Indiana Rural Opioid Consortium

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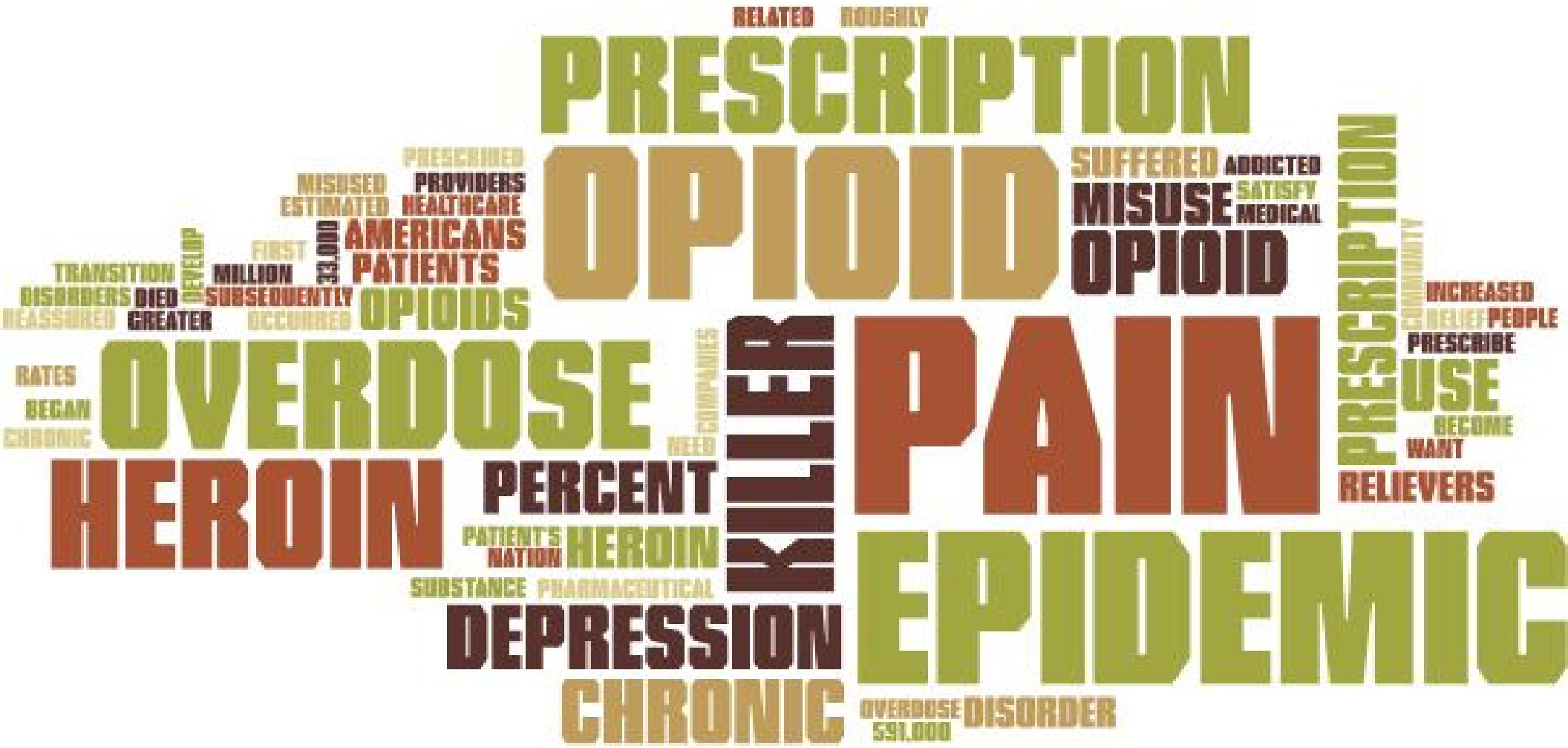
RELATED
ROUGHLY
PRESCRIPTION
OPIOID
SUFFERED
ADDICTED
MISUSE
SATISFY
MEDICAL
OPIOID
PRESCRIBED
MISUSED
ESTIMATED
PROVIDERS
HEALTHCARE
AMERICANS
PATIENTS
OPIOIDS
FIRST
MILLION
SUBSEQUENTLY
33,000
TRANSITION
DISORDERS
DIED
GREATER
DEVELOP
REASSURED
OCCURRED
PRESCRIPTION
COMMUNITY
INCREASED
RELIEF
PEOPLE
PRESCRIBE
USE
BECOME
WANT
RELIEVERS
OVERDOSE
RATES
BEGAN
CHRONIC
HEROIN
PERCENT
NEED
COMPANIES
KILLER
PAIN
PATIENTS
NATION
HEROIN
EPIDEMIC
SUBSTANCE
PHARMACEUTICAL
DEPRESSION
CHRONIC
OVERDOSE
591,000
DISORDER

