

Substance Use Intervention Team (SUIT)

Inpatient Substance Use Screening Initiative

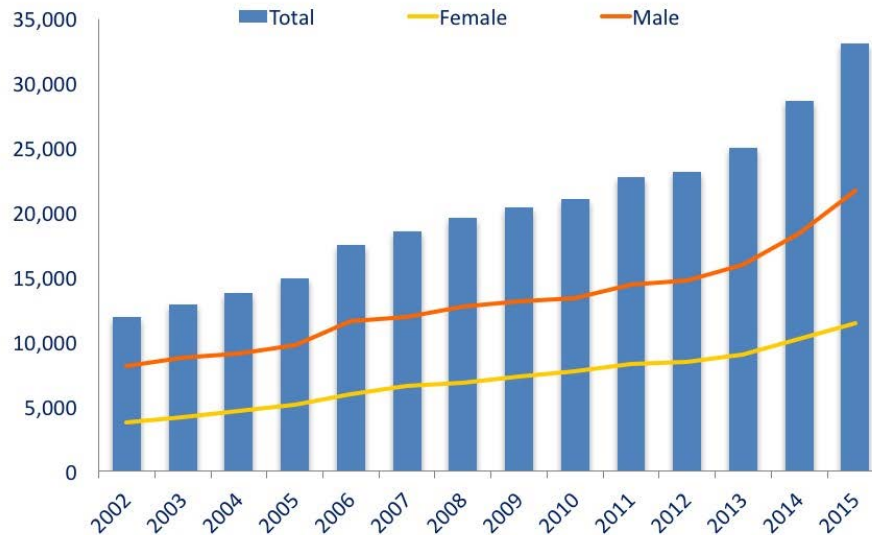
“SUIT Up: Raising Awareness for Better Care”

Background on Opioids



National Overdose Deaths

Number of Deaths Involving Opioid Drugs

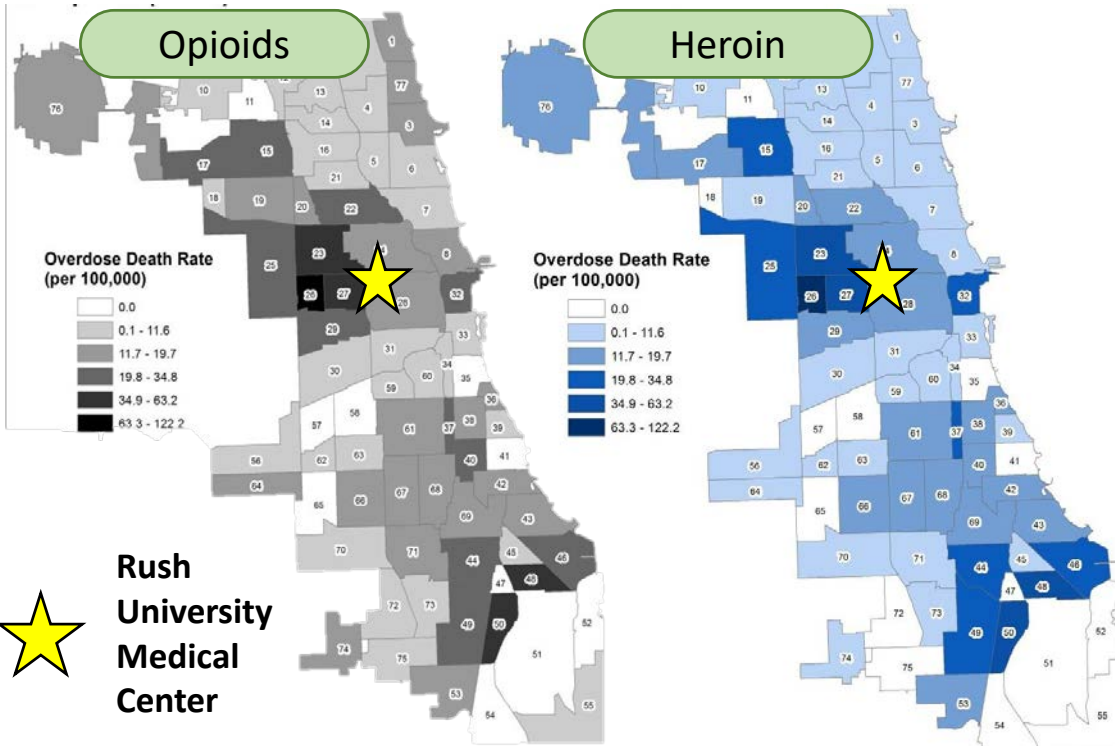


Source: National Center for Health Statistics, CDC Wonder

¹ <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

- **Opiates** are a **class of painkillers or analgesic drugs**, including those naturally derived from opium such as morphine and heroin
- Over the last 15 years there has been a **significant increase** nationally in the **rate of drug overdose deaths** involving opioids
- While there have been federal mandates for clinicians to decrease their opioid prescribing, the **amount of opioid deaths has drastically increased in the last 3 years¹**

