Primary Care & Population Health

GRAND ROUNDS

Today's Presenters

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Disclosures

The presenters have no actual or potential conflict of interest in relation to this presentation.

The members of the Grand Rounds Planning Committee have no actual or potential conflict of interest in relation to this presentation.

The Role of Primary Care in Treating Substance Use

Office of Behavioral Health
NYC Health + Hospitals
March 2018

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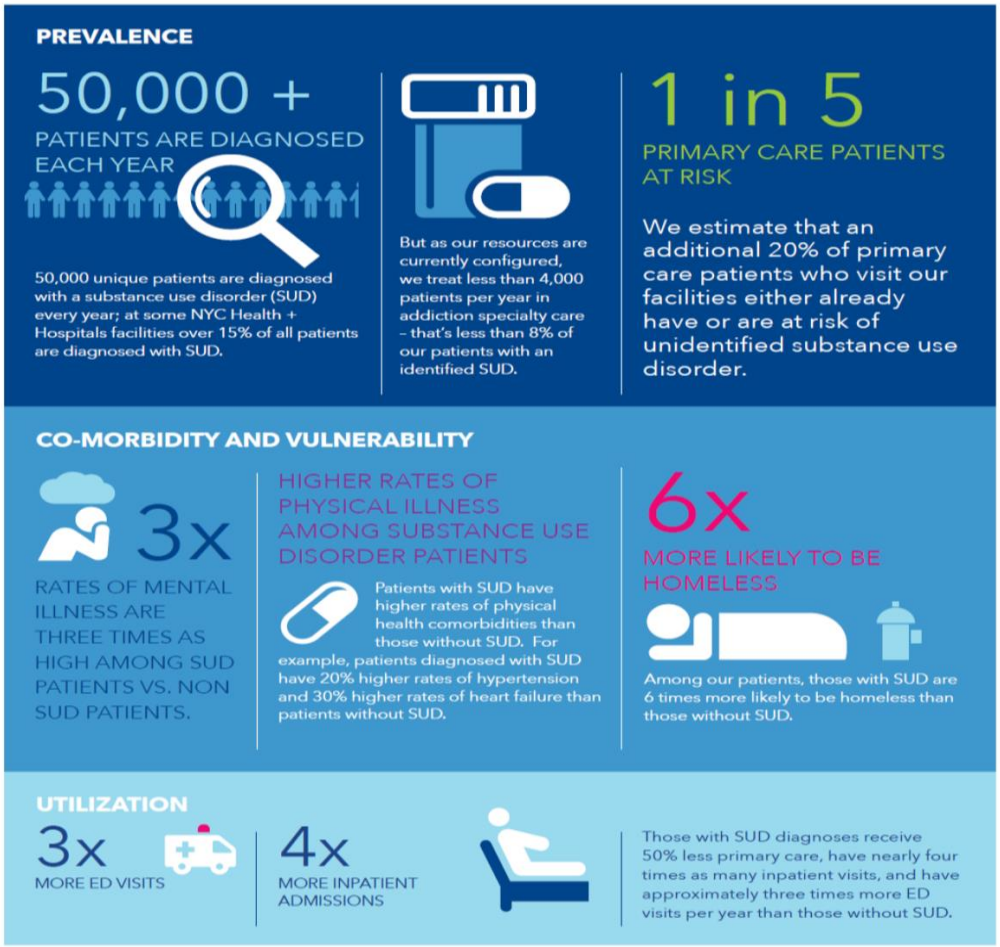
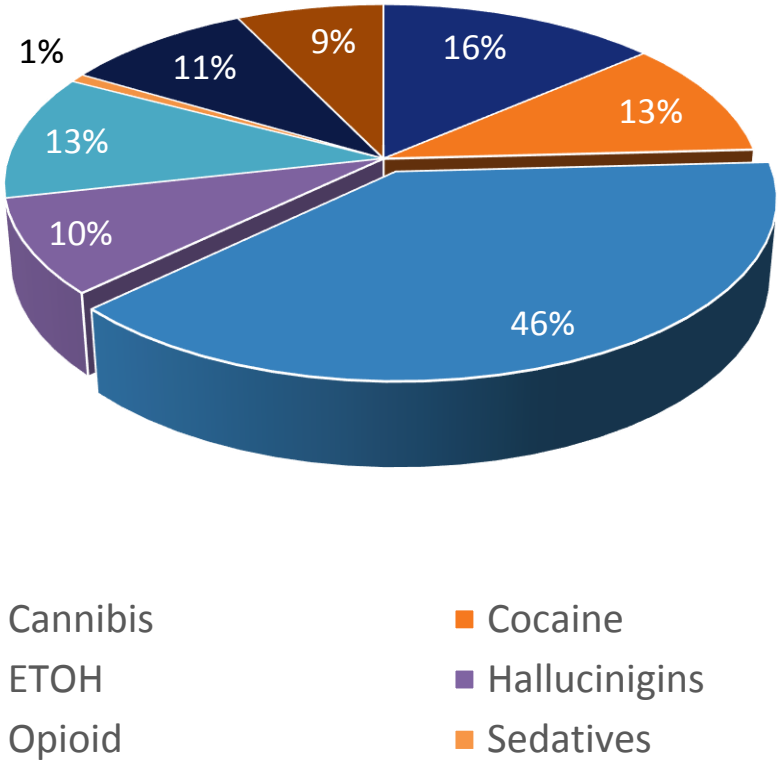
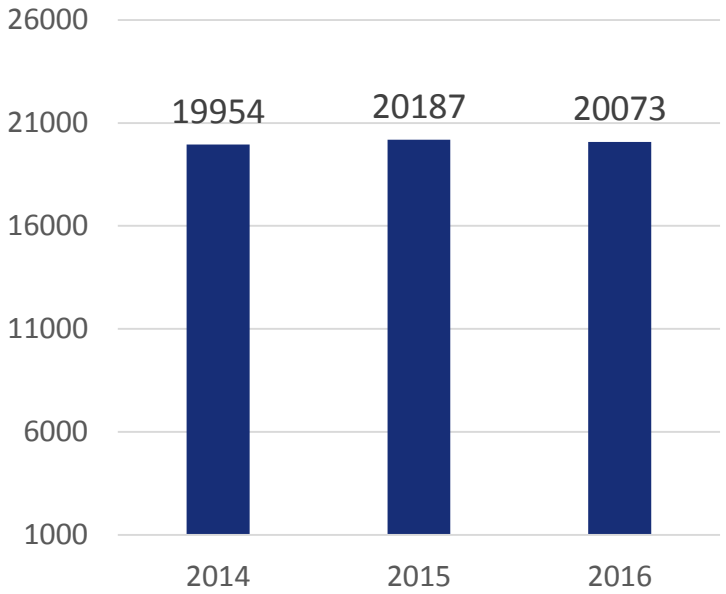
Transforming Substance Use Care