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Opioid Epidemic

- Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.(1)
- Between 8 and 12 percent develop an opioid use disorder. (2-3)
- An estimated 4 to 6 percent who misuse prescription opioids transition to heroin. (2-3)
- About 80 percent of people who use heroin first misused prescription opioids. (2-4)
- Of the 115 million opioid prescriptions written each year, more than half (51.4%) go to adults with a mental health disorder. (5)

1.Vowles KE, McEntee ML, Julnes PS, Frohe T, Ney JP, van der Goes DN. Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis. *Pain*. 2015;156(4):569-576. doi:10.1097/01.j.pain.0000460357.01998.f1.
2.Muhuri PK, Gfroerer JC, Davies MC. Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States. *CBHSQ Data Rev*. August 2013.
3.Cicero TJ, Ellis MS, Surratt HL, Kurtz SP. The Changing Face of Heroin Use in the United States: A Retrospective Analysis of the Past 50 Years. *JAMA Psychiatry*. 2014;71(7):821-826. doi:10.1001/jamapsychiatry.2014.366.
4.Carlson RG, Nahhas RW, Martins SS, Daniulaityte R. Predictors of transition to heroin use among initially non-opioid dependent illicit pharmaceutical opioid users: A natural history study. *Drug Alcohol Depend*. 2016;160:127-134. doi:10.1016/j.drugalcdep.2015.12.026.
5.http://www.ajmc.com/newsroom/over-half-of-all-opioid-prescriptions-go-to-mentally-ill-patients-study-finds

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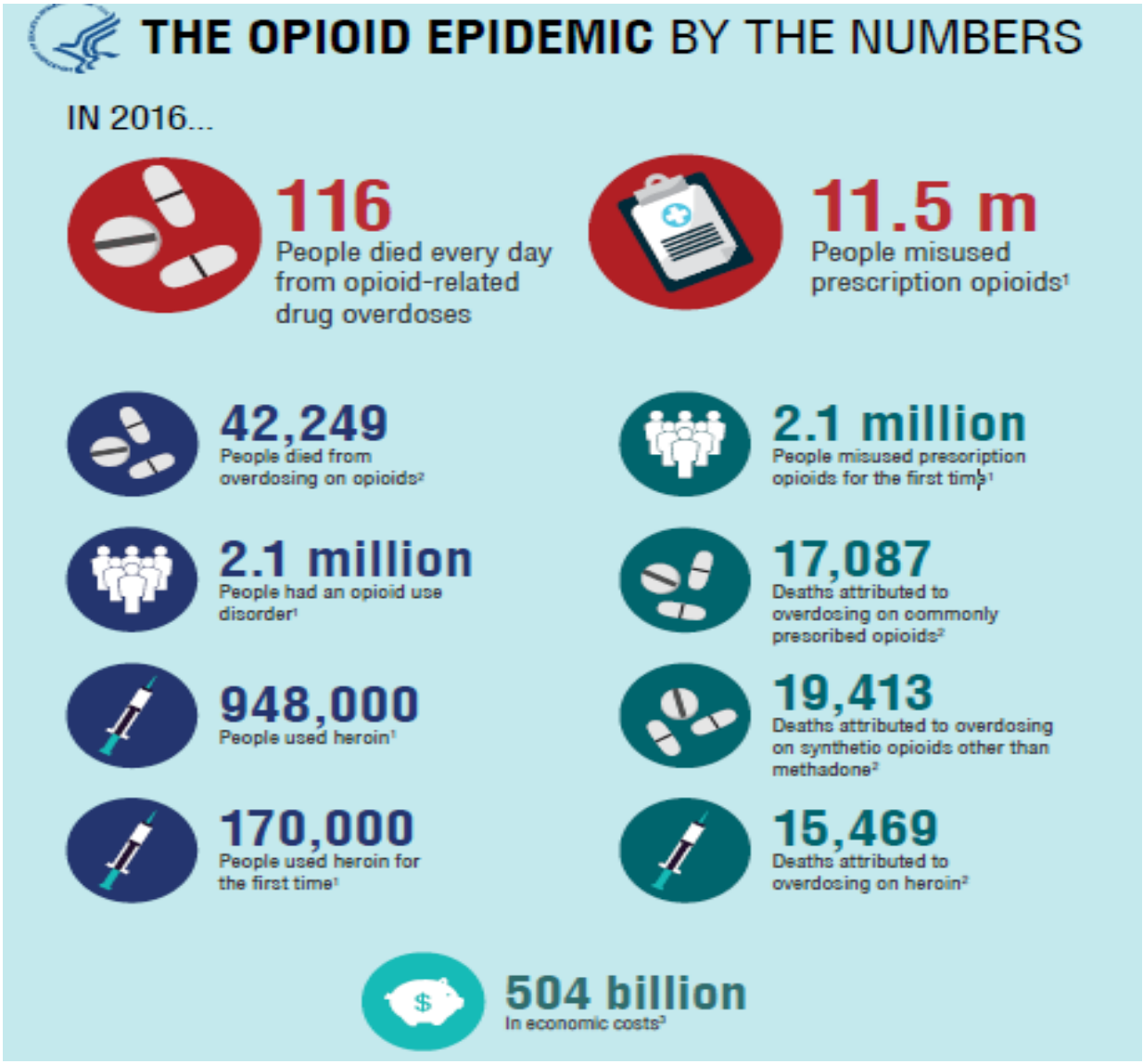