Opioid Epidemic in Chicago



Total # of overdose deaths involving **opioid** in 2015

647

Comparison of overdose rates (per 100,000)

50% higher

Chicago: 15.5
National: 10.4

Percentage of 647 deaths involving **heroin***

81%

*the majority were accidental

Rush's Commitment to the Crisis

"In response to the opioid crisis, Rush University Medical Center is developing a comprehensive program that will provide opioid screening and treatment for patients identified as opioid users on medical and surgical inpatient units."

Goals and Objectives

Screen all **inpatient admissions** for substance use disorders using **SBIRT**

Launch an **Inpatient Addiction Medicine Consult Service (SUIT)**

Launch an **Outpatient Clinic** for acute follow-up

Launch a new **ACGME-accredited Addiction Medicine Fellowship Program**

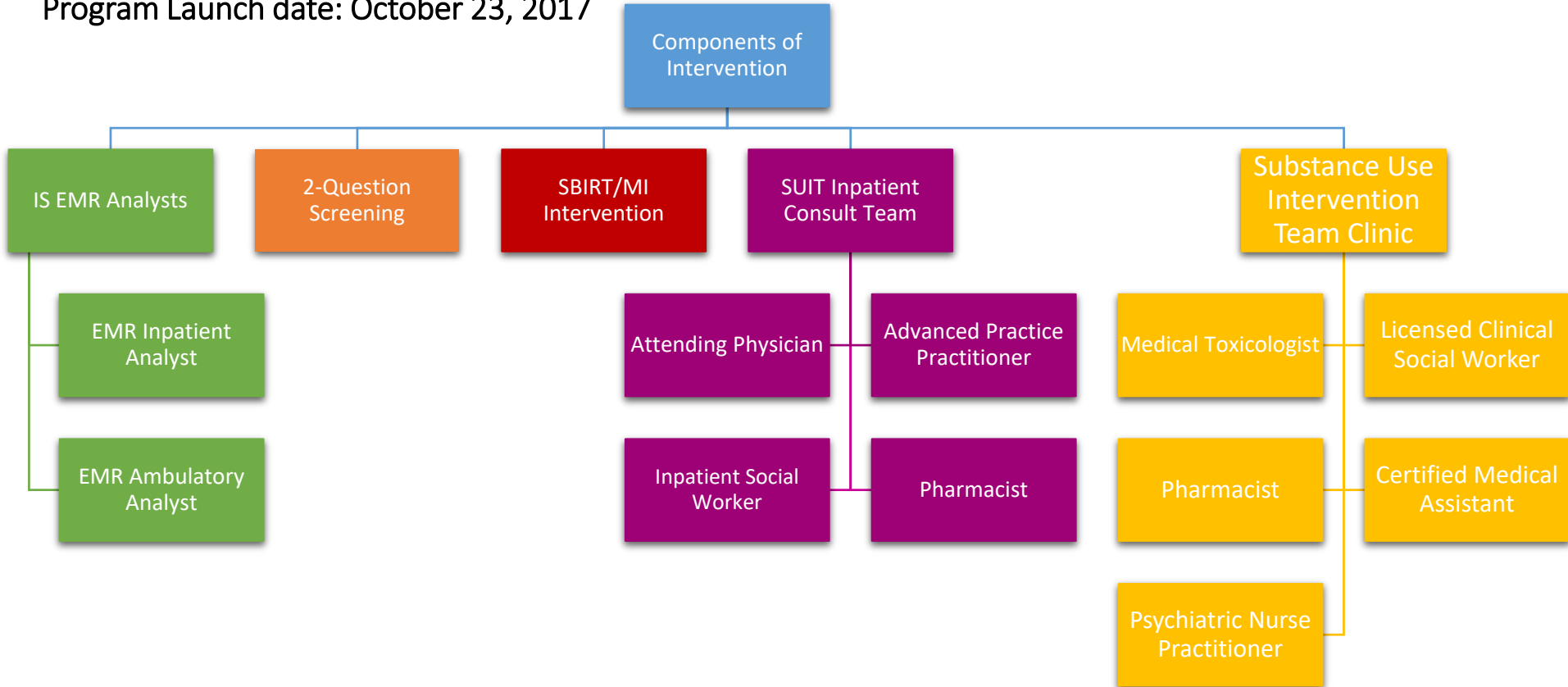
Provide **treatment services to 1,200 patients** per year

