Team-Based Care to Address Psychiatric and Physical Health Co-morbidities in Persons with Opioid Use Disorders: Responding to Chicago’s Opioid Crisis

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Thresholds

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Disclosures

Steve Weinstein, MD, Tim Devitt, Psy.D., Wesley Cook, DO, Nicholas Chien, MD, and Ruchi Fitzgerald, MD have no financial relationships with an ACCME defined commercial interest to disclose.

The content of this activity may include discussion of off label or investigative drug uses. The faculty is aware that is their responsibility to disclose this information.
Target Audience

• The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.
Educational Objectives

• Develop an understanding of psychiatric and health conditions common in people with opioid use disorder (OUD)
• Identify effective treatment engagement strategies for people with OUD, particularly during COVID-19
• Examine team-based treatment approaches to addressing psychiatric and health conditions in people with OUD
• Explore the importance of networking and communicating with community medical and psychiatric providers to address client needs
• Discuss effective strategies to reduce risk and opioid use disorder related harm
National Opioid Overdose Crisis
National Drug Overdose Deaths During COVID-19

Figure 1: Twelve-month provisional drug overdose death counts for all drugs, synthetic opioids, cocaine, and psychostimulants, for 50 states, the District of Columbia, and New York City: 12-months ending in June 2019 to 12-months ending in May 2020.
Cook County Overdoses During COVID-19
Racial Disparities Opioid Overdose Deaths in Cook County

- NH-Black
- NH-White
- Hispanic or Latinx

Rate per 100,000

Racial Disparities Opioid Overdose Deaths Nationally

Drug overdose deaths by race

NH-White
NH-Black
Hispanic or Latinx
Asian

20 deaths per 100,000
15
10
5

'00  '05  '10  '15
Opioid Use Disorder & Associated Comorbidities
Mental Illness and Substance Use Disorders in America

Among those with a substance use disorder:
2 IN 5 (38.5% or 7.4M) struggled with illicit drugs
3 IN 4 (73.1% or 14.1M) struggled with alcohol use
1 IN 9 (11.5% or 2.2M) struggled with illicit drugs and alcohol

Among those with a mental illness:
1 IN 4 (25.5% or 13.1M) had a serious mental illness

7.7% (19.3 MILLION)
People aged 18 or older had a substance use disorder (SUD)

3.8% (9.5 MILLION)
People 18 or older had BOTH an SUD and a mental illness

20.6% (51.5 MILLION)
People aged 18 or older had a mental illness

In 2019, 61.2M Americans had a mental illness and/or substance use disorder—an increase of 5.9% over 2018 composed entirely of increases in mental illness.
Serious Mental Illness (SMI) Increasing

PAST YEAR, 2008-2019 NSDUH, 18+

56.4%
1.6 MILLION YOUNG ADULTS WITH SMI RECEIVED TREATMENT IN 2019
43.6% got NO treatment

65.1%
4.5M ADULTS AGED 26-49 WITH SMI RECEIVED TREATMENT IN 2019
34.9% got NO treatment

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.
Co-Occurring Issues: Substance Use and Mental Illness among Adults

PAST YEAR/MONTH, 2019 NSDUH, 18+

- Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.
Mental and Substance Use Disorders: High Prevalence / Huge Treatment Gaps

But treatment gaps aren’t the only problem!

* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor’s office, self-help group, or prison/jail.
Medical Comorbidities Associated with OUD

Acute comorbidities:
- Injection Drug Use Related Infective Endocarditis (IDU-IE)

Chronic comorbidities:
- HIV
- HCV

Increased morbidity/mortality from chronic illness; multifactorial (access to care; accessing care)
Patients affected by OUD and psychiatric comorbidities may live in neighborhoods impacted by economic deprivation.

Example: Garfield Park (West Side of Chicago) has a life expectancy of 69 years old, compared with 77 years old in other Chicago neighborhoods.

East Garfield Park has consistently had the highest rates of opioid overdose rates.

