



**CHI St. Gabriel's
Health**

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Controlled Substance Care for a Safer Community

Our Core Values

Reverence

Integrity

Compassion

Excellence

St. Gabriel's Health

Family Medical Center

Family Medical Center:

Multi-specialty clinic (Little Falls, Pierz, Randall)

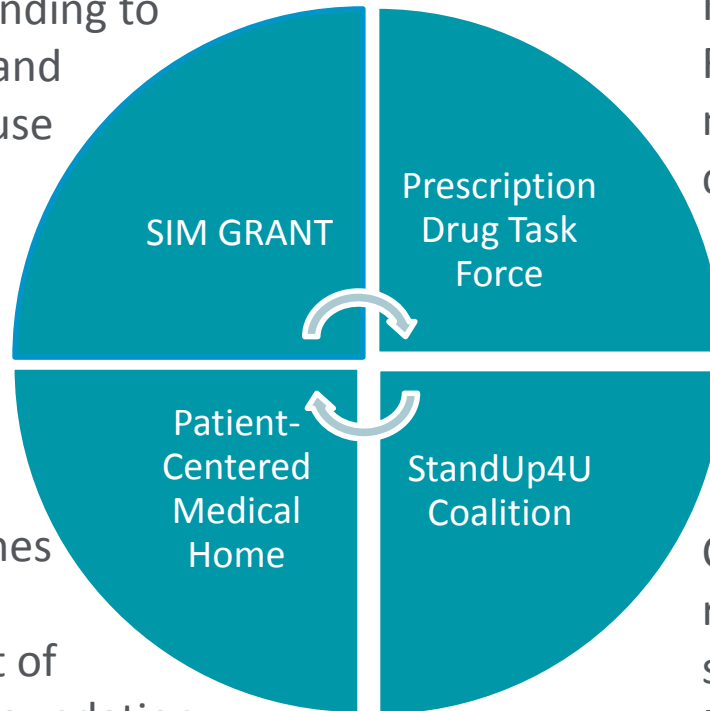
Family Medicine:	11 MD's, 1 DO, 5 NP's
Internal Medicine:	1 MD, 1 NP
Peds:	1 MD
OBGyn:	2 MD's
General Surgery:	2 MD's
Behavioral Health:	Tele-psych MD, 1NP

St. Gabriel's Health:

St. Gabriel's Hospital, Little Falls Orthopedics, CHI Health at Home
Home Health & Hospice, St Camillus Place

Comprehensive Community Model

Organization and funding to provide leadership and support Rx drug abuse prevention efforts



Key stakeholders focused on Rx drug abuse, including members with expertise on drug abuse issues

Health Care Coaches providing case management of chronic diseases-foundation for the CSCT model of care

Community coalition representing 12 community sectors, including youth. Expertise in effective prevention efforts. Members participate on Rx Drug task force

Community Collaboration



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ISD 482



How We Got Here

History of Rx Drug Abuse prevention efforts Started in 2010

- Health care and law enforcement collaboration
- Physicians introduced to Prescription Monitoring Program (PMP)
- Development of medication contract

Ongoing Concerns:

- Emergency Department visits/diagnosis
- Amount of controlled substances filled
- Law enforcement and community concerns
- Inconsistent use of Prescription Monitoring Program (PMP)
- Filling early refill requests
- Time commitment of clinic staff to address patient needs related to prescription pain medications

How We Got Here

Community partners regrouped in **2015**:

Identification of funding opportunity

- ***State Innovation Model grant (hospital/clinic)***
- Drug Free Communities grant (school)

Newly formed Community Prescription Drug Task Force

Physician Champion

Additional community stakeholders

Created a Controlled Substance Care Team within the clinic setting.

Controlled Substance Care Team, Mission Statement

We are committed to collaborating with others to improve health and health care. We strive to serve all who seek our care with kindness, dignity, respect and stewardship, while ensuring responsible use of all resources for our community.

Clinic's: Controlled Substance Care Team

Care team formed in late spring, 2015. Initial priorities:

1. Developing standard workflows
2. Collaborating with prescribers – developing practice norms for chronic pain patients
3. Transformed into care team case reviews.

Care Team Plan in Action

1

Visits with each patient

2

Controlled Substance Care Team Meetings

3

Plan Formulated

1

Care Team Roles:

Nurse (RN Health Navigator):

Care plan completion, urine testing, pill counts

Also Reviews: Pain history, previous treatments, obtains records.

Checks PMP, Dire Risk Assessment, etc.

Pharmacist:

