

Enhancing provider awareness of substance abuse and safe opioid prescribing

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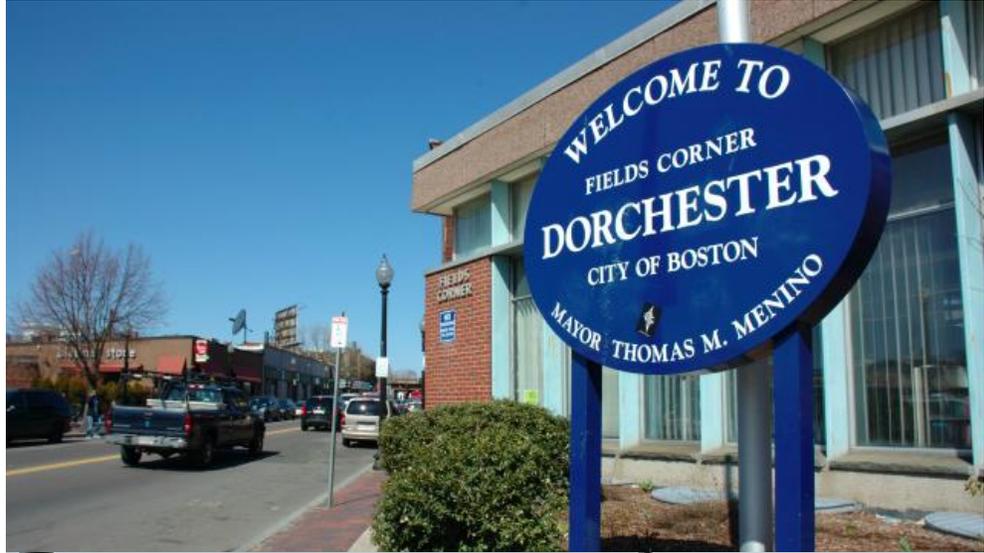
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Scope of problem

Most PCPs receive inadequate training to treat substance use disorders (SUD)

Patients with SUD often do not have a strong relationship with primary care

SUD may still be labeled as “behavior” rather than medical disease

Privacy requirements for SUD treatment can be a barrier to effective communication

Opioid crisis highlights the need to screen and treat in primary care and demands safe opioid prescribing

Project Goals

Improve providers' ability to:

- Recognize unhealthy substance use in their patients
- Intervene and discuss substance abuse treatment options available for patients
- Utilize monitoring tools and follow legislative requirements for patients on chronic opioids

Screening for substance use

Challenges

- Our health center had no standard for screening
- Our EMR had no way to capture if patients had been screened

SBIRT model

- Universal screening
- Intervening for “risky” use, not just SUD
- Utilization of BH integrated clinician



Treating patients with substance use disorder

Weekly meetings with Nurse Clinical Case Manager and BH integrated clinician to discuss ED/hospital visits

BH integrated clinician began attending OBOT team meetings

Outreach to departments & patients about intranasal naran, OBOT program, and naltrexone

Enhancing provider tools for controlled substance prescribing

Update of controlled substance guidelines

CME presentations about safe monitoring of patients on chronic opioids

Registered nurse monitoring small number of chronic opioid patients

New EMR tools to assist with documentation, usage of objective tools such as Opioid Risk Tool and PEG scale

Registry of patients on chronic opioids

Lessons learned

Buy-in, training (and retraining) are key

Screening is not sufficient – providers need tools to address positive screens

Monitoring chronic opioid patients is a culture change and time-consuming – providers need help from administration

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