El Dorado Program Overview

STEPS

Supportive Treatment Empowering Personal Success

EL DORADO COMMUNITY HEALTH CENTER

- Kevin Caskey, LCSW, Director and BH Clinician
- Gabriel Reina, MD, SUD Provider Champion
- Susan Scott, MS, LAADC
- Johannah Maggetti, RN

EL DORADO COUNTY

El Dorado Community Health Center STEPS Program

Patient Demographics:

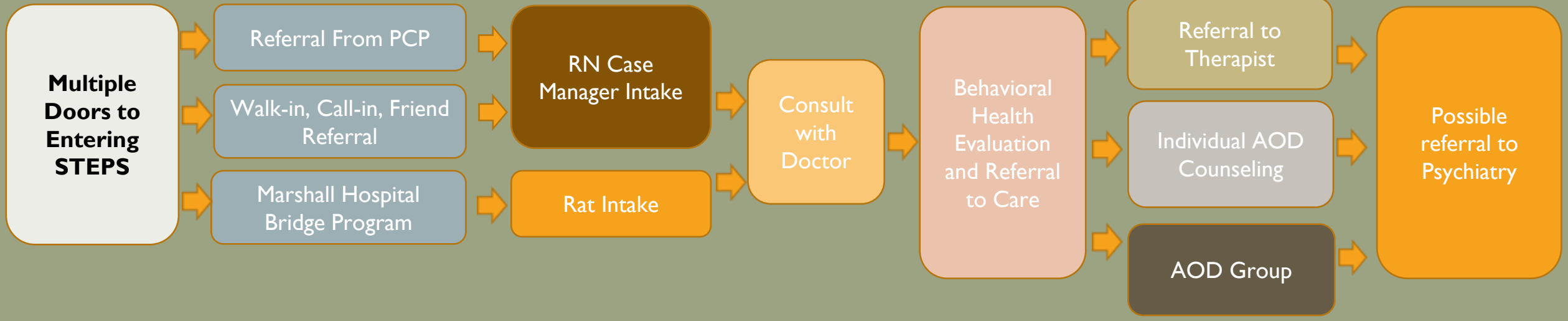
Rural

88% Caucasian

Low income

Medi-Cal insured

PATIENT FLOW CHART



STEPS believes in providing options for care.

BEHAVIORAL HEALTH PROGRAM

STEPS
Supportive Treatment Empowering Personal Success

STEPS Behavioral Health Team

Psychiatrist – Denise Kelleher, MD
STEPS Program Manager – Kevin Caskey LCSW
Psychologist – Lisa Barry PhD
Addiction Counselor- Susan Scott LAADC
Therapist – Chris Weston – AMFT

STEPS Huddle
STEPS Team meets daily for one hour to discuss patients of the day with all medical and behavioral health staff.

QIRC
Quality Improvement Response Committee

Meets monthly to discuss specific Co-occurring patients with psychiatric needs and problem behavior

Referral to higher level of psychiatric care if needed, with continued connection to MAT services

STEPS Program

El Dorado Community Health Center

Mission Statement

- To provide compassionate and integrated treatment for individuals with substance use disorders. To offer solutions for safe prescribing in the management of chronic pain.

Patient Statistics

- STEPS currently has approximately 316 active patients.
- Breakdown of presenting problems:
  - 35% OUD
  - 16% AUD
  - 16% Polysubstance
  - 15% OUD/Safe Rx
  - 13% “Safe Rx”
  - 5% Other (SHUD, Polysubstance)

STEPS Staff Composition

- X-Waivered Providers (2 MDs, 1 PA, 1 FNP)
  - Provide MAT/SUD Treatment Services
- Department Director (Formerly Program Manager)
  - Oversees day to day operations
  - Ensures fiscal sustainability
  - BH services
- 2 RN Case Managers
  - Chart review for incoming referrals
  - Intakes
  - Management of cases (Labs, follow up with PCP, etc.)