Nearly half of all SUD dx's at NYC Health + Hospitals are for Alcohol Use Disorder



Opioid use disorder dx (unique pts) at NYC Health + Hospitals



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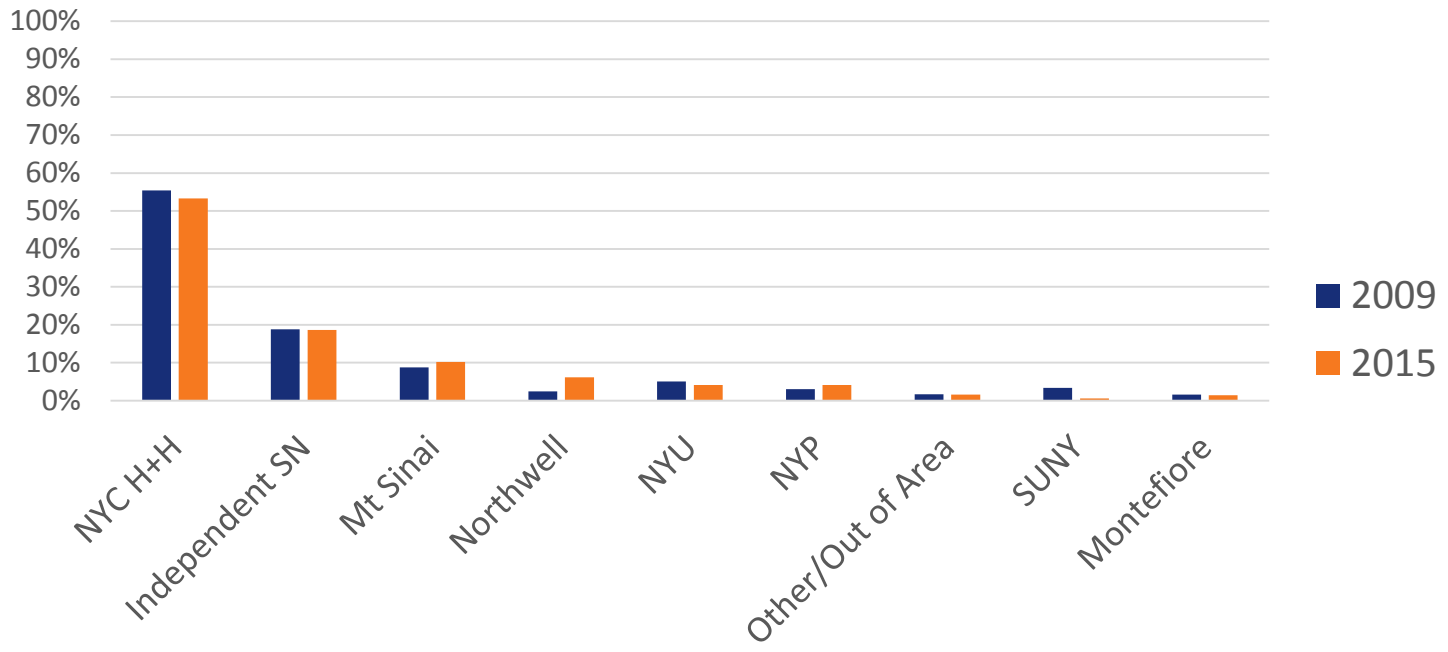
ED visits with opioid primary diagnosis by health system as a percentage (SPARCS 2009, 2015)



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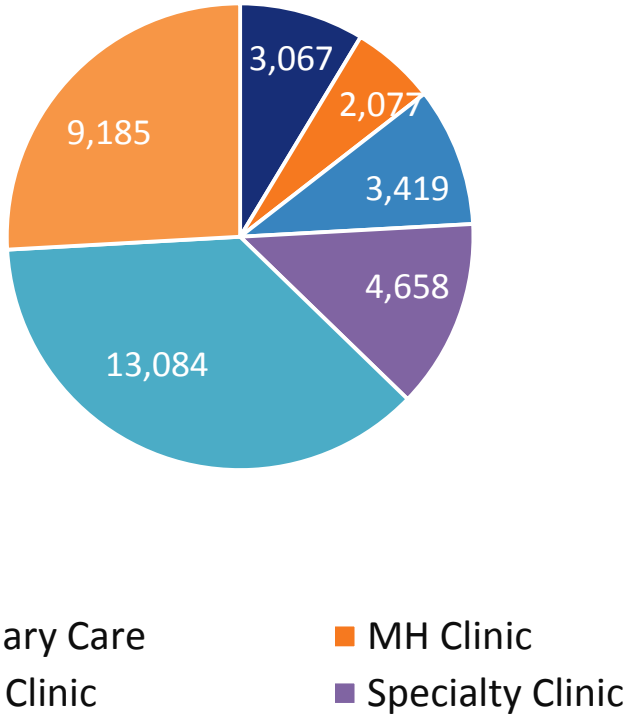
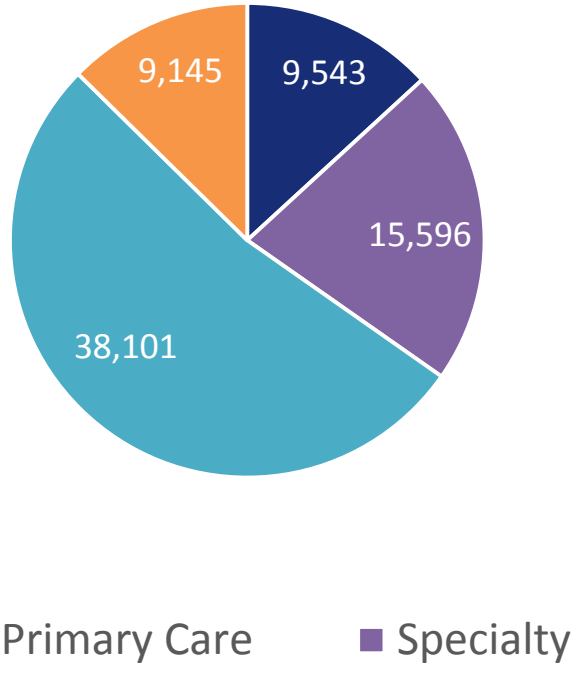
Opioid use disorder dx (unique pts per service) across NYC Health + Hospitals services, 2016