SBIRT = Screening, Brief Intervention and Referral to Treatment

SUIT = Substance Use Intervention Team

SUIT In-Patient Program Workflow

Program Launch date: October 23, 2017



Why Universal Screening?

Decreases Bias

- ***Include all patients in screening to remove exclusion bias***
- Reason: No specific race, socioeconomic status, and diagnosis prevents one from substance misuse

Decreases Stigma

- ***Normalize questions about substance use***
- Reason: Makes substance use questions similar to those about blood pressure, age, body mass index, etc.

How Rush's Program Addresses Barriers to Treatment



Access to care

- Universal screener via EMR admission processes
- MAT clinic with two suboxone providers (Outpatient Rush Addiction Medicine Clinic)

Affordability

- Primary providers on SUIT are emergency medicine physicians trained in medical toxicology

Education

- Bedside education about MAT to patients
- Naloxone distribution and counseling for patients and family members

Selection Process for IT Solution

Why was EMR the chosen solution?

**Ease of
Documentation**

**Encourage
Continuity of
Care**

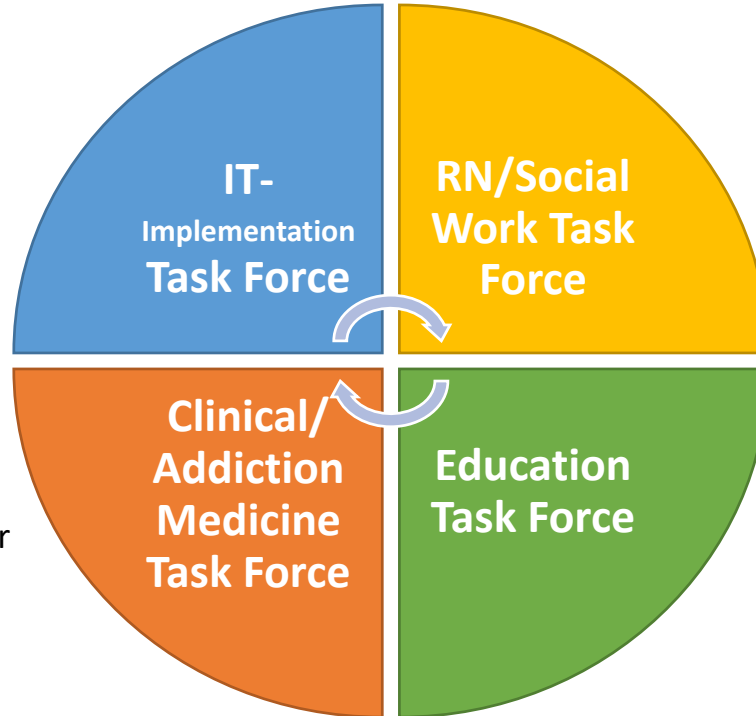
**Improve and
encourage
multidisciplinary
communication**

**Increase
universal
screening
methods to
decrease bias**

**Flexibility to
change and
adopt new
screeners**

Interdisciplinary Task Force Design

- Implement intervention within EMR
- Build flowsheets and screenings within EMR
- Hold weekly meetings



- Change CIWA/COWS protocol within EMR
- Obtain IDHS-STR grant for universal screening and treatment
- Hold monthly meetings

- Interface with Nursing and Case Management Leadership
- Create education materials for EMR intervention
- Create learning materials for opioid epidemic

- Create promotional materials
- Create AUDIT/DAST Cards
- Create website for SUIT
- Have table tents in cafeteria
- Place posters and flyers throughout hospital