STEPS Staff Composition

- Licensed Alcohol and Drug Counselor
  - Facilitates refill groups
  - Individual AOD counseling
- Psychologist and AMFT
  - "In house" psychotherapy and integrated BH for STEPS patients.
- 2 Medical Assistants
  - Prep patients for medical visits
  - Prep patients for refill groups
  - Tracking of patient data (For grant reporting)
- 3 Support Service Coordinators
  - Coordinate patient appointments between multiple providers and disciplines (Medical, BH, Nursing and AOD)
  - Provide operational and administrative support

STEPS Program Philosophies/Approaches for Staff Retention and Satisfaction

- Multidisciplinary Team (MDs, FNP, RNs, LCSWs, LAADC, MAs and support staff).
  - Integrated Treatment Model (Medical and Behavioral Health)
- Effective communication is a foundational component of program.
  - Team huddles start every clinic day.
  - "Curbside" huddles when needed for complex patients
- Hire for personality and cultural fit.
- Equal but different roles within program.
- Provide upward mobility and professional development for staff members.

EL DORADO COMMUNITY HEALTH CENTER

Gabriel Reina, MD

Staff Physician, STEPS

MAT Clinic

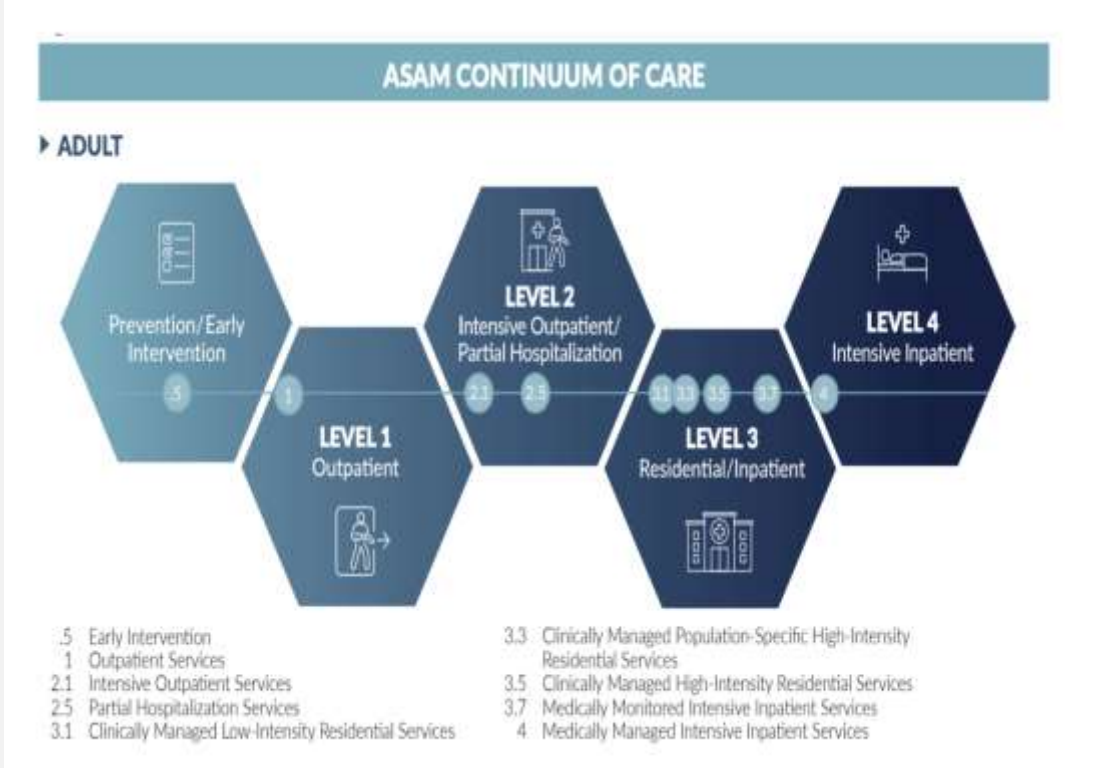
I have no Disclosures.

QUALITY IMPROVEMENT INTERVENTIONS

1. Integrated ASAM Continuum Assessment
2. Ambulatory Alcohol Withdrawal Management
3. Interdisciplinary Committee
4. Tapering Considerations

ASAM ASSESSMENT AND INTEGRATION OF ASAM CONTINUUM ASSESSMENT

Clinic Need: Uniform assessment across all patients to help coordinate care



https://www.asam.org/asam-criteria/about-the-asam-criteria

ASAM CONTINUUM ASSESSMENT INTEGRATION FEBRUARY 2022

- Implementation
  - Training of staff (RNs and Behavioral Health Clinicians)
    - ASAM Assessment [1]
    - ASAM Continuum software [2]
  - Finding Vendor for Software [3]
    - Alternative is paper based assessment released for free by ASAM [4]
- Challenges
  - Lack of access to higher levels of care in our region
  - Long wait time for higher levels of care available
  - Lack of true integration with our EMR
  - Learning curve for RN/BH to perform assessment
- Data
  - 14 assessments Over Feb March 2022