Opioid use disorder dx (encounters) across non-Behavioral Health services at NYC health + Hospitals, 2016



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SUD and harmful use among primary care patients

Based on data collected from a study of SUD screening in primary care at Bellevue Hospital in 2014 (and studies of other systems) we estimate that approximately 20% of primary care patients are at moderate risk of harmful substance use or substance use disorder.

Table 3 Prevalence of substance use, based on responses to the interviewer-administered Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), in the 393 participants; risk categorization is based on standard ASSIST cut-offs [15].

Substance	*Life-time use, n (%)*	*Current use, n (%)*	*Low-risk, n (%)*	*Moderate-risk, n (%)*	*High-risk, n (%)*
Tobacco	254 (64.6)	135 (34.3)	238 (60.6)	128 (32.6)	27 (6.9)
Alcohol	337 (85.8)	210 (53.4)	323 (82.2)	52 (13.2)	18 (4.6)
Any illicit drug	240 (61.1)	82 (20.9)	284 (72.3)	91 (23.2)	18 (4.6)
Any prescription drug	105 (26.7)	32 (8.1)	358 (91.1)	31 (7.9)	4 (1.0)
Specific drug class					
Cannabis	232 (59.0)	58 (14.8)	324 (82.4)	64 (16.3)	5 (1.3)
Cocaine	156 (39.7)	31 (7.9)	329 (83.7)	54 (13.8)	10 (2.6)
Hallucinogens	83 (21.1)	7 (1.8)	379 (96.4)	13 (3.3)	1 (0.3)
Sedatives	76 (20.1)	19 (4.8)	372 (94.7)	20 (5.1)	1 (0.3)
Heroin	71 (18.1)	13 (3.3)	369 (93.9)	18 (4.6)	6 (1.5)
Prescription opioids	47 (12.0)	14 (3.6)	377 (95.9)	13 (3.3)	3 (0.8)
Prescription stimulants	40 (10.2)	14 (3.6)	376 (95.7)	16 (4.1)	1 (0.3)
Methamphetamine	42 (10.7)	0	388 (98.7)	5 (1.3)	0
Inhalants	39 (9.9)	3 (0.8)	384 (97.7)	9 (2.3)	0

(Source: McNeely et al. 2015)

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Most NYC adults have not discussed substance use with a health professional

- Only 24% of NYC adults report a doctor, nurse or other health professional had asked or talked to them about their alcohol use in the past year

- Screening for alcohol and drug use is not a routine part of clinical care for adults in NYC

Source: New York City Department of Health and Mental Hygiene Community Health Survey, 2011

