ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

Agenda

Webex link to join from PC, Mac, iOS or Android:

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Session Date: Friday October 16, 2020

Didactic Topic and Presenter:
Rural Perspectives of Substance Use Disorder Treatment and Prevention

Sheila M. Weix, MSN, RN, CARN

Content Experts:
Ritu Bhatnagar, MD; Susan Mindock, CSAC; Lindsey Peterson, MS, CRC; Sheila M. Weix, MSN, RN, CARN

- 12:15 PM: Attendance text-in – Introductions
- 12:25 PM: Case Presentation
  - Presenter: Jillian Landeck, MD
- 1 PM: Didactic Presentation
  - Presenter: Sheila M. Weix, MSN, RN, CARN
- 1:15 PM: End of Session

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UNIVERSITY OF WISCONSIN–MADISON

School of Medicine and Public Health
School of Nursing
School of Pharmacy

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ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2020-2022
Rural Perspectives of Substance Use Disorder Treatment and Prevention

Friday October 16, 2020

Sheila M. Weix, MSN, RN, CARN – Didactic Presenter
Jillian Landeck, MD – Case Presenter

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

As a result of this educational regularly scheduled series, learners will be able to:

1. Implement appropriate opioid prescribing and monitoring practices.
2. Effectively participate in office-based, collaborative management of substance use disorders.
3. Consistently provide in overdose prevention education to appropriate patients.
4. Identify the role of medication assisted therapies, such as methadone, naltrexone, and buprenorphine, and contributions of different members of the healthcare team to the management of substance use disorders.

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Randall Brown, RSS Chair	No relevant financial relationships to disclose	Yes	4/8/2020
Briana Kleinfeldt, RSS Coordinator	No relevant financial relationships to disclose	No	4/8/2020
Kathleen Maher, RSS Coordinator	No relevant financial relationships to disclose	No	4/18/2020
Nada Rashid, RSS Coordinator	No relevant financial relationships to disclose	No	7/1/2020
Ritu Bhatnagar, Planner	No relevant financial relationships to disclose	Yes	4/15/2020
Richard Crawford, Planner	No relevant financial relationships to disclose	No	4/9/2020
Paul Hutson, Planner	No relevant financial relationships to disclose	No	4/9/2020
Susan Mindock, Planner	No relevant financial relationships to disclose	No	4/6/2020

Lindsey Peterson, Planner	No relevant financial relationships to disclose	No	4/6/202
Alyssa Tilhou, Planner	No relevant financial relationships to disclose	No	4/13/2020
Sheila Weix, Planner	No relevant financial relationships to disclose	No	4/6/2020
Sheila Weix, Speaker/Author	No relevant financial relationships to disclose	No	9/25/2020
Jillian Landeck, Speaker/Author	No relevant financial relationships to disclose	No	10/12/2020

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Patient Case Presentation

***Please do not attach any patient-specific files or include any Protected Health Information.**

1. Date: 10/16/2020
2. Presenter Name: Jillian Landeck
3. Presenter Organization: UW Department of Family Medicine and Community Health
4. ECHO ID: 1812
5. Have you presented this patient during this teleECHO clinic before? ☐ Yes ☒ No

6. Please state your main question for this case:

   What resources or changes to treatment plan should I be considering for relapse prevention in this patient?

Patient Demographic Information:

7. Age: 27
8. Sex: Male
9. Education/Literacy: High School graduate
10. Income source: part-time work manufacturing—plastic molding co.
11. Social Factors/History: Has had several jobs over the past 3 years, lost some jobs due to substance use, jail time. Finding it increasingly difficult to get hired because of his criminal record and local reputation. Rents basement apartment from elderly woman. Behind on rent. Has 15 yo son who lives with ex-girlfriend, also helps to co-parent his ex-girlfriend's 2 yo daughter.

12. **Substance Use History:**

    Age 16-19: used illicit oral morphine usually daily; occasional intranasal cocaine; abstinent for 3-4 months age 19
    Age 19- 25: injectable heroin, periods of occasional to daily use; daily marijuana use
    04/2018: first heroin OD-- 10 days in jail; started on IM naltrexone, voluntary BH treatment through county
    04/2018-12/2018: increasing alcohol use; continues naltrexone for 7 months
    03/2019- 05/2019: heroin relapse, overdose x 2, using illicit buprenorphine to manage cravings/withdrawal
    05/2019-07/2019: incarcerated
    07/2019-09/2019: court-mandated residential treatment
    9/2019: starts buprenorphine-naloxone (home initiation)
    10/2020: ED visit 9/2020 for foot cellulitis, multiple track marks noted; endorsed relapse 9/2020 x 4 days- attributed to anxiety and depression, restarts buprenorphine on his own

13. Consequences of Substance Use:

- Social/occupational/educational: job loss, jail, financial strain, lack of reliable transportation, inability to fulfill role as father, strained relationship with parents

- Physical (including evidence of tolerance/withdrawal): uncontrolled anxiety, hospitalization for foot cellulitis--?injection related

14. Interventions that have been tried:

- Naltrexone
- Buprenorphine-naloxone
- Group and individual counseling (2 visits in 2020)
- AA groups infrequently (occasional contact with sponsor)- found this more helpful then group/ind counseling through county
- Psychiatry- unhappy with prior psychiatrist through county; recent telemed psych consult 10/2020 at BHR
- Other past psych med trials: buspirone (up to 20mg TID)—caused flashbacks, escitalopram 10mg—inc anxiety, bupropion—inc anxiety, venlafaxine (up to 150mg ER)

15.