Intended Outcomes for SUIT Program



To improve upon early intervention to provide the best medical care



To identify a population of patients in need of treatment for substance misuse



To provide comprehensive treatment for patients according to their need



To decrease the length of stay and readmissions for this population

Inpatient Intervention Workflow

Inpatient Nurses

- Give 2-Question screening during admission process
- *How many times in the past year have you had 4/5 or more drinks in a day?*
- *How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?*
- Answer Choices:
 - "1 or more" or "None"

Inpatient Social Workers

- Complete full AUDIT/DAST Questionnaire
- Complete CM Flowsheet in Epic
- Do brief Intervention
- Refer to SUIT or other treatment

SUIT

- Inpatient consult team rounds on identified patients
- SUIT SW is responsible for orchestrating appointment to outpatient clinic and other resources for referred patients

Outpatient Resources

- Rush Addiction Medicine Clinic
 - MAT
 - Psychotherapy
 - Case Management

Inpatient Flowsheets within Epic

RN Substance Use Screening

2-question screen

Alcohol Abuse Screen Test

10-question screen for patients who self-identify as having exceeded the binge drinking limit in the last year

Drug Abuse Screen Test

10-question screen for patients to self-identify of having used illicit substances or misused prescription meds

Intervention

Brief intervention delivered by inpatient case management (SW) and a SUIT consult when appropriate

RN Substance Use Screen

If WOMEN, if how many times in the past year have you had 4 or more drinks in a day?

None 1 or more Deferred - Needs Follow-up

RN Substance Use Screen

1 or more today

Alcohol: One shot = 1.5 oz. wine, or 1.5 oz. liquor (one shot)

How many times in the past year have you used recreational drug or used a prescription medication for non-medical reasons?

None 1 or more Deferred - Needs Follow-up

RN Substance Use Screen

1 or more today

Recreational drugs include methamphetamines (speed, crystal), Lisdex (Adderall, pro), stimulants (pant. three, aerosol, glue), Inhalants (Vaseline), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin, oxycodone, morphine, etc.)

Flowsheets

CM Assessment CM Discharge Summary Transitions in Care Plan Substance Use Screen ED Begin Triage ED Rapid Triage Screen ED Vitals flowsheet ED Pain Assessment

Expanded View All

	ED to Hosp-Admission (Current from...)	
	1/22/18	1/23/18
RN Subst...	2133	1100
Alcohol ...		
Drug Ab...		
Interven...		
Unable to Stop Drinking		
Fail to Perform Normal Expectations		
Alcoholic Drink in the Morning After a Heavy Drinking Session		
Guilt or Remorse After Drinking		
Unable to Remember What Happened the Night Before Drinking		
Injury as a Result of Your Drinking		
Others Concerned about Your Drinking		
Alcohol Use Disorder Identification Test		
Drug Abuse Screen Test		
Drugs used?		
How often have you used these drugs?		
Have you used drugs other than those required for medical		
Do you abuse more than one drug at a time?		
Are you unable to stop using drugs when you want to?		
Have you ever had blackouts or flashbacks as a result of drug use?		
Do you ever feel bad or guilty about your drug use?		
Does your spouse (or parents) ever complain about your		
Have you neglected your family because of your use of drugs?		
Have you engaged in illegal activities in order to obtain drugs?		
Have you ever experienced withdrawal symptoms (felt sick) when		
Have you had medical problems as a result of your drug use (e.g.		
Drug Abuse Screen Test		
Have you ever injected drugs?		
Have you ever been in treatment for substance abuse?		
Intervention		
Alcohol Used?		
Brief intervention Completed?		
Treatment		
Recommended to SUIT Team		
SUIT Consult Complete		
Other Referrals		



