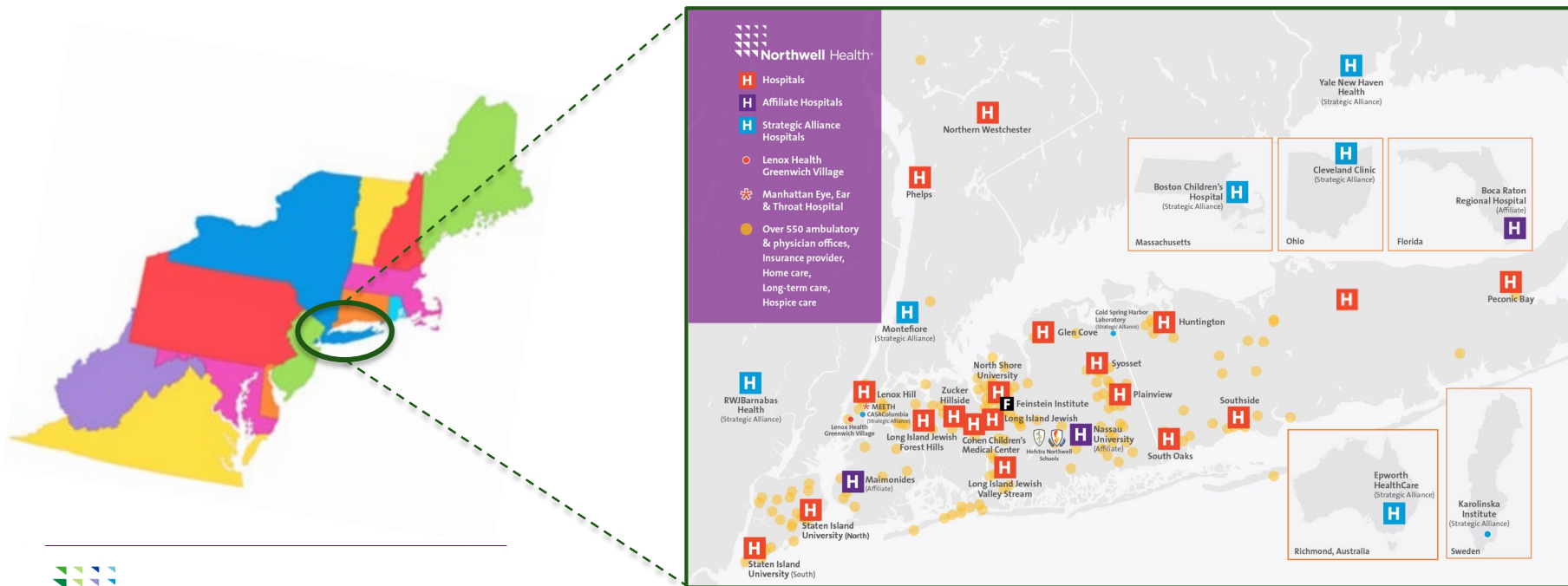


Substance Abuse and Mental Health Services Administration (SAMHSA)



About Northwell Health

New York's largest private employer and health care provider
with 23 hospitals serving over 2 million+ patients





Our Strategy

approach in a
layered fashion
setting a *foundation*
and utilizing it as a
framework to
continually enhance
our clinical offerings



MAT in the **ED**

Project *CONNECT*





DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL



HOFSTRA NORTHWELL
SCHOOL of GRADUATE NURSING
AND
PHYSICIAN ASSISTANT STUDIES™

Education (Framing)

Layer #4 (Roof)

Project *CONNECT*



Layer #3 (Stairs)

MAT (Medication for Addiction Treatment)

Layer #2 (Floor)

NAL-SAT
NALOXONE SATURATION CAMPAIGN



Layer #1 (Foundation)

TOBACCO, ALCOHOL and DRUGS
AFFECT YOUR OVERALL HEALTH

WE ASK
EVERYONE



opportunities

Our
Diversified
Personal Approach
will help facilitate successful
System-Level Strategies

ADLS

SUBSTANCE ABUSE

Confidentiality
Mental
Addiction
Dis Abuse
Crimin
U
Pills
Prescription
Heroin
Opioids
Drug
Dependence
Alcohol
Cocaine
Crack
Treatment
Recovery
Disease
Methamphetamine
Health
Marijuana
Rehab

“Life's most persistent and
urgent question is:
‘What are you doing for others?’ ”

Dr. Martin Luther King Jr.

The Issue

Substance misuse is
estimated to cost society:

