

Improving linkages to care in South Dakota EDs: How we developed a provider toolkit that works smarter not harder

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Chronic Disease Meeting



SLM Consulting, LLC
Data Driven Public Health Solutions

Overview

- Opportunity
- ED assessment
- Purpose of ED Toolkit
 - Support providers
- ED toolkit framework & additional components
- Linkages to care
- Strategies to treat OUD in SD



Opportunity

- **Funding:** Overdose Data to Action (OD2A), CDC cooperative agreement
- **Project Period:** September 2019 - August 2023
- **OD2A Strategy 6:** Improving Linkages to Care

Purpose-Historical Overview

OD2A Strategy 6: Establishing Linkages to care

- **Goal:** Support emergency departments (EDs) in handling fatal and non-fatal overdoses.
 - **Year 1 - Objective 1:** Develop and administer a survey to hospital administrators and ED directors to assess current policies and procedures on handling drug overdoses.
 - **Year 2 - Objective 2:** Develop model policies and procedures for ED to implement to assist hospitals in handling patients that have overdosed (fatal and non-fatal).

Purpose

Develop a toolkit to support South Dakota EDs in improving linkages to care for patients at high-risk for SUD, OUD, and opioid overdose:

- Promote best practices and latest clinical guidelines
- Streamline screening and assessment for OUD
- Integrate primary components of toolkit into EHR/workflow
- Strengthen referral pathways for MAT, OUD treatment, and behavioral health

Statewide ED Assessment of Policies and Practices

- 49 hospitals invited to participate in online survey during December 2019
 - *33 participated (67% response rate)*
- Assessment guided by existing statewide protocols/guidelines from Arizona Department of Health, Maryland Hospital Association, Rhode Island Governor's Overdose Prevention & Intervention Task Force, and the Massachusetts Health and Hospital Association

Key Recommendations: Statewide ED Assessment



Intervention

- Increase interventions in ED through formal policies, electronic health info integration, and staff training.
- Strengthen capacity for support staff (e.g., social worker, case manager, patient navigator).
- Use peer support workers.
- State-level: increase access to inpatient and outpatient treatment options.
- State-level: streamline referral processes to SUD/ODD treatment.

Key Recommendations: Statewide ED Assessment



PDMP

- Understand use of PDMP and identify barriers.
- Formalize policies for use (e.g., checking all patient histories, especially before prescribing opioids).
- Explore how other states improve use of PDMP.



Treatment

- Initiate MAT in the ED
- Increase providers with waiver to prescribe buprenorphine for MAT.
- Explore bridge programs and models with direct referral and transportation to treatment facility.
- Increase education and provider knowledge on SUD/ODD treatment options and resources.

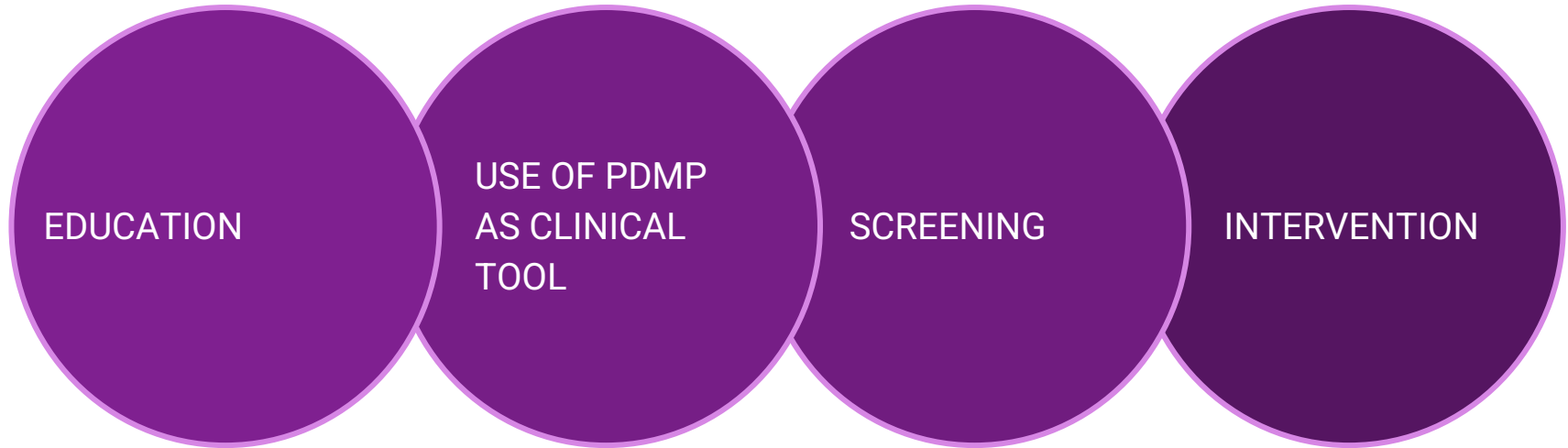
Key Recommendations: Statewide ED Assessment



Naloxone

- Discharge patients at high risk for overdose with naloxone or a prescription for naloxone.
- Educate families of high-risk patients on the use of naloxone.
- Refer patients to pharmacies where they can access naloxone.
- Explore use of naloxone kit program and integrate prompts through the EHR.