Perpetual Improvement of Screenings

Updated Intervention Screening in Epic
Go-Live August 2018

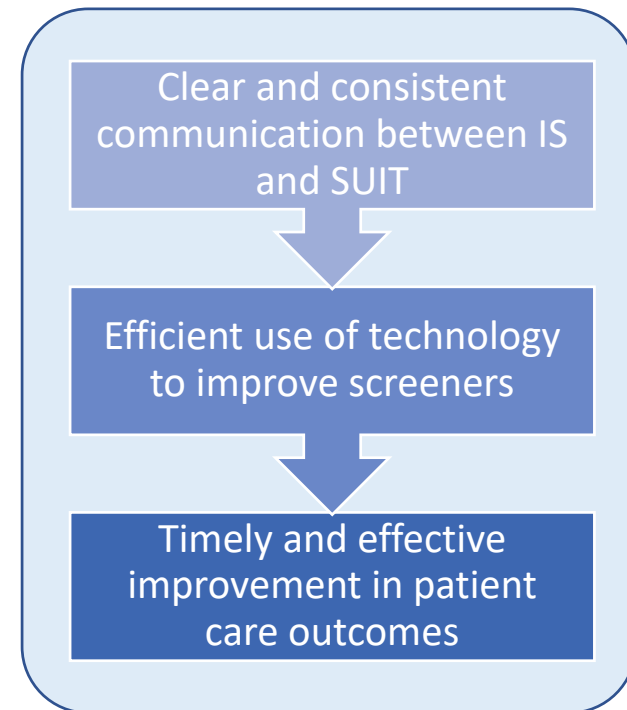
Floor SW Intervention
 SW Intervention Completed? Yes No Patient Declined Deferred - Needs Follow-up

Recommended to SUIT Team Yes No Patient Declined

Other Referrals Direct Transfer to Specialty SUD Treatment Referred to Rush Addiction Medicine Clinic Referred to RAMP
 Referred to SUD Treatment Program Referred to Licensed MAT Provider

SUIT Intervention
 Treatment Buprenorphine (induction) Buprenorphine (withdrawal) Naltrexone opioid Vivitrol opioid Naltrexone for alcohol
 Vivitrol alcohol Acamprosate Other

SUIT Consult Complete Yes No Patient Declined



Utilizing Epic for Inpatient Status Reporting

Icons within Unit Patient List in Epic

Unscreened Patients

Negative Screen

Positive Screen

CM intervention completed





Consult to Addiction Medicine Needed

Screening Deferred

Substance Use



Tangible Outcomes

-  Data for Inpatient screening and intervention outcomes
-  Data for Rush Addiction Medicine Clinic appointments
-  Data for Length of Stay and 30-day readmissions
-  Data for mandated State of Illinois reports

Inpatient Screening Data Derived

November 2017-October 2018

Inpatient Population

34,893

Medical and surgical inpatient units

Universal Screen

31,274 (89%)

2-question screening:

- Alcohol misuse in past year?
- Drug misuse in past year?

Secondary Screen

1,428 (5%)

Patients positive for risky to severe substance use who received AUDIT/DAST questionnaire

Brief Intervention

1390 (97%)

Motivational interviewing

SUIT Consultations

740 (53%)

- Buprenorphine initiated
- Linkages to care

Medication Assisted Treatment

99 (13%)

Patients started on Buprenorphine during their inpatient stay

Identification of a Unique Population

New Consult to Addiction Medicine



Pre-SUIT (NOV 2016 – OCT 2017)

Consult Order	Order Count
CONSULT TO PSYCHIATRY	752

Average Time to Consult (NOV 2017-OCT 2018)

Consult Order	Average Time to consult
CONSULT TO PSYCHIATRY	4.21 days
CONSULT TO ADDICTION MEDICINE	1.89 days

Post-SUIT (NOV 2017 – OCT 2018)

Consult Order	Order Count
CONSULT TO PSYCHIATRY	692
CONSULT TO ADDICTION MEDICINE	841

***“If you go to Rush,
they will help you”***

- A patient whom was referred by another former user to get proper help

Length of Stay Data Derived (Nov 2017 – Oct 2018)