\$442 BILLION EACH YEAR



HEALTH CARE COST



LOST PRODUCTIVITY COST



CRIMINAL JUSTICE COST

Surgeon General's Report

Retrieved February 20, 2018, from <https://addiction.surgeongeneral.gov/>



HEART DISEASE

\$312B



DIABETES

\$245B



CANCER

\$216B

= \$773
Billion

SUBSTANCE
misuse/addiction
including Tobacco

\$706
Billion

Evident
gap in
education



< 4hours
Dedicated
Curricular Time
in average Medical School

62%

Medical Residents
DON'T feel educationally
prepared to treat SUDs

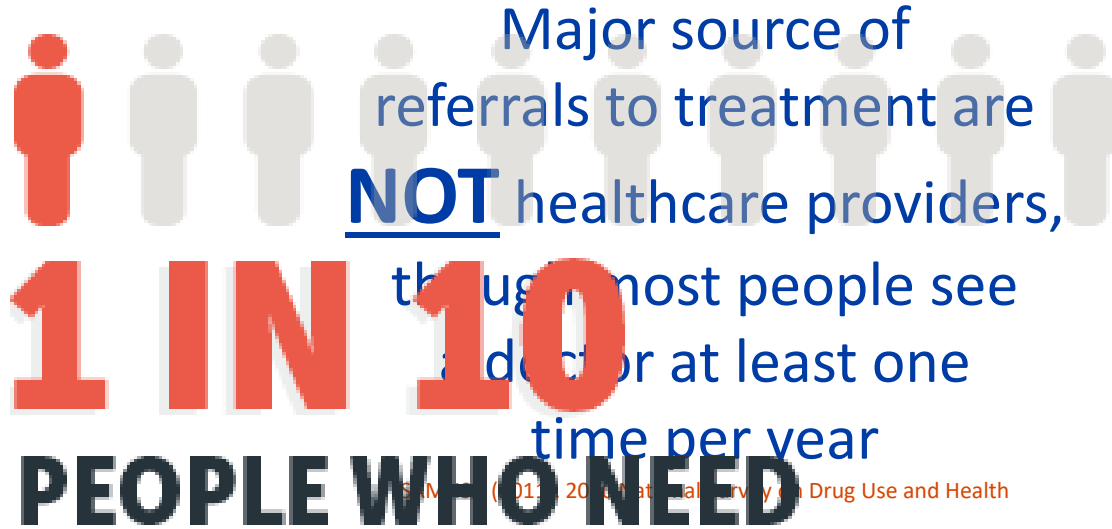
75%

Nurses
feel **UNPREPARED** to
provide care for people
who use illicit drugs

98%

Social Work
Master's Programs
DON'T require a course
on substance use

The REAL Issue



*only
6.6%*

WHY?

Motivation



Education

Comfort

A State of Addiction: **Our** Opioid Epidemic





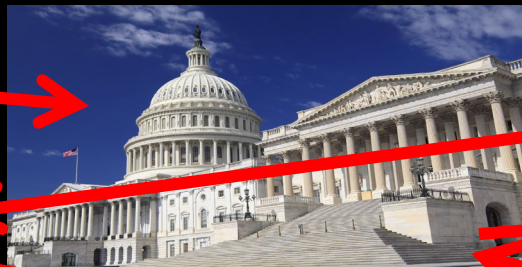
Source: National Institute on Drug Abuse via *USA Today*



More New Yorkers die from overdose than from
suicides, homicides and motor vehicle crashes combined

82% of overdoses involve an opioid

Source: Li W, Huynh M, Lee E, Lasner-Frater L, Castro A, Kelley D, Kennedy J, Maduro G, Sebek K, Sun Y, Van Wye G. Summary of Vital Statistics, 2014. New York, NY: New York City Department of Health and Mental Hygiene, Office of Vital Statistics, 2016.



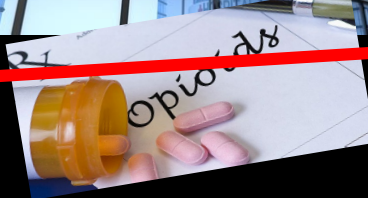
**The Joint
Commission**

PAIN
The Fifth Vital Sign



Pain Management

During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?



When do we **stop** watching/playing the **BLAME GAME?**

How the blame game works:

