Supporting Your Substance Use Program

Strategies and Lessons Learned from Three FQHCs

June 12, 2019





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Why Are We Here?



- Increase knowledge base about CPCI data tools
- Promote a deeper understanding of CPCI functionality
- Think through data-driven options which promote care team efficiency

Agenda



- Setting the Stage
- Tale of Three FQHCs
- Patient Identification
- 4 Point of Care Tools
- Registries
- Performance and Reporting
- 7 Getting Started

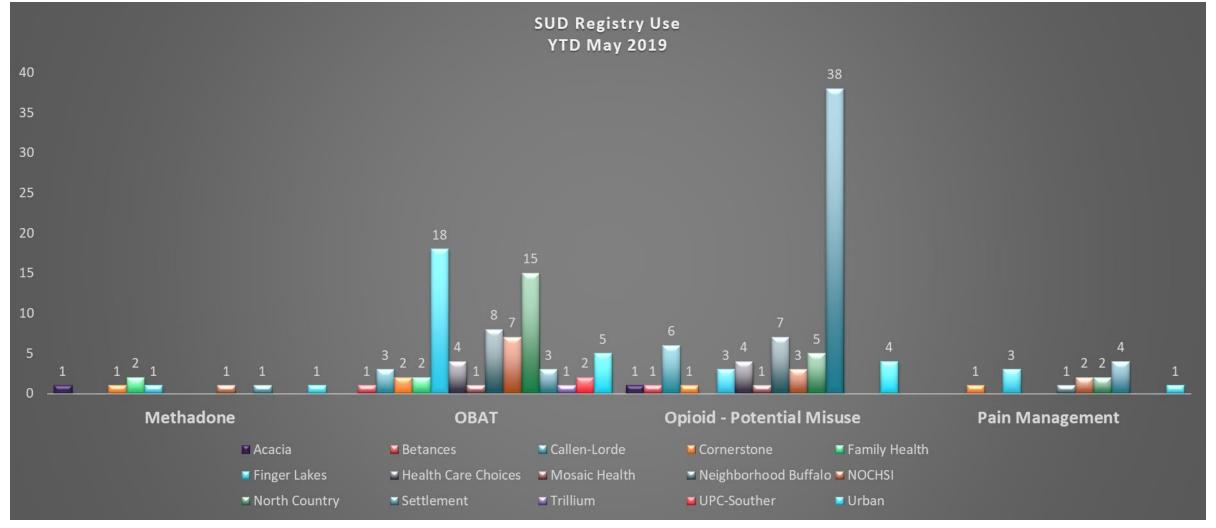
CHCANYS Centers with Substance Use Module



Acacia Network	Mosaic Health
Betances Health Center	Neighborhood Health Center Buffalo
Callen-Lorde	NOCHSI
Cerebral Palsy of North Country	North Country Family Health Center
Cornerstone Family Healthcare	Settlement Health
East Hill Family Medical, Inc	The Chautauqua Center
Family Health Network	Trillium Health
Finger Lakes Health	UPC-Southern Tier Community Health Center
Health Care Choices	Urban Health Plan

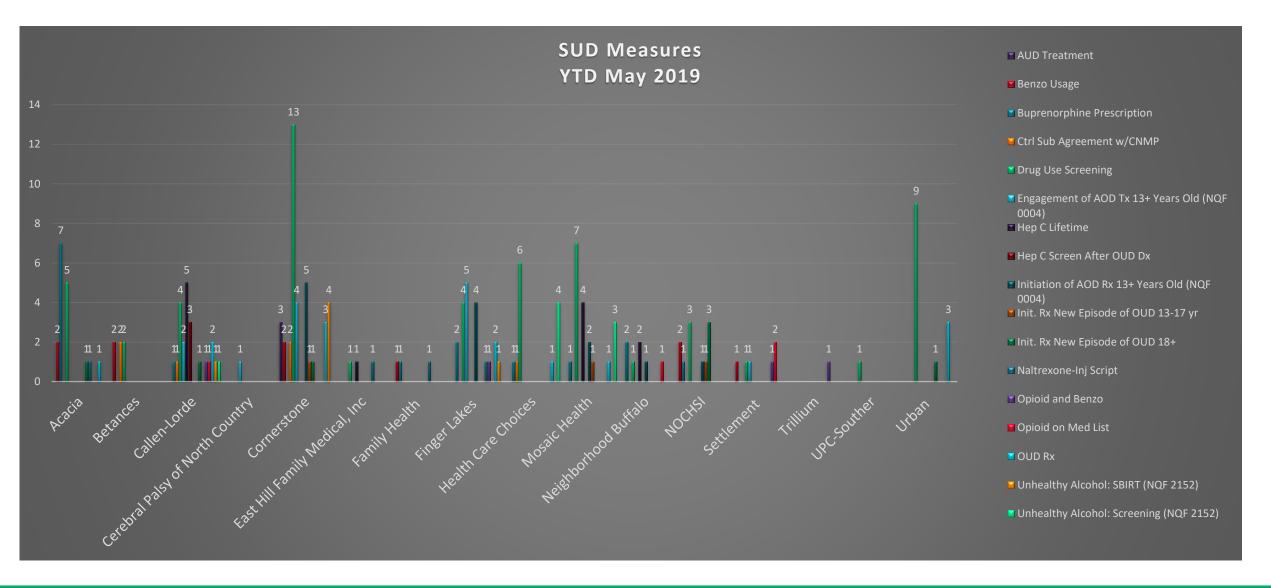
Registry Use





Measure Usage in SUD





Questions



- How long have you had a MAT program?
 - <6 months</p>
 - 6-11 months
 - 1-2 yrs
 - >2 yrs
- How many patients are in your MAT program?
 - **-** <20
 - **–** 21-50
 - **–** 51-99
 - **-** >100
- How many waivered providers do you have?
 - **-** <5
 - **-** 6-10
 - **-** >10
- What would help you to use the substance use tools in CPCI?
 - Additional data validation
 - Resources
 - More prescription data
 - Training
 - Better workflows

Managing Your Substance Use Treatment Program



"

One of the greatest resources people cannot mobilize themselves is that they try to accomplish great things. Most worthwhile achievements are the result of many little things done in a single direction.