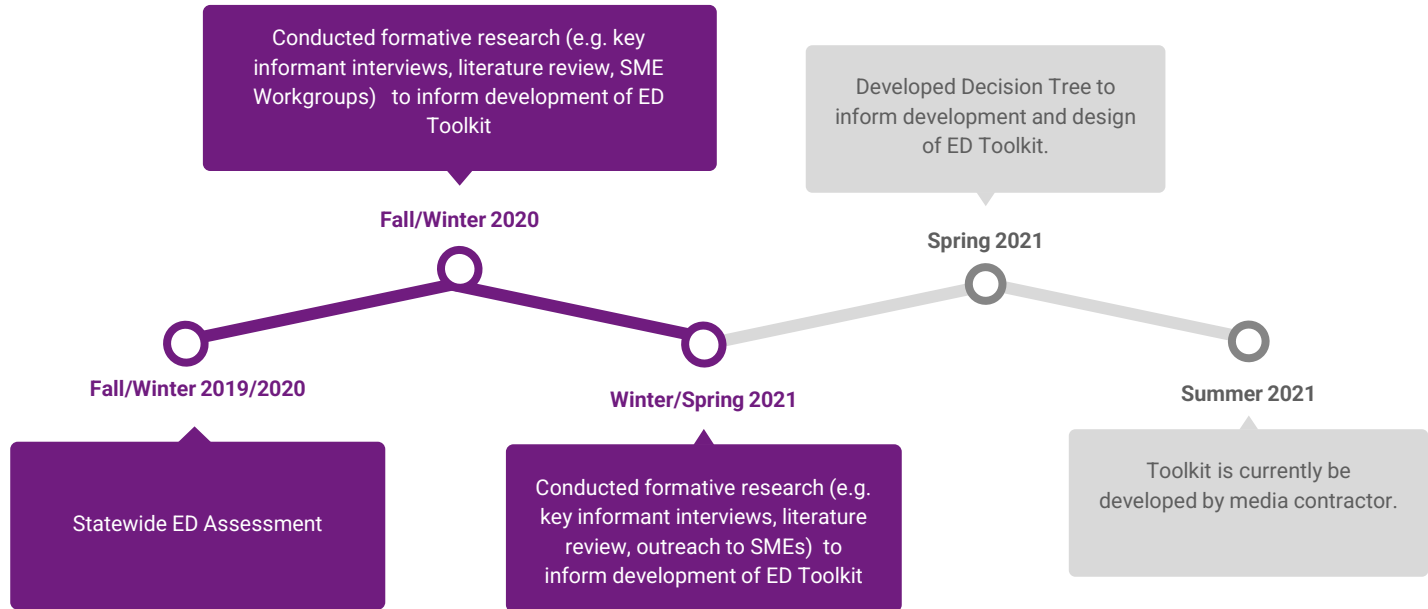
Barriers to Linkages to Care



Development of Toolkit



Project Activities



Roles

Opioid Advisory Committee

Serve as overarching taskforce to inform SME workgroups, review recommendations for the Toolkit, and support dissemination.