Lack of *accountability* underscores a

Lack of *ownership*, perpetuating a

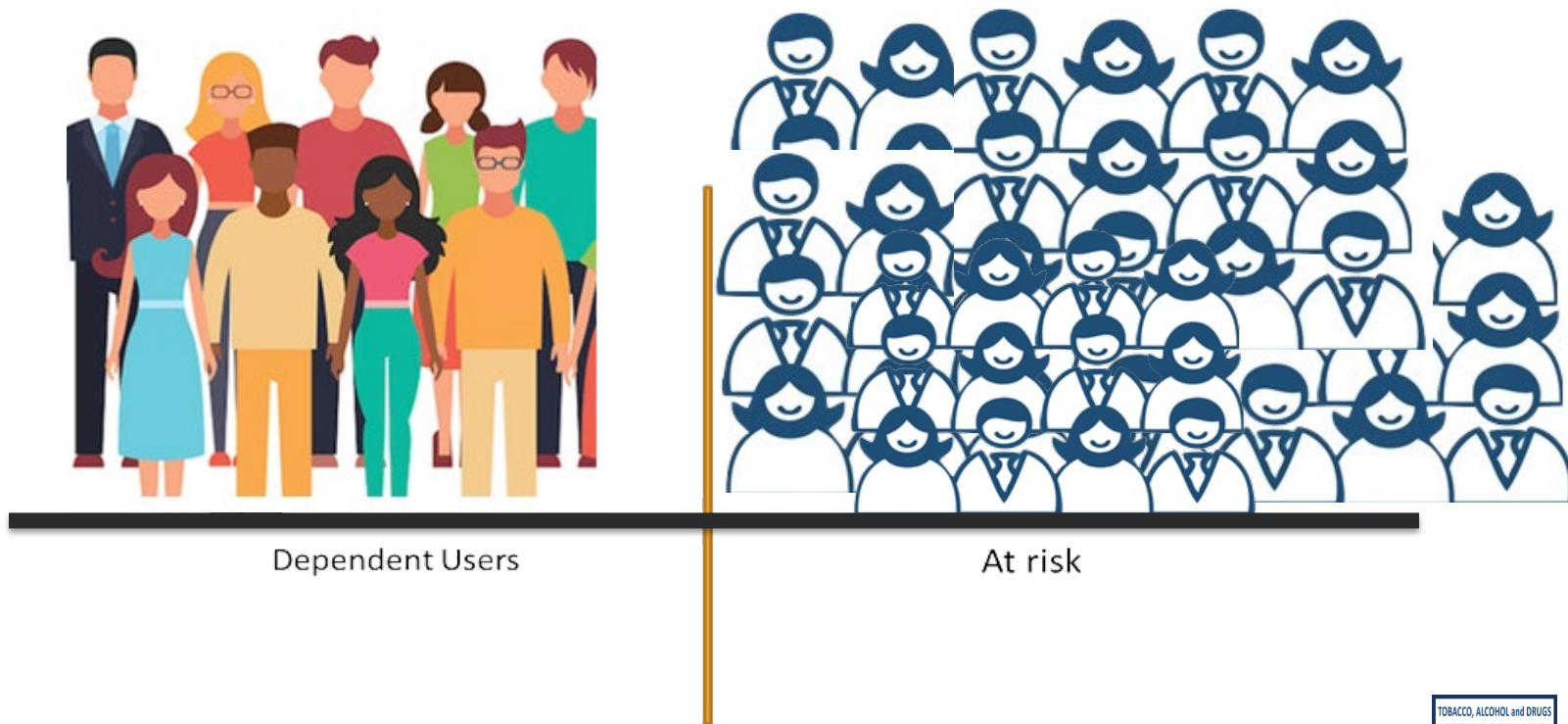
Lack of *motivation*, fostering the

Lack of *action*

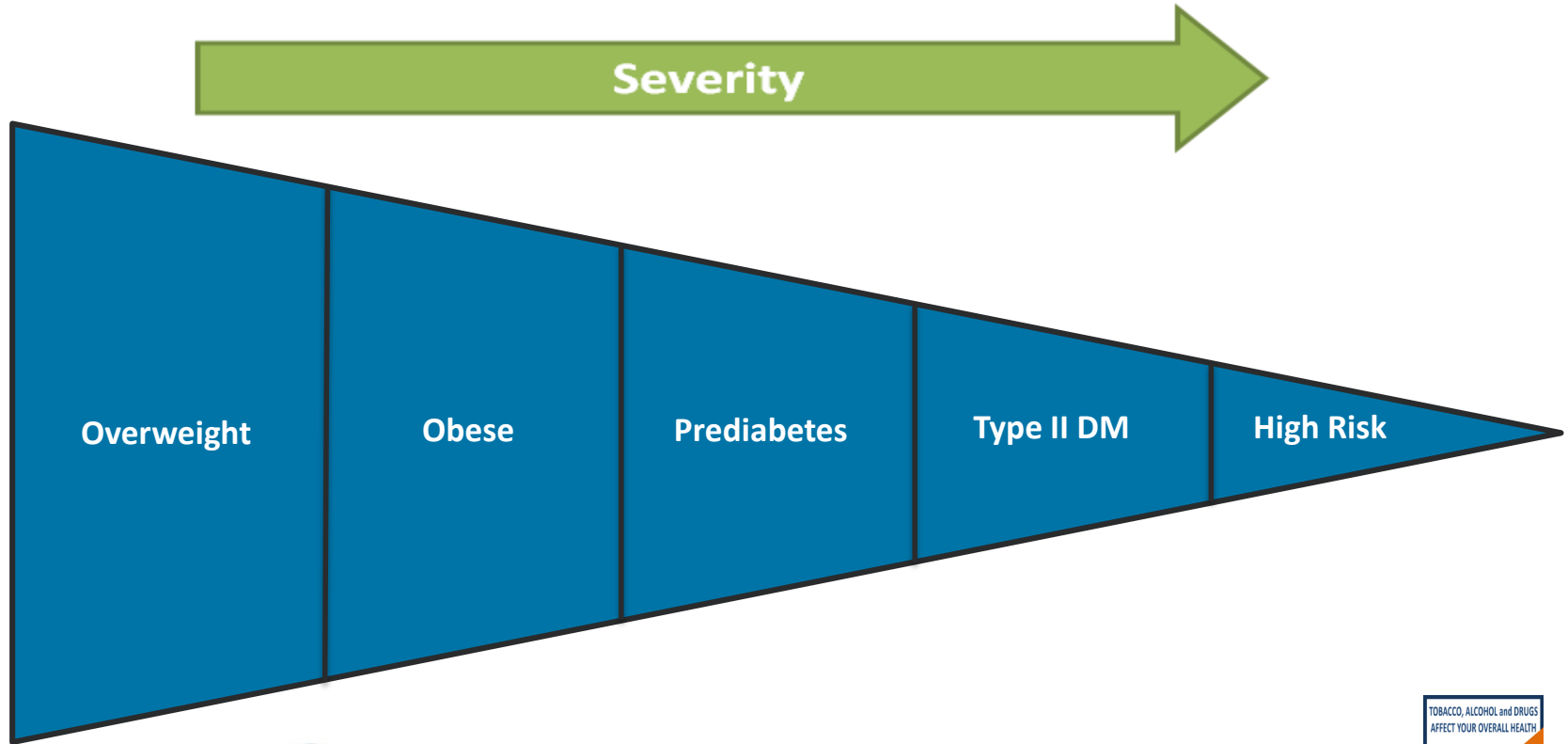
Motivate a Shift in our Culture

Substance Use/Misuse
is truly a *Healthcare Issue*
Enhance *Awareness*,
Comfort, and *Skills*