- Nido Qubein

Controlled Substance Management Module





Early identification of patients at risk for alcohol and substance misuse



Tracking and Management of High Risk Populations



Monitoring High Risk Medication Use



Assess the impact of education and changes to workflow on number of patients with active opioids or in treatment

CPCI Can Help You to Be Successful!



- Identify patients for whom you are prescribing medication assisted therapy (MAT)
- Support both primary, behavioral health and dental with specialized tools
- Manage the clinical and behavioral health care for patients in MAT program
 - Urine drug Screen
 - Infectious disease screening (HIV, HepC)
 - Mental health Screenings Depression, anxiety
 - Behavioral Health Appointments
 - Impact of SDOH

- Monitor patients at risk and prevention
 - General Screening Rates SBIRT, drug, alcohol, depression
 - Benzo / Opioid
 - Chronic Opioid Therapy
 - Chronic Pain
- Manage your Program
 - Initiation and engagement rates
 - Retention
- Report/comply with audit requests for external stakeholders
 - Monitor provider prescribing of MAT
 - Bureau of Narcotics
 - Department of Health

Managing MAT Programs

A Tale of Three FQHCs

3 FQHCs and SUD





Centricity

4 waived providers <25 Patients



Fall 2018

eCW

3 waived providers

30+ Patients



December 2017

Allscripts

waived providers

40+ Patients



Neighborhood Health Center

Wednesday, June 12, 2019



NEIGHBORHOOD HEALTH CENTER

A brief overview

- Granted the Federally Qualified Health Center (FQHC) status in 1986 and opened since 1987, we have been providing service to the Buffalo community.
- 4 locations throughout WNY region
- In 2018,
 - 102,000 patient visits
 - 25,900 unique patients







NEIGHBORHOOD HEALTH CENTER

Neighborhood Health Center's areas of practice include:



Adult Medicine



Pediatric Care



Behavioral Health



Pharmacy Services



Dental Care



Podiatry Services



Nutritional Care



Women's Health





NEIGHBORHOOD HEALTH CENTER

History with CPCI

- Implementation in Fall 2015
- Since then have implemented or currently working to implement:
 - Patient Visit Planning & Alerts
 - Dashboards
 - Care Management / Prenatal Passports
 - Risk Stratification
 - Payer Integration Data

Medication Assisted Treatment (MAT) Program

- Program started in December 2017
- 9 x-waiver providers (including MDs, DOs, NPs)
- MAT Services began within OB/GYN department then expanded to also include internal medicine patients
- Currently utilizing a custom built MAT Registry





Finger Lakes SUD

Finger Lakes Community Health

Federally Qualified Health Center

Rural Setting

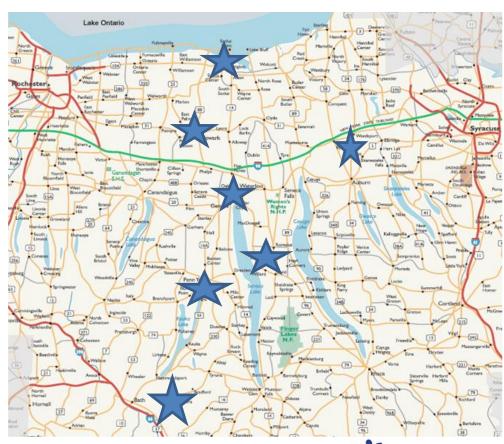
Unique Patients: 28,143

Total # Primary Care Sites: 7

Primary Care Providers: 4 MD,

1 DO, 8 NP, 2 PA

Medical/Dental Outreach – Agricultural workers





SUD Program

- Started Fall 2018
- 3 waived providers
- All medical providers have received initial 4 hour block of waived training
- Incorporated into onboarding of new providers
- Integrated behavior health team
- BAA with Article 31 who provides Peer and Behavioral Health Case Manager



Family Health Network of Central New York, Inc.







Communities Served

- Medical Health Centers
 - **■**Cincinnatus
 - Cortland
 - Marathon
 - Moravia
 - Pediatrics (Cortland)
- Dental Center
 - **■** Moravia
- Administration/Billing
 - **■**Homer

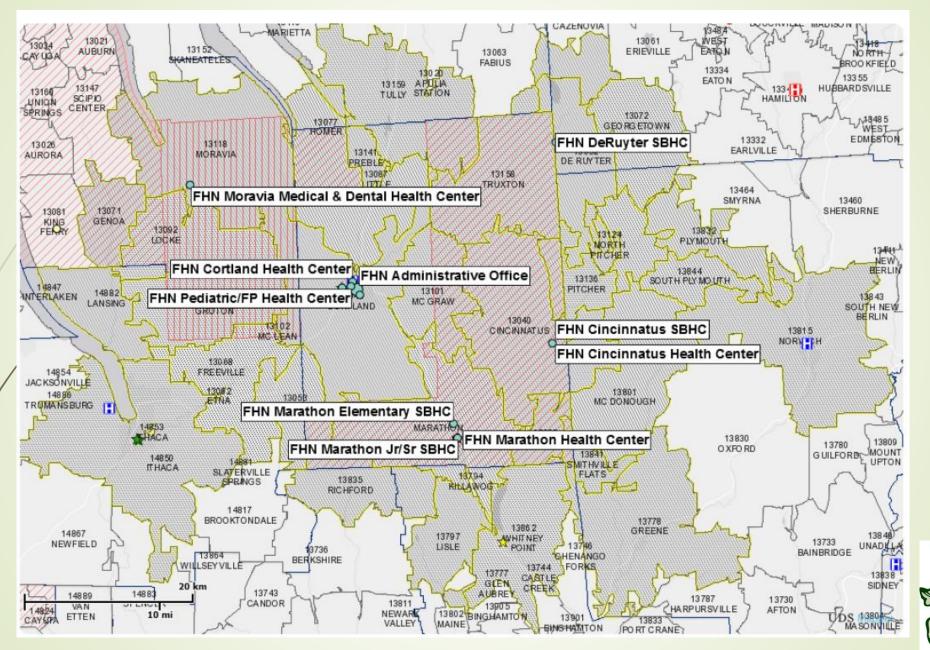
School-Based Health Centers

- Cincinnatus Central School
- DeRuyter Central School
- Marathon Appleby Elementary School
- Marathon Jr/Sr High School