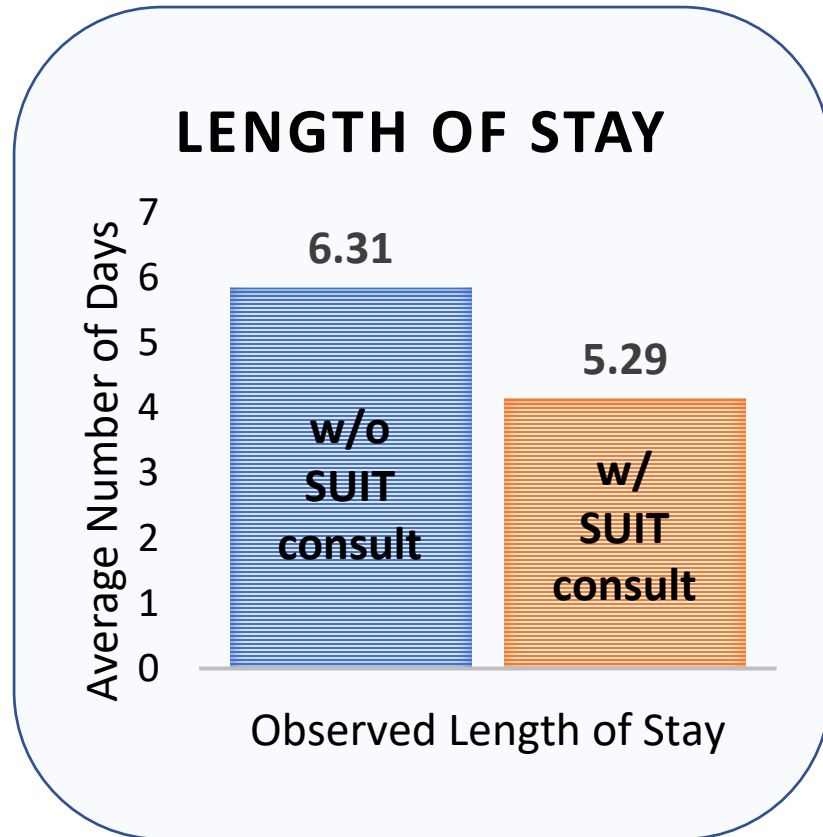
Pts with SUD secondary diagnosis

Length of Stay

The mean length of stay was **1.02 days shorter** ($p = 0.07$, one-tail) for patients who received a SUIT Consult compared to those who did not.

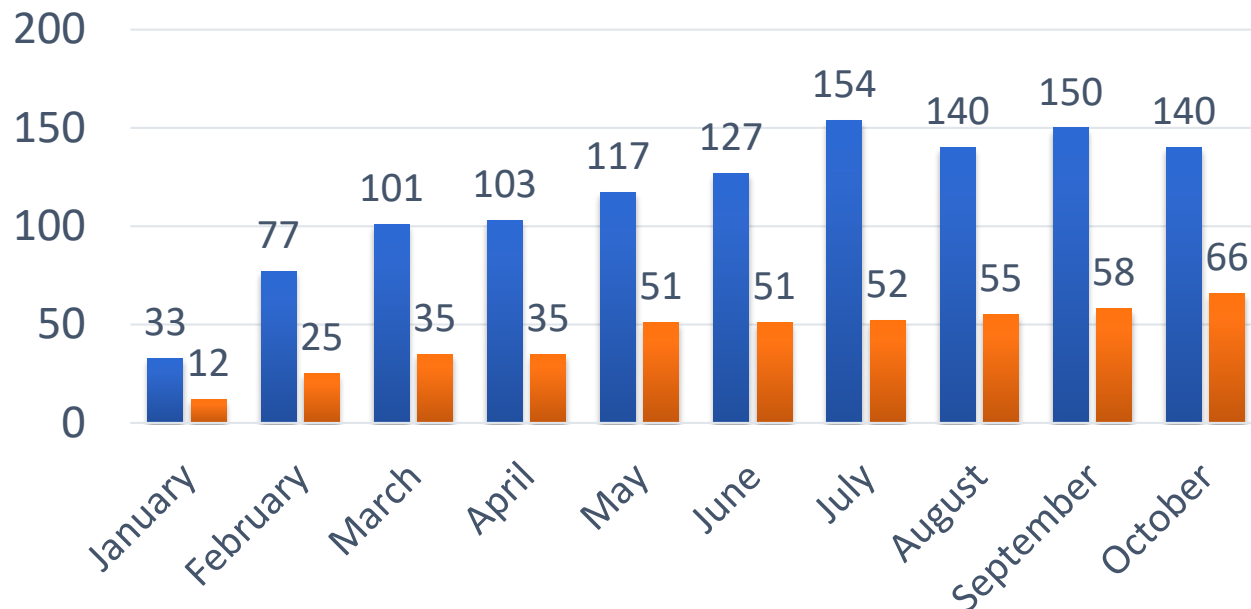
30-Day Readmissions

A positive trend in decreasing 30-day readmissions exists among patients who received a SUIT consult (**6.5%**) compared to those who did not (**10.3%**).



Outpatient Data: Rush Addiction Medicine Clinic

The Rush SUI
Clinic has
grown
significantly
from January
to October
2018.



