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

Agenda

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

https://uwmadison.webex.com/uwmadison/j.php?MTID=m6dfbe50f3c56cb4719e74b72b73ef916

Join by phone:

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Meeting number/Access code: 120 276 9209
Password: 12345

For attendance, purposes please text the following code: PAHTAW to 608-260-7097

Session Date: Friday, February 19, 2021

Didactic Topic and Presenter:
NIAtx Program/CHESS in Wisconsin: Addressing Wait Times and No-Shows

Todd Molfenter, PhD
Content Experts:
Ritu Bhatnagar, MD; Lindsey Peterson, MS, CRC; Sheila M. Weix, MSN, RN, CARN

- 12:15 PM: Attendance text-in – Introductions
- 12:25 PM: Case Presentation
  - Presenter: Rebecca Kellum, MD
- 1 PM: Didactic Presentation
  - Presenter: Todd Molfenter, PhD
- 1:15 PM: End of Session

CONTINUING EDUCATION INFORMATION:

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Interprofessional Continuing Education Partnership | School of Medicine and Public Health, School of Nursing, School of Pharmacy
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Interprofessional Continuing Education Partnership
UNIVERSITY OF WISCONSIN-MADISON

School of Medicine and Public Health
School of Nursing
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Project ECHO
University of Wisconsin

ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2020-2022

NIAtx Program/CHESS in Wisconsin: Addressing Wait Times and No-Shows
Friday, February 19, 2021
Todd Molfenter, PhD-Didactic Presenter
Rebecca Kellum, 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 as members of the healthcare team 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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Name/Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown, RSS Chair	No relevant financial relationships to disclose	Yes	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
Todd Molfenter Speaker/Author	NIATx Foundation (Fiduciary officer)	No	1/24/21
Rebecca Kellum, Speaker/Author	No relevant financial relationships to disclose	No	2/5/21

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ACCEPT

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Patient Case Presentation Form

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

1. Date: 2/19/2021
2. Presenter Name: Rebecca Kellum, MD
3. Presenter Organization: SSM Dean, East IM Clinic, Madison, WI
4. ECHO ID: 6886
5. Have you presented this patient during this teleECHO clinic before? ☒ Yes ☐ No

6. Please state your main question for this case:

   Strategies for treatment of Alcohol use disorder that primarily manifests as severe binge drinking.

   Secondary question: local recovery resources for Spanish-speaking patients

Patient Demographic Information:

7. Age: 35
8. Gender: cis-male
9. Education/Literacy:
10. Income source: owns and manages a Mexican restaurant
11. Social Factors/History: lives with his wife and children. Spanish speaking.

12. **Substance Use History:**
    - Began drinking alcohol as a teenager. Was drinking heavily and daily in his 20s and would have severe cravings if he stopped.
    - He now binge drinks, sometimes going 6 months to a year between episodes of drinking. He states he will keep going for 2-3 days (ED reports 10 days) until he is sick enough to go to the hospital. Once he starts, he feels like the only way he can avoid feeling sick from a hangover is to continue drinking.
    - He notes that he often dreams about drinking before these episodes of binge drinking. Can even state that these dreams come about 8 days beforehand.
    - He has been admitted or has gone to the ED six times since year and a half. His admissions have been for acute alcohol withdrawal, alcoholic gastritis. Often discharged to detox, via police, from the ED.

13. Consequences of Substance Use:

- Social/occupational/educational:
    - His wife is very frustrated, especially that their children are experiencing his intoxication.
    - At one prior ED visit, she has brought him in when she was worried about his safety and the safety of her kids, as she had to leave them alone with him when she went to work.
    - Jail time 1/2021 after being found asleep, intoxicated in his car.

- Physical (including evidence of tolerance/withdrawal):
    - Imaging with hepatic steatosis has far back as 2011, Liver nodularity "suggestive of cirrhosis" seen as early as 2014. No stigmata of chronic liver disease. Recent liver fibrotest negative; actitest with significant necroinflammatory activity. No s/s of portal hypertension on imaging. Albumin, coags normal.
    - Alcohol levels 300s-400s at many of his ED visits

14. Interventions that have been tried:

a. **He has tried AA – did not like the tone or find it helpful**
b. **Has been through detox at rehab center. Did not stay for residential treatment**
c. **Had been accepted for residential treatment in 1/2020, but did not go.**
d. **1/18/21: AST/ALT 114/88. Started acamprosate – pt stated it wasn't helpful because he didn't have cravings**

15.

Current Addiction and Mental Health-related Medications:	Medical/Behavioral Health Diagnosis:
• Pantroprazole • thiamine	• consistently denies depression, anxiety, trauma

16.

Patient Strengths/protective factors:	Risk factors:
• Reports motivation to stay sober to his PCP. • Wife is very engaged in him receiving treatment • Has opened a successful restaurant and isn't able to do the work he loves when he's drinking.	• In between episodes of binging, he does not think he needs treatment because he does not crave alcohol.