Current Addiction and Mental Health-related Medications:	Medical/Behavioral Health Diagnosis:
• Buprenorphine- Naloxone 8-2mg: 1.5 films (12mg) BID • Clonidine 0.1mg qhs • Gabapentin 100-200mg QID prn (started 10/2020) • Naloxone • Venlafaxine 37.5 ER daily (restarted 10/2020)	• Anxiety with panic disorder • Depression • ADHD • Alcohol use disorder, in remission • Opioid use disorder, active • History of Hepatitis C (Completed treatment 10/2018 and 02/2020)

16.

Patient Strengths/protective factors:	Risk factors:
• Role as father • Intelligent, motivated	• Substance using contacts • Ex-girlfriend with hx of OUD

17. Labs (as indicated), include summary of urine testing or last urine drug screen results:

10/2020

UDS: Bupe/norbupe; fentanyl/norfent; Ethyl glucuronide neg

Hep C quant RNA: undetectable

Normal LFTs

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18. **Patient Goals/Motivations for Treatment:**
    Better control of anxiety
    Stable employment/financial situation
    Be a better father

19. **Proposed Diagnoses:**
    OUD in early remission
    Poorly controlled anxiety disorder

20. **Proposed Treatment Plan:**
    Trial of gabapentin prn
    Titrate venlafaxine
    ?

By initialing here _JL_____ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.

DSM 5 Criteria for Substance Use Disorder

A use disorder is characterized by maladaptive use resulting in repetitive consequences over the previous 12 months. A minimum of 2-3 criteria is required for a mild substance use disorder diagnosis, while 4-5 is moderate, and 6-7 is severe (American Psychiatric Association 2013)

1. Taking the substance in larger amounts and for longer than intended
2. Wanting to cut down or quit but not being able to do it
3. Spending a lot of time obtaining the substance
4. Craving or a strong desire to use
5. Repeatedly unable to carry out major obligations at work, school, or home due to use
6. Continued use despite persistent or recurring social or interpersonal problems caused or made worse by use
7. Stopping or reducing important social, occupational, or recreational activities due to opioid use
8. Recurrent use in physically hazardous situations
9. Consistent use despite acknowledgment of persistent or recurrent physical or psychological difficulties from using
10. *Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (Does not apply for diminished effect when used appropriately under medical supervision)
11. *Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (Does not apply when used appropriately under medical supervision)

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Rural Perspectives of Substance Use Disorder Treatment and Prevention

Sheila Weix MSN, RN, CARN
Director of Substance Abuse Services
MCHS - Family Health Center

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Overview

- Describe the challenges particular to providing SUD treatment and prevention in a rural environment

- Recognize innovative models that are being used and the resulting outcomes

Marshfield Clinic Health System (MCHS)

- Serving rural Wisconsin since 1916
- 1,150 providers serve 328,000 unique patients
- Clinical sites
  - 55 clinical locations
  - 34 communities
- Integrated delivery system
  - Hospitals
  - Skilled nursing facilities
  - Ambulatory surgery centers
  - Urgent cares
  - Pharmacies
  - Clinical laboratories
  - **Dental clinics**
  - **Alcohol and drug recovery centers**

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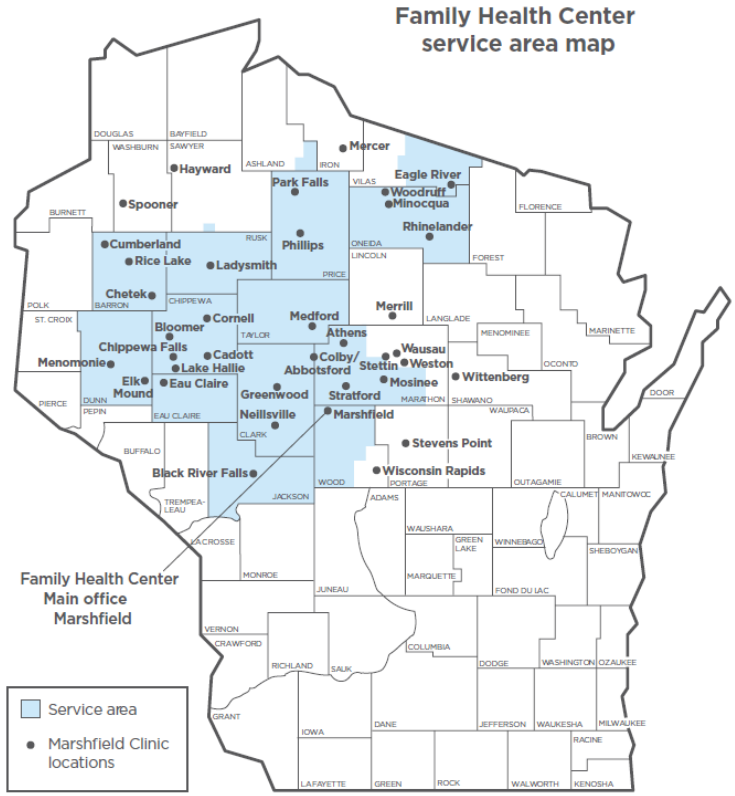
Family Health Center of Marshfield, Inc. (FHC)

