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

Agenda

Zoom link to join from PC, Mac, iOS or Android**:** https://echo.zoom.us/j/156261634

Joining by phone ONLY: +1 646 558 8656 or +1 669 900 6833 (US Toll)
Zoom Meeting ID: 156 261 634

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

Session Date: Friday September 20, 2019

Didactic Topic and Presenter:
Alcohol Use Disorders and Liver Transplantation: The Role of the Behavioral Health Therapist
Susan Mindock, LPC, CSAC – UW Health

Content Experts:
Ritu Bhatnagar, MD and Susan Mindock, CSAC; and Sheila Weix, MSN, RN, CARN

- 12:30 PM: Attendance text-in – Introductions
- 12:45 PM: Case Presentation & Discussion
  - Presenter: Autumn Bickel BSN, RN – Prevea Health, Libertas Treatment Center, Chippewa Falls
- 1:15 PM: Didactic Presentation
  - Presenter: Susan Mindock, LPC, CSAC – UW Health, Madison
- 1:30 PM End of Session

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2018-2020

Alcohol Use Disorders and Liver Transplantation: The Role of the Behavioral Health Therapist
Friday September 20, 2019
Susan Mindock, LPC, CSAC – UW Health

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

Intended Audience:
Physicians, Physician Assistants, Nurses, Social Workers, Pharmacists and Counselors.

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

1. Review appropriate opioid prescribing and monitoring practices.
2. Participate in office-based management of substance use disorders.
3. Seek, with greater frequency, overdose prevention education.
4. Identify the role of medication assisted therapies, such as methadone, naltrexone, and buprenorphine in the management of substance use disorders.

Policy on Disclosure
It is the policy of the University of Wisconsin-Madison ICEP that the faculty, authors, planners, and other persons who may influence content of this CE activity disclose all relevant financial relationships with commercial interests* in order to allow CE staff to identify and resolve any potential conflicts of interest. Faculty must also disclose any planned discussions of unlabeled/unapproved uses of drugs or devices during their presentation(s). For this educational activity, all conflicts of interest have been resolved and detailed disclosures are listed below.

** The University of Wisconsin-Madison ICEP defines a **commercial interest** as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients The University of Wisconsin-Madison ICEP does not consider providers of clinical service directly to patients to be commercial interests.*

Name/Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?
Autumn Bickel BSN, RN, Presenter	No relevant financial relationships to disclose	No
Briana Kleinfeldt, RSS Coordinator	No relevant financial relationships to disclose	No
Randy Brown, RSS Chair	No relevant financial relationships to disclose	Yes
Chris Nicholas, Content Expert, Psychology-SUD/Mental Health Counselor	No relevant financial relationships to disclose	Yes
Paul Hutson, Content Expert, Pharmacy	Consultant for Projections Research Inc.	Yes
Ritu Bhatnagar, Content Expert, Psychiatrist	No relevant financial relationships to disclose	Yes
Melissa Ngo, Content Expert, Pharmacist	No relevant financial relationships to disclose	No
Susan Mindock, Content Expert, AODA Counselor	No relevant financial relationships to disclose	No
Sheila Weix, Content Expert, Nurse	No relevant financial relationships to disclose	No
Lindsey Peterson, MS, CRC, Content Expert	No relevant financial relationships to disclose	No
Dean Krahn, Content Expert	No relevant financial relationships to disclose	Yes
Kim Sprecker, OCPD Staff	No relevant financial relationships to disclose	No

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

2018-2020

CONTINUING EUDCATION INFORMATION:

Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by the University of Wisconsin–Madison ICEP and the Wisconsin Department of Health Services, Division of Care and Treatment Services. The University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation Statements

Accreditation Council for Pharmacy Education (ACPE)

The University of Wisconsin-Madison ICEP designates this live activity for a maximum of 1 hour of knowledge-based CE credit. Credit can be earned by successfully completing this live activity. Pharmacists and Pharmacy Technicians should claim only the credit commensurate with the extent of their participation in the activity. CE credit information, based on verification of live attendance, will be provided to NABP within 60 days after the activity completion.

Pharmacists and Pharmacy Technicians must enter their NABP number in their profile in order to receive credit.

2019 Universal Activity Number (UAN)
JA0000358-9999-19-002-L04-P
JA0000358-9999-19-002-L04-T

American Medical Association (AMA)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center (ANCC)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.
The University of Wisconsin–Madison School of Nursing is Iowa Board of Nursing provider 350.