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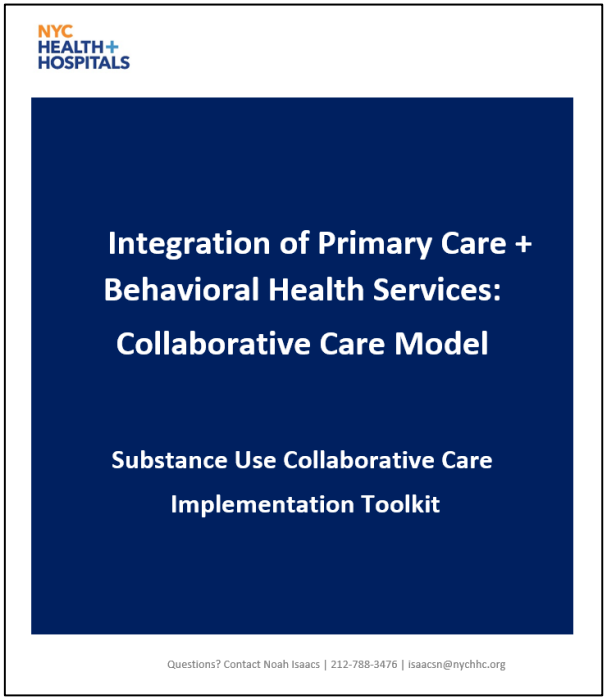
SUD and harmful use among primary care patients

- We know there is prevalence
- We know there is stigma
- Meanwhile, alcohol and drug use continue to be significant drivers of morbidity and costly healthcare utilization among our patient population
- Goal: Universal SUD screening as part of Collaborative Care

Integrated SUD/Depression Collaborative Care

- Informed by the SBIRT model and evidence supporting it, but broader and more focused on a continuum of primary care sited interventions
- Mirrors the current IMPACT model workflow and will be integrated with it
- When implementation is mature and at scale, all patients coming into primary care will be screened for substance use, and offered primary care sited brief interventions and ongoing care when appropriate



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Service Specific Initiatives

1. Judicious opioid prescribing and pain management
2. Overdose reversal medication and training
3. Expansion of medication assisted treatment
4. Changing ED response
5. Consult for Addiction Treatment and Care in Hospitals (CATCH) Teams

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Expanding medication assisted treatment

- Goal: additional providers prescribing buprenorphine
  - Increasing from 100 to 450 the number of physicians waivered to prescribe buprenorphine
  - Increasing Bupe patients across system
    - Baseline in 2017 is > 600 patients.
    - Preliminary target of 250 new pts per year treated with buprenorphine
- Goal: Buprenorphine programs in all 17 adult medicine outpatient clinics across hospital system in FY ‘19
  - Making MAT a standard of care in all NYC H+H primary care
  - Establish levels of care

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Buprenorphine Programs in Primary Care

Level	Standard	Notes
Basic	• X-waivered Prescriber Champion • 10 patients	Central Office system support for the prescriber champion through an ECHO model approach
Enhanced	• X-waivered Prescriber Champion • 2nd X-waivered provider • 20 patient panel • Policies & Procedures • Dedicated clinic time • .25 FTE dedicated admin time • Institutionalized referral process	• Champion and Central Office grow prescribing capacity and continue ECHO support
Advanced	• X-waivered Prescriber Champion • Multiple X-waivered prescribers • 20+ patient panel • Policies & Procedures • Dedicated clinic time • 1 FTE Dedicated admin time • Nurse Care Manager (optional) • Institutionalized referral process • Active/formalized recruiting of patients • Residency rotation • Screening all Amb Care Patients for SUD	• Advanced sites will serve as referral hubs for community • Advanced sites will be integrated with all hospital departments to take patients even if induction has happened in ED or Bridge Clinic.