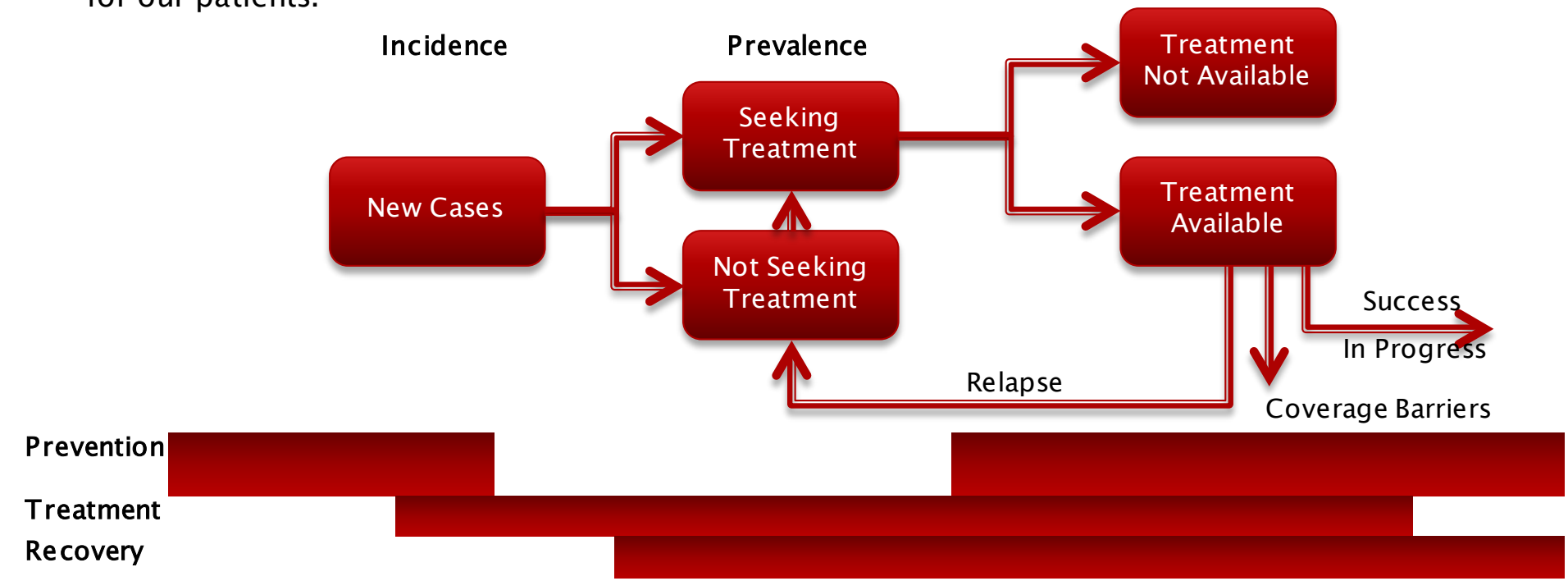
- Partnered with Marshfield Clinic since 1974
- Federally Qualified Health Center (FQHC) or Community Health Center (CHC)
- Serving rural, underserved communities in central, northern, and western Wisconsin
- Shared EHR with Marshfield Clinic
- Community majority board prioritizes activities
  - Dental care – 2002
  - **Substance use disorder treatment – 2016**



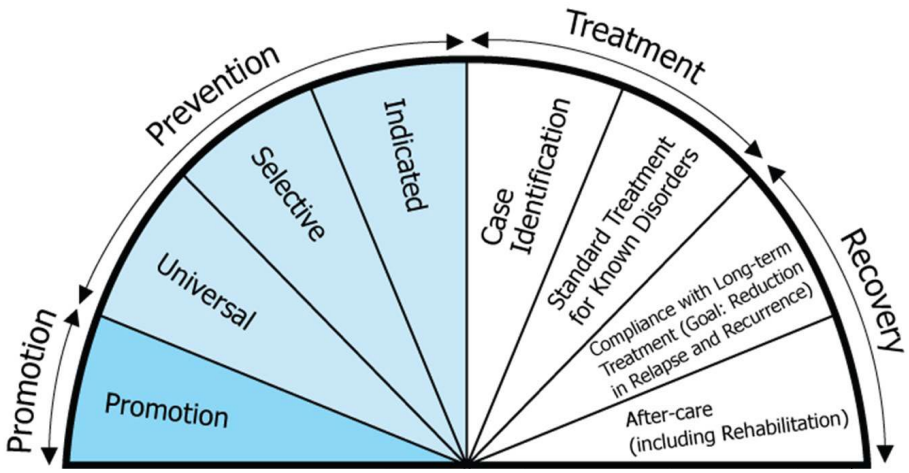
Long Term Goals and the Continuum of Care

Long Term Goals

- Increase access to substance use disorder treatment across the lifespan.
- Reduce the burden substance abuse places on our communities and improve health and well-being for our patients.



