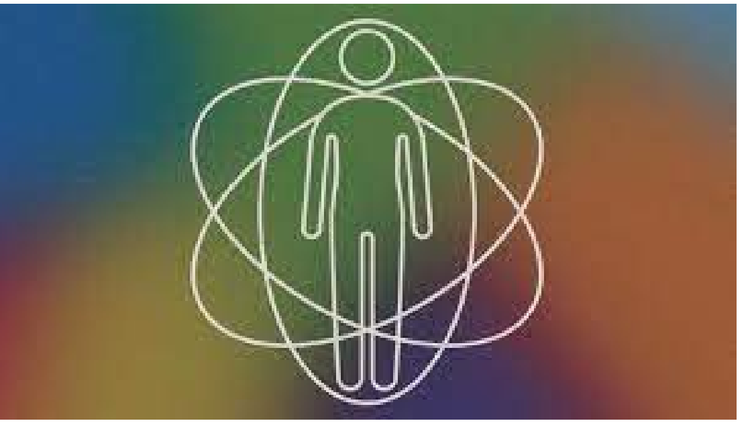

INEBRIA International Network on Brief Interventions for Alcohol & Other Drugs

GOING BEYOND THE ‘RT’:

Brief Interventions as a Tool for Addressing Harm Reduction and Whole Health Care

mosaic GROUP

September 2023

Your Presenters from Mosaic Group

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Our mission is to advance health equity by strengthening the capacity of systems and organizations to meet their community's most challenging needs.

We innovate sustainable solutions that improve health, mental well-being, and overall quality of life for individuals, families, and communities.

Combatting the Nation's Substance Use Crisis

Creating	Integrating	Designing and Implementing	Integrating
Creating Community-Driven Solutions to Address Social and Structural Determinants of Health	Integrating Universal Screening and Early Interventions	Designing and Implementing Overdose Prevention and Response Programs	Integrating the Mosaic Hospital Substance Use Response Program

SBIRT Implementation

FQHC/Primary Care Sites 400+	Hospitals 72	Health Dept. Clinics 7	Detention Centers 7
Behavioral Health Providers 4	School-based Health Centers 15	College Health Centers 5	Pediatric Practices 18

Agenda for Today

- Discuss how harm reduction principles and practices are applied in an emergency department setting (Reverse the Cycle). Practice “meeting patients where they are” using a brief intervention focused on harm reduction behavior.
- Utilize case studies to discuss how behavior change related to other presenting health issues in the emergency department can benefit from the brief intervention and practice integrating this “whole health” approach into a brief intervention.
- Identify how social determinants of health and other high-risk behaviors impact high risk substance use and develop open-ended questions that may elicit identification of social barriers and needs from the patient to be used in a brief intervention.

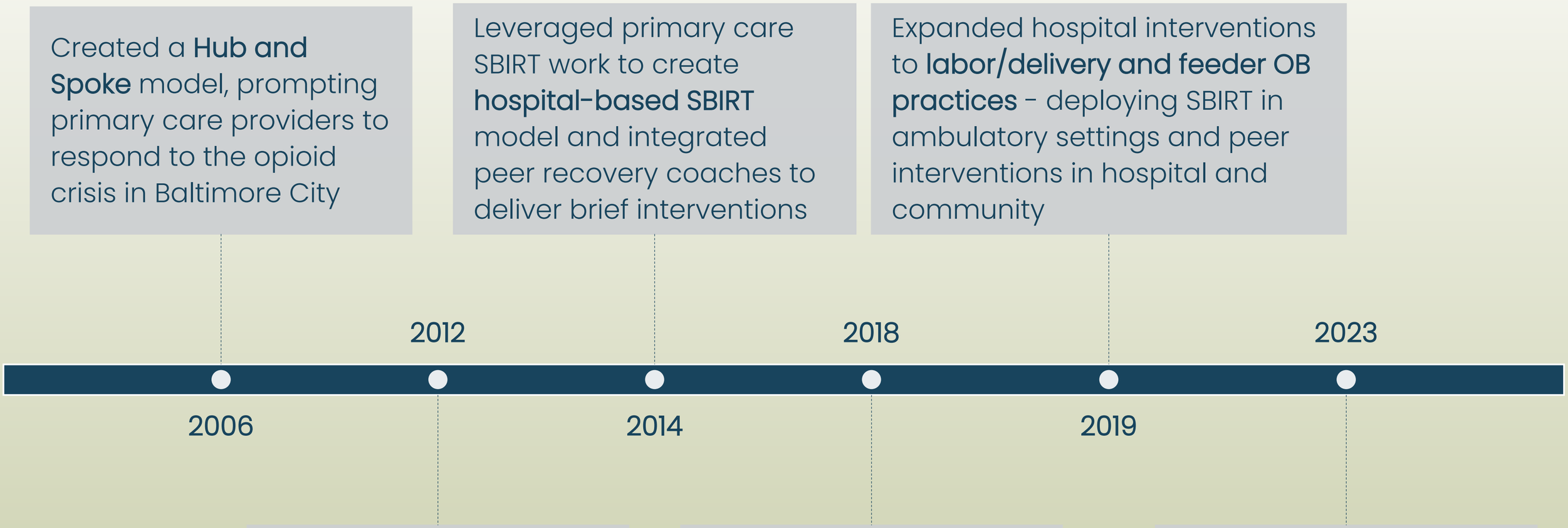
SBIRT is the foundation of a comprehensive hospital substance use response program

Reverse the Cycle (RTC):

3 vital components:

- Systematic **patient identification + peer intervention**
  - Referrals, SDOH, Harm Reduction
- **Community-based outreach** for patients with high risk of overdose and/or readmission
- Increased capacity for access to and initiation of **medications for opioid use disorder (MOUD)**

