Using Technology to Treat Substance Use Disorder

Elliott Liebling, MPH
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Learning Objectives

• Develop and refine criteria that automatically refer qualifying individuals to recovery support services
• Customize electronic health record capabilities to streamline communication between staff and centralize care planning
• Identify and select the best-fitting technology partners and platforms
Improving community health and social care in New Jersey for 30 years

The RWJBarnabas Health Institute for Prevention and Recovery (IFPR) is a leader in creating the systems and services necessary to improve the health of communities throughout New Jersey. For over 30 years, IFPR has provided substance use disorder prevention programs, nicotine and tobacco treatment, and innovative recovery support and social care services, taking a systems change approach to address social determinants of health and enhance care delivery systems throughout RWJBarnabas Health and New Jersey. IFPR is the largest provider of hospital-based recovery support services in the United States and the largest provider of free tobacco and nicotine treatment services in New Jersey.

Awards & Recognitions

- Envision Genesis Cup
- NJBIZ Public Health Hero and Workplace Wellness Hero
- New Jersey Association of Mental Health and Addiction Agencies IT Hero, Innovative Provider of the Year, and Inventive Leader in Adult Services
- Community Anti-Drug Coalitions of America Coalition of the Year
- RISE Association Chair, Health Care Providers User Group for Social Determinants of Health

$19 million in funding from federal, state, and county grants

- $12 million for recovery support services
- $3 million for prevention
- $2 million for nicotine and tobacco recovery services
- $2 million for emotional support services

Eatontown | Belleville
rwjbh.org/preventionandrecovery

Vital Statistics

- 225 Employees
- 20 Hospitals served
- 17,000 Patients served per year
- 170,000 Patient follow-ups per year
- 60,000 Support session attendances per year
- 5,000 Individuals trained in substance use prevention efforts per year
- 4,500 Nicotine and tobacco treatment sessions per year
- 5,000 Links to social care services per year
- 2,000 Referrals to treatment and withdrawal management per year

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Tackling Addiction Task Force

The RWJBarnabas Health Tackling Addiction Task Force has set the standard for executing a comprehensive, multidisciplinary approach to combating substance use disorder, focusing on four key areas: education, prevention, treatment, and recovery.

Vision
RWJBarnabas Health will treat substance use disorder as a chronic disease with appropriate medication, without stigma, and with recovery support services.

Mission
The mission of the Tackling Addiction Task Force is to establish best practices, ensure the highest level of quality care is delivered to patients with substance use disorder, and provide the necessary tools to promote evidence-based and comprehensive substance use disorder services throughout the RWJBarnabas Health system.

Co-chaired by Dr. Christopher Freer, SVP, and Connie Greene, SVP

Outcome Measures
Corporate and Local Task Forces will utilize a dashboard consisting of Peer Recovery Program, screening, pharmacy, and readmission data to measure system performance and improvement. The following indicators are grouped into dimensions and will be assessed for unique hospital visits to identify successes and gaps in care.

- Preventing Addiction
  - Opioid prescriptions
  - Morphine milligram equivalents (MMEs) used
  - Substance use-related educational sessions for staff

- Recognizing Substance Use Disorder
  - Patient screenings for opioid use and/or withdrawal
  - Naloxone administrations at hospital and prior to arrival
  - Use of COWS and patients’ maximum score

- Pathways to Recovery
  - Naloxone prescriptions
  - Buprenorphine prescriptions
  - Peer Recovery Program consultations and acceptance of services

- Treating Withdrawal
  - Buprenorphine administrations

- Recovery
  - Successful referrals to substance use treatment
  - Social determinants of health assessed by Peer Recovery Program at bedside, during continuous 8-week follow-up, and at 3, 6, 9, and 12 months
  - 30-day hospital readmissions

- Reducing Mortality
  - Naloxone administrations in the community
  - Drug overdose deaths
The Peer Recovery Program provides recovery support services for patients with substance use disorder in our 12 acute care hospital emergency departments and inpatient units, in the ambulatory (outpatient) settings supporting our 9,000 affiliated providers, and in the community serving 4 of NJ’s most densely populated counties.

Peer Recovery Program: Hospital

- NJ’s largest employer of recovery specialists. **Over 100 full-time peer recovery specialists** serving RWJBH and external hospitals 24 hours a day, 7 days a week, as fully integrated members of the care team.
- Clinical patient navigators provide screenings and assessments, warm handoffs to treatment, and continued support through recovery process.
- Established 11 automatic referrals in Cerner, SCM, and Epic for all EDs and inpatient units for patients with substance use disorder.
- Primary focus is to start a patient’s journey to recovery.
- **Soon will be Medicaid reimbursable**
- All services remained fully operational throughout COVID-19.
Peer Recovery Program: Community

- IFPR’s community-based recovery programs provide holistic recovery support services that address personal barriers to recovery, allowing individuals with substance use disorder and/or mental health diagnoses to fully invest themselves into their health, wellness and long-term recovery.