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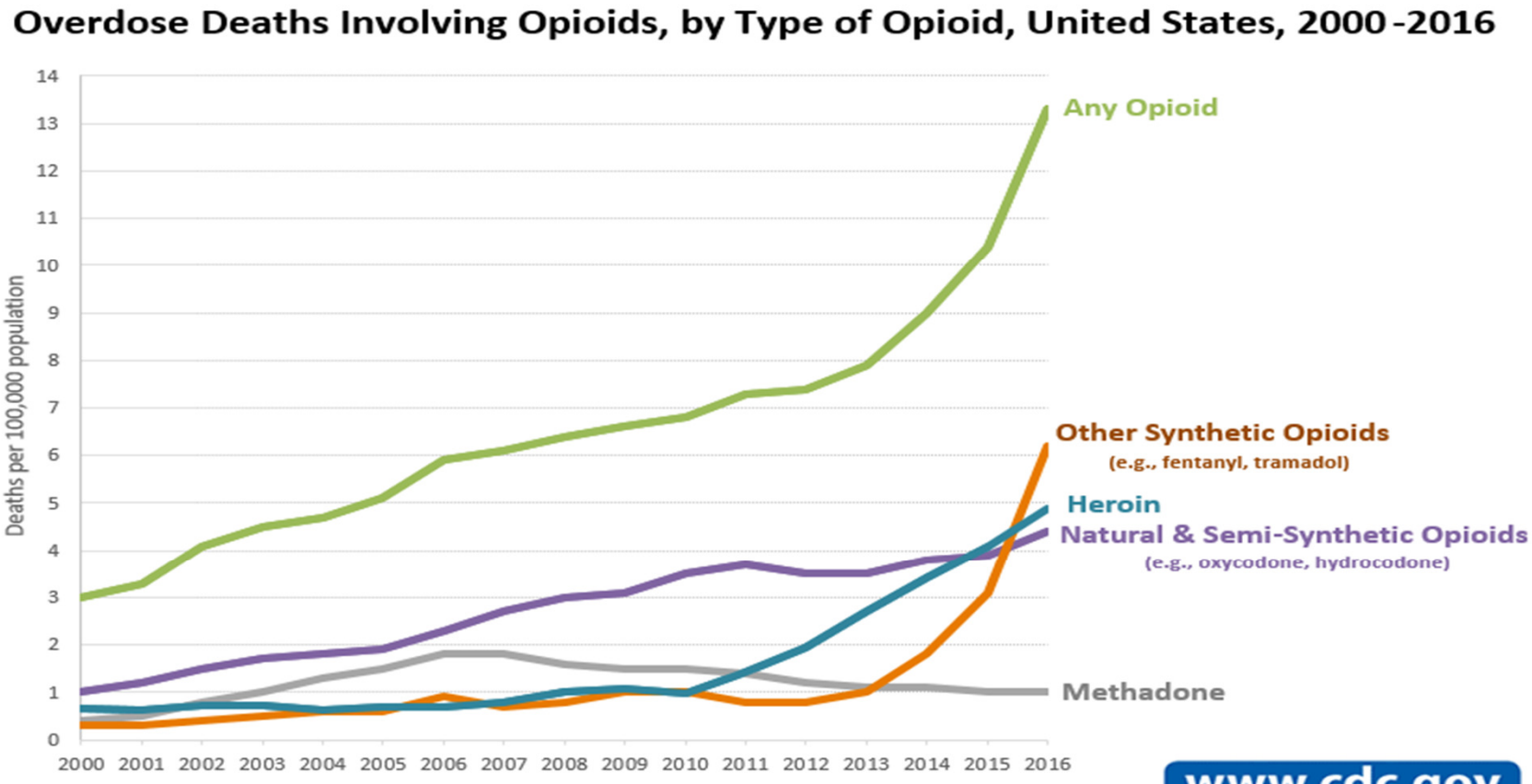
The Issue



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Ser vices, CDC; 2017. https://wonder.cdc.gov/.