UW Continuing Education Credits

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 CEUs or 1.0 hour

POLICY ON FACULTY AND SPONSOR DISCLOSURE

It is the policy of the University of Wisconsin–Madison ICEP, that the faculty, authors, planners, and other persons who may influence content of this CE activity disclose all relevant financial relationships with commercial interests in order to allow CE staff to identify and resolve any potential conflicts of interest. Faculty must also disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation(s).

Detailed disclosures will be available prior to the start of the activity.

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

Patient Case Presentation

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

1. Date: 9/20/19
2. Presenter Name: Autumn Bickel, BSN, RN
3. Presenter Organization: Prevea Health, Libertas
4. ECHO ID: 6204
5. Have you presented this patient during this teleECHO clinic before? No
6. PLEASE STATE YOUR MAIN QUESTION FOR THIS PATIENT CASE: Other options, suggested treatment plans

Patient Demographic Information:

7. Age: 39
8. Sex: Female
9. Education/Literacy: HS diploma. According to social history, she was enrolled at NWTC for nursing in 2017.
10. Income source:
    - Has been fired numerous times for missing work
    - Her ex owes her $15,000 in back child support. In May 2019, he was jailed for not paying.
    - She has the ability to connect with unhealthy males who give her money for her beer and marijuana, she stays with these men until she moves on to another one. She frequently gambles with money she receives from male friends. She does not usually win as she cannot stop when she starts. She gambles until she loses what money she has.
    - Her tax returns are taken to pay off pending fines and child support.
11. Social Factors/History:
    - 4 children
    - Hobbies: Singing and walking and spending time with family
    - Sister incarcerated because of drug related concerns
    - Physical fights when under the influence as well as without substance use
    - Uses alone
12. **Substance Use History:**
    - Marijuana, cocaine, opiates, heroin, speed, alcohol, Adderall
    - She's a cigarette smoker also

The patient's use of recreational drugs started as a teenager when she began using marijuana, which progressed to using cocaine. Then transitioned to narcotics since age 29 (2008) when her daughter's biological father gave her opiates daily.

10/14-8/15	Suboxone program then weaned herself off using Vistaril
4/16	Restarted in medication assisted treatment
5/16	Relapse when she used methamphetamine due to a break-up
3/17 – 5/17	Patient was incarcerated and resumed medication assisted treatment following incarceration.
11/18	Daily drinking
1/19-2/19	Steel reserve on a daily basis

13. <u>Consequences of Substance Use:</u>

- Social/occupational/educational:

8/13	Cellulitis and abscess of upper arm and forearm Youngest son removed from her care by CPS
3/16	Incarcerated Possess/Illegally Obtained Prescription, Disorderly Conduct
7/16	Unsupervised visits with 12 yo son, 10/16 son returned to home
5/16 (age 36)	Unplanned pregnancy and voluntary abortion 30 days in jail for warrant
2/18	Overnight in jail, out on bond, pending larceny to a building and resisting and obstructing
5/18	Jail for infractions, served weekends in jail
5/18	Intoxication to unconsciousness, fracture to finger following altercation at a bar that she couldn't remember
9/18	ED Visit: Hematoma of right thing as a result of fall from bicycle.
11/18	Gambled paycheck and unable to pay for phone service
12/18	Gambling and drinking alcohol
3/19	Pt noted having a talk with her counselor last week and has not had a drink in the past 2 days after discussion with the counselor. Pt has not used any cannabis in the past 2 weeks and is requesting to go back up on her dose of Suboxone to 12 mg as she has lacked motivation and energy to do anything in the time interval.
5/19	Pt admitted having a couple of drinks in the aftermath of finding out that boyfriend was sleeping with her sister and recorded it on her phone. She thinks someone must have put a hallucinogenic in her drink, as she became paranoid and was hallucinating- seeing all different types of snakes. She was arrested in Kwik trip and spent the night in jail. Pt noted smoking cannabis to calm herself and smoked consistently for the next 5 days
6/19	Pt admitted smoking cannabis and drinking alcohol yesterday "to take the edge off". Pt has not been sleeping in her house due to her fear that snakes were present in there. She believes her ex-boyfriend put snakes in her house. This person also tried to give her gifts earlier because he was owing her a significant amount in child support and was trying to get out of paying this. Pt also admitted sleeping in the bathroom of a bar on another occasion. Son is currently out of the house and patient is staying with a friend.
7/19	Pt admitted using Adderall, cannabis and drinking alcohol yesterday. Pt has been drinking alcohol on a daily basis, evicted from apartment.
8/19	Pt noted being assaulted by the male friend she was staying with and continues to have accommodation problems. Pt is currently staying with mother. Son is staying with a friend's family currently. Pt made a statement about "buying some more off the street to avoid getting sick".
8/19	Jail for 4 days, homeless, sleeping under bridge or closet at boyfriend's friend's house
9/19	She had been sexually assaulted three times over the past two months while passed out following drinking and smoking marijuana in the morning with these men – she uses them for a place to stay. Her behavior would indicate she may be prostituting herself to support her drinking, marijuana, and gambling habits.