[1] https://elearning.asam.org/products/the-asam-criteria-8-hour-online-course
[2] https://elearning.asam.org/products/asam-continuum-training-videos
[3] https://feisystems.com/solutions/behavioral-health/asam-continuum/
[4] https://www.asam.org/asam-criteria/criteria-intake-assessment-form

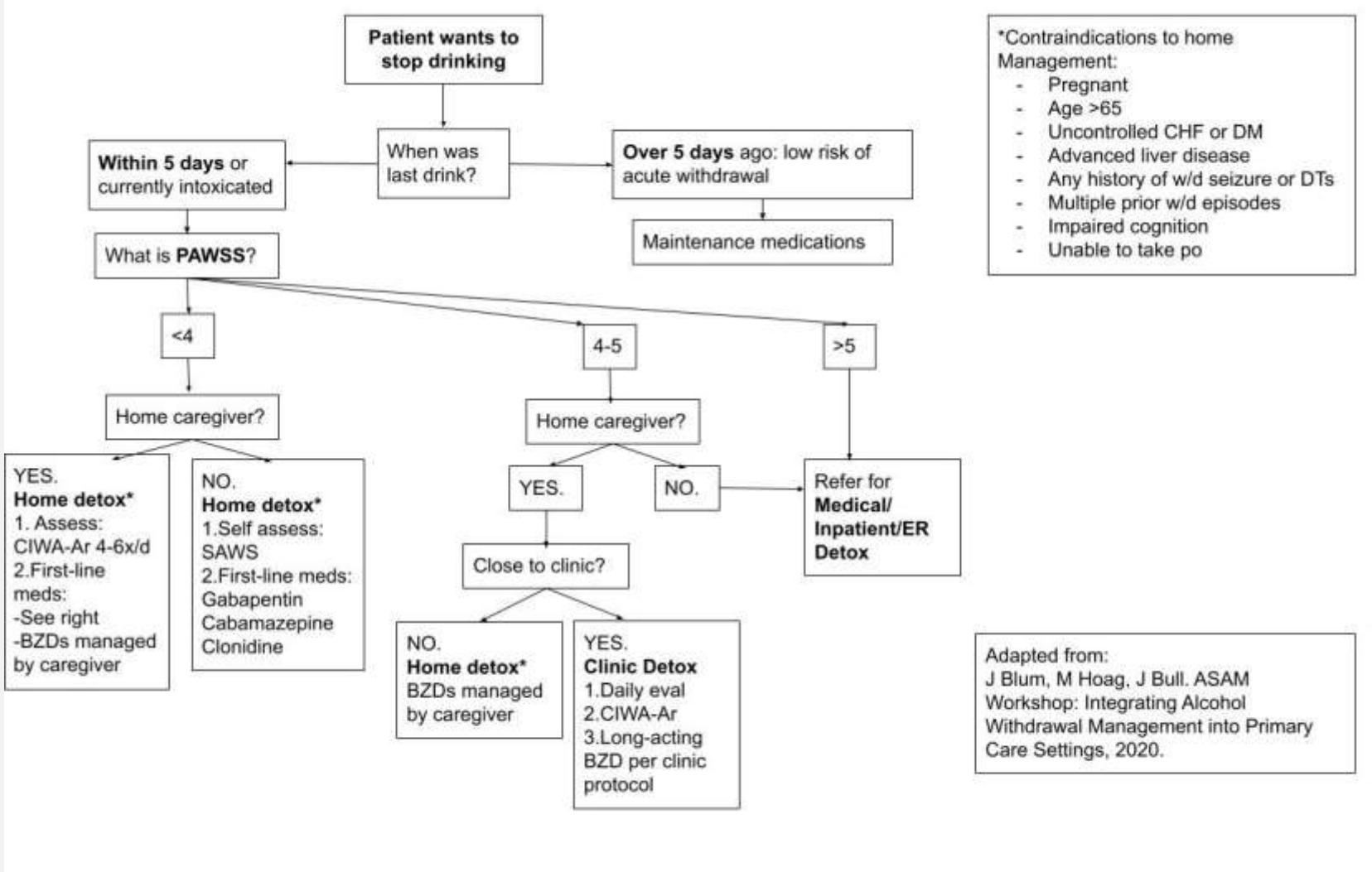
Patient	ID	AUD	OUD	SUD (Methamphetamines)	Other	Level of Care Recommendation
1	30 yo M	Severe (11)				Level 4 COC
2a	31 yo M				Severe Non-Barbibuate Sedative (Benzodiazepines, 11)	Level 2.1 Level 2.5
2b	31 yo M	Mild (3)			Severe Non-Barbibuate Sedative (Benzodiazepines, 11)	Level 2.1 Level 3.7
3	46 yo F	Severe (11)			Solvent/Inhalants (10)	Level 3.7
4	57 yo F			Moderate (4)		Level 2.1 Level 3.7, Level 4 COE
5	35 yo M		Severe (11)			Level 1
6	49 yo F		Severe (10)	Severe (10)		Level 1
7	59 yo F					No Level of Care Recommendation
8	44 yo F	Severe (10)				Level 2.1, Level 3.5
9	31 yo M		Severe (6)			Level 2.1, Level 3.5
10	31 yo M		Severe (10)	Severe (10)		Level 3.7
11	31 yo M	Severe (10)				Level 2.1 Level 2.5, Level 3.5
12	36 yo M	Severe (11)				Level 4
13	58 yo M	Severe (11)				Level 1