There are zero grocery stores in East Garfield Park.
Valve Operations for Drug Use Associated Infective Endocarditis in the United States

34,905 valve operations for endocarditis

33.7% related to drug use

2.7x increase in 2011-2018

Highest burden in:
East South Central
South Atlantic

Operations for drug-associated endocarditis

- Length of stay
- Risk-adjusted hospital mortality (OR 1.15)
- Risk-adjusted major morbidity (OR 1.11)

Richard E. Clark Memorial Paper read at the 55th STS Annual Meeting
Hepatitis C & Injection Opioid Use

HEPATITIS C AND OPIOID INJECTION ROSE DRAMATICALLY IN YOUNGER AMERICANS FROM 2004-2014

- Among people aged 18-29, HCV increased by 400% and admission for opioid injection by 622%
- Among people aged 30-39, HCV increased by 325% and admission for opioid injection by 83%

Source: Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration
HIV & Injection Drug Use

Figure 2 Percent of people living with HIV attributed to injection drug use in the USA, 2018
Adverse Social Determinants Overrepresented in this Population

- Poverty
- Unemployment
- Justice-involved
- Housing
- Food insecurity
- Communication (cell phone)
- Medical Insurance
- Cost of medications
Integrated Models of Care

- Involves pro-actively reaching out to the community, identifying those who may be at risk.
- Focusing on what people identify as their needs rather than the medical providers.
- Utilizing a team-based approach to address the social determinants of health in an organized manner.
- Leadership uses system wide training to address any education gaps.
Meeting the Needs of the Community
Harm Reduction in Action - Any Positive Change

Primary Aims – HR as a substance use practice:

• Point of engagement

• Help people have increased control over their substance use and lives.

• Assist with helping people build up the pillars needed for foundational recovery.

• The experience of positive change can lead to hope more can occur, step-by-step, one positive change at a time.
SAMHSA Definition of Recovery:
Four major dimensions that support a life in recovery

- **Purpose:** meaningful daily activities, such as a job, school, volunteering, family caretaking, and the independence, income and resources to participate in one’s community.

- **Home:** a stable and safe place to live.

- **Community:** relationships and social networks that provide support, friendship, love, and hope.

- **Health:** access to care for overcoming or managing one’s disease(s) or symptoms, including physical and behavioral health, and making informed, healthy choices that support physical & emotional wellbeing.

https://www.samhsa.gov/find-help/recovery
Thresholds Integrated Treatment Model: Operationalized Harm Reduction

Thresholds provides **Outpatient, Intensive Outpatient Services** and **Community Support Treatment Services**

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<th>CORE MODALITIES</th>
<th>CORE PRACTICES</th>
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<td>• Motivational Interviewing</td>
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<td>• Group and Individual Therapy</td>
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<td>• Recovery Management Support</td>
<td>• Mutual Aid Group Facilitation</td>
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<td>• MOUD</td>
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Westside Narcotics Diversion and Treatment Initiative

• **Garfield Park** is a west side neighborhood acknowledged as the epicenter of the opioid epidemic in Chicago.
  - Represents approximately 2.6% of the City’s landmass and population
    - In 2018:
      - 3,020 overdose incidence (32.3% of the entire City total)
      - 1,517 narcotics arrests (30% of the entire City total)

• **Chicago Police Station District 11** serves Garfield Park.

• **Thresholds** moved to this location March 2019, 2 blocks from the District 11 Police Station.
Traditional Approach
Diversion and Treatment Approach
Westside Narcotics Diversion and Treatment Initiative
Thresholds SU Counselor Engages with Candidate

- Non-judgmental approach
- Supportive
- Compassionate
- Screen and assesses for substance use disorder
- Links to treatment
Launched in April 2016 as a pre-booking drug diversion program under CPD’s Westside Narcotics Unit for pre-identified, eligible individuals arrested on narcotics possession and delivery charges.
Building Community Partnerships

Making It Happen

Overdose prevention and access to care through street outreach partnerships.
Essential Ingredients to Street Outreach

• The next few slides summarize what we’ve found to be “ingredients” essential of a comprehensive street outreach model.
• Starting in Late Spring 2020, Thresholds began teaming up weekly with organizations part of the Westside Opioid Task Force.
• Each organization brings something essential to the outreach effort. Implementing the model has been possible because of our collaborative approach.
Street outreach - led by people who have the lived experience

- The street outreach effort needs to be led by people who have the lived experience of homelessness and recovery from substance use and/or mental health conditions.