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

Physical (including evidence of tolerance/withdrawal):

14. <u>Interventions that have been tried:</u>

MAT Program and AODA counseling

10-14-8/15 8mg film, tapered down to 4mg daily, weaned self-off using Vistaril

4/16-8/19 Restarted MAT: started on Subutex due to pregnancy, transition to Suboxone in 6/16

Suboxone 2-0.5 MG last filled 8/15/19

AODA Counselor encouraged her multiple times to begin working with a therapist for her trauma issues but she refused.

15.

Current Addiction and Mental Health-related Medications:	Medical/Behavioral Health Diagnosis:
• Suboxone	• Anxiety Disorder • Mood Disorder • Moderate opioid dependence in early remission on maintenance therapy

16.

Patient Strengths/protective factors:	Risk factors:
• Caring • Outgoing • Friendly	• Opioid dependence • Alcohol dependence with loss of consciousness • Homelessness • Positive for HCV RNA • Elevated LFTs • Sexual assaults and unprotected sex/unknown infectious disease(s)

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

9/17/17 elevated AST, ALT

9/21/17 elevated HCV, RN, PCR, Quant

7/18/19 Drug Screen Rapid positive amphetamines (illicit)

August 2019 Drug Screen Rapid: 8/1/19, 8/9/19, 8/15/19, 8/22/19 positive cannabinoids

18. <u>Patient Goals/Motivations for Treatment:</u>

4/16 Pt indicates her main motivation to deciding to live in recovery is to "get my son back". She has applied for a job, indicates is concerned as needs to find five hundred dollars by 5/5/16 to pay for her rent. She reports her housing authority assistance was lost as she had been found with drug paraphernalia, another consequence.

9/19 Each session I would ask patient, “What one area of your life can I help you stabilize?” She could not tell me. We talked about the importance of finding employment. Treatment plan goal was to reduce her substance use and eventually be substance free while on Suboxone.

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

- Shelter
- Food/eat healthy
- Job/consistent financial stability
- Relationship with Son
- Develop skills to reduce cravings

19. Proposed Diagnoses:

F11.20 Opioid dependence

20. Proposed Treatment Plan:

Seek medical help for hep C and to give thought to withdrawal management.

By initialing here _____ 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)

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

Alcohol Use Disorders and Liver Transplantation: The Role of the Behavioral Health Therapist

Susan Mindock, LPC, CSAC
UW Health

September 20, 2019

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

Accreditation Statement:

In support of improving patient care, this activity has been planned and implemented by the University of Wisconsin–Madison ICEP and the Wisconsin Department of Health Services, Division of Care and Treatment Services. The University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

POLICY ON FACULTY AND SPONSOR DISCLOSURE:

It is the policy of the University of Wisconsin–Madison ICEP, that the faculty, authors, planners, and other persons who may influence content of this CE activity disclose all relevant financial relationships with commercial interests in order to allow CE staff to identify and resolve any potential conflicts of interest. Faculty must also disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation(s).