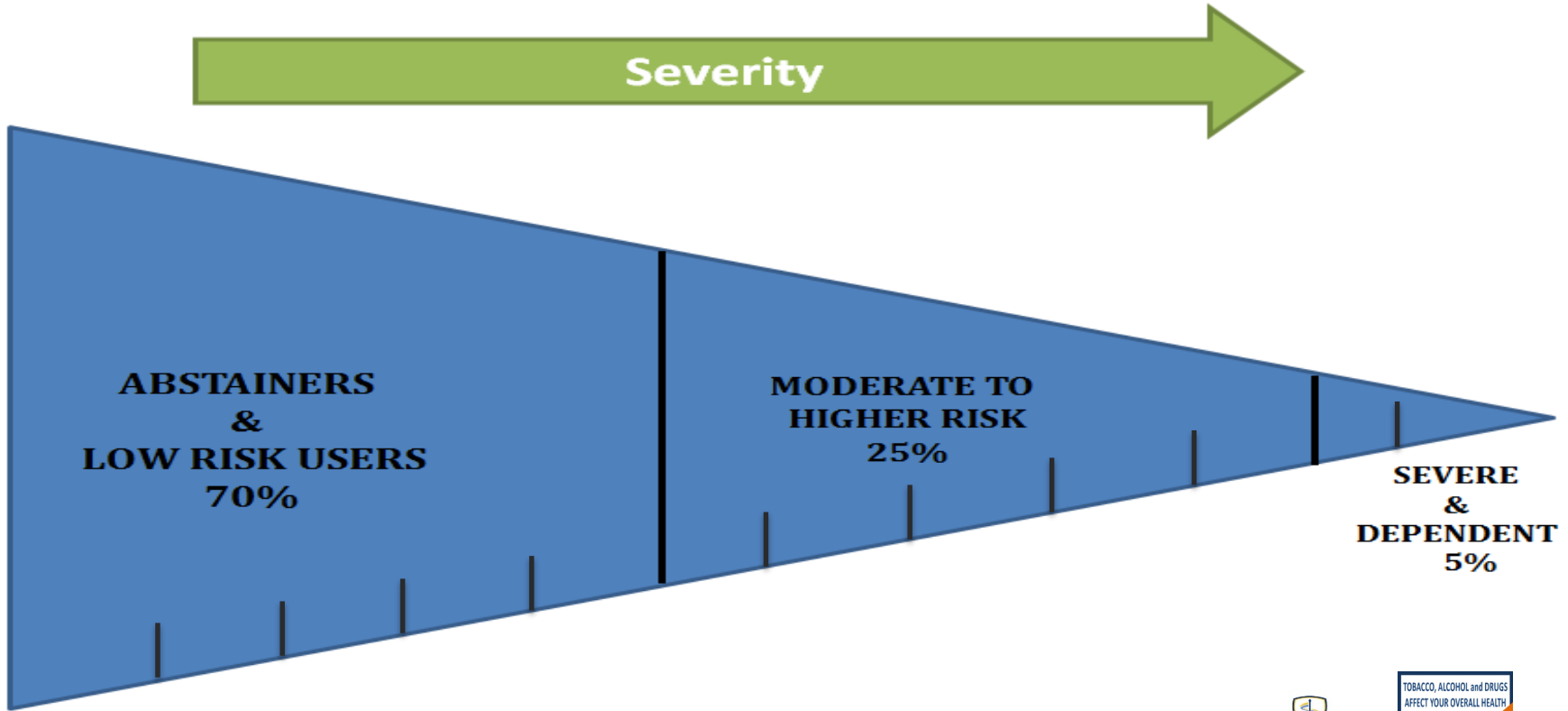
Rethinking Substance Use Disorder from a Public Health Perspective



Rethinking our Approach...



Substance Use Continuum



There Is Help



With the mindset that
Addiction is a **CHRONIC Illness**

(like so many others we are familiar with)

care & treatment can start ANYWHERE

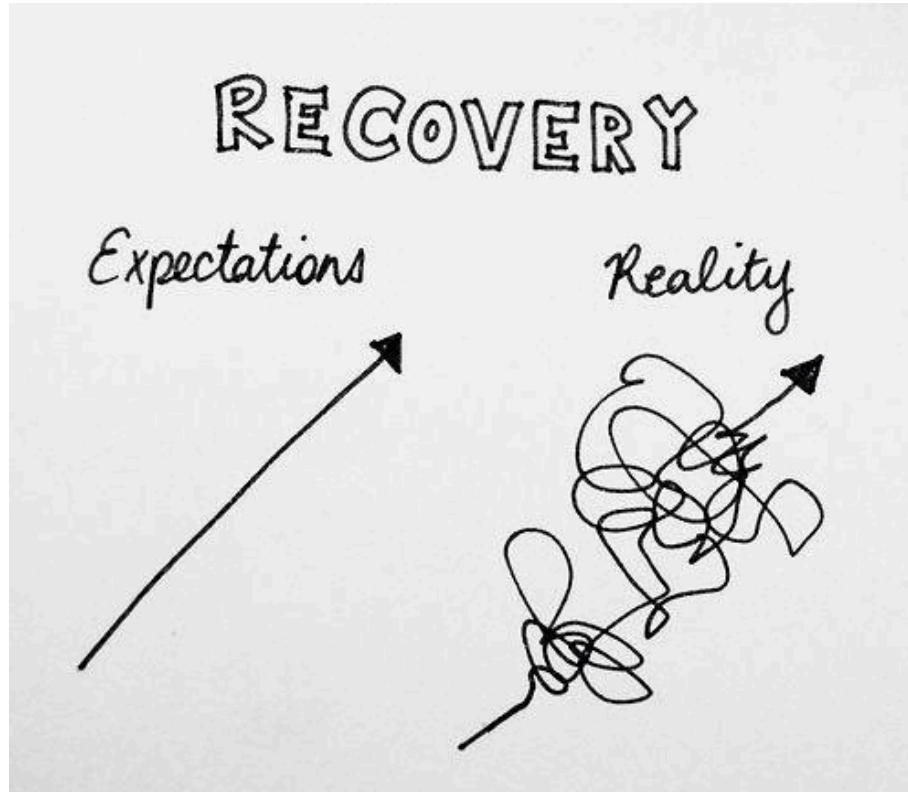
Landscape of Addiction Treatment & Care



Detox

Rehab

The Road to Recovery is not a straight line.