AMBULATORY ALCOHOL WITHDRAWAL MANAGEMENT

- **Clinic Need**: Uniform framework for treating alcohol withdrawal
  - Treating withdrawal is only one component of their use disorder
- Implementation
  - Training of staff: RNs, Providers.
    - ASAM Guidelines [1], 5 Part Webinar Series [2]
  - Developing Protocol
  - Providing warm hand off to Emergency Room SUN (Substance Use Navigator)
- Challenges
  - Lack of access to higher levels of care in our region
- Successes
  - Better communication with Local ER

[1] https://www.asam.org/quality-care/clinical-guidelines/alcohol-withdrawal-management-guideline
[2] https://elearning.asam.org/products/the-asam-alcohol-withdrawal-management-guideline-webinar-series?_zs=PNL7b&_zl=fCNB2

AMBULATORY ALCOHOL WITHDRAWAL MANAGEMENT



AMBULATORY WITHDRAWAL MANAGEMENT

Workflow: RN's perform risk assessment at time of intake, includes PAWSS[1]

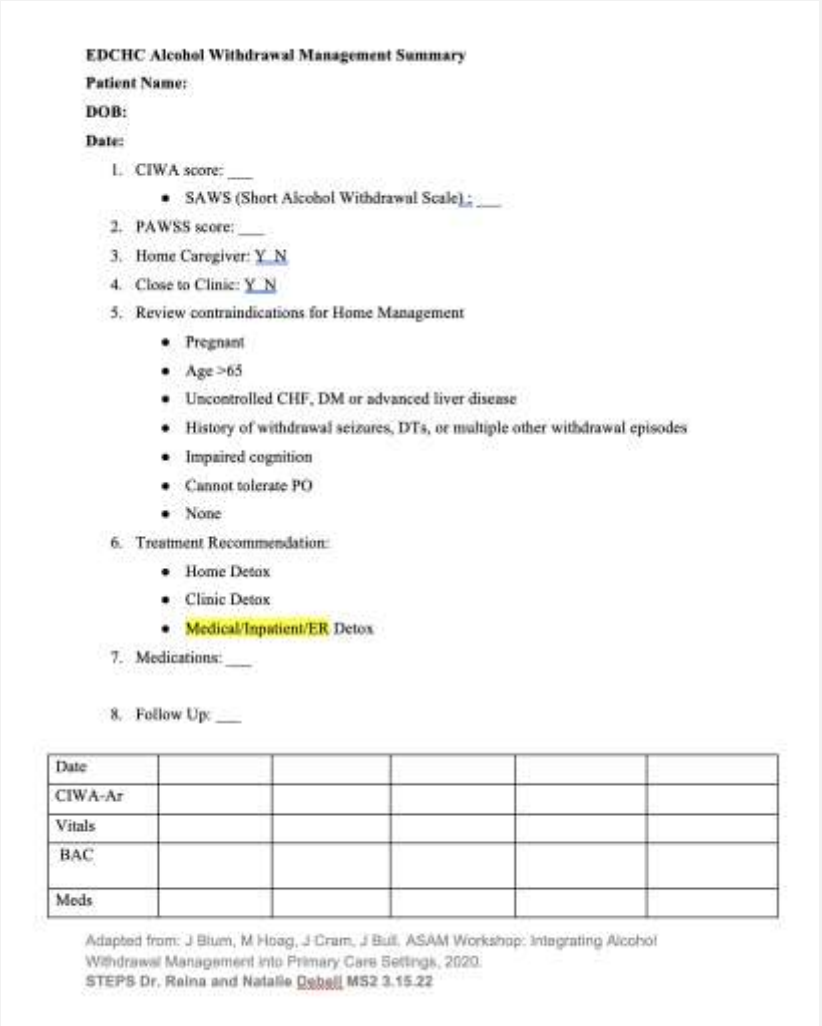
Allows us to risk stratify patients based on prior alcohol withdrawal history and likelihood of going into severe withdrawal