www.cdc.gov
Your Source for Credible Health Information

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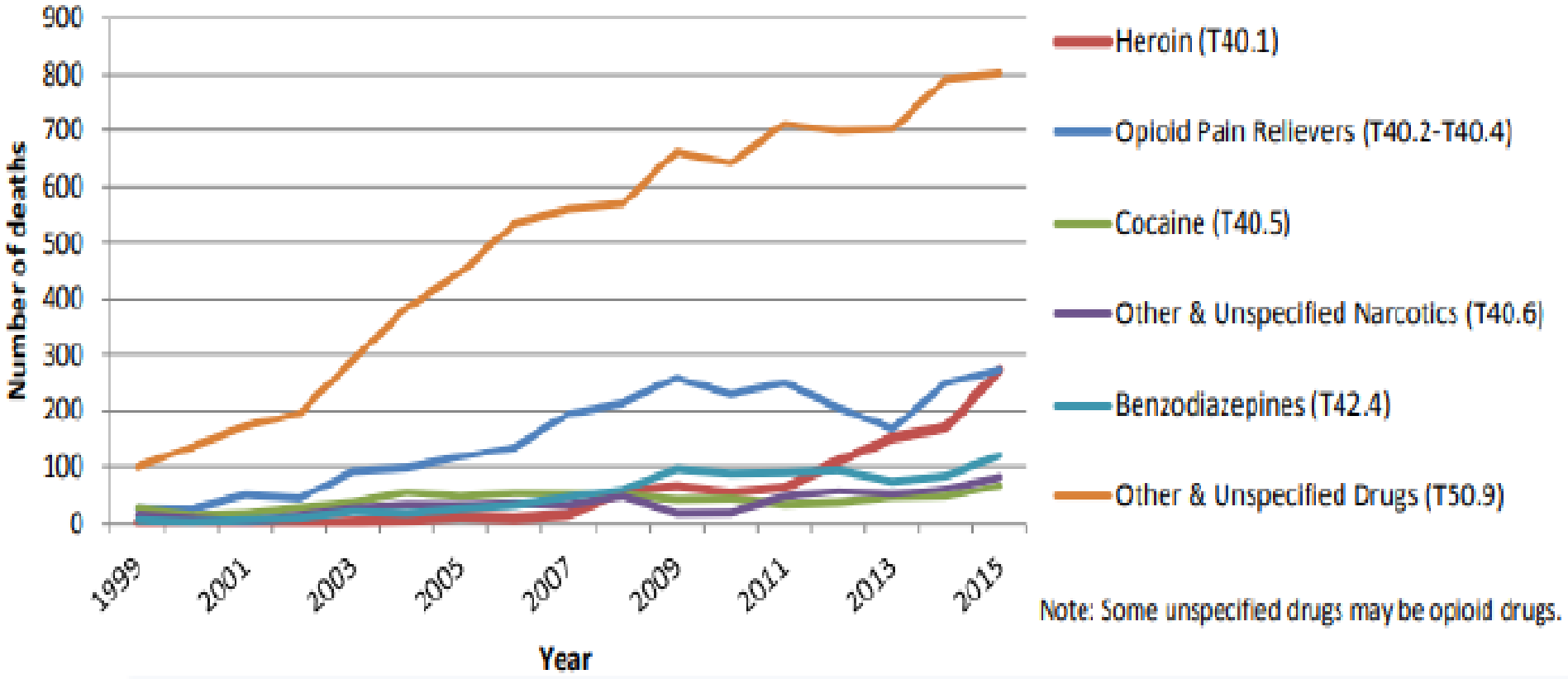
Deaths Attributed to opioid pain relievers and other drugs, Indiana Residents 1999-2015



Note: Some unspecified drugs may be opioid drugs.