Continuum of Care



Continuum of Care → **Funding Siloes**

Substance Abuse-Related Grants

Activity	Focus	Funding Source(s)	Service Area
HOPE Consortium	Treatment and Recovery	DHS – HOPE 1.0	Vilas, Forest, Iron, Oneida, Price Counties; Lac du Flambeau, Sokaogon Chippewa, Forest County Potawatomi Tribal Nations
FHC Alcohol & Drug Recovery Center – Minocqua	Treatment and Recovery	HRSA – Substance Abuse Service Expansion	"
Study of Substance Abuse and Recovery in the Northwoods	Prevention, Treatment, and Recovery	MCRI	"
FHC Alcohol & Drug Recovery Center – Marshfield	Treatment and Recovery	HRSA –AIMS Grant HRSA – SUDS MH Grant (Pending HRSA – IBHS)	Marshfield Area
FHC Alcohol & Drug Recovery Center – Ladysmith	Treatment and Recovery	DHS – HOPE 2.0	Rusk, Barron, and Polk Counties
Comprehensive Models of Care for Women with Opioid Use Disorder	Treatment and Recovery	CDC via Wisconsin Association for Perinatal Care	Marshfield and Minocqua Areas
Rural Central Wisconsin Opioid Response Program Planning Project	Prevention, Treatment, and Recovery	HRSA – Rural Communities Opioid Responsive Program Planning Grant	Wood and Clark Counties

FHC Alcohol & Drug Recovery Centers

- Outpatient substance use disorder treatment
- Function as group practice
  1) Minocqua (November 2016)
     - Wisconsin Department of Health Services (DHS) funding to address opioid epidemic
     - Established HOPE Consortium – 10 partner agencies in 5 counties, 3 tribal communities
     - Identified lack of treatment resources
     - CHC-specific HRSA funds for substance use disorder treatment
  2) Marshfield (August 2018)
     - Additional CHC-specific HRSA funding for substance use disorder treatment (opioid focus) and mental health
     - MCHS tertiary care location – easy transition between services
  3) Ladysmith (February 2019)
     - Wisconsin DHS funding to address opioid and methamphetamine use disorder (HOPE 2.0)
     - Co-located with Indianhead Community Action Agency

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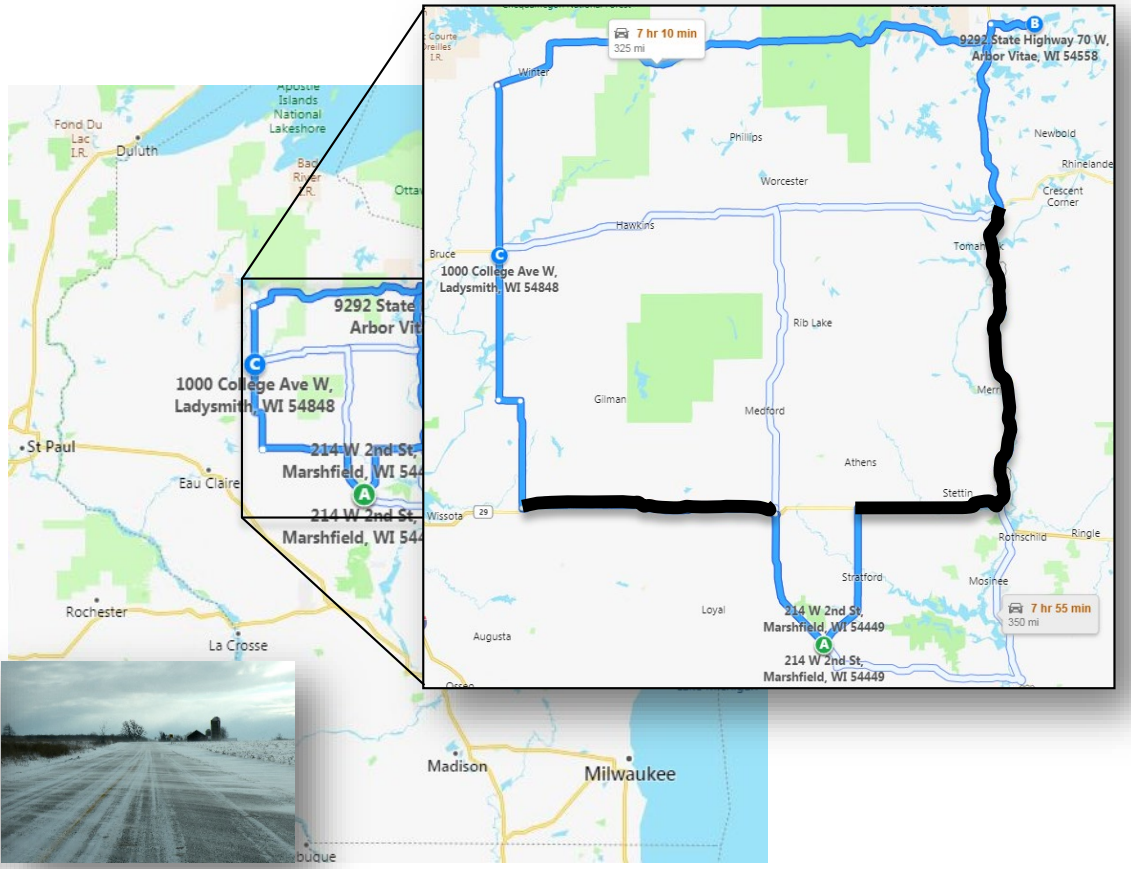
Reality of Rural Service Delivery