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Bupe Standard of Care

Standard	Detail

X-waivered Prescriber Champion	• One (or more) X-waivered Prescriber
	• Time allotment for clinical care
	  • Estimated 10% FTE
	  • Goal of 10 patient panel in year 1 (DEA limit of 30 patients in year 1)
	• Time allotment for admin
	  • Estimated 2% FTE

Participation in ECHO	• Weekly ECHO lunch time video conference*
	  • Expert Guidance
	  • Learn Best Practices (Clinical and Admin)
	  • Case Conferencing

Established Policies & Procedures	• Induction Protocol*
	• Urine Drug Screens
	  • U-Tox Power
	  • U-Buprenorphine
	• Patient Agreement*
	• Naloxone Provision*
	• Provider back-up plan

Treatment linkages	• Referring Patients to More Intensive Treatment • IOP, OTP (H+H and community resources) • Social Work, Psych, Identify referral system
Prescription Logistics	• I-Stop check • Prior Authorization check

*Template/guidance provided by OBH

Bupe Standard of Care

- Drafted and reviewed by the Ambulatory Care Leadership Council
  - Open comment period for all providers to respond
- Established Bupe Champions at each of 17 NYC H+H sites
- Project ECHO will support champions in building their skills, knowledge and panels

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Project ECHO: an Innovative Knowledge Platform

- Case-based tele-conferencing model
  - Force-multiplying effect: Tele-conferencing ≠ telemedicine
- A learning community
  - Linking expert “hub” with local PCPs
  - All hands on deck: team effort
  - Champions provide care + share knowledge locally
- Short didactic lecture
  - Knowledge and administrative topics

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Makes Sense – But Does it Work?

- Original Hep C ECHO in New Mexico[1]
  - SVR in ECHO clinics no different than academic center
  - ↑ Provider satisfaction, ↓ Sense of isolation
- ECHO Act of 2016 – funding + integration
- Major gov't + philanthropic funders
  - CDC, CMS, NIDA, DoD, SAMHSA, RWJF…
- >100 sites in US and dozens of countries internationally
- Robust and growing literature [2]

1: Arora S, et al. NEJM (2011)
2: Zhou C, et al. Acad Med (2016)

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Evidence in Literature

REVIEW

Annals of Internal Medicine

Primary Care–Based Models for the Treatment of Opioid Use Disorder

A Scoping Review

P. Todd Korthuis, MD, MPH; Dennis McCarty, PhD; Melissa Weimer, DO, MCR; Christina Bougatsos, MPH; Ian Blazina, MPH; Bernadette Zakher, MBBS; Sara Grusing, BS; Beth Devine, PhD, PharmD, MBA; and Roger Chou, MD

2017

- Pain Medicine: Improving Pain Care with Project ECHO In Community Health Centers
- Journal of Continuing Education in the Health Professions: Project ECHO: A Telementoring Network Model for Continuing Professional Development
- Association of Physicians of India: Democratizing Knowledge to Improve Care for the Underserved.
- American Journal of Managed Care; Evidence Based Oncology: Project ECHO: An Effective Means of Increasing Palliative Care Capacity
- Pain Medicine ePub: SCAN-ECHO for Pain Management: Implementing a Regional Telementoring Training for Primary Care Providers
- Pain Medicine: Editorial: The Power of Pain Education: A Call for Robust Research
- Annals of Internal Medicine: Curing Hepatitis C Virus Infection: Best Practices From the U.S. Department of Veterans Affairs
- American Journal of Medicine: Telemedicine Specialty Support Promotes Hepatitis C Treatment by Primary Care Providers in the Department of Veteran's Affairs
- Pain Medicine: Project ECHO Telementoring Intervention for Managing Chronic Pain in Primary Care: Insights From a Qualitative Study
- BMJ Innovations ePub: Telementoring with Project ECHO: A Pilot Study in Europe
- Journal of American Geriatrics Society: Extension for Community Healthcare Outcomes-care Transitions: Enhancing Geriatric Care Transitions Through a Multidisciplinary Videoconference
- Population Health Management: Telementoring Primary Care Clinicians to Improve Geriatric Mental Health Care
- Contemporary Clinical Trails Communications: Primary Care Chronic Pain Management Through Weekly Didactic and Case-based Telementoring
- Digestive Diseases and Sciences: Specialty Care Access Network-Extension of Community Health Outcomes Model Program for Liver Disease Improves Specialty Care Access
- Disaster Medicine and Public Health Preparation Building Physician Networks as Part of the Zika Response
- International Journal of Multiple Sclerosis Care ePub:Project ECHO in multiple sclerosis: Increasing clinical capacity
- Psychiatric Services: Enhanced Primary Care Treatment of Behavioral Disorders with ECHO Case-based Learning
- Patient Education and Counseling: Contingent engagement: What we learn from patients with complex health problems and low socio-economic status

