



**UW ADDICTION MEDICINE PROVIDER CONSULTATION HOTLINE
ANNUAL REPORT**

May 2019 – June 2020

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Summary

This report covers the period of the UW Addiction Medicine Provider Consultation Hotline from **May 2019 through June 2020**. The first section is a list of the goals and objectives that were identified in the grant application, with a summary of progress and activities to date. The second section of the report is a summary of the feedback that was collected from participating clinicians (the providers utilizing the service), as well as feedback from the staff responsible for maintaining the operations of the UW Addiction Medicine Provider Consultation Hotline. The Changes to Operations section is a description of changes that the program implemented to internal procedures based on feedback from participants, faculty, and administrative and clinical staff.

Goals and Objectives

The Goals and Objectives of this program were established in partnership with the Wisconsin Department of Health Services, based on DHS statewide needs assessment regarding substance use, prevention, and treatment in the state. All program goals and objectives meet the requirements of our grant funding.

Goal 1: Launch of UW Addiction Medicine Provider Consultation Hotline

Initial launch objectives included establishing a launch date, marketing strategies, and developing consult capacity and infrastructure. The UW Addiction Medicine Provider Consultation Hotline was staffed and ready to receive calls on July 1, 2018. The first call received was on July 10, 2018.

Goal 2: Provide medically appropriate, diagnostic, and therapeutic feedback support to Participating Clinicians to assist in managing patients with substance use disorders.

Objectives include establishing and maintaining a pool of experts in the management of substance use disorders to staff the UW Addiction Medicine Provider Consultation Hotline and establishing and maintaining a call schedule. The Hotline is live on weekdays from 8:00 AM to 5:00 PM, excluding federal holidays. Since the launch, there were six days total where coverage during these hours was not available. However, in the past year all call-shifts were covered. Our Addiction Medicine and Addiction Psychiatry specialists are all employed by the University of Wisconsin School of Medicine and Public Health, and UW Health. Our current Consult Providers are:



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Goal 3: Provide referral support to assist Participating Clinicians in locating appropriate treatment placements for individuals with substance use disorders.

Objectives include establishing and maintaining a pool of Consult Providers that are familiar with the process of finding treatment placements for people with substance abuse disorders to staff the UW Addiction Medicine Provider Consultation Hotline. Consult Providers provide referral information based on personal knowledge of local resources, available SAMHSA, and DHS information. Some of the community referral resources we utilize include:

- [Periscope Project](#): The Periscope Project is a free resource for health care providers caring for pregnant and postpartum women who are struggling with mental health or substance use disorders.
- [Wisconsin Child Psychiatry Consultation Program \(CPCP\)](#): The Wisconsin Child Psychiatry Consultation Program (CPCP) goal is to improve mental health care for children in the state of Wisconsin by establishing consultative support from child psychiatrists, child psychologists and social workers. Through education and consultation, primary care providers can offer timely, quality mental health care to children with mild- to-moderate mental and behavioral health concerns.
- [Wisconsin Recovery 211 Helpline](#): The Wisconsin Addiction Recovery Helpline is a statewide resource for finding substance use treatment and recovery services. The helpline is free, confidential, and available 24/7. Our trained resource specialists will help you understand your treatment and support options.

- [Wisconsin Voices For Recovery \(WIVFR\)](#): A statewide organization that represents and connects people in or seeking recovery from addiction, their family, friends, allies, and service providers. We provide connections and advocacy opportunities to strengthen recovery across Wisconsin. Together we work to increase access to recovery services, increase the capacity of current and upcoming Recovery Community Organizations (RCOs), reduce addiction and recovery stigma, and support the integration of peer support providers into the workforce.
- [WisHope](#): At WisHope it is our mission to provide resources, education, and support to Wisconsin communities and individuals impacted by addiction and mental health.
- [Wisconsin Department of Health Services](#): DHS works with local counties, health care providers, community partners, and others to provide alcohol and other drug abuse prevention, mental health, public health, implementation of long-term care, disability determination, regulation of state nursing homes, and numerous other programs that aid and protect the citizens of our state.

Goal 4: Provide a triage-level assessment to determine the most appropriate response to each request, including appropriate referrals to behavioral health professionals and community resources as identified and needed.

Objectives include training UW Health call center staff on routing UW Addiction Medicine Provider Consultation Hotline calls and maintaining a pool of Consult Providers. All UW Health call center staff received training to properly route Hotline calls. Additionally, all Consult Providers for the service receive procedural training to log incoming calls into our REDCap database; they also receive common referral resources (these resources include organizations listed under Goal 3 of the report.)