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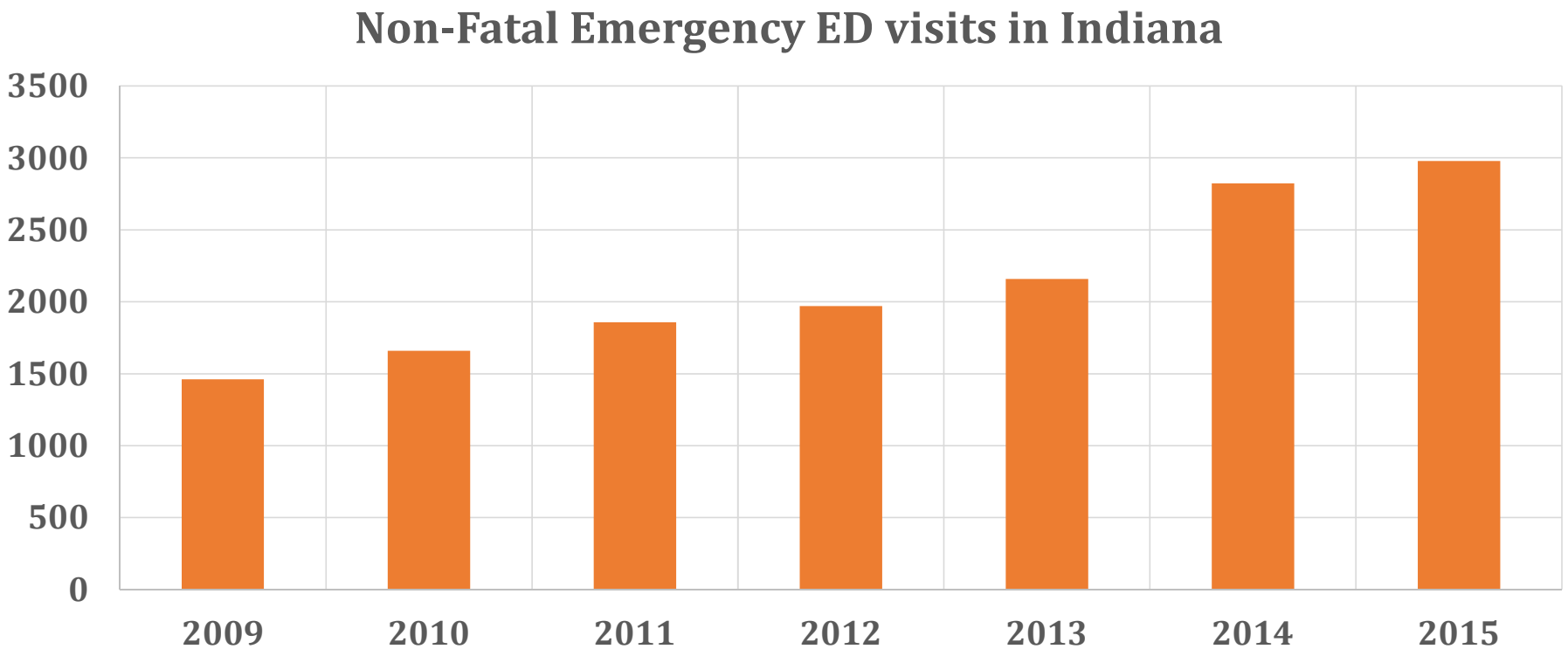
Indiana's Opioid Epidemic



http://www.in.gov/isdh/27393.htm

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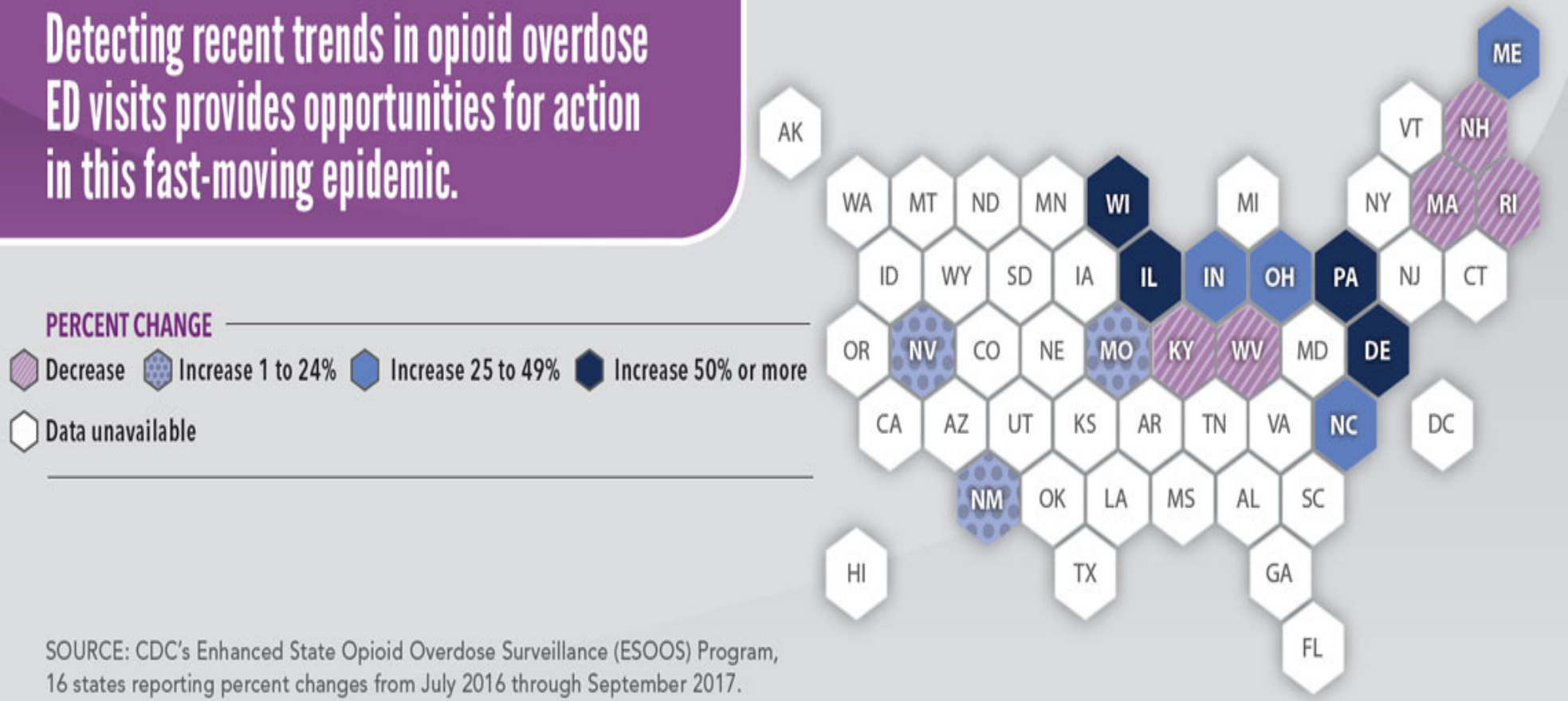
Detecting recent trends in opioid overdose ED visits provides opportunities for action in this fast-moving epidemic.