For patients in withdrawal or who have made decision to stop drinking:

Daily in person visits, RNs to do vitals, CIWA-Ar, BAC

Or Daily RN phone visit check-ins

RN completes worksheet and gives to provider to make clinical decision on treatment options for that day



EDCHC Alcohol Withdrawal Management Summary

Patient Name:

DOB:

Date:

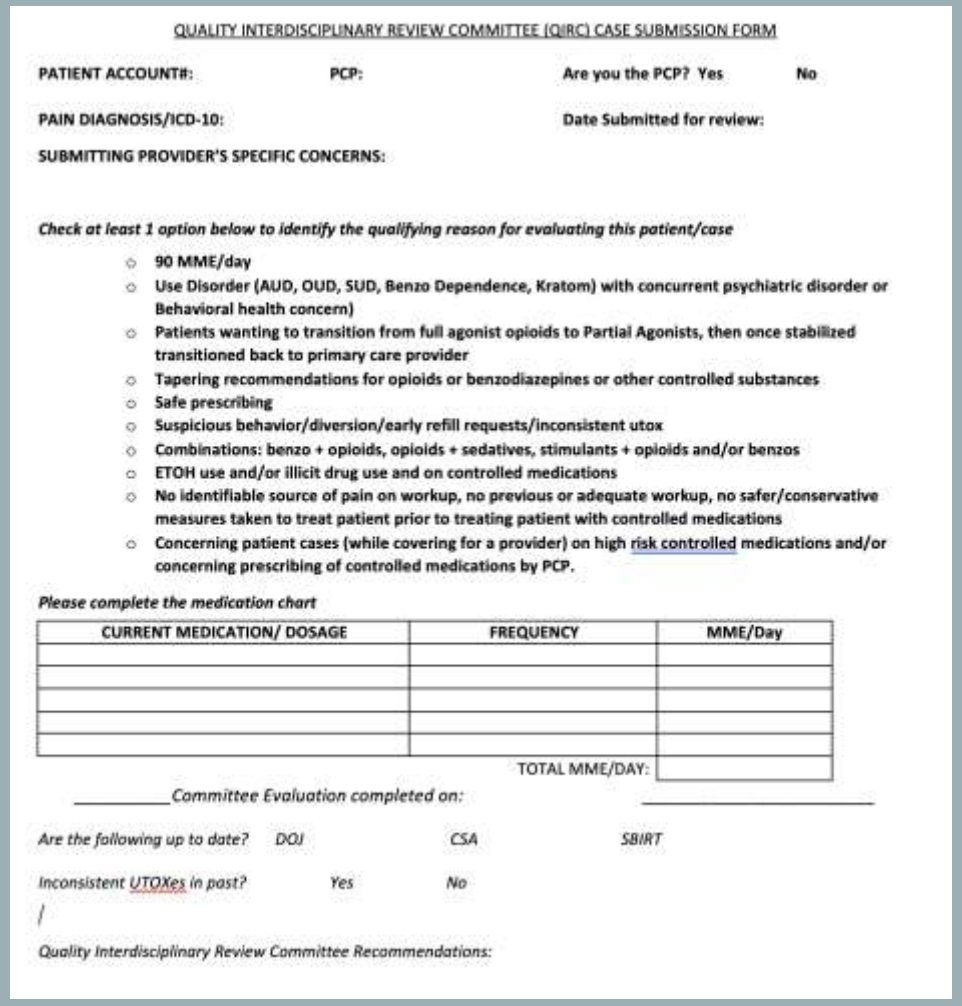
1. CIWA score: ___
   - SAWS (Short Alcohol Withdrawal Scale): ___
2. PAWSS score: ___
3. Home Caregiver: Y N
4. Close to Clinic: Y N
5. Review contraindications for Home Management
   - Pregnant
   - Age >65
   - Uncontrolled CHF, DM or advanced liver disease
   - History of withdrawal seizures, DTs, or multiple other withdrawal episodes
   - Impaired cognition
   - Cannot tolerate PO
   - None
6. Treatment Recommendation:
   - Home Detox
   - Clinic Detox
   - Medical/Inpatient/ER Detox
7. Medications: ___
8. Follow Up: ___