The Development of Reverse the Cycle



Goals of Mosaic's Comprehensive Hospital Substance Use Response Program

Reverse the Cycle is a substance use intervention and navigation model that leverages the SBIRT model and aims to:

1. **Reduce harm and death** attributed to drugs and alcohol through early identification and intervention for risky substance use behaviors
2. Improve the **whole health** of people who use drugs and alcohol by integrating and leveraging peer recovery support
3. Reduce **total healthcare costs** for people who use drugs and alcohol through collaborative care navigation, follow up, and connection to treatment and recovery supports

Leveraging RTC for Learning

RTC has expanded and adapted over time to respond to the changing needs of the community and healthcare system

- Meeting patients where they are – physically and mentally
- Enhanced support for opioid overdose survivors
- MOUD Initiation protocols
- Bridge Prescribing protocols

RTC is the design, and we aim for you to gather tools that you can use in your own practice to ensure a whole-health approach rooted in harm reduction

During this session you will:

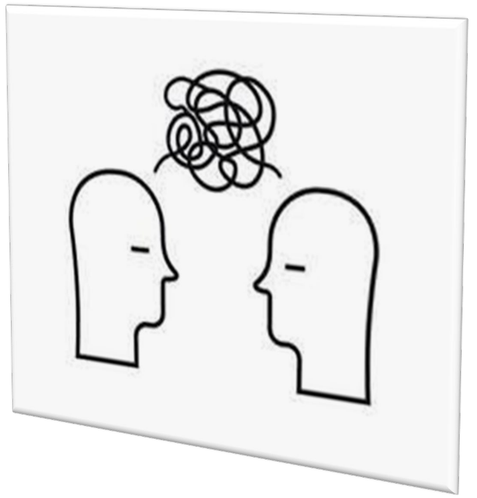
- Understand how to overcome limitations of brief interventions in a hospital setting
- Describe the Reverse the Cycle Model and how it leverages Peer Recovery Coaches in an SBIRT framework
- Identify ways to weave a whole-health approach into brief interventions
- Explore integration of harm reduction strategies into healthcare conversations

Peer Recovery Coaches supporting the SBIRT Framework

Facing Barriers

Barriers to a comprehensive Brief Intervention

- Time limitations
- Unexpected conversation
- Patient's state of mind
- Low readiness to change
- Little incentive to follow through
- Limited knowledge of resources in the community
- Unsure of how to obtain this information



Brief Interventions in the Emergency Department

Peer Recovery Coaches

- In **long-term recovery** and used their lived experience to connect with patients on a deeper level.
- Create a comfortable environment to open the conversation in a **safe, non-judgmental** way on the patient's terms in real time with fewer limitations
- Trained in motivational interviewing, **harm reduction**, and patient-led care

Brea
Reynolds Memorial Hospital, Glen Dale, WV

Katrice, St. Agnes Hospital in Baltimore, MD

Brief Intervention Effectiveness

- In the six months following recovery coach contact, there was a **44% decrease in patients hospitalized**, a **9% decrease in patients with an ED visit**, and a **66% increase in outpatient utilization**. Among patients who initiated buprenorphine, current recovery coach contact was associated with significantly **increased odds of buprenorphine treatment engagement**. (Madigson, Regan, Powell et al (2021) Peer Recovery coaches in general medical settings: Changes in utilization, treatment engagement and opioid use. *Journal of Substance Abuse Treatment, 122.)*

- Brief Interventions delivered by PRCs led to **reduced substance use** and enhancements in reported treatment **adherence, self-efficacy, stress control and quality of life**.

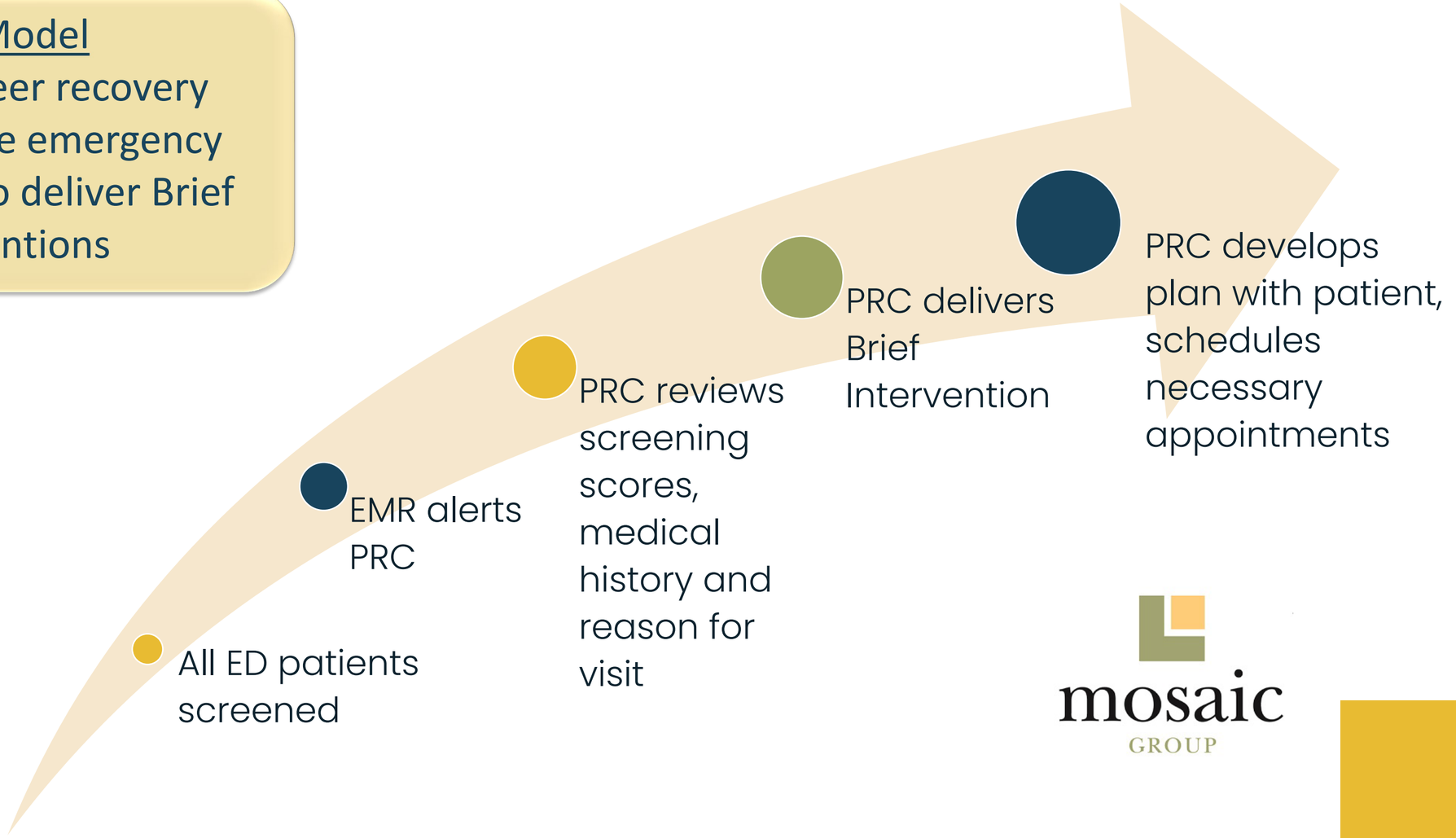
  (Kang & Kang, Roles and Effects of Peer Recovery Coach Intervention in the Field of Substance Abuse: An Integrative Literature Review, 2022, Asian Nursing Research, 16 (5) Pg 256-264)