Review medications, Morphine equivalents, tapers

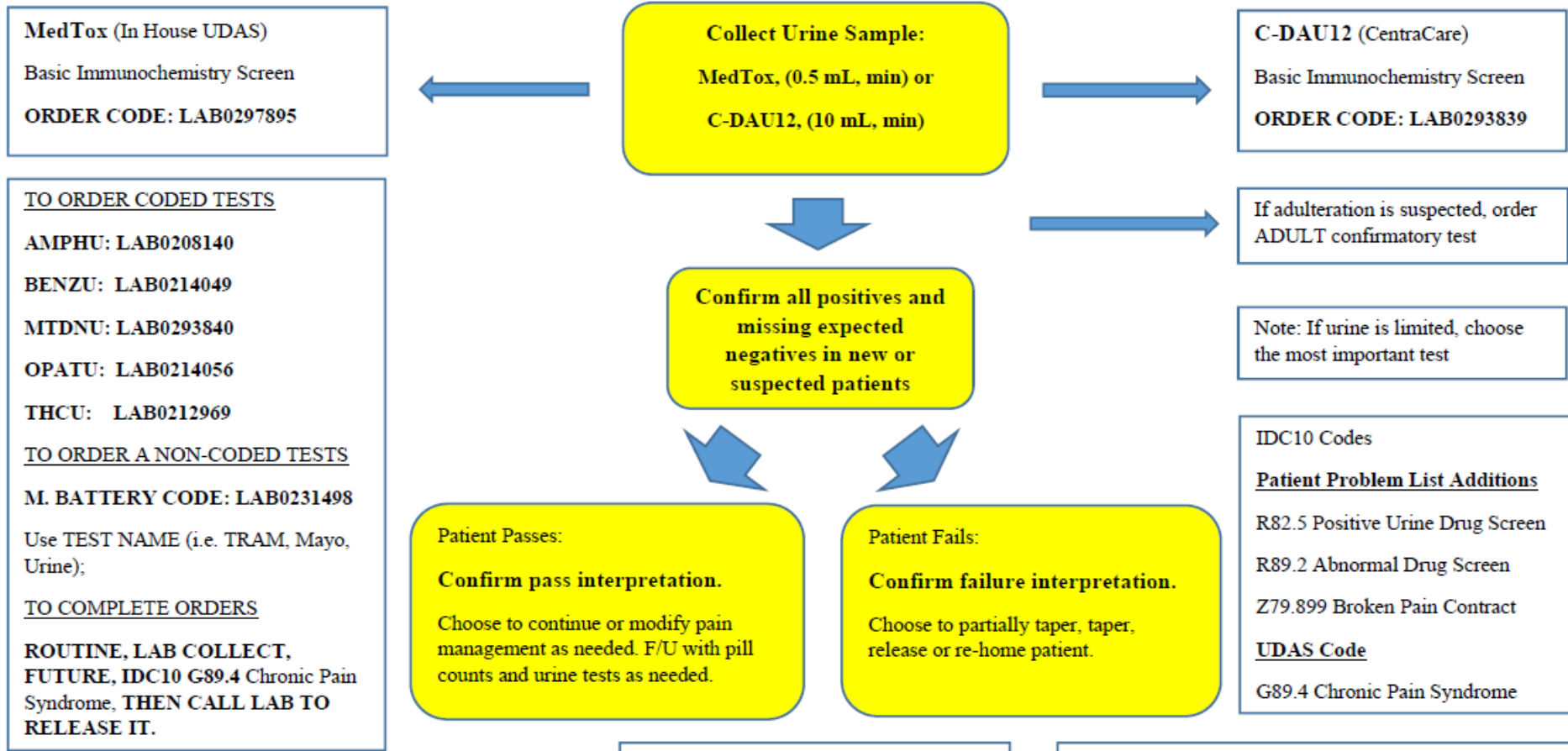
Social Worker:

Unmet social needs, mental health issues, family & support systems (social media) Treatment history.

Urine drug screen-initial challenges

- Issues with Electronic Medical Records (ordering confusion)
- No urine drug screen process (initially)
- Lack of understanding of urine drug screen results (metabolites, contaminants, adulterants)
- No clear or consistent process after results obtained
- Validation of the test
- Adjustment of patients and providers to new process

CHI St. Gabriel's Health Urine Algorithm



What to order (Confirmatory, Common):

AMPHU: Amphetamines, methamphetamines, MDA, MDMA (ecstasy)

BENZU: Alprazolam, Clonazepam, Diazepam, Lorazepam, Oxazepam, Temazepam

OPATU: Hydrocodone, Hydromorphone, Morphine, Oxycodone, Oxymorphone

THCU: Marijuana

MDTNU: Methadone

What to order (Confirmatory, Other)

BARBU: Butalbital (Fioricet, Fiorinal) plus many others.

BUPM: Buprenorphine

FENTU: Fentanyl

6MAM: Heroin metabolite

TAPEN: Tapentadol

TRAM: Tramadol

THCS: Synthetic marijuana, Spice, K2

Basic Interpretation:

High levels of parent without metabolite = suspicious for spiking

Low levels of parent without metabolite = probable that metabolite is there but too low to be detected

High metabolite with no parent = could have taken the metabolite or fast metabolism

Low metabolite with no parent = you caught the tail end of the drug

Treatment for Addiction:

1. The Role of Suboxone in our Primary Care Clinic
2. Blending Behavioral Health and primary Care

Outcomes

#1

In 2014, the #1
Emergency Department
diagnosis was
therapeutic drug
monitoring

As of Nov. 2015,
Emergency Department
diagnosis for
therapeutic drug
monitoring is no longer
on the Top 20 list

↓ #20

Outcomes

Rx fills for controlled substances from single pharmacy

April 2015



June 2015

Onset of
Controlled
Substance
Care Team
Strategies

November 2015



= **↓17%**

Sustaining the Efforts

- Grant/donor funding
 - Catholic Health Initiative Mission and Ministry Fund
 - Legislative requests through Senate and House appropriations
 - Community Donors
 - Drug Free Communities funding
- Utilizing community resources
- South Country Health Alliance pay for performance
- Billable services
- Changing model of care throughout organization
- System-level and policy changes
- Working with legislators to change statute related to med drop boxes
- Pursuing additional funding sources

Most important “to do’s”

Physician/Provider Champion

Understanding of UDAS’s – and/or designee to assist

Comprehensive Signed Care Plan

Use and documentations of the PMP

DIRE Score

Support roles: Social worker, RN/Care coordinator, pharmacist

Relationship with Law enforcement

Pharmacy help/understanding: (morphine equivalents, tapers,)

Clinic standards/protocols:

- Monitoring: Random urines/urines, pill counts, visits

- Limiting refills

Questions?