- Their partnership is essential for conveying hope and expectancy that this type of engagement can be trusted and will make a positive difference in their lives.
Offer Free PPE

- Offer free PPE to decrease the spread of COVID-19. Most people are in need of PPE and convey gratitude when offered a mask and hygiene packet.
Offer Free Naloxone Kits

- Offer training on overdose prevention and reversal and free Naloxone Kits.
- Most people living along the Pulaski Corridor know someone who has experienced an accidental opioid overdose.
- There is a strong interest learning how to administer naloxone and receiving free naloxone kits.
Offer an Array of Substance Use Treatment Options

• When people identify wanting to initiate substance use and/or mental health recovery, provide linkage to the type of substance use or mental health service that matches their level of motivation to address any positive change.
Provide Same Day Linkage to MOUD

- When people identify wanting help alleviating the effects of opioid withdrawal, offer same day linkage to MAR (medication assisted recovery), through telemedicine or a same day office visit.
Provide Mobile Medical Care

- Team up with mobile medical care providers who can immediately treat acute and chronic ailments.
- Medical care is regularly requested along the Pulaski Corridor by people who don’t have medical insurance, and don’t want to go to an emergency room (long waits, fear of getting COVID, being turned away).
Practical Assistance Applying for Affordable Housing

Educate on the process of applying for affordable housing

Offer practical assistance taking steps to access housing:

- State ID
- Birth Certificate
- SS Card
- Enroll in Coordinated Entry / Local Housing Authority Wait Lists
- Assist with making informed selections based on HUD and community priorities and personal preferences.
Requirements for us…

- Show up no matter what
- Lower threshold to accessing care
- Collaborate - to provide needed for immediate access services and resources
- Advocate - To change regulations and policies that create unintentional barriers to recovery.
The Thresholds Program

- Early utilizer of telemedicine for buprenorphine access.
- Unique opportunity for Addiction Medicine and Addiction Psychiatry Fellows to learn and care for a vulnerable population on Chicago’s West Side.
- Teaching Fellows about harm reduction.

- Primary care links are driven mostly by Medicaid plans.
- Psychiatric treatment - Most is managed within the program, not solely by Addiction Psychiatry.
- Docs who treat addiction are going to address psychiatric treatment. Most handled in-house.
- Team dynamics when they expect referral to psychiatry.
The Addiction Medicine Fellow: Fostering Community Collaboration
Rush Addiction Medicine/UIC Addiction Psychiatry Fellowship Longitudinal Rotation

- Partnership developed to meet the needs of the community, and our fellows.

- **Unique** opportunity.

- Organization based on the pillars of:
  - Harm reduction.
  - Connection.
  - Community.
  - Learning new approaches from team members (Counselors and Peer Workers).
Rush University Medical Center: Addiction Medicine Fellowship
Overdose Prevention Strategies and Promising Practices
Overdose Prevention Strategies and Promising Practices

1. Increase naloxone access and education
2. Prescription monitoring programs
3. Medications for opioid use disorder
4. Safe opioid prescribing guidelines

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Provider-Focused Strategies

1. Prescription drug take back programs
2. Supervised injection facilities
3. Legislative response

Community-Focused Strategies
Naloxone

- Opioid receptor antagonist (mu, kappa, delta receptors)
- Displaces opioids, reversing effects of overdose
- No effect in people not using opioids. No potential for misuse.
- Reverses respiratory depression, hypotension, sedation
Naloxone Formulations

- Intramuscular Manual
- Nasal Spray Narcan
- Nasal Spray Atomizer
Increasing Access to Naloxone

- Community training/distribution
- Prescribing in ED, inpatient & outpatient settings
- Increasing access among first responders
- Pharmacy statewide protocols
Prescription Monitoring Program

Introducing PMPnow

The PMP team has been busy developing and creating new features that will enhance the PMP user experience. We would like to introduce to you a new feature that we hope will improve your daily workflow.