- For patients with hypertension and moderate to high-risk alcohol use, those who received a brief intervention from their PCP had a significant **reduction in drinks/day** and **heavy drinking days** at a 12-month follow-up. (Chi FW, Parthasarathy S, Palzes VA*, et al* Associations between alcohol brief intervention in primary care and drinking and health outcomes in adults with hypertension and type 2 diabetes: a population-based observational study. *BMJ Open* 2023)

The Peer Recovery Coach (PRC) Model

PRC Model

Integrates peer recovery coaches in the emergency department to deliver Brief Interventions



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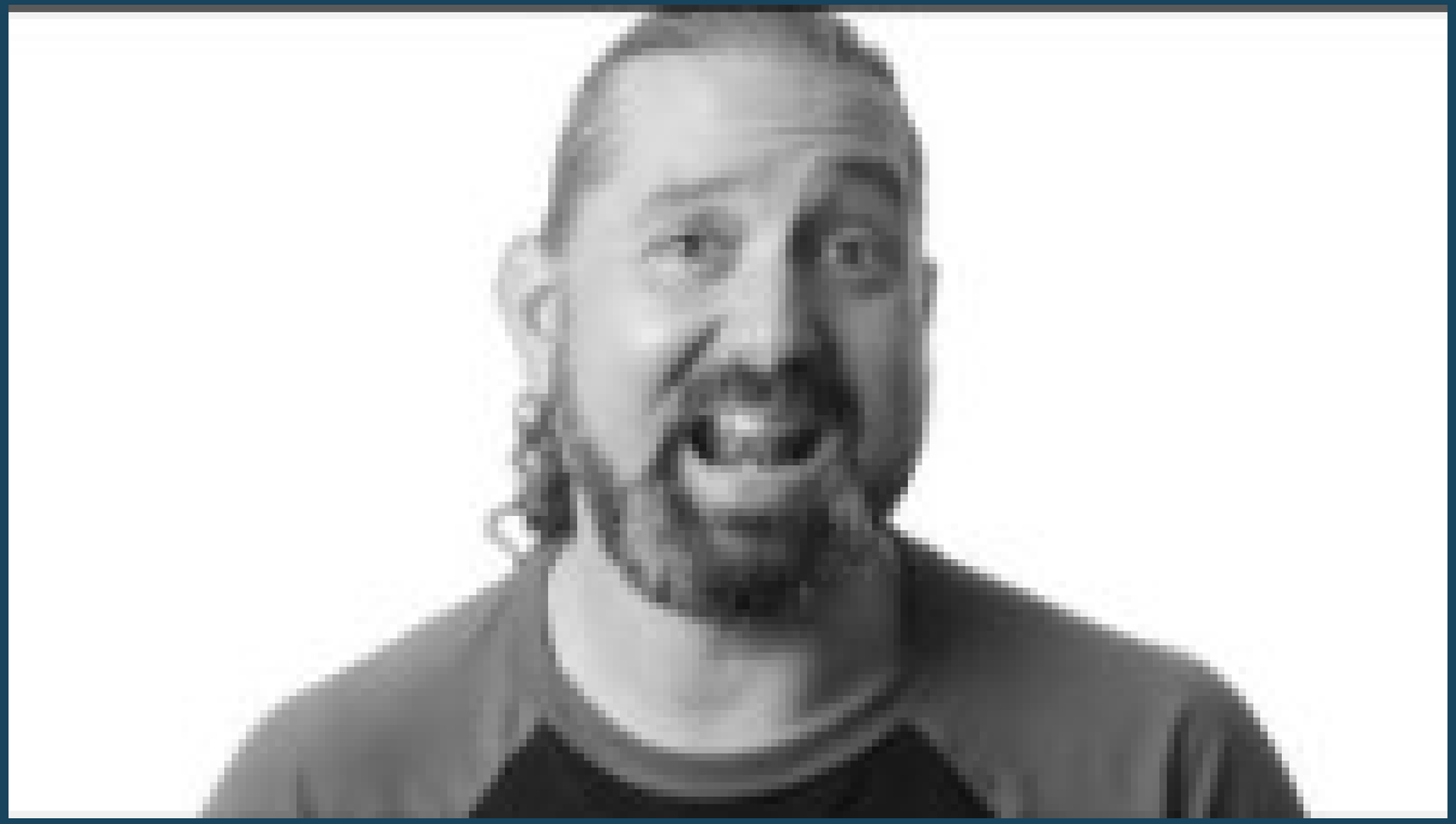
Lessons Learned from RTC/Peer Support