- Serves Essex, Hudson, Middlesex, and Monmouth counties.

- Addresses social determinants of health needs:
  - Housing
  - Finances
  - Transportation
  - Legal services
  - Employment
  - Healthcare
  - Family needs

Peer Recovery Program: Ambulatory

- The Peer Recovery Program provides recovery support services in our primary care and ambulatory settings for patients who present with substance use disorder.
  - When patients were reporting hesitancy to go to the emergency department during COVID-19, DMHAS expanded eligibility to include ambulatory and community-based referrals.
  - Pilot with Horizon BCBS of NJ to provide fee-for-service recovery supports for commercially insured patients.
  - Built complementary automatic referrals in Epic so all patients with indications of substance use disorder are referred to PRP.
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Research and Evaluation

• Mixed methods data collection, analysis, and evaluation.
• 8 staff support IFPR and Social Care programs with access to system-wide data.

Reyna Maybloom
Manager of Evaluation

Jessica Joyce Perez
Data Analyst

The American Journal of Drug and Alcohol Abuse

Implementing hospital-based peer recovery support services for substance use disorder

Elliott J. Liebling, Jessica Joyce S. Perez, Michael M. Litterer & Connie Greene
Pages 229-237 | Received 16 May 2020, Accepted 12 Oct 2020, Published online: 20 Nov 2020

The group has published what they believe to be the first formal study of hospital-based peer recovery support to describe a program implemented in both emergency departments (ED) and the inpatient setting. The study is based on IFPR’s Peer Recovery Program, which incorporates Recovery Specialists as full-time, fully integrated care team members in the ED and inpatient settings to support patients with substance use disorder.
Patient Referrals

- Recovery Specialists at IFPR received referrals during almost 65,000 patient visits from 2016 to 2021

![Number of Peer Recovery Program Referrals Per Year (2016-2021)]

 Recovery Support Specialist Response Time

- Between 2019 and 2021, the median response time from referral to Recovery Specialist arrival at patient bedside was ten minutes, a testament to the benefits of incorporating Recovery Specialists as full-time onsite staff members

![Recovery Specialist Median Response Time in Minutes by Hospital System (2019-2021)]
Patient Acceptance of Continued Recovery Support Services

Continued Support Service Outcomes Acceptance (2019-2021)

- 2019: 90.0%
- 2020: 92.4%
- 2021: 92.9%

Patient Acceptance of Recovery Support Consultation

Consultation Outcomes (2021)

- Accepted Consultation: 91.9%
- Refused Consultation: 8.1%
Patient Acceptance of Continued Recovery Support Services

Support Services Outcomes (2021)

- 67.9% Accepted Recovery Support Only
- 25.0% Accepted Patient Navigator Services
- 7.1% Refused

Continued Recovery Support Services Follow-Up

- In 2021, 36.8% of patients who accepted continued recovery support services had at least two successful follow-ups with Peer Recovery Program staff within 30 days
- Outcomes of successful follow-ups include
  - Acceptance of Patient Navigator services
  - Coaching or mentoring
  - Conversations that support recovery
  - Education on treatment
  - Recovery support referrals
  - Treatment referrals
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Treatment Referral Rate

- Of 3,567 patients seen by Patient Navigators in 2021, 41.8% were referred to treatment
- 91.4% of all treatment referrals were accepted

Treatment Level of Care

- Outpatient
- Intensive Outpatient
- Partial Hospitalization
- Withdrawal Management
- Short-term Residential
- Long-term Residential
- MAT/MOUD
- Other
- Unknown

Automatic Triggers

- PRP patient ED visit or inpatient readmission
- Naloxone reversal prior to arrival
- Naloxone ordered in ED
- NIDA Quick Screen
- Documentation of COWS
- Active or anticipated withdrawal
- Buprenorphine ordered/prescribed
- Naloxone prescribed
- Documentation of CIWA
HIPAA-Compliant Mobile App

Find a Group

• To find a group, click the + icon and search for the group name
Opt-In or Out of a Group

• To Opt-In or Out of a group, use the toggle button next to the group name
• You can manage the groups you belong to by clicking the pencil icon

Manage Group Members

• To manage members of a group, click the name of the group and use the pencil icon
Triggers

- Triggers occur based on documentation/events that happen in emergency departments, inpatient units, and ambulatory settings.
- The push notification can be viewed from the lock screen with information about what event triggered the notification and where the patient is located (unit, room, and bed).
- Open the app via the push notification and click on the patient’s name for a limited view of the patient’s chart.
Patient Lists

• When a push notification is triggered, the patient is automatically added to the patient list

Peer Recovery Support Services
References