Subject Matter Experts Workgroup

Organized based on policy recommendations and expertise

Support development of model policies and relevant content

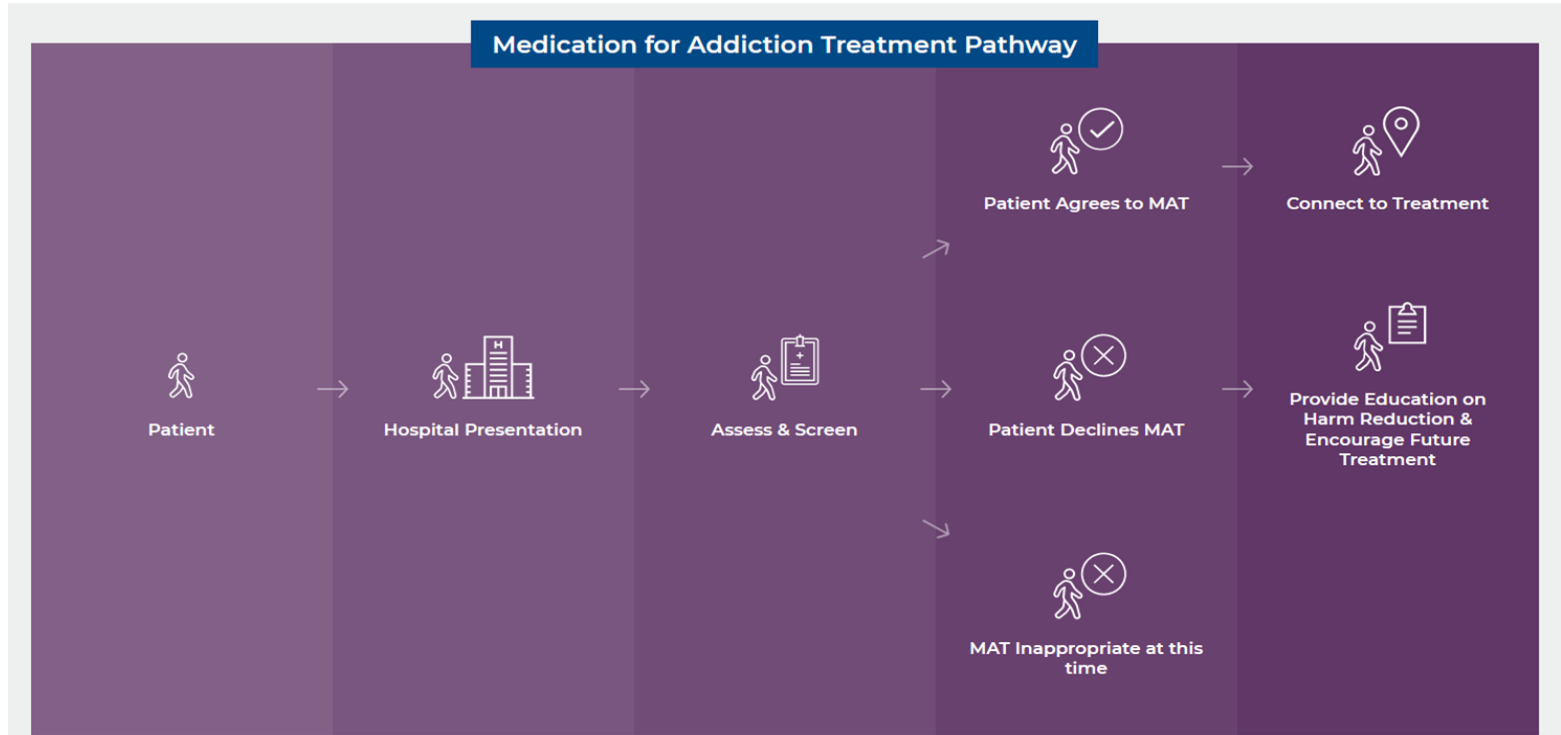
Convene on a monthly basis

USD/SLM Consulting

Convene SME workgroups and support development of content.

Design and support pilot process.

Promising Models for Toolkits



Source: ColoradoMAT, <https://cha.com/opioid-safety/coloradomat/>

1

**Assess & Identify
Patient Risk**

2

**Identify &
Diagnose**

3

Treat

4

**Educate &
Prescribe**

During your consultation:

1. Review the patient's history.
2. Conduct a physical exam and **pain assessment**.
3. **Review PDMP**. Then, **identify MME/day** or **calculate MME/day**.
4. Ask if the patient has a primary care provider.

**Based on findings from these steps,
choose which path best fits the patient:**

- a Suspected of OUD**
- b Unstable OUD**
- c Common Acute Pain Condition**

1

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Educate & Prescribe

Screening and diagnosis of OUD in the ED is necessary for treatment, intervention, and patient care:

1. Follow the **DSM-5 Diagnostic Criteria Checklist** to determine the severity of OUD.
2. Review opioid-related **ICD-10 Codes** for diagnosis.

Choose the patient's diagnosis:

- a Diagnosed with OUD
- b NOT Diagnosed with OUD

1

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Medication-Assisted Treatment (MAT) is among the leading treatments for OUD and is expanding in South Dakota:

1. **Read this case study** on how a rural South Dakota hospital is offering MAT and wraparound services.
2. Reference **SAMHSA's Treatment Improvement Protocol for MAT**.

Select the patient's treatment plan:

- a **Appropriate for MAT** or other treatment options
- b **NOT Appropriate for MAT**, but may be appropriate for other treatment options

1

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**Educate &
Prescribe**

Patient Appropriate for MAT

Recommend and explain treatment

a

Patient Agrees to MAT

b

Patient Declines MAT

Contact Information

Thank you!

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