Reverse the Cycle integrates Peers in intentional, unique ways designed to overcome some traditional limitations:

- Embedding peer support in health system and location where intervention occurs
- Defining roles for interdisciplinary team response to patients needs
- Leveraging medical record for documentation and coordination
- Protocols for response and follow-up
- Training in motivational interviewing, harm reduction and SDoH

Breaking Through the Barriers

Harm Reduction



Principles of Harm Reduction

Drug use is part of our world.

All people have worth and dignity.

Interventions should focus on improving quality of life.

People who use drugs deserve a voice and a choice in decisions impacting them.

Different risk factors (poverty, race, trauma, etc.) can affect a person's health, drug use, and access to services.

Drug use is different for everyone.

People should never be coerced or discriminated against, based on their drug use.

Everyone deserves to have their basic needs met.

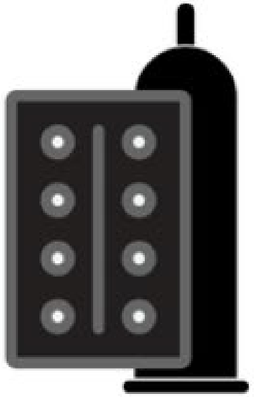
The National Harm Reduction Coalition, 2020

What Does Harm Reduction Look Like?

SUN SCREEN

SEAT BELTS

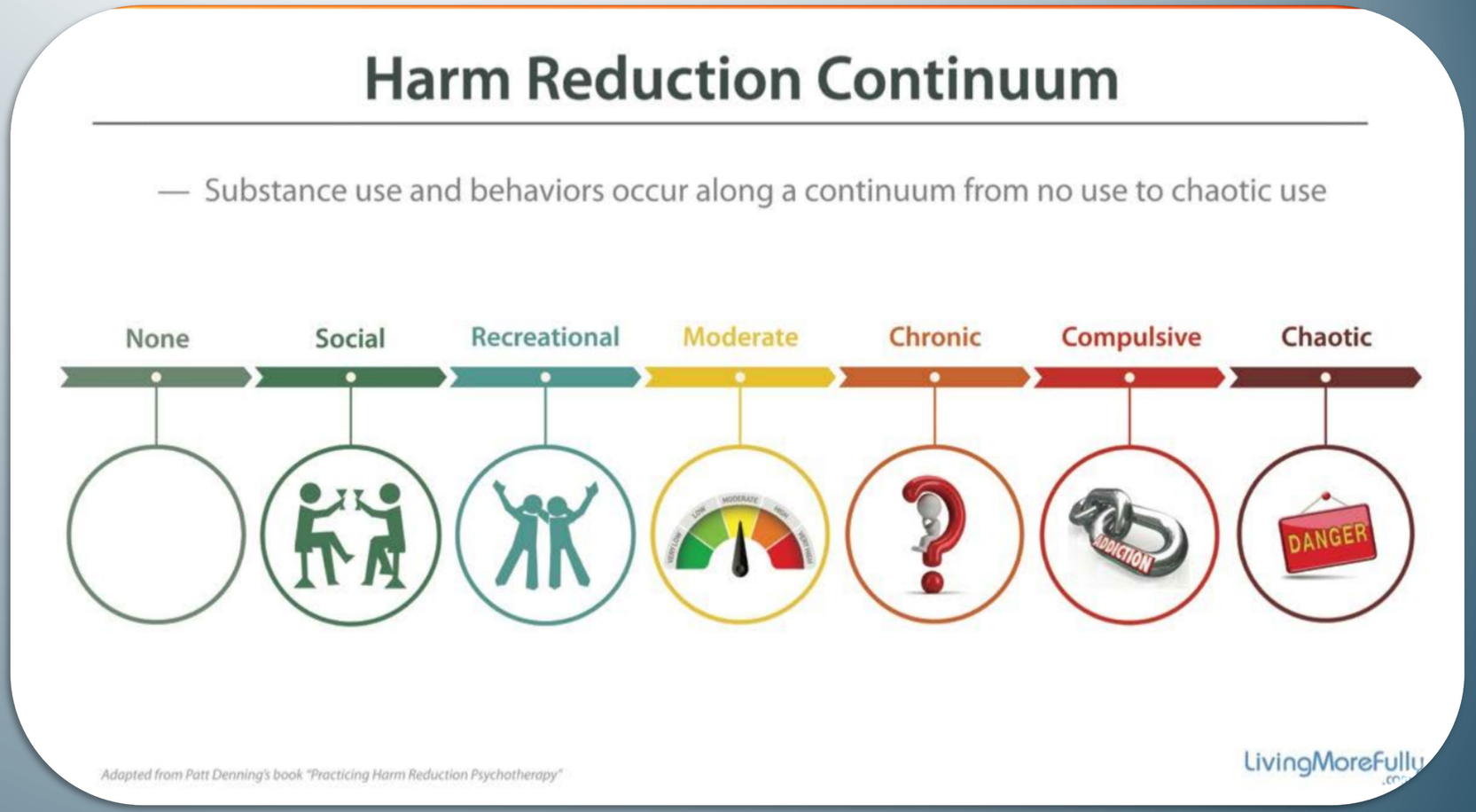
SPEED LIMITS



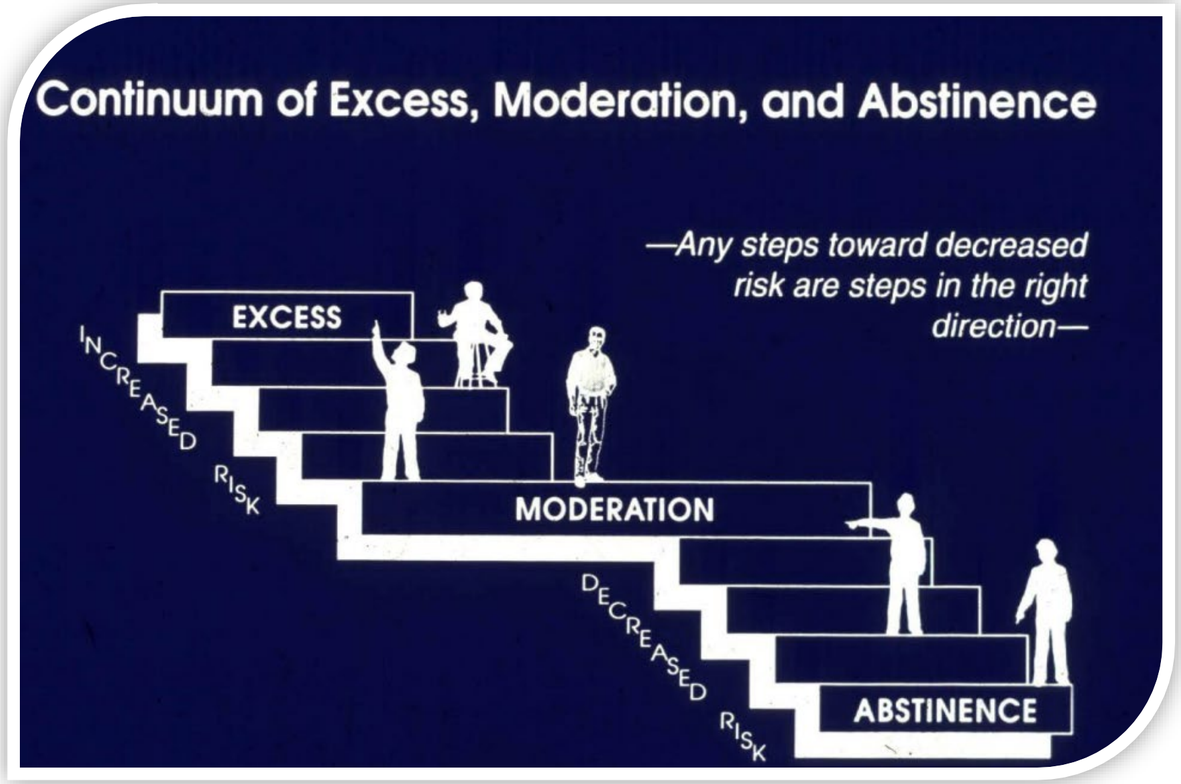
BIRTH CONTROL

CIGARETTE FILTERS

Where on the continuum is the population that you work with?



Moving Patients Down the “Continuum” of Drug Use



- Drug use behaviors exist on a continuum. People face different levels of risk at different places on the continuum.
