# Implementation of a Telephonic-based Pathway to Address Substance Use as Part of Usual Care during COVID-19





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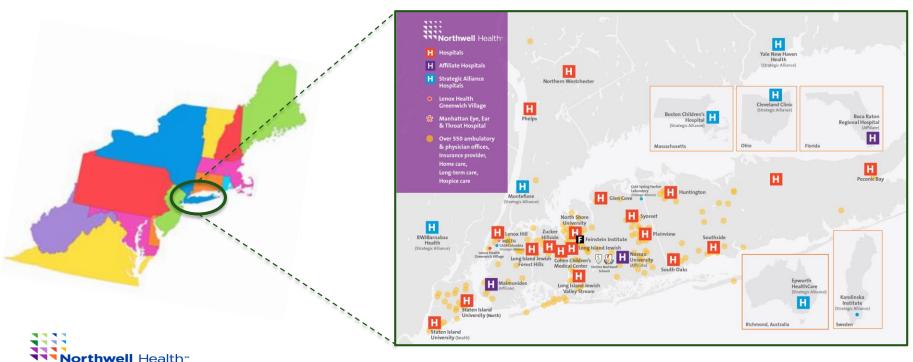




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#### **About Northwell Health**

New York's largest private employer and health care provider with 23 hospitals serving over 2 million+ patients



# Addressing Substance Use

#### @ Northwell Health

#### Northwell Health

Emergency Medicine Service Line
Division of General Internal Medicine
Department of Psychiatry & Behavioral Health
Department of Pediatrics
Department of Obstetrics and Gynecology
Opioid Management Steering Committee (OMSC)
Pharmacy Service Line
Center for Addiction Services and Psychotherapy
Interventions Research (CASPIR)

Community Relations
Legal
Gov't Affairs
Public Relations
Marketing
CEMS
HR/Talent
EHS/EAP
Wellness



#### Hofstra/Northwell

Donald and Barbara Zucker School of Medicine
Donald and Barbara Zucker School of Graduate Nursing



New York State Office of Alcoholism and Substance Abuse Services (OASAS)

<u>Substance Abuse and Mental Health</u> <u>Services Administration (SAMHSA)</u>











#### Our Strategy

approach in a layered fashion setting a *foundation* and utilizing it as a **framework** to continually enhance our clinical offerings