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gists

Concepts in the Management of Osteoporosis and Metabolic Bone Diseases

s Treatment Gap

O to Improve the Care of Osteoporosis

atment of Patients with Hepatitis C

Practice Care for Children With Autism

Using a Novel Video-conferencing Program: ECHO-Care Transitions

Comparative Review Between Global and Indian Telepsychiatry Programs

How Technology Can Expand Access to Effective Treatment

Infection Through Primary Care Providers

EE: Tobacco Cessation Training for Counselors Through "Hybrid Learning" A

- Healthcare: Adopting ECHO-SCAN: The Providers' Experiences
- Pedagogy in Health Promotion: Supporting Peer Learning Networks for Case-based Learning in Public Health: Experience of the Rocky Mountain Public Health Training Center With the ECHO Training Model
- Journal of Continuing Education in the Health Professions: ECHO Pain Curriculum: Balancing Mandated Continuing Education With the Needs of Rural Health Care Practitioners
- Academic Psychiatry: Building Provincial Mental Health Capacity in Primary Care: An Evaluation of a Project ECHO Mental Health Program
- The Lancet: Building Virtual Communities of Practice for Health
- The Global Health Delivery Project at Harvard University: Project ECHO: Expanding the Capacity of Primary Care Providers to Address Complex Conditions
- NORC at the University of Chicago: Health Care Innovation Award (HCIA) Complex/High-Risk Patient Targeting: Third Annual Report
- 2017 Population Health Management: Telementoring Primary Care Clinicians to Improve Geriatric Mental Health Care
- The American Journal of Medicine: Telemedicine Specialty Support Promotes Hepatitis C Treatment by Primary Care Providers in the Department of Veteran Affairs

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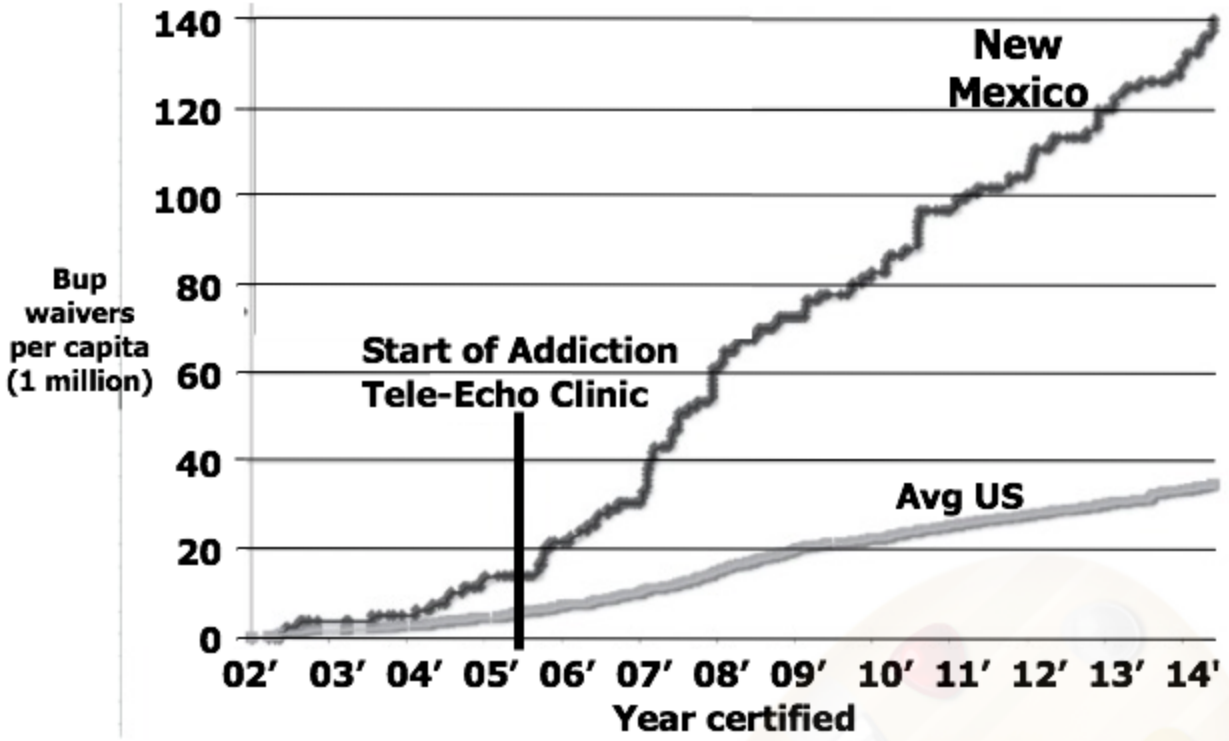
Bup-waivered MDs per million in Underserved ZIP codes in New Mexico vs US