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Challenges of SUD Care Delivery in Rural Regions

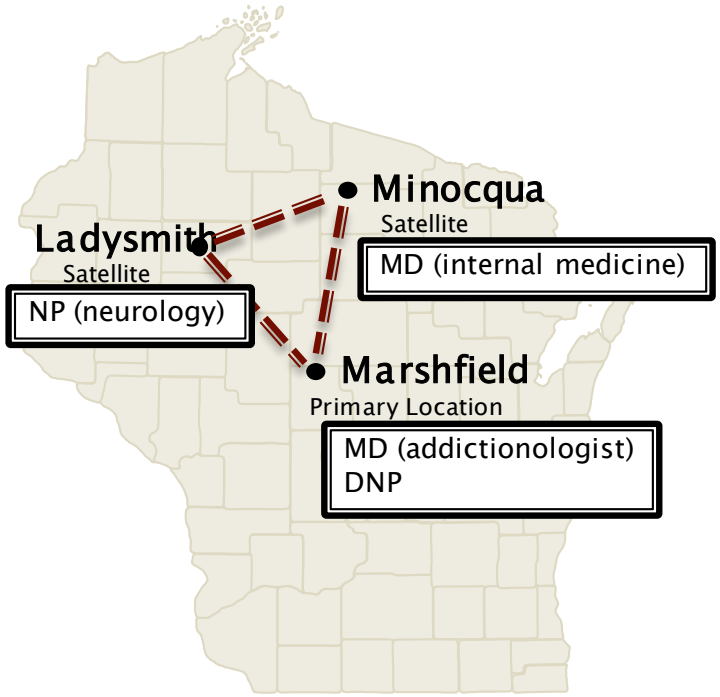
- People in need of services
  - Distances
  - Transportation – Contracted service under Badgercare
  - Housing
  - Jobs
  - Childcare
  - Less of many things including connectivity, alternative resources, support services

- People to provide services
  - Recruiting SUD Workforce
  - Cultural responsiveness needs
  - Access to training
  - Navigation of systems to support people in need of services

- **Strengths: Resilience, opportunities for collaboration and willingness to try something new**

Group Practice Model

- Three free-standing clinics, each with at least one physician or advanced practice provider
- Staffed by people from the community with electronic support
- Telehealth, email, and Skype messaging allow rapid communication between sites



Support Staff:

- Appointment Coordinator
- Medical Assistant
- Registered Nurse(s)
- Dually Credentialed Therapist(s)
- Substance Abuse Counselor(s)
- Care Coordinator(s)
- Peer Support Staff
- Patient Financial Navigator
- Connection to Local Recovering Community