School-Based Dental Programs

- Cincinnatus Central School
- DeRuyter Center School
- Marathon Appleby Elementary School
- Marathon Jr/Sr High School
- McGraw Central Schools
- Moravia Central Schools
- Parker School
- Randall School







2018 Family Health Network at a glance

- 15,200 patients made 50,750 visits to Family Health Network Health Centers for primary health and dental care.
- Children received 1,719 visits in rural school districts Family Health Network's School-Based Health Centers with no out-of-pocket expenses to the child's family.
- 56 percent of the people served by Family Health Network Health Centers have household incomes below 200 percent of the federal poverty level.
- 36 percent of the patients have Medicaid; about 6 percent are uninsured/under-insured.
- 77 local businesses had contracts with Family Health Network for pre-employment physicals and drug screening, random drug screening and injury assessments and treatment.
- Family Health Network staffing: 7 Physicians; 2 OB/GYN; 5 Physician Assistants; 6 Nurse Practitioners; 1 Dentists; 1.5 Dental Hygienists; 2Behavioral Health Providers; 22 Nurses; 9 Medical Assistants; 5 Care Coordinators
- All medical sites are open 8 a.m. to 5 p.m. weekdays; and one or two weekdays until 7 p.m.; the Cortland Health Center has Saturday hours from 8 a.m. to noon.



Services Offered

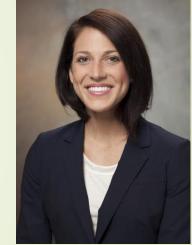
- Family Practice/General Practice
- Dentistry
- Occupational Health Services
- Obstetrics/Gynecology
- Pediatrics
- School-Based Health
- Behavioral Health
- Substance Abuse
- 340B Pharmacy Services
- Insurance Enrollment
- Care Coordination



FHN's SUD Providers

- Dr. Alex Langley, MD
 - Family Physician
 - Doctor of Medicine from SUNY Downstate College of Medicine
 - Part of American Association of Family Physicians and Washington Association of Family Physicians
- Dr. Anna Dill, MD
 - Physician/Internal Medicine
 - Residency at Yale University
 - Johnson and Johnson Global Health Scholar
 - Resident Member of Primary Care Progress, Yale Chapter
- Dr. Nicole Villapiano, MD
 - Pediatrician/Internal Medicine
 - Residency at Brown University
 - Robert Wood Johnson Clinical Scholars Fellowship









CPCI is our future to track, monitor and assist in having a positive impact with our SUD patients.

FHN has firsthand seen the positive impact that these services have for our patients served. One physician shared a story of a patient she was seeing who was severely struggling with opioid use, the patient had multiple relapses and was in and out of the hospital for multiple overdoses. Since receiving MAT services with FHN, this patient is now clean, has engaged in mental health services and is currently on birth control.



Cohorts

Family Health Network

Family Health Network | Identify Patients in Program



 Cohort – created from a custom registry designed to identify patients 'prescribed' an OBOT treatment medication.

Cohort Administration 0 **Create New Cohort** Name # of Patients Created By **Created Date** Source Display on PVP Include in ACM Description Status Options Patients who are in MAT program Active OBOT Acarlson@familyhealthr 06/11/2019 **DRVS *** 46 Enabled True False prescribed by FHN providers Inclusion: Patients with active Opioid OUD Rx from June Prescription from LuAnn.Kimker@Azarah 06/11/2019 **DRVS** Enabled True False 2018 to June 2019 6.1.18 thru 6.10.19 AC - 6 11 19 View Patients Edit Configurations Disable × Delete



- Patients can be added or removed after a cohort is created
- Sort by provider and review with each prescribing provider

OUD Rx from June 2018 to June 2019

Inclusion: Patients with active Opioid Prescription from 6.1.18 thru 6.10.19 AC - 6.11.19

Add Patients

MRN T	Patient Name	UsualProvider	DateOfBirth▼	NextAppointment	DeathDate ▼	Options
		DILL, ANNA	2/12/1953	7/02/2019		×
		DILL, ANNA	2/02/1990	6/14/2019		×
		KARN PA, DANIEL	4/07/1972	9/23/2019		×
		DILL, ANNA	2/10/1983			×
	37	LANGLEY, ALEXANDER	5/09/1971			×
		DILL, ANNA	11/12/1991	6/13/2019		×
		ZIMMERMAN, KRISTINA	10/03/1966	6/13/2019		×
		LE, JESSICA	7/28/1968			×

PVP

Finger Lakes



CPCI

Patient Visit Planning

Alerts

- Controlled Substance Agreement
- Hep C High Risk
- Substance Use Screen

Risk Factor

- Identify pts that might need consultation
- Reinforce treatment or supports

Reports

Behavioral Health Case Conference (Monthly)