SOURCE: CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) Program, 16 states reporting percent changes from July 2016 through September 2017.

https://www.cdc.gov/media/releases/2018/p0306-vs-opioids-overdoses.html

Indiana Rural Opioid Consortium (InROC)

Mission:

The Mission of the Indiana Opioid Consortium is to be a sustainable Consortium that promotes and increases offerings of behavioral health services for individuals with opioid use and overdose disorder in Indiana, through comprehensive assessment (screening), OUD-specific care coordination, increased education and resources (clinicians and communities), dedicated treatment--Opioid Treatment Facilities (OTFs and telehealth) and lasting recovery (OTFs).

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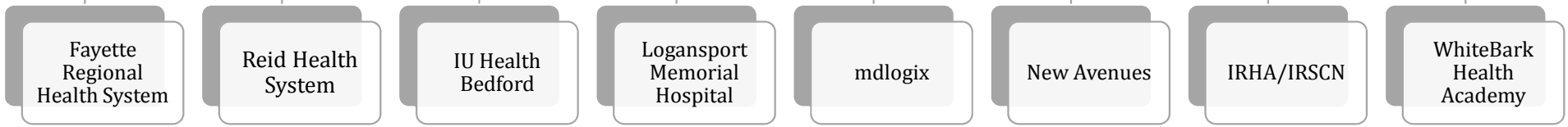
InROC Partners



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InROC Service Area 2017-2018