Date					
CIWA-Ar					
Vitals					
BAC					
Meds					

Adapted from: J Blum, M Hoag, J Cram, J Bull. ASAM Workshop: Integrating Alcohol Withdrawal Management into Primary Care Settings, 2020.
STEPS Dr. Raina and Natalie Deboll MS2 3.15.22

1 https://www.uptodate.com/contents/management-of-moderate-and-severe-alcohol-withdrawal-syndromes?search=pawss%20alcohol&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

INTERDISCIPLINARY COMMITTEE



QUALITY INTERDISCIPLINARY REVIEW COMMITTEE (QIRC) CASE SUBMISSION FORM

PATIENT ACCOUNT#: **PCP:** **Are you the PCP? Yes** **No**

PAIN DIAGNOSIS/ICD-10: **Date Submitted for review:**

SUBMITTING PROVIDER'S SPECIFIC CONCERNS:

Check at least 1 option below to identify the qualifying reason for evaluating this patient/case

- **90 MME/day**
- **Use Disorder (AUD, OUD, SUD, Benzo Dependence, Kratom) with concurrent psychiatric disorder or Behavioral health concern)**
- **Patients wanting to transition from full agonist opioids to Partial Agonists, then once stabilized transitioned back to primary care provider**
- **Tapering recommendations for opioids or benzodiazepines or other controlled substances**
- **Safe prescribing**
- **Suspicious behavior/diversion/early refill requests/inconsistent utox**
- **Combinations: benzo + opioids, opioids + sedatives, stimulants + opioids and/or benzos**
- **ETOH use and/or illicit drug use and on controlled medications**
- **No identifiable source of pain on workup, no previous or adequate workup, no safer/conservative measures taken to treat patient prior to treating patient with controlled medications**
- **Concerning patient cases (while covering for a provider) on high risk controlled medications and/or concerning prescribing of controlled medications by PCP.**

Please complete the medication chart

CURRENT MEDICATION/ DOSAGE	FREQUENCY	MME/Day
	TOTAL MME/DAY:	

_____*Committee Evaluation completed on:* _____

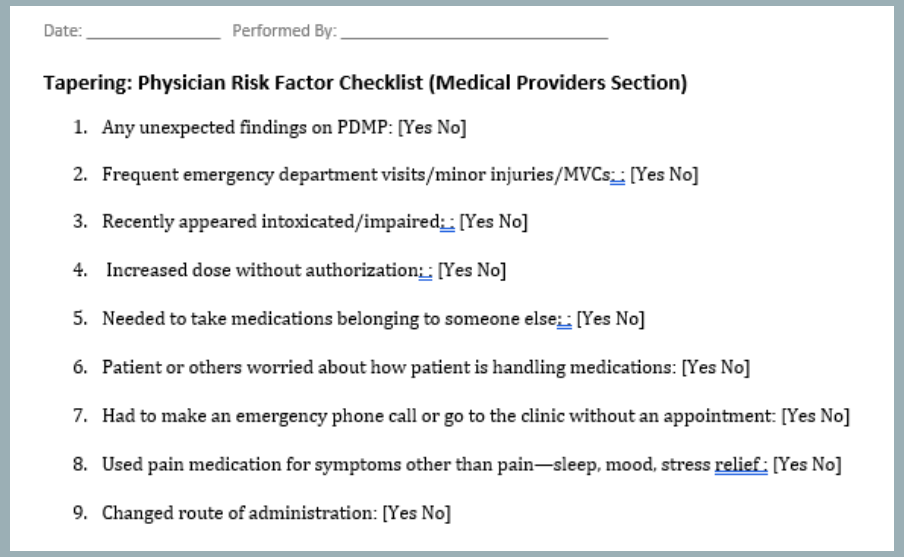
Are the following up to date? *DOJ* *CSA* *SBIRT*