- Sure, some people might not want to stop using… but will they consider something else?
- There is no “one size fits all” strategy. Different people will need different things.
- Effective strategies are developed in collaboration with patients!
- Don’t underestimate the power of exploring a person’s substance use patterns and needs and developing a plan together to change patterns, even in small ways.

Harm Reduction in Practice

Narcan and various test strip distribution

Engagement of people who use drugs in policy development

Low-barrier, affordable support

Focuses on any positive change

Provide multiple pathways to well being

Assist, not direct

Promote safety

Harm Reduction - centered Interventions

- Embrace the inherent value of all people – treat them with dignity and respect
- Focus on person-centered, positive change in the individual's quality of life
- Respect autonomy
- Prioritize listening

Harm Reduction

Whole-Health Focus

Treating the Whole -Person

- Reduction of hospital readmissions and length of stay when SDoH are addressed through patient navigation.[1.]
- Favorable SDoH are correlated with a reduction of alcohol use and recovery from AUD.[2.]
- Lack of employment and homelessness are associated with negative alcohol-related consequences[3], while a collection of evidence shows that supportive housing and stable employment reduce stressors that trigger drinking and substance use.[4]

1, Gryczynski, Nordeck Welsh et al; 2021. Preventing Hospital Readmission for Patients with Comorbid SUD, *Annals of Internal Medicine* 174, 7