Project ECHO University of Wisconsin

Overview

- Stats
- Evaluation Process
- Made it on “the list”, now what?
- Relapse, was this predictable?
- Conclusions

Statistics

1963- first liver transplant done by Dr. Starzl at the University of Colorado

2018- in the U.S.
7,526 liver transplants
2018- at UW Hospital
112 liver transplants
2017- at UW Hospital
125 liver transplants
2016- at UW Hospital
105 liver transplants

Median wait time at UW Hospital for a liver is 10.5 months

Unos.org
Uwhealth.org/transplant

University of Wisconsin Liver Transplant Program

ALD - Alcoholic Liver Disease

Alc Hep - Alcoholic Hepatitis

2018

- 44/112 liver transplants done were for ALD or Alc Hep (39%)

2017

- 46/125 liver transplants done were for ALD or Alc Hep (37%)

2016

- 45/105 liver transplants done were for ALD or Alc Hep (43%)

Relapse Rates at UW

Return to use has been identified by self report to physician or through positive ethyl gluc or positive PEth

2018

- 8 pt's out of 44 patients relapsed (18%)

  7 pt's relapsed with alcohol; 1 relapsed with alcohol and opioids

  4 are seeking outside help, 1 is now on suboxone

2017

- 5 pt's out of 46 relapsed with alcohol (11 %)

  1 is seeking help

2016

- 15 pt's out of 45 relapsed with alcohol, 1 was with cocaine and heroin (33%)
- 3 sought help, one has recently started suboxone

Liver Evaluation

Who, What, When, Why and How?

How: Patients are referred any number of ways: by PCP, local GI, other centers, insurance, self referral etc.

Why: Patients with known end stage liver disease or concern for eventual need for liver transplant

When: Patients come into process at various stages, may be in fulminate failure/ critical condition or may be too healthy to list

What: Patients in need of evaluation, testing, procedures, and education

Who: Patients meet with hepatologist, surgeon, transplant coordinator, social worker, dietician, financial consultant and when indicated: Behavioral Health Therapist: AODA

Behavioral Health Therapist: AODA

Assessment

Factors:

- Meet with patient while they are Inpatient or Outpatient
- Patients may be alone or with support people
- If patient is unable to be interviewed, may need to gather information from chart review and/or family
- Level of urgency

Assessment

Content:

- Demographics/Social History
- Substance Use History- DSM V Diagnosis
- Mental Health History
- Abuse/Trauma History
- AODA/Mental Health Treatment History
- Safety Concerns
- Family History of Substance Use Disorders/Mental Health Disorders
- Medical Consequences and Patients Level of Awareness

Recommendations

- Abstinence
- Referral to AODA Treatment:
  - Residential, Intensive Outpatient, Outpatient
- Referral to Mental Health Counseling
- Peer Support:
  - AA/NA, SMART Recovery, etc.
- Alternative Support Systems:
  - Friends, Apps, Yoga, Mindfulness, etc
- Urine and/or Blood Screening:
  - Ethyl Glucuronide, PEth

"*The* List"

From a Behavioral Health Therapist Point of View

Ongoing Monitoring:

- Patient's abstinence
- Counseling progress, communication with patient and local provider
- Contact with patients support people
- Urine screen: Ethyl Glucuronide - detects alcohol up to 80 hours ago
- Blood Test: PEth (Phosphatidylethanol) – detects heavy drinking in the previous 3-4 weeks

Relapse after Liver Transplant

Q. Are there predicable factors ?

A. Yes and No

- Some factors do rise to the top in the literature:
- Research has been extensive, numerous tools have been constructed to assist with measuring or predicting risk
  - Dom, G., Wojnar, M., Crunelle, C., Thon, N., Bobes, J., Preuss, U., … Wurst, F. (2015). Assessing and Treating Alcohol Relapse Risk in Liver Transplantation Candidates. *Alcohol and Alcoholism*, *50*(2), 164–172. doi: 10.1093/alcalc/agu096
- Lit search – produced 51 articles: variables identified within the studies can be summarized under the following broad categories:

5 Categories of Relapse Risk Factors:

1. Pre-Liver Transplant Abstinence Period
   - While 6 month “rule” not founded, overall the longer the period of abstinence, the lower the relapse risk
2. Variables reflective of AUD severity
   - Duration of use, number of drinks per day, family history of AUD, early treatment contact
3. Social Factors
   - Lack of stable relationships, support, continued engagement in alcohol related social activities
4. Psychiatric Co-Morbidity
   - Diagnosis and prior treatment for co morbid psych disorders was found to negatively influence post LTX alcohol relapse
5. Treatment Compliance and Motivational Characteristics
   - Attitudes and behaviors towards treatment, acceptance of AUD diagnosis, noncompliance with f/u

Conclusions: The Basics

- Liver Transplantation saves lives
- AODA Treatment saves lives
- Liver transplantation is not treatment for an Alcohol Use Disorder
- Two Diseases = Two Treatments

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