PMC full text: Subst Abus. 2016 Jan 2; 37(1): 20–24.
Published online 2016 Apr 8. doi: 10.1080/08897077.2015.1129388

NYC H+H and OneCity Health Objectives

- Supporting *One New YorkThe Plan for a Strong and Just City* and *Commission on Health Care for Our Neighborhoods*:
  - ↑ Buprenorphine capacity in local, community-based settings
    - "Move knowledge not patients"
  - ↑ Linkages + developing clinical partnerships
    - ↓ Provider isolation, improving support
  - Closing gaps in the continuum of care
  - Challenging stigmas

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NYC H+H Bupe ECHO

- Starting May 3rd for 16 lunchtime sessions
- Team based approach
  - Nursing, social workers, admin encouraged to attend
- 15 minute didactic from local expert
  - Clinical and administrative best practices
- Two case presentations or QI initiatives
  - Followed by case summary + recommendations
- Ongoing technical and administrative support
- CME offered to people who attend >75% of sessions

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Sample ECHO Curriculum

Schedule	Topic
	1. Nuts and Bolts
5/3/18	buprenorphine initiation
5/10/18	consent/accountability
5/17/18	urine toxicology
5/24/18	stigma/narrative health
	2. Opioid Use Disorder
5/31/18	Screening
6/7/18	Safe Opioid Prescribing
6/14/18	Medication Assisted Treatment
6/28/18	Buprenorphine Management
	3. Advanced
7/12/18	Dual Diagnosis
7/19/18	Special Populations
7/26/18	Pain
8/2/18	Difficult Patients
	4. Skills
8/9/18	Clinical Management
8/16/18	Motivational Interviewing
8/23/18	Harm Reduction
8/30/18	Technology

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Future of NYC H+H Bupe ECHO

- An iterative process
  - Expand to all H+H primary care clinics and OneCity partners
  - Word of mouth: Champions to ID other interested providers
- Ongoing mixed-methods evaluation
  - Quality of care, program operations, capacity to treat

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Where are patients coming from?

- Emergency Departments
  - ED-based peers will connect patients to care
- CATCH: inpatient addiction consult teams will bridge patients
- Rikers: Justice-involved referrals
- Community-based referrals
- H+H primary care screening

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Primary Care and Substance Use

- ↑ Screening for harmful substance use
- ↑ Treatment of opioid use disorder in ambulatory care
- ↓ stigma around harmful substance use
- ↓ inpatient utilization
- ↓ ED utilization among frequent flyers


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