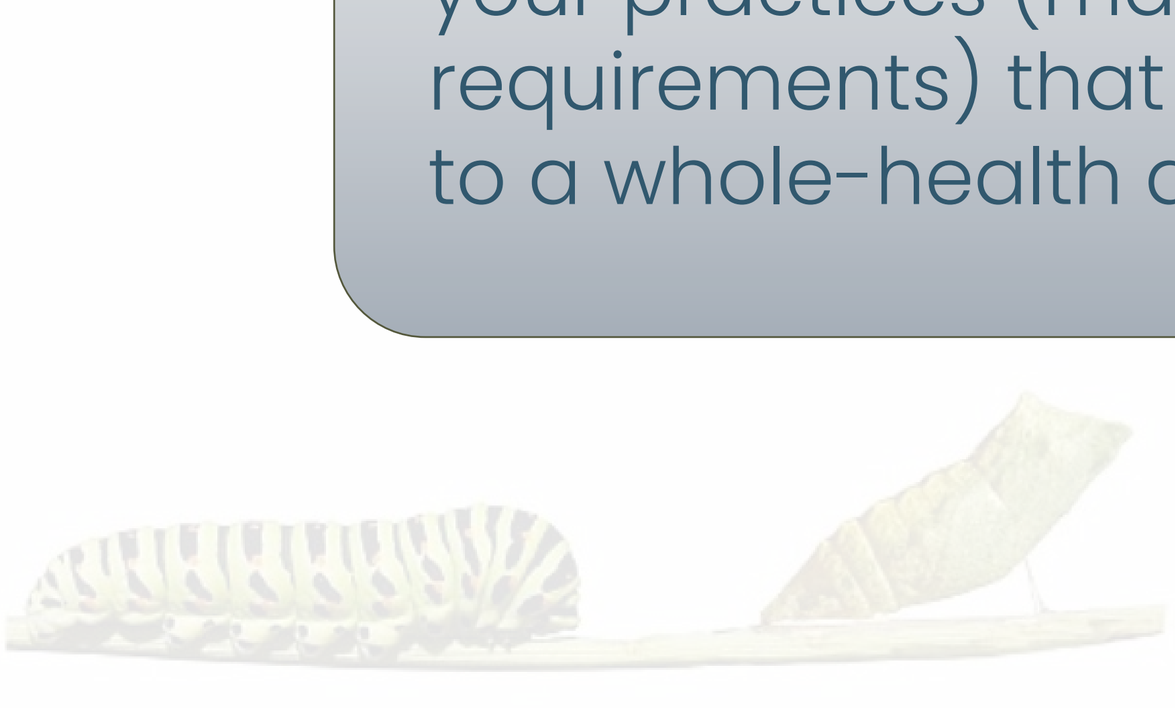
2. Swan, Aldridge, Joseph et al, 2021. Individual and Community SDoH and Recovery from AUD Three Years Following Treatment. *Journal of Psychoactive Drugs,* 53(5), 394-403.

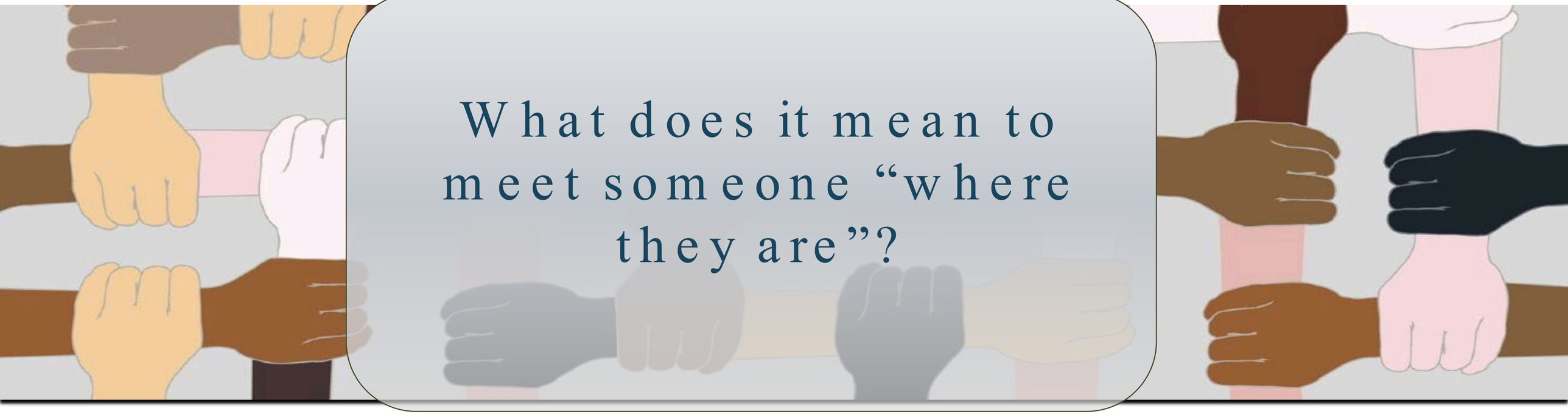
3. Collins, S. (2016). Associations Between Socioeconomic Factors and Alcohol Outcomes. *Alcohol Research* 38(1) 83-94.