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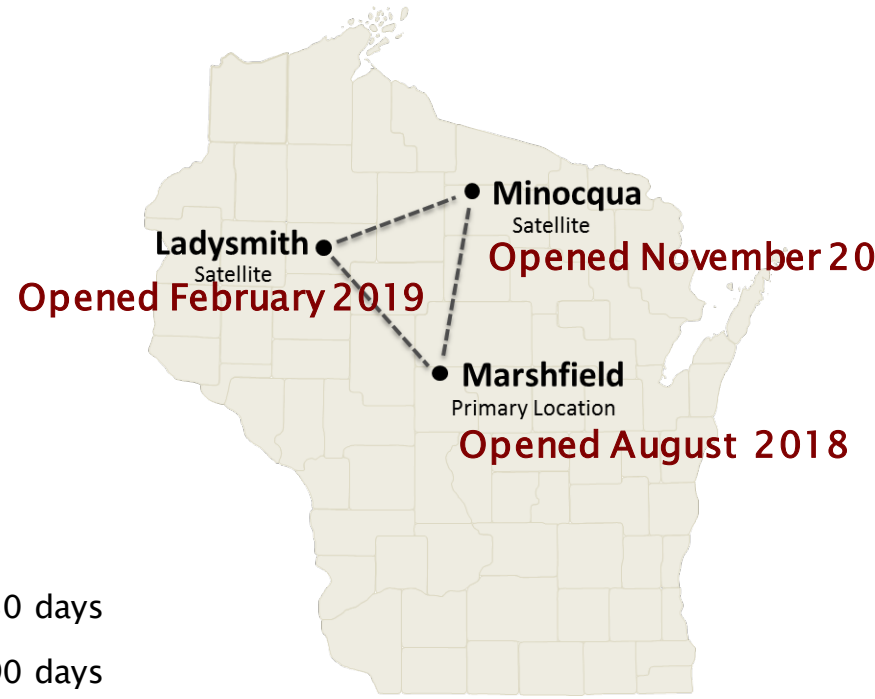
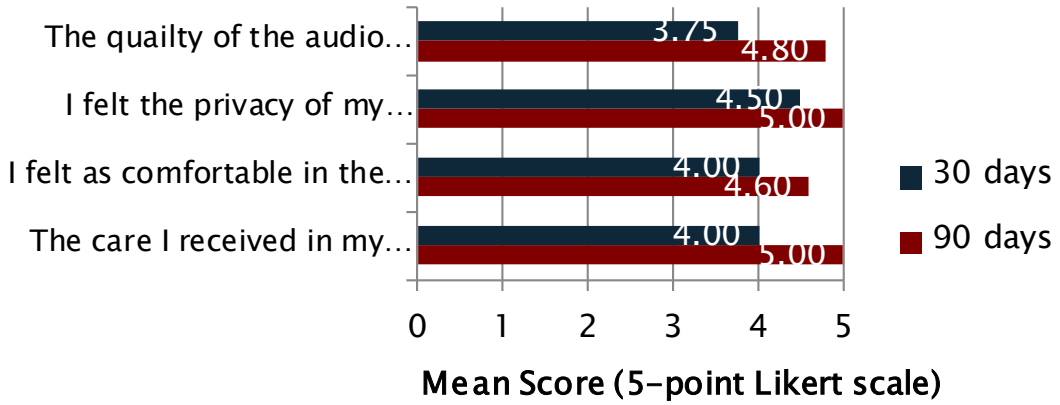
Group Practice Thrives via Telehealth

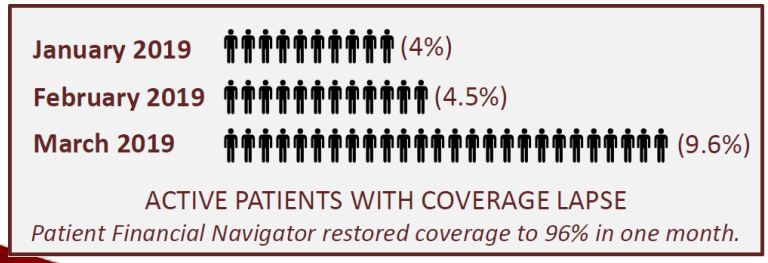
AODA Telehealth Volume by Year	
2017	296
2018	460
2019 (to date)	213
Total (to date)	969

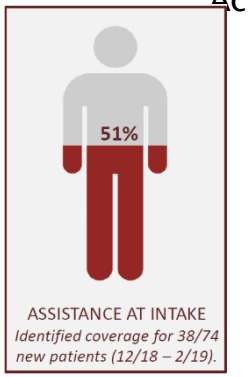




Enabling Services and Recovery Support

- Group Practice Model
  - Capacity not limited to local workforce
  - Providers can “see” any patient managed by other providers in case of vacation or illness
- Care Coordinators
  - Facilitate rapid intake
  - Support communication between service providers
- Patient Financial Navigator
  - Reduce, eliminate, and navigate financial barriers to care





Collaborative Regional Support

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March 2020 COVID-19 Arrived….

- Immediate situation
- Week of March 16 most appointments (95%+) switched to **telephone** not **telehealth**
- Staff moved to work at home, where possible
- Infection rates in the service area were low

- Current situation
- Surge

- Challenges
- Connectivity/broadband access extremely low in the area: Vilas County 45.5% without considering ability to afford
- Staff with limited ability to work from home
- Financial stressors related to the pandemic
- Pandemic fatigue: patient struggles and staff churning
- Many organic supports not accessible or available

Gifts of The Pandemic

- Pandemic as disruptor

- All processes and protocols are challenged with new ways to function developing rapidly
  - How many UDTs do we really need?
  - How can we safely do induction with the least amount of in-person contact?
  - Recognition of those activities that are valued by patients and staff: e.g. Groups
  - Recognition that we will not return to pre-COVID status in many things