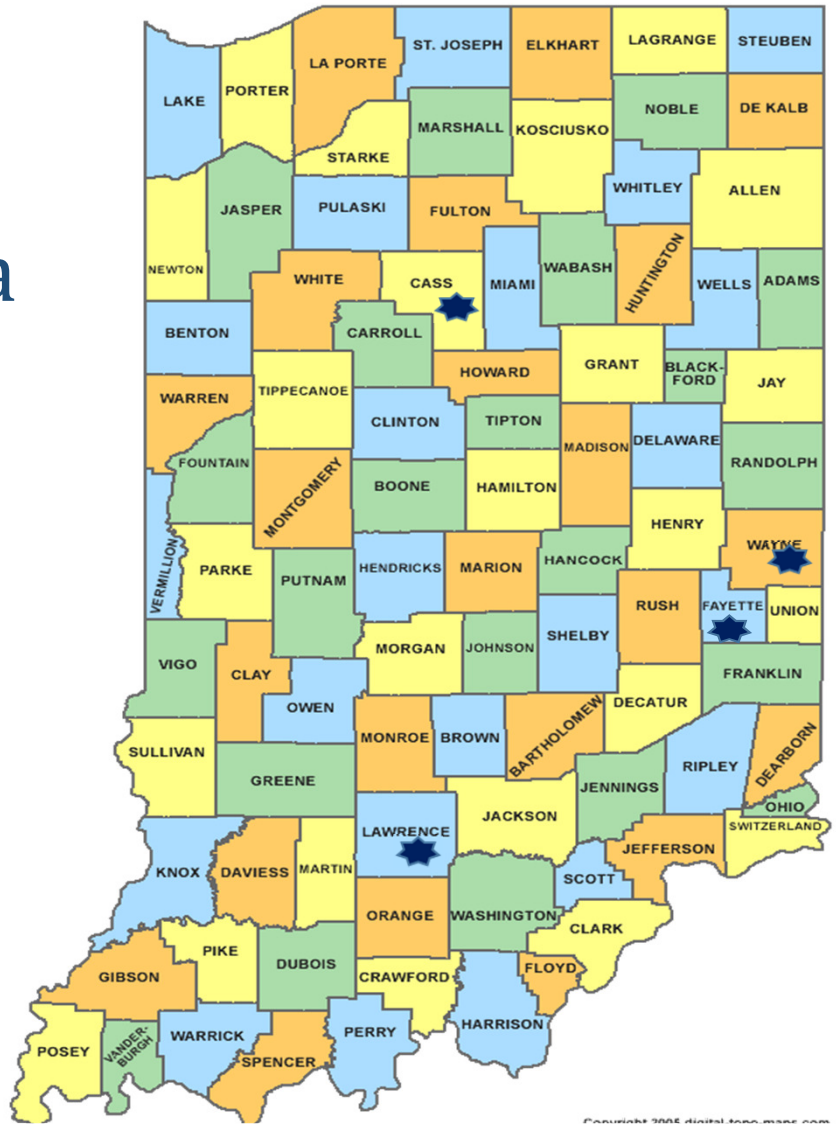
- InROC Counties

Cass

Fayette

Lawrence

Wayne



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Focus Areas/Goals

1. Develop a comprehensive screening model for patients with OUD within the existing clinical facilities workflow, simulating a hub and spoke model
2. Removing the stigma from the opioid use disorder, it treatment and recovery
3. Establishment of a care coordination model of treatment in target population for patients suffering from OUD
4. Increasing access to behavioral health and opioid treatment facilities

Comprehensive Assessment

The patient completes a comprehensive assessment(s) on a tablet. **The system immediately generates a report for the clinician and the care manager.**

CONFIDENTIAL CO

BEHAVIORAL HEALTH SCREENING RESULTS

Form Version: Primary Care 12 to 24
Screening Date: 05/05/2015
Screening Location: Main Office
Screened By: Baroud, Thaer
Staff Email: allen@mdlogix.com

PLACE LABEL HERE - Do NOT handwrite info

Patient LAST NAME: Demo
5432111 MR/ID Number: 04/08/1960 DOB
Medicaid INSURANCE TYPE

INSTRUCTIONS
Review report before meeting with the patient. Review results with patient and follow standard care procedures, including referral, if necessary. Place results report in medical chart.

INSTRUCTIONS/FEEDBACK	Response
Are you currently seeing a doctor, counselor, or therapist for a problem with how you have been feeling, thinking or behaving?	No
If you have come here today with a parent, guardian, or other adult, is it ok for them to be in the room when we go over your answers with you?	Yes

CRITICAL ITEMS	Response
During the past year, how often have you seen things or heard sounds or voices that other people could not see or hear?	Sometimes

SCALES (All scales are 0 - 4. 0 = no risk and 4 = highest risk)	Score	* Clinical Significance
Depression	**2.40**	**Severe Depression**
Anxiety	2.50	Significant Anxiety
Suicide Ideation - Lifetime	1.33	History of Suicide, but not current
Suicide Ideation - Current	0.00	
Traumatic Distress	1.00	At Risk for PTSD
Eating disorder	0.50	Not Significant
Substance Abuse	2.00	At Risk for Substance Abuse problem

RISK BEHAVIORS	Response
Are you concerned about someone in your family because they use alcohol, tobacco, marijuana, or other drugs regularly?	Yes
During the past year, how often have you been in a car when you or the driver had been using alcohol, marijuana (i.e., weed, pot or blunts) or other drugs?	Sometimes
In the past thirty days, how many days have you: used tobacco?	30
In the past thirty days, how many days have you: used alcohol?	8
When you have sex, how often are you using a condom?	Sometimes
During the past year, have you had a physical fight with someone who is not your parent or guardian?	Yes
Is there a gun in your home?	Yes

STRENGTHS	Response
Why are you not currently attending school?	Graduated
Do you currently have a job?	Yes

SCREENING, BRIEF INTERVENTION PROCEDURES & BILLING CODES
Please select the Screening and/or Brief Intervention activities that were done as part of this screening:

Screening Procedure	Payer	Code	Care Provided
Alcohol and/or drug screening	Medicaid	H0049: ☐	15 minutes
Intervention Procedure	**Payer**	**Code**	**Care Provided**
Alcohol and/or drug service, brief intervention, per 15 minutes	Medicaid	H0050: ☐	15 minutes

For a more comprehensive list of Potential Procedures & Billing Codes, please see the BH-Works Support/Help tab.

Review & Sign | Download/Print as PDF | Copy Scores for EMR Note

Reviewer/Provider Signature | Printed Name | and/or Contact Number | Date | Time

AA1

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Educate

Protest any labels that turn people into things. Words are important. If you want to care for something, you call it a 'flower;' if you want to kill something, you call it a 'weed.'"

https://www.samhsa.gov/capt/sites/default/files/resources/sud-stigma-tool.pdf

Slide 14

AA1 Amnah Anwar, 1/4/2018

Initial Community Education

n=16, matched

	Pre-Score Average	Post-Score Average	Change in Knowledge
There is an increase in individuals misusing opioids and illegal drugs.	1.25	1.88	.625
Misuse of opioids and illegal drugs have caused increased death in my community.	1.25	1.37	.125
It is safer to get high on prescribed medication than street drugs.	3.40	3.31	-0.09
People using opioids other than prescribed is a medical condition.	1.75	2.13	0.37
I know what resources are available and how to access them in my community for someone with opioid misuse disorder.	1.63	1.94	0.31
I feel enough is being done by my community to address opioid misuse disorder.	3.25	2.94	-0.31

Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)	Not Sure (5)