Inpatient
Nurses



Inpatient
Social Worker



SUI



Outpatient
Resources

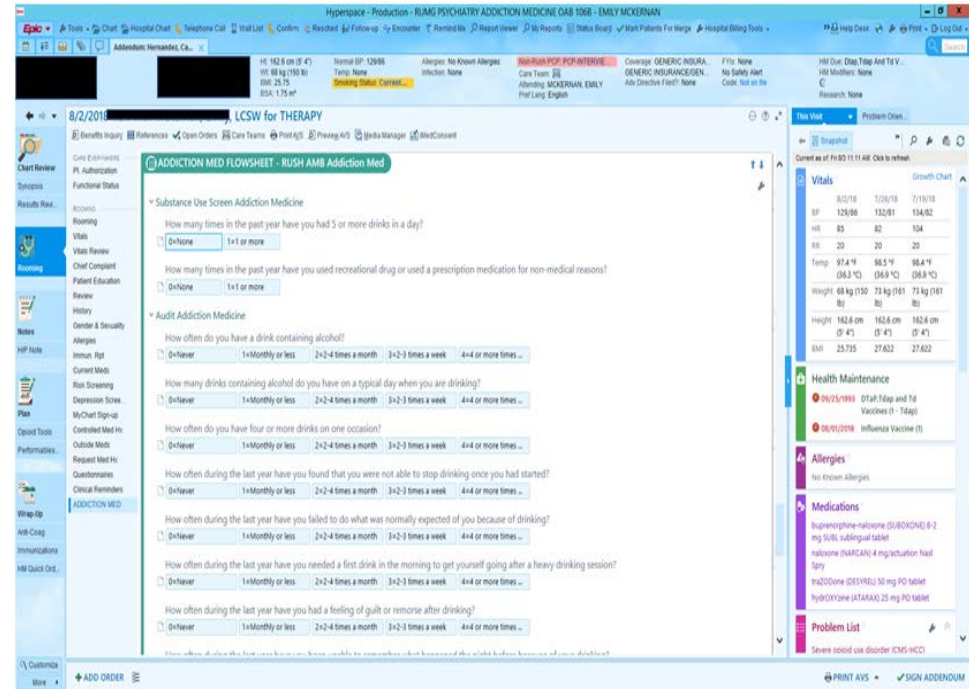
■ Appointments Scheduled

■ Active Patients

Ambulatory Flowsheets within Epic

Flowsheets designed for Ambulatory care were based off of the Inpatient Flowsheets

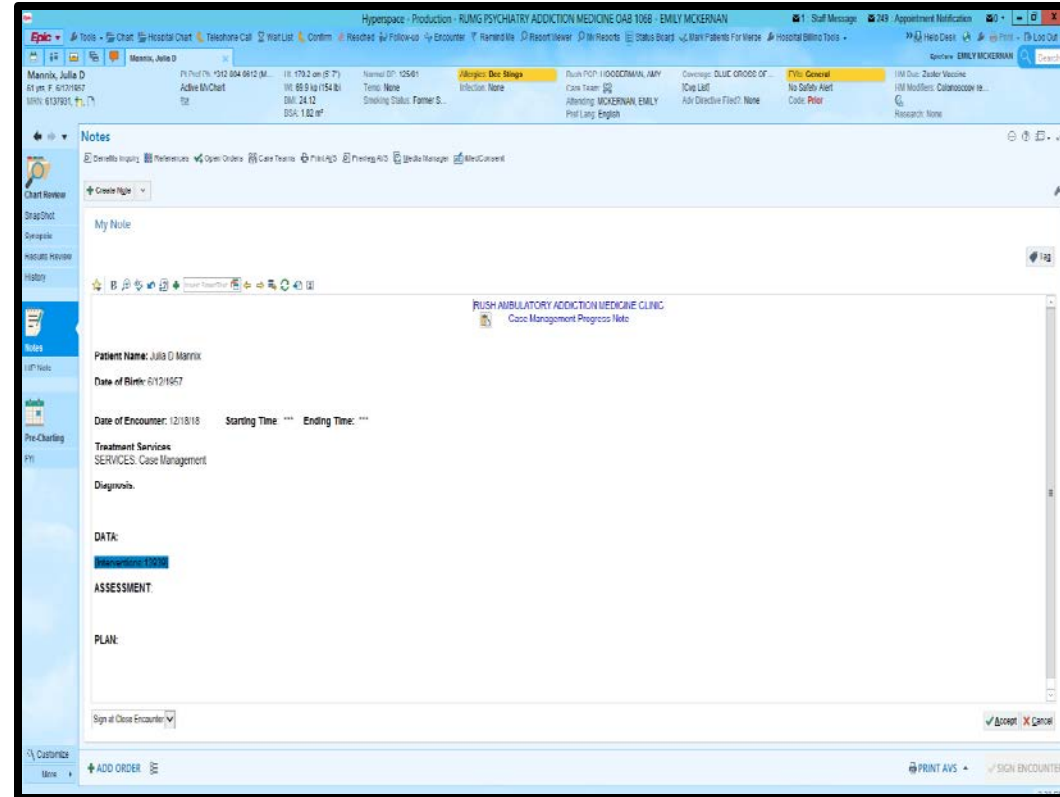
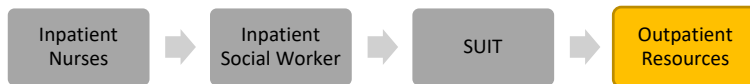
- Encourages continuity in data collection
- Improves communication methods between inpatient and ambulatory care providers