Words Matter



Person-centric Language | Avoid Judgmental Terminology | Be Supportive

Words to avoid

Addict

Alcoholic

Drug problem, drug habit

Drug abuse

Drug abuser

A clean drug screen

A dirty drug screen

Former/reformed addict/alcoholic

Opioid replacement, methadone maintenance

Words to use

Person with substance use disorder

Person with alcohol use disorder

Substance use disorder

Drug misuse, harmful use

Person with substance use disorder

Testing negative for substance use

Testing positive for substance use

Person in recovery, person in long-term recovery

Medication for Addiction Treatment (MAT)

Reframing,
Action, & Advocacy
is POSSIBLE

CHALLENGES



The Substance Use epidemic is *currently* affecting
all demographics

However, historically, it has affected some communities
more than others, particularly
communities of color

Motivation

TO ACT.

TO PARTNER.

TO INNOVATE.

TO CORRECT.

To provide care and social justice...

indiscriminately

Our time to right the wrongs of the past

~~despair and hopelessness~~

compassion and equity

Eliminate disparities in care and justice



Compassion

Acceptance

Respect

Empathy

Justice

Communication!
Empathetically HUMANIZING
the subject

#DESTIGMATIZE

✕ acceptance

KNOW THE FACTS AVOID THE MYTHS



DISRUPTION
of the **NORM**

H O P E

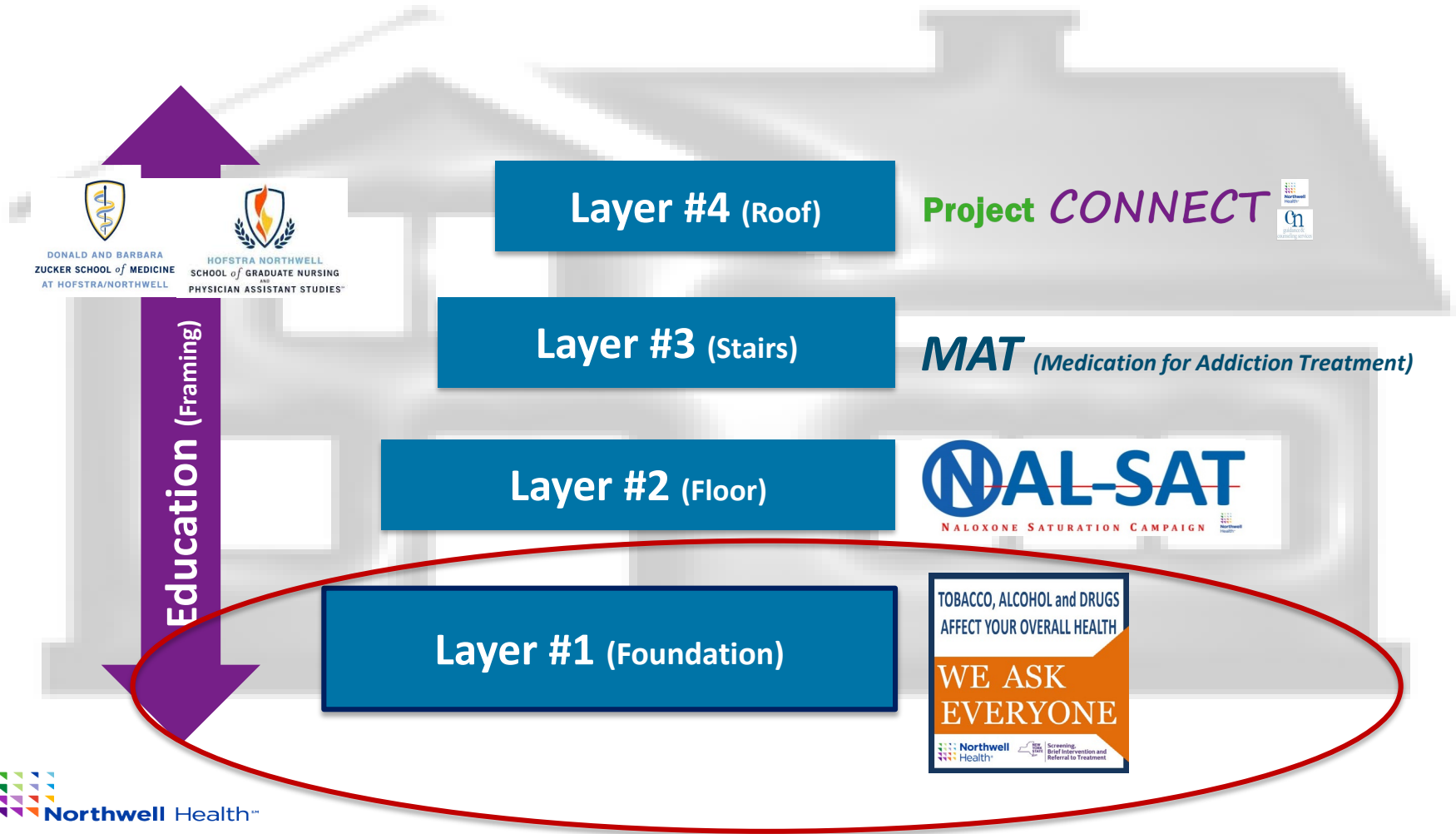


H

O

P

E



The SBIRT Process

‘Starting the conversation...’

SBIRT	Components
Pre-Screening AUDIT-C/DAST-1 (RN's)	Brief strategy to identify at-risk population using a valid, brief standardized questionnaire at the initial point of service < 1 minute
Full Screening AUDIT/DAST-10 (HC/SW)	Valid extended standardized questionnaire administered with patient if they qualify based on the prescreen scores < 3 minutes
Brief Intervention	One or more discussions with health care professional focused on reducing or stopping unhealthy substance use: <ol style="list-style-type: none">1. Assessment & feedback on substance use2. Simple advice, goal setting, agree on plan 10-20 minutes
Referral to Specialty Treatment	Based on extent of substance use/abuse, patients may require more than a brief intervention Every effort is made, in real-time, to provide a ‘warm handoff’ to community treatment providers and those within the NSLIJ Health System.