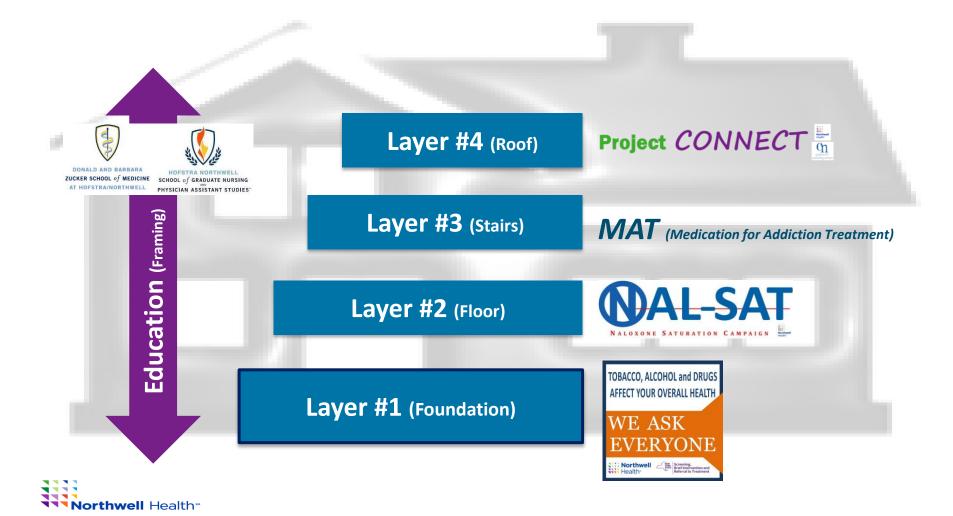
MAT in the ED

Project CONNECT on









#### **Motivate a Shift in our Culture**

**Substance Use/Misuse** is truly a *Healthcare Issue* Enhance Awareness, Comfort, and Skills





#### Motivation

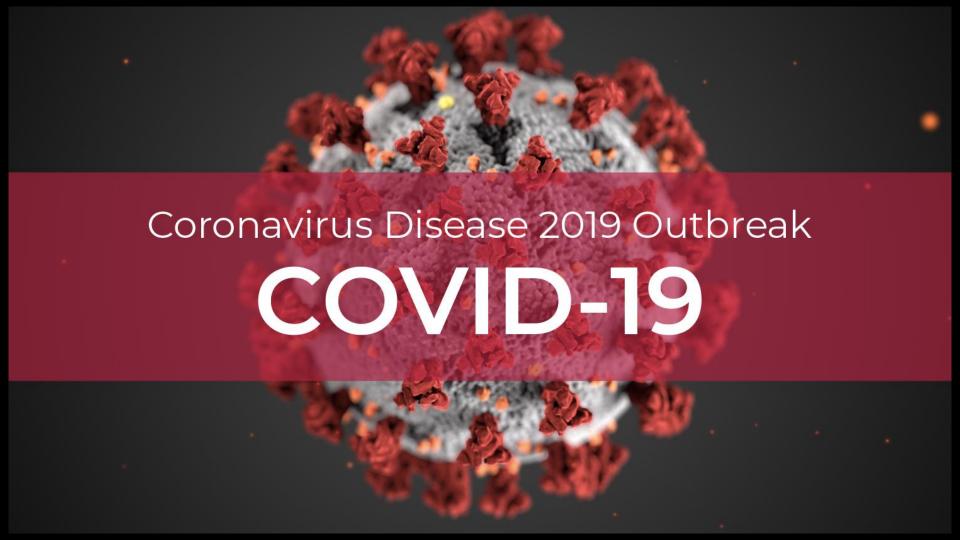


Education



Comfort





#### **Substance Use and COVID-19**

- In the United States, **over 60%** of the population ages 12 and older has used tobacco, alcohol, or drugs in the past month, and **20.3 million** Americans had a substance use disorder (SUD) in the past year (SAMHSA, 2019)
- Patients with a recent SUD more likely to be hospitalized with COVID-19 (Volkow, 2020)
- During COVID-19, alcohol sales have increased, and overdoses have increased locally by 40-60%
- COVID-19 further highlights importance of universal screening, brief intervention, and referral to treatment (SBIRT) for substance use in healthcare settings



#### **Current State was Shattered**

- Northwell's SBIRT Program in:
  - 18 emergency departments (EDs)
  - 14 inpatient hospitals
  - 5 ambulatory sites
- COVID-19 resulted in a need to remove/minimize staff on-site and in-person interactions, while still addressing substance use with patients in ED and other clinical settings
  - Dedicated SBIRT Health Coaches
  - Social Work and Case Management



### Strategy

- Develop a REMOTE model to deliver SBIRT services to patients during COVID-19
  - Remove Health Coaches from clinical sites
  - Support on-site team members
  - Support patients with substance use
- Utilize model as alternative mechanism for patients to access full portfolio of services to address substance use
  - Education on opioid overdose prevention, recognition, and response
  - Medication for Addiction Treatment
  - Project Connect External Navigation and support



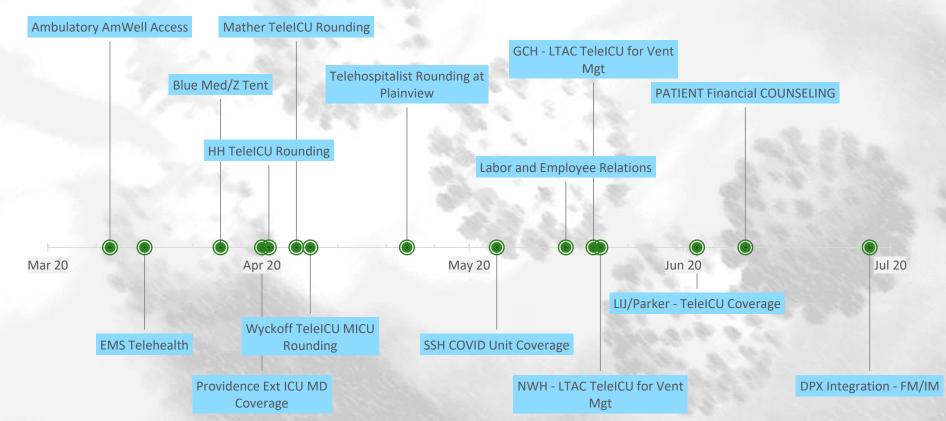
Layer #4 (Roof

Project CONNECT



# **Planning**

#### Northwell Telehealth Projects during COVID (March to July 2020)





# **Planning**

- Telephonic SBIRT pathway developed and staffed 7 days a week by SBIRT Heath Coaches
- From March through mid-August, hours were 8am-midnight, changed to 8am-8pm based on call volume and staffing as Health Coaches returned to in-person services
- Calls forwarded from a central phone number to the Health Coach on duty
- Flyer with Telephonic SBIRT description widely disseminated to emergency departments, inpatient units, and ambulatory providers, as well as system-level communications focused on COVID-19 response
- Customized data collection platform built using REDCap

SBIRT, Emergency Medicine Service Line and

#### Telephonic SBIRT

You are not alone



During a crisis of this magnitude, substance use may play a large role in how individuals cope during these unprecedented challenges of social isolation and additional stressors, including dynamics with family, at work and within the community.