Goal 5: Provide in-person or internet site-based educational seminars and refresher courses on the topic of addiction medicine to participating clinicians.

Objectives include the development of curricula to be delivered via live or online seminars. As of December 2020, these educational programs have served **322** Wisconsin healthcare providers.

Educational programs include:

- [UW Project ECHO ACCEPT](#): is a statewide monthly educational, teleECHO initiative that connects clinical experts with primary care providers and medication assisted treatment prescribers across Wisconsin to reduce substance-related complications. Via a regularly scheduled videoconference, a multidisciplinary panel of specialists provide education and lead a collaborative discussion on submitted patient cases. Topics for the past year included:
 - Addictions and Substance Use Disorders: Definitions and Concepts (May 2019)
 - Interview Advice and tips regarding Co-Morbidity Pt. 1 Comorbidity (June 2019)
 - Alcohol Withdrawal (July 2019)
 - An Overview of Fetal Alcohol Spectrum Disorders in the Adult Population (August 2019)

- Alcohol Use Disorder and Liver Transplant: The role of Behavioral Health Therapist (September 2019)
 - Interview Advice and tips regarding Co-Morbidity Pt. 2 (October 2019)
 - Trauma in Women with Substance Use Disorder (discussing prevalence and impact on health) (November 2019)
 - Substance Use Issues in Older Adults (December 2019)
 - Trauma-Informed Care Treatment (how to modify treatment based on trauma history) (January 2020)
 - Opioid withdrawal & intoxication (February 2020)
 - Topic 1: Injection Drug Use and Soft Tissue Infections, Topic 2: COVID-19 and OBOT (March 2020)
 - Youth perceptions of opioid safety, knowledge gaps, and preferences for education in high schools (April 2020)
 - Opioid antagonist Tx (May 2020)
 - Opioid Treatment Programs (OTPs) (June 2020)
- **Buprenorphine MAT Bootcamp:** is a unique learning opportunity that aims to support providers caring for patients experiencing opioid misuse disorder by offering an in-depth workshop covering the many complexities of Medication Assisted Treatment in the primary care setting. Offered to physicians, nurse practitioners and physician assistants throughout the state of Wisconsin, Buprenorphine Boot Camp helps establish connection among peers in the addiction medicine community while providing access and mentorship from experts in the field. This training is primarily intended for providers who currently hold a Buprenorphine Waiver. The program was in development phase during 2019, launched October 2020, and will be offered bi-annually.

Goal 6: Collect, aggregate, and submit data and other information to DHS as required by the Grant Agreement.

Objectives include developing and maintaining infrastructure for collecting, organizing, and reporting on data regarding utilization and satisfaction with the UW Addiction Medicine Provider Consultation Hotline. The program utilizes REDCap software to distribute and collect survey data. This software is used throughout the campus. In addition, to utilizing REDCap, the program has dedicated staff, and standard operating procedures in place to ensure routine and timely collection of service data. The data collected and overall program operating reports are submitted to DHS bi-annually.

Goal 7: Provide marketing and outreach to create a network of Participating Clinicians who will benefit from addiction medicine consultation services.

Objectives include the development and distribution of marketing materials and collaboration with the Rural Wisconsin Health Collaborative to inform Wisconsin providers of the availability of the UW Addiction Medicine Provider Consultation Hotline. The program has developed a website, as well as

paper and electronic fliers. These fliers are routinely distributed via internal listservs, and external listservs of community partners. These partners include UW Health, Rural Wisconsin Health Cooperative, and Wisconsin Voices for Recovery, Wisconsin Department of Health Services, and individual physicians. Additionally, both WI PDMP and DHS have implemented UW Addiction Medicine Provider Consultation Hotline advertisements through their respective websites and relevant program resources.

During the period of May 2019 through June 2020, our program developed new initiatives and strategic partnerships related to outreach efforts to increase engagement with the UW Addiction Consultation Provider Hotline and educational programming. In the past year, our program collaborated with the UW – School of Medicine and Public Health Medical School’s Community Health Engagement Program (CHEP). This collaboration with medical students and program staff aims to introduce students to community outreach operations related to addiction medicine. A summary of the strategic outreach plan includes:

Phase 1 – Development of Engagement Tracking Systems and Operational Maintenance Procedures
Status: Completed

- Goal: Develop Participant Database and charting systems for all services and educational offerings.
- Objectives: To continually track participation across both Hotline/ECHO. To collect and maintain participation demographics, and to provide a snapshot of key engagement and demographic indicators. The database includes provider location, specialty, contact information, Buprenorphine waiver status, UW Addiction Medicine Provider Consultation Hotline service participation and frequency, educational programming participation and frequency.