PMPnow allows the seamless integration of PMP data into the EHR system which removes the need for the PMP user to log onto the PMP website to search for their patient’s prescription history. PMPnow will give you patient records within seconds giving you more time to spend with your patients.

The PMPnow can be used at hospitals, physician’s offices and pharmacies.

As of December, 2017, the PMP has 25 live connections with 636 sites across Illinois, Iowa and Missouri totaling 2,222,739 searches.

Benefits
* No more logging onto the PMP website.
* Instant access to PMP data.
* Retrieve results up to 10 times faster than a manual user search.
* Saves valuable clinical time and improves patient quality of care.
* Available 24 hours a day.

As we continue to enhance your user experience, please let us know your interest in implementing PMPnow into your organization by emailing us at dbx.pmp@illinois.gov or by calling us at 217-524-1311.
Medications for Opioid Use Disorder

- Treatment
  - Treatment WITHOUT medication
  - XR Naltrexone\(^1,2\)
  - Buprenorphine\(^1\)
  - Methadone\(^1\)
Medications for Opioid Use Disorder

Buprenorphine

Number remaining in treatment

Time from randomisation (days)

Number at risk

Control

Buprenorphine

p = 0.0001
Medications for Opioid Use Disorder

Methadone

![Graph showing opioid use with or without methadone treatment.](image)

Buprenorphine
Safe Opioid Prescribing

1. Evaluate Risk Factors
   - Hx of SUD/overdose
   - Concurrent benzo use
   - Opioid dose >50 MME

2. Recommend naloxone if:

3. Review PMP

4. UDS before Rx

5. Avoid opioid AND benzo Rx

6. Offer treatment for SUD
Overdose Prevention Strategies and Promising Practices

1. Increase naloxone access and education
2. Prescription monitoring programs
3. Medications for opioid use disorder
4. Safe opioid prescribing guidelines

1. Prescription drug take back programs
2. Supervised injection facilities*
3. Legislative response

*Research suggests supervised injection site practices have shown to be promising in some countries to address overdose prevention, BUT the US federal government or SAMHSA does not support or allow at this time.
Prescription Drug Take Back Programs
Overdose Prevention Sites

*Research suggests supervised injection site practices have shown to be promising in some countries to address overdose prevention, BUT the US federal government or SAMHSA does not support or allow at this time.

- **Globally**: First injection site – Bern, Switzerland (1986). Around 100 active sites worldwide, mostly in Europe, Canada and Australia

- **Public Health**: Reduce overdose fatality and spread of HIV/HCV. Increases entry into treatment.

- **Public Safety**: Less litter, needles on street, public disorder

- **Cost Savings**: Reduction in disease, overdose deaths, need for EMS

35% decreased fatal overdoses within 500m radius of facility. No fatal overdose on premises.
Legislative Response

Jan 2010: Drug Overdose Prevention Program [DOPP]
(IL Public Act 096-0361)

June 2012: Emergency Medical Services Access Law, aka “Good Samaritan Law”
(IL Public Act 097-0678)

Sept 2015: Heroin Crisis Act, aka “Lali’s Law”
(IL Public Act 099-0480)

Sept 2017: Illinois Naloxone Standing Order

Final Words: Words Matter

WORDS HAVE POWER
References


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Thank You!

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PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medications for addiction treatment.

  - 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.

  - No cost.

For more information visit: https://pcssNOW.org/mentoring/
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague
A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now

http://pcss.invisionzone.com/register
PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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<th>American Society of Addiction Medicine</th>
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<td>Association for Multidisciplinary Education and Research in Substance use and Addiction</td>
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