Cohorts

Peer Review

- More specific areas
- OBOT Registry w/Cohort of provider

Telehealth



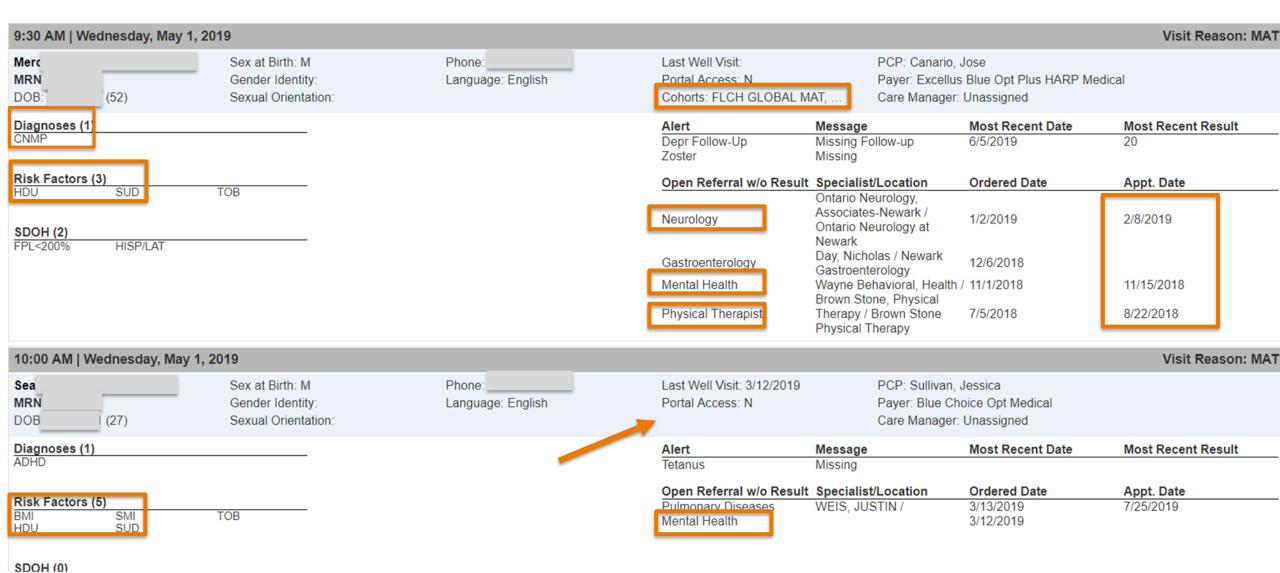
Alerts



Category 🏋	Alert Name	PVP Display Name	Status T	Description	Last Tupdated	Options
Screening	Drug Screen	Drug Screening	Disabled	Alert will trigger for patients ages >= 14 who have not had a drug screen assessment in the last year. This alert is not configurable.	09/15/2017	
Screening	Depression Screening	Depr Screen	Enabled	Alert will trigger if Standardized Depression Screen has not occurred in the last 365 days. Alert only applies to patients >= 18 yrs old and <= 150 yrs old. Patient must not have First Diagnosis of Depression or Bipolar.	02/15/2018	
Other	Controlled Substance Agreement	Ctrl Sub	Enabled	Alert will trigger if Control Substance Agreement has not occurred in the last 1 years. Patient must have Long term (current) use of opiate analgesic (Z79.891) and Chronic Non-malignant Pain.	06/25/2018	
Lab	Hep C Screening - High Risk	Hep C HiRisk	Enabled	Alert will trigger if Hep C Screen has not occurred in the last 1 years. Patient must have HIV and Men Who Have Sex with Men. Patient must not have Chronic Hepatitis C.	01/22/2019	

PVP | Finger Lakes











Sex at Birth: M Gender Identity: Sexual Orientation: Phone: 315-830-1685 Language: English Risk:

Last Phys: Portal Access: N PCP: Canario, Jose

Payer: Excellus Blue Opt Plus HARP Medical

Care Manager: Unassigned

Assessments, Last 10 of 27

Code	Description	Last Assessed	# Assessed TY
B18.2	CHRONIC VIRAL HEPATITIS C	6/5/19	16
F41.8	Other specified anxiety disorders	6/5/19	26
M54.41	Lumbago with sciatica, right side	6/5/19	9
F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	6/5/19	4
M54.42	Lumbago with sciatica, left side	6/5/19	10
K02.9	Dental caries, unspecified	5/28/19	1
K04.7	Periapical abscess without sinus	4/18/19	1
F17.210	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICA	4/3/19	8
Z71.6	Tobacco abuse counseling	4/3/19	6
R30.0	Dysuria	4/3/19	2

Active Problems, Last 10 of 12

Code	Description	Most Recent
F11.20	OPIOID DEPENDENCE, UNCOMPLICATED	5/1/19
B18.2	CHRONIC VIRAL HEPATITIS C	11/1/18
F17.210	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	10/4/18
F41.8	Other specified anxiety disorders	6/10/18
M54.41	Lumbago with sciatica, right side	6/7/18
R20.2	Paresthesia of skin	6/7/18
G89.29	OTHER CHRONIC PAIN	6/7/18
M54.42	Lumbago with sciatica, left side	6/7/18
K30	Functional dyspepsia	3/1/18
A53.9	Syphilis, unspecified	1/10/18

Encounters, Last 5 of 119

Date	Provider	Туре	Reason
6/10/19	Unassigned Provider	TEL	
6/5/19	Canario, Jose	30E	
6/5/19	Unassigned Provider	CM - Offic	
6/3/19	Unassigned Provider	TEL	
5/31/19	Unassigned Provider	TEL	

Type

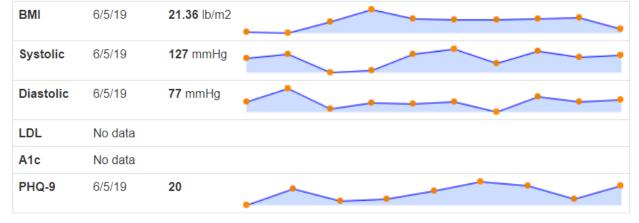
Reason

Appointments, 2

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Provider Date

The Numbers



Care Management Passport | Link from PVP



Social Determinants of Health, 2

FPL<200%	HISP/LAT

Allergies, 1, last reviewed 1/10/18

Start	Description	Reaction	Severity
1/10/18	pencillin	itching	

Medications, Last 10 of 13

Active as Of	Name
6/5/19	Back Support/Lumbar Tension
6/5/19	Suboxone 8/2 Sublingual Film
6/5/19	Clindamycin 150 MG Oral Capsule
6/5/19	Cane
6/5/19	DDS 300 Lumbar Traction Belt
6/5/19	Prolite Lumbar Support
6/5/19	Suboxone 8/2 Sublingual Tablet
4/15/19	Mavyret 100 MG / 40 MG Oral Tablet
2/6/19	Lumbar Back Brace/Support Pad
10/4/18	Multi Vitamin Daily