Phase 2 – Identify New Outreach Targets and Engagement Activities for Potential Participants
Status: In Progress

- Goal: To identify and engage with new participants of UW Addiction Medicine Provider Consultation Hotline and educational programming.
- Objectives: Identify areas in the state that the service has not reached (focus on underserved populations), identify users enrolled in email notification system but not utilizing service. This information will be utilized to aid in identifying potential partners for collaboration, and marketing connections, to increased participation for the Hotline and the educational programming the program offers. Additionally, to directly engage with participants that have shown interest, but have not utilized (did not attend educational events nor called service).

Phase 3 – Implementation and Development of Maintenance Procedures of Phase 1 & 2
Status: In Progress

- Goal: To enable continual of outreach and engagement activities, including monitoring and tracking of participants.
- Objectives: Develop standard operating procedures for maintaining the goals and objectives of Phases 1 and 2.

Goal 8: Provide consultation to and coordinate services with DHS on addiction treatment that supports evidence-based services.

Objectives include regular meetings between UW Addiction Medicine Provider Consultation Hotline and DHS staff, adjusting Hotline service offerings and goals to meet DHS needs, and advertising the Addiction Consult Line through DHS. While meetings between UW Addiction Medicine Provider Consultation Hotline and DHS staff are not formal, regular email correspondence and work plan updates are shared.

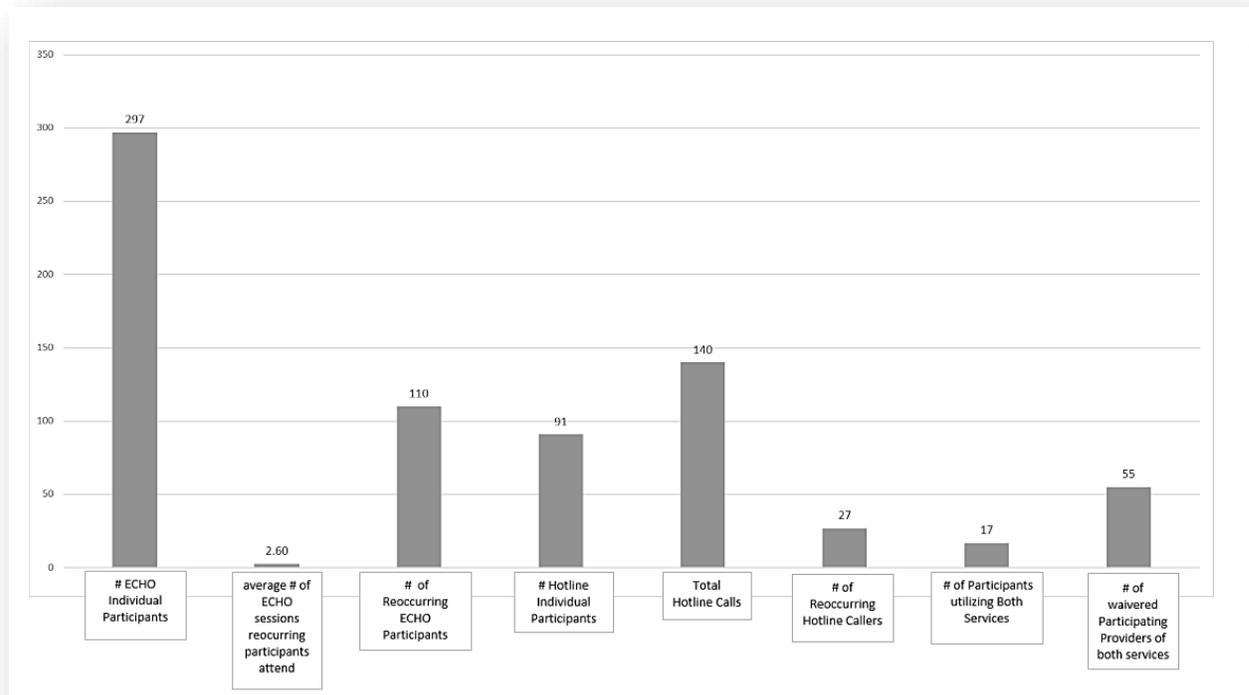
Goal 9: Long-term Addiction Consult Line sustainability beyond the life of this 2-year grant.

Objectives include establishing a mechanism for Consult Physicians to charge for time spent taking UW Addiction Medicine Provider Consultation Hotline calls and seeking other funding sources outside of DHS. Throughout the reporting period, UW Addiction Medicine Provider Consultation Hotline staff have continuously looked for future grant funding opportunities.

