



Actionable Steps to Create a Strategic SUD/ODU Response in Your Clinic

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WELCOME

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HOUSEKEEPING




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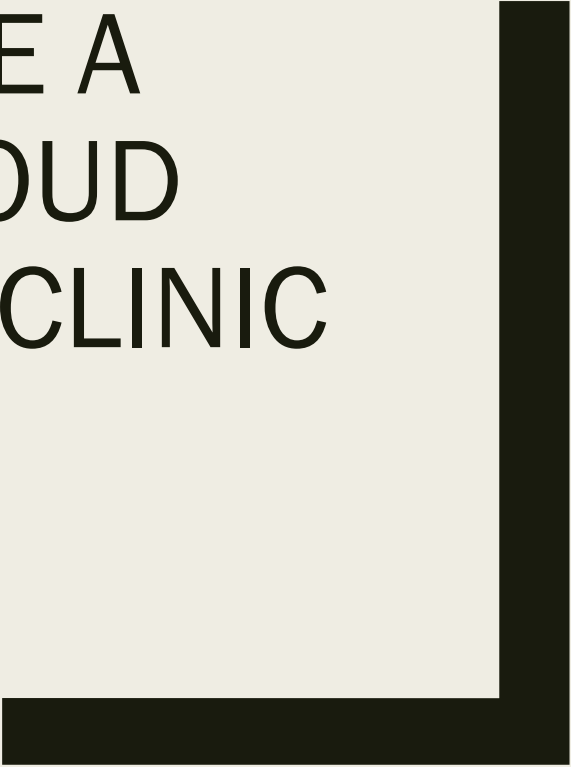
Slides and a recording will be available after the webinar.



STEPS TO CREATE A STRATEGIC SUD/OD RESPONSE IN YOUR CLINIC

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Learning Objectives

- Identify leverage points within your clinic to maximize your OUD and SUD response
- Identify strategies to have an upstream impact on prevention

Federal Health and Human Services Multi-level Strategy

- Better Addiction Prevention, Treatment and Recovery Services
- Better Data
- Better Pain Management
- Better Targeting of Overdose Reversing Drugs
- Better Research

We Have Learned

- Stigma Harms People Everyday
- Clinic Models to Better Integrate SUD and OUD into your clinical settings

Harm Reduction

- Harm reduction aims to keep people safe and minimize death, disease, and injury from high risk behavior, especially psychoactive substance use. Harm reduction involves a range of support services and strategies to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier (Health Link BC, 2015A)

Trauma Informed Care

- Is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. The 5 guiding principles are:
 - Safety
 - Choice
 - Collaboration
 - Trustworthiness
 - Empowerment

Why Does It Matter What A Provider Thinks About Their Patient's Behavior?

When Stigma and Bias become discriminatory behavior they are social determinants of health:

- Patients are marginalized out of healthier behaviors and health care settings
- Health Disparities Increase
- Health Outcomes Decline
- Costs Increase
- Health Inequity Increases
- Patient Care is Compromised

Patients Experience Discrimination in Health Care Settings

- Doctors empathize less with patients they perceive as different from themselves
- Care providers are less likely to prescribe pain medication to People of Color than White people even for the same or similar injuries
- Maternal child death rates for Black women are extremely disproportionately higher than for White women
- The U.S. has the highest maternal child death rate of any developed country
- The unfair treatment of a person belonging to a stigmatized group, based on perceived differences, can lead a stigmatized individual to engage more frequently in high risk behaviors (substance use, risky sexual practice) as a coping strategy

Patients Experience Discrimination in Health Care Settings

- According to research, the majority of healthcare professionals hold negative, stereotyped views of people who use illicit drugs

Source: McLaughlin, D. & Long, A. (1996) An extended literature review of health professionals perceptions of illicit drugs and their clients who use them. *Journal of Psychiatric and Mental Health Nursing*

- Stigma is a major factor preventing individuals from seeking and completing addiction treatment

Source: . Luoma, J.B., Twohig, M.P., et al (2007) An investigation of stigma in individuals receiving treatment for substance abuse. *Addictive Behaviors*, 32(7), 1331-1346.

- People who inject drugs (PWID), have a lower probability of retention in HIV care, ART use, and viral suppression compared to people who do not inject drugs.

Source: Drug Policy Alliance

Is There Stigma and Bias Here?

- Measure it: The Health Policy Projects RTI developed a survey) “Measuring HIV Stigma and Discrimination Among Health Facility Staff: Comprehensive Questionnaire” to measure Stigma and Bias in Healthcare settings meaning the whole organization at different levels

Clinicians, Nurses, Medical Assistants, People in Billing Offices, Registration

- Survey Patients: Use the information gathered to develop quality indicators on Stigma and Discrimination
- Use an Intersectional Lens: Use the information gathered to assess if there are multiple layers of Stigma, Bias and Discrimination impacting patients

“Trauma is the Gateway Drug”

- Most people have an ACES score of 2-4
- People with SUD and OUD have on average ACES score of 7-11

Leverage Points Within The Clinic Setting

- Patients = Information
 - Screen for ACES/Trauma/Resilience (BRS, RQ), to know what you are dealing with
 - Screen for SUD/ODD/General Health Screenings
- Clinic and Staff = Capacity to Respond to that Information
 - Screen for ACES
 - Training All Staff to Provide Trauma informed Care
 - Create a Trauma Informed Environment
 - Staff Care Plan

Co-location and Integration are Key

- When services are available and co-located creating mechanisms to transfer patients to relevant and appropriate behavioral health services as promptly as possible to address trauma. Even making connections the day of if possible for a light touch to initiate services
- Supporting people in distress at the point of contact when possible.
- Prompt follow up to support people
- Peers on hand to interact with people after physician visits and SUD intakes
- Connection to on-going trauma informed care in groups

Models

- Walk In Clinic
- Walk In Hours
- Integrative Approach to Chronic Pain and Opioid Use Disorder
- Incorporating relevant cultural practice and traditional medicine when appropriate
- Low Barrier or “Low-Threshold” Clinic
- Make engagement with treatment as accessible as possible within your clinic setting when people are ready. Create established care pathways.

Financing Options

- Where do the populations you serve coming to your care from?
 - Incarceration: Department of Justice is funding trauma informed care capacity development
 - Hospitals: Connect with your Accountable Community of Health to access the Care Transition work already being done. The MCO's are also responsible for funding this work
 - Social Service Providers: Create intentional care pathways with social service providers in your area. They may be able to access funding you cannot in order to help facilitate better transitions, facilitate training opportunities, and community connections. If nothing else better organizational relationships results in better care over all.

Resources

- Resilience Questionnaire- Trauma Informed Care
- Brief Resilience Scale- Smith et al, International Journal of Behavioral Medicine, 15:194-200, 2008 copyright Taylor and Francis Group LLC ISSN: 1070-5503 print/1552-7558 online DOI:10.1080/10705500802222972
- HHS 5-Point Strategy to Combat the Opioid Crisis, National Rural Health Resource Center

THANK YOU

Questions?

Keep the conversation going!

Connect with FQHC peers in our Discussion Forums at

www.wacommunityhealth.org/let-s-discuss



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