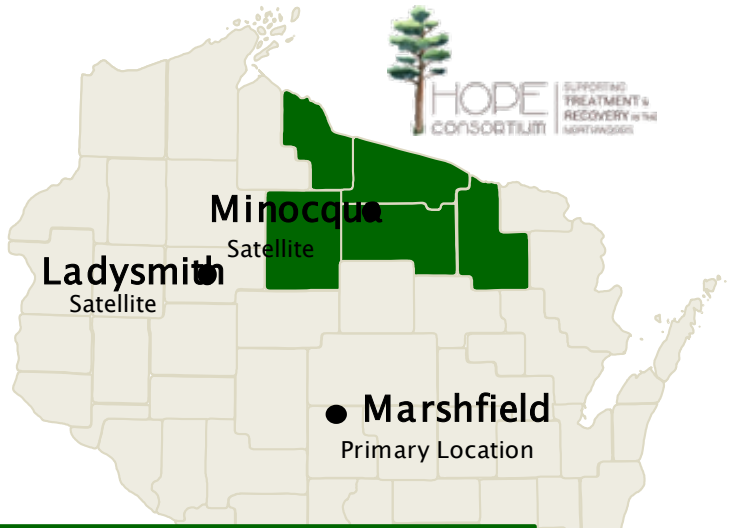
- Emergency orders resulting in changes to telehealth requirements at near warp speed
  - Navigating payment
  - Navigating regulatory requirements
  - DHS support and technical assistance

- Opportunity to expand services to meet patient needs
  - Support and education for patients and families fears and concerns
  - Locating COVID-19 testing sites and other pandemic-related needs

- Recognition that we really are all in this together

HOPE Consortium

- **Vision**
  - Coordinated treatment and recovery support for those affected by substance use in Northwoods communities.
- **Mission**
  - Build hope in communities together to overcome substance use disorders and support recovery.



Highlights:

- Regional TAM (vs. MAT) philosophy
- Served 357 patients with 504 affected minor children in 2018

Ten regional partner agencies represent 5 counties and 3 tribes.

DLM Consulting, LLC
Family Health Center of Marshfield, Inc.
Iron County Human Services Department & Associates
KOINONIA a division of Options Counseling Services
Marshfield Clinic HEALTH SYSTEM
Ascension
Price County Health & Human Services

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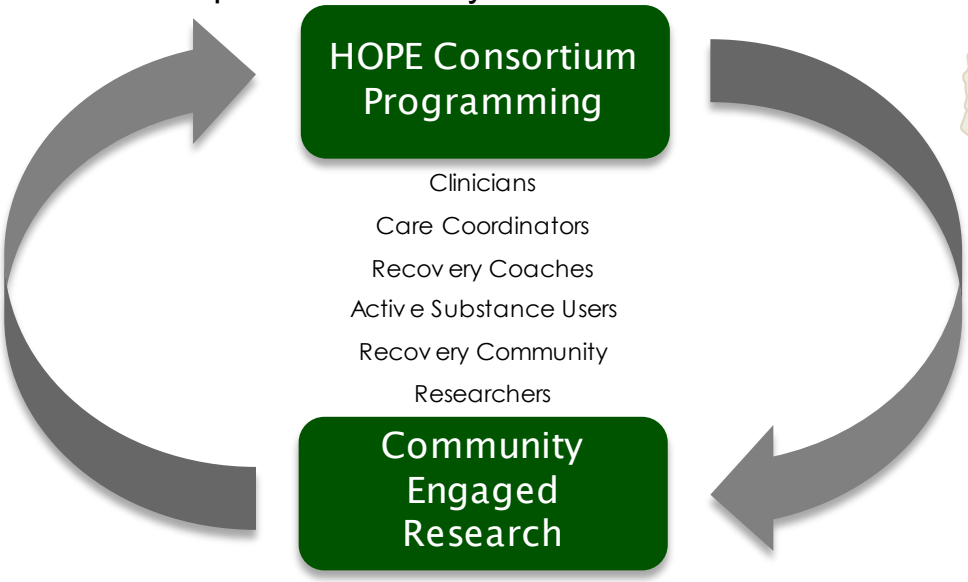
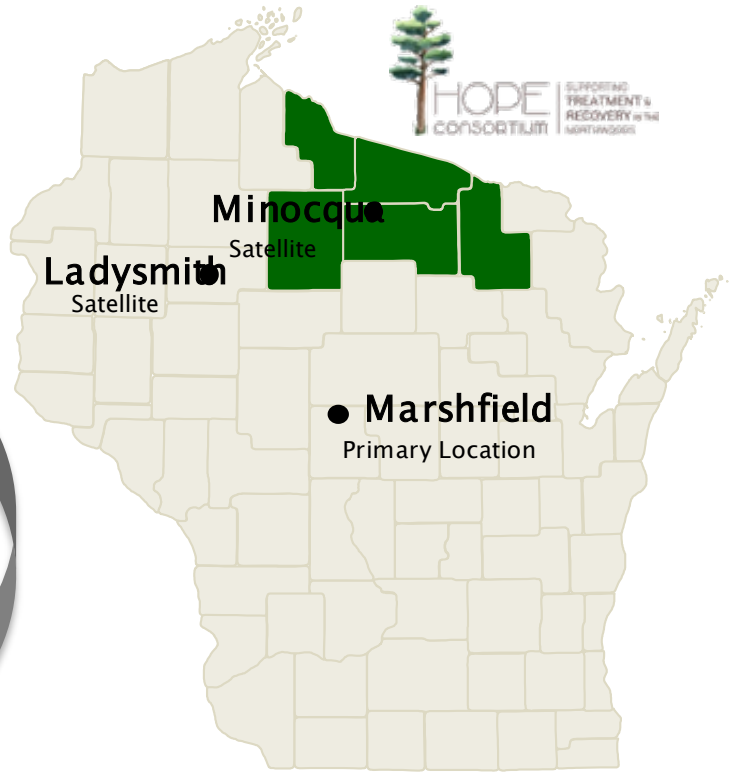
Study of Substance Abuse and Recovery in the Northwoods