Pre-Screening Questions: Alcohol & Drugs

1. How often do you have a drink containing alcohol?

Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
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2. How many standard drinks containing alcohol do you have on a typical (drinking) day?

1 or 2	3 or 4	5 or 6	7 to 9	10 or more
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3. How often do you have 6 or more drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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4. In the past 12 months have you used drugs other than those required for medical reasons?

Yes

No

MOVE *and* Motivate



Short Lived

To Move again, you need to PUSH again

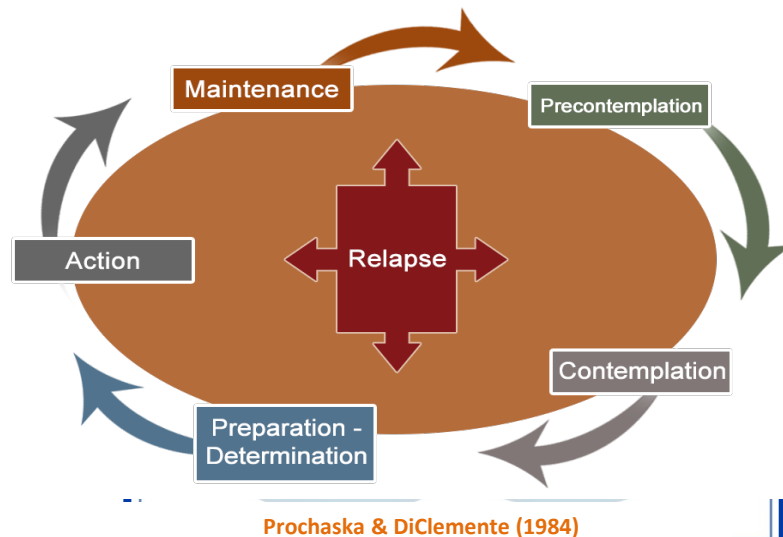


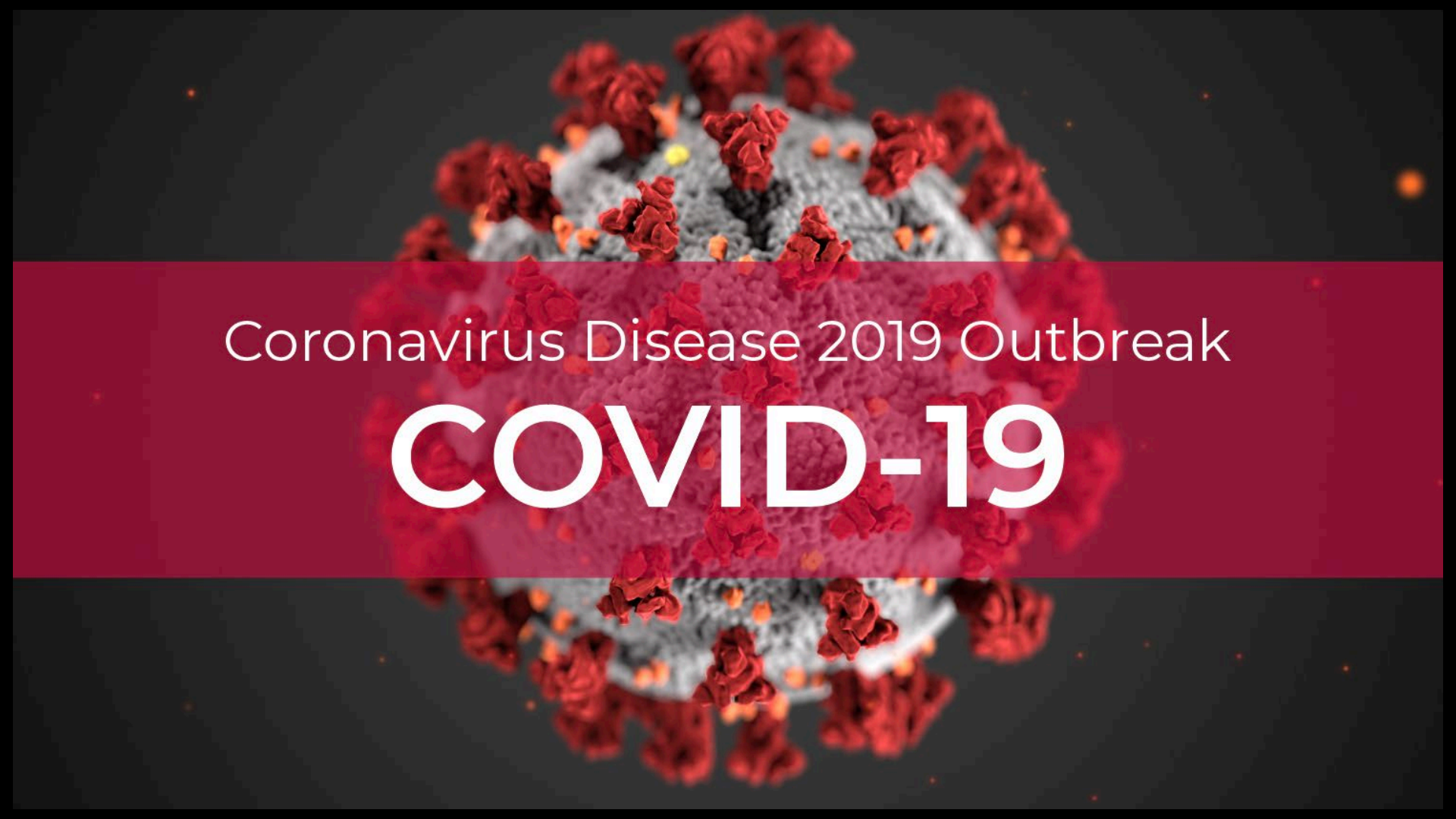
The Brief Negotiated Interview

A semi-structured interview process based on **Motivational Interviewing** that is a **proven evidence-based practice** and can be completed in 5–20 minutes