4. Dohler, Bailey, Rice & Katch (2016). Supportive Housing Helps Vulnerable People Live and Thrive in the Community

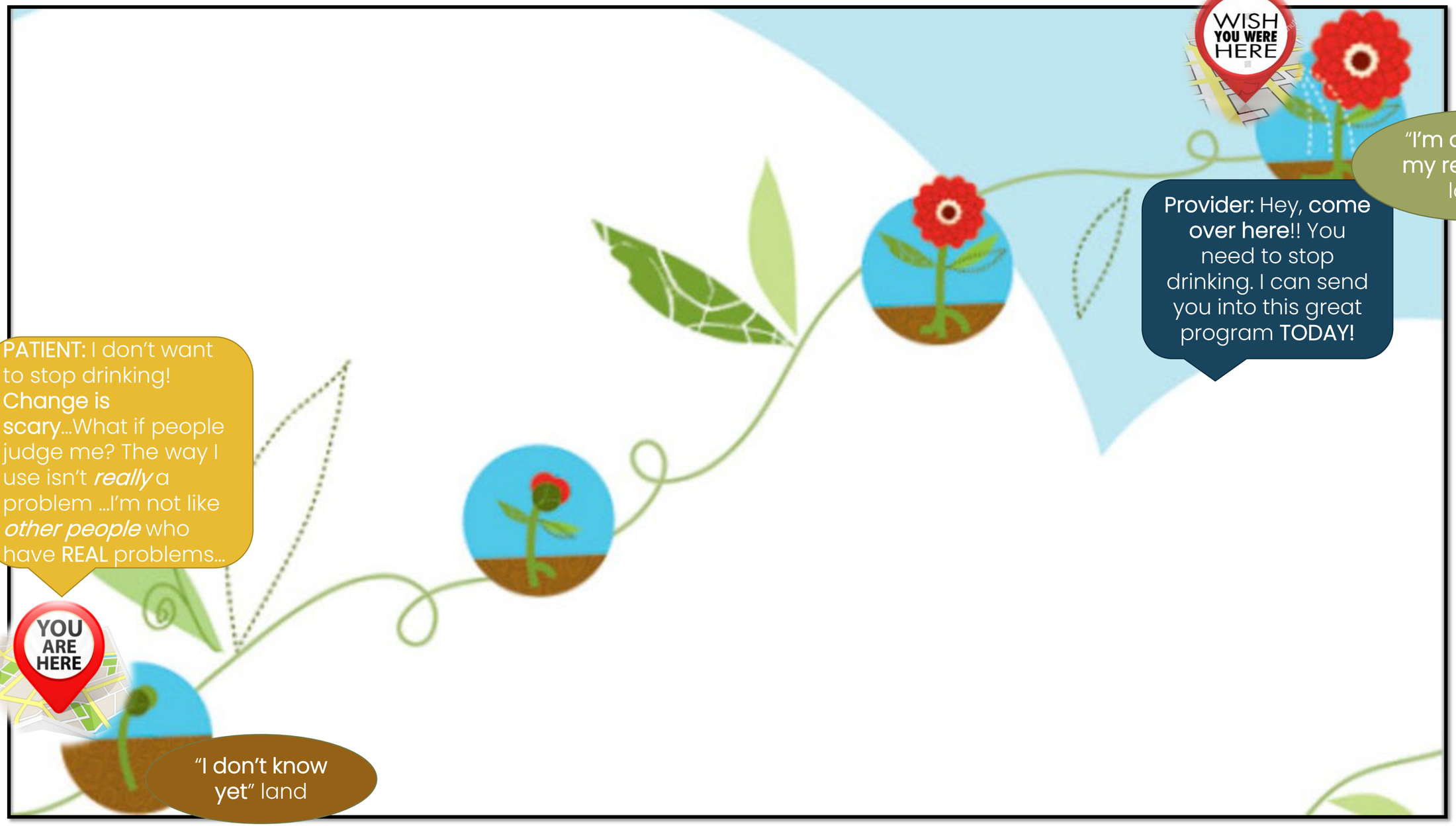
Treating the Whole-Person

What changes have you seen in your practices (maybe requirements) that are related to a whole-health approach?





What does it mean to meet someone “where they are”?


WISH YOU WERE HERE
"I'm active in my recovery" land
Provider: Hey, come over here!! You need to stop drinking. I can send you into this great program TODAY!
PATIENT: I don't want to stop drinking! Change is scary...What if people judge me? The way I use isn't *really* a problem ...I'm not like *other people* who have REAL problems...
YOU ARE HERE
"I don't know yet" land

Making the Connection

Meeting patients “where they are” requires us to understand their

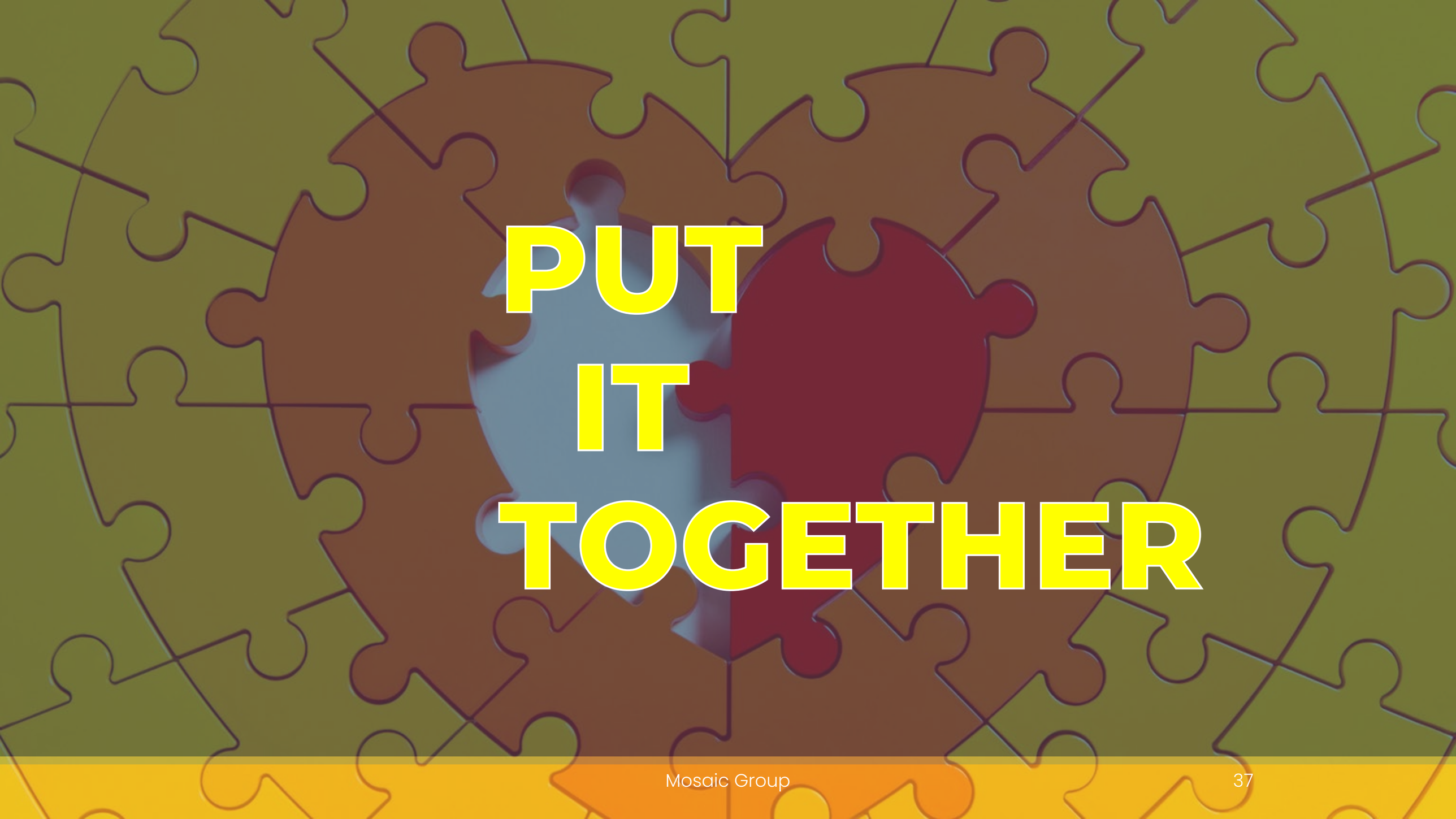
1. Motivating factors
2. Readiness to change
3. Barriers to care