Alerts, 2

Alert	Message	Most Recent Date	Most Recent Result
Depr Follow-Up	Missing Follow-up	6/5/19	20
Zoster	Missing		

Open Referrals w/o Result, 4

Туре	Specialist/Location	Order Date	Appt Date
Neurology	Ontario Neurology, Associates-Newark / Ontario Neurology at Newark	1/2/19	2/8/19
Gastroenterology	Day, Nicholas / Newark Gastroenterology	12/6/18	
Mental Health	Wayne Behavioral, Health / NULL	11/1/18	11/15/18
Physical Therapist	Brown Stone, Physical Therapy / Brown Stone Physical Therapy	7/5/18	8/22/18

Registry

Neighborhood Health Center - Buffalo



Registries - NHC MAT 6

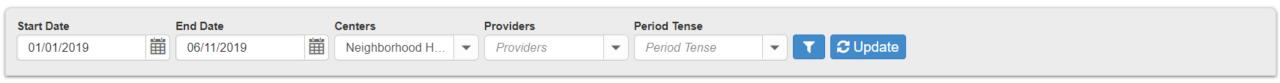
Registry Documentation

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Inclusion: Bupenorphine

Built based on field request from Bridget Vaccaro





Name	
Full patient name	Buprenorphine Medication
Date of Birth	Urine Tox - Positive
Language	MAT Urine Tox - Positive
Medical Record Number	Primary Care Encounter
Usual Provider	Behavioral Health Encounter
OBOT Program Consent	Next Appointment

■ June 2018 – June 2019

azara healthcare

- 139 pts with active medication of Buprenorphine
- 41 pts with a Program Consent Date

Name	OBOT Program Consent Date	Buprenorphine Date	Buprenorphine Stop Date	Buprenorphine Name	Abuse Test Date	Abuse Test And Result	Most Recent Positive Drugs of Abuse Test
		12/11/2014		SUBOXONE, 8- 2MG (Sublingual Film)			
		6/7/2019		Zubsolv 8.6-2.1 MG Sublingual Tablet Sublingual	5/1/2019	THC Urine - NEGATIVE	
	6/5/2019	6/5/2019		Suboxone 8-2 MG Sublingual Film	6/6/2019	Methylphenid - NEGATIVE	Benzodiazepines - 06/28/2018
		5/9/2019		Suboxone 8-2 MG Sublingual Film	5/13/2018	Opiates - NEGATIVE	

Performance Improvement Reporting

How are you doing?



What to Measure?

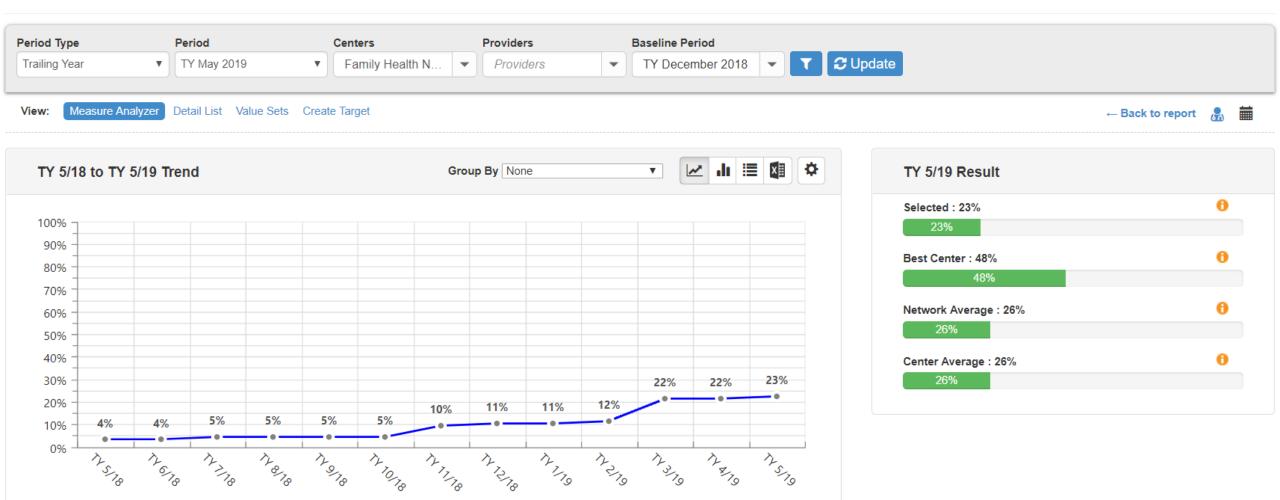


- What is important to the team and the practice?
- Align with program and patient outcome goals
- Initiation and Engagement of Rx core indicator of how you are doing.