Currently, developing and implementing a billing mechanism is not feasible within the UW Health billing system for two reasons:

1. Call volume and time spent responding to calls has not warranted service fees.
2. UW Health billing systems link to patient insurance, which would be inappropriate to bill for these services because the nature of the Addiction Consult Line is peer-to-peer support among physicians rather than direct patient care.

Evaluation Participation Summary



Last Updated: 09/15/2020

Evaluation Methods

According to the evaluation plan, two sets of evaluations are utilized by the program. Both evaluations are distributed via an online survey and database software, REDCap. The REDCap platform is utilized across the UW Department of Family Medicine and Community Health (DFMCH) and the UW campus for secure HIPPA compliant research data collection and storage. These evaluations include the following:

1. Call Log Form (Table 1): During or shortly after the call, Consult Physician(s) create a record of the call via an online form. This form includes questions about the Participating Clinicians' demographics, contact information, clinic location, and Buprenorphine waiver status. Data about the topic of the call is also collected. Information collected includes the patients' age, sex, and current primary substance use, as well as a description of the providers' question. All information collected is non-PHI, and de-identified. As of June 2020, the service has logged **146 calls**.
2. Participating Clinician Survey (Table 2): Within one week of a call, Consult Staff sends an online survey via REDCap to the Participating Clinicians Call Log via email. Note if a Participating Clinician utilizes UW Addiction Medicine Provider Consultation Hotline multiple times, a survey is sent for individual each call. Results collected by the survey include the Participating Clinician's name, professional training, and medical specialty. The remainder of the survey

questions are related to the participants' most recent call: wait time for a return call, the main topic of the call, ease/difficulty of utilizing the service, expectations about the service, and questions regarding treatment confidence, skills, and knowledge have changed since using the service. The survey also includes an open text option for Participating Clinicians to comment on their overall experience regarding the service.

Quantitative Evaluation Results

Table 1: UW Addiction Medicine Provider Consultation Hotline Call Log Results		
	May 2018 to June 2019	May 2019 to June 2020
Number of Calls	72	74
Number of Individual Callers	48	58
Maximum Calls per Caller	8	4
Average Number of Calls per Caller	1.46	1.24
Number of Locations of Callers (see Image 1)	24	25
Number of Health Systems of Callers	27	23
Participating Clinicians	(n = 48)	(n=58)
Buprenorphine Prescriber = Yes	19 (39.6%)	23 (39.7%)
Prescribers (MD, DO, PA, NP)	41 (85.4%)	48 (82.8%)
Patient Characteristics	(n = 68) *	(n=73)
Sex (male)	37 (54.4%)	42 (58%) female, 31 (42%) male, 1 unknown
Average Age (min-max)	37 (18-75 years)	40 (19-71 years)
Primary Substance	(n = 71) *	(n=74)
Alcohol	17 (23.9%)	8 (11%)
Multiple Substances	17 (23.9%)	9 (12%)
Prescription Opioids	10 (14.1%)	4 (5%)
Non-prescription Opioids	8 (11.3%)	12 (16%)
Heroin	6 (8.5%)	9 (12%)
No Current Substance, In Remission/Past SUD	8 (11.3%)	10 (13%)
Other (Crack/Cocaine, Meth, Kratom)	5 (7.0%)	24 (17%)

* number of items per sample vary, depending on whether data was collected or missed

Table 2: UW Addiction Medicine Provider Consultation Hotline Participating Clinician Surveys Results		
	May 2018 to June 2019	May 2019 to June 2020
Clinician Satisfaction Wait Time		
Less than 5 Minutes	(n = 48) *	n=63
5-10 Minutes	16 (33.3%)	23 (36%)
10-20 Minutes	15 (31.3%)	24(38%)
20-30 Minutes	9 (18.9%)	8(13%)
More than 30 Minutes	1 (2.1%)	3(4%)
	7 (14.6%)	5(7%)
Main Topic of Call		n=63
Therapeutic Support (Medical Management)	43 (89.6%)	57(90%)
Referral Support	3 (6.3%)	6(9%)
Diagnostic Support (New Diagnoses)	2 (4.2%)	0(0%)
Ease of Use		n=63
Easy	41 (85.4%)	60(95%)
Difficult	7 (14.6%)	3(5%)
Call Met Expectations		n=63
Extremely Met	27 (56.3%)	61(97%)
Met	21 (43.7%)	2(3%)
Not Met	0 (0.0%)	0
Professional Abilities		n=63
More than Before	42 (87.5%)	55(87%)
No Change	3 (6.3%)	8(13%)