Steps in the BNI

1. Raise the Subject
2. Provide Feedback
3. Enhance Motivation
4. Negotiate and Advise





Coronavirus Disease 2019 Outbreak

COVID-19

Current State was Shattered

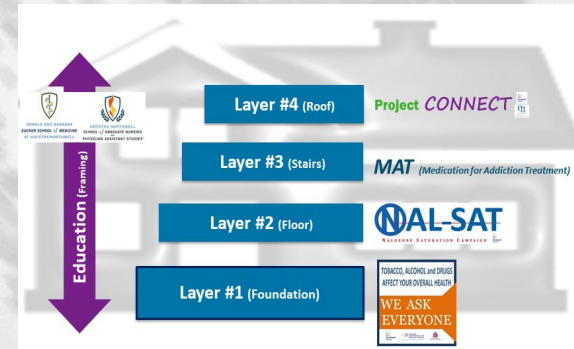
- Northwell's SBIRT Program in:
 - 18 emergency departments (EDs)
 - 14 inpatient hospitals
 - 5 ambulatory sites
- COVID-19 resulted in a need to **remove/minimize staff on-site and in-person interactions**, while still addressing substance use with patients in ED and other clinical settings
 - Dedicated SBIRT Health Coaches
 - Social Work and Case Management

Substance Use and COVID-19

- In the United States, **over 60%** of the population ages 12 and older has used tobacco, alcohol, or drugs in the past month, and **20.3 million** Americans had a substance use disorder (SUD) in the past year (SAMHSA, 2019)
- Patients with a **recent SUD** more likely to be hospitalized with COVID-19 (Volkow, 2020)
- During COVID-19, **alcohol sales have increased**, and overdoses have increased locally by 40-60%
- COVID-19 further highlights importance of **universal** screening, brief intervention, and referral to treatment (SBIRT) for substance use in healthcare settings

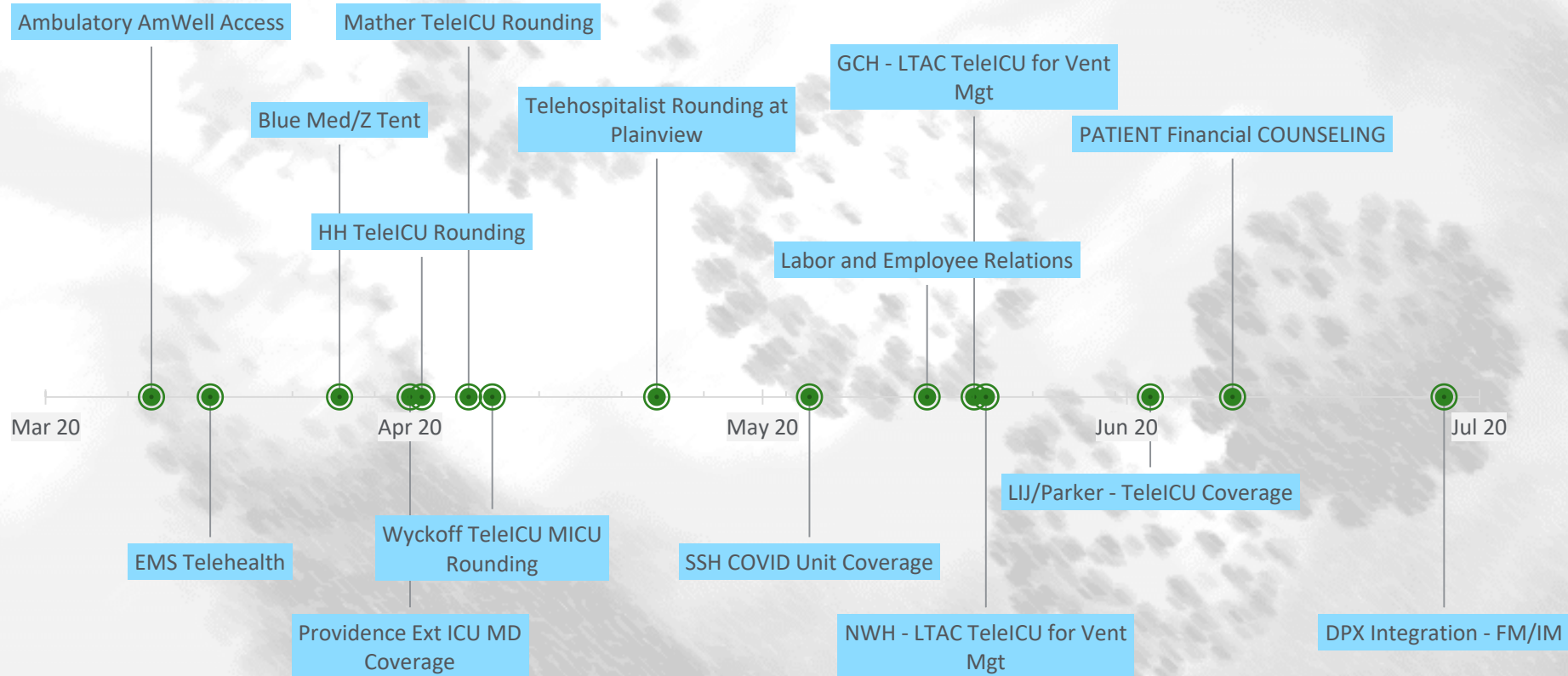
Strategy

- Develop a **REMOTE** model to **deliver SBIRT services** to patients during COVID-19
 - Remove Health Coaches from clinical sites
 - Support on-site team members
 - Support patients with substance use
- **Utilize model as alternative mechanism** for patients to access **full portfolio** of services to address substance use
 - Education on opioid overdose prevention, recognition, and response
 - Medication for Addiction Treatment
 - Project Connect External Navigation and support