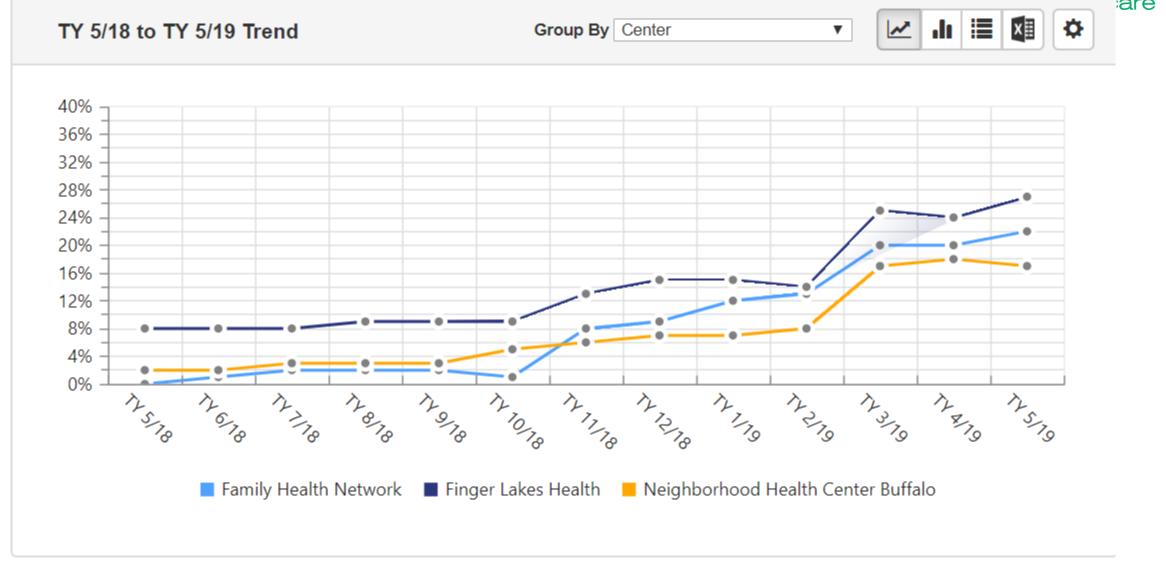


Initiation of AOD Treatment 13+ Years Old (NQF 0004) 0



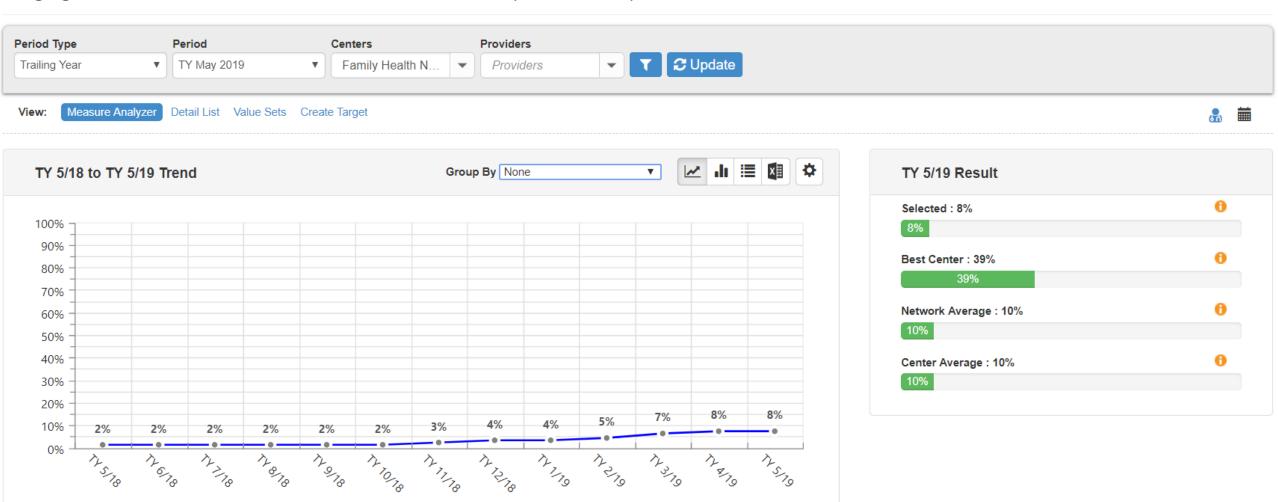
Initiation of AOD Treatment (NQF 0004)





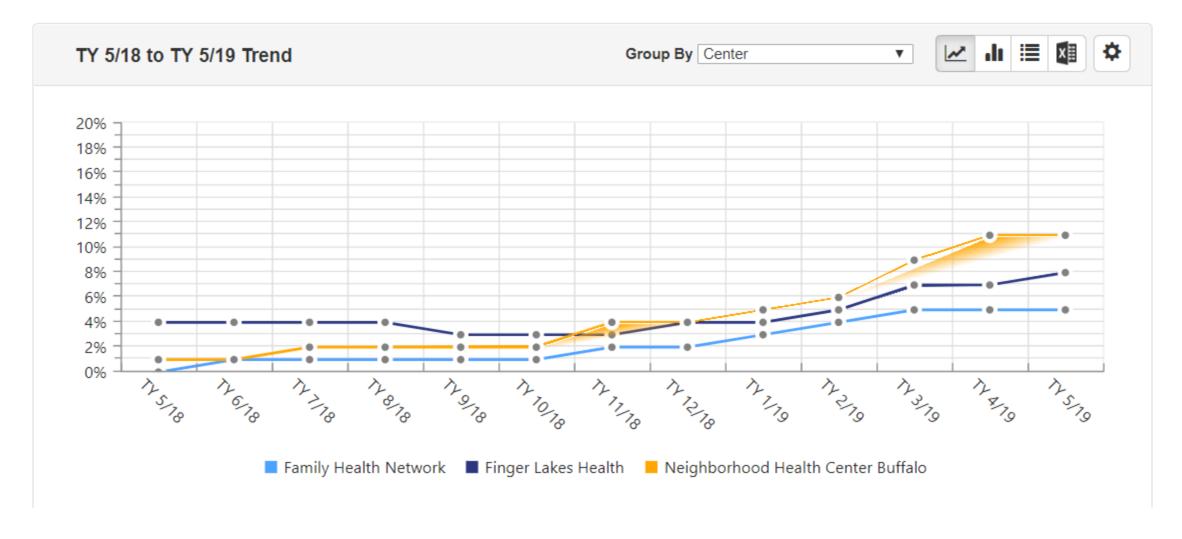


Engagement of AOD Treatment 13+ Years Old (NQF 0004) 0



Engagement of AOD Tx (NQF 0004)





How Close Are You?

