Effective Management of Substance Use Disorder Patients in an Emergency Department Setting

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Brooke Oxandale, Trauma Program Manager

Learning Objectives

1. Describe how collaboration between Stormont Vail Health and Central Kansas Foundation (CKF) has produced significant reductions in Emergency Department (ED) recidivism for substance abusing patients.

2. Identify evidence based practices proven to reduce ED recidivism for substance abusing patients.

3. Identify key organizational characteristics and attributes that impact a successful collaboration.

4. Design specific data sets and outcomes which will assist in resource allocation and facilitate effective implementation.
ED History & Development of Collaboration

Nationwide Issue

• Approximately 5 million drug related visits nationwide
  – 1.4 million ED visits relating to non-medical use of pharmaceuticals
  – 1.2 million ED visits relating to use of illicit drugs
  – 134.6 per 100,000 presenting to the ED due to alcohol use
Stormont Vail ED Complications Identified

- Continuous increase in drug related ED visits
- ED staff lacked expertise on SUD disorders and resources
- Community resources scarce
- American College of Surgeons Verified Level II Trauma Center requirements
- Staff identified need for a better process for SUD population

Care Discovery Reporting

Report utilization for further identification of opportunity for improvement:
- **Description**: LOS, Cost, Opportunity, Mortality, Complications
- **Population**: Substance Abuse by DRG
- **Timeframe**: 10/2013-9/2014
- **Benchmark**: Large Community Hospital (Top 10%)
- **Stat Sig Confidence Interval**: 90%
Length of Stay & Cost Opportunities Identified

**Length of Stay & Cost Opportunities Identified**

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<tr>
<th>Category</th>
<th>Discharge</th>
<th>LOS (Days)</th>
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Timeline

• November 2013 - Met with CKF - Great presentation
• Developed a Project Oversight Committee
• January 2015 - Signed contract
• April 2015 - CKF staff orientation

Central Kansas Foundation History
Central Kansas Foundation

CKF is a not-for-profit corporation whose mission, since its inception in 1967, has been to provide both quality and affordable alcohol and other drug education and treatment services.

– Community Based
– 65 employees
– 5 locations
– Services include: Outpatient Tx, Social Detox, Medication Assisted Detox, Residential Treatment & Prevention/Education

Our Three Guiding Principles For Integration

1. SUD providers possess expertise that is incredibly valuable to medical professionals.

2. When this expertise is available in acute and primary medical care settings, patient health improves and costs associated with chronic illnesses are reduced.

3. SUD services have a significant impact on health care costs and SUD work will be compensated adequately.
 CKF
• Community Based
• 65 Employees
• 5 locations offering: Outpatient Tx, Social Detox, Medication Assisted Detox, Residential Treatment & Prevention/Education

SUD Providers

Salina Regional Health Center
• 300 Bed Acute Care Hospital
• Level III Trauma Center
• 27,000 ED presentations/year
• Alcohol/Drug DRG was 2nd most frequent re-admission

Salina Family Healthcare
• 10,000 unique patients
• 13 Family Medicine Residents
• 10 dental chairs

Stormont-Vail Health Center
• 586 Bed Acute Care Hospital
• Level II Trauma Center
• 65,000 ED presentations/year

Patient Pathways

PATIENT
17% leave acute care with a SUD diagnosis

ACUTE CARE

SUD CARE

PRIMARY CARE

23% screen positive on Audit C
Stormont Vail Health
SUD Program Details

Substance Use Disorder Staff

• Staff Credentials
  – Licensed Addiction Counselors (4)
  – Licensed Masters Social Worker (1)

• Staff Training
  – ED Protocols and Policies
  – Documentation of Screens in EPIC
  – Behavioral Health Response Team Process
  – SBIRT (Screening, Brief Intervention, Referral to treatment)
  – Motivational Interviewing
  – Information on local and statewide treatment resources
  – Funding requirements/guidelines for each agency
Identifying SUD Patients

Screening Questions

• Questions built into Triage Assessment
• Questions asked by nurse
• Screening Tools
  – CRAFFT
    • For adolescents ages 12-17
  – Audit-C
    • For ages ≥18
CRAFFT Part A

1. Drink any alcohol (more than a few sips)?
   – Don’t count sips of alcohol taken during family or religious events

2. Smoke any marijuana or hashish?

3. Use anything else to get high?
   – (“Anything else includes illegal drugs, over the counter and prescription drugs, and things that you sniff or huff”)

*If any of the above questions are answered yes then Part B is done

CRAFFT Part B

1. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

4. Do you ever FORGET things you did while using alcohol or drugs?

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

6. Have you ever gotten in to TROUBLE while you were using alcohol or drugs?
Audit-C

• How often do you have a drink containing alcohol?
  – Never (0)  
  – 2-4 times per month (2)  
  – 4 or more times per week (4)