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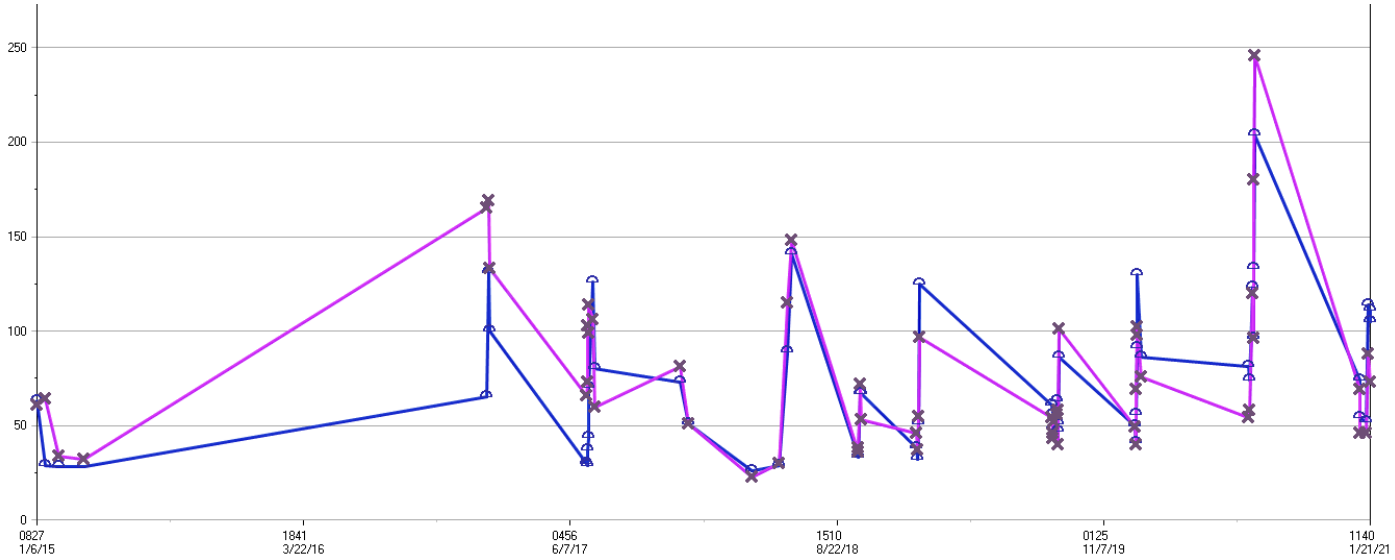
17. Labs (as indicated), include summary of urine testing or last urine drug screen results:

AST purple, ALT blue:



Blood alcohol levels 200s-400s when intoxicated in the ED

UDS positive for benzodiazepines (received in medical treatment)

18. Patient Goals/Motivations for Treatment:

- Reports motivation to stay sober to his PCP. Has stated before that he wants to stop hurting his family with his drinking.
- Has opened a successful restaurant and isn't able to do the work he loves when he's drinking.

19. Proposed Diagnoses:

Alcohol use disorder

Alcoholic steatohepatitis with fibrosis

20. Proposed Treatment Plan:

- **Discussed counseling, peer support – patient declined.**
- **When trajectory of liver inflammation unclear, started acamprosate – pt stopped after a few days "because he didn't have cravings and didn't need it." Declined naltrexone for this reason as well.**
- **He has agreed to reach out when his cravings return, often preceded by dreams about drinking. plan to start naltrexone at that point.**
- **Looking for Spanish speaking and culturally attuned treatment – preferably with access to motivational interviewing**

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By initialing here ___RK____ 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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NIAtx Program/CHESS in Wisconsin: Addressing Wait Times & No-Shows

Todd Molfenter, Ph.D.
University of Wisconsin–Madison

Great Lakes ATTC, MHTTC, PTTC
February 19, 2021

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Dr. Molfenter disclosed the following:

- NIATx Foundation (Fiduciary officer)

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Funding Statement

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- Great Lakes ATTC: 1H79TI080207-03
- Great Lakes MHTTC: IH79SM-081733-01
- Great Lakes PTTC: 1H79SP081002-01

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NIATx™

Reduce Waiting Times & No-shows • Increase Admissions & Continuation

NIATx Background

- Founded by Robert Wood Johnson Foundation & Substance Abuse and Mental Health Administration
- Used by 3000+ organizations
- Supported by 30+ peer reviewed publications

Current Applications

- Increase MOUD use (Specialty Treatment, Health Systems, & Jails)
  - Through capacity expansion, increased admissions, and retention.
- Reduce telehealth no-shows
- Improve case management utilization

Project ECHO University of Wisconsin

NIATx can be used for anything you want to improve and can be measured.

How NIATx Works

Step #1: Pick an Issue

Step #2: Assign Key Roles (Executive Sponsor, Change Leader, Clinical Champion, Team Members)

Step #3: Develop an Aim/Objective

Step #4: Run Plan-Do-Study-Act (PDCA) Cycles

Step #5: Sustain Changes

WI Case Example

Aim: Increase SUD referrals from spoke providers to the hub.

Cycle #1: Provide SUD causes and clinical issues training to targeted providers

Cycle #2: Develop referral and hand-off protocol.

Cycle #3: Reduce wait times/improve access to the hub.

Cycle #4: Offer real-time case mentoring and support to MDs/ANP/Pas

Cycle #5: Develop referral follow-up plan

Questions?

- For more information go to www.niatx.net

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