Period

▼ TY May 2019

Period Type

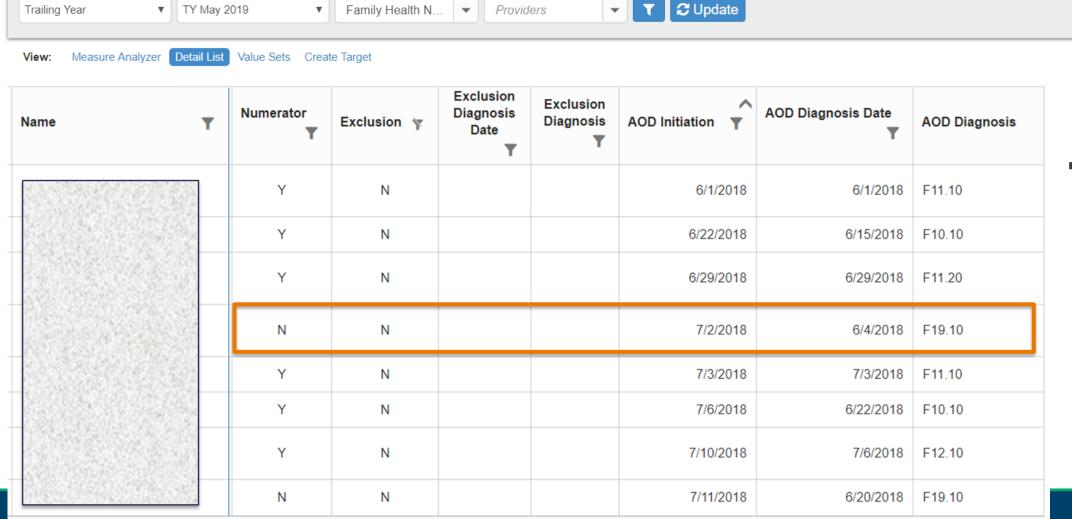
Trailing Year



Initiation of AOD Treatment 13+ Years Old (NQF 0004) 0

Centers

폐 🔼 🖂



Providers

Providers

- If not in Numerator, when was patient engaged in Tx?
 - Same day
 - Within 14 days
 - 15-20 days

Getting Started

Steps to efficiently identify your patients

Program Set up | Identifying Your Patients



- 1. Identify patients by prescriber or program status or both
 - Active in program
 - Prescriber info
 - Consent
- 2. Create a cohort and review with prescribing providers
 - Clean up OBOT Tx Medications that are no longer active (use stop date close to when actually stopped)
 - Do all patients in Tx (past present have an OUD dx)
 - Any surprises? Others prescribing?
- 3. Define how cohorts will be maintained how often and by whom
- 4. Create a registry with key data points
 - Patient name
 - OUD Dx
 - OBOT Prescription
 - Next Appointment

- Last Appointment
- Behavioral Health Last appt
- Controlled Substance Agreement



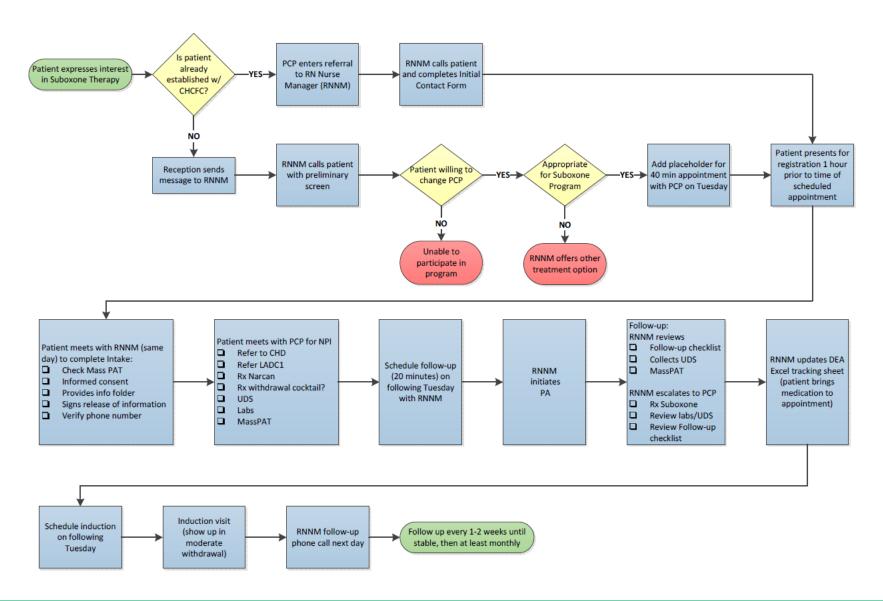
Managing Your Patients | Weekly



- 1. Review OBOT registry for new patients
 - Assign responsible person
 - Identify new patients to program
- 2. Define workflows for patient initiation and continuation of therapy
 - Define and map 'initiation' of treatment
 - Review workflows start simple
- 3. Establish team meeting to discuss and review
 - Current, discharged and 'in-between' patients
- 4. Create Dashboard or Report for program/team monitoring

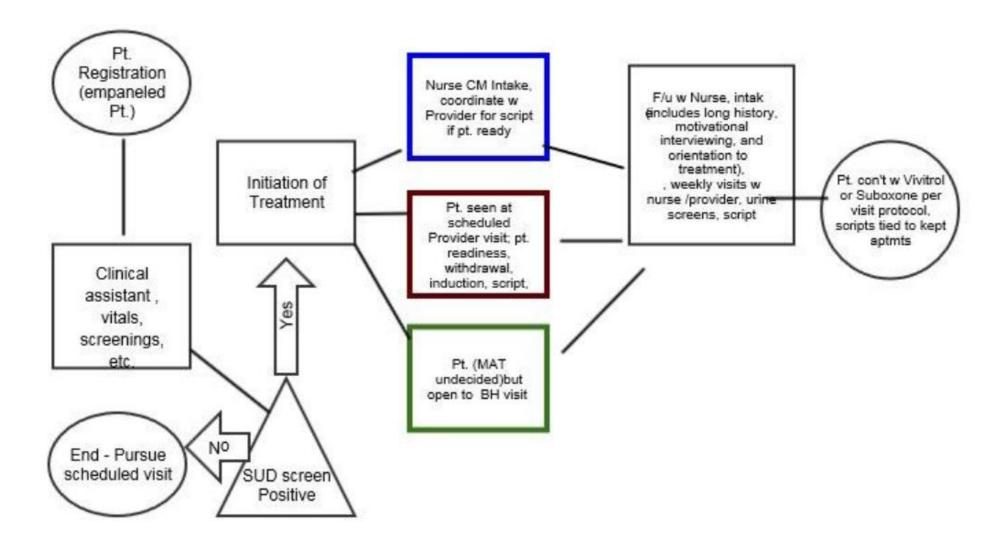
Workflow | Franklin Community Health Center, Mass