- Collaborative research project:
  - HOPE Consortium
  - Anthropologist and Public Health Specialist Kate Barnes, MCRI National Farm Medicine Center
  - Participants in recovery





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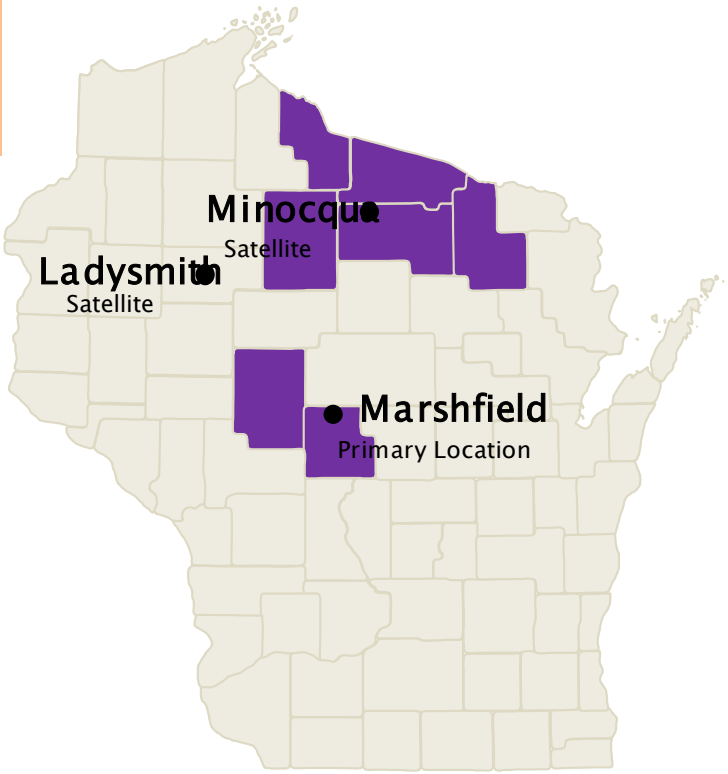
Comprehensive Perinatal Care

WISCONSIN ASSOCIATION for Perinatal Care

A Blueprint for Action
Improving Care for Women and Infants Affected by Opioids

The six areas of change are

1. Community engagement to improve care for women and infants affected by opioids
2. Identification and implementation of best practices for care of women and their infants
3. Education and educational resources for women and health care providers
4. Diagnostic and treatment resources for women and their partners
5. Public policies that support women and families
6. Data to support continuous improvement of care for women, infants, and families



- Grant activities based on six areas of change
- Perinatal workgroups in Minocqua and Marshfield
- Community-based doulas with additional training in substance abuse and culturally responsive care
  - Trained 10 people in Lac du Flambeau June 2019
  - Provided SUD training August 2019

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Rural Central Wisconsin Planning Grant

Establish a consortium with multi-sector representation from across the continuum of care, including prevention, treatment, and recovery stakeholders, in the rural central Wisconsin counties of Wood and Clark.

- One year planning grant ($200,000)
- Planned activities:
  1. Conduct detailed analysis of opportunities and gaps in substance use disorder prevention, treatment, and recovery:
     - Workforce
     - Services
     - Access to care
  2. Develop strategic plans to address workforce and other gaps
  3. Develop plans to sustain consortium and operationalize activities proposed in strategic plans after one year

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Conclusions

- There are multiple challenges in delivering SUD services in rural environments but there are also strengths and opportunities that are particular to the rural areas.

- Collaboration and innovation provide a path forward.

Questions?

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DSM-5 Substance Use Disorder ("Addiction")

- Tolerance
- Withdrawal

} Physical Dependence ≠ Use Disorder

- Larger amts/longer periods than intended
- Persistent desire/failed attempts to quit/control use
- Much time obtaining/using/recovering
- Important activities sacrificed
- Continued use despite known adverse effects
- Failure to fulfill major obligations
- Recurrent hazardous use
- Craving
- Ongoing use despite interpersonal problems

2-3 = mild
4-5 = moderate
≥ 6 = severe