Inconsistent UTOXes in past? *Yes* *No*

Quality Interdisciplinary Review Committee Recommendations:

- **Clinic Need**: Primary care providers need more support with challenging clinical decisions for patients with substance use disorders or behavioral concerns
- Implementation: Interdisciplinary Team
  - MAT Addiction Providers, MAT RN Case Managers, Psychiatrist, MAT Program Counselor, Primary Care Providers
  - Standing Monthly meetings
  - Participants include all members of a patient's treatment team + Interdisciplinary committee.
  - Need Administrative support
    - Scheduling a multi-disciplinary team
    - 90 minutes long, 3-4 cases per month

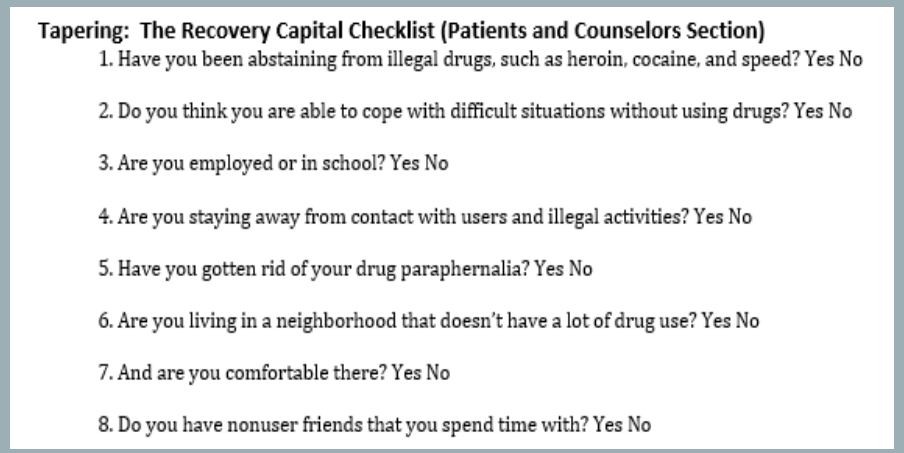
TAPERING CONSIDERATIONS



Date: _____ Performed By: _____

Tapering: Physician Risk Factor Checklist (Medical Providers Section)

1. Any unexpected findings on PDMP: [Yes No]
2. Frequent emergency department visits/minor injuries/MVCs: : [Yes No]
3. Recently appeared intoxicated/impaired: : [Yes No]
4. Increased dose without authorization: : [Yes No]
5. Needed to take medications belonging to someone else: : [Yes No]
6. Patient or others worried about how patient is handling medications: [Yes No]
7. Had to make an emergency phone call or go to the clinic without an appointment: [Yes No]
8. Used pain medication for symptoms other than pain—sleep, mood, stress relief : [Yes No]
9. Changed route of administration: [Yes No]



Tapering: The Recovery Capital Checklist (Patients and Counselors Section)

1. Have you been abstaining from illegal drugs, such as heroin, cocaine, and speed? Yes No
2. Do you think you are able to cope with difficult situations without using drugs? Yes No
3. Are you employed or in school? Yes No
4. Are you staying away from contact with users and illegal activities? Yes No
5. Have you gotten rid of your drug paraphernalia? Yes No
6. Are you living in a neighborhood that doesn't have a lot of drug use? Yes No
7. And are you comfortable there? Yes No
8. Do you have nonuser friends that you spend time with? Yes No

- **Clinic Need**: Structured way to assess and support patient desire to taper off of buprenorphine
- Implementation:
  - Source: *Discontinuing Methadone and Buprenorphine:A Review and Clinical Challenges (*J Addict Med 2021;15: 454–460) [1]
  - Created Checklist as conversation point, to highlight areas of concern
    - Physician Checklist 20 questions, can be completed by RN/provider.
    - Behavioral Health Checklist 16 questions

[1] https://journals.lww.com/journaladdictionmedicine/Fulltext/2021/12000/Discontinuing_Methadone_and_Buprenorphine__A.6.aspx