Qualitative Evaluation Results

The Participating Clinician evaluation qualitative question is limited to one for purposes of optimizing data collection and analysis. We ask is an open-ended feedback question: "If there is anything else, you'd like us to know about your experience with the Addiction Medicine Hotline, please let us know here (please do not include any PHI)." The following are summaries of responses received; actions regarding these responses are in the Changes to Operations section of the report:

- Service information not easily locatable online.
- Survey questions repetitive, and asking for difficult to remember information i.e., date of call
- Dr. Miller was extremely helpful with helping me produce a plan for my patient.
- Call wait time and call transfer wait time to provider is too long.
- Thank you so much for providing this service, it is invaluable for providers such as myself in rural areas with limited availability of specialist for substance use disorder.
- Specific clinical advice in real-time is extremely helpful in allowing me to feel comfortable in the initial stages of MAT as a primary care provider. I do not have robust local support within my health system nor in-depth clinical experience with the nuances of MAT. Many primary care providers are nervous about not having access to expert guidance in the initial stages of a new medical practice -- this helps fill that gap so that we can then feel better-equipped fill the gap in access that PCP-based MAT is meant to fill.
- Grateful for the quick response and immensely helpful consultation! This is a great service and fills a valuable need. one note re: the survey is that the survey did not allow me to select multiple areas of assistance/questions (e.g., both therapeutics and referral support)
- I very much appreciate Dr. Brown's prompt, helpful and professional response!
- Thank you for providing this service!!
- It is incredibly helpful to have this available, allows me to feel that I can safely manage a wider array of patients, and help meet the community need for MAT.
- Dr. Krahn was helpful and has continued to provide follow up information and assistance since my original call and has reached out through email.
- Dr. Miller was incredibly helpful and supportive of both my patient and me.
- Thank you for providing this service. It is amazing that addiction specialists are one phone call away!!
- It is incredibly helpful in terms of being able to implement buprenorphine prescribing out of a primary care clinic. Without it, I would not have nuanced support for some of the complex patient situations that are now entering my realm of practice.
- Very helpful
- Thank you so much for your help with a difficult case!!
- This is SO HELPFUL! Thank you!
- I am incredibly grateful that it exists.
- Great experience, excellent service, thank you.
- Great job, Thank You!

- I very much appreciate the hotline. I do wish we did not have to go through Access to get to it. I was on hold with Access for over 15 minutes before my call was answered, which is difficult in the middle of a busy clinic day.
- Incredibly helpful service and support for primary care providers. When these patients ask for help, we have a window of time to engage them. This service lets us take advantage of that window.

Changes to Operations

Feedback from Participating Clinicians and program members is ongoing, then continually reviewed and discussed. This past year the program implemented these changes:

1. The original evaluation plan included giving online surveys to Participating Clinicians annually, with interviews at 6-months and 12-months after the date of service. Since last year, the phone interviews have been removed from our operating procedures. The questions have been consolidated into the “Participating Clinician Post-Call Survey.” This change was made following feedback and analysis of response results, including:

- Frequent complaints from participants regarding too many calls and surveys. Participants requested an online survey at their convenience rather than a phone interview due to time barriers.
- The UW DFMCH team analyzed the results from May 2018 – June 2019 and noticed that the data collected during the Participating Clinician Post-Call online survey were repetitive. Additionally, phone interviews were often difficult to schedule due to participant's limited availability, thus resulting in low response rates.

Therefore, questions from the interview evaluation were combined with the post-call evaluation. This allowed for maintenance of measurement objectives of the grant, while increasing efficiency in our collection efforts, and reducing barriers to service utilization. This effort was developed and implemented in coordination with the UW Survey Center, which analyzed the evaluation methods and questions and recommended strategies for optimizing responses and results.

2. Service information not quickly and easily accessible via online searches:

The program worked with the UW DFMCH Web Developer to verify website visibility and search engine optimization, specifically for Google. The program website now appears in the top three results of a Google search. Additionally, the program has started to advertise on various partnership sites, and regularly through our email listservs.

3. Call waits time and triage request issues:

The program routinely follows-up with the Access Center regarding concerns of call wait time or call transfer issues. In the few instances concerns have been reported, new call staff

were being trained, or the center had been experiencing higher than normal calls due to the COVID-19 pandemic. Concerns and issues have been resolved through additional training. Additionally, the program continues to update marketing materials, including our website and email communications, to include accurate call request instructions. Those wishing to utilize the service must request the Addiction Medicine Provider on-call.

4. Changes to Participating Clinician Survey questions:

- Questions that were previously set as required, that did not need to be, are now optional; for example, the question in the Participation Clinician Point of Service survey requesting “Date of Call” is now optional.