Telephonic Screening, Brief Intervention and Referral to Treatment (SBIRT) is here to help you, your teams and your patients navigate care and treatment services during this critical time of need.

#### Service offerings

Telephonic SBIRT services are available for all Northwell team members and patients:

- Speak to a SBIRT team member for a complete screening, brief intervention and referral to treatment
- Additional services:
  - Opioid overdose prevention and Naloxone rescue aduration
  - Information on medications for addiction treatment
  - o Enrollment in Project Connect

#### Hours of operations

7 days/week

8:00 am - 8:00 pm

During off hours, leave a voicemail for next day call back.

Contact SBIRT (516) 465-5955 sbirtinfo@northwell.edu





#### **Execution**

- Customized data collection platform built using REDCap
  - HIPAA-compliant
  - AUDIT and DAST-10 full screen tools programmed
  - Email resources from central email address
  - Electronic consent for Project Connect enrollment
  - Reports and real-time information
  - Messenger feature to securely share information between shifts

\*In the absence of remote EHR access, we stood up an alternative platform for documentation, consenting, programmatic evaluation, and reporting.



#### **Telephonic SBIRT - Results**

3/18/2020 - 9/15/2020

Table 1: Call Information		Table 2: Patient Information		Table 3: Services Provided	
Total Calls Incoming Outgoing Returning Voicemail	1,347	Total Patient Cases	283	Total Patient Cases  Full Screens Brief Interventions Referrals to Treatment Referral Help for Staff  Project Connect Virtual Resource Emails	283 162 120 156 263 91 80
		Male Female Other	75% 25% 0%		
Patient Family/Friend Northwell Staff Treatment Provider	345 (26%) 62 (5%) 601 (44%) 339 (25%)				
		English Spanish Other	267 (94%) 14 (5%) 2 (1%)		
Weekdays Weekends 8am-4pm	1171 (87%) 176 (13%) 943 (70%)	Low Risk Moderate Risk High Risk	2 (1%) 15 (5%) 137 (48%)		



4pm-midnight

\*Most patients assessed by site staff and handed off were patients in need of a referral to SUD treatment

Assessed by Site Staff\*

404 (30%)

129 (46%)

### **Telephonic SBIRT** – Key Takeaways

- Telephonic-based model successful in providing SBIRT Services while minimizing staff on-site and in-person interactions during local COVID-19 peak
- Most patients who received Telephonic SBIRT Services were at high risk of having an SUD
- Sites with dedicated SBIRT Health Coach support increased from 8 EDs, 3 ambulatory sites to 18 EDs, 17 inpatient hospitals, and over 440 ambulatory sites
- Services provided during later hours, 7 days/week
- Allowed patients and families to follow up to receive services after discharge or after healthcare visit



## **Telephonic SBIRT** – Key Takeaways

- Provided alternative mechanism for patients to access cascade of services available for substance use:
  - Opioid Overdose prevention
  - Medication for Addiction Treatment
  - Project Connect external navigation)
- Diversified experience, confidence, and morale of SBIRT Health Coaches
  - Broader geography
  - Enhanced portfolio of downstream initiatives
  - Able to SUPPORT others in time of global crisis
- Served as centralized support system for accessing information on services for substance use for all Northwell Employees



#### **Telephonic SBIRT** – Future Directions

- Continue to provide education to frontline providers on the full spectrum of services to reach more low- to moderate-risk patients
- Implement an electronic referral mechanism for ambulatory practices, emergency departments, and inpatient settings
- Pilot TeleHealth (video-based)
- Patient experience survey
- Provider satisfaction survey
- Limited-efficacy study to evaluate change in self-reported substance use and engagement in treatment; compare telephonic vs. in-person models



## **Telephonic SBIRT – Summary**

# Crises demand INNOVATION

**Telephonic SBIRT** 

is now a <u>sustained</u> element of Northwell's 'Addressing Substance Use' portfolio



# Thank You!

For more information

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