Assessing someone’s SDoH provides us with tools to develop the most appropriate plan with patients.

The Whole Health Approach

Integrating Whole Health Strategies

- Identify and prioritize needs
  - Standardized screening for substance use and SDoH
  - Understand what's most pressing for patient
- Develop personalized care plans
  - Patient-driven planning
- Define short- and long-term goals
- Leverage data to understand impact of substance use on other health care needs and highlight outcomes and impact
- Leverage partnerships and resources
  - In-reach and outreach
  - Develop structured referral and communication channels


PUT
IT
TOGETHER

Leveraging best practices from RTC

Breaking through the barriers

.

Incorporating harm reduction principles

Helps you identify opportunities to protect health and life.

Treating the Whole Person

Helps “meet a person where they are”, identify SDoH, connect to resources for better health.

Thank You

For more information regarding Mosaic Group please contact us:

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Vignettes

Tom – Age 59

Tom has come to the hospital 4-5 times over the past year, and several times last year. Each time, he's gained a bit more weight, his legs are a bit more swollen, and he seems less and less comfortable.

He lives at home with his wife, as his 2 children are grown and have moved out.

Tom worked for many years as an electrician, but once he began receiving disability 5 years ago due to his medical complications, he's found little motivation to even pick up part-time work or really get out of the house. He receives Medicaid.

He's always enjoyed beer, but as his children grew older and eventually moved out – creating families of their own, he found himself with more time, and less to do.

His nightcap turned into 4-5 drinks (ok, maybe 6-7) after dinner, but he never really drank to the point where he passed out or didn't remember things – so it's not that big of a deal, right? Tom knows plenty of people that drink more than he does. THEY may have a 'problem' with it. Tom believes he's able to stop if he wants to, but he tells his doctor that he just doesn't want to.

Kristen – Age 36

Kristen is at your primary care practice for her annual physical. She's a recently divorced, mother of a 4-year-old who works full-time and has insurance through her employer.

When asked about her medication, she discloses she is taking allergy medication daily, Zoloft for mild depression & anxiety since her divorce, and Oxycontin for back pain.

In review of her chart, you notice that you haven't given her pain medication in over a year, when she came to you with back pain that appeared to be a pinched nerve.

You check (CRISP – your controlled substances tracking system) and notice that she's visited local emergency departments a few times over the past year with similar complaints of back pain.

When you discuss this with Kristen during her physical, she can't really explain the pain, she just knows that when she stops taking the medication, she feels pretty sick and the pain intensifies – so she definitely still needs it.

Joy – Age 68

Joy is a 68-year old widow who lives alone. She's social and has many friends and activities, and happily living not far from her children and grandchildren. Despite her active lifestyle, she struggles with high-blood pressure. Recent bloodwork has indicated liver and kidney problems.

In the past she was a heavier drinker – always able to care for her children and husband and maintain her job – but definitely enjoyed a few drinks each evening and several more on the weekend.

Lately though, she has cut down a lot and only drinks when she is out to lunch with her friends (3 times each week) and on the weekends at her social gatherings.

She is at the hospital today because she's been feeling lightheaded and as if she may pass out. She does see her primary care doctor annually, and is on Medicare.

Brandon – Age 28

Brandon has visited the Emergency Department several times over the past year due to painful abscesses. He has had to be admitted to the hospital twice due to the severe infections but often leaves AMA. He looks undernourished and unkempt.

He does not have insurance currently and has been provided with the information to obtain it but reports he has not followed through.

Luckily, Brandon has a friend with whom he's allowed to stay temporarily, but Brandon is worried this friend may soon be evicted and he will be homeless once again.

Brandon's mother had accompanied him in the past to the ED, but this time she is not present. Brandon states that she is currently not speaking to him because she believes that he stole money from her.

He rates his pain as a 10/10 and has met with peer recovery coaches in the past, declining treatment options and stating he just wants to get his abscess treated, pain under control, and leave.