Ambulatory Flowsheets within Epic

Note Templates Designed for Outpatient setting:

- Easy and efficient documentation for our providers that allows them to pull in relevant information with ease.



Reporting Mechanisms using EMR

EMR Flowsheet



Mandated Reports for Funding Grant

ADDITION MID FLOW SHEET - RUSH AMB Addiction Med

*** Substance Use Screen Addition Medicine**

How many times in the past year have you had 5 or more drinks in a day?

(0) None 1 or more

How many times in the past year have you used recreational drug or used a prescription medication for non-medical reasons?

(0) None 1 or more

*** Audit Addition Medicine**

How often do you have a drink containing alcohol?

(0) Never 1 or Monthly or less 2 or 2-4 times a month 3 or 2-3 times a week 4 or 4 or more times a week

How many drinks containing alcohol do you have on a typical day when you are drinking?

(0) Never 1 or Monthly or less 2 or 2-4 times a month 3 or 2-3 times a week 4 or 4 or more times a week

How often do you have four or more drinks on one occasion?

(0) Never 1 or Monthly or less 2 or 2-4 times a month 3 or 2-3 times a week 4 or 4 or more times a week

How often during the last year have you found that you were not able to stop drinking once you had started?

(0) Never 1 or Monthly or less 2 or 2-4 times a month 3 or 2-3 times a week 4 or 4 or more times a week

How often during the last year have you failed to do what was normally expected of you because of drinking?

(0) Never 1 or Monthly or less 2 or 2-4 times a month 3 or 2-3 times a week 4 or 4 or more times a week

How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

(0) Never 1 or Monthly or less 2 or 2-4 times a month 3 or 2-3 times a week 4 or 4 or more times a week

How often during the last year have you had a feeling of guilt or remorse after drinking?

(0) Never 1 or Monthly or less 2 or 2-4 times a month 3 or 2-3 times a week 4 or 4 or more times a week

Number of Service Recipients by Level of Involvement: Rush University Medical Center

Service Type

of Patients provided SBIRT Services

of Patients provided SBIRT Services/Positive for any SUD

of Patients provided SBIRT Services/Positive for OUD

of Patients Screened Positive – Declined Additional Services

of Patients/OUD/Initiated Buprenorphine Services

of Patients/OUD/Initiated other Medication-Assisted Services

of Patients/non-OUD/Referred to Specialty SUD TX Providers

of Patients/non-OUD/Referred to Medical Home Network Providers

of Patients/OUD/Referred to Specialty MAT Licensed Providers

of Patients/OUD/Referred to Medical Home Network Providers

of Addiction Medicine Consults

SUIT Intervention Value Derived

Intervention Intended Outcomes

Improve upon early intervention to provide the best medical care

Identify a population of patients in need of treatment for substance misuse

Provide comprehensive treatment according to patients' needs

Decrease the length of stay and readmissions for this population

Successful Intervention Outcomes

Implemented **screening mechanisms** for substance misuse across 20 units in the Medical Center as well as the Emergency Department

Identified a **unique population** in need of substance use treatment

Leveraged **EMR** to implement the SBIRT methodology and workflow

Collected **compelling data** from EMR to support grant and program reporting

Established an **outpatient clinic** to provide MAT, psychotherapy and case management

Realized ROI savings to hospital for a **decrease in LOS** for patients with a secondary diagnosis for substance use.