Initial Community Education

n=20, pre
n=12, post

	Pre-Score Average	Post-Score Average	Change in Knowledge
There is an increase in individuals misusing opioids and illegal drugs.	1.15	1.16	0.01
Misuse of opioids and illegal drugs have caused increased death in my community.	1.20	1.08	-0.12
It is safer to get high on prescribed medication than street drugs.	3.40	2.92	-0.48
People using opioids other than prescribed is a medical condition.	2.07	2.00	-0.07
I know what resources are available and how to access them in my community for someone with opioid misuse disorder.	1.75	1.92	0.17
I feel enough is being done by my community to address opioid misuse disorder.	3.25	3.42	0.17

Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)	Not Sure (5)

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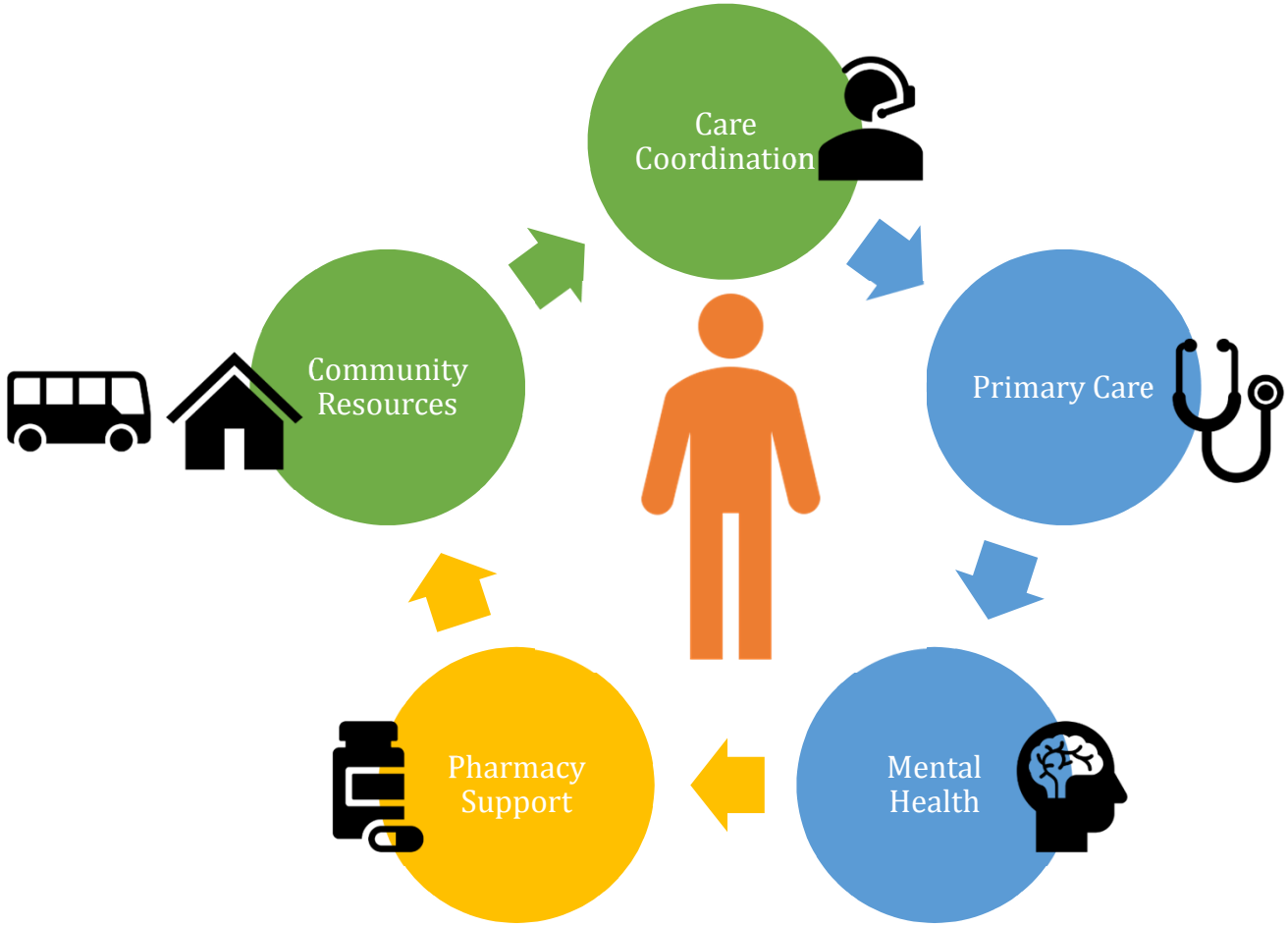
OUD Specific Care Coordination



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Increasing Access (Telehealth)

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Barriers

- *Liability issues with screening.*
- *Lack of behavioral health providers.*
- *Lack of referral sites.*
- *Telehealth provider licensure and accreditation issues.*

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Contact information

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