Planning

Northwell Telehealth Projects during COVID (March to July 2020)




Planning

- **Telephonic SBIRT pathway developed and staffed 7 days a week** by SBIRT Heath Coaches
- From March through mid-August: **8am-midnight**
 - changed to 8am-8pm based on call volume and staffing as Health Coaches *returned to in-person services*
- Calls forwarded from a central phone number to the **Health Coach on duty**
- Flyer with Telephonic SBIRT description **widely disseminated** to emergency departments, inpatient units, and ambulatory providers, as well as system-level communications focused on COVID-19 response
- Customized data collection platform built using REDCap

SBIRT, Emergency Medicine Service Line and Division of General Internal Medicine

Telephonic SBIRT

You are not alone



During a crisis of this magnitude, substance use may play a large role in how individuals cope during these unprecedented challenges of social isolation and additional stressors, including dynamics with family, at work and within the community.

Telephonic Screening, Brief Intervention and Referral to Treatment (SBIRT) is here to help you, your teams and your patients navigate care and treatment services during this critical time of need.

Service offerings

Telephonic SBIRT services are available for all Northwell team members and patients:

- Speak to a SBIRT team member for a complete screening, brief intervention and referral to treatment
- Additional services:
 - Opioid overdose prevention and Naloxone rescue education
 - Information on medications for addiction treatment
 - Enrollment in Project Connect

Hours of operations

7 days/week
8:00 am – 8:00 pm

During off hours, leave a voicemail for next day call back.

Contact SBIRT
(516) 465-5955
sbirtinfo@northwell.edu

 **Northwell Health**

Made for this

Execution

- **Customized data collection platform** built using REDCap
 - HIPAA-compliant
 - AUDIT and DAST-10 full screen tools programmed
 - Email resources from central email address
 - Electronic consent for Project Connect enrollment
 - Reports and real-time information
 - Messenger feature to securely share information between shifts

**In the absence of remote EHR access, we stood up an alternative platform for documentation, consenting, programmatic evaluation, and reporting.*

Telephonic SBIRT - Results

3/18/2020 – 9/15/2020

Table 1: Call Information

Total Calls	
Incoming	1,347
Outgoing	
Returning Voicemail	
Patient	345 (26%)
Family/Friend	62 (5%)
--	--
Northwell Staff	339 (25%)
SUD Treatment	601 (44%)
Weekdays	1171 (87%)
Weekends	176 (13%)
--	--
8am-4pm	943 (70%)
4pm-midnight	404 (30%)

Table 2: Patient Information

Total Patient Cases	283
Male	75%
Female	25%
Other	0%
English	267 (94%)
Spanish	14 (5%)
Other	2 (1%)
Low Risk	2 (1%)
Moderate Risk	15 (5%)
High Risk	137 (48%)
--	--
Assessed by Site Staff*	129 (46%)

Table 3: Services Provided

Full Screens	162
Brief Interventions	120
Referrals to Treatment	156
<i>Referral Support for Staff</i>	263
Project Connect	91
Virtual Resource Emails	80
<small>Virtual AA/NA Bottle Cap Center for Tobacco Control</small>	

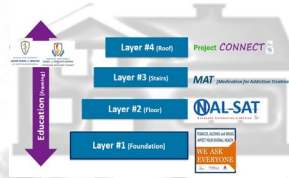
*Most patients assessed by site staff and handed off were patients in need of a referral to SUD treatment

Telephonic SBIRT – Key Takeaways

- Telephonic-based model **successful** in providing SBIRT Services while **minimizing staff on-site and in-person interactions** during local COVID-19 peak
 - Combination of **Lower Patient Volume** following the PEAK of the crisis, and **our continual engagement with sites**, have resulted in the **HIGHEST** SBIRT Pre-Screen rates in **7 years**
- Most patients who received Telephonic SBIRT Services were at **high risk** of having an SUD
- Sites with dedicated SBIRT Health Coach support increased from 8 EDs, 3 ambulatory sites to **18 EDs, 17 inpatient hospitals, and over 440 ambulatory sites**
- Services provided during **later hours, 7 days/week**
- Allowed **patients and families to follow up** to receive services after discharge or after healthcare visit

Telephonic SBIRT – Key Takeaways

- Provided **alternative mechanism** for patients to access **full portfolio** of services available for substance use:
 - Opioid Overdose prevention
 - Medication for Addiction Treatment
 - Project Connect external navigation)
- Diversified **experience, confidence, and morale** of SBIRT Health Coaches
 - Broader geography
 - Enhanced portfolio of downstream initiatives
 - Able to SUPPORT others in time of global crisis
- Served as **centralized support system** for accessing information on services for substance use for all **Northwell Employees**



Telephonic SBIRT – Future Directions

- Continue to provide **education** to frontline providers on the full spectrum of services to reach more low- to moderate-risk patients
- Implement an **electronic referral pathways** for ambulatory practices, emergency departments, and inpatient settings
- **Pilot TeleHealth** (video-based)
 - Patient experience survey
 - Provider satisfaction survey
 - Limited-efficacy study to evaluate change in self-reported substance use and engagement in treatment; compare telephonic vs. in-person models

Telephonic SBIRT – Summary

Crises demand INNOVATION

Telephonic SBIRT

is now a sustained element of
Northwell's 'Addressing Substance Use' portfolio

Thank You!

For more information

SBIRTinfo@northwell.edu

skapoor@northwell.edu



twitter

@KapoorMedED

@Northwell_EM

@NorthwellHealth



TOBACCO, ALCOHOL and DRUGS
AFFECT YOUR OVERALL HEALTH

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