• How many drinks containing alcohol do you have on a typical day when you are drinking?
  – 1 or 2 (0)  
  – 5 or 6 (2)  
  – 10 or more (4)

• How often do you have 6 or more drinks on one occasion?
  – Never (0)  
  – Monthly (2)  
  – Daily or almost daily (4)

Audit-C Scoring

What scores trigger a SUD Consult?
• a male patient scores a 4 or higher or
• a female patient scores a 3 or higher
Additional Questions

1. How many times in the past year have you used illegal drugs or prescription drugs other than how they were prescribed by your physician?
   – If patient answers 1 or more SUD consult triggered

2. Does patient have a terminal illness?
   – If yes, then no consult is ordered
Consults on Admitted patients

- CIWA order set utilization automatically triggers an SUD consult order

- Pts admitted through ED, SUD staff will continue to follow the patient until treatment arrangements are made or the patient refuses services

Stormont Vail West Consults

(Inpatient Behavioral Health Unit)

- Behavioral Health Patients with Substance Use Disorders
  - Difficult population to serve
    - behavioral concerns treated prior to substance concerns
    - inpatient facility at separate location
  - SUD Coordinators now go to Stormont Vail West
    - If interested in placement treatment placement secured while they are still inpatient
Treatment Placement

- Social Detox
- Intermediate/Residential
- Reintegration
- Intensive Outpatient
- Outpatient
- Kansas Client Placement Criteria (KCPC) assessment

Average Lengths of Stay in Treatment Modalities

- Social Detox 3-5 days
- Intermediate 14-28 days
- Reintegration 30-45 days
- Intensive Outpatient up to 9 weeks
- Outpatient up to 12 weeks
Data Outcomes

Consults Placed

Consists Placed & Service Placement 2015

- 267
- 318
- 267
**Payer Mix**

- **2015 Stormont-Vail Payer Source**
- **50%** Uninsured
- **18%** Uninsured/Medicaid Eligible
- **8%** Commercial Insurance
- **8%** Amerigroup-MCO
- **8%** Sunflower-MCO
- **7%** United-MCO
- **8%** VA Benefits

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**Decrease in visits by payer source**

2015 Total Number of Stormont-Vail SUD-ED Visits by Payer Source

- **505** ED Visits Prior to Consult (Since January, 2015)
- **254** ED Visits-Post Consult
- **50%** Decrease
- **47%** Decrease
- **75%** Decrease
- **62%** Decrease
- **66%** Decrease
- **42%** Decrease
- **89%** Decrease

- Uninsured (N=120)
- Uninsured/Medicaid Eligible (N=21)
- Commercial Insurance (N=46)
- Amerigroup-MCO (N=19)
- Sunflower-MCO (N=22)
- United-MCO (N=19)
- VA Benefits (N=5)
Level of Treatment Placement

Breakdown of Service Placement
4/1/15-12/31/15

- Residential: 46.5%
- Detox: 17.9%
- Outpatient: 25.3%
- KCPC Assessment: 9.9%
- RADAC Case Management: 0.4%

Facility Placement

2015 Stormont-Vail Referrals To Agencies

- CKF: 23%
- First Step at Lakeview: 3%
- Johnson County: 5%
- Mirror: 6%
- New Dawn: 12%
- Options Adult Services: 3%
- RADAC: 3%
- Sims Kemper: 15%
- Valeo: 5%
- Valley Hope: 8%
- Other: 0%

Stormont Vail Health
Year to Year Comparative Hospital Admission Data
Primary DX Substance Use

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<th>Month</th>
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<th>Year 2015</th>
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<td>Dec</td>
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2015 - # ED Visits/Admissions of Patients Who Engaged in Services

- Completed Services (N=78): 378
- Didn't Complete Services (N=58): 221
- N/A or Unknown (N=39): 34

- 67% Decrease
- 37% Decrease
- 81% Decrease
2015 Stormont-Vail ED Visits/Admissions By Agency Referral

ED Visits Prior to Consult (Since Jan, 2015) - ED Visits Post Consult

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<th>Agency</th>
<th>ED Visits Prior to Consult</th>
<th>ED Visits Post Consult</th>
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<tbody>
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<td>CKF (N=21)</td>
<td>58</td>
<td>81</td>
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<tr>
<td>First Step at Lakeview (N=14)</td>
<td>51%</td>
<td>62%</td>
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<td>Johnson County (N=12)</td>
<td>5%</td>
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<td>Autism (N=14)</td>
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