Workflow | Lynn Community Health Center, MA





What's on the Horizon for Substance Use



- New Measures
 - Naloxone Prescription with Opioid Use Disorder
 - Continuity of Pharmacotherapy for Opioid Use Disorder (NQF 3175)
 - Medication-Assisted Therapy prescribed for OUD by Provider Report
 - Naloxone Prescription with Chronic Opioid Therapy
 - Controlled Substance Agreement with Chronic Opioid Therapy
- Prescription Data
 - Added to OBOT registry and soon for Misuse Registry
 - Capture last PDMP date
 - Identify patients with a New prescription

Questions?





Resources in DRVS



Reports

Controlled Substance Report

Measures

- Drug Use Screen
- Unhealthy Alcohol Use
- Unhealthy Alcohol Use & Counseling
- AOD Initiation of Treatment 13+
- AOD Engagement 13+
- Initiation of Pharmacotherapy OUD (13-17)
- Initiation of Pharmacotherapy OUD (18+)
- OUD Treatment
- AUD Treatment
- Buprenorphine Prescription
- Naltrexone-Injectable Prescription
- Opioid and Benzo
- Opioid on Med List
- CTRL Substance Agreement (CNMP)

- Benzodiazepine Usage
- Benzodiazepine Dose > 3mg
- Hep C Lifetime Screen
- Hep C Screen OUD

Registries

- Office Based Opioid Treatment
- Opioid Medication Potential Misuse
- Methadone Medication
- Pain Management

Custom Dashboards

Custom Registries

Opioid dependence with drug screen and bup

Registry Data Element Overview



- Standard Demographics + SDOH Triggers
- Visit information
 - Next visit, last primary care, BHS, OBOT visit(s), date, rendering provider, location, and visit type
 - ED visits
 - Pain clinic visit date
 - Referral to Behavioral Health
- Medication (Prescription data in progress)
 - Start/end date for ETOH misuse, OBOT (opioid misuse), active benzo, gabapentin, methadone
 - Narcan (Med and date last prescribed)
 - Narcan last used
 - Prescription Drug Monitoring Program (PDMP)
- Labs
 - Urine tox screen results
 - Buprenorphine Lab (Urine/oral swab –y/n or level)
 - Medication Assisted Therapy (MAT) screen

Assessments

- OBOT Assessment and date
- Treatment start date (here or elsewhere)
- Tobacco use
- Anxiety GAD
- Depression PHQ 2 and 9
- ETOH Assessment/date
- Drug Use Assessment
- Screener and Opioid Assessment for Patients with Pain Revised (SOAAP-R)
- Clinical Opioid Withdrawal Scale (COWS)
- Current Opioid Misuse (COMM)
- Opioid Risk Tool (ORT)
- Screen for Adult Anxiety Related Disorder (SCARRED)
- Drug Use Status
- Pill count (? adherence)
- Overdose date
- CTRL Substance Use agreement and consent for treatment
- OBOT program status, start date, update date

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Measures – Substance Disorder and Rx (5)



Alcohol Use Disorder Treatment (AUD)

Patients with an active medication for alcohol use disorder (AUD) during the reporting period.

Opioid Use Disorder Treatment (OUD)

Patients with an active medication for opioid use disorder (OUD) during the reporting period.

Buprenorphine Prescription

Patients with at least one active Buprenorphine medication during the reporting period.

Naltrexone-Injectable Prescription

Patients with at least one active Naltrexone-Injectable medication provided during the reporting period.

Controlled Substance Agreement (CNMP)*

Patients with CNMP who have signed a controlled substance agreement in the last 12 months.

Measures - Medication Management (4)



Opioid on Med List

Patients with an active opioid medication on medication list during the reporting period.

Benzodiazepine Dose >3mg

Patients on a benzodiazepine dose > 3mg

Benzodiazepine Usage

Patients with an active benzodiazepine during the reporting period.

Opioid and Benzodiazepine

Patients with both an active Opioid and an active Benzodiazepine at the same time during the reporting period.

Initiation and Engagement in Treatment (6)



Initiation of AOD Treatment 13+ Years Old* (NQF 0004)

Patients with a new episode of alcohol and other drug (AOD) dependence who initiated treatment within 14 days of the diagnosis.

Engagement of AOD Treatment 13+ Years Old* (NQF 0004)

Patients with a new episode of alcohol and other drug (AOD) dependence who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence (13-17 and 18+ Years)

Patients who initiate pharmacotherapy with at least 1 prescription for opioid treatment medication within 30 days following a diagnosis of opioid dependence (OUD).

^{*} Filters can be used to see results for different age ranges.

Prevention/Screening (5)



Unhealthy Alcohol Use: Screening & Brief Counseling (NQF 2152)

Patients aged 18 years and older who were screened for unhealthy alcohol use, at least once within the last 24 months AND received brief counseling if identified as an unhealthy alcohol user.

Unhealthy Alcohol Use: Screening (NQF 2152 Modified)

Patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once in the last 24 months.

Drug Use Component (nonmedical prescription drug use and illicit drug use)

Patients who were screened for nonmedical prescription drug use and illicit drug use at least once within the last 24 months using a systematic screening method.

Hepatitis C Lifetime Screening

Patients aged 12+ who had at least one Hepatitis C screening in their lifetime.

Hepatitis C Screening After Opioid Use Disorder Diagnosis

Patients aged 12+ who had at least one Hepatitis C screening on or after an Opioid Use Disorder (OUD) Dx.

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